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2019
CAPITAL REGION COMMUNITY HEALTH NEEDS ASSESSMENT

Acknowledgments

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

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Health Profile of New York's Capital Region, 2019

MEMBER ORGANIZATIONS

Albany County Department of Health

Albany Medical Center

Burdett Care Center

Catholic Charities of the Roman Catholic Diocese

Capital District Physicians' Health Plan

Ellis Medicine

Rensselaer County Department of Health

Schenectady County Public Health Services

St. Peter's Health Partners

- Albany Memorial Hospital
- Samaritan Hospital
- St. Peter's Hospital
- Sunnyview Rehabilitation Hospital

Whitney Young Health

In 1997, the counties of Albany, Rensselaer, and Schenectady implemented a joint project to engage health providers and community members in a regional health assessment and prioritization process. This was the first major collaborative venture undertaken by the three local governments, health care providers, insurers, other community organizations and residents to assess health status, identify health priorities, and develop plans to improve the health status of the Capital District. The projects that resulted from these plans have directly resulted in improved health and access to needed health services for residents in the Capital District.

The 2019 Community Health Needs Assessment (CHNA) is now the sixth analysis of the health needs in the region to be conducted in support of community health improvement planning. In addition to the original three Capital District counties of Albany, Schenectady and Rensselaer, the 2019 CHNA includes the counties of Saratoga, Columbia and Greene. The 2019 CHNA examines hospitalization and emergency department data, prevention quality indicators, demographic data and health behaviors. The structure of this report is based upon the 2019-2024 Prevention Agenda of New York State. Utilizing the Prevention Agenda framework for examining public health data, aligns our analysis with that of the New York State Department of Health, creating opportunities to compare the Capital Region to other Upstate counties and New York State goals.

This analysis is not completely comprehensive of every health condition or public health issue. In addition, individuals working on a particular health issue, or experiencing it first hand, will undoubtedly have other local data and valuable knowledge to contribute beyond the data reported. The analysis completed was chosen based upon the availability of reliable, comparable data and the delineated priority health areas of the New York State Department of Health. The results describe the prevalence and concentration of the major health issues in the region.

This document would not be possible without the labor, input and support of our sponsors and members of the community. It is the result of over 8 months of meetings with member organizations and community input through our survey of over 1,200 residents of the Capital Region. Their collaboration was invaluable. As a result of these efforts, the following priority areas for Capital Region counties were identified to focus our collective efforts in the coming years on preventing or reducing the burden of obesity and diabetes; smoking and asthma; mental health and substance abuse. This Community Health Needs Assessment was completed and approved in June 2019.

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I. Introduction and Data Summary

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

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

Community Being Assessed

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

Demographic information on the population in the Capital Region is available from the 2012-2016 U.S. Census's American Community Survey (ACS). The combined population in the Capital Region is 957,553 individuals. About 28.4% were 0-19 years of age, while 16.0% were 65 years of age or older. Approximately 11.1% were living in poverty. The race/ethnicity distribution was 83.6% White, 7.7% Black, 4.1% Asian/Pacific Islander, and 4.6% other races; 4.9% were Hispanic/Latino (any race). Additional demographic details are provided in Section III.

Data Sources and Indicator Selection

The health indicators selected for this report were based on a review of available public health data and New York State priorities promulgated through the *Prevention Agenda for a Healthier New York*. Upon examination of these key resources, identification of additional indicators of importance with data available, and discussion with public health as well as health care professionals in the Capital Region, it was decided that building upon the recent 2013-2018, and new 2019-2024 Prevention Agenda would provide the most comprehensive analysis of available public health needs and behaviors for the Region. The collection and management of these 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. While the 2019-2024 Prevention Agenda objectives and indicators have been developed, the present Prevention Agenda Dashboard still contains 2013-2018 indicators with corresponding data (as of May 2019). These measures, when complemented by the recent Expanded Behavioral Risk Factor Surveillance System and Prevention Quality Indicators, provide health indicators that can be potentially impacted in the short-term.

The Common Ground Health provided SPARCS (hospitalizations and ED visits) and Vital Statistics Data Portals that were utilized to generate county and ZIP code level analyses of mortality, hospitalizations, and emergency room utilization, for all residents, by gender, race and ethnicity. The time frames used for the ZIP code analyses were 2012-2016 Vital Statistics and 2012-2016 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 Dashboard of Tracking Indicators (2016)
- Community Health Indicator Reports Dashboard (2014-2016)
- County Health Indicators by Race/Ethnicity (2014-2016)
- County Perinatal Profiles (2012-2014; 2014-2016)
- Vital Statistics Annual Reports (2014, 2015, 2016)
- Behavioral Risk Factor Surveillance System (BRFSS) and Expanded BRFSS (2016)
- Cancer Registry, New York State (2011-2015)
- Prevention Quality Indicators (2014-2016)
- Communicable Disease Annual Reports (2013-2017)
- The Pediatric Nutrition Surveillance System (PedNSS) (2014-2016)
- Student Weight Status Category Reporting System (2014-2016)
- County Opioid Quarterly Reports (April 2017-October 2018)
- NYS Opioid Data Dashboard (2016-2017)
- NYS Child Health Lead Poisoning Prevention Program (2013 birth cohort; 2014-2016)
- NYS Kids' Well-being Indicator Clearinghouse (KWIC) (2012-14, 2017)
- County Health Rankings (2019)
- American Fact Finder (factfinder2.census.gov) (2017)
- Bureau of Census, American Community Survey (2012-2016)

These data sources were supplemented by a Siena College Research Institute Community Health Survey. The 2018 Community Health Survey was conducted in December 2018 by the Siena College Research Institute. The survey was a representative sample of adult (18+ years) residents of the Capital Region. The survey included 1,204 (MOE +/- 3.4%) total interviews made up of a phone sample, oversample of low income residents, and a small online sample. This consumer survey was conducted to learn about the health needs, barriers and concerns of residents in the Capital Region. The Appendix (2018 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 sections were prepared by health condition for inclusion in this community health needs assessment. Drafts were reviewed for accuracy and thoroughness by two staff with specialized health data knowledge: Michael Medvesky, M.P.H. Director, Health Analytics,

Healthy Capital District Initiative (HCDI), and John Lake, M.S, Public Health Data Analyst, HCDI. The 2019 Capital Region Community Health Needs Assessment *Draft* was 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, as well as being placed on the HCDI website for public review and comment. Comments were addressed and changes were incorporated into the final document.

Structure of this Report: Health Indicators

Every year, the New York State Department of Health (NYSDOH) provides updated information on major health indicators for each county. NYSDOH still provides county-level information on 2013-2018 Prevention Agenda indicators and objectives that can be used for tracking Prevention Agenda-based efforts, while working on the development and public accessibility of the 2019-2024 Prevention Agenda Dashboard. To supplement available information, this report focuses on more detailed information, such as analyses by ZIP code level, gender, race, ethnicity and trends over the past decade. In order to present meaningful information for smaller areas or subgroups, data for several years are combined. Thus, most information presented is based on three or five years of combined data. Still, some areas had too few cases to estimate rates accurately.

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

ZIP code groups were chosen as a small-area breakdown because there were insufficient data for the primary alternative, census tracts. The groups were selected based on a minimum of 2,000 residents and meaningful groupings generally following municipal boundaries and at sub-municipal neighborhoods in urban areas.

Detailed tables are available in the appendices for: ZIP code neighborhood groupings by county; county socio-demographics (age, race/ethnicity, poverty) by neighborhood; county birth indicators by neighborhood; leading causes of death and premature death by county; county hospitalization rates by race and gender; county ED visit rates by race and gender; county hospitalization rates by neighborhood; county emergency department rates by neighborhood; county mortality rates by neighborhood; county and neighborhood prevention quality indicators (PQI); county health rankings; county-specific results of the ranking of Public Health Issues using a methodology developed by HCDI; and 2018 Capital Region Community Health Survey results. In addition, the Appendix contains a county listing of "assets and resources" specific to the Prevention Agenda Priority Areas chosen by the counties in the Capital Region.

Rates and Comparisions

For most indicators, age-adjusted rates are presented in the tables. Age-adjustment considers the differing age distributions within populations to calculate rates that can be used for comparison purposes. Direct standardization was used for this report. The advantage of this method is that comparisons of Capital Region data can be made with Prevention Agenda objectives for most indicators. Prevention Agenda and NYSDOH indicators have been age-standardized to the United States 2000 population, thus age-adjusted rates presented in this report are standardized similarly. Also, most comparisons are made between Capital Region data and data for the 57 counties in New York State which are not within the City of New York (referenced as "NYS excl. NYC"). This is a well-accepted methodology to allow comparison with typically more similar populations, excluding the sometimes unique population dynamics of the nation's largest city.

Data Summary

In 2012-16, the most recent demographic profile available, the Capital Region was home to approximately 957,200 residents, equally distributed between males and females, with counties ranging from Urban (Schenectady-756 pop. /sq. mile) to Rural (Greene-73 pop. / sq. mile). The Region's mean age of 39.9 years was higher than that of New York State (NYS). About 17% of the population was 14 years of age or younger, while 16% was 65 years of age and older. Approximately 16% of the Capital Region's population was non-White and 4.8% Hispanic. The Region's median household income of $63,758 was higher than NYS. Its poverty rate of 11.1% was lower than NYS. Over 15% of the Region's children less than 18 years of age were below poverty. About 7.9% of the Capital Region's population 25 years of age or older had less than a high school education.

The health of Capital Region residents was generally consistent with other New York counties outside New York City, although Capital Region residents had a higher overall age-adjusted mortality rate as well as a higher % of deaths that were premature (<65years) than NYS excl. NYC. However, the Region's rate of Years of Potential Life Lost (YPLL) was lower than NYS excl. NYC. Chronic diseases were the leading causes of death in the Capital Region, with heart disease, cancer, chronic lower respiratory disease (CLRD), and stroke being the major causes. Injuries were the major cause of death in the child, adolescent, and young adult populations.

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

There were many positive trends in the Capital Region. Coronary heart disease, stroke, asthma, childhood obesity, teen pregnancy, premature births, childhood lead screening, childhood lead poisoning, fall emergency room visits (1-4 years), fall hospitalizations to elderly (65+ years), and alcohol-related injuries and death trends improved over the past decade. Children 19-35 months of age had higher immunization rates, and women aged 13-17 years had higher HPV vaccination rates than NYS excl. NYC. Capital Region colorectal and breast cancer screening rates were also higher than NYS excl. NYC. The Capital Region had also seen a positive change in certain health behaviors. Adult obesity rates have decreased slightly in the Capital Region, while they have increased in NYS excl. NYC. A higher percentage of Capital Region residents participated in some leisure time physical activity than NYS excl. NYC. They also consumed less sugary drinks, and ate at "fast food" establishments less than their NYS excl. NYC counterparts. Adult current smoking rates for Capital Region also decreased.

However, many measurements were not as positive, particularly in lower income, inner-city neighborhoods where many rates were 3 to 7 times higher than the county average. The Capital Region has seen negative trends in Years of Potential life lost (YPLL), congestive heart failure, suicide, gonorrhea, syphilis, chlamydia, Lyme disease, and opioid overdose ED visits, hospitalizations and mortality. Obesity and its related diseases continue to be health issues in the Capital Region. Over 27% of adult residents were considered obese, or approximately 191,500 adult residents. Obesity in the Capital Region's school children was also alarming, with almost 17% of children being considered obese. Diabetes mortality and short-term complication hospitalizations were higher in the Capital Region than NYS excl. NYC. Adult smoking rates, lung cancer incidence and mortality, and chronic lower respiratory disease mortality rates were all higher in the Capital Region compared to NYS excl. NYC. Adult asthma prevalence, was also higher in the Capital Region. The incidence of positive blood lead in children less than 72 months of age continued to be a Capital Region issue, with rates much higher than residents of NYS excl. NYC. Capital Region women had higher rates of infant mortality, and lower rates for early prenatal care than NYS excl. NYC women. Capital Region teens had much higher pregnancy rates compared to their NYS excl. NYC counterparts. Chlamydia, gonorrhea, and syphilis rates were also much higher in the Capital Region, with increasing trends over the past decade. Capital Region counties presented some of the highest Lyme disease case rates in New York State. Mental Health indicators such as "poor mental health days", suicide mortality, and self-inflicted injury hospitalization rates were higher in the Capital Region compared to NYS excl. NYC. Binge drinking and cirrhosis mortality were also higher in the Capital Region compared to NYS excl. NYC.

The Siena Community Health Survey collected responses from a representative sample of Capital Region adults (18+ years). The aim of the survey was to continue to learn more about behavioral health/lifestyle practices, health care utilization and needs, challenges to practicing healthy behaviors, accessing care, as well as other social determinants of health. About 81% of the respondents indicated that their overall health was good or excellent, compared to 70% of the low income population. Thirty percent of the respondents experienced poor mental health for more than 5 days in the past month compared to 37% of low income respondents.

The survey contained social determinants of health-related questions at the individual and community level.

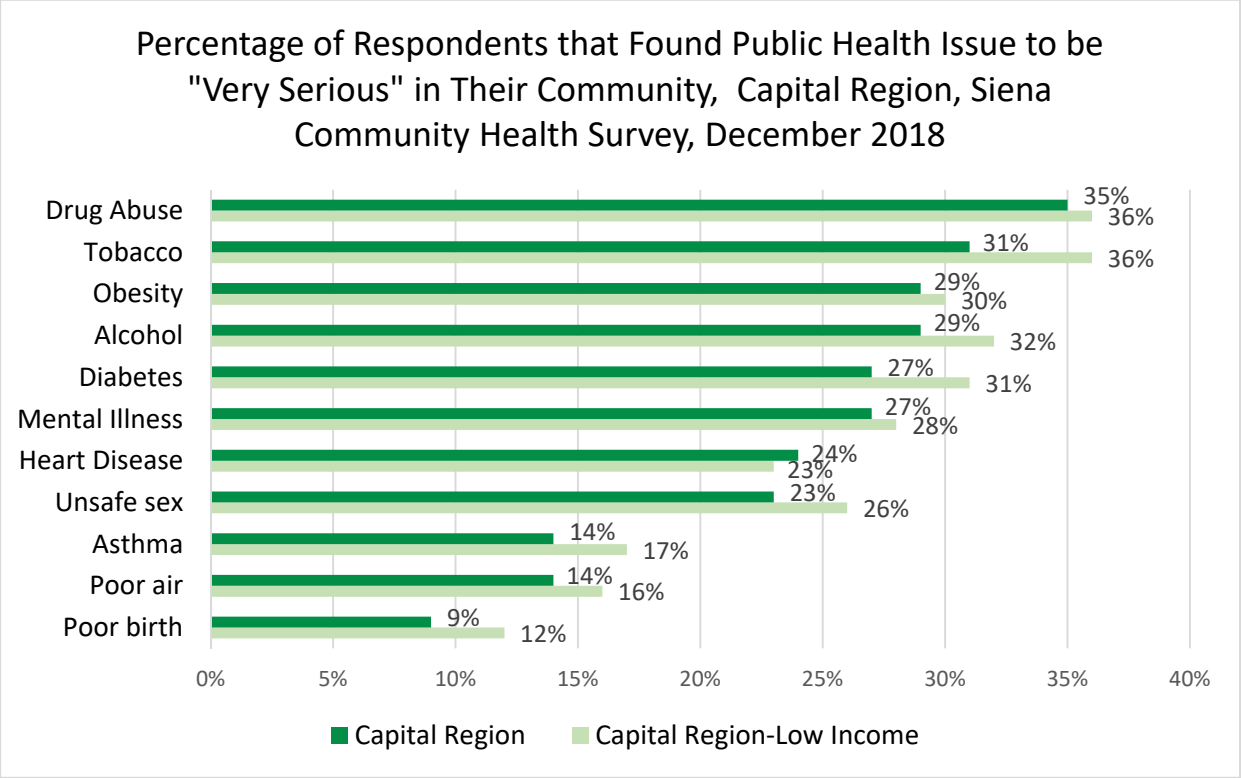
Individual Social Determinants Questions *"times in the last 12 months when you ..."*, Siena Community Health Survey, December 2018		
Question	**Total Population**	**Low Income Population**
Did not have enough money to buy food you or family needed	12%	26%
Did not have enough money to provide adequate shelter or housing	7%	10%
Did not have enough money to buy medications you or family needed	10%	14%
Utility Companies threatened to shut off services	9%	12%
Stayed at home because of lack of access to transportation services	13%	21%

Over 25% of the low income population indicated that there were times in the past year that they did not have the resources to buy needed food and over 20% had problems with transportation.

Community Social Determinants Questions *"for a typical person living in your community"*, % Very or Somewhat Likely, Siena Community Health Survey, December 2018		
Question	**Total Population**	**Low Income Population**
Affordable access to routine medical care	76%	71%
Transportation available when needed	77%	72%
Safe to go outside in neighborhood	85%	78%
Employed at job with living wage	66%	52%
Obtaining nutritious food at a convenient location	83%	76%
Access to mental health or substance abuse treatment	69%	64%
Afford quality housing (e.g. does not pose health dangers)	69%	52%
Feel safe and secure in home	87%	80%
Access to affordable childcare	53%	43%
Access to quality education for young people	82%	73%
Access to affordable adult education, including job training	63%	53%
Access of free or low cost recreation facilities such as parks, playgrounds, etc.	80%	71%

The low income Capital Region respondents felt their community was more adversely affected by a wide range of social determinants of health compared to the general population. The largest difference was in the ability to afford quality housing, and access to: childcare, education for children and adults; and recreational facilities.

The survey also asked respondents about their perceptions regarding selected public health issues.



Drug abuse, Tobacco and related illnesses, Obesity, and Alcohol Abuse were the top rated public health issues for the general population. The range was 35% "very serious" for Drug Abuse, and 31% for Tobacco to 14% for Poor air and water, and 9% for Poor birth outcomes. Except for Health Disease, low income respondents consistently ranked the public health issues as more serious than the general population. The greatest discrepancies were with Tobacco-- 36% of the low income population thought the issue was "very serious" compared to 31% for the general population, and Diabetes—31% vs 27%.

Race/Ethnicity

In general, Black non-Hispanic Capital Region residents were at greater health risk than White non-Hispanic residents. Black non-Hispanics had 5.4 times the percent of families below poverty compared to White non-Hispanic Capital Region residents (26.9% vs 5.0%). Hispanics had similar poverty rates as Black non-Hispanics (22.8%). For 2013-15, Black non-Hispanic residents also had higher age-adjusted total mortality rates than White non-Hispanics (784.16/100,000 vs 684.6). Hispanic Capital Region residents had the lowest age-adjusted total mortality rates (577.8).

For 2014-2016, Black non-Hispanic residents had 2.8 times the age-adjusted total ED visit rates (7,023/10,000 vs 2,503) and 1.5 times the age-adjusted total hospitalization rates as White non-Hispanic

residents (1,353/10,000 vs 909). When reviewing the total Prevention Quality Indicators (PQI), Black non-Hispanic Capital Region residents had 2.1 times the age-adjusted total PQI rates compared to their White non-Hispanic counterparts (210/10,000 vs 101). Hispanic Capital Region residents had lower hospitalization and PQI rates than White non-Hispanic residents.

When compared to White non-Hispanics, Black non-Hispanic Capital Region residents had serious issues with diabetes. They had 2.2 times higher diabetes mortality rates; 3.3 times higher diabetes (primary diagnosis) hospitalization rates; and 3.6 times higher rates of hospitalizations due to short-term complications of diabetes. In addition, Black non-Hispanic residents also had 5.3 times the asthma ED visit rates; 5 times higher teen pregnancy rates; 2.5 times higher late or no prenatal care rates; and 2 times higher low birthweight rates than their White non-Hispanic counterparts. The difference in assault hospitalizations was especially striking. Black non-Hispanics had 5.2 times the assault hospitalization rates than White non-Hispanic residents. In addition, Black non-Hispanic residents had 1.7 times the mental disease and disorder (primary diagnosis) hospitalization rates, and 1.4 the mental disease and disorder ED visit rate.

CLRD, one of the leading causes of death in the Capital Region, had unusual disparity data. Black non-Hispanic residents had 2.2 times higher age-adjusted hospitalization rate for CLRD, while White non-Hispanics had 1.4 times higher CLRD mortality rates. Similarly, Black non-Hispanic residents had a 2 times higher age-adjusted hospitalization rate for congestive heart failure (CHF), while White non-Hispanic residents had 1.5 times higher CHF mortality rates.

However, there were conditions where the Capital Region White non-Hispanic population fare poorly compared to their Black non-Hispanic counterparts. The rate of hospitalizations of the elderly due to falls showed that White non-Hispanic residents had a 1.9 times higher rates than their Black non-Hispanic counterparts. White non-Hispanics also had 1.3 times the age-adjusted unintentional injury mortality rate compared to Black non-Hispanics. In addition, White non-Hispanics had 1.8 times the age-adjusted suicide mortality rates. Recent opioid overdose indicators have moved away from targeting minority populations. White non-Hispanic Capital Region residents had 1.9 times the age-adjusted opioid overdose mortality rates and 2.2 times the opiate overdose ED visit rates compared to Black non-Hispanic residents.

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

Counties

Based on a review of the data available, below is a summary of the “leading sociodemographic and health needs” for each Capital Region county. These are listed under Sociodemographic and Prevention Agenda Priority Areas.

Albany County

Sociodemographic

- Albany County had the largest population in the Capital Region and was the 2nd most urban county (591 pop. /sq. mile);

- Albany County had the Region's lowest median age at 37.8 years;
- Albany County had the Region's largest non-White population (23.4%), and 2nd largest Hispanic population (5.6%);
- South End neighborhood had the largest non-White population (76.8%), while West End had the largest Hispanic population (13.3%);
- Albany County's poverty rate of 12.9% was lower than that of NYS (15.5%);
- South End/Downtown (49.6%) and West End (35.4%) had the highest neighborhood poverty rates in Albany County.

Chronic Disease

- Albany County's adult current asthma prevalence (13.3%), asthma emergency department visit rate (55.0/10,000), and asthma hospitalization rate (5.7/10,000) were higher than NYS excl. NYC (10.4%, 41.1, and 5.1);
- Albany County's asthma ED visit rate decreased 18%, and the asthma hospitalization rate 27% between 2010 and 2014;
- South End neighborhood had 5.6 times the asthma ED rates and 6.1 times the asthma hospitalization rates than NYS excl. NYC;
- Albany County's lung cancer incidence (72.3/100,000), lung cancer mortality (48.0/100,000), and CLRD mortality (35.5/100,000) rates were higher than NYS excl. NYC (67.2, 43.3, and 35.0);
- South End neighborhood had 4.5 times the CLRD ED visit rates and 4.6 times the CLRD hospitalization rates than NYS excl. NYC;
- Approximately 57,000 Albany County adult residents (25.3%) and 7,200 children and adolescents (16.0%) were considered obese;
- Albany County's adult diabetes prevalence rate of 9.0% was higher than NYS excl. NYC (8.5%);
- Albany County's diabetes short-term complication hospitalization rate (4.5/10,000) was higher than NYS excl. NYC (4.1) and increased 18% from 2008-10 to 2012-14;
- South End/Downtown neighborhood had 5.8 times the diabetes ED rates, and 3.3 times the diabetes hospitalization rates compared to NYS excl. NYC;
- Albany County had a higher rate of adults with hypertension (36.0%) compared to NYS excl. NYC (33.0%);
- Albany County's congestive heart failure mortality rate (18.6/100,000) was higher than NYS excl. NYC (16.9);
- While Albany County's colorectal screening rate of 79.0% was higher than NYS excl. NYC (69.7%), the county's colorectal cancer incidence rate (38.3/100,000) and mortality rate (13.1/100,000) were similar to NYS excl. NYC (38.9 and 12.9);
- Albany County's mammography screening rate was higher than Rest of State for women 50-74 years of age (83.8% vs 79.2%);
- Albany County's female breast cancer incidence (154.0/100,000), late stage incidence (51.0/10,000) and mortality (20.2/100,000) rates were all higher than NYS excl. NYC (139.5, 43.0, and 18.9).

Healthy and Safe Environment

- Albany County's incidence rate of elevated blood lead levels (10+ug/dl) in children under 6 years of age of 13.4/1,000 was more than twice as high as NYS excl. NYC (6.0);
- Albany County's lead screening rates for children 9-17 months (70.3%) was lower, but the rate for 2 screens by 36 months (57.9%) higher than NYS excl. NYC (71.7% and 55.9%);
- The County's elderly (65+ years) fall hospitalization rate of 228.4/10,000 was higher than NYS excl. NYC (189.9) but decreased 24% from 2009 to 2014;
- North Albany/Menands neighborhood had 2.9 times the elderly fall ED visit rate, while South End had 3.2 times the fall hospitalization rate compared to NYS excl. NYC;
- Albany County had higher assault ED visit (49.0/10,000) and hospitalization rates (4.1/10,000) compared to NYS excl. NYC (35.0, 2.2).

Healthy Women, Infants, and Children

- Albany County's teen (15-17 years) pregnancy rate of 13.1/1,000 was higher than NYS excl. NYC (9.9), but has decreased 47% from 2009 to 2016;
- West End neighborhood's teen pregnancy (15-19 years) was 4.3 times higher than NYS excl. NYC;
- Albany County's rate of early prenatal care (76.4%) was lower than NYS excl. NYC (78.4%), and Albany's late or no prenatal care (6.0%) was higher than NYS excl. NYC (4.1%);
- South End/Downtown neighborhood's rate of late or no prenatal care was 3.5 times the rate of NYS excl. NYC;
- Albany county's infant mortality rate of 5.8/1,000 births was higher than NYS excl. NYC (5.0);
- The County's rate of low birthweight (< 2.5 kg.) of 7.9% was higher than NYS excl. NYC (7.7%);
- Center Square neighborhood had 1.6 times the rate of premature births compared to NYS excl. NYC.

Infectious Disease

- Albany's gonorrhea case rates in the 15-44 year population of 265.9/100,000 for females and 352.7 for males were higher than NYS excl. NYC (179.1 and 230.0);
- Albany's chlamydia case rate for women 15-44 years of 1720.2/100,000 was higher than NYS excl. NYC (1351.6);
- The County's HIV case rate of 8.4/100,000 was higher than NYS excl. NYC (6.9) but has decreased 34% from 2009 to 2016;
- Albany's AIDS mortality rate of 2.0/100,000 was significantly higher than NYS excl. NYC (0.8);
- The County's Lyme disease case rate of 148.6/100,000 was higher than NYS excl. NYC (77.8).

Mental Health and Substance Abuse

- The self- inflicted injury ED visit rate for Albany County residents 15+ years of age of 12.1/10,000 was higher than NYS excl. NYC (7.1), while the hospitalization rates were similar (5.4 vs 5.3);

- New Scotland Ave neighborhood's self-inflicted injury ED visit rate was 9.2 times higher than NYS excl. NYC, while South End/Downtown hospitalization rate was 3.5 times higher;
- Albany County had a higher mental disease and disorder ED visit (152.9/10,000) than NYS excl. NYC (147.8), but a lower hospitalization rate (59.6 vs 64.1);
- South End/Downtown neighborhood had a 9.2 times higher mental disease and disorder ED visit rate, and 3.5 times higher hospitalization rate than NYS excl. NYC;
- While Albany County residents had lower opioid overdose ED visit, hospitalization, or mortality rates than NYS excl. NYC, Albany County's opioid overdose ED visit rate increased 94%, and mortality rate increased 71% from 2013 to 2017;
- South End neighborhood had 1.7 times the opioid overdose ED visit rate, while West End had 1.3 times the hospitalization than NYS excl. NYC.

Rensselaer County

Sociodemographic

- Rensselaer County had a population of 159,959 and was the 3rd most rural county in the Capital Region (245.3 pop. /sq. mile);
- Rensselaer County had the 3rd lowest median age (39.9 years) in the Capital Region;
- About 17% of Rensselaer's population was 14 years of age or younger, while 15% was 65+ years of age;
- Approximately 13.1% of Rensselaer County's population was non-White, and 4.5% was Hispanic;
- Troy/Lansingburgh neighborhood had the largest non-White population (22.0%) as well as the largest Hispanic population (7.3%);
- Rensselaer County's poverty rate of 12.4% was lower than that of NYS (15.5%);
- Troy/Lansingburgh neighborhood had the highest neighborhood poverty rate in the county (19.9%).

Chronic Disease

- Rensselaer's adult current asthma prevalence (11.7%), and asthma emergency department visit rate (47.3/10,000), were higher than NYS excl. NYC (10.4%, and 41.4);
- The County's asthma hospitalization rate decreased 33%, while the ED visit rate was static between 2009 and 2014;
- Troy/Lansingburgh had 2.5 times the asthma ED visit rate and 1.8 times the asthma hospitalization rate as NYS excl. NYC;
- Rensselaer's adult smoking rate of 18.3% was higher than NYS excl. NYC (17.0%), but decreased 23% from its rate in 2013-14 (23.8%);
- The County's lung cancer incidence (85.9/100,000), lung cancer mortality (51.2/100,000), and CLRD mortality (54.3/100,000) rates were higher than NYS excl. NYC (67.2, 43.3, and 40.1);
- Troy/Lansingburgh had 2.4 times the CLRD ED visit rate and 1.9 times the CLRD hospitalization rate compared to NYS excl. NYC;

- Rensselaer County's adult obesity rate of 31.5% (36,000 adults), and child and adolescent obesity rate of 18.7% (4,500 children) were both higher than NYS excl. NYC (27.5%, 17.3%);
- Rensselaer's diabetes mortality rate of 19.5/100,000 were higher than NYS excl. NYC (15.3);
- The County's diabetes short-term complication hospitalization rate (6.0/10,000) was higher than NYS excl. NYC rate (4.1) and increased 26% from 2008-10 to 2012-14;
- Troy/Lansingburgh neighborhood had 2.3 times the diabetes ED rates, while North West had 1.6 times the diabetes hospitalization rates compared to NYS excl. NYC;
- Rensselaer County had a slightly higher rate of adults with hypertension (33.4%) compared to NYS excl. NYC (33.0%);
- Rensselaer's heart attack mortality rate (17.5/100,000)and congestive heart failure mortality rate (20.9/100,000) was higher than NYS excl. NYC (14.8, 17.4);
- Rensselaer's colorectal screening rate of 76.8% was higher than NYS excl. NYC (69.6%), yet the county's colorectal cancer incidence rate (41.4/100,000) and mortality rate (16.8/100,000) were both higher than NYS excl. NYC (38.9 and 12.9);
- Rensselaer's mammography screening rates were lower than Rest of State for women 50-74years of age (77.4% vs 79.2%), however only the late stage female breast cancer incidence rate was higher than NYS excl. NYC (45.5/100,000 vs 43.0).

Healthy and Safe Environment

- Rensselaer's incidence rate of elevated blood lead levels (10+ug/dl) in children under 6 years of age of 12.2/1,000 was twice as high as the Rest of State (6.0);
- The County's lead screening rates for children 9-17 months (71.0%) and 2 screens by 36 months (57.5%) were similar to NYS excl. NYC (71.7% and 55.9%);
- Rensselaer's elderly (65+ years) fall hospitalization rate of 228.4/10,000 was higher than NYS excl. NYC (189.9) but decreased 7% from 2009 to 2014;
- The County's pediatric (1-4 years) fall emergency department visit rate of 441.3/10,000 was higher than NYS excl. NYC (408.5);
- East Greenbush neighborhood had 2 times the elderly fall ED visit rate, while Troy/Lansingburgh had 1.6 times the pediatric fall ED visit rate compared to NYS excl. NYC.

Healthy Women, Infants, and Children

- Rensselaer' teen (15-17 years) pregnancy rate of 11.4/1,000 was higher than NYS excl. NYC (9.9), but has decreased 54% from 2009 to 2016;
- Troy/Lansingburgh neighborhood's teen pregnancy (15-19 years) was 1.5 times higher than NYS excl. NYC;
- Rensselaer's rate of premature births (< 37 weeks gest.) of 9.7% was higher than NYS excl. NYC (9.1%);
- The County's rate of low birthweight (< 2.5 kg.) of 9.5% was higher than NYS excl. NYC (7.7%);
- Rensselaer County's infant mortality rate of 6.9/1,000 live births was higher than NYS excl. NYC (5.0);
- East neighborhood had 1.9 times the rate of premature as well as low birthweight births compared to NYS excl. NYC.

Infectious Disease

- Rensselaer County's gonorrhea rate in women aged 15-44 years of 260.8/100,000 was higher than NYS excl. NYC (197.1);
- Rensselaer's chlamydia case rate for women 15-44 years of 1433.4/100,000 was higher than NYS excl. NYC (1220.3) with a 33% increase from 2009 to 2013;
- The County's gonorrhea rate increased 175% and the chlamydia rate 25% from 2013 to 2017.
- Rensselaer's Lyme disease case rate of 395.5/100,000 was higher than NYS excl. NYC (77.8), and the 3rd highest rate of all NYS counties.

Mental Health and Substance Abuse

- About 12.5% of adult Rensselaer residents indicated that they had 14+ poor mental health days in the past month, and higher than NYS excl. NYC (11.2%), but was an 26% decrease from 2013-14 (17.0%);
- Rensselaer's suicide mortality rate of 12.5/100,000 was higher than NYS excl. NYC (9.6);
- East neighborhood had 2.2 times the suicide mortality rate than NYS excl. NYC;
- Rensselaer County had a higher mental disease and disorder ED visit (168.8/10,000) than NYS excl. NYC (147.8), and a higher hospitalization rate (75.4 vs 64.1);
- Troy/Lansingburgh neighborhood had 2 times the mental disease and disorder ED visit rates, and 2 times the mental disease and disorder hospitalization rate than NYS excl. NYC;
- Rensselaer residents had a higher rate of opioid burden (411.7/100,000) and opioid overdose hospitalizations (166.8/100,000) than NYS excl. NYC (300.3, 124.4);
- Rensselaer County's opioid overdose ED visit rate increased 40%, and mortality rate increased 62% from 2013 to 2017;
- Central neighborhood had 1.5 times the opiate-related ED visit rate than NYS excl. NYC;
- Rensselaer's adult binge drinking rate of 20.2% was higher than NYS excl. NYC (19.1%);
- The County's cirrhosis mortality rate (8.7/100,000) were higher than NYS excl. NYC (8.1).

Schenectady County

Sociodemographic

- Schenectady County had a population of 154,845 and was the Capital Region's most urban county (755.7 pop. /sq. mile);
- Schenectady County had the 2nd lowest median age (39.8 years) in the Capital Region;
- Schenectady County had the largest percentage of population 14 years of age or younger at 18.0%, while 15.6% of the County population was 65+ years of age;
- Schenectady County had the 2nd largest non-White population at 22.0%, and the largest Hispanic population at 6.6% in the Capital Region;

- Hamilton Hill neighborhood had the largest non-White population (67.7%) as well as the largest Hispanic population (16.5%);
- Schenectady's poverty rate of 12.0% was lower than that of NYS (15.5%);
- Hamilton Hill neighborhood had the highest neighborhood poverty rate (47.4%).

Chronic Disease

- Schenectady County adult asthma prevalence of 12.9% was higher than NYS excl. NYC (10.4%);
- Schenectady's asthma emergency department visit rate (56.7/10,000), and ED visit rate to the 1-4 year old population (122.6) were higher than NYS excl. NYC (47.6, 105.8);
- Hamilton Hill had 5.2 times the asthma ED visit rate and 2.1 times the asthma hospitalization rate as NYS excl. NYC;
- Schenectady's adult smoking rate of 19.9% was higher than NYS excl. NYC (17.0%) but a slight decrease from its rate in 2013-14 (20.3%);
- The County's CLRD ED visit rate (116.2/10,000), hospitalization rate (24.4) and CLRD mortality rate (39.7/100,000) rate were higher than NYS excl. NYC (71.9, 23.7, and 35.0);
- Hamilton Hill had 5 times the CLRD ED visit rate, while City/Stockade and had 2.7 times the CLRD hospitalization rate compared to NYS excl. NYC;
- Schenectady County's adult obesity rate of 28.5% (30,744 adults), and child and adolescent obesity rate of 18.8% (4,725 children) were both higher than NYS excl. NYC (27.5%, 17.3%);
- Schenectady County adult diabetes prevalence of 9.0% was higher than NYS excl. NYC (8.5%);
- Schenectady's diabetes mortality rate of 18.3/100,000 was higher than NYS excl. NYC (15.3);
- The County's diabetes short-term complication hospitalization rate (5.2/10,000) was higher than NYS excl. NYC (4.1);
- Hamilton Hill neighborhood had 6.5 times the diabetes ED rates, and 3 times the diabetes hospitalization rates compared to NYS excl. NYC;
- Schenectady's heart attack hospitalization rate of 18.0/10,000 was higher than NYS excl. NYC (14.8);
- The County's congestive heart failure hospitalization (21.6/10,000) and mortality (19.9/100,000) rates were higher than NYS excl. NYC (21.4, and 16.9);
- Schenectady's stroke hospitalization (27.0/10,000) and mortality (31.2/100,000) rates were higher than NYS excl. NYC (23.1, and 28.6);
- Hamilton Hill neighborhood had 1.4 times the coronary heart disease hospitalization rate, 1.8 times the congestive heart failure hospitalization rate, and 1.6 times the stroke hospitalization rate compared to NYS excl. NYC;
- Schenectady's colorectal screening rate of 76.2% was better than NYS excl. NYC (69.7%), while the county's colorectal cancer mortality rate (13.1/100,000) was slightly higher than NYS excl. NYC (12.9);
- Schenectady's mammography screening rates were lower than NYS excl. NYC for women 50-74 years of age (78.6% vs 79.2%);
- Schenectady County had higher female breast cancer incidence (144.8/100,000) and late stage incidence (51.5) than NYS excl. NYC (139.5, 43.0).

Healthy and Safe Environment

- Schenectady's incidence rate of elevated blood lead levels (10+ug/dl) in children under 6 years of age of 14.9/1,000 was over twice as high as NYS excl. NYC (6.0);
- The County's lead screening rates for children 9-17 months (76.9%) and 2 screens by 36 months (59.2%) were both higher than NYS excl. NYC (71.7%, 55.9%);
- The percent of Schenectady's low income population with low access to a supermarket of 5.72% was higher than NYS excl. NYC (3.93%);
- Schenectady's assault ED visit (62.1/10,000) and hospitalization (3.1) rates were higher than NYS excl. NYC (35.0, 2.2);
- Hamilton Hill neighborhood had 6.3 times the assault ED visits and 5.7 times the assault hospitalization rates compared to NYS excl. NYC.

Healthy Women, Infants, and Children

- Schenectady's teen (15-17 years) pregnancy rate of 21.5/1,000 was markedly higher than NYS excl. NYC (9.9), but has decreased 35% from 2009 to 2016;
- Hamilton Hill neighborhood's teen pregnancy (15-19 years) was 5.5 times higher NYS excl. NYC; Schenectady County had a slightly higher late or no prenatal care rate (4.6% compared to NYS excl. NYC (4.4%);
- Schenectady's rate of premature births (< 37 weeks gest.) of 9.8% was higher than NYS excl. NYC (9.1%);
- The County's rate of low birthweight (< 2.5 kg.) of 8.8% was higher than NYS excl. NYC (7.7%);
- Schenectady County's infant mortality rate of 9.1/1,000 live births was higher than NYS excl. NYC (5.0);
- Hamilton Hill neighborhood had 1.4 times the rate of premature and 2 times the rate of low birthweight births compared to NYS excl. NYC;
- For Schenectady's children (0-21 years) on public insurance, the well-child visit rate of 67.7% of having the recommended number of visits was lower than NYS excl. NYC (72.7%).

Infectious Disease

- Schenectady's gonorrhea case rates in the 15-44 year population of 418.5/100,000 for females and 321.0 for males were markedly higher than NYS excl. NYC (197.1 and 230.0);
- Schenectady's chlamydia case rate for women 15-44 years of 1943/100,000 was higher than NYS excl. NYC (1352); with a 25% increase from 2009 to 2013;
- The County's gonorrhea rate increased 130% and the chlamydia rate 25% from 2013 to 2017;
- Schenectady's 65 + years population had a lower influenza vaccination rate (55.5%) than NYS excl. NYC (59.6%).

Mental Health and Substance Abuse

- About 14.9% of adult Schenectady residents indicated that they had 14+ poor mental health days in the past month, and higher than NYS excl. NYC (11.2%);
- Schenectady's mental disease and disorder ED visit rate (235.8/10,000), and hospitalization rate (97.1/10,000) were higher than NYS excl. NYC (147.8, 64.1);
- Schenectady's suicide mortality rate of 11.7/100,000 was higher than NYS excl. NYC (9.6), but a 7% decrease since 2011-13;
- The self- inflicted injury ED visit rate for Schenectady residents 15+ years of age of 12.6/10,000, and self-inflicted injury hospitalization rate of 9.5/10,000 were higher than NYS excl. NYC (7.1, and 5.3);
- City/Stockade neighborhood had 4.8 times the mental disease and disorder ED visit rates, and 5.2 times the mental disease and disorder hospitalization rates than NYS excl. NYC;
- Schenectady residents had higher rates of opioid overdose mortality (20.8/100,000), and opioid overdose ED visits (81.2) compared to NYS excl. NYC (19.4, 79.7);
- Schenectady County's opioid overdose mortality rate increased over 200%, and the ED visit rate increased 160% from 2013 to 2017;
- Hamilton Hill 2.7 times the opiate-related ED visit rate and opiate-related hospitalization rate than NYS excl. NYC;
- Schenectady's cirrhosis mortality rate (9.1/10,000) was higher than NYS excl. NYC (7.2).

Saratoga County

Sociodemographic

- Saratoga County, with a population of 224,929, was the 2nd most populated county in the Capital Region, and the 3rd most urban (280.3 pop. /sq. mile);
- Saratoga County had the 3rd highest median age (42.0 years) in the Capital Region;
- Saratoga County had 17.3% of population 14 years of age or younger, while 15.9% of its population was 65+ years of age;
- Saratoga County had the smallest percentages of non-White (6.4%) and Hispanic (2.9%) populations in the Capital Region;
- Clifton Park West neighborhood had the largest non-White population (10.9%) as well as the largest Hispanic population (3.5%);
- Saratoga County had the lowest percentage of its population below poverty in the Region, with a poverty rate of 6.4%;
- North West neighborhood had the highest neighborhood poverty rate (10.9%) in the County.

Chronic Disease

- Saratoga's adult current asthma prevalence (15.4%), was higher than NYS excl. NYC (10.4%);
- Saratoga's adult smoking rate of 17.3% was slightly higher than NYS excl. NYC (17.0%);

- The County's lung cancer incidence (70.8/100,000), lung cancer mortality (50.0/100,000), and CLRD mortality (37.0/100,000) rates were higher than NYS excl. NYC (67.2, 43.0, and 35.0);
- Approximately 45,300 Saratoga County adult residents (25.7%) and 5,100 children and adolescents (13.2%) were considered obese;
- Saratoga's colorectal screening rate of 75.6% was slightly lower than NYS excl. NYC (76.3%), and the county's colorectal cancer incidence rate (41.3/100,000) was higher than NYS excl. NYC (39.7);
- Saratoga's mammography screening rates were lower than NYS excl. NYC for women 50-74 years of age (77.9% vs 79.2%);
- The County's female breast cancer late stage incidence (45.7/10,000) rate was higher than NYS excl. NYC (43.1).

Healthy and Safe Environment

- While Saratoga's rates of fall hospitalizations to the elderly (65+years), and pediatric (1-4 years) fall ED visit rates are lower than NYS excl. NYC, certain neighborhoods present higher rates. Ballston Spa and Saratoga Springs neighborhoods had falls to the elderly hospitalization rates 1.2 times higher, and North East neighborhood a 1.4 times higher pediatric fall ED visit rate than NYS excl. NYC.

Healthy Women, Infants, and Children

- While Saratoga's teen (15-17 years) pregnancy rate of 4.4/1,000 was lower than Rest of State (9.9), the North West neighborhood had 1.1 times the rate compared to NYS excl. NYC;
- While Saratoga's late or no prenatal care rate of 3.4% was lower than NYS excl. NYC (4.4%), South Glens Falls neighborhood had 1.1 times the rate of late or no care compared to NYS excl. NYC.

Infectious Disease

- While Saratoga's gonorrhea and chlamydia case rates were lower than NYS excl. NYC , the gonorrhea rate increased 260% and chlamydia increased 28% from 2013 to 2017;
- Saratoga's Lyme disease case rate of 139.2/100,000 was higher than NYS excl. NYC (77.8).

Mental Health and Substance Abuse

- Saratoga's suicide mortality rate of 11.3/100,000 was higher than NYS excl. NYC (9.6), but was a 13% decrease from 2013-14;
- The self- inflicted injury ED visit rate for Saratoga residents 15+ years of age of 7.4/10,000, and self-inflicted injury hospitalization rate of 6.3/10,000 were higher than NYS excl. NYC (7.1, and 5.3);
- South Glens Falls neighborhood had 1.3 times the mental disease and disorder ED visit rates, and 1.5 times the mental disease and disorder hospitalization rates than NYS excl. NYC;
- Saratoga's had an opiate-overdose ED visit rates lower than NYS excl. NYC (62.2/10,000 vs 79.7), but showed a 43% increase from 2013 to 2017;
- Saratoga's adult binge drinking rate of 24.0% was higher than NYS excl. NYC (19.1%);
- Saratoga's alcohol-related motor vehicle injury and death rate of 48.6/100,000 was higher than the NYS excl. NYC rate of 39.9/100,000;

- The County's cirrhosis mortality rate (8.3/100,000) was slightly higher than NYS excl. NYC (8.1).

Columbia County

Sociodemographic

- Columbia County had a population of 61,860, and was the 2nd most rural county in the Capital Region (96.1 pop. /sq. mile);
- Columbia County had the highest median age (47.0 years) in the Capital Region;
- About 18.0% of Columbia County's population was 14 years of age or younger, while 15.7% was 65+ years of age;
- Approximately 10.5% of Columbia County's population was non-White, and 4.3% of the County's population was Hispanic;
- Hudson neighborhood had the largest non-White population (20.4%), while Germantown has the largest Hispanic population (7.4%) in the County.
- Columbia County's poverty rate of 12.7% was the 3nd lowest in the Capital Region, and lower than that of NYS (15.5%);
- Hudson neighborhood had the highest neighborhood poverty rate (17.6 % in the County).

Chronic Disease

- Columbia's adult current asthma prevalence (11.4%), was higher than NYS excl. NYC (10.4%);
- Hudson neighborhood had 2.1 times the asthma ED visit rate and 2 times the asthma hospitalization rate as NYS excl. NYC;
- Columbia's adult smoking rate of 20.3% was higher than NYS excl. NYC (17.0%);
- The County's lung cancer incidence (79.7/100,000), CLRD hospitalization rate (28.9/10,000) and CLRD mortality (40.4/100,000) rates were higher than NYS excl. NYC (66.9, 23.4, and 34.4);
- Hudson had 2.1 times the CLRD ED visit rate and 1.6 times the CLRD hospitalization rate compared to NYS excl. NYC;
- Columbia's coronary heart disease mortality rate (130.1/100,000) was higher than NYS excl. NYC (116.5);
- Columbia's stroke mortality rate (30.6/100,000) was higher than NYS excl. NYC (28.1);
- While Columbia's colorectal screening rate of 72.5% was better than NYS excl. NYC (69.7%), the county's colorectal cancer incidence rate (40.6/100,000) and mortality rate (16.5/100,000) were both higher than NYS excl. NYC (38.9 and 12.9);
- While the County's mammography screening rate of 81.2% was better than NYS excl. NYC (79.2%), Columbia's female breast cancer late stage incidence rate of 51.0/100,000 was higher than NYS excl. NYC (43.0)
- The County's adult obesity rate of 28.0% (n=12,900), childhood obesity rate of 18.9% (n=1,700), and obesity rate for WIC children of 18.6% was higher than NYS excl. NYC (27.4%, 17.2%, 15.2%).

Healthy and Safe Environment

- Columbia's incidence rate of elevated blood lead levels (10+ug/dl) in children under 6 years of age of 13.2/1,000 was more than twice as high as NYS excl. NYC (6.0);
- The County's lead screening rates for children 9-17 months (53.2%) and 2 screens by 36 months (38.6%) were much lower NYS excl. NYC (71.1% and 55.9%);
- The percent of Columbia's low income population with low access to a supermarket of 5.19% was higher than NYS excl. NYC (3.93%);
- Columbia County's motor vehicle accident mortality rate of 14.3/100,000 and hospitalization rate of 8.1/10,000 was higher than NYS excl. NYC (6.8, 5.9);
- Columbia's elderly (65+ years) fall emergency department visit rate of 392.6/10,000 was slightly higher than NYS excl. NYC (381.2);
- Pine Plains neighborhood had 2.7 times the elderly fall ED visit rate, and 2.1 the hospitalization rate compared to NYS excl. NYC;
- Columbia's rate of occupational injury ED visits in 15-19 year olds of 53.4/100,000 was higher than the NYS excl. NYC rate of 29.4/100,000.

Healthy Women, Infants, and Children

- Hudson neighborhood's teen pregnancy (15-19 years) was the county's highest, and 1.1 times higher than NYS excl. NYC;
- Columbia's early prenatal care rate of 73.3% was lower than NYS excl. NYC (76.0%);
- Germantown neighborhood's rate of late or no prenatal care was 1.3 times higher than NYS excl. NYC;

Infectious Disease

- Columbia's early syphilis case rate for men of 13.1/100,000 was higher than NYS excl. NYC (9.1);
- Columbia's HIV case rate of 8.7/100,000 was higher than NYS excl. NYC (7.9);
- Columbia's Lyme disease case rate of 711.6/100,000 was markedly higher than Rest of State (77.8), and the 2nd highest rate of all NYS counties;
- Columbia's HPV vaccination rate for adolescent females of 41.1% was slightly lower than the rate for NYS excl. NYC (41.7%);
- The flu vaccination rate in Columbia's 65+ year population of 55.2% was lower than that for NYS excl. NYC (59.6%).

Mental Health and Substance Abuse

- Columbia's mental disease and disorder hospitalization rate (75.0/10,000), was higher than NYS excl. NYC (64.1), and showed a 13% increase from 2008 to 2014;
- Hudson had 1.5 times the mental disease and disorder ED visit rate and 1.6 times the hospitalization rate than NYS excl. NYC;
- Columbia's suicide mortality rate of 17.2/100,000 was higher than NYS excl. NYC (9.6), and showed a 27% increase from 2008-10 to 2014-16;

- The self- inflicted injury ED visit rate for Columbia residents 15+ years of age of 12.7/10,000, and hospitalization rate of 6.1 was higher than NYS excl. NYC (7.1, 5.3);
- Hudson neighborhood had 2.6 times the self-inflicted injury ED visit rate, while Canaan had 1.6 times the hospitalization rate than NYS excl. NYC;
- Columbia had an opioid overdose mortality rate of 25.9/100,000 that was higher than NYS excl. NYC (19.4), and showed a 175% increase from 2013 to 2017;
- Columbia's opioid overdose ED visit rate of 65.4/100,000 was lower than NYS excl. NYC (79.7), but increased 30% from 2013 to 2016;
- Columbia County's newborn withdrawal syndrome rate of 27.4/1,000 newborn discharges was higher than NYS excl. NYC (16.0)
- Germantown neighborhood had 1.9 times the opioid overdose ED visit rate and 1.5 times the opiate-related hospitalization rate than NYS excl. NYC;
- The opioid analgesics prescription rate for Columbia residents of 538.0/1,000 was higher than for NYS excl. NYC (453.1);
- Columbia's alcohol-related motor vehicle injury and death rate of 44.1/100,000 was higher than the NYS excl. NYC rate of 39.9/100,000;
- The County's cirrhosis mortality rate (9.3/100,000) were higher than NYS excl. NYC (8.1).

Greene County

Sociodemographic

- Greene County had a population of 48,069, and was the most rural county in the Capital Region (73.4 pop. /sq. mile);
- Greene County had the 2nd highest median age (45.4 years) in the Capital Region;
- About 13.9% of Greene County's population was 14 years of age or younger, while 19.7% of the County's population was 65+ years of age;
- Approximately 10.4% of Greene County's population was non-White, and 5.4% of the population was Hispanic;
- Coxsackie/Athens neighborhood had the largest non-White population (14.6%) as well as the largest Hispanic population (8.7%) in the county.
- Greene County's poverty rate of 13.0% was the highest in the Capital Region, but lower than that of NYS (15.5%);
- Catskill neighborhood had the highest neighborhood poverty rate (16.1 %) in the County.

Chronic Disease

- The adult asthma prevalence rate of 12.0% was higher than NYS excl. NYC (10.4%);
- The County's lung cancer incidence (80.4/100,000), lung cancer mortality (48.6/100,000), CLRD hospitalization (27.3/10,000) and CLRD mortality (36.6/100,000) rates were higher than NYS excl. NYC (66.9, 40.4, 23.1 and 34.4);
- Catskill neighborhood had 1.7 times the CLRD hospitalization rate compared to NYS excl. NYC;

- Greene County's adult obesity rate of 27.7% (n=10,000), childhood obesity rate of 21.4% (n=1,260), and obesity rate for WIC children of 17.8% was higher than NYS excl. NYC (27.4%, 17.2%, 15.2%).
- The diabetes hospitalization rate of 15.8/10,000 was higher than NYS excl. NYC (13.8);
- The County's diabetes short term complication hospitalization rate of 5.8/10,000 was higher than NYS excl. NYC (4.1);
- The heart attack hospitalization rate (15.2/10,000) was higher than NYS excl. NYC (14.8), but showed a decreasing trend over the last decade;
- Catskill neighborhood had 1.1 times the heart attack hospitalization rate compared to NYS excl. NYC;
- The County's coronary heart disease mortality rate of 121.4/100,000 was higher than the NYS excl. NYC (116.5), but also showed a decreasing trend over the last decade;
- The colorectal screening rate of 69.0% was similar to NYS excl. NYC (69.7%), while the county's colorectal cancer incidence rate (42.0/100,000) and mortality rate (19.4/100,000) were both higher than NYS excl. NYC (38.9 and 12.9);
- While Greene County's mammography screening rate of 80.9% was higher than NYS excl. NYC (79.2%), the County's female breast cancer late stage incidence (43.6/10,000) and mortality (19.3/100,000) rates were slightly higher than NYS excl. NYC (43.0, and 18.9).

Healthy and Safe Environment

- Greene County's incidence rate of elevated blood lead levels (10+ug/dl) in children under 6 years of age of 7.0/1,000 was higher than NYS excl. NYC (6.0);
- The County's lead screening rates for children 9-17 months (70.3%) and 2 screens by 36 months (54.5%) were similar to NYS excl. NYC (71.7% and 55.9%);
- The percent of low income population with low access to a supermarket of 6.22% was higher than NYS excl. NYC (3.93%);
- Greene County's motor vehicle accident mortality rate of 12.7/100,000 and hospitalization rate of 11.5/10,000 was higher than NYS excl. NYC (6.8, 5.9);
- Columbia's elderly (65+ years) fall hospitalization rate of 208.3/10,000 was higher than NYS excl. NYC (189.9);
- Catskill neighborhood had 1.2 times the elderly fall hospitalization rate compared to NYS excl. NYC;
- Greene County's assault ED visit rate (40.3/10,000) and hospitalization rate (4.0) was higher than NYS excl. NYC (35.0, 2.2);
- Catskill neighborhood had 1.3 times the assault ED visit rate, while Coxsackie/Athens had 1.7 times the hospitalization rate than NYS excl. NYC.

Healthy Women, Infants, and Children

- Coxsackie/Athens neighborhood's teen pregnancy (15-19 years) was 1.4 times higher than NYS excl. NYC;
- Greene County's early prenatal care rate of 75.2% was lower than NYS excl. NYC (78.4%);
- Windom/Ashland/Jewett neighborhood's rate of late or no prenatal care was 1.9 times higher than NYS excl. NYC ;

- The rate of premature births (< 37 weeks gest.) of 9.7% was higher than NYS excl. NYC (9.1%), but decreased 30% from 2010 to 2016;
- The County's rate of low birthweight (< 2.5 kg.) of 8.0% was higher than NYS excl. NYC (7.7%), but decreased 8% from 2010 to 2016;
- Cairo/Durham neighborhood had 1.6 times the low birthweight rate, and 1.2 times the prematurity rate than NYS excl. NYC;
- Greene County WIC mothers had a 6 month breast feeding rate of 18.4%, much lower than the NYS excl. NYC rate of 30.7%.

Infectious Disease

- Greene County's Lyme disease case rate of 753.6/100,000 was significantly higher than NYS excl. NYC (77.8), and was the highest rate of all NYS counties;
- Greene County's HPV vaccination rate for adolescent females of 40.5% was slightly lower than the rate for NYS excl. NYC (41.7%);
- The flu vaccination rate in Greene County's 65+ year population of 56.2% was lower than that for NYS excl. NYC (59.6%).
- Greene County's elderly population's rate of ever having a pneumonia vaccination of 64.4% was lower than that for NYS excl. NYC (76.2%);
- The County's pneumonia/influenza hospitalization rate of 98.6/10,000 was higher than NYS excl. NYC (93.7).

Mental Health and Substance Abuse

- About 15.8% of adult Greene residents indicated that they had 14+ poor mental health days in the past month, higher that NYS excl. NYC (11.2%);
- Greene's mental disease and disorder ED visit rate (165.2/10,000) was higher than NYS excl. NYC (147.8), and showed a 50% increase from 2009 to 2014;
- The County's mental disease and disorder hospitalization rate of 87.6/10,000 was higher than NYS excl. NYC (64.1), and showed a 35% increase from 2009 to 2014;
- Cairo/Durham had 1.3 times the mental disease and disorder hospitalization rate, while Catskill had 1.5 times the ED visit rate than NYS excl. NYC;
- The self- inflicted injury ED visit rate for Greene residents 15+ years of age of 9.6/10,000 and hospitalization rate of 6.0 was higher than NYS excl. NYC (7.1, 5.3);
- Cairo/Durham had 2.0 times the self-inflicted injury hospitalization rate, while Catskill had 1.5 times the ED visit rate than NYS excl. NYC;
- Greene County had an opioid overdose mortality rate of 30.4/100,000 that was higher than NYS excl. NYC (19.4), and showed a 125% increase from 2013 to 2017;
- Greene County's opioid overdose ED visit rate of 133.3/100,000 was higher than NYS excl. NYC (79.7), and increased 80% from 2013 to 2017;
- Greene County's newborn withdrawal syndrome rate of 21.3/1,000 newborn discharges was higher than NYS excl. NYC (16.0)

- Cairo/Durham neighborhood had 2.4 times the opioid overdose ED visit rate, while Greenville had 2.7 times the opiate-related hospitalization rate than NYS excl. NYC;
- The opioid analgesics prescription rate for Greene residents of 538.0/1,000 was higher than for NYS excl. NYC (453.1);
- Greene County's alcohol-related motor vehicle injury and death rate of 70.8/100,000 was higher than the NYS excl. NYC rate of 39.9/100,000, but showed a 37% reduction from 2008 to 2016.

County Health Rankings-2019

The Robert Wood Johnson Foundation, together with the University of Wisconsin Population Health Institute, develop annual health rankings for every county in the United States (http://www.countyhealthrankings.org/). Counties are ranked on "Health Outcomes" (the present health of the county) and on "Health Factors" (the future health of the county). The Appendix contains the 2019 Rankings for each of six Capital Region counties. The "Health Outcome Rankings" show a wide range within the Capital Region with Saratoga County ranked # 4 for all New York counties, while Schenectady County was ranked #53 out of 62. However, the "Health Factor Rankings" show the Capital Region doing well compared to the rest of New York State counties. None of the counties fell into the 4th (worst) quartile of counties, and ranged from Saratoga #2 to Greene #43.

II. Community Public Health Priorities

Collaboration and Community Engagement

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

Survey results regarding the public's experience with opioid abuse and opinions on the seriousness of public health issues were incorporated into the examination of health needs by the members of the four Capital Region Prevention Agenda Prioritization Work Groups (Albany-Rensselaer, Columbia-Greene, Saratoga and Schenectady). The Work Groups included community voices through representatives from community based organizations that serve low-income residents, the homeless, and other vulnerable populations; federally qualified health centers; advocacy groups; employers; public health departments; providers; and health insurers. Participants were encouraged to share data of their own and to advocate for the needs of their constituents. HCDI and its stakeholders strategically invited partners with unique access to medically underserved populations.

Selection of Priorities

Selection of the top health priorities for the Capital Region was facilitated by a new Public Health Issue Prioritization tool created by HCDI, based on feedback from the 2016-2018 Prioritization Cycle. In the fall of 2018, HCDI staff reviewed approximately 170 Public Health Indicators across the five Prevention Agenda priority areas and incorporated the key indicators into 30 Public Health Issues. Public Health Issues were identified by reviewing the present New York State Department of Health Prevention Agenda Focus Areas, as well as Public Health Issues incorporated in the last Prioritization Process in 2016. The 30 Public Health Issues were ranked for each of the six counties in the Capital Region. The ranking tool utilized a quantitative method, based on previous prioritization efforts (e.g. Hanlon Method), to assist the county selection process from 30 Public Health Issues to a shorter list of health issues for participating partners to examine and final selections. Each indicator was scored on five dimensions:

- Size (percent or rate) relative to NYS excluding, NYC;
- Impact on quality of life;
- Trends from 2013-2015 or a comparable timeframe;
- Disparity (Index of Disparity using race/ethnicity); and
- Absolute number of individuals affected.

A comprehensive overview of the ranking methodology can be found on the HCDI website (http://hcdiny.org) by selecting "Explore by County" and locating "Public Health Issue Prioritization Methodology Review" in the "County Data and Resources" section.

A Prevention Agenda Work Group, with participation from local health departments of Albany, Columbia, Greene, Rensselaer, Saratoga and Schenectady counties, St. Peter's Health Partners, Ellis Medicine, Albany Medical Center, Saratoga Hospital, and Columbia Memorial Hospital, met in the winter of 2018 to review the Ranking Methodology and provide oversight and guidance in the prioritization process. Using the quantitative rankings provided by the tool, as well as consideration of the availability of quality data, adequacy of current efforts, organizational capacity, upstream vs. downstream factors, and potential for evidence-based interventions, Prevention Agenda Work Group participants selected 12-15 Public Health Issues for more comprehensive review by the local Prevention Agenda Prioritization Work Groups.

The local Prevention Agenda Prioritization Work Groups were formed to review data analyses prepared by HCDI for the Public Health Issues identified by the Prevention Agenda Work Group and to select at least two priorities with one health disparity to be addressed. 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. Prior to the presentation, the full data set reviewed by the Prevention Agenda Work Group was made available to Capital Region partners on the HCDI website (http://hcdiny.org/). Presentations can be found by selecting "Explore by County" and opening the "2019 Prevention Agenda Prioritization Presentation" under the "County Data and Resources" section.

After the presentation of each set of health indicators, a discussion was held to answer any questions, and for individuals to share their experiences with the health condition in the population. Participants were encouraged to consider the importance of the condition in the community based on three qualitative dimensions: what the data and organizational experiences suggested; 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 local experience, community value, and potential opportunity regarding each health indicator.

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

Albany-Rensselaer Prevention Agenda Prioritization Work Group

The Albany-Rensselaer Prevention Agenda Prioritization Work Group was led by the Albany County Department of Health, the Rensselaer County Department of Health, Albany Medical Center, and St. Peter's Health Partners. Because the hospitals' catchment areas cover both counties, it was felt a joint county

Albany-Rensselaer Prevention Agenda Prioritization Work Group was appropriate. Meetings were held on March 1, 2019 and March 21, 2019 at which HCDI presented data for the heath indicators selected by the Prevention Agenda Work Group, and facilitated discussions. The Power Point data presentations used during these meetings were made available to the Albany-Rensselaer Prevention Agenda Prioritization Work Group members and the public on the HCDI website (http://www.hcdiny.org/). The Albany-Rensselaer Prevention Agenda Prioritization Work Group chose their priorities at the second work group meeting. Organizations participating in the Albany-Rensselaer Prevention Agenda Prioritization Work Group included:

- Albany County Department for Aging
- Albany County Department of Health
- Albany County Department of Mental Health
- Albany Medical Center Alliance for Better Health
- Alliance for Positive Health
- AVillage, Inc.
- Better Health for Northeast New York, Inc.
- Blue Shield of Northeastern New York, Inc.
- Burdett Birth Center
- Capital District Boys and Girls Club
- Capital District Physicians' Health Plan
- Capital District Tobacco-Free Coalition
- Capital Roots
- Catholic Charities of the Diocese of Albany
- Cornell Cooperative Extension
- Healthy Capital District Initiative
- Hudson Valley Community College
- Independent Living Center of the Hudson Valley
- MVP Health Care, Inc.
- Promesa/Camino Nuevo
- Rensselaer County Department of Health
- Rensselaer County Department of Mental Health
- St. Peter's Health Partners
- The Baby Institute
- The Food Pantries for the Capital District
- United Way of the Greater Capital Region
- Upper Hudson Planned Parenthood
- Whitney M. Young Health, Jr. Health Center

Albany and Rensselaer Counties completed the Community Health Prioritization Meetings in March 2019. Attendance during the two prioritization meetings consisted of 89 participants representing healthcare, community based and public service providers. Participants were engaged in the data presentations, raised many questions, and offered a service provider's perspective. During the diabetes data presentation, there was discussion on how pre-diabetes data is unavailable, and most individuals with pre-diabetes are unaware of their condition. Diabetes is one of the most expensive health conditions because of its sequelae, yet it can be prevented with early diagnosis and management. Participants also suggested that obesity data

may underrepresent the issue, as those who are overweight but not clinically obese are not represented. Obesity was discussed as an "upstream" issue and a root cause for many other health problems.

During the asthma data presentation participants reflected on the stunning racial and ethnic disparities. Interventions should be culturally competent, and take into account environmental factors such as how living near a train affects air quality. Smoking was discussed as a similarly disparate health indicator, and participants raised concerns about e-cigarettes and a recent increase in the use of traditional tobacco.

When discussing mental health and substance use, participants remarked about decreased physician prescribing of opioids, but expressed concern about increased mental health hospitalizations and a lack of access to pediatric mental health services.

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

I. PRIORITY AREA: Prevent Chronic Diseases

- **a. Reduce Obesity and Prevent Diabetes**
- **b. Prevent/Control Asthma, Prevent Tobacco Use**

II. PRIORITY AREA: Promote Well-Being and Prevent Mental and Substance Use Disorders

- **a. Prevent Mental Disorders**

Existing task forces will have their scope modified or new task forces will be established to develop and implement Community Health Improvement Plan interventions for each of the priority areas selected. For example, the existing Obesity-Diabetes Task Force will review and revise their efforts to prevent obesity and type 2 diabetes, and help patients learn how to self-manage and live a healthy lifestyle. Asthma/tobacco prevention strategies task force will work with existing efforts of Healthy Neighborhood Programs, Delivery System Reimbursement Incentive Payment Program (DSRIP) Performing Provider Systems (PPS), Green and Healthy Homes Initiative®, and, Capital District Tobacco-Free Communities, who currently partners with the Albany County Strategic Alliance for Health, as well as the Asthma Coalition of the Capital Region. Addressing mental health will require collaboration with both Albany and Rensselaer counties' Departments of Mental Health. Mental health interventions may also integrate DSRIP (Delivery System Reimbursement Incentive Payment Program), PPS and health home.

Columbia-Greene Prevention Agenda Prioritization Workgroup

The Columbia and Greene Prevention Agenda Prioritization Workgroup was led by Greene County Public Health, Columbia County Department of Health, and Columbia Memorial Hospital. Columbia and Greene Counties share similar demographic characteristics and health metrics. For this reason, the counties elected to align their efforts surrounding mutually-selected priority areas. Meetings were held during on: March 22, 2019 and April 2, 2019 at which HCDI presented a total of 9 health indicators related to four Prevention Agenda Priority Areas, followed by discussion. The PowerPoint data presentations used during these meetings were made available to the Work Group members, and the general public on the HCDI website (www.hcdiny.org). Organizations that participating in the Columbia-Greene Prevention Agenda Prioritization Workgroup included:

- Catholic Charities
- Columbia County Department of Health
- Columbia County Chamber of Commerce
- Columbia County Community Healthcare Consortium
- Columbia County Community Healthcare Consortium (Community Health Worker Project)
- Columbia County Community Healthcare Consortium (Tobacco-Free Action)
- Columbia County Department of Human Services
- Columbia County Public Health Leadership Group
- Cornell Cooperative Extension
- Greene County Family Planning
- Greene County Mental Health
- Greene County Public Health
- Greene County Rural Health Network
- Greene County Department of Human Services
- Greene County Mobilizing for Action through Planning and Partnerships (MAPP)
- Healthy Capital District Initiative
- Hudson River Healthcare
- New York University Dentistry
- St. Peter's Health Partners (Health Program and Promotion)
- St. Peter's Health Partners (Cancer Services Program)
- Twin County Recovery Services
- Twin County Recovery Services (Prevention)
- Twin County Recovery Services (Greener Pathways)

In the Columbia and Greene County Prevention Agenda Prioritization Meetings, many of the participating community members offered their community insight, organizational feedback, and expressed concern about the topic of Obesity (primarily in school aged children). Community members shared that the increased percentage of school children suffering from obesity identified in the data presentation was representative of the issue at hand. Community participants from Cornell Cooperative Extension (CCE) highlighted the need for improving nutritional knowledge among children and families, while taking into consideration the difficulties and constraints economic situations put upon nutrition. Meeting participants with organizational experience addressing obesity identified Hudson City School District as a high-need organization for obesity-related health programs.

Mental Health/Suicide and Substance Abuse was also identified as a major concern by community members. Many participating community members expressed concern and attested to the increased prevalence identified during the HCDI data presentations. Organizations involved with substance abuse programs in the community highlighted the need for a more robust approach to mental health and the difficulties related to this topic, as many are comorbid issues are deeply intertwined with substance abuse. Community culture also play a tremendous role in shaping the attitudes surround substances, such as alcohol. Ramping current interventions and preventing new cases was at the forefront of the discussion.

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

I. Priority Area: Prevent Chronic Diseases
   a. Focus Area: Reduce Obesity in Children and Adults

II. Priority Area: Promote Well-Being and Prevent Mental and Substance Use Disorders
   a. Focus Area: Prevent Substance Abuse and support Mental Emotional and Behavioral Disorders (MEB) screening and treatment

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

Schenectady Prevention Agenda Prioritization Work Group

The Schenectady Prevention Agenda Prioritization Work Group was led by Schenectady County Public Health Services, Ellis Medicine, Sunnyview Rehabilitation Hospital, and Hometown Health Centers (the local FQHC). The Work Group was comprised of members of the Schenectady Coalition for a Healthy Community (SCHC), an informal coalition of community organizations created following the State-mandated consolidation of Schenectady's hospitals, which has met regularly for the past ten years to share information on community health issues. Meetings were held on February 14, 2019, March 7, 2019, and March 14, 2019 at which HCDI presented data for the heath indicators selected by the Prevention Agenda Work Group, and facilitated discussions. The Power Point data presentations used during these meetings were made available to the Workgroup members and the general public on the HCDI website (http://www.hcdiny.org/). The Work Group chose their priorities at the last meeting. Organizations participating in the Schenectady Prevention Agenda Prioritization Work Group included:

- Alliance for Better Health Care (DSRIP, PPS)
- Bethesda House
- Capital District Center for Independence, Inc.
- Capital Roots
- Capital Region Chamber

- Capital Region Tobacco Free Communities
- CDPHP Health Plan
- Centro Civico
- Ellis Asthma Care
- Ellis Department of Psychiatry
- Ellis Family Health Center
- Ellis Medicine Board of Trustees
- Ellis Pediatric Health Center
- Ellis Primary Care
- Healthy Capital Region Initiative
- Hometown Health Centers
- Independent Living Center of Hudson Valley
- New Choices Recovery Center
- Planned Parenthood - Mohawk Hudson
- Schenectady City Mission, Empower Health
- Schenectady Community Action Program
- Schenectady County Office of Community Service
- Schenectady County Public Health Services
- Schenectady County Public Library
- Schenectady Inner City Ministry
- St. Peters Health Partners
- Sunnyview Rehabilitation Hospital

In the Schenectady County Prevention Agenda Prioritization Meetings, input was received from the community on a number of health issues. Asthma, respiratory diseases and tobacco use were seen by members of the Schenectady Coalition for a Healthy Community as important health topics in the community where disparities also exist. There was extended discussion about the issue of electronic cigarette use among youth and how this will impact combustible tobacco use rates in the future. Capital District Tobacco-Free Communities shared projects they would like to work on in Schenectady County that impact these issues, while Ellis Medicine's tobacco cessation program spoke about the resources they have available to assist the community.

The topics of mental health and suicide were discussed by the group at length. The community thought that the data underrepresented the issue because of lack of formal diagnosis for many with poor mental health. Suicide data is also not captured correctly or consistently all of the time. Alcohol and substance abuse were also discussed. Heroin and fentanyl use continues to concern the community and public health organizations. There are many groups working on addressing the issue of substance use and they were able to speak about their work.

Schenectady County selected the following Prevention Agenda Priority Areas:

I. PRIORITY AREA: Prevent Chronic Diseases
  a. Focus Area: Tobacco Prevention

II. PRIORTY AREA: Promote Well-Being and Prevent Mental and Substance Use Disorders
  a. Mental and Substance Use Disorders Prevention

Saratoga Prevention Agenda Prioritization Work Group

The Saratoga Prevention Agenda Prioritization Work Group was led by the Saratoga County Health Department and Saratoga Hospital. Meetings were held on January 23, 2019, February 26, 2019, and March 26 at which HCDI presented data for the heath indicators selected by the Prevention Agenda Work Group, and facilitated discussions. The Power Point data presentations used during these meetings were made available to the Work Group members and the general public on the HCDI website (http://www.hcdiny.org/). The Work Group chose their priorities at the last meeting. Organizations participating in the Saratoga Public Health Priority Workgroup included:

- Albany Medical Center
- Better Health for Northeast New York (BHNNY)
- Cancer Peer Education, St. Mary's Hospital
- CDPHP Helath Plan
- Cornel Cooperative Extension
- Domestic Violence Advocacy
- Four Winds
- Glens Falls Hospital
- Head Start Saratoga County EOC
- Healthy Capital District Initiative (HCDI)
- Mechanicville Area Community Service Center
- Mental Health ~ Saratoga Hospital
- New York Council on Problem Gambling
- Northern Rivers Family of Services
- Saratoga County Dept of Social Services
- Saratoga County Mental Health Ctr.
- Saratoga County Public Health
- Saratoga County Youth Bureau
- Saratoga Emergency Physicians
- Saratoga Hospital
- Saratoga Hospital Emergency Department
- Saratoga Office of the Aging
- Saratoga Springs Housing Authority
- The Food Pantries for the Capital District
- Wellspring
- YMCA

Participants thought obesity data understates the obesity problem because it doesn't include the over-weight population and obesity is connected to many other health issues. It was also noted that there are

many organizations focusing on obesity prevention strategies and that there are proven evidence-based interventions to build upon.

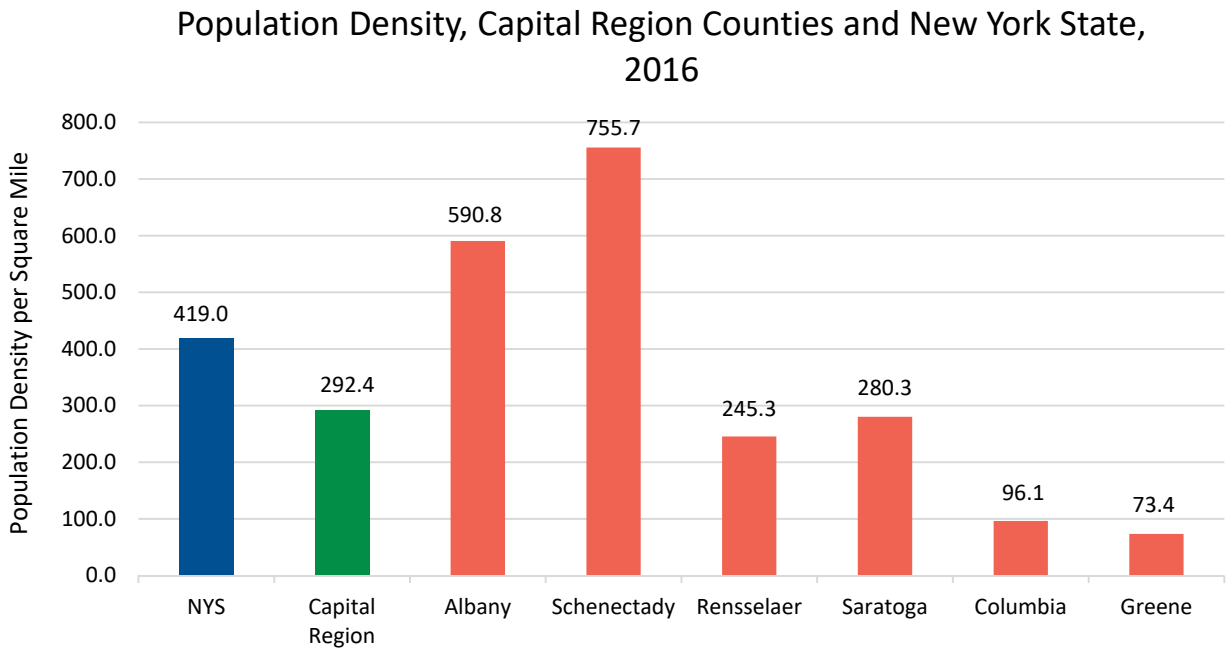
There was much concern about the on-going opioid crisis, particularly in rural areas where there is a lack of harm-reduction and needle exchange programs. Participants expressed the need for resources outside of the urban center. Head Start is seeing more pregnant mothers dealing with opioid issues. The County shared information on the neonatal task force's work and resources. Participants also agreed with data showing that there is an issue with alcohol use. Questions were raised as to whether or not the community considers alcohol use an issue, particularly within the tourism and hospitality industries.

Saratoga County selected the following Prevention Agenda Priority Areas:

I. **PRIORITY AREA: Prevent Chronic Diseases**
   a. **Focus Area: Reduce Obesity**
II. **PRIORITY AREA: Promote Well-Being and Prevent Mental and Substance Use Disorders**
   a. **Focus Area: Prevent Substance Use Disorders (including opioids)**

III. Sociodemographic Information

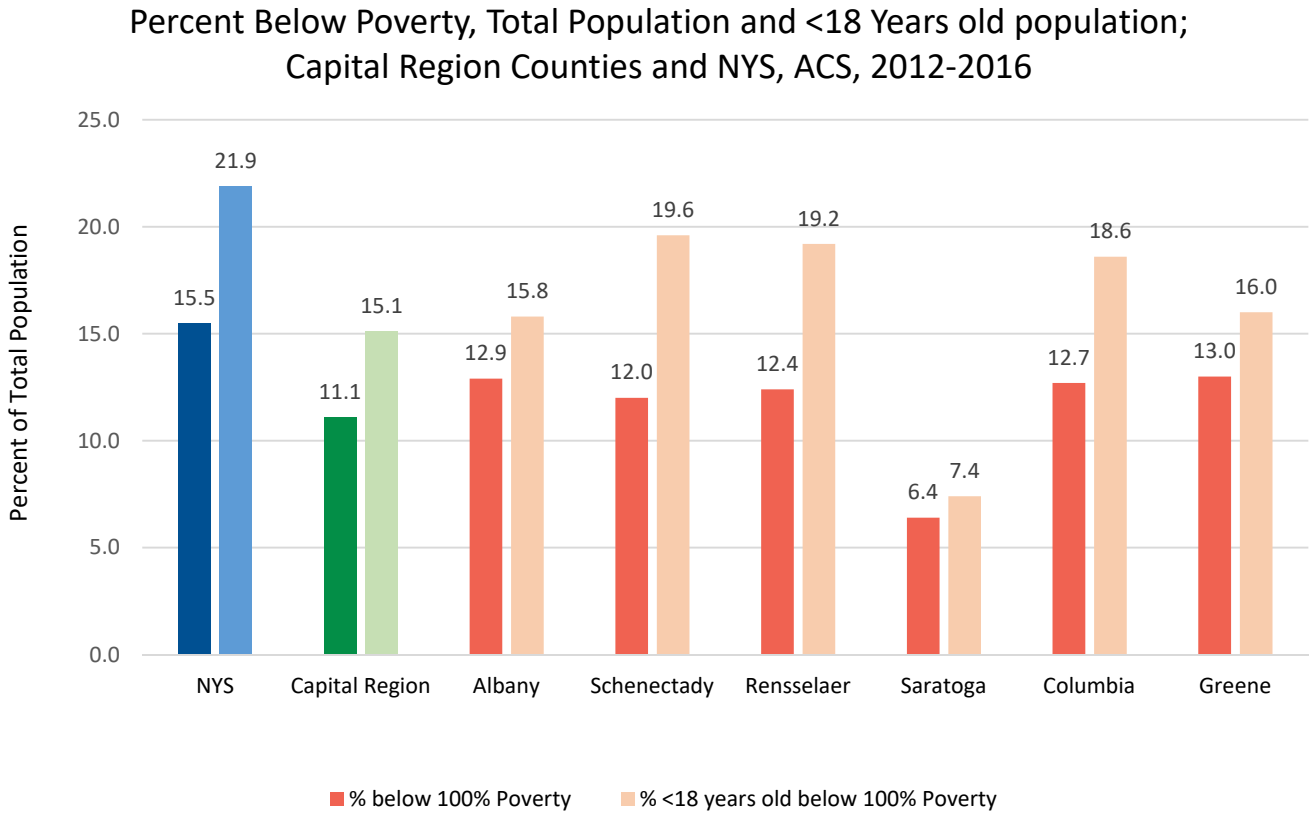
For the 2012-2016 period, the Capital Region consists of Albany, Columbia, Greene, Rensselaer, Saratoga, and Schenectady counties with a population of 957,553. In 2016, population density ranged from urban Schenectady County (755.7 pop. /sq. mile) to rural Greene County (73.4 pop. /sq. mile).



Source: NYSDOH Vital Records Annual Report (2018) Table 2: Population Density by County

For the 2012-2016 period, the Capital Region has a slightly larger female (487,277) to male (470,276) population. The Region's median age of 39.9 years was higher than New York State (NYS), with a range of 37.8 years in Albany County to 47.0 years in Columbia County. About 16.5% of the Capital Region's population was 14 years of age or younger while about 16% of the population was 65 years of age and older. The Region's population composition was 16% non-White and 4.8% Hispanic. The percentage of population non-White ranged from 23.4% in Albany County to 6.4% in Saratoga County. The proportion of Hispanic population varied from 6.6% in Schenectady County to 2.9% in Saratoga County. The Capital Region's median household income of $63,758 was higher than NYS, ranging from $51,013 in Greene County to $74,080 in Saratoga County. The percentage of those in poverty in the Capital Region was 11.1%, or 102,422 individuals, which was lower than the NYS rate. Greene County had the largest percentage of population below the poverty level (13%), while Saratoga County had the smallest at 6.4%. Approximately 15% of children < 18 years of age living in the Capital Region were below the poverty level. Of the Capital Region's population 25 years of age or older, 7.9% had less than a high school education,

which was lower than NYS. Saratoga County had the lowest percentage at 5.9%, while Greene County had the largest percentage at 11.6%.



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

Selected Sociodemographic Indicators, New York State, Capital Region, and Capital Region Counties, 2012-2016

	NYS	Capital Region		Albany County		Rensselaer County		Schenectady County		Saratoga County		Columbia County		Greene County	
	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Population		957,553		307,8911		159,959		154,845		224,9299		61,860		48,069	
Male	48.5	470,276	49.1	148,964	48.4	78,890	49.3	75,383	48.7	111,025	49.4	31,058	50.2	24,956	51.9
Female	51.5	487,277	50.9	158,927	51.6	81,069	50.7	79,462	51.3	113,904	50.6	30,802	49.8	23,113	48.1
< 5 years	5.9	49,640	5.2	15,395	5.0	8,638	5.4	9,136	5.9	11,696	5.2	3,650	5.9	2,115	4.4
5-14 years	11.8	106,950	11.2	32,021	10.4	17,915	11.2	18,736	12.1	27,216	12.1	7,485	12.1	4,567	9.5
15-19 years	6.5	66,839	7.0	24,015	7.8	11,517	7.2	10,375	6.7	14,171	6.3	4,145	6.7	3,173	6.6
65-74 years	8.1	85,896	9.0	25,247	8.2	13,757	8.6	12,697	8.2	21,368	9.5	5,072	8.2	5,528	11.5
75+ years	6.6	67,343	7.0	21,552	7.0	10,397	6.5	11,613	7.5	14,395	6.4	4,640	7.5	3,942	8.2
Median Age	38.2	39.9	-	37.8	-	39.9	-	39.8	-	42.0	-	47.0	-	45.4	-
Non-white	35.7	153,201	16.0	72,180	23.4	20,945	13.1	34,116	22.0	14,467	6.4	6,477	10.5	5,016	10.4
Hispanic	18.6	46,163	4.8	17,098	5.6	7,182	4.5	10,165	6.6	6,431	2.9	2,679	4.3	2,608	5.4
<100% FPL	15.5	102,422	11.1	37,679	12.9	19,064	12.4	18,055	12.0	14,193	6.4	7,605	12.7	5,826	13.0
<18 yrs <100%FPL	21.9	28,559	15.1	9,030	15.8	6,152	19.2	6,562	19.6	3,478	7.4	2,047	18.6	1,290	16.0
Median Household Income	60,741	63,758	-	60,904	-	59,959	-	61,754	-	74,080	-	59,916	-	51,013	-
Speak English "< very well"	13.5	28,056	3.1	11,906	4.1	3816	2.5	5950	4.1	3685	1.7	1,591	2.7	1108	2.4
25+ yrs <HS education	13.8	51,389	7.9	14,381	7.2	9,162	8.4	10,034	9.6	9,231	5.9	4,759	10.7	3,822	11.6
Disability	11.2	115,828	12.0	33,304	11.0	20,533	13.0	20,623	13.5	25,077	11.3	9,543	15.9	6,748	15.0

Source: Bureau of Census, American Community Survey, 2012-2016

Albany County

- Albany County had the largest population (307,891), and was the second most urban county (590.8 pop. /sq. mile) in the Capital Region;
- Albany County had the lowest median age (37.8 years) in the Capital Region;
- West End neighborhood had the largest proportion of 0-14 year olds (24.4%);
- South End neighborhood had the largest percentage of Black non-Hispanic population (64.6%), while West End had the largest percentage of Hispanic population (13.3%) in the Capital Region;

- The median household income of $60,904 was higher than NYS and 3rd highest in the Capital Region;
- Poverty affected 12.9% of Albany County's population, which was smaller than NYS, but 2nd largest in the Capital Region;
- The South End (49.6%) and West End (35.4%) had the largest neighborhood proportions of poverty in the Capital Region.
- At 7.2%, Albany County had the 2nd lowest percent of 25+ year old population with less than high school education in the Capital Region;
- West End had the highest less than high school education neighborhood rate at 16.5%.

Columbia County

- With a population of 61,860, Columbia County was the 2nd most rural of the Capital Region counties (96.1 population /square mile);
- Columbia County had the highest median age (47.0 years);
- 18.0% of the population was 14 years of age or younger, while 15.7% were 65+ years of age;
- Ichabod neighborhood had the largest percent of population 14 years of age or younger (16.2%);
- The County had the 3rd lowest non-White population (10.5%), and 2nd lowest Hispanic population (4.3%);
- Hudson (9.8%) had the largest proportion of Black non-Hispanic population and Germantown (7.4%) had the largest proportion of Hispanic population in the County.
- Had the 3rd greatest percentage of population experiencing poverty in the Capital Region (12.7%), with a median household income of $59,916;
- Hudson (17.6%) had the largest population in poverty;
- At 10.7%, Columbia County had the 2nd highest percentage of population 25+ years of age with less than a high school education in the Capital Region.
- Hudson (15.6%) had the greatest neighborhood percentage of the population 25+ years with less than a high school education.

Greene County

- With a population of 48,069, Greene County was the most rural county in the Capital Region (73.4 population /square mile);
- The County had the 2nd highest median age (45.4 years);
- The County had the smallest percentage of population 0-14 years of age (13.9%), and the largest percentage of population 65+ years of age (19.7%)
- Catskill neighborhood had the largest proportion of population 0-14 years of age (16.1%);
- Greene County had the 2nd smallest percentage of non-White population (10.4%) in the Capital Region and the 3rd largest percentage of Hispanic population (5.4%);
- Coxsackie/Athens neighborhood had the largest proportion of Black non-Hispanic population (13.1%) as well as largest Hispanic population (8.7%) in the Capital Region.
- Greene County had the smallest median household income ($51,013), as well as the largest percentage of population below poverty (13.0%) in the Capital Region;
- Catskill (16.1%) had the largest percentage of neighborhood poverty;

- Had the largest percent of population 25+ years of age with less than a high school education (11.6%);
- Coxsackie/Athens had the largest proportion of population 25+ years of age with less than a high school education (21.0%).

Rensselaer County

- With a population of 159,959, Rensselaer County was the 3rd most rural county in the Capital Region (245.3 population /square mile);
- Rensselaer County had the 2nd lowest median age (39.8 years);
- 16.6 % of the Rensselaer County population was 0-14 years of age, while 15.1% was 65+ years of age;
- The North East neighborhood had the largest 0-14 year old population (21.2%);
- Rensselaer County had the Capital Region's 3rd largest percentage of non-White population (13.1%), but the 2nd smallest Hispanic population (4.5%);
- Troy/Lansingburgh neighborhood had the greatest percentage of Black non-Hispanic population (12.0%) as well as the largest Hispanic population (7.3%);
- Rensselaer County had the 3rd lowest Median Household Income in the Capital Region ($59,959) and the 3rd smallest percentage of population below poverty (12.4%);
- Troy/Lansingburgh had the highest neighborhood poverty rate (19.9%);
- Rensselaer County had the 3rd smallest percentage of population 25+years of age with less than a high school education (8.4%);
- Troy/Lansingburgh neighborhood had the largest population 25+ years of age with less than a high school education (11.2%).

Saratoga County

- With a population of 224,929, Saratoga County was the 2nd most populated county in the Capital Region, and the 3rd most urban county (280.3 population /square mile) in the Capital Region.
- Saratoga County had the 3rd highest median age (42.0 years);
- 17.3% of its population was 0-14 years of age, while 15.9% was 65+ years of age;
- North East neighborhood had the largest 0-14 years of age population (21.2%);
- Had the Capital Region's smallest percentage of non-White (6.4%) and Hispanic (2.9%) population;
- The North East neighborhood had the highest percentage of Black non-Hispanic population (2.4%), while Clifton Park West had the largest percentage of the Hispanic (4.6%) population;
- Had the highest Median Household Income ($74,080), and smallest proportion of population below poverty (6.4%);
- The North West had the highest percentage of neighborhood poverty rate (10.9%);
- Had the smallest percentage of population 25+ years of age without a high school education (5.9%);
- The North West neighborhood had the largest proportion of population 25+ years of age without a high school education (10.6%).

Schenectady

- With a population of 154,845, Schenectady County waste Capital Region's most urban county (755.7 population /square mile);
- Schenectady County had the 3rd lowest median age (39.9 years);
- Schenectady County had the largest percentage of population 0-14 years of age (18.0%), while 15.6% of its population was 65+ years of age;
- The Hamilton Hill neighborhood had the largest 0-14 years of age population (24.6%);
- Schenectady County had the 2nd largest percentage of non-White population (22.0%) and the largest Hispanic population (6.6%) in the Capital Region;
- Hamilton Hill had the largest proportion of Black non-Hispanic (47.0%) and Hispanic (16.5%) populations;
- Schenectady County had the 3rd highest Median Household Income ($61,754) and the 2nd smallest percentage of population below poverty (12.0%);
- Hamilton Hill had the largest percentage of neighborhood poverty (47.4%);
- Schenectady County had the 3rd largest percentage of population 25+ years of age without a high school education (9.6%);
- Hamilton Hill neighborhood had the largest population 25+ years of age without a high school education (23.5%).

IV. General Health Status

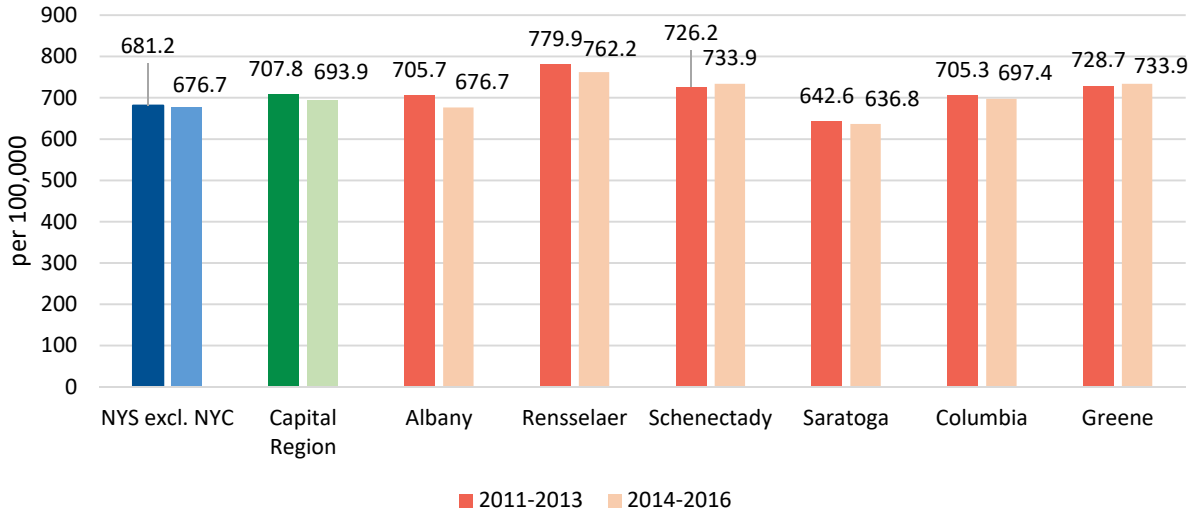
Highlights

- Capital Region total age-adjusted mortality rates have decreased over the last decade.
- Rensselaer County had the highest 2014-2016 total mortality rate.
- Columbia County met the Prevention Agenda Objective for percentage of premature deaths, with Greene County having the highest percentage of premature deaths in the Capital Region.
- The Capital Region's YPLL rate was less than the rate of NYS excluding NYC; Saratoga and Albany counties had YPLL rates that were less than NYS excluding NYC, Greene County had the highest YPLL rate in the Capital Region rate.
- Males and Black non-Hispanics had the highest mortality, premature death and YPLL rates.

Total Age-Adjusted Mortality

Age-adjusted mortality rates in Albany, Rensselaer, Saratoga, and Columbia Counties have decreased between 2011-2013 and 2014-2016.With the exception of Saratoga County, the Capital Region's total mortality rates are greater than New York State excluding NYC. Of the Capital Region counties, Rensselaer County had the highest total mortality rate (762.2), higher than New York State excluding NYC. Rensselaer County (762.2/100,000) had the highest total mortality rate in the Capital Region. [1]

Age-Adjusted Mortality Rate per 100,000, Capital Region Counties and NYS excl. NYC, 2011-13 and 2014-2016 [1]



Between 2013-2015, the age-adjusted total mortality rate for males (809.7) residing in the Capital Region was 37.1% higher than females (590.4). The total mortality rate was 9.2% higher in Black non-Hispanic residents than in White non-Hispanic residents (784.1 vs. 684.6). Hispanic Capital Region residents had the lowest total mortality rate (573.8).

Leading Causes of Death

Top leading causes of death in the Capital Region are heart disease, cancer, chronic lower respiratory disease (CLRD), stroke, unintentional injury, and Alzheimer's Disease.[3] County-specific Leading Causes of Death are outlined in the Appendix.

Capital District Leading Causes of Death for the Total Population, 2015 [3]			
Rank	**Cause of Death**	**Count**	**Percent of Total**
1	Diseases of the Heart	2,285	25.7%
2	Malignant Neoplasms	2,029	22.8%
3	Chronic Lower Respiratory Disease	477	5.4%
4	Stroke	353	4.0%
5	Alzheimer's Disease	207	2.3%
6	Unintentional Injury	100	1.1%
	All Other	3,444	34.0%

In comparison to New York State, the top four leading causes of death in White-non Hispanic residents of the Capital Region were the same in both regions. The top two leading causes of death in Black non-Hispanic New Yorkers were heart disease and cancer. Diabetes, stroke, and unintentional injury rounded out the top five leading causes of death. Leading causes of death in the Hispanic population in New York State include heart disease, cancer, unintentional injury, stroke, and diabetes.[3]

Premature Death and Years of Potential Life Lost (YPLL)

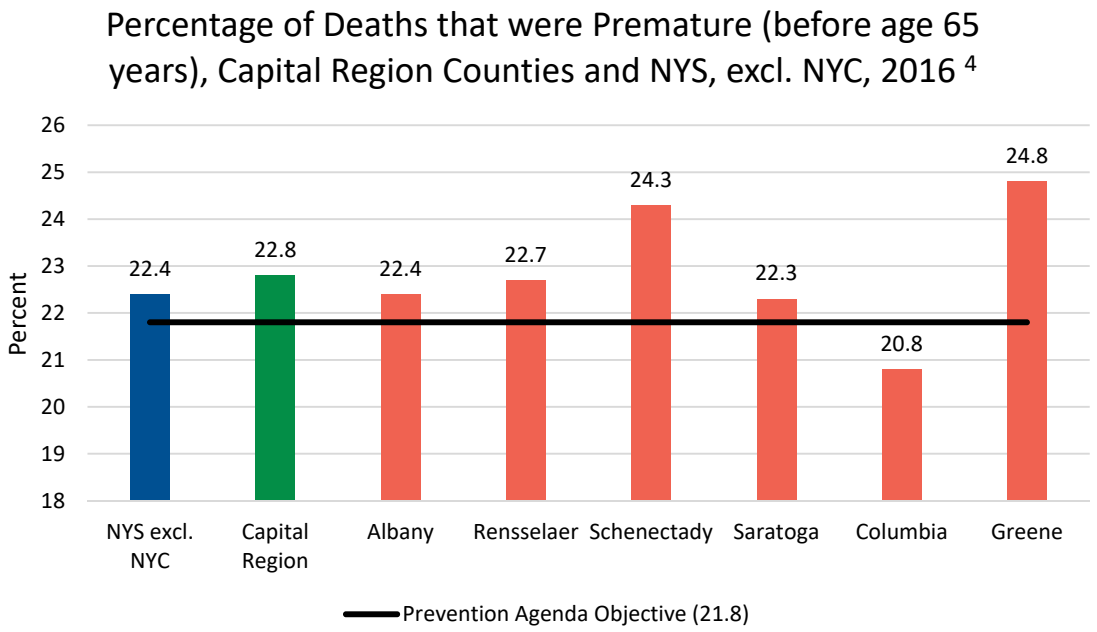
Objective

New York State Prevention Agenda 2013-2018

- Reduce the percentage of premature deaths (before age 65 years) to 21.8%

Premature deaths occur prior to the expected length of life. Premature death can be measured by the percent of all deaths that occurred before 65 years of age, or by Years of Potential Life Lost (YPLL), the average years a person would have lived if they had not died prematurely. It is a measure of premature mortality that gives more weight is given to deaths that occur among younger people, Deaths that occur among younger people are most likely preventable and are indicative of failures in the health care system

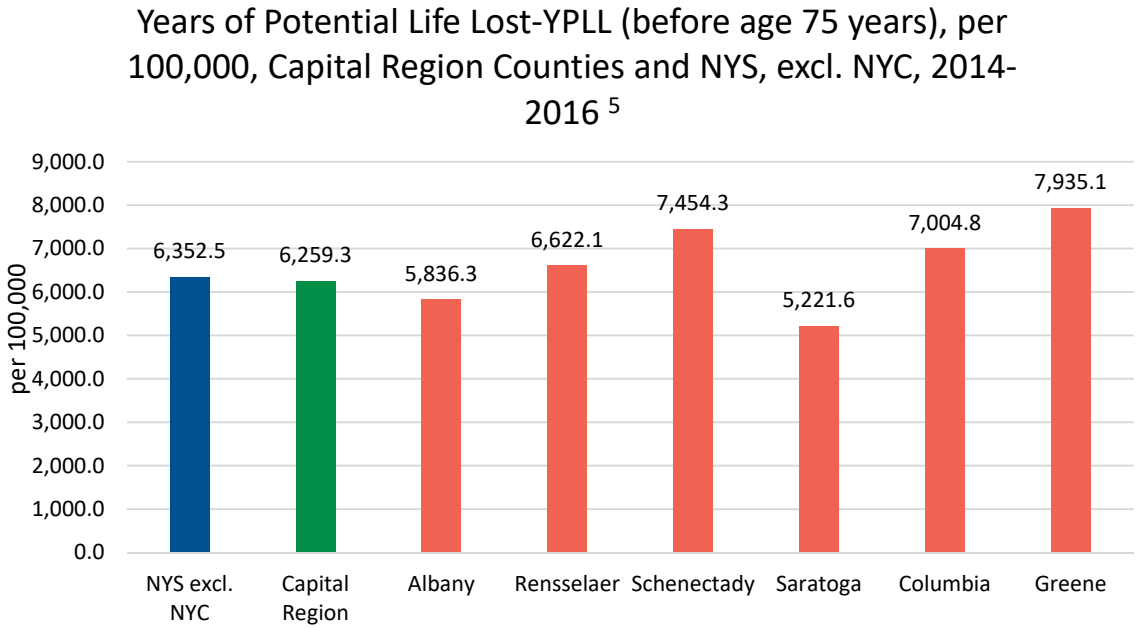
and/or lifestyle.



Premature death rates were greater in the Capital Region than in New York State excluding NYC. Columbia County was the only Capital Region county to meet the Prevention Agenda objective rate of 21.8%. Greene County had the highest rate of premature deaths with a rate of 24.8%.

Percentage of Premature Death (<65 years), Capital Region Counties and NYS, excl. NYC, by Race/Ethnicity 2014-2016[4]			
	White non-Hispanic	**Black non-Hispanic**	**Hispanic**
NYS excl. NYC	19.6	40.2	42.5
Capital Region	20.1	48.6	46.5
Albany County	18.5	47.3	45.1
Rensselaer County	21.2	44.9	60.7
Schenectady County	19.8	57.1	56.0
Saratoga County	21.0	37.0	35.3
Columbia County	19.6	36.4	37.5
Greene County	23.5	56.8	20.7

The percentage of premature deaths in all race/ethnicity groups was higher in the Capital Region than New York State excluding NYC. Premature deaths was highest in White non-Hispanics residing in Greene County and Black non-Hispanics residing in Schenectady County. Rensselaer County had the highest percentage of premature deaths in the Hispanic population.[4]



In 2015, the Capital Region had over 57,000 Years of Potential Life Lost. With a rate of 6,259.3, the region had a rate less than New York State excluding NYC. Saratoga and Albany Counties had YPLL rates lower than New York State excluding NYC, while. Greene County had the highest YPLL rate of 7,955.5 in the Capital Region. Male residents in the Capital Region had a 60% higher YPLL rate than females (6,325.1 vs. 3,942.4). Black non-Hispanic residents in the Capital Region had a 74% higher YPLL rate than White non-Hispanics (8,365.6 vs. 4,812.4). The Hispanic population had the lowest YPLL rate. [6]

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6. Years of Potential Life Lost rate per 1000,000, by gender and R/E, 2013-2015, Vital Statistics, Common Ground Health Data Portal

Health Care: Usage and Access

Objective

New York State Prevention Agenda 2013-2018

- Increase the percentage of adult New Yorkers who have a regular health care provider to 90.8%.

Highlights

- All Capital Region counties failed to meet the Prevention Agenda objective for adults having a regular health care provider.
- Rensselaer County and Columbia County had the lowest Capital Region rates for adult 18-64 years having a routine checkup in the last year.
- Capital Region Prevention Quality Indicator (PQI) rates were lower than rates for New York State excluding NYC, with the exception of the respiratory PQI rate, which was slightly higher.
- Of the Capital Region counties, Schenectady County had the highest diabetes and circulatory PQI rates, Columbia County had the highest respiratory rate and Greene County had the highest acute rate.
- Capital Region Black-non Hispanic to White non-Hispanic ratios for PQI categories ranged from 1.4 for acute conditions to 3.6 for Diabetes conditions.
- Males residing in the Capital Region residents had higher diabetes and circulatory PQI rates, whereas females had higher respiratory and acute PQI rates.

Health Care Usage

More than 2.5 million adults in New York State, or 15%, lack a regular primary care provider. A lack of access to a primary care provider results in negative health outcomes. Primary care, including prenatal care, offers a prime opportunity for prevention education, early detection, early treatment, and referral to other necessary health and social services. Sustained contact with a primary care provider improves the consistency and efficacy of treatment for long-term chronic care patients.[1]

Age-Adjusted Percentage of Adults with Regular Health Care Provider, 2016[3]

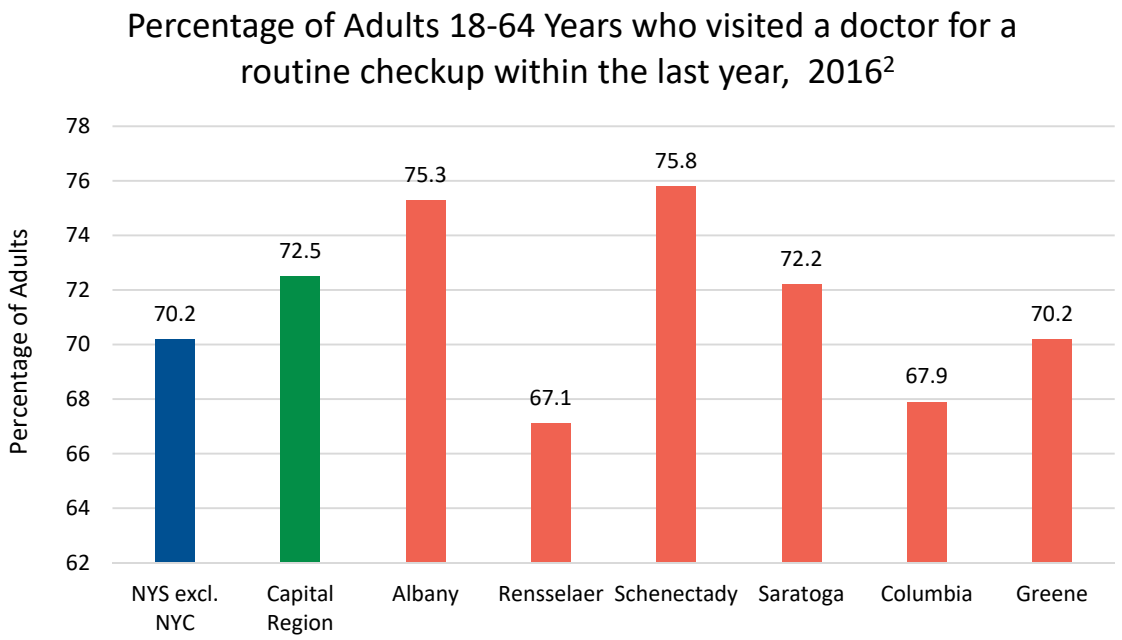
Prevention Agenda Objective	90.8%
New York State, excl. NYC	84.4%
Capital Region	85.8%
Albany County	84.9%
Rensselaer County	88.4%
Schenectady County	84.6%
Saratoga	88.1%
Columbia	83.1%
Greene	80.4%

About 86% of adults in the Capital Region indicated that they had a regular health care provider. Over 99,000 Capital Region adults indicated that they did not have a regular health care provider; however, 80.4% to 88.4% of adults residing in the six Capital District counties have a primary care physician, clinic health center, or other place where they usually go to seek health care or health-related advice. All counties, with the exception of

Columbia and Greene Counties, exceeded the NYS excluding NYC rate; no Capital Region counties meeting the 2013-2018 Prevention Agenda objective of 90.8%.[3]

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

Capital Region adults, 18-64 years, indicated that 72.5% had visited a doctor for a routine checkup within the past year. [2]



Approximately 164,800 Capital Region adults 18-64 years did not have a routine doctor's visit within the past year. Only two Capital Region counties did not meet the New York State excluding NYC rate of adults who had a routine doctor's visit within the last year. Rensselaer and Columbia counties had the lowest rates.[2]

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

Approximately 8% of adult Capital Region residents indicated that cost prevented them from visiting a doctor within the past year. An estimated 64,100 adults in the Capital Region had difficulty in accessing needed care due to financial constraints. With the exception of Rensselaer County (9.9%), the rates for the Capital Region counties were all lower than the New York rate excluding NYC.[2]

Percentage of Adults Who Were Prevented from Visiting a Doctor Due to Cost within the Past Year, 2016 [2]	
New York State, excl. NYC	9.8%
Capital Region	8.3%
Albany County	8.2%
Rensselaer County	9.9%
Schenectady County	8.3%
Saratoga County	7.2%
Columbia County	7.8%
Greene County	9.1%

Access to Primary and Preventive Care

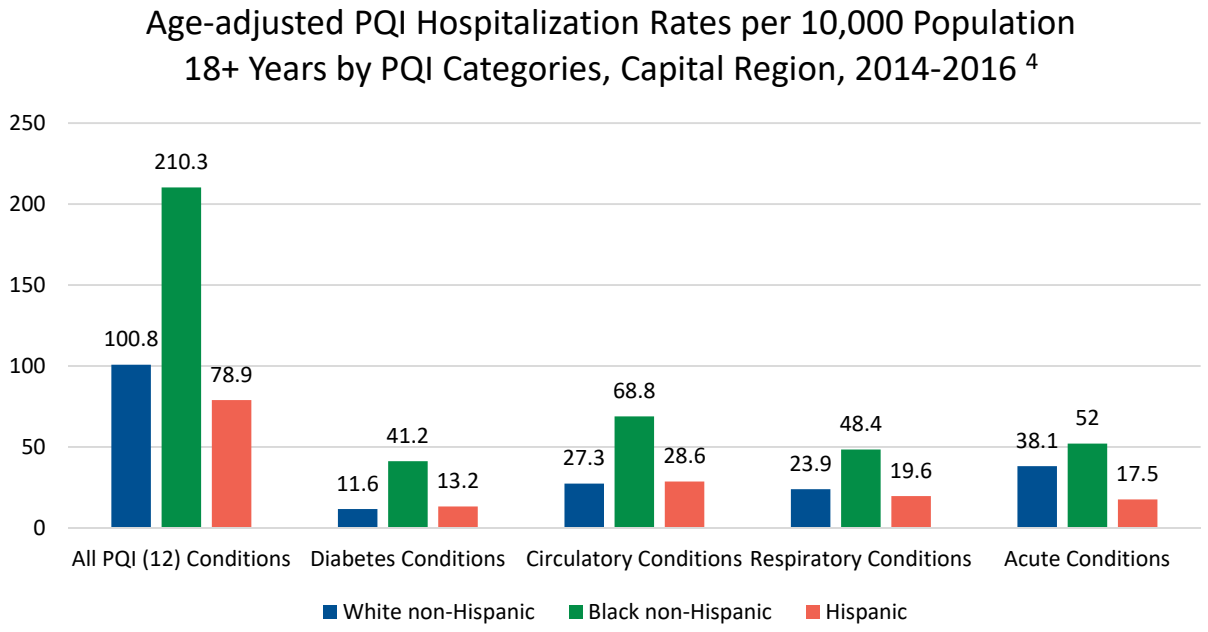
Access to quality primary and preventive care is the cornerstone of a comprehensive health care system. Prevention quality indicators (PQIs) are measures used to assess good primary and preventive health care. These are ambulatory-care sensitive conditions where good primary care can potentially prevent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

Age-Adjusted PQI Hospitalization Rates per 10,000 Population of 18+ Years, 2014-2016 [4]					
	All PQI (12) Conditions	Diabetes Conditions	Circulatory Conditions	Respiratory Conditions	Acute Conditions
NYS excl. NYC	117.4	15.6	34.1	25.3	41.9
Capital Region	108.7	13.8	30.3	25.5	39.0
Albany County	109.5	16.3	30.8	25.3	37.2
Rensselaer County	107.3	13.4	29.6	26.2	38.2
Schenectady County	125.2	16.9	36.8	28.5	43.0
Saratoga County	92.2	8.9	24.2	19.8	39.2
Columbia County	117.3	13.6	32.2	34.4	37.1
Greene County	127.0	16.2	35.7	31.1	44.0

The Capital Region's PQI rates were better than the comparable rates for New York State, with the exception of respiratory conditions. Schenectady and Greene counties had PQI rates that where higher than New York State excluding NYC for all PQI categories. Otherwise, NYS excluding NYC PQI rates were exceeded by only Albany County for diabetes conditions, and Columbia and Rensselaer counties for respiratory conditions.[4]

Age-Adjusted PQI Hospitalization Rates per 10,000 Population of 18+ Years, by Gender, Capital Region, 2014-2016 [4]		
	Males	**Females**
All PQIs (12 conditions)	107.6	110.0
Diabetes conditions	16.6	11.4
Circulatory conditions	34.2	27.1
Respiratory conditions	21.0	29.6
Acute conditions	35.7	42.0

Capital Region males have higher PQI rates than females for diabetes and circulatory PQI sub-categories, whereas females have higher rates in respiratory and acute conditions.



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

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Adult Dental Visits

Highlights

- Rensselaer County had the lowest percentage of adults visiting a dentist within the past year, and with Columbia and Greene counties, fell below the NYS excluding NYC average.

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

Dentist Visit within the Past Year Among Adults, 2016[4]	
NYS excl. NYC	70.9%
Capital Region	71.3%
Albany County	70.4%
Rensselaer County	63.3%
Schenectady County	74.5%
Saratoga County	75.0%
Columbia County	66.5%
Greene County	69.4%

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

Oral diseases affect a large proportion of the United States population. About 47% of all adults in the United States have some form of periodontal disease, with 80% of individuals having at least one cavity by the age of 34.[2] In New York State, 30% of persons 65 years and older have lost all their teeth.[1] Approximately 1,500 men and 700 women in New York State diagnosed with oral cancer annually.[3]

There were over 220,500 adults residing in the Capital Region who did not visit a dentist within the past year. The rates for the six Capital Region Counties fluctuated, from a low in Rensselaer County (63.5%) to a high in Saratoga County (75.0%). Both Schenectady and Saratoga counties had rates above the NYS excluding NYC rate.[4]

Untreated dental disease is more common in populations whose access to oral health care services is limited. These limitations include the inability to pay, inadequate insurance coverage and the lack of available providers including those accepting third party reimbursements like Medicaid. The lack of awareness of the importance of oral health treatment, limited oral health literacy, fears about treatment, transportation issues and language barriers also limit access to adequate oral health care.[1]

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

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V. Chronic Disease

Obesity, Physical Activity and Nutrition

Adult Obesity

Objective

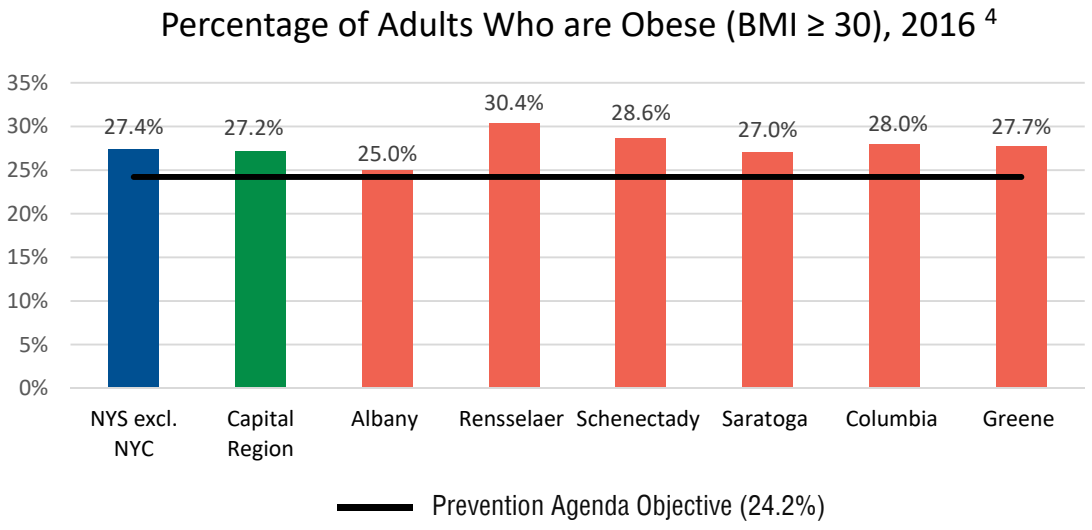
New York State Prevention Agenda 2019-2024

- Reduce the percentage of adults ages 18 years and older who are obese to 24.2%.

Highlights

- Rensselaer and Schenectady counties had the highest obesity rates in the Capital Region, with all counties having obesity rates higher than the Prevention Agenda objective.
- Low income individuals had higher obesity rates than the general population.

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



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

The percentage of obese adults in New York State about doubled from 13.9% in 1995 to 25.7% in 2017.[5] There were an estimated 191,462 adults who were considered obese in the Capital Region. Of the six Capital District counties, Rensselaer County had the highest percent of obese adults. Columbia, Greene, Rensselaer, and Schenectady counties had obesity rates that were higher than NYS, excluding NYC, with none of the counties meeting the Prevention Agenda objective. Columbia and Greene counties experienced an increase in adult obesity from the 2013-2014 BRFSS to the 2016 BRFSS.[6]

There were also differences by socioeconomic status. The Capital Region's 2016 age-adjusted adult obesity rate for individuals with an income less than $25,000/year was 30.8%, similar to those earning less than $25,000 annually in New York State (30.5%).[6]

Childhood Obesity

Objective

New York State Prevention Agenda 2019-2024

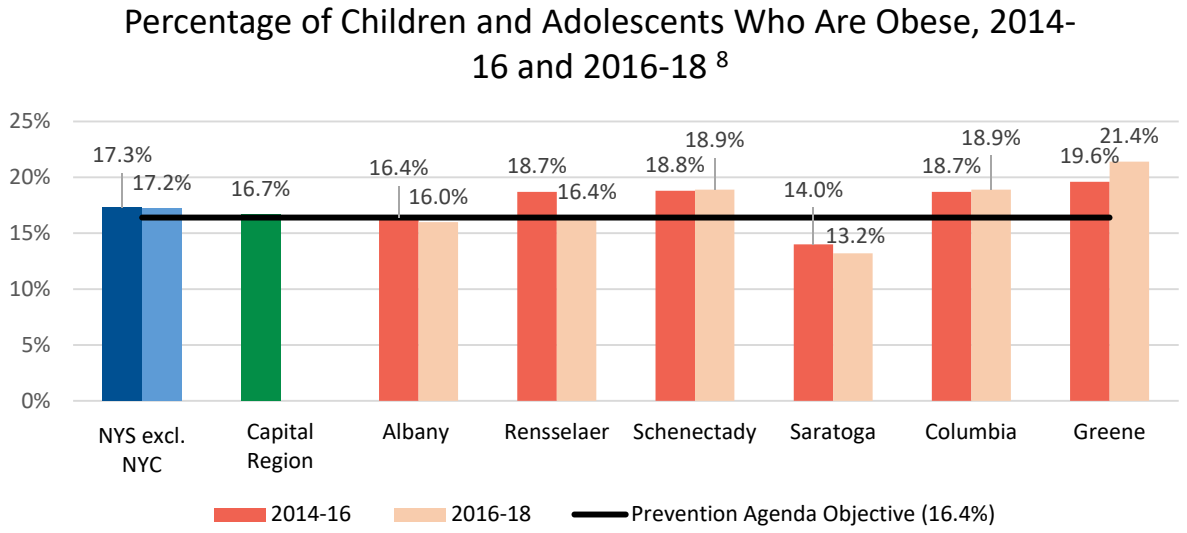
- Reduce the percentage of children and adolescents who are obese so that the percentage of public school children in New York State (outside NYC) who are obese is reduced to 16.4%.
- Reduce the percentage of WIC children (ages 2-4) who are obese to 13.0%.

Highlights

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

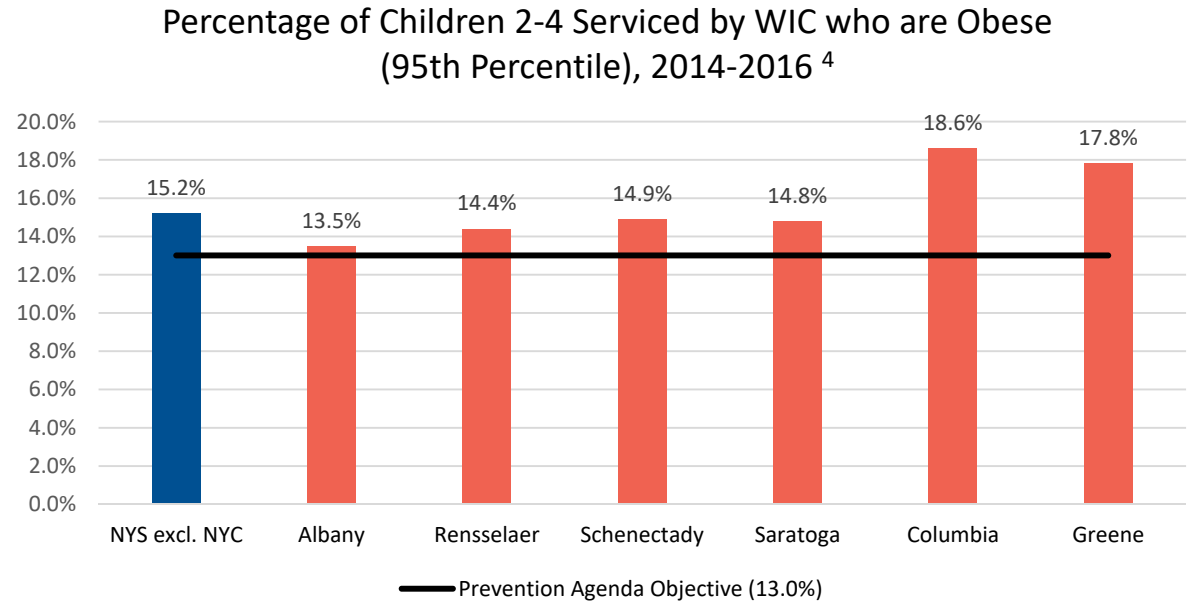
The life expectancy of children and adolescents in the United States and New York is significantly reduced due to increasing obesity rates. The prevalence of obesity in the United States has quadrupled since the 1970s among children aged 6-19 years from 5% to 19%, and doubled from 5% to 10% among preschool children aged 2-5 years.[3] However, between 2004 and 2012, obesity among children 2-5 years decreased from 14% to 8.1%. [7]

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



The Student Weight Status Category Report provides information from schools on children and adolescent BMI and weight status. Saratoga, Albany, and Rensselaer counties are meeting the Prevention Agenda objective of 16.4% of children with a BMI at or greater than the 95th percentile. Greene County has the highest prevalence, with 21.4% of students classified as obese. Schenectady, Columbia, and Greene counties showed increases in the percentage of children and adolescents who are obese from 2014-2016 to 2016-2018.[8]

For preschoolers, obesity data are available for children aged 2-4 years from low-income families enrolled in the Special Supplemental Nutrition Program for Women Infants and Children (WIC). For the Capital Region, Columbia County had the highest obesity rate for these children at 18.6%, followed by Greene County at 17.8%. No counties in the Capital Region met the Prevention Agenda objective of 13.0%.[4]



Like with adults, childhood obesity is disproportionately distributed among lower-income populations. According to the New York State Department of Health, Division of Chronic Disease Prevention, public school districts in the fourth quartile of eligibility for free lunch had obesity rates twice as high as those in the first quartile for eligibility for free lunch.[9]

Physical Activity

Objective

New York State Prevention Agenda 2019-2024

- Increase the percentage of adult New Yorkers who engage in some type of leisure time physical activity to at least 77.4%.

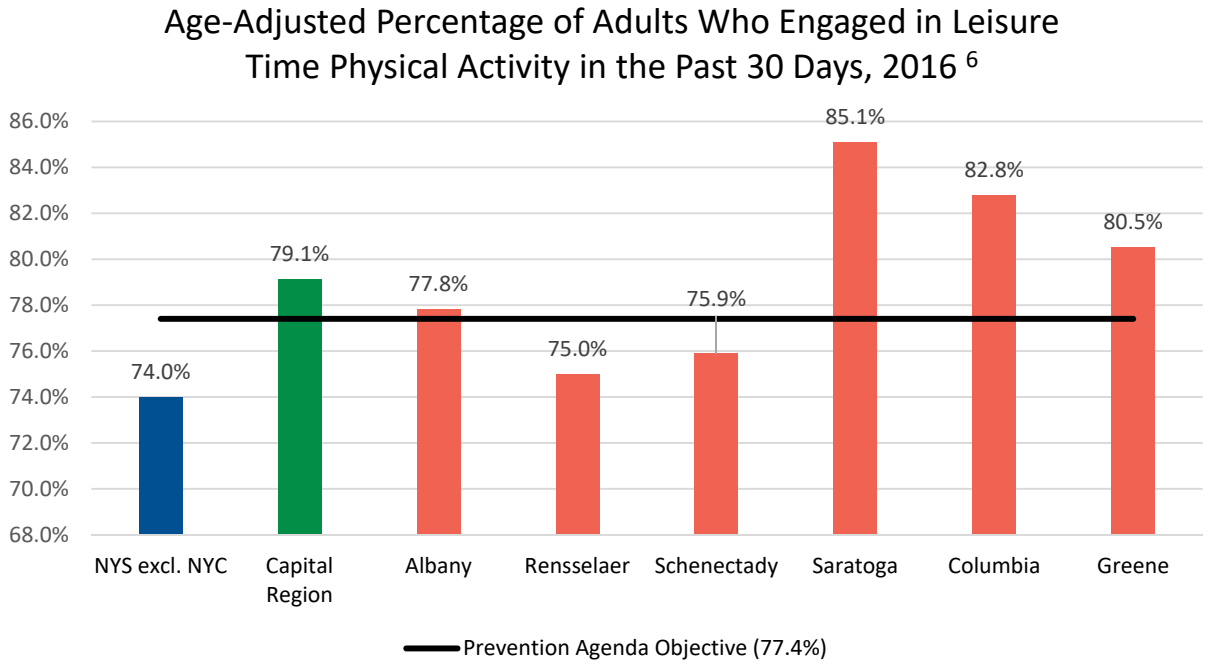
Highlights

- Schenectady and Rensselaer counties had the lowest rates of leisure time physical activity, and failed to meet the Prevention Agenda objective.

Physical inactivity is a significant factor leading to overweight and obese children and adults. A lack of physical activity can also lead to many chronic diseases or conditions, including hypertension, heart disease, stroke, type 2 diabetes, and some cancers. Physical activity is proven to help maintain a healthy weight and lower the risk of heart disease and related risk factors, diabetes, and premature mortality. It can also help reduce depression and increase cognitive function in older adults. Staying active provides health benefits in all aspects of life.[10]

Adults need at least 2.5 hours a week of moderate-intensity aerobic activity (or 75 minutes of vigorous-intensity aerobic activity) and two or more days of muscle strengthening activity a week. Adults 65 and older should follow the adult guidelines as closely as possible. Children and adolescents should be physically active at least 60 minutes daily, and do aerobic, muscle-strengthening, and bone-strengthening activities at least 3 days a week.[10]

There were an estimated 167,787 adults residing in the Capital District who did not engage in any type of leisure time physical activity in the past month. Of the six Capital District counties, Rensselaer and Schenectady counties did not meet the Prevention Agenda objective of 77.4% of adults engaging in leisure time physical activity.[6]



Sugary Beverages

Objective

New York State Prevention Agenda 2019-2024

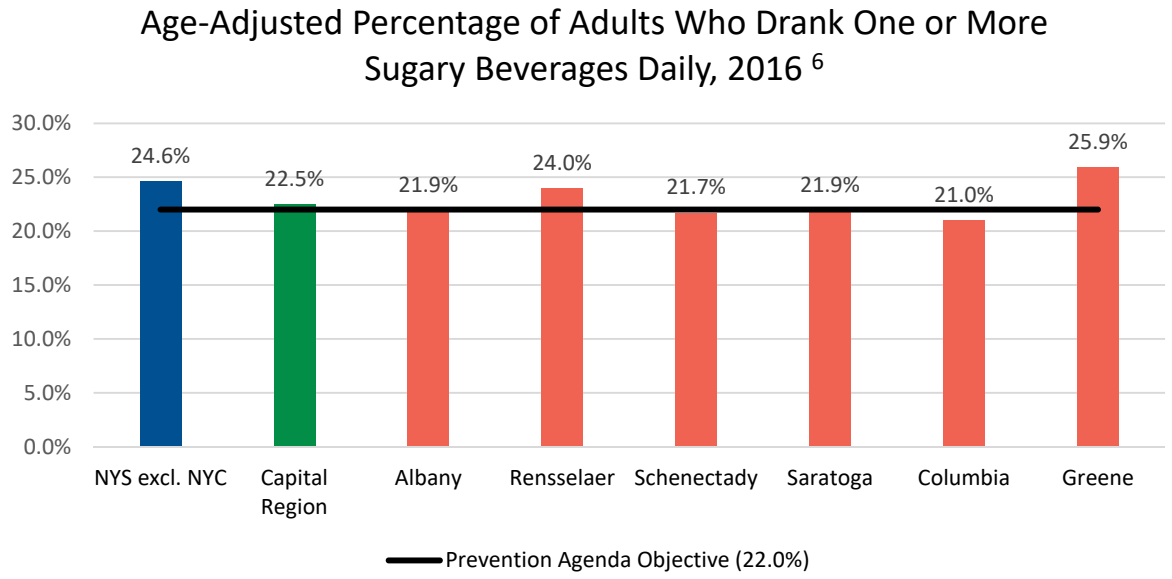
- Decrease the percentage of adults ages 18 and older who consume one or more sugary beverages per day to 22.0%

Highlights

- Rensselaer and Greene counties had the highest rates of daily sugary beverage consumption, and failed to meet the Prevention Agenda objective.

Sugar-sweetened beverages include drinks such as fruit juices, soda, sports drinks, and coffee beverages with sugar. In the United States, half of the population consumes at least one sugary beverage daily. Many people do not realize how many calories they are taking in with sugary drinks, and cutting sugary beverages out of one's diet is an easy way to reduce daily caloric intake. For example, one 12 ounce serving of cola has 136 calories and a 20 ounce bottle has 227 calories.[11] Since the mid-20th century, consumption of sugar-sweetened beverages has increased significantly in the US. Standard soda bottles prior to 1950 were

just 6.5 ounces, 1/3 the size of the standard 20 ounce soda bottles we have today.[12] In 2001, these drinks made up 9% of the daily caloric intake for people in the US. Further, caloric intake from the consumption of sugary beverages does not create a feeling of being "full," and therefore people usually do not compensate by eating less.[13]



Consumption of sugar-sweetened beverages has been attributed to increased risk of obesity, type 2 diabetes, heart disease, and gout. Studies in children have found that replacing sugary beverages with non-caloric options, like water, can improve weight management among children who are overweight, and decrease the accumulation of weight and fat in normal-weight children.[12]

About 147,320 Capital Region adults consume sugary beverages daily. Rensselaer and Greene counties did not meet the Prevention Agenda objective of having less than 22.0% of adults consuming sugary drinks daily.[6]

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Tobacco Use

Objectives

New York State Prevention Agenda 2019-2024

- Decrease the prevalence of cigarette smoking by adults to 11.0%.
- Decrease the prevalence of cigarette smoking among adults with an income less than $25,000 to 15.3%.
- Decrease the prevalence of cigarette smoking among adults who report frequent mental distress to 20.1%.

Highlights

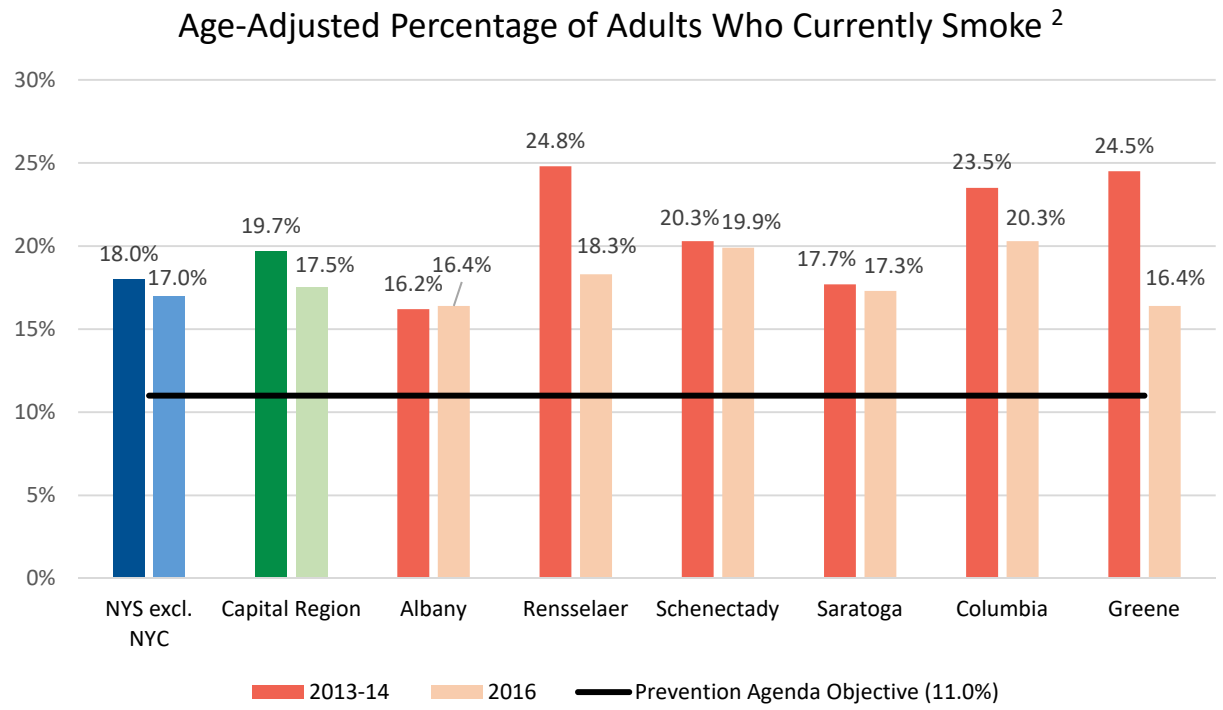
- Columbia and Schenectady counties had the highest current smoking rates in the Capital Region, but all counties had rates higher than the Prevention Agenda objective.
- All counties, except Albany County, experienced a decrease in the percent of adults currently smoking between 2013-2014 and 2016.
- Low socioeconomic residents, as well as residents with poor mental health, had higher smoking rates than the general population.

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

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

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

More than half a million New Yorkers currently have a disease caused by smoking, resulting in about $8.17 billion in health care expenditures annually. Tobacco use and secondhand smoke exposure causes heart disease and stroke; chronic lung disease; cancers of the lung, mouth, pharynx, esophagus, and bladders; and other lung and vascular diseases. Tobacco use during pregnancy leads to poor birth outcomes and increases the chances for sudden infant death syndrome.[1]



In the Capital Region, there were approximately 119,161 adult current smokers ages 18 years and older. The prevalence of current smokers was highest in Columbia County, followed by Schenectady and Rensselaer counties. All counties in the Capital Region, except Albany and Greene, had higher current smoking rates compared to NYS, excluding NYC, with all six counties also having rates higher than the Prevention Agenda objective of 11.0%.[3] Smoking rates decreased since 2013-2014 in all counties, except Albany County.[2]

Capital Region current smoking rates vary by socioeconomic status: 30.5% of individuals with incomes <$25,000 currently smoke, which greatly exceeds the Prevention Agenda objective of 15.3%. All Capital Region counties failed to meet the Prevention Agenda objective.[2]

Age-Adjusted Current Smoking Among Low Income (<$25,000) Adults, 2016 [2]	
Prevention Agenda Objective	**15.3%**
NYS excl. NYC	26.7%
Capital Region	30.5%
Albany County	28.1%
Rensselaer County	38.2%
Schenectady County	36.3%
Saratoga County	23.5%
Columbia County	41.9%
Greene County	19.4%

Additionally, those who report poor mental health also have higher rates of smoking. Neither New York State nor the Capital Region met the Prevention Agenda objective of 20.1% smoking prevalence for this population. Sample sizes were too small within the Capital Region counties to extrapolate smoking rates among adults who report poor mental health.

Smoking is a special problem among youth. Nearly 80% of tobacco users begin before age 18. According to the New York State Department of Health, the cigarette smoking prevalence in youth increased for the first time since 2000, from 4.3% in 2016 to 4.8% in 2018. At the same time, there has been an alarming trend in electronic cigarette use among high school students in NYS. The use of e-cigarettes has increased from 10.5% in 2014 to 27.4% in 2018; a 160% increase.[4]

Age-Adjusted Current Smoking Among Adults who Report Poor Mental Health, 2016[2]	
Prevention Agenda Objective	**20.1%**
New York State	29.7%
Capital Region	28.9%

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Chronic Obstructive Pulmonary Disease

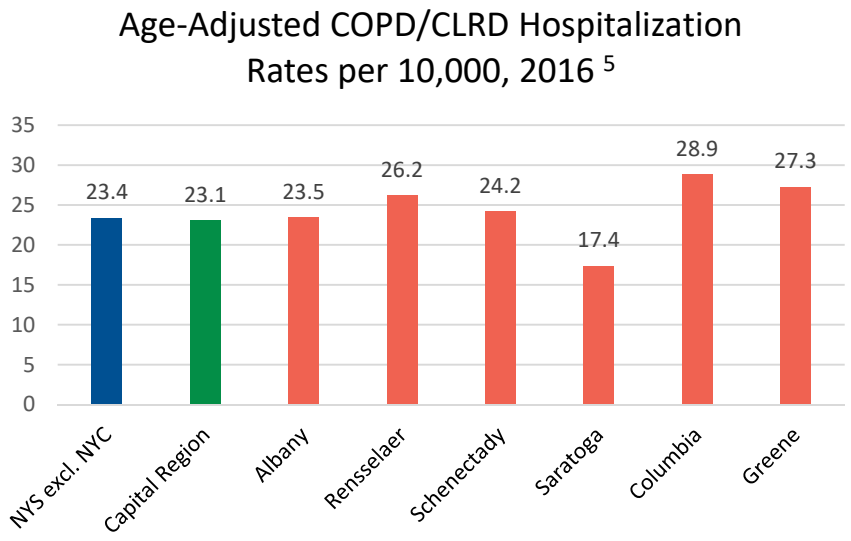
Highlights

- The COPD/CLRD hospitalization rate was highest in Columbia County and the mortality rate was highest in Rensselaer County.
- Black non-Hispanics had the highest rates of COPD/CLRD hospitalizations rates in the Capital Region and NYS, excluding NYC.

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

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

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



COPD/CLRD is the fourth leading cause of death in the United States,[1] and the third leading cause of death in all counties in the Capital Region.[4] It is estimated that there are over 16 million people living with COPD in the United States, with millions more suffering from the disease without a diagnosis.[2] In addition, COPD/CLRD is an important cause of hospitalization in older populations.[1]

In 2016 there were 2,700 hospitalizations due to COPD/CLRD in the Capital Region. The highest hospitalization rate was in Columbia County with 28.9/10,000. Saratoga County was the only county with a rate lower than NYS, excluding NYC.[5]

There were 469 deaths due to COPD/CLRD in the Capital Region. Rensselaer County had the highest mortality rate in the Capital Region at 55.1/100,000, exceeding the NYS, excluding NYC, rate of 34.4/100,000. All Capital Region counties had mortality rates higher than, or equivalent to, NYS, excluding NYC.[6]

Age-Adjusted COPD/CLRD Mortality Rate per 100,000, 2014-2016 [6]	
NYS excl. NYC	34.4
Capital Region	39.9
Albany County	34.4
Rensselaer County	55.1
Schenectady County	39.2
Saratoga County	39.0
Columbia County	40.4
Greene County	36.6

There was a racial/ethnic disparity in the COPD/CLRD hospitalization rates. In the Capital Region and NYS, excluding NYC, Black non-Hispanics had the highest COPD/CLRD hospitalization rates in comparison to White non-Hispanics and Hispanics. Saratoga County was the only county where White non-Hispanics had the highest hospitalization rate.[7]

Age-Adjusted COPD/CLRD Hospitalization Rate per 10,000 by Race/Ethnicity, 2012-2014 [7]			
	White non-Hispanic	**Black non-Hispanic**	**Hispanic**
NYS excl. NYC	22.7	43.4	33.1
Albany County	21.5	50.6	21.0
Rensselaer County	28.0	64.4	59.7
Schenectady County	23.9	42.8	11.0
Saratoga County	13.9	13.3	9.5
Columbia County	29.7	46.0	20.5
Greene County	24.8	38.7	32.5

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Asthma

Objective

New York State Prevention Agenda 2019-2024

- By December 31, 2024, reduce the asthma emergency department visit rate to:
  - 177.1 per 10,000 for residents ages 0-4 years.
  - 130.2 per 10,000 for residents ages 0-17 years.
  - 77.7 per 10,000 for residents of all ages.
- By December 31, 2024, reduce the asthma hospital discharge rate to:
  - 39.2 per 10,000 for residents ages 0-4 years.
  - 21.2 per 10,000 for residents ages 0-17 years.
  - 10.3 per 10,000 for residents of all ages.

Highlights

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

Asthma is a disease that affects the lungs and is characterized by difficulty breathing. In most cases the causes of asthma are unknown. Symptoms of asthma include wheezing, tightness in the chest, breathlessness, and coughing at night or early in the morning. It is one of the most common long-term diseases of children, but is prevalent in adults as well.[1] Nationwide, about 6.2 million children, or 8.4% of children, and 19.0 million adults, or 7.7% of adults, are living with asthma.[2] In New York State, more than 1.1 million adults and 1 in 13 school-aged children have asthma.[3]

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

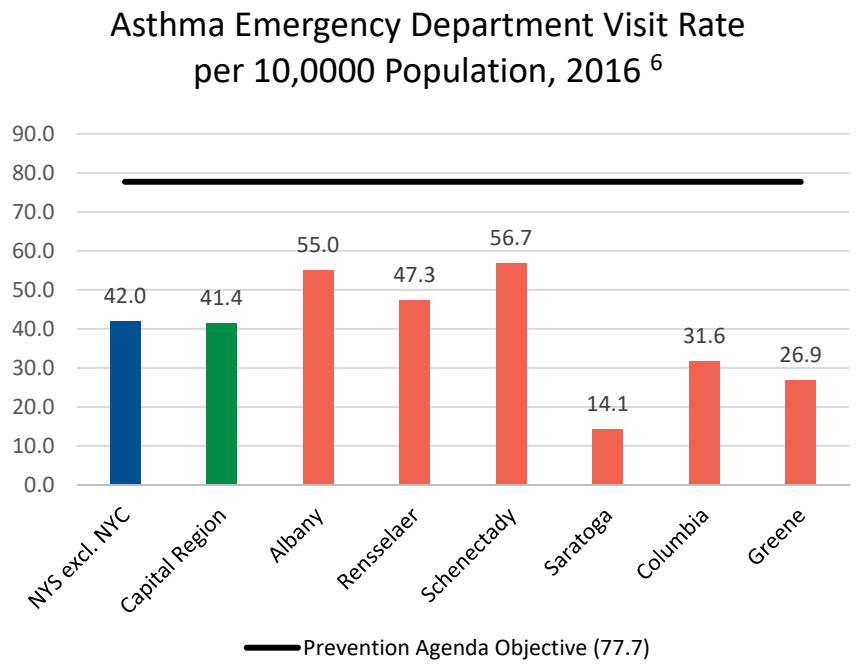
Asthma can interfere with daily activities, especially without proper management and treatment. Asthma is the leading cause of missed days of school for children. Parents are also affected, as they frequently miss

days of work due to their child's asthma. About 1 in 3 adults with asthma also miss at least one work day per year.[4]

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

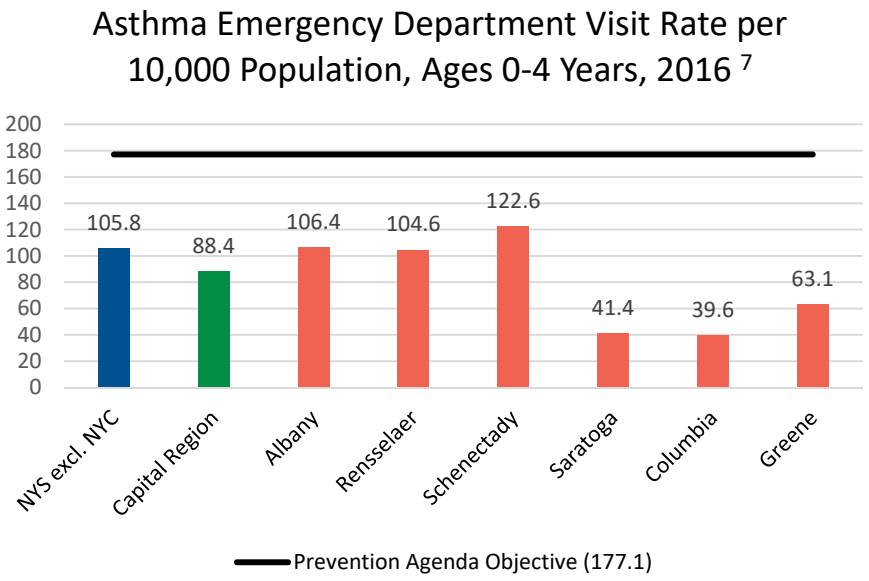
Age-Adjusted Percentage of Adults (Ages 18+) with Current Asthma, Capital Region, 2016 [5]	
NYS excl. NYC	10.4%
Capital Region	12.9%
Albany County	13.3%
Rensselaer County	11.7%
Schenectady County	11.2%
Saratoga County	15.4%
Columbia County	11.4%
Greene County	12.0%

Asthma is a major health concern for the Capital Region. In the Capital Region, there was an estimated 96,173 adults living with asthma. Saratoga and Albany counties had the highest adult current asthma prevalence rates in the Region.[5]



In addition, there were nearly 4,000 emergency department (ED) visits due to asthma complications and flare-ups in the Capital Region. All Capital Region counties fell below the New York State Prevention Agenda objective for asthma ED visits (77.7/10,000). The highest rate was in Schenectady County, with a rate of 56.7/10,000. In addition, Albany and Rensselaer counties had rates higher than the NYS, excluding NYC, rate.[6]

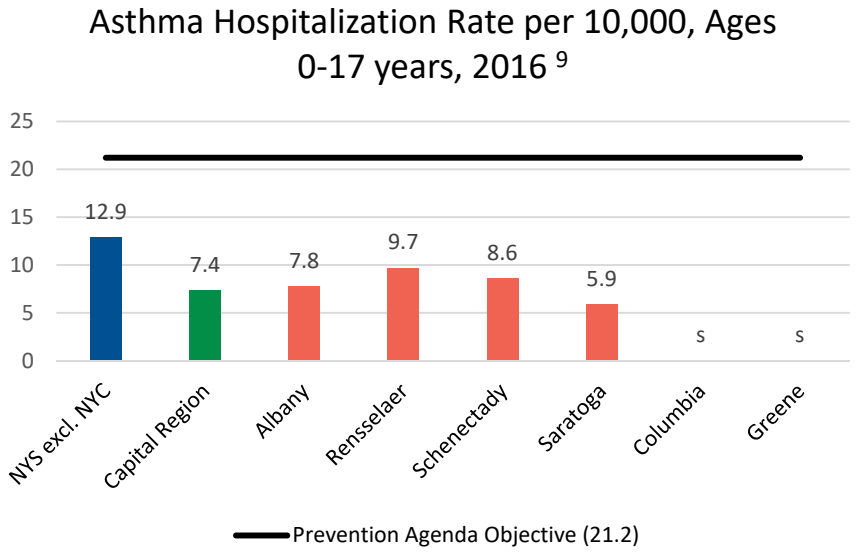
Children ages 0-4 years had the highest asthma ED visit rates of any age group. The highest ED visit rate in the Capital Region for this age group was in Schenectady County, with a rate of 122.6/10,000. All Capital Region counties fell below the Prevention Agenda objective of 177.1/10,000. Schenectady, and Albany, counties had rates higher than NYS, excluding NYC.[7]



Severe asthma attacks and complications may lead to hospitalizations. Hospitalizations usually indicate a lack of properly managing the condition. A combination of early medical intervention and the avoidance of asthma triggers can help to prevent such severe flare-ups. There were 451 asthma hospitalizations in the Region in 2016. All Capital Region counties had hospitalization rates below the Prevention Agenda objective of 10.3/10,000, as well as the NYS, excluding NYC, rate of 6.3/10,000. Rensselaer had the highest rate at 5.8/10,000.[8]

Asthma hospitalization rate per 10,000, 2016 [8]	
Prevention Agenda	**10.3**
NYS excl. NYC	6.3
Capital Region	4.7
Albany County	5.2
Rensselaer County	5.8
Schenectady County	4.9
Saratoga County	3.0
Columbia County	5.6
Greene County	4.0

For ages 0-17 years, all Capital Region counties had rates below NYS, excluding NYC (12.9/10,000), and the New York State Prevention Agenda objective (21.2/10,000). Rensselaer County had the highest hospitalization rate at 9.7/10,000 for ages 0-17 years.[9]



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Data for asthma hospitalizations shows that there were racial/ethnic disparities. Black non-Hispanic residents were 1.6-4.5 times as likely to have an asthma hospitalization in comparison to White non-Hispanic residents. Hispanic residents were 1.2-4.2 times as likely as White non-Hispanic residents.[10]

Age-Adjusted Asthma Hospitalization rates by Race/Ethnicity, 2012-2014 [10]

	White non-Hispanic	Black non-Hispanic	Hispanic	Black non-Hispanic/White non-Hispanic Ratio	Hispanic/White non-Hispanic Ratio
NYS excl. NYC	7.2	26.7	15.5	3.7	2.2
Albany County	6.5	29.3	15.3	4.5	2.4
Rensselaer County	7.9	32.4	33.3	4.1	4.2
Schenectady County	5.7	22.1	6.9	3.9	1.2
Saratoga County	3.8	7.4*	s	1.9	N/A
Columbia County	8.4	13.4	11.8*	1.6	1.4
Greene County	6.8	14.9	20.5*	2.2	3.0

***: Fewer than 10 events in the numerator, therefore the rate or percentage is unstable**
s: Data are suppressed. The data do not meet the criteria for confidentiality

In 2016, Asthma ED visit rates for high-risk neighborhoods in the Capital Region were up to 5 times the NYS, excluding NYC, rate.[11]

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Diabetes

Highlights

- Albany and Schenectady counties had the highest adult diabetes prevalence in the Capital Region.
- Only Albany and Schenectady counties experienced an increase in adult diabetes prevalence between 2013-2014 and 2016.
- Rensselaer and Schenectady counties had the highest diabetes mortality rates in the Capital Region.
- Rensselaer and Schenectady counties had the highest diabetes ED visit rates, and Albany and Greene counties had the highest hospitalization rates.
- Rensselaer and Schenectady counties had the highest diabetes short-term complications hospitalization rates.
- Black non-Hispanic residents had higher diabetes short-term complications hospitalization rates, hospitalization rates, and mortality rates than white non-Hispanic residents.

Diabetes is a serious public health concern. About 30.3 million people in the United States are estimated to have diabetes, over 9% of the population. Another 84.1 million U.S. adults, one-third of the population, are estimated to be at risk of diabetes, commonly referred to as prediabetes.[1]

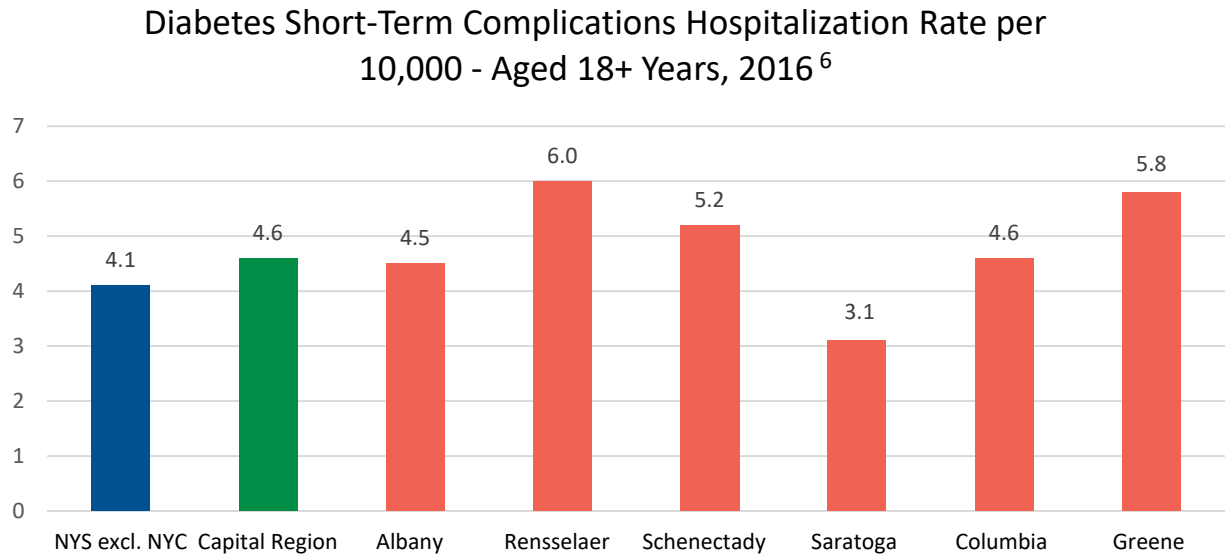
Diabetes is a group of diseases marked by high levels of blood glucose resulting from defects in insulin production, insulin action, or both. There are two major type of diabetes: type 1 and type 2.[1] Type 2 diabetes, or non-insulin dependent diabetes mellitus (NIDDM), accounts for about 90% to 95%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

In 2017, the total cost of diagnosed diabetes in the US was estimated to be $327 billion, an increase of $82 billion since 2012. Approximately 1 in 7 health care dollars are spent caring for people with diabetes and its complications. Medical costs for people with diabetes are 2.3 times higher than those without.[3] Diabetics choosing to make lifestyle changes could significantly reduce their chances of future health complications, as well as their healthcare costs.

The estimated prevalence of diabetes among adults in the Capital Region is below that of NYS, excluding NYC. An estimated 64,920 adults in the Capital Region have been diagnosed with diabetes. Adults in Albany and Schenectady counties had the highest prevalence of adult diabetes in 2016, were the only Capital Region counties with a prevalence higher than the NYS, excluding NYC, and were the only counties to have in increase in diabetes prevalence from 2013-2014 to 2016.[4]

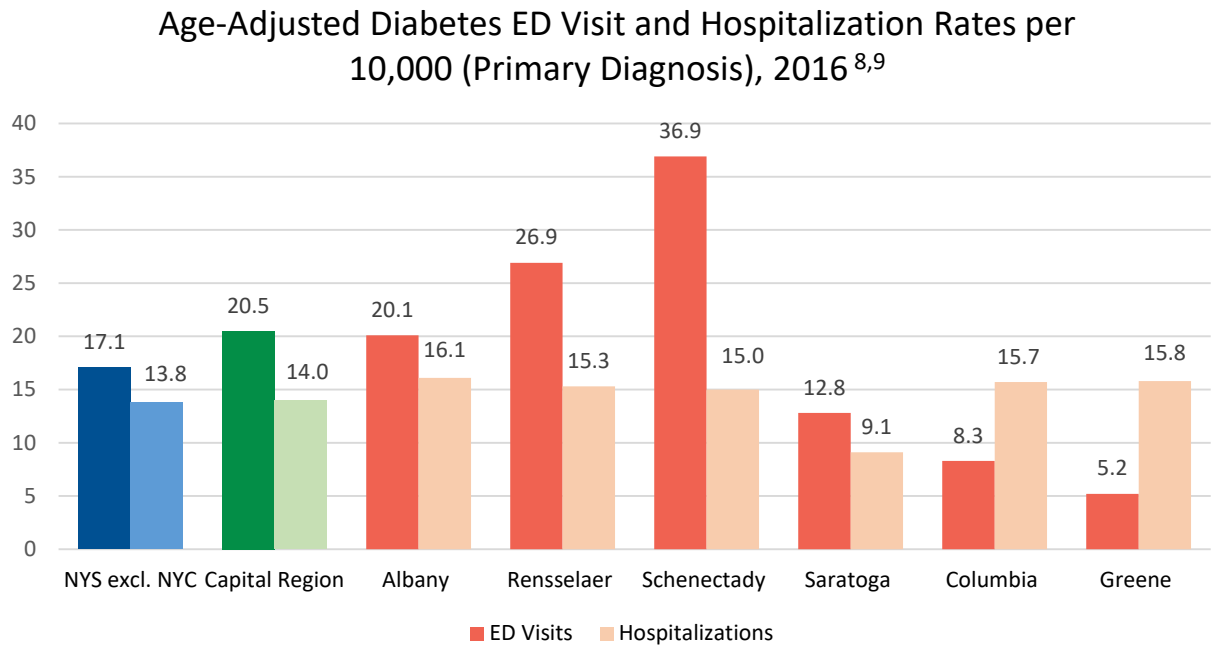
Age-Adjusted Percentage of Adults With Diabetes [4]		
	2013-14	2016
NYS excl. NYC	8.2%	8.5%
Capital Region	8.7%	7.6%
Albany County	8.8%	9.0%
Rensselaer County	10.0%	6.8%
Schenectady County	7.8%	9.0%
Saratoga County	8.3%	6.9%
Columbia County	7.1%	4.4%
Greene County	10.2%	5.5%

Short-term complications of diabetes are a result of extreme fluctuation in blood sugar levels. They include: hypoglycemia (low blood sugar), hyperglycemia (high blood sugar), diabetic ketoacidosis (high blood sugar with ketones), hyperglycemic hyperosmolar non-kenotic syndrome (high blood sugar without ketones).[5]



In 2016, there were 353 diabetes short-term complications hospitalizations for Capital Region residents 18 years of age and older. The diabetes short-term complications hospitalization rate for all Capital Region counties, except for Saratoga County, exceeded the NYS, excluding NYC, rate.[6] Diabetes short-term complications had a 2013-2018 Prevention Agenda objective of 3.9 per 10,000. Only Saratoga County met this objective.

Diabetes short-term complications hospitalization rates were 2.1 to 5.7 times higher for black non-Hispanic residents in the Capital Region in comparison to white non-Hispanic residents, depending on the county of residence.[7]

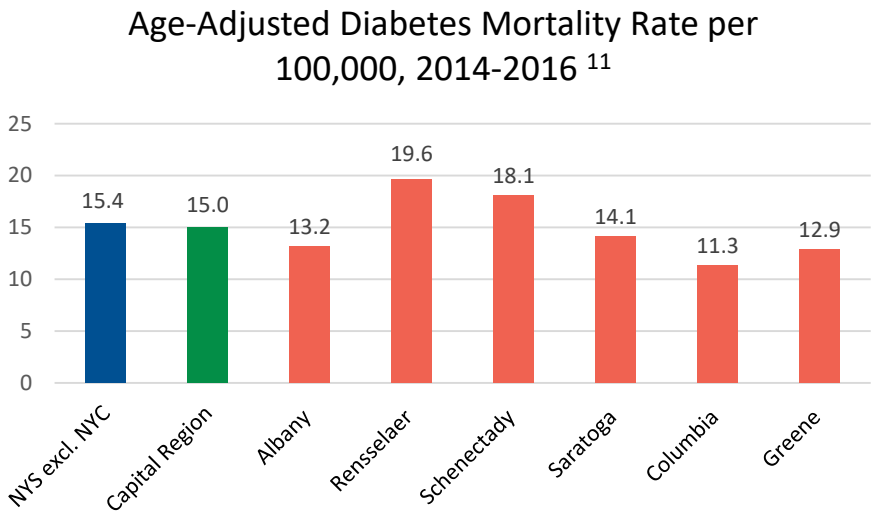


The Capital Region had higher ED visit and hospitalization rates than NYS, excluding NYC. In 2016, there were 2,161 ED visits and 1,479 hospitalizations for Capital Region residents where diabetes was the primary diagnosis. In the Capital Region, Schenectady and Rensselaer counties had the highest diabetes ED visit rates, and Albany and Greene counties had the highest hospitalization rates.[8,9]

Black non-Hispanic Capital Region residents had diabetes hospitalization rates that were 1.8 to 4 times the rate of white non-Hispanic residents, depending on the county of residence.[10]

The Capital Region averaged 188 deaths per year, from 2014 to 2016, due to diabetes. The 2014-2016 diabetes mortality rates were highest in Rensselaer and Schenectady counties, which were the only counties with rates higher than NYS, excluding NYC.[11]

In most of the counties in the Capital Region, black non-Hispanic residents had higher rates of diabetes mortality in comparison to white non-Hispanic residents.[12]



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Cardiovascular Disease

Highlights

- The Capital Region had consistently lower cardiovascular disease rates than NYS excluding NYC.
- Schenectady, Greene and Rensselaer counties did not meet the Prevention Agenda objective for heart attack hospitalization rates.
- Schenectady County had the highest coronary heart disease hospitalization rate, while Columbia and Greene counties had the highest coronary heart disease mortality rates.
- Schenectady County had the highest congestive heart failure hospitalization and mortality rates.
- Schenectady County had the highest stroke hospitalization rate, while Columbia and Schenectady counties had the highest stroke mortality rates.
- Black non-Hispanics had higher rates for most of the cardiovascular indicators compared to White non-Hispanic and Hispanic residents across all Capital Region counties.

Cardiovascular disease refers to a group of diseases that affect the heart and the circulatory system. Almost 630,000 Americans die from cardiovascular diseases each year, which is 1 in every 4 deaths. Risk factors for cardiovascular disease include high blood pressure, high low-density lipoprotein (LDL) cholesterol and smoking, of which 49% of Americans live with at least one of the three.[1] More than one third of the population live with some form of cardiovascular disease.[2] These diseases take more lives than the next five leading causes of death combined, excluding cancer (cancer, chronic lower respiratory diseases, injuries, stroke, Alzheimer Disease).[3] In New York State, Cardiovascular disease was responsible for almost 40.0% of all statewide mortality.[4]

Heart Attack and Coronary Heart Disease

Objective

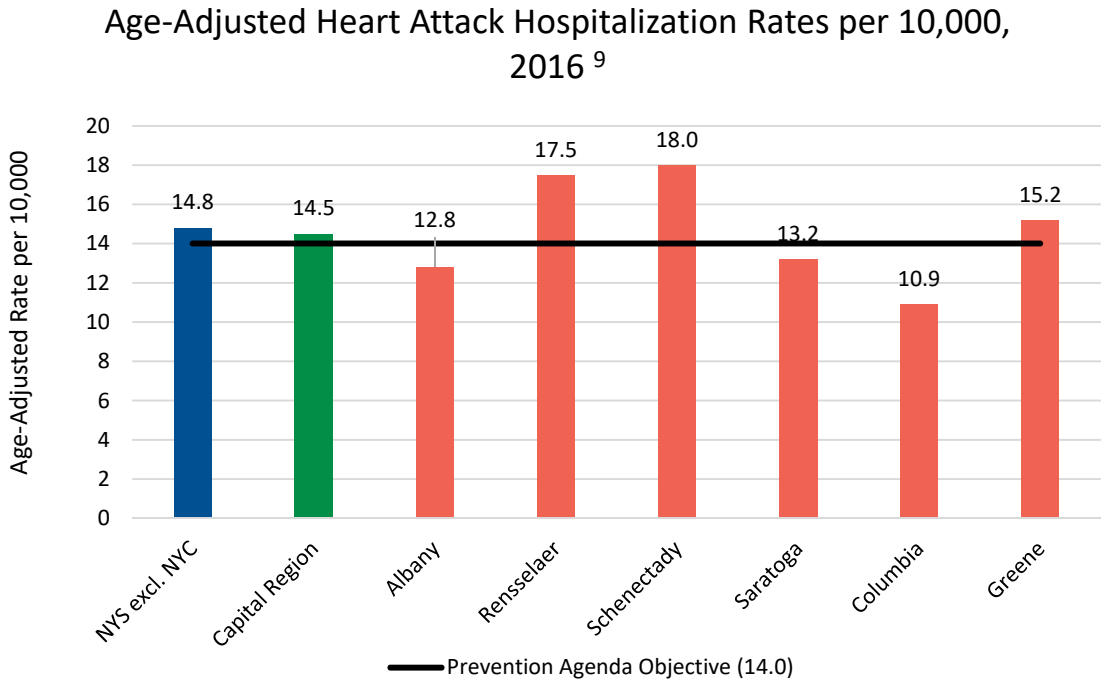
New York State Prevention Agenda 2013-2018 (no objective for 2019-2024)

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

Heart disease is the leading cause of death both in the United States and in New York State.[4] Residents of New York State are 22% more likely to die from coronary heart disease than the next leading cause of death.[5]

Coronary heart disease is a disorder that affects the coronary arteries (blood vessels that supply blood to the heart) and the heart muscle. A serious consequence of coronary heart disease is a heart attack, which occurs when the supply of blood to the heart is greatly reduced or stopped due to blockage in a coronary artery and the heart muscle is damaged.[6]

It is estimated that in the U.S., 13% of 2016 deaths, 363,452 individuals, were attributed to coronary heart disease.[7] Heart attacks occur in approximately 735,000 Americans annually. Approximately every 40 seconds, an American will suffer coronary event, and every minute someone will die from one.[8]



The Capital Region had over 1,700 heart attack hospitalizations in 2016. Schenectady County had the highest heart attack hospitalization rate in the region, with 18.0/10,000 persons. The Capital Region falls above the Prevention Agenda objective, as do the counties of Rensselaer, Schenectady, and Greene.[6]

Age-Adjusted Coronary Heart Disease Hospitalization Rate per 10,000, 2016 [10]	
NYS excl. NYC	27.4
Capital Region	23.6
Albany County	21.4
Rensselaer County	27.2
Schenectady County	28.0
Saratoga County	21.8
Columbia County	19.1
Greene County	26.6

In 2016, there were over 2,900 hospitalizations due to coronary heart disease in the Capital Region. All Capital Region counties had CHD hospitalization rates lower than that of New York State excluding NYC, with the exception of Schenectady County. CHD rates have decreased over the past decade for NYS excluding NYC and the Capital Region counties.[10]

Age-Adjusted Coronary Heart Disease Hospitalization Rate per 10,000 by Race/Ethnicity, 2016 [11]			
	White non-Hispanic	Black non-Hispanic	Hispanic
NYS excl. NYC	26.8	30.3	28.5
Albany County	17.6	24.8	12.4
Rensselaer County	21.6	20.9	22.0
Schenectady County	25.7	28.9	14.7
Saratoga County	17.4	8.6	11.0
Columbia County	19.8	26.6	25.8
Greene County	22.6	27.3	S
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When comparing coronary heart disease hospitalization rates by race/ethnicity, there is a clear disparity in which Black non-Hispanics had higher rates. Only for Saratoga County was the CHD hospitalization rate for Black non-Hispanics lower than that of Hispanics and White non-Hispanics. Black non-Hispanics had the highest rate of CHD of the three race/ethnicity groups across all counties, with the exception of Rensselaer and Saratoga counties.[11]

In 2016, there were over 1,335 deaths due to coronary heart disease in the Capital Region. All Capital Region counties had CHD mortality rates lower than that of New York State excluding NYC, with the exception of Columbia and Greene counties.[12]

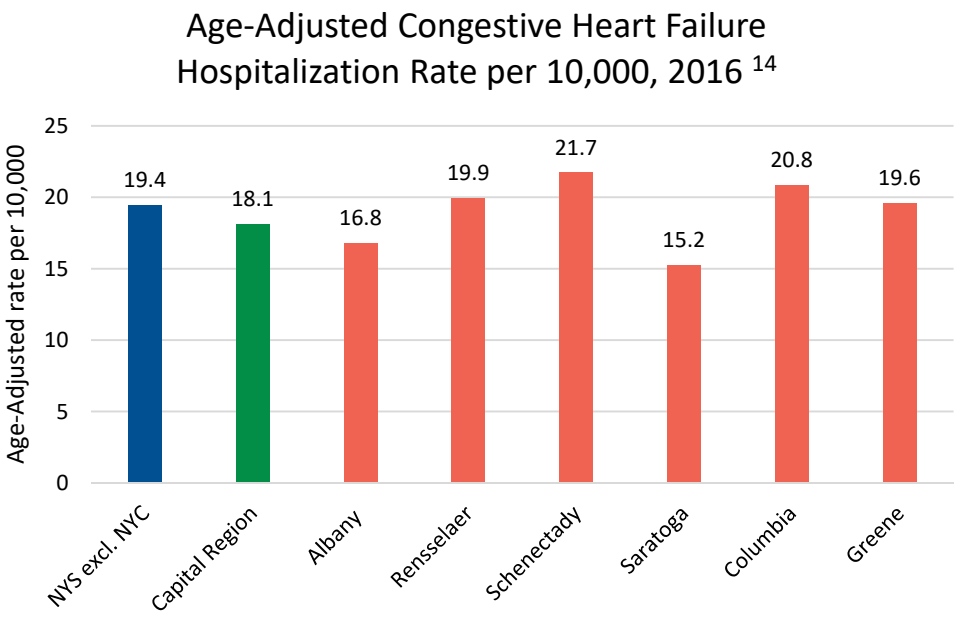
Age-Adjusted Coronary Heart Disease Mortality Rate per 100,000, 2014-2016[12]	
NYS excl. NYC	116.5
Capital Region	107.9
Albany County	105.1
Rensselaer County	114.3
Schenectady County	115.0
Saratoga County	91.8
Columbia County	130.1
Greene County	121.4

Congestive Heart Failure

Congestive heart failure (CHF) is a specific category of cardiovascular disease (CVD), as are coronary heart disease and cerebrovascular disease (stroke).[4] In contrast, unlike the prior two diseases, CHF is not one of the leading causes of death in the state; however, it is one of the fastest growing subgroups of CVD, making it a cause for concern and attention. CHF affects about 5.7 million people within the United States. It is a contributing cause of one in nine deaths yearly, and approximately half of individuals who develop heart failure die within 5 years of diagnosis.[13] CHF accounts for 9% of all coronary deaths in the United States.[7]

CHF is a disorder where the heart loses its ability to pump blood efficiently, causing fatigue and shortness of breath. CHF is not a single disease, but the result of different types of heart and artery diseases, including Coronary Artery Disease, Heart Attacks, Cardiomyopathy, High Blood Pressure, Irregular Heart Valves,

Abnormal Heart Rhythms, and Blood Clots.[13] The most common causes of congestive heart failure are Coronary Artery Disease, High Blood Pressure and Diabetes.



In 2016, the Capital Region had almost 2,300 hospitalizations due to congestive heart failure. Of the Capital Region counties, Schenectady County had the highest rate of congestive heart failure hospitalizations, with 21.7/10,000. Only Albany and Saratoga counties had rates lower than New York State excluding NYC.[14]

Age-Adjusted Congestive Heart Failure Mortality Rate per 100,000, 2014-2016[15]	
NYS excl. NYC	18.6
Capital Region	18.2
Albany County	19.7
Rensselaer County	20.4
Schenectady County	21.8
Saratoga County	11.7
Columbia County	16.4
Greene County	21.4

Over 260 deaths occurred due to congestive heart failure in 2016 in the Capital Region, with mortality rate lower than New York State excluding NYC. Schenectady County has the highest rate in the Capital Region with 21.8/100,000.[15]

When comparing race/ethnicity across the Capital Region, White non-Hispanics generally had higher rates of congestive heart failure mortality than Black non-Hispanics and Hispanics. The black non-Hispanic rate was greatest in Rensselaer County, whereas the Hispanic rate was greatest in Columbia and Schenectady counties. [16]

Cerebrovascular Disease

Cerebrovascular disease, or stroke, is the fifth leading cause of death in the United State and is a major cause of adult disability. According to the Centers for Disease Control and Prevention (CDC), each year 140,000 Americans are killed by stroke. In the United States, someone has a stroke every forty seconds and dies from a stroke every four minutes.[17]

Stroke occurs when a blood vessel, which brings oxygen and nutrients to the brain, bursts or is blocked by a blood clot or some other particle. With this rupture or blockage, part of the brain does not get the blood and oxygen it needs. Deprived of oxygen, nerve cells in the affected area of the brain die within minutes.[17]

Some risk factors for stroke are uncontrollable, such as heredity, age, gender, and ethnicity. Other conditions such as high blood pressure, high cholesterol, heart disease, diabetes, smoking, being overweight or obese, and previous stroke or transient ischemic attack, can increase your risk of stroke.[17]

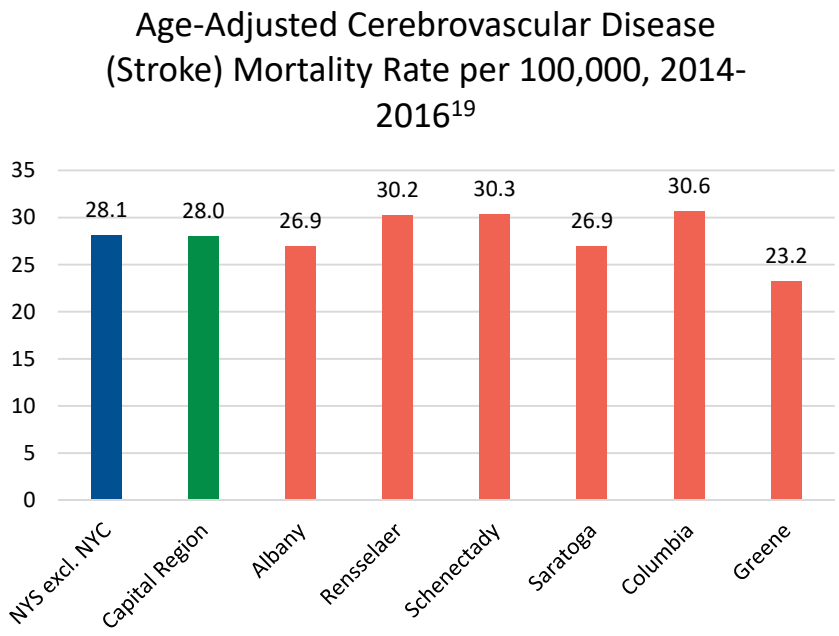
Age-Adjusted Cerebrovascular Disease (Stroke) Hospitalization Rate per 10,000, 2016 [18]	
NYS excl. NYC	20.8
Capital Region	22.6
Albany County	23.3
Rensselaer County	23.4
Schenectady County	28.5
Saratoga County	19.2
Columbia County	17.4
Greene County	22.1

In addition to fatal outcome, stroke can result in serious long-term disability; stroke costs the nation $34 billion annually including cost of health care services, medications and lost productivity.[17]

In the Capital Region, there were over 2,800 hospitalizations due to stroke in 2016. The Capital Region's stroke hospitalization rate was higher than New York State excluding NYC. With the exception of Columbia and Saratoga counties, the Capital Region counties had hospitalization rates higher than NYS excluding NYC. [18]

There were over 380 deaths due to stroke in 2016 in the Capital Region, which had a mortality rate similar to NYS excluding NYC. Rensselaer, Schenectady and Columbia counties had cerebrovascular mortality rates higher than NYS excluding NYC and the Capital Region.[19]

When comparing cerebrovascular mortality by race/ethnicity, Black non-Hispanics had higher rates in Rensselaer and Schenectady counties as compared to the rates for White non-Hispanics and Hispanics. In Columbia, Saratoga and Greene counties, Hispanic rates were the greatest, and in Albany, the rate of stroke mortality for whites was the greatest.[20]



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Cancer

Highlights

- Rensselaer, Saratoga and Schenectady counties had the lowest breast cancer screening rates in the Capital Region, and lower rates compared to NYS, excluding NYC.
- The Capital Region had higher breast cancer incidence, and late stage incidence rates compared to NYS, excluding NYC.
- Albany and Schenectady counties had the highest late stage breast cancer incidence, as well as breast cancer mortality in the Capital Region.
- Black non-Hispanic women had higher last stage breast cancer incidence than White non-Hispanic or Hispanic residents.
- Greene, Columbia and Albany counties had the lowest cervical cancer screening rates, falling below the screening rates for NYS, excluding NYC.
- Greene County had the lowest colorectal screening rate in the Capital Region; all other counties having rates above NYS, excluding NYC, but none meeting the Prevention Agenda objective.
- Compared to NYS, excluding NYC, the Capital Region had lower colorectal cancer incidence, but higher mortality rates, with Rensselaer, Columbia and Greene counties having the highest incidence and mortality rates.
- All Capital Region counties had lower prostate cancer incidence rates, and all but Rensselaer had lower mortality rates than NYS, excluding NYC.
- The Capital Region had higher lung cancer mortality rates than NYS, excluding NYC, with Greene and Rensselaer counties having the highest incidence and mortality rates in the Capital Region.

Cancer is a disease in which abnormal cells in the body grow out of control. It can be caused by many different factors, such as genetics, lifestyle, and the environment. Cancer is the second leading cause of death in New York State, as well as in the Capital Region. Each year, about 110,000 New Yorkers are diagnosed with cancer and over 35,000 New Yorkers die from malignant cancers each year. Lung, colorectal, breast and prostate cancers account for the majority of cancers in New York and nationally.[1]

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

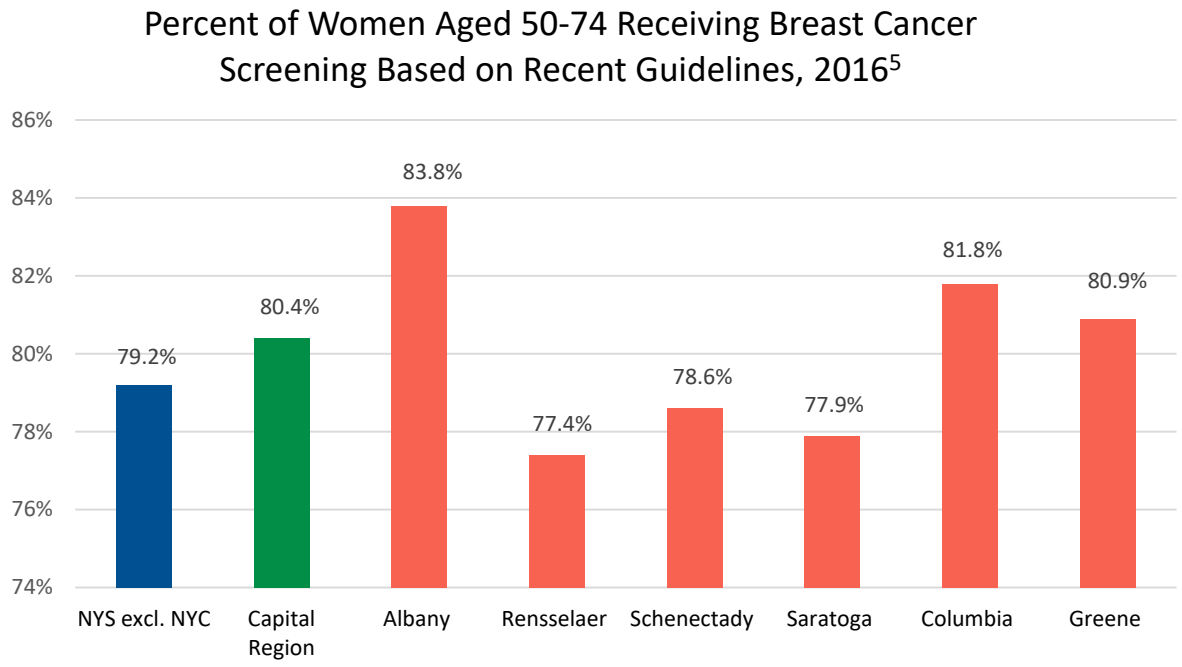
In general, gender and race are important factors in the frequency of different types of cancers. At all ages, women have lower cancer incidence and mortality rates than men in the same age group. This gender difference has remained stable over time in New York State.[1]

Female Breast Cancer

Breast cancer is the second leading cause of cancer death among women in the United States, exceeded only by lung cancer. All women are at risk for breast cancer. Men can also get breast cancer, but this is rare. In New York State, about 15,400 women are diagnosed with breast cancer each year.[1]

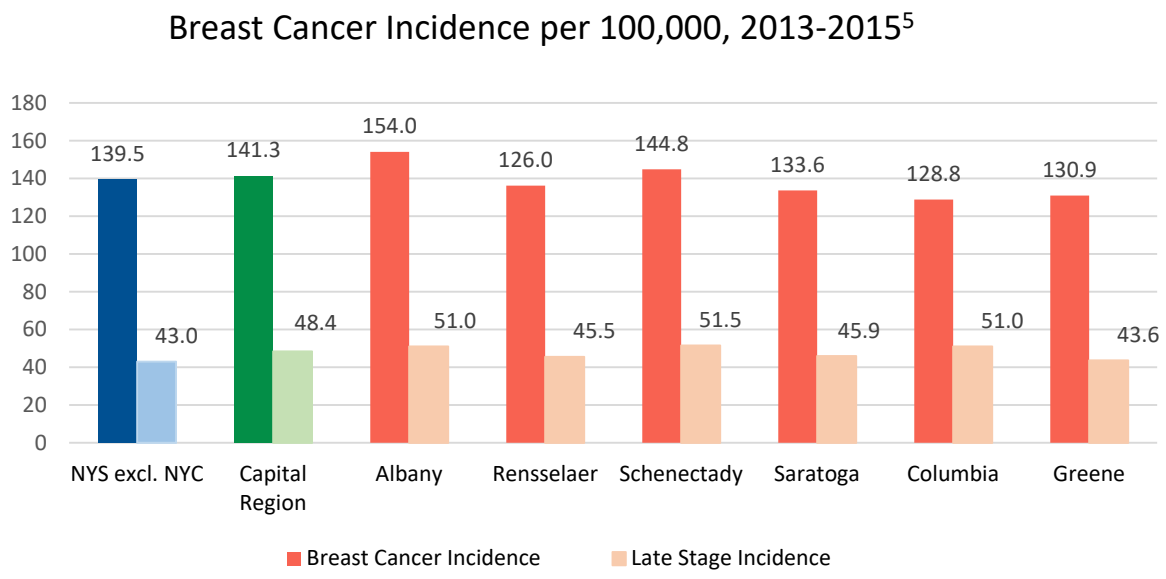
Behavioral risk factors amenable to change include obesity after menopause, heavy consumption of alcohol and, possibly, high-fat diets and lack of exercise. Reproductive factors, including having a first child after age 30 and never having children, increase the risk of breast cancer. These identified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

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



In 2016, 80.4% of women ages 50-74 and older in the Capital Region reported having had a mammogram within the past two years which was slightly higher than the NYS, excluding NYC, rate of 79.2%. Only Albany, Columbia and Greene counties had higher screening rates than NYS, excluding NYC. Rensselaer and Saratoga counties had the lowest breast cancer screening rates in the Capital Region.[5]

The fatality of invasive breast cancer is strongly influenced by the stage of the disease at diagnosis. Early detection of breast cancer plays a significant role in the reduction of breast cancer mortality. When breast cancer is diagnosed at an early, or localized, stage, 98.7% of women survive for at least five years. Late stage diagnosis only has a 27.0% 5-year survival rate.[3]



The Region had approximately 870 cases of female breast cancer cases a year, about 290 with late diagnosis between 2013 and 2015. The Capital Region had a higher incidence rate of female breast cancer than NYS, excluding NYC, and a higher late stage diagnosis rate. Schenectady, Albany and Columbia counties had the highest incidence of late stage breast cancer diagnosis in the Capital Region.[5]

All the Capital Region counties, with the exception of Albany and Greene counties, had age-adjusted breast cancer mortality rates that were slightly lower than the NYS, excluding NYC, rate. Albany County had the highest age-adjusted breast cancer mortality rate at 20.2/100,000.[5]

In NYS, excluding NYC, Black non-Hispanic women had higher late-stage incidence (51.5/100,000) when compared to White non-Hispanic women (43.8) and Hispanic women (32.8). Black non-Hispanic women also had a higher mortality rate (25.2) compared to the White non-Hispanic (19.1) and Hispanic (10.1) populations.[6]

Age-Adjusted Female Breast Cancer Mortality Rate per 100,000, 2013-2015[5]	
NYS excl. NYC	18.9
Capital Region	18.6
Albany County	20.2
Rensselaer County	18.9
Schenectady County	18.8
Saratoga County	16.8
Columbia County	18.2
Greene County	19.3

Cervical Cancer

Cervical cancer is highly preventable in the United States with proper screening tests and human papillomavirus (HPV) vaccination. Almost all cervical cancers are caused by (HPV), a common sexually-transmitted disease. When found at an early stage, cervical cancer is highly treatable.[7] In the United States, approximately 12,800 women are diagnosed with cervical cancer and 4,175 women die from the disease each year.[7] In New York State, about 860 cases are diagnosed and 270 women die from cervical cancer annually.[7] In the Capital Region, 30 women were diagnosed with cervical cancer in 2015 and there were 7 deaths in the same time period.[5]

Several factors have been identified that place women at increased risk of developing cervical cancer. The strongest risk factor is unsafe sexual practices, including having multiple partners and having a history of sexually transmitted diseases. Smoking, giving birth to three or more children, and using birth control for five or more years are also risk factors.[7]

The Pap test (or Pap smear) is an effective screening test that can detect cervical cell abnormalities that, without treatment, could lead to cancer. This test can detect cervical cancer *in situ*, an early stage of cervical cancer, where the cells are changing in shape and organization but are still localized and have not spread. In New York State, the cervical screening recommendation is that women should start getting Pap tests at the age of 21 and have them every 3 years, more frequently if there is an abnormal finding, and Pap tests and HPV tests every five years between the ages of 30 and 65.[8]

Percentage of Women 21-65 Years Receiving Cervical Cancer Screening Based on Recent Guidelines, 2016[5]	
NYS excl. NYC	83.5%
Capital Region	83.5%
Albany County	82.1%
Rensselaer County	87.0%
Schenectady County	90.1%
Saratoga County	85.0%
Columbia County	81.1%*
Greene County	76.4%*

During 2016, the percentage of women 21 years of age and older, having a Pap test within the past three years in the Capital Region is the same as the percentage in NYS, excluding NYC. Schenectady, Rensselaer and Saratoga counties had screening rates higher than NYS, excluding NYC. Greene had the lowest screening rate in the Capital Region.[5]

The rate of new cervical cancers in the Capital District is slightly lower than the NYS, excluding NYC, rate. Greene, Schenectady and Columbia counties had incidence rates higher than NYS, excluding NYC.[5]

Age-Adjusted Cervical Cancer Incidence Rate per 100,000 Women, 2013-2015[5]	
NYS excl. NYC	7.2
Capital Region	7.1
Albany County	6.7
Rensselaer County	7.1
Schenectady County	10.4
Saratoga County	3.9
Columbia County	9.5
Greene County	12.5*

*Fewer than 10 events in the numerator, therefore the rate is unstable

Colorectal Cancer

Objectives

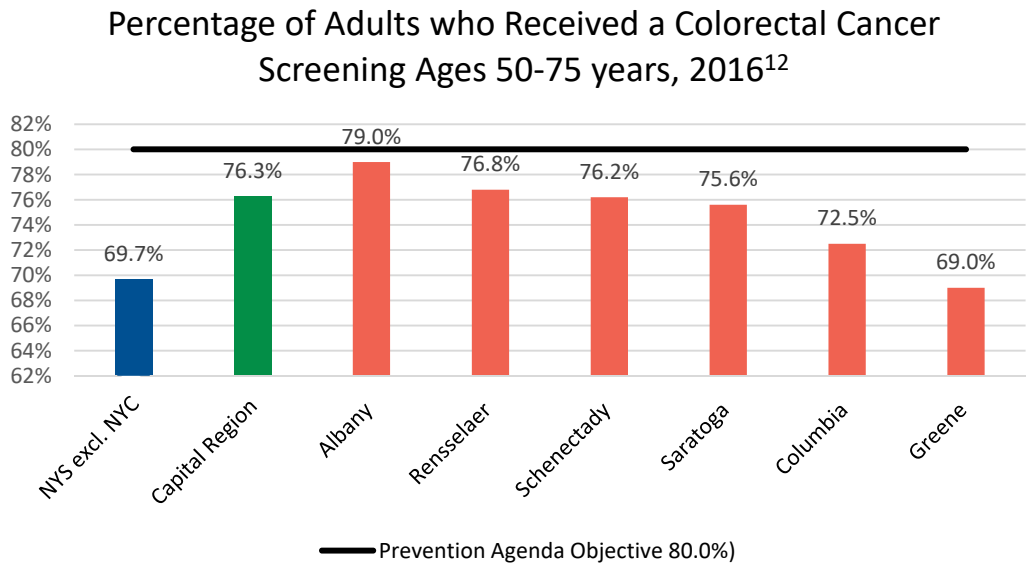
New York State Prevention Agenda 2013-2018

- Increase the percentage of adults (50-75 years) who receive a colorectal cancer screening to 80%.

Colorectal cancer is the third most common cancer in men and women. It is also the second leading cause of death from cancers that affect both men and women.[9] Each year, about 9,100 adults in New York State are diagnosed with colorectal cancer, and 90% of them are over age 50.[1] Routine screening can reduce colorectal cancer deaths by at least 60%.[9] When colorectal cancer is diagnosed in its earliest stage, 90.4% of individuals live five years after diagnosis. In comparison, for late stage diagnosis the five year survival rate dramatically decreases to 14.0%.[10]

Lifestyle factors that contribute to increased risk of colorectal cancer include lack of regular physical activity, low fruit and vegetable intake, a low-fiber and high-fat diet, overweight and obesity, alcohol consumption and tobacco use.[10]

Colorectal cancer screening is recommended for men and women aged 50–75 using high-sensitivity fecal occult blood testing (FOBT), sigmoidoscopy, or colonoscopy.[11] During 2016, no Capital Region County met the Prevention Agenda objective.[12] Of the Capital Region counties, only Greene County had a colorectal cancer screening rate lower than NYS, excluding NYC.[12]

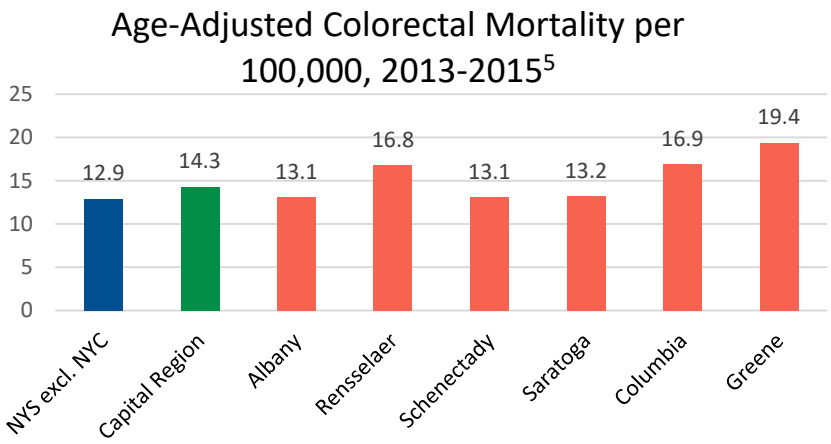


Colorectal cancer incidence is slightly lower in the Capital Region than NYS, excluding NYC, with the Region averaging 460 cases per year. Greene, Rensselaer and Columbia counties had incidence rates higher than NYS, excluding NYC. There were differences in incidence by gender and race in NYS, excluding NYC. Males had higher colorectal cancer incidence than females (45.0 vs. 35.2 per 100,000). Black non-Hispanics had the highest incidence (43.4), followed by White non-Hispanics (39.6) and Hispanics (28.3).[6]

Age-Adjusted Colorectal Cancer Incidence Rate per 100,000, 2013-2015[5]	
NYS excl. NYC	38.9
Capital Region	38.2
Albany County	38.3
Rensselaer County	41.4
Schenectady County	33.6
Saratoga County	38.0
Columbia County	40.6
Greene County	42.0

The rate of colorectal cancer mortality in the Capital Region is slightly higher than the NYS, excluding NYC, rate. Greene County has the highest rate of mortality (19.4/10,000) while Albany and Schenectady counties (13.1) has the lowest rates.[5]

Because of the small numbers, race/ethnicity information for colorectal cancer is not available for all Capital Region counties. For NYS, excluding NYC, Black non-Hispanic residents had a 2014-2016 colorectal cancer mortality rate of 16.2 per 100,000, which was higher than the White non-Hispanic rate of 13.1 per 100,000.[6]



Prostate Cancer

Prostate cancer is the most common form of cancer in men and the second leading cause of cancer mortality in men. In New York State, around 14,300 men are diagnosed with prostate cancer annually and there are about 1,700 deaths due to prostate cancer each year.[1]

Age-Adjusted Prostate Cancer Incidence Rate per 100,000, 2013-2015[5]	
NYS excl. NYC	122.3
Capital Region	108.1
Albany County	117.7
Rensselaer County	101.1
Schenectady County	87.5
Saratoga County	122.2
Columbia County	90.8
Greene County	99.5

The causes and risk factors for prostate cancer are not well understood. The chance of having prostate cancer greatly increases after age 50. Black men are over twice as likely to have prostate cancer, be diagnosed at a late state, and die of prostate cancer as White males. A family history of prostate cancer also increases the risk of getting the disease.[13]

The Capital Region averages 650 cases of prostate cancer annually. All Capital Region counties had age-adjusted prostate cancer incidence rates below the NYS, excluding NYC, average, with Saratoga County having the highest rate.[5]

Age-Adjusted Prostate Cancer Mortality Rate per 100,000, 2013-2015[5]	
NYS excl. NYC	16.2
Capital Region	15.7
Albany County	15.5
Rensselaer County	20.4
Schenectady County	14.9
Saratoga County	15.1
Columbia County	13.0
Greene County	13.5

There were an average of 78 prostate cancer deaths per year in the Capital Region from 2013-2015. Of all the Capital Region counties, only Rensselaer had prostate cancer mortality rate higher than NYS, excluding NYC.[5] Prostate cancer mortality has been decreasing in New York State over the last decade. The New York State age-adjusted mortality rate has decreased 22% from 22.1 per 100,000 in 2006 to 17.2 in 2015.[5]

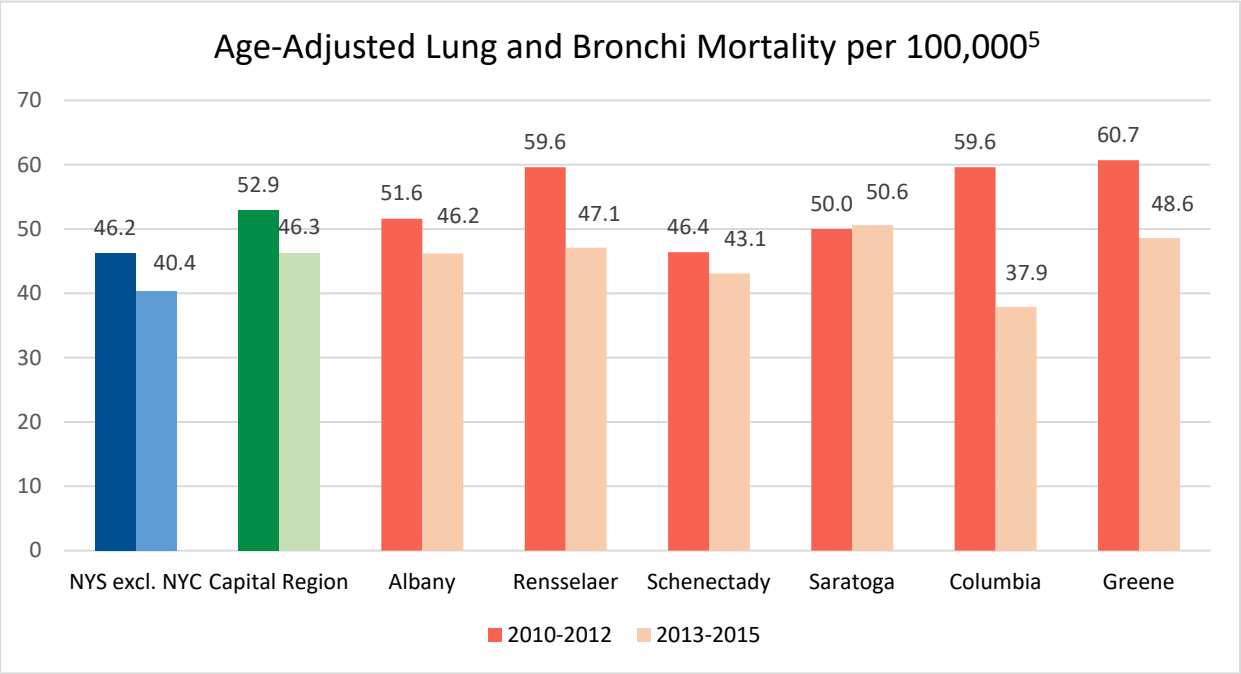
Lung Cancer

Lung cancer continues to be a serious public health concern. It is the leading cause of cancer death, and the second most diagnosed cancer. This is true for both men and women.[14] In New York State, lung cancer was the number one cause of death due to cancer. [1]

The Capital Region averages 900 lung cancer cases a year. Lung cancer incidence in all Capital Region counties, exceeded the NYS, excluding NYC, rate. Rensselaer County had the highest incidence of lung cancer.[5]

Age-Adjusted Lung Cancer Incidence per 100,000, 2013-2015[5]	
NYS excl. NYC	66.9
Capital Region	74.8
Albany County	70.5
Rensselaer County	85.7
Schenectady County	68.1
Saratoga County	74.4
Columbia County	79.7
Greene County	80.4

The Capital Region averages 560 lung cancer deaths per year. With the exception of Columbia, all Capital Region counties have lung cancer mortality rates higher than NYS, excluding NYC, with Saratoga County having the highest rate. Between 2010-2012 and 2013-2015, all Capital Region counties, except Saratoga, had a decrease in the lung cancer mortality rate.[5]



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VI. Healthy and Safe Environment

Childhood Lead Poisoning

Highlights

- In the Capital Region, 2,600 children born in 2013 did not have one lead screening by 9-17 months of age and 4,100 children born in 2013 did not have two lead screenings by 36 months of age.
- All counties had increases in their 9-17 month screening rates from 2010 to 2013.
- Schenectady County had the highest incidence rate of elevated blood lead levels in children under 6 years of age.
- With the exception of Saratoga County, all Capital Region counties had incidence rates of elevated blood lead levels higher than NYS, excluding NYC.

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

Lead Screening

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

Percentage of Children Born in 2013 with At Least One Lead Screening by 9-17 months, or 2 Lead Screenings by 36 months [3,4]

	9-17 Months	Up to 36 Months
NYS excl. NYC	71.7%	55.9%
Capital Region	73.4%	57.9%
Albany County	70.3%	53.1%
Rensselaer County	71.0%	57.5%
Schenectady County	76.9%	59.2%
Saratoga County	82.9%	69.4%
Columbia County	52.3%	38.6%
Greene County	70.3%	54.5%

In the Capital Region, 2,591 children born in 2013 did not have at least one lead screening test done by the age of 9-17 months, and 4,103 did not have two lead screenings by 36 months.[3,4] Saratoga and Schenectady counties were the only Capital Region counties with 9-17 month lead screening percentages above the NYS, excluding NYC, percentage of 71.7%. Columbia County had the lowest rate of all the counties at 52.3%.[3] Albany, Columbia, and Greene counties had rates below that of NYS,

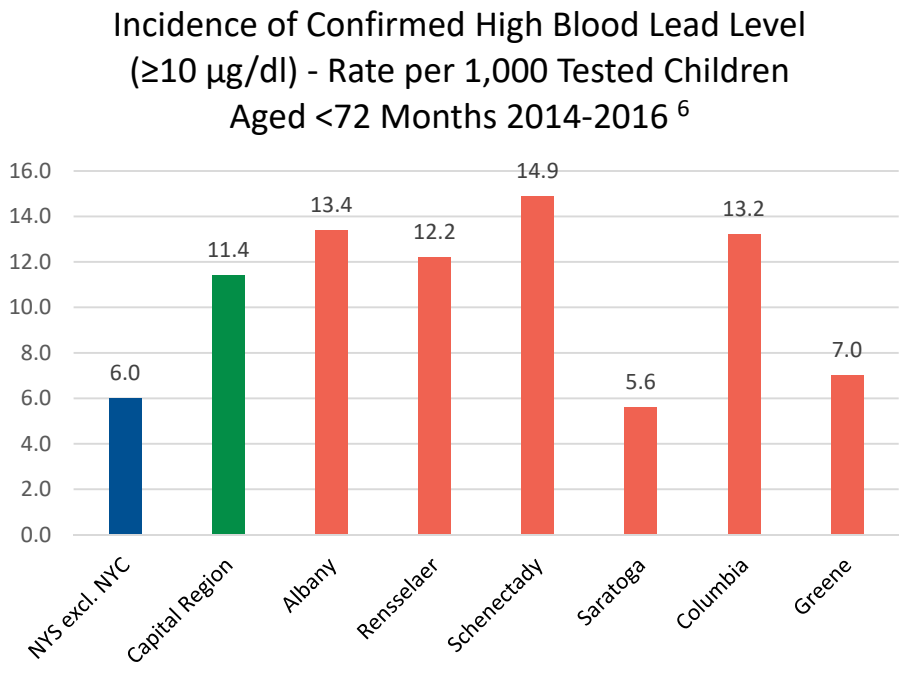
excluding NYC, for children with two lead screenings by 36 months. Columbia County had the lowest rate in the Capital Region at 38.6%.[4] When comparing the 2010 and 2013 birth cohorts, all counties had increases in the percentage of 9-17 month-olds that received at least one lead screening: Albany County (51.0% to 70.3%), Rensselaer County (47.9% to 71.0%), Schenectady County (58.3% to 76.9%), Saratoga County (36.1% to 82.9%), Columbia County (50.3% to 52.3%), and Greene County (27.5% to 70.3%).[3]

Children Younger than 6 Years with Elevated Lead Levels

Children under the age of six, but particularly children living at or below the poverty line in older housing, are at risk of lead poisoning.[1] While both incidence and severity of childhood lead poisoning have steadily decreased in New York State, it is still a serious public health concern. In 2008, more than 3,000 children under age six were newly identified with blood lead levels (BLLs) 10 micrograms per deciliter (µg/dl) and above; 80 percent resided in just 13 of the states' poorest counties with the oldest housing stock.[5]

New York State consistently ranks high in many of the factors associated with childhood lead poisoning, such as childhood poverty, large immigrant populations, and an older, deteriorated housing stock. The main cause of lead poisoning among children is exposure to paint chips and dust from degrading lead-based paint in their homes.[5]

Annually, an average of 152 children under the age of six living in the Capital Region have confirmed blood lead levels at or above 10µg/dl. Schenectady County had the highest incidence rate of elevated blood lead levels with 14.9/1,000 children tested, followed by Albany County with a rate of 13.4/1,000 children tested. Of the Capital Region counties, only Saratoga County had a rate lower than NYS, excluding NYC.[6]



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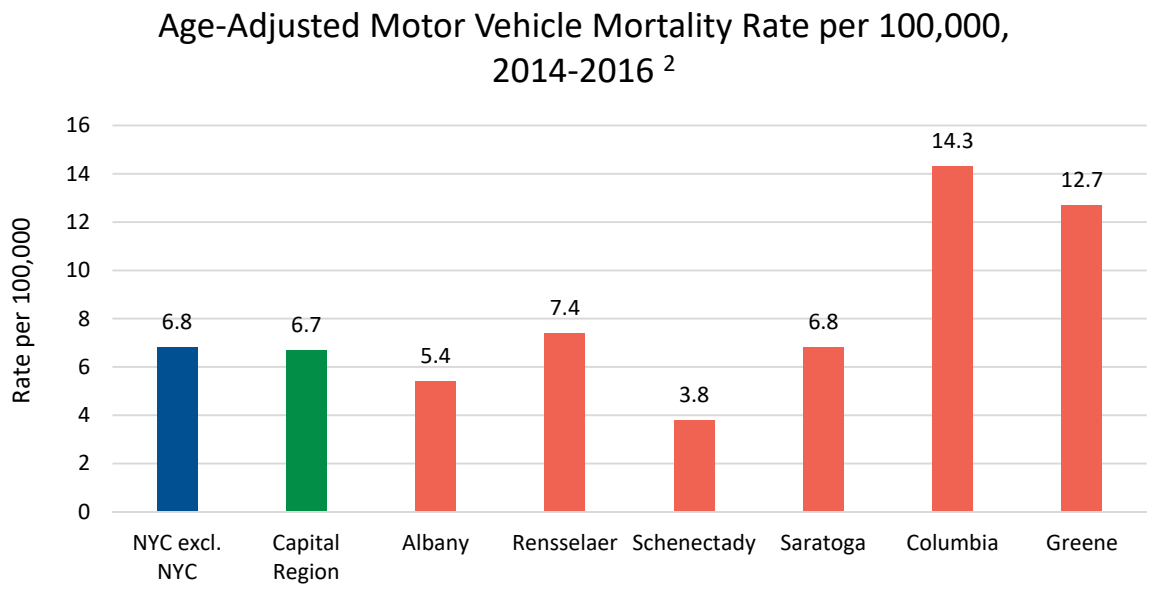
Injury

Highlights

- In the Capital Region, age-adjusted motor vehicle mortality rates were higher in counties that are more rural.
- Greene County had the highest rate of hospitalizations due to motor vehicle accidents; Schenectady County had the highest rate of ED visits due to motor vehicle accidents.
- Except for Rensselaer County, all Capital Region counties had child fall ED visit rates below the 2013-2018 Prevention Agenda objective.
- Rensselaer, Albany and Greene counties did not meet the 2019-2024 Prevention Agenda objective for fall hospitalizations to the elderly.
- Only Saratoga County was below the 2019-2024 Prevention Agenda objective for occupational injuries treated in ED for adolescents ages 15-19. Columbia and Schenectady counties had the highest rates in the Capital Region.

Motor Vehicle-Related Injuries

Motor vehicle crashes are the leading cause of death from injury in the United States. Motor vehicle-related injuries kill more children and young adults than any other single cause in the United States. More than 2.5 million drivers and passengers were treated in emergency departments as the result of being injured in motor vehicle crashes in 2015.[1] Motor vehicle injuries cause death, trauma, impairment, higher insurance premiums, productivity loss at work, and other costs to individuals, their families and communities. In a one year period, medical care and productivity costs associated with motor vehicle crashes exceeded $63 billion.[1]



In the Capital Region, the more rural counties of Columbia, Greene, and Saratoga, as well as Rensselaer County, had age-adjusted motor vehicle mortality rates that were above the rate of NYC excluding NYC. The highest rate was in Columbia County, with 14.3/10,000, followed by Greene County (12.7). For age-adjusted motor vehicle accidents, the highest rate of hospitalizations was in Greene County, with a rate of 11.5/10,000. For ED visits, Schenectady County had the highest rate, with 80.7. [3]

Age-Adjusted Motor Vehicle Accident Hospitalizations per 10,000, 2014-2016 [3]		
	ED Visits	**Hospitalizations**
NYS excl. NYC	77.4	5.9
Capital Region	59.4	6.1
Albany County	59.7	6.0
Rensselaer County	61.5	5.4
Schenectady County	80.7	6.1
Saratoga County	42.9	5.2
Columbia County	64.1	8.1
Greene County	69.3	11.5

Fall Prevention

Objective

New York State Prevention Agenda 2019-2024

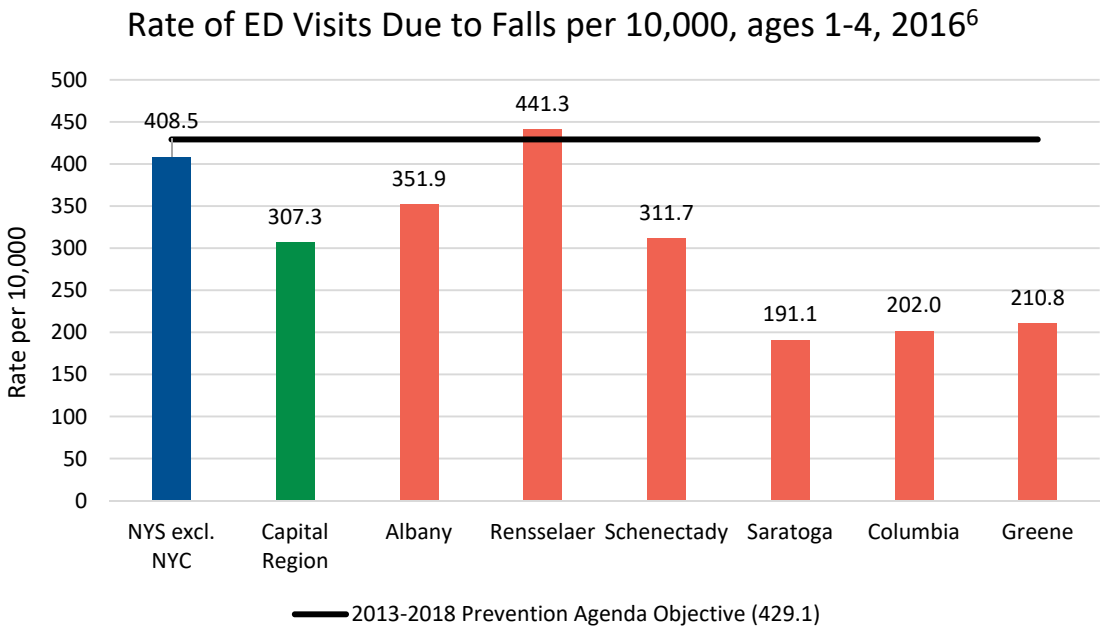
- Stop the annual increase of the rate of hospitalizations due to falls among residents ages 65 and over to 170.1 per 10,000 residents.

New York State Prevention Agenda 2013-2018 (no objective from 2019-2024)

- Reduce ED visits due to falls among children ages 1 to 4 to 429.1 per 10,000 residents.

Falls in Young Children

The primary location of falls for children is in the home. Falls are the leading cause of injury-related hospitalizations and ED visits for children up to 14 years of age.[4] In the United States emergency departments, approximately 8,000 children are treated daily, amounting to almost 2.8 million children annually.[5] Rapid early development provides various opportunities for children to fall. Babies and young children have bigger heads in comparison to the rest of their bodies, causing the head to hit the ground first. This increases the likelihood of head trauma due to falls. When babies start to roll and kick, they are at increased risk of falling off high surfaces. Similarly, when children learn to crawl and walk, they increase their chances of falling out of windows and off furniture. Injury due to falls can lead to permanent disability, traumatic stress, and decreased ability to perform age-appropriate activities, among other things.[4]



In the Capital Region, there were 1,229 ED visits due to falls among children ages 1-4 years in 2016.[6] Only Rensselaer County exceeded the 2013-2018 Prevention Agenda objective. Rensselaer County had the highest ED visit rate, followed by Albany and Schenectady counties.

Falls in Older Adults

Falls are the leading cause of injury deaths among older adults and the most common cause of nonfatal injuries and hospital admissions for trauma. Due to falls, 140 older New Yorkers are hospitalized daily, with two deaths every day in the same population. Approximately 60% of those hospitalized for a fall end up in a nursing home or rehabilitation center. Such falls incur $1.7 billion in annual hospitalization charges in New York State. [7]

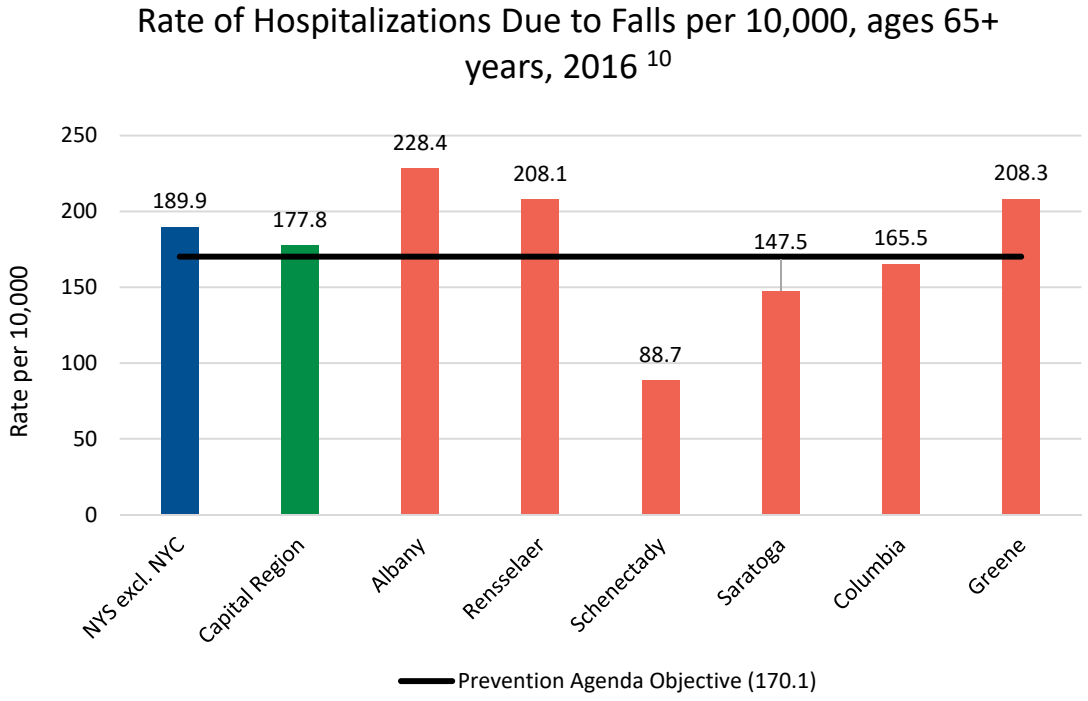
Unintentional falls are a serious threat to the lives, independence and well-being of adults ages 65 and older. Each year in the United States, 3 million older adults visit the ER due to falls. These falls can cause

injuries such as fractures, bruises, and head traumas, which can increase the risk of early death and make it difficult to live independently. Falls are also the most common cause of traumatic brain injury (TBI). TBI accounts for almost half of fatal falls among older adults. Hip fractures are the most frequent type of fall-related fractures. Developing a fear of falling is common among people who fall, even among those who are not injured. This fear causes them to limit activities. Such a response leads to reduced mobility, which actually increases their risk of falling.[8]

In the Capital Region, there were over 5,900 emergency department visits in 2016 due to falls in the 65+ year-old population. Schenectady County had the highest rate of ED visits in this population, with a rate of 435.1/10,000, followed by Rensselaer. With the exception of Schenectady County, all of the counties had rates lower rates New York State, excluding NYC.[10]

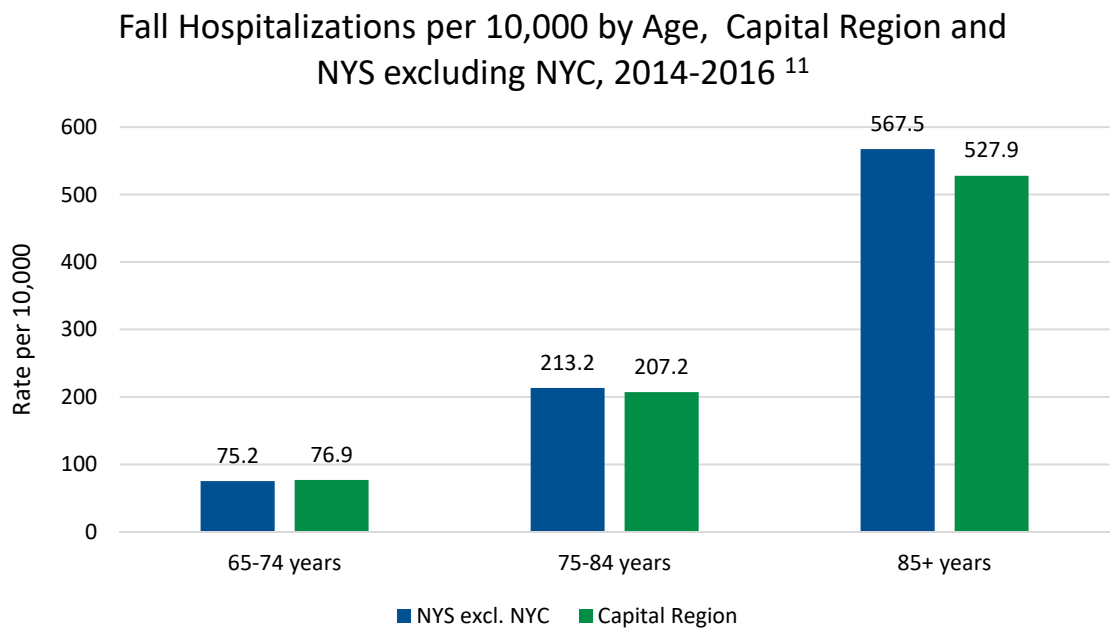
The Capital Region had over 2,800 fall-related hospitalizations in 2016 in the older adult population. The rates for hospitalizations for Schenectady, Saratoga and Columbia county individuals 65+ years old were all below the Prevention Agenda objective.[10]

Rate of ED Visits Due to Falls per 10,000, ages 65+ years, 2014-2016[9]	
NYS excl. NYC	432.0
Capital Region	381.2
Albany County	383.0
Rensselaer County	403.7
Schenectady County	435.1
Saratoga County	346.6
Columbia County	392.6
Greene County	299.0



The risk of being seriously injured from a fall increases with age. In the Capital Region, the elderly fall hospitalization rates were lower when compared to the NYS excluding NYC rates. In the 85+ year

population, the Capital Region's fall hospitalization rate of 527.9/10,000 was almost 7 times higher than the rate in the 65-74 years population.[11]



Workplace Injuries

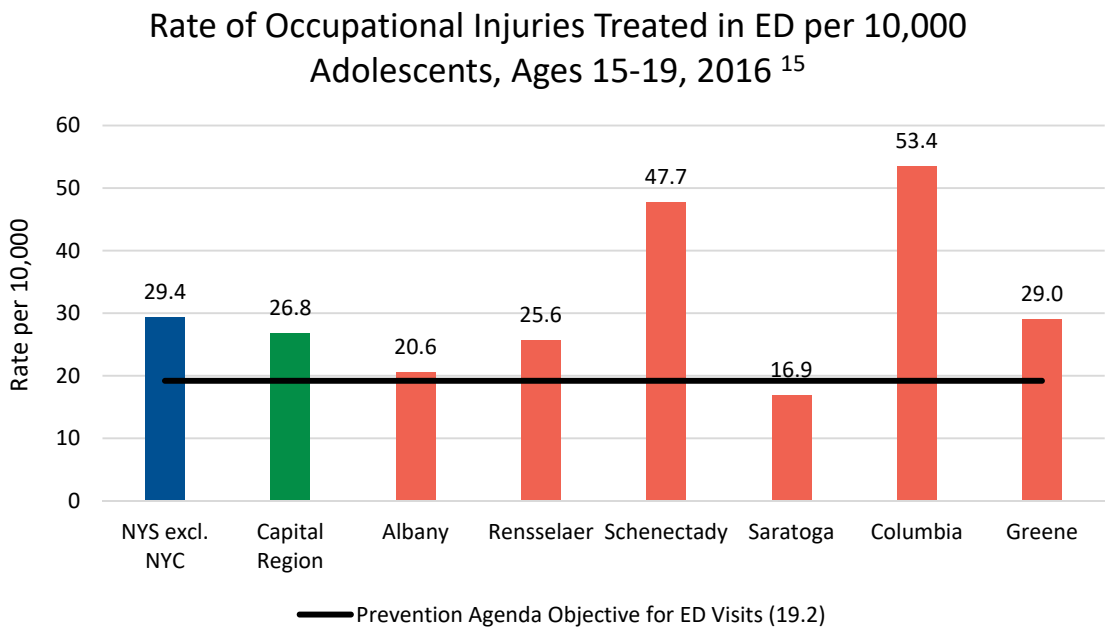
Objective

New York State Prevention Agenda 2019-2024

- Reduce the rate of emergency room visits for occupational injuries among adolescents 15-19 years of age to 19.2 per 10, 000.

Workplace injuries continue to be a major health problem in the United States. A worker is injured approximately every 7 seconds, losing over one hundred million production days.[12] In addition, over 5,100 employees in the United States died due to workplace injuries in 2017, with 1 in 5 being in construction. The "Fatal Four" leading causes of death in construction are falls, stricken by an object, electrocution and cough-in/between.[13]

The top causes of work-related injury hospitalizations in New York State are accidents caused by falls, struck by object, machinery, motor vehicle traffic accidents, being cut or pierced, hot object or scalding and overexertion.[14]



Occupational fatalities and losses arising from workplace disabilities also cause tremendous personal and economic costs. In the Capital Region, 545 work-related hospitalizations occurred in those employed and 16 years and older in age in 2015[16]. From 2013-2015, there were 40 fatalities due to work-related injuries in the Capital Region.[17]

In New York State, over 2,600 youth were injured severely enough to seek emergency treatment in 2016.[4] In the Capital Region, there were 173 youths aged 15-19 years of age, treated in an emergency department due to an occupational injury. Of the Capital Region counties, only Saratoga County (16.9/10,000) met the Prevention Agenda objective (19.2).[15]

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Violent Crime

Objectives

New York State Prevention Agenda 2019-2024

- Reduce rate of homicide deaths to 3.2 per 100,000.
- Reduce the rate of assault-related hospitalizations to 3.0 per 10,000
- Reduce the rate of ED visits due at assault to 38.1 per 10,000.

Highlights

- In the Capital Region, Schenectady County had the highest rate of homicide mortality; Schenectady and Rensselaer were the only counties not to meet the Prevention Agenda objective.
- Schenectady County had the highest assault ED visit rate in the Region, with Saratoga County being the only Capital Region county that met the Prevention Agenda objective.
- Albany County had the highest assault hospitalization rate, and, together with Schenectady and Greene counties, did not meet the Prevention Agenda objective.
- Black non-Hispanics were 5 times more likely to have an assault-related hospitalization than White non-Hispanics.
- In the Capital Region, the urban counties had higher violent crime rates than NYC excluding NYC.
- Schenectady County had the highest rates of firearm-related, property and violent crimes, while Saratoga County had the lowest violent crime, and Greene County had the lowest firearm-related and property crime.

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

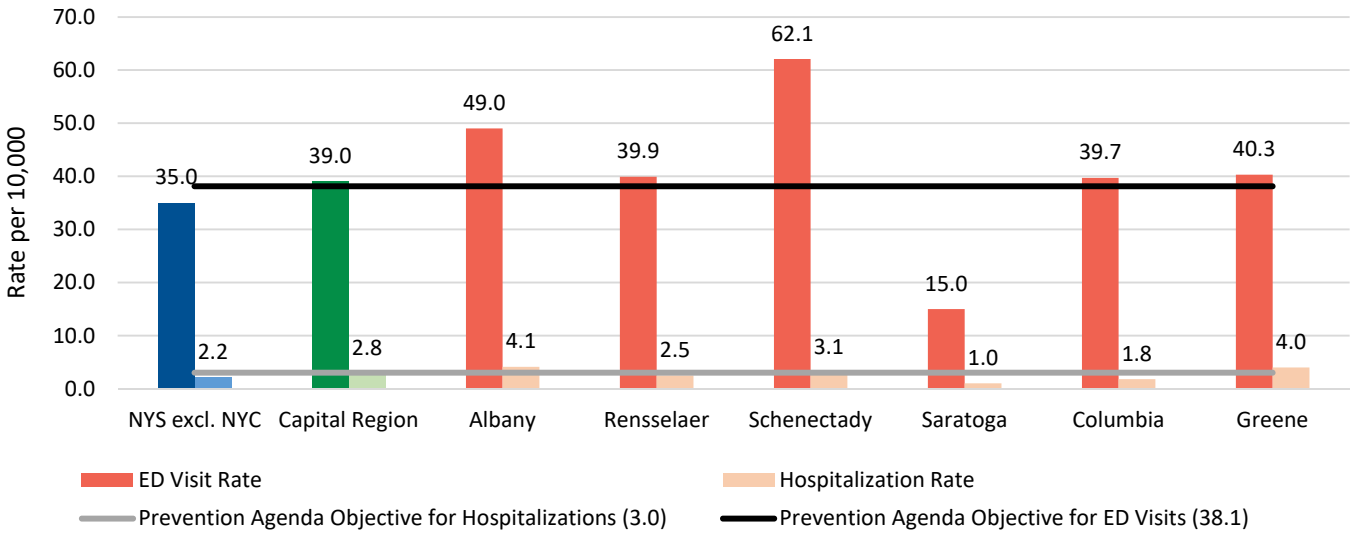
The health consequences of violent crime on the victim are better-documented. Victims of violence are more likely to injure themselves or commit suicide. High school students who are exposed to violence are at

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

In 2016, there were 16 homicide deaths in the Capital Region. Schenectady County had the highest rate of homicide mortality in the Capital Region, with 4.2 per 100,000 population. Schenectady, and Rensselaer counties had higher rates than that of NYS excluding NYC, and failed to meet the 2019-2024 Prevention Agenda objsective.[3]

Age-Adjusted Homicide Mortality Rate per 100,000 Population, 2014-2016 [3]	
Prevention Agenda Objective	**3.2**
NYS excl. NYC	2.8
Capital Region	2.5
Albany County	2.7
Rensselaer County	4.0
Schenectady County	4.2
Saratoga County	0.8*
Columbia County	1.5*
Greene County	0.6*
***: Rate is unstable**	

Age-Adjusted Assault ED Visits and Hospitalization Rates per 10,000 Population, 2016 [4,5]



In 2016, the Capital Region had 3,544 assault-related ED visits and 267 assault-related hospitalizations. For hospitalizations, Albany, Schenectady and Greene counties had a higher rate than the Prevention Agenda objective. The highest hospitalization rate was in Albany County, with a rate of 4.1/10,000. For ED visits,

only Saratoga County met the Prevention Agenda objective. The highest rate was in Schenectady County, with a rate of 62.1/10,000. [4,5]

There are also disparities amongst race/ethnicity in regards to violent crimes. Black non-Hispanics in the Capital Region had 5 times higher the assault hospitalization rate than White non-Hispanics. Hispanics had 3 times the rate compared to White non-Hispanics. Those living in low-income ZIP codes had 3.5 to 7 times the assault hospitalization rate than those living in high-income neighborhoods.[6,7]

Assault-related Hospitalization rate per 10,000 by Race/Ethnicity, New York State and Capital Region Counties, 2016 [6,7]

	White non-Hispanic	Black non-Hispanic	Hispanic
NYS excl. NYC	1.2	7.6	2.5
Capital Region	1.6	8.3	4.1
Albany County	1.9	15.0	5.0*
Rensselaer County	1.7	8.5	S
Schenectady County	2.0	10.1	0.0*
Saratoga County	1.0	S	0.0*
Columbia County	S	S	S
Greene County	2.7	19.5*	S

s: Data do not meet reporting criteria ***: Rate is unstable**

All of the Capital Region counties, with the exception of Saratoga County, had violent crime rates higher than NYS excluding NYC. Schenectady County's rate of 43.2/10,000 was the highest in the Region. Rensselaer was the only Capital Region County with a lower violent crime rate in 2017 compared to 2015.[8]

Violent Crime Rates per 10,000 Population, Comparison between 2015 and 2017 [8]

	2015	2017
NYS excl. NYC	22.0	21.5
Albany County	32.5	37.4
Rensselaer County	34.2	27.8
Schenectady County	32.4	43.2
Saratoga County	11.4	12.2
Columbia County	16.5	22.2
Greene County	24.4	28.9

In 2017, the Capital Region averaged 386 firearm-related crimes, 2,828 violent crimes and 18,445 property crimes. Violent crimes include offenses that involve face-to-face confrontation between the victim and the perpetrator, including homicide, non-negligent manslaughter, forcible rape, robbery, and aggravated assault. Firearm-related crimes are defined as those that include the presence of a firearm during the commission of a murder, forcible rape, robbery, or aggravated assault. Property crimes include burglary, larceny, and motor vehicle theft. For firearm-related crime, property crime and violent crime, Schenectady County consistently has the highest rates of the Capital Region, and are all higher than the rates for NYS excluding NYC. Greene County has the lowest rates of firearm and property crime, Saratoga County has the lowest violent crime rate in the Capital Region.[8]

Crime Rates per 10,000 population, 2017 [8]		
	Firearm-Related Crime	Property Crime
NYS excl. NYC	3.6	147.7
Albany County	4.7	245.3
Rensselaer County	5.6	190.9
Schenectady County	6.5	253.2
Saratoga County	1.2	110.0
Columbia County	3.1*	137.2
Greene County	1.1*	104.5
*: Rate is unstable		

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Built Environment

Highlights

- Only Saratoga and Greene counties did not meet the Prevention Agenda objective for population living in Climate Smart Communities.
- In the Capital Region, only 19.3% of employed workers used alternative modes of transportation.
- All Capital Region counties failed to meet the Prevention Agenda objective for use of alternative modes of transportation.
- Over 115,000 (30%) of Capital Region occupied housing units were considered substandard. Greene had the largest percentage (35.8%, n=6,300), while Albany had the largest number (n=38,700, 31.3%) of substandard housing units in the Capital Region.
- All Capital Region counties failed to meet the "low access to supermarket" Prevention Agenda objective. The highest percentage of low-income residents with low access to supermarkets was in Greene County.

Climate Smart Communities

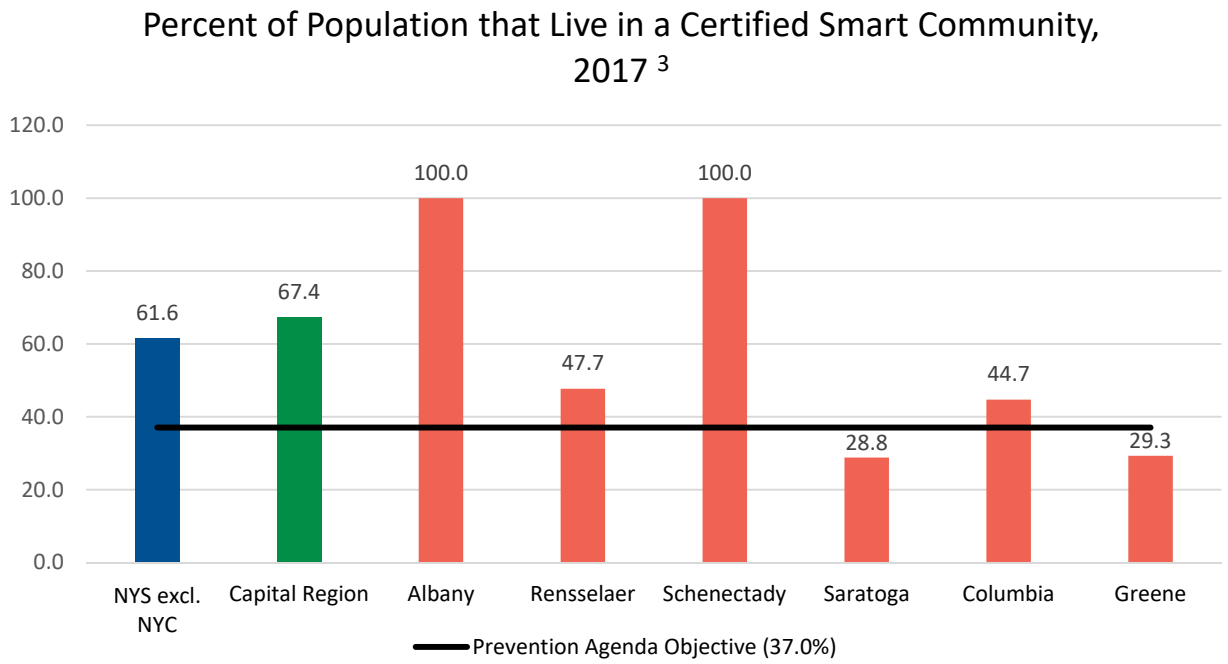
Objective

New York State Prevention Agenda 2019-2024

- By December 31, 2024, increase the proportion of people who live in a certified Climate Smart Community to 37.0%.

Communities across New York State are encouraged to protect health in the presence of climate change by participating in New York's Climate Smart Communities (CSC). The Program provides local governments with guidance on how to reduce greenhouse gas emissions, save taxpayer dollars, and advance local goals for health and safety, economic strength, energy independence, and quality of life. [1] All communities in New York State can register to become a CSC by taking the CSC pledge, and documenting a suite of actions that mitigate and adapt to climate change at the local level. [2]

The Capital Region's percentage of population living in CSC of 67.4% is higher than both NYS, excluding NYC, and the Prevention Agenda objection. Only Saratoga and Greene counties did not meet the Prevention Agenda objective.[3]



Alternate Modes of Transportation

Objective

New York State Prevention Agenda 2019-2024

- By December 31, 2024, increase the proportion of people who commute using alternate modes of transportation, i.e., public transportation, carpool, bike/walk, and telecommute to 47.8%.

Public transit provides many health benefits, but not enough people take advantage of the alternative modes of transportation. While people who use alternative modes of transportation are more likely to stay fit, less than half of Americans achieve this goal. This sedentary lifestyle contributes to many health problems such as less active individuals having a 30-50 percent greater risk of developing high blood pressure.[4]

Promoting a healthy and safe environment is a priority of the New York State Department of Health (NYSDOH). Their goal is to improve the design and infrastructure of the environment in order to promote healthy lifestyles and sustainability. An important part of this effort is to increase the percentage of commuters who use alternative modes of transportation. Only 22.9% of the population in NYS, excluding NYC, uses alternative modes of transportation. In the Capital Region, only 19.3% of employed workers used alternative modes of transportation. The highest rate was in Columbia County (22.4%), while the lowest rate was in Greene County, (16.6%). All Capital Region counties fall below the Prevention Agenda's objective.[5]

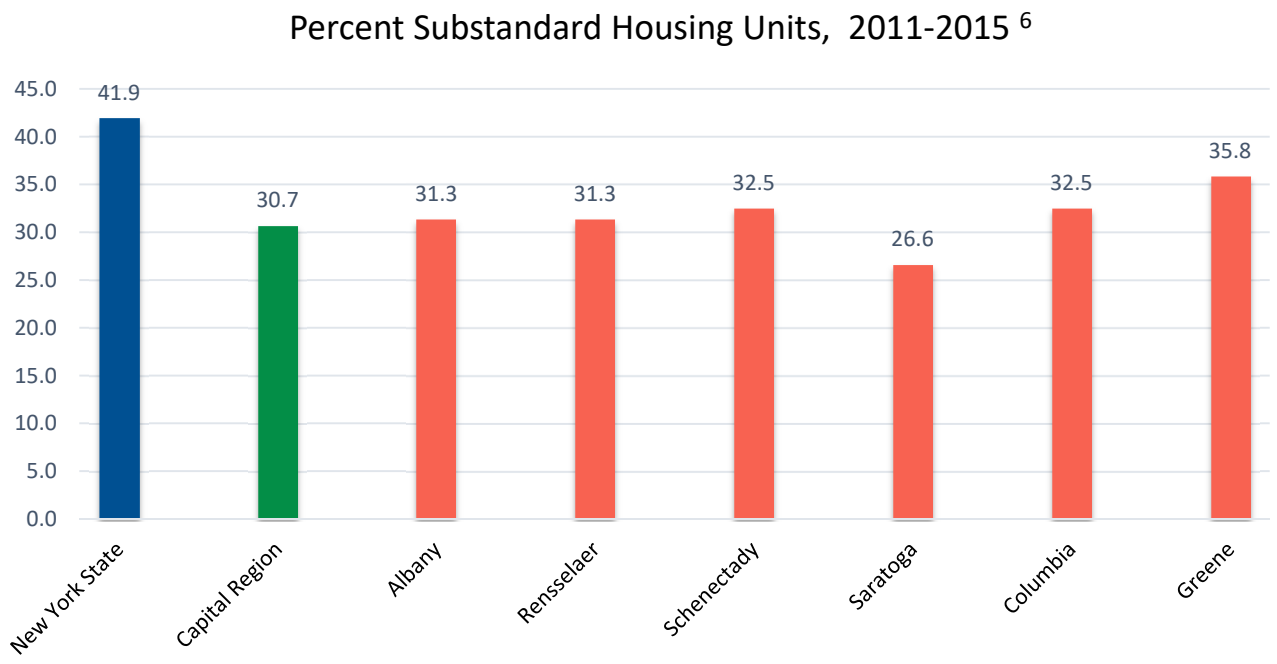
Percentage of employed civilian workers age 16 and over who use alternative modes of transportation to work or work from home, 2012-2016 [5]	
Prevention Agenda Objective	**47.8**
NYS excl. NYC	22.9
Capital Region	19.3
Albany County	21.6
Rensselaer County	18.9
Schenectady County	18.9
Saratoga County	16.4
Columbia County	22.4
Greene County	16.6

Substandard Housing

Most Americans spend about 90% of their time indoors, and about 2/3 of that time at home. Substandard housing conditions may expose residents to lead paint that can lead to lead poisoning, and indoor allergens, such as mold or dust, that can lead to or exacerbate asthma. Housing is also a major expense, the largest single monthly expense for many individuals. Cost-burdened households often need to make choices as how best to utilize limited resources (e.g. food, clothing, housing, medical care) which constrains their ability to address indoor health risks. Overcrowded housing often leads to stress and increased exposure to disease.[6]

In NYS, there were over 3 million substandard housing units or 41.9% of all housing units. To be considered substandard, the housing unit must have one of the following conditions: lacking complete plumbing facilities; lacking complete kitchen facilities; 1.01+ occupants per room; housing costs > 30% of household income. [6]

Over 115,000 (30%) of Capital Region occupied housing units were considered substandard. Greene had the largest percentage (35.8%, n=6,300), while Albany had the largest number (n=38,700, 31.3%) of substandard housing units in the Capital Region. [6]



Proximity to Supermarkets

Objective

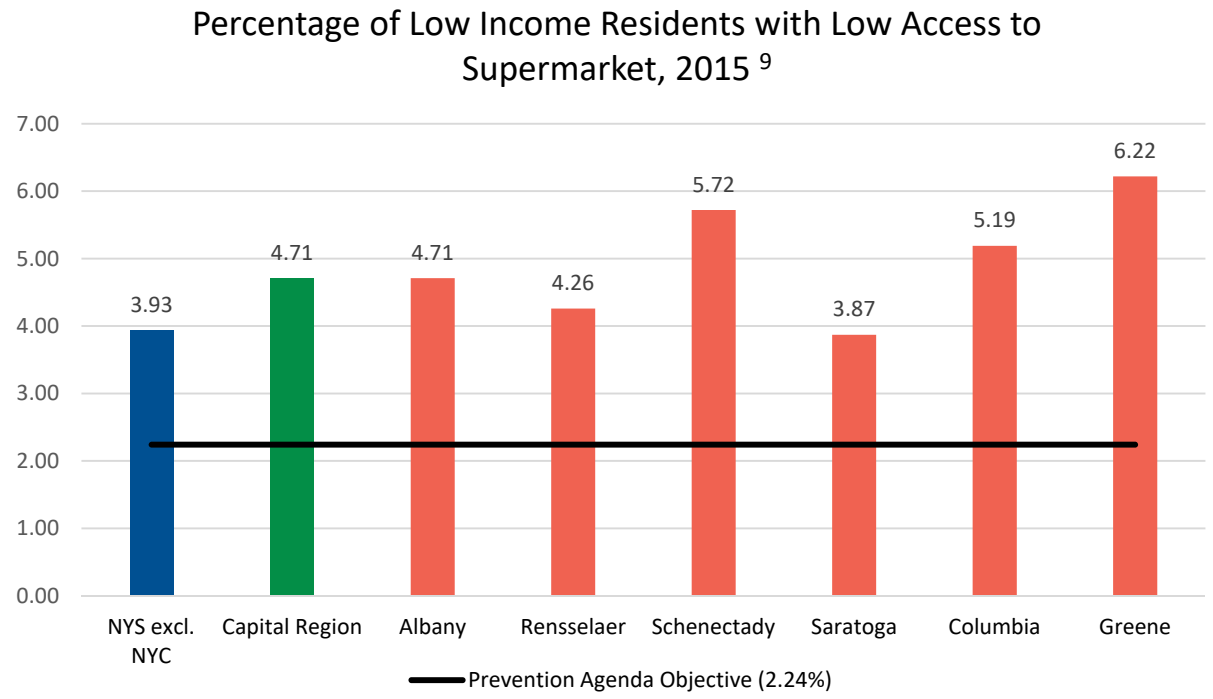
New York State Prevention Agenda 2013-2018 (no new objective for 2019-2024)

- By December 31, 2018, improve access to affordable fruits and vegetables among low-income NYS residents by decreasing the percentage who live greater than 1 mile from a supermarket or grocery store in urban areas, or greater than 10 miles from a supermarket or grocery store in rural areas, to 2.24%.

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

an abundance of convenience stores that sell highly-processed food, and a lack of transportation produces the opposite effect- an unhealthy and obese nation.[7]

Hosler et al demonstrated that urban minority communities have less access to supermarkets than rural communities do in the Capital Region. The lack of supermarkets leads to more barriers to fresh fruits and vegetables In addition, more than 80% of minorities live in an area without a store that sells low fat milk and high fiber bread.[8] Of all of the Capital Region counties, Greene County had the highest percentage of low income residents with low access to supermarkets, with a rate of 6.22%.. All counties in the Capital Region have rates higher than the Prevention Agenda objective.



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

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Fluoridated Water

Objective

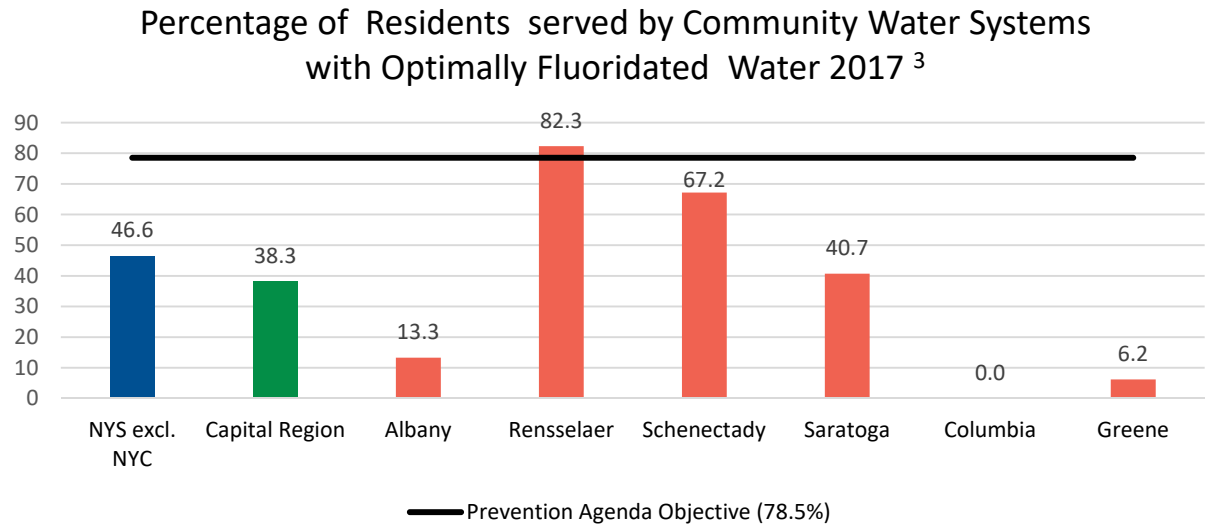
New York State Prevention Agenda 2013-2018 (no new objective for 2019-2024)

- Increase the percentage of NYS residents served by community water systems that receive optimally fluoridated water to 78.5 %.

Highlights

- All Capital Region counties, except Rensselaer County, fall below the Prevention Agenda objective for fluoridation of community water sources.

Fluoride in water has continuously proven to be effective in preventing tooth decay. Drinking water with a fluoridation level of 0.7 to 1.2 ppm can reduce tooth decay by 25% over a person's lifetime. Since tap water is accessible to all parts of the population, this system has been a very cost-effective way of reducing cavities across the public spectrum.[1] The percentage of people receiving fluoridated water in the United States steadily rose from 57.4% in the early 2000s to 74.4% in 2014.[2] The New York State Department of Health notes that the percentage of New York residents receiving fluoridated water in 2017 was 70.8%. Only 38.3% of Capital Region residents had access to fluoridated water. With the exception of Rensselaer County, all Capital Region counties fall below the New York State's Prevention Agenda objective of 78.5%.[3]



Columbia County provides the least amount of fluoridated water in the Capital Region, with a percentage of 0.0%. Greene County had the second lowest percentage of fluoridated water usage with 6.8%. [4]

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VII. Healthy Women, Infants, and Children

Prenatal Care

Highlights

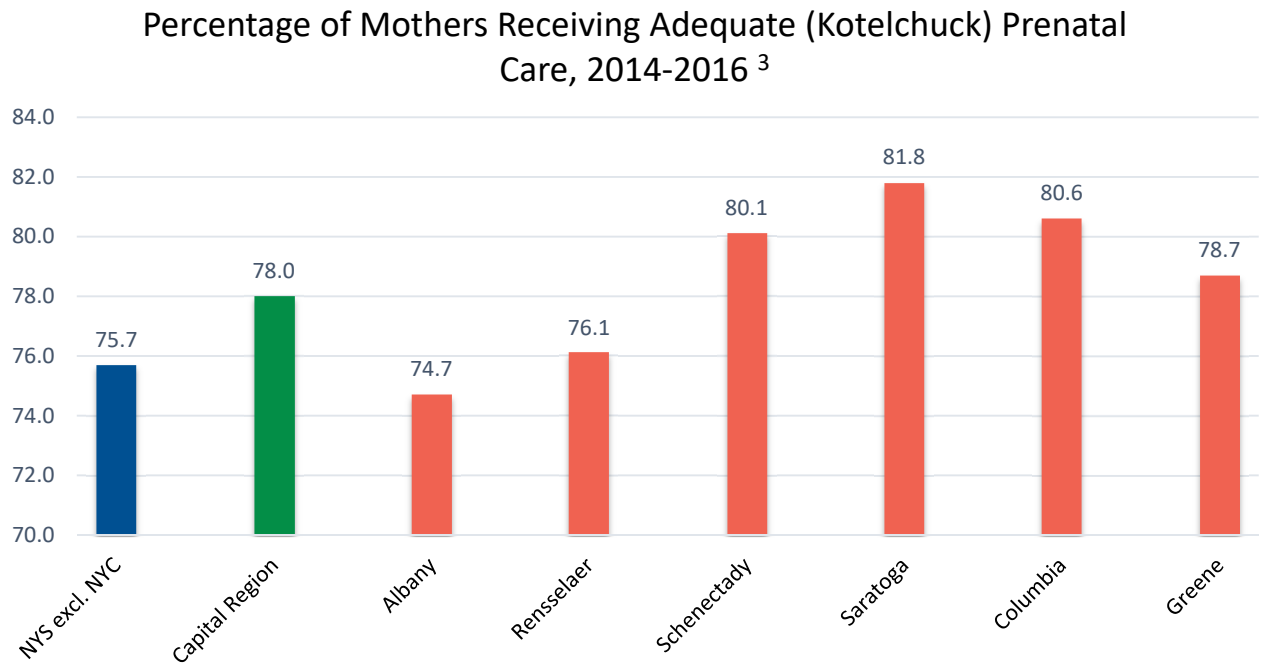
- Columbia County had the lowest percentage of births receiving prenatal care during the first trimester, while Albany County had the highest rate of late (3rd trimester) or no prenatal care in the Capital Region.
- Across the Capital Region, Black non-Hispanic mothers and Hispanic mothers had lower percentages of births which received early prenatal care (first trimester) and adequate prenatal care.
- The Capital Region's high risk neighborhoods had 1.1 to 2.0 times higher rates of late or no prenatal care compared to NYS, excluding NYC.

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

In 2016, there were 2,151 births without early prenatal care, or prenatal care received in the first trimester in the Capital Region. For 2014-2016, Albany, Rensselaer, Columbia and Greene counties had lower percentages of early prenatal care than NYS, excluding NYC, with Columbia County having the lowest rate. Approximately 445 Capital Region births had late (3rd trimester) or no prenatal care. Only Saratoga and Columbia counties had late or no prenatal care rates which were better than NYS excluding NYC, with Albany County having the highest percentage of births with late or no prenatal care. [3]

Percentage of Births with Prenatal Care 2014-2016 [3]

	Early (1st trimester)	Late (3rd trimester) or No
NYS excl. NYC	78.4%	4.4%
Capital Region	77.6%	4.4%
Albany County	76.4%	5.1%
Rensselaer County	78.2%	4.4%
Schenectady County	78.5%	4.6%
Saratoga County	79.7%	3.4%
Columbia County	73.3%	3.9%
Greene County	75.2%	4.4%



Adequacy of prenatal care utilization is measured using the Kotelchuck index (also called the Adequacy of Prenatal Care Utilization Index). This is determined by the month of pregnancy when prenatal care began and the number of prenatal care visits. Women who attend 80% or greater of the recommended number of visits are considered to have received adequate prenatal care.[4] In the Capital Region, there were 1.970 births to women who did not receive adequate prenatal care. Only Albany County had a lower percentage of women receiving adequate prenatal care than that of NYS, excluding NYC.

Percentage of Births with Prenatal Care by Race and Ethnicity, 2014-2016[5]			
	White non-Hispanic	Black non-Hispanic	Hispanic
Early Prenatal Care			
NYS excl. NYC	81.3%	68.5%	71.1%
Albany County	82.6%	64.5%	66.6%
Rensselaer County	81.5%	65.5%	68.0%
Schenectady County	82.1%	69.8%	73.9%
Saratoga County	80.5%	71.1%	70.5%
Columbia County	76.9%	68.0%	57.1%
Greene County	76.3%	s	70.1%
Adequate Prenatal Care			
NYS excl. NYC	78.8%	67.4%	70.3%
Albany County	81.7%	58.6%	64.4%
Rensselaer County	79.1%	64.7%	67.7%
Schenectady County	83.3%	71.5%	75.9%
Saratoga County	82.1%	77.9%	77.9%
Columbia County	83.2%	67.6%	68.3%
Greene County	79.7%	s	73.8%
S: Data do not meet reporting criteria			

Consistently across the Capital Region, Black non-Hispanic mothers and Hispanic mothers have lower rates of early prenatal care and adequate prenatal care compared to White non-Hispanic mothers. For early prenatal care, Greene County had the lowest rate for White non-Hispanic mothers (76.3%) and Albany County had the lowest for Black non-Hispanic mothers (64.5%). Columbia County had the lowest rate for Hispanic mothers (57.1%). For adequate prenatal care, the lowest rate for White non-Hispanic mothers was in Rensselaer County (79.1%); in Albany County for Black non-Hispanic mothers (58.6%), and in Albany County for Hispanic mothers (64.4).[5]

High risk neighborhoods in the Capital Region had 1.1 to 2.0 times higher rates of late or no prenatal care compared to NYS, excluding NYC.[6]

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Adverse Birth Outcomes

Highlights

- Schenectady County had the highest percentage of preterm births; only Saratoga and Columbia counties met the Prevention Agenda objective for preterm births.
- Black non-Hispanic mothers had the highest percentage of pre-term birth and low birth weight rates in comparison to both White non-Hispanic and Hispanic mothers.
- Medicaid-insured mothers had higher preterm birth rates than Non-Medicaid mothers did in Albany, Rensselaer and Schenectady counties.
- Only Saratoga and Columbia counties had low birth weight rates lower than NYS, excluding NYC; Rensselaer County had the highest rate of low birth weight in the Capital Region.
- Schenectady had the highest infant mortality rate.
- Only Saratoga and Columbia counties had infant mortality rates lower than NYS, excluding NYC; both met the Prevention Agenda objective for infant mortality.

Preterm Births

Objective

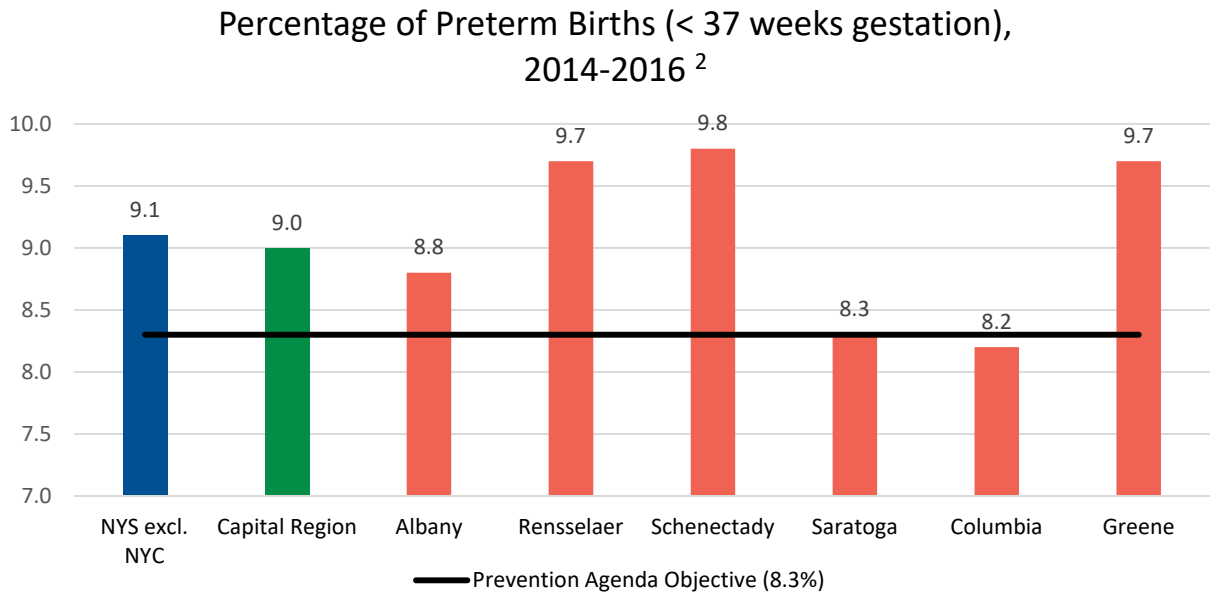
New York State Prevention Agenda 2019- 2024

- By December 31, 2024, reduce the rate of preterm birth in New York State to 8.3%.

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

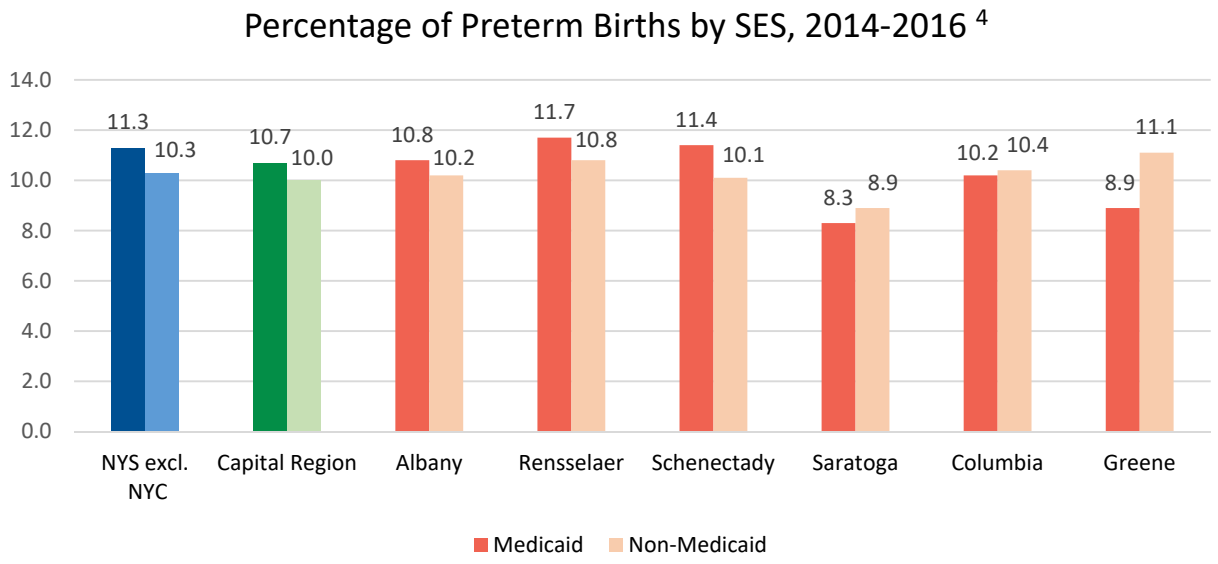
Preterm Birth is the leading cause of infant death in the United States and is a leading cause of long-term neurological problems in children. The final weeks of pregnancy are vital; this is when the baby's organ systems develop to maturity. Infants born preterm may exhibit cerebral palsy, vision and hearing impairment, and developmental delays. Earlier delivery results in a higher risk for infant death or severe disability. [1]

There were 884 preterm births in the Capital Region in 2016. Overall the Capital Region had a slightly lower prematurity rate than NYS, excluding NYC. For 2014-2016, Schenectady, Rensselaer and Greene counties had the highest prematurity rates in the Capital Region. Only Saratoga and Columbia counties currently meet the Prevention Agenda objective of 8.3% preterm births.



Percentage of Preterm Births by Race/Ethnicity, 2014-2016[2]			
	White non-Hispanic	Black non-Hispanic	Hispanic
NYS excl. NYC	9.5%	15.7%	12.1%
Capital Region	9.5%	14.9%	11.7%
Albany County	9.7%	14.4%	12.0%
Rensselaer County	10.0%	17.5%	11.6%
Schenectady County	9.5%	14.9%	11.3%
Saratoga County	8.8%	12.8%	12.0%
Columbia County	9.5%	14.9%	10.8%
Greene County	9.9%	S	11.7%
S: Data do not meet reporting criteria			

In the Capital Region, Black non-Hispanic mothers had the highest percentages of preterm births in comparison to both White non-Hispanic and Hispanic mothers. Black non-Hispanic mothers were 1.5 to 1.8 times more likely to have preterm births than White non-Hispanic mothers were. Rensselaer County had the highest percentage of preterm births for Black non-Hispanic mothers (17.5%). Albany and Saratoga counties had the highest percentage of preterm births for Hispanic mothers (12.0%), and Rensselaer County (10.0%) had the highest percentage for White non-Hispanic mothers. Rensselaer County had the highest ratio for Black non-Hispanic to White non-Hispanic preterm births, at 1.8.

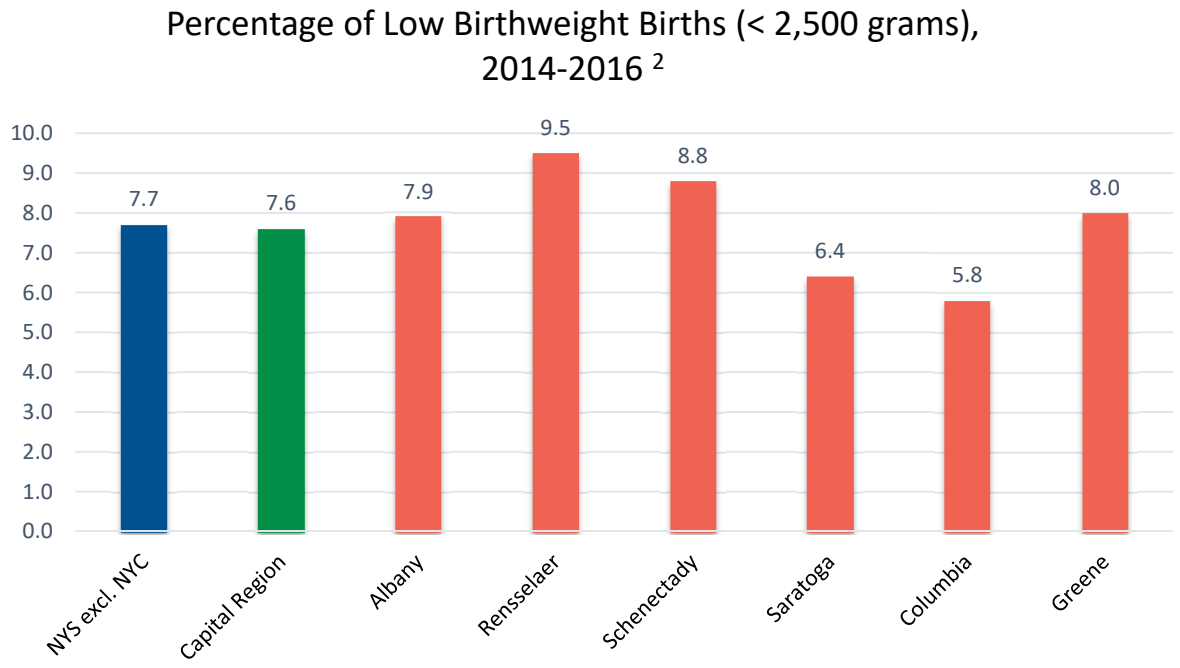


Like NYS, excluding NYC, the Capital Region prematurity rate for Medicaid mothers was higher (10.7% vs. 10.0%) than for non-Medicaid mothers. Mothers covered by Medicaid typically had higher percentages of preterm births than Non-Medicaid mothers. However, three Capital Region counties had higher prematurity rates in the Non-Medicaid mothers: Saratoga, Columbia and Greene.

Low Birth Weight Births

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

The Capital Region had 750 low birth weight births in 2016 and its low birth weight rate was slightly lower than NYS, excluding NYC. Of the Capital Region counties, only Saratoga and Columbia counties had rates lower than NYS, excluding NYC. Rensselaer County (9.5%) had the highest low birth weight rate in the Capital Region.



Black non-Hispanic infants had approximately two times the percentage of low birth weight births compared to White non-Hispanic infants. Schenectady County had the highest percentages of low birth weight births for both Black non-Hispanic infants (13.9%) and Hispanic infants (10.2), while Greene County had the highest percentage for White non-Hispanic infants (7.8%).

Percentage of Low Birth Weight Births by Race/Ethnicity, 2014-2016[3]			
	White non-Hispanic	**Black non-Hispanic**	**Hispanic**
NYS excl. NYC	6.7%	12.9%	7.5%
Albany County	6.5%	13.2%	9.2%
Rensselaer County	6.8%	12.7%	7.8%
Schenectady County	7.0%	13.9%	10.2%
Saratoga County	6.3%	6.0%	7.9%
Columbia County	5.4%	8.0%	4.0%
Greene County	7.8%	S	7.6%
S: Data do not meet reporting criteria			

Infant Mortality

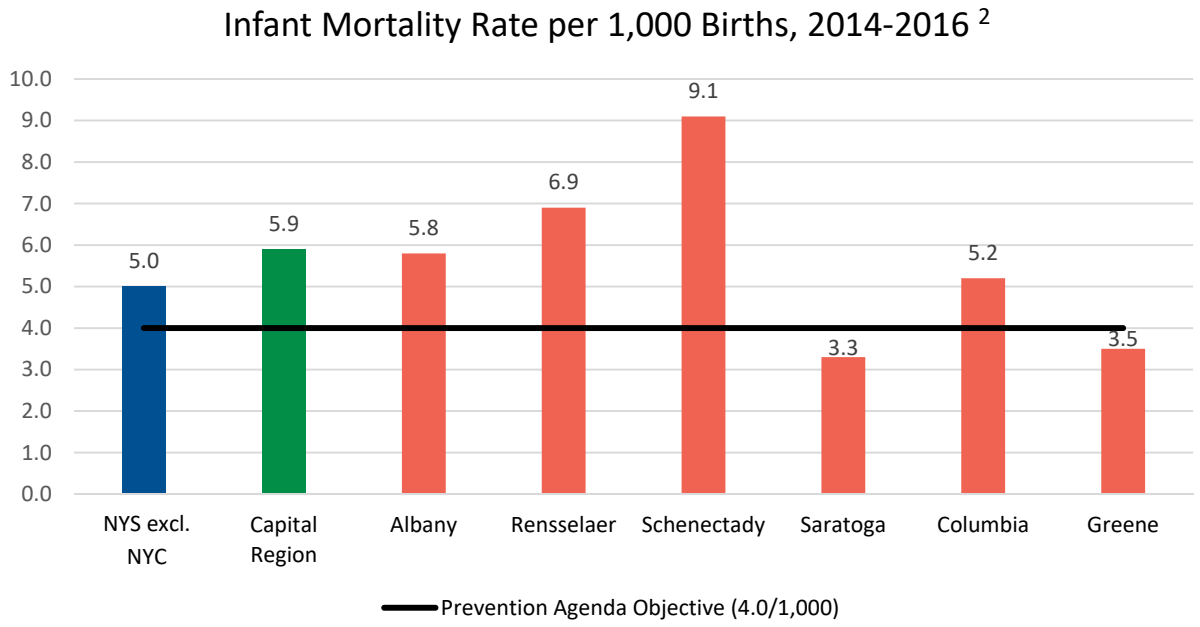
Objective

New York State Prevention Agenda 2019- 2024

- By December 31, 2024, reduce the rate of infant mortality in New York State to 4.0 per 1,000 live births.

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

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



In 2016, the Capital Region had 48 infant deaths; its infant mortality rate was higher than that of NYS, excluding NYC. Of the Capital Region counties, only Saratoga and Greene counties had an infant mortality rate, both lower than NYS, excluding NYC, and meeting the Prevention Agenda objective of 4.0 per 1,000 live births. Schenectady County (9.1/1,000) had the highest rate in the Capital Region. Infant mortality rates have declined in NYS, excluding NYC, in the last decade from 5.9/1,000 in 2007 to 5.0 in 2016.[2]

Infant Mortality Rate per 1,000 by Race/Ethnicity, 2014-2016[3]			
	White non-Hispanic	Black non-Hispanic	Hispanic
NYS excl. NYC	4.2	11.6	4.5
Albany County	4.5	11.2	8.0*
Rensselaer County	5.1	8.3*	21.4*
Schenectady County	5.2	23.9	13.4*
Saratoga County	2.8	0.0*	16.7*
Columbia County	4.2*	13.3*	7.9*
Greene County	4.0*	s	0.0*
S: Data do not meet reporting criteria *:Rate is unstable			

Black non-Hispanic infants had 1.6 to 4.6 times the mortality rate of White non-Hispanic infants. Schenectady County had the highest mortality rate for White non-Hispanic and Black non-Hispanic infants. Rensselaer County had the highest infant mortality rate for Hispanic infants.

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Unintended Pregnancy

Objective

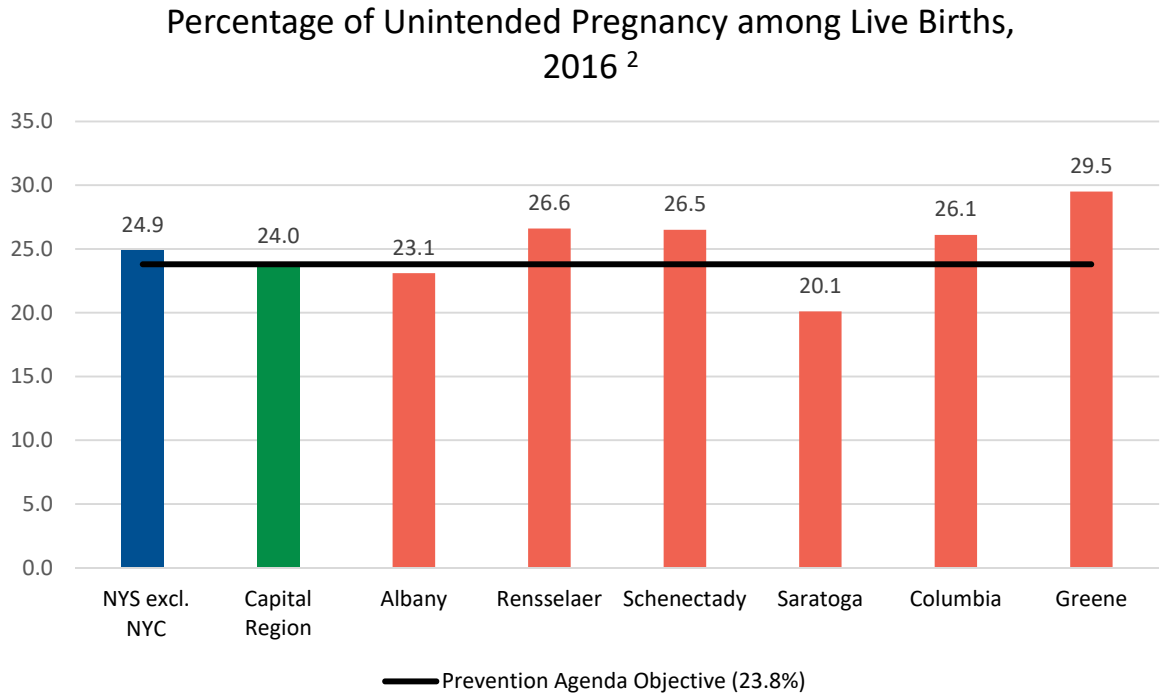
New York State Prevention Agenda 2013-2018 (no objective for 2019-2024)

- By December 31, 2018, reduce the proportion of NYS births that result from unintended pregnancy to 23.8%

Highlights

- All Capital Region counties, except Saratoga and Albany counties, were above the Prevention Agenda objective for unintended pregnancies of live births. Greene County had the highest rates in the Capital Region.
- Black non-Hispanic and Hispanic mothers had 1.5-2.1 times the unintended pregnancies compared to White non-Hispanic mothers.
- Medicaid mothers had 1.7-2.3 times the unintended pregnancies compared to non-Medicaid mothers.

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



There were 1,995 unintended pregnancies among live births in the Capital Region in 2016. All counties in the Capital District had higher percentages of unintended pregnancy among live births than NYS, excluding NYC, with the exception of Saratoga and Albany counties. The highest percentage was seen in Greene County with 29.5%.

Additionally, there are clear disparities in unintended pregnancies across racial, ethnic and economic backgrounds. In New York State, Black non-Hispanic mothers were 1.5-2.1 times as likely to have a live birth resulting from an unintended pregnancy in comparison to White non-Hispanic mothers. Schenectady County had the highest percentage of Black non-Hispanic mothers with unintended pregnancies, with 40.6%. Greene County had the highest percentage of White non-Hispanic mothers with unintended pregnancies with 30.0%. Hispanic mothers were 1.5 to 1.8 times as likely to have a live birth resulting from an unintended pregnancy. Rensselaer County had the highest percentage of Hispanic mothers with unintended pregnancies with 41.1%. Medicaid mothers were 1.7 to 2.3 times as like to have a live birth resulting from an unintended pregnancy. Greene County had the highest percentages of unintended pregnancies for both Medicaid mothers and Non-Medicaid mothers with 41.1% and 23.2%, respectively.[3]

Percentage of Live Births from Unintended Pregnancies by Race, Ethnicity and SES, 2016[3]					
	White non-Hispanic	Black non-Hispanic	Hispanic	Medicaid	Non-Medicaid
NYS excl. NYC	20.7%	43.0%	30.8%	36.2%	18.5%
Capital Region	20.8%	38.3%	34.2%	37.6%	18.8%
Albany County	17.8%	37.9%	32.3%	34.2%	18.7%
Rensselaer County	23.9%	36.5%	41.1%	39.8%	20.3%
Schenectady County	21.0%	40.6%	38.0%	39.5%	17.3%
Saratoga County	19.4%	s	29.3%	38.6%	17.7%
Columbia County	25.0%	s	s	36.8%	21.6%
Greene County	30.0%	s	s	41.1%	23.2%
S: Data do not meet reporting criteria					

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Adolescent Pregnancy

Objective

New York State Prevention Agenda 2013-2018 (no objective for 2019-2024)

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

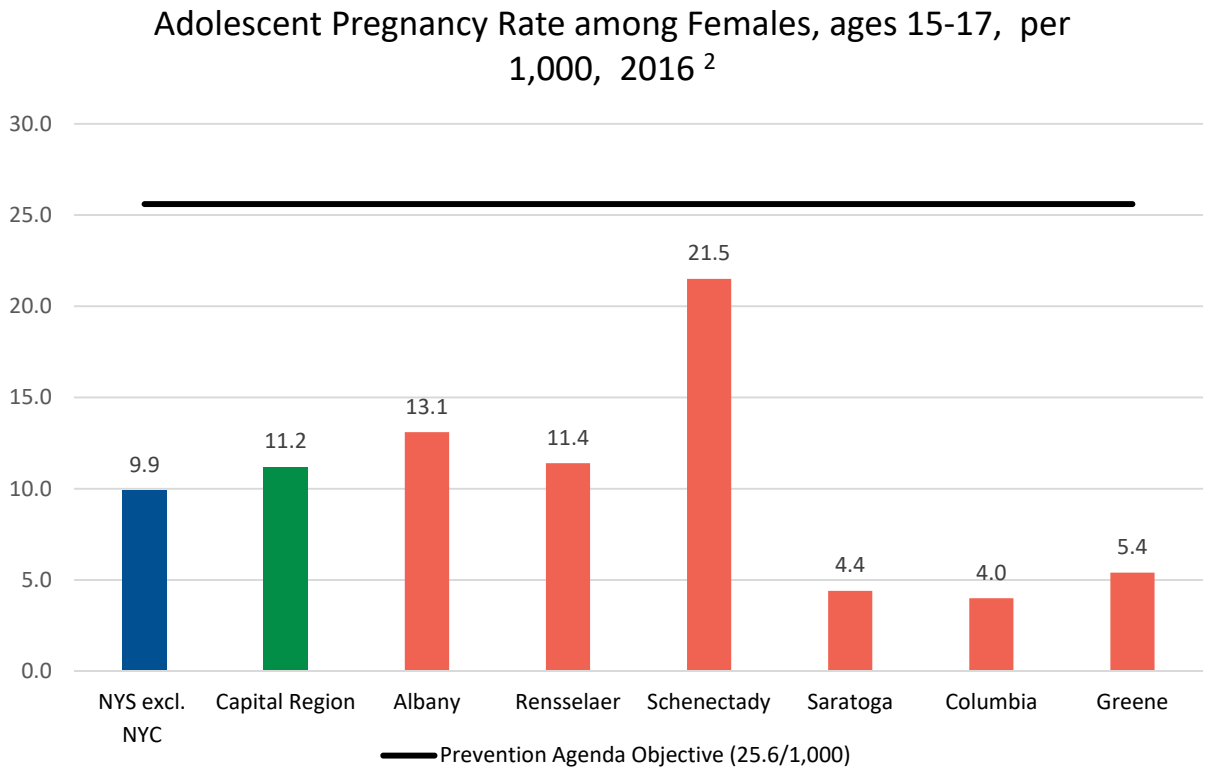
Highlights

- All counties in the Capital Region fall below the Prevention Agenda Objective for adolescent pregnancy rates. Schenectady County had the highest rate in the Region at 21.5/1,000.
- Schenectady County had the highest rates of adolescent pregnancy for White non-Hispanic, Black non-Hispanic and Hispanic adolescents.
- Albany County had the highest Black non-Hispanic/White non-Hispanic (5.7) teen pregnancy ratio, while Columbia had the highest Hispanic/White non-Hispanic ratio (13.2) in the Capital Region.

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

The New York State Prevention Agenda for 2013-2018 focused on teen pregnancies rather than births to teen mothers. Four out of five pregnancies among women ages 19 and younger were unintended and 3 in 10 girls become pregnant before the age of 20. Children born to single teen mothers are more likely to have behavioral and emotional problems, poorer physical health, and more likely to use tobacco and alcohol. Adolescent parents are more likely to have economic instability, less educational attainment and more likely to live in poverty.[1]

There were 191 teen pregnancies to Capital Region teens 15-17 years of age in 2016. The Capital Region rate of 11.2/1,000 was higher than the NYS, excluding NYC, rate of 9.9. All counties in the Capital Region fall below the Prevention Agenda Objective rate of 25.6. Schenectady County had the highest teen pregnancy rate (21.5) in the Capital Region.[2]



The Prevention Agenda objectives aim to reduce the ethnic and racial disparities in adolescent pregnancy. For Black non-Hispanic adolescents, the Prevention Agenda aims to decrease the ratio of Black non-Hispanics compared to White non-Hispanics to 4.9 and the ratio of Hispanics to White non-Hispanics to 4.1. All Capital Region counties met the Prevention Agenda objective for the Black non-Hispanic/White non-Hispanic teen pregnancy ratio with the exception of Albany County (ratio=5.7).

Adolescent (15-17 years) Pregnancy Rate per 1,000 females by Race/Ethnicity, 2016 and Black non-Hispanic/White non-Hispanic and Hispanic/White non-Hispanic Ratios[2]					
	White non-Hispanic	Black non-Hispanic	Hispanic	Black non-Hispanic/White non-Hispanic Ratio	Hispanic/White non-Hispanic Ratio
NYS excl. NYC	5.9	25.5	21.0	4.3	3.5
Capital Region	7.1	35.0	25.7	2.9	3.6
Albany County	6.4	36.5	26.4	5.7	4.1
Rensselaer County	9.1	25.4	19.3	2.8	2.1
Schenectady County	13.7	48.0	40.8	3.5	3.0
Saratoga County	4.6	6.6	9.2	1.4	2.0
Columbia County	3.2	13.5	42.3	4.2	13.2
Greene County	4.1	23.1	6.1	5.6	6.5

With the exception of Columbia County (ratio=13.2), all Capital Region counties met the Prevention Agenda objective for the Hispanic/White non-Hispanic teen pregnancy ratio. Schenectady County had the highest rates of adolescent pregnancy for the White and Black non-Hispanic race/ethnicity categories; Columbia for the Hispanic population.[2]

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   http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/plan/wic/index.htm
2. Adolescent Pregnancy Rate per 1,000 females- Aged 15-17 years, 2016, New York State Department of Health
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Live Births within 24 Months of Pregnancy

Objective

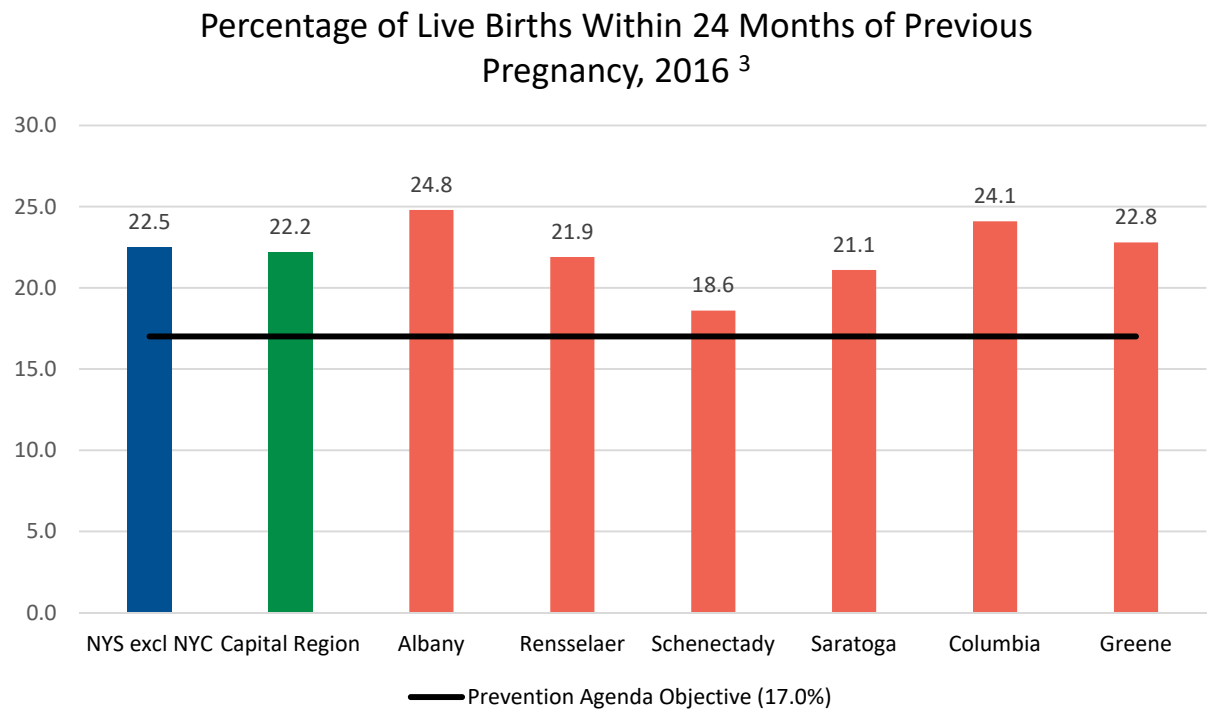
New York State Prevention Agenda 2013-2018 (no objective for 2019-2024)

- By December 31, 2018, improve birth spacing to 17.0% of births or less.

Highlights

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

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



In the Capital Region during 2016, over 2,100 births occurred within 24 months of pregnancy, for a rate of 22.2%. No counties in the Capital Region meet the Prevention Agenda Objective. The highest percentages of live births within 24 months of a previous pregnancy were in Albany County (24.8) and Columbia County (24.1).[3]

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Breastfeeding

Objective

New York State Prevention Agenda 2019-2024

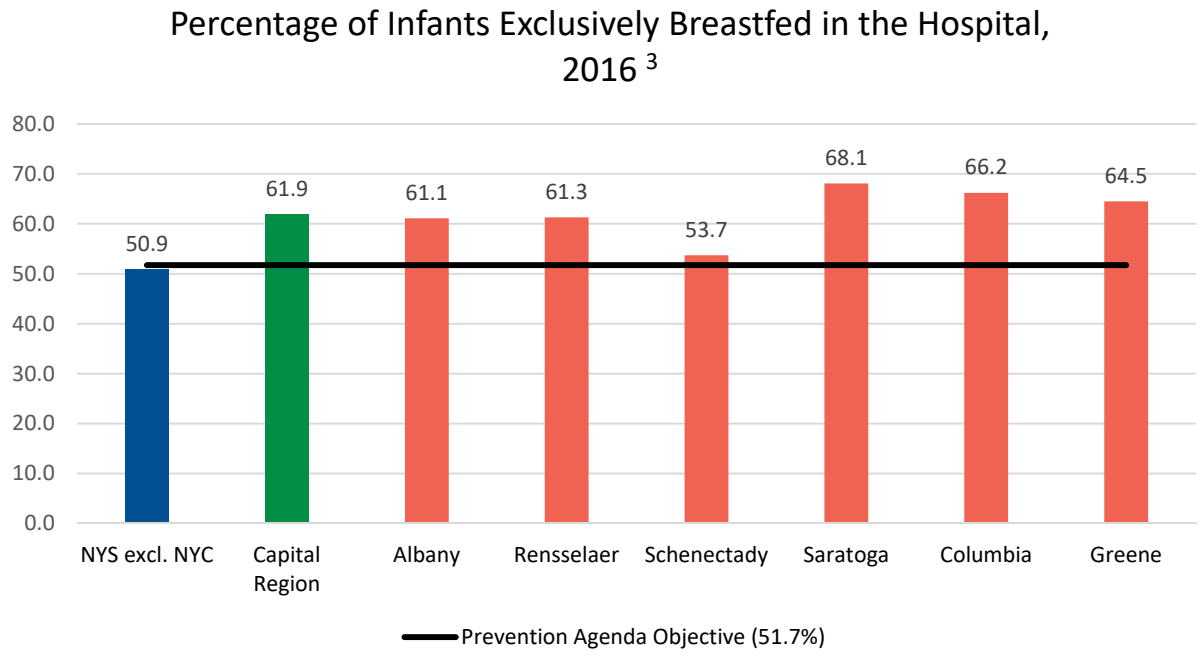
- By December 31, 2024, increase the percentage of infants born in New York State who are exclusively breastfed in the hospital to 51.7%.
- By December 31, 2024, increase the percentage of infants enrolled in WIC who are breastfed at 6 months to 45.5% among all WIC infants.

Highlights

- All Capital Region counties met the Prevention Agenda objective of at least 51.7% of babies being exclusively breastfed while in the hospital.
- Schenectady County had the lowest percentage of exclusive breastfeeding in the hospital in the Capital Region.
- There is a significant racial/ethnic disparity in which Black non-Hispanic and Hispanic infants have lower percentages of exclusive breastfeeding when compared to White non-Hispanic infants.
- Medicaid mothers had lower breastfeeding rates compared to Non-Medicaid mothers.
- All Capital Region counties had lower rates of WIC mother breastfeeding compared to NYS, excluding NYC, and fell below the Prevention Agenda objective of 45.5%.

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

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

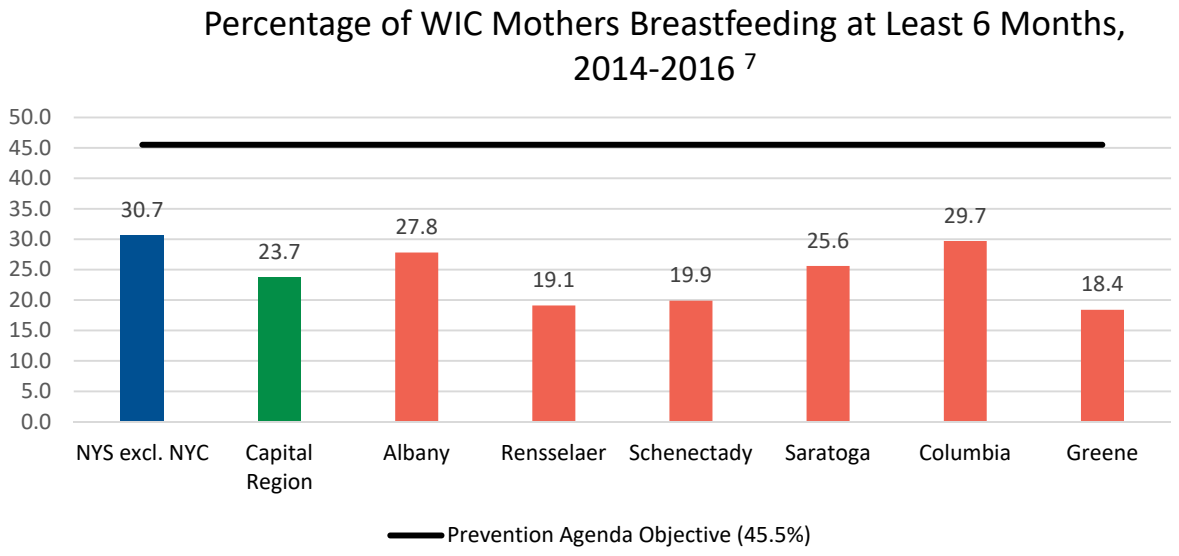


In the Capital Region, there were almost 5,500 infants exclusively breastfed in the hospital in 2016.[3] The New York State Department of Health's goal is to increase the number of babies who are exclusively breastfed in the hospital to 51.7%.[4] Hospitals that promote exclusive breastfeeding help both mother and baby more easily transition to full time breastfeeding. All counties in the Capital Region met the Prevention Agenda Objective and had higher rates of exclusive breastfeeding than NYS, excluding NYC. Schenectady County had the lowest rate in the Capital Region (53.7%).[4]

There are clear racial disparities between Black non-Hispanic and White non-Hispanic infants who are exclusively breastfed and between Hispanic and White non-Hispanic infants. For White non-Hispanic infants, the lowest percentage of exclusive breastfeeding in the hospital was in Rensselaer County, with 63.9%. For Black non-Hispanic and Hispanic infants, the lowest breastfeeding percentages were in Albany County, with 41.0 and 49.1 respectively.[5] Medicaid mothers were less likely to exclusively breastfeed their infants than non-Medicaid mothers.[5]

Percentage of Infants Exclusively Breastfed in the Hospital by Race/Ethnicity and Insurance Coverage, 2014-2016 [5]					
	White non-Hispanic	Black non-Hispanic	Hispanic	Medicaid	Non-Medicaid
NYS excl. NYC	59.4%	32.5%	34.1%	39.1%	57.6%
Capital Region	69.2%	42.7%	52.9%	51.3%	68.2%
Albany County	70.7%	41.0%	49.1%	49.5%	66.6%
Rensselaer County	63.9%	42.9%	50.0%	48.5%	64.9%
Schenectady County	68.3%	42.7%	49.1%	48.2%	66.4%
Saratoga County	72.5%	67.1%	76.1%	61.4%	73.4%
Columbia County	66.8%	49.3%	52.6%	56.4%	66.7%
Greene County	66.2%	S	60.7%	60.3%	68.3%
S: Data do not meet the reporting criteria					

Many mothers initiate breastfeeding, but few babies are still exclusively breastfed a few months later. The World Health Organization[6] recommends exclusive breastfeeding for the first 6 months of life. In the United States, while 74% of mothers start off exclusively breastfeeding, only 13% are still doing so at the end of six months.[2] Breastfeeding information on the state and national level has been collected from the Women, Infant and Children (WIC) Program, which offers nutritious food and education on healthy eating to low income mothers and their children. The number of New York State WIC mothers breastfeeding at 6 months had increased 9% over the last decade, from 28.1% in 2005-07 to 30.7% in 2014-16.[7] The rate of Capital Region WIC mothers breastfeeding at six months of 23.7.%, was markedly lower compared to the statewide rate of 30.7%, and well below the 2024 Prevention Agenda objective of 45.5%. Greene County (18.4%) had the lowest of WIC mothers were still breastfeeding at six months in the Capital Region.[7]



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

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Well-Child Visits

Objectives

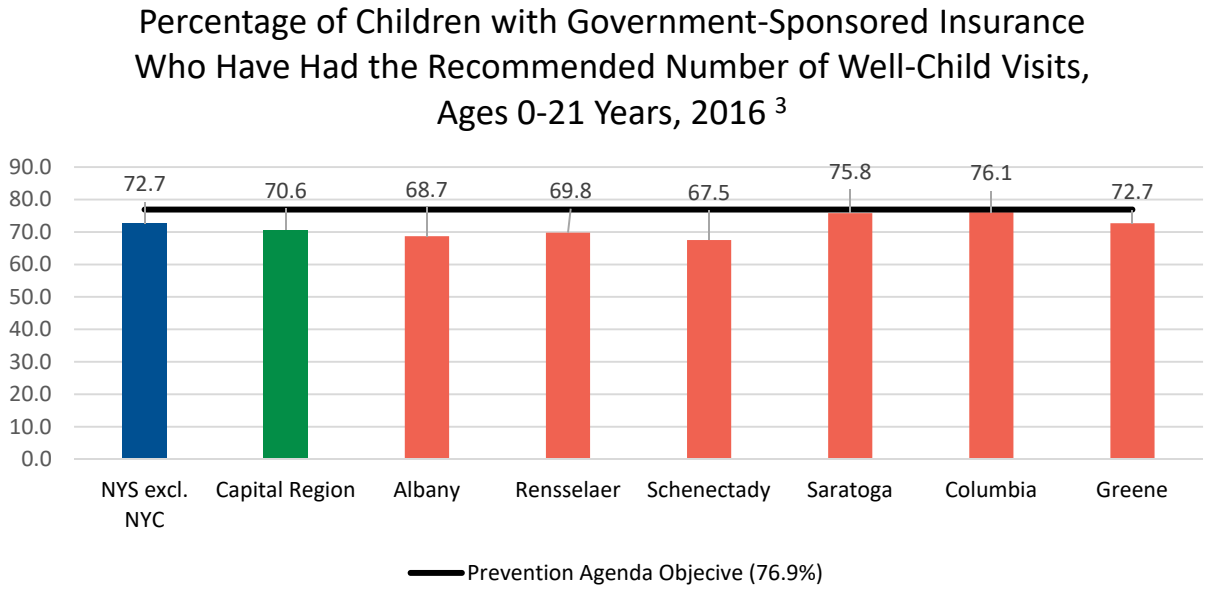
New York State Prevention Agenda 2013-2018 (no objective for 2019-2024)

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

Highlights

- No Capital Region county met the Prevention Agenda objectives for well child visits, children 0-21 years, among government sponsored insurance programs.
- For ages 0-21 years, only Saratoga, and Columbia counties had well child visit rates higher than NYS, excluding NYC.
- The percentage of recommended completed well-child visits decreased as age increased across all Capital Region counties.

Well-child visits are important to promote health in children and youth. Well-child visits begin shortly after birth and continue through the teen years. During a well-child visit, the doctor checks the child's growth and development by measuring their height and weight, gives any immunizations that are due, and tests hearing and vision. Lead poisoning screenings and vaccinations are scheduled as well.[1] Well-child visits allow children and parents to assess and address concerns, reinforce healthy behaviors and parenting practices, obtain information and guidance from pediatricians and establish and maintain positive relationships between the family and pediatrician. These visits allow for monitoring of a child's general health and development and health risks and special needs to be identified and addressed before they become serious.[2]



Percentage of Children with Government-Sponsored Insurance Who Have Had the Recommended Number of Well-Child Visits by Age, 2016[4]			
	0-15 months	**3-6 years**	**12-21 years**
Prevention Agenda Objective	**91.3%**	**91.3%**	**67.1%**
NYS excl. NYC	82.8%	82.3%	66.5%
Capital Region	83.3%	80.0%	64.3%
Albany County	78.8%	77.8%	62.6%
Rensselaer County	84.7%	79.4%	62.2%
Schenectady County	83.1%	77.7%	60.8%
Saratoga County	91.4%	85.8%	69.6%
Columbia County	84.5%	84.5%	70.8%
Greene County	80.2%	81.3%	67.8%

In the Capital Region, almost 11,000 children did not receive the number of recommended well child visits in government sponsored insurance programs. All Capital Region counties fell below the Prevention Agenda objectives for all age groups, with the exception of Saratoga County (91.4%) for children 0-15 months of age, and Saratoga (69.6%), Columbia (70.8%), and Greene (67.8%) for children 12-21 years of age.[4] In NYS, excluding NYC, and the Capital Region counties, the percentage of children with government sponsored insurance having had well-child visits decreased with age, the 12-21 age group reporting the lowest percentages of visits.[4]

Ensuring children attend well-child visits involves improving health care access, utilization of services and the content or quality of care. Racial, ethnic and economic issues affect utilization of well-child services and there are also variations in how the preventive services are offered.[2]

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   Percentage of children aged 3-6 years who have had the recommended number of well child visits in government sponsored insurance program, 2014-2016, New York State Department of Health
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   Percentage of children aged 12-21 years who have had the recommended number of well child visits in government sponsored insurance programs, 2014-2016, New York State Department of Health
   https://webbi1.health.ny.gov/SASStoredProcess/guest?_program=%2FEBI%2FPHIG%2Fapps%2Fdashboard%2Fpa_dashboard&p=it&ind_id=pa45.3_5

VIII. Mental Health and Substance Abuse

Poor Mental Health

Objectives

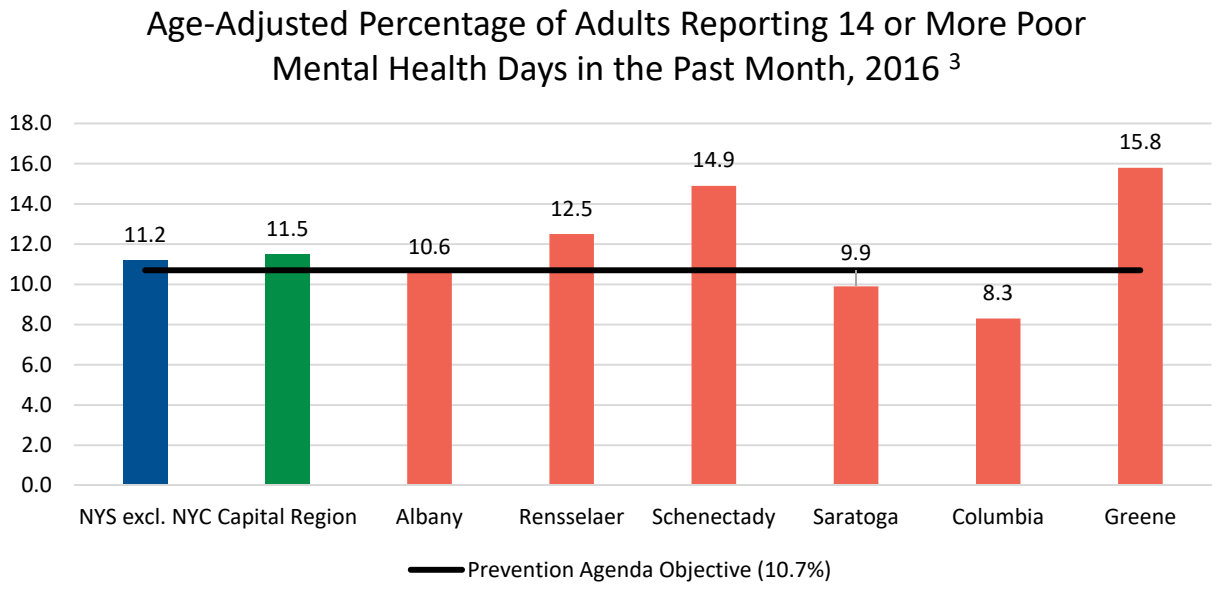
New York State Prevention Agenda 2019-2024

- Reduce the age-adjusted percentage of adults with poor mental health (14 or more days) in the last month to no more than 10.7%.
- Reduce the age-adjusted suicide rate to 7.0 per 100,000.

Highlights

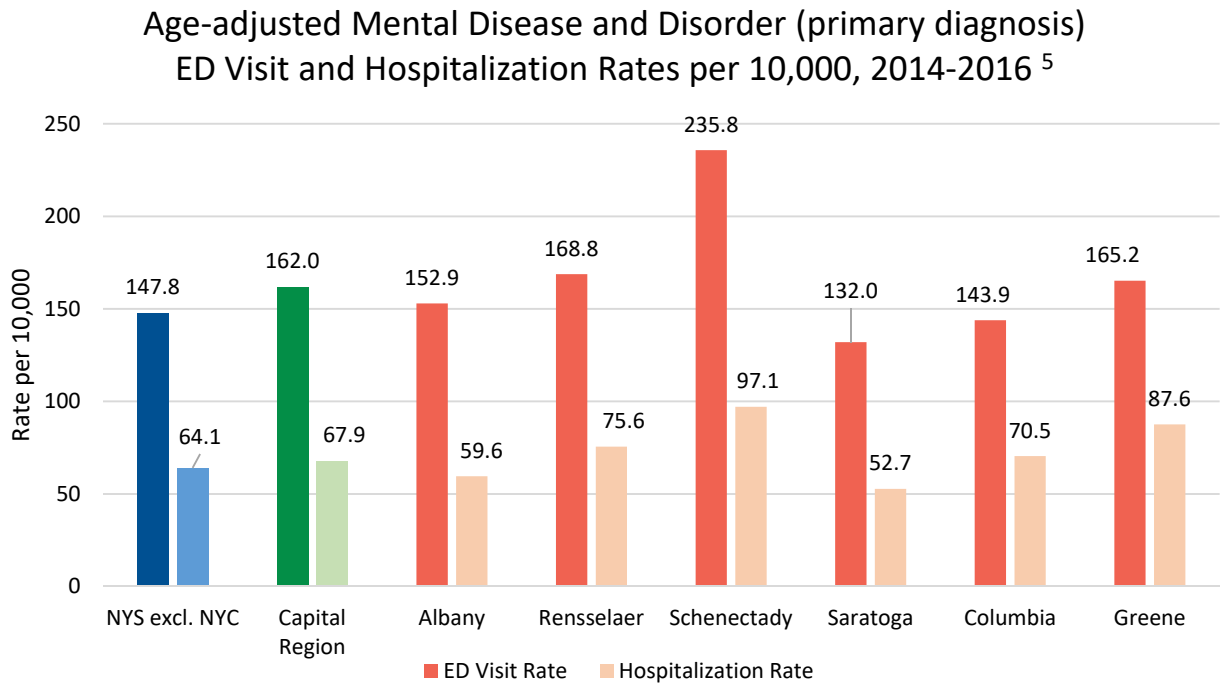
- Greene, Schenectady and Rensselaer counties did not meet the Prevention Agenda Objective for poor mental health days in the past month.
- The Capital Region had higher mental disease and disorder ED visit and hospitalization rates than NYS excl. NYC; Schenectady County had ED visit and hospitalization rates 1.5 times higher than NYS excluding NYC.
- Black non-Hispanic residents had 1.9 times the mental disease and disorder ED visit, and 1.7 times the hospitalization rates compared to White non-Hispanic residents.
- All counties had higher age-adjusted suicide mortality rates than the Prevention Agenda Objective.
- Males had higher rates of suicide-related mortality than females; females had higher self-inflicted hospitalization and ED visit rates than males.
- All counties had higher rates of hospitalizations and ED visits for self-inflicted injuries in those 15+ years of age compared to NYS excl. NYC; Schenectady had the highest rates in the Capital Region.

Mental health is a core function which has physical, spiritual, and socio-economic impacts. Poor mental health is a cause of adverse physical health outcomes, academic under-achievement, homelessness, unemployment and isolation. One in five New Yorkers experiences a diagnosable mental disorder annually; and one in ten experiences an illness serious enough to impair functioning. 1 An estimated 84,500 adults in the Capital Region reported 14 or more days with poor mental health in the last month.[2]



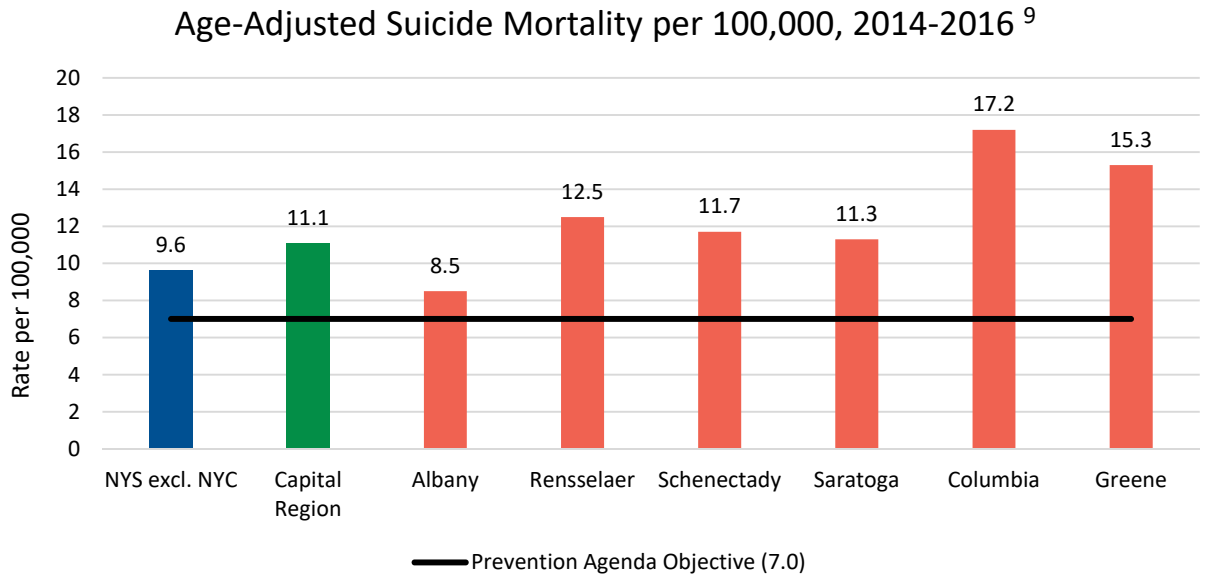
In the Capital Region, the percent of poor mental health days is higher than in NYS excluding NYC, with Schenectady and Greene counties having the highest prevalence of 14 or more poor mental health days in the past month.[3] Greene, Schenectady and Rensselaer counties did not meet the Prevention Agenda objective for poor mental health days in the past month.

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

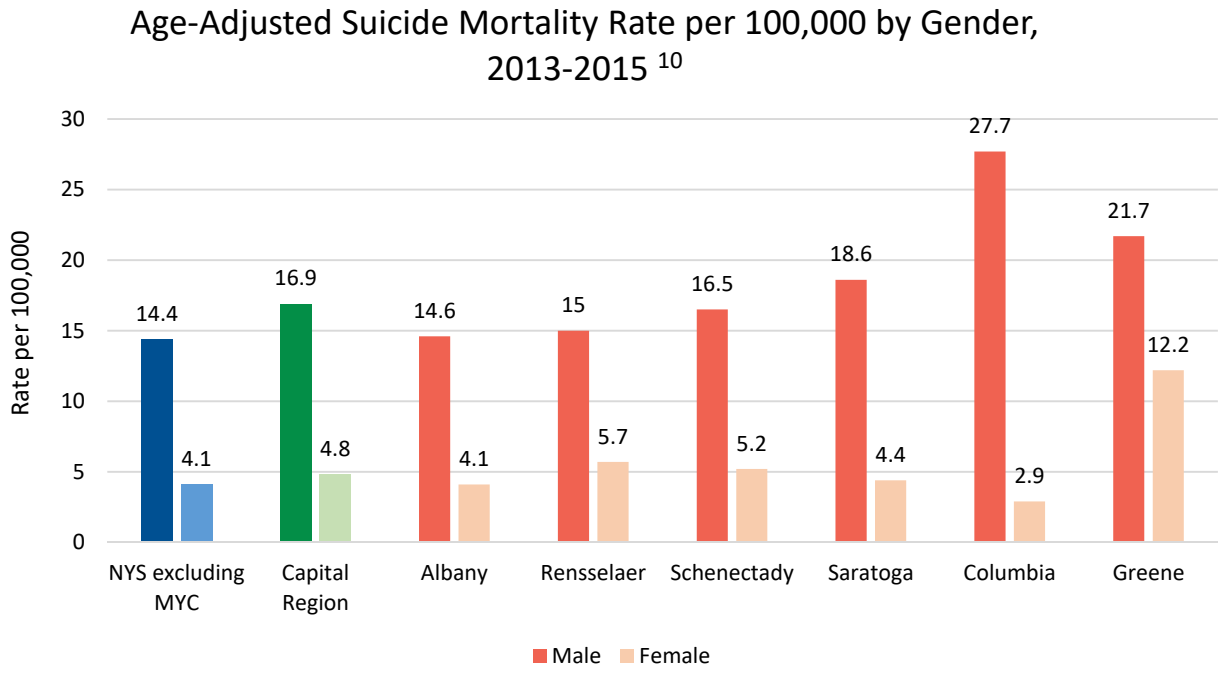


The Capital Region averaged approximately 57,000 mental disease and disorder (any diagnosis) ED visits and 41,000 hospitalizations per year for the 2014-2016 period. For mental disease and disorder as the primary diagnosis, the Capital Region averaged 15,250 ED visits and 6,500 hospitalizations per year. The Region had higher rate of ED visits and slightly higher rate for hospitalizations compared to NYS excluding NYC. However, Schenectady County had 1.5 times the mental disease and disorder ED and hospitalization rates compared to NYS excluding NYC. Capital Region male residents had higher mental disease and disorder ED visit rates and hospitalization rates than female residents (150.6/10,000 vs 129.4 and 55.8 vs 53.9, respectively). Black non-Hispanic Capital Region residents have approximately 1.9 times the mental disease and disorder ED visit rates (245.6 vs 129.4) and 1.7 times the hospitalization rates (107.5 vs 64.9) compared to White non-Hispanic residents. Hispanic residents had the lowest Capital Region rates.[5]

Mental illness is closely linked to suicide. In general, more than 90 percent of people who die by suicide are suffering from a diagnosable mental illness.[6] One half of all chronic mental illness begins by the age of 14, with depression being the leading cause of disability worldwide.[7] The impact of suicidal behavior is not fully represented in the number of deaths, as hospitalizations also follow failed suicidal attempts. Death and injuries caused by suicidal behavior affect the economic, social and health resources of the nation. [8]

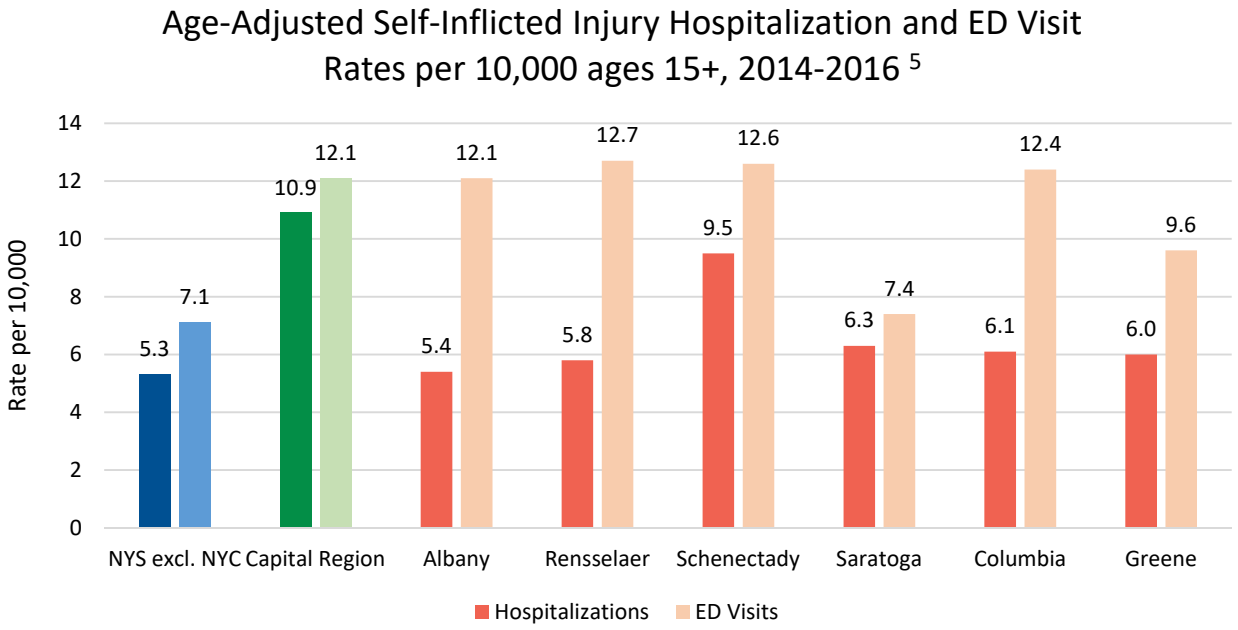


The Capital Region averages over 110 suicide deaths per year. NYS excluding NYC and the Capital Region did not meet the Prevention Agenda Objective for suicide mortality. The suicide mortality rates for all Capital Region counties are above the New York State Prevention Agenda objective. Columbia and Greene counties had the highest suicide mortality rates from 2014-2016. [9]



Women attempt suicide 1.5 times more often than men, but men are four times more "successful" in their attempts than women.[7] In the Capital Region, the suicide mortality rate for men was approximately 3.5 times higher than the rate for female residents in the Capital Region (16.9 per 100,000 versus 4.8).

Suicide by White non-Hispanics accounts for 92% of suicides. From 2013-2015, White non-Hispanics had an age-adjusted suicide rate almost twice as high as Black non-Hispanics (11.6 versus 6.6). The suicide mortality rate among Hispanics was 3.6.[10]



The Capital Region annually averaged 790 self-inflicted ED visits and 470 self-inflicted injury hospitalizations in ages 15 years and older between 2014 and 2016. All Capital Region counties had hospitalization and ED visit rates due to self-inflicted injury that were higher than the NYS excluding NYC. Rensselaer, Schenectady, and Columbia counties had highest ED rates in the Capital Region, while Schenectady and Saratoga counties had the highest hospitalization rates.[5]

Compared to males residents, Capital Region females had a higher overall rates of ED visit (13.1/10,000 vs 8.7) and hospitalization rates (7.3 vs 5.4) due to self-inflicted injury from 2014-2016. In this same time period, Black non-Hispanics had the highest rates of self-inflicted injury ED visits, at 14.7 per 10,000, followed by White non-Hispanics (10.3), and Hispanics having the lowest rate (10.0).[10]

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Substance Abuse

Highlights

- Only Albany County met the Prevention Agenda Objective for adult binge drinking. Saratoga had the highest rate in the Capital Region.
- Greene County had the highest cirrhosis hospitalization rate, while Columbia County had the highest cirrhosis mortality rate in the Capital Region.
- Greene, Columbia and Schenectady counties had the highest opioid overdose mortality rates in the Capital Region, and did not meet the Prevention Agenda objective.
- All Capital Region counties meet the Prevention Agenda objective for Buprenorphine prescribing. Greene and Columbia counties had the highest prescribing rates, while Saratoga and Albany had the lowest in the Capital Region.
- No Capital Region county met the Prevention Agenda objective for opioid analgesic prescribing. Greene County had the highest prescription rate in the Capital Region, almost 1.9 times higher than the Prevention Agenda objective.
- All Capital Region counties, except Albany, failed to meet the opioid overdose ED visit Prevention Agenda objective. Greene County had the highest rate, 2.5 times higher than the Prevention Agenda objective.
- The Capital Region's neonatal withdrawal syndrome rate was lower than that of NYS, excl. NYC. Columbia and Greene counties had the highest rates in the Region.

The most recent estimates suggest there are 1.9 million New Yorkers with a substance abuse problem, representing approximately 12% of the population.[1] This figure does not fully represent the widespread impact of substance abuse, however, because of the millions of other individuals whose lives are also affected: the children, spouses, and extended families of substance abusers, as well as other affected bystanders. Additionally, reluctance to seek help for substance abuse problems and stigma associated makes it likely this estimate is lower than the true rate. New York has also been struggling with an opioid epidemic. Opioid deaths increased sharply in 2015 and 2016, with 2016 death rate almost three times higher than it was in 2010.[7]

Alcohol Abuse

Objectives

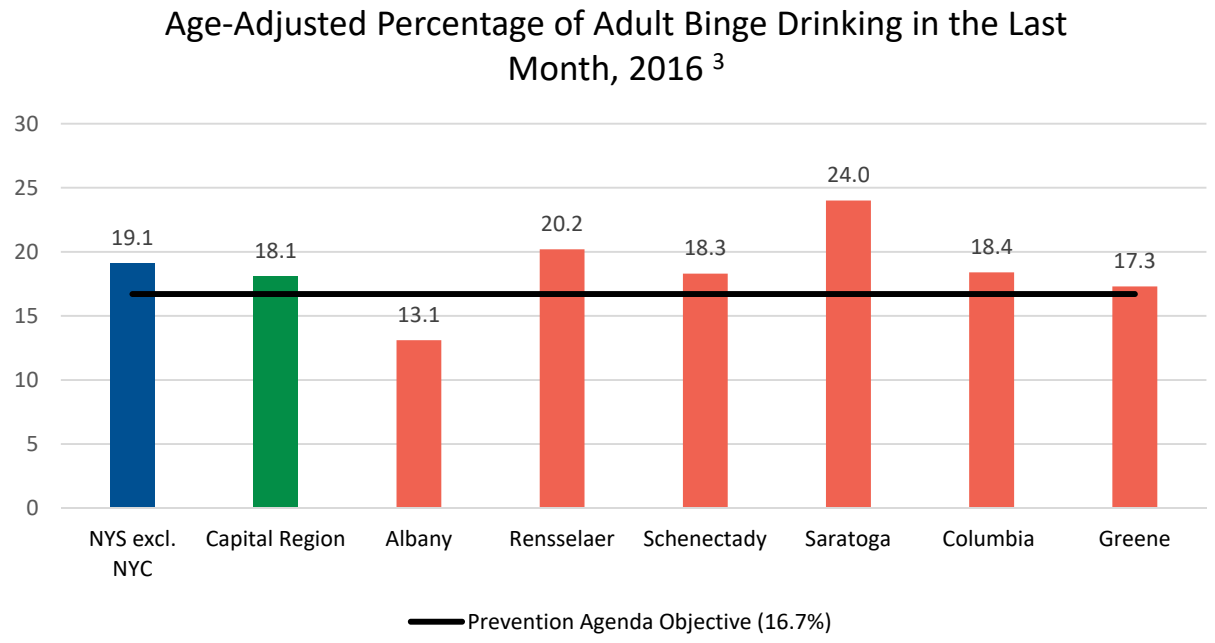
New York State Prevention Agenda 2019-2024

- Reduce the age-adjusted percentage of adult binge drinking (5 or more drinks for men on one occasion, and 4 or more drinks for women on one occasion) during the past month to no more than 16.7%.

Alcohol is the primary substance used by adults. For youth, alcohol, marijuana and prescription drugs are principal concerns. Binge drinking is a common pattern of excessive alcohol use that brings a person's

blood alcohol concentration (BAC) to 0.08 percent or above. Binge drinking is associated with many health problems, like unintentional and intentional injuries, alcohol poisoning, sexually transmitted disease, unintended pregnancy, children born with fetal alcohol spectrum disorders, cardiovascular disease, neurological damage and more. Binge drinkers are 14 times more likely to report alcohol-impaired driving than non-binge drinkers. Binge drinking is also more prevalent in males than in females.[2]

In the Capital Region, only Albany County meet the Prevention Agenda Objective of 16.7% of adults reporting binge drinking in the past 30 days. Saratoga had the highest rate (24.0%) in the Capital Region.[3]



The Capital Region had 288 hospitalizations and 88 deaths per year due to cirrhosis in 2016.[4]

Age-Adjusted Cirrhosis Hospitalizations per 10,000, 2016 [4]	
New York State, excl. NYC	2.8
Capital Region	2.5
Albany County	2.4
Rensselaer County	2.4
Schenectady County	2.2
Saratoga County	2.7
Columbia County	2.1
Greene County	3.7

Age-Adjusted Cirrhosis Mortality per 100,000, 2014-2016 [4]	
New York State, excl. NYC	8.1
Capital Region	8.1
Albany County	7.4
Rensselaer County	8.7
Schenectady County	8.2
Saratoga County	8.3
Columbia County	9.3
Greene County	7.5

Only Greene County had a cirrhosis hospitalization rate higher than the NYS, excl. NYC rate. All Capital Region counties, except Albany and Greene, have cirrhosis mortality rates that were higher than the NYS, excluding NYC, rate. Columbia County has the highest mortality rate in the Capital Region.[4]

Opiate Abuse

Objectives

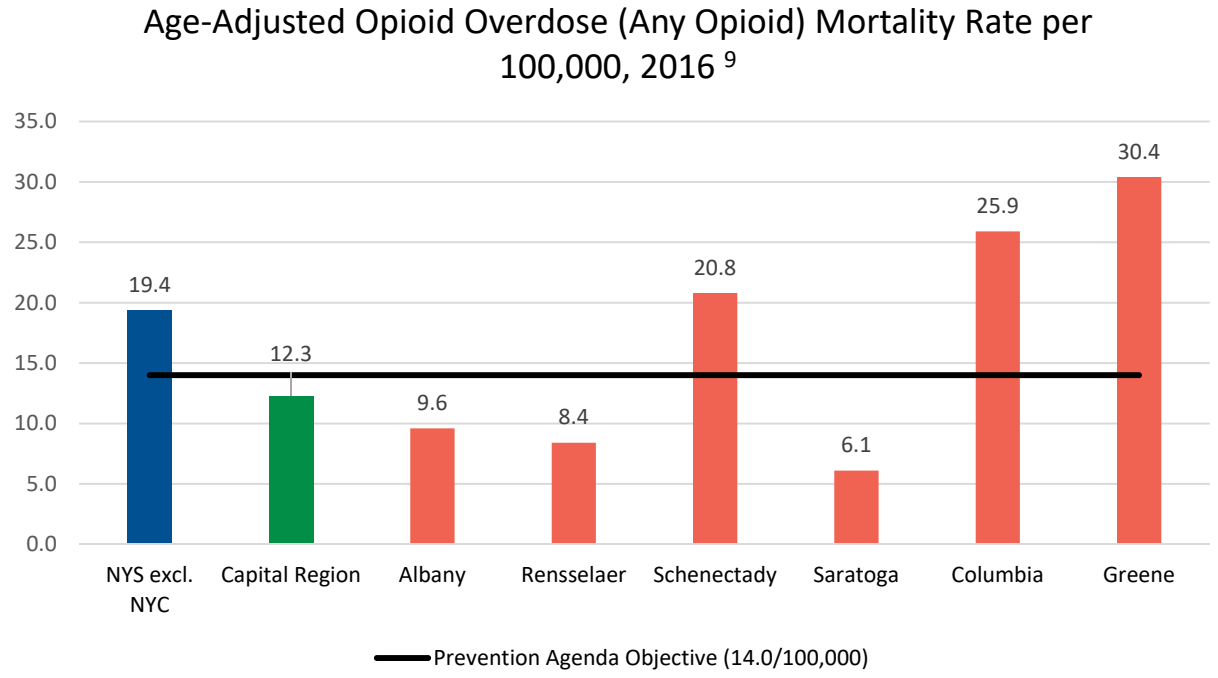
New York State Prevention Agenda 2019-2024

- Reduce the age-adjusted overdose deaths involving any opioid to 14.0 per 100,000 population.
- Increase the age-adjusted Buprenorphine prescribing rate for substance use disorder (SUD) to 43.1 per 1,000 population.
- Reduce the age-adjusted opioid analgesics prescription for pain rate to 343 per 1,000 population.
- Reduce age-adjusted ED visits (including outpatients and admitted patients) involving any opioid overdose to 53.2 per 100,000 population

The present opioid epidemic can likely be traced to the overuse of prescription opioids, leading to opioid addiction. Prescription opioids have been used to treat moderate-to-severe pain, with a dramatic increase in use over recent years. In the US, as many as one in four patients receiving long -term opioid therapy in a primary care setting struggles with opioid additiction.[5] Nearly 9 million opioid prescriptions were dispensed in New York State in 2015. Between 2011 and 2014, approximately 165,000 New Yorkers annually abused or were dependent on opioids.[6]

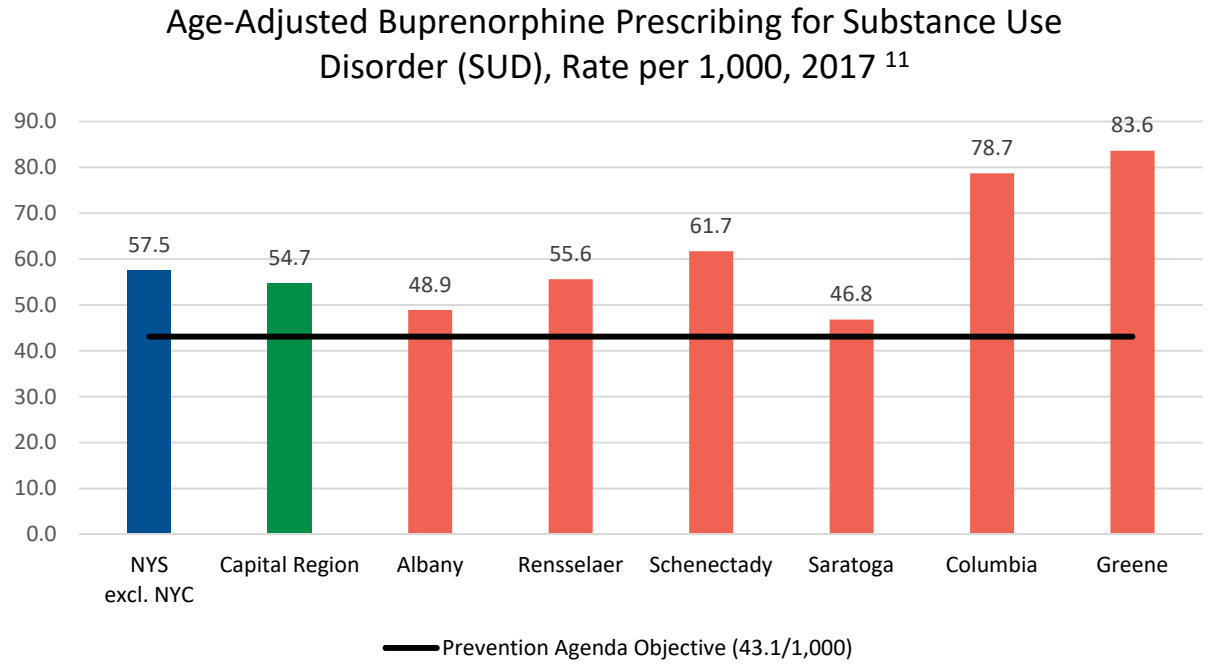
Opioid overdose mortality in New York State was about three times higher in 2016 (15.1/100,000) than it was in 2010 (5.4). There was also an increase in New York State overdose deaths involving synthetic opioids other than methadone (e.g. fentanyl) from 1.4/100,000 in 2014 to 8.3/100,000 in 2016.[7]

In New York State, first responders and others likely to witness an opioid-related overdose have been trained to reduce the impact of opioid overdoses and prevent death by using naloxone. Naloxone is a medication that counters the effects of opioid overdose.[7,8]



New York State had almost 3,100 opioid overdose deaths in 2016. The Capital Region contributed 108 opioid overdose deaths to this figure. Greene, Columbia and Schenectady counties had the highest opioid overdose mortality rates in the Capital Region, and did not meet the 2019-2024 Prevention Agenda objective.[9] In New York State, males have much higher opioid mortality rates than females (22.7 vs 8.2). The white non-Hispanic population had higher rates (20.3) than either the black non-Hispanic (10.7) or Hispanic (12.8) populations.[9]

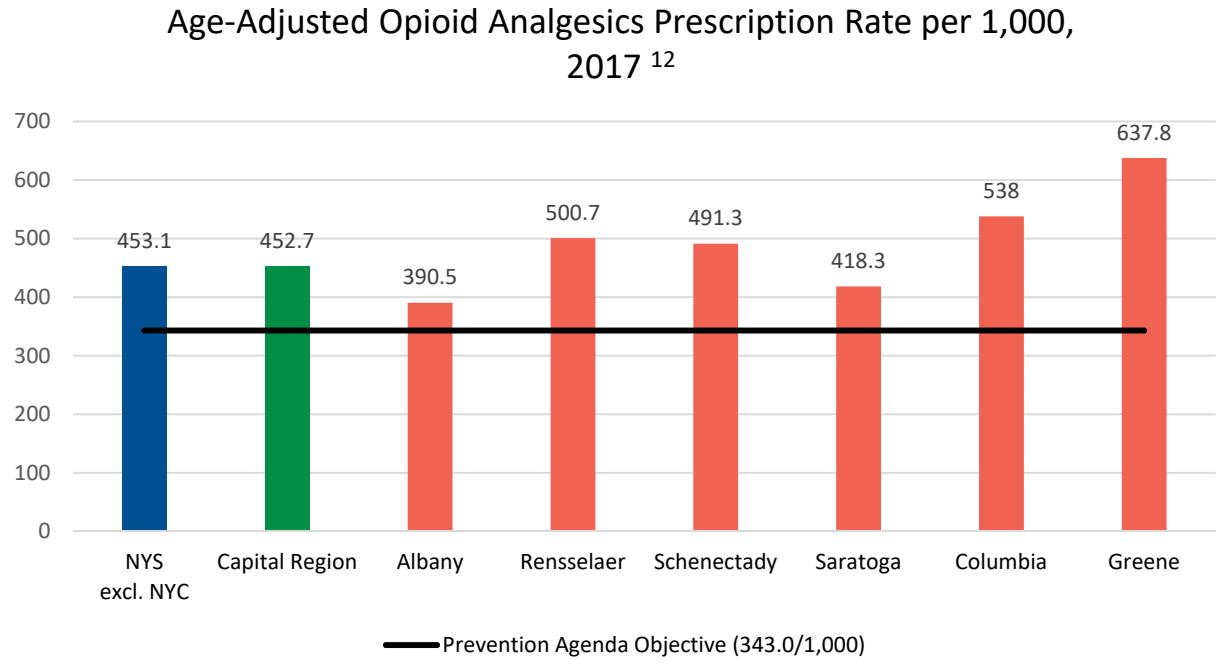
Buprenorphine is used in medication-assisted treatment to help people reduce or quite their use of opiates. Use of buprenorphine, in combination with counseling and behavioral therapies, provide an effective approach to the treatment of opioid dependency.[10]



While all Capital Region counties met the 2019-2024 Prevention Agenda objective for Buprenorphine prescribing, the Region's rate was lower than that of NYS, excl. NYC. Greene and Columbia counties had the highest prescribing rates, while Saratoga and Albany had the lowest in the Capital Region. [11]

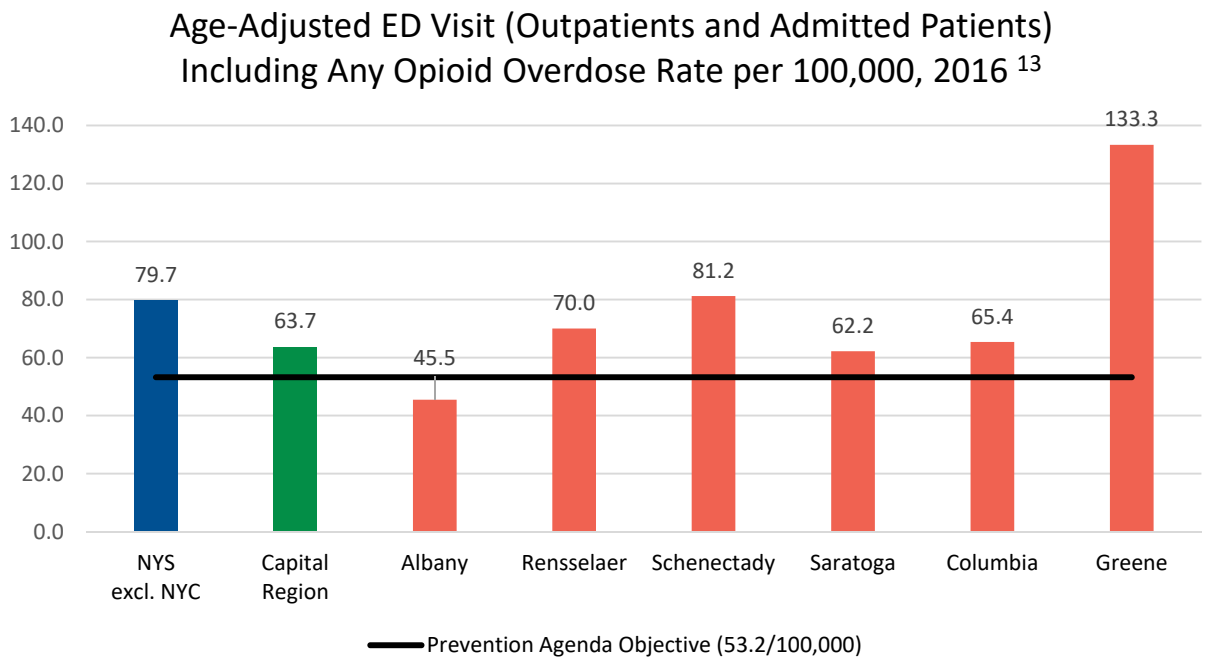
Prescription opioid use is a predictor of heroin use for many people. Four out of five heroin users had previously used non-medical prescription pain relievers.[5] New York State has worked to reduce the rate of opioid analgesics prescriptions in an attempt to reduce opioid addictions.

During 2017, there were close to 20 million opioid analgesic prescriptions written and dispensed in New York State. For the Capital Region, almost 502,000 prescriptions were written and dispensed. [11] No Capital Region county met the 2019-2024 Prevention Agenda objective for opioid analgesic prescribing. The Region's rate was similar to that for NYS, excl. NYC. Greene County had the highest prescription rate in the Capital Region (637.8/1,000), almost 1.9 times higher than the Prevention Agenda objective. Albany and Saratoga counties had the lowest opioid analgesic prescribing rates in the Capital Region. [12]



During 2016, the Capital Region had almost 600 emergency department visits (including outpatients and admitted patients) involving an opioid overdose.[13] While the Capital Region had an opioid overdose ED visit rate lower that NYS, excl. NYC, all of the Region's counties, with the exception of Albany, failed to meet the 2019-2024 Prevention Agenda objective. Greene County had the highest opioid overdose ED visit rate (133.3), which was 2.5 times the Prevention Agenda objective.[13]

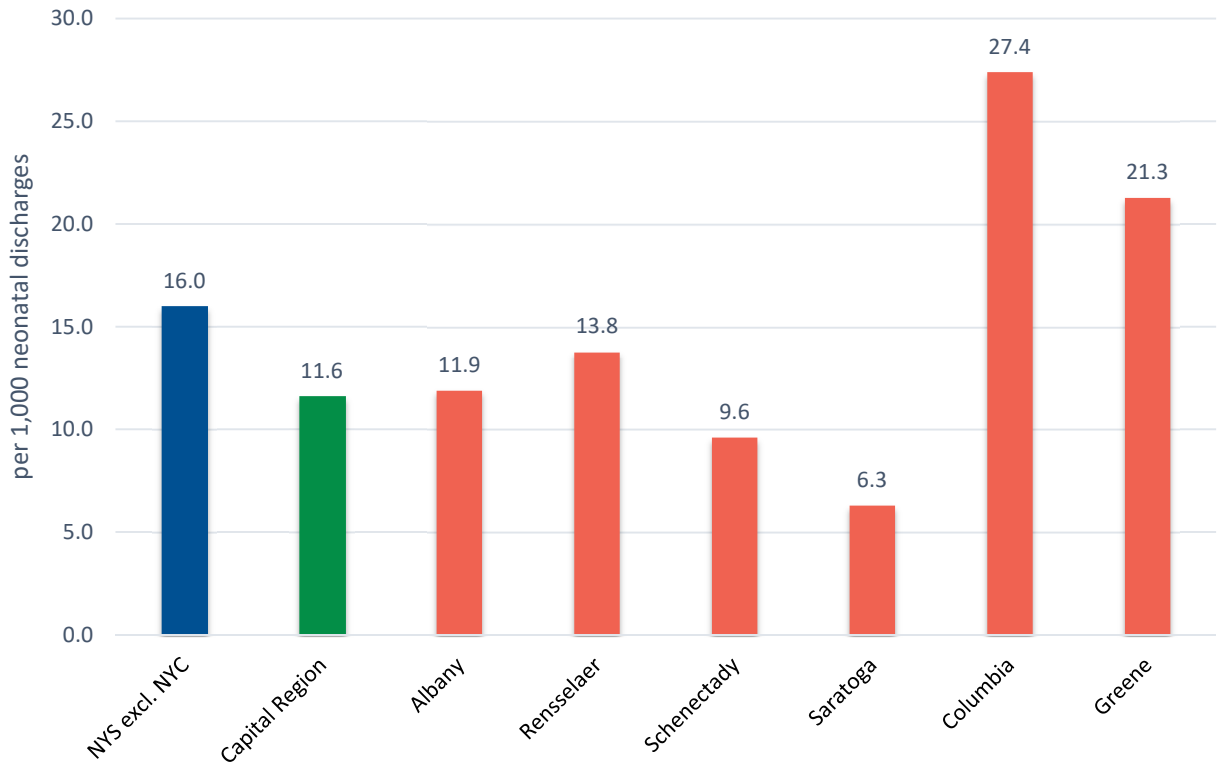
In the New York State, there were some differences by gender and race. In 2016, males had a higher rate of opiate opioid overdose ED visits than females (75.3 vs. 36.8). White non-Hispanics had higher rates (72.3) compared to the black non-Hispanic (33.3) and Hispanic (30.6) populations.[13]



Neonatal Abstinence Syndrome (NAS) is a group of conditions caused when a baby withdraws from certain drugs he/she is exposed to in the womb before birth. NAS is most often caused when the mother takes opiates during pregnancy. The baby's NAS symptoms could include: low birthweight; jaundice; body tremors; excessive crying; poor feeding; breathing problems; fever; trouble sleeping; diarrhea; and stuffy nose or sneezing.[14]

The Capital Region's neonatal withdrawal syndrome rate of 11.6 per 1,000 newborn discharges was lower than that of NYS, excl. NYC. Columbia (27.4) and Greene (21.3) counties had the highest rates in the Capital Region.[15]

Newborns with Neonatal Withdrawal Syndrome and/or Affected by Maternal Use of Drugs of Addiction Rate per 1,000 Neonatal Discharges (Any Diagnosis), 2016 [15]



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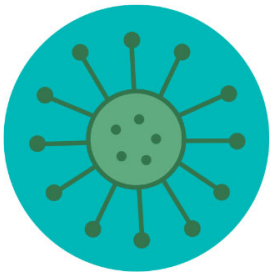
IX. Infectious Disease



Vaccine-Preventable Disease

Highlights

- All Capital Region counties had higher percentages of children ages 19-35 months who had completed the immunization series than NYS excl. NYC, with no Capital Region counties having met the Prevention Agenda objective.
- All Capital Region counties, except Schenectady, fell below the Prevention Agenda Objective, 50% for females aged 13-17 years who were fully immunized for HPV.
- No Capital Region counties met the Prevention Agenda objective of 70% of adults, ages 65 and older, receiving a flu immunization in the past year.
- Only Albany and Schenectady counties met the Prevention Agenda Objective of 76.2% of the 65 + year population ever receiving a pneumococcal vaccination.

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

Childhood Immunization

Objective

New York State Prevention Agenda 2013-2018 (2019-2024 Objective changes age group)

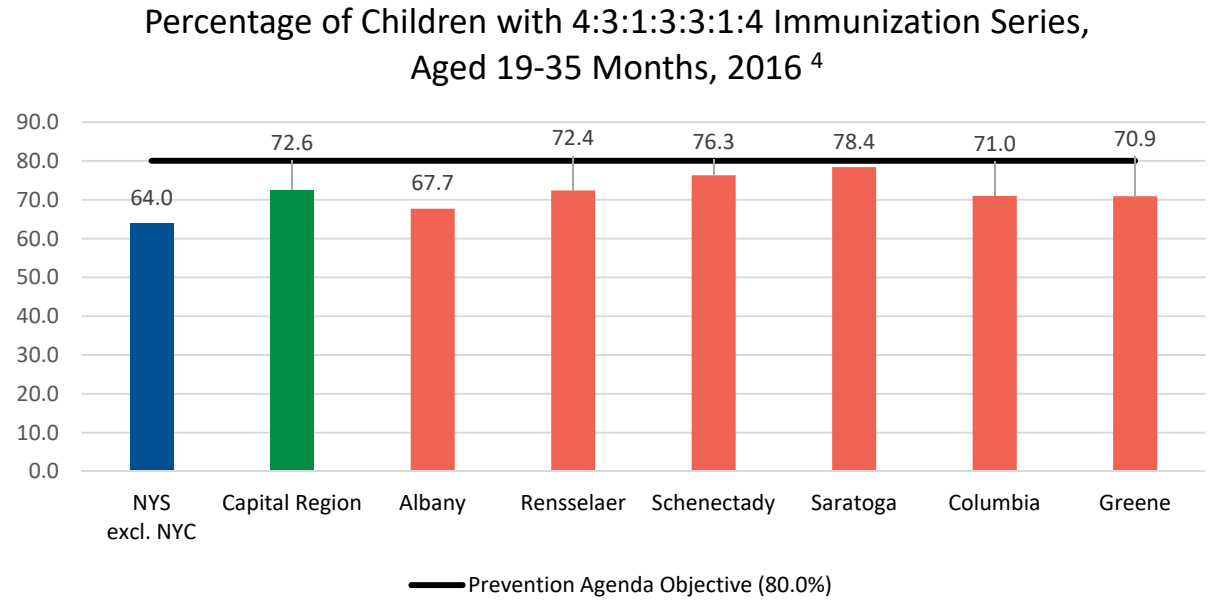
- Increase the rates of immunization among 19-35 month olds with the 4:3:1:3:3:1:4 series
  (4 Tdap, 3 polio, 1 MMR, 3 Hep B, 3 Hib, 1 varicella, 4 PCV13) to 80% or higher.

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

In the United States, high immunization rates have greatly helped to reduce the prevalence of vaccine preventable diseases. In New York State, school entry laws require children to receive their vaccinations prior to starting school, which helps to keep immunization levels high. The immunization rates of children

younger than school-age, specifically those 19-35 months of age, in New York are still below the Healthy People 2020 goal and the Prevention Agenda objective of 80 percent.[3]

In 2016, 4,000 children, ages 19-35 months in the Capital Region were not fully immunized. All Capital Region counties had higher percentages of children ages 19-35 months who have completed the immunization series than NYS excl. NYC. However, no Capital Region counties meet the Prevention Agenda objective of 80%.[4]



Human Papillomavirus Immunization

Objective

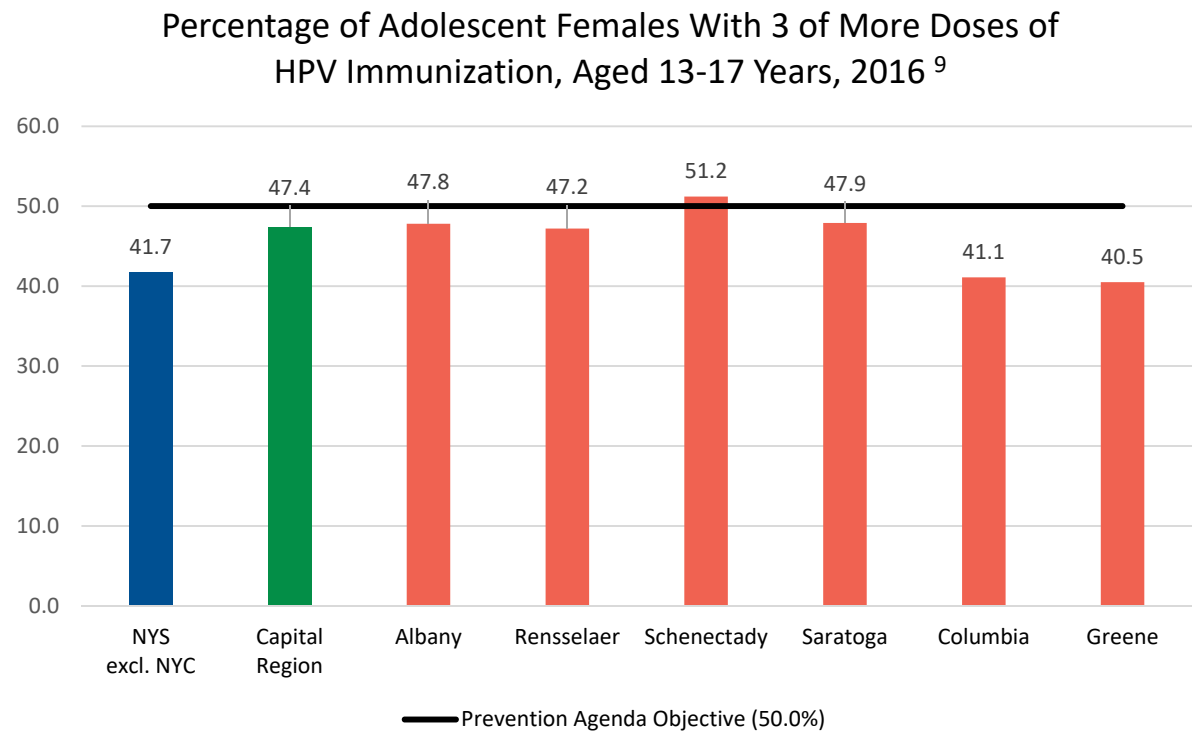
New York State Prevention Agenda 2013-2018 (2019-2024 Objective changes age group)

- Increase the three-dose HPV immunization rate among adolescent females, ages 13-17 years to 50%.

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

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

The recommended ages for administration of vaccines are 11 or 12 years. Males are able to get the vaccine up to the age of 21 years and females up to the age of 26 years. For men with compromised immune systems and who have sex with other men, the vaccine is available up to age 26 years as well. It is important that both doses of the vaccine be given before sexual activity begins in order for the vaccine to be most effective.[7, 8]



In the Capital Region, over 16,800 females between the ages of 13-17 years were not immunized for HPV in 2016. With the exception of Schenectady, all Capital Region counties fell below the Prevention Agenda Objective, 50%. Greene and Columbia counties had the lowest percentage of all Capital Region counties.[9]

Flu and Pneumonia Immunizations

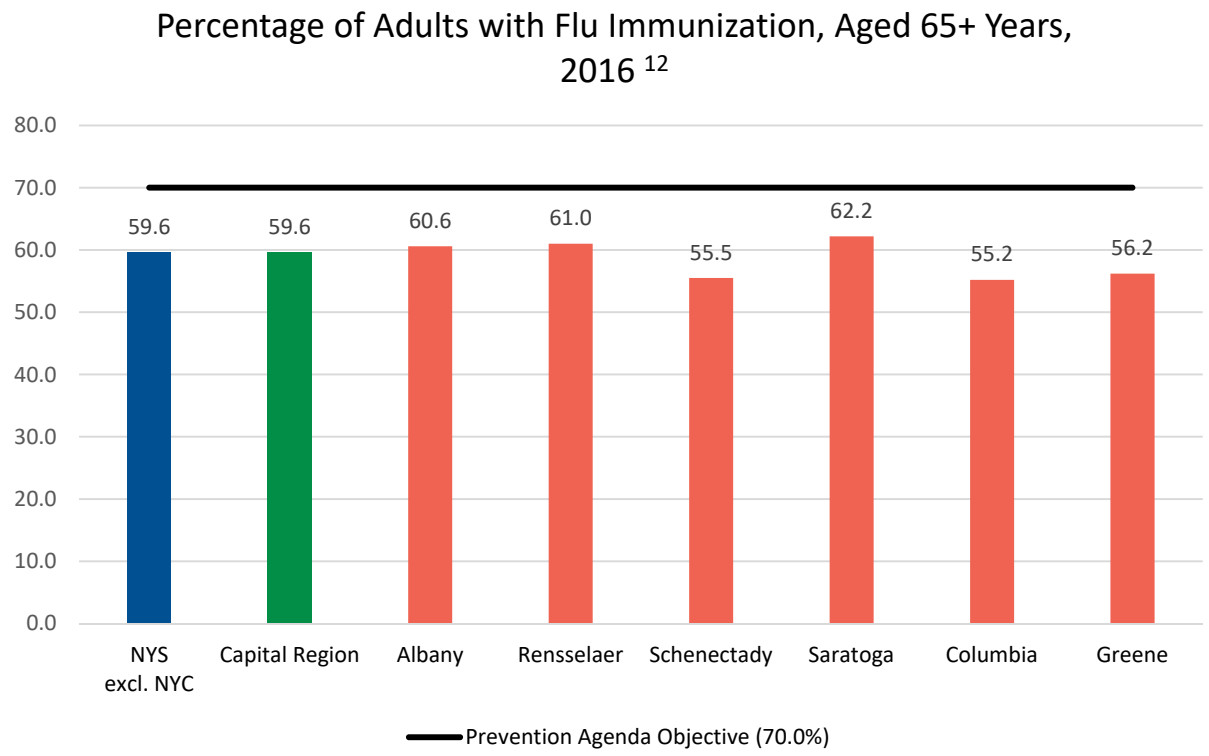
Objective

New York State Prevention Agenda 2013-2018 (no objective for 2019-2024)

- Increase the percentage of adults, aged 65 years and older, receiving an annual influenza vaccination to 70%.

Influenza, or the flu, is among several vaccine-preventable diseases. The flu is a contagious respiratory illness caused by influenza viruses. It can cause mild to severe illness, and at times can lead to death. Influenza is not the common cold. It is a serious condition. Every year in the United States, 5% to 20% of the population gets the flu. Each year, between 3,000 and 49,000 Americans die from the flu and its complications. Complications from the flu include: pneumonia, ear or sinus infections, dehydration, and worsening of chronic medical conditions (such as congestive heart failure, asthma or diabetes).[10]

The best way to prevent the flu is by getting a flu vaccination. The CDC recommends an annual flu shot for anyone 6 months and older, especially those at high risk of developing flu-related complications. Influenza viruses undergo frequent antigenic change, causing the vaccine to change frequently as well. It is necessary to receive an annual vaccination against the influenza viruses forecasted to be in circulation each year.[11]



In the Capital Region almost 62,400 adults aged 65 and older did not receive a flu vaccine in 2016. All Capital Region counties fell below the Prevention Agenda objective of 70% of adults, ages 65 and older receiving flu immunizations. The highest percentage was in Saratoga County (62.2%), while the lowest was in Columbia County (55.2%).[12]

Objective

New York State Prevention Agenda 2019-2024

- Increase the percentage of adults, aged 65 years and older, having ever received a pneumococcal vaccination to 76.2%.

Percentage of adults aged 65 years and older who ever received pneumonia shot, 2016 [13]	
Prevention Agenda	**76.2%**
New York State	69.3%
Capital Region	74.4%
Albany County	76.4%
Rensselaer County	67.6%
Schenectady County	77.6%
Saratoga County	76.1%
Columbia County	74.4%
Greene County	64.4%

The flu is often complicated by pneumonia, an inflammation of the lung most often caused by infection. Pneumonia consistently accounts for the overwhelming majority of deaths between the two. Older adults are especially vulnerable. Pneumonia vaccinations are available, with the population aged 65 years and older especially targeted for such a vaccination. In the Capital Region, Greene and Rensselaer counties had pneumonia vaccination rates for the 65 years and older population lower than those of New York State. Albany and Schenectady counties met the Prevention Agenda Objective for 2019-2024.[13]

Pneumonia/flu hospitalization rate, ages 65+ per 10,000, Crude Rates, 2016 [14]	
NYS excl. NYC	93.7
Capital Region	87.3
Albany County	78.5
Rensselaer County	79.4
Schenectady County	93.8
Saratoga County	93.7
Columbia County	95.6
Greene County	98.6

In 2016, there were over 1,400 hospitalizations due to pneumonia/flu in the Capital Region. The highest hospitalization rate was in Greene County (98.6/10,000). Albany and Rensselaer counties had rates lower than the rate for NYS excl. NYC). [14]

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HIV/AIDS

Objective

New York State Prevention Agenda 2019-2024

- By December 31, 2018, reduce the newly diagnosed HIV case rate in New York to no more than 5.2 new diagnoses per 100,000.

Highlights

- Columbia County had the highest new HIV case rate, whereas Albany County had the highest AIDS case rate and AIDS mortality rate in the Capital Region.
- Black non-Hispanics were 7-13 times more likely to be newly diagnosed with HIV than White non-Hispanics.
- Hispanics were 5-11 times more likely to be newly diagnosed with HIV than White non-Hispanics.

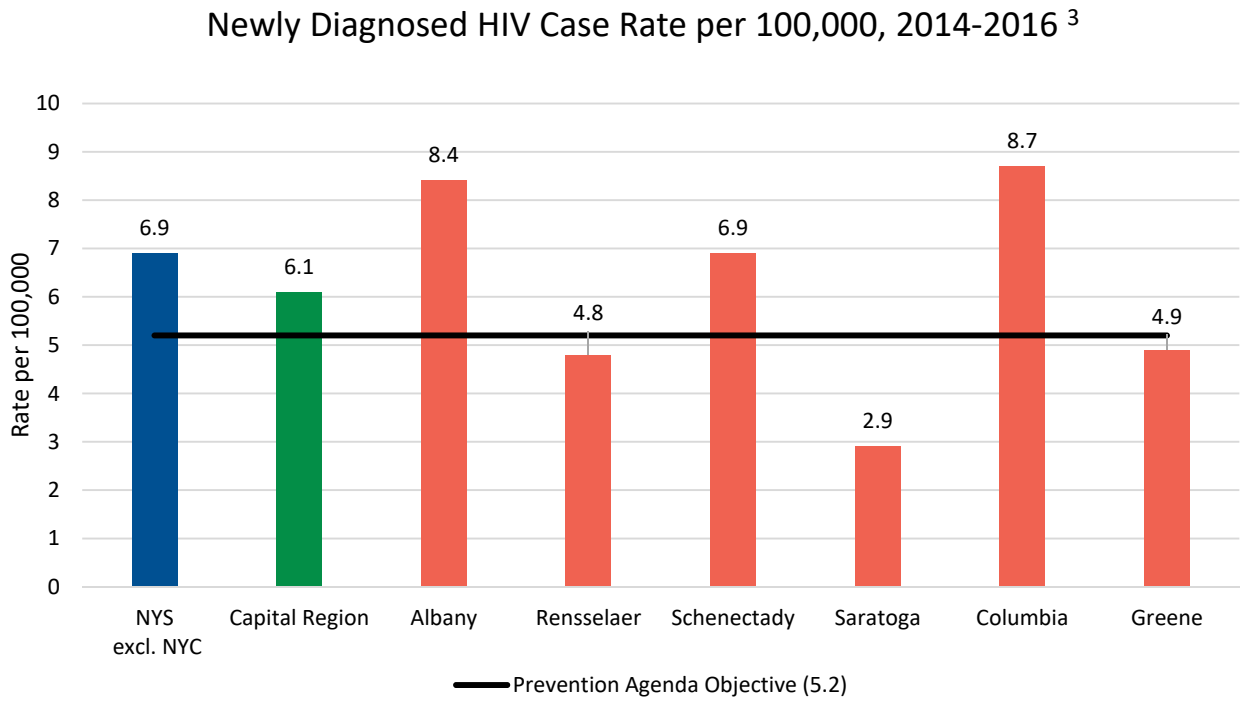
Human Immunodeficiency Virus (HIV) is the virus that can led to acquired immunodeficiency syndrome, AIDS. The virus attacks the cells of the immune system, making it more susceptible to life-threatening infections and diseases and unable to fight them off. HIV progresses to AIDS, the most advanced stage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

HIV testing is the only way to know definitively if a person is infected with HIV. The virus is transmitted through contact with bodily fluids such as blood, semen, genial fluids, or breast milk. Unprotected sex and sharing needles or syringes with an infected person are the most common ways the virus is transmitted. Flu-like symptoms can occur within 2-4 weeks after exposure and last from a few days to several weeks. Although it may take 10 or more years for symptoms of HIV to develop, HIV antibodies can be detected in most people within 3 to 12 weeks of infection.[1]

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

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

In the United States, the Centers for Disease Control (CDC) estimates that there are about 1.1 million people living with HIV as of 2016, and in 2017, there were 38,739 newly diagnosed HIV cases in the United States and dependent areas.[2] The CDC estimates that of that number, 1 in 7 did not know they were infected and may have unknowingly transmitted the virus to others. Research had shown that the majority of people who know they are infected take steps to prevent transmission to their partners. It is vital to identify new cases in order to control and accurately measure the HIV prevention efforts and their effectiveness.[2]



During 2014-16, the Capital Region had an annual average of 59 newly diagnosed HIV cases. The Region's rate was lower than NYS, excluding NYC. Columbia County had the highest case rate (8.7/100,000) within the Capital Region. Columbia, Albany, and Schenectady did not meet the 2019-2024 Prevention Agenda objective of case rates lower than 5.2/100,000.

As of 2017, there were 17,571 people newly diagnosed with AIDS in the United States. Of that number, approximately 1,451 people were diagnosed in New York State.[4]

AIDS Case Rate and Adjusted Mortality Rate per 100,000, 2014-2016 [5,6]		
	AIDS Case Rate	AIDS Mortality
NYS excl. NYC	3.2	0.8
Capital Region	3.6	1.1
Albany County	5.2	2.0
Rensselaer County	3.3	0.9*
Schenectady County	3.9	0.7*
Saratoga County	1.8	0.4*
Columbia County	4.3*	1.0*
Greene County	S	1.0*
S: Data do not meet reporting criteria *: Rate is unstable		

In 2016, the Capital Region had 24 cases of AIDS, with 7 deaths due to AIDS. Albany County had the highest AIDS case rate and mortality rate in the Capital Region.[5,6]

Rates by Race/Ethnicity, Newly diagnosed HIV cases, 2014-2016 [7,8]					
	Black non-Hispanic Rate	White non-Hispanic Rate	Ratio of Black non-Hispanic/ White non-Hispanic	Hispanic Rate	Ratio of Hispanic/White Non-Hispanic
NYS excl. NYC	23.0	2.9	7.9	16.9	5.8
Capital Region	21.8	2.9	7.5	22.8	7.9
Albany County	25.1	3.5	7.2	29.7	8.5
Rensselaer County	25.8*	2.0*	12.9	13.4*	6.7
Schenectady County	15.3*	2.0	7.7	22.3*	11.2
Saratoga County	22.4*	2.4	9.3	S	---
Columbia County	S	6.2	---	35.9*	9.0
Greene County	0.0*	3.2*	0.0	S	---
S: Data do not meet reporting criteria *: Rate is unstable ---: Ratio could not be determined due to lack of data					

The majority of persons living with HIV/AIDS are minorities. The racial disparity amongst Black non-Hispanics and Hispanics when compared to White non-Hispanics was significant. Across the Capital Region, Black non-Hispanics were 7-13 times more likely to be newly diagnosed with HIV than White non-Hispanics, while Hispanics were 5-11 times more likely to be newly diagnosed with HIV than White non-Hispanics. Rensselaer County had the highest rate of newly diagnosed HIV cases for Black non-Hispanics, while Columbia County had the highest rate of newly diagnosed HIV cases for White-non-Hispanics and Hispanics.[7,8]

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Sexually Transmitted Disease

Highlights

- Schenectady and Albany counties had the highest male and female gonorrhea case rates, which were higher than the male and female Prevention Agenda Objectives.
- The highest rate of Chlamydia in women was in Schenectady County (1,943.0/100,000), with none of the Capital Region counties having met the 2019-2024 Prevention Agenda objective (667.0/100,000).
- Saratoga, Greene and Schenectady counties met the Prevention Agenda objective for Syphilis in males, whereas Albany County (25.4), Columbia County (13.1) and Rensselaer County (15.2) did not.

Sexually transmitted diseases (STDs) continue to have a significant impact on the health, safety and welfare of the citizens of New York State. As in prior years, STDs are the leading category of reported communicable diseases in the state. 141,000 New Yorkers had STDs, representing 50% of all communicable diseases reported statewide in 2016.[1] Sexually transmitted disease control programs across New York State that conduct public health activities aim to: educate the public on safer sex behaviors; prevent the spread of STDs through counseling and treatment of those infected; and provide health services to partners of persons infected with STDs.[2]

Gonorrhea

Objective

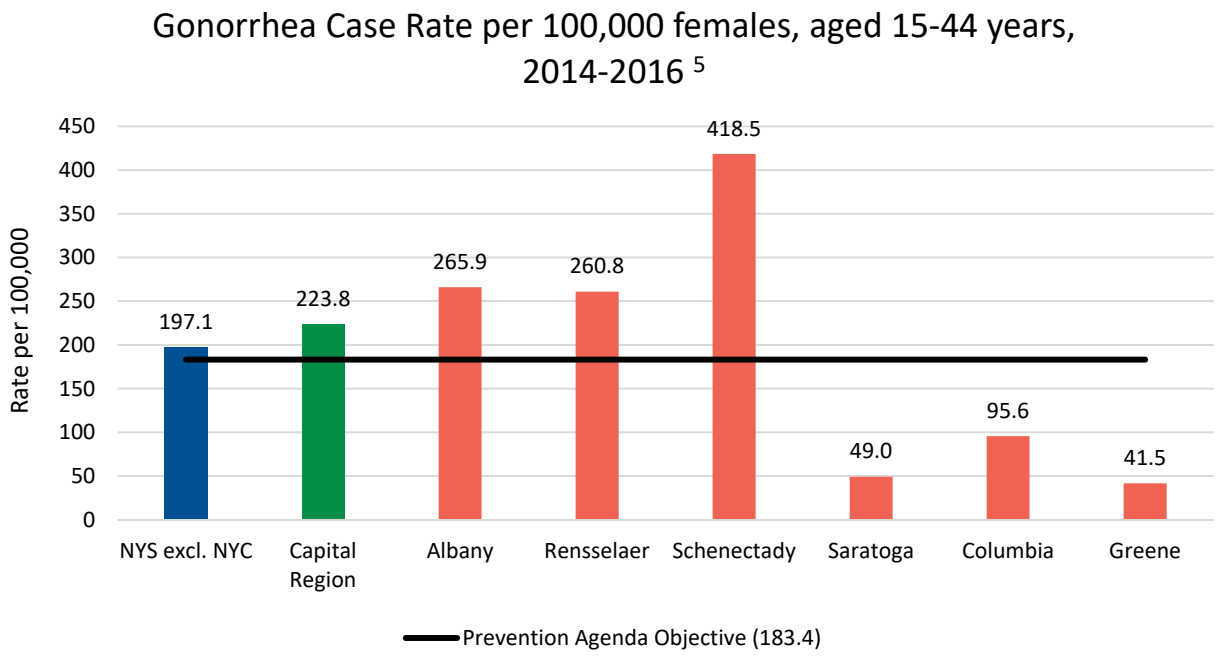
New York State Prevention Agenda 2013-2018

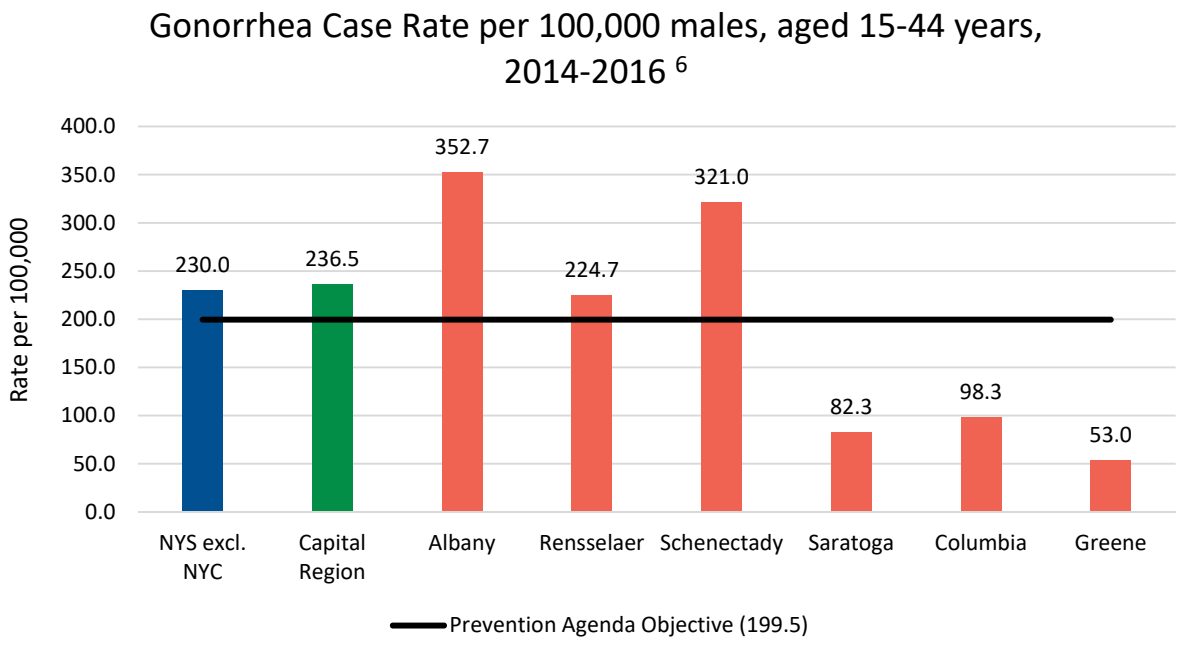
- By December 31, 2018, reduce the Gonorrhea case rate among persons aged 15-44 in New York to no more than 183.1 cases per 100,000 females and 199.5 cases per 100,000 males.

Gonorrhea is the second most commonly reported sexually transmitted disease (STD) in New York State.[3] Gonorrhea is an infection spread through sexual contact with another person. The bacteria are found in the mucous areas of the body.[4]

Early detection and appropriate treatment is important. If Gonorrhea is left untreated, it will lead to complications such as infertility, pelvic inflammatory disease (PID), and ectopic pregnancy. PID is a painful condition that occurs when the infection spreads throughout the reproductive organs and can lead to sterility in women. Men may suffer some swelling of the reproductive organs. Both sexes may suffer from arthritis, skin problems, and other organ infections caused by the spread of gonorrhea within the body.[4]

In 2016, there were over 1,100 cases of Gonorrhea reported in the Capital Region. For both males and females, the Capital Region counties that did not meet the Prevention Agenda objectives for gonorrhea rates were Schenectady Albany, and Rensselaer counties. Both Albany and Schenectady counties exceeded the rates for males and females in comparison to NYS excluding NYC. Males had higher Gonorrhea rates than their female counterparts in Albany, Saratoga, Columbia and Greene counties.[5]





Chlamydia

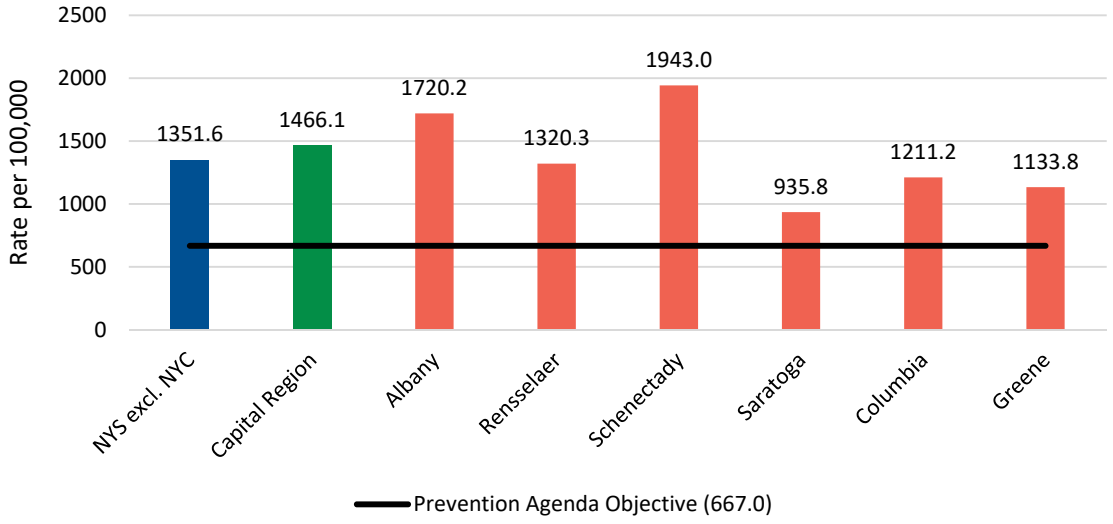
Objective

New York State Prevention Agenda 2013-2018

- By December 31, 2018, reduce the Chlamydia case rate in New York among females aged 15-44 years to no more than 667.0 cases per 100,000 population.

Chlamydia is a sexually transmitted disease caused by the bacteria *Chlamydia trachomatis*. Although chlamydia is easily treated, 70% of women and 50% of men do not show symptoms.[2] Complications of the infection may lead to inflammation of the cervix in women and inflammation of the urethra in men. Additional complications include pelvic inflammatory disease (PID), which can lead to infertility. In fact, chlamydia is the leading cause of infertility in the United States. Pregnant women can pass chlamydia to their babies during childbirth. This may cause problems in newborns, like chlamydial pneumonia or conjunctivitis. Patients are also more susceptible to HIV infection and other STDs, if exposed.[7]

Chlamydia case rate per 100,000 women- aged 15-44 years, 2014-2016 [8]



In 2016, there were 2700 cases of Chlamydia amongst women aged 15-44 years in the Capital Region.[8] The highest rate was in Schenectady County (1,943.0/100,000). None of the counties of the Capital Region met the Prevention Agenda objective (667.0). Albany and Schenectady counties were also both above the NYS excluding NYC rate. With the exception of Greene and Rensselaer counties, the Capital Region counties have experienced increases in female Chlamydia rates over the last decade.

Syphilis

Objective

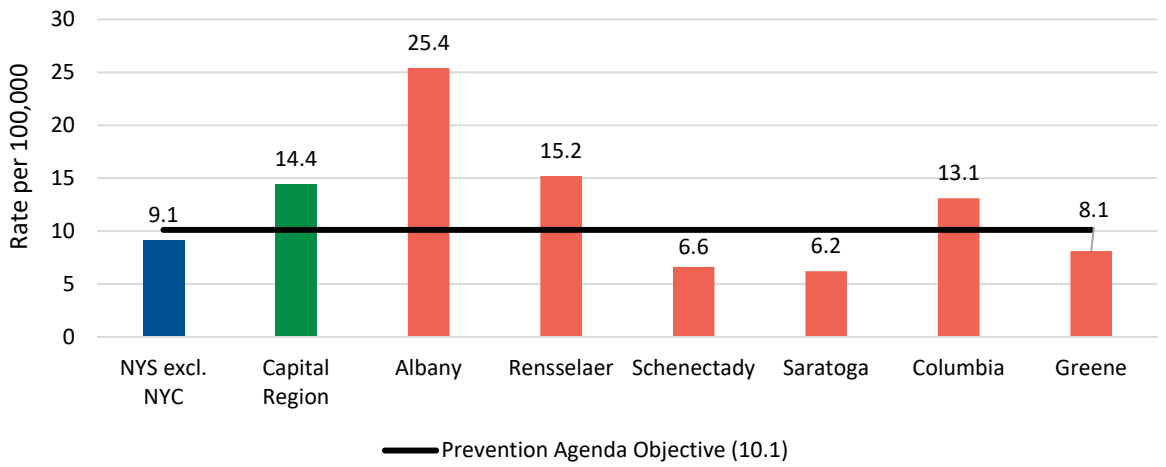
New York State Prevention Agenda 2013-2018

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

Syphilis is a sexually transmitted disease caused by the bacteria *Treponema pallidum*. It progresses through various stages that can last months or years depending on the individual. The primary stage is marked by a painless sore at the location where syphilis entered the body. Left untreated, the sore will go away in a few weeks, and the disease will progress to the secondary stage. This stage is represented by skin rashes or legions in the mucous membranes, and can be accompanied by fever, weight and hair loss, muscle aches, and swollen lymph glands. The rashes may be too light to be noticed, however, and untreated syphilis will pass into the late and latent stages when left untreated. At this point, all symptoms disappear and the disease can lay latent for months or years. In 15% of untreated people, syphilis can lead to difficulty coordinating muscle movements, paralysis, numbness, dementia, and/or death. Pregnant women with untreated syphilis can pass the disease on to their babies, causing low birth weight, developmental delays, or death. People with genital sores are also at higher risk for transmitting or acquiring HIV. Curing syphilis can be done with an intramuscular injection of penicillin or an appropriate antibiotic, such as tetracyclin.[9,10]

Although the disease was more prevalent in heterosexual minorities ages 30-39 in the 1990s, the 2000s saw an epidemiologic shift. More recently, syphilis is most prevalent in 20-29 year-old men who have sex with men (MSM). 79.6% of all primary and secondary syphilis cases in the United States in 2017 were found in MSM.[9]

Primary and secondary syphlis case rate per 100,000 men, 2014-2016[11]



In 2016, there were 68 cases of syphilis in men in the Capital Region. With the exception of Albany, Rensselaer and Columbia counties, the Capital Region counties met the Prevention Agenda objective for no

more than 10.1 cases per 100,000 males. The highest rate is in Albany County (25.4). For women, all Capital Region counties met the Prevention Agenda objective (0.4/100,000) with the exception of Rensselaer (1.2) and Schenectady (1.3) counties. There were only two cases of syphilis for females in the Capital Region.[11]

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11. Primary and secondary syphilis case rate per 100,000 men, 2016, New York State Department of Health https://webbi1.health.ny.gov/SASStoredProcess/guest?_program=/EBI/PHIG/apps/dashboard/pa_dashboard&p=it&ind_id=pa38_0

Lyme Disease

Highlights

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

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

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

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

Lyme disease incidence per 100,000, 2017 [3]	
NYS excl. NYC	77.8
Capital Region	241.0
Albany County	148.6
Rensselaer County	395.5
Schenectady County	74.4
Saratoga County	139.2
Columbia County	711.6
Greene County	753.6

The Capital Region had over 2,300 cases of Lyme disease in 2017. Greene, Columbia and Rensselaer counties had the top three Lyme disease rates of all New York State counties.[3]

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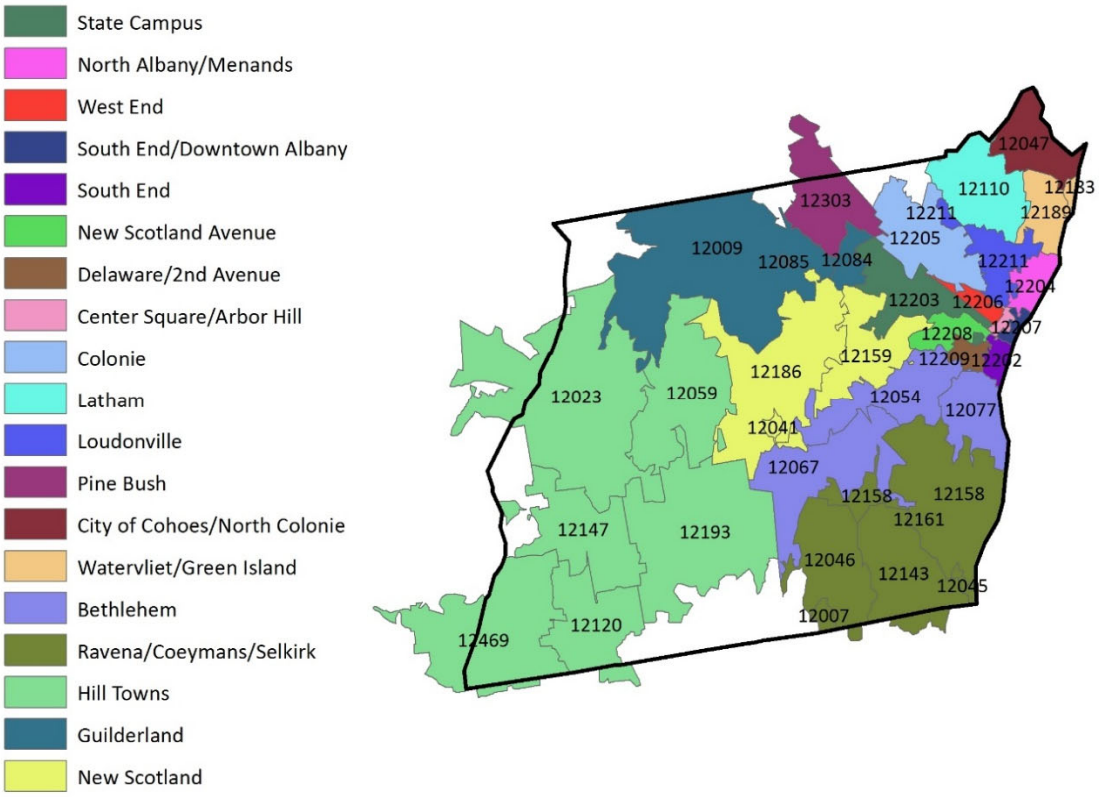
X. Appendices

Capital Region ZIP Code Groupings and Neighborhoods Maps

Albany County ZIP Codes and Neighborhoods (ZIP Code Groupings)

ZIP Code	Neighborhood/Region
	State Campus
12203	Westmere/Melrose/Pine Hills
	N. Albany/Menands
12204	N. Albany/Menands
	West End
12206	West End/West Hill
	South End
12202	South End/Mansion/Second Avenue
	South End/Downtown Albany
12207	Downtown Albany/Warehouse District
	New Scotland Avenue
12208	New Scotland/Normanskill/Buckingham
	Delaware/2nd Avenue
12209	Delaware/2nd Avenue/Whitehall
	Center Square/Arbor Hill
12210	Center Square/Arbor Hill
	Colonie
12205	Colonies Village/Maywood/Roessleville/Sand Creek Road
	Latham
12110	Latham
	Loudonville
12211	Loudonville
	Pine Bush
12303	Carman/Lydius/Old State/Hungerkill/Fort Hunter
	City of Cohoes/North Colonie
12047	City of Cohoes/North Colonies/Bought Corners
	Watervliet/Green Island
12189	Watervliet/East Colonie/Haswell Road
12183	Green Island
	Bethlehem
12054	Delmar

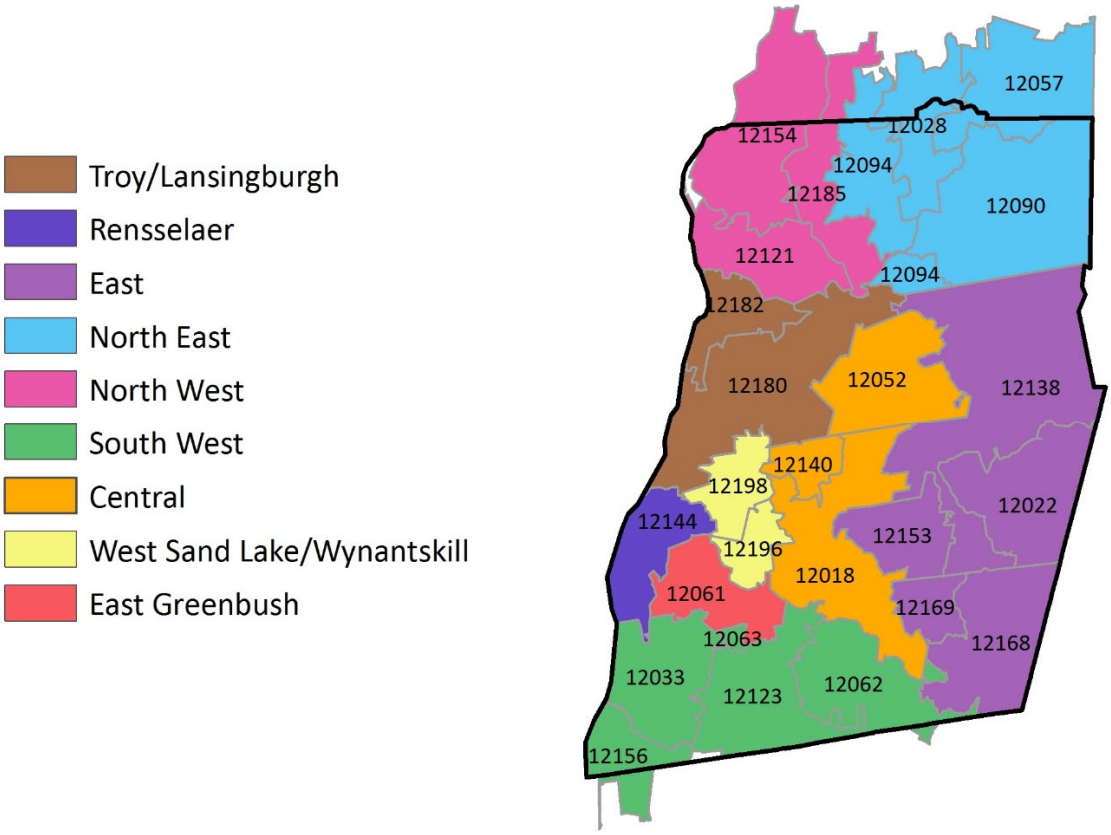
12067	Fuera Bush
12077	Glenmont
	Ravena/Coeymans/Selkirk
12143	Ravena
12158	Selkirk
12046	Coeymans Hollow
12007	Alcove
	Hill Towns
12059	East Berne/Knox
12023	Berne/Knox
12147	Rensselaerville
12120	Westerlo
12193	Medusa
12469	Preston Hollow
	Guilderland
12084	Guilderland
12009	Altamont/Knox/Guilderland Center
	New Scotland
12159	Slingerlands
12186	Voorheesville
12041	Clarksville



Rensselaer County ZIP Codes and Neighborhoods (ZIP Code Grouping)

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

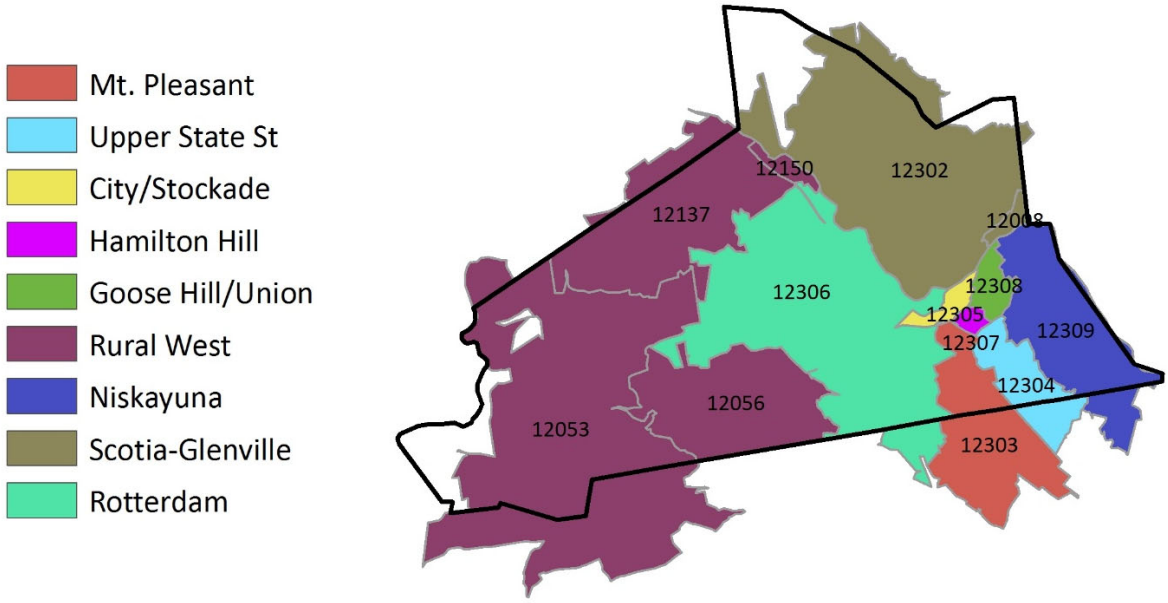
Rensselaer County Neighborhoods Map



Schenectady County ZIP Codes and Neighborhoods (ZIP Code Groupings)

ZIP Code	Neighborhood/Region
	Mont Pleasant
12303	Mont Pleasant
	Upper State Street
12304	Upper State Street
	City/Stockade
12305	City/Stockade
	Hamilton Hill
12307	Hamilton Hill
	Goose Hill/Union
12308	Goose Hill/Union
	Rural West
12053	Delanson
12056	Duanesberg
12137	Princetown
12150	Rotterdam Junction
	Niskayauna
12309	Niskayauna
	Scotia-Glenville
12302	Scotia-Glenville
12008	Glenville
	Rotterdam
12306	Rotterdam

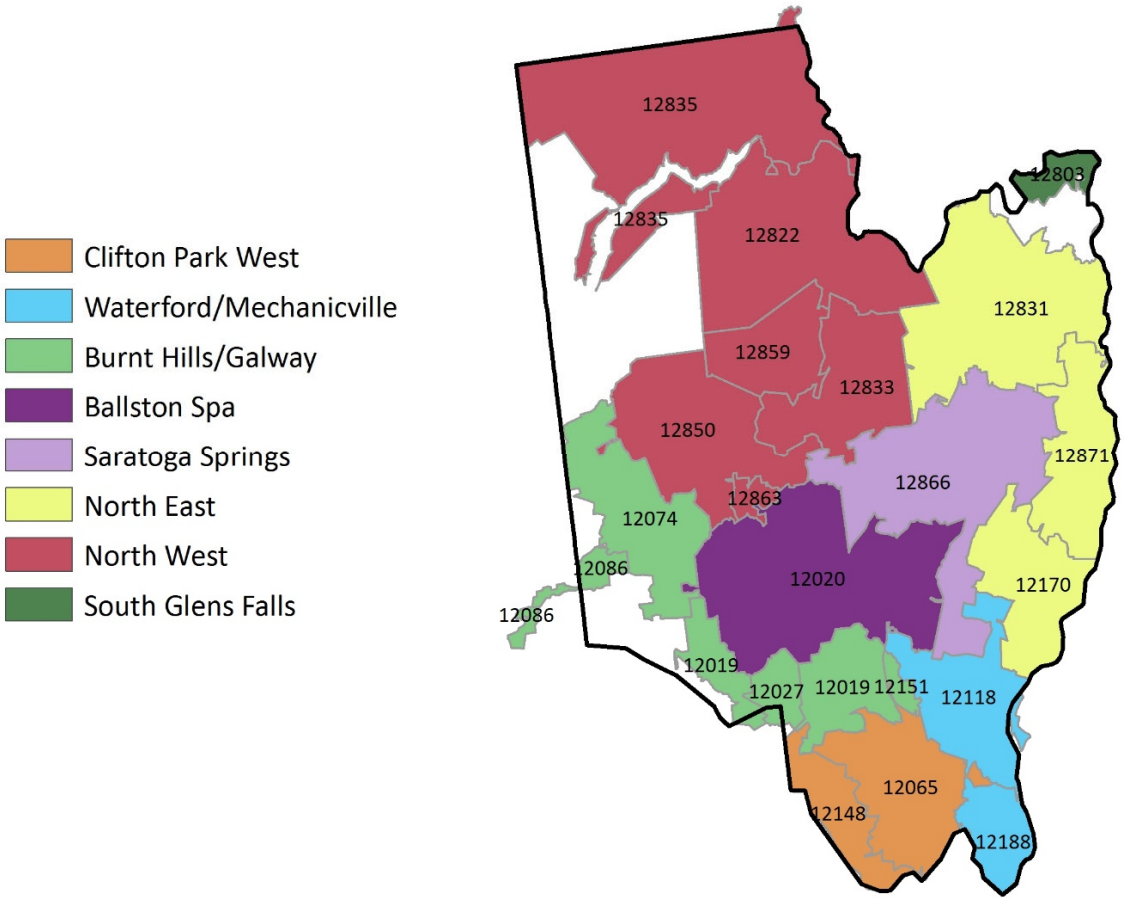
Schenectady County Neighborhoods Map



Saratoga County ZIP Codes and Neighborhoods (ZIP Code Groupings)

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

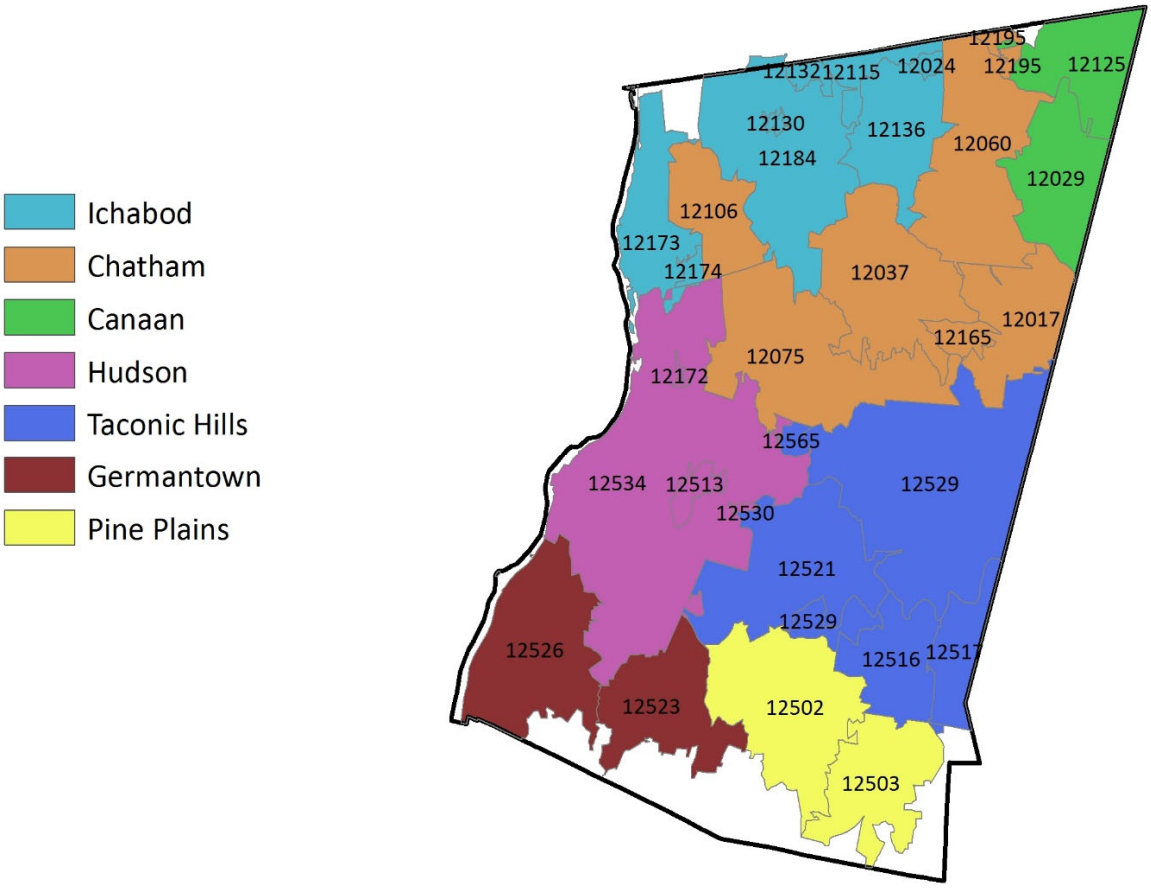
Saratoga County Neighborhoods Map



Columbia County ZIP Codes and Neighborhoods (ZIP Code Grouping)

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

Columbia County Neighborhoods Map

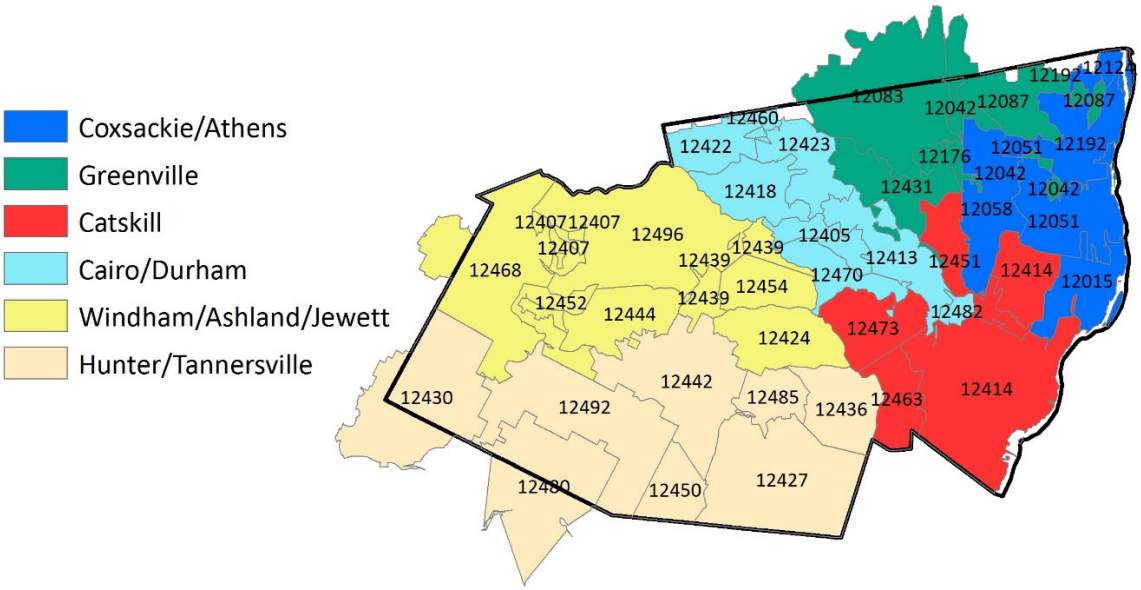


Greene County ZIP Codes and Neighborhoods (ZIP Code Groupings)

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

12436	Haines Falls
12442	Hunter
12450	Lanesville
12480	Shandaken
12485	Tannersville
12492	West Kill

Greene County Neighborhoods Map



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

The following section contains charts representing socio-demographic indicators by neighborhood. All indicators are for the most recent available years, 2012-2016, and are from U.S. Census Bureau, 2012-2016 5-Year American Community Survey.

Note:

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

Population by Age for Albany County by Neighborhood

U.S. Census Bureau, 2012-2016 5-Year American Community Survey

Neighborhood	Total Population	<5 Years		5-14 Years		15-19 Years		20-44 Years		45-64 Years		65-74 Years		75 Years and Above	
		#	%	#	%	#	%	#	%	#	%	#	%	#	%
State Campus	30,625	796	2.6	1,960	6.4	2,848	9.3	13,261	43.3	6,891	22.5	2,205	7.2	2,695	8.8
N. Albany/ Menands	7,196	518	7.2	835	11.6	446	6.2	2,887	40.1	1,763	24.5	496	6.9	252	3.5
West End	15,591	1,247	8.0	2,557	16.4	1,060	6.8	5,784	37.1	3,539	22.7	920	5.9	499	3.2
South End	9,076	708	7.8	1,044	11.5	554	6.1	3394	37.4	2441	26.9	590	6.5	354	3.9
South End/ Downtown	1,417	82	5.8	85	6.0	0	0.0	448	31.6	548	38.7	146	10.3	111	7.8
New Scotland Avenue	21,898	1,007	4.6	1,818	8.3	788	3.6	10,315	47.1	4,796	21.9	1,533	7.0	1,620	7.4
Delaware/ 2nd Avenue	11,742	1,127	9.6	1,409	12.0	575	4.9	4,580	39.0	2,864	24.4	775	6.6	434	3.7
Center Square	9,005	468	5.2	567	6.3	108	1.2	4,827	53.6	2,214	24.6	522	5.8	306	3.4
Colonie	27,196	1,224	4.5	2,529	9.3	1,659	6.1	8,757	32.2	7,860	28.9	2,502	9.2	2,638	9.7
Latham	22,471	607	2.7	2,225	9.9	2,741	12.2	6,989	31.1	6,494	28.9	1,775	7.9	1,640	7.3
Loudonville	11,401	479	4.2	1,209	10.6	616	5.4	3,102	27.2	3,214	28.2	1,391	12.2	1,391	12.2
Pine Bush	29,130	1,777	6.1	3,903	13.4	2,039	7.0	8,505	29.2	8,447	29.0	2,651	9.1	1,835	6.3
City of Cohoes/ N Colonie	20,363	1,263	6.2	2,016	9.9	1,039	5.1	7,168	35.2	5,335	26.2	1,710	8.4	1,853	9.1
Watervliet/ GI	20,362	1,334	6.6	2,213	10.9	1,244	6.1	7,636	37.5	4,832	23.7	1,860	9.1	1,242	6.1
Bethlehem	25,287	1,408	5.6	3,093	12.2	1,828	7.2	6,678	26.4	8,075	31.9	2,513	9.9	1,657	6.6
RCS	12,846	721	5.6	1,581	12.3	1,109	8.6	3,932	30.6	3,719	29.0	930	7.2	834	6.5
Hill Towns	7,591	332	4.4	755	9.9	351	4.6	1,918	25.3	2,774	36.5	864	11.4	590	7.8
Guilderland	13,333	695	5.2	1,554	11.7	798	6.0	4,980	37.4	3,384	25.4	976	7.3	938	7.0
New Scotland	14,828	614	4.1	1,898	12.8	1,120	7.6	3,393	22.9	4,807	32.4	1,769	11.9	1,220	8.2
Albany County	307,891	15,395	5.0	32,021	10.4	24,015	7.8	107,147	34.8	82,514	26.8	25,247	8.2	21,552	7.0

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

Population by Poverty Level for Albany County by Neighborhood

U.S. Census Bureau, 2012-2016 5-Year American Community Survey

Neighborhood	Population for whom poverty status is determined	50% of Poverty Level		100% of Poverty Level		150% of Poverty Level		200% of Poverty Level	
		#	%	#	%	#	%	#	%
State Campus	26,957	2,722	10.1	4,610	17.1	6,236	23.1	7,871	29.2
N. Albany/Menands	7,182	391	5.4	1,068	14.9	1,891	26.3	2,606	36.3
West End	15,459	2,538	16.4	5,480	35.4	7,994	51.7	8,786	56.8
South End	9,076	1,487	16.4	2,988	32.9	4,613	50.8	5,631	62.0
South End/Downtown Albany	1,417	293	20.7	703	49.6	949	67.0	1,087	76.7
New Scotland Avenue	21,395	1,820	8.5	3,738	17.5	5,012	23.4	6,539	30.6
Delaware/2nd Avenue	11,733	1,518	12.9	2,959	25.2	4,039	34.4	4,653	39.7
Center Square	8,997	973	10.8	2,253	25.0	3,056	34.0	3,760	41.8
Colonie	27,159	822	3.0	1,929	7.1	3,844	14.2	6,063	22.3
Latham	19,398	693	3.6	1,281	6.6	2,286	11.8	3,486	18.0
Loudonville	10,906	301	2.8	540	5.0	1,155	10.6	1,549	14.2
Pine Bush	29,110	1,175	4.0	2,935	10.1	5,229	18.0	7,670	26.3
City of Cohoes/ North Colonie	19,546	1,375	7.0	2,672	13.7	4,267	21.8	5,769	29.5
Watervliet/Green Island	20,215	997	4.9	2,556	12.6	4,030	19.9	5,580	27.6
Bethlehem	25,060	701	2.8	1,177	4.7	1,999	8.0	3,124	12.5
Ravena/Coeymans/Selkirk	12,784	541	4.2	1,174	9.2	1,558	12.2	2,414	18.9
Hill Towns	7,546	158	2.1	616	8.2	997	13.2	1,520	20.1
Guilderland	13,112	480	3.7	884	6.7	1,350	10.3	2,035	15.5
New Scotland	14,699	351	2.4	639	4.3	1,006	6.8	1,788	12.2
Albany County	**292,086**	**18,405**	**6.3**	**37,749**	**12.9**	**57,450**	**19.7**	**76,274**	**26.1**

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

Population by Race/Ethnicity for Albany County by Neighborhood

U.S. Census Bureau, 2012-2016 5-Year American Community Survey

	Race								Ethnicity	
	White		Black		Asian		Other		Hispanic or Latino	
Neighborhood	#	%	#	%	#	%	#	%	#	%
State Campus	23,584	77.0	3,098	10.1	2,568	8.4	1,375	4.5	1,811	5.9
N. Albany/Menands	3,664	50.9	2,013	28.0	852	11.8	667	9.3	906	12.6
West End	5,403	34.7	8,168	52.4	624	4.0	1,396	9.0	2,075	13.3
South End	2,108	23.2	5,865	64.6	84	0.9	1,019	11.2	1,118	12.3
South End/Downtown Albany	530	37.4	682	48.1	98	6.9	107	7.6	89	6.3
New Scotland Avenue	15,895	72.6	2,409	11.0	2,005	9.2	1,589	7.3	1,396	6.4
Delaware/2nd Avenue	6,169	52.5	3,196	27.2	1,235	10.5	1,142	9.7	1,294	11.0
Center Square	4,027	44.7	4,221	46.9	205	2.3	552	6.1	894	9.9
Colonie	22,724	83.6	1,695	6.2	1,765	6.5	1,012	3.7	1,068	3.9
Latham	17,877	79.6	1,438	6.4	2,073	9.2	1,083	4.8	1,363	6.1
Loudonville	9,628	84.4	614	5.4	809	7.1	350	3.1	247	2.2
Pine Bush	21,864	75.1	3,100	10.6	1,744	6.0	2,422	8.3	2,078	7.1
City of Cohoes/ North Colonie	18,295	89.8	716	3.5	357	1.8	995	4.9	758	3.7
Watervliet/ Green Island	16,547	81.3	1,245	6.1	1,416	7.0	1,154	5.7	1,194	5.9
Bethlehem	23,185	91.7	562	2.2	883	3.5	657	2.6	385	1.5
Ravena/Coeymans/ Selkirk	12,208	95.0	398	3.1	23	0.2	217	1.7	183	1.4
Hill Towns	7,374	97.1	51	0.7	97	1.3	69	0.9	107	1.4
Guilderland	11,008	82.6	395	3.0	1,336	10.0	594	4.5	530	4.0
New Scotland	13,617	91.8	205	1.4	743	5.0	263	1.8	482	3.3
Albany County	**235,711**	**76.6**	**38,530**	**12.5**	**18,629**	**6.1**	**15,021**	**4.9**	**17,098**	**5.6**

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

Population by Age for Rensselaer County by Neighborhood

U.S. Census Bureau, 2012-2016 5-Year American Community Survey

Neighborhood	Total Population	<5 Years		5-14 Years		15-19 Years		20-44 Years		45-64 Years		65-74 Years		75 Years and Above	
		#	%	#	%	#	%	#	%	#	%	#	%	#	%
Troy/Lansingburgh	68,123	3,934	5.8	6,812	10.0	5,850	8.6	25,256	37.1	16,700	24.5	5,181	7.6	4,352	6.4
Rensselaer	19,622	1,118	5.7	2,139	10.9	1,118	5.7	6,318	32.2	5,965	30.4	1,668	8.5	1,315	6.7
East	7,457	320	4.3	808	10.8	466	6.2	1,965	26.4	2,550	34.2	757	10.2	601	8.1
North East	11,782	663	5.6	1,826	15.5	927	7.9	3,277	27.8	3,356	28.5	1,008	8.6	742	6.3
North West	6,897	238	3.5	787	11.4	616	8.9	1,705	24.7	2,370	34.4	723	10.5	462	6.7
South West	16,407	652	4.0	2,136	13.0	888	5.4	4,676	28.5	5,413	33.0	1,674	10.2	962	5.9
Central	10,490	495	4.7	1,227	11.7	568	5.4	2,671	25.5	3,726	35.5	1,109	10.6	698	6.7
W. Sand Lake/ Wynantskill	11,829	845	7.1	1,291	10.9	725	6.1	3,854	32.6	3,365	28.4	1,154	9.8	597	5.0
East Greenbush	9,969	389	3.9	1,455	14.6	608	6.1	2,990	30.0	2,931	29.4	867	8.7	738	7.4
Rensselaer County	**159,959**	**8,638**	**5.4**	**17,915**	**11.2**	**11,517**	**7.2**	**52,146**	**32.6**	**45,588**	**28.5**	**13,757**	**8.6**	**10,397**	**6.5**

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

Population by Poverty Level for Rensselaer County by Neighborhood

U.S. Census Bureau, 2012-2016 5-Year American Community Survey

Neighborhood	Population for whom poverty status is determined	50% of Poverty Level		100% of Poverty Level		150% of Poverty Level		200% of Poverty Level	
		#	%	#	%	#	%	#	%
Troy/Lansingburgh	63,034	6,353	10.1	12,532	19.9	18,615	29.5	23,548	37.4
Rensselaer	19,486	1,266	6.5	2,316	11.9	3,742	19.2	5,129	26.3
East	7,436	193	2.6	564	7.6	1,034	13.9	1,600	21.5
North East	11,708	472	4.0	1,191	10.2	2,315	19.8	3,483	29.7
North West	6,836	201	2.9	544	8.0	842	12.3	1,326	19.4
South West	16,303	410	2.5	879	5.4	1,462	9.0	2,748	16.9
Central	10,487	297	2.8	440	4.2	799	7.6	1,173	11.2
W. Sand Lake/Wynantskill	11,792	262	2.2	532	4.5	922	7.8	1,613	13.7
East Greenbush	9,683	32	0.3	213	2.2	500	5.2	796	8.2
Rensselaer County	**154,158**	**9,352**	**6.1**	**19,064**	**12.4**	**29,848**	**19.4**	**40,808**	**26.5**

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

Population by Race/Ethnicity for Rensselaer County by Neighborhood

U.S. Census Bureau, 2012-2016 5-Year American Community Survey

		Race								Ethnicity	
		White		Black		Asian		Other		Hispanic or Latino	
Neighborhood	**Total**	**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**
Troy/Lansingburgh	68,123	53,121	78.0	8,150	12.0	2,227	3.3	4,625	6.8	4,947	7.3
Rensselaer	19,622	16,789	85.6	899	4.6	946	4.8	988	5.0	1,030	5.2
East	7,457	7,396	99.2	0	0.0	21	0.3	40	0.5	132	1.8
North East	11,782	11,510	97.7	35	0.3	57	0.5	180	1.5	166	1.4
North West	6,897	6,629	96.1	141	2.0	14	0.2	113	1.6	37	0.5
South West	16,407	15,685	95.6	295	1.8	98	0.6	329	2.0	188	1.1
Central	10,490	10,255	97.8	37	0.4	30	0.3	168	1.6	204	1.9
W. Sand Lake/ Wynantskill	11,829	11,214	94.8	213	1.8	73	0.6	329	2.8	220	1.9
East Greenbush	9,969	8,953	89.8	172	1.7	531	5.3	313	3.1	260	2.6
Rensselaer County	**159,959**	**139,014**	**86.9**	**9,937**	**6.2**	**3,940**	**2.5**	**7,068**	**4.4**	**7,182**	**4.5**

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

Population by Age for Schenectady County by Neighborhood

U.S. Census Bureau, 2012-2016 5-Year American Community Survey

Neighborhood	Total Population	<5 Years		5-14 Years		15-19 Years		20-44 Years		45-64 Years		65-74 Years		75 Years and Above	
		#	%	#	%	#	%	#	%	#	%	#	%	#	%
Mt. Pleasant	29,130	1,777	6.1	3,903	13.4	2,039	7.0	8,505	29.2	8,447	29.0	2,651	9.1	1,835	6.3
Upper State St.	23,964	1,510	6.3	3,259	13.6	1,294	5.4	8,101	33.8	6,063	25.3	1,797	7.5	1,941	8.1
City/Stockade	4,883	112	2.3	142	2.9	420	8.6	2,103	43.1	1,459	29.9	425	8.7	230	4.7
Hamilton Hill	6,615	668	10.1	959	14.5	662	10.0	2,249	34.0	1,574	23.8	344	5.2	159	2.4
Goose Hill/ Union	14,575	991	6.8	1,443	9.9	1,443	9.9	5,582	38.3	3,426	23.5	991	6.8	714	4.9
Rural-West	10,022	438	4.4	1,090	10.9	841	8.4	3,129	31.2	3,200	31.9	781	7.8	550	5.5
Niskayuna	29,912	1,765	5.9	3,739	12.5	1,825	6.1	8,077	27.0	9,184	30.7	2,752	9.2	2,572	8.6
Scotia-Glenville	28,130	1,410	5.0	3,764	13.4	1,418	5.0	7,876	28.0	8,280	29.4	2,736	9.7	2,564	9.1
Rotterdam	25,098	1,180	4.7	3,037	12.1	1,506	6.0	7,755	30.9	7,654	30.5	2,158	8.6	1,857	7.4
Schenectady County	**154,845**	**9,136**	**5.9**	**18,736**	**12.1**	**10,375**	**6.7**	**48,931**	**31.6**	**43,356**	**28.0**	**12,697**	**8.2**	**11,613**	**7.5**

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

Population by Poverty Level for Schenectady County by Neighborhood

U.S. Census Bureau, 2012-2016 5-Year American Community Survey

Neighborhood	Population for whom poverty status is determined	50% of Poverty Level		100% of Poverty Level		150% of Poverty Level		200% of Poverty Level	
		#	%	#	%	#	%	#	%
Mt. Pleasant	29,110	1,175	4.0	2,935	10.1	5,229	18.0	7,670	26.3
Upper State St.	23,273	2,098	9.0	3,451	14.8	5,548	23.8	7,323	31.5
City/Stockade	3,900	462	11.8	1,016	26.1	1,559	40.0	1,902	48.8
Hamilton Hill	6,615	1,523	23.0	3,136	47.4	3,784	57.2	4,358	65.9
Goose Hill/ Union	13,109	848	6.5	2,435	18.6	4,135	31.5	5,078	38.7
Rural-West	10,006	355	3.5	598	6.0	1,024	10.2	1,930	19.3
Niskayuna	29,735	585	2.0	1,396	4.7	2,483	8.4	3,580	12.0
Scotia-Glenville	27,556	731	2.7	1,443	5.2	2,770	10.1	4,185	15.2
Rotterdam	25,043	897	3.6	2,256	9.0	4,041	16.1	6,382	25.5
Schenectady County	**150,899**	**8,377**	**5.6**	**18,055**	**12.0**	**29,294**	**19.4**	**40,207**	**26.6**

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

Population by Race/Ethnicity for Schenectady County by Neighborhood

U.S. Census Bureau, 2012-2016 5-Year American Community Survey

		Race								Ethnicity	
		White		Black		Asian		Other		Hispanic or Latino	
Neighborhood	**Total**	**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**
Mt. Pleasant	29,130	21,864	75.1	3,100	10.6	1,744	6.0	2,422	8.3	2,078	7.1
Upper State St.	23,964	14,843	61.9	4,199	17.5	1,087	4.5	3,835	16.0	2,170	9.1
City/Stockade	4,883	3,315	67.9	1,011	20.7	108	2.2	449	9.2	489	10.0
Hamilton Hill	6,615	2,137	32.3	3,110	47.0	212	3.2	1,156	17.5	1,094	16.5
Goose Hill/Union	14,575	9,770	67.0	2,136	14.7	1,196	8.2	1,473	10.1	1,600	11.0
Rural- West	10,022	9,648	96.3	21	0.2	188	1.9	165	1.6	238	2.4
Niskayuna	29,912	25,263	84.5	1,440	4.8	2,313	7.7	896	3.0	767	2.6
Scotia-Glenville	28,130	26,600	94.6	484	1.7	430	1.5	616	2.2	994	3.5
Rotterdam	25,098	23,039	91.8	574	2.3	611	2.4	874	3.5	1,010	4.0
Schenectady County	**154,845**	**120,729**	**78.0**	**15,486**	**10.0**	**6,900**	**4.5**	**11,730**	**7.6**	**10,165**	**6.6**

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

Population by Age for Saratoga County by Neighborhood

U.S. Census Bureau, 2012-2016 5-Year American Community Survey

Neighborhood	Total Population	<5 Years		5-14 Years		15-19 Years		20-44 Years		45-64 Years		65-74 Years		75 Years and Above	
		#	%	#	%	#	%	#	%	#	%	#	%	#	%
Clifton Park West	47,655	2,440	5.1	6,181	13.0	2,893	6.1	14,667	30.8	14,239	29.9	4,359	9.1	2,832	5.9
Waterford/ Mechanicville	25,139	1,457	5.8	2,840	11.3	1,097	4.4	8,512	33.9	7,203	28.7	2,304	9.2	1,776	7.1
Burnt Hills/Galway	23,178	1,167	5.0	2,787	12.0	1,297	5.6	5,819	25.1	7,426	32.0	2,910	12.6	1,753	7.6
Ballston Spa	33,044	1,784	5.4	4,031	12.2	2,346	7.1	10,772	32.6	9,616	29.1	2,941	8.9	1,553	4.7
Saratoga Springs	38,422	1,767	4.6	3,612	9.4	2,613	6.8	12,487	32.5	10,796	28.1	4,034	10.5	3,112	8.1
North East	26,602	1,695	6.4	3,935	14.8	1,835	6.9	8,055	30.3	8,110	30.5	1,558	5.9	1,398	5.3
North West	18,808	1,124	6.0	2,237	11.9	1,247	6.6	5,316	28.3	5,698	30.3	1,951	10.4	1,240	6.6
South Glens Falls	8,386	419	5.0	956	11.4	679	8.1	2,365	28.2	2,641	31.5	838	10.0	495	5.9
Saratoga County	**224,929**	**11,696**	**5.2**	**27,216**	**12.1**	**14,171**	**6.3**	**69,054**	**30.7**	**67,028**	**29.8**	**21,368**	**9.5**	**14,395**	**6.4**

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

Population by Poverty Level for Saratoga County by Neighborhood

U.S. Census Bureau, 2012-2016 5-Year American Community Survey

Neighborhood	Population for whom poverty status is determined	50% of Poverty Level		100% of Poverty Level		150% of Poverty Level		200% of Poverty Level	
		#	%	#	%	#	%	#	%
Clifton Park West	47,428	842	1.8	2,593	5.5	4,156	8.8	6,247	13.2
Waterford/Mechanicville	24,950	954	3.8	1,816	7.3	3,394	13.6	4,614	18.5
Burnt Hills/Galway	23,137	471	2.0	896	3.9	1,668	7.2	2,833	12.2
Ballston Spa	32,451	936	2.9	2,468	7.6	4,722	14.6	6,511	20.1
Saratoga Springs	35,632	1,034	2.9	2,294	6.4	4,124	11.6	6,305	17.7
North East	26,217	475	1.8	1,178	4.5	2,796	10.7	4,549	17.4
North West	18,767	619	3.3	2,049	10.9	3,198	17.0	4,653	24.8
South Glens Falls	8,377	217	2.6	608	7.3	1,163	13.9	2,023	24.1
Saratoga County	**220,619**	**5,762**	**2.6**	**14,193**	**6.4**	**25,710**	**11.7**	**38,714**	**17.5**

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

Population by Race/Ethnicity for Saratoga County by Neighborhood

U.S. Census Bureau, 2012-2016 5-Year American Community Survey

		Race								Ethnicity	
		White		Black		Asian		Other		Hispanic or Latino	
Neighborhood	**Total**	**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**
Clifton Park West	47,655	42,470	89.1	1,083	2.3	2,881	6.0	1,221	2.6	2,185	4.6
Waterford/ Mechanicville	25,139	23,448	93.3	399	1.6	748	3.0	544	2.2	431	1.7
Burnt Hills/Galway	23,178	21,979	94.8	208	0.9	464	2.0	527	2.3	287	1.2
Ballston Spa	33,044	31,586	95.6	342	1.0	498	1.5	618	1.9	887	2.7
Saratoga Springs	38,422	35,584	92.6	624	1.6	1,262	3.3	952	2.5	1,373	3.6
North East	26,602	25,500	95.9	626	2.4	84	0.3	392	1.5	687	2.6
North West	18,808	18,125	96.4	95	0.5	50	0.3	538	2.9	350	1.9
South Glens Falls	8,386	8,152	97.2	146	1.7	30	0.4	58	0.7	172	2.1
Saratoga	**224,929**	**210,462**	**93.6**	**3,582**	**1.6**	**5,991**	**2.7**	**4,894**	**2.2**	**6,431**	**2.9**

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

Population by Age for Columbia County by Neighborhood

U.S. Census Bureau, 2012-2016 5-Year American Community Survey

Neighborhood	Total Population	<5 Years		5-14 Years		15-19 Years		20-44 Years		45-64 Years		65-74 Years		75 Years and Above	
		#	%	#	%	#	%	#	%	#	%	#	%	#	%
Ichabod	11,191	507	4.5	1,304	11.7	609	5.4	2,882	25.8	3,702	33.1	1,307	11.7	863	7.7
Chatham	11,668	358	3.1	1,202	10.3	745	6.4	2,770	23.7	4,013	34.4	1,544	13.2	1,042	8.9
Canaan	2,605	64	2.5	289	11.1	234	9.0	708	27.2	760	29.2	335	12.9	213	8.2
Hudson	18,990	1,012	5.3	1,983	10.4	964	5.1	5,752	30.3	5,514	29.0	2,050	10.8	1,732	9.1
Taconic Hills	7,906	323	4.1	769	9.7	416	5.3	2,074	26.2	2,580	32.6	1,008	12.7	732	9.3
Germantown	5,209	203	3.9	443	8.5	364	7.0	1,311	25.2	1,785	34.3	535	10.3	566	10.9
Pine Plains	1,814	76	4.2	168	9.3	100	5.5	389	21.4	644	35.5	286	15.8	150	8.3
Columbia County	**61,860**	**3,650**	**5.9**	**7,485**	**12.1**	**4,145**	**6.7**	**19,547**	**31.6**	**17,320**	**28.0**	**5,072**	**8.2**	**4,640**	**7.5**

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

Population by Poverty Level for Columbia County by Neighborhood

U.S. Census Bureau, 2012-2016 5-Year American Community Survey

Neighborhood Name	Population for whom poverty status is determined	50% of Poverty Level		100 % of Poverty Level		150% of Poverty Level		200% of Poverty Level	
		#	%	#	%	#	%	#	%
Ichabod	10,903	544	5.0	950	8.7	1,878	17.2	2,577	23.6
Chatham	11,329	427	3.8	1,077	9.5	1,918	16.9	3,179	28.1
Canaan	2,457	163	6.6	300	12.2	543	22.1	736	30.0
Hudson	18,005	1,285	7.1	3,168	17.6	4,938	27.4	6,443	35.8
Taconic Hills	7,764	724	9.3	1,214	15.6	1,839	23.7	2,427	31.3
Germantown	5,194	213	4.1	373	7.2	677	13.0	1,018	19.6
Pine Plains	1,798	131	7.3	265	14.7	347	19.3	446	24.8
Columbia County	**59,885**	**3,604**	**6.0**	**7,605**	**12.7**	**12,516**	**20.9**	**17,385**	**29.0**

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

Population by Race/Ethnicity for Columbia County by Neighborhood

U.S. Census Bureau, 2012-2016 5-Year American Community Survey

		Race								Ethnicity	
		White		Black		Asian		Other		Hispanic or Latino	
Neighborhood	**Total**	#	%	#	%	#	%	#	%	#	%
Ichabod	11,191	10,502	93.8	173	1.5	50	0.4	466	4.2	610	5.5
Chatham	11,668	10,976	94.1	402	3.4	98	0.8	192	1.6	179	1.5
Canaan	2,605	2,360	90.6	66	2.5	62	2.4	117	4.5	99	3.8
Hudson	18,990	15,118	79.6	1,857	9.8	696	3.7	1,319	6.9	1,123	5.9
Taconic Hills	7,906	7,548	95.5	58	0.7	61	0.8	239	3.0	179	2.3
Germantown	5,209	4,896	94.0	31	0.6	88	1.7	194	3.7	387	7.4
Pine Plains	1,814	1,660	91.5	84	4.6	49	2.7	21	1.2	42	2.3
Columbia County	**61,860**	**55,383**	**89.5**	**2,693**	**4.4**	**1,177**	**1.9**	**2,607**	**4.2**	**2,679**	**4.3**

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

Population by Age for Greene County by Neighborhood

U.S. Census Bureau, 2012-2016 5-Year American Community Survey

Neighborhood	Total Population	<5 Years		5-14 Years		15-19 Years		20-44 Years		45-64 Years		65-74 Years		75 Years and Above	
		#	%	#	%	#	%	#	%	#	%	#	%	#	%
Coxsackie / Athens	13,746	691	5.0	1,217	8.9	1,023	7.4	4,794	34.9	3,846	28.0	1,392	10.1	791	5.8
Greenville	6,482	317	4.9	699	10.8	399	6.1	1,778	27.4	2,063	31.8	731	11.3	486	7.5
Catskill	14,578	610	4.2	1,728	11.9	1,063	7.3	4,062	27.9	4,583	31.4	1,327	9.1	1,185	8.1
Cairo/Durham	6,735	292	4.3	643	9.6	419	6.2	1,926	28.6	2,081	30.9	785	11.7	585	8.7
Windham/Ashland/ Jewett	4,405	88	2.0	289	6.6	214	4.9	826	18.7	1,561	35.4	771	17.5	656	14.9
Hunter / Tannersville	4,960	215	4.3	291	5.9	190	3.8	995	20.1	1,880	37.9	844	17.0	547	11.0
Greene County	**48,069**	**2,115**	**4.4**	**4,567**	**9.5**	**3,173**	**6.6**	**13,796**	**28.7**	**14,901**	**31.0**	**5,528**	**11.5**	**3,942**	**8.2**

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

Population by Poverty Level for Greene County by Neighborhood

U.S. Census Bureau, 2012-2016 5-Year American Community Survey

Neighborhood	Population for whom poverty status is determined	50% of Poverty Level		100 % of Poverty Level		150% of Poverty Level		200% of Poverty Level	
		#	%	#	%	#	%	#	%
Coxsackie/Athens	11,012	289	2.6	939	8.5	1,856	16.9	2,847	25.9
Greenville	6,468	194	3.0	547	8.5	943	14.6	1,697	26.2
Catskill	14,234	1,006	7.1	2,287	16.1	3,378	23.7	5,012	35.2
Cairo/Durham	6,735	611	9.1	998	14.8	2,045	30.4	2,576	38.2
Windham/Ashland/ Jewett	4,395	192	4.4	498	11.3	832	18.9	1,155	26.3
Hunter/ Tannersville	4,897	233	4.8	649	13.3	1,095	22.4	1,605	32.8
Greene County	**44,904**	**2,486**	**5.5**	**5,826**	**13.0**	**9,769**	**21.8**	**14,291**	**31.8**

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

Population by Race/Ethnicity for Greene County by Neighborhood

U.S. Census Bureau, 2012-2016 5-Year American Community Survey

		Race								Ethnicity	
		White		Black		Asian		Other		Hispanic or Latino	
Neighborhood	**Total**	#	%	#	%	#	%	#	%	#	%
Coxsackie /Athens	13,746	11,742	85.4	1,800	13.1	79	0.6	125	0.9	1,192	8.7
Greenville	6,482	6,373	98.3	20	0.3	16	0.2	73	1.1	126	1.9
Catskill	14,578	12,457	85.5	1,370	9.4	76	0.5	675	4.6	832	5.7
Cairo/Durham	6,735	6,251	92.8	45	0.7	260	3.9	179	2.7	155	2.3
Windham/Ashland/ Jewett	4,405	4,332	98.3	0	0.0	14	0.3	59	1.3	128	2.9
Hunter/Tannersville	4,960	4,569	92.1	9	0.2	105	2.1	277	5.6	427	8.6
Greene County	**48,069**	**43,053**	**89.6**	**3,238**	**6.7**	**486**	**1.0**	**1,292**	**2.7**	**2,608**	**5.4**

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

County Birth Indicators by Neighborhood

The following section contains charts representing birth indicators by neighborhood. All perinatal and natality rates are for the most recent available years, 2014-2016, and are from the New York State County/ZIP Code Perinatal Data Profile.

Note:

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

Albany County Birth Indicators by Neighborhood, 2014-2016

Neighborhoods	# Teen Pregnancies	Teen Pregnancy Rate	# Teen Births	Teen Birth Rate	Female Population (15-19)*	Neonatal Mortality Rate	# Neonatal Deaths	Infant Mortality Rate	# Infant Deaths	% Medicaid or Self Pay	# Medicaid or Self Pay	% Late or No Prenatal Care	#Late or No Prenatal Care	% Low Birth Weight	# Low Birth Weight	% Premature Births	# Premature Births	Total Births
State Campus	8	4.8	4	2	1,654	5.2	4	7.8	6	31.6	242	4.1	31	6.7	51	10.3	79	766
N. Albany/ Menands	13	43.9	6	19	290	3.3	1	3.3	1	45.4	137	7.1	21	10.9	33	13.1	40	302
West End	59	95.7	27	43.2	619	4.5	4	6.8	6	76.5	675	8.8	78	10.9	96	12.4	109	882
South End	16	82.9	9	44.6	188	4.4	2	8.8	4	80.7	369	7.4	34	11.6	54	12.0	55	457
South End/Downtown	**	45.7	**	18.3	**	33.3	2	33.3	2	80.0	48	15.5	10	20.0	12	14.0	9	60
New Scotland Avenue	11	26	5	10.5	434	7	5	8.4	6	35.7	255	4.2	30	9.5	68	10.5	75	713
Delaware/2nd Avenue	12	48.2	6	25.2	240	12.5	5	15	6	52.5	210	3.6	14	7.8	31	11.3	45	400
Center Square	4	76.9	2	36.4	55	10.7	4	13.4	5	72.2	270	6.9	26	11.8	44	14.3	53	374
Colonie	14	19.5	8	10.9	741	2.4	2	2.4	2	30.2	249	4	33	7.8	64	11.4	94	823
Latham	16	9.9	8	5.2	1,608	5.7	3	5.7	3	21.2	112	4.3	23	5.3	28	8.9	47	528
Loudonville	1	3.8	0	1.3	218	0	0	0	0	13.3	33	3.7	9	10.1	25	12.2	30	248
Pine Bush	42	38.7	22	20.8	1,078	5	5	7.9	8	42.2	425	5.2	52	9.7	98	11.9	120	1,008
City of Cohoes/ North Colonie	18	33	10	19	535	4.1	3	6.8	5	44.3	2	4.4	32	7.8	57	10.2	75	732
Watervliet/G.I.	13	21.8	6	1	575	2.7	2	2.7	2	41.1	301	4	29	7.1	52	9.6	70	732
Bethlehem	4	5.1	1	0.2	786	0	0	0	0	12.2	75	2.4	15	3.9	24	7	43	613
RCS	3	6.1	1	0.3	545	0	0	0	0	35.7	148	3.4	14	6.3	26	10.1	42	415
Hill Towns	1	7.5	0	0.2	189	0	0	0	0	36.8	75	2.5	5	6.4	13	9.3	19	204
Guilderland	1	4.8	0	0.1	289	2.3	1	0	0	16.4	72	4.3	19	4.3	19	5.5	24	440
New Scotland	1	1	0	0	539	3.5	1	3.5	1	12.6	36	2.1	6	3.9	11	6	17	285
Albany County	**268**	**22.2**	**127**	**10.5**	**12,078**	**4.3**	**39**	**5.6**	**50**	**40.4**	**3,629**	**4.8**	**431**	**7.9**	**710**	**10.3**	**925**	**8,983**
	Rate per 1,000 females aged 15-19					Rate per 1,000 total births				Percentage of total births								

Totals based on county-wide data.

*Total female population; source: American Community Survey (2016)

**Population not available

Rensselaer County Birth Indicators by Neighborhood, 2014-2016

Neighborhoods	# Teen Pregnancies	Teen Pregnancy Rate	# Teen Births	Teen Birth Rate	Female Population (15-19)*	Neonatal Mortality Rate	# Neonatal Deaths	Infant Mortality Rate	# Infant Deaths	% Medicaid or Self Pay	# Medicaid or Self Pay	% Late or No Prenatal Care	#Late or No Prenatal Care	% Low Birth Weight	# Low Birth Weight	% Premature Births	# Premature Births	Total Births
Troy/ Lansingburgh	88	34.2	46	17.8	2,563	4.6	11	7.1	17	55.0	1,321	5.5	131	7.9	191	11.5	276	2,403
Rensselaer	13	24.3	7	12.8	527	8.6	6	10.0	7	33.1	231	3.1	22	7.9	55	11.4	79	697
East	4	13.8	3	10.5	260	14.0	2	14.0	2	36.4	52	1.4	2	14.7	21	17.5	25	143
North East	2	7.2	1	3.0	281	16.9	2	16.9	2	32.2	38	5.9	7	11.0	13	11.0	13	118
North West	5	18.0	2	8.9	254	5.9	1	5.9	1	28.8	49	2.9	5	7.1	12	7.6	13	170
South West	8	17.6	5	12.6	431	2.2	1	4.3	2	28.1	130	3.0	14	3.7	17	6.5	30	463
Central	2	21.2	1	6.6	89	0.0	0	0.0	0	22.0	9	0.0	0	4.9	2	12.8	5	41
W. Sand Lake/ Wyantskill	4	13.3	3	8.4	320	3.6	1	7.0	2	21.3	61	3.1	9	7.3	21	8.0	23	287
East Greenbush	3	9.6	1	3.6	278	0.0	0	0.0	0	16.8	46	2.9	8	6.2	17	11.5	32	274
Rensselaer County	**125**	**24.1**	**66**	**12.8**	**5,188**	**5.0**	**24**	**6.8**	**33**	**41.2**	**1,985**	**4.2**	**202**	**7.6**	**366**	**10.7**	**516**	**4,819**
	Rate per 1,000 females aged 15-19					Rate per 1,000 total births				Percentage of total births								

Totals based on county-wide data.

*Total female population; source: American Community Survey (2016)

Schenectady County Birth Indicators by Neighborhood, 2014-2016

Neighborhoods	# Teen Pregnancies	Teen Pregnancy Rate	# Teen Births	Teen Birth Rate	Female Population (15-19)*	Neonatal Mortality Rate	# Neonatal Deaths	Infant Mortality Rate	# Infant Deaths	% Medicaid or Self Pay	# Medicaid or Self Pay	% Late or No Prenatal Care	#Late or No Prenatal Care	% Low Birth Weight	# Low Birth Weight	% Premature Births	# Premature Births	Total Births
Mt. Pleasant	42	38.7	22	20.8	1,078	5.0	5	7.9	8	42.2	425	5.2	52	9.7	98	11.9	120	1,008
Upper State St.	36	58.2	18	28.1	626	6.0	5	9.6	8	52.7	438	4.6	38	8.2	68	11.6	69	831
City/Stockade	7	32.2	3	12.5	217	13.8	2	20.7	3	61.4	89	7.1	10	8.3	12	9.1	13	145
Hamilton Hill	31	123.6	15	60.8	249	14.0	7	16.0	8	77.0	386	8.4	42	15.0	75	14.6	73	501
Goose Hill/ Union	41	61.2	22	32.4	669	4.8	3	6.3	4	55.9	352	5.8	37	10.2	64	11.1	70	630
Rural-West	9	17.4	3	6.1	542	0.0	0	0.0	0	33.6	72	2.3	5	4.5	16	9.8	21	214
Niskayuna	6	8.7	2	3.0	638	5.8	5	5.8	5	12.1	104	1.9	16	6.5	56	9.8	84	861
Scotia-Glenville	8	11.3	4	6.3	678	2.7	2	2.7	2	17.1	128	3.3	25	6.4	48	6.9	52	750
Rotterdam	27	32.7	13	16.1	830	7.6	6	10.2	8	33.7	265	3.4	27	8.3	65	7.9	62	787
Schenectady County	**184**	**36.2**	**91**	**17.9**	**5,086**	**6.1**	**35**	**8.0**	**46**	**39.4**	**2,256**	**4.4**	**252**	**8.8**	**504**	**10.3**	**590**	**5,727**
	Rate per 1,000 females aged 15-19					Rate per 1,000 total births				Percentage of total births								

Totals based on county-wide data.

*Total female population; source: American Community Survey (2016)

Saratoga County Birth Indicators by Neighborhood, 2014-2016

Neighborhoods	# Teen Pregnancies	Teen Pregnancy Rate	# Teen Births	Teen Birth Rate	Female Population (15-19)*	Neonatal Mortality Rate	# Neonatal Deaths	Infant Mortality Rate	# Infant Deaths	% Medicaid or Self Pay	# Medicaid or Self Pay	% Late or No Prenatal Care	#Late or No Prenatal Care	% Low Birth Weight	# Low Birth Weight	% Premature Births	# Premature Births	Total Births
Clifton Park West	14	9.5	8	5.2	1,472	2.1	3	3.5	5	18.0	260	3.3	48	6.8	98	8.9	129	1,448
Waterford/ Mechanicville	9	19.1	5	10.0	494	4.6	4	4.6	4	27.6	242	2.7	24	7.4	65	8.6	75	877
Burnt Hills/ Galway	2	3.6	1	1.4	634	6.4	4	8.0	5	12.0	75	2.4	15	6.7	42	7.7	48	624
Ballston Spa	24	18.1	17	12.5	1,328	2.9	3	3.9	4	19.3	198	3.7	38	6.3	65	7.9	81	1,022
Saratoga Springs	13	9.3	7	4.9	1,369	1.1	1	1.1	1	14.0	129	3.7	34	4.9	45	8.1	75	924
North East	15	16.5	8	9.3	898	2.8	2	4.2	3	28.4	205	3.3	24	5.0	36	9.4	68	722
North West	15	23.4	12	18.0	640	0.0	0	0.0	0	36.1	210	4.1	24	6.9	40	8.4	49	582
South Glen Falls	3	16.2	2	10.0	191	0.0	0	2.9	1	44.3	153	4.7	16	5.2	18	9.0	31	345
Saratoga County	**94**	**13.1**	**55**	**7.7**	**7,176**	**2.6**	**17**	**3.5**	**23**	**22.5**	**1,472**	**3.4**	**222**	**6.3**	**412**	**8.5**	**556**	**6,544**
	Rate per 1,000 females aged 15-19					Rate per 1,000 total births				Percentage of total births								

Totals based on county-wide data.

*Total female population; source: American Community Survey (2016)

Columbia County Birth Indicators by Neighborhood, 2014-2016

Neighborhoods	# Teen Pregnancies	Teen Pregnancy Rate	# Teen Births	Teen Birth Rate	Female Population (15-19)*	Neonatal Mortality Rate	# Neonatal Deaths	Infant Mortality Rate	# Infant Deaths	% Medicaid or Self Pay	# Medicaid or Self Pay	% Late or No Prenatal Care	#Late or No Prenatal Care	% Low Birth Weight	# Low Birth Weight	% Premature Births	# Premature Births	Total Births
Ichabod	2	7.2	1	0.3	289	0.0	0	0.0	0	42.6	110	1.9	5	6.2	16	11.2	29	258
Chatham	1	5.4	1	0.1	286	4.0	1	8.0	2	40.6	101	4.4	11	6.0	15	9.2	23	249
Canaan	1	8.3	1	0.2	52	0.0	0	0.0	0	27.7	13	2.1	1	4.2	2	8.5	4	47
Hudson	1	25.0	0	0.0	452	3.5	2	7.0	4	67.8	387	3.9	22	6.7	38	11.2	64	571
Taconic Hills	0	1.3	0	0.0	196	0.0	0	0.0	0	50.4	58	4.3	5	5.2	6	12.2	14	115
Germantown	3	15.4	1	0.3	156	0.0	0	0.0	0	39.4	52	5.3	7	0.8	1	6.1	8	132
Pine Plains	**	**	**	**	46	18.5	1	18.5	1	57.4	31	1.9	1	5.6	3	5.6	3	54
Columbia County	**31**	**19.2**	**17**	**10.9**	**1,602**	**2.8**	**4**	**4.8**	**7**	**52.7**	**763**	**3.6**	**52**	**5.6**	**81**	**10.1**	**146**	**1,448**
	Rate per 1,000 females aged 15-19					Rate per 1,000 total births				Percentage of total births								

Totals based on county-wide data.

*Total female population; source: American Community Survey (2016)

**Population not available

Greene County Birth Indicators by Neighborhood, 2014-2016

Neighborhoods	# Teen Pregnancies	Teen Pregnancy Rate	# Teen Births	Teen Birth Rate	Female Population (15-19)*	Neonatal Mortality Rate	# Neonatal Deaths	Infant Mortality Rate	# Infant Deaths	% Medicaid or Self Pay		# Medicaid or Self Pay	% Late or No Prenatal Care	#Late or No Prenatal Care	% Low Birth Weight	# Low Birth Weight	% Premature Births	# Premature Births	Total Births
Coxsackie/ Athens	8	30.4	4	16.6	254	0.2	1	4.7	1	36.6		78	3.3	7	8.0	17	6.6	14	213
Greenville	1	4.0	1	2.2	302	0.0	0	0.0	0	41.3		74	3.4	6	7.3	13	5.0	9	179
Catskill	14	27.3	11	20.2	527	5.0	2	7.4	3	53.8		217	4.5	18	8.7	35	11.4	46	403
Cairo/ Durham	1	4.6	0	2.5	162	0.0	0	0.0	0	54.4		106	5.6	11	11.8	23	12.3	24	195
Windham/ Ashland/ Jewett	0	2.2	0	2.2	65	0.0	0	0.0	0	57.4		31	7.4	4	1.9	1	3.7	2	54
Hunter/ Tannersville	1	5.8	0	2.9	116	0.0	0	0.0	0	57.6		53	2.2	2	2.2	2	4.3	4	92
Greene County	**23**	**15.4**	**14**	**9.5**	**1,502**	**3.0**	**3**	**3.0**	**4**	**49.1**		**577**	**4.3**	**51**	**8.1**	**95**	**10.5**	**123**	**1,175**
	Rate per 1,000 females aged 15-19					Rate per 1,000 total births				Percentage of total births									

Totals based on county-wide data.

*Total female population; source: American Community Survey (2016)

Capital Region Leading Causes of Death by County, 2015

New York State			
Rank	**Cause of Death**	**Count**	**Age-Adjusted Rate per 100,000**
1	Heart Disease	44,141	180.3
2	Cancer	34,795	147.1
3	Chronic Lower Respiratory Disease	7,066	29.7
4	Unintentional Injury	6,372	29.5
5	Stroke	6,216	25.7

New York State, excl. NYC			
Rank	**Cause of Death**	**Count**	**Age-Adjusted Rate per 100,000**
1	Heart Disease	26,929	176.8
2	Cancer	22,177	152.3
3	Chronic Lower Respiratory Disease	5,286	35.7
4	Unintentional Injury	4,420	35.8
5	Stroke	4,284	28.4

Albany County			
Rank	**Cause of Death**	**Count**	**Age-Adjusted Rate per 100,000**
1	Heart Disease	693	171.7
2	Cancer	613	161.7
3	Chronic Lower Respiratory Disease	153	38.7
4	Stroke	109	27.5
5	Alzheimer's Disease	96	21.2

Rensselaer County			
Rank	**Cause of Death**	**Count**	**Age-Adjusted Rate per 100,000**
1	Heart Disease	398	197.4
2	Cancer	336	171.1
3	Chronic Lower Respiratory Disease	110	55.7
4	Stroke	58	29.4
5	Unintentional Injury	54	28.7

Capital Region Leading Causes of Death by County, 2015

Schenectady County			
Rank	**Cause of Death**	**Count**	**Age-Adjusted Rate per 100,000**
1	Heart Disease	436	197.0
2	Cancer	311	155.5
3	Chronic Lower Respiratory Disease	84	41.0
4	Stroke	65	29.5
5	Alzheimer's Disease	50	22.2

Saratoga County			
Rank	**Cause of Death**	**Count**	**Age-Adjusted Rate per 100,000**
1	Cancer	475	164.2
2	Heart Disease	419	148.2
3	Chronic Lower Respiratory Disease	110	39.0
4	Stroke	73	26.3
5	Alzheimer's Disease	61	21.8

Columbia County			
Rank	**Cause of Death**	**Count**	**Age-Adjusted Rate per 100,000**
1	Heart Disease	194	195.9
2	Cancer	156	155.6
3	Chronic Lower Respiratory Disease	46	45.6
4	Stroke	29	27.7
5	Unintentional Injury	27	36.8

Greene County			
Rank	**Cause of Death**	**Count**	**Age-Adjusted Rate per 100,000**
1	Heart Disease	145	204.2
2	Cancer	138	192.1
3	Chronic Lower Respiratory Disease	28	38.7
4	Unintentional Injury	19	35.6
5	Stroke	19	26.0

Capital Region Leading Causes of Premature Death (<75 years of age) by County, 2015

New York State			
Rank	**Cause of Death**	**Count**	**Age-Adjusted Rate per 100,000**
1	Cancer	18,835	80.6
2	Heart Disease	13,146	56.6
3	Unintentional Injury	4,632	23.7
4	Chronic Lower Respiratory Disease	2,422	10.2
5	Diabetes	1,894	8.2

New York State, excl. NYC			
Rank	**Cause of Death**	**Count**	**Age-Adjusted Rate per 100,000**
1	Cancer	11,817	83.0
2	Heart Disease	7,609	54.3
3	Unintentional Injury	3,077	28.7
4	Chronic Lower Respiratory Disease	1,773	12.1
5	Stroke	1,052	7.5

Albany County			
Rank	**Cause of Death**	**Count**	**Age-Adjusted Rate per 100,000**
1	Cancer	317	84.2
2	Heart Disease	203	57.5
3	Chronic Lower Respiratory Disease	54	14.4
4	Unintentional Injury	40	13.2
5	Stroke	30	8.0

Rensselaer County			
Rank	**Cause of Death**	**Count**	**Age-Adjusted Rate per 100,000**
1	Cancer	184	89.7
2	Heart Disease	131	65.1
3	Chronic Lower Respiratory Disease	38	17.7
4	Unintentional Injury	35	20.2
5	Suicide	18	11.7

Capital Region Leading Causes of Premature Death (<75 years of age) by County, 2015

Schenectady County			
Rank	**Cause of Death**	**Count**	**Age-Adjusted Rate per 100,000**
1	Cancer	178	94.6
2	Heart Disease	138	75.5
3	Chronic Lower Respiratory Disease	36	18.3
4	Unintentional Injury	23	15.1
5	Liver Disease	18	9.7

Saratoga County			
Rank	**Cause of Death**	**Count**	**Age-Adjusted Rate per 100,000**
1	Cancer	271	89.1
2	Heart Disease	109	37.3
3	Chronic Lower Respiratory Disease	38	11.7
4	Suicide	31	13.6
5	Unintentional Injury	29	13.8

Columbia County			
Rank	**Cause of Death**	**Count**	**Age-Adjusted Rate per 100,000**
1	Cancer	84	81.4
2	Heart Disease	53	56.4
3	Chronic Lower Respiratory Disease	16	15.2
4	Unintentional Injury	11	22.4
5	Suicide	9	14.8

Greene County			
Rank	**Cause of Death**	**Count**	**Age-Adjusted Rate per 100,000**
1	Cancer	81	116.2
2	Heart Disease	45	64.6
3	Suicide	12	22.9
4	Chronic Lower Respiratory Disease	11	14.3
5	Unintentional Injury	10	23.4

County Hospitalizations by Race and Gender

NYS Department of Health, SPARCS 2012-2016, Age-Adjusted Rate per 10,000

Asthma Hospitalization Rate per 10,000						
	Total	White	Black	Hispanic	Male	Female
New York State, excl. NYC	12.7	10.0	28.7	15.8	11.3	14.1
Capital Region	11.2	9.4	28.2	12.5	9.5	12.9
Albany County	12.4	9.0	32.0	14.1	10.3	14.6
Rensselaer County	12.4	10.4	28.5	16.9	10.8	14.0
Schenectady County	11.4	9.5	25.1	8.1	10.0	12.8
Saratoga County	7.9	8.1	8.0	1.9	7.3	8.5
Columbia County	13.8	12.4	25.5	23.3	10.3	17.4
Greene County	12.7	11.8	18.9	21.9	9.5	15.8

Assault Hospitalization Rate per 10,000						
	All	White	Black	Hispanic	Male	Female
New York State, excl. NYC	2.5	1.4	9.4	2.8	4.0	1.1
Capital Region	2.5	1.4	10.6	2.9	3.8	1.3
Albany County	3.6	1.6	12.9	3.9	5.4	1.8
Rensselaer County	2.5	1.6	10.1	4.0	3.7	1.3
Schenectady County	3.0	1.8	9.5	1.9	4.3	1.7
Saratoga County	1.1	1.1	3.4	**	1.6	0.7
Columbia County	1.4	0.8	5.0	3.7	2.2	0.6
Greene County	2.2	1.7	8.7	**	3.7	0.8

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

Coronary Heart Disease Hospitalization Rate per 10,000						
	All	White	Black	Hispanic	Male	Female
New York State, excl. NYC	28.8	26.1	30.1	26.7	38.8	18.9
Capital Region	21.9	20.5	23.7	12.4	29.3	14.6
Albany County	19.4	17.6	23.7	12.5	25.7	13.1
Rensselaer County	22.2	21.1	19.8	8.3	30.4	14.1
Schenectady County	27.4	25.3	30.6	16.4	35.8	19.0
Saratoga County	21.2	20.5	8.3	10.2	29.2	13.3
Columbia County	20.3	19.0	22.2	16.7	26.3	14.4
Greene County	24.4	23.1	27.1	8.2	31.7	17.2

County Hospitalizations by Race and Gender

NYS Department of Health, SPARCS 2012-2016, Age-Adjusted Rate per 10,000

Congestive Heart Failure Hospitalization Rate per 10,000						
	All	White	Black	Hispanic	Male	Female
New York State, excl. NYC	22.4	19.4	39.8	26.6	26.4	18.3
Capital Region	18.9	17.3	35.7	15.6	21.5	16.3
Albany County	18.3	15.7	35.9	11.5	20.7	16.0
Rensselaer County	18.2	16.6	33.7	13.4	21.8	14.6
Schenectady County	22.8	20.4	38.9	26.6	25.9	19.7
Saratoga County	16.3	15.9	22.9	8.1	18.8	13.7
Columbia County	20.4	18.8	54.5	22.6	22.1	18.8
Greene County	21.9	21.4	25.9	14.0	23.6	20.3

Heart Attack Hospitalization Rate per 10,000						
	All	White	Black	Hispanic	Male	Female
New York State, excl. NYC	15.2	14.1	14.9	12.9	19.9	10.5
Capital Region	13.3	12.5	13.1	7.4	17.4	9.2
Albany County	11.4	10.5	13.0	7.5	14.6	8.1
Rensselaer County	13.6	13.1	10.7	4.3	18.3	8.9
Schenectady County	17.8	16.8	17.4	10.5	22.8	12.9
Saratoga County	12.4	11.9	3.2	7.7	16.9	7.8
Columbia County	12.3	11.3	13.1	6.4	15.5	9.1
Greene County	14.7	13.9	17.0	3.5	18.6	10.9

Cirrhosis Hospitalization Rate per 10,000						
	All	White	Black	Hispanic	Male	Female
New York State, excl. NYC	4.3	3.9	4.1	5.8	5.1	3.4
Capital Region	4.0	3.8	5.3	5.7	4.8	3.2
Albany County	3.9	3.6	5.1	5.6	4.5	3.4
Rensselaer County	3.7	3.4	5.5	10.1	4.8	2.6
Schenectady County	5.3	4.9	6.2	8.4	7.0	3.5
Saratoga County	3.8	3.7	**	**	4.2	3.4
Columbia County	3.5	3.1	9.1	5.4	4.7	2.4
Greene County	4.2	4.1	6.9	**	4.2	4.2

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

County Hospitalizations by Race and Gender

NYS Department of Health, SPARCS 2012-2016, Age-Adjusted Rate per 10,000

CLRD/COPD Hospitalization Rate per 10,000						
	All	White	Black	Hispanic	Male	Female
New York State, excl. NYC	24.9	21.9	42.4	28.1	23.3	26.6
Capital Region	22.9	21.0	44.4	18.0	20.4	25.4
Albany County	22.9	19.2	48.4	18.9	20.2	25.7
Rensselaer County	23.7	21.4	46.1	28.3	20.8	26.6
Schenectady County	25.2	23.4	39.8	13.3	23.4	27.1
Saratoga County	17.8	18.1	15.1	3.2	17.1	18.5
Columbia County	30.0	28.3	53.9	31.1	24.1	35.9
Greene County	27.3	26.5	32.3	26.6	21.3	33.3

Diabetes (Any Diagnosis) Hospitalization Rate per 10,000						
	All	White	Black	Hispanic	Male	Female
New York State, excl. NYC	183.0	158.8	353.8	228.7	183.3	182.8
Capital Region	168.3	152.1	364.5	149.1	167.5	169.1
Albany County	174.7	143.6	387.9	135.1	187.9	161.6
Rensselaer County	172.9	157.4	376.6	181.5	187.0	158.7
Schenectady County	200.8	175.1	364.3	187.7	221.4	180.2
Saratoga County	144.4	140.2	196.6	68.4	164.4	124.3
Columbia County	171.2	155.6	351.2	223.0	183.6	158.8
Greene County	184.9	174.9	311.7	163.0	197.4	172.3

Diabetes (Primary Diagnosis) Hospitalization Rate per 10,000						
	All	White	Black	Hispanic	Male	Female
New York State, excl. NYC	13.2	10.6	34.0	14.6	15.3	11.1
Capital Region	11.2	9.4	32.2	10.3	13.1	9.4
Albany County	12.6	9.2	35.0	11.2	14.3	10.8
Rensselaer County	11.1	9.5	33.4	9.3	13.0	9.3
Schenectady County	13.2	10.9	33.4	9.0	16.5	9.8
Saratoga County	7.9	7.9	13.1	5.7	9.2	6.6
Columbia County	11.9	10.8	20.5	20.1	12.3	11.6
Greene County	12.2	11.6	29.4	10.4	14.9	9.5

County Hospitalizations by Race and Gender

NYS Department of Health, SPARCS 2012-2016, Age-Adjusted Rate per 10,000

Motor Vehicle Accident Hospitalization Rate per 10,000						
	All	White	Black	Hispanic	Male	Female
New York State, excl. NYC	6.2	5.6	7.4	6.8	7.8	4.6
Capital Region	5.8	5.4	6.9	4.2	7.7	3.9
Albany County	5.5	4.9	6.9	3.8	7.4	3.5
Rensselaer County	5.0	4.8	6.8	2.0	6.0	4.1
Schenectady County	6.1	5.5	7.6	4.9	8.3	3.9
Saratoga County	5.4	5.2	4.0	2.9	7.5	3.2
Columbia County	7.5	6.6	12.1	12.7	9.2	5.8
Greene County	10.9	11.9	**	**	12.5	9.3

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

Kidney Hospitalization (Any Diagnosis) Rate per 10,000						
	All	White	Black	Hispanic	Male	Female
New York State, excl. NYC	146.9	124.4	284.6	149.4	177.6	116.3
Capital Region	149.6	133.0	327.0	92.0	173.7	125.4
Albany County	160.8	133.6	349.8	82.4	182.7	139.0
Rensselaer County	147.4	132.7	345.2	111.5	171.8	123.0
Schenectady County	168.3	146.7	316.0	132.8	205.2	131.3
Saratoga County	136.8	132.8	196.1	43.3	159.0	114.6
Columbia County	118.6	106.4	304.1	135.9	137.4	99.9
Greene County	143.8	136.9	266.7	58.8	162.5	125.2

Falls Hospitalization (65+ years) Rate per 10,000						
	All	White	Black	Hispanic	Male	Female
New York State, excl. NYC	190.4	193.1	106.8	210.7	167.1	213.7
Capital Region	178.6	184.4	113.1	57.2	157.7	199.6
Albany County	190.1	198.1	135.9	47.1	170.5	209.8
Rensselaer County	178.8	184.9	109.6	61.4	156.6	201.1
Schenectady County	158.5	167.0	80.1	79.7	135.4	181.7
Saratoga County	178.7	182.7	44.7	47.0	161.3	196.1
Columbia County	163.6	162.7	107.4	63.1	141.0	186.2
Greene County	198.4	201.3	**	96.3	167.1	229.6

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

County Hospitalizations by Race and Gender

NYS Department of Health, SPARCS 2012-2016, Age-Adjusted Rate per 10,000

Falls Hospitalization (1-4 years) Rate per 10,000						
	All	White	Black	Hispanic	Male	Female
New York State, excl. NYC	7.3	7.0	7.2	5.3	8.5	6.1
Capital Region	7.2	7.0	5.4	4.2	8.2	6.1
Albany County	8.2	9.6	3.8	**	10.1	6.3
Rensselaer County	9.2	8.9	**	**	8.8	9.7
Schenectady County	6.6	5.5	**	0.0	7.5	5.6
Saratoga County	4.4	4.1	0.0	**	5.5	3.4
Columbia County	10.0	10.5	**	0.0	8.9	11.2
Greene County	5.9	**	0.0	**	**	**

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

Self-inflicted Injury Hospitalization (15+ years) Rate per 10,000						
	All	White	Black	Hispanic	Male	Female
New York State, excl. NYC	6.5	6.8	6.2	4.0	5.4	7.6
Capital Region	7.6	7.5	8.8	4.7	6.1	9.0
Albany County	6.4	6.4	6.8	4.7	5.5	7.4
Rensselaer County	6.4	6.5	5.4	2.2	5.1	7.7
Schenectady County	11.8	11.2	17.7	8.6	9.1	14.5
Saratoga County	7.9	8.1	5.9	2.0	6.3	9.4
Columbia County	6.5	5.8	7.2	8.5	5.4	7.6
Greene County	7.3	7.0	6.2	**	6.1	8.5

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

Stroke Hospitalization Rate per 10,000						
	All	White	Black	Hispanic	Male	Female
New York State, excl. NYC	23.2	15.2	26.4	18.0	25.3	21.1
Capital Region	20.9	13.5	21.0	8.8	23.2	18.5
Albany County	20.3	18.1	32.2	13.6	22.5	18.0
Rensselaer County	20.4	18.9	29.5	14.0	23.5	17.2
Schenectady County	25.9	23.8	35.7	16.5	28.2	23.6
Saratoga County	18.7	18.0	21.5	3.3	20.8	16.6
Columbia County	19.0	17.9	30.2	8.0	21.4	16.7
Greene County	23.6	23.0	23.8	9.2	24.9	22.3

County Hospitalizations by Race and Gender

NYS Department of Health, SPARCS 2012-2016, Age-Adjusted Rate per 10,000

Mental Diseases and Disorders Hospitalization (Primary Diagnosis) Rate per 10,000						
	All	White	Black	Hispanic	Male	Female
New York State, excl. NYC	60.3	58.6	93.4	38.3	63.4	57.2
Capital Region	60.6	57.4	97.2	47.2	64.0	57.2
Albany County	49.2	44.8	81.4	36.4	55.1	43.2
Rensselaer County	62.1	59.0	105.4	48.8	65.3	58.9
Schenectady County	98.4	90.7	155.1	85.1	102.8	94.1
Saratoga County	48.0	49.1	56.3	18.4	46.8	49.2
Columbia County	67.2	64.6	81.8	61.1	76.1	58.3
Greene County	76.4	80.1	41.0	38.4	79.5	73.3

Drug Abuse Hospitalization Rate per 10,000						
	All	White	Black	Hispanic	Male	Female
New York State, excl. NYC	26.4	27.7	32.7	16.5	31.6	21.3
Capital Region	25.7	25.5	33.9	12.2	30.1	21.2
Albany County	27.2	26.9	34.0	12.2	33.7	20.6
Rensselaer County	24.0	23.8	31.3	11.0	29.4	18.6
Schenectady County	31.5	29.8	46.5	13.9	36.8	26.2
Saratoga County	18.6	19.3	11.5	4.5	20.7	16.6
Columbia County	32.7	33.6	22.5	20.9	35.9	29.4
Greene County	38.6	40.5	15.2	23.8	38.1	39.0

Opiate Poisoning Any Diagnosis Hospitalization Rate per 100,000						
	All	White	Black	Hispanic	Male	Female
New York State, excl. NYC	14.9	16.5	11.5	9.3	16.9	12.8
Capital Region	9.8	10.5	7.1	6.2	11.0	8.6
Albany County	8.7	9.8	6.1	**	9.7	7.7
Rensselaer County	8.4	8.9	**	**	12.0	5.0
Schenectady County	12.2	13.1	12.2	**	12.1	12.1
Saratoga County	7.9	8.4	0.0	**	8.8	6.7
Columbia County	11.8	12.1	0.0	**	12.2	11.6
Greene County	23.4	22.4	**	**	24.6	22.6

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County Emergency Department (ED) Visits by Race and Gender

NYS Department of Health, SPARCS 2012-2016, Age-Adjusted Rate per 10,000

Asthma ED Visit Rate per 10,000						
	All	White	Black	Hispanic	Male	Female
New York State, excl. NYC	44.4	28.6	129.5	54.4	41.4	47.5
Capital Region	44.4	26.9	168.7	67.9	41.0	47.9
Albany County	56.6	25.9	196.5	76.0	53.5	59.7
Rensselaer County	36.4	24.4	123.7	76.7	32.8	40.1
Schenectady County	72.0	46.4	193.1	100.1	65.4	78.6
Saratoga County	20.1	19.6	49.8	15.7	18.8	21.5
Columbia County	38.2	30.1	117.1	43.5	31.0	45.5
Greene County	30.0	25.0	57.2	49.5	28.3	31.7

Assault ED Visit Rate per 10,000						
	All	White	Black	Hispanic	Male	Female
New York State, excl. NYC	36.5	25.5	103.6	33.4	41.4	31.6
Capital Region	38.8	27.0	130.4	40.5	41.8	35.8
Albany County	45.7	27.3	139.4	44.9	49.1	42.2
Rensselaer County	31.3	24.1	102.5	33.7	33.0	29.5
Schenectady County	65.6	45.9	167.9	62.4	67.1	64.0
Saratoga County	17.4	17.3	49.2	8.2	19.8	14.9
Columbia County	41.2	31.7	127.3	47.8	51.9	30.6
Greene County	37.0	33.7	52.1	32.0	42.5	31.5

Cirrhosis ED Visit Rate per 10,000						
	All	White	Black	Hispanic	Male	Female
New York State, excl. NYC	1.2	1.1	1.1	1.6	1.4	1.0
Capital Region	1.0	0.9	1.6	1.6	1.2	0.8
Albany County	1.0	0.8	1.7	1.9	1.2	0.8
Rensselaer County	0.9	0.9	2.1	**	1.1	0.8
Schenectady County	1.3	1.1	1.2	2.2	1.5	1.1
Saratoga County	0.8	0.8	**	**	1.0	0.7
Columbia County	1.4	1.1	**	**	1.7	1.0
Greene County	1.7	1.7	**	**	1.9	1.6

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County ED Visits by Race and Gender

NYS Department of Health, SPARCS 2012-2016, Age-Adjusted Rate per 10,000

CLRD/COPD ED Visit Rate per 10,000						
	All	White	Black	Hispanic	Male	Female
New York State, excl. NYC	71.8	52.0	178.9	85.8	65.8	77.7
Capital Region	66.1	45.0	223.5	89.2	60.4	71.7
Albany County	76.1	28.4	181.0	64.3	71.9	80.4
Rensselaer County	53.5	24.6	100.7	48.8	47.3	59.7
Schenectady County	115.7	66.5	219.1	106.6	103.4	128.1
Saratoga County	34.5	26.9	52.0	19.5	32.6	36.3
Columbia County	57.8	35.2	105.8	55.9	47.4	68.2
Greene County	46.9	30.9	51.7	51.3	41.8	51.9

Diabetes ED Visit (Any Diagnosis) Rate per 10,000						
	All	White	Black	Hispanic	Male	Female
New York State, excl. NYC	181.8	142.2	456.3	258.7	176.6	186.9
Capital Region	152.8	120.0	507.0	204.9	147.2	158.4
Albany County	182.8	88.4	400.6	134.2	175.3	190.3
Rensselaer County	139.4	77.1	264.2	118.8	137.5	141.3
Schenectady County	238.4	128.4	431.5	249.6	221.5	255.3
Saratoga County	120.4	86.5	219.0	72.6	122.2	118.6
Columbia County	50.7	33.6	85.1	45.0	54.2	47.2
Greene County	65.4	45.8	83.4	51.5	62.6	68.3

Diabetes ED Visit (Primary Diagnosis) Rate per 10,000						
	All	White	Black	Hispanic	Male	Female
New York State, excl. NYC	15.1	11.1	44.7	20.1	16.5	13.8
Capital Region	15.2	11.4	55.5	23.1	16.4	14.0
Albany County	16.8	7.5	40.8	13.7	18.5	15.2
Rensselaer County	14.4	6.6	25.1	15.4	15.4	13.3
Schenectady County	26.8	12.6	56.4	22.2	28.8	24.8
Saratoga County	10.4	6.8	29.7	5.9	11.1	9.7
Columbia County	6.8	4.7	6.7	8.4	7.7	6.0
Greene County	6.7	4.5	9.1	6.1	7.4	5.9

County ED Visits by Race and Gender

NYS Department of Health, SPARCS 2012-2016, Age-Adjusted Rate per 10,000

Motor Vehicle Accident ED Visit Rate per 10,000						
	All	White	Black	Hispanic	Male	Female
New York State, excl. NYC	80.2	63.3	159.6	89.1	73.3	87.0
Capital Region	58.0	49.1	127.1	43.1	52.2	63.7
Albany County	57.9	43.0	135.0	41.6	51.9	64.0
Rensselaer County	50.7	43.6	118.2	48.1	44.7	56.7
Schenectady County	85.8	70.8	151.5	58.5	77.1	94.5
Saratoga County	44.3	44.3	72.9	16.3	40.9	47.7
Columbia County	62.4	56.8	110.9	64.0	57.2	67.7
Greene County	68.5	70.6	51.1	39.1	58.8	78.2

Kidney Disease ED Visit Rate per 10,000						
	All	White	Black	Hispanic	Male	Female
New York State, excl. NYC	29.5	22.6	87.4	30.0	33.7	25.2
Capital Region	36.0	27.2	150.9	32.4	40.4	31.7
Albany County	47.1	31.4	166.8	32.1	50.8	43.4
Rensselaer County	38.3	29.1	191.4	45.0	44.8	31.8
Schenectady County	32.3	20.7	122.9	47.2	39.7	24.8
Saratoga County	34.2	32.9	120.3	17.6	38.0	30.3
Columbia County	15.4	12.4	69.8	23.7	17.8	12.9
Greene County	19.9	17.8	63.3	9.7	19.6	20.1

Falls ED Visit (65+ years) Rate per 10,000						
	All	White	Black	Hispanic	Male	Female
New York State, excl. NYC	406.7	405.0	301.9	549.2	342.1	471.4
Capital Region	345.2	356.3	288.1	175.8	286.5	403.9
Albany County	338.4	354.1	291.3	148.8	278.6	398.2
Rensselaer County	304.9	312.4	323.6	175.5	251.8	358.0
Schenectady County	433.9	448.9	266.2	259.1	375.5	492.3
Saratoga County	326.9	341.3	250.5	80.8	269.9	383.9
Columbia County	374.0	368.7	371.2	297.6	313.9	434.0
Greene County	283.2	286.4	164.7	224.4	210.9	355.6

County ED Visits by Race and Gender

NYS Department of Health, SPARCS 2012-2016, Age-Adjusted Rate per 10,000**YS Department of Health, SPARCS 2012-2016, Age-Adjusted Rate per 10,00**

Falls ED Visit (1-4 years) Rate per 10,000						
	All	White	Black	Hispanic	Male	Female
New York State, excl. NYC	439.2	423.4	440.7	338.1	497.8	380.6
Capital Region	358.4	334.8	431.2	208.6	409.4	307.3
Albany County	375.8	348.2	434.4	186.0	421.8	329.9
Rensselaer County	341.5	332.6	415.9	197.5	348.7	334.4
Schenectady County	495.0	453.0	504.2	299.6	601.1	388.9
Saratoga County	224.3	237.8	124.9	85.7	256.6	192.0
Columbia County	460.6	434.6	490.6	310.3	564.7	356.6
Greene County	339.0	338.9	256.1	204.2	397.9	280.0

Self-inflicted ED Visit (15+ years) Rate per 10,000						
	All	White	Black	Hispanic	Male	Female
New York State, excl. NYC	7.7	7.7	9.5	5.5	6.6	8.9
Capital Region	10.6	10.3	14.4	8.6	8.5	12.8
Albany County	12.3	11.9	16.0	11.4	9.3	15.4
Rensselaer County	9.5	9.0	12.8	6.3	6.9	12.1
Schenectady County	11.9	12.2	14.2	8.2	9.6	14.3
Saratoga County	8.2	8.4	9.8	3.2	6.6	9.8
Columbia County	13.0	12.4	15.4	10.6	13.8	12.1
Greene County	10.6	10.8	11.4	9.1	10.7	10.6

Mental Disease and Disorder ED Visit (Primary Diagnosis) Rate per 10,000						
	All	White	Black	Hispanic	Male	Female
New York State, excl. NYC	140.4	128.9	225.4	116.7	150.2	130.6
Capital Region	143.4	132.9	247.1	124.6	155.3	131.4
Albany County	134.4	76.6	170.3	89.0	161.1	107.7
Rensselaer County	122.2	70.7	129.9	65.5	124.7	119.8
Schenectady County	226.3	155.1	245.1	118.8	243.9	208.8
Saratoga County	122.9	85.7	124.2	46.5	123.8	122.0
Columbia County	137.1	95.3	112.1	77.6	146.7	127.5
Greene County	148.1	108.1	65.9	46.9	142.3	153.9

County ED Visits by Race and Gender

NYS Department of Health, SPARCS 2012-2016, Age-Adjusted Rate per 10,000

Drug Abuse ED Visit Rate per 10,000						
	All	White	Black	Hispanic	Male	Female
New York State, excl. NYC	62.6	58.8	91.8	51.2	79.9	45.3
Capital Region	66.6	61.4	119.6	58.3	84.6	48.6
Albany County	80.3	68.7	142.2	82.6	109.7	51.0
Rensselaer County	53.0	52.2	73.9	34.4	63.6	42.4
Schenectady County	91.0	83.1	139.6	67.2	119.4	62.7
Saratoga County	53.3	54.4	65.3	25.7	60.9	45.7
Columbia County	48.7	50.0	45.3	38.9	60.1	37.3
Greene County	53.9	55.0	38.4	44.6	59.9	47.8

Opiate Poisoning Any Diagnosis Hospitalization Rate per 100,000						
	All	White	Black	Hispanic	Male	Female
New York State, excl. NYC	34.2	40.0	18.3	18.1	44.4	23.6
Capital Region	27.5	30.1	22.7	18.4	35.8	19.3
Albany County	21.5	23.7	19.4	19.4	27.9	15.2
Rensselaer County	26.2	28.4	25.0	**	33.2	19.1
Schenectady County	39.8	44.7	36.9	25.9	52.9	26.8
Saratoga County	25.1	26.9	**	**	32.3	17.7
Columbia County	33.7	36.5	**	44.6	48.5	19.0
Greene County	48.4	52.2	**	31.3	54.7	41.6

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

County Hospitalization Rates by Neighborhood

NYS Department of Health, SPARCS 2012-2016, Age-Adjusted Rate per 10,000

	Asthma		Assault		Congestive Heart Failure		Coronary Heart Disease	
	N*	Rate	N*	Rate	N*	Rate	N*	Rate
New York State, excl. NYS	15,704	12.8	2,735	2.5	31,413	21.9	39,748	28.1
Capital Region	1,181	11.3	234	2.5	2,264	18.6	2,571	21.5
Albany County	398	12.6	109	3.6	692	18	698	18.9
State Campus	29	10.5	8	3.3	69	15.3	60	15.3
N. Albany/ Menands	12	15.3	3	3	34	41.5	21	27.9
West End	57	38.5	24	12.8	54	39.5	45	31.7
South End	44	78.1	18	18.1	31	68.8	25	31.2
South End/Downtown	7	39.1	5	26	7	34.9	7	26.5
New Scotland Avenue	37	19.5	13	7.9	62	25.3	50	22.4
Delaware/2nd Avenue	18	18.4	7	6.2	27	30.2	21	21.8
Center Square	20	24	13	11.2	18	23.8	18	23.8
Colonie	33	10.3	6	2.4	77	17.5	73	19
Latham	15	6.5	2	0.5	50	16.4	45	16.1
Loudonville	14	7.8	3	4.8	29	11.2	28	14.2
Pine Bush	35	9.9	6	1.9	85	22.2	97	26.1
City of Cohoes/ N.Colonie	40	17.8	6	2.4	63	24.4	70	29.6
Watervliet/G.I.	31	15.2	6	2.5	52	21.8	64	27.1
Bethlehem	16	4.9	2	0.6	56	14.6	57	16.4
RCS	15	11.2	**	**	26	21.5	29	21.1
Hill Towns	7	9.1	**	**	12	13.4	20	20.4
Guilderland	14	11.3	2	1.1	28	17.7	31	20.8
New Scotland	13	7.1	1	1	37	16.2	35	15.8
Rensselaer County	214	12.5	40	2.5	336	17.6	418	21.6
Troy/ Lansingburgh	147	22.8	30	4.2	202	26.9	199	27.5
Rensselaer	36	15.9	6	3	63	26	57	22.5
East	6	6.5	**	**	8	6.8	20	17.7
North East	5	4.5	1	1	11	9	31	28.6
North West	10	12.3	**	**	11	14.5	21	23.6
South West	16	8.3	2	0.6	31	15.9	48	22.4
Central	6	4.4	**	**	14	13.8	19	16.2
W. Sand Lake/ Wyantskill	11	9	2	2.1	23	16.5	32	22.1
East Greenbush	8	7.7	**	**	33	26.1	25	18.6
Schenectady County	195	11.5	45	3	459	22.5	514	26.9
Mt. Pleasant	35	9.9	6	1.9	85	22.2	97	26.1
Upper State Street	33	14.7	9	4.4	68	25.8	74	28.9
City/Stockade	14	27.9	5	8	12	29.4	18	37.2
Hamilton Hill	20	27.2	12	14.2	23	38.9	24	40.3
Goose Hill/Union	22	16.2	7	4	39	31.5	42	32.1
Rural-West	6	5.2	**	**	17	16	27	23.3
Niskayuna	19	6.1	2	0.9	58	12.6	74	18.1
Scotia/Glenville	22	6.4	3	0.9	80	16.4	89	21.8
Rotterdam	32	10.8	4	1.5	84	24	79	22.8

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County Hospitalization Rates by Neighborhood

NYS Department of Health, SPARCS 2012-2016, Age-Adjusted Rate per 10,000

	Asthma		Assault		Congestive Heart Failure		Coronary Heart Disease	
	N*	Rate	N*	Rate	N*	Rate	N*	Rate
New York State, excl. NYS	15,704	12.8	2,735	2.5	31,413	21.9	39,748	28.1
Capital Region	1,181	11.3	234	2.5	2,264	18.6	2,571	21.5
Saratoga County	203	8	24	1.2	429	16	584	20.8
Clifton Park West	32	6.3	4	1	91	16.4	110	18.5
Waterford/Mechanicville	29	10.2	3	1	57	18.5	73	24.1
Burnt Hills/Galway	17	6.5	2	0.9	40	14.2	66	21.4
Ballston Spa	38	10.9	5	1.7	68	18.6	87	23.3
Saratoga Springs	32	7.2	5	1.3	85	15.8	101	20
North East	26	8.8	4	1.3	40	14.8	73	23
North West	27	12.4	3	1.4	37	17.3	62	26.8
South Glens Falls	11	12.2	2	2.1	28	28.4	27	27.6
Columbia County	102	13.9	8	1.4	196	20.3	190	20.2
Ichabod	18	13.6	1	1.1	38	22.8	33	20.2
Chatham	12	8.1	1	1.5	41	21.4	32	15.4
Canaan	**	**	**	**	2	4.8	6	17.2
Hudson	55	25.6	5	2.8	84	28.3	82	29.5
Taconic Hills	7	6.8	**	**	10	8.1	17	14.2
Germantown	11	14.2	**	**	17	21	20	24.7
Pine Plains	2	5	**	**	12	40.1	8	26.3
Greene County	72	12.7	11	2.4	154	21.9	169	24.4
Coxsackie/Athens	19	12.7	6	4	33	22.5	45	28
Greenville	8	9.2	**	**	17	17.6	19	19.6
Catskill	31	19.5	3	2.3	61	26.6	56	26.2
Cairo/Durham	10	11	1	1.8	26	23.3	26	25
Windham/Ashland/Jewett	3	4.5	**	**	8	12	12	16.4
Hunter/Tannersville	4	6.3	**	**	13	17.8	20	24.9

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Hospitalization Rates by Neighborhood

NYS Department of Health, SPARCS 2012-2016, Age-Adjusted Rate per 10,000

	Heart Attack		Cirrhosis		CLRD/COPD	
	N*	Rate	N*	Rate	N*	Rate
New York State, excl. NYS	21,018	14.8	5,723	4.2	32,791	25.0
Capital Region	1,559	13.0	467	4.0	2,601	23.0
Albany County	411	11.1	138	4.9	794	23.2
State Campus	35	8.6	11	3.4	72	22.3
N. Albany/ Menands	15	20.6	9	11.5	28	33.3
West End	26	19.2	15	8.7	102	70.0
South End	16	18.6	10	9.5	63	116.2
South End/Downtown	5	19.4	4	12.2	16	74.5
New Scotland Avenue	31	13.4	11	4.9	71	34.8
Delaware/2nd Avenue	12	13.6	5	4.8	31	33.1
Center Square	9	12.1	6	6.7	31	38.6
Colonie	45	11.5	14	4.2	75	20.3
Latham	25	8.7	8	3.2	36	14.3
Loudonville	17	8.5	3	1.5	25	12.5
Pine Bush	63	16.8	18	4.5	86	22.9
City of Cohoes/ N.Colonie	41	17.6	11	4.2	97	41.7
Watervliet/G.I.	38	16.3	10	4.0	65	29.4
Bethlehem	34	9.5	10	3.3	39	11.3
RCS	15	10.9	4	3.0	30	22.9
Hill Towns	13	12.8	8	5.7	17	20.0
Guilderland	19	12.6	5	3.1	29	21.1
New Scotland	22	9.4	4	2.0	27	13.9
Rensselaer County	256	13.3	70	4.6	437	23.8
Troy/ Lansingburgh	128	17.6	42	5.9	329	47.3
Rensselaer	36	13.9	11	4.2	72	29.7
East	12	11.3	4	4.7	13	12.5
North East	20	17.5	2	20	8	7.5
North West	11	12.9	2	1.6	20	23.7
South West	30	13.9	6	2.6	37	18.3
Central	12	9.9	4	4.1	17	14.6
W. Sand Lake/ Wyantskill	18	12.7	9	4.9	28	21.0
East Greenbush	17	12.8	4	2.7	20	17.6
Schenectady County	337	17.5	100	6.6	468	25.3
Mt. Pleasant	63	16.8	18	4.5	86	22.9
Upper State Street	49	19.0	16	6.1	66	28.3
City/Stockade	12	26.6	8	10.0	34	67.0
Hamilton Hill	13	24.1	8	10.3	43	60.4
Goose Hill/Union	28	21.5	8	5.4	50	39.1
Rural-West	17	14.9	5	3.9	12	10.1
Niskayuna	49	11.9	10	2.4	39	10.6
Scotia/Glenville	58	14.0	9	2.2	66	17.0
Rotterdam	50	14.5	21	6.7	81	24.6

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Hospitalization Rates by Neighborhood

NYS Department of Health, SPARCS 2012-2016, Age-Adjusted Rate per 10,000

	Heart Attack		Cirrhosis		CLRD/COPD	
	N*	Rate	N*	Rate	N*	Rate
New York State, excl. NYS	21,018	14.8	5,723	4.2	32,791	25.0
Capital Region	1,559	13.0	467	4.0	2,601	23.0
Saratoga County	337	12.1	103	4.7	479	17.9
Clifton Park West	69	11.7	19	3.1	84	15.3
Waterford/Mechanicville	43	14.3	13	4.1	71	24.1
Burnt Hills/Galway	40	13.3	7	2.1	33	12.1
Ballston Spa	51	13.8	12	2.9	83	23.2
Saratoga Springs	57	11.1	21	4.8	82	17.0
North East	38	12.0	16	4.7	71	23.5
North West	35	15.3	13	5.3	62	26.6
South Glens Falls	15	15.0	8	8.1	27	29.3
Columbia County	116	12.2	31	4.5	253	30.3
Ichabod	19	11.9	5	2.8	43	30.0
Chatham	22	10.4	7	3.4	41	22.5
Canaan	4	9.3	**	**	2	4.6
Hudson	50	17.6	14	5.0	123	51.5
Taconic Hills	10	7.6	2	1.2	17	14.5
Germantown	12	14.4	4	5.5	23	28.6
Pine Plains	6	20.4	2	5.4	9	26.8
Greene County	103	14.7	24	5.3	172	27.3
Coxsackie/Athens	25	15.6	5	3.1	38	23.9
Greenville	13	12.9	3	3.3	15	17.9
Catskill	35	16.0	13	6.8	78	43.3
Cairo/Durham	17	15.3	3	3.8	26	25.6
Windham/Ashland/Jewett	8	10.1	**	**	11	15.6
Hunter/Tannersville	13	15.4	2	3.3	10	14.9

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Hospitalization Rates by Neighborhood

NYS Department of Health, SPARCS 2012-2016, Age-Adjusted Rate per 10,000

	Diabetes (Any Diagnosis)		Diabetes (Primary)		Motor Vehicle Accident		Kidney Disease (Any Diagnosis)	
	N*	Rate	N*	Rate	N*	Rate	N*	Rate
New York State, excl. NYS	1,263,207	183.8	16,279	13.1	8,179	9.3	199,253	142.5
Capital Region	98,261	169.0	1,160	11.1	637	8.5	17,314	146.2
Albany County	6,176	172.6	406	12.4	35	7.5	5,829	157.0
State Campus	598	167.0	37	12.3	4	6.3	607	149.7
N. Albany/ Menands	255	323.8	19	22.8	**	**	282	359.9
West End	578	405.9	68	40.1	2	14.7	455	333.8
South End	377	568.6	34	43.8	8	7.4	270	489.6
South End/Downtown	109	515.9	9	41.7	3	9.6	98	461.6
New Scotland Avenue	547	259.9	37	19.7	4	11.8	532	232.4
Delaware/2nd Avenue	223	246.2	15	15.9	3	22.9	226	251.2
Center Square	236	291.3	24	25.0	**	**	185	251.0
Colonie	644	168.1	38	11.6	4	6.7	644	156.6
Latham	332	123.2	17	7.4	2	5.1	359	124.9
Loudonville	229	104.7	9	6.1	2	6.6	277	119.1
Pine Bush	677	189.4	39	13.4	4	6.8	602	163.8
City of Cohoes/ N.Colonie	578	241.7	29	13.4	2	5.9	456	186.3
Watervliet/G.I.	484	213.8	31	15.5	2	6.2	391	169.6
Bethlehem	395	115.0	23	8.5	4	8.5	435	122.9
RCS	275	209.2	15	11.3	3	13.8	218	171.6
Hill Towns	127	133.0	5	5.8	8	13.0	115	129.8
Guilderland	251	176.3	15	10.2	2	8.9	263	176.4
New Scotland	220	106.1	11	6.8	3	9.8	265	117.9
Rensselaer County	3,195	170.7	189	11.0	19	7.5	2,704	143.7
Troy/ Lansingburgh	1,992	283.6	133	19.7	7	7.7	1,537	210.4
Rensselaer	501	202.5	23	10.2	3	9.5	472	192.7
East	82	83.5	6	8.1	1	7.5	67	69.7
North East	125	116.1	8	8.1	1	6.4	88	80.1
North West	147	185.7	13	21.3	2	14.1	99	133.5
South West	315	153.0	16	8.8	4	10.1	286	143.6
Central	122	114.5	7	6.1	1	12.6	103	107.1
W. Sand Lake/ Wyantskill	201	148.7	15	11.9	2	9.4	185	140.4
East Greenbush	233	187.9	11	9.5	1	5.7	263	212.0
Schenectady County	3,672	198.4	211	13.1	22	8.6	3,147	163.3
Mt. Pleasant	677	189.4	39	13.4	4	6.8	602	163.8
Upper State Street	599	253.9	32	14.0	3	7.6	484	191.2
City/Stockade	211	401.8	18	27.7	**	**	140	296.1
Hamilton Hill	297	501.0	27	38.8	**	**	187	345.7
Goose Hill/Union	326	264.5	18	13.7	2	10.1	261	211.0
Rural-West	160	134.9	9	9.1	**	**	120	113.2
Niskayuna	451	114.7	19	5.3	5	9.2	435	107.5
Scotia/Glenville	536	132.9	26	7.9	4	6.9	501	113.3
Rotterdam	594	179.9	36	12.8	4	9.3	529	156.6

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Hospitalization Rates by Neighborhood

NYS Department of Health, SPARCS 2012-2016, Age-Adjusted Rate per 10,000

	Diabetes (Any Diagnosis)		Diabetes (Primary)		Motor Vehicle Accident		Kidney Disease (Any Diagnosis)	
	N*	Rate	N*	Rate	N*	Rate	N*	Rate
New York State, excl. NYS	1,263,207	183.8	16,279	13.1	8,179	9.3	199,253	142.5
Capital Region	98,261	169.0	1,160	11.1	637	8.5	17,314	146.2
Saratoga County	3,861	141.9	196	7.8	25	7.4	3,588	133.9
Clifton Park West	723	126.3	33	6.4	5	6.0	619	110.8
Waterford/Mechanicville	520	173.2	28	9.7	3	6.6	385	129.3
Burnt Hills/Galway	324	111.1	14	5.6	4	10.5	290	104.3
Ballston Spa	638	174.0	29	8.0	5	11.0	596	165.7
Saratoga Springs	708	148.2	41	9.7	5	7.1	817	159.9
North East	450	148.1	31	10.6	3	7.7	407	144.7
North West	433	198.6	18	8.2	3	8.1	366	178.3
South Glens Falls	212	220.4	11	12.2	1	8.2	205	208.0
Columbia County	1,516	170.0	88	11.8	16	13.2	1,087	116.7
Ichabod	316	211.4	17	13.1	2	6.2	287	180.9
Chatham	253	131.3	18	11.0	3	10.7	189	97.7
Canaan	27	79.6	3	9.7	**	**	16	48.9
Hudson	672	254.8	41	17.8	6	16.2	420	149.6
Taconic Hills	76	74.6	4	6.1	3	18.2	54	51.8
Germantown	112	150.3	5	7.4	2	15.7	73	96.3
Pine Plains	85	273.4	5	14.4	1	32.3	72	229.5
Greene County	1,235	184.6	72	12.1	13	13.7	961	143.1
Coxsackie/Athens	270	166.6	15	9.7	2	10.0	221	147.0
Greenville	139	148.5	9	9.6	3	17.7	131	140.4
Catskill	481	243.1	27	15.8	5	18.9	364	178.2
Cairo/Durham	226	226.5	13	14.6	3	14.6	147	143.3
Windham/Ashland/Jewett	67	97.5	4	7.3	**	**	56	90.3
Hunter/Tannersville	100	148.6	8	16.2	2	13.2	79	115.3

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Hospitalization Rates by Neighborhood

NYS Department of Health, SPARCS 2012-2016, Age-Adjusted Rate per 10,000

	Falls (65+)		Falls (1-4)		Self-inflicted Injury		Stroke	
	N*	Rate	N*	Rate	N*	Rate	N*	Rate
New York State, excl. NYS	35,910	195.2	1,817	7.3	5,641	6.5	162,094	23.0
Capital Region	2,831	183.1	144	7.2	559	7.5	12,378	20.6
Albany County	966	194.7	11	8.3	156	6.4	747	20.0
State Campus	148	230.0	2	23.3	13	5.5	77	18.5
N. Albany/ Menands	37	389.1	**	**	4	5.0	24	31.7
West End	35	250.0	2	16.3	17	12.4	42	31.1
South End	17	621.9	**	**	7	8.2	26	40.7
South End/Downtown	9	238.8	**	**	3	22.9	10	53.3
New Scotland Avenue	83	257.4	**	**	26	17.9	49	20.8
Delaware/2nd Avenue	28	258.3	**	**	7	9.1	26	29.3
Center Square	13	208.0	**	**	6	7.5	23	33.5
Colonie	112	193.4	1	9.4	13	6.3	94	23.1
Latham	70	171.9	**	**	9	5.6	56	18.7
Loudonville	56	159.7	**	**	5	5.9	29	11.9
Pine Bush	87	164.0	**	**	22	9.7	92	24.3
City of Cohoes/ N.Colonie	73	217.0	**	**	17	9.8	69	27.8
Watervliet/G.I.	55	182.4	**	**	14	8.8	60	26.1
Bethlehem	105	223.5	1	10.1	10	5.7	58	16.1
RCS	33	222.3	**	**	6	6.4	29	22.7
Hill Towns	20	188.6	**	**	2	2.4	19	40.7
Guilderland	50	253.2	**	**	5	5.3	34	20.8
New Scotland	70	230.6	**	**	6	5.0	40	19.1
Rensselaer County	438	183.9	7	9.2	80	6.3	383	20.0
Troy/ Lansingburgh	238	239.7	4	11.1	60	11.1	182	24.6
Rensselaer	75	252.9	**	**	14	8.3	62	24.4
East	7	50.9	**	**	3	4.8	12	11.4
North East	12	69.5	**	**	4	5.4	22	19.8
North West	15	164.6	**	**	2	3.9	18	21.5
South West	51	206.4	1	16.8	6	5.1	41	20.3
Central	15	140.5	**	**	4	5.0	18	18.8
W. Sand Lake/ Wyantskill	26	160.3	**	**	4	4.9	31	23.9
East Greenbush	61	389.6	**	**	3	3.8	36	28.2
Schenectady County	435	163.7	5	6.6	138	11.8	500	25.5
Mt. Pleasant	87	164.0	**	**	22	9.7	92	24.3
Upper State Street	65	168.2	2	14.4	19	12.1	68	26.4
City/Stockade	10	252.4	**	**	13	28.9	19	37.1
Hamilton Hill	9	188.1	**	**	17	29.1	21	36.7
Goose Hill/Union	25	165.7	**	**	17	13.8	35	28.1
Rural-West	15	125.4	**	**	3	4.1	23	20.2
Niskayuna	85	149.2	2	10.6	14	6.5	82	19.3
Scotia/Glenville	93	149.4	**	**	17	7.8	90	21.2
Rotterdam	68	150.6	**	**	22	11.3	76	21.8

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Hospitalization Rates by Neighborhood

NYS Department of Health, SPARCS 2012-2016, Age-Adjusted Rate per 10,000

	Falls (65+)		Falls (1-4)		Self-inflicted Injuries		Stroke	
	N*	Rate	N*	Rate	N*	Rate	N*	Rate
New York State, excl. NYS	35,910	195.2	1,817	7.3	5,641	6.5	162,094	23.0
Capital Region	2,831	183.1	144	7.2	559	7.5	12,378	20.6
Saratoga County	601	182.2	5	4.4	132	7.8	504	18.5
Clifton Park West	120	174.9	**	**	19	5.4	105	18.8
Waterford/Mechanicville	60	161.5	2	10.4	15	7.2	59	19.9
Burnt Hills/Galway	50	147.8	**	**	13	8.0	48	16.5
Ballston Spa	103	234.4	**	**	23	9.3	72	19.4
Saratoga Springs	157	229.4	1	8.5	28	9.8	102	19.5
North East	60	186.1	**	**	20	9.5	63	21.7
North West	44	185.1	**	**	14	9.8	44	20.3
South Glens Falls	28	211.2	**	**	6	9.5	23	22.8
Columbia County	207	166.3	3	10.0	29	6.4	181	18.9
Ichabod	47	227.3	**	**	6	6.5	33	19.3
Chatham	45	170.9	**	**	5	6.0	37	17.7
Canaan	1	26.8	**	**	2	10.6	5	13.1
Hudson	72	189.4	2	17.2	12	8.2	65	23.2
Taconic Hills	14	96.5	**	**	3	5.0	14	12.3
Germantown	14	140.6	**	**	3	6.0	21	26.9
Pine Plains	15	409.3	**	**	**	**	9	26.4
Greene County	185	204.1	1	5.8	26	7.0	164	23.7
Coxsackie/Athens	36	197.6	**	**	6	4.5	36	22.6
Greenville	26	214.5	**	**	3	6.1	18	19.1
Catskill	70	226.7	**	**	10	9.1	51	24.5
Cairo/Durham	24	176.6	**	**	6	11.0	34	32.3
Windham/Ashland/Jewett	16	168.8	**	**	1	5.0	13	18.0
Hunter/Tannersville	19	204.6	**	**	2	3.7	21	27.9

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Hospitalization Rates by Neighborhood

NYS Department of Health, SPARCS 2012-2016, Age-Adjusted Rate per 10,000

	Mental Disease and Disorder		Drug Abuse		Opioid Overdose (per 100,000)	
	N*	Rate	N*	Rate	N*	Rate
New York State, excl. NYS	67,421	60.3	28,981	26.4	1,759	15.0
Capital Region	5,780	60.6	2,403	25.6	100	10.0
Albany County	1,504	49.1	809	34.0	30	11.0
State Campus	133	49.7	80	30.3	4	12.0
N. Albany/ Menands	47	61.2	20	25.8	**	**
West End	162	97.0	95	60.3	4	20.0
South End	127	142.4	82	100.8	1	10.0
South End/Downtown	25	162.6	19	112.3	**	**
New Scotland Avenue	214	118.1	107	54.1	3	13.0
Delaware/2nd Avenue	59	56.7	31	28.6	2	9.0
Center Square	100	106.9	50	48.8	1	7.0
Colonie	137	51.6	79	30.4	4	13.0
Latham	64	30.3	33	17.6	2	7.0
Loudonville	32	32.3	21	25.7	**	**
Pine Bush	205	72.2	77	28.5	4	11.0
City of Cohoes/ N.Colonie	160	78.0	70	34.7	2	7.0
Watervliet/G.I.	140	67.5	75	35.2	4	18.0
Bethlehem	65	28.8	35	16.5	2	5.0
RCS	45	38.0	27	23.5	2	16.0
Hill Towns	16	24.2	9	14.7	**	**
Guilderland	46	38.0	26	21.7	2	10.0
New Scotland	33	26.7	18	15.1	**	**
Rensselaer County	1,008	62.0	370	29.9	15	11.0
Troy/ Lansingburgh	785	118.2	266	41.7	7	9.0
Rensselaer	104	48.5	64	28.5	3	12.0
East	28	41.7	10	19.4	**	**
North East	46	56.9	12	15.6	**	**
North West	25	42.9	13	23.7	2	24.0
South West	79	51.3	42	31.4	3	16.0
Central	36	45.2	17	21.6	1	13.0
W. Sand Lake/ Wyantskill	42	43.6	22	23.6	**	**
East Greenbush	33	34.5	16	17.8	**	**
Schenectady County	1,494	98.4	468	39.6	20	15.0
Mt. Pleasant	205	72.2	77	28.5	4	11.0
Upper State Street	229	110.8	70	33.6	4	15.0
City/Stockade	187	313.8	58	91.6	3	40.0
Hamilton Hill	181	248.6	64	91.8	2	17.0
Goose Hill/Union	208	146.0	65	46.2	3	22.0
Rural-West	39	45.5	19	25.0	2	17.0
Niskayuna	131	51.6	45	18.7	3	8.0
Scotia/Glenville	165	59.9	61	22.9	2	8.0
Rotterdam	198	80.7	74	30.0	2	6.0

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Hospitalization Rates by Neighborhood

NYS Department of Health, SPARCS 2012-2016, Age-Adjusted Rate per 10,000

	Mental Disease and Disorder		Drug Abuse		Opioid Overdose (per 100,000)	
	N*	Rate	N*	Rate	N*	Rate
New York State, excl. NYS	67,421	60.3	28,981	26.4	1,759	15.0
Capital Region	5,780	60.6	2,403	25.6	100	10.0
Saratoga County	1,048	48.0	399	23.4	18	10.0
Clifton Park West	177	39.2	79	18.2	4	9.0
Waterford/Mechanicville	125	51.1	59	24.3	4	15.0
Burnt Hills/Galway	80	39.7	32	16.3	**	**
Ballston Spa	168	54.3	60	19.2	3	8.0
Saratoga Springs	226	59.4	86	22.8	3	6.0
North East	126	46.8	52	19.9	3	8.0
North West	102	56.8	41	22.3	3	12.0
South Glens Falls	69	93.4	22	29.9	2	15.0
Columbia County	380	67.3	171	41.1	8	15.0
Ichabod	56	58.2	30	35.1	2	13.0
Chatham	62	61.1	27	28.3	**	**
Canaan	12	51.5	5	21.9	**	**
Hudson	187	98.2	80	42.6	5	21.0
Taconic Hills	33	57.3	16	33.6	**	**
Germantown	25	51.2	18	44.0	1	23.0
Pine Plains	11	65.9	5	25.1	**	**
Greene County	349	76.2	162	47.9	11	28.0
Coxsackie/Athens	45	32.3	23	17.9	2	12.0
Greenville	35	54.4	19	31.4	2	40.0
Catskill	146	109.8	59	46.0	3	20.0
Cairo/Durham	81	123.0	43	71.8	3	39.0
Windham/Ashland/Jewett	25	85.6	13	45.9	2	35.0
Hunter/Tannersville	32	76.7	14	36.3	**	**

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ED Visit Rates by Neighborhood

NYS Department of Health, SPARCS 2012-2016, Age-Adjusted Rate per 10,000

	Asthma		Assault		Cirrhosis		COPD/CLRD	
	N*	Rate	N*	Rate	N*	Rate	N*	Rate
New York State, excl. NYS	47,541	44.5	38,741	36.5	1,481	1.2	80,393	71.9
Capital Region	4,006	44.5	3,561	38.8	110	1.0	6,267	66.2
Albany County	1,619	56.9	1,396	45.6	31	1.2	2257	76.5
State Campus	90	35.5	100	34.1	4	1.2	137	51.4
N. Albany/ Menands	66	91.4	58	78.8	4	4.7	100	134.6
West End	372	228.7	328	169.8	4	2.2	493	306.9
South End	241	251.1	188	189.3	2	1.9	301	324.0
South End/Downtown	40	215.9	33	206.0	3	8.4	55	283.6
New Scotland Avenue	137	77.5	151	85.1	2	0.9	191	103.9
Delaware/2nd Avenue	111	112.4	70	65.9	2	1.7	146	147.6
Center Square	179	175.0	147	133.8	2	2.2	225	225.6
Colonie	119	48.9	106	44.3	3	0.8	178	67.4
Latham	37	20.7	34	15.7	2	0.9	64	31.3
Loudonville	26	34.6	31	43.9	**	**	40	45.5
Pine Bush	192	67.3	163	60.8	4	1.2	315	106.1
City of Cohoes/ N.Colonie	121	61.2	121	63.4	2	0.7	228	111.5
Watervliet/G.I.	130	67.3	110	53.8	5	1.9	212	105.7
Bethlehem	41	18.2	37	19.4	1	0.4	60	25.1
RCS	44	39.1	29	27.7	**	**	60	52.3
Hill Towns	14	23.6	11	18.5	**	**	22	33.7
Guilderland	27	25.1	19	16.7	2	0.8	45	38.2
New Scotland	21	16.7	19	17.1	1	0.5	30	22.8
Rensselaer County	559	36.5	486	31.2	17	1.1	857	53.6
Troy/ Lansingburgh	674	109.8	573	85.4	13	1.7	1088	171.8
Rensselaer	79	39.0	76	37.6	4	1.8	131	60.8
East	14	22.1	10	18.4	**	**	23	35.8
North East	11	11.5	14	20.9	**	**	19	20.3
North West	19	32.2	14	24.4	**	**	34	52.0
South West	42	28.1	36	27.4	3	1.1	68	42.6
Central	19	21.1	19	25.3	**	**	32	33.4
W. Sand Lake/ Wyantskill	20	19.3	32	35.0	3	1.5	35	30.9
East Greenbush	18	22.0	15	18.5	**	**	30	33.4
Schenectady County	1,062	72.3	947	65.5	22	1.6	1,785	116.2
Mt. Pleasant	192	67.3	163	60.8	4	1.2	315	106.1
Upper State Street	194	97.4	188	93.5	5	1.7	327	160.1
City/Stockade	71	146.9	73	134.3	2	2.5	127	250.8
Hamilton Hill	180	229.3	181	230.0	2	2.7	271	359.0
Goose Hill/Union	161	111.9	150	93.2	2	0.9	267	186.7
Rural-West	21	23.4	21	27.3	**	**	41	43.2
Niskayuna	62	24.5	53	24.2	2	0.4	108	39.0
Scotia/Glenville	77	27.9	47	19.8	3	1.0	141	46.4
Rotterdam	125	53.0	98	42.5	4	1.2	218	85.9

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ED Visits Rates by Neighborhood

NYS Department of Health, SPARCS 2012-2016, Age-Adjusted Rate per 10,000

	Asthma		Assault		Cirrhosis		COPD/CLRD	
	N*	Rate	N*	Rate	N*	Rate	N*	Rate
New York State, excl. NYS	47,541	44.5	38,741	36.5	1,481	1.2	80,393	71.9
Capital Region	4,006	44.5	3,561	38.8	110	1.0	6,267	66.2
Saratoga County	440	20.1	362	17.4	22	1.0	809	34.3
Clifton Park West	48	10.9	46	11.0	4	0.6	89	18.4
Waterford/Mechanicville	58	22.7	57	24.0	4	1.4	109	41.2
Burnt Hills/Galway	22	10.6	25	13.7	**	**	42	19.1
Ballston Spa	91	28.9	60	20.3	4	0.9	168	50.7
Saratoga Springs	90	24.8	81	21.4	5	1.1	167	42.3
North East	63	22.7	45	18.2	4	1.1	111	39.1
North West	73	39.0	56	33.0	3	1.1	137	67.7
South Glens Falls	25	32.7	20	29.4	2	1.9	49	59.9
Columbia County	203	38.2	211	41.7	8	1.7	347	57.8
Ichabod	19	19.6	22	26.4	2	1.6	38	35.6
Chatham	20	18.2	21	22.4	1	1.0	38	29.5
Canaan	2	9.4	5	23.4	**	**	3	12.6
Hudson	136	79.3	140	81.8	4	1.8	215	114.5
Taconic Hills	13	22.2	10	18.3	1	1.8	22	32.9
Germantown	14	26.6	11	21.7	1	1.6	32	50.6
Pine Plains	3	12.8	4	22.0	**	**	6	26.1
Greene County	125	29.6	162	37.4	9	2.2	215	46.2
Coxsackie/Athens	21	18.0	53	36.8	2	1.4	34	26.9
Greenville	13	22.5	16	24.9	2	1.9	22	34.3
Catskill	57	44.6	54	45.6	3	1.6	99	71.2
Cairo/Durham	25	38.7	24	39.1	**	**	41	58.3
Windham/Ashland/Jewett	6	21.1	9	31.7	1	2.6	12	34.0
Hunter/Tannersville	12	29.4	11	28.1	2	3.6	23	47.2

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ED Visits Rates by Neighborhood

NYS Department of Health, SPARCS 2012-2016, Age-Adjusted Rate per 10,000

	Diabetes (Any Diagnosis)		Diabetes (Primary)		Motor Vehicle Accident		Kidney Disease (Any Diagnosis)	
	N*	Rate	N*	Rate	N*	Rate	N*	Rate
New York State, excl. NYS	234,429	181.1	18,365	15.0	88,018	80.1	38,909	28.9
Capital Region	16,700	152.4	1,565	15.1	5,492	57.9	4,084	35.5
Albany County	6,155	182.5	543	16.7	1,793	58.0	1,646	58.6
State Campus	537	169.1	50	15.7	151	52.8	148	38.5
N. Albany/ Menands	270	364.7	29	35.7	76	105.9	93	118.5
West End	942	649.0	106	69.2	235	130.5	216	152.6
South End	613	810.5	49	54.1	133	143.6	133	232.4
South End/Downtown	156	752.5	16	87.4	28	173.9	38	205.0
New Scotland Avenue	671	339.0	56	29.0	144	69.4	177	79.1
Delaware/2nd Avenue	269	284.7	21	20.6	98	97.2	66	72.0
Center Square	382	443.9	45	48.5	114	104.4	91	113.9
Colonie	579	167.2	55	17.5	183	71.4	166	41.8
Latham	253	97.5	19	7.3	93	43.5	86	29.6
Loudonville	161	84.7	10	6.0	45	50.4	57	24.6
Pine Bush	691	206.7	65	20.4	246	87.8	115	35.0
City of Cohoes/ N.Colonie	552	238.0	47	21.6	169	86.7	105	44.2
Watervliet/G.I.	460	209.1	42	19.3	183	86.6	93	42.1
Bethlehem	287	89.8	18	7.2	105	46.9	84	23.1
RCS	197	153.9	16	12.6	77	70.7	46	35.9
Hill Towns	92	100.5	5	5.4	45	73.0	26	32.9
Guilderland	185	125.6	13	9.7	60	53.1	50	33.2
New Scotland	147	74.4	8	5.1	54	44.0	60	27.2
Rensselaer County	2,510	138.7	251	14.2	796	50.7	693	47.6
Troy/ Lansingburgh	2,336	346.8	231	34.0	649	96.7	476	67.6
Rensselaer	434	180.2	40	17.4	134	67.1	122	50.6
East	51	56.2	4	4.7	29	47.7	11	11.4
North East	87	95.4	12	16.4	33	44.7	17	16.6
North West	104	142.4	13	21.8	45	74.4	22	29.8
South West	225	114.3	21	12.4	85	59.9	63	31.4
Central	77	74.8	7	6.9	50	62.7	22	22.3
W. Sand Lake/ Wyantskill	128	100.0	11	8.7	64	66.0	37	27.3
East Greenbush	137	114.6	10	8.4	43	52.4	50	42.2
Schenectady County	4,091	238.3	437	26.7	1,294	85.8	575	40.0
Mt. Pleasant	691	206.7	65	20.4	246	87.8	115	35.0
Upper State Street	758	333.8	76	34.4	204	98.8	105	42.9
City/Stockade	309	556.4	37	67.2	55	105.9	35	58.9
Hamilton Hill	514	805.4	64	97.6	124	163.1	67	117.3
Goose Hill/Union	527	404.3	65	45.8	162	105.3	68	50.4
Rural-West	138	121.1	11	10.3	66	77.6	19	17.5
Niskayuna	371	103.6	39	12.2	142	56.8	62	16.3
Scotia/Glenville	358	95.9	34	10.0	139	53.5	55	13.0
Rotterdam	511	170.3	55	19.8	194	79.0	72	21.9

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ED Visits Rates by Neighborhood

NYS Department of Health, SPARCS 2012-2016, Age-Adjusted Rate per 10,000

	Diabetes (Any Diagnosis)		Diabetes (Primary)		Motor Vehicle Accident		Kidney Disease (Any Diagnosis)	
	N*	Rate	N*	Rate	N*	Rate	N*	Rate
New York State, excl. NYS	234,429	181.1	18,365	15.0	88,018	80.1	38,909	28.9
Capital Region	16,700	152.4	1,565	15.1	5,492	57.9	4,084	35.5
Saratoga County	3,156	119.7	255	10.3	966	44.2	889	42.8
Clifton Park West	396	71.6	39	7.4	160	37.1	95	17.3
Waterford/Mechanicville	400	138.3	36	13.4	132	52.4	80	27.6
Burnt Hills/Galway	195	69.1	14	5.3	83	40.2	44	14.9
Ballston Spa	637	178.5	43	12.0	165	54.4	148	41.6
Saratoga Springs	772	170.6	58	13.8	159	41.4	263	52.5
North East	409	137.1	39	13.1	139	53.6	114	39.4
North West	409	189.1	27	13.6	147	83.4	125	60.9
South Glens Falls	117	126.2	13	15.3	52	72.2	46	46.7
Columbia County	403	50.5	45	6.8	346	62.5	139	19.1
Ichabod	119	84.1	12	9.6	49	52.2	49	30.9
Chatham	65	38.2	5	3.1	57	54.3	28	13.8
Canaan	13	33.3	2	6.1	7	30.6	5	9.0
Hudson	128	56.7	21	10.6	154	82.6	45	16.8
Taconic Hills	16	18.9	2	2.6	30	49.4	8	8.4
Germantown	67	92.3	4	6.9	41	83.8	7	9.0
Pine Plains	20	80.3	2	5.7	10	53.4	4	11.8
Greene County	387	65.2	36	6.7	299	68.3	124	25.0
Coxsackie/Athens	115	75.1	10	7.0	59	41.6	35	24.4
Greenville	74	86.3	7	8.8	47	75.5	21	23.0
Catskill	105	65.0	11	6.9	99	78.1	42	22.8
Cairo/Durham	58	62.0	5	5.6	58	86.0	14	15.0
Windham/Ashland/Jewett	20	30.7	2	2.2	19	63.7	6	8.2
Hunter/Tannersville	39	66.4	5	9.7	38	93.9	11	18.9

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ED Visits Rates by Neighborhood

NYS Department of Health, SPARCS 2012-2016, Age-Adjusted Rate per 10,000

	Falls (65+)		Falls (1-4)		Self-inflicted Injury	
	N*	Rate	N*	Rate	N*	Rate
New York State, excl. NYS	75,887	417.1	21,915	440.5	6,493	7.7
Capital Region	5,473	355.0	1,435	359.4	770	10.6
Albany County	1,708	350.7	466	376.9	300	12.3
State Campus	231	378.0	31	362.6	22	9.4
N. Albany/ Menands	115	1202.7	20	526.1	8	14.5
West End	62	446.6	64	646.8	36	20.8
South End	36	781.7	37	582.6	16	20.0
South End/Downtown	16	590.2	7	396.7	5	37.8
New Scotland Avenue	141	460.9	37	474.6	62	50.1
Delaware/2nd Avenue	47	456.8	30	544.5	12	13.6
Center Square	29	428.1	34	580.4	18	22.2
Colonie	213	378.6	38	352.9	23	12.0
Latham	162	419.7	25	382.0	12	6.9
Loudonville	149	443.9	13	385.3	6	9.9
Pine Bush	177	353.8	70	444.2	23	11.0
City of Cohoes/ N.Colonie	166	520.0	51	525.1	32	20.7
Watervliet/G.I.	145	492.5	49	577.1	25	15.8
Bethlehem	158	345.9	35	361.2	18	10.5
RCS	44	286.9	18	316.2	8	8.0
Hill Towns	32	297.3	9	325.9	4	8.5
Guilderland	65	316.3	16	297.9	11	13.4
New Scotland	118	405.7	18	378.8	7	6.8
Rensselaer County	749	314.1	240	341.8	115	9.4
Troy/ Lansingburgh	630	657.6	214	689.4	94	17.1
Rensselaer	132	433.6	49	449.9	19	13.6
East	16	121.1	6	196.0	5	10.2
North East	14	90.4	6	148.7	6	9.2
North West	36	386.3	10	395.5	5	10.8
South West	83	335.4	25	377.6	10	9.3
Central	38	330.3	18	421.3	8	11.3
W. Sand Lake/ Wyantskill	57	346.7	19	376.4	9	13.4
East Greenbush	100	638.5	14	431.1	6	9.7
Schenectady County	1,145	442.8	360	497.6	138	11.9
Mt. Pleasant	177	353.8	70	444.2	23	11.0
Upper State Street	171	470.9	60	582.5	25	14.8
City/Stockade	37	878.4	11	608.3	11	18.8
Hamilton Hill	26	560.2	41	633.1	18	27.0
Goose Hill/Union	84	592.0	51	600.6	16	12.3
Rural-West	44	328.1	12	320.3	4	5.3
Niskayuna	246	447.1	46	400.7	12	6.8
Scotia/Glenville	201	336.2	27	217.9	13	6.8
Rotterdam	181	405.8	52	493.1	19	10.2

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ED Visits Rates by Neighborhood

NYS Department of Health, SPARCS 2012-2016, Age-Adjusted Rate per 10,000

	Falls (65+)		Falls (1-4)		Self-inflicted Injury	
	N*	Rate	N*	Rate	N*	Rate
New York State, excl. NYS	75,887	417.1	21,915	440.5	6,493	7.7
Capital Region	5,473	355.0	1,435	359.4	770	10.6
Saratoga County	1,134	336.6	27	219.7	132	8.2
Clifton Park West	182	263.5	14	150.6	17	5.6
Waterford/Mechanicville	96	255.6	36	257.4	19	10.4
Burnt Hills/Galway	80	230.2	38	313.1	11	7.0
Ballston Spa	216	486.7	32	232.6	26	10.9
Saratoga Springs	323	467.0	40	415.3	31	10.6
North East	127	387.5	17	618.8	17	8.7
North West	87	342.8	102	463.2	16	11.6
South Glens Falls	77	585.8	11	330.5	5	8.7
Columbia County	473	377.8	12	286.4	51	12.9
Ichabod	85	392.7	1	217.4	7	9.8
Chatham	92	342.6	61	721.8	9	12.1
Canaan	4	86.1	7	293.8	**	**
Hudson	182	488.6	10	484.1	27	19.9
Taconic Hills	25	162.3	2	263.1	4	9.0
Germantown	52	520.0	58	337.1	3	8.5
Pine Plains	41	1109.7	9	186.3	2	17.3
Greene County	267	290.9	6	225.3	36	10.5
Coxsackie/Athens	44	231.4	22	414.3	7	6.5
Greenville	31	249.2	14	482.0	4	7.8
Catskill	116	388.2	4	308.3	16	16.7
Cairo/Durham	37	270.6	6	375.0	7	13.5
Windham/Ashland/Jewett	22	212.4	212	224.5	3	15.0
Hunter/Tannersville	36	383.8	23	119.2	3	8.2

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ED Visits Rates by Neighborhood

NYS Department of Health, SPARCS 2012-2016, Age-Adjusted Rate per 10,000

	Mental Disease and Disorder		Drug Abuse		Opioid Overdose (per 100,000)	
	N*	Rate	N*	Rate	N*	Rate
New York State, excl. NYS	154,575	140.4	68,818	62.6	3,661	34.0
Capital Region	13,476	143.2	6,374	66.4	258	28.0
Albany County	4,143	133.8	2,459	98.6	67	22.0
State Campus	334	118.3	207	71.5	5	18.0
N. Albany/ Menands	150	213.1	77	108.9	1	12.0
West End	590	341.3	397	231.5	10	50.0
South End	378	413.1	255	282.4	6	59.0
South End/Downtown	259	1296.8	227	1092.1	1	49.0
New Scotland Avenue	579	309.0	349	179.6	8	32.0
Delaware/2nd Avenue	143	135.6	79	71.5	2	15.0
Center Square	344	350.5	220	228.1	2	17.0
Colonie	374	145.6	215	82.5	8	30.0
Latham	173	84.1	91	41.8	4	17.0
Loudonville	89	105.6	53	71.2	2	36.0
Pine Bush	529	188.8	212	75.7	7	24.0
City of Cohoes/ N.Colonie	387	194.8	169	83.7	8	38.0
Watervliet/G.I.	361	177.8	167	80.6	9	37.0
Bethlehem	169	78.7	94	44.3	2	10.0
RCS	99	90.3	50	46.4	3	24.0
Hill Towns	38	65.3	25	43.1	2	32.0
Guilderland	98	87.9	52	47.8	3	23.0
New Scotland	95	77.1	54	47.8	3	22.0
Rensselaer County	1,903	122.0	807	64.6	41	26.0
Troy/ Lansingburgh	1,845	286.3	703	107.6	28	39.0
Rensselaer	307	152.1	151	71.3	7	31.0
East	53	89.9	21	37.1	2	21.0
North East	75	104.5	32	46.8	2	28.0
North West	60	107.4	27	49.6	2	24.0
South West	170	122.3	76	55.4	6	48.0
Central	86	110.8	38	50.5	4	51.0
W. Sand Lake/ Wyantskill	123	134.8	54	60.1	4	42.0
East Greenbush	90	112.5	34	41.1	**	**
Schenectady County	3,418	225.9	1,358	111.4	60	40.0
Mt. Pleasant	529	188.8	212	75.7	7	24.0
Upper State Street	557	270.5	214	102.3	9	42.0
City/Stockade	418	691.6	216	320.2	4	50.0
Hamilton Hill	450	603.3	224	303.7	7	91.0
Goose Hill/Union	487	329.8	207	138.7	9	53.0
Rural-West	85	104.9	34	44.4	3	43.0
Niskayuna	289	116.9	104	44.9	7	30.0
Scotia/Glenville	347	132.1	149	56.7	9	36.0
Rotterdam	422	175.9	158	64.9	9	40.0

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ED Visits Rates by Neighborhood

NYS Department of Health, SPARCS 2012-2016, Age-Adjusted Rate per 10,000

	Mental Disease and Disorder		Drug Abuse		Opioid Overdose (per 100,000)	
	N*	Rate	N*	Rate	N*	Rate
New York State, excl. NYS	154,575	140.4	68,818	62.6	3,661	34.0
Capital Region	13,476	143.2	6,374	66.4	258	28.0
Saratoga County	2,614	122.9	1,103	65.3	52	25.0
Clifton Park West	422	98.2	178	43.7	11	28.0
Waterford/Mechanicville	298	124.8	142	58.1	8	31.0
Burnt Hills/Galway	198	101.1	90	48.6	5	26.0
Ballston Spa	448	149.8	190	61.8	9	29.0
Saratoga Springs	636	173.1	308	82.5	10	25.0
North East	338	129.7	152	58.4	6	24.0
North West	262	151.2	95	54.1	6	33.0
South Glens Falls	126	178.9	43	61.5	2	20.0
Columbia County	753	136.9	254	60.1	18	34.0
Ichabod	122	130.8	50	59.7	3	32.0
Chatham	115	110.3	39	42.2	4	32.0
Canaan	17	88.5	5	20.0	**	**
Hudson	370	206.1	129	70.5	8	44.0
Taconic Hills	61	108.1	19	34.0	.	.
Germantown	58	118.4	24	48.3	3	64.0
Pine Plains	23	130.3	5	28.5	**	**
Greene County	645	146.3	226	64.5	21	48.0
Coxsackie/Athens	105	83.1	44	33.5	3	22.0
Greenville	67	115.4	29	50.2	2	39.0
Catskill	265	205.5	83	63.8	9	70.0
Cairo/Durham	129	195.8	46	68.9	5	80.0
Windham/Ashland/Jewett	43	161.8	18	69.4	**	**
Hunter/Tannersville	50	117.1	25	62.5	3	72.0

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Prevention Quality Indicator Rates by Neighborhood

NYS Department of Health, SPARCS 2012-2016, Age-Adjusted Rate per 10,000

	Acute		Respiratory		Cardio	
	N*	Rate	N*	Rate	N*	Rate
New York State, excl. NYS	45,137	32.6	27,633	20.0	34,035	23.9
Capital Region	3,472	29.4	2,302	19.5	2,507	20.8
Albany County	1,032	27.8	694	19.2	818	21.6
State Campus	116	28.5	65	18.5	82	18.9
N. Albany/ Menands	46	60.7	22	24.4	34	42.4
West End	61	47.3	86	59.7	75	54.4
South End	46	76.8	53	97.7	43	85.8
South End/Downtown	17	83.0	15	69.2	9	44.7
New Scotland Avenue	89	37.4	61	27.4	69	28.4
Delaware/2nd Avenue	37	40.1	26	27.9	35	39.9
Center Square	30	41.2	26	33.0	25	33.7
Colonie	117	28.6	68	17.1	90	20.7
Latham	76	25.9	32	12.1	53	17.6
Loudonville	43	21.0	22	10.2	32	12.3
Pine Bush	117	31.3	76	19.6	96	25.3
City of Cohoes/ N.Colonie	101	41.2	90	37.8	74	28.8
Watervliet/G.I.	89	38.0	59	25.6	63	26.3
Bethlehem	82	23.3	34	9.5	64	17.2
RCS	34	26.5	29	21.3	31	25.5
Hill Towns	21	26.0	16	16.8	13	14.9
Guilderland	48	30.9	26	19.1	31	19.5
New Scotland	57	24.7	25	12.1	43	18.9
Rensselaer County	532	28.4	377	19.5	363	19.1
Troy/ Lansingburgh	355	47.8	286	40.0	220	29.6
Rensselaer	88	36.2	63	24.3	70	29.0
East	9	10.8	12	10.8	8	7.3
North East	13	11.4	7	6.4	9	7.7
North West	24	31.6	18	21.2	15	18.7
South West	58	28.9	34	15.7	36	18.7
Central	21	21.7	17	14.2	16	16.1
W. Sand Lake/ Wyantskill	34	27.3	25	18.1	24	17.5
East Greenbush	43	33.8	17	14.8	33	25.8
Schenectady County	662	33.4	422	22.0	529	26.1
Mt. Pleasant	117	31.3	76	19.6	96	25.3
Upper State Street	100	35.9	58	24.5	78	29.5
City/Stockade	28	64.4	33	61.5	16	37.2
Hamilton Hill	36	68.1	39	56.2	31	51.5
Goose Hill/Union	56	40.7	45	35.7	47	37.0
Rural-West	26	24.5	12	9.2	20	19.1
Niskayuna	102	24.4	32	8.2	64	14.2
Scotia/Glenville	120	27.5	61	14.3	87	18.0
Rotterdam	95	28.1	75	21.8	96	27.6

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Prevention Quality Indicator Rates by Neighborhood

NYS Department of Health, SPARCS 2012-2016, Age-Adjusted Rate per 10,000

	Acute		Respiratory		Cardio	
	N*	Rate	N*	Rate	N*	Rate
New York State, excl. NYS	45,137	32.6	27,633	20.0	34,035	23.9
Capital Region	3,472	29.4	2,302	19.5	2,507	20.8
Saratoga County	776	29.4	434	15.6	451	16.8
Clifton Park West	138	25.0	75	13.0	98	17.7
Waterford/Mechanicville	88	30.4	65	21.7	63	20.5
Burnt Hills/Galway	62	22.9	30	10.3	42	15.1
Ballston Spa	142	39.7	75	20.4	68	18.7
Saratoga Springs	165	32.3	76	15.2	86	16.1
North East	91	33.8	63	20.6	44	15.9
North West	79	39.4	58	24.2	38	18.3
South Glens Falls	41	41.0	26	26.7	30	30.2
Columbia County	257	28.5	223	25.5	189	20.1
Ichabod	53	33.8	37	25.8	35	22.0
Chatham	55	28.3	36	18.6	42	22.1
Canaan	5	14.2	2	4.2	3	8.9
Hudson	101	38.1	108	43.3	82	28.7
Taconic Hills	15	12.6	16	13.5	10	8.5
Germantown	23	31.7	21	24.2	18	22.2
Pine Plains	8	29.5	7	21.9	8	27.0
Greene County	215	32.0	155	23.3	158	22.9
Coxsackie/Athens	46	29.8	34	20.4	34	23.3
Greenville	21	22.1	15	16.0	20	19.8
Catskill	82	37.8	68	36.2	55	24.4
Cairo/Durham	36	36.0	25	22.5	29	29.4
Windham/Ashland/Jewett	18	33.4	10	14.1	10	14.0
Hunter/Tannersville	24	36.7	9	13.0	15	21.2

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Prevention Quality Indicator Rates by Neighborhood

NYS Department of Health, SPARCS 2012-2016, Age-Adjusted Rate per 10,000

	Diabetes		Composite	
	N*	Rate	N*	Rate
New York State, excl. NYS	15,114	11.9	121,909	88.3
Capital Region	1,098	10.3	9,377	79.9
Albany County	386	11.6	2,929	80.2
State Campus	34	11.1	295	77.0
N. Albany/ Menands	16	19.1	117	146.6
West End	64	37.8	285	199.0
South End	33	42.4	173	302.7
South End/Downtown	10	48.7	50	245.5
New Scotland Avenue	36	19.3	254	112.5
Delaware/2nd Avenue	16	16.3	112	124.2
Center Square	24	24.9	104	132.8
Colonie	37	11.2	311	77.7
Latham	15	6.3	175	61.9
Loudonville	10	6.5	106	49.9
Pine Bush	39	13.2	327	89.5
City of Cohoes/ N.Colonie	29	13.3	293	121.1
Watervliet/G.I.	29	13.9	238	103.8
Bethlehem	20	7.3	199	57.2
RCS	14	10.6	106	83.9
Hill Towns	5	5.0	54	62.7
Guilderland	14	9.2	118	78.8
New Scotland	9	5.9	133	61.6
Rensselaer County	175	10.0	1,445	77.0
Troy/ Lansingburgh	126	18.3	986	135.7
Rensselaer	22	9.4	242	98.9
East	6	7.5	34	36.3
North East	7	7.6	36	33.2
North West	12	19.8	68	91.3
South West	13	7.2	139	70.4
Central	6	5.7	59	57.7
W. Sand Lake/ Wyantskill	14	11.4	97	74.3
East Greenbush	9	7.6	102	81.9
Schenectady County	211	12.8	1,822	94.3
Mt. Pleasant	39	13.2	327	89.5
Upper State Street	32	13.9	267	103.7
City/Stockade	18	27.9	94	190.9
Hamilton Hill	25	37.9	130	213.6
Goose Hill/Union	18	13.4	164	126.7
Rural-West	9	8.9	66	61.7
Niskayuna	20	5.6	217	52.4
Scotia/Glenville	25	7.3	293	67.1
Rotterdam	36	12.4	301	89.9

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Prevention Quality Indicator Rates by Neighborhood

NYS Department of Health, SPARCS 2012-2016, Age-Adjusted Rate per 10,000

	Diabetes		Composite	
	N*	Rate	N*	Rate
New York State, excl. NYS	15,114	11.9	121,909	88.3
Capital Region	1,098	10.3	9,377	79.9
Saratoga County	185	7.1	1,845	69.0
Clifton Park West	29	5.3	338	61.0
Waterford/Mechanicville	27	9.3	242	82.0
Burnt Hills/Galway	13	5.2	146	53.4
Ballston Spa	29	7.9	314	86.7
Saratoga Springs	38	8.5	363	72.1
North East	28	9.2	225	79.6
North West	18	8.2	193	90.1
South Glens Falls	11	11.8	106	109.6
Columbia County	76	10.0	744	84.0
Ichabod	13	9.9	137	91.5
Chatham	16	9.9	148	79.0
Canaan	3	8.9	11	36.3
Hudson	37	15.6	327	125.7
Taconic Hills	3	5.4	43	39.9
Germantown	5	6.3	65	84.5
Pine Plains	3	7.4	25	85.8
Greene County	67	10.9	593	89.0
Coxsackie/Athens	14	8.1	126	81.6
Greenville	8	8.0	62	66.0
Catskill	26	14.5	229	112.9
Cairo/Durham	13	14.5	102	102.5
Windham/Ashland/Jewett	4	7.7	41	69.1
Hunter/Tannersville	7	13.6	54	84.4

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Mortality Rates by Neighborhood

NYS Department of Health, Vital Statistics 2012-2016, Age-Adjusted Rate per 100,000

	AIDS		Substance Abuse		Unintentional Injury		Falls	
	N*	Rate	N*	Rate	N*	Rate	N*	Rate
New York State, excl. NYS	135	1.0	1,761	16.0	4,265	34.6	1,016	6.9
Capital Region	12	1.1	101	10.6	252	22.7	62	5.0
Albany County	5	1.4	33	10.7	72	20.3	18	4.5
State Campus	1	2.1	4	11.6	7	17.3	2	2.9
N. Albany/ Menands	1	5.2	1	5.7	3	54.5	1	19.0
West End	1	1.5	3	17.0	4	30.2	1	2.4
South End	0	0.0	1	4.6	3	120.6	2	91.3
South End/Downtown	1	5.5	1	5.9	1	9.8	1	3.9
New Scotland Avenue	1	2.7	2	8.5	4	16.7	1	2.6
Delaware/2nd Avenue	1	3.1	2	9.8	1	9.3	1	2.2
Center Square	1	6.5	1	5.8	2	18.6	1	2.5
Colonie	1	1.9	3	9.3	9	23.1	2	4.5
Latham	0	0.0	2	8.5	5	19.0	1	3.1
Loudonville	0	0.0	1	9.5	3	16.8	2	5.4
Pine Bush	1	3.1	3	11.1	7	21.5	3	6.3
City of Cohoes/ N.Colonie	1	2.0	4	19.9	6	21.8	1	2.8
Watervliet/G.I.	1	1.8	3	11.8	5	21.1	3	9.4
Bethlehem	0	0.0	2	7.1	6	16.8	2	5.2
RCS	0	0.0	2	18.4	3	25.1	1	3.1
Hill Towns	0	0.0	1	13.1	4	39.5	1	3.8
Guilderland	0	0.0	2	8.7	3	15.1	1	1.0
New Scotland	0	0.0	1	7.8	4	16.0	2	4.3
Rensselaer County	3	1.3	16	10.2	48	25.9	13	6.1
Troy/ Lansingburgh	3	3.4	8	11.8	18	23.5	5	5.7
Rensselaer	0	0.0	2	8.9	5	20.9	1	3.2
East	0	0.0	1	4.8	4	43.4	2	11.1
North East	0	0.0	1	1.5	4	29.9	2	8.3
North West	0	0.0	1	11.1	2	24.6	1	7.6
South West	0	0.0	2	10.7	5	27.8	1	2.4
Central	0	0.0	1	9.3	3	20.5	1	4.2
W. Sand Lake/ Wyantskill	0	0.0	2	15.0	3	24.7	1	4.4
East Greenbush	0	0.0	1	3.6	4	24.3	1	7.7
Schenectady County	3	1.2	18	11.7	39	21.0	11	5.1
Mt. Pleasant	1	3.1	3	11.1	7	21.5	3	6.3
Upper State Street	1	0.6	4	13.5	7	21.8	2	4.6
City/Stockade	1	2.7	3	39.7	3	55.3	1	16.9
Hamilton Hill	0	0.0	2	24.1	4	54.6	1	16.5
Goose Hill/Union	1	2.4	3	15.2	4	21.9	1	5.2
Rural-West	0	0.0	2	13.1	3	27.1	1	5.8
Niskayuna	1	0.4	2	5.2	7	18.2	3	5.5
Scotia/Glenville	1	0.4	2	6.9	6	14.6	1	1.6
Rotterdam	1	0.5	3	11.0	5	15.4	2	4.4

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Mortality Rates by Neighborhood

NYS Department of Health, Vital Statistics 2012-2016, Age-Adjusted Rate per 100,000

	AIDS		Substance Abuse		Unintentional Injury		Falls	
	N*	Rate	N*	Rate	N*	Rate	N*	Rate
New York State, excl. NYS	135	1.0	1,761	16.0	4,265	34.6	1,016	6.9
Capital Region	12	1.1	101	10.6	252	22.7	62	5.0
Saratoga County	1	0.4	17	7.5	53	20.8	14	4.8
Clifton Park West	0	0.0	4	6.5	11	21.0	3	5.2
Waterford/Mechanicville	1	1.0	3	10.4	8	27.6	2	5.3
Burnt Hills/Galway	1	0.7	3	11.4	5	18.2	1	3.0
Ballston Spa	0	0.0	2	4.1	8	23.9	2	5.5
Saratoga Springs	1	1.0	4	9.9	10	18.8	4	6.2
North East	1	0.6	2	4.8	6	21.2	2	5.4
North West	0	0.0	1	3.8	5	20.2	1	3.0
South Glens Falls	0	0.0	1	4.1	2	20.5	1	9.5
Columbia County	1	1.1	9	14.4	22	31.1	5	4.7
Ichabod	1	1.0	2	13.7	2	16.1	1	1.5
Chatham	0	0.0	2	18.9	2	14.0	1	0.8
Canaan	0	0.0	1	27.3	2	64.7	1	5.2
Hudson	1	2.4	3	12.7	9	38.6	2	6.8
Taconic Hills	1	1.3	2	19.7	2	20.8	1	2.1
Germantown	0	0.0	1	11.3	3	45.1	1	1.7
Pine Plains	0	0.0	0	0.0	1	26.7	1	9.3
Greene County	1	1.2	9	21.0	20	35.9	4	5.6
Coxsackie/Athens	1	1.9	2	12.2	4	26.3	1	1.9
Greenville	1	2.8	1	12.4	4	49.4	1	7.9
Catskill	0	0.0	4	28.8	6	35.4	1	5.8
Cairo/Durham	0	0.0	2	34.0	5	61.7	1	10.7
Windham/Ashland/Jewett	1	3.6	1	16.9	2	18.5	1	3.7
Hunter/Tannersville	0	0.0	1	22.0	3	39.8	1	12.0

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Mortality Rates by Neighborhood

NYS Department of Health, Vital Statistics 2012-2016, Age-Adjusted Rate per 100,000

	Stroke		All Cancer		Lung Cancer		Breast Cancer	
	N*	Rate	N*	Rate	N*	Rate	N*	Rate
New York State, excl. NYS	4,280	28.8	22,145	154.7	5,937	41.4	1,504	19.3
Capital Region	359	28.3	2,016	166.2	565	46.7	133	19.9
Albany County	109	27.2	614	164.3	169	46.0	43	21.1
State Campus	14	28.0	57	148.4	15	40.9	4	17.8
N. Albany/ Menands	4	86.8	18	324.8	4	68.4	2	58.8
West End	4	35.1	30	231.8	9	56.9	3	43.0
South End	3	34.6	14	157.4	4	46.2	1	18.1
South End/Downtown	1	35.1	7	291.9	3	129.9	1	28.8
New Scotland Avenue	8	28.1	40	159.9	12	45.4	3	21.5
Delaware/2nd Avenue	4	31.9	19	206.2	6	58.9	2	23.7
Center Square	2	15.9	12	182.9	3	47.4	1	76.4
Colonie	12	26.4	71	173.7	21	52.4	5	17.0
Latham	8	27.4	39	139.0	11	36.7	3	15.4
Loudonville	5	18.2	32	148.3	8	34.2	3	24.4
Pine Bush	12	33.8	63	176.0	17	48.9	4	17.9
City of Cohoes/ N.Colonie	11	33.4	47	163.3	14	49.8	3	15.0
Watervliet/G.I.	6	26.5	43	183.9	15	61.7	4	26.8
Bethlehem	7	19.4	51	158.9	13	39.6	4	22.9
RCS	4	25.1	28	181.7	9	54.7	2	14.1
Hill Towns	3	30.1	18	153.5	5	38.0	1	13.8
Guilderland	5	26.2	24	148.0	7	39.4	2	23.8
New Scotland	6	21.5	28	121.5	5	20.4	2	9.8
Rensselaer County	58	29.7	345	178.9	96	49.6	24	21.2
Troy/ Lansingburgh	24	27.3	156	204.4	44	58.6	11	24.4
Rensselaer	7	28.8	46	187.9	13	54.7	3	16.0
East	1	10.5	15	128.3	3	27.6	1	6.4
North East	5	32.6	24	172.1	7	46.8	2	26.9
North West	3	32.4	15	164.4	5	46.0	1	21.0
South West	6	30.5	35	169.1	11	49.7	3	22.0
Central	4	26.7	14	99.9	4	21.8	2	19.8
W. Sand Lake/ Wyantskill	4	31.9	23	183.3	6	43.0	2	26.5
East Greenbush	7	46.3	19	141.3	5	29.9	1	8.5
Schenectady County	68	30.7	332	168.6	87	44.6	24	21.2
Mt. Pleasant	12	33.8	63	176.0	17	48.9	4	17.9
Upper State Street	10	29.1	55	183.9	15	54.5	5	24.4
City/Stockade	1	19.0	13	211.1	6	82.3	2	58.7
Hamilton Hill	3	96.9	12	307.5	4	68.5	1	53.2
Goose Hill/Union	5	28.5	23	161.2	7	49.0	2	18.8
Rural-West	4	35.1	17	147.0	5	42.1	1	16.6
Niskayuna	11	20.2	58	134.5	13	29.9	4	17.5
Scotia/Glenville	17	34.7	72	166.2	18	42.0	7	25.1
Rotterdam	12	33.1	59	182.8	16	47.0	5	28.1

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Mortality Rates by Neighborhood

NYS Department of Health, Vital Statistics 2012-2016, Age-Adjusted Rate per 100,000

	Stroke		All Cancer		Lung Cancer		Breast Cancer	
	N*	Rate	N*	Rate	N*	Rate	N*	Rate
New York State, excl. NYS	4,280	28.8	22,145	154.7	5,937	41.4	1,504	19.3
Capital Region	359	28.3	2,016	166.2	565	46.7	133	19.9
Saratoga County	80	28.9	459	163.7	138	48.6	29	18.4
Clifton Park West	11	19.2	87	153.1	25	42.9	6	19.9
Waterford/Mechanicville	8	24.6	62	191.9	20	61.1	6	27.0
Burnt Hills/Galway	7	23.9	46	135.4	12	33.2	3	12.9
Ballston Spa	10	31.6	68	189.6	22	58.0	5	20.5
Saratoga Springs	26	39.5	76	140.9	22	39.9	5	13.9
North East	6	22.8	51	196.1	16	58.3	3	17.1
North West	8	32.3	42	168.8	15	59.6	3	17.8
South Glens Falls	5	49.3	18	185.3	5	48.3	2	21.1
Columbia County	30	29.8	144	149.4	41	41.3	8	16.1
Ichabod	6	34.4	26	160.2	7	42.1	2	19.1
Chatham	8	34.7	28	147.2	10	48.2	2	25.2
Canaan	1	22.0	5	134.1	2	38.8	0	0.0
Hudson	8	25.4	46	159.0	15	49.4	2	13.3
Taconic Hills	4	24.4	17	132.7	5	36.1	1	12.8
Germantown	3	28.0	12	134.0	2	21.7	1	14.9
Pine Plains	1	13.2	4	133.9	1	17.4	1	11.1
Greene County	16	21.1	124	172.9	36	48.4	7	20.2
Coxsackie/Athens	4	26.3	32	194.7	9	49.3	2	24.7
Greenville	3	25.4	19	204.0	7	66.9	1	18.6
Catskill	4	17.9	40	198.1	13	59.3	3	29.4
Cairo/Durham	3	23.6	19	186.3	5	49.1	2	24.0
Windham/Ashland/Jewett	2	15.8	11	105.4	4	33.6	1	10.9
Hunter/Tannersville	3	23.8	9	95.2	3	26.2	1	2.7

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Mortality Rates by Neighborhood

NYS Department of Health, Vital Statistics 2012-2016, Age-Adjusted Rate per 100,000

	Coronary Heart Disease		Heart Attack		Congestive Heart Failure		Cardiovascular Disease	
	N*	Rate	N*	Rate	N*	Rate	N*	Rate
New York State, excl. NYS	18,522	123.6	4,799	32.3	2,645	17.1	33,127	221.4
Capital Region	1,413	110.8	288	23.0	231	17.5	2,792	219.5
Albany County	430	107.0	81	20.5	79	18.9	867	216.3
State Campus	82	153.2	7	14.0	12	20.7	133	256.3
N. Albany/ Menands	13	241.3	4	75.9	4	81.3	31	620.2
West End	19	168.3	4	28.4	3	28.1	36	330.6
South End	9	107.9	2	25.7	2	24.6	20	271.2
South End/Downtown	4	160.0	1	19.1	1	10.0	6	277.3
New Scotland Avenue	25	88.4	4	14.2	5	17.3	54	189.2
Delaware/2nd Avenue	11	116.4	3	22.5	2	21.0	23	238.7
Center Square	9	134.5	2	24.5	1	7.8	15	197.8
Colonie	40	91.5	11	26.8	6	11.8	84	197.1
Latham	26	84.8	5	17.6	7	23.2	59	194.6
Loudonville	23	92.4	5	18.7	5	16.0	41	162.1
Pine Bush	50	135.7	14	37.8	8	21.5	95	265.1
City of Cohoes/ N.Colonie	34	106.4	8	23.6	4	11.0	71	219.7
Watervliet/G.I.	29	129.8	6	25.5	6	23.9	54	240.5
Bethlehem	27	76.9	7	17.3	9	25.0	64	182.9
RCS	15	101.3	4	24.3	3	22.9	29	206.5
Hill Towns	8	79.2	2	21.0	2	19.7	21	209.6
Guilderland	21	121.7	3	14.0	4	19.6	46	258.4
New Scotland	17	66.8	4	13.6	6	21.9	42	159.3
Rensselaer County	230	117.2	47	24.9	42	20.8	476	242.3
Troy/ Lansingburgh	118	144.2	21	27.3	18	19.2	223	267.8
Rensselaer	24	96.4	5	19.9	7	23.3	60	237.6
East	6	52.7	2	10.9	1	8.3	12	108.5
North East	13	89.6	4	25.0	2	12.8	26	188.0
North West	8	84.3	2	20.2	1	7.9	16	186.6
South West	24	123.6	8	39.0	5	25.3	48	250.8
Central	14	103.5	3	21.6	1	8.8	26	210.9
W. Sand Lake/ Wyantskill	11	99.9	2	18.0	3	25.9	24	228.7
East Greenbush	12	86.6	4	24.8	7	46.8	38	272.7
Schenectady County	261	118.3	56	25.4	47	19.2	524	236.3
Mt. Pleasant	50	135.7	14	37.8	8	21.5	95	265.1
Upper State Street	49	133.9	8	24.6	10	24.3	95	261.8
City/Stockade	9	172.5	2	30.0	1	18.9	15	303.4
Hamilton Hill	10	498.6	2	60.5	1	138.6	18	1021.0
Goose Hill/Union	19	132.9	4	26.9	3	18.4	37	253.6
Rural-West	10	88.1	2	15.4	3	22.6	22	193.4
Niskayuna	34	69.1	7	14.4	6	9.7	76	150.9
Scotia/Glenville	54	109.9	12	25.5	12	20.6	114	229.9
Rotterdam	45	127.1	11	31.5	8	19.8	89	252.6

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Mortality Rates by Neighborhood

NYS Department of Health, Vital Statistics 2012-2016, Age-Adjusted Rate per 100,000

	Coronary Heart Disease		Heart Attack		Congestive Heart Failure		Cardiovascular Disease	
	N*	Rate	N*	Rate	N*	Rate	N*	Rate
New York State, excl. NYS	18,522	123.6	4,799	32.3	2,645	17.1	33,127	221.4
Capital Region	1,413	110.8	288	23.0	231	17.5	2,792	219.5
Saratoga County	273	97.6	59	21.1	35	12.5	542	195.1
Clifton Park West	43	78.6	9	16.4	9	15.4	90	164.7
Waterford/Mechanicville	33	97.6	6	16.1	6	16.0	64	197.2
Burnt Hills/Galway	24	78.3	7	22.2	5	17.4	51	169.2
Ballston Spa	64	198.1	14	44.2	6	18.5	100	311.2
Saratoga Springs	57	91.4	10	15.7	6	8.4	126	197.1
North East	23	87.8	6	21.2	2	8.0	44	168.7
North West	21	85.3	6	24.2	1	4.0	39	165.3
South Glens Falls	6	67.7	2	18.0	2	21.7	21	243.2
Columbia County	133	134.4	25	25.1	16	15.4	228	231.1
Ichabod	25	149.2	4	26.7	4	22.2	44	267.8
Chatham	26	122.7	5	23.3	2	7.6	46	222.7
Canaan	4	115.8	1	28.3	1	25.0	7	196.6
Hudson	43	138.2	7	23.3	5	13.5	70	229.3
Taconic Hills	16	116.9	3	20.1	2	9.3	25	187.0
Germantown	9	112.3	3	29.7	3	23.6	17	200.9
Pine Plains	3	100.5	1	30.6	1	19.9	6	212.8
Greene County	88	119.3	21	28.9	14	18.4	159	215.2
Coxsackie/Athens	15	93.2	3	16.1	2	12.0	29	185.5
Greenville	8	84.7	3	32.0	1	6.6	17	174.5
Catskill	41	185.3	11	47.7	5	19.5	64	287.6
Cairo/Durham	15	141.3	4	35.4	4	42.2	29	289.8
Windham/Ashland/Jewett	8	80.6	2	24.3	2	12.9	15	138.0
Hunter/Tannersville	5	44.0	1	3.1	2	14.2	12	136.4

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Mortality Rates by Neighborhood

NYS Department of Health, Vital Statistics 2012-2016, Age-Adjusted Rate per 100,000

	COPD/CLRD		Diabetes (Any Diagnosis)		Cirrhosis		Kidney Disease (Any Diagnosis)	
	N*	Rate	N*	Rate	N*	Rate	N*	Rate
New York State, excl. NYS	5,134	35.4	2,201	15.3	1,000	7.2	1,746	11.8
Capital Region	503	41.2	187	15.3	98	8.2	163	13.1
Albany County	139	36.2	54	13.9	28	7.7	55	13.9
State Campus	12	26.5	3	7.6	2	6.0	6	12.5
N. Albany/ Menands	5	85.2	3	36.4	1	11.8	2	32.1
West End	6	39.7	3	21.1	2	11.0	3	25.0
South End	2	20.2	3	31.4	2	16.3	2	20.9
South End/Downtown	2	85.0	1	13.3	1	33.6	1	19.4
New Scotland Avenue	10	33.8	4	15.5	2	7.9	4	12.4
Delaware/2nd Avenue	2	23.2	2	18.9	1	3.8	3	22.2
Center Square	2	19.6	2	16.0	2	11.2	2	11.1
Colonie	15	33.9	7	17.2	4	10.7	5	10.3
Latham	9	30.6	5	16.0	2	5.6	4	12.2
Loudonville	9	38.2	3	13.6	1	6.0	3	12.5
Pine Bush	14	39.3	8	20.6	3	6.4	7	18.0
City of Cohoes/ N.Colonie	14	45.1	4	13.9	3	8.4	3	7.5
Watervliet/G.I.	13	55.2	4	17.1	3	12.9	4	15.5
Bethlehem	12	36.8	4	12.9	2	5.1	6	15.1
RCS	5	34.5	3	16.3	1	4.7	2	11.0
Hill Towns	3	25.6	1	8.2	1	5.1	1	7.5
Guilderland	9	51.6	3	16.0	1	4.4	4	20.1
New Scotland	8	32.3	1	4.6	1	3.0	4	13.8
Rensselaer County	105	54.7	39	20.5	17	8.8	29	14.9
Troy/ Lansingburgh	50	62.9	18	24.8	9	12.7	16	18.5
Rensselaer	13	51.2	5	21.1	2	6.2	5	17.1
East	4	32.4	1	8.4	1	16.7	2	12.9
North East	9	65.4	3	16.8	2	9.6	1	5.6
North West	6	70.3	2	20.5	1	4.5	1	7.0
South West	8	37.5	3	12.7	2	6.6	2	7.6
Central	4	26.8	2	9.3	1	7.2	1	8.8
W. Sand Lake/ Wyantskill	7	59.8	3	18.9	1	1.2	2	11.0
East Greenbush	7	51.2	3	19.2	1	2.8	3	20.4
Schenectady County	84	41.3	39	18.8	16	8.2	31	14.2
Mt. Pleasant	14	39.3	8	20.6	3	6.4	7	18.0
Upper State Street	17	52.4	7	19.0	2	6.9	7	19.5
City/Stockade	4	56.4	1	14.0	2	24.5	1	5.8
Hamilton Hill	5	86.9	4	105.1	1	16.2	3	132.6
Goose Hill/Union	6	39.2	4	27.3	2	11.2	2	12.3
Rural-West	5	47.8	2	17.3	2	9.6	1	7.1
Niskayuna	10	20.4	5	9.4	2	3.1	4	7.3
Scotia/Glenville	20	40.6	8	17.6	3	5.5	7	13.5
Rotterdam	15	43.5	6	16.2	4	11.1	6	17.6

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Mortality Rates by Neighborhood

NYS Department of Health, Vital Statistics 2012-2016, Age-Adjusted Rate per 100,000

	COPD/CLRD		Diabetes (Any Diagnosis)		Cirrhosis		Kidney Disease (Any Diagnosis)	
	N*	Rate	N*	Rate	N*	Rate	N*	Rate
New York State, excl. NYS	5,134	35.4	2,201	15.3	1,000	7.2	1,746	11.8
Capital Region	503	41.2	187	15.3	98	8.2	163	13.1
Saratoga County	106	39.0	36	12.9	24	8.4	31	11.2
Clifton Park West	15	28.3	5	8.9	3	5.0	6	10.1
Waterford/Mechanicville	16	48.1	5	13.7	2	6.1	3	8.1
Burnt Hills/Galway	10	29.2	3	6.6	2	5.0	4	10.1
Ballston Spa	16	46.7	6	18.3	4	8.4	6	16.4
Saratoga Springs	20	34.3	7	12.9	5	9.0	7	12.4
North East	11	43.6	5	18.8	3	11.2	2	7.0
North West	9	37.9	5	19.6	4	16.5	3	9.5
South Glens Falls	6	67.5	2	14.7	2	14.8	2	21.1
Columbia County	43	43.1	13	12.7	9	9.5	11	11.9
Ichabod	8	47.1	3	14.4	1	5.2	2	7.8
Chatham	9	45.4	2	5.6	3	11.8	2	11.5
Canaan	2	38.1	1	10.1	1	20.6	1	5.2
Hudson	14	44.9	4	14.2	4	13.1	4	13.1
Taconic Hills	6	41.4	2	9.7	1	3.1	3	20.6
Germantown	4	40.1	1	10.3	1	5.8	1	9.3
Pine Plains	2	38.0	1	13.3	0	0.0	0	0.0
Greene County	28	39.7	9	11.9	6	7.7	8	10.3
Coxsackie/Athens	6	40.0	1	7.2	1	5.2	2	13.7
Greenville	3	37.5	1	9.5	1	6.2	1	6.7
Catskill	12	56.2	5	21.8	3	12.6	2	10.7
Cairo/Durham	5	39.1	1	9.6	1	12.9	1	7.5
Windham/Ashland/Jewett	4	33.8	1	3.0	1	9.8	2	14.1
Hunter/Tannersville	2	20.4	1	7.9	1	6.8	1	4.6

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

Blue indicates rate above NY, excluding NYC, rates. Red indicates rate over 150% above NY, excluding NYC, rates.

Mortality Rates by Neighborhood

NYS Department of Health, Vital Statistics 2012-2016, Age-Adjusted Rate per 100,000

	Prostate Cancer		Colorectal Cancer		Flu/ Pneumonia		Suicide	
	N*	Rate	N*	Rate	N*	Rate	N*	Rate
New York State, excl. NYS	982	16.7	1,853	12.9	2,388	16.0	1,151	9.7
Capital Region	88	17.6	170	13.9	193	15.2	112	11.1
Albany County	26	16.5	50	13.0	59	14.5	30	9.1
State Campus	4	17.5	4	9.6	7	14.3	3	9.9
N. Albany/ Menands	1	21.2	2	25.7	4	75.3	1	9.8
West End	2	51.0	2	11.6	2	10.2	1	5.3
South End	1	4.8	2	31.1	1	13.8	1	6.7
South End/Downtown	1	30.3	1	9.0	1	11.2	1	17.9
New Scotland Avenue	2	26.9	5	15.5	5	14.4	2	6.5
Delaware/2nd Avenue	1	19.1	2	17.9	1	10.9	1	5.0
Center Square	1	10.0	2	15.5	1	9.9	1	7.4
Colonie	3	12.5	7	16.7	6	13.1	3	7.7
Latham	1	10.1	4	11.1	4	10.8	2	6.2
Loudonville	3	23.3	3	11.2	4	12.7	2	12.3
Pine Bush	4	25.0	5	13.6	7	18.9	4	11.7
City of Cohoes/ N.Colonie	2	15.4	4	12.8	5	12.2	2	7.2
Watervliet/G.I.	1	10.2	3	12.4	5	21.8	4	18.2
Bethlehem	2	11.5	5	13.2	7	18.9	3	7.7
RCS	1	3.4	3	15.3	1	7.2	2	13.2
Hill Towns	1	16.1	1	6.2	2	12.4	2	19.4
Guilderland	1	11.9	2	7.7	2	9.6	2	11.1
New Scotland	2	15.3	3	14.2	4	15.9	1	1.2
Rensselaer County	15	21.0	30	15.6	31	15.3	19	11.4
Troy/ Lansingburgh	8	27.9	12	14.6	13	14.5	8	11.4
Rensselaer	2	21.6	5	18.3	6	23.4	2	8.2
East	1	10.4	2	13.4	1	4.4	2	20.9
North East	1	6.8	3	17.2	2	14.0	2	14.5
North West	1	22.5	2	15.8	1	7.6	1	4.4
South West	2	19.6	3	14.9	5	23.7	3	17.3
Central	1	9.6	2	8.7	1	3.0	1	9.2
W. Sand Lake/ Wyantskill	2	45.8	3	19.7	3	24.1	1	5.8
East Greenbush	1	29.7	2	14.1	2	12.9	1	11.9
Schenectady County	17	19.5	26	12.8	31	13.9	19	11.6
Mt. Pleasant	4	25.0	5	13.6	7	18.9	4	11.7
Upper State Street	3	18.7	5	13.8	7	18.0	3	9.7
City/Stockade	1	19.2	1	16.5	1	22.2	1	11.5
Hamilton Hill	1	28.7	1	19.4	2	66.2	2	21.2
Goose Hill/Union	2	38.4	2	10.1	3	14.3	2	13.0
Rural-West	2	96.4	1	10.2	2	11.7	2	17.4
Niskayuna	3	13.0	5	10.4	4	7.5	3	6.5
Scotia/Glenville	5	20.6	7	15.0	8	14.0	3	9.2
Rotterdam	3	17.4	4	12.0	5	12.4	5	17.3

*N is calculated as the average number of cases per year.
Blue indicates rate above NY, excluding NYC, rates. Red indicates rate over 150% above NY, excluding NYC, rates.

Mortality Rates by Neighborhood

NYS Department of Health, SPARCS 2012-2016, Age-Adjusted Rate per 10,000

	Prostate Cancer		Colorectal Cancer		Flu/ Pneumonia		Suicide	
	N*	Rate	N*	Rate	N*	Rate	N*	Rate
New York State, excl. NYS	982	16.7	1,853	12.9	2,388	16.0	1,151	9.7
Capital Region	88	17.6	170	13.9	193	15.2	112	11.1
Saratoga County	20	17.7	37	13.0	41	14.9	30	12.3
Clifton Park West	4	17.5	8	14.9	6	11.0	8	14.1
Waterford/Mechanicville	3	18.0	6	17.6	5	15.6	3	9.8
Burnt Hills/Galway	3	18.9	5	15.7	3	7.7	3	12.9
Ballston Spa	3	20.6	5	12.4	8	22.6	3	8.7
Saratoga Springs	5	15.3	4	7.0	12	18.7	5	12.1
North East	3	23.3	5	16.0	5	17.1	4	12.6
North West	2	14.9	3	8.7	3	11.4	3	14.5
South Glens Falls	1	11.0	2	17.9	2	20.7	1	11.6
Columbia County	8	17.0	17	17.3	19	19.7	11	14.8
Ichabod	1	12.6	4	17.8	4	21.8	2	10.6
Chatham	2	13.8	3	14.3	3	14.7	2	15.4
Canaan	1	121.7	1	28.9	1	23.8	1	6.7
Hudson	3	17.7	5	16.8	6	21.2	3	14.9
Taconic Hills	1	7.5	2	12.3	3	24.0	2	15.7
Germantown	1	20.3	2	22.0	1	6.8	1	9.0
Pine Plains	1	24.9	1	4.6	1	13.2	1	25.9
Greene County	4	10.2	12	16.9	15	19.0	7	12.8
Coxsackie/Athens	1	9.7	3	14.1	3	17.9	3	14.7
Greenville	1	14.0	1	12.4	2	12.5	2	22.6
Catskill	1	7.3	6	25.7	5	18.7	3	16.0
Cairo/Durham	1	19.0	2	14.3	4	36.4	2	15.8
Windham/Ashland/Jewett	1	8.5	2	13.6	1	6.5	1	8.1
Hunter/Tannersville	1	26.7	1	12.3	1	10.2	1	7.6

*N is calculated as the average number of cases per year.
Blue indicates rate above NY, excluding NYC, rates. Red indicates rate over 150% above NY, excluding NYC, rates.

County Health Rankings- Albany County

The University of Wisconsin Population Health Institute and The Robert Wood Johnson Foundation, 2019

	Albany County	Error Margin	Top U.S. Performers^	New York	Rank (of 62)
Health Outcomes					**22**
Length of Life					**16**
Premature death	5700	5,400-6,000	5400	5400	
Quality of Life					**34**
Poor or fair health**	13%	13-14%	12%	16%	
Poor physical health days**	3.3	3.2-3.4	3.0	3.6	
Poor mental health days**	3.8	3.7-3.9	3.1	3.6	
Low birthweight	8%	8-9%	6%	8%	
Health Factors					**7**
Health Behaviors					**13**
Adult smoking**	15%	15-16%	14%	14%	
Adult obesity	27%	24-30%	26%	25%	
Food environment index	8.1		8.7	9.1	
Physical inactivity	22%	20-24%	19%	25%	
Access to exercise opportunities	92%		91%	93%	
Excessive drinking**	20%	19-21%	13%	19%	
Alcohol-impaired driving deaths	24%	19-29%	13%	21%	
Sexually transmitted infections	568.9		152.8	552.8	
Teen births	12	11-13	14	16	
Clinical Care					**5**
Uninsured	4%	4-5%	6%	7%	
Primary care physicians	950:1		1,050:1	1,200:1	
Dentists	1,110:1		1,260:1	1,230:1	
Mental health providers	300:1		310:1	370:1	
Preventable hospital stays	4,219		2,765	4,141	
Mammography screening	45%		49%	41%	
Flu vaccinations	51%		52%	46%	
Social & Economic Factors					**7**
High school graduation	84%		96%	82%	
Some college	77%	74-79%	73%	68%	
Unemployment	4.3%		2.9%	4.7%	
Children in poverty	13%	10-17%	11%	20%	
Income inequality	4.9	4.6-5.1	3.7	5.7	
Children in single-parent households	35%	33-37%	20%	34%	
Social associations	14.5		21.9	8.0	
Violent crime	348		63	379	
Injury deaths	44	41-48	57	47	
Physical Environment					**42**
Air pollution - particulate matter	9.1		6.1	8.5	
Drinking water violations	Yes				
Severe housing problems	16%	15-16%	9%	24%	
Driving alone to work	77%	76-78%	72%	53%	
Long commute - driving alone	21%	20-22%	15%	38%	

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

County Health Rankings- Rensselaer County

University of Wisconsin Population Health Institute and The Robert Wood Johnson Foundation, 2019

	Rensselaer County	Error Margin	Top U.S. Performers^	New York	Rank (of 62)
Health Outcomes					**30**
Length of Life					**22**
Premature death	6,200	5,800-6,700	5,400	5,400	
Quality of Life					**38**
Poor or fair health**	14%	14-15%	12%	16%	
Poor physical health days**	3.6	3.5-3.8	3.0	3.6	
Poor mental health days**	3.9	3.8-4.1	3.1	3.6	
Low birthweight	8%	7-8%	6%	8%	
Health Factors					**17**
Health Behaviors					**29**
Adult smoking**	17%	16-17%	14%	14%	
Adult obesity	31%	28-35%	26%	25%	
Food environment index	8.3		8.7	9.1	
Physical inactivity	22%	20-25%	19%	25%	
Access to exercise opportunities	69%		91%	93%	
Excessive drinking**	22%	21-23%	13%	19%	
Alcohol-impaired driving deaths	21%	14-29%	13%	21%	
Sexually transmitted infections	393.7		152.8	552.8	
Teen births	17	16-18	14	16	
Clinical Care					**34**
Uninsured	5%	4-6%	6%	7%	
Primary care physicians	1,860:1		1,050:1	1,200:1	
Dentists	2,250:1		1,260:1	1,230:1	
Mental health providers	650:1		310:1	370:1	
Preventable hospital stays	4,420		2,765	4,141	
Mammography screening	42%		49%	41%	
Flu vaccinations	50%		52%	46%	
Social & Economic Factors					**11**
High school graduation	87%		96%	82%	
Some college	71%	68-74%	73%	68%	
Unemployment	4.3%		2.9%	4.7%	
Children in poverty	18%	14-21%	11%	20%	
Income inequality	4.4	4.2-4.6	3.7	5.7	
Children in single-parent households	34%	31-37%	20%	34%	
Social associations	8.7		21.9	8.0	
Violent crime	297		63	379	
Injury deaths	52	47-57	57	47	
Physical Environment					**47**
Air pollution - particulate matter	9.1		6.1	8.5	
Drinking water violations	Yes				
Severe housing problems	15%	14-16%	9%	24%	
Driving alone to work	81%	79-82%	72%	53%	
Long commute- driving alone	32%	30-34%	15%	38%	

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

County Health Rankings- Schenectady County

University of Wisconsin Population Health Institute and The Robert Wood Johnson Foundation, 2019

	Schenectady County	Error Margin	Top U.S. Performers^	New York	Rank (of 62)
Health Outcomes					**53**
Length of Life					**46**
Premature death	7,100	6,600-7,600	5,400	5,400	
Quality of Life					**54**
Poor or fair health**	14%	14-15%	12%	16%	
Poor physical health days**	3.8	3.6-3.9	3.0	3.6	
Poor mental health days**	4.1	3.9-4.2	3.1	3.6	
Low birthweight	8%	8-9%	6%	8%	
Health Factors					**25**
Health Behaviors					**30**
Adult smoking**	16%	16-17%	14%	14%	
Adult obesity	29%	25-32%	26%	25%	
Food environment index	8.3		8.7	9.1	
Physical inactivity	22%	19-25%	19%	25%	
Access to exercise opportunities	96%		91%	93%	
Excessive drinking**	22%	21-22%	13%	19%	
Alcohol-impaired driving deaths	33%	25-42%	13%	21%	
Sexually transmitted infections	537.5		152.8	552.8	
Teen births	24	22-26	14	16	
Clinical Care					**9**
Uninsured	5%	4-6%	6%	7%	
Primary care physicians	1,270:1		1,050:1	1,200:1	
Dentists	1,230:1		1,260:1	1,230:1	
Mental health providers	480:1		310:1	370:1	
Preventable hospital stays	4,295		2,765	4,141	
Mammography screening	47%		49%	41%	
Flu vaccinations	52%		52%	46%	
Social & Economic Factors					**29**
High school graduation	78%		96%	82%	
Some college	67%	63-70%	73%	68%	
Unemployment	4.5%		2.9%	4.7%	
Children in poverty	19%	14-24%	11%	20%	
Income inequality	4.6	4.3-4.9	3.7	5.7	
Children in single-parent households	34%	30-38%	20%	34%	
Social associations	8		21.9	8.0	
Violent crime	429		63	379	
Injury deaths	56	51-61	57	47	
Physical Environment					**19**
Air pollution - particulate matter	9.0		6.1	8.5	
Drinking water violations	No				
Severe housing problems	16%	15-17%	9%	24%	
Driving alone to work	81%	80-83%	72%	53%	
Long commute- driving alone	34%	31-36%	15%	38%	

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

County Health Rankings- Saratoga County

University of Wisconsin Population Health Institute and The Robert Wood Johnson Foundation, 2019

	Saratoga County	Error Margin	Top U.S. Performers^	New York	Rank (of 62)
Health Outcomes					**4**
Length of Life					**6**
Premature death	4,900	4,600-5,200	5,400	5,400	
Quality of Life					**4**
Poor or fair health**	11%	11-12%	12%	16%	
Poor physical health days**	3.3	3.2-3.4	3.0	3.6	
Poor mental health days**	3.6	3.5-3.8	3.1	3.6	
Low birthweight	7%	6-7%	6%	8%	
Health Factors					**2**
Health Behaviors					**11**
Adult smoking**	16%	15-16%	14%	14%	
Adult obesity	26%	24-29%	26%	25%	
Food environment index	8.9		8.7	9.1	
Physical inactivity	20%	18-23%	19%	25%	
Access to exercise opportunities	92%		91%	93%	
Excessive drinking**	22%	22-23%	13%	19%	
Alcohol-impaired driving deaths	29%	23-34%	13%	21%	
Sexually transmitted infections	242.7		152.8	552.8	
Teen births	9	8-10	14	16	
Clinical Care					**7**
Uninsured	4%	4-5%	6%	7%	
Primary care physicians	1,440:1		1,050:1	1,200:1	
Dentists	1,570:1		1,260:1	1,230:1	
Mental health providers	640:1		310:1	370:1	
Preventable hospital stays	4,069		2,765	4,141	
Mammography screening	49%		49%	41%	
Flu vaccinations	51%		52%	46%	
Social & Economic Factors					**1**
High school graduation	91%		96%	82%	
Some college	78%	75-81%	73%	68%	
Unemployment	4.0%		2.9%	4.7%	
Children in poverty	8%	6-10%	11%	20%	
Income inequality	3.9	3.7-4.1	3.7	5.7	
Children in single-parent households	24%	22-27%	20%	34%	
Social associations	7.8		21.9	8.0	
Violent crime	103		63	379	
Injury deaths	45	41-49	57	47	
Physical Environment					**49**
Air pollution - particulate matter	9.4		6.1	8.5	
Drinking water violations	Yes				
Severe housing problems	12%	11-13%	9%	24%	
Driving alone to work	83%	82-84%	72%	53%	
Long commute - driving alone	37%	35-39%	15%	38%	

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

County Health Rankings- Columbia County

University of Wisconsin Population Health Institute and The Robert Wood Johnson Foundation, 2019

	Columbia County	Error Margin	Top U.S. Performers^	New York	Rank (of 62)
Health Outcomes					**23**
Length of Life					**40**
Premature death	6,800	6,000-7,600	5,400	5,400	
Quality of Life					**6**
Poor or fair health**	12%	11-12%	12%	16%	
Poor physical health days**	3.5	3.4-3.7	3.0	3.6	
Poor mental health days**	3.5	3.4-3.7	3.1	3.6	
Low birthweight	6%	6-7%	6%	8%	
Health Factors					**14**
Health Behaviors					**17**
Adult smoking**	18%	17-18%	14%	14%	
Adult obesity	25%	22-28%	26%	25%	
Food environment index	8.5		8.7	9.1	
Physical inactivity	20%	18-23%	19%	25%	
Access to exercise opportunities	74%		91%	93%	
Excessive drinking**	20%	19-21%	13%	19%	
Alcohol-impaired driving deaths	21%	14-30%	13%	21%	
Sexually transmitted infections	292.6		152.8	552.8	
Teen births	16	14-19	14	16	
Clinical Care					**45**
Uninsured	6%	5-7%	6%	7%	
Primary care physicians	2,030:1		1,050:1	1,200:1	
Dentists	2,420:1		1,260:1	1,230:1	
Mental health providers	600:1		310:1	370:1	
Preventable hospital stays	4,330		2,765	4,141	
Mammography screening	45%		49%	41%	
Flu vaccinations	47%		52%	46%	
Social & Economic Factors					**12**
High school graduation	83%		96%	82%	
Some college	63%	58-67%	73%	68%	
Unemployment	3.8%		2.9%	4.7%	
Children in poverty	16%	12-21%	11%	20%	
Income inequality	4.3	3.9-4.6	3.7	5.7	
Children in single-parent households	34%	29-38%	20%	34%	
Social associations	10.3		21.9	8.0	
Violent crime	146		63	379	
Injury deaths	68	59-78	57	47	
Physical Environment					**10**
Air pollution - particulate matter	8.5		6.1	8.5	
Drinking water violations	No				
Severe housing problems	15%	13-16%	9%	24%	
Driving alone to work	77%	74-80%	72%	53%	
Long commute - driving alone	36%	33-38%	15%	38%	

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

County Health Rankings- Greene County

University of Wisconsin Population Health Institute and The Robert Wood Johnson Foundation, 2019

	Greene County	Error Margin	Top U.S. Performers^	New York	Rank (of 62)
Health Outcomes					**43**
Length of Life					**43**
Premature death	7,000	6,200-7,900	5,400	5,400	
Quality of Life					**41**
Poor or fair health**	16%	16-17%	12%	16%	
Poor physical health days**	3.9	3.7-4.0	3.0	3.6	
Poor mental health days**	3.7	3.6-3.9	3.1	3.6	
Low birthweight	8%	7-9%	6%	8%	
Health Factors					**43**
Health Behaviors					**19**
Adult smoking**	18%	17-18%	14%	14%	
Adult obesity	27%	23-31%	26%	25%	
Food environment index	8.3		8.7	9.1	
Physical inactivity	25%	21-29%	19%	25%	
Access to exercise opportunities	84%		91%	93%	
Excessive drinking**	20%	19-21%	13%	19%	
Alcohol-impaired driving deaths	26%	18-35%	13%	21%	
Sexually transmitted infections	273		152.8	552.8	
Teen births	14	17-Dec	14	16	
Clinical Care					**55**
Uninsured	6%	5-7%	6%	7%	
Primary care physicians	2,790:1		1,050:1	1,200:1	
Dentists	2,790:1		1,260:1	1,230:1	
Mental health providers	1,220:1		310:1	370:1	
Preventable hospital stays	4.537		2,765	4,141	
Mammography screening	40%		49%	41%	
Flu vaccinations	42%		52%	46%	
Social & Economic Factors					**41**
High school graduation	87%		96%	82%	
Some college	51%	45-56%	73%	68%	
Unemployment	5.3%		2.9%	4.7%	
Children in poverty	20%	14-25%	11%	20%	
Income inequality	4.4	41.-4.8	3.7	5.7	
Children in single-parent households	29%	24-35%	20%	34%	
Social associations	10.3		21.9	8.0	
Violent crime	225		63	379	
Injury deaths	74	63-85	57	47	
Physical Environment					**45**
Air pollution - particulate matter	8.2		6.1	8.5	
Drinking water violations	Yes				
Severe housing problems	18%	15-20%	9%	24%	
Driving alone to work	83%	81-86%	72%	53%	
Long commute - driving alone	41%	37-45%	15%	38%	

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

Ranking of Public Health Issues: Methodology

Variables:

- Size
- Seriousness
- Trend
- Disparity
- Absolute numbers

1. **Size:** % Higher or lower than NYS, excl. NYC, and Lowest Five

% Higher than NYS excl. NYC	↓ 50% +	↓ 25-49.9 %	↓ 15-24.9%	↓ 10-14.9%	↓ 5-9.9%	↓ 0-4.9%	↑ 0-4.9%	↑ 5-9.9%	↑ 10-14.9%	↑ 15-24.9%	↑ 25-49.9 %	↑ 50% +
"Points"	-5	-4	-3	-2	-1	0	0	1	2	3	4	5

An extra point was be added if a county is one of the worst five counties for that indicator

2. **Seriousness:** See table below for "point" value

Category	Point
Mortality	5
Major Hospitalization	4
Minor Hospitalization	3
Major ED Visit	3
Minor ED Visit	2
Health Condition (e.g. asthma, diabetes)	2
Health Behavior (e.g. smoking, drinking)	1

3. **Trend:** % increase or decrease from 2016 CHNA data

% Change	↓ 50% +	↓ 25-49.9 %	↓ 15-24.9%	↓ 10-14.9%	↓ 5-9.9%	↓ 0-4.9%	↑ 0-4.9%	↑ 5-9.9%	↑ 10-14.9%	↑ 15-24.9%	↑ 25-49.9 %	↑ 50% +
"Points"	-5	-4	-3	-2	-1	0	0	1	2	3	4	5

4. **Disparity (race/ethnicity):** Used Index of Disparity calculation (Pearcy JN, Keppel KG. A Summary Measure of Health Disparity. Public Health Reports. 2002 May-June; 117(3):273-80.)

Index of Disparity Score	25-49.9	50-74.5	75+
"Points"	2	3	4

5. **Absolute Numbers:** For indicators included, sorted then ranked in quintiles

Quintile	1	2	3	4	5
"Points"	1	2	3	4	5

Ranking of Public Health Issues: Albany Rankings

Health Issue	Score	Rank
Lyme Disease	4.00	1
Sexually Transmitted Infections	3.35	2
Assault	2.90	3
Asthma	2.80	4
Mental Health	2.27	5
Kidney Disease	2.10	6
HIV/AIDS	1.80	7
Smoking	1.50	8
Diabetes	1.50	8
Congestive Heart Failure	1.50	8
Stroke	1.50	8
Childhood Lead Poisoning	1.42	12
Maternal and Infant Health	1.40	13
COPD/CLRD	1.30	14
Obesity	1.23	15
Suicide	1.20	16
Breast Cancer	1.18	17
Prenatal Care	1.13	18
Food Access	1.00	19
Coronary Heart Disease	1.00	19
Well Child Visits	1.00	19
Falls	0.90	22
Unintended Pregnancy	0.90	22
Opioid Use	0.87	24
Alcohol Use	0.80	25
Colorectal Cancer	0.37	26
Immunization	-0.22	27
Housing	-0.33	28
Newborn Drug	-0.75	29
Breastfeeding	-1.00	30

Ranking of Public Health Issues: Rensselaer Rankings

Health Issue	Score	Rank
Lyme Disease	3.25	1
Sexually Transmitted Infections	2.81	2
Assault	2.80	3
Asthma	2.75	4
Mental Health	2.70	5
Kidney Disease	2.65	6
HIV/AIDS	2.50	7
Smoking	2.47	8
Diabetes	2.40	9
Congestive Heart Failure	2.27	10
Stroke	2.10	11
Childhood Lead Poisoning	1.90	12
Maternal and Infant Health	1.80	13
COPD/CLRD	1.70	14
Obesity	1.67	15
Suicide	1.60	16
Breast Cancer	1.60	17
Prenatal Care	1.40	18
Food Access	1.30	19
Coronary Heart Disease	1.18	20
Well Child Visits	1.11	21
Falls	1.00	22
Unintended Pregnancy	0.88	23
Opioid Use	0.60	24
Alcohol Use	0.50	25
Colorectal Cancer	0.33	26
Immunization	0.00	27
Housing	-0.33	28
Newborn Drug	-0.33	28
Breastfeeding	-1.00	30

Ranking of Public Health Issues: Schenectady Rankings

Health Issue	Score	Rank
Lyme Disease	3.20	1
Sexually Transmitted Infections	2.70	2
Assault	2.70	2
Asthma	2.50	4
Mental Health	2.50	4
Kidney Disease	2.40	6
HIV/AIDS	2.40	6
Smoking	2.13	8
Diabetes	2.07	9
Congestive Heart Failure	1.93	10
Stroke	1.90	11
Childhood Lead Poisoning	1.80	12
Maternal and Infant Health	1.75	13
COPD/CLRD	1.70	14
Obesity	1.70	14
Suicide	1.67	16
Breast Cancer	1.60	17
Prenatal Care	1.38	18
Food Access	1.38	19
Coronary Heart Disease	1.34	20
Well Child Visits	1.31	21
Falls	1.25	22
Unintended Pregnancy	1.20	23
Opioid Use	0.67	24
Alcohol Use	0.33	25
Colorectal Cancer	0.33	25
Immunization	0.28	27
Housing	-0.20	28
Newborn Drug	-0.39	29
Breastfeeding	-0.67	30

Ranking of Public Health Issues: Saratoga Rankings

Health Issue	Score	Rank
Lyme Disease	2.80	1
Sexually Transmitted Infections	2.20	2
Assault	1.90	3
Asthma	1.75	4
Mental Health	1.73	5
Kidney Disease	1.53	6
HIV/AIDS	1.50	7
Smoking	1.40	8
Diabetes	1.40	9
Congestive Heart Failure	1.37	10
Stroke	1.25	11
Childhood Lead Poisoning	1.25	11
Maternal and Infant Health	1.22	13
COPD/CLRD	1.20	14
Obesity	1.20	14
Suicide	1.07	16
Breast Cancer	0.90	17
Prenatal Care	0.80	18
Food Access	0.73	19
Coronary Heart Disease	0.70	20
Well Child Visits	0.63	21
Falls	0.33	22
Unintended Pregnancy	0.33	22
Opioid Use	0.30	24
Alcohol Use	-0.18	25
Colorectal Cancer	-0.20	26
Immunization	-0.67	27
Housing	-1.00	28
Newborn Drug	-1.13	29
Breastfeeding	-1.33	30

Ranking of Public Health Issues: Columbia Rankings

Health Issue	Score	Rank
Lyme Disease	4.3	1
Sexually Transmitted Infections	3.5	2
Assault	2.8	3
Asthma	2.5	4
Mental Health	2.3	5
Kidney Disease	2.3	6
HIV/AIDS	2.3	7
Smoking	2.2	8
Diabetes	2.1	9
Congestive Heart Failure	2.1	10
Stroke	2.1	10
Childhood Lead Poisoning	2.0	12
Maternal and Infant Health	1.9	13
COPD/CLRD	1.8	14
Obesity	1.7	15
Suicide	1.7	15
Breast Cancer	1.7	17
Prenatal Care	1.6	18
Food Access	1.3	19
Coronary Heart Disease	1.0	20
Well Child Visits	0.9	21
Falls	0.8	22
Unintended Pregnancy	0.6	23
Opioid Use	0.4	24
Alcohol Use	0.1	25
Colorectal Cancer	0.0	26
Immunization	0.0	26
Housing	-0.1	28
Newborn Drug	-0.3	29
Breastfeeding	-2.3	30

Ranking of Public Health Issues: Greene Rankings

Health Issue	Score	Rank
Lyme Disease	4.0	1
Sexually Transmitted Infections	3.7	2
Assault	3.5	3
Asthma	3.1	4
Mental Health	2.9	5
Kidney Disease	2.9	6
HIV/AIDS	2.7	7
Smoking	2.3	8
Diabetes	2.3	9
Congestive Heart Failure	1.9	10
Stroke	1.8	11
Childhood Lead Poisoning	1.7	12
Maternal and Infant Health	1.7	13
COPD/CLRD	1.5	14
Obesity	1.5	15
Suicide	1.4	16
Breast Cancer	1.1	17
Prenatal Care	1.1	18
Food Access	1.0	19
Coronary Heart Disease	1.0	19
Well Child Visits	1.0	21
Falls	0.8	22
Unintended Pregnancy	0.6	23
Opioid Use	0.4	24
Alcohol Use	0.3	25
Colorectal Cancer	0.3	25
Immunization	-0.1	27
Housing	-0.2	28
Newborn Drug	-0.6	29
Breastfeeding	-2.3	30

Albany and Rensselaer County Assets and Resources – Prevent Chronic Diseases; Promote Well-Being and Prevent Mental and Substance Use Disorders

Obesity Prevention Care and Management		
Organization	**Albany County Assets**	**Rensselaer County Assets**
Albany Medical Center	• Division of Community Endocrinology - Diabetes Self-Management training and education, medical nutrition therapy	
American Diabetes Association - Living With Type 2 Program	• Diabetes Self-Management Training and Education	• Diabetes Self-Management Training and Education
Capital District YMCA	• Blood Pressure Self-management • National Diabetes Prevention Program	• Blood Pressure Self-management • National Diabetes Prevention Program
Community Care Physicians	• Diabetes Self-Management Training and Education • Medical Nutrition Therapy	• Diabetes Self-Management Training and Education • Medical Nutrition Therapy
Cornell Cooperative Extension	• Dining with Diabetes - Weight Management Classes	• Dining with Diabetes - Weight Management Classes
Diabetes Sisters of Albany/Schenectady	• Diabetes Support Group	
Health Literacy for All	• National Diabetes Prevention Program	
JDRF's Sugar Free Gang	• Diabetes Support Groups and Education	• Diabetes Support Groups and Education
Rensselaer County Department of Health		• National Diabetes Prevention Program
St. Peter's Health Partners (Diabetes and Endocrine Care)	• Diabetes Self-Management Training and Education • Medical Nutrition Therapy	• Diabetes Self-Management Training and Education • Medical Nutrition Therapy

	• Diabetes Support Groups • National Diabetes Prevention Program	• Diabetes Support Groups • National Diabetes Prevention Program
Stratton Veterans Administration Medical Center	• Diabetes Self-Management Training and Education	• Diabetes Self-Management Training and Education
TOPS Grocery Stores	• Weight Management through Nutritional education	• Weight Management through Nutritional education
Weight Watchers Studio	• Diabetes Self-Management Training and Education	• Diabetes Self-Management Training and Education
Whitney M. Young Jr. Health Services	• Diabetes Self-Management Training and Education • Medical Nutrition Therapy	• Diabetes Self-Management Training and Education • Medical Nutrition Therapy

Physical Activity		
Organization	**Albany County Assets**	**Rensselaer County Assets**
Fitness	Albany CrossFit Albany Jewish Community Center Black Sheep Athletics Capital District YMCA Metabolic Planet Fitness Rudy A. Ciccotti Family Recreation Center Silver Sneakers CDPHP Fitness Connect Vent Fitness	Collar City Athletics Planet Fitness Silver Sneakers CDPHP Fitness Connect Capital District YMCA Planet Fitness Vent Fitness

Parks and Recreation	City of Albany: https://www.albanyny.gov/Government/Departments/Recreation/ParksandFacilities.aspx	Rensselaer County: http://www.rensco.com/wp-content/uploads/2017/06/Public_Health_Outdoor-Activity-Areas-2.pdf

Healthy Eating and Food Security		
Organization	**Albany County Assets**	**Rensselaer County Assets**
Regional Food Bank of Northeastern New York	• Backpack Program • Our Farm Program • Just Say Yes to Fruits and Vegetables • Mass Distribution/Mobile Pantry • School Pantry Program • Summer Food Service Program • SNAP Registration Assistance	• Backpack Program • Our Farm Program • Just Say Yes to Fruits and Vegetables • Mass Distribution/Mobile Pantry • School Pantry Program • Summer Food Service Program • SNAP Registration Assistance
Albany County Department for Aging	• Congregate Meals • Home Delivered Meals • Nutritional Counseling	
Albany Medical Center	• Special Supplemental Nutrition Program for Women, Infants and Children • Nutritional Education	• Special Supplemental Nutrition Program for Women, Infants and Children • Nutritional Education
Grocery Stores	• ALDI's • Whole foods • Hannaford • Honest Weight Food Cooperative	• ALDI's • Whole foods • Hannaford • Honest Weight Food Cooperative

Grocery Stores (Continued)	• Market 32 Price Chopper • Save A Lot • ShopRite of Albany • Trader Joe's	• Price Chopper • Save A Lot • ShopRite of Rensselaer • Trader Joe's
Capital District Child Care Coordinating Council	• Child and Adult Care Food Program (CACFP) • Farm to Preschool – nutrition education, local produce • Eat Well Play Hard Program • Child Care Health Consultant Services	• Child and Adult Care Food Program (CACFP) • Farm to Preschool – nutrition education, local produce • Eat Well Play Hard Program • Child Care Health Consultant Services
Farmers Markets – *Accepts SNAP	• CDPHP Farmers Market - June 6-October 3, Thursday 11am-1:30pm • *Empire State Plaza Friday Farmers Market - March 1-October 1, Friday 10am-2pm • *Empire State Plaza Wed Farmers Market - Year-round, Wednesday 10am-2pm • Harriman State Campus Farmers Market - May 1-October 10, Thursday 10am-2pm • New Covenant Farmers Market - May 21-October 1, Tuesday 3pm-6pm • Farmers Market at the Crossings - May 18-September 28, Saturday 9am-1pm • *Delaware Community Farmers Market - June 18-November 19, Tuesdays 4pm-7pm Oct-Nov 3pm-6pm • *Delmar Saturday Farmers Market - May 4-December 21, Saturday 9am-1pm • Delmar Tuesday Farmers Market - May 7-November 26, Tuesday 2:30pm-6pm	• *Troy Waterfront Farmers Market - May 4-October 26, Saturday 9am-2pm • Poestenkill Farmers Market and Craft Fair • *Capital Roots Produce Market - Year-round, Mon-Fri 9am-4:30pm • *Capital Roots Produce Project Farm Stand - May 7-October 29, Tuesday 4pm-6pm • East Greenbush Farmers Market - June 12-September 25, Wednesday 4pm-7pm

Farmers Markets (Continued)	• Guilderland Farmers Market – June 30-Oct 13, Sunday 10-2pm	
Capital Roots	• Community Gardens • Veggie Mobile • Produce Project – students run a farm for credit and produce • Taste Good Series – nutrition education • Squash Hunger – produce transportation • Urban Greening Projects • Healthy Streets Projects • Healthy Stores Projects	• Community Gardens • Veggie Mobile • Produce Project – students run a farm for credit and produce • Taste Good Series – nutrition education • Squash Hunger – produce transportation • Urban Greening Projects • Healthy Streets Projects • Healthy Stores Projects
Commission on Economic Opportunity		• Baby Café • Special Supplemental Nutrition Program for Women, Infants and Children • Food Pantry
Cornell Cooperative Extension	• Nutrition Education Program • Agriculture and Horticulture program – education • Central NY Diary and Livestock Team • 4-H Vegetable Marketing Program – youth grow their own vegetables	• Nutrition Education Program • Agriculture and Horticulture program – education • Central NY Diary and Livestock Team • 4-H Vegetable Marketing Program – youth grow their own vegetables
Equinox Inc.	• SNAP Registration Assistance • Thanksgiving Dinner	• SNAP Registration Assistance • Thanksgiving Dinner
Radix Center	• Community Gardens • Nutritional Education	

Rensselaer County Department of Health		• Department of Aging – Nutrition Program, home delivered meals, congregate meals • Nutritional Education
Sheridan Hollow Drop In Center	• SNAP Registration Assistance	
St. Peter's Health Partners	• Breastfeeding Promotion, Protection, and Support • Creating Healthy Schools and Communities	• Breastfeeding Promotion, Protection, and Support • Creating Healthy Schools and Communities
The Food Pantries for the Capital District	• Emergency Food Assistance – Food Pantries	• Emergency Food Assistance – Food Pantries
Legal Aid Society of NY	• SNAP Registration Assistance	• SNAP Registration Assistance
Town of Guilderland Community Gardens	• Community Gardens	
Trinity Alliance of the Capital Region	• Emergency Food Assistance – Food Pantries • Community garden	• Emergency Food Assistance – Food Pantries • Community garden
Unity House of Troy	• Child care services	• Community Meals • Emergency Assistance • SNAP Registration Assistance • Child care services
Whitney M. Young Health Center	• Special Supplemental Nutrition Program for Women, Infants and Children	• Special Supplemental Nutrition Program for Women, Infants and Children
YWCA - Troy		• Community meals • Food pantry

Tobacco Use and Asthma Services		
Organization	**Albany County Assets**	**Rensselaer County Assets**
Albany County Department of Mental Health	• Tobacco cessation services	
Capital District Tobacco-Free Coalition	• Support tobacco-free living by making their property tobacco-free. • Telephone, email and in-person technical assistance; • Presentations and information sessions; • Supportive materials and resources for both staff and consumers; • Sample policies, employee/consumer outreach materials, and FAQs; • Timeline development and implementation; • No-cost tobacco-free signage.	• Support tobacco-free living by making their property tobacco-free. • Telephone, email and in-person technical assistance; • Presentations and information sessions; • Supportive materials and resources for both staff and consumers; • Sample policies, employee/consumer outreach materials, and FAQs; • Timeline development and implementation; • No-cost tobacco-free signage.
Community Foundation for the Greater Capital Region	• Green Healthy Homes Initiative Greater Capital Region – integrates health, safety, and energy efficient interventions in low- to mod- income homes.	• Green Healthy Homes Initiative Greater Capital Region – integrates health, safety, and energy efficient interventions in low- to mod- income homes.
County Department of Health	• Healthy Neighborhood Program • Certified asthma education	• Healthy Neighborhood Program
St. Peter's Health Partners **Community Health Programs** **Health Systems for a Tobacco-Free NY**	• Partner with medical & mental health care providers to implement systematic, evidence based tobacco dependence treatments so that every tobacco user is offered tobacco dependence treatment during medical visits. Patients are supported through education counseling and the use of appropriate medications	• Partner with medical & mental health care providers to implement systematic, evidence based tobacco dependence treatments so that every tobacco user is offered tobacco dependence treatment during medical visits. Patients are supported through education counseling and the use of appropriate medications

St. Peter's Health Partners ***The Butt Stops Here***	• Tobacco cessation program that provides support to community members through an intensive counseling program offered at locations throughout the Capital Region.	• Tobacco cessation program that provides support to community members through an intensive counseling program offered at locations throughout the Capital Region.
St. Peter 's Health Partners **EDDY Licensed Home Care Agency** **Home-Based Asthma Management Program**	• Free program designed to provide patients and families with information to help manage asthma. • Skilled Community Health Workers meet with families in the home • Eligibility: child or adult diagnosed with asthma; residents of the cities of Albany & Troy; experienced at least one asthma attach, resulting in an emergency department visit, hospital admission or sick visit to a health care provider	• Free program designed to provide patients and families with information to help manage asthma. • Skilled Community Health Workers meet with families in the home • Eligibility: child or adult diagnosed with asthma; residents of the cities of Albany & Troy; experienced at least one asthma attach, resulting in an emergency department visit, hospital admission or sick visit to a health care provider
St. Peter's Health Partners **Pulmonary & Critical Care Services**	• Services include a full pulmonary function laboratory which enables us to offer a variety of diagnostic and therapeutic tools that were previously available only at a hospital. This provides the patient with a convenient choice of facilities and allows our physician's faster access to information needed in the care of their patients. • We also offer spirometry, chest X-ray, ECG, oximetry, Endobronchial ultrasound (EBUS), and a Sleep Center.	• Services include a full pulmonary function laboratory which enables us to offer a variety of diagnostic and therapeutic tools that were previously available only at a hospital. This provides the patient with a convenient choice of facilities and allows our physician's faster access to information needed in the care of their patients. • We also offer spirometry, chest X-ray, ECG, oximetry, Endobronchial ultrasound (EBUS), and a Sleep Center.
St. Peter's Health Partners **Better Breathers** **Support Group**	• Free support group for those living with lung disease. The group meets regularly and meeting typically feature an educational presentation on a wide range of topics such as breather techniques, medication, exercise and more.	• Free support group for those living with lung disease. The group meets regularly and meeting typically feature an educational presentation on a wide range of topics such as breather techniques, medication, exercise and more.

St. Peter's Health Partners **Asthma Educator Program**	• Program to ensure that the clinicians will be able to provide patients with the most current and comprehensive information concerning asthma. This would include teaching self-management skills, the roll of medications, their delivery devices, and controlling environmental factors.	• Program to ensure that the clinicians will be able to provide patients with the most current and comprehensive information concerning asthma. This would include teaching self-management skills, the roll of medications, their delivery devices, and controlling environmental factors

Substance Abuse and Mental Health		
Organization	**Albany County Assets**	**Rensselaer County Assets**
Alcoholics Anonymous	• Alcoholism Treatment Program	• Alcoholism Treatment Program
Addiction Care Center (ACCA) -Prevention and Community Education Services	• Prevention education to thousands of Capital Region children each year to help support healthy communities and prevent underage drinking, drug abuse and other risky behaviors such as early sexual activity, school delinquency and teen violence. • Community Education program delivers the following: interactive workshops and presentations to schools, community organizations and corporations upon request.	• Addiction Treatment services at Rensselaer County Correctional Facility – assessment , counseling & discharge planning • Proposed to open by end of 2019 – 820 residential congregate care services, 20 beds for men • Grant from CDPHP Foundation – prevention services for two school districts: “An Apple a Day”
Addiction Recovery Coaching & Support services	• Recovery Peer Advocates • Recovery Support Services • Family Support Navigation • Recovery Coach Trainings	
Albany County Mental Health	• Assertive Community Treatment (ACT) Program • Health Home Care Management Services	

Albany County Mental Health (Continued)	• Adult Forensic Services • Community Services Board • Substance Abuse Services • Adult Treatment Clinic • Opioid Prevention Training • Children's Mental Health Clinic • Single Point of Access (SPOA) • Case Management Services • Child Forensic Services • Parent Partners	
American Foundation for Suicide Prevention	• Grief Support Groups	• Grief Support Groups
Brattleboro Retreat	• Inpatient, Outpatient, Residential and day programs for all ages	• Inpatient, Outpatient, Residential and day programs for all ages
Capital Counseling	• Inpatient and Outpatient home transition counseling services • Phone-based clinical office support and case management • Referral Services	• Inpatient and Outpatient home transition counseling services • Phone-based clinical office support and case management • Referral Services
Capital District Behavioral Health	• Counseling for all ages • Family, couple, and individual counseling	• Counseling for all ages • Family, couple, and individual counseling
Capital District Psychiatric Center	• Crisis Center - Intervention • Counseling Clinic • Child and Adolescent Outpatient Services	• Crisis Center – Intervention • Counseling Clinic • Child and Adolescent Outpatient Services

Capital District Physicians Health Plan	• Access and Triage: 24 hour telephonic behavioral health assessment, triage and referral services for CDPHP members. Services including inpatient mental health, inpatient detox and substance abuse rehab, ambulatory opioid detox, partial hospital and intensive outpatient, outpatient mental health and substance abuse. Effective 7/1/2016, administration of NYS Medicaid HARP services. • Behavioral health and medical case management, providing coordination of care across the continuum of treatment. • Utilization Management: Application of medical necessity criteria to assure members receive the appropriate levels of treatment.	• Access and Triage: 24 hour telephonic behavioral health assessment, triage and referral services for CDPHP members. Services including inpatient mental health, inpatient detox and substance abuse rehab, ambulatory opioid detox, partial hospital and intensive outpatient, outpatient mental health and substance abuse. Effective 7/1/2016, administration of NYS Medicaid HARP services. • Behavioral health and medical case management, providing coordination of care across the continuum of treatment. • Utilization Management: Application of medical necessity criteria to assure members receive the appropriate levels of treatment.
Capital District Tobacco-Free Coalition	• Comprehensive assistance to BH agencies in Albany County to support tobacco-free living by making their property tobacco-free. Assistance includes: • Telephone, email and in-person technical assistance; • Presentations and information sessions; • Supportive materials and resources for both staff and consumers; • Sample policies, employee/consumer outreach materials, and FAQs; • Timeline development and implementation; • No-cost tobacco-free signage.	• Comprehensive assistance to BH agencies in Rensselaer County to support tobacco-free living by making their property tobacco-free. Assistance includes: • Telephone, email and in-person technical assistance; • Presentations and information sessions; • Supportive materials and resources for both staff and consumers; • Sample policies, employee/consumer outreach materials, and FAQs; • Timeline development and implementation; • No-cost tobacco-free signage.

Capital Region BOCES	• CAPIT(Comprehensive Approaches to Prevention Intervention & Training) Program • Substance Abuse Prevention and Early Intervention Services: • Elementary (Life Skills, Bullying Prevention), • High School Services (Project Success, Teen Intervene and Reconnecting Youth), • Parenting education and support, work with community groups and assistance with any prevention or health promotion efforts; training and consultation on gambling prevention, dealing with difficult students, substance abuse and the family, mandated reporter, violence prevention and crisis intervention.	
Catholic Charities **"Project Safe Point"**	• 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.	• 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.
Center for Disability Services	• Counseling	• Counseling
The Community Hospice	• Counseling – Individual or family grief counseling • Support Groups – for adults • Wave Riders – weekly support group for grieving families with children • Camp Erin – free weekend overnight camp for grieving children 6-17yo	• Counseling – Individual or family grief counseling • Support Groups – for adults • Wave Riders – weekly support group for grieving families with children • Camp Erin – free weekend overnight camp for grieving children 6-17yo

Ellis Hospital	• Crisis Intervention • Outpatient Child and Adolescent Psychiatry Department – Counseling, initial psychiatric assessments with diagnosis, medication management, psychotherapy, consultation/collateral services for schools and other professional agencies, wellness planning, community education • Inpatient Care • Comfort Room • Personalized recovery oriented services for adults • Peer advocacy Program • Case Management and Family Support	
Equinox	• Counseling • 24/7 Hotline • Outpatient Clinic • Family resources • Personal recovery Oriented Services	
Four Winds Hospital	• Inpatient and Outpatient Treatment Programs • Adult Partial Hospital Program • Educational Events	
In Our Own Voices	• TransCare – Voices of Unity(support group), individual advocacy, testing referrals, connection to care, legal services and other needs related to health and well-being	• TransCare – Voices of Unity(support group), individual advocacy, testing referrals, connection to care, legal services and other needs related to health and well-being

In Our Own Voices (Continued)	• National LGBT POC Health Summit – Education • Support Groups	• National LGBT POC Health Summit – Education • Support Groups
Karner Psychological Associates	• Psycho-educational group therapy • Specialty groups for mental health education • Life coaching • Educational Services • Counseling	• Psycho-educational group therapy • Specialty groups for mental health education • Life coaching • Educational Services • Counseling
LaSalle School for Boys	• OASAS licensed Chemical Dependency Treatment Clinic • Transitional Independent Living Program • Supervised Independent Living Program • Day educational and clinical services	• OASAS licensed Chemical Dependency Treatment Clinic • Transitional Independent Living Program • Supervised Independent Living Program • Day educational and clinical services
Narcotics Anonymous	• Addiction recovery Services	• Addiction recovery Services
National Alliance on Mental Illness in NYS - Capital Region	• Family Support Group • Family to Family – course for family living with mental illness • Homefront – course for families and loved ones with vets with mental illness • Basics – course for caregivers of children with mental illness • NAMI Connection Recovery Support Group – peer-led support group for adults living with mental illness • Peer to Peer – Course by peers to peers on mental illness	• Family Support Group • Family to Family – course for family living with mental illness • Homefront – course for families and loved ones with vets with mental illness • Basics – course for caregivers of children with mental illness • NAMI Connection Recovery Support Group – peer-led support group for adults living with mental illness • Peer to Peer – Course by peers to peers on mental illness

National Alliance on Mental Illness in NYS - Capital Region (Continued)	• Hearts and Minds – educational program for people living with mental illness • Faithnet – religious outreach educational training to deal with mental health • In Our Own Voice – presentation be a consumer on their mental health journey	• Hearts and Minds – educational program for people living with mental illness • Faithnet – religious outreach educational training to deal with mental health • In Our Own Voice – presentation be a consumer on their mental health journey
Northern Rivers On-Track New York	• Coordinated Care and Community Solutions • Behavioral Health Services – Assertive community treatment, crisis stabilization services, home based crisis intervention, school based behavioral health • Residential and Foster Care Services • Education • SATRI Training and Research • Parsons – Outpatient mental health services	• Coordinated Care and Community Solutions • Behavioral Health Services – Assertive community treatment, crisis stabilization services, home based crisis intervention, school based behavioral health • Residential and Foster Care Services • Education • SATRI Training and Research
Pearl Counseling Center, Inc.	• Individual, couple, group and family counseling services of people impacted by substance abuse	• Individual, couple, group and family counseling services of people impacted by substance abuse
Pinnacle Place Behavioral Health	• Medication Management Psychiatric services • Therapy – Individual, couples, group and family counseling • Ancillary Services – Tai chi, Yoga • Anxiety class weekly • Hypnosis	• Medication Management Psychiatric services • Therapy – Individual, couples, group and family counseling • Ancillary Services – Tai chi, Yoga • Anxiety class weekly • Hypnosis

The Pride Center of the Capital Region	• LGBTG+ Crisis Counseling • Training and educational services on mental health • Referral Services • Pride events	• LGBTG+ Crisis Counseling • Training and educational services on mental health • Referral Services • Pride events
PROMESA- Camino Nuevo (New Path)	• Bilingual Outpatient Clinic- Methadone (400 slots) and Sub Oxone Treatment available. • Opioid Treatment Programs - are indicated when the client does not meet the criteria for inpatient rehabilitation or intensive residential rehabilitation and the client has an established opiate dependence condition, and chooses to participate in methadone treatment.	
Rensselaer County Mental Health		• Children & Adolescents Outpatient Clinic – children & you ages 0-21 years old - (several school satellite clinics) & a satellite at Community Care Pediatrics – Troy: includes crisis evaluations; assessment, therapy, psychiatric evaluation; medication management; psychological testing • Care Coordination for Children and Youth with Severe Emotional Disturbance – including High Fidelity Wraparound Program – serving the highest acuity children and youth • Adult Outpatient Treatment in City of Rensselaer – serving adults with mental illness through crisis evaluation, assessment, therapy, psychiatric evaluation, medication management; & nursing services

Rensselaer County Mental Health (Continued)		• Health Home Care Coordination services for Adults – serving the Health Home Plus population including AOT • Court Consultation – evaluations for Rensselaer County Family Court • Forensic Services - satellite clinic at Rensselaer County Correctional Facility – providing mental health assessment, treatment, psychiatric evaluation, medication management & discharge planning; assessments for Vivitrol • Services to residents of Private Proprietary Homes for Adults (PPHA); and senior outreach services • MICA (Mental Illness and Chemical Addiction) Outreach and Assessment Services • Substance Abuse Prevention Services – school and community based: includes evidence based curriculums; prevention counseling; community coalition support; linkage to treatment services • Single Point of Access - SPOA (adult housing and children and youth care coordination) • Opioid Prevention Training • Certified Recovery Peer Advocate -VOYA – contracted to Youth Power Inc. to develop support and advocacy group for youth with lived experience of emotional disturbance; addiction/recovery; intellectual or developmental disability; • Urine Drug Screening for RCDSS

Rensselaer County Mental Health (Continued)		• MH Probation Officer funded to Rensselaer Co Probation Dept. • CASAC at RCDSS - contract provider for RCDSS
St. Catherine's Center for Children	• Byron Center for Loss and Healing – individual and group grief support, counseling • Psycho-Social Assessment • Family Assessment • Psychological Evaluation • Psychiatric Evaluation	• Byron Center for Loss and Healing – individual and group grief support, counseling • Psycho-Social Assessment • Family Assessment • Psychological Evaluation • Psychiatric Evaluation
St. Peter's Health Partners **Troy Acute Department**	• 63 inpatient psychiatric beds across three units at Samaritan Hospital with specialty units for dual diagnosis and geriatric psychiatry • Emergency psychiatric evaluation through a dedicated crisis service at the Samaritan hospital Emergency Room • Health Home services across Albany, Schenectady and Rensselaer Counties to provide care coordination across medical, behavioral and social services • 20 Inpatient Substance Abuse Rehab beds at St. Mary's Hospital	• 63 inpatient psychiatric beds across three units at Samaritan Hospital with specialty units for dual diagnosis and geriatric psychiatry • Emergency psychiatric evaluation through a dedicated crisis service at the Samaritan hospital Emergency Room • Outpatient Clinic serving approximately 2,300 individuals in need of psychiatry, counseling, groups, nursing • Health Home services across Albany, Schenectady and Rensselaer Counties to provide care coordination across medical, behavioral and social services • Samaritan PROS located at 1801 Sixth Avenue providing Personalized Recovery Oriented Services for individuals with mental illness • 20 Inpatient Substance Abuse Rehab beds at St. Mary's Hospital

St. Peter's Health Partners (Continued) **Troy Acute Department**		• Ambulatory Detox located at the former St Mary's Hospital • Consult Liaison Psychiatry services at Samaritan, and Albany Memorial Hospitals.
St. Peter's SPARC	• Inpatient psychiatric consultation services • Ambulatory Detox • 4 Outpatient addiction clinic services and 1 outpatient psych clinic • Emergency Shelter services	
Whitney Young Health Center	• Whitney Young Health Center provides the following services: • Addictions Care • Family Alcoholism and Chemical Treatment Services (FACTS) Program • Integrated Primary Health and Behavioral Health Care • Mental Health Services • Methadone Maintenance Program	• Whitney Young Health Center provides the following services: • Addictions Care • Integrated Primary Health and Behavioral Health Care • Mental Health Services
Hudson Mohawk Recovery Center/Hope House Inc.		• OUTPATIENT SERVICES – outpatient clinic – includes Opiate Treatment program, clinical assessment, treatment and recovery services; outreach services to youth at Vanderheyden Hall; Batterers intervention services; treatment readiness groups at Rensselaer County Correctional Facility – including Vivitrol education and assessment; RESIDENTIAL SERVICES – • Elizabeth House - a 16 bed community residence for women age 18 and older

Hudson Mohawk Recovery Center/Hope House Inc. (Continued)		who are seeking recovery from alcohol and other drugs. • Men's Supportive Living -residence provides a recovery based setting with a housing capacity for 17 men age 18 and older who require minimal supervision, work readiness, are medically and psychiatrically stable and exhibit the life and recovery management skills necessary to promote and sustain long term recovery from addiction.
Conifer Park Inc.		• Inpatient Rehabilitation Program (regional) - Treatment addresses the individual's drug and/or alcohol use and any associated medical, psychological, social, vocational or legal problems. • Medically supervised detoxification and crisis counseling services (regional) to patients on our withdrawal and stabilization unit. • Troy - Outpatient Clinic services, Methadone maintenance; Buprenorphine induction and maintenance; Professionals group – substance use treatment for professionals having credential that is in jeopardy.
Unity House Inc.		• 114 licensed Mental Health Congregate Care 2 beds (Community Residence & Transitional Apartments) • Supported Housing opportunities funded by Mental Health monies • Nursing Services to support individuals in Housing and Support Services funded by Mental Health monies

Unity House Inc. (Continued)		• PROS – Personal Recovery Oriented Services – with a focus in vocational skills and readiness for adults with Mental Illness. A program capacity of 100. • Health Home Care Management
Joseph House Shelter Inc.		• 34 supported housing beds funded by Mental Health $ and HUD monies at the Hill St Inn & Lansing Inn. Albany, Rensselaer, Schenectady, Saratoga, Warren and Washington Counties, the NYS Office of Mental Health (NYS OMH), and the NYS Office for People with Developmental Disabilities (NYS OPWDD), the Capital District Psychiatric Center, and the support of many families and community stakeholders.
Rehabilitation Support Services (RSS)		• 7 supported housing beds funded by Mental Health $
YWCA - Troy		• 7 supported housing beds funded by Mental Health $ - The objective of this program is to assist women with mental health issues to maintain permanent housing and to decrease hospitalizations through housing, case management and supports.
Mental Health Empowerment Exchange		• One-on-One Peer Support • Advocacy Services • Holistic Paths to Wellness • Peer Specialist Training • Peer Support Warmline • Creative Community Connections • Volunteer Opportunities

Vanderheyden Hall Inc.		• Contracted provider of RCDMH - Family Support Services – including Family Peer Advocacy and Youth Peer Advocacy: • Engagement, Bridging, and Transition • Self- Advocacy, Self-Efficacy, and Empowerment • Parent Skill Development • Community Connections and Natural Supports
Northeast Career Planning	• PROS – Personal Recovery Oriented Services serving multiple counties • The OASAS program at Northeast Career Planning provides services to individuals with Substance Use Disorders who are actively engaged in recovery. -Work with 6 treatment providers at 11 different treatment and residential settings in Rensselaer, Schenectady and Albany Counties. -Promoting recovery through employment and range from employment preparation and skill development to job placement, job saves and job retention.	• PROS - Personal Recovery Oriented Services serving multiple counties • The OASAS program at Northeast Career Planning provides services to individuals with Substance Use Disorders who are actively engaged in recovery. -Work with 6 treatment providers at 11 different treatment and residential settings in Rensselaer, Schenectady and Albany Counties. -Promoting recovery through employment and range from employment preparation and skill development to job placement, job saves and job retention.
Northern Rivers Mobile Crisis Team	• Albany (Children and Youth only), Serving Children, youth and adults in: Rensselaer, Schenectady, Saratoga, Warren and Washington Counties. - services provide emotional, psychiatric and behavioral crisis interventions in a range of community settings	• Albany (Children and Youth only), Serving Children, youth and adults in: Rensselaer, Schenectady, Saratoga, Warren and Washington Counties. - services provide emotional, psychiatric and behavioral crisis interventions in a range of community settings
St. Anne's Institute		• Contracted provider of RCDMH for: The SAI/RCDMH Specialized Treatment Program provides services to families with children and adolescents who have

St. Anne's Institute (Continued)		engaged in sexually abusive, coercive, and/or sexually inappropriate behavior. Referrals for families with children and adolescents who are experiencing sexual behavior problems can come from anywhere in Rensselaer County.

Schenectady Assets and Resources – Assets and Resources –Prevent Chronic Diseases; Promote Well-Being and Prevent Mental and Substance Use Disorders

Tobacco Prevention Use Assets and Resources	
Alliance for Better Health	• DSRIP 4bi project is focused on tobacco use cessation. St. Peter's Health Partners Community Health Programs is the lead partner for this project.
American Cancer Society	• Quitting resources
American Lung Association	• Issues reports and maintains websites on various tobacco control issues and resources.
Capital Care/Community Care	• Providers treat tobacco use.
Capital District Tobacco Free Communities	• Working in Albany, Rensselaer, and Schenectady Counties to eliminate exposure to second hand smoke, decrease social acceptability of tobacco use, promote cessation of tobacco use, and prevent initiation of tobacco use among youth and young adults.
CDPHP Health Plan	• Provides insurance coverage for therapies to help people quit smoking
City Mission of Schenectady	• Hosts a 12 month addiction freedom program (Bridges to Freedom). • The Courage to Quit is a faith-based smoking cessation group that participants can join at any time. The program uses elements from The Butt Stops Here Program. The sessions are conducted by a mission staff member and includes cessation materials; when available nicotine replacement therapy is provided.
Ellis Medicine	• Tobacco Treatment - The Butt Stops Here. The program fee is $45, Medicaid participants pay a $20 fee, and it is free for MVP members, CDPHP members, and Ellis Medicine employees. The program is six weeks and includes a workbook, relaxation CD, and two weeks of nicotine patches or gum.
Fidelis Care	• Provides insurance coverage for therapies to help people quit smoking

Five Corners Family Practice	• E-referral to the NYS Smokers' Quitline, and the 5 A's in their EMR. • Provide cessation services to their patients.
Hometown Health Centers	• Developed a workflow for tobacco treatment.
LiveHelp Chat/Smoking	• One-on-one online chat service staffed by real people, provided by the National Cancer Institute. Speak with a smoking cessation counselor for help with quitting smoking. Talk with an information specialist about cancer or clinical trials and hear recorded information about cancer.
MVP Healthcare	• Provides insurance coverage for tobacco cessation medicine and products. Partners with Ellis Medicine to offer "The Butt Stops Here" smoking cessation class
Mohawk Opportunities	• St. Peter's Health Partners Community Health Programs has previously worked on tobacco initiatives with them.
New Choices Recovery Center	• Tobacco cessation support group • Tobacco treatment workflow was created
New York State Smokers' Quit Line	• 1-866-697-8487 - Free and confidential service that provides effective stop smoking services to New Yorkers who want to stop smoking.
Schenectady County Municipal Housing Authority	• Promotes smoke-free housing – effective July 2018, there is no smoking in any Schenectady Municipal Housing building.
Schenectady County Public Health Services	• Healthy Neighborhoods Program provides home health and safety information to clients in their homes - tobacco cessation resources included.
St. Peter's Health Partners Community Health Programs	• DSRIP 4bi and Health Systems for a tobacco free NY (funded by the NYS DOH Bureau of Tobacco Control), that partner with health sites, mental health sites, and community based organizations on systems level tobacco initiative changes such as implementing treatment policies. SPHP Community Health Programs also developed and coordinates The Butt Stops Here tobacco cessation support groups.
SUNY Schenectady County Community College	• Tobacco free policy example for other institutions.

Union College	• Get Ready to Stop Smoking Webinar, learn about the negative impact of smoking and why it's so hard to quit. Create an individualized quit plan. Complete a self-assessment tool to identify your personal smoking triggers, plan coping strategies and learn about tools and resources available to help you quit. Policy example for other institutions.

Substance Abuse and Mental Health Assets and Resources	
Alcoholics Anonymous	• 24 Hour Line 518-463-0906 • AA hotline offered by Schenectady National Alliance on Mental Illness. AA group listings
The American Foundation for Suicide Prevention	• Addresses the public health issue of suicide by educating about suicide and suicide prevention. Hosts a support group for suicide loss.
Associates in Mental Health and Neuropsychology	• Offers individual, group, and family therapy. Neuropsychological assessments available for children, adolescents, and adults. Open by appointment only.
Bethesda House of Schenectady	• Services include an adult clothing room (one visit per month), free laundry services, showers, housing assistance (help finding apartments, assistance with security deposit and eviction prevention), National Grid Assistance, nutrition education, HIV/AIDS testing, veteran's resource center, free community meals, food pantry, and support groups.
Boys & Girls Club of Schenectady	• Partners with youth, parents, schools and other community stakeholders to implement at least one of three approaches: academic enrichment and school engagement; targeted dropout prevention; and intensive intervention and case management.
Campbell House	• Offers multiple psychological services. Offers a Social Skills Group for autistic children on Wednesday ages 7-10 and Friday ages 5-6.
Capital Counseling	• Covers a wide variety of counseling topics; accepts Medicaid/Medicare/Fidelis.
Catholic Charities Project Safe Point	• Serving individuals from a Harm Reduction Perspective. Providing non-judgmental person-centered care. Long standing community case management provider. Access to syringe exchange and rehabilitation readiness through Project Safepoint

CDPHP Health Plan	• Access and Triage: 24 hour telephonic behavioral health assessment, triage and referral services for CDPHP members. Services including inpatient mental health, inpatient detox and substance abuse rehab, ambulatory opioid detox, partial hospital and intensive outpatient, outpatient mental health and substance abuse. Effective 7/1/2016, administration of NYS Medicaid HARP services.
Center for Solutions	• Provides mental health services to the community, including psychotherapy, medication evaluation/management, anger management counseling, mental health assessments, and substance abuse evaluations.
City Mission of Schenectady	• Bridges to Freedom - one year discipleship and recovery program. • Programs also exist for individuals attempting to reenter society after time in jail or prison.
Conifer Park Inpatient and Outpatient Services	• In-patient and outpatient services for individuals seeking addiction recovery
Drug and Abuse Hotline	• 1-800-662-4357 - A free, confidential treatment referral and information service for individuals and families struggling with substance disorders.
Ellis Medicine	• Emergency, inpatient, and psychiatric care. Crisis Information and Referral Hotline open 24/7. Inpatient Adult and Adolescent Mental Health facilities, outpatient Adult and Child/Adolescent (ages 4-18) Mental Health Services
Ellis Medicine Outpatient Mental Health - The Living Room - Crisis Diversion Services.	• Offering Schenectady County residents, 18+, walk-in services, Monday-Friday, 12pm - 8pm, located within the Ellis State Street Health Center at 1023 State Street. A safe place for guests facing mental health crises to seek help as an alternative to the Emergency Department. It is staffed by a Licensed Clinical Social Worker, Care Manager and Peer Specialist.
Ellis Medicine: Child and Adolescent Outpatient Treatment Services	• A safe environment for children seeking mental health treatment.
Family and Child Service of Schenectady	• Offers Medicaid service coordination, family/caregiver support services, family therapy, a yearlong employment program, the homemaker program (long term care assistance – house cleaning, medication management, etc.), and counseling services.

Fidelis Care	• Offers the Children's Health and Behavioral Health Program for Medicaid Managed Care members under the age of 21. This enhanced Medicaid Managed Care benefit package offers a wide range of children and family treatment support services and children's home and community based services for qualifying members and their caregivers.
Four Winds Hospital Inpatient and Outpatient Mental Health	• Inpatient and outpatient mental health treatment services for children, adolescents and adults.
Heroin Anonymous	• 518-227-0294 - Call or text the number for crisis support with heroin. • Support group for those struggling with heroin addiction and want to be sober.
Hometown Health Centers	• A comprehensive Behavioral Health program, providing counseling, support services, substance abuse and HIV counseling to established patients. Our staff Psychiatrist and Licensed Social Worker (LMSW) offer behavioral health services to children (over the age of five) and adults.
HOPENY Alcoholism, Drug Abuse, and Gambling Hotline	• Provides well trained professionals to talk to, crisis intervention and motivation, information, and referrals.
MVP Healthcare	• Information for patients on behavioral health
Narcotics Anonymous	• 888-399-5519 - Call for support about Narcotics addiction.
National Suicide Prevention Lifeline	• 800-273-8255
New Choices Recovery Center	• Clinical and residential services available for adults struggling with addiction.
New York State Prevention of Heroin and Prescription Drug Abuse	• 1-800-846-7369 - Call or text to get help with drug addiction including heroin and opioid help. Learn the prevention services, steps to get help, and support needed to get you or a loved one back on track.
Northeast Parent and Child Society	• Behavioral Health Center is available to both adults and children for Counseling services and medication management.
Northern Rivers Behavioral Health Services	• A community-based system of social work and psychiatric services designed to support the diverse range of behavioral health needs for children, adults, and families while providing opportunities for awareness, growth, empowerment, and healing. Services include: behavioral health centers, mobile crisis and school-based behavioral health.

Peter Young Support Program	• Provides case management, employment, and housing, substance abuse and counseling to establish a "glidepath to recovery."
Planned Parenthood	• Depression and Anxiety Screening; Referrals to therapy; Medication treatment for people 18 years and older. Community Education programs that include linkages between victimization and substance abuse. Crisis counseling for victims of sexual assault and intimate partner violence
Samaritan Counseling Center	• Offers individual, couples, and family counseling
"The Samaritans" Suicide Prevention Hotline	• Suicide Prevention phone hours: Mon.-Fri. 9am-10pm, Sat. and Sun. 1pm-10pm
Schenectady Community Action Program	• Homelessness intervention by assisting individuals in finding permanent housing and preventing evictions. - Offers housing at the Sojourn House for women with children or who are pregnant. Participates in Rapid Rehousing program (involves case management and rent assistance). Also runs the Shelter Plus Care program for homeless individuals with a mental health diagnosis, HIV/AIDS, or a substance abuse issue (assists with housing). Offers clothing vouchers for the City Mission Clothing Room. Free income tax preparation available. Assists with many kinds of applications (SNAP, HEAP, etc.)
Schenectady County Office of Community Service	• Offers a comprehensive array of services across the disability groups of mental health, substance abuse and mental retardation/developmental disabilities for the citizens of Schenectady County. The office operates the County's adult and children's SPOA (Single Point of Access) and AOT (Assisted Outpatient Treatment) programs and contracts out direct service provision to a network of provider agencies.
Schenectady County ARC	• Offers Article 28 Clinic and an Article 16 clinical services, day services, employment services, and residential services for individuals with an intellectual or developmental disability.
Schenectady Mental Health Associates	• Offers individual, couples, marital, and family counseling. Accepts most insurance.
Schenectady County Public Health Services	• Maternal and child health services, a prevention program for lead poisoning, and programs for children with special needs. • Healthy Schenectady Families is a home-visiting education program about parenting for pregnant or newly parenting individuals (must be a Schenectady resident; no income eligibility requirements).

Schenectady County Public Library System	• Provides free access to books, DVD's, and periodicals on a wide variety of health related topics. There are nine locations in the county, which have access to a database. The database provides health related information and assistance to patrons who are trying to look up health information, or looking for connections to community based organizations.
Sexual Assault and Victim Advocacy Service Hotline of Planned Parenthood	• 24 hour hotline for crisis counseling and advocacy. Whether it happened 10 minutes ago or 10 years ago, the hotline is there for support.
Soldier On	• Provides veterans who are homeless with emergency and transitional housing, case management, medical and mental health services, substance abuse treatment, and peer support.
St. Peter's Health Partners Addiction Recovery Center	• Recovery outpatient clinic, psychosocial assessment, psychiatric evaluations and medication monitoring, individual, group and couple's counseling.
Sunnyview Rehabilitation Hospital	• 115 -bed rehabilitation hospital specializing in acute rehabilitation serving patients from across the Northeast and beyond. Comprehensive inpatient and outpatient physical therapy and rehabilitation programs, including services for people recovering from strokes and traumatic brain injuries.
Union Counseling Behavioral Health Center	• Outpatient mental health agency providing a wide range of services.

Saratoga County Assets and Resources – Prevent Chronic Diseases; Promote Well-Being and Prevent Mental and Substance Use Disorders

Obesity Prevention Assets	
Capital Region Eat Smart New York Program	• Series and Single Sessions with Adults or Children • Guided Store Tours • Retail and Farmers Market Food Demonstrations • After/Beyond School-Based Youth Programs • Nutrition Events including tabling at community events. • Distribution of print materials as well as digital materials • Agency training and program presentations
Cornell Cooperative Extension Saratoga County	• Educational programs including nutrition, food and cook skills • Farm to School Grant Recipient with Saratoga City School and Pitney Meadows Community Farm • Supports the Saratoga County Prediabetes Coalition
CDPHP	• Coverage for exercise and nutritional counseling visits with primary care providers and Registered Dieticians for eligible members via the Healthier Generation Benefit • Community based resources – Fitness Connect (free fitness center open to all individuals 18 years of age and older), CDPHP Cycle! (bike share program that offers a healthy travel choice; open to all individuals) and community calendar classes that support fitness, nutrition and overall wellness (for members only), CDPHP Healthy Neighborhood series which provides community resources and healthy activities in select locations (open to all individuals) • Support and resources to lose weight safely and effectively – Fitness Reimbursement (for members only), Weight Management Reimbursement (for members only), CafeWell

CDPHP (Continued)	which offers programs, support and guidance needed to take control of your health (for members only) and Zipongo which is a digital nutrition platform (for members only)
Saratoga Regional YMCA	• Dedicated weight loss programs • Fitness onboarding program for new members • Personal Training • Family Programming following Smart Moves Curriculum and Nutritional Guidance • CATCH Curriculum) Coordinated Approach to Children's Health in all Childcare Activities including BASE & CAMP • Cooking with Kids Classes
Pitney Meadows Community Farm	• Farm to School Grant Recipient with Saratoga City School and Cornell Cooperative Extension Saratoga County
Capital District YMCA- Southern Saratoga Branch	• Healthy Living, Social Responsibility, Youth Development • Provide health and wellness activities to promote strong mind, body and spirit • Programs such as LIVESTRONG®, Pedaling for Parkinson's and Enhance Fitness®
Saratoga County Public Health Services	•Facilitates the Maternal Infant Child Health Coalition •Facilitates the Saratoga County Diabetes Support Group •Supports the Saratoga County Prediabetes Coalition
Saratoga Hospital	• Supports the Saratoga County Prediabetes Coalition • Bariatric Surgery and Weight-Loss Program, medical management of obesity, medical nutrition therapy with Registered Dietitian, body composition analysis, community support group meetings • Outpatient nutrition counseling by Registered Dietitians for obesity and related conditions

Saratoga Hospital (Continued)	• Registered dietitians in 4 primary care and 3 specialty care locations to support chronic disease management, incl. obesity (one location is CHC: works with clients to utilize healthy choices available through food pantry, participates in diabetes classes, Nutrition Rx program) • Diabetes prevention and diabetes education classes provided free to community, diabetes self-management training services provided with fee-for-service • Increased healthy offerings in hospital cafeteria • FANS coordinates Nourish Your Neighbor food drives for CHC food pantry twice a year
Southern Adirondack Library System	• Coordinates fresh produce distribution twice a week to several library locations, in partnership with Comfort Foods Community • Libraries Mean Business - trains library staff to provide sound health resources on a variety of health topics • Library Moon Walk - promotes physical activity throughout local communities • Supports the Saratoga County Prediabetes Coalition
Office for the Aging	• Path to Wellness- 6 classes teaching techniques to successfully live with chronic diseases, taught by trained volunteers and uses The Stanford Model • Supports the Saratoga County Prediabetes Coalition
Saratoga Lions Club	• Lions Club International identified diabetes as an area of focus for their organization for the next 100 years. • Incoming district chair is a trained Diabetes Prevention Program (DPP) Lifestyle Coach. The local Lions Club was recently chosen to participate in a national DPP pilot program with support from Saratoga Hospital Outpatient Nutrition Services. (Currently not offered in Saratoga County.) • Underwrote the cost of Prediabetes education booklets, incl. a diabetes risk assessment, distributed by Saratoga County Prediabetes Coalition • Supports the Saratoga County Prediabetes Coalition

Mental Health and Substance Abuse Assets	
CAPTAIN Community Human Services	• 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, with the potential for longer on a case-by-case basis. 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. • Many other services for low-income youth, individuals, and families
Capital District YMCA- Southern Saratoga Branch	• Healthy Living, Social Responsibility, Youth Development • Provide health and wellness activities to promote strong mind, body and spirit • Programs such as LIVESTRONG®, Pedaling for Parkinson's and Enhance Fitness®

Catholic Charities Care Coordination Services	•Long standing community case management provider •Providing Harm Reduction Services through drop in and by appointment in the community including: Syringe Exchange, Risk Reduction Education, Overdose Training w/Naloxone, HIV/HCV Screening and testing, Substance Use Treatment Referrals •Providing non-judgmental, person-centered care •Additionally, Project Safe Point provides these services in the following counties: Columbia, Greene, Schenectady, Schoharie, Otsego, Delaware, Fulton, Montgomery, Saratoga, and Herkimer
CDPHP	•Medical and behavioral health case management services (w/ a Registered Dietician on staff) to help with: -Acute inpatient care -Medication management -Group therapy -Individual outpatient therapy -Linking to the appropriate mental health provider
Four Winds	• Private Psychiatric Hospital providing Child, Adolescent and Adult inpatient behavioral health services • Outpatient Child & Adolescent practice • Partial Hospital and Intensive Outpatient Programs for Adults • Intensive Outpatient Program for Adolescents • Region 2 Provider for Project TEACH; a child & adolescent psychiatric education and consultative service for Primary Care Providers • Fall and Spring Grand Rounds presentations open to community.

Franklin Community Center, Inc.	• Food Pantry • Project Lift- a free, after-school prevention program for youth in grades 1-6, 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 • Franklin's Free Store: small household items and gently used clothing • Other additional services offered for low income families, adults and children include, but not limited to: school supplies, holiday assistance, furniture matching program, referral services.
Glens Falls Hospital- Health Promotion Center/Tobacco Free Initiative	• Delivers expert health promotion to the North Country community • Contributes to chronic disease prevention by addressing tobacco use & dependence within our community • Provides free consultation, resources and support to health systems in order to advance evidence-based tobacco dependence interventions.
Healing Springs Recovery Community Center	• Community center with peer-driven, peer-delivered services, offering hope to those in recovery from addiction and their family. We have resources, make referrals and connect people. Nearly all services are available free of charge. • A Family Support Navigator is available to help families with a loved one who is living with addiction, whether or not that individual seeks out help and recovery. Free to residents of Saratoga, Warren and Washington counties. • Hosts a variety of AA related meetings weekly: NA, Nar-Anon, Al-Anon, HA, Women's AA. • Hosts social activities: movie night, craft projects, game night, hiking trips, etc. for people in recovery from addiction and/or their families. • A monthly schedule of programs and activities is available by contacting the center by phone or stopping in.

Mechanicville Area Community Services Center (MACSC)	• Counseling Services Available: -ECS Psychological Services, PC – Mondays, Tuesdays & Thursdays -Saratoga Center for the Family – Wednesday & Thursday evenings -Saratoga County Mental Health – Thursdays
Moreau Community Center	• ECS Psychological Services – counseling • COTI (Center of Treatment Innovation) – peer counseling for opioid and heroin addiction • Food Pantry • Thrift Store • Community Navigator for social determinants of health • WIC Clinic – 2nd Wednesday of the month
Northern Rivers Family Services	• Crisis Teams • Adult Mobile Team - 5 County Regional (AMT) • Child and Adolescent Mobile Team - Capital Region (CAMT) • Home Based Crisis Intervention (HBCI) Behavioral Health Centers • Behavioral Health Center @ Albany • Behavioral Health Center @ Malta • Behavioral Health Center @ Schenectady • Co-located Behavioral Health Clinic at Hometown Health Centers • Early Recognition Specialist Program • OnTrackNY • School Based Behavioral Health • Albany City School District

Northern Rivers Family Services (Continued)	• Ballston Spa Central School District • Coxsackie-Athens School District • Saratoga Springs School District • Schenectady City School District • Queensbury Union Free School District
Planned Parenthood- Saratoga Springs	• Family Planning/Reproductive Health Services for Women and Men, includes Depression Screening • STI Testing and Treatment • Transgender Services • Community Education and Advocacy • Treatment for Mild to Moderate Depression • Primary Care and Telehealth Services • PrEP
Prevention Council of Saratoga County	•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 •Provides education, information and referral services on the subjects of alcohol, tobacco, other drug and violence prevention to individuals and local communities

Prevention Council of Saratoga County (Continued)	•The school programs cover the prevention of alcohol, tobacco and other drugs, as well as bullying and violence prevention, internet safety and conflict resolution. All school programs focus on building skills in order to achieve social, emotional, and academic success. Courses are taught by trained staff who work closely with each school district to meet student and scheduling needs, while also meeting New York State learning standards •The Prevention Council also offers three different substance abuse education classes designed for youth involved in the court system. These substance abuse education classes are not limited to court-referred participants. Both programs are offered to schools as alternatives to suspensions, in addition to suspensions, and also to parents or guardians wishing to refer their children). Both classes have fees attached that can be waived or reduced in some circumstances. The classes are best suited for first- or second-time non-violent offenders •The Prevention Council offers counseling services in various schools throughout Saratoga County via its Student Assistance Program and General Counseling Programs •Reconnecting Youth program - a peer-group approach to building the life skills for at-risk high school students. The course is designed to foster personal and social skills such as self- esteem, health decision making, personal control, and interpersonal communication
Recovery Advocacy In Saratoga (RAIS)	• 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	• Housing Options • Care Coordination and Treatment • Employment Services •Wellness Programs

Saratoga Center for the Family	• Outpatient Clinical Services: We offer individual, family and group counseling, and psychological testing services for children and adults at our central office in Saratoga Springs as well as satellite locations throughout the community. 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. • Student Empowerment Services: Saratoga Center for the Family collaborates with School Districts to offer Student Empowerment Services – A mental health counseling program within the school setting. The program addresses the social, emotional and mental health needs of students in grades K-12 and encompasses developmentally appropriate screening, intervention, behavioral assistance, training and psychiatric services; all focused on serving student needs within the context of the school environment. • Education and Prevention Programs: Our programs are designed to teach participants about conflict resolution, how to acquire problem solving skills, and how to build and maintain healthy relationships. The goal is to build stronger families where children feel loved and valued and can thrive in a safe and healthy environment. • The Harriet M. West Child Advocacy Center: Saratoga Center for the Family's Child Advocacy Center offers coordinated services to help children and their families through an investigation of child abuse. Our Child Advocacy Center services include: Forensic Interviews, Victim and Family Advocacy, Pediatric Forensic Medical Exams, and Trauma Focused Counseling Services.

Saratoga Community Health Center	• Assessment and diagnosis • Medication recommendations • Short-term counseling • Case management: connecting you with community resources • Drug and alcohol abuse treatment: short-term counseling and program assistance • Community Narcan training • Community Education events on addiction medication topics
Saratoga County Alcohol and Sub Abuse Services	• Offers outpatient, women's rehab, men's rehab and substance abuse treatment services
Saratoga County Department of Social Services	• Eligibility Programs - Child Care Assistance - Child Support Collection - Home Energy Assistance Program (HEAP) - Medicaid - Medical Transportation - Supplemental Nutrition Assistance Program (SNAP) - Temporary Assistance (TA) - Employment Services • Services - Adult and Family Services - Adult Protective Services - Domestic Violence - Home Care Services

Saratoga County Department of Social Services (Continued)	- Children's Services - Child Protective Services - Preventative Services - Foster Care and Adoption
Saratoga County Department of Mental Health and Addiction Services	• Personalized Recovery Oriented Services for adults designed to advance individual goals that are person-centered and strength-based – Psychiatric Rehabilitation Services • Alcohol and Substance Abuse assessment and treatment services for adults • Assisted Outpatient treatment services, Single Point of Access coordination and Court-Ordered evaluations • Outpatient psychiatry services, including medication management, group and family therapy, and individual psychotherapy from youth to geriatric. • Conduct evaluations per section 730 of NYS Mental Hygiene Law • Offer a variety of educational and training programs
Saratoga County Public Health Services	• 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 and support substance exposed infants and their families • 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	• Ongoing community needs assessment provides criteria for administration of Youth Development Programs (YDP) and Runaway and Homeless Youth funding streams. The YDP funding addresses community needs in the areas of economic security, physical and emotional health, education, family, community, citizenship and civic engagement. • 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/ • Responsible for the organization, coordination, and payment of Special Education and Early Intervention services and transportation services for preschool children, infants and toddlers with identified disabilities. The Early Intervention Program (EIP) is a statewide program offering therapeutic and support services for children with special needs up to 3 years of age and their families. The Committee on Preschool Special Education (CPSE) addresses the needs of children between the ages of 3 and 5 year old. The Youth Bureau is responsible for coordinating these services with providers, school districts, transportation contracts, parents, and the State Education Department and are provided at no cost to families. • Wes Carr is the Saratoga county STOP-DWI coordinator. The program empowers Counties to coordinate local efforts to reduce alcohol and other drug related traffic crashes. It functions as a financially self-sustaining alcohol and highway safety program. The Youth Bureau provides support staff and coordination for the Saratoga County DWI Victim Impact Panels.
Saratoga Hospital	• Diagnostic Testing • Imaging and Radiology Services • Medical Laboratory Services • Inpatient Medical/Surgical Services • Ambulatory Surgery • Inpatient Mental Health Services

Saratoga Hospital (Continued)	• Addiction Medicine and Substance Use Disorder Services • Community education, support and Screening Services • Primary and Specialty Care Services • Emergency Services • Urgent Care Services • Rehabilitation Services • Maternity and Women's Health Services
Schuylerville High School	• 2 school counselors who assist students with generalized social and emotional support, collaborate with families, and communicate with outside health care providers with proper authorization. • 1 intervention counselor who assists students in varying degrees of crisis; collaborates with families, and communicates with outside health care providers with proper authorization. • 1 school nurse who treats students and administers medications as allowed, collaborates and communicates with school physician, communicates with outside health care providers with proper authorization. • 1 school physician who oversees school health services and approves requests for home tutoring based on prolonged medical and/mental health related absences; reviews paperwork, communicates with health care providers, and verifies need for tutoring. • 1 school psychologist who administers psycho-educational evaluations and provides counseling as dictated by IEP's and 504 plans. • 1 Student Services Team (administrators, school counselors, school psychologist, school nurse, director of special education) that meets weekly to review and manage the school level implications of a wide range of student issues, including mental health and medical situations. • Varying degrees of access to community-based mental health and substance abuse services for referral to students and families.

Schuylerville High School (Continued)	• Access to self-contained therapeutic educational programs through the WSWHE BOCES, subject to the Committee on Special Education process and program vacancies.
Shelters of Saratoga	• Case Managed Shelter • Outreach • Code Blue Emergency Shelter • Drop-In Center • Affordable Housing • Community Resources
Shenendehowa Central School District	• Shenendehowa Central Schools covers approximately 86 square miles serving families from the communities of Clifton Park, Halfmoon, Ballston Lake, Round Lake, Malta and parts of Waterford, Rexford, Mechanicville and Stillwater. • Approximately 9,850 students attend eight elementary schools (gr. K-5), three middle schools (gr. 6-8) and a high school (gr. 9-12). • Shenendehowa is one of the largest central school district in the area. • Mission is to work continuously and in partnership with the community to ensure that all students develop and demonstrate the knowledge, skills, abilities and character needed to live useful, productive and rewarding lives • We provide counseling to all students as needed in the area of academics, social and emotional health • Currently have a partnership with Saratoga Center for the Family and they provide mental health counseling to students in need

St. Peter's Addiction Recovery Services	• Psychosocial assessment • Psychiatric evaluations and medication monitoring • Individual, group and couple's counseling • Spirituality and 12-step meetings • Relapse prevention • Intensive outpatient trauma/recovery groups • MICA intensive outpatient program • Driving while intoxicated (DWI) evaluations • Self-esteem/relationship groups • Criminal justice programming • Family consultations and support • Tobacco recovery services • Discharge planning • Alumni groups • Shelter care • Adolescent programs
Transitional Services Association, Inc.	• Residential support services to children and adults in transition to less restrictive environments, and Case Management Services. • Supported Housing • Case Management • MICA Program • Single Point of Access

Veterans & Community Housing Coalition	• Housing Options for Homeless Veterans and their families • Case Management and Advocacy • Referrals to public and federal benefits • Options for Transitional Housing for Homeless Veterans • Section 8 Office for Saratoga County
Wellspring	• Hotline: Emergency crisis services, information, and counseling available 24/7. • 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 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: bi-weekly, for people who cannot afford an attorney to obtain an initial consultation. Contact 583-0280 for 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.

Wellspring (Continued)	• 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 • 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

Columbia and Greene County Assets and Resources – Prevent Chronic Diseases; Promote Well-Being and Prevent Mental and Substance Use Disorders

Obesity Prevention Assets and Resources		
Assets and Resources	**Columbia County Assets**	**Greene County Assets**
Empire	• On-site workshops and wellness challenges • Health fairs • On-site health coaching and education	• On-site workshops and wellness challenges • Health fairs • On-site health coaching and education
Catholic Charities of Columbia and Greene Counties	• Providers of WIC (Women, Infant, and Children) Supplemental Nutrition Education Program • Assistance with enrolling or recertifying for food benefits through SNAP • Care management services through Adult Health Homes	• Providers of WIC (Women, Infant, and Children) Supplemental Nutrition Education Program • Assistance with enrolling or recertifying for food benefits through SNAP • Care management services through Adult Health Homes
Columbia County Department of Health	• Provides Healthy Monday Newsletters which focus on nutrition and health living • Provides health educators who present at community events on sugar content, healthy eating behaviors, chronic disease prevention • Provides health education programming at children's camps and after school programs	

	• Assist with planning and coordination of school and community wellness initiatives • Collaborates on prevention activities of Columbia County obesity efforts • Participates in the breastfeeding in workplace program • Facilitate action-oriented planning meetings with community partners • Delivers instruction on Tai Chi	
Columbia Memorial Health	• CMH has a Diabetes Educator. She is a full-time Registered Nurse working 100% of the time at Family Care Centers overseeing diabetes education, training of case managers to create larger teams of educators, and working with high risk patients and their providers. The Diabetes Educator is a key part of a team-based approach to diabetes management that includes provider, patient, case managers, etc.	• CMH has a Diabetes Educator. She is a full-time Registered Nurse working 100% of the time at Family Care Centers overseeing diabetes education, training of case managers to create larger teams of educators, and working with high risk patients and their providers. The Diabetes Educator is a key part of a team-based approach to diabetes management that includes provider, patient, case managers, etc.
Cornell Cooperative Extension	• Nutrition Education Programs available for community groups	• Nutrition Education Programs available for community groups
Greene County Public Health		• Collaborates on prevention activities of Greene County obesity efforts • Provides resources and links for prevention and health

		promotion to schools and community groups • Facilitate action-oriented planning meetings with community partners • Provides education on obesity and diabetes-related subjects • Coordinates Greene County Worksite Wellness Committee
Greene County Rural Health Network		• Provide seed money to local organizations in support of innovative obesity and drug and alcohol abuse prevention programs • Administer obesity prevention programs and contest - Biggest Loser Contest, Greene Walking Trail Identification and Catskill District's Hall Walking Program, Greene Walks Program • Promotes Compliance with Health Screening Guidelines
St. Peter's Health Partners' Creating Healthy Schools and Communities Program	• Works with Hudson Central School District through a NYS DOH grant to tailor their Wellness Policy to not only meet the NYS and Federal regulations but meet their district needs as well	
YMCA		• Provides physical education to seniors (e.g. Silver Sneakers) • Provides Chronic Disease Programs (e.g. Livestrong at the YMCA, Pedaling for Parkinsons, Moving for a Better Balance, Enhance Fitness)

		• Provides General Health & Weight Loss Programs (e.g. Introduction to Weightlifting, Boot Camp, Yoga, etc.)

Substance Abuse and Mental Health Assets and Resources		
Assets and Resources	Columbia County Assets	Greene County Assets
Alliance for Better Health	• Syringe Exchange Program provides new, sterile syringes and other injection supplies, safe disposal of used syringes, and opioid overdose prevention. • Services also include education and information on safer injection techniques, referrals to HIV/STI/Hepatitis testing, health care, and substance abuse programs.	• Syringe Exchange Program provides new, sterile syringes and other injection supplies, safe disposal of used syringes, and opioid overdose prevention. • Services also include education and information on safer injection techniques, referrals to HIV/STI/Hepatitis testing, health care, and substance abuse programs.
Apogee Center	• Individual Peer to Peer Support • Peer Led Group Support • Advocacy • Wellness Recovery Action Plan (WRAP)™ development • Benefits Advisement • Wellness and Recovery Events • Community Participation Opportunities	
Catholic Charities of Columbia and Greene Counties	• Prevention Program includes substance abuse education in schools and community • In collaboration with Sister Agency, Catholic Charities Care	• Prevention Program includes substance abuse education in schools and community • Staff represented at Adult Health Homes

	Coordination, Adult Health Home Coordinator	
Columbia County Community Healthcare Consortium	• Prescription Access & Referral Program	
Columbia County Department of Health	• Promote opioid overdose prevention programs through collaboration with community partners • Project Needle Smart is a community safe sharps collection program • Certified Community Opioid Overdose Prevention Program • Promote medication take back initiatives • Provide public health education in the community	
Columbia County Mental Health	• Pain Management Program offers acute and chronic pain treatment and offers non-opioid treatment options • Buprenorphine Prescribers practicing in various Family Care Centers • Medication Assisted Treatment Services with addictionologists and Buprenorphine Prescribers • Palliative Care Physician work with end-of-life patients, as well as chronic pain patients to reduce end-of-life suffering, maximize pain control, and reducing opioid use whenever possible/appropriate.	

	• Partnered with Greener Pathways to host peer recovery specialists in the ED and inpatient hospital • ED physicians will induce Buprenorphine (3-day dose) in order to manage detoxification and "bridge" patients to appointments • CMH conducts comprehensive depression screening in Primary Care settings, which includes identifying people with suicidal ideation.	
Columbia County Pathways To Recovery	• Comprehensive resources for individuals and families impacted by substance abuse disorders • Helpline Hotline	
Columbia Memorial Hospital	• Pain Management Program offers treatment for acute and chronic pain and offers non-opioid treatment options	• Pain Management Program offers treatment for acute and chronic pain and offers non-opioid treatment options
Columbia-Greene Addiction Coalition	• Developed Provider Resources around substance use including: • Substance Use Contract • Urine Drug test Protocol and Procedures • Function-focused Pain Scale • Substance Abuse Risk Measurement Tool • Guidelines for comprehensive annual assessments of chronic pain patients	• Developed Provider Resources around substance use including: • Substance Use Contract • Urine Drug test Protocol and Procedures • Function-focused Pain Scale • Substance Abuse Risk Measurement Tool • Guidelines for comprehensive annual assessments of chronic pain patients

Community Action of Greene County, Inc.		• Community Action provides services and programs for low-income and vulnerable individuals. • Services include: Domestic violence program, wheels for work, housing and homelessness prevention, Crime Victims Advocacy Program
Greene County Department of Social Services		• Offers preventative services • Makes referrals for treatment involving drug abuse, alcohol addiction, and emotional problems
Greene County Family Planning	• MAT Provider	• MAT Provider
Greene County Mental Health		• Single point of access for mental health needs • Makes referrals for substance abuse assistance and treatment
Greene County Public Health		• Promote opioid overdose prevention programs through collaboration with community partners • Project Needle Smart is a community safe sharps collection program • Promote medication take-back initiatives • Provide public health education in the community
Greene County Rural Health Network		• Provides medication drop boxes around Greene County
Mental Health Association of Columbia-Greene Counties	• MICA enhancement offers additional assistance to those struggling with alcohol and/or	• MICA enhancement offers additional assistance to those struggling with alcohol and/or

	substance use issues and is available to individuals living within a residential program. • Youth Clubhouses (Columbia and Greene Counties) - Drop in center for youth ages 12-17 • Young Adult Group (Columbia and Greene Counties) - Drop in center for young Adults 18+ • Also Clubhouses currently host space for Youth Voices Matter, Refugee Recovery, and NarAnon meetings.	substance use issues and is available to individuals living within a residential program. • Youth Clubhouses (Columbia and Greene Counties) - Drop in center for youth ages 12-17 • Young Adult Group (Columbia and Greene Counties) - Drop in center for young Adults 18+ • Also Clubhouses currently host space for Youth Voices Matter, Refugee Recovery, and NarAnon meetings.
Adult & Child Care Coordination Services (MHACG, CCDHS, Catholic Charities of Greater Albany, St. Catherine's)	• Comprehensive Care Coordination and Health Promotion, Comprehensive Transition Care, Patient and Family Support, Referrals to Community and Social Support Services for adults with two chronic conditions including substance use disorders.	
Mobile Crisis Assessment Team of MHACG	• Provides effective crisis intervention designed to reduce hospitalization rates, minimize police interventions, and link crisis callers to long-term service providers in the community (8am-10pm daily)	• Provides effective crisis intervention designed to reduce hospitalization rates, minimize police interventions, and link crisis callers to long-term service providers in the community
Multimedia Committee	• Develop website and social media platforms offering important information and resources about addiction, treatment, prevention, roads to recovery and harm reduction	• Develop website and social media platforms offering important information and resources about addiction, treatment, prevention, roads to recovery and harm reduction

	• Developing a guide to inform media outlets of how to report on addiction without using stigmatizing language and images • Develop behavioral health navigation app	• Developing a guide to inform media outlets of how to report on addiction without using stigmatizing language and images
Northeast Career Planning	• Programs are specialized to meet the specific needs of those with addictions and substance abuse and other barriers to employment. • Individualized services include: job readiness screening; vocational assessment; vocational counseling; career exploration; job readiness preparation; job seeking skills; job development and placement; job retention and support; and referrals to additional service providers.	• Programs are specialized to meet the specific needs of those with addictions and substance abuse and other barriers to employment. • Individualized services include: job readiness screening; vocational assessment; vocational counseling; career exploration; job readiness preparation; job seeking skills; job development and placement; job retention and support; and referrals to additional service providers.
Our Wellness Collective	• OWC offers Recovery-Based Training, Wellness in the Workplace, Recovery Capital Building Resources, Consultation and Subject Matter Experts (SMEs). • Services include: Certified Recovery Peer Advocate (CRPA) for NYS certification, Supervising Peers in Clinical Settings, Science of Addiction and Recovery, The Power of Peers, Our Stories Have Power	• OWC offers Recovery-Based Training, Wellness in the Workplace, Recovery Capital Building Resources, Consultation and Subject Matter Experts (SMEs). • Services include: Certified Recovery Peer Advocate (CRPA) for NYS certification, Supervising Peers in Clinical Settings, Science of Addiction and Recovery, The Power of Peers, Our Stories Have Power
Prevention Committee	• Prevention providers provide evidence based curriculums	• Prevention providers provide evidence based curriculums

	teaching youth about addiction and making positive/healthy choices. • Partner with school's administrative to assess needs of the school districts and resources available to assist them •Tabling at school/community based events to promote education about addiction/mental health	teaching youth about addiction and making positive/healthy choices. • Partner with school's administrative to assess needs of the school districts and resources available to assist them •Tabling at school/community based events to promote education about addiction/mental health
Twin County Recovery Services, Inc.	• TCRS offers a wide range of programs and services to meet the needs of those affected by substance use. • Services include: Out- patient clinics, community residences, community prevention, Drinking Driver Program. • Greener Pathways	• TCRS offers a wide range of programs and services to meet the needs of those affected by substance use. • Services include: Out- patient clinics, community residences, community prevention, Drinking Driver Program.

2018 Capital Region Community Health Survey Summary

Introduction

The Healthy Capital District Initiative (HCDI) conducted its third Community Health Survey of residents in the Capital District from December 9 – 18, 2018. The aim of the survey was to continue to learn more about behavioral health/lifestyle practices, health care utilization and needs, challenges to practicing healthy behaviors and accessing care as well as other social determinants of health. The Siena College Research Institute (SCRI) was contracted to collect the data for this Community Health Survey. A random sampling design was applied to recruit a representative sample of residents of the Capital District (including the counties of Albany, Columbia, Greene, Rensselaer, Saratoga, and Schenectady) and augmented by an oversample of lower income individuals (defined as yearly household income of no more than $50,000).

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 +/- 3.4 percentage points across the sample of 1204 residents at the 95% confidence level. Additionally separate weighted estimates were prepared for: 1) Albany, Rensselaer (n=529), 2) Columbia, Greene (n=258) 3) Saratoga (n=226), 4) Schenectady (n=191), and 5) lower income respondents across the six counties (n=724).

The data collection instrument was developed by HCDI in collaboration with the Prevention Agenda Workgroup and Siena College. The behavioral 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 questionnaire to ensure fidelity of the data. Participants who were 18 years of age or older 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 8.2% was obtained. Up to seven attempts were made before participants were classified as non-response. The participants were not compensated to take part in the survey. Additionally, 301 surveys were completed online. Descriptive statistics were used to summarize the data. The responses to each question are presented below:

Sociodemographic Factors

1. **Age**
   Overall, 29% of the sample was 18-34 years of age, 22% were 35-49, 24% were 50-64 years of age and 24% were 65 years of age and older. The sample of lower income residents were 27% 18-34, 16% 35-49, 21% 50-64 and 35% 65 years of age or older.

2. **Gender**
   Females accounted for 51% of the total sample and 53% of the lower income sample.

3. **Race**
   The overall sample was slightly less white and had a slightly greater percentage of Blacks and Hispanics than in 2016. The White percentage of 78% was down from 82% in 2016 while the percentage of Blacks increased to 8% from 6% and the percentage of Hispanics increased to 5% from 3%.

   The lower income estimate had 75% Whites, 11% Blacks and 5% Hispanics.

4. **Education**
   In the overall sample, 57% of respondents had less than a college degree education. In the lower income sample, 77% had less than a college degree.

5. **Employment**
   Across the entire sample, 49% of all respondents were employed and within the lower income sample, 40% of respondents are employed.

6. **Income (total household income before taxes)**
   Fourteen percent of the participants earned less than $25,000 while 25% earned $100,000 or more; those earning $25,000 but under $50,000 and $50,000 but under $100,000 accounted for 23% and 33% respectively. This income breakdown is essentially unchanged from the 2016 survey. Thirty-seven percent of the lower income sample earned less than $25,000 while the balance, 62% earned at least $25,000 but less than $50,000.

7. **Children (under the age of 18 years old) in your household**
   Overall, 32% of the participants reported having children under the age of 18 living in their household down slightly from 37% in 2016. Among lower income residents, 23% report having children under the age of 18 in the household.

   Twenty percent of those earning less than $25,000 (7% of all lower income respondents) have children under 18 in their household and 25% of those earning at least $25,000 but less than $50,000 report younger children in their household.

8. **Area of Residence**
   Across the entire sample, 22% describe the area where they live as being 'urban', 50% as 'suburban', and 26% as 'rural.' Among the lower income sample, 30% say that they live in an 'urban' area, 40% 'suburban', and 27% 'rural.'

9. **Home ownership**
   Across the entire sample, the rate of home ownership is 61% while among the lower income sample, the rate is 45%.

Healthy lifestyle practices, health care utilization and needs, barriers to care and a healthy lifestyle

10. **How would you rate your overall health? Would you say your health is excellent, good, fair or poor?**
    Eighty-one percent, unchanged from 2016, of the respondents rated their overall health as excellent (26% down from 29%) or good (55% up from 52%), while 19% rated their health as fair (16%) or poor (3%). Among lower income respondents, 70% rated their health as excellent (19%) or good (51%) while 31% rated their health as fair (24%) or poor (7%). Among those earning less than $25,000, 56% rated their health as either excellent (16%) or good (40%) while 44% indicated that their health was either fair (33%) or poor (11%).

    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-two percent, down from 88% in 2016, of the respondents reported eating a balanced diet at least 3 times per week (31% down from 37% daily, 23% down from 28% 5 or 6 days per week and 28% up from 23% 3-4 times per week). Lower income respondents eat a balanced diet at a somewhat lower rate. Seventy-six percent eat a balanced diet at least 3 times a week (33% daily, 19% 5 or 6 days per week and 24% 3 or 4 times per week). Among lower income respondents, 31% of households with children eat a balanced meal no more than 2 days a week while 32% of Hispanics and 26% of Blacks only eat a balanced diet no more than 2 days a week.

12. **Exercise for 30 minutes or more 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 (18% up from 16%) to 7 days weekly (14% down from 22%). Only 59%, down from 67%, exercised at least 3 times per week. Among lower income respondents, 26% do not exercise at all while 51% exercise at least 3 times a week. Thirty-seven percent of lower income respondents making less than $25,000 do not exercise at all.

13. **Drink two or more alcoholic drinks in a day?**
    Fifty-nine percent of respondents, down from 62% in 2016, did not consume 2 or more alcoholic drinks per day and only 13% drank 2 or more alcoholic drinks 3 or more times each week. Sixty-eight percent of lower income respondents did not consume 2 or more alcoholic drinks per day while 12% drank 2 or more alcoholic drinks 3 or more times each week.

14. **Smoke cigarettes or use other tobacco products?**
Most of the participants (78%) did not smoke cigarettes or used other tobacco products, while 15%, down from 18%, smoked every day. Among lower income participants the smoking rate is higher. Lower income respondents smoke every day at a rate of 20% and some days at 7%. Smoking every day is low among lower income residents 65 years of age or older at 7% but rates are high at 24% among those 18-34, 30% among those 35-49 and 30% among those 50-64.

15. **Spend time socializing or having meals with family members, friends, colleagues, or acquaintances?**
While 29% of all residents and 24% of lower income respondents spend time socializing all 7 days in an average week, 33% of all residents and 43% of lower income residents socialize no more than 2 days in an average week. Seventeen percent of lower income men, 19% of those 50-64 and 15% of those 65 and older do not socialize with others at all during an average week. Across the entire sample, no more than 10% of any age cohort does not socialize at all.

16. **Participated in activities through civic, religious or recreational clubs or organizations?**
Forty-two percent of all residents and 48% of lower income respondents do not participate in activities through civic, religious or recreational clubs or organizations at all during an average week. Participation is greatest among those 65 years of age or older. Among lower income respondents, 13% of Hispanics participate in activities all seven days of the week while only 3% of Whites and 5% of Blacks participate in activities every day of the week.

17. **Overall, have a tough day; that is, feel overwhelmed or stressed out?**
With virtually no change since 2016, 33% of respondents experienced tough days at least three days a week and an additional 41% experience this one or two days a week. Of lower income respondents, 39% experience at least three tough days a week and 33% experience one or two tough days per week. Only 25% of all residents and 29% of lower income residents say that in an average week they have no tough days during which time they feel overwhelmed or stressed out.

18. **How many days during the past 30 days was your physical health not good?**
Nearly three-quarters of residents (74%) reported that their physical health was not good for less than five days in the past 30 days, seven percentage points higher than lower income respondents. Whereas 32% of lower income respondents experienced poor physical health more than five out of the past 30 days compared to 25% of all Capital Region respondents. Of those residents in the lower income brackets, respondents who earned less than $25,000 a year experienced poor physical health at least five of the past 30 days at a rate 10 percentage points higher than those who earned between $25,000 and $50,000 last year.

19. **How many days during the past 30 days was your mental health not good?**
Thirty-seven percent of lower income respondents experienced poor mental health for more than five of the past 30 days which is slightly higher than the 30% of all respondents. Of lower income respondents, Hispanics reported poor mental health for more than five days in the previous 30 days (58%) 20 percentage points higher than Blacks and 22 percentage points higher than Whites.

20. **Have you visited a dentist for a routine cleaning or check up in the last 12 months?**
Seventy percent of residents but only 56% of lower income residents have visited a dentist for a routine cleaning or check-up in the last 12 months. Lower income respondents visited a dentist for a routine appointment 14 percentage points lower than all respondents in the Capital Region. Of those lower income respondents, the largest difference between subgroups is within education where less than half with a High School Diploma or less has seen a dentist in the past year falling 21 percentage points behind those with a Bachelor's degree or higher. Of those that have not seen a dentist in the last 12 months, lower income respondents and all respondents both reported at the same rates (29%) that they did not go to dentist because they did not have dental insurance.

21. **In the past 12 months, have you seen your primary care provider for a routine checkup that included health screenings?**
Overall, 84% of residents, up from 82% in 2016, and 80% of lower income respondents have seen a primary care provider for a routine appointment in the past year. Of those lower income respondents between the ages of 18 and 34 and between 35 and 49, 27 percent and 35% respectively did not see a primary care provider in the last year significantly higher than those lower income respondents between the ages of 50 and 64 (18%) and those 65 and older (7%).

    The primary reason for not seeing a primary care provider in the last year for routine appointments was 'choosing not to go' for both residents and lower income respondents. Of those respondents across the entire area who did not see a primary care provider for a routine appointment, 22% did not have time during normal business hours, and 17% did not have health insurance. Twenty-two percent of lower income residents did not see a primary care provider because they did not have health insurance, 20% because they did not have enough money, and 17% because they did not have time available during regular doctor office hours.

22. **In the past 12 months, have you seen your primary care provider for a non-routine health issue?**
The percentages of all residents and lower income residents who saw their primary care provider for a non-routine health issue are equal at 47%. Of all residents who did not see their primary care provider for non-routine health issues, 43% said they did not need to go, 33% chose not to go, and 12% went to urgent care instead whereas of lower income respondents, the values were 37% (6 percentage points lower than all residents), 32% (1

percentage point lower than all residents), and 13% (1 percentage point higher than all residents) respectively.

23. **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?**
Sixteen percent of all residents, up from 12% in 2016, reported having had times in the past 12 months when they did not have enough money to buy food that they or their family needed. Twenty-six percent of lower income respondents experienced this economic insecurity over the last year. Of those lower income respondents, 46% of people between the ages of 18 and 34, and 34% of those between the ages of 35 and 49 had times when they could not afford to buy food in the last year.

Black and Hispanic lower income respondents had far greater rates of not being able to afford food compared to the rate of lower income Whites. Fifty-two percent of Hispanics, 41% of Blacks and 24% of lower income Whites said that they had times when they could not afford food. Forty-two percent of lower income residents with children in the household did not have enough money for food compared to 21% of those lower income respondents without children in the household. Thirty-five percent of lower income respondents who rent reported not having enough money for food while only 13% of lower income residents who own a home experienced the asset shortage.
Twice as many lower income respondents with a high school degree or less experienced not having enough money for food almost every month than those with a Bachelor's degree or higher. Only 20% of lower income respondents who earned more than $25,000, but less than $50,000 faced food insecurity when compared to the 36% of lower income respondents who made less than $25,000.

24. **In the last 12 months, have you not had enough money to provide adequate shelter or housing for you or your family?**
Seven percent of all residents and 10% of lower income respondents have had times during the last 12 months when they have not had enough money to provide adequate shelter or housing for they or their family. A third of Hispanic lower income respondents experienced this asset gap compared to the 18% of Black lower income respondents and 9% of White lower income respondents.
Sixty percent of Black, 29% of White, and 20% of Hispanic lower income respondents experienced not having enough money for shelter almost every month.

25. **In the last 12 months, has the electric, gas, oil, or water company threatened to shut off services in your home**?
Of all residents, 9% report receiving threats to shut off services from a utility provider while 12% of lower income respondents received these threats. Twenty-seven percent of lower income residents with children in the household received these threats, more than three times the proportion of lower income respondents without children in the household (8%).

Of lower income residents who rent, 19% experienced these threats compared to 7% who own a home.

Furthermore, the frequency of these threats is close between all residents and lower income residents with 57% and 55% respectively receiving the threats in only one or two months. Of lower income respondents, the largest difference between subgroups was in education where 24% of those with a high school degree or less experienced these threats almost every month compared to 0% of those with a Bachelor's degree or higher.

26. **In the past 12 months, did you stay home when you needed or wanted to go someplace because you had no access to reliable transportation?**
Thirteen percent of all residents and 21% of lower income respondents reported not having access to reliable transportation when they needed or wanted to go someplace. Eighteen percent of White, 37% of Black, and 36% Hispanic lower income respondents experienced not having reliable transportation.

There is an 11 percentage point gap between all residents (40%) and lower income residents (29%) without reliable transportation in only one or two months. Forty-three percent of lower income respondents with children in the household and 31% of lower income renters experienced lack of reliable transportation almost every month.

27. **In the past 12 months, did you not have enough money to buy prescriptions or medications that you or your family needed?**
In the overall sample, 10% of respondents did not have enough money to buy prescriptions or medications that they or their family needed. In the lower income sample, 14% could not afford their prescriptions in the past 12 months. In the lower income sample, Black (25%) and Hispanic (29%) respondents reported experiencing this at lower rates than Whites (13%). Lower income residents with children in the household (27%) or who rented (21%) also experienced this more than of those without children in the household (10%) or who own a home (7%).
The frequency of not being able to afford prescriptions ranged from in only one or two months (44%) to almost every month (26%). Twenty-nine percent could not afford their prescriptions for some, but not every month of the past year. Among lower income respondents not being able to afford prescriptions in the past year, 31% were impacted in only one or two months, 45% during some months, and 24% during almost every month.

Social Determinants of Health

For each of the following aspects of life, tell me how likely each is for a typical person living in your community. Is it very likely, somewhat likely, a toss-up, somewhat unlikely, or very unlikely?

28. **Having affordable access to routine medical care**

Most of the participants (76%) believe that it is very or somewhat likely for a typical person living in their community to have affordable access to routine medical care, while 71% of lower income participants believe so. Only 9% of all respondents and 12% of lower income residents believe it is unlikely that a typical person in their community has affordable access to routine medical care.

29. **Having transportation available when needed to go to work, shopping, or medical appointments**
Three-quarters of respondents (77%) believe that it is very or somewhat likely for a typical person living in their community to have reliable transportation, while 72% of lower income participants believe so. Forty-five percent of Hispanic lower income respondents believe it is somewhat or very unlikely to have reliable transportation whereas only 12% of White and 23% of Black lower income residents believe it is unlikely that a typical person in their community have transportation available when needed to go to work, shopping or medical appointments.

30. **Feeling as though it is safe to go outside in the neighborhood**
A large majority of residents (85%) believe that it is very or somewhat likely for a typical person living in their community to feel safe going outside in their neighborhood, while 78% of lower income participants believe so. Only 61% of urban lower income respondents believe it is somewhat or very likely whereas 85% of suburban and 84% of rural lower income residents believe so.

31. **Being employed at a job that provides them with a living wage**
Sixty-six percent believe that it is very or somewhat likely for a typical person living in their community to earn a living wage, while 52% of lower income participants believe so. Among lower income respondents, 39% of Hispanics and 28% of Blacks say it is somewhat or very unlikely that a typical person in their community will be employed at a job that provides them with a living wage.

32. **Having access to an affordable internet connection**
Most of respondents (72%) believe that it is very or somewhat likely for a typical person living in their community to have access to affordable internet, while 62% of lower income participants believe so. Forty-seven percent of Hispanic lower income respondents believe it is somewhat or very likely whereas 63% of White and 64% of Black lower income residents believe so.

33. **Obtaining nutritious food at a convenient location**
Over three-quarters of respondents (83%) believe that it is very or somewhat likely for a typical person living in their community to obtain nutritious food at a convenient location, while 76% of lower income participants believe so. Ten percent of White lower income respondents believe it is somewhat or very unlikely whereas 15% of Black and 32% of Hispanic lower income residents believe so.

34. **Having access to mental health or substance abuse treatment if it is needed**
Sixty-nine percent of residents believe that it is very or somewhat likely for a typical person living in their community to have access to mental health or substance abuse treatment, while 64% of lower income participants believe so. Sixty-three percent of lower income respondents with a high school degree or less believe it is somewhat or very likely whereas only 68% of residents with some college or a trade school education, and 56% of lower income residents with a Bachelor's degree or higher believe so. Twenty-five percent of Hispanics, and 17% of lower income rural residents believe it is somewhat or very unlikely that a typical person in their community will be able to access mental health or substance abuse treatment if it is needed.

35. **Being able to afford quality housing, that is, all systems like heating and plumbing work and the housing itself does not pose any health dangers**
A majority of the participants (69%) believe that it is very or somewhat likely for a typical person living in their community to afford quality housing, while only 59% of lower income participants believe so. Sixty-eight percent of lower income residents who own a home believe it is very or somewhat likely to have access to affordable housing while only 52% of lower income renters believe so. Nineteen percent of urban lower income residents, 16% of rural, 17% of Blacks and 28% of Hispanics think it is somewhat or very unlikely that a typical person in their community is able to afford quality housing where all systems like heating and plumbing work and that the housing itself does not pose any health dangers.

36. **Feeling safe and secure in their home**
Most respondents (87%) believe that it is very or somewhat likely for a typical person living in their community to feel safe in their home, while 80% of lower income participants believe so. Eighty-two percent of white lower income respondents believe it is somewhat or very likely whereas 67% of Black and only 53% of Hispanic lower income residents believe so. Seventy percent of urban lower income respondents believe it is somewhat or very likely whereas 82% of suburban and 89% of rural lower income residents believe so. Eighty-six percent of lower income residents who own a home believe it is very or somewhat likely and 75% of lower income renters believe that the typical person in their community is able to feel safe and secure in their home. Twenty-nine percent of Hispanics believe it is somewhat or very unlikely that a typical person in their community is able to feel safe and secure in their home.

37. **Having access to affordable childcare if needed**
Fifty-three percent of participants believe that it is very or somewhat likely for a typical person living in their community to be able to afford childcare if needed, while only 43% of lower income participants believe so. Twenty-seven percent of lower income residents with children in the household believe it is very or somewhat unlikely to have access to affordable childcare and 18% of lower income residents without children in the household believe so.

38. **Having access to quality education for young people**
Most respondents (82%) believe that it is very or somewhat likely for a typical young person living in their community to have access to a quality education, while 73% of lower income participants believe so. Sixty-five percent of urban lower income respondents believe it is somewhat or very likely whereas 76% of suburban and 79% of rural lower income residents believe so. Seventy-nine percent of lower income residents who own a home believe it is very or somewhat likely and 68% of lower income renters believe so. Fifteen percent of lower income Blacks and 23% of Hispanics believe it is somewhat or very unlikely that a typical person in their community will have access to quality education for young people.

39. **Having access to affordable adult education, including job training**
A majority of respondents (63%) believe that it is very or somewhat likely for a typical person living in their community to have access to affordable adult education, while 53% of lower income participants believe so. Twenty-two percent of White lower income respondents believe it is somewhat or very unlikely whereas 21% of Black and 47% of Hispanic lower income residents believe so.

40. **Having access to free or low cost recreation facilities such as public parks, playgrounds, swimming pools, etc.**
Most participants (80%) believe that it is very or somewhat likely for a typical person living in their community to have access to free or low cost recreation facilities, while 71% of lower income participants believe so. Seventy-six percent of lower income residents who own a home believe it is very or somewhat likely to have access to free or low cost recreation facilities and 66% of lower income renters believe so.

Perceptions of Public Health

41. **Opioid abuse has touched many New Yorkers in different ways. Have you had any of the following experiences**:
Twelve percent of residents in the Capital Region or their immediate family members abused opioids and in the lower income sample, 13% of respondents reported personally struggling with opioid abuse or someone in their immediately family who has struggled.

Similarly, 26% of residents reported a friend or extended family member abusing opioids whereas 24% of lower income residents reported so.

Sixteen percent of all residents and 15% of lower income residents stated they know a person through work who abused opioids.

Lastly, 34% of all residents and 29% of lower income residents reported that a friend, co-worker, relative, or acquaintance has a family member who abused opioids.

Being touched by opioid abuse defined as having experienced any of 1) you or someone in your immediate family has abused opioids, 2) a friend or extended family member has abused opioids, 3) someone you know through work has abused opioids, or 4) a friend, co-worker, relative or acquaintance shared with you that one of their family members abused opioids, has affected 50% of all area residents and 45% of lower income respondents. Fifty-seven percent of younger lower income respondents and 59% of all young people 18-34 have been touched by opioid abuse.

How serious a public health problem in your community is each of the following? Would you say each of the following are very serious, somewhat serious, not too serious or not at all serious?

42. **Obesity in children and adults**
    Seventy-one percent of all residents and 70% of lower income residents believe that obesity is a very or somewhat serious public health problem.

43. **Tobacco use and related illness**
    Sixty-seven percent of all residents and 67% of lower income residents believe that tobacco use is a very or somewhat serious public health problem.

44. **Asthma**
    Forty-nine percent of all residents and 49% of lower income residents believe that asthma is a very or somewhat serious public health problem.

45. **Heart Disease**
    Sixty-two percent of all residents and 59% of lower income residents believe that heart disease is a very or somewhat serious public health problem.

46. **Diabetes**
    Sixty-eight percent of all residents and 67% of lower income residents believe that diabetes is a very or somewhat serious public health problem.

47. **Unsafe sexual activity including teen pregnancy and sexually transmitted diseases**
    Fifty-five percent of all residents and 53% of lower income residents believe that unsafe sexual activity is a very or somewhat serious public health problem.

48. **Poor birth outcomes including prematurity and low birthweight**
    Twenty-nine percent of all residents and 31% of lower income residents believe that poor birth outcomes is a very or somewhat serious public health problem.

49. **Mental illness including suicide**

Sixty-one percent of all residents and 58% of lower income residents believe that mental illness is a very or somewhat serious public health problem.

50. **Drug abuse including opioid addiction**
    Sixty-six percent of all residents and 65% of lower income residents believe that drug abuse is a very or somewhat serious public health problem.

51. **Alcohol abuse**
    Sixty-seven percent of all residents and 66% of lower income residents believe that alcohol abuse is a very or somewhat serious public health problem.

52. **Poor air or water quality**
    A third of all residents and 36% of lower income residents believe that poor air or water quality is a very or somewhat serious public health problem.

2018 Capital Region Community Health Survey Questions

Q1:

Thinking about you and your health, how would you rate your overall health? Would you say your health is excellent, good, fair or poor?

Excellent 1
Good 2
Fair 3
Poor 4
[DO NOT READ] Don't know/Refused 9

Q2KEY:

Thinking back over the past 12 months, for each of the following things people do that affect their health, how many days in an AVERAGE WEEK did you do each one? 0 days, 1 or 2 days, 3 or 4 days, 5 or 6 days, or all 7 days. Over the past 12 months, in an AVERAGE WEEK how many days did you…

Continue 1

Q2_1:

Eat a balanced, healthy diet that includes a variety of nutritious foods from the major food groups, such as fruits, vegetables, whole grains, low-fat dairy products, lean protein, and nuts and seeds [IF NEEDED: Over the past 12 months, in an AVERAGE WEEK how many days did you do this: 0 days, 1 or 2 days, 3 or 4 days, 5 or 6 days, or all 7 days?]

0 days 1
1 or 2 days 2
3 or 4 days 3
5 or 6 days 4
All 7 days 5
[DO NOT READ] Don't know/Refused 9

Q2_2:

Exercise for 30 minutes or more in a day. ``Exercise´´ includes moderate activities like walking or biking, OR more vigorous activities like running, dancing, weight lifting or working out[IF NEEDED: Over the past 12 months, in an AVERAGE WEEK how many days did you do this: 0 days, 1 or 2 days, 3 or 4 days, 5 or 6 days, or all 7 days?]

0 days 1
1 or 2 days 2
3 or 4 days 3
5 or 6 days 4
All 7 days 5
[DO NOT READ] Don't know/Refused 9

Q2_3:

Drink two or more alcoholic drinks in a day[IF NEEDED: Over the past 12 months, in an AVERAGE WEEK how many days did you do this: 0 days, 1 or 2 days, 3 or 4 days, 5 or 6 days, or all 7 days?]

0 days..... 1
1 or 2 days 2
3 or 4 days 3
5 or 6 days 4
All 7 days..... 5
[DO NOT READ] Don't know/Refused..... 9

Q2_4:

Smoke cigarettes or use other tobacco products[IF NEEDED: Over the past 12 months, in an AVERAGE WEEK how many days did you do this: 0 days, 1 or 2 days, 3 or 4 days, 5 or 6 days, or all 7 days?]

0 days..... 1
1 or 2 days 2
3 or 4 days 3
5 or 6 days 4
All 7 days..... 5
[DO NOT READ] Don't know/Refused..... 9

Q2_5:

Spend time socializing or having meals with family members, friends, colleagues, or acquaintances [IF NEEDED: Over the past 12 months, in an AVERAGE WEEK how many days did you do this: 0 days, 1 or 2 days, 3 or 4 days, 5 or 6 days, or all 7 days?]

0 days..... 1
1 or 2 days 2
3 or 4 days 3
5 or 6 days 4
All 7 days..... 5
[DO NOT READ] Don't know/Refused..... 9

Q2_6:

Participated in activities through civic, religious or recreational clubs or organizations [IF NEEDED: Over the past 12 months, in an AVERAGE WEEK how many days did you do this: 0 days, 1 or 2 days, 3 or 4 days, 5 or 6 days, or all 7 days?]

0 days..... 1
1 or 2 days 2
3 or 4 days 3
5 or 6 days 4
All 7 days..... 5
[DO NOT READ] Don't know/Refused..... 9

Q2_7:

Overall, have a tough day; that is, feel overwhelmed or stressed out[IF NEEDED: Over the past 12 months, in an AVERAGE WEEK how many days did you do this: 0 days, 1 or 2 days, 3 or 4 days, 5 or 6 days, or all 7 days?]

0 days..... 1
1 or 2 days 2
3 or 4 days 3
5 or 6 days 4
All 7 days..... 5
[DO NOT READ] Don't know/Refused..... 9

Q3A: Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

A. Number of days (01-30)
B. None
C. Don't know/not sure
D. Refused

Q3B: Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

A. Number of days (01-30)
B. None
C. Don't know/not sure
D. Refused

Q4A:

(NEW):

Have you visited a dentist for a routine cleaning or check up in the last 12 months?

Yes 1
No..... 2
Don't know/refuse……9

If NO to question X, in the last 12 months, were any of the following reasons that you did not visit dentist for a routine cleaning or check up? (SELECT ALL THAT APPLY)

A. I did not have dental insurance
B. I did not have enough money to see a dentist (if needed, for things like co-payments, medications, etc.)
C. I did not have transportation to the dentist's office
D. I did not have time available during regular dentist office hours
E. I chose not to go
F. Other_____
G. [Do not read] I didn't need to go.

Q4B (NEW):

In the past 12 months, have you seen your primary care provider for a routine checkup that included health screenings?

Yes 1
No..... 2
[DO NOT READ] Refused..... 9

If NO to question X, in the last 12 months, were any of the following reasons that you did not visit a primary care provider for a routine checkup and health screenings? (SELECT ALL THAT APPLY)

A. I did not have health insurance
B. I did not have enough money to see a doctor (prompt if needed: for things like co-payments, medications, etc.)
C. I did not have transportation to the doctor's office
D. I did not have time available during regular doctor office hours
E. I went to an urgent care instead
F. I went to an emergency room instead
G. I chose not to go
H. Other_____
I. [Do not read] I didn't need to go.

Q4C (NEW):

In the past 12 months, have you seen your primary care provider for a non-routine health issue?

Yes 1
No..... 2
Don't know/refuse.....9

If NO to question X, in the last 12 months, were any of the following reasons that you did not visit your primary care provider for a non-routine health issue? (SELECT ALL THAT APPLY)

H. I did not have dental insurance
I. I did not have enough money to see a dentist (if needed, for things like co-payments, medications, etc.)
J. I did not have transportation to the dentist's office
K. I did not have time available during regular dentist office hours
L. I went to an urgent care instead
M. I went to an emergency room instead
N. I chose not to go
O. Other_____
P. [Do not read] I didn't need to go.

Q5 (NEW):

I'm going to read a list of things that you may or may not have experienced in the past 12 months, that is, since ____. Please let me know if any of these things happened to you. [do not rotate]

Q5A. 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?

Q5A_1. [if yes] How often did this happen—almost every month, some months but not every month, or in only 1 or 2 months?

Q5B. In the last 12 months, have you not had enough money to provide adequate shelter or housing for you or your family?

Q5B_1. [if yes] How often did this happen—almost every month, some months but not every month, or in only 1 or 2 months?

Q5C. In the last 12 months, has the electric, gas, oil, or water company threatened to shut off services in your home? (CMS)

Q5C_1. [if yes] How often did this happen—almost every month, some months but not every month, or in only 1 or 2 months?

Q5D. In the past 12 months, did you stay home when you needed or wanted to go someplace because you had no access to reliable transportation?

Q5D_1. [if yes] How often did this happen—almost every month, some months but not every month, or in only 1 or 2 months?

Q5E. In the past 12 months, did not have enough money to buy prescriptions or medications that you or your family needed?

Q5E_1. [if yes] How often did this happen—almost every month, some months but not every month, or in only 1 or 2 months?

Q6 (NEW). For each of the following aspects of life, tell me how likely each is for a typical person living in your community. Is it Very likely, somewhat likely, a toss-up, somewhat unlikely or very unlikely? [ROTATE LIST.]

- Having affordable access to routine medical care
- Having transportation available when needed to go to work, shopping, or medical appointments
- Feeling as though it is safe to go outside in the neighborhood
- Being employed at a job that provides them with a living wage
- Having access to an affordable internet connection
- Obtaining nutritious food at a convenient location
- Having access to mental health or substance abuse treatment if it is needed.

Break to repeat scale

- Being able to afford quality housing, that is, all systems like heating and plumbing work and the housing itself does not pose any health dangers
- Feeling safe and secure in their home
- Access to affordable childcare if needed
- Access to quality education for young people
- Access to affordable adult education, including job training
- Access to free or low cost recreation facilities such as public parks, playgrounds, swimming pools, etc.

Q7: OPIOID (NEW). Opioid abuse has touched many New Yorkers in different ways. Have you had any of the following experiences: [check all that apply]

A. You or someone in your immediate family has abused opioids
B. A friend or extended family member has abused opioids
C. Someone you know through work has abused opioids
D. A friend, co-worker, relative or acquaintance shared with you that one of their family members abused opioids

Q8 (NEW). How serious a public health problem in your community is each of the following? (Very serious, somewhat serious, not too serious, not at all serious):

- Obesity in children and adults;
- Tobacco use and related illness;
- Asthma;
- Heart disease;
- Diabetes;
- Unsafe Sexual Activity (teen pregnancy, sexually transmitted diseases);
- Poor birth outcomes (prematurity, low birthweight);
- Mental Illness (including suicide);
- Drug abuse (including opioid addiction);
- Alcohol abuse;
- Poor air or water quality.

EMPLOY:

Which of the following categories best describes your current employment situation? [INTERVIEWER: If self-employed, ask "Would that be full time or part time?" and code it as employed]

Employed full time 1
Employed part time..... 2
Unemployed and looking for a job 3
A student 4
A homemaker 5
Retired..... 6
Disabled..... 7
[DO NOT READ] Other (specify) 8
[DO NOT READ] Refused..... 9

Rent or Own:

Do you own your home, rent, or something else? [DO NOT READ LIST]

I own my home..... 1
I rent my home 2
I live with family or friends who own 3
I live with family or friends who rent..... 4
Vol: I live in a Retirement Community/Senior Care 5
Other (specify)..... 7

[DO NOT READ] Refused 9

Do you have health insurance?

Yes……..1
No……2

What is your source of health insurance?

a. Employer
b. Spouse/Partner's employer
c. NYS Health Insurance marketplace/Obamacare
d. Medicaid
e. Medicare
f. None
g. Other

BYR2:

And for statistical purposes, a couple of final questions. In what year were you born? INTERVIEWER: ENTER THE LAST TWO DIGITS OF THE RESPONDENT'S BIRTH YEAR IN BOX AT BOTTOM OF SCREEN01 = BORN IN 1901 OR EARLIER [IF NEEDED: This is just used to compute your age.]
REFUSAL ..... RF

INCOME:

Which of the following general income categories is your total household income before taxes? [IF NEEDED: "I just want to remind you that you are completely anonymous. We only use this information in aggregate form to ensure we have a representative group of New Yorkers."]
Under $25,000 1
At least $25,000 but under $50,000 2
At least $50,000 but under $100,000 3
$100,000 or more 4
[DO NOT READ] Refused 9

EDUC:

Please stop me when I say the highest educational level which you have completed:
Less than high school 1
Graduated from high school (or GED) 2
Some college or trade school 3
Bachelors' degree 4
Graduate or Professional degree 5
[DO NOT READ] Refused 9

CHILD:

Are there children under the age of 18 in your household?
Yes 1
No 2
[DO NOT READ] Refused 9

HH:

Is your household a:

Single parent home.....1
Dual parent home.....2
Multi-family home.....3

HISP:

Are you of Hispanic origin or descent, such as Mexican, Dominican, Puerto Rican, Cuban, or some other Spanish background?

Yes 1
No..... 2
[DO NOT READ] Refused 9

RACE:

Would you consider yourself: [IF "Biracial" or "Multi-racial" ask: "What races would that be?"]

Caucasian/White 1
African American/Black..... 2
Asian 4
Native Hawaiian or Other Pacific Islander 5
American Indian or Alaska Native 6
[DO NOT READ] Other/Something else (specify) 7
[DO NOT READ] Refused 9

RACER:

Race Combined

Caucasian/White 1
African American/Black..... 2
Hispanic/Latino 3
Asian 4
Native Hawaiian or Other Pacific Islander 5
American Indian or Alaska Native 6
[DO NOT READ] Other/Something else (specify) 7
[DO NOT READ] Refused 9

AREA:

Would you describe the area where you live as urban, suburban, or rural?

Urban 1
Suburban..... 2
Rural..... 3
[DO NOT READ] Refused 9

ZIP2:

What is your zip code? [Enter 5 digit zip code in box at bottom of screen]

[DO NOT READ] Refused 99999

FOLLOWUP:

And finally, our partners on this project that includes the Healthy Capital District Initiative would like to hear more about your views on public health issues. Would you be willing to be contacted by them to possibly answer a couple of follow-up questions?

Yes 1
No..... 2

CONTACTEM:

What is your email address? [INTERVIEWER: ask to carefully spell and repeat back to them]

Email address 1
No email address 2

CONTACTEMV:

You indicated your email address is <contactem:o>Is that correct?

Yes 1
No..... 2

CONTACTP:

What is your preferred phone number (including area code)? [Number we called: <phone>]

Phone number 1

GENDER:

[RECORD GENDER: BY OBSERVATION ONLY - DO NOT ASK]

Male 1
Female 2

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