



Sunnyview Rehabilitation
Hospital

ST PETER'S HEALTH PARTNERS

2022 Community Health Needs Assessment

**Approved by the Sunnyview Rehabilitation Hospital
Board of Directors**

May 20, 2022

2022 Community Health Needs Assessment

Executive Summary

Overview:

St. Peter's Health Partners is the region's largest and most comprehensive not-for profit network of high-quality, advanced medical care, primary care, rehabilitation, and senior services, with nearly 12,000 employees in more than 165 locations. These state-of-the-art services and programs are provided through St. Peter's Hospital and Samaritan Hospital in Albany and Troy; Sunnyview Rehabilitation Hospital in Schenectady; as well as The Eddy system of continuing care and The Community Hospice and St. Peter's Health Partners Medical Associates, one of the Capital Region's largest multi-specialty physician groups with more than 850 physicians and advanced practitioners in more than 130 locations.

St. Peter's Health Partners is a member of Trinity Health, a national Catholic health system with an enduring legacy and a steadfast mission to be a transforming and healing presence within the communities we serve. For more information, please visit www.sphp.com.

Today St. Peter's Health Partners serves over 6,000 people every day with comprehensive medical services, and many community health programs intended to restore wholeness and well-being to people within the community.

Year after year, St. Peter's Health Partners reinvests in communities with funding for charity care, primary care services, screenings, education, and research. This commitment has risen in proportion to the needs.



Sunnyview Rehabilitation Hospital is a 115-bed hospital specializing in physical rehabilitation located in Schenectady (Schenectady County). Founded in 1928, Sunnyview has come a long way from a 10-bed home for disabled children to a prestigious rehabilitation hospital nationally recognized and accredited by the Commission on the Accreditation of Rehabilitation Facilities (CARF). CARF accreditation has been received for the Comprehensive Integrated Inpatient Rehabilitation Program (CIIRP), Brain Injury and Stroke Specialty Programs.

Sunnyview's Neuro-Rehab Institute treats patients with a wide range of neurological conditions, including stroke, traumatic brain injury and spinal cord injury. Sunnyview's expert staff is devoted to enhancing the delivery of personalized, comprehensive state-of-the-art rehabilitation treatment through coordinated patient care, education, and research and outreach activities.

Sunnyview Rehabilitation Hospital is accredited by the Commission on the Accreditation of Rehabilitation Facilities (CARF) and holds CARF accreditations in:

- Comprehensive Integrated Inpatient Rehabilitation Program for adults,
- Inpatient Brain Injury Specialty Programs for adults, as well as children and adolescents,
- Interdisciplinary Outpatient Brain Injury Specialty Program for adults, as well as children and adolescents,
- Inpatient Stroke Specialty Program for adults, and
- Inpatient Amputation Specialty Program for adults.

Several recent awards and accolades include:

- Named one of *U.S. News & World Report's* Best Rehab Hospitals.
- Awarded Integrated Care Certification by The Joint Commission.

MISSION STATEMENT

"We, St. Peter's Health Partners and Trinity Health, serve together in the spirit of the gospel as a compassionate and transforming healing presence within our communities.

Core Values

Reverence - We honor the sacredness and dignity of every person.

Commitment to Those who are Poor - We stand with and serve those who are poor, especially those most vulnerable.

Justice - We foster right relationships to promote the common good, including sustainability of Earth.

Stewardship - We honor our heritage and hold ourselves accountable for the human, financial and natural resources entrusted to our care.

Integrity - We are faithful to who we say we are.

Safety - We embrace a culture that prevents harm and nurtures a healing, safe environment for all.

St. Peter's Health Partners' Mission guides everything we do. We strive to both serve others and transform care delivery. We reinvest our resources back into the community through new technology, health services, and access for everyone regardless of circumstance.

As a member of Trinity Health, St. Peter's Health Partners' Community Health & Well-Being (CHWB) strategy promotes optimal health for those who are poor and vulnerable and the communities we serve by connecting social and clinical care, addressing social needs, dismantling systemic racism and reducing health inequities. We do this by:

- Investing in our communities.
- Delivering outstanding care for those who are poor and vulnerable.
- Impacting social influencers of health.

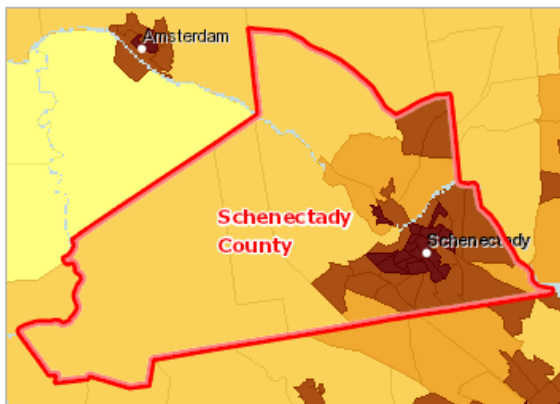
St. Peter's Health Partners reinvests in communities through financial support, screenings, education, and research.

Definition and Brief Description of the Community Served

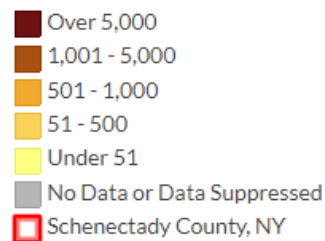


For the purposes of the Community Health Needs Assessment, Sunnyview has defined its service area as Schenectady County. As a specialty hospital, it serves a broad geographic area and, in addition to Schenectady County, serves a significant number of patients from Albany, Rensselaer and Saratoga counties. However, given that the community health needs are being comprehensively addressed by the hospitals (including other SPHP hospitals) located in those counties, it was determined that Sunnyview would work with Ellis Hospital and the Schenectady County Health Department to address the needs in Schenectady County, which represents the home zip codes of 51% of its patients.

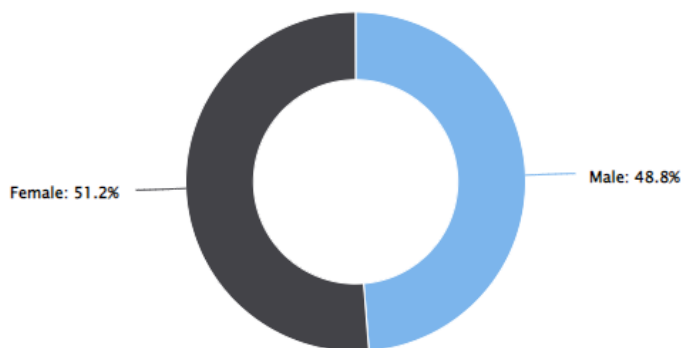
Schenectady County	
Population	161,843
% White	76.1%
% African American	10.2%
% Hispanic	6.6%
% High School Graduates	91%
Median Household Income	\$69,349



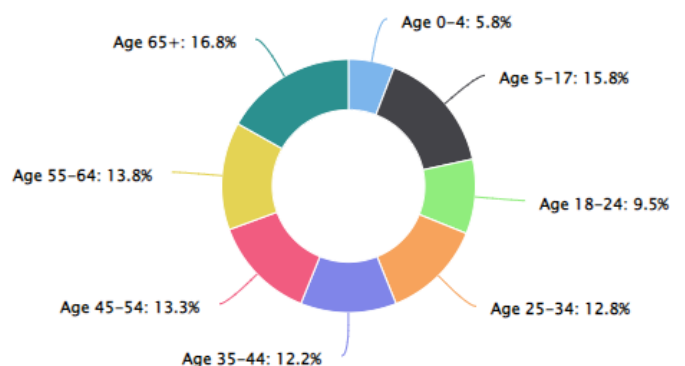
Population, Density (Persons per Sq Mile) by Tract, ACS 2015-19



Total Population by Gender
Schenectady County, NY

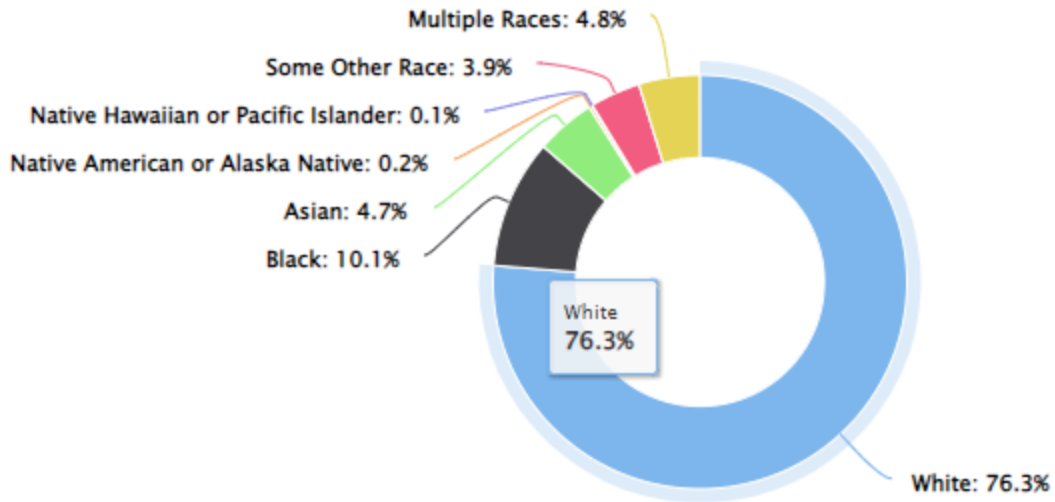


Total Population by Age Groups, Total
Schenectady County, NY



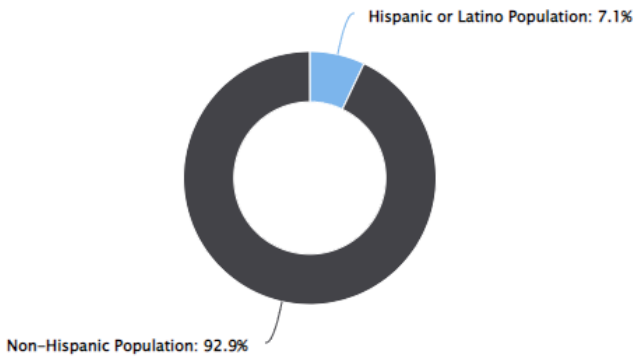
Total Population by Race Alone, Total

Schenectady County, NY



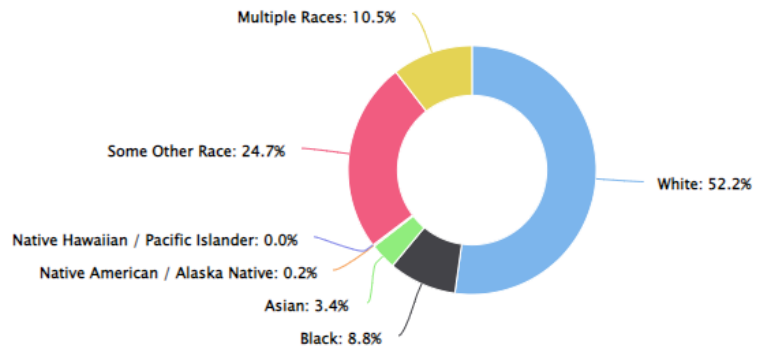
Total Population by Ethnicity Alone

Schenectady County, NY



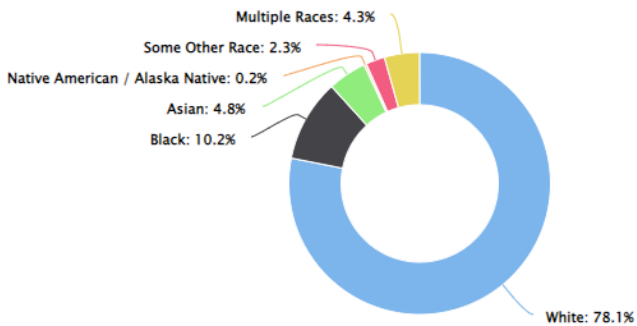
Hispanic Population by Race Alone, Total

Schenectady County, NY



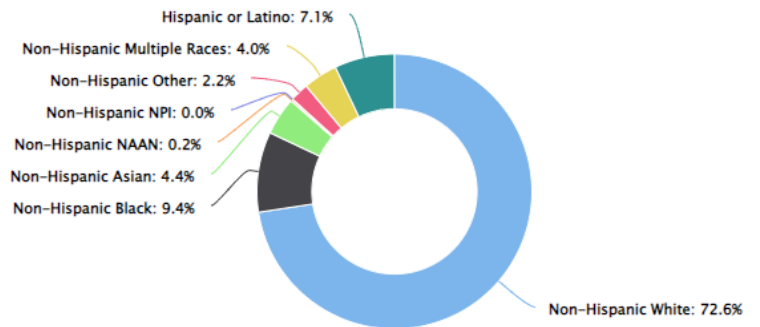
Non-Hispanic Population by Race Alone, Total

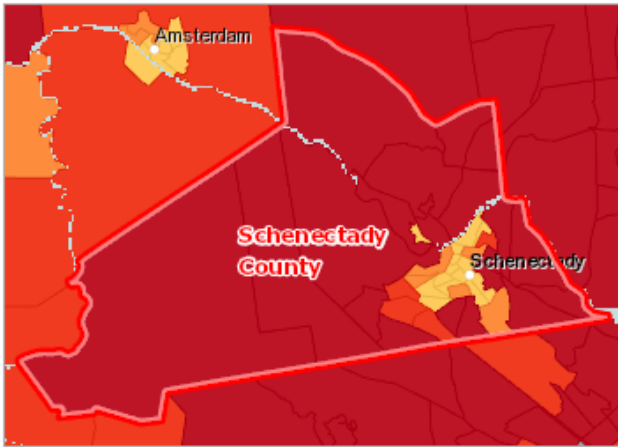
Schenectady County, NY



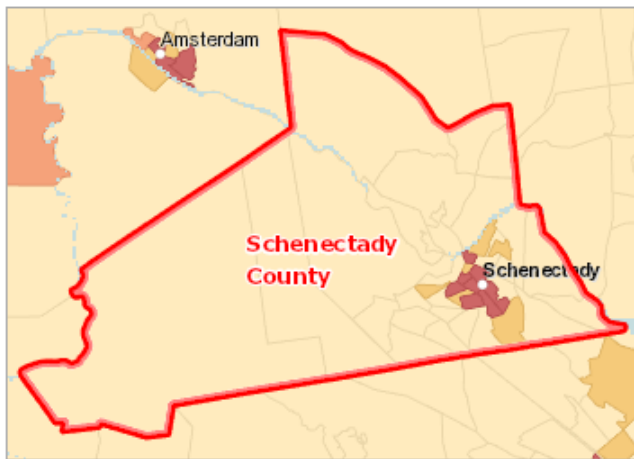
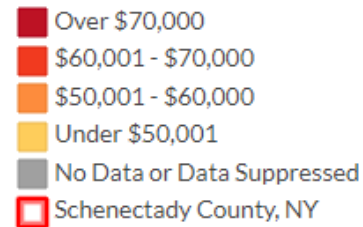
Population by Combined Race and Ethnicity

Schenectady County, NY

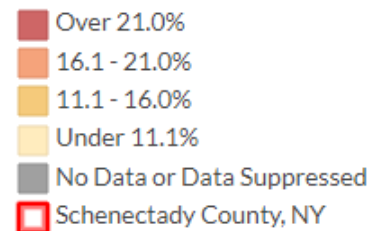




Median Household Income by Tract, ACS 2015-19



Population with No High School Diploma (Age 25+)



Review of the Previous Community Health Needs Assessment (2019)

Key findings of the 2019 CHNA included issues pertaining to chronic disease and behavioral health. Tobacco prevention was selected to be addressed within chronic disease prevention and prevention of substance use (e.g. opioids) was selected to be addressed within behavioral health.

Efforts to address the identified health needs were coordinated and led by the Schenectady Coalition for a Healthy Community, which included members from local hospitals, health department and community-based organizations.

Tobacco Use Prevention

Collectively:

Over the past three years, our implementation strategy focused on preventing the initiation of tobacco use (including vaping products), promotion of tobacco use cessation among youth and young adults, with a particular focus on community members with low socioeconomic status. The Schenectady Coalition for a Healthy Community advocated for strong tobacco control policies at both the local and county level. In addition, 1,725 Schenectady county residents utilized the NYS Smoker’s Quitline for tobacco cessation assistance and 926 low income and fair market apartments within County transitioned to tobacco free housing properties.

Sunnyview Rehabilitation Hospital Related Initiatives:

- Numerous tobacco control policies advocated for by the Tobacco Free Communities (spearheaded by SPHP) resulting in the implementation of tobacco free grounds policies at the following: town of Niskayuna (parks, recreation areas and beaches) and Schenectady Critical Care Associates.
- Nearly 1800 participants enrolled in The St. Peter's Health Partners *Butt Stops Here* tobacco cessation program offered by St. Peter's Health Partners.
- 602 individuals from our hospitals and ambulatory sites were referred to the NYS Smokers Quitline for tobacco cessation assistance.

As a result of these initiatives both collectively and internally, Schenectady county's adult smoking rate (11.6%) was the Region's lowest, was below NYS, excl. NYC (13.0%) and decreased from the previous rate of 18.4%.

Substance Abuse (particularly opioid abuse)

Collectively:

In order to increase education and practice strategies to reduce opioid overdose and non-medical use of opiates, The Schenectady Coalition for a Health Community focused on provider education of addiction and pain management (prescribing guidelines and community resources for prevention, addiction treatment and recovery support), information to provide to patients regarding risk of harm and misuse, promotion of safe storage and proper disposal of unused prescription medications (community education, increase disposal opportunities), New York State Opioid Overdose Prevention Training and establishment of ambulatory detoxification service locations.

Sunnyview Rehabilitation Hospital Related Initiatives:

- Promoted "drug takeback" days within the community, for proper disposal of unused prescription medications
- Leadership staff from St. Peter's Health Partners participated in various internal and external workgroups, such as Prescription for Progress and Project ECHO to improve the mental health and well-being and prevent opioid and other substance use deaths among Schenectady County residents
- Promoted Naloxone training within the community, to increase the availability and access to overdose reversal medication.

As a result of these initiatives both collectively and internally, Schenectady county's opioid overdose Emergency Department Visits (Outpatient and Admitted Patients) involving any opioid decreased from 58.5/100,000 to 31.7/100,000 and met the NYS Prevention Agenda 2024 Objective. In addition, the rate of newborns with neonatal withdrawal symptoms and/or affected by Maternal use of Drugs of Addiction (any diagnosis), decreased from 10.9/1,000 newborn discharges to 8.9 /1,000 newborn discharges.

Written Comments on Prior CHNA

The CHNA is well-known in our community and local health departments as well as numerous community-based agencies have been involved throughout the process of selecting priorities and developing improvement plans. To gather additional stakeholder feedback, the St. Peter's Health Partners 2019 CHNA provided an email address in which written comments could be solicited. Albany and Rensselaer County health departments implemented a similar process to obtain feedback, as well. No specific written comments were received. Further information and directions for providing feedback on the 2022 CHNA is provided within this executive summary.

Community Health Needs Assessment 2022

Sunnyview Rehabilitation Hospital collaborated with other local health systems, county health departments and community-based agencies to complete a six county (Albany, Rensselaer, Schenectady, Saratoga, Columbia, and Greene) Community Health Needs Assessment, led by the Healthy Capital District (HCD). HCD is an incorporated not-for-profit which works with others in the community to determine ways in which the Capital Region could be more effective in identifying and addressing public health problems.

For the purposes of its CHNA, Sunnyview Rehabilitation Hospital used data and information from this assessment relating to Schenectady County (the defined service area). Other health systems will be addressing the needs of remaining counties in the assessment based on their location and patient population.

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. 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. These measures, when complemented by the 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) data 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 2014-2018 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 were examined from a wide variety of sources:

- Prevention Agenda 2019-2024 Dashboard of Tracking Indicators (2016-2018)
- Community Health Indicator Reports Dashboard (2016-2018)
- County Health Indicators by Race/Ethnicity (2016-2018)
- County Perinatal Profiles (2016-2018)
- Vital Statistics Annual Reports (2018)
- Behavioral Risk Factor Surveillance System (BRFSS) and Expanded BRFSS (2016, 2018)
- Cancer Registry, New York State (2014-2018)
- Prevention Quality Indicators (2016-2018)
- Communicable Disease Annual Reports (2013-2018)
- The Pediatric Nutrition Surveillance System (PedNSS) (2015-2017)
- Student Weight Status Category Reporting System (2017-2019)
- County Opioid Quarterly Reports (January 2020-October 2021)
- NYS Opioid Data Dashboard (2017-2019)
- NYS Child Health Lead Poisoning Prevention Program (2015 birth cohort; 2016-2018)
- NYS Kids' Well-being Indicator Clearinghouse (KWIC) (2016-2018)
- County Health Rankings (2021)
- NYS Division of Criminal Justice County Crime Rates (2019-2020)
- Bureau of Census, Tables and Maps (<https://www.census.gov/data.html>) (2019)
- Bureau of Census, American Community Survey (2015-2019)

These data sources were supplemented by a Capital Region Community Health Survey. The 2021 Community Health Survey was conducted in September-October 2021 by HCD with the assistance of the Albany, Columbia, Greene, Rensselaer and Schenectady Health Departments, and Albany Medical Center, Columbia Memorial, Ellis, and St. Peters Health Partners hospitals. The survey was a convenience sample of adult (18+ years) residents of the Capital Region. The survey included 2,104 total responses. This consumer survey was conducted to learn about the health needs, barriers, and concerns of residents in the Capital Region. The

Appendix (2021 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 (HCD), and Spencer Keable, M.P.H., Public Health Data Analyst, HCD. The 2022 Capital Region Community Health Needs Assessment Draft was sent to local subject matter experts for review in the health departments of Albany, Rensselaer, Schenectady, Columbia, and Greene Counties and in St. Peter's Health Partners, Albany Medical Center, Ellis Hospital, and Columbia Memorial, as well as being placed on the HCD website for public review and comment. Comments were addressed and changes were incorporated into the final document.

Collaboration and Community Engagement

Engaging the community in the health needs assessment process was a priority of St. Peter's Health Partners and its stakeholders. Broad community engagement began with participation in the community health survey. The survey offered multiple choice and open-ended response options to learn about residents' health needs and priorities, access or barriers to care, mental health, and social determinants of health. Demographic information collected by the survey allowed review of information by county, age, gender, race/ethnicity and income.

Survey results, compiled by our partner, *Healthy Capital District (HCD)*, regarding the public's opinions on the seriousness of public health issues were incorporated into the priority scoring of health needs by the members of the Capital Region Prevention Agenda Prioritization Work Groups (Albany-Rensselaer, and Schenectady Counties) 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; academic institutions; public health departments; providers; and health insurers. Participants were encouraged to share data and observations of their own, and to advocate for the needs of their constituents. St. Peter's Health Partners and its stakeholders strategically invited partners with access to medically underserved populations.

Health Issue Ranking

Selection of the top health priorities for the Capital Region was facilitated by a new Public Health Issue Scoring Sheet (see next page) created by HCD, which built upon progress made during the 2019-2022 Prioritization Cycle. This scoring and ranking method was, again, based on a modified version of the Hanlon Method for Prioritizing Health Problems. The Scoring Sheet quantified considerations regarding both the need to address each health issue and the opportunity to make a positive impact. Opportunity considerations were based on guidance documents from the American Hospital Association, the National Association of County and City Health Officials as well as other industry resources. Need considerations included those used in the 2018 Prioritization Process, as well as a community priority score derived directly from the contributions of over 2,000 local residents in the 2021 Capital Region Community Health survey (see appendix). The Scoring Sheet also included "other considerations," for both need and opportunity, to address any additional factors and capture the knowledge- and experience-based input of local community-based organizational partners. In the Fall of 2021, Healthy Capital District staff reviewed approximately 700 public health measures across the five Prevention Agenda priority areas and categorized about 150 of the key indicators into 25 public health issues. Health issues were identified by reviewing the present New York State Department of Health Prevention Agenda Focus Areas, as well as health issues incorporated in the last Prioritization Process in 2018. The 25 health issues were initially ranked twice for each of the hospital and health department prioritization groups. Health issues were first ranked according to their five data-based need scores, then, again, with the additional consideration of their survey-based community priority score. These initial rankings were used to

select a shorter list of ten to sixteen issues for participating partners to score, before final priorities were selected.

Scores for opportunity considerations were self-assessed by hospitals and health departments and were based on

Public Health Issue Scoring Sheet

Opportunity	Max Score	Score
Health issue aligns with organizations' strategic goals	3	
If already working to address this need, are efforts working sustainably	2	
If not working on this need, do we have resources and expertise to lead effort	1	
Are there organizations interested in supporting efforts to address this need	2	
Is it possible to make a measurable, positive impact	3	
Other considerations	3	
Community Partner considerations	3	
Total Opportunity Score	17	

Need	Max Score	Score
Is this issue a major need in the community - Total number of cases	2	
Is this issue worse in our region than throughout NY - Rates	2	
Is this issue more common for some populations - Disparities	2	
Is this issue getting better or worse - Trend	2	
How seriously does this issue threaten mortality	2	
Is this issue a priority for the community based on the survey	3	
Other considerations about the data	2	
Community Partner considerations	3	
Total Need Score	18	

	Max Score	Score
Total Organizational Score	14	
Total Data-based Score	10	
Total Community Partner Score	11	
Total Priority Score	35	

criteria including their ability to devote resources, garner support, and make a measurable impact. Community partners also contributed their own consideration scores based on their observations and the information they have access to. The Scoring Sheet, in short, was based on organizational, data-based, and community partner considerations regarding the need to address – and opportunity to impact – each issue.

A comprehensive overview of the ranking methodology can be found on the HCD website (www.hcdiny.org) by going to “Explore Health Data,” then “Explore by County,” then selecting a county and locating “[County] Data & Methods” in the “Prevention Agenda 2023-2025” section.

Selection of Priorities

The priority selection is summarized below:

A Prevention Agenda Work Group met in the Fall of 2021 to review the Public Health Issue Score Sheet and ranking methodology and to provide oversight and guidance during the prioritization process. The Prevention Agenda Work Group included participation from local health departments of Albany, Columbia, Greene, Rensselaer, and Schenectady counties as well as St. Peter’s Health Partners, Ellis Medicine, Albany Medical Center, and Columbia Memorial Hospital. Local Prevention Agenda Prioritization Work Groups were formed to review the top ten health measure, in terms of counts, rates, trends, and disparities, as well as the data analyses and quantitative rankings prepared by HCD. The Work Groups then selected ten to sixteen health issues to be further assessed by the organizations and community partners. Once the ten to sixteen health issues had been scored on each need and opportunity consideration, the top three to five health issues with the highest total priority scores were selected as final priorities for the 2023-2025 Prioritization Cycle. After organizational scores were collected, the local Prevention Agenda Prioritization Work Groups held virtual public meetings to present progress to – and collect input from – local community-based organizations, academic researchers, and members of the public. After presenting a comparison of data-based and organizational consideration scores and health issue ranking, for each public health issue, a discussion was held to answer any questions, and for individuals to share their professional understanding and recent observations of the current situation. Participants were provided an online survey to record their need and opportunity consideration scores as a measurement of the discussion as well as their judgements on the local experience, community value, and potential opportunity regarding each health issue. Group discussion most often peaked around mental health, behavioral health, and chronic disease issues, as community partners said these problems have been noticeably exacerbated by the current COVID-19 pandemic.

Presentations can be found on the HCD website (www.hcdiny.org) by going to “Explore by County,” under “Explore Health Data,” then then selecting a county and locating the “Prevention Agenda 2023-2025” section

Schenectady Prevention Agenda Prioritization Work Group

The Schenectady Prevention Agenda Prioritization Work Group was led by Schenectady County Public Health Services and Ellis Medicine. 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. The first meeting was held on November 15, 2021, at which HCD presented data on the health issues and facilitated discussions. The Prevention Agenda Prioritization Work Group then selected the top ten health issues, based on data- and survey-based scoring, and then provided their organizational scoring along with contributing factors. In the second meeting, held on December 6, 2021, Work Group members were updated on the results of their organizational scoring. The third Prevention Agenda Prioritization Work Group meeting, held on December 16, 2021 was open to the public and hosted community partners to orient them to the Prioritization Process, update them on the progress of the Work Group, and collect their input and scores for each of the ten health issues. Community participants that attended the third meeting represented the following organizations:

- Capital District Tobacco-Free Communities

- Capital Region Health Connections (Health Home)
- CDPHP Health Plan
- The Daily Gazette
- Ellis Food Farmacy
- Ellis Medicine
- Ellis Primary Care
- Hometown Health Centers
- Safe Inc. of Schenectady
- Schenectady City School District
- Schenectady Community Action Program
- Schenectady County Office of Community Service
- Schenectady County Public Health Services
- Schenectady County Public Library
- Sheila Ferrucci, Esq.
- St. Mary's Healthcare
- St. Peters Health Partners
- SPHP Community Health and Well-Being
- Sunnyview Rehabilitation Hospital
- University at Albany School of Public Health

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; academic institutions; public health departments; providers; and health insurers. Participants were encouraged to share data and observations of their own, and to advocate for the needs of their constituents. St. Peter's Health Partners and its stakeholders strategically invited partners with access to medically underserved populations.

Attendance during the third prioritization meeting consisted of more than 40 participants representing health care, community-based and public service providers. Participants were engaged in the data presentations, raised many questions, and offered their perspectives as service providers. The presentations used during these meetings were made available to the Work Group members and the general public on the HCD website (at <https://www.hcdiny.org/tiles/index/display?alias=Schenectady>).

The top ten health issues were scored on the opportunity and need considerations in the Scoring Sheet above, based on the available data and according to hospitals, health departments, and community partners.

Listing of the Identified and Numerically Prioritized Community Health Needs (Schenectady County; Sunnyview Rehabilitation Hospital)

Health Issue	Priority Score Rankings					
	Total	Need	Opportunity	Data	Organizational	Community Partner
COVID-19	1	1	1	1	3	1
Obesity	2	3	3	8	2	2
Diabetes	3	2	4	4	4	4
Drug misuse	4	10	2	15	1	5
Mental illness including suicide	5	4	5	11	6	3
Heart disease	6	6	8	13	6	7
Social determinants of health	7	7	7	12	9	6
Tobacco use	8	9	6	7	4	11
Stroke	9	8	9	9	8	8
Asthma	10	12	10	5	10	12
Alcohol misuse	11	14	11	16	10	10
Sexually transmitted infections	12	11	12	3	12	15
Violence	13	5	16	2	16	9
Childhood lead exposure	14	15	13	14	13	13
Tick-borne disease	15	13	15	10	14	14
Injuries & falls	16	16	14	6	14	16

After reviewing the data and scoring from local hospitals, health departments and community partners the Schenectady County Prevention Agenda Prioritization Work Group selected COVID-19 and mental illness including suicide, and drug misuse, as the top three focus areas, based on the priority score rankings above and Work Group discussion, and grouped the three health issues into the two following Prevention Agenda Priority Areas:

- I. PRIORITY AREA: Prevent Communicable Diseases**
 - a. Focus Area: Vaccine Preventable Diseases**
 - i. COVID-19**
 - b. Focus Area: Sexually Transmitted Infections (STIs)**
- II. PRIORITY AREA: Promote Well-Being and Prevent Mental and Substance Use Disorders**
 - a. Focus Area: Mental and Substance Use Disorders Prevention**

The existing Mental and Substance Use Disorders Prevention Task Force will continue its work into the 2023-2025 Prioritization Cycle, after reviewing and potentially revising their prevention strategies and interventions. A new task force will also be created to support the ongoing efforts of local hospitals and health departments to quell the COVID-19 pandemic.

Governing Board Review

The Sunnyview Hospital and Rehabilitation Center Board of Directors approved this Community Health Needs Assessment on May 20, 2022.

Communication

This Community Health Needs Assessment was made available to the many community members and organizations who participated in the process. Additionally, it is available on the Sunnyview Rehabilitation Hospital website (www.sphp.com/svh), the St. Peter's Health Partners website (www.sphp.com) and the Healthy Capital District Initiative website (www.hcdiny.org). Paper copies may be requested by contacting:

St. Peter's Health Partners
 Community Health and Well-Being
 315 S. Manning Boulevard

Albany, NY 12208
518-525-6640

Comments about this document may also be sent to the address above, SUBJECT: CHNA

2022 CAPITAL REGION COMMUNITY HEALTH NEEDS ASSESSMENT

On a pathway to health



**Healthy
Capital District**

Get Covered • Find Care • Stay Healthy

INSIDE COVER



Acknowledgments

The principal authors of this report were:

Kevin Jobin-Davis, M.S., Ph.D.

Michael Medvesky, M.P.H.

Spencer Keable, M.P.H.

Dr. Jobin-Davis, the Executive Director of the Healthy Capital District (HCD), managed and edited the presentation of findings for this Community Health Needs Assessment and the prior editions in 2009, 2013, 2016, and 2019. He facilitated the prioritization process with our partner health departments and hospitals. Mr. Medvesky, the Director, Health Data Analytics (HCD), provided invaluable insights and technical expertise in public health indicators to be included, as well as detailed review of the data analysis, findings, and narrative contained in the Community Health Needs Assessment. Mr. Keable, Public Health Data Analyst (HCD), coordinated the Capital Region Community Health Survey and conducted the ranking analysis of Region's public health issues. Mr. Keable also prepared the Appendices contained in the Report. Ms. Lillie Ruby, Communications Coordinator, HCD, was invaluable in the formatting of the document and its accompanying appendices.

This document benefited from the review and input of the members of the Prevention Agenda Workgroup of the Healthy Capital District. These individuals are subject matter experts from area county public health departments and each of the Capital Region hospitals. Their review of the narrative and the data resulted in helpful edits. They were joined by representatives from county agencies, community based organizations, businesses, consumers, schools, academics, and other partners, for a total of over 90 different organizations participating in the three Capital Region Public Health Prioritization, and CHIP Work Groups, who considered a data summary of the findings and to develop regional priorities.

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



Health Profile of New York’s Capital Region, 2022

MEMBER ORGANIZATIONS



- Albany County
Department of Health
- Albany Medical 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
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 2022 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 2022 CHNA includes the counties of Saratoga, Columbia and Greene. The 2022 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 6 months of meetings with member organizations and community input through our survey of over 2,100 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 COVID-19: obesity and diabetes; and mental health and substance abuse. This Community Health Needs Assessment was completed in April 2022.

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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 2015-2019 U.S. Census's American Community Survey (ACS). The combined population in the Capital Region was 957,309 individuals. About 19.5% were 0-18 years of age, while 17.5% were 65 years of age or older. Approximately 10.4% were living in poverty, down from 11.1% in the 2012-2016 ACS. The race/ethnicity distribution was 83.0% White, 7.7% Black, 4.2% Asian/Pacific Islander, and 5.2% other races; 5.2% were Hispanic/Latino (any race). Additional sociodemographic 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*. 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. These measures, when complemented by the 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) data 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 2014-2018 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 were examined from a wide variety of sources:

- Prevention Agenda 2019-2024 Dashboard of Tracking Indicators (2016-2018)
- Community Health Indicator Reports Dashboard (2016-2018)
- County Health Indicators by Race/Ethnicity (2016-2018)
- County Perinatal Profiles (2016-2018)
- Vital Statistics Annual Reports (2018)
- Behavioral Risk Factor Surveillance System (BRFSS) and Expanded BRFSS (2016, 2018)
- Cancer Registry, New York State (2014-2018)
- Prevention Quality Indicators (2016-2018)
- Communicable Disease Annual Reports (2013-2018)
- The Pediatric Nutrition Surveillance System (PedNSS) (2015-2017)
- Student Weight Status Category Reporting System (2017-2019)
- County Opioid Quarterly Reports (January 2020-October 2021)
- NYS Opioid Data Dashboard (2017-2019)
- NYS Child Health Lead Poisoning Prevention Program (2015 birth cohort; 2016-2018)
- NYS Kids' Well-being Indicator Clearinghouse (KWIC) (2016-2018)
- County Health Rankings (2021)
- NYS Division of Criminal Justice County Crime Rates (2019-2020)
- Bureau of Census, Tables and Maps (<https://www.census.gov/data.html>) (2019)
- Bureau of Census, American Community Survey (2015-2019)

These data sources were supplemented by a Capital Region Community Health Survey. The 2021 Community Health Survey was conducted in September-October 2021 by HCD with the assistance of the Albany, Columbia, Greene, Rensselaer and Schenectady Health Departments, and Albany Medical Center, Columbia Memorial, Ellis, and St. Peter's Health Partners hospitals. The survey was a convenience sample of adult (18+ years) residents of the Capital Region. The survey included 2,104 total responses. This consumer survey was conducted to learn about the health needs, barriers and concerns of residents in the Capital Region. The Appendix ([2021 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 (HCD), and Spencer Keable, M.P.H., Public Health Data Analyst, HCD. The 2022 Capital Region Community Health Needs Assessment *Draft* was sent to local subject matter experts for review in the health departments of Albany, Rensselaer, Schenectady, Columbia and Greene Counties and in St. Peter's Health Partners, Albany Medical Center, Ellis Hospital, and Columbia Memorial, as well as being placed on the HCD 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 provides county-level information on 2019-2024 Prevention Agenda indicators and objectives that can be used for tracking Prevention Agenda-based efforts via 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 2024 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 HCD; and 2021 Capital Region Community Health Survey results.

Rates and Comparisons

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 2024 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 2015-19, the most recent demographic profile available, the Capital Region was home to approximately 957,309 residents, equally distributed between males and females, with counties ranging from Urban (Schenectady-760 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 16% of the population was 14 years of age or younger, while 17.5% was 65 years of age and older. Approximately 17% of the Capital Region's population was non-White and 5.2% Hispanic. The Region's poverty rate of 10.4% was lower than NYS, excl. NYC. Over 14% of the Region's children less than 18 years of age were below poverty. About 8.1% 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. The Region's rate of Years of Potential Life Lost (YPLL) was also higher 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, asthma, childhood obesity, breastfeeding, teen pregnancy, premature births, childhood lead screening, childhood lead poisoning, and alcohol-related injuries and death trends improved over the past decade. Children 19-35 months of age had higher immunization rates, and adolescents 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. A higher percentage of Capital Region residents participated in some leisure time physical activity than NYS excl. NYC. They also consumed less sugary drinks than their NYS excl. NYC counterparts. Adult current smoking rates for Capital Region also decreased. COVID-19 indicators show the Capital Region having lower test-positivity and mortality rates, and slightly higher vaccination rates than NYS excl. NYC.

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. Close to 30% of adult residents were considered obese, or approximately 228,000 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 mental disease and disorders ED and hospitalization rates, 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.

Brief Summary of 2021 Capital Region Community Health Survey

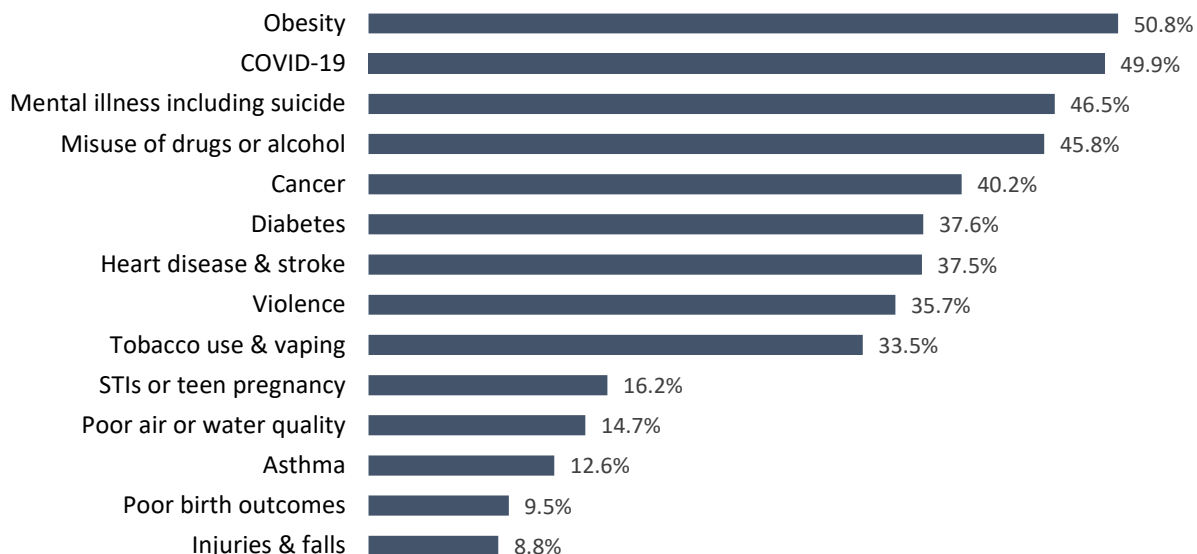
The 2021 Capital Region Community Health Survey collected over 2,100 responses from a convenient sample of Capital Region adults from September 13 to November 3, 2021. The survey aimed to identify the major needs, gaps, and priorities facing Capital Region residents regarding: public health priorities, social determinants of health, healthcare access and barriers, mental health, substance misuse, COVID-19 vaccination, and prevention strategies. Public health priority results were used to rank health issues in the prioritization process described in [Section II](#).

The convenience sample underrepresented males, Latinos, residents aged under 35 or over 64 years, and those with a household income under \$25,000. More information about the 2021 Capital Region Community Health Survey, including respondent sociodemographic distributions and results for each question – with income-level comparisons – can be found in the [appendix](#). Some key findings from each section of the survey are summarized below:

Public Health Priorities

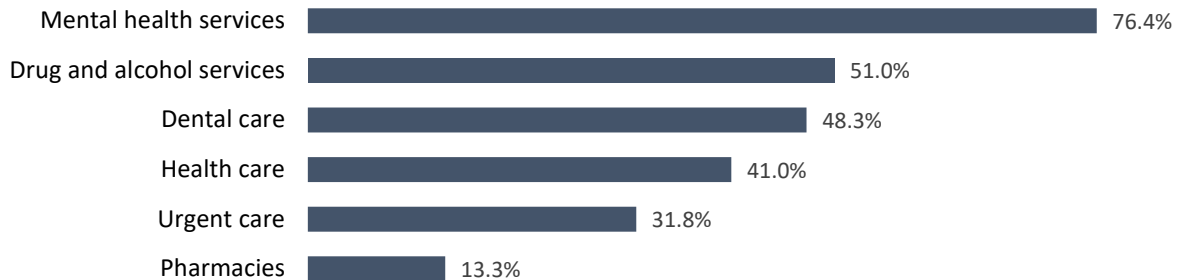
- Obesity and COVID-19 were the top “very serious” public health issues, according to respondents, followed by mental illness including suicide and substance misuse

Percentage of Capital Region Residents who Said the Following Public Health Issues are "Very Serious" in their Community



- Mental health services were the most desired by respondents, followed by drug and alcohol services and dental care

Percentage of Capital Region Residents who Said they Want the Following Services to be more Available in their Community



Mental Health

- 20% reported having “not good” mental health for 14 or more of past 30 days (frequent mental distress)
 - Respondents with a household income under \$50,000/year reported frequent mental distress 1.5 times more often than those with a household income of at least \$50,000/year (23.4% vs. 15.6%)
- At least two-thirds of respondents indicated that at their last doctor’s visit they were asked the 2nd question from the Patient Health Questionnaire-2 (PHQ-2) or PHQ-9: “over the last 2 weeks, how often have you been bothered by ... feeling down, depressed, or hopeless?”
- In 2021, 21.9% of respondents had seen a mental health professional (MHP) in the past twelve months, up from 15.6% in the 2013 Community Health Survey
 - 56 respondents said they needed to see a MHP, but were unable due to provider availability or scheduling issues

Healthcare Access & Barriers

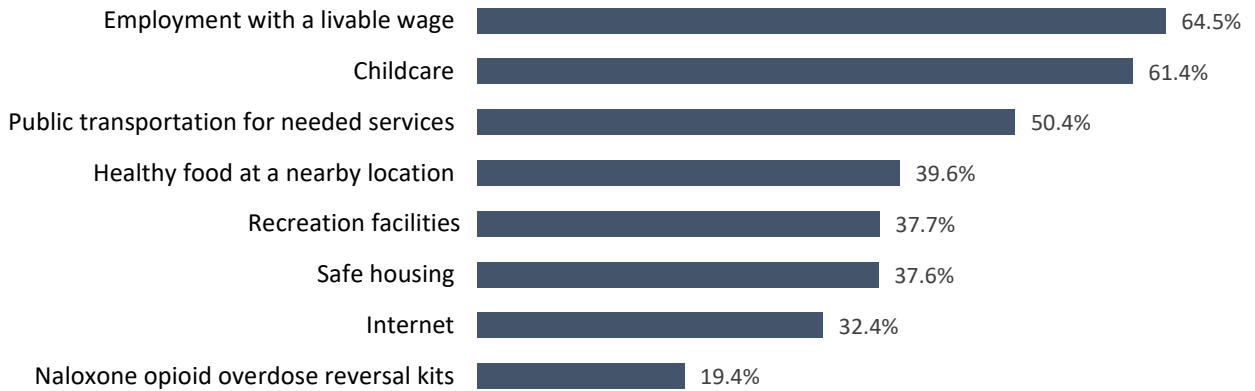
- 79% of respondents, in the past year, had seen their primary care provider (PCP) for a routine health checkup; 92%, in the past 2 years
 - The top reasons respondents did not visit a PCP were not having time during regular hours and only going for health problems, not prevention
- 20% of respondents had received care in an emergency room (ER):
 - 66% went to the ER due to the pain or severity of their health need



Social Determinants of Health

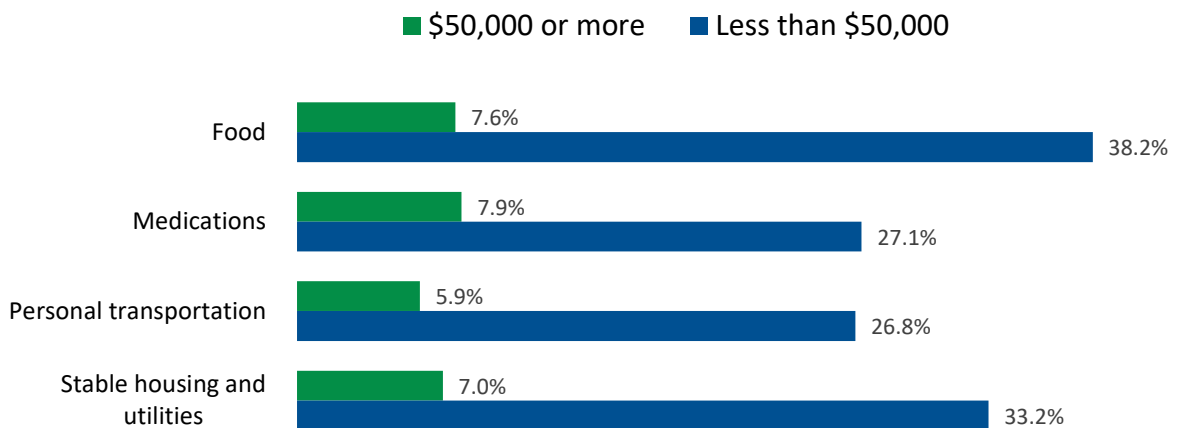
- Employment with a livable wage and childcare were the most difficult to access in one’s community, according to respondents, followed by public transportation to get to needed services

Percentage of Capital Region Residents who Said the Following are Difficult for Someone in their Community to Access



- 1 in 3 low-income respondents struggled to afford basic needs during the past year, compared to 1 in 13 respondents with a household income of at least \$50,000

Percentage of Capital Region Residents who could not Afford the Following Basic Needs during at least 1 of the last 12 months, by Household Income



Substance Misuse

- More than half (59%) of respondents said a friend or extended family member had misused a substance, or that someone they know shared that their friend or family member had
- Opioid misuse was the most serious problem, according to respondents, followed by alcohol and prescription medication misuse

COVID-19 Vaccination

- 93% of respondents had been vaccinated for COVID-19
 - This was higher than an expected range of 80-85%, based on vaccination rates, during the survey period, among Capital Region residents aged 18 and older
- Unvaccinated respondents most often said they chose not to get vaccinated because there was “not enough research yet [on the vaccines]” or they were “concerned about side effects”
- No single reason to get vaccinated was found to motivate more than 13.6% of unvaccinated respondents, indicating that the decision is personal and motivations vary by person

Prevention & Communication Strategies

- Most respondents get their health information from a doctor or health professional, or the internet
 - Unvaccinated respondents more often said they get most of their health information from social media, family or friends, or a library; less often said, from a worksite, doctor or health professional, health department, TV, newspaper or magazine, or hospital
- Respondents most often said they would participate in community health education offered in online video format, followed by virtual group meetings and health worker phone call or text



Race/Ethnicity Data Summary

In general, Black non-Hispanic Capital Region residents were at greater health risk than White non-Hispanic residents. Regionally, much higher percentages of Black non-Hispanic (24.9%) and Hispanic (20.4%) families were living below poverty, from 2014 to 2018, compared to White non-Hispanic families (4.5%). From 2016 to 2018, Black non-Hispanic residents also had a 1.15 times higher age-adjusted rate of total mortality and a 1.6 times higher rate of years of potential life lost (YPLL), compared to White non-Hispanics. Hispanic residents had lower age-adjusted total mortality and YPLL rates, compared to White and Black non-Hispanics.

From 2014 to 2018, Black non-Hispanic (NH) Capital Region residents had 4.8 to 6.2 times higher rates of emergency department (ED) visits due to asthma, assault, CLRD/COPD, and diabetes, when compared with White non-Hispanic residents. Hispanic residents had 1.6 to 2.5 times higher ED visit rates, than White non-Hispanic residents, for the issues listed above. Black non-Hispanic residents also had 1.3 to 1.9 times higher rates, compared to White non-Hispanic residents, of ED visits for drug misuse, mental disease and disorder, and self-inflicted injury, and falls among those aged 1 to 4 years.

Similar rate ratios were observed when comparing hospitalization rates by race and ethnicity. Additionally, hospitalization rates were higher among Black, than White, non-Hispanic residents for the following issues: Congestive heart failure, cirrhosis, stroke, coronary heart disease, and heart attack. Hospitalization and ED visit rates, by race and ethnicity, for the Capital Region and each of the 6 Capital Region counties, can be found in the [appendix](#).

Black non-Hispanic Capital Region residents also had higher Prevention Quality Indicators (PQI) rates than White non-Hispanic and Hispanic residents. Combined (acute, circulatory, diabetes, and respiratory) PQI rates were 2.2 times higher among Black, than White, non-Hispanic Capital Region residents (223.7 vs. 101.3 per 10,000 population). Hispanic Capital Region residents had lower acute and respiratory, similar circulatory, and higher diabetes PQI rates, when compared with White non-Hispanic residents.

Black non-Hispanic Capital Region residents had much higher risk of complications due to diabetes, when compared to White non-Hispanic residents. From 2016 to 2018, Black non-Hispanic residents had up to 2.8 times higher diabetes mortality rates, 2.0 to 4.1 times higher diabetes (primary

**Capital Region ED Visit Rate Ratios,
by Race/Ethnicity, 2014-2018**

	Black NH to White NH	Hispanic to White NH
Asthma	6.2	2.5
CLRD/COPD	5.4	2.1
Diabetes (Primary Dx)	4.8	2.0
Motor Vehicle Accident	2.8	0.9
Falls (65+ years)	0.9	0.5
Falls (1-4 years)	1.3	0.7
Self-inflicted Injury	1.4	0.9
Assault	5.3	1.6
Mental Disease & Disorder (Primary Dx)	1.9	0.9
Drug Misuse	1.9	0.9
Opioid Overdose	0.7	0.6

**Capital Region PQI Rate Ratios,
by Race/Ethnicity, 2014-2018**

	Black NH to White NH	Hispanic to White NH
Acute	1.5	0.5
Circulatory	2.6	1.0
Diabetes	3.7	1.1
Respiratory	2.1	0.8
Combined	2.2	0.8



diagnosis) hospitalization rates; at least 3 times higher rates of hospitalizations due to short-term complications of diabetes, at the county level.

Other health issue data also showed stark disparities between Black and White non-Hispanic Capital Region residents. For instance, Black non-Hispanic residents had 2.4 to 6.6 times higher asthma hospitalization rates, up to 1.9 times higher preterm birth rates, up to 2.4 times higher low birth weight birth rates, and 2.2 to 6.8 times higher infant mortality rates, at the county level. The difference in assault hospitalizations was especially striking. Black non-Hispanics had 7.6 times higher assault-related hospitalization rates, compared to 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.

There were however, conditions where the Capital Region White non-Hispanic population fare poorly compared to their Black non-Hispanic counterparts. The rate of hospitalizations of the those aged 65 years and older due to falls was 1.9 times higher among White non-Hispanic, than Black non-Hispanic, residents. 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 about 3.2 times higher age-adjusted suicide mortality rates. White non-Hispanic residents had 1.4 times higher age-adjusted rates of opioid overdose ED visits and 1.3 times higher opioid overdose hospitalizations, compared to Black non-Hispanic residents.

The relatively small number of Asian non-Hispanic and other races of 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. Sub-sections under each county correspond with sections of this report, specifically, Sociodemographic Information and the five Prevention Agenda Priority Areas: Chronic Diseases; Healthy and Safe Environment; Healthy Women, Infants and Children; Mental Health and Substance Misuse; and Infectious Disease.

Albany County

Sociodemographic

- Albany County had the largest population in the Capital Region (306,968) and was the 2nd most urban county (587.4 population per square mile)
- Albany County had the Region’s lowest median age at 37.8 years
- Albany County had the Region’s highest percentage of non-White population (24.7%), and 2nd highest percentage of Hispanic population (6.0%)
- South End neighborhood had Region’s the highest percentage of Black (59.2%) and non-White (71.8%) populations
- Delaware/2nd Avenue had the County’s highest percentage of Hispanic population (15.6%)
- Albany County’s poverty rate of 11.9% was higher than that of NYS, excluding NYC (11.1%)
- South End/Downtown (46.6%), West End (33.4%), and South End (33.0%) neighborhoods had the 1st, 3rd, and 4th highest poverty rates in the Capital Region
- West End had the Region’s highest percentage of population aged 0 to 14 years (24.6%)



Chronic Disease

- Albany County's 2018 age-adjusted prevalence of adults with current **asthma** (11.7%), was down from 13.3% in 2016, and was higher than the NYS, excl. NYC rate of 10.8%
- Albany County's 2018 age-adjusted **asthma** emergency department (ED) visit rate (79.1 per 10,000) was higher than NYS, excl. NYC (64.3) but met the Prevention Agenda 2024 objective of 131.1 per 10,000
- Age-adjusted **Asthma** hospitalization rates were 6.6 times higher among Black non-Hispanic residents (21.7), and 2.4 times higher among Hispanic residents (8.0), than White non-Hispanic residents (4.0); higher ratios than in NYS, excl. NYC
- South End (214.5 per 10,000) and West End (212.5) neighborhoods had 5.0 times higher 2014-18 age-adjusted **asthma** ED rates than NYS excl. NYC (42.8)
- Albany County's age-adjusted adult **smoking** rate (11.6%) was lower than NYS, excl. NYC (13.9%), did not meet the Prevention Agenda 2024 objective (11.0%), but decreased from 14.3% in 2016
- Albany's 2015-17 age-adjusted **Lung cancer** incidence (74.0) and mortality (41.9) rates, per 100,000, were higher than NYS, excl. NYC (66.1, 37.4)
- Age-adjusted **Lung cancer** incidence increased (from 68.8) and mortality decreased (from 47.6), from 2012-14 to 2015-17
- Albany County's 2016-18 age-adjusted **COPD/CLRD** hospitalization rate (23.8 per 10,000) was higher than NYS, excl. NYC (22.2)
- **COPD/CLRD** 2016-18 age-adjusted mortality rate (32.0 per 100,000) was lower than NYS, excl. NYC (35.0) and fell by 10%, from 2013-15 to 2016-18
- **COPD/CLRD** 2016-18 age-adjusted hospitalization rates were 3 times higher among Black (56.1 per 100,000), than White, non-Hispanic residents (18.6)
- West End (297.5 per 10,000) and South End (296.1) neighborhoods had 4.3 times higher 2014-18 age-adjusted **COPD/CLRD** ED visit rates than NYS, excl. NYC (68.5)
- Approximately 59,138 adults with an 2018 prevalence of 26.9%, and 6,735 school-aged children and adolescents with a 2017-19 prevalence of 16.3% were **obese**
- 2018 Age-adjusted adult **diabetes** prevalence (7.7%) was lower than NYS, excl. NYC (9.2%) and down from 9.0% in 2016
- 2016-18 **Diabetes** short-term complication aged 18+ years hospitalization rate (5.5 per 10,000), was higher than NYS, excl. NYC, (5.1) and 3.9 times higher among Black (15.5), than White, non-Hispanic residents (4.0)
- West End (40.5 per 10,000) and South End (46.0) neighborhoods had 3.0 to 3.4 times higher 2014-18 age-adjusted **diabetes** hospitalization rates than NYS, excl. NYC (13.7) and 3.7 (61.5 South End) to 4.2 times (69.4 West End) higher **diabetes** ED visit rates, than NYS, excl. NYC (16.6)
- Albany County's 2016-18, age-adjusted **congestive heart failure** mortality (18.4 per 100,000) was higher than NYS, excl. NYC, (16.7) and down from 18.7 in 2013-15
- Albany County's 2016-18, age-adjusted **stroke** mortality rate (28.4 per 100,000) was higher than NYS, excl. NYC, (27.6) and up from 26.1 in 2013-15
- Albany County's 2015-17 age-adjusted **colorectal cancer** incidence rate (37.4/100,000) was lower than NYS, excl. NYC (38.6), while the county's 2015-17 age-adjusted mortality rate (12.6/100,000) was higher than NYS, excl. NYC (11.9)
- Albany County's 2018 **colorectal cancer** screening rate (68.1%) was higher than NYS, excl. NYC (66.5%) and met Prevention Agenda 2024 objective of 66.3%



- Albany County's 2015-17 age-adjusted **female breast cancer** incidence (157/100,000), late stage incidence (46.0/10,000) and mortality (20.5/100,000) rates were all higher than NYS, excl. NYC (140, 42.1, and 18.3).
- Albany County's 2018 **female breast cancer** screening rate (84.7%) was higher than NYS, excl. NYC, (80.9%) among women 50 to 74 years of age

Healthy and Safe Environment

- Albany County's 2016-18 incidence rate of **elevated blood lead levels** (≥ 10 $\mu\text{g/dl}$) – 11.7 per 1,000 tested children under 6 years of age – was the Region's highest and 1.8 times higher than NYS, excl. NYC (6.5)
- Albany County's **lead screening rates** for children aged 9-17 months (70.6%) and up to 36 months (53.6%) were below that of NYS, excl. NYC, (71.8% and 56.7%) and had increased slightly from 2 years prior
- The County had the Region's highest 2017 hospitalization rates due to **falls among adults aged 65+** (247.3 per 10,000) was highest in the Region, higher than NYS, excl. NYC (193.5), and did not meet the PA objective (173.7)
- Albany County's 2016-18 age-adjusted assault hospitalization rate of 4.2 per 10,000 was the highest in the Region, higher than NYS, excl. NYC (2.2) and did not meet the PA objective (3.0)
- South End (19.1 per 10,000), South End/Downtown (18.3), and West End neighborhoods (13.3) had the 3 highest 2014-18 age-adjusted **assault** hospitalization rates in the Capital Region, each 5.9 to 8.5 times higher than NYS, excl. NYC (2.2)
- South End (184.1 per 10,000), West End (180.1), and South End/Downtown (149.1) neighborhoods had the 2nd, 3rd, and 4th highest 2014-18 age-adjusted **assault** ED visit rates in the Capital Region, each 4.3 to 5.3 times higher than NYS, excl. NYC (34.4)

Healthy Women, Infants, and Children

- The 2016-18 Albany County **infant mortality** rate was 4.2 per 1,000 live births, lower than NYS, excl. NYC (4.9) but did not meet the PA objective (4.0)
- The 2016-18 **infant mortality** rates were 5 times higher among Black (11.2), than White (2.2), non-Hispanic residents
- South End/Downtown neighborhood had the Region's highest 2016-18 rates of births with **late or no prenatal care** (13.6%), 3.2 times higher than NYS, excl. NYC (4.3%), and **neonatal mortality** (14.9 per 1,000 births) which was about 4.5 times higher than NYS, excl. NYC (3.3)
- South End/Downtown neighborhood had the Region's 2nd highest rate of **infant mortality** (14.9 per 1,000), 3 times higher than NYS, excl. NYC (4.9)
- Albany County's 2016-18 rate of **premature births** (9.6%) was higher than NYS excl. NYC (9.0%) and did not meet the PA objective (8.3%).
- For 2016-16, Center Square/Arbor Hill neighborhood had the Region's highest rate of **premature births** (15.7%), 1.9 times higher than NYS, excl. NYC (8.3%)
- Center Square/Arbor Hill neighborhood's 2016-18 **teen pregnancy** rate (78.8 per 1,000 females aged 15-19 years) was 4 times higher than NYS, excl. NYC (19.6). and decreased by 45%, from 2007-09 to 2016-18

Mental Health and Substance Misuse

- Albany's 2016-18 age-adjusted **mental diseases and disorders** (primary diagnosis) ED visit (161.8 per 10,000 vs 156.7) and hospitalization rates (78.5 vs 72.3) were slightly higher than NYS, excl. NYC



- South End/Downtown neighborhood had the Region's highest age-adjusted 2014-18 ED visit rate due to **mental diseases and disorders** (primary diagnosis) (1296.0/10,000), which was about 8.3 times higher than NYS, excl. NYC (156.7)
- South End neighborhood had the Region's 3rd highest 2014-18 age-adjusted hospitalization rate due to **mental diseases and disorders** (primary diagnosis) (219.7 per 10,000), which was about 3 times higher than NYS, excl. NYC (72.3)
- Albany County had the Region's 3rd highest rate of 2016-18 age-adjusted ED visits (9.6/10,000) due to **self-inflicted injuries**, which was about 70% higher than NYS, excl. NYC (5.6)
- New Scotland Avenue neighborhood had the Region's highest 2014-18 age-adjusted ED visit rate (30.5/10,000) and 2nd highest hospitalization rate (10.0/10,000) for **self-inflicted injuries**, which were 5.4 and 3.0 times higher than NYS, excl. NYC (5.6 and 3.3/10,000)
- Albany's 2016-18 age-adjusted **suicide** mortality rate of 9.7 per 100,000 was slightly lower than NYS, excl. NYC (9.9), but did not meet the PA objective (7.0)
- Albany's 2018 age-adjusted adult **binge drinking** rate of 19.2% was higher than NYS, excl. NYC (18.4%) and did not meet the PA objective (16.4%)
- Albany's 2018 age-adjusted **opioid ED visit** rate of 64.7 per 100,000 was lower than NYS, excl. NYC, but did not meet the PA objective (53.3)
- South End and South End/Downtown neighborhoods had the Region's 1st and 2nd highest rates, per 10,000, of 2014-18 age-adjusted ED visits (355.3 and 1,268.1) and hospitalizations (177.9 and 159.6) due to **drug abuse**, which were each 4.8 to 17.4 times higher than NYS, excl. NYC (72.7 and 33.1)

Infectious Disease

- Coeymans Hollow ZIP code had the Region's lowest rate of **COVID-19** complete series vaccination (32.6%), as of 11/14/21, which was lower than NYS, excl. NYC (65.7%)
- Albany County's 2016-18 **HIV** case rate of 9.2/100,000 was the Region's highest, higher than NYS, excl. NYC, (6.1), increased from 8.5 in 2013-15, and did not meet the PA objective (5.2)
- Albany County's 2016-18 **gonorrhea** diagnosis rate of 153.0/100,000: was the Region's 2nd highest, was higher than NYS, excl. NYC, (101.0), and increased by 61% from 94.9 in 2013-15
- Albany County's 2016-18 **chlamydia** diagnosis rate of 521/100,000: was the Region's 2nd highest, was higher than NYS, excl. NYC, (420), and increased by 17% from 446 in 2013-15
- Albany County's 2016-18 **early syphilis** diagnosis rate of 21.1/100,000: was the Region's highest, was 2.0 times higher than NYS, excl. NYC, (10.5), and increased by 97% from 10.7 in 2013-15

Rensselaer County

Sociodemographic

- Rensselaer County had a population of 159,185 and was the 3rd most rural county in the Capital Region (244.4 population per square mile)
- Rensselaer County had the 3rd lowest median age (39.8 years) in the Capital Region
- 16.1% of Rensselaer County's population was aged 0 to 14 years, while 16.5% was 65 years or older
- 13.9% of Rensselaer County's population was non-White, and 4.9% was Hispanic
- Troy/Lansingburgh, the Region's most populous neighborhood with 67,896 people, had the county's highest percentages of non-White (24.5%) and Hispanic (7.5%) populations



- Rensselaer County's poverty rate of 11.7% was higher than that of NYS, excluding NYC (11.1%)
- Troy/Lansingburgh neighborhood had the highest neighborhood poverty rate in the county (19.1%)

Chronic Disease

- Rensselaer County's 2018 age-adjusted prevalence of adults with current **asthma** (13.1%), was up from 11.7% in 2016, and was higher than the NYS, excl. NYC rate of 10.8%
- Rensselaer County's 2018 age-adjusted **asthma** emergency department (ED) visit rate of 52.6 per 10,000 was lower than NYS, excl. NYC (64.3) and met the Prevention Agenda 2024 objective of 131.1 per 10,000
- Rensselaer County's 2016-18 age-adjusted **asthma** hospitalization rate (4.8 per 10,000) was lower than NYS, excl. NYC (6.8)
- 2016-18 age-adjusted **asthma** hospitalization rates were 4.8 times higher among Black non-Hispanic residents (18.0/10,000), and 2.5 times higher among Hispanic residents (9.1), than White non-Hispanic residents (4.0); higher ratios than in NYS, excl. NYC
- Troy/Lansingburgh neighborhood (97.5/10,000) had 1.5 times higher 2014-18 age-adjusted **asthma** ED rates than NYS excl. NYC (42.8)
- Rensselaer County's 2018 adult **smoking** rate (17.3%) was the Region's 2nd highest, was above NYS, excl. NYC (13.9%), was above the Prevention Agenda 2024 objective of 11.0%, but decreased from 18.7% in 2016
- Rensselaer's 2015-17 age adjusted **lung cancer** incidence (81.0 /100,000) and mortality (45.1) were higher than NYS, excl. NYC (66.1, 37.4)
- Rensselaer's 2016-18 age-adjusted **COPD/CLRD** hospitalization rate (23.3 per 10,000) was slightly higher than NYS, excl. NYC (22.7)
- The 2016-18 age-adjusted **COPD/CLRD** mortality rate (48.2/100,000) was the Region's highest, higher than NYS, excl. NYC (35.0), but fell by 11%, from 2013-15 to 2016-18
- Rensselaer's 2016-18 age-adjusted **COPD/CLRD** hospitalization rate were 2.5 times higher among Black (51.6/10,000), than White, non-Hispanic (20.8) residents
- Troy/Lansingburgh neighborhood (136.5/10,000) had a 2.0 times higher 2014-18 age-adjusted **COPD/CLRD** ED visit rate than NYS excl. NYC (68.5)
- In 2018, approximately 36,004 Rensselaer adults were obese, a prevalence rate of 30.9%, higher than NYS, excl. NYC (29,1%) and did not meet the PA objective (24.2)
- During 2015-17, 4,263 school-aged children and adolescents (18.7%) were **obese**, a rate higher than NYS, excl. NYC (17.3%) and did not meet the PA objective (16.4%)
- The 2018 age-adjusted adult **diabetes** prevalence (10.1%) was higher than NYS, excl. NYC (9.2%) and up from 6.8% in 2016
- Rensselaer's 2016-18 **diabetes** short-term complication hospitalization rate of 6.4 per 10,000 aged 18+ years), was higher than NYS, excl. NYC, (5.1) and 5.9 times higher among Black (28.4)), than White, non-Hispanic (4.8) residents
- Troy/Lansingburgh neighborhood (136.5 /10,000) had 8 times higher 2014-18 age-adjusted **diabetes** ED visit rates than NYS excl. NYC (16.6)
- Rensselaer County's 2016-18 age-adjusted **congestive heart failure** mortality rate of 19.4 per 100,000, was higher than NYS, excl. NYC, (16.7) but down from 20.7 in 2013-15
- Rensselaer County's 2016-18 age-adjusted rate **stroke** mortality rate of 28.6 per 100,000 was higher than NYS, excl. NYC, (27.6) and up from 27.0 in 2013-15



- Rensselaer County's 2015-17 age-adjusted **colorectal cancer** incidence rate (38.5/100,000) was similar to NYS, excl. NYC (38.6), while the county's 2015-17 age-adjusted mortality rate (12.9/100,000) was higher than NYS, excl. NYC (11.9)
- Rensselaer County's **colorectal cancer** screening rate (75.4%) was higher than NYS, excl. NYC (66.5%) and met the Prevention Agenda 2024 objective of 66.3%
- Rensselaer County's 2017-17 age-adjusted **female breast cancer** incidence (135/100,000) and late stage incidence (39.3) rates, were lower than NYS, excl. NYC (140 and 42.1), while mortality was higher (20.5 vs. 18.3)
- Rensselaer County's **female breast cancer** screening rate (83.1%) was higher than NYS, excl. NYC, (80.9%) among women 50 to 74 years of age

Healthy and Safe Environment

- Rensselaer County's 2016-18 incidence rate of **elevated blood lead levels** (≥ 10 $\mu\text{g/dl}$), 10.8 per 1,000 tested children under 6 years of age, was the Region's 2nd highest and 1.7 times higher than NYS, excl. NYC (6.5)
- Rensselaer County's **lead screening rates** for children aged 9-17 months (72.9%) and two screenings by 36 months (57.6%) were higher than NYS, excl. NYC, (71.8% and 56.7%)
- Rensselaer County had the Region's highest 2016-18 age-adjusted **homicide mortality** rate of 3.2 per 100,000, higher than NYS, excl. NYC (2.9)

Healthy Women, Infants, and Children

- Rensselaer County had the Region's highest 2016-18 **infant mortality** rates at 6.8 per 1,000 births, and higher than NYS, exc. NYC (4.9)
- **Infant mortality** rates were 8.1 times higher among Hispanic (26.8) residents and 6.8 times higher among Black non-Hispanic (11.2) residents, compared to White non-Hispanic (3.3) residents, in Rensselaer County
- North East neighborhood had the County's highest 2016-18 **neonatal and infant mortality** rates (13.8/1000), as well as County's highest premature birth rate (12.4%)
- North East neighborhood had the Region's highest rate of 2016-18 **low birth weight** births (14.4%) and the County's highest rate of births with **late or no prenatal care** (8.8%), both 1.9 to 2 times higher than in NYS, excl. NYC
- Rensselaer had the Regions highest 2016-18 % **preterm birth** rate at 9.7%, higher than NYS, excl. NYC (9.0) and did not meet the PA objective (8.3%)
- Rensselaer County's 2016-18 **teen pregnancy** rate of 21.2 per 1,000 females aged 15-19 years was higher than NYS, excl. NYC, (19.6) and has decreased by 57% from 2009 to 2018
- Troy/Lansingburgh neighborhood had the County's highest 2016-18 **teen pregnancy** rate (26.0/ 1,000), 1.3 times higher than NYS, excl. NYC (19.6)

Mental Health and Substance Misuse

- Rensselaer County had the Region's 3rd highest 2014-18 age-adjusted ED visit (163.7/10,000) and hospitalizations (90.8) rates due to **mental diseases and disorders** (primary diagnosis); the hospitalizations rate about 1.3 times higher than NYS, excl. NYC (72.3)

- Rensselaer County had the Region's highest rate of 2014-18 age-adjusted ED visits due to **self-inflicted injuries** (9.9/10,000), which was about 76% higher than NYS, excl. NYC (5.6)
- Rensselaer's 2016-18 age-adjusted suicide mortality rate of 11.8 per 100,000 was higher than NYS, excl. NYC (9.9) and did not meet the PA objective (8.0)
- Rensselaer County had the Region's highest 2018 age-adjusted rate of adult **binge drinking** (23.5%); higher than NYS, excl. NYC (18.4%)
- Rensselaer County had the Region's 2nd highest 2018 age-adjusted **opioid overdose** ED visit rate (74.1/100,000), slightly higher than NYS, excl. NYC, (71.9), and did not meet the PA objective (53.3)
- Rensselaer's 2017-19 age-adjusted **opioid analgesic prescription** rate of 460 per 1,000 was higher than NYS, excl. NYC (413) and did not meet the PA objective (350)

Infectious Disease

- While Rensselaer's 2018-19 HPV vaccination rate of 30.1% was similar to NYS, excl. NYC, it did not meet the PA objective (37.4%)
- Rensselaer County had the Region's 2nd lowest rates of **COVID-19** vaccination (67.3% with at least 1 dose and 62.1% with complete series), as of 11/14/21, which were lower than NYS, excl. NYC (72.6% & 65.7%)
- Rensselaer County's 2016-18 age-adjusted **gonorrhea** diagnosis rate of 124.4/100,000 was higher than NYS, excl. NYC, (101.0), and doubled from 61.8 in 2013-15
- Rensselaer County's 2016-18 age-adjusted **chlamydia** diagnosis rate of 459/100,000 was higher than NYS, excl. NYC, (420), and increased by 17% from 393 in 2013-15
- Rensselaer County's 2016-18 age-adjusted **early syphilis** diagnosis rate of 12.4/100,000 was higher than NYS, excl. NYC (10.5), and increased by 165% from 4.7 in 2013-15
- Rensselaer County's 2016-18 **Lyme disease** incidence rate of 311.3/100,000 was the 4th highest rate of all NYS counties

Schenectady County

Sociodemographic

- Schenectady County had a population of 154,859 and was the Capital Region's most urban county (759.6 population per square mile)
- Schenectady County had the 2nd lowest median age (39.7 years) in the Capital Region
- Schenectady County had the largest percentage of population 14 years of age or younger in the Region at 17.8%, while 16.8% of the County population was 65+ years of age
- Schenectady County had the Region's 2nd highest percentage of non-White population, at 23.7%, and Region's the highest percentage of Hispanic population, at 7.1%
- Hamilton Hill neighborhood had the Region's 2nd highest percentage of non-White population (68.2%) as well as the Region's highest percentage of Hispanic population (16.8%)
- Schenectady's poverty rate of 11.4% was higher than that of NYS, excluding NYC (11.1%)
- Hamilton Hill neighborhood had the Region's 2nd highest neighborhood poverty rate (37.5%) and the Region's highest percentage of population, aged 25 and over, without a high school diploma (25.6%)



Chronic Disease

- Schenectady County's 2018 age-adjusted prevalence of adults with current **asthma** (15.9%), was the highest in the Region, up from 11.2% in 2016, and was higher than the NYS, excl. NYC rate (10.8%)
- The 2016-18 age-adjusted **asthma** hospitalization rates were 2.9 times higher among Black non-Hispanic residents (12.6/10,000), and 1.6 times higher among Hispanic residents (7.0), than White non-Hispanic residents (4.3); lower ratios than in NYS, excl. NYC
- City/Stockade (140.4/10,000) and Hamilton Hill (195.4) neighborhoods had 3.2 and 4.6 times higher 2014-18 age-adjusted **asthma** ED rates than NYS excl. NYC (42.8)
- Schenectady County's 2018 adult **smoking** rate (11.6%) was the Region's lowest, was below NYS, excl. NYC (13.9%), decreased from 18.4% in 2016, but did not meet the Prevention Agenda 2024 objective (11.0%)
- The 2015-17 age-adjusted **lung cancer** incidence (72.4) and mortality (39.0) rates, per 100,000, were higher than NYS, excl. NYC (66.1; 37.4)
- The 2015-17 age-adjusted **lung cancer** incidence increased (from 63.8) and mortality decreased (from 45.1), from 2012-14 to 2015-17
- The 2016-18 age-adjusted **COPD/CLRD** hospitalization rate (25.0 per 10,000) was higher than NYS, excl. NYC (22.2)
- The 2016-18 age-adjusted **COPD/CLRD** mortality rate (41.1/100,000) was higher than NYS, excl. NYC (35.0) but fell by 11%, from 2013-15 to 2016-18
- The 2016-18 age-adjusted **COPD/CLRD** hospitalization rates were 1.6 times higher among Black (35.9/10,000), than White, non-Hispanic residents (23.1)
- City/Stockade (207.9/10,000) and Hamilton Hill (281.1) neighborhoods had 3.0 to 4.1 times higher 2014-18 age-adjusted **COPD/CLRD** ED visit rates and 2.3 (54.4 Hamilton Hill) to 2.5 times (58.6 City/Stockade) higher hospitalization rates, compared to NYS excl. NYC
- Approximately 37,720 Schenectady adults in 2018 (33.7%) were obese, higher than NYS, excl. NYC (29.1%), and did not meet the PA objective (24.2%)
- Approximately 4,600 Schenectady school-aged children and adolescents (18.8%) in 2017-19 were **obese**, higher than NYS, excl. NYC (17.3%) and did not meet the PA objective (16.4%)
- Schenectady's 2018 age-adjusted adult **diabetes** prevalence (10.3%) was higher than NYS, excl. NYC (9.2%) and up from 9.0% in 2016
- The 2016-18 **diabetes** short-term complication hospitalization rate, aged 18+ years (6.9/10,000) was the Region's highest, higher than NYS, excl. NYC (5.1), and was 3.6 times higher among Black (18.2) than White, non-Hispanic residents (5.1)
- Schenectady County had the Region's highest rate of 2016-18 age-adjusted **diabetes** (primary diagnosis) ED visits, at 36.9 per 10,000, and 2016-18 age-adjusted **diabetes** mortality, at 21.2 per 100,000
- Hamilton Hill (40.7/10,000) and City/Stockade (32.1) neighborhoods had 2.3 to 3.0 times higher 2014-18 age-adjusted **diabetes** hospitalization rates and 4.0 (65.9 City Stockade)) to 6.1 times (102.0 Hamilton Hill) higher **diabetes** ED visit rates, than NYS, excl. NYC
- Schenectady County had Region-high 2016-18 age-adjusted **heart attack** (16.4/10,000) and **coronary heart disease** (24.9) hospitalization rates
- Schenectady County's 2016-18 age-adjusted **congestive heart failure** mortality (17.9 /100,000) was higher than NYS, excl. NYC, (16.7) and down from 19.4 in 2013-15



- Schenectady County's 2016-18 age-adjusted **stroke** mortality (32.1 /100,000) was the Region's highest, was higher than NYS, excl. NYC, (27.6), and was up from 30.6 in 2013-15
- Schenectady's 2016-18 age-adjusted stroke hospitalization rate (26.8/10,000) was the highest in the Region, and higher than NYS, excl. NYC (21.1)
- Schenectady County's 2015-17 age-adjusted **colorectal cancer** incidence rate (35.8/100,000) and mortality rate (9.5/100,000) were lower than NYS, excl. NYC (38.6 and 11.9)
- Schenectady County's 2018 **colorectal cancer** screening rate (68.9%) was higher than NYS, excl. NYC (66.5%) and met the Prevention Agenda 2024 objective of 66.3%
- Schenectady County's 2015-17 age-adjusted **female breast cancer** incidence (153/100,000), late stage incidence (52.8/100,000) and mortality (19.2/100,000) rates were all higher than NYS, excl. NYC (140, 42.1, and 18.3).
- Schenectady County's 2018 **female breast cancer** screening rate among women 50 to 74 years of age (80.1%) was similar to NYS, excl. NYC, (80.9%)

Healthy and Safe Environment

- Schenectady County's 2016-18 incidence rate of **elevated blood lead levels** (≥ 10 $\mu\text{g}/\text{dl}$), 9.1 per 1,000 tested children under 6 years of age, was 1.4 times higher than NYS, excl. NYC (6.5)
- Schenectady County's **lead screening rates** of one screen for children aged 9-17 months (80.1%) and two screens at 36 months (62.2%) were higher than NYS, excl. NYC, (71.8% and 56.7%) and had increased from 2 years prior
- In 2020, Schenectady County had the Region's highest percentage (10.4%) of **school drinking water outlets** that exceeded the lead action limit of 15 $\mu\text{g}/\text{L}$, which was higher than NYS, excl. NYC (8.0%)
- Schenectady County had the Region's highest 2014-18 age-adjusted ED visit rates due to **motor vehicle accidents** (84.2/10,000), higher than NYS, excl. NYC (77.4); the hospitalization rate of 6.7/10,000 was also higher than NYS, excl. NYC (5.9)
- Schenectady's 2014-18 **falls among adults 65 years and older** ED visit rate (453.2/10,000) was the highest in the Region' and higher than NYS, excl. NYC (434.5)
- Schenectady had the Region's highest 2014-18 age-adjusted **assault**-related ED visit rate (61.4/10,000), about twice as high as NYS, excl. NYC (34.4)
- Schenectady's 2016-18 age-adjusted **assault**-related hospitalization rate (3.5/10,000) was higher than NYS, excl. NYC (2.2) and did not meet the PA objective (3.0)

Healthy Women, Infants, and Children

- The County's 2016-18 **infant mortality** rate of 6.9 per 1,000 births was higher than NYS, excl. NYC (4.9) and did not meet the PA objective (4.0)
- Hamilton Hill neighborhood's 2016-18 **neonatal mortality** rate, at 11.0 per 1,000 births, was 3.3 times higher than NYS, excl. NYC (3.3 per 1,000 births)
- City/Stockade neighborhood's 2016-18 **infant mortality** rate, at 17.5 per 1,000 births, was 3.6 times higher than NYS, excl. NYC (4.9 per 1,000 births) and the highest in the Capital Region
- For 2016-18, Schenectady County had a higher rate (5.4%) of **late or no prenatal care** than NYS, excl. NYC, (4.3%)
- Schenectady's 2016-18 % of **births that were premature** (<37 weeks gest.) of 9.5% was higher than NYS, excl. NYC (9.0%), and did not meet the PA objective (8.3%)



- Schenectady County had the Region's highest rate of 2016-18 **low birthweight** births (< 2.5 kg) at 9.3% and higher than NYS, excl. NYC (7.7%)
- Schenectady's 2016-18 **teen pregnancy** rate of (38.1 per 1,000 females aged 15-19 years) was twice as high as NYS, excl. NYC, (18.9) but decreased by 43% from 2009 to 2018
- Hamilton Hill neighborhood's 2016-18 **teen pregnancy** rate (119 per 1,000 females aged 15-19 years) was 6.3 times higher than NYS, excl. NYC (18.9) was the Region's highest, but fell by 45% from 2007-09 to 2016-18
- Schenectady's 2016-18 % of infants who **exclusively breastfed in the hospital** (52.8%) was the lowest in the Region, but met the PA objective (51.6%)

Mental Health and Substance Misuse

- Schenectady County had the Region's highest rates of 2014-18 age-adjusted ED visits (239.5/10,000) and hospitalizations (108.1) due to **mental diseases and disorders** (primary diagnosis), both rates about 50% higher than NYS, excl. NYC (156.7, 72.3)
- Hamilton Hill (598.5/10,000) and City/Stockade (577.0) neighborhoods had the Region's 2nd and 3rd highest 2014-18 age-adjusted ED visit rates and 1st and 2nd highest hospitalization rates (City/Stockade 276.3, Hamilton Hill 247.6), due to **mental diseases and disorders** (primary diagnosis), each about 3.4 to 3.8 times higher than NYS, excl. NYC
- Schenectady's 2018 age-adjusted % of adults reporting **frequent mental distress in the past month** of 13.0% was higher than NYS, excl. NYC (11.8%) and did not meet the PA objective (10.7%)
- Schenectady's 2016-18 age adjusted **suicide** mortality rate of 10.2 per 100,000 was slightly higher than NYS, excl. NYC (9.9) and did not meet the PA objective (7.0)
- Schenectady County had the Region's highest 2014-18 age-adjusted rate of hospitalizations (5.3), and the 2nd highest rate of ED visits (9.8), per 10,000, due to **self-inflicted injuries**, both 61-74% higher than NYS, excl. NYC (3.3, 5.6)
- City/Stockade and Hamilton Hill had the Region's 1st and 4th highest rates of 2014-18 age-adjusted **self-inflicted injuries** hospitalizations (13.1 and 9.0/10,000), which were 2.7 to 4.0 times higher than NYS, excl. NYC (3.3/10,000)
- Hamilton Hill and City/Stockade had the Region's 2nd and 4th highest rates of 2014-18 age-adjusted ED visits due to **self-inflicted injuries** (21.5 and 19.1/10,000), which were 3.4 to 3.8 times higher than NYS, excl. NYC (5.6/10,000)
- Schenectady County had the Region's 3rd highest 2016-18 age-adjusted **opioid overdose** mortality rate (19.7/100,000), which was equal to NYS, excl. NYC, (19.7), was 3.5 times higher than in 2013-15 (5.7, and did not meet the PA objective (14.3)
- Schenectady's 2017-19 age-adjusted rate for **opioid analgesic prescriptions for pain** of 445/1000 was higher than NYS, excl. NYC (413) and did not meet the PA objective (350)
- Hamilton Hill and City/Stockade neighborhoods had the Region's 3rd and 4th highest 2014-18 age-adjusted rates, per 10,000, of ED visits (332.1 and 285.2) and hospitalizations (120.8 and 119.1) due to **drug abuse**, which were each 3.6 to 4.6 times higher than NYS, excl. NYC (72.7 and 33.1)

Infectious Disease



- From 1/12/21 to 1/11/22, Schenectady County had the Region's 2nd highest rates of **COVID-19** test positivity (123.0/1,000) and mortality (108.1/100,000); the positivity rate was lower than NYS, excl. NYC (146.1), but mortality was higher (94.4)
- Schenectady's 2016-18 age-adjusted **HIV** case rate of 8.4 per 100,000 was higher than NYS, excl. NYC (6.1) and did not meet the PA objective (5.2)
- Schenectady County's 2016-18 age-adjusted **gonorrhea** diagnosis rate of 191.1/100,000: was the Region's highest, was higher than NYS, excl. NYC, (101.0), and nearly doubled from 99.5 in 2013-15
- Schenectady County's 2016-18 age-adjusted **chlamydia** diagnosis rate of 580/100,000: was the Region's highest, was higher than NYS, excl. NYC, (420), and increased by 13% from 515 in 2013-15
- Schenectady County's 2016-18 age-adjusted **early syphilis** diagnosis rate of 14.7/100,000: was the Region's 2nd highest, was higher than NYS, excl. NYC, (10.5), and increased by 67% from 8.8 in 2013-15

Saratoga County

Sociodemographic

- Saratoga County, with a population of 228,502, was the 2nd most populated county in the Capital Region, and the 3rd most urban (284.2 population per square mile)
- Saratoga County had the 3rd highest median age (42.8 years) in the Capital Region
- Saratoga County had 16.5% of population aged 0 to 14 years, while 17.6% of its population was 65+ years
- Saratoga County had the smallest percentages of non-White (7.3%) and Hispanic (3.2%) populations in the Capital Region
- Clifton Park West neighborhood had the highest percentage of non-White population (14.5%), while Ballston Spa had the highest percentage of Hispanic population (5.0%)
- Saratoga County had the lowest poverty rate in the Capital Region, at 5.8%
- North West neighborhood had the highest neighborhood poverty rate (14.6%) in the County.

Chronic Disease

- Saratoga County's 2018 prevalence of adults with current **asthma** (14.1%) was higher than the NYS, excl. NYC 2018 prevalence of 10.8% and was down from 15.4% in 2016,
- Saratoga County's 2018 adult **smoking** rate (12.8%): was below NYS, excl. NYC (13.9%), met the Prevention Agenda 2024 objective of 11.0%, and decreased from 16.5% in 2016
- Saratoga's 2015-17 age-adjusted **lung cancer** incidence (71.8) and mortality (42.6) rates, per 100,000, were higher than NYS, excl. NYC (66.1, 37.4)
- Saratoga's age-adjusted **lung cancer** incidence increased (from 70.0) and mortality fell (from 50.7), from 2012-14 to 2015-17
- Approximately 50,941 Saratoga adults (30.1%) were obese in 2018, and did not meet the PA objective of 24.2%; 4,557 school-aged children and adolescents (13.1%) in Saratoga were **obese**, but did meet the PA objective of 16.4%
- The 2018 age-adjusted adult **diabetes** prevalence (8.9%) was lower than NYS, excl. NYC (9.2%) and up from 6.9% in 2016
- Saratoga County's 2016-18, age-adjusted **congestive heart failure** mortality rate (11.9/100,000), was the Region's lowest, was higher than NYS, excl. NYC, (16.7), and was down from 13.0 in 2013-15



- Saratoga County's 2016-18 age-adjusted **stroke** mortality rate (31.0/100,000) was higher than NYS, excl. NYC, (27.6) and was up from 27.1 in 2013-15
- Saratoga County's 2015-17 age adjusted **colorectal cancer** incidence rate (37.5/100,000) was lower than NYS, excl. NYC (38.6), while the county's mortality rate (13.5/100,000) was higher than NYS, excl. NYC (11.9)
- Saratoga County's **colorectal cancer** screening rate (76.8%) was higher than NYS, excl. NYC (66.5%) and met the Prevention Agenda 2024 objective of 66.3%
- Saratoga County's 2015-17 age-adjusted **female breast cancer** incidence (143/100,000) and late stage incidence (44.7) rates were slightly higher than NYS, excl. NYC (140 and 42.1), while mortality was lower (17.0/100,000 vs. 18.3)
- Saratoga County's **female breast cancer** screening rate (88.3%) was higher than NYS, excl. NYC, (80.9%) among women 50 to 74 years of age

Healthy and Safe Environment

- Saratoga County had the Region's highest rates of **lead screening** and lowest incidence of **elevated blood lead level**, among young children
- Saratoga's 2917 firearm-related assault hospitalization rate of 0.39 per 10,000 was higher than NYS, excl. NYC (0.26) and did not meet the PA objective (0.38)

Healthy Women, Infants, and Children

- Saratoga County's 2016-18 birth indicator rates (teen pregnancy and births, infant and neonatal mortality, births with late or no prenatal care, and low birth weight and premature births) were all lower than NYS, excl. NYC
- North East neighborhood had the County's highest 2016-18 rates of **neonatal** (8.2) and **infant** (8.2) **mortality**, per 1,000 births, as well as the County's highest rate **low birth weight** births (8.0%)
- North West neighborhood had the County's highest 2016-18 **teen pregnancy** rate (22.3 per 1,000 females aged 15-19 years) and the County's highest **premature birth** rate (10.2%)

Mental Health and Substance Misuse

- Saratoga County had the Region's 2nd highest rate of **frequent mental distress** (13.7%), higher than NYS, excl. NYC (11.8%) and did not meet the PA objective (10.7%)
- Saratoga's 2016-18 age-adjusted suicide mortality rate of 11.5 per 100,000 was higher than NYS, excl. NYC (9.9) and did not meet the PA objective (7.0)
- Saratoga County's 2018 age-adjusted binge drinking rate of 19.5% was higher than NYS, excl. NYC (18.4%) and did not meet the PA objective (16.4%)
- Saratoga County's 2017-19 **opioid analgesic prescriptions for pain** rate of 375/1,000, while less than NYS, excl. NYC (413), did not meet the PA objective (350)

Infectious Disease

- Saratoga County had the Region's lowest 2018-19 rate of 13 year-olds with a complete **HPV vaccine** series (26.1%), lower than NYS, excl. NYC (29.4%) and did not meet the PA objective (37.4%)

- The County had the Region's highest **COVID-19 test positivity** rate (126.8/1,000), from 1/12/21 to 1/11/22, but less than NYS, excl. NYC (146.1); the mortality rate of 95.1 per100,000 was slightly higher than NYS, excl. NYC (94.4)

Columbia County

Sociodemographic

- Columbia County had a population of 60,371, and was the 2nd most rural county in the Capital Region (94.4 population per square mile)
- Columbia County had the highest median age (48.2 years) in the Capital Region
- 13.9% of Columbia County's population was aged 0 to 14 years; 23.1% of Columbia County's population was aged 65 years and older, the highest percentage in the Capital Region
- Approximately 11.0% of Columbia County's population was non-White, and 4.8% of the County's population was Hispanic
- Hudson neighborhood had the county's highest percentage of non-White (21.2%) and Hispanic (5.8%) populations
- Columbia County's poverty rate of 11.6% was higher than that of NYS, excluding NYC (11.1%)
- Hudson neighborhood had the highest neighborhood poverty rate (17.4%) in the County

Chronic Disease

- Hudson neighborhood had a 1.9 times higher 2014-18 age-adjusted **asthma** ED visit rate (79.4/10,000) than NYS excl. NYC (42.9)
- The 2016-18 age-adjusted **asthma** hospitalization rates were 6.3 times higher among Black non-Hispanic residents (24.7/10,000), and 3.6 times higher among Hispanic residents (13.9), than White non-Hispanic residents (3.9); higher ratios than in NYS, excl. NYC
- Columbia County's 2018 adult **smoking** rate (16.2%) was higher than that of NYS, excl. NYC (13.9%), did not meet the PA objective (11.0%), but fell from 18.9% in 2016
- Columbia County had the Region's highest 2016-18 age-adjusted **COPD/CLRD** hospitalization rate (30.0 per 10,000), higher than NYS, excl. NYC (22.2)
- Hudson had a 2.2 times higher the 2014-18 age-adjusted **COPD/CLRD** hospitalization rate (51.6/10,000), and a 1.6 times higher ED visit rate (109.8), than NYS excl. NYC (23.6, 68.5)
- Columbia County's 2016-18 age-adjusted **COPD/CLRD** mortality rate of 41.9 per 100,000 was higher than NYS, excl. NYC (35.0) but fell from 42.6, from 2013-15 to 2016-18
- About 12,000 Columbia County adults were considered obese; the prevalence rate of 24.2% was lower than NYS, excl. NYC (29.1) but did not meet the PA objective (24.2%)
- For 2017-19, approximately 1,400 school-aged children and adolescents (17.3%) were **obese**, a prevalence similar to NYS, excl. NYC (17.3%), but did not meet the PA objective (16.4%)
- The 2018 age-adjusted adult **diabetes** prevalence (7.6%) was lower than NYS, excl. NYC (9.2%) but up from 4.4% in 2016
- The 2016-18 **diabetes** short-term complication hospitalization rate was 4 times higher among Black (13.5/10,000) than White (3.3), non-Hispanic residents
- Columbia County's 2016-18 age-adjusted **coronary heart disease** mortality rate 118.7 per 100,000, was higher than NYS, excl. NYC, (115.6) but down from 130.1 in 2014-16



- Columbia County's 2016-18 age-adjusted **congestive heart failure** mortality rate of 19.0 per 100,000, was higher than NYS, excl. NYC, (16.7), and was up from 13.7 in 2013-15
- Columbia County's 2015-17 age-adjusted **colorectal cancer** incidence rate (39.1/100,000) and mortality rate (16.9/100,000) were higher than NYS, excl. NYC (38.6 and 11.9)
- Columbia County's 2018 **colorectal cancer** screening rate (68.6%) was higher than NYS, excl. NYC (66.5%) and met the PA objective of 66.3%
- Columbia County's 2015-17 age-adjusted **female breast cancer** incidence (143/100,000) and late stage incidence (51.4) rates, per 100,000, were higher than NYS, excl. NYC (140 and 42.1), while mortality was lower (13.6 vs. 18.3)
- Columbia County's 2018 **female breast cancer** screening rate (88.0%) was higher than NYS, excl. NYC, (80.9%) among women 50 to 74 years of age

Healthy and Safe Environment

- Columbia County's 2016-18 incidence rate of **elevated blood lead levels** (≥ 10 $\mu\text{g}/\text{dl}$) of 8.8 per 1,000 tested children under 6 years of age was 1.35 times higher than NYS, excl. NYC (6.5)
- The County's **lead screening rates** in children aged 9-17 months-one screen (58.5%) and two screens by 36 months (44.4%) were: the Region's lowest, lower than NYS, excl. NYC, (71.8% and 56.7%), and higher than 2 years prior
- Columbia County had the Region's lowest rate of 2019 **cooling tower regulatory compliance**, at 38.3%, lower than NYS, excl. NYC (62.4%) and did not meet the PA objective (93.0%)
- Columbia had the Region's 2nd highest 2016-18 age-adjusted **Motor Vehicle mortality** rate of 11.6/100,000, higher than NYS, excl. NYC (6.8)
- Columbia's 2017 **falls to the elderly** (65 years and over) hospitalization rate of 199.0/10,000 was higher than NYS, excl. NYC (193.5) and did not meet the PA objective (173.7)
- Columbia had the Region's 2015-19 **substandard housing** rate of 25.4% of housing units, similar to NYS, excl. NYC (25.6%)

Healthy Women, Infants, and Children

- Columbia County's 2016-18 rate of births with **adequate prenatal care** (76.6%) was the Region's highest, and similar to NYS, excl. NYC (76.4)
- Columbia's 2016-18 birth/pregnancy indicator rates (infant mortality, prematurity and low birthweight, teen pregnancy) were all lower than NYS, excl. NYC
- Hudson neighborhood had the County's highest rates of 2016-18 **infant mortality** (5.7 per 1,000 births), **teen pregnancy** (20.4 per 1,000 females aged 15-19 years), and **premature birth** (10.2%)
- Canaan neighborhood had the County's highest 2016-18 rate of **low birth weight** births (9.3%)
- Chatham neighborhood had the County's highest 2016-18 rate of births with **late or no prenatal care** (7.7%)

Mental Health and Substance Misuse

- Columbia County had the Region's 2nd highest 2014-18 age-adjusted rates of ED visits (178.9/10,000) and hospitalizations (95.0/10,000) due to **mental diseases and disorders** (primary diagnosis), both higher than NYS, excl. NYC (156.7, 72.3)



- Columbia County had the Region's highest 2016-18 age-adjusted rate of **suicide** mortality (15.9/100,000), 61% higher than NYS, excl. NYC (9.9/100,000), and did not meet the PA objective of (7.0)
- Columbia County had the Region's highest 2018 age-adjusted rate of adult **binge drinking** (23.8%); higher than NYS, excl. NYC (18.4%), and did not meet the PA objective (16.4)
- Columbia County had the Region's highest 2016-18 age-adjusted rate of **cirrhosis** mortality (8.9/10,000); higher than NYS, excl. NYC (7.9/10,000)
- Columbia County had the Region's 2nd highest 2016-18 age-adjusted **opioid overdose** mortality rate (21.4/100,000), higher than NYS, excl. NYC, (19.7), 1.8 times higher than in 2013-15 (11.6), and did not meet the PA objective (14.3)
- Columbia's 2018 age-adjusted **opioid overdose** ED visit rate of 66.8 per 100,000, while lower than NYS, excl. NYC (71.9), did not meet the PA objective ((5.3.)
- Columbia County's 2017-19 **opioid analgesic prescriptions for pain** rate of 473/1,000 was the Region's 2nd highest, higher than NYS, excl. NYC (413), did not meet the PA objective (350)
- Columbia County had the Region's highest 2018 rate of newborns with **neonatal withdrawal symptoms** and/or affected by maternal use of drugs of addiction (27.8/1,000 newborn discharges), which was 2.0 times higher than NYS, excl. NYC (14.0)

Infectious Disease

- Columbia County had the Region's 3rd lowest rates of **COVID-19** vaccination (70.1% with at least 1 dose and 63.8% with complete series), as of 11/14/21, which were lower than NYS, excl. NYC (72.6% & 65.7%)
- Columbia's 2018-19 **HPV vaccination** rate of 29.9% was slightly higher than NYS, excl. NYC (29.4%), but did not meet the PA objective (37.4%)
- Columbia's 2016-18 **HIV** case rate of 6.1 per 100,000 was higher than NYS, excl. NYC (6.1) and did not meet the PA objective (5.2)
- Columbia County's 2016-18 **Lyme disease** incidence rate of 593.8/100,000 was significantly higher than NYS, excl. NYC (65.4), and the highest rate of all NYS counties

Greene County

Sociodemographic

- Greene County had a population of 47,424, and was the most rural county in the Capital Region (73.4 population per square mile)
- Greene County had the 2nd highest median age (45.9 years) in the Capital Region
- 13.5% of Greene County's population was aged 0 to 14 years, while 21.6% was aged 65 years and older
- Hunter/Tannersville (32.5%) and Windham/Ashland/Jewett (31.3%) neighborhoods had the 1st and 2nd highest percentages of population aged 65 years and older, in the Capital Region
- 10.4% of Greene County's population was non-White, and 5.9% of its population was Hispanic
- Cocksackie/Athens neighborhood had the county's highest percentages of non-White (14.1%) and Hispanic (10.1%) populations
- Greene County's poverty rate of 14.0% was the highest in the Capital Region, and was higher than that of NYS, excluding NYC (11.1%)
- Catskill neighborhood had the highest neighborhood poverty rate (19.4%) in the County



Chronic Disease

- Greene County's 2018 age-adjusted prevalence of adults with current **asthma** (13.9%): was the Region's 2nd highest, was up from 12.0% in 2016, and was higher than the NYS, excl. NYC 2018 prevalence of 10.8%
- Greene County's 2018 age-adjusted **asthma** emergency department (ED) visit rate (57.6 per 10,000) was lower than NYS, excl. NYC (64.3) and below the Prevention Agenda 2024 objective of 131.1 per 10,000
- Catskill neighborhood (26.6/10,000) had a 1.6 times higher 2014-18 age-adjusted **asthma** hospitalization rate than NYS excl. NYC (17.0)
- Greene's 2016-18 age-adjusted **Asthma** hospitalization rates were 3.5 times higher among Hispanic residents (17.3/10,000), than White non-Hispanic residents; a higher ratio than in NYS, excl. NYC (4.9)
- Greene County's 2018 age-adjusted adult **smoking** rate (18.5%): was the Region's highest, was higher than that of NYS, excl. NYC (13.9%), was above the Prevention Agenda 2024 objective of 11.0%, and rose from 14.9% in 2016
- Greene's 2015-17 age-adjusted **lung cancer** incidence (80.5/100,000) and mortality (50.8) rates, per 100,000, were the highest in the Region
- Greene County, alone in the Region, saw age-adjusted **lung cancer** mortality increase from 2012-14 to 2015-17
- Greene County had the Region's 2nd highest 2016-18 age-adjusted **COPD/CLRD** hospitalization rate (28.1 per 10,000)
- Catskill neighborhood (38.2/10,000) had a 1.6 times higher 2014-18 age-adjusted **COPD/CLRD** hospitalization rate than NYS excl. NYC (23.6)
- Greene County's 2016-18 age-adjusted **COPD/CLRD** mortality rate (34.2/10,000) was lower than that of NYS, excl. NYC, (35.0) and fell by 16% (from 40.5), from 2013-15 to 2016-18
- Approximately 11,860 Greene County adults were **obese**, for a 2018 age-adjusted prevalence rate of 34.5%. This was the highest in the Region, higher than NYS, excl. NYC (29.1%), an increase from 27.2% in 2016, and did not meet the PA objective (24.4%)
- Approximately 1,355 of Greene's school-aged children and adolescents were **obese** for a 2017-19 prevalence rate of 23.0%. This was the highest in the Region, higher than NYS, excl. NYC (17.3%), an increase from 19.6% in 2016, and did not meet the PA objective (16.4%)
- Greene County's 2018 age-adjusted adult **diabetes** prevalence (13.2%) was higher than NYS, excl. NYC (9.2%) and up from 5.5% in 2016
- Greene's 2016-18 age-adjusted **diabetes** short-term complication hospitalization rate of 6.4 per 10,000 aged 18+ years, was higher than NYS, excl. NYC, (5.1)
- Greene County's 2016-18 age-adjusted **coronary heart disease** mortality rate (125.9/100,000) was higher than NYS, excl. NYC, (115.6) and up from 121.4 in 2014-16
- Greene County's 2016-18 age-adjusted **congestive heart failure** mortality rate (22.2/100,000) was the Region's highest, higher than NYS, excl. NYC (16.7), and was up from 17.5 in 2013-15
- Greene County's 2016-18 age-adjusted **stroke** mortality rate (24.9/100,000) was lower than NYS, excl. NYC, (27.6), but was up from 21.8 in 2013-15
- Greene County's 2015-17 age-adjusted **colorectal cancer** incidence rate (47.2/100,000) and mortality rate (14.4/100,000) were higher than NYS, excl. NYC (38.6 and 11.9)



- Greene County's **colorectal cancer** screening rate (72.9%) was higher than NYS, excl. NYC (66.5%) and met the PA objective (66.3%)
- Greene County's 2015-17 **female breast cancer** late stage incidence rate (46.0/100,000) was higher than NYS, excl. NYC, (42.1), while total incidence and mortality rates were lower (131 vs. 140 and 14.3 vs. 18.3)
- Greene County's 2018 **female breast cancer** screening rate (75.6%) was lower than NYS, excl. NYC, (80.9%)

Healthy and Safe Environment

- Greene County's 2016-18 incidence rate of **elevated blood lead levels** (≥ 10 $\mu\text{g}/\text{dl}$), 9.2 per 1,000 tested children under 6 years of age, was 1.4 times higher than NYS, excl. NYC (6.5), but down from 2013-15 (11.0)
- Greene County's **lead screening rates**, one screen in children aged by 9-17 months (66.9%) and two screens by 36 months (49.5%) were the Region's 2nd lowest, lower than NYS, excl. NYC, (71.8% and 56.7%), and lower than 2 years prior (70.3% and 54.5%)
- Greene County had the Region's highest 2014-18 age-adjusted **motor vehicle accidents** hospitalization rate (10.6/10,000), and 2016-18 age-adjusted mortality rate (14.3/100,000), both markedly higher than NYS, excl. NYC (5.9/10,000 and 6.8/100,000)
- Greene's 2016-18 hospitalization rate for **falls among children aged under 10 years** (14.5/10,000) was the Region's highest, and 2.4 times higher than NYS, excl. NYC (6.1)
- Greene County had the Region's 2nd highest 2015-19 **sub-standard housing** rate (25.1%), but lower than NYS, excl. NYC (25.6%)
- Greene County had the highest 2018 percentage of population with **food insecurity** in the Region (10.9%), but lower than NYS (11.1%)

Healthy Women, Infants, and Children

- Greene County's 2016-18 **premature birth** rate (9.5%) was higher than NYS, excl. NYC (9.0%) and did not meet the PA objective (8.3%)
- Greene's 2016-18 births with **late or no prenatal care** (5.5%) were higher than NYS, excl. NYC (4.3%) and higher than in 2013-15 (5.0%)

Mental Health and Substance Misuse

- Greene County had the Region's highest 2018 age-adjusted rate of frequent **mental distress** (16.4%), higher than NYS, excl. NYC (11.8%), and did not meet the PA objective (10.7%)
- Greene County's 2014-18 rate of hospitalizations (87.6/10,000) due to **mental diseases and disorders** (primary diagnosis), which was higher than NYS, excl. NYC (72.3)
- Greene County had the Region's 2nd highest 2016-18 age-adjusted rate of **suicide** mortality (15.7/100,000), higher than NYS, excl. NYC (9.9/100,000), and did not meet the PA objective (7.0)
- Greene had higher 2014-18 self-inflicted injury ED visit (7.7/10,000) and hospitalization (4.2) rates than NYS, excl. NYC (5.6, 3.3)
- Greene County had the Region's highest 2016-18 age-adjusted **opioid overdose** mortality rate (29.9/100,000), which was 1.5 times higher than NYS, excl. NYC, (19.7), 1.8 times higher than in 2013-15 (16.8), and did not meet the PA objective (14.3)



- Greene County had the Region's highest 2018 age-adjusted **opioid overdose** ED visit rate (84.6/100,000), which was 1.18 times higher than NYS, excl. NYC, (71.9), and did not meet the PA objective (53.3)
- Greene County had the Region's highest 2017-19 age-adjusted **opioid analgesic prescribing** rate (559/1,000), which was 1.35 times higher than NYS, excl. NYC, (413) but was 27% lower than in 2014-16 (766); it did not meet the PA objective (350)

Infectious Disease

- Greene County had the Region's lowest 2018-19 percentage of children aged 24-35 months with a completed **4:3:1:3:3:1:4 immunization series** (61.9%), lower than NYS, excl. NYC (65.3%) and did not meet the PA objective (70.5%)
- Greene's 2018-19 HPV vaccination rate 36.2%, while higher than NYS, excl. NYC (29.4%), did not meet the PA objective (37.4%)
- The County had the Region's highest **COVID-19** mortality rate (124.2/100,000), for the period 1/12/21 to 1/11/22, higher than NYS, excl. NYC (94.4)
- Greene County had the Region's lowest rates of **COVID-19** vaccination (61.5% with at least 1 dose and 55.6% with completed series), as of 11/14/21, which were lower than NYS, excl. NYC (72.6% and 65.7%)
- Greene County's 2016-18 **Lyme disease** incidence rate of 550.9/100,000 was significantly higher than NYS, excl. NYC (65.4), and the 2nd highest rate of all NYS counties



County Health Rankings, 2021

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” (measuring the present health of the county) and on “Health Factors” (which contribute to the future health of the county). Below are the Rankings from 2021 and 2019 for each of six Capital Region counties. The [Appendix](#) contains a more detailed breakdown of data on which the rankings are based.

The “Health Outcomes” rankings show a wide range within the Capital Region, with Saratoga County ranked #5, while Greene County was ranked #57, out of 62 New York State counties. Every Capital Region county had a better “Health Factor” than “Health Outcome” ranking. The “Health Factor” rankings ranged from Saratoga ranked #4 to Greene ranked #52. Rensselaer, Schenectady, Saratoga, and Greene counties all saw their “Health Outcomes” and “Health Factors” rankings worsen from 2019 to 2021. Albany and Columbia counties saw their “Health Outcomes” rankings improve, while their “Health Factors” ranking stayed the same, from 2019 to 2021.

2021 County Health Rankings		Albany County	Rensselaer County	Schenectady County	Saratoga County	Columbia County	Greene County
Rank of 62 NYS Counties	Health Outcomes	16	34	40	5	21	57
	Length of Life	17	31	36	7	38	61
	Quality of Life	15	37	42	3	8	48
	Health Factors	7	18	21	4	14	52
	Health Behaviors	13	31	18	12	19	40
	Clinical Care	5	28	13	6	35	55
	Social & Economic Factors	7	10	26	1	11	52
	Physical Environment	6	20	52	49	19	56

2019 County Health Rankings		Albany County	Rensselaer County	Schenectady County	Saratoga County	Columbia County	Greene County
Rank of 62 NYS Counties	Health Outcomes	22	30	53	4	23	43
	Length of Life	16	22	46	6	40	43
	Quality of Life	34	38	54	4	6	41
	Health Factors	7	17	25	2	14	43
	Health Behaviors	13	29	30	11	17	19
	Clinical Care	5	34	9	7	45	55
	Social & Economic Factors	7	11	29	1	12	41
	Physical Environment	42	47	19	49	10	45



II. Community Public Health Priorities

Collaboration and Community Engagement

Engaging the community in the health needs assessment process was a priority of HCD and its stakeholders. Broad community engagement began with participation in the community health survey. The survey offered multiple choice and open-ended response options to learn about residents' health needs and priorities, access or barriers to care, mental health, and social determinants of health. Demographic information collected by the survey allowed review of information by county, age, gender, race/ethnicity and income.

Survey results regarding the public's opinions on the seriousness of public health issues were incorporated into the priority scoring of health needs by the members of the three Capital Region Prevention Agenda Prioritization Work Groups (Albany-Rensselaer, Columbia-Greene, 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; academic institutions; public health departments; providers; and health insurers. Participants were encouraged to share data and observations of their own, and to advocate for the needs of their constituents. HCD and its stakeholders strategically invited partners with access to medically underserved populations.

Health Issue Ranking

Selection of the top health priorities for the Capital Region was facilitated by a new Public Health Issue Scoring Sheet (see next page) created by HCD, which built upon progress made during the 2019-2022 Prioritization Cycle. This scoring and ranking method was, again, based on a modified version of the *Hanlon Method for Prioritizing Health Problems*. The Scoring Sheet quantified considerations regarding both the **need** to address each health issue and the **opportunity** to make a positive impact. Opportunity considerations were based on guidance documents from the American Hospital Association, the National Association of County and City Health Officials as well as other industry resources. Need considerations included those used in the 2018 Prioritization Process, as well as a community priority score derived directly from the contributions of over 2,000 local residents in the 2021 Capital Region Community Health Survey (see [appendix](#)). The Scoring Sheet also included "other considerations," for both need and opportunity, to address any additional factors and capture the knowledge- and experience-based input of local community-based organizational partners.

In the Fall of 2021, HCD staff reviewed approximately 700 public health measures across the five Prevention Agenda priority areas and categorized about 150 of the key indicators into 25 public health issues. Health issues were identified by reviewing the present New York State Department of Health Prevention Agenda Focus Areas, as well as health issues incorporated in the last Prioritization Process in 2018. The 25 health issues were initially ranked twice for each of the three hospital and health department prioritization groups. Health issues were first ranked according to their five data-based need scores, then, again, with the additional consideration of their survey-based community priority score. These initial rankings were used to select a shorter list of ten to sixteen issues for participating partners to score, before final priorities were selected.



Scores for opportunity considerations were self-assessed by hospitals and health departments and were based on criteria including their ability to devote resources, garner support, and make a measureable impact. Community partners also contributed their own consideration scores based on their observations and the information they have access to. The Scoring Sheet, in short, was based on organizational, data, and community partner considerations regarding the need to address – and opportunity to impact – each issue.

Public Health Issue Scoring Sheet

Opportunity	Max Score	Score
Health issue aligns with organizations' strategic goals	3	
If already working to address this need, are efforts working sustainably	2	
If not working on this need, do we have resources and expertise to lead effort	1	
Are there organizations interested in supporting efforts to address this need	2	
Is it possible to make a measureable, positive impact	3	
Other considerations	3	
Community Partner considerations	3	
Total Opportunity Score	17	

Need	Max Score	Score
Is this issue a major need in the community - Total number of cases	2	
Is this issue worse in our region than throughout NY - Rates	2	
Is this issue more common for some populations - Disparities	2	
Is this issue getting better or worse - Trend	2	
How seriously does this issue threaten mortality	2	
Is this issue a priority for the community based on the survey	3	
Other considerations about the data	2	
Community Partner considerations	3	
Total Need Score	18	

	Max Score	Score
Total Organizational Score	14	
Total Data-based Score	10	
Total Community Partner Score	11	
Total Priority Score	35	

A Prevention Agenda Work Group met in the Fall of 2021 to review the Public Health Issue Score Sheet and ranking methodology and to provide oversight and guidance during the prioritization process. The Prevention Agenda Work Group included participation from local health departments of Albany, Columbia, Greene, Rensselaer, and Schenectady counties as well as St. Peter's Health Partners, Ellis Medicine, Albany Medical Center, and Columbia Memorial Hospital. Local Prevention Agenda Prioritization Work Groups were formed to review the top ten health measure counts, rates, trends, and disparities, as well as the data analyses and quantitative rankings prepared by HCD. The Work Groups then selected ten to sixteen issues to be assessed and scored organizationally and by community partners.

After organizational scores were collected, the local Prevention Agenda Prioritization Work Groups held virtual public meetings to present progress to – and collect input from – local community-based organizations, academic researchers, and members of the public. After presenting a comparison of data-based and organizational consideration scores and health issue ranking, for each public health issue, a discussion was held to answer any questions, and for individuals to share their professional understanding and recent observations of the current situation. Participants were provided an online survey to record their need and opportunity consideration scores as a measurement of the discussion as well as their judgements on the local experience, community value, and potential opportunity regarding each health issue. Group discussion most often peaked around mental health, behavioral health, and chronic disease issues, as community partners said these problems have been noticeably exacerbated by the current COVID-19 pandemic.

A comprehensive overview of the prioritization process, for each county, can be found on the HCD website (www.hcdiny.org) by going to “Explore Health Data,” then “Explore by County,” then selecting a county and locating the materials in the “Prevention Agenda 2023-2025” section. The initial data- and survey-based scoring and ranking methodology can be found in the “Data & Methods” presentation, while the final scores and rankings for each of the top health issues can be found in the “Prioritization Summary” presentation.

Selection of Priorities

The priority selection process for each local Prevention Agenda Prioritization Work Group is summarized below:

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. It was decided a joint county Albany-Rensselaer Prevention Agenda Prioritization Work Group was appropriate, as the hospitals' catchment areas cover both counties. The first meeting was held on November 9, 2021, at which HCD presented data on the health issues and facilitated discussions. The Prevention Agenda Prioritization Work Group then selected the top sixteen health issues, based on data- and survey-based scoring, and provided organizational scoring along with contributing factors. In the second meeting, held on November 23, 2021, Prioritization Work Group members were briefed on the results of their organizational scoring. The third Prevention Agenda Prioritization Work Group meeting, held on December 7, 2021, was open to the public and hosted community partners to orient them to the Prioritization Process, update them on the progress of the Work Group, and collect their input and scores for each of the sixteen health issues. Community participants in the third meeting represented the following organizations:



- Albany County Department of Health
- Albany Medical College
- Albany Medical Center
- Addictions Care Center of Albany
- Alliance for Better Health
- Alzheimer’s Assoc. of Northeastern NY
- American Heart Association
- Arbor Hill Development Corp
- Boys and Girls Club of the Capital Region
- Capital District Latinos
- Capital District YMCA
- Cornell Cooperative Extension
- Ellis Medicine Family Health Center
- MVP Health Care
- Rensselaer County Department of Health
- SPHP Acute Care
- SPHP Behavioral Health Dept
- SPHP Capital District Tobacco-Free Communities
- SPHP Community Health Programs
- SPHP Community Relations
- Trinity Health
- University at Albany School of Public Health
- Upper Hudson Planned Parenthood

Attendance during the third prioritization meeting consisted of 52 participants representing health care providers, academic institutions, and community-based and public service organizations. Participants were engaged in the data presentations, raised many questions, and offered their perspectives as service providers and researchers. The presentations used during these meetings were made available to the Work Group and the general public on the HCD website at www.hcdiny.org/tiles/index/display?alias=Albany and www.hcdiny.org/tiles/index/display?alias=Rensselaer.

The Albany-Rensselaer Prevention Agenda Prioritization Work Group selected the five public health issues with the highest total priority scores, and grouped them into the three following Prevention Agenda Priority Areas:

- I. **PRIORITY AREA: Prevent Communicable Diseases**
 - a. **Focus Area: Vaccine Preventable Diseases**
 - i. **COVID-19**
- II. **PRIORITY AREA: Prevent Chronic Diseases**
 - a. **Focus Area: Chronic Disease Preventive Care and Management**
 - i. **Diabetes and Obesity**
- III. **PRIORITY AREA: Promote Well-Being and Prevent Mental and Substance Use Disorders**
 - a. **Focus Area: Mental and Substance Use Disorders Prevention**

The existing Obesity-Diabetes Task Force will continue its work into the 2023-2025 Prioritization Cycle, after reviewing and potentially revising their prevention strategies and interventions. The existing task force focused on mental health will modify its scope to also include substance misuse prevention. A new task force will be created to support the ongoing efforts of local hospitals and health departments to quell the COVID-19 pandemic.

Schenectady Prevention Agenda Prioritization Work Group

The Schenectady Prevention Agenda Prioritization Work Group was led by Schenectady County Public Health Services and Ellis Medicine. 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 over the decade to share information on community health issues. The first meeting was held on November 15, 2021, at which HCD presented data on the health issues and facilitated discussions. The Prevention Agenda Prioritization Work Group then selected the top ten health issues, based on data- and survey-based scoring, and then provided their organizational scoring along with contributing factors. In the second meeting, held on December 6, 2021, Work Group members were updated on the results of their organizational scoring. The third Prevention Agenda Prioritization Work Group meeting, held on December 16, 2021 was open to the public and hosted community partners to orient them to the Prioritization Process, update them on the progress of the Work Group, and collect their input and scores for each of the ten health issues. Community participants that attended the third meeting represented the following organizations:

- Capital District Tobacco-Free Communities
- Capital Region Health Connections (Health Home)
- CDPHP Health Plan
- The Daily Gazette
- Ellis Food Farmacy
- Ellis Medicine
- Ellis Primary Care
- Hometown Health Centers
- Safe Inc. of Schenectady
- Schenectady City School District
- Schenectady Community Action Program
- Schenectady County Office of Community Service
- Schenectady County Public Health Services
- Schenectady County Public Library
- Sheila Ferrucci, Esq.
- St. Mary's Healthcare
- St. Peters Health Partners
- SPHP Community Health and Well-Being
- Sunnyview Rehabilitation Hospital
- University at Albany School of Public Health



Attendance during the third prioritization meeting consisted of more than 30 participants representing health care, community-based and public service providers. Participants were engaged in the data presentations, raised questions, and offered their perspectives as health planners and service providers. The presentations used during these meetings were made available to the Work Group members and the general public on the HCD website (at <https://www.hcdiny.org/tiles/index/display?alias=Schenectady>).

Schenectady County selected the following Prevention Agenda Priority Areas:

- I. **PRIORITY AREA: Prevent Communicable Diseases**
 - a. **Focus Area: Vaccine Preventable Diseases**
 - i. **COVID-19**
 - b. **Focus Area: Sexually Transmitted Infections (STIs)**
- II. **PRIORITY AREA: Promote Well-Being and Prevent Mental and Substance Use Disorders**
 - a. **Focus Area: Mental and Substance Use Disorders Prevention**

A new task force will be created to support the ongoing efforts of local hospitals and health departments to quell the COVID-19 pandemic. The existing Mental and Substance Use Disorders Prevention Task Force will continue its work into the 2023-2025 Prioritization Cycle, after reviewing and potentially revising their prevention strategies and interventions.

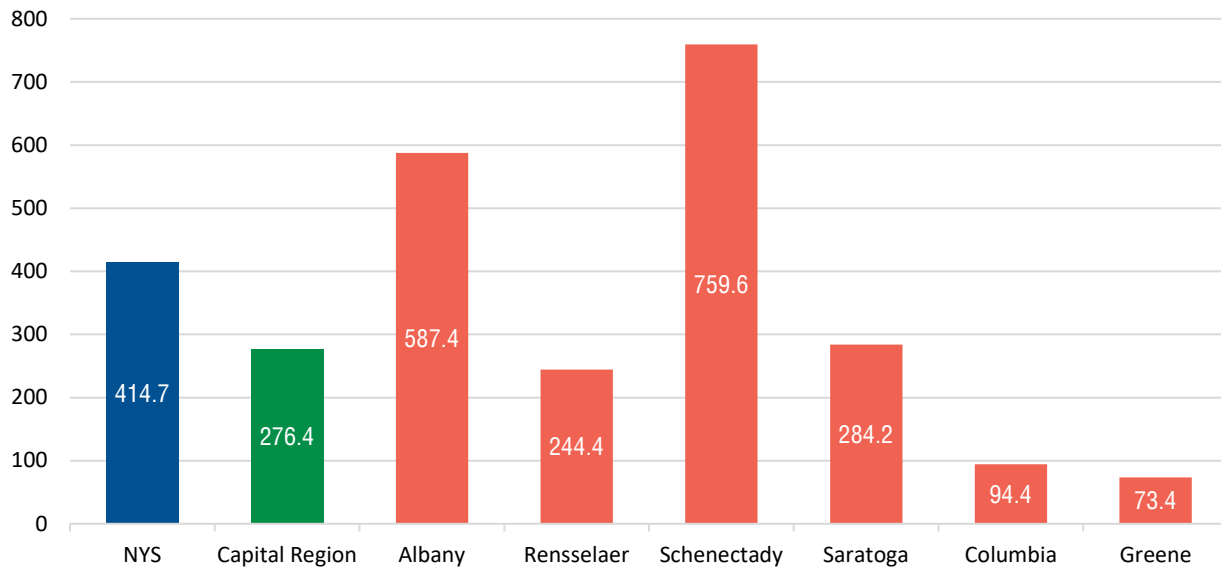
Columbia-Greene Prevention Agenda Prioritization Work Group

The Columbia-Greene Prevention Agenda Prioritization Work Group was led by Columbia County Department of Health, Greene County Public Health, and Columbia Memorial Hospital. Columbia and Greene Counties share a hospital and have similar demographic characteristics and health metrics, so the counties elected to, again, align their efforts surrounding mutually-selected priority areas. The first meeting of the Work Group was held on November 22, 2021, at which HCD presented data on the health issues and facilitated discussions. The Prevention Agenda Prioritization Work Group then selected ten health issues, based on data- and survey-based scoring, to be further reviewed and scored by the organizations and community partners. In the second meeting, held on January 27, 2021, the Prioritization Work Group members were briefed on the results of their organizational scoring. The third Columbia-Greene Prevention Agenda Prioritization Work Group meeting will be held in March, 2021 and will be open to the public. The third meeting will host community partners to orient them to the Prioritization Process, update them on the progress of the Work Group, and collect their input and scores for each of the ten health issues. Once final health issue priority selections are made, based on the total priority scores, Community Health Improvement Plan (CHIP) task forces will either continue their work or be newly established, depending on the chosen priority areas.

III. Sociodemographic Information

The Capital Region consists of Albany, Columbia, Greene, Rensselaer, Saratoga, and Schenectady counties with a combined population of 957,309, in 2019. In 2018, population density ranged from urban Schenectady County (759.6 pop. /sq. mile) to rural Greene County (73.4 pop. /sq. mile).

Population Density per Square Mile, Capital Region Counties and NYS, 2018

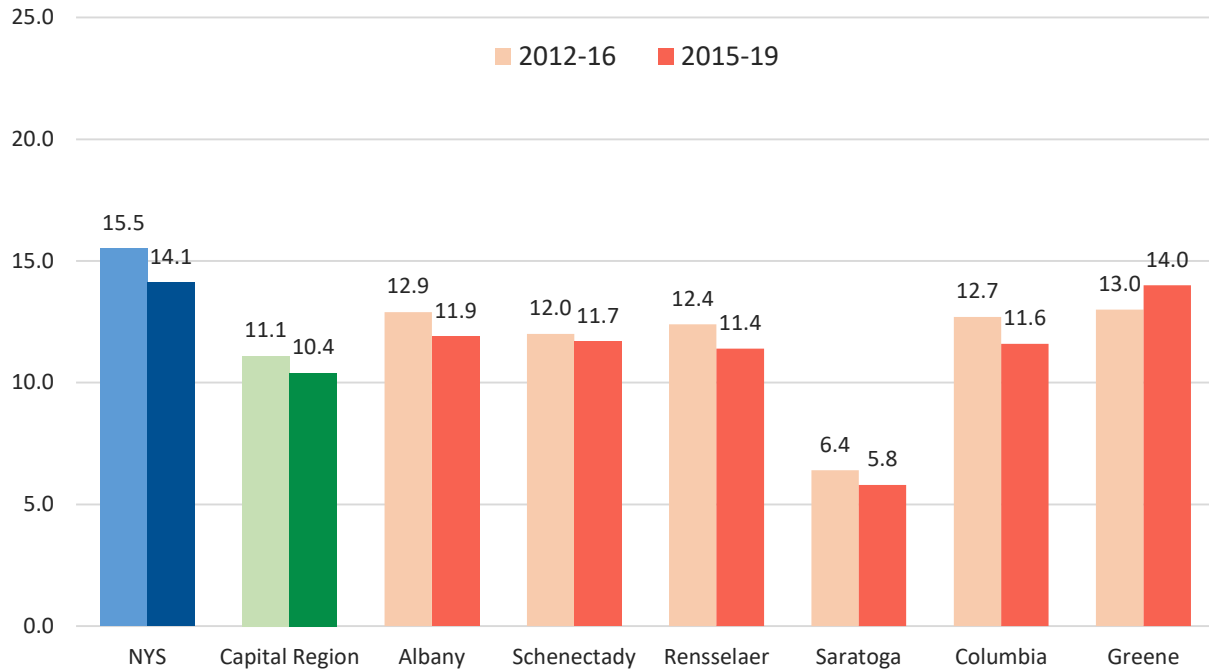


Source: NYSDOH Vital Records Annual Report (2018) Table 2: Population Density by County

For the 2015-2019 period, the Capital Region had a slightly larger female (486,354) than male (470,955) population. The Region’s median age ranged from 37.8 years in Albany County to 48.2 years in Columbia County. There were more Capital Region residents aged 18 years and under (186,504 – 19.5%) than 65 years and older (167,422 – 17.5%). The Region’s proportion of non-White residents was 17.0%, up from 16.0% during the 2012-2016 period, and ranged from 24.7% in Albany County to 7.3% in Saratoga County. The proportion of Hispanic residents was 5.2%, up from 4.8%, and ranged from 7.1% in Schenectady County to 3.2% in Saratoga County. The Region’s median household income ranged from \$53,601 in Greene County to \$84,291 in Saratoga County. There were 95,896 Capital Region residents (10.4%) living below the 100% poverty level, which was down from 102,422 residents (11.1%) and lower than the rate in NYS, excluding NYC. Greene County had the largest percentage of population below the poverty level (14.0%, up from 13.0%), while Saratoga County had the smallest at 5.8%, down from 6.4%. Approximately 14.3% of children under 18 years of age living in the Capital Region were below the poverty level, down from 15.1%. Of the Capital Region’s population aged 25 years or older, 8.1% had less than a high school education, up from 7.9% and lower than in NYS, excl. NYC. Saratoga County had the lowest percentage at 6.0%, while Greene County had the largest percentage at 13.3%, up from 11.6% during the 2015-2019 period.

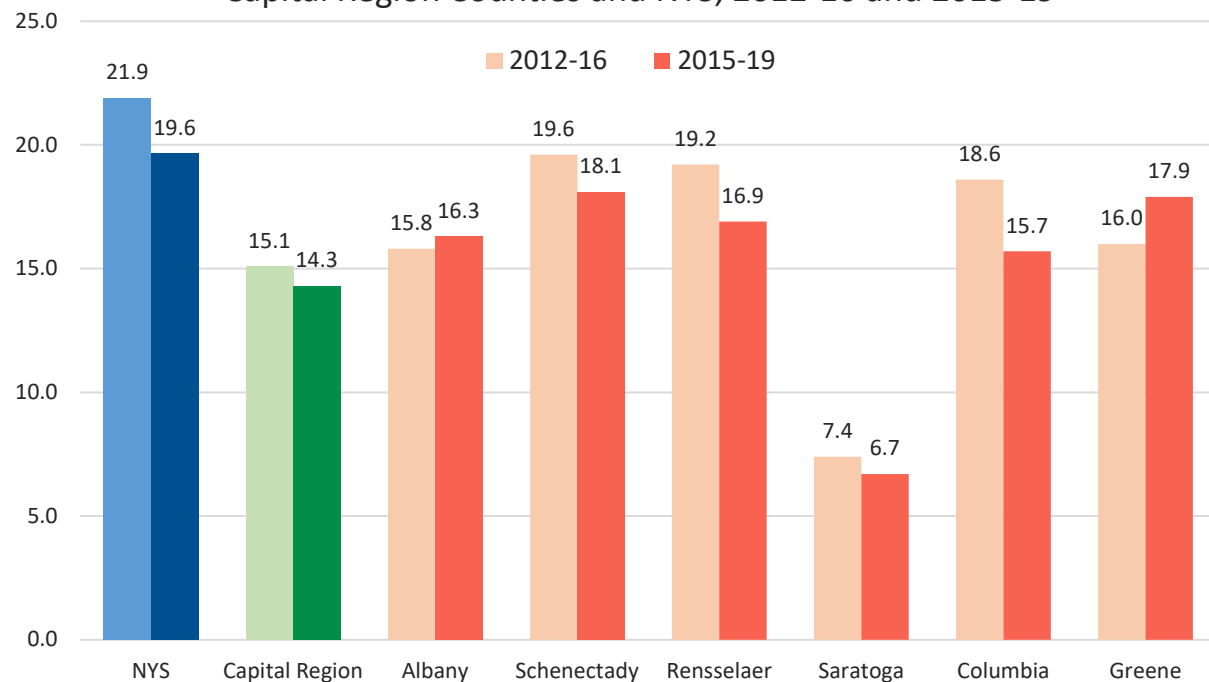


Percent Below Poverty, Total Population Capital Region Counties and NYS, 2012-16 and 2015-19



Source: Bureau of Census, American Community Surveys (ACS), 2012-2016 and 2015-2019

Percent Below Poverty, Population <18 Years old Capital Region Counties and NYS, 2012-16 and 2015-19



Source: Bureau of Census, American Community Surveys (ACS), 2012-2016 and 2015-2019

Selected Sociodemographic Indicators, 2015-19

	NYS (excl. NYC)	Capital Region		Albany County		Rensselaer County		Schenectady County		Saratoga County		Columbia County		Greene County	
		#	%	#	%	#	%	#	%	#	%	#	%	#	%
Population	11.1 M	957,309		306,968		159,185		154,859		228,502		60,371		47,424	
Male	49.2	470,955	49.2	148,624	48.4	78,848	49.5	75,505	48.8	113,004	49.5	30,178	50.0	24,796	52.3
Female	50.8	486,354	50.8	158,344	51.6	80,337	50.5	79,354	51.2	115,498	50.5	30,193	50.0	22,628	47.7
< 5 years	5.5	49,201	5.1	15,580	5.1	8,286	5.2	9,055	5.8	11,704	5.1	2,557	4.2	2,019	4.3
5-14 years	11.8	103,175	10.8	31,070	10.1	17,264	10.8	18,558	12.0	26,042	11.4	5,846	9.7	4,395	9.3
15-19 years	6.8	64,729	6.8	23,316	7.6	11,102	7.0	9,901	6.4	14,538	6.4	3,223	5.3	2,649	5.6
65-74 years	9.7	97,205	10.2	28,867	9.4	15,608	9.8	14,245	9.2	24,329	10.6	8,078	13.4	6,078	12.8
75+ years	7.5	70,237	7.3	21,824	7.1	10,699	6.7	11,810	7.6	15,862	6.9	5,858	9.7	4,184	8.8
Median Age	38.8*	-	-	37.8	-	39.8	-	39.7	-	42.8	-	48.2	-	45.9	-
Non-white	20.5	162,928	17.0	75,722	24.7	22,183	13.9	36,729	23.7	16,710	7.3	6,646	11.0	4,938	10.4
Hispanic	11.4	50,119	5.2	18,325	6.0	7,842	4.9	10,932	7.1	7,337	3.2	2,879	4.8	2,804	5.9
<100% FPL	11.1	95,896	10.4	34,570	11.9	17,963	11.7	17,271	11.4	13,148	5.8	6,777	11.6	6,167	14.0
<18 yrs <100%FPL	15.5	26,198	14.3	9,092	16.3	5,505	18.1	5,594	16.9	3,094	6.7	1,593	15.7	1,320	17.9
Median Household Income (\$)	68,486*	-	-	66,252	-	68,991	-	65,499	-	84,291	-	66,787	-	53,601	-
Speak English "< very well"	6.4	29,196	3.2	13,652	4.7	3,672	2.4	5,079	3.5	3,942	1.8	1,745	3.0	1,106	2.4
25+ yrs <HS education	9.6	53,964	8.1	16,106	7.9	9,071	8.1	9,914	9.3	9,735	6.0	4,429	9.7	4,709	13.3
Disability	12.0	117,041	12.4	34,212	11.3	22,035	14.0	20,669	13.5	25,247	11.2	8,691	14.8	6,187	13.9

Source: Bureau of Census, American Community Survey, 2015-2019

*NYS medians include NYC

Selected Sociodemographic Indicators, 2015-19 (with conditional formatting)

County/Region	Pop.	Race				Ethn.	Below Poverty Lvl.			Educ.	Age Group	
	Total	White	Black	Asian	Other	Latino	50%	100%	200%	< HS	0-14	65+
Albany County	306,968	75.3	12.4	6.6	5.7	6.0	6.2	11.9	25.3	7.9	15.2	16.5
Rensselaer County	159,185	86.1	6.5	2.7	4.8	4.9	5.8	11.7	24.9	8.1	16.1	16.5
Schenectady County	154,859	76.3	10.1	4.7	9.0	7.1	4.8	11.4	25.7	9.3	17.8	16.8
Saratoga County	228,502	92.7	1.7	2.9	2.6	3.2	2.8	5.8	16.9	6.0	16.5	17.6
Columbia County	60,371	89.0	4.5	1.8	4.7	4.8	5.6	11.6	27.1	9.7	13.9	23.1
Greene County	47,424	89.6	5.8	1.0	3.5	5.9	5.4	14.0	32.7	13.3	13.5	21.6
Capital Region	957,309	83.0	7.7	4.2	5.2	5.2	5.0	10.4	23.7	8.1	15.9	17.5
NYS excl. NYC	11,153,003	79.5	9.1	4.1	7.3	11.4	5.2	11.1	24.9	9.6	17.2	17.3

Conditional formatting key: Darker cells contain larger values; largest value in each column is bolded and italicized

The [Appendix](#) contains sociodemographic data by Age, Race/Ethnicity, and Poverty Level for each Capital Region county and ZIP code-aggregated neighborhood.

Albany County

- Albany County had the largest population (306,968), and was the second most urban county (587.4 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 (24.6%)
- South End neighborhood had the largest percentage of Black non-Hispanic population (59.2%), while Delaware/2nd Ave had the largest percentage of Hispanic population (15.6%)
- Median household income (\$66,252) was lower than NYS and 3rd lowest in the Capital Region
- Poverty affected 11.9% of Albany County's population in 2019, which was: down from 12.9% in 2016, below the rate in NYS, excl. NYC, and 2nd highest in the Capital Region
- South End/Downtown neighborhood had the highest poverty rate (46.6%) in the Capital Region, and South End (33.0%) and West End (33.4%) had the 3rd and 4th highest poverty rates
- Albany County had the 2nd lowest percent of population older than 25 with less than high school education in the Capital Region in 2019, at 7.9%, up from 7.2% in 2016
- The 2nd, 3rd, and 4th highest rates of Capital Region adults over 25 with less than a high school education, were South End/Downtown (22.9%), West End (21.5%), and South End (18.3%)

Rensselaer County

- With a population of 159,185, Rensselaer County was the 3rd most rural county in the Capital Region (244.4 population /square mile)
- Rensselaer County had the 3rd lowest median age (39.8 years)
- 16.0% of Rensselaer's population was aged 0-14 years, while 16.5% was aged 65+ years
- The North East neighborhood had the largest 0-14 year old population (20.1%)
- Rensselaer County had the Capital Region's 3rd largest proportion of non-White population (13.9%), but the 3rd lowest proportion of Hispanic population (4.9%)
- Troy/Lansingburgh neighborhood had the greatest percentage of Black non-Hispanic population (13.1%) as well as the largest Hispanic population (7.5%)
- Rensselaer County had the 2nd highest Median Household Income in the Capital Region (\$68,991 in 2019, up from \$59,959 in 2016) and the 3rd smallest percentage of population below poverty (11.7%)
- Troy/Lansingburgh had the highest neighborhood poverty rate (19.1%)
- Rensselaer had the 3rd lowest percentage of population older than 25 with less than a high school education (8.1%)
- Troy/Lansingburgh neighborhood had the largest population older than 25 with less than a high school education (7.3% in 2019, which was down from 11.2% in 2016)



Schenectady County

- With a population of 154,859, Schenectady County was the Capital Region's most urban county (759.6 population /square mile)
- Schenectady County had the 2nd lowest median age (39.7 years)
- A Region-high 17.8% of Schenectady's population were aged 0-14 years, while 16.8% were aged 65+
- The Hamilton Hill neighborhood had the largest 0-14 years of age population (23.5%)
- Schenectady County had the 2nd largest percentage of non-White population (23.7%) and the largest Hispanic population (7.1%) in the Capital Region
- Hamilton Hill had the highest proportion of Black non-Hispanic (38.6%) and Hispanic (16.8%) people
- Schenectady County had the 2nd lowest Median Household Income (\$65,499), but the 2nd smallest percentage of population below poverty (11.4%)
- Hamilton Hill had the highest neighborhood poverty rate (37.5% in 2019, down from 47.4% in 2016)
- Schenectady County had the 3rd largest percentage of population 25+ years of age without a high school education (9.3%)
- Hamilton Hill had the highest percent population older than 25 without a high school education (25.6%)

Saratoga County

- With a population of 228,502, Saratoga County was the 2nd most populated county in the Capital Region, and the 3rd most urban county (284.2 population /square mile) in the Capital Region
- Saratoga County had the 3rd highest median age (42.8 years)
- 16.5% of Saratoga's population was 0-14 years of age, while 17.5% was 65+ years of age
- North East neighborhood had the largest 0-14 years of age population (19.6%)
- Had the Capital Region's smallest percentage of non-White (7.3%) and Hispanic (3.2%) population
- The Clifton Park West neighborhood had the highest percentage of Black non-Hispanic population (3.9%), while Ballston Spa had the largest percentage of the Hispanic (5.0%) population
- Had the highest Median Household Income (\$84,291 in 2019, up from \$74,080 in 2016), and smallest proportion of population below poverty (5.8%)
- The North West had the highest neighborhood poverty rate (14.6% in 2019, up from 10.9% in 2016)
- Had the smallest percentage of population aged 25+ years without a high school education (6.0%)
- The North West neighborhood had the largest proportion of population 25+ years of age without a high school education (8.6% in 2019, down from 10.6% in 2016)



Columbia County

- With a population of 60,371, Columbia County was the 2nd most rural of the Capital Region counties (94.4 population /square mile)
- Columbia County had the highest median age (48.2 years)
- 23.1% of the population were 65+ years of age, the highest rate among Capital Region counties, while 13.9% of the population was 14 years of age or younger
- Ichabod neighborhood had the largest percent of population 14 years of age or younger (17.2%)
- The County had the 3rd lowest non-White population (11.0%) and 2nd lowest Hispanic population (4.8%)
- Hudson neighborhood had the largest proportion of Black non-Hispanic (10.5%) and Hispanic population (5.8%) in the County
- Had the 3rd lowest percentage of population experiencing poverty in the Capital Region (11.6%), with a median household income of \$66,787
- Hudson (17.4%) had the largest population in poverty
- Had the 2nd highest percentage of population 25+ years of age with less than a high school education in the Capital Region, at 9.7% in 2019 (down from 10.7% in 2016) which was near NYS excl. NYC (9.6%)
- Pine Plains had the greatest neighborhood percentage of the population older than 25 with less than a high school education, at 9.9% in 2019 (was Hudson at 15.6% in 2016)

Greene County

- With a population of 47,424, Greene County was the most rural county in the Capital Region (73.4 population /square mile)
- The County had the 2nd highest median age (45.9 years)
- The County had the smallest proportion of population aged 0-14 years (13.6%), and the 2nd largest percentage of population 65+ years of age (21.6%, up from 19.7% in 2016)
- Greenville neighborhood had the largest proportion of population 0-14 years of age (17.9%)
- Greene County had the 2nd smallest proportion of non-White population (10.4%) in the Capital Region and the 3rd largest proportion of Hispanic population (5.9%)
- Coxsackie/Athens neighborhood had the largest proportions of Black non-Hispanic (11.9%) and Hispanic (10.1%) populations
- Had the lowest median household income (\$53,601), and the highest percentage of population below the 100% poverty level (14.0%)
- Catskill neighborhood had the highest rate of poverty at 19.4% in 2019 (up from 16.1% in 2016)
- Had the highest percent in the Region of population aged 25+ years with less than a high school education at 13.3% in 2019 (down from 11.6% in 2016)
- Catskill and Cairo/Durham had the largest proportion of population older than 25 with less than a high school education (13.5%)



IV. General Health Status

Highlights

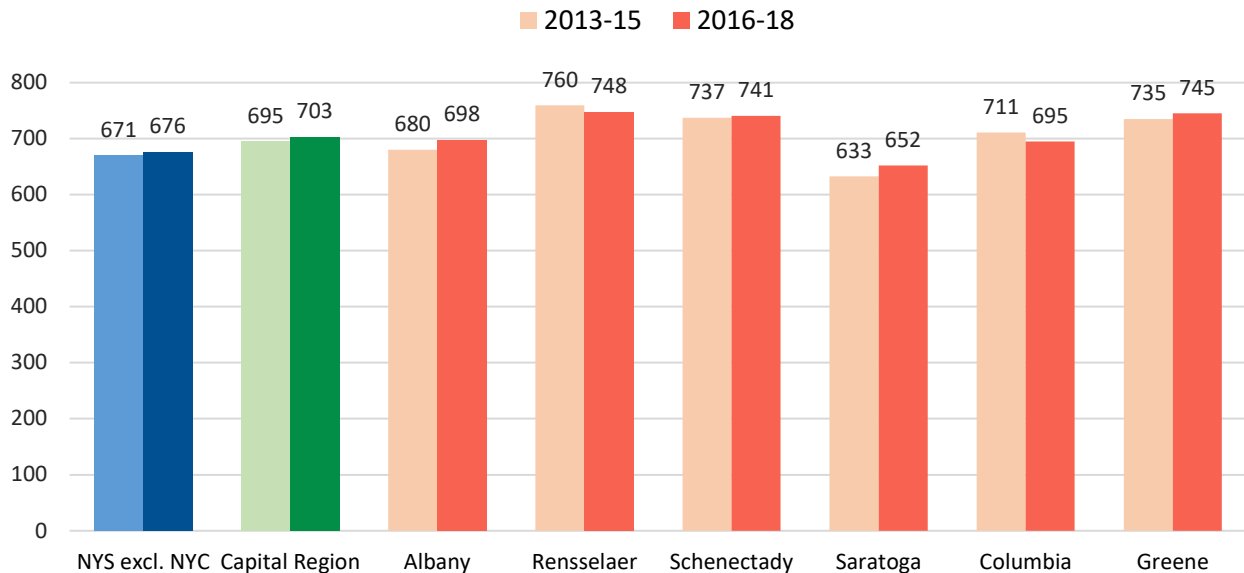
In the Capital Region, from 2016 to 2018:

- Total mortality rates were highest in Rensselaer, Schenectady, and Greene counties
- Percentage of premature deaths & Years of potential life lost (YPLL) were highest in Greene County
- Greene, Rensselaer, and Schenectady counties were not meeting the Prevention Agenda 2024 objective for percentage of premature deaths
- No counties were meeting the Prevention Agenda 2024 objectives for premature deaths, difference in percentages between Black, and White, non-Hispanics or Hispanics and White non-Hispanics
- Mortality, premature death and YPLL rates were highest among Black non-Hispanics

Total Age-Adjusted Mortality

The latest three-year, age-adjusted mortality rates increased about 1% in the Capital Region and NYS, excluding NYC, when compared with the prior three-year rates. Rensselaer and Columbia counties saw decreased mortality rates, when comparing 2016-2018 to 2013-2015. With the exception of Saratoga County, each Capital Region county had a higher rate of mortality than New York State, excluding NYC. Of the Capital Region counties, Rensselaer County had the highest total mortality rate in the Region, at 748 per 100,000.¹

Total Mortality, Age-Adjusted Rate per 100,000¹



For 2016-18, the age-adjusted total mortality rate was 15% higher in Black non-Hispanic residents than in White non-Hispanic residents (807.1 vs. 701.8). Hispanic Capital Region residents had the lowest total mortality rate (593.5).

Leading Causes of Death

The leading causes of death in the Capital Region in 2018 were heart disease, cancer, chronic lower respiratory disease (CLRD), stroke, and unintentional injury. In 2018, Capital Region deaths due to heart disease and stroke occurred at rates within 5% of those in NYS, excluding NYC. Cancer mortality, in the Capital Region, was 7.3% higher than in NYS, excl. NYC, and CLRD mortality was 12.3% higher. Unintentional injury occurred at a 35.1% lower rate in the Capital Region than in NYS, excluding NYC.³

Capital District Leading Causes of Death, 2018 ³				
Rank	Cause of Death	Count	Age-Adjusted Rate per 100,000	Percent of Total Deaths
1	Heart Disease	2,182	161.7	23.8%
2	Cancer	2,025	155.5	22.1%
3	Chronic Lower Respiratory Diseases	520	39.3	5.7%
4	Stroke	372	28.0	4.1%
5	Unintentional Injury	292	26.5	3.2%

Regional and county-level leading causes of death and premature death are outlined in the [Appendix](#).

Black non-Hispanic New Yorkers had the highest rates of heart disease and stroke, among all major race and ethnicity groups. Asian and Pacific Islander (PI) non-Hispanic New Yorkers had the lowest mortality rates for all causes of death and for each of the top five causes.³ Hispanic New Yorkers had the lowest rates of mortality due to chronic lower respiratory diseases. Mortality rates among Black non-Hispanic Capital Region residents were 13-19% higher than White non-Hispanic residents in each county, except Saratoga, from 2016 to 2018.⁴

New York State Age-Adjusted Mortality Rates per 100,000 by Race/Ethnicity, 2018 ³					
Cause of Death	Non-Hispanic			Hispanic	Total
	White	Black	Asian/PI		
Heart Disease	171.8	206.4	89.9	130.3	170.7
Cancer	143.7	143.2	84.1	100.7	137.1
Unintentional Injury	38.9	27.8	11.3	30.0	33.8
Chronic Lower Respiratory Diseases	33.2	20.1	8.7	15.7	28.4
Stroke	23.8	26.0	16.7	21.0	24.1
Total Death	649.6	683.3	322.1	481.6	626.9



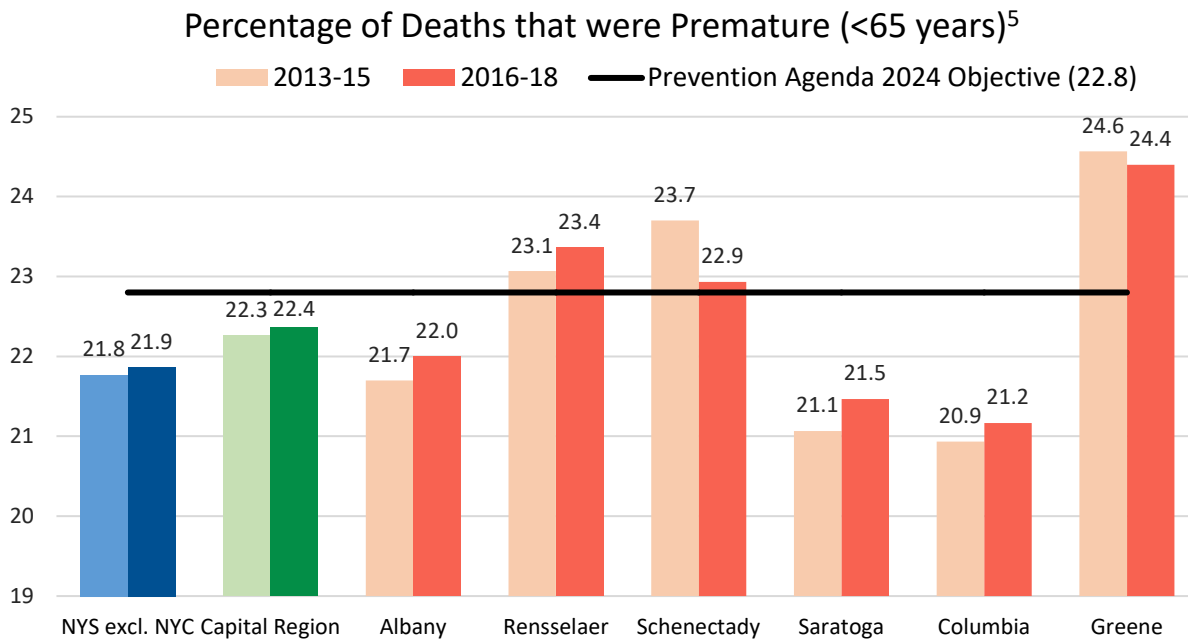
Premature Death and Years of Potential Life Lost (YPLL)

Objective

New York State Prevention Agenda 2019-2024

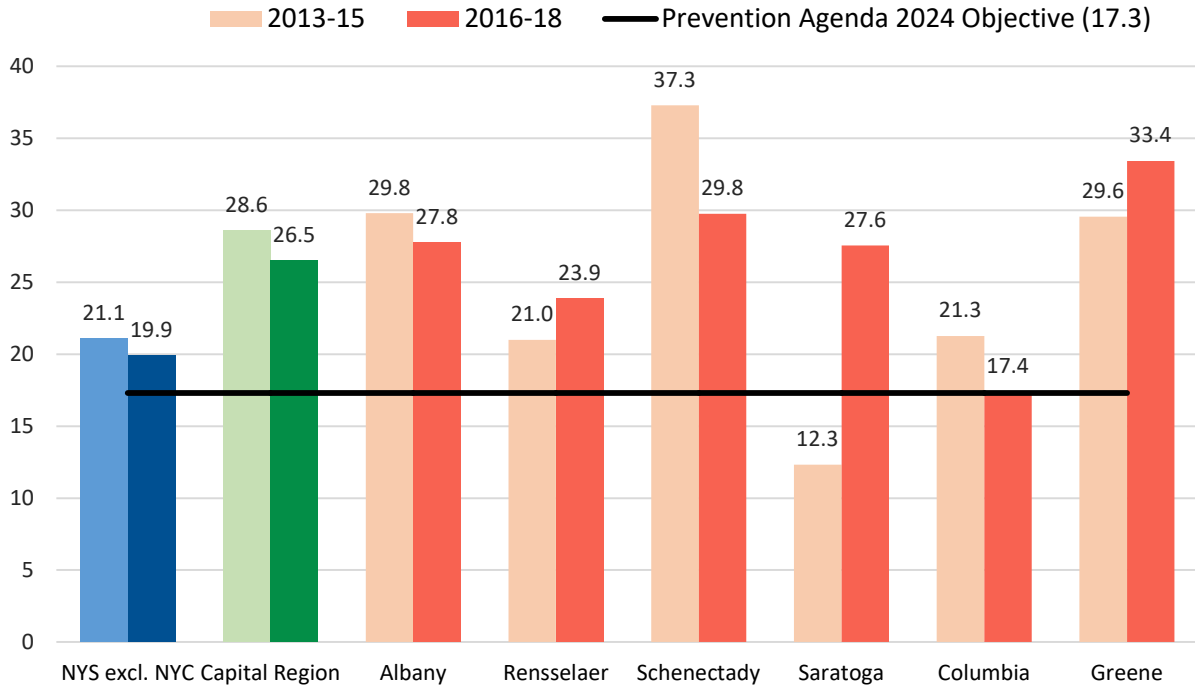
- Reduce the percentage of premature deaths (before age 65 years) to 22.8%
- Reduce difference in percentages between Black non-Hispanics and White non-Hispanics to 17.3%
- Reduce difference in percentages between Hispanics and White non-Hispanics to 16.2%

Premature deaths occur prior to the expected length of life. Premature death can be measured by the percent of all deaths that occurred before a certain age, typically 65 or 75 years, or by Years of Potential Life Lost (YPLL), the average years a person would have lived if they had not died prematurely. YPLL is a measure of premature mortality that gives more weight to deaths that occur among younger people. Deaths that occur among younger people are often preventable and indicative of failures in the health care system and/or one’s lifestyle.

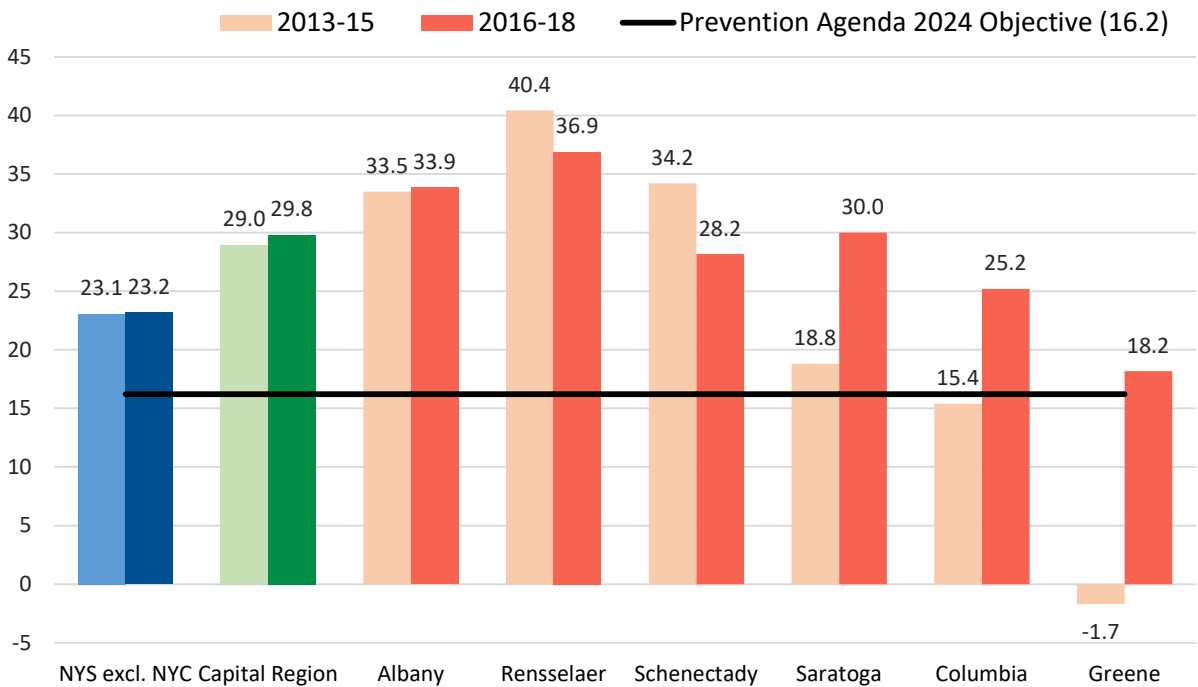


The Capital Region had a higher percentage of deaths that were premature (before age 65 years) compared to NYS, excl.NYC. In 2016-18, only Rensselaer (23.4%), Schenectady (22.9%), and Greene (24.4%) Counties failed to meet the Prevention Agenda 2024 objective percentage of 22.8%.⁵ No Capital Region counties met the Prevention Agenda 2024 objectives for premature deaths, difference in percentages between Black non-Hispanics and White non-Hispanics (17.3%), or between Hispanics and White non-Hispanics (16.2%), from 2016 to 2018.^{6,7}

Premature deaths (<65 years), difference in percentages between Black non-Hispanics and White non-Hispanics⁶



Premature deaths (<65 years), difference in percentages between Hispanics and White non-Hispanics⁷

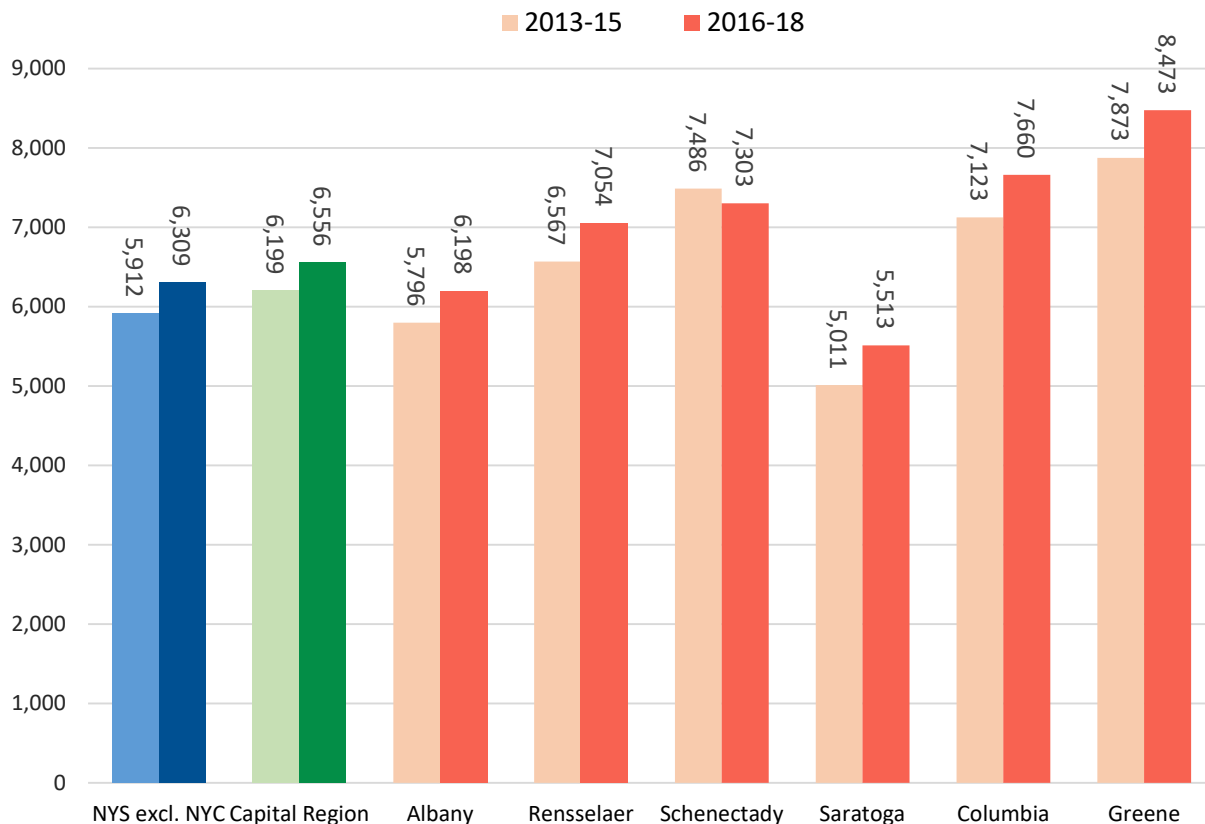


Percentage of Premature Death (<75 years) by Race/Ethnicity, 2016-2018 ⁴					
	Non-Hispanic			Hispanic	Total
	White	Black	Asian/Pacific Islander		
NYS excl. NYC	36.6%	60.2%	46.5%	58.6%	39.3%
Albany County	35.0%	69.7%	51.0%	68.6%	39.4%
Rensselaer County	40.5%	68.6%	50.0% *	69.9%	42.5%
Schenectady County	34.5%	70.0%	61.0%	63.2%	38.2%
Saratoga County	39.5%	70.7%	61.3%	66.7%	40.1%
Columbia County	39.9%	59.7%	55.6% *	58.1%	41.0%
Greene County	42.6%	72.0%	66.7% *	57.1%	43.9%

*: Percentage unstable

Premature deaths percentages were 20-36 percentage points higher among Black, than White, non-Hispanics in every Capital Region county, as well as in New York State, excluding NYC. Rensselaer County had the highest percentages of premature deaths in the Capital Region among Hispanic residents, while Greene County had the highest rates in the Region among Black, White, and Asian/Pacific Islander, non-Hispanic populations.⁴

Years of Potential Life Lost (YPLL) per 100,000⁸



From 2013-15 to 2016-18, YPLL rates went up in New York State, excluding NYC, and each Capital Region county, except Schenectady. In 2018, the Capital Region had over 59,500 Years of Potential Life Lost (YPLL). With a rate of 6,556 per 100,000 during 2016-2018, the region had a higher YPLL rate than New York State, excluding NYC. Only Saratoga and Albany counties had a YPLL rate lower than NYS, excl. NYC. Greene County had the highest YPLL rate in the Capital Region at 8,473 per 100,000.⁸ YPLL rates were 1.5 times higher among Black non-Hispanic Capital Region residents than White non-Hispanic residents. Hispanic residents had lower YPLL rates than White non-Hispanic residents. Rensselaer County had the Region's highest YPLL rates among Black non-Hispanic and Hispanic residents.⁴

Years of Potential Life Lost per 100,000, Age-Adjusted Rates by Race/Ethnicity, 2016-2018⁴			
	Non-Hispanic		Hispanic
	White	Black	
NYS excl. NYC	5,930.2	8,196.1	4,278.9
Capital Region	5,850.4	8,659.3	5,429.1
Albany County	5,408.6	9,653.6	5,615.0
Rensselaer County	6,091.6	10,111.4	7,824.5
Schenectady County	6,452.5	9,614.4	5,083.0
Saratoga County	5,122.8	5,410.6	3,840.0
Columbia County	6,735.4	8,659.0	5,809.3
Greene County	8,314.5	9,883.3	4,487.8

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Health Care: Usage and Access

Objective

New York State Prevention Agenda Objectives, 2019-2024

- Increase the age-adjusted percentage of adults with a regular health care provider to 86.7%

Highlights

- Greene, Albany, Schenectady, and Rensselaer counties are not yet meeting the Prevention Agenda objective for adults with a regular health care provider
- Rensselaer and Columbia counties had the lowest rates of adults, 18-64 years, with a routine checkup in the last year
- Greene and Schenectady counties had the highest rates of adults who did not visit a doctor due to cost
- Capital Region Prevention Quality Indicator (PQI) rates were lower than rates for New York State excluding NYC, with the exception of Respiratory Conditions
- Of all the Capital Region counties, Columbia had the highest Overall, Respiratory, and Acute PQI rates, Albany had the highest Diabetes PQI rate and Schenectady had the highest Circulatory PQI rate
- Capital Region Black non-Hispanic to White non-Hispanic ratios for PQI categories ranged from 1.5 for Acute Conditions to 3.8 for Diabetes Conditions
- Capital Region males had higher Diabetes and Circulatory PQI rates, whereas females had higher Respiratory and Acute PQIs

Health Care Usage

More than 4 million adults in New York State, or 20%, lack a regular primary care provider. A lack of access to a primary care provider can result 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

About 85% of adults in the Capital Region indicated that they had a regular health care provider. Thus,

Age-Adjusted Percentage of Adults with Regular Health Care Provider, 2016 and 2018 ⁴		
Prevention Agenda 2024 Objective	86.7%	
	2016	2018
New York State, excl. NYC	84.4%	82.0%
Capital Region	85.8%	85.2%
Albany County	84.8%	84.6%
Rensselaer County	88.3%	85.4%
Schenectady County	84.6%	85.0%
Saratoga	88.0%	89.2%
Columbia	83.1%	87.8%
Greene	80.4%	83.6%

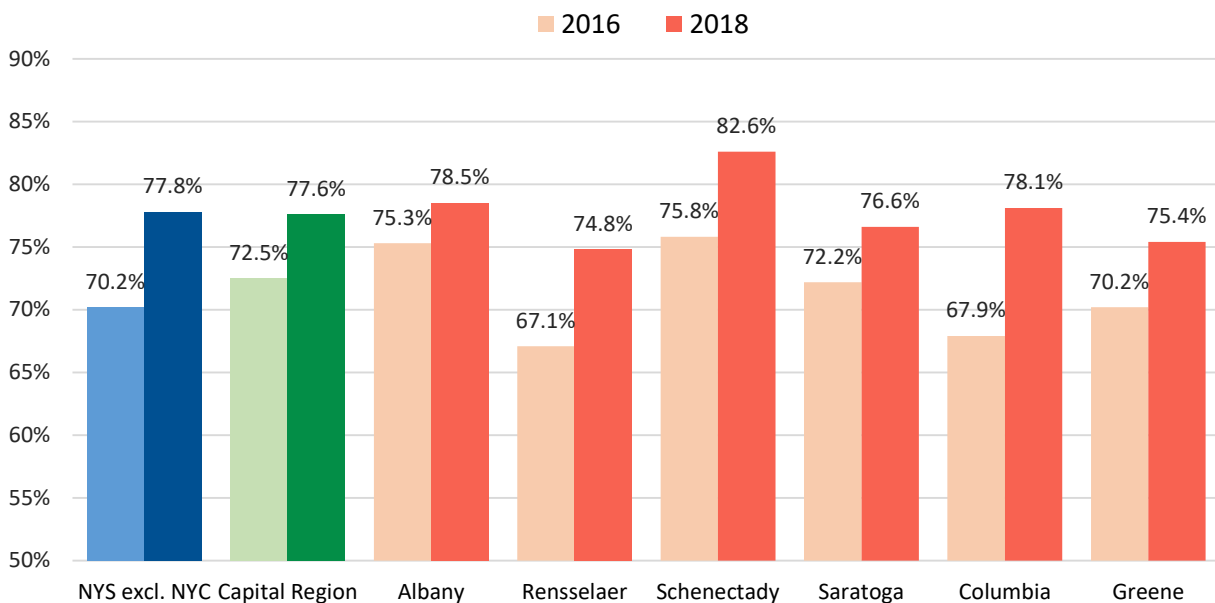


over 107,600 Capital Region adults did not have a regular health care provider. However, 83.6% to 89.2% of adults residing in the six Capital Region counties did have a primary care physician, clinic health center, or other place where they usually go to seek health care or health-related advice. All counties exceeded the New York State, excluding NYC rate. Saratoga and Columbia counties also met the 2024 Prevention Agenda objective of 86.7%.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

In 2018, approximately 130,000 (22.4%) Capital Region adults, aged 18-64 years, had not seen a doctor for a routine checkup in the past year; down from 168,000 (27.5%) in 2016. The highest rate in the Capital Region was in Schenectady County (82.6%), while Rensselaer (74.8%) and Greene (75.4%) counties had the lowest rates.²

Percentage of Adults, Aged 18-64 Years, who Visited a Doctor for a Routine Checkup Within the Last Year, 2018²



The 2021 Capital Region Community Health Survey was conducted in September-October 2021 and included 2,104 responses from residents of the 6 Capital Region counties. Approximately 79% indicated they visited their primary care provider for a routine check-up in the past year, with an additional 13.7% having visited within 1 to 2 years. Individuals selected the following reasons for not visiting a primary care provider: “did not have time during regular doctor office hours” (38.2%); “only go for health problems, not prevention” (32.4%); “concerned about cost” (23.0%); “go to urgent care when needed” (22.7%); “did not have a primary care provider” (18.5%); “did not have insurance” (10.2%); “go to ER when needed” (7.1%); “transportation” (5.8%).³ Additional information about the 2021 Capital Region Community Health Survey, and a more thorough summary of the results, are available in the [appendix](#).

Approximately 9% of adult Capital Region residents indicated that cost prevented them from visiting a doctor within the past year. An estimated 66,200 adults in the Capital Region had difficulty in accessing needed care due to financial constraints. Greene (10.6%), Schenectady (10.4%), and Columbia (9.9%) counties were all higher than the New York excluding NYC rate.⁴

Age-Adjusted Percentage of Adults Who Were Prevented from Visiting a Doctor Due to Cost within the Past Year, 2018⁴	
NYS, excl. NYC	9.8%
Capital Region	9.0%
Albany County	9.2%
Rensselaer County	7.4%
Schenectady County	10.4%
Saratoga County	6.6%
Columbia County	9.9%
Greene County	10.6%

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).

Age-Adjusted PQI Hospitalization Rates per 10,000 Population of 18+ Years, 2016-2018⁵					
	All PQI (12) Conditions	Diabetes Conditions	Circulatory Conditions	Respiratory Conditions	Acute Conditions
NYS excl. NYC	120.5	16.9	35.5	25.4	41.2
Capital Region	115.4	16.8	33.1	26.2	39.3
Albany County	120.7	20.4	34.3	25.7	40.3
Rensselaer County	115.3	17.7	34.2	25.1	38.5
Schenectady County	130.0	19.9	40.3	28.9	41.0
Saratoga County	97.1	11.0	26.7	20.1	37.4
Columbia County	140.3	16.6	34.4	42.3	47.1
Greene County	101.3	14.0	30.0	23.9	33.5

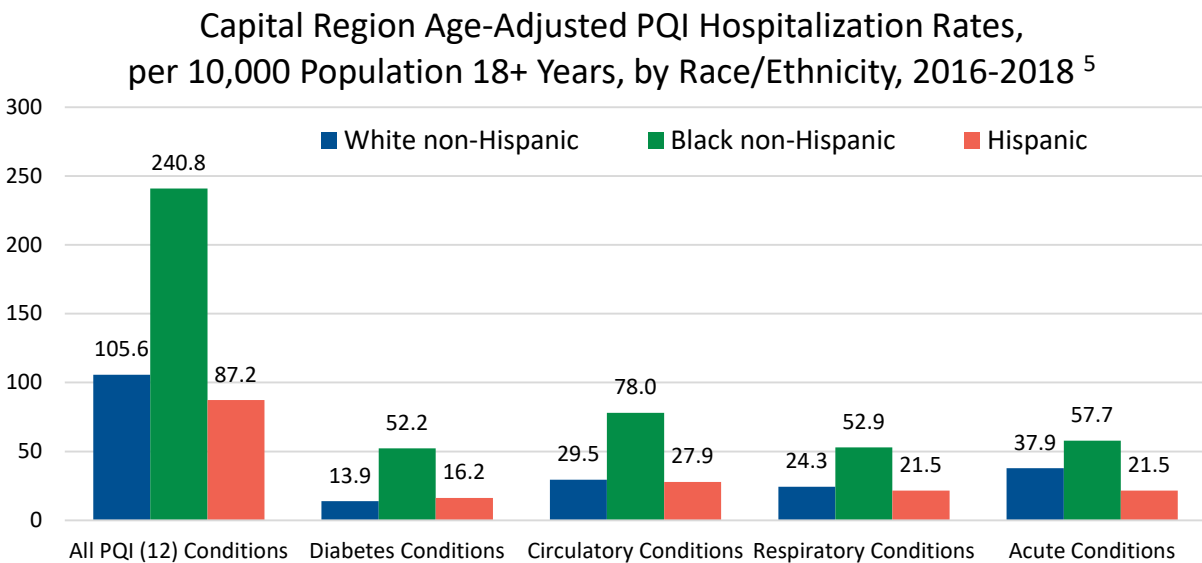
The Capital Region’s PQI rates were better than the comparable rates for New York State, excl. NYC, with the exception of respiratory conditions. Schenectady county had PQI rates that were equal to or higher than New York State, excluding NYC, for all PQI categories except acute conditions. Otherwise, New York State, excluding NYC, PQI rates were exceeded by Albany County for diabetes and respiratory conditions, Columbia for respiratory and acute conditions, and Rensselaer County for diabetes conditions. Columbia had the highest rate for All PQI Conditions, followed by Schenectady and Albany counties. All three counties exceeded the rate for New York State, excluding NYC. Of the Capital Region counties, Columbia had the highest rate for Respiratory and Acute PQIs, while Albany had the highest Diabetes PQI rate and Schenectady the highest Circulatory PQI rate.⁵



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- 2.3 times higher than their White non-Hispanic counterparts for all PQIs. Hispanic's were actually lower than White non-Hispanics for all PQIs. The Black non-Hispanic to White non-Hispanic PQI ratios ranged from 3.76 for Diabetes Conditions to 1.52 for Acute Conditions. In addition, there are neighborhoods within the Capital Region counties that presented up to 2.75 times higher rates for PQI conditions compared to New York State, excluding NYC (see [Appendix](#)).⁵

Age-Adjusted PQI Hospitalization Rates per 10,000 Population 18+ Years, by Gender, Capital Region, 2016-2018 ⁵		
	Males	Females
All PQIs (12 conditions)	116.0	115.2
Diabetes conditions	20.4	13.7
Circulatory conditions	38.0	29.0
Respiratory conditions	22.5	29.6
Acute conditions	35.1	43.0



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Dental Visits

Highlights

- In the Capital Region, only Greene County had a lower adult dental visit rate than NYS, excl. NYC
- Medicaid enrollees had much lower dental visit rates than the general population

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, threatening a person’s ability to obtain adequate nutrition and function normally.¹

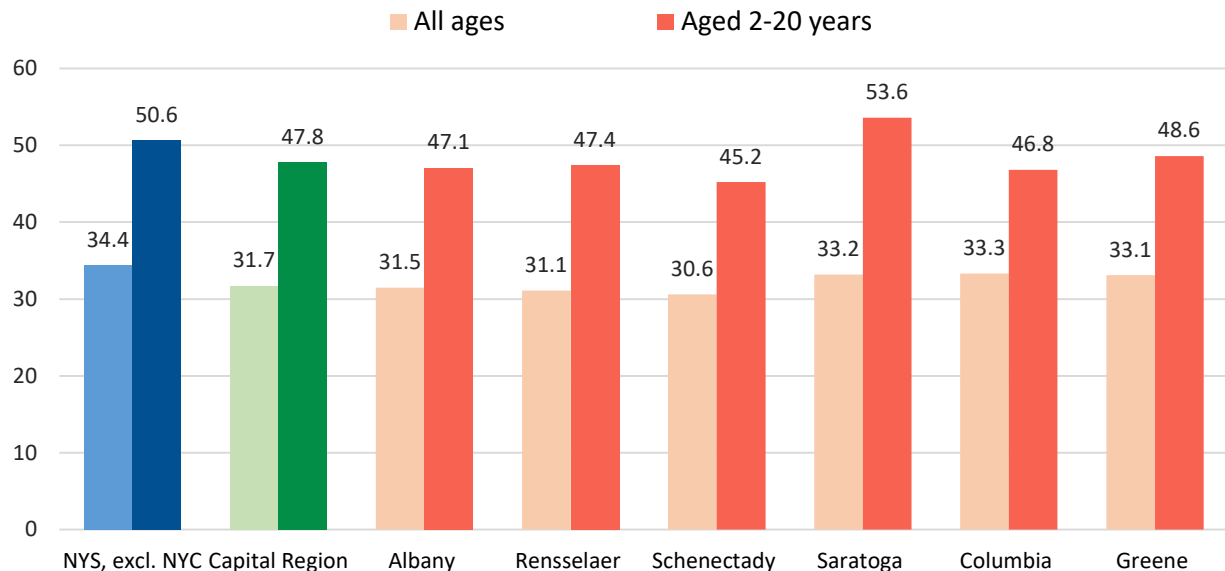
Oral diseases affect a large proportion of the United States population. About 47% of all adults in the United States have some form of periodontal disease, with 80% of individuals having at least one cavity by the age of 34.² In New York State, 30% of persons 65 years and older have lost all their teeth.¹ More than 1,700 men and 800 women in New York State are diagnosed with oral cancer, annually.³

Routine dental examinations and prophylaxis are effective prevention measures for improving oral health and reducing the burden of oral disease. Regular dental visits are an important indicator of general access to quality dental health care.¹ There were over 200,000 adults residing in the Capital Region who did not visit a dentist within the past year. In 2018, rates for the six Capital Region Counties fluctuated, from a low in Greene County (61.0%) to a high in Saratoga County (77.2%). Only Greene County had an adult dentist visit rate lower than in New York State, excluding New York City.⁴

Percentage of Adults with a Dentist Visit within the Past Year, 2016 and 2018 ⁴		
	2016	2018
NYS excl. NYC	70.0%	71.6%
Capital Region	70.5%	72.9%
Albany County	70.4%	73.8%
Rensselaer County	63.3%	72.0%
Schenectady County	74.5%	76.1%
Saratoga County	75.0%	77.2%
Columbia County	66.5%	72.1%
Greene County	69.4%	61.0%

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). Lack of awareness of oral health treatment importance, limited oral health literacy, fears about treatment, transportation issues and language barriers also limit oral health care access.¹

Percentage of Medicaid enrollees (All ages and 2-20 years) with at least one dental visit within the last year - 2017-2019⁵



Only about one-third of Medicaid enrollees in NYS excl. NYC and the Capital Region visited a dentist within the last year. Among Medicaid enrollees aged 2 to 20 years, about one-half had a dental visit in the past year in NYS excl. NYC, and a bit lower in most Capital Region counties, except Saratoga County.

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

In the Capital Region, obesity rates:

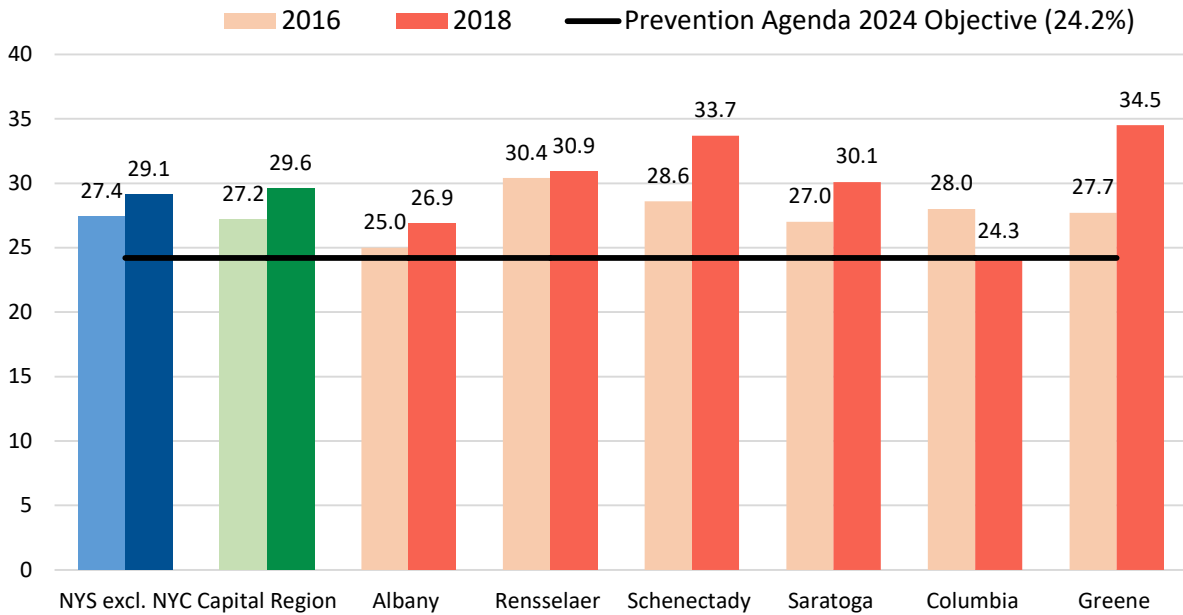
- Were higher than the Prevention Agenda 2024 objective in every county
- Were highest in Greene (34.5%) and Schenectady (33.7%) counties
- Increased in each county, except Columbia County, between 2016 and 2018
- Were higher among low-income individuals (38.8%):
 - Than in 2016 (28.6%)
 - Than in all adults (29.6%)
 - Than in NYS, excluding NYC (34.4%)

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.





Percentage of Adults Who are Obese (BMI ≥ 30), 2016 and 2018⁴



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 26.3% in 2020.⁵ There were an estimated 228,400 adults who were considered obese in the Capital Region. Of the six Capital District counties, Greene County had the highest percent of obese adults. Greene, Schenectady, Rensselaer, and Saratoga counties had obesity rates that were higher than NYS, excluding NYC. No Capital Region counties were meeting the Prevention Agenda 2024 objective. In 2018, Columbia county was the only in the Capital Region to see a decrease in adult obesity from 2016 BRFSS, and was the closest to meeting the Prevention Agenda 2024 objective.⁶

There were also differences by socioeconomic status. The Capital Region’s 2018 adult obesity rate for individuals with an income less than \$25,000/year was 38.8%, up from 28.6% in 2016 and higher than in New York State, excluding NYC (34.4%). Schenectady (54.2%), Saratoga (44.8%), and Greene (42.6%) had the highest low-income obesity rates in the Capital Region.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 children (aged 2-4 years) in WIC who are obese to 13.0%

Highlights

Obesity Rate(s):

- Among children and adolescents, was highest in Greene County (23.0%)
 - Saratoga and Albany counties were meeting the Prevention Agenda objective
- Among children (aged 2-4 years) in WIC, were highest in Greene and Columbia counties (19.7%)
 - No Capital Region counties were meeting 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

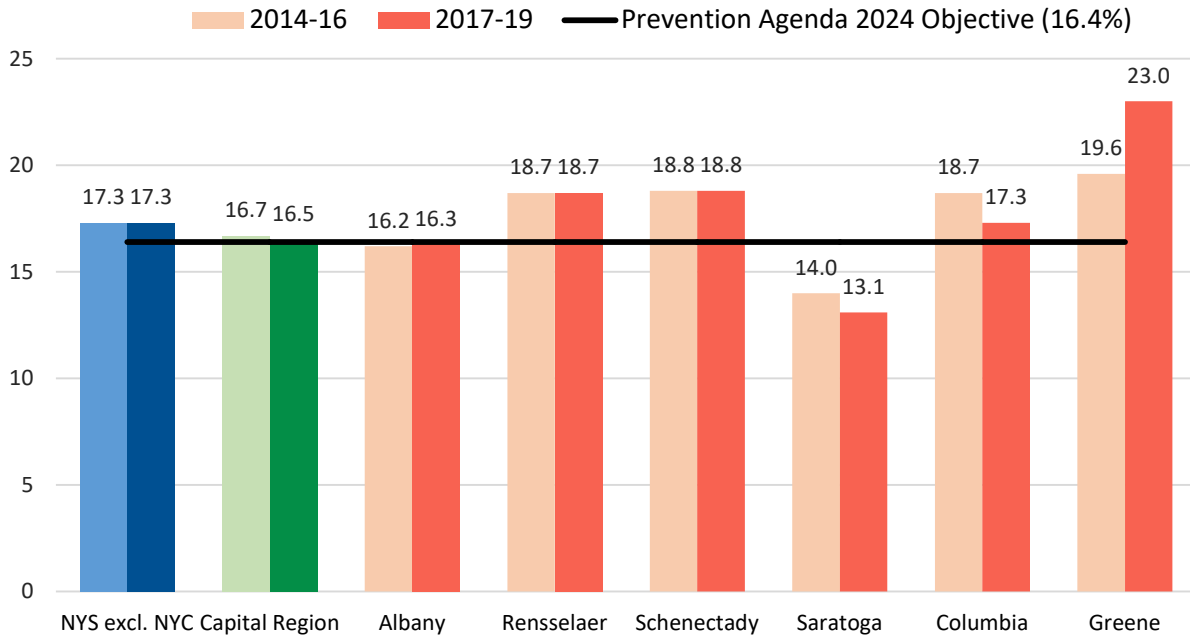
For children and teens ages 2-19, overweight and obese are defined differently than for adults. Overweight is defined as a BMI at or above the 85th percentile to below the 95th percentile and obese is at or above the 95th percentile on CDC growth charts for children. Additionally, an age- and sex-specific 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.⁷

The Student Weight Status Category Report provides information from schools on children and adolescent BMI and weight status. Saratoga and Albany counties were meeting the Prevention Agenda 2024 objective of 16.4% of children with a BMI at or greater than the 95th percentile. Greene County has the highest prevalence of students classified as obese (23.0%) and was the only county to show an increase in the percentage of children and adolescents who are obese, when comparing the 2014-2016 to 2017-2019 school years.⁸



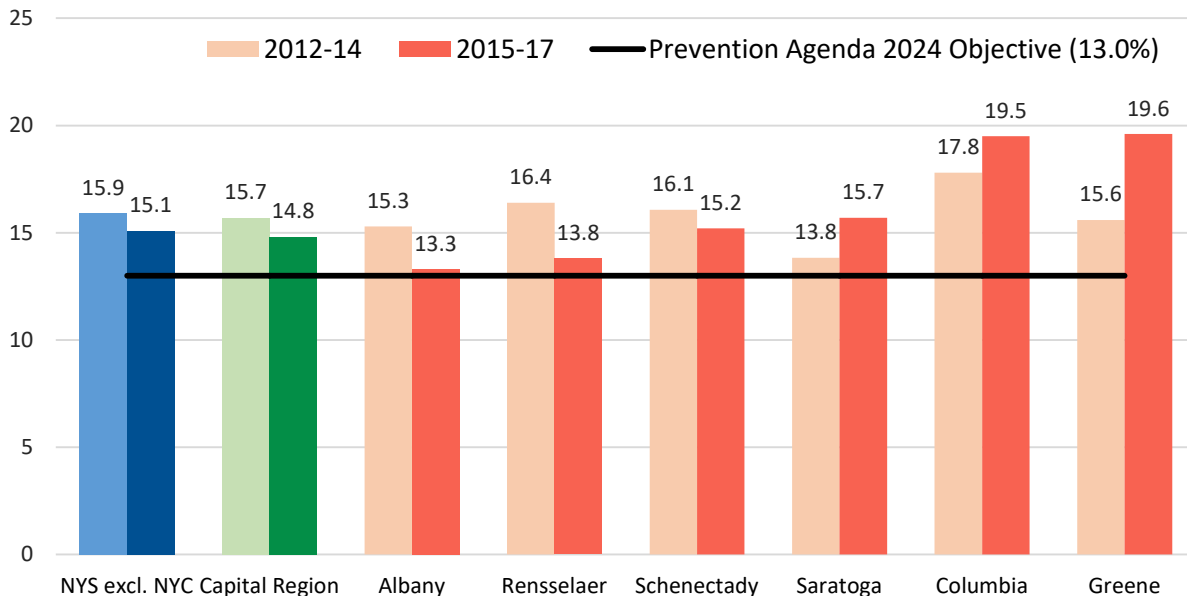


Percentage of Children and Adolescents who are Obese⁹



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). In the Capital Region, Greene County had the highest obesity rate for these children at 19.6%, followed by Columbia County at 19.5%. None of the Capital Region counties were meeting the Prevention Agenda 2024 objective of 13.0%.⁹

Percentage of Children Aged 2-4 Years Serviced by WIC who are Obese (95th Percentile)¹⁰



As 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 almost twice as high as those in the first quartile of eligibility for free lunch, during the 2010-2012 school years.¹⁰

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

- Greene and Columbia counties saw a decrease in physical activity, between 2016 and 2018
- Greene and Rensselaer counties were not meeting meet the Prevention Agenda 2024 objective, in 2018

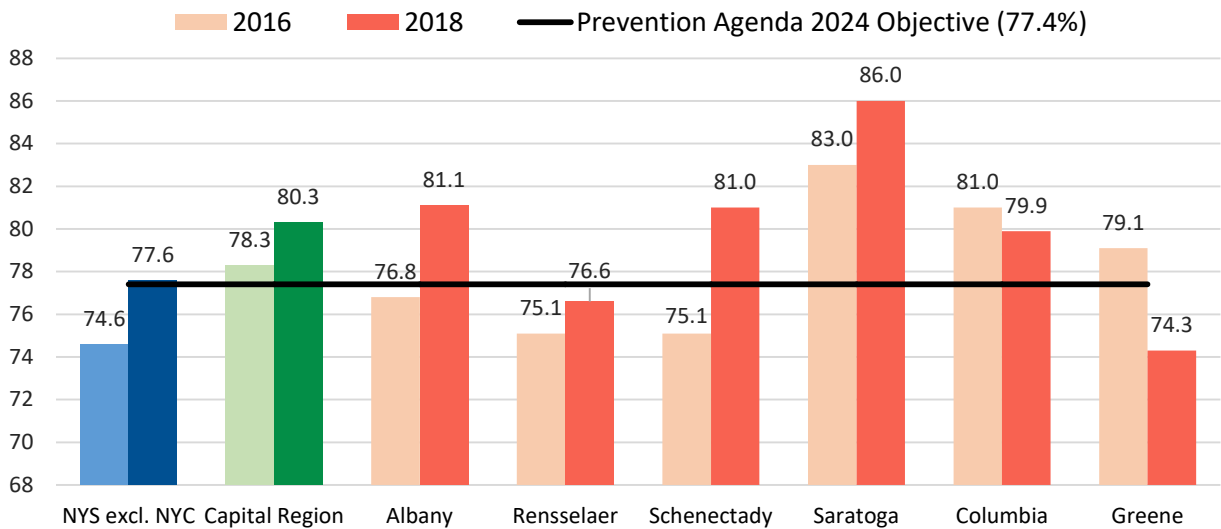
Physical inactivity is a significant factor leading to overweight and obese children and adults. A lack of physical activity can also lead to many chronic diseases or conditions, including hypertension, heart disease, stroke, type 2 diabetes, and some cancers. Physical activity is proven to help maintain 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 broad health benefits.¹¹

Adults, per week, need at least 2.5 hours of moderate-intensity (or 75 minutes of vigorous-intensity) aerobic activity and two or more days with a muscle-strengthening activity. Adults 65 and older should follow the adult guidelines as closely as possible. Children and adolescents should be active at least 60 minutes daily and do aerobic, muscle-strengthening, and bone-strengthening activities at least 3 days per week.¹¹

There were an estimated 146,000 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 Region counties, Rensselaer and Greene Counties did not meet the Prevention Agenda 2024 objective of 77.4% of adults engaging in leisure time physical activity. Columbia and Greene counties saw a reduction in leisure time physical activity between 2016 and 2018.¹²



Age-Adjusted Percentage of Adults Who Engaged in Leisure Time Physical Activity in the Past 30 Days¹³



Sugary Beverages

Objective

New York State Prevention Agenda, 2019-2024

- Decrease the percentage of adults with an annual household income less than \$25,000 who consume one or more sugary drinks per day to 28.5%

Highlights

- Saratoga, Albany, and Rensselaer counties were not meeting the Prevention Agenda 2024 objective for daily sugary beverage consumption among adults with low income

Sugar-sweetened beverages include drinks such as fruit juices, soda, sports drinks, and coffee beverages with sugar. In the US, half of the population consumes at least one sugary beverage daily. Many people do not realize how many calories they are taking in with sugary drinks, and cutting sugary beverages out of one’s diet is an easy way to reduce daily caloric intake. For example, one 12 ounce serving of cola has 136 calories and a 20 ounce bottle has 227 calories.¹³ Since the mid-20th century, consumption of sugar-sweetened beverages has increased significantly in the US. Standard soda bottles prior to 1950 were just 6.5 ounces, 1/3 the size of the standard 20

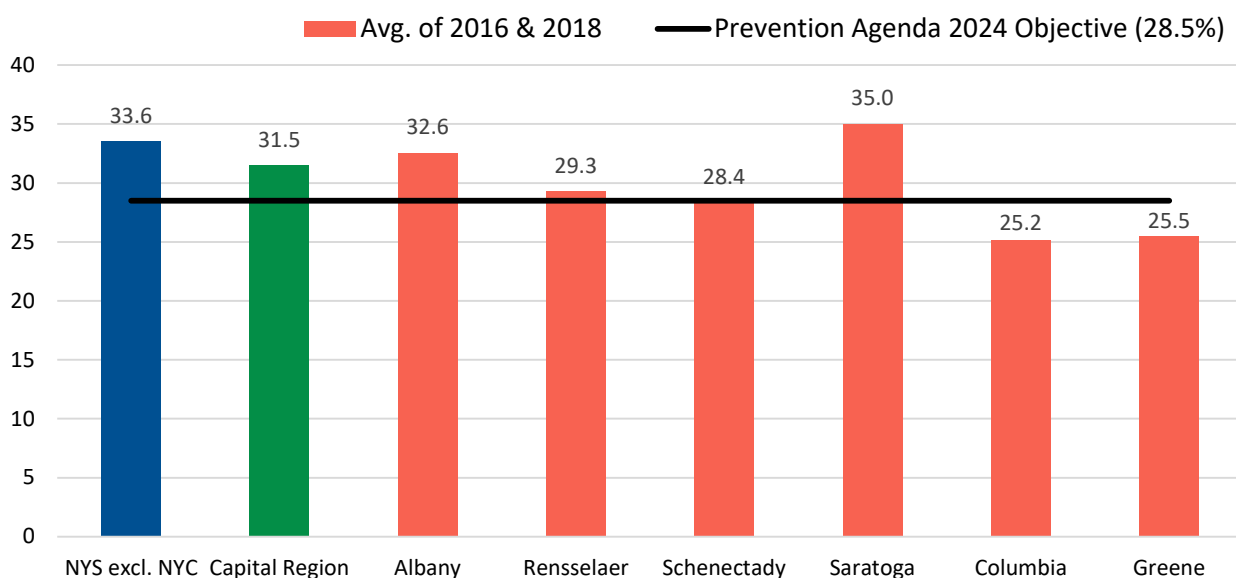


ounce soda bottles we have today.¹⁴ In 2001, these drinks made up 9% of the daily caloric intake for people in the US. Further, caloric intake from the consumption of sugary beverages does not create a feeling of being “full,” and therefore people often do not compensate by eating less.¹⁴

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

In the Capital Region only Schenectady, Columbia, and Greene counties were meeting the Prevention Agenda 2024 objective of having less than 28.5% of low-income adults consuming sugary drinks daily, when percentages from 2016 and 2018 were averaged.¹⁵

Percentage of Adults with a Household Income under \$25,000/year who Drink 1+ Sugary Drinks Daily, Average of 2016 and 2018¹⁷



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Tobacco Use

Objective

New York State Prevention Agenda, 2019-2024

- Decrease the prevalence of cigarette smoking among adults to 11.0%.
- Decrease the prevalence of cigarette smoking among adults with an income < \$25,000 to 15.3%.

Highlights

Prevalence of smoking:

- None of the Capital Region counties was meeting either of the Prevention Agenda 2024 objectives
- Among adults, was highest in Greene County (18.5%) – the only Capital Region county where rates increased from 2016 to 2018.
- Among adults with low income (< \$25,000), was highest in Rensselaer County (37%).

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

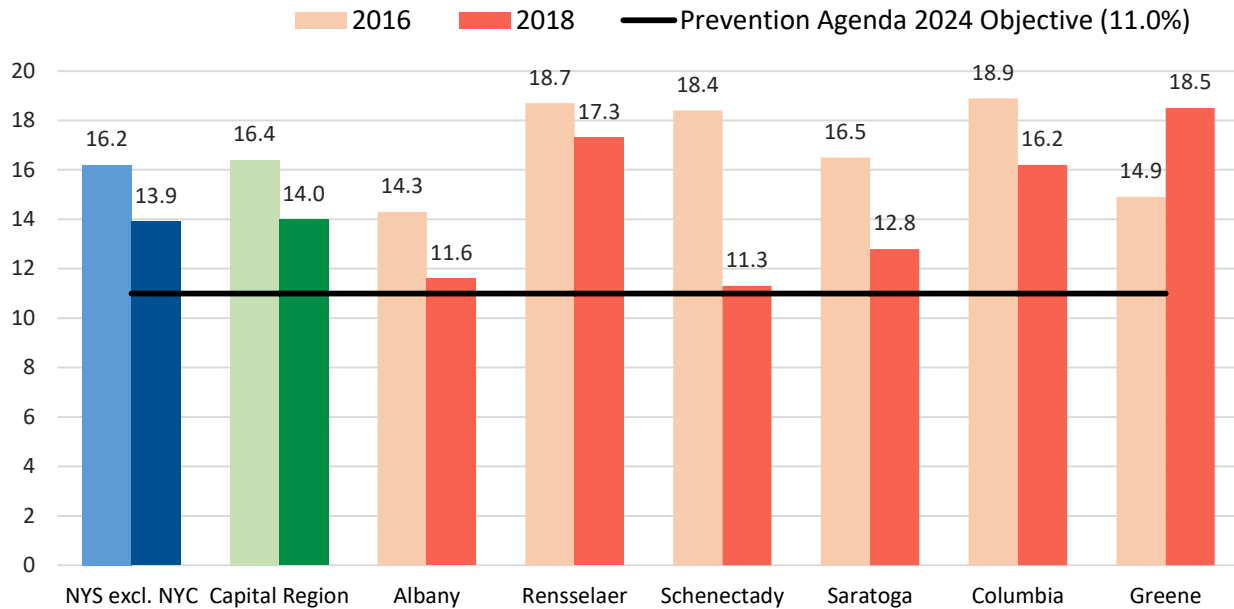
There are 389,000 children alive today who will die prematurely from second hand smoke. Many more children exposed to secondhand smoke will suffer from respiratory illnesses, including bronchitis and pneumonia, asthma, and eye and ear problems.¹

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





Percentage of Adults Who Currently Smoke²



The Capital Region, in 2018, had about 103,600 adults, aged 18 years and older, that were current smokers, down from 119,161 in 2016. The prevalence of current smokers was highest in Greene County, followed by Rensselaer and Columbia counties. Schenectady, Albany, and Saratoga counties had current smoking rates lower than NYS, excluding NYC. Every Capital Region county had a higher rate of smoking than the Prevention Agenda 2024 objective of 11.0%.³ Smoking rates decreased from 2016 to 2018 in NYS, excluding NYC, and all Capital Region counties, except Greene County.²

Current smoking rates in the Capital Region were: 24.4% among adults who are living with any disability, 29.0% among adults with income less than \$25,000, and 32.6% among individuals with reporting frequent mental distress.⁴ In 2018, neither New York State, excluding NYC, nor the Capital Region were meeting the Prevention Agenda 2019-2024 objectives for smoking prevalence among the specific adult populations above.³ Sample sizes were too small within the Capital Region counties to extrapolate smoking rates among the specific adult populations, except for low income, where Rensselaer County had the highest rate in the Capital Region.⁴

Current Smoking Among Adults with Low Income (<\$25,000/year), Age-Adjusted Rates, 2016 and 2018 ^{3,4}		
Prevention Agenda 2024 Objective	15.3%	
	2016	2018
New York State, excl. NYC	25.3%	24.8%
Capital Region	26.5%	29.0%
Albany County	21.1%	23.6%*
Rensselaer County	36.9%	37.1%*
Schenectady County	28.1%	21.8%*
Saratoga County	23.9%*	27.9%*
Columbia County	42.1%*	27.0%*
Greene County	14.1%*	24.3%*

*: Rate unstable

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 startling trend in electronic cigarette use among high school students in NYS. The use of e-cigarettes more than doubled from 10.5% in 2014 to 27.4% in 2018.⁵

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Chronic Obstructive Pulmonary Disease

Highlights

- COPD Hospitalization rates:
 - were highest in Columbia and Greene counties.
 - were highest among Black non-Hispanics residents.
- COPD Mortality rate was highest in Rensselaer County.

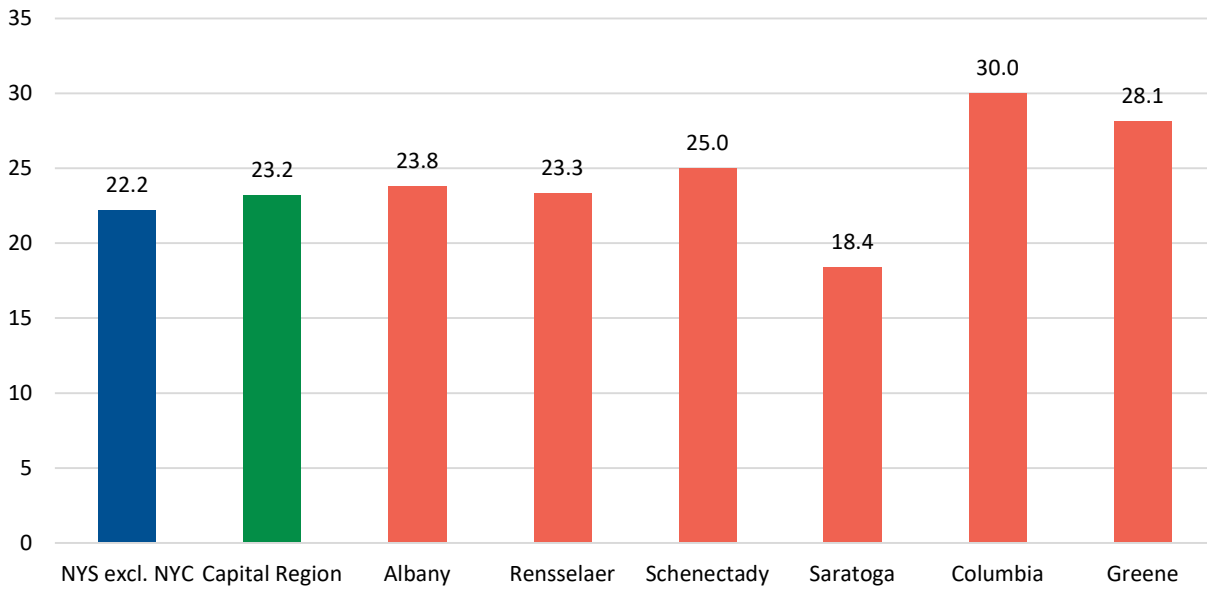
Chronic obstructive pulmonary disease (COPD), or chronic lower respiratory disease (CLRD), is a lung disease that makes it harder to breathe over time as the tubes that carry air into and out of the lungs are partially blocked or damaged. It is a group of diseases and includes emphysema, chronic bronchitis, 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





Age-Adjusted COPD/CLRD Hospitalization Rates per 10,000, 2016-2018⁵



From 2016-2018, there were 2,750 hospitalizations per year due to COPD/CLRD in the Capital Region. The highest hospitalization rate was in Columbia County with 30.0/10,000. Saratoga County was the only county with a rate (18.4/10,000) lower than NYS, excluding NYC (22.2/10,000).⁵

From 2016 to 2018, the Capital Region saw 500 deaths per year due to COPD/CLRD. Rensselaer County had the highest 2016-2018 mortality rate in the Region at 48.2/100,000, exceeding the NYS, excluding NYC, rate of 35.0/100,000. Albany and Greene counties had lower mortality rates than NYS, excluding NYC. Schenectady and Saratoga counties were the only in the Capital Region with higher COPD/CLRD mortality rates in 2016-2018 than in 2013-2015.⁶

Age-Adjusted COPD/CLRD Mortality Rate per 100,000, 2013-2015 and 2016-2018 ⁶		
	2013-15	2016-18
NYS excl. NYC	35.0	35.0
Capital Region	40.0	39.1
Albany County	35.4	32.0
Rensselaer County	54.4	48.2
Schenectady County	39.4	41.1
Saratoga County	36.9	40.8
Columbia County	42.6	41.9
Greene County	40.5	34.2

There were racial/ethnic disparities in 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, 2016-2018⁷			
	White non-Hispanic	Black non-Hispanic	Hispanic
NYS excl. NYC	20.3	41.2	22.3
Albany County	18.6	56.1	22.5
Rensselaer County	20.8	51.8	30.3
Schenectady County	23.1	35.9	16.7
Saratoga County	18.6	25.4	S
Columbia County	26.3	81.9	28.7
Greene County	27.5	27.1	32.2

S: Suppressed for confidentiality

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Asthma

Objective

New York State Prevention Agenda 2019-2024

- Reduce the asthma emergency department visit rate among children aged 0-17 to 131.1 per 10,000.

Highlights

- Asthma ED visit rates (age 0-17) were highest in Albany and Schenectady counties.
 - Every Capital Region county was meeting the Prevention Agenda objective.
- Adult prevalence of asthma was highest in Schenectady County.
- Asthma hospitalization rates:
 - were lower in every Capital Region county than in NYS, excl. NYC.
 - were highest in Albany and Schenectady counties.
 - were 2.4x to 6.6x higher among Black non-Hispanic residents than White non-Hispanic residents

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 1.5 million adults (10.1%) and 260,000 (6.2%) school-aged children have current 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 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

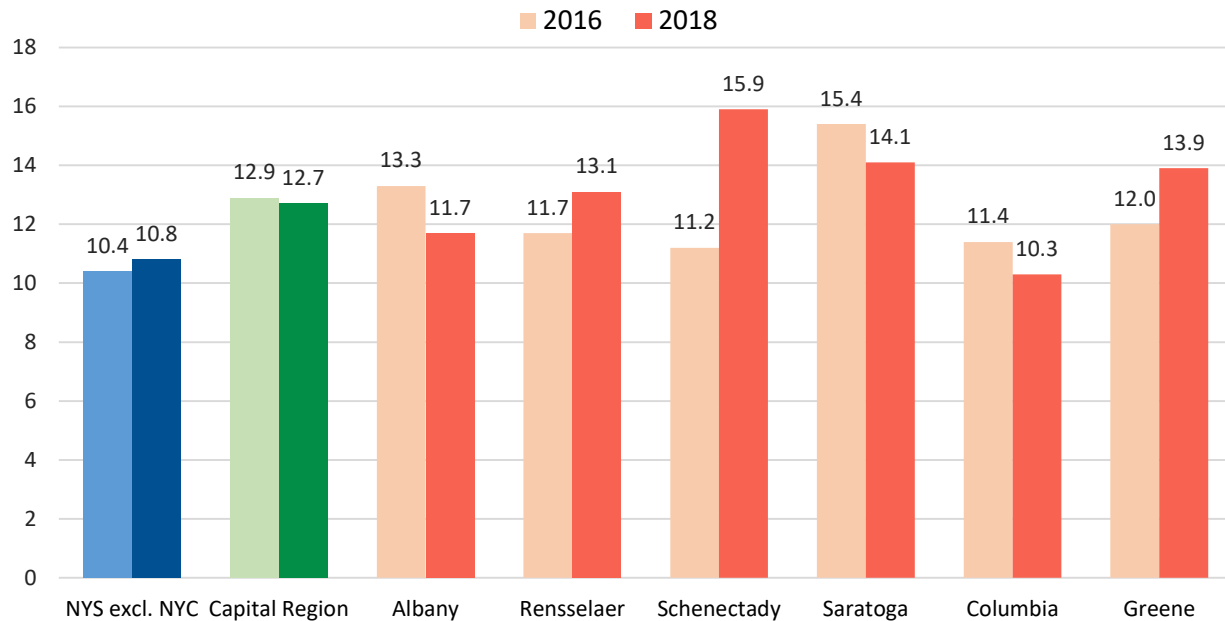
Asthma can interfere with daily activities, especially without proper management and treatment. Asthma is the leading cause of missed days of school for children. Parents are also affected, as they frequently miss days of work due to their child's asthma. About 1 in 3 adults with asthma also miss at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



Asthma is a major health concern for the Capital Region. In the Capital Region, there was an estimated 101,700 adults living with asthma. Schenectady and Saratoga counties had the highest adult asthma prevalence rates in the Region.⁵

Age-Adjusted Percentage of Adults with Current Asthma⁵



Severe asthma attacks and complications can lead to hospitalizations. Asthma hospitalizations often 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 over 470 asthma hospitalizations per year in the Region from 2016 to 2018. All Capital Region counties had hospitalization rates below the the NYS, excluding NYC, rate of 6.8/10,000. Albany County had the highest rate at 6.7/10,000.⁶

Age-Adjusted Asthma Hospitalization Rate per 10,000, 2016-2018 ⁶	
NYS excl. NYC	6.8
Capital Region	5.3
Albany County	6.7
Rensselaer County	4.8
Schenectady County	6.2
Saratoga County	2.9
Columbia County	6.1
Greene County	5.7

Data for asthma hospitalizations shows that there were racial/ethnic disparities. Black non-Hispanic residents were 2.4-6.6 times as likely to have an asthma hospitalization in comparison to White non-Hispanic residents. Hispanic residents were 1.6-3.6 times as likely as White non-Hispanic residents.⁷

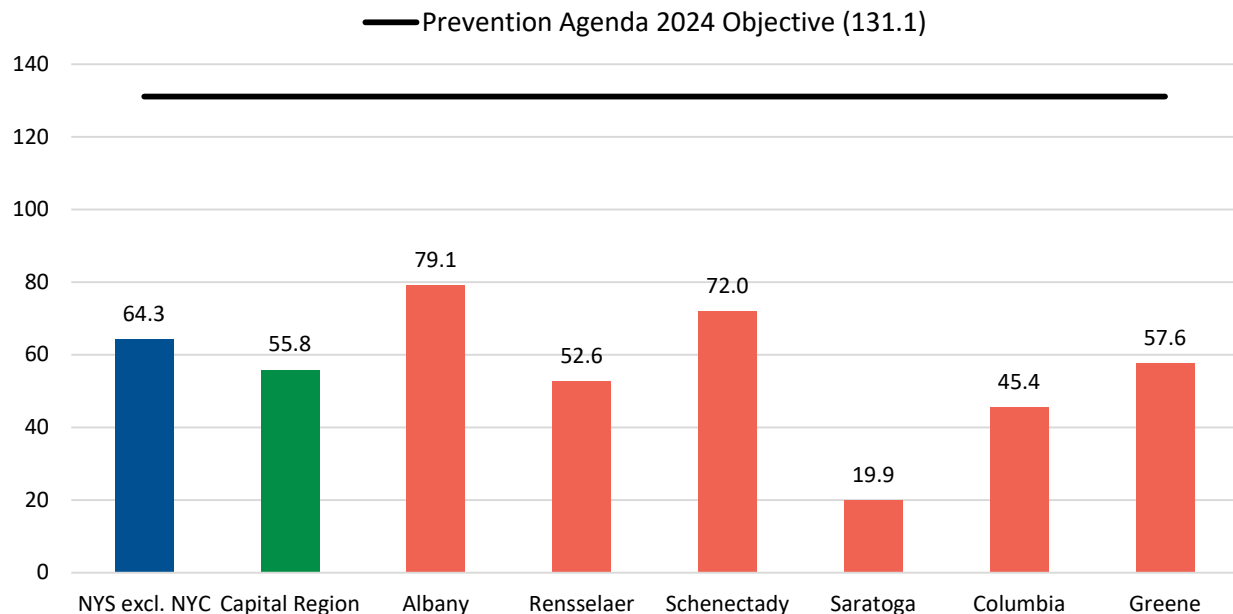
Age-Adjusted Asthma Hospitalization rates by Race/Ethnicity, 2016-2018 ⁷					
	White non-Hispanic	Black non-Hispanic	Hispanic	Black non-Hispanic to White non-Hispanic Ratio	Hispanic to White non-Hispanic Ratio
NYS excl. NYC	4.0	18.0	9.1	4.5	2.3
Albany County	3.3	21.7	8.0	6.6	2.4
Rensselaer County	3.3	16.0	8.2	4.8	2.5
Schenectady County	4.3	12.6	7.0	2.9	1.6
Saratoga County	2.8	6.6*	S	2.4	---
Columbia County	3.9	24.7	13.9	6.3	3.6
Greene County	4.9	S	17.3	---	3.5

*: Rate unstable due to < 10 events in numerator
 ---: Ratio could not be determined due to lack of data
 Note: Data for 2016-and-forward are not comparable with earlier data.
 S: Data are suppressed for confidentiality

Among Capital Region residents aged 0-17 years there were over 1,000 emergency department (ED) visits per year due to asthma complications and flare-ups. All Capital Region counties were well within the New York State Prevention Agenda 2024 objective for asthma ED visits, aged 0-17 years (131.1/10,000). The highest rate was in Albany County, with a rate of 79.1/10,000. Albany and Rensselaer counties had rates higher than the NYS, excluding NYC, rate.⁸

In 2018, Asthma ED visit rates for high-risk neighborhoods in the Capital Region were up to 5 times the NYS, excluding NYC, rate.⁹

Asthma ED Visit Rate per 10,000, Ages 0-17 years, 2018⁸



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Diabetes

Highlights

In the Capital Region, Diabetes:

- Adult prevalence was highest in Greene County.
- Short-term complications hospitalization rates were highest in Schenectady, Rensselaer, and Greene.
- Emergency department visit rates were highest in Schenectady and Rensselaer counties.
- Hospitalization rates were highest in Albany, Rensselaer, and Schenectady counties.
- Mortality rates were highest in Schenectady County.
- Short-term complications hospitalization rates, hospitalization rates, and mortality rates were higher among Black non-Hispanic residents than White non-Hispanic residents.

Diabetes is a serious public health concern. About 34.2 million people in the United States are estimated to have diabetes, over 10.5% of the population. Another 88 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 Type 2 diabetes, formerly called “adult” diabetes, has become more prevalent in the United States, particularly among minorities, and is being seen with alarming frequency among children.¹

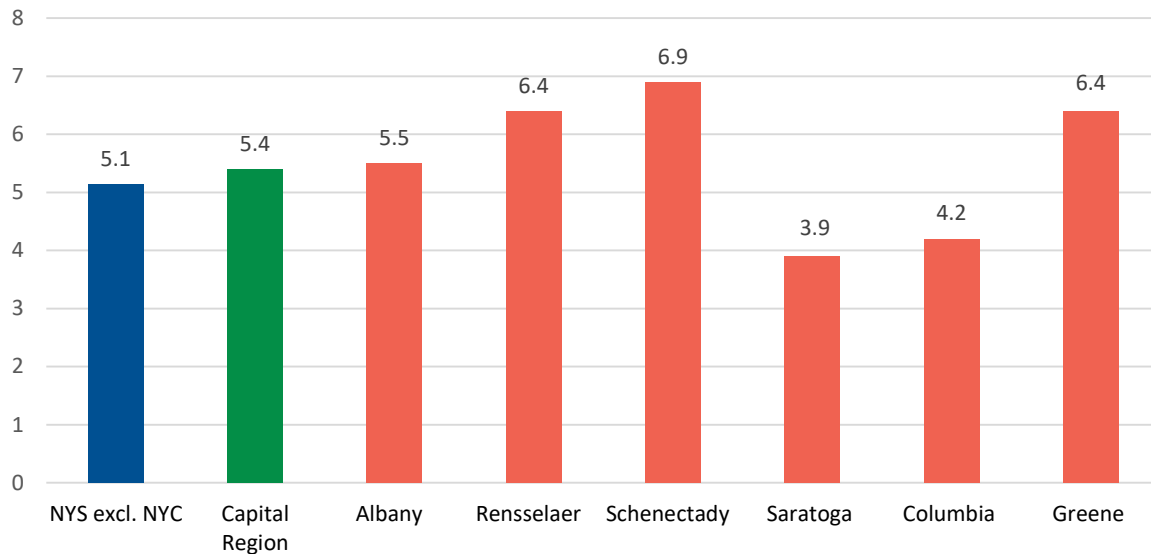
In 2017, the total cost of diagnosed diabetes in the US was estimated to be \$327 billion, an increase of \$82 billion since 2012. Approximately 1 in 7 health care dollars are spent caring for people with diabetes and its complications. Medical costs for people with diabetes are 2.3 times higher than 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 70,000 adults in the Capital Region have been diagnosed with diabetes. Adults in Greene County had the highest prevalence of adult diabetes in 2018. Greene, Rensselaer, and Schenectady counties had a higher prevalence of diabetes than in NYS, excluding NYC.³

Age-Adjusted Percentage of Adults With Diabetes ³			
	2013-14	2016	2018
NYS excl. NYC	8.2%	8.5%	9.2%
Capital Region	8.7%	7.6%	9.4%
Albany County	8.8%	9.0%	7.7%
Rensselaer County	10.0%	6.8%	10.1%
Schenectady County	7.8%	9.0%	10.3%
Saratoga County	8.3%	6.9%	8.9%
Columbia County	7.1%	4.4%	7.6%
Greene County	10.2%	5.5%	13.2%



Diabetes Short-Term Complications Hospitalization Rate per 10,000, Aged 18+ Years, 2016-2018⁶



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).⁴ From 2016 to 2018, there were over 400 yearly diabetes short-term complications hospitalizations among Capital Region residents 18 years of age and older. The diabetes short-term complications hospitalization rate for all Capital Region counties, except for Saratoga and Columbia counties, exceeded the NYS, excluding NYC, rate.⁵

Diabetes short-term complications hospitalization rates were 2.3 to 5.9 times higher for Black non-Hispanic residents in the Capital Region in comparison to White non-Hispanic residents, depending on the county of residence. Rates among Hispanic residents were 1.1 to 3.2 times higher than White non-Hispanic residents, depending on the county of residence.⁶

Diabetes Short-Term Complications Hospitalization Rate per 10,000, Aged 18+ Years, 2016-2018 ⁶			
	Non-Hispanic		Hispanic
	White	Black	
NYS excl. NYC	4.1	12.8	4.7
Albany County	4.0	15.5	6.7
Rensselaer County	4.8	28.4	S
Schenectady County	5.1	18.2	11.4
Saratoga County	3.9	8.9*	S
Columbia County	3.3	13.5*	10.6*
Greene County	6.8	S	S

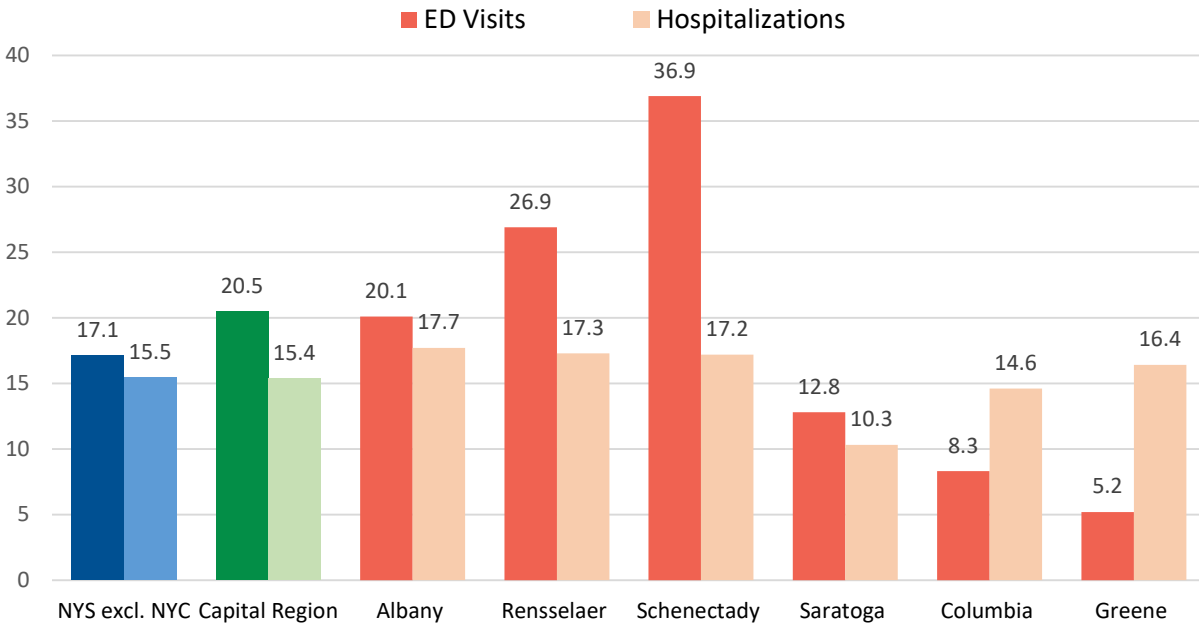
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Age-Adjusted Diabetes ED Visit and Hospitalization Rates per 10,000 (Primary Diagnosis), 2016-2018 ^{8,9}



The Capital Region had higher ED visit and lower hospitalization rates than NYS, excluding NYC. From 2016 to 2018, there were 2,161 ED visits and over 1,000 yearly 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, Rensselaer, and Schenectady counties had the highest hospitalization rates.^{7,8}

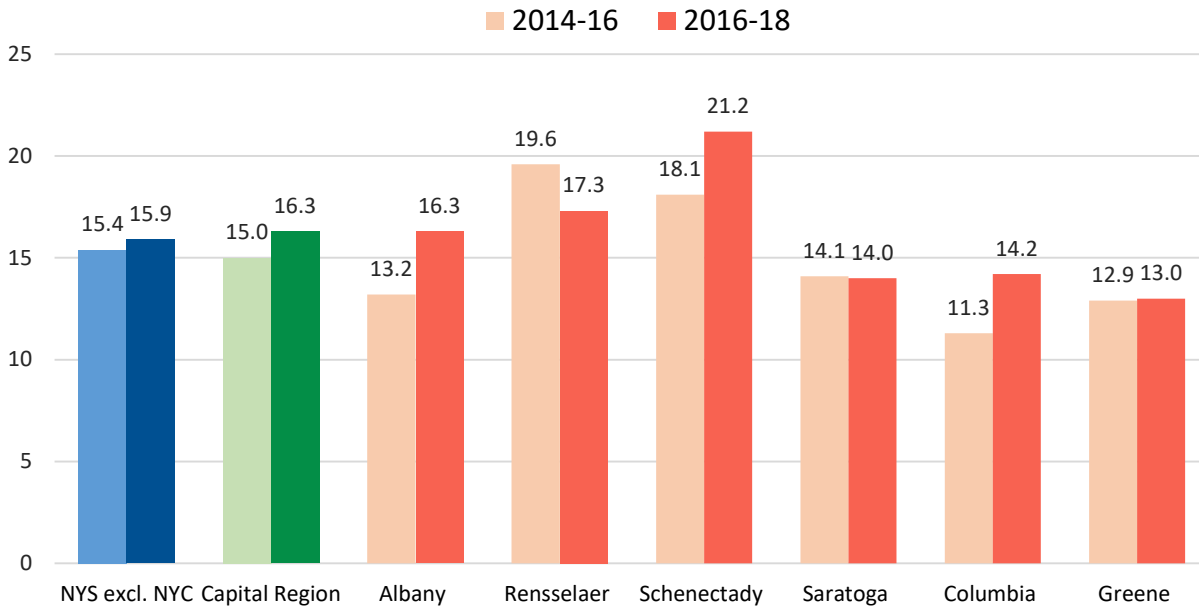
Black non-Hispanic Capital Region residents had diabetes hospitalization rates that were 2.0 to 4.1 times the rate of White non-Hispanic residents, depending on the county of residence. Diabetes hospitalization rates among Hispanic residents were closer to rates among White non-Hispanic residents, with rate ratios ranging from 0.5 to 1.7, depending on county of residence.⁶

Diabetes (primary diagnosis) Hospitalization Rate per 10,000 population, Age-Adjusted, 2016-2018 ⁶			
	Non-Hispanic		Hispanic
	White	Black	
NYS excl. NYC	12.2	37.9	13.5
Albany County	12.8	52.0	15.6
Rensselaer County	15.0	46.1	13.0
Schenectady County	13.4	42.0	22.2
Saratoga County	10.2	20.9	4.9
Columbia County	12.7	30.6	21.1
Greene County	16.7	36.4	10.2*

*: Unstable rate



Age-Adjusted Diabetes Mortality Rate per 100,000¹⁰



The Capital Region averaged 210 deaths per year due to diabetes, from 2016 to 2018. Schenectady County had the highest diabetes mortality rate in the Capital Region. Albany, Rensselaer, and Schenectady counties had diabetes mortality rates exceeding that of New York State, excluding NYC.⁹

In most of the counties in the Capital Region, Black non-Hispanic residents had higher rates of diabetes mortality, compared to White non-Hispanic residents. Ratios of rates among Black non-Hispanic and White non-Hispanic residents ranged from 0.8 to 2.8. Rate ratios comparing Hispanic to White non-Hispanic residents ranged from 0.0 to 2.2.⁶

Diabetes Mortality Rate per 100,000 population, Age-Adjusted, 2016-2018 ⁶			
	Non-Hispanic		Hispanic
	White	Black	
NYS excl. NYC	15.0	29.2	13.5
Albany County	14.9	31.5	17.8*
Rensselaer County	17.4	19.8*	18.7*
Schenectady County	19.7	36.5	10.5*
Saratoga County	13.9	10.6	9.1*
Columbia County	14.0	39.6*	0.0*
Greene County	12.1	29.5*	27.1*

*: Rate unstable



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Cardiovascular Disease

Highlights

- Heart attack:
 - Hospitalization rate was highest in Schenectady County
- Coronary heart disease:
 - Hospitalization rate was highest in Schenectady County
 - Mortality rate was highest in Greene and Columbia counties
 - Hospitalization rates among Black non-Hispanic residents, in 2016-2018, were lower than in 2014-2016 and were 0.8 to 1.5 times that of White non-Hispanic residents
 - Hospitalization rates among Hispanic residents were lower than White non-Hispanic residents
- Congestive heart failure:
 - Hospitalization and Mortality rates were highest in Greene County
- Stroke:
 - Hospitalization and Mortality rates were highest in Schenectady County
 - Mortality rates were higher among Black, than White, non-Hispanic residents

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 35% of all statewide mortality.⁴

Heart Attack and Coronary Heart Disease

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 25% more likely to die from coronary heart disease than the next leading cause of death.⁵

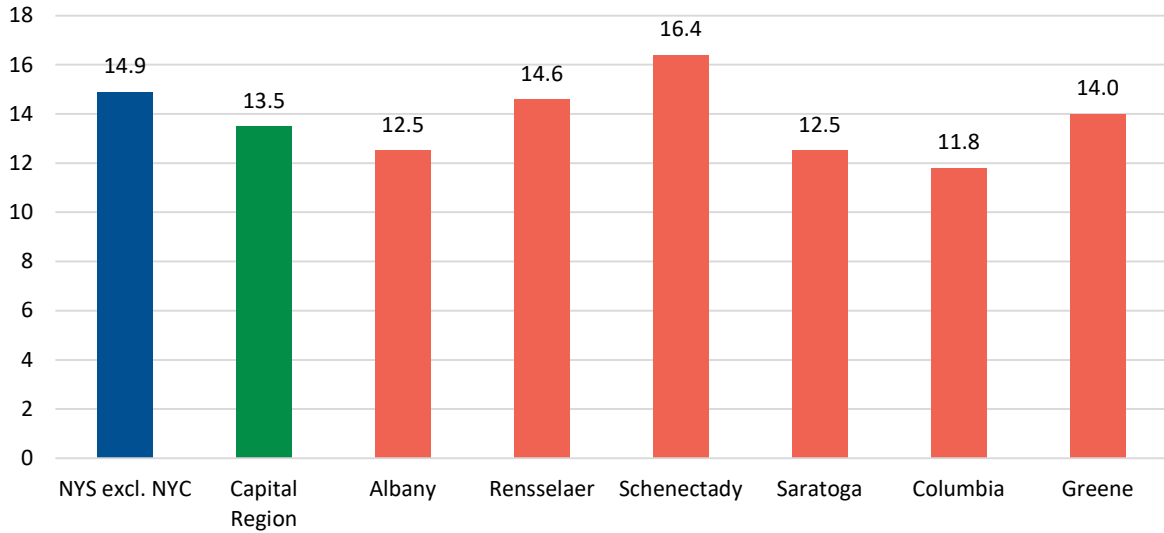
Coronary heart disease is a disorder that affects the coronary arteries (blood vessels that supply blood to the heart) and the heart muscle. A serious consequence of coronary heart disease is a heart attack, which occurs when the supply of blood to the heart is greatly reduced or stopped due to blockage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

It is estimated that in the U.S., 13% of 2018 deaths, 365,700 individuals, were attributed to coronary heart disease.² Heart attacks occur in approximately 805,000 Americans annually. Approximately every 40 seconds, an American will suffer a heart attack.^{2,7}



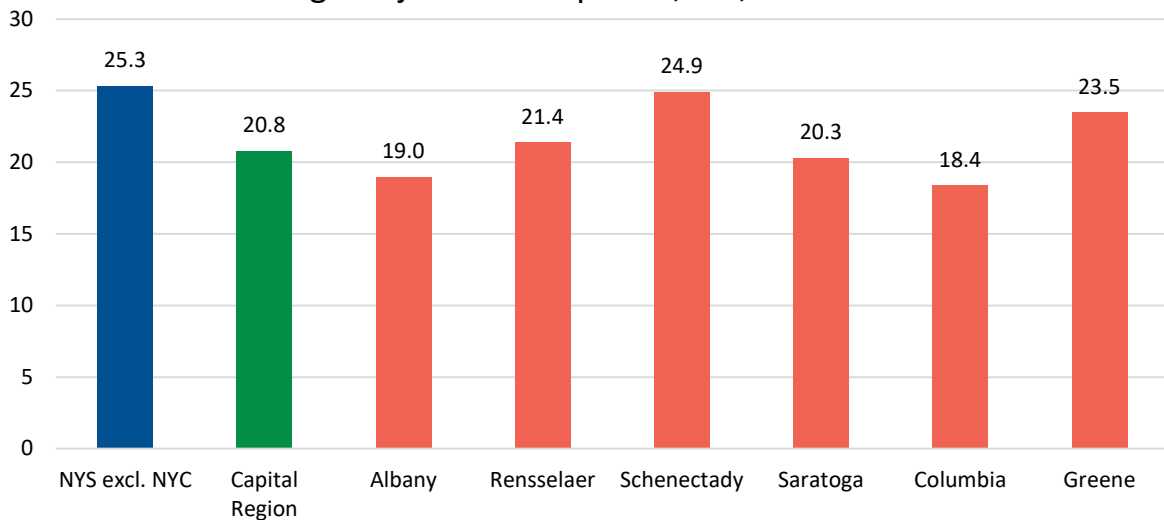


Heart Attack Hospitalization Age-Adjusted Rate per 10,000, 2016-2018⁸



The Capital Region had an average of 1,685 yearly heart attack hospitalizations from 2016 to 2018. Schenectady County had the highest heart attack hospitalization rate (16.4/10,000) in the region and was the only county with a rate higher than New York State, excluding NYC (14.9/10,000).⁶

Coronary Heart Disease (CHD) Hospitalization Age-Adjusted Rate per 10,000, 2016-2018⁹



From 2016 to 2018, there were over 2,600 yearly hospitalizations due to coronary heart disease (CHD) in the Capital Region. All Capital Region counties had CHD hospitalization rates lower than that of New York State, excluding

NYC. CHD rates have decreased over the past decade for New York State, excluding NYC and the Capital Region counties.⁹

When comparing CHD hospitalization rates by race/ethnicity from 2014 to 2016, there was a clear disparity in which Black non-Hispanics had 2 to 3 times higher rates. However, data from 2016 to 2018 does not show such large differences. Rates among Black non-Hispanics ranged from 0.8 to 1.5 times those of White non-Hispanics. Rates among Hispanics ranged from 0.3 to 1.0 times those of White non-Hispanics.¹⁰

Age-Adjusted Coronary Heart Disease (CHD) Hospitalization Rate per 10,000, 2016-2018 ¹⁰			
	Non-Hispanic		Hispanic
	White	Black	
NYS excl. NYC	23.0	25.3	23.4
Albany County	17.2	24.6	13.7
Rensselaer County	20.8	25.0	12.3
Schenectady County	22.8	23.5	15.7
Saratoga County	20.0	15.5	5.3*
Columbia County	16.6	19.7	12.6*
Greene County	21.6	32.7	18.4

*: Rate unstable

From 2016 to 2018, there were 1,345 deaths per year, on average, due to coronary heart disease in the Capital Region. All Capital Region counties, again, had CHD mortality rates lower than that of New York State, excluding NYC, with the exception of Columbia and Greene counties. CHD mortality rates decreased in each Capital Region county, except Greene County, as well as in the Capital Region overall and New York State, excluding NYC.¹¹

Age-Adjusted Coronary Heart Disease (CHD) Mortality Rate per 100,000, 2014-16 and 2016-18 ¹¹		
	2014-16	2016-18
NYS excl. NYC	116.5	115.6
Capital Region	107.9	100.9
Albany County	105.1	100.1
Rensselaer County	114.3	103.1
Schenectady County	115.0	105.7
Saratoga County	91.8	85.9
Columbia County	130.1	118.7
Greene County	121.4	125.9

Congestive Heart Failure

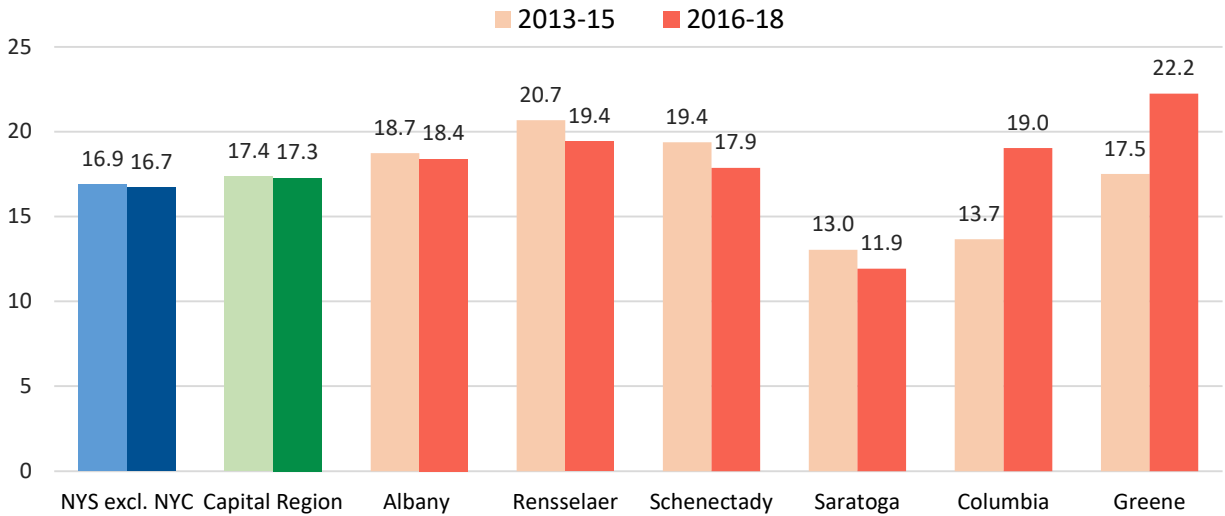
Congestive heart failure (CHF) is a specific category of cardiovascular disease (CVD), as are coronary heart disease and cerebrovascular disease (stroke).⁴ In contrast, unlike the prior two diseases, CHF is not one of the leading causes of death in the state; however, it is one of the fastest growing subgroups of CVD, making it a cause for concern and attention. CHF affects about 6.2 million people within the United States.¹² CHF accounts for 9% of all coronary deaths in the United States.²

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.¹² The most common causes of congestive heart failure are Coronary Artery Disease, High Blood Pressure and Diabetes.

Congestive Heart Failure (CHF) Mortality Age-Adjusted Rate per 100,000¹⁴



From 2016 to 2018, the Capital Region had 232 deaths per year, on average, due to congestive heart failure (CHF). Of the Capital Region counties, Greene County had the highest rate of CHF mortality, with 22.2/100,000. Greene and Columbia were the only Capital Region counties with a higher CHF mortality rate when comparing the three most recent years of data available to the prior three years. Only Saratoga County had a lower rate than New York State, excluding NYC.¹³ Fifteen premature deaths per year in the Capital Region were due to CHF from 2016 to 2018. Albany County had the highest rate in the Capital Region with 6.1/100,000.¹⁴

When comparing CHF mortality rates by race/ethnicity in the Capital Region, White non-Hispanics generally had higher rates than Black non-Hispanics and Hispanics. Rate ratios ranged from 0.6 to 2.0 when comparing rates among Black non-Hispanic residents to White non-Hispanic residents. Rates of CHF mortality among Black non-Hispanic residents were highest in Greene (41.4/100,000) and Rensselaer (36.7/100,000) counties, whereas Schenectady County had the highest among Hispanic residents (26.6/100,000).¹¹

Age-Adjusted Congestive Heart Failure (CHF) Mortality Rate per 100,000, 2016-2018 ¹⁰			
	Non-Hispanic		Hispanic
	White	Black	
NYS excl. NYC	17.2	16.0	7.8
Albany County	18.7	17.5	11.3*
Rensselaer County	18.6	36.7*	18.7*
Schenectady County	17.8	10.6*	26.6*
Saratoga County	12.2	7.9*	0.0*
Columbia County	19.7	12.9*	0.0*
Greene County	22.5	41.4*	0.0*

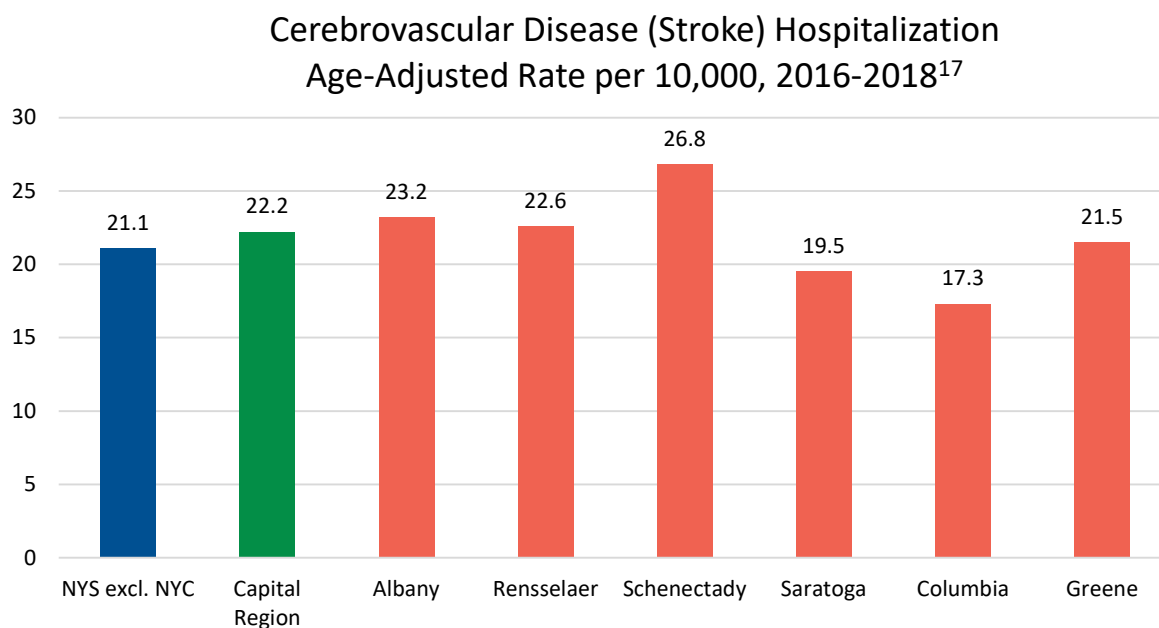
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Cerebrovascular Disease

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.¹⁵

Stroke occurs when a blood vessel, which brings oxygen and nutrients to the brain, bursts or is blocked by a blood clot or some other particle. With this rupture or blockage, part of the brain does not get the blood and oxygen it needs. Deprived of oxygen, nerve cells in the affected area of the brain die within minutes. 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.¹⁵

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

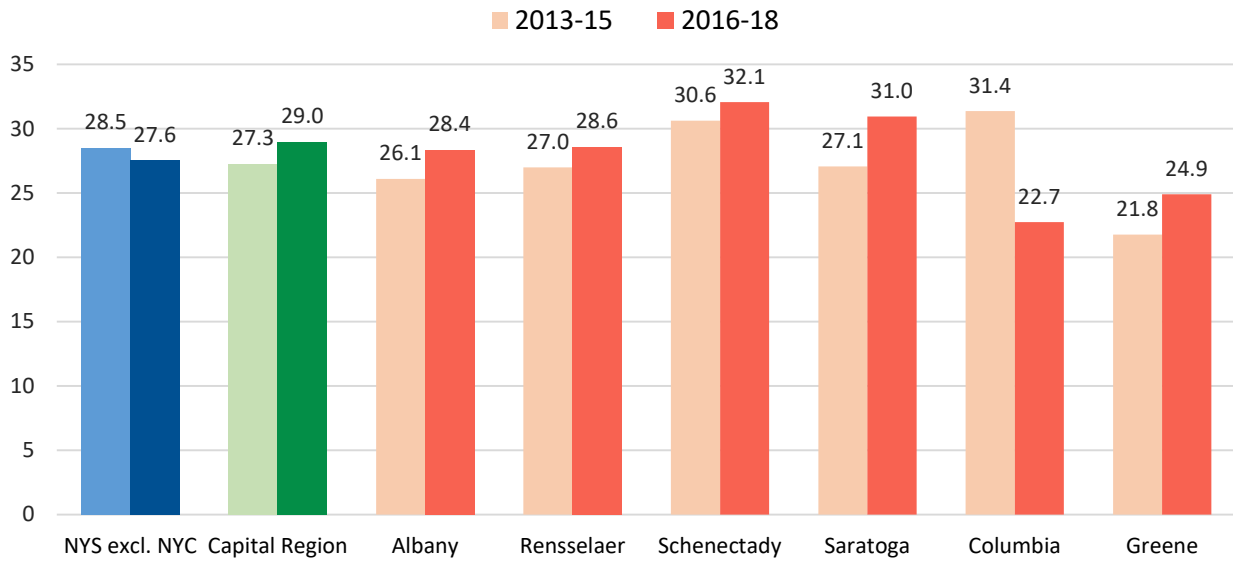


In the Capital Region, there were 2,800 hospitalizations yearly due to stroke from 2016 to 2018. The Capital Region's stroke hospitalization rate was higher than New York State, excluding NYC. With the exception of Columbia and Saratoga counties, the Capital Region counties had hospitalization rates higher than New York State, excluding NYC. Schenectady had the highest stroke hospitalization rate in the Region.¹⁶





Stroke Mortality Age-Adjusted Rate per 100,000¹⁸



There were about 380 deaths per year due to stroke from 2016 to 2018 in the Capital Region. During the most recent three year period with available data, the Capital Region, overall, saw a higher stroke mortality rate than the prior three years. Schenectady County had the highest stroke mortality in the Region. Columbia and Greene were the only Capital Region counties with cerebrovascular disease mortality rates lower than New York State, excluding NYC. Columbia County, alone, saw a decrease in their three-year cerebrovascular disease mortality rate.¹⁷

When comparing cerebrovascular disease mortality by race/ethnicity in the Capital Region, Black non-Hispanics had 1.0 to 2.4 times higher rates compared to White non-Hispanics; Hispanics had 0.5 to 3.3 times higher rates than White non-Hispanics. Stroke mortality rates were highest among Black non-Hispanics in Schenectady and Columbia counties; among Hispanics rates were highest in Greene and Columbia counties.¹¹

Age-Adjusted Cerebrovascular Disease (Stroke) Mortality Rate per 100,000, 2016-2018 ¹⁰			
	Non-Hispanic		Hispanic
	White	Black	
NYS excl. NYC	26.9	33.6	23.4
Albany County	25.7	42.6	15.5*
Rensselaer County	28.9	28.6*	13.2*
Schenectady County	29.7	57.4	26.6*
Saratoga County	31.2	39.5*	20.4*
Columbia County	21.4	51.9*	54.0*
Greene County	22.8	36.4*	74.4*

*: Rate unstable

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Cancer

Highlights

- Breast cancer screening rates were higher in the Capital Region than NYS, excluding NYC.
 - Screening rates were lower in Greene and Schenectady counties than NYS, excluding NYC.
 - Incidence (total and late stage) was higher in the Capital Region than NYS, excluding NYC.
 - Incidence (total) was highest in Albany and Schenectady counties.
 - Incidence (late stage) was highest in Schenectady and Columbia counties.
 - Mortality was higher in Capital Region than NYS, excluding NYC; highest in Rensselaer County.
- Cervical cancer screening and incidence rates improved in the Capital Region, overall.
 - Columbia County had the lowest screening rate; Schenectady, the highest incidence.
- Colorectal cancer incidence and mortality rates were highest in Columbia and Greene counties.
 - Every Capital Region county met the Prevention Agenda objective for colorectal screening.
- Prostate cancer incidence (total and late stage) rates were highest in Albany and Saratoga counties
 - Albany County had the highest mortality; Greene, alone, was lower than NYS excluding NYC.
- Lung cancer mortality in the Capital Region fell 28% from 2011 to 2017, but remained higher than NYS, excluding NYC.
 - Greene County had the highest lung cancer 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



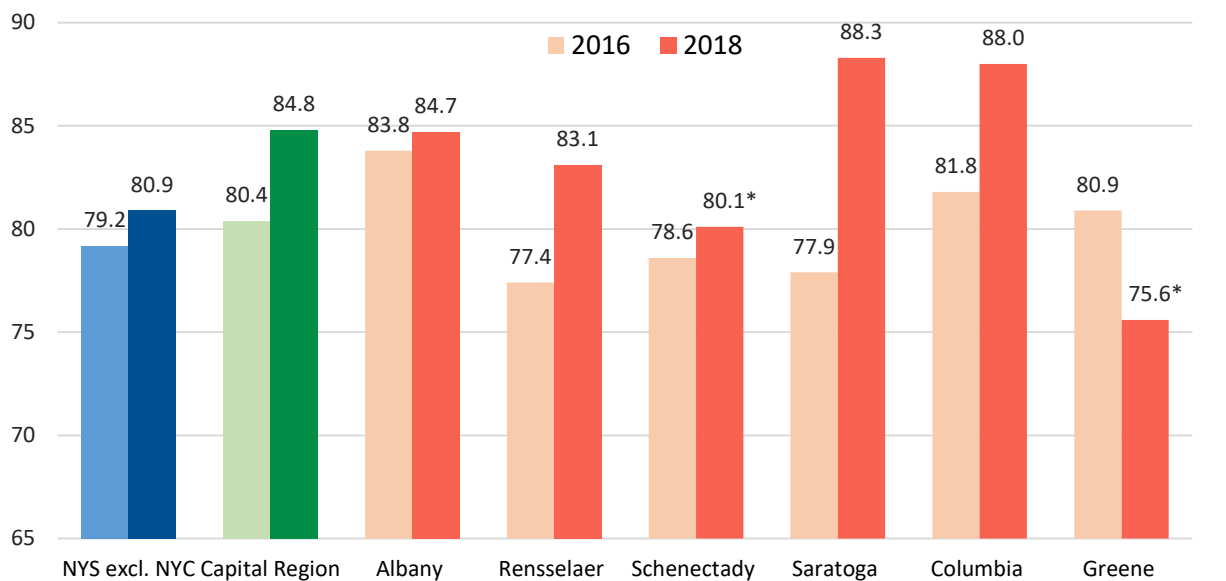
Female Breast Cancer

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 it is rare. In New York State, over 16,000 women are diagnosed with breast cancer each year; 900 are Capital Region residents.²

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.³

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.⁴ 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.⁵

Percentage of Women 50-74 Receiving Breast Cancer Screening Based on Recent Guidelines, 2016 and 2018⁶

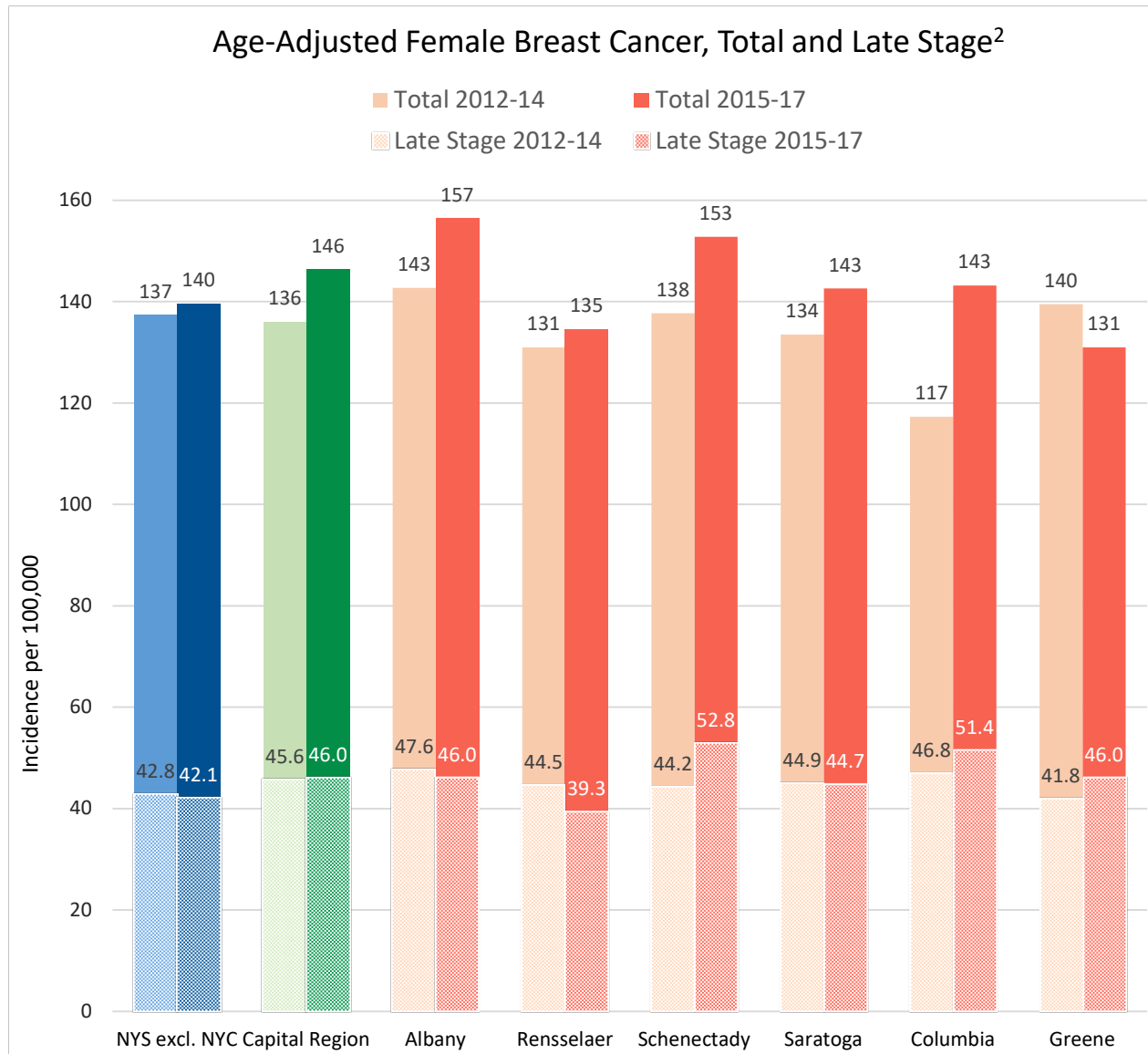


*Rate unstable due to margin of error > 10%

In 2018, 84.8% of women aged 50-74 years in the Capital Region reported having had a mammogram within the past two years, while New York State, excluding NYC, saw a rate of 80.9%. Only Schenectady and Greene counties had a lower screening rate than New York State, excluding NYC, although the margins of error do overlap. Saratoga and Columbia counties had the highest breast cancer screening rates in the Capital Region.⁶



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.⁴



From 2015 to 2017, the Region had approximately 910 cases of female breast cancer cases per year (up from 870 in 2013-15) and about 275 were late diagnoses (down from 290 in 2013-15). The Capital Region had a higher incidence rate of female breast cancer than Upstate New York, and a higher late stage diagnosis rate. Schenectady and Albany counties had the highest breast cancer incidence in the Capital Region; Schenectady and Columbia had the highest incidence of late stage diagnoses.²

Albany, Rensselaer, and Schenectady counties had breast cancer mortality rates higher than the rate in New York State, excluding NYC. Rensselaer County had the highest rate at 22.0 per 100,000 females. Greene County had the largest decrease in breast cancer mortality rate, when comparing the latest three years with available data to the prior three-year period.²

In NYS, excluding NYC, Black non-Hispanic women had a higher late-stage incidence (53.6/100,000) of breast cancer when compared to White non-Hispanic women (42.0/100,000) and Hispanic women (34.5/100,000).

Black non-Hispanic women also had a higher breast cancer mortality rate (21.8/100,000) compared to the White non-Hispanic (18.6/100,000) and Hispanic (8.7/100,000) populations.⁷

Age-Adjusted Female Breast Cancer Mortality Rate per 100,000, 2012-2014 and 2015-2017 ²		
	2012-14	2015-17
NYS excl. NYC	19.3	18.3
Capital Region	19.6	18.8
Albany County	20.2	20.5
Rensselaer County	21.3	22.0
Schenectady County	19.8	19.2
Saratoga County	16.7	17.0
Columbia County	19.0	13.6
Greene County	27.4	14.3

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.⁸ In the United States, approximately 12,800 women are diagnosed with cervical cancer and 4,140 women die from the disease each year.⁸ In New York State, about 860 cases are diagnosed and 270 women die from cervical cancer annually. In the Capital Region, 33 women were diagnosed per year with cervical cancer from 2015 to 2017 and there were 9 deaths per year in the same time period.²

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.⁸

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, even if they are not having sex or had the HPV vaccine.⁹

Percentage of Women 21-65 Years Receiving Cervical Cancer Screening Based on Recent Guidelines, 2016 and 2018 ⁹		
	2016	2018
NYS excl. NYC	83.5%	86.1%
Capital Region	83.5%	89.7%
Albany County	82.1%	88.8%
Rensselaer County	87.0%	90.4%
Schenectady County	90.1%	88.0%
Saratoga County	85.0%	96.4%
Columbia County	81.1%*	80.4%*
Greene County	76.4%*	85.2%

*: Rate unstable due to margin of error > 10%



In 2018, the percentage of women 21 to 65 years of age getting regular Pap tests according to State guidelines in the Capital Region was higher than in NYS, excluding NYC. Only Columbia and Greene counties had screening rates lower than NYS, excluding NYC. Saratoga County had the highest screening rate (96.4%) in the Capital region; Columbia County had the lowest (80.4%), with a large margin of error.²

The rate of new cervical cancers in the Capital District is lower than the rate in New York State, excluding NYC. Schenectady and Columbia counties had incidence rates higher than New York State, excluding NYC.²

Age-Adjusted Cervical Cancer Incidence Rate per 100,000 Women, 2012-14 and 2015-17 ²		
	2012-14	2015-17
NYS excl. NYC	6.8	7.0
Capital Region	6.8	6.4
Albany County	5.5	6.6
Rensselaer County	8.0	4.9*
Schenectady County	8.4*	8.5
Saratoga County	3.8*	6.0
Columbia County	10.7*	7.5*
Greene County	11.7*	S

*: Rate unstable due to < 10 events in numerator
S: Suppressed for confidentiality

Colorectal Cancer

Objective

New York State Prevention Agenda, 2019-2024

- Increase the percentage of adults (50-64 years) who receive a colorectal cancer screening based on most recent guidelines to 66.3%.

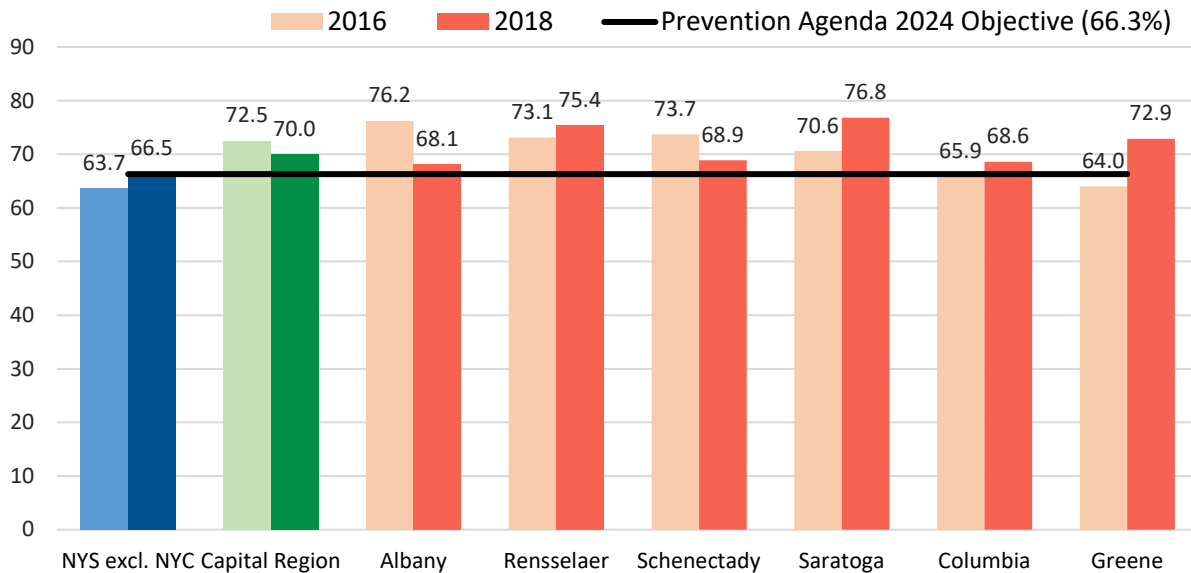
Colorectal cancer is the third most common cancer in men and women. It is also the second leading cause of death from cancers that affect both men and women.¹⁰ Each year, about 9,100 adults in New York State are diagnosed with colorectal cancer, and 90% of them are over age 50.¹ Routine screening can reduce colorectal cancer deaths by at least 60%.¹⁰ 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%.¹¹

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.¹¹

Colorectal cancer screening is recommended for men and women aged 50–75 using high-sensitivity fecal occult blood testing (FOBT), sigmoidoscopy, or colonoscopy.¹² Every Capital Region county met the Prevention Agenda 2024 objective in 2018.¹³ Every Capital Region county also had higher colorectal cancer screening rates than in New York State, excluding NYC.¹³

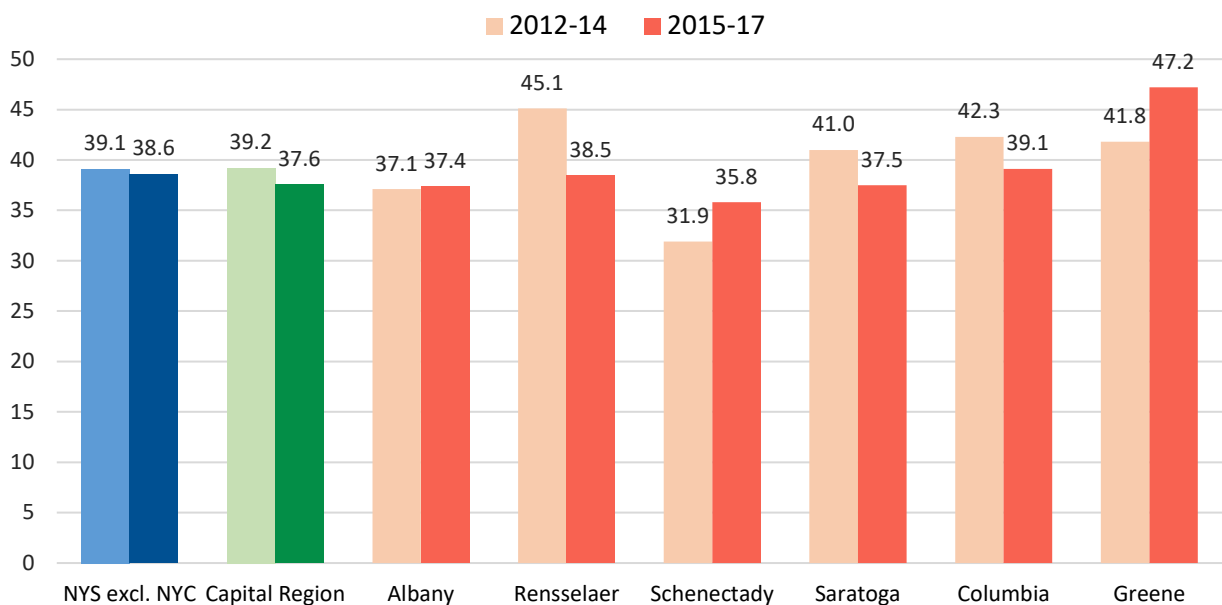


Percentage of Adults who Followed Most Recent Colorectal Cancer Screening, aged 50-64 years, 2016 and 2018⁶

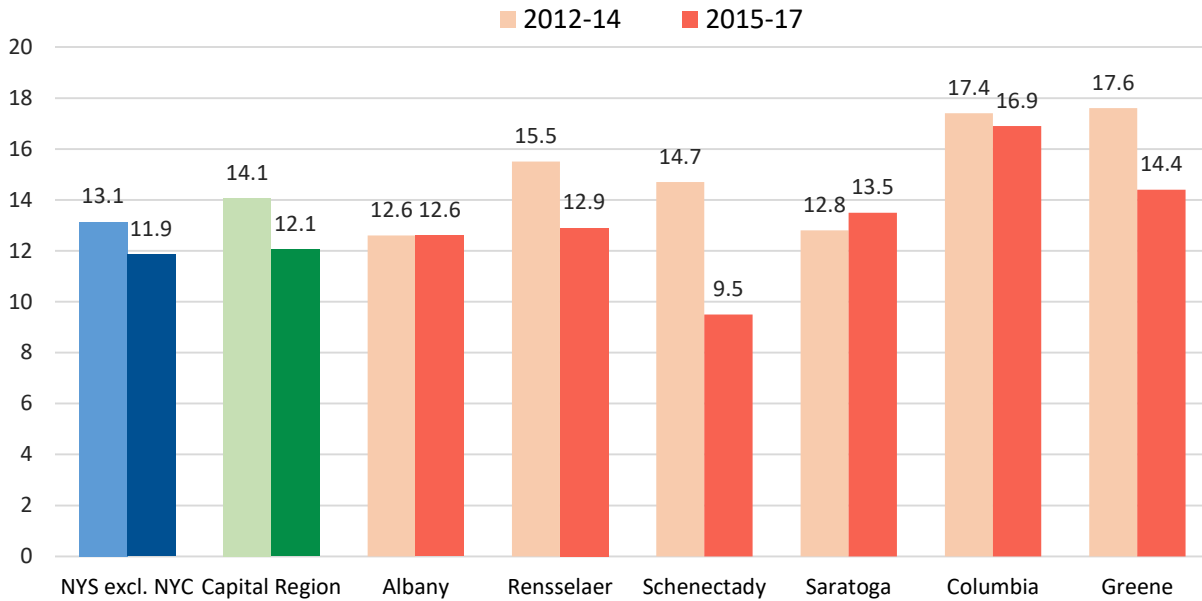


The Capital Region had a slightly lower colorectal cancer incidence rate than New York State, excluding NYC, and averaged 460 cases and 160 deaths per year. During the most recent three years with available data, Greene and Columbia counties had the highest incidence and mortality rates in the Region. The rate of colorectal cancer mortality in the Capital Region was slightly higher than the NYS, excluding NYC, rate. Greene County had the highest rate of mortality (16.9/100,000), from 2015 to 2017, while Schenectady County had the lowest rate (9.5/100,000).²

Colorectal Cancer Incidence, Age-Adjusted Rate per 100,000²



Age-Adjusted Colorectal Mortality per 100,000²



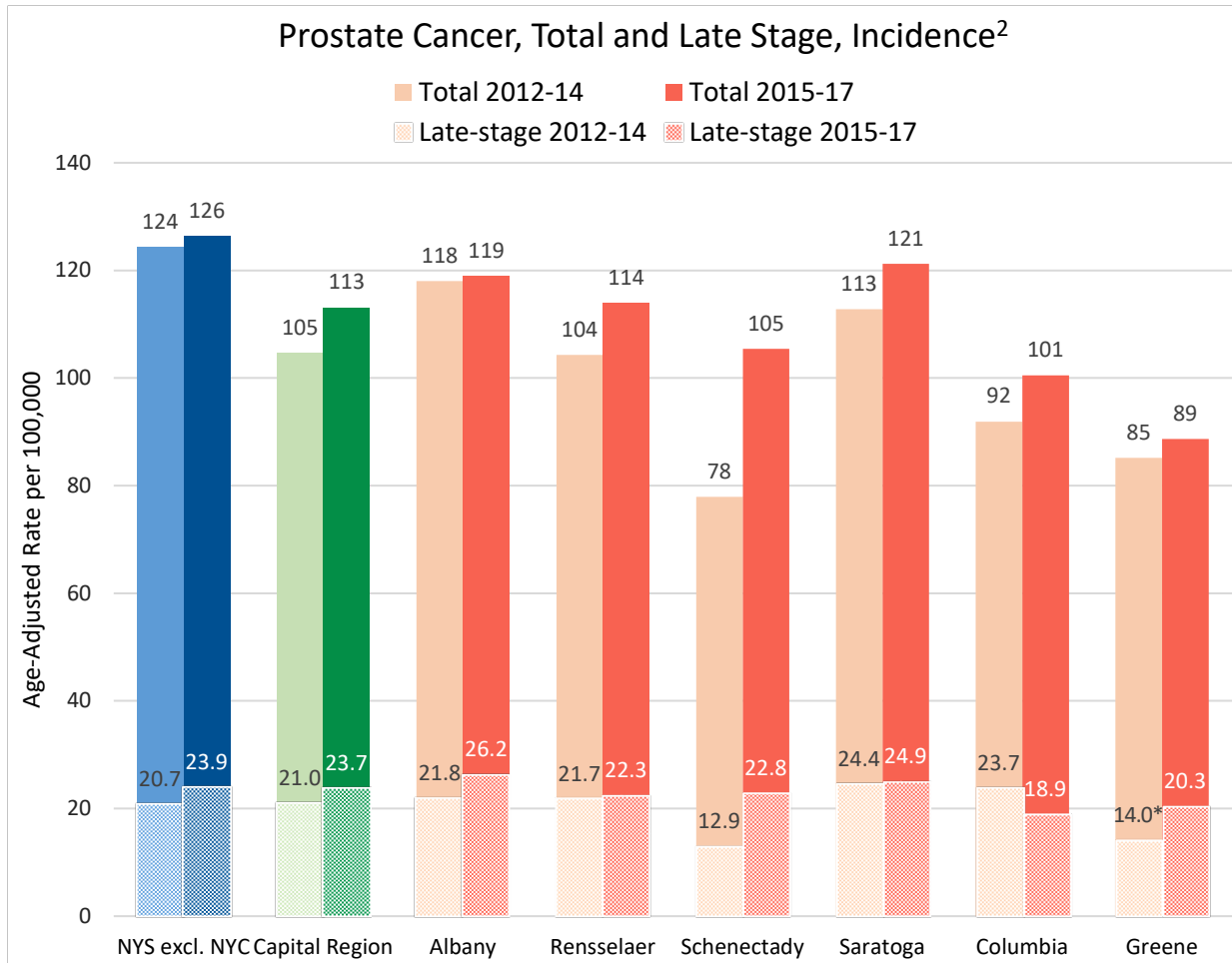
Because of the small numbers, race/ethnicity information for colorectal cancer is not available for all Capital Region counties. In New York State, excluding NYC, males have higher colorectal cancer incidence than females (42.9 vs. 32.0 per 100,000 in NYS, excluding NYC, from 2016-2018).¹⁴ Black non-Hispanics had the highest incidence (41.2/100,000), from 2016 to 2018, followed by White non-Hispanics (39.3/100,000) and Hispanics (30.2/100,000). Black non-Hispanics also had the highest colorectal cancer mortality rate (14.4/100,000), followed by White non-Hispanics (12.5/100,000) and Hispanics (6.0/100,000).⁷

Prostate Cancer

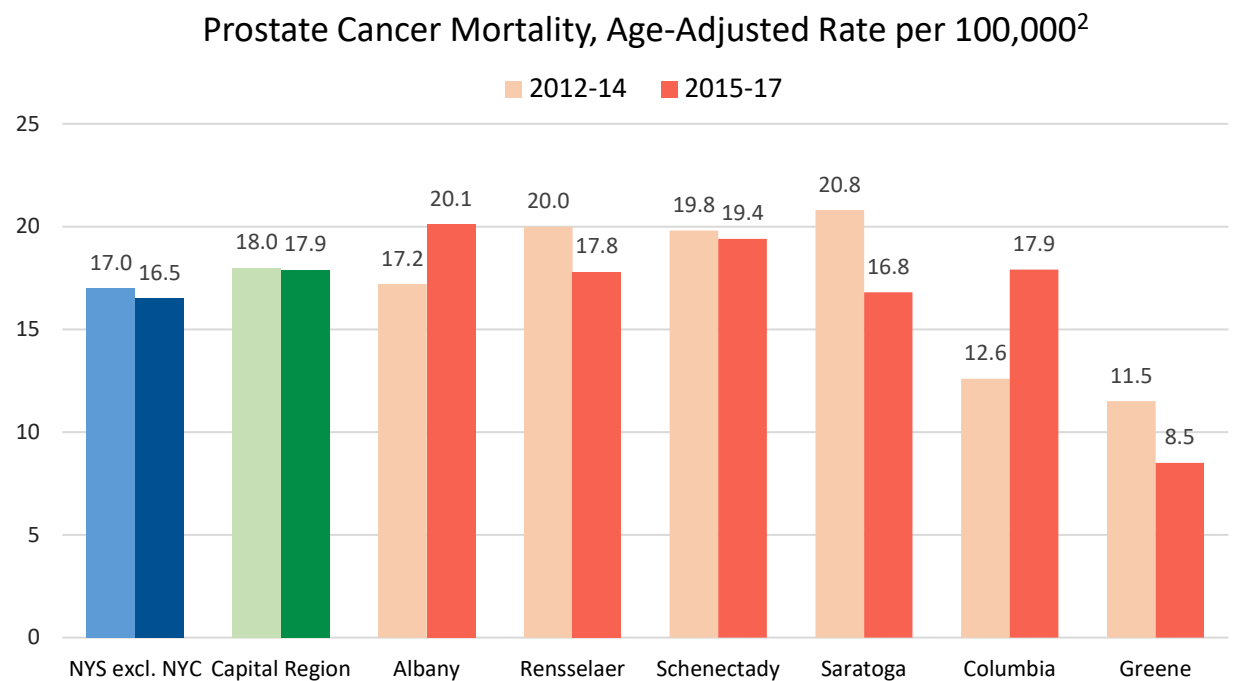
Prostate cancer is the most common form of cancer in men and the second leading cause of cancer mortality in men. In New York State, around 14,300 men are diagnosed with prostate cancer annually and there are about 1,700 deaths due to prostate cancer each year.¹

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.¹⁵

The Capital Region averages 710 cases of prostate cancer annually. All Capital Region counties had age-adjusted prostate cancer total incidence rates below that of NYS, excluding NYC, with Saratoga and Albany counties having the highest total and late stage incidence rates in the region.²



*: Rate unstable due to < 20 events in numerator



There were an average of 92 prostate cancer deaths per year in the Capital Region from 2015 to 2017. Of all the Capital Region counties, only Greene had a prostate cancer mortality rate lower than NYS, excluding NYC.² Prostate cancer mortality has been decreasing in New York State over the last decade. The New York State, excluding NYC, age-adjusted mortality rate decreased 15% from 18.9 per 100,000 in 2009 to 16.1 in 2018.¹⁴

Lung Cancer

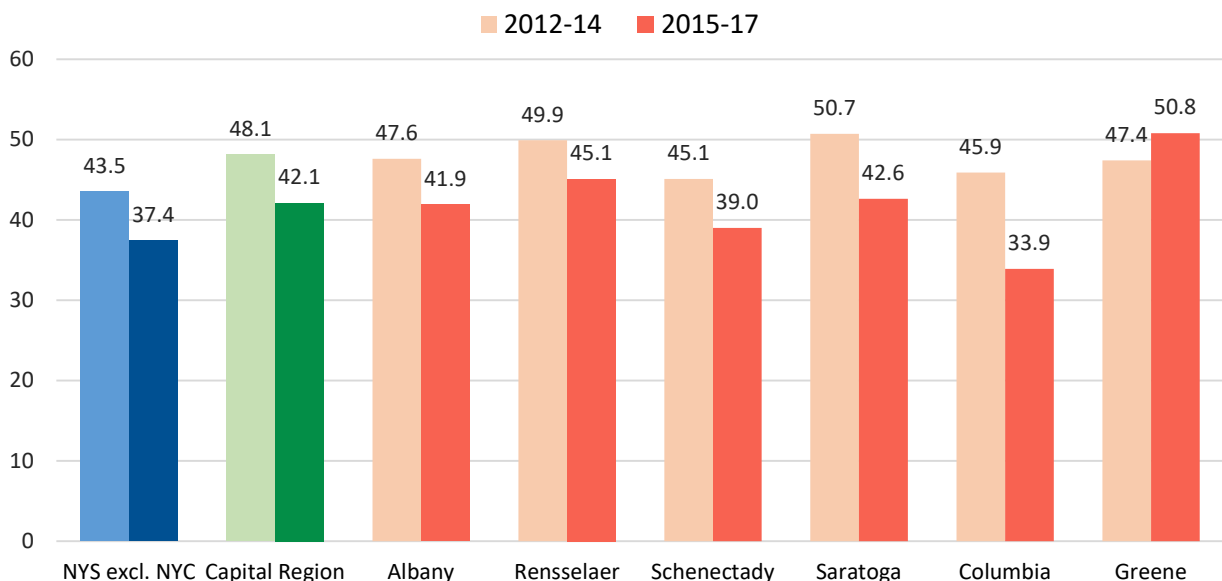
Lung cancer continues to be a serious public health concern. It is the leading cause of cancer death, and the second most diagnosed cancer. This is true for both men and women.¹⁶ In New York State, lung cancer was the number one cause of death due to cancer.¹ From 2015 to 2017, the Capital Region averaged 940 lung cancer cases, and 534 deaths, per year. From 2011 to 2017, lung cancer incidence in the Capital Region went down 3%, while mortality fell by 28%.²

Lung cancer incidence in all Capital Region counties exceeded the NYS, excluding NYC, rate. Greene and Rensselaer counties had the highest incidence.

Every Capital Region county, except Greene County, had a lower lung cancer mortality in 2015-2017 than 2012-2014. Only Columbia County had a lower rate (33.9/100,000) than New York State, excluding NYC (37.4). Greene County's mortality rate (50.8) was highest in the region.²

Age-Adjusted Lung Cancer Incidence per 100,000, 2012-2014 and 2015-2017 ²		
	2012-14	2015-17
NYS excl. NYC	66.6	66.1
Capital Region	73.7	74.0
Albany County	68.8	74.0
Rensselaer County	86.8	80.1
Schenectady County	63.8	72.4
Saratoga County	70.0	71.8
Columbia County	82.5	66.9
Greene County	84.8	80.5

Lung Cancer Mortality, Age-Adjusted Rate per 100,000²



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VI. Healthy and Safe Environment



Childhood Lead Poisoning

Highlights

In the Capital Region,

- 2,300 (24.0%) children born in 2015 did not have one lead screening while 9-17 months of age, down from 2,600 (28.3%) children born in 2013
- 3,850 (40.0%) children born in 2015 did not have two lead screenings by 36 months of age, down from 4,100 (42.1%) children born in 2013
- Lead screening rates increased in all counties, except Greene
- Elevated blood lead level incidence fell 42%, when comparing 2016-2018 to 2013-2015
 - Incidence was higher than NYS, excl. NYC, in every Capital Region county, except Saratoga
 - Incidence among children under 6 years of age was highest in Albany County
- The rate of school drinking water outlets exceeding 15 µg lead/L was halved, from 2016 to 2020
 - Schenectady County had a higher lead action level exceedance rate than NYS, excl. 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

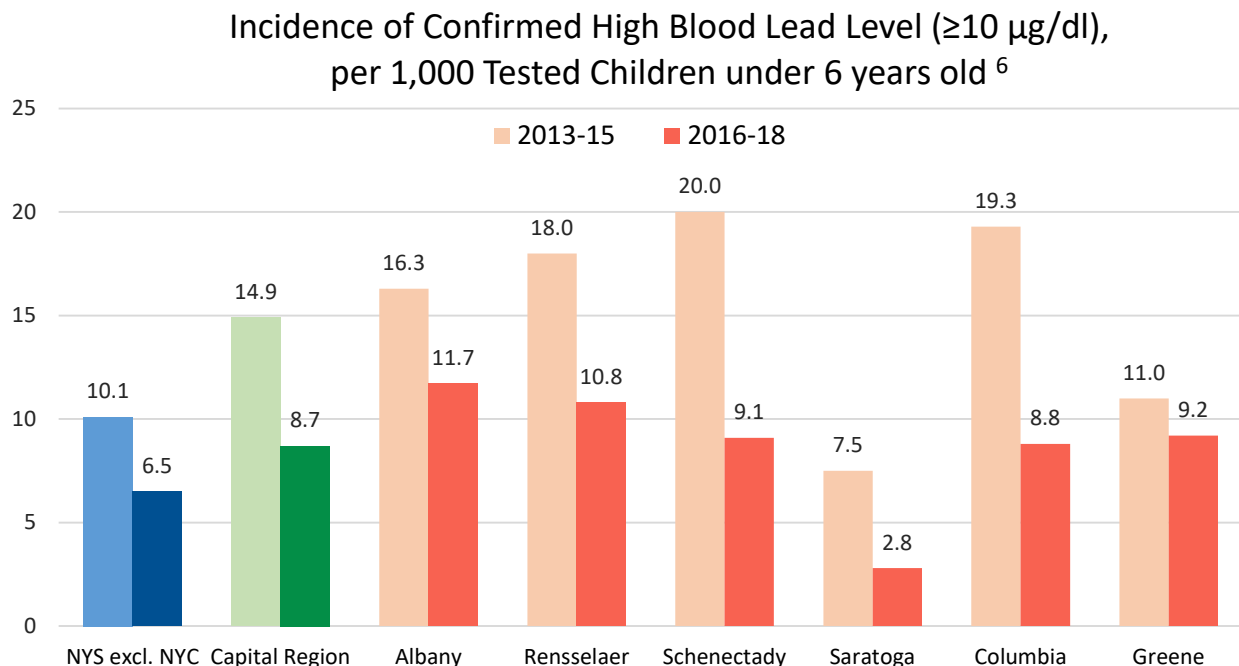
Lead poisoning often occurs with no obvious symptoms. Therefore, it is important to screen children for elevated blood lead levels before they are harmed. Screening is performed by physicians using a blood draw or a finger prick. In New York State, healthcare providers are required to obtain a blood 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

In the Capital Region, 2,305 children born in 2015 did not have at least one lead screening test done by the age of 9-17 months, and 3,844 did not have two lead screenings by 36 months. Columbia, Greene, and Albany counties had lead screening percentages below that of NYS, excluding NYC, for both age levels. Columbia County had the lowest rate of all the region counties for both age levels.^{3,4}

Percentage of Children Born in 2013 and 2015 with at Least One Lead Screening, aged 9-17 months and Two Lead Screenings by 36 months ^{3,4}				
Age	9-17 Months		by 36 Months	
Birth Year	2013	2015	2013	2015
NYS excl. NYC	71.7%	71.8%	55.9%	56.7%
Capital Region	73.4%	76.0%	57.9%	60.0%
Albany County	70.3%	70.6%	53.1%	53.6%
Rensselaer County	71.0%	72.9%	57.5%	57.6%
Schenectady County	76.9%	80.1%	59.2%	62.2%
Saratoga County	82.9%	88.7%	69.4%	75.0%
Columbia County	52.3%	58.5%	38.6%	44.4%
Greene County	70.3%	66.9%	54.5%	49.5%

Children Younger than 6 Years with Elevated Lead Levels

Children under the age of six, but particularly children living at or below the poverty level 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.



Annually from 2016 to 2018, an average of 139 children under the age of six living in the Capital Region are found to have blood lead levels at, or above, $10 \mu\text{g}/\text{dl}$. Albany County had the highest incidence rate of elevated blood lead levels with 11.7/1,000 children tested, followed by Rensselaer County with a rate of 10.8/1,000 children tested. Of the Capital Region counties, only Saratoga County had a rate lower than NYS, excluding NYC.⁶



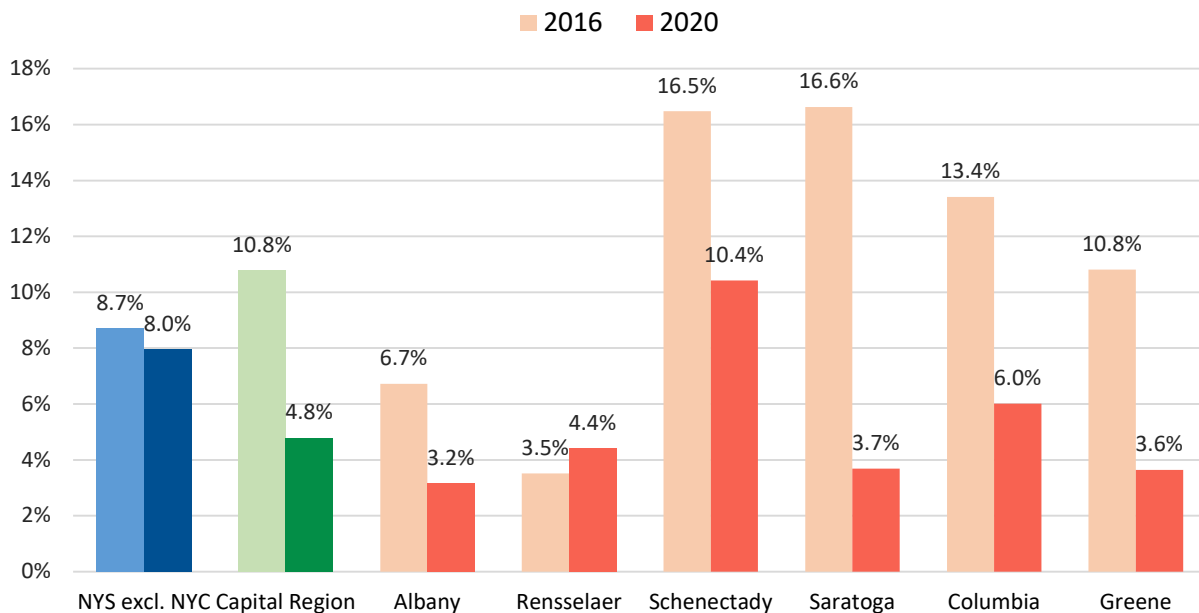
Lead in School Drinking Water

Schools are an important place to monitor for potential environmental exposures, as they are where children spend most of their time away from home. New York State public health law and regulations, enacted in 2016, require all schools to test drinking water sources for lead contamination and take action if the action level is exceeded.⁶ Bill S2122A/A160B, passed by the New York State Senate and Assembly in June 2021 and signed by Governor Hochul on December 22, 2021, lowers the lead action level to 5 micrograms per liter (from 15 µg/L), increases the testing period to every three years (from every five years), removes exemptions for certain schools, provides state funding for remediation, and requires laboratory reports be made public.⁸

The state’s lead testing in school drinking water program is currently in the 2020 compliance period, which is scheduled to last through 2024. Testing was conducted from January 1, 2020 to June 30, 2021 and schools are now removing from service or remediating outlets with lead levels exceeding the action limit of 15 µg/L.⁸

As of December 22, 2021, 216 Capital Region schools had sampled 16,502 outlets for the 2020 compliance period. Capital Region schools more than halved the percentage of outlets exceeding 15 µg of lead per liter. Schenectady was the only county in the Capital Region with a higher rate of outlet exceedance than NYS, excl. NYC.⁹

Percentage of School Drinking Water Outlets that Exceeded the Lead Action Limit of 15 µg/L, by Compliance Period ¹⁰



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Injury

Highlights

- Motor Vehicle Mortality:
 - Columbia and Greene counties had the highest rates in the Capital Region.
 - Greene County had a rate 2.1 times higher than New York State, excluding NYC.
- Hospitalizations due to falls among children aged 0-10 years:
 - All Capital Region counties had higher rates than NYS, excluding NYC
 - Greene County had a 2.4x higher rate than NYS, excluding NYC
- Hospitalizations due to falls among adults aged 65+ years:
 - Schenectady, Saratoga and Greene counties were meeting the 2019-2024 Prevention Agenda objective, in 2017.
 - Albany County had the 2nd highest rate in New York State, in 2017.
- Work-related ED visits, ratio of rates between Black non-Hispanics and White non-Hispanics:
 - Only Schenectady County met the 2019-2024 Prevention Agenda objective, in 2018.
 - Albany, Rensselaer, and Columbia counties had the highest rate ratios in the Capital Region.
 - In New York State, the ratio of rates increased with age.

Motor Vehicle-Related Injuries

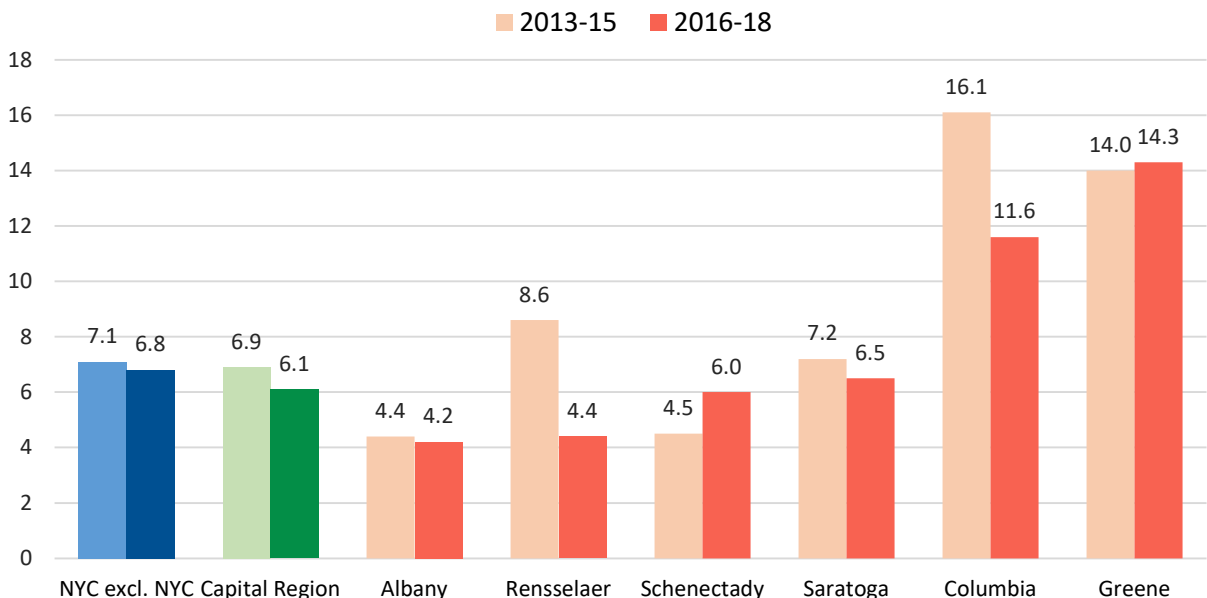
Motor vehicle crashes are the leading cause of death from injury in the United States. Motor vehicle-related injuries kill more children and young adults than any other single cause in the United States. More than 2.5 million drivers and passengers were treated in emergency departments as the result 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 2017, medical care and productivity costs associated with motor vehicle crashes exceeded \$75 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).² For age-adjusted motor vehicle accidents, the highest rate of hospitalizations was in Greene County, with a rate of 10.5/10,000. For ED visits, Schenectady County had the highest rate, with 84.2.³

Motor Vehicle Accident ED Visit & Hospitalization Age-Adjusted Rates per 10,000, 2014-2018 ³		
	ED Visits	Hospitalizations
NYS excl. NYC	77.4	5.9
Capital Region	59.2	6.3
Albany County	59.3	6.2
Rensselaer County	61.5	5.7
Schenectady County	84.2	6.5
Saratoga County	39.5	5.3
Columbia County	75.2	9.1
Greene County	59.2	10.6



Motor Vehicle Mortality, Age-Adjusted Rate per 100,000²

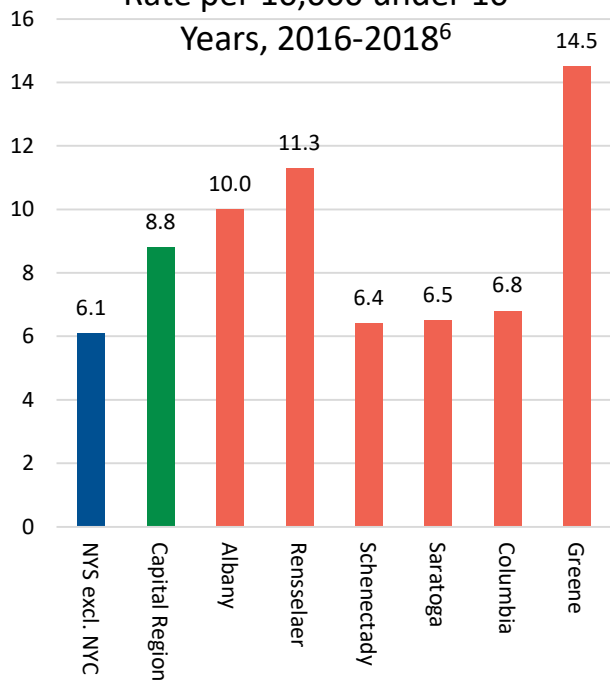


Falls in Children

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 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 87 yearly hospitalizations due to falls among children under 10 years of age, from 2016 to 2018. Every Capital Region county had a rate higher than New York State, excluding NYC. Greene County had a rate more than double that of New York State, excluding NYC, while Rensselaer and Albany counties had rates more than 50% higher than NYS, excl. NYC.⁶

Falls Hospitalization Rate per 10,000 under 10 Years, 2016-2018⁶



Falls in Older Adults

Objective

New York State Prevention Agenda 2019-2024

- Reduce the rate of hospitalizations due to falls among residents aged 65 and over to 173.7 per 10,000.

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

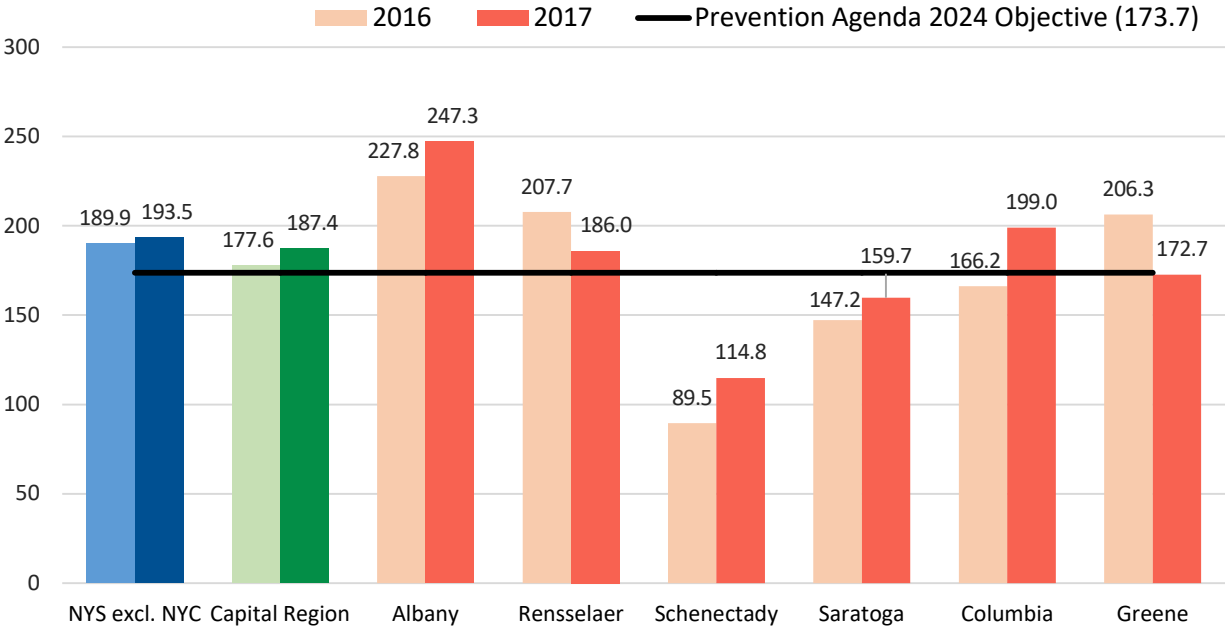
Unintentional falls are a serious threat to the lives, independence and well-being of adults aged 65 and older. Each year in the United States, 3 million older adults visit the ER due to falls. These falls can cause injuries such as fractures, bruises, and head traumas, which can increase the risk of 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 can cause them to limit activities, leading to reduced mobility, which actually increases their risk of falling.⁸

In the Capital Region, there were over 5,900 emergency department visits in 2018 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 NYS, excl. NYC.⁹

ED Visits Due to Falls, Rate per 10,000 aged 65+ years, 2014-2018 ⁹	
NYS excl. NYC	434.5
Capital Region	367.8
Albany County	394.5
Rensselaer County	395.3
Schenectady County	453.2
Saratoga County	338.3
Columbia County	398.3
Greene County	253.6

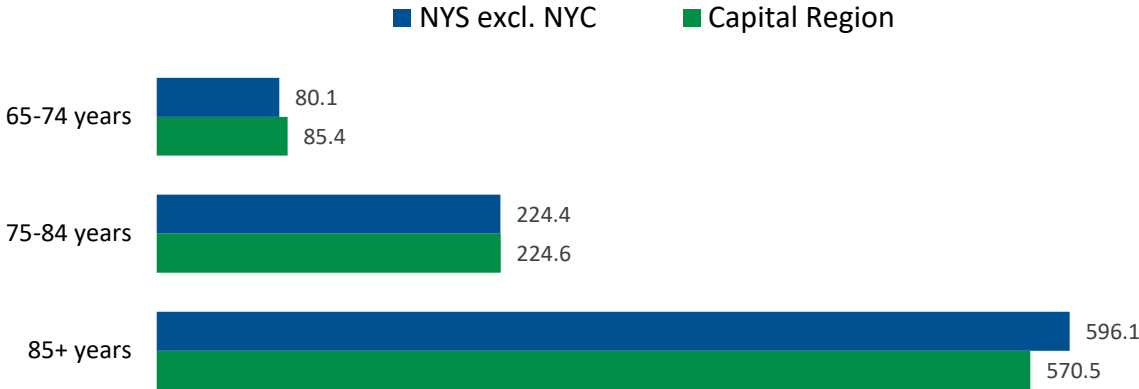
In 2017, the Capital Region had 3,142 fall-related hospitalizations among adults aged 65 years and over. Schenectady, Saratoga and Greene counties all had rates in 2017 that were below the Prevention Agenda 2024 objective. Albany County had the 2nd highest rate in New York State, in 2017, with 247.3 hospitalizations per 10,000 adults aged 65 years and older.¹⁰

Hospitalizations Due to Falls, Rate per 10,000 Aged 65+ Years¹⁰



The risk of being seriously injured from a fall increases with age. Compared to fall hospitalizations among older adults in New York State, excluding NYC, from 2016 to 2018, the Capital Region had: a 6.7% higher rate for 65-74 year olds, a similar rate for 75-84 year olds, and a 4.3% lower rate for those aged 85 years and older. In the Capital Region, the fall hospitalization rate among adults aged 85 years and older (570.5/10,000) was 6.7 times higher than the rate in the 65-74 years population (85.4/10,000).¹¹

Fall Hospitalization Rates per 10,000, by Age Group, 2016-2018¹¹



Workplace Injuries

Objective

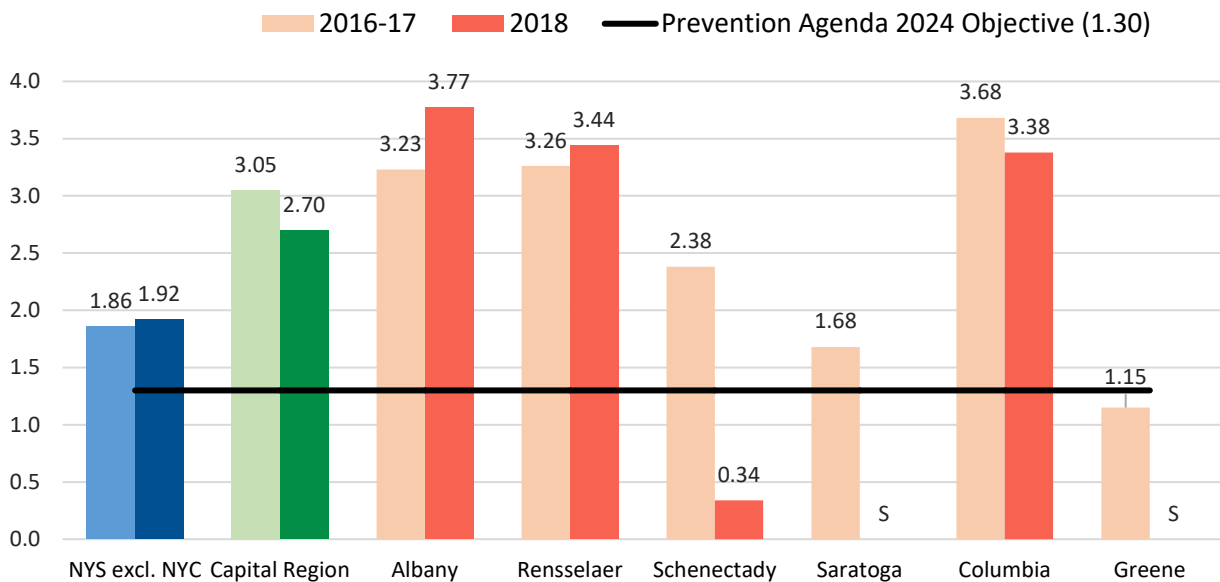
New York State Prevention Agenda 2019-2024

- Reduce the work-related emergency department (ED) visits, ratio of rates between Black non-Hispanics and White non-Hispanics to 1.30.

Workplace injuries continue to be a major health problem in the United States. A worker is injured approximately every 7 seconds, losing over 105 million production days. In addition, over 5,100 employees in the United States died due to workplace injuries in 2020, with 1 in 5 being in construction. The “Fatal Four” leading causes of death in construction are falls, stricken by an object, electrocution and caught-in/between.¹²

In New York State, excluding NYC, Black non-Hispanics visited emergency departments for work-related injuries at a rate 1.92 times higher than White non-Hispanics, in 2018. In New York State, the ratio of rates increased with age and was: 1.06 for 16-24 year olds, 1.38 for 25-39 year olds, 1.44 for 40-49 year olds, 1.62 for 50-59 year olds, and 1.70 for those aged 60 years and older. Schenectady County was meeting the Prevention Agenda 2024 objective in 2018; Greene, in 2016. The Black non-Hispanic rates in Saratoga and Greene counties were suppressed in 2018, to protect confidentiality. The Capital Region, overall, had a ratio of work-related ED visit rates, when comparing Black and White non-Hispanics (371.3 vs. 137.3/10,000), that was higher than NYS, excl. NYC (222.2 vs 115.5).¹⁶

Work-related emergency department (ED) visits, ratio of rates between Black non-Hispanics and White non-Hispanics¹⁶



S: Suppressed for confidentiality

Occupational fatalities and losses arising from workplace disabilities also cause tremendous personal and economic costs. In the Capital Region, from 2015 to 2017, 600 yearly work-related hospitalizations occurred in those employed aged 16 years and older. From 2016 to 2018, there were 15 fatalities per year due to work-related injuries in the Capital Region, up from 13 fatalities per year from 2013 to 2015.¹²

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Violence

Objective

New York State Prevention Agenda 2019-2024

- Reduce the rate of assault-related hospitalizations to 3.0 per 10,000
 - Reduce the ratio of rates between Black non-Hispanics and White non-Hispanics to 5.54
 - Reduce the ratio of rates between Hispanics and White non-Hispanics to 2.50
 - Reduce the ratio of rates between low-income and non-low-income ZIP Codes to 2.66
- Reduce the rate of firearm assault-related hospitalizations to 0.38 per 10,000

Highlights

In the Capital Region:

- Homicide mortality rates were lower than NYS, excl. NYC, and highest in Rensselaer County
- Assault-related ED visit rates were higher than NYS, excl. NYC, and highest in Schenectady County
- Assault-related hospitalization rates were below the Prevention Agenda 2024 objective, and:
 - highest in Albany County
 - 6.78 times higher among Black non-Hispanics than White non-Hispanics
 - 1.67 times higher among Hispanics than White non-Hispanics
 - 4.38 times higher in low-income ZIP Codes than non-low-income ZIP Codes
- Violent crime rates were higher than NYS, excl. NYC, over the past 3 decades, and:
 - Were 17% lower in 2011-2020 than in 2001-2010
- Firearm assault-related hospitalizations were below the Prevention Agenda 2024 objective, and highest in Albany County

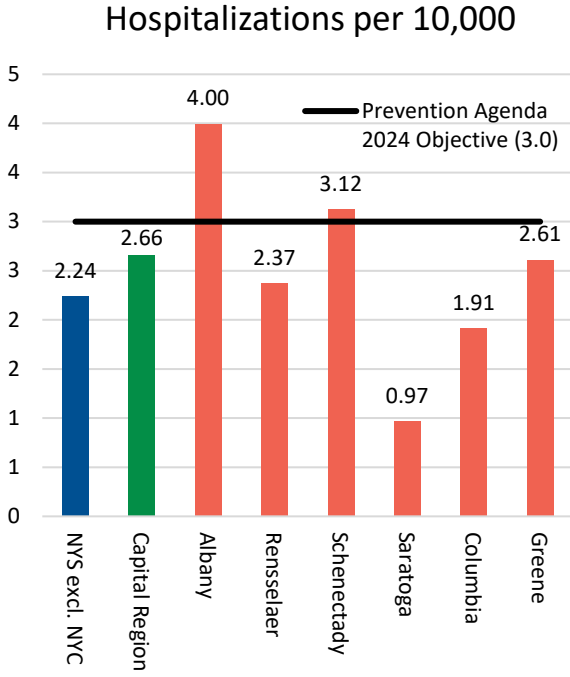
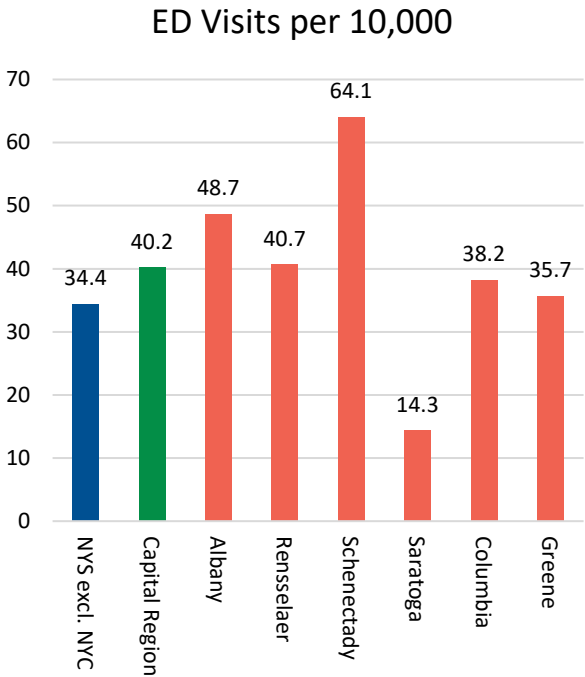
Although violent crime is usually considered to be in the domain of law enforcement and the criminal justice system, there is a growing realization that violence is a public health concern as well. Crime compromises physical safety, and affects mental health. Crime can lead to a decrease in physical 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 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 later in life.²

In 2018, there were 23 homicide deaths in the Capital Region. Rensselaer County had the highest rate of homicide mortality in the Capital Region, at 3.2 per 100,000. Rensselaer county, alone, had a higher rate than that of New York State, excluding NYC.³

Age-Adjusted Homicide Mortality Rate per 100,000, 2014-16 and 2016-18 ³		
	2014-16	2016-18
NYS excl. NYC	2.8	2.9
Capital Region	2.5	2.3
Albany County	2.7	2.7
Rensselaer County	4.0	3.2
Schenectady County	4.2	2.4
Saratoga County	0.8*	1.3*
Columbia County	1.5*	0.7*
Greene County	0.6*	1.9*

*: Rate is unstable

Age-Adjusted Assault-related Care Rates, 2014-2018^{4,5}



In 2018, the Capital Region had 3,536 assault-related ED visits and 276 assault-related hospitalizations. For hospitalizations, Albany and Schenectady counties had a higher rate than the Prevention Agenda 2024 objective. The highest hospitalization rate was in Albany County, with a rate of 4.1/10,000. For ED visits the highest rate was in Schenectady County, with a rate of 61.7/10,000.^{4,5}



Assault-related Hospitalization Rate per 10,000 by Race/Ethnicity and Income-Level-Grouped ZIP Codes, 2017 ^{6,7}					
	Race/Ethnicity			ZIP Codes	
	White non-Hispanic	Black non-Hispanic	Hispanic	Low-Income	Non-Low-Income
NYS excl. NYC	1.3	7.1	2.2	5.1	1.8
Capital Region	1.7	11.3	2.8	9.0	2.0
Albany County	2.4	13.6	3.3*	15.8	3.1
Rensselaer County	1.6	10.8	S	4.9	1.7
Schenectady County	1.8	8.7	S	8.5	1.7
Saratoga County	0.9	0.0*	0.0*	S	1.0
Columbia County	2.1	S	0.0*	S	2.9
Greene County	S	S	0.0*	S	2.1*

S: Suppressed for confidentiality

*: Rate is unstable

There are also disparities amongst race/ethnicity in regards to violent crimes. In 2017, Black non-Hispanic Capital Region residents had a 6.78 times higher assault hospitalization rate than White non-Hispanic residents. Hispanic residents had a 1.67 times higher rate compared to White non-Hispanic residents. Capital Region residents in low-income ZIP codes had a 4.38 times higher assault hospitalization rate than residents in non-low-income ZIP codes.^{6,7}

Assault-related Hospitalization Rate Ratios by Race/Ethnicity and Income-Level-Grouped ZIP Codes, 2017 ^{6,7}			
	Black non-Hispanic to White non-Hispanic	Hispanic to White non-Hispanic	Low-Income ZIP Codes to Non-Low-Income ZIPs
Prevention Agenda 2024 Objective	5.54	2.50	2.66
NYS excl. NYC	5.57	1.76	2.91
Capital Region	6.78	1.67	4.38
Albany County	5.60	1.34*	5.10
Rensselaer County	6.88	S	2.84
Schenectady County	4.88	S	4.88
Saratoga County	0.00*	0.00*	S
Columbia County	S	0.00*	S
Greene County	S	S	S

In 2020, the Capital Region averaged 509 firearm-related crimes, 2,631 violent crimes and 15,279 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.

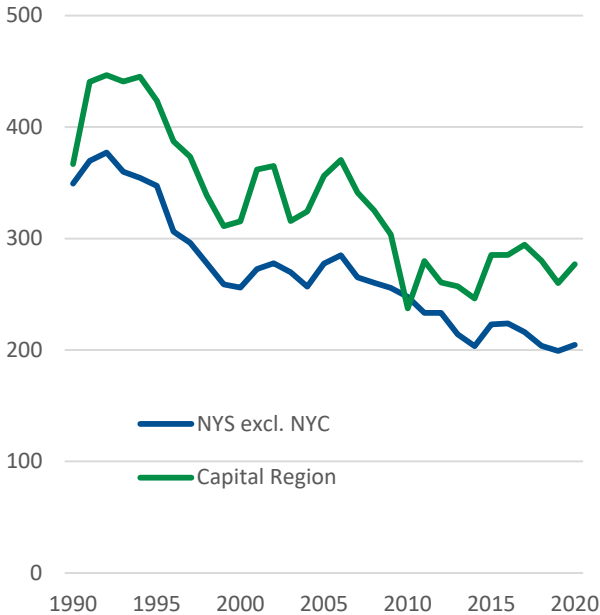
Firearm assault-related hospitalizations, in 2017, were highest in Albany County: the only Capital Region county with a rate that was not suppressed, for confidentiality, or unstable, due to low numbers of events. The Capital Region had a higher rate than NYS, excl. NYC, but was meeting the Prevention Agenda 2024 objective.⁹

Firearm Assault-Related Hospitalization Rate per 10,000, 2017 ⁹	
Prevention Agenda 2024 Objective	0.38
NYS excl. NYC	0.26
Capital Region	0.36
Albany County	0.68
Rensselaer County	S
Schenectady County	0.00*
Saratoga County	0.39*
Columbia County	S
Greene County	S

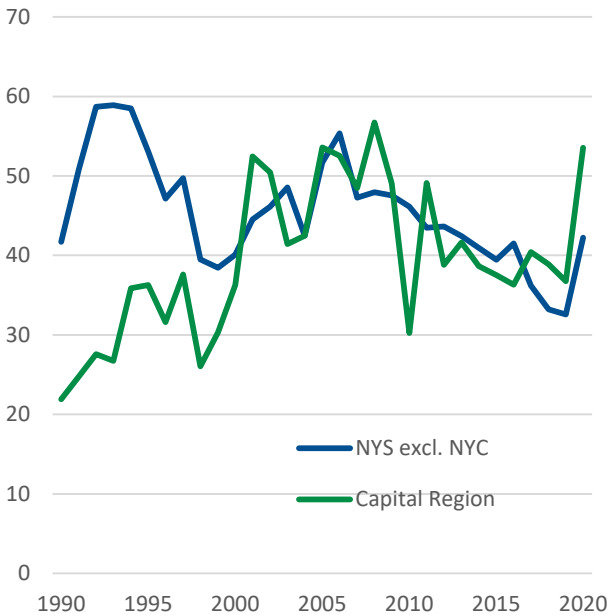
S: Suppressed for confidentiality
*: Rate is unstable

Index (property & violent) crime rates have decreased significantly in the Capital Region and NYS, excl. NYC, over the past three decades. During the same period, firearm-involved violent crime has trended upward in the Capital Region and downward in NYS, excl. NYC. The Capital Region rate of firearm-involved violent crime spiked in 2020 to 53.5 per 100,000: the highest since 2008 and the 3rd highest in the last 30 years. Rensselaer County’s rate of firearm-involved violent crime has had the steepest upward trend in the Capital Region, over the past 3 decades, and was 7 times higher in 2020 than 1990, going from 10.4 to 73.6, per 100,000.⁸

Violent Crime Rate per 100,000⁸



Firearm-involved Violent Crime Rate per 100,000⁸



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Built Environment

Highlights

- Compared to New York State, excluding NYC, the Capital Region had:
 - better rates of substandard housing, food insecurity, and cooling tower regulatory compliance
 - lower percentages of people living in Climate smart communities, commuting to work using alternate modes of transportation, and receiving optimally fluoridated public water
- Rensselaer, Columbia, and Greene counties had 0% of their population living in Climate Smart Communities, and were not meeting the Prevention Agenda 2024 objective of 8.6%
- Just 19.4% of employed workers in the Capital Region used alternative modes of transportation
- Around 52,000 (21% of) occupied housing units in the Capital Region qualified as substandard
 - Columbia and Greene counties had the highest percentages of substandard housing (about 27%)
- Greene County had the highest rate of food insecurity, at 10.9%
- Columbia County had the lowest cooling tower regulatory compliance rate in the Region, at 38.3%
- Rensselaer County was the only Capital Region county meeting the Prevention Agenda 2024 objective for percentage of residents served by community water systems with optimal fluoridation

Climate Smart Communities

Objective

New York State Prevention Agenda, 2019-2024

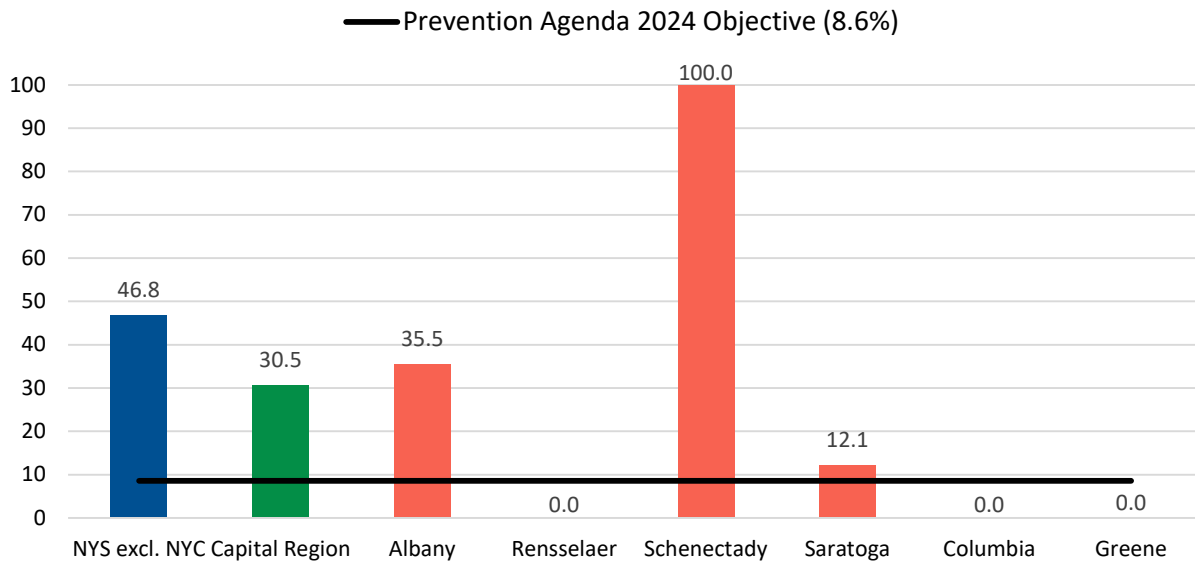
- Increase the percentage of people who live in a certified Climate Smart Community to 8.6%.

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 30.5% is lower than NYS, excl. NYC, but meets the Prevention Agenda 2024 objective. Rensselaer, Columbia and Greene counties do not have any certified Climate Smart Communities.³



Percentage of Population Living in a Certified Climate Smart Community, 2020³



Alternate Modes of Transportation

Objective

New York State Prevention Agenda, 2019-2024

- Increase the percentage of people who commute to work using alternate modes of transportation (i.e., public transportation, carpool, bike/walk, and telecommute) to 47.9%.

Part of the goal of promoting a healthy and safe environment is a priority to improve environmental design and infrastructure 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. 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. A 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

Only 22.9% of the population of New York State, excluding NYC, uses alternative modes of transportation to get to work. In the Capital Region, only 19.4% of employed workers used alternative modes of transportation. The highest rate was in Albany County (23.2%), while the lowest rate was in Saaratoga County, (16.2%). All Capital Region counties fall below the Prevention Agenda’s objective.⁵

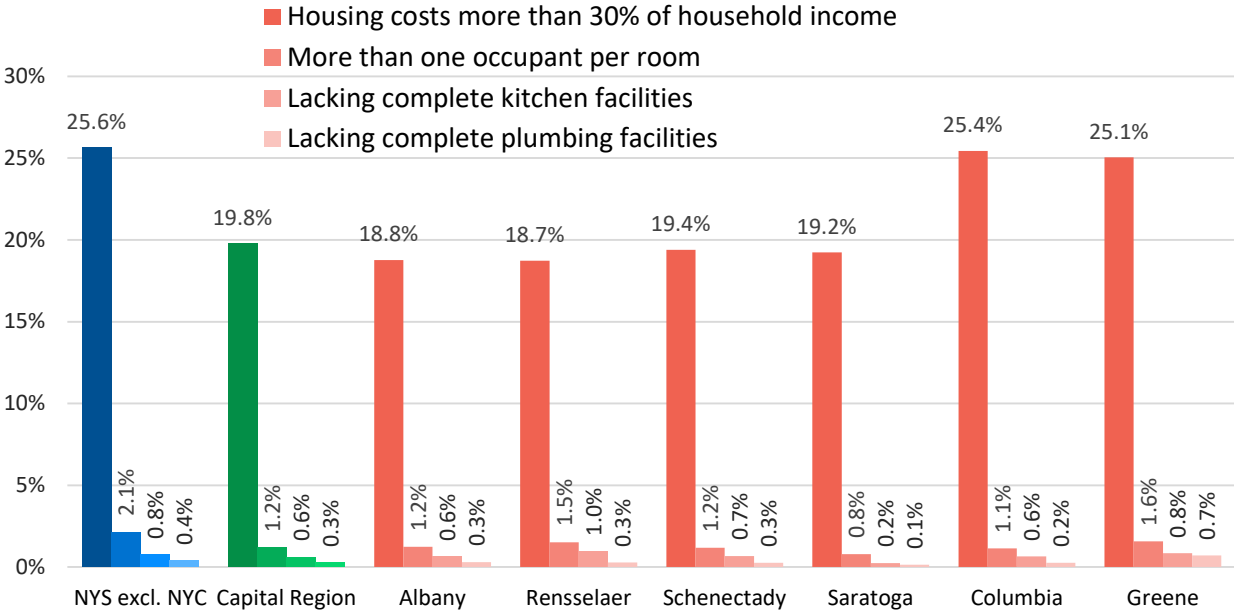
Percentage of Employed Workers who use Alternative Modes of Transportation to get to Work, 2014-2018 ⁵	
Prevention Agenda 2024 Objective	47.9
NYS excl. NYC	22.9
Capital Region	19.4
Albany County	23.2
Rensselaer County	18.1
Schenectady County	16.7
Saratoga County	16.2
Columbia County	22.8
Greene County	17.0

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 communicable diseases, like COVID-19.⁶

Housing is considered substandard if it has one of the following conditions: a lack of complete plumbing facilities, a lack of complete kitchen facilities, more than one occupant per room, or housing costs totaling to more than 30% of household income.⁶ In New York State, excluding NYC, there were around 800,000 substandard housing units – about 27% of all housing units. Around 52,000 (21% of) occupied housing units in the Capital Region qualified as substandard. Columbia and Greene counties had the highest percentages of substandard housing (around 27%), although both were below NYS, excl. NYC rate.⁶

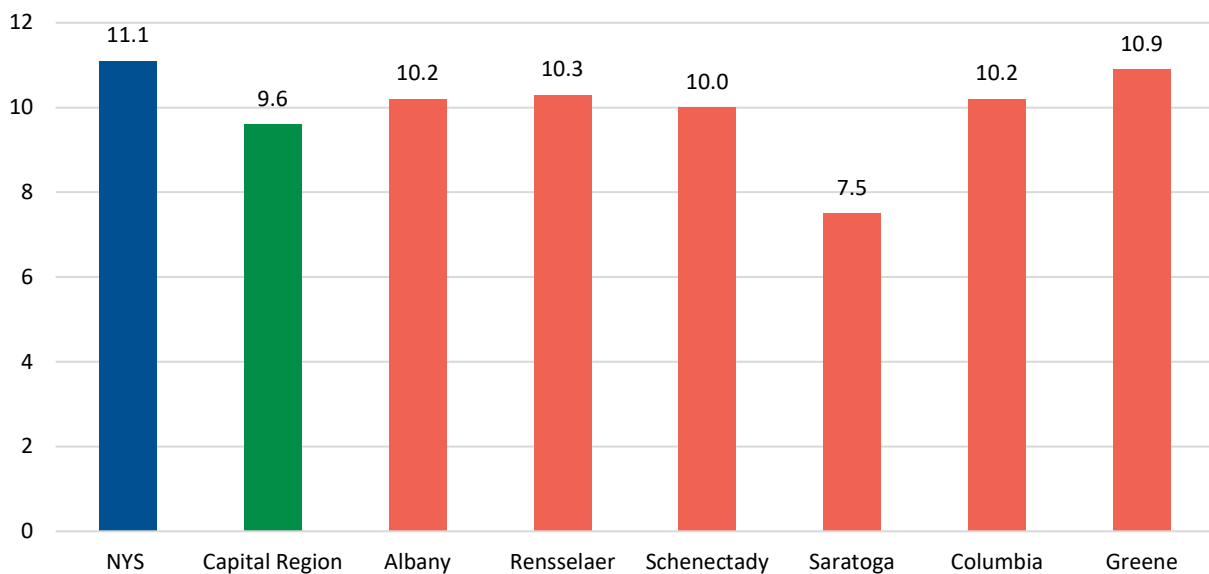
Substandard Housing Rates, 2015-2019



Food Insecurity

Food insecurity not only looks at access to healthy foods, but the individuals or families ability to afford and secure such foods. About 47 million Americans or 14.5% of the population were food insecure in the past year. In New York State, approximately 2.16 residents or 11.1% of the population were food insecure. For the Capital Region, 9.6%, or 92,000, experienced food insecurity. All Capital Region counties had food insecurity rates lower than New York State. Greene County had the highest food insecurity rate at 10.9% while Saratoga County had the lowest at 7.5%.^{7,8}

Percentage of Population who did not have Access to a Reliable Source of Food (Food Insecurity), 2018⁷



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 healthy food to those in need.

Cooling Towers

Objective

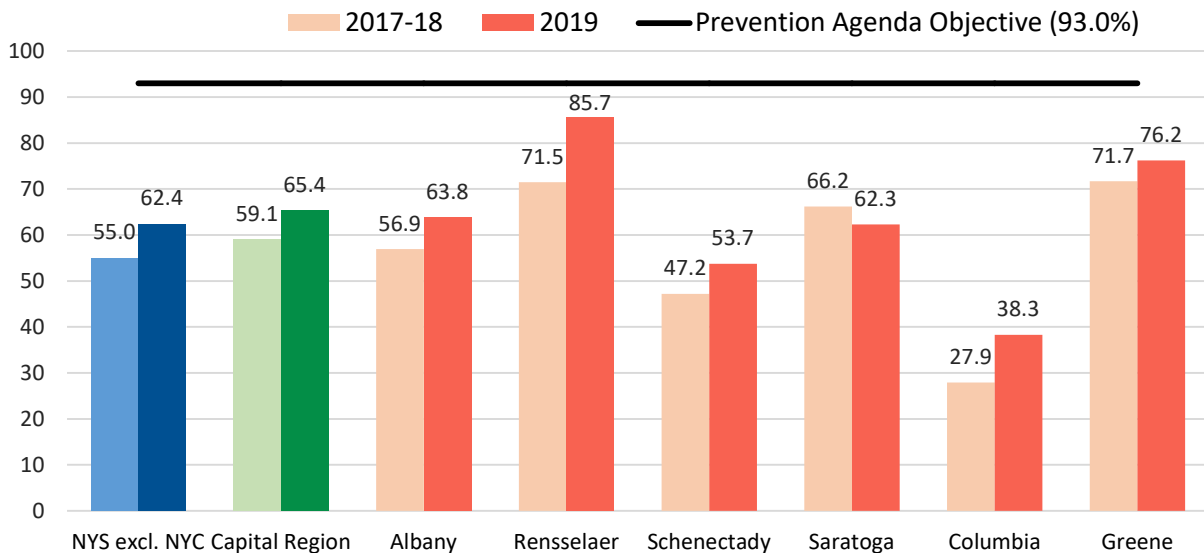
New York State Prevention Agenda 2019-2024

- Increase the percentage of registered cooling towers in compliance with 10 NYCRR Subpart 4-1 to 93.0%

Title 10 of New York Codes, Rules, and Regulations (10 NYCRR) Subpart 4-1: “Protection Against *Legionella*” was fully enacted in 2016, following a large outbreak of Legionnaires’ Disease in the South Bronx during the Summer of 2015. The regulation mandates all cooling towers be registered and regularly certified, tested, and disinfected. *Legionella* can be found in cooling towers and other water systems, if they are not properly maintained, as the bacteria grow best in warm water.⁹ People can get Legionnaires’ disease if they inhale air containing mist or vapor contaminated with *Legionella* bacteria. People at a higher risk of getting sick are those aged 50 years and older, current and former smokers, those with a chronic lung disease, and those with a weakened or suppressed immune system. Symptoms of Legionnaire’s Disease can occur within 2-10 days after an exposure and may include cough, shortness of breath, high fever, muscle aches, and headaches. People with Legionnaires’ disease are not contagious.⁹

When comparing 2019, to the prior two years, cooling tower compliance increased in New York State, excluding NYC, and in the Capital Region, overall. Only Saratoga County had a lower compliance rate, when comparing 2019 to the average of 2017-2018. No county, in NYS or its Capital Region, was meeting the Prevention Agenda 2024 objective compliance rate of 93.0%. Columbia County had the region’s lowest cooling tower compliance rate, in 2019, at 38.3%.¹⁰

Percentage of Registered Cooling Towers in Compliance with 10 NYCRR Subpart 4-1, 2017-2018 and 2019¹¹



Water Fluoridation

Objective

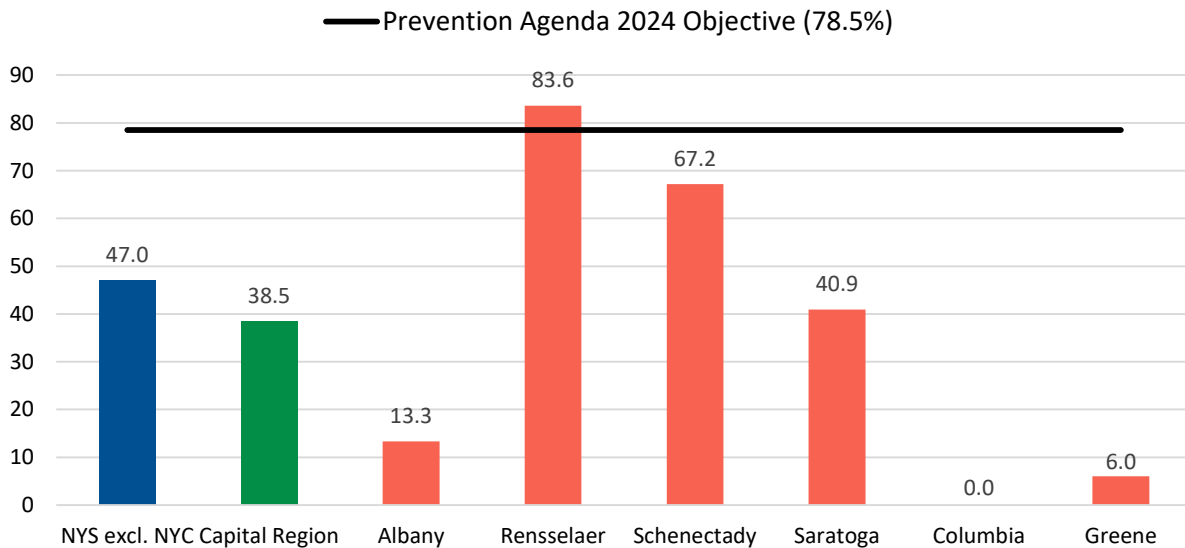
New York State Prevention Agenda, 2019-2024

- Increase the percentage of NYS residents served by community water systems that receive optimally fluoridated water to 77.5 %.

Fluoride in water has been proven effective at 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.¹¹ The percentage of people receiving fluoridated water in the United States steadily rose from 57.4% in the early 2000s to 71.5% in 2018.¹² The New York State Department of Health notes that the percentage of New York residents receiving fluoridated water in 2018 was 71.2%, and 47.0% outside of NYC. Only 38.5% of Capital Region residents had access to fluoridated water.¹³

Columbia (0.0%), Greene (6.0%), and Albany (13.3%) counties provide the lowest percentages of their residents with optimally fluoridated water. Rensselaer County, alone, was meeting the Prevention Agenda 2024 objective.¹³

Percentage of Residents served by Community Water Systems with Optimally Fluoridated Water, 2018¹³



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VII. Healthy Women, Infants, and Children



Prenatal Care

Highlights

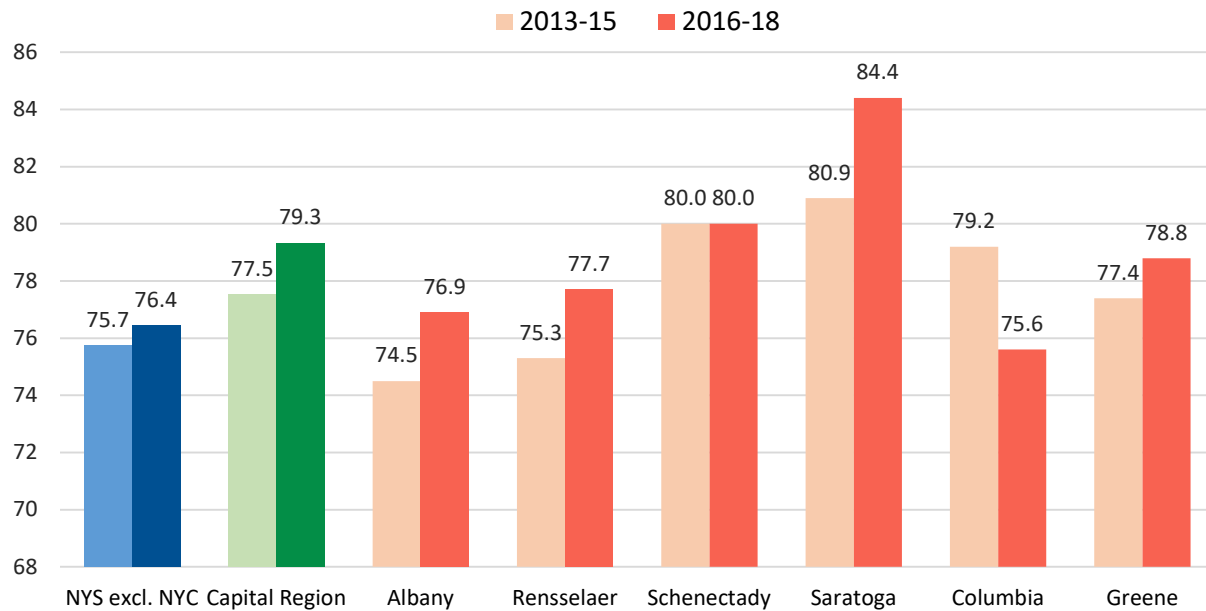
In the Capital Region,

- Columbia County:
 - had the lowest percentage of births with early (1st trimester) prenatal care
 - had the highest percentage of births with late (3rd trimester) or no prenatal care
 - alone, had a lower percentage of women receiving adequate prenatal care than NYS, excl. NYC
- Non-White mothers had lower rates of births with early and adequate prenatal care.
- High need neighborhoods had up to 3.2 higher rates of late or no prenatal care, compared to NYS, excl. 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, education, 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

Of the 9,325 yearly births in the Capital Region, from 2016 to 2018, 2,089 (22.4%) were without early prenatal care (in the first trimester) and 442 (4.7%) had late prenatal care (in the third trimester) or none at all. Columbia and Greene counties had the lowest percentages of births with early prenatal care. Columbia, Greene, and Albany counties had the highest percentages of births with late or no prenatal care.³

Percentage of Births with Prenatal Care, 2013-15 and 2016-18 ³				
Years	Early (1 st trimester)		Late (3 rd trimester) or None	
	2013-15	2016-18	2013-15	2016-18
NYS excl. NYC	76.2%	78.3%	4.1%	4.3%
Capital Region	77.3%	77.6%	4.3%	4.7%
Albany County	76.3%	77.1%	5.0%	5.5%
Rensselaer County	76.7%	79.3%	4.5%	3.9%
Schenectady County	79.1%	77.1%	4.0%	5.6%
Saratoga County	79.5%	79.6%	3.1%	3.2%
Columbia County	72.9%	71.7%	5.0%	5.9%
Greene County	73.6%	73.9%	5.0%	5.5%

Percentage of Births with Adequate Prenatal Care³

Adequacy of prenatal care utilization is measured using 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 an average 1,796 births to women who did not receive adequate prenatal care, from 2016 to 2018. Only Columbia County had a lower percentage of women receiving adequate prenatal care than that of NYS, excluding NYC. Columbia was also the only county to experience a reduction in adequate care between 2013-15 and 2016-18.

Consistently across the Capital Region, Black non-Hispanic mothers and Hispanic mothers had lower rates of early and adequate prenatal care compared to White non-Hispanic mothers. For early prenatal care, Greene and Columbia had the lowest rates among White non-Hispanic mothers, Green County had the lowest among Black non-Hispanic mothers, and Columbia County had the lowest rate for Hispanic mothers. For adequate prenatal care, the lowest rate among White non-Hispanic and Hispanic mothers was in Columbia County; among Black non-Hispanic mothers, in Albany County.⁵

High need 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.⁵



Percentage of Births with Prenatal Care by Race and Ethnicity, 2014-2016 and 2016-2018 ⁴						
Years	White non-Hispanic		Black non-Hispanic		Hispanic	
	2014-16	2016-18	2014-16	2016-18	2014-16	2016-18
Early Prenatal Care						
NYS excl. NYC	81.3%	81.7%	68.5%	68.9%	71.1%	72.9%
Albany County	82.6%	83.3%	64.5%	65.6%	66.6%	65.6%
Rensselaer County	81.5%	82.8%	65.5%	70.9%	68.0%	65.8%
Schenectady County	82.1%	81.3%	69.8%	68.9%	73.9%	74.7%
Saratoga County	80.5%	81.1%	71.1%	68.5%	70.5%	65.0%
Columbia County	76.9%	75.3%	68.0%	60.6%	57.1%	58.2%
Greene County	76.3%	75.1%	S	51.4%	70.1%	73.0%
Adequate Prenatal Care						
NYS excl. NYC	78.8%	79.5%	67.4%	68.4%	70.3%	70.9%
Albany County	81.7%	82.7%	58.6%	63.9%	64.4%	68.2%
Rensselaer County	79.1%	80.9%	64.7%	68.0%	67.7%	68.3%
Schenectady County	83.3%	83.2%	71.5%	71.7%	75.9%	77.9%
Saratoga County	82.1%	85.2%	77.9%	78.3%	77.9%	74.8%
Columbia County	83.2%	77.4%	67.6%	71.4%	68.3%	65.9%
Greene County	79.7%	79.5%	S	64.7%	73.8%	84.1%

S: Data suppressed for confidentiality

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5. New York State Department of Health. New York State County/ZIP Code Perinatal Data Profile. <http://www.health.ny.gov/statistics/chac/perinatal/>

Adverse Birth Outcomes

Highlights

In the Capital Region:

- The following Prevention Agenda 2019-2024 objectives were being met in 2016-2018:
 - Preterm births, by Saratoga and Columbia counties
 - Infant mortality, by Greene and Columbia counties
- Low birth weight rates were highest in Schenectady County; lowest in Columbia County, 2016-2018
- Infant mortality rates in Rensselaer County were 6.8 times higher among Black non-Hispanics and 7.9 times higher among Hispanics, compared to White non-Hispanics, from 2016 to 2018
- Preterm birth, low birth weight, and infant mortality rates were highest among Black non-Hispanics.

See the [appendix](#) for Capital Region birth indicator counts and rates, at the county- and neighborhood-level.

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%.

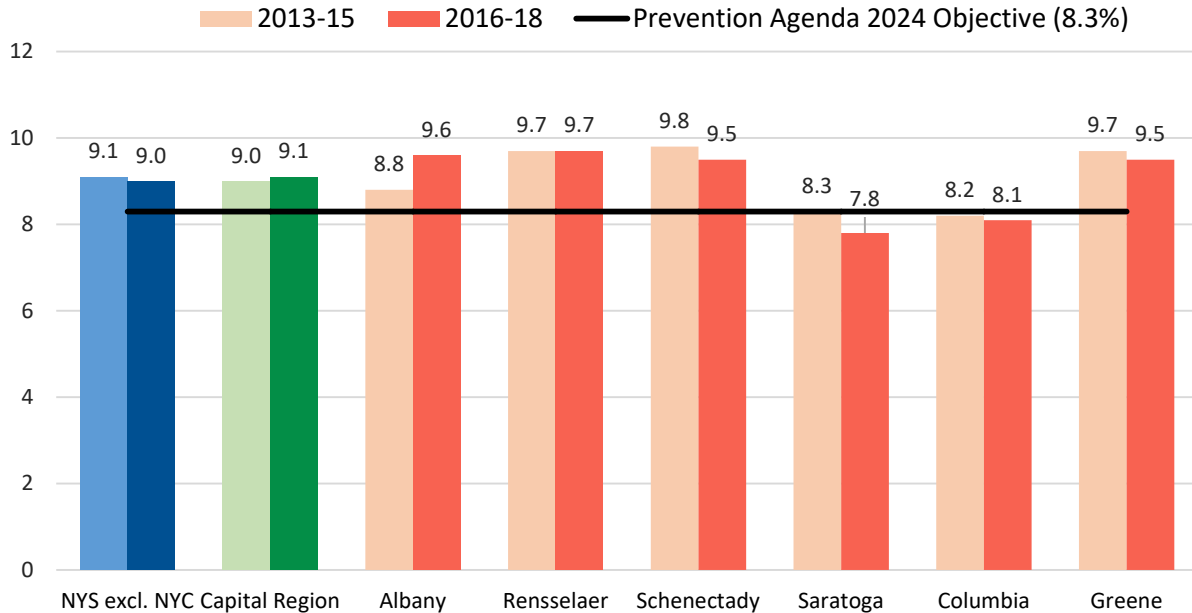
Preterm births are those that occur any time before 37 weeks of gestation. Although the direct causes are still uncertain, there are known risk factors. Smoking, alcohol consumption, stress, late or no prenatal care, certain gum diseases, vaginal infections, high blood pressure, diabetes, being overweight 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

From 2016 to 2018, there were 861 preterm births per year in the Capital Region. The region, overall, had a similar prematurity rate to NYS, excluding NYC. Only Saratoga and Columbia counties were meeting the Prevention Agenda 2024 objective percentage of births that are preterm (8.3%). Albany was the only county to experience an increase in preterm births from 2013-15 to 2016-18.



Percentage of Births that are Preterm (< 37 weeks gestation)²



Percentage of Preterm Births by Race/Ethnicity, 2014-2016 and 2016-2018 ³						
	White non-Hispanic		Black non-Hispanic		Hispanic	
	2014-16	2016-18	2014-16	2016-18	2014-16	2016-18
NYS excl. NYC	9.5%	8.2%	15.7%	12.9%	12.1%	9.7%
Albany County	9.7%	9.3%	14.4%	11.5%	12.0%	9.7%
Rensselaer County	10.0%	8.7%	17.5%	13.0%	11.6%	12.6%
Schenectady County	9.5%	7.8%	14.9%	14.7%	11.3%	11.1%
Saratoga County	8.8%	8.0%	12.8%	4.3%*	12.0%	8.7%
Columbia County	9.5%	7.9%	14.9%	14.7%	10.8%	5.3%*
Greene County	9.9%	9.1%	S	17.9%*	11.7%	10.8%*

*: Percentage is unstable S: Data suppressed for confidentiality

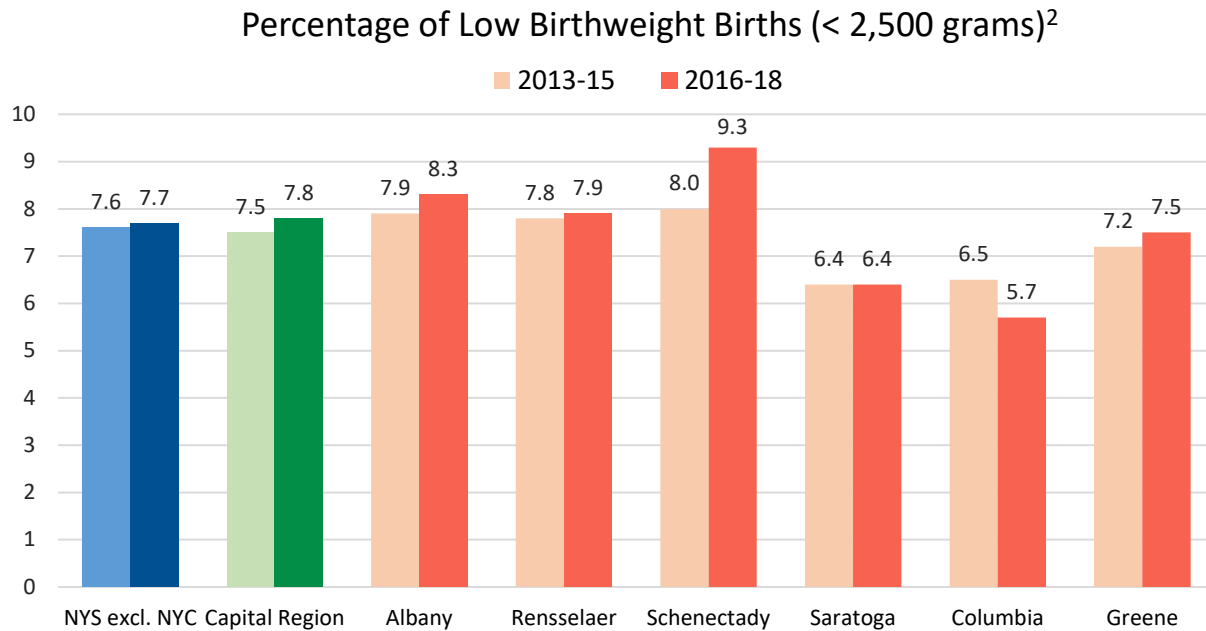
Black non-Hispanic mothers had the highest percentages of preterm births in every Capital Region county, except Saratoga. At the county-level, rates of preterm births were up to 2.0 times higher among Black non-Hispanic mothers, and up to 1.5 times higher among Hispanic mothers, compared to White non-Hispanic mothers.³

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.⁴ 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.⁴

From 2016 to 2018, the Capital Region, overall, had 738 low birth weight births per year, at a rate close to that of New York State, excluding NYC. Saratoga, Columbia, and Greene counties had rates lower than NYS, excluding NYC. Schenectady County (9.3%) had the highest low birth weight rate in the Capital Region.



Percentage of Low Birth Weight Births by Race/Ethnicity, 2014-2016 and 2016-2018³						
	White non-Hispanic		Black non-Hispanic		Hispanic	
	2014-16	2016-18	2014-16	2016-18	2014-16	2016-18
NYS excl. NYC	6.7%	6.6%	12.9%	13.2%	7.5%	7.9%
Albany County	6.5%	7.1%	13.2%	11.4%	9.2%	9.7%
Rensselaer County	6.8%	6.7%	12.7%	12.8%	7.8%	9.4%
Schenectady County	7.0%	6.7%	13.9%	15.0%	10.2%	10.9%
Saratoga County	6.3%	6.3%	6.0%*	5.4%*	7.9%	8.6%
Columbia County	5.4%	5.4%	8.0%*	13.2%*	4.0%*	1.5%*
Greene County	7.8%	7.7%	S	15.4%*	7.6%*	4.0%*

*: Rate unstable S: Data do not meet reporting criteria

Black non-Hispanic mothers had the highest percentages of low birth weight births in every Capital Region county, except Saratoga. At the county level, rates of low birth weight births were up to 2.4 times higher among Black non-Hispanic mothers, and up to 1.6 times higher among Hispanic mothers, compared to White non-Hispanic mothers.³



Infant Mortality

Objective

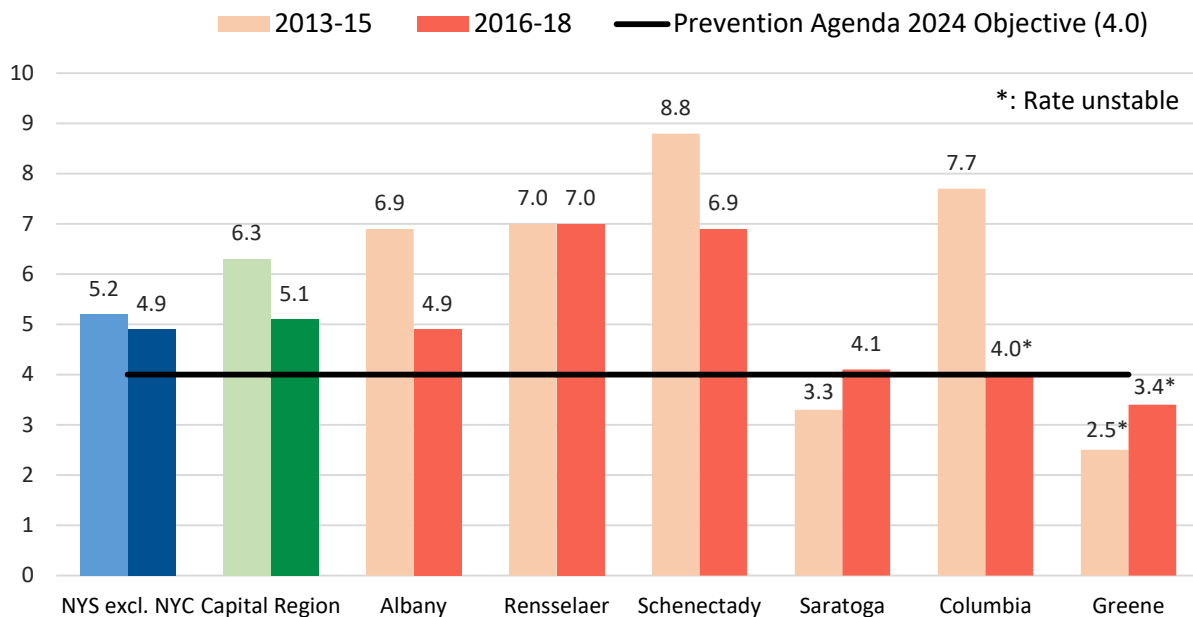
New York State Prevention Agenda 2019-2024

- 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.⁵

Infant mortality can be reduced by pregnant women making 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 vary.⁵

Mortality rate per 1,000 live births - Infant (< 1 year)²



From 2016 to 2018, the Capital Region had 48 infant deaths per year, at an infant mortality rate slightly higher than that of NYS, excluding NYC. Rensselaer and Schenectady counties had higher infant mortality rates than NYS, excluding NYC. Greene and Columbia counties were meeting the Prevention Agenda 2024 objective, based on 2016 to 2018 data. Infant mortality rates in the Capital Region declined from 6.3 to 5.1 per 1,000, when comparing data from 2013-2015 to 2016-2018.²

Many of the non-White county-level infant mortality rates were unstable, due to low numbers of events. In Rensselaer County, mortality rates were 6.7 times higher among Black non-Hispanic infants and 7.9 times higher among Hispanic infants, compared to White non-Hispanic infants.³

Infant Mortality Rate per 1,000 by Race/Ethnicity, 2014-2016 and 2016-2018 ³						
	White non-Hispanic		Black non-Hispanic		Hispanic	
	2014-16	2016-18	2014-16	2016-18	2014-16	2016-18
NYS excl. NYC	4.2	3.9	11.6	10.9	4.5	4.9
Albany County	4.5	2.2	11.2	11.2	8.0*	10.5*
Rensselaer County	5.1	3.3	8.3*	22.3	21.4*	26.8
Schenectady County	5.2	5.5	23.9	11.9*	13.4*	4.4*
Saratoga County	2.8	4.2	0.0*	0.0*	16.7*	11.7*
Columbia County	4.2*	2.6*	13.3*	0.0*	7.9*	22.1*
Greene County	4.0*	3.9*	S	0.0*	0.0*	0.0*

*: Rate unstable S: Data do not meet reporting criteria

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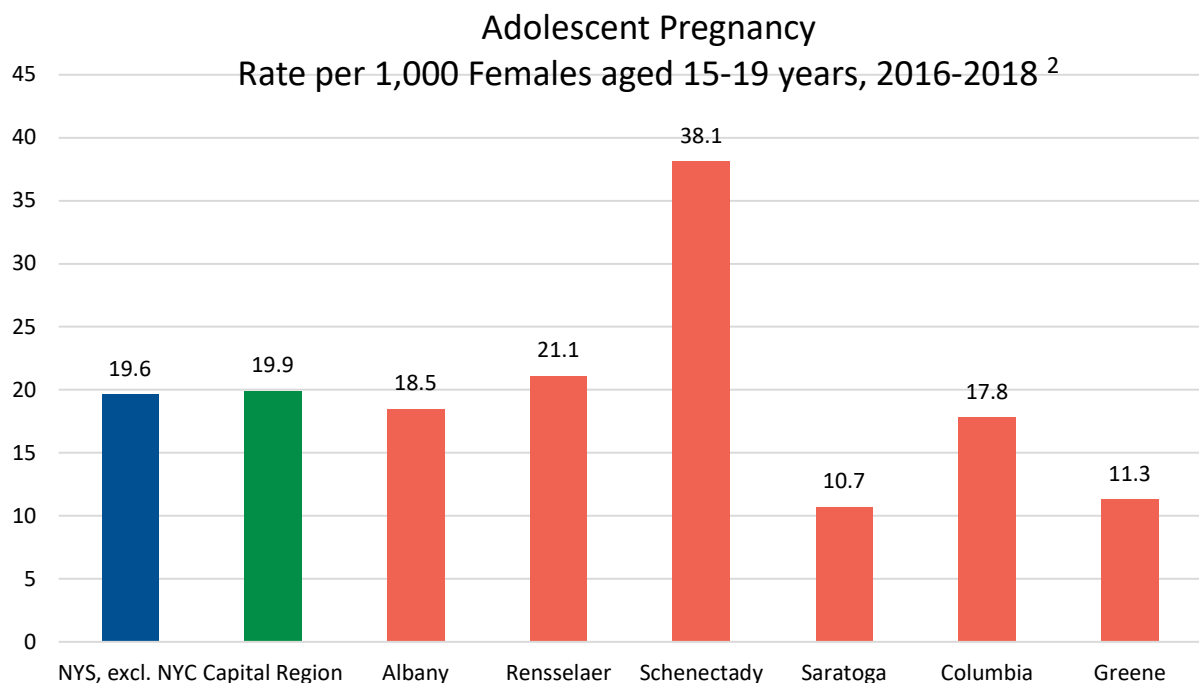
Adolescent Pregnancy

Highlights

- Schenectady and Rensselaer counties had adolescent pregnancy rates higher than NYS, excl. NYC
 - Schenectady County had the highest rate in the Region, about twice as high as NYS, excl. NYC
- 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 (6.6) teen pregnancy ratio, and the highest Hispanic/White non-Hispanic ratio (6.4) in the Capital Region.

Infants born to adolescent mothers (ages 15-19 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

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 612 teen pregnancies per year to Capital Region teens 15-19 years of age in 2016-18. The Capital Region rate of 19.9/1,000 was slightly higher than the NYS, excluding NYC, rate of 19.6. All counties in the Capital Region fall below the Prevention Agenda 2024 objective rate of 25.6. Schenectady County had the highest teen pregnancy rate (38.1) in the Capital Region.²

Adolescent (<18 years) Pregnancy Rate per 1,000 females by Race/Ethnicity, 2016-18 and Black non-Hispanic to White non-Hispanic and Hispanic to White non-Hispanic Ratios³					
	White non-Hispanic	Black non-Hispanic	Hispanic	Black non-Hispanic to White non-Hispanic Ratio	Hispanic to White non-Hispanic Ratio
NYS excl. NYC	2.0	8.7	7.2	4.4	3.6
Albany County	1.9	12.6	12.2	6.6	6.4
Rensselaer County	3.2	9.8	6.4	3.1	2.0
Schenectady County	4.6	12.8	10.2	2.8	2.2
Saratoga County	1.6	0.0*	3.1	-	1.9
Columbia County	1.7	5.6*	3.6*	3.3	2.1
Greene County	1.8*	7.0*	0.0*	3.9	-

*Unstable rate

Black non-Hispanic/White non-Hispanic ratios ranged from 2.8 in Schenectady County to 6.6 in Albany County. When reviewing the Hispanic/White non-Hispanic ratio for adolescent pregnancy rates, Saratoga County had the lowest ratio at 1.9 while Albany County had the highest at 6.4.³

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Breastfeeding

Objective

New York State Prevention Agenda 2019-2024

- Increase the percentage of infants who are exclusively breastfed in the hospital:
 - to 51.7% among all infants
 - to 37.4% among Hispanic infants
 - to 38.4% among Black non-Hispanic infants
- Increase the percentage of infants enrolled in WIC who are breastfed at 6 months to 45.5%.

Highlights

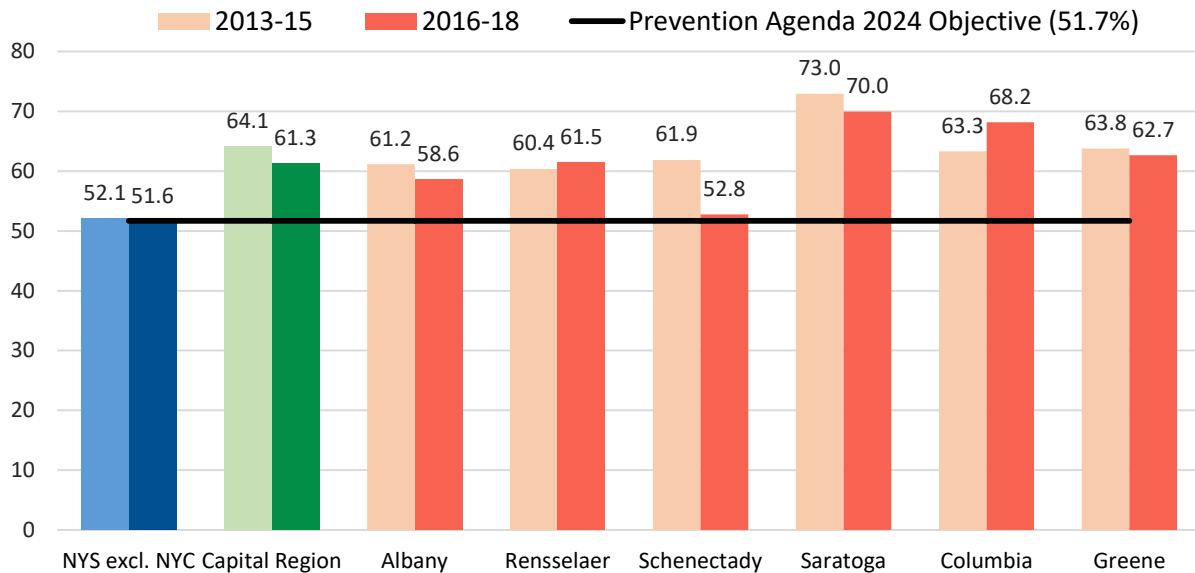
In the Capital Region:

- In 2018, Schenectady County was not meeting the Prevention Agenda 2024 objective for the percentage of infants exclusively breastfed in the hospital among Hispanic, and all, infants.
- In 2018, Schenectady and Albany counties were not meeting the Prevention Agenda 2024 objective for the percentage of infants exclusively breastfed in the hospital among Black, non-Hispanic infants.
- Since at least 2009, Black non-Hispanic and Hispanic infants were exclusively breastfed in the hospital at lower rates than White infants.
- In 2017, the percentage of infants enrolled in WIC breastfed at 6 months was much lower, in every county, than in New York State and the Prevention Agenda 2024 objective.

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.² More than \$3 billion a year in medical costs for mothers and children in the United States are attributable to low rates of breastfeeding.³

Percentage of Infants who are Exclusively Breastfed in the Hospital among all Infants⁴



In the Capital Region, 5,012 infants, of the 8,412 born in 2018, were exclusively breastfed in the hospital. The Capital Region's percentage peaked at 67.4%, in 2015, and declined since to 59.6% in 2018. The region has, since at least 2009, maintained a percentage above the statewide Prevention Agenda 2024 objective of 51.7%. Schenectady County's rate(51.4%) dropped below the 2024 objective, in 2018.⁴

Smaller percentages of Black non-Hispanic and Hispanic infants were exclusively breastfed while in the hospital, compared to rates among all infants. The Capital Region had higher percentages than NYS, excluding NYC, and was meeting the Prevention Agenda 2024 objectives for exclusive breastfeeding in the hospital among both non-white groups. Only Schenectady and Albany counties were slightly below the Prevention Agenda objective for Black non-Hispanic infants.^{5,6}

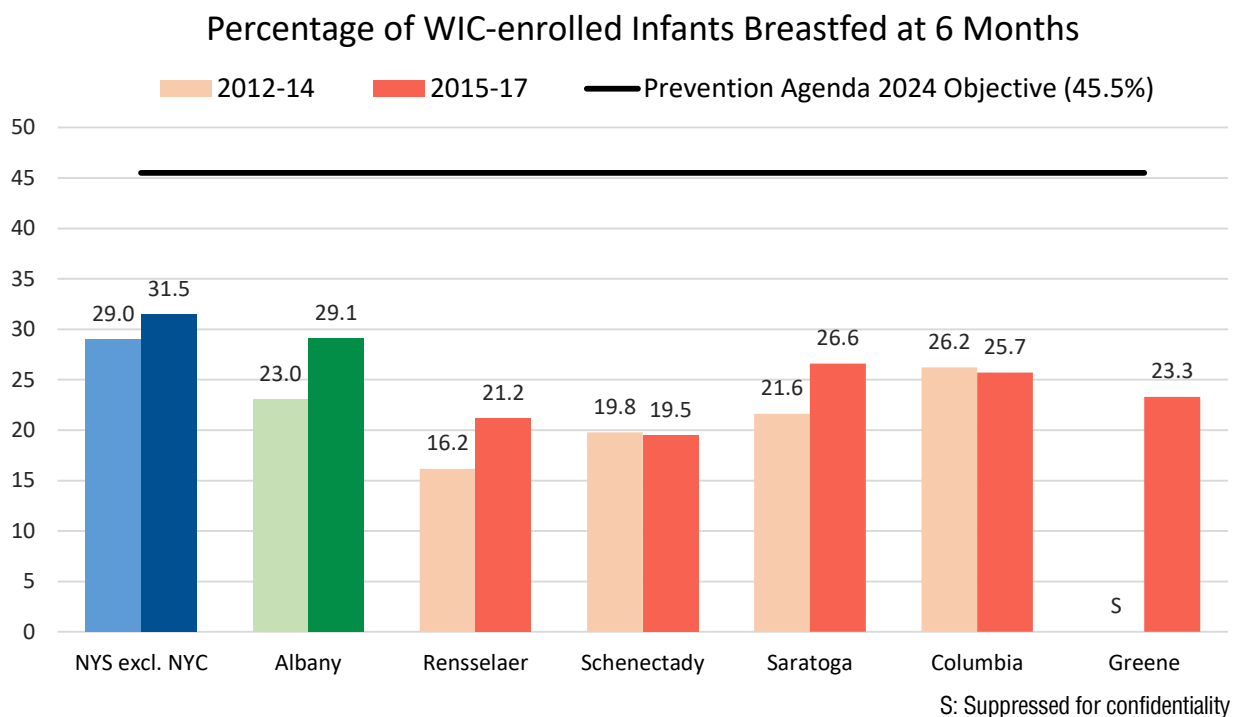
Percentage of Infants Exclusively Breastfed in the Hospital by Race/Ethnicity, 2013-2015 and 2016-2018 ^{5,6}				
	Black non-Hispanic		Hispanic	
PA 2024 Objective	38.4%		37.4%	
	2013-15	2016-18	2013-15	2016-18
NYS excl. NYC	31.7%	34.3%	34.9%	35.8%
Capital Region	41.8%	40.7%	52.0%	50.3%
Albany County	39.9%	38.3%	49.2%	47.0%
Rensselaer County	43.6%	45.8%	47.2%	54.4%
Schenectady County	40.7%	38.2%	49.7%	38.0%
Saratoga County	S	S	73.8%	68.7%
Columbia County	S	S	S	S
Greene County	S	S	S	S

S: Data suppressed for confidentiality



Many mothers initiate breastfeeding, but few babies are still exclusively breastfed a few months later. The World Health Organization recommends exclusive breastfeeding for the first 6 months of life.⁷ In the United States, while nearly half of infants are exclusively breastfed through three months, only one in four are still doing so through six months.²

The Women, Infant and Children (WIC) Program offers nutritious food, nutrition education, and breastfeeding support for mothers with low income and their children.⁸ The Capital Region counties had rates of breastfeeding at six months among WIC infants that were markedly lower than the NYS, excl. NYC rate (31.5%) and the Prevention Agenda 2024 objective). Schenectady County (19.5%) had the lowest percentage among Capital Region counties with available data.⁹



The CDC has identified numerous obstacles to mothers who wish to breastfeed, including healthcare providers who do not provide up-to-date information and instruction and hospital policies and childbirth practices that interfere with breastfeeding initiation. Other obstacles include lack of support and understanding from family and community members, and lack of accommodation at the workplace.³

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VIII. Mental Health and Substance Misuse



Mental Health, Self Harm, and Suicide

Objective

New York State Prevention Agenda 2019-2024

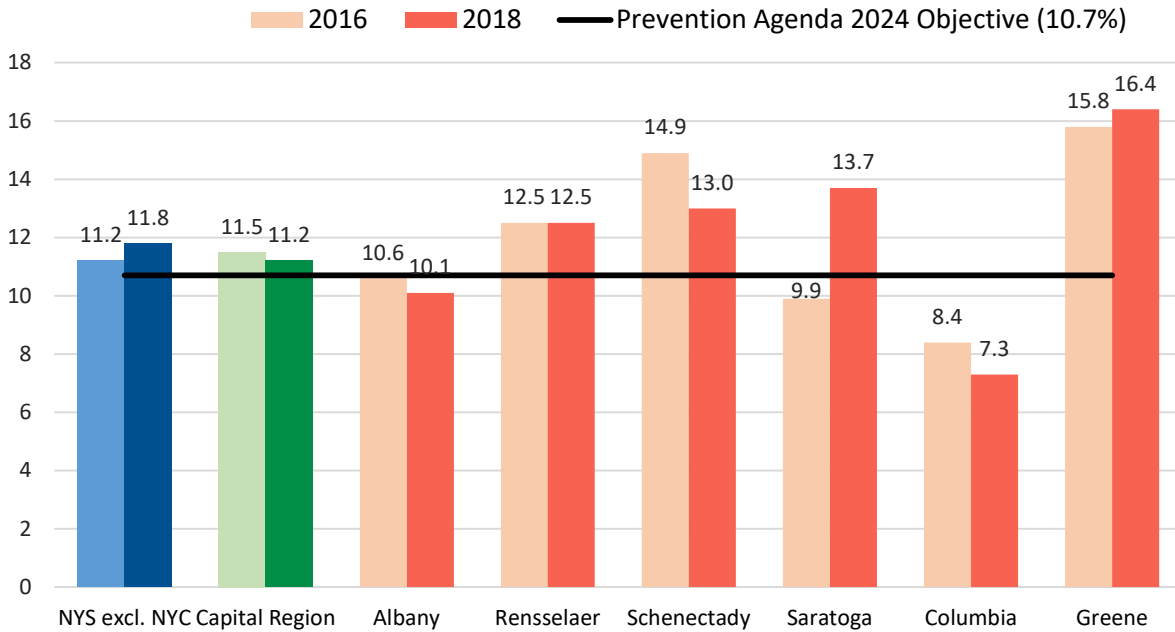
- Reduce the age-adjusted percentage of adults with frequent mental distress (14 or more days) in the last month to no more than 10.7%.
- Reduce the age-adjusted suicide mortality rate to 7.0 per 100,000.

Highlights

- Columbia and Albany counties met the Prevention Agenda 2024 objective for frequent mental distress
- The Capital Region had higher mental disease and disorder ED visit and hospitalization rates than NYS excl. NYC
- Black non-Hispanic residents had 1.9 times higher mental disease and disorder ED visit, and 1.7 times higher hospitalization rates compared to White non-Hispanic residents
- Females had 1.6 times higher ED visit, and 1.4 times higher hospitalization, self-inflicted injury rates
- All counties had higher self-inflicted injury hospitalization and ED visit rates than NYS excl. NYC
- Schenectady County had the highest rates in the Capital Region for mental disease and disorder ED visit and hospitalization rates, as well as for self-inflicted injury hospitalizations
- Rensselaer County had the highest rate in the Capital Region for self-inflicted injury ED visits
- No counties were meeting the Prevention Agenda 2024 objective for age-adjusted suicide mortality
- Columbia and Greene counties had the highest age-adjusted suicide mortality rates in the 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 92,500 adults (11.2%) in the Capital Region, in 2018, reported 14 or more days with poor mental health in the last month.²

Age-Adjusted Percentage of Adults Reporting Frequent Mental Distress During the Past Month, 2016 and 2018³



In 2018, the percentage of Capital Region adults reporting more than 14 poor mental health days in the past month (frequent mental distress) is lower than in New York State, excluding NYC. Greene County had the highest prevalence of frequent mental distress. Columbia and Albany counties were meeting the Prevention Agenda 2024 objective.³

In the 2021 Capital Region Community Health Survey (see [appendix](#)), 17.8% of all respondents reported frequent mental distress. This rate was higher than expected, which may be due, in part, to the convenient sample which had an overrepresentation of women and likely overrepresented health care and other public service workers. Higher than expected rates of reported frequent mental distress may also be due, in part, to the ongoing COVID-19 pandemic, as has been observed at the national level.⁴ Rates were also higher among Black (20.2%) and Hispanic (21.8%) respondents, as well as among those with a yearly household income of under \$50,000 (23.4%).

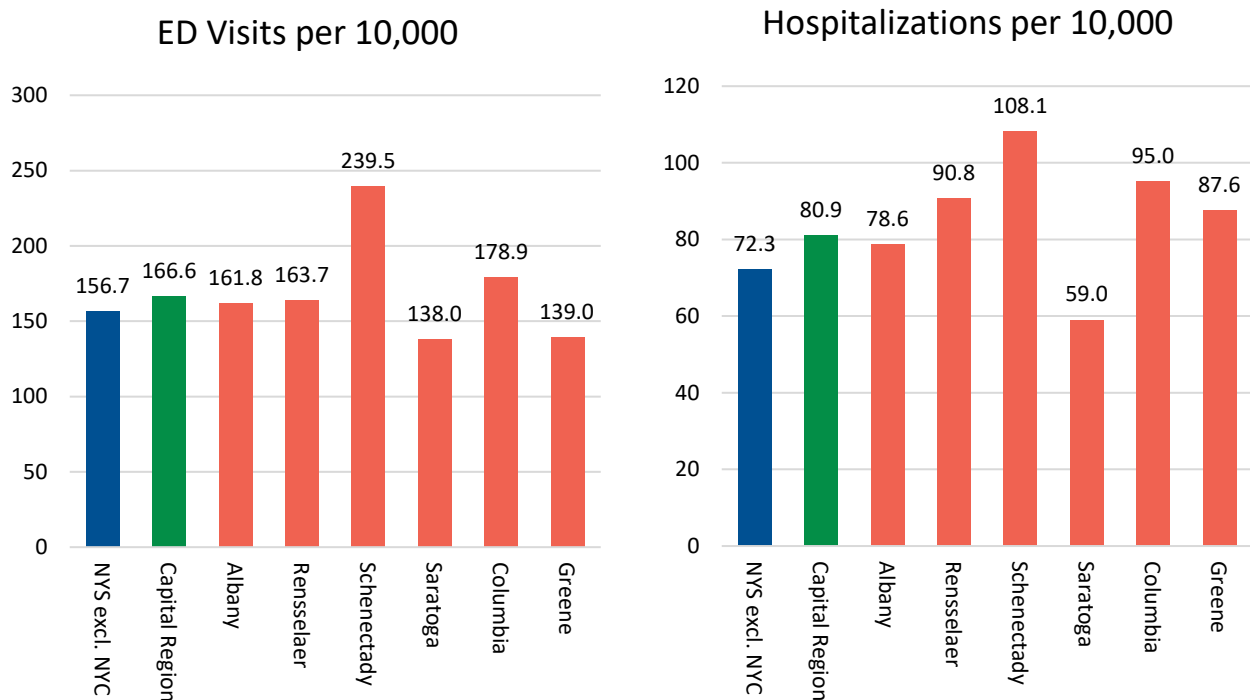
Frequent Mental Distress, by Race/Ethnicity and Income, 2021 Capital Region Community Health Survey



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 that target mental health needs from early childhood identification to the unique challenges of seniors. While many New Yorkers with mental illness are eligible for Medicaid, considerable numbers are part of the "working poor." Many people with mental illness are also uninsured, or underinsured, and have difficulty paying for needed services. This stretches already over-burdened public mental health service providers.⁵

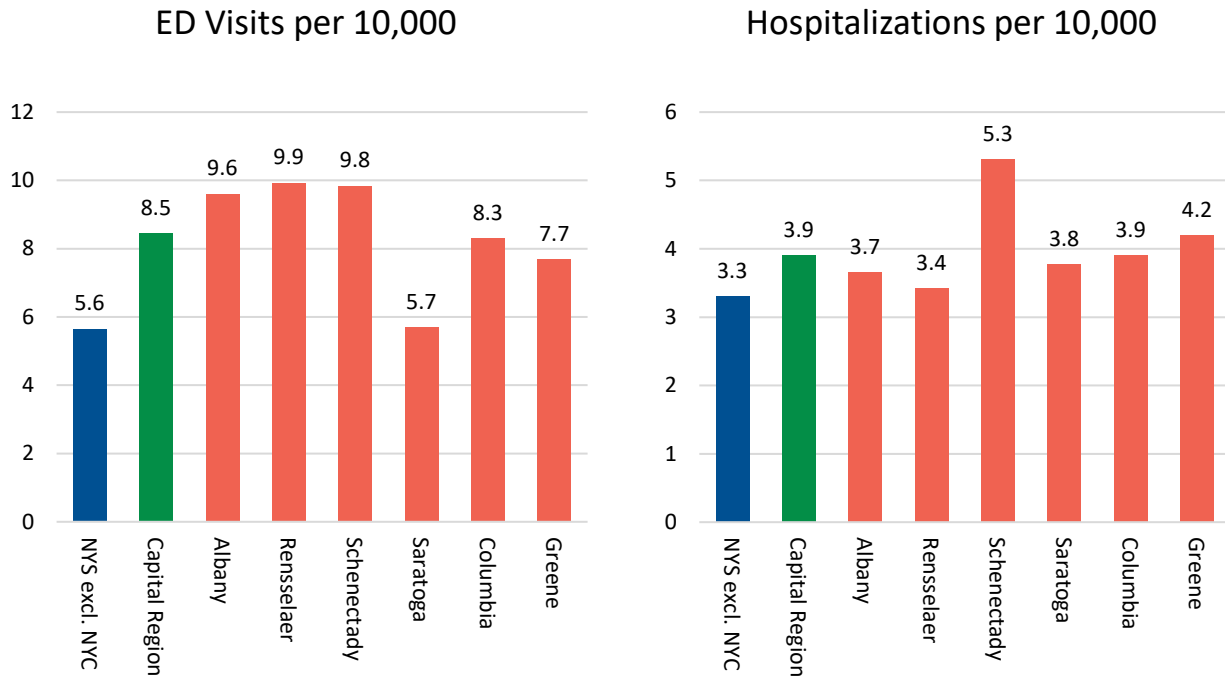
In the 2021 Community Health Survey (see [appendix](#)), 21.9% of Capital Region respondents said they had seen or talked to a mental health professional (MHP) in the past 12 months, up from 15.6% in the 2013. An additional 4.2% said they needed to see a MHP but were unable, more than half due to provider availability or scheduling issues, and more than a quarter due to cost concerns or insurance coverage issues.

Mental Disease and Disorders, (Primary Diagnosis), Age-Adjusted Rates, 2014-2018⁶



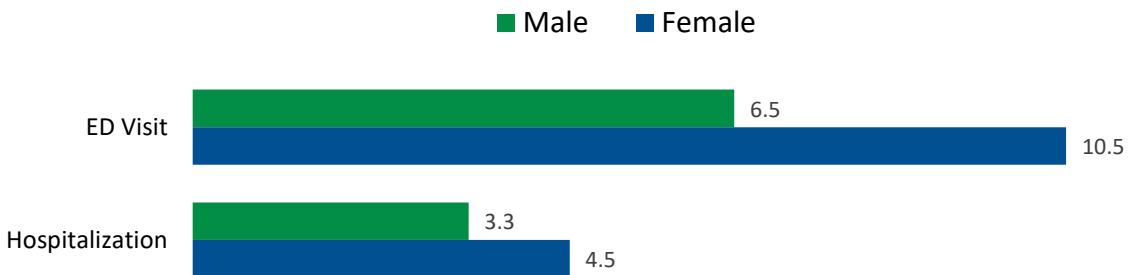
From 2014 to 2018, the Capital Region averaged 15,541 emergency department (ED) visits and 7,688 hospitalizations, per year, due to mental diseases and disorders (primary diagnosis). ED visit and hospitalization rates in the Capital Region: were higher than in NYS, excl. NYC; were highest in Schenectady County, and were lowest in Saratoga County. In the Capital Region, Black non-Hispanic residents had 90% higher ED visit rates (291.7 vs. 153.9 per 10,000) and 73% higher hospitalization rates (132.2 vs. 77.1 per 10,000), compared to White non-Hispanic residents. Males had 25% higher ED visit rates, and 29% higher hospitalization rates, than females. Hispanic residents had the lowest Capital Region rates.⁶

Self-Inflicted Injury, Age Adjusted Rates, 2014-2018⁶



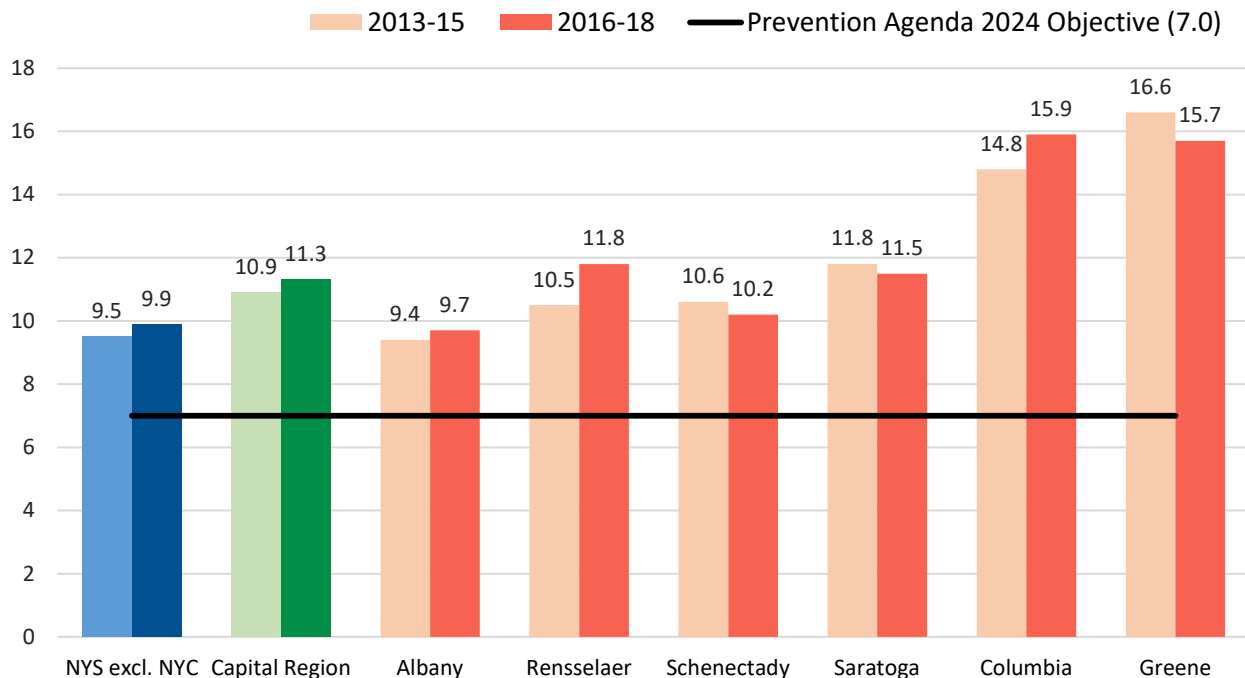
In the Capital Region, from 2014 to 2018, self-inflicted injuries resulted in an average of 3,574 emergency department (ED) visits and 752 hospitalizations, per year. Every Capital Region county had an ED visit and hospitalization rates that was higher than in NYS, excl. NYC. ED visit rates were highest in Rensselaer, Schenectady, and Albany counties and were lowest in Saratoga County. Hospitalization rates were highest in Schenectady County and lowest in Rensselaer County. In the Capital Region, Black non-Hispanic residents had 40% higher ED visit rates, compared to White non-Hispanic residents (11.3 vs. 8.0 per 10,000), while the groups' hospitalization rates were similar. Hispanic residents had the lowest rates of self-inflicted injury hospitalization rates. Females had 61% higher ED visit rates (10.5 vs. 6.5 per 10,000), and 37% higher hospitalization rates (4.5 vs. 3.3 per 10,000), compared to males.⁶

Self-Inflicted Injury ED Visits and Hospitalizations, 2014-18, by Gender ⁶



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.⁷ One half of all chronic mental illness begins by the age of 14, with depression being the leading cause of disability worldwide.⁸ 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 have economic, social and health impacts.⁹

Suicide Mortality, Age-Adjusted Rate per 100,000¹⁰



The Capital Region averaged 111 suicide deaths per year, from 2016 to 2018. New York State, excluding NYC and the Capital Region were not meeting the Prevention Agenda 2024 objective for suicide mortality. The suicide mortality rates for all Capital Region counties are above the New York State Prevention Agenda 2024 objective. Columbia and Greene counties had the highest suicide mortality rates, from 2016 to 2018.¹⁰

In New York State, excluding NYC, the 2018 suicide mortality rate for men was 3.9 times higher than the rate for females (16.9/100,000 vs 4.3). During 2018, the White non-Hispanic population had a suicide rate (13.2) more than twice as high as the Black non-Hispanic (6.3) and Hispanic (5.0) populations.¹¹

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Substance Misuse

Highlights

In the Capital Region,

- Adult binge drinking:
 - Was highest in Rensselaer and Columbia counties, both showing an increase from 2016 to 2018
 - Schenectady and Greene were meeting the Prevention Agenda 2024 objective, in 2018.
- Cirrhosis:
 - Mortality rate was highest in Columbia County
 - Hospitalization rate was highest in Greene County.
- Opioid overdose death rates:
 - Peaked in 2017, and were 4 times higher in 2018 than 2010
 - Schenectady, Columbia, and Greene counties exceeded the Prevention Agenda 2024 objective
 - Were highest in Greene and Columbia counties, from 2016 to 2018
- Buprenorphine prescribing:
 - All counties were meeting the Prevention Agenda 2024 objective, from 2017 to 2019.
 - Columbia and Greene counties had the highest prescribing rates
- Opioid analgesic prescribing:
 - Albany and Saratoga were meeting the Prevention Agenda 2024 objective, in 2019.
 - Every county has seen steady declines in prescribing rates, since 2014-16.
- Opioid overdose ED visits:
 - Were highest in Greene and Rensselaer counties, in 2018, but both showed a decrease since 2016
 - Saratoga and Schenectady counties were meeting the Prevention Agenda 2024 objective, in 2018.
- Newborns with neonatal withdrawal symptoms and/or affected by maternal use of drugs of addiction:
 - 2018 rate was highest in Columbia County; lowest in Schenectady, Rensselaer, Saratoga counties
 - Columbia and Albany counties had a higher rate in 2018 than 2016-17

National Survey on Drug Use and Health (NDUH) estimates suggest there are over 1.3 million New Yorkers with a substance abuse problem, representing approximately 6.7% 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. New York has also been struggling with an opioid epidemic. Opioid overdose deaths increased sharply in 2015 and 2016; by 2017, the overdose death rate in New York State was more than three times higher than it was in 2010.⁷ After peaking in 2016, the opioid overdose death rate fell, for the first time since at least 2010, to 15.1 per 100,000, in 2018.¹

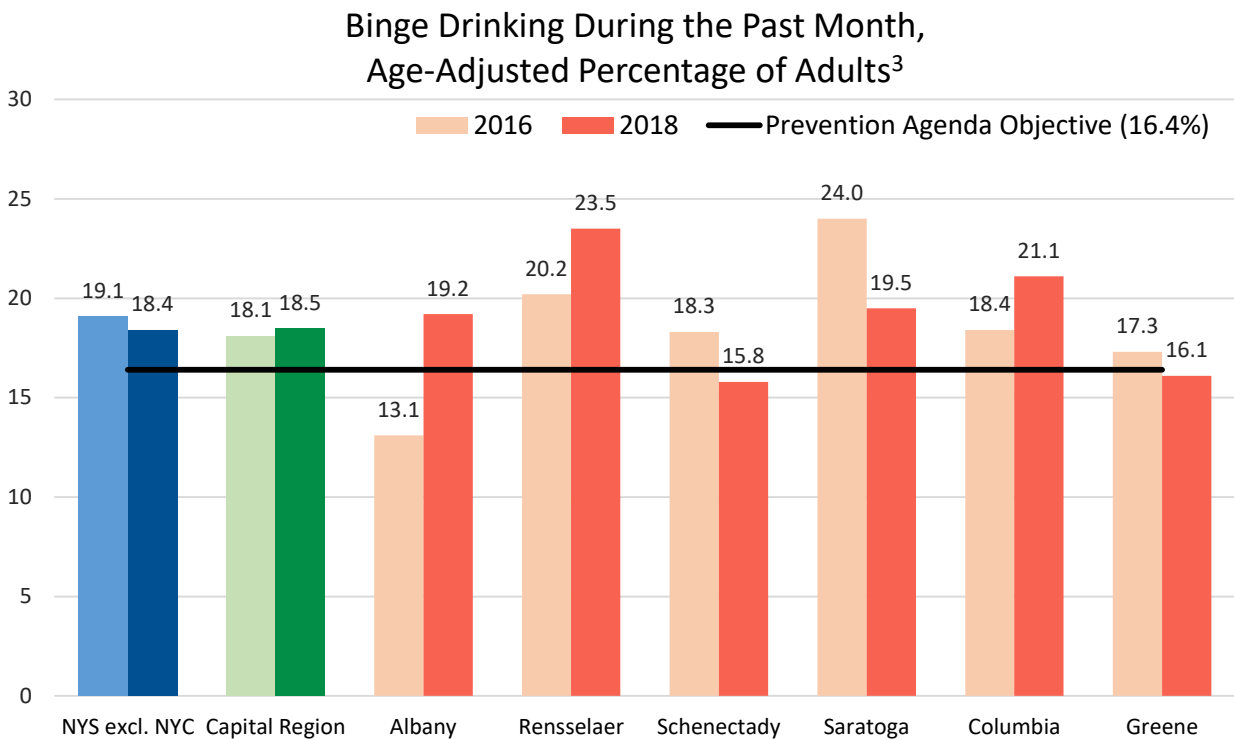
Alcohol Misuse

Objective

New York State Prevention Agenda 2019-2024

- Reduce the age-adjusted percentage of adult binge drinking during the past month to no more than 16.4%.

Alcohol is the primary substance used by adults. For youth, alcohol, marijuana and prescription drugs are principal concerns. Binge drinking is a common pattern of excessive alcohol use that brings a person’s blood alcohol concentration (BAC) to 0.08 percent or above. Binge drinking is associated with many health problems, like unintentional and intentional injuries, alcohol poisoning, sexually transmitted disease, unintended pregnancy, children born with fetal alcohol spectrum disorders, cardiovascular disease, neurological damage and more. Binge drinkers are 14 times more likely to report alcohol-impaired driving than non-binge drinkers. Binge drinking is also more prevalent in males than in females.² In the Capital Region, only Schenectady and Greene counties were meeting the Prevention Agenda 2024 objective for adults reporting binge drinking in the past 30 days. Rensselaer County had the highest rate in the Capital Region, at 23.5%.³



From 2016 to 2018, the Capital Region had 325 hospitalizations and 93 deaths per year due to cirrhosis.⁴

Albany and Greene counties had cirrhosis hospitalization rates higher than in NYS, excluding NYC, but also had cirrhosis mortality rates that were lower than in NYS, excl. NYC. Columbia County had the highest cirrhosis mortality rate, and the lowest hospitalization rate, in the region.⁴

Cirrhosis Hospitalization and Mortality Age-Adjusted Rates, 2016-2018 ⁴		
	Hospitalization Rate per 10,000	Mortality Rate per 100,000
NYS, excl. NYC	3.0	7.9
Capital Region	2.8	7.4
Albany County	3.3	5.6
Rensselaer County	2.3	8.0
Schenectady County	2.8	8.6
Saratoga County	2.6	8.1
Columbia County	2.1	8.9
Greene County	3.9	6.9

Opiate Misuse

Objective

New York State Prevention Agenda 2019-2024

- Reduce the age-adjusted overdose deaths involving any opioid to 14.3 per 100,000 population.
- Increase the age-adjusted Buprenorphine prescription rate for opioid use disorder to 415.6 per 100,000 population.
- Reduce the age-adjusted opioid analgesics prescription for pain rate to 350.0 per 1,000 population.
- Reduce age-adjusted ED visits (including outpatients and admitted patients) involving any opioid overdose to 53.3 per 100,000 population.

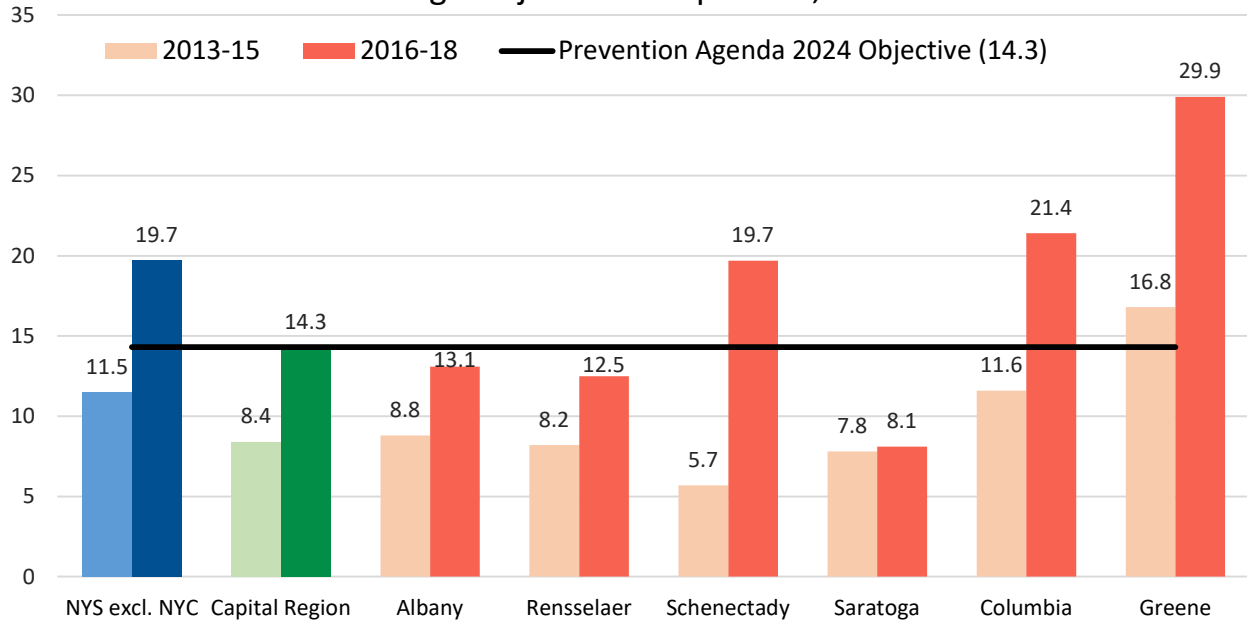
The ongoing opioid epidemic can likely be traced to the overuse of prescription opioids, which led many people to become addicted to opioids. Prescription opioids have been used to treat moderate-to-severe pain, with a dramatic increase in use over recent years. In the US, over 11.5 million Americans reported they had misused prescription opioids in the past year.⁵ Nearly 6.8 million opioid prescriptions were dispensed in New York State in 2019, down from close to 9 million in 2015. 2.8% of New Yorkers aged 12 years and older reported misusing pain relievers in the past year, during 2019, compared to 3.9% of Americans.⁶

Opioid overdose mortality in the Capital Region was more than four times higher in 2018 (15.2/100,000) than it was in 2010 (3.5/100,000). There was also close to an order of magnitude increase in Capital Region overdose deaths involving synthetic opioids other than methadone (e.g. fentanyl) from 1.1 per 100,000, in 2010, to 10.6 per 100,000, in 2018.⁷

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 blocks the effects of opioid drugs and can rapidly reverse an overdose.^{7,8}

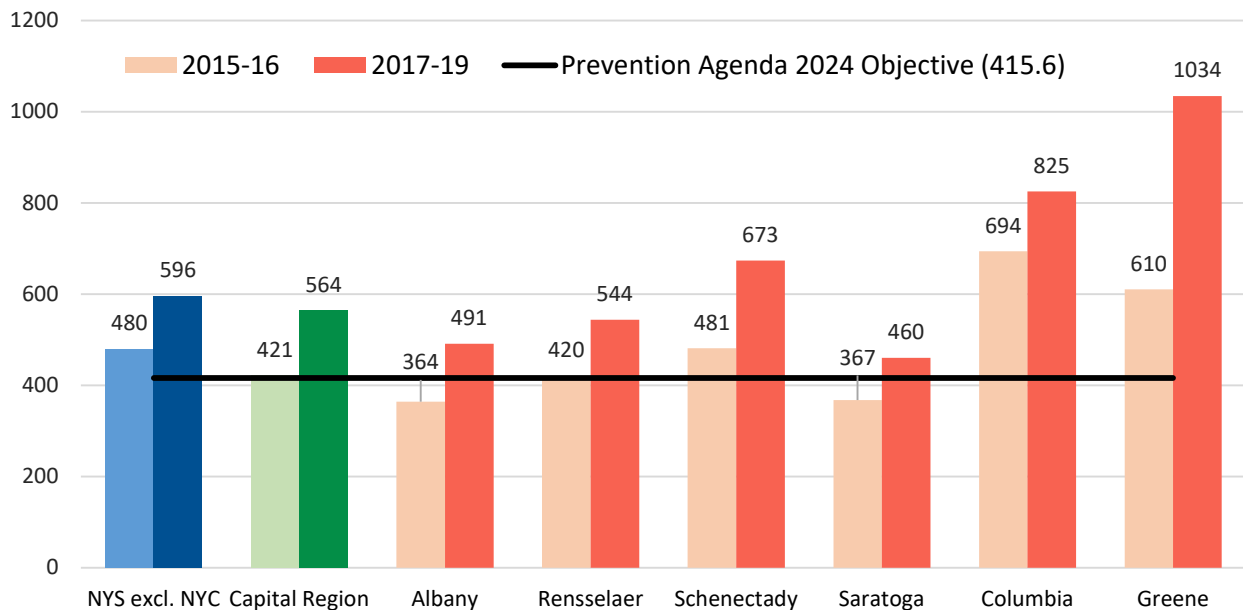


Overdose Deaths Involving any Opioids, Age-Adjusted Rate per 100,000⁹



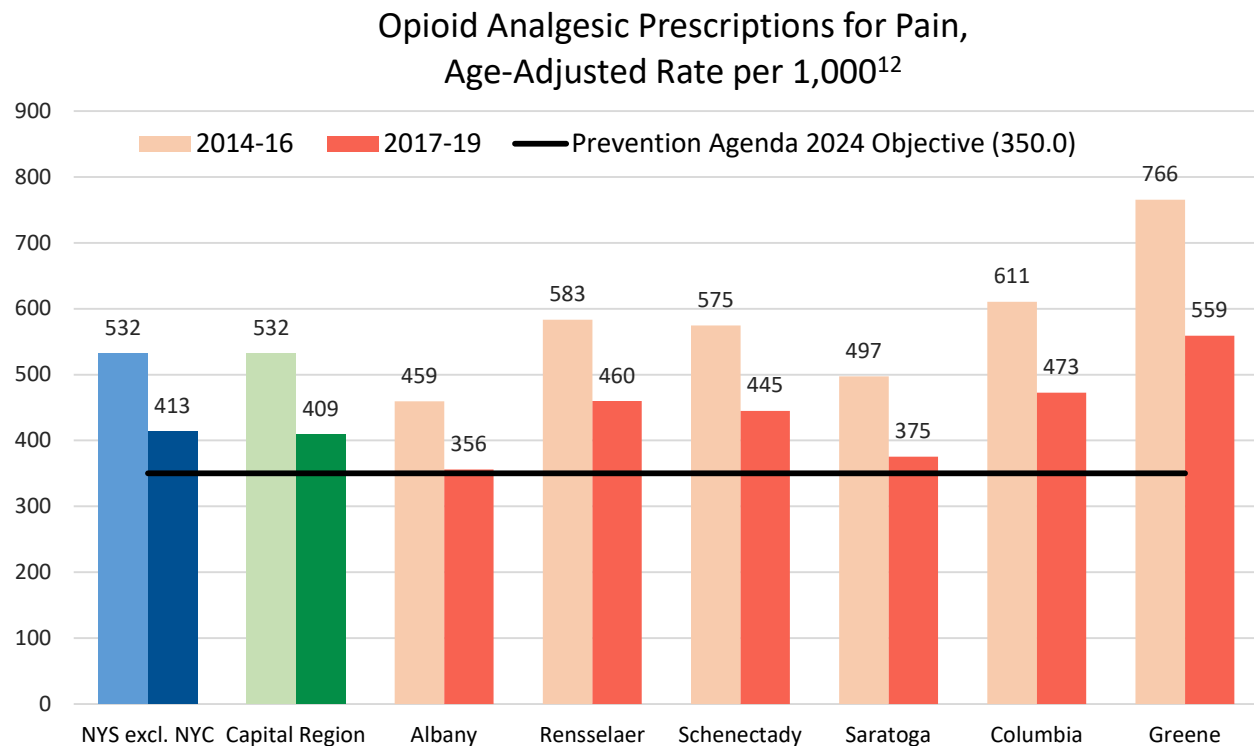
New York State had 2,956 opioid overdose deaths in 2018, 135 of which were in the Capital Region. Greene and Columbia counties had the highest opioid overdose mortality rates in the Capital Region, and were not meeting the Prevention Agenda 2024 objective. Opioid overdose mortality increased by 70%, in the Capital Region, overall, and by 4% (Saratoga) to 346% (Schenectady) at the county level, when comparing 2016-2018 to 2013-2015.⁹

Patients who Received at least one Buprenorphine Prescription for Opioid use Disorder, Age-Adjusted Rate per 100,000¹¹



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

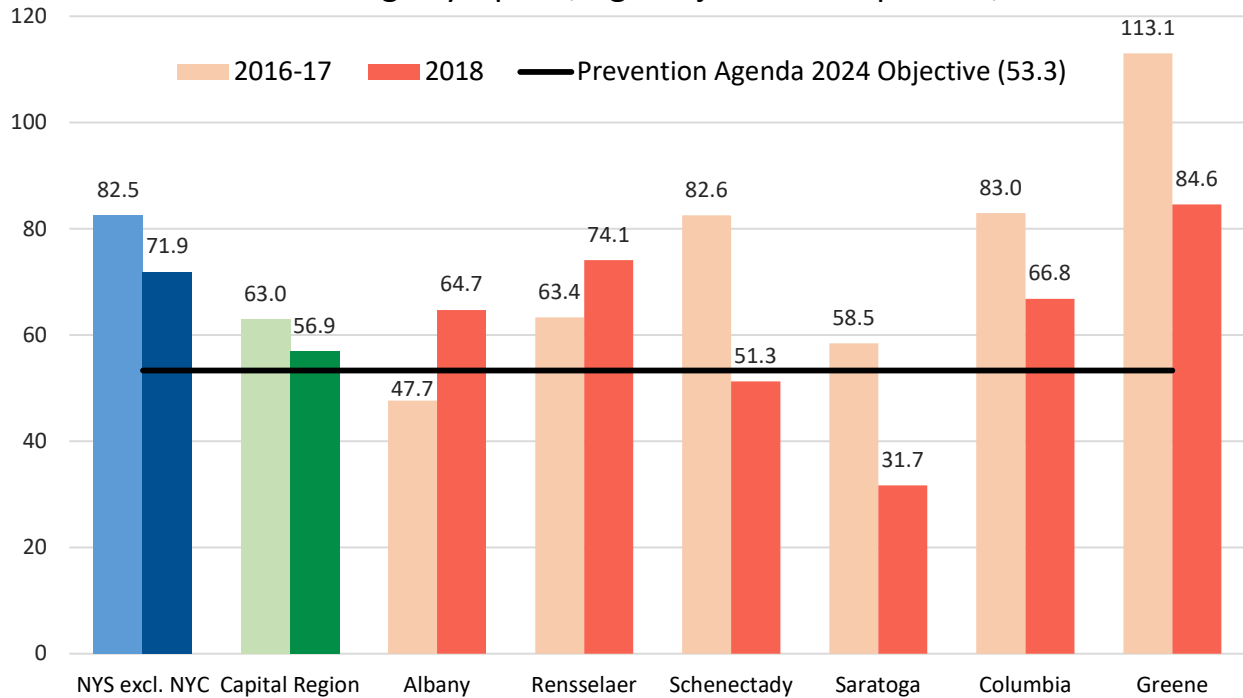
While all Capital Region counties were meeting the Prevention Agenda 2024 objective for Buprenorphine prescribing, the Region's rate was lower than that of NYS, excl. NYC. Greene and Columbia counties had the highest prescribing rates, while Saratoga County had the lowest in the Capital Region. Buprenorphine prescribing increased by 35%, in the Capital Region, overall, and by 23% to 75% in each county, when comparing the latest three-year period with available data (2017-2019) to the prior two years (2015-2016).¹¹



Prescription opioid use can be a predictor of heroin use. 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 analgesic prescriptions in an attempt to reduce opioid addictions.

In 2019, there were over 6.75 million opioid analgesic prescriptions for pain written and dispensed in NYS, over 400,000 were in the Capital Region. In 2019, only Albany and Saratoga counties were meeting the Prevention Agenda 2024 objective for opioid analgesic prescription rate, although current trends show steady declines in every Capital Region county. The Region's rate was similar to that for NYS, excl. NYC. Greene County had the highest prescription rate in the Capital Region, at 559 prescriptions per 1,000 population. Albany and Saratoga counties had the lowest opioid analgesic prescribing rates in the Capital Region. Opioid analgesic prescription rates decreased by about 23%, across the Capital Region, when comparing the latest three-year period with available data (2017-2019) to the prior three years (2014-2016).¹²

Opioid Overdose ED Visits (Outpatient and Admitted Patients)
Involving any Opioid, Age-Adjusted Rate per 100,000¹³

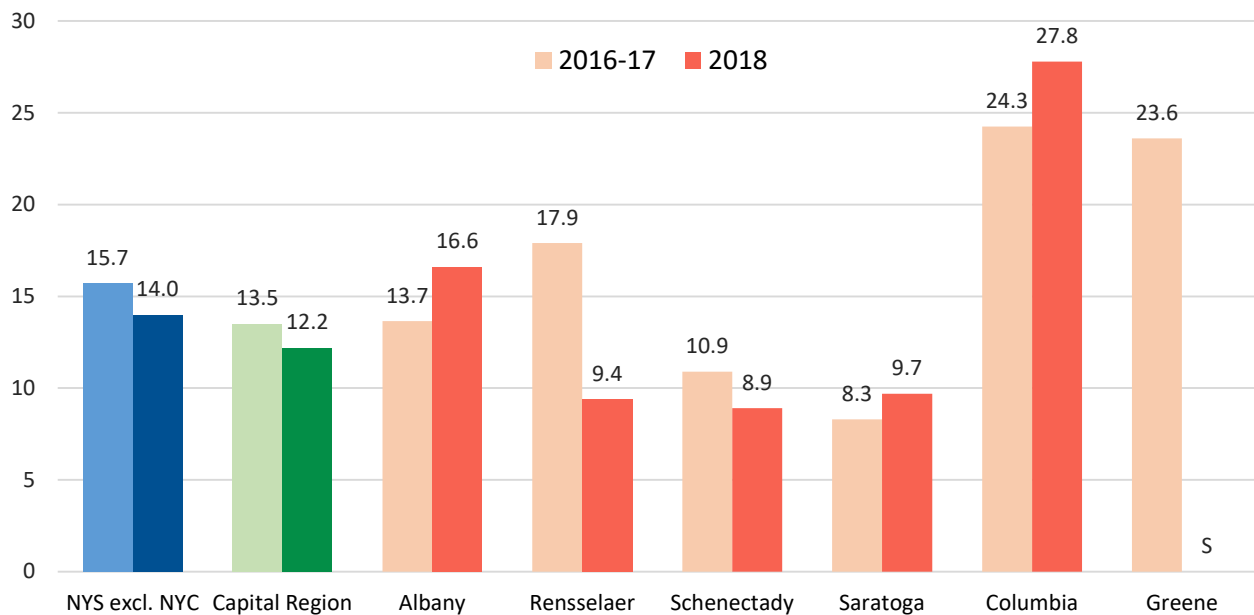


In 2018, the Capital Region had 521 emergency department visits (including outpatients and admitted patients) involving an opioid overdose. While the Capital Region had an opioid overdose ED visit rate lower than NYS, excl. NYC, only Saratoga and Schenectady counties were meeting the Prevention Agenda 2024 objective, in 2018. Greene County had the highest opioid overdose ED visit rate, in 2018, at 84.6 per 100,000 population, but was a 25% reduction from the prior two years.¹³ Capital Region males had 1.8 times the 2018 opioid ED visit rates compared to their female counterparts (49.7/100,000 vs 28.2). When reviewing the 2018 Capital Region opioid ED rates by race/ethnicity White non-Hispanics (42.5) had 1.4 times the rate than Black non-Hispanics (30.9) and 1.8 times the Hispanic rate (28.2).¹⁶

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 12.2 per 1,000 newborn discharges, in 2018, was lower than that of NYS, excluding NYC. Columbia County had the highest rate in the Capital Region, in 2018.¹⁵

Newborns with Neonatal Withdrawal Symptoms and/or Affected by Maternal use of Drugs of Addiction (any Diagnosis), Crude Rate per 1,000 Newborn Discharges¹⁵



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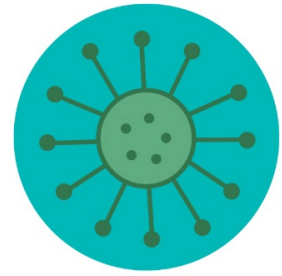
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IX. Infectious Disease



Vaccine-Preventable Disease

Highlights

In the Capital Region, in 2019:

- Greene County, alone, had a percentage of children aged 24-35 months with a completed 4:3:1:3:3:1:4 immunization series that was lower than NYS, excl. NYC, and the Prevention Agenda 2024 objective.
- Albany and Greene counties were meeting the Prevention Agenda 2024 objective for the percentage of 13-year-olds with a complete HPV vaccine series.
- 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 or produce the same antigens that are involved in disease. In the case of viral vaccines, a weakened, harmless virus is introduced to the body, while mRNA vaccines use our own cell's machinery to produce viral antigens. Both types of vaccines bolster our immunity to a disease, without causing it, by generating memory B and T cells with specific immunologic memory that can more quickly respond if an infection occurs with that virus.^{1,2}

Childhood Immunization

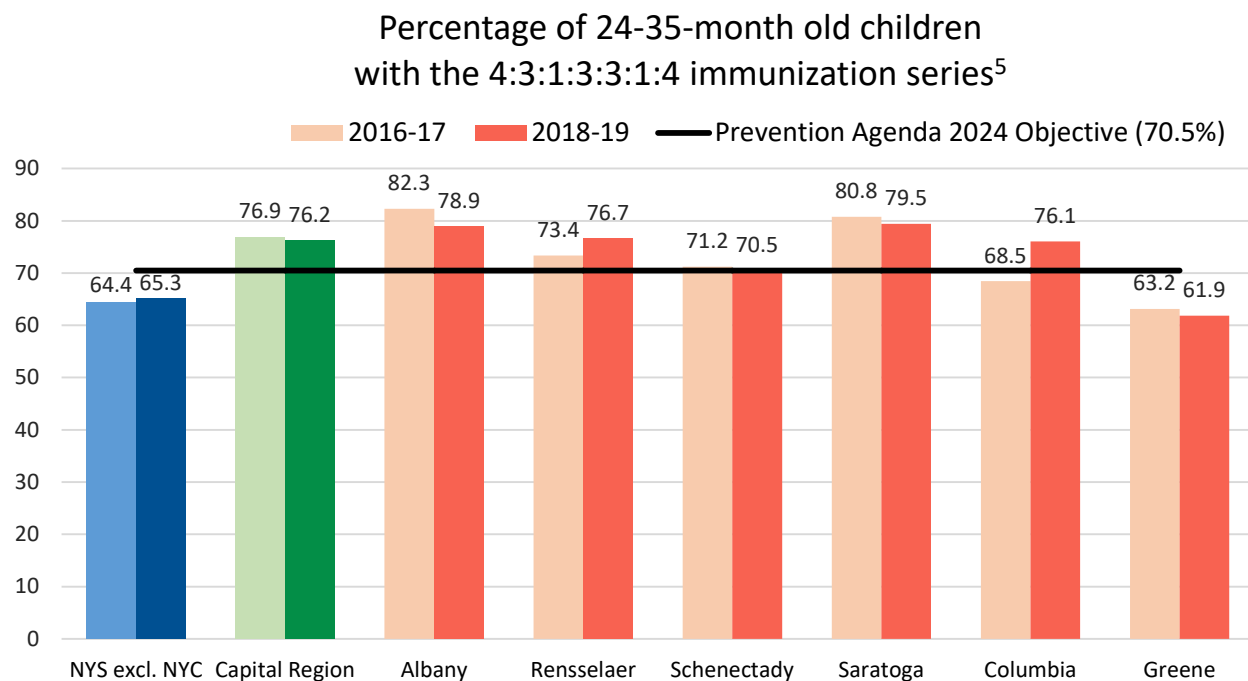
Objective

New York State Prevention Agenda 2019-2024

- Increase the percentage of 24-35 month olds with the 4:3:1:3:3:1:4 (4 Tdap, 3 polio, 1 MMR, 3 Hep B, 3 Hib, 1 varicella, 4 PCV13) immunization series to 95.0% 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.³ In New York State, school entry laws require children to receive their vaccinations prior to starting school, so children’s immunization levels are high.⁴

In 2019, about 2,200, of 9,600, children aged 24-35 months in the Capital Region were not fully immunized. Only Greene County had a percentage of children aged 24-35 months with a completed immunization series that was lower than NYS, excluding NYC, and the Prevention Agenda 2024 objective.⁵



Human Papillomavirus Immunization

Objective

New York State Prevention Agenda 2019-2024

- Increase the percentage of 13-year-old adolescents with a complete HPV vaccine series to 37.4%.

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.⁴ HPV is easily spread by skin to skin contact with an infected individual. There are more than 40 types of HPV that affect the genital,

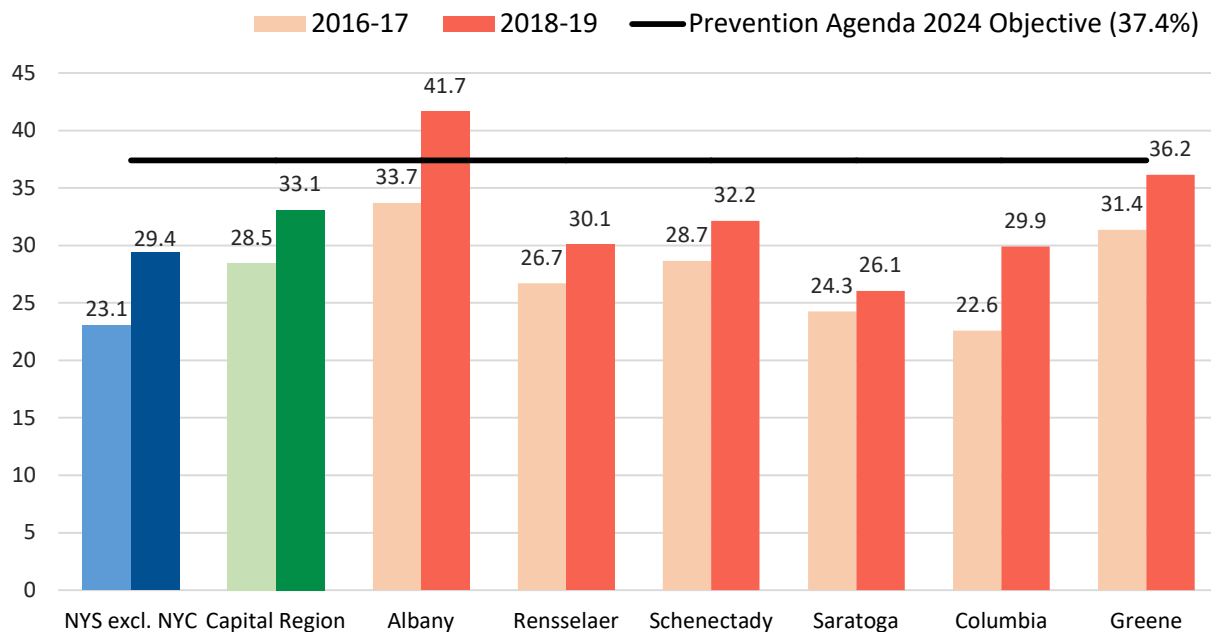


anal, mouth, and throat areas of men and women. Types of HPV referred to as “low-risk” strains can cause genital warts, which in many cases are not visible to the naked eyes. Most infected persons do not develop symptoms and are unaware they have HPV, increasing the chances of unintended transmission.⁶

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.⁷

The CDC now recommends two doses of HPV vaccines for 11- to 12-year-olds, rather than three doses, as previously recommended. Males are able to get the vaccine up to the age of 21 and females up to the age of 26 years. The vaccine is available for men up to age 26 with compromised immune systems and those who have sex with other men. It is important that both doses of the vaccine be given before sexual activity begins in order for the vaccine to be most effective.^{8,9}

Percentage of 13-year-old adolescents with a complete HPV vaccine series¹⁰



In 2019, nearly 6,700 13-year-olds in the Capital Region were not completely immunized for HPV. All Capital Region counties showed an increase in immunization rates between 2016-17 and 2018-19. Only Albany and Columbia County met the Prevention Agenda 2024 objective of 37.4%, in 2019. Saratoga County had the lowest percentage in the Capital Region in 2019, at 26.1%.¹⁰

COVID-19

Highlights

- In the Capital Region, COVID cases and hospitalizations peaked in late April 2020, again in mid-January 2021, then fell in Spring and Summer 2021, and are trending upward during Fall 2021.
- The Capital Region had lower COVID test positivity and mortality rates than NYS, excl. NYC.
- Mortality rates were highest in Columbia and Greene counties; test positivity, in Schenectady County.
- Black non-Hispanic residents accounted for 13% of COVID deaths and 9% of the population.
- COVID vaccination rates were higher among older residents and females, in the region and statewide.
- The Capital Region Black population is less vaccinated compared to the White and Asian populations, while the Capital Region Hispanic population had vaccination rate similar to the total population.
- When reviewing the COVID vaccination rates by Zip Code for the Capital Region, the under-vaccinated areas were predominantly rural or in low-income, inner-city neighborhoods.

Coronavirus disease (COVID-19) is an infectious disease caused by SARS-CoV-2 virus. While most people infected with the virus experience mild to moderate respiratory illness, some will become severely ill and require medical attention. Older people, and those with underlying medical conditions, are more likely to develop serious illness.¹¹

The first case of COVID-19 was identified on Dec. 31, 2019 in Wuhon China, while the first confirmed US case occurred on Feb. 20, 2020. In March 2020, the WHO declared COVID-19 a worldwide pandemic, and the US declared a State of Emergency due to COVID. By May 2020, the US had over 100,000 deaths due to COVID, and mid-June, the US passed one million cases. In August 2020, COVID became the 3rd leading cause of death in the US. A mutated, more virulent COVID variant “Alpha” was discovered in Sept. 2020 in the United Kingdom. Another variant “Gamma” was identified in Brazil in Jan. 2021, and in April 2021, the first cases of a new, more virulent, “Delta” variant occurred in India. The Delta variant became the most dominant COVID-19 strain in both the US and in New York State (NYS) in July 2021. By the end of August 2021, over 99% of all COVID-19 cases in NYS were the Delta variant. The WHO classified Omicron as a Variant of Concern on November 26, 2021. Omicron was first confirmed in NYS on December 2, 2021. Between December 9 and December 22, 62.4% of COVID cases were due to the Omicron variant, and by January 15, 2022, 98.4% of cases were of the Omicron variant.^{12, 13}

As of Nov. 12, 2021, there have been approximately 46.9 million total COVID-19 cases, and 760,300 COVID-related deaths in the US. During that period, NYS experienced approximately 2.6 million cases and 58,500 deaths due to COVID-19. As of March 3, 2021, the US experienced almost 880,000 COVID-related hospitalizations while NYS had 90,000 hospitalizations.¹⁴

New York State and the Capital Region experienced peaks in the number of COVID-19 cases, rates and hospitalizations both in late April 2020, and mid-January 2021. NYS experienced 10,553 COVID cases on April 24, 2020, and 18,832 cases on Jan. 7, 2021. The Capital Region had 321 COVID cases on April 24 2020, but on Jan. 7, 2021, the Capital Region experienced a peak of 1,017 cases. After a downward trend in COVID cases during the spring/summer of 2021 the cases and rates are trending upward during the fall of 2021. As of Nov 10, 2021, NYS



had 6,545 cases for a rate of 33.5/100,000 (231,940 tested), with the Capital Region experiencing 553 cases and a rate of 57.6/100,000 (12,148 tested).¹⁵

NYS COVID-related hospitalizations followed a similar pattern, with a NYS peak on April 12, 2020 peak of 18,825 hospitalizations and 5,225 in ICU. A lesser peak occurred on Jan. 20, 2021 with 9,055 hospitalizations, and 1,560 in ICU. While the Capital Region had a high number of hospitalizations on April 12, 2021 (189 hospitalizations, 97 in ICU), the Region experienced its peak on Jan. 20, 2021 with 540 hospitalizations 84 in ICU. A third peak was seen in January, 2022, due to Omicron variant. On January 11, 2022, NYS had 12,671 COVID-19-related hospitalizations with 1,593 patients in the ICU, up from 1,854 hospitalizations and 376 in ICU two months prior on November 11, 2021.¹⁵

As of Nov. 13, 2021, there were 58,479 deaths due to COVID-19 in NYS using provisional death certificate data reported to and compiled by CDC. The NYSDOH Health Electronic Response Data System (HERDS), collecting confirmed daily death data from hospitals, nursing homes and adult care facilities, reported 46,010 deaths as of 11/11/21.¹⁶ HERDS reports fatalities by county of residence with 1,223 deaths occurring in the Capital Region: Albany-398; Columbia-112; Greene-87; Rensselaer-181; Saratoga-212; Schenectady-233.¹⁷

From January 12, 2021 to January 11, 2022, the Capital Region had lower COVID-19 test positivity and mortality rates than NYS, excluding NYC (Upstate NY). None of the Region's counties had test positivity rates higher than NYS, excl. NYC. Only Albany and Rensselaer counties had COVID-19 mortality rates lower than NYS, excl. NYC, with rates highest in Greene and Schenectady counties.^{18,19}

COVID-19 Test Positivity and Mortality Rates, January 12, 2021 to January 11, 2022^{18,19}		
	Positive Tests per 1,000	Mortality per 100,000
NYS excl. NYC	146.1	94.4
Capital Region	117.6	88.3
Albany County	110.3	69.4
Rensselaer County	121.2	80.9
Schenectady County	123.0	108.1
Saratoga County	126.8	95.1
Columbia County	100.4	98.5
Greene County	111.6	124.2

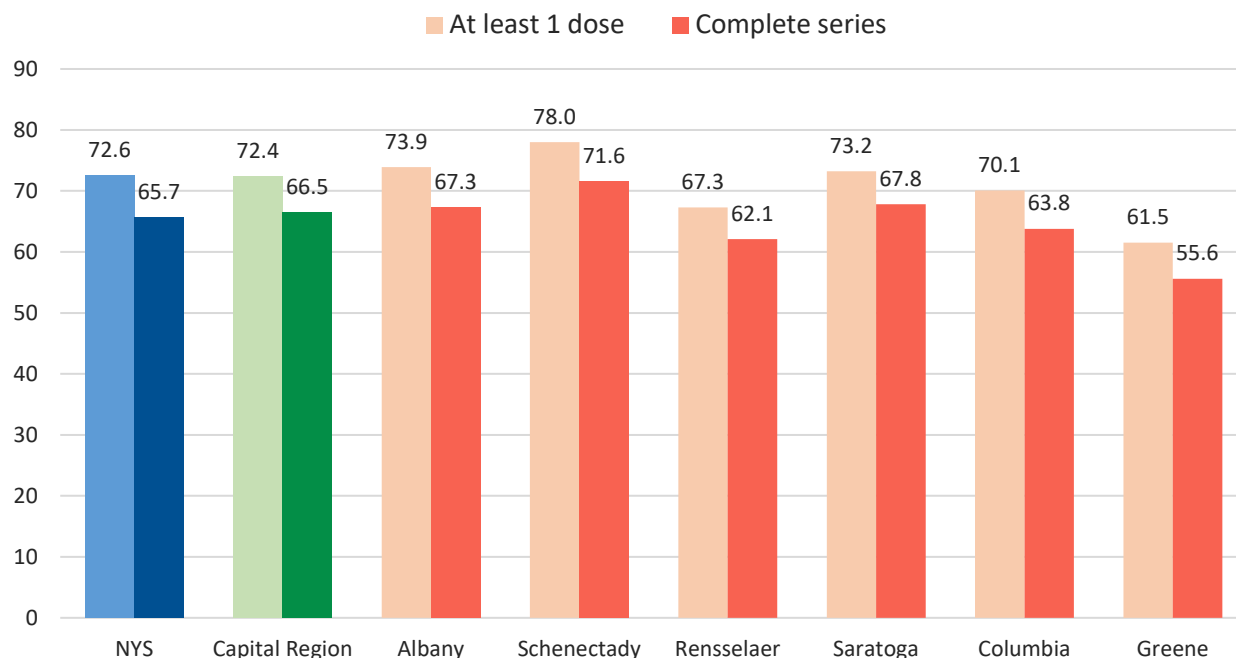
When reviewing COVID fatalities by gender, males made up 49% of the NYS population, but had 55.8% of the fatalities. For race/ethnicity, White non-Hispanics had 72% of deaths and 74% of population; Black non-Hispanics had 13% of the deaths and 9% of the population; Asian non-Hispanics had 3% of the deaths and 4% of the population and Hispanics represented 9% of the COVID deaths and 12% of the NYS population.¹⁷

As of Nov. 14, 2021, 68.4% of the US population has received at least one COVID-19 vaccination, with 58.8% being fully vaccinated. US seniors (65+ years) had much higher vaccination rates than the general population, 99.2% having received at least one vaccination, while 86.1% being fully vaccinated.¹⁹ New York State had higher vaccination rates compared to the US, with 72.6% receiving at least one vaccination and 65.7% being fully vaccinated.²¹ The Capital Region has similar vaccination rates as NYS; a slightly lower rate for residents receiving at least one vaccination (72.4%), and a slightly higher rate for the population receiving the full series (66.5%). Schenectady, Albany, and Saratoga had vaccination rates higher than NYS. Schenectady County had the highest



rates in the Capital Region (78.0%, 71.6%), while Greene County had the lowest vaccination rates for their population (61.5%, 55.6%).²¹

COVID-19 Vaccination Rates, Percentage of Population, as of November 14, 2021²¹



Vaccination rates for both at least one dose, and complete series, increase with age for both NYS and the Capital Region. For the Capital Region, only 63.1% of the 16-25 year age group received at least one vaccination and 58.6% received a complete series. However, over 99.0% of the 65-74 year age group received at least one COVID vaccination and 92.6% received the full vaccination series.¹² NYS and Capital Region females had higher vaccination rates than their male counterparts. For the Capital Region, 73.7% of the female population received at least one vaccination and 67.8% received a full series, while the corresponding COVID vaccination rates for males were 69.8% and 63.8% respectively.²²

The distribution of the population who received at least one COVID vaccination, compared to the distribution of the general population, is available by Race and by Ethnicity. For the Capital Region, 86.5% of the “at least one” vaccinations were to the White population compared to 85.0% of the general population, a slight improvement. The Black population made up 6.7% of the vaccinations but 8.4% of the general population. The Asian population made up 5.8% of the vaccinations, but 4.2% of the population. When looking at ethnicity, comparing Hispanics to non-Hispanics, the Capital Region Hispanics made up 4.8% of the “at least one” vaccinations as well as making up 4.8% of the general population.²²



The NYS Department of Health provides COVID-19 vaccination rates by Zip code, allowing a sub-county view of under-vaccinated areas.²³ When reviewing complete series vaccination rates, the following Zip codes show especially under-vaccinated populations (as of 11/14/21):

Albany: rural South Albany/Hill Town Zip codes of Coeymans Hollow (32.6%), Medusa (43.5%), South Bethlehem (46.6%), Preston Hollow (51.7%), Berne (53.0%), and West Hill in the City of Albany (50.6%).

Schenectady: Alphaus (49.9%), rural West Zip codes of Duanesburg (50.7%), and Pattersonville (55.1%), and Hamilton Hill (50.3%), City/Stockade (51.4%), and Goose Hill/Union (54.7%) in Schenectady City.

Rensselaer: rural East Zip codes of Stephentown (49.5%), Petersburg (50.7%), and Cropseyville (55.7%), rural Northeast Johnsonville (50.6%), Southwest Schodack Landing (51.1%), and Northwest Valley Falls (55.0%).

Saratoga: Northwest Zip codes of Porter Corners (49.3%), Corinth (56.3%); Hadley (59.8%), and Rock City Falls (60.0%), and Northeast Victory Mills (50.6%), and Schuylerville (61.4%).

Columbia: rural Zip code of Copake Falls (45.1%), rural Northeast New Lebanon (49.0%), West Lebanon (52.2%) and Austerlitz (52.4%), and Northwest Stuyvesant Falls (52.3%) and Stuyvesant (53.6%).

Greene: rural Zip code of Surprise (33.7%), Coxackie (34.4%), Durham (37.4%), Oak Hill (36.1%), and rural mountain areas of Jewett (35.1%), Maplecrest (35.5%), and Lexington (37.1%).

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HIV/AIDS

Objective

New York State Prevention Agenda 2019-2024

- Reduce the newly diagnosed HIV case rate to no more than 5.2 new diagnoses per 100,000.

Highlights

- Albany and Schenectady counties had the highest newly diagnosed HIV case rates in the region.
- Rensselaer and Saratoga were meeting the Prevention Agenda 2024 objective.

Human Immunodeficiency Virus (HIV) is the virus that can lead to acquired immunodeficiency syndrome (AIDS). The virus attacks the cells of the immune system, leaving the body more susceptible to life-threatening infections. HIV progresses to AIDS, the most advanced stage of the disease, in which the body can no longer fight off infections.¹

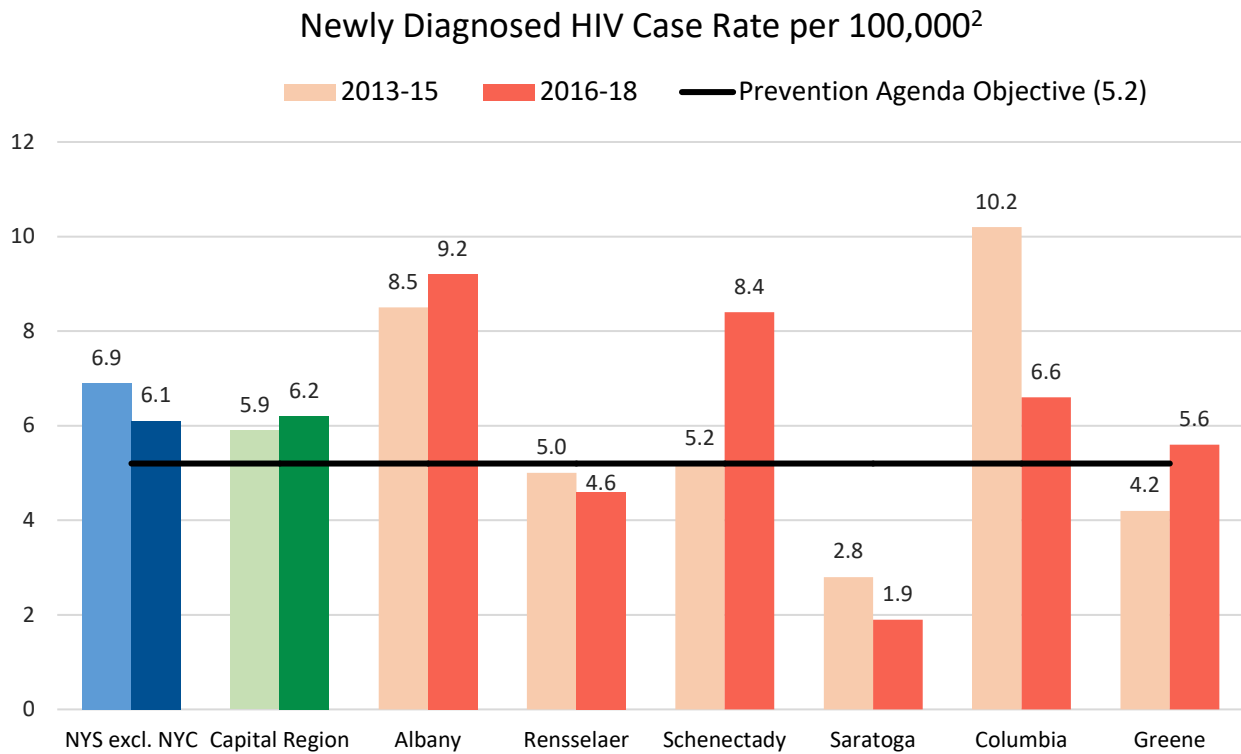
HIV testing is the only way to know definitively if a person is infected with HIV. The virus is transmitted through contact with bodily fluids such as blood, semen, genital fluids, or breast milk. Unprotected sex and sharing needles or syringes with an infected person are the most common ways the virus 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 designed to prevent HIV-negative individuals in high-risk populations from contracting the virus, by taking daily antiretroviral medicines. 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 and improve the quality of life 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 were about 1.2 million people living with HIV at the end of 2019, and that about 13% did not know they were infected. In 2019, there were 36,801 newly diagnosed HIV cases in the United States and dependent areas, down from 38,739 in 2017. Research has 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 to control HIV and accurately measure prevention efforts and their effectiveness.¹



From 2016 to 2018, the Capital Region had an annual average of 60 newly diagnosed HIV cases. The Region’s rate was similar to NYS, excluding NYC. Albany County had the highest case rate (9.2/100,000) within the Capital Region. Saratoga and Rensselaer counties were meeting the Prevention Agenda 2024 objective of 5.2 newly diagnosed cases per 100,000.²

From 2016 to 2018, 477 people per year died from AIDS in New York State; 9 were from the Capital Region.³

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Sexually Transmitted Infection

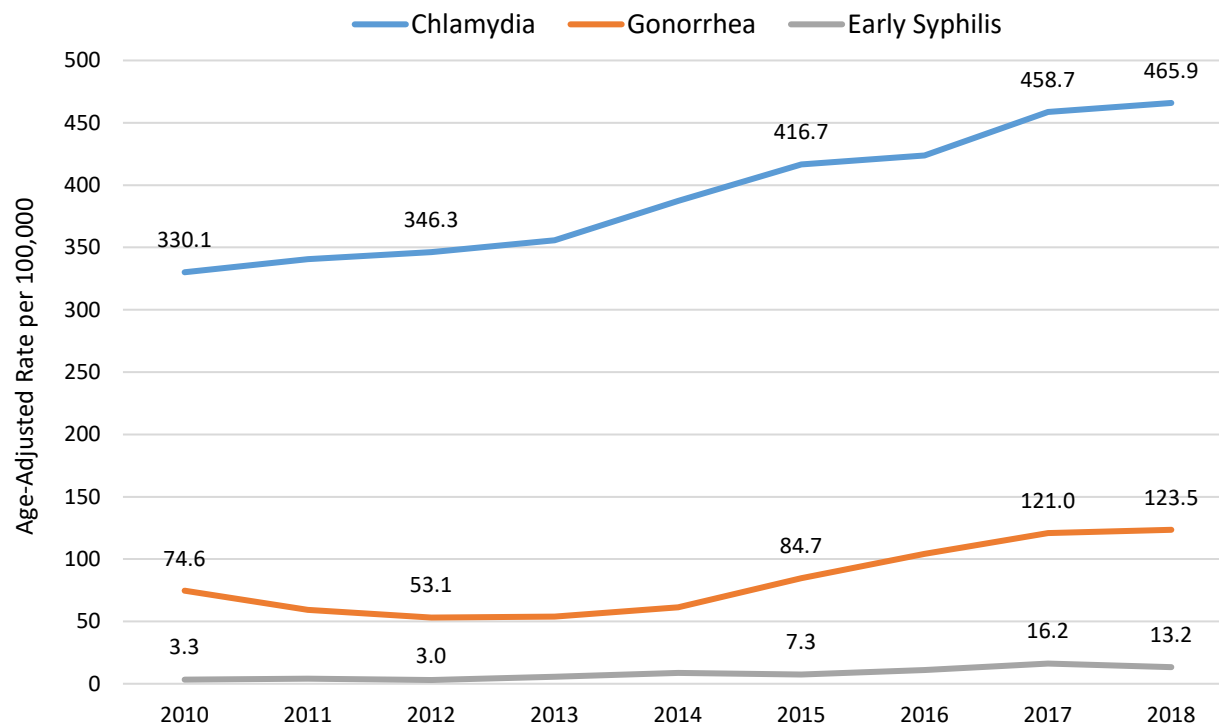
Highlights

In the Capital Region:

- Every county was meeting the Prevention Agenda 2024 objectives, for each STI, in 2018.
- Schenectady, Albany, and Rensselaer counties had the highest diagnoses rates, for each STI, in 2018.
- STI diagnoses, age-adjusted rates, from 2010 to 2018:
 - Gonorrhea: increased by 66%
 - Chlamydia: increased by 41%
 - Early Syphilis: increased by 300%

Sexually transmitted infections (STIs) continue to have a significant impact on the health, safety and welfare of the citizens of New York State. As in prior years, STIs are the leading category of reported communicable diseases in the state: the 141,000 new STI cases reported in 2016 represented 50% of all communicable diseases reported statewide.¹ Yearly STI case counts are also on the rise, nationally, statewide, and in the Capital Region.^{2,3} 53% of STIs diagnosed in NYS in 2019 were among people aged 26 years and younger.³

Capital Region STI Diagnoses, Age-Adjusted Rates per 100,000, 2010-2018^{5,7,10}



Gonorrhea

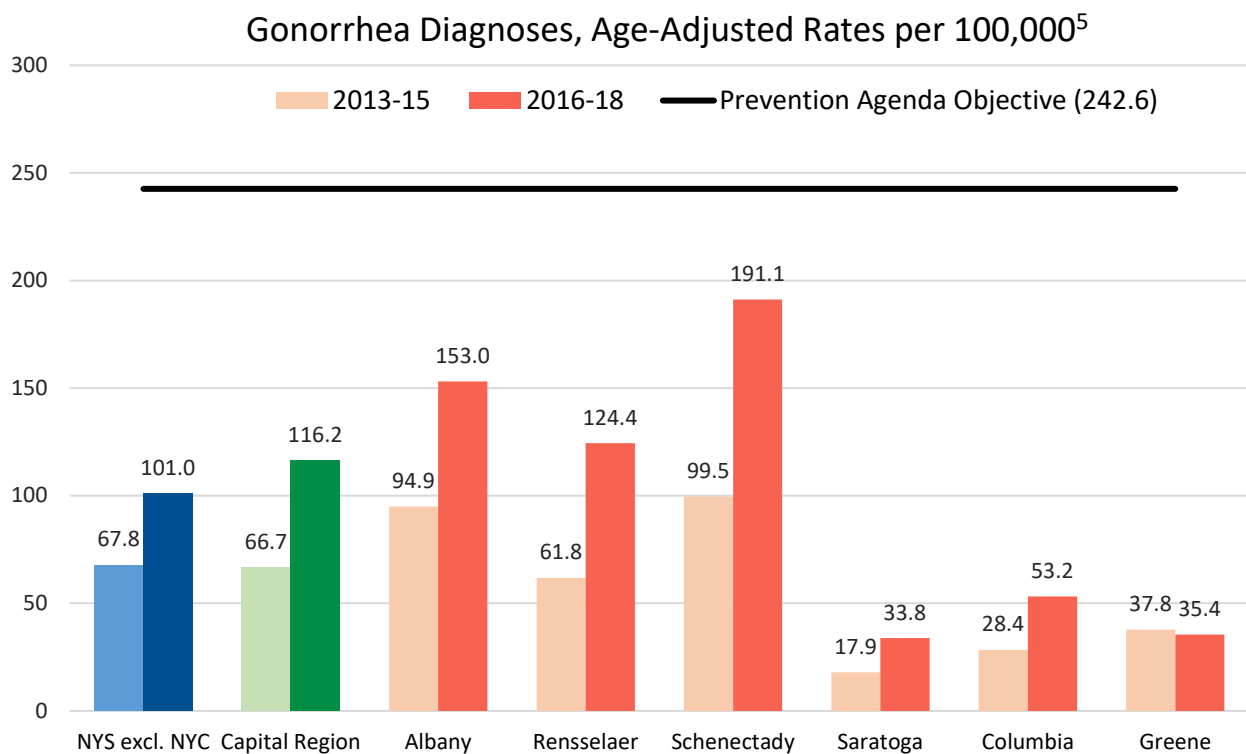
Objective

New York State Prevention Agenda 2019-2024

- Reduce the age-adjusted rate of Gonorrhea diagnoses to no more than 242.6 per 100,000 population.

Gonorrhea is the second most commonly reported sexually transmitted infection (STI) in New York State.³ The bacteria are found in the mucous areas of the body and are spread from person to person through sexual contact. Early detection and appropriate treatment is important. If Gonorrhea is left untreated, it can 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 2018, there were 1,145 cases of Gonorrhea reported in the Capital Region. Schenectady, Albany, and Rensselaer counties had rates higher than NYS, excluding NYC. Every Capital Region county had a Gonorrhea diagnoses rate that was below the Prevention Agenda 2024 objective. Each Capital Region county, except Greene County, saw their diagnoses rate increase by at least 61% from 2013-2015 to 2016-2018.⁵



Chlamydia

Objective

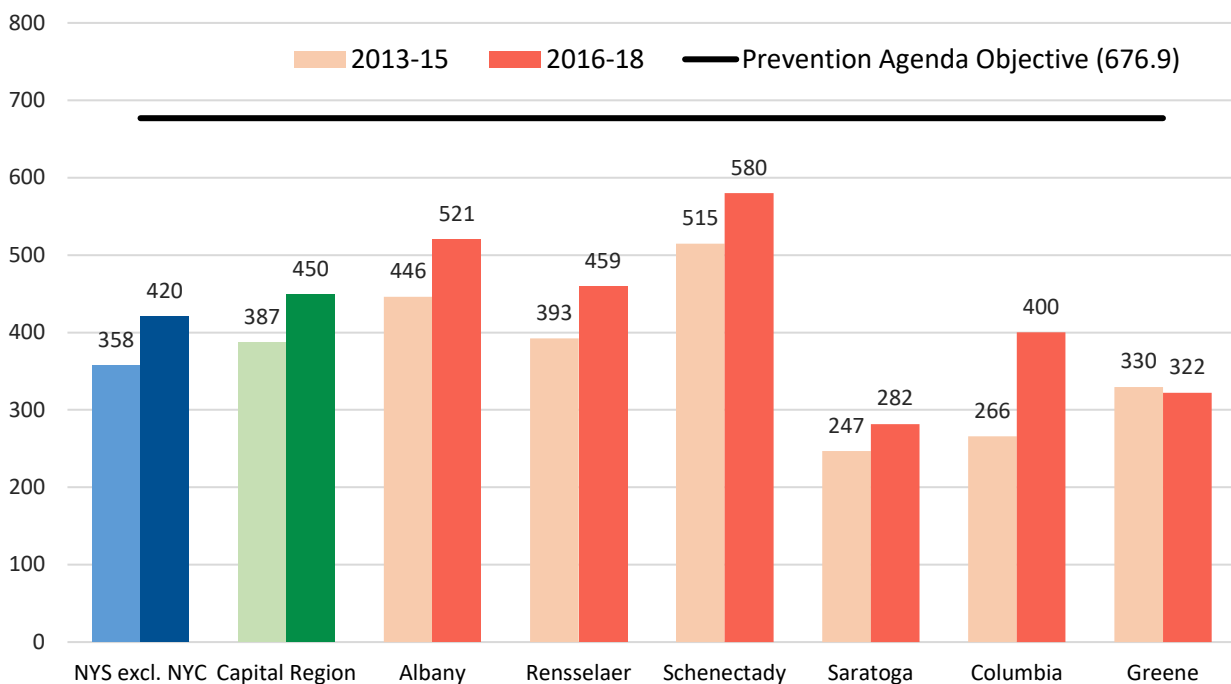
New York State Prevention Agenda 2019-2024

- Reduce the age-adjusted rate of chlamydia diagnoses to no more than 676.9 per 100,000 population.

Chlamydia is a sexually transmitted infection caused by the bacteria *Chlamydia trachomatis*. Chlamydia is easily treated, but asymptomatic infection is common, so screening tests can be important for diagnosis.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 STIs, if exposed.⁶

In 2018, there were 4,447 diagnoses of chlamydia in the Capital Region. Schenectady, Albany, and Rensselaer counties all had higher rates than NYS, excluding NYC. Every Capital Region county was meeting the Prevention Agenda 2024 objective of 676.9 per 100,000. Capital Region diagnoses rates increased by 41%, from 2010 to 2018. Only Greene County's diagnoses rate decreased, when comparing the latest three year period with available data (2016-2018) to the prior three years (2013-2015).⁷

Chlamydia Diagnoses, Age-Adjusted Rates per 100,000⁷



Syphilis

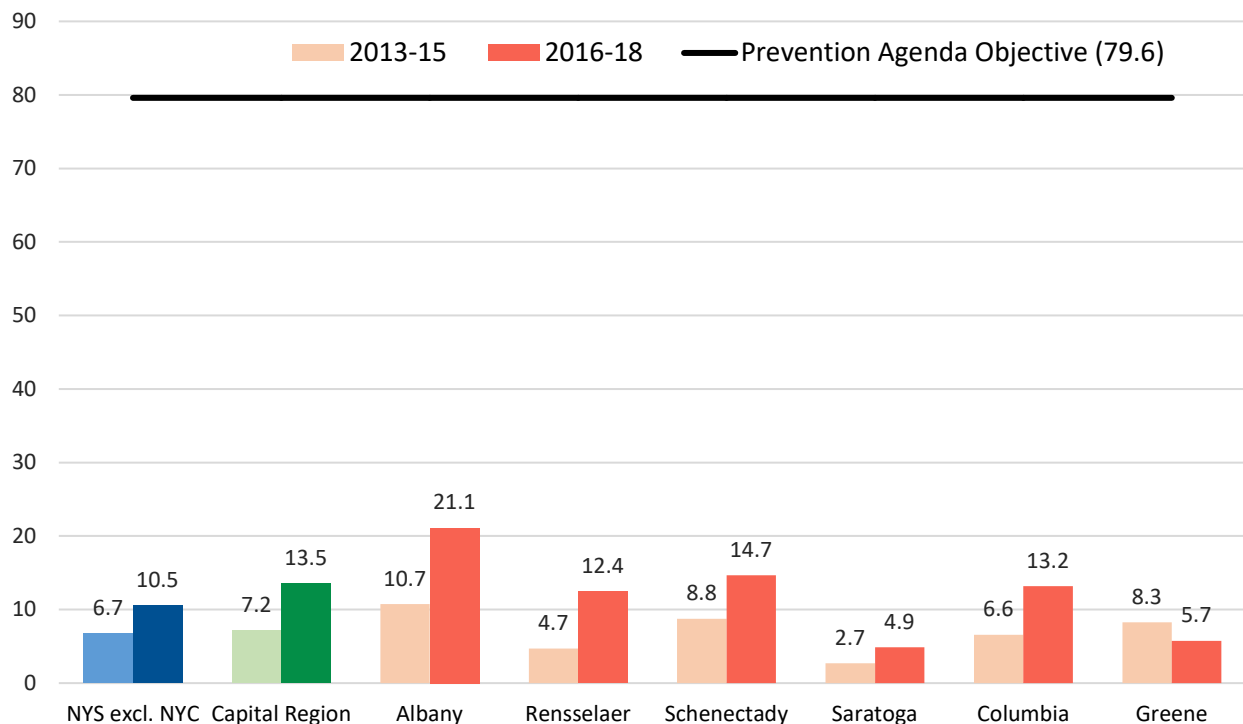
Objective

New York State Prevention Agenda 2019-2024

- Reduce the age-adjusted rate of early syphilis diagnoses to no more than 79.6 per 100,000 population.

Syphilis is a sexually transmitted infection 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 infection will progress to the secondary stage. This stage is represented by skin rashes or lesions 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 infection on to their babies, causing low birth weight, developmental delays, or death. People with genital sores are also at higher risk for transmitting or acquiring HIV. Curing syphilis can be done with an intramuscular injection of penicillin or an appropriate antibiotic, such as tetracyclin.^{8,9}

Early Syphilis Diagnoses, Age-Adjusted Rates per 100,000¹⁰



Although in the 1990s, Syphilis was more prevalent among heterosexual people of color aged 30 to 39 years, the 2000s saw an epidemiologic shift. More recently, syphilis is most prevalent in 20-29 year-old men who have sex with men (MSM). The majority of primary and secondary syphilis cases in the United States in 2019 were among MSM only and men who have sex with both men and women.⁸

In 2018, there were 127 cases of syphilis in the Capital Region. The Capital Region counties were well below the Prevention Agenda 2024 objective of no more than 79.6 cases per 100,000. Albany (21.1/100,000) and Schenectady (14.7) counties had the highest rates, per 100,000, in 2016-18. The Capital Region rate of diagnoses increased by 300%, from 2010 to 2018. Capital Region counties, except Greene County, saw their diagnoses rates increase by 67% to 165%, when comparing the latest three year period with available data (2016-2018) to the prior three years.¹⁰

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Lyme Disease

Highlights

- The Capital Region had the highest crude incidence of Lyme disease, of any NYS region, 2016-2018
 - Columbia, Greene, and Rensselaer had the 1st, 2nd, and 4th highest, of any NYS county

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 Lyme.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

The Capital Region had the highest crude incidence of Lyme disease, from 2016 to 2018, of any New York State region. Regional incidence peaked at 2,315 cases in 2017. Columbia and Greene counties had the two highest incidences of Lyme disease among all New York State counties, from 2016 to 2018; Rensselaer had the 4th highest.³

Lyme disease incidence per 100,000, 2016-2018 ³	
NYS excl. NYC	65.4
Capital Region	187.2
Albany County	104.2
Rensselaer County	311.3
Schenectady County	68.7
Saratoga County	109.7
Columbia County	593.8
Greene County	550.9

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[County Hospitalization Rates by Neighborhood](#)..... **Error! Bookmark not defined.**

[ED Visit Rates by Neighborhood](#)..... **Error! Bookmark not defined.**

[Prevention Quality Indicator Rates by Neighborhood](#)..... **Error! Bookmark not defined.**

[Mortality Rates by Neighborhood](#)..... **Error! Bookmark not defined.**

[County Health Rankings](#) **Error! Bookmark not defined.**

[Public Health Issue Ranking for Prioritization Results](#)..... **Error! Bookmark not defined.**

[2021 Capital Region Community Health Survey Results](#) **Error! Bookmark not defined.**

[Introduction](#)..... **Error! Bookmark not defined.**

[Demographics](#)..... **Error! Bookmark not defined.**

[Health Priorities](#)..... **Error! Bookmark not defined.**

[Social Determinants of Health](#)..... **Error! Bookmark not defined.**

[Prevention & Communication Strategies](#)..... **Error! Bookmark not defined.**

[Healthcare Access & Barriers](#)..... **Error! Bookmark not defined.**

[Mental Health](#) **Error! Bookmark not defined.**

[Substance Misuse](#) **Error! Bookmark not defined.**

[COVID-19 Vaccine](#)..... **Error! Bookmark not defined.**

[Survey \(Paper Version\)](#)..... **Error! Bookmark not defined.**

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/2 nd Avenue
12209	Delaware/2 nd Avenue/Whitehall
	Center Square/Arbor Hill
12210	Center Square/Arbor Hill
	Colonie
12205	Colonies Village/Maywood/Roessville/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



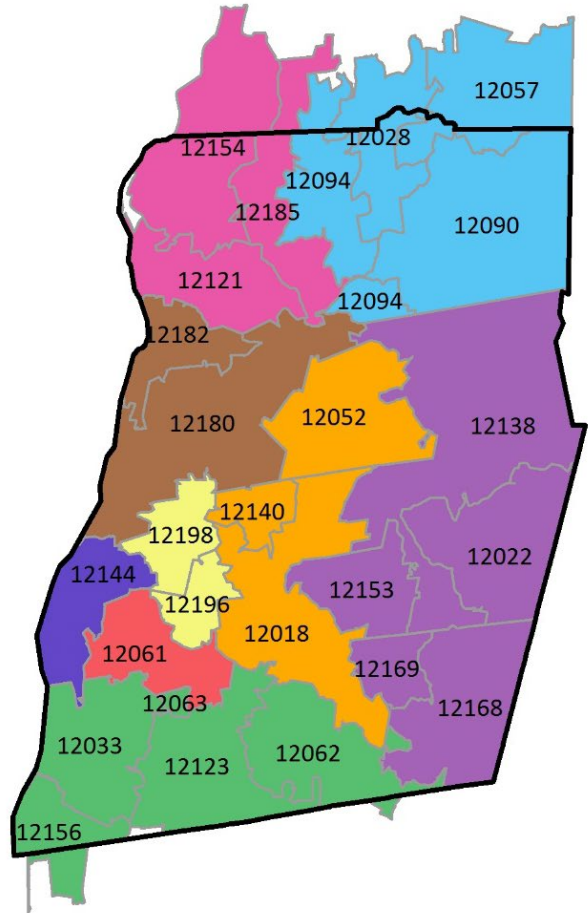
Rensselaer County ZIP Codes and Neighborhoods (ZIP Code Grouping)

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

-  Troy/Lansingburgh
-  Rensselaer
-  East
-  North East
-  North West
-  South West
-  Central
-  West Sand Lake/Wynantskill
-  East Greenbush



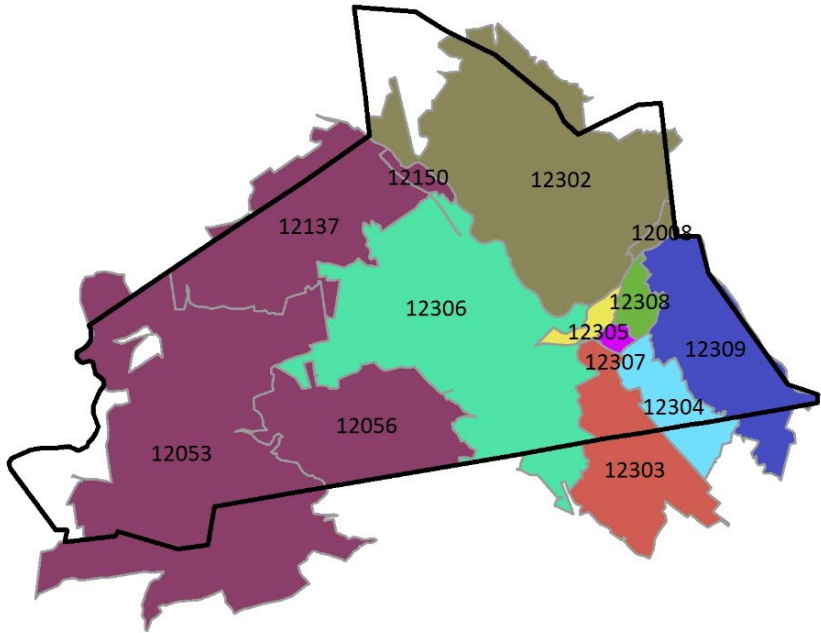
Schenectady County ZIP Codes and Neighborhoods (ZIP Code Groupings)

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

-  Mt. Pleasant
-  Upper State St
-  City/Stockade
-  Hamilton Hill
-  Goose Hill/Union
-  Rural West
-  Niskayuna
-  Scotia-Glenville
-  Rotterdam



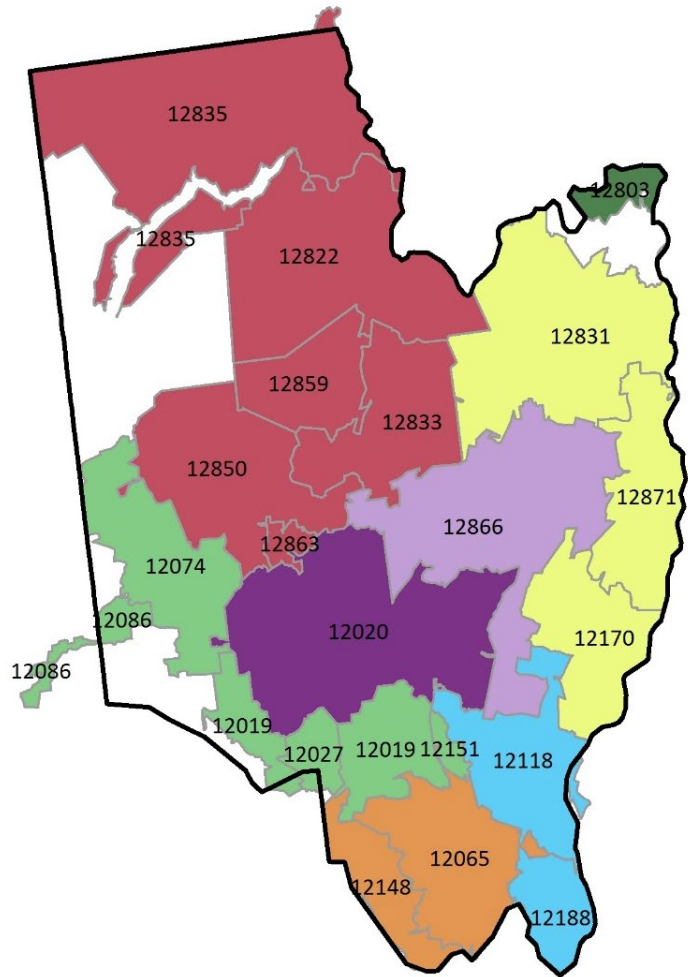
Saratoga County ZIP Codes and Neighborhoods (ZIP Code Groupings)

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

- Clifton Park West
- Waterford/Mechanicville
- Burnt Hills/Galway
- Ballston Spa
- Saratoga Springs
- North East
- North West
- South Glens Falls



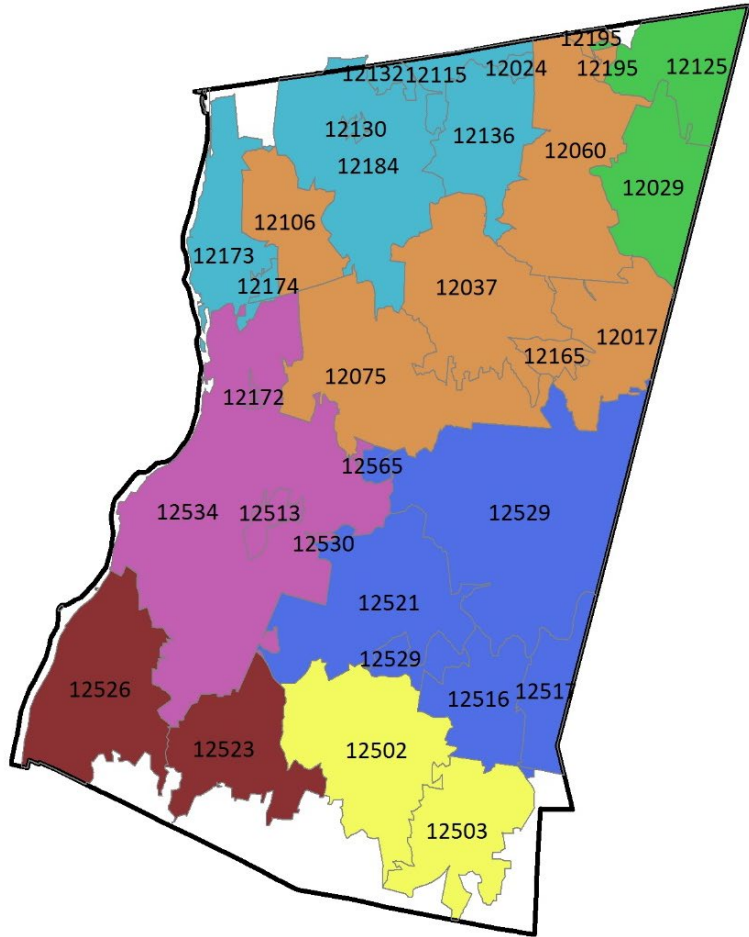
Columbia County ZIP Codes and Neighborhoods (ZIP Code Grouping)

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

- Ichabod
- Chatham
- Canaan
- Hudson
- Taconic Hills
- Germantown
- Pine Plains



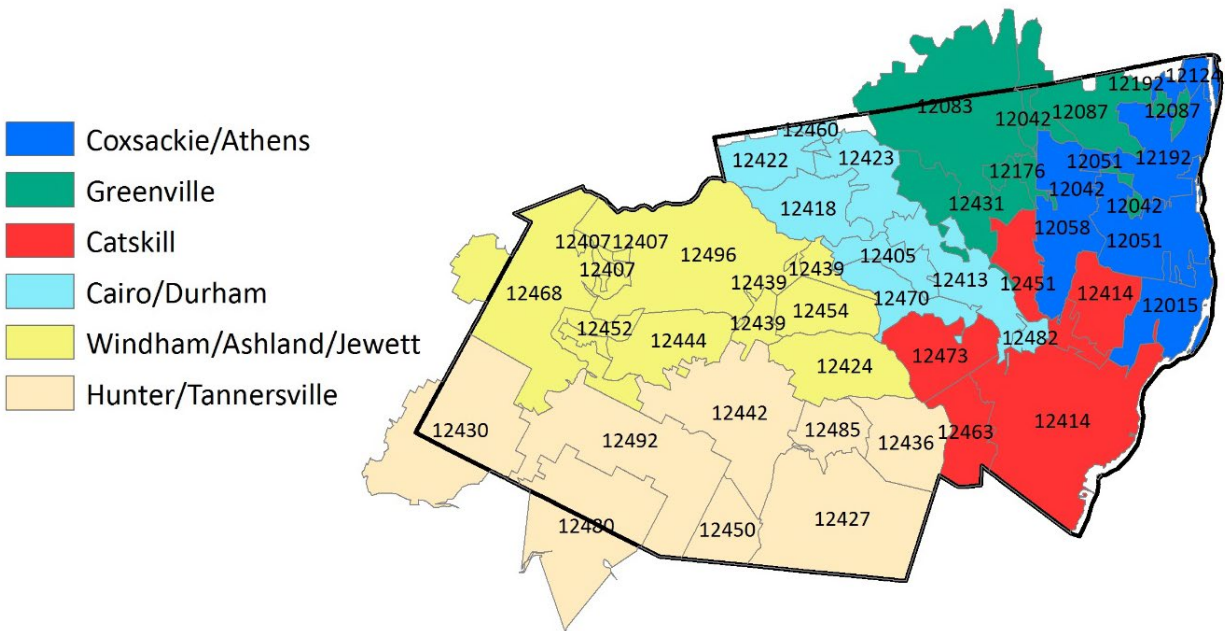
Greene County ZIP Codes and Neighborhoods (ZIP Code Groupings)

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



Age, Poverty Level, and Race/Ethnicity Demographics

The following section contains charts representing socio-demographic indicators; first, by county (below), then, by neighborhood. All indicators are for the most recent available years, 2015-2019, and are from U.S. Census Bureau, 2015-2019 5-Year American Community Survey.

Note:

- Please refer to the [Capital Region ZIP Code Groupings and Neighborhoods Maps](#) at the beginning of the Appendix.
- County totals represent all county residents and are not a summary of all listed ZIP codes. Some ZIP codes cross county borders.

Capital Region Sociodemographic Comparison, by County, with Conditional Formatting

(U.S. Census Bureau, 2015-2019 5-Year American Community Survey)

County/Region	Pop.	Race				Ethn.	Below Poverty Lvl.			Educ.	Age Group	
	Total	White	Black	Asian	Other	Latino	50%	100%	200%	< HS	0-14	65+
Albany County	306,968	75.3	12.4	6.6	5.7	6.0	6.2	11.9	25.3	7.9	15.2	16.5
Rensselaer County	159,185	86.1	6.5	2.7	4.8	4.9	5.8	11.7	24.9	8.1	16.1	16.5
Schenectady County	154,859	76.3	10.1	4.7	9.0	7.1	4.8	11.4	25.7	9.3	17.8	16.8
Saratoga County	228,502	92.7	1.7	2.9	2.6	3.2	2.8	5.8	16.9	6.0	16.5	17.6
Columbia County	60,371	89.0	4.5	1.8	4.7	4.8	5.6	11.6	27.1	9.7	13.9	23.1
Greene County	47,424	89.6	5.8	1.0	3.5	5.9	5.4	14.0	32.7	13.3	13.5	21.6
Capital Region	957,309	83.0	7.7	4.2	5.2	5.2	5.0	10.4	23.7	8.1	15.9	17.5
NYS excl. NYC	11,153,003	79.5	9.1	4.1	7.3	11.4	5.2	11.1	24.9	9.6	17.2	17.3

Conditional formatting key: Darker cells contain larger values; largest value in each column is bolded and italicized



Capital Region Sociodemographic Comparison, by Neighborhood
(U.S. Census Bureau, 2015-2019 5-Year American Community Survey)

Neighborhood	Pop.	Race				Eth.	Below Poverty Lvl.			Educ.	Age Group	
	Total	White	Black	Asian	Other	Latino	50%	100%	200%	< HS	0-14	65+
State Campus	30,010	78.7	9.3	6.9	5.0	5.7	8.3	14.5	27.5	5.6	9.6	16.4
N. Albany/ Menands	8,318	39.4	33.0	11.4	16.3	8.4	4.0	20.9	39.4	11.0	18.9	12.5
West End	16,480	32.8	45.9	7.5	13.8	15.2	16.0	33.4	59.9	21.5	24.6	10.6
South End	8,342	28.2	59.2	4.0	8.6	10.2	14.1	33.0	64.7	18.3	19.1	11.7
South End/ Downtown	2,202	32.9	57.5	2.2	7.4	6.9	26.0	46.6	64.1	22.9	16.4	14.9
New Scotland Avenue	21,666	72.4	10.2	9.5	7.9	6.1	8.5	15.2	27.7	6.5	12.4	15.2
Delaware/ 2nd Avenue	9,978	53.6	27.7	10.2	8.5	15.6	11.3	14.6	34.0	13.4	21.2	12.7
Center Square/ Arbor Hill	9,583	44.8	45.0	2.8	7.4	8.0	12.6	22.5	46.3	9.7	14.5	9.4
Colonie	26,941	81.0	5.8	8.8	4.4	3.7	2.9	7.0	18.5	8.7	15.2	18.8
Latham	21,665	81.9	5.3	8.4	4.4	6.1	2.3	3.4	13.6	4.7	13.8	15.6
Loudonville	10,990	83.7	2.8	9.4	4.2	3.0	4.4	5.8	12.3	4.0	14.1	26.4
Pine Bush	28,488	71.8	10.9	5.8	11.5	8.3	6.0	10.5	25.1	8.6	18.5	16.7
City of Cohoes/ N Colonie	21,355	83.6	5.6	3.2	7.6	5.1	7.9	13.3	30.4	10.4	17.4	18.2
Watervliet/ Gl	19,882	76.8	7.0	8.0	8.2	7.2	5.1	12.9	29.2	10.9	14.7	17.1
Bethlehem	25,204	91.9	2.4	3.9	1.9	2.7	3.2	5.4	13.3	2.4	16.2	18.8
Ravena/ Coeymans/ Selkirk	12,784	94.4	2.5	2.1	1.1	1.7	6.3	9.1	19.5	6.1	17.0	16.2
Hill Towns	7,501	98.5	0.5	0.6	0.4	1.5	2.5	6.9	20.6	7.6	11.8	21.4
Guilderland	12,905	81.7	3.3	12.1	2.9	3.7	2.1	4.5	11.9	3.8	18.3	15.7
New Scotland	14,634	92.4	1.0	4.2	2.4	2.0	2.2	3.9	9.9	2.8	14.3	23.8
Troy/Lansingburgh	67,896	75.5	13.1	4.0	7.4	7.5	9.6	19.1	27.8	7.3	15.4	14.0
Rensselaer	20,205	86.0	4.2	3.9	6.0	4.9	4.1	8.2	11.9	5.6	15.8	18.3
East	7,108	98.0	0.2	0.5	1.2	1.6	2.5	8.9	18.4	6.7	14.1	18.4
North East	11,539	97.3	0.3	0.4	2.1	4.3	5.1	11.8	19.8	5.2	20.1	17.6
North West	6,879	97.4	0.8	0.2	1.6	3.5	2.9	4.2	7.4	3.6	14.9	18.7
South West	16,427	95.6	1.0	0.7	2.7	2.4	1.3	4.4	7.0	3.3	17.5	17.4
Central	10,527	97.7	0.4	0.1	1.7	1.9	3.7	4.6	7.6	5.2	14.7	21.9
W. Sand Lake/Wynantskill	11,393	96.3	0.6	1.1	1.9	2.3	1.6	5.0	9.7	4.2	17.5	17.8
East Greenbush	9,656	91.8	1.6	5.2	1.4	1.5	3.4	4.0	7.8	2.7	15.7	17.5
Mt. Pleasant	28,488	71.8	10.9	5.8	11.5	8.3	6.0	13.6	24.1	8.6	18.5	16.7
Upper State St.	22,230	59.8	17.6	6.3	16.3	10.7	5.6	18.2	26.8	15.1	15.7	17.4
City/Stockade	5,519	69.1	20.9	2.5	7.5	6.5	9.4	30.4	41.8	15.7	6.8	9.7
Hamilton Hill	7,031	31.8	38.6	4.6	24.9	16.8	9.5	37.5	53.1	25.6	23.5	8.2
Goose Hill/Union	14,699	63.6	17.5	6.6	12.4	9.2	8.4	26.0	36.9	11.9	16.0	12.2
Rural-West	10,054	97.1	0.7	0.6	1.5	5.7	2.5	8.6	15.5	6.5	17.6	14.5
Niskayuna	30,007	84.9	3.2	8.6	3.3	2.7	1.2	4.1	7.2	2.2	18.7	19.1
Scotia-Glenville	28,045	95.0	1.4	1.0	2.5	4.4	2.2	9.6	17.3	4.5	18.9	20.9
Rotterdam	26,799	85.7	6.5	2.3	5.5	4.9	4.4	14.4	24.0	8.5	16.8	17.4
Clifton Park West	47,034	85.5	3.9	5.9	4.7	4.9	2.9	5.6	11.1	2.8	17.4	16.6
Waterford/Mechanicville	26,923	93.3	0.9	2.9	2.9	2.2	3.7	10.6	19.1	5.1	17.5	16.9
Burnt Hills/Galway	23,753	93.4	1.1	3.3	2.3	2.0	1.6	3.7	7.8	1.8	16.8	21.8
Ballston Spa	33,563	94.5	1.2	2.5	1.8	5.0	3.6	9.7	16.1	3.5	16.5	16.1
Saratoga Springs	39,689	92.1	2.3	3.3	2.3	3.0	2.6	7.9	13.8	4.2	11.7	21.2
North East	25,893	97.1	0.7	0.6	1.6	2.9	2.1	7.1	16.0	4.8	19.6	13.3
North West	18,989	97.2	0.6	0.3	1.9	1.1	2.9	14.6	24.7	8.6	17.9	18.4
South Glens Falls	8,357	98.1	0.0	0.0	1.9	1.5	3.7	13.0	23.3	5.2	18.7	17.6
Ichabod	11,024	92.0	1.9	0.3	5.9	5.8	4.6	8.8	22.8	5.0	17.2	21.1
Chatham	11,640	93.7	3.1	0.4	2.8	3.5	3.9	7.6	22.8	6.4	12.4	28.2
Canaan	2,639	95.4	1.0	0.5	3.1	4.1	4.7	8.8	25.1	7.0	12.9	23.3
Hudson	18,659	78.8	10.5	4.3	6.4	5.8	7.6	17.4	37.1	8.8	14.3	20.6
Taconic Hills	7,173	95.3	0.3	0.9	3.5	3.4	6.3	11.7	25.4	7.5	11.8	25.8
Germantown	5,248	94.5	1.2	1.5	2.8	4.1	3.6	8.2	18.6	6.2	12.5	22.9
Pine Plains	1,711	89.6	4.4	1.7	4.3	4.4	8.3	14.5	24.6	9.9	13.3	27.1
Coxsackie/Athens	13,381	85.9	11.9	1.4	0.8	10.1	2.9	8.6	23.1	13.4	11.8	18.4
Greenville	6,844	96.9	0.2	0.4	2.5	2.9	3.3	8.5	26.6	4.0	17.9	17.5
Catskill	14,131	85.7	7.1	1.0	6.1	6.0	7.6	19.4	39.1	13.5	13.2	22.6
Cairo/Durham	6,540	91.6	1.7	0.9	5.8	5.7	5.9	14.7	35.1	13.5	16.0	17.7
Windham/Ashland/Jewett	4,414	97.4	0.1	0.5	2.0	1.1	6.4	12.9	32.1	8.2	9.8	31.3
Hunter/Tannersville	4,653	94.8	0.0	1.7	3.6	4.0	3.6	14.8	35.5	4.6	10.9	32.5

Conditional formatting key: Darker cells contain larger values; largest value in each column is bolded and italicized



Albany County Population by Age and Neighborhood

U.S. Census Bureau, 2015-2019 5-Year American Community Survey

Neighborhood	Total Pop.	<5 Years		5-14 Years		15-19 Years		20-44 Years		45-64 Years		65-74 Years		75 Years and Above	
		#	%	#	%	#	%	#	%	#	%	#	%	#	%
State Campus	30,010	1,083	3.6	1,791	6.0	2,581	8.6	12,717	42.4	6,916	23.0	2,492	8.3	2,430	8.1
N. Albany/ Menands	8,318	850	10.2	718	8.6	484	5.8	3,410	41.0	1,817	21.8	699	8.4	340	4.1
West End	16,480	885	5.4	3,171	19.2	1,110	6.7	6,327	38.4	3,245	19.7	1,179	7.2	563	3.4
South End	8,342	694	8.3	903	10.8	433	5.2	3,287	39.4	2,048	24.6	634	7.6	343	4.1
South End/ Downtown	2,202	163	7.4	199	9.0	0	0.0	952	43.2	561	25.5	188	8.5	139	6.3
New Scotland															
Avenue	21,666	1,034	4.8	1,655	7.6	941	4.3	10,157	46.9	4,578	21.1	1,852	8.5	1,449	6.7
Delaware/ 2 nd Avenue	9,978	1,093	11.0	1,018	10.2	474	4.8	3,587	35.9	2,543	25.5	687	6.9	576	5.8
Center Square	9,583	516	5.4	869	9.1	479	5.0	4,672	48.8	2,150	22.4	630	6.6	267	2.8
Colonie	26,941	1,402	5.2	2,704	10.0	1,690	6.3	8,477	31.5	7,593	28.2	2,738	10.2	2,337	8.7
Latham	21,665	766	3.5	2,232	10.3	2,641	12.2	6,752	31.2	5,899	27.2	1,776	8.2	1,599	7.4
Loudonville	10,990	324	2.9	1,222	11.1	555	5.1	2,740	24.9	3,250	29.6	1,510	13.7	1,389	12.6
Pine Bush	28,488	1,538	5.4	3,746	13.1	1,934	6.8	8,514	29.9	8,000	28.1	2,744	9.6	2,012	7.1
Cohoes/ N Colonie	21,355	1,335	6.3	2,377	11.1	1,053	4.9	7,707	36.1	4,990	23.4	2,072	9.7	1,821	8.5
Watervliet/ GI	19,882	933	4.7	1,988	10.0	784	3.9	7,246	36.4	5,531	27.8	2,036	10.2	1,364	6.9
Bethlehem	25,204	1,475	5.9	2,620	10.4	1,886	7.5	6,762	26.8	7,713	30.6	2,668	10.6	2,080	8.3
RCS	12,784	608	4.8	1,566	12.2	672	5.3	4,295	33.6	3,566	27.9	1,386	10.8	691	5.4
Hill Towns	7,501	247	3.3	641	8.5	591	7.9	1,800	24.0	2,619	34.9	986	13.1	617	8.2
Guilderland	12,905	609	4.7	1,752	13.6	636	4.9	4,653	36.1	3,234	25.1	1,058	8.2	963	7.5
New Scotland	14,634	723	4.9	1,363	9.3	864	5.9	3,774	25.8	4,433	30.3	2,000	13.7	1,477	10.1
Albany County	306,968	15,580	5.1	31,070	10.1	23,316	7.6	107,299	35.0	79,012	25.7	28,867	9.4	21,824	7.1

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



Albany County Population by Poverty Level and Neighborhood

U.S. Census Bureau, 2015-2019 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	26,422	2,204	8.3	3,818	14.5	5,317	20.1	7,258	27.5
N. Albany/Menands	8,279	328	4.0	1,730	20.9	2,406	29.1	3,261	39.4
West End	16,370	2,626	16.0	5,460	33.4	8,206	50.1	9,798	59.9
South End	8,342	1,180	14.1	2,753	33.0	4,197	50.3	5,401	64.7
South End/Downtown	2,092	544	26.0	975	46.6	1,179	56.4	1,340	64.1
New Scotland Avenue	21,109	1,788	8.5	3,207	15.2	4,338	20.6	5,840	27.7
Delaware/2 nd Avenue	9,928	1,120	11.3	1,451	14.6	2,919	29.4	3,374	34.0
Center Square	9,583	1,211	12.6	2,157	22.5	3,179	33.2	4,434	46.3
Colonie	26,941	789	2.9	1,884	7.0	3,569	13.2	4,984	18.5
Latham	18,639	426	2.3	633	3.4	1,476	7.9	2,534	13.6
Loudonville	10,504	465	4.4	608	5.8	936	8.9	1,288	12.3
Pine Bush	28,482	1,721	6.0	2,986	10.5	4,958	17.4	7,147	25.1
Cohoes/ North Colonie	20,454	1,623	7.9	2,720	13.3	4,448	21.7	6,225	30.4
Watervliet/Green Island	19,800	1,012	5.1	2,548	12.9	4,314	21.8	5,786	29.2
Bethlehem	24,979	799	3.2	1,358	5.4	2,206	8.8	3,317	13.3
Ravena/Coeymans/Selkirk	12,752	797	6.3	1,157	9.1	1,640	12.9	2,484	19.5
Hill Towns	7,496	187	2.5	517	6.9	1,037	13.8	1,542	20.6
Guilderland	12,730	271	2.1	571	4.5	1,021	8.0	1,517	11.9
New Scotland	14,485	322	2.2	569	3.9	925	6.4	1,433	9.9
Albany County	291,149	17,954	6.2	34,570	11.9	54,508	18.7	73,735	25.3

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

Albany County Population by Race/Ethnicity and Neighborhood

U.S. Census Bureau, 2015-2019 5-Year American Community Survey

Neighborhood	Race								Ethnicity	
	White		Black		Asian		Other		Hispanic or Latino	
	#	%	#	%	#	%	#	%	#	%
State Campus	23,622	78.7	2,800	9.3	2,074	6.9	1,514	5.0	1,696	5.7
N. Albany/ Menands	3,280	39.4	2,741	33.0	945	11.4	1,352	16.3	697	8.4
West End	5,403	32.8	7,569	45.9	1,233	7.5	2,275	13.8	2,509	15.2
South End	2,355	28.2	4,936	59.2	331	4.0	720	8.6	850	10.2
South End/ Downtown	724	32.9	1,266	57.5	48	2.2	164	7.4	152	6.9
New Scotland Avenue	15,683	72.4	2,211	10.2	2,054	9.5	1,718	7.9	1,313	6.1
Delaware/ 2 nd Avenue	5,353	53.6	2,762	27.7	1,018	10.2	845	8.5	1,552	15.6
Center Square	4,289	44.8	4,317	45.0	271	2.8	706	7.4	771	8.0
Colonie	21,810	81.0	1,570	5.8	2,383	8.8	1,178	4.4	1,000	3.7
Latham	17,743	81.9	1,145	5.3	1,816	8.4	961	4.4	1,316	6.1
Loudonville	9,199	83.7	303	2.8	1,031	9.4	457	4.2	326	3.0
Pine Bush	20,458	71.8	3,112	10.9	1,649	5.8	3,269	11.5	2,354	8.3
City of Cohoes/ N Colonie	17,848	83.6	1,197	5.6	678	3.2	1,632	7.6	1,098	5.1
Watervliet/ GI	15,272	76.8	1,395	7.0	1,590	8.0	1,625	8.2	1,427	7.2
Bethlehem	23,152	91.9	598	2.4	983	3.9	471	1.9	686	2.7
Ravena/ Coeymans/ Selkirk	12,065	94.4	319	2.5	264	2.1	136	1.1	219	1.7
Hill Towns	7,389	98.5	35	0.5	45	0.6	32	0.4	112	1.5
Guilderland	10,540	81.7	424	3.3	1,566	12.1	375	2.9	474	3.7
New Scotland	13,521	92.4	145	1.0	614	4.2	354	2.4	294	2.0
Albany County	231,246	75.3	38,035	12.4	20,192	6.6	17,495	5.7	18,325	6.0

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

Rensselaer County Population by Age and Neighborhood

U.S. Census Bureau, 2015-2019 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	67,896	3,602	5.3	6,879	10.1	6,114	9.0	25,538	37.6	16,248	23.9	5,434	8.0	4,081	6.0
Rensselaer	20,205	1,067	5.3	2,123	10.5	854	4.2	7,016	34.7	5,445	26.9	2,199	10.9	1,501	7.4
East	7,108	267	3.8	735	10.3	447	6.3	1,809	25.5	2,544	35.8	787	11.1	519	7.3
North East	11,539	742	6.4	1,580	13.7	735	6.4	2,791	24.2	3,664	31.8	1,192	10.3	835	7.2
North West	6,879	371	5.4	655	9.5	489	7.1	2,043	29.7	2,033	29.6	619	9.0	669	9.7
South West	16,427	768	4.7	2,108	12.8	738	4.5	4,758	29.0	5,193	31.6	1,779	10.8	1,083	6.6
Central	10,527	589	5.6	957	9.1	638	6.1	2,273	21.6	3,761	35.7	1,421	13.5	888	8.4
W. Sand Lake/ Wynantskill	11,393	446	3.9	1,546	13.6	699	6.1	3,255	28.6	3,422	30.0	1,352	11.9	673	5.9
East Greenbush	9,656	473	4.9	1,045	10.8	531	5.5	2,873	29.8	3,049	31.6	1,029	10.7	656	6.8
Rensselaer County	159,185	8,286	5.2	17,264	10.8	11,102	7.0	51,836	32.6	44,390	27.9	15,608	9.8	10,699	6.7

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

Rensselaer County Population by Poverty Level and Neighborhood

U.S. Census Bureau, 2015-2019 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	62,906	6,008	9.6	11,991	19.1	15,200	24.2	17,495	27.8
Rensselaer	20,101	834	4.1	1,641	8.2	2,074	10.3	2,402	11.9
East	7,091	174	2.5	633	8.9	812	11.5	1,304	18.4
North East	11,387	579	5.1	1,343	11.8	1,747	15.3	2,257	19.8
North West	6,798	197	2.9	283	4.2	420	6.2	503	7.4
South West	16,316	211	1.3	724	4.4	951	5.8	1,140	7.0
Central	10,465	388	3.7	477	4.6	683	6.5	791	7.6
W. Sand Lake/Wynantskill	11,341	187	1.6	569	5.0	904	8.0	1,100	9.7
East Greenbush	9,433	317	3.4	376	4.0	450	4.8	732	7.8
Rensselaer County	153,415	8,885	5.8	17,963	11.7	23,105	15.1	27,546	18.0

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

Rensselaer County Population by Race/Ethnicity and Neighborhood

U.S. Census Bureau, 2015-2019 5-Year American Community Survey

Neighborhood	Total	Race								Ethnicity	
		White		Black		Asian		Other		Hispanic or Latino	
		#	%	#	%	#	%	#	%	#	%
Troy/Lansingburgh	67,896	51,261	75.5	8,894	13.1	2,684	4.0	5,057	7.4	5,066	7.5
Rensselaer	20,205	17,371	86.0	839	4.2	783	3.9	1,212	6.0	981	4.9
East	7,108	6,969	98.0	16	0.2	37	0.5	86	1.2	117	1.6
North East	11,539	11,229	97.3	30	0.3	43	0.4	237	2.1	496	4.3
North West	6,879	6,701	97.4	52	0.8	14	0.2	112	1.6	244	3.5
South West	16,427	15,697	95.6	171	1.0	112	0.7	447	2.7	393	2.4
Central	10,527	10,287	97.7	44	0.4	13	0.1	183	1.7	198	1.9
W. Sand Lake/Wynantskill	11,393	10,975	96.3	72	0.6	130	1.1	216	1.9	266	2.3
East Greenbush	9,656	8,869	91.8	150	1.6	501	5.2	136	1.4	146	1.5
Rensselaer County	159,185	137,002	86.1	10,268	6.5	4,282	2.7	7,633	4.8	7,842	4.9

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

Schenectady County Population by Age and Neighborhood

U.S. Census Bureau, 2015-2019 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	28,488	1,538	5.4	3,746	13.1	1,934	6.8	8,514	29.9	8,000	28.1	2,744	9.6	2,012	7.1
Upper State St.	22,230	1,201	5.4	2,292	10.3	1,398	6.3	7,670	34.5	5,808	26.1	1,838	8.3	2,023	9.1
City/Stockade	5,519	144	2.6	234	4.2	374	6.8	2,702	49.0	1,531	27.7	395	7.2	139	2.5
Hamilton Hill	7,031	608	8.6	1,044	14.8	466	6.6	2,726	38.8	1,607	22.9	290	4.1	290	4.1
Goose Hill/ Union	14,699	1,064	7.2	1,281	8.7	1,445	9.8	5,812	39.5	3,304	22.5	1,098	7.5	695	4.7
Rural-West	10,054	582	5.8	1,183	11.8	639	6.4	3,151	31.3	3,039	30.2	945	9.4	515	5.1
Niskayuna	30,007	1,840	6.1	3,772	12.6	1,977	6.6	7,709	25.7	8,963	29.9	3,399	11.3	2,347	7.8
Scotia-Glenville	28,045	1,260	4.5	4,041	14.4	1,391	5.0	8,101	28.9	7,400	26.4	3,119	11.1	2,733	9.7
Rotterdam	26,799	1,588	5.9	2,925	10.9	1,650	6.2	8,084	30.2	7,895	29.5	2,593	9.7	2,064	7.7
Schenectady County	154,859	9,055	5.8	18,558	12.0	9,901	6.4	49,420	31.9	41,870	27.0	14,245	9.2	11,810	7.6

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



Schenectady County Population by Poverty Level and Neighborhood

U.S. Census Bureau, 2015-2019 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	28,482	1,721	6.0	3,883	13.6	4,958	17.4	6,875	24.1
Upper State St.	21,625	1,209	5.6	3,931	18.2	4,634	21.4	5,802	26.8
City/Stockade	4,363	409	9.4	1,325	30.4	1,535	35.2	1,825	41.8
Hamilton Hill	7,031	670	9.5	2,636	37.5	3,141	44.7	3,734	53.1
Goose Hill/ Union	13,269	1,119	8.4	3,446	26.0	4,087	30.8	4,892	36.9
Rural-West	10,047	254	2.5	863	8.6	1,107	11.0	1,556	15.5
Niskayuna	29,762	357	1.2	1,217	4.1	1,576	5.3	2,151	7.2
Scotia-Glenville	27,536	595	2.2	2,650	9.6	3,407	12.4	4,750	17.3
Rotterdam	26,723	1,173	4.4	3,859	14.4	4,672	17.5	6,407	24.0
Schenectady County	150,847	7,233	4.8	22,868	15.2	27,812	18.4	36,378	24.1

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

Schenectady County Population by Race/Ethnicity and Neighborhood

U.S. Census Bureau, 2015-2019 5-Year American Community Survey

Neighborhood	Total	Race								Ethnicity	
		White		Black		Asian		Other		Hispanic or Latino	
		#	%	#	%	#	%	#	%	#	%
Mt. Pleasant	28,488	20,458	71.8	3,112	10.9	1,649	5.8	3,269	11.5	2,354	8.3
Upper State St.	22,230	13,288	59.8	3,906	17.6	1,409	6.3	3,627	16.3	2,384	10.7
City/Stockade	5,519	3,811	69.1	1,154	20.9	138	2.5	416	7.5	356	6.5
Hamilton Hill	7,031	2,239	31.8	2,717	38.6	321	4.6	1,754	24.9	1,184	16.8
Goose Hill/Union	14,699	9,343	63.6	2,567	17.5	966	6.6	1,823	12.4	1,352	9.2
Rural- West	10,054	9,765	97.1	72	0.7	65	0.6	152	1.5	577	5.7
Niskayuna	30,007	25,475	84.9	952	3.2	2,582	8.6	998	3.3	814	2.7
Scotia-Glenville	28,045	26,654	95.0	403	1.4	278	1.0	710	2.5	1,227	4.4
Rotterdam	26,799	22,954	85.7	1,752	6.5	618	2.3	1,475	5.5	1,320	4.9
Schenectady County	154,859	118,130	76.3	15,590	10.1	7,228	4.7	13,911	9.0	10,932	7.1

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



Saratoga County Population by Age and Neighborhood

U.S. Census Bureau, 2015-2019 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	47,034	2,535	5.4	5,643	12.0	2,852	6.1	14,229	30.3	13,954	29.7	4,869	10.4	2,952	6.3
Waterford/															
Mechanicville	26,923	1,618	6.0	3,102	11.5	1,291	4.8	8,851	32.9	7,505	27.9	2,615	9.7	1,941	7.2
Burrill															
Hills/Galway	23,753	1,422	6.0	2,574	10.8	1,327	5.6	6,055	25.5	7,203	30.3	3,123	13.1	2,049	8.6
Ballston Spa	33,563	1,316	3.9	4,212	12.5	2,214	6.6	10,278	30.6	10,132	30.2	3,549	10.6	1,862	5.5
Saratoga															
Springs	39,689	1,625	4.1	3,035	7.6	3,266	8.2	12,563	31.7	10,789	27.2	4,823	12.2	3,588	9.0
North East	25,893	1,500	5.8	3,567	13.8	1,624	6.3	7,848	30.3	7,908	30.5	1,947	7.5	1,499	5.8
North West	18,989	1,162	6.1	2,229	11.7	1,211	6.4	5,153	27.1	5,743	30.2	2,219	11.7	1,272	6.7
South Glens															
Falls	8,357	444	5.3	1,121	13.4	495	5.9	2,417	28.9	2,405	28.8	882	10.6	593	7.1
Saratoga															
County	228,502	11,704	5.1	26,042	11.4	14,538	6.4	68,667	30.1	67,360	29.5	24,329	10.6	15,862	6.9

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

Saratoga County Population by Poverty Level and Neighborhood

U.S. Census Bureau, 2015-2019 5-Year American Community Survey

Neighborhood	Population for whom poverty status is determined	50% of Poverty Level		100% of Poverty Level		150% of Poverty Level		200% of Poverty Level	
		#	%	#	%	#	%	#	%
Clifton Park West	46,839	1,346	2.9	2,639	5.6	3,371	7.2	5,215	11.1
Waterford/Mechanicville	26,856	1,004	3.7	2,848	10.6	3,875	14.4	5,125	19.1
Burnt Hills/Galway	23,706	379	1.6	878	3.7	1,132	4.8	1,855	7.8
Ballston Spa	33,052	1,197	3.6	3,222	9.7	4,308	13.0	5,308	16.1
Saratoga Springs	37,064	976	2.6	2,932	7.9	3,572	9.6	5,109	13.8
North East	25,834	545	2.1	1,833	7.1	2,702	10.5	4,143	16.0
North West	18,975	551	2.9	2,779	14.6	3,418	18.0	4,691	24.7
South Glens Falls	8,357	306	3.7	1,085	13.0	1,392	16.7	1,951	23.3
Saratoga County	224,972	6,406	2.8	18,625	8.3	24,366	10.8	34,051	15.1

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

Saratoga County Population by Race/Ethnicity and Neighborhood

U.S. Census Bureau, 2015-2019 5-Year American Community Survey

Neighborhood	Total	Race								Ethnicity	
		White		Black		Asian		Other		Hispanic or Latino	
		#	%	#	%	#	%	#	%	#	%
Clifton Park West	47,034	40,213	85.5	1,845	3.9	2,760	5.9	2,216	4.7	2,294	4.9
Waterford/ Mechanicville	26,923	25,130	93.3	233	0.9	786	2.9	774	2.9	605	2.2
Burnt Hills/Galway	23,753	22,179	93.4	253	1.1	783	3.3	538	2.3	473	2.0
Ballston Spa	33,563	31,720	94.5	397	1.2	849	2.5	597	1.8	1,676	5.0
Saratoga Springs	39,689	36,538	92.1	929	2.3	1,318	3.3	904	2.3	1,180	3.0
North East	25,893	25,139	97.1	187	0.7	165	0.6	402	1.6	738	2.9
North West	18,989	18,449	97.2	123	0.6	61	0.3	356	1.9	218	1.1
South Glens Falls	8,357	8,201	98.1	1	0.0	0	0.0	155	1.9	123	1.5
Saratoga County	228,502	211,792	92.7	3,992	1.7	6,697	2.9	6,021	2.6	7,337	3.2

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

Columbia County Population by Age and Neighborhood

U.S. Census Bureau, 2015-2019 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	11,024	502	4.6	1,397	12.7	610	5.5	3,028	27.5	3,157	28.6	1,548	14.0	782	7.1
Chatham	11,640	386	3.3	1,062	9.1	722	6.2	2,502	21.5	3,689	31.7	1,936	16.6	1,343	11.5
Canaan	2,639	83	3.1	258	9.8	194	7.4	679	25.7	809	30.7	364	13.8	252	9.5
Hudson	18,659	907	4.9	1,756	9.4	1,079	5.8	5,499	29.5	5,567	29.8	2,070	11.1	1,781	9.5
Taconic Hills	7,173	262	3.7	584	8.1	257	3.6	1,932	26.9	2,285	31.9	981	13.7	872	12.2
Germantown	5,248	244	4.6	413	7.9	189	3.6	1,461	27.8	1,739	33.1	661	12.6	541	10.3
Pine Plains	1,711	76	4.4	151	8.8	76	4.4	445	26.0	500	29.2	296	17.3	167	9.8
Columbia County	60,371	2,557	4.2	5,846	9.7	3,223	5.3	16,160	26.8	18,649	30.9	8,078	13.4	5,858	9.7

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

Columbia County Population by Poverty Level and Neighborhood

U.S. Census Bureau, 2015-2019 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	10,780	498	4.6	952	8.8	1,879	17.4	2,463	22.8
Chatham	11,414	444	3.9	867	7.6	1,572	13.8	2,600	22.8
Canaan	2,488	116	4.7	219	8.8	470	18.9	624	25.1
Hudson	17,730	1,340	7.6	3,087	17.4	5,068	28.6	6,576	37.1
Taconic Hills	6,976	438	6.3	813	11.7	1,398	20.0	1,775	25.4
Germantown	5,231	187	3.6	431	8.2	769	14.7	974	18.6
Pine Plains	1,695	140	8.3	245	14.5	361	21.3	417	24.6
Columbia County	58,561	3,261	5.6	6,777	11.6	11,802	20.2	15,873	27.1

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

Columbia County Population by Race/Ethnicity and Neighborhood

U.S. Census Bureau, 2015-2019 5-Year American Community Survey

Neighborhood	Total	Race								Ethnicity	
		White		Black		Asian		Other		Hispanic or Latino	
		#	%	#	%	#	%	#	%	#	%
Ichabod	11,024	10,141	92.0	205	1.9	30	0.3	648	5.9	636	5.8
Chatham	11,640	10,905	93.7	358	3.1	49	0.4	328	2.8	411	3.5
Canaan	2,639	2,518	95.4	27	1.0	13	0.5	81	3.1	108	4.1
Hudson	18,659	14,694	78.8	1,966	10.5	796	4.3	1,203	6.4	1,086	5.8
Taconic Hills	7,173	6,835	95.3	25	0.3	65	0.9	248	3.5	245	3.4
Germantown	5,248	4,959	94.5	65	1.2	78	1.5	146	2.8	214	4.1
Pine Plains	1,711	1,533	89.6	75	4.4	29	1.7	74	4.3	76	4.4
Columbia County	60,371	53,725	89.0	2,741	4.5	1,084	1.8	2,821	4.7	2,879	4.8

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



Greene County Population by Age and Neighborhood

U.S. Census Bureau, 2015-2019 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	13,381	539	4.0	1,042	7.8	915	6.8	4,304	32.2	4,117	30.8	1,574	11.8	890	6.7
Greenville	6,844	302	4.4	921	13.5	400	5.8	1,757	25.7	2,268	33.1	722	10.5	474	6.9
Catskill	14,131	569	4.0	1,298	9.2	672	4.8	4,445	31.5	3,955	28.0	1,942	13.7	1,250	8.8
Cairo/Durham	6,540	287	4.4	760	11.6	431	6.6	1,997	30.5	1,909	29.2	614	9.4	542	8.3
Windham/Ashland/Jewett	4,414	163	3.7	269	6.1	213	4.8	1,054	23.9	1,332	30.2	806	18.3	577	13.1
Hunter / Tannersville	4,653	149	3.2	356	7.7	152	3.3	851	18.3	1,633	35.1	776	16.7	736	15.8
Greene County	47,424	2,019	4.3	4,395	9.3	2,649	5.6	13,856	29.2	14,243	30.0	6,078	12.8	4,184	8.8

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

Greene County Population by Poverty Level and Neighborhood

U.S. Census Bureau, 2015-2019 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	10,690	305	2.9	915	8.6	1,523	14.2	2,467	23.1
Greenville	6,611	221	3.3	561	8.5	1,035	15.7	1,756	26.6
Catskill	13,808	1,049	7.6	2,673	19.4	3,639	26.4	5,403	39.1
Cairo/Durham	6,532	386	5.9	961	14.7	1,792	27.4	2,292	35.1
Windham/Ashland/Jewett	4,361	278	6.4	563	12.9	982	22.5	1,399	32.1
Hunter/ Tannersville	4,612	168	3.6	681	14.8	1,063	23.0	1,637	35.5
Greene County	44,075	2,380	5.4	6,167	14.0	9,637	21.9	14,396	32.7

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



Greene County Population by Race/Ethnicity and Neighborhood

U.S. Census Bureau, 2015-2019 5-Year American Community Survey

Neighborhood	Total	Race								Ethnicity	
		White		Black		Asian		Other		Hispanic or Latino	
		#	%	#	%	#	%	#	%	#	%
Coxsackie /Athens	13,381	11,496	85.9	1,595	11.9	182	1.4	108	0.8	1,352	10.1
Greenville	6,844	6,634	96.9	17	0.2	25	0.4	168	2.5	201	2.9
Catskill	14,131	12,110	85.7	1,007	7.1	146	1.0	868	6.1	842	6.0
Cairo/Durham	6,540	5,990	91.6	111	1.7	57	0.9	382	5.8	374	5.7
Windham/Ashland/ Jewett	4,414	4,300	97.4	4	0.1	22	0.5	88	2.0	47	1.1
Hunter/Tannersville	4,653	4,410	94.8	0	0.0	77	1.7	166	3.6	186	4.0
Greene County	47,424	42,486	89.6	2,758	5.8	497	1.0	1,683	3.5	2,804	5.9

*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 – first by county, then by neighborhood. All perinatal and natality rates are for the most recent available years, 2016-2018, and are from the New York State County/ZIP Code Perinatal Data Profile.

Note:

- Some ZIP codes are not included as data was not available for reasons of confidentiality.
- Some ZIP codes in which teen birth information was unavailable for reasons of confidentiality are not included in the neighborhood totals.
- 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 and Neighborhoods Maps](#) at the beginning of the Appendix.



Capital Region Birth Indicators by County, 2016-2018

County/Region	Teen Pregnancy		Teen Births		Female Pop. * Aged 15-19	Neonatal Mortality		Infant Mortality		Medicaid or Self Pay		Late or No Prenatal Care		Low Birth Weight		Premature Birth		Total Births	
	#	Rate	#	Rate		Rate	#	Rate	#	%	#	%	#	%	#	%	#		%
Albany County	224	19.1	107	9.1	11,714	2.9	25	4.2	37	36	3,141	5.7	499	8.3	726	11.1	971	8,749	
Rensselaer County	95	19.5	53	10.8	4,872	4.9	24	6.8	33	36	1,756	3.9	190	7.9	384	10.7	520	4,863	
Schenectady County	157	32.9	74	15.5	4,774	4.9	28	6.5	37	40	2,266	5.4	307	9.2	522	10.7	608	5,678	
Saratoga County	71	10.2	42	6.1	6,912	2.7	17	3.8	24	14	864	3.2	202	6.4	404	8.6	543	6,310	
Columbia County	24	16.2	15	10.4	1,471	2.1	3	4.2	6	25	354	6.1	87	5.8	82	10.2	145	1,420	
Greene County	12	10.9	9	8.4	1,095	1.6	2	3.3	4	30	366	5.3	65	7.5	92	10.7	2	1,227	
Capital Region	582	18.9	300	9.7	30,839	3.5	99	5.0	141	31	8,746	4.8	1,349	7.8	2,211	9.9	2,789	28,247	
NYS, excluding NYC		18.9		11.3		3.3		4.9		40		4.3		7.7		10.6		353,423	
Rate per 1,000 females aged 15-19					Rate per 1,000 total births					Percentage of total births									

Totals based on county-wide data

* Source: New York State Department of Health (2018-2020) Vital Statistics of New York - 2016-2018

Source: New York State Department of Health (2021) County/Zip Code Perinatal Data Profile - 2016-2018

Albany County Birth Indicators by Neighborhood, 2016-2018

Neighborhoods	Teen Pregnancy		Teen Births		Female Pop.* Aged 15-19		Neonatal Mortality		Infant Mortality		Medicaid or Self Pay		Late or No Prenatal Care		Low Birth Weight		Premature Birth		Total Births	
	#	Rate	#	Rate	#	Rate	#	Rate	#	Rate	#	%	#	%	#	%	#	%		
State Campus	7	4.7	3	2.2	1,451	1.4	1	1.4	1	1.4	25	180	4.3	31	6.8	49	10.3	74	721	
N Albany/ Menands	13	51.1	7	27	250	3.2	1	6.4	2	6.4	41	129	11.1	35	10.3	32	11.2	35	312	
West End	50	76.5	26	39.2	655	1.2	1	3.5	3	3.5	66	576	9.7	84	10.8	94	12.2	106	867	
South End	9	53.8	5	28.7	173	4.7	2	9.5	4	9.5	72	305	8.2	35	11.8	50	13.0	55	422	
South End/ Downtown	**	48.9	**	22.2	**	14.9	1	14.9	1	14.9	73	49	13.6	9	3.0	2	6.0	4	67	
New Scotland Ave	11	22.1	4	7.9	505	2.9	2	4.4	3	4.4	31	210	7.2	49	10.9	74	12.6	86	681	
Delaware/ 2 nd Ave	12	42.2	5	19.5	277	7.2	3	9.7	4	9.7	48	200	8.4	35	8.9	37	12.1	50	414	
Center Square	15	78.8	7	34.9	195	0.0	0	5.8	2	5.8	64	220	7.7	27	9.6	33	15.7	54	345	
Colonie	12	15.9	5	6.8	735	1.2	1	1.2	1	1.2	29	230	4.7	38	7.7	62	11.5	93	807	
Latham	8	5.9	5	3.5	1,385	5.8	3	5.8	3	5.8	17	90	6.3	33	9.5	49	11.4	59	518	
Loudonville	0	1.8	0	1.3	239	0.0	0	0.0	0	0.0	10	25	2.1	5	7.4	18	10.7	26	242	
Pine Bush	39	36.7	19	18.2	1,053	0.9	1	1.9	2	1.9	44	467	5.5	59	10.2	109	11.8	126	1,064	
Cohoes/ N Colonie	14	30.4	10	20	475	4.1	3	4.1	3	4.1	39	290	3.3	24	7.6	56	11.8	87	738	
Watervliet/G.I.	6	18.2	3	8.7	326	3.0	2	6.0	4	6.0	41	271	4.0	26	8.5	56	9.9	66	663	
Bethlehem	5	5.3	1	1.3	964	1.6	1	3.3	2	3.3	12	73	3.8	23	4.4	27	7.6	46	609	
RCS	2	8.0	1	4.4	283	2.4	1	2.4	1	2.4	31	128	2.0	8	6.8	28	13.7	56	409	
Hill Towns	1	4.3	1	3.6	205	5.0	1	5.0	1	5.0	30	59	2.5	5	7.0	14	10.0	20	200	
Guilderland	2	9.9	1	2.9	245	2.4	1	2.4	1	2.4	14	58	4.7	19	4.4	18	6.8	28	413	
New Scotland	3	5.9	0	0.8	436	3.2	1	3.2	1	3.2	14	43	2.7	8	7.0	22	9.0	28	313	
Albany County	223	19.1	106	9.1	11,664	2.9	25	4.2	37	4.2	36	3,141	5.7	499	8.3	726	11.1	971	8,749	
					Rate per 1,000 females aged 15-19															Rate per 1,000 total births
																				Percentage of total births

Totals based on county-wide data

*Source: American Community Survey (2019) **Population not available

Source: New York State Department of Health (2021) County/Zip Code Perinatal Data Profile - 2016-2018



Rensselaer County Birth Indicators by Neighborhood, 2016-2018

Neighborhoods	Teen Pregnancy		Teen Births		Female Pop.* Aged 15-19	Neonatal Mortality		Infant Mortality		Medicaid or Self Pay		Late or No Prenatal Care		Low Birth Weight		Premature Birth		Total Births
	#	Rate	#	Rate		#	Rate	#	Rate	#	%	#	%	#	%	#	%	
Troy/Lansingburgh	68	26.0	36	13.5	2,625	7.3	17	9.9	23	47	1,096	5.0	116	8.6	198	12.0	278	2,313
Rensselaer	10	20.5	6	12.8	501	2.9	2	5.8	4	32	221	2.2	15	9.1	63	11.5	80	695
East	4	14.6	2	8.8	249	13.8	2	13.8	2	37	53	2.9	4	9.7	14	12.4	18	145
North East	1	5.2	1	3.9	271	0.0	0	8.0	1	41	51	8.8	11	14.4	18	10.5	13	125
North West	3	17.5	1	8.2	173	6.1	1	6.1	1	23	38	3.0	5	8.0	13	9.2	15	164
South West	4	12.7	2	7.1	300	4.3	2	4.3	2	22	99	3.5	16	6.3	29	8.1	37	460
Central	2	7.1	1	3.6	330	0.0	0	0.0	0	18	50	2.9	8	3.5	10	6.4	18	283
W. Sand Lake/ Wyantskill	2	6.7	1	2.8	319	0.0	0	0.0	0	14	40	1.8	5	5.6	16	7.1	20	283
East Greenbush	1	3.7	1	2.5	262	0.0	0	0.0	0	12	28	2.2	5	6.5	15	9.5	22	231
Rensselaer County	97	19.5	54	10.8	4,989	4.9	24	6.8	33	36	1,756	3.9	190	7.9	384	10.7	520	4,863

Rate per 1,000 females aged 15-19 Rate per 1,000 total births

Percentage of total births

Totals based on county-wide data

*Source: American Community Survey (2019) **Population not available

Source: New York State Department of Health (2021) County/Zip Code Perinatal Data Profile - 2016-2018

Schenectady County Birth Indicators by Neighborhood, 2016-2018

Neighborhoods	Teen Pregnancy		Teen Births		Female Pop. * Aged 15-19	Neonatal Mortality		Infant Mortality		Medicaid or Self Pay		Late or No Prenatal Care		Low Birth Weight		Premature Birth		Total Births	
	#	Rate	#	Rate		Rate	#	Rate	#	Rate	%	#	%	#	%	#	%		
Mt. Pleasant	39	36.7	19	18.2	1,053	0.9	1	1.9	2	44	467	5.5	59	10.2	109	11.8	126	1,064	
Upper State St.	28	46.5	12	20.2	598	6.3	5	7.6	6	57	449	6.9	55	9.1	72	12.0	95	793	
City/ Stockade	5	27.6	2	11.0	197	8.8	1	17.5	2	51	58	5.4	6	11.4	13	11.4	13	114	
Hamilton Hill	26	119.0	14	62.8	221	11.0	5	13.2	6	82	371	9.9	45	14.3	65	14.1	64	453	
Goose Hill/Union	40	55.5	21	29.0	729	3.3	2	5.0	3	57	340	6.4	38	11.2	67	8.9	53	598	
Rural-West	5	13.5	2	6.1	388	0.0	0	0.0	0	23	49	2.8	6	8.7	19	10.1	22	218	
Niskayuna	8	8.8	2	2.8	869	8.3	7	8.3	7	16	131	3.3	28	7.2	61	7.6	64	844	
Scotia-Glenville	7	11.5	2	3.7	651	3.9	3	5.2	4	18	137	3.6	28	7.0	54	9.8	76	773	
Rotterdam	18	25.5	9	13.2	718	4.9	4	8.6	7	32	260	4.8	39	8.0	65	11.7	95	813	
Schenectady County	156	32.9	74	15.5	4,750	4.9	28	6.5	37	40	2,266	5.4	307	9.2	522	10.7	608	5,678	
Rate per 1,000 females aged 15-19					Rate per 1,000 total births					Percentage of total births									

Totals based on county-wide data

* Source: American Community Survey (2019)

Source: New York State Department of Health (2021) County/Zip Code Perinatal Data Profile - 2016-2018

Saratoga County Birth Indicators by Neighborhood, 2016-2018

Neighborhoods	Teen Pregnancy		Teen Births		Female Pop. * Aged 15-19	Neonatal Mortality		Infant Mortality		Medicaid or Self Pay		Late or No Prenatal Care		Low Birth Weight		Premature Birth		Total Births	
	#	Rate	#	Rate		Rate	#	Rate	#	Rate	%	#	%	#	%	#	%		
Clifton Park West	12	8.1	8	5.3	1,427	0.7	1	1.4	2	18	247	4.0	56	5.7	79	7.9	109	1,393	
Waterford/ Mechanicville	7	10.8	5	7.2	641	3.6	3	3.6	3	20	166	2.9	24	7.6	63	8.8	73	832	
Burnt Hills/Galway	2	2.7	0	0.6	785	3.1	2	4.7	3	10	66	2.8	18	6.8	44	8.6	55	641	
Ballston Spa	12	10.8	7	6.6	1,072	3.2	3	7.4	7	12	116	3.0	28	6.3	60	8.9	84	948	
Saratoga Springs	13	7.8	6	4.0	1,624	1.2	1	2.3	2	8	67	2.6	22	4.3	37	8.1	70	865	
North East	12	15.2	7	9.7	768	8.2	6	8.2	6	12	88	3.7	27	8.0	59	9.4	69	736	
North West	13	22.3	9	15.3	600	1.7	1	1.7	1	16	93	2.1	12	7.5	44	10.2	60	586	
South Glens Falls	3	20.7	1	7.8	152	0.0	0	0.0	0	7	21	4.1	12	5.4	16	7.8	23	296	
Saratoga County	73	10.2	44	6.1	7,175	2.7	17	3.8	24	14	864	3.2	202	6.4	404	8.6	543	6,310	
Rate per 1,000 females aged 15-19					Rate per 1,000 total births					Percentage of total births									

Totals based on county-wide data

* Source: American Community Survey (2019) ** Population not available

Source: New York State Department of Health (2021) County/Zip Code Perinatal Data Profile - 2016-2018

Columbia County Birth Indicators by Neighborhood, 2016-2018

Neighborhoods	Teen Pregnancy		Teen Births		Female Pop. * Aged 15-19	Neonatal Mortality		Infant Mortality		Medicaid or Self Pay		Late or No Prenatal Care		Low Birth Weight		Premature Birth		Total Births
	#	Rate	#	Rate		Rate	#	Rate	#	Rate	%	#	%	#	%	%	#	
Ichabod	2	9.3	2	8.2	264	4.1	1	4.1	1	22	54	3.3	8	7.3	18	10.2	25	246
Chatham	4	10.9	1	4.2	360	0.0	0	0.0	0	21	54	7.7	19	4.8	12	10.4	26	253
Canaan	**	**	**	**	80	0.0	0	0.0	0	35	19	1.9	1	9.3	5	11.9	6	54
Hudson	7	20.4	5	13.9	341	3.8	2	5.7	3	28	148	6.9	36	6.4	34	12.6	66	526
Taconic Hills	2	14.0	1	7.7	132	0.0	0	0.0	0	21	25	6.0	7	5.8	7	4.7	6	120
Germantown	1	6.3	0	3.3	105	0.0	0	0.0	0	24	34	6.5	9	3.6	5	8.7	12	138
Pine Plains	**	**	**	**	46	0.0	0	0.0	0	24	10	4.9	2	4.9	2	7.3	3	41
Columbia County	22	16.2	14	10.4	1,380	2.1	3	4.2	6	25	354	6.1	87	5.8	82	10.2	144	1,420
					Rate per 1,000 females aged 15-19		Rate per 1,000 total births		Percentage of total births									

Totals based on county-wide data

* Source: American Community Survey (2019) ** Population not available

Source: New York State Department of Health (2021) County/Zip Code Perinatal Data Profile - 2016-2018



Greene County Birth Indicators by Neighborhood, 2016-2018

Neighborhoods	Teen Pregnancy		Teen Births		Female Pop. * (Age: 15-19)	Neonatal Mortality		Infant Mortality		Medicaid or Self Pay		Late or No Prenatal Care		Low Birth Weight		Premature Birth		Total Births	
	#	Rate	#	Rate		Rate	#	Rate	#	Rate	%	#	%	#	%	#	%		
Coxsackie/Athens	4	10.2	3	7.3	352	4.0	1	4.0	1	26.6	67	6.6	17	7.5	19	10.7	27	252	
Greenville	1	7.0	1	7.0	175	0.0	0	0.0	0	29.6	55	1.7	3	4.8	9	10.8	20	186	
Catskill	4	9.0	2	5.6	417	2.4	1	7.2	3	28.2	117	6.6	28	8.9	37	11.8	49	416	
Cairo/Durham	1	3.8	1	2.5	243	0.0	0	0.0	0	28.4	59	3.8	8	9.6	20	10.6	22	208	
Windham/Ashland/Jewett	0	0.0	0	0.0	69	0.0	0	0.0	0	34.5	22	9.2	6	6.2	4	12.3	8	65	
Hunter/Tannersville	0	0.0	0	0.0	102	0.0	0	0.0	0	60.4	43	1.4	1	4.2	3	2.8	2	72	
Greene County	14	10.9	11	8.4	1,317	1.6	2	3.3	4	30	366	5.3	65	7.5	92	10.7	131	1,227	
Rate per 1,000 females aged 15-19					Rate per 1,000 total births					Percentage of total births									

Totals based on county-wide data

* Source: American Community Survey (2019) ** Population not available

Source: New York State Department of Health (2021) County/Zip Code Perinatal Data Profile - 2016-2018



Leading Causes of Death, 2018

New York State, excluding NYC				
Rank	Cause of Death	Count	Age-Adjusted Rate per 100,000	Percent of Total Deaths
1	Heart Disease	26,389	166.7	25.7%
2	Cancer	22,022	144.9	21.4%
3	Chronic Lower Respiratory Diseases	5,456	35.0	5.3%
4	Unintentional Injury	4,990	40.9	4.9%
5	Stroke	4,296	27.3	4.2%

Capital Region				
Rank	Cause of Death	Count	Age-Adjusted Rate per 100,000	Percent of Total Deaths
1	Heart Disease	2,182	161.7	23.8%
2	Cancer	2,025	155.5	22.1%
3	Chronic Lower Respiratory Diseases	520	39.3	5.7%
4	Stroke	372	28.0	4.1%
5	Unintentional Injury	292	26.5	3.2%

Albany County				
Rank	Cause of Death	Count	Age-Adjusted Rate per 100,000	Percent of Total Deaths
1	Heart Disease	633	150.7	22.3%
2	Cancer	622	155.4	21.9%
3	Chronic Lower Respiratory Diseases	130	32.3	4.6%
4	Stroke	113	27.4	4.0%
5	Alzheimer's Disease	94	20.2	3.3%

Rensselaer County				
Rank	Cause of Death	Count	Age-Adjusted Rate per 100,000	Percent of Total Deaths
1	Heart Disease	350	170.8	23.0%
2	Cancer	329	160.6	21.6%
3	Chronic Lower Respiratory Diseases	106	50.1	7.0%
4	Stroke	58	28.2	3.8%
5	Unintentional Injury	52	29.6	3.4%



Leading Causes of Death, 2018

Schenectady County				
Rank	Cause of Death	Count	Age-Adjusted Rate per 100,000	Percent of Total Deaths
1	Heart Disease	406	182.0	25.3%
2	Cancer	342	161.5	21.3%
3	Chronic Lower Respiratory Diseases	85	39.6	5.3%
4	Stroke	71	30.2	4.4%
5	Alzheimer's Disease	69	27.6	4.3%

Saratoga County				
Rank	Cause of Death	Count	Age-Adjusted Rate per 100,000	Percent of Total Deaths
1	Cancer	468	150.1	23.8%
2	Heart Disease	448	144.2	22.8%
3	Chronic Lower Respiratory Diseases	127	41.3	6.5%
4	Stroke	92	30.6	4.7%
5	Alzheimer's Disease	75	24.6	3.8%

Columbia County				
Rank	Cause of Death	Count	Age-Adjusted Rate per 100,000	Percent of Total Deaths
1	Heart Disease	191	175.1	27.8%
2	Cancer	145	142.1	21.1%
3	Chronic Lower Respiratory Diseases	35	32.0	5.1%
4	Unintentional Injury	26	36.6	3.8%
5	Stroke	26	24.1	3.8%

Greene County				
Rank	Cause of Death	Count	Age-Adjusted Rate per 100,000	Percent of Total Deaths
1	Heart Disease	154	202.9	28.4%
2	Cancer	119	163.3	22.0%
3	Unintentional Injury	37	68.0	6.8%
4	Chronic Lower Respiratory Diseases	37	46.9	6.8%
5	Stroke	12	16.3	2.2%

Leading Causes of Premature Death (<75 years), 2018

New York State, excluding NYC				
Rank	Cause of Premature Death	Count	Age-Adjusted Rate per 100,000	Percent of Total Premature Deaths
1	Cancer	11,562	78.3	26.8%
2	Heart Disease	7,903	54.3	18.6%
3	Unintentional Injury	3,615	34.2	11.7%
4	Chronic Lower Respiratory Diseases	1,864	12.0	4.1%
5	Diabetes	1,198	8.3	2.8%

Capital Region				
Rank	Cause of Premature Death	Count	Age-Adjusted Rate per 100,000	Percent of Total Premature Deaths
1	Heart Disease	1,103	86.1	29.8%
2	Cancer	732	58.2	19.8%
3	Chronic Lower Respiratory Diseases	186	19.6	5.0%
4	Stroke	175	12.6	4.7%
5	Unintentional Injury	117	9.8	3.2%

Albany County				
Rank	Cause of Premature Death	Count	Age-Adjusted Rate per 100,000	Percent of Total Premature Deaths
1	Cancer	333	85.2	27.9%
2	Heart Disease	224	58.9	19.3%
3	Unintentional Injury	57	18.6	6.1%
4	Diabetes	45	12.1	4.0%
5	Suicide	37	12.2	4.0%

Rensselaer County				
Rank	Cause of Premature Death	Count	Age-Adjusted Rate per 100,000	Percent of Total Premature Deaths
1	Cancer	192	92.6	27.1%
2	Heart Disease	120	58.5	17.1%
3	Chronic Lower Respiratory Diseases	44	19.4	5.7%
4	Unintentional Injury	29	19.3	5.7%
5	Suicide	21	14.2	4.2%



Leading Causes of Premature Death (<75 years), 2018

Schenectady County				
Rank	Cause of Premature Death	Count	Age-Adjusted Rate per 100,000	Percent of Total Premature Deaths
1	Cancer	182	91.8	28.3%
2	Heart Disease	126	69.0	21.3%
3	Diabetes	23	13.1	4.0%
4	Unintentional Injury	20	12.1	3.7%
5	Liver Disease	19	11.2	3.4%

Saratoga County				
Rank	Cause of Premature Death	Count	Age-Adjusted Rate per 100,000	Percent of Total Premature Deaths
1	Cancer	249	77.1	29.0%
2	Heart Disease	142	44.6	16.8%
3	Chronic Lower Respiratory Diseases	43	12.9	4.8%
4	Unintentional Injury	38	15.9	6.0%
5	Liver Disease	28	8.9	3.3%

Columbia County				
Rank	Cause of Premature Death	Count	Age-Adjusted Rate per 100,000	Percent of Total Premature Deaths
1	Cancer	74	77.0	25.1%
2	Heart Disease	67	66.7	21.7%
3	Unintentional Injury	17	30.3	9.9%
4	Chronic Lower Respiratory Diseases	16	14.7	4.8%
5	Diabetes	8	8.6	2.8%

Greene County				
Rank	Cause of Premature Death	Count	Age-Adjusted Rate per 100,000	Percent of Total Premature Deaths
1	Cancer	73	106.4	26.7%
2	Heart Disease	53	72.7	18.3%
3	Unintentional Injury	25	55.3	13.9%
4	Chronic Lower Respiratory Diseases	17	21.0	5.3%
5	Diabetes	10	12.7	3.2%

County Hospitalizations by Race/Ethnicity and Gender

NYS Department of Health, SPARCS 2014-2018, Age-Adjusted Rate per 10,000

Asthma Hospitalization Rate per 10,000						
	All	White	Black	Hispanic	Male	Female
New York State, excl. NYC	17.0	14.5	31.6	16.5	15.5	18.3
Capital Region	16.4	14.5	35.5	14.8	14.5	18.1
Albany County	16.9	12.9	41.2	15.5	14.6	18.9
Rensselaer County	17.1	15.2	36.8	22.8	15.3	18.8
Schenectady County	17.1	15.9	26.0	12.0	15.2	18.9
Saratoga County	12.9	13.1	16.0	2.1	12.5	13.4
Columbia County	24.2	22.2	51.4	27.5	19.4	28.8
Greene County	15.4	15.1	16.2	20.8	13.3	17.4

Assault Hospitalization Rate per 10,000						
	All	White	Black	Hispanic	Male	Female
New York State, excl. NYC	2.2	1.2	7.9	2.2	3.5	1.0
Capital Region	2.7	1.5	11.1	3.1	3.9	1.4
Albany County	4.0	2.0	13.8	4.5	6.1	1.9
Rensselaer County	2.4	1.5	9.5	3.1	3.4	1.3
Schenectady County	3.1	1.8	9.6	2.4	4.2	2.1
Saratoga County	1.0	0.9	**	**	1.3	0.6
Columbia County	1.9	1.1	8.5	3.9	3.0	0.8
Greene County	2.6	1.6	12.4	4.1	4.1	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	83.8	76.8	117.7	74.5	104.4	66.3
Capital Region	74.8	70.7	113.8	46.7	91.1	60.9
Albany County	74.2	67.0	119.4	43.0	90.1	61.1
Rensselaer County	75.8	72.6	117.1	49.9	93.5	61.6
Schenectady County	82.2	77.1	108.6	59.3	100.9	66.5
Saratoga County	67.0	66.7	78.0	22.5	83.8	52.3
Columbia County	77.8	74.0	121.7	71.1	90.8	65.5
Greene County	86.4	82.1	116.2	54.8	98.1	75.1



County Hospitalizations by Race and Gender

NYS Department of Health, SPARCS 2014-2018, 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	14.2	12.7	25.3	13.6	17.2	11.9
Capital Region	12.4	11.5	22.6	10.4	14.2	11.0
Albany County	11.8	10.3	22.1	7.9	13.5	10.5
Rensselaer County	12.3	11.7	22.0	8.4	15.0	10.3
Schenectady County	14.9	13.6	24.6	15.4	17.1	13.0
Saratoga County	10.0	10.0	18.4	7.0	11.6	8.8
Columbia County	14.7	13.6	37.4	16.6	15.8	13.7
Greene County	15.2	14.7	22.7	13.7	15.8	14.5

Heart Attack Hospitalization Rate per 10,000						
	All	White	Black	Hispanic	Male	Female
New York State, excl. NYC	14.5	13.7	14.8	10.7	19.6	10.0
Capital Region	13.1	12.5	14.5	7.1	17.6	9.2
Albany County	12.0	11.1	14.8	7.0	16.1	8.5
Rensselaer County	13.8	13.5	12.9	7.8	18.4	9.9
Schenectady County	16.0	15.0	17.3	9.6	21.4	11.4
Saratoga County	12.2	12.1	7.0	5.2	16.9	8.1
Columbia County	11.9	10.9	12.6	5.4	14.9	9.1
Greene County	13.9	13.3	15.3	5.3	18.6	9.5

Cirrhosis Hospitalization Rate per 10,000						
	All	White	Black	Hispanic	Male	Female
New York State, excl. NYC	13.1	11.9	14.4	17.3	17.0	9.5
Capital Region	14.9	13.8	25.1	19.6	18.9	11.4
Albany County	14.6	12.5	26.4	23.1	19.2	19.2
Rensselaer County	12.4	11.6	25.5	16.2	15.6	9.7
Schenectady County	15.7	14.6	15.3	16.9	22.7	13.8
Saratoga County	9.7	9.9	7.6	**	12.3	7.5
Columbia County	10.5	9.8	23.1	14.8	14.5	6.6
Greene County	11.8	10.9	37.8	12.8	13.3	10.3

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County Hospitalizations by Race and Gender

NYS Department of Health, SPARCS 2014-2018, Age-Adjusted Rate per 10,000

CLRD/COPD Hospitalization Rate per 10,000						
	All	White	Black	Hispanic	Male	Female
New York State, excl. NYC	23.6	20.5	41.2	21.9	22.0	25.2
Capital Region	22.2	20.0	45.4	18.1	19.6	24.5
Albany County	22.4	17.8	51.3	19.6	19.2	25.1
Rensselaer County	22.5	20.3	46.8	25.6	19.9	24.8
Schenectady County	24.4	22.8	34.6	15.6	22.0	26.7
Saratoga County	17.4	17.6	21.8	2.9	16.8	18.1
Columbia County	32.6	30.4	68.6	32.4	26.5	38.4
Greene County	22.7	22.5	25.7	23.2	18.2	27.2

Diabetes (Any Diagnosis) Hospitalization Rate per 10,000						
	All	White	Black	Hispanic	Male	Female
New York State, excl. NYC	185.9	159.7	357.3	207.6	210.7	166.6
Capital Region	180.5	161.5	398.2	160.7	201.9	163.7
Albany County	190.9	158.1	434.7	154.1	210.1	177.2
Rensselaer County	192.5	176.4	435.5	227.1	211.2	178.5
Schenectady County	206.3	180.0	365.4	188.8	233.3	185.0
Saratoga County	144.8	143.8	198.3	71.9	170.4	124.7
Columbia County	184.7	169.9	389.1	225.6	202.2	169.6
Greene County	174.3	166.9	270.7	154.2	191.8	157.1

Diabetes (Primary Diagnosis) Hospitalization Rate per 10,000						
	All	White	Black	Hispanic	Male	Female
New York State, excl. NYC	13.7	11.2	34.7	14.6	16.4	11.4
Capital Region	12.8	10.7	37.8	11.7	15.3	10.6
Albany County	14.9	11.1	43.3	12.4	17.1	13.1
Rensselaer County	13.6	11.7	38.0	10.7	16.2	11.3
Schenectady County	14.6	11.6	35.0	15.7	18.7	10.6
Saratoga County	8.6	8.6	14.9	5.9	10.5	7.0
Columbia County	13.8	12.7	26.7	14.6	14.6	13.2
Greene County	12.8	13.0	23.7	10.2	16.0	9.6



County Hospitalizations by Race and Gender

NYS Department of Health, SPARCS 2014-2018, 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	5.9	5.3	6.8	5.7	7.4	4.3
Capital Region	6.3	5.8	8.1	3.9	8.3	4.4
Albany County	6.2	5.5	8.8	3.8	8.2	4.4
Rensselaer County	5.7	5.4	8.6	3.0	7.1	4.5
Schenectady County	6.5	5.7	7.8	5.1	8.9	4.2
Saratoga County	5.3	5.2	2.1	2.8	7.2	3.4
Columbia County	9.1	8.0	12.9	6.0	11.7	6.4
Greene County	10.6	11.3	**	**	12.9	8.5

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

Falls Hospitalization (65+ years) Rate per 10,000						
	All	White	Black	Hispanic	Male	Female
New York State, excl. NYC	203.3	201.9	112.0	167.8	178.9	219.5
Capital Region	197.3	198.1	134.7	64.4	178.7	209.6
Albany County	229.3	232.6	165.8	79.0	209.2	242.7
Rensselaer County	212.2	212.5	135.3	90.9	186.9	227.6
Schenectady County	137.3	139.6	63.3	43.7	120.4	148.2
Saratoga County	190.1	189.9	75.5	36.3	179.1	197.8
Columbia County	197.2	194.0	116.2	80.4	176.5	213.4
Greene County	190.6	189.3	77.9	75.7	169.7	204.8

Falls Hospitalization (1-4 years) Rate per 10,000						
	All	White	Black	Hispanic	Male	Female
New York State, excl. NYC	6.6	6.0	5.8	5.4	7.6	5.5
Capital Region	8.6	8.0	8.8	5.5	9.3	7.8
Albany County	10.6	11.0	8.9	**	12.5	8.6
Rensselaer County	11.5	10.7	14.1	**	11.6	11.4
Schenectady County	6.0	3.8	7.6	**	5.8	6.2
Saratoga County	5.2	4.7	**	**	5.7	4.7
Columbia County	6.6	7.4	0.0	0.0	**	**
Greene County	15.7	15.7	0.0	**	16.5	14.9

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County Hospitalizations by Race and Gender

NYS Department of Health, SPARCS 2014-2018, 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	72.3	70.9	105.2	43.3	80.4	64.2
Capital Region	80.9	77.0	133.3	58.0	91.4	70.6
Albany County	78.6	74.1	127.2	52.5	96.6	61.1
Rensselaer County	90.8	85.7	165.4	69.9	102.4	79.8
Schenectady County	108.1	99.0	166.2	87.3	118.9	97.8
Saratoga County	59.0	60.3	67.6	21.0	59.9	58.0
Columbia County	95.0	92.1	123.0	70.2	108.2	81.8
Greene County	87.6	94.2	40.2	46.1	95.9	80.1

Drug Abuse Hospitalization Rate per 10,000						
	All	White	Black	Hispanic	Male	Female
New York State, excl. NYC	33.1	34.4	40.7	21.0	41.8	24.5
Capital Region	36.0	36.1	48.4	15.6	45.4	26.8
Albany County	42.5	43.3	55.0	19.3	58.0	27.5
Rensselaer County	35.0	35.1	46.5	13.4	45.6	24.8
Schenectady County	24.8	39.6	50.8	15.8	49.9	31.0
Saratoga County	32.9	25.5	16.6	5.4	28.4	21.1
Columbia County	39.6	40.4	32.0	19.4	45.3	33.9
Greene County	45.2	48.6	18.8	23.9	48.4	42.7



County Hospitalizations by Race and Gender

NYS Department of Health, SPARCS 2014-2018, Age-Adjusted Rate per 10,000

Self-inflicted Injury Hospitalization Rate per 10,000						
	All	White	Black	Hispanic	Male	Female
New York State, excl. NYC	3.3	3.4	3.3	1.7	2.9	3.8
Capital Region	3.9	3.9	4.0	2.4	3.3	4.5
Albany County	3.7	3.9	3.0	2.2	3.4	4.0
Rensselaer County	3.4	3.5	2.2	1.1	2.7	4.2
Schenectady County	5.3	5.0	7.4	3.9	4.1	6.5
Saratoga County	3.8	3.9	3.1	**	3.2	4.4
Columbia County	3.9	3.7	3.3	5.4	3.4	4.6
Greene County	4.2	3.9	6.7	**	3.8	4.9

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Stroke Hospitalization Rate per 10,000						
	All	White	Black	Hispanic	Male	Female
New York State, excl. NYC	23.5	21.0	38.4	22.8	25.9	21.4
Capital Region	22.2	20.6	35.1	12.8	24.8	20.1
Albany County	22.3	19.5	37.2	14.9	25.7	19.7
Rensselaer County	22.2	20.9	35.5	10.3	25.1	19.7
Schenectady County	27.2	25.2	38.5	19.4	29.6	25.6
Saratoga County	19.6	19.3	21.3	4.1	22.2	17.5
Columbia County	19.1	18.4	23.9	5.4	20.3	17.8
Greene County	22.7	21.7	22.8	12.9	23.3	21.9

Opioid Overdose Hospitalization Rate per 10,000						
	All	White	Black	Hispanic	Male	Female
New York State, excl. NYC	1.41	1.56	1.13	0.79	1.68	1.13
Capital Region	0.94	1.01	0.76	0.77	1.13	0.76
Albany County	0.99	1.08	0.78	1.38	1.21	0.76
Rensselaer County	0.81	0.86	**	0.00	1.21	0.41
Schenectady County	0.67	1.39	0.82	**	1.31	1.05
Saratoga County	0.78	0.71	**	**	0.76	0.57
Columbia County	1.05	1.01	0.00	0.00	1.04	1.10
Greene County	1.69	1.63	**	**	1.77	1.56

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



County Emergency Dept. (ED) Visits by Race & Gender

NYS Department of Health, SPARCS 2014-2018, Age-Adjusted Rate per 10,000

Asthma ED Visit Rate per 10,000						
	All	White	Black	Hispanic	Male	Female
New York State, excl. NYC	42.8	28.8	118.5	46.4	39.9	45.5
Capital Region	44.4	27.2	169.7	68.1	40.7	47.9
Albany County	55.6	25.8	200.4	76.5	52.4	58.2
Rensselaer County	46.9	32.2	163.2	93.2	42.0	51.7
Schenectady County	66.4	41.8	168.2	99.3	60.0	72.2
Saratoga County	18.0	17.6	42.4	11.1	16.8	19.4
Columbia County	44.1	35.9	120.6	49.5	36.9	51.5
Greene County	23.0	21.7	30.0	26.0	22.0	24.4

Assault ED Visit Rate per 10,000						
	All	White	Black	Hispanic	Male	Female
New York State, excl. NYC	34.4	23.5	99.0	29.9	38.5	30.4
Capital Region	40.2	26.7	140.4	42.4	43.2	37.1
Albany County	48.7	28.3	150.7	48.8	53.5	44.1
Rensselaer County	40.7	30.7	136.4	42.5	42.5	38.9
Schenectady County	64.1	42.9	165.9	59.6	64.9	63.5
Saratoga County	14.3	14.2	36.1	5.0	15.8	12.8
Columbia County	38.2	28.9	120.5	42.9	46.1	29.7
Greene County	35.7	28.1	72.1	40.2	43.0	25.9

CLRD/COPD ED Visit Rate per 10,000						
	All	White	Black	Hispanic	Male	Female
New York State, excl. NYC	68.5	49.1	171.2	74.0	62.7	74.1
Capital Region	64.5	42.4	229.7	90.3	58.6	70.1
Albany County	79.5	40.6	272.1	98.6	75.1	83.3
Rensselaer County	65.8	47.2	215.7	121.4	57.9	73.5
Schenectady County	97.9	66.5	230.9	134.7	87.2	107.9
Saratoga County	28.1	27.8	55.6	15.4	25.7	30.6
Columbia County	63.2	53.9	152.3	63.5	53.4	73.2
Greene County	37.2	35.5	50.3	40.6	32.7	42.7



County ED Visits by Race and Gender

NYS Department of Health, SPARCS 2014-2018, Age-Adjusted Rate per 10,000

Diabetes ED Visit (Primary Diagnosis) Rate per 10,000						
	All	White	Black	Hispanic	Male	Female
New York State, excl. NYC	16.6	12.4	47.6	20.5	18.2	15.2
Capital Region	18.2	13.7	65.5	27.0	20.0	16.6
Albany County	19.9	12.9	66.9	24.6	22.2	17.8
Rensselaer County	21.2	17.3	70.9	28.9	22.7	19.8
Schenectady County	30.5	21.7	85.2	52.7	34.5	26.8
Saratoga County	10.8	10.6	31.3	8.8	11.4	10.5
Columbia County	10.3	9.3	18.6	15.9	12.5	8.0
Greene County	7.8	7.0	11.6	9.3	8.3	7.2

Motor Vehicle Accident ED Visit Rate per 10,000						
	All	White	Black	Hispanic	Male	Female
New York State, excl. NYC	77.4	60.0	157.9	80.2	70.7	84.2
Capital Region	59.2	48.9	136.9	45.1	53.3	65.2
Albany County	59.3	43.0	139.8	48.3	53.0	65.4
Rensselaer County	61.5	51.7	161.4	56.0	54.2	69.5
Schenectady County	84.2	66.1	154.1	53.1	76.3	92.0
Saratoga County	39.5	39.7	67.2	14.0	36.1	43.1
Columbia County	75.2	68.5	132.8	66.1	69.3	81.4
Greene County	59.2	62.3	43.4	40.1	52.8	70.2

Falls ED Visit (65+ years) Rate per 10,000						
	All	White	Black	Hispanic	Male	Female
New York State, excl. NYC	434.5	427.1	317.0	407.0	361.1	488.3
Capital Region	382.3	382.8	334.9	207.3	316.8	430.0
Albany County	394.5	399.7	332.6	151.4	326.4	441.3
Rensselaer County	395.3	392.7	406.1	320.9	318.3	450.6
Schenectady County	453.2	453.5	337.1	302.0	381.9	504.3
Saratoga County	338.3	344.0	222.2	106.2	285.0	377.3
Columbia County	398.3	386.5	450.2	315.0	354.2	436.8
Greene County	253.6	251.0	123.2	152.3	183.5	312.1

County ED Visits by Race and Gender

NYS Department of Health, SPARCS 2014-2018, Age-Adjusted Rate per 10,000

Falls ED Visit (1-4 years) Rate per 10,000						
	All	White	Black	Hispanic	Male	Female
New York State, excl. NYC	415.8	394.9	407.7	313.8	470.0	359.0
Capital Region	328.5	298.8	396.0	211.7	374.7	279.8
Albany County	341.4	299.5	395.3	220.6	390.5	289.5
Rensselaer County	400.4	374.7	509.7	244.5	437.9	361.7
Schenectady County	396.9	352.6	382.6	257.4	464.0	325.2
Saratoga County	195.5	203.7	155.3	63.4	219.8	170.1
Columbia County	437.3	429.7	451.8	220.9	517.2	350.4
Greene County	266.1	267.0	230.0	178.9	308.1	222.1

Self-inflicted ED Visit Rate per 10,000						
	All	White	Black	Hispanic	Male	Female
New York State, excl. NYC	5.6	5.6	6.7	3.8	4.6	6.8
Capital Region	8.5	8.0	11.3	7.1	6.5	10.5
Albany County	9.6	9.3	12.2	8.6	7.0	12.2
Rensselaer County	9.9	9.3	15.4	5.9	7.6	12.5
Schenectady County	9.8	10.1	8.9	8.4	7.2	12.5
Saratoga County	5.7	5.7	6.5	2.0	4.4	7.1
Columbia County	8.3	8.0	9.9	8.3	8.5	8.2
Greene County	7.7	7.3	9.8	8.5	7.4	7.9

Mental Disease and Disorder ED Visit (Primary Diagnosis) Rate per 10,000						
	All	White	Black	Hispanic	Male	Female
New York State, excl. NYC	156.7	142.8	251.3	120.2	171.6	141.9
Capital Region	166.6	153.9	291.7	141.5	185.4	148.2
Albany County	161.8	139.6	295.3	153.9	200.3	125.0
Rensselaer County	163.7	152.6	296.9	133.2	172.5	155.7
Schenectady County	239.5	217.5	356.3	197.8	263.8	216.3
Saratoga County	138.0	139.7	193.3	75.3	142.4	133.4
Columbia County	178.9	172.5	218.5	131.6	195.4	163.1
Greene County	139.0	146.3	123.5	81.2	140.1	142.0



County ED Visits by Race and Gender

NYS Department of Health, SPARCS 2014-2018, 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	72.7	67.3	109.2	57.6	94.6	50.9
Capital Region	82.3	76.6	147.5	66.0	106.2	59.0
Albany County	101.1	89.5	174.4	96.5	142.8	61.4
Rensselaer County	77.5	76.1	125.0	45.6	94.8	61.0
Schenectady County	100.9	92.3	152.5	72.9	134.9	68.2
Saratoga County	63.7	65.4	73.1	22.4	71.8	55.5
Columbia County	68.2	68.2	70.0	55.9	82.3	54.0
Greene County	52.9	54.2	47.9	36.4	60.5	45.0

Opioid Overdose ED Visit Rate per 10,000						
	All	White	Black	Hispanic	Male	Female
New York State, excl. NYC	4.8	5.6	2.6	2.4	6.3	3.1
Capital Region	3.9	4.3	3.1	2.7	5.1	2.7
Albany County	3.0	3.3	2.4	2.2	4.1	1.9
Rensselaer County	5.7	4.7	3.2	2.1	5.4	3.3
Schenectady County	5.7	6.0	4.8	4.3	7.3	3.3
Saratoga County	4.3	3.6	2.3	**	4.1	2.4
Columbia County	3.3	5.8	2.7	7.0	7.4	3.9
Greene County	5.3	6.0	4.2	4.2	6.2	5.2

** 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 2014-2018, Age-Sex Adjusted Rate per 10,000

	Congestive Heart Failure		Coronary Heart Disease		Heart Attack		Stroke	
	N*	Rate	N*	Rate	N*	Rate	N*	Rate
New York State, excl. NYS	20,950	14.2	120,797	83.8	20,935	14.5	33,884	23.5
Capital Region	1,546	12.4	9,195	74.8	1,615	13.1	2,750	22.2
Albany County	453	11.8	2,793	74.2	451	12.0	846	22.3
State Campus	38	9.5	253	65.5	39	10.5	81	20.8
N. Albany/ Menands	18	17.7	88	89.3	15	15.6	27	28.2
West End	34	22.0	182	116.6	26	17.5	55	36.3
South End	19	24.8	109	128.3	15	17.5	30	36.5
South End/Downtown	5	21.5	30	112.0	3	12.3	9	38.7
New Scotland Avenue	42	17.1	211	91.6	32	13.9	61	26.0
Delaware/2 nd Avenue	16	14.6	96	86.1	12	11.1	27	23.6
Center Square/Arbor Hill	11	14.1	71	85.0	12	14.1	24	30.0
Colonie	52	12.9	316	80.4	51	13.2	106	26.2
Latham	32	10.7	180	63.6	28	10.1	57	19.5
Loudonville	18	9.5	124	64.5	18	10.1	32	15.8
Pine Bush	59	15.5	301	81.1	52	14.0	96	25.7
City of Cohoes/ N.Colonie	42	14.9	234	89.1	41	16.0	76	28.2
Watervliet/Green Island	35	13.8	199	80.6	35	14.6	71	29.1
Bethlehem	33	9.7	232	67.9	36	10.2	60	16.9
Ravena/Coeymans/Selkirk	18	11.8	124	76.8	21	12.3	31	20.0
Hill Towns	9	9.2	68	64.4	15	13.4	24	23.9
Guilderland	19	9.8	103	56.9	19	10.2	35	19.1
New Scotland	24	10.4	156	67.5	24	10.0	46	20.8
Rensselaer County	242	12.3	1,488	75.8	273	13.8	442	22.2
Troy/ Lansingburgh	129	16.1	680	86.8	123	16.0	203	25.6
Rensselaer	45	18.4	229	93.7	36	14.1	69	26.7
East	6	5.3	44	39.1	9	8.4	14	12.9
North East	9	5.4	85	53.4	23	13.9	27	16.9
North West	9	10.7	63	77.9	15	18.6	15	17.5
South West	24	11.2	171	79.7	29	12.7	46	20.8
Central	13	10.1	93	67.1	19	13.1	28	21.9
W. Sand Lake/ Wyantskill	15	10.3	106	72.8	15	10.1	30	20.4
East Greenbush	20	15.0	95	71.1	15	11.4	33	24.6
Schenectady County	308	14.9	1,622	82.2	313	16.0	544	27.2
Mt. Pleasant	59	15.5	301	81.1	52	14.0	96	25.7
Upper State Street	43	15.5	231	85.2	47	17.3	72	26.5
City/Stockade	7	14.2	59	104.2	12	21.1	19	33.3
Hamilton Hill	14	21.5	78	118.4	16	23.7	22	34.2
Goose Hill/Union	28	20.2	126	91.5	27	19.1	37	26.7
Rural-West	10	8.0	80	70.4	18	15.2	25	22.3
Niskayuna	42	8.5	247	57.4	46	10.7	95	21.6
Scotia/Glenville	50	9.9	263	60.2	52	12.9	102	23.7
Rotterdam	57	16.6	269	78.8	47	13.8	81	23.6

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County Hospitalization Rates by Neighborhood

NYS Department of Health, SPARCS 2014-2018, Age-Sex Adjusted Rate per 10,000

	Congestive Heart Failure		Coronary Heart Disease		Heart Attack		Stroke	
	N*	Rate	N*	Rate	N*	Rate	N*	Rate
New York State, excl. NYS	20,950	14.2	120,797	83.8	20,935	14.5	33,884	23.5
Capital Region	1,546	12.4	9,195	74.8	1,615	13.1	2,750	22.2
Saratoga County	287	10.0	1,943	67.0	361	12.2	570	19.6
Clifton Park West	61	10.6	373	62.1	67	10.8	124	20.8
Waterford/Mechanicville	34	9.9	242	70.8	46	13.5	73	22.2
Burnt Hills/Galway	29	9.5	222	70.5	45	13.5	61	19.0
Ballston Spa	45	11.6	292	74.3	53	13.4	83	21.1
Saratoga Springs	54	9.7	351	64.4	61	11.4	99	17.8
North East	9	5.4	85	53.4	23	13.9	27	16.9
North West	9	10.7	63	77.9	15	18.6	15	17.5
South Glens Falls	20	18.4	98	90.1	15	13.9	27	25.1
Columbia County	145	14.7	750	77.8	117	11.9	188	19.1
Ichabod	25	13.2	130	72.3	20	10.9	38	20.8
Chatham	30	16.4	148	76.6	23	11.7	40	20.6
Canaan	2	4.3	13	37.6	4	11.6	4	13.0
Hudson	63	20.7	288	99.0	44	15.4	64	21.8
Taconic Hills	6	5.0	49	40.9	9	6.4	15	12.6
Germantown	13	13.8	63	69.2	15	16.4	16	16.8
Pine Plains	8	22.5	31	90.6	4	13.0	6	17.5
Greene County	110	15.2	599	86.4	100	13.9	160	22.7
Coxsackie/Athens	24	15.8	163	106.2	25	15.3	42	27.3
Greenville	14	14.4	79	80.9	14	12.8	20	20.2
Catskill	44	18.4	216	94.4	31	13.3	48	22.1
Cairo/Durham	19	17.4	98	91.5	17	15.0	31	28.1
Windham/Ashland/Jewett	6	8.0	48	65.8	7	9.8	13	17.2
Hunter/Tannersville	9	10.7	58	71.1	11	13.2	18	23.5

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Hospitalization Rates by Neighborhood

NYS Department of Health, SPARCS 2014-2018, Age-Sex Adjusted Rate per 10,000

	Asthma		COPD/CLRD		Diabetes (Any Diagnosis)		Diabetes (Primary)	
	N*	Rate	N*	Rate	N*	Rate	N*	Rate
New York State, excl. NYS	22,700	17.0	31,829	23.6	261,968	185.9	17,328	13.7
Capital Region	1,879	16.4	2,594	22.2	21,673	180.5	1,353	12.8
Albany County	576	16.9	781	22.4	6,936	190.9	479	14.9
State Campus	43	14.5	63	20.3	617	174.0	37	12.5
N. Albany/ Menands	15	16.9	21	23.4	238	253.0	21	24.8
West End	72	46.5	97	61.7	612	390.8	65	40.5
South End	58	68.6	70	82.9	415	484.7	41	46.0
South End/Downtown	12	41.4	17	57.3	112	427.8	8	32.0
New Scotland Avenue	44	20.9	57	26.9	598	269.2	47	22.4
Delaware/2 nd Avenue	22	19.9	29	26.5	230	207.5	20	19.3
Center Square/Arbor Hill	27	29.6	34	38.0	274	324.0	31	30.0
Colonie	58	16.6	80	22.3	731	189.0	40	12.3
Latham	21	8.5	32	12.6	353	130.1	16	7.0
Loudonville	15	8.2	20	10.4	256	131.8	11	8.1
Pine Bush	61	16.6	91	24.5	690	189.8	38	12.3
City of Cohoes/ N.Colonie	59	23.2	84	32.7	613	239.5	36	15.5
Watervliet/Green Island	39	16.9	58	24.6	528	219.8	39	17.8
Bethlehem	24	7.7	35	11.1	423	125.8	28	10.5
Ravena/Coeymans/Selkirk	26	16.2	33	21.2	317	199.8	16	10.6
Hill Towns	10	10.4	17	16.4	152	145.1	6	6.5
Guilderland	20	12.4	27	16.2	274	157.4	15	9.1
New Scotland	17	8.1	24	11.1	244	112.1	12	7.1
Rensselaer County	322	17.1	430	22.5	3,711	192.5	236	13.6
Troy/ Lansingburgh	190	26.1	274	36.8	2,015	266.6	140	19.6
Rensselaer	51	20.5	67	26.9	563	225.6	25	10.7
East	11	10.4	15	14.8	89	80.7	4	5.6
North East	9	6.1	11	7.6	183	118.7	12	8.7
North West	14	15.5	19	21.2	149	181.5	17	25.8
South West	23	11.4	36	16.7	354	165.5	21	12.2
Central	11	7.6	18	12.2	175	126.6	10	7.9
W. Sand Lake/ Wyantskill	18	13.8	26	18.7	203	140.9	14	10.2
East Greenbush	12	10.0	17	13.6	236	179.8	12	10.8
Schenectady County	312	17.1	454	24.4	3,918	206.3	239	14.6
Mt. Pleasant	61	16.6	91	24.5	690	189.8	38	12.3
Upper State Street	49	20.0	67	26.7	613	240.8	28	12.6
City/Stockade	21	40.6	30	58.6	217	357.9	21	32.1
Hamilton Hill	28	35.7	42	54.4	315	454.5	30	40.7
Goose Hill/Union	31	21.3	48	34.5	357	260.3	26	18.1
Rural-West	12	11.2	15	13.9	165	142.6	9	9.9
Niskayuna	28	8.1	39	10.7	490	120.6	22	5.9
Scotia/Glenville	36	9.6	58	14.6	555	134.9	28	8.7
Rotterdam	54	17.5	76	24.0	627	188.6	42	14.4

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Hospitalization Rates by Neighborhood

NYS Department of Health, SPARCS 2014-2018, Age-Sex Adjusted Rate per 10,000

	Asthma		COPD/CLRD		Diabetes (Any Diagnosis)		Diabetes (Primary)	
	N*	Rate	N*	Rate	N*	Rate	N*	Rate
New York State, excl. NYS	22,700	17.0	31,829	23.6	261,968	185.9	17,328	13.7
Capital Region	1,879	16.4	2,594	22.2	21,673	180.5	1,353	12.8
Saratoga County	371	12.9	505	17.4	4,203	144.8	222	8.6
Clifton Park West	53	9.1	80	13.8	767	125.9	38	7.1
Waterford/Mechanicville	44	13.3	61	18.0	544	162.0	32	11.6
Burnt Hills/Galway	31	10.5	38	12.4	392	120.4	18	6.6
Ballston Spa	66	17.1	89	23.1	692	175.2	39	10.2
Saratoga Springs	66	13.0	93	17.9	737	142.5	44	9.3
North East	9	6.1	11	7.6	183	118.7	12	8.7
North West	14	15.5	19	21.2	149	181.5	17	25.8
South Glens Falls	17	17.7	25	24.3	206	193.9	10	11.1
Columbia County	201	24.2	276	32.6	1,710	184.7	102	13.8
Ichabod	30	20.3	46	30.3	347	204.7	17	12.4
Chatham	24	13.5	35	19.2	254	127.2	17	10.3
Canaan	1	4.3	2	5.9	25	76.3	1	4.5
Hudson	90	37.8	126	51.6	685	247.8	40	18.3
Taconic Hills	11	12.2	16	18.1	80	77.7	5	9.2
Germantown	15	18.1	21	23.9	120	142.1	6	8.5
Pine Plains	4	12.9	6	19.6	83	234.6	6	16.4
Greene County	97	15.4	147	22.7	1,195	174.3	75	12.8
Coxsackie/Athens	24	15.2	33	21.1	287	175.9	16	9.5
Greenville	14	16.5	18	21.6	162	160.6	10	11.9
Catskill	52	26.6	75	38.2	504	238.9	34	19.7
Cairo/Durham	21	21.4	31	30.5	229	219.8	17	18.2
Windham/Ashland/Jewett	7	8.6	9	11.8	72	96.0	3	7.3
Hunter/Tannersville	8	12.7	11	17.4	108	141.8	6	12.8

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Hospitalization Rates by Neighborhood

NYS Department of Health, SPARCS 2014-2018, Age-Sex Adjusted Rate per 10,000

	Falls (65+)		Falls (1-4)		Self-inflicted Injury		Motor Vehicle Accident	
	N*	Rate	N*	Rate	N*	Rate	N*	Rate
New York State, excl. NYS	38,644	203.3	325	6.6	3,574	3.3	6,960	5.9
Capital Region	3,175	197.3	34	8.6	362	3.9	643	6.3
Albany County	1,161	229.3	13	10.6	111	3.7	199	6.2
State Campus	154	257.1	1	12.0	10	3.1	18	5.6
N. Albany/ Menands	41	295.7	**	**	2	2.0	4	4.5
West End	38	226.2	2	23.1	9	5.6	15	9.7
South End	19	232.5	**	**	5	5.3	9	8.8
South End/Downtown	9	271.7	0	0.0	2	10.0	3	10.7
New Scotland Avenue	102	318.3	**	**	20	10.0	20	9.2
Delaware/2 nd Avenue	33	237.0	**	**	4	3.6	9	8.3
Center Square/Arbor Hill	16	234.1	**	**	4	4.2	8	8.8
Colonie	141	256.3	1	9.9	7	2.9	21	7.2
Latham	76	200.3	**	**	6	3.8	12	5.4
Loudonville	73	258.6	**	**	4	3.0	7	5.6
Pine Bush	81	162.6	**	**	12	4.6	18	5.7
City of Cohoes/ N.Colonie	83	237.4	1	9.9	13	6.4	11	5.3
Watervliet/Green Island	64	198.0	**	**	10	4.6	17	7.9
Bethlehem	117	269.9	1	11.0	4	1.7	16	5.8
Ravena/Coeymans/Selkirk	43	234.7	**	**	5	3.7	10	7.2
Hill Towns	24	220.3	1	33.9	1	2.1	8	10.8
Guilderland	58	229.1	1	24.2	2	1.5	8	6.2
New Scotland	82	269.0	**	**	3	2.2	8	5.2
Rensselaer County	525	212.2	8	11.5	54	3.4	98	5.7
Troy/ Lansingburgh	250	234.5	4	13.9	34	4.6	44	6.1
Rensselaer	85	284.2	1	13.0	8	4.3	9	4.7
East	7	61.3	**	**	2	2.3	5	7.6
North East	20	94.6	1	19.7	2	1.8	8	6.6
North West	16	175.4	**	**	1	2.5	4	6.2
South West	58	229.8	**	**	4	2.5	12	7.3
Central	24	171.3	**	**	2	2.4	7	5.8
W. Sand Lake/ Wyantskill	30	181.9	**	**	2	2.1	7	6.0
East Greenbush	66	394.4	0	0.0	2	2.2	6	6.5
Schenectady County	373	137.3	4	6.0	77	5.3	105	6.5
Mt. Pleasant	81	162.6	**	**	12	4.6	18	5.7
Upper State Street	53	128.2	**	**	11	5.7	15	6.6
City/Stockade	8	144.4	**	**	8	13.1	5	6.1
Hamilton Hill	5	89.8	**	**	7	9.0	6	8.0
Goose Hill/Union	20	114.1	**	**	10	7.0	8	5.3
Rural-West	13	118.0	0	0.0	2	2.1	7	8.5
Niskayuna	73	124.2	1	8.1	7	2.7	13	4.1
Scotia/Glenville	82	132.1	**	**	10	3.6	15	5.3
Rotterdam	58	130.1	**	**	11	4.9	19	7.3

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Hospitalization Rates by Neighborhood

NYS Department of Health, SPARCS 2014-2018, Age-Sex Adjusted Rate per 10,000

	Falls (65+)		Falls (1-4)		Self-inflicted Injuries		Motor Vehicle Accident	
	N*	Rate	N*	Rate	N*	Rate	N*	Rate
New York State, excl. NYS	38,644	203.3	325	6.6	3,574	3.3	6,960	5.9
Capital Region	3,175	197.3	34	8.6	362	3.9	643	6.3
Saratoga County	678	190.1	5	5.2	80	3.8	127	5.3
Clifton Park West	123	171.6	**	**	12	2.7	20	3.6
Waterford/Mechanicville	65	158.2	1	11.6	8	3.1	18	6.5
Burnt Hills/Galway	63	164.5	0	0.0	8	3.7	18	7.7
Ballston Spa	115	251.9	**	**	14	4.7	18	5.3
Saratoga Springs	178	244.4	1	9.1	14	3.8	17	4.1
North East	20	94.6	1	19.7	2	1.8	8	6.6
North West	16	175.4	**	**	1	2.5	4	6.2
South Glens Falls	33	227.1	**	**	5	6.8	5	5.4
Columbia County	257	197.2	1	6.6	22	3.9	59	9.1
Ichabod	49	212.1	**	**	4	3.5	10	8.0
Chatham	53	208.5	**	**	3	2.7	10	8.5
Canaan	2	45.3	0	0.0	1	3.7	1	6.2
Hudson	86	212.1	1	13.0	8	4.8	21	10.6
Taconic Hills	15	103.9	0	0.0	2	3.5	8	11.6
Germantown	19	157.2	0	0.0	1	3.1	5	7.6
Pine Plains	15	361.0	0	0.0	**	**	2	9.9
Greene County	181	190.6	3	15.7	18	4.2	54	10.6
Coxsackie/Athens	42	231.6	**	**	6	4.4	11	8.8
Greenville	27	215.8	**	**	2	3.6	9	12.3
Catskill	74	228.0	**	**	7	4.9	17	11.4
Cairo/Durham	26	186.8	**	**	4	8.0	13	18.0
Windham/Ashland/Jewett	18	183.2	**	**	**	**	3	4.3
Hunter/Tannersville	19	176.4	**	**	1	2.0	4	7.8

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Hospitalization Rates by Neighborhood

NYS Department of Health, SPARCS 2014-2018, Age-Sex Adjusted Rate per 10,000

	Assault		Mental Disease and Disorder		Drug Abuse		Opioid Overdose	
	N*	Rate	N*	Rate	N*	Rate	N*	Rate
New York State, excl. NYS	2,385	2.2	79,486	72.3	36,039	33.1	1,631	1.4
Capital Region	246	2.7	7,688	80.9	3,402	36.0	97	0.9
Albany County	121	4.0	2,365	78.6	1,268	42.5	**	**
State Campus	7	2.5	187	65.8	130	46.3	4	1.3
N. Albany/ Menands	4	4.5	64	80.3	33	44.0	**	**
West End	23	13.3	263	161.8	174	109.1	3	1.4
South End	18	19.1	195	219.7	152	177.9	2	1.9
South End/Downtown	5	18.3	44	201.0	37	159.6	1	4.9
New Scotland Avenue	19	8.9	337	159.8	206	96.2	3	1.1
Delaware/2 nd Avenue	7	6.5	83	78.5	49	45.2	2	1.5
Center Square/Arbor Hill	13	11.9	151	149.4	103	99.7	1	0.8
Colonie	6	2.3	193	74.1	132	49.4	3	1.1
Latham	2	1.1	87	44.5	50	26.9	1	0.5
Loudonville	3	3.5	47	40.0	37	34.3	**	**
Pine Bush	5	2.0	239	83.5	117	41.2	3	1.1
City of Cohoes/ N.Colonie	5	2.7	224	110.9	128	64.3	2	0.9
Watervliet/Green Island	5	2.5	176	80.6	108	49.6	3	1.5
Bethlehem	2	1.0	93	39.4	63	26.6	3	1.1
Ravena/Coeymans/Selkirk	1	0.8	64	50.0	47	37.5	2	1.1
Hill Towns	**	**	31	40.3	21	28.1	**	**
Guilderland	1	0.9	63	49.5	48	38.0	2	1.1
New Scotland	1	0.7	53	39.4	33	26.2	0	0.0
Rensselaer County	37	2.4	1,465	90.8	551	35.0	8	0.8
Troy/ Lansingburgh	26	3.7	966	139.5	432	65.9	8	1.1
Rensselaer	6	3.1	153	75.1	111	52.2	2	1.1
East	**	**	32	43.9	16	23.0	**	**
North East	1	1.2	62	59.4	26	26.9	**	**
North West	0	0.0	32	49.1	18	28.4	**	**
South West	2	0.9	108	67.6	70	43.1	1	0.5
Central	1	1.0	55	53.3	27	26.6	**	**
W. Sand Lake/ Wyantskill	1	1.3	56	56.6	37	36.9	**	**
East Greenbush	**	**	48	52.6	24	27.3	1	1.1
Schenectady County	46	0.9	1,633	108.1	613	24.8	25	0.7
Mt. Pleasant	5	2.0	239	83.5	117	41.2	3	1.1
Upper State Street	9	4.3	262	125.9	118	54.9	3	1.5
City/Stockade	5	8.4	184	276.3	84	119.1	2	3.3
Hamilton Hill	10	12.2	187	247.6	87	120.8	1	1.3
Goose Hill/Union	6	4.3	222	158.9	90	65.4	3	1.9
Rural-West	**	**	47	56.7	29	35.9	**	**
Niskayuna	3	1.1	157	57.7	76	28.6	3	1.0
Scotia/Glenville	3	1.1	192	69.8	103	37.1	2	0.7
Rotterdam	5	1.8	211	86.0	112	44.2	2	0.7

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Hospitalization Rates by Neighborhood

NYS Department of Health, SPARCS 2014-2018, Age-Sex Adjusted Rate per 10,000

	Assault		Mental Disease and Disorder		Drug Abuse		Opioid Overdose	
	N*	Rate	N*	Rate	N*	Rate	N*	Rate
New York State, excl. NYS	2,385	2.2	79,486	72.3	36,039	33.1	1,631	1.4
Capital Region	246	2.7	7,688	80.9	3,402	36.0	97	0.9
Saratoga County	20	1.0	1,308	59.0	558	32.9	13	0.8
Clifton Park West	5	1.1	216	46.0	119	24.8	2	0.5
Waterford/Mechanicville	2	0.7	159	61.8	82	31.6	3	0.9
Burnt Hills/Galway	1	0.7	102	45.9	59	26.1	**	**
Ballston Spa	5	1.8	212	67.3	121	36.6	4	1.1
Saratoga Springs	2	0.7	285	72.6	178	45.0	2	0.5
North East	1	1.2	62	59.4	26	26.9	**	**
North West	0	0.0	32	49.1	18	28.4	**	**
South Glens Falls	1	1.6	84	110.1	37	47.9	**	**
Columbia County	10	1.9	526	95.0	215	39.6	33	1.1
Ichabod	1	1.2	73	74.3	44	47.9	2	1.9
Chatham	2	2.1	76	75.8	41	43.0	**	**
Canaan	0	0.0	11	48.5	6	28.4	0	0.0
Hudson	6	3.1	215	118.6	105	56.5	3	1.2
Taconic Hills	**	**	38	68.4	19	35.1	0	0.0
Germantown	**	**	30	62.9	19	41.1	**	**
Pine Plains	**	**	15	85.6	7	40.7	0	0.0
Greene County	12	2.6	391	87.6	197	45.2	7	1.7
Coxsackie/Athens	6	3.6	84	67.1	42	32.5	2	1.2
Greenville	1	1.9	44	70.1	31	43.8	1	2.4
Catskill	3	2.3	173	130.2	82	62.3	3	1.8
Cairo/Durham	2	2.5	92	145.3	52	86.7	3	3.4
Windham/Ashland/Jewett	**	**	29	89.5	20	60.6	**	**
Hunter/Tannersville	**	**	35	84.0	22	51.3	**	**

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ED Visit Rates by Neighborhood

NYS Department of Health, SPARCS 2014-2018, Age-Sex Adjusted Rate per 10,000

	Asthma		COPD/CLRD		Diabetes (Primary)	
	N*	Rate	N*	Rate	N*	Rate
New York State, excl. NYS	47,665	42.8	77,137	68.5	20,303	16.6
Capital Region	4,210	44.4	6,219	64.5	1,905	18.2
Albany County	1,634	55.6	2,372	79.5	647	19.9
State Campus	95	33.0	148	50.9	49	16.4
N. Albany/ Menands	68	89.1	96	123.0	32	38.7
West End	346	212.5	486	297.5	110	69.4
South End	202	214.5	278	296.1	57	61.5
South End/Downtown	33	139.6	48	196.1	17	67.3
New Scotland Avenue	110	51.9	168	79.6	62	29.4
Delaware/2 nd Avenue	95	93.6	135	131.8	28	25.9
Center Square/Arbor Hill	165	170.6	227	235.1	50	52.9
Colonie	114	44.1	173	65.4	58	17.9
Latham	40	21.6	62	31.1	19	7.8
Loudonville	20	17.6	33	28.4	14	8.9
Pine Bush	178	61.8	267	90.9	78	24.2
City of Cohoes/ N.Colonie	135	63.7	209	97.3	54	23.1
Watervliet/Green Island	128	61.4	182	86.7	48	21.4
Bethlehem	36	14.7	55	21.9	22	9.3
Ravena/Coeymans/Selkirk	40	29.8	58	43.6	14	9.8
Hill Towns	11	15.3	22	29.1	6	5.6
Guilderland	25	19.7	42	32.6	12	7.7
New Scotland	18	11.8	31	21.4	11	7.3
Rensselaer County	768	46.9	1,084	65.8	367	21.2
Troy/ Lansingburgh	656	97.5	925	136.5	263	37.4
Rensselaer	80	38.3	126	58.6	38	16.9
East	15	18.1	21	27.5	3	3.3
North East	13	9.8	19	15.4	17	13.8
North West	21	28.9	29	39.6	17	25.6
South West	43	26.0	66	39.3	22	13.2
Central	20	17.2	33	28.5	8	7.7
W. Sand Lake/ Wyantskill	20	16.7	32	26.1	11	9.4
East Greenbush	18	20.1	29	31.4	10	9.4
Schenectady County	1,019	66.4	1,525	97.9	507	30.5
Mt. Pleasant	178	61.8	267	90.9	78	24.2
Upper State Street	174	80.7	261	120.5	87	37.4
City/Stockade	75	140.4	114	207.9	43	65.9
Hamilton Hill	164	195.4	232	281.1	76	102.0
Goose Hill/Union	157	108.7	231	158.9	69	48.7
Rural-West	22	23.8	35	37.6	12	12.4
Niskayuna	57	19.7	91	30.8	41	13.2
Scotia/Glenville	83	25.9	123	38.4	36	10.4
Rotterdam	121	48.5	192	75.4	70	26.0

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ED Visits Rates by Neighborhood

NYS Department of Health, SPARCS 2014-2018, Age-Sex Adjusted Rate per 10,000

	Asthma		COPD/CLRD		Diabetes (Primary)	
	N*	Rate	N*	Rate	N*	Rate
New York State, excl. NYS	47,665	42.8	77,137	68.5	20,303	16.6
Capital Region	4,210	44.4	6,219	64.5	1,905	18.2
Saratoga County	432	18.0	688	28.1	278	10.8
Clifton Park West	40	8.4	69	13.9	37	6.9
Waterford/Mechanicville	54	19.2	85	29.8	43	14.6
Burnt Hills/Galway	30	12.7	48	20.0	17	5.7
Ballston Spa	75	21.9	119	34.1	49	13.2
Saratoga Springs	92	22.8	140	34.4	65	14.5
North East	13	9.8	19	15.4	17	13.8
North West	21	28.9	29	39.6	17	25.6
South Glens Falls	24	28.7	45	50.7	14	16.1
Columbia County	254	44.1	375	63.2	68	10.3
Ichabod	26	22.0	43	36.8	12	8.2
Chatham	24	22.3	37	31.5	10	7.2
Canaan	3	18.4	4	23.0	2	8.1
Hudson	138	79.4	198	109.8	25	13.1
Taconic Hills	19	31.2	26	41.9	1	2.1
Germantown	15	22.4	29	41.6	5	7.9
Pine Plains	2	7.0	4	16.7	2	7.4
Greene County	104	23.0	175	37.2	38	7.8
Coxsackie/Athens	18	15.5	32	26.8	13	9.1
Greenville	13	19.9	20	30.9	7	9.9
Catskill	62	44.1	99	69.1	18	12.0
Cairo/Durham	28	41.5	42	61.2	6	9.0
Windham/Ashland/Jewett	7	16.2	11	24.6	2	5.8
Hunter/Tannersville	11	24.9	24	50.1	5	8.7

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ED Visits Rates by Neighborhood

NYS Department of Health, SPARCS 2014-2018, Age-Sex Adjusted Rate per 10,000

	Falls (65+)		Falls (1-4)		Self-inflicted Injury		Motor Vehicle Accident	
	N*	Rate	N*	Rate	N*	Rate	N*	Rate
New York State, excl. NYS	82,271	434.5	20,529	415.8	5,875	5.6	83,985	77.4
Capital Region	6,190	382.3	1,316	328.5	752	8.5	5,592	59.2
Albany County	1,981	394.5	429	341.4	279	9.6	1,824	59.3
State Campus	239	425.6	28	334.4	23	7.1	153	48.4
N. Albany/ Menands	111	836.1	15	426.1	6	8.6	71	92.7
West End	70	387.1	54	570.9	35	20.2	239	136.9
South End	42	477.4	30	549.6	16	16.0	130	132.5
South End/Downtown	18	515.7	5	339.9	3	13.0	26	107.9
New Scotland Avenue	163	527.2	32	412.8	55	30.5	147	63.6
Delaware/2 nd Avenue	57	412.7	23	448.0	11	10.9	93	87.7
Center Square/Arbor Hill	35	459.5	24	501.7	15	14.9	105	101.8
Colonie	253	464.2	32	306.5	17	7.0	187	73.0
Latham	165	441.0	20	278.5	11	6.3	97	48.4
Loudonville	174	630.8	12	306.8	7	6.4	46	38.0
Pine Bush	201	401.5	57	381.3	27	10.2	230	81.9
City of Cohoes/ N.Colonie	199	578.4	42	421.5	30	16.2	153	77.0
Watervliet/Green Island	166	520.5	47	528.2	21	10.2	171	80.1
Bethlehem	179	418.2	35	312.6	10	4.5	95	40.0
Ravena/Coeymans/Selkirk	60	313.7	18	284.3	11	8.6	79	62.3
Hill Towns	41	348.7	8	265.4	3	5.0	42	59.9
Guilderland	88	359.4	12	249.5	7	6.6	57	48.2
New Scotland	136	457.4	16	286.4	6	5.3	53	37.9
Rensselaer County	991	395.3	271	400.4	146	9.9	962	61.5
Troy/ Lansingburgh	669	643.5	184	611.6	94	13.9	638	92.7
Rensselaer	142	469.6	43	465.1	19	12.0	129	64.9
East	19	150.3	5	165.4	4	6.2	24	36.6
North East	23	117.7	6	121.4	6	6.3	38	35.8
North West	39	422.5	8	308.6	4	6.9	41	63.6
South West	90	335.2	20	325.5	9	6.1	82	55.3
Central	56	377.9	15	350.5	8	8.7	64	63.1
W. Sand Lake/ Wyantskill	63	363.3	18	372.2	9	9.8	64	64.0
East Greenbush	100	576.8	12	350.3	6	7.4	41	48.6
Schenectady County	1,218	453.2	292	396.9	141	9.8	1,261	84.2
Mt. Pleasant	201	401.5	57	381.3	27	10.2	230	81.9
Upper State Street	196	485.5	50	461.3	28	14.1	214	102.1
City/Stockade	43	720.9	9	499.8	12	19.1	57	86.9
Hamilton Hill	29	478.8	33	522.2	19	21.5	128	159.1
Goose Hill/Union	89	525.6	40	476.6	17	10.9	172	117.0
Rural-West	52	380.8	10	291.7	4	4.7	60	72.1
Niskayuna	279	474.2	38	300.7	11	4.3	138	50.3
Scotia/Glenville	230	383.0	22	176.8	13	5.5	131	49.3
Rotterdam	199	445.1	42	376.4	18	8.0	190	78.6

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ED Visits Rates by Neighborhood

NYS Department of Health, SPARCS 2014-2018, Age-Sex Adjusted Rate per 10,000

	Falls (65+)		Falls (1-4)		Self-inflicted Injury		Motor Vehicle Accident	
	N*	Rate	N*	Rate	N*	Rate	N*	Rate
New York State, excl. NYS	82,271	434.5	20,529	415.8	5,875	5.6	83,985	77.4
Capital Region	6,190	382.3	1,316	328.5	752	8.5	5,592	59.2
Saratoga County	1,230	338.3	187	195.5	115	5.7	876	39.5
Clifton Park West	202	280.0	20	104.5	16	4.0	146	31.8
Waterford/Mechanicville	124	295.8	20	170.1	18	7.9	115	44.5
Burnt Hills/Galway	119	308.2	16	165.1	10	4.6	87	37.9
Ballston Spa	211	457.6	27	175.8	20	7.0	148	47.5
Saratoga Springs	365	492.4	38	288.7	25	7.2	149	38.3
North East	23	117.7	6	121.4	6	6.3	38	35.8
North West	39	422.5	8	308.6	4	6.9	41	63.6
South Glens Falls	89	618.9	14	482.2	2	3.5	56	72.7
Columbia County	525	398.3	93	437.3	40	8.3	404	75.2
Ichabod	86	367.0	7	192.7	4	4.9	55	56.8
Chatham	106	404.2	10	264.9	5	5.1	59	57.6
Canaan	4	106.4	2	327.4	**	**	8	44.7
Hudson	192	479.1	54	707.8	21	13.7	169	97.7
Taconic Hills	25	163.8	6	278.6	3	6.0	33	61.4
Germantown	53	462.7	9	442.4	3	8.1	41	76.6
Pine Plains	38	930.7	2	363.2	3	18.6	9	54.7
Greene County	245	253.6	44	266.1	30	7.7	264	59.2
Coxsackie/Athens	52	270.8	8	180.2	11	8.1	60	51.4
Greenville	30	231.9	5	181.0	3	5.8	44	73.1
Catskill	130	403.6	20	374.2	10	8.8	112	89.0
Cairo/Durham	41	285.9	12	503.5	5	10.7	57	91.1
Windham/Ashland/Jewett	29	271.8	3	258.5	1	3.8	22	66.3
Hunter/Tannersville	49	437.9	5	359.7	2	5.5	36	87.7

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

** Due to confidentiality concerns, counts and rates are not shown when counts are fewer than 5 (1 per year).

Rates in red are higher than NYS, excl. NYC. Rates in bold are at least 50% higher than NYS, excl. NYC.



ED Visits Rates by Neighborhood

NYS Department of Health, SPARCS 2014-2018, Age-Sex Adjusted Rate per 10,000

	Assault		Mental Disease and Disorder		Drug Abuse		Opioid Overdose (per 100,000)	
	N*	Rate	N*	Rate	N*	Rate	N*	Rate
New York State, excl. NYS	35,918	34.4	169,860	156.7	79,013	72.7	4,968	4.8
Capital Region	3,651	40.2	15,541	166.6	7,852	82.3	354	3.9
Albany County	1,467	48.7	4,938	161.8	3,123	101.1	90	3.0
State Campus	101	32.1	354	117.8	247	82.4	7	2.0
N. Albany/ Menands	56	72.7	152	200.8	91	124.3	1	1.3
West End	318	180.1	687	421.5	501	313.1	10	5.4
South End	187	184.1	436	473.8	321	355.3	6	6.6
South End/Downtown	34	149.1	363	1,296.0	369	1,268.1	1	3.6
New Scotland Avenue	149	69.1	626	290.1	412	187.3	10	4.0
Delaware/2 nd Avenue	72	69.8	153	140.6	95	85.4	4	3.4
Center Square/Arbor Hill	159	147.3	398	390.3	284	280.1	6	4.9
Colonie	99	41.2	371	145.6	246	93.6	11	4.6
Latham	28	14.2	181	94.6	96	48.8	3	1.9
Loudonville	32	29.6	98	82.6	61	51.4	2	2.5
Pine Bush	170	63.3	537	191.6	244	86.5	10	3.5
City of Cohoes/ N.Colonie	114	60.2	382	193.3	215	106.6	9	4.5
Watervliet/Green Island	98	47.3	334	158.3	172	80.0	12	5.5
Bethlehem	33	14.2	168	74.3	93	41.6	2	1.2
Ravena/Coeymans/Selkirk	31	24.0	108	88.0	57	45.5	2	1.6
Hill Towns	10	14.9	46	61.4	29	38.1	1	2.2
Guilderland	16	14.2	104	85.3	58	48.4	2	1.4
New Scotland	17	13.4	104	81.2	58	50.2	2	1.4
Rensselaer County	623	40.7	2,526	163.7	1,204	77.5	66	4.3
Troy/ Lansingburgh	529	76.9	1,706	256.2	850	128.4	38	5.7
Rensselaer	68	36.3	301	151.6	170	81.7	9	4.1
East	8	12.9	54	83.3	24	36.1	1	1.7
North East	13	11.9	92	93.0	47	49.4	2	2.7
North West	15	24.5	57	88.0	29	44.7	2	3.2
South West	33	23.5	181	122.7	97	65.0	7	5.3
Central	18	18.8	92	93.6	45	44.8	6	6.0
W. Sand Lake/ Wyantskill	30	30.4	113	113.1	59	59.3	3	3.7
East Greenbush	13	15.4	93	113.0	48	59.0	1	1.3
Schenectady County	920	64.1	3,581	239.5	1,544	100.9	77	5.3
Mt. Pleasant	170	63.3	537	191.6	244	86.5	10	3.5
Upper State Street	182	90.7	580	282.3	247	118.2	11	5.3
City/Stockade	69	110.2	394	577.0	221	285.2	5	6.7
Hamilton Hill	168	204.2	473	598.5	258	332.1	8	10.7
Goose Hill/Union	155	103.3	522	361.6	235	161.9	12	8.0
Rural-West	17	20.6	87	107.4	38	48.8	4	5.4
Niskayuna	54	22.0	303	111.9	126	48.6	8	3.2
Scotia/Glenville	45	18.6	373	141.5	179	66.5	10	4.1
Rotterdam	104	45.4	446	191.2	183	76.4	13	5.7

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

** Due to confidentiality concerns, counts and rates are not shown when counts are fewer than 5 (1 per year). Rates in red are higher than NYS, excl. NYC. Rates in bold are at least 50% higher than NYS, excl. NYC.



ED Visits Rates by Neighborhood

NYS Department of Health, SPARCS 2014-2018, Age-Sex Adjusted Rate per 10,000

	Assault		Mental Disease and Disorder		Drug Abuse		Opioid Overdose (per 100,000)	
	N*	Rate	N*	Rate	N*	Rate	N*	Rate
New York State, excl. NYS	35,918	34.4	169,860	156.7	79,013	72.7	4,968	4.8
Capital Region	3,651	40.2	15,541	166.6	7,852	82.3	354	3.9
Saratoga County	300	14.3	2,957	138.0	1,390	63.7	68	3.3
Clifton Park West	40	9.4	431	98.4	198	45.0	13	3.2
Waterford/Mechanicville	47	19.4	314	125.9	175	70.2	11	4.5
Burnt Hills/Galway	22	10.5	225	104.7	118	54.9	5	2.8
Ballston Spa	49	16.0	494	161.6	239	76.1	12	3.9
Saratoga Springs	65	17.2	723	187.6	425	106.7	12	3.1
North East	13	11.9	92	93.0	47	49.4	2	2.7
North West	15	24.5	57	88.0	29	44.7	2	3.2
South Glens Falls	17	23.2	145	191.5	52	68.4	2	2.7
Columbia County	188	38.2	945	178.9	358	68.2	28	5.7
Ichabod	17	19.3	120	119.7	51	55.4	4	4.3
Chatham	18	20.1	119	123.0	57	62.4	3	3.6
Canaan	5	25.6	22	108.9	5	29.6	**	**
Hudson	114	71.1	396	237.2	180	102.7	14	8.2
Taconic Hills	8	15.1	63	111.7	24	42.3	1	2.5
Germantown	10	21.5	57	116.6	26	55.6	3	6.9
Pine Plains	2	14.0	26	153.0	9	49.3	**	**
Greene County	153	35.7	595	139.0	232	52.9	24	5.7
Coxsackie/Athens	72	41.7	130	114.8	58	44.5	4	2.7
Greenville	12	20.1	74	128.8	34	58.3	2	4.8
Catskill	53	44.7	288	227.5	105	79.7	11	8.7
Cairo/Durham	20	35.8	149	252.1	56	88.6	6	10.8
Windham/Ashland/Jewett	5	15.7	41	127.1	20	59.6	1	4.8
Hunter/Tannersville	11	26.5	57	138.7	28	67.8	3	7.2

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Rates in red are higher than NYS, excl. NYC. Rates in bold are at least 50% higher than NYS, excl. NYC.



Prevention Quality Indicator Rates by Neighborhood

NYS Department of Health, SPARCS 2014-2018, Age-Sex Adjusted Rate per 10,000

	Acute		Respiratory		Cardio	
	N*	Rate	N*	Rate	N*	Rate
New York State, excl. NYS	43,481	41.3	27,012	25.5	36,796	34.0
Capital Region	3,463	38.3	2,328	25.6	2,849	30.9
Albany County	1,057	37.7	686	25.1	915	32.3
State Campus	121	30.4	56	16.6	86	21.2
N. Albany/ Menands	40	39.6	17	17.5	31	31.7
West End	63	41.8	81	51.4	80	52.2
South End	44	51.7	59	70.2	47	56.7
South End/Downtown	15	58.6	16	54.0	13	50.9
New Scotland Avenue	86	35.6	49	20.9	75	31.8
Delaware/2 nd Avenue	32	29.3	23	20.3	36	33.0
Center Square/Arbor Hill	28	37.0	28	30.2	30	37.6
Colonie	116	29.3	74	19.1	95	23.6
Latham	68	24.8	28	10.7	54	18.7
Loudonville	41	21.6	17	8.5	32	15.5
Pine Bush	106	28.1	82	21.2	100	26.7
City of Cohoes/ N.Colonie	91	34.8	78	29.8	82	29.7
Watervliet/Green Island	84	33.6	53	21.8	66	26.0
Bethlehem	77	23.5	31	9.4	65	18.7
Ravena/Coeymans/Selkirk	44	30.1	31	18.8	37	23.7
Hill Towns	24	26.7	15	14.1	18	17.9
Guilderland	49	25.7	25	15.3	30	15.5
New Scotland	51	23.0	22	10.0	44	18.9
Rensselaer County	535	37.6	375	25.1	447	30.8
Troy/ Lansingburgh	308	39.1	237	30.7	226	28.1
Rensselaer	81	33.6	60	22.6	86	36.5
East	9	9.5	14	13.6	9	7.6
North East	18	11.6	10	6.2	13	7.7
North West	18	24.1	17	18.9	17	21.2
South West	60	29.6	33	14.8	48	22.9
Central	23	19.4	17	10.7	24	19.2
W. Sand Lake/ Wyantskill	32	24.8	23	15.9	29	20.6
East Greenbush	39	29.1	16	12.3	30	22.2
Schenectady County	613	41.4	413	28.8	560	37.1
Mt. Pleasant	106	28.1	82	21.2	100	26.7
Upper State Street	98	34.2	61	24.0	78	27.3
City/Stockade	26	46.0	29	53.7	20	37.9
Hamilton Hill	28	45.2	39	51.7	36	53.6
Goose Hill/Union	47	33.2	42	30.3	48	35.2
Rural-West	29	26.9	14	12.4	18	16.7
Niskayuna	90	21.1	34	8.8	77	16.5
Scotia/Glenville	114	26.2	54	12.6	88	17.9
Rotterdam	90	26.7	70	20.9	103	29.7

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Prevention Quality Indicator Rates by Neighborhood

NYS Department of Health, SPARCS 2014-2018, Age-Sex Adjusted Rate per 10,000

	Acute		Respiratory		Cardio	
	N*	Rate	N*	Rate	N*	Rate
New York State, excl. NYS	43,481	41.3	27,012	25.5	36,796	34.0
Capital Region	3,463	38.3	2,328	25.6	2,849	30.9
Saratoga County	773	37.0	466	21.0	521	24.6
Clifton Park West	135	23.6	72	11.9	109	18.7
Waterford/Mechanicville	87	27.0	55	15.5	67	19.4
Burnt Hills/Galway	70	23.4	35	10.8	52	18.1
Ballston Spa	140	36.9	83	21.1	79	20.6
Saratoga Springs	163	30.4	88	16.4	93	16.9
North East	18	11.6	10	6.2	13	7.7
North West	18	24.1	17	18.9	17	21.2
South Glens Falls	40	37.4	23	21.7	34	30.8
Columbia County	294	42.4	254	38.9	237	33.0
Ichabod	54	32.0	41	26.3	38	21.1
Chatham	56	28.3	31	15.7	48	25.9
Canaan	5	16.0	**	**	3	7.0
Hudson	102	37.1	117	46.6	92	31.3
Taconic Hills	16	14.4	16	17.1	10	8.7
Germantown	24	29.8	18	19.2	17	18.7
Pine Plains	10	32.8	5	16.3	10	30.6
Greene County	191	36.7	135	26.6	168	31.9
Coxsackie/Athens	44	29.0	31	18.8	44	29.1
Greenville	23	25.9	16	18.9	20	20.1
Catskill	83	35.3	69	33.7	69	28.9
Cairo/Durham	36	36.0	29	27.1	35	34.2
Windham/Ashland/Jewett	15	23.2	9	11.3	13	17.1
Hunter/Tannersville	26	34.6	10	15.5	13	16.5

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Prevention Quality Indicator Rates by Neighborhood

NYS Department of Health, SPARCS 2014-2018, Age-Sex Adjusted Rate per 10,000

	Diabetes		Composite	
	N*	Rate	N*	Rate
New York State, excl. NYS	15,789	16.5	123,068	117.2
Capital Region	1,230	15.3	9,870	110.1
Albany County	441	18.2	3,098	113.2
State Campus	34	10.3	297	78.6
N. Albany/ Menands	17	20.8	105	109.6
West End	59	37.0	282	182.3
South End	38	43.2	188	221.8
South End/Downtown	9	33.0	53	196.5
New Scotland Avenue	46	21.6	256	109.9
Delaware/2 nd Avenue	19	18.3	111	100.9
Center Square/Arbor Hill	30	29.1	116	133.8
Colonie	39	11.3	324	83.2
Latham	15	5.8	165	60.0
Loudonville	11	7.3	102	53.0
Pine Bush	36	11.6	324	87.5
City of Cohoes/ N.Colonie	34	14.8	285	109.1
Watervliet/Green Island	35	15.5	238	96.9
Bethlehem	22	8.3	197	59.8
Ravena/Coeymans/Selkirk	15	9.7	127	82.3
Hill Towns	5	4.7	61	63.5
Guilderland	14	7.8	118	64.3
New Scotland	10	5.9	128	57.7
Rensselaer County	206	15.6	1,563	109.1
Troy/ Lansingburgh	123	17.2	894	115.2
Rensselaer	23	9.7	250	102.3
East	4	4.5	36	35.2
North East	10	6.4	50	31.9
North West	15	21.5	67	85.6
South West	18	9.9	159	77.2
Central	9	7.1	73	56.4
W. Sand Lake/ Wyantskill	13	8.9	97	70.2
East Greenbush	10	8.1	95	71.8
Schenectady County	231	18.4	1,817	125.7
Mt. Pleasant	36	11.6	324	87.5
Upper State Street	28	12.0	265	97.7
City/Stockade	21	30.2	95	167.8
Hamilton Hill	27	37.1	130	187.5
Goose Hill/Union	24	16.8	163	115.5
Rural-West	9	9.7	70	65.7
Niskayuna	24	6.1	225	52.6
Scotia/Glenville	25	7.4	281	64.1
Rotterdam	42	14.0	305	91.4

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Rates in red are higher than NYS, excl. NYC. Rates in bold are at least 50% higher than NYS, excl. NYC.



Prevention Quality Indicator Rates by Neighborhood

NYS Department of Health, SPARCS 2014-2018, Age-Sex Adjusted Rate per 10,000

	Diabetes		Composite	
	N*	Rate	N*	Rate
New York State, excl. NYS	15,789	16.5	123,068	117.2
Capital Region	1,230	15.3	9,870	110.1
Saratoga County	201	10.0	1,961	92.6
Clifton Park West	32	5.8	348	60.0
Waterford/Mechanicville	27	9.2	235	71.0
Burnt Hills/Galway	15	5.6	173	57.9
Ballston Spa	36	9.1	339	87.8
Saratoga Springs	42	8.5	386	72.2
North East	10	6.4	50	31.9
North West	15	21.5	67	85.6
South Glens Falls	10	10.7	107	100.6
Columbia County	86	15.2	870	129.5
Ichabod	13	9.5	147	88.8
Chatham	14	8.1	149	78.1
Canaan	**	**	10	32.9
Hudson	36	15.9	347	130.9
Taconic Hills	4	6.8	47	47.1
Germantown	5	7.5	65	75.1
Pine Plains	4	10.7	28	90.5
Greene County	66	14.6	560	109.7
Coxsackie/Athens	14	7.5	133	84.4
Greenville	8	9.2	68	74.1
Catskill	30	16.4	251	114.3
Cairo/Durham	17	18.8	118	116.0
Windham/Ashland/Jewett	3	6.4	40	58.0
Hunter/Tannersville	5	8.8	54	75.3

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Rates in red are higher than NYS, excl. NYC. Rates in bold are at least 50% higher than NYS, excl. NYC.

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/2 nd Avenue	1	3.1	2	9.8	1	9.3	1	2.2
Center Square/Arbor Hill	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/Green Island	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
Ravena/Coeymans/Selkirk	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

*N is calculated as the average number of deaths per year.
Rates in red are higher than NYS, excl. NYC. Rates in bold are at least 50% higher than NYS, excl. NYC.



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

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

Rates in red are higher than NYS, excl. NYC. Rates in bold are at least 50% higher than NYS, excl. NYC.

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/2 nd Avenue	4	31.9	19	206.2	6	58.9	2	23.7
Center Square/Arbor Hill	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/Green Island	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
Ravena/Coeymans/Selkirk	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
Guelderland	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/2 nd Avenue	11	116.4	3	22.5	2	21.0	23	238.7
Center Square/Arbor Hill	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/Green Island	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
Ravena/Coeymans/Selkirk	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/2 nd Avenue	2	23.2	2	18.9	1	3.8	3	22.2
Center Square/Arbor Hill	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/Green Island	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
Ravena/Coeymans/Selkirk	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

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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/2 nd Avenue	1	19.1	2	17.9	1	10.9	1	5.0
Center Square/Arbor Hill	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/Green Island	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
Ravena/Coeymans/Selkirk	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 deaths per year.

Rates in red are higher than NYS, excl. NYC. Rates in bold are at least 50% higher than NYS, excl. NYC.



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 deaths per year.

Rates in red are higher than NYS, excl. NYC. Rates in bold are at least 50% higher than NYS, excl. NYC.

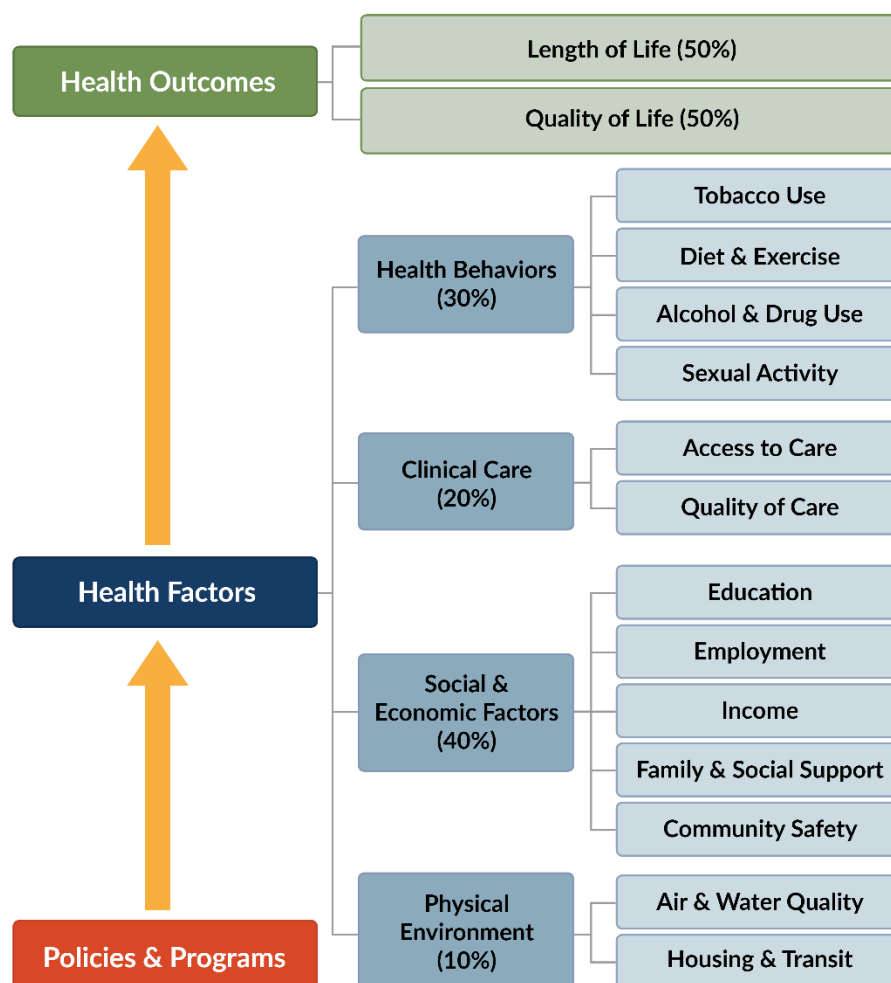


County Health Rankings

The following section contains charts with county-level measures of health factors that research has found to contribute to health outcomes. County health measures are weighted and ranked based on the County Health Rankings Model (see photo below), developed by the University of Wisconsin Population Health Institute. County rankings are based on data sourced from a multitude of Federal organizations. The measures presented here are from the 2021 County Health Rankings, the latest release from the University of Wisconsin and the Robert Wood Johnson Foundation.

In the first table below, Capital Region counties are collectively compared to NYS overall, as well as the best and worst values among all NYS counties. Then, each county's health rankings and measures are presented in greater detail.

County Health Rankings Model



County Health Rankings model © 2014 UWPHI

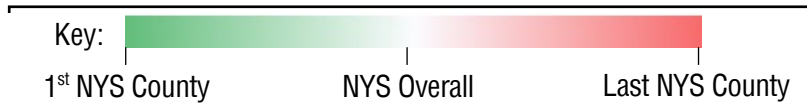
University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps 2021. www.countyhealthrankings.org.



County Health Rankings Capital Region Heat Map

	Albany County	Rensselaer County	Schenectady County	Saratoga County	Columbia County	Greene County	New York State	Min. NY County	Max. NY County	Top 10% US Counties
Health Outcomes (Rank of 62)	16	34	40	5	21	57				
Length of Life (Rank of 62)	17	31	36	7	38	61				
Premature death (YPLL rate)	6,039	6,459	6,690	4,783	6,700	8,216	5,406	3,939	8,545	5,400
Quality of Life (Rank of 62)	15	37	42	3	8	48				
Poor or fair health** (%)	13.5	14.9	16.2	13.0	15.2	17.5	16.3	12.6	29.3	14.0
Poor physical health** (# days)	3.3	3.8	3.7	3.6	4.0	4.3	3.6	3.1	4.9	3.4
Poor mental health** (# days)	4.1	4.5	4.3	4.0	4.2	4.5	3.6	3.6	5.0	3.8
Low birthweight (%)	8.1	8.1	8.5	6.4	6.2	7.4	8.0	4.5	9.6	6.0
Health Factors (Rank of 62)	7	18	21	4	14	52				
Health Behaviors (Rank of 62)	13	31	18	12	19	40				
Adult smoking** (%)	16.6	20.4	17.2	17.7	20.2	23.4	13.0	11.9	24.9	16
Adult obesity (%)	27.8	29.9	31.3	27.6	26.5	31.3	26.4	15.6	39.3	26
Food environment index	8.4	8.4	8.3	9.0	8.4	8.1	9.0	7.4	9.7	8.7
Physical inactivity (%)	19.7	21.3	21.4	18.2	22.1	25.9	23.4	14.6	32.3	19
Access to exercise opportunities (%)	92.1	66.3	95.7	91.8	74.2	77.9	93.2	49.4	100.0	91
Excessive drinking** (%)	22.1	24.9	20.1	24.1	22.1	22.0	19.2	16.1	24.9	15
Alcohol-impaired driving deaths (%)	27.4	20.0	32.5	27.6	22.5	19.5	20.6	0.0	53.3	11
Sexually transmitted infections (rate)	624.0	503.4	525.2	238.0	331.7	307.6	602.4	89.2	1,202	161
Teen births (rate)	9.8	13.6	20.0	7.5	13.9	12.4	13.9	3.0	34.6	12
Clinical Care (Rank of 62)	5	28	13	6	35	55				
Uninsured (%)	4.2	4.2	4.8	4.1	5.8	5.6	6.3	4.1	10.1	6.0
Primary care physicians (pop. ratio)	1,027	2,098	1,214	1,457	2,497	2,638	1,194	700	13,537	1,030
Dentists (pop. ratio)	1,080	2,204	1,223	1,455	2,478	2,622	1,174	539	5,356	1,210
Mental health providers (pop. ratio)	266	586	430	554	566	1,151	329	111	1,752	270
Preventable hospital stays (rate)	3,983	4,369	4,238	3,729	4,070	4,121	4,043	2,522	5,813	2,565
Mammography screening (%)	46	44	45	50	46	40	42	32	55	51
Flu vaccinations (%)	55	52	55	56	53	46	50	39	56	55
Social & Economic Factors (Rank of 62)	7	10	26	1	11	52				
High school graduation (%)	92.1	91.9	90.7	94.0	90.3	86.7	86.8	72.8	94.4	94.0
Some college (%)	77.1	71.3	66.7	77.6	60.4	48.2	68.7	48.2	84.3	73.0
Unemployment (%)	3.6	3.8	3.8	3.4	3.2	4.5	4.0	3.2	6.0	2.6
Children in poverty (%)	16.0	15.1	19.6	7.2	15.4	18.5	18.2	5.6	36.5	10.0
Income inequality (Income ratio)	4.9	4.4	4.6	3.9	4.5	4.9	5.7	3.6	9.1	3.7
Children in single-parent households (%)	31.1	22.9	27.4	15.4	22.9	19.8	27.0	12.5	50.2	14.0
Social associations (rate)	14.8	8.3	7.7	7.8	10.2	9.1	8.1	2.7	20.3	18.2
Violent crime (rate)	348.2	305.0	429.5	102.6	145.5	225.0	379.0	48.4	597.9	63.0
Injury deaths (rate)	48.4	52.2	56.2	45.6	74.4	77.5	50.5	34.0	88.5	59.0
Physical Environment (Rank of 62)	6	20	52	49	19	56				
Air pollution - particulate matter (PM _{2.5})	6.6	6.9	6.8	7.0	6.9	6.6	6.6	3.6	9.0	5.2
Drinking water violations	No	No	Yes	Yes	No	Yes				
Severe housing problems (%)	15.4	14.3	14.8	11.0	14.8	17.7	23.5	10.1	38.7	9.0
Driving alone to work (%)	75.3	80.2	81.0	83.2	75.3	80.4	53.0	6.0	85.7	72.0
Long commute - driving alone (%)	21.2	32.0	33.1	36.5	36.7	44.4	38.7	14.8	69.6	16.0

** : Data should not be compared with years prior to 2019 due to methodology



Albany County

University of Wisconsin Population Health Institute and The Robert Wood Johnson Foundation, 2021

	Albany County	Error Margin	Top U.S. Performers [^]	New York	Rank (of 62)
Health Outcomes					16
Length of Life					17
Premature death (YPLL rate)	6,039	5,715-6,363	5,400	5406	
Quality of Life					15
Poor or fair health ^{**} (%)	13.5	11.6-15.3	14.0	16.3	
Poor physical health ^{**} (# days)	3.3	2.9-3.6	3.4	3.6	
Poor mental health ^{**} (# days)	4.1	3.7-4.4	3.8	3.6	
Low birthweight (%)	8.1	7.77-8.51	6.0	8.0	
Health Factors					7
Health Behaviors					13
Adult smoking ^{**} (%)	16.6	13.8-19.2	16	13	
Adult obesity (%)	27.8	25.4-30.0	26	26	
Food environment index	8.4		8.7	9	
Physical inactivity (%)	19.7	17.8-21.7	19	23	
Access to exercise opportunities (%)	92.1		91	93	
Excessive drinking ^{**} (%)	22.1	21.3-22.6	15	19	
Alcohol-impaired driving deaths (%)	27.4	22.0-32.8	11	21	
Sexually transmitted infections (rate)	624		161	602	
Teen births (rate)	9.8	9.10-10.4	12	14	
Clinical Care					5
Uninsured (%)	4.2	3.5-4.7	6	6	
Primary care physicians (pop. ratio)	1,027:1		1,030:1	1,194:1	
Dentists (pop. ratio)	1,080:1		1,210:1	1,174:1	
Mental health providers (pop. ratio)	266:1		270:1	329:1	
Preventable hospital stays (rate)	3,983		2565	4043	
Mammography screening (%)	46		51	42	
Flu vaccinations (%)	55		55	50	
Social & Economic Factors					7
High school graduation (%)	92	91.6-92.6	94	87	
Some college (%)	77	74.7-79.5	73	69	
Unemployment (%)	3.6		2.6	4.0	
Children in poverty (%)	16	12.5-19.4	10	18	
Income inequality (Income ratio)	4.9		3.7	5.7	
Children in single-parent households (%)	31	28.2-33.9	14	27	
Social associations (rate)	14.8		18.2	8.1	
Violent crime (rate)	348		63	379	
Injury deaths (rate)	48	44.8-51.8	59	50	
Physical Environment					6
Air pollution - particulate matter (PM _{2.5})	6.6		5.2	6.6	
Drinking water violations	No				
Severe housing problems (%)	15	14.5-16.3	9	24	
Driving alone to work (%)	75	74.3-76.3	72	53	
Long commute - driving alone (%)	21	20.0-22.3	16	39	

[^] 10th or 90th percentile, i.e., only 10% performed better.

^{**} Data should not be compared with years prior to 2019 due to changes in definition/methods



Rensselaer County

University of Wisconsin Population Health Institute and The Robert Wood Johnson Foundation, 2021

	Rensselaer County	Error Margin	Top U.S. Performers [^]	New York	Rank (of 62)
Health Outcomes					34
Length of Life					31
Premature death (YPLL rate)	6,459	5,994-6,922	5,400	5406	
Quality of Life					37
Poor or fair health ^{**} (%)	14.9	12.7-17.1	14.0	16.3	
Poor physical health ^{**} (# days)	3.8	3.4-4.2	3.4	3.6	
Poor mental health ^{**} (# days)	4.5	4.1-4.8	3.8	3.6	
Low birthweight (%)	8.1	7.61-8.61	6.0	8.0	
Health Factors					18
Health Behaviors					31
Adult smoking ^{**} (%)	20.4	17.0-23.5	16	13	
Adult obesity (%)	29.9	27.1-33.0	26	26	
Food environment index	8.4		8.7	9	
Physical inactivity (%)	21.3	19-23.7	19	23	
Access to exercise opportunities (%)	66.3		91	93	
Excessive drinking ^{**} (%)	24.9	24.0-25.7	15	19	
Alcohol-impaired driving deaths (%)	20.0	11.5-29.6	11	21	
Sexually transmitted infections (rate)	503		161	602	
Teen births (rate)	13.6	12.3-14.8	12	14	
Clinical Care					28
Uninsured (%)	4.2	3.6-4.8	6	6	
Primary care physicians (pop. ratio)	2,098:1		1,030:1	1,194:1	
Dentists (pop. ratio)	2,204:1		1,210:1	1,174:1	
Mental health providers (pop. ratio)	586:1		270:1	329:1	
Preventable hospital stays (rate)	4,369		2565	4043	
Mammography screening (%)	44		51	42	
Flu vaccinations (%)	52		55	50	
Social & Economic Factors					10
High school graduation (%)	92	91.2-92.5	94	87	
Some college (%)	71	67.9-74.5	73	69	
Unemployment (%)	3.8		2.6	4	
Children in poverty (%)	15	10.8-19.3	10	18	
Income inequality (Income ratio)	4.4		3.7	6	
Children in single-parent households (%)	23	20.0-25.7	14	27	
Social associations (rate)	8.3		18.2	8	
Violent crime (rate)	305		63	379	
Injury deaths (rate)	52	47.2-57.2	59	50	
Physical Environment					20
Air pollution - particulate matter (PM _{2.5})	6.9		5.2	6.6	
Drinking water violations	No				
Severe housing problems (%)	14	13.1-15.3	9	24	
Driving alone to work (%)	80	78.9-81.4	72	53	
Long commute - driving alone (%)	32	30.2-33.7	16	39	

[^] 10th or 90th percentile, i.e., only 10% performed better.

^{**} Data should not be compared with years prior to 2019 due to changes in definition/methods



Schenectady County

University of Wisconsin Population Health Institute and The Robert Wood Johnson Foundation, 2021

	Schenectady County	Error Margin	Top U.S. Performers [^]	New York	Rank (of 62)
Health Outcomes					40
Length of Life					36
Premature death (YPLL rate)	6,690	6,222-7,158	5,400	5406	
Quality of Life					42
Poor or fair health ^{**} (%)	16.2	14.1-18.5	14.0	16.3	
Poor physical health ^{**} (# days)	3.7	3.3-4.1	3.4	3.6	
Poor mental health ^{**} (# days)	4.3	3.9-4.6	3.8	3.6	
Low birthweight (%)	8.5	7.99-8.96	6.0	8.0	
Health Factors					21
Health Behaviors					18
Adult smoking ^{**} (%)	17.2	14.5-19.9	16	13	
Adult obesity (%)	31.3	28.4-34.6.0	26	26	
Food environment index	8.3		8.7	9.0	
Physical inactivity (%)	21.4	19.1-23.9	19	23	
Access to exercise opportunities (%)	95.7		91	93	
Excessive drinking ^{**} (%)	20.1	19.4-20.8	15	19	
Alcohol-impaired driving deaths (%)	32.5	24.2-40.8	11	21	
Sexually transmitted infections (rate)	525		161	602	
Teen births (rate)	20.0	18.5-21.5	12	14	
Clinical Care					13
Uninsured (%)	4.8	4.0-5.4	6.0	6.3	
Primary care physicians (pop. ratio)	1,214:1		1,030:1	1,194:1	
Dentists (pop. ratio)	1,223:1		1,210:1	1,174:1	
Mental health providers (pop. ratio)	430:1		270:1	329:1	
Preventable hospital stays (rate)	4,238		2565	4043	
Mammography screening (%)	45		51	42	
Flu vaccinations (%)	55		55	50	
Social & Economic Factors					26
High school graduation (%)	91	89.9-91.4	94	87	
Some college (%)	67	63.4-70.0	73	69	
Unemployment (%)	3.8		2.6	4.0	
Children in poverty (%)	20	15.1-24.0	10	18	
Income inequality (Income ratio)	4.6		3.7	5.7	
Children in single-parent households (%)	27	23.6-31.2	14	27	
Social associations (rate)	7.7		18.2	8.1	
Violent crime (rate)	429		63	379	
Injury deaths (rate)	56	50.9-61.5	59	50	
Physical Environment					52
Air pollution - particulate matter (PM _{2.5})	6.8		5.2	6.6	
Drinking water violations	Yes				
Severe housing problems (%)	15	13.5-15.9	9.0	24	
Driving alone to work (%)	81	79.8-82.2	72	53	
Long commute - driving alone (%)	33	30.9-35.2	16	39	

[^] 10th or 90th percentile, i.e., only 10% performed better.

^{**} Data should not be compared with years prior to 2019 due to changes in definition/methods



Saratoga County

University of Wisconsin Population Health Institute and The Robert Wood Johnson Foundation, 2021

	Saratoga County	Error Margin	Top U.S. Performers [^]	New York	Rank (of 62)
Health Outcomes					5
Length of Life					7
Premature death (YPLL rate)	4,783	4,460-5,105	5,400	5406	
Quality of Life					3
Poor or fair health ^{**} (%)	13.0	11.0-15.3	14.0	16.3	
Poor physical health ^{**} (# days)	3.6	3.2-4.0	3.4	3.6	
Poor mental health ^{**} (# days)	4.0	3.5-4.4	3.8	3.6	
Low birthweight (%)	6.4	6.01-6.79	6.0	8.0	
Health Factors					4
Health Behaviors					12
Adult smoking ^{**} (%)	17.7	14.3-21.1	16	13	
Adult obesity (%)	27.6	25.1-30.3.0	26	26	
Food environment index	9.0		8.7	9.0	
Physical inactivity (%)	18.2	16.3-20.1	19	23	
Access to exercise opportunities (%)	91.8		91	93	
Excessive drinking ^{**} (%)	24.1	23.2-24.9	15	19	
Alcohol-impaired driving deaths (%)	27.6	22.0-33.2	11	21	
Sexually transmitted infections (rate)	238		161	602	
Teen births (rate)	7.5	6.69-8.22	12	14	
Clinical Care					6
Uninsured (%)	4.1	3.4-4.6	6.0	6.3	
Primary care physicians (pop. ratio)	1,457:1		1,030:1	1,194:1	
Dentists (pop. ratio)	1,455:1		1,210:1	1,174:1	
Mental health providers (pop. ratio)	554:1		270:1	329:1	
Preventable hospital stays (rate)	3,729		2565	4043	
Mammography screening (%)	50		51	42	
Flu vaccinations (%)	56		55	50	
Social & Economic Factors					1
High school graduation (%)	94	93.5-94.4	94	87	
Some college (%)	78	74.9-80.3	73	69	
Unemployment (%)	3.4		2.6	4.0	
Children in poverty (%)	7	4.57-9.82	10	18	
Income inequality (Income ratio)	3.9		3.7	5.7	
Children in single-parent households (%)	15	13.6-17.2	14	27	
Social associations (rate)	7.8		18.2	8.1	
Violent crime (rate)	103		63	379	
Injury deaths (rate)	46	41.6-49.4	59	50	
Physical Environment					49
Air pollution - particulate matter (PM _{2.5})	7.0		5.2	6.6	
Drinking water violations	Yes				
Severe housing problems (%)	11	10.1-11.9	9.0	24	
Driving alone to work (%)	83	82.3-83.9	72	53	
Long commute - driving alone (%)	37	34.9-38.0	16	39	

[^] 10th or 90th percentile, i.e., only 10% performed better.

^{**} Data should not be compared with years prior to 2019 due to changes in definition/methods



Columbia County

University of Wisconsin Population Health Institute and The Robert Wood Johnson Foundation, 2021

	Columbia County	Error Margin	Top U.S. Performers [^]	New York	Rank (of 62)
Health Outcomes	21				
Length of Life	38				
Premature death (YPLL rate)	6,700	5,872-7,527	5,400	5406	
Quality of Life	8				
Poor or fair health ^{**} (%)	15.2	13.0-17.5	14.0	16.3	
Poor physical health ^{**} (# days)	4.0	3.5-4.4	3.4	3.6	
Poor mental health ^{**} (# days)	4.2	3.7-4.6	3.8	3.6	
Low birthweight (%)	6.2	5.36-6.97	6.0	8.0	
Health Factors	14				
Health Behaviors	19				
Adult smoking ^{**} (%)	20.2	16.8-23.6	16	13	
Adult obesity (%)	26.5	23.8-29.4.0	26	26	
Food environment index	8.4		8.7	9.0	
Physical inactivity (%)	22.1	19.6-24.6	19	23	
Access to exercise opportunities (%)	74.2		91	93	
Excessive drinking ^{**} (%)	22.1	21.2-23.0	15	19	
Alcohol-impaired driving deaths (%)	22.5	14.4-31.3	11	21	
Sexually transmitted infections (rate)	332		161	602	
Teen births (rate)	13.9	11.6-16.1	12	14	
Clinical Care	35				
Uninsured (%)	5.8	4.9-6.6	6.0	6.3	
Primary care physicians (pop. ratio)	2,497:1		1,030:1	1,194:1	
Dentists (pop. ratio)	2,478:1		1,210:1	1,174:1	
Mental health providers (pop. ratio)	566:1		270:1	329:1	
Preventable hospital stays (rate)	4,070		2565	4043	
Mammography screening (%)	46		51	42	
Flu vaccinations (%)	53		55	50	
Social & Economic Factors	11				
High school graduation (%)	90	89.1-91.4	94	87	
Some college (%)	60	56.2-64.5	73	69	
Unemployment (%)	3.2		2.6	4.0	
Children in poverty (%)	15	10.0-20.7	10	18	
Income inequality (Income ratio)	4.5		3.7	5.7	
Children in single-parent households (%)	23	18.5-27.1	14	27	
Social associations (rate)	10.2		18.2	8.1	
Violent crime (rate)	146		63	379	
Injury deaths (rate)	74	64.6-84.1	59	50	
Physical Environment	19				
Air pollution - particulate matter (PM _{2.5})	6.9		5.2	6.6	
Drinking water violations	No				
Severe housing problems (%)	15	13.1-16.4	9.0	24	
Driving alone to work (%)	75	73.4-77.2	72	53	
Long commute - driving alone (%)	37	34.0-39.3	16	39	

[^] 10th or 90th percentile, i.e., only 10% performed better.

^{**} Data should not be compared with years prior to 2019 due to changes in definition/methods



Greene County

University of Wisconsin Population Health Institute and The Robert Wood Johnson Foundation, 2021

	Greene County	Error Margin	Top U.S. Performers [^]	New York	Rank (of 62)
Health Outcomes	57				
Length of Life	61				
Premature death (YPLL rate)	8,216	7,199-9,232	5,400	5406	
Quality of Life	48				
Poor or fair health ^{**} (%)	17.5	15.3-19.7	14.0	16.3	
Poor physical health ^{**} (# days)	4.3	3.9-4.7	3.4	3.6	
Poor mental health ^{**} (# days)	4.5	4.1-4.8	3.8	3.6	
Low birthweight (%)	7.4	6.47-8.42	6.0	8.0	
Health Factors	52				
Health Behaviors	40				
Adult smoking ^{**} (%)	23.4	20.1-26.5	16	13	
Adult obesity (%)	31.3	28.2-34.6.0	26	26	
Food environment index	8.1		8.7	9.0	
Physical inactivity (%)	25.9	23-28.7	19	23	
Access to exercise opportunities (%)	77.9		91	93	
Excessive drinking ^{**} (%)	22.0	21.0-22.7	15	19	
Alcohol-impaired driving deaths (%)	19.5	11.7-28.3	11	21	
Sexually transmitted infections (rate)	308		161	602	
Teen births (rate)	12.4	10.1-15.1	12	14	
Clinical Care	55				
Uninsured (%)	5.6	4.7-6.4	6.0	6.3	
Primary care physicians (pop. ratio)	2,638:1		1,030:1	1,194:1	
Dentists (pop. ratio)	2,622:1		1,210:1	1,174:1	
Mental health providers (pop. ratio)	1,151:1		270:1	329:1	
Preventable hospital stays (rate)	4,121		2565	4043	
Mammography screening (%)	40		51	42	
Flu vaccinations (%)	46		55	50	
Social & Economic Factors	52				
High school graduation (%)	87	84.9-88.4	94	87	
Some college (%)	48	43.0-53.3	73	69	
Unemployment (%)	4.5		2.6	4.0	
Children in poverty (%)	19	11.9-25.0	10	18	
Income inequality (Income ratio)	4.9		3.7	5.7	
Children in single-parent households (%)	20	14.5-24.9	14	27	
Social associations (rate)	9.1		18.2	8.1	
Violent crime (rate)	225		63	379	
Injury deaths (rate)	78	66.3-88.7	59	50	
Physical Environment	56				
Air pollution - particulate matter (PM _{2.5})	6.6		5.2	6.6	
Drinking water violations	Yes				
Severe housing problems (%)	18	15.2-20.2	9.0	24	
Driving alone to work (%)	80	77.6-83.0	72	53	
Long commute - driving alone (%)	44	40.0-48.7	16	39	

[^] 10th or 90th percentile, i.e., only 10% performed better.

^{**} Data should not be compared with years prior to 2019 due to changes in definition/methods



Public Health Issue Ranking for Prioritization Results

A comprehensive overview of the prioritization process, for each county, can be found on the HCD website (www.hcdiny.org) by going to “Explore Health Data,” then “Explore by County,” then selecting a county and locating the materials in the “Prevention Agenda 2023-2025” section. The initial data- and survey-based scoring and ranking methodology can be found in the “Data & Methods” presentation, while the final scores and rankings for each of the top health issues can be found in the “Prioritization Summary” presentation. A summary of each local Prevention Agenda Prioritization Work Group’s health issue prioritization methodology and selections can be found in [Section II](#).

The tables below summarize how the top health issues ranked, in each county or combined county area, based on priority scores, in total, and separately according to need and opportunity considerations, as well as on data, organizational, and community partner considerations.

Albany-Rensselaer Health Issue Rankings

Health Issue	Priority Score Rankings					
	Total	Need	Opportunity	Data	Organizational	Community Partner
COVID-19	1	1	1	1	3	1
Obesity	2	3	3	8	2	2
Diabetes	3	2	4	4	4	4
Drug misuse	4	10	2	15	1	5
Mental illness including suicide	5	4	5	11	6	3
Heart disease	6	6	8	13	6	7
Social determinants of health	7	7	7	12	9	6
Tobacco use	8	9	6	7	4	11
Stroke	9	8	9	9	8	8
Asthma	10	12	10	5	10	12
Alcohol misuse	11	14	11	16	10	10
Sexually transmitted infections	12	11	12	3	12	15
Violence	13	5	16	2	16	9
Childhood lead exposure	14	15	13	14	13	13
Tick-borne disease	15	13	15	10	14	14
Injuries & falls	16	16	14	6	14	16



Schenectady Health Issue Rankings

Health Issue	Priority Score Ranking					
	Total	Need	Opport- unity	Data	Organiz- ational	Comm- unity Partner
COVID-19	1	1	3	1	1	2
Sexually transmitted infections	2	4	1	2	1	6
Mental illness including suicide	3	5	2	5	1	4
Drug misuse	4	7	4	9	4	1
Tobacco use	5	6	5	7	4	7
Diabetes	6	2	9	3	7	8
Obesity	7	3	9	4	9	3
Childhood lead exposure	8	8	6	6	4	9
Breast cancer	9	9	7	8	7	5
Tick-borne disease	10	10	8	10	9	10

Columbia-Greene Health Issue Rankings

2021 Capital Region Community Health Survey Results

Introduction

The Healthy Capital District (HCD) conducted its fourth Community Health Survey of Capital Region residents from September 13th to November 3rd, 2021. The survey was conducted online and in paper format, and was offered in English- and Spanish-language versions. The survey was collaboratively created and distributed by HCD and its hospital and health department partners. The aim of the survey was to identify the major needs, gaps, and priorities facing Capital Region residents regarding the following aspects of public health:

- Public health priorities
- Social determinants of health
- Healthcare access & barriers
- Mental health
- Substance misuse
- COVID-19 vaccination
- Prevention & communication strategies

Sociodemographic information was also collected to gauge the representativeness of the surveyed sample of residents and to compare results by county, income level, and race/ethnicity. Survey questions and response options were developed by HCD, in collaboration with the Prevention Agenda Workgroup, and were based on prior editions from 2018, 2016, and 2013, as well as other resources from Montefiore Medical Center, the Kaiser Family Foundation, and the U.S. Preventive Services Task Force.

Response percentages are based on 2,104 responses from individuals who indicated they live in the county of Albany (n=547), Rensselaer (n=268), Schenectady (n=426), Saratoga (n=194), Columbia (n=387), or Greene (n=282). An additional 203 responses were received from individuals who either did not indicate their county of residence, or indicated they live in a county other than the 6 listed above. The survey took approximately 7 minutes to complete and 62% of those who opened the online survey completed it.

Participants who completed the survey were given the option to enter a cash prize drawing if they provided an email or phone number to be notified if they were randomly selected. Of the 2,307 total survey respondents, 1,744 participated in the drawing. The six winners were contacted directly and their first names and last initials were announced by HCD in a December, 2021 newsletter as well as in a January, 2022 email to participants.

The results of the survey are summarized on the following pages. The English language, [paper version](#) of the survey is included at the end of this section. To see the survey results in entirety, or to download the data:

- For the Capital Region, visit: <https://www.hcdiny.org/tiles/index/display?alias=Survey2021>
- For each county, as well as for Albany-Rensselaer or Columbia-Greene combined, visit: https://www.hcdiny.org/content/sites/hcdi/CHNA2022/Community_Health_Needs_Survey_Results_by_County.pdf

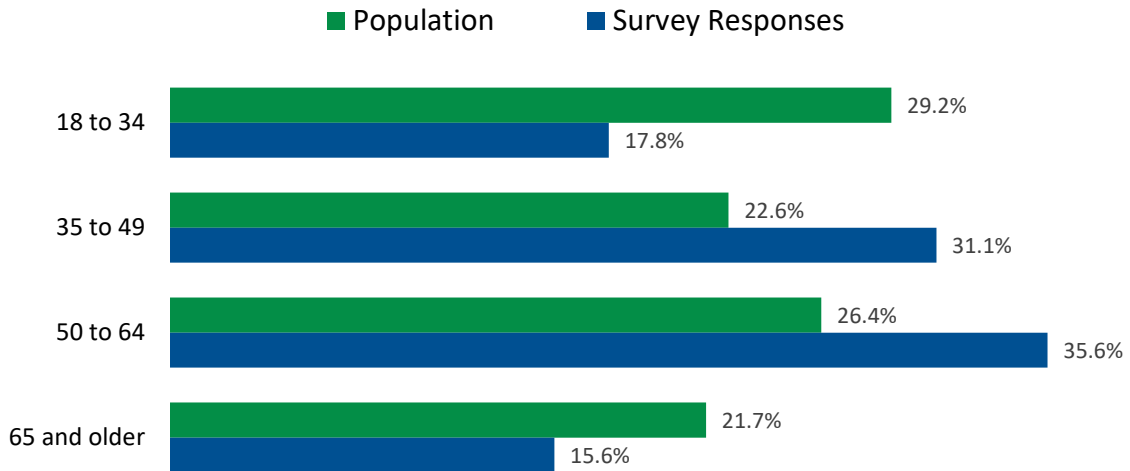


Demographics

Age

Response rates were highest among Capital Region residents aged 35 to 64 years and lowest among those aged under 35 or over 64 years.

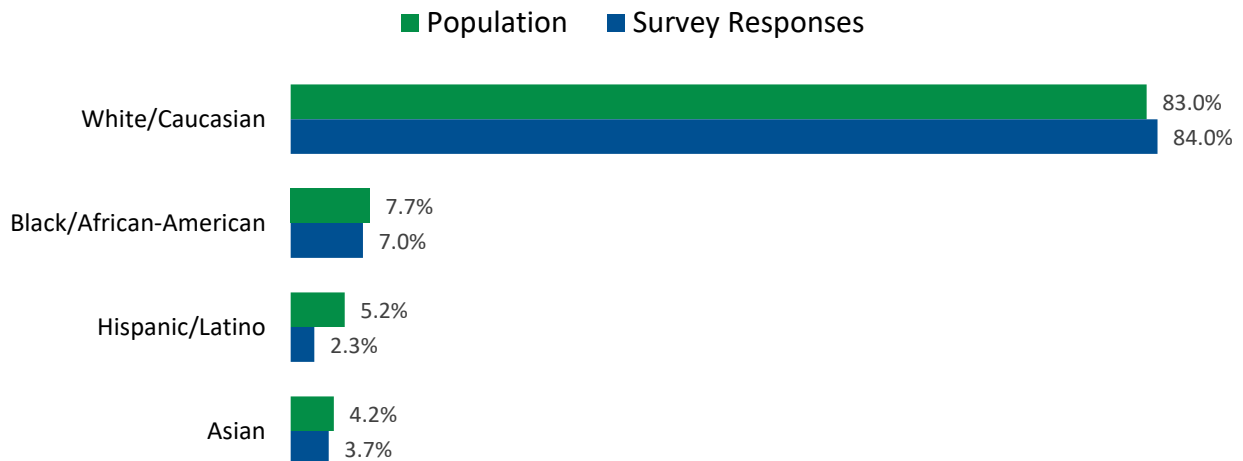
Population (18+ years) and Survey Responses, by Age Group



Race and Ethnicity

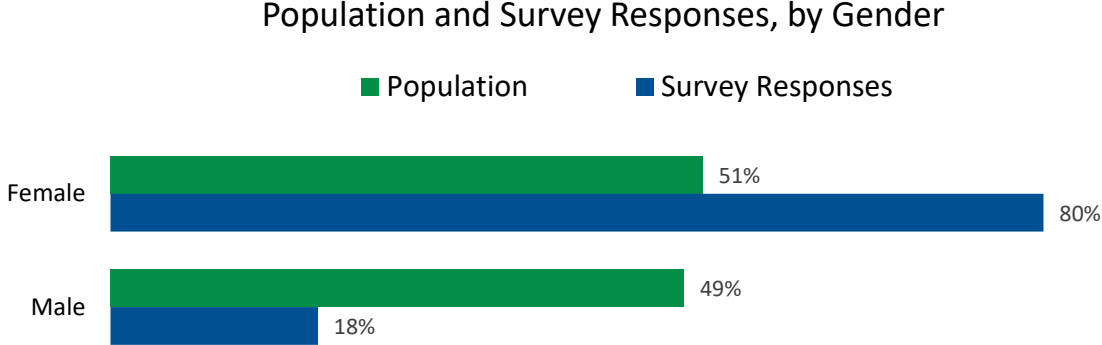
Capital Region residents who self-identified as White/Caucasian were slightly overrepresented, while those who self-identified as Hispanic/Latino, Asian, or Black/African-American were underrepresented.

Population and Survey Responses, by Race/Ethnicity



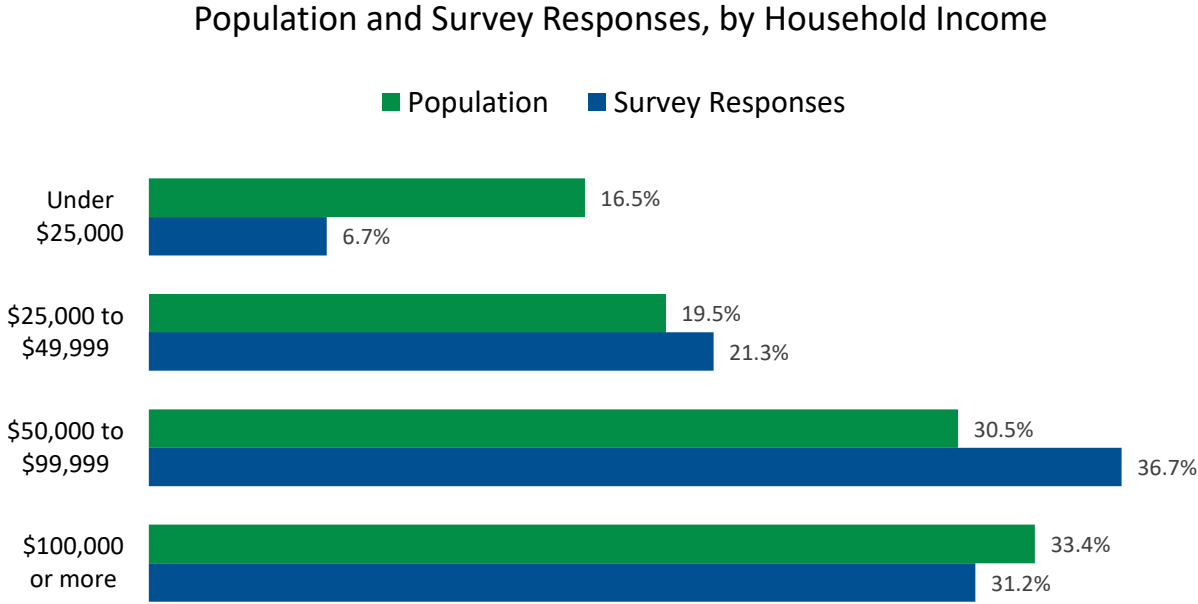
Gender

Capital Region females were overrepresented, while males were underrepresented.



Household Income

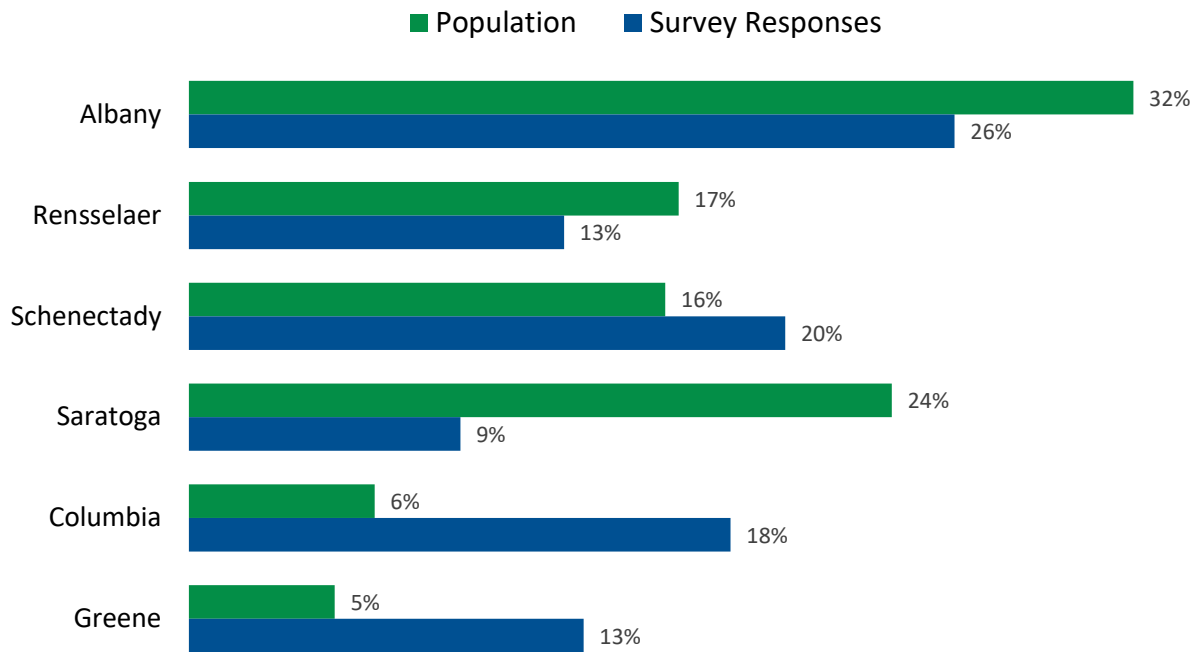
Capital Region residents who reported having a yearly household income of \$50,000 to \$99,999 were the most overrepresented group, followed by those with \$25,000 to \$49,999. Those with a yearly household income of less than \$25,000 were the most underrepresented, followed by those with at least \$100,000.



County of Residence

Response rates (per population) were highest among residents of Columbia and Greene counties, followed by Schenectady County, then Albany and Rensselaer County. Saratoga County had the lowest response rate.

Population and Survey Responses, by County of Residence



Neighborhood of Residence

By ZIP code-grouped neighborhood, response rates (per population):

- In Albany County, were highest in New Scotland and the South End; lowest in the Downtown Albany/Warehouse District
- In Rensselaer County, were highest in Rensselaer; lowest in the North East
- In Schenectady County, were highest in Scotia-Glenville; lowest in Rural-West and Mont Pleasant
- In Columbia County, were highest in Ichabod; lowest in Tachonic Hills, Pine Plains, and Canaan
- In Greene County, were highest in Cairo/Durham and Catskill; lowest in Hunter/Tannersville

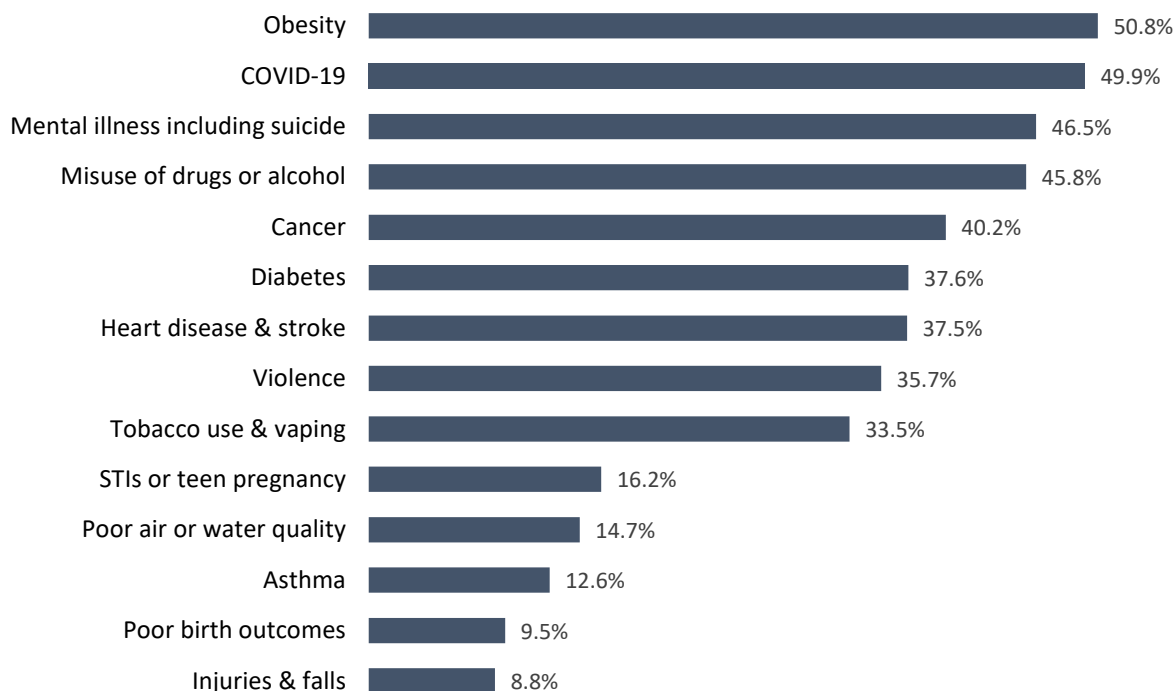
Health Priorities

1) How serious a public health problem in your community is each of the following?

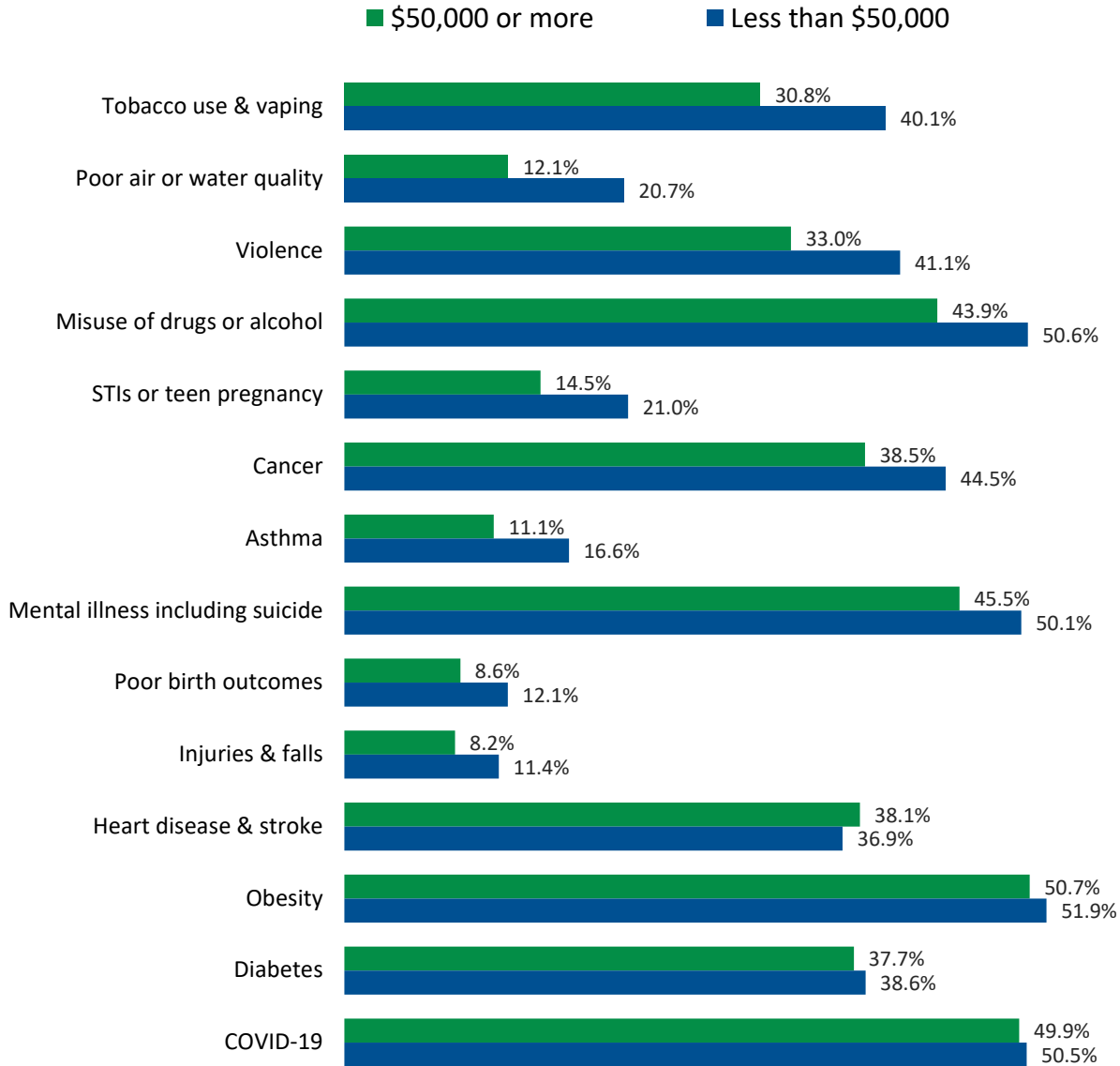
About half of the Capital Region residents surveyed in 2021 said that obesity and COVID-19 are “very serious” public health issues in their community. Around 46% of survey respondents said that mental illness including suicide and misuse of drugs or alcohol are “very serious. These issues were followed by cancer at 40%, diabetes and heart disease and stroke at about 37.5%, then violence at about 36% and tobacco use and vaping at about one-third. Below 20% of respondents said that STIs or teen pregnancy, poor air or water quality, asthma, poor birth outcomes, and injuries and falls were “very serious” public health issues.

Comparing results by yearly household income, respondents with less than \$50,000 had higher “very serious” response rates than those with at least \$50,000 for the following public health issues: tobacco use and vaping, poor air or water quality, violence, misuse of drugs and alcohol, STIs or teen pregnancy, cancer, and asthma.

Percentage of Capital Region Residents who Said the Following Public Health Issues are "Very Serious" in their Community



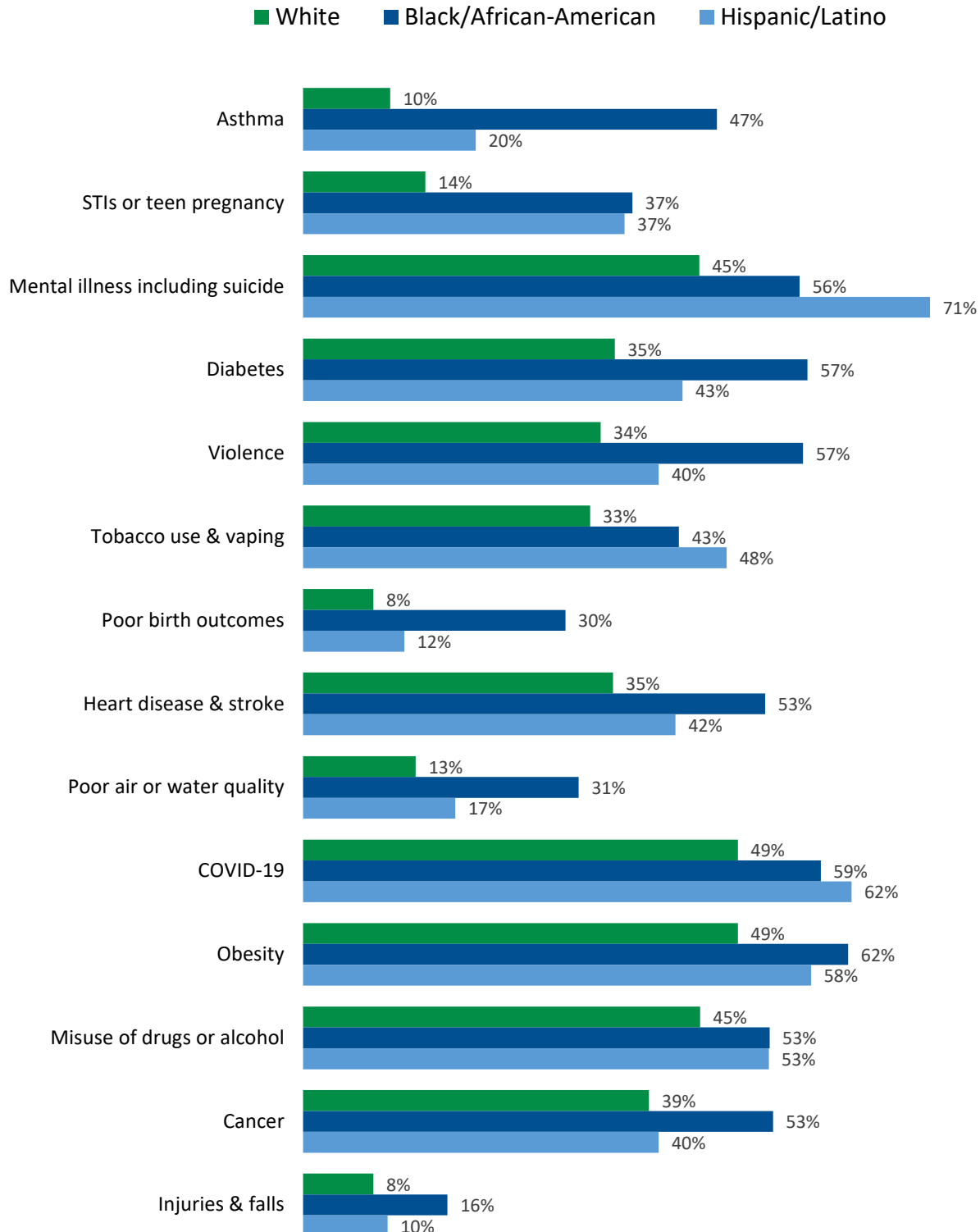
Percentage of Capital Region Residents who Said the Following Public Health Issues are "Very Serious" in their Community, by Household Income, in Order of Percentage Point Difference



When comparing public health priority results by race and ethnicity, “very serious” response rates differed by at least 10 percentage points, for the issues below, listed in order of percentage point difference.

- When comparing Black respondents to White respondents: asthma, STIs or teen pregnancy (unsafe sexual activity), violence, poor birth outcomes, diabetes, poor air or water quality, heart disease and stroke, cancer, obesity, mental illness including suicide, and tobacco use and vaping.
- When comparing Hispanic respondents to White respondents: mental illness including suicide, STIs or teen pregnancy, tobacco use and vaping, and COVID-19.

Percentage of Capital Region Residents who Said the Following Public Health Issues are "Very Serious" in their Community, by Race/Ethnicity, in Order of Percentage Point Difference

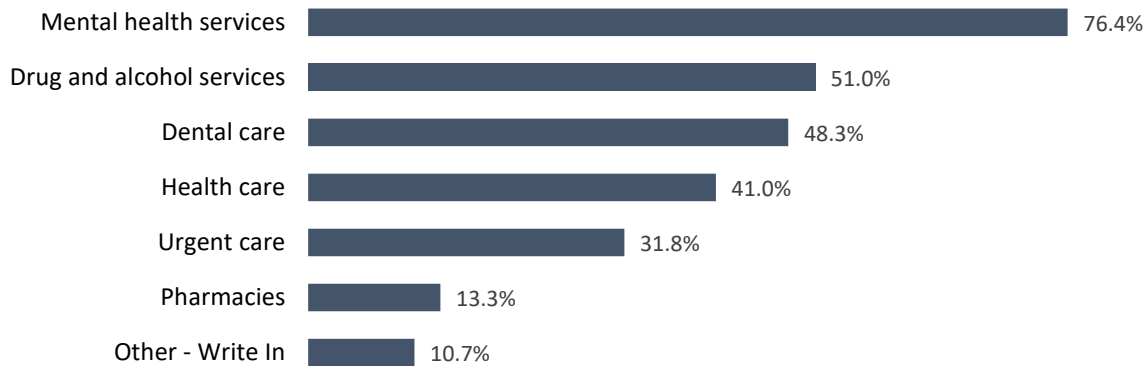


2) What kind of health services do you want more available in your community?

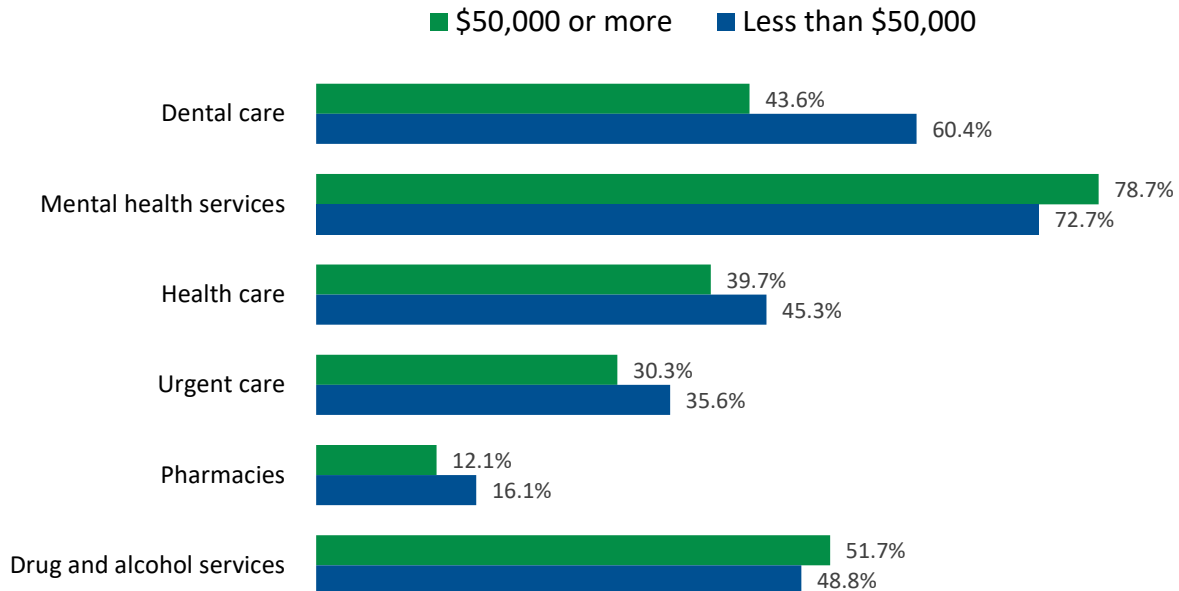
Three-quarters of Capital Region respondents said they want mental health services more available in their community, the strongest response among the health service options. Close to half of respondents said they want drug and alcohol services and dental care more available; 41.0% wanted health care to be more available; 31.8%, urgent care; and 13.3% said they want pharmacies to be more available in their community.

Comparing results by yearly household income, dental care was much more often desired by respondents with less than \$50,000 than those with at least \$50,000. Health care, urgent care, and pharmacies were also more desired by lower income respondents. Mental health services and drug and alcohol services were more desired by those with a yearly household income of at least \$50,000.

Percentage of Capital Region Residents who Said they Want the Following Services to be more Available in their Community



... by Household Income, in Order of Percentage Point Difference



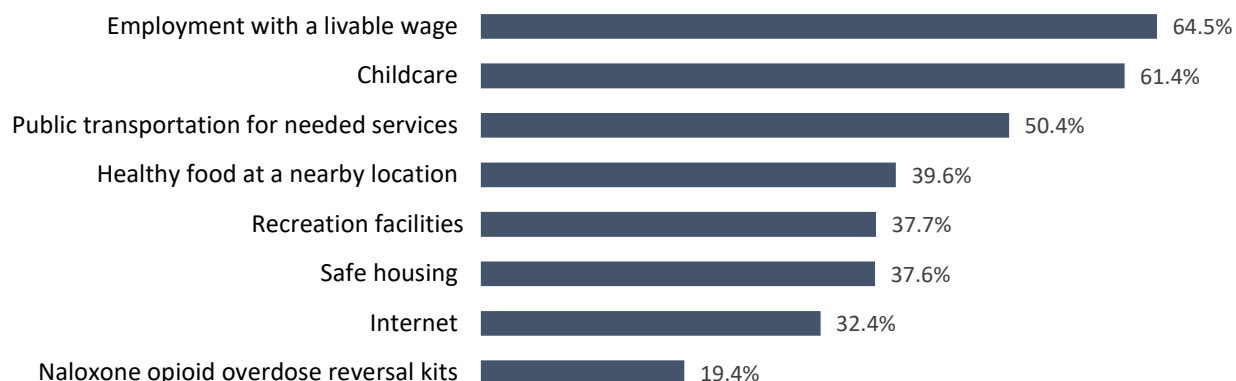
Social Determinants of Health

3) Select all that are difficult for someone in your community to access:

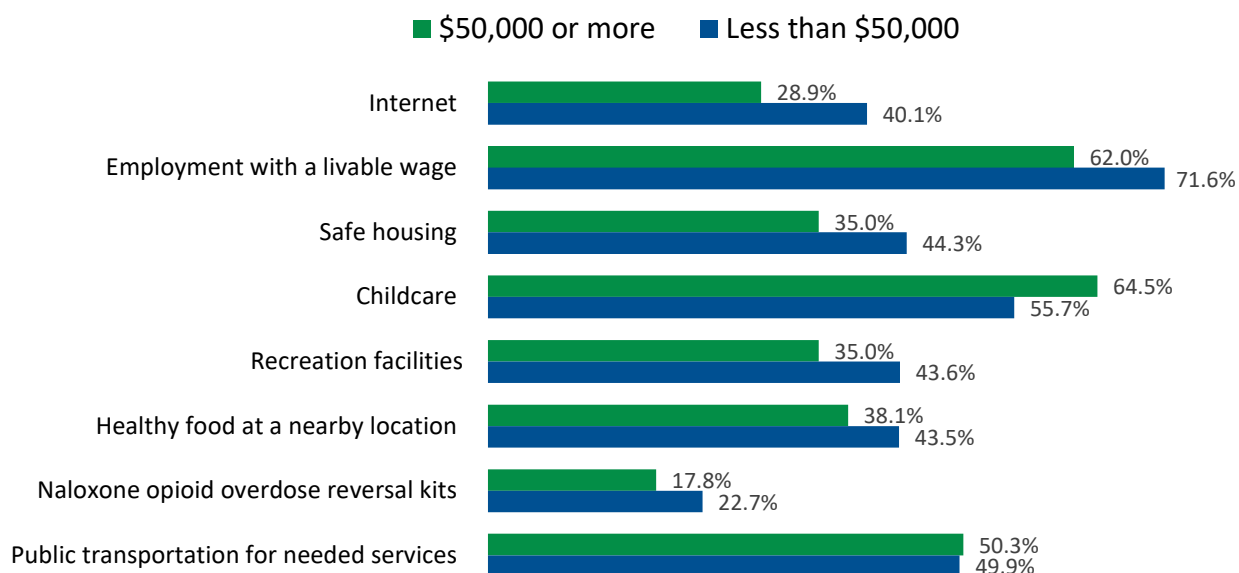
Over 60% of survey respondents said employment with a livable wage and childcare are difficult to access; Half (50.4%) said public transportation to get to needed services is hard for someone in their community to access; 39.6%, healthy food at a nearby location; 37.7%, recreation facilities; 37.6%, safe housing; 32.4%, internet; and 19.4% of survey respondents said Naloxone opioid overdose reversal kits.

Comparing results by yearly household income, respondents with less than \$50,000 were more likely to say all the above opportunities and services are difficult to access, except childcare and public transportation to get to needed services.

Percentage of Capital Region Residents who Said the Following are Difficult for Someone in their Community to Access



... by Household Income, in Order of Percentage Point Difference

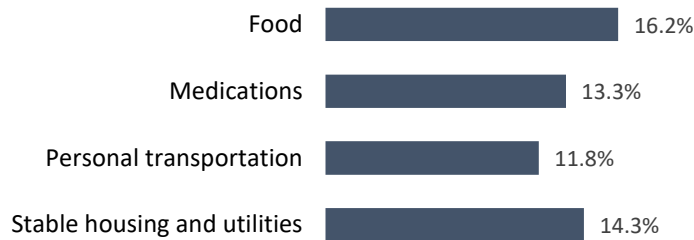


4) How often during the past 12 months, did you NOT have enough money for the following?

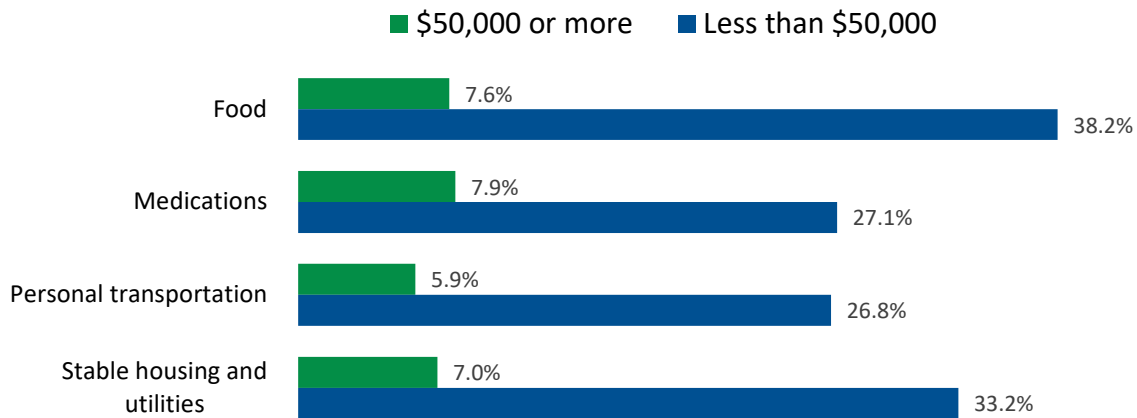
Between 1 in 6 and 1 in 9 survey respondents reported being unable to afford basic needs during at least 1 of the past 12 months. Comparing results by yearly household income, respondents with less than \$50,000 were 3.4 to 5.0 times more likely to report being unable to afford basic needs during the past year, compared to those with at least \$50,000.

Those who did not have enough money for stable housing and utilities in at least one month of the past year less often reported having seen a primary care provider (64.5% vs. 80.9%), and more often reported having received care in an emergency room (35.1% vs. 16.8%), in the past year, compared to those who were able to afford housing. Those who struggled to afford stable housing and utilities also reported frequent mental distress 2.6 times more often (32.2% vs. 12.3%) and reported having seen or talked to a mental health professional 1.5 times more often (31.1% vs. 20.5%).

Percentage of Capital Region Residents who could not Afford the Following Basic Needs during at least 1 of the last 12 months



... by Household Income

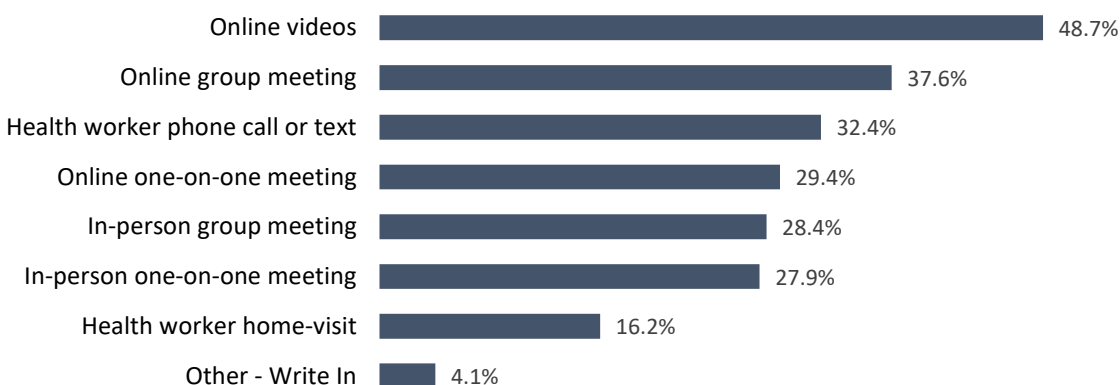


Prevention & Communication Strategies

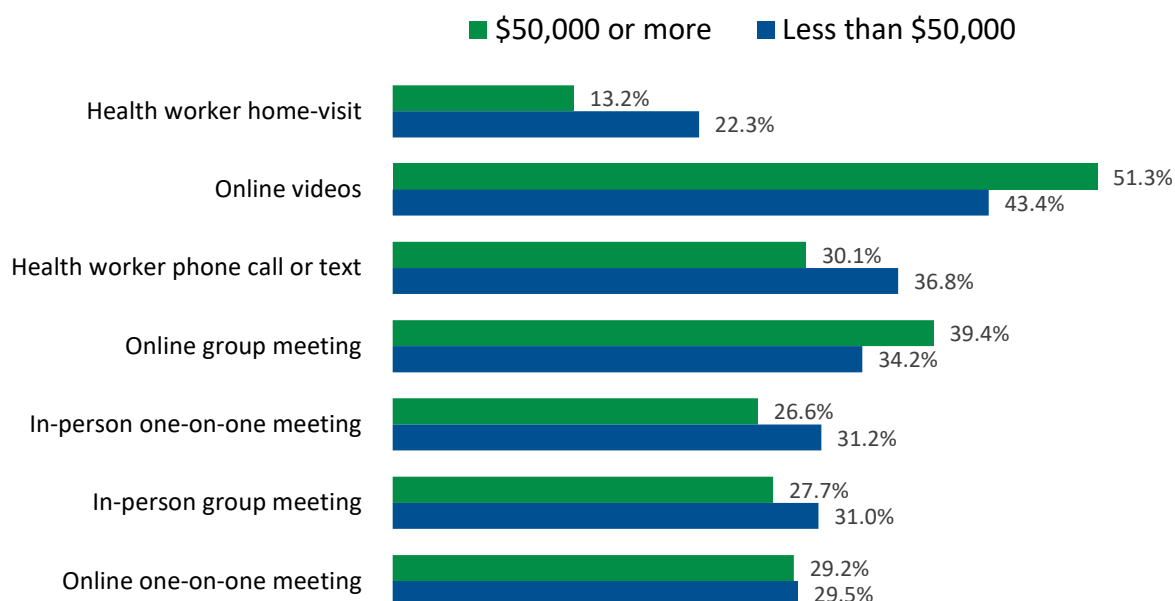
5) What type(s) of community health education activities would you be most likely to participate in?

Survey respondents generally reported they would be more likely to participate in online, than in-person, group and one-on-one meetings. Nearly half of respondents would be most likely participate to in online videos. Comparing results by yearly household income, respondents with less than \$50,000 were more likely to participate in a health worker home-visit or phone call/text or an in-person one-on-one or group meeting, while those with at least \$50,000 were more likely to participate with an online video or online group meeting.

Percentage of Capital Region Residents who Said they would be Most Likely to Participate in the Following Activities



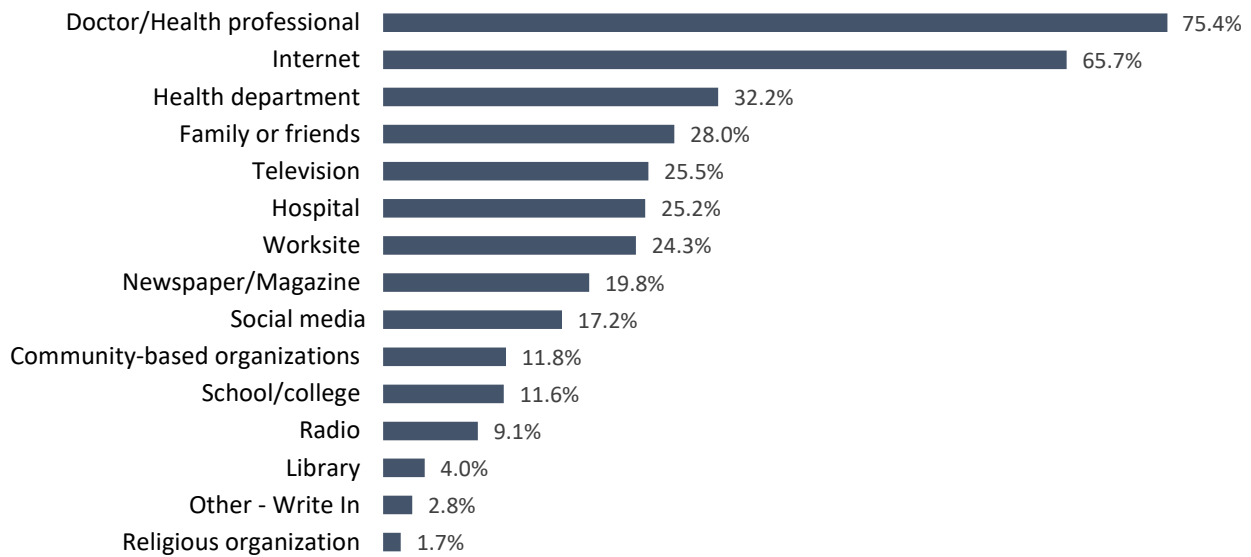
... by Household Income, in Order of Percentage Point Difference



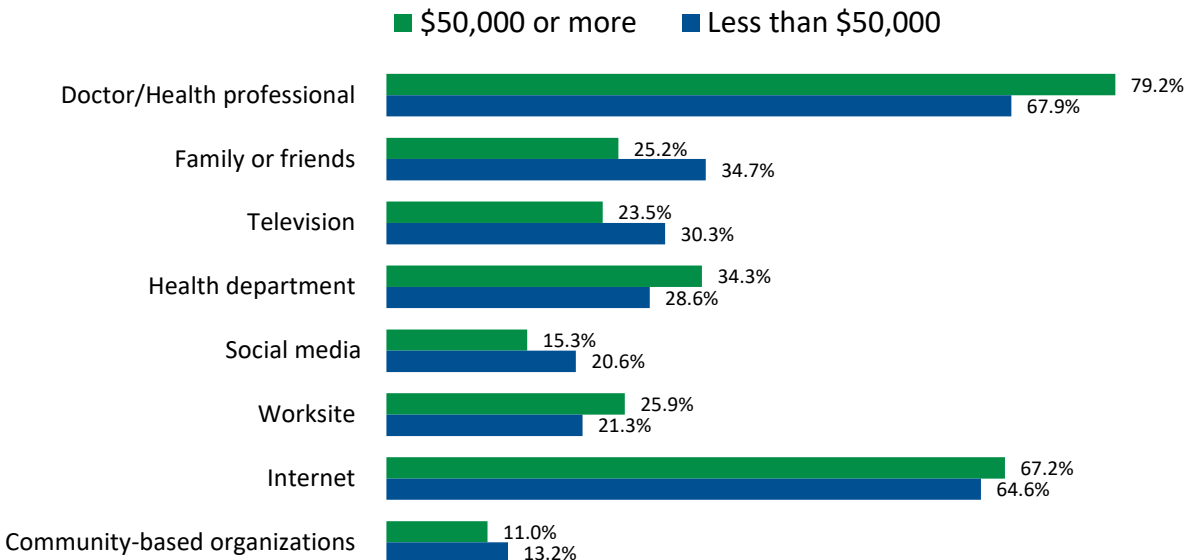
6) Where do you and your family get most of your health information?

A majority of survey respondents reported they get most of their health information from a doctor or other health professional, as well as on the internet. Less than one-third of respondents rely on other sources. Comparing results by yearly household income, the major differences were: respondents with at least \$50,000 more often said they rely on a doctor or health professional, health department, or worksite, while those with less than \$50,000 were more often said they rely on family or friends, TV, or social media.

Percentage of Capital Region Residents who Reported they get Most of their Health Information from the Following Sources



... by Household Income, in Order of Percentage Point Difference

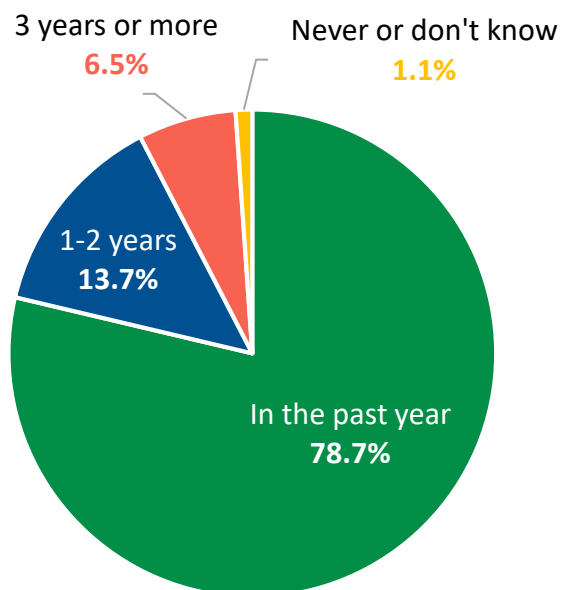


Healthcare Access & Barriers

7) How long has it been since you visited a primary care provider for a routine health checkup?

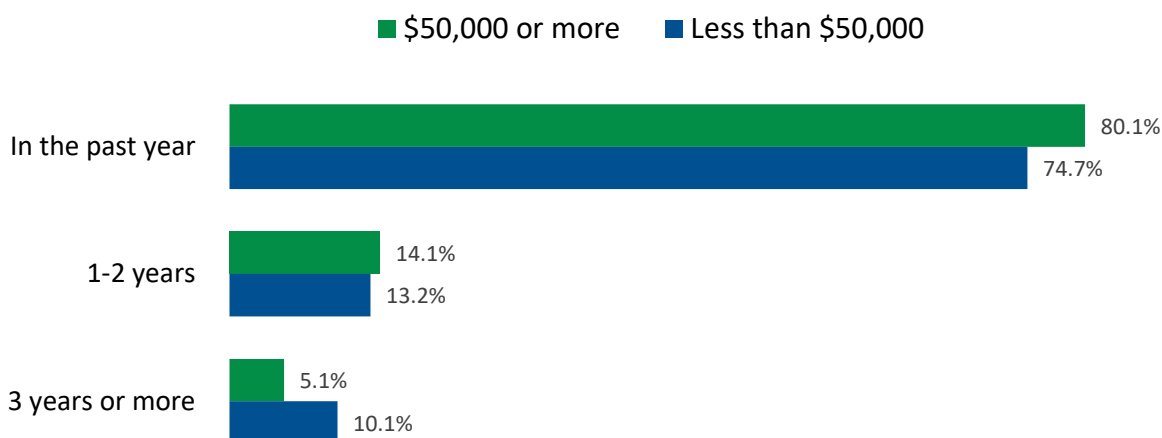
More than three-quarters of survey respondents reported having visited a primary care provider (PCP) for a routine health checkup in the past year; more than 90% had been in the past two years. In 2018, 84% of respondents reported having seen their PCP for a routine health checkup. The only other response options in 2018 were “no” or “don’t know.” The lower rate of respondents having seen their PCP for a checkup, in 2021, may also be related to fear of coming in contact with COVID-19. 46 (2.2% of) respondents wrote a custom response to the next question which included “COVID-19” or “pandemic.”

Time Since Last Routine Health Checkup



Comparing results by yearly household income, respondents with less than \$50,000 were less likely to have seen a PCP for a routine health checkup in the past year, and more likely to report 3 or more years since their last routine health checkup. A similar trend was seen in 2018, where about 80% of respondents with less than \$50,000 had seen a PCP for a checkup, compared to about 85% among those with at least \$50,000.

... by Household income

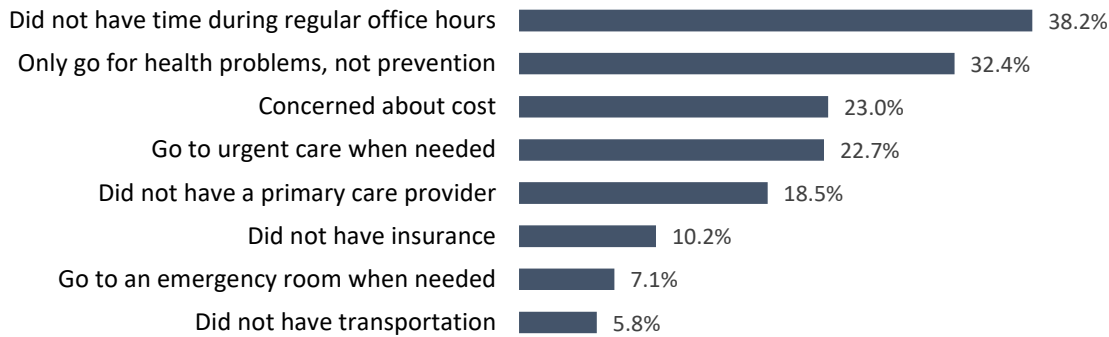


8) Were any of the following reasons that you did not visit a primary care provider?

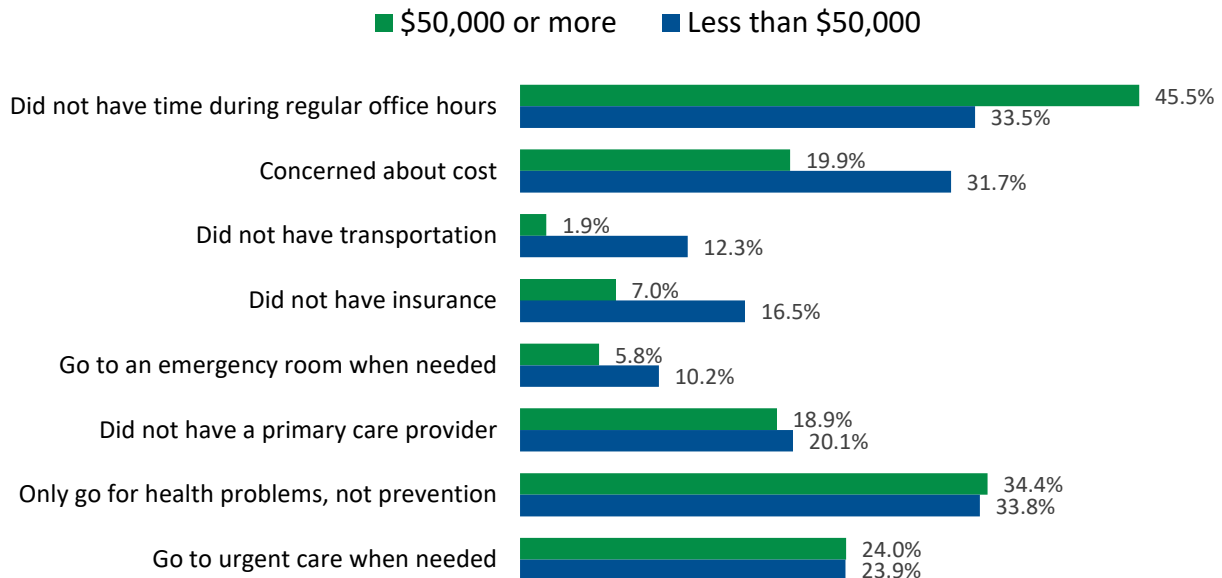
About one-third (699) of (2,104) survey participants responded to this question. Among respondents, the top two reasons selected for not visiting a primary care provider (PCP) are not having time during regular office hours (38.2%) and only going for health problems, not prevention (32.4%). Less than one-quarter of those that responded said they did not visit a PCP because they were concerned about cost, they go to urgent care when needed, or they did not have a primary care provider; 10.2%, because they did not have insurance; less than 10%, because they go to an ER when needed or did not have transportation.

Comparing results by yearly household income, respondents with less than \$50,000 more often selected the following reasons: concerned about cost, did not have transportation, did not have insurance, and go to an ER when needed. Respondents with a yearly household income of at least \$50,000 more often selected “did not have time during regular doctor office hours.”

Percentage of Capital Region Residents who did not Visit a Primary Care Provider for the Following Reasons



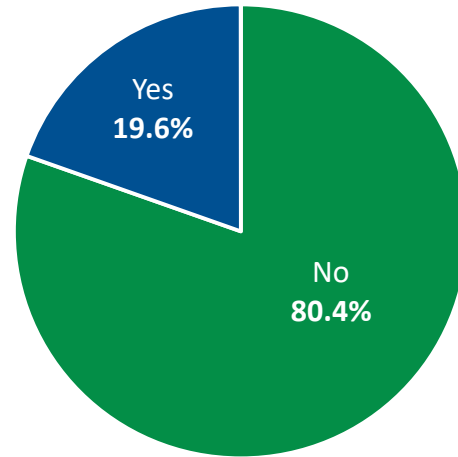
... by Household Income, in Order of Percentage Point Difference



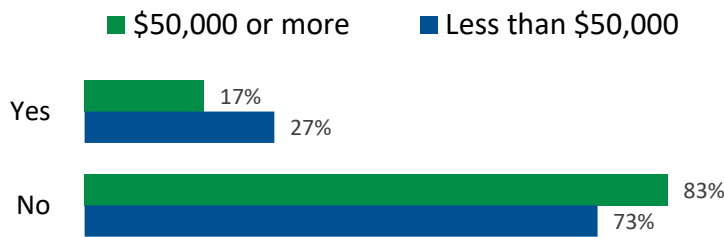
9) In the past 12 months, did you receive care in an emergency room (ER)?

Nearly 20% of respondents received care in an emergency room (ER) in the past 12 months. Respondents with a yearly household income of less than \$50,000 more often reported having received care in an ER.

ER Visit in Past 12 Months



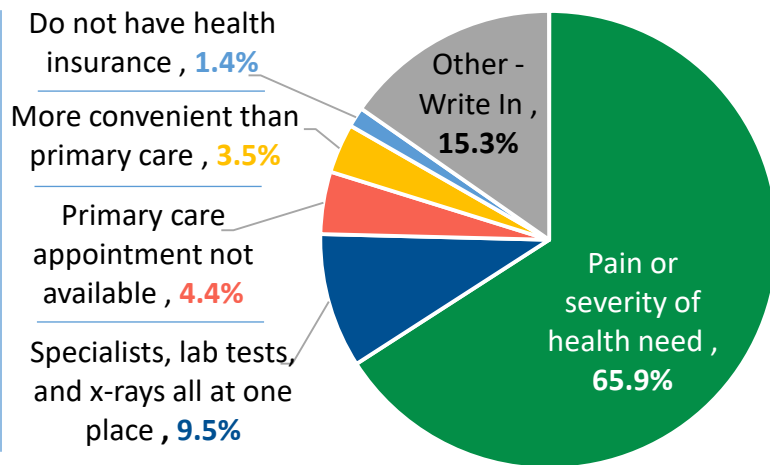
... by Household Income



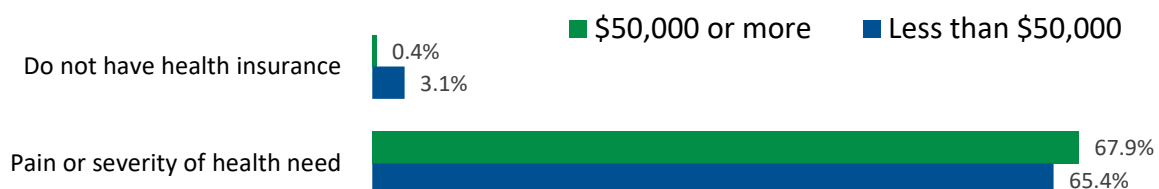
10) If YES, what is the ONE main reason for your emergency room (ER) visit?

Of the 20% of respondents who received care in an ER, nearly two-thirds (65.9%) said they went due to their pain or the severity of their health need; 9.5% said they went for the “specialists, lab tests, and x-rays all at one place;” other options garnered less than 5% of responses, each. Respondents also chose an “other” option and wrote in their own reasons, mostly consisting of specific tests, treatments, or conditions. Differences in results by household income were small; response options not shown in the chart below were within 0.1%.

Main Reason for ER Visit



... by Household Income

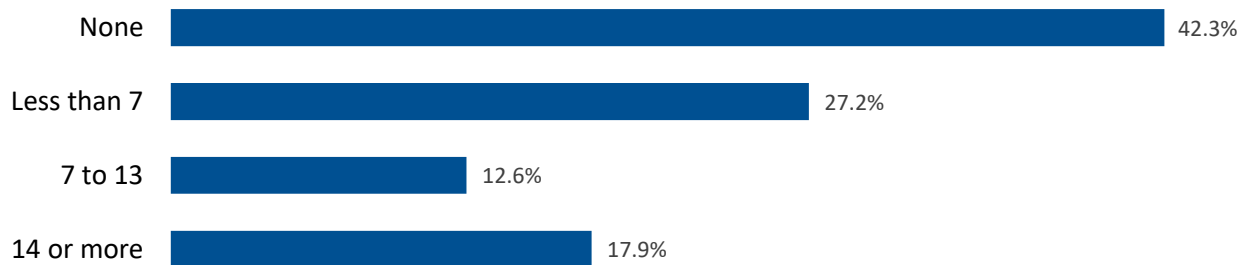


Mental Health

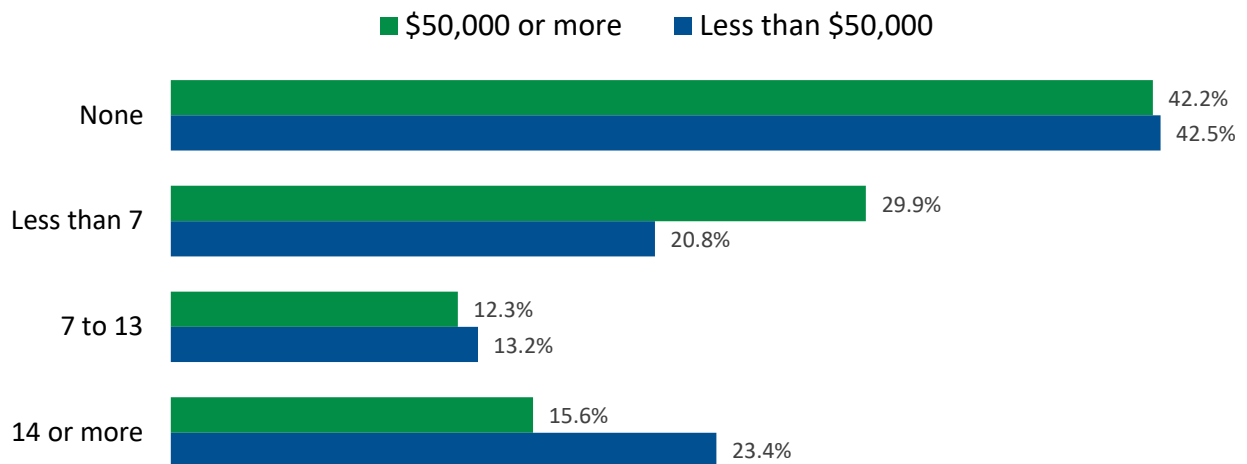
11) How many days during the past 30 days was your mental health NOT good?

17.9% of respondents in 2021 reported having “not good” mental health for 14 or more of the last 30 days – a cutoff used by CDC to measure “frequent mental distress.” This was higher than expected, based on 2018 NYS expanded BRFSS data showing around 11% frequent mental distress in the Capital Region. The higher than expected rate of frequent mental distress captured by the survey may be due, in part, to convenience sampling, as described in this section’s introduction. Namely, the 2021 survey sample overrepresented the female population and likely over-represented health care, public health, and public service workers. The higher than expected rate of frequent mental distress captured by this survey may also be a product of the psychological impact of the ongoing COVID-19 pandemic, especially on health care and other public-facing and -serving (“essential”) workers. Comparing results by yearly household income, respondents with less than \$50,000 reported having frequent mental distress 50% more often than those with at least \$50,000.

Reported Days of "Not Good" Mental Health, During the Past 30

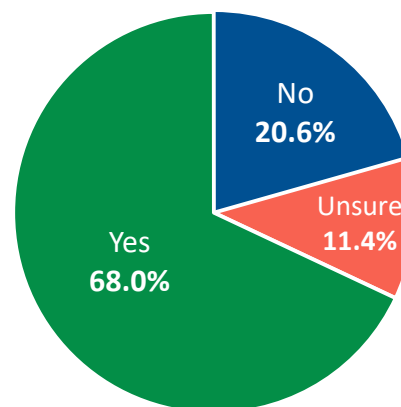


... by Household Income



12) At your last doctor's visit, were you asked if you were "feeling down, depressed, or hopeless?"

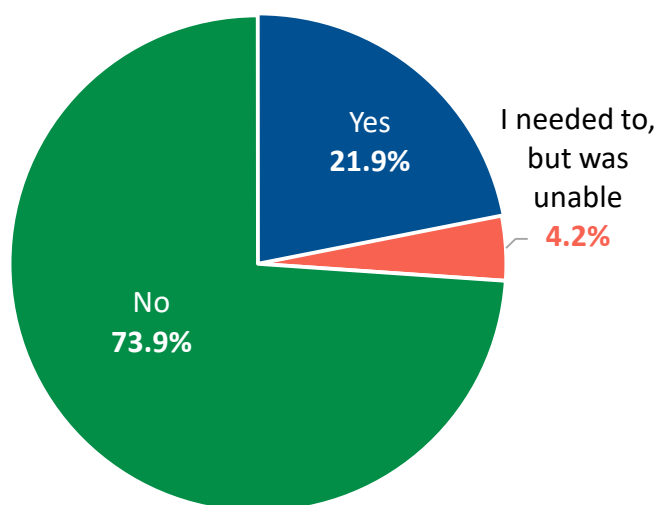
At least two-thirds of respondents indicated that they were administered the second question from the Patient Health Questionnaire-2 (PHQ-2) or PHQ-9, at their last doctor's visit.



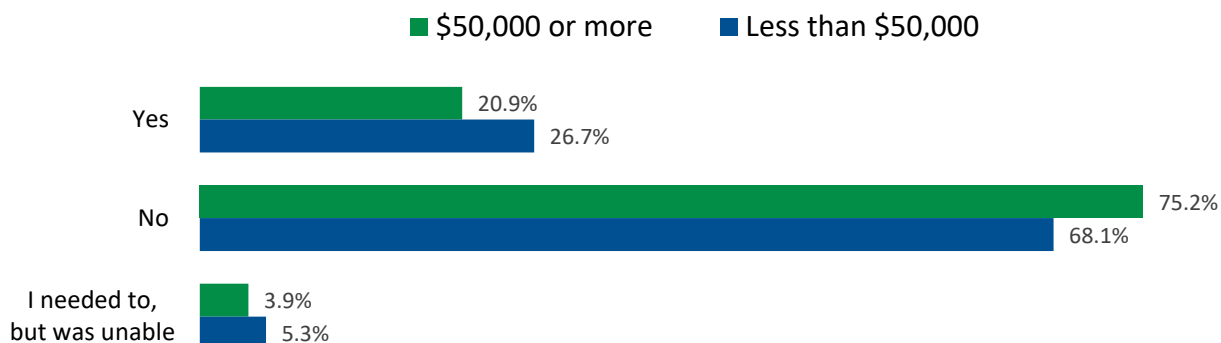
13) In the past 12 months, have you seen or talked to a mental health professional?

In 2021, 20.9% of respondents had seen a mental health professional (MHP) in the past twelve months, up from 15.6% in the 2013 Community Health Survey, which had a similar sample collection methodology. 87 (4.2% of) respondents said they were unable to see a MHP, and provided their personal reasons why, including: provider availability or scheduling (56), cost or insurance (24) personal knowledge or ability to navigate system (12), pandemic or telehealth (6), and transportation (2). Comparing results by yearly household income, respondents with less than \$50,000 more often had seen a MHP in the past twelve months, compared to those with at least \$50,000, which was consistent with findings of the 2013 survey.

Saw or Talked to a Mental Health Professional, During Past 12 Months



... by Household Income



Substance Misuse

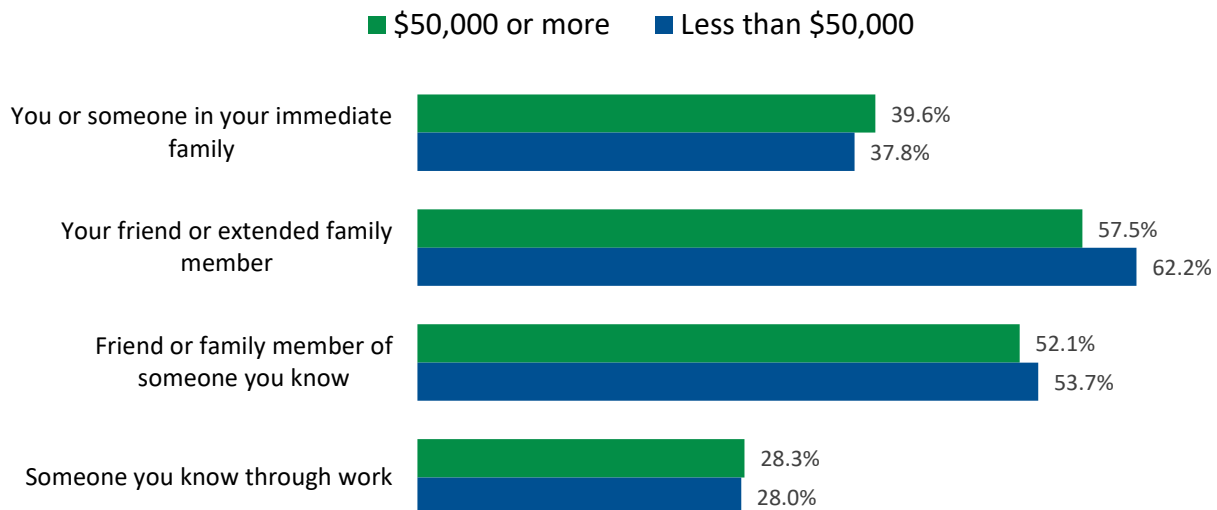
14) Have you had any of the following experiences?

In 2021, more than half of respondents had a friend or extended family member, or someone they know had shared that their friend or family member, had misused a substance. More than one-third of respondents had misused a substance or knew someone in their immediate family who had. More than one-quarter of respondents knew someone through work who had misused a substance.

The largest difference, when comparing results by yearly household income, was that respondents with less than \$50,000 more often reported that their friend or extended family member had misused a substance, compared to those with at least \$50,000. In 2018, the largest differences by household income were those with less than \$50,000 more often reported they, or someone in their immediate family had “abused opioids,” and those with at least \$50,000 more often reported that the friend or family of someone they know had “abused opioids.”

Percentage of Respondents who Knew Someone who had Misused: a Substance in 2021, Opioids in 2018		
Year	2021	2018
Substance in Question	Any Substance	Opioids
You or someone in your immediate family	39%	12%
Your friend or extended family member	59%	26%
Friend or family member of someone you know	53%	34%
Someone you know through work	28%	16%

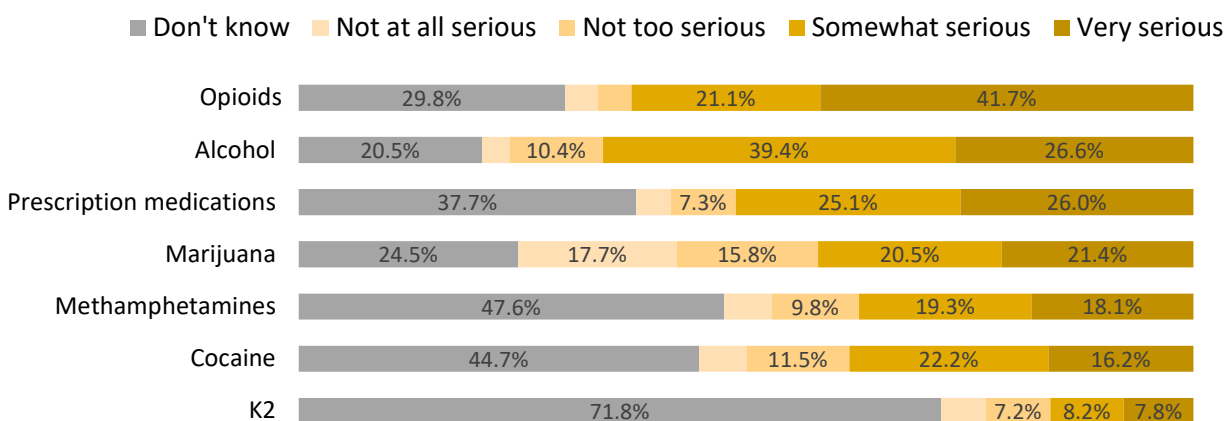
Percentage of Respondents who Knew Someone Impacted by Substance Misuse, in 2021, by Household Income



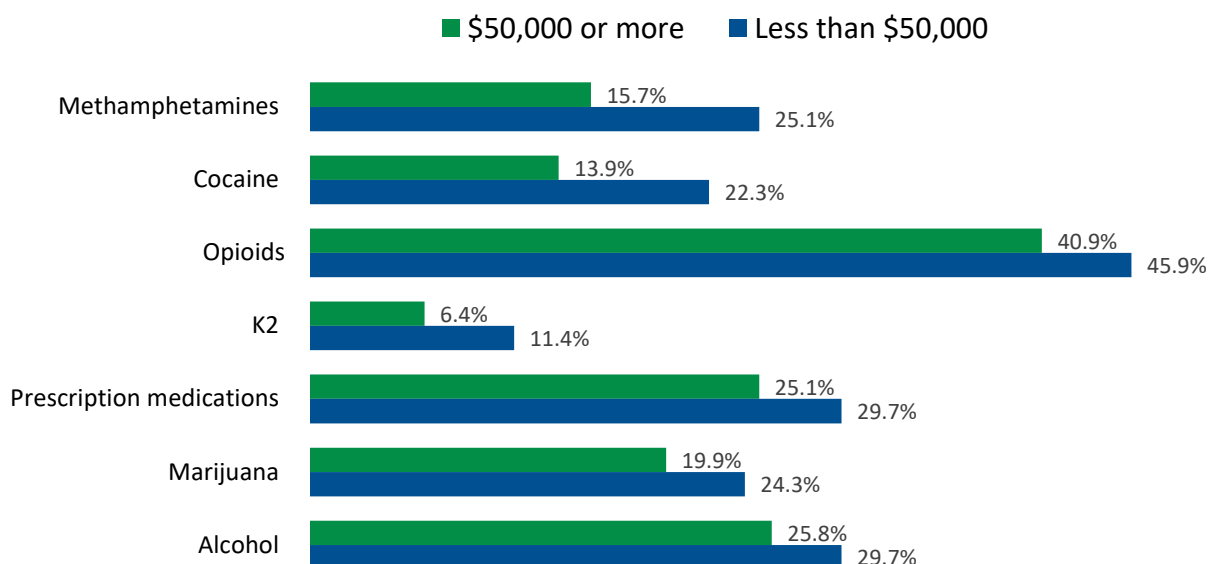
15) In your community, how serious a problem is misuse of these substances?

Opioid misuse was the most serious problem, according to respondents, as 41.7% labeled it “very serious” in their community. Misuse of alcohol and prescription medication garnered the 2nd and 3rd largest shares of “very serious” responses. Alcohol misuse was most often labeled “somewhat serious” and marijuana had the largest percentage of “not too serious” and “not at all serious.” Respondents often said they “don’t know” how serious the misuse of these substances are, especially for synthetic cannabinoids (K2), meth-amphetamines, and cocaine. Comparing results by yearly household income, respondents with less than \$50,000 more often, than those with at least \$50,000, labeled misuse of every substance as “very serious.”

Seriousness of Misuse of the Following Substances, According to Respondents, in their Community



"Very Serious" Problem of Misuse of the Following Substances, by Household Income, in Order of Percentage Point Difference

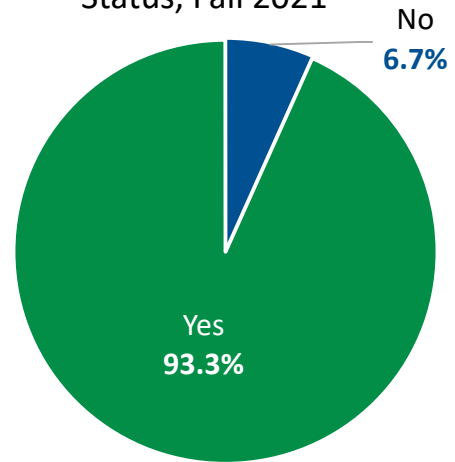


COVID-19 Vaccine

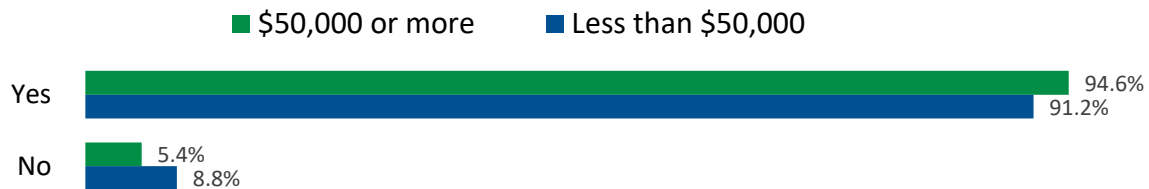
16) Have you been vaccinated for COVID-19?

Only 1 in 15 (6.7%) respondents said they had not been vaccinated for COVID-19, which may, again, indicate that public health, health care, and public service workers were likely oversampled in this survey – as discussed in the introduction to this section. Comparing results by yearly household income, respondents with less than \$50,000 more often said they had not been vaccinated.

COVID-19 Vaccination Status, Fall 2021



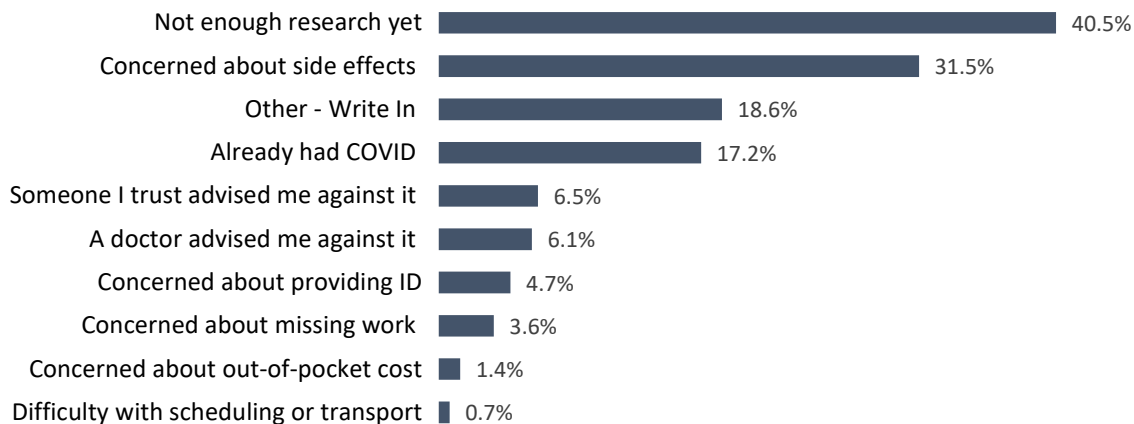
... by Household Income



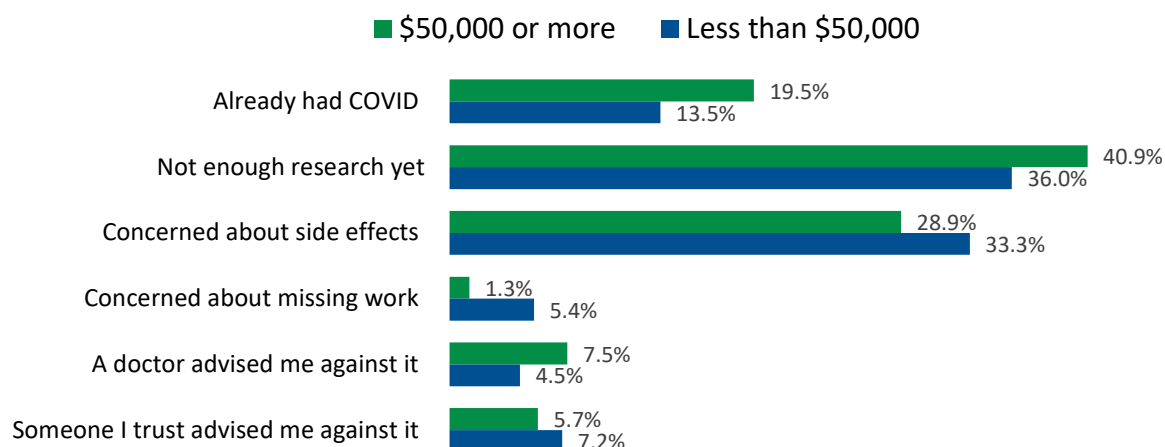
17) If NOT vaccinated for COVID-19, why?

The top two selected reasons for not getting vaccinated were concerns that not enough research had yet been done on the vaccine as well as about the side effects of the vaccine. Comparing results by yearly household income, respondents with less than \$50,000 more often said they did not get vaccinated because they were concerned about side effects or missing work, or that someone they trust had advised them against it. For reasons not shown in the chart on the next page, response rates by income group differed by less than 1%.

Reasons why Capital Region Residents Chose Not to get Vaccinated for COVID-19, Fall 2021



Reasons why Capital Region Residents Chose Not to get Vaccinated for COVID-19, Fall 2021, by Household Income



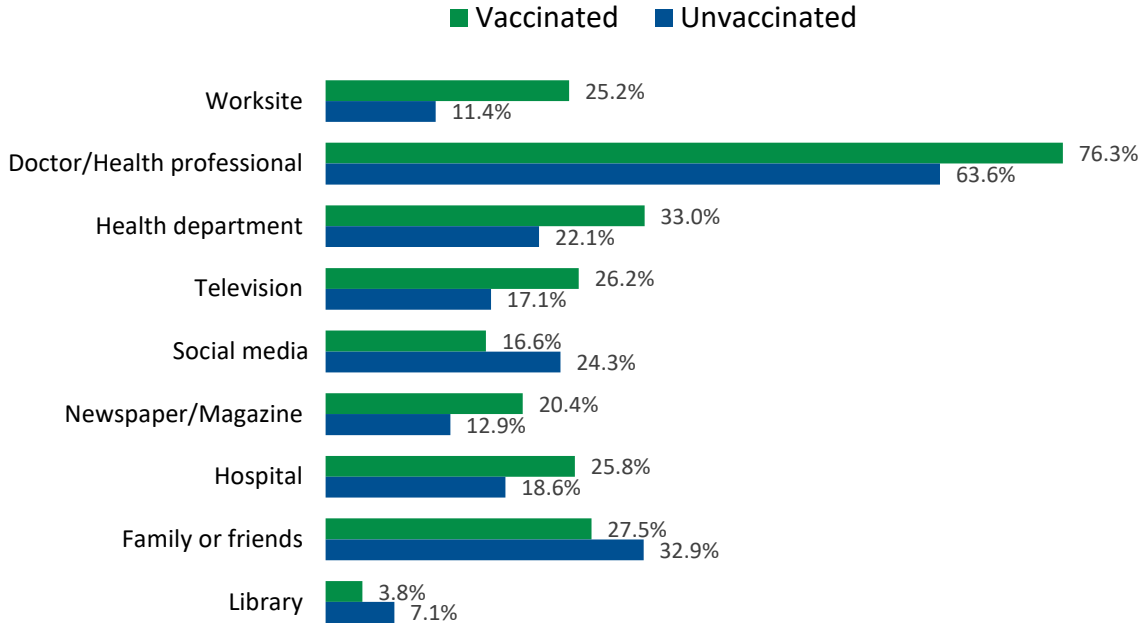
18) If NOT vaccinated for COVID-19, what would motivate you to get vaccinated?

No response to this question was selected or written in by more than 13.6% of respondents, indicating the decision to not get vaccinated is personal in nature, and reasons vary by person. The decision is also likely influenced by the sources of information that individuals refer to and trust. Unvaccinated respondents more often said they and their family get most of their health information from social media, family or friends, or a library; less often said, from a worksite, doctor or health professional, health department, TV, newspaper or magazine, or hospital. Other sources had less than a 2 percentage point difference, by vaccination status.

Reasons that would Motivate Capital Region Residents to get Vaccinated for COVID-19, if Not Already	
Potential Motivation	Responses
If it was required for work	13.6%
If someone I trust was vaccinated and said it was safe	10.0%
If my employer offered time off to get vaccinated and recover from side effects	9.6%
If only one dose was required	8.8%
If I was offered an incentive	8.0%
If it was offered where I work	6.8%
If it was offered where I normally go for health care	6.4%
If it was required to attend large gatherings	5.6%
If it was required for air or international travel	4.8%
“Other – Write in” responses	27.6%
Nothing will change my mind	13.6%
If additional research was done	8.4%
If it was mandated	3.6%



Percentage of Capital Region Residents who Reported they get Most of their Health Information from the Following Sources, by Vaccination Status, in Order of Percentage Point Difference



Survey (Paper Version)

Capital Region Community Health Survey, 2021

Together, local health departments and hospitals will use your feedback to help improve health programs in your community.

Your responses are completely anonymous. Thank you for your participation.

Health Priorities

1) How serious a public health problem in your community is each of the following?

	Not at all serious	Not too serious	Somewhat serious	Very serious
COVID-19	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Obesity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Asthma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heart disease & stroke	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Injuries & falls	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poor birth outcomes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tobacco use & vaping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poor air or water quality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Misuse of drugs or alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental illness including suicide	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexually transmitted infections or teen pregnancy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Health Needs

**2) What kind of health services do you want more available in your community?
[Check all that apply]**

<input type="checkbox"/> Dental care	<input type="checkbox"/> Pharmacies
<input type="checkbox"/> Health care	<input type="checkbox"/> Mental health services
<input type="checkbox"/> Urgent care	<input type="checkbox"/> Drug and alcohol services
<input type="checkbox"/> Other - Write In: _____	

3) Select all that are difficult for someone in your community to access:

<input type="checkbox"/> Internet	<input type="checkbox"/> Employment with a livable wage
<input type="checkbox"/> Childcare	<input type="checkbox"/> Healthy food at a nearby location
<input type="checkbox"/> Safe housing	<input type="checkbox"/> Public transportation to get to needed services
<input type="checkbox"/> Narcan (Naloxone) opioid overdose reversal kits	
<input type="checkbox"/> Recreation facilities such as public parks, playgrounds, swimming pools etc.	

4) How often during the past 12 months, did you NOT have enough money for the following?

	Not at all	1 or 2 months	Some months, but not every month	Almost every month
Food	()	()	()	()
Medications	()	()	()	()
Personal transportation	()	()	()	()
Stable housing and utilities	()	()	()	()

Prevention & Communication Strategies

5) What type(s) of community health education activities would you be most likely to participate in? [Check all that apply]

<input type="checkbox"/> In-person group meeting	<input type="checkbox"/> Online group meeting
<input type="checkbox"/> In-person one-on-one meeting	<input type="checkbox"/> Online one-on-one meeting
<input type="checkbox"/> Health worker home-visit	<input type="checkbox"/> Online videos
<input type="checkbox"/> Health worker phone call or text	<input type="checkbox"/> Other - Write In: _____

6) Where do you and your family get most of your health information? [Check all that apply]

<input type="checkbox"/> Radio	<input type="checkbox"/> School/college	<input type="checkbox"/> Doctor/Health professional
<input type="checkbox"/> Library	<input type="checkbox"/> Family or friends	<input type="checkbox"/> Community-based organizations
<input type="checkbox"/> Internet	<input type="checkbox"/> Health department	<input type="checkbox"/> Social media (Facebook, Twitter, etc.)
<input type="checkbox"/> Hospital	<input type="checkbox"/> Newspaper/Magazine	<input type="checkbox"/> Other - Write In: _____
<input type="checkbox"/> Worksite	<input type="checkbox"/> Religious organization	
<input type="checkbox"/> Television		

Healthcare Access

7) How long has it been since you visited a primary care provider for a routine health checkup?

<input type="checkbox"/> In the past year	<input type="checkbox"/> Never
<input type="checkbox"/> 1-2 years	<input type="checkbox"/> Don't know
<input type="checkbox"/> 3 years or more	



8) Were any of the following reasons that you did not visit a primary care provider? [Check all that apply]

<input type="checkbox"/> Not applicable	<input type="checkbox"/> Only go for health problems, not prevention
<input type="checkbox"/> Did not have insurance	<input type="checkbox"/> Did not have time during regular doctor office hours
<input type="checkbox"/> Concerned about cost	<input type="checkbox"/> Go to urgent care when needed
<input type="checkbox"/> Did not have a primary care provider	<input type="checkbox"/> Go to an emergency room when needed
<input type="checkbox"/> Did not have transportation	<input type="checkbox"/> Other - Write In: _____

9) In the past 12 months, did you receive care in an emergency room?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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10) If YES, what is the ONE main reason for your emergency room visit?

<input type="checkbox"/> Not applicable	<input type="checkbox"/> Primary care appointment not available
<input type="checkbox"/> Pain or severity of health need	<input type="checkbox"/> Specialists, lab tests, and x-rays all at one place
<input type="checkbox"/> Do not have health insurance	<input type="checkbox"/> Only place with providers that speak my language
<input type="checkbox"/> More convenient than primary care	<input type="checkbox"/> Other - Write In: _____

Mental Health

11) How many days during the past 30 days was your mental health NOT good? (i.e. feeling down, depressed, or hopeless)

12) At your last doctor's visit, were you asked if you were "feeling down, depressed, or hopeless?"

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	<input type="checkbox"/> Not applicable
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13) During the past 12 months, have you seen or talked to a mental health professional? (e.g. a psychologist, psychiatrist, psychiatric nurse or clinical social worker)

Yes

No

I needed to, but was unable because: _____

Substance Misuse

Substance misuse is the use of drugs or alcohol in a way that could cause harm to the user or to those around them.

14) Have you had any of the following experiences? [Check all that apply]

You or someone in your immediate family has misused a substance

A friend or extended family member has misused a substance

Someone you know through work has misused a substance

Someone you know shared with you that their friend or family member misused a substance

15) In your community, how serious a problem is misuse of the following substances?

	Don't know	Not at all serious	Not too serious	Somewhat serious	Very serious
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marijuana	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methamphetamines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opioids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescription medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



COVID-19 Vaccine

16) Have you been vaccinated for COVID-19?*

Yes No *If yes, skip questions 17 & 18

17) If you have NOT been vaccinated for COVID-19, why? [Check all that apply]

- Already had COVID
- Concerned about side effects
- Concerned about missing work
- Concerned about out-of-pocket cost
- Concerned about having to provide a government-issued ID
- Difficulty scheduling appointment or traveling to site
- A close friend or family member advised me against it
- A doctor advised me against it
- Not enough research on vaccine yet
- Other - Write In: _____

18) If you have NOT been vaccinated for COVID-19, what would motivate you to get vaccinated? [Check all that apply]

- If I was offered an incentive
- If my employer offered time off to get vaccinated and recover from side effects
- If only one dose was required
- If it was offered where I normally go for health care
- If it was offered where I work
- If it was required for work
- If it was required for air or international travel
- If it was required to attend large gatherings (eg. concerts, sports, etc.)
- If someone I trust was vaccinated and told me it was safe
- Other - Write In: _____

Demographic Information

We only use this information to ensure our survey is representative of Capital Region residents.

19) In what year were you born?

20) What is your zip code?

21) How would you describe yourself? [Check all that apply]

White/Caucasian

Black/African-American

Hispanic/Latino

Other - Write In: _____

Asian

Native Hawaiian or Other Pacific Islander

American Indian or Alaska Native

22) What is your gender?

Male

Female

Other - Write In: _____

Transgender Male

Transgender Female

Gender Variant / Non-conforming

Prefer not to answer

23) What County do you live in?

Albany

Rensselaer

Columbia

Greene

Saratoga

Schenectady

Other

24) Which of the following general income categories is your total household income before taxes?

Under \$25,000

Over \$100,000

At least \$25,000 but under \$50,000

At least \$50,000 but under \$100,000



Enter to Win a Prize!

If you would like to be entered for the chance to win a cash prize of up to \$1,000*, please enter your contact information below so we can reach out to you if you win.

*One Grand Prize of \$1,000 and five \$100 prizes will be given out.

Your contact information will not be shared.

Email	Phone Number

Are you willing to be contacted by the Health Capital District to possibly answer public health questions in the future?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Thank You!

We appreciate the time you took to complete our survey.

Your response is very important to Healthy Capital District and its partners.

Please return to person/organization you received this survey from, or mail to:

Healthy Capital District
 175 Central Avenue
 Albany, NY 12206

INSIDE BACK COVER



The 2022 Capital Region Community Health Needs Assessment is a project of the Healthy Capital District and is made possible through the support of its board organization.