2013

Community Health Needs Assessment

A COMPENDIUM OF PUBLIC HEALTH DATA FOR ALBANY, RENSSELAER, AND SCHENECTADY COUNTIES

HEALTHY CAPITAL DISTRICT INITIATIVE

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Acknowledgments

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Dr. Jobin-Davis, the Executive Director of the Healthy Capital District Initiative (HCDI), managed and edited the presentation of findings for this Community Health Needs Assessment and the prior edition in 2009, facilitated the prioritization process and the development of the Community Health Improvement Plans. Mr. Medvesky, as a previous Director of the Public Health Information Group, provided invaluable insights and technical expertise in the detailed review of data analysis and text interpreting these results. Ms. Roy made significant contributions to the text and updating tables. Drs. Matuta Bzhalava, M.D., M.P.H. and Kamal Nain S. Siag, M.B.B.S, M.P.H. were important contributors to the description of the health needs that preceded the data summaries. Ms. Baker was extremely helpful supporting the community health improvement planning task forces and in the preparation of data tables.

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This document benefited from the review and input of the members of the Community Health Needs Assessment Workgroup of the Healthy Capital District Initiative. 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 community based organizations, businesses, consumers, schools, academics, and disease groups for a total of 34 different organizations in our Capital Region Public Health Prioritization Task Force who considered a review of the findings and developed regional priorities.

The member organizations of HCDI also provided valuable financial support for the development of this product 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 District, 2013

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

It has been an exciting journey. As a result of the first health profile provided to the sponsors and community in 1997, community members from across the region and across interest groups have joined together to develop initiatives for focused action. These initiatives have directly resulted in improved access to needed health services for over 73,000 residents in the Capital District.

This report follows the 2009 Community Health Profile as the fourth data analysis of the health needs in the region. It expands upon the predominantly mortality and years of life lost focus of early editions to include hospitalization and emergency department analyses, prevention quality indicators, and health behaviors. These additional levels of analysis will enable us to track the need and impact of collective efforts to improve health far before the results are terminal. The structure of this report is founded upon the 2008-2012 and 2013-2017 Prevention Agendas 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 District to other Upstate counties and New York State goals. This analysis is not completely comprehensive of every health condition or public health issue. 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.

This document would not be possible without the labor, input and support of HCDI sponsors and members of the community. Representatives of the HCDI sponsors determined the process for completing the needs assessment, reviewed the collected data, and participated in the prioritization process and the development of the improvement plans. It is the result of over a year of meetings with member organizations and community input through our survey of over 3,000 residents of the Capital District. Their collaboration was invaluable. As a result of these efforts, three priority areas for the Capital District were identified to focus our collective efforts in the coming years: preventing and reducing the burden of diabetes, asthma, and mental health disease/substance abuse. This Community Health Needs Assessment was completed and approved in June, 2013; with the Community Health Improvement Plans added and approved in September, 2013.

HEALTHY CAPITAL DISTRICT INITIATIVE

MEMBER ORGANIZATIONS

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Albany County Department of Health

Albany Medical Center

Burdett Care Center

Catholic Charities of the Roman Catholic Diocese

Capital District Physicians' Health Plan

Ellis Hospital

Fidelis Care New York

Hometown Health Centers

Rensselaer County Department of Health

Schenectady County Public Health Services

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

Whitney M. Young, Jr. Health Services

♦ ♦

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Table of Contents

I. Introduction and Data Summary

The purpose of this report is to summarize the public health needs of communities in the Capital District 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.

While the following sections provide an overview of the processes used to select indicators and priorities, and information on the community health improvement plan, more details about individuals and organizations who participated in these processes, as well as health organizations in the capital district area, and the full text of the community health improvement plan can be found in the appendices.

Community Being Assessed

The communities being assessed in this report are the counties of Albany, Rensselaer and Schenectady. They form the common service area covered by the local health departments in Albany, Rensselaer, and Schenectady counties and the primary patient population served by Albany Medical Center, Ellis Hospital, Burdett Care Center and the member hospitals of St. Peter's Health Partners which includes St. Peter's Hospital, Albany Memorial Hospital, Samaritan Hospital, Seton Health/St. Mary's Hospital and Sunnyview Rehabilitation Hospital which are located within the three counties.

Demographic information on the population in the Capital District is available from the 2010 U.S. Census. The combined population in Albany, Rensselaer, and Schenectady counties was 78.8% White, 9.6% Black, 4.8% Hispanic, 3.7% Asian/Pacific Islander, and 3.0% other races/ethnicities in 2010. Over time, the Capital District population has grown more ethnically diverse, with fewer individuals identified as White Non-Hispanic. Additional demographic details are provided in section III.

Data Sources and Indicator Selection

The health indicators selected for this report were based on a review of available public health data and New York State priorities promulgated through the *Prevention Agenda for a Healthier New York*. Upon examination of these key resources, identification of additional indicators of importance with data available, and discussion with public health as well as health care professionals in the Capital District, it was decided that building upon the 2008-2012 and 2013-2017 Prevention Agendas would provide the most comprehensive analysis of available public health needs and behaviors for the region. The collection and management of this data has been supported by the state for an extended period of time and are very likely to continue to be supported. This provides us with both reliable and comparable data over time and across the state. These measures include health care utilization and children's health, which, when complimented by Behavioral Risk Factor Surveillance System and Prevention Quality Indicators, provide health indicators that can be potentially impacted in the short-term. This is a distinct step forward over mortality data leading public health efforts in the past.

The Finger Lakes Health Systems Agency provided county and ZIP code level analyses of mortality, hospitalizations, and emergency room utilization, for all residents, by gender, race and ethnicity. The source of these reports was 2006-2010 Vital Statistics and Statewide Planning and Research Cooperative System (SPARCS) data. This period was chosen to continue 20 years of trend analyses and to establish more reliable rates when looking at small geographic areas or minority populations. It is important to note that inclusion or exclusion of indicators from this report does not convey any a priori prioritization of health conditions.

Additional data was examined from a wide variety of sources:

- Prevention Agenda 2013-17 indicators
- Prevention Agenda 2008-12 indicators
- Community Health Indicator Reports
- County Health Indicators by Race/Ethnicity
- Behavioral Risk Factor Surveillance System (BRFSS) and Expanded BRFSS
- Cancer Registry, New York State
- Prevention Quality Indicators
- Communicable Disease Annual Reports
- The Pediatric Nutrition Surveillance System (PedNSS)
- Student Weight Status Category Reporting System
- New York State School Survey and New York State Adult Household Survey
- New York State Office of Alcoholism and Substance Abuse Services Data Warehouse
- Hospital-Acquired Infection Reporting System
- NYS Child Health Lead Poisoning Prevention Program
- NYS Kids' Well-being Indicator Clearinghouse (KWIC)
- Youth Risk Behavior Survey
- HCDI Facilitated Enrollment data
- American Fact Finder (factfinder2.census.gov)
- Access to state, county and city information collected by the census or American Community Survey
- Consumer Survey of Capital District Residents (convenience survey re access to, and satisfaction with health care in the Capital District)
- Homeless data from local homeless service providers

These data sources were supplemented by a community health survey. The 2013 Community Health Survey was conducted from December 2012 to February 2013 with assistance from the University at Albany School of Public Health (SPH). The survey was promoted through e-mail distribution and promotional flyers by large employers, community organizations, and primary care offices. Respondents were adult residents of Albany, Rensselaer, and Schenectady Counties. This consumer survey was conducted to learn about the health and health service access needs or concerns of residents in the Capital District. A total of 3,059 residents of Albany, Rensselaer, or Schenectady Counties completed surveys. Oversampling was done in ZIP codes identified as "high needs areas" that experience greater health disparities and contain low-income, medically underserved, and minority populations. The University at Albany School of Public Health was responsible for managing and analyzing data collected. For a detailed summary of the findings, consult page 187 of the appendix.

Local data was compiled from these data sources and draft reports were prepared by health condition for inclusion in this community health needs assessment. Drafts were reviewed for accuracy and thoroughness by two staff with specialized health knowledge: Kevin Jobin-Davis, Ph.D. who has over 10 years of public health data analysis experience in the capital region; and Michael Medvesky, M.P.H. who has over 25 years of experience working with public health data in the New York State Department of Health in many roles including Director of the Public Health Information Group. Drafts of the sections were sent to local subject matter experts for review in the health departments of Albany, Rensselaer, and Schenectady counties and in St. Peter's Health Partners, Albany Medical Center, Ellis Hospital, and Interfaith Partnership for the Homeless. 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. The Department now also provides county-level information on 2013-2017 Prevention Agenda indicators and objectives that can be used for tracking Prevention Agenda-based efforts. To supplement available information, this report focuses on more detailed information, such as analyses by ZIP code level, gender, race, ethnicity and trends over the past decade. In order to present meaningful information for smaller areas or subgroups, data for several years were 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 District, a summary of general health status is presented, including information on health care coverage, access and usage. This is followed by sections specific to each of the five 2013-2017 New York State Prevention Agenda Priority Areas. Topics within each Priority Area contain a brief synopsis of the condition and why it is of concern. Prevention Agenda objectives are presented and compared to statistics for New York State, excluding New York City, and the three Capital District counties. If available, trend data as well as information by gender and race/ethnicity is presented. Indicators include mortality, natality, and emergency department 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 6,000 residents and meaningful groupings generally following municipal or multiple municipal boundaries.

Detailed tables are available in the appendices for: ZIP code neighborhood groupings by county, county hospitalization rates by race and gender, county hospitalization rates by neighborhood, county emergency department rates by neighborhood, county mortality rates by neighborhood, Capital District leading causes of death, prevention quality indicators, county birth indicators by neighborhood and 2013 community health survey results.

Rates

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

Data Summary

The 2013 Community Health Needs Analysis summarizes the health needs of the region. The health of Capital District residents was generally consistent with other New York counties outside New York City (Rest of State), although residents had a higher overall age-adjusted mortality rate as well as a higher rate of Years of Potential Life Lost (YPLL) than Rest of State. The YPLL is an indicator that is driven by premature deaths. Chronic diseases were the leading causes of death in the Capital District, with heart disease and cancer 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 District having fewer barriers to care than the Rest of State. Capital District residents, both children and adults, had higher health insurance coverage rates compared to Rest of State. A higher percent of residents also had a regular health care provider. The Capital District's primary care system also seems to be working well compared to Rest of State. When looking at preventable hospitalizations, Capital District residents had much lower rates than residents from Rest of State; however, Emergency Department (ED) utilization was still a Capital District issue. The total, as well as condition-specific, ED visit rates were higher in the Capital District residents compared to Rest of State.

There were many positive trends in the Capital District. Coronary heart disease, stroke, colorectal cancer, and female breast cancer trends decreased in the past decade. There were also decreasing rates in gonorrhea and HIV. Children 19-35 months of age had higher immunization rates, women aged 13-17 years had higher HPV vaccination rates, and adults, 65 years of age and older, had higher influenza immunization rates than the Rest of State. The rate of untreated tooth decay in third graders not only was lower in the Capital District compared to Rest of State, but all three counties now meet the new Prevention Agenda objective. Lead screening at 18 and 36 months generally improved in the Capital

District, while the incidence of positive blood lead in children less than 72 months of age decreased in the last decade. The Capital District had also seen a positive change in certain health behaviors. Current smoking decreased in the Capital District, with all three counties having lower current smoking rates than the Rest of State.

However, many measures were not as positive, particularly in lower income, inner-city neighborhoods where many rates are 3 to 7 times higher than the county average. While the Capital District had good health insurance coverage, still slightly less than 10% of residents were not covered by any form of health insurance. Obesity and its related diseases were also health issues in the Capital District. Adult residents had seen an increase in obesity since 2003, with rates equal to or greater than Rest of State. Obesity in the Capital Region's school children was also alarming, with Rensselaer and Schenectady counties having childhood obesity rates higher than Rest of State. Diabetes prevalence in adults increased since 2003. Asthma ED visit and hospitalization rates were also higher in the Capital District compared to Rest of State, with hospitalization rates showing an increasing trend in the past decade. The incidence of positive blood lead in children less than 72 months of age was still higher than residents of Rest of State.

Similarly, while the trend is decreasing, Albany and Schenectady were still among the counties with the highest gonorrhea rates. Chlamydia rates were also much higher in the Capital District, with increasing trends in the past decade. Albany and Rensselaer counties presented some of the highest Lyme disease case rates in New York State. Substance abuse indicators also show there is a growing problem in the Capital District. Drug-related hospitalization and newborn drug-related hospitalization rates were higher than Rest of State, with increasing trends. Binge drinking had also increased in the Capital District since 2003.

Counties

Like many other urban areas, many Albany County residents were affected by sexually transmitted diseases. Residents had 80% higher rates of gonorrhea, and 40% higher rates of female chlamydia than residents of Rest of State. Albany County, as well as Rensselaer County, had one of the highest Lyme disease case rates in New York State. Albany County had higher current asthma prevalence in adults, and higher asthma ED visit rates compared to Rest of State. Aggressive behavior was also an issue in Albany County, with residents having 50% higher assault-related ED visit and hospitalization rates compared to Rest of State. On the other hand, Albany County residents exhibited lower adult obesity and diabetes prevalence rates compared to the residents of Rensselaer and Schenectady counties.

Rensselaer County had the highest current smoking rate in the Capital District. Its residents had higher Chronic Lower Respiratory Disease (CLRD) ED visit, hospitalization, and mortality rates, as well as lung cancer incidence rates, compared to Rest of State. Rensselaer County residents showed an increase in binge drinking from 2003 to 2008-2009, and had higher cirrhosis mortality and hospitalization rates than residents of Rest of State. Rensselaer County also had the highest Lyme disease case rate in the Capital District. Rensselaer County residents, however, had the lowest drug-related and newborn drug-related hospitalization rates in the Capital District. Rensselaer County also had lower school student obesity rates compared to students from Albany and Schenectady counties.

Obesity was a major issue for Schenectady County residents. Schenectady County had the largest increase in adult obesity between 2003 and 2008-2009 among the three Capital District counties. Schenectady County had adult obesity, school student obesity and WIC child (2-4 years of age) obesity rates that were higher than Rest of State. Schenectady County residents also had higher rates than Rest of State for adults with diabetes, diabetes mortality, and short-term complications due to diabetes hospitalizations. As with Albany County, Schenectady County had much higher gonorrhea and female chlamydia rates compared to Rest of State. Unlike the rest of the Capital District, Schenectady County had not seen an increase in Lyme disease, and its rate is much lower than the rates for Rensselaer and Albany counties.

Gender

Capital District women present a better preventive health picture than their male counterparts. A greater percentage of females were covered by health insurance, were more likely to have a primary care health provider, were more likely to have received preventive medical services, and were less likely to be obese than men from the Capital District. Heart disease, cancer, CLRD, and stroke were the leading causes of death in Capital District women. Female residents also had higher ED visit and hospitalization rates for asthma, CLRD, falls in the elderly, and assault than women who reside in Rest of State. However, Capital District women had lower hospitalization rates than Rest of State for coronary heart disease and motor vehicle accidents. Compared to their male counterparts, Capital District females had higher ED visit and hospitalization rates for asthma, CLRD, elderly falls, and self-inflicted injuries. Capital District females also had higher gonorrhea and chlamydia rates than male residents.

Heart disease, cancer, CLRD and stroke were the leading causes of death for male residents of the Capital District. Compared to the Rest of State, Capital District males had higher ED visit and hospitalization rates for asthma, assault, CLRD, and elderly falls. As with females, Capital District males had lower coronary heart disease and motor vehicle accident hospitalizations than male Rest of State residents. Compared to their female counterparts, Capital District males had a higher incidence of lung cancer, coronary heart disease hospitalizations, stroke hospitalizations and colorectal cancer mortality. Males also had a 3 to 4 times the assault hospitalization rate compared to females in the Capital District.

Race/Ethnicity

In general, Black non-Hispanic Capital District residents were at greater health risk than White non-Hispanic residents. Black non-Hispanic residents had 5.4 times the percent of population below poverty compared to White non-Hispanic Capital District residents. Black non-Hispanic residents also had higher age-adjusted total mortality rates than White non-Hispanic residents. Hispanic Capital District residents had the lowest age-adjusted total mortality rates.

When compared to White non-Hispanics, Black non-Hispanic Capital District residents had serious issues with diabetes. They had 2.0 times higher diabetes mortality rates; 3.4 times higher diabetes (primary diagnosis) hospitalization rates; and 3.4 times higher rates of hospitalizations due to short-term complications of diabetes. In addition, Black non-Hispanic Capital District residents also had 4.4 times the asthma hospitalization rates; 4.5 times higher teen pregnancy rates; 50% lower adequate prenatal

care rates; and 1.6 times higher drug-related hospitalization rates than their White non-Hispanic counterparts. The difference in assault hospitalizations was especially striking. Black non-Hispanics had 7.9 times the assault hospitalization rates than White non-Hispanic residents.

CLRD, one of the leading causes of death in the Capital District, had unusual disparity data. Black non-Hispanic residents had a 1.5 times higher hospitalization rate for CLRD, while White non-Hispanics had 3.1 times higher CLRD mortality rates than Black non-Hispanic Capital District residents. White non-Hispanic residents also had 2.9 times higher congestive heart failure mortality rates than Black non-Hispanic residents. The rate of hospitalizations of the elderly due to falls also showed that White non-Hispanic Capital District residents had a 2.3 times higher rate than their Black non-Hispanic counterparts.

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

II. Community Health Improvement Plans

Collaboration and Community Engagement

Engaging the community in the health needs assessment process was a priority of HCDI and its stakeholders. Broad community engagement began with distribution and participation in the community health survey. The surveys offered multiple choice and open ended questions to learn about residents' health needs, health behaviors and barriers to care. Over-sampling of high need neighborhoods was performed to collect more robust information about areas with disproportionate health needs. Surveys were distributed in community organizations, churches, by community health workers, in primary care sites and through large employers.

Survey results were incorporated into the examination of health needs by the members of the Capital District Public Health Prioritization Task Force. The Task Force included community voices through representatives from consumers, community organizations that serve low income residents, the homeless, those with HIV/AIDS, advocacy groups, employers, public health departments, providers and health insurers. Participants were encouraged to share data of their own and to advocate for the needs of their constituents. For a full list of Capital District Public Health Prioritization Task Force members, consult page 201 of the appendix. While all of the health institutions serve high need individuals, the two federally qualified health centers, Capital District African American Coalition on AIDS, Interfaith Partnership for the Homeless, Capital District Community Gardens and our consumer/faith community representatives have unique access to medically underserved residents.

Selection of Priorities

Selection of the top health priorities for the region was the conclusion of a year-long process building our knowledge of current public health conditions, identifying an optimal process for selecting priorities and implementing that process. Meetings were held biweekly throughout the first half of 2013 with

participation from local health departments in Albany, Schenectady, and Rensselaer counties, St. Peter's Health Partners, Ellis Medicine, Albany Medical Center, and HCDI to ensure that health needs analysis, prioritization and community health plans were timely and of high quality. Members of these organizations worked to identify individuals to participate in the Capital District Public Health Prioritization Task Force.

The Capital District Public Health Prioritization Task Force was formed to review data analyses prepared by HCDI and to select the top two priorities for the region. Data presentations were given at the meetings to provide summarize available data on the leading problems in the capital district. Health indicators from the 2013 Community Health Needs Assessment were included in the presentation if:

- At least two of the three Albany, Rensselaer, and Schenectady county rates were significantly higher than the New York State, excluding New York City data; or
- At least two of the three county rates are in the highest risk quartile in the state; or
- Rates for the health condition worsened over the past decade in two of the three counties; or
- The health condition was a leading cause of death in two of the three counties; or
- Disparity between rates was clearly evident in sub-populations; or
- There were a high absolute number of cases in the region.

Health indicators that met the criteria were included from all five of the Prevention Agenda areas: Promote a Healthy and Safe Environment, Prevent Chronic Diseases, Prevent HIV/STDs, Vaccine Preventable Diseases and Healthcare-Associated Infections, Promote Healthy Women, Infants, and Children, and Promote Mental Health and Prevent Substance Abuse.

A total of 19 health indicators were selected to be presented. Available data on prevalence, emergency department visits, hospitalizations, mortality and trends were included for each indicator. Equity data for gender, age, race/ethnicity, and neighborhood groupings were presented as available.

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

Task force participants shared their views for each indicator on three qualitative dimensions: the impact of the condition on quality of life and cost of health care, community awareness and concern about the condition, and the opportunity to prevent or reduce the burden of this health issue on the community. A basic representation of the group's view on each dimension was recorded. Task force participants were provided with a Prioritization Tracking Tool to record their own comments about the importance of each

indicator as a priority and record their thoughts on the severity, community values, and opportunity for improvement.

Upon completion of the data summaries, the Task Force members were given an opportunity to advocate for the priority they believed was most meritorious and the group voted on the top two Prevention Agenda categories. Behavioral health and chronic disease categories received the greatest amount of votes by far because they impact the largest number of people in the most significant ways, both directly and indirectly, through their influence on other health conditions. They were also largely preventable and contributed most significantly to the cost of health care. Asthma and diabetes were the specific health conditions within the chronic disease that participants thought should be addressed to make the most beneficial impact.

New Regional Health Improvement Task Forces were formed for asthma, diabetes, and mental health comprised of members in the community who have expertise in, or work for an organization in, one of those health areas. These task forces were charged with proposing regional community health improvement plans to drive the development of institutional prevention strategies and joint initiatives to address pressing health needs in the region.

Community Health Improvement Plans

Community health Improvement planning task forces were formed for asthma, diabetes and behavioral health with a diverse group of individuals having specialized knowledge of the needs and services in this region for each condition. Participating organizations were surveyed to identify organizational activities and resources for each health condition. Task force participants were given a detailed summary of these organizational assets and resources during the first meeting. A summary of these resources is available on page 200 of the appendix. Each task force was provided a detailed review of the data pertaining to their health need accompanied by reports on organizational assets, evidence-based practices identified by the Centers for Disease Control and Prevention (CDC) and other respected national sources, and evidence-based practices undertaken by counties during the 2008-2012 Prevention Agenda.

Task force members built upon these reference sources by identifying other local best practices and important factors contributing to poor health outcomes. Proposals were solicited for strategies that would reduce the prevalence of their health condition. These proposals were organized according to the Wisconsin model promulgated by the National Association of County and City Health Officials. They were further refined and discussed to clarify what would have the greatest impact, which evidence-based practices could be expanded upon and where there was support for cross-institutional collaboration. Drafts were reviewed by the host organizations of task force representatives and refinements were made to the tactics, time-framed targets, process and outcome measures. The process and preliminary outcome measures to monitor efficacy can be found on page 211 of the appendix. The meeting content and participants for the task forces can be found on page 218 of the appendix. Each of the community health improvement plans were voted on and passed unanimously.

Task forces developed community health improvement plans that include an ongoing quarterly meeting with subcommittees working on specified plan activities throughout the year. Staff was hired to support

communication, timely scheduling of meetings, the development of tools and resource materials. While the goals of each task force clearly varied, the strategies employed to accomplish those goals generally fell into four categories – environmental interventions, care coordination, self-management and education.

The following is a description of the prioritized health needs for the Capital District. The Community Health Improvement Plans are for Albany and Rensselaer counties only. Schenectady County developed their Community Health Improvement Plan through a process led by Ellis Medicine and Schenectady County Public Health Services. The Schenectady County Community Health Improvement Plan workgroups will collaborate with the Albany and Rensselaer county task forces and look forward to sharing the results of promising practices for potential expansion throughout the region in the future.

The public will be more substantially engaged in this community health improvement process through a multi-staged program. First, this community health needs assessment will be posted on the websites of the Healthy Capital District Initiative, Albany and Rensselaer county local health departments and hospitals. Second, additional outreach will occur to expand task forces to include additional business and community members with a passion for these health issues. Third, community champions will be identified and incorporated in outreach and education activities to reinforce the benefits of recommended best practices and strengthen connections with community members. Fourth, a public awareness strategy will be rolled out in the first half of 2014 to illuminate the significance of each health need, regional activities undertaken to address these needs, effective self-management strategies, and to highlight community champions who are effectively managing their health.

Asthma Community Health Improvement Plan 2013-2017

In New York State, there are more than 1.1 million adults living with asthma. At times, these individuals experience an asthma attack: a distressing and potentially life-threatening experience where the airways constrict, causing difficulty breathing. If poorly treated, asthma can lead to persistent hospitalization and death. Asthma sufferers can reduce their need for hospitalization through self-management education and adhering to medication protocols. Research shows that asthma hospitalization rates for the Capital District (Albany, Rensselaer, and Schenectady counties) are significantly higher or higher than New York statewide rates. For childhood asthma Rensselaer County showed an 18% increase in hospitalization rates between 2001-2005 and 2006-2010. Black Non-Hispanics in the region have asthma hospitalization rates 3 to 5 times that of White Non-Hispanics. High risk neighborhoods in Albany and Troy have been identified that have ED visit rates 2.5 to 4 times higher than Upstate New York rates. Their hospitalization rates are 4 to 5 times higher than the rest of the state.

Our plan will work to reduce the prevalence of uncontrolled asthma in these neighborhoods. The focus is on increasing the number of patients engaged in an asthma continuum of care and increasing the utilization of asthma action plans and controller medication. Strategies will promote community environments in enacting tobacco-free policies, and engage the community in smoking cessation programs.

Goal: **Reduce the prevalence of uncontrolled asthma in Albany and Rensselaer Counties with particular attention to ZIP codes with the highest incidence of asthma in the cities of Albany and Troy.**

Objectives:

1. Asthma emergency department visits for children under 18 will decrease by 5% in 2014, 15% in 2015 and 20% in 2016 from 2012 rates.
2. Asthma hospitalization rates for children under 18 will decrease by 5% in 2014, 7.5% in 2015 and 10% in 2016 from 2012 rates.

Strategy 1: **Increase the number of patients engaged in all components of the asthma care loop through strong care transition policies that encourage hospital visit follow-up with primary care, community medical providers, reduction of asthma triggers, and improved self-management.**

Tactics:

1. Expand Lung Center care transition program to provide asthma education, support medication retention and primary care transition to all asthma patients across the St. Peter's Health Partners network. By December 2017, 100% of patients at St. Peter's Health Partners have access to Lung Center.
2. Develop a primary care provider referral initiative in Troy to encourage physicians to refer their asthma patients to local asthma education and self-management programs. By December 2017, 75% of contacted physicians referring patients.
3. Develop a care transition program in emergency departments that identifies and refers patients who could benefit from an in-home Asthma Program reducing asthma triggers at discharge. By December 2017, 100% of emergency departments have a care transition program in place.
4. Work with stakeholders to create improved information links between providers; hospital emergency departments and PCP; PCP and specialist; schools and PCP to support planned interactions with patients and evidence-based care. By December 2017, 20% increase in providers and 50% increase in patients signed up for push notifications with HIXNY.
5. Promote continuity of care by assuring for each patient: a medical home, continuity in appointments, follow-up after routine and urgent care visits. By December 2017, 50% of emergency department asthma patients follow up with their primary care provider or asthma educator.

Organizational Partners Strategy 1:

1. St. Peter's Health Partners, Capital District Physician's Health Plan
2. St. Peter's Health Partners, Whitney M. Young Health Center, Asthma Coalition of the Capital Region, Capital District Physician's Health Plan, Visiting Nurse Association of Albany

3. Albany Medical Center, St. Peter's Health Partners, Visiting Nurse Association of Albany, Capital District Physician's Health Plan, Asthma Coalition of the Capital Region, Whitney M. Young Health Center, the Eddy of St. Peter's Health Partners
4. Asthma Coalition of the Capital Region, Whitney M. Young Health Center
5. Asthma Coalition of the Capital Region, Whitney M. Young Health Center, Visiting Nurse Association of Albany, St. Peter's Health Partners

Strategy 2: Increase utilization of asthma action plans to affirm knowledge of how to control asthma through the support of community medical providers.

Tactics:

1. Encourage policies in city schools to require students with asthma to submit an asthma action plan. By December 2017, 100% of schools have implemented an asthma action plan initiative.
2. Reinforce the effective use of asthma action plans by offering at least 10 community based asthma self-management classes serving 100 people per year. By December 2017, 300 people attended community based asthma self-management classes.
3. Increase support of the asthma action plan by community medical providers, such as schools, pharmacies, care coordinators, insurers, asthma educators and nurses through education, materials and workflow adjustments. By December 2017, asthma action plan materials delivered to 200 community partners.

Organizational Partners Strategy 2:

1. Next Wave, City School District of Albany, Asthma Coalition of the Capital Region, Whitney M. Young Health Center
2. St. Peter's Health Partners, Asthma Coalition of the Capital Region, Whitney M. Young Health Center
3. Asthma Coalition of the Capital Region, Whitney M. Young Health Center, Next Wave, Albany County Department of Health, City School District of Albany, Visiting Nurse Association of Albany, local pharmacies, St. Peter's Health Partners, Albany Medical Center, the Eddy Of St. Peter's Health Partners, Rensselaer County Department of Health

Strategy 3: Increase access to and utilization of asthma controller medications.

Tactics:

1. Home care patients will be educated about affordable prescription options and receive resources and support for fulfilling their prescriptions. By December 2017, 100% of home care providers will have educational material about affordable prescription options to share.

2. School nurses in the Albany, Troy, and Lansingburgh School Districts will be trained to support asthmatic students, and will be provided with the necessary educational resources. By December 2017, 90% of school nurses in Albany, Troy and Lansingburgh will be provided educational resources on asthma.
3. Improve the asthma management and outcomes of underserved patients (Medicaid, Medicaid managed, and uninsured) age 0-40 years with "not well controlled" or "poorly controlled" asthma through a community pharmacist intervention program that assesses and counsels patients on 1) knowledge and use of controller and rescue medications, and 2) self-management skills. By December 2017, 5 community pharmacist intervention programs established.

Organizational Partners Strategy 3:

1. Health Capital District Initiative, Visiting Nurse Association of Albany, St. Peter's Health Partners-select Hospital operated primary care sites, the Eddy of St. Peter's Health Partners
2. City School Districts of Albany, Troy City School District, Lansingburgh Central School District, Asthma Coalition of the Capital Region, Whitney M. Young, Jr. Health Center, Visiting Nurse Association of Albany, Albany County Department of Health, Rensselaer County Department of Health
3. Asthma Coalition of the Capital Region, Whitney M. Young, Jr. Health Center, Capital District Physician's Health Plan, Albany College of Pharmacy and Health Sciences, community pharmacies, community partners

Strategy 4: Promote a community environment that helps prevent and manage asthma.

Tactics:

1. Provide education, pulmonary screenings, and interventions to the community through faith community nurses and already-established community events. By December 2017, community asthma education reach over 200 people annually.
2. Reduce exposure to secondhand smoke in public and affordable housing facilities through assisting housing managers implement no-smoking policies. By December 2017, 25% of contacted housing managers implementing no-smoking policies.
3. Engage community champions in asthma education and smoking cessation. By December 2017, 10 community champions participate in asthma reduction events.
4. Provide perinatal information to prospective parents about environmental issues related to asthma and asthma triggers. By December 2017, 100% of prospective parents provided asthma information.
5. Identify and refer appropriate expecting and new mothers to the Center for Smoking Cessation. By December 2017, 100% of appropriate expecting and new mothers referred to Center for Smoking Cessation.

Organizational Partners Strategy 4:

1. St. Peter's Health Partners ; Capital District Physician's Health Plan
2. St. Peter's Health Partners , Albany County Department of Health, Asthma Coalition of the Capital Region, Whitney M. Young Health Center, Capital District Tobacco Free Coalition
3. St. Peter's Health Partners, Whitney M. Young Health Center, Albany County Department of Health, Rensselaer County Department of Health, Next Wave, Capital District Tobacco Free Coalition
4. St. Peter's Health Partners ; Burdett Care Center
5. St. Peter's Health Partners; Burdett Care Center

Strategy 5: Strengthen collaborative efforts around the self-management and prevention of asthma.

Tactics:

1. Establish a task force to coordinate implementation of the CHIP and plan future strategies. By December 2017, 80% of coalition members attending quarterly meetings.
2. Gather research and data regarding asthma to be considered for future CHIP inclusion in the CHIP.

Organizational Partners Strategy 5:

1. Existing regional health improvement task force
2. St. Peter's Health Partners, Albany Medical Center, Next Wave, Healthy Capital District Initiative

Behavioral Health Community Health Improvement Plan 2013-2017

Nearly 1 in 5 adults in New York have some form of mental illness. Studies show that 36% of people with mental illness smoke cigarettes. In comparison, only 21% of adults without mental illness smoke cigarettes. These rates among the mentally ill are higher when comparing those who live below the poverty level (48%) to those who live above the poverty level (33%)[1]. Also of concern with mental illness sufferers are chemical dependency issues, especially with regards to opiate abuse. Opiates are the reported primary drug of choice for 35.6% of persons seeking admission for non-crisis services. Drug-related hospitalization rates for the Capital District are higher than the rest of the state, and among Blacks and Hispanics the rates were 1.5 to 2 times higher than for the white population.

New York State has a unique opportunity to reach these individuals through its expansive mental health systems, one of the largest in the United States. Area providers have identified a service gap in this system with regard to tobacco and opiate abuse. This taskforce has designed strategies to improve

[1] CDC. Smoking Among Adults with Mental Illness. Available at http://www.cdc.gov/features/vitalsigns/SmokingAndMentalIllness/

provider knowledge regarding: recognizing signs of abuse, discussing treatment options with addicts, and appropriate opiate prescriptions. Concurrently, we will be promoting colocation of services by bringing behavioral health professionals into the primary care setting to assist in this endeavor. Following the lead of the CDC, strategies regarding tobacco cessation will include incorporating cessation programs into overall mental health treatment and encouraging mental health facilities and campuses to enact tobacco-free policies.

Goal 1: **Reduce opiate abuse, both illicit and prescribed, in Albany and Rensselaer counties.**

Objective: Increase capacity optimization and efficiency of treatment for opiate abuse, as well as knowledge of best practices in prevention and treatment of opiate abuse.

Outcome Measure: By 2017, reverse the trend of increasing ED visits due to opiate abuse.

Strategy 1: **Educate the public about the risks of opiate abuse.**

Tactics:

1. Students will have an opiate abuse module added to their existing substance abuse school-based programs or health classes. By December 2017, high schools in 6 school districts in Albany and Rensselaer counties will have added an opiate abuse module to their existing substance abuse school-based programs or health classes.
2. Partners will promote Take Back Drug initiatives in their facilities and community settings, raising awareness of opiate abuse and encouraging people to dispose of their old prescription drugs from their medicine cabinets properly. By December 2017, 75% of partner organizations will promote disposal programs for old prescription drugs.
3. Advertise Drug Hotlines to increase enforcement, with over 40 signs posted and local newspaper coverage. By December 2017, 25% increase in utilization of Drug Hotlines.

Organizational Partners:

1. Rensselaer County Department of Mental Health, Albany County Stop DWI, Capital Region BOCES, Capital Region school districts & all task force partners available for classroom speaking requests.
2. All task force partners.
3. Rensselaer County Department of Mental Health, Capital Region Underage Drinking and Drug Use Prevention Coalition, Rensselaer County Stop DWI Program, Rensselaer County Sheriff

Strategy 2: **Increase PCP knowledge of resources and best practices for opiate use and addiction.**

Tactics:

1. Develop and distribute a decision tree for providers with referral options, resource documents, and patient educational material for use in response to the I-STOP program. By December 2017, 75% of contacted providers report using decision tree.
    a. This can include written materials, online education, and in-person sessions for CME.
    b. Develop a brochure of the signs of prescriptive opiate abuse and the location and phone numbers of Suboxone, methadone, and detox providers.
    c. Use OASAS resources and CME classes.
    d. Streamline coordination and case management support to PCPs for relapsing patients.
2. Train over 200 health professionals annually in motivational interviewing and SBIRT techniques. By December 2017, 200 health professionals annually trained in motivational interviewing and SBIRT techniques.
3. Discuss prescribing patterns with eligible health care providers, including dental providers who are high-volume opioid prescribers. By December 2017, 50% decrease in opioid prescriptions written in Albany and Rensselaer counties.
    a. Offer treatment recommendations for members who are receiving routine opiate prescriptions through telephonic or web-based consultation services.

Organizational Partners:

1. CDPHP, St. Peter's Health Partners, Albany Medical Center, primary care and specialty practices, Catholic Charities, Albany County Department of Mental Health, Rensselaer County Department of Mental Health, NYSDOH
2. Albany Medical Center, CDPHP, St. Peter's Health Partners, primary care and specialty practices, Catholic Charities, Albany County Department of Mental Health, Sage College, University at Albany, OASAS, Whitney M. Young, Jr. Health Services
3. CDPHP, Fidelis, MVP, Empire Blue Cross Blue Shield, United Healthcare

Strategy 3: Promote cross-system collaboration to optimize utilization and capacity of addiction services.

Tactics:

1. Form a task force to facilitate knowledge of opiate abuse resources and implementation of the Community Health Improvement Plan. By December 2017, 75% of active partners participating in quarterly meetings.
    a. Provide educational information to CDPHP and Fidelis regarding available opiate abuse treatment resources.
    b. Encourage the development of ancillary outpatient withdrawal services through task force identification of the location, lead organization and resources needed.
    c. Identify high areas of need for doctors with X licences, develop outreach materials clarifying the benefits of licensure and recruit doctors for licensure.

2. Increase the number of individuals referred to non-substance abuse treatment services and low-threshold services (such as syringe exchange, treatment readiness, and harm reduction counseling) by primary care and substance abuse treatment providers by 25%. By December 2017, 25% increase in number of individuals or participating in non-substance abuse treatment services and low-threshold services.
3. Increase colocation of behavioral health professionals and case managers in primary care offices by 3 practices a year. By December 2017, 3 practices annually will have increased number of behavioral health professionals and/or case managers in primary care offices.
4. Increase the number of doctors trained and licensed to prescribe medications treating opiate addictions. By December 2017, increase the number of doctors trained and licensed to prescribe medications treating opiate addictions by 24.
    a. Increase the number of doctors trained and licensed to prescribe Suboxone by 3 doctors per year. By December 2017, 3 doctors per year trained and licensed to prescribe Suboxone.
    b. Increase the number of doctors who prescribe Vivitrol by 3 doctors per year. By December 2017, 3 doctors per year trained and licensed to prescribe Vivitrol.
5. Tailor a training curriculum to review opiate addiction resources, including an overdose prevention kit to be given to patients at discharge. By December 2017, training curriculum is updated and delivered to 100 people annually.
    a. Train 100 individuals annually in the NYS Opioid Overdose Prevention Program. By December 2017, 100 individuals annually trained in NYS Opioid Overdose Prevention Program.
    b. Pursue legislation to make Naloxone/Narcan have standing status so that it is available over the counter to readily treat an opiate overdose event.

Organizational Partners:

1. CDPHP, Catholic Charities, Albany County Department of Mental Health, Rensselaer County Department of Mental Health, Albany Medical Center, St. Peter's Health Partners, Whitney M. Young, Jr. Health Services, Rensselaer County Department of Mental Health, Addictions Care Center of Albany, Inc.
2. Catholic Charities, Whitney M. Young, Jr. Health Services, Albany Medical Center, St. Peter's Health Partners
3. CDPHP, Whitney M. Young, Jr. Health Services, , St. Peter's Health Partners– SPARCS
4. St. Peter's Health Partners, CDPHP, Whitney M. Young, Jr. Health Services, primary care providers
5. AIDS Council of Northeastern New York, Whitney M. Young, Jr. Health Services, Catholic Charities, St. Peter's Health Partners, Albany Medical Center, Albany County Department of Health, Albany County Department of Mental Health

Goal 2: Reduce tobacco use in people with mental health needs.

Objective: Two mental health clinics in the counties of Albany and Rensselaer will become tobacco free grounds facilities by January 1, 2017.

Outcome Indicators: Number of facilities with tobacco free grounds.

Strategy: **Support and promote smoking cessation among staff and consumers of mental health facilities by establishing tobacco free grounds policies.**

Tactics:

1. Recruit and train staff from multiple mental health facilities on the need, benefits, tools and supports available to reduce smoking on campus.
    - Tobacco Free Coalition to provide guidance, signage, policy development, etc.
    - Cessation Center will train staff on how to help consumers quit, how to help those who choose to smoke to adjust to the new policy, how to cope with push back, and how to help staff who want to quit smoking.

   By December 2017, 2 mental health clinics in Albany and Rensselaer counties have implemented tobacco free policies or initiatives.

Organizational Partners:

Capital District Tobacco-Free Coalition, Center for Smoking Cessation at Seton Health, Rensselaer County Department of Health, Albany & Rensselaer County Departments of Mental Health, Albany County Department of Health

Diabetes Community Health Improvement Plan 2013-2017

Diabetes affects nearly 26 million people currently in the United States. Estimates are that another 79 million people are at risk of diabetes. Treatment plans involve medications and self-management education. Without proper care, people with diabetes will require emergent or hospital care. The total cost of diabetes in the United States was $245 billion in 2012. The prevalence of adults with diabetes in the Capital District region is increasing and numbers already exceeds statewide averages. The hospitalization rate for adults with short-term complications from diabetes in the Capital District also exceeds the New York State rate. In particular, the rates for hospitalizations for Black non-Hispanic adults were 2.5-4 times the rates of their White non-Hispanic counterparts. Also, Black non-Hispanic diabetes mortality rates are twice as high as White non-Hispanics. Admissions for short-term diabetes complications in high need neighborhoods were 1.5-5.5 times the admission rate expected, whereas more affluent neighborhoods had 33% to 75% of the expected admissions. This data highlights health disparities that exist in the Capital District.

Our plan will focus on reaching disparate communities to decrease the prevalence of diabetes and assist those currently living with the disease. Strategy tactics will advance a “Health in All Policies” approach. Expanding school and employee wellness programs and opening public areas to the public for safe physical activity will meet individuals where they live, work and play. Lifestyle change and self-management strategies will significantly improve quality of life and reduce treatment costs for those

with diabetes. Creating diabetes services resource guides for health care providers and consumers will build and strengthen partnerships that align to improve diabetes care. These strategies will foster an environment that engages individuals in prevention and self-management of diabetes.

Goal: **Reduce the prevalence of Type 2 diabetes in Albany and Troy.**

Objectives:

Reduce diabetes ED visits by 5%.
Reduce short-term complication hospitalizations by 5%.

Strategy 1: Improve processes that support and increase engagement in prevention and self-management of diabetes and related comorbidities (e.g. hypertension).

Tactics:

1. Increase engagement in the National Diabetes Prevention Program (NDPP) through increased screening and referrals by PCPs, partnering with hospitals, supermarket chains, and community-based organizations; and implementing initiatives. By December 2017, increase by 25% number of people actively participating in NDPP. By December 2017, increase by 20% number of patients reporting 5% reduction in weight or greater.
2. By December 31, 2017 increase the number of health centers that are prescribing fruit and vegetable vouchers with VeggieRx Program. By December 2017, 100% increase in number of providers issuing scripts. By December 2017, 50% increase in number of people redeeming scripts.
3. Provide nutritional education to 100 food pantry or food bank staff and encourage implementation of healthy eating policies in food pantries. By December 2017, 50% of food pantry patrons receiving foods within MyPlate guidelines.
   3.1 Create and implement educational strategies for food donors to increase the nutritional value of donated foods.
4. Educate and train local health educators about the nutritional value tools in supermarket chains. By December 2017, train over 100 health educators about nutritional value tools.
5. Reduce the amount of sodium in meals offered at venues including senior meal sites, hospitals, and restaurants. By December 2017, 3 organizations reducing the amount of sodium in meals by more than 5%.

Organizational Partners:

1. Capital District YMCA, Center for Excellence in Aging and Community Wellness, Albany County Department of Health, Price Chopper, faith-based organizations, food pantries, St. Peter's Health Partners, Albany Medical Center, American Diabetes Association

2. Capital District Community Gardens, Whitney M. Young Health Centers, University at Albany School of Public Health, Koinonia Primary Care, St. Peter's Health Partners
3. Sage College, Price Chopper, Albany County Department of Health, Rensselaer Department of Health, Capital Region Healthy Communities Coalition, United Way of the Greater Capital Region, University at Albany
4. Price Chopper, Hannaford, Albany Department of Health, Rensselaer Department of Health
5. Albany County Department of Health, Albany County Department for the Aging, Albany Medical Center, St. Peter's Health Partners, Albany Memorial Hospital and St. Peter's Hospital.

Strategy 2: Create, distribute, and provide educational services and resources for patients and providers.

Tactics:

1. Maintain an ongoing coalition of diabetes service providers to provide guidance and support for strategies that reduce the prevalence and severity of diabetes in the region. By December 2017, 80% of coalition participants participating in quarterly meetings.
2. Create, distribute and maintain a diabetes resource guide for 1) primary care physicians and school nurses about available and covered services; and 2) consumers. By December 2017, 100 guides distributed to providers and nurses. By December 2017, 300 guides provided to consumers.
3. Increase utilization of diabetes medical services by increasing community PCP and hospital referrals to CDEs, CSMEs, RDs, Diabetes Educators and diabetes education programs by 10%. By December 2017, increased use of diabetes educators by 25%.
4. Provide new mothers with information and support on breast feeding and a healthy diet for their babies. By December 2017, 10% increase in women who indicate they will breastfeed.
5. Provide diabetes education and/or nutrition education to expectant mothers with gestational diabetes or other risk factors. By December 2017, 25% increase in number of mothers receiving nutrition education. By December 2017, 25% increase in number of expectant mothers with gestational diabetes receiving diabetes education.

Organizational Partners:

1. All Task Force Partners
2. Healthy Capital District Initiative, Price Chopper, Albany County Department of Health, Rensselaer Department of Health, American Diabetes Association
3. Albany Medical Center, St. Peter's Health Partners, American Diabetes Association, Northeast New York Diabetes Educators Chapter, National Diabetes Education Program Children's Workgroup, Price Chopper

4. Burdett Care Center, St. Peter's Health Partners, WIC, Albany Medical Center, Whitney M. Young Health Services, Albany County Department of Health
5. Burdett Care Center, St. Peter's Health Partners, Albany County Department of Health, Rensselaer Department of Health, WIC

Strategy 3: Expand school, community and employee wellness programs.

Tactics:

1. By December 31, 2017, implement and/or expand worksite wellness initiatives in 20 worksites that increase opportunities for physical activity such as choosing stairs; access to or promotion of healthful foods and beverages; awareness of weight or diabetes management resources. By December 2017, 20 worksite wellness Initiatives implemented and/or expanded. By December 2017, 2,000 employees impacted by initiatives.
    - 1.1 Expand healthy meeting policies sites in order to provide employees and/or clients with healthier food and beverage options.
    - 1.2 Increase point-of-decision prompts on the use of stairs (rather than an elevator or escalator) to provide employees and/or clients with opportunities for physical activity.
    - 1.3 Initiate worksite walking groups and walking paths in order to provide employees with opportunities for physical activity.
    - 1.4 Provide nutrition education sessions for employees to discuss MyPlate, reading food labels, healthy eating on a budget, healthy diet, and available nutrition resources
    - 1.5 Implement healthy vending policies.
2. By December 31, 2017, expand the number of eligible schools that implement and/or expand universal breakfast program(s) by 5.

Organizational Partners:

1. Albany County Department of Health, St. Peter's Health Partners, Albany Medical Center, Price Chopper, American Heart Association, Cornell Cooperative Extension of Rensselaer County
2. Albany County Department of Health, Rensselaer Department of Health, City School District of Albany, Troy City School District

Strategy 4: Expand opportunities for safe physical activity in the community.

Tactics:

1. By December 31, 2017, establish joint use agreement per year to open additional public areas and facilities for safe physical activity, such as walking programs. By December 2017, 3 new joint use agreements established.

1.1 Engage community organizations to utilize these facilities resulting in at least 3 organizations utilizing each facility per year. By December 2017, at least 3 organizations using each facility.

2. By December 31, 2017, at least six schools in Albany and Troy will adopt wellness policy editions and/or incorporate daily physical activity requirements into classroom time in order to increase regular physical activity among youth.
3. Develop biannual educational initiative informing residents in high need zip codes of free and low cost physical activity opportunities in their neighborhood such as open gym times, walking sites, sports leagues, etc. By December 2017, 300 educational materials distributed annually.

Organizational Partners:

1. Albany County Department of Health, YMCA, City School District of Albany, Troy City School District, Cities of Albany and Troy, Healthy Schools NY, Capital District Community Gardens.
2. Albany County Department of Health, Rensselaer Department of Health, Capital District YMCA, City School District of Albany, Troy City School District
3. Albany County Department of Health, Rensselaer County Department for Youth, Sage College, Healthy Capital District Initiative, Capital District YMCA

III. Demographic Information

Racial Distribution in 2010 and 2000, United States Census Bureau

		White	African American	Hispanic*	Asian or Pacific Islander	All Other
2010						
Albany County	**n**	231,152	36,396	14,917	14,588	7,151
	%	76.00%	12.00%	4.90%	4.80%	2.40%
Rensselaer County	**n**	136,555	9,592	6,080	3,494	3,708
	%	85.70%	6.02%	3.80%	2.20%	2.30%
Schenectady County	**n**	119,409	13,528	8,827	4,998	7,965
	%	77.20%	8.70%	5.70%	3.20%	5.20%
Capital District	**n**	487,116	59,516	29,824	23,080	18,824
	%	78.78%	9.62%	4.82%	3.73%	3.04%
2000						
Albany County	**n**	240,913	31,514	9,079	8,174	3,102
	%	81.80%	10.70%	3.10%	2.70%	1.10%
Rensselaer County	**n**	137,562	6,870	3,225	2,637	1,360
	%	90.20%	4.50%	2.10%	1.70%	0.90%
Schenectady County	**n**	126,538	9,456	4,639	2,931	2,110
	%	86.30%	6.50%	3.20%	2.00%	1.40%
Capital District	**n**	505,013	47,840	16,943	13,742	6,572
	%	85.58%	8.11%	2.87%	2.33%	1.11%

*Hispanic origin crosses all racial categories.

Population by Age and Gender in 2010 and 2000, United States Census Bureau

		Age						
	Total	<1-9	10-19	20-24	25-44	45-64	65-74	75+
2010								
Albany County	304,204	31,417	41,391	28,017	76,740	84,325	20,644	21,670
Male	147,076	16,045	20,990	13,927	37,997	40,923	9,305	7,889
Female	157,128	15,372	20,401	14,090	38,743	43,402	11,339	13,781
Rensselaer County	159,429	17,928	21,949	12,546	39,804	45,595	11,150	10,457
Male	78,709	9,108	11,656	6,937	19,587	22,269	5,154	3,998
Female	80,720	8,820	10,293	5,609	20,217	23,326	5,996	6,459
Schenectady County	154,727	18,790	20,976	10,035	38,412	43,431	10,693	12,390
Male	74,856	9,636	10,854	5,057	18,605	21,222	4,876	4,606
Female	79,871	9,154	10,122	4,978	19,807	22,209	5,817	7,784
Capital District	618,360	68,135	84,316	50,598	154,956	173,351	42,487	44,517
Male	300,641	34,789	43,500	25,921	76,189	84,414	19,335	16,493
Female	317,719	33,346	40,816	24,677	78,767	88,937	23,152	28,024
2000								
Albany County	294,565	35,593	41,659	22,609	84,934	67,176	20,783	21,811
Male	140,885	18,378	21,116	11,123	41,422	32,346	9,083	7,417
Female	153,680	17,215	20,543	11,486	43,512	34,830	11,700	14,394
Rensselaer County	152,538	19,632	22,631	10,157	44,416	35,020	10,585	10,097
Male	74,691	9,944	11,989	5,427	21,717	17,206	4,768	3,640
Female	77,847	9,688	10,642	4,730	22,699	17,814	5,817	6,457
Schenectady County	146,555	19,334	19,905	8,003	41,219	33,696	11,376	13,022
Male	70,479	9,988	10,285	3,993	20,138	16,355	5,043	4,677
Female	76,076	9,346	9,620	4,010	21,081	17,341	6,333	8,345
Capital District	593,658	74,559	84,195	40,769	170,569	135,892	42,744	44,930
Male	286,055	38,310	43,390	20,543	83,277	65,907	18,894	15,734
Female	307,603	36,249	40,805	20,226	87,292	69,985	23,850	29,196

American Community Survey 2007-2011

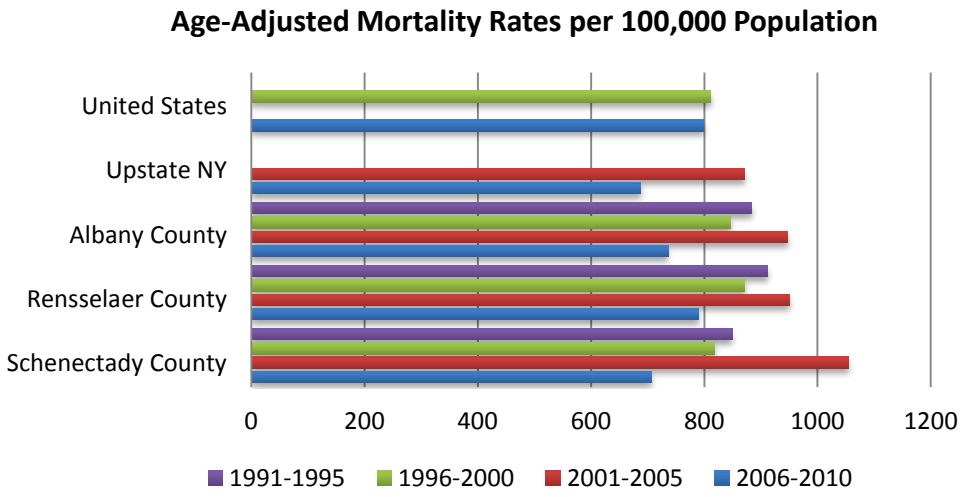
	Albany County		Rensselaer County		Schenectady County	
	n	%	n	%	n	%
Educational Attainment						
Population 25 years and over	201,686	100.0	106,702	100.0	104,305	100.0
Less than 9th grade	5,754	2.9	3,608	3.4	3,444	3.3
9th to 12th grade, no diploma	12,125	6.0	7,744	7.3	6,876	6.6
High school graduate (includes GED)	53,200	26.4	33,600	31.5	33,138	31.8
Some college, no degree	34,007	16.9	19,314	18.1	18,526	17.8
Associate degree	20,301	10.1	13,253	12.4	12,309	11.8
Bachelor's degree	40,132	19.9	16,130	15.1	16,389	15.7
Graduate or professional degree	36,167	17.9	13,053	12.2	13,623	13.1
Percent high school graduate or more	(X)	91.1	(X)	89.4	(X)	90.1
Percent bachelor's degree or higher	(X)	37.8	(X)	27.4	(X)	28.8
Employment Status						
Population 16 years and over	250,596	100.0	129,028	100.0	122,842	100.0
In labor force	164,994	65.8	87,316	67.7	79,498	64.7
Civilian labor force	164,772	65.8	87,042	67.5	79,256	64.5
Employed	154,119	61.5	80,402	62.3	73,941	60.2
Unemployed	10,653	4.3	6,640	5.1	5,315	4.3
Percent of civilian labor force	(X)	6.5	(X)	7.6	(X)	6.7
Armed Forces	222	0.1	274	0.2	242	0.2
Not in labor force	85,602	34.2	41,712	32.3	43,344	35.3
Housing Occupancy						
Total housing units	137,299	100.0	71,272	100.0	67,992	100.0
Occupied housing units	123,544	90.0	63,626	89.3	58,203	85.6
Vacant housing units	13,755	10.0	7,646	10.7	9,789	14.4
Percent homeowner vacancy rate	(X)	1.8	(X)	1.7	(X)	1.8
Percent rental vacancy rate	(X)	5.1	(X)	5.0	(X)	4.9
Housing Tenure						
Occupied housing units	123,544	100	63,626	100	58,203	100
Owner-occupied housing units	73,513	59.5	41,719	65.6	39,587	68.0
Renter-occupied housing units	50,031	40.5	21,907	34.4	18,616	32.0
Average household size: owner-occupied unit	2.53	(X)	2.56	(X)	2.71	(X)
Average household size: renter-occupied unit	2.00	(X)	2.13	(X)	2.25	(X)
Year Housing Structure Built						
2005 or later	2,578	1.9	2,356	3.3	1,388	2.0
2000 to 2004	5,420	3.9	3,015	4.2	2,369	3.5
1990 to 1999	10,670	7.8	5,963	8.4	4,111	6.0
1980 to 1989	12,323	9.0	6,909	9.7	4,071	6.0
1970 to 1979	17,412	12.7	7,245	10.2	6,333	9.3
1960 to 1969	14,731	10.7	6,677	9.4	5,794	8.5
1950 to 1959	17,745	12.9	7,865	11.0	10,278	15.1
1940 to 1949	9,892	7.2	4,314	6.1	6,719	9.9
1939 or earlier	46,528	33.9	26,928	37.8	26,929	39.6

American Community Survey 2007-2011, Continued

	Albany County		Rensselaer County		Schenectady County	
	n	%	n	%	n	%
Income In 2011						
Households	123,544	100.0	63,626	100.0	58,203	100.0
Less than $10,000	8,564	6.9	4,003	6.3	3,263	5.6
$10,000 to $14,999	6,386	5.2	2,935	4.6	3,270	5.6
$15,000 to $24,999	11,323	9.2	6,131	9.6	6,449	11.1
$25,000 to $34,999	10,795	8.7	6,534	10.3	5,798	10.0
$35,000 to $49,999	16,672	13.5	8,239	12.9	7,361	12.6
$50,000 to $74,999	22,496	18.2	12,369	19.4	11,599	19.9
$75,000 to $99,999	16,304	13.2	8,800	13.8	7,947	13.7
$100,000 to $149,999	18,437	14.9	9,630	15.1	8,050	13.8
$150,000 to $199,999	7,376	6.0	3,213	5.0	2,709	4.7
$200,000 or more	5,191	4.2	1,772	2.8	1,757	3.0
Median household income (dollars)	57,715	(X)	56,271	(X)	55,587	(X)
Percentage Of Families And People Whose Income Was Below The Poverty Level In 2010						
All families	(X)	7.6	(X)	9.2	(X)	8.4
With related children under 18 years	(X)	13.7	(X)	16.8	(X)	14.5
With related children under 5 years	(X)	15.6	(X)	24.4	(X)	17.5
Families with female householder, no husband present	(X)	22.2	(X)	31.9	(X)	23.2
With related children under 18 years	(X)	31.8	(X)	41.5	(X)	32.3
With related children under 5 years	(X)	42.5	(X)	58.8	(X)	47.7
Individuals	(X)	12.3	(X)	12.1	(X)	12.0
18 years and over	(X)	11.7	(X)	10.4	(X)	9.9
65 years and over	(X)	7.6	(X)	7.7	(X)	7.0
Related children under 18 years	(X)	16.5	(X)	17.6	(X)	18.6
Related children 5 to 17 years	(X)	15.0	(X)	14.9	(X)	16.1
Unrelated individuals 15 years and over	(X)	24.3	(X)	20.7	(X)	19.3

Total Age-Adjusted Deaths

When comparing overall age-adjusted death rates in the Capital District from 1991-1995 and 1996-2000, there is a decline in all three counties. However, in the 2000 to 2005 period, there is an increase in the mortality rate for all three counties, especially Schenectady County. The mortality rate decreases dramatically in the 2006 to 2010 period and has fallen below the United States rate for 2010. The total age-adjusted death rate in the Capital District remains higher than the rate in Upstate New York as a whole. The age-adjusted death rate is higher among males than females and higher among Blacks than Whites in most age groups. These differences are consistent with Upstate New York mortality patterns.



Leading Causes of Death

Capital District Leading Causes of Death for the Total Population, 2006-2010			
Rank	**Cause of Death**	**Count**	**Percent of Total**
1	Diseases of the Heart	8,004	28.9
2	Malignant Neoplasms	6,615	23.9
3	Chronic Lower Respiratory Disease	1,682	6.1
4	Stroke	1235	4.5
5	Non Motor Vehicle Injury	759	2.7
	All Other	7,306	26.4

Within the Capital District, the top five leading causes of death are heart disease, cancer, CLRD, stroke, and unintentional injury. While these are the most common causes of death, variation occurs between gender and, to a greater extent, race/ethnicity. Although the first three leading causes of death for males and females in the Capital District are the same, pneumonia is the 5th leading cause of death for females and is not a major cause of death for males. White non-Hispanics have the same leading causes of death as the total population. The top five leading causes of death among Black non-Hispanics,

however, include diabetes and COPD. The mortality rates due to these chronic diseases are not as high in the White and overall population as they are in the Black population.

Leading cause of death also varies by age. Children 1-9 years old are most likely to die from unintentional injuries, while the leading cause of death among individuals 10-24 years old is motor vehicle injury. For ages 25-44 and 75 years and older, the leading cause of death is heart disease. This cause of death is second only to cancer among ages 45-74.

Premature Death and Years of Potential Life Lost (YPLL)

Premature deaths occur before the expected time of death. Premature death is measured by Years of Potential Life Lost (YPLL), an estimate of the average years a person would have additionally lived if they had not died prematurely. It is a measure of premature mortality that gives more weight to deaths that occur among younger people. Deaths that occur among younger people are most likely preventable and are indicative of failures in the health care system and/or lifestyle factors.

Rensselaer and Schenectady counties have a lower percentage of premature deaths than New York State, excluding New York City (NYC) and the Prevention Agenda objective of 21.8%. All three counties have higher YPLL than Upstate New York.

Percentage of Premature Deaths and Rate of YPLL, 2008-2010		
	Percentage of Premature Deaths*	**YPLL****
Prevention Agenda Objective	**21.8%**	
NYS, excl. NYC	22.0%	5,843.8
Albany County	22.4%	6,089.4
Rensselaer County	21.4%	6,220.9
Schenectady County	20.6%	6,298.6

* Percentage of all deaths among persons aged less than 65 years old

** Total years of life lost before age 75 years per 100,000 population

IV. General Health Status

Health Care Coverage

Objectives

New York State Prevention Agenda 2013-2017
Increase the percentage of adult New Yorkers age 18-64 with health care coverage to 100%.
Increase the percentage of children ages less than 19 years with any kind of health insurance to 100%.
Increase the percentage of women ages 18-64 who report they have any kind of health coverage to 100%.

The uninsured are at risk of catastrophic financial and health consequences. Having no health coverage accounts for about 18,000-22,000 excess deaths among Americans each year.[1] Uninsured children and adults receive about half as much care, have worse health and have a greater risk of dying in the hospital or shortly after discharge than people with insurance. Premature death is 25 percent greater among uninsured adults compared to insured individuals.[2]

Having no insurance affects both preventive and chronic components of care. It is the most significant barrier to accessing primary care, which is the prime opportunity for prevention education, early detection, early treatment and referral to other needed health and social services. Uninsured adults are less likely than insured adults to receive, or receive in a timely manner, recommended preventive and screening services; both of which reduces the probability of survival.[3]

Lack of health insurance is strongly associated with poverty. Half of all bankruptcies have high medical bills as a significant factor. Health care costs for uninsured low-income families can be financially catastrophic. Even though uninsured families are often poor, they pay, on average, more than 35% of their medical costs by themselves.[3]

A higher rate of uninsured individuals within a community also affects those who have health insurance. When a high rate of uninsurance is prevalent in a community, an insured individual is less likely to have a usual source of care (physician's office or health center) or to be satisfied with the care he or she receives. Lack of insurance within a community also increases the probability that an individual with insurance will have difficulty receiving needed care.[4]

Every year, the United States Census Bureau, in its Current Population Survey (CPS), reports the number of people who are uninsured. This widely quoted number is intended to offer an estimate of how many people did not have any type of health insurance for the entire previous calendar year.[5]

An estimated 6,200 Capital District children 18 years of age and under are not covered by any kind of health insurance. Schenectady County has the highest percentage of children uninsured in the Capital District. All three county rates are below the rate for New York State, but none reached the Prevention Agenda objective of 100% health insurance coverage. [6]

There were approximately 48,400 Capital District residents between 18 and 64 years of age who were not covered by any kind of health insurance. Rensselaer County had the highest Capital District uninsured rate, but all Capital District County rates for uninsured were much lower than the New York State rate. None of the counties met the 2013-2017 Prevention Agenda objective of 100% health insurance coverage.[6]

Women are more likely than men to have problems gaining insurance coverage. Women with employer-based insurance are twice as likely as men to be a dependent on the insurance plan. This increases their chance of losing coverage if they become divorced, widowed, or if their husbands lose their job. Only half of working women are able to gain insurance through their employer, compared to 57% of men.[7]

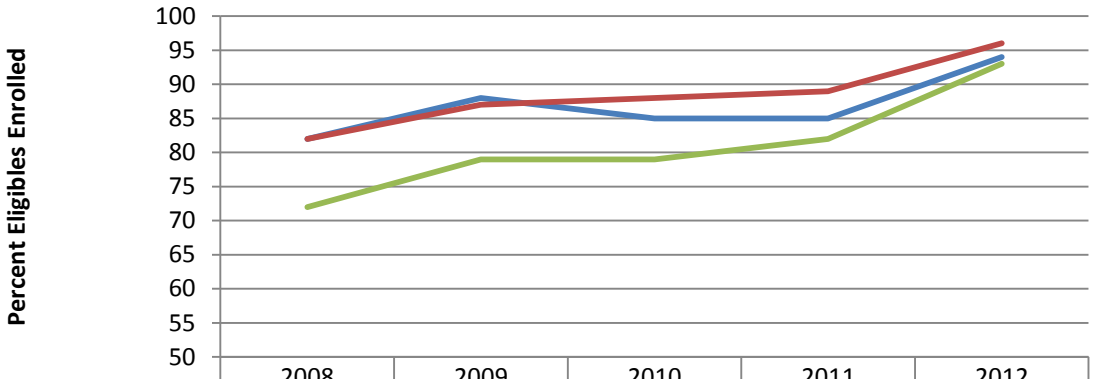
Percentage of Population without Any Kind of Health Insurance, 2010[6]			
	Children <19 years	**Adults 18-64 years**	**Women 18-64 years**
New York State	5.1%	16.9%	13.9%
Albany County	4.7%	12.1%	10.0%
Rensselaer County	4.3%	13.1%	10.6%
Schenectady County	5.0%	11.1%	11.6%

For both New York State and the Capital District, women between the ages 18-64 years had lower uninsured rates than their male counterparts; however, there were still approximately 21,400 Capital District women who were not covered by any kind of health insurance. Schenectady County had the highest rate of uninsured women 18-64 years in the Capital District, but all counties fell below the New York State rate. None of the Capital District counties met the Prevention Agenda objective of 100% health insurance coverage.[6]

While not available at the county level, the rates of uninsured adults 18-64 years of age were collected by race/ethnicity and income for New York State, excluding NYC, in 2008-2009. White non-Hispanic residents had the lowest rate of uninsured at 9.5% followed by Black non-Hispanics with an uninsured rate of 14.5%. Hispanic Upstate New Yorkers had the highest uninsured rate of 29.8%. As expected, annual household income has an effect on health insurance coverage. Upstate New York adults 18-64 years of age with incomes of less than $25,000 had an uninsured rate of 27.3%; adults with incomes between $25,000 and $49,999 had an uninsured rate of 20.7%; while adults from families with incomes over $75,000 had an uninsured rate of only 2.8%.[8]

The Capital District puts great effort into enrolling Medicaid eligible residents into Medicaid Managed Care programs. As of December 2012, all three counties were equal to or above the New York State, excluding NYC, rate of 93% of Medicaid recipients being enrolled in Managed Care. However, there were still over 4,000 Capital District residents eligible for Medicaid Managed Care but not enrolled.[9]

Recipients Eligible & Enrolled in Medicaid Managed Care December 2008-2012[9]



	2008	2009	2010	2011	2012
Albany	82	88	85	85	94
Rensselaer	82	87	88	89	96
Schenectady	72	79	79	82	93

Since 2008, the percentage of residents of the Capital District who were eligible for Medicaid and enrolled has greatly increased. All three counties showed a marked increase in Medicaid enrollment between 2011 and 2012. Overall, Schenectady County had a 108.8% increase in the percentage of Medicaid-eligible residents enrolled from 2008 to 2012. Between 2008 and 2009, there was a 31.4% increase in Medicaid eligibles enrolled in Schenectady County. The percentage remained steady until 2011 and 2012 when enrollment increased by 14.1%. Albany and Rensselaer counties experienced more gradual increases. The percentage of Medicaid eligibles increased by 55.0% in Albany County and by 47.4% in Rensselaer County between 2008 and 2012.[9]

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Health Care: Usage and Access

Objective

New York State Prevention Agenda 2013-2017
Increase the percentage of adult New Yorkers who have a regular health care provider to 90.8%.

Health Care Usage

More than 1.6 million adults in New York State, or 15%, lack a regular primary care provider. A lack of access to a primary care provider results in negative health outcomes. Primary care, including prenatal care, provides a prime opportunity for prevention education, early detection, early treatment, and referral to other needed health and social services. Sustained contact with a primary care provider improves the consistency and efficacy of treatment for long-term chronic care patients.[1]

About 87% of adults in New York State, excluding NYC, indicated that they had a regular health care provider. Adult female Upstate New Yorkers were more likely to have a health care provider than males (90.6% versus 83.4%). White non-Hispanic Upstate New York adults were more likely to have a health care provider (88.9%) than Black non-Hispanic (82.7%) or Hispanic (73.7%) residents. Additionally, adults with household incomes greater than $75,000 per year were much more likely to have a health care provider (90.8%) than adults with household incomes less than $25,000 (78.7%).[2]

Almost 55,000 Capital District adults indicated that they did not have a regular health care provider; however, 90% to 94% of adults residing in the three Capital District counties have a primary care physician, clinic health center, or other place where they usually go to seek health care or health-related advice. All three counties exceed the Upstate New York rate, with Rensselaer County, at 94%, also meeting the 2013-2017 Prevention Agenda objective of 90.8%.[3]

Age-Adjusted Percentage of Adults with Regular Health Care Provider, 2008-2009[3]	
Prevention Agenda Objective	**90.8%**
United States (2011)	76.8%
New York State, excl. NYC	87.1%
Albany County	89.7%
Rensselaer County	94.0%
Schenectady County	89.6%

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]

Upstate New York adults indicated that 70.9% had visited a doctor for a routine checkup within the past year and 84.4% within the past two years. Females were more likely than males to have had a routine doctor's visit within the past year (74.8% versus 66.9%). Surprisingly, when reviewing the rates by race/ethnicity, adult Black non-Hispanics had the highest rate for routine doctor's visit within the last year at 79.8%, compared to White non-Hispanic (70.4%) and Hispanic (68.9%) Upstate New York residents. Adults with household incomes under $25,000 per year were less likely to have a routine doctor's visit within the last year (65.9%) than adults with household incomes of over $75,000 (71.2%).[2]

Approximately 138,500 Capital District adults did not have a routine doctor's visit within the past year. The number dropped to about 72,000 residents when the time frame was expanded to two years. All three Capital District counties either met or exceeded the Upstate New York rate of adults who had a routine doctor's visit within the last year. Albany County had the lowest rate at 70.7%, roughly equal to the Upstate New York rate. When the time frame was expanded to a doctor's visit within the past two years, all the Capital District counties exceeded the Upstate New York rate, with Schenectady County having the highest rate at 91.5%.[2]

Age-Adjusted Percentage of Adults Who Visited a Doctor for a Routine Checkup, 2008-2009[2]		
	Within the Past 1 Year	Within the Past 2 Years
New York State, excl. NYC	70.9%	84.4%
Albany County	70.7%	85.1%
Rensselaer County	75.8%	87.9%
Schenectady County	74.3%	91.5%

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

Approximately 12.0% of adult Upstate New Yorkers indicated that cost prevented them from visiting a doctor within the past year. Females were slightly more likely to have difficulty due to cost than males (13.2% versus 10.7%). Cost was more of a barrier to Hispanic adults (27.0%) compared to Black non-Hispanic (16.5%) or White non-Hispanic (10.1%) Upstate New York residents. As one would expect, 24.6% of Upstate New York adults with household incomes under $25,000 identified cost as preventing them from seeing a doctor within the past year, compared to only 4.1% for adults with household incomes greater than $75,000 per year.[2]

Age-Adjusted Percentage of Adults Who Were Prevented from Visiting a Doctor Due to Cost within the Past Year, 2008-2009[2]	
New York State, excl. NYC	12.0%
Albany County	9.1%
Rensselaer County	8.5%
Schenectady County	10.8%

An estimated 42,800 adults in the tri-county area have difficulty in accessing needed care due to financial constraints (Albany County – 20,400; Rensselaer County – 10,400; Schenectady County – 12,000). The rates for the Capital District counties were all lower than the Upstate New York rate.[2]

Access to Primary and Preventive Care

Access to quality primary and preventive care is the cornerstone of a comprehensive health care system. Prevention quality indicators (PQIs) are measures used to assess good primary and preventive health

care. These are ambulatory-sensitive care conditions where good primary care can potentially prevent related hospitalizations. The PQI site on the New York State Department of Health website presents information on 12 PQIs in four categories: diabetes (short-term complications, long-term complications, uncontrolled diabetes, lower-extremity amputations among diabetics); circulatory (hypertension, congestive heart failure, angina); respiratory (chronic obstructive pulmonary disease (COPD), asthma); and acute (dehydration, bacterial pneumonia, urinary tract infection).[4]

Adjusted PQI Hospitalization Rates per 10,000 Population of 18+ Years, 2008-2009[4]				
	NYS	**Albany County**	**Rensselaer County**	**Schenectady County**
All PQIs (12 conditions)	156.3	139.1	156.2	123.5
Diabetes conditions	22.4	16.6	19.0	14.5
Circulatory conditions	45.6	37.5	32.6	40.8
Respiratory conditions	35.7	32.5	43.1	25.5
Acute conditions	52.6	52.4	61.4	42.2

Percentage of Observed/Expected PQI Ratios for 18+ Years, 2008-2009[4]				
		Albany County	**Rensselaer County**	**Schenectady County**
All PQIs (12 conditions)	White	81%	96%	76%
	Hispanic	75%	118%	83%
	Black	187%	196%	148%
	Total	89%	100%	79%
Diabetes conditions	White	60%	77%	56%
	Hispanic	87%	*	*
	Black	216%	271%	198%
	Total	74%	85%	65%
Circulatory conditions	White	72%	68%	86%
	Hispanic	64%	*	*
	Black	202%	159%	141%
	Total	82%	72%	90%
Respiratory conditions	White	80%	114%	67%
	Hispanic	79%	*	*
	Black	218%	248%	178%
	Total	91%	121%	72%
Acute conditions	White	97%	115%	80%
	Hispanic	72%	*	*
	Black	136%	150%	107%
	Total	100%	117%	80%

* Suppressed due to small numbers

The Capital District's PQI rates are better than the comparable rates for New York State. In fact, only Rensselaer County had a higher observed to expected (O/E) ratio for respiratory (121%) and acute (117%) conditions compared to New York State. A closer look at the respiratory PQIs shows the Capital District having more of a problem with COPD than asthma. Albany County had an O/E ratio for COPD of 115%, while the ratio was 65% for asthma; Rensselaer County had a COPD O/E ratio of 165%, compared to 74% for asthma; and Schenectady County had an O/E ratio for COPD of 92% versus 48% for asthma.

PQI rates by race/ethnicity indicate that the Black population is faring poorly for all three counties, having much higher O/E ratios for these conditions. These ratios range from 150%-200% for all PQI conditions, and 100%-270% for the four PQI categories. In addition, there are neighborhoods within the three counties that present much higher rates for PQI conditions compared to New York State. For all 12 PQI conditions, Schenectady's Hamilton Hill neighborhood had twice the expected rate of PQI hospitalizations, an O/E ratio of 202%; Albany's West Hill/South End neighborhood had an O/E ratio of 180%; and Troy/Lansingburgh had the highest O/E ratio for Rensselaer County at 140%. Neighborhood PQI rates were notably higher for diabetes conditions, with O/E ratios of 315% for Hamilton Hill, 286% for West Hill/South End, and 227% for Albany's West End. Respiratory conditions also showed marked differences from New York State, with O/E ratios of 289% for Hamilton Hill, 216% for West Hill/South End, and 177% for Troy/Lansingburgh.[4]

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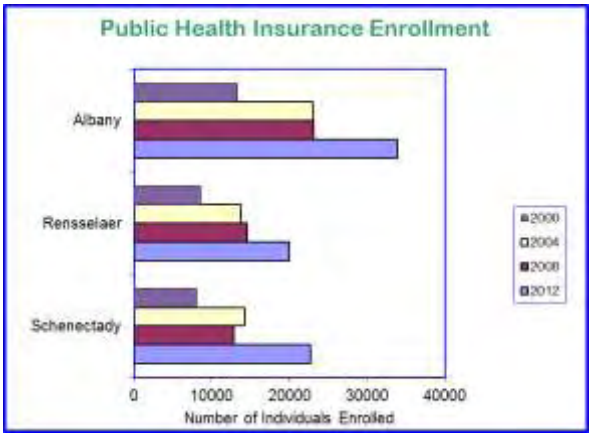
Facilitated Enrollment

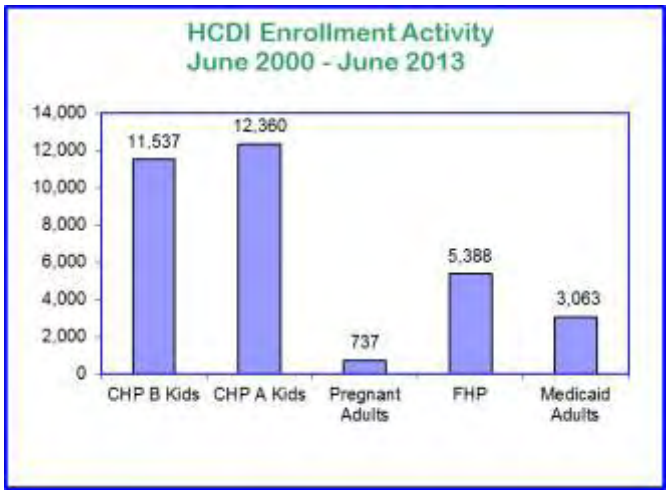
Capital District hospitals, public health departments and health insurers have each pursued improving access to care. These institutions formed the Healthy Capital District Initiative (HCDI) in large part to collaboratively develop effective strategies to improve access. The most fruitful of these strategies has been the Facilitated Enrollment Program.

The Facilitated Enrollment Program was established in June of 2000 by a grant from the New York State Health Department. The program enables staff from HCDI to raise awareness of government health insurance programs – Family Health Plus (FHP) and Child Health Plus A (CHP A), also known as Medicaid, Prenatal Care Assistance Program (PCAP) and Child Health Plus B (CHP B) – and assist interested residents of Albany, Schenectady and Rensselaer counties in the completion of the application requirements.



Facilitated Enrollers from HCDI are available to applicants days, evenings and weekends at convenient sites within the neighborhoods of the residents served. Since June 2000, HCDI completed and submitted 28,425 applications for 48,192 children and adults. These applications resulted in 24,502 individuals becoming enrolled in public health insurance through the Facilitated Enrollment Program through April 30, 2013.

HCDI partners also assist residents with applications for government health insurance programs. Currently, Fidelis, CDPHP and Wellcare help individuals apply for FHP, CHP A or CHP B in Albany and Rensselaer counties, while Empire offers CHP B only. In Schenectady County, Empire and Wellcare supports CHP B only, while Fidelis and CDPHP help individuals apply for FHP, CHP A or CHP B. The County Departments of Social Services assist applicants with CHP A and FHP applications.



Although the change in the proportion of uninsured in the region is not known without regular, reliable surveys, the onset of facilitated enrollment in 2000 clearly and dramatically increased the number of persons who were enrolled in CHP A or FHP by 2004. According to the New York State Department of Health's reports on recipients eligible and enrolled in Medicaid Managed Care, the total rate of those who were enrolled remained mostly steady through 2008 at 78.7% out of all those who were eligible for the program in the Capital Region. In 2009, enrollment rates of eligible residents increased to 85% and remained at that level through 2011. By the end of 2012, this rate had increased to 94.3% for reasons not readily known.

Adult Dental Visits

Objective

New York State Prevention Agenda 2008-2012
Increase the percentage of adult New Yorkers who have seen a dentist in the past year to 83%.

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

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

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

There were over 135,000 adults residing in the Capital District who did not visit a dentist within the past year. The rates for the three Capital District counties were similar, with Albany County having the slightly higher rate. All three counties had rates at, or above, the Upstate New York rate, but remain below the 2008-2012 Prevention Agenda objective.[3]

Dentist Visit within the Past Year Among Adults, 2008-2009[3]	
Prevention Agenda Objective	**83.0%**
United States (2010)	69.9%
New York State, excl. NYC	72.7%
Albany County	75.1%
Rensselaer County	72.3%
Schenectady County	73.0%

As with other preventive health care, men are less likely than women to regularly visit a dentist; while 76.6% of women visited a dentist between 2008 and 2009, only 69.7% of men did. The likelihood of visiting a dentist increases with age, with 55-64 year olds reporting the highest percentage of visits. White non-Hispanic Upstate New York residents had higher annual dental visit rates (74.4%) compared to Black non-Hispanic (66.3%) and Hispanic (63.7%) Upstate New York residents. As with other preventive health care, household income seems to have an effect on the adult dental visit rates as well. In households with incomes less than $25,000 per year, only 54.1% of adults had a dental visit in within the past year. In contrast, 82.1% of adults living in households with incomes $75,000 per year or greater, indicated that they had a dental visit within the past year.[4]

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

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

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V. Chronic Disease

Obesity, Physical Activity, and Nutrition

Adult Obesity

Objective

New York State Prevention Agenda 2013-2017
Reduce the percentage of adults ages 18 years and older who are obese to 23.2%.

Many of the major causes of morbidity and mortality in the United States are related to poor diet and physical inactivity.[1] Being overweight and/or obese is defined as falling into a range of weight that is greater than what is generally 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]

Percentage of Adults Who are Obese (BMI ≥ 30), 2008-2009[4]

Prevention Agenda Objective	**23.2%**
United States (2011)	27.8%
New York State, excl. NYC	24.3%
Albany County	21.7%
Rensselaer County	26.1%
Schenectady County	31.4%

The percentage of obese adults in New York State more than doubled from 13.9% in 1995 to 24.5% in 2010.[1] There are an estimated 115,000 adults in the Capital District who are considered obese. Of the three Capital District counties, Schenectady County had the highest percent of obese adults. Schenectady County and Rensselaer County obesity rates were higher than Upstate New York, with neither meeting the Prevention Agenda objective. Albany County's adult obesity rate was lower than the Upstate New York rate and met the Prevention Agenda objective.[4] All three Capital District counties experienced an increase in adult obesity from 2003 to 2008-2009: Albany County increased 13% (19.2% to 21.7%); Rensselaer County increased 10% (23.7% to 26.1%); and Schenectady County showed the greatest increase of 37% (22.9% to 31.4%).[5]

Percentage of Adults Who are Obese (BMI ≥ 30) by Gender, 2008-2009[5]

	Males	**Females**
New York State, excl. NYC	26.2%	22.6%
Albany County	23.2%	20.4%
Rensselaer County	29.0%	23.0%
Schenectady County	38.5%	24.8%

There is some disparity seen between male and female residents, and between populations of low and high socioeconomic status. Male residents of the three Capital District counties had 15-25% higher adult

obesity rates compared to female Capital District residents. Additionally, New York State's 2011 adult obesity rate for the low socio-economic population (income <$25,000/year) was 26.7%. This was higher than for the general population (24.5%), but lower than the national low-income obesity rate (32.1%).[5]

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.

Childhood Obesity

Objective

New York State Prevention Agenda 2013-2017
Reduce the percentage of children and adolescents who are obese so that the percentage of public school children in New York State (outside NYC) who are obese is reduced to 16.7%.

Compared to their parents, 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, BMI percentile ranges above a normal weight have different labels.[3] Overweight is defined as a BMI at or above the 85th percentile to below the 95th percentile and obese is at or above the 95th percentile on CDC growth charts. 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.[2]

For preschoolers, obesity data are available for children aged 2-4 years from low-income families enrolled in the Special Supplemental Nutrition Program for Women Infants and Children (WIC). For the Capital District, Schenectady County had the highest obesity rate for these children at 15.4%, followed by Albany County at 14.8% and Rensselaer County at 14.6%. All the Capital District rates for this population were lower than the Upstate New York rate of 15.2%. The obesity rate for these WIC children decreased over the last decade. When comparing the years 2001-2005 to 2006-2010, Albany County had a 7% decrease (15.1% to 14.1%), Rensselaer County had a 3% decrease (15.4% to 15.0%) and Schenectady County had a 6 % decrease (15.8% to 14.9%).[6]

Percentage of Children and Adolescents Who are Obese, 2010-2012[7]

	BMI ≥ 95th percentile
Prevention Agenda Objective[4]	**16.7%**
United States (2009-2010)	16.9%
New York State, excl. NYC	17.6%
Albany County	17.9%
Rensselaer County	17.4%
Schenectady County	19.5%

The Student Weight Status Category Report provides information from schools on children and adolescent BMI and weight status. According to this reporting system, all three Capital District counties are above the Prevention Agenda objective of 16.7% of children with a BMI at or greater than the 95th percentile. Schenectady County has the highest prevalence, with 19.5% of students classified as obese.[7]

As with adults, minority youth are disproportionately overweight and obese. In 2009, more New York State Hispanic (13.8%) and Black non-Hispanic (13.1%) public high school students were obese compared to White non-Hispanic high school students (9.9%).[8] For the low income New York State WIC children ages 2-4 years, the 2011 obesity rates show a similar pattern: Hispanics at 18.1%; Black non-Hispanics at 12.7%; and White non-Hispanics at 11.9%.[9]

Physical Activity

Objective

New York State Prevention Agenda 2008-2012
Increase the percentage of adult New Yorkers who engage in some type of leisure time physical activity to at least 80%.

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.[10]

Physical activity is proven to help maintain a healthy weight and lower the risk of heart disease and related risk factors, diabetes, and premature mortality. It can also help reduce depression and increase cognitive function in older adults. Staying active provides health benefits in all aspects of life.[10]

Adults need at least 2.5 hours a week of moderate-intensity aerobic activity (or 75 minutes of vigorous-intensity aerobic activity) and muscle strengthening activity 2 or more days a week. Adults 65 and older should follow the adult guidelines as closely as possible. Children and adolescents should be physically active at least 60 minutes daily, and also do aerobic, muscle-strengthening, and bone-strengthening activities at least 3 days a week.[11]

Rates of having no leisure time physical activity are higher among women, older adults, those with lower educational attainment, and ethnic minority populations, particularly Blacks and Hispanics.[5]

There were an estimated 101,000 adults residing in the Capital District who did not engage in any type of leisure time physical activity. Of the three Capital District counties, Rensselaer County had the lowest percentage of adults engaged in some type of physical activity. Both Rensselaer County and Schenectady County had leisure time physical activity rates below the Upstate New York average, as well as below the 2008-2012 Prevention Agenda objective. Albany County not only exceeded the Upstate New York rate for leisure time physical activity, but also met the 2008-2012 Prevention Agenda objective.[12] For all three Capital District counties, males had higher leisure time physical activity rates compared to their female counterparts. In Albany County, 82.6% of males engaged in leisure time physical activity, versus 79.1% of females. In Rensselaer County there were 82.4% of males compared to 70.8% of females, while in Schenectady County, 80.6% of males engaged in physical activity versus 76.7% of females.[5]

Percentage of Adults Who Engaged in Leisure Time Physical Activity, 2008-2009[12]	
Prevention Agenda Objective	**80.0%**
United States (2009)	76.2%
New York State, excl. NYC	78.9%
Albany County	80.7%
Rensselaer County	76.4%
Schenectady County	78.5%

Healthy Eating

Objective

New York State Prevention Agenda 2008-2012
Increase the percentage of adult New Yorkers who consume fruits and vegetables five or more times per day to at least 33.0%.

Healthy eating is essential for wellbeing. In the United States, the average daily caloric consumption has been increasing over the past 20-30 years, the same period in which obesity doubled among adults. Men are consuming, on average, an additional 168 to 268 calories per day, and women an additional 143 to 335 calories per day. Trends that contributed to the increased calorie consumption over this 30-year period include larger portion sizes, increased intake of sweetened beverages, and increased consumption of food (particularly fast food) outside the home, among others. [3]

Eating patterns that are high in calories but low in nutrients can negatively affect the health of an individual. Increasing the intake of healthy foods such as vegetables, fruits, whole grains, fat-free or low-fat milk and milk products, seafood, and oils can promote proper nutrition. Fruit and vegetable consumption provides good nutrients and reduces the risk of chronic diseases, including cancers, cardiovascular disease and hypertension. The 2010 United States Dietary Guidelines increased the amount of recommended fruit and vegetable intake for Americans 2 years and older to four and a half cups (i.e. nine servings) of fruits and vegetables daily.[11]

Adjusted Percentage of Adults who Consumed 5 or More Servings of Fruits & Vegetables per Day, 2008-2009[4]	
Prevention Agenda Objective	**33.0%**
United States (2009)	23.4%
New York State, excl. NYC	27.7%
Albany County	23.9%
Rensselaer County	27.2%
Schenectady County	30.3%

Approximately 364,000 Capital District adults consume less than 5 servings of fruits and vegetables a day. Albany County has the lowest consumption rate, with only 23.9% of adults consuming more than 5 servings. Albany County and Rensselaer County have consumption rates lower than New York State, excluding NYC. Schenectady County's adults had a “5-a-day" consumption rate above the Upstate New York average, but none of the Capital District counties met the 2008-2012 Prevention Agenda objective of 33%.[4]

When reviewing the 2008-2009 age-adjusted "5-a-day" consumption rates for New York State, excluding NYC, females have higher rates than males (32.8% versus 22.3%), and Black non-Hispanic Upstate residents had higher consumption rates (36.8%) compared to their White non-Hispanic (26.7%) and Hispanic (26.6%) counterparts.[5]

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Tobacco Use

Objective

New York State Prevention Agenda 2013-2017
Decrease the prevalence of cigarette smoking by adults to 15.0%.

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

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

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

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

In the Capital District, there were approximately 82,000 current smokers ages 18 years and older. The prevalence of current smokers was highest in Rensselaer County (18.6%) followed by Schenectady County (17.4%) and Albany County (16.5%). Rensselaer and Schenectady counties had higher current smoking rates compared to New York State, excluding NYC (17.0%), with all three counties having rates higher than the Prevention Agenda objective of 15.0%.[2] The Capital District smoking rates, however, are an improvement over the corresponding rates for 2003. Schenectady County's current smoking rate decreased 24% (22.8% to 17.4%). Rensselaer County's rate decreased 23% (24.3% to 18.6%) and Albany County's rate decreased 2% (16.8% to 16.5%).[3]

Percentage of Adults who Currently Smoke*, 2008-2009[3]	
Prevention Agenda Objective[2]	**15.0%**
United States (2010)	17.3%
New York State, excl. NYC	17.0%
Albany County	16.5%
Rensselaer County	18.6%
Schenectady County	17.4%

* Defined as having smoked at least 100 cigarettes in lifetime and currently smoking every day or some days.

Nationwide, the prevalence of cigarette smoking is highest among American Indians/Alaska natives (31.4%), followed by Whites (21.0%), Blacks (20.6%), Hispanics (12.5%), and Asians (9.2%). In New York State, excluding NYC, the current smoking rates for White non-Hispanics (19.3%) and Black non-

Hispanics (18.5%) were lower than their United States counterparts. However, Upstate New York Hispanics had higher current smoking rates (16.3%) compared to the nation. In Upstate New York, males had higher current smoking rates (19.6%) compared to females (18.2%). Upstate New York current smoking rates also show a socioeconomic gradient. As the annual income increases, current smoking rates decrease: 29.1% of individuals with incomes <$25,000 currently smoke; 23.9% with incomes $25,000-$49,999; 19.5% with incomes $50,000-$74,999; and 12.1% with incomes greater than $75,000 currently smoke.[3]

Smoking is a special problem among youth. Nearly 80% of tobacco users begin before age 18. According to CDC, almost 20 percent of high school students in the United States were current cigarette smokers in 2009.[4] In New York State, an estimated 107,000 high school students currently smoke; this is about 11.9% of all high school students. There has been a 56% reduction in smoking for the high school population, from 27.1% in 2000 to 11.9% in 2012.[5]

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Diabetes

Objectives

New York State Prevention Agenda 2013-2017

Reduce the rate of hospitalizations for short-term complications of diabetes to 3.06 per 10,000 for residents ages 6-17 years and to 4.86 per 10,000 for residents ages 18+ years.

Diabetes is a serious public health concern. Nearly 26 million people in the United States have diabetes, over 8% of the population. Another 79 million people are estimated to be at risk of diabetes, commonly referred to as pre-diabetics.[1]

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

Age-Adjusted Diabetes Prevalence in Adults, 2008-2009[5]	
United States (2011)	9.5%
New York State, excl. NYC	8.5%
Albany County	8.6%
Rensselaer County	9.3%
Schenectady County	9.4%

The total cost of diabetes in the United States was $245 billion in 2012.[3] Medical costs for people with diabetes is 2.3 times higher than those without. These costs could be considerably reduced and important personal benefits realized by diabetics choosing to make some lifestyle changes.[4]

The prevalence of diabetes among adults in the Capital District region is slightly above the statewide rate. An estimated 43,800 adults in the Capital District have been diagnosed with diabetes. Adults in Schenectady County have the highest prevalence of diabetes in the region, but all three counties are lower than the United States rate. The prevalence of diabetes in the Capital District has shown a marked increase when compared to 2003: Schenectady County increased 56% (6.1% to 9.4%); Albany County increased 27% (6.3% to 8.6%); and Rensselaer County increased 13% (8.2% to 9.3%).[5]

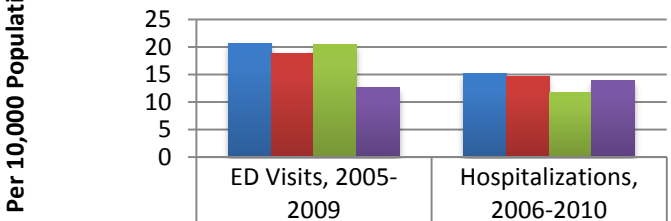
Short-term complications of diabetes are a result of extreme fluctuation in blood sugar levels. They include: hypoglycemia (low blood sugar), diabetic hyperosmolar syndrome (high blood sugar) and diabetic ketoacidosis (increased blood acids).[6]

Rate of Diabetes Short-Term Complication Hospitalizations per 10,000, 2008-2010[7]		
	Ages 6-17	**Ages 18+**
Prevention Agenda Objective	**3.1**	**4.9**
United States (2009)	2.8	6.3
New York State, excl. NYC	3.0	4.8
Albany County	3.2	5.5
Rensselaer County	3.6	6.1
Schenectady County	2.1	6.4

These short term complications require emergency care. Between 2008 and 2010, there was an average of 36 diabetes short term complication hospitalizations per year to the Capital District's 6-17 year old population, and 282 hospitalizations to Capital District residents 18 years of age and older. The diabetes short term

complication hospitalization rate for the three Capital District counties exceeds the New York State, excluding NYC, rate, and the Prevention Agenda objective, for the 18+ age group. The same holds for Albany and Rensselaer counties' diabetes short term complication hospitalization rates for children 6-17 years of age. Schenectady County's rate however, falls below the Upstate New York rate and meets the Prevention Agenda objective for the 6-17 year age group. Capital District Black non-Hispanic rates for the 18+ year population were 3-4 times the rates of their White non-Hispanic counterparts. The Black non-Hispanic to White non-Hispanic ratio for Albany County was 3.90 (16.4 to 4.2/10,000), while it was 2.81 for Rensselaer County (16.0 to 5.7/10,000). The ratio for Schenectady County was 3.11 (17.1 to 5.5/10,000).[7]

Age and Sex-adjusted Diabetes (Primary Diagnosis) Emergency Department Visits and Hospitalizations[8]



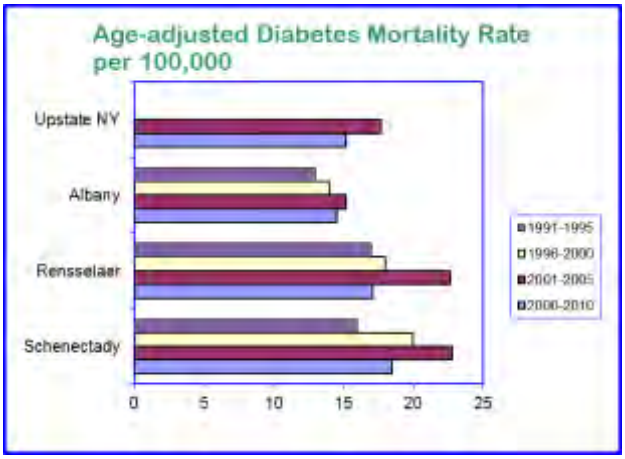
	ED Visits, 2005-2009	Hospitalizations, 2006-2010
Albany	20.7	15.1
Rensselaer	18.9	14.7
Schenectady	20.5	11.7
NYS, exc NYC	12.7	13.9

There was an average of 1,248 Emergency Department (ED) visits and 932 hospitalizations per year to Capital District residents, where diabetes was the primary diagnosis. Albany County has the highest diabetes ED visit rate and hospitalization rate in the Capital District. The three counties all have higher ED visit rates compared to New York State, excluding NYC, with Albany and Rensselaer counties also having higher diabetes hospitalization rates compared to Upstate New York. As opposed to other conditions where ED visit rates greatly outnumber hospitalizations, for diabetes (primary diagnosis), ED visit rates are just slightly higher than the hospitalization rates. When comparing age-adjusted diabetes (primary diagnosis) hospitalization rates for the years 2001-2005 and 2006-2010, the Albany County rate increased 7% (13.6/10,000 to 14.6/10,000), and Rensselaer County's rate increased 5% (14.5 to 15.2). In the Capital District, only Schenectady County showed a decrease in diabetes hospitalizations. They had a 14% decrease from 15.7 in 2001-2005 to 13.5 in 2006-2010.[8]

Capital District males had higher diabetes hospitalization rates compared to their female counterparts. Male to female ratios ranged from Rensselaer County's 1.41 (17.8 to 12.6/10,000) to Schenectady County's 1.38 (15.4 to 11.2/10,000) to Albany County 's 1.24 (16.6 to 13.4/10,000). The male/female ratios were less pronounced for ED visit rates. Albany County's ratio was 1.36 (13.9 to 11.7/10,000), Rensselaer County's ratio was 1.01 (19.0 to 18.9) and Schenectady County 's ratio was 1.03 (20.9 to 20.2/10,000). Black Capital District residents have 2.5 to 4 times the rate of diabetes hospitalizations than White residents. The Black non-Hispanic to White non-Hispanic ratios for diabetes hospitalizations was 3.88 in Albany County (42.3 to 10.9/10,000), 3.14 in Rensselaer County (43.3 to 13.8/10,000) and 2.69 in Schenectady County (29.7 to 11.1/10,000).[8]

The Capital District averages 111 diabetes deaths per year. The 2008-2010 diabetes mortality rates were highest in Rensselaer (19.6/100,000) and Schenectady (18.0) counties. In the Capital District, only Albany

County (13.4) had a lower mortality rate than Upstate New York (14.9). Diabetes mortality has increased over time in the Capital District to reach a high in 2001-2005 but all three counties showed a decline in 2006-2010. When comparing age-adjusted diabetes mortality rates for the years 2001-2005 and 2006-2010, Rensselaer County had the greatest decline at 25% (22.7 to 17.1/10,000). Schenectady County had a 19% decrease (22.8 to 18.5/10,000) and Albany County decreased only 5% (15.2 to 14.5), the least of the three counties.[9]



In the Capital District, Black non-Hispanic residents have diabetes mortality rates twice as high as White non-Hispanics. For 2008-2010, the Black non-Hispanic to White non-Hispanic ratios for age-adjusted diabetes hospitalizations range from 2.40 in Rensselaer County (44.0 to 18.3/10,000), 1.97 in Schenectady County (33.3 to 16.9/10,000) and 1.90 in Albany County (23.6 to 12.4/10,000).[9]

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Cardiovascular Disease

Cardiovascular disease refers to a group of diseases which affect the heart and the circulatory system. The impact of cardiovascular disease is overwhelming. Almost 800,000 Americans die from cardiovascular diseases each year, and 83 million, or more than one third of the population, live with some form of cardiovascular disease. These diseases take more lives than the next five leading causes of death combined (cancer, chronic lower respiratory diseases, injuries, diabetes and influenza/pneumonia).[1]

Coronary Heart Disease

Objective

New York State Prevention Agenda 2013-2017
Reduce the age-adjusted hospitalization rate for heart attack to 14.0 per 10,000 residents of all ages.

Coronary heart disease (CHD) is the leading cause of death in New York State. Residents of New York State are 29% more likely to die from coronary heart disease than from the next leading cause of death.[2]

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 a blockage in a coronary artery and the heart muscle is damaged.[3]

It is estimated that almost 1.3 million Americans will have a new or recurrent coronary attack, and over one-third of them will die. Every 34 seconds, an American will suffer a coronary event, and about every minute someone will die from one. Each year more than 386,000 people die of CHD and almost 15.4 million people have a history of coronary heart disease.[1]

Studies among coronary heart disease patients have shown that 90% have prior exposure to at least one of these heart disease risk factors: high blood cholesterol or taking cholesterol-lowering drugs, high blood pressure or taking blood pressure-lowering drugs, current cigarette use, or a clinical report of diabetes.[1]

The Capital District averages 1,039 heart attack hospitalizations a year. Schenectady County's heart attack hospitalization rate of 17.5 per 10,000 population is the highest of the three Capital District counties and is higher than both the New York State, excluding NYC, rate of 15.5/10,000 and the Prevention Agenda objective of 14.0/10,000. Albany County and Rensselaer County both have rates lower than New York State, excluding NYC, and already meet the Prevention Agenda objective.[4]

Age-Adjusted Heart Attack Hospitalization Rate per 10,000, 2008-2010[4]	
Prevention Agenda Objective	**14.0**
New York State, excl. NYC	15.5
Albany County	12.7
Rensselaer County	13.2
Schenectady County	17.5

Over 1,900 CHD hospitalizations occur each year in the Capital District. The CHD hospitalization rates for the Capital District counties are all below the New York State, excluding NYC, rate of 43.7 per 10,000 population. Rensselaer County had the highest rate for Capital District counties at 36. /10,000.[5]

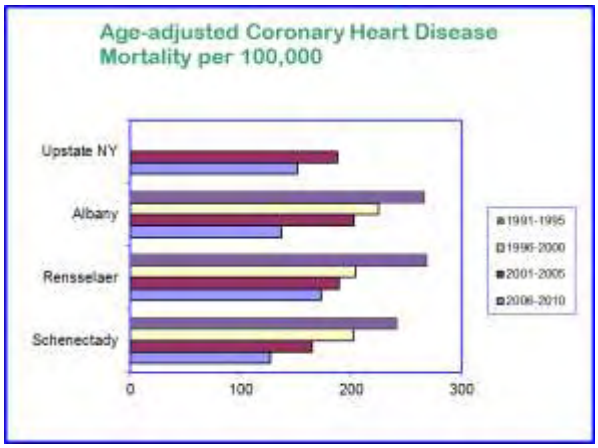
Age-Adjusted Coronary Heart Disease Hospitalization Rate per 10,000, 2008-2010[5]	
New York State, excl. NYC	43.7
Albany County	26.8
Rensselaer County	36.4
Schenectady County	31.9

CHD hospitalization rates have decreased over the past decade. When comparing 2001-2005 and 2006-2010, the hospitalization rates decreased 30% in Albany County (42.5to 29.6/10,000), 25% in Rensselaer County (55.4 to 41.8/10,000) and 32% in Schenectady County (55.5 to 38.0/10,000).[5] During 2006-2010, Capital District males had a CHD hospitalization rate twice as high as their female counterparts: males in Albany County were hospitalized at a rate of 38/10,000, compared to a rate of 19.5 /10,000for women; Rensselaer County's male hospitalization rate was 53.9 versus 27.1/10,000 for women; and Schenectady had a male hospitalization rate of 50.6/10,000, compared to a female rate of 25.6/10,000.[6]

Additionally, the Black non-Hispanic hospitalization rate was higher than the White non-Hispanic rate in Albany and Schenectady counties. For Rensselaer County, Black non-Hispanics had the lower hospitalization rates of the two populations. Out of all races and ethnicities, Hispanics had the lowest CHD hospitalization rates for all the Capital District counties.[7]

Age-Adjusted Coronary Heart Disease Hospitalization Rate per 100,000, by Race/Ethnicity, 2008-2010[7]			
	White non-Hispanic	Black non-Hispanic	Hispanic
New York State, excl. NYC	41.4	42.0	48.0
Albany County	24.8	33.0	9.5
Rensselaer County	34.4	32.8	16.5
Schenectady County	23.5	30.6	18.9

There are about 950 CHD deaths annually in the Capital District. During 2008-2010, Rensselaer County's CHD mortality rate was the highest in the Capital District (146.8/100,000), and was also higher than the New York State, excluding NYC, rate (145.1/100,000). Albany County (124.2/10,000) and Schenectady County (121.5) had CHD mortality rates that were lower than the Upstate New York rate. Comparisons between the adjusted CHD mortality rates from 2001-2005 and 2006-2010 showed a decrease in every county. Albany County's rate decreased 34% (208.3 to 137.1/10,000), Rensselaer County's rate decreased 21% (193.3 to 152.3) /100,000 and Schenectady County's rate decreased 25% (168.3 to 127.1/100,000).[5]



When comparing the 2008-2010 adjusted CHD mortality rates between Black non-Hispanic and White non-Hispanic Capital District residents, Black non-Hispanics had higher mortality rates in Albany County (153.6versus 121.7/100,000) and Rensselaer County (201.7 versus 145.5/100,000), while having lower rates in Schenectady County (109.9 versus 120.6).[7]

Congestive Heart Failure

Objective

New York State Prevention Agenda 2008-2012
Reduce the age-adjusted congestive heart failure hospitalization rate in New Yorkers (ages 18+) to no more than 33.0 per 10,000.

Congestive heart failure (CHF) is a specific category of cardiovascular disease (CVD), like coronary heart disease and cerebrovascular disease (stroke). In contrast to these two diseases, CHF is not one of the leading causes of death in the state;[2] however, it is one of the fastest growing subgroups of CVD, making it a cause for concern and attention. CHF affects about 5.1 million people within the United States. It is the primary cause of over 55,000 deaths and a contributing cause of approximately 280,000 deaths yearly.[8] CHF accounts for 2% of all deaths in New York State and 4% of all CVD deaths; however, the prevalence of CHF has been increasing over the last 20 years.[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 end stage of different types of heart diseases. The most common of these is coronary artery disease, which develops when the coronary arteries are blocked. Hypertension, or high blood pressure, and diabetes are also common causes of heart failure.[9] About 7 in 10 people with heart failure have high blood pressure before being diagnosed.[2] Around 8 percent of men and 18 percent of women ages 45 to 64 will develop heart failure within 5 years of having a heart attack. The risk of developing CHF after having a heart attack continues to increase with age.[8]

The Capital District averages 1,700 CHF hospitalizations annually. Of the three Capital District counties, Schenectady County had the highest CHF hospitalization rate of 50.3 per 10,000 population 18 years of age and older. This was higher than both the New York State, excluding NYC, rate of 41.7/10,000, as well as the 2008-2012 Prevention Agenda objective of 33.0/10,000. Albany County and Rensselaer County rates were lower than the Upstate New York rate and already meet the Prevention Agenda objective for CHF hospitalizations.[10]

Age-Adjusted Congestive Heart Failure Hospitalization Rate per 10,000 Population Aged 18+, 2008-2010[10]

Prevention Agenda Objective	**33.0**
United States	38.4
New York State, excl. NYC	41.7
Albany County	31.9
Rensselaer County	32.7
Schenectady County	50.3

The adjusted CHF hospitalizations rates for all ages have decreased slightly over the last decade. When comparing 2001-2005 and 2006-2010, Albany County decreased 3% (23.3to 22.7/10,000), Rensselaer County decreased 19% (32.9 to 26.5/10,000) and Schenectady County decreased 4% (30.0 to 28.9/10,000).[5]

CHF hospitalization rates are 25% to 50% higher for Capital District men compared to women for 2006-2010. While Albany County had the highest disparity between males and females with a ratio of 1.47

(27.8 versus 18.9/10,000), the ratio for Rensselaer County was 1.26 (29.4 versus 23.4/10,000), and the ratio for Schenectady County was 1.32 (33.5 versus 22.9/10,000). Though these age-adjusted rates are higher for men, the actual number of women being hospitalized is greater. The prevalence of CHF is higher in the older segments of the population where women constitute a much greater percentage, resulting in women bearing the greater burden from this condition.[6]

Age-Adjusted Congestive Heart Failure Mortality Rate per 100,000 Population Age 18+, 2008-2010[7]	
New York State, excl. NYC	25.6
Albany County	34.1
Rensselaer County	37.1
Schenectady County	39.8

An average of 176 deaths due to CHF occurs each year in the Capital District. Between 2008 and 2010, Schenectady County had the highest adult CHF mortality rate (39.8 per 100,000) and exceeded the CHF mortality rate for Upstate New York (25.6). Rensselaer County (37.1/100,000) and Albany County (34.1/100,000) also had CHF mortality rates exceeding the Upstate New York rate among the 18+ population.[7] Unlike CHF hospitalization rates, CHF mortality rates in all three counties increased 12% from 2001-2005 to 2006-2010: Albany County increased from 17.3 to 19.4/100,000; Rensselaer County increased from 20.4 to 22.8/100,000; and Schenectady County increased from 17.0 to 19.1/100,000.[5]

Age-Adjusted Congestive Heart Failure Mortality Rate per 100,000 Aged 18+ by Race/Ethnicity, 2008-2010[7]		
	White non-Hispanic	Black non-Hispanic
New York State, excl. NYC	29.7	12.2
Albany County	39.8	13.3*
Rensselaer County	39.0	27.5*
Schenectady County	45.9	10.9*

*Fewer than 20 events in numerator; rate is unstable

As with the difference in trends between CHF mortality and CHF hospitalizations, there are different patterns when comparing race and ethnicity in the Capital District. When comparing 2008-2010 adjusted CHF hospitalization rates for the Capital District Black non-Hispanic to White non-Hispanic populations 18 years of age and older, Black non-Hispanics had higher hospitalization rates in Albany County (40.5 per 100,000) and Rensselaer County (50.1 /100,000) than White non-Hispanics (Albany County – 32.4/100,000, Rensselaer County – 32.8/100,000); however, in Schenectady County, the Black non-Hispanics had lower hospitalization rates compared to their White non-Hispanic counterparts (28.7 versus 54.3). However, when comparing adjusted CHF mortality rates in the 18+ population, White non-Hispanic Capital District residents had much higher rates compared to their Black non-Hispanic counterparts.[7]

Cerebrovascular Disease

Objective

New York State Prevention Agenda 2008-2012
Reduce the age-adjusted rate of cerebrovascular disease (stroke) mortality to no more than 24.0 deaths per 100,000.

Cerebrovascular disease, or stroke, is the second deadliest form of cardiovascular disease after coronary heart disease, causing almost 17% of all CVD deaths in 2009. Each year, nearly 130,000 people in the United States die from stroke, making stroke the fourth leading cause of death.[11]

Age-Adjusted Stroke Mortality Rate per 100,000, 2008-2010[10]	
Prevention Agenda Objective	**24.0**
United States (2010)	39.0
New York State, excl. NYC	31.9
Albany County	31.9
Rensselaer County	37.5
Schenectady County	27.1

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.[12]

The most important alterable risk factor for stroke is high blood pressure (systolic > 140 mm Hg), which is prevalent among about 77% of individuals who have a first stroke. Other risk factors include cigarette smoking, diabetes, high cholesterol and use of oral contraceptives. Current smokers have a 2-4 times increased risk of stroke, while high blood pressure increases stroke risk by 4-6 times the general population.[1]

In addition to fatal outcomes, stroke can result in serious long-term disability. According to the American Heart Association, direct and indirect costs for stroke was estimated to be $73.7 billion in 2010.[1]

Age-Adjusted Stroke Hospitalization Rate per 10,000, 2008-2010[5]	
New York State, excl. NYC	25.3
Albany County	23.7
Rensselaer County	27.4
Schenectady County	25.0

In the Capital District, on average 254 deaths are attributable to stroke each year. Between 2008 and 2010, Rensselaer County had the highest stroke mortality rate in the Capital District at 37.5 per 100,000. This rate is higher that the New York State, excluding NYC, rate. Albany County and Schenectady County rates are equal to or lower than the Upstate New York average. All three county rates are higher than the 2008-2012 Prevention Agenda objective of 24.0 per 100,000.[10]

In the Capital District, an average of 1,877 stroke hospitalizations occurs each year. Slightly over 1,000 of these hospitalizations are females, while 873 men are hospitalized for stroke annually.

Rensselaer County had a stroke hospitalization rate of 27.4 per 10,000 between 2008 and 2010, which was higher than both Albany County and Schenectady County. Rensselaer County was the only county in the Capital District with a rate higher than the Upstate New York stroke hospitalization rate.[5]

Although both stroke mortality rates and hospitalizations rates have declined in the Capital District over the past decade, mortality rates showed the largest decline. In Albany County, stroke mortality from 2001-2005 to 2006-2010 declined 23% (42.6 to 32.8/100,000), 26% in Rensselaer County (47.0 to 34.9/100,000) and 27% in Schenectady County (39.5 to 29.0/100,000). For stroke hospitalization rates from 2001-2005 to 2006-2010, Albany County declined 10% (27.3/10,000 to 24.6/100,000), Rensselaer County declined 9% (32.2 to 29.2/100,000) and Schenectady County declined 12% (32.4 to 28.4/100,000).[5]

From 2006-2010, males in the Capital District had slightly higher stroke hospitalization rates than female residents (Albany County – 27.4/10,000 versus 22.2/10,000; Rensselaer County – 32.4 versus 25.9/100,000; Schenectady County – 31.1 versus 26.2/100,000);[6] however, the disparity is much greater among different races and ethnicities. The Black non-Hispanic population has higher stroke hospitalizations than White non-Hispanics in all three counties: Albany County – 41.2 versus 21.5/100,000; Rensselaer County – 42.1 versus 26.0/100,000; and Schenectady County – 31.5 versus 23.8/100,000. There was also a large disparity in stroke mortality. Black non-Hispanics had higher mortality rates in Rensselaer and Schenectady counties than their White non-Hispanic counterparts; however, the Black non-Hispanics in Albany County had lower mortality rates compared to their White non-Hispanic counterparts.[7]

Age-Adjusted Stroke Mortality Rate per 100,000 by Race/Ethnicity, 2008-2010[7]

	White non-Hispanic	Black non-Hispanic
New York State, excl. NYC	31.2	39.3
Albany County	31.4	29.6
Rensselaer County	36.6	62.2*
Schenectady County	26.2	45.7*

*Fewer than 20 events in numerator; rate is unstable

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Cancer

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 the nation. Each year, about 105,000 New Yorkers are diagnosed with cancer and over 35,000 New Yorkers die from malignant cancers each year. Lung, colorectal, breast and prostate cancers account for the majority of cancers in New York and nationally.[1]

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

In general, gender and race are important factors in the frequency of different types of cancers. At all ages, women have lower cancer incidence and mortality rates than men in the same age group. This gender difference has remained stable over time in New York State. Women, however, have a higher percentage of cancers diagnosed at an early stage compared to men in all three Capital District counties.[1]

Female Breast Cancer

Objective

New York State Prevention Agenda 2008-2012
Reduce the age-adjusted cancer mortality rate to no more than 21.3 per 100,000 females for breast cancer.

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

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

Percentage Of Women 40+ Years with a Mammography Screening in the Past 2 Years, 2008-2009[4]	
New York State, excl. NYC	81.9%
Albany County	78.6%
Rensselaer County	80.2%
Schenectady County	82.9%

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. For women ages 40 and over, routine mammograms are recommended every one to two years.[3]

In 2008-2009, about 80% of women age 40 and older in the Capital District reported having had a mammogram within the past two years which was comparable to the Upstate New York rate of 81.9%. However, the frequency of early stage breast cancer diagnoses in the Capital District was less than 65% (Albany County-63.5%; Rensselaer County -59.7%; Schenectady County -63.9%).[4] Early stage diagnosis in the Capital District also show differences by race. White non-Hispanic women had higher early detection rates for female breast cancer than Black non-Hispanics for Albany County (63.8% versus 56.8%) and Rensselaer County (66.9% versus 54.9%). Schenectady County rates were similar (59.5% versus 60.0%). Receiving cancer screening on a regular basis is important in early stage diagnosis.[5]

The 2007-2009 incidence of breast cancer in the Capital District is lower than the Upstate New York rate of 136.1 per 100,000 women. Schenectady County (133.7/100,000 women) has the highest incidence, compared to Albany (131.7/100,000) and Rensselaer (128.4/100,000) Counties.[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, 98.4% of women survive for at least five years. Late stage diagnosis only has a 23.3% 5-year survival rate.[3]

All three Capital District counties have age-adjusted breast cancer mortality rates that are slightly lower than the Upstate New York rate. Rensselaer County has the same mortality rate as the Prevention Agenda goal while the other two counties are slightly above the objective.[7]

Age-Adjusted Female Breast Cancer Mortality Rate per 100,000, 2007-2009[7]	
Prevention Agenda Objective	**21.3**
New York State, excl. NYC	22.2
Albany County	21.7
Rensselaer County	21.3
Schenectady County	21.7

While the Capital District has not seen much change in the incidence of female breast cancer between 2000-2004 and 2005-2009 (Albany County decreased slightly from 132.3 to 131.6/100,000; Rensselaer County went from 132.6 to 135.4/100,000; and Schenectady County decreased from 142.0 to 132.1/100,000), the female breast cancer mortality rates have shown a marked decrease. Albany County went down 15% (from 26.1to 22.3/100,000), while Rensselaer County decreased 18% (from 27.4 to 22.4/100,000) and Schenectady County decreased 9% (from 23.6 to 21.4/100,000).[6]

While breast cancer is more common among Whites than Blacks, Blacks are more likely to die from cancer. Among women under age 45, the incidence of breast cancer is higher among Black women. Hispanic, Asian, and Native American women have a lower risk of developing and dying from breast cancer.[2]

Cervical Cancer

Objectives

New York State Prevention Agenda 2008-2012
Reduce the age-adjusted cancer mortality rate to no more than 2.0 per 100,000 females for cervical cancer.

Cervical cancer is highly preventable in the United States due to screening tests and HPV vaccination. Almost all cervical cancers are caused by human papillomavirus (HPV), a common sexually-transmitted

disease. When found at an early stage, cervical cancer is highly treatable.[8] In the United States, approximately 12,000 women are diagnosed with cervical cancer and 4,000 women die from the disease each year. In New York State, 900 cases are diagnosed and almost 300 women die from cervical cancer annually.[9]

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 5 or more years are also risk factors.[8]

Age-Adjusted Percentage of Women 18+ Years with Pap Smear in Past 3 Years, 2008-2009[4]	
New York State, excl. NYC	82.6%
Albany County	87.0%
Rensselaer County	82.3%
Schenectady County	86.9%

The Pap test (or Pap smear) is an effective screening test that can detect cervical cell abnormalities that, without treatment, could lead to cancer. This test can detect cervical cancer *in situ*, an early stage of cervical cancer, where the cells are changing in shape and organization but are still localized and have not spread. Pap tests are recommended every three years for women ages 21-65. Regular Pap screenings decrease the incidence and mortality of cervical cancer by at least 80%.[10]

During 2008-2009, the percentage of women 18 years of age and older, having a Pap test within the past three years in the Capital District approaches or exceeds the Upstate New York rate of 82.6%.[4]

The rate of new cervical cancers in the Capital District is lower than the New York State, excluding NYC, rate. Albany County has the lowest incidence compared to Rensselaer and Schenectady counties.[5] In Rensselaer County, 31.3% of all cervical cancer diagnoses occur at an early stage, compared to 44.4% in Schenectady County and 50.0% in Albany County.[7]

Age-Adjusted Cervical Cancer Incidence Rate per 100,000 Women, 2007-2009[6]	
New York State, excl. NYC	7.4
Albany County	4.3
Rensselaer County	6.9
Schenectady County	6.9

Of the Capital District counties, Schenectady County had the highest age-adjusted 2007-2009 cervical cancer mortality rate of 2.9 per 100,000 which was higher than both the Upstate New York rate (1.9) and the 2008-2012 Prevention Agenda objective (2.0/100,000). Albany County (1.4/100,000) and Rensselaer County (1.7/100,000) cervical cancer mortality rates were lower than Upstate New York and met the Prevention Agenda objective of 2.0 per 100,000.[6]

Colorectal Cancer

Objectives

New York State Prevention Agenda 2013-2017
Increase the percentage of adults (50-75 years) who receive a colorectal cancer screening to 71.4%.

Colorectal cancer is the third most common cancer in men and women. It is also the second leading cause of death from cancers that affect both men and women.[11] Each year, about 10,000 adults in New York State are diagnosed with colorectal cancer, and 90% of them are over age 50.[1] Routine screening

can reduce colorectal cancer deaths by at least 60%.[11] When colorectal cancer is diagnosed in its earliest stage, 90.1% of individuals are living 5 years after diagnosis. In comparison, for late stage diagnosis the five year survival rate dramatically decreases to 9.2%.[1]

Lifestyle factors that may 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.[12]

Colorectal cancer incidence is higher in the Capital District than Upstate New York (46.3/100,000). Albany County (46.7/100,000) has the lowest incidence compared to Rensselaer (51.1) and Schenectady (51.2/100,000) counties, which were slightly higher. Incidence rates have been decreasing. When comparing 2000-2004 to 2005-2009, Albany County decreased 22% (59.4 to 46.5/100,000), Rensselaer decreased 20% (65.7 to 52.8/100,000), and Schenectady decreased 2% (51.0 to 49.7/100,000).[6]

Age-Adjusted Colorectal Cancer Incidence Rate per 100,000, 2007-2009[6]	
New York State, excl. NYC	46.3
Albany County	46.7
Rensselaer County	51.1
Schenectady County	51.2

Colorectal cancer screening is recommended for men and women aged 50–75 using high-sensitivity fecal occult blood testing (FOBT), sigmoidoscopy, or colonoscopy.[13] During 2008-2009, Capital District residents reported lower screening rates for colorectal cancer than the statewide rate and Prevention Agenda objective, although the percentage in general is quite low.[14] The screening rates among adults ages 50-75 are highest in Albany and Schenectady counties at 67.9%, but lower in Rensselaer County at 66.0%.[4]

The rate of colorectal cancer mortality in the Capital District is slightly higher than the Upstate New York rate of 15.7 per 100,000. Schenectady County has the highest rate of mortality (18.3/100,000) while Rensselaer (15.5/100,000) and Albany (14.9/100,000) Counties have lower rates.[6]

Percentage of Adults Who Received a Colorectal Cancer Screening Ages 50-75 years, 2008-2009[4]	
Prevention Agenda Objective[14]	**71.4%**
New York State, excl. NYC	68.4%
Albany County	67.9%
Rensselaer County	66.0%
Schenectady County	67.9%

When comparing the age-adjusted colorectal mortality rates between 2000-2004 and 2005-2009, Albany County showed a 17% decline (19.1to 15.9/100,000) and Rensselaer County showed an 18% decline (20.6 to 16.8/100,000). Schenectady County's colorectal mortality rate showed no change (16.9 to 17.0/100,000).[6]

Because of the small numbers, race/ethnicity information for colorectal cancer is not available for all Capital District counties. For New York State, excluding NYC, Black non-Hispanic residents had a colorectal cancer mortality rate of 20.4 per 100,000, which was higher than the White non-Hispanic rate of 15.6 per 100,000. When comparing colorectal cancer cases being diagnosed at an early stage, Black non-Hispanics had a lower rate (42.7%) compared to White non-Hispanic Upstate New York residents (45.2%).[5]

Prostate Cancer

Objective

New York State Prevention Agenda 2008-2012
Reduce the age-adjusted cancer mortality rate to no more than 21.2 per 100,000 males for prostate cancer.

Prostate cancer is the most common form of cancer in men and the leading cause of cancer mortality in men, second to lung cancer. Annually, around 15,600 men are diagnosed with prostate cancer and there are about 1,700 deaths due to prostate cancer each year.[1] The United States has seen a 3% decrease in prostate cancer deaths from 2004 to 2010.[15]

Age-Adjusted Prostate Cancer Incidence Rate per 100,000, 2007-2009[6]	
New York State, excl. NYC	171.4
Albany County	169.1
Rensselaer County	175.8
Schenectady County	140.8

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.[16]

Routine screening for prostate cancer is not recommended for men without symptoms. While screening can detect cancer at an early stage, the benefits of prostate cancer screening do not outweigh the risks. The presence of other health conditions can cause false positive test results (the test says you have cancer when you do not). Additionally, some men have prostate cancer that never affects their health; they die from other health conditions. In these cases, the mild to serious side effects from treatment of prostate cancer are more harmful than the cancer itself.[17]

Rensselaer County had the highest Capital District 2007-2009 age-adjusted prostate cancer incidence rate of 175.8 per 100,000, with its rate higher than the Upstate New York rate of 171.4 per 100,000. Albany and Schenectady counties had incidence rates lower than New York State, excluding NYC.[6]

The Capital District counties had 2007-2009 prostate cancer mortality rates that were similar, and that met the 2008-2012 Prevention Agenda objective of 21.2 per 100,000. All counties had prostate cancer mortality rates at or below the New York State, excluding NYC, rate.[6]

Age-Adjusted Prostate Cancer Mortality Rate per 100,000, 2007-2009[6]	
Prevention Agenda Objective[7]	**21.2**
New York State, excl. NYC	20.8
Albany County	20.0
Rensselaer County	18.2
Schenectady County	20.9

Age-adjusted prostate cancer mortality rates have decreased in the Capital District in the past decade. When comparing 2000-2004 to 2005-2009, Albany County showed a 25% decrease (26.6to 19.9/100,000), Rensselaer County a 46% decrease (36.0 to 19.5/100,000) and Schenectady a 20% decrease (28.3 to 22.5/100,000).[6]

Lung Cancer

Objective

New York State Prevention Agenda 2008-2012
Reduce the age-adjusted incidence of lung cancer in New Yorkers to no more than 62 per 100,000 for males and 41 per 100,000 for females.

Lung cancer is a serious public health concern. More people die from lung cancer than any other type of cancer. This is true for both men and women. According to the CDC, in 2009 lung cancer accounted for more deaths than breast cancer, prostate cancer, and colon cancer combined.[18]

Lung cancer incidence in the Capital District and New York State exceeds the 2008-2012 Prevention Agenda objective for both males and females. Rensselaer County has the highest incidence of lung cancer among male and female residents compared to Albany and Schenectady counties. The Capital District rates of lung cancer incidence exceed the New York State, excluding NYC, rate for both genders.[7]

Age-Adjusted Lung Cancer Incidence per 100,000, 2008-2010[7]

	Males	Females
Prevention Agenda Objective	**62.0**	**41.0**
New York State, excl. NYC	75.8	53.9
Albany County	96.1	68.1
Rensselaer County	112.2	82.1
Schenectady County	95.5	69.1

The 2007-2009 age adjusted lung cancer mortality rates for the Capital District are higher than the New York State, excluding NYC, rate of 49.1 per 100,000. Rensselaer County had the highest rate at 62.5, followed by Albany County (55.2) and Schenectady County (53.9).[6]

Capital District lung cancer mortality rates, however, have declined from 2000 through 2009. The mortality rate between 2000 and 2009 decreased 8.8% in Albany County (59.0/100,000 to 53.8/100,000) and 10.6% in Rensselaer County (69.9 to 62.5/100,000). Schenectady County had a small decrease over the 2000-2007 period (53.9 to 50.7/100,000) but has increased back to 53.9 per 100,000 at the end of the 2008-2009 period.[6]

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Chronic Obstructive Pulmonary Disease

Objective

New York State Prevention Agenda 2008-2012
Reduce the chronic obstructive pulmonary disease (COPD)/chronic lower respiratory disease (CLRD) hospitalization rate in adults (ages 18+) to no more than 31 per 10,000.

Chronic obstructive pulmonary disease (COPD), or chronic lower respiratory disease (CLRD), refers to a group of diseases that cause airflow blockage and breathing-related problems. It includes emphysema, chronic bronchitis, or a combination of these and frequently co-exists with asthma. COPD/CLRD is preventable and treatable.[1]

Early detection of COPD/CLRD might alter its course and progress. A simple spirometry test can be used to detect COPD/CLRD in current and former smokers aged 45 and over and anyone with respiratory problems.[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. People who smoke are over 10 times more likely to get COPD/CLRD than those who don't smoke. Other risk factors include exposure to air pollutants in the home and workplace, genetic factors, and respiratory infections.[2]

There are an estimated 12.7 million individuals diagnosed with COPD/CLRD in the United States; however, COPD research indicates that up to 24 million people have evidence of impaired lung function.[1] COPD/CLRD is the third leading cause of death in the nation, claiming the lives of over 138,000 Americans in 2010.[3] The prevalence of both COPD/CLRD morbidity and mortality has been increasing nationwide. Additionally, COPD/CLRD is an important cause of hospitalization in older populations. Approximately 54% of hospital discharges for COPD/CLRD were in the 65 years and older age group in 2010.[4]

Age-Adjusted COPD/CLRD Rates Among Ages 18+, 2008-2010[5]

	Hospitalization per 10,000	Mortality per 100,000
Prevention Agenda Objective	**31.0**	**-**
New York State, excl. NYC	59.5	40.8
Albany County	40.3	63.5
Rensselaer County	54.3	85.6
Schenectady County	39.9	81.8

Chronic respiratory disease is clearly a problem in the Capital District. Residents averaged 2,273 hospitalizations and 347 deaths due to COPD/CLRD. All three counties had mortality rates that were higher, and hospitalization rates that were lower than the New York State, excluding NYC rate. All three counties had hospitalization and mortality rates that were higher than the New York State, excluding NYC, rates. None of the three Capital District counties met the 2008-2010 Prevention Agenda objective for hospitalizations.[5]

Hospitalization and mortality rates for the total population varied within the Capital District counties during the last decade. When comparing 2001-2005 and 2006-2010 for COPD/CLRD hospitalization rates, Albany County's rate increased 8% (29.9 to 32.4/10,000) and Rensselaer County's rate increased 14% (38.0 to 43.2/10,000); however, Schenectady County's COPD/CLRD hospitalization rate dropped

20% (42.2 to 33.9/10,000). There was less change when comparing the adjusted COPD/CLRD mortality rate for the total population for these two time periods. Albany County's mortality rate increased 2% (40.6/100,000 to 41.3/100,000) and Schenectady County's rate increased 6% (41.7 to 44.3/10,000). In contrast, Rensselaer County showed a 5% decrease in its COPD/CLRD mortality rate (58.8 to 56.1/10,000).[6]

Age and Sex-adjusted Rate of COPD/CLRD ED Visits per 10,000, 2005-2009[7]	
New York State, excl. NYC	70.7
Albany County	87.5
Rensselaer County	88.5
Schenectady County	112.8

In the Capital District, an average of 5,418 emergency department (ED) visits occurred annually due to COPD/CLRD. When looking at the 2005-2009 COPD/CLRD ED visit rates for the total population, Schenectady County had the highest ED visit rate. All three counties had ED visit rates higher than the Upstate New York ED visit rate.[7]

The number of women dying from COPD/CLRD has surpassed the number of men. This increase in deaths likely reflects the increase in smoking by women, relative to men, since the 1940s.[3] In addition, female Capital District residents had 15-30% higher COPD/CLRD ED visits and hospitalization rates than male residents. The difference between female and male hospitalization rates was highest in Rensselaer County (48.4 versus 34.4/10,000) compared to Albany County (34.9 versus 29.3/10,000) and Schenectady County (36.5 versus 29.1/10,000). Rates for ED visits were similarly 15-25% higher for females than males. In Albany County, 93.4 per 10,000 males visited the ED due to COPD/CLRD, compared to 79.9 per 10,000 women. In Rensselaer County, the rate for males was 98.1 versus 77.8 for females, and Schenectady County had a male ED rate of 128.3, compared to 96.6 for females.[7]

Age-Adjusted COPD/CLRD Hospitalization Rates Among Ages 18+ by Race/Ethnicity, 2008-2010[8]			
	White Non-Hispanic	Black Non-Hispanic	Hispanic
New York State, excl. NYC	41.6	50.5	28.1
Albany County	39.0	65.0	12.4
Rensselaer County	53.6	82.6	43.3
Schenectady County	40.5	45.4	24.0

Disparities in COPD/CLRD hospitalization rates were also seen among different races and ethnicities. Black non-Hispanic Capital District residents have a higher 2008-2010 adult COPD/CLRD hospitalization rate compared to White non-Hispanic residents. In contrast, Hispanic residents have the lowest COPD/CLRD hospitalization rates in the Capital District and Upstate New York compared to White non-Hispanics and Black non-Hispanics.[8]

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Asthma

Objective

New York State Prevention Agenda 2013-2017
Reduce the asthma emergency department visit rate to 75.1 per 10,000 residents all ages.

- *Reduce the asthma emergency department visit rate to 196.5 per 10,000 for residents ages 0-4 years.*

Asthma is a disease that affects the lungs and is characterized by difficulty breathing. In most cases, the causes of asthma are not known. Symptoms of asthma include wheezing, tightness in the chest, breathlessness, and coughing at night or early in the morning. It is one of the most common long-term diseases of children, but is prevalent in adults as well. Nationwide, about 7.1 million children and 18.9 million adults were living with asthma in 2011.[1] In New York State, there are more than 1.1 million adults living with asthma.[2]

An asthma attack is a distressing and potentially life-threatening experience. When an attack occurs, the sides of the airways swell. This causes the airways to shrink, and less air is able to get in and out of the lungs. If poorly treated, asthma can lead to persistent hospitalization and death. Asthma is the third leading cause of hospitalization in children under the age of 15.[3]

Asthma can interfere with daily activities, especially without proper management. 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] There is no cure for asthma, but the disease can be managed with medical care and by avoiding asthma triggers.[5]

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.[3]

Age-Adjusted Percent of Adults Ages 18+ with Current Asthma, 2008-2009[6]	
New York State, excl. NYC	10.1%
Albany County	13.9%
Rensselaer County	13.1%
Schenectady County	13.4%

Asthma is a major concern for the Capital District. There are an estimated 64,700 current asthmatic adults residing in the three Capital District counties. There are 33,800 people living with asthma in Albany County, 15,900 in Rensselaer County, and 15,000 in Schenectady County. The Capital District's rates for adult asthma prevalence ranged from 13.1-13.9% and were over 30% higher than the corresponding Upstate New York percentage of 10.1% in 2008-2009.[6]

Age-Adjusted Asthma ED Visit Rates per 10,000, 2008-2010[7]		
	All ages	**Ages 0-4**
Prevention Agenda Objective	**75.1**	**196.5**
New York State, excl. NYC	51.1	122.3
Albany County	68.6	185.0
Rensselaer County	62.0	209.2
Schenectady County	67.0	153.6

In addition, asthma complications and flare ups have led to over 4,000 emergency department visits per year. The Upstate New York rate of asthma ED visits (51.1 per 10,000) contrasts sharply with the total NYS rate (83.7); New York City's rate is 39% higher

than the rest of state rate. Therefore, although 2008-2010 asthma ED visit rates for all three counties were higher than the Upstate New York rate, all three counties presently meet the Prevention Agenda objective of 75.1/10,000. All three counties also had asthma ED visit rates for ages 0-4 that were higher than Upstate New York rate, but only Rensselaer County did not meet the Prevention Agenda objective of 196.5/10,000.[7]

Severe asthma attacks and complications may lead to hospital admission. Hospitalizations usually indicate a lack of proper management of the condition; a combination of early medical intervention and the avoidance of asthma triggers will generally prevent such severe flare ups. Between 2008 and 2010, Albany and Rensselaer counties had higher hospitalization rates than Upstate New York for the general population, while Schenectady County's rate was lower. In contrast, all three counties exceeded the Upstate New York asthma hospitalization rate for children ages 0-17.[8]

Age-Adjusted Asthma Hospitalization Rates per 10,000, 2008-2010[8]

	All ages	Ages 0-17
New York State, excl. NYC	12.3	16.1
Albany County	13.8	16.4
Rensselaer County	15.1	17.9
Schenectady County	11.9	18.3

Age-Adjusted Asthma Rates per 10,000 by Gender, 2006-2010[9]

	Males	Females
ED Visits		
New York State, excl. NYC	41.2	50.3
Albany County	61.0	68.9
Rensselaer County	48.4	58.7
Schenectady County	55.0	74.4
Hospitalizations		
New York State, excl. NYC	9.8	13.6
Albany County	11.0	15.1
Rensselaer County	12.0	17.1
Schenectady County	9.8	13.9

The Capital District counties show different trends for asthma hospitalizations for the total population and for childhood asthma. When comparing the asthma hospitalization rate for the general population between 2001-2005 and 2006-2010, Albany County had an 11% increase (12.0 to 13.3/10,000) and Rensselaer County had a 25% increase (12.2 to 15.2/10,000). Schenectady County, on the other hand, had a 10% reduction in the asthma hospitalization rate (13.6 to 12.1/10,000). For childhood asthma hospitalization rates between 2001-2005 and 2006-2010, Rensselaer County showed an 18% increase (17.3 to 20.1/10,000), while Schenectady County had a 4% increase (17.4 to 18.1/10,000). However, the 0-17 year asthma hospitalization rate decreased 4% in Albany County (7.3 to 16.6/10,000) during the same time period.[8]

Data for asthma shows a distinct difference in gender and race. Female Capital District residents have higher adjusted asthma ED visit and hospitalization rates compared to male residents.[9] Black non-Hispanic residents had 3 to 5 times the adjusted asthma hospitalization rates

Adjusted Asthma Hospitalization Rates per 10,000 by Race/Ethnicity, 2008-2010[10]

	White Non-Hispanic	Black Non-Hispanic	Hispanic
New York State, excl. NYC	9.1	29.4	20.7
Albany County	8.1	41.5	11.9
Rensselaer County	11.2	49.7	20.5
Schenectady County	8.7	26.5	11.5

compared to White non- Hispanic Capital District residents. The Hispanic population also had higher asthma hospitalization rates compared to White non-Hispanics, but not as high as Black non-Hispanics.[10]

High risk neighborhoods had asthma ED visit rates 2.5 to 4 times higher than the Upstate New York rate of 11.9 per 10,000, and hospitalization rates 4 to 5 times higher than the rest of state rate (46.0). ED visit rates were highest in Albany County's South End (245.4/10,000) and West Hills (236.3) neighborhoods, and Schenectady County's Hamilton Hill (188.9) neighborhood. These same neighborhoods had the highest hospitalization rates in the Capital District: South End had a rate of 48.8/10,000, West Hills' rate was 37.4/10,000, and Hamilton Hill was 31.8/10,000.[9]

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VI. Healthy and Safe Environment

Lead Poisoning

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

Lead Screening

Objective

New York State Prevention Agenda 2008-2012
Increase the percentage of New York State children who had at least one lead screening test by 36 months of age to at least 96%.

In New York State, the leading environmental poison of young children is lead. Children under the age of 6, but particularly children living at or below the poverty line in older housing, are at risk.[1] While both incidence and severity of childhood lead poisoning have decreased in New York State, it is still a serious public health concern.

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 finger prick. In New York State healthcare providers are required to obtain a blood lead 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 part of routine care and a blood lead level obtained for any child with an increased risk of exposure.[1]

Percentage of Children with at Least One Lead Screening, 2008-2010[4]

	18 mos.	36 mos.
Prevention Agenda Objective	-	**96.0%**
New York State excl. NYC	65.4%	85.3%
Albany County	59.3%	77.5%
Rensselaer County	63.5%	83.5%
Schenectady County	62.3%	83.5%

In the Capital District, 2,662 children born in 2007 did not have at least one lead screening test done by 18 months of age. All three Capital District counties had 18 month lead screening rates lower than New York State, excluding NYC. Albany County had the lowest screening rate, with only 59.3% of children getting a lead screening test by 18 months; however, the Capital District has shown improvement in the percent of children screened for lead by 18 months. When comparing the 2001 to 2007 birth cohorts, Albany County improved its screening rates by 11% (53.3% to 59.3%), and Schenectady County improved lead screening rates 52% (40.9% to 62.3%). Only Rensselaer County showed a slight decrease of 3% in lead screening rates (65.5% to 63.5%).[4]

The 2008-2012 Prevention Agenda objective tracks children having at least one lead screening by 36 months. For the Capital District, Albany County has the lowest lead screening rate of 77.5%. Rensselaer and Schenectady counties have the same rate with 83.5% of children having at least one lead screening test by 36 months. All three counties have lower screening rates than Upstate New York (85.3%) and do not meet the 2008-2012 Prevention Agenda objective of 96.0%.[4]

Children Younger than 6 Years with Elevated Lead Levels

Objective

New York State Prevention Agenda 2008-2012
Reduce New York's incidence of elevated lead levels in children so that the incidence of children aged <72 months with a confirmed blood lead level of >10ug/dl (per 1,000 children tested) is 0.

The main cause of lead poisoning among children is exposure to paint chips and dust from deteriorating lead-based paint in their homes. Parents who have occupations or hobbies that expose them to lead can also result in childhood lead exposure. Other sources of lead exposure can include lead-contaminated soil, pottery and cosmetics, traditional medicines, some imported food, children's toys, and jewelry.[5]

Approximately 25% of children in the United States live in housing that contains lead based paint and are at risk of lead exposure. Since such a high percentage of children are at risk, routine screening for elevated blood lead levels at 1 year and 2 years of age is important. Children who are found to be at risk must also have blood lead testing. Early identification of lead exposure can prevent harm and minimize further exposures.[5]

Incidence of Children <72 Months with Confirmed Blood Lead Level ≥10 µg/dl per 1,000 Children Tested, 2008-2010[4]	
Prevention Agenda Objective	**0.0**
New York State excl. NYC	7.7
Albany County	12.4
Rensselaer County	10.7
Schenectady County	9.1

Annually, an average of 116 children under the age of 6 living in the Capital District have confirmed blood lead levels at or higher than 10µg/dl. Albany County had the highest incidence rate of elevated blood lead levels in children at 12.4 per 1,000 children tested, followed by Rensselaer County at 10.7/1,000, and Schenectady County at 9.1/1,000. All three counties had incidence rates higher than Upstate New York (7.7/1,000) and none reached the 2008-2012 Prevention Agenda objective of 0.0. The Capital District counties have shown marked decreases in the incidence of elevated blood lead levels in children less than 6 years of age. When comparing 2001-2003 to 2008-2010, Albany County shows a 56% decrease (28.2to 12.4/1,000), Rensselaer County a 56% decrease (24.2 to 10.7/1,000), and Schenectady County a 65% decrease (26.3 to 9.1/1,000).[4]

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Asthma Triggers

Objectives

New York State Prevention Agenda 2013-2017
Increase the percentage of homes in the Healthy Neighborhood Program that have fewer asthma triggers during the home revisits to 20.0%.

Asthma attacks occur after exposure to an "asthma trigger." Asthma triggers vary between individuals with asthma. Asthma triggers can be found indoors, outdoors, and in the workplace so it is important for an individual to be aware of what triggers their asthma. Avoiding these triggers can help manage the condition.[1]

Americans spend about 90% of their time indoors, where allergens are present. Dust mites, cockroaches, and dander and saliva from pets, such as birds and animals with fur, can cause asthma symptoms. Frequent cleaning and vacuuming can reduce these triggers. Mold is another household allergen that can aggravate asthma. Keeping the humidity level low can prevent mold from growing. Tobacco smoke, whether first or secondhand, can cause an asthma attack. Quitting smoking or avoiding exposure to secondhand smoke can reduce asthma attacks. Smoke from burning wood or grass can also trigger an attack. Refraining from burning wood in the home and proper maintenance for the stove and chimney can keep the home healthier.[2]

Outdoor air pollution can trigger an asthma attack. This pollution can come from factories, cars, and other sources. Pollen and smoke from burning wood, such as wildfires, can also be an irritant. Poor air quality, high humidity, and cold, dry air are other outdoor triggers that can aggravate asthma. Workplace triggers can include animal proteins, enzymes, flour, natural rubber latex, and certain reactive chemicals.[3]

Airway infections from the flu or colds can trigger an asthma attack. Sinus infections, allergies, acid reflux, and some medications can also bring on attacks. Allergies to foods or food additives, physical exercise, breathing in some chemicals, and fragrances can also initiate an asthma attack. Strong emotions that lead to hyperventilation can also cause an asthma attack.[3]

Percentage Of Homes In Healthy Neighborhood Program That Have Fewer Asthma Triggers During The Home Revisits, 2008-2011[5]

	Homes with fewer asthma triggers at the revisit	Homes with a revisit	Percentage
Prevention Agenda Goal	-	-	**20.0%**
New York State	260	2,013	12.9%
Albany County	10	73	13.7%
Rensselaer County	2	19	10.5%*
Schenectady County	27	221	12.2%

* Fewer than 10 events, therefore the percentage is unstable

The New York State Healthy Neighborhoods Program (HNP) works to reduce illness and injury related to housing. The program consists of in-home assessments and interventions that look to reduce

environmental health hazards, such as asthma triggers, in housing in high-risk areas. Homes with an identified housing hazard during the in-home assessment are provided education to help reduce these problems. About 22% of homes visited receive an optional revisit 3-6 months later to reassess home safety. There are currently 13 counties funded to participate in this program and the services provided vary by county.[4]

About 12.5% of the "Healthy Neighborhood" homes, receiving a revisit, had fewer asthma triggers. Albany County had a higher asthma trigger reduction rate (13.7%) compared to New York State (12.9%) while Schenectady County (12.2%) and Rensselaer County (10.5%) had lower asthma trigger reduction rates. All Capital District counties fell below the Prevention Agenda objective of 20%.[5]

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Injury

Unintentional Injury Prevention

Objectives

New York State Prevention Agenda 2008-2012

Reduce the age-adjusted unintentional injury hospitalization rate and mortality rate in New York so that:

- *Age-adjusted unintentional injury-related hospitalization rate is no more than 44.5 per 10,000.*
- *Age-adjusted unintentional injury-related mortality rate is no more than 17.1 per 100,000.*

Unintentional injuries are a leading cause of death for Americans in every age, race, gender, and economic group. In 2011, for all United States residents, fatalities from unintentional injuries ranked as the fifth leading cause of death. Such deaths are even more common among the younger age groups.[1]

The CDC reported that in 2011, more than 30 million people had nonfatal unintentional injuries that were serious enough to require a visit to an emergency department (ED). Serious injuries have long-term impacts on the emotional, physical, and economic well-being of individuals and their families. Disabling injuries have lifelong consequences.[2]

Age-Adjusted Rates of Unintentional Injury per 10,000 Population, All Ages		
	ED Visits 2005-2009[3]	**Hospitalizations 2008-2010[4]**
Prevention Agenda Objective	-	**44.5**
New York State, excl. NYC	870.8	65.1
Albany County	916.8	61.1
Rensselaer County	1,112.2	62.5
Schenectady County	1,133.5	59.1

The three Capital District counties all had higher 2005-2009 unintentional injury-related ED visit rates than the Upstate New York rate. Rensselaer and Schenectady counties had higher rates than Albany County. In addition, males are more likely than females to visit the ED or to be hospitalized for unintentional injuries within the Capital District.[3]

Age-Adjusted Unintentional Injury Mortality Rate per 100,000, 2008-2010[4]	
Prevention Agenda Objective	**17.1**
United States (2010)	37.1
New York State, excl. NYC	24.6
Albany County	22.0
Rensselaer County	23.3
Schenectady County	21.0

Individuals are far more likely to be discharged from the ED than to be hospitalized for unintentional injuries. There is an average of approximately 4,000 unintentional injury hospitalizations per year in the Capital District. In 2008-2010, all three counties had unintentional injury hospitalization rates that were lower than the New York State, excluding NYC, rate, but all the rates exceeded the 2008-2012 Prevention Agenda objective.[4]

The rates of age-adjusted unintentional hospitalizations were similar for White non-Hispanics and Black non-Hispanics in Albany County (57.7versus 55.7/10,000) and Rensselaer County (60.9 versus 60. /10,000 7). In Schenectady County, a disparity was seen. Rates were higher for White non-Hispanics than Black non-Hispanics (57.1 versus 45.2/10,000). The Hispanic population had much lower hospitalization rates in all three counties (Albany County – 20.1/10,000; Rensselaer County – 17.3/10,000; Schenectady County – 26.1/10,000) when compared to Black or White non-Hispanics.[5]

The Capital District averages approximately 150 deaths per year due to unintentional injury. Between 2008 and 2010, the Capital District counties had unintentional injury mortality rates that were below the national as well as the Upstate New York rates; however, none of the three counties met the 2008-2012 Prevention Agenda objective.[4]

Unintentional Injury Hospitalization Rates per 10,000 by Age, 2008-2010[6]			
	Ages 0-14	**Ages 15-24**	**Ages 65+**
New York State, excl. NYC	20.6	32.7	276.7
Albany County	19.2	18.5	281.5
Rensselaer County	16.7	28.2	277.8
Schenectady County	22.3	29.5	256.9

The unintentional injury hospitalization rates for the population over 65 years old was approximately 10 times higher than the rates for the younger populations. Of the Capital District counties, Schenectady County had the higher rates for the 0-14 year and 15-25 year age groups but the lowest rate for unintentional injury hospitalizations in the 65+ year age group.[6]

Motor Vehicle-Related Injuries/Pedestrian Injury

Objectives

New York State Prevention Agenda 2008-2012

Reduce age-adjusted motor vehicle-related injury mortality in New York to no more than 5.8 per 100,000.

Reduce the pedestrian injury hospitalization rate in New York to no more than 1.5 per 10,000.

Motor vehicle crashes are the leading cause of death for persons 1 to 34 years of age and the leading cause of death from injury for all ages in the United States. Motor vehicle-related injuries kill more children and young adults than any other single cause in the United States. Nearly 40,000 people in the United States die in motor vehicle crashes each year, and crash injuries result in about 270,000 hospitalizations and four million Emergency Department visits annually.[7]

Motor vehicle injuries cause death, trauma, impairment, higher insurance premiums, productivity loss at work, and other costs to individuals, their families, communities. The economic burden of motor vehicle-related deaths and injuries is also tremendous, costing the United States about $99 billion each year.[7]

Age-Adjusted Rate of Motor Vehicle-Related Mortality per 100,000, 2008-2010[4]	
Prevention Agenda Objective	**5.8**
United States (2010)	11.2
New York State, excl. NYC	8.3
Albany County	5.6
Rensselaer County	7.8
Schenectady County	4.4

The Capital District averages 40 motor vehicle-related deaths per year. All three Capital District counties had 2008-2010 motor vehicle-related mortality rates lower than the New York State, excluding NYC, rate. Rensselaer County was the only county that did not meet the 2008-2012 Prevention Agenda objective.[4]

Age-Adjusted Rates of Motor Vehicle Accidents per 10,000[3]		
	ED Visits 2005-2009	**Hospitalizations 2006-2010**
New York State, excl. NYC	85.8	9.6
Albany County	77.9	5.5
Rensselaer County	87.3	6.3
Schenectady County	97.8	6.6

Rensselaer and Schenectady counties have higher ED visit rates for motor vehicle accidents than Upstate New York, while Albany County has a lower rate. All three counties in the Capital District region have lower hospitalization rates than Upstate New York. Additionally, in the Capital District and in Upstate New York, females are more likely to visit the ED, while males are more likely to be hospitalized, for motor vehicle accidents.[3]

People not driving a motor vehicle are still at risk for injury from motor vehicle accidents. Pedestrian motor vehicle crash deaths account for 14 percent of crash deaths.[8] There were 4,280 pedestrians killed and about 70,000 pedestrians injured in traffic crashes in the United States in 2010. Almost half of traffic crashes that caused pedestrian fatalities involved alcohol. On average, a pedestrian is killed in a traffic crash every two hours and injured in a traffic crash every eight minutes.[9]

Age-Adjusted Rate of Pedestrian Injury Hospitalizations per 10,000, 2008-2010[4]	
Prevention Agenda Objective	**1.5**
New York State	1.7
Albany County	0.9
Rensselaer County	0.8
Schenectady County	1.2

The prevalence of pedestrian injury hospitalizations for Capital District counties falls below the 2008-2012 Prevention Agenda objective and statewide rate as well. The lowest rate is reported in Rensselaer County, followed by Albany County and then Schenectady County.[4]

Fall Prevention

Objectives

New York State Prevention Agenda 2013-2017

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

Stop the annual increase of the rate of hospitalizations due to falls among residents ages 65 and over by maintaining the rate at 204.6 per 10,000 residents.

Falls in Young Children

The primary location of falls for children is in the home. Falls are the leading cause of non-fatal injuries in children up to four years old,[10] and the most common reason for ED visits in this age group.[11] Rapid early development provides various opportunities for children to fall. Babies and young children have

bigger heads compared 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 of high surfaces. Similarly, when children learn to crawl and walk, they increase their chances of falling out of windows and off of furniture.[12] Injury due to falls can lead to permanent disability, traumatic stress, and the decreased ability to perform age-appropriate activities, among other things. The estimated lifetime medical costs for injuries due to falls among ages 1-19 is $5.0 billion.[11]

Rate of ED Visits Due to Falls per 10,000 Ages 1-4, 2008-2010[13]	
Prevention Agenda Objective	**429.1**
United States	562.1
New York State	512.7
Albany County	470.5
Rensselaer County	585.7
Schenectady County	591.2

There is an average of 1,423 ED visits in the Capital District due to falls among children ages 1-4 annually. None of the Capital District counties meet the Prevention Agenda objective. Schenectady County has the highest rate of ED visits due to toddler falls in the Capital District. While Rensselaer and Schenectady counties have higher rates compared to the United States and Upstate New York, Albany County has the lowest rate of ED visits in the region.[13]

Falls in Older Adults

Falls are the leading cause of injury deaths among older adults and the most common cause of nonfatal injuries and hospital admissions for trauma. More than one third of adults 65 and older fall each year in the United States. Every 17 seconds, an older adult is treated in an emergency department for a fall. One of these individuals dies as a result of their injuries every 30 minutes. Individuals who fall once are two to three times more likely to fall again. Older adults are hospitalized for fall-related injuries five times more often than they are for injuries from other causes.[14]

Unintentional falls are a serious threat to the lives, independence and wellbeing of adults ages 65 and older. Of those who fall, 20% to 30% suffer moderate to severe 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 the most common cause of traumatic brain injury (TBI). TBI accounts for almost half of fatal falls among older adults. Hip fractures are the most frequent type of fall-related fractures. Developing a fear of falling is common among people who fall, even among those who are not injured. This fear causes them to limit activities. Such a response leads to reduced mobility, which actually increases their risk of falling.[15] In addition, falls have a heavy financial burden, with a yearly cost of $1.7 billion in New York State for hospitalizations alone.[14]

Rate of ED Visits Due to Falls per 10,000 Ages 65+, 2005-2009[3]	
New York State, excl. NYC	370.0
Albany County	421.6
Rensselaer County	470.0
Schenectady County	446.4

There were over 3,800 emergency department visits per year due to falls in the Capital District residents 65 years of age and older. The Capital District has rates above the rest of state for ED visits due to falls for this age population. Rensselaer County has the highest rate at 470 ED visits per 10,000, while Albany County has the lowest

ED visit rate in the region at 421.6/10,000. Schenectady County has a rate of 446.4 ED visits due to falls per 10,000.[3]

Rate of Hospitalizations Due to Falls per 10,000 Ages 65+, 2008-2010[13]	
Prevention Agenda Objective	**155.0**
New York State, excl. NYC	222.0
Albany County	236.1
Rensselaer County	229.8
Schenectady County	215.5

The Capital District averages 1,950 fall-related hospitalizations a year in its senior residents. The rate of fall-related hospitalizations among older adults in the Capital District and New York State are significantly above the Prevention Agenda objective. Albany County has the highest rate of hospitalizations (236.1 per 10,000) compared to Rensselaer (229.8/10,000) and Schenectady (215.5/10,000) counties. Only Schenectady County has a rate lower than the Upstate New York rate.[13]

Rate of Mortality Due to Falls per 100,000 Ages 65+, 2006-2008[16]	
New York State	352.0
Albany County	261.0
Rensselaer County	264.0
Schenectady County	387.0

With a mortality rate of 387 per 100,000, Schenectady County is the only county whose mortality rate among individuals 65 and older due to falls is greater than the New York State rate of 352/100,000. The other two counties in the Capital District have lower rates of falls mortality among the elderly than New York State. Rensselaer County has a rate of 264 deaths per 100,000, and Albany County has a rate of 261/100,000.[16]

Among individuals 65 years and older in the Capital District, females had 20-35% higher fall-related ED visits and hospitalization rates than male residents. The difference between female and male hospitalization rates was highest in Albany County (267.7 versus 190. /10,000) compared to Rensselaer County (259.3 versus 196.4) /10,000 and Schenectady County (228.9 versus 184.1/10,000). Rates for ED visits were similarly higher for females than males. In Albany County, 483.3 per 10,000 females 65 and older visited the ED due to falls, compared to 326.1 per 10,000 males. In Rensselaer County, the rate for females was 534.9 versus 369.0/10,000 for males, and Schenectady County had a female ED visit rate of 505.9/10,000, compared to 354.6/10,000 for males.[3]

The risk of being seriously injured in a fall increases with age in the Capital District. From 2008-2010, the rates of fall injuries for adults 85 and older were six to seven times that of adults 65 to 74 and three times higher than adults 75 to 84.[6] Over 60% of deaths from falls in 2010 were among people 75 and older. Additionally, people 75 and older who fall are four to five times more likely to be admitted to a long-term care facility for a year or longer.[14]

Workplace Injuries

Objective

New York State Prevention Agenda 2013-2017

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

Injuries at work continue to be a major public health problem in the United States. Each year, about 6,000 United States employees die from workplace injuries, while another 50,000 die from illnesses

caused by exposure to workplace hazards. In addition, 6 million workers suffer non-fatal workplace injuries at an annual cost to United States businesses of more than $125 billion.[17]

The top causes of work-related injury hospitalizations in New York State are accidents caused by fire, falls, motor vehicle traffic accidents, medical complications and late effects of accidents such as musculoskeletal diseases.[18]

Occupational fatalities and losses arising from workplace disabilities also cause tremendous personal and economic costs. The most severe injuries in New York resulted in over 45,000 hospitalizations and around 600 deaths between 2008 and 2010.[18]

More than 80% of adolescents in the United States have worked by the time they finish high school, and this population has a higher rate of occupational injury than the adult workforce.[10] The prevalence of work-related ED visits among adolescents in the Capital District and New York State exceeds the Prevention Agenda objective. Rensselaer County has a rate that is almost two times greater than the Prevention Agenda objective and Schenectady County's rate is over 1.7 times greater. Albany County has a much lower rate, similar to the New York State rate.[13]

Rate Of Occupational Injuries Treated In ED Per 10,000 Adolescents Ages 15-19 Years, 2008-10[13]	
Prevention Agenda Objective	**33.0**
New York State	37.0
Albany County	39.0
Rensselaer County	64.0
Schenectady County	57.0

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Violent Crime

Objective

New York State Prevention Agenda 2013-2017

Reduce the rate of assault-related hospitalizations to 4.3 per 10,000.

- *Reduce the ratio of Black Non-Hispanic rate of assault-related hospitalizations to White non-Hispanic rate of assault-related hospitalizations to 6.69.*
- *Reduce the Ratio of Hispanic rate of assault-related hospitalizations to White non-Hispanic rate of assault-related hospitalizations to 2.75.*
- *Reduce the ratio of assault-related hospitalization rate in low income ZIP codes to assault-related hospitalization rate in non-low income ZIP codes to 2.92.*

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

The health consequences of crime directly affect both the perpetrator and the victim. Some types of crime are classified as self-harming behaviors, such as substance abuse. The outcomes of this condition are highlighted by the amount of drug-related hospitalizations in New York State. Additionally, alcohol abuse can lead to motor vehicle deaths and injuries, diabetes and other health problems, as well as sexually transmitted diseases. Regardless of the crime, incarceration is associated with a higher risk of chronic medical conditions and infectious diseases, such as tuberculosis and HIV.[2]

The health consequences of violent crime on the victim are better-documented. Victims of violence are more likely to injure themselves or commit suicide. High school students who are exposed to violence are at higher risk of running away from home, dropping out of high school, having a child, and coming into contact with the criminal justice system in later adolescence.[3] The direct physical health consequences of violent crime are highlighted in homicide and assault data.

Age- and Sex-Adjusted Homicide Mortality Rate per 100,000 Population, 2006-2010[5]	
New York State, excl. NYC	2.94
Albany County	2.57
Rensselaer County	1.97
Schenectady County	4.52

There is an average of 20 homicide deaths in the Capital District every year.[4] Between 2006 and 2010, homicide and legal intervention was the fifth leading cause of death of infants under one years old in the Capital District. It was the third leading cause of death for children aged 1-19 years, and the fourth leading cause of death for adults aged 20-24 years.[5] Schenectady County has the highest rate of homicide mortality in the Capital District at 4.52 homicides per 100,000 population. It is also the only county whose rate goes above the Upstate New York rate of 2.94

homicides per 100,000 population .[4]

Age- and Sex-Adjusted Assault ED Visit and Hospitalization Rates per 10,000 Population		
	ED Visits[6] (2005-2009)	Hospitalizations[7] (2008-2010)
Prevention Agenda Objective[8]	**-**	**4.3**
New York State, excl. NYC	38.2	2.7
Albany County	58.0	3.9
Rensselaer County	52.0	3.0
Schenectady County	70.9	4.0

For the 2005-2010 time period, the Capital District averaged 225 assault-related hospitalizations and 3,690 assault-related emergency department (ED) visits on an annual basis. The rate of ED visits for assault was higher in the Capital District region than the rest of state.[6] All three counties also had higher assault hospitalization rates than the rest of state, but all met the Prevention Agenda objective of 4.3 assault hospitalizations per 10,000 population.[7,8] In the Capital Region, males are more likely than females to visit the ED due to assault and are almost four times as likely to be hospitalized due to assault.[6]

Additionally, there is a huge disparity between Whites and Blacks and between White non-Hispanics and Hispanics. In the Capital District, Black non-Hispanics were hospitalized due to assault 6 to 8 times as much as White non-Hispanics. All counties had Black non-Hispanic to White non-Hispanic ratios higher than the New York State ratio of 4.80 (Albany County had 8.71; Rensselaer County had 8.16; Schenectady County had 5.84). Albany and Rensselaer counties also had higher ratios than the Prevention Agenda objective of 6.69. Hispanic residents had 1.5 to 2 times the assault hospitalization rates compared to White Capital District residents. All three counties had lower Hispanic to White non-Hispanic ratios (Albany County- 1.46; Rensselaer County- 1.65, but unstable; Schenectady County- 1.77) than New York State (3.06) and all met the Prevention Agenda objective ratio of 2.75. The Capital District also showed disparity when comparing residents who live in low income ZIP codes with those residing in non-low income ZIP codes. All the county ratios (Albany County- 6.08; Rensselaer County- 3.42; Schenectady County- 5.16) were greater than New York State's ratio (3.25), with none of the counties meeting the Prevention Agenda objective ratio of 2.92.[8]

Assault-related Hospitalization Rate per 10,000 Population by Race and Income, 2008-2010[8]					
	White Non-Hispanic	Black Non-Hispanic	Hispanic	Low Income ZIP codes	Non-low Income ZIP codes
New York State	1.8	13.1	5.4	10.1	3.1
Albany County	1.9	16.9	2.8	15.3	2.5
Rensselaer County	2.0	16.3	3.3*	5.9	1.7
Schenectady County	2.5	14.5	4.4	11.6	2.2

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

In 2011, the Capital District averaged 433 firearm crimes, 2,300 violent crimes, and 18,104 property crimes. Although crime rates have varied over the last ten years, they have consistently remained above the rest of state rate. Schenectady County consistently has the highest rate of firearm-related crimes, property crimes, and general violent crimes. Firearm-related crimes have been decreasing in Schenectady County since 2008, but property crimes were on the rise and violent crimes have been fluctuating since then. Albany County has a lower crime rate than Schenectady County; however, it still

has a higher rate of property crime (308.3 crimes per 10,000 population) and violent crimes (38 crimes per 10,000 population) than Rensselaer County.[9]

Crime Rates per 10,000 Population, 2011[9]			
	Firearm-Related Crime	Property Crime	Violent Crime
New York State, excl. NYC	4.3	203.2	23.1
Albany County	6.4	308.3	38.0
Rensselaer County	7.0	262.0	30.3
Schenectady County	8.0	311.9	43.9

A novel and effective way of addressing violent crime is to use a public health approach. Instead of responding to crime reactively, new programs have been implemented, both locally and nationally, that take a community-centered approach. They focus on prevention, intervention, and education, and they use public health epidemiological techniques.[10]

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Built Environment

Alternate Modes of Transportation

Objective

New York State Prevention Agenda 2013-2017
Increase the percentage of commuters who use alternate modes of transportation (i.e. public transportation, carpool, bike/walk, telecommute) to 49.2%.

Public transit provides many health benefits, but not enough people take advantage of the alternative modes of transportation. The CDC recommends at least 22 minutes per day of physical activity to stay healthy. While people who use alternative modes of transportation are more likely to stay fit, less than half of Americans achieve this goal. This sedentary lifestyle contributes to many health problems that cause an estimated 200,000 deaths per year. Indeed, medical expenses for physically-able adults are 32% lower for those who achieve the CDC's goal: average medical expenditures for physically active people are $1,019 annually, while they are $1,349 per year for sedentary people. Public transportation reduces pollution and traffic accidents and makes health care and healthy food more accessible to low income people. High quality public transit provides many varied public health benefits.[1]

Promoting a healthy and safe environment is a priority of the New York State Department of Health (DOH). Their goal is to improve the design and infrastructure of the environment 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. Between 2006 and 2008, only 22.7% of United States commuters over 16 years of age used an alternate mode of transportation. The New York State, excluding NYC, rate for 2007-2011 was above national averages at 44.6%, probably because of the wide use of public transportation in New York City. Still, the NYSDOH aims to increase this amount to 49.2% by 2017.[2] comparable to the United States rate. All Capital District counties had lower rates for use of alternative modes of transportation than the Upstate NY rate; the entire region falls well below the Prevention Agenda objective.[2]

Percentage of Commuters Using Alternative Modes of Transportation*, 2007-2011[2]

Prevention Agenda Objective	**49.2%**
United States	22.7%
New York State, excl. NYC	22.8%
Albany County	22.1%
Rensselaer County	19.5%
Schenectady County	16.6%

**Alternative modes of transportation include public transportation, carpool, biking, walking, and telecommuting.*

There are big discrepancies in race and gender. Across the board, Blacks take public transportation much more frequently than they use cars. Conversely, Whites use cars more frequently than they use public transportation, though the discrepancy is not as defined as it is for Blacks. In general, women and men seem to drive the car to work fairly equally, but more women than men take public transportation. The exception to this is Rensselaer County, where 44.1% of women take public transit, compared to 55.9% of men.[43]

Proximity to Supermarkets

Objective

New York State Prevention Agenda 2013-2017
Improve access to affordable fruits and vegetables among low-income NYS residents by decreasing the percentage who live greater than 1 mile from a supermarket or grocery store in urban areas, or greater than 10 miles from a supermarket or grocery store in rural areas, to 2.24%.

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

Percentage of Low Income Residents with Low Access to Supermarkets 2010[2]	
Prevention Agenda Objective	**2.2%**
New York State	2.5%
Albany County	5.0%
Rensselaer County	5.4%
Schenectady County	9.6%

In the City of Albany County, Hosler et al demonstrated that urban minority communities have less access to supermarkets than rural communities in the Capital Region. The lack of supermarkets leads to more barriers to fresh fruits and vegetables. In addition, more than 80% of minorities live in an area without a store that sells low fat milk and high fiber bread.[5] Of all three counties, however, Schenectady County has the highest percentage of people who do not live in close proximity to a supermarket. While around 5% of low income people in Albany County and Rensselaer Counties do not have easy access to supermarkets, around 10% of the low income population in Schenectady counties has do not have easy access to supermarkets . Additionally, a higher percentage of seniors and children in Schenectady County lack access to supermarkets than in Albany and Rensselaer counties. Although all three counties have a much higher percentage of people who do not live in close proximity to a supermarket than the rest of New York State, more Albany County residents live less than one mile from a supermarket than any other county.[2] Additionally, a higher percentage of seniors and children in Schenectady County lack access to supermarkets than in Albany and Rensselaer counties.[6]

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 bought 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.

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Fluoridated Water

Objectives

New York State Prevention Agenda 2013-2017
Increase the percentage of NYS residents served by community water systems that receive optimally fluoridated water to 78.5%.

Fluoride in water has continuously proven to be effective in preventing tooth decay. Drinking water with a fluoridation level of 0.7 to 1.2 ppm can reduce tooth decay by 25% over a person's lifetime. Since tap water is accessible to all parts of the population, without regard to race, color, or sex, this system has been a very cost-effective way of reducing cavities across the public spectrum.[1] The number of people receiving fluoridated water in the United States steadily rose from 57.4% in the early 2000s to 73.9% in 2010.[2] The New York State Department of Health notes that the percentage of New York residents receiving fluoridated water in 2012 was 71.4%. Their goal is to increase the amount to 78.5% by 2017.[3]

Albany County provides the least amount of fluoridated water in the Capital Region. Only 39,324 Albany County residents are receiving fluoridated water (13.4%). In contrast, Schenectady County (66.6%) and Rensselaer County (86.7%) each have more than 92,000 residents receiving fluoridated water. In the Capital District, only Rensselaer County meets the Prevention Agenda objective.[3]

Percentage of Residents on Community Water Systems Receiving Fluoridated Water, 2012[3]	
Prevention Agenda Objective	**78.5%**
New York State	71.4%
Albany County	13.4%
Rensselaer County	86.7%
Schenectady County	66.7%

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VII. Healthy Women, Infants, and Children

Prenatal Care

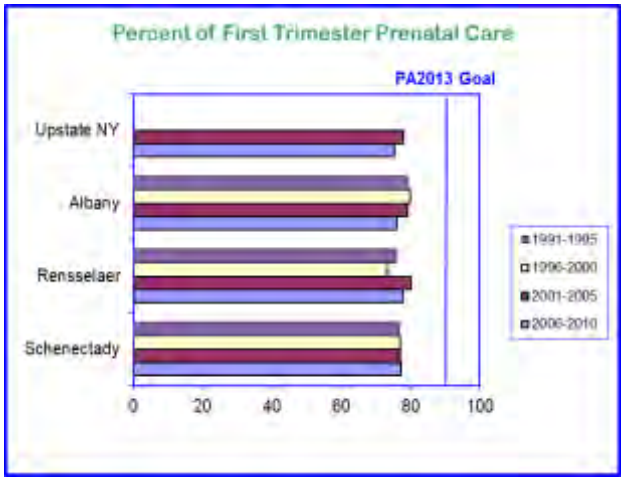
Objectives

New York State Prevention Agenda 2008-2012
Increase the percentage of women in New York who have received prenatal care in the first trimester to at least 90%.

Prenatal care improves the likelihood of both a healthier mother and a healthier baby. Comprehensive prenatal care not only includes routine ultrasounds and screening for health conditions the mother may develop but also focuses on improving nutrition and health habits. It can also provide psychological and social support to assist in quitting smoking and drinking alcohol during pregnancy, if needed.[1]

Percentage of Prenatal Care, 2008-2010[2]			
	Early (1st trimester)	**Late or no (3rd trimester)**	**Adequate (Kotelchuck)**
Prevention Agenda Objective[3]	**90.0%**	**-**	**-**
United States (2007)	70.8%	7.0%	70.5%
New York State, excl. NYC	75.2%	4.3%	68.2%
Albany County	75.1%	6.3%	65.9%
Rensselaer County	76.7%	5.0%	70.6%
Schenectady County	77.7%	4.8%	72.8%

There are an average of 1,151 births annually to Capital District women who do not receive early prenatal care. There was little or no improvement in the proportion of mothers who sought early prenatal care in 2006-2010 from 2001-2005. All three counties show a larger percentage of first-trimester care compared to the United States as a whole. The Capital District still remains 12-15% below the 2008-2012 Prevention Agenda objective of 90% of women receiving prenatal care in the first-trimester. The percentages of early prenatal care in all three counties, however, are the same or slightly higher than Upstate New York.[2]



There was an annual average of 355 births to women in the three Capital District counties with late (3rd trimester) or no prenatal care. Although the percentage of women receiving late or no prenatal care was higher than the Upstate New York rate, all three counties have better percentages of late or no prenatal care than the United States.[2]

Adequacy of prenatal care utilization is measured using the Kotelchuck index. This is determined by the month of pregnancy when prenatal care began and the number of prenatal care visits. Women who attend 80% or greater of the recommended number of visits are considered to have received adequate prenatal care.[4] There were 1,960 births to Capital District women who did not receive adequate prenatal care. Rensselaer and Schenectady counties have a higher percentage of women utilizing an adequate amount of prenatal care than Upstate New York. Albany County has the lowest percentage of the three counties and is below the rest of state rate.[2]

Prenatal Care by Race and Ethnicity, 2008-2010[5]			
	White Non-Hispanic	**Black Non-Hispanic**	**Hispanic**
Early Prenatal Care			
New York State, excl. NYC	80.4%	61.1%	63.0%
Albany County	81.7%	57.8%	64.8%
Rensselaer County	80.0%	60.0%	67.0%
Schenectady County	82.0%	66.1%	69.0%
Adequate Prenatal Care			
New York State, excl. NYC	73.6%	52.3%	56.6%
Albany County	74.0%	45.7%	53.0%
Rensselaer County	74.5%	51.3%	57.1%
Schenectady County	76.7%	59.4%	67.0%

In the Capital District, Black non-Hispanic and Hispanic mothers had much lower rates of early prenatal care and adequate prenatal care compared to White non-Hispanic mothers. Schenectady County has the highest rates of both early and adequate prenatal care for all races and ethnicities.[5]

High risk neighborhoods in the three counties had 1.5 to 2 times higher rates of late or no prenatal care compared to Upstate New York. Late or no prenatal care for mothers in low income ZIP codes was 9% lower than the county average in the City of Albany, 7% lower in the City of Rensselaer than the county rate, and 10% lower in parts of the City of Schenectady than the county rate.[6]

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Adverse Birth Outcomes

Preterm Births

Objective

New York State Prevention Agenda 2013-2017

Reduce the percentage of preterm births (less than 37 weeks gestation) to 10.2%.

- *Reduce the ratio of preterm births for Black Non-Hispanic to White Non-Hispanic to 1.42.*
- *Reduce the ratio of preterm births for Hispanic to White Non-Hispanic to 1.12.*
- *Reduce the ratio of preterm births for Medicaid to Non-Medicaid to 1.0.*

Preterm births happen any time before 37 weeks gestation. Although 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 delivering preterm.[1]

Preterm birth is the leading cause of infant death in the United States and is also a leading cause of long-term neurological problems in children. The final weeks of pregnancy are vital; this is when the baby's organ systems develop to maturity. Infants born preterm may exhibit cerebral palsy, vision and hearing impairment, and developmental delays. Earlier delivery results in a higher risk for infant death or severe disability; the 2008 United States mortality rate for preterm babies was 7.4 per 1,000 live births, compared to 2.1 per 1,000 live births for full-term infants.[1]

Percent Preterm Births, 2008-2010[2]	
Prevention Agenda Objective	**10.2%**
New York State, excl. NYC	11.3%
Albany County	11.0%
Rensselaer County	10.4%
Schenectady County	10.7%

Percent Preterm Births by Race and Ethnicity, 2008-2010[2]			
	White Non-Hispanic	**Black Non-Hispanic**	**Hispanic**
New York State, excl. NYC	10.2%	16.4%	12.5%
Albany County	9.9%	15.0%	13.4%
Rensselaer County	9.5%	18.2%	10.5%
Schenectady County	9.7%	14.6%	10.1%

There were 664 preterm births annually in the Capital District between 2008 and 2010. All three counties have lower preterm birth rates compared to New York State, excluding New York City. Albany County had the highest preterm birth rate of the three counties at 11.0%, while Rensselaer County had the lowest preterm birth rate at 10.4%. None of the Capital District counties meet the Prevention Agenda Objective of 10.2% preterm births. Over the past decade, the preterm birth rates have been increasing in Upstate New York (10.7% in 2001-2003 to 11.2% in 2008-2010), as well as in the Capital District. Preterm births increased 2% in Albany County (10.8% in 2001-2003 to 11.0% in 2008-2010) and in Schenectady County (10.4% to 10.6%), and increased 7% in Rensselaer County (9.7% to 10.4%).[2]

Additionally, disparities between races and ethnicities exist throughout the country. Nationally, Blacks not only surpass all other races in percent preterm births, but they also have a much higher rate of live

births. Similarly, Black non-Hispanic mothers in the Capital District have consistently higher preterm birth rates compared to their White non-Hispanic and Hispanic counterparts. Rensselaer County has the highest Black non-Hispanic to White non-Hispanic ratio for the rate of preterm births at 1.91 (18.2% to 9.5%) while Albany County and Schenectady County ratios are 1.51; all counties are higher than the Prevention Agenda objective of 1.42. Additionally, Albany County had the highest ratio for Hispanic to White non-Hispanic preterm births at 1.35 (13.4% to 9.5%), followed by Rensselaer County at 1.10 and Schenectady

Percent Preterm Births By SES, 2008-2010[2]		
	Medicaid Births	**Non-Medicaid Births**
New York State	12.6%	11.5%
Albany County	12.2%	10.6%
Rensselaer County	11.7%	10.2%
Schenectady County	11.3%	10.4%

County at 1.05. Only Albany County is higher than the Prevention Agenda objective of 1.12.[2] Unique to Schenectady County is that the percentage of premature births among Asians and Pacific Islanders (13%) almost equals that of Blacks (14.6%). In Albany and Rensselaer counties, this demographic has a much lower percentage and is more closely aligned with Whites (8%-10%).[3]

Mothers covered by Medicaid for their births had higher preterm birth rates compared to mothers not covered by Medicaid. The Medicaid to non-Medicaid ratio for preterm birth rates was highest for Albany County at 1.16 (12.2% to 10.6%) and lowest for Schenectady County at 1.09 (11.3% to 10.4%). Both Albany and Rensselaer counties have higher ratios compared to New York State, and all three counties have higher ratios than the Prevention Agenda objective of 1.0.[2]

Low Birth Weight Births

Objective

New York State Prevention Agenda 2008-2012
Reduce the percent of New York births that are low birth weight (<2,500 grams) to no more than 5%.

Low birth weight is a term used to describe infants who weigh less than 2,500 grams (about 5 ½ pounds) at birth. Low birth weight is a major cause of infant mortality and long term disability. Risk factors associated with low birth weight are extremes of maternal age, poor nutrition, inadequate prenatal care, cigarette smoking, history of having a low birth weight baby, low socio-economic status and a low level of education.[4]

The Capital District averages 550 low birth weight births a year. The prevalence of low birth weight births in Albany and Schenectady Counties is higher compared to the Upstate New York rate. Schenectady County has the highest prevalence of low birth weight births among the Capital District counties. Schenectady County has also seen the largest increase in low birth weight births, almost twice the increase in Albany and Rensselaer counties in the past 20 years. Both state and Capital District rates of low birth weight births are above the 2008-2012 Prevention Agenda objective.[6]

Percent Low Birth Weight Births, 2008-2010[6]	
Prevention Agenda Objective	**5.0%**
New York State, excl. NYC	7.7%
Albany County	8.5%
Rensselaer County	7.2%
Schenectady County	8.8%

The number of low birth weight births has been increasing in Upstate New York (7.0% in 2001 to 7.7% in 2010) as well as in the Capital District with one exception. Rensselaer County's low birth weight rate decreased 8% in the last decade (7.8% in 2001-2003 to 7.2% in 2008-2010). Albany County's rate of low birth weight increased 4% (8.2% to 8.5%) and Schenectady County showed the largest increase of 16% (7.6% to 8.8%).[7]

For Upstate New York and the Capital District, Black non-Hispanic infants had approximately twice the low birth weight rates compared to White non-Hispanic infants. For the Capital District, Rensselaer County had the highest Black non-Hispanic (15.3%) low birth weight rate, Schenectady County the highest White non-Hispanic (7.3%) low birth weight rate while Albany County had the highest Hispanic low birth weight rate (12.8%). Unique to Schenectady County is that the percentage of low birth weight births among Asians and Pacific Islanders (12.8%) almost equals that of Blacks (14.6%). In Albany and Rensselaer counties, this demographic has a much lower percentage and is more closely aligned with Whites (around 6%).[3]

Percent Low Birth Weight (<2.5 Kg) Births by Race/Ethnicity, 2008-2010[3]				
	White Non-Hispanic	Black Non-Hispanic	Hispanic	Total
New York State, excl. NYC	6.8%	13.3%	7.5%	7.7%
Albany County	6.6%	14.3%	12.8%	8.5%
Rensselaer County	6.3%	15.3%	7.3%	7.2%
Schenectady County	7.3%	14.6%	6.6%	8.8%

Infant Mortality

Objective

New York State Prevention Agenda 2008-2012

Reduce New York's rate of infant deaths to no more than 4.5 deaths per 1,000 births.

Infant mortality has long been considered an indicator of a community's health. 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, and pregnancy complications are other causes of infant mortality.[8]

Infant mortality is reduced when pregnant women make healthy lifestyle choices, such as smoking cessation and avoidance of other harmful substances, maintenance of a nutritious diet and obtaining early prenatal care. These choices are more common among pregnant women in a community that likewise chooses healthy lifestyles. Infant mortality is reduced in communities that have neonatal specialty care for sick newborns and access to comprehensive pediatric care. This specialized medical care commonly occurs in communities that have comprehensive medical care in general. Infant mortality therefore varies among communities in as much as lifestyles, preventive services and medical care varies.[8]

Infant Mortality Rate per 1,000 Live Births, 2008-2010[6]	
Prevention Agenda Objective	**4.5**
New York State, excl. NYC	5.7
Albany County	8.6
Rensselaer County	5.6
Schenectady County	4.8

The Capital District averages 46 infant deaths a year. Infant mortality rates have been decreasing from 2001 to 2010 in Upstate New York (5.9 to 5.6 per 1,000 births) and in the Capital District counties with one exception. Albany County's infant mortality rate increased 7.5% from 2001 to 2010 (8.0 to 8.6 per 1,000) and it has the highest infant mortality rate of the three Capital District counties. Rensselaer County's infant mortality rate dropped 18% over the last decade (6.8 to 5.6 per 1,000) and Schenectady County's rate decreased by 33% (7.2 to 4.8 per 1,000).[7] Of the Capital District counties, only Albany County (8.6 per 1,000) had a higher infant mortality rate than Upstate New York (5.7 per 1,000).[6]

Infant Mortality Rate per 1,000 Births by Race/Ethnicity, 2008-2010[3]				
	White Non-Hispanic	Black Non-Hispanic	Hispanic	Total
New York State, excl. NYC	4.5%	14.9%	5.3%	5.7%
Albany County	5.0%	22.9%	8.3%	8.6%
Rensselaer County	4.4%	15.3%	s	5.6%
Schenectady County	3.4%	11.9%	s	4.8%

s – Total suppressed for confidentiality

For Upstate New York and the Capital District, Black non-Hispanic births have 3 to 4 times the infant mortality rate of White non-Hispanic births. Albany County had the highest infant mortality rate of the three counties for White non-Hispanic births (5.0/1,000) and Black non-Hispanic births (22.9/1,000).[3]

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Unintended Pregnancy

Objective

New York State Prevention Agenda 2013-2017

Reduce the percentage of live births resulting from a pregnancy that was unintended by 10% to 23.8%.

- *Reduce the ratio of unintended pregnancy rates among live births for Black non-Hispanics to White non-Hispanics to 1.90.*
- *Reduce the ratio of unintended pregnancy rates among live births for Hispanics to White non-Hispanics to 1.43.*
- *Reduce the ratio of unintended pregnancy rates among live births for Medicaid to non-Medicaid to 1.54.*

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

Percentage of Live Births From Unintended Pregnancies 2011[3]	
Prevention Agenda Objective	**23.8%**
New York State, excl. NYC	28.4%
Albany County	29.1%
Rensselaer County	32.0%
Schenectady County	30.3%

There was an average of 1,578 unintended pregnancies among live births to women in the Capital District between 2008 and 2010. The counties in the Capital District have either the same or higher percentage of live births from unintended pregnancy than Upstate New York State. Out of all live births in 2011, 28.4% of Upstate New York pregnancies were unintended, while 32.0% in Rensselaer County, 30.3% in Schenectady County, and 29.1% in Albany County were unintended.[3] Trends for unintended pregnancy in the state are relatively stable, with a slight decrease throughout the 2000s. There was an

Percentage of Live Births From Unintended Pregnancies by Race, Ethnicity and SES 2008-2010[3]					
	White Non-Hispanic	**Black Non-Hispanic**	**Hispanic**	**Medicaid**	**Non-Medicaid**
New York State	20.0%	42.0%	31.6%	34.2%	20.0%
Albany County	21.2%	52.1%	45.9%	47.7%	23.6%
Rensselaer County	27.3%	56.2%	46.2%	47.6%	29.2%
Schenectady County	26.4%	47.5%	37.5%	47.4%	27.1%

increase in 2009.[4]

Additionally, there are clear disparities in unintended pregnancies across racial, ethnic, and economic backgrounds. In New York State, Blacks are 2.11 times more likely to have a live birth resulting from an unintended pregnancy than are Whites. While the ratio is lower in Schenectady County (1.83), Blacks in Albany County are 2.64 times more likely to have a live birth from an unintended pregnancy and 2.09 times more likely in Rensselaer County. Hispanic to White non-Hispanic and Medicaid to non-Medicaid births have similar disparate ratios. In New York State, 34% of Medicaid births result from an unintended pregnancy, while only 20% of non-Medicaid births are in this category. Albany County again has the highest ratio within the Capital District (2.20), while Schenectady County is 1.75 and Rensselaer County is 1.62.[3]

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Adolescent Pregnancy

Objectives

New York State Prevention Agenda 2013-2017

Reduce the adolescent pregnancy rate to 25.6 per 1,000 females (15-17 years).

- *Reduce the ratio of pregnancies among adolescents age 15-17 for Black non-Hispanics to White non-Hispanics to 4.90.*
- *Reduce the ratio of pregnancies among adolescents age 15-17 for Hispanics to White non-Hispanics to 4.10.*

Infants born to adolescent mothers (age 15-17 years) are at higher risk of low birth weight, neonatal mortality (dying within the first week of life), being born early, and sudden infant death syndrome compared to infants born to mothers in their twenties and thirties. Teen motherhood also reduces a woman's education and employment opportunities.[1]

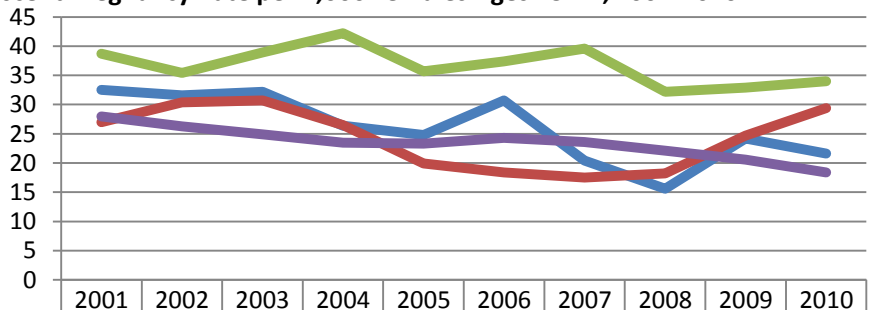
Pregnancy Rate among Females Aged 15-17 per 1,000, 2008-2010[2]	
Prevention Agenda Objective	**25.6**
United States (2008)	39.5
New York State, excl. NYC	20.4
Albany County	20.4
Rensselaer County	24.1
Schenectady County	33.1

The national and New York State objectives focus on teenage pregnancies rather than on births to teenage mothers. It is estimated that up to 50% of teenage pregnancies result in spontaneous death of the fetus or induced abortion.[1] In the Capital District during 2008-2010, there were an annual average of 295 teenage pregnancies and 151 teenage births.[2]

In the Capital District, the rate of pregnancies among females 15-17 years old is above the Upstate rate of 20.4 pregnancies per 1,000 females ages 15-17. Albany (20.4) and Rensselaer (24.1) Counties have a rate of teenage pregnancies lower than the Prevention Agenda objective of 25.6 pregnancies per 1,000 females ages 15-17.. All of the Capital District falls below the United States rate of 39.5 pregnancies per 1,000 females ages 15-17.[2]

Pregnancy rates among females ages 15-17 have been decreasing in the Capital District during the first half of the past decade in all three counties. Albany and Schenectady counties continued to decrease

Adolescent Pregnancy Rate per 1,000 Females Ages 15-17, 2001-2010[3]



	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Albany	32.5	31.6	32.2	26.4	24.8	30.7	20.4	15.6	24.2	21.6
Rensselaer	27.0	30.4	30.7	26.5	19.9	18.4	17.5	18.2	24.7	29.4
Schenectady	38.7	35.4	38.9	42.2	35.7	37.4	39.6	32.2	32.9	34.0
NYS excl. NYC	28.0	26.3	24.9	23.5	23.3	24.3	23.6	22.1	20.6	18.4

slightly from 2007-2010 while Rensselaer County had an increase in the adolescent pregnancy rate from 2007 onward.[3]

The Capital District, over the past two decades, has had a decline in births to teenage mothers in each of the three counties. This rate has decreased by almost half in all of the counties with the greatest decrease occurring in Albany County. Lower income urban ZIP codes between 2006 and 2010, however, experienced birth to teenagers approaching twice the county average in Rensselaer County, and over four times the county average in parts of Albany and Schenectady counties. For the most part, these rates declined over the period.[4]

The Prevention Agenda objectives are to decrease the disparity of adolescent pregnancy between Black non-Hispanics and White non-Hispanics to a ratio of 4.90 and between Hispanics and White non-Hispanics to a ratio of 4.10. Except for a higher ratio of Hispanics to White non-Hispanics in Albany County, all three counties have met the objective. Ratios comparing rates by race/ethnicity in the Capital District are better than the Prevention Agenda objective and New York State rates.[2]

Adolescent Pregnancy Rate per 1,000 Females Ages 15-17 by Race/Ethnicity, 2008-2010[2]			
	White Non-Hispanic	Black Non-Hispanic	Hispanic
New York State	11.0	63.2	56.8
Albany County	10.1	49.0	48.7
Rensselaer County	15.5	72.1	37.9
Schenectady County	19.8	68.7	49.4

In the Capital District, the disparity between race/ethnicity for teen pregnancies is slightly lower than New York State. In all three counties, Black females are 3.5 to 5 times as likely as White females to become pregnant at ages 15-17. In Rensselaer and Schenectady counties, Hispanic adolescents are 2.5 times more likely than White non-Hispanics to become pregnant. However, Hispanic adolescents are almost 5 times as likely to get pregnant than White non-Hispanics in Albany County.[2]

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Live Births within 24 Months of a Previous Pregnancy

Objective

New York State Prevention Agenda 2013-2017
Reduce the percentage of all live births that occur within 24 months of a previous pregnancy to 17.0%.

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

In Upstate New York, 21.1% of live births happened within 24 months of a previous pregnancy. Rensselaer County (21.5%) and Schenectady County (21.3%) both have higher percentages than the rest of state, but Albany County has a lower percentage at 20.8% of all live births occurring within 24 months of a previous pregnancy. Regardless, all three counties fall short of the Prevention Agenda objective of 17.0%.[3]

Percentage of Live Births Within 24 Months of a Previous Pregnancy 2008-2010[3]	
Prevention Agenda Objective	**17.0%**
New York State, excl. NYC	21.1%
Albany County	20.8%
Rensselaer County	21.5%
Schenectady County	21.3%

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Breastfeeding

Objectives

New York State Prevention Agenda 2013-2017

Increase the percentage of infants exclusively breastfed in the hospital to 48.1%.

- *Reduce the ratio of Black non-Hispanic to White non-Hispanic infants exclusively breastfed in the hospital to 0.57.*
- *Reduce the ratio of Hispanic to White non-Hispanic infants exclusively breastfed in the hospital to 0.64.*
- *Reduce the ratio of infants who were Medicaid births to infants who were non-Medicaid births who are exclusively breastfed in the hospital to 0.66.*

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. It is demonstrated that breast milk protects the infant against a growing list of chronic diseases, including cardiovascular disease, cancer, and diabetes. Since breast milk is easier to digest than formula, it also causes less vomiting and diarrhea. Automatically adjusting to the baby's changing needs and eliminating the use of bottles, breastfeeding may be more convenient for the mother as well. Breastfeeding strengthens the bond between mother and baby and may help prevent certain cancers, depression, and osteoporosis in the mother.[1]

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

Percentage of Infants Exclusively Breastfed in the Hospital, 2008-2010[3]	
Prevention Agenda Objective	**48.1%**
New York State, excl. NYC	52.1%
Albany County	56.1%
Rensselaer County	50.1%
Schenectady County	52.5%

Annually, there are over 3,200 infants exclusively breastfed in hospitals in the Capital Region. To further their objective of increasing the amount of NYS babies who are breastfed, the New York State Department of Health's goal is to increase the number of babies who are exclusively breastfed in the hospital by 10% to 48.1%. Hospitals that promote exclusive breastfeeding help both mother and baby more easily transition to full time breastfeeding. With the exception of Rensselaer County, the Capital District has a higher percentage of exclusively breastfed infants than New York State, excluding New York City. The counties range from 50.1% in Rensselaer County to 56.1% in Albany County. All counties presently meet the Prevention Agenda Objective of 48.1%.[3]

There are clear racial disparities between Black and White infants who are exclusively breastfed and between Hispanic and White non-Hispanic infants, and the Capital District has more disparity than New York State. Rensselaer County has the highest disparity between Blacks and Whites, with a ratio of 0.54.

Albany County, however, has the lowest disparity; 62.8% of White Albany County babies are exclusively breastfed in the hospital, while only 40% of Black infants in the county are exclusively breastfed (ratio 0.64). Albany County also has the lowest disparity between Hispanics and White non-Hispanics, with a ratio of 0.77 (48.5% to 62.8%). Additionally, there is a big disparity between Medicaid and non-Medicaid patients. Albany County, at the lowest, has a disparity ratio of 0.87, while Rensselaer County has the highest ratio in the region at 0.63. The entire region, however, is above the New York State ratio of 0.57 (30.1% to 52.6%).[3]

Percentage of Infants Exclusively Breastfed in the Hospital by Race and Insurance Coverage, 2008-2010[3]					
	White Non-Hispanic	Black Non-Hispanic	Hispanic	Medicaid	Non-Medicaid
New York State	55.1%	27.3%	30.5%	30.1%	52.6%
Albany County	62.8%	40.0%	48.5%	50.6%	58.0%
Rensselaer County	53.6%	29.1%	39.6%	40.2%	52.1%
Schenectady County	57.9%	34.6%	40.0%	36.6%	57.9%

Many mothers initiate breastfeeding, but few babies are still exclusively breastfed a few months later. The American Academy of Pediatrics[4] and the World Health Organization[5] recommend exclusive breastfeeding for the first 6 months of life. In the United States, while 74% of mothers start off exclusively breastfeeding, only 13% are still doing so at the end of six months.[6] Breastfeeding information on the state and national level has been collected from the Women, Infant and Children (WIC) Program, which offers nutritious food and education on healthy eating to low income mothers and their children. The number of New York State WIC mothers breastfeeding at 6 months has increased 27% over the last decade, from 30.2% in 2002 to 38.3% in 2011.[7] The rate of Capital District WIC mothers breastfeeding at six months, however, is markedly lower compared to the statewide rate of 38.3%. In Albany County, 21.5% of WIC mothers are still breastfeeding at six months, compared to 13.8% in Rensselaer County, and 17.6% in Schenectady County.[8]

Percentage of WIC Mothers Breastfeeding at 6 Months, 2011[8]	
United States (2010)	25.1%
New York	38.3%
Albany County	21.5%
Rensselaer County	13.8%
Schenectady County	17.6%

According to the 2011 Pediatric Nutrition Surveillance, the percentage of New York mothers who breastfed at least six months is highest among American Indian/Alaska Natives (42.9%) and Hispanics (42.2%). For other reported races, about 36.7% of White, 36.1% of Black and 35.5% of Asian mothers reported some breastfeeding for at least 6 months.[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.[6]

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Well-Child Visits

Objectives

New York State Prevention Agenda 2013-2017

Increase the percentage of children who have had the recommended number of well child visits among NYS Government sponsored managed care health insurance programs to 76.9%.

- *Increase the percentage of children ages 0-15 months who have had the recommended number of well child visits to 91.3%.*
- *Increase the percentage of children ages 3-6 years who have had the recommended number of well child visits to 91.3%.*
- *Increase the percentage of children ages 12-21 years who have had the recommended number of well child visits to 67.1%.*

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

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

Percentage of Children with Government-Sponsored Insurance Who Have Had the Recommended Number of Well-Child Visits by Age, 2011[4]

	0-21 years	0-15 months	3-6 years	12-21 years
Prevention Agenda Objectives	**76.9%**	**91.3%**	**91.3%**	**67.1%**
New York State, excl. NYC	68.5%	84.9%	80.3%	59.3%
Albany County	64.7%	80.2%	74.1%	57.1%
Rensselaer County	67.8%	89.3%	80.5%	56.2%
Schenectady County	65.8%	89.4%	76.6%	57.4%

In the Capital District, almost 8,000 children did not receive the number of recommended well child visits in government sponsored insurance programs. The three Capital District counties fell below the Prevention Agenda objectives for all age groups. They also had lower rates for the recommended well child visits compared to New York State, excluding New York City. In both Upstate New York, as well as the Capital District, as children get older, they were less likely to receive the recommended number of well child visits.[4]

Ensuring children attend well-child visits involves improving health care access, utilization of services and the content or quality of care. There are racial, ethnic, and economic factors that affect utilization.

In New York, children enrolled in Medicaid health plans are less likely than those in Child Health Plus or Commercial HMO to utilize well-child care. Parents of Hispanic and Black children are less likely to report receiving quality well-child care. Routine health care varies depending on services provided.[3]

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   http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/nys.htm

Children's Oral Health

Objectives

New York State Prevention Agenda 2013-2017
Reduce the percentage of third-grade children with evidence of untreated tooth decay to 21.6%.
- *Ratio of percentage of untreated tooth decay among low-income children to percentage among non-low income children to no more than 2.21.*

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

There are over 1,100 third grade children in the Capital District with untreated tooth decay. The three Capital District counties all have lower rates of untreated tooth decay compared to Upstate New York, and all presently meet the Prevention Agenda Objective. Albany County has a much lower prevalence of untreated tooth decay than Rensselaer and Schenectady counties.[2]

Percentage of Third Grade Children with Untreated Tooth Decay, 2009-2011[2]	
Prevention Agenda Objective	**21.6%**
New York State, excl. NYC	24.0%
Albany County	11.6%
Rensselaer County	19.7%
Schenectady County	20.0%

Poor and uninsured residents of the Capital District area are less likely to have adequate access to dental health care. With a disparity ratio of 3.6, Schenectady County has the greatest economic disparity compared to Albany (2.2) and Rensselaer (1.4) counties, and does not meet the Prevention Agenda objective ratio of 2.21. Schenectady County also has a higher percentage of low income third grade children with untreated tooth decay than Upstate New York. Although Rensselaer County has the lowest disparity between low income and non-low income populations, the county has the highest percentage (18%) of non-low income children with untreated tooth decay in the Capital District. Schenectady County has 11%, while Albany County has only 9% of non-low income children with untreated tooth decay. Rensselaer County's percentage is higher than Upstate New York.[2]

Percentage of Third Grade Children with Untreated Tooth Decay by Income Level, 2009-2011[2]		
	Low Income	**Non-low Income**
New York State, excl. NYC	35.0%	14.0%
Albany County	20.0%	9.0%
Rensselaer County	24.0%	18.0%
Schenectady County	40.0%	11.0%

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1. New York State Prevention Agenda: Promoting Healthy Women, Infants and Children Action Plan http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/docs/healthy_women_children_infants.pdf

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http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/nys.htm

VIII. Mental Health and Substance Abuse

Adult Poor Mental Health and Suicide Mortality

Objectives

New York State Prevention Agenda 2013-2017

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

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

Mental health is a core function which has physical, spiritual, and socio-economic impacts. Poor mental health is a cause of adverse physical health outcomes, academic under-achievement, homelessness, unemployment and isolation.[1]

One in five New Yorkers experiences a diagnosable mental disorder annually; and one in ten experiences an illness serious enough to impair functioning.[1] An estimated 46,000 adults in the three counties reported 14 or more days with poor mental health in the last month.[2]

In the Capital District, poor mental health is experienced less frequently than in Upstate New York or the United States.[2] Younger adults are more likely to report poor mental health, as are females and Black non-Hispanics. As income and education levels increase, individuals are less likely to have poor mental health.[3]

Percentage of Adults Reporting 14 or More Days with Poor Mental Health in Last Month, 2008-2009[2]

Prevention Agenda Objective	**10.1%**
United States (2011)	11.7%
New York State, excl. NYC	10.9%
Albany County	10.4%
Rensselaer County	9.2%
Schenectady County	9.6%

All three counties estimate that 4.2% of adults are living with severe mental illness, and 2.0% are living with severe and persistent conditions. In 2011, just over 2,400 Albany County residents received mental health services across the continuum of care. Both Schenectady County and Rensselaer County provided mental health services to over 1,400 residents each in 2011.[4]

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

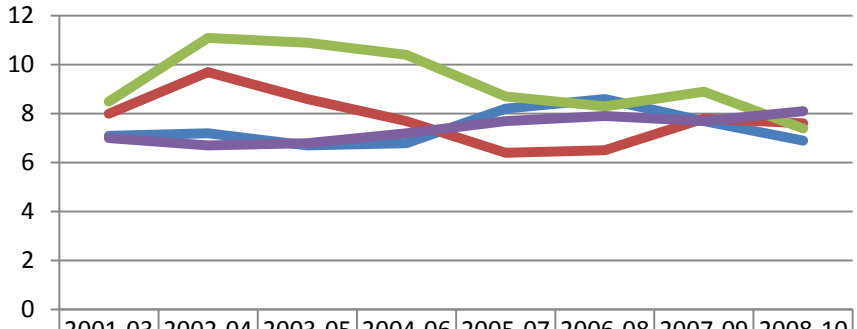
There are several patient barriers to accessing mental hygiene services, some of which include income, stigma, consumers not recognizing the value of treatment, health care providers unaware of treatments, and a complicated system of insurance reimbursement regulations with limits and exclusions.[5]

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

Age-Adjusted Suicide Mortality Rate per 100,000, 2008-2010[2]	
Prevention Agenda Objective	**5.9**
United States (2009)	11.8
New York State, excl. NYC	8.1
Albany County	7.3
Rensselaer County	8.1
Schenectady County	7.6

The suicide mortality rates for all three Capital District counties are above the New York State Prevention Agenda objective. However, the three counties fall below the United States and Upstate rates. Rensselaer County has the highest rate of suicide mortality, at 8.1 per 100,000, compared to Albany (7.3 per 100,000) and Schenectady (7.6 per 100,000) counties.[2]

Adjusted Suicide Mortality Rate per 100,000, 2001-2010[9]

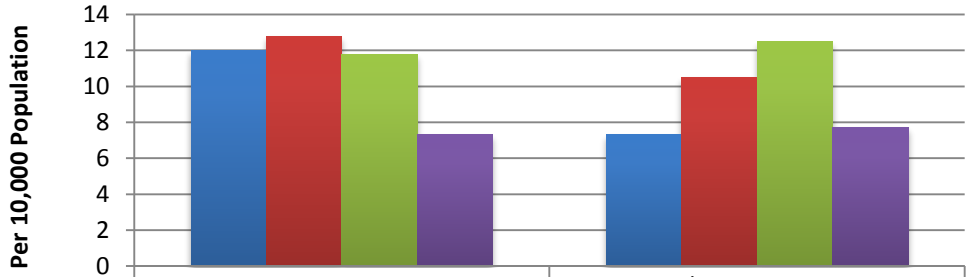


	2001-03	2002-04	2003-05	2004-06	2005-07	2006-08	2007-09	2008-10
Albany	7.1	7.2	6.7	6.8	8.2	8.6	7.7	6.9
Rensselaer	8.0	9.7	8.6	7.7	6.4	6.5	7.8	7.6
Schenectady	8.5	11.1	10.9	10.4	8.7	8.3	8.9	7.4
NYS excl. NYC	7.0	6.7	6.8	7.2	7.7	7.9	7.7	8.1

Women attempt suicide 2-3 times more often than men, but men are four times more "successful" in their attempts than women.[7] The suicide mortality rate for White males in Albany County is 13.8 per 100,000 residents, while the rate is only 2.7 per 100,000 among White females. Men aged 15-54 are the most likely to commit suicide. In the Capital District, the suicide mortality rate for men ages 15-54 is three times more than the statewide rate. As for ethnic disparities, the White Non-Hispanic suicide rate accounts for 75% of suicide. It is 1.9 times the Black Non-Hispanic suicide rate in New York State.[8] Over

the past decade, Albany County's suicide mortality rate has increased, while Rensselaer and Schenectady counties presented decreasing trends.[9]

Rate of Self-inflicted Injury Emergency Department Visits and Hospitalizations for Ages 15+[10]



	ED Visits, 2005-2009	Hospitalizations, 2006-2010
Albany	12.0	7.3
Rensselaer	12.8	10.5
Schenectady	11.8	12.5
NYS, exc NYC	7.3	7.7

The Capital District averages 570 self-inflicted ED visits and 490 self-inflicted injury hospitalizations annually. All three counties have ED rates due to self-inflicted injury that are higher than the rest of state. Schenectady and Rensselaer counties have higher hospitalization rates than Upstate New York, while Albany County has a lower rate. ED and hospitalization rates are similar in all counties. Albany and Rensselaer counties have higher ED rates than hospitalization rates, while Schenectady County and Upstate New York have more hospitalizations than ED visits. Females have higher ED rates in Albany (14.1versus 9.9/10,000) and Rensselaer (14.7versus 11.1/10,000) counties) Counties and Upstate New York, while Schenectady County (10.8versus 12.9/10,000) has more males visiting the ED for self-inflicted injuries. In all three counties and the rest of state, females had a higher rate of hospitalizations than males.[10]

Age-Adjusted Self-inflicted Injury Hospitalization Rate per 10,000, 2006-2010[10]		
	Males	**Females**
New York State, excl. NYC	6.5	8.9
Albany County	6.3	8.2
Rensselaer County	10.1	11.1
Schenectady County	12.2	16.2

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Substance Abuse

There are 1.9 million New Yorkers with a substance abuse problem.[1] Thisthis 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 innocent bystanders.

Alcohol Abuse

Objectives

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

Alcohol is the primary substance used by adults; for youth, alcohol, marijuana and prescription drugs are principal concerns. Binge drinking is a common pattern of excessive alcohol use that brings a person's blood alcohol concentration (BAC) to 0.08 percent or above. Binge drinking is associated with many health problems, like unintentional and intentional injuries, alcohol poisoning, sexually transmitted disease, unintended pregnancy, and 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 directly linked to gender, as it is more prevalent in males than in females.[2]

In the Capital District, binge drinking is at or below the New York State, excluding New York City, rate. However, only Albany County has a lower percentage of adults who report binge drinking than the Prevention Agenda objective.[3]

Percentage of Adults who Binge Drank within the Past Month, 2008-2009[3]	
Prevention Agenda Objective	**18.4%**
New York State, excl. NYC	19.8%
Albany County	15.8%
Rensselaer County	18.7%
Schenectady County	19.8%

In the Capital District, the rate of hospitalization for cirrhosis is highest in Rensselaer County. Albany County also has a rate above the Upstate rate while Schenectady County is lower. In the Capital District, the rate of cirrhosis mortality is higher than the Upstate rate. Rensselaer County has the highest mortality rate of the three counties.[5]

Rates of Cirrhosis, 2008-2010[5]		
	Hospitalizations per 10,000	**Mortality per 100,000**
New York State, excl. NYC	6.6	6.6
Albany County	2.3	7.4
Rensselaer County	2.5	10.4
Schenectady County	2.0	7.9

Drug Abuse

Objective

New York State Prevention Agenda 2008-2012
Reduce the age-adjusted drug-related hospitalization rate in New York to no more than 26.0 per 10,000.

Approximately 36,000 individuals (age 12 and older) are living with chemical dependency problems in Albany County (estimated prevalence of 13.5%). Rensselaer and Schenectady counties have similar estimated prevalence of 13% of residents living with chemical dependency; an estimated 17,919 residents in Rensselaer County and 17,106 residents in Schenectady County.[5] Chemical dependency services are provided across a continuum of care levels, from public and not-for-profit service providers. The number of individuals who receive services is significantly lower than the number living with problems. In 2012, 4,483 Albany County residents, 2,024 Rensselaer County residents, and 2,388 Schenectady County residents received chemical dependency services.[6]

Drug abuse causes significant changes in brain structure and function, leading to addiction. The negative personal and social consequences of this problem include the deteriorating ability to function in a family, workplace and community. The repercussions of addiction have a significant impact on public safety, health, education and welfare of the individual. There is a clear linkage between addictive disorders and other social issues, including mental illness, inadequate health care, crime, unemployment, child abuse and neglect, homelessness, and educational deficiencies.[6]

Overall, the total number of emergency department (ED) visits in the United States attributable to drug misuse and abuse has increased from 2004 to 2009. Almost half (47%) of all the drug misuse/abuse ED visits in the United States in 2009 involved illicit drugs, either alone or in combination with another drug type.[6]

Illicit drugs with pharmaceuticals - 10%
Alcohol only in patients under the age of 21 – 7%
Alcohol with pharmaceuticals - 11%
Illicit drugs with pharmaceuticals and alcohol - 4%
Illicit drug only - 23%
Pharmaceuticals only - 35%
Illicit drugs with alcohol - 10%

Rate of Drug-Related Hospitalization per 10,000, 2008-2010[8]2010[9]	
Prevention Agenda Objective	**26.0**
New York State, excl. NYC	21.8
Albany County	22.8
Rensselaer County	22.4
Schenectady County	24.2

Cocaine (43%) is the most frequent illicit drug involved in ED visits. Marijuana was a close second (39%), followed by heroin (22%). Stimulants, amphetamines, and methamphetamine were involved in less than 10% of ED visits.[6]

For illicit drugs, cocaine (43%) is the most frequent drug involved in ED visits. Marijuana was a close second (39%) followed by heroin use (22%). Stimulants, amphetamines and methamphetamine, were involved in less than 10% of ED visits.[7]

The drug-related hospitalization rate for the Capital District falls below the 2008-2012 Prevention Agenda objective. There have been 2,023 drug-related discharges in Albany County during the years of 2008-2010, 1,054 in Schenectady County and 1,051 in Rensselaer County.[8]

Substance abuse can affect individuals across their lifespan, starting in utero. Maternal use of drugs during pregnancy can result in numerous adverse effects such as low birth rate or developmental disabilities.[9]

The rates of newborn drug-related hospitalizations in the Capital District are significantly higher than the Upstate New York rate. Schenectady County has the highest rate of newborn drug-related hospitalizations, twice that of the rest of state rate. Rensselaer County has a rate similar to Upstate while Albany County is almost one and a half times higher than the Upstate New York rate.[8]

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

Newborn Drug-Related Hospitalization per 10,000 newborn discharges, 2008-2010[8]	
New York State, excl. NYC	78.5
Albany County	107.2
Rensselaer County	80.3
Schenectady County	161.4

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IX. Infectious Disease

Vaccine-Preventable Disease

Vaccines are used worldwide to protect against disease by inducing immunity. Immunization is a proven tool for controlling and even eradicating disease. For example, an immunization campaign carried out by the World Health Organization (WHO) from 1967 to 1977 completely eradicated the natural occurrence of smallpox. Receiving immunizations is a safe and effective way to prevent suffering, disability and death caused by various infectious diseases.[1]

Childhood Immunization

Objective

New York State Prevention Agenda 2013-2017
Increase the rates of 19-35 month olds with the 4:3:1:3:3:1:4 series (4 DTaP, 3 polio, 1 MMR, 3 hep B, 3 Hib, 1 varicella, 4 PCV13) to 80% or higher.

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

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

Percentage of Children with 4:3:1:3:3:1:4 Immunization Series, 2011[4]

	19-35 months
Prevention Agenda Objective	**80.0%**
United States	68.5%
New York State, excl. NYC	47.6%
Albany County	55.4%
Rensselaer County	57.7%
Schenectady County	65.0%

The Capital District has higher immunization rates than Upstate New York for children 19-35 months. However, there were over 4,000 Capital District children who were not fully immunized. Schenectady County has the highest percentage of children completing this immunization series and is almost at the United States rate. The entire region, however, falls below the United States and Prevention Agenda goals.[4]

High immunization rates can be achieved through educating parents about the importance of getting their children vaccinated. Immunization requirements for school entry help keep rates high, but allow for exemptions. Keeping exemptions rates low will help to reduce the spread of disease.[3]

Human Papillomavirus Immunization

Objective

New York State Prevention Agenda 2013-2017
Increase the 3-dose HPV immunization rate among adolescent females, ages 13-17 years, to 50%.

Human papillomavirus (HPV) is the most common sexually transmitted disease. An estimated 20 million individuals in the United States are infected, with more than 6 million new infections diagnosed each year. About 50% of sexually active men and women in the United States will acquire HPV infection at some time in their life. HPV is easily spread by skin to skin contact with an infected individual. There are more than 40 types of HPV that can affect the genital areas of men and women. Types of HPV referred to as "low-risk" strains cause genital warts, which in many cases are not visible to the naked eye. Most infected persons do not develop symptoms and are unaware they have HPV, increasing the chances of unintended transmission.[5]

Certain types of HPV- the "high-risk" strains- cause cancer. Cervical cancer is developed most frequently. Nearly all cases of cervical cancer are caused by HPV. Cervical cancer does not cause symptoms until it is at an advanced stage. It can be treated only when it is diagnosed at an early stage, through screening.[5]

Vaccination prevents against the most common strains of HPV that cause genital warts and cancer. Two vaccines, Gardasil and Cervarix, are available to protect females while only Gardasil is recommended for males.[6]

The recommended ages for administration of these vaccines are 11 or 12, but they can be also be given as early as age 9 and as late as age 26 for both males and females. It is important that all three doses of the vaccine be given before sexual activity begins in order for the vaccine to be most effective.[6]

Since there is no treatment for HPV, it is important to prevent infection. Risk of contracting HPV can be minimized through the use of condoms, but areas that are not covered by the condom can be infected. The best way to prevent HPV and HPV-related disease is through vaccination.[5]

Percentage of Adolescent Females with 3-dose HPV Immunization, 2011[4]

	Age 13-17
Prevention Agenda Objective	**50.0%**
New York State, excl. NYC	26.0%
Albany County	34.6%
Rensselaer County	35.8%
Schenectady County	36.1%

In the Capital District, there were 11,300 females 13-17 years of age not immunized for HPV. The immunization rates for the three counties were all below the Prevention Agenda objective. About 35-36% of females ages 13-17 get HPV vaccine in the Capital District, about 10% more than in Upstate New York.[4]

Parental concerns about vaccine safety and provider non-recommendation keeps immunization coverage low. It is important to educate providers and parents in order to increase vaccination numbers.[6]

Pertussis Immunization

Pertussis, also known as whooping cough, is an upper respiratory disease caused by the bacteria *Bordetella pertussis*. Symptoms may begin like those of a common cold, but will advance to violent uncontrollable coughing that makes it hard to breathe. Sometimes, a crowing or whooping sound is heard after each coughing fit. If left untreated, pertussis lasts for weeks or months. Symptoms are generally milder in teenagers, adults, and those who have been vaccinated. Additionally, although infants may not have coughing fits, pertussis is most dangerous for them and can be fatal. Complications of pertussis can include temporary loss of consciousness, pneumonia, and weight loss. Infants may also develop ear infections, apnea, or encephalopathy.[7]

Pertussis is highly contagious, and is spread through the coughing or sneezing of an affected person. Adults who do not know they have the disease can spread it to their infants with negative consequences. People stop being contagious five days after they have started taking antibiotics; indeed, treatment is very important in making the infection less severe and preventing its spread to others.[7]

The best way to prevent pertussis is to get vaccinated at least once every ten years. The pertussis vaccine for children, DTaP, is part of the standard set of childhood immunizations. It is administered in 5 doses between 1-7 years of age, and it protects against tetanus and diphtheria as well as pertussis. The adolescent and adult booster, known as Tdap, is administered once every ten years beginning at age 11 or 12. Those in close contact with infants, pregnant women, travelers and healthcare professionals should make sure they are up to date with their immunizations.[8] In addition, prior infection also increases immunity to the disease.[7]

Pertussis Incidence per 100,000 Population 2008-2010[8]	
New York State, excl. NYC	2.3
Albany County	1.2
Rensselaer County	4.9
Schenectady County	2.4

Since the 1980s, the number of reported pertussis cases has been gradually increasing in the United States. Pertussis peaked in 2005, when there were the highest reported cases in the United States since 1959. The highest incidence in the Capital Region and Upstate New York happened in 2004. Between 2005 and 2009 there was a severe drop in the rate of pertussis cases; rates began rising again in 2010. Albany and Rensselaer counties have been at or below the Upstate New York rate since 2006; 2010 may be the first year Rensselaer County peaked above the rest of the state in five years. In contrast, Schenectady County's rate was consistently above that of New York State since 2002, and has only leveled out with the state since 2008. The Capital District had 31 cases of pertussis in 2010; Albany County had seven, Rensselaer County had 15, and Schenectady County had nine cases.[9]

Flu and Pneumonia Immunizations

Objective

New York State Prevention Agenda 2013-2017
Increase flu immunization rates of adults aged 65 years and older to 66.2%.

Influenza, or flu, is among several vaccine-preventable diseases. The flu is a contagious respiratory illness caused by influenza viruses. It can cause mild to severe illness, and at times can lead to death. Influenza is not the common cold; it is a serious condition. Every year in the United States, 5% to 20% of the population gets the flu; more than 226,000 Americans are hospitalized and 36,000 die from influenza-related complications. Nearly 90% of flu-related deaths, and 60% of hospitalizations due to flu, occur in individuals over 65 years of age. Flu caused by the influenza virus can cause serious complications: pneumonia, dehydration, and worsening of chronic medical conditions, such as congestive heart failure, asthma or diabetes.[10]

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

The flu immunization rates for adults 65 years of age and older have improved over the last 5 years (2003 to 2008-09) in each of the three Capital District counties: 78.3% to 79.5% in Albany County; 73.6% to 77.9% in Rensselaer County; and 70.4% to 76.7% in Schenectady County. All 3 counties had flu immunization rates higher than New York State, excluding New York City, but all fell below the Prevention Agenda objective. There were 13,900 Capital District residents, 65 years of age and older, who did not receive a flu immunization in 2008-2009.[4]

Immunized with Flu Shot in Past Year ages 65+, 2008-2009[4]	
Prevention Agenda Objective	**90.0%**
United States	67.5%
New York State, excl. NYC	76.0%
Albany County	79.5%
Rensselaer County	77.9%
Schenectady County	76.7%

The rate of laboratory confirmed influenza in 2011 is highest in Rensselaer County (51.4 per 100,000), followed by Schenectady (50.4 per 100,000) and Albany counties (40.1 per 100,000). The Capital District county influenza case rates are much lower, however, than the Upstate New York case rate of 115.3 per 100,000.[9]

Ever Received Pneumonia Vaccine Ages 65+, 2008-2009[13]	
United States	68.8%
New York State, excl. NYC	71.2%
Albany County	68.3%
Rensselaer County	72.9%
Schenectady County	70.6%

The flu is often complicated by pneumonia, an inflammation of the lung most often caused by infection. Pneumonia and flu together are ranked as the eighth leading cause of death in the United States. Pneumonia consistently accounts for the overwhelming majority of deaths between the two. Older adults are especially vulnerable.[12] Of adults aged 65 years of age and older in the Capital District, 57,500 never received a pneumonia vaccination. Albany County not only had the lowest rate of

pneumonia vaccination in the Capital District (68.3%) but also

fell below the Upstate New York rate (71.2%).[13]

Pneumonia and Flu Hospitalization Rate per 10,000 Adults Age 65+ , 2008-2010[14]	
New York State, excl. NYC	140.2
Albany County	127.6
Rensselaer County	158.2
Schenectady County	125.1

Rensselaer County has the highest incidence of hospitalizations for flu and pneumonia in the Capital District between 2008 and 2010, and is the only county in the Capital District with a higher rate than Upstate New York. Albany and Rensselaer counties both have rates of flu and pneumonia hospitalizations lower than the New York State, excluding New York City, rate.[14]

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HIV/AIDS

Objective

New York State Prevention Agenda 2013-2017

Reduce the newly diagnosed HIV case rate to no more than 14.7 new diagnoses per 100,000.

Human Immunodeficiency Virus (HIV) is the virus that can lead to acquired immunodeficiency syndrome, AIDS. HIV infection affects the immune system and increases the risk of getting life-threatening infections and cancer. HIV is considered to have progressed to AIDS, the most advanced stage of HIV, when the body can no longer fight off infection.[1]

HIV testing is the only way to know for sure if a person is infected with HIV. It takes many years for symptoms of HIV to develop, and many people do not experience symptoms for 10 or more years. HIV 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 2-4 weeks after exposure and last from a few days to several weeks.[1]

There is no cure for HIV. 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 slow the growth of the virus. ART can be used to extend the lives of those infected with HIV and lower the risk of them infecting others. ART helps to delay symptoms and allow people infected with HIV to live longer and better quality lives. Since more people are living longer due to ART, the prevalence of HIV is expected to increase. The opportunity for HIV transmission to others grows in parallel to HIV prevalence.[1]

The Centers for Disease Control and Prevention (CDC) currently estimates that approximately one in five persons living with HIV in the United States is unaware of their infection and may be unknowingly transmitting the virus to others. 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 in order to control and accurately measure the HIV prevention efforts and their effectiveness.[2]

AIDS is among the 10 leading causes of death in New York State. The CDC estimates that approximately 1.2 million persons are living with HIV in the United States.[2]

Of all persons living with AIDS in the United States, 16.1% reside in New York State. New York's AIDS case rate of 21.3 per 100,000 is almost double the United States average of 12.5 per 100,000. The majority of persons infected with HIV/AIDS are minorities. As of December 2010, 78.9% of persons living with confirmed cases of HIV and AIDS in New York State are minorities: 42.9% are Black; 31.8% are Hispanic; and 1.2% are Asian/Pacific Islander.[3]

HIV/AIDS affects a high number of individuals in both urban and rural areas in New York State. Even if New York City cases were excluded, New York State ranks 5th among all states in cumulative AIDS cases (both persons living and deceased) and 7th in terms of persons living with AIDS cases nationally.[3]

Newly Diagnosed HIV Case Rate per 100,000, 2008-2010[4]	
Prevention Agenda Objective	**14.7**
New York State, excl. NYC	7.4
Albany County	12.1
Rensselaer County	6.8
Schenectady County	6.5

The Capital District has approximately 57 new HIV cases diagnosed annually and about 690 persons living with HIV. The rate of newly diagnosed HIV cases is lower for Rensselaer and Schenectady counties than New York State, excluding New York City, and meets the Prevention Agenda objective. While Albany County's HIV case rate of 12.1 per 100,000 also meets the Prevention Agenda, its rate is higher than the Upstate New York rate.[4]

During 2008-2010, there was an average of 42 newly diagnosed AIDS cases, and 14 AIDS deaths in the Capital District. Approximately 900 individuals are living with AIDS in the Capital District. Albany County had the highest newly diagnosed AIDS case rate, as well as the highest AIDS mortality rate in the Capital District. Additionally, Albany and Schenectady counties have higher AIDS case rates compared to Upstate New York, while Albany County had a higher AIDS mortality rate than Upstate New York.[3]

New York State and Upstate New York have shown decreases in AIDS mortality in the past decade. New York State's adjusted AIDS mortality rate decreased 38%, from 9.5 per 100,000 in 2001-2005 to 5.9 per 100,000 in 2006-2010. For Upstate New York, there was a 30% decrease from 2.7 per 100,000 in 2001-2005 to 1.9 per 100,000 in 2006-2010.[5]

AIDS Case Rate and Adjusted Mortality Rate per 100,000, 2008-2010[5]		
	AIDS Case Rate	**AIDS Mortality**
New York State excl. NYC	6.3	1.8
Albany County	8.5	2.8
Rensselaer County	3.8	1.7*
Schenectady County	6.5	1.6*

* Fewer than 20 events in the numerator; therefore the rate is unstable

For Upstate New York in 2010, males are 2.7 times more likely to be newly diagnosed with HIV (11.4/100,000) compared to females (4.2/100,000). Blacks (31.9/100,000) and Hispanics (14.6/100,000) in Upstate New York had much higher HIV case rates compared to their White (3.6/100,000) counterparts. Similar differences are seen for newly diagnosed AIDS case rates as well. Males had an AIDS case rate of 8.0 per 10,000 compared to females who had a rate of 3.4 per 10,000. Black Upstate New Yorkers had the highest AIDS case rate of 28.7 per 100,000 followed by Hispanics at 12.3 per 10,000 and Whites at 2.0 per 10,000.[3]

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Sexually Transmitted Disease

Sexually transmitted diseases (STDs) continue to have a significant impact on the health, safety and welfare of the citizens of New York State. As in prior years, STDs are the leading category of reported communicable diseases in the state. The 113,805 cases reported in 2009 comprised 55 percent of all communicable diseases reported statewide. Sexually transmitted disease control programs across New York State that conduct public health activities aim to: educate the public on safer sex behaviors; prevent the spread of STDs through counseling and treatment of those infected; and provide health services to partners of persons infected with STDs.[1]

Gonorrhea

Objective

New York State Prevention Agenda 2013-2017
Reduce the gonorrhea case rate among persons 15-44 years of age in New York to no more than 183.4 cases per 100,000 females, and 199.5 cases per 100,000 males.

Gonorrhea is the second most commonly reported sexually transmitted disease (STD) in New York State.[1] Gonorrhea is an infection that is spread through sexual contact with another person. The bacteria are found in the mucous areas of the body.[2]

Early detection and appropriate treatment is important. If Gonorrhea is left untreated, it will lead to complications such as infertility, pelvic inflammatory disease, and ectopic pregnancy. Pelvic inflammatory disease (PID), a painful condition that occurs when the infection spreads throughout the reproductive organs, can lead to sterility in women. Men may suffer from 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.[2]

Gonorrhea Case Rate per 100,000 persons 15-44 years of age by Gender, 2010[3]

	Females	Males
Prevention Agenda Objective	**183.4**	**199.5**
New York State, excl. NYC	147.0	113.3
Albany County	371.2	195.8
Rensselaer County	156.1	132.4
Schenectady County	286.3	218.2

The Capital District averages a reported 644 cases of Gonorrhea per year. All three county Gonorrhea rates exceed the New York State, excluding New York City, rates for both the female and male populations 15-44 years of age. Albany County had the highest female Gonorrhea case rate in the Capital District at 371.2 per 100,000, while Schenectady County had the highest male rate at 218.2 per 100,000. Both Albany and Schenectady counties greatly exceed the Prevention Agenda objective for the female population while only Schenectady County exceeds the Prevention Agenda objective for the male population. It is interesting to note that while the Prevention Agenda objective for reported cases of Gonorrhea was set higher for the male population compared to the female population, for all Capital District counties, females had much higher gonorrhea case rates than their male counterparts.[3]

While the Capital District presents higher Gonorrhea case rates for the total population compared to Upstate New York, the rates have been decreasing over the past decade. When comparing the average gonorrhea case rate from 2000-05 to 2004-09, Albany County's Gonorrhea case rate decreased 28% (154.5/100,000 to 111.8/100,000); Rensselaer County's decreased 5% (74.4/100,000 to 70.9/100,000) and Schenectady County 's decreased 8% (133.5/100,000 to 122.9/100,000).[4]

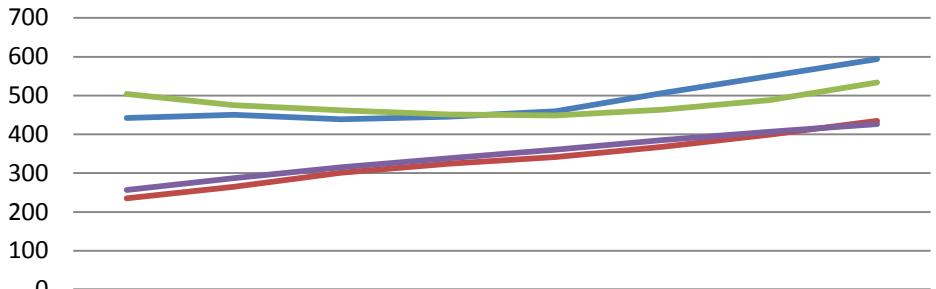
Chlamydia

Objective

New York State Prevention Agenda 2013-2017
Reduce the Chlamydia case rate among females aged 15-44 years to no more than 1,458 cases per 100,000.

Chlamydia is a sexually transmitted disease caused by the bacteria *Chlamydia trachomatis*. Although chlamydia is easily treated, 70% of women and 50% of men do not show symptoms.[1] Complications of infection may lead to inflammation of the cervix in women and inflammation of the urethra in men. Additional complications include pelvic inflammatory disease, which can lead to infertility. In fact, chlamydia is the leading cause of infertility in the United States. Pregnant women can pass chlamydia to their babies during childbirth. This may cause problems in newborns, like chlamydial pneumonia or conjunctivitis. Patients are also more susceptible to HIV infection and other STDs, if exposed.[5]

Chlamydia Case Rate per 100,000 Females, All Ages, 2001-2010[4]



	2001-03	2002-04	2003-05	2004-06	2005-07	2006-08	2007-09	2008-10
Albany	442.5	450.5	438.8	445.9	459.8	506.9	550.4	593.6
Rensselaer	235.5	265.0	301.2	324.6	341.9	368.4	399.1	434.4
Schenectady	504.3	474.8	461.7	451.0	449.1	463.6	488.8	534.1
NYS excl. NYC	257.0	287.2	315.0	338.1	360.6	385.3	407.0	426.2

The number of reported chlamydia cases has been steadily increasing over the years in New York State and throughout the nation.[6] When comparing the average chlamydia case rate for the female population from 2000-2005 to 2004-2009, Albany County's rate increased 19% (444.4/100,000 to 527.7/100,000), Rensselaer County's increased 37% (281.6/100,000 to 386.0/100,000) and Schenectady County's only increased 2% (473/100,000 to 483.9/100,000). The corresponding Upstate New York chlamydia case rate increased 24% (299.3/100,000 to 369.8/100,000).[4]

There were 2,576 cases of chlamydia reported annually in the Capital District, with Albany County having over twice the number of cases (1,410) compared to Rensselaer County (510) and Schenectady County (656). Schenectady County has the highest chlamydia case rate among women aged 15-44 in the Capital District with 1,528 cases per 100,000, followed by Albany County (1,427.5/100,000) and Rensselaer County (1,162.8/100,000). Although both Albany and Schenectady counties have higher rates of chlamydia than Upstate New York (1,167.9 per 100,000), only Schenectady County does not meet the Prevention Agenda objective.[3]

Additionally, adolescents and young adults have much higher chlamydia case rates compared to the older population for all three Capital District counties and Upstate New York. For example, the female 15-19 year case rates are over 5 times higher than the chlamydia case rate for the entire female population. Similarly there are striking differences in the chlamydia case rates by gender. Females have a rate that is two to three times higher than their male counterparts.[4]

Rate of Chlamydia in Women Ages 15-44 per 100,000 Women 2010[3]	
Prevention Agenda Objective	**1,458.0**
New York State, excl. NYC	1,167.9
Albany County	1,427.5
Rensselaer County	1,162.8
Schenectady County	1,528.0

Syphilis

Objective

New York State Prevention Agenda 2013-2017
Reduce the case rate of primary and secondary syphilis to no more than 10.1 cases per 100,000 men and 0.4 cases per 100,000 women.

Syphilis is a sexually transmitted disease caused by the bacteria *Treponema pallidum*. It progresses through various stages than can last months or years. The primary stage is marked by a painless sore at the location where the syphilis entered the body. Left untreated, the sore will go away in a few weeks, and the disease will progress to the secondary stage. This stage is represented by skin rashes or legions in the mucous membranes, and can be accompanied by fever, weight and hair loss, muscle aches, and swollen lymph glands. The rashes may be too light to be noticed, however, and untreated syphilis will pass into the late and latent stages when left untreated. At this point, all symptoms disappear and the disease can lay latent for months or years. In 15% of untreated people, syphilis can lead to difficulty coordinating muscle movements, paralysis, numbness, dementia, and/or death. Pregnant women with untreated syphilis can pass the disease on to their babies, causing low birth weight, developmental delays, or death. People with genital sores are also at higher risk for transmitting or acquiring HIV. Curing syphilis can be done with an intramuscular injection of penicillin or an appropriate antibiotic.[6]

Rate of Primary and Secondary Syphilis in Males per 100,000 in 2010[3]		
	Cases	**Case Rate**
Prevention Agenda Objective	**-**	**10.1**
New York State, excl. NYC	133	2.4
Albany County	8	5.4*
Rensselaer County	3	3.8*
Schenectady County	1	1.3*

* Rates are unstable.

Although the disease was more

prevalent in heterosexual minorities ages 30-39 in the 1990s, the 2000s saw an epidemiologic shift; more recently, syphilis is most prevalent in 20-29 year old men who have sex with men (MSM). 72% of all primary and secondary syphilis cases in the United States in 2011 were found in MSM. Additionally, there is still a big disparity between Whites and minorities.[7]

Syphilis is a pervasive problem in New York City and Nassau County, but the rest of New York State is not affected as much. There were only 12 cases of primary and secondary syphilis reported in the Capital District in 2010; none of these cases were in the female population. Additionally, all three Capital District counties meet the Prevention Agenda objective. Albany and Rensselaer counties have higher rates of syphilis than Upstate New York.[3]

References

1. Bureau of Sexually Transmitted Disease Control: STD Statistical Abstract
   http://www.health.ny.gov/statistics/diseases/communicable/std/abstracts/docs/2009.pdf

2. Gonorrhea (Gonococcal) Infection
   http://www.health.state.ny.us/diseases/communicable/gonorrhea/fact_sheet.htm

3. Indicators for Tracking Public Health Priority Areas-NYS-2013-2017
   http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/nys.htm

4. New York State Community Health Indicator Reports - HIV/AIDS and STDs Indicators
   http://www.health.ny.gov/statistics/chac/indicators/sti.htm

5. Chlamydia
   http://www.cdc.gov/std/chlamydia/STDFact-Chlamydia.htm

6. 2011 Sexually Transmitted Diseases Surveillance: A National Profile
   http://www.cdc.gov/std/stats11/chlamydia-figs.htm

7. Sexually Transmitted Diseases
   http://www.cdc.gov/std/syphilis/STDFact-Syphilis-detailed.htm

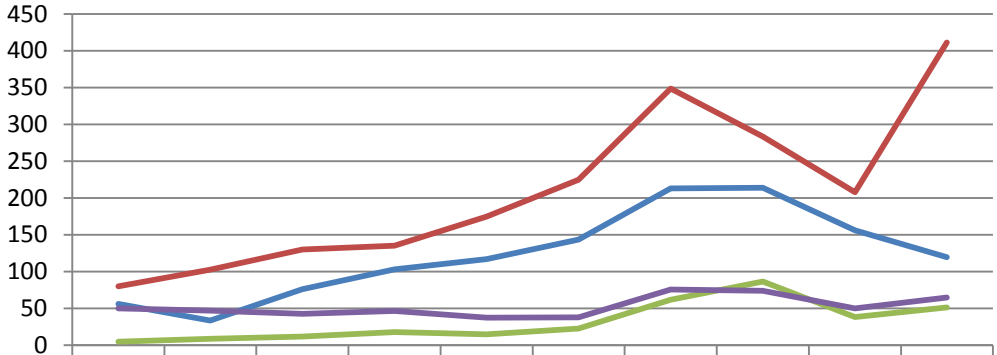
Lyme Disease

Lyme disease is the most commonly reported tick-borne disease in the United States. Lyme disease is a bacterial infection caused by the bite of an infected deer tick. Typical symptoms include headache, fever, fatigue, and *erythema migrans*, a characteristic bull's-eye rash. If left untreated, the disease can cause negative health outcomes by affecting the nervous system, heart and/or joints.[1]

Early detection of the disease is very 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 illness.[1]

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

Rate of Lyme Disease per 100,000, 2002-2011[4]



	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Albany	56.0	33.4	75.9	102.9	117.0	143.5	213.2	214.0	156.2	119.7
Rensselaer	80.0	102.4	129.9	135.0	174.6	224.7	349.0	283.4	207.7	411.5
Schenectady	4.8	8.8	11.5	17.6	14.8	22.6	61.7	86.5	38.1	51.1
NYS excl. NYC	49.9	46.8	42.7	46.4	37.4	37.7	75.7	73.9	50.1	64.9

New York State has the highest number of confirmed cases of Lyme disease in the United States. There have been about 95,000 cases confirmed in New York State since the disease became reportable in 1986.[3]

During 2008-2010, there was an average of 850 Lyme cases reported per year in the Capital District (Albany County-466; Rensselaer County -323; Schenectady County-58). Rensselaer County had the highest Lyme disease rates in the Capital District over the last decade, with both Rensselaer County and Albany County rates being 3 to 4 times higher than the New York State, excluding New York City, rates. Schenectady County has much lower Lyme case rates than the other Capital District counties, and had rates lower than Upstate New York rates.[4]

Lyme disease case rates increased during the early part, but decreased in the latter part of the last decade. The Albany County Lyme case rate increased 280% from 2002 (56.0/100,000) to 2009 (214.0/100,000), but decreased 45% from 2009 to 2011 (119.7/100,000). A similar trend was seen for

Schenectady County, as well as Upstate New York. Rensselaer County also showed a decreasing trend since 2008 until a marked increase in their Lyme disease case rate in 2011 to 411.5 per 100,000.[4]

In 2009, all three counties began using sentinel surveillance to track new cases of Lyme disease. Cases reported from physicians and a random sample of laboratories are used to estimate rates for the entire county. This change in surveillance method may explain the decrease in rates beginning that year, although evaluations have shown the estimates to be within 5% of the actual number of cases.

References

1. Lyme Disease
   http://www.cdc.gov/lyme

2. Post-Treatment Lyme Disease Syndrome
   http://www.cdc.gov/lyme/postLDS/

3. Ticks and Lyme Disease
   http://www.health.state.ny.us/diseases/communicable/lyme/

4. Communicable Disease Annual Reports and Related Information
   http://www.health.ny.gov/statistics/diseases/communicable/

Clostridium difficile

Objectives

New York State Prevention Agenda 2013-2017
Reduce hospital-onset CDIs to 5.94 new cases/10,000 patient days.

C. difficile infection (CDI) occurs when the *C. difficile* bacterium multiplies in the colon and causes colitis, or inflammation of the colon. This leads to severe diarrhea, fever, nausea, and abdominal pain or tenderness.[1] A small percentage of people harbor normal amounts of harmless *C. difficile* in their colon. When they are treated with antibiotics for other diseases, however, the bacteria is given a chance to multiply and cause infection.[2] Taking antibiotics also makes a person more susceptible to catching the infection from others. CDI is a hospital-associated infection (HAI), since at least 80%of people pick it up while they receive other medical care. Although most cases are contracted in the hospital, the number of cases picked up in the community has been rising. Those most at risk for contracting the infection are the elderly and those on antibiotics in a hospital setting. Although most HAIs are declining, CDI rates have been steadily climbing since 2000.[1]

CDI is highly contagious and resistant to usual forms of infection control. *C. difficile* is found in the feces of infected patients, and any contaminated surfaces will become breeding grounds for the bacteria. Transmission can occur through the hands of healthcare personnel who have touched contaminated surfaces, or through the use of contaminated medical instruments. Alcohol does not kill *C. difficile*, so the rooms of infected patients need to be cleaned with bleach, and staff should wash their hands with soap and water. [1] At least 90% of New York hospitals place patients with diarrhea on contact precautions even before a diagnosis comes in and use dedicated medical equipment for these patients. At least 70% of New York hospitals educate staff about CDI transmission and use bleach to clean contaminated rooms, but only 50% of hospitals always place infected patients into private rooms.[2] CDI is treated by discontinuing prior antibiotic use and through the prescription of a stronger antibiotic that targets the CDI.

Hospital-onset *C. difficile* Incidence Rate per 10,000 patient days, 2011[2]	
Prevention Agenda Objective	**5.94**
New York State	8.48
Albany County	
Albany Medical Center	8.5
Albany Memorial Hospital	4.4
St. Peter's Hospital	3.9
Rensselaer County	
Samaritan Hospital- Troy	3.0
Seton Health- St. Mary's Hospital	6.8
Schenectady County	
Ellis Medicine	4.5

Although some cases of CDI are transmitted through the community, most cases are hospital-associated. While Albany Medical Center is above the state rate for hospital-onset CDI, other hospitals in the Capital District have lower rates of CDI than New York State. Both Seton Health and Albany Medical Center have not achieved the Prevention Agenda objective, while the other hospitals are at lower rates. Different testing methods can cause a variation in rates among hospitals; comparisons between facilities are hard to make, since the rates are not age- or facility-adjusted.[2]

Prevention and control practices can be used to lower the incidence of *C. difficile* infections. Education programs for healthcare workers, environmental personnel, patients and families can be used to teach proper methods on reducing the spread. Doctors can work to restrict the pervasive usage of antibiotics and prescribe them only when absolutely necessary; many facilities have a specific staff member who reviews antibiotic use. Proper contact precautions, hand hygiene and environmental disinfection have also proven successful in arresting the spread of disease.[1]

References

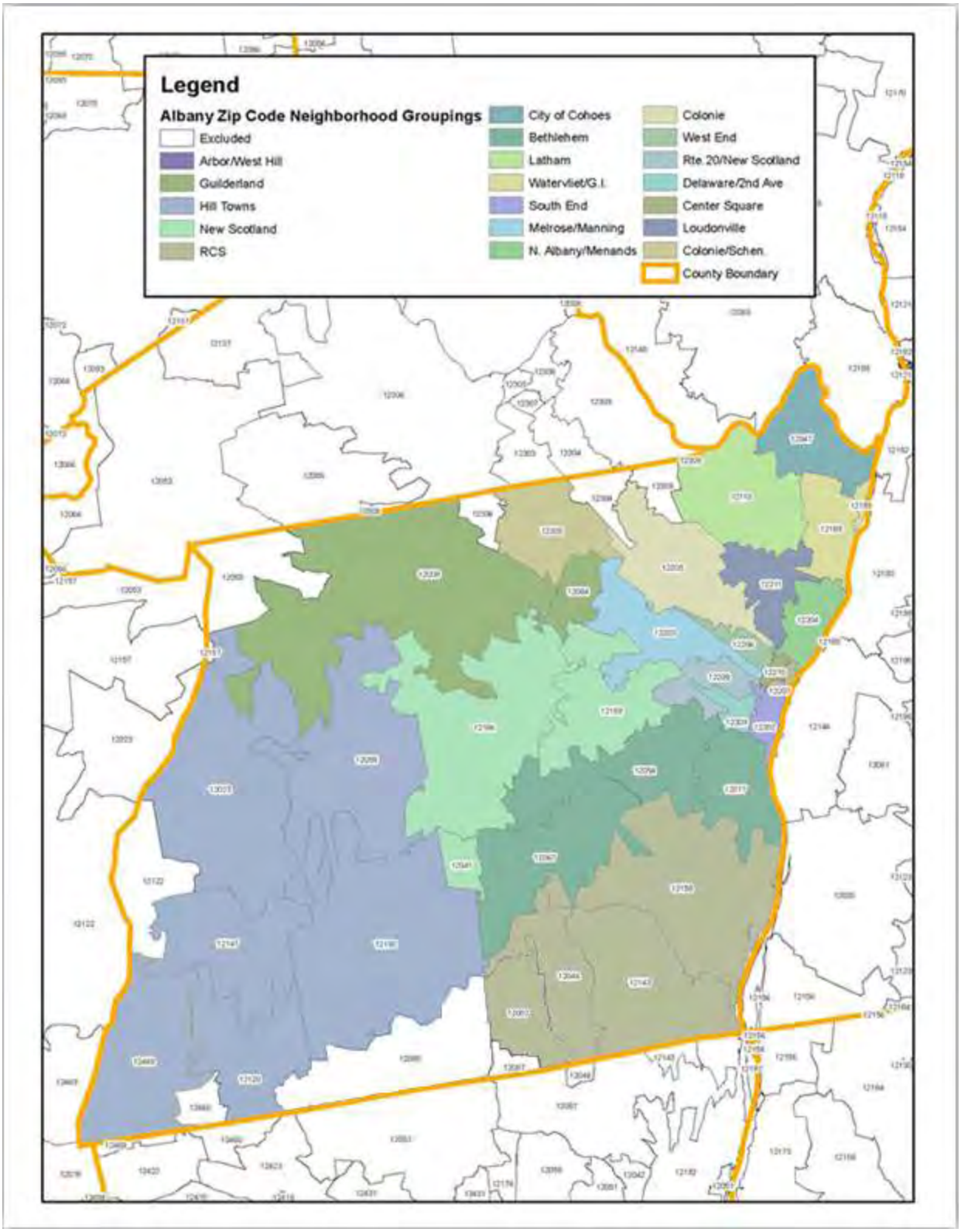
1. Healthcare-associated Infections: Patients
   http://www.cdc.gov/hai/organisms/cdiff/Cdiff-patient.html
2. Hospital-acquired Infections NYS 2011
   http://www.health.ny.gov/statistics/facilities/hospital/hospital_acquired_infections/2011/docs/hospital_acquired_infection.pdf

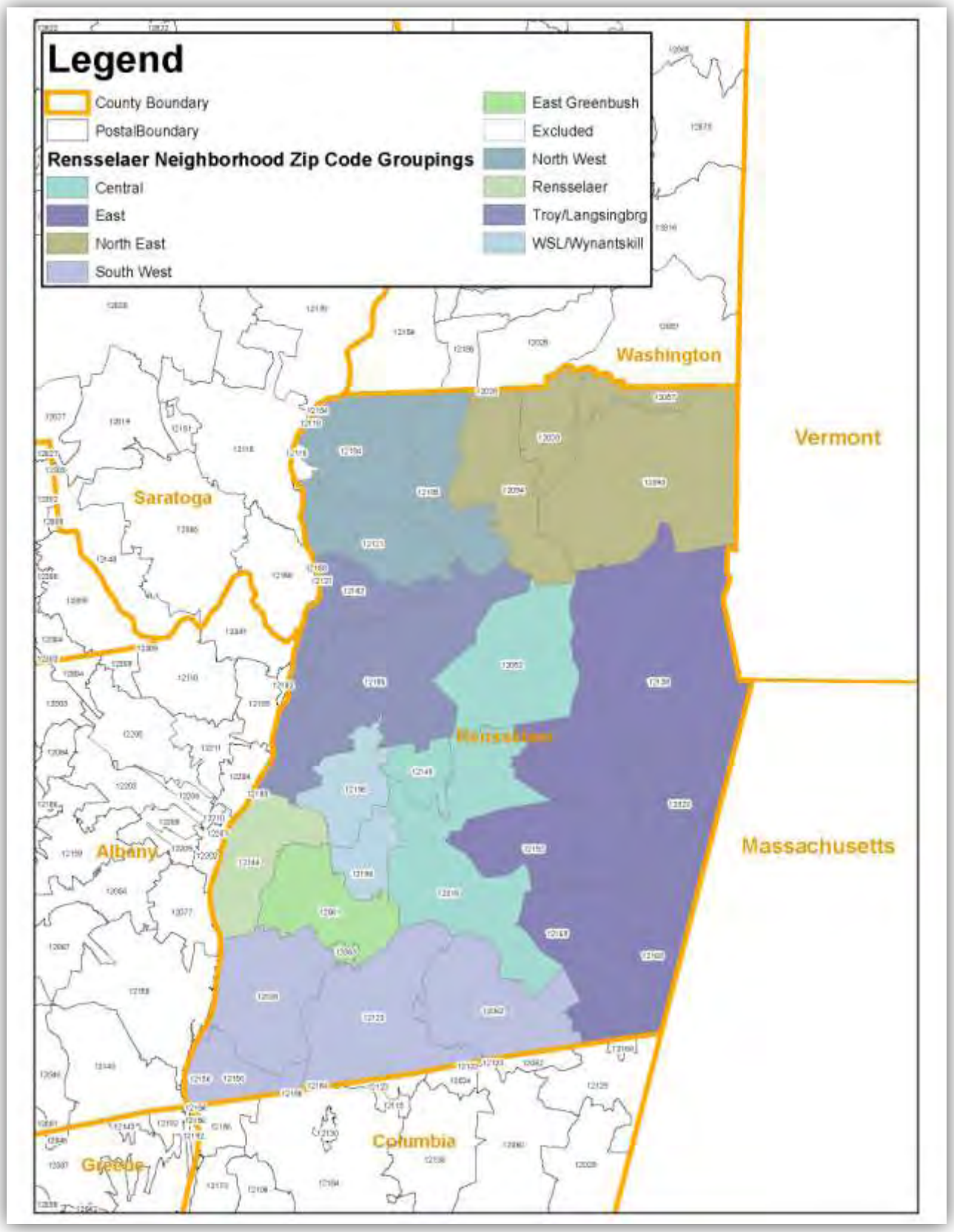
X. Appendices

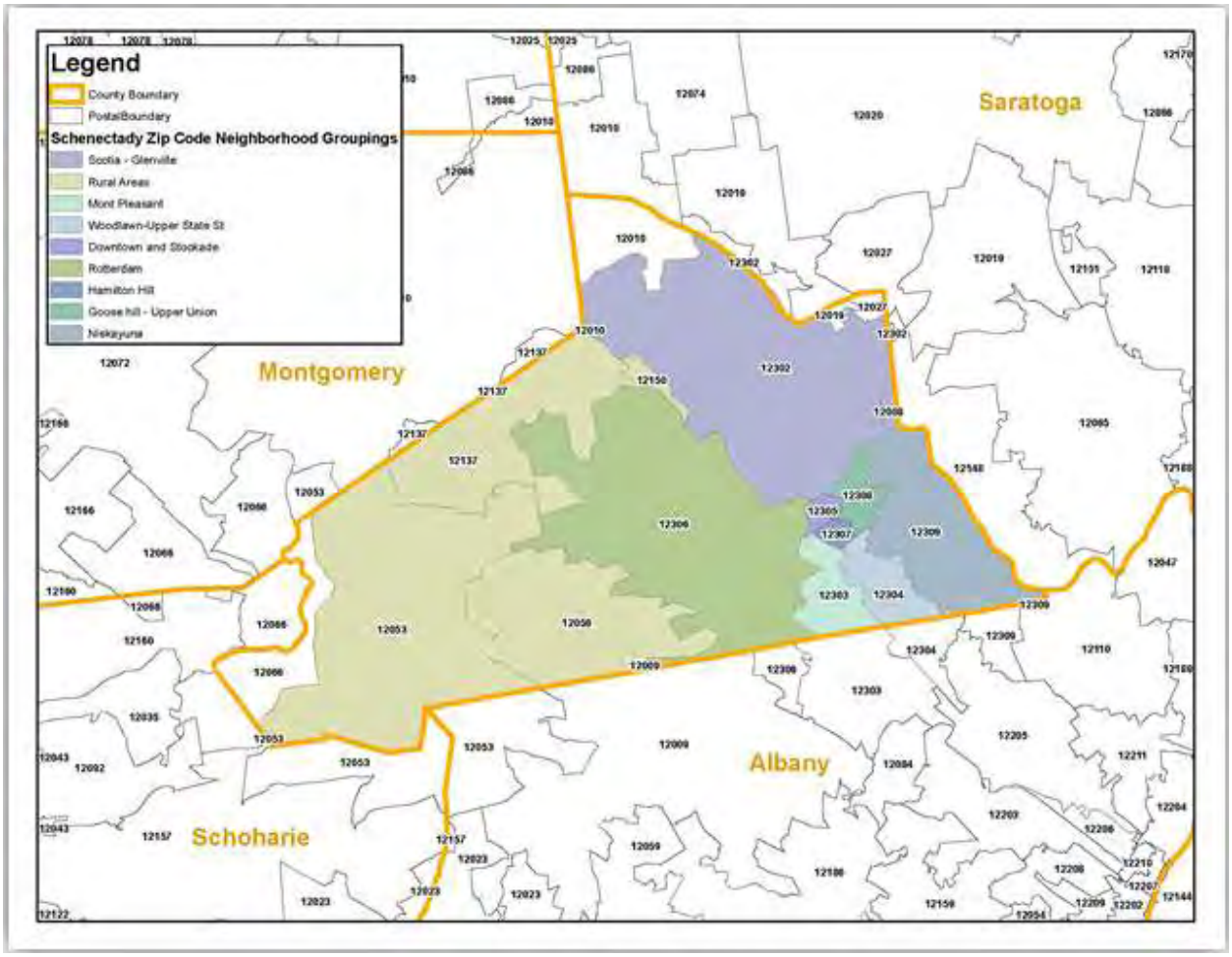
ZIP Code Neighborhood Groupings by County

Neighborhood	ZIP Code List	Other Neighborhoods Included
Albany County		
City of Albany		
Melrose/Manning	12203	
North Albany/Menands	12204	
West End	12206	Upper Washington
West Hill/South End	12207, 12202	West Hill
Route 20/New Scotland	12208	Woodlawn, Park South, Pine Hills
Delaware/2nd Ave	12209	
Center Square	12210	Hudson Park, Washington Park
Colonie	12205	
Latham	12110	Newtonville
Loudonville	12211	
Colonie/Schenectady	12303	ZIP is in both Albany & Schenectady tables
City of Cohoes	12047	
Watervliet/Green Island	12189, 12183	
Bethlehem	12054, 12067, 12077	Delmar, Glenmont, South Bethlehem, Feura Bush
Ravena, Coeymans, Selkirk (RCS)	12143, 12158, 12046, 12007	Ravena, Coeymans, Selkirk, Coeymans Hollow, Alcove
Hill Towns	12059, 12023, 12147, 12120, 12193, 12469	East Berne, Berne, Rensselaerville, South Westerlo, Westerlo, Medusa, Preston Hollow
Guilderland	12084, 12009	Guilderland, Guilderland Center, Altamont, Knox
New Scotland	12159, 12186, 12041	Slingerlands, Voorheesville, New Scotland, Clarksville

Neighborhood	ZIP Code List	Other Neighborhoods Included
Rensselaer County		
Troy/Lansingburgh	12180, 12182	
Rensselaer	12144	
East	12022, 12138, 12153, 12168, 12169	Berlin, Petersburg, Sand Lake, Stephentown
North East	12090, 12057, 12094, 12028	Hoosick Falls, Village of Hoosick Falls, Eagle Bridge, Johnsonville, Buskirk
North West	12154, 12121, 12185	Schaghticoke, Melrose, Valley Falls, Village of Valley Falls
South West	12033, 12123, 12156, 12062	Castleton-on-Hudson, Nassau, Village of Nassau, Schodack Landing, East Nassau
Central	12140, 12052, 12018	Poestenkill, Cropseyville, Averill Park
West Sand Lake/Wynantskill	12196, 12198	
East Greenbush	12061	
Schenectady County		
City of Schenectady		
Mont Pleasant	12303	ZIP is in both Albany & Schenectady tables
Upper State Street	12304	
City/Stockade	12305	
Hamilton Hill	12307	
Goose Hill/Union	12308	
Rural West	12053, 12056, 12137, 12150	Duanesburg, Delanson, Princetown, Rotterdam Junction
Niskayuna	12309	
Scotia-Glenville	12302, 12008	
Rotterdam	12306	


Legend
Albany Zip Code Neighborhood Groupings
Excluded
Arbor/West Hill
Guilderland
Hill Towns
New Scotland
RCS
City of Cohoes
Bethlehem
Latham
Watervliet/G.I.
South End
Melrose/Manning
N. Albany/Menands
Colonie
West End
Rte 20/New Scotland
Delaware/2nd Ave
Center Square
Loudonville
Colonie/Schen
County Boundary


Legend
County Boundary
PostalBoundary
Rensselaer Neighborhood Zip Code Groupings
Central
East
North East
South West
East Greenbush
Excluded
North West
Rensselaer
Troy/Langsingbrg
WSL/Wynantskill
Washington
Vermont
Saratoga
Rensselaer
Albany
Massachusetts
Columbia
Greene


Legend
County Boundary
PostalBoundary
Schenectady Zip Code Neighborhood Groupings
Scotia - Glenville
Rural Areas
Mont Pleasant
Woodlawn-Upper State St
Downtown and Stockade
Rotterdam
Hamilton Hill
Goose hill - Upper Union
Niskayuna
Saratoga
Montgomery
Albany
Schoharie

County Hospitalization Rates by Race and Gender

NYS Department of Health, SPARCS 2006-2010, Age-Adjusted

Asthma Hospitalization Rate per 10,000					
	All	White	Black	Men	Women
New York State, excl. NYC	11.9	9.1	29.7	9.8	13.6
Albany County	13.3	7.4	37.6	11.0	15.1
Rensselaer County	14.7	11.4	51.5	12.0	17.7
Schenectady County	10.8	9.3	29.7	9.8	13.9

Assault Hospitalization Rate per 10,000					
	All	White	Black	Men	Women
New York State, excl. NYC	3.0	1.7	10.7	4.9	1.1
Albany County	4.3	2.0	15.5	6.7	1.8
Rensselaer County	3.2	2.2	14.3	5.0	1.5
Schenectady County	3.9	2.9	13.0	6.8	1.9

Congestive Heart Failure Hospitalization Rate per 10,000					
	All	White	Black	Men	Women
New York State, excl. NYC	27.2	24.8	49.1	33.3	22.9
Albany County	22.7	16.7	38.7	27.8	18.7
Rensselaer County	25.3	23.1	58.1	29.4	23.4
Schenectady County	26.3	27.2	36.3	33.5	25.3

CLRD/COPD Hospitalization Rate per 10,000					
	All	White	Black	Men	Women
New York State, excl. NYC	29.8	27.1	47.7	27.7	31.8
Albany County	32.3	23.2	56.4	29.3	34.9
Rensselaer County	42.1	36.9	85.8	34.4	48.4
Schenectady County	33.1	29.9	59.3	29.1	36.5

Diabetes (Any Diagnosis) Hospitalization Rate per 10,000					
	All	White	Black	Men	Women
New York State, excl. NYC	195.9	173.3	386.3	216.5	181.4
Albany County	194.9	136.8	402.3	210.3	182.6
Rensselaer County	217.8	199.0	515.6	247.7	208.6
Schenectady County	184.6	182.5	408.8	228.1	190.7

Diabetes (Primary Diagnosis) Hospitalization Rate per 10,000					
	All	White	Black	Men	Women
New York State, excl. NYC	13.9	11.3	40.4	15.8	12.7
Albany County	15.1	9.5	40.2	16.6	13.4
Rensselaer County	14.7	13.3	48.5	17.8	12.6
Schenectady County	11.7	11.3	34.6	15.4	11.2

Falls Hospitalization Rate per 10,000					
	All	White	Black	Men	Women
New York State, excl. NYC	38.3	38.0	25.2	35.1	39.4
Albany County	41.7	34.0	26.3	37.4	43.3
Rensselaer County	40.0	39.1	32.6	37.5	42.3
Schenectady County	36.1	39.4	24.1	37.1	40.0

Motor Vehicle Accident Hospitalization Rate per 10,000					
	All	White	Black	Men	Women
New York State, excl. NYC	9.6	7.3	9.0	10.0	6.0
Albany County	5.5	5.0	6.0	6.9	4.0
Rensselaer County	6.3	6.2	5.2	8.2	4.5
Schenectady County	6.6	7.0	7.0	9.6	5.1

Self-Inflicted Injury Hospitalization Rate per 10,000					
	All	White	Black	Men	Women
New York State, excl. NYC	6.2	6.5	5.5	5.2	7.2
Albany County	6.0	5.6	6.4	5.0	6.8
Rensselaer County	8.4	8.5	7.8	8.1	9.0
Schenectady County	10.3	12.0	113.0	9.8	13.7

Stroke Hospitalization Rate per 10,000					
	All	White	Black	Men	Women
New York State, excl. NYC	32.1	23.5	38.7	27.6	23.4
Albany County	24.6	18.8	38.3	27.4	22.2
Rensselaer County	34.8	26.2	42.6	32.4	25.9
Schenectady County	24.9	27.0	35.9	31.1	26.2

Unintentional Injury Hospitalization Rate per 10,000					
	All	White	Black	Men	Women
New York State, excl. NYC	133.7	129.0	145.9	146.0	122.6
Albany County	132.5	107.8	153.8	137.6	126.7
Rensselaer County	133.6	128.3	189.7	152.2	127.9
Schenectady County	116.6	123.8	132.8	141.1	116.9

County Hospitalization Rates by Neighborhood

NYS Department of Health, SPARCS 2006-2010, Age-Adjusted Rate per 10,000

	Total		Asthma		Assault		Congestive Heart Failure[20]	
	n	Rate	n	Rate	n	Rate	n	Rate
New York State, excl. NYC	1,333,819	1,157	13,157	12	3,217	3	3,874	3
Albany County	33,139	1,099	376	13	125	4	106	3
Melrose/Manning	2,964	1,006	25	10	8	3	10	3
N.Albany/Menands	1,192	1,604	7	9	*	*	8	10
West End	2,604	1,667	57	37	28	17	7	6
West Hill/South End	1,999	1,838	51	49	18	16	7	8
Rte.20/New Scot.	2,836	1,353	26	14	14	8	6	2
Delaware/2nd Ave	1,206	1,217	20	21	7	7	*	*
Center Square	1,265	1,495	25	28	13	13	*	*
Colonie/Schen.	3,373	1,096	30	10	11	4	16	5
City of Cohoes	2,766	1,307	32	16	6	3	7	3
Colonie	3,445	1,153	24	9	8	3	12	3
Hill Towns	1,091	978	10	9	2	3	21	16
Latham	1,856	883	13	8	*	*	7	3
Loudonville	1,260	937	10	7	*	*	8	5
RCS	1,373	1,142	14	10	2	2	28	21
Bethlehem	2,344	921	15	6	*	*	*	*
Guilderland	1,275	1,040	11	8	*	*	*	*
New Scotland	1,286	890	9	7	*	*	*	*
Watervliet/G.I.	2,526	1,216	30	15	6	3	8	3
Rensselaer County	19,057	1,154	227	15	50	3	53	3
Central	1,023	1,017	11	10	*	*	*	*
Rensselaer	2,411	1,143	24	13	6	3	6	3
Troy/Lansingbrg	10,016	1,451	150	24	34	5	31	4
East	459	657	6	9	*	*	*	*
East Greenbush	1,036	1,093	*	*	*	*	*	*
North East	666	575	*	*	*	*	*	*
North West	699	1,114	8	12	*	*	*	*
South West	1,650	1,088	11	7	*	*	6	3
W.Sand Lake/Wyn.	1,096	1,023	9	8	*	*	*	*
Schenectady County	20,262	1,100	184	11	63	4	85	4
Mont Pleasant	3,373	1,096	30	10	11	4	16	5
Upper State St	2,982	1,287	33	15	13	6	15	6
City/Stockade	942	1,838	9	17	7	10	*	*
Hamilton Hill	1,283	1,917	24	32	13	17	*	*
Goose Hill/Union	1,901	1,319	24	16	8	5	10	7
Rural - West	1,055	994	7	7	*	*	*	*
Niskayuna	2,878	907	15	5	*	*	13	3
Scotia-Glenville	3,012	964	20	7	*	*	13	3
Rotterdam	2,837	1,047	23	10	6	3	10	3

	Chronic Obstructive Pulmonary Disease[21]		Diabetes[22] (Any Diagnosis)		Diabetes[23] (Primary Diagnosis)		Falls- Age 65+	
	n	Rate	n	Rate	n	Rate	n	Rate
New York State, excl. NYC	36,465	30	249,944	196	16,777	14	35,532	212
Albany County	1,019	32	6,412	195	460	15	1,090	240
Melrose/Manning	74	22	570	161	32	9	157	266
N.Albany/Menands	25	33	280	378	23	32	47	487
West End	101	72	529	377	58	37	38	285
West Hill/South End	75	77	455	453	52	47	20	251
Rte.20/New Scot.	84	39	524	238	37	16	97	284
Delaware/2nd Ave	40	41	230	246	14	14	28	231
Center Square	39	51	214	303	23	27	11	192
Colonie/Schen.	106	31	664	195	46	16	99	220
City of Cohoes	128	59	587	262	35	17	81	253
Colonie	95	28	707	194	46	14	131	261
Hill Towns	34	25	179	122	13	10	33	217
Latham	45	20	315	125	18	8	71	211
Loudonville	31	18	259	140	15	9	58	203
RCS	40	31	258	191	20	15	29	213
Bethlehem	53	17	369	117	23	8	112	265
Guilderland	33	23	233	165	11	8	51	254
New Scotland	28	17	197	108	7	4	69	274
Watervliet/G.I.	98	46	508	236	36	18	63	215
Rensselaer County	701	42	3,914	218	253	15	519	230
Central	37	30	158	134	10	9	22	231
Rensselaer	71	33	460	203	26	13	66	252
Troy/Lansingbrg	436	63	2,247	320	163	24	279	280
East	14	18	81	87	*	*	8	71
East Greenbush	24	24	214	208	10	12	47	348
North East	16	12	132	96	7	6	8	42
North West	28	39	131	169	8	11	14	183
South West	42	25	287	162	15	10	47	220
W.Sand Lake/Wyn.	34	27	204	163	10	7	28	205
Schenectady County	572	33	3,768	185	223	12	573	200
Mont Pleasant	106	31	664	195	46	16	99	220
Upper State St	86	37	595	246	32	14	85	219
City/Stockade	31	66	175	370	14	24	14	341
Hamilton Hill	50	85	274	506	26	41	12	328
Goose Hill/Union	57	44	328	256	18	14	40	241
Rural - West	27	23	178	136	9	7	24	214
Niskayuna	61	17	472	122	22	6	115	217
Scotia-Glenville	77	22	558	142	28	8	110	183
Rotterdam	86	29	523	166	28	9	74	172

	Motor Vehicle Accidents		Self-inflicted Injury ages 15+		Stroke	
	n	Rate	n	Rate	n	Rate
New York State, excl. NYC	8,674	10	6,600	8	32,743	32
Albany County	166	5	171	7	834	25
Melrose/Manning	17	6	14	6	76	21
N.Albany/Menands	*	*	*	*	30	37
West End	11	6	14	10	44	32
West Hill/South End	10	9	13	14	32	36
Rte.20/New Scot.	11	5	19	11	56	24
Delaware/2nd Ave	7	7	7	8	23	24
Center Square	6	7	7	8	21	36
Colonie/Schen.	16	5	22	10	87	25
City of Cohoes	12	6	18	12	81	35
Colonie	22	8	16	8	105	28
Hill Towns	11	10	3	3	33	25
Latham	10	5	10	6	54	22
Loudonville	6	5	*	*	37	19
RCS	9	7	8	8	40	30
Bethlehem	11	5	8	5	65	20
Guilderland	6	5	*	*	35	25
New Scotland	8	6	6	5	38	20
Watervliet/G.I.	11	6	17	11	68	31
Rensselaer County	106	6	133	10	506	28
Central	11	11	*	*	25	26
Rensselaer	11	5	16	10	69	30
Troy/Lansingbrg	36	5	80	15	42	34
East	7	9	*	*	15	16
East Greenbush	8	9	6	9	32	29
North East	9	7	*	*	21	15
North West	6	9	*	*	22	30
South West	12	8	10	8	50	30
W.Sand Lake/Wyn.	6	6	*	*	31	25
Schenectady County	118	7	163	12	538	25
Mont Pleasant	16	5	22	10	87	25
Upper State St	14	6	25	15	85	32
City/Stockade	7	16	15	33	18	46
Hamilton Hill	9	13	16	30	17	34
Goose Hill/Union	10	7	21	19	42	34
Rural - West	10	9	7	9	27	22
Niskayuna	16	5	11	5	91	23
Scotia-Glenville	18	6	20	10	87	21
Rotterdam	18	7	25	14	83	26

	Unintentional Injury age 0-14		Unintentional Injury age 15-24		Unintentional Injury age 65+	
	n	Rate	n	Rate	N	Rate
New York State, excl. NYC	7,058	34	8,134	50	84,094	518
Albany County	164	33	172	31	2,258	524
Melrose/Manning	8	26	11	21	304	579
N.Albany/Menands	8	62	*	*	95	1,013
West End	16	43	19	64	81	590
West Hill/South End	11	41	6	35	52	599
Rte.20/New Scot.	15	57	18	53	182	586
Delaware/2nd Ave	8	41	8	62	63	568
Center Square	9	52	7	36	36	622
Colonie/Schen.	13	22	16	46	201	467
City of Cohoes	16	44	11	46	163	545
Colonie	17	41	18	60	281	569
Hill Towns	3	18	8	61	46	295
Latham	11	39	9	25	144	437
Loudonville	*	*	*	*	125	465
RCS	6	22	6	44	39	280
Bethlehem	12	26	14	53	223	555
Guilderland	*	*	6	46	102	559
New Scotland	6	25	10	67	129	541
Watervliet/G.I.	10	29	9	38	147	530
Rensselaer County	79	29	112	44	1,195	544
Central	6	29	9	75	57	519
Rensselaer	10	28	14	56	142	533
Troy/Lansingbrg	39	34	51	40	607	656
East	*	*	*	*	27	236
East Greenbush	*	*	*	*	101	791
North East	*	*	6	43	30	171
North West	*	*	6	71	42	483
South West	6	25	13	73	114	545
W.Sand Lake/Wyn.	7	37	*	*	76	545
Schenectady County	101	31	96	41	1,180	436
Mont Pleasant	13	22	16	46	201	467
Upper State St	17	40	11	38	164	472
City/Stockade	*	*	*	*	27	601
Hamilton Hill	10	44	9	66	26	654
Goose Hill/Union	8	28	10	36	77	499
Rural - West	7	36	6	43	59	480
Niskayuna	19	36	17	55	228	448
Scotia-Glenville	12	26	12	42	226	406
Rotterdam	13	31	11	37	172	419

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

**Crude rates represent the frequencies for the population in that area. They are not age adjusted for state and national comparison purposes.

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

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

County Emergency Department Rates by Neighborhood

NYS Department of Health, SPARCS 2005-2009, Age-Adjusted Rate per 10,000

	Total		Asthma		Assault		Congestive Heart Failure	
	n	Rate	n	Rate	n	Rate	n	Rate
New York State, excl. NYC	2,955,126	2,735	47,912	46	40,937	38	3,874	3
Albany County	88,854	3,130	1,761	66	1,690	58	106	3
Melrose/Manning	6,125	2,236	90	37	112	38	10	3
N.Albany/Menands	3,632	5,213	67	99	61	89	8	10
West End	12,185	7,410	380	236	330	192	7	6
West Hill/South End	8,739	7,543	281	245	241	210	7	8
Rte.20/New Scot.	6,869	3,584	137	85	146	77	6	2
Delaware/2nd Ave	3,716	3,741	93	94	75	76	*	*
Center Square	5,798	5,819	171	174	152	141	*	*
Colonie/Schen.	9,119	3,281	146	54	174	67	16	5
City of Cohoes	7,864	4,170	96	53	113	64	7	3
Colonie	7,661	2,996	106	46	123	53	12	3
Hill Towns	2,026	2,035	30	30	23	25	3	3
Latham	3,476	1,711	38	23	39	18	7	3
Loudonville	2,225	2,192	20	25	37	49	8	5
RCS	2,886	2,435	40	34	43	38	4	4
Bethlehem	3,969	1,724	59	27	44	23	6	2
Guilderland	2,201	1,947	33	31	22	20	*	*
New Scotland	2,187	1,642	26	23	16	16	*	*
Watervliet/G.I.	7,608	3,862	99	53	121	62	8	3
Rensselaer County	53,893	3,573	776	54	792	52	53	3
Central	2,373	2,419	26	27	23	26	*	*
Rensselaer	6,453	3,307	100	53	96	51	6	3
Troy/Lansingbrg	33,610	5,085	518	84	546	78	31	4
East	992	1,606	12	21	10	18	*	*
East Greenbush	1,741	2,067	21	26	15	22	*	*
North East	1,133	1,109	13	13	12	13	*	*
North West	1,729	2,873	21	35	19	34	*	*
South West	3,728	2,659	45	34	41	32	6	3
W.Sand Lake/Wyn.	2,422	2,438	25	25	32	36	*	*
Schenectady County	54,691	3,729	904	65	1,000	71	85	4
Mont Pleasant	34,770	4,404	680	88	174	67	16	5
Upper State St	9,119	3,281	146	54	196	97	15	6
City/Stockade	9,476	4,571	172	86	77	144	*	*
Hamilton Hill	3,036	6,371	57	131	165	221	*	*
Goose Hill/Union	5,787	7,631	148	189	148	95	10	7
Rural - West	7,353	4,908	157	105	26	28	*	*
Niskayuna	5,455	1,962	53	22	53	25	13	3
Scotia-Glenville	5,675	2,144	71	30	58	26	13	3
Rotterdam	7,134	2,955	90	40	110	48	10	3

	Chronic Obstructive Pulmonary Disease[21]		Diabetes[22] (Any Diagnosis)		Diabetes[23] (Primary Diagnosis)		Falls- Age 65+	
	n	Rate	n	Rate	n	Rate	n	Rate
New York State, excl. NYC	76,419	71	124,448	102	15,026	13	59,674	370
Albany County	2,430	87	4,723	152	623	21	1,842	422
Melrose/Manning	134	51	383	124	51	17	247	446
N.Albany/Menands	107	151	264	370	30	41	126	1,247
West End	454	287	622	428	101	69	72	516
West Hill/South End	341	302	546	525	96	91	49	554
Rte.20/New Scot.	181	106	406	198	58	27	162	519
Delaware/2nd Ave	116	117	180	184	19	21	51	428
Center Square	205	215	268	330	44	55	23	388
Colonie/Schen.	272	96	490	152	54	17	193	440
City of Cohoes	183	97	308	144	37	18	135	468
Colonie	175	68	442	136	50	17	206	417
Hill Towns	206	41	94	69	9	7	36	235
Latham	61	34	170	69	16	7	142	417
Loudonville	35	35	144	89	11	7	111	407
RCS	294	48	163	121	19	14	42	293
Bethlehem	78	33	205	69	22	8	156	392
Guilderland	48	43	127	92	9	8	73	371
New Scotland	37	30	113	65	9	5	99	394
Watervliet/G.I.	181	93	281	133	42	21	115	411
Rensselaer County	1,328	89	2,241	135	305	19	1,004	470
Central	42	42	71	63	7	7	34	273
Rensselaer	152	77	314	142	32	15	114	425
Troy/Lansingbrg	909	142	1,401	207	214	32	633	671
East	20	32	28	34	*	*	8	75
East Greenbush	32	37	106	104	12	13	78	578
North East	23	22	38	30	*	*	9	49
North West	41	65	55	72	7	9	22	247
South West	70	49	142	81	12	8	70	334
W.Sand Lake/Wyn.	44	41	88	74	11	11	44	314
Schenectady County	1,647	113	2,999	180	331	21	1,153	446
Mont Pleasant	1,194	153	1,984	247	232	29	525	480
Upper State St	272	96	490	152	54	17	193	440
City/Stockade	307	151	565	249	63	27	190	512
Hamilton Hill	119	286	219	438	32	60	33	713
Goose Hill/Union	242	328	348	582	41	67	23	499
Rural - West	255	176	362	274	42	32	86	558
Niskayuna	46	44	107	84	11	94	49	399
Scotia-Glenville	105	38	294	81	34	10	272	505
Rotterdam	142	52	341	98	31	10	192	344

	Motor Vehicle Accidents		Self-Inflicted Injury age 15+		Stroke	
	n	Rate	n	Rate	n	Rate
New York State, excl. NYC	93,486	86	6,217	7	5,266	4
Albany County	2,278	78	281	12	112	3
Melrose/Manning	169	57	21	10	9	3
N.Albany/Menands	80	114	8	13	*	*
West End	240	143	34	23	6	5
West Hill/South End	175	148	20	23	*	*
Rte.20/New Scot.	163	80	34	22	6	3
Delaware/2nd Ave	109	109	11	14	*	*
Center Square	127	120	18	22	*	*
Colonie/Schen.	226	83	19	10	12	4
City of Cohoes	182	98	25	18	12	5
Colonie	223	88	22	12	11	3
Hill Towns	84	91	5	6	4	4
Latham	113	56	15	9	10	4
Loudonville	58	65	9	17	6	3
RCS	107	84	9	10	4	3
Bethlehem	118	54	13	8	10	3
Guilderland	80	76	7	10	*	*
New Scotland	72	59	7	8	7	3
Watervliet/G.I.	194	97	25	16	9	4
Rensselaer County	1,340	87	155	13	85	5
Central	90	93	8	11	*	*
Rensselaer	144	75	20	14	9	4
Troy/Lansingbrg	716	105	90	16	47	6
East	46	72	*	*	*	*
East Greenbush	49	62	*	*	*	*
North East	46	44	*	*	*	*
North West	58	93	6	12	*	*
South West	120	85	9	9	8	4
W.Sand Lake/Wyn.	78	80	12	18	6	5
Schenectady County	1,423	98	133	12	75	4
Mont Pleasant	796	100	82	13	35	4
Upper State St	226	83	19	10	12	4
City/Stockade	230	114	16	10	12	5
Hamilton Hill	58	108	9	20	*	*
Goose Hill/Union	121	165	12	21	*	*
Rural - West	161	103	25	20	*	*
Niskayuna	98	96	*	*	*	*
Scotia-Glenville	165	65	14	8	14	4
Rotterdam	175	70	19	11	15	4

	Unintentional Injury age 0-14		Unintentional Injury age 15-24		Unintentional Injury age 65+	
	n	Rate	n	Rate	n	Rate
New York State, excl. NYC	211,990	1,003	184,499	1,143	108,705	683
Albany County	4,803	960	4,962	898	3,063	720
Melrose/Manning	256	830	390	658	371	707
N.Albany/Menands	158	1,309	149	1,561	195	1,985
West End	551	1,603	594	1,986	125	880
West Hill/South End	362	1,381	357	2,158	93	1,022
Rte.20/New Scot.	300	1,228	387	1,269	262	877
Delaware/2nd Ave	209	1,091	198	1,482	88	790
Center Square	253	1,474	235	1,495	49	835
Colonie/Schen.	642	1,079	511	1,446	326	761
City of Cohoes	468	1,367	463	1,967	227	798
Colonie	401	977	417	1,398	372	761
Hill Towns	144	768	154	1,182	67	402
Latham	212	696	224	555	218	651
Loudonville	148	828	140	1,347	194	724
RCS	233	910	202	1,377	72	477
Bethlehem	347	733	320	1,152	247	624
Guilderland	139	700	146	1,184	117	618
New Scotland	176	666	170	1,112	162	660
Watervliet/G.I.	456	1,385	435	1,692	215	784
Rensselaer County	3,514	1,270	3,433	1,547	1,692	802
Central	197	930	197	1,526	73	591
Rensselaer	433	1,245	391	1,619	192	712
Troy/Lansingbrg	1,945	1,732	1,986	1,542	998	1,085
East	72	578	81	1,061	22	203
East Greenbush	133	856	117	1,320	118	888
North East	78	364	85	639	22	124
North West	148	1,219	140	1,624	56	624
South West	290	1,073	291	1,631	130	613
W.Sand Lake/Wyn.	234	1,117	170	1,432	92	645
Schenectady County	3,550	1,236	3,064	1,513	1,974	795
Mont Pleasant	2,047	1,296	1,757	1,382	899	858
Upper State St	642	1,079	511	1,446	326	761
City/Stockade	565	1,371	491	1,711	305	894
Hamilton Hill	70	1,818	109	1,242	64	1,294
Goose Hill/Union	339	1,531	266	2,026	51	1,112
Rural - West	432	1,451	379	1,264	153	1,003
Niskayuna	218	1,097	200	1,512	99	762
Scotia-Glenville	442	828	341	1,184	431	825
Rotterdam	424	865	379	1,284	325	609

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

**Crude rates represent the frequencies for the population in that area. They are not age adjusted for state and national comparison purposes.

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

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

County Mortality Rates by Neighborhood

NYS Department of Health, Vital Statistics 2006-2010, Age-Adjusted Rate per 100,000

	Total		Cancer		CLRD/COPD		Diabetes	
	n	Rate	n	Rate	n	Rate	n	Rate
New York State, excl. NYC	91,421	821	21,754	166	5,003	38	1,999	15
Albany County	2,799	898	669	179	162	43	54	15
Melrose/Manning	324	1,082	61	161	16	33	5	13
N.Albany/Menands	96	1,306	19	244	3	44	2	18
West End	122	743	27	228	7	56	3	24
West Hill/S. End	91	783	18	189	4	65	4	34
Rte.20/New Scot.	182	879	43	182	10	42	4	19
Delaware/2nd Ave	79	783	20	209	4	50	1	13
Center Square	52	516	11	207	2	43	*	*
Colonie/Schen.	269	900	71	195	18	48	6	19
City of Cohoes	223	1,132	54	232	13	53	5	17
Colonie	283	1,050	74	191	16	39	4	9
Hill Towns	94	730	25	167	7	52	2	17
Latham	154	703	40	154	8	30	3	10
Loudonville	131	1,157	32	156	6	31	2	9
RCS	85	686	26	194	5	43	2	14
Bethlehem	202	815	50	158	13	39	4	13
Guilderland	128	1,073	23	168	8	56	2	11
New Scotland	112	767	32	159	8	44	2	11
Watervliet/G.I.	173	855	42	196	14	63	5	21
Rensselaer County	1,431	888	354	193	97	54	30	17
Central	65	582	22	203	3	28	2	21
Rensselaer	174	846	46	196	11	44	3	14
Troy/Lansingbrg	680	995	152	209	48	65	14	20
East	47	658	11	111	4	41	1	12
East Greenbush	98	1,078	19	171	5	49	2	16
North East	109	945	28	187	10	66	2	15
North West	46	676	14	187	4	65	*	*
South West	137	877	39	213	8	47	4	19
W.Sand Lake/Wyn.	75	686	23	173	5	38	*	*
Schenectady County	1,572	900	379.6	174	97	44	41	18
Mont Pleasant	269	900	71	195	18	48	6	19
Upper State St	234	1,087	45	178	17	57	7	25
City/Stockade	52	903	10	248	3	76	2	30
Hamilton Hill	53	689	12	244	3	68	1	36
Goose Hill/Union	111	724	27	215	8	63	4	28
Rural - West	74	640	22	182	4	47	3	20
Niskayuna	223	761	57	143	12	28	5	11
Scotia-Glenville	330	1,175	73	175	18	43	8	18
Rotterdam	227	884	63	191	13	40	6	17

	Flu/Pneumonia		Homicide		Motor Vehicle	
	n	Rate	n	Rate	n	Rate
New York State, excl. NYC	2,178	16	318	3	960	8
Albany County	60	15	8	3	21	7
Melrose/Manning	8	15	*	*	1	4
N.Albany/Menands	2	18	*	*	*	*
West End	2	19	2	10	1	9
West Hill/S. End	1	18	1	12	*	*
Rte.20/New Scot.	3	11	*	*	*	*
Delaware/2nd Ave	1	12	*	*	*	*
Center Square	*	*	*	*	*	*
Colonie/Schen.	7	21	1	6	1	4
City of Cohoes	4	20	*	*	2	9
Colonie	4	11	*	*	3	10
Hill Towns	3	20	*	*	2	20
Latham	5	17	0	0	1	8
Loudonville	2	9	0	0	*	*
RCS	1	7	*	*	*	4
Bethlehem	6	19	*	*	2	6
Guilderland	3	19	0	0	2	15
New Scotland	2	7	0	0	*	*
Watervliet/G.I.	4	22	0	0	1	5
Rensselaer County	24	14	3	2	15	9
Central	*	*	0	0	*	*
Rensselaer	3	13	*	*	1	7
Troy/Lansingbrg	13	19	2	3	4	6
East	*	*	0	0	1	22
East Greenbush	2	13	0	0	*	*
North East	2	10	*	*	3	24
North West	*	*	0	0	2	27
South West	3	12	*	*	*	*
W.Sand Lake/Wyn.	*	*	0	0	*	*
Schenectady County	34	14	7	5	9	5
Mont Pleasant	7	21	1	6	1	4
Upper State St	4	13	2	8	1	6
City/Stockade	*	*	0	0	0	0
Hamilton Hill	*	*	*	*	*	*
Goose Hill/Union	2	11	1	10	*	*
Rural - West	1	22	*	*	1	10
Niskayuna	6	13	*	*	1	4
Scotia-Glenville	7	13	*	*	2	7
Rotterdam	5	17	*	*	1	4

	Stroke		Suicide		Unintentional Injury	
	n	Rate	n	Rate	n	Rate
New York State, excl. NYC	4,353	32	879	8	3,015	25
Albany County	130	34	26	8	75	22
Melrose/Manning	15	31	2	7	7	20
N.Albany/Menands	4	49	*	*	4	42
West End	5	40	2	12	4	30
West Hill/S. End	2	27	*	*	3	36
Rte.20/New Scot.	12	44	1	6	5	23
Delaware/2nd Ave	3	32	*	*	2	15
Center Square	2	21	*	*	3	25
Colonie/Schen.	13	50	4	14	6	21
City of Cohoes	12	49	*	*	6	27
Colonie	14	41	3	11	7	23
Hill Towns	5	40	2	12	3	31
Latham	8	36	1	6	4	19
Loudonville	5	23	*	*	3	14
RCS	3	25	1	10	2	12
Bethlehem	9	25	2	8	7	22
Guilderland	6	38	1	10	2	18
New Scotland	5	25	2	15	3	21
Watervliet/G.I.	8	39	*	*	4	21
Rensselaer County	60	33	12	7	42	24
Central	4	35	*	*	2	22
Rensselaer	7	31	1	5	4	19
Troy/Lansingbrg	27	36	5	8	16	23
East	3	32	1	14	3	48
East Greenbush	4	36	*	*	3	34
North East	4	29	2	16	6	47
North West	2	31	*	*	3	45
South West	5	31	1	5	2	16
W.Sand Lake/Wyn.	3	37	*	*	2	19
Schenectady County	68	30	15	8	39	20
Mont Pleasant	13	50	4	14	6	21
Upper State St	12	32	2	8	6	20
City/Stockade	2	55	*	*	2	46
Hamilton Hill	*	*	*	*	1	21
Goose Hill/Union	3	26	1	10	2	18
Rural - West	2	31	*	*	2	14
Niskayuna	8	16	1	4	7	20
Scotia-Glenville	18	40	2	5	8	24
Rotterdam	10	29	3	12	4	14

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

**Crude rates represent the frequencies for the population in that area. They are not age adjusted for state and national comparison purposes.

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

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

Capital District Leading Causes of Death

Capital District Leading Causes of Death, 2006-2010				
	Rank	Cause of Death	Count	Percent of Total
Age < 1	1	Condition Originating in Perinatal	139	60.2
	2	Congenital Anomalies	27	11.7
	3	Sudden Infant Death Syndrome	13	5.6
	4	Non Motor Vehicle Injury	10	4.3
	5	Homicide and Legal Intervention	3	1.3
		All Other	33	14.3
Age 1-9	1	Non Motor Vehicle Injury	10	19.2
	2	Malignant Neoplasms	8	15.4
	3	Homicide and Legal Intervention	5	9.6
	4	Congenital Anomalies	3	5.8
	4	Diseases of the Heart	3	5.8
	4	Motor Vehicle Injury	3	5.8
		All Other	18	34.6
Age 10-19	1	Motor Vehicle Injury	25	21.9
	2	Non Motor Vehicle Injury	17	14.9
	3	Homicide and Legal Intervention	15	13.2
	4	Suicide	13	11.4
	5	Malignant Neoplasms	9	7.9
		All Other	23	20.2
Age 20-24	1	Motor Vehicle Injury	20	14.6
	2	Non Motor Vehicle Injury	18	13.1
	2	Suicide	18	13.1
	4	Homicide and Legal Intervention	13	9.5
	5	Malignant Neoplasms	11	8.0
		All Other	39	28.5

	Rank	Cause of Death	Count	Percent of Total
Age 25-44	1	Diseases of the Heart	158	17.8
	2	Malignant Neoplasms	139	15.7
	3	Non Motor Vehicle Injury	85	9.6
	4	Suicide	66	7.4
	5	Motor Vehicle Injury	56	6.3
		All Other	220	24.8
Age 45-64	1	Malignant Neoplasms	1,683	37.2
	2	Diseases of the Heart	1,023	22.6
	3	Chronic Lower Resp. Disease	170	3.8
	4	Cirrhosis	138	3.1
	5	Stroke	131	2.9
		All Other	880	19.5
Age 65-74	1	Malignant Neoplasms	1,501	38.3
	2	Diseases of the Heart	895	22.8
	3	Chronic Lower Respiratory Disease	303	7.7
	4	Stroke	143	3.6
	5	Diabetes Mellitus	123	3.1
		All Other	757	19.3
Age 75+	1	Diseases of the Heart	5,913	33.2
	2	Malignant Neoplasms	3,263	18.3
	3	Chronic Lower Resp. Disease	1,199	6.7
	4	Stroke	937	5.3
	5	Pneumonia	454	2.5
		All Other	5,337	30.0
Total	1	Diseases of the Heart	8,004	28.9
	2	Malignant Neoplasms	6,615	23.9
	3	Chronic Lower Resp. Disease	1,682	6.1
	4	Stroke	1235	4.5
	5	Non Motor Vehicle Injury	759	2.7
		All Other	7,306	26.4

Capital District Leading Causes of Death For Males, 2006-2010				
	Rank	Cause of Death	Count	Percent of Total
Age < 1	1	Condition Originating in Perinatal	79	63.7
	2	Congenital Anomalies	16	12.9
	3	Sudden Infant Death Syndrome	10	8.1
	4	Non Motor Vehicle Injury	3	2.4
	5	Homicide and Legal Intervention	2	1.6
		All Other	11	8.9
Age 1-9	1	Non Motor Vehicle Injury	7	23.3
	2	Malignant Neoplasms	5	16.7
	3	Homicide and Legal Intervention	2	6.7
	3	Motor Vehicle Injury	2	6.7
	3	Congenital Anomalies	2	6.7
		All Other	10	33.3
Age 10-19	1	Motor Vehicle Injury	17	22.4
	2	Homicide and Legal Intervention	13	17.1
	3	Non Motor Vehicle Injury	12	15.8
	4	Suicide	7	9.2
	5	Malignant Neoplasms	5	6.6
		All Other	16	21.1
Age 20-24	1	Motor Vehicle Injury	17	22.4
	2	Non Motor Vehicle Injury	16	16.2
	3	Suicide	15	15.2
	4	Homicide and Legal Intervention	13	13.1
	5	Malignant Neoplasms	7	7.1
	5	Diseases of the Heart	7	7.1
		All Other	19	19.2

	Rank	Cause of Death	Count	Percent of Total
Age 25-44	1	Diseases of the Heart	107	19.0
	2	Malignant Neoplasms	64	11.3
	3	Non Motor Vehicle Injury	59	10.5
	4	Suicide	55	9.8
	5	Motor Vehicle Injury	48	8.5
		All Other	124	22.0
Age 45-64	1	Malignant Neoplasms	905	32.7
	2	Diseases of the Heart	732	26.5
	3	Cirrhosis	96	3.5
	4	Diabetes Mellitus	88	3.2
	5	Non Motor Vehicle Injury	82	3.0
	5	Chronic Lower Respiratory Disease	82	3.0
		All Other	503	18.2
Age 65-74	1	Malignant Neoplasms	796	37.4
	2	Diseases of the Heart	536	25.2
	3	Chronic Lower Respiratory Disease	131	6.2
	4	Stroke	84	3.9
	5	Diabetes Mellitus	65	3.1
		All Other	393	18.5
Age 75+	1	Diseases of the Heart	2,255	31.8
	2	Malignant Neoplasms	1,611	22.7
	3	Chronic Lower Respiratory Disease	468	6.6
	4	Stroke	299	4.2
	5	Pneumonia	200	2.8
		All Other	1,909	26.9
Total	1	Diseases of the Heart	3,640	28.3
	2	Malignant Neoplasms	3,393	26.4
	3	Chronic Lower Respiratory Disease	685	5.3
	4	Non Motor Vehicle Injury	479	3.7
	5	Stroke	471	3.7
		All Other	3,040	23.6

Capital District Leading Causes of Death For Females, 2006-2010				
	Rank	Cause of Death	Count	Percent of Total
Age < 1	1	Condition Originating in Perinatal	60	56.1
	2	Congenital Anomalies	11	10.3
	3	Non Motor Vehicle Injury	7	6.5
	4	Sudden Infant Death Syndrome	3	2.8
	5	Malignant Neoplasms	1	0.9
	5	Diseases of the Heart	1	0.9
	5	Homicide and Legal Intervention	1	0.9
	5	Motor Vehicle Injury	1	0.9
		All Other	22	20.6
Age 1-9	1	Non Motor Vehicle Injury	3	13.6
	1	Homicide and Legal Intervention	3	13.6
	1	Malignant Neoplasms	3	13.6
	4	Diseases of the Heart	2	9.1
	5	Chronic Lower Respiratory Disease	1	4.5
	5	Congenital Anomalies	1	4.5
	5	Motor Vehicle Injury	1	4.5
		All Other	8	36.4
Age 10-19	1	Motor Vehicle Injury	8	21.1
	2	Suicide	6	15.8
	3	Non Motor Vehicle Injury	5	13.2
	4	Malignant Neoplasms	4	10.5
	5	Congenital Anomalies	2	5.3
	5	Diabetes Mellitus	2	5.3
	5	Homicide and Legal Intervention	2	5.3
		All Other	7	18.4

	Rank	Cause of Death	Count	Percent of Total
Age 20-24	1	Malignant Neoplasms	4	10.5
	2	Suicide	3	7.9
	2	Motor Vehicle Injury	3	7.9
	3	Diseases of the Heart	2	5.3
	4	Non Motor Vehicle Injury	2	5.3
		All Other	19	50.0
Age 25-44	1	Malignant Neoplasms	75	23.2
	2	Diseases of the Heart	51	15.8
	3	Non Motor Vehicle Injury	26	8.0
	4	Stroke	14	4.3
	5	Suicide	11	3.4
		All Other	96	29.7
Age 45-64	1	Malignant Neoplasms	778	44.2
	2	Diseases of the Heart	291	16.5
	3	Chronic Lower Respiratory Disease	88	5.0
	4	Stroke	51	2.9
	5	Cirrhosis	42	2.4
		All Other	377	21.4

	Rank	Cause of Death	Count	Percent of Total
Age 65-74	1	Malignant Neoplasms	705	39.3
	2	Diseases of the Heart	359	20.0
	3	Chronic Lower Respiratory Disease	172	9.6
	4	Stroke	59	3.3
	5	Diabetes Mellitus	58	3.2
		All Other	365	20.4
Age 75+	1	Diseases of the Heart	3,658	34.1
	2	Malignant Neoplasms	1,652	15.4
	3	Chronic Lower Respiratory Disease	731	6.8
	4	Stroke	638	5.9
	5	Pneumonia	254	2.4
		All Other	3,428	32.0
Total	1	Diseases of the Heart	4,364	29.5
	2	Malignant Neoplasms	3,222	21.8
	3	Chronic Lower Respiratory Disease	997	6.7
	4	Stroke	764	5.2
	5	Pneumonia	291	2.0
		All Other	4,322	29.2

Capital District Leading Causes of Death For Whites, 2006-2010				
	Rank	Cause of Death	Count	Percent of Total
Age < 1	1	Condition Originating in Perinatal	62	63.9
	2	Congenital Anomalies	8	8.2
	2	Sudden Infant Death Syndrome	8	8.2
	4	Non Motor Vehicle Injury	4	4.1
	5	Motor Vehicle Injury	2	2.1
		All Other	10	10.3
Age 1-9	1	Non Motor Vehicle Injury	9	29.0
	2	Malignant Neoplasms	4	12.9
	2	Homicide and Legal Intervention	4	12.9
	4	Diseases of the Heart	2	6.5
	4	Congenital Anomalies	2	6.5
		All Other	10	32.3
Age 10-19	1	Motor Vehicle Injury	24	31.6
	2	Non Motor Vehicle Injury	13	17.1
	3	Malignant Neoplasms	8	10.5
	4	Suicide	7	9.2
	5	Congenital Anomalies	2	2.6
	5	Homicide and Legal Intervention	2	2.6
		All Other	17	22.4
Age 20-24	1	Non Motor Vehicle Injury	18	18.4
	2	Motor Vehicle Injury	17	17.3
	3	Suicide	13	13.3
	4	Malignant Neoplasms	9	9.2
	5	Diseases of the Heart	7	7.1
		All Other	26	26.5

	Rank	Cause of Death	Count	Percent of Total
Age 25-44	1	Malignant Neoplasms	115	17.8
	2	Diseases of the Heart	110	17.1
	3	Non Motor Vehicle Injury	67	10.4
	4	Suicide	59	9.1
	5	Motor Vehicle Injury	46	7.1
		All Other	157	24.3
Age 45-64	1	Malignant Neoplasms	1,481	38.7
	2	Diseases of the Heart	855	22.3
	3	Chronic Lower Respiratory Disease	150	3.9
	4	Cirrhosis	123	3.2
	5	Diabetes Mellitus	102	2.7
		All Other	715	18.7
Age 65-74	1	Malignant Neoplasms	1,371	39.0
	2	Diseases of the Heart	798	22.7
	3	Chronic Lower Respiratory Disease	279	7.9
	4	Stroke	120	3.4
	5	Diabetes Mellitus	106	3.0
		All Other	661	18.8
Age 75+	1	Diseases of the Heart	5,691	33.3
	2	Malignant Neoplasms	3,102	18.2
	3	Chronic Lower Respiratory Disease	1,173	6.9
	4	Stroke	897	5.3
	5	Pneumonia	444	2.6
		All Other	5,091	29.8
Total	1	Diseases of the Heart	7,464	29.4
	2	Malignant Neoplasms	6,090	24.0
	3	Chronic Lower Respiratory Disease	1,608	6.3
	4	Stroke	1133	4.5
	5	Non Motor Vehicle Injury	675	2.7
		All Other	6,716	26.5

Capital District Leading Causes of Death For Blacks, 2006-2010				
	Rank	Cause of Death	Count	Percent of Total
Age < 1	1	Condition Originating in Perinatal	52	58.4
	2	Congenital Anomalies	10	11.2
	3	Sudden Infant Death Syndrome	4	4.5
	4	Non Motor Vehicle Injury	4	4.5
	5	Homicide and Legal Intervention	2	2.2
		All Other	16	18.0
Age 1-9	1	Malignant Neoplasms	4	25.0
	2	Motor Vehicle Injury	3	18.8
	3	Congenital Anomalies	1	6.3
	3	Diseases of the Heart	1	6.3
	3	Homicide and Legal Intervention	1	6.3
		All Other	6	37.5
Age 10-19	1	Homicide and Legal Intervention	10	32.3
	2	Suicide	6	19.4
	3	Non Motor Vehicle Injury	4	12.9
	4	Pneumonia	2	6.5
	5	Malignant Neoplasms	1	3.2
	5	Congenital Anomalies	1	3.2
	5	Diseases of the Heart	1	3.2
	5	AIDS	1	3.2
	5	Diabetes Mellitus	1	3.2
		All Other	4	12.9
Age 20-24	1	Homicide and Legal Intervention	10	37.0
	2	Malignant Neoplasms	2	7.4
	2	Motor Vehicle Injury	2	7.4
	2	Suicide	2	7.4
	5	Diabetes Mellitus	1	3.7
	5	Chronic Lower Respiratory Disease	1	3.7
	5	AIDS	1	3.7
		All Other	8	29.6

Age 25-44

Rank	Cause of Death	Count	Percent of Total
1	Diseases of the Heart	33	20.6
2	Homicide and Legal Intervention	24	15.0
3	Malignant Neoplasms	17	10.6
4	AIDS	13	8.1
5	Non Motor Vehicle Injury	8	5.0
5	Diabetes Mellitus	8	5.0
	All Other	35	21.9

Age 45-64

1	Malignant Neoplasms	155	29.4
2	Diseases of the Heart	129	24.5
3	Diabetes Mellitus	26	4.9
4	AIDS	25	4.7
5	Stroke	21	4.0
	All Other	128	24.3

Age 65-74

1	Malignant Neoplasms	96	34.8
2	Diseases of the Heart	69	25.0
3	Chronic Lower Respiratory Disease	18	6.5
4	Stroke	16	5.8
5	Diabetes Mellitus	12	4.3
	All Other	60	21.7

Age 75+

1	Diseases of the Heart	158	30.3
2	Malignant Neoplasms	116	22.3
3	Stroke	29	5.6
4	Chronic Lower Resp. Disease	18	3.5
5	Diabetes Mellitus	12	2.3
	All Other	176	33.8

Total

1	Malignant Neoplasms	392	23.8
2	Diseases of the Heart	391	23.7
3	Stroke	72	4.4
4	Diabetes Mellitus	60	3.6
5	Chronic Lower Respiratory Disease	52	3.2
	All Other	433	26.3

Capital District Leading Causes of Death For Hispanics, 2006-2010				
	Rank	Cause of Death	Count	Percent of Total
Age < 1	1	Condition Originating in Perinatal	14	56.0
	2	Congenital Anomalies	4	16.0
	3	Non Motor Vehicle Injury	2	8.0
	4	Diseases of the Heart	1	4.0
	5	Sudden Infant Death Syndrome	1	4.0
		All Other	3	12.0
Age 1-9	1	Condition Originating in Perinatal	1	25.0
	1	Non Motor Vehicle Injury	1	25.0
	1	Chronic Lower Respiratory Disease	1	25.0
		All Other	1	25.0
Age 10-19	1	Homicide and Legal Intervention	2	50.0
	2	Congenital Anomalies	1	25.0
		All Other	1	25.0
Age 20-24	1	Diseases of the Heart	2	33.3
	2	Congenital Anomalies	1	16.7
	2	Suicide	1	16.7
		All Other	2	33.3
Age 25-44	1	Diseases of the Heart	12	21.4
	2	Non Motor Vehicle Injury	6	10.7
	3	Homicide and Legal Intervention	5	8.9
	4	Malignant Neoplasms	4	7.1
	4	Cirrhosis	4	7.1
		All Other	17	30.4

	Rank	Cause of Death	Count	Percent of Total
Age 45-64	1	Malignant Neoplasms	25	26.0
	2	Diseases of the Heart	23	24.0
	3	Stroke	5	5.2
	3	Chronic Lower Respiratory Disease	5	5.2
	5	Cirrhosis	4	4.2
	5	AIDS	4	4.2
		All Other	21	21.9
Age 65-74	1	Diseases of the Heart	19	29.2
	2	Malignant Neoplasms	17	26.2
	3	Diabetes Mellitus	3	4.6
	3	Stroke	3	4.6
	5	Cirrhosis	2	3.1
	5	Chronic Lower Respiratory Disease	2	3.1
	5	Pneumonia	2	3.1
		All Other	16	24.6
Age 75+	1	Diseases of the Heart	39	36.4
	2	Malignant Neoplasms	18	16.8
	3	Stroke	4	3.7
	3	Non Motor Vehicle Injury	4	3.7
	3	Diabetes Mellitus	4	3.7
		All Other	34	31.8
Total	1	Diseases of the Heart	96	26.4
	2	Malignant Neoplasms	64	17.6
	3	Non Motor Vehicle Injury	21	5.8
	4	Stroke	15	4.1
	4	Condition Originating in Perinatal	15	4.1
		All Other	95	26.1

Capital District Leading Causes of Death For Other Races, 2006-2010				
	Rank	Cause of Death	Count	Percent of Total
Age < 1	1	Condition Originating in Perinatal	11	57.9
	2	Congenital Anomalies	4	21.1
		All Other	4	21.1
Age 1-9		All Other	1	100.0
Age 10-19	1	Homicide and Legal Intervention	1	33.3
	1	Motor Vehicle Injury	1	33.3
		All Other	1	33.3
Age 20-24	1	Suicide	2	33.3
	2	Homicide and Legal Intervention	1	16.7
	2	Motor Vehicle Injury	1	16.7
		All Other	2	33.3
Age 25-44	1	Non Motor Vehicle Injury	4	15.4
	2	Malignant Neoplasms	3	11.5
	2	Diseases of the Heart	3	11.5
	2	Motor Vehicle Injury	3	11.5
	5	Homicide and Legal Intervention	1	3.8
	5	Suicide	1	3.8
		All Other	11	42.3
Age 45-64	1	Malignant Neoplasms	22	32.4
	2	Diseases of the Heart	16	23.5
	3	Non Motor Vehicle Injury	4	5.9
	3	Stroke	4	5.9
	5	Chronic Lower Respiratory Disease	2	2.9
		All Other	16	23.5

	Rank	Cause of Death	Count	Percent of Total
Age 65-74	1	Malignant Neoplasms	17	27.9
	2	Diseases of the Heart	9	14.8
	3	Chronic Lower Respiratory Disease	4	6.6
	3	Stroke	4	6.6
	5	Non Motor Vehicle Injury	2	3.3
	5	Diabetes Mellitus	2	3.3
	5	Cirrhosis	2	3.3
		All Other	19	31.1
Age 75+	1	Malignant Neoplasms	26	24.1
	2	Diseases of the Heart	25	23.1
	3	Chronic Lower Respiratory Disease	7	6.5
	4	Stroke	6	5.6
	5	Diabetes Mellitus	4	3.7
		All Other	34	31.5
Total	1	Malignant Neoplasms	68	23.3
	2	Diseases of the Heart	53	18.2
	3	Non Motor Vehicle Injury	18	6.2
	4	Stroke	14	4.8
	5	Chronic Lower Respiratory Disease	13	4.5
		All Other	89	30.5

Prevention Quality Indicators

All Hospital Admissions

Albany	Area Population	Admissions for Condition	Area Rate	Admissions as % Expected	Statewide Rate	Area Rate Adjusted for Age & Sex
Melrose/Manning	29,755	273	917	64%	1,563	1,006
N. Albany/Menands	5,325	126	2,376	134%	1,563	2,093
West End	11,666	265	2,272	154%	1,563	2,400
West Hill/South End	8,432	207	2,461	180%	1,563	2,811
Route 20/New Scotland	17,870	226	1,267	79%	1,563	1,241
Delaware/2nd Ave	8,087	119	1,471	89%	1,563	1,390
Center Square	7,431	108	1,453	128%	1,563	2,003
Colonie	21,092	321	1,524	84%	1,563	1,315
Latham	16,878	175	1,040	61%	1,563	958
Loudonville	10,821	124	1,151	70%	1,563	1,095
Colonie/Schenectady	21,577	323	1,499	87%	1,563	1,362
City of Cohoes	14,001	284	2,032	118%	1,563	1,846
Watervliet/G.I.	15,423	241	1,566	102%	1,563	1,591
Bethlehem	18,213	200	1,101	65%	1,563	1,017
RCS	10,701	116	1,084	74%	1,563	1,164
Hill Towns	8,291	82	995	62%	1,563	970
Guilderland	9,766	128	1,311	79%	1,563	1,239
New Scotland	11,025	98	893	53%	1,563	822
County Total	246,354	3,422	1,389	87%	1,563	1,356
Schenectady						
Upper State Street	15,822	323	2,041	114%	1,563	1,785
City/Stockade	5,519	82	1,486	130%	1,563	2,036
Hamilton Hill	4,140	104	2,512	202%	1,563	3,153
Goose Hill/Union	10,332	134	1,297	79%	1,563	1,232
Rural-West	9,371	67	715	49%	1,563	767
Niskayuna	23,290	239	1,028	56%	1,563	882
Scotia-Glenville	22,571	285	1,265	64%	1,563	997
Rotterdam	20,805	253	1,218	71%	1,563	1,106
County Total	111,850	1,488	1,331	77%	1,563	1,204
Rensselaer						
Troy/Lansingburg	52,113	1,119	2,148	140%	1,563	2,192
Rensselaer	15,005	221	1,473	95%	1,563	1,488
East	5,813	45	774	53%	1,563	822
North East	9,375	39	421	26%	1,563	413
North West	5,244	65	1,249	87%	1,563	1,353
South West	12,931	145	1,125	73%	1,563	1,136
Central	8,351	79	952	68%	1,563	1,065
W. Sand Lake/Wynantskill	8,503	93	1,094	70%	1,563	1,096
East Greenbush	7,391	96	1,299	81%	1,563	1,263
County Total	123,094	1,903	1,546	101%	1,563	1,582

Bacterial Pneumonia

Albany	Area Population	Admissions for Condition	Area Rate	Admissions as % Expected	Statewide Rate	Area Rate Adjusted for Age & Sex
Melrose/Manning	29,755	52	176	70%	273	190
N. Albany/Menands	5,325	29	545	173%	273	473
West End	11,666	36	313	119%	273	325
West Hill/South End	8,432	27	326	137%	273	372
Route 20/New Scotland	17,870	44	246	87%	273	239
Delaware/2nd Ave	8,087	21	260	89%	273	243
Center Square	7,431	14	195	97%	273	265
Colonie	21,092	77	365	114%	273	312
Latham	16,878	39	231	77%	273	211
Loudonville	10,821	36	337	116%	273	317
Colonie/Schenectady	21,577	66	308	101%	273	274
City of Cohoes	14,001	53	379	125%	273	340
Watervliet/G.I.	15,423	49	321	118%	273	323
Bethlehem	18,213	46	255	85%	273	232
RCS	10,701	24	229	89%	273	244
Hill Towns	8,291	20	247	87%	273	237
Guilderland	9,766	39	404	137%	273	375
New Scotland	11,025	25	231	76%	273	209
County Total	246,354	703	285	101%	273	277
Schenectady						
Upper State Street	15,822	57	360	112%	273	306
City/Stockade	5,519	15	281	136%	273	370
Hamilton Hill	4,140	12	302	136%	273	370
Goose Hill/Union	10,332	27	266	89%	273	243
Rural-West	9,371	11	117	47%	273	127
Niskayuna	23,290	59	255	78%	273	213
Scotia-Glenville	22,571	66	295	82%	273	225
Rotterdam	20,805	51	245	81%	273	220
County Total	111,850	300	269	87%	273	238
Rensselaer						
Troy/Lansingburg	52,113	198	381	141%	273	384
Rensselaer	15,005	51	340	127%	273	346
East	5,813	9	155	61%	273	166
North East	9,375	6	69	23%	273	63
North West	5,244	14	267	108%	273	295
South West	12,931	33	259	96%	273	261
Central	8,351	17	210	86%	273	235
W. Sand Lake/Wynantskill	8,503	23	270	100%	273	274
East Greenbush	7,391	23	318	110%	273	301
County Total	123,094	375	305	114%	273	312

Dehydration

Albany	Area Population	Admissions for Condition	Area Rate	Admissions as % Expected	Statewide Rate	Area Rate Adjusted for Age & Sex
Melrose/Manning	29,755	21	72	84%	86	72
N. Albany/Menands	5,325	8	160	147%	86	126
West End	11,666	14	124	145%	86	125
West Hill/South End	8,432	8	95	127%	86	109
Route 20/New Scotland	17,870	15	84	91%	86	78
Delaware/2nd Ave	8,087	6	74	78%	86	67
Center Square	7,431	8	108	180%	86	155
Colonie	21,092	23	109	108%	86	92
Latham	16,878	12	71	74%	86	64
Loudonville	10,821	6	60	62%	86	53
Colonie/Schenectady	21,577	17	81	81%	86	70
City of Cohoes	14,001	22	161	160%	86	137
Watervliet/G.I.	15,423	14	94	105%	86	90
Bethlehem	18,213	11	63	65%	86	55
RCS	10,701	9	84	109%	86	94
Hill Towns	8,291	6	78	85%	86	73
Guilderland	9,766	7	77	77%	86	66
New Scotland	11,025	8	77	77%	86	66
County Total	246,354	220	90	99%	86	85
Schenectady						
Upper State Street	15,822	10	66	61%	86	52
City/Stockade	5,519	3	63	84%	86	72
Hamilton Hill	4,140	3	85	109%	86	93
Goose Hill/Union	10,332	6	58	61%	86	52
Rural-West	9,371	3	37	43%	86	36
Niskayuna	23,290	12	54	50%	86	43
Scotia-Glenville	22,571	12	55	46%	86	39
Rotterdam	20,805	8	38	40%	86	35
County Total	111,850	60	54	55%	86	47
Rensselaer						
Troy/Lansingburg	52,113	80	154	177%	86	152
Rensselaer	15,005	15	100	120%	86	103
East	5,813	2	34	45%	86	39
North East	9,375	1	16	12%	86	11
North West	5,244	3	57	78%	86	67
South West	12,931	10	77	94%	86	81
Central	8,351	4	54	68%	86	58
W. Sand Lake/Wynantskill	8,503	8	94	114%	86	98
East Greenbush	7,391	5	68	76%	86	65
County Total	123,094	129	105	125%	86	108

Urinary Tract Infection

Albany	Area Population	Admissions for Condition	Area Rate	Admissions as % Expected	Statewide Rate	Area Rate Adjusted for Age & Sex
Melrose/Manning	29,755	46	456	88%	167	148
N. Albany/Menands	5,325	23	441	217%	167	363
West End	11,666	25	219	130%	167	217
West Hill/South End	8,432	17	208	132%	167	221
Route 20/New Scotland	17,870	28	157	85%	167	142
Delaware/2nd Ave	8,087	6	80	40%	167	66
Center Square	7,431	6	81	66%	167	110
Colonie	21,092	41	197	101%	167	168
Latham	16,878	24	142	77%	167	129
Loudonville	10,821	19	176	101%	167	169
Colonie/Schenectady	21,577	33	155	82%	167	137
City of Cohoes	14,001	27	196	101%	167	168
Watervliet/G.I.	15,423	30	195	113%	167	189
Bethlehem	18,213	27	148	83%	167	138
RCS	10,701	6	61	38%	167	63
Hill Towns	8,291	9	109	68%	167	113
Guilderland	9,766	19	200	108%	167	180
New Scotland	11,025	22	204	111%	167	186
County Total	246,354	413	168	95%	167	158
Schenectady						
Upper State Street	15,822	39	250	123%	167	204
City/Stockade	5,519	6	118	82%	167	137
Hamilton Hill	4,140	5	133	89%	167	149
Goose Hill/Union	10,332	10	102	51%	167	85
Rural-West	9,371	8	85	60%	167	100
Niskayuna	23,290	29	127	63%	167	105
Scotia-Glenville	22,571	33	146	66%	167	110
Rotterdam	20,805	25	120	66%	167	110
County Total	111,850	157	141	74%	167	124
Rensselaer						
Troy/Lansingburg	52,113	135	260	152%	167	254
Rensselaer	15,005	30	203	124%	167	207
East	5,813	5	95	59%	167	99
North East	9,375	3	37	19%	167	32
North West	5,244	7	133	96%	167	160
South West	12,931	22	174	109%	167	182
Central	8,351	8	102	72%	167	120
W. Sand Lake/Wynantskill	8,503	8	100	60%	167	100
East Greenbush	7,391	19	257	149%	167	248
County Total	123,094	240	195	121%	167	201

	All Acute					
Albany	Area Population	Admissions for Condition	Area Rate	Admissions as % Expected	Statewide Rate	Area Rate Adjusted for Age & Sex
Melrose/Manning	29,755	120	405	79%	526	416
N. Albany/Menands	5,325	61	1,146	186%	526	979
West End	11,666	76	656	129%	526	676
West Hill/South End	8,432	53	629	136%	526	715
Route 20/New Scotland	17,870	87	487	87%	526	459
Delaware/2nd Ave	8,087	33	414	71%	526	373
Center Square	7,431	28	384	100%	526	526
Colonie	21,092	141	671	109%	526	572
Latham	16,878	75	444	77%	526	404
Loudonville	10,821	62	573	104%	526	548
Colonie/Schenectady	21,577	117	545	92%	526	486
City of Cohoes	14,001	103	736	124%	526	652
Watervliet/G.I.	15,423	94	609	116%	526	608
Bethlehem	18,213	85	467	82%	526	431
RCS	10,701	40	374	78%	526	412
Hill Towns	8,291	36	434	83%	526	437
Guilderland	9,766	66	681	120%	526	630
New Scotland	11,025	56	512	89%	526	469
County Total	246,354	1,337	543	99%	526	521
Schenectady						
Upper State Street	15,822	107	676	108%	526	567
City/Stockade	5,519	25	462	114%	526	600
Hamilton Hill	4,140	21	519	122%	526	642
Goose Hill/Union	10,332	44	426	74%	526	386
Rural-West	9,371	22	240	50%	526	263
Niskayuna	23,290	101	436	69%	526	364
Scotia-Glenville	22,571	112	496	72%	526	377
Rotterdam	20,805	84	404	69%	526	365
County Total	111,850	518	463	78%	526	409
Rensselaer						
Troy/Lansingburg	52,113	414	795	151%	526	793
Rensselaer	15,005	96	643	125%	526	656
East	5,813	16	284	58%	526	305
North East	9,375	11	123	22%	526	117
North West	5,244	24	458	100%	526	523
South West	12,931	66	510	101%	526	531
Central	8,351	30	365	82%	526	429
W. Sand Lake/Wynantskill	8,503	39	465	90%	526	473
East Greenbush	7,391	47	643	117%	526	614
County Total	123,094	745	606	118%	526	622

Angina

Albany	Area Population	Admissions for Condition	Area Rate	Admissions as % Expected	Statewide Rate	Area Rate Adjusted for Age & Sex
Melrose/Manning	29,755	1	5	14%	32	4
N. Albany/Menands	5,325	1	28	56%	32	18
West End	11,666	1	13	30%	32	10
West Hill/South End	8,432	2	24	85%	32	27
Route 20/New Scotland	17,870	1	6	19%	32	6
Delaware/2nd Ave	8,087	1	12	39%	32	13
Center Square	7,431	1	13	56%	32	18
Colonie	21,092	-	-	0%	32	-
Latham	16,878	2	12	35%	32	11
Loudonville	10,821	-	5	0%	32	-
Colonie/Schenectady	21,577	1	7	14%	32	4
City of Cohoes	14,001	3	25	65%	32	21
Watervliet/G.I.	15,423	4	26	87%	32	28
Bethlehem	18,213	-	3	0%	32	-
RCS	10,701	-	5	0%	32	-
Hill Towns	8,291	-	6	0%	32	-
Guilderland	9,766	-	-	0%	32	-
New Scotland	11,025	-	-	0%	32	-
County Total	246,354	22	9	28%	32	9
Schenectady						
Upper State Street	15,822	1	9	19%	32	6
City/Stockade	5,519	1	18	86%	32	27
Hamilton Hill	4,140	1	24	92%	32	29
Goose Hill/Union	10,332	1	10	32%	32	10
Rural-West	9,371	1	11	32%	32	10
Niskayuna	23,290	1	6	12%	32	4
Scotia-Glenville	22,571	-	2	0%	32	-
Rotterdam	20,805	1	7	14%	32	4
County Total	111,850	9	8	24%	32	8
Rensselaer						
Troy/Lansingburg	52,113	10	19	65%	32	21
Rensselaer	15,005	2	13	40%	32	13
East	5,813	-	9	0%	32	-
North East	9,375	1	11	33%	32	11
North West	5,244	1	19	59%	32	19
South West	12,931	1	8	23%	32	7
Central	8,351	2	24	74%	32	24
W. Sand Lake/Wynantskill	8,503	2	24	69%	32	22
East Greenbush	7,391	1	14	41%	32	13
County Total	123,094	20	17	52%	32	16

Congestive Heart Failure

Albany	Area Population	Admissions for Condition	Area Rate	Admissions as % Expected	Statewide Rate	Area Rate Adjusted for Age & Sex
Melrose/Manning	29,755	68	229	69%	352	243
N. Albany/Menands	5,325	28	526	124%	352	436
West End	11,666	45	386	116%	352	408
West Hill/South End	8,432	34	409	137%	352	481
Route 20/New Scotland	17,870	41	229	62%	352	217
Delaware/2nd Ave	8,087	25	315	80%	352	281
Center Square	7,431	25	343	146%	352	512
Colonie	21,092	77	365	86%	352	301
Latham	16,878	44	264	66%	352	233
Loudonville	10,821	23	217	57%	352	199
Colonie/Schenectady	21,577	91	424	105%	352	369
City of Cohoes	14,001	59	425	104%	352	367
Watervliet/G.I.	15,423	47	305	87%	352	307
Bethlehem	18,213	51	283	72%	352	254
RCS	10,701	23	220	68%	352	240
Hill Towns	8,291	14	175	47%	352	166
Guilderland	9,766	24	246	64%	352	227
New Scotland	11,025	16	150	37%	352	131
County Total	246,354	740	301	81%	352	287
Schenectady						
Upper State Street	15,822	115	730	168%	352	592
City/Stockade	5,519	15	272	109%	352	382
Hamilton Hill	4,140	16	399	148%	352	521
Goose Hill/Union	10,332	43	421	107%	352	376
Rural-West	9,371	17	187	58%	352	203
Niskayuna	23,290	82	352	81%	352	285
Scotia-Glenville	22,571	99	439	90%	352	318
Rotterdam	20,805	80	387	96%	352	338
County Total	111,850	469	420	103%	352	361
Rensselaer						
Troy/Lansingburg	52,113	191	367	104%	352	366
Rensselaer	15,005	39	263	76%	352	267
East	5,813	8	146	43%	352	152
North East	9,375	6	69	18%	352	63
North West	5,244	13	248	81%	352	284
South West	12,931	29	224	66%	352	232
Central	8,351	10	126	41%	352	145
W. Sand Lake/Wynantskill	8,503	16	194	55%	352	192
East Greenbush	7,391	18	250	66%	352	232
County Total	123,094	333	271	79%	352	277

Hypertension

Albany	Area Population	Admissions for Condition	Area Rate	Admissions as % Expected	Statewide Rate	Area Rate Adjusted for Age & Sex
Melrose/Manning	29,755	11	39	62%	72	45
N. Albany/Menands	5,325	3	56	72%	72	52
West End	11,666	16	141	206%	72	148
West Hill/South End	8,432	11	130	203%	72	146
Route 20/New Scotland	17,870	11	62	88%	72	63
Delaware/2nd Ave	8,087	7	93	116%	72	84
Center Square	7,431	8	114	198%	72	143
Colonie	21,092	7	33	41%	72	30
Latham	16,878	3	21	23%	72	17
Loudonville	10,821	3	32	38%	72	28
Colonie/Schenectady	21,577	13	60	78%	72	56
City of Cohoes	14,001	7	50	65%	72	47
Watervliet/G.I.	15,423	7	45	65%	72	47
Bethlehem	18,213	5	30	35%	72	26
RCS	10,701	2	23	27%	72	19
Hill Towns	8,291	3	36	49%	72	35
Guilderland	9,766	4	46	54%	72	39
New Scotland	11,025	5	45	58%	72	42
County Total	246,354	130	53	73%	72	53
Schenectady						
Upper State Street	15,822	9	60	73%	72	53
City/Stockade	5,519	2	45	74%	72	53
Hamilton Hill	4,140	5	121	205%	72	148
Goose Hill/Union	10,332	2	19	27%	72	19
Rural-West	9,371	-	-	0%	72	-
Niskayuna	23,290	3	13	16%	72	12
Scotia-Glenville	22,571	3	13	15%	72	11
Rotterdam	20,805	6	29	37%	72	27
County Total	111,850	31	28	36%	72	26
Rensselaer						
Troy/Lansingburg	52,113	27	53	76%	72	55
Rensselaer	15,005	3	23	27%	72	20
East	5,813	-	9	0%	72	-
North East	9,375	-	5	0%	72	-
North West	5,244	2	38	55%	72	40
South West	12,931	2	19	21%	72	15
Central	8,351	3	42	52%	72	38
W. Sand Lake/Wynantskill	8,503	1	18	16%	72	11
East Greenbush	7,391	2	27	37%	72	26
County Total	123,094	43	35	49%	72	36

	All Circulatory					
Albany	Area Population	Admissions for Condition	Area Rate	Admissions as % Expected	Statewide Rate	Area Rate Adjusted for Age & Sex
Melrose/Manning	29,755	81	272	66%	456	299
N. Albany/Menands	5,325	32	610	112%	456	511
West End	11,666	63	540	126%	456	575
West Hill/South End	8,432	47	563	144%	456	656
Route 20/New Scotland	17,870	53	297	63%	456	286
Delaware/2nd Ave	8,087	34	420	85%	456	389
Center Square	7,431	35	471	152%	456	694
Colonie	21,092	84	398	73%	456	335
Latham	16,878	50	296	59%	456	268
Loudonville	10,821	27	254	52%	456	237
Colonie/Schenectady	21,577	106	491	96%	456	436
City of Cohoes	14,001	70	500	97%	456	444
Watervliet/G.I.	15,423	58	376	84%	456	382
Bethlehem	18,213	57	316	63%	456	285
RCS	10,701	26	248	58%	456	266
Hill Towns	8,291	18	217	47%	456	212
Guilderland	9,766	28	292	58%	456	266
New Scotland	11,025	21	195	38%	456	173
County Total	246,354	893	363	77%	456	350
Schenectady						
Upper State Street	15,822	126	800	147%	456	669
City/Stockade	5,519	18	335	102%	456	464
Hamilton Hill	4,140	22	543	153%	456	700
Goose Hill/Union	10,332	46	450	90%	456	412
Rural-West	9,371	18	197	46%	456	210
Niskayuna	23,290	86	371	67%	456	305
Scotia-Glenville	22,571	102	454	74%	456	338
Rotterdam	20,805	88	423	82%	456	376
County Total	111,850	509	456	88%	456	400
Rensselaer						
Troy/Lansingburg	52,113	229	439	98%	456	445
Rensselaer	15,005	455	300	67%	456	304
East	5,813	9	163	37%	456	167
North East	9,375	8	85	18%	456	84
North West	5,244	16	205	75%	456	341
South West	12,931	32	251	55%	456	252
Central	8,351	16	192	49%	456	224
W. Sand Lake/Wynantskill	8,503	20	235	52%	456	237
East Greenbush	7,391	21	291	60%	456	272
County Total	123,094	397	323	72%	456	330

Short-term Complications of Diabetes

Albany	Area Population	Admissions for Condition	Area Rate	Admissions as % Expected	Statewide Rate	Area Rate Adjusted for Age & Sex
Melrose/Manning	29,755	7	24	42%	54	22
N. Albany/Menands	5,325	4	75	152%	54	81
West End	11,666	21	180	332%	54	178
West Hill/South End	8,432	18	213	397%	54	213
Route 20/New Scotland	17,870	4	22	42%	54	23
Delaware/2nd Ave	8,087	1	19	24%	54	13
Center Square	7,431	6	87	147%	54	79
Colonie	21,092	7	36	64%	54	34
Latham	16,878	6	36	67%	54	36
Loudonville	10,821	3	28	52%	54	28
Colonie/Schenectady	21,577	12	58	107%	54	57
City of Cohoes	14,001	7	50	96%	54	51
Watervliet/G.I.	15,423	7	45	85%	54	46
Bethlehem	18,213	6	33	61%	54	33
RCS	10,701	4	37	70%	54	38
Hill Towns	8,291	1	18	23%	54	12
Guilderland	9,766	4	41	77%	54	41
New Scotland	11,025	-	-	0%	54	-
County Total	246,354	120	49	92%	54	49
Schenectady						
Upper State Street	15,822	12	79	146%	54	78
City/Stockade	5,519	6	118	187%	54	100
Hamilton Hill	4,140	12	302	548%	54	293
Goose Hill/Union	10,332	5	53	93%	54	50
Rural-West	9,371	2	27	40%	54	21
Niskayuna	23,290	4	17	33%	54	18
Scotia-Glenville	22,571	6	27	51%	54	27
Rotterdam	20,805	12	58	111%	54	59
County Total	111,850	61	55	104%	54	56
Rensselaer						
Troy/Lansingburg	52,113	53	103	191%	54	102
Rensselaer	15,005	7	47	88%	54	47
East	5,813	-	-	0%	54	-
North East	9,375	2	21	40%	54	22
North West	5,244	-	-	0%	54	-
South West	12,931	4	31	58%	54	31
Central	8,351	2	30	45%	54	24
W. Sand Lake/Wynantskill	8,503	4	47	89%	54	48
East Greenbush	7,391	2	27	53%	54	29
County Total	123,094	75	61	115%	54	61

Long-Term Complications of Diabetes

Albany	Area Population	Admissions for Condition	Area Rate	Admissions as % Expected	Statewide Rate	Area Rate Adjusted for Age & Sex
Melrose/Manning	29,755	9	32	29%	124	36
N. Albany/Menands	5,325	12	235	165%	124	204
West End	11,666	28	240	205%	124	253
West Hill/South End	8,432	28	332	301%	124	372
Route 20/New Scotland	17,870	13	73	60%	124	74
Delaware/2nd Ave	8,087	8	105	77%	124	96
Center Square	7,431	11	148	155%	124	191
Colonie	21,092	16	78	52%	124	65
Latham	16,878	11	68	49%	124	60
Loudonville	10,821	4	42	28%	124	35
Colonie/Schenectady	21,577	23	107	78%	124	97
City of Cohoes	14,001	16	118	85%	124	105
Watervliet/G.I.	15,423	14	91	75%	124	93
Bethlehem	18,213	8	44	32%	124	40
RCS	10,701	11	103	84%	124	104
Hill Towns	8,291	5	60	45%	124	56
Guilderland	9,766	4	46	31%	124	39
New Scotland	11,025	4	36	27%	124	33
County Total	246,354	229	93	74%	124	91
Schenectady						
Upper State Street	15,822	14	92	65%	124	80
City/Stockade	5,519	4	82	83%	124	103
Hamilton Hill	4,140	9	229	213%	124	263
Goose Hill/Union	10,332	7	73	54%	124	67
Rural-West	9,371	4	48	34%	124	42
Niskayuna	23,290	9	41	27%	124	34
Scotia-Glenville	22,571	14	64	41%	124	51
Rotterdam	20,805	10	50	35%	124	43
County Total	111,850	75	67	50%	124	61
Rensselaer						
Troy/Lansingburg	52,113	92	177	147%	124	182
Rensselaer	15,005	14	97	73%	124	90
East	5,813	1	26	14%	124	17
North East	9,375	3	32	25%	124	31
North West	5,244	4	86	61%	124	76
South West	12,931	7	54	42%	124	51
Central	8,351	3	42	29%	124	36
W. Sand Lake/Wynantskill	8,503	4	53	36%	124	44
East Greenbush	7,391	5	74	53%	124	65
County Total	123,094	135	110	88%	124	109

Diabetes Lower Extremity Amputation

Albany	Area Population	Admissions for Condition	Area Rate	Admissions as % Expected	Statewide Rate	Area Rate Adjusted for Age & Sex
Melrose/Manning	29,755	2	7	37%	24	9
N. Albany/Menands	5,325	3	56	224%	24	53
West End	11,666	6	56	241%	24	57
West Hill/South End	8,432	4	47	235%	24	55
Route 20/New Scotland	17,870	2	11	51%	24	12
Delaware/2nd Ave	8,087	2	31	108%	24	25
Center Square	7,431	1	20	75%	24	18
Colonie	21,092	4	21	70%	24	17
Latham	16,878	11	68	49%	24	60
Loudonville	10,821	-	5	0%	24	-
Colonie/Schenectady	21,577	3	16	55%	24	13
City of Cohoes	14,001	2	14	59%	24	14
Watervliet/G.I.	15,423	3	19	89%	24	21
Bethlehem	18,213	1	5	21%	24	5
RCS	10,701	1	14	40%	24	9
Hill Towns	8,291	-	6	0%	24	-
Guilderland	9,766	-	5	0%	24	-
New Scotland	11,025	-	5	0%	24	-
County Total	246,354	40	16	70%	24	16
Schenectady						
Upper State Street	15,822	2	13	51%	24	12
City/Stockade	5,519	-	9	0%	24	-
Hamilton Hill	4,140	1	36	129%	24	30
Goose Hill/Union	10,332	-	5	0%	24	-
Rural-West	9,371	-	5	0%	24	-
Niskayuna	23,290	-	2	0%	24	-
Scotia-Glenville	22,571	6	29	94%	24	22
Rotterdam	20,805	1	7	18%	24	4
County Total	111,850	13	12	46%	24	11
Rensselaer						
Troy/Lansingburg	52,113	22	43	194%	24	46
Rensselaer	15,005	4	27	110%	24	26
East	5,813	1	26	69%	24	16
North East	9,375	-	5	0%	24	-
North West	5,244	-	-	0%	24	-
South West	12,931	2	19	61%	24	14
Central	8,351	1	12	50%	24	12
W. Sand Lake/Wynantskill	8,503	1	12	46%	24	11
East Greenbush	7,391	3	41	167%	24	39
County Total	123,094	36	29	125%	24	29

Uncontrolled Diabetes

	Area Population	Admissions for Condition	Area Rate	Admissions as % Expected	Statewide Rate	Area Rate Adjusted for Age & Sex
Albany						
Melrose/Manning	29,755	1	5	12%	34	4
N. Albany/Menands	5,325	-	9	0%	34	-
West End	11,666	5	47	134%	34	46
West Hill/South End	8,432	2	30	76%	34	26
Route 20/New Scotland	17,870	2	14	35%	34	12
Delaware/2nd Ave	8,087	-	-	0%	34	-
Center Square	7,431	1	13	48%	34	16
Colonie	21,092	4	21	51%	34	17
Latham	16,878	2	12	33%	34	11
Loudonville	10,821	1	14	27%	34	9
Colonie/Schenectady	21,577	3	14	39%	34	13
City of Cohoes	14,001	2	14	40%	34	14
Watervliet/G.I.	15,423	-	3	0%	34	-
Bethlehem	18,213	2	11	30%	34	10
RCS	10,701	-	5	0%	34	-
Hill Towns	8,291	1	18	33%	34	12
Guilderland	9,766	-	5	0%	34	-
New Scotland	11,025	-	-	0%	34	-
County Total	246,354	31	13	37%	34	13
Schenectady						
Upper State Street	15,822	4	25	71%	34	25
City/Stockade	5,519	2	36	144%	34	49
Hamilton Hill	4,140	2	60	164%	34	56
Goose Hill/Union	10,332	1	15	29%	34	10
Rural-West	9,371	1	11	30%	34	10
Niskayuna	23,290	-	2	0%	34	-
Scotia-Glenville	22,571	1	4	12%	34	4
Rotterdam	20,805	2	10	26%	34	9
County Total	111,850	14	13	35%	34	12
Rensselaer						
Troy/Lansingburg	52,113	9	17	54%	34	18
Rensselaer	15,005	1	10	19%	34	7
East	5,813	-	-	0%	34	-
North East	9,375	1	11	31%	34	11
North West	5,244	-	-	0%	34	-
South West	12,931	-	4	0%	34	-
Central	8,351	-	6	0%	34	-
W. Sand Lake/Wynantskill	8,503	-	-	0%	34	-
East Greenbush	7,391	-	-	0%	34	-
County Total	123,094	12	10	29%	34	10

All Diabetes

Albany	Area Population	Admissions for Condition	Area Rate	Admissions as % Expected	Statewide Rate	Area Rate Adjusted for Age & Sex
Melrose/Manning	29,755	19	66	33%	224	73
N. Albany/Menands	5,325	18	338	146%	224	327
West End	11,666	56	480	227%	224	508
West Hill/South End	8,432	49	587	286%	224	640
Route 20/New Scotland	17,870	20	115	52%	224	116
Delaware/2nd Ave	8,087	11	142	61%	224	137
Center Square	7,431	18	249	131%	224	292
Colonie	21,092	32	152	62%	224	139
Latham	16,878	20	118	51%	224	114
Loudonville	10,821	9	83	36%	224	81
Colonie/Schenectady	21,577	40	188	79%	224	177
City of Cohoes	14,001	26	189	80%	224	180
Watervliet/G.I.	15,423	22	146	66%	224	148
Bethlehem	18,213	16	91	37%	224	83
RCS	10,701	16	150	68%	224	153
Hill Towns	8,291	8	96	41%	224	93
Guilderland	9,766	9	97	40%	224	90
New Scotland	11,025	4	41	15%	224	35
County Total	246,354	398	162	73%	224	162
Schenectady						
Upper State Street	15,822	32	205	87%	224	194
City/Stockade	5,519	13	236	133%	224	298
Hamilton Hill	4,140	25	604	315%	224	705
Goose Hill/Union	10,332	14	140	62%	224	139
Rural-West	9,371	8	91	38%	224	85
Niskayuna	23,290	14	62	25%	224	56
Scotia-Glenville	22,571	25	113	44%	224	98
Rotterdam	20,805	26	125	53%	224	118
County Total	11,850	159	143	61%	224	136
Rensselaer						
Troy/Lansingburg	52,113	160	308	144%	224	322
Rensselaer	15,005	25	167	74%	224	165
East	5,813	1	26	8%	224	17
North East	9,375	6	69	27%	224	63
North West	5,244	4	86	34%	224	77
South West	12,931	12	93	40%	224	91
Central	8,351	7	84	38%	224	85
W. Sand Lake/Wynantskill	8,503	8	100	41%	224	91
East Greenbush	7,391	8	115	48%	224	108
County Total	123,094	233	190	86%	224	192

Asthma

Albany	Area Population	Admissions for Condition	Area Rate	Admissions as % Expected	Statewide Rate	Area Rate Adjusted for Age & Sex
Melrose/Manning	29,755	19	64	42%	176	74
N. Albany/Menands	5,325	4	85	42%	176	74
West End	11,666	35	304	179%	176	316
West Hill/South End	8,432	35	421	253%	176	445
Route 20/New Scotland	17,870	16	92	53%	176	94
Delaware/2nd Ave	8,087	24	297	168%	176	297
Center Square	7,431	13	175	120%	176	211
Colonie	21,092	16	76	41%	176	72
Latham	16,878	8	47	26%	176	46
Loudonville	10,821	8	79	42%	176	74
Colonie/Schenectady	21,577	16	74	41%	176	72
City of Cohoes	14,001	21	154	83%	176	147
Watervliet/G.I.	15,423	17	110	65%	176	114
Bethlehem	18,213	11	60	32%	176	57
RCS	10,701	10	98	54%	176	95
Hill Towns	8,291	5	60	34%	176	59
Guilderland	9,766	10	102	56%	176	99
New Scotland	11,025	5	50	25%	176	43
County Total	246,354	277	112	65%	176	114
Schenectady						
Upper State Street	15,822	20	126	70%	176	124
City/Stockade	5,519	7	136	97%	176	171
Hamilton Hill	4,140	17	423	259%	176	456
Goose Hill/Union	10,332	13	126	73%	176	128
Rural-West	9,371	4	48	24%	176	43
Niskayuna	23,290	12	54	28%	176	49
Scotia-Glenville	22,571	12	55	28%	176	49
Rotterdam	20,805	13	65	34%	176	60
County Total	111,850	101	90	50%	176	88
Rensselaer						
Troy/Lansingburg	52,113	108	208	125%	176	220
Rensselaer	15,005	12	83	45%	176	79
East	5,813	3	52	30%	176	52
North East	9,375	4	43	25%	176	43
North West	5,244	5	105	55%	176	97
South West	12,931	8	62	35%	176	61
Central	8,351	8	96	55%	176	97
W. Sand Lake/Wynantskill	8,503	6	76	39%	176	69
East Greenbush	7,391	4	61	31%	176	54
County Total	123,094	160	130	75%	176	133

Chronic Obstructive Pulmonary Disorder

	Area Population	Admissions for Condition	Area Rate	Admissions as % Expected	Statewide Rate	Area Rate Adjusted for Age & Sex
Albany						
Melrose/Manning	29,755	33	111	72%	181	131
N. Albany/Menands	5,325	10	197	91%	181	165
West End	11,666	34	296	176%	181	318
West Hill/South End	8,432	22	261	176%	181	319
Route 20/New Scotland	17,870	49	277	154%	181	279
Delaware/2nd Ave	8,087	16	198	105%	181	190
Center Square	7,431	13	175	150%	181	272
Colonie	21,092	48	228	103%	181	187
Latham	16,878	23	136	69%	181	125
Loudonville	10,821	17	162	79%	181	143
Colonie/Schenectady	21,577	43	202	99%	181	178
City of Cohoes	14,001	63	454	226%	181	409
Watervliet/G.I.	15,423	50	324	187%	181	339
Bethlehem	18,213	30	167	84%	181	152
RCS	10,701	23	215	127%	181	229
Hill Towns	8,291	15	187	94%	181	170
Guilderland	9,766	13	138	72%	181	130
New Scotland	11,025	10	95	45%	181	82
County Total	246,354	517	210	114%	181	206
Schenectady						
Upper State Street	15,822	37	234	114%	181	207
City/Stockade	5,519	17	317	266%	181	482
Hamilton Hill	4,140	17	423	307%	181	555
Goose Hill/Union	10,332	16	155	85%	181	154
Rural-West	9,371	13	139	81%	181	147
Niskayuna	23,290	24	105	48%	181	87
Scotia-Glenville	22,571	34	151	65%	181	117
Rotterdam	20,805	42	202	99%	181	179
County Total	111,850	201	180	90%	181	162
Rensselaer						
Troy/Lansingburg	52,113	207	397	228%	181	412
Rensselaer	15,005	42	280	155%	181	280
East	5,813	14	249	137%	181	248
North East	9,375	9	101	52%	181	94
North West	5,244	15	296	168%	181	304
South West	12,931	27	209	115%	181	208
Central	8,351	18	216	132%	181	239
W. Sand Lake/Wynantskill	8,503	18	218	113%	181	204
East Greenbush	7,391	14	189	102%	181	185
County Total	123,094	366	297	168%	181	303

	All Respiratory					
Albany	Area Population	Admissions for Condition	Area Rate	Admissions as % Expected	Statewide Rate	Area Rate Adjusted for Age & Sex
Melrose/Manning	29,755	52	175	57%	357	204
N. Albany/Menands	5,325	15	282	73%	357	262
West End	11,666	70	600	180%	357	643
West Hill/South End	8,432	57	682	216%	357	773
Route 20/New Scotland	17,870	66	369	107%	357	381
Delaware/2nd Ave	8,087	40	495	136%	357	484
Center Square	7,431	26	350	133%	357	476
Colonie	21,092	64	303	75%	357	266
Latham	16,878	31	184	49%	357	174
Loudonville	10,821	26	240	64%	357	229
Colonie/Schenectady	21,577	59	276	71%	357	254
City of Cohoes	14,001	85	607	160%	357	572
Watervliet/G.I.	15,423	67	434	126%	357	452
Bethlehem	18,213	41	228	59%	357	210
RCS	10,701	33	313	90%	357	321
Hill Towns	8,291	20	247	65%	357	232
Guilderland	9,766	23	241	64%	357	229
New Scotland	11,025	16	145	38%	357	135
County Total	246,354	794	322	90%	357	322
Schenectady						
Upper State Street	15,822	57	360	94%	357	335
City/Stockade	5,519	25	453	184%	357	656
Hamilton Hill	4,140	35	845	289%	357	1,033
Goose Hill/Union	10,332	29	281	79%	357	282
Rural-West	9,371	17	187	52%	357	187
Niskayuna	23,290	37	159	40%	357	142
Scotia-Glenville	22,571	46	206	48%	357	171
Rotterdam	20,805	55	267	68%	357	244
County Total	111,850	302	270	71%	357	254
Rensselaer						
Troy/Lansingburg	52,113	315	605	177%	357	634
Rensselaer	15,005	54	363	100%	357	358
East	5,813	17	301	84%	357	299
North East	9,375	13	144	39%	357	138
North West	5,244	21	400	117%	357	417
South West	12,931	35	271	75%	357	268
Central	8,351	26	311	92%	357	329
W. Sand Lake/Wynantskill	8,503	25	294	80%	357	286
East Greenbush	7,391	18	250	67%	357	240
County Total	123,094	526	428	122%	357	437

*Area Population is an average of people over 18 years of age in 2008 and 2009.

County Birth Indicators by Neighborhood

NYS Department of Health, Vital Statistics 2008-2010

		Early Prenatal Care Percentage Per 100 Live Births with Known Prenatal Care			Low Birth Weight (<2.5 Kg) Percentage Per 100 Live Births with Known Birth Weight		
		N	n	%	N	n	%
New York State, excl. NYC		600,499	523,621	87.2	634,142	48,985	7.7
Albany County		**15,605**	**13,540**	**86.8**	**16,636**	**1,416**	**8.5**
Melrose/Manning		1,076	940	87.4	1,155	79	6.8
N.Albany/Menands		448	376	83.9	472	51	10.8
West End		1,348	1,067	79.2	1,480	167	11.3
West Hill / South End	12202	792	616	77.8	862	108	12.5
	12207	136	109	80.1	148	21	14.2
Rte.20/New Scotland		1,197	1,041	87.0	1,273	116	9.1
Delaware/2nd Ave		684	584	85.4	741	62	8.4
Center Square		700	552	78.9	772	99	12.8
Colonie/Schen.		1,600	1,398	87.4	1,674	144	8.6
City of Cohoes		1,095	958	87.5	1,152	100	8.7
Colonie		1,258	1,128	89.7	1,332	102	7.7
Hill Towns	12059	49	44	89.8	53	6	11.3
	12023	110	103	93.6	117	7	6.0
	12147	19	15	78.9	22	1	4.5
	12120	31	26	83.9	31	0	0.0
	12193	89	82	92.1	92	8	8.7
Latham		742	674	90.8	782	36	4.6
Loudonville		331	308	93.1	352	24	6.8
RCS	12143	326	290	89.0	346	28	8.1
	12158	344	302	87.8	365	17	4.7
	12046	30	29	96.7	33	6	18.2
	12469	25	23	92.0	26	0	0.0
	12007	s	s	s	s	s	s
Bethlehem	12054	700	645	92.1	751	58	7.7
	12067	58	52	89.7	64	7	10.9
	12077	238	221	92.9	248	13	5.2
Guilderland	12084	276	253	91.7	286	23	8.0
	12009	301	270	89.7	320	12	3.8
New Scotland	12159	219	202	92.2	240	12	5.0
	12186	218	195	89.4	236	21	8.9
	12041	25	23	92.0	25	0	0.0
Watervliet/G.I.	12183	175	151	86.3	182	13	7.1
	12189	959	857	89.4	998	74	7.4
Central	12140	79	66	83.5	83	2	2.4
	12052	73	69	94.5	78	5	6.4
	12018	315	286	90.8	330	14	4.2

	Early Prenatal Care Percentage Per 100 Live Births with Known Prenatal Care			Low Birth Weight (<2.5 Kg) Percentage Per 100 Live Births with Known Birth Weight		
	N	n	%	N	n	%
Rensselaer	**1,125**	**968**	**86.0**	**1,207**	**76**	**6.3**
Troy/Lansingburg						
12180	3,197	2,721	85.1	3,339	284	8.5
12182	822	715	87.0	866	78	9.0
East						
12022	46	35	76.1	51	0	0.0
12138	114	99	86.8	119	4	3.4
12153	33	29	87.9	34	2	5.9
12168	67	46	68.7	74	2	2.7
12169	s	s	s	s	s	s
East Greenbush	414	374	90.3	428	27	6.3
North East						
12090	332	294	88.6	338	23	6.8
12057	s	s	s	s	s	s
12094	115	102	88.7	118	6	5.1
12028	s	s	s	s	s	s
North West						
12154	146	130	89.0	151	12	7.9
12121	64	57	89.1	65	3	4.6
12185	84	76	90.5	89	5	5.6
South West						
12033	346	311	89.9	366	17	4.6
12123	257	234	91.1	284	21	7.4
12156	31	29	93.5	32	4	12.5
12062	64	52	81.3	70	9	12.9
W.Sand Lake/Wyn.						
12196	134	126	94.0	139	11	7.9
12198	387	355	91.7	404	17	4.2

Schenectady County	**7,732**	**6,866**	**88.8**	**8,094**	**687**	**8.5**
Mont Pleasant	1,600	1,398	87.4	1,674	144	8.6
Upper State St	1,435	1,250	87.1	1,520	142	9.3
City/Stockade	211	172	81.5	229	19	8.3
Hamilton Hill	801	632	78.9	875	123	14.1
Goose Hill/Union	1,069	924	86.4	1,121	85	7.6
Niskayuna	1,281	1,210	94.5	1,322	82	6.2
Rotterdam	1,262	1,143	90.6	1,312	108	8.2
Rural - West						
12053	175	156	89.1	180	12	6.7
12056	100	96	96.0	102	11	10.8
12137	70	62	88.6	76	2	2.6
12150	35	33	94.3	35	3	8.6
Scotia-Glenville						
12302	1,262	1,158	91.8	1,291	98	7.6
12008	31	30	96.8	31	2	6.5

		Infant (<1 year) Mortality Rate per 1,000 Births			Teen (Age 15-17) Birth Rate Per 1,000 Females Age 15-17	Teen (Age 15-17) Pregnancy Rate Per 1,000 Females Age 15-17
		N	n	Rate	Rate	Rate
Albany County		**16,636**	**128**	**7.7**	**32.0**	**57.7**
Melrose/Manning		1,155	9	7.8	10.6	15.1
N.Albany/Menands		472	9	19.1	60.9	125.4
West End		1,480	25	16.9	117.0	205.7
West Hill / South End	12202	862	10	11.6	109.3	180.9
	12207	148	1	6.8	111.1	205.6
Rte.20/New Scotland		1,273	3	2.4	31.2	55.6
Delaware/2nd Ave		741	5	6.7	76.5	124.6
Center Square		772	13	16.8	137.7	247.3
Colonie/Schen.		1,674	7	4.2	42.6	101.0
City of Cohoes		1,152	11	9.5	61.4	90.0
Colonie		1,332	11	8.3	31.4	55.8
Hill Towns	12059	53	0	0.0	5.6	16.7
	12023	117	0	0.0	28.2	79.8
	12147	22	0	0.0	s	s
	12120	31	0	0.0	s	s
	12193	92	1	10.9	8.3	41.7
Latham		782	2	2.6	14.7	32.8
Loudonville		352	2	5.7	4.8	13.1
RCS	12143	346	2	5.8	28.2	44.8
	12158	365	0	0.0	17.5	19.9
	12046	33	0	0.0	s	s
	12469	26	0	0.0	s	s
	12007	s	s	s	s	s
Bethlehem	12054	751	1	1.3	8.0	12.9
	12067	64	1	15.6	15.5	23.3
	12077	248	2	8.1	3.0	13.9
Guilderland	12084	286	3	10.5	6.5	19.5
	12009	320	0	0.0	11.0	25.3
New Scotland	12159	240	0	0.0	4.8	19.0
	12186	236	2	8.5	11.9	19.3
	12041	25	0	0.0	s	s
Watervliet/G.I.	12183	182	1	5.5	71.8	102.6
	12189	998	7	7.0	25.2	44.6
Central	12140	83	1	12.0	34.7	55.6
	12052	78	0	0.0	27.2	40.8
	12018	330	0	0.0	19.2	30.0

	Infant (<1 year) Mortality Rate per 1,000 Births			Teen (Age 15-17) Birth Rate Per 1,000 Females Age 15-17	Teen (Age 15-17) Pregnancy Rate Per 1,000 Females Age 15-17
	N	n	Rate	Rate	Rate
Rensselaer	**1,207**	**4**	**3.3**	**47.3**	**72.9**
Troy/Lansingburg					
12180	3,339	19	5.7	67.8	100.7
12182	866	4	4.6	73.2	92.1
East					
12022	51	0	0.0	45.0	54.1
12138	119	0	0.0	14.5	20.3
12153	34	0	0.0	s	s
12168	74	1	13.5	28.2	28.2
12169	s	s	s	s	s
East Greenbush	428	2	4.7	7.2	20.8
North East					
12090	338	3	8.9	46.2	56.4
12057	s	s	s	s	s
12094	118	2	16.9	33.0	47.6
12028	s	s	s	s	s
North West					
12154	151	0	0.0	36.3	56.1
12121	65	0	0.0	0.0	27.0
12185	89	0	0.0	26.8	42.1
South West					
12033	366	1	2.7	14.9	29.8
12123	284	4	14.1	7.4	30.6
12156	32	3	93.8	9.5	28.2
12062	70	0	0.0	31.7	31.7
West Sand Lake/Wyn.					
12196	139	0.0	0.0	5.9	14.7
12198	404	1.0	2.5	17.3	23.5
Schenectady County	**8,094**	**50**	**6.2**	**41.6**	**92.7**
Mont Pleasant	1,674	7	4.2	42.6	101.0
Upper State St	1,520	9	5.9	80.4	171.0
City/Stockade	229	3	13.1	24.2	47.7
Hamilton Hill	875	14	16.0	149.7	278.0
Goose Hill/Union	1,121	6	5.4	105.5	212.6
Niskayuna	1,322	7	5.3	9.9	27.6
Rotterdam	1,312	5	3.8	33.6	92.6
Rural - West					
12053	180	-	0.0	10.6	26.6
12056	102	1	9.8	7.6	34.1
12137	76	-	0.0	30.9	92.6
12150	35	-	0.0	s	s
Scotia-Glenville					
12302	1,291	5	3.9	15.4	43.7
12008	31	-	0	s	s

S – data suppressed due to low numbers.

2013 Community Health Survey Results

In order to better understand the health needs of Capital District residents, the Community Health Survey was conducted from December 2012 to February 2013. It gathered data on general health, mental health and oral health, as well as chronic conditions, behavioral health factors and access to care issues that are not available elsewhere. The survey was conducted online and on paper, through the HCDI website, in community-based health organizations, and among general service locations within Albany, Rensselaer, and Schenectady counties.

The survey relied on a convenience sample, which is not as reliably representative as a fully stratified random sample. It focused on low-income residents by oversampling in ZIP codes identified as being high-need areas (HNAs). The majority of the respondents were white females (70.7%), college graduates (63.3%), and had private insurance (87.5%). Respondents in HNAs were more racially diverse (only 62.9% were White females), less educated (52.2% were college graduates), and more likely to have public health insurance (71.2% had private insurance).

There were 3,059 surveys included in the analysis from residents of Albany, Rensselaer, or Schenectady Counties who were over 18 years old. The majority of survey respondents, 55.2%, were residents of Albany County, while 23.7% of respondents resided in Rensselaer County and 21.2% lived in Schenectady County. Out of all respondents, 821 were identified as living in HNAs. In Rensselaer County, 50.4% of respondents lived in a HNA. This is in contrast to Schenectady County, where 28.4% of respondents lived in a HNA, and Albany County, where 21.2% of respondents were HNA residents.

1. How old were you on your last birthday?
Albany County reported the lowest average age out of all counties surveyed, at 46.4 years, followed by Schenectady County (46.9) and then Rensselaer County (47.9).

2. In what county do you currently reside?
The respondents were residents of Albany County (55.2%), Rensselaer (23.6%), and Schenectady (21.2%) counties. More high-need area (HNA) respondents were residents of Rensselaer County (50.4%) than Albany (21.2%) and Schenectady (28.4%) counties.

4. What is your gender?
The majority of the residents who responded to the survey were female (Albany County – 78 .2%; Rensselaer County – 80.9%; Schenectady County – 81.7%). In HNAs, there were fewer female respondents than in the overall population (Albany County – 70.9%; Rensselaer County – 80.1%; Schenectady County – 78.4%). In both the overall and HNA populations, Albany County had the lowest percentage of female respondents.

5. Are you now married, widowed, divorced, separated or living with your partner?
Married couples represented more than half of the sample in Schenectady (55.6%) and Rensselaer (54.3%) counties and only 48.7% in Albany County. There was a significantly larger number of single respondents in Albany County (22.7%) compared to Rensselaer and Schenectady (14.7% and 13.3%)

counties. The amount people who reported being widowed was higher in Rensselaer County (6.3%), than Albany (2.7%) and Schenectady (3.3%) counties.
HNAs in Albany County had more single and less married respondents (36.7% single, 27.8% married) than Rensselaer (18.1% single, 48.4% married) and Schenectady (19.5% single, 41.2% married) counties and the overall population.

6. Which one best describes your race?
The majority of the sample was comprised of Whites. They represented 93.1% and 89.9% of the population in Rensselaer and Schenectady counties respectively, and 86.7% of the population in Albany County. Rensselaer County had the lowest proportion of minorities (6.9%) compared to Schenectady County (10.1%) and Albany County, who reported the largest minority population (13.4%). More residents identified as Black/African American (6.1%) and Hispanic/Latino (2.7%) or other racial groups (3.7%) in Albany County compared to Rensselaer County (Black – 2.8%, Hispanic – 1.2%, other – 2.5%) and Schenectady (Black – 5.2%, Hispanic – 1.8%, other – 2.0%) counties.
HNAs had a higher percentage of minority representation (Albany County – 42.7%, Rensselaer County – 10.6%, and Schenectady County – 21.5%) than the overall population. Albany County had the largest percentage of Black/African American respondents at 29.2%.

7. What is the highest grade or level of school you have completed or the highest degree received?
College graduates made up more than 50% of the sample, with most residing in Albany County (66.7%), followed by Rensselaer (59.6%) and Schenectady (58.5%) counties. Schenectady County (5.3%) had about twice the percentage of respondents who did not complete high school compared to Albany (2.6%) and Rensselaer (2.8%) counties.
A higher percentage of respondents in HNAs did not graduate high school in Schenectady (11.4%) and Albany (7.6%) counties compared to Rensselaer County (4.2%).

8. What language(s) do you usually speak at home?
In all three counties, about 98% of respondents usually spoke English at home. Slightly less HNA residents of Albany County, 95.4%, spoke English than in Rensselaer County (98%) or Schenectady County (96.1%) HNAs.

9. What kind of health insurance or health care coverage do you have?
There were fewer people without insurance coverage in Rensselaer County (1.8%) than in Albany (2.5%) and Schenectady (2.5%) counties. Rensselaer County also had more respondents covered by private insurance (84.7%) and Medicare (5.9%) than in Albany (private 83.7% and Medicare 5.7%) and Schenectady (private 79.8% and Medicare 4.1%) counties. Schenectady County had more Medicaid recipients (12.2%) compared to Albany County (6.3%) and Rensselaer County (4.9%).
Residents in Albany County HNAs had significantly less private insurance coverage (59.9%) than Rensselaer (80.4%) or Schenectady (63.2%) counties. Schenectady County had the highest Medicaid coverage (25.9%) compared to Albany (19.8%) and Rensselaer (7.1%) counties.

10. If you do not have health care coverage, what is the main reason you don't?

Half of individuals in high-need areas cannot afford to have health insurance, compared to 59.1% of non-high need area respondents who said cost kept them from having health care coverage.

11. Have you ever had problems becoming Medicaid eligible?

Income kept 74.4% of HNA and 72% of NHNA residents from becoming Medicaid eligible.

General Health

12. How would you rate your health today?

Almost three-quarters of residents reported they were in good or very good health. Favorable ratings were slightly higher among residents in Rensselaer County (very good, 36.5% and good 38.6%) than in Albany County (very good, 36.3% and good 38.0%) and Schenectady County (very good 34.3% and good 38.3%). A larger number of respondents in Schenectady County (10.8%) described being in fair health compared to their counterparts in Albany (9.8%) and Rensselaer (8.8%) counties. Less than 1% of the population in each county reported having poor health, but this was marginally higher in Albany than the other counties.

In HNAs, 3.5% of residents in Albany County were in poor health compared to 1.0% in Rensselaer and 1.3% in Schenectady counties.

13. Have you had a physical exam within the last year?

In Schenectady County, 84.6% of residents reported that they had a physical exam in the last year. This was slightly higher than Albany (82.6%) and Rensselaer (82.7%) counties. HNAs were similar to the overall population, with 87.2% of Schenectady County respondents having a physical exam, 83.4% of respondents in Albany County and 82.8% in Rensselaer County having an exam.

14. During the past 12 months, how many times have you seen a doctor or other health care professional about your health at a doctor's office, a clinic, at home or some other place? Do not include times you were hospitalized overnight.

The majority of respondents saw a doctor for a health issue 1 to 3 times in the past year (Albany County – 60.9%, Rensselaer County – 60.6%, Schenectady County – 59.1%). Schenectady County (27.4%) and Albany County (26.4%) had more residents who had an office visit 4 to 9 times in the past year than Rensselaer County (23.2%). Rensselaer County (10%) had the highest percentage of residents with no doctor's visits in the past year compared to Albany (7.5%) and Schenectady (8.7%) counties.

Residents living in HNAs in Albany County reported less office visits than the overall population (10.6% had none, 66.0% had one to three, and 21.3% had four to nine office visits), while Schenectady County and Rensselaer County HNAs were very similar to the overall population in this regard.

16. What is your primary source of care?

Over 93% of residents in the Capital Region indicated that their primary source of care was the doctor's office. Albany County had 5.8% of respondents receiving primary care at a clinic or health center, more than Rensselaer (4.4%) or Schenectady (5.1%) counties. Clinics or health centers were used as a primary source of care more often in HNAs in Albany (15.4%) and Schenectady (10.6%) counties, while HNAs in Rensselaer County had primary sources of care similar to the overall population.

17. How satisfied are with your primary source of care?

Almost all residents, 96.0%, were either satisfied or very satisfied with the primary care they received; in Albany County, 51.2% were very satisfied and 45.1% were satisfied; in Rensselaer County, 52.7% very satisfied and 42.7% satisfied; and Schenectady County, 53.3% very satisfied and 42.3% satisfied. Schenectady County (1.1%) had more respondents who were very dissatisfied with their primary care than Albany (0.5%) and Rensselaer (0.7%) counties.

18. What typically prevents you from seeking health care when needed?

In HNAs, the main reasons residents did not seek health care when needed were because they had no time (44.5%) and because of cost (18.2%). Fewer residents in NHNAs had no time (24.7%) or had an issue with cost (10.8%). They reported that provider scheduling (13%), their work schedule (8.4%), and co-pays (11.3%) kept them from getting needed health care.

19. During the past 12 months, have you seen or talked to a mental health professional such as a psychologist, psychiatrist, psychiatric nurse or clinical social worker about your health?

In Albany County, 16.7% of residents said they had seen or talked to a mental health professional in the past 12 months. Residents in Schenectady (14.1%) and Rensselaer (14.4%) counties used mental health services less often. Residents in HNAs were far more likely to have seen a mental health professional than the overall population. Albany County had the highest percentage at 32.3%, compared to Rensselaer (16.8%) and Schenectady (19.7%) counties.

20. Have you ever been told by a doctor or other health care professional that you had *(a list of conditions was provided)*?

The most prevalent chronic health conditions in the overall population that were reported as being diagnosed by a health care professional were high blood pressure (Albany County – 31.3%; Rensselaer County – 31.9%; Schenectady County – 27.9%), arthritis (Albany County – 27.1%; Rensselaer County – 28.0%; Schenectady County – 26.4%), emotional problems (Albany County – 27.6%; Rensselaer County – 25.5%; Schenectady County – 25.5%), and asthma (Albany County – 19.2%; Rensselaer County – 20.0%; Schenectady County – 20.6%). These same health conditions affected the residents of HNAs but to a greater extent. Emotional problems were slightly more prevalent in Rensselaer (27.3%) and Schenectady (31.9%) counties, but much more present in Albany County (38.9%). Asthma was much higher in Schenectady County (28.3%), compared to Albany (23.0%) and Rensselaer (21.7%) counties.

22. What kind of health services would you want in your community that does not exist currently?

Respondents in HNAs wanted free health care (12.9%), urgent care (12.1%), extended hours (10.7%), more mental health services (9.1%), free/cheaper dental care (6.8%), and prevention/education (6.1%). NHNAs said the services they would like to have in their community were urgent care (12.1%), mental health (11.2%), affordable/free care (8.5%), extended hours (5.7%), fitness (6.9%), and dental care (3.8%).

23. During the last year, how many times have your visited a dentist? Include all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists.

There were no clear differences across counties in accessing dental services. Approximately 20% of the residents in each county indicated that they had not visited a dentist in the past 12 months. Nearly 60% had between one and two dental visits, and almost 20% reported having two or more dental visits in the same time period. Residents in HNAs were more likely to have not visited a dentist, especially in Albany (35.1%) and Schenectady (32.5%) counties, and slightly less in Rensselaer County (27.5%). More than half of HNA respondents saw a dentist 1-2 times in the past year.

24. What was the main reason you last visited the dentist?

In Albany County, the main reason for visiting a dentist was for a regular checkup, examination or cleaning (74%). The remainder of the sample went because something was wrong (14 %); went for treatment (6.7%); or went for other reasons (8.5%). Rensselaer and Schenectady counties showed an overall similar distribution to Albany County. When looking at the high need population within these counties, there were differences between respondents living in HNAs and the overall population. In Rensselaer County, 72% of the sample reported going to the dentist for a regular checkup. Of that 72%, more than half resided in what was classified as high need areas (53%); in Schenectady County, a third of the 70% were in high need areas. In contrast, 74% of residents in Albany went for a regular checkup, and 10% of them reside in high need area ZIP codes. Furthermore, of the 15% in Rensselaer and Schenectady counties who went to the dentist because something was wrong, 64% and 42%, respectively, were from high need areas.

25. What is the main reason you have not visited the dentist within the last year?

The reasons for not going to the dentist were somewhat similar across the counties. The main reason for not visiting the dentist seemed to be fear, nervousness, or dislike (Albany County – 17.1%, Rensselaer County – 27%, and Schenectady County – 17.6%). The second most common reason was that people did not have or did not know a dentist. This was the reason for 18.3% and 18.2% of residents in Albany and Rensselaer counties respectively, while 12.1% of those in Schenectady stated this reason. The third most common reason respondents did not visit a dentist was due to cost, where Rensselaer County and Schenectady County values were 13.3% and 13.4% respectively, and Albany County reported 8.6% with this reason. In Schenectady and Rensselaer counties, approximately two-thirds of overall respondents who reported not going to the dentist due to fear, nervousness, or dislike were living in HNAs. However, in Albany County, less than a fifth of overall respondents who did not go to the dentist due to fear, nervousness, or dislike live in high need areas.

26. During the past month, were you limited in the kind of work or other activities you ordinarily do as a result of your physical health?

Albany County had the most residents with a physical limitation (14.9%), compared to Rensselaer (12.6%) and Schenectady (13.4%) counties. HNA respondents in Albany County (17.8%) were more likely to have a physical limitation than those from Rensselaer (13.1%) or Schenectady (14.2%) counties.

27. What is your height and weight?

The average calculated BMI score for respondents was 28.4 in Albany County, 28.5 in Rensselaer County, and 29.0 in Schenectady County. These all fall into the overweight category. In HNAs, the average BMI was the same in Rensselaer County and slightly higher in Albany (29.7) and Schenectady (30.6) counties.

28. How often do you engage in physical exercise?

Half or slightly higher than half of the sample in each county reported they exercise three or more times per week. A third of the sample reported that they exercise once a week, and between 14.6% and 18.6% reported that they never exercise. In Rensselaer County, 66% of those reporting they never exercise lived in high needs areas. In Schenectady County, 14.6% reported they never exercise and 38% of the respondents were high needs. At 13%, Albany County had the lowest reported proportion of high need residents that never exercised.

29. How long do you participate in activities each day?

The reported time spent participating in physical exercise seemed evenly distributed in the three counties. The majority of the sample spent 15-30 minutes a day doing physical exercise (Albany County – 38.9%, Rensselaer County – 40.7% and Schenectady County – 44.2%), followed by 31-60 minutes a day (Albany County – 29.0%, Rensselaer County – 28.4% and Schenectady County – 29.6%). Looking at the proportion of high need respondents in each of these categories, Albany County had the smallest proportion of high need respondents in the 15-30 minutes and 31-60 minutes categories (10.0%), while Rensselaer County had the highest proportion of high need respondents in these categories (with 55.2% and 53.7% respectively). Schenectady County had 37.1% and 30.9% for the 15-30 and 31-60 minute categories, respectively.

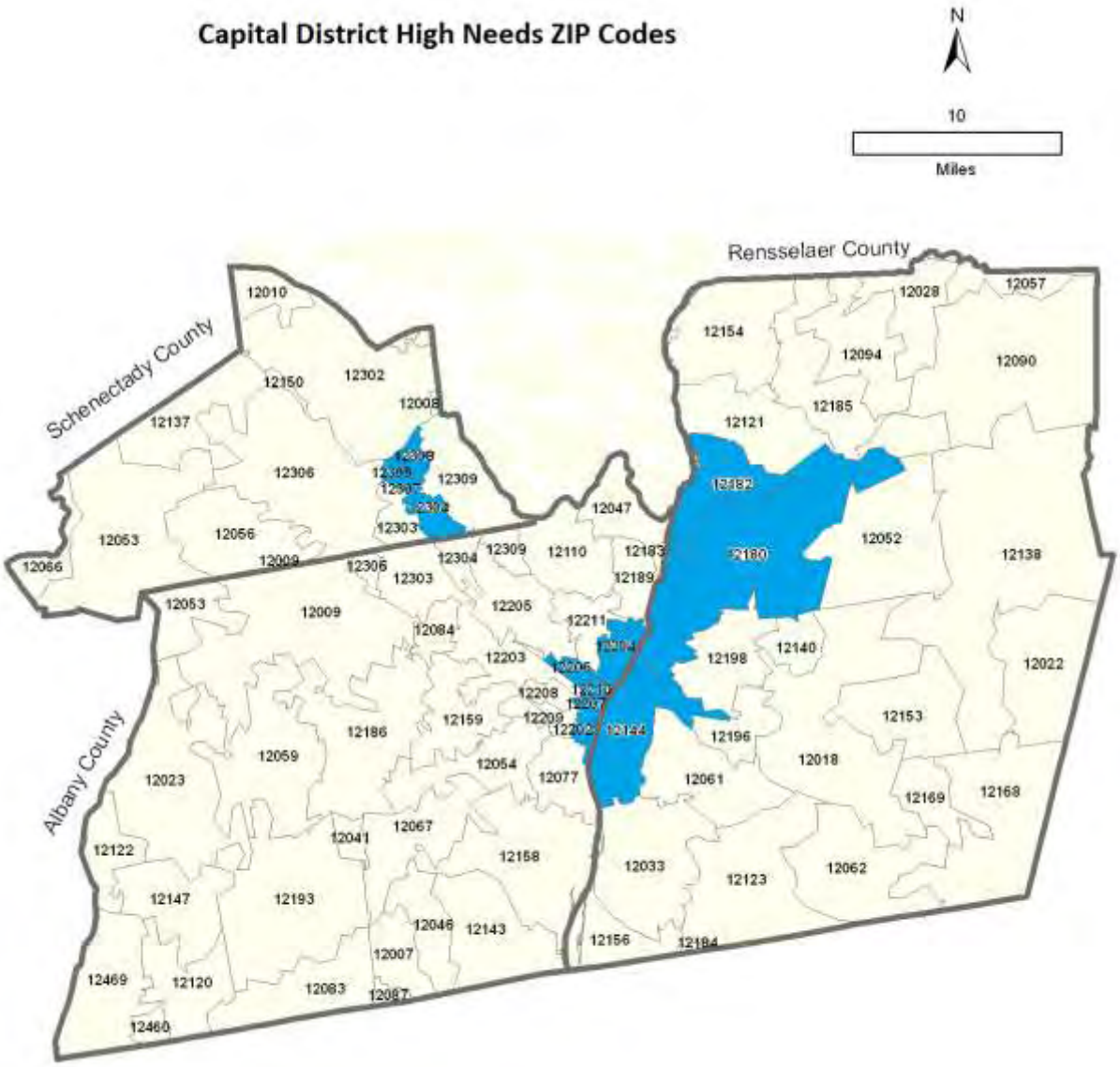
30. How many hours outside of work do you spend watching television, DVDs or videos, playing video games, or using a computer on an average day?

The majority of respondents reported that they were sedentary between one and four hours a day. In Albany County, 25.6% of respondents were sedentary 1-2 hours and 38.8% 2-4 hours and in Rensselaer County 24.9% of residents reported 1-2 hours and 37.2% 2-4 hours of sedentary behavior. Schenectady County had the highest sedentary behavior with 30.0% of respondents reporting 1-2 hours and 38.1% 2-4 hours. Albany County, at 15.4%, had the highest number of respondents who reported 5 or more hours of sedentary behavior compared to the other counties and the overall population.

31. How many sodas, fruit or sport drinks (not diet) do you typically drink in a day?

Schenectady County had the lowest daily consumption of sugary beverages (25.2% had one or two, and 6.7% had three or more) compared to Albany (28.0% had one or two, and 6.1% had three or more) and Rensselaer (28.4% had one or two, and 5.8% had three or more) counties. In HNAs, the consumption of soda or fruit drinks in a day is higher in Albany (38.1% had one or two, and 11.9% had three or more) and Schenectady (29.6% had one or two, and 12.1% had three or more) counties than Rensselaer County (30.1% had one or two, and 6.9% had three or more).

Capital District High Needs ZIP Codes



Health Providers of the Capital District

Hospitals In Albany County	
Albany Medical Center Hospital	St. Peter's Hospital
Albany Memorial Hospital	Stratton Veterans Administration

Hospitals in Schenectady County	
Ellis Hospital	Sunnyview Hospital and Rehabilitation Center

Hospitals in Rensselaer County	
Burdett Care Center	Seton Health System-St. Mary's Campus
Samaritan Hospital	

Home Healthcare in Albany County	
Albany County Department of Health Division of Nursing	Helderberg Home Care
Any-Time Home Care	Home Instead Senior Care
Apria Nursing Service	Interim HealthCare
Attentive Care of Albany	Living Resources Certified Home Health Agency, Inc.
Child's All Ages Home Care, Inc.	Nursefinders of Albany, Inc.
Child's HomeHealth	Professional Nurses & Home Care Aides
Community Health Care	The Eddy Visiting Nurses Association
Gentiva Health Services	Visiting Nurse Association of Albany, Saratoga, Rensselaer

Home Healthcare in Schenectady County	
Visiting Nurse Service of Schenectady and Saratoga Counties	White's Homecare

Home Healthcare in Rensselaer County	
Accent Health Care Services, Inc.	Eddy Visiting Nurses Association

Long-Term Palliative Care in Albany County	
Albany County Nursing Home	Our Lady of Hope Residence-Little Sisters of the Poor
Ann Lee Home & Infirmary	Our Lady of Mercy Life Center
Daughters of Sarah Nursing Center	St. Margaret's Center
Eddy Village Green	St. Peter's Nursing and Rehabilitation
Evergreen Health Center	Teresian House Nursing Home Co., Inc.
Good Samaritan Lutheran Health Care Center, Inc.	Villa Mary Immaculate
Guilderland Center Nursing Home, Inc.	The Community Hospice
Julie Blair Nursing and Rehabilitation Center	

Long-Term Palliative Care in Schenectady County	
Dutch Manor Nursing and Rehabilitation Center	Northwoods Rehabilitation and Extended Care Facility-Hill Top
Eddy Senior Care	The Avenue Nursing and Rehabilitation
Ellis Residential and Rehabilitation	Visiting Nurse Service of Schenectady and Saratoga Counties
Kingsway Arms Nursing Center, Inc.	

Long-Term Palliative Care in Rensselaer County	
Eddy Heritage House Nursing and Rehab Center	Northwoods Rehabilitation and Extended Care Facility-Troy
Eddy Memorial Geriatric Center	The Community Hospice, Inc.
Eddy Visiting Nurse Association	Van Rensselaer Manor
Northwoods Rehabilitation and Extended Care Facility-Rosewood Gardens	

Diagnosis and Treatment in Albany County	
Albany County Health Department	Center for Disability Services-St Catherine Center
Albany Dialysis Center	Executive Woods Ambulatory Surgery Center LLC
Albany Regional Eye Surgery Center	GHI-Family Dental Practice
Albany Regional Kidney Center	New England Laser & Cosmetic Surgery Center
Alcoholism Extension Clinic	St. Peter's Surgery And Endoscopy Center
Capital Region Ambulatory Surgery Center	Upper Hudson Planned Parenthood, Inc.
Center for Disability Services, Inc.	Whitney M. Young, Jr. Health Center, Inc.
Center for Disability Services-Empire State Plaza	Whitney M. Young Methadone Rehabilitation Clinic
Center for Disability Services-St Margaret's Center	

Diagnosis and Treatment in Schenectady County	
Capital District Dialysis Center	Planned Parenthood Mohawk Hudson, Inc.
Center for Disability Services	Schenectady County Public Health Services
Family Medical Care	Schenectady Free Health Clinic
Hometown Health Centers	

Diagnosis and Treatment in Rensselaer County	
Hortense & Louis Rubin Dialysis Center, Inc.	Upper Hudson Planned Parenthood, Inc.
Rensselaer County Department of Health	Whitney M. Young Troy Health Center

Health Care Providers in Albany County	
Adult Medicine PC	Eddy DayBreak-Eddy Village Green
Albany Advanced Imaging	Eddy Daybreak-Rockwell Center
Albany Area Gastroenterology	Executive Woods Ambulatory Surgery Center LLC
Albany Associates in Cardiology	Family Healthcare Center
Albany Associates in Cardiology PC	GHI-Family Dental Practice
Albany Cardiothoracic Surgeons PC	GHI-Family Dental Practice
Albany Community Surgeons	Home for Aged Blind
Albany County Health Department	Internal Medicine Associates
Albany Dermatology	Internal Medicine Associates-Memorial Hospital
Albany Dialysis Center	Latham Medical Group
Albany ENT & Allergy Services PC	Marjorie Doyle Rockwell Center/The Eddy Assisted Living
Albany Medical Center	New Dimensions In Health Care
Albany Medical Center Allergy & Asthma Center	New England Laser & Cosmetic Surgery Center
Albany Medical Center Extension Clinic	Pelvic Health Center
Albany Medical Center Primary Care Internal Medicine & Pediatrics	Physical Medical & Rehabilitation Center of AMCH
Albany Medical Center-South Clinical Campus	Riverside Family Medical Group
Albany Multi Medicine	Riverside Family Medical Group-Samaritan Hospital
Albany Obstetrics & Gynecology PC	Samaritan Hospital of Troy-Cohoes Family Care
Albany Regional Eye Surgery Center	Seton Health OB/GYN - Latham
Albany Regional Kidney Center	Seton Health OB/GYN-Cohoes
Albany Surgery Associates	South End Community Health Center
Alcohol Center-St. Peter's Addiction Recovery Center	South End Community Health Center-St. Peter’s Hospital
Anna W. Perkins Helderberg Health Center-St. Peter's Hospital	SPARC
Associates in Gynecological Care PC	St. Peter’s Addiction Recovery Center

Associates in Occupational Medicine PC	St. Peter's Medical Arts at Slingerlands
Braverman-Panza Medical Group	St. Peter's Cardiac Rehabilitation Center
Capital Area Medical Group	St. Peter's Surgery and Endoscopy Center
Capital Area Speech Center, Inc.	UCP Association of the Capital District-Empire State Plaza
Capital Cardiology Associates	UCP Association of the Capital District-St. Catherine's Center
Capital Care	UCP Association of The Capital District-St. Margaret's Center
Capital District Internal Medicine	United Cerebral Palsy Association of the Capital District
Capital District Obstetrics & Gynecology	United Cerebral Palsy Association of the Capital District, Inc.
Capital Neurological Associates	Upper Hudson Planned Parenthood, Inc.
Capital Region Ambulatory Surgery Center	Upper Hudson Planned Parenthood-Latham Extension Clinic
Capital Region Health Partners	Visiting Nurse Association of Albany, Saratoga, and Rensselaer
Capital Region Sleep Wake Disorders Center-St. Peter's Hospital	Whitney M. Young, Jr. Health Center Alcoholism Extension Clinic
Center For Fertility/Advance Reproductive Medicine- Bellevue Woman's Hospital	Whitney M. Young, Jr. Health Center MMTP Rehabilitation Clinic
Center for Progressive Medicine	Whitney M. Young, Jr. Health Center, Inc.
Century Same Day Surgery	Woman's Healthcare Plus
Cohoes Family Care	Woman's Healthcare Plus
Community Care	Women's Health Group
Eddy Alzheimer's Center at Hawthorne Ridge Assisted Living	

Health Care Providers in Schenectady County	
Glenville Healthcare Center-Ellis Hospital	Eddy Cohoes Rehabilitation Center-Eddy SeniorCare
UCP Association of the Capital District	Ellis Hospital
Capital District Internal Medicine & Bariatrics-Memorial Hospital	Ellis Healthcare Center
Bellevue Woman's Hospital	Ellis Hospital Mental Health Clinic
Mobile Mammography Van-Bellevue Woman's Hospital	Living Resources Certified Home Health Agency, Inc.
The Terrace at Glen Eddy/The Eddy	Planned Parenthood Mohawk Hudson, Inc.
CareNet Medical Group	Schenectady County Public Health Services
SPARC	Ellis Healthcare Center of Schenectady Family Health Services
Sunnyview Hospital & Rehabilitation Center	Schenectady Free Health Clinic
Capital District Dialysis Center	Sunnyview Hospital and Rehabilitation Center

Visiting Nurse Service Association of Schenectady County, Inc.	Baptist Health Family Medical Care
Hometown Health	

Health Care Providers in Rensselaer County	
Eddy Visiting Nurse Association	Eddy Daybreak@ Eddy Memorial Geriatric Center
Hortense & Louis Rubin Dialysis Center, Inc.	Samaritan Hospital-Family Medical Group
Rensselaer County Department of Health	Seton Health - Capital Region Family Health Center
South Troy Primary Care Center-Samaritan Hospital	St. Peter's Hospital-Rensselaer Health Center
Seton Health - Massry Center	The Community Hospice, Inc.
Seton Health - Troy Internal Medicine	Capital Neurological Associates
Seton Health Pediatrics	Family Medical Group
The Terrace At Eddy Memorial/The Eddy	Ob-Gyn Health Center Association
Upper Hudson Planned Parenthood, Inc.	Seton Health Ob/Gyn - Troy
Capital District Surgical Associates	Glens Falls Hospital-Hoosick Falls Family Health Center
Capital Healthcare Associates	Hoosick Falls Health Center
Capital Neurological Associates PC	South Troy Primary Care Center
Family Healthcare Centers	Seton Health - Troy Internal Medicine
Seton Health - Schaghticoke Family Health Center	

Capital District Public Health Prioritization Task Force

Name	Title	Organization
Allison Tramontano	Program Coordinator	Pediatrics Obesity Prevention Program
Amy Klein	Executive Director	Capital District Community Gardens
Arthur Butler	Executive Director	Capital District Coalition on AIDS
Ashley Jeffrey	Executive Director	Girls, Inc.
Bill Spoylar	Executive Director	Schenectady Free Clinic
Charlene Schlude	Director Community Management	Capital District Physicians Health Plan
Charles Welge	Director, Public Health Planning and Communication	Albany County Department of Health
Christa Valentine	Community Dietician	Price Chopper
Dave Shippee	Chief Executive Officer	Whitney M. Young Health Services
Dave Smingler	Government Affairs	Ellis Medicine
David Howells	Planning Department	St. Peter's Health Partners
Edward Yoon	Medical Director	Blue Shield Northeastern NY
Erin Buckenmeyer	Director Community Outreach and Development	Ellis Medicine
Janine Jurkowski	Professor	SUNY School of Public Health
Jennifer Proper	Health Educator	Rensselaer County Department of Health
Jim Crucetti	Commissioner	Albany County Department of Health
Jim Morrill	Director of Human Resources	CAPCOM Federal Credit Union
Joanne Cocozzoli	Public Health Director	Schenectady County Public Health Dept.
Judy Rightmyer	Director	Capital District Tobacco Free Coalition
Kathy Leyden	Deputy Director	Interfaith Partnership for the Homeless
Katie Fike	Planning Director	Commission on Economic Opportunity
Lottie Jameson	Executive Director	Hudson Mohawk Area Health Education Center
Maria Smirensky	HR Benefits Coordinator	CAPCOM Federal Credit Union
Mary Fran Wachunas	Public Health Director	Rensselaer County Health Department
Michael Seserman	Director of Strategic Alliances	American Cancer Society
Pam Demers	Marketing Ass.	Albany Medical Center
Pamela Rehak	Director, Strategic & Community Planning	St. Peter's Health Partners
Patrick Carrese	Executive Director	SPARC/St. Peter’s
Sarah DuVall	Epidemiologist	Rensselaer County Department of Health
Scott Averill	Vice President	Fidelis Care
Stephen Giordano	Director	Albany County Mental Health Department
Suzanne McCarthy	Health Coordinator	Albany City School District
Thurman Myers	Consumer	Faith Community
Wendy DeMartino	Assistant Director Albany Memorial Emergency Room	Emergency Medicine Physicians - Albany Memorial & Samaritan Hospital

Asthma Assets and Resources

Organization	Albany County Assets	Rensselaer County Assets
Albany College of Pharmacy and Health Services	• Nation's 14th oldest pharmacy program • Long-standing commitment to community-based pharmacy practice • Medication experts • Additional mode of communication	• Nation's 14th oldest pharmacy program • Long-standing commitment to community-based pharmacy practice • Medication experts • Additional mode of communication
Albany County Department of Health	• Collaborates on self-management and prevention activities of Asthma Coalition of the Capital Region* • Provides primary chronic disease prevention and health promotion (regarding risk factor of tobacco use). • Promotes smoke-free housing	
Albany Medical Center	• Multi-specialty physician network • Acute and tertiary care • Adult and Pediatric asthma programs • Clinical research and medical education • Community education programs • Employee Wellness initiatives	Except for Employee Wellness initiatives, Albany assets are also available to residents and healthcare providers of Rensselaer County
Asthma Coaltion of the Capital Region	• Program monitoring • Review • Tools • Trainings • AE-C initiative • Asthma supplies	• Program monitoring • Review • Tools • Trainings • AE-C initiative • Asthma supplies
Capital District Physician's Health Plan	• Partnership with the Trinity Alliance to provide community based asthma education programs • Partnership with Interfaith to provide asthma education to homeless members at the drop-in station • Targeted asthma case management program • Offering Asthma education at the Healthy Living Center	• Partnership with Commission for Economic Opportunity(CEO) to provide community based Asthma education and case management to CDPHP Medicaid enrollees. • Targeted asthma case management program

Capital District Tobacco Free Coalition	• Provide technical assistance for tobacco free policy development for grounds/entryway • Advocacy for smokefree housing- providing sample policies, assistance with implementation and other technicial assistance	• Provide technical assistance for tobacco free policy development for grounds/entryway • Advocacy for smokefree housing- providing sample policies, assistance with implementation and other technical assistance
City School District of Albany	• Health services to children and families • Asthma action plans	
Healthy Capital District Initiative	• Data and Analytics • Task Force coordination and facilitation	• Data and Analytics • Task Force coordination and facilitation
Lansingburgh Central School District		• Health services to children and families • Asthma action plans
Next Wave	• Data •Community organization ties	• Data • Community organization ties • RPI ties
Rensselaer Department of Health		• Asthma education provided to county school nurses at annual conference • Provide cessation to county employees • Public health education regarding health effects from smoking and second hand smoke • Information/posters/brochures on services for asthma on display in clinic and reception area
St. Peter's Health Partners	• Comprehensive inpatient and out-patient care • Extensive primary car network • Lung Center • Pulmonary resources • Educational Resources	• Comprehensive inpatient and out-patient care • Extensive primary car network • Lung Center • Pulmonary resources • Educational Resources

The Eddy Visiting Nurse Association	• Provides comprehensive healthcare services to help individuals remain independent and in their own homes • Visiting nurses • Physical, occupational, and speech therapists • Certified home health aides and personal care aides • Medical social workers	• Provides comprehensive healthcare services to help individuals remain independent and in their own homes • Visiting nurses • Physical, occupational, and speech therapists • Certified home health aides and personal care aides • Medical social workers
Troy City School District		• Nutritionists
Visiting Nurse Association of Albany	• Home visit asthma education program • RN who can take care of nursing needs in the home • Asthma action plan education • Education in physician offices and hospitals about asthma home visit education program • Chronic illness self-management programs	• Home visit asthma education program • RN who can take care of nursing needs in the home • Asthma action plan education • Education in physician offices and hospitals about asthma home visit education program • Chronic illness self-management programs
Whitney M. Young Health Centers	• Lead agency for Asthma Coalition of the Capital Region • Level 3 Patient- Centered Medical Home (NCQA) • Health Center experiencing more than 30,000 primary medical care visits annually • On-site pharmacy • On-site lab services • School-based health care in three Albany City public schools	• Lead agency for Asthma Coalition of the Capital Region • Level 3 Patient- Centered Medical Home (NCQA) • Health Center experiencing more than 5,000 primary medical care visits annually • On-site lab services

Behavioral Health Assets and Resources

Organization	Albany County Assets	Rensselaer County Assets
Addictions Care Center of Albany, Inc.	• Comprehensive Community Education Programs • Best practices for addiction treatment and prevention services throughout Capital Region • ACCA's continuum of care includes the following treatment and prevention programs: • Treatment Programs • Community Residence • Outpatient ProgramsPrevention Programs • Prevention Education Programs • Professional Development and Training Programs	• Comprehensive Community Education Programs • Best practices for addiction treatment and prevention services throughout Capital Region • ACCA's continuum of care includes the following treatment and prevention programs: • Treatment Programs • Community Residence • Outpatient Programs • Prevention Programs • Prevention Education Programs • Professional Development and Training Programs
AIDS Council	• Expertise in developing services and curricula towards substance abuse • Prevention programs include substance abuse education	• Expertise in developing services and curricula towards substance abuse • Prevention programs include substance abuse education
Albany County Department of Health	• Promote initiatives which reduce smoking in people with mental illness through collaboration with ACDOMH and the Center for Smoking Cessation at Seton Health • Promote opioid overdose prevention programs through collaboration with community partners • Promote medication take-back initiatives • Provide public health education in the community	
Albany County Department of Mental Health	• Mental Health Clinic (SA Clinic) • Oupatient SA Clinic • Possible overdose prevention host/site for community • LGU oversight of mental health and addiction programs	

Albany Medical Center	• Multi-specialty physician network • Acute and tertiary care • SBIRT (Screening, Brief Intervention and Referral to Treatment) training site • Clinical research and medical education • Caregiver education forums and programs • Employee Wellness initiatives • Employee Assistance Program • Relationships with key organizations (e.g., OASAS, Office of Alcoholism & Substance Abuse Services)	Most Albany assets are also available to residents and healthcare providers of Rensselaer County
Capital District Physician's Health Plan	Large Network Comprised: • Primary care practices • Acute inpatient mental health • Acute inpatient substance abuse • Outpatient mental health • Outpatient substance abuse • Nurse practitioners and psychiastrists	Large Network Comprised: • Primary care practices • Acute inpatient mental health • Acute inpatient substance abuse • Outpatient mental health • Outpatient substance abuse • Nurse practioners and psychiatrists
Capital District Tobacco-Free Coalition	• Project Coordinator who has experience in educating and assisting public and affordable housing providers with no-smoking policies. • Smoke-free housing materials, including tenant surveys, sample leases, implementation timeline. • Ability to provide smoke-free signage at no-cost to housing provider.	• Project Coordinator who has experience in educating and assisting public and affordable housing providers with no-smoking policies. • Smoke-free housing materials, including tenant surveys, sample leases, implementation timeline. • Ability to provide smoke-free signage at no-cost to housing provider.
Capital Region Underage Drinking and Drug Use Prevention Coalition	• Public education • Community strategies for public education and prevention	• Public education • Community strategies for public education and prevention

Catholic Charities AIDS Services and Care Coordination Services	• Health homes care coordination for people with chronic illness • HIV case management • Housing placement assistance for HIV + individuals • Syringe exchange • Harm reduction counseling and treatment readiness • Opiate overdose prevention	• Health homes care coordination for people with chronic illness • HIV case management • Housing placement assistance for HIV + individuals • Syringe exchange • Harm reduction counseling and treatment readiness • Opiate overdose prevention
Center for Smoking Cessation at Seton Health	• Staff available to meet with housing providers and give presentations to tenants regarding cessation strategies • Stop smoking informational materials	• Staff available to meet with housing providers and give presentations to tenants regarding cessation strategies • Stop smoking informational materials
Fidelis	• Case management • Service utilization and coordination	• Case management • Service utilization and coordination
Healthy Capital District Initiative	• Data and analytics • Task Force coordination and facilitation	• Data and analytics • Task Force coordination and facilitation
MVP Health Care	• Case management • Service utilization and coordination	• Case management • Service utilization and coordination
NYS Department of Health	• iSTOP program and support	• iSTOP program and support
Office of Alcoholism and Substance Abuse Services	• Provides accessible, cost-effective quality services • One of the largest addiction service systems in the nation • Local Government Unit (LGU) providing oversight of county and local mental health programs • Active collaborator with other mental health program providers	• Provides accessible, cost-effective quality services • One of the largest addiction service systems in the nation • Local Government Unit (LGU) providing oversight of county and local mental health programs • Active collaborator with other mental health program providers
Rensselaer County Department of Health		• Prevention education-health risks of drugs, smoking on body • Participant in underage drinking coalition • Participant in Tobacco Free Coalition • Cessation trained staff member

Rensselaer County Department of Mental Health		• Community prevention • School-based prevention/intervention • Two adult mental health outpatient clinics • Child and Adolescent mental health clinic
Rensselaer County Sheriff		• Public education • Prevention education
Rensselaer County Stop DWI Program		• Public education • Prevention education
St. Peter's Health Partners	• Large physician network • Inpatient and outpatient behavioral health care • Acute care • Community education programs • SPARC program offers addiction recovery services in 8 locations within the Capital Region • Inpatient substance abuse rehabilitation & detox at St. Mary's Hospital	• Large physician network • Inpatient and outpatient behavioral health care • Acute care • Community education programs • SPARC program offers addiction recovery services in 8 locations within the Capital Region • Inpatient substance abuse rehabilitation & detox at St. Mary's Hospital
Troy City School District		• Student prevention education via health classes
Whitney M. Young Health Centers	• Region's only methadone maintenance treatment program • Group and individual therapies for clients overcoming addictions • Suboxone treatment • Social workers on staff • On-site specialty care including psychiatry • Primary health care center w/ on-site pharmacy • Dental services • HIV/AIDS medical treatment and counseling	• Referral to services available in Albany

Diabetes Assets and Resources

Organization	Albany County Assets	Rensselaer County Assets
Albany County Department of Health	• Promotes self-management programs including diabetes prevention programs • In conjunction with community health educaiton, promotes and provides diabetes education • Provides primary chronic disease prevention and health promotion (regarding risk factors of nutrition, physical activity, tobacco use). • Provides risk factor education for expectant mothers. • Promotes worksite wellness.	
Albany Medical Center	• Multi-specialty physician network • Acute and tertiary care • Adult and Pediatric Diabetes Education programs • Clinical research and medical education • Community education programs • Caregiver education programs • Employee Wellness initiatives	Except for Employee Wellness Initiatives, Albany assets are also available to residents and healthcare providers of Rensselaer County

Albany Memorial Hospital	Diabetes Center: • Serves under-served populations, low income and minorities. • Charity Care to cover program costs for uninsured • 10 hour comprehensive diabetes education taught by CDEs • Individual and small group sessions • Free support groups (approximately 6 times per year) • Market diabetes program to local providers to encourage referrals • Offering NDPP beginning in January 2013 • Colloboration with CDPHP and SPHP physician offices to identify at-risk individuals and refer them to NDPP • Provides Diabetes Resource Nurse Program to educate nursing staff on improving patient glycemic control in hospital setting	
American Diabetes Association	• Fundraising opportunities • Educational resources	• Fundraising opportunities • Educational resources
Burdett Care Center		• Comprehensive maternity and reproductive care • Perinatal education and support services
Capital District Community Gardens	• Veggie Mobile: mobile market that travels to inner-city neighborhoods • VeggieRx program: a doctor-ordered vegetable prescription • Healthy Convenience Store Iniatitve: fresh, affordable produce made available in urban convenience stores • Squash Hunger program: food donation initiative	• Veggie Mobile: mobile market that travels to inner-city neighborhoods • VeggieRx program: a doctor-ordered vegetable prescription • Healthy Convenience Store Iniatitve: fresh, affordable produce made available in urban convenience stores • Squash Hunger program: food donation initiative
Capital Region Healthy Communities Coalition	• Educational opportunities • Conferences	• Educational opportunities • Conferences

Center for Excellence in Aging and Community Wellness	• Training capacity for coaches and leaders in NDPP and DSMP • Sites for delivery of NDPP and DSMP• Capacity to support data colleciton and quality assurance for NDPP and DSMP	
City School District of Albany	• Health services to children and families	
Cornell Cooperative Extension of Albany County	• Healthy eating education • Say Yes to Fruits and Vegetables program	
Cornell Cooperative Extension of Rensselaer County		• Healthy eating education • Say Yes to Fruits and Vegetables program
Hannaford	• Guiding Stars nutrition system	• Guiding Stars nutrition system
Healthy Capital District Initiative	• Data and Analytics • Task Force coordination and facilitation	• Data and Analytics • Task Force coordination and facilitation
Koinonia Primary Care	• Patient education • Community education	
Price Chopper	• NuVal healthy choices system	• NuVal healthy choices system
Rensselaer Department of Health		• Community education on nutrition, obesity, and physical activity • Referral and information source
Sage College	Nutrition graduate students to: • conduct education sessions • run community events • create educational materials	Nutrition graduate students to: • conduct education sessions • run community events • create educational materials
St. Peter's Health Partners	• Large physician network • Diabetes screening, education and support programs • Acute care • Community education programs • Employee Wellness • Comprehensive inpatient and outpatient care	• Large physician network • Diabetes screening, education and support programs • Diabetes education programs • Acute care • Community education programs • Employee Wellness • Comprehensive inpatient and

	• Certified diabetes educators • Grant to reduce sodium levels in provided meals	outpatient care • Certified diabetes educators • Grant to reduce sodium levels in provided meals
SUNY School of Public Health	• Healthy community based research • Program Evaluation	
Troy City School District		• Health services to children and families
United Way	Funding for programs that work on: • Increasing healthy eating and/or emergency food • Chronic disease management • Over $75,000 in 5 programs	Funding for programs that work on: • Increasing healthy eating and/or emergency food • Chronic disease management • Over $25,000 in 4 programs
Whitney M. Young Health Services	• Level 3 Patient- Centered Medical Home (NCQA) • Diabetes Recognized Program (NCQA) • Certified diabetes educator on staff • Health Center experiencing more than 30,000 primary medical care visits annually • Part-time nutritionist on staff • On-site pharmacy • On-site lab services • On-site specialty care for ophthalmology and podiatry • Social workers on staff • Dental services	• Level 3 Patient- Centered Medical Home (NCQA) • Certified diabetes educator on staff • Health Center experiencing more than 5,000 primary medical care visits annually • On-site lab services • Dental services
WIC	• Nutrition Assessment and Education • Referrals to other services • Monthly checks for nutritious foods	• Nutrition Assessment and Education • Referrals to other services • Monthly checks for nutritious foods
YMCA	• National Diabetes Prevention Program • Opportunities for physical activity and promotion	• National Diabetes Prevention Program • Opportunities for physical activity and promotion

CHIP Process and Outcome Measures

Asthma Draft Process and Outcome Measures

Overall outcome measures:

1. Asthma emergency department visits for children under 18 will decrease by 5% in 2014, 15% in 2015 and 20% in 2016 from 2012 rates.
2. Asthma hospitalization rates for children under 18 will decrease by 5% in 2014, 7.5% in 2015 and 10% in 2016 from 2012 rates.

Strategy 1 Tactic 1:

Process Measures: % of St. Peter's Health Partner sites referring asthma patients to the Lung Center

Outcome Measures: % of asthma patients receiving Lung Center Services

Strategy 1 Tactic 2:

Process Measures: # of primary care providers who agree to refer asthma patients to education and self-management programs

Outcome Measures: # of primary care providers referring patients to education and self-management services

Strategy 1 Tactic 3:

Process Measures: # of emergency departments who have discussed and clarified their referral policies for referring patients to home-based services.

Outcome Measures: # of emergency departments adopting a referral program. % increase in the number of patients referred to home-based services

Strategy 1 Tactic 4:

Process Measures: Identify with HIXNY 2013 patient and provider push notification rate.

Outcome Measures: Identify with HIXNY 2017 patient and provider push notification rate.

Strategy 1 Tactic 5:

Process Measures: # of hospitals with asthma patient continuity of care protocols or developing them

Outcome Measures: % of emergency department asthma patients who follow up with their primary care provider or asthma educator

Strategy 2 Tactic 1:

Process Measures: # of school districts where Superintendents have discussed asthma action planning with asthma task force members and school staff

Outcome Measures: # of school districts adopting asthma action plan policies

Strategy 2 Tactic 2:

Process Measures: # of community based asthma self-management classes given

Outcome Measures: # of people attending community based asthma self-management classes

Strategy 2 Tactic 3:

Process Measures: asthma action plan educational materials developed

Outcome Measures: # of educational materials distributed

Strategy 3 Tactic 1:

Process Measures: educational material developed regarding affordable prescription fulfillment

Outcome Measures: % of home care patients who receive training and prescription resources

Strategy 3 Tactic 2:

Process Measures: school nurse asthma education material developed

Outcome Measures: # of school nurses receiving asthma training materials

Strategy 3 Tactic 3:

Process Measures: # of pharmacists agreeing to participate in asthma education program

Outcome Measures: # of pharmacists who educate over 10 targeted asthmatics annually

Strategy 4 Tactic 1:

Process Measures: asthma education scheduled into parish nurse and community event calendar

Outcome Measures: # of consumers receiving asthma education outreach

Strategy 4 Tactic 2:

Process Measures: # of public housing facilities actively considering no-smoking policies

Outcome Measures: # of public housing residents benefiting from no-smoking policies

Strategy 4 Tactic 3:

Process Measures: # of community champions agreeing to participate in educational events

Outcome Measures: # of educational events with community champions speaking

Strategy 4 Tactic 4:

Process Measures: Implementation of protocols to provide perinatal asthma education materials.

Outcome Measures: % of patients receiving perinatal asthma education materials

Strategy 4 Tactic 5:

Process Measures: Implementation of protocols to refer expectant and new mother to the Center for Smoking Cessation

Outcome Measures: % of expectant and new mothers who are smokers referred to the Center for Smoking Cessation

Strategy 5 Tactic 1:

Process Measures: Develop coalition participant list and engage additional partners missing to join coalition, hold quarterly meetings

Outcome Measures: # of providers participating in quarterly meetings

Strategy 5 Tactic 2:

Process Measures: task force identifies key data sources and measures for adult asthma

Outcome Measures: task force prepares a position paper on measurement and strategies to improve adult asthma

Behavioral Health Draft Process and Outcome Measures

Goal 1 No increase in Emergency Department visits due to opiate abuse

Strategy 1 Tactic 1:

Process: # of schools building support for adding opiate abuse module to health classes

Outcome: # of school districts offering opiate abuse module; # of students receiving module

Strategy 1 Tactic 2:

Process: # of partners promoting Tack Back Drug initiatives

Outcome: # of partner organizations offering disposal programs for old prescription drugs.

Strategy 1 Tactic 3:

Process: # of Drug Hotline signs posted

Outcome: # of calls to Drug Hotline

Strategy 2 Tactic 1:

Process: decision tree developed

Outcome: # of providers educated about the use of the decision tree?

Strategy 2 Tactic 2:

Process: # of trainings offered in motivational interviewing and SBIRT techniques

Outcome: # of health professionals attending trainings

Strategy 2 Tactic 3:

Process: #: of providers who discussed prescribing patterns

Outcome: # of prescriptions for opioids by these providers

Strategy 3 Tactic 1:

Process: taskforce created, # of participants

Outcome: quarterly meetings, # of active participants, # of new participants

Strategy 3 Tactic 2:

Process: # of individuals referred

Outcome: # of individuals participating in low-threshold services

Strategy 3 Tactic 3:

Process: # of offices actively considering collocation of behavioral health professionals and case managers

Outcome: # of collocated behavioral health professionals and case managers in PCP offices

Strategy 3 Tactic 4:

Process: # of doctors contacted regarding training and pursuing licensure

Outcome: # of doctors trained and licensed

Strategy 3 Tactic 5:

Process: tailoring of training curriculum, # of training sessions offered

Outcome: # of individuals trained

Goal 2:

Tactic 1:

Process: # of facilities sending staff to training

Outcome: # of clinics implementing tobacco free policies or initiatives

Diabetes Draft Process and Outcome Measures

Overall outcome measures: Type 2 Diabetes ED visits; short-term complication hospitalizations

Strategy 1 Tactic 1:

Process Measures: # of organizations developing a NDPP referral process, # of referrals to NDPP

Outcome Measures: # of patients actively participating in NDPP, # of patients reporting 5% reduction in weight or greater

Strategy 1 Tactic 2:

Process Measures: Staff trained at health centers how to issue vouchers

Outcome Measures: # of providers issuing scripts, # of scripts, # of people redeeming scripts

Strategy 1 Tactic 3:

Outcome Measures: # of mothers receiving nutrition education, % of expectant mothers with gestational diabetes receiving diabetes education

Strategy 2 Tactic 1:

Process Measures: Develop coalition participant list and engage additional partners missing to join coalition, hold quarterly meetings

Outcome Measures: # of providers participating in quarterly meetings

Strategy 2 Tactic 2:

Process Measures: resource guides developed

Outcome Measures: # of guides distributed to providers and nurses; # distributed to consumers

Strategy 2 Tactic 3:

Process Measures: # of providers changing protocols to increase patient referrals to diabetes education services

Outcome Measures: # of referrals

Strategy 2 Tactic 4:

Outcome Measures: % of women who indicate they will breast feed increased by 10%

Strategy 3 Tactic 1:

Process Measures: # of employers expanding diabetes related wellness initiatives, # of new initiatives

Outcome Measures: # of employees impacted by initiatives

Strategy 3 Tactic 2:

Process Measures: # of schools actively considering a universal breakfast policy

Outcome Measures: # of schools with new universal breakfast policy, # of children participating

Strategy 3 Tactic 3:

Process Measures: educational program provided at food pantry meetings, educational materials for donors developed,

Outcome Measures: # of attendees at meetings, # of food pantry patrons receiving food within MyPlate guidelines, donor materials displayed at food drop off points

Strategy 3 Tactic 3:

Outcome Measures: # of Health Educators trained in regional nutritional value systems

Strategy 4 Tactic 1:

Process Measures: # of organizations actively considering joint use agreements

Outcome Measures: # of facilities with joint use agreements, # of community organizations using public facility

Strategy 4 Tactic 2:

Process Measures: # of schools actively considering wellness policies or physical activity requirement in classrooms

Outcome Measures: # of schools implementing new wellness or physical activity in classroom policies, # of children impacted

Strategy 4 Tactic 3:

Process Measures: frequency of educational material developed

Outcome Measures: # of materials posted

CHIP Meetings and Organizational Participation

Asthma Meeting Schedule: Topics and Attendees

- May 31, 2013

Topics: Discuss scope of asthma rates and care within the Capital Region. Identified environmental and behavioral aspects of asthma. Generated strategies for Community Health Improvement Plan.

Attendees: Albany County Department of Health, St. Peter's Health Partners, Whitney M. Young, Jr. Health Services, CDPHP, Next Wave, Capital District Tobacco Free Coalition, Visiting Nurse Association of Albany

- June 14, 2013

Topics: Identified areas of need/service gaps. Identified target populations and possible solutions.

Attendees: Albany County Department of Health, St. Peter's Health Partners, Visiting Nurse Association of Albany, Capital District Tobacco Free Coalition, Whitney M. Young, Jr. Health Services, Next Wave

- June 28, 2013

Topics: Discussed service area needs and barriers to asthma medications. Generated possible goals for Community Health Improvement Plan and discussed areas for possible or already existing activities that provide asthma prevention and/or treatment.

Attendees: St. Peter's Health Partners, Seton Health Center for Smoking Cessation Visiting Nurse Association of Albany, Capital District Tobacco Free Coalition, Whitney M. Young, Jr. Health Services/Asthma Coalition of the Capital Region, Next Wave, City School District of Albany

- July 12, 2013

Topics: Developed strategies to target identified environmental and behavioral aspects of asthma. Began to generate tactics for strategies and identify key community partners.

Attendees: St. Peter's Health Partners, Albany Medical Center, Visiting Nurse Association of Albany, Capital District Tobacco Free Coalition, Whitney M. Young, Jr. Health Services/Asthma Coalition of the Capital Region, Next Wave, City School District of Albany

- August 8, 2013

Topics: Further development of strategies. Tactics identified for each strategy. Identified target populations and measurement strategies.

Attendees: Albany County Department of Health, St. Peter's Health Partners, Albany Medical Center, Visiting Nurse Association of Albany, Capital District Tobacco Free Coalition, Whitney M. Young, Jr. Health Services/Asthma Coalition of the Capital Region, Next Wave, City School District of Albany

- August 30, 2013

Topics: Refined strategies, tactics and targets; reviewed organizational feedback on draft CHIP.

Attendees: Albany County Department of Health, St. Peter's Health Partners, Albany Medical Center, Visiting Nurse Association of Albany, Capital District Tobacco Free Coalition, Whitney M. Young, Jr. Health Services/Asthma Coalition of the Capital Region, Next Wave, City School District of Albany

- September 20, 2013

Topics: Refined strategies, tactics and targets. Task Force voted unanimously to adopt the Asthma Community Health Improvement Plan.

Attendees: Albany County Department of Health, St. Peter's Health Partners, Albany Medical Center, Visiting Nurse Association of Albany, Capital District Tobacco Free Coalition, Whitney M. Young, Jr. Health Services/Asthma Coalition of the Capital Region, Next Wave, City School District of Albany

Behavioral Health Meetings: Topics and Attendees

- May 29, 2013

Topics: Review of the Prevention Agenda and community survey results. Identified high needs areas and targets for intervention.

Attendees: Rensselaer County Department of Health, Albany County Department of Health, St. Peter's Health Partners, Rensselaer County Department of Mental Health, Whitney M. Young, Jr. Health Services, CDPHP

- June 12, 2013

Topics: Developed specific target populations and outlined needs to address.

Attendees: Rensselaer County Department of Health, Albany County Department of Health, St. Peter's Health Partners, Rensselaer County Department of Mental Health, Albany County Department of Mental Health, Fidelis, Addictions Care Center of Albany, CDPHP

- June 26, 2013

Topics: Reviewed and discussed proposed target populations. For each selected target population, identified a goal and potential activities for addressing needs.

Attendees: Rensselaer County Department of Mental Health, Albany County Department of Mental Health, St. Peter's Health Partners, CDPHP, SPARC

- July 10, 2013

Topics: Objectives identified for goal. Development of clear strategies and tactics for addressing needs. Discussed measurement strategies for assessing progress. Organizations aligned for each strategy and/or tactic.

Attendees: Rensselaer County Department of Health, Rensselaer County Department of Mental Health, Albany County Department of Mental Health, Albany County Department for Children, Youth, and

Families, St. Peter's Health Partners, CDPHP, Albany Medical Center, Whitney M. Young, Jr. Health Services, SPARC, Catholic Charities AIDS Services, Center for Smoking Cessation: Seton Health, SPARC

- August 7, 2013

Topics: Further development of strategies and tactics. Developed tracking mechanisms for measurement.

Attendees: Rensselaer County Department of Health, Rensselaer County Department of Mental Health, Albany County Department of Mental Health, St. Peter's Health Partners, CDPHP, Whitney M. Young, Jr. Health Services, SPARC, Catholic Charities AIDS Services, Center for Smoking Cessation: Seton Health

- August 28, 2013

Topics: Refined strategies, tactics and targets; reviewed organizational feedback on draft CHIP.

Attendees: Rensselaer County Department of Health, Rensselaer County Department of Mental Health, Albany County Department of Mental Health, St. Peter's Health Partners, CDPHP, Whitney M. Young, Jr. Health Services, Catholic Charities AIDS Services, Center for Smoking Cessation: Seton Health

- September 25, 2013

Topics: Refined strategies, tactics and targets. Task Force voted unanimously to adopt the Diabetes Community Health Improvement Plan.

Attendees: Rensselaer County Department of Health, Albany County Department of Mental Health, St. Peter's Health Partners, CDPHP, Whitney M. Young, Jr. Health Services, Catholic Charities AIDS Services, Center for Smoking Cessation: Seton Health

Diabetes Meetings Schedule: Topic and Attendees

- May 30, 2013

Topics: Reviewed NYSDOH Prevention Agenda and Community Health Improvement Plans. Discussed results from Community Health Survey. Identified barriers to eating healthy and healthy living. Discussed possible target populations and resources for reaching those individuals.

Attendees: Albany County Department of Health, Rensselaer County Department of Health, St. Peter's Health Partners, Albany Medical Center, CDPHP, Visiting Nurse Association of Albany, Center for Excellence in Aging and Community Wellness, Price Chopper

- June 13, 2013

Topics: Identified areas of need, service gaps and target population. Proposed possible solutions and places to target population.

Attendees: CDPHP, Albany County Department of Health, Rensselaer County Department of Health, St. Peter's Health Partners, St. Mary's Hospital, Albany Medical Center, Visiting Nurse Association of Albany,

Sage College, Center for Excellence in Aging and Community Wellness, Capital District Community Gardens

- June 27, 2013

Topics: Specific problems to target identified. Possible strategies and resources for each problem developed. Discussed development of new resources.

Attendees: Albany County Department of Health, Rensselaer County Department of Health, St. Peter's Health Partners, Albany Medical Center, American Diabetes Association, Capital District Community Gardens, Sage College, SUNY Albany School of Public Health, Price Chopper

- July 11, 2013

Topics: Goals and objectives identified. Reviewed results from prioritization tool illustrating high priority areas: physical activity, nutrition, and cross-promotion of resources. Further identification of strategies.

Attendees: Albany County Department of Health, Rensselaer County Department of Health, St. Peter's Health Partners, Albany Medical Center, Capital District Community Gardens, Sage College, SUNY Albany School of Public Health, Price Chopper, CDPHP

- August 8, 2013

Topics: Specific strategies and tactics outlined to reach target population. Organizations and resources identified for strategies/tactics.

Attendees: Albany County Department of Health, Rensselaer County Department of Health, St. Peter's Health Partners, Albany Medical Center, Capital District Community Gardens, SUNY Albany School of Public Health, Price Chopper, American Diabetes Association

- August 29, 2013

Topics: Refined strategies, tactics and targets; reviewed organizational feedback on draft CHIP.

Attendees: Albany County Department of Health, Rensselaer County Department of Health, St. Peter's Health Partners, Albany Medical Center, Capital District Community Gardens, SUNY Albany School of Public Health, Price Chopper, Consumer representative, Faith community representative, CDPHP, Sage Colleges

- September 17, 2013

Topics: Refined strategies, tactics and targets. Task Force voted unanimously to adopt the Diabetes Community Health Improvement Plan.

Attendees: Albany County Department of Health, Rensselaer County Department of Health, St. Peter's Health Partners, Albany Medical Center, Capital District Community Gardens, SUNY Albany School of Public Health, Consumer representative, Faith community representative