

Rensselaer County Department of Health

2010-2013 Community Health Assessment

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ABBREVIATIONS AND DEFINITIONS

BRFSS	Behavioral Risk Factor Surveillance System
CCE	Cornell Cooperative Extension
CHA	Community Health Assessment
HCDI	Healthy Capital District Initiative
Healthy People 2010	A set of health objectives for the nation to achieve, which are priorities for data collection, over this first decade of the 21 st century
Incidence	number of new infections in a given period of time, expressed as percentage of the population at risk; the risk of developing some new condition in a specific time period
LHD	Local Health Department
MPHSP	Municipal Public Health Services Plan
Prevalence	percentage/proportion of individuals in a population with a certain disease or condition at a specific point in time
Rate	number of cases per specified number of individuals
RCDOH	Rensselaer County Department of Health
NACCHO	National Association of County and City Health Officials
NYSDOH	NY State Department of Health
NYSIIS	NY State Immunization Information System

INTRODUCTION

The aim of this assessment is to identify populations at increased risk of poor health outcomes, to describe the health of the population and the community environment, to identify areas where better information is needed, and is the basis for local health planning as required by the New York Public Health Law Section 602 – Municipal Public Health Services Plan (MPHSP). New York county health departments will conduct a Community Health Assessment (CHA) then develop a Municipal Public Health Service Plan (MPHSP) for the period of 2010-2013 to meet established objectives.

The content of and goals mentioned in this document are based on the Prevention Agenda for the Healthiest State, launched by State Health Commissioner Richard Daines, as well as consideration of Healthy People 2010 objectives. The current Prevention Agenda for New York State seeks to improve the health status of New Yorkers through emphasizing prevention efforts at the community level. The priority areas of the Prevention Agenda will be accomplished through collaborative efforts of local health departments, hospitals, and other community partners. This CHA summarizes the status of indicators specific to Rensselaer County and outlines the prevention efforts to be used, the current focus areas, future opportunities for action, and the organization of responsibilities in this health department that allow for successful implementation of plans.

While this text highlights some statistics for Rensselaer County, complete data tables can be found in Appendix A of this document. All data is based on the most current estimates available from various cited sources. Additional statistics can be found on the US Census website, the NY State Department of Health website, and the CDC's Behavioral Risk Factor Surveillance System website.¹ Information taken from census data represents the 2000 or 2005-2007 American Community Survey three-year estimates; however, the 2010 census to be completed in March 2010 will provide a more accurate and current picture of Rensselaer County. The Rensselaer County 2008 Annual Report is also accessible on the county website.²

The CHA will be available to the community in PDF format at county libraries, schools of public health, and selected institutions. It will also be available online through the RCDOH website.

¹ Census: <http://factfinder.census.gov>;

NYS DOH:

http://www.health.state.ny.us/prevention/prevention_agenda/county/indicators_matrix_renselaer.htm;

BRFSS Summary Reports: <http://www.health.state.ny.us/nysdoh/brfss/>

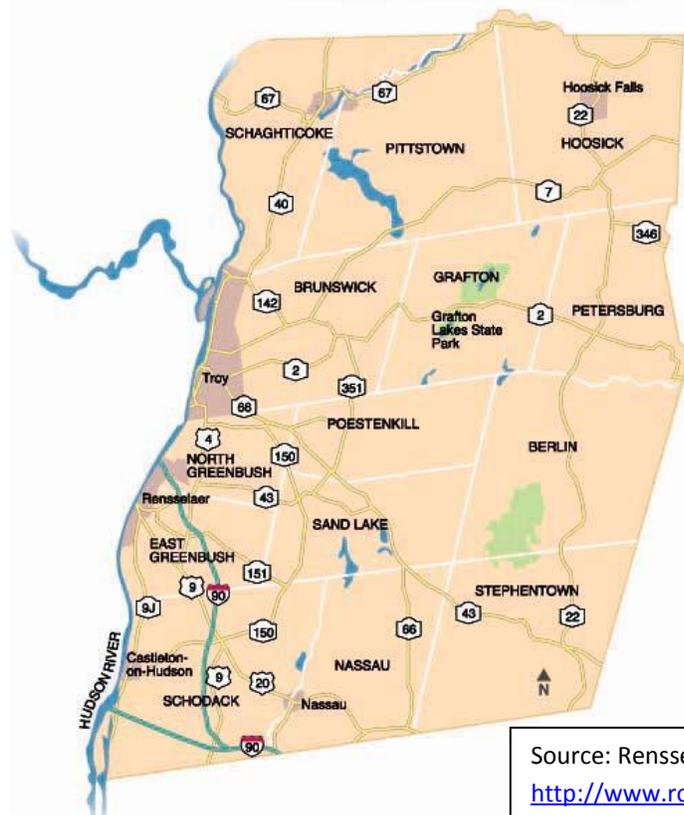
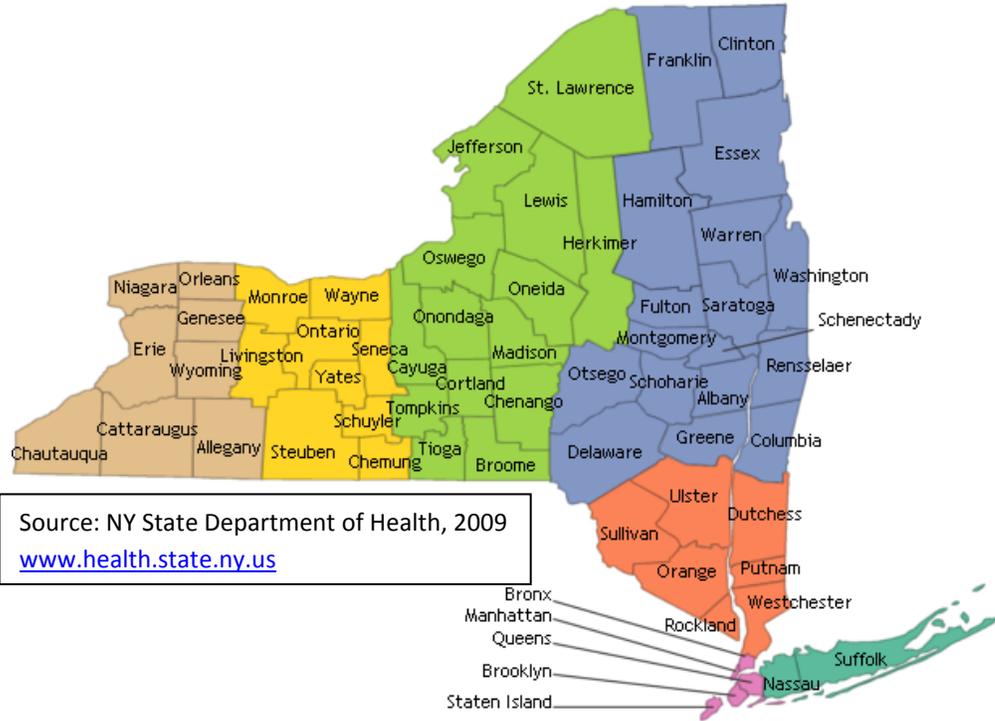
² Rensselaer County DOH Online: <http://www.rensco.com/publichealth.asp>

SECTION ONE: POPULATIONS AT RISK

A. DEMOGRAPHICS AND HEALTH STATUS INFORMATION

Geography:

Rensselaer County spans a geographic area of 654 square miles and is situated east of Albany and 157 miles north of New York City. The county is bordered on the east by the states of Vermont and Massachusetts, on the north by Washington County, and on the south by Columbia County. The Hudson River borders the western boundary of the county. Rensselaer County ranges from urban to rural

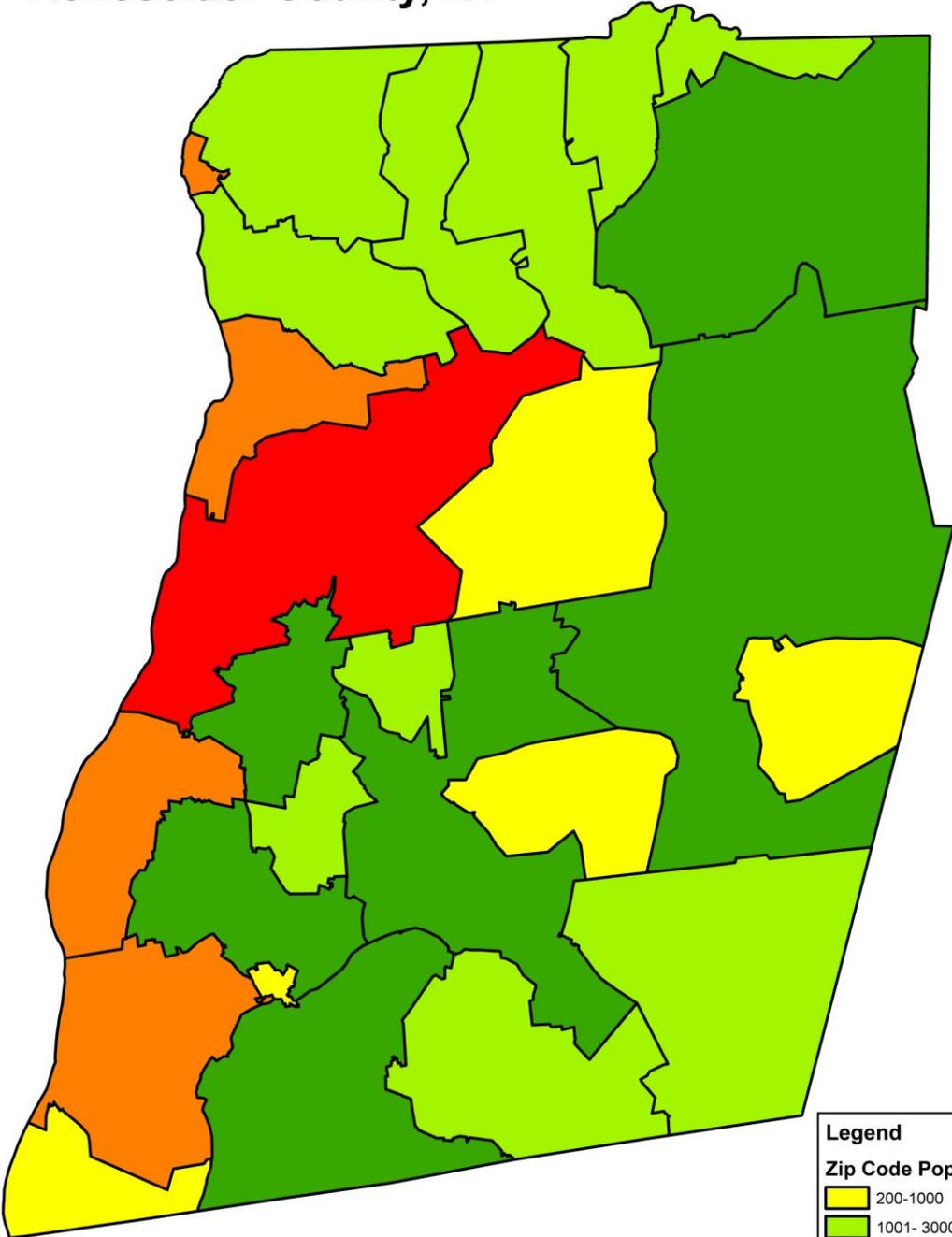


and has two cities, six villages, and fourteen towns. The two cities, Rensselaer and Troy, both lie on the west side of the county along the Hudson River.

Estimates of persons per square mile show that the City of Troy (4,722 persons per sq mi) is the most urban area in the county, followed closely by the City of Rensselaer (2,579 persons per sq mi), while Stephentown has the most rural community at 50 persons per square mile.

Source: Rensselaer County Genweb, 2009
<http://www.rootsweb.ancestry.com/~nyrense/map1.htm>

Population Density by Zip Code Rensselaer County, NY



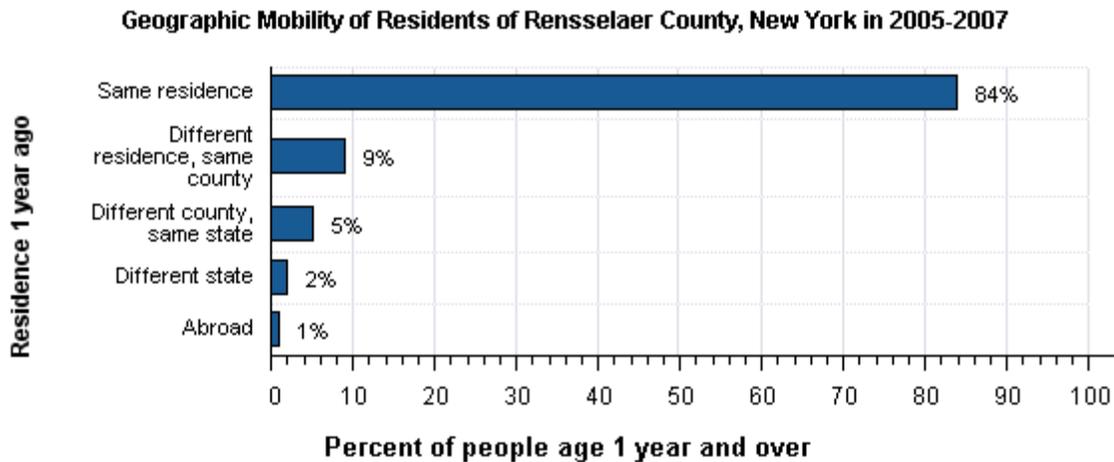
Legend

Zip Code Population

200-1000
1001- 3000
3001-8000
8001-18000
50000+

Population:

As of July 1, 2008 Rensselaer County had a population of 155,261 residents with 238 persons per square mile, an increase from 152,538 residents in 2000. From 1990 to 2000, the county lost 1,891 of its total population, which went from 154,429 to 152,538 residents. The graph shows the migration of county residents. Most of the population (84%) has remained at the same residence they occupied one year previously.

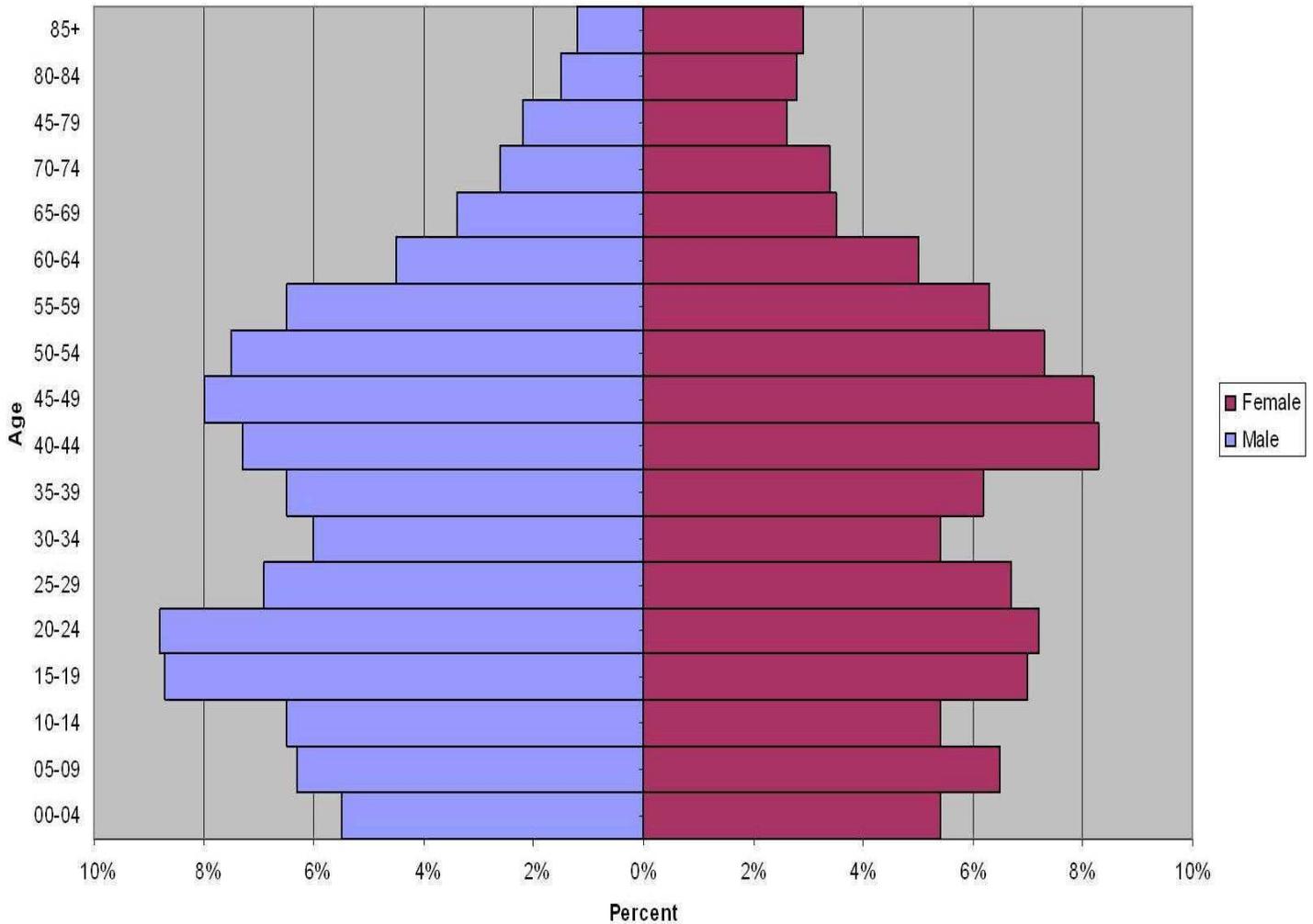


Source: American Community Survey, 2005-2007

Residents of Troy (47,459) and Rensselaer (7,907) Cities represent 37% of the county's total population. The City of Troy has the highest population in the county, followed by the town of East Greenbush at 16,891. The population growth within the townships and cities varied, with the cities of Troy and Rensselaer decreasing in population, and the towns of Grafton and Pittstown experiencing the largest percentage of growth. Estimates of the population in the year 2003 compared to 2000 showed the towns with the highest percentage of growth rate are Grafton (6.5%), Pittstown (6.05%), Petersburg (3.8%), East Greenbush (3.0%), Stephentown (2.5%), Poestenkill (2.4%), North Greenbush (2.2%) and Sand Lake (2.1%).

The median age in Rensselaer County is 38.2 years. Females comprise 50.7% of the population while males comprise 49.3% of the county population. The percentage of persons over age 65 years is 13.1%. Of this 13.1%, 5.4% are male and 7.7% are female. This age group (65+) also has the highest percentage of those with disability status (37.9%). The percentage of persons over 18 is 77.9%. Of this 77.9%, 38.1% are male and 39.8% are female. The graph below provides a visual summary of the population distribution by age, showing that 54% of the population is between the ages of 25 to 64.

Population Pyramid for Rensselaer County, 2008, Data Source: US Census Bureau



Nativity and Mortality:

The crude birthrate – ratio of live births to the entire population – is an indicator for fertility. Data for Rensselaer County shows a total of 1,851 live births in 2007, compared to over 200,000 in the state of NY. Factors that affect natality include poverty, socioeconomic status, availability of pre-natal care, and contraception and abortion practices. Indicators for healthy mothers, infants, and children are discussed in part B of this section.

The overall mortality rate in Rensselaer County is 907.8 per 100,000 as compared to NYS (757.9). The mortality rate is a significant indicator of the overall health of a community. The table below shows the death rates for various regions by cause of death. Heart disease causes the highest death rate across all counties.

Mortality for Selected Causes of Death by State and County, 2007: Count and (Rate per 100,000 population)

County	Total	Diseases of the Heart	Malignant Neoplasms ³	Cerebro-vascular Disease	AIDS	Pneumonia
New York State	146,266 (757.9)	49,313 (255.5)	35,183 (182.3)	5,881 (30.5)	1,327 (6.9)	4,502 (23.3)
New York City	52,871 (639)	21,173 (255.9)	12,450 (150.5)	1,601 (19.3)	1,077 (13)	2,346 (28.4)
Rest of State	93,395 (847.3)	28,140 (255.3)	22,733 (206.2)	4,280 (38.8)	250 (2.3)	2,156 (19.6)
Albany	2,657 (887.7)	819 (273.6)	655 (218.8)	114 (38.1)	7 (2.3)	44 (14.7)
Rensselaer	1,410 (907.8)	411 (264.6)	376 (242.1)	45 (29)	2 (1.3)	24 (15.5)
Schenectady	1,502 (995.9)	421 (279.1)	352 (233.4)	63 (41.8)	3 (2)	32 (21.2)
	Chronic Lower Respiratory Disease	Total Accidents	Diabetes Mellitus	Homicide/ Legal Intervention ⁴	Cirrhosis of the Liver	Suicide
New York State	6,465 (33.5)	4,905 (25.4)	3,690 (19.1)	842 (4.4)	1,285 (6.7)	1,368 (7.1)
New York City	1,403 (17)	1,658 (20)	1,563 (18.9)	513 (6.2)	418 (5.1)	456 (5.5)
Rest of State	5,062 (45.9)	3,247 (29.5)	2,127 (19.3)	329 (3)	867 (7.9)	912 (8.3)
Albany	150 (50.1)	67 (22.4)	39 (13)	6 (2)	29 (9.7)	32 (10.7)
Rensselaer	80 (51.5)	46 (29.6)	30 (19.3)	3 (1.9)	14 (9)	14 (9)
Schenectady	95 (63)	44 (29.2)	33 (21.9)	5 (3.3)	26 (17.2)	16 (10.6)

Source: NY State DOH – Vital Statistics for NY State, 2007, Tables 38 and 39

Race/Ethnicity:

The 2005-2007 census estimates indicate that Rensselaer County remains predominantly Caucasian (89.5%) with African-Americans representing 4.1%, Asians representing 2.3%, Hispanics of any race representing 2.7%, and those of two or more races representing 3.3% of the population. The percentage of Caucasian population has declined since 1990 (94.6%) while the Hispanic population has doubled since 1990 from 1.2% to 2.7%. The distribution by racial/ethnic origin by town shows the highest percentage of non-white populations reside in the two cities, Troy (23.5%), Rensselaer (10.9%), then East Greenbush (6.0%) and Brunswick (3.6%). The township with the smallest non-white population percentage is Berlin (1.6%) then Poestenkill and Sand Lake at (1.7%).

³ Cancer; a malignant tumor

⁴ Legal intervention – the decedent was killed by a police officer or other peace officer.

Although the overall population in the cities of Troy and Rensselaer has decreased in percentage (1.1% and 0.2% respectively), there has been an increase in the Hispanic population. The Hispanic population in the City of Troy is 5.4% and in the City of Rensselaer is 2.1%. In addition, there is an active group within the county relocating refugees from various countries. A substantial number of Burmese refugees are being housed in Rensselaer and Troy. According to data obtained within the community, the increase in the Hispanic population is attributed to the relocation of residences from Puerto Rico and Mexico directly to this area with many traveling first to New York City, staying there 1 - 2 years, before relocating to this county. Some of the Hispanic population also arrives from the Dominican Republic, Costa Rica and El Salvador. The foreign born population in Rensselaer County is 5.1% (7, 817) residents. However, it is difficult to estimate exact numbers of documented or undocumented immigrants.

The bivariate analysis at the end of this subsection further highlights trends according to race and economic status among other characteristics. Statistical patterns may not be true for individual persons, and while race itself does not cause health problems, disparities are often concentrated in minorities compared to whites. Awareness of cultural distributions and trends within the county is useful for targeting resources to those most in need and supports the effective communication between public health professionals and community members in clinical settings, risk behavior interventions, and health studies. This is of particular importance in light of the increasing immigrant/refugee population.

Socioeconomic Status (SES):

Socioeconomic Status is “a measure of an individual or family’s relative economic and social ranking” based on income, education, and occupation.⁵ Low economic status is a major risk for disease. Individuals with low incomes are more likely to live and work in environments that pose increased health hazards. Economic status is an important factor to address when working to improve the health of a community.

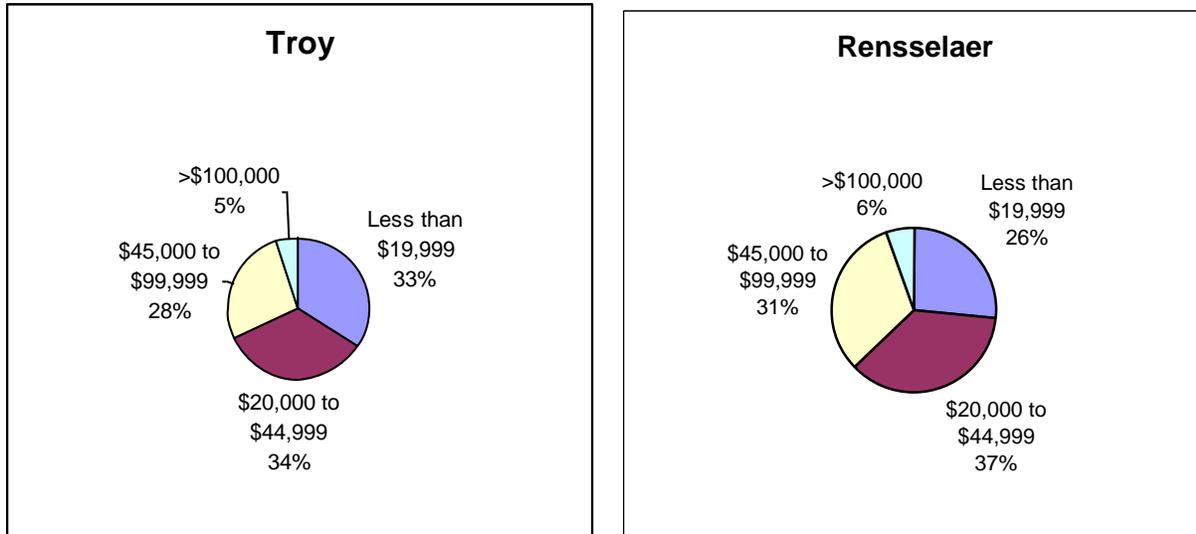
The median household income for the county in 2007 was \$52,257 compared to the state median income of \$52, 944. According to 2000 census data, the highest median income by township is \$58, 945 in Poestenkill. Additional high-income areas included Sand Lake (\$57,176), Brunswick (\$56,258), and North Greenbush (\$55,422). All median income levels have decreased since the 2005 - 2010 community health assessment for the county. The lowest median incomes within the county were found in the City of Troy (\$29,844) and the City of Rensselaer (\$34,730).

The income bracket with the highest percentage (18.6%) of county residents is \$50,000 to 74,999, followed by the second highest percentage (15.8%) of residents in the \$35, 000 to

⁵ National Center for Education Statistics: <http://nces.ed.gov/programs/coe/glossary/s.asp>

\$49,999 bracket. Those who make less than \$10,000 comprise 6.2% of the county. 8.2% of families in the county are below the poverty threshold.

Income Level by Municipality, 2000



Public assistance participation:

The 2005-2007 census data indicates that 8.2% of all families in the county had income below the federal poverty level in the past 12 months; the largest percentage of those in the following townships: City of Troy (14.3%), City of Rensselaer (9.8%), the town of Petersburg (9.8%) and town of Berlin (9.7%). Individuals below poverty level comprise 11.5% of county residents. Of the families with related children under the age of 18, 14.3% are below the poverty level. Among families in the county 35.9% received Supplemental Security Income and/or public assistance income, while 3% of families received Social Security Income.

The total percentage of those on Medicaid, excluding Family Health Plus and Child Health Plus was 11.0% or 16,940 persons. This is according to the New York State Department of Health, Medicaid Management Information System. The percentage under 18 years of age on Child Health Plus was 5.6% and those 18-64 years on Family Health Plus was 1.6%. The percentage of the uninsured population, ages 18-64 years in Rensselaer County is estimated at 10.3% for 2003.

The number of persons presenting to the Department of Social Services for assistance can also indicate economic need. Between January 1, 2004 and December 31, 2004, there were 13,265 persons eligible for assistance, with 10,231 enrolled (77% penetration) as compared to 12,445 person's eligible, with 9,491 enrolled (76% penetration) in 2003.

Household structure:

Socioeconomic status is often related to family structure. Single parent homes have only one income and/or do not receive financial support from the absent parent. Children raised by grandparents often live on a limited income due to the impact of retirement and social security deductions. The average household size according to 2005-2007 estimates for Rensselaer County was 2.48 and the average family size was 3.07. Among grandparents living with their own grandchildren, 726 (33.2%) are responsible for children under age 18. There are 60,340 married persons over 15 years of age in the county (38.9%) and 11,777 divorced (7.6%). Of the total number of single-family households, 7,663 (12.6%) are headed by females, exceeding the 2,726 (4.5%) headed by males.

Employment:

According to the New York State Department of Labor, the percentage of the population receiving unemployment insurance in Rensselaer County as of June 2009 was 2.8% (4393 residents). The 2005-2007 census data shows that there were a total of 84,836 county residents in the labor force (16 years of age and over and able to be hired), which is 67.9% of Rensselaer County residents, with 40,325 (63.3%) female county residents. Of the total number of persons in the labor force 4.3% were unemployed. The following table shows the breakdown of the employed population (aged 16 and older) by type of industry. The leading industries were educational, healthcare, and social assistance services.

Employment by Industry in Rensselaer County, 2005-2007

Industry	Percentage of the employed population
Agriculture, forestry, fishing and hunting, and mining	1%
Construction	7%
Manufacturing	8%
Wholesale trade	3%
Retail trade	12%
Transportation and warehousing, and utilities	4%
Information	3%
Finance and insurance, and real estate and rental leasing	7%
Professional, scientific, and management, and administrative and waste management services	9%
Educational services, health care, and social assistance	25%
Arts, entertainment, and recreation, and accommodation and food services	8%
Public administration	10%
Other services	4%

Source: American Community Survey, 2005-2007

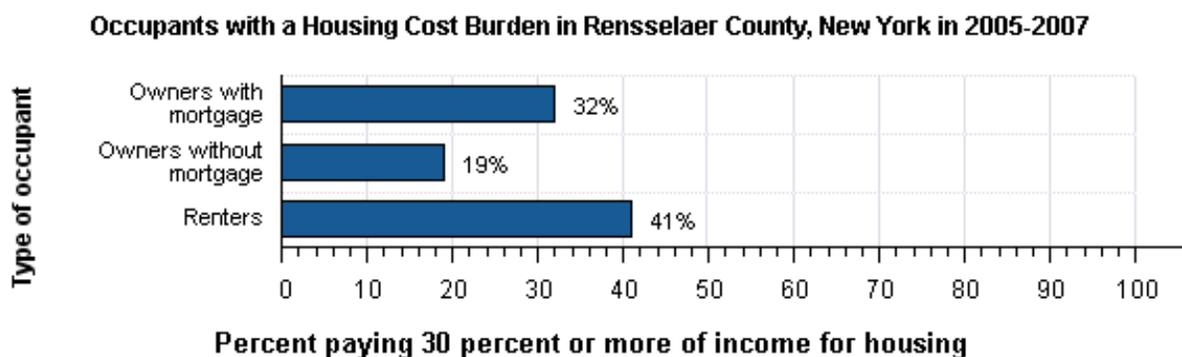
Education:

Level of education is an important health indicator. Individuals who graduate from high school have educational, economic, and social opportunities that promote better health. Based on the 2005-2007 census estimates of individuals 25 years and older, large segments of the Capital District have not had the benefits of a complete high school education. Understanding the educational level of the community is a key consideration in the design of effective interventions.

The percentage of residents 25 and over who are high school graduates is 34.1% in Rensselaer County, as compared to 83.9% in New York State. The percentage of residents 25 and over with a Bachelor's degree is 14% in Rensselaer County as compared to 31.2% in New York State. According to 2000 census data, the percentage of those with a professional degree is 1.8% for the entire county and less than 3% for individual all towns and cities.

Housing:

The largest number of residents in Rensselaer County resides in single-family homes (55.3%). This percentage is lower compared to upstate New York (64.6%) but higher than the state average (41. %). There are (16.3%) two-unit housing units within the county. In Rensselaer County 34.6% of housing units are renter occupied as compared to 29.6% in Upstate New York and 46.8% in New York State as a whole. In 2004 the median value of a home in Rensselaer County was \$122,500, which is 20% higher than in 2000 when the median value was \$97,737. The number of housing sales has fluctuated slightly between 2002, when 1721 homes were sold, and 2003 when 1809 homes were sold. Thirty-eight percent of total housing units were built in 1939 or earlier, which has implications for health risks such as lead and asbestos exposure.

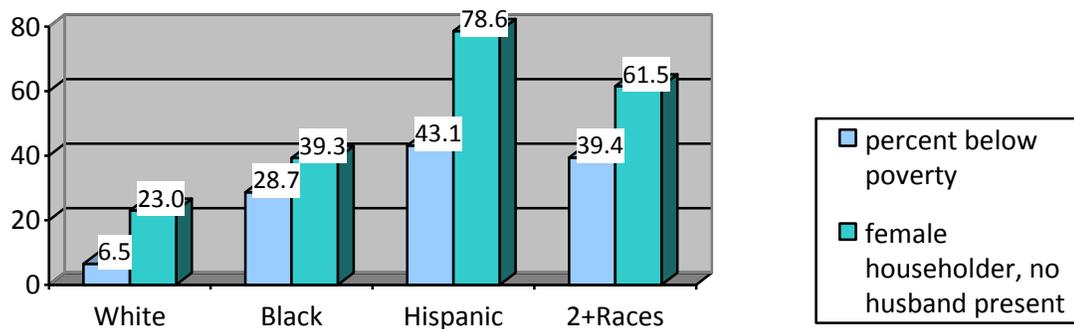


Source: American Community Survey, 2005-2007

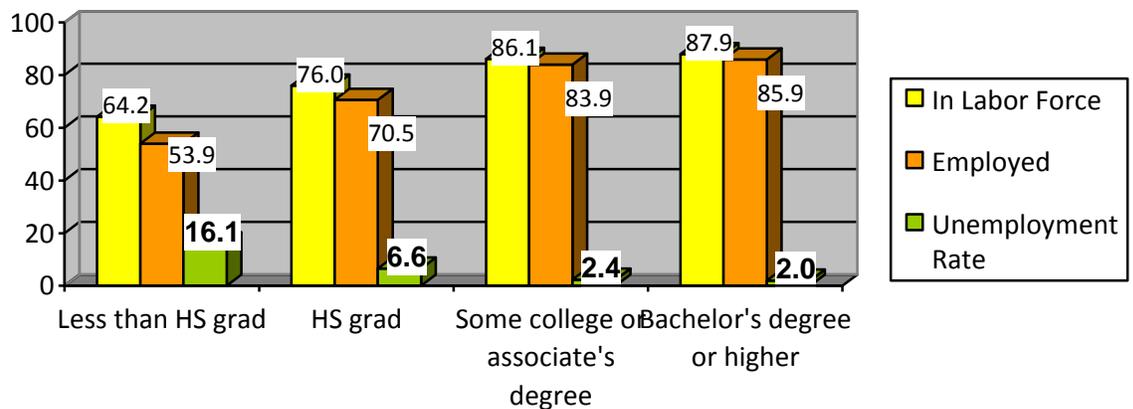
Bivariate Representation of Demographic Characteristics:

Highlighting two characteristics of a population simultaneously reveals patterns otherwise unidentifiable when looking at one variable alone. These relationships are only useful when data is properly interpreted. For example, the first graph shows that 28.7% of families where the householder is black are below the poverty level. In addition, 39.3% of black families where the householder is female are below the poverty level. Hispanics represent a relatively small portion of the county, but their poverty burden is high, which will influence the overall economy in the county as their population increases. The second graph shows that among county residents who have less than a high school education, 64.2% are in the labor force, 53.9% are employed, and 16.4% is their rate of unemployment. The third graph shows that the median earnings of females in the county is lower than that of males. There is a difference of over \$5,000 between males and females, even among those with a graduate or professional degree.

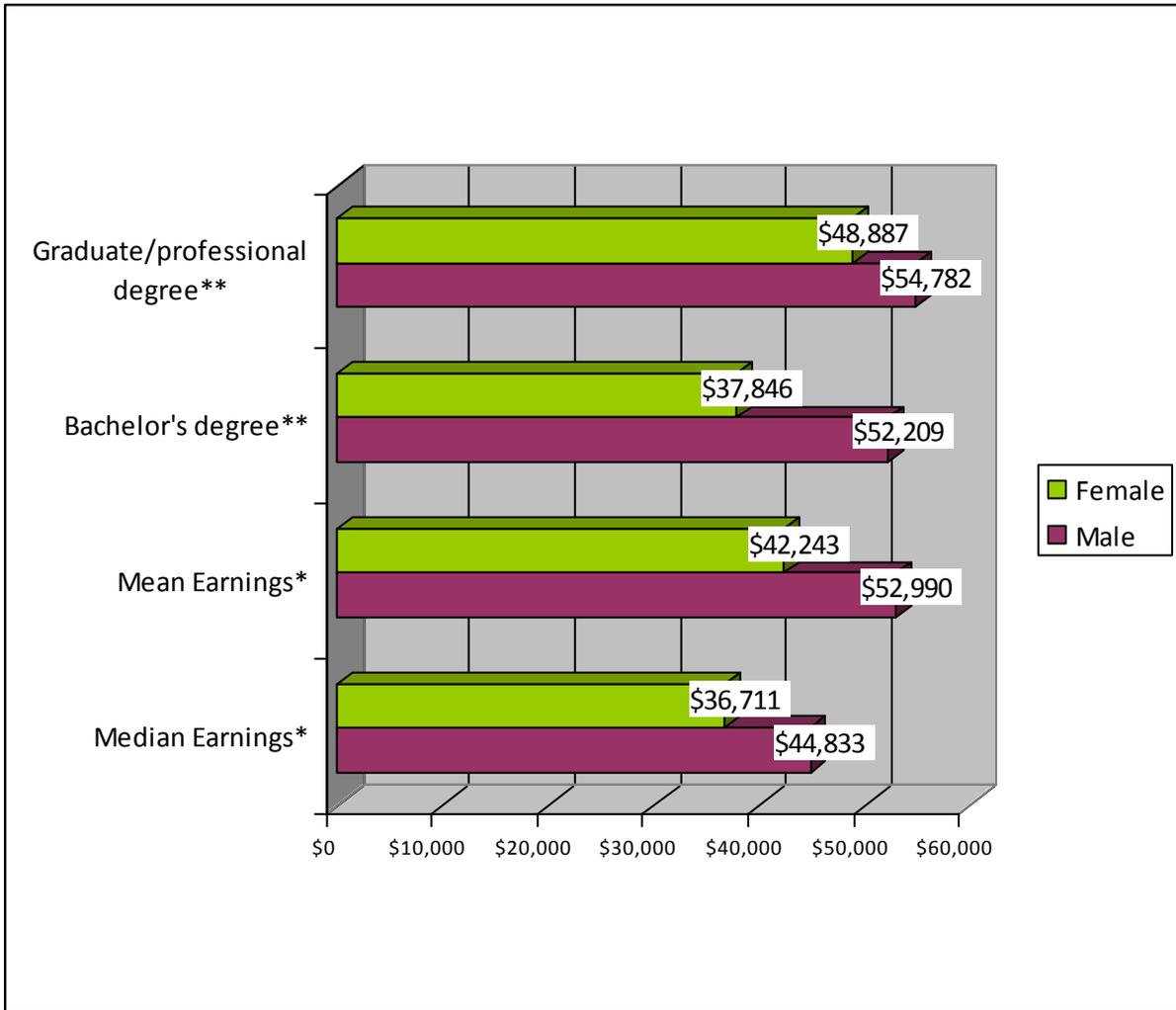
Percentage of Families Below the Poverty Level, by Ethnicity, US Census 2005-2007



Percent Unemployment of Population 25 to 64 years of Age by Education Status, US Census 2005-2007



Earnings by Sex and Educational Attainment (past 12 months), US Census 2005-2007



*Full time, year-round workers with earnings

**Median earnings, population aged 25+ with earnings

B. BEHAVIORAL RISK FACTORS (by Prevention Agenda Category)

The Behavioral Risk Factor Surveillance System (BRFSS) is a survey that monitors behaviors contributing to the leading causes of morbidity and mortality. It is collected in all US states and territories monthly and aggregated for yearly statistics. Eligible participants include the non-institutionalized adult household population aged 18 and older. It has been conducted in New York State since 1985 by telephone survey using the two forms of sample collection – Disproportionate Stratified Random Sampling and the Waksberg Cluster Method.

This section reports the prevalence and/or incidence estimates of health risk behaviors in order to identify portions of the population at increased risk of poor health outcomes. Access to quality healthcare information can be found in Part C of this Section. Detailed information on the emergency preparedness program can be found in Section Two, Part C.

The following is a summary of the status behavioral risk factors that have been selected for the community assessment based on the prevention agenda indicator data for Rensselaer County. For additional statistics, please refer to Appendix A.

Healthy Mothers, Healthy Babies, Healthy Children

Participation in the Women, Infants, and Children (WIC) program:

WIC is a federally funded program that provides nutritional education and counseling, supplemental foods, and health care referrals for low income, pregnant or lactating women with infants and/or children less than 5 years of age. During the Federal Fiscal year October 1, 2003 - September 30, 2004 there were 2914 individuals served. There were a total of 33 sites in Rensselaer County with services provided by the Hunger Prevention and Nutrition Assistance Program (HPNAP), within WIC. These sites distributed a total of 801,002 meals, which included 51,094 to children, 90,740 to adults, and 6,968 to the elderly.

	Rensselaer	Albany	Schenectady	Agenda Goal	NY State	Year
WIC mothers breastfeeding at 6 months (%)	16.4	20.7	18.3	50	38.6	2004-2006

Early Entry into Prenatal Care:

Early prenatal care is defined as pregnancy related health care received by the mother in the first three months (first trimester) of her pregnancy. Early, high quality prenatal care can help to prevent poor birth outcomes by enabling early identification and, where possible, treatment of health problems. Such care can also provide an opportunity to educate or counsel

pregnant women about the adverse effects of behaviors such as alcohol, tobacco, or other drug use that increase their risk of poor outcomes for their baby. Women without prenatal care have babies that are three times more likely to be low birth weight and five times more likely to die than of those who receive care.⁶ Maternal education, age, and health are strong predictors of early prenatal care use.⁷

The prevention agenda seeks to increase the proportion of all pregnant women who receive prenatal care in the first trimester of pregnancy to at least 90%. In Rensselaer County, 80.2% of women received early prenatal care.

Indicator	Rensselaer	Albany	Schenectady	Agenda Goal	NY State	Year
Women who received early prenatal care (first trimester) (%)	80.2	80.2	76.5	90	74.9	2004-2006

Low Birth Weight and Premature Births:

Prematurity (pre-term) and low birth weight are the leading causes of death in the first month of life. Pre-term is defined as less than 37 completed weeks of pregnancy and very preterm is less than 32 completed weeks of pregnancy. Infants weighing less than 2,500 grams (5.5 pounds) at birth are considered to be low birth weight.

Low birth weight is a major cause of infant mortality and increases an infant’s chances for dying in infancy. Low birth weight infants, especially those born to teen mothers, are at risk for health problems such as blindness, deafness, developmental disability, mental illness, and cerebral palsy.⁸ Factors that may contribute to low birth weight include birth defects, chronic maternal health problems, alcohol or drug use, infections, placental problems, inadequate maternal weight gain, and socioeconomic factors.⁹ The proportion of low birth weight births has increased from 1995 to 2003. The percentage of low birth weight births is 7.6% for the county. The infant death rate is 6.4 per 1,000 births. The agenda goal is to reduce low birth weight to an incidence of no more than 5% of live births and to reduce the infant death rate to

⁶ US Department of Health and Human Services, Office n Women’s Health. 2009. <http://www.womenshealth.gov/faq/prenatal-care.cfm>.

⁷ Hillemeier M, Weisman C, Chase G, Darnell M. Predictors of Early Prenatal Care Use, Preterm Birth and Low Birthweight Among Rural and Urban Women. *Abstr AcademyHealth Meet.* 2004; 21: abstract no. 1257. Available: <http://gateway.nlm.nih.gov/MeetingAbstracts/ma?f=103624291.html>.

⁸ *Low Birth Weights and Premature Births.* Kids’ Well-being Indicators Clearinghouse (KWIC) 2009. Accessed 6/17/09. [Available: http://www.nyskwic.org/u_indicators/indicator_narrative.cfm?numIndicatorID=13]

⁹ March of Dimes Fact Sheets – Low Birth Weight. 2009. http://www.marchofdimes.com/professionals/14332_1153.asp#head2

less than 4.5 per 1,000 births. The Capital Region as a whole has seen a rise in low birth weights overall.

Prematurity is also a major determinant of illness and disability among infants, including developmental delays, chronic respiratory problems, and vision and hearing impairments. Pre-term delivery underlies most low birth weight. The percentage of pre-term births for the county is 10.6% according to vital statistics. While the specific causes of spontaneous preterm labor and delivery are largely unknown, research indicates that they are likely due to a complex interaction of multiple risk factors, as opposed to any single isolated risk factor. Factors that increase the risk of having a preterm birth fall into the following categories: (1) demographic and genetic characteristics, (2) behavioral and environmental factors, (3) medical and obstetric history. The most consistently identified risk factors include a history of preterm or low weight births, current multi-fetal pregnancy, and some uterine and/or cervical abnormalities. Other risk factors include: infection (especially genitor-urinary), diabetes mellitus, hypertension, late or no prenatal care, smoking, alcohol and illicit drug use, poor nutrition, low socio-economic status, and a low level of education.

	Rensselaer	Albany	Schenectady	Agenda Goal	NY State	Year
Births that are low birth weight (<2500 grams) (% live births)	7.6	7.7	8.2	5	8.3	2004-2006
Premature births (<37 weeks gestation; % of infants with known gestation)	10.5	10.9	11.5	NA	12.4	2005-2007
Infant mortality rate (per 1,000 live births)	6.4	7.9	6.6	4.5	5.8	2004-2006

Adolescent Pregnancy:

Problems associated with pregnancy among females aged 15 to 17 have been well documented.¹⁰ Teen mothers are less likely to complete high school or college, less likely to be or remain married, more likely to require public assistance, and more likely to live in poverty than teens who are not mothers. Children of teenage mothers are at greater risk of infant mortality, poor health, and lower cognitive development. They also have poor educational outcomes, higher rates of behavior problems, and higher rates of adolescent childbearing themselves. Adolescent childbearing also places a greater financial burden on society in terms of the increased support required to assist these families.¹¹ Circumstances that increase the chances of pregnancy during adolescents include regular conflict between family members, childhood violence or sexual abuse, poor school attendance, low socioeconomic status, family

¹⁰ A League Table of Teenage Births in Rich Nations. *Innocenti Report Card, Issue No. 3*. UNICEF 2001.

¹¹ *Adolescent Pregnancies and Births*. Kids' Well-being Indicators Clearinghouse (KWIC) 2009. Accessed 6/17/09. [Available: http://www.nyskwic.org/u_indicators/indicator_narrative.cfm?numIndicatorID=5]

history of teenage pregnancies, low maternal education, low self-esteem, father’s absence, and living in rural/remote areas.¹²

The pregnancy rate among females aged 15-17 in the county is 21.3 per 1,000, which achieves both the Healthy People 2010 objective of reducing pregnancies to less than 43 per 1,000 females and the prevention agenda goal of less than 28 per 1,000 females. The induced abortion ratio for Rensselaer County in 2007 was 186.4 per 1,000 live births, and was highest among mothers aged 15-17 (583.3 per 1,000 live births).

	Rensselaer	Albany	Schenectady	Agenda Goal	NY State	Year (for RC)
Adolescent pregnancy rate (per 1,000 females aged 15-17)	21.3	27.6	38.6	28	36.7	2004-2006
Induced abortions (per 1000 live births)	186.4	209.8	455.4	NA	477.1	2007
Spontaneous fetal deaths (n)	76	204	131	NA	17818	2007
Infant mortality rate (per 1,000 live births)	6.4	7.9	6.6	4.5	5.8	2004-2006

Oral Health Status of Children and Dental Health Education:

In 2000, the *Oral Health in America: A Report of the Surgeon General* was issued. This report stated that there are profound and consequential disparities in the oral health of the citizens of the United States. The reason for the disparities are complex and include, but are not limited to, socioeconomic factors, lack of community programs such as fluoridated water supplies, barriers to accessing oral health care, lack of resources to pay for oral health care, and the lack of public understanding and awareness of the importance of oral health care.

Oral disease can affect a person’s ability to eat, appearance, the way they communicate, and for a child, their ability to learn and succeed in school. Data from the NYSDOH estimates that 50% of children in our communities have experienced tooth decay by third grade and only about a quarter of the children receive sealants. The majority of this population does not have access to oral health services even though they may have or be eligible for Medicaid, Child Health Plus, or Family Health Plus. In addition, the number of individuals who lack dental insurance is even higher.

Dental health services are provided to the children of Rensselaer County through the Healthy Capital District Initiative (HCDI). In 2005, 825 children were screened in Rensselaer County; the majority of these children received a cleaning and fluoride treatment. Education

¹² Women’s Health Queensland Wide – Teenage Pregnancy. 2009. <http://www.womhealth.org.au/studentfactsheets/teenagepregnancy.htm>.

was provided to nearly 2000 students at three preschools within the Head Start system, as well as the Lansingburgh City School District-grades K to 3rd, the ARK Charter School K to 4th grade, the Rensselaer City School District-grade K to 2nd, and the Troy City School District-grade K to 2nd.

The Healthy People 2010 objective is to reduce the proportion of children and adolescents who have dental caries experience in their primary or permanent teeth. Reduction targets of this goal are: from 18% to 11% among 2 to 4 year olds, from 52% to 42% among 6 to 8 year olds, and from 61% to 51% among 15 year olds.

	Rensselaer	Albany	Schenectady	Agenda Goal	NY State	Year
Prevalence of tooth decay in 3rd grade children (%)	47	37.6	49.3	42	54.1	2004
Adults who have seen a dentist in the past year (%)	75.6	78.3	77.3	83	71.8	2003
Public water supplies that are fluorinated (%)	54	14	72	NA	NA	2009

Chronic Disease

Chronic diseases are the leading causes of death and disability in the US and lead to high healthcare costs, but are also among the most preventable illnesses. Prevention efforts include modifying risk factors, early detection, and treatment.

Cancer:

Cancer occurs when there is abnormal cell growth in the body. The most common risk factors for developing cancer include age, tobacco use, sunlight, ionizing radiation, some viruses/bacteria, certain hormones, family history of cancer, alcohol use, and poor diet or being overweight¹³. Smoking is associated with over 15 types of cancer and accounts for 30% of all cancer deaths¹⁴. Sources of environmental carcinogens (cancer-causing agents) include air pollution, radiation, chemicals, and some infectious agents.

Among males and females in the United States, lung cancer is the most common cause of cancer death. The age-adjusted incidence of lung cancer is 102.2 per 100,000 males in Rensselaer County and 74.1 per 100,000 females, as compared to the state incidence of 80.8 and 53.8 for males and females respectively¹⁵. Radon gas exposure is the leading cause of lung

¹³ National Cancer Institutes <http://www.cancer.gov/cancertopics/wyntk/overview/page4>

¹⁴ American Cancer Society www.cancer.org

¹⁵ Lung Cancer 2005 Statistics. CDC. 2009. <http://www.cdc.gov/cancer/lung/statistics/>.

cancer deaths among non-smokers, and the second leading cause of lung cancer in the US, claiming 20,000 lives annually¹⁶.

	Rensselaer	Albany	Schenectady	Agenda Goal	NY State	Year
Percent of breast cancer cases that were diagnosed at an early stage	64	64	68	80	63	2001-2005
Age-adjusted breast cancer mortality rate (per 100,000 female residents)	27	24.7	25.3	21.3	25.5	2001-2005
Percent of cervical cancer cases that were diagnosed at an early stage	56	55	46	65	51	2001-2005
Age-adjusted cervical cancer mortality rate (per 100,000 female residents)	2.2	2.3	1.7	2	2.6	2001-2005
Percent of colorectal cancer cases that were diagnosed at an early stage	39	39	47	50	41	2001-2005
Age-adjusted colorectal cancer mortality rate (per 100,000)	20.7	18.6	16.4	13.7	19.1	2001-2005

Cardiovascular Disease:

Heart disease and stroke are, respectively, the first and third leading causes of death in the United States.¹⁷ They are the principal causes of cardiovascular disease death and are also major causes of disability. Risk factors associated with cardiovascular disease and cerebrovascular disease prevalence are obesity, physical inactivity, smoking, hypertension, and diabetes mellitus. Cardiovascular diseases and conditions include arrhythmia, high blood pressure or cholesterol, congenital heart disease, Peripheral Artery Disease, myocardial infarction (heart attack), stroke, and heart failure.

	Rensselaer	Albany	Schenectady	Agenda Goal	NY State	Year
Age-adjusted coronary heart disease hospitalization rate (per 10,000)	52.7	37.3	51.2	48	61.2	2004-2006
Adult (18 and over) congestive heart failure hospitalization rate (per 10,000)	48.3	40.5	57.7	33	46.3	2004-2006
Age-adjusted cerebrovascular disease (stroke) mortality rate (per 100,000)	39.7	40	35.7	24	30.5	2004-2006

¹⁶ Radon. US Environmental Protection Agency. 2009. <http://www.epa.gov/radon/>.

¹⁷ Center for Disease Control and Prevention. Division for Heart Disease and Stroke Prevention. 2008. <http://www.cdc.gov/DHDSP/>.

Diabetes:

Diabetes mellitus causes blood sugar levels to rise (hyperglycemia) due to insufficient insulin production or insulin resistance. It is categorized into Type II Diabetes (the most prevalent) also called non-insulin dependent, and Type I Diabetes/insulin dependent (auto-immune). Common risk factors for Type II Diabetes include obesity, family history of diabetes, gestational diabetes, high blood pressure, abnormal cholesterol levels, and lack of physical activity. Diabetes is associated with many complications. Heart disease and stroke account for 65% of deaths among people with diabetes. It is the leading cause of new blindness cases in adults ages 20 to 74), and also causes kidney disease, nervous system damage. It can lead to periodontal (gum) disease and amputations.¹⁸

	Rensselaer	Albany	Schenectady	Agenda Goal	NY State	Year
Adults (18 and over) with diabetes (%)	8.2	6.3	6.1	5.7	7.6	2003
Rate of hospitalizations from complications of diabetes (age 18 and over) (per 10,000)	4.9	5.3	5.2	3.9	5.3	2004-2006
Rate of hospitalizations from complications of diabetes (age 6-17) (per 10,000)	2.8	4.6	3.6	2.3	3	2004-2006

Infectious Disease and Immunizations

Infectious diseases are caused by a specific infectious agent and arise through its transmission from an infected person, animal, or reservoir to a susceptible host, either directly or indirectly through an intermediate host or vector. Communicable diseases are infectious diseases that can spread from one person to another. Lyme disease is an example of infectious disease; Influenza and HIV are communicable diseases.

Reporting of communicable diseases is mandated under the New York State Sanitary Code. Those responsible for reporting include physicians, laboratories, school nurses, day care center directors, nursing homes, hospitals, and state institutions or other locations providing health services.

In addition, the Epidemiology Coordinator is responsible to investigate any unusual diseases reported as well as clusters or outbreaks of any communicable disease. Cases of HIV infection, HIV related illness and AIDS are reported to the New York State Department of Health. The total number of reportable communicable disease cases in the county for 2008 was 1320.

¹⁸ American Diabetes Association www.diabetes.org

	Rensselaer	Albany	Schenectady	Agenda Goal	NY State	Year
Amebiasis	3	NA	NA	NA	NA	2008
Babesiosis	0	NA	NA	NA	NA	2008
Campylobacter	21	NA	NA	NA	NA	2008
Cryptosporidiosis	1	NA	NA	NA	NA	2008
E-Coli, Sero-grouped O157:H7	1	NA	NA	NA	NA	2008
E. Coli incidence per 100,000	1.5	1.9	2.5	NA	0.8	2004-2006
Ehrlichiosis, Anaplasmosa Phagocytophilum	0	NA	NA	NA	NA	2008
Encephalitis other viral	0	NA	NA	NA	NA	2008
Giardiasis	14	NA	NA	NA	NA	2008
Haemophilus Influenza not B	2	NA	NA	NA	NA	2008
Acute Hepatitis A Cases, Annual	0	NA	NA	NA	NA	2008
Hepatitis A incidence per 100,000	0.4	1.6	1.1	NA	1.9	2004-2006
Hepatitis C acute	3	NA	NA	NA	NA	2008
Legionellosis	13	NA	NA	NA	NA	2008
Listeriosis	0	NA	NA	NA	NA	2008
Meningitis Aseptic	5	NA	NA	NA	NA	2008
Pertussis	3	NA	NA	NA	NA	2008
Pertussis incidence per 100,000	29.6	14.8	18.6	NA	7.1	2004-2006
Salmonellosis	20	NA	NA	NA	NA	2008
Salmonella incidence per 100,000	8.8	11.2	10.3	NA	13.6	2004-2006
Shigellosis	1	NA	NA	NA	NA	2008
Shigella incidence per 100,000	2.6	2.8	6.3	NA	3.7	2004-2006
Strep Group A invasive	10	NA	NA	NA	NA	2008
Strep Group B invasive	20	NA	NA	NA	NA	2008
Strep Group B inv., Early/Late onset	3	NA	NA	NA	NA	2008
Strep pneumoniae invas, drug resistant	1	NA	NA	NA	NA	2008
Strep pneumoniae invas,intermediate	8	NA	NA	NA	NA	2008
Strep pneumoniae invas,sensitive	21	NA	NA	NA	NA	2008
Strep pneumoniae, unknown	1	NA	NA	NA	NA	2008
Syphilis early latent	0	NA	NA	NA	NA	2008
Syphilis unknown latent	2	NA	NA	NA	NA	2008
Syphilis Secondary	0	NA	NA	NA	NA	2008
Toxic-Shock Syndrome (Streptococcal)	3	NA	NA	NA	NA	2008
Tuberculosis	0	NA	NA	NA	NA	2008
Tuberculosis incidence (per 100,000)	1.3	2.1	2.9	1	6.8	2004-2006
Typhoid Fever	0	NA	NA	NA	NA	2008
Vancomycin Interm Staph aureus (VISA)	1	NA	NA	NA	NA	2008
Yersiniosis	1	NA	NA	NA	NA	2008

Lyme Disease:

Lyme disease was first recognized in the United States in 1975, after an unusual outbreak of arthritis near Lyme, Connecticut. Since then, reports of Lyme disease have increased dramatically. It is caused by a bacteria transmitted by deer ticks (*Ixodes scapularis*), with clinical manifestations that include an expanding or 'bull's-eye' rash (erythema), joint pains, fever, chills, fatigue, and can eventually lead to numbness of the extremities, facial paralysis, and disabling neurological disorders as the bacteria continues to spread in the blood stream.¹⁹ The number of confirmed Lyme disease cases in the county in 2008 was 436, with a total of 5203 in NY State (excluding New York City). The increase in reported cases is a reflection of increased education to both the public and medical providers in the community.

Environmental factors that increase the risk of developing Lyme disease are prevalent in the State and Rensselaer County. Deer ticks live in shady, moist areas at ground level and will cling to tall grass and brush. They are also found in lawns, gardens, at the edges of woods, and around stone walls. The largely rural geography of this county makes Lyme disease an important public health concern.

	Rensselaer	Albany	Schenectady	Agenda Goal	NY State	Year
Lyme disease incidence per 100,000	145.8	98.7	14.5	NA	26.2	2004-2006
Lyme Disease Cases	427	NA	NA	NA	NA	2008

Sexually Transmitted Diseases²⁰:

Sexually transmitted diseases (STDs) remain a major public health challenge in the United States. While substantial progress has been made in preventing, diagnosing, and treating certain STDs in recent years, CDC estimates that 19 million new infections occur each year, almost half of them among young people ages 15 to 24. In addition to the physical and psychological consequences of STDs, these diseases also exact a tremendous economic toll. Direct medical costs associated with STDs in the United States are estimated at \$13 billion annually.

Chlamydia Prior to 2000, chlamydia reporting was voluntary, thus sporadic. Reporting of chlamydia is now mandated under the New York Sanitary Code. If left untreated, an infection can spread to the uterus or fallopian tubes, causing pelvic inflammatory disease (PID). PID occurs in up to 40% of women with untreated chlamydia and the permanent damage it causes to reproductive organs may result in infertility, internal abscesses, chronic pain, and

¹⁹ American Lyme Disease Foundation www.aldf.com

²⁰ CDC STD Fact Sheets http://www.cdc.gov/std/healthcomm/fact_sheets.htm

fatal ectopic pregnancy. Women infected are up to five times more likely to contract HIV if exposed. Annual screening is recommended for sexually active women, and increased risk factors are new or multiple sex partners. Complications in men are rare – the epididymis may become infected, causing pain, fever, and rarely infertility. Gonorrhea left untreated may also cause PID in women and epididymitis in men, which may lead to infertility. Gonorrhea may also spread to the blood or joints. People with this STD are more likely to become infected with HIV, and those with both HIV and gonorrhea can more easily transmit HIV to others. Sexually active teenagers, young adults, and African Americans have the highest reported rates of gonorrhea infection in the US. Both of these diseases are treated with antibiotics, and are often treated together since co-infection occurs in many people.

Syphilis is a condition that many people may not recognize as a current health concern, however, syphilis continues to affect sexually active persons. There were 4 cases in the county in 2007 and 3 in 2008. This is a tricky disease to diagnose because many infected people do not show any symptoms for years but remain at risk for complications and can still transmit the disease to others. In the primary and secondary stages of syphilis, sores develop and are a source of infection. Early syphilis can be cured with a single injection of penicillin (antibiotic). Symptoms of early phases will resolve on their own but without treatment the infection will remain in the body, progressing to the late/latent stages. It can eventually cause damage to internal organs, lack of muscle coordination, paralysis, numbness, blindness, dementia, and eventually death.

Acquired Immunodeficiency Syndrome (AIDS) is caused by the Human Immunodeficiency Virus (HIV), which destroys white blood cells (T-cells/CD4cells) that the immune system uses to fight disease. A person infected with HIV may take years to reach the final stage, where the immune system is so weak that the body cannot fight infection. AIDS is diagnosed when someone has a certain combination of infections or cancers, or a very low T-cell count. It is a devastating disease that affects an estimated 1 million people in the US are living with HIV/AIDS, and over 30 million people are estimated to be living with HIV/AIDS world wide. HIV is transmitted in one of 3 main ways – having anal, vaginal, or oral sex with an infected person, sharing needles/syringes with an infected person, or being exposed to HIV before/during birth or during breastfeeding. Those at increased risk of contracting HIV include people who do not know their infection status, have shared injection equipment, have had unprotected sex (especially with men who have sex with men, multiple partners, or anonymous partners), have exchanged sex for drugs or money, or have been diagnosed with hepatitis, tuberculosis, or an STD. Drug resistance and availability and affordability of HIV medications also continue to be an issue for those affected by HIV/AIDS.²¹

Risky sexual behaviors are factors that may lead to any of the above diseases. Drug and alcohol use may lead to risky sexual behavior. Abstaining from sexual contact is the surest way to avoid STDs. Using condoms and or being in a long-term mutually monogamous relationship

²¹ CDC HIV/AIDS <http://www.cdc.gov/hiv/topics/basic/index.htm>

with a partner who has been tested are also ways to significantly reduce the risk of contracting STDs.

	Rensselaer	Albany	Schenectady	Agenda Goal	NY State	Year
STD incidence (per 100,000 aged 13-64)	334	686	762	NA	579	2001-2003
AIDS cases (per 100,000 aged 13-64)	10	20	15	NA	41	2001-2003
HIV incidence (per 100,000)	8.6	12.6	13.9	23	24	2004-2006
HIV Hospital Discharges (per 100,000 aged 13-34)	96	245	165	NA	404	2001-2003
Chlamydia incidence (per 100,000)	239.05	NA	NA	NA	211.74	2007
Chlamydia	419	NA	NA	NA	NA	2008
Chlamydia P I D	3	NA	NA	NA	NA	2008
Total Chlamydia cases 2008 (RCDOH STD clinic numbers)	422	NA	NA	NA	NA	2008
Gonorrhea incidence (per 100,000)	68.5	127.1	119.8	19	93.4	2004-2006
Gonococcal P I D	3	NA	NA	NA	NA	2008
Gonorrhea uncomplicated	127	NA	NA	NA	NA	2008
Gonorrhea, Isolate Resistant	2	NA	NA	NA	NA	2008
Total Gonorrhea cases 2008 (RCDOH STD clinic numbers)	132	NA	NA	NA	NA	2008
Hepatitis B acute	1	NA	NA	NA	NA	2008
Hepatitis B chronic	5	NA	NA	NA	NA	2008
Hepatitis B incidence per 100,000	1.1	1.7	0.9	NA	1.2	2004-2006

Influenza:

Two main Influenza virus types A and B are broken down into subtypes that are responsible for seasonal flu epidemics each year. These viruses are constantly evolving by way of abrupt or continual genetic changes. Over 200,000 people in the US are hospitalized from seasonal flu-related complications, and 36,000 people die from flu-related causes every year.²² On June 11, 2009, the WHO declared Novel Influenza A H1N1 to be a pandemic, however, seasonal flu has a higher severity and continues to be a threat to the public's health. More information on the flu can be found on the Center for Disease Control's website, or the World

²² CDC: Influenza, <http://www.cdc.gov/flu/about/disease/index.htm>

Health Organization’s website.²³ Seasonal influenza transmission is significantly reduced by annual vaccination. Both seasonal and novel influenza transmission can be reduced through good hygiene practices.²⁴

	Rensselaer	Albany	Schenectady	Agenda Goal	NY State	Year
Pneumonia/flu hospitalizations in adults 65+ years per 10,000 (ICD9 480-487)	182.6	168.6	213.5	NA	172.8	2004-2006
Annual Seasonal Influenza A Cases	63	NA	NA	NA	NA	2008
Annual Seasonal Influenza A Cases	6	NA	NA	NA	NA	2007
Annual Influenza B Cases	29	NA	NA	NA	NA	2008
Annual Influenza B Cases	6	NA	NA	NA	NA	2007

Immunizations²⁵:

NYSIIS continues to expand to reach the Healthy People 2010 goal of 95% of children under six years old with two or more shots in an immunization information system, which currently contains 62% of children with two or more shots, 2.3 million patient records, and 25.7 million immunizations. There are 2,139 health care provider organizations and 962 schools with active user accounts in NY State. NYSIIS is part of the Health Provider Network on the Health Commerce System, an online information tool and alert system that is increasingly important to communication between health providers and officials.²⁶

	Rensselaer	Albany	Schenectady	Agenda Goal	NY State	Year
Percent of adults aged 65 or over who had a flu shot in the past year	73.6	78.3	70.4	90	64.7	2003
Percent of adults aged 65 or over who have ever had a pneumonia shot	69.5	74.6	75	90	61	2003

²³ World Health Organization: <http://www.who.int/csr/disease/swineflu/en/>

²⁴ More information on flu transmission control can be found at http://www.health.state.ny.us/diseases/communicable/influenza/fight_the_flu.htm.

²⁵ NYSIIS News—Summer 2009 Issue, Volume 2, No. 2

²⁶ To establish a NYSDOH Health Commerce System account, contact the Commerce Accounts Management Unit (CAMU) Help Desk at: (866) 529-1890 or via email to hinhpn@health.state.ny.us.

Healthy Environment

Childhood Lead Poisoning:

Elevated blood lead levels (10micrograms per deciliter, µg/dl, or greater for children ages six months to six years who are at risk of exposure to lead in the environment) are an indicator for childhood lead poisoning – a health problem that has devastating and lingering effects. Human interaction with lead in the environment is most dangerous for children under age 6. Lead is a neurotoxin and exposure to even small amounts of lead can contribute to behavior problems, learning disabilities, and lowered intelligence. The most common sources of lead poisoning include deteriorating lead-based paint, contaminated dust, and contaminated residential soil.²⁷ Screening and prompt and effective intervention have been shown to prevent some of the more advanced effects of lead poisoning, such as seizures and severe kidney and nervous system damage. Children are most susceptible to lead poisoning because they often put their hands and other objects in their mouths, growing bodies absorb more lead, and developing nervous systems are more sensitive to toxins.

Both the prevention agenda and Healthy People 2010 goal is the total elimination of elevated blood-lead levels in children (0 µg/dl). County data for 2003-2005 shows that the incidence of children (under 72 months) with a confirmed elevated blood-lead level was 1.8 per 100 children tested. A blood-lead level in children (up to age 16) of ≥ 15µg/dl requires environmental investigation and a home visit by the county (as of 6/20/09). The incidence of elevated lead levels in adults aged 16 and over (≥ 25 µg/dl) was 6.2 per 100,000 employed persons for the period of 2004-2006.

	Rensselaer	Albany	Schenectady	Agenda Goal	NY State	Year (for RC)
Incidence of children aged <72 months with a confirmed blood-lead level of >10ug/dl (per 100 children tested)	1.8	2.9	1.9	0	1.3	2003-2005
Incidence of blood level >25ug/dl among those aged 16 and over (per 100,000 employed persons)	6.2	1.9	11	0	6	2004-2006
Children who had at least one lead screening test y 36 months (%)	78.5	78.1	84.3	96	82.8	2004

Asthma:

In New York State, more than 1.1 million adults have asthma. Asthma occurs at any age but is more common in children than adults. Asthma is a major public health problem of increasing concern in the United States. From 1980 to 1996, Asthma prevalence among

²⁷ Lead in Paint, Dust, and Soil. US EPA 2009. Accessed 6/17/09. [Available: <http://www.epa.gov/lead/>]

children increased by an average of 4.3% per year, from 3.6% to 6.2%. Low-income populations, minorities, and children living in inner cities experience disproportionately higher morbidity and mortality due to asthma. Asthma effects on children and adolescents include the following:

Asthma accounts for 14 million lost days of school missed annually. Asthma is the third-ranking cause of hospitalization among those younger than 15 years of age. The number of children dying from asthma has increased almost threefold from 93 deaths in 1979 to 255 deaths in 1996. The estimated cost of treating asthma in those younger than 18 years of age is \$3.2 billion per year. The age-adjusted rate of hospitalization related to asthma in the county is 15.2 per 10,000, which is just below the prevention goal of 16.7 and dramatically lower than the rate for NY State of 31.5. Among children ages 0 to 17, the hospitalization rate is 22.6 per 10,000, which fails to achieve the goal of 17.3.

	Rensselaer	Albany	Schenectady	Agenda Goal	NY State	Year
age-adjusted asthma hospitalization rate (per 10,000)	15.2	14.1	14.9	16.7	21	2004-2006
asthma hospitalization rate among children ages 0-17 (per 10,000)	22.6	19.4	18.4	17.3	31.5	2004-2006

Currently, there are no preventive measures or cure for asthma; however, children and adolescents who have asthma can still lead quality, productive lives if they control their asthma. Asthma can be controlled by taking medication and by avoiding contact with environmental “triggers” for asthma. Environmental triggers include cockroaches, dust mites, furry pets, mold, tobacco smoke, and certain chemicals. The presence of these triggers differs across SES, housing conditions, and place of residence among other things.

Mental Health

Substance Abuse:

Substance use impacts not only the individual, but their family and community. Beyond the immediate dangers of substance use, people who abuse substances are more likely to engage in behaviors that put them at risk for other health problems such as STDs or unwanted pregnancy from unprotected sex, transmission of communicable diseases from intravenous drug use, and unintended injuries including falls and motor vehicle accidents. Risk factors for substance abuse are characteristics that are known to predict the higher chance of drug use, delinquency, school dropout, adolescent pregnancy, and violent behavior. The following table shows the percentage of students who used ATODs (Alcohol, Tobacco and other Drugs) in Rensselaer County in 2008 for students in grades 6, 8, and 12.

Drug Used	6 th grade		8 th grade		10 th grade		12 th grade	
	2006	2008	2006	2008	2006	2008	2006	2008
Alcohol	23.6	18.3	52.82	46.3	75.5	69.9	85.0	79.9
Cigarettes	9.2	5.8	24.1	19.8	38.8	30.3	50.2	40.9
Chewing Tobacco	2.1	1.1	4.9	3.7	9.8	10.5	18.2	12.9
Marijuana	2.5	1.8	15.6	12.9	40.9	33.6	54.9	47.9
Inhalants	10.8	6.6	17.2	10.6	13.5	10.9	14.3	8.3
Hallucinogens	0.5	0.2	2.6	1.2	5.9	5.0	15.1	9.1
Cocaine	0.5	0.3	1.7	1.0	3.6	2.2	8.5	5.1
Methamphetamines	0.4	0.2	1.3	0.4	2.4	1.6	3.1	1.5
Amphetamines	1.4	1.1	4.6	2.7	6.8	6.4	9.1	5.6
Sedatives	1.7	1.2	5.5	3.9	11.5	8.0	11.3	7.9
Tranquilizers	0.5	0.7	3.0	0.9	3.9	4.1	7.6	5.4
Heroin	0.3	0.2	1.0	0.5	1.9	1.2	1.2	1.4
Other Narcotic	0.6	0.3	2.6	2.2	7.9	6.3	16.9	9.4
Ecstasy	0.3	0.1	1.6	0.6	2.8	1.4	5.4	2.8
Steroids	0.8	1.6	1.9	1.8	1.2	3.0	3.4	1.1
Any Drug	12	9.2	27.6	22.5	45.6	40.6	55.8	51.3
Total number of youth surveyed	1366	1246	1298	1337	1069	1102	697	894

Source: 2008 Rensselaer County Prevention Needs Assessment Survey Results, RC Underage Drinking Coalition

	Rensselaer	Albany	Schenectady	Agenda Goal	NY State	Year
Adults reporting binge drinking (5+ drinks in a row) during the past 30 days (%)	16.8	14.5	12.3	13.4	15.8	2003
Age-adjusted drug-related hospitalization rate (per 10,000)	17.3	23.8	22	26	34	2004-2006
Cocaine discharges (per 100,000 aged 13-64)	317	391	300	NA	400	2006
Opioid discharges (per 100,000 aged 13-63)	201	286	228	NA	483	2006

Suicide and Self-Inflicted Injury:

In New York State, suicide is the third leading cause of death for teenagers, ages 15 – 19. Self-inflicted injury hospitalization is an important indication of suicide “attempts.” The Rensselaer County rate for self-inflicted injury for age groups 15 – 19 and for all ages is significantly higher than Upstate New York and New York State as a whole. Causes of these findings are unknown but necessitate further study. The County will consider collaborating with community partners and organizations to institute a youth risk behavior survey to better understand health care risks and behaviors among teenagers in Rensselaer County. The adjusted suicide mortality rate per 100,000 residents is 7.7, compared to the state rate of 6.4, both of which exceed the prevention agenda goal of 4.8.

	Rensselaer	Albany	Schenectady	Agenda Goal	NY State	Year (for RC)
Age-adjusted suicide mortality rate (per 100,000 residents)	7.7	6.8	10.1	4.8	6.4	2004-2006
Adults reporting 14 or more days with poor mental health in the last month (%)	9.4	10.6	9.6	7.8	10.4	2003

Unintentional Injury

The age-adjusted rate of hospitalizations related to unintentional injury in Rensselaer County was 68.1 per 10,000 for 2004-2006 statistics, while the related mortality was 24.7 per 100,000 residents. The motor vehicle-related injury mortality rate was 10.5 per 100,000 and the hospitalization rate related to falls among those aged 65 and over was 243.4 per 10,000. None of these rates for unintentional injury meet the agenda goals. The pedestrian injury hospitalization rate, however, is below the agenda goal at 0.9 per 10,000.

Injuries that are serious enough to cause hospitalization may also result in permanent disability and psychological effects, and include motor vehicle crashes, burns, falls, poisoning, drowning, and suffocation. A high proportion of injuries are regarded as being preventable.

	Rensselaer	Albany	Schenectady	Agenda Goal	NY State	Year
Work-related hospitalization rate (per 10,000 employees)	17	12.8	71.9	11.5	16	2004-2006
Age-adjusted rate of unintentional injury-related hospitalization (per 10,000)	68.1	63.8	73.7	44.5	64.7	2004-2006
Age-adjusted rate of unintentional injury-related mortality (per 100,000 residents)	24.7	22.8	24.7	17.1	21	2004-2006
Age-adjusted motor vehicle-related injury mortality rate (per 100,000)	10.5	7	8.1	5.8	7.7	2004-2006
Pedestrian injury hospitalization rate (per 10,000)	0.9	1	1.1	1.5	1.9	2004-2006
Fall-related hospitalization rate among persons aged 65 and over (per 10,000)	243.4	247.1	273.4	155	196	2004-2006

Physical Activity and Nutrition

Obesity and Lack of Physical Activity:

Modest, regular physical activity substantially reduces the risk of dying of coronary heart disease (the nation’s leading cause of death) and decreases the risk for colon cancer, diabetes, and high blood pressure. Physical activity also helps to control weight; contributes to healthy bones, muscles, and joints; helps to relieve the pain of arthritis; and reduces symptoms of anxiety and depression. Obesity is defined as an excessively high amount of body fat or adipose tissue in relation to lean body mass. Obesity among children and adolescents has **tripled** over the past three decades.

Among children in grades K-5 from New York City, 24% are overweight; among third grade children in Upstate New York, 21% are overweight. Among of high school students from New York City 29.5% are overweight or are at risk of becoming overweight; and among high school students from Upstate New York 24% are overweight or are at risk of becoming overweight. Rensselaer County’s percentage for weight status BMI>25 of adults 20 years and older is 59.1% as compared to Albany 54.0% and Schenectady 60.7%. According to the 2009 BRFSS 26.7% of adults in Rensselaer County are obese and 76.2% engage in some type of leisure time physical activity, while the prevention agenda goals are <15% and >80% respectively.

	Rensselaer	Albany	Schenectady	Agenda Goal	NY State	Year (for RC)
Adults who are obese (BMI>30) (%)	23.7	19.2	22.9	15	22.9	2003
Adults who engage in some type of leisure time physical activity (%)	78.7	80.6	80.1	80	74	2003
WIC children (ages 2-4) who are obese (%)	14.7	14.4	14	11.6	15.2	2004-2006

Nutrition:

Nutrients – proteins, carbohydrates, fats, vitamins, and minerals – are essential to maintaining energy and overall good health. Nutritious eating is achieved by eating a variety of foods including lean meats, fruits and vegetables, drinking lots of water, and consuming minimal amounts of salt, sugar, saturated and trans fats.

Nutrition is a cornerstone in establishing and maintaining health. The Commission for Economic Opportunity (CEO) provides nutritional services through WIC, CEO Food Pantry and the Child and Adult Care Food, Head Start, Early Head Start and child care programs. In 2007 the Food Pantry provided approximately 98,500 pounds of food to CEO clients – packages that

included a three-day supply of nutritious items. Approximately 50% of Food Pantry customers are regular users of the service. According to NYS KWIC (Kids' Well-being Indicators Clearinghouse), 33% of all Rensselaer County children in K-Sixth grades participate in the free and reduced meal programs (2003-2004 school year). The number of children ages birth-17 years participating in the Food Stamp Program increased between 2004 and 2007, from 4,712 in 2004 to 5,440 in 2007. According to the New York State Office of Temporary and Disability Assistance, there were 6,364 households and 13,095 individuals in Rensselaer County using Food Stamps as of August 2008, resulting in a total of \$1,331,073 in benefits. However, only 51% of the eligible population may be participating in the program²⁸. Physical activity and nutrition promotion is one of the prevention agenda topics Rensselaer County has selected as a focus area (refer to Section Four).

	Rensselaer	Albany	Schenectady	Agenda Goal	NY State	Year (for RC)
Adults eating 5 or more fruits or vegetables per day (%)	24.9	29.6	28.5	33	27.4	2003

Tobacco Use

Tobacco use is the most preventable cause of death. Over 180,000 Americans die annually from tobacco-related cancer.²⁹ Smoking and secondhand exposure causes over 400,000 premature deaths, 5.1 million Years of Potential Life Lost, and \$97 billion in productivity losses annually in the U.S.³⁰ The premature deaths statistic represents about 20% of all deaths in the United States.

Studies show that more than 90% of lung cancer deaths in males and approximately 80% of lung cancer deaths in females can be attributed to smoking.³¹ The prevalence of smoking is higher in Rensselaer County than in upstate New York or New York State as a whole. This may explain in part the increased incidences of cancer and increased mortality due to cancer. Smoking is also an important determinant of health and a significant factor contributing to preterm and low birth weight births. In 2003, 22.5% of women of childbearing age reported smoking in New York.

²⁸ CEO Community Needs Assessment 2008 Update

²⁹ National Cancer Institute: <http://www.cancer.gov/cancertopics/smoking>

³⁰ Centers for Disease Control and Prevention, Chronic Disease Prevention and Health Promotion, *Tobacco At A Glance*: <http://www.cdc.gov/nccdphp/publications/aag/osh.htm>

³¹ National Cancer Institute: <http://www.cancer.gov/cancertopics/smoking>

Prevention is the only way to reduce the large numbers of deaths caused by lung cancer. Tobacco use prevention is one of the agenda topics that Rensselaer County has chosen as a focus area (refer to Section Four).

	Rensselaer	Albany	Schenectady	Agenda Goal	NY State	Year
Adults who smoke (%)	24.3	16.8	22.8	12	18.2	2003
Chronic obstructive pulmonary disease (COPD)/chronic lower respiratory disease (CLRD) hospitalization rate in adults 18+ years of age (per 10,000)	52.9	39.1	59.3	31	39.7	2004-2006
Age-adjusted incidence of lung cancer in males (per 100,000)	102.2	87.8	88.7	62	80.8	2001-2005
Age-adjusted incidence of lung cancer in females (per 100,000)	74.1	67.1	64.3	41	53.8	2001-2005

C. ACCESS TO CARE

Access to quality health care is essential to eliminating disparities and increasing quality of life and number of healthy years lived.

Estimated Percent of Uninsured Individuals by County

	Rensselaer	Albany	Schenectady	State
Children < 19 years (%)	7.3	7.0	8.1	9.2
Adults ages 19 – 64 years (%)	13.0	11.9	10.6	17.2

Availability and Utilization

Within the boundaries of Rensselaer County, there are two hospitals - St. Mary's Hospital (Seton Healthcare) and Samaritan Hospital (Northeast Health). Each of these hospitals serves the residents of Rensselaer County, as well as residents of neighboring counties. Many residents living in the eastern part of the Rensselaer County utilize the services of Southwestern Vermont Medical Center in Bennington, Vermont. Residents also use hospitals in neighboring counties.

Hospital Services

Hospital	Samaritan Hospital	St. Mary's Hospital	SW Vermont Medical Center
Beds	353 full medical/surgical care 24-hour ER	201 full medical/surgical care 24-hour ER	99 full medical/surgical care
Specialties	Mental Health Unit Certified Home Health Agency Long Term Care Program Sexual Assault and Crime Victims Assistance Program Wound Care Diabetes Center	5-bed deter unit 20-bed rehab unit Certified Home Health Agency Birthing center	Serving townships of Hoosick, Petersburg, Stephentown, and Berlin
Outpatient Clinics	Primary Care Cancer Treatment Center OBGYN Women's Health Center Corporate Cardiac Rehab		

There are five outpatient clinics located in the populated areas of the county that serve low-income residents, which include:

Whitney Young Clinic
 South Troy Clinic
 Hudson Valley Community College Dental Clinic
 St. Peter's Family Health Center
 Planned Parenthood

In addition, the Rourke Center offers a free clinic one evening a week for the uninsured. Volunteer physicians and nurse practitioners from Seton Health staff this clinic.

Rensselaer County has a poor ratio of providers to residents. There are also less patient care physicians, family medicine physicians, and general practice physicians per 100,000 than all rural counties, all urban counties, and New York State as a whole. However, the county has an equivalent number of patient care medical specialty physicians per 100,000 to all rural counties, but less than urban counties. Rensselaer County has less patient care Registered Nurses (RNs) per 100,000 than all rural counties, urban counties outside of New York City, and New York State as a whole. Over one-third of registered nurses in Rensselaer County do not participate in patient care activities within the county.

Physicians per 100,000 by Specialty for 2003

County	Total Patient Care		FM/GP		Medical Specialties		Other Specialties	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Rensselaer	214	138.95	28	18.18	68	44.15	118	76.62
Rural Counties	4,540	145.91	674	21.66	1,369	44.00	2,497	80.25
Urban Totals	59,064	367.34	2,193	13.64	16,397	101.98	40,474	251.72
State Totals	63,604	331.44	2,867	14.94	17,766	92.58	42,971	223.92

Source: US Population Census Estimates for 2003; Physician Characteristics and Distribution, 2005 Edition, American Medical Association

Active RNs per 100,000 for 2002

	Patient Care RNs	Total RNs	Patient Care per 100,000
Rensselaer	854	1,336	557.29
Rural Totals	19,792	25,369	638.34
Urban Totals	62,318	78,960	782.72
New York City Totals	43,435	55,497	538.09
State-Wide Totals	125,545	159,826	656.13

Source: US Census, Population Estimates for 2002; New York State Education Department, Registered Nurses in New York State, 2002.

Clinical Services in Rensselaer County

Primary and Preventative Health Care Services:

Rensselaer County Department of Health clinics
Seton Health
Northeast Health
St. Peter's Family Health Center-Rensselaer
Whitney Young Health Services
Upper Hudson Planned Parenthood
Hudson Mohawk Recovery Center Inc. Services
Seton Homecare-Seton Health
Eddy Visiting Nurse Association/Homecare
Visiting Nurse Association of Albany
Community Hospice of Rensselaer County
Northwoods Rehabilitation and Extended Care Facility of Troy
Private Providers and Clinics
Catholic Charities

The Rensselaer County Public Health Epidemiology Coordinator is responsible for communicable disease surveillance and management. In addition, the Epidemiology Coordinator is responsible to investigate any unusual diseases reported as well as clusters or outbreaks of any communicable disease. Cases of HIV infection, HIV related illness and AIDS are reported to the New York State Department of Health

Dental Health:

Not only are routine dental examinations effective at improving oral health and reducing the burden of disease, regular visits to the dentist is an important indicator of general access to quality health care.

In the Counties of Albany, Schenectady, and Rensselaer, there are 4 hospital-based dental programs, one county health department clinic (Albany), and two federally qualified health centers are the primary providers for all dental care for the publicly insured, uninsured, and underinsured. Dental care is provided to the children of Rensselaer County through the Healthy Capital District Initiative Program. The HCDI Oral Health Program (the Services) strives to ensure access to and delivery of quality preventive and therapeutic oral health care service to Albany, Rensselaer and Schenectady County school children in a cost effective manner. Through education and outreach to the public, the Services promote the highest standards of care and seeks to integrate oral health as a component of interdisciplinary health care to improve the public's total health.

Even with the efforts of HCDI and these providers, poor and uninsured residents of the Capital District area do not have adequate access to dental health care. Only 16 of the 490

dentists in the tri-county region accept Medicaid and often limit the number of individuals on Medicaid that they will provide services to. Oral health programs include:

- Small Smiles
- Healthy Capital District Initiative Sealant Program
- Seton Health
- Hudson Valley Community College Dental Health Clinic

Among the Capital District counties, Rensselaer County has the lowest percent of adults reporting visits to their dentist within the last year, but is equal to the state average.

	Rensselaer	Albany	Schenectady	Agenda Goal	NY State
Dentist Visits within Past Year among Adults (%)	70.5	75.3	74.6	83	70.5

Prenatal and Postpartum Home Visits:

Maternal and Child Health nursing activities include in-home physical assessment of clients and their environment, health education and referral to community resources. Communication is established with the family's healthcare provider to assist in planning and advocating for the client's needs. The following services are available:

- Community Cradle (formerly Maternal Infant Network of the Capital Region)
- Seton Health- i.e. Mommies Program
- Northeast Health- i.e. MOMS Program, Healthy Families
- Alight Center
- Parson's Child Family Center
- Healthy Kids of Rensselaer County Department of Health
- Whitney Young Health Services
- Private Providers and Clinics

Immunizations Services for Adults and Children:

Services are provided through this program to meet the following goals:

- The New York State Program, in conjunction with Healthy People Year 2010 goals, seeks to meet or exceed a 90% immunization coverage level for two-year-old children.
- Promote the importance of immunization for children and adolescents through education and outreach.
- Increase awareness of the benefits of adult immunization against influenza, Pneumococcal, hepatitis B, Td, and varicella disease.

- Foster and support a Statewide Immunization Registry
- Reduce Perinatal Hepatitis B Transmission

The Department continues to hold regularly scheduled Immunization Clinics four times a week. The number of individuals seen within these clinics in 2008 was 1797. The clinic schedule is:

- Monday 2:00 – 4:00pm, (62 Washington St., Rensselaer)
- Tuesday 2:00 – 4:00 pm, (Department of Health office, Troy)
- Thursday 9:00 – 11:00 am, (Department of Health office, Troy)

Immunizations are also provided at other locations as needed, primarily prior to the influenza season. The Department works with local colleges during registration periods to meet the immunization needs of the students. RCDOH also provides hepatitis B vaccinations to public safety departments as needed.³²

In addition to the immunization services noted above, RCDOH also provides travel immunizations by appointment to meet the needs of residents in the county who are traveling abroad. As there is a gap in provision of travel vaccinations in the county, RCDOH assists travelers in obtaining recommended vaccinations for disease prevention and provides much needed travel education.

NYSIIS (New York State Immunization Information System):

The Rensselaer County Department of Health is a participant of NYSIIS. The primary objective of the registry is to assure that all children in New York State receive appropriate, timely immunization to lead healthy, disease-free lives. The registry is a computerized database used by providers and clinics to keep track of immunizations given to children.

Tuberculosis Program:

The program is designed to diagnose, assess, and treat both latent and active tuberculosis. Consultation, diagnosis and treatment services are offered to all persons residing in Rensselaer County. Tuberculin skin testing is available through Nursing and Immunization clinics held by the department. Tuberculosis Services are provided in Troy and Rensselaer.

STD/HIV Program:

STD clinical services are provided in scheduled clinics held by the department. Services are offered and include testing, treatment and referral if necessary. Hepatitis vaccines are also

³² RCDOH 2008 Annual Report

offered free of charge to identified individuals at risk. The clinic is operated under the direction of the Nurse Practitioner. The Nurse Practitioner provides clinical evaluations for gonorrhea, syphilis, paragon and other sexually transmitted diseases. The department, in collaboration with the STD Division of the New York State Department of Health, provides Partner Notification Services. RCDOH also provides STD diagnosis and treatment at Rensselaer County Jail for the inmates. Jail clinic is held on a weekly and as needed basis. Inmates are referred to the clinic by a referral system through the jail's medical services unit. HIV testing and counseling is done by the department in scheduled clinics and is also offered to the inmates of Rensselaer County Jail. The department offers both anonymous and confidential counseling and testing. The Department's STD and HIV clinic hours are:

Monday, 2:00 – 4:00pm (HIV only)

Wednesday, 2:00 – 4:30pm (STDs and HIV)

Lead Poisoning Prevention Program

This program is designed to empower parents and providers to provide safety for children by taking an active role in reducing lead risks in the child's environment. The family of children whose blood lead levels pass a minimum threshold receive education through the Lead Program Coordinator. In severe cases, there may be case management and home visits to ensure the reduction of lead hazards to the child. Although children are required to be tested for lead at ages 1 and 2 by their family doctor, RCDOH will provide for testing if a child does not have insurance.

Commonly Identified Barriers to Access and Affected Sub-Groups

Access to primary health care providers is considered to be an issue for many residents of Rensselaer County. This is due to the demographics as well as the lack of primary care providers in the rural, outlying areas of the county. Access to dental care is also extremely limited due to the small number of dentists who accept Medicaid. The Prevention Agenda seeks to maximize the number of adults with regular healthcare providers and minimize the portion of adults who did not receive medical care due to cost. Feedback from the community about their perceived barriers to accessing care was attained through various methods including a focus group of faith-based community members, televised forum, and internet survey.

Financial barriers to accessing care:

- ❖ Lack of Insurance: Most Americans receive insurance coverage through their employers; however, job-based coverage has declined in recent years.³³ Low-income workers are less likely to be offered job-based coverage, or to deny it based on inability to pay high premiums. Those lacking healthcare coverage are more likely to forgo needed care, which can lead to more serious health problems. They are less likely to receive preventive care and more likely to be hospitalized for avoidable conditions.

Health Insurance Coverage Estimates for County Residents Under 65 Years of Age, 2005

	Number Insured	Number Uninsured	Percent Uninsured
Rensselaer County	114,826	18,976	14.2
NY State	14,043,715	2,469,697	15

Source: US Census Bureau, Small Area Health Insurance Estimates, 2005³⁴

Estimates of Uninsured in New York State by County for Children Under 19 Years of Age, 2007

County/Region	Children Under 19 Years	Rate
New York State	434,481	9.2%
New York City	210,674	10.1%
Rest Of State	223,807	8.4%
Albany	4,711	7.0%
Rensselaer	2,656	7.6%
Saratoga	4,038	6.1%
Schenectady	2,977	7.1%

Source: NYSDOH from Census Bureau (Current Population Survey - CPS)³⁵

- ❖ Lack of quality in insurance plans: Having insurance increases access to the health care system but it does not ensure appropriate use of services or care that is of high quality.³⁶ The following tables provide customer satisfaction ratings of health care coverage by HMO insurance provider in Rensselaer County:

³³ Kaiser Commission on Key Facts, 2008 <http://www.kff.org/uninsured/1420.cfm>

³⁴

http://smpbff1.dsd.census.gov/TheDataWeb_HotReport/servlet/HotReportEngineServlet?reportid=4686aab1f61a5cc93f4eb037c447fe24&emailname=saeb@census.gov&filename=SAHIE-County07.html

³⁵

http://www.nyhealth.gov/prevention/prevention_agenda/access_to_health_care/estimates_of_uninsured_children_under_19.htm

³⁶ NYSDOH

HMOs Health Care Report Card for Rensselaer County, 2006 – Customer Satisfaction

HMO plan	Customer Service	Getting Care Quickly	Getting Needed Care	Health plan rating	Overall rating of healthcare	Provider Communication
BSNENY	87%*	90%	88%	66%	78%*	97%*
CDPHP	85%*	88%	87%	72%*	78%	93%
Empire	79%	88%	84%	65%*	73%	92%
GHI HMO	75%	87%	81%**	56%	73%	94%
MVP	84%*	90%	88%*	64%	75%	94%*

* Significantly better than the state average

** Significantly worse than the state average

Source: NYS Health Accountability Foundation, AboutHealthQuality.org,

HMOs Provider Network Rating for Rensselaer County, 2006

HMO Plan	Board Certified OB/GYNs	Board Certified Pediatric Specialists	Board Certified Physicians
BSNENY	80%	59%**	88%*
CDPHP	84%*	76%	87%
Empire	81%*	n/a	91%*
GHI HMO	75%	73%	86%
MVP	80%	69%	83%**

* Significantly better than the state average

** Significantly worse than the state average

Source: NYS Health Accountability Foundation, AboutHealthQuality.org,

- ❖ **Medicaid eligibility:** Medicaid is intended to assist New Yorkers who are unable to pay for medical care. Persons who receive Supplemental Security Income, or who meet certain income, resource, age, or disability requirements are eligible. Medicaid is expanded to cover children, pregnant women and infants that meet income guidelines. Unfortunately, many people who need insurance coverage do not meet these guidelines.

Number of Medicaid Enrollees by Category of Eligibility by Social Service District, March 2009

Social Services District	Total Medicaid Eligibles	Medicaid Only							
		TANF CHILDREN	TANF ADULTS	SAFETY NET CHILDREN	SAFETY NET ADULTS	AGED	BLIND & DISABLED	FAMILY HEALTH PLUS	OTHER
New York State	4,319,324	1,221,629	419,120	84,754	456,599	238,989	160,803	442,831	32,793
New York City	2,811,272	757,924	234,404	75,587	368,382	131,198	63,617	322,745	28,859
Rest of State	1,508,052	463,705	184,716	9,167	88,217	107,791	97,186	120,086	3,934
Albany	40,159	11,082	4,787	246	2,798	2,656	2,784	2,738	54
Rensselaer	22,929	6,601	2,821	246	1,662	1,502	1,731	1,547	6

Source: NYSDOH

- ❖ Family Health Plus, Child Health Plus, and Healthy NY are public health insurance programs offered to individuals, children, and families who do not meet the Medicaid income guidelines. Although income eligibility requirements have been expanded in recent years, these programs still do not address individuals who make too much money to qualify but are unable to pay for insurance on their own.
- ❖ High insurance premiums and co-pays
- ❖ Insurance limitations, e.g. cap on medical costs, unwillingness to pay for medical supplies or home care
- ❖ Lack of insurance coverage for recent graduates without jobs and no longer eligible for their parents' plan was of particular concern among residents.

Structural barriers to accessing care:

- ❖ The lack of primary care physicians (in number and hours of availability) leads to residents increasingly relying on the emergency room for primary care.
- ❖ Those with insurance have limited choices within their plans (e.g. need referral from primary care provider to see specialist, need approval from provider to seek emergency care)
- ❖ Rensselaer County residents who enroll in Medicaid, Family & Child Health Plus, and Healthy NY can only choose from a limited number of HMOs, which restrict choices within their plans
- ❖ Lack of timely medical service and information by primary care physicians for patients over 18
- ❖ Transportation and the time it takes to use public transportation methods is a commonly cited barrier
- ❖ Lack of family and child care, both on- and off-site; this is especially a problem for single parents receiving surgical procedures
- ❖ Lack of assistance with non-medical needs, such as grocery shopping, child care, and other activities affected by health conditions or recovery from medical treatment
- ❖ Availability of sidewalks and trails in the community, and the price of attaining nutritious foods were cited as barriers to healthy a lifestyle.

- ❖ The prolonged financial and mental cost of catastrophic and chronic illness affects family members and the larger community.

Personal barriers to accessing care:

- ❖ Language is cited as the most important barrier to immigrants adapting to life in the U.S. – a phenomenon that transcends class lines, requiring both grammatical and cultural expertise.³⁷ Limited English proficiency is likely to affect the quality of healthcare, the number of visits, and the amount of preventive care immigrant families receive. Immigrants report lower satisfaction and understanding of their medical condition.³⁸ Effective communication of pain/symptoms to health providers is essential to the quality of medical care received, but complicated by differing levels of proficiency.
- ❖ Demographic characteristics affect the availability of health care – “Patients who are women, older, members of racial and ethnic minorities, poorer, less educated, or uninsured are less likely to receive needed care.”³⁹
- ❖ Low self-esteem, lack of motivation, and the immediacy of other issues sometimes makes health care a low priority in people’s lives
- ❖ Low health literacy impedes understanding of health conditions and the importance of prevention; people aren’t sure when or where to access health services, or are over-accessing services
- ❖ Reluctance to ask for services
- ❖ Stigma associated with addressing health issues, especially mental health
- ❖ Social norms influence the outcomes of prevention efforts
- ❖ Families with unique structures are under-recognized by health care programs – e.g. families with absent members in the armed forces; transnational families that are separated by citizenship status

³⁷ Portes, Alejandro, and Ruben Rumbaut. 2006. *Immigrant America*. Berkeley: University of California Press

³⁸ Derose, Kathryn P., Jose J. Escarce, and Nicole Lurie. 2007. Immigrants and Health Care: sources of vulnerability. *Health Affairs* 26(5): 1258-1268

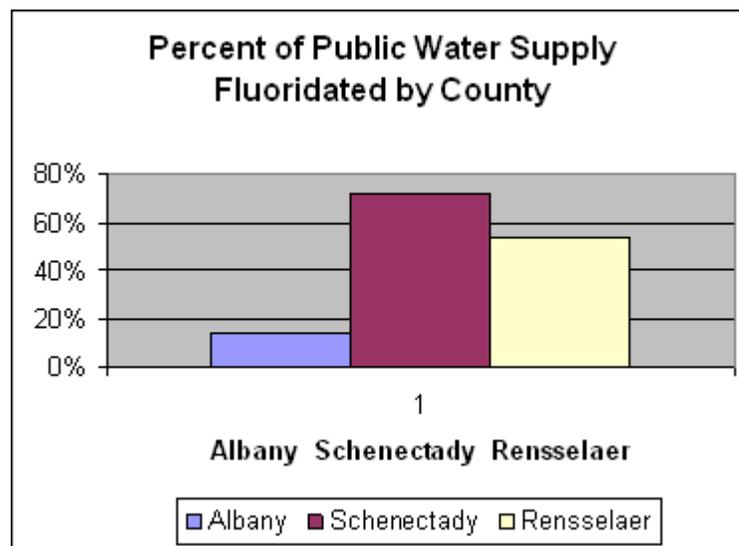
³⁹ NYSDOH

D. LOCAL HEALTH CARE ENVIRONMENT

This section describes the major environmental aspects of Rensselaer County that affect the behavior and risk of residents for poor health.

Physical aspects of the environment that influence county residents:

- ❖ Rural areas support one-third as many physicians as do urban areas. An urban area as defined by the US Census Bureau is a city and its surrounding environs with a total population >50,000 and density ≥ 1000 per square mile. Many towns in Rensselaer County are rural communities that fit easily into this description. Rural environments may be limited by lack of medical resources, unreliable internet access, and distance to health services. Seventy percent of the US lives in urban areas while 70% of the trauma deaths occur in a rural locale; the chance of dying in a rural area from severe injury from a car accident is 3 to 4 times higher than in urban environments.⁴⁰
- ❖ There is one public water supply that provides fluoridated water and sells water to 27 additional water districts. “All water supplies are required to submit water samples for analysis to the Environmental Health Division for review. Water supplies serving the public are routinely sampled for bacteriological contaminants, radiological, lead and copper levels, synthetic, volatile organic and inorganic compounds, as well as a variety other compounds. Annual inspections and numerous field visits are conducted by this office to assure compliance with the New York State Sanitary Code, Part 5-1.”⁴¹



⁴⁰ Charles F. Rinker, II, G. Douglas Schmitz. *Chapter 10 – Rural Trauma*. McGraw Hill’s Access Surgery: A comprehensive resource for surgical education. 2008. <http://www.accesssurgery.com/content.aspx?aID=153678>

⁴¹ Rensselaer County Online. Environmental Health. 2003. http://www.rensco.com/publichealth_envirohealth.asp#publicwater.

- ❖ Lyme disease is endemic in Rensselaer County and is densely prevalent in the northeastern US. The shady, moist areas that make up the county landscape are home to deer tick vectors of the bacteria causing Lyme disease. The New York State regions with the highest number of Lyme disease cases per 100,000 population are Northeastern NY (1030 included Rensselaer County), Hudson Valley (3046), and Nassau-Suffolk (5101).
- ❖ Sixty percent of all housing was built prior to 1978, putting a large number of children at risk for lead poisoning.
- ❖ Rabies, a viral infection transmitted by animal bites, is prevalent in New York State. The rural environment makes rabies a public health concern.
- ❖ “The public transportation options in Rensselaer County are primarily limited to bus and taxi... Bus service to the rural points in Rensselaer County is highly limited, offering single routes to Hoosick Falls, Grafton State Park (summer only), West Sand Lake, Schodack and Nassau. The result is a large portion of the rural areas in the County are left without affordable public transportation to the County’s main population centers, Troy and Rensselaer, which house the majority of County and other necessary offices and services. The four taxi services operating throughout the County are more expensive transportation options, specifically when traveling long distances. For low-income families, this distance and the absence of public transportation make their location a barrier to receiving services and a barrier to self-sufficiency.”⁴²

Legal aspects of the environment that influence residents:

- ❖ The County Sanitary Code requires a professional engineer to design a sewage system for individual property.
- ❖ Soils within the county are variable and the County Sanitary Code has strict standards for soil perc tests, separation distances and allowable individual sewage system designs.
- ❖ The Clean Indoor Act of 1990 and subsequent legislation in 2003 further limit smoking in public places.
- ❖ The Adolescent Tobacco Use Prevention Act (ATUPA) of 1992 provides tobacco surveillance and inspection activities. Enforcement occurs for all violations.
- ❖ Local laws require the inspection and enforcement of herbal cigarette placement and sale to minors.

⁴² Commission on Economic Opportunity Rensselaer County Community Needs Assessment 2008 Update

- ❖ Local law requires the inspection, permit issuance, and enforcement for tattoo and body piercing facilities within the county.
- ❖ RCDOH Environmental Division regulates public water supplies, food services establishments, public pools, bathing beaches, children’s camps, mobile home parks, campgrounds, and temporary residences.

Social aspects of the environment that influence residents:

- ❖ There has been an increase in immigration to the county, particularly of Burmese, Asian, and Hispanic peoples. This fact influences the development of health and social programs that are culturally appropriate and comprehensible by a range of foreign language speakers. There is also an increased burden on existing agencies providing services to immigrants.
- ❖ Focus group participants have cited the independent nature of rural residents and the desire to minimize social stigma as a barrier to accessing care and prevention
- ❖ Isolation due to the rural nature of the county is a concern for the mental and social health of the elderly.
- ❖ Violence in the community has effects that radiate beyond the individuals involved in the incidents. The mental health and safety of family members is deeply affected by crime, as the mental health and criminal justice systems are closely related. Crime rates in the community are also reflective of socioeconomic standards.

2008 County Index Crime⁴³ Counts and Rates Per 100,000 Population

	2008 Population	Index Crime		Violent Crime		Property Crime	
		Count	Rate	Count	Rate	Count	Rate
NY State	19,486,239	462,533	2,373.6	77,315	396.8	385,218	1,976.9
Rensselaer	155,621	4,713	3,028.5	541	347.6	4,172	2,680.9

Source: NY State Division of Criminal Justice Services, <http://criminaljustice.state.ny.us/crimnet/ojsa/stats.htm>

⁴³ Because of their seriousness and frequency of occurrence, eight offenses (murder, rape, robbery, aggravated assault, burglary, larceny, motor vehicle theft, and arson) are designated as Index Crimes. They serve as indicators of the nation’s crime experience.

Index Crimes Reported 2004 to 2008, NY State by County

County	Year	Index Crime	Violent Crime	Murder	Rape	Robbery	Agg. Assault	Property Crime	Burglary	Larceny	MV Theft
RC	2004	4,318	488	2	48	113	325	3,830	975	2,584	271
RC	2005	4,421	490	4	42	93	351	3,931	934	2,711	286
RC	2006	4,695	559	2	44	137	376	4,136	1,017	2,883	236
RC	2007	4,539	495	3	38	153	301	4,044	938	2,873	233
RC	2008	4,713	541	5	33	175	328	4,172	942	3,066	164
ALB	2004	12,710	1,431	14	77	481	859	11,279	1,991	8,612	676
ALB	2005	12,119	1,615	13	96	511	995	10,504	2,044	7,890	570
ALB	2006	11,933	1,544	5	71	455	1,013	10,389	1,742	8,204	443
ALB	2007	10,580	1,464	5	74	437	948	9,116	1,586	7,103	427
ALB	2008	10,570	1,325	9	72	443	801	9,245	1,623	7,291	331
NYS	2004	62,731	11,414	90	357	5,288	5,679	51,317	5,256	43,504	2,557
NYS	2005	59,682	11,180	91	322	5,531	5,236	48,502	4,703	41,712	2,087
NYS	2006	56,255	10,662	111	222	5,083	5,246	45,593	4,631	39,225	1,737
NYS	2007	55,098	10,055	69	202	4,676	5,108	45,043	3,794	39,743	1,506

Source: NY State Division of Criminal Justice Services, <http://criminaljustice.state.ny.us/crimnet/ojsa/stats.htm>

Economic aspects of the environment that influence county residents:

- ❖ Due to increasing costs of necessary items like housing, heating, child or family care, food, and prescriptions, people are routinely forced to choose between health care and other needs.
- ❖ The county has an average median income comparable to New York State.
- ❖ Less than 3% of those eligible for services through the Department of Social Services (DSS) do not receive such services (i.e. food stamps, housing, medical assistance, etc.).
- ❖ There is no single area of poverty within the county, however there are pockets located within the two cities and the rural towns.
- ❖ Information on county expenditures and revenues can be found in the Rensselaer County Budget.⁴⁴

⁴⁴ Rensselaer County Budget. RENSCO Online. 2009. http://www.rensco.com/execoffice_countybudget.asp.

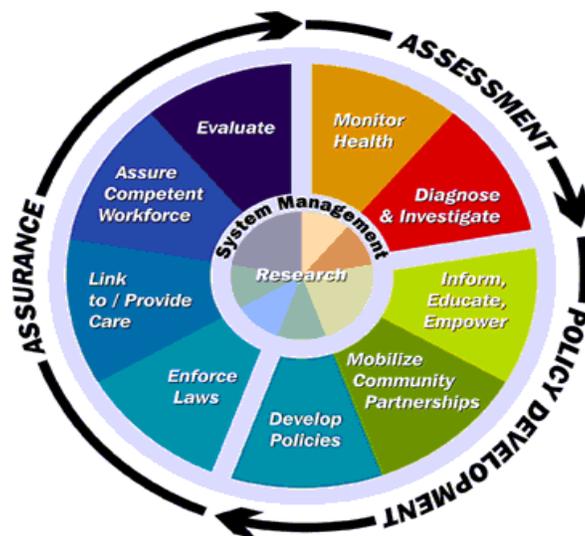
SECTION TWO: LOCAL HEALTH UNIT CAPACITY PROFILE

THE ROLE OF PUBLIC HEALTH

The mission of Public Health Departments is to promote physical and mental health along with preventing disease, injury and disability. Public Health Departments are responsible for providing leadership to safeguard the health and wellness of the community. This is accomplished by implementing the ten essential services of public health as listed below:

- Monitor health status to identify community health problems.
- Diagnose and investigate health problems and health hazards in the community.
- Enforce laws and regulations that protect health and ensure safety.
- Inform, educate and empower people about health issues.
- Mobilize community partnerships to identify and solve health problems.
- Develop policies and plans that support individual and community health efforts.
- Link people to needed personal health services and assure the provision of services that promote health when otherwise unavailable.
- Assure a competent public and personal health care workforce.
- Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
- Research for new insights and innovative solutions to health problems.

RCDOH is a full-service local health unit with an overall mission “to serve the citizens of Rensselaer County as they empower government to maintain a strong financial position at the lowest taxation rate; to serve the ongoing and changing needs of our community efficiently and effectively; to be a respected employer aware of the needs of our people while developing individual strengths to serve our communities and citizens; to develop and implement emergency response plans for all aspects of public health.” Rensselaer County provides a full range of public health functions to address needs identified in this CHA.



B. STAFFING AND SKILL LEVEL

Personnel

Jennifer Alibozek, Sr. Medical Legal Death Investigator
Michelle Ayers, Accounting Supervisor
George Beerle, Asst. Code Enforcement Officer
Brenden Bedard, MPH, Epidemiology Coordinator
Scott Bello, MD, Medical Consultant
Jamie Berrings, LPN, Early Care Worker
Dawn Breault, Public Health Sanitarian
Theresa Buckley, Early Care Intervention Service Worker
Lisa DeVito-Casale, RN, Director of Patient Services
Dan Casey, Sr. Public Health Sanitarian
Rich Elder, Environmental Health Director
Carolyn Collins, Clinical Billing Specialist
Jennifer DeLorenzo, Public Health Sanitarian
April Dennis, Public Health Technician
Stacey Dilbone, Community Health RN
Cynthia Dougherty, Public Health Aide
Barbara Estabrooks, Secretary
Roberta TeBardo, RN, Early Care Worker
Bonnie Ferguson, Community Health RN
Debra Fleming, Public Health Aide
Kevin Forcinella, Public Health Technician
Kristi Geddis, Early Care Worker
Kelly Goertz, Information Processing Clerk
Mary Gwynn, Sr. Public Health Sanitarian
Ann Hansen, Director of Children with Special Needs
Sera Hovanecz, Telephone Receptionist
Sandra Jones, Community Health LPN
Sue Jones, Senior Clerk
Richard Kempter, Sr. Public Health Sanitarian
Brenda Kennedy, Clinical Billing Specialist
Julie Laurange, Community Health RN
Barbara Leo, NP, STD Clinic Contractor
Brenda Maccio, NP, Bioterrorism Coordinator
Nanci McMorris, Public Health RN
Deanna Miller, Public Health Aide
Michelle Monast, Information Process Specialist
Anna Moon, Early Care Worker, Child Specialist Coordinator
Vanessa Murphy, MPH, Bioterrorism Educator
Michael Parrow, Medical Legal Death Investigator

Michelle Pasinella, Senior Clerk
Diane Petersen, Informational Processing Clerk
Joe Riscavage, Public Health Sanitarian
Deborah Reiter, RN, Early Care Worker
Heather Dube-Reiger, Early Care Worker
Deborah Scheidel, Early Care Worker
Emer Schiefen, MPH, Senior Public Health Educator
Michele Schottenham, Community Health RN
Amanda Serafini, Public Health Sanitarian
Michael Sikirica, MD, Medical Examiner
Mary Fran Wachunas, Public Health Director
Herman Wald, Senior Clerk
Michael Ziegler, Medical Legal Death Investigator

Board of Health Membership

Kathleen Spain, President
James J. Brearton
Austin Emory
Anne Ianello
David Jordan
John O'Bryan, MD
Henry Tomiak, MD
David Huskie

Ex-Officio Members

Mary Fran Wachunas, Public Health Director
Scott Bello, MD, Medical Consultant

Departments and their functions

The Medical Examiner has jurisdiction and authority to investigate any death of persons within the county which appears to be a violent death, a death caused by unlawful act or criminal neglect, a death occurring in a suspicious, unusual or unexplained manner, and other deaths while unattended by a physician able to certify the cause of death. The Office of the Medical Examiner in Rensselaer County is under the jurisdiction of the local health department and is provided administrative and physical backup support from the Rensselaer County Public Health Services.

The Children with Special Needs Division includes the Early Intervention Program (birth –2 years), the Preschool Program (3-5 years), and Child Find (birth-3 years). It is administered under the direction of the Early Intervention Official/Public Health Director. The Children with Special Needs Director assists the Early Intervention Officer with the Early Intervention Program and oversees the Preschool Program. These three programs identify, evaluate and coordinate services for children who are suspected of having a developmental delay. Staff includes service coordinators and support staff. For detailed information on these programs please refer to www.rensco.com/publichealth_cwsn.asp.

The Environmental Health Division is run under the management of the Environmental Director. The goal of this division is to develop, implement, and enforce programs in order to protect the health of the public. All programs are enforced in accordance with the Environmental Protection Agency, NYS Sanitary Code, Rensselaer County Sanitary Code, and local laws enacted through the Rensselaer County Legislature. Staff includes Engineers, Sanitarians, Technicians, Public Health Aides, and support staff.

The Nursing Division is under the management of the Director of Patient Services. The goals are to promote a healthy child population that is free of disease and injury, to educate and empower people about health issues, reduce the prevalence of lead poisoning, control communicable diseases, reduction or eradication of vaccine preventable disease, provide vaccines for residents planning to travel to areas where there are vaccine-preventable diseases and to effectively respond to a Bioterrorism event.

C. ADEQUACY AND DEPLOYMENT OF RESOURCES

Communications and Technology

Communication and technology are important components of county planning. As required by NYSDOH, contact information (phone, fax, cell numbers, email) have been acquired for all hospital representatives, nursing homes, law enforcement, primary care providers, schools, emergency management, all LHD staff, special needs groups, media representatives, and others who may be involved in public health preparedness. Tools provided by NYSDOH to assist with communications include the communication directory, access to satellite facilities, hotline, the alert notification system, and the Health Provider Network (HPN). The electronic surveillance of the emergency departments provides communicable disease/bioterrorism event tracking by the county epidemiologist on a daily basis. During the ice storm in December DOH was able to monitor county residents who were seen in the emergency departments with carbon monoxide exposure. It is also the responsibility of the bioterrorism coordinator to assure that all staff are trained in the ICS/NIMS system (Incident Command System/National Incident Management System), by reviewing all preparedness roles, making sure they are trained, and participate in a tabletop ICS exercise.

Public Health Preparedness

The Preparedness program develops plans to protect county residents from any type of public health emergency, defined as bioterrorism attack or a naturally occurring emergency. The county health department would be responsible for providing medications or prophylaxis to every resident. Programs under the management of this department include the following:

Cities Readiness Initiative (CRI) – the CRI is a CDC funded program with a focus to prepare US cities to effectively respond to a large-scale bioterrorism event within 48 hours by enhancing their mass dispensing capabilities. CDC evaluates our present readiness in July 2009 on site by representatives from CDC using a technical assessment review tool (TAR), on which we received a grade of 100%.

Strategic National Stockpile (SNS) – the operations of SNS are the primary focus of the CRI. This is a mass supply of medications and other materials available from the federal government in the event of an emergency.

Medical Reserve Corps (MRC) – the MRC is a group of volunteer health professionals that would assist the county in the event of an emergency, another integral part of the CRI. The MRC volunteer coordinator has developed a database of the corps, as well as competency-based training.

Points of Distribution (PODs) – the county is responsible for identifying facilities that could be used as mass clinics to treat every resident in the event of a health emergency. Memorandums of understanding have been acquired and security assessments have been completed by local law enforcement.

Empire 2009 – this was a full-scale exercise, planned by the Federal Radiological Monitoring and Assessment Center (FRMAC), to test the effectiveness of our technical response management in a domestic Radiological Dispersal Device (RDD) incident.

Special Needs Groups – the county has identified groups with special needs that are considered hard to reach populations, such as economically disadvantaged, homeless, physically/mentally challenged, hearing/visually impaired, incarcerated individuals, nursing home residents, those with language barriers, etc. A faith-based group luncheon in August 2008 to discuss PH preparedness found that such groups should be able to assist individuals with special needs within their communities in an emergency.

For detailed descriptions of the above programs and others not listed, please see the RCDOH 2008 Annual Report, page 35, which can be found on the county website at <http://www.rensco.com/publichealth.asp>.

D. EXPERTISE AND TECHNICAL CAPACITY TO PERFORM A COMMUNITY HEALTH ASSESSMENT

Authors of the CHA have been trained in evidence-based public health evaluation methods, and data collection and analysis. RCDOH has access to up-to-date research and information through computers and Internet access, GIS services, and continuing education opportunities. Strong partnerships with and participation in organizations, such as Healthy Capital District Initiative, Cornell Cooperative Extension, NYSACHO, and NACCHO, support and enhance our assessment capacity.

After conducting a literature review, needs assessment questionnaire, and completing a competency training framework, the Preparedness Educator has recommended the development of a staff competency-based training program to address preparedness needs. These recommendations can be viewed in the Staff Training Needs Assessment Report in Appendix B.

SECTION THREE: CHALLENGES AND ISSUES IN THE COMMUNITY

A. PROFILE OF COMMUNITY RESOURCES

Collaborative Partners and Planning

New York State hospitals are required to prepare a Community Service Plan in collaboration with the local health department. Rensselaer County Department of Health, Seton Health (St. Mary's Hospital), and Northeast Health (Samaritan Hospital), along with hospitals and local health units in Albany and Schenectady counties, are members of the Healthy Capital District Initiative (HCDI). HCDI assembles regional data into a community health report, which helps inform the Community Health Assessment and the Community Services Plan.

On June 24, 2009, the Healthy Capital District Initiative hosted a live community health forum on the local public broadcasting station, WMHT. An online survey was hosted at the HCDI website and the results shared with HCDI members and the community.

In tandem with the assessment process, officials from St. Mary's Hospital and Samaritan Hospital have met and discussed their planning process with Rensselaer County Department of Health staff. Conclusions from this meeting included the following: eliminate redundancies by surveying and involving the already existing initiatives in the county; maintain communication by sharing data during regular meetings; produce projections for next three years; utilize professionals in the priority areas (i.e. dieticians, nutritionists); make educational opportunities available.

All parties had chosen to focus on similar areas. Northeast Health chose access to care, cancer care, mental health, and substance abuse, and Seton Health selected access to care, diabetes, and substance abuse. Prevention agenda priorities were set (see Section IV).

Samaritan Hospital:

Samaritan Hospital, part of the Northeast Health System, is located within the City of Troy, the largest city within the county. Samaritan offers a wide variety of health education and wellness programs throughout the county. In addition, specific clinics team up and work with other agencies and providers performing health education programs in order to maximize access.

St. Mary's Hospital:

St. Mary's Hospital, located in Troy, is part of the Seton Health System. St. Mary's has an active Community Affairs unit, which performs health education through screenings and health fairs, support groups, wellness and childbirth classes, and smoking cessation programs.

Assessment of Non-Clinical Services

Rensselaer County is rich in resources and groups that have the capacity and interest to work in collaboration with the local health department to improve the health status of the community. There are several organizations and programs in the county that are integral partners for public health activities, including, but not limited to:

Healthy Capital District Initiative:

The Healthy Capital District Initiative is an incorporated not for profit that improves access to health services for children and adults in Rensselaer, Albany, and Schenectady County. HCDCI facilitates collaboration between area hospitals, health insurers, county health departments, catholic charities, and others to determine major barriers to health services and develop initiatives to reduce them. Currently, HCDCI is providing services in: facilitated enrollment for public health insurance, elementary school-based preventive oral services, reducing minority disparities, health planning, and Poverello Center free adult health services. In the past, HCDCI has provided services to increase access to preventive and primary care, community non-violence, healthy births, and reduce heart disease and strokes.

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, identify health priorities, and develop plans to improve the health status in and for the Capital District.

Cornell Cooperative Extensive (CCE):

Cornell University Cooperative Extension of Rensselaer County is a nonprofit agency that addresses community nutritional health. CCE administers the Eat Smart New York Program and the Expanded Food and Nutrition Education Program to income-eligible participants. The goals of these programs are to improve the overall diet quality of low-income individuals, promote the most cost-effective and nutrient-rich utilization of food stamps by participants, and improve the prevention of chronic diseases associated with poor nutrition. CCE collaborates with RCDOH to provide nutrition counseling services to the Early Intervention and Preschool Program. In addition to this, CCE engages regularly in community outreach to prevent obesity,

chronic disease, and teenage pregnancy. The CCE of Schenectady County administers the Eat Well Play Hard Program for the Rensselaer County. The program focuses on preventing childhood obesity.

Capital District Tobacco Free Coalition:

The Coalition is a non-profit partnership of people and organizations in Rensselaer, Albany, and Schenectady counties working to reduce adolescent and adult tobacco use through cooperative programs in prevention, cessation, advocacy, and community education. The Coalition is a Community Partner of the New York State Tobacco Control Program, and is funded by the New York State Department of Health’s Bureau of Tobacco Use Prevention and Control.

Center for Smoking Cessation at Seton Health:

The Center is funded by the New York State Department of Health’s Bureau of Tobacco Use Prevention and Control to reduce tobacco dependence in Rensselaer, Albany, Schenectady, Greene, Columbia, Schoharie, Otsego, and Delaware Counties. Using evidence-based programming, the Center trains healthcare providers to address tobacco dependence and assist in tobacco cessation among their patients. The Center also trains and supports workplaces to promote tobacco cessation in the work environment. In addition to their training services, the Center provides technical assistance and runs tobacco cessation support groups.

Commission on Economic Opportunity (CEO):

The Commission on Economic Opportunity for the Greater Capital Region is an independent non-profit organization that provides a number of services to address and improve the social, economic, and educational needs of low-income individuals and families. CEO is a part of a larger system of the Community Action Agencies across New York State and across the country.

CEO offers early childhood services, such as Head Start, Early Head Start, Universal Pre-K, and childcare. CEO participates in numerous nutrition and physical activity programs and curriculum that operate along side their childhood services, including the Child and Adult Care Food Program, the Eat Well, Play Hard physical activity program, and the SPARK! curriculum program.

CEO runs the Teenage Opportunity Program, which offers and improves economic and educational opportunities for pregnant, parenting or at-risk teens between ages of 14 – 21. The program reduces teenage pregnancy, assists in maintaining prenatal and post-partum care and health insurance to Medicaid-eligible youth.

WIC - Supplemental Nutrition Program for Women, Infants and Children:

Rensselaer County's WIC program is under the direction of the Commission on Economic Opportunity. WIC provides nutrition service to low-income women, infants, and children to improve the health and physical development of those at nutrition risk. The program provides prescribed supplemental foods, nutrition education and counseling, breastfeeding support, and referral to health care services.

Capital District Community Gardens:

Capital District Community Gardens (CDCG) is a private non-profit community service organization that improves the quality of life of Rensselaer County residents through gardening, access to fresh produce, community greening projects, and other services. CDCG operates the Veggie Mobile, a mobile produce market that makes fresh produce affordable and accessible for low-income inner city residents.

Healthy Women's Partnership:

The mission of the partnership is to protect, promote and improve the health of underserved women by providing accessible, coordinated, quality cancer screening services. Additionally, through education and outreach, to provide information that increases awareness and encourages individual responsibility for an active participation in one's own health care. The partnership includes groups of individual health care providers, organizations, community centers, human service agencies, and medical facilities.

Upper Hudson Planned Parenthood, Inc.:

Upper Hudson Planned Parenthood promotes healthy sexuality by providing access to reproductive healthcare services, HIV and STD testing, community education and outreach. UHPP facilitates enrollment into the Family Planning Benefit program, a Medicaid expansion that provides free family planning services to low income, uninsured women. In addition, UHPP offers education, training, and professional assistance to schools, youth groups, and community agencies.

Community Cradle:

Community Cradle, formerly known as the Maternal Infant Network, is an independent not-for-profit organization that works with local agencies and networks to improve pregnancy outcomes and the overall health of women, infants, and children. The group increases access to prenatal and infant healthcare and other community services by community outreach and

removing barriers. Community Cradle also offers education to consumers and providers, programming, and services.

Healthy Families:

Healthy Families New York is a free and voluntary program offered by Northeast Health. The program offers home-based services to expectant and new parents. The services provide support, nurturing, information and education to parents and help to reduce stresses associated with the birth of a new baby and the care of a young child.

Human Services Cabinet:

Given the current economic downturn, there is a need to share resources, reduce duplicative services, and reduce costs. The Human Services Cabinet was formed to serve people in need more effectively and efficiently during these challenging financial times. The goal of the Cabinet is to improve service delivery to high use clients while containing costs through inter-agency collaboration focused on target populations. Six county departments within Rensselaer County are members of the Human Services Cabinet, including the Departments of Health, Mental Health, Social Services, Aging, Veterans, & Youth, Employment and Training, and Probation.

Rensselaer County Underage Drinking Coalition:

The Rensselaer County Underage Drinking Coalition is a countywide coalition whose goal is to engage multiple sectors of the community in a process of collaboration for the purpose of reducing alcohol substance abuse and associated problems. It engages in these endeavors by implementing an array of environmental strategies involving prevention, education, and enforcement, which together are serving to change community norms about underage use of alcohol and drugs.

Significant Outreach and Public Health Education Efforts:

Tick Trail signs and Lyme disease

In response to the ever-increasing numbers of Lyme Disease cases, RCDOH used grant money from NYSDOH to create trail signs. The signs were distributed to municipalities, children’s camps, environmental management council, state parks, and private groups. The signs warn people about the presence of ticks, and promote preventive measures against Lyme Disease. This effort will be continued through Spring 2010.

Healthy Neighborhoods Program (HNP)

HNP is a primary prevention program designed to provide outreach and education regarding environmental health hazards such as indoor air quality, secondhand smoke and tobacco use, asthma, fire safety, and childhood lead prevention in the home to residents in identified high-risk neighborhoods. Residences with children are prioritized. Upon assessment of the home, the Healthy Neighborhoods Program directly disseminates information and distributes safety products within homes in the targeted neighborhoods.

Schaghticoke County Health Fair

The annual county health fair draws crowds of over 110,000. RCDOH uses the fair to disseminate educational materials, engage in awareness building activities, and to evaluate public health outreach efforts such as the Tick Trail signs.

Public health preparedness

The Public Health Preparedness (PHP) Program has been and continues to be actively engaged in the preparedness training and education of both response partners and the residents of Rensselaer County. Program outreach components include presentations and trainings about pandemic influenza, bioterrorism, personal preparedness, Cities Readiness initiative, Points of Dispensing (POD), school-based surveillance, Strategic National Stockpile planning, and phone bank activation training. The PHP Program is currently in the process of developing and implementing future outreach initiatives, including closed POD train-the-trainer program, staff competency-based training, and National Preparedness Month education activities. A complete listing and description of activities can be found in Appendix C.

B. PROFILE OF UNMET NEEDS FOR SERVICES

While there are numerous services available in Rensselaer County to address the myriad of health issues facing its residents, some of these services are limited by a number of factors. For example, many services are based on income eligibility. Other programs require participants to have Medicaid or be participating in the Food Stamps Program. While Rensselaer County has many residents in low socio-economic categories, these services neglect the “working poor” population whose income is too high to access these services, but who are still in need of them.

The county has not conducted a formal assessment of all services, but there are many similarities between unmet needs in the health care system and community services. This section summarizes data from a focus group of local parish nurses conducted in August 2009 and organizations in the county that serve Rensselaer County residents. Community partners – including the Commission on Economic Opportunity (CEO), HCDI, Rensselaer County Human Services Cabinet, United Way, Community Cradle, and the Medical Needs Subcommittee of the Department of Mental Health Management Group – have identified the following gaps in community services.

The following have been identified as **unmet needs** in community services:

- Access & Availability
 - Services are often offered during hours when potential clients aren’t able to be attend
 - Most services are offered in urban areas (i.e. Troy, Rensselaer), neglecting the rural residents
 - People in need of services aren’t aware of the availability of services
- Program eligibility restrictions
 - People whose income exceeds program guidelines need many of the services that are offered to low-income clients
 - There are many community services available that are targeted for people less than 18 years of age or for the aging population, but few services specifically target adults age 19 – 60.
 - There is a lack of insurance, or, if insured, participants lack freedom of choice within insurance plans (e.g. needing prior approval before seeking preventive care)
- Economic
 - High demand placed on services in tough economic times makes resource increasingly scarce for individuals and families.
 - For example, the CEO agency’s Food Pantry often runs out of a week’s supply of food in two days, but the demand for this service is increasing.

- Budget cuts to funding sources have decreased availability of services and staff to run programs.
- Some people aren't able to make sliding scale fee payments
- Language and cultural beliefs are commonly cited as a barrier to accessing services
- Many people have multiple health needs and problems (co-morbidity) and need coordination of care, medications, etc.
- Lack of child care at service locations or at home prevents families, especially those with single parents, from seeking services
- Some populations most in need of services are difficult to identify and recruit into programs (e.g. homeless, transient populations, youth)
- Providing services to youth or special needs populations requires a safe and structured environment with qualified staff

In addition to addressing the prevention agenda goals, the **improvement of services** may be achieved through the following:

- Expand hours of service
- Expand eligibility requirements
- Coordinate and centralize services so a client doesn't have to visit multiple locations
- Improve transportation access
- Collaborate with other organizations to meet multiple needs
- Create a centralized intake system so clients are offered the full spectrum of available services and resources
- Conduct intake or verbal assessment over the phone
- Assume that clients have multiple needs that need to be addressed
- Use evidence-based practices and assure quality services
- Engage in outreach and public education activities to raise awareness of services

The process of improving programs is never without challenges. The following are issues that represent **foreseeable problems** and persistent complications that arise in the development of services:

- Lack of understanding of the continued relevance of public health to the community
- Budget/Financing
- Grant funding restrictions
- Relevance of programs
- Liability in providing transportation services, child care, etc.
- Low program attendance/utilization
- Health care is a low priority compared to other pressing issues

SECTION FOUR: LOCAL HEALTH FOCUS AREAS

On June 15, 2009, officials from Rensselaer County Department of Health, Samaritan Hospital (David Howells), and St. Mary’s Hospital (Pamela Rehak) discussed the prevention agenda priorities as a part of the collaborative efforts in developing the Community Service Plan.

Priorities were set based on need in the community and capacity to address the priorities. As discussed in previous sections, Rensselaer County suffers from higher rates of tobacco use, lack of physical activity, and obesity than the rest of the state. Therefore, RCDOH selected priorities that are the leading causes of chronic disease: tobacco use, and physical activity and nutrition. Both St. Mary’s and Samaritan Hospital selected prevention agenda priorities based on the capacity of their current treatment facilities and programs.

Prevention Agenda Priorities

RCDOH	Samaritan Hospital	St. Mary’s Hospital
Tobacco	Access to Quality Health Care	Access to Quality Health Care
Physical Activity & Nutrition	Chronic Disease (Cancer)	Chronic Disease (Diabetes)
	Mental Health & Substance Abuse	Mental Health & Substance Abuse

A. TOBACCO USE

Preventing and reducing tobacco use is the cornerstone of public health—it is the only way to reduce the large numbers of deaths caused direct and indirect tobacco use. Tobacco use and secondhand smoke exposure causes heart disease and stroke, chronic lung disease, cancers of the lung, mouth, pharynx, esophagus, and bladder, and other lung and vascular diseases.⁴⁵ Each year, 438,000 people in the country die of diseases caused by smoking. In New York State, there were 25,500 tobacco-related deaths.⁴⁶

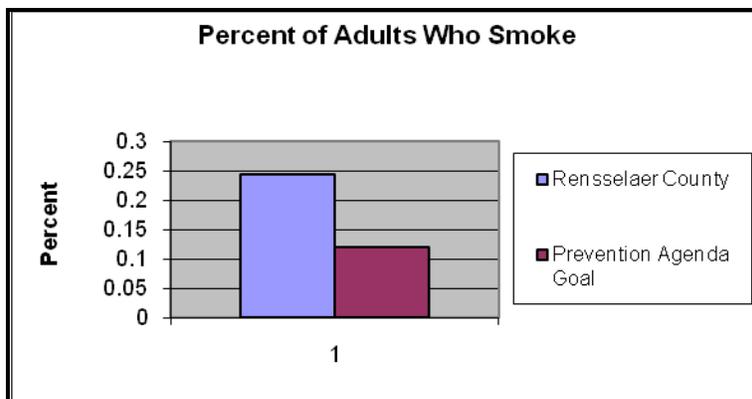
Tobacco use harms people who don’t use it. Every year, 2,500 New Yorkers are killed because of secondhand smoke.⁴⁷ Secondhand smoke contains hundreds of toxic and cancer-

⁴⁵ *The Health Consequences of Smoking: a Report of the Surgeon General.* (2004). Department of Health and Human Services, Centers for Disease Control and Prevention:
http://www.cdc.gov/tobacco/data_statistics/sgr/2004/index.htm

⁴⁶ NYSDOH: http://www.health.state.ny.us/prevention/prevention_agenda/tobacco_use.htm

⁴⁷ NYSDOH: http://www.health.state.ny.us/prevention/prevention_agenda/tobacco_use.htm

causing chemicals. The U.S. Environmental Protection Agency has classified secondhand smoke as a known human carcinogen (cancer-causing agent). The Surgeon General has stated that there is no safe level of exposure to secondhand smoke.⁴⁸ In the United States, there are 389,000 children alive today who will die prematurely from smoking. Many more children exposed to secondhand smoke will suffer from respiratory illnesses including bronchitis and pneumonia, asthma, and eye and ear problems. In addition, tobacco use during pregnancy leads to poor birth outcomes, such as low birth weight and preterm births, and increases the chances for sudden infant death syndrome.⁴⁹



Tobacco Use & Disease

More people die from lung cancer than any other cancer. Studies show that 90% of lung cancer deaths in males and 80% in females can be attributed to smoking. People who smoke are 10 to 20 times more likely to get lung cancer or die from lung cancer than people who do not smoke.⁵⁰ The prevalence of smoking is higher in Rensselaer County than in upstate New York or New York State as a whole. This may explain in part the increased incidences of lung cancer and increased mortality due to cancer.

Lung Cancer Incidence (per 100,000), 2001 – 2005

	Males	Females
Rensselaer County	102.2	74.1
NYS	80.8	53.8

⁴⁸ *The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General.* (2006). Department of Health and Human Services, Centers for Disease Control and Prevention: http://www.cdc.gov/tobacco/data_statistics/sgr/2006/index.htm

⁴⁹ Campaign for Tobacco-Free Kids: <http://www.tobaccofreekids.org/research/factsheets/index.php?CategoryID=3>

⁵⁰ National Cancer Institute: <http://www.cancer.gov/cancertopics/smoking>

Smoking is the leading cause of Chronic Obstructive Pulmonary Disease (COPD), a group of diseases that cause airflow blockage and breathing-related problems. It include emphysema, chronic bronchitis, and in some cases, asthma. People who smoke are 10 times more likely to get COPD than those who don't smoke. Exposure to secondhand smoke is also a risk factor. COPD is the fourth leading cause of death in the United States.⁵¹ There is no cure for COPD, but early diagnosis can alter the course and progress of symptoms. The rate of COPD hospitalizations in Rensselaer County is 52.9 per 10,000, compared to the state rate of 39.7 per 10,000.

Youth Tobacco Use

Smoking is a special problem among youth. Nearly 90% of adult tobacco users begin while in their teens, or earlier, and two-thirds become regular, daily smokers before they reach the age of 19. In one year, an estimated 23,900 New York youth will become smokers. Roughly one-third of all youth smokers will die prematurely from smoking-caused disease.⁵² In New York State, 16.3% of youth currently smoke. The percent of youth in grades 6 through 12 in Rensselaer County who smoked in the past month is 10.3%, however this figure does not account for the number of youth not attending school.

Some factors associated with youth tobacco use include low socioeconomic status, use and approval of tobacco use by peers or siblings, smoking by parents or guardians, accessibility, availability and price of tobacco products, a perception that tobacco use is normative, lack of parental support or involvement, low levels of academic achievement, lack of skills to resist influences to tobacco use, lower self-image or self-esteem, belief in functional benefits of tobacco use, and lack of self-efficacy to refuse offers of tobacco. Tobacco use in adolescence is associated with many other health risk behaviors, including high-risk sexual behavior and use of alcohol or other drugs.

B. OBESITY, PHYSICAL ACTIVITY, & NUTRITION

Many of the major causes of morbidity and mortality in the United States are related to poor diet and lack of physical activity, which leads to overweight and obesity. Approximately two-thirds of U.S. adults and one-fifth of U.S. children are obese or overweight. Being either obese or overweight increases the risk for many chronic diseases, including heart disease, Type 2 diabetes, certain cancers, and stroke. Cardiovascular diseases are the leading causes of death in New York State, killing almost 59,000 residents each year. Diabetes is the most rapidly growing chronic disease, affecting one out of every 12 adult New Yorkers. The percentage of obese adults in New York State more than doubled from 10% in 1997 to 25% in 2008. Obesity

⁵¹ Centers for Disease Control and Prevention: <http://www.cdc.gov/copd/copdfaq.htm>

⁵² Campaign for Tobacco-Free Kids: <http://www.tobaccofreekids.org/research/factsheets/index.php?CategoryID=3>

among children and adolescents has tripled over the past three decades. In New York State, obesity costs more than \$6 billion annually in direct medical expenditures for treatment of obesity-related diseases, as well as indirect costs such as lost productivity.⁵³

Physical inactivity, poor nutrition, consumption of sugar-sweetened beverages and time spent viewing media (e.g. television or computer use) can contribute to excess weight gain in children and adults. The environment in which people live, work, play, and receive health care strongly influences healthy behaviors including physical activity and food habits. These environmental factors, which include lack of access to full-service grocery stores, increasing costs of healthy foods and the lower cost of unhealthy foods, and lack of access to safe places to play and exercise, all contribute to the increase in obesity rates by inhibiting or preventing healthy eating and active living behaviors. Maintaining a healthy weight through proper nutrition and physical activity not only helps in achieving and maintaining a healthy weight, but also reduces the risk of major chronic diseases.

Indicator	Rensselaer County	State Rate
% Adults Overweight or Obese (BMI 25+)	59.1	56.7

Source: BRFSS, 2009

The percent of Rensselaer County adults 20 years and older who are overweight or obese percentage is 59.1%, as compared to 54.0% of Albany County residents and 60.7% of Schenectady County residents. According to the 2009 BRFSS, 26.7% of adults in Rensselaer County are obese.

Obesity is a particularly serious problem among youth. Obesity among children and adolescents has tripled over the past three decades. Obese youth are at risk for health problems that extend into adulthood, including Type 2 diabetes and cardiovascular disease. Many individual and environmental factors contribute to overweight and obesity in youth.

Percentage of New York high school students (excluding New York City) who were Overweight or Obese, 1999 - 2005 (YRBS)⁵⁴

	Total	Males	Females
(1999) Overweight	13.5	12.3	14.6
(2005) Overweight	17.5	16.9	18.1
(1999) Obese	7.8	4.9	10.7
(2005) Obese	9.9	7.5	12.2

⁵³ Finkelstein, EA, Fiebelkorn, IC, Wang, G. State-level estimates of annual medical expenditures attributable to obesity. *Obesity Research* 2004;12(1):18–24.

⁵⁴ <http://apps.nccd.cdc.gov/yrbss/CategoryQuestions.asp?cat=5&desc=Dietary%20Behaviors>

Measuring Overweight & Obesity:

Overweight and obesity arises when there is a higher ratio of body fat, also known as adipose tissue, in relation to lean body mass, such as muscle or bone. As defined by the Centers for Disease Control and Prevention, overweight and obesity are “labels for ranges of weight that are greater than what is generally considered healthy for a given height”.⁵⁵ These ranges are shown to increase the likelihood of certain diseases and health problems.

Body Mass Index (BMI) is a tool for indicating weight status, which compares weight to height. It is calculated by using the following formula:

$$\text{Weight (lb)} / [\text{height (in)}]^2 \times 703 = \text{Body Mass Index (BMI)}$$

The following chart shows the threshold values for Body Mass Index in determining a condition of overweight versus underweight.

BMI categories for adults over 20 years old

Below 18.5	Underweight
18.5 to 24.9	Normal
25.0 to 29.9	Overweight
30.0 and above	Obese

BMI for children is sex and age specific, meaning that the percentiles depend on the age and sex of the child. Health care professionals use the following percentile cut-off points to identify underweight and overweight children and adolescents:

<5 th percentile	Underweight
5 th percentile to <85 th percentile	Normal
85 th percentile to <95 th percentile	At risk of being overweight
≥95 th percentile	Overweight

It is important to note that although BMI correlates with the amount of body fat, BMI does not directly measure body fat. Also, BMI alone doesn't predict the likelihood of developing overweight- or obesity-related diseases. In addition to BMI, the individual's waist circumference (i.e. abdominal fat) and other factors such as high blood pressure or physical inactivity are risks factors for disease.

⁵⁵ <http://www.cdc.gov/obesity/defining.html>

Physical Activity:

Modest, regular physical activity is important for good health, and is especially important in losing and maintaining a healthy weight. Physical activity substantially reduces the risk of dying of coronary heart disease (the nation's leading cause of death) and decreases the risk for colon cancer, diabetes, and high blood pressure. The amount of physical activity needed to maintain a healthy weight and reap health benefits varies by greatly by person to person.

Beyond reducing risk of cardiovascular disease, diabetes, and high blood pressure, physical activity has many benefits. It helps builds healthy bones, muscles, and joints, which reduces the risk of osteoporosis and falls. Physical activity helps to relieve the pain and associated disability of arthritis, and reduces symptoms of anxiety and depression. Physical activity reduces the risk of cardiovascular disease and diabetes beyond that produced by weight reduction alone.

Health behaviors of Rensselaer County residents showed that 78.7% participated in leisure-time physical activity or exercise as compared to 80.6% in Albany and 80.1% in Schenectady.

Indicator	Rensselaer County	State Rate
% Adults Who Participated in Leisure Time Physical Activity in Last 30 Days	78.7	74.6

Source: BRFSS, 2009

Although the percentage of New York State youth reporting physical activity has increased overall (from 29.6% in 2005 to 38% in 2007), female youth are less likely than male youth to report engaging in regular physical activity (29.2% and 46.9%, respectively).⁵⁶

Nutrition:

Nutrition is the foundation for healthy growth and development and overall health. Healthful eating is important in attaining and maintaining a healthy weight. A properly balanced diet has many health benefits, including a decreased risk of being overweight or obese, and of chronic diseases such as type 2 diabetes, high blood pressure, and certain

⁵⁶ <http://apps.nccd.cdc.gov/yrbss/QuestYearTable.asp?cat=6&quest=Q80&loc=NY&year=Trend>

cancers. Malnutrition has devastating consequences, including death, disability, stunted mental and physical growth, and negative impacts to socioeconomic development.⁵⁷

To improve nutrition, the World Health Organization recommends culturally appropriate diets that “achieve energy balance and a healthy weight; limit energy intake from total fats and shift fat consumption away from saturated fats to unsaturated fats and towards the elimination of trans-fatty acids; increase the consumption of fruits and vegetables, and legumes, while grains and nuts; limit the intake of free sugars; and limit salt (sodium) consumption from all sources”.⁵⁸

Compared to people who consume a diet with small amounts of fruits and vegetables, a diet high in fruits and vegetables has been shown to reduce the risk of chronic diseases including stroke and certain cancers. The prevention agenda goal of adults’ daily consumption of five or more fruits of vegetables is 33%. In Rensselaer County, nearly one in four residents indicated that they eat five or more servings of fruits and vegetables per day.

Indicator	Rensselaer County	State Rate
% Adults Eating 5 or More Fruits or Vegetables per Day	24.9	25.8

Source: BRFSS, 2009

Youth consumption of fruits/vegetables 5 or more times a day in New York State has declined from 26.1% in 1999 to 21.7% in 2005.⁵⁹

C. NOTEWORTHY ACCOMPLISHMENTS

HCDI Facilitated enrollment

Initiated in 2000, under contract with the New York State Department of Health, facilitated enrollment is a major community outreach program to enroll individuals and families in Child Health Plus, Family Health Plus, Medicaid and PCAP. In 2008, HCDI helped some 4,000 individuals apply for health insurance. The program has assisted over 35,000 individuals in the capital region apply since 2000 in one of 9 sites in Rensselaer, Albany, and Schenectady

⁵⁷ World Health Organization. (2002). *Diet, Nutrition, and the Prevention of Chronic Diseases*. http://whqlibdoc.who.int/trs/WHO_TRS_916.pdf

⁵⁸ <http://www.who.int/dietphysicalactivity/diet/en/index.html>

⁵⁹ <http://apps.nccd.cdc.gov/yrbss/QuestYearTable.asp?cat=5&quest=508&loc=NY&year=Trend>

counties. This program expands the base of insured individuals in the region, increasing access to primary care, reducing unnecessary emergency room visits and charity care.

School surveillance

In response to the H1N1 flu pandemic, the state issued a notice recommending local health departments to coordinate with local K-12 schools to monitor school student and staff absenteeism. Absenteeism reflects the overall health status of the community, as children are early markers of influenza-like illness and often removed from school before seeing their primary care provider. In addition to identification of infectious disease clusters, absenteeism can be recognized as a sign for various risk behaviors, such as alcohol or drug use. Prior to the state notice, there was no structured system in place to effectively identify potential infectious disease clusters within the school facilities. A meeting was held to discuss the most effect to implement this program and acquire the data. Future action will include increasing participation in the state School Surveillance and Reporting system.

Interagency network

Since 1997, the Interagency Network has provided local human service agencies a way to familiarize themselves with local resources. The network has helped address and meet the needs of Rensselaer County residents. RCDOH is an active participant in this network since its inception.

Partnership with Cornell Cooperative Extension

Cornell Cooperative Extension of Rensselaer County has been a strong partner in Rensselaer County operation. The Nutrition Community Educator currently assesses and enhances the nutrition status of at-risk residents, and in the future, will play a strong collaborating role in developing and implementing physical activity and nutrition initiatives to meet prevention agenda priority needs. Working with the Department of Aging, the Nutrition Community Educator has reached 540 aging residents of Rensselaer County through newsletter and 677 seniors through cooking demonstrations from July 2008 to July 2009. Additionally, the Educator reviewed the nutrition needs of 176 seniors who receive home-delivered meals, contacted 96 seniors by phone, mailed information to 11 seniors, and counseled 6 seniors. The Educator is also currently working with 9 families of children with special needs.

Internship programs

RCDOH believes strongly in building and strengthening the public health workforce. Interns from University at Albany School of Public Health, Russell Sage Nursing School, and

Albany Pharmacy School have been active participants in the growth of the local department and the public health workforce at large.

Rensselaer County Healthcare Coalition

The Coalition was created in 2002 to establish coordinated emergency preparedness for the county. The acting Coalition members are: RCDOH, area hospitals, county and municipal public safety, law enforcement agencies, the Regional Resource Director (who oversees 13 hospitals), City of Troy Fire Dept, local colleges, and Mohawk Ambulance EMS. The coalition is a working group who collaborate together to meet grant deliverables, and actively run emergency preparedness drills, trainings, and exercises.

Public Health Preparedness Initiative

The Public Health Preparedness (PHP) Program is actively engaged in the preparedness training and education of both response partners and the residents of Rensselaer County. The program has collaborated with many facets of county and municipal government, schools and colleges, public safety and emergency responders, health care industries, and businesses. In 2008, the program collaborated with over 30 organizations and educated 215 residents of Rensselaer County. Not only does the PHP program strengthen the county's ability to respond to public health emergencies, the bonds formed with organizations create opportunities to collaborate on other public health initiatives.

SECTION FIVE: OPPORTUNITIES FOR ACTION

Building on the prior sections, there are opportunities in the community that can be pursued by RCDOH, either solely or in partnership, to reduce or eliminate public health concerns and problems.

Community-based Organizations

Rensselaer County is home to many not-for-profit organizations working to strengthen families and the community as a whole (see Section Three). Collaboration between organizations is necessary to meet the health needs of county residents in an efficient manner. Several partnerships and networks are established, and should be strengthened to address a wide range of public health issues. Additionally, this collaborative process will increase awareness of the variety of services available for residents.

With the purpose of creating a more complete picture of county-wide health services, the authors of this community health assessment recommends identifying or developing an evaluation tool to identify strengths, gaps, and needs of community services.

Businesses

Businesses are a key partner in the public health system. A healthy workforce controls health care costs, reduces injuries and absenteeism, and improves productivity, employee morale, and retention.⁶⁰ There are many opportunities to collaborate with businesses, including policy change, worksite wellness programs, and participation in public health initiatives and volunteer opportunities like the Medical Reserve Corps.

Labor and work sites

Labor and work sites can pose a wide variety of environmental health risks and occupational hazards such as exposure to lead, fine particulate matter, environmental pollutants, injuries, sunlight, or deer ticks. Similar to businesses, labor and work sites can benefit from opportunities such as workplace wellness, policy change, and participation in public health programs. RCDOH has planned on conducting Lyme Disease prevention to labor and work sites in 2009 – 2010. Another promising opportunity is working with labor and work sites to improve or facilitate employee insurance enrollment.

⁶⁰ NYSDOH: http://www.health.state.ny.us/prevention/worksite/why_important.htm

Schools

Rensselaer County schools are an important link to the health and well-being of the community. There are many public health initiatives targeting towards schools. An important opportunity exists to offer technical assistance in school health program, curriculum, and policy development and other health education to teachers, administrators, and families. RCDOH offers age-appropriate educational presentations promoting responsible health behaviors to students.

Colleges and Universities

RCDOH nurtures a good relationship with the area colleges and has established on-going internship opportunities for students who express interest in the public health field. In addition, RCDOH regularly provides services for students, including immunizations, HIV and STD testing, and tuberculosis screening and follow-up.

There are many prospects to provide education and trainings to students, employees, student support personnel. The local colleges and universities also provide opportunities to participate in the development and evaluation of promising public health initiatives, as well as contributing to the continuing education of RCDOH staff.

Government

The county government is responsible many aspects of public health. Engaging the government to address public health needs at local, county, and state levels is necessary for lasting change. The establishment of the Rensselaer County Human Services Cabinet is a promising opportunity within county government entities. Integrated county planning will achieve increased effective resource allocation, collaboration, and outcomes.

RCDOH works closely with municipal governments to address preparedness needs. Some municipalities are also undertaking health initiatives, such as trail development or participation in the U.S. Department of Justice's Weed & Seed program. RCDOH is actively collaborating with local county governments to address public health needs that span the region.

Health care providers

Health care providers are an important partner in preventing disease and promoting health in Rensselaer County. RCDOH provides support and education to providers on a wide variety of topics that have public health importance, including rabies, immunizations, lead screening and prevention, Lyme Disease, and tuberculosis. The Public Health Preparedness

Program works closely with health care providers to achieve emergency preparedness objectives.

Health care insurers

Health care insurers play a vital role in improving the health status of the county, as having insurance precedes access to preventive health care. Many insurance companies facilitate enrollment into Medicaid and Child and Family Health Plus. Insurers could also offer incentives, such as free or low-cost gym memberships or free nicotine replacement therapy, to improve health behaviors of their participants and save on increasing health care costs.

The Food Industry

Food service providers are a key target group for on-going education related to food safety. The sanitarians offer information and reinforce regulations during their compliance checks. Hepatitis A vaccination is encouraged. Additional opportunities to improve the health of Rensselaer County residents, particularly around obesity and diabetes prevention, include menu labeling and portion control initiatives.

The Media

Maintaining good relationships with media sources is an important tactic in the overall communication goals of RCDOH. The media, which includes television, radio, newsprint, and internet sources, is necessary in communicating accurate messages that promote public health and increase awareness of available services. RCDOH works closely with the county public information officer to insure that correct health information is available to media sources.

CONCLUSION

Assessing the health status of the county is the first step in identifying appropriate strategies to improve the overall health and wellbeing of Rensselaer County's population. The findings in this document shape the direction of action taken by RCDOH, which is reflected in the Municipal Public Health Service Plan (MPHSP) Health Education component.

As indicated by the statistics provided above, Rensselaer County residents suffer from poorer health status in many health indicators compared to neighboring counties. In particular, residents with low socioeconomic status are at greater risk for health problems, which is complicated by issues of health care access. It is important to remember that the variables discussed in this assessment are not independent of one another, and are affected by a number of variables that are specific to individuals and communities. Many supports need to be in place to address barriers and issues that prevent at-risk populations from seeking health care or engaging in healthy behaviors.

Rensselaer County Department of Health is committed to improving the wellness of the county's residents. A great number of resources exist (as highlighted throughout this document) or can be created to address health needs of residents. Collaboration with local communities, schools, businesses, agencies, and health care systems is essential to ensure positive sustained changes to the county's health status. Coordination and cooperation among these groups will improve health by decreasing redundancy of services, pooling resources, reaching intended populations, affecting policy and environment, and changing residents' norms, beliefs, and health behaviors. It is the hope of the authors that the community-at-large takes these recommendations into consideration when planning future programs to address the public health concerns of Rensselaer County.

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APPENDIX A: Data Tables

Rensselaer County Department of Health thanks Nicole Spencer, MPH, for her work compiling these tables.

Demographics

Demographics	Rensselaer County	Year
Geography and Population		
population	155,261	2008
area (square miles)	654	
persons per square mile	238	2008
males (%)	49.3	2005-2007
females (%)	50.7	2005-2007
under 5 years of age (%)	5.5	2005-2007
18 years and over (%)	77.9	2005-2007
65 years and older (%)	13.1	2005-2007
median age	38.2	2005-2007
foreign born (%)	5.1	2005-2007
Nativity (number of live births)		
	1851	2007
Mortality (death rate per 100,000 population)		
	907.8	2007
Employment (population 16+) (%)		
	124,984 total residents surveyed	2005-2007
in labor force	67.9	
<i>civilian labor force</i>	67.7	
<i>armed forces</i>	0.2	
employed	63.3	
unemployed	8.2	Feb-09
not in labor force	32.1	
residents collecting unemployment insurance	4393 (2.8%)*	Jun-09
Household Structure		
	60,591 total households	2005-2007
average household size	2.48	
average family size	3.07	
grandparents responsible for own grandchildren under age 18 (%)	33.2	
married persons over 15 years of age (%)	38.9	
divorced persons over 15 years of age (%)	7.6	

single family households (n)	10389 (17.1)	
single-family households headed by males n(%)	2726 (4.5)	
single family households headed by females n(%)	7663 (12.6)	
Education (% of population 25 years and older)	102,688 total residents 25 years of age and over	
less than 5th grade	0.9	2000
5th-8th grade	4	2000
9th-12th grade, no diploma	8.6	2005-2007
high school graduate, including equivalency	34.1	2005-2007
some college, no degree	17.5	2005-2007
some college credits, less than 1 year	6.9	2000
1 or more years of college, no degree	11.3	2000
associate degree	10.8	2005-2007
bachelor's degree	14	2005-2007
master's degree	7.5	2000
professional degree	1.8	2000
doctorate degree	1.2	2000
high school graduate or higher (%)	87.9	2005-2007
bachelor's degree or higher (%)	25.6	2005-2007
Race and Ethnicity (%)	total surveyed: 154,719	2005-2007
one race	96.7	
two or more races	3.3	
Hispanic or Latino of any race	2.7	
white	89.5	
black or African American	4.1	
American Indian or Alaska Native	0.1	
Asian	2.3	
some other race	0.6	
Household Income (%)	total number of households surveyed: 60,591	2005-2007
less than \$10,000	6.2	
\$10,000 to \$14,999	5.5	
\$15,000 to \$24,999	10.3	
\$25,000 to \$34,999	10.2	
\$35,000 to \$49,999	15.8	
\$50,000 to \$74,999	18.6	
\$75,000 to \$99,999	15.6	

\$100,000 to \$149,999	12.6	
\$150,000 to \$199,999	3.6	
\$200,000 or more	1.6	
Median Income (\$)	52257	
Mean Income (\$)	63677	
Percent Below the Federal Poverty Level	38,313 total families in the county	2005-2007
Families (%)	8.2	
with related children under 18 years (%)	14.3	
householder working Full-time, year-round in the past 12 months (%)	1.6	
Householder 65 years and over (%)	3.2	
family received Supplemental Security Income (SSI) and/or public assistance income (%)	35.9	
family received Social Security income (%)	3	
Mean income deficit for all families (\$)	8573	

Poverty Thresholds for 2008 by Size of Family and Number of Related Children Under 18 Years									
	Size of family unit	Related children under 18 years							
		None	One	Two	Three	Four	Five	Six	Seven
One person (unrelated individual)									
Under 65 years	11,201								
65 years and over	10,326								
Two people									
Householder under 65 years	14,417	14,840							
Householder 65 years and over	13,014	14,784							
Three people	16,841	17,330	17,346						
Four people	22,207	22,570	21,834	21,910					
Five people	26,781	27,170	26,338	25,694	25,301				
Six people	30,803	30,925	30,288	29,677	28,769	28,230			
Seven people	35,442	35,664	34,901	34,369	33,379	32,223	30,955		
Eight people	39,640	39,990	39,270	38,639	37,744	36,608	35,426	35,125	
Nine people or more	47,684	47,915	47,278	46,743	45,864	44,656	43,563	43,292	41,624

Towns & Cities

	City of Troy	City of Rensselaer	East Greenbush	North Greenbush	Berlin	Brunswick	Schaghticoke	Pittstown
Population (2008)	47459	7907	16891	11836	1871	11762	7632	6139
Persons per square mile (2000)	4722	2579	646	578	32	262	149	91
Median household income (1999)	34981	34730	53822	55422	38875	56528	48393	49968
<i>year</i>	<i>2005-2007</i>	<i>2000</i>	<i>2000</i>	<i>2000</i>	<i>2000</i>	<i>2000</i>	<i>2000</i>	<i>2000</i>
Race and Ethnicity (%)								
White	76.5	89.1	94	96.8	98.4	96.4	97.6	97.8
Black	11.4	7.1	2.8	1	0	0.9	1.3	0.5
Hispanic/Latino of any race	5.4	2.1	1.3	0.9	1	0.8	0.7	0.7
High school graduates (%)	83.2	80	90.6	89.7	77.5	91.4	89.3	85.7
Families below the federal poverty line (%)	20.8	9.8	1.7	2	9.7	3.1	3.4	4.3

	Hoosick	Grafton	Petersburgh	Poestenkill	Sand Lake	Schodack	Nassau	Stephentown
Population (2008)	6702	2161	1621	4279	8253	13070	4706	2972
Persons per square mile (2000)	107	44	38	125	227	201	108	50
Median household income (1999)	41304	48347	45909	58945	57795	63662	46526	43506
<i>year</i>	<i>2000</i>							
Race and Ethnicity (%)								
White	98	98	98.1	98.3	98.3	97.5	96.7	98.1
Black	0.5	0.2	0.2	0.2	0.2	0.7	1.1	0.3
Hispanic/Latino of any race	0.8	0.5	0.4	0.7	0.8	1.5	1	1.1
High school graduates (%)	82.9	85.2	80.6	90	92.5	88.4	84.9	84.3

Families below the federal poverty line (%)	5.3	4.4	9.8	0.5	4	2.3	5.9	5.7
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Expenditures

Capital Region County	Effective Property Tax			Employee Benefits Per		
	Rate	Region Rank	NYS Rank	Capita	Region Rank	NYS Rank
Schenectady	0.64%	2	29	\$247.86	4	25
Rensselaer	0.59%	3	34	\$257.86	2	23
Saratoga	0.22%	7	52	\$134.57	7	52
Albany	0.25%	6	51	\$189.99	6	38
	Taxes Per			General Government		
	Capita	Region Rank	NYS Rank	Per Capita	Region Rank	NYS Rank
Schenectady	\$940.47	3	19	\$325.22	4	26
Rensselaer	\$785.51	5	41	\$257.77	5	39
Saratoga	\$650.60	7	54	\$339.76	3	23
Albany	\$1,033.89	2	12	\$487.68	2	8
	Education Per			Debt Per		
	Capita	Region Rank	NYS Rank	Capita	Region Rank	NYS Rank
Schenectady	\$103.51	3	14	\$388.89	4	32
Rensselaer	\$145.33	1	4	\$683.79	2	16
Saratoga	\$75.60	6	30	\$64.23	7	50
Albany	\$76.75	5	29	\$728.90	1	11
	Public Safety			Health Per		
	Per Capita	Region Rank	NYS Rank	Capita	Region Rank	NYS Rank
Schenectady	\$134.39	6	42	\$215.15	3	17
Rensselaer	\$169.61	3	22	\$270.93	2	12
Saratoga	\$94.54	7	56	\$149.12	5	33
Albany	\$184.32	2	18	\$136.57	6	40
	Transportation			Culture and Recreation		
	Per Capita	Region Rank	NYS Rank	Per Capita	Region Rank	NYS Rank
Schenectady	\$104.61	4	45	\$45.48	1	4
Rensselaer	\$64.19	7	53	\$3.04	7	56
Saratoga	\$69.15	6	52	\$4.21	6	50
Albany	\$89.29	5	50	\$21.73	2	13
	Social Services			Economic Development		
	Per Capita	Region Rank	NYS Rank	Per Capita	Region Rank	NYS Rank
Schenectady	\$644.19	1	5	\$1.19	7	55
Rensselaer	\$499.03	5	28	\$4.27	4	44
Saratoga	\$224.69	7	55	\$3.46	5	51

Albany	\$622.64	2	7	\$7.58	3	37
	Community services Per Capita	Region Rank	NYS Rank	Debt Services Per Capita	Region Rank	NYS Rank
Schenectady	\$29.80	4	29	\$57.73	2	23
Rensselaer	\$20.65	6	42	\$56.33	3	24
Saratoga	\$16.63	7	48	\$6.84	7	53
Albany	\$21.92	5	38	\$65.07	1	18
	Sanitation Per Capita	Region Rank	NYS Rank	Total Expenditures Per Capita	Region Rank	NYS Rank
Schenectady	\$2.01	7	52	\$1,911.13	3	24
Rensselaer	\$22.33	6	39	\$1,771.32	6	28
Saratoga	\$43.42	4	24	\$1,161.99	7	56
Albany	\$24.41	5	38	\$1,927.94	2	23

*This table was produced from a searchable database that includes effective property tax rates and per-person (i.e., "per-capita") values for the spending, debt and tax levels of counties, cities, towns and villages throughout the Empire State, excluding only New York City.

**No data recorded

Source: See Through NY <http://seethroughny.net/BenchmarkingNewYork/tabid/98/Default.aspx>

Behavioral Risk Factor Surveillance System, 2003

Health Behaviors ⁽¹⁾	% Yes ⁽²⁾		
	Rensselaer	Albany	Schenectady
Reported Having Routine Physical Exam in Past Two Years	90.30%	88.80%	87.70%
Having Seen a Dental Professional in the Past 12 Months	75.60%	78.30%	77.30%
Ever Had Cholesterol Checked	83.60%	82.50%	81.70%
Had Blood Cholesterol Checked within Past Five Years	79.90%	78.80%	78.40%
Ate Five Fruits or Vegetable Servings per Day	24.90%	29.60%	28.50%
Had Flu Shot in the Past 12 Months, Aged 65 and Old	73.60%	78.30%	70.40%
Had Flu Shot in the Past 12 Months	35.20%	35.30%	36.90%
Ever Had Pneumonia Shot, Aged 65 and Older	69.50%	74.60%	75.00%
Ever Had Pneumonia Shot	28.40%	25.70%	29.30%
Participated in Leisure-Time Physical Activity or Exercise During the Past 30 Days	78.70%	80.60%	80.10%
Weight Status (BMI > 25)	59.10%	54.00%	60.70%
Children Who Are Underweight, Ages 0 – 4 (3)	7.00%	6.70%	7.50%
Children Who are Overweight, Ages 2 – 4 (3)	15.90%	14.20%	16.30%
Currently Trying to Lose Weight	47.00%	44.80%	47.20%
Trying to Maintain Weight (of those trying not to lose)	61.10%	67.20%	60.90%
Eating Fewer Calories or Less Fat to Lose or Maintain Wt.	81.50%	75.80%	76.70%
Using Physical Exercise to Lose or Maintain Weight	76.80%	76.80%	75.20%
Ever Had a Pap Smear	95.20%	95.90%	96.00%
Had a Pap Smear in Past Three Years	88.10%	92.20%	87.60%
Ever Had Mammography Screening, Women Aged 40 Plus	95.10%	95.20%	93.80%
Rec'd Mammography Screening in Past Two Years, Women Aged 40 Plus	82.60%	84.90%	79.90%
Ever Had Prostate Specific Antigen Test, Men Aged 40 Plus	62.50%	64.40%	66.40%
Ever Had a Digital Rectal Exam, Men Aged 40 Plus	82.60%	87.10%	87.40%
Ever Had Sigmoidoscopy or Colonoscopy, Aged 50 Plus	55.30%	63.20%	59.50%
Had a Sigmoidoscopy or Colonoscopy in the Past 10 Years, Aged 50 Plus	51.00%	59.80%	57.00%

Sexual Activity	Rensselaer	Upstate	NYS
Sexually Active, Age 18 – 64	82.40%	84.00%	82.00%
High School Students Reporting They Ever Had Sexual Intercourse	N/A	40.00%	42.00%
Multiple Partners in Past 12 Months, Sexually Active, Age 64 or Younger	5.70%	7.90%	10.10%
Used Condom Last Time Had Sexual Intercourse, Age 64 or Younger	18.30%	22.10%	28.90%
Birth Control Used to Prevent Pregnancy Among Reproductive Aged Men (18-59) and Women (18-44)	63.80%	63.00%	61.40%

Health Care Outcomes	Rensselaer	Albany	Schenectady
Physician Diagnosed Diabetes	8.20%	6.30%	6.10%
Lifetime Asthma Diagnosed by a Medical Professional	13.10%	14.60%	14.70%
Current Asthma Diagnosed by a Medical Professional	10.00%	9.80%	9.50%
Arthritis Diagnosed by a Medical Professional	33.80%	26.50%	29.60%
Physician Diagnosed Heart Attack, Angina, or Stroke	6.20%	7.90%	8.10%
Physician Diagnosed Coronary Heart Disease (Heart Attack or Angina)	6.20%	6.20%	7.00%
Ever Been Told by a Medical Professional that had Prostate Cancer, Men Aged 40 Plus	1.90%	3.40%	4.50%
Have Had Permanent Teeth Removed Because of Tooth Decay or Gum Disease	51.50%	43.50%	50.60%

Alcohol/Drugs/Smoking	Rensselaer	Upstate	NYS
At Risk for Binge Drinking (Drank in the Past Month and had 5 or more Drinks per Drink Occasion)	16.80%	15.20%	14.10%
At Risk for Heavy Drinking (Males more than 2 Drinks and Females More than 1 Drink per Day in Past Month)	4.60%	5.20%	4.80%
High School Students Who Are Binge Drinking (4)	N/A	30	25
Adult Alcohol-Related Hospital Discharges (5)	15.6	N/A	12.5
Adult Probation Cases: Use at Offense – Alcohol (5)	91.1	N/A	40.2
Adult Probation Cases: Court Mandates – Alcohol (5)	163.7	N/A	57.2
Adult DWI Arrests (5)	65	N/A	54.2
Alcohol Related Motor Vehicle Deaths and Injuries (5)	70.5	69.8	49.2

Drug Related Hospital Discharges (6)	13	15.7	30.5
Adult Drug Arrests, Age 21 and Over (5)	49	N/A	41.9
Alcohol/Drugs/Smoking	Rensselaer	Upstate	NYS
Adult DUI Drug Arrests, Age 21 and Over (5)	0.6	N/A	2.1
Adult Drug-Related Hospital Diagnoses, Age 21 and Over (5)	44.8	N/A	42.9
Adult Probation Cases: Use at Offense - Drugs (5)	36	N/A	10.8
Adult Probation Cases: Court Mandates – Drugs (5)	151	N/A	48.4
Ever Smoked 100 Cigarettes in Lifetime	51.00%	50.40%	45.90%
Current Cigarette Smoker	24.30%	22.10%	20.30%
Percent Everyday Cigarette Smoker	17.60%	16.40%	14.20%
Attempted to Quit Cigarette Smoking – Current Smokers	62.10%	55.60%	58.00%
Attempted to Quit Cigarette Smoking – Everyday Smokers	57.20%	50.80%	51.20%
Cigarette Smoking Allowed at Home, Allowed Everywhere or Selected Areas	37.50%	31.20%	31.60%
High School Students Currently Smoking Cigarettes	N/A	23.00%	20.00%

Violence	Rensselaer	Upstate	NYS
Violent Crime Arrests (5)	18.9	N/A	15.2
Assault Discharge Rate (7)	20.5	23	44.4
Self-Inflicted Injury Discharge Rate (7)	58	46.6	41.9
Self-Inflicted Injury Discharge Rate, Age 15 – 19 (7)	119.1	136.4	92.1

Violent Crimes Reported	Per 100,000 ⁽⁸⁾					
		Police Force	Est. Population	Total	Murder	Rape
Rensselaer County	153,299	357.47	5.22	30.66	99.8	202.22
East Greenbush (town)	15,819	107.47	0	12.64	37.93	56.89
Hoosick Falls (village)	3,397	264.94	29.44	0	0	235.5
Nassau (village)	150	1333.33	0	0	0	1333.33
North Greenbush (town)	11,027	163.24	9.07	0	0	154.17
Rensselaer (city)	7,679	312.54	13.02	13.02	195.34	91.16
Schodack (town)	12,628	39.59	0	0	0	39.59
Troy (city)	48,818	647.3	6.15	57.36	245.81	337.99
Rest of Rensselaer Co.	53,781	291.92	3.72	29.75	22.31	180.36

- (1) Results are cited from the 2003 BRFSS, NYS Department of Health, Health Information Network unless otherwise cited.
- (2) Percentages are weighted unless otherwise cited.
- (3) Percentage of average number out of total tested for the years 2000 through 2002.
- (4) Percentages are from the 2003 Youth Risk Behavior Survey, NYS Department of Health, Health Information Network.
- (5) Rates are for 2000 from the Prevention Risk Indicator Services Monitoring System for Alcohol and Substance Abuse (PRISMS 2003) 2003 Risk Profile for Rensselaer County, NYS Office of Alcohol and Substance Abuse. Rates are per 10,000 population.
- (6) Rate of the average number of incidences per year between 1999 and 2001.
- (7) Rate of the average number of incidences per year between 2000 and 2002.
- (8) Source: DCJS, Uniform Crime Reporting System. Rate per 100,000 for the reporting police force. City of Troy and RPI police combined.

	Rensselaer County	Prevention agenda 2013 objective	NY State	Year (for RC)	Source
Infants, Children, & Mothers					
women who received early prenatal care (first trimester) (%)	80.2	90	74.9	2004-2006	www.health.state.ny.us
births that are low birthweight (<2500 grams) (% live births)	7.6	5	8.3	2004-2006	www.health.state.ny.us
infant mortality rate (per 1,000 live births)	6.4	4.5	5.8	2004-2006	www.health.state.ny.us
children aged 19-35 months who are fully immunized (%)					www.health.state.ny.us
children who had at least one lead screening test y 36 months (%)	78.5	96	82.8	2004	www.health.state.ny.us
adolescent pregnancy rate (per 1,000 females aged 15-17)	21.3	28	36.7	2004-2006	www.health.state.ny.us
induced abortions (per 1000 live births)	186.4		477.1	2007	www.health.state.ny.us
spontaneous fetal deaths (n)	76		17818	2007	www.health.state.ny.us
premature births (% live births)	10.6			2004-2006	vital statistics
percent increase of 2 year old children who have received recommended vaccines	NA	90	82.4	2006	www.health.state.ny.us
WIC					
WIC mothers breastfeeding for the first 6 months (%)	16.4	50	38.6	2004-2006	www.health.state.ny.us
WIC children (ages 2-4) who are obese (%)	14.7	11.6	15.2	2004-2006	www.health.state.ny.us
	Rensselaer	Prevention	NY State	Year (for	Source

	County	agenda 2013 objective		RC)	
Oral Health					
prevalence of tooth decay in 3rd grade children (%)	47	42	54.1	2004	www.health.state.ny.us
adults who have seen a dentist in the past year (%)	75.6	83	71.8	2003	www.health.state.ny.us
public water supplies that are fluorinated (%)	54				2005-2010 CHA
children who have experienced tooth decay in their primary or permanent teeth (%)					2005-2010 CHA
Access to quality health care					www.health.state.ny.us
adults with health care coverage (%)	91.3	100	86.5	2003	
adults who have regular healthcare providers (%)	92.2	96	85	2009	BRFSS
% of adults that did not receive medical care because of the cost	1.6			2003	

	Rensselaer County	Prevention agenda 2013 objective	NY State	Year (for RC)	Source
Chronic Disease					
Cancer					www.health.state.ny.us
percent of breast cancer cases that were diagnosed at an early stage	64	80	63	2001-2005	
age-adjusted breast cancer mortality rate (per 100,000 female residents)	27	21.3	25.5	2001-2005	
percent of cervical cancer cases that were diagnosed at an early stage	56	65	51	2001-2005	
age-adjusted cervical cancer mortality rate (per 100,000 female residents)	2.2	2	2.6	2001-2005	
percent of colorectal cancer cases that were diagnosed at an early stage	39	50	41	2001-2005	
age-adjusted colorectal cancer mortality rate (per 100,000)	20.7	13.7	19.1	2001-2005	

	Rensselaer County	Prevention agenda 2013 objective	NY State	Year (for RC)	Source
Cardiovascular Disease (heart Disease and Stroke)					www.health.state.ny.us
age-adjusted coronary heart disease hospitalization rate (per 10,000)	52.7	48	61.2	2004-2006	
adult (18 and over) congestive heart failure hospitalization rate (per 10,000)	48.3	33	46.3	2004-2006	
age-adjusted cerebrovascular disease (stroke) mortality rate (per 100,000)	39.7	24	30.5	2004-2006	
Diabetes					www.health.state.ny.us
adults (18 and over) with diabetes (%)	8.2	5.7	7.6	2003	
rate of hospitalizations from complications of diabetes (age 18 and over) (per 10,000)	4.9	3.9	5.3	2004-2006	
rate of hospitalizations from complications of diabetes (age 6-17) (per 10,000)	2.8	2.3	3	2004-2006	

population living within jurisdiction with a state approved emergency preparedness plan (%)	100	100	100	2007	
	Rensselaer County	Prevention agenda 2013 objective	NY State	Year (for RC)	Source
Healthy Environment					www.health.state.ny.us
incidence of children aged <72 months with a confirmed blood-lead level of >10ug/dl (per 100 children tested)	1.8	0	1.3	2003-2005	
incidence of blood level >25ug/dl among those aged 16 and over (per 100,000 employed persons)	6.2	0	6	2004-2006	
work-related hospitalization rate (per 10,000 employees)	17	11.5	16	2004-2006	
Asthma					www.health.state.ny.us
age-adjusted asthma hospitalization rate (per 10,000)	15.2	16.7	21	2004-2006	
asthma hospitalization rate among children ages 0-17 (per 10,000)	22.6	17.3	31.5	2004-2006	

	Rensselaer County	Prevention agenda 2013 objective	NY State	Year (for RC)	Source
Unintentional Injury					www.health.state.ny.us
age-adjusted rate of unintentional injury-related hospitalization (per 10,000)	68.1	44.5	64.7	2004-2006	
Age-adjusted rate of unintentional injury-related mortality (per 100,000 residents)	24.7	17.1	21	2004-2006	
age-adjusted motor vehicle-related injury mortality rate (per 100,000)	10.5	5.8	7.7	2004-2006	
pedestrian injury hospitalization rate (per 10,000)	0.9	1.5	1.9	2004-2006	
fall related hospitalization rate among persons aged 65 and over per (10,000)	243.4	155	196	2004-2006	

Infectious Disease					www.health.state.ny.us
newly diagnosed HIV case rate (per 100,000)	8.6	23	24	2004-2006	
gonorrhea case rate (per 100,000)	68.5	19	93.4	2004-2006	
tuberculosis case rate (per 100,000)	1.3	1	6.8	2004-2006	
percent of adults aged 65 or over who had a flu shot in the past year	73.6	90	64.7	2003	

	Rensselaer County	Prevention agenda 2013 objective	NY State	Year (for RC)	Source
percent of adults aged 65 or over who have ever had a pneumonia shot	69.5	90	61	2003	
confirmed Lyme disease cases	436		5203 (excluding NYC)	2008	
Pertussis case rate (per100,000)	2.5		7.67 (excl NYC)	2007	
Chlamydia case rate (per 100,000)	239.05		211.74 (excl NYC)	2007	
HIV Hospitalizations (per 100,000 aged 13-34)	96		404	2001-2003	*based on county population of 152,538 residents
AIDS case rate (per 100,000 aged 13-64)	10		41	2001-2003	*based on county population of 152,538 residents
STD case rate (per 100,000 aged 13-64)	334		579	2001-2003	
Mental Health					www.health.state.ny.us
Suicide & Self-inflicted Injury					
age-adjusted suicide mortality rate (per 100,000 residents)	7.7	4.8	6.4	2004-2006	
adults reporting 14 or more days with poor mental health in the last month (%)	9.4	7.8	10.4	2003	

	Rensselaer County	Prevention agenda 2013 objective	NY State	Year (for RC)	Source
Substance Abuse					www.health.state.ny.us
adults reporting binge drinking (5+ drinks in a row) during the past 30 days (%)	16.8	13.4	15.8	2003	
age-adjusted drug-related hospitalization rate (per 10,000)	17.3	26	34	2004-2006	
cocaine discharges (per100,000 aged 13-64)	317		400	2001-2003	
opoid discharges (per 100,000 aged 13-63)	201		483	2001-2003	
Tobacco Use					www.health.state.ny.us
adults who smoke (%)	24.3	12	18.2	2003	
adolescents who smoked in the past month (%)	10.3	12	16.3		RENSCO profile report 2008; contact - Margaret Brennan
chronic obstructive pulmonary disease (COPD)/chronic lower respiratory disease (CLRD) hospitalization rate in adults 18+ years of age (per 10,000)	52.9	31	39.7	2004-2006	
age-adjusted incidence of lung cancer in males (per 100,000)	102.2	62	80.8	2001-2005	

	Rensselaer County	Prevention agenda 2013 objective	NY State	Year (for RC)	Source
age-adjusted incidence of lung cancer in females (per 100,000)	74.1	41	53.8	2001-2005	
Physical Activity/Nutrition/Obesity					www.health.state.ny.us
children ages 6-11 who are obese (%)	pending	<5			NYS Obesity Prevention Program
children ages 12-19 who are obese (%)	pending	<5			NYS Obesity Prevention Program
adults who are obese (BMI>30) (%)	23.7	15	22.9	2003	
adults who engage in some type of leisure time physical activity (%)	78.7	80	74	2003	
adults who have consumed fruits and vegetables five or more times per day (%)	24.9	33	27.4	2003	

Appendix B: Preparedness Outreach

Public Health Preparedness Program

The Public Health Preparedness (PHP) Program continues to be actively engaged in the preparedness training and education of both response partners and the residents of Rensselaer County. The following is an overview of the program outreach components stratified by fiscal year and the type of outreach conducted:

FISCAL YEAR (FY) 2008

PRESENTATIONS		
Date	Topic/Title	Target Audience
03/14/08	Pandemic Influenza & Bioterrorism	Lansingburgh School Nurses
03/25/08	Pandemic Influenza	Tech Valley High School: 9 th grade students
05/06/08	Overview of PHP Program	Rensselaer County Board of Health
06/04/08	PHP Program & Bioterrorism	Schodack Town Supervisor's Meeting
06/17/08	Cities Readiness Initiative Program	School Nurses
06/19/08	Personal Preparedness	Rensselaer County Parish Nurses
08/06/08	Personal Preparedness	Faith Leaders (School of Public Health Extreme Events Conference)
08/26/08	Personal Preparedness	Rensselaer County Faith-Based Leaders
09/18/09	Cities Readiness Initiative Program	Nursing Home Administrators
TRAININGS		
Date	Topic/Title	Target Audience
08/15/08	Psychological First Aid	Medical Reserve Corps & RCDOH Staff
09/11/08	Psychological First Aid	Medical Reserve Corps
10/31/08	Points of Dispensing	Medical Reserve Corps & RCDOH Staff

FISCAL YEAR 2009

PRESENTATIONS		
Date	Topic/Title	Target Audience
04/09/09	Closed PODs	Nursing Home Administrators
05/07/09	School-based Surveillance Program	School Superintendents
07/14/09	POD Core Management	Selected RCDOH Staff

07/21/09	School-based Surveillance Program	School Nurses
TRAININGS		
Date	Topic/Title	Target Audience
03/31/09	Strategic National Stockpile Training	Selected Rensselaer County Employees
07/30/09	Phone Bank Activation Training	Medical Reserve Corps

OUTREACH ACTIVITIES/PROJECTS IN PROGRESS

The PHP Program is in the process of developing and implementing several preparedness training and education programs, which are scheduled for a FY 2009-2010 roll-out. They are listed below in order of prioritization:

- *Closed POD Train-the-Trainer Program*
 RCDOH has been planning for the creation of push/closed PODs among first responders within Rensselaer County. This effort was initially developed and piloted in the Fall of 2008 among the Schodack Fire Chief’s Association and the Troy City Police and Fire Departments. Key first responders were trained in closed POD operations by RCDOH. Trained individuals were then invited to observe and/or assist in a RCDOH sponsored POD that provided first responders with influenza vaccine. Following this exercise, all volunteer fire battalions throughout Rensselaer County have met with RCDOH to discuss the feasibility of running closed PODs for first responders and their families. All battalions have agreed to participate in this program, which, through a pre-developed arrangement, also includes EMS volunteers. Accordingly, MOUs, tailored closed POD plans, and train-the-trainer programs are being developed. In addition to first responder closed PODs, similar discussions are in progress with Rensselaer County nursing homes, colleges, and other business entities.

- *RCDOH Staff Competency-Based Training Program*
 PHP Program staff are in the process of developing a competency-based preparedness training program for staff. This program is being designed to increase staff self efficacy, knowledge and skill level when responding to a public health emergency. Competencies and learning objectives have been identified and adapted. In addition, a training needs assessment survey was distributed to all RCDOH staff, and the data from

that questionnaire has been analyzed. The next steps are to develop staff training program guidance documents.

- *National Preparedness Month (September 2009)*
The PHP Program has acquired thousands of education materials, which are predominately in the form of professionally printed brochures, workbooks, and posters, and range in topic from personal preparedness to pandemic influenza in preparation for National Preparedness Month. To distribute these materials, informational packets will be delivered to organizations and individuals throughout Rensselaer County.