

RENSSELAER COUNTY

Department of Health

2013-2017

Community Health Assessment and Improvement Plan Supplement



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Table of Contents

Introduction

Purpose	2
Profile of Rensselaer County, 2013	3
Collaborative Process	4

Community Health Assessment

Introduction	9
Focus Areas	11
Mental Health	10
Obesity	15
Tobacco Use	16
Teen Pregnancy	21
Sexually Transmitted Diseases	24
Resources	28

Community Health Improvement Plan

Introduction	30
Obesity Action Plan	31
Tobacco Use Action Plan	33
Risky Sexual Behavior Action Plan	35

Local Health Department Profile

Staff List	38
Organizational Chart	39

Appendices

Community Health Assessment

ZIP Code Group Definitions and population map	Appendix A
Rensselaer County Data Sources	Appendix B
Rensselaer County Consumer Survey	Appendix C
Rensselaer County Lyme Disease Rates	Appendix D

Table of Contents

Community Health Improvement Plan

Collaborative Process Timeline.....	Appendix E
RCWC Kick-Off Letter	Appendix F
RCWC Member Organizations	Appendix G
RCWC Meeting Summaries by Date.....	Appendix H

Abbreviations and Definitions

CEO	Commission on Economic Opportunities
CDC	Centers for Disease Control and Prevention
CHA	Community Health Assessment
CHIP	Community Health Improvement Plan
HCDI	Healthy Capital District Initiative
NY	New York
NYS	New York State
NYSDOH	New York State Department of Health
Percent	Number of cases among a specific population divided by the total number of people within the specific population
RCDOH	Rensselaer County Department of Health
RCWC	Rensselaer County Wellness Committee
STD	Sexually Transmitted Diseases
US	United States

Rensselaer County Department of Health



Introduction

IN THIS SECTION:

- Purpose
- Rensselaer County Profile
- Collaborative Process

Purpose

Public health is the practice of preventing disease and promoting good health within groups of people. To prevent disease and promote good health it is important to assess health status, inform and educate stakeholders, mobilize the community, develop policy and then assure that systems put in place operate effectively (see figure 1 for more detail) (1; 2). Community health assessments and improvement plans are essential to monitoring and protecting the health of a community.

Community Health Assessment

A **Community Health Assessment (CHA)** describes the health status of the population, identifies areas for health improvement, determines factors that contribute to health issues, and identifies assets and resources that can be mobilized to address population health improvement.

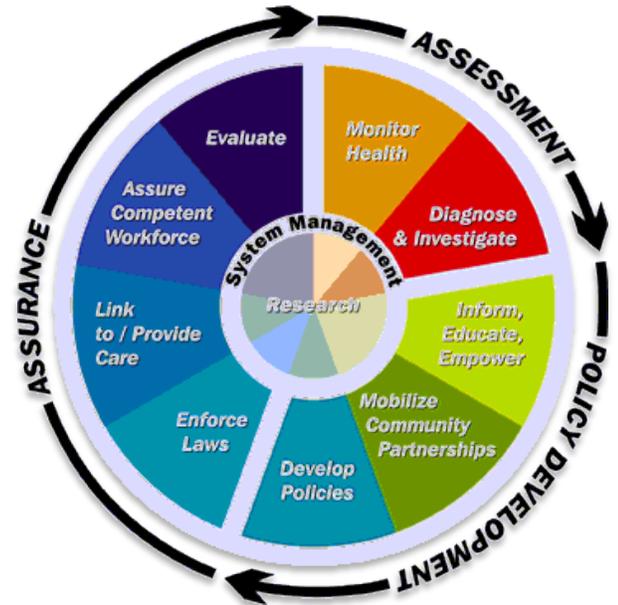


Figure 1 - Community Health Assessment and Improvement Planning (42)

Community Health Improvement Plan

A **Community Health Improvement Plan (CHIP)** is a long-term, systematic effort to address public health problems on the basis of the results of CHA activities. This plan is used by health and other governmental, education and human service agencies, in collaboration with community partners, to set priorities and coordinate and target resources (3).

Rensselaer County Health Assessment and Improvement Plan

A multi-level approach was put in place to improve the health of our community. The New York State Department of Health (NYSDOH) has developed a health assessment and improvement plan for the State and a regional process was lead by the Healthy Capital District Initiative (HCDI) which included Albany, Rensselaer and Schenectady counties.

The Rensselaer County Department of Health (RCDOH) supplemented the State and regional process to ensure that the unique needs of Rensselaer County residents were identified. A supplement was thought to be necessary due to the different environments of the two major cities and rural towns within Rensselaer County. This report summarizes the local process and provides more detailed Rensselaer County health data at the ZIP code, ZIP code group (see appendix A) and subdivision level.

Profile of Rensselaer County, 2013

Rensselaer County is located in the Hudson-Mohawk Heritage area of Upstate New York's Capital Region. The County has a total area of 665 square miles. The cities of Rensselaer and Troy which are comprised of fourteen square miles, house forty percent of the county's population (4) (5).

Rensselaer County is also bordered by five counties which include Albany, Columbia, Greene, Saratoga and Washington and the states of Massachusetts and Vermont.

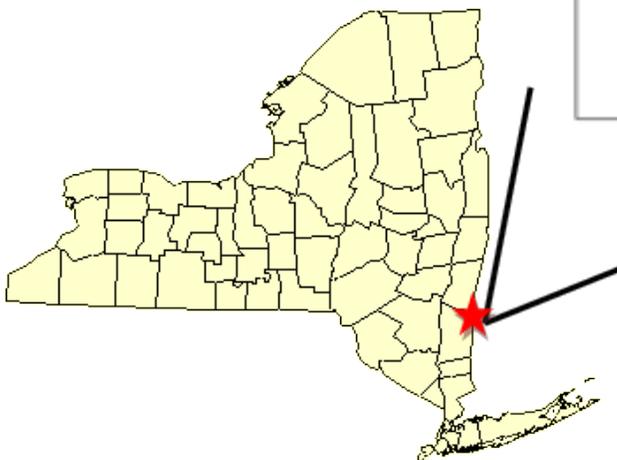
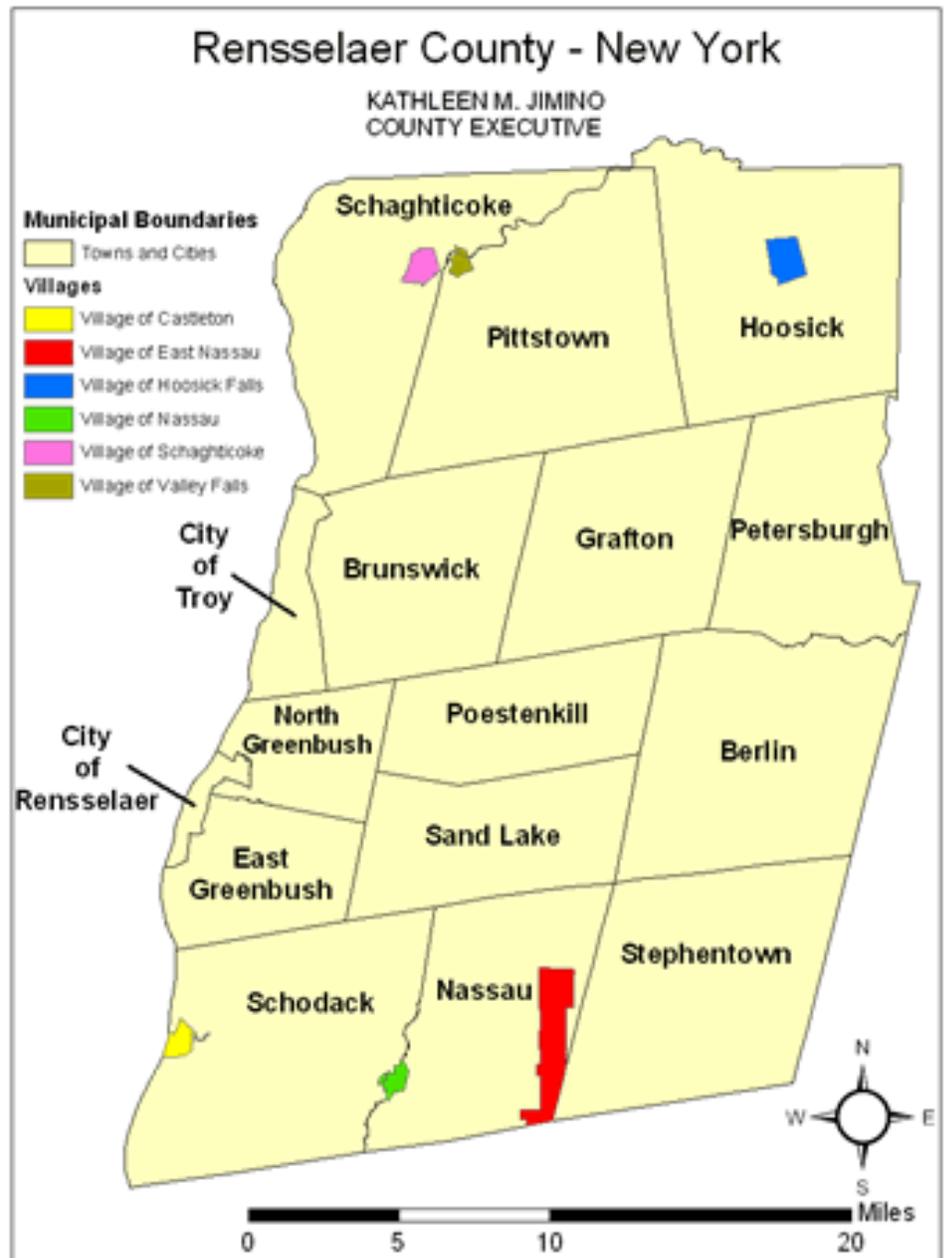


Figure 2 - Municipal Boundaries

Collaborative Process

Strength in numbers, relationships, diversity and resource sharing were all foreseen benefits of the collaborative process that we undertook to enhance our CHA and CHIP. We believed in forming partnerships and pooling our resources to work on a healthier Rensselaer County. The collaborative process followed three steps.

1. Identify, discuss and select focus areas from the New York State five health priorities.
2. Divide, manage and execute the agreed upon health priorities and initiatives.
3. Observe, evaluate and repeat the initiatives when appropriate throughout the community.

To actualize this process, the **Rensselaer County Wellness Committee (RCWC)** was formed as a coalition of committed individuals who would work with the health department and the other community members to address health issues that impact our community. Our members' professional knowledge, insight into the services our communities need and commitment to protecting our community from health risks are benefits of the development of the committee. A timeline of our Collaborative process can be found in appendix E.

Rensselaer County Wellness Committee

In February 2012, the RCDOH decided that in order to best serve our community we must engage and collaborate with the agencies and members within our county. Staff observed webinars about multi-agency collaborations and coalition building to learn how to successfully develop a county wellness coalition. Outreach included looking at Community Resource Guides for possible partners. Partnerships already established by RCDOH staff who attended other community meetings were also considered. All potential members were sent a letter inviting them to attend the initial meeting on June 4, 2012. The kick off letter was sent out in May 2012 (see attachment F).

The RCWC meets on the first Monday of every month to address health concerns, promote multi-agency collaborations and work towards improving the health of the residents. We are continually reviewing our membership. A positive consequence of our committee is increased awareness among agencies already working to address identified concerns. The formation of multiagency collaborations has given us the opportunity to build trust, cooperation and mutual respect among agencies. As a result, many new partnerships were borne. A list of the RCWC members can be found in appendix G.

Collaborative Process

VISION
Rensselaer County, a
healthy place to live

Figure 3 – Vision statement developed collaboratively by the RCWC.

MISSION STATEMENT
To enhance the health and well-being of
Rensselaer County residents by providing
integrated health programs through the
formation of partnerships and unified
goals among organizations in the
community. We will collaboratively build
awareness through traditional and non-
traditional promotion of wellness.

Figure 4 – Mission statement developed collaboratively by the RCWC.

Process

Our first step was to identify, discuss and select focus areas based on the five priorities in the NYS Prevention Agenda (6), which include:

- Chronic disease
- Healthy environment
- Healthy mothers, babies, and children
- Substance abuse, depression, and other mental illnesses
- HIV, STDs and vaccine preventable diseases

Based on review of local rates and data, the areas within Rensselaer County which have seen little improvement or are in need of improvement compared to the Capital Region and Upstate NY were:

- Mental health
- Obesity
- Tobacco use
- Sexually transmitted disease
- Teen pregnancy

Collaborative Process

In August 2012, the Committee decided to have the following guest speakers who work in the field of the focus areas educate the RCWC about the status of the problem in Rensselaer County:

- Mental Health: Rensselaer County Mental Health, St. Peter’s Health Partners (Samaritan Hospital) In-patient Mental Health services, and the Empowerment Exchange.
- Obesity: Cornell Cooperative Extension, Pediatric Obesity Prevention and the Healthy School New York.
- Tobacco use: Capital District Tobacco-Free Coalition
- STDs and Teen Pregnancy: RCDOH, Planned Parenthood and the AIDS Council of North Eastern New York.

A complete list of the RCWC meeting summaries and participating agencies can be found in appendix H.

After all of the presentations were completed, we provided the RCWC members with further information about each of the priorities. Members were then given a list of internal and external resources providing information about the focus areas, including county data. Last, members were given two weeks to look at all of the information and rank the topics through a survey on Survey Monkey, see figure five for results.

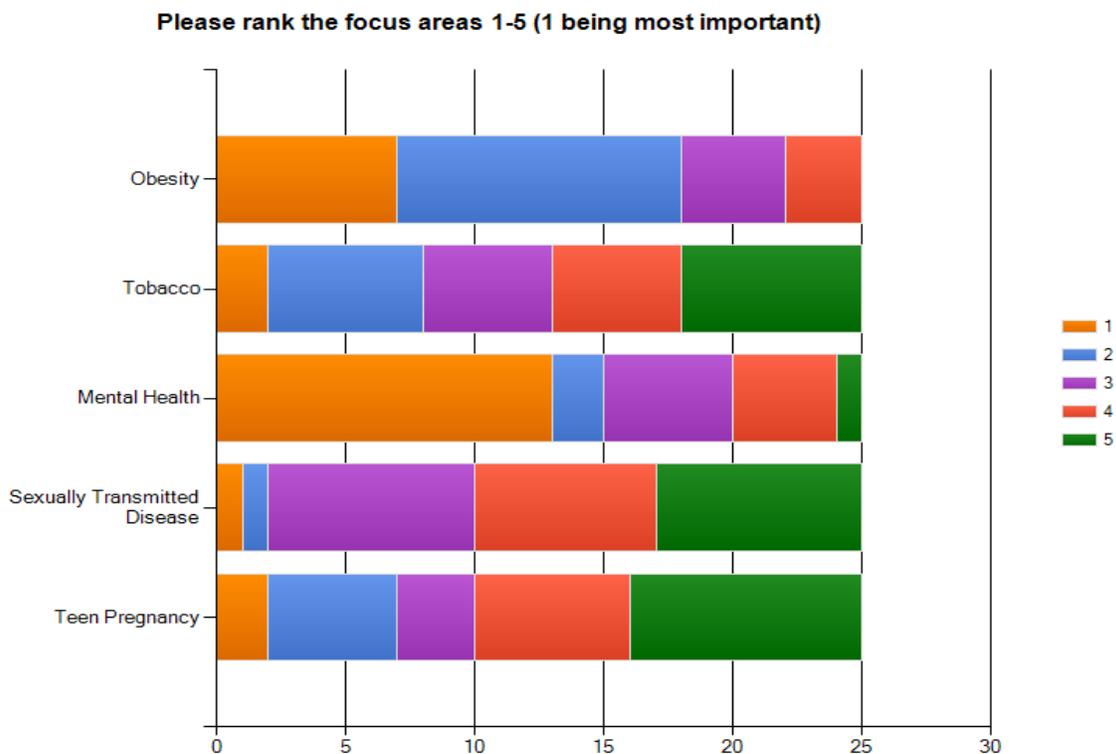


Figure 5 – Results of RCWC prioritization of focus areas.

Collaborative Process

Development of Subcommittees

In March 2013, we were able to move to the next step in our collaborative process in which we began to divide, manage and execute plans to address the areas selected. Subcommittees were established in line with the identified need to address the interplay between mental health and the physical diseases in each of the focus areas. Our subcommittees were established as follows:

- Mental Health/Obesity
- Mental Health/Tobacco
- Mental Health/Risky Sexual Behavior

In April 2013, subcommittee “break-out” sessions began during the last half hour of the general meetings. The primary goal for our three subcommittees was to develop the CHIP through collaborative efforts. RCDOH staff leading subcommittee sessions also attended regional planning meetings lead by HCDI to ensure action plans were consistent with those of the Region. A list of subcommittee members is included in the CHIP action plans below.

Plan

The next step of this collaborative process is to observe, evaluate and repeat or modify the initiatives when appropriate throughout the community. As the CHIP initiatives begin, the RCWC will continue to meet monthly and work together to reach our goals. Subcommittees will meet every three months to assess the progress of their CHIP and RCDOH staff will continue participating in regional meetings. The plans will be expanded or adjusted based on the subcommittees’ insight and expertise.

Rensselaer County Department of Health



Community Health Assessment

IN THIS SECTION:

- Community Health Assessment Introduction
- Focus Areas
 - Mental Health
 - Obesity
 - Tobacco Use
 - Teen Pregnancy
 - Sexually Transmitted Diseases
- Resources

Community Health Assessment

The RCDOH reviewed county-level data from a variety of sources which were compiled in the Community Needs Assessment Report by HCDI (7) and the Robert Wood Johnson Foundation (8). Information not included in these reports was also reviewed and has been compiled in this report (see appendices A-D). Upon review of local data on the New York State Prevention Agenda priority area subjects; the following five focus areas were selected:

- Mental Health
- Obesity
- Tobacco Use
- Teen Pregnancy
- Sexually Transmitted Diseases

The five focus areas were selected based on high rates and perceived impact on the health of the county when compared with surrounding counties and Upstate New York.

Relying solely on data to select focus areas does have limitations. There are many issues impacting health that are not measurable due to lack of available data. Additionally, many of the data sources for health issues that are available are not current. The impact of quality of life for the affected individual and loved ones is also very difficult to quantify in a given population and time period. However, data have proven to be valuable when used with other supporting information.

RCDOH used data only as a guide. At the county level it is critical for community members, many who are experts in the field, to also use qualitative information from the community. Members of the RCWC were consulted when finalizing the selection of the focus areas. Additionally, a consumer survey was conducted with input from the RCWC to further investigate these issues among Rensselaer County residents (see appendix C). The subjects of teen pregnancy and sexually transmitted diseases were not included in the survey due to the potential for the sensitive nature of this information negatively impacting survey response rates.

Data showing the scope of the problems identified and existing disparities within Rensselaer County within the areas of mental health, obesity, tobacco use, teen pregnancy and sexually transmitted diseases is provided below.

Community Health Assessment

Mental Health

Problem

It is impossible to fully address physical diseases without considering mental health. Nationally, one in five Americans and their families are affected by mental illness. Mental illness as a public health problem is impossible to ignore (9; 10).

There are differences between mental illness and poor mental health. The CDC has defined them as follows:

Mental Health

“Mental health is defined as a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community. It is estimated that only about 17% of U.S adults are considered to be in a state of optimal mental health. There is emerging evidence that positive mental health is associated with improved health outcomes (11).”

Mental Illness

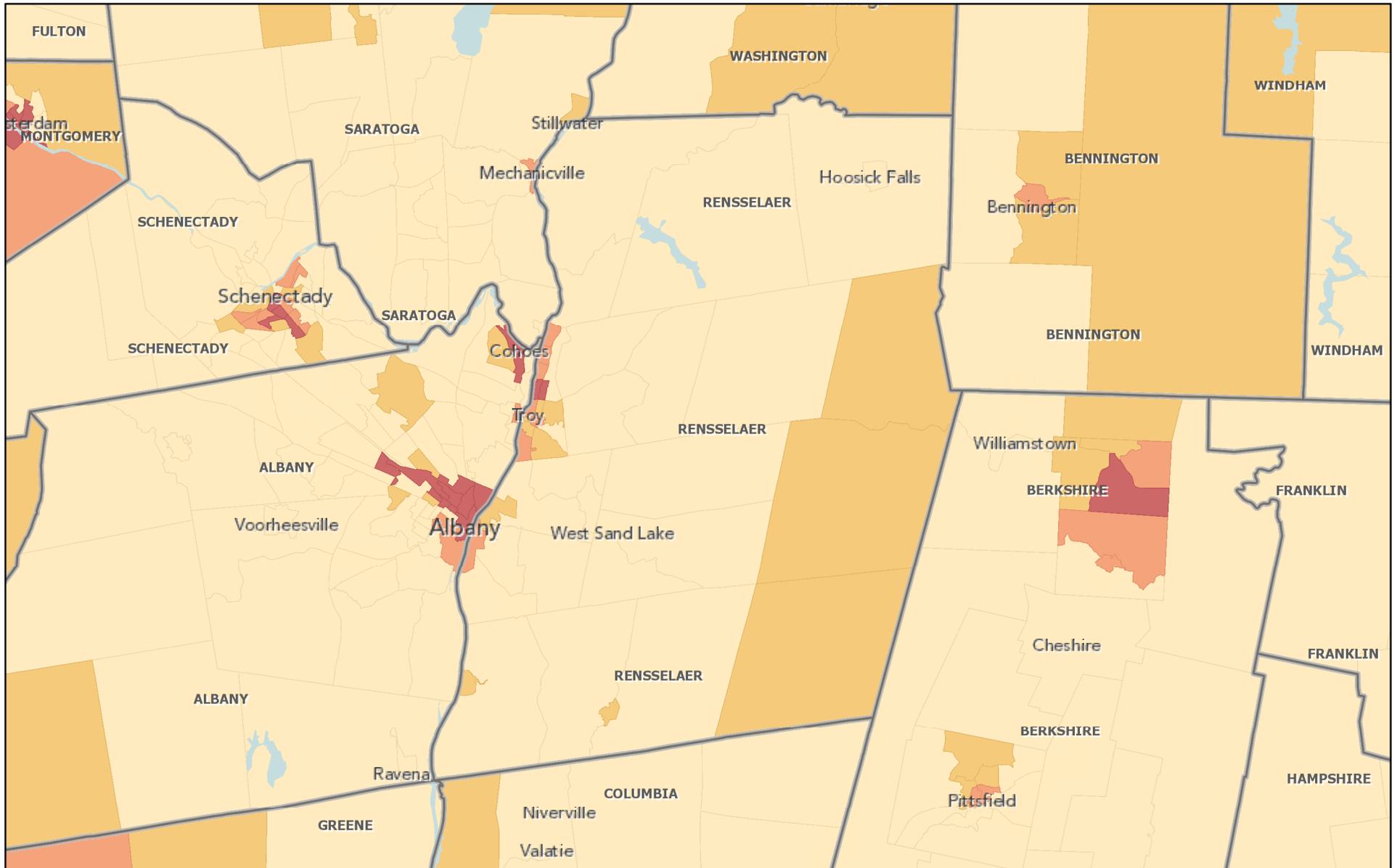
“Mental illness is defined as collectively all diagnosable mental disorders or health conditions that are characterized by alterations in thinking, mood, or behavior (or some combination thereof) associated with distress and/or impaired functioning. Evidence has shown that mental disorders, especially depressive disorders, are strongly related to the occurrence, successful treatment, and course of many chronic diseases including diabetes, cancer, cardiovascular disease, asthma, and obesity and many risk behaviors for chronic disease; such as, physical inactivity, smoking, excessive drinking, and insufficient sleep (11).”

Scope

Rensselaer County has the highest rate of suicide mortality when compared to surrounding counties and higher rates of self-inflicted injuries when compared to Upstate New York (7). According to the Robert Wood Johnson Foundation’s County Health Rankings, Rensselaer County also ranks high in the area of binge drinking and reported poor mental health days (8).

There are many limitations to obtaining and publishing data on the subject of mental health at a more detailed geographic level due to the sensitive nature of this information. There are, however, social determinants of poor mental health which include poverty, low-levels of education and risks of violence (12). In Rensselaer County, violent crimes appear to be most prevalent in Troy, with a rate of over 420 per 100,000 people. Poverty and low rates of high school graduation appear to be highest in the cities of Troy and Rensselaer. See maps below for more detailed information.

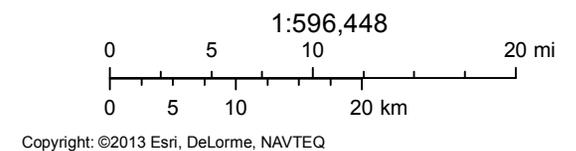
Population with No High School Diploma, Percent by Tract, 2007-11



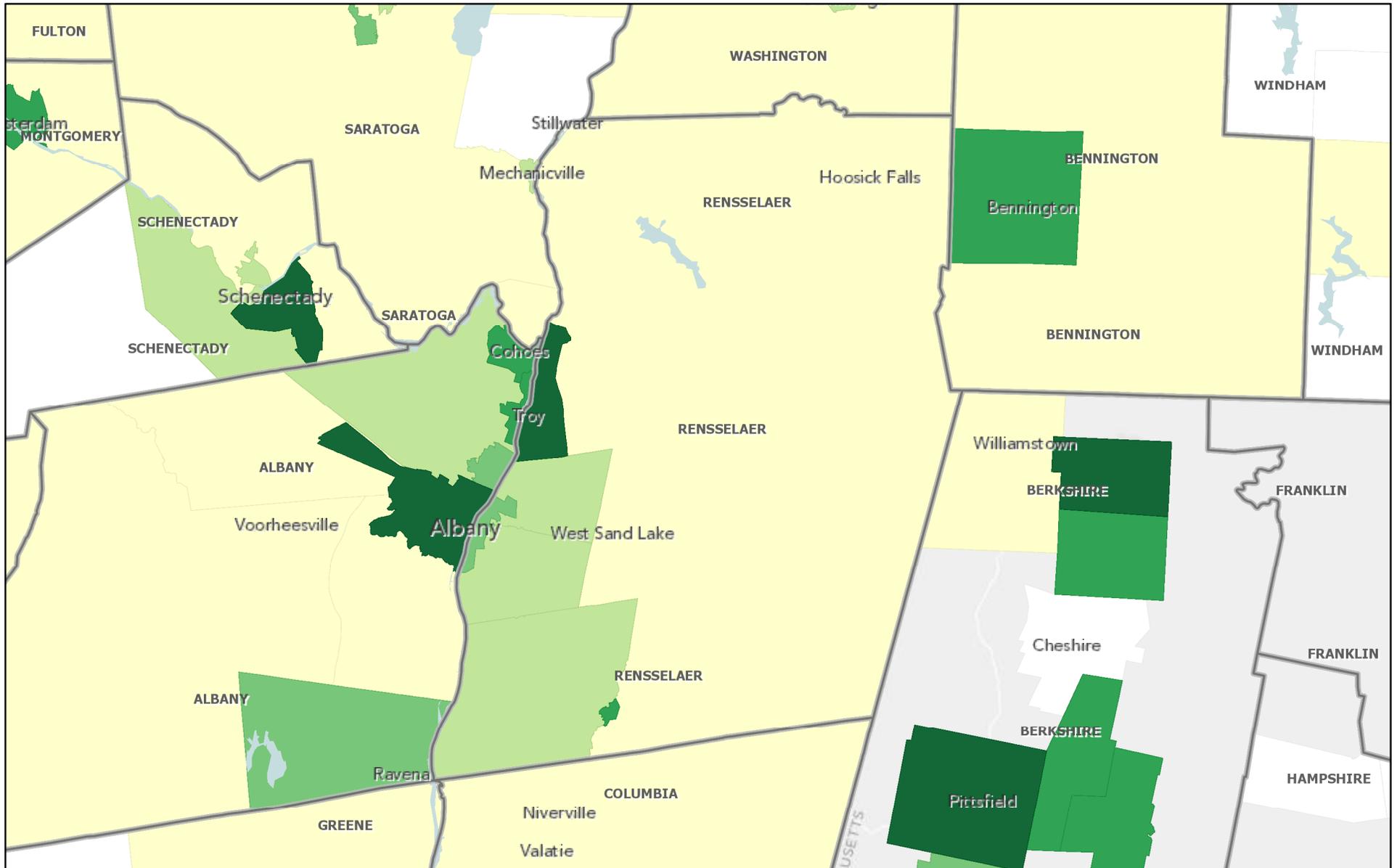
October 31, 2013

- Over 21.0%
- 16.1 - 21.0%
- 11.1 - 16.0%
- Under 11.1%
- No Data or Data Suppressed

Source: US Census Bureau
American Community Survey: 2007-2011



Violent Crimes, All, Rate (Per 100,000 Pop.) by Police Jurisdiction, 2010

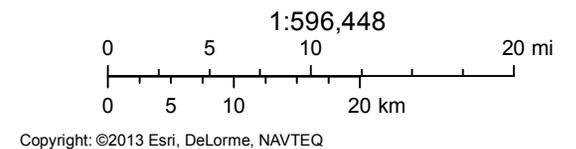


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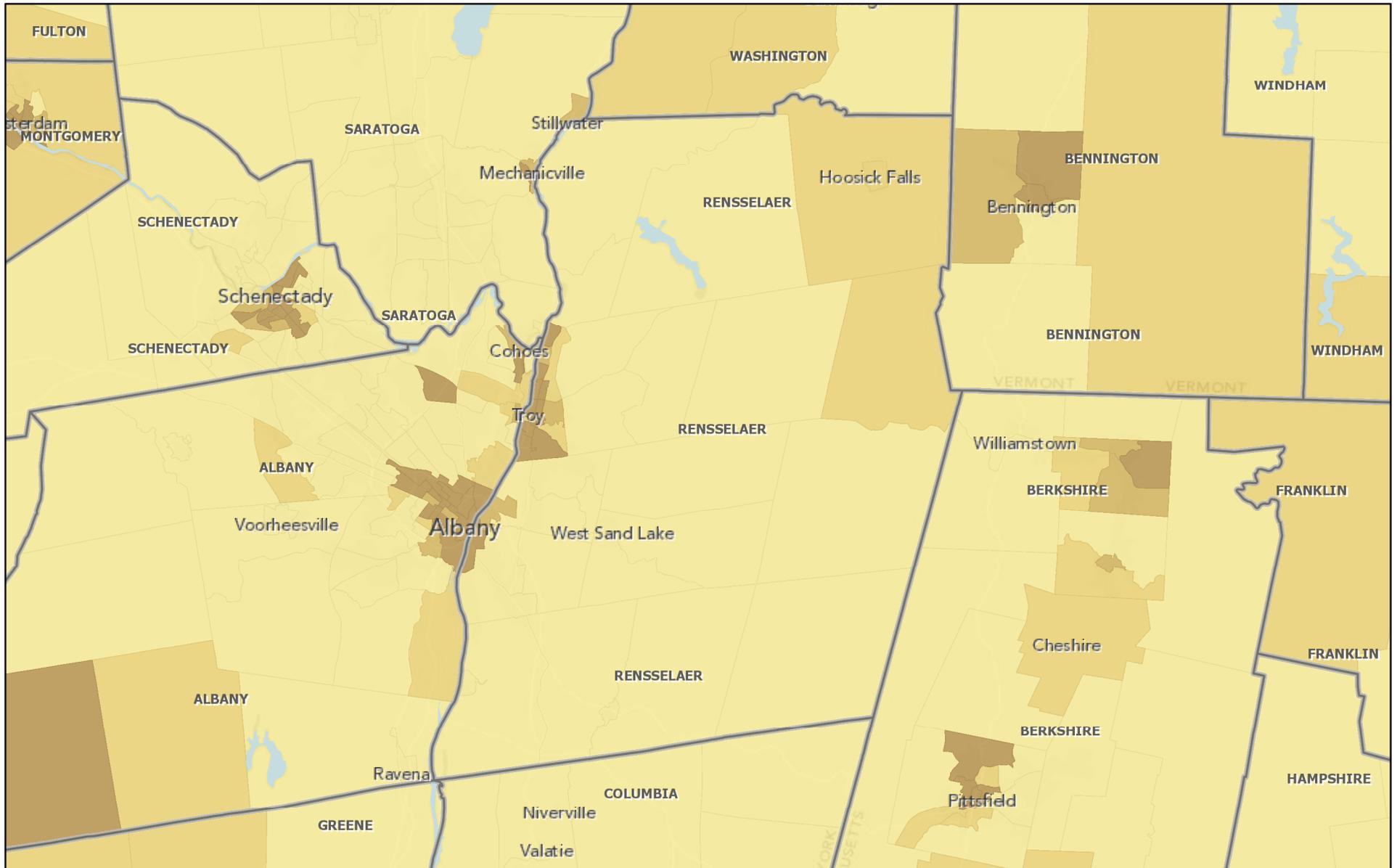
- Over 420.0
- 220.1 - 420.0
- 120.1 - 220.0
- 60.1 - 120.0
- Under 60.1
- No Violent Crimes

Violent Crime=murder, non-negligent manslaughter
forcible rape, robbery, aggravated assault

Source: Federal Bureau of Investigation,
FBI Uniform Crime Reports, 2010



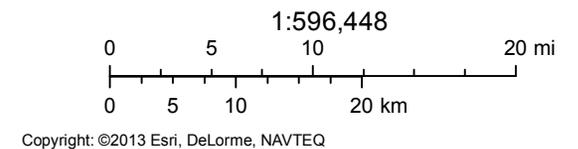
Population Below the Poverty Level, Percent by Tract, 2007-11



October 31, 2013



Source:
US Census Bureau,
Small Area Income & Poverty Estimates, 2011



Community Health Assessment

Mental Health (continued)

Disparities

Due to the wide spectrum of mental illnesses and difficulty quantifying poor mental health, the identification of disparities is challenging. The exact causes of mental illness are also not well understood. According to a special topic article available on the CDC website, Preventing Chronic Disease; African Americans and Hispanics have a lower risk of lifetime prevalence of mental disorders than do those reported as white. However, these minority groups are more likely to suffer with their disorder longer due to barriers in access to mental health care (13). In Rensselaer County the rate of drug-related hospitalizations per 10,000 people is highest among those identified as black, 31.4, followed by Hispanic, 24 and white 20.5.

Community Health Assessment

Obesity

Problem

Obesity is related to several of the leading causes of death, including heart disease, stroke, type 2 diabetes and certain types of cancer. Medical costs related to obesity are an estimated \$147 billion dollars a year. Further, medical costs for obese people are higher than those of normal weight by \$1,429 annually (14).

Scope

According to the Robert Wood Johnson Foundation's County Health Rankings, the percent of obese people in Rensselaer County is higher than the rest of NY (8). Further, the percent of elementary students in Rensselaer County who are overweight, 17.1, is higher than the NYS (excluding NYC) percent of 15.8. Obesity indicators that are substantially higher than the rest of NYS (excluding NYC) include, the percent of WIC mothers breastfeeding at six months, age-adjusted percent of adults with physician diagnosed angina, heart attack or stroke number, cardiovascular disease mortality and cerebrovascular disease mortality (15). In Rensselaer County, student weight status data, which is based on the body mass index of students who attend public school, indicate that the percent of obese children is higher in rural school districts than those in Troy and Rensselaer, 21% and 15% respectively (16).

Disparities

There is little readily available information which help identify disparities in obesity at the county-level. However, the following research findings are generalizable to Rensselaer County residents.

- Persons who are obese are at significant risk of developing a mental illness and depressed individuals may be more likely to become obese (17). Further, many psychotropic drugs are known to cause weight gain (18).
- The prevalence of obesity is lower among white than among blacks and Mexican-Americans.
- An inverse association exists between family income and obesity prevalence among white females (all ages) and white males (aged 2-19 years), but the association is weak or positive among other groups.
- Racial/ethnic differences in obesity prevalence persist after controlling for differences in family income (19).

Community Health Assessment

Tobacco Use

Problem

Tobacco use causes more deaths than human immunodeficiency virus (HIV), substance abuse, auto accidents, suicides and murders combined (20). Smokers die ten years earlier than nonsmokers. Additionally, the medical costs associated with smoking was estimated to be \$96 billion from 2000-2004 (21).

Scope

In Rensselaer County, tobacco use rates indicate that this issue continues to need attention (9) (10). Rates of tobacco use at a more detailed geographic level are unavailable. However, there are cigarette smoking indicators; which include: lung cancer and low birth weight (11). Smoking is responsible for causing an estimated 90% of lung cancer deaths in men and 80% in women (20). Lung cancer rates are higher in Troy, Rensselaer, Nassau, Johnsonville and Hoosick Falls. Smoking during pregnancy has been attributed to 20-30% of all low-birth weight babies (22). The percent of births with low birth weight is highest in Schodack Landing, followed by Troy, Schaghticoke and East Greenbush. Further investigation is needed due to the likelihood of small populations causing the percent of low birth weight births in Schodack Landing and Schaghticoke to be inflated.

Rates of lung cancer and the percent of infants born with low birth weight by ZIP code are provided in the following table and map:

Lung and Bronchus Cancer Incidence by ZIP code , Rensselaer County, 2005-2009

Source: New York State Cancer Registry

Primary ZIP Code	Post Office	Included ZIP Codes	Males			Females		
			Number of Cases Observed	Number of Cases Expected	Percent Difference from Expected	Number of Cases Observed	Number of Cases Expected	Percent Difference from Expected
12018	Averill Park		19	14.2	15 to 49% above expected	10	11.4	Within 15% of expected
12022	Berlin	12040	3	2.0	Very sparse data	1	1.6	Very sparse data
12028	Buskirk*		3	3.4	Very sparse data	3	2.7	Very sparse data
12033	Castleton On Hudson	12162	23	16.3	15 to 49% above expected	21	14.5	15 to 49% above expected
12052	Cropseyville	12082	3	3.0	Very sparse data	6	2.3	Very sparse data
12057	Eagle Bridge*	12133	2	4.8	Very sparse data	5	3.8	Very sparse data
12061	East Greenbush		24	17.5	15 to 49% above expected	17	16.5	Within 15% of expected
12062	East Nassau*		5	3.9	Very sparse data	3	3.0	Very sparse data
12090	Hoosick Falls	12089	19	12.3	More than 50% above expected	19	11.3	More than 50% above expected
12094	Johnsonville		5	3.7	Very sparse data	7	2.9	More than 50% above expected
12118	Mechanicville*		41	23.6	More than 50% above expected	34	23.0	15 to 49% above expected
12121	Melrose		4	4.4	Very sparse data	4	3.3	Very sparse data
12123	Nassau	12063	14	10.8	15 to 49% above expected	19	8.6	More than 50% above expected
12138	Petersburg		11	6.7	More than 50% above expected	5	5.1	Very sparse data
12140	Poestenkill		3	2.6	Very sparse data	4	2.1	Very sparse data
12144	Rensselaer		53	35.4	15 to 49% above expected	53	33.2	More than 50% above expected
12153	Sand Lake		1	1.6	Very sparse data	1	1.3	Very sparse data
12154	Schaghticoke*		7	5.2	15 to 49% above expected	6	4.0	Very sparse data
12156	Schodack Landing*		4	1.6	Very sparse data	2	1.3	Very sparse data
	Stephentown		3	3.8	Very sparse data	5	2.9	Very sparse

12168								data
12169			1	0.7	Very sparse data	3	0.6	Very sparse data
12180	Troy		120	88.5	15 to 49% above expected	135	88.8	More than 50% above expected
12182	Troy		40	28.0	15 to 49% above expected	31	26.8	15 to 49% above expected
12185	Valley Falls		7	4.0	More than 50% above expected	6	3.1	Very sparse data
12196	West Sand Lake		7	6.0	15 to 49% above expected	5	5.2	Very sparse data
12198	Wynantskill		25	16.1	More than 50% above expected	17	14.0	15 to 49% above expected

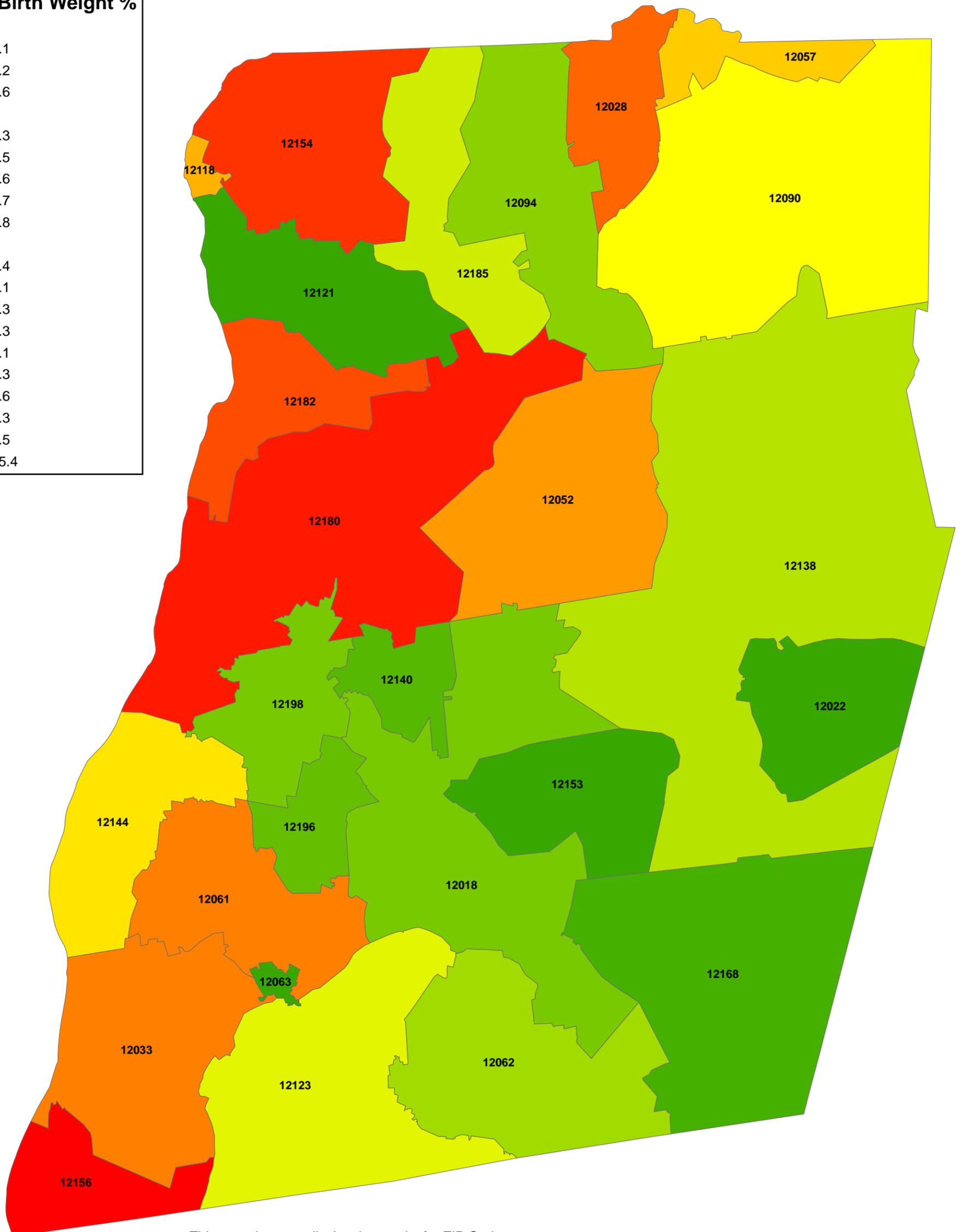
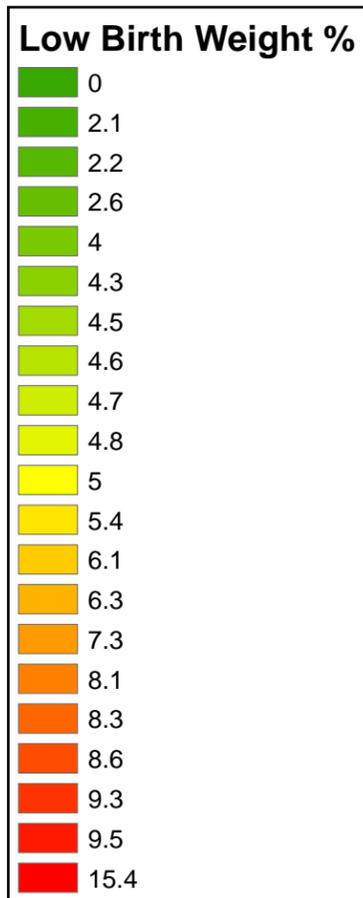
Notes

- Incidence data are provisional, November 2011.
- *This ZIP Code crosses county boundaries. The values provided are for the entire ZIP Code, not just the portion in this county.

Revised: April 2013

Questions or comments: nyscr@health.state.ny.us

Low Birth Weight Percentage By ZIP code Rensselaer County, NY



This map does not display the results for ZIP Code areas with fewer than 10 births during the 3-year period.

Data is from the New York State Health Department, "County/ZIP Code Perinatal Data Profile". Which may be accessed through the following URL, <http://www.health.ny.gov/statistics/chac/perinatal/county/rensselaer.htm>

Community Health Assessment

Tobacco Use (continued)

Disparities

The highest percent of low birth weight births occur among those reported as black, 12.5%, followed by Hispanic, 9.4% and white, 6.4%. Lung cancer mortality rates per 100,000 are highest among those reported as white, 85.3. The rate among those reported as black is 81 (23). Additional information regarding disparities in smoking prevalence in NYS and the US are as follows:

- According to a survey conducted by the NYSDOH, smoking prevalence has declined among those reporting good mental health and has remained unchanged among those reporting poor mental health. Additionally, the smoking prevalence for those who reported that their mental health was not good was twice as high as those with good mental health (10). These findings are consistent with those from the CDC, reporting that 40% of men and 34% of women with mental illness smoke (24).
- People with lower levels of education are more likely to smoke than those with higher levels of education.
- Household income below or near the federal poverty level also was associated with higher smoking prevalence.
- The prevalence of smoking is higher among people who are unemployed (25).

Community Health Assessment

Teen Pregnancy

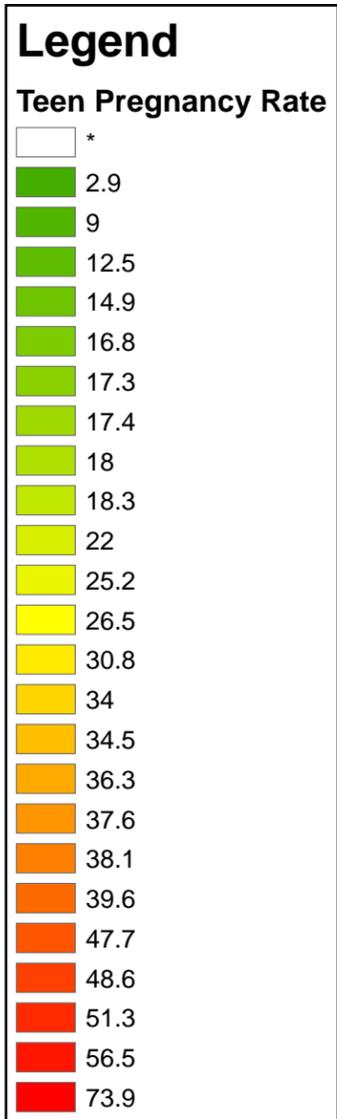
Problem

Infants born to teen mothers are at higher risk for low birth weight, mental illness, infant morbidity and mortality, and are at greater risk for child abuse and child safety issues (26). The costs attributed to teen pregnancy due to increased health care, foster care and related issues is an estimated \$11 billion a year (27).

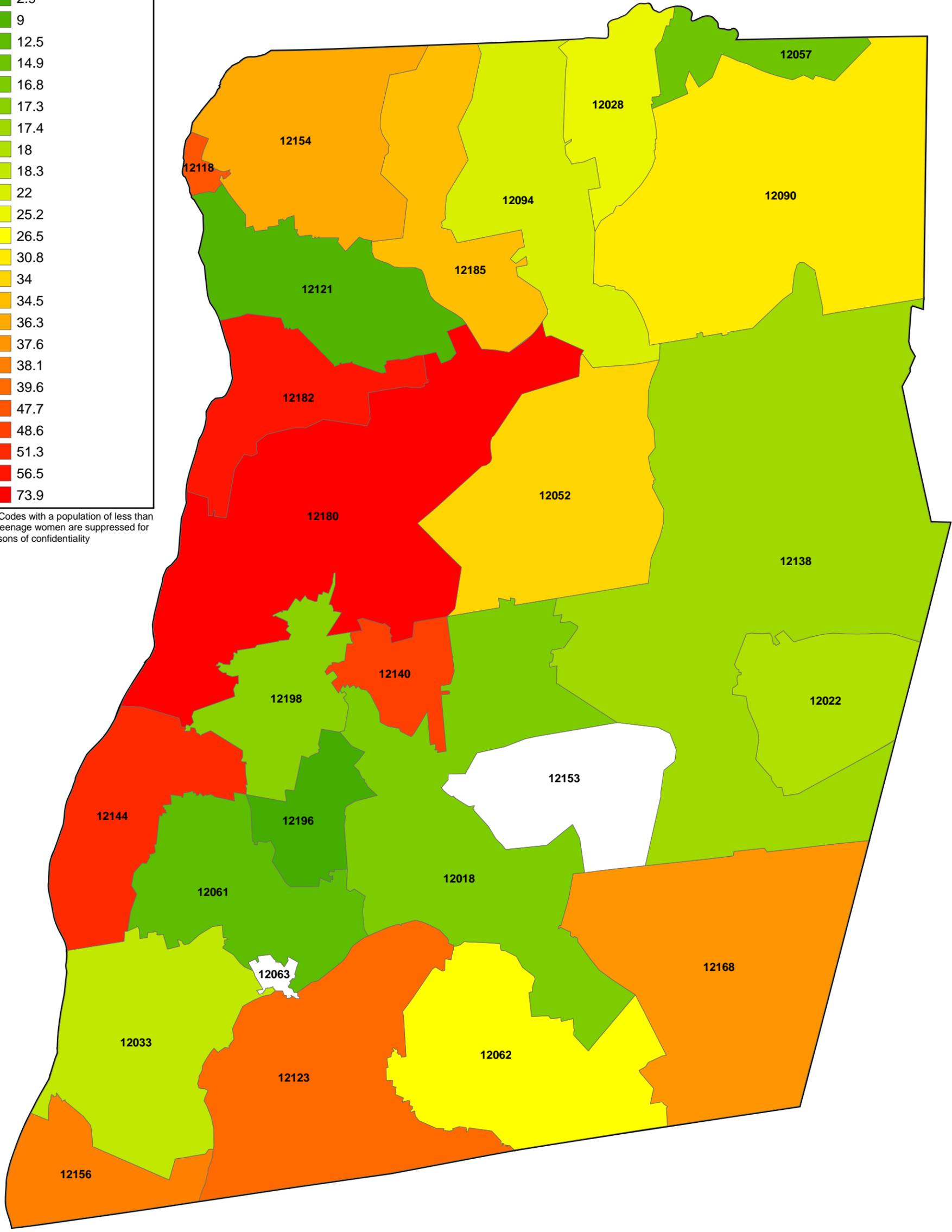
Scope

In Rensselaer County, the teen pregnancy rate is increasing while the rest of the capital region's rates are decreasing (9). Teen pregnancy rates are highest in the cities of Rensselaer and Troy followed by Hemstreet Park and Poestenkill. It is important to note that the rates for Hemstreet Park may be different than displayed because the rates are representative of the entire ZIP code, including a portion in Saratoga County. See the following map for more detailed information:

Teen Pregnancy Rates by ZIP Code Rensselaer County, NY



* Zip Codes with a population of less than 30 teenage women are suppressed for reasons of confidentiality



Data is from the New York State Health Department, "County/ZIP Code Perinatal Data Profile".
Which may be accessed through the following URL, <http://www.health.ny.gov/statistics/chac/perinatal/county/reusselaer.htm>

Community Health Assessment

Teen Pregnancy (continued)

Disparities

Teen pregnancy rates per 1,000 (age 15-17) in Rensselaer County are five times higher among black than the white population, 67.4 and 17.2 respectively. Teen pregnancy rates for Hispanics lie between the two with a rate of 44.2 (17). This disparity in Rensselaer County is substantially larger than NYS. In NYS, teen pregnancy rates are reported to be only three times higher for black teens than for white teens (28).

- Nationwide, socioeconomic disparities have been documented, including, low education, income and few opportunities in a teen's community for positive youth involvement (29).
- Studies have also shown that adolescents with certain psychiatric disorders and those who participate in substance abuse are more likely to participate in risky sexual behavior (30) (31) (32).

Community Health Assessment

Sexually Transmitted Diseases

Problem

Infertility due to untreated STDS affects at least 24,000 women in the US every year. The American healthcare system pays \$16 billion in direct medical costs due to STD infections annually (33).

Scope

In Rensselaer County, the rates of Chlamydia, Gonorrhea, and Syphilis are tracked through disease surveillance. These three STDS represent only a fraction of the true burden of STDs. Data collected through this method were analyzed to identify high risk populations. STD rates are highest in the Troy/Lansingburgh and Rensselaer regions followed by East Greenbush. See the following graph and map for more detailed information.

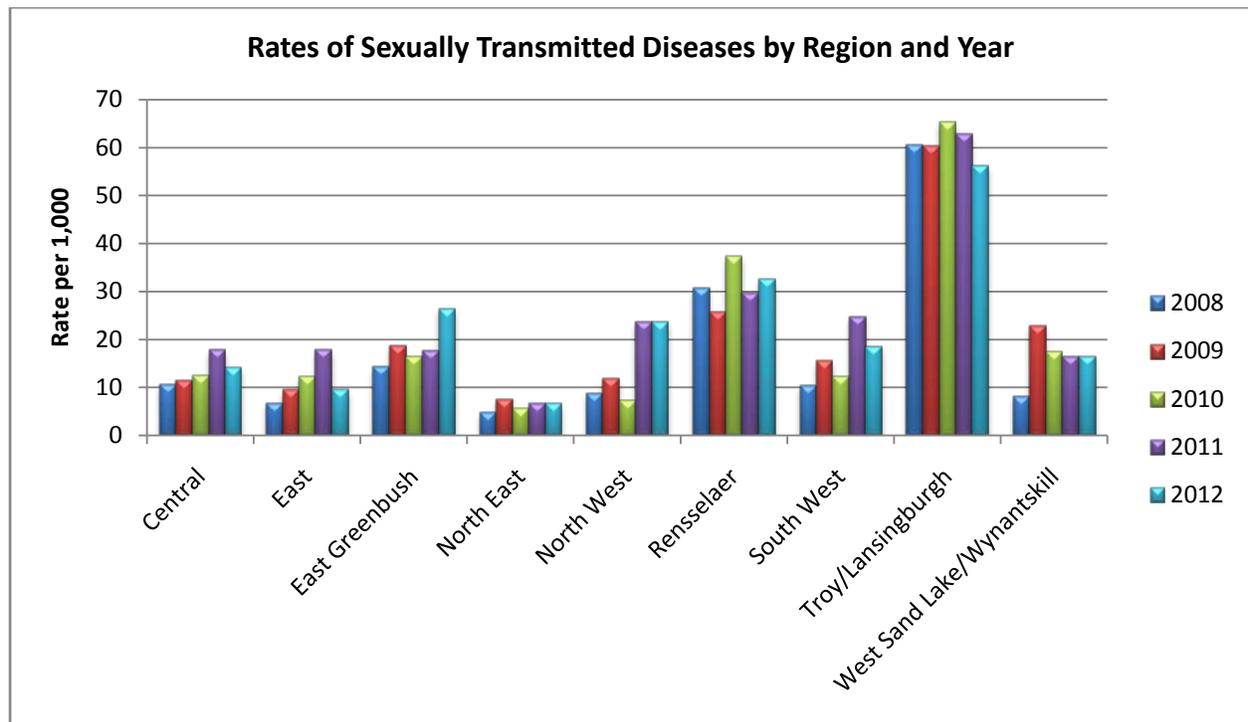
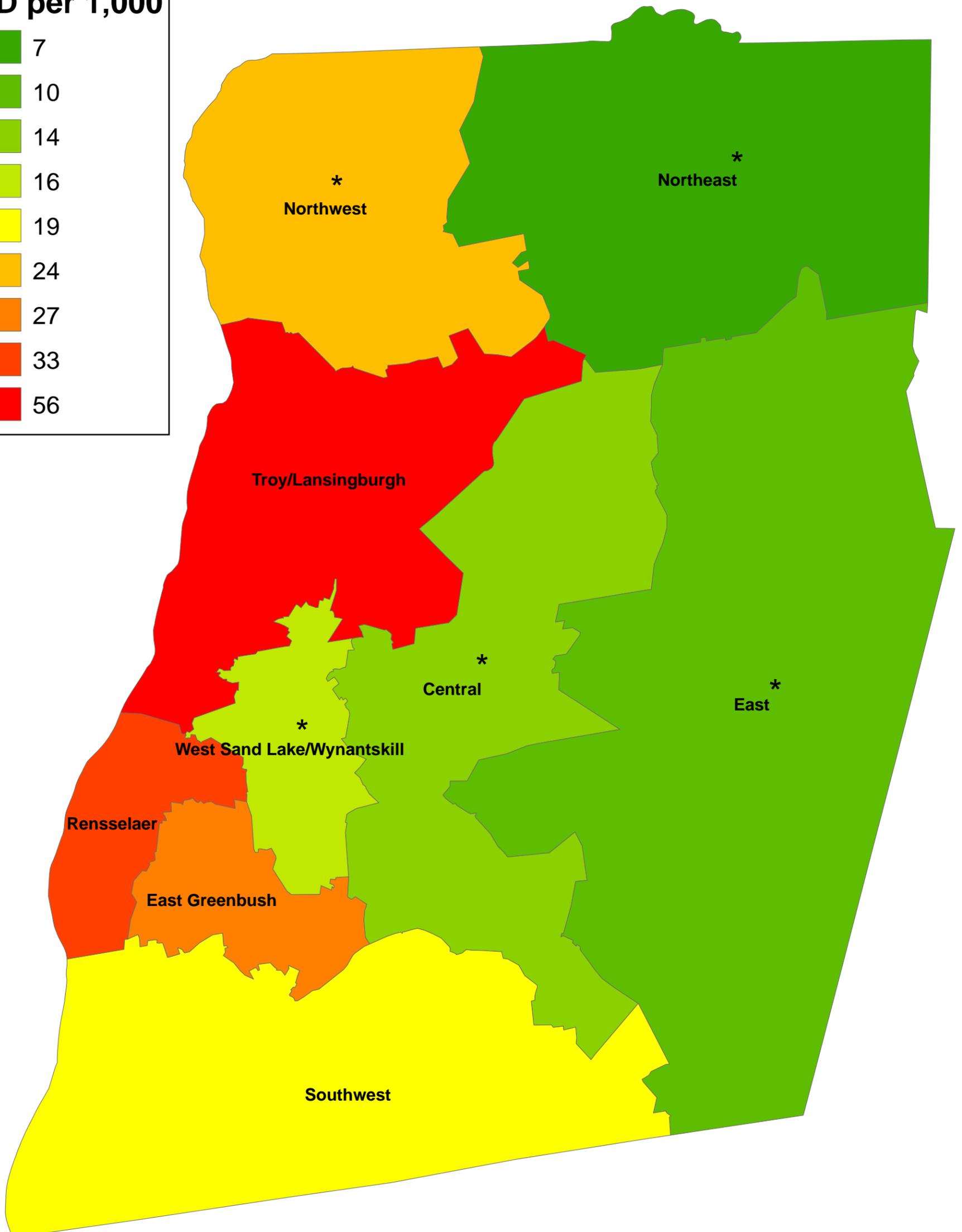
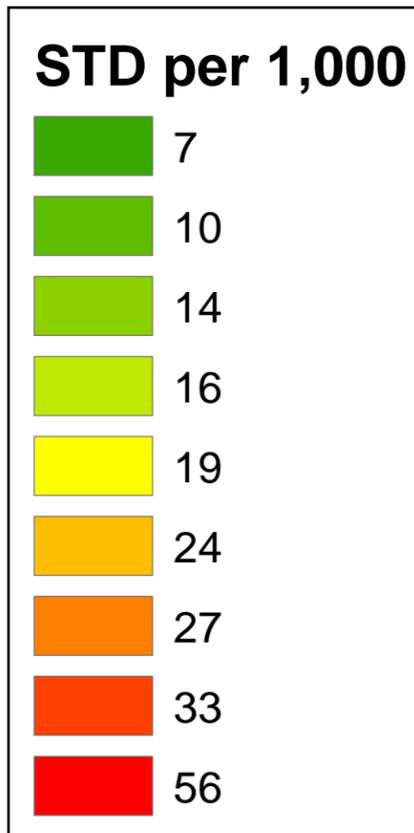


Figure 6

STD rates per 1,000 by ZIP Code Group Rensselaer County, NY

2012



*Rates may be unstable due to a case count of less than 20
Source: Communicable Disease Electronic Surveillance System

Community Health Assessment

Sexually Transmitted Diseases (continued)

Disparities

Most of the STD cases in Rensselaer County are among those who are 15-34 years of age or are reported as white. However, among the population reported to be black the rate of STD cases per 1,000 is substantially higher than those reported to be white, other or unknown.

In 2012, 49% of all STDs were among 19-24 year olds, 25% among those who were in the 15-18 years age group, and 19% among those between 25 and 35 years of age (see figure 7).

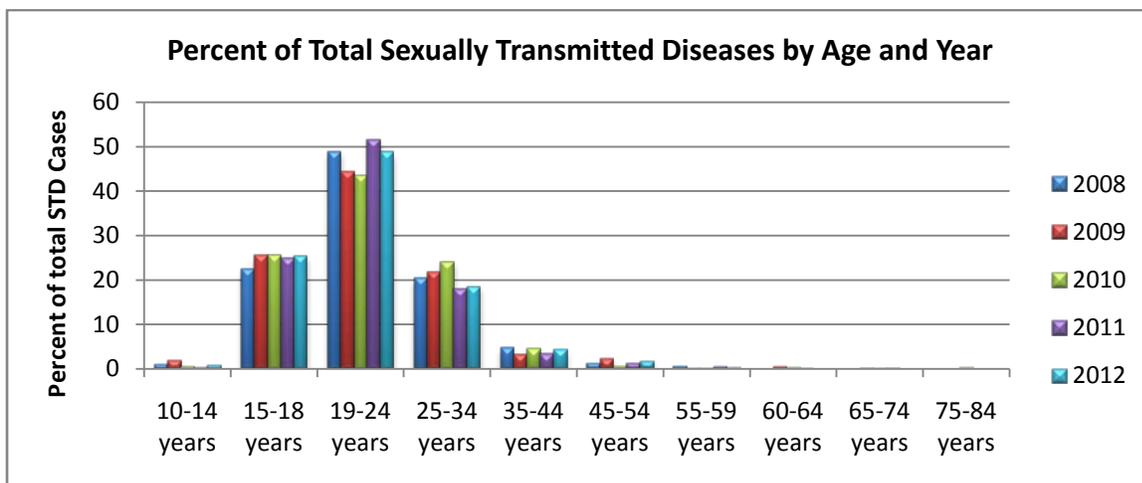


Figure 7

In 2012, 53% of cases were reported to be white, 36% black and 11% other (see figure 8). It appears that the percent of cases have decreased among those reported as a racial minority; while the percent of cases have increased among those reported to be white.

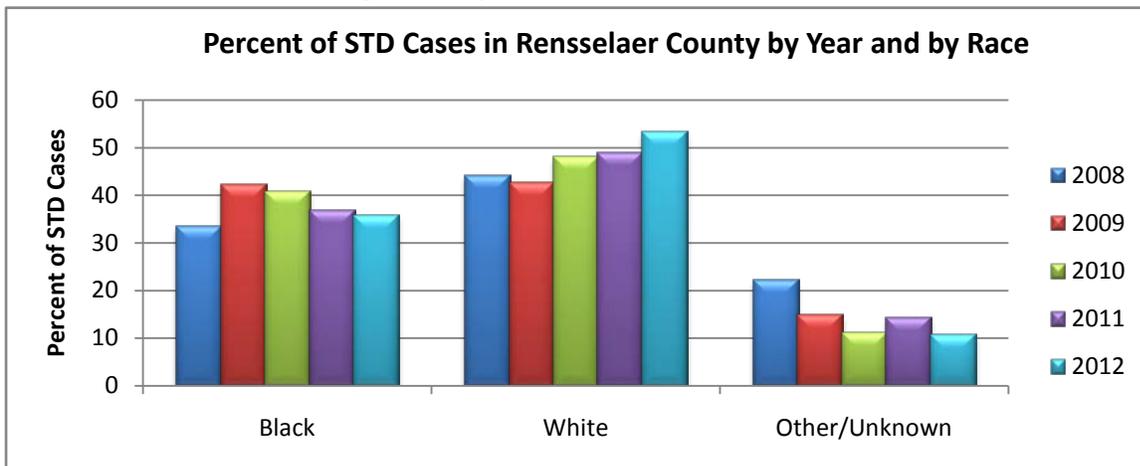


Figure 8

Community Health Assessment

Sexually Transmitted Diseases (continued)

While a larger percent of STDs are among those reported to be white, the rate of STD cases among those reported to be black are more than ten-fold higher than those reported to be white (see figure 9).

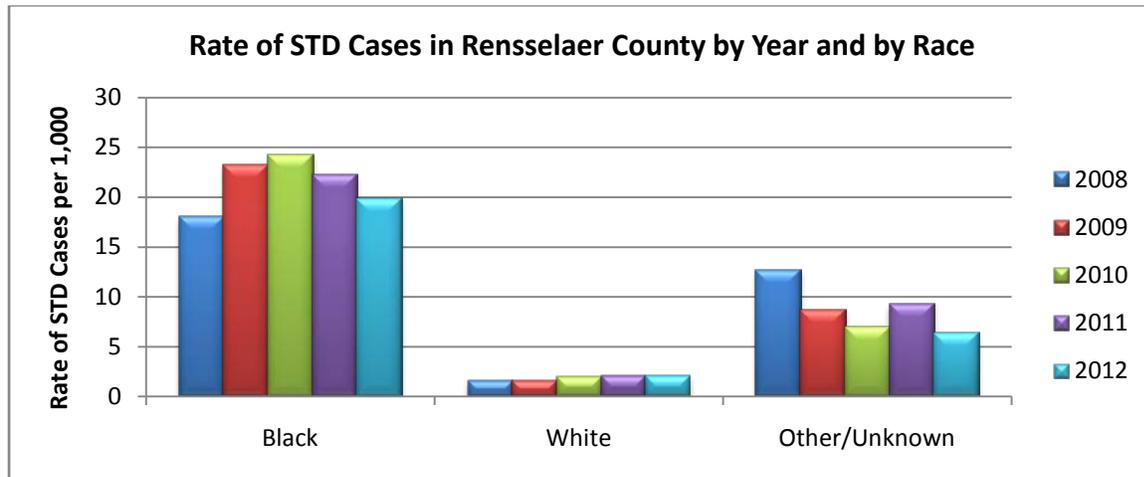


Figure 9

Last, research also shows that individuals with poor mental health are more likely to engage in risky sexual behavior (31).

Community Health Assessment

Resources

Resources that could be mobilized to address the focus areas described above were assessed through review of community resource lists (34), community partnerships and the RCWC. While there are many organizations providing a variety of services in the focus areas selected; it was determined that communication between organizations is lacking. Further, in a few cases, organizations providing similar services to the same target population were not aware of one another. There is a strong need for community health organizations with similar missions to work together to achieve common goals. Lists reviewed to identify community resources that may be mobilized to address issues identified above are available in appendix B under the category titled, “Community Health Resources”.

Rensselaer County Department of Health



Community Health Improvement Plan

IN THIS SECTION:

- Introduction
- Obesity Action Plan
- Tobacco Action Plan
- Risky Sexual Behavior Action Plan

Community Health Improvement Plan

The CHIP was developed based upon community-level health indicators described in the CHA and input from RCWC members. The resulting plan is a blueprint for health improvement that outlines a process by which community-based partnerships can work together to address the needs of Rensselaer County residents. This blueprint was assembled to be a part of the HCDI Regional plan, while taking into consideration the unique needs of Rensselaer County identified through the CHA and RCWC meetings.

Mental Health was identified as a critical and common thread in all aspects of public health planning. We cannot fully address physical diseases without giving attention to mental health. Further, the impact of mental illness on a person's ability to understand and practice health promotion, disease prevention, and self-treatment practices demonstrates a need for public health planning to take into account special needs of persons with mental illness (9).

The three action plans developed by RCDOH in collaboration with the RCWC focus on obesity, tobacco use and risky sexual behavior. These plans were developed over a six month period of time. Each plan shows unique ways of linking and addressing mental health.

The RCWC will continue to promote cross-agency collaboration to improve the quality and availability of resources for the targeted populations. RCDOH will communicate quarterly, via email or through the RCWC meetings, with the organizational partners to ensure the subcommittees are on track with the objective, strategies and tactics described in the action plans below. The RCWC will arrange 12 meetings for the subcommittee members by December 31, 2017, encouraging information sharing and updating.

Community Health Improvement Plan

Obesity Action Plan

Overarching Goal: To reduce obesity rates in Rensselaer County

Goal 1: **Ensure that populations receiving food pantry services receive nutrition education.***

Objective: Fifty percent of food pantry service recipients at a single location will receive nutrition education based on the United States Department of Agriculture MyPlate program (35).

Strategy 1: Food pantry service recipients will receive referrals to organization(s) providing nutrition counseling services *(50% of service recipients at a single location will have received a referral by the end of year one for at least one month).*

Strategy 2: Food pantry service recipients will receive recipes that include commonly donated foods *(50% of service recipients at a single location will have received at least one recipe by the end of year one for at least one month).*

Goal 2: **Increase the rates of initiation and continuation of breastfeeding among Rensselaer County mothers.***

Objective 1: Increase rates of breastfeeding among women who have “Ever Breastfed” by 20% among women seen at federally funded health clinics (current rate is 57.3% and rank is 58/62 based on 2009-2011 New York State (NYS) Pediatric Nutrition Surveillance System data).

Objective 2: Increase rates of breastfeeding for at least six months among women enrolled in the Women Infant Child Program (WIC) by 20% (current rates is 14% and rank is 54/57 based on 2008-2010 NYS Pediatric Nutrition Surveillance System data as of July, 2012).

Strategy: The RCDOH will partner with community organizations to promote continuation of breastfeeding after discharge from hospitals.

Tactic:

1. Barriers to breastfeeding and use of services providing breastfeeding support will be identified through a survey *(Fifty mothers will be surveyed by the end of year two).*
2. Assist with increasing the utilization of breastfeeding support programs by creating a comprehensive list of services available to Rensselaer County residents *(A list of resources will be compiled by year two).*

Community Health Improvement Plan

Obesity Action Plan (continued)

Goal 3: **Ensure that populations receiving prescription medication for mental illness that can cause weight gain are educated with regards to weight maintenance.**

Objective: Fifty percent of a population at a single location who receive prescription medication for a mental illness that can cause weight gain will receive education regarding weight maintenance.

Strategy 1: Mental health care professionals in at a least one location will be provided resources and education regarding weight maintenance *(At least one mental health professional will be provided resources and education by the end of year two).*

Tactic:

A list of resources on the subject of weight maintenance will be compiled for distribution to mental health care professionals *(A list of resources will be compiled by the end of year one).*

Strategy 2: Populations receiving prescription medication for mental illness that can cause weight gain will receive guidance on the subject of weight management *(Fifty percent of people receiving mental health services at a single location will receive education regarding weight maintenance for at least one month by year three).*

Goal 4: **Reduce obesity among school aged children.***

Objective: Reduce the percent of obese children in a single school district by two percent.

Strategy: The RCDOH Health Educator will partner with a school in Rensselaer County to implement the “Activity Bursts in the Classroom for Fitness Program” (36).*(An evidence based physical activity program will be implemented at one school for at least two years by the end of year five).*

Partner organizations: RCDOH, St. Peter’s Health Partners, Burdett Care Center, Cornell Cooperative Extension, Rensselaer County Department of Mental Health

RCWC Subcommittee Members: RCDOH, Rensselaer County Department of Mental Health, Rensselaer County Department of Youth, RCDOH Board Member, Cornell Cooperative Extension, Healthy Capital District Initiative, Rensselaer County Legislative Minority Office, St. Peters Health Partners/Samaritan Hospital/ Burdett Care Center/ Seton Health Obesity Prevention, Capital District Community Gardens, Commission on Economic Opportunities, Empowerment Project, The Sage Colleges, Troy Family YMCA.

*Part of HCDI Regional Plan

Community Health Improvement Plan

Tobacco Use Action Plan

Goal: Reduce tobacco use among people diagnosed with mental illness.

Objective: Two mental health organizations will create a tobacco-free environment and integrate practices that support employee and consumer cessation by January 1, 2017.

Strategy 1: Identify mental health organizations that who are prepared to integrate practices that support employee and consumer cessation.*

Tactic:

Local and organizational partners will meet to identify mental health organizations and plan how to engage and support these facilities. *(The Tobacco-Free Coalition and Center for Smoking Cessation will arrange two meetings to support this strategy by December 31, 2017.)*

Strategy 2: Provide resources to mental health organizations to encourage tobacco-free facilities.*

Tactics:

1. Provide evidence based cessation programs for employees and consumers (37). *(There will be six cessation programs by December 31, 2017.)*
2. Provide an evidence-based cessation facilitator training to employees from the mental health organization (37). *(There will be three cessation based facilitator trainings available by December 31, 2017.)*
3. Be of assistance to the identified organization in developing tobacco free grounds policies. *(The Tobacco Free Coalition will disseminate their expertise to assist two organizations in this process through December 31, 2017.)*
4. Accessing the existing no-cost tobacco free signage, cessation and training materials, and Medicaid reimbursement for nicotine replacement therapy (NRT). *(These materials will be made readily and continually available for two organizations' access during the process.)*
5. Provide ongoing training and technical support to the identified organization. *(There will be 12 trainings and the technical support will be provided as needed through December 31, 2017.)*

Community Health Improvement Plan

Tobacco Use Action Plan (continued)

Partner Organizations:

Capital District Tobacco-Free Coalition, Center for Smoking Cessation at Seton Health, Rensselaer County Department of Mental Health and RCDOH

RCWC Subcommittee Members:

RCDOH, Cancer Services Program, City of Troy, Van Rensselaer Manor, Capital District Tobacco Free Coalition, and Center for Smoking Cessation/St. Peter's Health Partners/Seton Health/Samaritan Hospital

*Part of HCDI Regional Plan

Community Health Improvement Plan

Risky Sexual Behavior Action Plan

Goal : Reduce risky sexual behavior among 15-19 year olds in Rensselaer County.

Objective 1: Twenty percent of agencies providing general or mental healthcare in Rensselaer County to 15-19 year olds will be provided information and resources regarding programs providing STD and teen pregnancy services.

Objective 2: Increase access and utilization of two to three programs in Rensselaer County providing STD and Teen pregnancy by 10% among 15-19 year olds.

Strategy 1: Ensure that agencies providing STD and teen pregnancy are working together to accomplish common goals.

Tactic:

1. Develop social media links between STD and teen pregnancy information to provide alternative access opportunities for services being searched for by targeted population. *(100% of agencies with capability to utilize social media in outreach and other public information efforts cross-linked by end of the first year of the CHIP.)*
2. Partner in cross-agency visits (“tag-teams”) to increase shared outreach opportunities. *(Cross-agency visits completed twice a year by each agency in the STD subgroup.)*

Strategy 2: Improve the knowledge of general and mental health providers about agencies and services providing STD and teen pregnancy information and services.

Tactic:

1. Develop shared key communication/information points to provide consistent messaging across agencies and providers (“continuing the conversation”). *(Development and completion of document of approved type with 75% of agencies providing input and approval by end of first year.)*
3. Develop distribution plan identifying ge provider and alternative access sites for targeted population. *(Development and completion of identified services/professions to be included as “frontline providers” as well as a list providing number and types of sites by end of first year.)*

Community Health Improvement Plan

Risky Sexual Behavior Action Plan (continued)

4. Distribute key communication/information document with frontline providers to improve professional and parental awareness. *(Distribution to 40% of sites identified by end of 2nd year. Distribution to 75% of sites by end of 3rd year.)*
5. Train frontline providers on key communication/information points. *(In conjunction with “tagteam” visits of 2nd and 3rd years (Strategy 1, Tactic 2), provide training while distributing to identified sites. Train at least 20-40% of frontline providers (approximately 50% of all sites receiving distribution) in the 2nd and 3rd years.)*

Partner Organizations for Strategy 1 and 2:

AIDS Council – NENY, Rensselaer County Department of Health (RCDOH), Rensselaer County Department of Mental Health (Rensselaer DMH), St. Peter’s Healthcare Partners – MOMS Program (MOMS), St. Peter’s Healthcare Partners – Sexual Assault & Crime Victims Assistance Program (SACVAP), Upper Hudson Planned Parenthood (UHPP)

Wellness Subcommittee members:

AIDS Council – NENY, Rensselaer County Department of Health (RCDOH), Rensselaer County Department of Mental Health (Rensselaer DMH), Rensselaer Polytechnic Institute (RPI), St. Peter’s Healthcare Partners – MOM, St. Peter’s Healthcare Partners – Sexual Assault & Crime Victims Assistance Program (SACVAP), Upper Hudson Planned Parenthood (UHPP)

Rensselaer County Department of Health



Local Health Department Profile

IN THIS SECTION:

- Staff List
- Organizational Chart

Local Health Department Profile

2013 Staff Members

Health Department Staff

Mary Fran Wachunas, Public Health Director

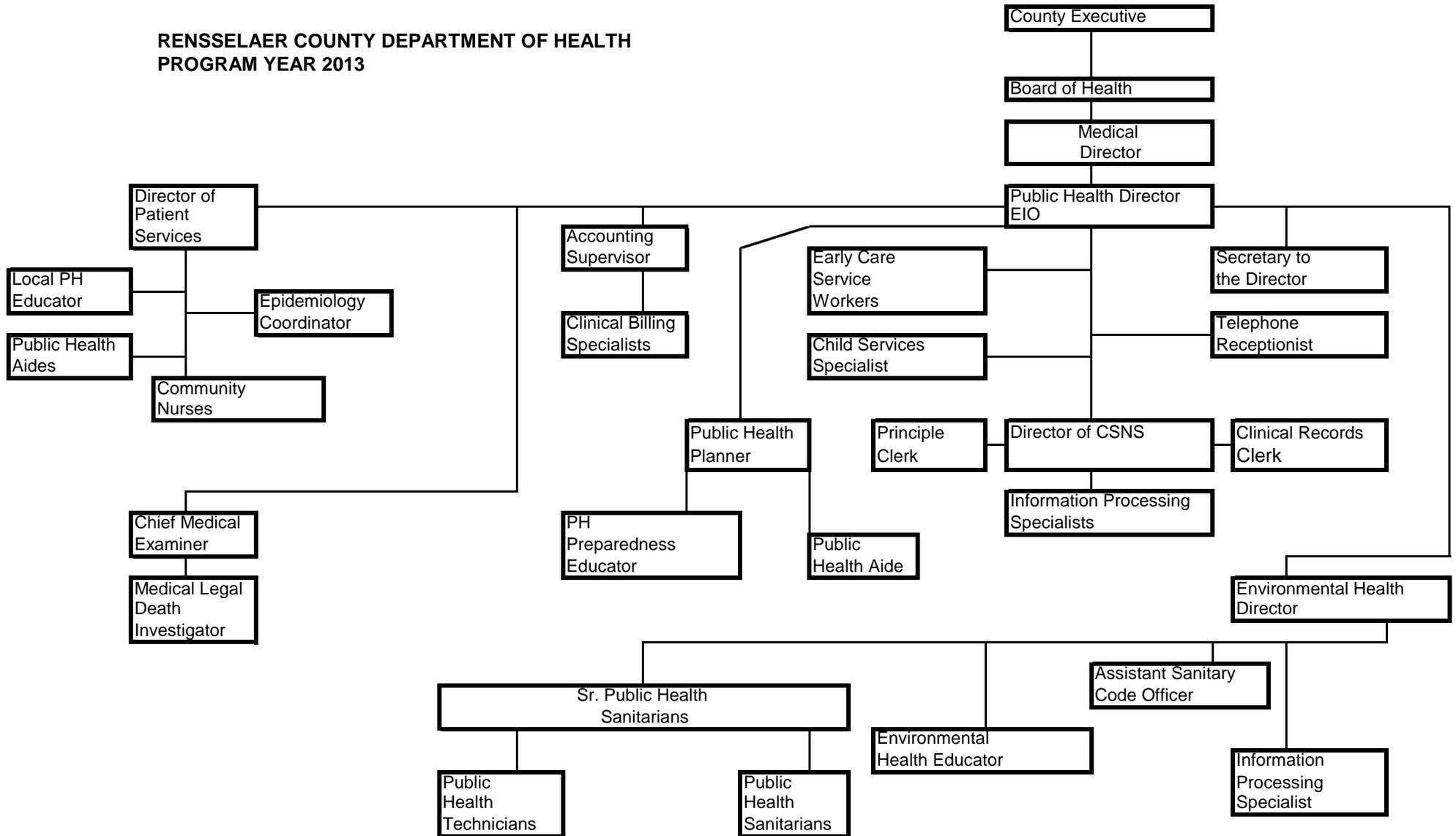
Scott Bello, M.D., MPH Medical Director

Barbara Leo, N.P., Clinician

George Beerle, Asst. Code Enforce. Officer
Jamie Berring, E.C. Interv. Service Worker
Dawn Breault, P.H. Sanitarian
Theresa Buckley, E.C. Interv. Service Worker
Carolyn Collins, Clinical Billing Specialist
Jennifer DeLorenzo, P.H. Sanitarian
April Dennis, P.H. Aide
Stacey Dilbone, Community Health RN
Sarah DuVall, Epidemiology Coordinator
Richard Elder, Environmental Health Director
Barbara Estabrooks, Secretary
Bonnie Ferguson, Community Health RN
Mark Fiet, M.E. Death Investigator
Kevin Forcinella, P.H. Technician
Nicole Gaudin, Telephone Receptionist
Kristi Geddis, E.C. Interv. Service Worker
Kelley Goertz, Information Processing Clerk
Mary Gwynn, Sr. P.H. Sanitarian
Sarah Haller, M.E. Death Investigator
Sera Hovanecz, P.H. Technician
Susan Jones, Public Health Aide
Richard Kempster, Sr. P.H. Sanitarian

Jennifer Mahoney, Public Health Educator
Deanna Miller, E.H. Educator
Anna Moon, Child Services Specialist
Michael Parrow, M.E. Death Investigator
Michele Passinella, Senior Clerk
Lisa Phillips, RN Director of Patient Services
Linden Re, Clinical Billing Specialist
Deborah Reiter, E.C. Inter. Serv. Worker
Healthier Dube-Rieger, E.C. Serv. Worker
Joseph Riscavage, P.H. Sanitarian
Deborah Schiedel, E.C. Interv. Serv. Worker
Michele Schottenham, Comm. Health RN
Amanda Serafini, RN P.H. Sanitarian
Michael Sikirica, MD, Medical Examiner
Peter Testa, Support Staff, Fiscal Unit
Tina VanEpps, Support Staff, Fiscal Unit
Mark Waldenmaier, Public Health Planner
Lynne Wright, Community Health RN
Dorothy Wiley, Community Health RN

**RENSSELAER COUNTY DEPARTMENT OF HEALTH
PROGRAM YEAR 2013**



Rensselaer County Department of Health



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Rensselaer County Department of Health



Appendices

IN THIS SECTION:

➤ CHA

- Appendix A, ZIP code group definitions
- Appendix B, Rensselaer County Data Sources
- Appendix C, Consumer Survey
- Appendix D, Lyme Disease Rates

➤ CHIP

- Appendix E, Collaborative Process Timeline
- Appendix F, RCWC Kick-Off Letter
- Appendix G, RCWC Member Organizations
- Appendix H, RCWC Meeting Summaries by Date

ZIP Code Groups

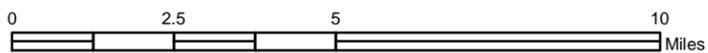
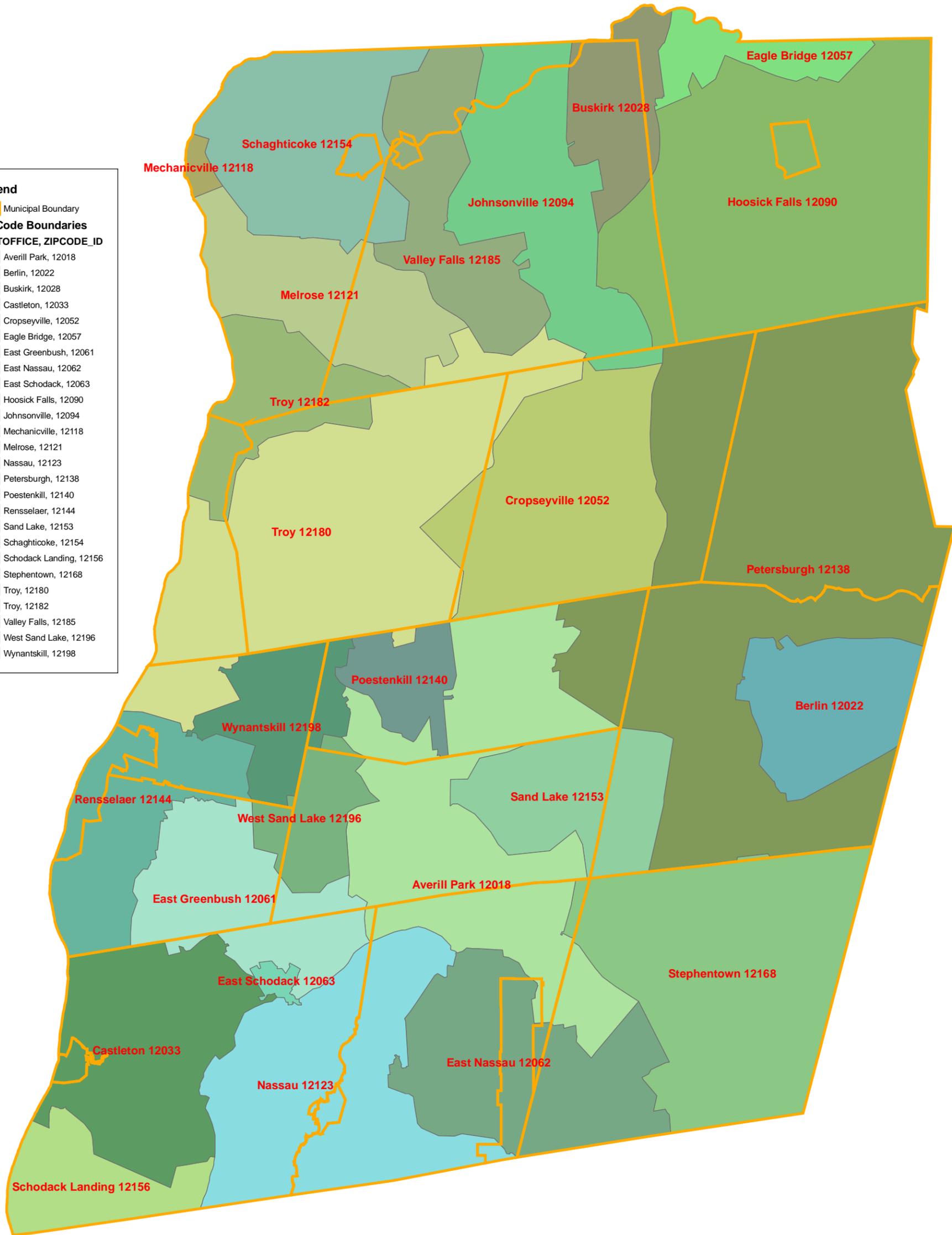
ZIP Code Groups	Region Name
12180, 12182,12181	Troy/Lansingburg
12144	Rensselaer
12022,12138,12153,12168,12169,12040	East
12090,12057,12094,12028,12089,12133	North East
12154,12121, 12185	North West
12033,12123,12156,12062,12063,12024	South West
12140,12052,12018,12082	Central
12196,12198	West Sand Lake/Wynantskill
12061	East Greenbush



Rensselaer County, NY Zip Code Boundaries

Legend

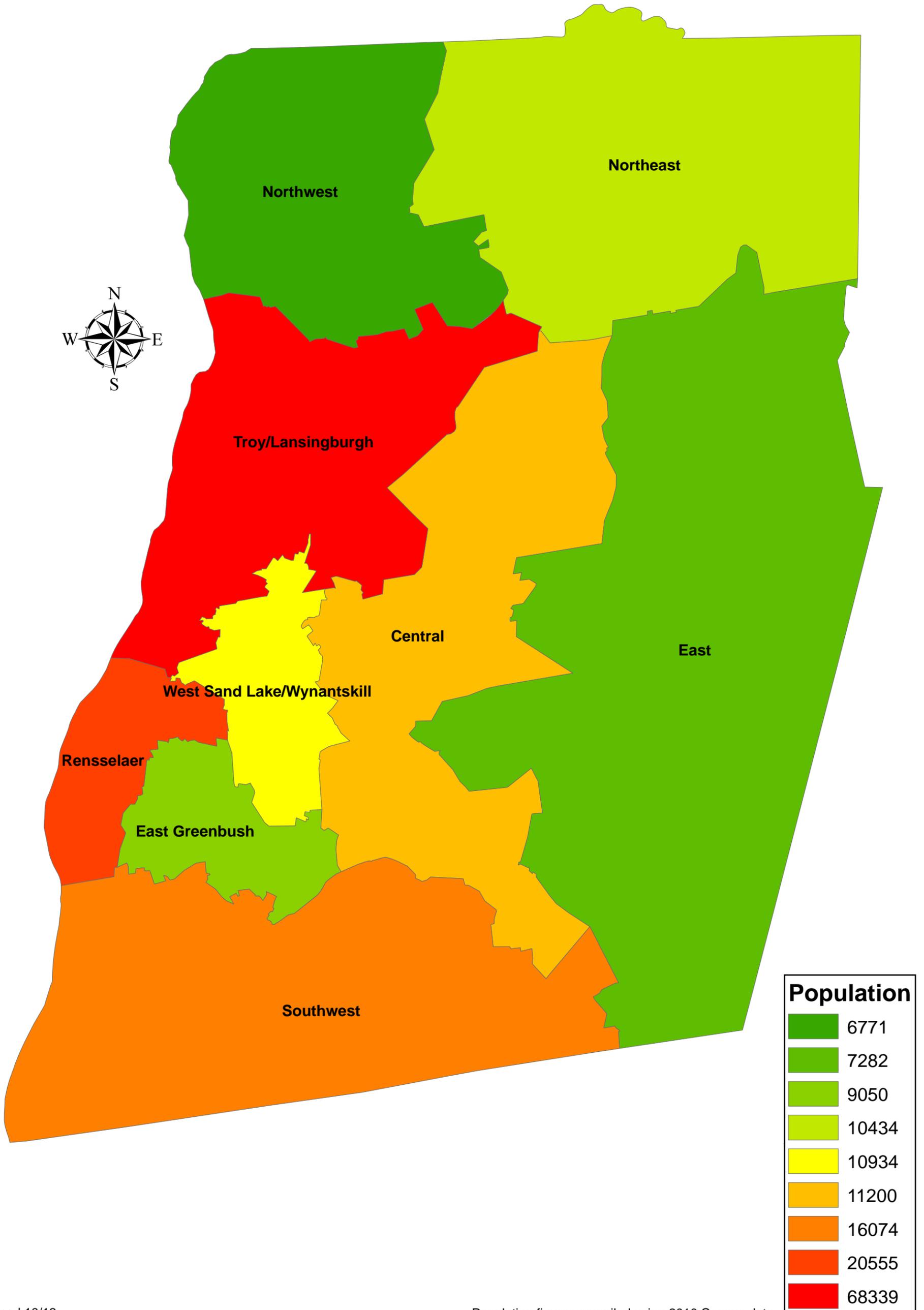
- Municipal Boundary
- Zip Code Boundaries**
- POSTOFFICE, ZIPCODE_ID**
- Averill Park, 12018
- Berlin, 12022
- Buskirk, 12028
- Castleton, 12033
- Cropseyville, 12052
- Eagle Bridge, 12057
- East Greenbush, 12061
- East Nassau, 12062
- East Schodack, 12063
- Hoosick Falls, 12090
- Johnsonville, 12094
- Mechanicville, 12118
- Melrose, 12121
- Nassau, 12123
- Petersburg, 12138
- Poestenkill, 12140
- Rensselaer, 12144
- Sand Lake, 12153
- Schaghticoke, 12154
- Schodack Landing, 12156
- Stephentown, 12168
- Troy, 12180
- Troy, 12182
- Valley Falls, 12185
- West Sand Lake, 12196
- Wynantskill, 12198



Rensselaer County Bureau of Research and Information
Geographic Information System

KATHLEEN M. JIMINO
COUNTY EXECUTIVE

Population By ZIP Code Group Rensselaer County, NY



RENSSELAER COUNTY HEALTH DATA SOURCES- COMPILED, 2013

CHRONIC DISEASES

<i>Topic</i>	<i>Source</i>	<i>Title/Geographic Level</i>	<i>URL Website</i>
Asthma	NYSDOH	Asthma Emergency Department Visits/County, ZIP code	http://www.health.ny.gov/statistics/ny_asthma/ed/zipcode/map.htm
Cardiovascular Disease	NYSDOH	Cardiovascular Disease Indicators/County	http://www.health.ny.gov/statistics/chac/chai/docs/chr_38.htm
Cardiovascular Disease	NYSDOH	Cardiovascular Disease Data and Statistics/County	http://www.health.ny.gov/statistics/diseases/cardiovascular/
Cardiovascular Disease	NYSDOH, Environmental Public Health Tracker	Heart Attack Hospitalizations/County	https://apps.health.ny.gov/statistics/environmental/public_health_tracking/tracker/
Cancer	NYSDOH	Cancer Indicators/County	http://www.health.ny.gov/statistics/chac/chai/docs/can_38.htm
Cancer	NYSDOH, New York State Cancer Registry	Maps of Cancer/ County	http://www.health.ny.gov/statistics/cancer/registry/cntymaps/cntymaps.pdf
Cancer	NYSDOH, New York State Cancer Registry	Cancer Incidence and Mortality Trends /County	http://www.health.ny.gov/statistics/cancer/registry/vol3/v3rennselaer.htm
Cancer	NYSDOH, New York State Cancer Registry	Percent of Cancers Diagnosed at an Early Stage/County	http://www.health.ny.gov/statistics/cancer/registry/table3/tb3county.htm
Cancer	NYSDOH, New York State Cancer Registry	Estimated Cancer Prevalence for Selected Cancer Sites/County	http://www.health.ny.gov/statistics/cancer/registry/table8/table8cnty.htm
Cancer	NYSDOH, New York State Cancer Registry	Cancer Incidence/ZIP Code	http://www.health.ny.gov/statistics/cancer/registry/zipcode/index.htm
Cancer	Environmental Public Health Tracker	People Diagnosed with Cancer/County	https://apps.health.ny.gov/statistics/environmental/public_health_tracking/tracker/
Diabetes/Cirrhosis of the Liver	NYSDOH	Cirrhosis/Diabetes Indicators/County	http://www.health.ny.gov/statistics/chac/chai/docs/dia_38.htm
Obesity	NYSDOH	Obesity and Related Indicators/ County	http://www.health.ny.gov/statistics/chac/chai/docs/obs_38.htm
Obesity	Student Weight Status Category Reporting System	Student Weight Status/School District	https://health.data.ny.gov/
Respiratory Disease	NYSDOH	Respiratory Disease Indicators/County	http://www.health.ny.gov/statistics/chac/chai/docs/res_38.htm

CHRONIC DISEASES (CONTINUED)			
Tobacco Use	NYSDOH	Tobacco, Alcohol and Other Substance Abuse Indicators/County	http://www.health.ny.gov/statistics/chac/chai/docs/sub_38.htm
Tobacco Use	Capital District Tobacco Free Coalition Smoking Survey	Opinions on Smoking Issues in the Counties of Albany, Rensselaer, and Schenectady Counties/County	http://smokefreecapital.org/wp-content/uploads/2012/09/CDTFC-Smoking-Survey-Report-2011_Final.pdf
HEALTHY AND SAFE ENVIRONMENT			
<i>Topic</i>	<i>Source</i>	<i>Title/Geographic Level</i>	<i>URL Website</i>
Air Quality	United States Environmental Protection Agency	Air Quality Statistics Report/County	http://www.epa.gov/airdata/ad_rep_con.html
Air Quality	NYSDOH, Environmental Public Health Tracker	Air Pollution/County	https://apps.health.ny.gov/statistics/environmental/public_health_tracking/tracker/
Chemicals	New York State Department of Environmental Conservation	Bulk Storage Database Search/Facility	http://www.dec.ny.gov/cfm/EXTAPPS/DEEXTERNAL/index.cfm?pageid=4
Chemicals	New York State Department of Environmental Conservation	Spill Incidents Database Search/County, City, Street Name	http://www.dec.ny.gov/cfm/EXTAPPS/DEEXTERNAL/index.cfm?pageid=2
Chemicals	New York State Department of Environmental Conservation	Environmental Site Remediation Database Search/County, City, Site Name	http://www.dec.ny.gov/cfm/EXTAPPS/DEEXTERNAL/index.cfm?pageid=3
Chemicals	NYSDOH, Wadsworth Center	Indoor Radon Estimates, Percent Homes Above 4 pCi/L/County	http://www.wadsworth.org/radon/tables/county/rensselaer.htm
Drowning	NYSDOH	Drowning at Regulated Facilities/County	http://www.health.ny.gov/environmental/outdoors/swimming/drowning_statistics.htm
Injury	NYSDOH	Injury indicators/County	http://www.health.ny.gov/statistics/chac/chai/docs/inj_38.htm
Lead	NYSDOH, Environmental Public Health Tracker	Childhood Lead Poisoning/County	https://apps.health.ny.gov/statistics/environmental/public_health_tracking/tracker/

HEALTHY AND SAFE ENVIRONMENT (CONTINUED)

Occupational Health	NYSDOH	Occupational Health Indicators/County	http://www.health.ny.gov/statistics/chac/chai/docs/occ_38.htm
Walkable Environment	The Capital District Regional Planning Commission	Creating Healthy Places in Rensselaer County/Subdivision, City, Street	http://www.cdrpc.org/2012-10_Creating_Healthy_Places_in_Rensselaer_County.pdf

HEALTHY WOMEN, INFANTS, AND CHILDREN

<i>Topic</i>	<i>Source</i>	<i>Title/Geographic Level</i>	<i>URL Website</i>
Abortions, Induced	NYSDOH, Vital Statistics	Induced Abortions/County	http://www.health.ny.gov/statistics/vital_statistics/2010/
Birth Defects	NYSDOH, Environmental Public Health Tracker	Birth Defects/ County	https://apps.health.ny.gov/statistics/environmental/public_health_tracking/tracker/
Births, Live	NYSDOH, Vital Statistics	Live Births/County, Minor Civil Division	http://www.health.ny.gov/statistics/vital_statistics/2010/
Birth Outcomes	NYSDOH, Environmental Public Health Tracker	Birth Outcomes/County	https://apps.health.ny.gov/statistics/environmental/public_health_tracking/tracker/
Cystic Fibrosis	Cystic Fibrosis Foundation	Care Center Data/County	http://www.cff.org/LivingWithCF/CareCenterNetwork/CareCenterData/
Fetal Deaths, Spontaneous	NYSDOH, Vital Statistics	Spontaneous Fetal Deaths/County	http://www.health.ny.gov/statistics/vital_statistics/2010/
Hospital Maternity-Related Procedures and Practices	NYSDOH	Hospital Maternity-Related Procedures and Practices/County	http://www.health.ny.gov/statistics/facilities/hospital/maternity/
General Maternal and Infant Health	NYSDOH	Maternal and Infant Health Indicators/County	http://www.health.ny.gov/statistics/chac/chai/docs/mih_38.htm
General Family Planning/Natality	NYSDOH	Family Planning/Natality Indicators/County	http://www.health.ny.gov/statistics/chac/chai/docs/fp_38.htm
General Child and Adolescent Health	NYSDOH	Child and Adolescent Health Indicators/County	http://www.health.ny.gov/statistics/chac/chai/docs/cah_38.htm
Perinatal Data	New York State Vital Statistics	Perinatal Data Profile/ZIP code	http://www.health.ny.gov/statistics/chac/perinatal/county/rensselaer.htm
Pregnancies	NYSDOH, Vital Statistics	Pregnancies/County	http://www.health.ny.gov/statistics/vital_statistics/2010/

MENTAL HEALTH AND SUBSTANCE ABUSE

<i>Topic</i>	<i>Source</i>	<i>Title/Geographic Level</i>	<i>URL Website</i>
Alcohol and Other Substance Abuse	NYSDOH	Tobacco, Alcohol and Other Substance Abuse Indicators/County	http://www.health.ny.gov/statistics/chac/chai/docs/sub_38.htm
Cirrhosis of the Liver	NYSDOH	Cirrhosis/Diabetes Indicators/County	http://www.health.ny.gov/statistics/chac/chai/docs/dia_38.htm
Mental Health	New York State Office of Mental Health	Mental Health Profile/County	http://bi.omh.ny.gov/cmhp/index#index
Suicides	NYSDOH	Suicide Mortality rate per 100,000/County	http://www.health.ny.gov/statistics/chac/mortality/d24.htm

INFECTIOUS DISEASE

<i>Topic</i>	<i>Source</i>	<i>Title/Geographic Level</i>	<i>URL Website</i>
Communicable Diseases	NYSDOH	Communicable Disease Indicators/County	http://www.health.ny.gov/statistics/chac/chai/docs/com_38.htm
Communicable Diseases	NYSDOH	2012 Communicable Disease Annual Reports/County	http://www.health.ny.gov/statistics/diseases/communicable/2012/
Chlamydia	NYSDOH	Chlamydia Mapping/ School Districts	http://www.health.ny.gov/statistics/diseases/communicable/std/
HIV/AIDS and Sexually Transmitted Infections	NYSDOH	HIV/AIDS and Other Sexually Transmitted Infection Indicators/County	http://www.health.ny.gov/statistics/chac/chai/docs/sti_38.htm

MISCELLANEOUS HEALTH DATA

<i>Topic</i>	<i>Source</i>	<i>Title/Geographic Level</i>	<i>URL Website</i>
Death	NYSDOH, Vital Statistics	Mortality Rates/County	http://www.health.ny.gov/statistics/vital_statistics/2010/
Death	NYSDOH, Vital Statistics	Causes of Death/County	http://www.health.ny.gov/statistics/vital_statistics/2010/
Graduation Rates	NYSED	Graduation Rate Data/County	http://www.p12.nysed.gov/irs/pressRelease/20120611/home.html
Hospital admissions, Preventable	NYSDOH	Prevention Quality Indicators/County, ZIP code	https://apps.health.ny.gov/statistics/prevention/quality_indicators/start.map

MISCELLANEOUS HEALTH DATA (CONTINUED)

Medicaid	NYSDOH	Medicaid Eligibles and Expenditures/County	http://www.health.ny.gov/statistics/health_care/medicaid/eligible_expenditures/
Oral Health	NYSDOH	Oral Health Indicators/County	http://www.health.ny.gov/statistics/chai/chai/docs/ora_38.htm
Hospital patient characteristics, diagnoses and treatments, services, and charges	The Statewide Planning and Research Cooperative System (SPARCS)	Statewide Planning and Research Cooperative System (SPARCS)/Patient level detail	http://www.health.ny.gov/statistics/sparcs/

GENERAL HEALTH

<i>Topic</i>	<i>Source</i>	<i>Title/Geographic Level</i>	<i>URL Website</i>
Behavioral Risk Factors for Health	Behavioral Risk Factor Surveillance System	Behavioral Risk Factor Surveillance System/County	http://www.health.ny.gov/statistics/brfss/
General Health	NYSDOH	Socio-Economic Status and General Health Indicators/County	http://www.health.ny.gov/statistics/chai/chai/docs/ses_38.htm
General Health	Healthy Capital District Initiative	Community Health Needs Assessment/Region, County, ZIP code groups	http://www.hcdiny.org/
General Health	Robert Wood Johnson Foundation	County Health Rankings & Roadmaps, A Healthier Nation, County by County/County	http://www.countyhealthrankings.org/app/new-york/2013/rensselaer/county/outcomes/overall/snapshot/by-rank
General Health	NYSDOH	Community Health Assessment Clearinghouse/County, ZIP code	http://www.health.ny.gov/statistics/chai/
General Health by Race/Ethnicity	NYSDOH	Health Indicators by Race/Ethnicity/County	http://www.health.ny.gov/statistics/community/minority/county/rensselaer.htm
General Health	Community Commons	Maps & Data/State, County, Census Tract, Place, ZIP code, Street	http://www.communitycommons.org/

DEMOGRAPHICS			
Population and Housing Data	The Capital District Regional Planning Commission	Basic Population and Housing Data/Census Blocks, Tracts	http://www.cdrpc.org/
Demographic Profile Summary	The Capital District Regional Planning Commission	Demographic Profile Summary/County, Cities or Towns	http://www.cdrpc.org/
COMMUNITY HEALTH RESOURCES			
Community Health Resource List	Commission on Economic Opportunity for the Greater Capital Region, Inc	Resource Handbook for Rensselaer County and Surrounding Areas/County,Address	http://www.ceo-cap.org/wp-content/uploads/2013/02/resource-guide-for-online.pdf
Community Health Resources	Capital Region Patient Advocacy	Resources, Tools/County, Address	http://www.capitalregionpatientadvocacy.com/resources.shtml
Mental Health Programs	New York State Office of Mental Health	Mental Health Programs/County, Address	http://bi.omh.ny.gov/bridges/index
Alcoholism and Substance Abuse Services	New York State Office Of Alcoholism and Substance Abuse Services	Office Of Alcoholism and Substance Abuse Services Provider Directory/County, Address	http://www.oasas.ny.gov/providerDirectory

2013 Rensselaer County Consumer Survey

For questions and comments: Please contact the Rensselaer County Department of Health at 518-270-2655.

Special thanks to Richard Kugblenu, SUNY School of Public Health Intern, for assistance with survey distribution.

Appendix C

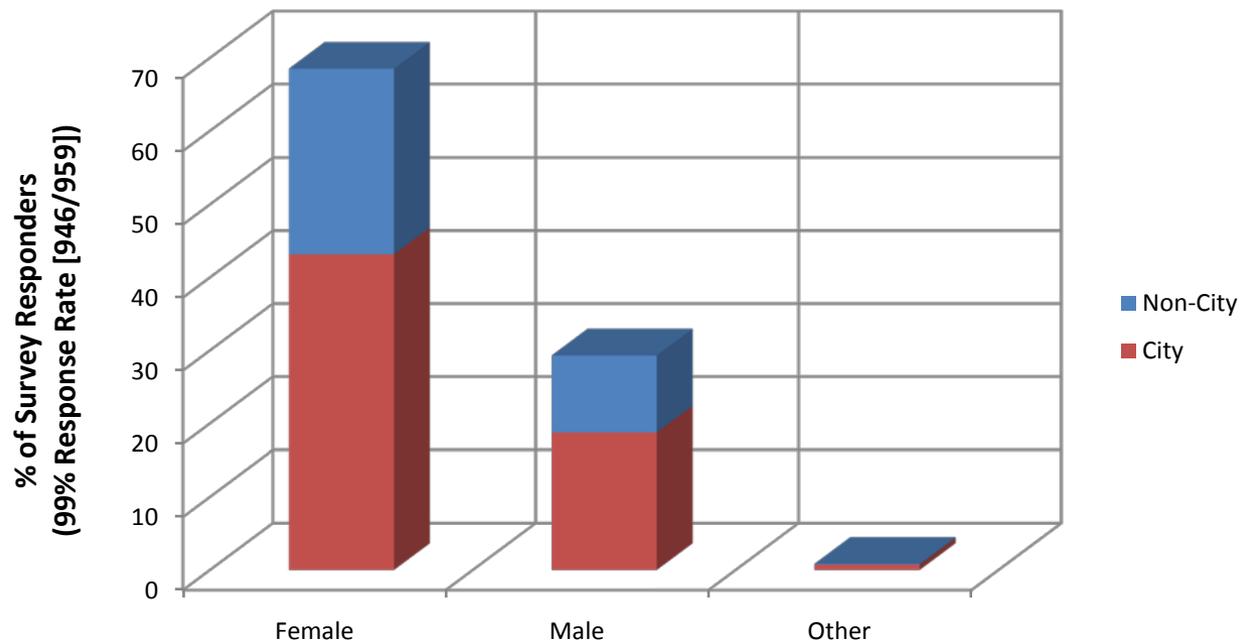
City/Town	# Responders	% Responders
Troy (Albia Brunswick Center Brunswick Eagle Mills Raymertown)	446	46.51
Averill Park (Alps Burden Lake Dunhan Hollow)	27	2.82
Berlin	7	0.73
Hoosick Falls (Boyntonville Wallomsac)	38	3.96
Brainard	1	0.1
Buskirk	2	0.21
Castleton on Hudson	28	2.92
Cropseyville	8	0.83
Eagle Bridge	1	0.1
East Greenbush	30	3.13
East Nassau	5	0.52
Grafton	6	0.63
Johnsonville	15	1.56
Troy (Lansingburg Pleasantdale Speigletown)	66	6.88
Melrose	7	0.73
Nassau	30	3.13
Petersburg	11	1.15
Poestenkill	9	0.94
Rensselaer	95	9.91
Sand Lake	8	0.83
Schaghticoke	17	1.77
Schodack Landing	3	0.31
Stephentown	10	1.04
Troy	2	0.21
Valley Falls	15	1.56
West Sand Lake	17	1.77
Wynantskill	55	5.74

City/Rural Status	# Responders	% Responders
City (Troy and Rensselaer)	609	63.5
Non-City (All other Locales)	350	36.5

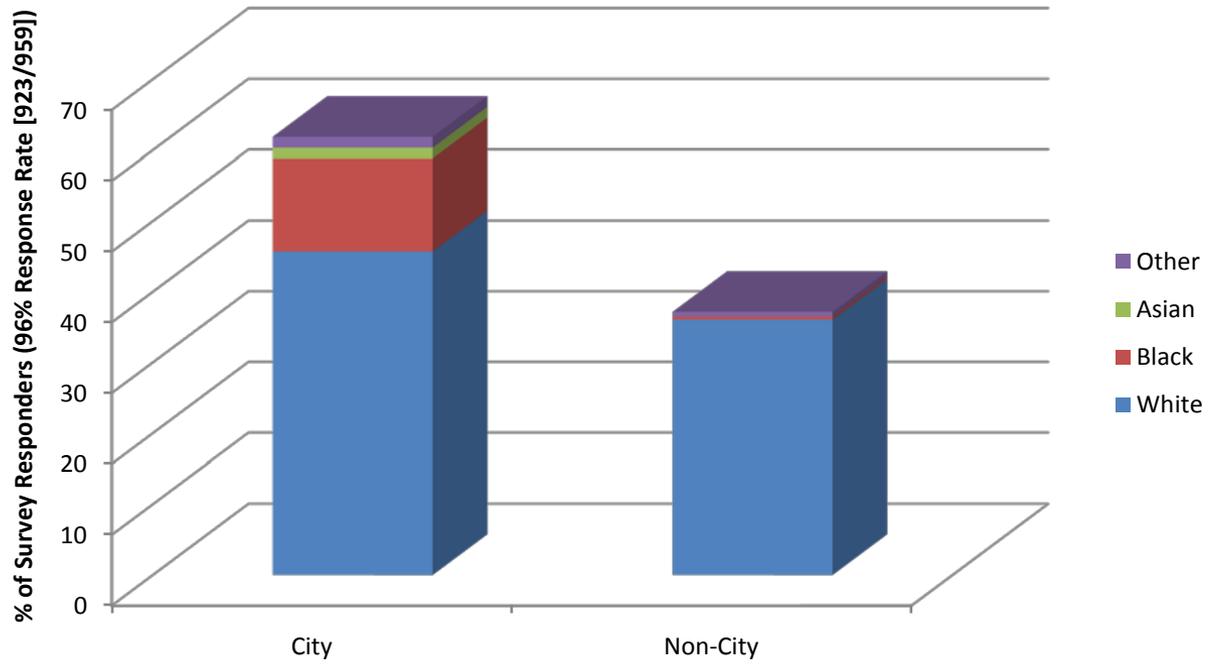
City and rural areas were separated to identify differences that could exist.

ChiSq: Not Significant

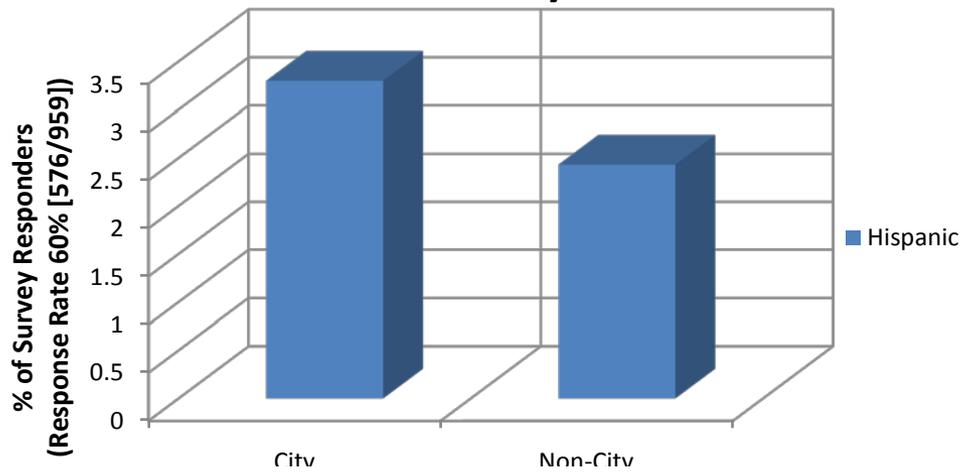
Gender



Race

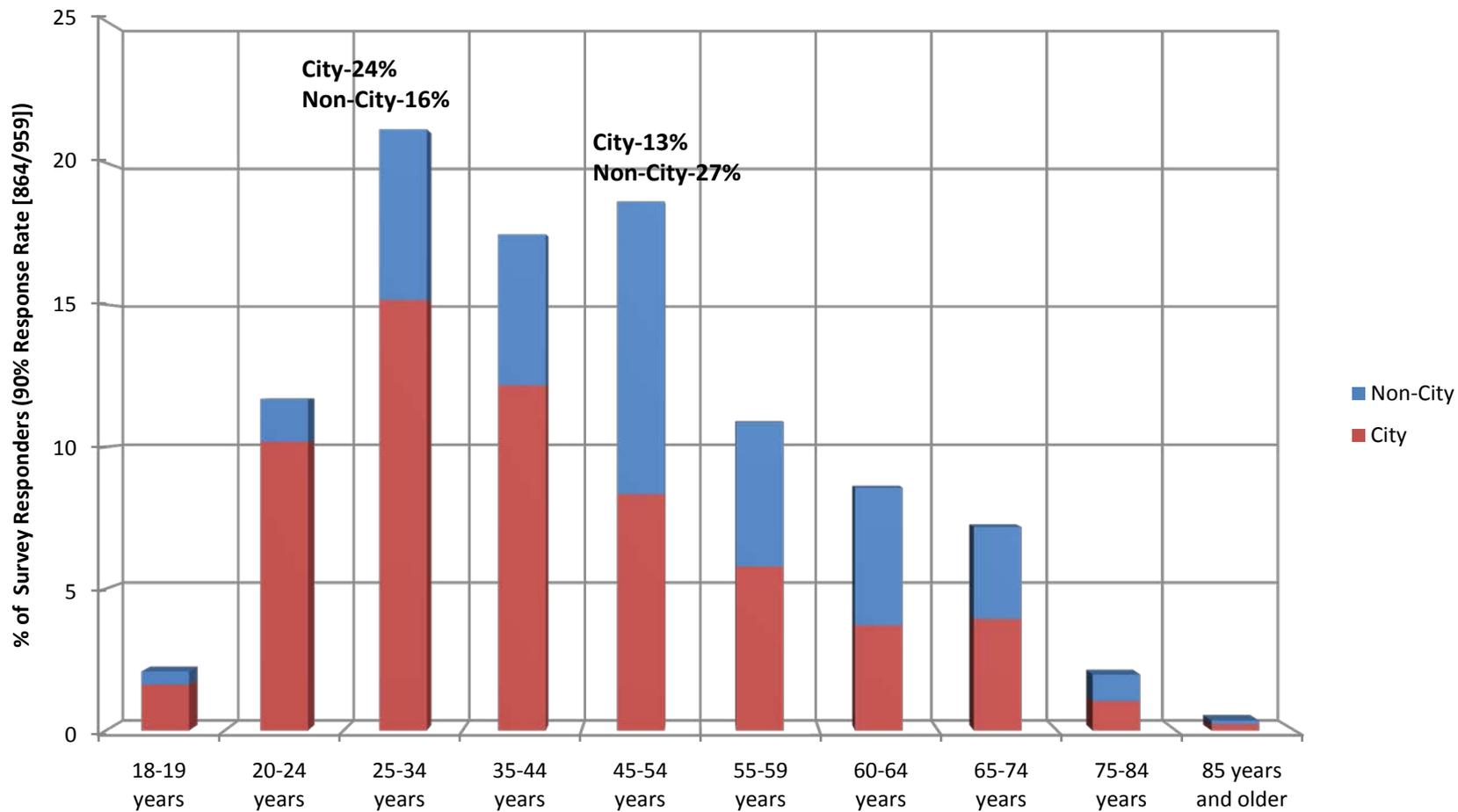


Ethnicity



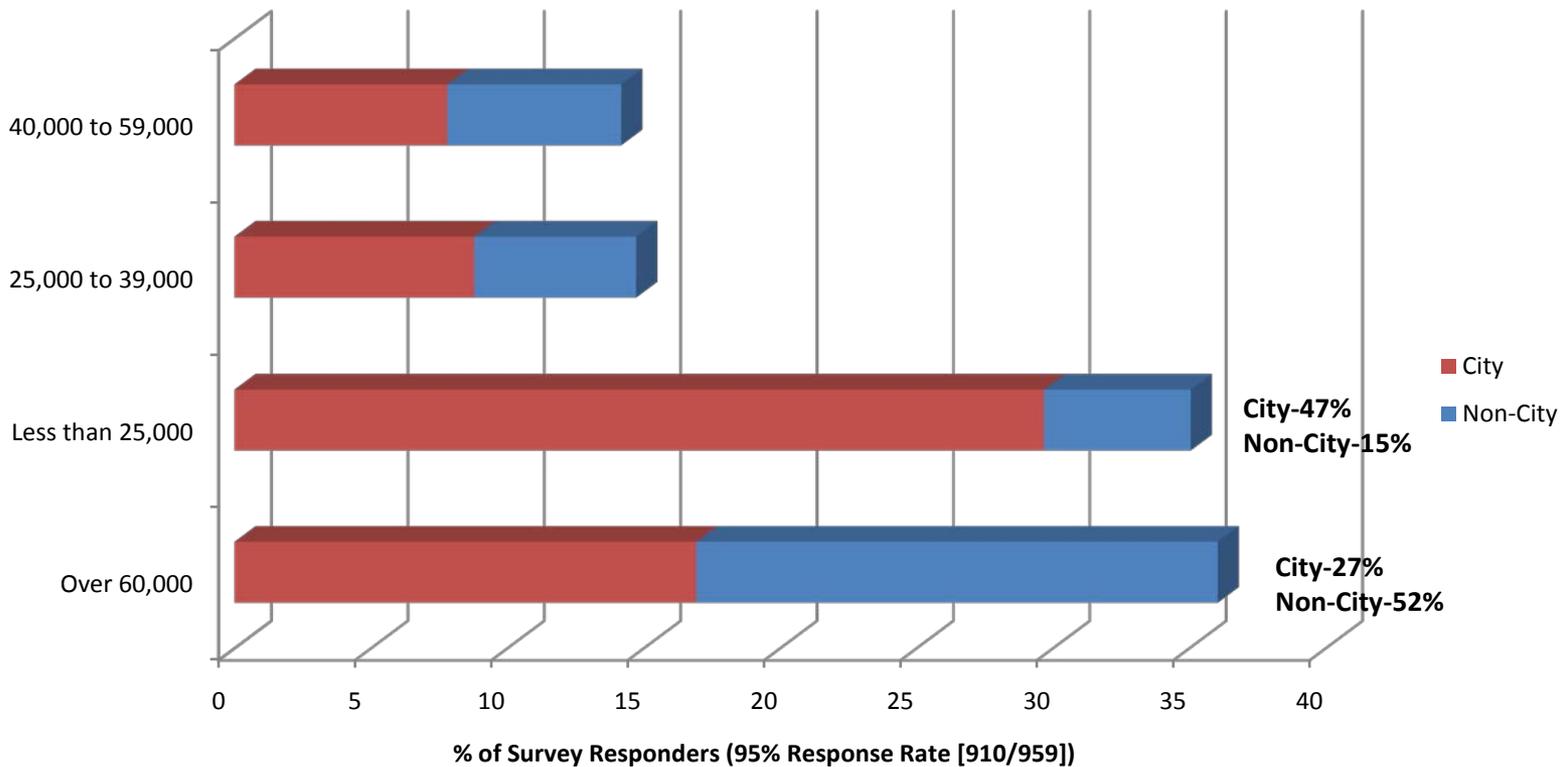
ChiSq: < .0001

Age



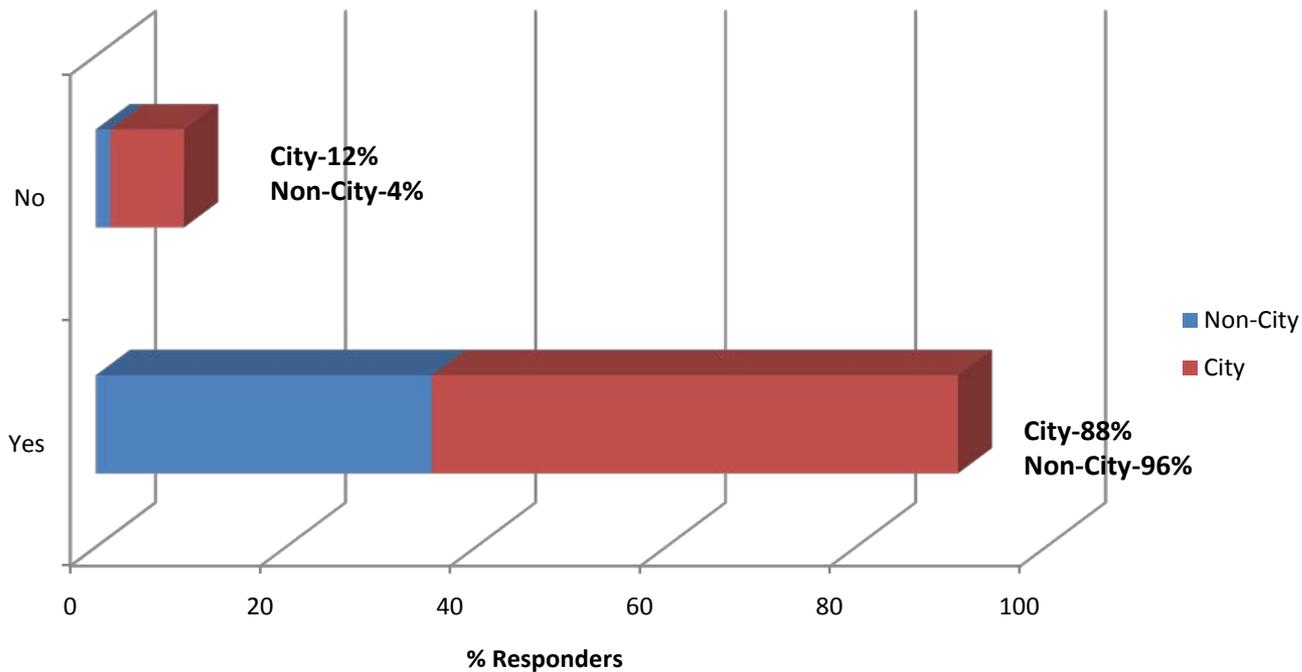
ChiSq: < .0001

Estimated 2012 household income



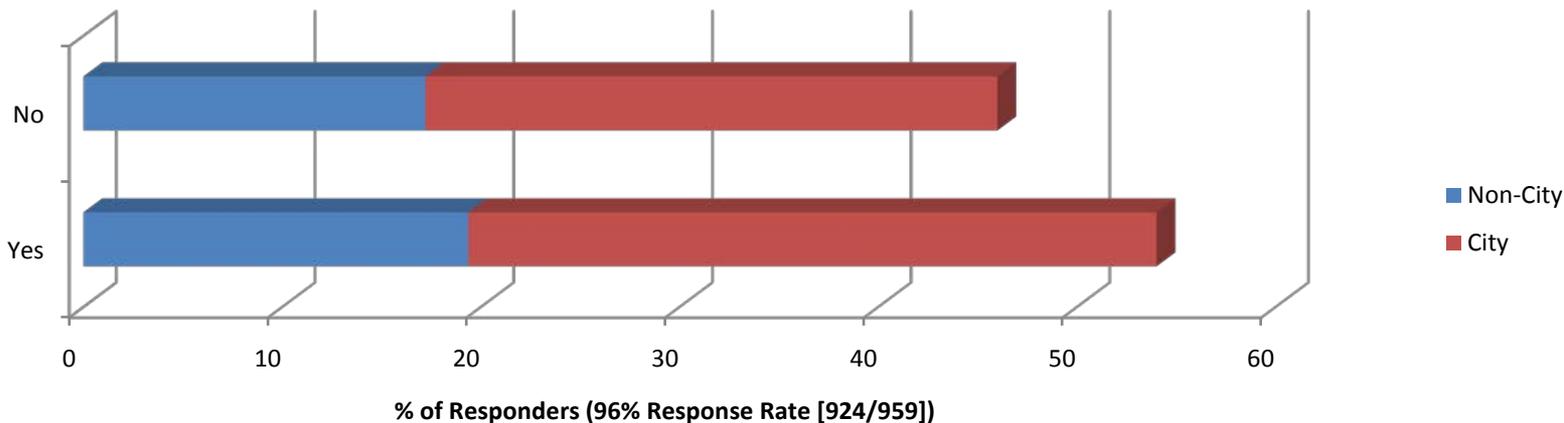
ChiSq: < .0001

Do you have health insurance?



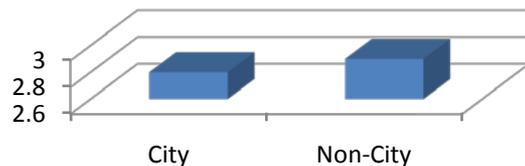
ChiSq: Not significant

Are you a main caregiver?

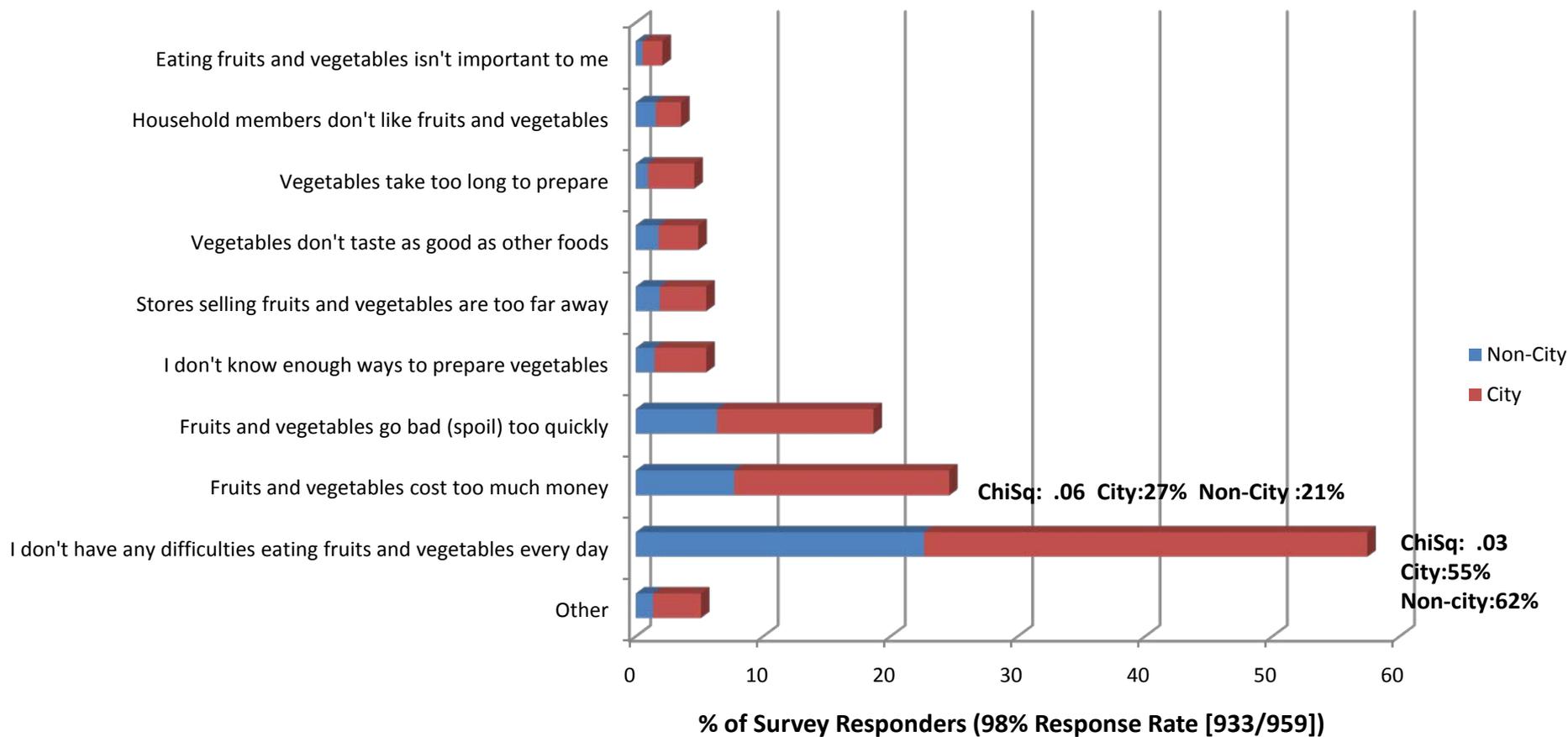


Number of people living in your household (include yourself)

Mean Number of People



What makes it difficult for you to eat fruits and vegetables every day (even if you do eat them every day)?

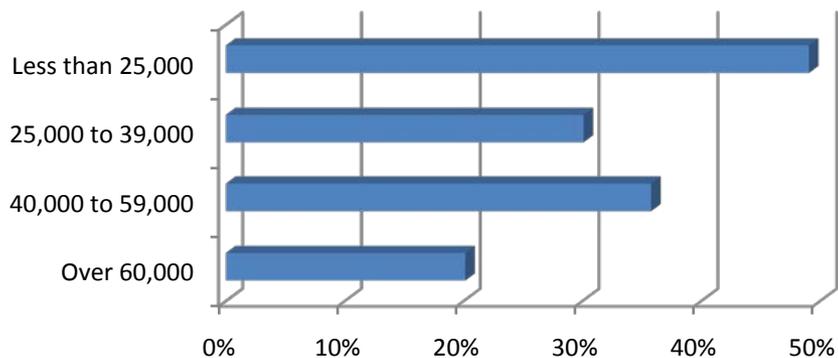


Poor health	7
Poor quality produce	7
Produce eaten too quickly	2
Other	8

What makes it difficult for you to eat fruits and vegetables every day (even if you do eat them every day)?

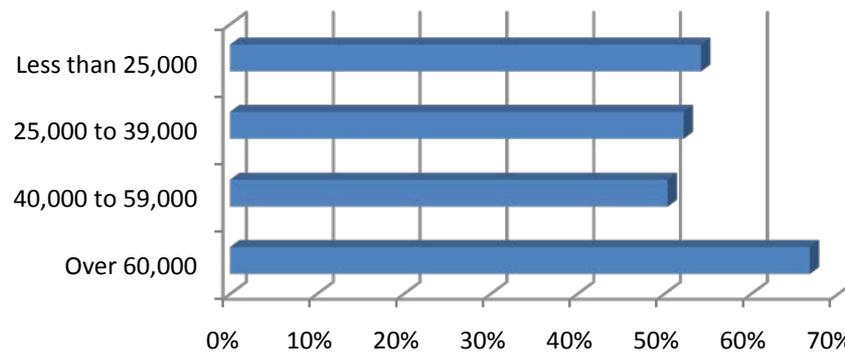
(options that are statistically significant (Chi-Square >.05) for Income)

Fruits and Vegetables Cost Too Much Money



% Survey Responders Among Income Category*

I don't have difficulties eating fruits and vegetables every day

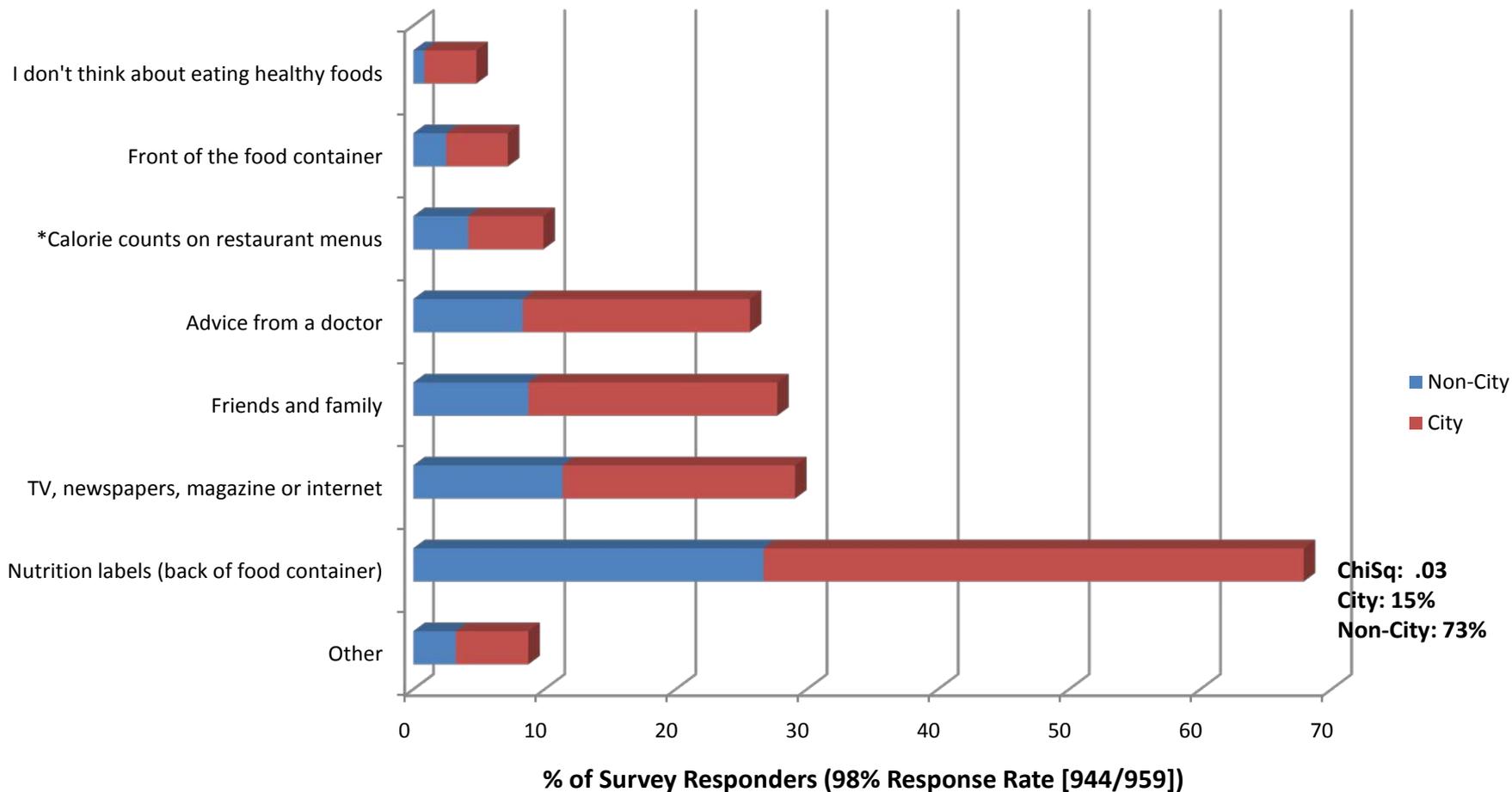


% Survey Responders Among Income Category*

*% Survey Responders Among Income Category:

(# in income category who responded yes to option indicated)/
(total # in income category)

Which of the following help you decide if a food is healthy?



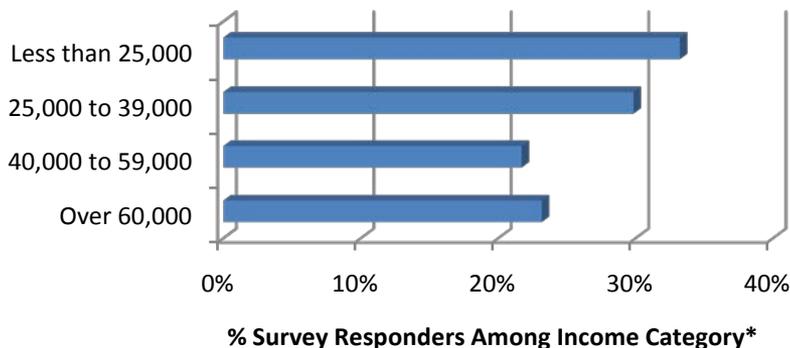
* Only included on paper surveys (708)

Self Education	29	If it is Fresh/Local/Organic	9	Weight Watchers	3
I Just Know	16	Community Program	5	Not Important	2
College	9	Nutritionist	3	Other	9

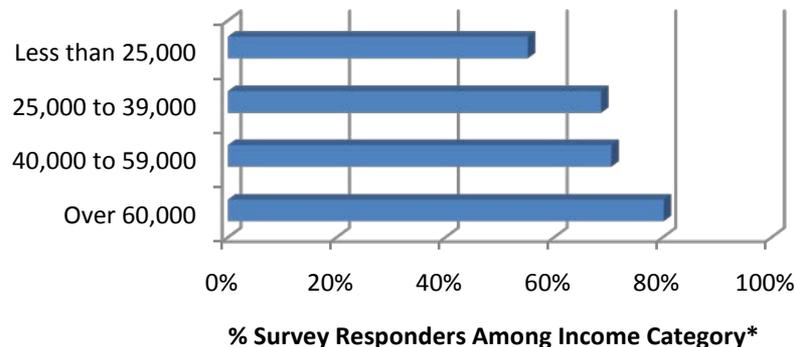
Which of the following help you decide if a food is healthy?

(options that are statistically significant (Chi-Square >.05) for Income)

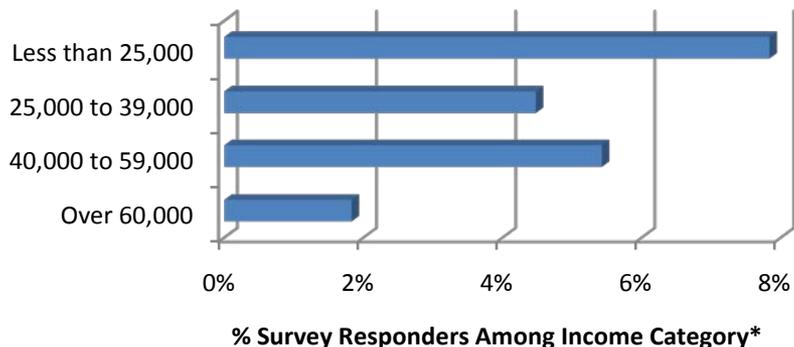
Friends and Family



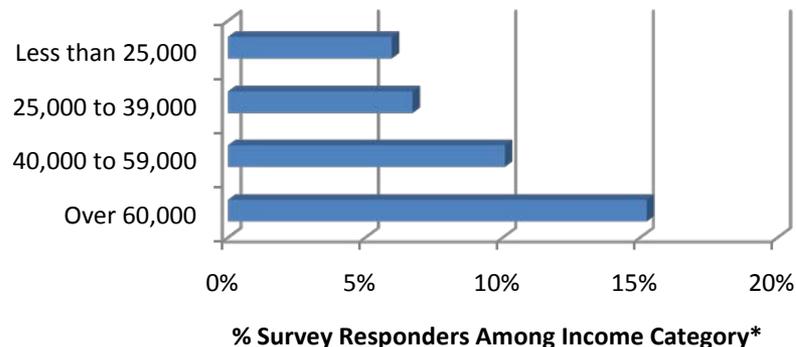
Nutrition Labels (back of food container)



I don't think about eating healthy foods



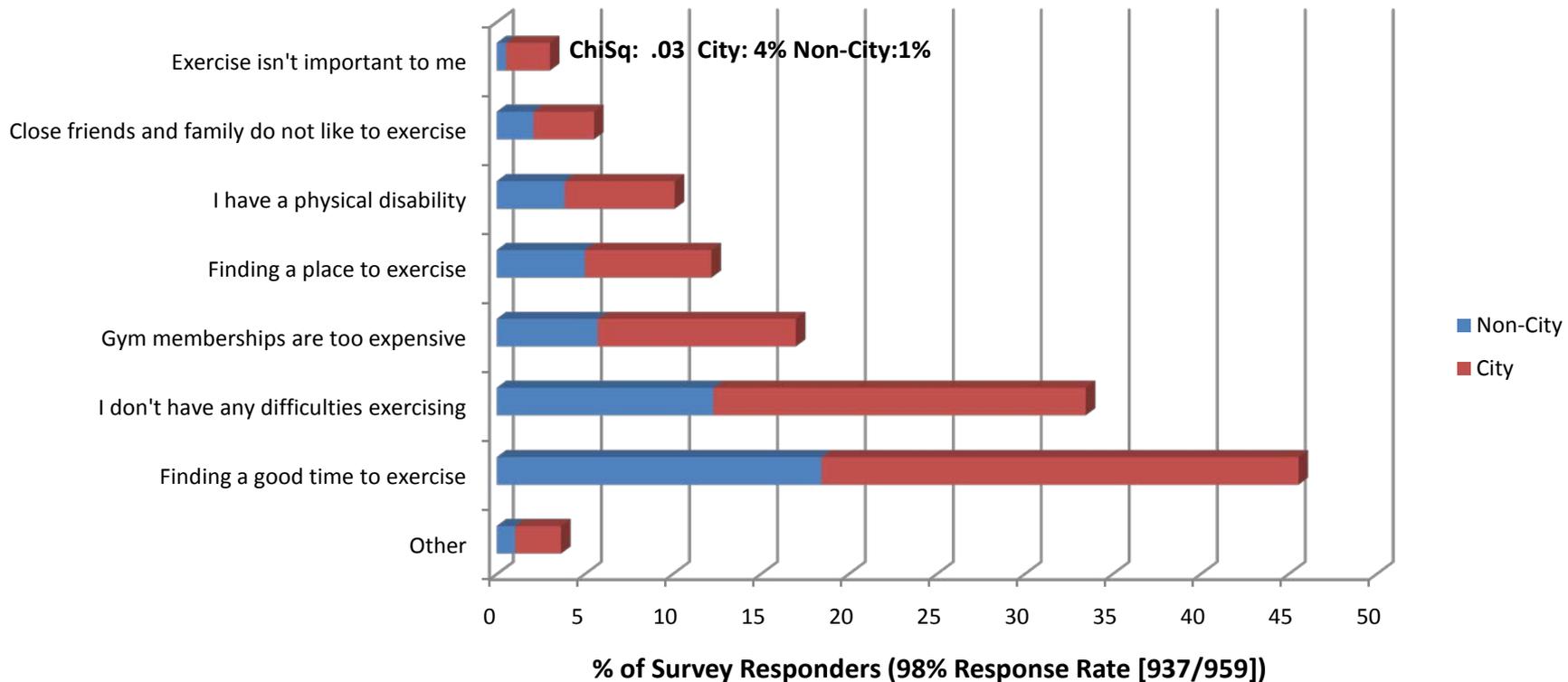
Calorie Counts on Restaurant Menus



*% Survey Responders Among Income Category:

(# in income category who responded yes to option indicated)/
(total # in income category)

What makes it difficult for you to exercise (even if you do exercise)?

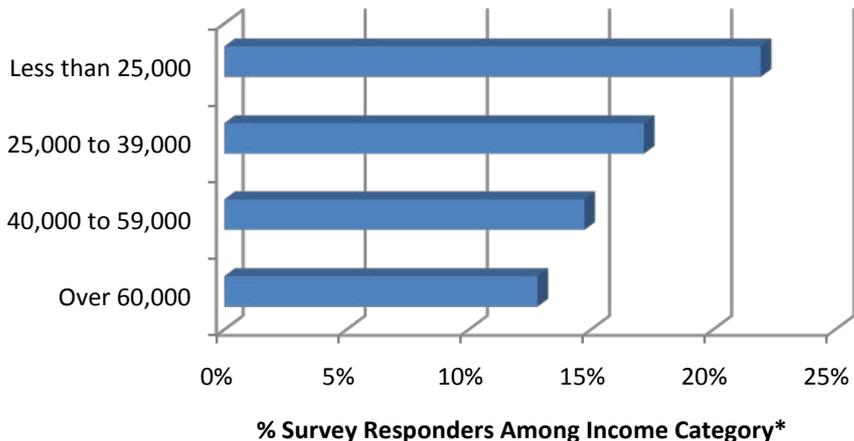


Lazy/No Motivation	1	Labor Job	2
	5		
Too Tired/Exhausted	5	Transportation	2
Don't Like It	3	Other	5

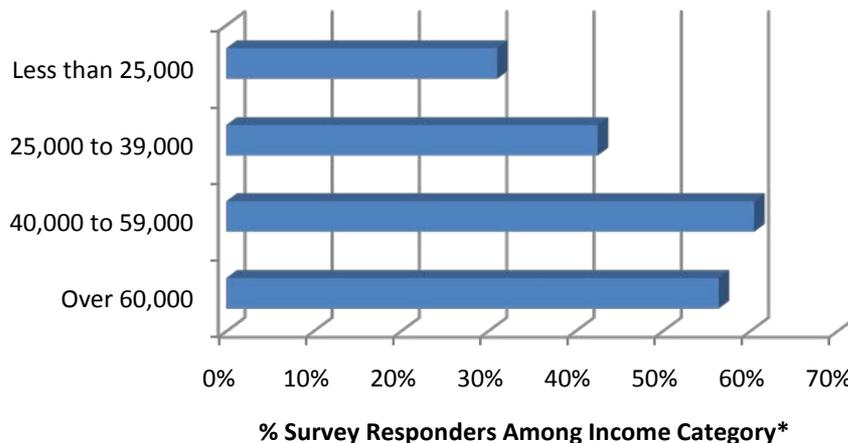
What makes it difficult for you to exercise (even if you do exercise)?

(options that are statistically significant (Chi-Square >.05) for Income)

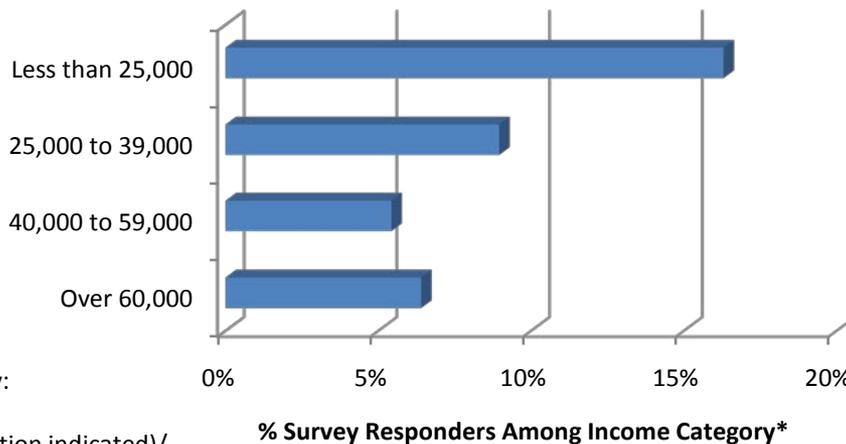
Gym Memberships Are Too Expensive



Finding a Good Time To Exercise



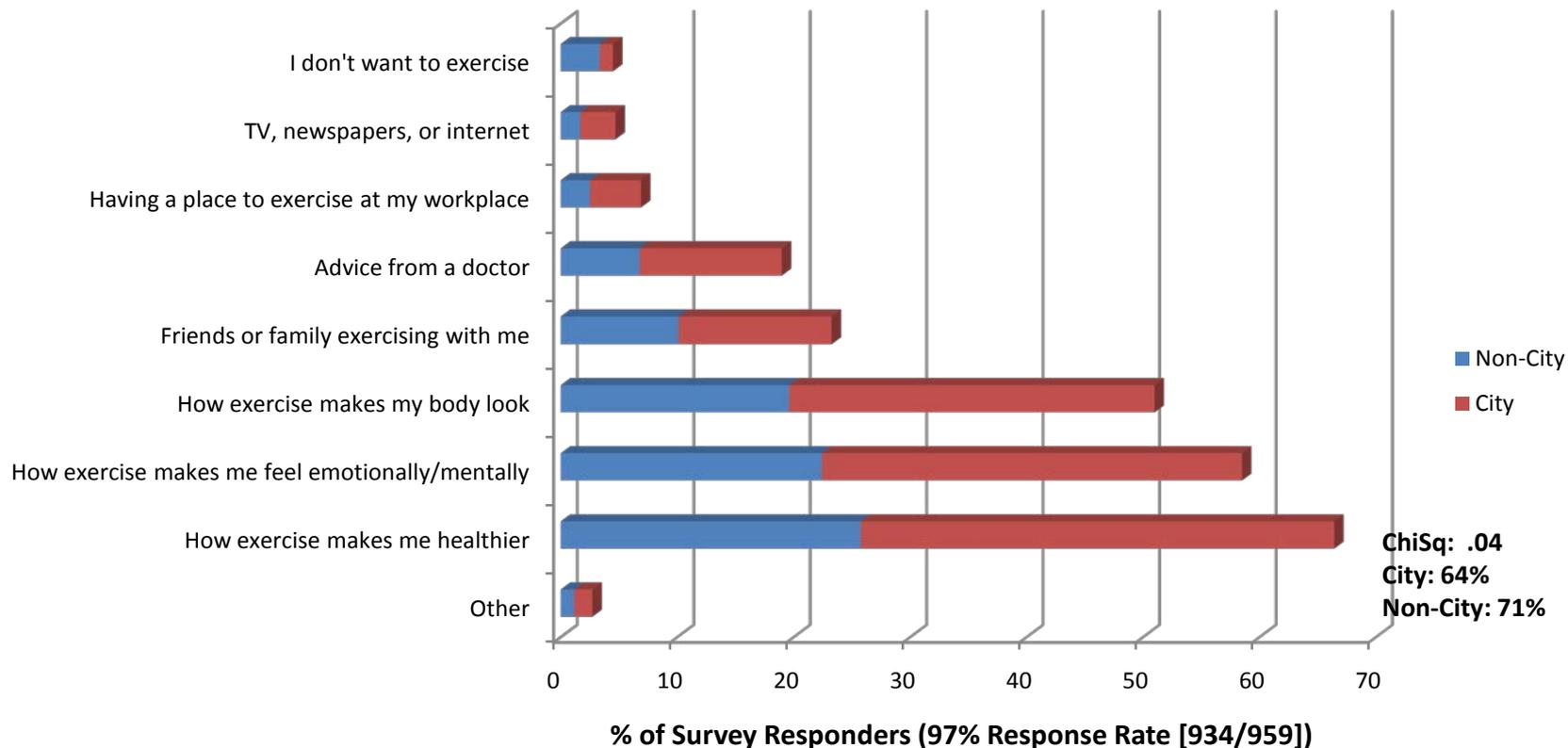
I Have a Physical Disability



*% Survey Responders Among Income Category:

(# in income category who responded yes to option indicated)/
(total # in income category)

Which of the following makes you want to exercise?

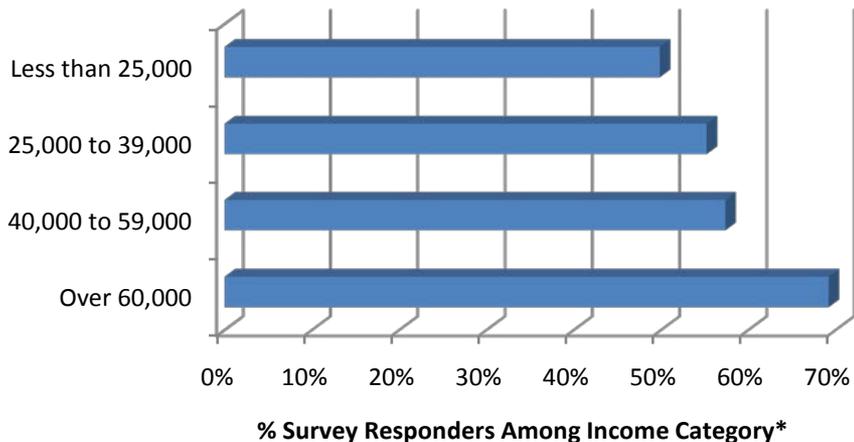


I can eat more	3	Getting Outdoors	1	Research	1
Boredom	1	Ability to do exercises that I enjoy	1	Role models	1
Commitment and Incentive	1	Bike friendly roads and walk-able environments	1	Other	5
Enough money for memberships	1	Green Parks/Free Activities	1		
Yard Work	1				
Football and Basketball	1				

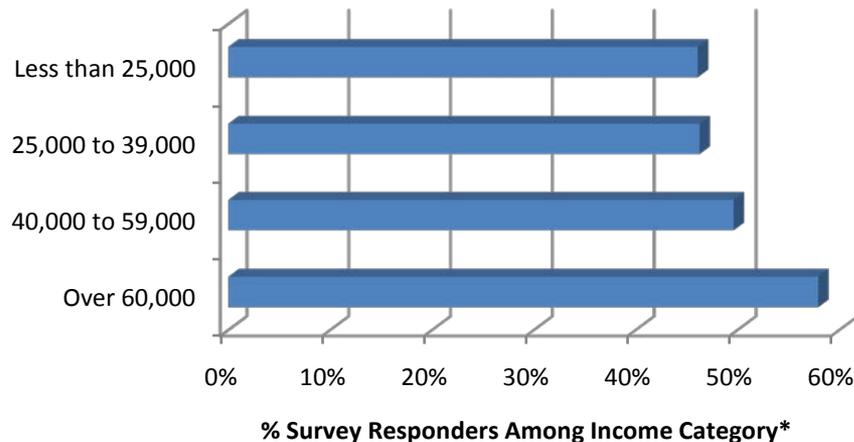
Which of the following makes you want to exercise?

(options that are statistically significant (Chi-Square >.05) for Income)

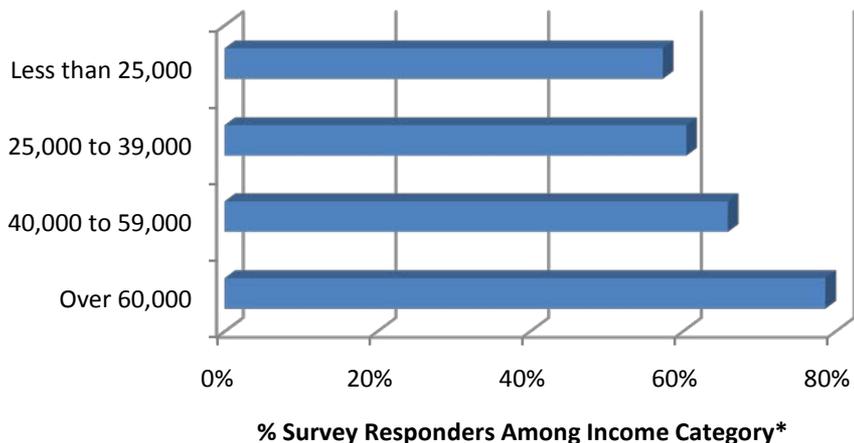
How Exercise Makes Me Feel Emotionally/Mentally



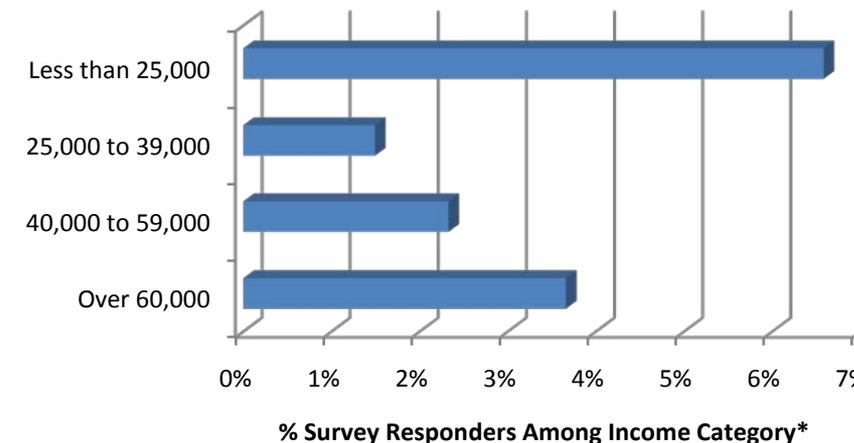
How Exercise Makes My Body Look



How Exercise Makes Me Healthier



I Don't Want To Exercise



% Survey Responders Among Income Category*

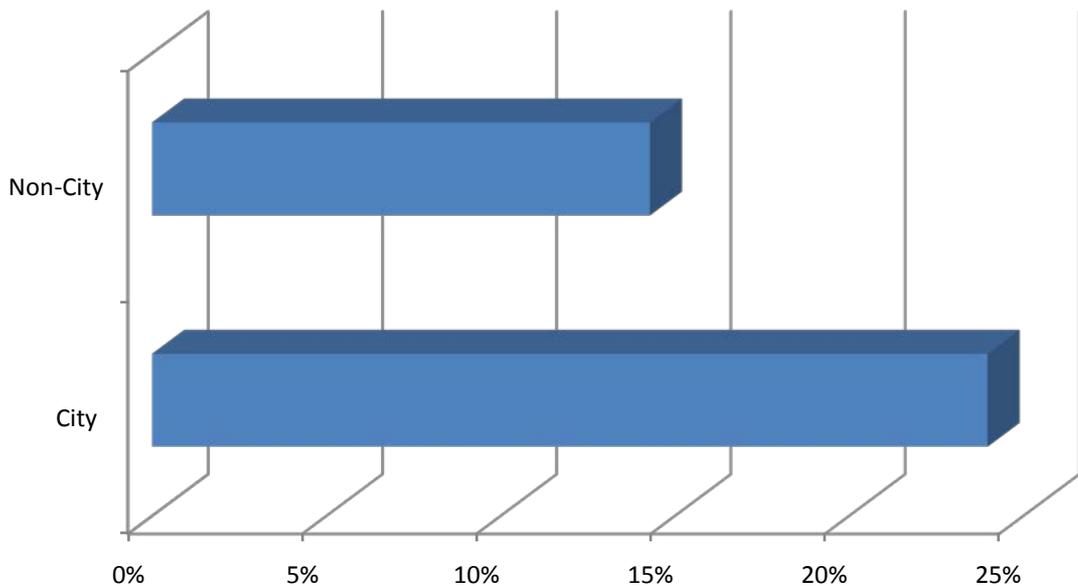
% Survey Responders Among Income Category*

*% Survey Responders Among Income Category:

(# in income category who responded yes to option indicated)/
(total # in income category)

ChiSq:
<.001

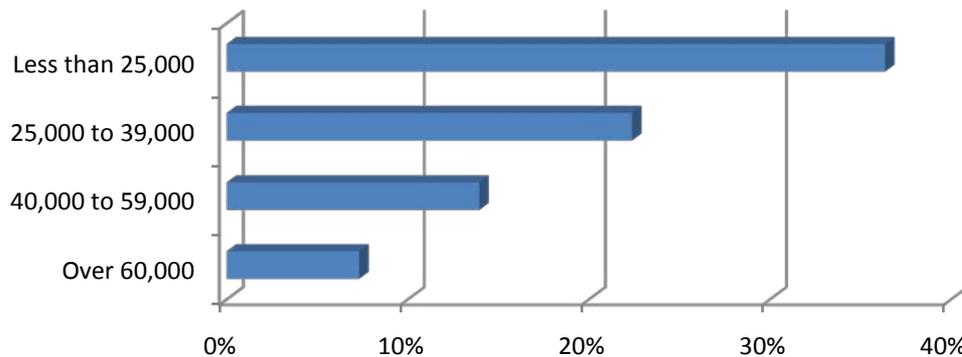
Do you smoke a tobacco product now?



% of Survey Responders Who Reported Smoking for More than 1 Month and Currently Smoke a Tobacco Product (45% Response Rate [431/959])

Do You Smoke a Tobacco Product Now?

(statistically significant (Chi-Square >.05) for Income)

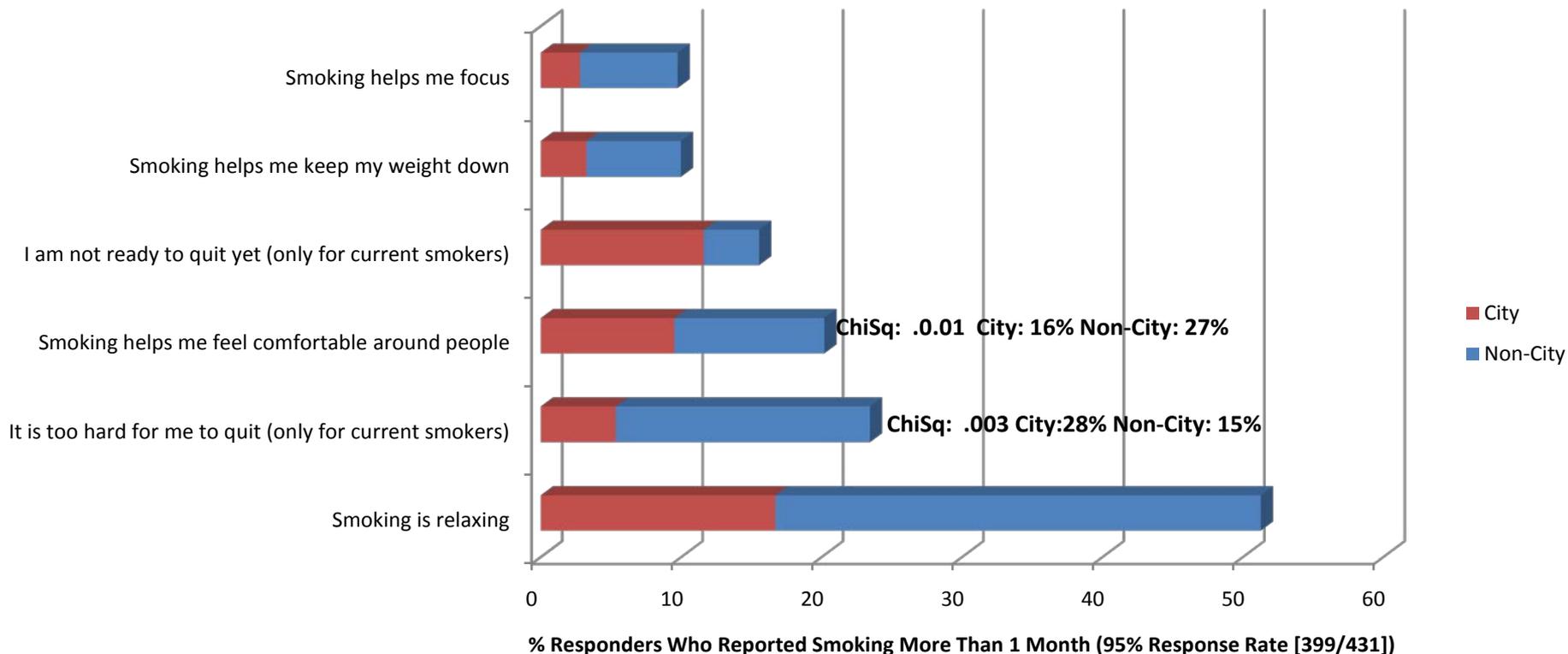


% Survey Responders Who Reported Smoking for More than 1 Month and Currently Smoke a Tobacco Product Among Income Category*

*% Survey Responders Among Income Category:

(# in income category who responded yes to option indicated)/
(total # in income category)

Why do or did you smoke? (Please Check All That Apply)

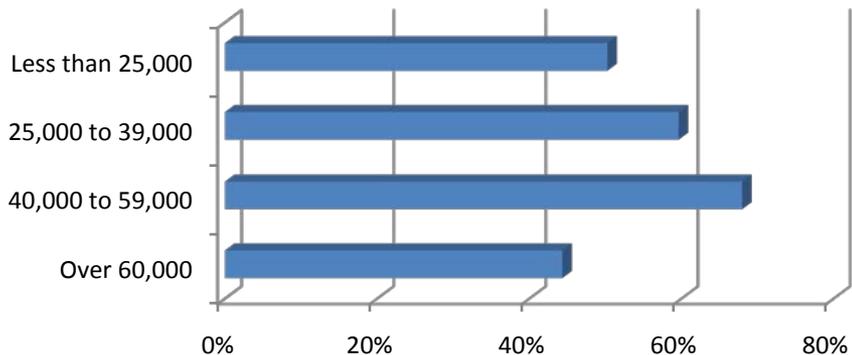


Addicted	4	I like to smoke	2	Parent smoked	1
No reason	4	I don't know	2	To prove I could quit to smoking family members	1
Youth	4	Only way I got a break at work	1	It felt "grown up" and helped stimulate me	1
Bored	2	Peer pressure	1	Military 1975	1
Curiosity	2				

Why do or did you smoke? (Please Check All That Apply)

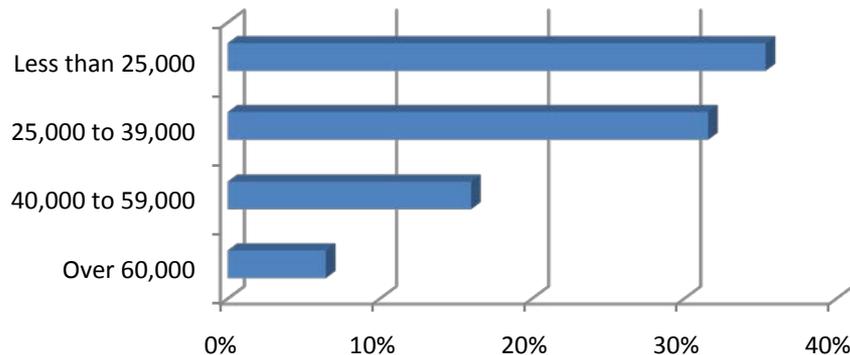
(options that are statistically significant (Chi-Square >.05) for Income)

Smoking is Relaxing



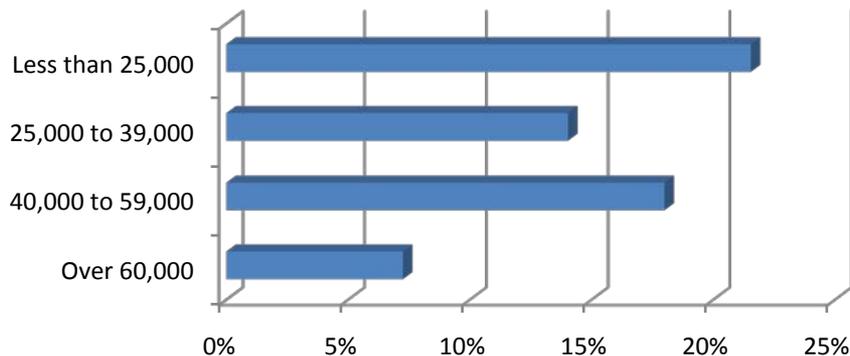
% Survey Responders Who Reported Smoking >1 month Among Income Category*

It is Too Hard For Me To Quit



% Survey Responders Who Reported Smoking >1 month Among Income Category*

I Am Not Ready To Quit Yet



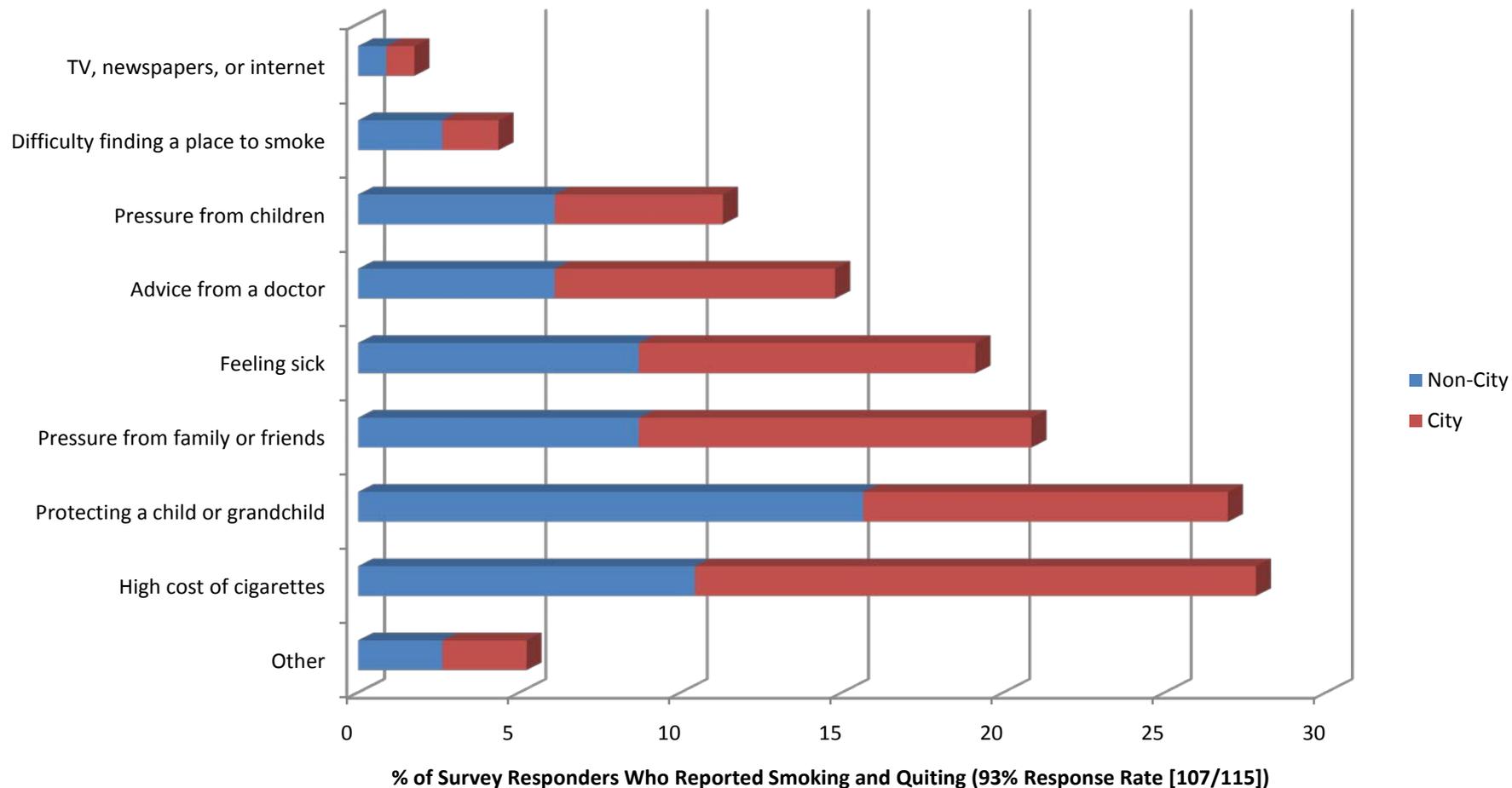
% Survey Responders Who Reported Smoking >1 month Among Income Category*

*% Survey Responders Among Income Category:

(# in income category who responded yes to option indicated)/
(total # of survey responders in income category)

ChiSq: None
Significant

If you did quit, what motivated you? (Please check all that apply)

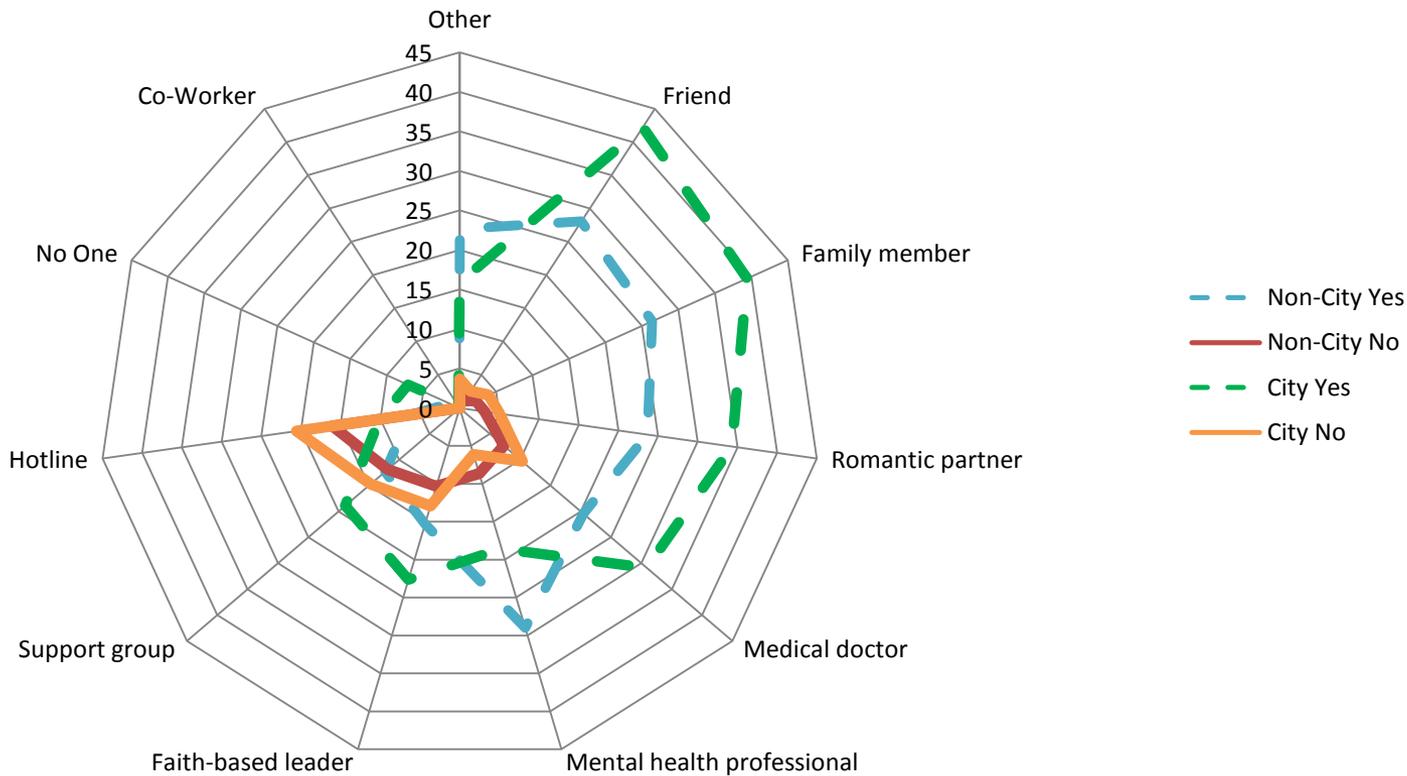


Health	25	Smelling/Looking Good	2
Just Wanted To/For Me	6	Other	6
Didn't Enjoy Smoking	5		

No income breakdown was performed because no options were statistically significant or there were not enough respondents for each option to calculate statistical significance using a Chi-Squared test.

ChiSq: All < .05

Would you talk to the following people for emotional support? (please check yes, no, or not applicable for each option)

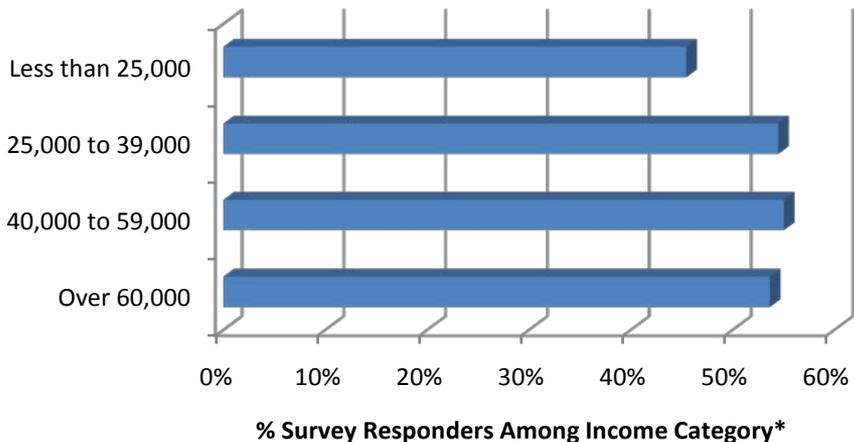


Co-Worker	3	Other	
No One	81		

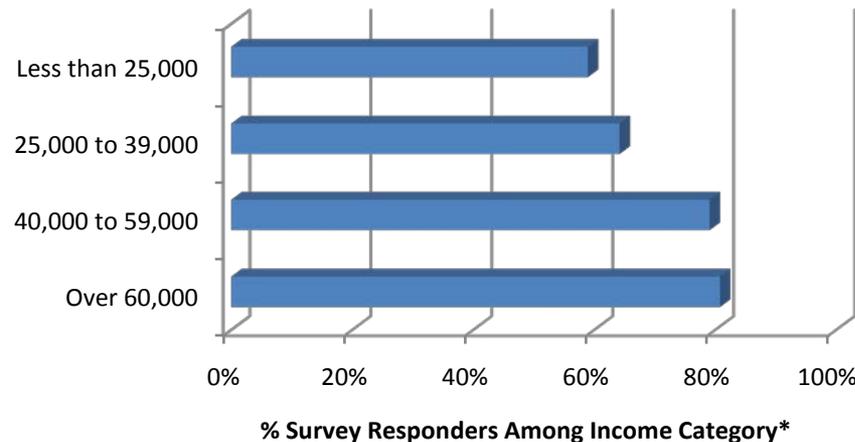
Would you talk to the following people for emotional support? (please check yes, no, or not applicable for each option)

(options that are statistically significant (Chi-Square >.05) for Income)

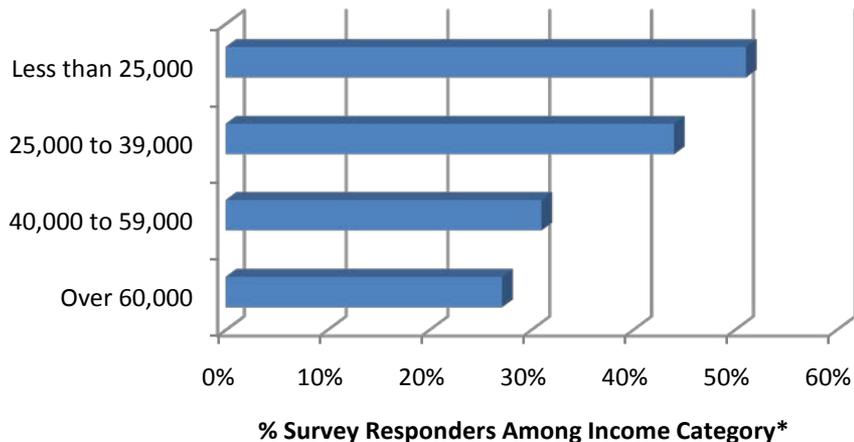
Medical Doctor



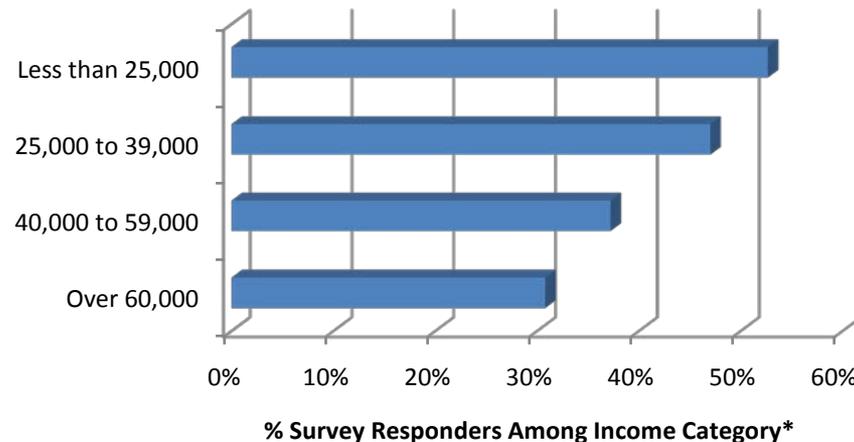
Friend



Faith Based Organization



Support Group

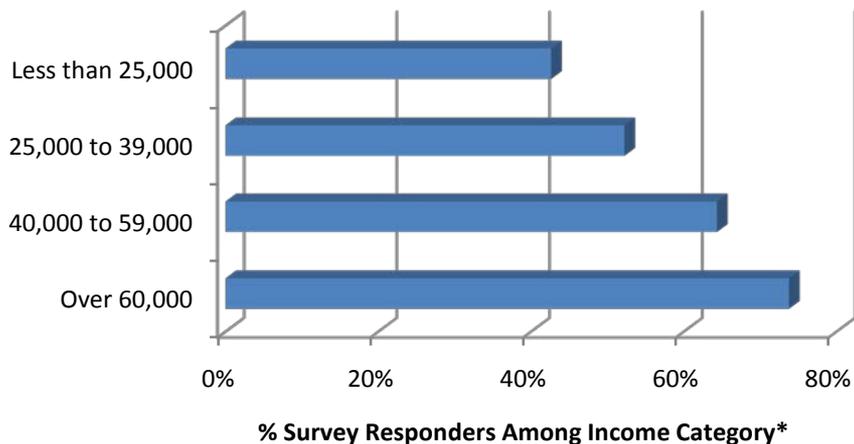


*% Survey Responders Among Income Category:(# in income category who responded yes to option indicated)/(total # of survey responders in income category)

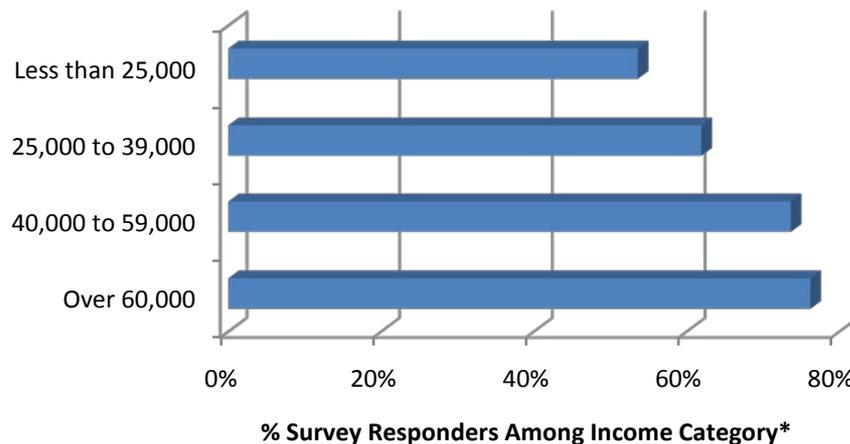
Would you talk to the following people for emotional support? (please check yes, no, or not applicable for each option)

(options that are statistically significant (Chi-Square >.05) for Income)

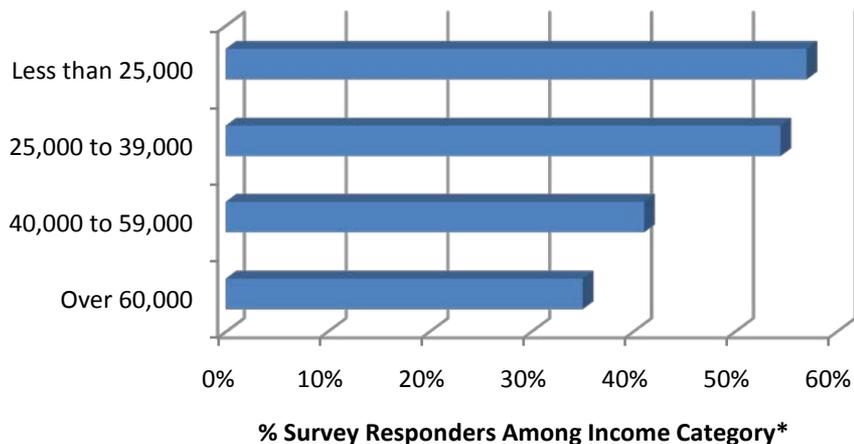
Romantic Partner



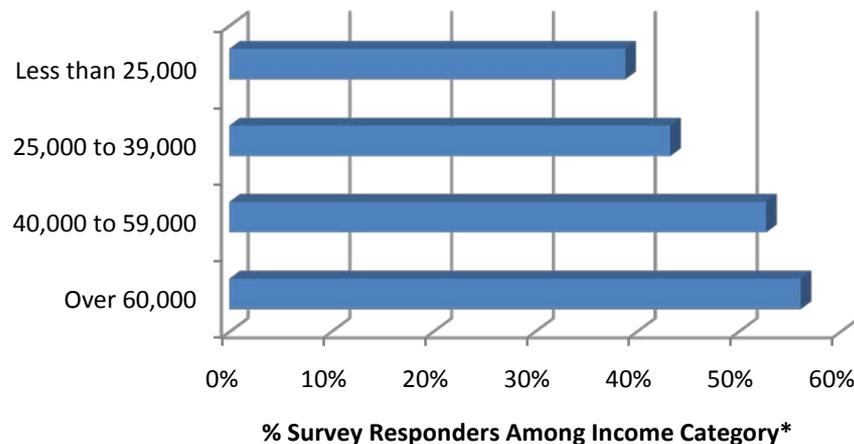
Family



Hotline



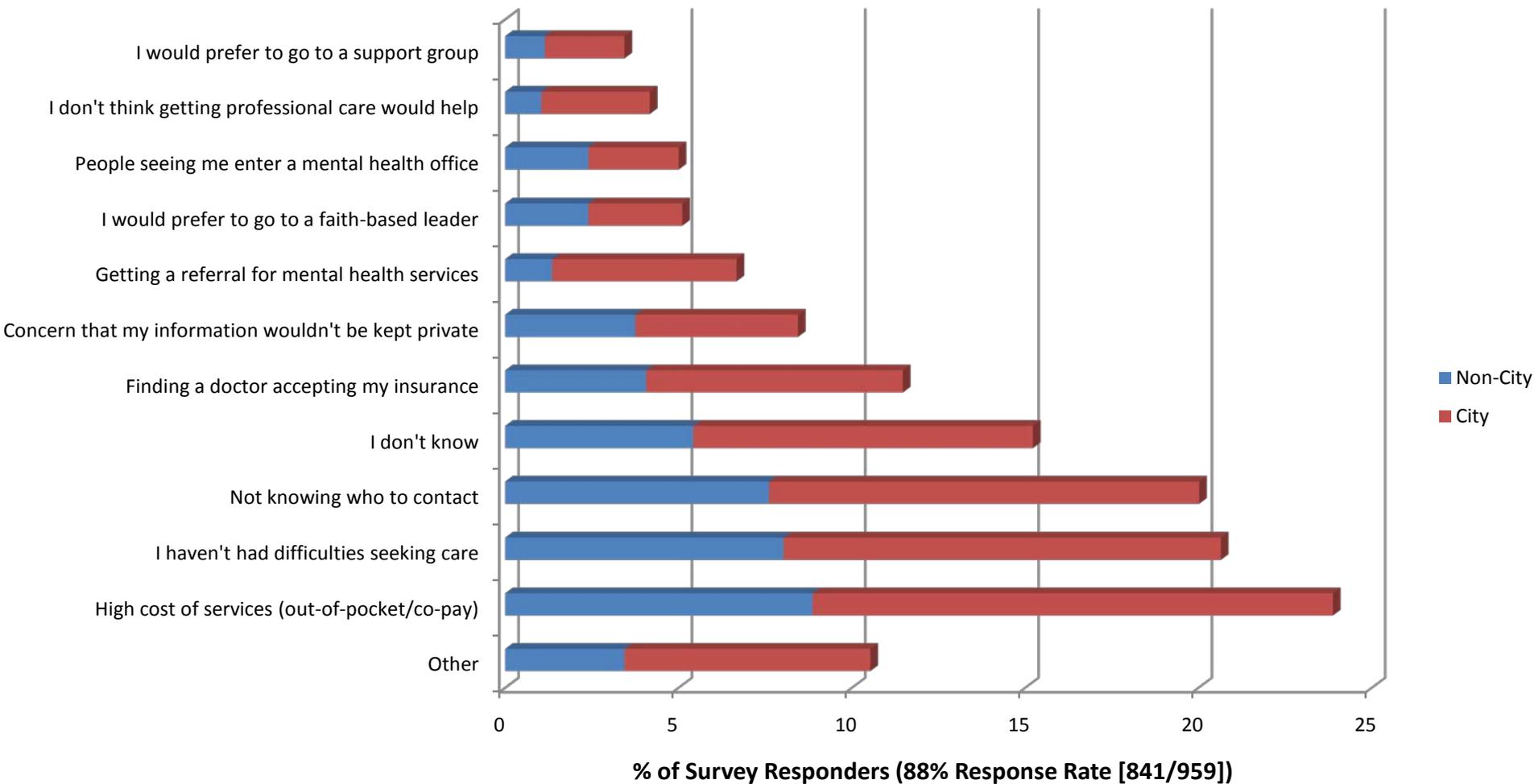
Mental Health Professional



*% Survey Responders Among Income Category:(# in income category who responded yes to option indicated)/(total # of survey responders in income category)

ChiSq: None
Significant

What might make it difficult for you to seek mental/emotional health or substance abuse services?

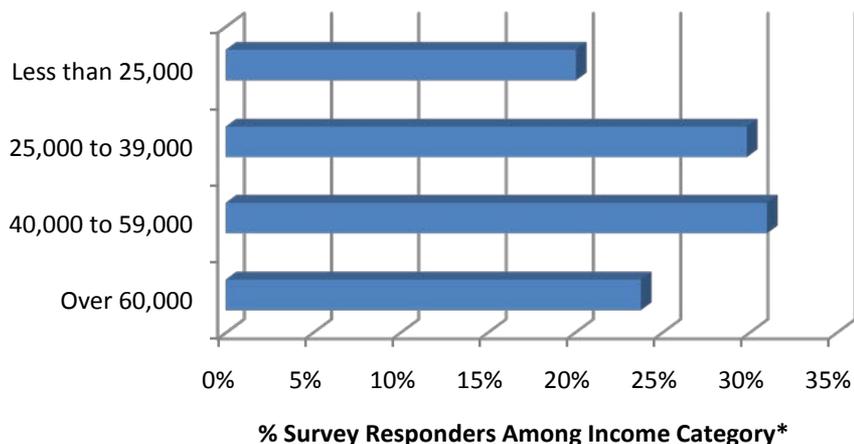


I have not or would not have difficulties	19	I don't want to talk to anyone	3
I don't need services	13	I was or would be embarrassed	3
Privacy	9	I don't want to talk to professionals	2
Finding a good professional	4	Other	6
I had a bad experience	4		

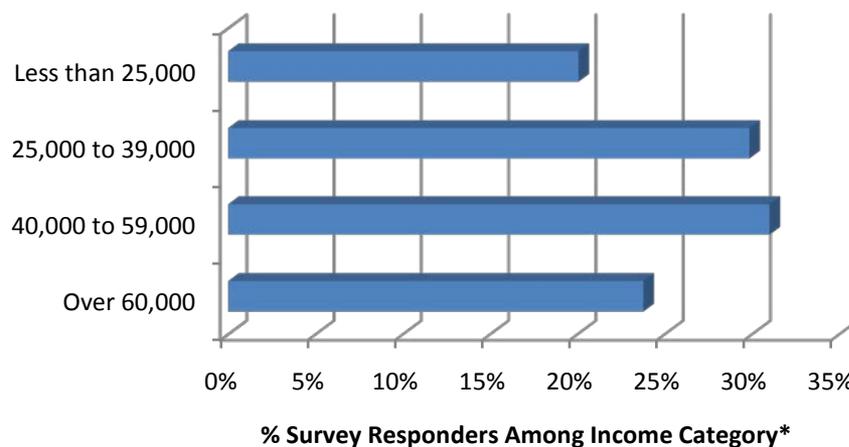
What might make it difficult for you to seek mental/emotional health or substance abuse services?

(options that are statistically significant (Chi-Square >.05) for Income)

High Cost of Services (Out-Of-Pocket/Co-Pay)



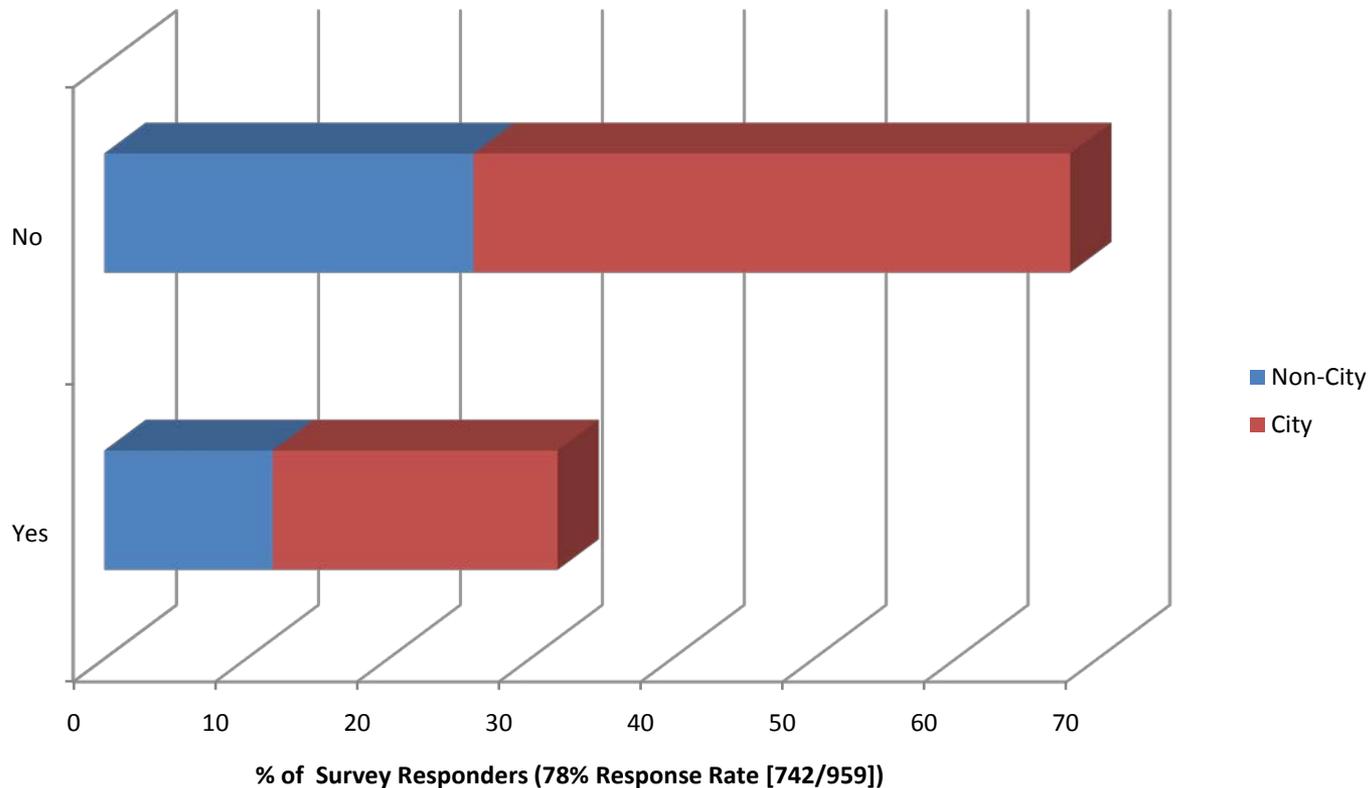
People Seeing Me Enter a Mental Health Office



*% Survey Responders Among Income Category:
 (# in income category who responded yes to option indicated)/
 (total # of survey responders in income category)

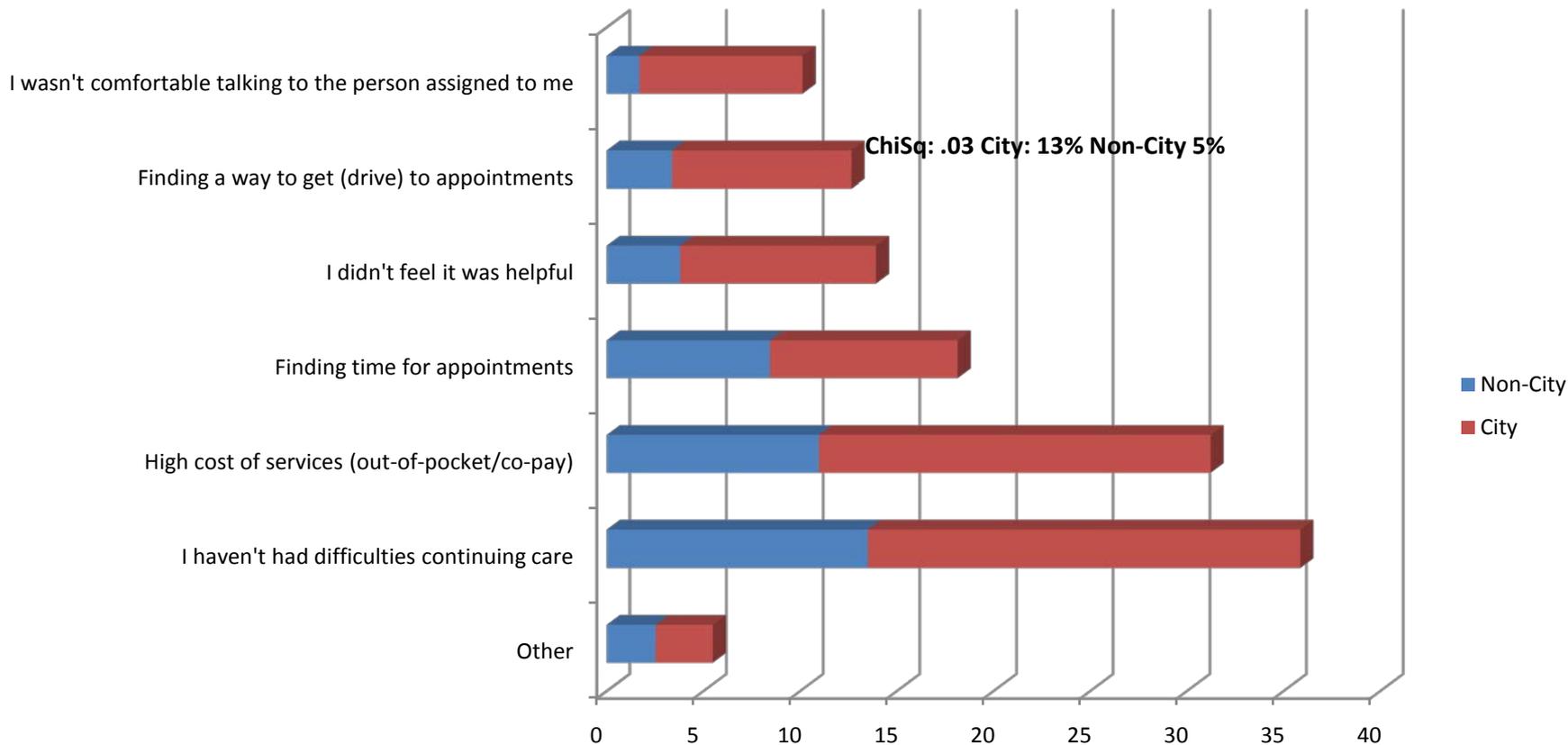
ChiSq: Not significant

Have you ever received mental health services?



There were no statistically significant differences among income categories.

If you have received mental health services, what has made it difficult for you to continue?



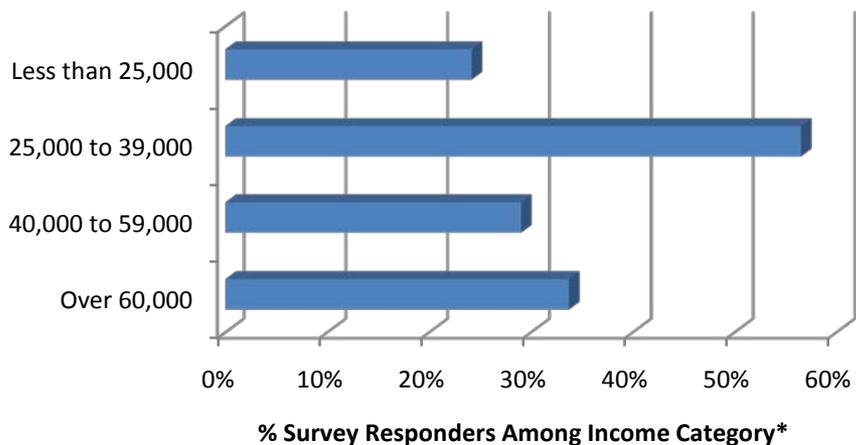
% of Survey Responders Who Reported Receiving Mental Health Services (99% Response Rate [234/237])

I moved	2	Myself-follow through	1	Too many steps to get help	1
I give it to God	1	Repetitive Questions	1	Professionals with emotional baggage or agenda	1
Stigma, but still continuing services	1	Professional moved	1	Other	5

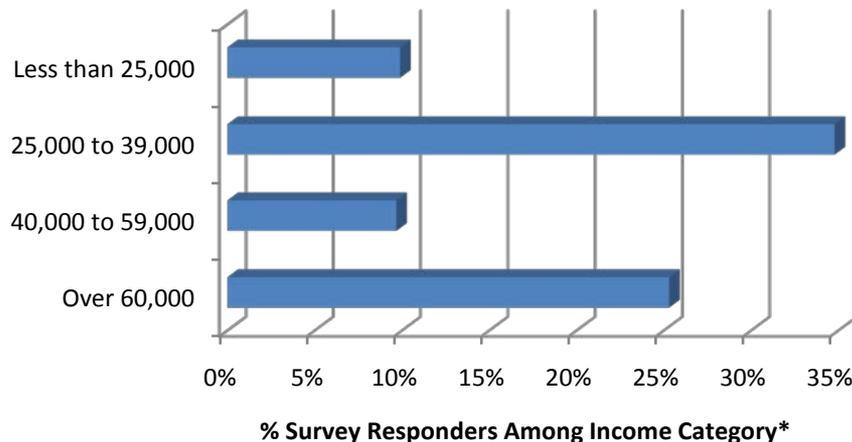
If you have received mental health services, what has made it difficult for you to continue?

(options that are statistically significant (Chi-Square >.05) for Income)

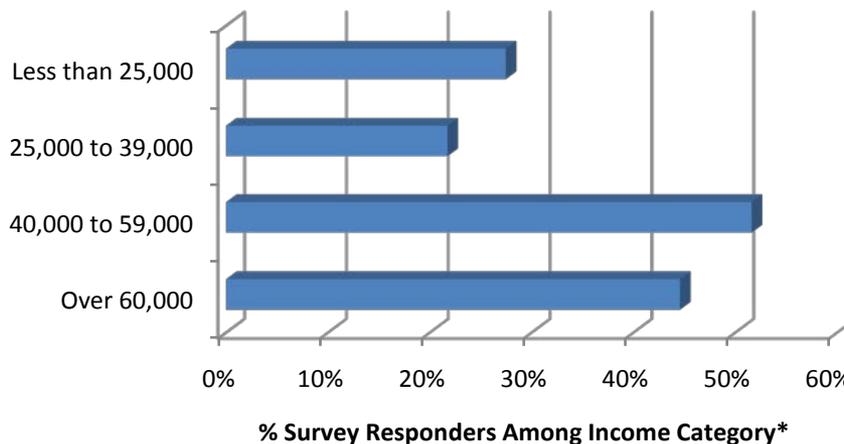
High Cost of Services (Out-Of-Pocket/Co-Pay)



Finding Time For Appointments

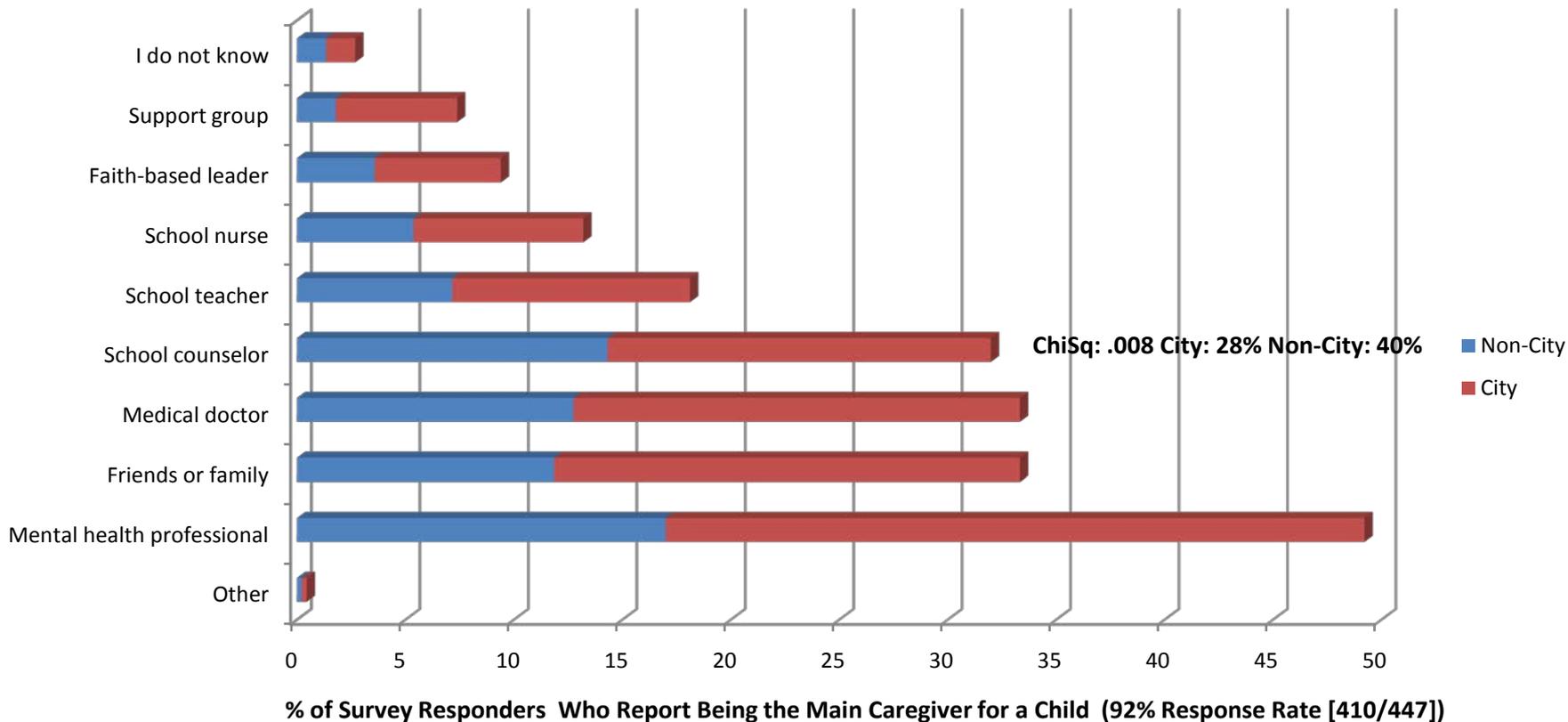


I Haven't Had Difficulties Continuing Care



*% Survey Responders Among Income Category:
 (# in income category who responded yes to option indicated)/
 (total # of survey responders in income category)

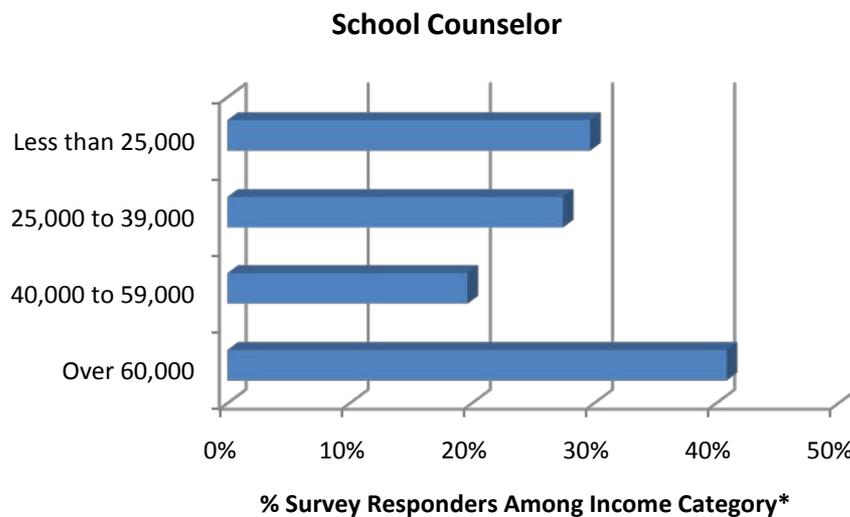
If you thought your child had a mental health issue, who would you contact for help?



Employer	2
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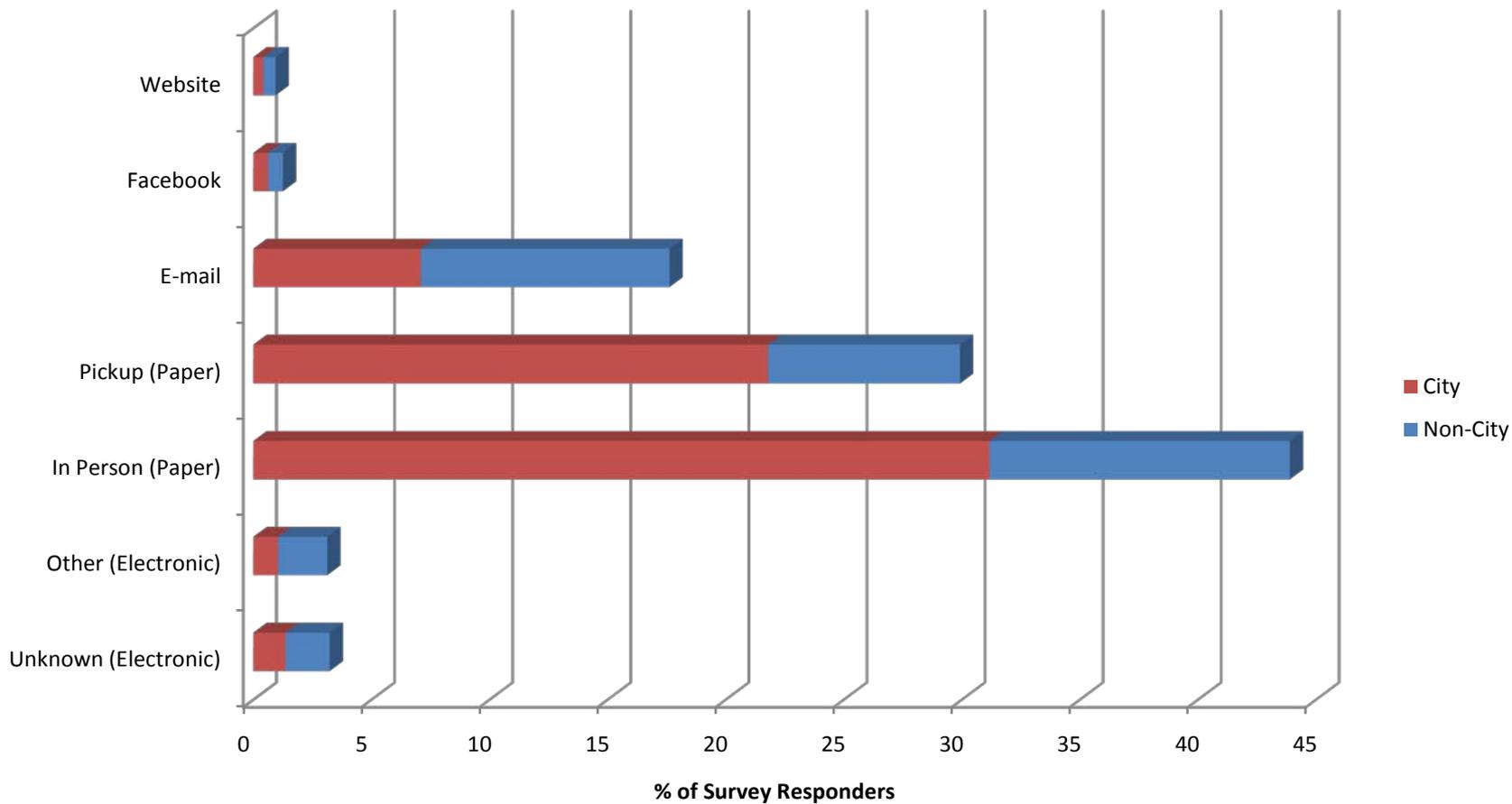
If you thought your child had a mental health issue, who would you contact for help?

(options that are statistically significant (Chi-Square >.05) for Income)

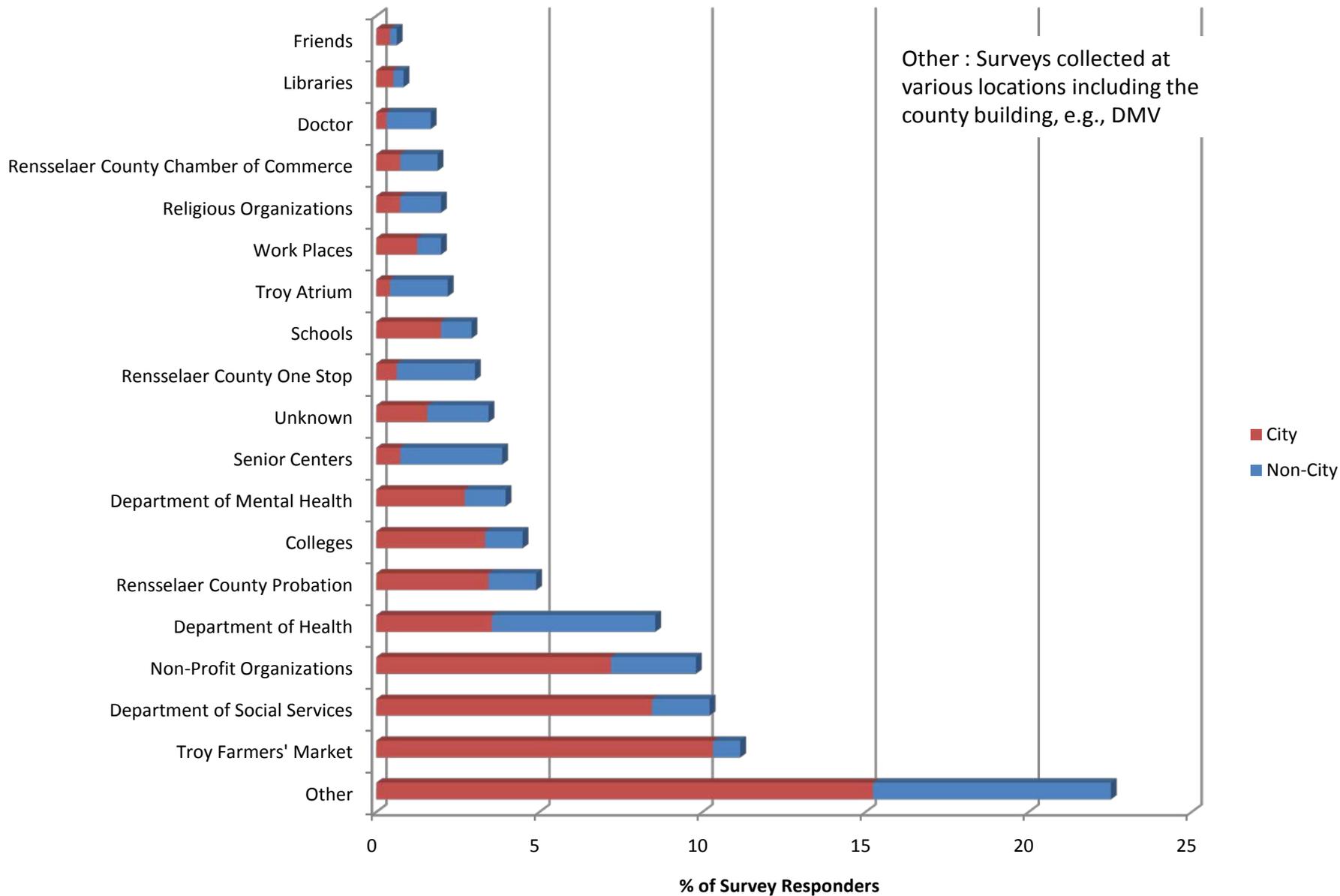


*% Survey Responders Among Income Category:
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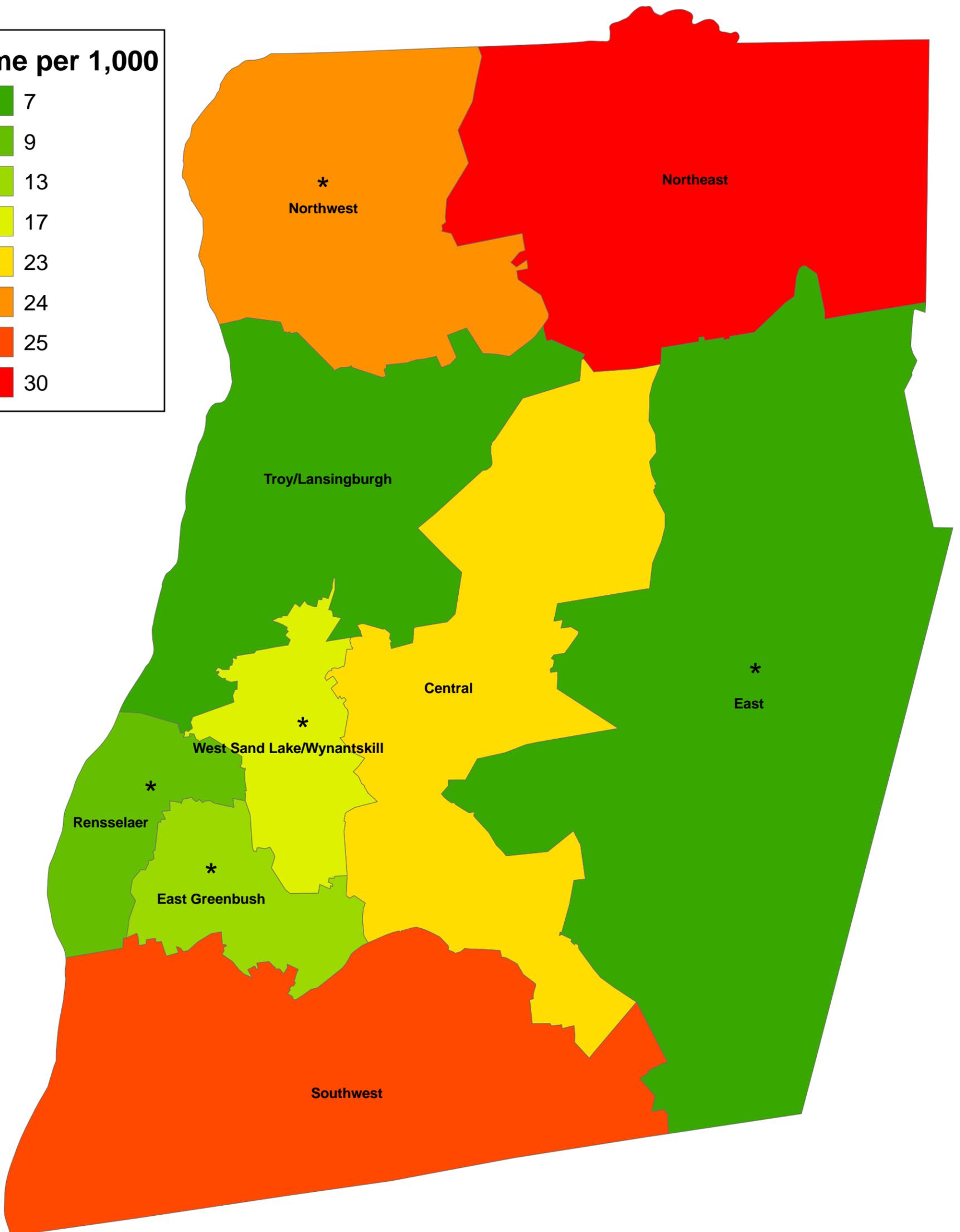
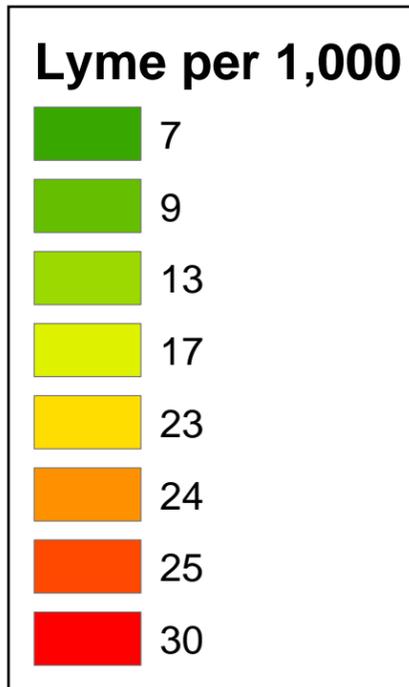
Methods of Survey Distribution



Sources of Survey Distribution



Lyme rates per 1,000 By ZIP Code Group Rensselaer County, NY 2012



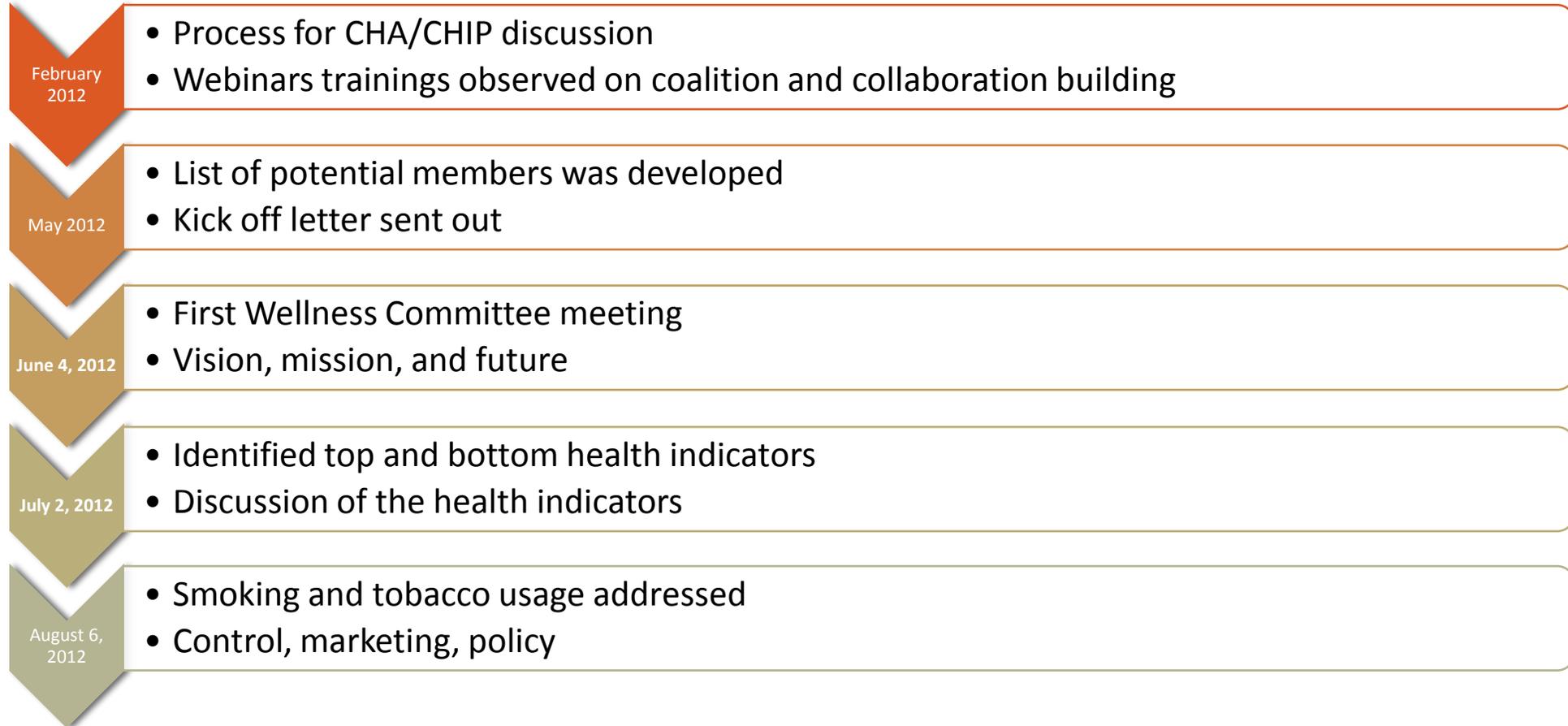
Rates are only based on a sample of reports

*Rates may be unstable due to a case count of less than 20

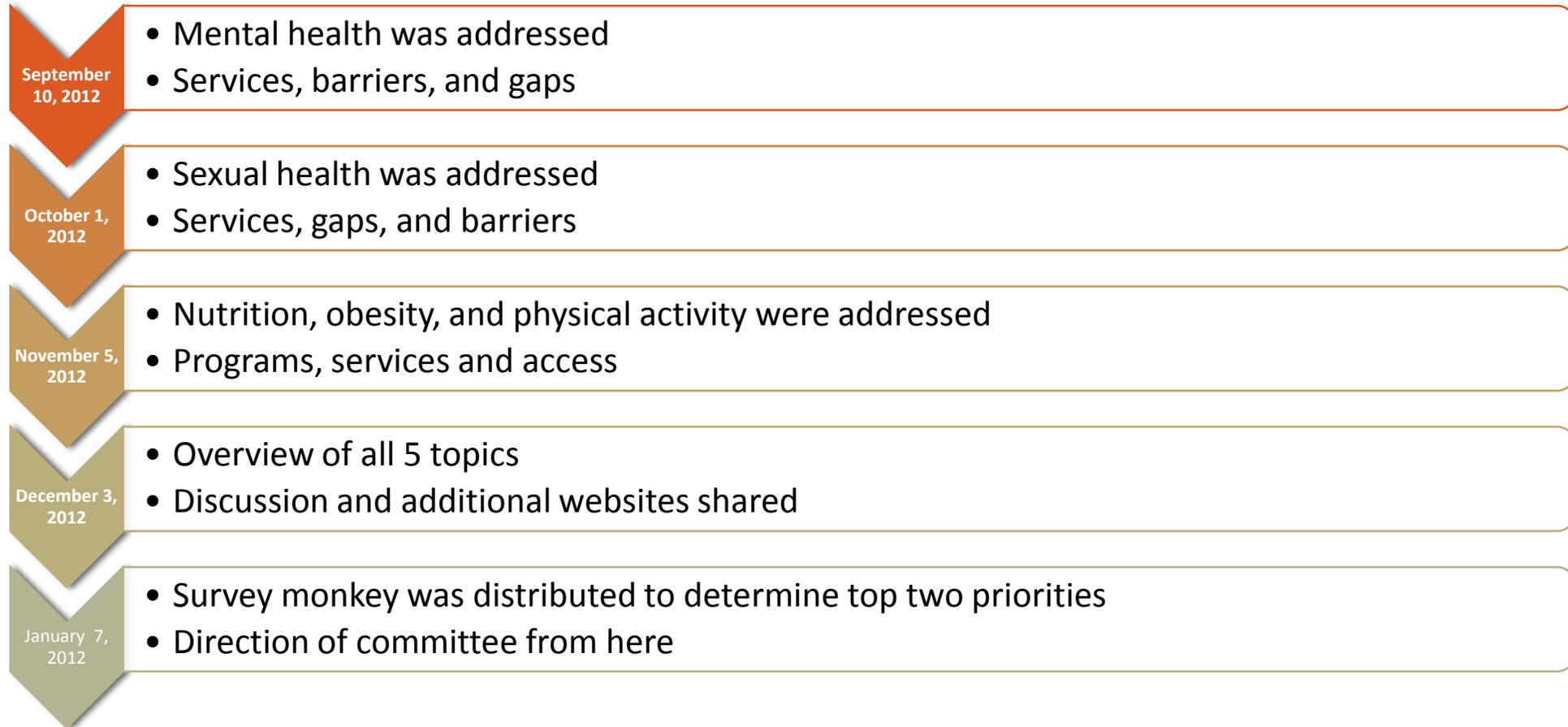
Source: Communicable Disease Electronic Surveillance System

Produced on 10/13

Collaboration Process



Collaboration Process



Collaboration Process

February 4,
2013

- Community updates
- Three priorities were chosen

March 4,
2013

- Community updates
- Subcommittees were developed

April 1, 2013

- Capital District Community Gardens update
- ACE (adverse childhood experience) report was given

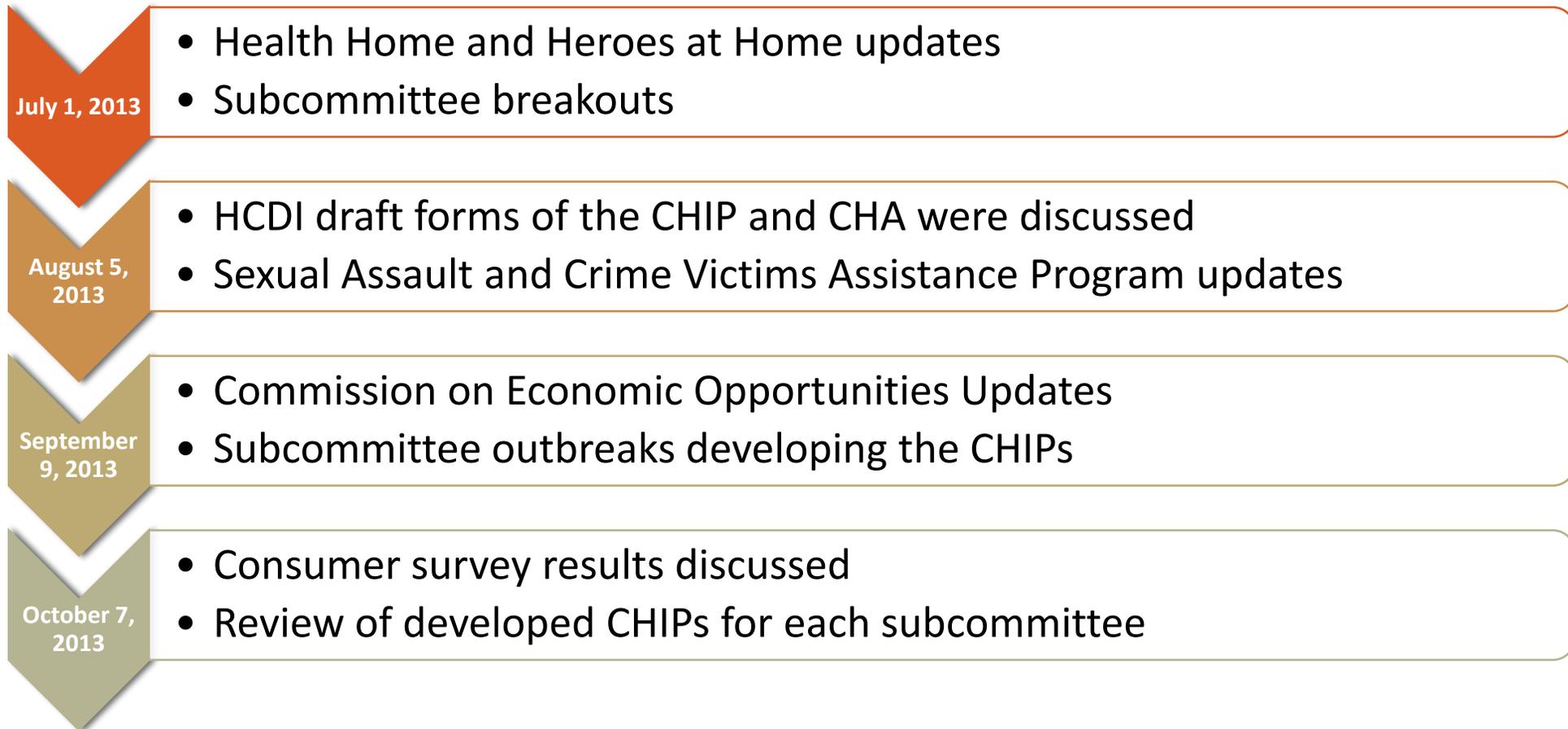
May 6, 2013

- Community updates
- Subcommittee breakouts

June 3, 2013

- Preliminary consumer survey results
- Subcommittee breakout session

Collaboration Process



RENSSELAER COUNTY DEPARTMENT OF HEALTH

KATHLEEN M. JIMINO
COUNTY EXECUTIVE



MARY FRAN WACHUNAS
PUBLIC HEALTH DIRECTOR

May 9, 2012

Dear Colleague;

We believe in these tough economic times we need to form partnerships and pool our resources to work on a healthier Rensselaer County. It is our pleasure to host the first Wellness Committee Coalition meeting in Rensselaer County. The benefit of a coalition is the sheer strength in numbers, relationships, diversity, and resources. As Public Health Director of Rensselaer County, I am empowering a coalition of committed individuals to work with me and the other community members to increase the services and education of health issues that impact our community.

I am requesting your participation on this coalition and to this important task. Your professional knowledge, insight into the services our communities need and your expressed commitment to protecting our community from health risks are the reasons we are asking you to participate. If you are unable to participate maybe you would consider delegating a member of your team to represent your workplace.

Meetings will be held the first Monday of each month, at 1600 7th Avenue, 2nd floor conference room, for approximately one hour starting at 10:00 in the morning. We are aware that your schedule may preclude you from participating in every meeting but hope that you can work together with us on these important issues. The first meeting will be on June 4th, please contact me at 270-2655 if you have any questions and to indicate your willingness to participate.

Sincerely,

Mary Fran Wachunas
Public Health Director
Rensselaer County Department of Health

Rensselaer County Wellness Committee Member Organizations

- 15 Love Program
- AIDS Council of Northeastern New York
- American Cancer Society
- Asthma Coalition of the Capital Region
- Burdett Care Center
- Cancer Services Program
- Capital District Community Gardens
- Capital District Tobacco-Free Coalition
- Capital District YMCA
- Center for Smoking Cessation
- City of Troy
- City of Troy Mayor's Office
- Commission on Economic Opportunities (CEO)
- CONSERNS-U
- Cornell Cooperative Extension
- Empowerment Exchange
- Grace United Methodist Church
- Hannaford Supermarkets
- Health Homes
- Healthy Capital District Initiative
- Healthy Families Rensselaer County
- Healthy School NY
- Heroes At Home, services to veterans
- Hillside North Neighborhood Group
- Hoosick Area Church Association
- Hope 7 Community Center
- Hudson Valley Community College (HVCC)
- HVCC Counseling Center
- HVCC Health Services
- Independent Living Center of the Hudson Valley
- Lansingburgh Boys and Girls Club
- Literacy Volunteers of Rensselaer County
- NYS Department of Health
- Pediatric Obesity Prevention
- Questar III
- Reality Check
- Rensselaer Adult Rehabilitation Center (ARC)
- Rensselaer Boys and Girls Club
- Rensselaer Cares Prescription Assistance Program
- Rensselaer County Aging Department

- Rensselaer County Department of Health
- Rensselaer County Department of Health Board Members
- Rensselaer County Department of Mental Health
- Rensselaer County Department of Social Services
- Rensselaer County Department of Youth
- Rensselaer County Executive's Office
- Rensselaer County Legislature
- Rensselaer County Probation
- Rensselaer Polytechnic Institute (RPI)
- RPI-Gallagher Student Health Center
- Sexual Assault and Crime Victim Assistance Program
- St. John's/St. Joseph's
- St. Jude's-Troy
- St. Jude's-Wynantskill
- St. Peter's Health Partners/Samaritan Hospital/Northeast Health
- St. Peter's Health Partners/Seton Health/St. Mary's Hospital
- St. Peter's Health Partners
- St. Peter's Health Partners MOMS Program
- St. Peter's Partners Faith Community Nurse Program
- St. Timothy's Lutheran
- The Arc of Rensselaer County
- The Sage Colleges
- Transfiguration Parish
- Troy Area United Ministries
- Troy Boys and Girls Club
- Troy City Council
- Troy Housing Authority
- United Way of the Greater Capital Region
- Upper Hudson Planned Parenthood
- Uptown Initiative
- Van Rensselaer Manor
- Whitney Young Jr. Health Services Troy
- YMCA-Greenbush Center
- YMCA-Troy

Wellness Committee Meetings and Participating Agencies

June 4, 2012

Topics: Purpose of committee, New York State top five priorities, County Health Department goals and future, vision and mission of the committee, and then open comments.

Attended: Rensselaer County Department of Health, NYS Department of Health (Cancer Services Program), Cancer Services Program, Board of Health, City of Troy, Rensselaer County Department of Social Services, Rensselaer County Aging, Commission on Economic Opportunity (CEO), Rensselaer Polytechnic Institute (RPI), Troy Housing Authority, Cornell Cooperative Extension, Hannaford Markets, County Legislature, AIDS Council of NENY, Capital District Community Gardens, Troy Boys and Girls Club, Upper Planned Parenthood, Seton Health, Van Rensselaer Manor, and Rensselaer County Mental Health.

July 2, 2012

Topics: Top and bottom health indicators for Rensselaer County were presented and discussed

Attended: Rensselaer County Department of Health, Cancer Services Program, Rensselaer County Aging, RPI, Troy Housing Authority, Legislature, AIDS Council of NENY, Capital District Community Gardens, Seton Health, Van Rensselaer Manor, Rensselaer County Probation, CONSERNSU, Samaritan Hospitals Cancer Treatment Center, Rensselaer County Board of Health, and Rensselaer County Mental Health.

August 6, 2012

Topic: Speaker addressing the tobacco usage, control, marketing, and policy

Attended: Rensselaer County Department of Health, Rensselaer County Aging, Troy Housing Authority, Legislature, Capital District Community Gardens, Seton Health, Rensselaer County Probation, Samaritan Hospitals Cancer Treatment Center, CEO, CDTEFC, City of Troy, Upper Planned Parenthood, Cornell Cooperative Extension, and Rensselaer County Mental Health.

September 10, 2012

Topic: speakers identifying mental health services, barriers, and gaps

Attended: Rensselaer County Department of Health, Cancer Services Program, Sage Colleges, St. Mary's/Seton Health, CONSERNS-U, CEO, Legislature, Probation, Cornell Cooperative Extension, AIDS Council of NENY, Pediatric Obesity Prevention, CDTFC, Healthy Schools NY, Parish Nurse, Empowerment Exchange, Samaritan Hospital, and Rensselaer County Mental Health.

October 1, 2012

Topic: speakers identifying sexual health services, barriers, and gaps

Attended: Rensselaer County Department of Health, Sage Colleges, CEO, Probation, AIDS Council of NENY, Upper Planned Parenthood, St. Peter's Health Partners, Rensselaer County Board of Health, RPI, CDCG, Rensselaer Cares-Rx Assistance Program, CDTFC, Healthy Schools NY, Parish Nurse, and Rensselaer County Mental Health.

November 5, 2012

Topic: speakers addressing nutrition, obesity, and physical activity

Attended: Cornell Cooperative Extension, Health Schools NY, UHPP, Cancer Services Program, Sage Colleges, Legislature, UFS-Aging, CDTFC, St. Peter's Health Partners, AIDS Council of NENY, Probation, Troy Housing Authority, RCDOH), Obesity Prevention Program, and RC Mental Health.

December 3, 2012

Topic: overview of all speakers and topics with open discussion

Attended: UHPP, Cancer Services Program, Legislature, CDTFC, AIDS Council of NENY, Probation, Troy Housing Authority, RCDOH, Cornell Cooperative Extension, RPI, and City of Troy.

January 7, 2013

Topic: survey monkey results ranking our health priorities were discussed, the future and direction of the meetings was discussed, and community updates were given

Attended: RCDOH, Cornell Cooperative Extension, Pediatric Obesity Program, St. Peter's Health Partners, RCBOH, Sage Colleges, CDTFC, Legislative Minority Office, AIDS Council of NENY, Whitney Young, Department of the Aging, CEO, RC Mental Health, and Upper Hudson Planned Parenthood.

February 4, 2013

Topic: community updates, the three focus areas to be addressed

Attended: RCDOH, Cornell Cooperative Extension, Pediatric Obesity Program, St. Peter's Health Partners, RCBOH, Sage Colleges, CDTFC, Office, AIDS Council of NENY, Whitney Young, Department of the Aging, CEO, RC Mental Health, and Upper Hudson Planned Parenthood.

March 4, 2013

Topic: community updates, subcommittees developed

Attended: RCDOH, Cornell Cooperative Extension., St. Peter's Health Partners, Sage Colleges, Minority Office/Legislature, CEO, Troy Housing Authority, City of Troy, Probation, Cancer Services Program, HCDI, RC Mental Health, and Upper Hudson Planned Parenthood.

April 1, 2013

Topic: The consumer survey was discussed, Capital District Community Gardens agency review and update, ACE (adverse childhood experiences) presentation by University at Albany and there were subcommittee breakouts

Attended: RCDOH, Cornell Cooperative Extension., St. Peter's Health Partners, Sage, Minority Office/Legislature, Troy Housing Authority, City of Troy, Probation, Cancer Services Program, Mental Health, Blood Disorders of North Eastern New York, Pediatric Obesity Program, RPI Student Health, University of Albany, RC Board of Health, and Capital District Community Gardens.

May 6, 2013

Topic: community updates, subcommittee breakout-agencies shared their services and gaps they see

Attended: RCDOH, Cornell Cooperative Extension., St. Peter's Health Partners, Sage Colleges, Office/Legislature, Cancer Services Program, RC Mental Health, RPI Student Health, Upper Hudson Planned Parenthood, HCDI, CDTFC, RPI, CEO, St. Mary's Hospital, Youth Department, and AIDS Council of NENY.

June 3, 2013

Topic: consumer survey preliminary results, upcoming health concerns, and subcommittee breakouts

Attended: RCDOH, Cancer Services Program, RC Mental Health, RPI Student Health, RPI, Upper Hudson Planned Parenthood, HCDI, CDTFC, Youth Department, RC Board of Health, and AIDS Council of NENY.

July 1, 2013

Topic: community updates, Health Home and Heroes at Home information and updates, and subcommittee breakouts-developing beginning stages of the CHIP

Attended: RCDOH, RC Mental Health, Upper Hudson Planned Parenthood, RC Board of Health, AIDS Council of NENY, St. Mary's Hospital, Heroes at Home, Troy Housing Authority, RN Averill Park High School, Seton Health, Center for Cessation, Rensselaer County Legislature, City of Troy, Cornell Cooperative Extension, CEO, and Samaritan Hospital and Health Homes .

August 5, 2013

Topic: Updates and feedback on the draft forms of the CHA and CHIPs from HCDI were given, community updates, Sexual Assault and Crime Victims Assistance Program agency review, and subcommittee breakout.

Attended: RCDOH, RC Mental Health, Upper Hudson Planned Parenthood, RC Board of Health, AIDS Council of NENY, St. Mary's Hospital, Rensselaer County Legislature, Cornell Cooperative Extension, Empowerment Exchange, Sexual Assault and Crime Victims Assistance Program, Sage Colleges, RPI, HCDI, Capital District Tobacco Free Coalition, Cancer Services Program, CEO, and St. Peter's Health Partners .

September 9, 2013

Topic: community updates, Commission on Economic Opportunities agency review, and subcommittee breakouts to prepare for draft CHIP

Attended: RCDOH, MOMS Program, Upper Hudson Planned Parenthood, RC Board of Health, Sexual Assault and Crime Victims Assistance Program, Sage Colleges, HCDI, Capital District Tobacco Free Coalition, Capital District Community Gardens, Van Rensselaer Manor, CONCERNSU, AIDS Council NENY, Hope 7, Healthy Families Rensselaer County, Cancer Services Program, CEO, and St. Peter's Health Partners .

October 7, 2013

Topic: community updates, presentation of consumer survey results, and subcommittee breakouts to review and make changes to the CHIP

Attended: RCDOH, Sexual Assault and Crime Victims Assistance Program, CDTFC, St. Peter's Health Partners, Upper Hudson Planned Parenthood, City of Troy, RCBOH, Hudson Valley Community College, Sage Colleges, HCDI, Troy Family YMCA, RPI, CEO, RC Mental Health, Van Rensselaer Manor, AIDS Council of NENY, Environmental and Occupational Health Center, and Legislative Minority Office.