

Warren County

# Community Health Needs Assessment

2013

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## Introduction

The purpose of this Community Health Needs Assessment (CHNA) is to identify and prioritize the healthcare challenges currently faced by the residents of Warren County. The findings in this CHNA result from a year-long process of collecting and analyzing data and consulting with stakeholders throughout the community and the region. The results of this CHNA are intended to help members of the community, especially healthcare providers, work together to provide programs and services targeted to improve the overall health and wellbeing of all residents of Warren County.

Working within the framework provided by New York State's Prevention Agenda, Glens Falls Hospital and Warren County Public Health collaborated in the development of this CHNA. Additionally, Glens Falls Hospital and Warren County Public Health participated in regional health assessment and planning efforts conducted by the Adirondack Rural Health Network.

## The Adirondack Rural Health Network

The Adirondack Rural Health Network is a program of the Adirondack Health Institute, Inc. (AHI). AHI is a 501c3 not-for-profit organization that is licensed as an Article 28 Central Service Facility. AHI is a joint venture of Adirondack Health (Adirondack Medical Center), Community Providers, Inc. (Champlain Valley Physicians Hospital Medical Center) and Hudson Headwaters Health Network. The mission of AHI is to promote, sponsor, foster and deliver programs, activities and services which support the provision of comprehensive health care services to the people residing in the Adirondack region.

Established in 1992 through a New York State Department of Health Rural Health Development Grant, the Adirondack Rural Health Network (ARHN) is a regional multi-stakeholder coalition that conducts community health planning activities by providing the forum for local public health services, community health centers, hospitals, community mental health programs, emergency medical services, and other community-based organizations to assess regional needs and the effectiveness of the rural health care delivery system. ARHN plans, facilitates and coordinates many different activities required for successful transformation of the health care system including: conducting community health assessments, provider education and training, patient and family engagement, identifying and implementing best practices to optimize health care quality, and publishing regional and county-specific data and reports at [www.arhn.org](http://www.arhn.org).

Since 2002, the ARHN has been recognized as the leading sponsor of formal health planning for Essex, Fulton, Hamilton, Saratoga, Warren and Washington Counties. During 2011- 2012 the ARHN expanded its regional community health planning efforts to include Clinton and Franklin counties, and currently includes critical stakeholders from all eight counties in the regional planning process. The ARHN provides a neutral, trusted mechanism through which key stakeholders throughout the region can plan, facilitate and coordinate the activities necessary to complete their required community health planning documents, and strategize on a regional level to address common health care concerns.

The ARHN provides guidance and technical assistance to the Community Health Planning Committee (CHPC), a regional forum for hospitals, county health departments and community partners, who provide oversight of planning and assessment activities. The group is further comprised of subcommittees developed to address areas specific to hospital, public health and data-specific requirements. Regular meetings of each subcommittee and the full CHPC have resulted in a systematic approach to community health planning and the development of regional and local strategies to address health care priorities.

## **New York State's Prevention Agenda 2013 - 2017<sup>1</sup>**

*The Prevention Agenda 2013-17* is New York State's Health Improvement Plan for 2013 through 2017, developed by the New York State Public Health and Health Planning Council (PHHPC) at the request of the Department of Health, in partnership with more than 140 organizations across the state. This plan involves a unique mix of organizations including local health departments, health care providers, health plans, community based organizations, advocacy groups, academia, employers as well as state agencies, schools, and businesses whose activities can influence the health of individuals and communities and address health disparities. This unprecedented collaboration informs a five-year plan designed to demonstrate how communities across the state can work together to improve the health and quality of life for all New Yorkers. Recent natural disasters in New York State that have had an impact on health and wellbeing re-emphasize the need for such a roadmap.

In addition, the *Prevention Agenda* serves as a guide to local health departments as they work with their community to develop mandated Community Health Assessments and to hospitals as they develop mandated Community Service Plans and Community Health Needs Assessments required by the Affordable Care Act over the coming year. *The Prevention Agenda* vision is New York as the Healthiest State in the Nation. The plan features five priority areas:

- Prevent chronic disease
- Promote healthy and safe environments
- Promote healthy women, infants and children
- Promote mental health and prevent substance abuse
- Prevent HIV, sexually transmitted diseases, vaccine-preventable diseases and healthcare-associated Infections

*The Prevention Agenda* establishes goals for each priority area and defines indicators to measure progress toward achieving these goals, including reductions in health disparities among racial, ethnic, and socioeconomic groups and persons with disabilities.

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<sup>1</sup> Excerpt from New York State Department of Health web site

## Health Needs Assessment Process

The process of identifying the important healthcare needs of the residents of Warren County involved both data analysis and consultation with key members of the community. The data was collected from multiple sources including publicly available health indicator data, and data collected from a survey conducted by the Adirondack Rural Health Network.

The health indicator data is collected and published by New York State and contains over 300 different health indicators. Since 2003, The Adirondack Rural Health Network has been compiling this data for the region and producing reports to inform healthcare planning on a regional basis. Last year, ARHN undertook a project to systemize this data into a relational database to provide improved access and analysis. The results of this analysis provide a statistical assessment of the health status for the region and each county therein.

In December 2012 and January 2013, the Adirondack Regional Health Network (ARHN) conducted a survey of selected stakeholders representing health care and service-providing agencies within an eight-county region. The results of the survey are intended to provide an overview of regional needs and priorities, to inform future planning and the development of a regional health care agenda. The survey results were presented at both the county and regional levels.

Using the results of the indicator analysis and the survey and other community assessments, a group of stakeholders the Warren County Community Health Assessment Team (CHAT) was convened to identify and prioritize the current healthcare challenges for the residents of Warren County. Warren County CHAT consisted of representatives from Glens Falls Hospital, Warren County Public Health, Glens Falls YMCA, Cornell Cooperative Extension, Office for the Aging, Community Mental Health Services and a community representative.

The process for recruiting Warren County CHAT representatives began with formal letters being mailed to organizations that were identified through a brainstorming session between a Warren County Public Health and Glens Falls Hospital representative. Organizations were chosen based on their current work in public health, their ability to continue to impact public health in the future and the current relationships we had with the selected organizations.

Organizations responded to the letter by email indicating their intentions for being part of the group and who the representative would be.

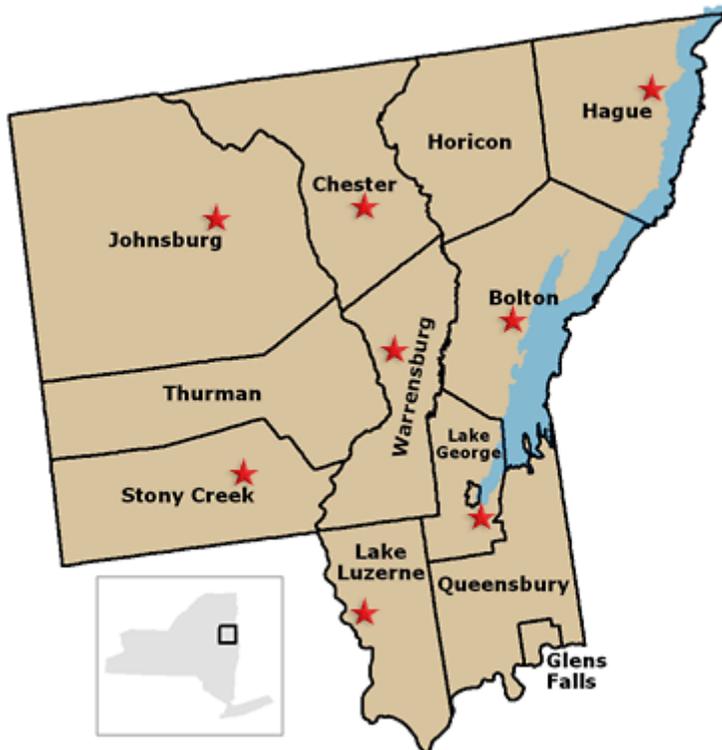
Once the representatives were identified email exchanges were used to share data, survey results and any other relevant materials that would help them during the in-person prioritization meeting.

Warren County CHAT held its first meeting on June 18<sup>th</sup>, 2013. The meeting was used to identify the two common focus areas Warren County Public Health and Glens Falls Hospital will address in their Community Health Improvement Plan (county) and Community Services Plan (hospital).

## Geography

Warren County, New York is located in the eastern portion of New York State. It covers 867 square miles. The county is located in the Adirondack Mountains and most of the county lies within the Adirondack Park. Lake George is the dominant water body in Warren County, drawing the majority of the 6.5 – 7 million visitors to the area every year<sup>2</sup>. Warren County shares a border with Essex, Hamilton, Saratoga and Washington County.

Warren County has 11 major towns and the city of Glens Falls which lie within its border.



From well-known art collectors and world-famous artists, to entrepreneurs, discoverers and Revolutionary War heroes—the Lake George Area in the Adirondacks has been host to many fascinating historical figures that helped shape the history of the Southern Adirondack Region. Warren County is named after General Joseph Warren, the Major-General of the Battle of Bunker Hill. Charles R. Wood, the Father of Theme Parks, founded Story Town, USA in 1954, later renaming it The Great Escape and Splashwater Kingdom. The world-famous artistic couple, Georgia O'Keeffe and Alfred Stieglitz, spent

many summers in Lake George (many of O'Keeffe's paintings were of Lake George). And, it was at the Saratoga & North Creek Railway in the town of North Creek, that Vice President Theodore Roosevelt was handed a telegram informing him that President McKinley had died only three hours earlier. Later that day, Theodore Roosevelt was sworn in as the 26th President of the United States.

## Infrastructure and Services<sup>3</sup>

Warren County offers excellent access to all major markets in the northeast quadrant of North America. We are under four hour's drive time to New York City, Boston, and Montreal, which means products manufactured here are within one day's delivery to 52% of the Combined US-Canadian population.

The county is situated in the heart of New York State's burgeoning Tech Valley - one of the nation's premier science and technology centers. Major research institutions, such as Rensselaer Polytechnic

<sup>2</sup> Warren County Tourism Department

<sup>3</sup> Warren County Economic Development Corporation

Institute and University of Albany's College of Nanoscale Science and Engineering, and technology manufacturers, such as AngioDynamics and GLOBALFOUNDRIES, are just minutes away.

In addition, our four seasons and wide-ranging geography allows you to experience a variety of recreational and cultural fun whether you're hitting the slopes or links, touring an art museum or historical site, or taking in a concert or baseball game.

### **Highways and Utilities**

Warren County has one major highway NYS 87 (The Northway) that runs the entire north south length of the county and provides a direct link between NY City and Montreal.

Utilities include electricity and natural gas provided by National Grid. Telecommunications include fiber optic cables running along the I-87 corridor. Verizon provides phone and DSL service. Time Warner Cable provides cable, high-speed Internet and phone services, although some of these services may not be available in all areas of the county.

### **Transportation**

**By road:** NYS 87 (The Northway) provides a direct link between NY City and Montreal. The NYS Thruway (I-90) runs east-west from Buffalo to the Massachusetts border.

**By Air:** Albany International Airport (less than one hour south) offers more than 125 flights per day on most major carriers. Floyd Bennett Memorial Airport in Queensbury accommodates private and corporate aircraft, and features newly renovated runways and hangars.

**By rail:** Freight travels via the Canadian Pacific Rail Line out of Albany. Amtrak provides passenger service with two local stations: Albany-Rensselaer and Saratoga Springs.

**By sea:** The Port of Albany is less than one hour's drive south of Warren County.

### **Economy**

For the past two years, the Glens Falls MSA has achieved a top-50 ranking by the Milken Institute. The Institute's Best Performing Cities Index ranks 379 U.S. metropolitan areas based on their economic performance and their ability to create, as well as keep, the greatest number of jobs in the nation. The Glens Falls MSA, which includes Warren County, has achieved steady growth since 2000. Recent statistics from the NYS Dept. of Labor show the county is outpacing the Capital Region in job growth, up 2.6 percent compared to 0.7 percent. In 2006, *Forbes* ranked the city 85th in its list of Best Small Places for Business.

Historically, the region's economy was directly related to its abundant natural resources, which gave rise to logging and paper manufacturing, as well as tourism. Since the latter part of the 20th century, there has been a dramatic shift in the economy away from traditional manufacturing towards medical device

and information technology businesses. Today, the Glens Falls MSA is home to one of the state's largest clusters of medical/ surgical instrument firms, including industry leaders CR Bard, and AngioDynamics.

## **Employment**

Although Warren County is located in the Adirondack Mountains only 1.2% of its residents are employed in agriculture, forestry, fishing, hunting or mining industries. Tourism is a leading driver of Warren County's economy. Therefore, many of the residents of Warren County are employed in sectors related to tourism.

Arts, entertainment, recreation, hotel & food service account for 13.2% of total residents employed. Retail trade accounts for another 13.1% of total employment. The largest sector for employment is healthcare and social assistance at 17.2%. Rounding out the top five sectors for employment are education (9.4%) and manufacturing (8.8%).

## **Education**

Warren County public schools rank in the top-15 of New York State, based on standard state test scores. In addition, the county is proud to have SUNY Adirondack, offering an extensive program of associate degrees and certificate programs. SUNY Plattsburgh and other four-year colleges and universities are aggressively adding bachelor and master-degree programs at the SUNY Adirondack campus. In addition, there are more than a dozen top-rated colleges and universities within 50 miles of Glens Falls, including the State University of New York at Albany, which is home to the nation's premiere College of Nanoscale Science and Engineering.

## **Life**

Most of Warren County lies within the boundaries of the Adirondack State Park, which encompasses approximately 6 million acres. Nearly half of the Park belongs to all the people of New York State and is constitutionally protected to remain "forever wild" forest preserve. The rest of the Park is private land.

Lake George may be the largest and most famous of our lakes, attracting thousands of visitors each year, but there are more than 3,000 other lakes and ponds in the Adirondacks, offering swimming, fishing, and free access points for boating, canoeing, and white-water rafting.

- The Adirondack Region has 2,000 miles of state trails for walking and hiking.
- There are municipal trails for cross-country skiing, cycling, and mountain biking.
- Downhill skiing, snowboarding, and family fun on sleds, tubes, and toboggans is available at community facilities and commercial ski centers, such as West Mountain and Gore Mountain.
- Warren County has more than 30 camping facilities.
- Dude ranches offer rodeos and horseback riding.
- Six Flags Great Escape is one of the nation's premier amusement parks, offering year-round fun at their indoor water park.
- *Golf Digest* rates the region as a top golfing destination with dozens of world-class courses, such as The Sagamore and the Saratoga National Golf Course.

No matter where you locate within the county, you are likely to be within minutes of two of the state's premier tourist destinations - Lake George, which offers a bustling village as well as island camping and year-round recreational activities; and Saratoga Springs with its world-class horse racing, shopping, and dining.

Music, theater, dance, the visual arts, museums, and fine pubs and restaurants abound: there's really no end to the cultural activities in Warren County, which is home to more four-star resort destinations than anywhere in New York State.

## Health Care Facilities

Warren County has one hospital, Glens Falls Hospital, located in Glens Falls. The hospital has 410 beds for a rate of 622.8 per 100,000 population, more than three times the rate of the ARHN region (204.5) and more than twice the Upstate New York rate (276.3). The County has 4 nursing homes and 4 adult care facilities with a total of 402 and 240 beds respectively.

There are almost 90 full time equivalent (FTE) primary care physicians practicing in Warren County, or 134.5 per 100,000 population, which is substantially higher than both the ARHN region (99.9) and Upstate New York (108.5) rates. There are 995 registered nurses, 370 licensed practical nurses, and 257 licensed physicians in the County.

Slightly more than 35% of County residents were seen at a local community health center in 2011. There are seven community based and one school based health center in Warren County. Warren County also has the Warren County Health Services, Division of Home Care, Certified Home Health Agency, operating in the county. Warren County has two primary care health professional shortage area designations.

## Population and Demographics

Warren County's population is nearly 66,000, making it the third most populous county in the Adirondack Rural Health Network (ARHN) region and the 38<sup>th</sup> most populous in the state. The population is neither racially nor ethnically diverse; over 95% of the population is White, Non-Hispanic, 1.4% is Black/African American, Non-Hispanic, and 2.4% is Hispanic/Latino. Nearly 17% of the population is 65 years of age and older, a higher percentage than in either the ARHN region (14.6%) or Upstate New York (14.3%) as a whole.

Mean household income in the County is \$67,353 and per capita income is \$28,939, both lower than the state-wide figures of \$82,699 and \$31,796 respectively.<sup>4</sup> The percentage of individuals in Warren County living below the Federal Poverty Level is 10.7%, comparable to the percentages in the ARHN region and Upstate New York (both 10.9%). The percentage of individuals receiving Medicaid in the

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<sup>4</sup> Mean household income was determined by averaging the yearly income as reported by the American Community Survey, 2007-2011.

County (15.7%) is also comparable to that of the ARHN region (15.9%) but slightly lower than Upstate New York (16.3%).

The highest level of education completed by 51% of the population ages 25 and older is a high school diploma or GED, and an additional 40% have an Associate's, Bachelor's, or Graduate/Professional degree. More than 63% of the population aged 16 and older is in the workforce. In 2011, Warren County's unemployment rate was 8.3%, higher than the rates in both the ARHN region (8.1%) and Upstate New York (7.7%).

The largest employment sector in Warren County is health care and social assistance (17.2% of those employed), followed by arts, entertainment, recreation, hotel, and food service (13.2%) and retail trade (13.1%).

## Healthcare Challenges in Warren County

Warren County ranks as the twelfth healthiest county in New York State. This ranking along with analysis of almost 300 health data indicators demonstrates that although Warren County residents are fairly healthy compared to many other New York counties there is room for improvement as it pertains to the health and well-being of the residents of Warren County.

The leading causes of premature death in Warren County are cancer, heart disease, chronic lower respiratory disease, unintentional injury and suicide respectively. Not surprisingly, Warren County ranks poorly in the health indicators that are linked with these causes of premature death. Rates of tobacco use, excessive alcohol use, poor diet and exercise, and a lack of social support are all areas that need to be looked at more closely moving forward.

### Health Disparities and Barriers to Care

Although reducing health disparities is a priority for New York State, Warren County does not have any significant health disparities at this time. The National Institutes of Health defines health disparities as the differences in the incidence, prevalence, mortality and burden of diseases and other adverse health conditions that exist among specific population groups in the United States.

Warren County is predominately White and does not face the traditional racial or ethnic disparities typically found in more urban or populated areas. Instead, populations in Warren County and upstate New York face a unique combination of factors that create health disparities, which are often rooted in the social determinants of health. The social determinants of health are the circumstances in which people are born, grow up, live, work, and age, as well as the systems put in place to deal with illness.<sup>5</sup> These factors are often associated with many different types of barriers to care.

Economic factors, cultural and social differences, educational shortcomings, and the isolation of living in a rural area all conspire to repress this population in their struggle to lead a healthy life.

Limited data publically exists to demonstrate non-racial or non-ethnic related health disparities in Warren County. Mean household income can shed light on economic disparities in Warren County. In

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<sup>5</sup> <http://www.cdc.gov/socialdeterminants/>

Warren County the mean household income is \$67,353 compared to the NYS average of \$82,699. The relationship between socioeconomic status and better health outcomes is well established, leaving Warren County at a disadvantage.

NYS Prevention Agenda utilizes indicators related to premature death, preventable hospitalizations, insurance status and access to care (through % of adults with a regular health care provider) to track progress related to health disparities. The following table outlines the status of these indicators for Warren, Washington and Saratoga Counties:

<b>NYS Prevention Agenda Indicators: Disparities</b>					
	Warren	Comparison Regions/Data			
		ARHN	Upstate NY	New York State	2017 Prevention Agenda Benchmark
1. Percentage of Overall Premature Deaths (Ages 35 - 64), '08 - 10	20.3%	22.3%	22.0%	24.3%	<b>21.8%</b>
2. Ratio of Black, Non-Hispanic Premature Deaths (Ages 35 - 64) to White, Non-Hispanic Premature Deaths, '08 - 10	N/A	N/A	N/A	2.13	<b>1.87</b>
3. Ratio of Hispanic/Latino Premature Deaths (Ages 35 - 64) to White, Non-Hispanic Premature Deaths, '08 - 10	N/A	N/A	N/A	2.14	<b>1.86</b>
4. Rate of Adult Age-Adjusted Preventable Hospitalizations per 100,000 Population (Ages 18 Plus), '08 - 10	144.7	147.3	138.9	155.0	<b>133.3</b>
5. Ratio of Black, Non-Hispanic Adult Age-Adjusted Preventable Hospitalizations to White, Non-Hispanic, '08 - 10	1.00	N/A	N/A	2.09	<b>1.85</b>
6. Ratio of Hispanic/Latino Adult Age-Adjusted Preventable Hospitalizations to White, Non-Hispanic, '08 - 10	0.43	N/A	N/A	1.46	<b>1.38</b>
7. Percentage of Adults (Ages 18 - 64) with Health Insurance, '08/09	85.6%	83.2%	85.7%	83.1%	<b>100.0%</b>
8. Percentage of Adults with Regular Health Care Provider, '08/09	89.4%	86.6%	N/A	83.0%	<b>90.8%</b>

N/A = insufficient data is available to report on this indicator

Overall, the indicators for Warren County reveal limited health disparities as defined by the NYS Prevention Agenda. As demonstrated above, often times there is insufficient data to report on racial and ethnic disparities. With respect to the benchmarks, the area where there is room for improvement within Warren County is preventable hospitalizations. Preventable hospitalizations are defined by admission to the hospital for conditions for which good outpatient care can potentially prevent the need for hospitalization, or for which early intervention can prevent complications or more severe disease.

These indicators can provide initial information about potential problems in a community that may require further, more in-depth analysis.<sup>6</sup>

### **Other Healthcare Challenges**

Being located in the Adirondack Mountains, Warren County does not have many environmental issues that negatively impact health, such as smog and industrial pollution. Access to safe recreational activities such as biking, hiking, skiing, canoeing etc. along with the availability of parks, playgrounds and other recreational areas are abundant and are reflected in Warren County being ranked 3<sup>rd</sup> in New York State for built environment.

However, health indicator data seems to suggest Warren County has some issues with the number of fall related and occupational related injuries and/or hospitalizations. The rate of ED visits due to falls for children ages 1 to 4 per 10,000 population (660.6) was higher than the ARHN region (515.5) and Upstate New York (511.9) rates and significantly worse than the Prevention Agenda benchmark of 429.1 per 10,000 population. The number of hospitalizations due to falls for adults ages 65 and above has stayed constant and the rate of hospitalizations remains (257.0 per 10,000 population) higher than the rates for both the ARHN region (208.4) and Upstate New York (215.8) as well as the Prevention Agenda benchmark of 204.6. The rates of hospitalizations for falls for all other age groups were higher than their respective ARHN rates and all but one were higher than their respective Upstate New York rates.

The number of ED occupational injury visits has fluctuated a bit over several years, but the rate of ED occupational injury visits for working adolescents ages 15 to 19 per 10,000 population (56.5) remains slightly higher than the ARHN region (56.1) and Upstate New York (51.8) rates but substantially higher than the Prevention Agenda benchmark of 33.0 per 10,000.

Warren County has a large number of asbestosis related hospitalizations and has significantly higher rates of asbestosis hospitalizations than New York State and the surrounding region. The number of hospitalizations has not shown a sustained decrease over a three year period.

The rate of work-related hospitalizations for those employed, ages 16 and older, per 10,000 population was also higher than that of the ARHN region and Upstate New York. It is difficult to determine why the rates are higher than the surrounding areas and Upstate. Dangerous occupations such as logging, mining and manufacturing provide a small percentage of employment opportunities and certainly contribute some to the overall rates. However, other recreational types of employment such as rafting, hiking, and horseback riding might also be contributing to the higher rates due to their physical nature.

Unintentional injury hospitalizations in Warren County are higher than both the Upstate and New York State rate. However, when data is looked at by age groups children under the age of 14 in Warren County experience fewer hospitalizations from unintentional injuries where as people 65 and older experience a higher rate than Upstate and New York State. A contributing factor could be the aging population of Warren County.

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<sup>6</sup> Excerpt from the NYS Department of Health Prevention Quality Indicators. Available at [https://apps.health.ny.gov/statistics/prevention/quality\\_indicators/start.map;jsessionid=E8099B7DE3ABA2B446B8D586723C2A3D](https://apps.health.ny.gov/statistics/prevention/quality_indicators/start.map;jsessionid=E8099B7DE3ABA2B446B8D586723C2A3D)

Warren County continues to experience a high number of speed and alcohol related car crashes although the numbers and rates for both have shown some declines over past few years. Most of the roads that traverse Warren County are rural, windy and subject to changing weather conditions especially in the higher elevations which likely contribute to higher rates and numbers.

Poisoning hospitalizations in Warren County seem to be an issue in Warren County. The number of poisonings has fluctuated over the last three years and Warren County continues to have rates significantly higher than New York State and Upstate.

Suicide rates are unacceptably high for Warren County and there was an increase in the number of suicides according to the latest data. Also, the rates of self-inflicted hospitalizations for the entire population and the teen population (15 – 19 yrs old) are more than twice as high as the Upstate and New York State rates and 40% higher than the ARHN rate. ARHN survey respondents identified mental health and substance abuse as a top emerging health issue in Warren County. Currently the number of people being served in the ED for mental health exceeds the benchmark for all age groups.

Although death rates from cardiovascular disease, diseases of the heart, coronary heart disease, and congestive heart failure for Warren County are lower than Upstate and New York State when those numbers are looked at in terms of premature death rates Warren County fares worse in most of those categories. Although Warren County has fewer people dying from cardiovascular disease, diseases of the heart, coronary heart disease, and congestive heart failure compared to Upstate and New York State it is concerning that many of those that do die are doing so at younger ages. With the exception of congestive heart failure, Warren County also has higher hospitalization rates for cardiovascular disease, diseases of the heart, and coronary heart disease than Upstate and New York State. Many of these conditions can be linked back at least in part, to health behaviors (e.g. diet, exercise, tobacco use etc.) which according to the data are areas where Warren County does poorly.

Stroke and diabetes deaths which are often linked to health behaviors are also higher in Warren County than Upstate and New York State. The number of deaths has fluctuated slightly but has not shown a consistent decline.

According to health indicators related to asthma and other respiratory diseases Warren County has seen the number of cases remain steady or even increase. Rates of hospitalizations for most asthma and other respiratory disease indicators remain higher than the benchmark with one exception being the rate of asthma ED visits for children 0-4 years of age. These rates could be linked to the high percentage (21.7%) of Warren County residents who smoke.

Health indicators related to maternal, infant and reproductive health indicate that although preterm births less than 37 week gestation remain higher than the benchmark, the numbers have shown a steady decline over the last several years. Also, the rate of very premature births less than 32 weeks gestation remains better than the benchmark. Mothers receiving early prenatal care fall below the benchmark along with number of mothers receiving WIC that breastfeed. Unplanned pregnancies and pregnancies within 24 months of a previous pregnancy are also areas where mothers fall below the benchmark. Current pregnancy and birth rates for 15 – 19 year olds exceed the benchmark along with abortion rates for the same age group. Better promotion and coordination of existing prenatal programs could potentially lead to improvement in some of the health indicators related to maternal, infant and reproductive health. Also, more comprehensive reproductive health education for all women seems to be needed.

Health indicators for HIV and STD's are currently better than the benchmarks. However, chlamydia cases continue to rise especially in young females 15 – 24 years of age. Also, the number of teen females receiving the recommended 3 doses of HPV vaccine remains well below the benchmark. The number of children 19 - <36 months old receiving their recommended vaccinations falls below the current benchmarks. Adults 65+ receiving flu vaccine currently exceed the benchmark.

Within the Prevention Agenda, examination of health indicators show the health of the residents of Warren County would benefit from improvement in the following areas that exceed the benchmarks

- **Prevent Chronic Disease**
  - Reduce the percent of obese adults
  - Reduce the number of adult smokers
  - Reduce the number of adults suffering from asthma and bronchitis
  - Reduce the number of adult binge drinkers
  - Increase the number of adults that participate in leisure time activity
  - Increase the number of adults receiving cholesterol, colorectal, and blood pressure screening based on current guidelines
  - Reduce the number of adults with high blood pressure
  - Reduce the number of adults suffering from angina, heart attack or stroke
  - Reduce the number of short-term diabetes hospitalization for children 6 to 17 years of age
  
- **Promote a Healthy and Safe Environment**
  - Reduce falls among children 0 – 4 years old
  - Reduce falls among adults 65+
  - Reduce the rates of asbestos hospitalizations
  - Reduce work-related hospitalizations
  - Reduce speed related accidents
  - Reduce poisoning hospitalizations
  - Improve access to supermarkets or large grocery stores for low-income people
  - Increase the number of commuters who use alternative modes of transportation to work
  - Increase the number of residents served by community water systems with optimally fluoridated water
  
- **Promote Healthy Women, Infants and Children**
  - Increase the number of women with health insurance
  - Increase the number of women receiving early prenatal care
  - Increase the number of infants who are breast fed
  - Reduce the number of 3rd graders with untreated tooth decay
  - Increase the number of children screened for lead by 36 months
  - Reduce the number of children viewing more than 2 hours of TV per day
  - Reduce the number of births within 24 months of a previous pregnancy
  - Reduce the number of unintended births
  - Reduce the number of women who are obese prior to becoming pregnant
  - Reduce the number of women who gain more than the ideal amount of weight while pregnant

- Reduce the number of women with gestational diabetes
- Reduce the number of women with gestational hypertension
  
- **Prevent HIV/STDs, Vaccine Preventable Diseases & Healthcare-Associated Infections**
  - Increase the number of females 13-17 that receive 3 doses of HPV vaccine
  - Increase the number of children 19 - <36 months of age receiving the recommended vaccinations
  
- **Substance Abuse and Other Mental, Emotional and Behavioral Disorders**
  - Reduce the number of people who binge drink
  - Reduce the number of people who commit suicide
  - Reduce the rate of self-inflicted injury hospitalization rates for all age groups
  - Reduce the number of alcohol related injuries and deaths
  - Reduce the number of mental health ED visits across all age groups

## Prioritized Significant Health Needs in Warren County

Based on analysis of the available health data, community surveys, input from stakeholders and discussions at the regional and local levels, the following have been identified as the prioritized significant health needs in Warren County that will be of major focus for the next three years. In order of priority they are:

1. Increase access to high quality chronic disease preventive care and management in both clinical and community settings
2. Promote mental, emotional and behavioral health (MEB)

**Other Areas of Concern:** Although the following areas were not chosen as the highest priorities, each was identified as an area that still needs to be addressed at the same or slightly higher level of focus.

3. Promote Healthy and Safe Environment
4. Infant, maternal and reproductive health

### Assets and Resources to Address Needs

Priority #1– Increase access to high quality chronic disease preventive care and management in both clinical and community settings

Services are offered to address chronic disease and many of the controllable factors that contribute to chronic diseases.

- Nutrition services for assessment, planning and counseling
- Hospital inpatient nutrition counseling for disease and condition specific populations

- Tobacco cessation services (i.e. Glens Falls Hospital Tobacco Cessation Program, NYS Smoker Quitline)
- Community gardens
- Farmers Market
- Walking trails
- Shared use walking programs (i.e. mall and school)
- Tele-medicine home care services
- Glens Falls Hospital Diabetes Center
- Glens Falls Hospital Cancer Center

Priority #2 – Promote mental, emotional and behavioral health

Although access to enough mental health services is a major concern there are assets that exist to address some of the needs of the community however they are not adequate to address a significant portion of need.

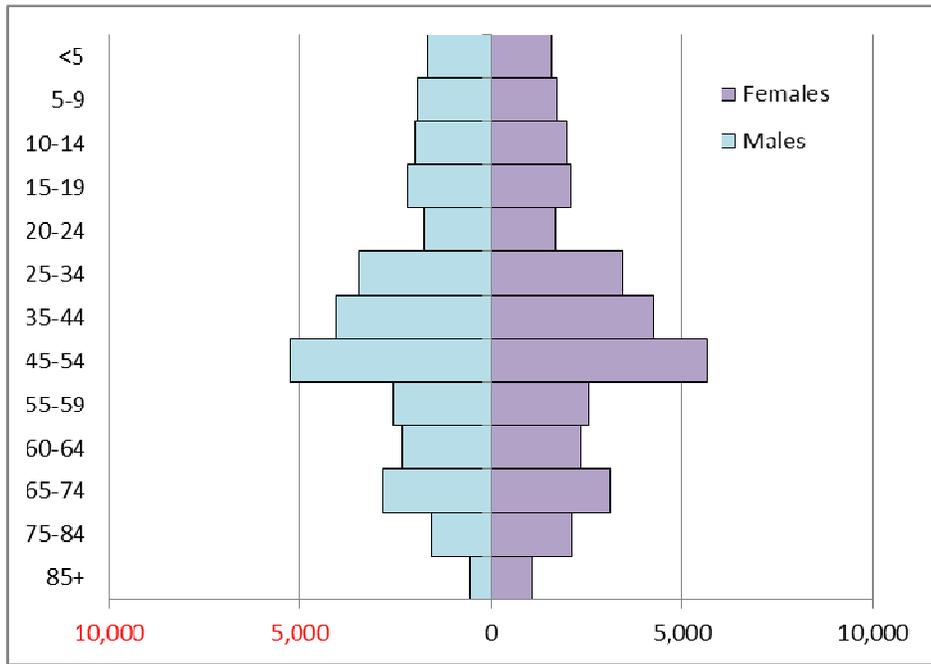
- School based mental health services
- Office of Community Services for Warren and Washington Counties
- Glens Falls Hospital Behavioral Health Unit – Adult Outpatient Center, Center for Children and Families, Center for Recovery, Inpatient Behavioral Health Unit
- Hudson Headwaters Health Centers Network – Behavioral health (select centers)
- Warren-Washington County Association for Mental Health
- Council for Prevention of Alcohol and Substance abuse
- Prospect Child and Family Center

## **Figures and Tables**

**Refer to “CHA Data for Charts and Graphs” for Figures 1-19**

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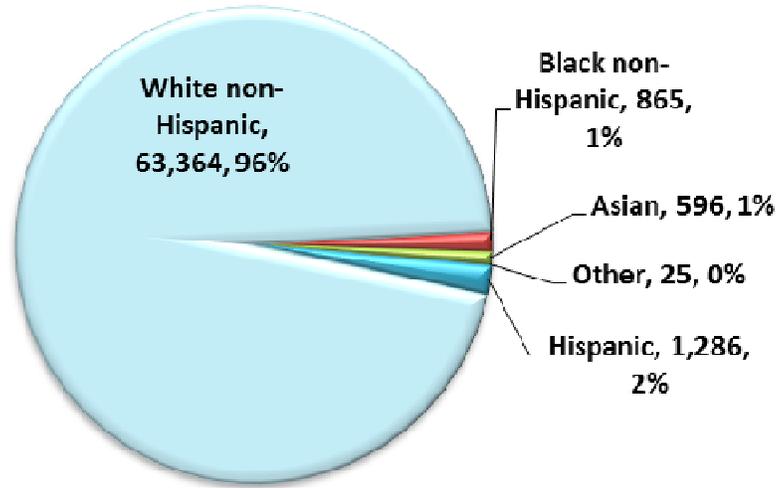
**Figure 1: Population Distribution by Age and Gender, Warren County, 2010**



Source: US Census Bureau

Warren County’s population is nearly 66,000, making it the third most populous county in the Adirondack Rural Health Network (ARHN) region and the 38th most populous in the state. Warren County has seen a slight decline in its overall population while the average age of the population continues to increase. Nearly 17% of the population is 65 years of age and older, a higher percentage than in either the ARHN region (14.6%) or Upstate New York (14.3%) as a whole.

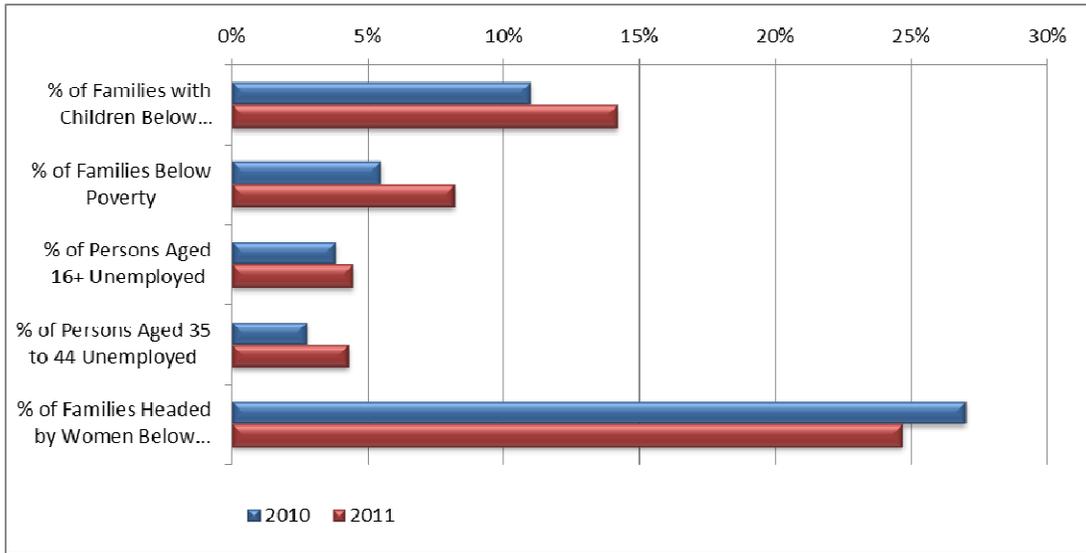
**Figure 2: Population Distribution by Race, Warren County, 2010**



Source: US Census Bureau

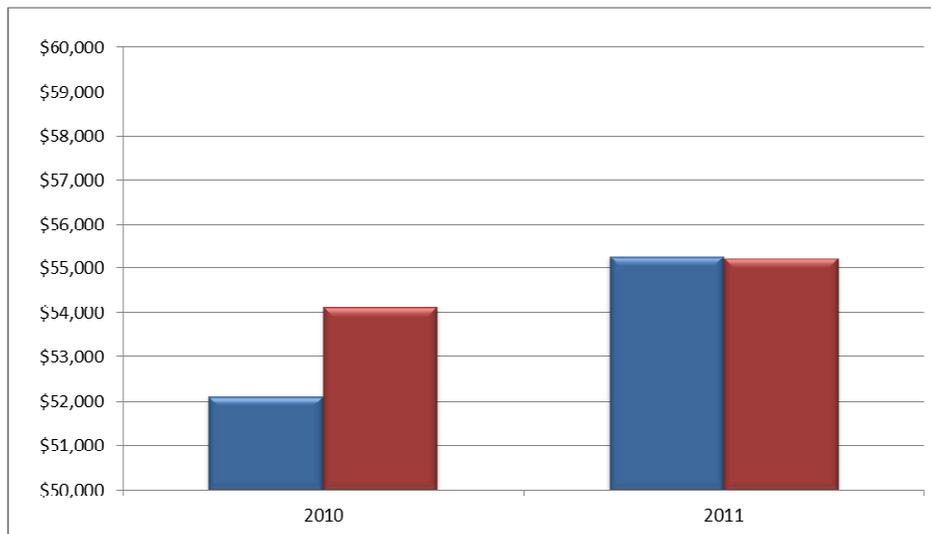
Warren County's population is neither racially nor ethnically diverse; over 95% of the population is White, Non-Hispanic, 1.4% is Black/African American, Non-Hispanic, and 2.4% is Hispanic/Latino.

**Figure 3: Income and Poverty, Warren County, 2010 – 2011**



Source: US Census Bureau

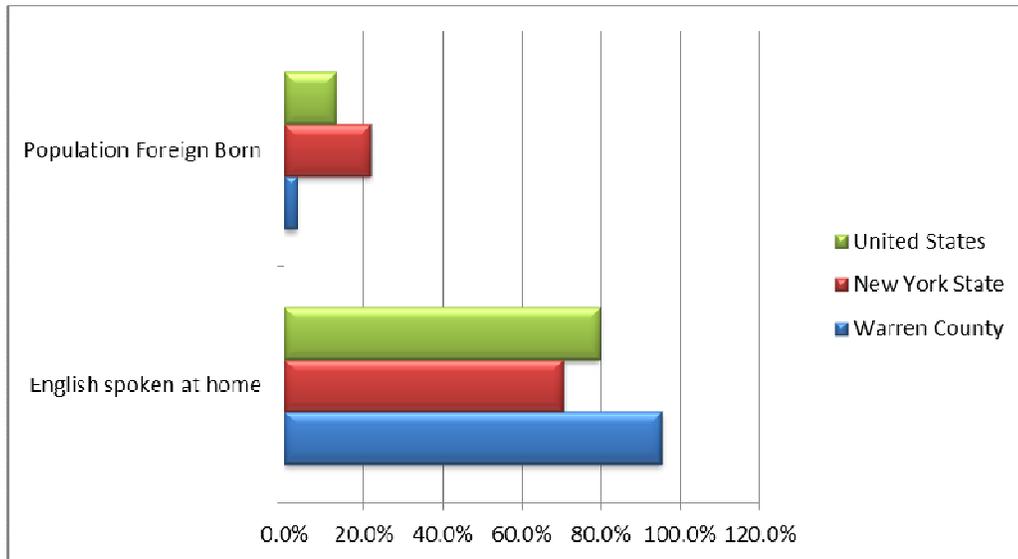
Warren County has seen the number of families that fall below the poverty level increase since 2010. From 2010 – 2011 families falling below the poverty level rose from 5.5% to 8.2%. Families with children fared just as poorly with poverty rates rising from 11.0% in 2010 to 14.2% in 2011. One-quarter of families headed by women currently fall below the poverty levels. Increases in poverty have coincided with increasing unemployment levels. Unemployment levels for 35 – 44 year olds rose 54% from 2010 – 2011.



Source: Median Income in 2010 and 2011 inflation-adjusted dollars

Warren County’s median household income was level with New York State. Warren County saw median household income rise by 6% from 2010 to 2011. This rise in median household income put Warren County on par with the rest of New York State.

**Figure 4: Population Characteristics, Warren County, New York State and the United States**



Source: U.S. Census Bureau (2007 – 2011 5 Year Estimates)

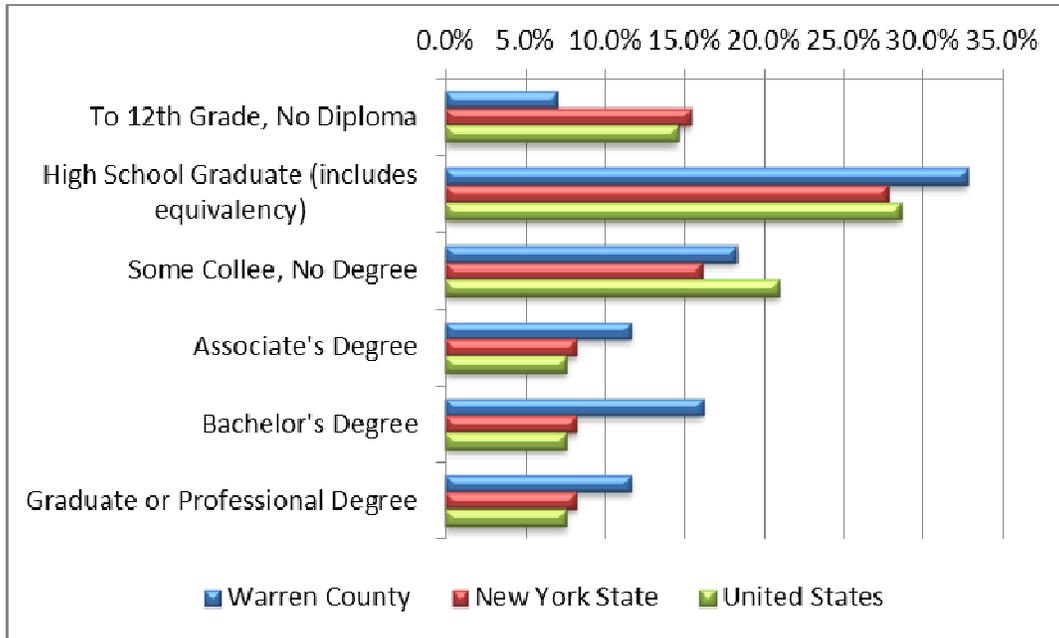
Only 3.1% of Warren County residents were not born in the United States which is well below the New York State rate (21.8%) and also below the national rate (12.8%). Additionally, in a wide majority of homes in Warren County (95.4%), English is the only language. This is also above the state rate (70.5%) and national rate (79.7%).



Source: U.S. Census Bureau (2007 – 2011 5 Year Estimates)

Warren County residents travel just over 21 minutes to get to work. This is well short of the New York State length of time traveling to work (31.4 minutes) and also shorter than the National time of 25.4 minutes.

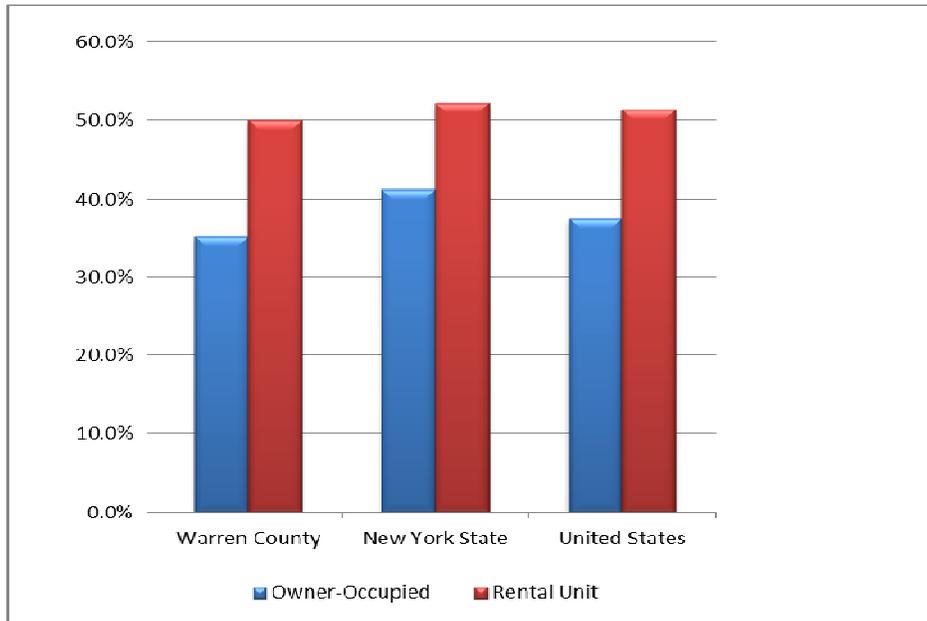
**Figure 5: Level of Education, Warren County, New York State and United States**



Source: U.S. Census Bureau (2007 – 2011 5 Year Estimates)

Warren County residents tend to be more educated than the rest of New York State and the United States. A higher percentage of Warren County residents have also completed some college or post-high school education than New York State and the United States. Warren County also has a higher high school graduation rate than New York State and the United States.

**Figure 6: Percentage of Households with Monthly Housing Costs at least 30% of Total Household Income**

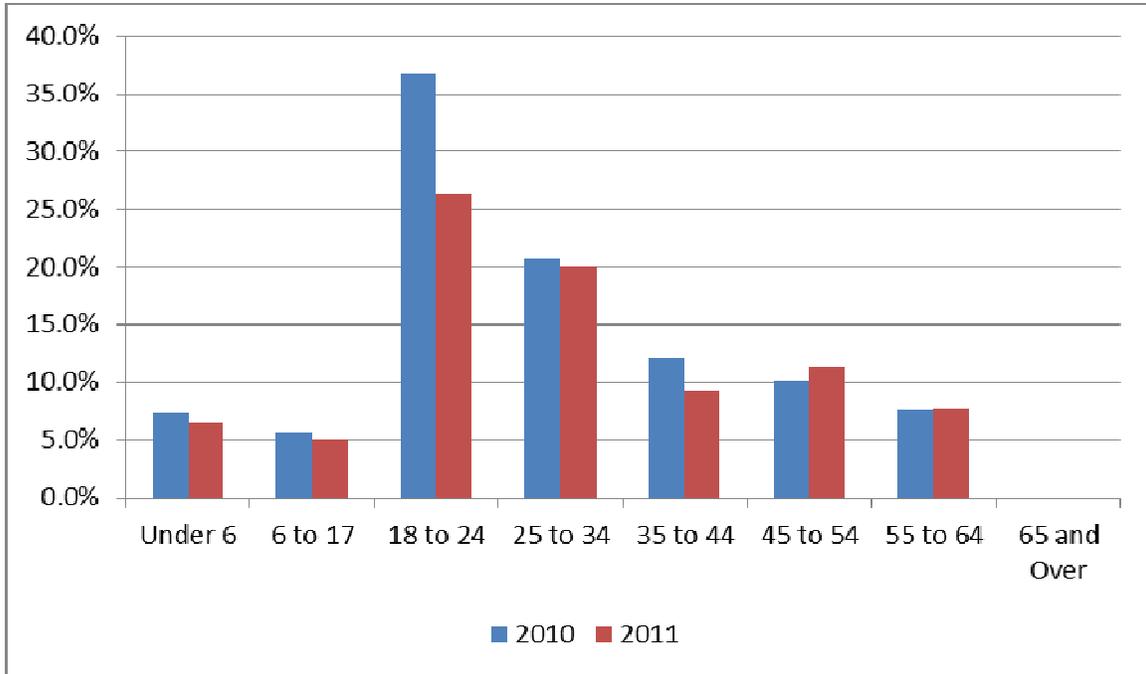


Source: U.S. Census Bureau

Family housing costs are one of the biggest burdens families face. This chart shows the percentage of families in Warren County whose housing costs exceed 30% of their monthly household income. The percentage of income used to pay monthly housing costs provides a crude measure of economic stress for a household. Monthly housing costs were determined separately for family/owner occupied and residents who rent.

Fewer Warren County residents had monthly housing costs exceeding 30% of their household income compared to New York State and United States. However, half (50.1%) of Warren County residents who rent spend 30% or more on housing costs compared to 35.2% of residents that own their home.

**Figure 7: Change in Percentage of Population who were Uninsured by Gender & Age Group, 2010-2011 Warren County**

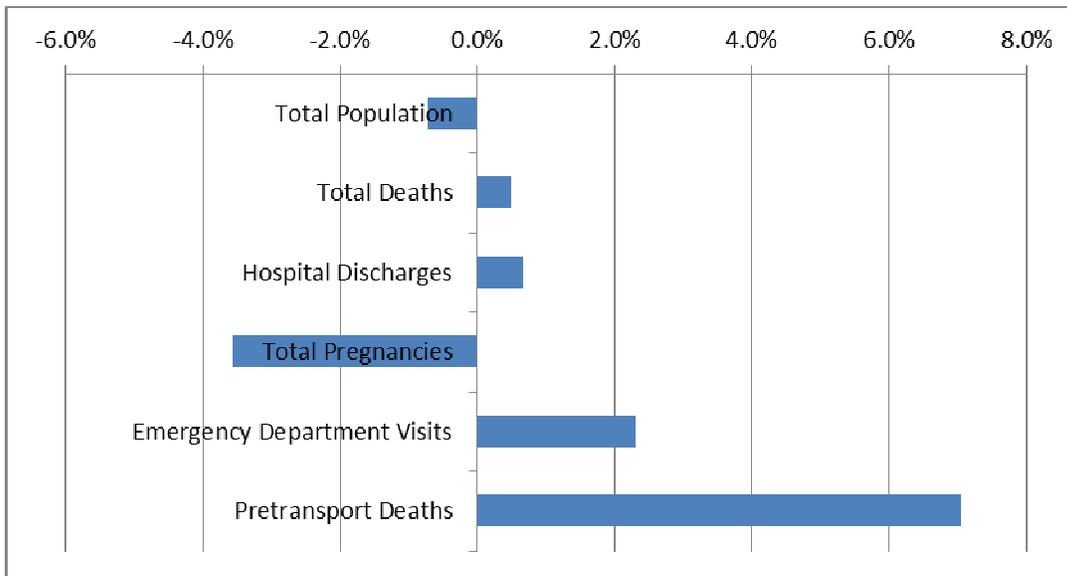


Source: US Census Bureau 2010 - 2011 three year estimate

Warren County has seen a drop in the number of uninsured residents from 2010 estimates to 2011. The percent of uninsured in the graph represent the three year estimate for 2010 and 2011. The largest drop in uninsured was the 18-24 year olds. This could be due to the new regulations allowing parents to keep their adult children on their insurance.

There were increases in the percentage of uninsured in the 45 -54 and 55 – 64 age groups. Both age groups experienced increases in unemployment according to the US Census Bureau 2010 and 2011 three year estimates, which could have led to a loss of employer sponsored health insurance or income to afford private health insurance.

**Figure 8: Trends for Access to Care**



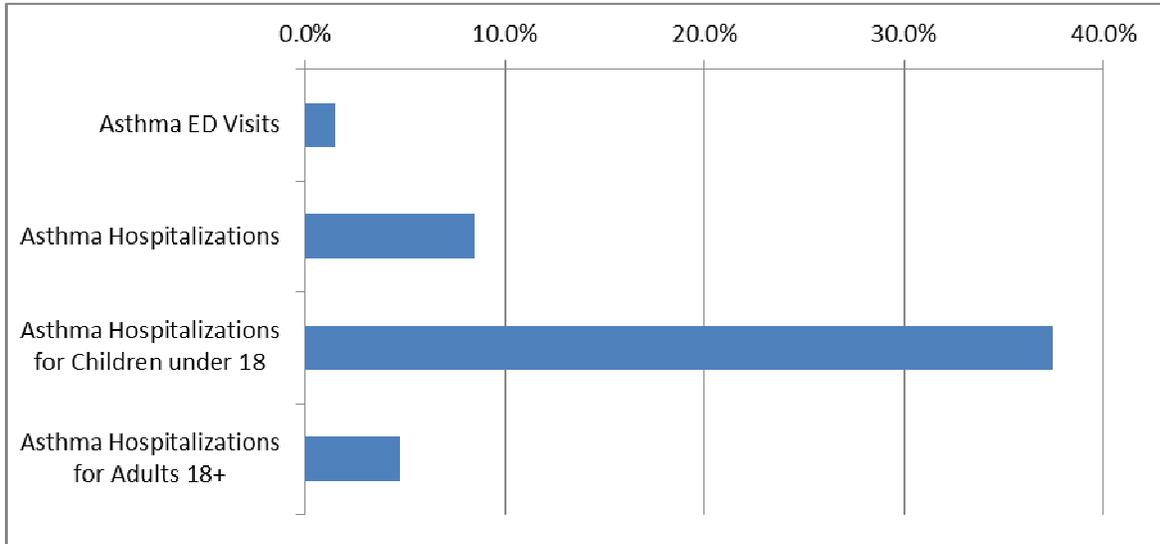
Graph: Shows increase or decrease for specific health indicators over a 3 year period not percentage of population affected.

Source: New York State Health Indicator Data

Access to care in rural counties is always a concern. Warren County has seen small increases in the number of deaths and hospital discharges 2008 – 2010. However the larger increases in pre-transport deaths and ED visits are more of a concern. The increase in pre-transport deaths could be linked to the widening gap for EMS services. Warren County relies on volunteer organizations to fill many of the local EMS roles. As fewer people sign on to serve with these organizations gaps in service occur. Often these gaps remain since there is no other organization willing or able to fill the role.

ED visits have also been on the rise. It is hard to know exactly why, especially since many residents in Warren County have access to Community Health Centers.

**Figure 9: Trends for Asthma**

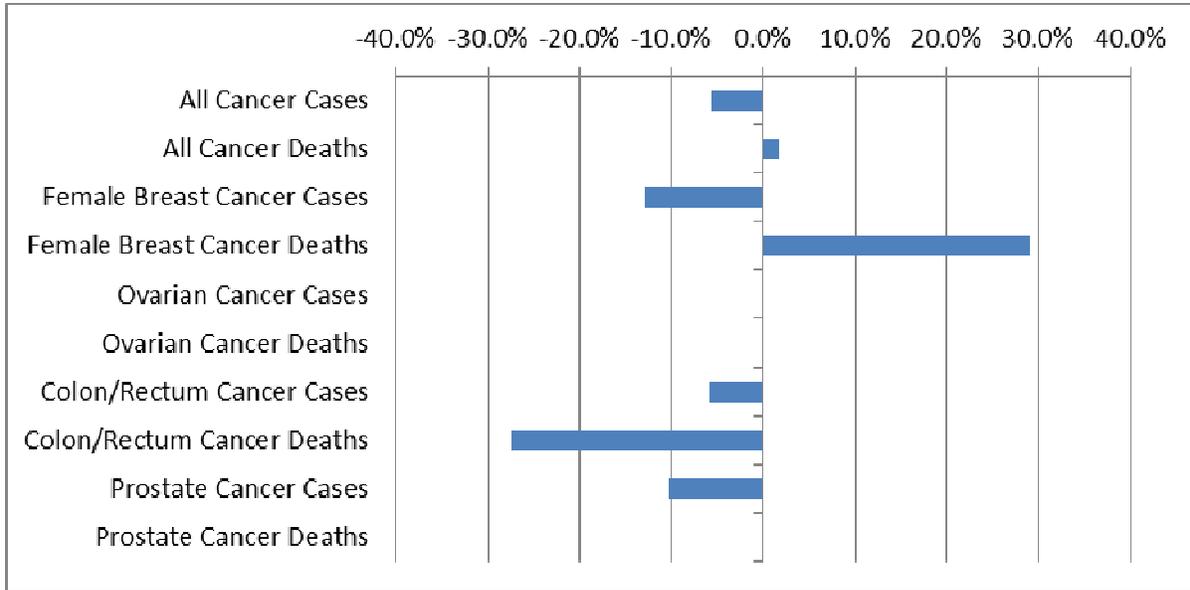


Graph: Shows increase or decrease for specific health indicators over a 3 year period not percentage of population affected.

Source: New York State Health Indicator Data

Almost all adult asthma related health indicators for Warren County fail to meet current benchmarks. Most of the indicators have not shown improvement towards current benchmarks and many have moved further away from the benchmarks. Most asthma related health indicators for children meet or exceed current benchmarks, but the numbers are trending in the opposite direction. The graph shows asthma hospitalizations for children increasing by 37% and adult hospitalizations 5%.

**Figure 10: Trends for Cancer**

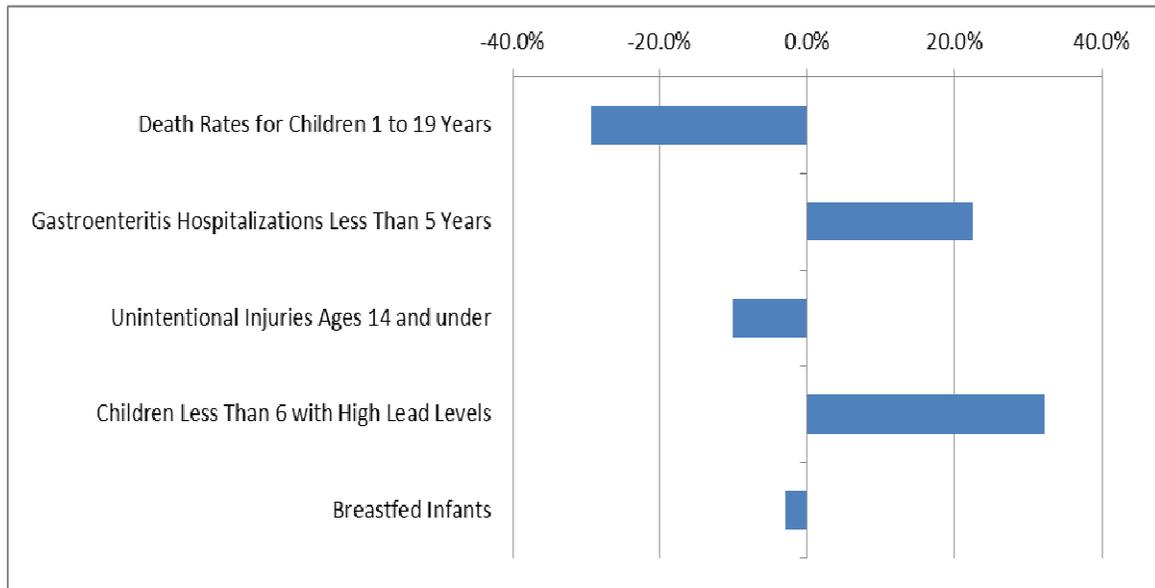


Graph: Shows increase or decrease for specific health indicators over a 3 year period not percentage of population affected.

Source: New York State Health Indicator Data

Cancer is the leading cause of death and premature death in Warren County (see table 3). Warren County rates for all cancer cases, all cancer deaths and colon and rectum cancer deaths are worse than current benchmarks. This chart shows Colon and rectum cancer cases and death rates have declined from 2008-2010. Although not shown in this chart the percentage of adults 50+ receiving sigmoidoscopy and colonoscopy has been better than the benchmark. Female breast cancer death rates are better than the benchmarks, but the numbers have been increasing as illustrated by the chart, though the actual numbers of death are less than 10 per year.

**Figure 11: Trends for Child Health**

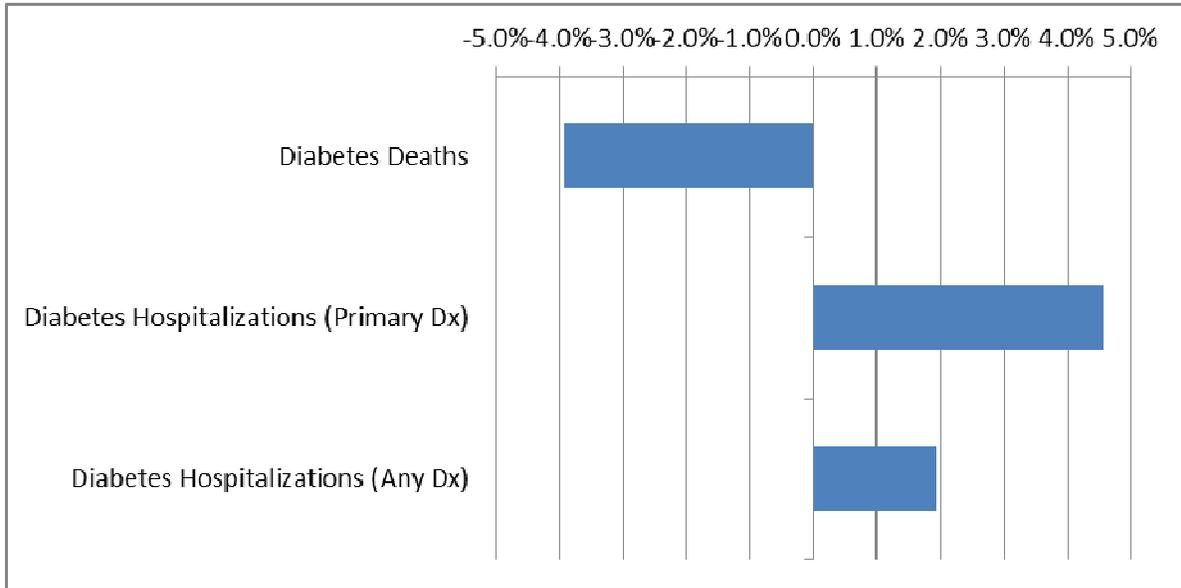


Graph: Shows increase or decrease for specific health indicators over a 3 year period not percentage of population affected.

Source: New York State Health Indicator Data

Although the death rate for Warren County children 1 – 19 years old have fallen the actual number of deaths remains low with 8 deaths from 2008 – 2010. Unintentional injuries for children 14 and under (excluding falls) have shown some decline as well. Warren County currently meets or exceeds the benchmark for high lead levels in children less than 6 year old, however the number of children being screened for high lead levels by age 18 and 36 months is below the benchmark. This chart also shows a decline in the number of children that are breastfed, but this could be due to the decrease in the number of pregnancies (see figure 19) and births in Warren County. Gastroenteritis hospitalizations for children less than five years have shown an increase but the rates still remain below benchmarks. Actual hospitalizations have totaled 8 from 2008-2010.

**Figure 12: Trends for Diabetes**

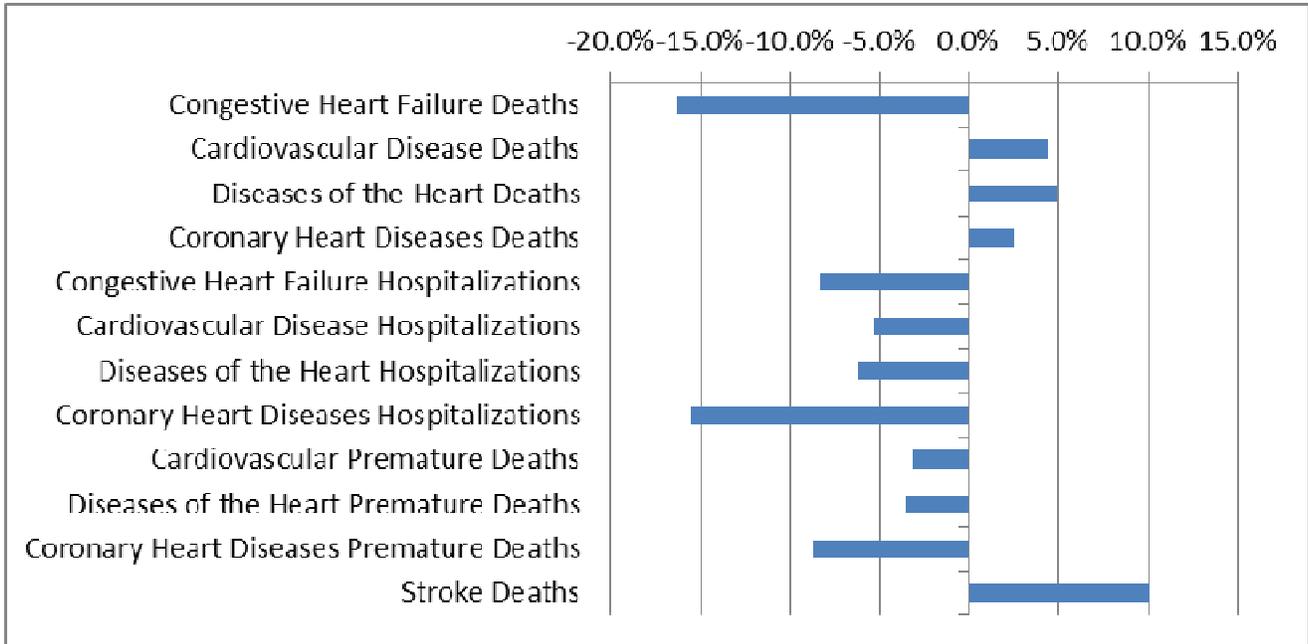


Graph: Shows increase or decrease for specific health indicators over a 3 year period not percentage of population affected.

Source: New York State Health Indicator Data

Although diabetes deaths have shown decline from 2008-2010 Warren County rates still do not meet current benchmarks. Also, diabetes hospitalizations either primary or secondary have been increasing causing Warren County to move further away from meeting the current benchmarks. Warren County residents continue to participate in health behaviors that are linked with increased risk for diabetes (see table 2a) and other chronic diseases.

**Figure 13: Trends for Heart Disease and Stroke**

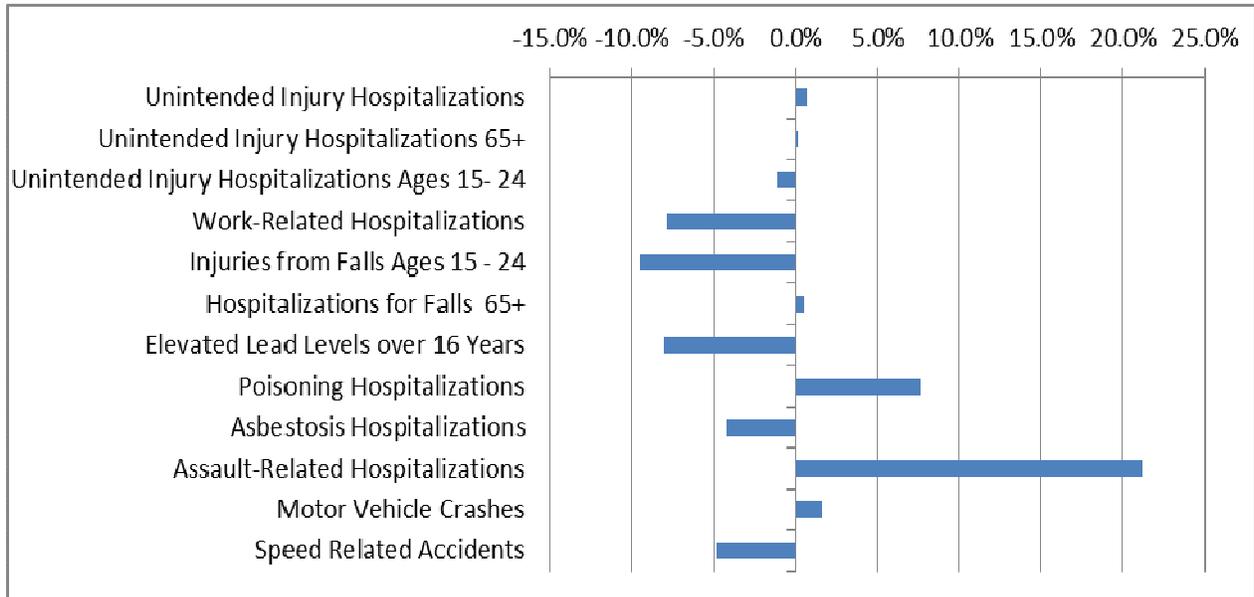


Graph: Shows increase or decrease for specific health indicators over a 3 year period not percentage of population affected.

Source: New York State Health Indicator Data

Although many of the heart, cardiovascular disease and stroke health indicators have been trending lower heart disease remains the second leading cause of death in Warren County. Also, Warren County is worse than the benchmarks for rates of premature death and hospitalizations from cardiovascular disease, diseases of the heart and coronary heart disease. Although hospitalization rates for stroke are better than the benchmarks, the rate of stroke deaths is worse than the benchmark and the actual number of stroke deaths has increased from 2008-2010.

**Figure 14: Trends for Injuries**

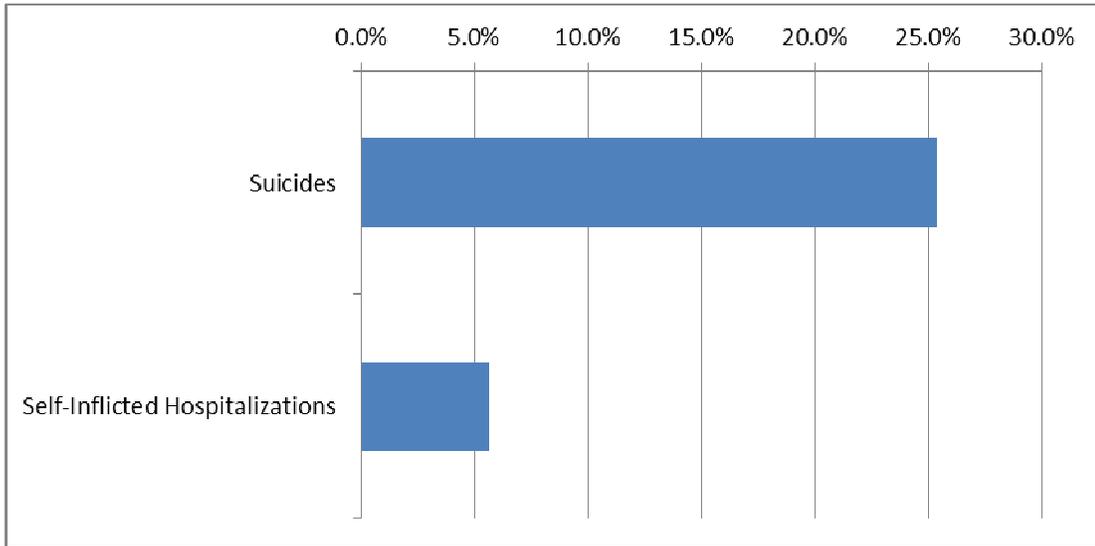


Graph: Shows increase or decrease for specific health indicators over a 3 year period not percentage of population affected.

Source: New York State Health Indicator Data

Falls continue to be a leading cause of hospitalizations across most age groups in Warren County. Occupational injuries resulting in visits to the ED are also a concern among 15 – 19 year olds in Warren County. Warren County rates of speed related accidents are worse than current benchmarks although the number of speed related crashes have declined from 2008 – 2010. Poisoning hospitalization rates in Warren County have fluctuated from 2008-2010 but have increased overall and are worse than the benchmarks. Although the rates of assault-related hospitalizations remain better than the benchmark the trend seems to be an increase in the number of assault-related hospitalizations.

**Figure 15: Trends for Mental Health**

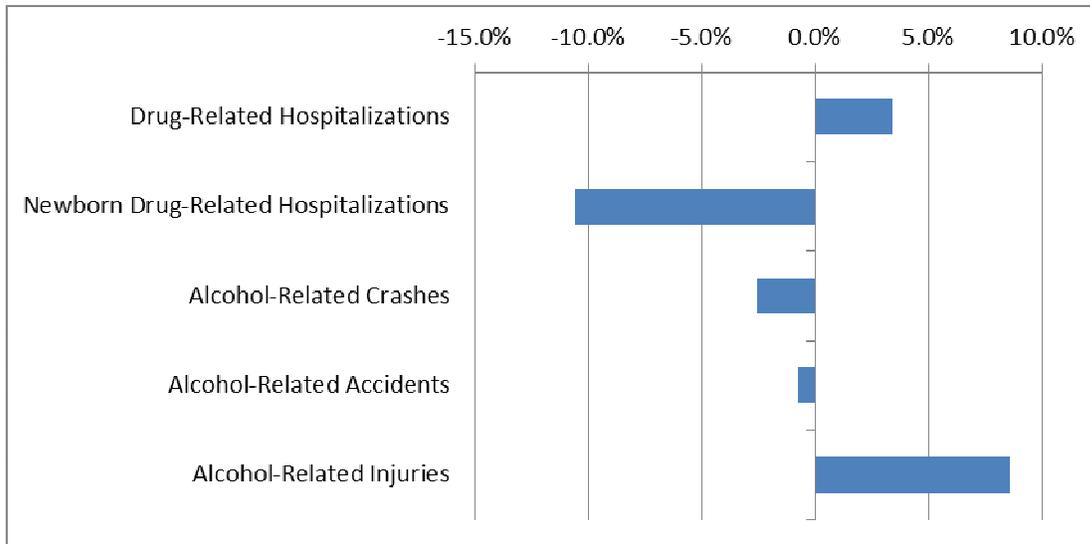


Graph: Shows increase or decrease for specific health indicators over a 3 year period not percentage of population affected.

Source: New York State Health Indicator Data

Health indicators show that more than 1 in 10 Warren County adults suffer from poor mental health. Rates of self-inflicted hospitalizations for adults and teens 15-19 years old are worse than the benchmark and have shown signs of increasing. Warren County residents also visit the ED for mental health issues at a higher rate across all age groups. Mental, emotional and behavioral health has been selected as one of the focus areas to be addressed over the next several years by Warren County Public Health and its partners.

**Figure 16: Trends for Substance Abuse**

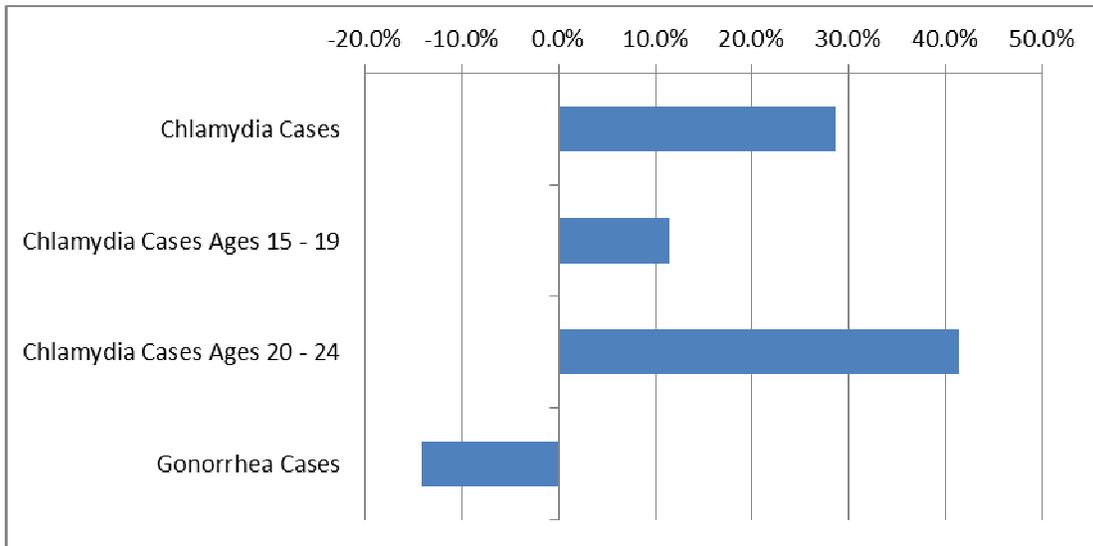


Graph: Shows increase or decrease for specific health indicators over a 3 year period not percentage of population affected.

Source: New York State Health Indicator Data

Although drug related hospitalizations are better than the benchmark, the rate continues to increase. Binge drinking among adults and alcohol related injuries and death continue to be worse than the benchmarks and remain areas of concern.

**Figure 17: Trends for Sexually Transmitted Diseases**

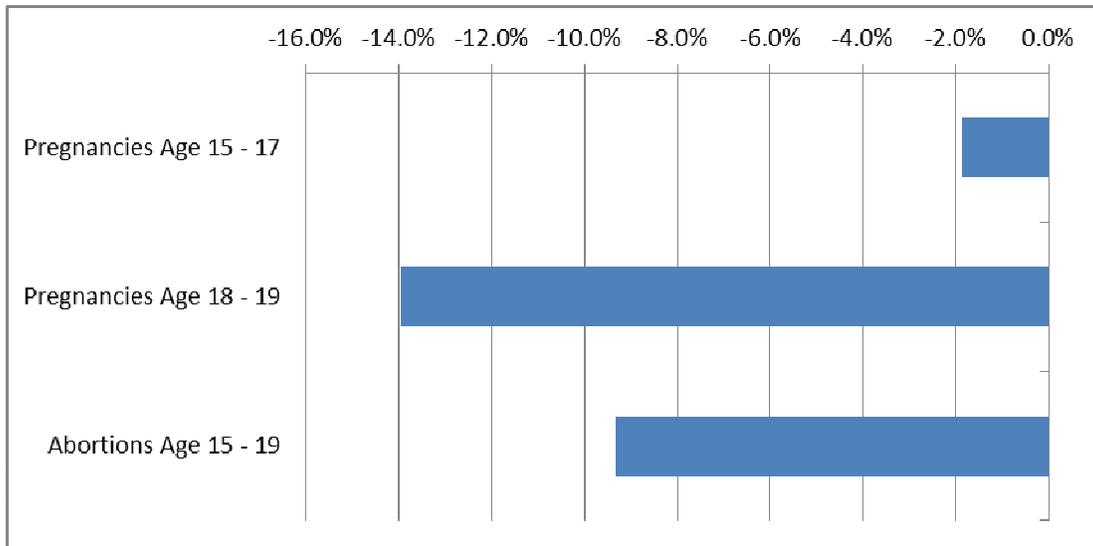


Graph: Shows increase or decrease for specific health indicators over a 3 year period not percentage of population affected.

Source: New York State Health Indicator Data

Indicators for sexually transmitted diseases (STDs) show that rates in Warren County are better than the benchmarks. However, chlamydia numbers continue to climb especially for females in the 20 – 24 year age range. Because many STDs have no signs or symptoms especially early on during the infection, continued monitoring of STDs is important to identify areas of concern and implement strategies to reduce the burden of STDs.

**Figure 18: Trends for Teen Pregnancy**

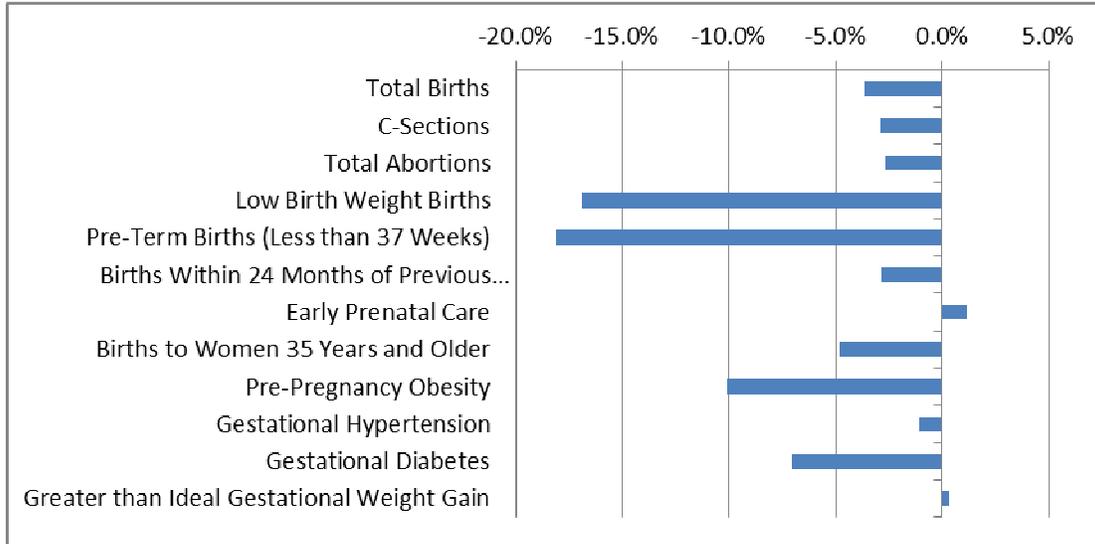


Graph: Shows increase or decrease for specific health indicators over a 3 year period not percentage of population affected.

Source: New York State Health Indicator Data

Pregnancy rates for teens 15 – 19 years old are worse than the benchmark. However, the rates are influenced by the high rate of pregnancy for 18 – 19 year olds which has been showing some decline, but is still worse than the benchmark. Rates for younger teen populations are better than the benchmarks. It is important to note that abortion rates have trended lower as pregnancy rates have declined.

**Figure 19: Trends for Maternal, Infant and Reproductive Health**



Graph: Shows increase or decrease for specific health indicators over a 3 year period not percentage of population affected.

Source: New York State Health Indicator date

The indicators relating to maternal, infant and reproductive health show improvement almost across the board. However, many of the indicators that are associated with less than ideal pregnancy outcomes still do not meet the benchmarks. Rates for unintended pregnancies and pregnancies within 24 months of a previous pregnancy do not meet current benchmarks. One in ten pregnancies ends with pre-term birth. The rate of pre-term births might be associated the high number of women in Warren County experiencing pre-pregnancy obesity, greater than ideal gestational weight gain, gestational diabetes and/or gestational hypertension. Rates for each of these indicators are worse than the benchmarks. Maternal, infant and reproductive health remains an area of concern for Warren County

**Table 1: County Health Rankings, Outcomes and Factors for Selected NYS Counties**

	<b>Mortality</b>	<b>Morbidity</b>	<b>Healthy Behaviors</b>	<b>Clinical Care</b>	<b>Economic Factors</b>	<b>Physical Environment</b>
County	Rank	Rank	Rank	Rank	Rank	Rank
Albany	34	26	15	6	16	15
Clinton	32	27	32	32	47	56
Columbia	49	39	9	45	14	7
Essex	14	16	16	37	32	2
Franklin	42	23	36	51	55	45
Fulton	37	60	55	48	59	10
Greene	55	48	52	44	46	5
Hamilton	61	33	17	41	11	44
Rensselaer	31	46	40	28	18	38
Saratoga	8	6	12	5	2	9
Schenectady	27	42	24	11	33	46
Warren	16	7	44	2	23	3
Washington	33	45	56	26	28	28

Source: County Health Rankings & Roadmaps, A Healthier Nation, County by County, Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute - 2013

Note: Highlighted cells show the Counties that rank highest in the region.

Warren County ranks as the 12th overall healthiest county in New York State and 2nd in the greater region. However in terms of Outcomes and Factors, Warren County ranks as follows: 12<sup>th</sup> from health outcomes and 17<sup>th</sup> for health factors among New York State Counties.

**Table 1A: Warren County Comparison of Outcomes/Factors to State and Regional Rankings**

Outcome/Factor	State-Wide Rank	Greater Regional Rank
Mortality	16	3
Morbidity	7	2
Healthy Behaviors	44	10
Clinical Care	2	1
Economic Factors	23	6
Physical Environment	3	2

Although Warren County provides excellent clinical care for its residents and a healthy physical environment, two areas that are mostly likely negatively impacting health are health behaviors (i.e. smoking) and economic factors (i.e. limited employment opportunities). Warren County currently ranks 44<sup>th</sup> and 23<sup>rd</sup> respectively for those areas among New York State Counties. Also, Warren County ranks 10<sup>th</sup> and 6<sup>th</sup> respectively out of 13 regional counties.

**Table 2: County Health Rankings, Factors-Focus Areas for Selected NYS Counties**

	<b>Tobacco Use</b>	<b>Diet and Exercise</b>	<b>Alcohol Use</b>	<b>Sexual Activity</b>	<b>Access to Care</b>	<b>Quality of Care</b>	
County	Rank	Rank	Rank	Rank	Rank	Rank	
Albany	22	6	22	37	6	14	
Clinton	20	37	59	21	24	50	
Columbia	6	8	52	25	44	33	
Essex	10	20	50	11	52	13	
Franklin	21	33	56	41	57	38	
Fulton	52	46	54	43	41	47	
Greene	53	40	46	28	48	24	
Hamilton	31	7	32	17	61	2	
Rensselaer	40	35	43	42	25	45	
Saratoga	14	15	29	6	7	12	
Schenectady	29	27	5	49	19	6	
Warren	45	30	45	34	9	4	
Washington	56	54	31	44	51	7	
	<b>Education</b>	<b>Employment</b>	<b>Income</b>	<b>Family &amp; Social Support</b>	<b>Community Safety</b>	<b>Environmental Quality</b>	<b>Built Environment</b>
County	Rank	Rank	Rank	Rank	Rank	Rank	Rank
Albany	9	8	20	42	55	1	35
Clinton	44	58	22	29	19	7	57
Columbia	33	10	11	25	27	3	15
Essex	27	50	30	7	15	25	2
Franklin	55	48	59	41	14	44	46
Fulton	61	59	49	56	35	4	21
Greene	50	45	31	37	37	35	4
Hamilton	10	23	21	8	8	54	33
Rensselaer	11	14	18	45	51	5	59
Saratoga	3	3	2	1	4	9	10
Schenectady	29	14	39	9	56	2	61
Warren	37	35	22	27	18	39	3
Washington	58	14	31	16	16	19	34

Source: County Health Rankings & Roadmaps, A Healthier Nation, County by County, Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute – 2013 Note: Highlighted cells show the Counties that rank highest in the region.

Residents of Warren County engage in a number of health behaviors that put them at increased risk for health problems. Warren County ranks no better than 30<sup>th</sup> and as low as 45<sup>th</sup> among New York State counties for tobacco use, diet and exercise, alcohol use and sexual activity. Along with health behaviors Warren County also ranks lower than expected for social factors that can impact health. Warren County ranks, 37<sup>th</sup>, 35<sup>th</sup>, 22<sup>nd</sup> and 27<sup>th</sup> in education, employment, income and family/social support. Areas where Warren County ranks favorably are access to and quality of care, and the built environment. Warren County ranks 18<sup>th</sup> in community safety.

**Table 2A: Warren County Comparison of Factors/Focus Areas to State and Regional Rankings**

<b><u>Factor/Focus Area</u></b>	<b><u>State-Wide Rank</u></b>	<b><u>Greater Regional Rank</u></b>
<b>Tobacco Use</b>	45	10
<b>Diet and Exercise</b>	30	7
<b>Alcohol Use</b>	45	7
<b>Sexual Activity</b>	34	7
<b>Access to Care</b>	9	3
<b>Quality of Care</b>	4	2
<b>Education</b>	37	8
<b>Employment</b>	35	8
<b>Income</b>	22	6
<b>Family &amp; Social Support</b>	27	6
<b>Community Safety</b>	18	6
<b>Environmental Quality</b>	39	11
<b>Built Environment</b>	3	2

Warren County mirrors its statewide rankings for health behaviors and social factors that impact health at the regional level. Warren County ranks no better than 7<sup>th</sup> and as low as 10<sup>th</sup> for tobacco use, diet and exercise, alcohol use and sexual activity out of its 13 county region. Similarly, Warren County ranks 8<sup>th</sup>, 8<sup>th</sup>, 6<sup>th</sup> and 6<sup>th</sup> in education, employment, income and family/social support. Warren County ranks 3<sup>rd</sup>, 2<sup>nd</sup>, and 2<sup>nd</sup> for access to and quality of care, and the built environment. Warren County ranks 6<sup>th</sup> in community safety, regionally.

**Table 3: Leading Causes of Death in Warren County**

	1st	2nd	3rd	4th	5th
Causes of Death	Cancer	Heart Disease	Chronic Lower Respiratory Disease (CLRD)	Stroke	Diabetes
Causes of Premature Death	Cancer	Heart Disease	Chronic Lower Respiratory Disease (CLRD)	Unintentional Injury	Suicide

Source: New York State Web Site. 2010 Data

Note: Premature Death is defined as death before age 75.

**Leading Causes of Death and Premature Death:**

Cancer and heart disease are the leading causes of death and premature death in Warren County. Chronic lower respiratory disease is the third most common cause of death and premature death. Stroke and diabetes are the 4<sup>th</sup> and 5<sup>th</sup> leading causes of death, but unintentional injuries and suicide are the 4<sup>th</sup> and 5<sup>th</sup> leading causes of premature death.

**Table 3A: Leading Causes of Premature Death for Counties in the Greater Region**

County	1st	2nd	3rd	4th	5th
Albany	Cancer	Heart Disease	Unintentional Injury	Chronic Lower Respiratory Disease	Stroke
Clinton	Cancer	Heart Disease	Unintentional Injury	Chronic Lower Respiratory Disease	Suicide
Columbia	Cancer	Heart Disease	Unintentional Injury	Chronic Lower Respiratory Disease	Stroke
Essex	Cancer	Heart Disease	Unintentional Injury Chronic Lower Respiratory Disease		Liver Disease
Franklin	Cancer	Heart Disease	Unintentional Injury	Chronic Lower Respiratory Disease	Suicide
Fulton	Cancer	Heart Disease	Chronic Lower Respiratory Disease	Unintentional Injury	Septicemia
Greene	Cancer	Heart Disease	Chronic Lower Respiratory Disease Unintentional Injury		Stroke
Hamilton	Cancer	Heart Disease	Unintentional Injury	Liver Disease	Chronic Lower Respiratory Disease
Rensselaer	Cancer	Heart Disease	Chronic Lower Respiratory Disease	Unintentional Injury	Stroke
Saratoga	Cancer	Heart Disease	Chronic Lower Respiratory Disease	Unintentional Injury	Stroke
Schenectady	Cancer	Heart Disease	Chronic Lower Respiratory Disease	Unintentional Injury	Diabetes
Warren	Cancer	Heart Disease	Chronic Lower Respiratory Disease	Unintentional Injury	Suicide
Washington	Cancer	Heart Disease	Unintentional Injury	Chronic Lower Respiratory Disease	Suicide

Source: New York State Web Site. 2008-2010Data

Throughout the region, the leading causes of premature death are cancer and heart disease which reflect Warren County's experience. The majority of Warren County's leading causes of premature death are related to chronic disease. However, unintentional injuries and suicide are related to healthy and safe environment and mental health.

**Table 4: Health Needs Priority Rankings**

Priority Rank	Indicator Severity Score	Leading Causes of Premature Death	County Health Rankings for NYS	ARHN Survey Results
1	Air Quality	Cancer	Alcohol Use	Prevent Chronic Disease
2	Built Environment	Heart Disease	Diet & Exercise	Promote Mental, Emotional and Behavioral Health & Prevent Substance Abuse
3	Promote Mental, Emotional and Behavioral Health & Prevent Substance Abuse	Chronic Lower Respiratory Disease	Tobacco Use	Promote Healthy & Safe Environment
4	Injuries, violence and occupational health	Unintentional Injuries	Quality of Care	Promote Healthy Women & Children
5	Reduce illness, disability, and death related to tobacco use & secondhand smoke exposure	Suicide	Built Environment	Prevent HIV/STI and Vaccine Preventable Diseases
6	Preconception and reproductive health		Environmental Quality	
7	Maternal and Infant Health		Access to Care	
8	Prevent Chronic Disease		Sexual Activity	

The health needs of Warren County vary depending on what data is being considered. However, this chart can be used to help guide the planning process for improving the health of Warren County residents by showing commonalities that exist across different priority ranking criteria.

**Table 5: Health Indicator Trend Data**

This table shows the actual number of cases or events (not rates or percentages as listed in the indicators) that occurred during the years listed in the indicator description. Only health indicators where actual numbers are available have been included in this table.

<b>Warren County</b>	<b>Numbers Per Year (If available)</b>		
	<b>One</b>	<b>Two</b>	<b>Three</b>
<b>Injuries, Violence and Occupational Health</b>			
<b>Prevention Agenda Indicators</b>			
1. Rate of Hospitalizations due to Falls for Ages 65 Plus per 10,000 Population, '08 - 10	289	291	292
3. Rate of Assault-Related Hospitalizations per 10,000 Population, '08 - 10	15	6	22
<b>Other Indicators</b>			
1. Rate of Hospitalizations for Falls for Children Ages Under 10 per 10,000 Population Children Ages Under 10 , '08 - 10	10	7	9
2. Rate of Hospitalizations for Falls for Children Ages 10 - 14 per 10,000 Population Children Ages 10 - 14, '08 - 10	3	0	2
3. Rate of Hospitalizations for Falls for Individuals Ages 15 - 24 per 10,000 Population Individuals Ages 15 - 24, '08 - 10	11	5	9
4. Rate of Hospitalizations for Falls for Adults Ages 25 - 64 per 10,000 Population Adults Ages 25 - 64, '08 - 10	86	85	88
9. Rate of Pneumonconsis Hospitalizations, Ages 15 Plus, per 10,000 Population Ages 15 Plus, '08 - 10	24	9	14
10. Rate of Asbestosis Hospitalizations, Ages 15 Plus, per 10,000 Population Ages 15 Plus, '08 - 10	327	368	300
11. Rate of Work-Related Hospitalizations, Employed Ages 16 Plus per 10,000 Individuals Employed Ages 16 Plus, '08 - 10	93	66	79
12. Rate of Elevated Blood Lead Levels Ages 16 Plus Employed per 10,000 Individuals Employed Ages 16 Plus, '08 - 10	13	6	11
13. Rate of Total Motor Vehicle Crashes per 100,000 Population, '09 - 11	1,691	1,709	1,747
14. Rate of Pedestrian-Related Accidents per 100,000 Population, '09 - 11	20	22	25
15. Rate of Speed-Related Accidents per 100,000 Population, '09 - 11	189	181	171
16. Rate of Motor Vehicle Accident Deaths per 100,000 Population, '08 - 10	7	6	2
17. Rate of TBI Hospitalizations per 10,000 Population, '08 - 10	50	49	81

<b>Warren County</b>	<b>Number Per Year (If Available)</b>		
	<b>One</b>	<b>Two</b>	<b>Three</b>
18. Rate of Unintentional Injury Hospitalizations per 10,000 Population, '08 - 10	683	647	692
19. Rate of Unintentional Injury Hospitalizations Ages 14 and Under per 10,000 Population Ages 14 and Under, '08 - 10	26	19	21
20. Rate of Unintentional Injury Hospitalizations Ages 65 Plus per 10,000 Population Ages 65 Plus, '08 - 10	392	383	393
21. Rate of Poisoning Hospitalizations per 10,000 Population, '08 - 10	114	87	132
<b>Reduce Obesity in Adults and Children</b>			
<b>Prevention Agenda Indicators</b>			
14. Rate of Cardiovascular Disease Deaths per 100,000 Population, '08 - 10	188	185	205
15. Rate of Cardiovascular Premature Deaths ( Ages 35 - 64) per 100,000 Population Ages 35 - 64, '08 - 10	32	24	30
16. Rate of Pretransport Deaths per 100,000 Population, '08 - 10	96	111	110
17. Rate of Cardiovascular Hospitalizations per 10,000 Population, '08 - 10	1,362	1,306	1,221
18. Rate of Diseases of the Heart Deaths per 100,000 Population, '08 - 10	147	144	162
19. Rate of Diseases of the Heart Premature Deaths ( Ages 35 - 64) per 100,000 Population Ages 35 - 64, '08 - 10	29	22	27
20. Rate of Disease of the Heart Transport Deaths per 100,000 Population, '08 - 10	78	89	93
21. Rate of Disease of the Heart Hospitalizations per 10,000 Population, '08 - 10	988	905	869
22. Rate of Coronary Heart Diseases Deaths per 100,000 Population, '08 - 10	98	90	103
23. Rate of Coronary Heart Diseases Premature Deaths (Ages 35 - 64) per 100,000 Population Ages 35 - 64, '08 - 10	24	16	20
24. Rate of Coronary Heart Disease Transport Deaths per 100,000 Population, '08 - 10	49	56	64
25. Rate of Coronary Heart Disease Hospitalizations per 10,000 Population, '08 - 10	428	373	305
26. Rate of Congestive Heart Failure Deaths per 100,000 Population, '08 - 10	10	8	7
27. Rate of Congestive Heart Failure Premature Deaths (Ages 35 - 64) per 100,000 Population Ages 35 - 64, '08 - 10	1	0	0
28. Rate of Congestive Heart Failure Transport Deaths per 100,000 Population, '08-10	6	4	3
29. Rate of Congestive Heart Failure Hospitalizations per 10,000 Population, '08 - 10	231	196	194
30. Rate of Cerebrovascular (Stroke) Deaths per 100,000 Population, '08 - 10	28	29	34
31. Rate of Cerebrovascular (Stroke) Hospitalizations per 10,000 Population, '08 - 10	176	214	180
32. Rate of Hypertension Hospitalizations (Ages 18 Plus) per 100,000 Population Ages 18 Plus, '08 - 10	17	9	14
33. Rate of Diabetes Deaths per 100,000 Population, '08 - 10	13	16	12
34. Rate of Diabetes Hospitalizations (Primary Diagnosis) per 10,000 Population, '08 - 10	107	99	117
35. Rate of Diabetes Hospitalizations (Any Diagnosis) per 10,000 Population, '08 - 10	1,743	1,791	1,811

Warren County	Number Per Year (If Available)		
	One	Two	Three
<b>Reduce Illness, Disability and Death Related to Tobacco use and Secondhand Smoke Exposure</b>			
<b>Other Indicators</b>			
1. Rate of Chronic Lower Respiratory Disease Deaths per 100,000 Population, '08 - 10	40	40	39
2. Rate of Chronic Lower Respiratory Disease Hospitalizations per 10,000 Population, '08 - 10	295	342	395
3. Rate of Asthma Deaths per 100,000 Population, '08 - 10	1	2	1
4. Rate of Asthma Hospitalizations per 10,000 Population, '08 - 10	91	86	107
5. Rate of Asthma Hospitalizations, Ages 25 - 44, per 10,000 Population Ages 25 - 44, '08 - 10	21	25	31
6. Rate of Asthma Hospitalizations, Ages 45 - 64, per 10,000 Population Ages 45 - 64, '08 - 10	30	24	25
7. Rate of Asthma Hospitalizations, Ages 65 Plus, per 10,000 Population Ages 65 Plus, '08 - 10	28	20	32
9. Rate of Lung and Bronchus Deaths per 100,000 Population, '07 - 09	35	45	48
10. Rate of Lung and Bronchus Cases per 100,000 Population, '07- 09	69	66	58
<b>Increase Access to High Quality Chronic Disease Preventive Care and Management in Both Clinical and Community Settings</b>			
<b>Prevention Agenda Indicators</b>			
2. Rate of Asthma ED Visits per 10,000 Population, '08 - 10	326	336	336
<b>Other Indicators</b>			
1. Rate of Asthma ED Visits for Ages 18 - 64 per 10,000 Population Ages 18 - 64, '08 - 10	235	230	244
2. Rate of Asthma ED Visits for Ages 65 Plus per 10,000 Population Age 65 Plus, '08-10	21	27	17
3. Rate of All Cancer Cases per 100,000 Population, '07 - 09	471	471	419
4. Rate of all Cancer Deaths per 100,000 Population, '07 - 09	156	166	161
5. Rate of Female Breast Cancer Cases per 100,000 Female Population, '07 -09	62	51	47
7. Rate of Female Breast Cancer Deaths per 100,000 Female Population, '07	6	8	10
14. Rate of Colon and Rectum Cancer Cases per 100,000 Population, '07 - 09	35	31	31
15. Rate of Colon and Rectum Cancer Deaths per 100,000 Population, '07 - 09	19	22	10
19. Rate of Prostate Cancer Cases per 100,000 Male Population, '07 - 09	72	81	58
24. Percentage of Medicaid Enrollees with at Least One Preventive Dental Visit within the Year, '08 - 10	2,984	3,642	4,041
25. Percentage of Age Adjusted Adults with a Dental Visit Within the Last 12 Months, '08/09	2,469	3,050	3,396
28. Oral Cavity and Pharynx Cancer Cases per 100,000 Population, '07 - 09	9	17	11

Warren County	Number Per Year (If Available)		
	One	Two	Three
<b>Maternal and Infant Health</b>			
<b>Prevention Agenda Indicators</b>			
1. Percentage Preterm Births < 37 Weeks of Total Births Where Gestation Period is Known, '08 - 10	79	65	53
5. Rate of Maternal Mortality per 100,000 Births, '08 - 10	0	0	0
<b>Other Indicators</b>			
1. Percentage Preterm Births < 32 weeks of Total Births Where Gestation Period is Known, '08 - 10	7	10	13
2. Percentage Preterm Births 32 to < 37 Weeks of Total Births Where Gestation Period is Known, '08 - 10	72	55	40
3. Percentage of Total Births with Weights Less Than 1,500 grams, '08 - 10	6	3	8
4. Percentage of Singleton Births with Weights Less Than 1,500 grams, '08 - 10	3	3	8
5. Percentage of Total Births with Weights Less Than 2,500 grams, '08 - 10	55	48	38
6. Percentage of Singleton Births with Weights Less Than 2,500 grams, '08 - 10	37	39	31
12. Rate of Deaths (28 Weeks Gestation to 7 days) per 1,000 Live Births and Perinatal Deaths, '08 - 10	6	0	9
13. Percentage Early Prenatal Care of Total Births Where Prenatal Care Status is Known, '08 - 10	344	361	352
16. Percentage APGAR Scores of Less Than 5 at 5 Minute Mark of Births Where APGAR Score is Known, '08 - 10	4	6	5
17. Rate of Newborn Drug Related Hospitalizations per 10,000 Births, '08 - 10	5	4	4
19. Percentage Infants Receiving Any Breast Milk in Delivery Hospital, '08 - 10	456	433	429
<b>Preconception and Reproductive Health</b>			
<b>Prevention Agenda Indicators</b>			
1. Percent of Births within 24 months of Previous Pregnancy, '08 - 10	159	163	150
2. Rate of Pregnancies Ages 15 - 17 year per 1,000 Females Ages 15-17, '08 - 10	27	26	26
<b>Other Indicators</b>			
1. Rate of Total Births per 1,000 Females Ages 15-44, '08 - 10	658	640	611
2. Percent Multiple Births of Total Births, '08 - 10	20	22	16
3. Percent C-Sections to Total Births, '08 - 10	227	246	214
4. Rate of Total Pregnancies per 1,000 Females Ages 15-44, '08 - 10	917	904	853
5. Rate of Births Ages 10 - 14 per 1,000 Females Ages 10-14, '08 - 10	1	0	1
6. Rate of Pregnancies Ages 10 - 14 per 1,000 Females Ages 10-14, '08 - 10	1	0	1
7. Rate of Births Ages 15 - 17 per 1,000 Females Ages 15-17, '08 - 10	8	8	13

Warren County	Number Per Year (If Available)		
	One	Two	Three
8. Rate of Births Ages 15 - 19 per 1,000 Females Ages 15-19, '08 - 10	56	54	43
9. Rate of Pregnancies Ages 15 - 19 per 1,000 Females Ages 5-19, '08 - 10	104	116	83
10. Rate of Births Ages 18 - 19 per 1,000 Females Ages 18-19, '08 - 10	48	46	30
11. Rate of Pregnancies Ages 18 - 19 per 1,000 Females Ages 18-19, '08 - 10	77	90	57
12. Percent Total Births to Women Ages 35 Plus, '08 - 10	85	80	77
13. Rate of Abortions Ages 15 - 19 per 100 Live Births, Mothers Ages 15-19, '08 - 10	45	61	37
14. Rate of Abortions All Ages per 100 Live Births to All Mothers, '08 - 10	208	223	197
15. Percentage of WIC Women Pre-pregnancy Underweight, '08 - 10	22	18	17
16. Percentage of WIC Women Pre-pregnancy Overweight but not Obese, '08 - 10	111	105	59
17. Percentage of WIC Women Pre-pregnancy Obese, '08 - 10	115	134	93
18. Percentage of WIC Women with Gestational Weight Gain Greater than Ideal, '08 - 10	170	201	171
19. Percentage of WIC Women with Gestational Diabetes, '08 - 10	22	27	19
20. Percentage of WIC Women with Gestational Hypertension, '08 - 10	47	54	46
<b>Child Health</b>			
<b>Other Indicators</b>			
1. Rate of Children Deaths Ages 1 - 4 per 100,000 Population Children Ages 1 - 4, '08 - 10	2	0	1
2. Rate of Children Deaths Ages 5 - 9 per 100,000 Population Children Ages 1 - 4, '08 - 10	0	0	0
3. Rate of Children Deaths Ages 10 - 14 per 100,000 Population Children ages 10 - 14, '08 - 10	0	1	0
4. Rate of Children Deaths Ages 5 - 14 per 100,000 Population Children Ages 5 - 14, '08 - 10	0	1	0
5. Rate of Children Deaths Ages 5 - 19 per 100,000 Population Children Ages 15 - 19, '08 - 10	2	1	1
6. Rate of Children Deaths Ages 1 - 19 per 100,000 Population Children Ages 1 - 19, '08 - 10	4	2	2
7. Rate of Asthma Hospitalizations Children Ages 0 - 4 per 10,000 Population Children Ages 0 - 4, '08 - 10	6	6	6
8. Rate of Asthma Hospitalizations Children Ages 5 - 14 per 10,000 Population Children Ages 5 - 14, '08 - 10	2	4	8
9. Rate of Asthma Hospitalizations Children Ages 0 - 17 per 10,000 Population Children Ages 0 - 17, '08 - 10	9	10	17
10. Rate of Gastroenteritis Hospitalizations Children Ages 0 - 4 per 10,000 Population Children Ages 0 - 4, '08 - 10	2	3	3
11. Rate of Otitis Media Hospitalizations Children Ages 0 - 4 per 10,000 Population Children Ages 0 - 4, '08 - 10	1	0	1

Warren County	Number Per Year (If Available)		
	One	Two	Three
12. Rate of Pneumonia Hospitalizations Children Ages 0 - 4 per 10,000 Population Children Ages 0 - 4, '08 - 10	10	6	11
13. Rate of ED Asthma Visits Children Ages 0 - 4 per 10,000 Population Children Ages 0 - 4, '08 - 10	33	34	25
17. Rate of Children Ages < 6 with Confirmed Blood Lead Levels >= 10 mg/dl Cases Per 1,000 Children Tested, '08 - 10	4	5	7
18. Rate of Unintentional Injury Hospitalizations for Children Under Age 10 per 10,000 Population Children Under Age 10, '08 - 10	18	17	16
19. Rate of Unintentional Injury Hospitalizations for Children Ages 10 - 14 per 10,000 Population Children Ages 10 - 14, '08 - 10	8	2	5
20. Rate of Unintentional Injury Hospitalizations for Children/Young Adults Ages 15 - 24 per 10,000 Population Ages 15 - 24, '08 - 10	43	35	42
21. Rate of Asthma ED Visits for Children Ages 0 - 17 per 10,000 Population Children Ages 0 - 17, '07 - 09	65	70	80
28. Rate of Caries ED Visits for Children Ages 3 - 5 per 10,000 Population Children Ages 3 - 5, '08 - 10	14	12	4
<b>Human Immunodeficiency Virus (HIV)</b>			
<b>Health Agenda Indicators</b>			
1. Rate of Newly Diagnosed HIV Cases per 100,000 Population, '08 - 10	1	1	3
<b>Other Indicators</b>			
1. Rate of AIDS Cases per 100,000 Population, '08 - 10	2	2	4
2. Rate of AIDS Deaths per 100,000 Adjusted Population, '08 - 10	0	0	1
<b>Sexually Transmitted Disease</b>			
<b>Other Indicators</b>			
1. Rate of Early Syphilis Cases per 100,000 Population, '08 - 10	3	0	0
2. Rate of Gonorrhea Cases per 100,000 Population, '08 - 10	19	2	14
3. Rate of Gonorrhea Ages 15 - 19 Cases per 100,000 Population Ages 15-19, '08 - 10	2	0	6
4. Rate of Chlamydia Cases All Males per 100,000 Male Population, '08 - 10	23	30	31
5. Rate of Chlamydia Cases Males Ages 15 - 19 Cases per 100,000 Male Population Ages 15-19, '08 - 10	4	10	9
6. Rate of Chlamydia Cases Males Ages 20 - 24 per 100,000 Male Population Ages 20-24, '08 - 10	14	12	6
7. Rate of Chlamydia Cases All Females per 100,000 Female Population, '08 - 10	75	106	131
8. Rate of Chlamydia Cases Females Ages 15- 19 per 100,000 Female Population Ages 15 - 19, '08 - 10	33	45	37
9. Rate of Chlamydia Cases Females Ages 20 - 24 per 100,000 Female Population Ages 20-24, '08 - 10	22	45	66

Warren County	Number Per Year (If Available)		
	One	Two	Three
10. Rate of PID Hospitalizations Females Ages 15 - 44 per 10,000 Female Population Ages 15 - 44, '08 - 10	3	2	4
<b>Vaccine Preventable Disease</b>			
<b>Other Indicators</b>			
1. Rate of Pertussis Cases per 100,000 Population, '08 - 10	1	0	9
2. Rate of Pneumonia/flu Hospitalizations Ages 65 Plus per 100,000 Population Age 65 Plus, '08 - 10	164	138	134
4. Rate of Mumps Cases per 100,000 Population, '08 - 10	0	0	0
5. Rate of Meningococcal Cases per 100,000 Population, '08 - 10	0	0	0
6. Rate of H Influenza Cases per 100,000 Population, '08 - 10	1	1	0
<b>Prevent Substance Abuse and Other Mental, Emotional and Behavioral Disorders</b>			
<b>Prevention Agenda Indicators</b>			
3. Rate of Age Adjusted Suicides per 100,000 Adjusted Population, '08 - 10	7	6	11
<b>Other Indicators</b>			
1 Rate of Suicides for Ages 15 - 19 per 100,000 Population Ages 15 - 19, '08 - 10	2	0	1
2. Rate of Self-inflicted Hospitalizations 10,000 Population, '08 - 10	86	67	96
3. Rate of Self-inflicted Hospitalizations for Ages 15 - 19 per 10,000 Population Ages 15 - 19, '08 - 10	12	13	12
4. Rate of Cirrhosis Deaths per 100,000 Population, '08 - 10	10	3	9
5. Rate of Cirrhosis Hospitalizations per 10,000 Population, '08 - 10	16	28	28
6. Rate of Alcohol-Related Accidents per 100,000 Population, '09 - 11	67	69	66
7. Percentage of Alcohol-Related Crashes to Total Accidents, 09 - 11	4.0%	4.0%	3.8%
8. Rate of Alcohol-Related Injuries and Deaths per 100,000 Population, '08 - 10	39	48	46
9. Rate of Drug-Related Hospitalizations per 10,000 Population, '08 - 10	130	149	139
<b>Other Indicators</b>			
1. Rate of Hepatitis A Cases per 100,000 Population, '08 - 10	0	0	0
2. Rate of Acute Hepatitis B Cases per 100,000 Population, '08 - 10	0	0	0
3. Rate of TB Cases per 100,000 Population, '08 - 10	1	0	0
4. Rate of e. Coli 157 Cases per 100,000 Population, '08 - 10	2	2	0
5. Rate of Salmonella Cases per 100,000 Population, '08 - 10	8	7	8
6. Rate of Shigella Cases per 100,000 Population, '08 - 10	1	0	0
7. Rate of Lyme Disease Cases per 100,000 Population, '08 - 10	20	94	34
8. Rate of Confirmed Rabies Cases per 100,000 Population, '08 - 10	3	2	0
9. Rate of Confirmed West Nile Virus Cases (Humans, Horses, Other Animals, Mosquito Pools) per 100,000 Population, '08 - 10	0	0	0

**Table 6: Health Indicator Measures and Benchmarks**

Benchmarks are bolded and will not appear under the 2017 Prevention Agenda column unless they are a prevention agenda indicator. This table shows rates percentages etc. as indicated in the indicator.

Warren County	Average Rate, ratio Or percent For listed Yrs.	Comparison Regions/Data				Comparison To Benchmark
		ARHN	Upstate NY	NYS	2017 Prevention Agenda	
<b>Disparities</b>						
<b>Prevention Agenda Indicators</b>						
1. Percentage of Overall Premature Deaths (Ages 35 - 64), '08 - 10	20.3%	22.3%	22.0%	24.3%	<b>21.8%</b>	Meets/Better
2. Ratio of Black, Non-Hispanic Premature Deaths (Ages 35 - 64) to White, Non-Hispanic Premature Deaths, '08 - 10	N/A	N/A	N/A	2.13	<b>1.87</b>	Less than 10
3. Ratio of Hispanic/Latino Premature Deaths (Ages 35 - 64) to White, Non-Hispanic Premature Deaths, '08 - 10	N/A	N/A	N/A	2.14	<b>1.86</b>	Less than 10
4. Rate of Adult Age-Adjusted Preventable Hospitalizations per 100,000 Population (Ages 18 Plus), '08 - 10	144.7	147.3	138.9	155.0	<b>133.3</b>	Worse
5. Ratio of Black, Non-Hispanic Adult Age-Adjusted Preventable Hospitalizations to White, Non-Hispanic, '08 - 10	1.00	N/A	N/A	2.09	<b>1.85</b>	Meets/Better
6. Ratio of Hispanic/Latino Adult Age-Adjusted Preventable Hospitalizations to White, Non-Hispanic, '08 - 10	0.43	N/A	N/A	1.46	<b>1.38</b>	Meets/Better
7. Percentage of Adults ( Ages 18 - 64) with Health Insurance, '08/09	85.6%	83.2%	85.7%	83.1%	<b>100.0%</b>	Worse
8. Percentage of Adults with Regular Health Care Provider, '08/09	89.4%	86.6%	N/A	83.0%	<b>90.8%</b>	Worse
<b>Other Indicators</b>						
1. Rate of Total Deaths per 100,000 Population, '08 - 10	930.7	848.2	<b>842.2</b>	748.6	N/A	Worse
2. Rate of Total Deaths per 100,000 Adjusted Population, '08 - 10	679.5	721.0	<b>701.4</b>	662.8	N/A	Meets/Better
3. Rate of Emergency Department Visits per 10,000 Population, '08 - 10	3,574.2	3,673.1	<b>3,534.4</b>	3,813.6	N/A	Worse
4. Rate of Emergency Department Visits per 10,000 Adjusted Population, '08 - 10	3,580.0	3,682.4	<b>3,522.6</b>	3,320.7	N/A	Worse
5. Rate of Total Hospital Discharges per 10,000 Population, '08 - 10	1,351.8	1,137.5	<b>1,223.2</b>	1,290.5	N/A	Worse
6. Rate of Total Hospital Discharges per 10,000 Adjusted Population, '08 - 10	1,218.9	1,080.8	<b>1,162.6</b>	1,242.5	N/A	Worse
7. Percentage of Adults (18 and Older) Who Did Not Receive Care Due to Costs, '08/09	11.5%			<b>13.8%</b>	N/A	Meets/Better
8. % of Adults (18 and Older) with Poor Physical Health, '08/09	10.8%	11.2%	<b>9.9%</b>	9.8%	N/A	Worse

Warren County	Average Rate, ratio Or percent For listed Yrs.	Comparison Regions/Data				Comparison To Benchmark
		ARHN	Upstate NY	NYS	2017 Prevention Agenda	
9. % of Adults (18 and Older) with Physical Limitations, '08/09	24.3%	23.3%	<b>21.2%</b>	20.2%	N/A	Worse
10. % of Adults (18 and Older) with Health Problems that Need Special Equipment, '08/09	9.1%	8.2%	<b>7.7%</b>	7.8%	N/A	Worse
11. Percentage of Adults (18 and Older) with Disabilities, '08/09	27.9%	25.2%	<b>22.9%</b>	22.5%	N/A	Worse
<b>Injuries, Violence and Occupational Health</b>						
<b>Prevention Agenda Indicators</b>						
1. Rate of Hospitalizations due to Falls for Ages 65 Plus per 10,000 Population, '08 - 10	257.0	208.4	215.8	202.1	<b>204.6</b>	Worse
2. Rate of ED Visits due to Falls for Children Ages 1 - 4 per 10,000 Population Children Ages 1 - 4, '08 - 10	660.6	515.5	511.9	476.4	<b>429.1</b>	Worse
3. Rate of Assault-Related Hospitalizations per 10,000 Population, '08 - 10	2.2	1.6	2.7	4.7	<b>4.3</b>	Meets/Better
4. Ratio of Black, Non-Hispanic Assault-Related Hospitalizations to White, Non-Hispanic Assault Related Hospitalizations, '08 - 10	N/A	N/A	N/A	7.28	<b>6.69</b>	Less than 10
5. Ratio of Hispanic/Latino Assault-Related Hospitalizations to White, Non-Hispanic Assault Related Hospitalizations, '08 - 10	N/A	N/A	N/A	3.00	<b>2.75</b>	Less than 10
6. Ratio of Assault-Related Hospitalizations for Low-Income versus non-Low Income Zip Codes, '08 - 10	N/A	N/A	N/A	3.26	<b>2.92</b>	Less than 10
7. Rate of ED Occupational Injuries Among Working Adolescents Ages 15 - 19 per 10,000 Population Ages 15 - 19, '08 - 10	56.5	56.1	51.8	36.7	<b>33.0</b>	Worse
<b>Other Indicators</b>						
1. Rate of Hospitalizations for Falls for Children Ages Under 10 per 10,000 Population Children Ages Under 10, '08 - 10	13.0	6.5	<b>8.5</b>	10.0	N/A	Worse
2. Rate of Hospitalizations for Falls for Children Ages 10 - 14 per 10,000 Population Children Ages 10 - 14, '08 - 10	4.3	4.2	<b>6.1</b>	7.1	N/A	Less than 10
3. Rate of Hospitalizations for Falls for Individuals Ages 15 - 24 per 10,000 Population Individuals Ages 15 - 24, '08 - 10	10.0	6.3	<b>6.3</b>	6.9	N/A	Worse
4. Rate of Hospitalizations for Falls for Adults Ages 25 - 64 per 10,000 Population Adults Ages 25 - 64, '08 - 10	24.1	17.7	<b>18.7</b>	18.7	N/A	Worse

Warren County	Average Rate, ratio Or percent For listed Yrs.	Comparison Regions/Data				Comparison To Benchmark
		ARHN	Upstate NY	NYS	2017 Prevention Agenda	
5. Rate of Violent Crimes per 100,000 Population, '07 - 11	151.7	128.0	<b>251.3</b>	395.7	N/A	Meets/Better
6. Rate of Property Crimes per 100,000 Population, '07 - 11	2,112.3	1,669.5	<b>2,088.7</b>	1,938.4	N/A	Worse
7. Rate of Total Crimes per 100,000 Population, '07 - 11	2,262.5	1,797.4	<b>2,340.0</b>	2,334.1	N/A	Meets/Better
8. Rate of Malignant Mesothelioma Cases, Ages 15 Plus, per 100,000 Population Ages 15 Plus, '07 - 09	1.8	1.5	<b>1.7</b>	1.3	N/A	Worse
9. Rate of Pneumonconsis Hospitalizations, Ages 15 Plus, per 10,000 Population Ages 15 Plus, '08 - 10	2.8	1.8	<b>1.9</b>	1.4	N/A	Worse
10. Rate of Asbestosis Hospitalizations, Ages 15 Plus, per 10,000 Population Ages 15 Plus, '08 - 10	59.9	4.8	<b>2.1</b>	1.3	N/A	Worse
11. Rate of Work-Related Hospitalizations, Employed Ages 16 Plus per 10,000 Individuals Employed Ages 16 Plus, '08 - 10	23.7	19.1	<b>21.1</b>	16.8	N/A	Worse
12. Rate of Elevated Blood Lead Levels Ages 16 Plus Employed per 10,000 Individuals Employed Ages 16 Plus, '08 - 10	3.0	2.6	<b>2.4</b>	2.3	N/A	Worse
13. Rate of Total Motor Vehicle Crashes per 100,000 Population, '09 - 11	2,611.1	2,126.9	<b>2,104.5</b>	1,607.0	N/A	Worse
14. Rate of Pedestrian-Related Accidents per 100,000 Population, '09 - 11	34.0	26.0	<b>45.0</b>	82.4	N/A	Meets/Better
15. Rate of Speed-Related Accidents per 100,000 Population, '09 - 11	274.5	310.9	<b>225.1</b>	146.4	N/A	Worse
16. Rate of Motor Vehicle Accident Deaths per 100,000 Population, '08 - 10	7.6	10.1	<b>8.2</b>	6.2	N/A	Meets/Better
17. Rate of TBI Hospitalizations per 10,000 Population, '08 - 10	9.1	7.2	<b>10.0</b>	9.9	N/A	Meets/Better
18. Rate of Unintentional Injury Hospitalizations per 10,000 Population, '08 - 10	102.3	70.7	<b>72.7</b>	69.2	N/A	Worse
19. Rate of Unintentional Injury Hospitalizations Ages 14 and Under per 10,000 Population Ages 14 and Under, '08 - 10	20.9	16.9	<b>21.0</b>	24.5	N/A	Meets/Better
20. Rate of Unintentional Injury Hospitalizations Ages 65 Plus per 10,000 Population Ages 65 Plus, '08 - 10	344.2	273.3	<b>276.6</b>	260.9	N/A	Worse
21. Rate of Poisoning Hospitalizations per 10,000 Population, '08 - 10	16.8	11.6	<b>10.3</b>	10.5	N/A	Worse

Warren County	Average Rate, ratio Or percent For listed Yrs.	Comparison Regions/Data				Comparison To Benchmark
		ARHN	Upstate NY	NYS	2017 Prevention Agenda	
<b>Outdoor Air Quality</b>						
<b>Prevention Agenda Indicator</b>						
1. Number of Days with Unhealthy Ozone, 2007	0	9	88	122	0	Meets/Better
2. Number of Days with Unhealthy Particulate Matter, 2007	0	4	32	69	0	Meets/Better
<b>Built Environment</b>						
<b>Prevention Agenda Indicator</b>						
1. Percentage of the Population that Live in Jurisdictions that Adopted Climate Smart Communities Pledge, 2012	0.0%	18.5%	46.1%	26.7%	32.0%	Worse
2. Percentage of Commuters Who Use Alternative Modes of Transportation to Work, '07 - 11	18.3%	18.1%	22.8%	44.6%	49.2%	Worse
3. Percentage of Population with Low-Income and Low-Access to a Supermarket or Large Grocery Store, 2010	4.2%	4.6%	4.2%	2.5%	2.2%	Worse
4. Percentage of Homes in Vulnerable Neighborhoods that have Fewer Asthma Triggers During Home Revisits, '08 - 11	N/A	N/A	N/A	12.9%	20.0%	N/A
<b>Water Quality</b>						
<b>Prevention Agenda Indicator</b>						
1. Percentage of Residents Served by Community Water Systems with Optimally Fluoridated Water, 2012	4.9%	42.4%	47.4%	71.4%	78.5%	Worse
<b>Reduce Obesity in Children and Adults</b>						
<b>Prevention Agenda Indicator</b>						
1. Percentage of Adults Ages 18 Plus Who are Obese, '08/09	27.7%	N/A	N/A	23.1%	23.0%	Worse
2. Percentage of Public School Children Who are Obese, '10 - 12	19.7%	N/A	0.0%	N/A	16.7%	Worse
<b>Other Indicators</b>						
1. Percentage of Total Students Overweight, '08 - 10	16.4%	N/A	N/A	N/A	N/A	Meets/Better
2. Percentage of Elementary Students Overweight, Not Obese, '08 - 10	11.6%	N/A	N/A	N/A	N/A	Meets/Better
3. Percentage of Elementary Students Obese, '08 - 10	12.7%	N/A	N/A	N/A	N/A	Meets/Better
4. Percentage of Middle and High School Students Overweight, Not Obese, '08 - 10	14.3%	N/A	N/A	N/A	N/A	Meets/Better
5. Percentage of Middle and High School Students Obese, '08 - 10	20.9%	N/A	N/A	N/A	N/A	Meets/Better
6. Percentage of WIC Children Ages 2 - 4 Obese, '08 - 10	36.8%	45.3%	45.7%	43.4%	N/A	Worse

Warren County	Average Rate, ratio Or percent For listed Yrs.	Comparison Regions/Data				Comparison To Benchmark
		ARHN	Upstate NY	NYS	2017 Prevention Agenda	
7. Percentage of Age Adjusted Adults (Ages 18 Plus) Overweight or Obese, '08/09	62.5%	N/A	N/A	<b>59.3%</b>	N/A	Worse
8. Percentage of Age Adjusted Adults (Ages 18 Plus) Who Did Not Participate in Leisure Activities Last 30 Days, '08/09	82.2%	N/A	N/A	<b>76.3%</b>	N/A	Worse
9. Number of Recreational and Fitness Facilities per 100,000 Population, 2009	18.2	13.3	<b>12.4</b>	11.0	N/A	Meets/Better
10. Percentage of Age Adjusted Adults (Ages 18 Plus) Eating Five or More Vegetables per Day, '08/09	25.1%	N/A	N/A	<b>27.1%</b>	N/A	Worse
11. Percentage of Age Adjusted Adults (Ages 18 Plus) with Cholesterol Check within the Last Five Years, '08/09	71.9%	N/A	N/A	<b>77.3%</b>	N/A	Worse
12. Percentage of Age Adjusted Adults (18 Plus) Ever Diagnosed with High Blood Pressure, '08/09	30.2%	N/A	N/A	<b>25.7%</b>	N/A	Worse
13. Percentage of Age Adjusted Adults (18 Plus) with Physician Diagnoses Angina, Heart Attack, or Stroke, '08/09	9.3%	N/A	N/A	<b>7.6%</b>	N/A	Worse
14. Rate of Cardiovascular Disease Deaths per 100,000 Population, '08 - 10	292.4	280.8	<b>302.9</b>	289.2	N/A	Meets/Better
15. Rate of Cardiovascular Premature Deaths (Ages 35 - 64) per 100,000 Population Ages 35 - 64, '08 - 10	43.5	40.5	<b>39.4</b>	41.3	N/A	Worse
16. Rate of Pretransport Deaths per 100,000 Population, '08 - 10	160.3	146.7	<b>155.9</b>	144.1	N/A	Worse
17. Rate of Cardiovascular Hospitalizations per 10,000 Population, '08 - 10	196.7	169.5	<b>184.6</b>	183.3	N/A	Worse
18. Rate of Diseases of the Heart Deaths per 100,000 Population, '08 - 10	229.1	219.5	<b>243.6</b>	239.7	N/A	Meets/Better
19. Rate of Diseases of the Heart Premature Deaths (Ages 35 - 64) per 100,000 Population Ages 35 - 64, '08 - 10	39.5	33.8	<b>32.2</b>	33.7	N/A	Worse
20. Rate of Disease of the Heart Transport Deaths per 100,000 Population, '08 - 10	131.5	119.0	<b>129.7</b>	125.3	N/A	Worse
21. Rate of Disease of the Heart Hospitalizations per 10,000 Population, '08 - 10	139.7	118.9	<b>128.4</b>	125.7	N/A	Worse
22. Rate of Coronary Heart Diseases Deaths per 100,000 Population, '08 - 10	147.2	151.3	<b>180.0</b>	195.6	N/A	Meets/Better
23. Rate of Coronary Heart Diseases Premature Deaths (Ages 35 - 64) per 100,000 Population Age 35-64, '08-10	30.3	24.6	<b>24.8</b>	27.9	N/A	Worse

Warren County	Average Rate, ratio Or percent For listed Yrs.	Comparison Regions/Data				Comparison To Benchmark
		ARHN	Upstate NY	NYS	2017 Prevention Agenda	
24. Rate of Coronary Heart Disease Transport Deaths per 100,000 Population, '08 - 10	85.5	83.6	<b>99.0</b>	105.2	N/A	Meets/Better
25. Rate of Coronary Heart Disease Hospitalizations per 10,000 Population, '08 - 10	55.9	44.7	<b>51.6</b>	52.3	N/A	Worse
26. Rate of Congestive Heart Failure Deaths per 100,000 Population, '08 - 10	12.6	15.7	<b>19.8</b>	13.3	N/A	Meets/Better
27. Rate of Congestive Heart Failure Premature Deaths (Ages 35 - 64) per 100,000 Population Ages 35 - 64, '08 - 10	0.5	0.6	<b>0.8</b>	0.6	N/A	Less than 10
28. Rate of Congestive Heart Failure Transport Deaths per 100,000 Population, '08 - 10	6.6	8.8	<b>10.9</b>	7.2	N/A	Meets/Better
29. Rate of Congestive Heart Failure Hospitalizations per 10,000 Population, '08 - 10	31.4	29.3	<b>32.2</b>	32.3	N/A	Meets/Better
30. Rate of Cerebrovascular (Stroke) Deaths per 100,000 Population, '08 - 10	46.0	40.2	<b>39.3</b>	30.5	N/A	Worse
31. Rate of Cerebrovascular (Stroke) Hospitalizations per 10,000 Population, '08 - 10	28.8	26.4	<b>29.8</b>	27.8	N/A	Meets/Better
32. Rate of Hypertension Hospitalizations (Ages 18 Plus) per 100,000 Population Ages 18 Plus, '08 - 10	2.0	2.5	<b>4.1</b>	6.2	N/A	Meets/Better
33. Rate of Diabetes Deaths per 100,000 Population, '08 - 10	20.7	17.8	<b>17.7</b>	18.6	N/A	Worse
34. Rate of Diabetes Hospitalizations (Primary Diagnosis) per 10,000 Population, '08 - 10	16.3	14.1	<b>15.5</b>	20.3	N/A	Worse
35. Rate of Diabetes Hospitalizations (Any Diagnosis) per 10,000 Population, '08 - 10	270.4	228.1	<b>228.9</b>	248.7	N/A	Worse
<b>Reduce Illness, Disability and Death Related to Tobacco Use and Secondhand Smoke Exposure</b>						
<b>Prevention Agenda Indicator</b>						
1. Percentage of Adults Ages 18 Plus Who Smoke '08/09	20.5%	21.4%	18.5%	16.8%	<b>15.0%</b>	Worse
<b>Other Indicators</b>						
1. Rate of Chronic Lower Respiratory Disease Deaths per 100,000 Population, '08 - 10	60.2	59.1	<b>46.0</b>	104.1	N/A	Worse
2. Rate of Chronic Lower Respiratory Disease Hospitalizations per 10,000 Population, '08 - 10	52.2	43.7	<b>35.2</b>	39.3	N/A	Worse
3. Rate of Asthma Deaths per 100,000 Population, '08 - 10	2.0	0.8	<b>0.9</b>	1.3	N/A	Worse
4. Rate of Asthma Hospitalizations per 10,000 Population, '08 - 10	14.4	11.8	<b>12.4</b>	20.3	N/A	Worse

Warren County	Average Rate, ratio Or percent For listed Yrs.	Comparison Regions/Data				Comparison To Benchmark
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5. Rate of Asthma Hospitalizations, Ages 25 - 44, per 10,000 Population Ages 25 - 44, '08 - 10	3.9	2.2	<b>2.0</b>	3.0	N/A	Worse
6. Rate of Asthma Hospitalizations, Ages 45 - 64, per 10,000 Population Ages 45 - 64, '08 - 10	4.0	3.7	<b>3.5</b>	5.8	N/A	Worse
7. Rate of Asthma Hospitalizations, Ages 65 Plus, per 10,000 Population Ages 65 Plus, '08 - 10	4.0	2.9	<b>2.7</b>	4.3	N/A	Worse
8. Percentage of Adults with Asthma, '08/09	13.0%	12.0%	N/A	<b>9.7%</b>	N/A	Worse
9. Rate of Lung and Bronchus Deaths per 100,000 Population, '07 - 09	64.7	64.5	<b>57.2</b>	32.7	N/A	Worse
10. Rate of Lung and Bronchus Cases per 100,000 Population, '07- 09	97.6	94.4	<b>83.9</b>	69.8	N/A	Worse
11. Number of Registered Tobacco Vendors per 100,000 Population, '09 - 10	139.6	101.6	<b>94.0</b>	102.1	N/A	Worse
12. Percentage of Vendors with Sales to Minors Violations, '09 - 10	3.3%	3.9%	<b>5.1%</b>	7.4%	N/A	Meets/Better
13. Percentage of Vendors with Complaints, '09 - 10	0.0%	0.0%	<b>3.4%</b>	15.3%	N/A	Meets/Better
<b>Increase Access to High Quality Chronic Disease Preventive Care and Disease Management in Clinical and Community Settings</b>						
<b>Prevention Agenda Indicators</b>						
1. Percentage of Adults Ages 50 - 75 Who Received Colorectal Screenings Based on Recent Guidelines, '08/09	69.6%	69.9%	N/A	66.3%	<b>71.4%</b>	Worse
2. Rate of Asthma ED Visits per 10,000 Population, '08 - 10	50.48	53.2	51.1	83.7	<b>75.1</b>	Meets/Better
3. Rate of Asthma ED Visits Ages 0 - 4, per 10,000 Population Ages, 0 - 4, '08 - 10	95.4	94.9	122.3	221.4	<b>196.5</b>	Meets/Better
4. Rate of Short-term Diabetes Hospitalizations for Ages 6 - 17 per 10,000 Population, Ages 6 - 17, '08 - 10	7.8	4.9	3.0	3.2	<b>3.06</b>	Worse
5. Rate of Short-term Diabetes Hospitalizations for Ages 18 Plus per 10,000 Population, Ages 18 Plus, '08 - 10	3.5	4.4	4.8	5.6	<b>4.86</b>	Meets/Better
6. Rate of Age Adjusted Heart Attack Hospitalizations per 10,000 Population, 2010	19.2	16.7	16.0	15.5	<b>14.4</b>	Worse
<b>Other Indicators</b>						
1. Rate of Asthma ED Visits for Ages 18 - 64 per 10,000 Population Ages 18 - 64, '08 - 10	57.1	57.1	<b>49.3</b>	73.9	N/A	Worse
2. Rate of Asthma ED Visits for Ages 65 Plus per 10,000 Population Ages 65 Plus, '08 - 10	19.2	20.7	<b>18.6</b>	32.1	N/A	Worse

Warren County	Average Rate, ratio Or percent For listed Yrs.	Comparison Regions/Data				Comparison To Benchmark
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3. Rate of All Cancer Cases per 100,000 Population, '07 - 09	688.2	614.3	<b>600.1</b>	536.5	N/A	Worse
4. Rate of all Cancer Deaths per 100,000 Population, '07 - 09	244.2	218.5	<b>204.1</b>	179.9	N/A	Worse
5. Rate of Female Breast Cancer Cases per 100,000 Female Population, '07 - 09	80.9	78.8	<b>83.9</b>	75.7	N/A	Meets/Better
6. Rate of Female Late Stage Breast Cancer Cases per 100,000 Female Population, '07 - 09	3.0	4.2	<b>4.2</b>	4.1	N/A	Less than 10
7. Rate of Female Breast Cancer Deaths per 100,000 Female Population, '07	12.1	14.0	<b>14.6</b>	13.7	N/A	Meets/Better
8. Percentage of Women Ages 40 Plus With Mammogram within Last Two Years, '08/ 09	82.4%	79.8%	N/A	<b>79.7%</b>	N/A	Meets/Better
9. Rate of Cervix and Uteric Cancer Cases per 100,000 Female Population, '07 - 09	4.0	4.1	<b>4.0</b>	4.6	N/A	Less than 10
10. Rate of Cervix and Uteric Cancer Deaths per 100,000 Female Population, '07 - 09	1.5	1.2	<b>1.1</b>	1.4	N/A	Less than 10
11. Percentage of Women Ages 18 Plus with a Pap Smear within the Last Three Years, '08/ 09	83.5%	82.4%	N/A	<b>82.7%</b>	N/A	Meets/Better
12. Rate of Ovarian Cancer Cases per 100,000 Female Population, '07 - 09	10.1	8.0	<b>8.4</b>	7.8	N/A	Less than 10
13. Rate of Ovarian Cancer Deaths per 100,000 Female Population, '07 - 09	6.1	6.2	<b>5.6</b>	4.9	N/A	Less than 10
14. Rate of Colon and Rectum Cancer Cases per 100,000 Population, '07 - 09	49.1	54.3	<b>53.9</b>	50.4	N/A	Meets/Better
15. Rate of Colon and Rectum Cancer Deaths per 100,000 Population, '07 - 09	25.8	20.5	<b>18.5</b>	10.6	N/A	Worse
16. Percentage of Adults Ages 50 Plus with Home Blood Stool Test within the Last Two Years, '08/09	18.1%	20.1%	<b>20.1%</b>	19.5%	N/A	Worse
17. Percentage of Adults Ages 50 Plus with Sigmoidoscopy or Colonoscopy within Last Ten Years, '08/09	64.2%	62.9%	<b>62.9%</b>	61.8%	N/A	Meets/Better
18. Rate of Prostate Cancer Deaths per 100,000 Male Population, '07 - 09	9.1	8.3	<b>9.5</b>	9.0	N/A	Less than 10
19. Rate of Prostate Cancer Cases per 100,000 Male Population, '07 - 09	106.7	90.9	<b>91.5</b>	82.1	N/A	Worse
20. Rate of Prostate Cancer Late Stage Cancer Cases per 100,000 Male Population, '07 - 09	1.5	2.8	<b>3.3</b>	3.2	N/A	Less than 10
21. Percentage of Males, Ages 40 Plus with a Digital Rectal Exam within Last Two Years, '08/09	52.0%	53.4%	<b>57.5%</b>	56.7%	N/A	Worse
22. Percentage of Males, Ages 40 Plus with a Prostate Antigen Test within Last Two Years, '08/09	49.1%	46.6%	<b>54.2%</b>	59.4%	N/A	Worse

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23. Rate of Melanoma Cancer Deaths per 100,000 Population, '07 - '09	3.5	3.7	<b>3.1</b>	2.3	N/A	Less than 10
24. Percentage of Medicaid Enrollees with at Least One Preventive Dental Visit within the Year, '08 - 10	32.2%	27.0%	<b>29.5%</b>	31.3%	N/A	Meets/Better
25. Percentage of Age Adjusted Adults with a Dental Visit Within the Last 12 Months, '08/09	26.9%	25.1%	<b>22.8%</b>	25.7%	N/A	Meets/Better
26. Oral Cavity and Pharynx Cancer Deaths per 100,000 Population, '07-09	3.5	2.3	<b>2.4</b>	2.3	N/A	Less than 10
27. Oral Cavity and Pharynx Cancer Deaths, Adults Ages 45 - 74, per 100,000 Population, Ages 45 - 74, '07 - 09	7.7	4.4	<b>4.2</b>	4.4	N/A	Less than 10
28. Oral Cavity and Pharynx Cancer Cases per 100,000 Population, '07 - 09	18.7	14.2	<b>12.7</b>	11.5	N/A	Worse
<b>Maternal and Infant Health</b>						
<b>Prevention Agenda Indicator</b>						
1. Percentage Preterm Births < 37 Weeks of Total Births Where Gestation Period is Known, '08 - 10	10.9%	10.5%	11.2%	12.0%	<b>10.2%</b>	Worse
2. Ratio of Preterm Births (< 37 wks) Black/NH to White/NH, '08 - 10	N/A	N/A	N/A	1.61	<b>1.42</b>	Less than 10
3. Ratio of Preterm Births (< 37 wks) Hisp/Latino to White/NH, '08 - 10	N/A	N/A	N/A	1.25	<b>1.12</b>	Less than 10
4. Ratio of Preterm Births (< 37 wks) Medicaid to Non-Medicaid, '08 - 10	1.03	N/A	N/A	1.10	<b>1.00</b>	Worse
5. Rate of Maternal Mortality per 100,000 Births, '08 - 10	0.0	5.7	17.6	23.3	<b>19.7</b>	Less than 10
6. Percentage of Live Birth Infants Exclusively Breastfed in Delivery Hospital, '08 - 10	64.3%	63.0%	N/A	42.5%	<b>48.1%</b>	Meets/Better
7. Ratio of Infants Exclusively Breastfed in Delivery Hospital Black, non-Hispanic to White, non-Hispanic, '08 - 10	NA	N/A	N/A	0.5	<b>0.57</b>	Less than 10
8. Ratio of Infants Exclusively Breastfed in Delivery Hospital Hispanic/Latino to White, non-Hispanic, '08 - 10	1.0	N/A	N/A	0.6	<b>0.64</b>	Worse
9. Ratio of Infants Exclusively Breastfed in Delivery Hospital Medicaid to Non-Medicaid Births, '08 - 10	0.8	N/A	N/A	0.6	<b>0.66</b>	Worse
<b>Other Indicators</b>						
1. Percentage Preterm Births < 32 weeks of Total Births Where Gestation Period is Known, '08 - 10	5.0%	5.9%	<b>5.8%</b>	6.0%	N/A	Meets/Better
2. Percentage Preterm Births 32 to < 37 Weeks of Total Births Where Gestation Period is Known, '08 - 10	9.3%	8.5%	<b>9.3%</b>	9.9%	N/A	Meets/Better

Warren County	Average Rate, ratio Or percent For listed Yrs.	Comparison Regions/Data				Comparison To Benchmark
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3. Percentage of Total Births with Weights Less Than 1,500 grams, '08 - 10	0.9%	1.3%	<b>1.4%</b>	1.5%	N/A	Meets/Better
4. Percentage of Singleton Births with Weights Less Than 1,500 grams, '08 - 10	0.8%	0.9%	<b>1.0%</b>	1.1%	N/A	Meets/Better
5. Percentage of Total Births with Weights Less Than 2,500 grams, '08 - 10	7.4%	7.2%	<b>7.7%</b>	8.2%	N/A	Meets/Better
6. Percentage of Singleton Births with Weights Less Than 2,500 grams, '08 - 10	5.8%	5.4%	<b>5.7%</b>	6.2%	N/A	Worse
7. Percentage of Total Births for Black, Non-Hispanic, with Weights Less than 2,500 Grams, '08 - 10	N/A	N/A	<b>13.3%</b>	13.0%	N/A	Less than 10
8. Percentage of Total Births for Hispanic/Latino, with Weights Less than 2,500 Grams, '08 - 10	N/A	N/A	<b>7.5%</b>	7.8%	N/A	Less than 10
9. Infant Mortality Rate per 1,000 Live Births, '08 - 10	6.3	N/A	<b>5.7</b>	5.3	N/A	Worse
10. Infant Mortality Rate for Black, Non-Hispanic per 1,000 Births, '08 - 10	N/A	N/A	<b>14.9</b>	11.0	N/A	Less than 10
11. Infant Mortality Rate for Hispanic/Latino per 1,000 Births, '08 - 10	N/A	N/A	<b>5.3</b>	4.6	N/A	Less than 10
12. Rate of Deaths (28 Weeks Gestation to 7 days) per 1,000 Live Births and Perinatal Deaths, '08 - 10	7.8	4.6	<b>5.7</b>	5.7	N/A	Worse
13. Percentage Early Prenatal Care of Total Births Where Prenatal Care Status is Known, '08 - 10	59.1%	75.4%	<b>75.2%</b>	72.8%	N/A	Worse
14. Percentage Early Prenatal Care for Black, Non-Hispanic, '08 - 10	N/A	N/A	<b>61.1%</b>	61.7%	N/A	Less than 10
15. Percentage Early Prenatal Care for Hispanic/Latino, '08 - 10	42.9%~	N/A	<b>63.0%</b>	65.1%	N/A	Meets/Better
16. Percentage APGAR Scores of Less Than 5 at 5 Minute Mark of Births Where APGAR Score is Known, '08 - 10	0.8%	0.8%	<b>0.7%</b>	0.7%	N/A	Worse
17. Rate of Newborn Drug Related Hospitalizations per 10,000 Births, '08 - 10	68.1	48.7	<b>75.1</b>	61.9	N/A	Meets/Better
18. Percentage WIC Women Breastfed at 6 months, '08 - 10	19.7%	18.7%	N/A	<b>39.7%</b>	N/A	Worse
19. Percentage Infants Receiving Any Breast Milk in Delivery Hospital, '08 - 10	69.0%	51.0%	N/A	<b>71.0%</b>	N/A	Worse
<b>Preconception and Reproductive Health</b>						
<b>Prevention Agenda Indicators</b>						
1. Percent of Births within 24 months of Previous Pregnancy, '08 - 10	24.7%	23.4%	21.1%	18.0%	<b>17.0%</b>	Worse

Warren County	Average Rate, ratio Or percent For listed Yrs.	Comparison Regions/Data				Comparison To Benchmark
		ARHN	Upstate NY	NYS	2017 Prevention Agenda	
2. Rate of Pregnancies Ages 15 - 17 year per 1,000 Females Ages 15-17, '08 - 10	19.2	18.8	20.4	31.1	<b>25.6</b>	Meets/Better
3. Ratio of Pregnancy Rates for Ages 15 - 17 Black, non-Hispanic to White, non-Hispanic, '08 - 10	0.00	N/A	N/A	5.75	<b>4.90</b>	Meets/Better
4. Ratio of Pregnancy Rates for Ages 15 - 17 Hispanic/Latino to White, non-Hispanic, '08 - 10	1.10	N/A	N/A	5.16	<b>4.10</b>	Meets/Better
5. Percent of Unintended Births to Total Births, 2011	38.5%	29.8%	28.4%	26.4%	<b>24.2%</b>	Worse
6. Ratio of Unintended Births Black, non-Hispanic to White, non-Hispanic, '08 - 10	N/A	N/A	N/A	2.11	<b>1.88</b>	Less than 10
7. Ratio of Unintended Births Hispanic/Latino to White, non-Hispanic, '08 - 10	N/A	N/A	N/A	1.59	<b>1.36</b>	Less than 10
8. Ratio of Unintended Births Medicaid to Non-Medicaid, '08 - 10	1.45	N/A	N/A	1.71	<b>1.56</b>	Meets/Better
9. Percentage of Women Ages 18- 64 with Health Insurance, '08/09	87.5%	88.4%	N/A	86.1%	<b>100.0%</b>	Worse
<b>Other Indicators</b>						
1. Rate of Total Births per 1,000 Females Ages 15-44, '08 - 10	52.3	53.3	<b>58.2</b>	60.9	N/A	Meets/Better
2. Percent Multiple Births of Total Births, '08 - 10	3.0%	3.7%	<b>4.2%</b>	3.9%	N/A	Meets/Better
3. Percent C-Sections to Total Births, '08 - 10	36.0%	34.8%	<b>36.1%</b>	34.4%	N/A	Meets/Better
4. Rate of Total Pregnancies per 1,000 Females Ages 15-44, '08 - 10	73.3	72.7	<b>77.0</b>	93.6	N/A	Meets/Better
5. Rate of Births Ages 10 - 14 per 1,000 Females Ages 10-14, '08 - 10	0.4	0.3	<b>0.3</b>	0.4	N/A	Less than 10
6. Rate of Pregnancies Ages 10 - 14 per 1,000 Females Ages 10-14, '08 - 10	0.4	0.6	<b>0.8</b>	1.4	N/A	Less than 10
7. Rate of Births Ages 15 - 17 per 1,000 Females Ages 15-17, '08 - 10	7.1	8.7	<b>10.0</b>	12.1	N/A	Meets/Better
8. Rate of Births Ages 15 - 19 per 1,000 Females Ages 15-19, '08 - 10	22.9	22.4	<b>20.8</b>	24.0	N/A	Worse
9. Rate of Pregnancies Ages 15 - 19 per 1,000 Females Ages 15-19, '08 - 10	45.4	40.7	<b>37.4</b>	53.5	N/A	Worse
10. Rate of Births Ages 18 - 19 per 1,000 Females Ages 18-19, '08 - 10	48.3	42.3	<b>35.4</b>	40.3	N/A	Worse
11. Rate of Pregnancies Ages 18 - 19 per 1,000 Females Ages 18-19, '08 - 10	87.3	72.4	<b>60.3</b>	84.1	N/A	Worse
12. Percent Total Births to Women Ages 35 Plus, '08 - 10	12.7%	14.4%	<b>19.0%</b>	19.4%	N/A	Meets/Better
13. Rate of Abortions Ages 15 - 19 per 100 Live Births, Mothers Ages 15-19, '08 - 10	7.5	5.3	<b>5.2</b>	7.6	N/A	Worse

Warren County	Average Rate, ratio Or percent For listed Yrs.	Comparison Regions/Data				Comparison To Benchmark
		ARHN	Upstate NY	NYS	2017 Prevention Agenda	
14. Rate of Abortions All Ages per 100 Live Births to All Mothers, '08 - 10	32.9	24.5	<b>27.7</b>	46.6	N/A	Worse
15. Percentage of WIC Women Pre-pregnancy Underweight, '08 - 10	5.0%	N/A	N/A	<b>4.6%</b>	N/A	Worse
16. Percentage of WIC Women Pre-pregnancy Overweight but not Obese, '08 - 10	24.1%	N/A	N/A	<b>26.6%</b>	N/A	Meets/Better
17. Percentage of WIC Women Pre-pregnancy Obese, '08 - 10	30.0%	N/A	N/A	<b>23.4%</b>	N/A	Worse
18. Percentage of WIC Women with Gestational Weight Gain Greater than Ideal, '08 - 10	52.0%	N/A	N/A	<b>41.8%</b>	N/A	Worse
19. Percentage of WIC Women with Gestational Diabetes, '08 - 10	6.5%	N/A	N/A	<b>5.5%</b>	N/A	Worse
20. Percentage of WIC Women with Gestational Hypertension, '08 - 10	13.9%	N/A	N/A	<b>7.2%</b>	N/A	Worse
<b>Child Health</b>						
<b>Prevention Agenda Indicators</b>						
1. Percentage of Children Ages 0 - 15 Months with Government Insurance with Recommended Well Visits, 2011	97.8%	88.7%	84.9%	82.8%	<b>77.0%</b>	Meets/Better
2. Percentage of Children Ages 3 - 6 Years with Government Insurance with Recommended Well Visits, 2011	82.7%	81.9%	80.3%	82.8%	<b>77.0%</b>	Meets/Better
3. Percentage of Children Ages 12 -21 Years with Government Insurance with Recommended Well Visits, 2011	67.6%	59.3%	59.3%	61.0%	<b>77.0%</b>	Worse
4. Percentage of Children Ages 0 -19 with Health Insurance, 2010	95.1%	94.9%	95.0%	94.9%	<b>100.0%</b>	Worse
5. Percentage of 3rd Graders with Untreated Tooth Decay, '09 - 11	19.9%	N/A	24.0%	N/A	<b>21.6%</b>	Meets/Better
6. Ratio of 3rd Graders with Untreated Tooth Decay, Low Income Children to Non-Low income Children, '09 - 11	1.75	N/A	2.50	N/A	<b>2.21</b>	Meets/Better
<b>Other Indicators</b>						
1. Rate of Children Deaths Ages 1 - 4 per 100,000 Population Children Ages 1 - 4, '08 - 10	39.3	27.9	<b>22.7</b>	20.3	N/A	Less than 10
2. Rate of Children Deaths Ages 5 - 9 per 100,000 Population Children Ages 1 - 4, '08 - 10	0.0	17.9	<b>10.5</b>	10.4	N/A	Less than 10
3. Rate of Children Deaths Ages 10 - 14 per 100,000 Population Children ages 10 - 14, '08 - 10	8.7	15.3	<b>13.0</b>	12.8	N/A	Less than 10
4. Rate of Children Deaths Ages 5 - 14 per 100,000 Population Children Ages 5 - 14, '08 - 10	4.6	16.5	<b>11.8</b>	11.6	N/A	Less than 10
5. Rate of Children Deaths Ages 5 - 19 per 100,000 Population Children Ages 15 - 19, '08 - 10	29.7	39.5	<b>37.8</b>	37.2	N/A	Less than 10

Warren County	Average Rate, ratio Or percent For listed Yrs.	Comparison Regions/Data				Comparison To Benchmark
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6. Rate of Children Deaths Ages 1 - 19 per 100,000 Population Children Ages 1 - 19, '08 - 10	18.6	25.6	<b>21.8</b>	20.8	N/A	Less than 10
7. Rate of Asthma Hospitalizations Children Ages 0 - 4 per 10,000 Population Children Ages 0 - 4, '08 - 10	18.7	27.9	<b>36.1</b>	58.8	N/A	Meets/Better
8. Rate of Asthma Hospitalizations Children Ages 5 - 14 per 10,000 Population Children Ages 5 - 14, '08 - 10	6.4	8.1	<b>11.2</b>	20.9	N/A	Meets/Better
9. Rate of Asthma Hospitalizations Children Ages 0 - 17 per 10,000 Population Children Ages 0 - 17, '08 - 10	9.1	12.1	<b>16.1</b>	29.0	N/A	Meets/Better
10. Rate of Gastroenteritis Hospitalizations Children Ages 0 - 4 per 10,000 Population Children Ages 0 - 4, '08 - 10	8.3	8.7	<b>10.8</b>	15.7	N/A	Less than 10
11. Rate of Otitis Media Hospitalizations Children Ages 0 - 4 per 10,000 Population Children Ages 0 - 4, '08 - 10	2.1	2.8	<b>2.7</b>	3.3	N/A	Less than 10
12. Rate of Pneumonia Hospitalizations Children Ages 0 - 4 per 10,000 Population Children Ages 0 - 4, '08 - 10	28.0	30.2	<b>37.5</b>	44.6	N/A	Meets/Better
13. Rate of ED Asthma Visits Children Ages 0 - 4 per 10,000 Population Children Ages 0 - 4, '08 - 10	95.4	94.9	<b>122.3</b>	221.4	N/A	Meets/Better
14. Percentage of Children Screened for Lead by Age 9 months	2.7%	1.9%	<b>2.9%</b>	6.8%	N/A	Worse
15. Percentage of Children Screened for Lead by Age 18 months	58.8%	54.1%	<b>65.4%</b>	69.5%	N/A	Worse
16. Percentage of Children Screened for Lead by Age 36 months (at least 2 screenings)	43.5%	34.1%	<b>45.2%</b>	52.9%	N/A	Worse
17. Rate of Children Ages < 6 with Confirmed Blood Lead Levels >= 10 mg/dl Cases Per 1,000 Children Tested, '08 - 10	17.8	22.5	<b>23.3</b>	15.8	N/A	Meets/Better
18. Rate of Unintentional Injury Hospitalizations for Children Under Age 10 per 10,000 Population Children Under Age 10, '08 - 10	25.5	18.1	<b>22.0</b>	26.2	N/A	Worse
19. Rate of Unintentional Injury Hospitalizations for Children Ages 10 - 14 per 10,000 Population Children Ages 10 - 14, '08 - 10	13.0	14.8	<b>19.3</b>	21.1	N/A	Meets/Better
20. Rate of Unintentional Injury Hospitalizations for Children/Young Adults Ages 15 - 24 per 10,000 Population Ages 15 - 24, '08 - 10	48.2	30.4	<b>32.7</b>	31.9	N/A	Worse

Warren County	Average Rate, ratio Or percent For listed Yrs.	Comparison Regions/Data				Comparison To Benchmark
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21. Rate of Asthma ED Visits for Children Ages 0 - 17 per 10,000 Population Children Ages 0 - 17, '07 - 09	55.1	65.1	<b>77.9</b>	142.4	N/A	Meets/Better
22. Percentage of Medicaid Enrollees Ages 2 - 20 with at Least One Dental Visit, '08 - 10	50.7%	39.5%	N/A	<b>40.8%</b>	N/A	Meets/Better
23 Percentage of 3rd Graders with Dental Caries, '09 - 11	43.3%	N/A	N/A	N/A	N/A	N/A
24. Percentage of 3rd Graders with Dental Sealants, '09 - 11	29.0%	N/A	N/A	N/A	N/A	N/A
25. Percentage of 3rd Graders with Dental Insurance, '09 - 11	83.4%	N/A	N/A	N/A	N/A	N/A
26. Percentage of 3rd Graders with at Least One Dental Visit, '09 - 11	87.4%	N/A	N/A	N/A	N/A	N/A
27. Percentage of 3rd Graders Taking Fluoride Tablets Regularly, '09 - 11	68.8%	N/A	N/A	N/A	N/A	N/A
28. Rate of Caries ED Visits for Children Ages 3 - 5 per 10,000 Population Children Ages 3 - 5, '08 - 10	51.9	29.7	<b>69.9</b>	65.8	N/A	Meets/Better
29. Percentage of WIC Children Ages 2 - 4 Viewing 2 hrs TV or Less Per Day, '08 - 10	87.4%	83.3%	N/A	<b>78.6%</b>	N/A	Worse
<b>Human Immunodeficiency Virus (HIV)</b>						
<b>Prevention Agenda Indicators</b>						
1. Rate of Newly Diagnosed HIV Cases per 100,000 Population, '08 - 10	2.5	3.0	7.4	21.4	<b>14.7</b>	Less than 10
2. Ratio of Newly Diagnosed HIV Cases Black, non-Hispanic versus White, non-Hispanic, '08 - 10	N/A	N/A	N/A	N/A	<b>45.7</b>	N/A
<b>Other Indicators</b>						
1. Rate of AIDS Cases per 100,000 Population, '08 - 10	2.4	2.1	<b>5.6</b>	17.6	N/A	Less than 10
2. Rate of AIDS Deaths per 100,000 Adjusted Population, '08 - 10	0.5	0.5	<b>1.7</b>	5.7	N/A	Less than 10
<b>Sexually Transmitted Disease</b>						
<b>Prevention Agenda Indicators</b>						
1. Rate of Primary and Secondary Syphilis for Males per 100,000 Male Population, 2010	0.0	1.7	2.4	11.2	<b>10.1</b>	Less than 10
2. Rate of Primary and Secondary Syphilis for Females per 100,000 Female Population, 2010	0.0	0.3	0.2	0.5	<b>0.4</b>	Less than 10
3. Rate of Gonorrhea Cases for Females Ages 15-44 per 100,000 Female Population Ages 15-44, 2010	87.3	50.4	147.0	203.4	<b>183.1</b>	Meets/Better
4. Rate of Gonorrhea Cases for Males Ages 15 - 44 per 100,000 Male Population Ages 15-44, 2010	34.9	18.8	111.3	221.7	<b>199.5</b>	Meets/Better

Warren County	Average Rate, ratio Or percent For listed Yrs.	Comparison Regions/Data				Comparison To Benchmark
		ARHN	Upstate NY	NYS	2017 Prevention Agenda	
5. Rate of Chlamydia for Females Ages 15 - 44 per 100,000 Female Population Ages 15 - 44, '08 - 10	1117.6	775.5	1167.9	1619.8	<b>1458.0</b>	Meets/Better
<b>Other Indicators</b>						
1. Rate of Early Syphilis Cases per 100,000 Population, '08 - 10	1.5	1.5	<b>2.5</b>	12.8	N/A	Less than 10
2. Rate of Gonorrhea Cases per 100,000 Population, '08 - 10	17.7	14.1	<b>55.7</b>	89.7	N/A	Meets/Better
3. Rate of Gonorrhea Ages 15 - 19 Cases per 100,000 Population Ages 15-19, '08 - 10	59.4	40.4	<b>210.3</b>	335.5	N/A	Less than 10
4. Rate of Chlamydia Cases All Males per 100,000 Male Population, '08 - 10	86.9	75.7	<b>178.9</b>	305.1	N/A	Meets/Better
5. Rate of Chlamydia Cases Males Ages 15 - 19 Cases per 100,000 Male Population Ages 15-19, '08 - 10	339.1	220.7	<b>586.9</b>	1,013.5	N/A	Meets/Better
6. Rate of Chlamydia Cases Males Ages 20 - 24 per 100,000 Male Population Ages 20-24, '08 - 10	548.4	461.9	<b>920.6</b>	1,410.1	N/A	Meets/Better
7. Rate of Chlamydia Cases All Females per 100,000 Female Population, '08 - 10	308.7	262.3	<b>426.2</b>	644.6	N/A	Meets/Better
8. Rate of Chlamydia Cases Females Ages 15- 19 per 100,000 Female Population Ages 15 - 19, '08 - 10	1,722.8	1,415.8	<b>2,334.5</b>	3,587.6	N/A	Meets/Better
9. Rate of Chlamydia Cases Females Ages 20 - 24 per 100,000 Female Population Ages 20-24, '08 - 10	2,279.3	1,606.0	<b>2,200.4</b>	3,114.6	N/A	Worse
10. Rate of PID Hospitalizations Females Ages 15 - 44 per 10,000 Female Population Ages 15 - 44, '08 - 10	2.5	2.0	<b>2.5</b>	3.7	N/A	Meets/Better
<b>Vaccine Preventable Disease</b>						
<b>Prevention Agenda Indicators</b>						
1. Percent of Children Ages 19 - 35 months with 4:3:1:3:3:1:4, 2011	58.2%	57.6%	47.6%	N/A	<b>80.0%</b>	Worse
2. Percent females 13 - 17 with 3 dose HPV vaccine, 2011	38.6%	31.2%	26.0%	N/A	<b>50.0%</b>	Worse
3. Percent of Adults Ages 65 Plus With Flu Shots Within Last Year, '08/09	77.8%	N/A	N/A	75.0%	<b>75.1%</b>	Meets/Better
<b>Other Indicators</b>						
1. Rate of Pertussis Cases per 100,000 Population, '08 - 10	5.1	6.7	<b>4.3</b>	3.0	N/A	Less than 10
2. Rate of Pneumonia/flu Hospitalizations Ages 65 Plus per 100,000 Population Age 65 Plus, '08 - 10	128.5	150.1	<b>140.1</b>	127.9	N/A	Meets/Better
3. Percent of Adults Ages 65 Plus Ever Received a Pneumonia Shot, '08/09	75.8%	N/A	N/A	<b>64.7%</b>	N/A	Meets/Better
4. Rate of Mumps Cases per 100,000 Population, '08 - 10	0.0	0.7	<b>4.0</b>	5.5	N/A	Less than 10

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5. Rate of Meningococcal Cases per 100,000 Population, '08 - 10	0.0	0.2	<b>0.2</b>	0.2	N/A	Less than 10
6. Rate of H Influenza Cases per 100,000 Population, '08 - 10	1.0	1.3	<b>1.5</b>	1.3	N/A	Less than 10
<b>Healthcare Associated Infections</b>						
<b>Prevention Agenda Indicators</b>						
1. Rate of Hospital Onset CDIs per 10,000 Patient Days, 2011	2.2	2.4	8.4	8.5	<b>5.94</b>	Meets/Better
2. Rate of Community Onset, Healthcare Facility Associated CDIs per 10,000 Patient Days, 2011	1.9	1.7	2.8	2.4	<b>2.05</b>	Meets/Better
<b>Prevent Substance Abuse and Other Mental, Emotional and Behavioral Disorders</b>						
<b>Prevention Agenda Indicators</b>						
1. Percent of Adults Binge Drinking within the Last Month, '08/09	26.1%	21.1%	N/A	18.1%	<b>17.6%</b>	Worse
2. Percent of Adults with Poor Mental Health (14 or More Days) in the Last Month, '08/09	11.3%	10.2%	N/A	9.8%	<b>10.1%</b>	Worse
3. Rate of Age Adjusted Suicides per 100,000 Adjusted Population, '08 - 10	12.0	10.0	8.0	6.8	<b>5.9</b>	Worse
<b>Other Indicators</b>						
1 Rate of Suicides for Ages 15 - 19 per 100,000 Population Ages 15 - 19, '08 - 10	22.3	10.1	<b>4.9</b>	4.0	N/A	Less than 10
2. Rate of Self-inflicted Hospitalizations 10,000 Population, '08 - 10	12.6	9.1	<b>6.1</b>	5.2	N/A	Worse
3. Rate of Self-inflicted Hospitalizations for Ages 15 - 19 per 10,000 Population Ages 15 - 19, '08 - 10	27.5	20.3	<b>11.0</b>	9.7	N/A	Worse
4. Rate of Cirrhosis Deaths per 100,000 Population, '08 - 10	11.1	9.8	<b>7.7</b>	6.9	N/A	Worse
5. Rate of Cirrhosis Hospitalizations per 10,000 Population, '08 - 10	3.6	2.3	<b>2.5</b>	2.9	N/A	Worse
6. Rate of Alcohol-Related Accidents per 100,000 Population, '09 - 11	102.2	92.1	<b>67.4</b>	44.4	N/A	Worse
7. Percentage of Alcohol-Related Crashes to Total Accidents, 09 - 11	3.9%	4.3%	<b>3.2%</b>	2.8%	N/A	Worse
8. Rate of Alcohol-Related Injuries and Deaths per 100,000 Population, '08 - 10	67.3	59.1	<b>50.0</b>	36.2	N/A	Worse
9. Rate of Drug-Related Hospitalizations per 10,000 Population, '08 - 10	21.1	18.1	<b>21.2</b>	27.3	N/A	Meets/Better
10. Rate of People Served in Mental Health Outpatient Settings Ages 8 and Below per 100,000 Population Ages 8 and Below, 2011	406.0	338.7	<b>278.5</b>	319.4	N/A	Worse

Warren County	Average Rate, ratio Or percent For listed Yrs.	Comparison Regions/Data				Comparison To Benchmark
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11. Rate of People Served in Mental Health Outpatient Settings Ages 9 - 17 per 100,000 Population Ages 9 - 17, 2011	923.0	928.9	<b>829.9</b>	973.0	N/A	Worse
12. Rate of People Served in Mental Health Outpatient Settings Ages 18 - 64 per 100,000 Population Ages 18 - 64, 2011	524.0	452.0	<b>596.5</b>	678.9	N/A	Meets/Better
13. Rate of People Served in Mental Health Outpatient Settings Ages 65 Plus per 100,000 Population Ages 65 Plus, 2011	69.0	101.6	<b>174.2</b>	300.2	N/A	Meets/Better
14. Rate of People Served in ED for Mental Health Ages 8 and Below per 100,000 Population Ages 8 and Below, 2011	33.8	12.8	<b>5.8</b>	7.2	N/A	Worse
15. Rate of People Served in ED for Mental Health Ages 9 - 17 per 100,000 Population Ages 9 - 17, 2011	179.1	80.5	<b>34.9</b>	37.8	N/A	Worse
16. Rate of People Served in ED for Mental Health Ages 18 - 64 per 100,000 Population Ages 18 - 64, 2011	34.0	9.6	<b>20.8</b>	23.9	N/A	Worse
17. Rate of People Served in ED for Mental Health Ages 65 Plus per 100,000 Population Ages 65 Plus, 2011	8.6	2.4	<b>3.5</b>	6.4	N/A	Worse
18. Percentage of Children Ages 9 - 17 with Serious Emotional Disturbances (SED) Served to Total SED Children Ages 9 - 17, 2011	10.3%	10.2%	<b>7.7%</b>	8.4%	N/A	Meets/Better
19. Percentage of Adults Ages 18 - 64 with Serious Mental Illness (SMI) Served, 2011	15.8%	12.3%	<b>14.6%</b>	16.3%	N/A	Meets/Better
20. Percentage of Adults Ages 65 Plus with Serious Mental Illness (SMI) Served, 2011	2.9%	3.0%	<b>4.7%</b>	7.2%	N/A	Worse
<b>Other Non-Prevention Agenda Indicators</b>						
1. Rate of Hepatitis A Cases per 100,000 Population, '08 - 10	0.0	0.5	<b>0.5</b>	0.8	N/A	Less than 10
2. Rate of Acute Hepatitis B Cases per 100,000 Population, '08 - 10	0.0	0.5	<b>0.6</b>	0.8	N/A	Less than 10
3. Rate of TB Cases per 100,000 Population, '08 - 10	0.5	0.6	<b>2.4</b>	5.4	N/A	Less than 10
4. Rate of e. Coli 157 Cases per 100,000 Population, '08 - 10	2.0	1.3	<b>0.8</b>	0.6	N/A	Less than 10
5. Rate of Salmonella Cases per 100,000 Population, '08 - 10	11.6	12.3	<b>12.9</b>	13.9	N/A	Meets/Better
6. Rate of Shigella Cases per 100,000 Population, '08 - 10	0.5	0.8	<b>3.2</b>	4.4	N/A	Less than 10
7. Rate of Lyme Disease Cases per 100,000 Population, '08 - 10	74.9	108.1	<b>66.2</b>	42.4	N/A	Worse
8. Rate of Confirmed Rabies Cases per 100,000 Population, '08 - 10	2.5	5.5	<b>4.1</b>	2.4	N/A	Less than 10
9. Rate of Confirmed West Nile Virus Cases (Humans, Horses, Other Animals, Mosquito Pools) per 100,000 Pop. '08 - 10	0.0	0.1	<b>2.7</b>	2.6	N/A	Less than 10

## Appendix 1: Methodology and Data Sources

The Center for Health Workforce Studies at the University at Albany School of Public Health (the Center) under contract with the Adirondack Rural Health Network, a program of the Adirondack Health Institute, identified and collected data from a variety of sources on the nine counties in the Adirondack region. Those counties include: Clinton, Essex, Franklin, Fulton, Hamilton, Montgomery, Saratoga, Warren, and Washington.

The initial step in the process was identifying which data elements to collect. Center staff received an initial list of potential data elements from the ARHN Data Subcommittee and then supplemented that information with data from other sources. Since most of the health behavior, status, and outcome data were only available at the county level, the Center in conjunction with the ARHN Data Subcommittee concluded that all data used for the project would be displayed by county and aggregated to the ARHN region.<sup>7</sup> Additionally, other data were collected to further enhance already identified data. For example, one Prevention Agenda indicator was assault-related hospitalizations. That indicator was augmented by other crime statistics from the New York State Division of Criminal Justice.

The overall goal of collecting and providing these data to ARHN members was to provide a comprehensive picture of the individual counties within the Adirondack region, including providing an overview of population health as well as an environmental scan. In total, counties and hospitals were provided with nearly 450 distinct data elements across the following four reports:

- Demographic Data;
- Educational Profile;
- Health Behaviors, Health Outcomes, and Health Status; and
- Health Delivery System Profile.

Data was provided to all counties and hospitals as PDFs as well as in Excel files. All sources for the data were listed and made available to the counties and hospitals. The sources for the data elements in the

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<sup>7</sup> Aggregated data for the ARHN region included Clinton, Essex, Franklin, Fulton, Hamilton, Saratoga, Warren, and Washington counties but did not include Montgomery County.

Health Behaviors, Health Outcomes, and Health Status report were listed in a separate file and included their respective internet URL links. The data in each of the four reports were aggregated, when feasible, into the ARHN region, Upstate New York (all counties but the five in New York City), and statewide.

### Demographic Data

Demographic data was primarily taken from the 2007 - 2011 American Community Survey, supplemented with data from the Bureau of Labor Statistics, Local Area Unemployment Statistics for 2011; the New York State Department of Health (NYSDOH) Medicaid Data for 2011; and employment sector data from the 2009 – 2011 American Community Survey. Among the information incorporated into the demographic report included:

- Race/Ethnicity;
- Age by groups (0 – 4, 5 – 17, 18 – 64, and 65 plus);
- Income and poverty, including the percent who received Medicaid;
- Housing stock;
- Availability of vehicles;
- Education status for those 25 and older;
- Employment status; and
- Employment sector.

### Educational Profile

The education profile was taken mainly from the New York State Education Department (NYSED), School Report Card for 2010 – 2011, supplemented with data from the National Center for Education Statistics, Integrated Post-Secondary Data System on Post-Secondary graduations for 2010 – 2011 and registered nurse graduations from the Center. Among the data displayed in the educational profile included:

- Number of school districts;
- Total school district enrollment;
- Number of students on free and reduced lunch;
- Dropout rate;
- Total number of teachers;
- Number of and graduations from licensed practical nurse programs; and
- Number of and graduations from registered nurse programs.

## Health Behaviors, Health Outcomes, and Health Status

The vast majority of health behaviors, outcomes, and status data come from NYSDOH. Data sources included the:

- Community Health Indicators Report (<http://www.health.ny.gov/statistics/chac/indicators/>);
- County Health Indicators by Race/Ethnicity (<http://www.health.ny.gov/statistics/community/minority/county/>);
- County Dashboards of Indicators for Tracking Public Health Priority Areas, 2013 - 2013 ([http://www.health.ny.gov/prevention/prevention\\_agenda/2013-2017/indicators/2013/indicator\\_map.htm](http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/indicator_map.htm)); and
- 2008 – 2009 Behavioral Risk Factor Surveillance System (BRFSS) (<http://www.health.ny.gov/statistics/brfss/>).

Information on NYSDOH’s methodologies used to collect and display data from the above sources can be found on their respective data pages.

NYSDOH data used in this report are updated annually, with the exception of BRFSS data, and most of the data were for the years 2008 – 2010. Cancer data were for the years 2007 – 2009, and BRFSS data were from the 2008 and 2009 survey. Data displayed in this report included an average annual rate or percentage and, when available, counts for the individual three years. The years the data covered were listed both in the report as well as in the sources document.

NYSDOH data also was supplemented from other sources such as the County Health rankings, the New York State Division of Criminal Justice Services, the New York State Institute for Traffic Safety Management and Research, and the New York State Office of Mental Health Patient Characteristics Survey, among others. To the extent possible, Center staff used similar years for the additional data that were collected. Nearly 300 data elements are displayed in this report broken out by the Prevention Agenda focus areas.

Data were downloaded from their various sources and stored in separate Excel files, based on their respective focus area. The Health Behaviors, Health Outcomes, and Health Status report was created in

Excel and linked to the raw data, and population rates were recalculated based on the number of cases as well as the population listed in the data source.

Data in the report were organized by the six priority areas as outlined by NYSDOH at [http://www.health.ny.gov/prevention/prevention\\_agenda/2013-2017/](http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/). The data were also separated into two subsections, those that were identified as Prevention Agenda indicators and those that were “other indicators.” The data elements were organized by 17 focus areas as outlined in the table below.

Focus Area	Number of Indicators	
	Prevention Agenda	Other
Health Disparities	8	11
Injuries, Violence, and Occupational Health	7	21
Outdoor Air Quality	2	0
Built Environment	4	0
Water Quality	1	0
Obesity in Children and Adults	2	35
Reduce Illness, Disability, and Death Related to Tobacco Use and Secondhand Smoke Exposure	1	13
Increase Access to High Quality Chronic Disease Preventive Care and Management	6	28
Maternal and Infant Health	9	19
Preconception and Reproductive Health	9	20
Child Health	6	29
HIV	2	2
STDs	5	10
Vaccine Preventable Diseases	3	6
Healthcare Associated Infections	2	0
Substance Abuse and other Mental, Emotional, and Behavioral Disorders	3	20
Other Illnesses	0	9

Those data elements that were Prevention Agenda indicators were compared against their respective Prevention Agenda benchmarks. “Other indicators” were compared against either Upstate New York benchmarks, when available or then New York State benchmarks when Upstate New York benchmarks were not available. The report also included a status field that indicated whether indicators were met, were better, or were worse than their corresponding benchmarks. When indicators were worse than their corresponding benchmarks, their distances from their respective benchmarks were calculated. On the report, distances from benchmarks were indicated using quartiles rankings, i.e., if distances from

their corresponding benchmarks were less than 25%, indicators were in quartile 1, if distances were between 25% and 49.9% from their respective benchmarks, indicators were in quartile 2, etc.

The Health Behaviors, Health Outcomes, and Health Status Report also indicated the percentage of total indicators that were worse than their respective benchmarks by focus area. For example, if 21 of the 35 child health focus area indicators were worse than their respective benchmarks, the quartile summary score would be 60% (21/35). Additionally, the report identified a severity score, i.e., the percentage of those indicators that were either in quartile 3 or 4 compared to all indicators which were worse than their corresponding benchmarks. Using the above example, if 9 of the 21 child health focus indicators that were worse than their respective benchmarks were in quartiles 3 or 4, the severity score would be 43% (9/21). Quartile summary scores and severity scores were calculated for each focus area as well as for Prevention Agenda indicators and for “other indicators” within each focus area. Both quartile summary scores and severity scores were used to understand if the specific focus areas were challenges to the counties and hospitals. In certain cases, focus areas would have low severity scores but high quartile summary scores indicating that while not especially severe, the focus area offered significant challenges to the community.

### Health Delivery System Profile

The data on the health system came from NYSDOH list of facilities, NYSED licensure file for 2011, the UDS Mapper for 2011 Community Health Center Patients, the Health Resources and Services Administration Data Warehouse for health professional shortage (HPSAs) areas for 2012, and Center data on 2011 physicians. Among the data incorporated into this report included:

- Hospital, nursing home, and adult care facility beds;
- Number of community health center patients;
- Number of and population within primary care, mental health, or dental care HPSAs;
- Total physicians and physicians by certain specialties and sub-specialties; and
- Count of individuals licensed.<sup>8</sup>

### Community Provider Survey

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<sup>8</sup> County is determined by the main address listed on the licensure file. The address listed may be a private residence or may represent those with active licenses but not actively practicing patient care. Therefore, the information provided may not truly reflect who is practicing in a profession in the county.

A survey of providers was conducted by the Center for Human Services Research (CHSR) at the University at Albany School of Social Welfare between December 5, 2012 and January 21, 2013. The purpose of the study was to provide feedback from community service providers in order to: 1) guide strategic planning, 2) highlight topics for increased public awareness, 3) identify areas for training, and 4) inform the statewide prevention agenda, including rating the relative importance of five of the New York State Prevention Agenda Priority areas<sup>9</sup>. Results were presented for each of the eight ARHN counties<sup>10</sup> and aggregated for the region.

The 81 question survey was developed through a collaborative effort by a seven-member ARHN Subcommittee during the fall of 2012. The seven volunteer members are representatives of county public health departments and hospitals in the region that are involved in the ARHN. Subcommittee members were responsible for identifying the broad research questions to be addressed by the survey, as well as for drafting the individual survey questions.

Subcommittee members were also charged with identifying potential respondents to participate in the survey. Because each county in the region is unique in its health care and service-provision structure, ARHN members from each of the counties were asked to generate a list of relevant stakeholders from their own communities who would represent the full range of programs and service providers. As such, the survey population does not necessarily represent a random sampling of health care and service providers, but an attempt at a complete list of the agencies deemed by the ARHN to be the most important and representative within the region.

The survey was administered electronically using the web-based Survey Monkey program and distributed to an email contact list of 624 individuals identified in the stakeholder list created by the Subcommittee. Two weeks before the survey was launched on December 5, 2012, an announcement was sent to all participants to encourage participation. After the initial survey email, two reminder notices were also sent to those who had not yet completed the survey. Additionally, participation was also incentivized through an opt-in gift card drawing, with 20 entrants randomly selected to receive a

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<sup>9</sup> At the time of the survey, the New York State had identified five priority areas (1) Promote a Health and Safe Environment; (2) Preventing Chronic Disease; (3) Promoting Healthy Women, Infants, and Children; (4) Prevent HIV/STDs, Vaccine-Preventable Disease, and Health Care-Associated Infections; and (5) Promote Mental Health and Prevent Substance Abuse. The sixth priority area, Improve Health Status and Reduce Health Disparities, had not yet been identified and was not included as part of the provider survey.

<sup>10</sup> Montgomery County was not included in the survey.

\$25 Stewart's gift card at the conclusion of the survey. Ultimately, 285 surveys were completed during the six-week survey period, a response rate of 45.7%. Response rates varied by individual county, respondents may have been counted in more than one county depending on the extent of their service area.

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## **Appendix 2: ARHN Survey Regional Results Summary**

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Results of the Adirondack Regional Health Network Survey  
Regional Results Summary

March 28, 2013

Report to the Adirondack Rural Health Network

Brad R. Watts  
Center for Human Services Research  
University at Albany

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## Executive Summary

In December 2012 and January 2013, the Adirondack Regional Health Network (ARHN) conducted a survey of selected stakeholders representing health care and service-providing agencies within the eight-county region. The results of the survey are intended to provide an overview of regional needs and priorities, to inform future planning and the development of a regional health care agenda.

- The 81-question survey was distributed electronically to 624 participants. In total, 285 surveys were completed, a response rate of 45.7 percent.
- Among the five NYS Prevention Agenda priority areas, chronic disease was ranked as the area of highest community need and agency interest.
- The agenda area of HIV, STIs, and vaccine preventable diseases was ranked lowest in terms of overall interest and concern.
- The top emerging issues in the region include increases in obesity and related health issues, increases in substance abuse, and mental illness.
- The population groups identified most in need of targeted interventions are: the poor, children, individuals with mental health issues, the elderly, and substance abusers.
- Only about half of survey respondents reported being familiar with the NYS Department of Health Prevention Agenda priority areas.
- The individual issues of greatest importance to survey respondents were the general health and safety of the physical environment, diabetes prevention, substance abuse, mental health screening and treatment, and the prevention of heart disease.
- When asked to rate the effectiveness of current local efforts to address major health issues, a large portion of respondents indicated that they did not know, which suggests that additional information and publicity may be needed for health activities in the region.
- Education is the dominant strategy currently used to address major health issues in the region. Direct, hands-on strategies such as screening or clinical services are less prevalent.
- Technology is not highly utilized by health service providers and their clients in the region. A slight majority of respondents agreed that technology enhancement should be a top priority for the region.
- The top future concern for stakeholders was funding. Regional health care organizations expressed concerns about reimbursement rates and expectations of reduced funding through government payments and other grants.

## Overview

This report details the findings of a survey conducted by the Center for Human Services Research (CHSR) and the Adirondack Rural Health Network (ARHN) between December 5, 2012 and January 21, 2013. The purpose of the study was to obtain feedback from community service providers in order to: 1) guide strategic planning, 2) highlight topics for increased public awareness, 3) identify areas for training, and 4) inform the statewide prevention agenda. Results presented in this report are for the entire region served by the Adirondack Rural Health Network, which includes eight counties located in upstate New York. In this report, these counties will be referred to as “the region”:

- Clinton
- Essex
- Franklin
- Fulton
- Hamilton
- Saratoga
- Warren
- Washington

## Methodology

The 81 question survey was developed through a collaborative effort by a seven-member ARHN subcommittee during the Fall of 2012. The seven volunteer members are representatives of county public health departments and hospitals in the region that are involved in the ARHN. Subcommittee members were responsible for identifying the broad research questions to be addressed by the survey, as well as for drafting the individual survey questions.

Subcommittee members were also charged with identifying potential respondents to participate in the survey. Because each county in the region is unique in its health care and service-provision structure, ARHN members from each of the counties were asked to generate a list of relevant stakeholders from their own communities who would represent the full range of programs and service providers. As such, the survey population does not necessarily represent a random sampling of health care and service providers, but an attempt at a complete list of the agencies deemed by the ARHN to be the most important and representative within the region.

The survey was administered electronically using the web-based Survey Monkey program and distributed to an email contact list of 624 individuals identified in the stakeholder list created by the subcommittee. Two weeks before the survey was launched on December 5, 2012, an announcement was sent to all participants to encourage participation. After the initial survey email, two reminder notices were also sent to those who had not yet completed the survey. Additionally, participation was also incentivized through an opt-in gift card drawing, with 20 entrants randomly selected to receive a \$25 Stewarts gift card at the conclusion of the survey. Ultimately, 285 surveys were completed during the six-week survey period, a response rate of 45.7 percent.

## Profile of Survey Respondents

The tables in this section do not provide survey results, but instead provide a summary overview of the composition of survey participants. The representativeness of the survey participants as a true sample of health organizations in the region is dependent upon the mailing list compiled by ARHN and the willing and unbiased participation of the stakeholders that received the survey invitations.

Survey participants represent a diverse array of different agencies, population groups, and service-areas within the overall eight-county ARHN region. Below, Table A.1 shows the primary functions selected by respondents and Table 2 shows the populations that their agencies serve. Health care and educational agencies are well represented, and the majority provides services to children and adolescents, as well as people living at or near the poverty level.

**Table A.1. Primary functions indicated by survey respondents**

Organization Primary Function	Percent of all applicants
Health care	36.8
Education	36.5
Behavioral health	17.5
Healthy environment	14.7
Early childhood svcs.	14.4
Social services	11.9
Senior services	11.2
Other services	9.1
Developmental disability svcs.	8.4
Employ & training	8.4
Housing services	8.1
STI/HIV prevention	6.0
Physical disability svcs.	4.9
Government agency	2.1
Testing and prevention	2.1

Note: Respondents could select more than one primary function.

**Table A.2. Populations served by survey respondent agencies**

Population Served	Percent of all respondents
Children/adolescents	59.6
People living at or near poverty level	50.9
Seniors/elderly	44.9
People with disabilities	38.9
People with mental health issues	32.3
Women of reproductive age	31.9
People with substance abuse issues	25.6
Specific health condition or disease	24.6
Farmers	14.0
Migrant workers	11.2
Other	10.5
Specific racial or ethnic groups	8.4
Specific geographic area	5.3
Everyone	5.3
Specific age group	3.5

Note: respondents could select multiple populations.

Table A.3 shows the percent of respondents that provide services in each of the eight counties in the region. Most respondents represent health care service providers that work in multiple counties within the region. As the table illustrates, between roughly 18 and 30 percent of all respondents work in each county, which provides a significant level of overlap in services.

**Table A.3. Percent of respondent agencies providing service in each county in the region**

County	Percent
Essex	30.2
Franklin	29.1
Fulton	22.8
Warren	20.4
Hamilton	19.6
Washington	19.6
Clinton	18.6
Saratoga	18.2

## Results

The findings are presented by thematic area: health trends, prevention agenda priorities, and technology trends and regional challenges. Additionally, within the Health Prevention Priorities section the results are detailed by the five areas of the NYS Department of Health Prevention Agenda, which are as follows:

- **Prevent chronic disease.** Focus on heart disease, cancer, respiratory disease, and diabetes and the shared risk factors of diet, exercise, tobacco, alcohol, and associated obesity.
- **Promote a healthy and safe environment.** Focus on environmental quality and the physical environment where people live, work, play, and learn.
- **Promote healthy women, infants, and children.** Focus on improving the health of women and mothers, birth outcomes, and child health including oral health.
- **Promote mental health and prevent substance abuse.** Focus on primary and secondary prevention and strategies for increasing screening to diagnose and connect people to needed services.
- **Prevent HIV, STIs, and vaccinate for preventable diseases.** Focus on preventing HIV, sexually transmitted infections, and preventable diseases via immunization.

Both quantitative and qualitative responses are summarized to present an overview of the respondents' perceptions of health care trends, the relevance of the priorities, the magnitude of difficulty faced by the region, areas of need, and the effectiveness of current efforts.

## Emerging Health Trends

Survey respondents were asked two major questions about emerging community health trends: the first was an open-ended query about the most significant trend emerging over the next three years, while the second asked respondents to identify populations that need targeted efforts to address emerging health trends. Responses to the open-ended question were examined and coded into thematic categories in order to identify general areas of growing concern in the region. Table 1 shows the percentage of those who provided a response to the question who identified a trend within each thematic area. Because many respondents identified more than one emerging trend, the percentages do not add to 100.

*By a large margin, the dominant trend emerging in the region is obesity, followed by growing substance abuse, mental health issues, and a declining availability of services and insurance coverage for community residents.* The theme of chronic disease, which was cited by 5.4 percent of respondents, included trends of increasing cases of cancer, COPD (chronic obstructive pulmonary disease), heart disease, and other conditions that require ongoing or intensive care that is not always available in rural

communities. Mentions of sexually transmitted infections (STIs) or diseases (STDs) were not dominant, despite the fact that the theme is similar to the identified NYS priority area.

**Table 1. Percent selecting general emerging health trend**

Theme	Percent
Growing obesity, childhood obesity, and related ailments	25.5
Substance abuse (alcohol, drugs, prescriptions)	16.2
Mental health issues	15.8
Lack of service availability, lack of insurance	13.1
Aging population / need for senior care	10.8
Increase in chronic diseases	5.4
Increasing STI/STD cases in community	5.4
Other	34.7

Total percentage is greater than 100 because more than one category could be identified

As shown in Table 2, many of the population groups identified as being in need of targeted efforts are reflected in the previous emerging themes. *Three of the top five population groups selected by respondents for targeting are: people with mental health issues, seniors/elderly, and people with substance abuse issues.* The two groups mentioned by a majority of respondents—people living in poverty and children/adolescents—are general groups of individuals who were frequently associated with emerging health issues in the open-ended question. For example, themes were sometimes listed as growing amongst children (e.g. childhood obesity, teen drug use) or related to an increase in regional poverty. Again, because survey respondents were allowed to select more than one group of individuals to target, the cumulative percentages exceed 100.

**Table 2. Populations in need of targeted service efforts**

Population group	Percent selecting
People living at or near poverty level	56.5
Children/adolescents	53.7
People with mental health issues	42.8
Seniors/elderly	39.6
People with substance abuse issues	37.5
People with disabilities	27.4
Women of reproductive age	26.3
Specific health condition or disease	22.5
Specific racial or ethnic groups	10.5
Migrant workers	5.3
Farmers	3.9
Everyone *	3.9
Other	3.9
Don't know	1.8

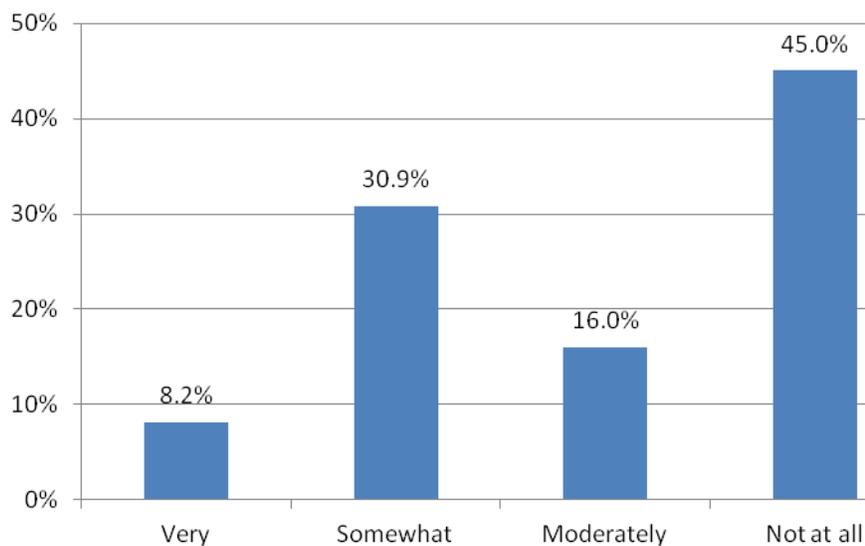
\* Dominant write-in selection under other.

## Health Prevention Agenda Priorities

Most of the survey items focus on identifying perceptions and needs within the region related to the five priorities selected by the NYS Department of Health Prevention Agenda. This section begins with a summary of service provider perceptions on how relevant these priorities are to the needs of their community, as well as the effectiveness of current efforts to address the issue. The latter part of this section presents data specific to each priority area: the strategies being employed, the local populations in need of targeted efforts, and a summary of any unique perspectives from the field.

Respondents were queried about their awareness of the NYS Department of Health (NYSDOH) Prevention Agenda. *Slightly over half (50.9 percent) indicated that their organization was already aware that the Department of Health has a prevention agenda; 30.2 percent indicated that their organization was not aware and 18.9 percent indicated that they were not sure.* Those who selected “don’t know” would seem to be indicating that while the respondent was not aware of the agenda, they felt it was possible that other leaders within the organization were aware. When survey respondents were asked about their own personal knowledge of the agenda, they indicated limited overall familiarity. As shown in Chart 1, 45 percent indicated that they were not at all familiar with the agenda, while only 8.2 percent were very familiar with the agenda. Obviously, for many of the survey respondents, their first exposure to the priority agenda focus areas occurred through participation in the ARHN survey.

**Chart 1. Respondent ratings of own familiarity with the NYSDH Prevention Agenda**



The ratings of priority area relevance should reflect both the unique needs of the respondent’s region (which may vary from NYS as a whole) and the mix of service providers who completed the survey. Respondents were asked to rank order the five priorities from most to least important. Interestingly, the results shown in Table 3 indicate a slightly different perspective in priorities than was revealed by the earlier write-in question about emerging health trends. *The “prevent chronic disease” priority area was identified as the most important for the region, with nearly 40 percent selecting the priority as most*

*important and approximately 19 percent selecting it as the second most important.* The health priority area involving the “promotion of mental health” and the “prevention of substance abuse” was ranked most important by the second largest portion of respondents, 22.5 percent, and also was selected as the least important priority area by the smallest share of survey-takers, only 3.5 percent. At the other end of the spectrum, the priority area of “preventing STIs and promoting vaccines” was selected as most important by only 4.2 percent of respondents and selected as least important to the region by a majority of respondents, 62.3 percent.

**Table 3. Priority areas by percent of respondents selecting ranking of importance to the region**

	Importance ranking				
	Most	2nd	3rd	4th	5th
Prevent chronic disease	39.7	19.2	13.2	16.7	10.9
Promote mental health; prevent substance abuse	22.5	23.1	24.5	26.4	3.5
Promote healthy, safe environment	22.1	22.7	21.4	17.1	16.7
Promote healthy women & children	11.5	31.5	34.2	16.7	6.6
Prevent HIV/STIs; promote vaccines	4.2	3.5	6.6	23.3	62.3

In addition to ranking the importance of the five major NYS priority categories, respondents were also asked to select up to five specific issues most important to their service area. Although the option to select up to five areas of importance, along with the opportunity to write-in another option, allowed for a liberal interpretation of the “most important” issues, there was a clear division between the issues. The issues most frequently selected by respondents are shown in Table 4.

*The issues that were identified as most important or most relevant as selected by around half of all survey respondents were: promoting a healthy and safe environment, preventing diabetes, prevention of substance abuse, and mental health screening.* Once again, although the ordering was not entirely consistent with the findings from previous survey questions regarding regional priority areas, there were commonalities in the presence of the issues of “preventing diabetes” (a chronic condition), “prevention of substance abuse,” “mental health screening,” and the “promotion of a safe and healthy environment.” Additionally, “preventing HIV and STIs” was once again ranked relatively low, with only 4.9 percent selecting the issue as among the most important.

**Table 4. Percent selecting specific issues as most important or relevant to their service area**

Issue	Percent selecting issue
Promoting a healthy & safe physical environment	50.9
Preventing diabetes	48.4
Prevention of substance abuse	44.9
Mental health screening & connection services	44.9
Preventing heart disease	39.3
Improving child health	37.9
Improving the health of women & mothers	33.0
Preventing cancer	31.9
Preventing respiratory disease	28.1
Immunizing against preventable diseases	23.2
Promoting environmental quality	21.4
Improving birth outcomes	12.6
Preventing HIV & STIs	12.3
Other	4.9

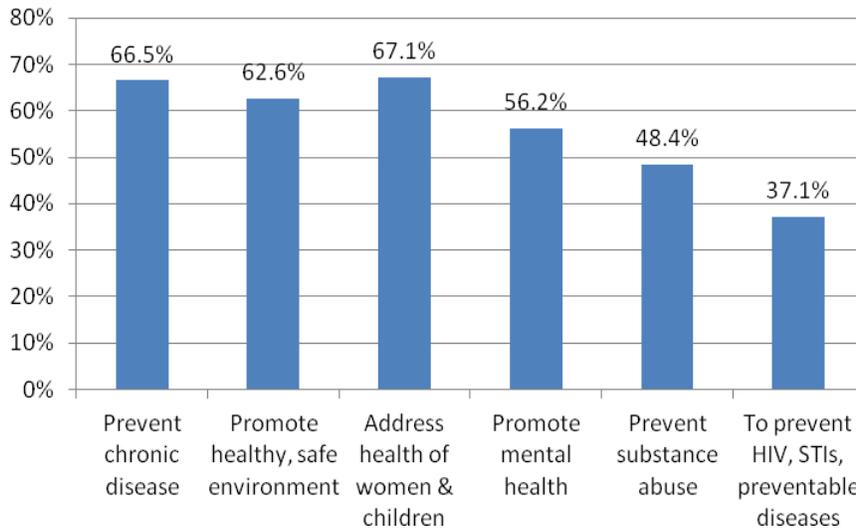
Another way of gauging the relevance of the five priority areas to the region is whether or not health agencies and service providers are already involved in efforts to improve related conditions within their own service areas. Survey respondents were asked about agency involvement in issues relating to the priority areas. Additionally, for each priority area, survey respondents were also asked whether or not their agency would be interested in collaborating on efforts to address the issue if it was selected as a priority community health issue for the Adirondack region. A summary of the results is presented in Chart 2 and Chart 3.

*Agency involvement was highest for efforts to address the health of women and children, followed by efforts to prevent chronic disease, and efforts to promote a healthy and safe environment in the community (Chart 2). Involvement was least prevalent in efforts to prevent HIV, STIs and vaccine-preventable diseases, which only 37.1 percent of survey respondents indicated was an area of activity for their agency. For the priority area of promoting mental health and preventing substance abuse, the level of involvement was in the middle; 56.2 percent of respondents worked for agencies involved in mental health promotion efforts and a somewhat smaller portion were involved in substance abuse prevention efforts.*

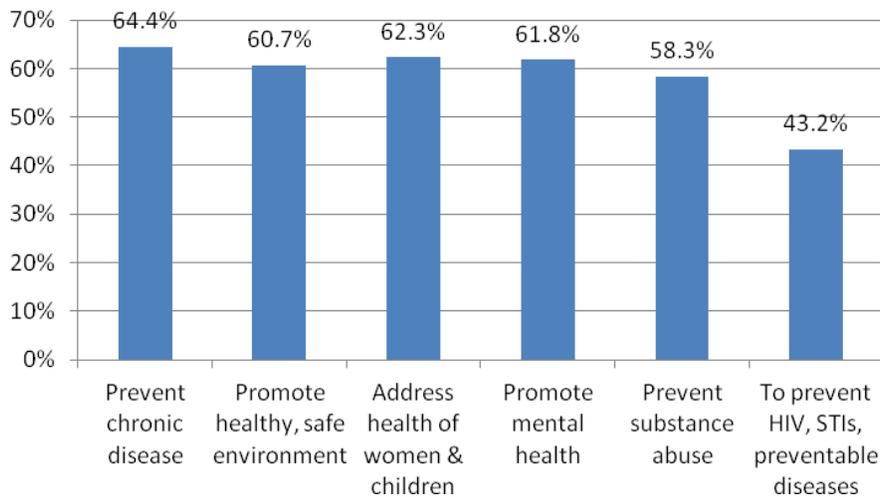
*A majority of survey respondents indicated that their agency would be interested in collaborating to address most priority area issues if it was selected as a priority within the region (Chart 3). The exception was the prevention of HIV, STIs, and vaccine preventable diseases, which only 43.2 percent of respondents indicated would be an issue their agency would be willing to collaborate on. This suggests that HIV, STI, and vaccine preventable disease efforts are either an area of low interest for the region's*

health care and service providers or that many feel they do not have the capacity or expertise to be involved in the issue. The lack of interest neatly corresponds with the limited current involvement with the issue that was illustrated in Chart 2.

**Chart 2. Percent indicating agency currently involved with issue**



**Chart 3. Percent interested in collaborating if issue is selected as a priority for the region**



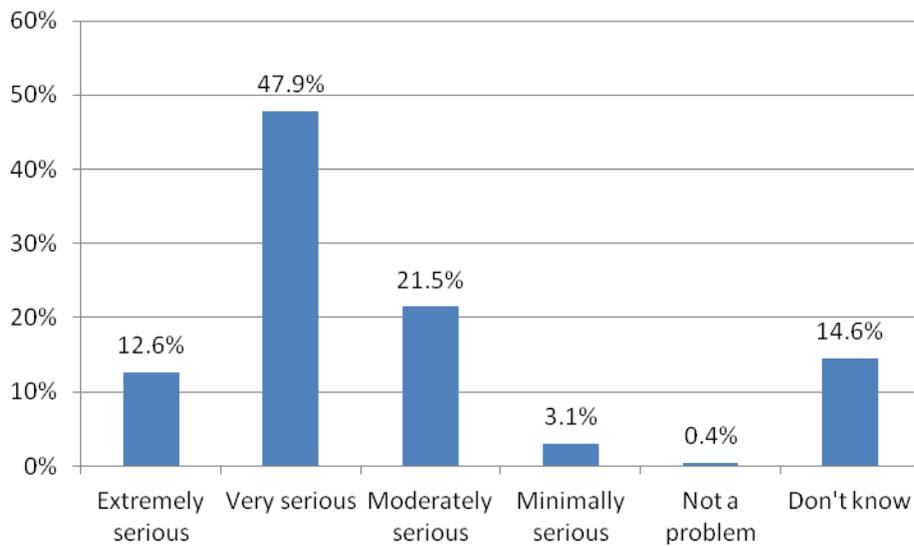
### Priority Area Strategies and Effectiveness

This section of the report details survey responses that are specific to each of the five different priority areas. While the previous section summarizes relative importance, involvement, and level of community need across the priority areas, this section focuses on how health agencies and other service providers have been addressing issues related to the priority areas, the perceived effectiveness of existing efforts at their own and other agencies, and the level of interest in becoming involved with collaborating on future efforts.

**Area 1: Prevent chronic disease**

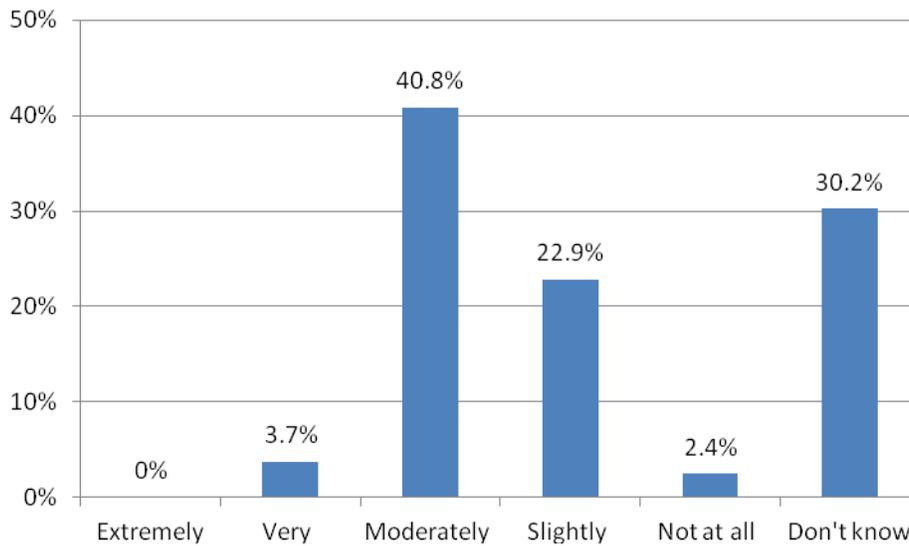
As shown earlier, a large portion of survey respondents believe that prevention of chronic disease is the most important and relevant priority area for the region (Table 3). This high prioritization may be related to the severity of chronic disease as a problem in the region. Chart 4 illustrates how respondents view the severity of the problem of chronic disease. *More than half indicated that the problem of chronic disease is either “very serious” or “extremely serious” while only 0.4 percent indicated that chronic disease is not a problem.* These ratings suggest that chronic disease is a more severe problem than the issues associated with the four other priority areas.

**Chart 4. Rating of severity of chronic disease as a problem by share of respondents**



*One concern may be that effective programs to target chronic disease are limited in the region.* None of the survey respondents indicated that existing efforts were extremely effective and only 3.7 percent rated them as very effective (Chart 5). Additionally, approximately 30 percent indicated that they did not know about the effectiveness of any area programs, which suggests that they may be limited in visibility or even absent from some parts of the region. Among those that provided statements on how these efforts might be improved, education and awareness were the most common themes, though many also noted that reducing chronic disease would require lifestyle changes, which would neither be easy nor quick to accomplish. It was also mentioned that growing poverty and shrinking budgets for programs targeting prevention were already hampering efforts to address problems like diabetes and obesity. When asked who should be targeted by efforts to address chronic disease, the majority identified persons living at or near poverty level, followed by senior citizens.

**Chart 5. Rating of chronic disease effort effectiveness by share of respondents**



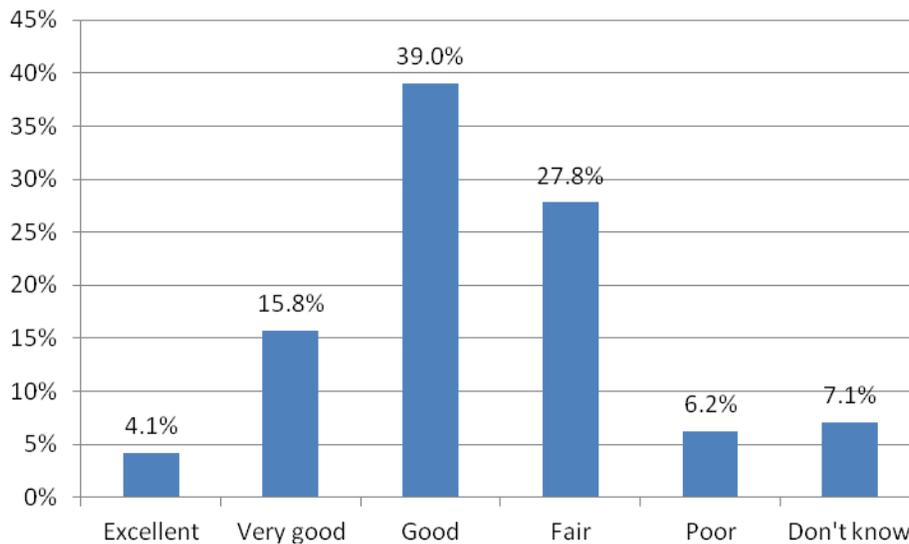
Survey respondents were also asked to provide one or two top strategies being employed in the region by their agency to address chronic disease. *An analysis of open-ended responses revealed that educational efforts were the most common strategy to address chronic disease, followed by service coordination and cooperation efforts, and awareness promotion and service marketing* (Table 5). Note that because many respondents reported agency engagement in more than one strategy, the cumulative values shown in Table 5 exceed 100 percent.

**Table 5. Percent reported as engaged in strategy to address issue of chronic disease**

Strategy	Percent
Education (treatment options, prevention, risk factors)	41.8%
Service coordination, cooperation between agencies	14.4%
Promotion & marketing, community awareness campaigns	12.4%
Screening or testing (e.g. cancer, diabetes)	11.1%
Clinics operation, provision of basic medical services, home services	11.1%
Policy advocacy	11.1%
Drug abuse treatment programs, smoking cessation programs	3.9%
Other	23.5%

**Area 2: Promote a healthy and safe environment**

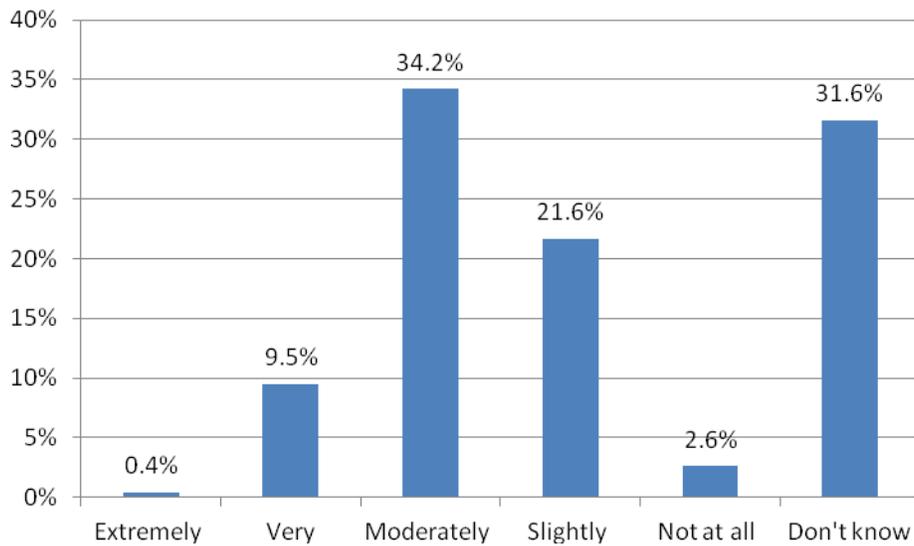
As stated previously, the priority area of promoting a healthy and safe environment was ranked by survey respondents as being very important in terms of its relative importance for the region; however, respondents provided a generally moderate assessment of current conditions. A plurality of respondents, 39 percent, rated the overall health and safety of the region “good,” followed by 27.8 percent who selected the rating of “fair” (Chart 6). Few respondents selected ratings at either end of the ratings scale: 6.2 percent rated the region’s overall health and safety as poor and less than five percent described conditions as excellent.

**Chart 6. Rating of overall regional health and safety by share of responses**

Most respondents also provided only moderate rankings on the effectiveness of existing efforts to promote a healthy and safe environment. As shown in Chart 7, more than one-in-three respondents indicated that existing efforts are moderately effective, followed by approximately one-in-five who indicated that existing efforts are only “slightly” effective. A high portion of respondents, 31.6 percent, indicated that they don’t know about the effectiveness of any current efforts to promote a healthy safe environment, which suggests that in some service areas such efforts are either poorly publicized or absent. Overall, the ratings seem to suggest that room exists for improvement in the programs that currently exist. When asked how current efforts could be improved, many respondents stated that they didn’t know and several also suggested that there were not many efforts or that there was not enough follow through. Other respondents also suggested that increased coordination and more broad, community-level efforts were necessary.

As was the case with the chronic disease priority area, *the most prevalent strategy employed by respondent agencies to promote a healthy and safe environment was education*. When asked to provide one or two top strategies used by their own agency, 30.9 percent of respondents identified an activity associated with education of area residents on issues related to health and safety (Table 6). Other popular strategies included providing physical improvements in the community, coordinating with other agencies, and policy advocacy. The most commonly identified population groups for targeted efforts to improve general health and safety were people living at or near poverty, children and adolescents, and senior citizens.

**Chart 7. Rating of effectiveness of existing efforts to promote health and safety by share of responses**



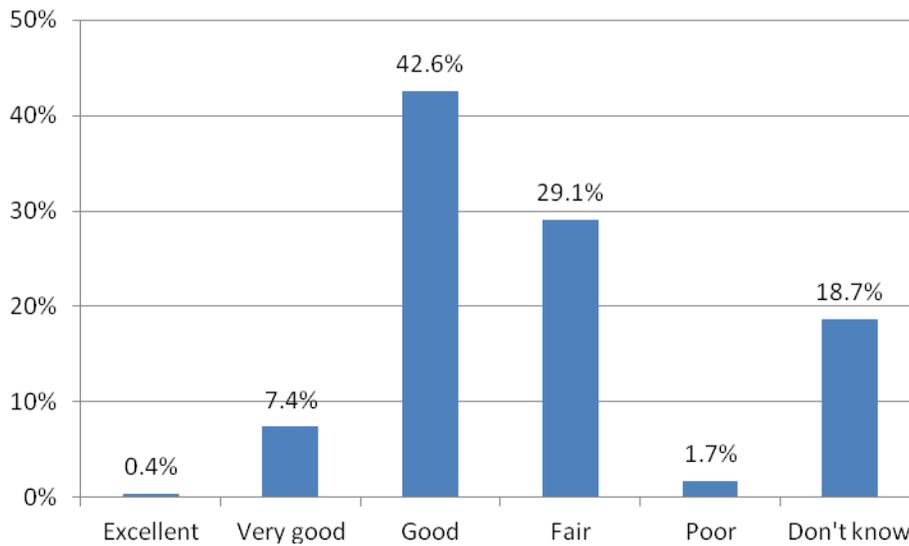
**Table 6. Percent reported as engaged in strategy to promote health and safety**

Strategy	Percent
Education (prevention and health ed., worker training)	30.9
Provide physical improvements (equipment, housing improvements, sidewalks and trails, community assets)	18.7
Service coordination, cooperation between agencies	15.4
Policy advocacy, create and implement safety rules	10.6
Exercise, food, and cooking programs	9.8
Inspection (safety), regulatory enforcement	8.1
Services for children, WIC, child care	8.1
Promotion & marketing, community awareness campaigns	6.5
Other	21.1

**Area 3: Promote healthy women, infants, and children**

The overall health of women, infants, and children was rated similar to that of the overall health and safety of the region: *most gave a rating of “good” or “fair” with few selecting the highest or lowest ratings* (Chart 8). Once again, a somewhat high portion of respondents, 18.7 percent, indicated that they did not know about the health of women, infants, and children in the region. The prevalence of “don’t know” responses throughout the survey suggests that many stakeholders have not been informed about other health care efforts going on in the region. Also, very few described conditions as either excellent or poor.

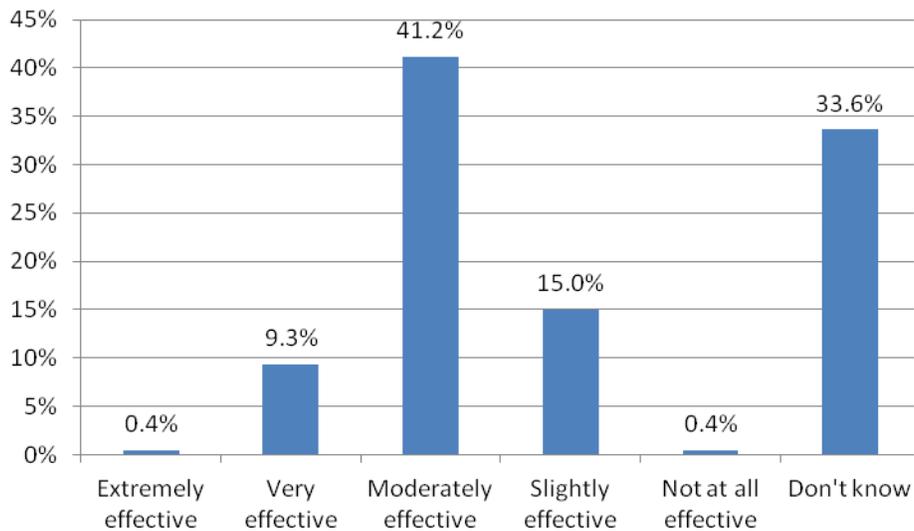
**Chart 8. Rating of overall regional health of women, infants, and children**



*The largest portion of respondents, 41.2 percent, rated the effectiveness of current efforts to promote the health of mothers, infants, and children as moderately effective, followed by 33.6 that indicated that they don't know about the effectiveness of current efforts (Chart 9). The large portion of respondents that indicated a lack of knowledge about the effectiveness of current efforts was surprising given that 67.1 percent previously indicated that their own agency was already involved with the issue (Chart 2). Effectiveness ratings at either extreme of the scale were almost non-existent, though 15 percent indicated that existing efforts are slightly effective and 9.3 percent described current efforts as very effective. Overall, the survey suggests that current efforts are middling and unknown to many.*

When asked how current efforts to address the health of mothers, infants, and children could be improved, respondents provided a wide range of responses. Comments in favor of increasing education and outreach efforts were common, particularly around sex education and pregnancy prevention. Many respondents also noted specific health services that needed to be made more accessible, especially dental services for children. Not surprisingly, the population groups identified as being in need of targeting for this Health Agenda area were women of reproductive age, people in poverty, and children and adolescents.

**Chart 9. Rating of effectiveness of existing efforts to promote health of women, infants, and children**



As shown in Table 7, the most common agency strategy used to address the health of women, infants, and children was education programs—particularly those aimed at mothers, such as breastfeeding classes, nutritional classes, and courses on child care skills or health. Other popular strategies included home visiting and assessment programs, the direct provision of medical care services, and food assistance programs such as WIC. Policy advocacy and awareness or publicity campaigns were mentioned, but less prevalent than for other priority areas.

**Table 7. Percent reported as engaged in strategy to promote health of women, infants, and children**

Strategy	Percent
Education (breastfeeding, nutrition, child care skills)	49.2
Home visiting programs, assessment and referral services	18.9
Medical care services	16.4
Food assistance, formula, WIC program	10.7
Awareness campaigns	6.6
Daycare and preschool programs	2.5
Policy advocacy	2.5
Other	23.8

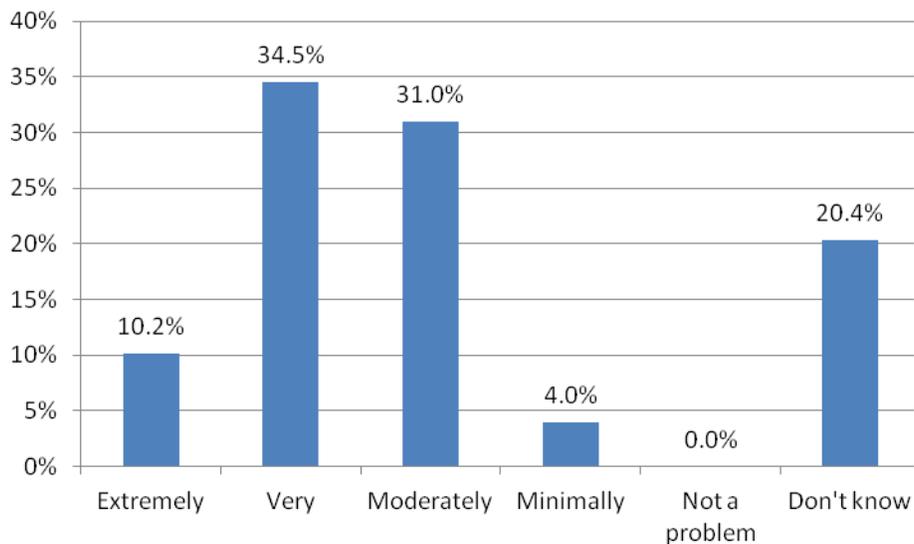
**Area 4: Promote mental health and prevent substance abuse**

The “promote mental health and prevent substance abuse” priority area differs slightly from the other priority areas in that it includes two relatively distinct types of ailments: mental illness and drug and alcohol abuse. As a result, the survey separates the major issues of the priority area in many of the questions. An example of the division into separate mental health issues and substance abuse issues was previously reported earlier in the section (see Chart 2 & 3).

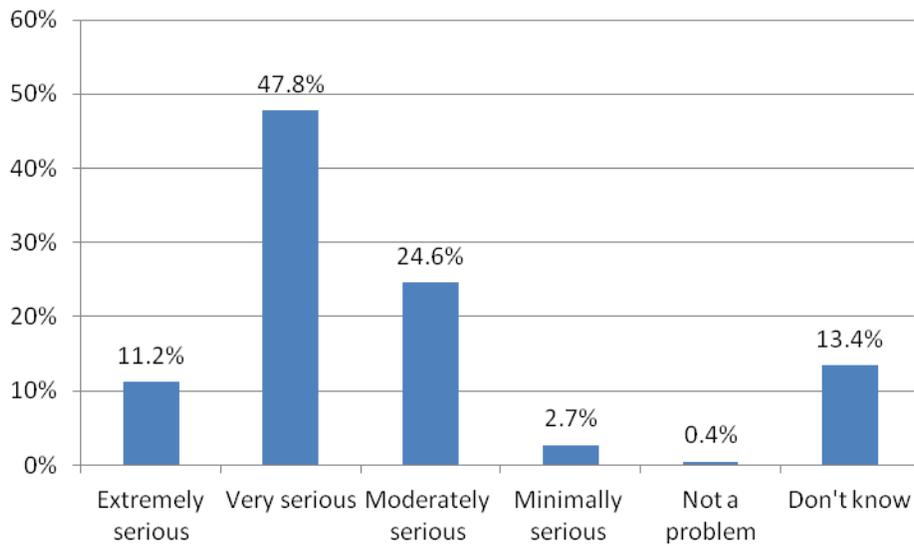
*In general, most survey respondents indicated that both mental health and substance abuse are problematic for the region.* Chart 10 summarizes the respondent's ratings on the severity of untreated mental illness and Chart 11 summarizes ratings of the severity of substance abuse problems. The largest portion, 34.5 percent, indicated that untreated mental illness is a very severe problem, followed by 31 percent who view the problem as moderately severe, and 10.2 percent who see the problem as extremely severe. Substance abuse was rated as an even more serious problem for the region, as nearly half of all respondents described the problem as very severe. Of course, it should be noted that there were also signs that the extent of both problems is not universally understood by health and service providers. A lack of knowledge about the severity of the issue was cited by respondents roughly 20 percent of the time on the issue of untreated mental illness and by 13.4 percent of respondents in regards to the issue of substance abuse.

The extent to which untreated mental illness and substance abuse are seen as regional problems exhibits a pattern similar to the importance rankings of other issues previously reported in Table 3. Untreated mental illness and substance abuse are both problematic, but are rated at a level of severity that is behind that of chronic disease.

**Chart 10. Rating of severity of problem of untreated mental illness by share of respondents**

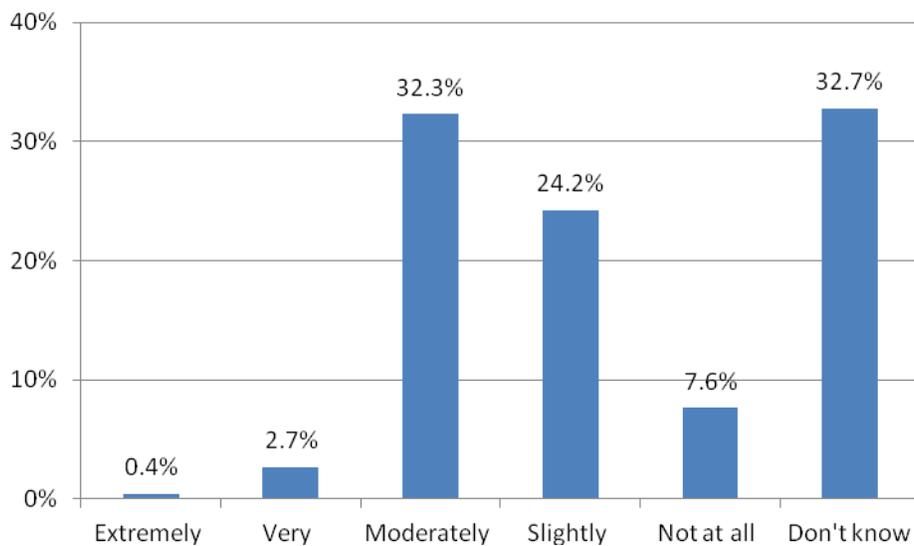


**Chart 11. Rating of severity of substance abuse as a problem by share of respondents**

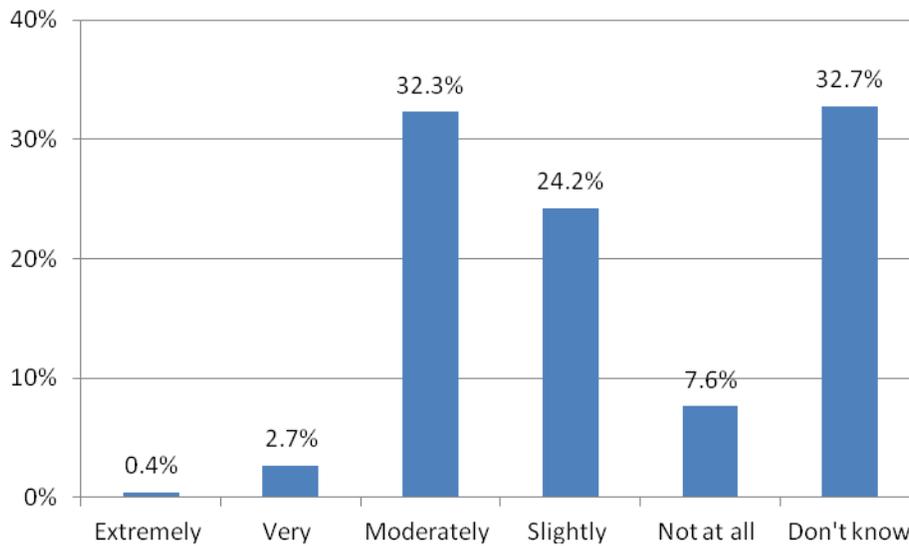


Survey respondents frequently indicated that they don't know about the effectiveness of current efforts to promote mental health and current efforts to prevent substance abuse. As shown in Chart 12 and 13, ratings of "extremely" or "very" effective were rare; most survey respondents selected ratings of "moderately" effective or lower, and roughly one-third simply indicated that they didn't know. The results suggest both a poor perception of mental health and substance abuse programs in the region, as well as a possible lack of programs, given the limited knowledge of effective efforts demonstrated by a survey group primarily comprised of health care and service professionals.

**Chart 12. Rating of effectiveness of existing efforts to promote mental health**



**Chart 13. Rating of effectiveness of existing efforts to prevent substance abuse**



Respondents were also asked how current regional efforts in both substance abuse prevention and mental health promotion could be improved. In a reflection of the ratings shown in Charts 12 and 13, many simply skipped the question or responded that they were unsure. For mental health promotion, a need for increasing the number of providers and screeners was often mentioned, as was the need to reduce stigma around mental illness in general. Suggestions for improving substance abuse prevention efforts were similar, with demands for increases in funding for services and additional counselors and treatment resources. Population groups identified as being in need of targeting were straightforward and obvious: a majority simply indicated people with mental health issues and people with substance abuse issues.

By a small margin, *the most common strategy for promoting mental health reported by survey respondents was in the category of education, followed by the direct provision of mental health and counseling services* (Table 8). The other two major types of strategies frequently listed by respondents were in the categories of assessment, screening, and referral services, and collaboration or coordination efforts with other agencies in the region.

**Table 8. Percent reported as engaged in strategy to promote mental health**

Strategy	Percent
Education (Mental health awareness, training for providers)	32.4
Counseling, behavioral health care, and clinical services	31.4
Assessment, screening, and referrals	21.6
Collaboration, coordination with regional mental health programs and service providers	18.6
Other	26.5

As shown in Table 9, the most common substance abuse prevention strategy was education, cited by 56 percent of respondents. Examples of educational strategies included prevention programs targeting children, materials explaining the dangers of substance abuse, and training on identifying and dealing with substance abusers in the community. Coordination or collaboration with other agencies was the second most common strategy, with roughly one-in-five respondents indicating their agency primarily worked with other organizations to address substance abuse. In general, it appears that direct approaches to treating substance abuse are not common in the region; screening and referral services, as well as direct counseling or clinical treatment services, were each only cited by 13.2 percent of survey takers that indicated agency efforts in the substance abuse area.

**Table 9. Percent reported as engaged in strategy to prevent substance abuse**

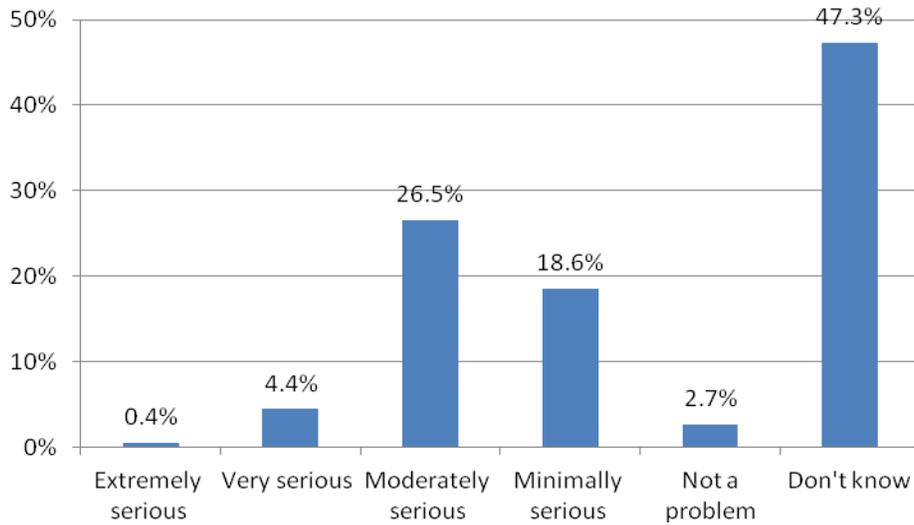
Strategy	Percent
Education (awareness, prevention, and identification materials)	56.0
Coordination and collaboration efforts with other agencies and programs	20.9
Screening and referrals to substance abuse treatment services	13.2
Substance abuse treatment and counseling services	13.2
Policy advocacy, develop or implement regulations	8.8
Other	17.6

**Area 5: Prevent HIV, STIs, and vaccine preventable diseases**

As a priority area, HIV, STI, and vaccine preventable diseases was rated by survey respondents as a less serious problem relative to issues in the other four priority areas. This corresponds with the findings, discussed earlier, that the area of HIV, STI, and vaccine preventable diseases had both the lowest level of current efforts from surveyed agencies, as well as the lowest level of interest for potential collaboration if selected as a priority area for the region (Chart 2 & 3).

Not surprisingly, given the lower level of involvement and interest in the issue area, fully 47.3 percent indicated that they did not know enough to rate the severity of the problem in the region (Chart 14). Among those that did provide a rating, the most popular choices were moderately or minimally serious; less than 1 percent of respondents indicated that HIV, STIs, and vaccine-treatable diseases are an extremely serious problem.

**Chart 14. Rating of severity of HIV, STIs and vaccine preventable diseases as a problem by share of respondents**

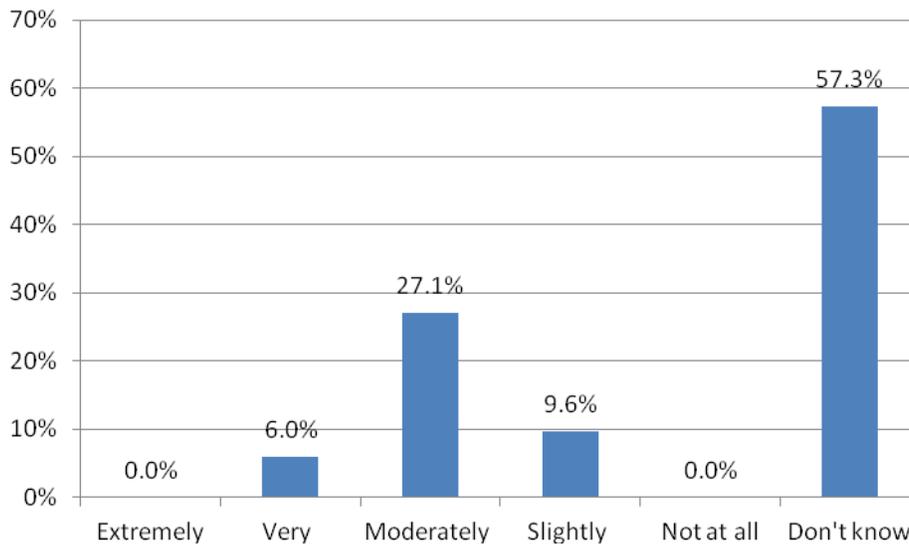


In addition to not being aware of the extent that HIV, STIs, and vaccine preventable diseases are a problem in the region, survey respondents also broadly indicated that they were not knowledgeable about the effectiveness of any existing efforts to address the problem. A majority of respondents could not rate the effectiveness and most of those that could selected only a moderate rating (Chart 15). The response pattern on this question indicates that health care and service agency stakeholders in the region are less aware of both regional need and current efforts related to this priority area than for any of the four other priority areas.

When queried about areas for improvement, education and awareness were frequent themes; however, more than one respondent indicated that they did not feel that HIV or other similar ailments were a widespread problem for the region. Some also mentioned that there was a need for better data on the extent of the problem for the region. Responses to the question about what populations were in need of targeting also revealed a lack of knowledge about the subject, with “don’t know” being the third most popular response behind children and adolescents, and women of reproductive age.

*For respondents that indicated that their agency is involved with an HIV, STI, or vaccine preventable disease efforts, the most common strategy employed was education, followed by screening, testing, and referral services, and offering immunization clinics (Table 10). A few others also indicated that compliance with regulations to prevent disease transmission was a strategy, and a few also indicated that their agency provides clinical services to treat HIV, STIs, or other vaccine preventable diseases.*

**Chart 15. Rating of effectiveness of current efforts to prevent HIV, STIs, & vaccine preventable disease**



**Table 10. Percent engaged in strategy to prevent HIV, STIs, or vaccine preventable disease**

Strategy	Percent
Education (Prevention techniques, sex ed., recognition)	60.6
Screening, testing, and service referrals	31.0
Immunization clinics	18.3
Clinical treatment program	9.9
Rule compliance to inform and prevent transmission	5.6
Other	22.5

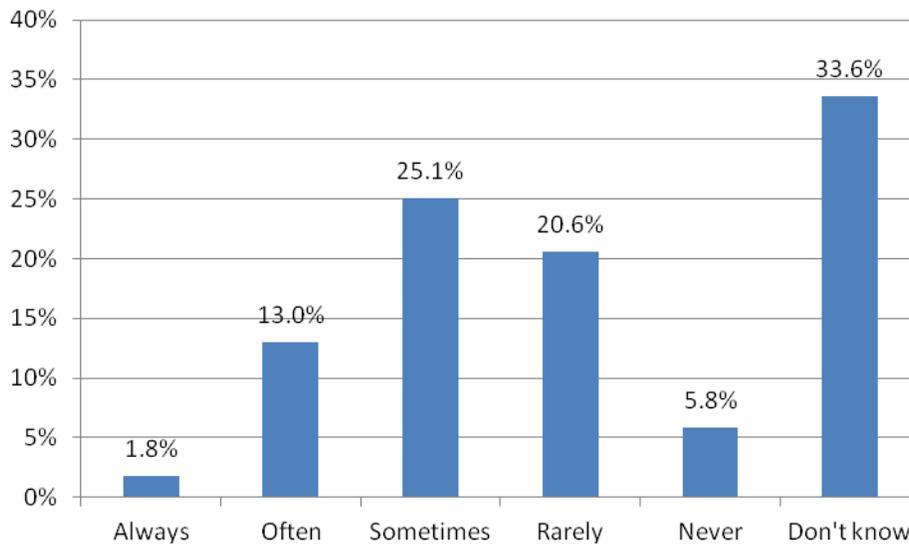
### Technology Use and Upcoming Regional Challenges

At the end of the survey respondents are asked about the use of technology and were given the opportunity to identify any unique challenges they may be facing over the next few years. This section details these findings providing some insight into possible regional needs and priorities that may not have fit into the five priority areas already identified in the larger state health agenda.

#### *Technology use and prioritization*

Survey respondents were asked to rate two aspects of technology in the region: how much technology is currently used and how relevant technology and communication enhancement is as a priority specifically for the Adirondack region. Chart 16 illustrates the extent to which survey respondents indicated that the clients of their agency use technology, such as the internet or information kiosks, to access lab results, address billing issues, or submit questions and communicate with the agency. A large portion, approximately one-third, indicated that they don't know, which may simply reflect the fact that the individuals that received the survey are not directly involved with technical aspects of their agency's day-to-day operations. Among those that were able to assess the frequency of technology usage, most selected a low-usage rating, with one-in-four indicating that clients sometimes use technology and one-in-five indicating that clients rarely use technology.

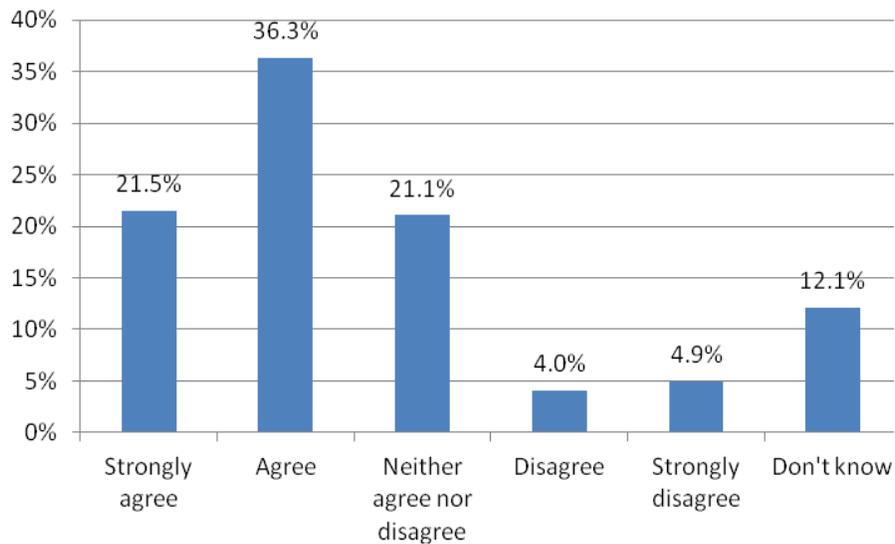
**Chart 16. Rating of frequency of technology use by agency clients by share of respondents**



*There was also a relatively high overall level of support for making the enhancement of technology one of the top five priorities for the region. Over half of all respondents agreed that enhancing technology should be a priority (Chart 17). Additionally, only about 9 percent of respondents indicated any level of disagreement. However, it should be noted that there was a substantial amount of ambivalence about the issue: just over 21 percent are on the fence and could neither agree nor disagree, and 12.1 percent indicated that they don't know enough to answer the question. The share of stakeholders that did not hold a strong opinion on the issue does suggest that support for the issue may grow, or opposition may increase, with additional information on a technology enhancement priority area for the region.*

Respondents were also provided an opportunity to offer additional comments about technology; however, only 66 of the 285 chose to provide additional information. Interestingly, *although the numbers indicate high support overall, many of the comments were not supportive of pushing the use of technology in the region or expressed concerns about the utility or cost for rural health care providers.* Most concerns focused on the elderly and poor or rurally isolated residents, who might not have access to the internet or who might find the technology difficult to use. Others indicated that a lack of staff time or the cost of new technology could be difficult barriers for health agencies to overcome. In short, there is strong support for technology as a priority area; however, a smaller group of dissenting voices has serious concerns about the issue.

**Chart 17. Rating of agreement that enhancing technology should be among top five priorities**



***Additional comments and challenges***

Throughout the survey, respondents were repeatedly given the opportunity to provide general comments and to provide additional information about topics, such as activities serving specific racial or health groups. Few provided comments and most did not provide information that adds to the core survey results. For example, a few noted that they provide services to Native American groups, and others occasionally listed major diseases such as diabetes or COPD that they frequently see in their work. At the end of the survey respondents were also provided with an opportunity to offer closing thoughts about the challenges facing their organization and the process of setting health priorities in an open-ended format. These comment sections were completed at a slightly higher rate: 162 respondents provided a comment on upcoming organizational challenges, but only 45 provided a comment on the process of setting priorities.

The comments on future challenges predominantly focused on funding issues, specifically declining reimbursements and reduced funding from public sources. According to the comments of survey respondents, many agencies in the region rely heavily on reimbursements from Medicare and Medicaid, or funding from grants and local taxes, which they expect to see decline in the near future. Some also cite workforce problems, particularly the ability to maintain a qualified health care workforce given skill shortages and rising wage and benefit expectations.

Regarding the process of setting community health priorities for the region, multiple survey respondents mentioned the importance of collaboration and communication. Others focused on the unique, rural nature of the region, and mentioned issues such as low volumes of clients, regulations that do not make sense, and a difficulty in achieving economies of scale as being problems specific to the area that should be considered when formulating priorities.

## Summary

The results of the ARHN survey reveal several major findings that can be used to guide future efforts to develop a set of unique regional health priorities. *First, survey respondents identified both regional needs and organizational preferences that clearly favored some of the NYS Health Agenda priority areas over others. The issue of chronic disease was identified as a problem area for the region and was selected by a large number as being a top priority to address.* Additionally, many of the emerging trends for the region can be tied to a chronic disease priority area: an aging population, increases in obesity, and a rising rate of diabetes are all associated with long-term conditions that will challenge the health care system. At the other end of the spectrum, respondents also largely agreed that the HIV, STI, and vaccine preventable disease priority area is less important to the region. *Few respondents perceive HIV and STIs as being an emerging health threat in the region, and most ranked the issue as being the least important to the region overall.*

The second major finding that can be derived from the survey results is that *current efforts to address the problems associated with the five NYS Health Agenda priority areas are only moderately effective overall.* Very few respondents rated current efforts on any major issue as either “effective” or “very effective.” Instead most described current efforts as only slightly or moderately effective, if they provided ratings at all. Additionally, many current activities do not appear to take a hands-on approach to health issues. The most common agency strategies identified across all issues were educational in nature, and most suggestions for population-targeting simply identified groups that are already afflicted: i.e. targeting substance abuse prevention efforts at individuals with substance abuse issues.

*Finally, perhaps the most surprising finding was that a sizable portion of the health care stakeholders that responded to the ARHN survey indicated no knowledge about the Health Agenda priority areas or about major health issues within the Adirondack region.* Only about half of respondents indicated that their agency was familiar with the NYS Health Agenda priority areas and only 8.2 percent described themselves as being personally very knowledgeable about the agenda areas. Additionally, when asked about general current conditions, the portion of respondents that indicated that they “don’t know” how their own region was faring ranged from 7.1 percent who could not rate the overall health and safety of the region to 47.1 percent for who did not know the severity of the problem of HIV, STIs, and vaccine preventable diseases in the region. This suggests that at least some regional health care stakeholders are in need of additional data on community health conditions and improved connections with service agencies working on different issues.

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## **Appendix 3: ARHN Survey Results: Warren County**

## Warren County Survey Results

This report details results from the Adirondack Rural Health Network (ARHN) survey that are specific to Warren County, New York. A full report covering survey findings for the entire eight-county region served by ARHN, *Results of the Adirondack Rural Health Network Survey: Regional Results Summary*, accompanies this report and provides greater detail on the preferences and directions expressed by respondents for the region as a whole, including Warren County.

## Survey Overview and Methodology

This report details the findings of a survey conducted by the Center for Human Services Research (CHSR) for the ARHN between December 5, 2012 and January 21, 2013. The purpose of the study was to provide feedback from community service providers in order to: 1) guide strategic planning, 2) highlight topics for increased public awareness, 3) identify areas for training, and 4) inform the statewide prevention agenda. In addition to Warren County, the seven other New York counties included in the region are Clinton, Essex, Franklin, Fulton, Hamilton, Saratoga, and Washington.

The 81 question survey was developed through a collaborative effort by a seven-member survey ARHN subcommittee during the Fall of 2012. The seven volunteer members are representatives of county public health departments and hospitals in the region that are involved in the ARHN. Subcommittee members identified the broad research questions to be addressed by the survey, drafted the individual survey questions, and developed the list of relevant health care stakeholders that received the survey. A more detailed description of the process is included in the full regional report.

The survey was administered electronically using a web-based survey program and distributed to an email contact list of 624. Ultimately, 285 surveys were completed during the six-week survey period, a response rate of 45.7 percent. Of all 285 responses, 52 indicated that Warren County was part of their service area; however, it should be noted that many of the responding health care stakeholders service multiple counties within the larger ARHN region.

## Results

The following summarizes the major findings from the ARHN survey as applicable to Warren County. In most cases, the survey results for each of the eight individual counties do not differ in either a statistical or interpretive sense from the survey results for the overall region.

- The top emerging health priorities are increases in obesity and related health issues, increases in substance abuse, and mental illness.
- The population groups identified most in need of targeted interventions are: the poor, children, individuals with mental health issues, the elderly, and substance abusers.
- Only about half of survey respondents reported being familiar with the NYS Department of Health Prevention Agenda priority areas.
- Among the five NYS Prevention Agenda priority areas, chronic disease was ranked as the area of highest community need and agency interest.
- The agenda area of HIV, STIs, and vaccine preventable diseases was ranked lowest in terms of overall interest and concern.

- The individual issues of greatest importance to survey respondents were the general health and safety of the physical environment, diabetes prevention, substance abuse, mental health screening and treatment, and the prevention of heart disease.
- Current involvement in efforts related to NYS Health Agenda issues is highest for prevention of chronic disease, promotion of a healthy and safe environment, and addressing the health of women, infants, and children.
- Respondents indicated the lowest level of current involvement with efforts to prevent HIV, STIs, and vaccine-preventable disease.
- When asked to rate the effectiveness of current local efforts to address major health issues, a large portion of respondents indicated that they did not know, which suggests that additional information and publicity may be needed for health activities in the region. Ratings that were given were middling across the board, suggesting that current efforts are moderately effective but have room for improvement.
- Education is a dominant strategy currently used to address major health issues in the region.
- Technology is not highly utilized by health service providers and their clients in the region. A slight majority of respondents agreed that technology enhancement should be a top priority for the region.
- The top future concern for stakeholders was funding. Regional health care organizations expressed concerns about reimbursement rates and expectations of reduced funding through government payments and other grants.

### Agenda Area Priority Ranking

One of the key aspects of the survey is how health care stakeholders rated the relative importance of each of the five NYS Health Agenda topics. Table 1 shows the priority areas, sorted by the portion selecting each as being the highest priority. It should be noted that the values reflect region-wide values, since the results of Warren County respondents did not differ in a statistically significant manner from the rest of the group. Put simply, Warren County respondents agree with other respondents in the region that chronic disease is the most important agenda area.

**Table 1. Ranking of NYS Health Agenda issue areas**

	Percent selecting each priority by ranking				
	Most	2nd	3rd	4th	5th
Prevent chronic disease	39.7	19.2	13.2	16.7	10.9
Promote mental health; prevent substance abuse	22.5	23.1	24.5	26.4	3.5
Promote healthy, safe environment	22.1	22.7	21.4	17.1	16.7
Promote healthy women & children	11.5	31.5	34.2	16.7	6.6
Prevent HIV/STIs; promote vaccines	4.2	3.5	6.6	23.3	62.3

### Results of County-Specific Questions on Geographic Need and Targeting

The county-specific questions in the survey focus on the identification of individual sub-county geographic areas that are in need of targeted efforts to address either emerging health issues or health

issues that are part of the five NYS agenda areas. On every issue one response was consistently the most popular: “entire county.” As shown in Table 2, the portion of respondents that indicated the entire county of Warren should be targeted was consistently high, with a range from 70.3 percent to 90.9 percent. Although respondents identified many areas as potentially needing targeting for select issues, the only geographic area consistently mentioned across all issues was Queensbury.

**Table 2. Percent of respondents identifying geographic target area by health issue**

	Issue						
	Emerging trend	Chronic disease	Healthy & safe environ.	Healthy women, children, infants	Promote mental health	Prevent substance abuse	HIV, STIs, vaccine prevent diseases
Entire county	70.3	86.2	82.6	75.0	88.0	90.9	84.2
Chester Town	2.7	0.0	0.0	0.0	0.0	0.0	0.0
Glens Falls	5.4	0.0	0.0	8.3	0.0	0.0	0.0
Hague	5.4	0.0	0.0	0.0	0.0	0.0	0.0
Horicon	2.7	0.0	0.0	0.0	0.0	0.0	0.0
Johnsburg	5.4	0.0	0.0	0.0	0.0	0.0	0.0
Lake Luzerne	2.7	3.4	4.3	4.2	0.0	0.0	0.0
Northern part of co.	2.7	3.4	4.3	4.2	4.0	0.0	0.0
Outside of Glens Falls/Queensbury	5.4	0.0	0.0	0.0	0.0	0.0	0.0
Queensbury	5.4	6.9	8.7	8.3	8.0	9.1	10.5
Southern part of co.	0.0	0.0	0.0	0.0	0.0	0.0	5.3
Stony Creek	2.7	0.0	0.0	0.0	0.0	0.0	0.0
Thurman	2.7	0.0	0.0	0.0	0.0	0.0	0.0
Warrensburg	2.7	0.0	0.0	0.0	0.0	0.0	0.0

## Appendix 4: Other

### Community Health Needs Assessment Process – Data Consultants

#### Center for Health Workforce Studies, University at Albany School of Public Health

Tracey Continelli, PhD, Graduate Research Assistant

Robert Martiniano, MPA, MPH, Research Associate

#### Center for Human Services Research, University at Albany

LuAnn McCormick, Ph.D., Senior Research Scientist

Bradley Watts, Ph.D., Senior Research Scientist

## Appendix 4: Other

### Adirondack Rural Health Network – Membership Affiliation, Steering Committee & Community Health Planning Committee

Name and Organization	Steering Committee	CHPC
Christina Akey, Health Educator, Fulton County Public Health		X
Pat Auer, RN, Director, Warren County Health Services	X	X
Linda Beers, Director, Essex County Public Health	X	X
Sue Cridland, RN, BSN, Director of Community Education, HealthLink Littauer		X
Jessica Darney-Buehler, CGS Public Health, Essex County Public Health		X
Josy Delaney, MS, CHES, Community Wellness Specialist, Alice Hyde Medical Center		X
Dan Durkee, Health Educator Warren County Health Services		X
Denise Frederick, Director, Fulton County Public Health	X	X
Peter Groff, Executive Director, Warren-Washington Association for Mental Health	X	
Katie Jock, Champlain Valley Physicians Hospital Medical Center		X
Chip Holmes, Chief Executive Officer, Inter-Lakes Health	X	X
Jane Hooper, Director of Community Relations, Elizabethtown Community Hospital		X
Travis Howe, Director, Mountain Lakes Regional EMS Council	X	
Patty Hunt, Director, Washington County Health Services	X	X
Lottie Jameson, Executive Director, Hudson Mohawk AHEC	X	X
Dot Jones, Director of Planning, Saratoga Hospital	X	X
Robert Kleppang, Director, Hamilton County Community Services	X	
Karen Levison, Director, Saratoga County Public Health	X	X
Ginger Carriero, VP of Medical Practices, Alice Hyde Medical Center		X
Cheryl McGratten, VP of Development, Nathan Littauer Hospital		X
Tracy Mills, Director, Research & Planning, Glens Falls Hospital		X
Megan Murphy, Grants & Strategic Projects Director, Adirondack Health		X
Sue Patterson, Public Health Educator, Franklin County Public Health		X
Jeri Reid, Director, Clinton County Health Department		X
John Rugge, MD, Chief Executive Officer, Hudson Headwaters Health Network	X	
Beth Ryan, Director, Hamilton County Public Health	X	X
Paul Scimeca, Vice President, Physician Practices and Community Health, Glens Falls Hospital		X
Trip Shannon, Chief Development Officer, Hudson Headwaters Health Network	X	

## Appendix 4: Other

### Community Health Planning Committee – Meeting Schedule and Attendance List

Participating Organization	Meeting Date						
	2/28/12	4/17/12	6/28/12	10/11/12	12/13/12	3/28/13	4/26/13
Adirondack Health	✓	✓	✓	✓	✓	✓	✓
Alice Hyde Medical Center		✓	✓	✓	✓	✓	✓
CVPH Medical Center				✓			✓
Clinton County Health Department		✓	✓	✓		✓	✓
Elizabethtown Community Hospital			✓	✓	✓	✓	✓
Essex County Public Health	✓	✓	✓	✓	✓	✓	✓
Franklin County Public Health	✓	✓	✓		✓		✓
Fulton County Public Health	✓	✓		✓	✓	✓	✓
Glens Falls Hospital	✓	✓	✓	✓	✓	✓	✓
Hamilton County Public Health		✓				✓	
Hudson Headwaters Health Network				✓	✓	✓	
Hudson Mohawk AHEC	✓		✓		✓	✓	
Inter-Lakes Health	✓		✓	✓	✓	✓	✓
Nathan Littauer Hospital	✓	✓	✓	✓	✓	✓	✓
Saratoga County Public Health	✓	✓		✓	✓	✓	✓
Saratoga Hospital	✓	✓	✓	✓	✓	✓	✓
Tri-County United Way	✓	✓	✓				
Warren County Health Services	✓	✓	✓	✓	✓	✓	✓
Washington County Health Services	✓	✓	✓	✓	✓	✓	✓

## Appendix 4: Other

### ARHN Survey Response List

Name	Organization's Name
William Holmes	Inter-Lakes Health
GINNY CUTTAIA	FRANKLIN COUNTY PUBLIC HEALTH
Sylvia King Biondo	Planned Parenthood of the North Country New York
Gregory Freeman	CVPH Medical Center
Stella M Zanella	Fulmont Community Action Agency, Inc.
Jessica Lowry	CVPH Medical Center
Kelly Hartz	Nathan Littauer Hospital
Mary Lee Ryan	Clinton County Health Dept. WIC Program
Bryan Amell	St. Joseph's Addiction Treatment and Recovery Centers
Carol M. Greco	St. Mary's Healthcare
Steven Serge	Fulton County YMCA
Duane Miller	St. Mary's Healthcare- Behavioral Health
Victor Giulianelli	St. Mary's Healthcare
Daniel Towne	Gloversville Housing Authority
Richard Flanger	Fulton County YMCA Residency
Michael L. Countryman	The Family Counseling Center
Julie Paquin	Franklin County Public Health Services
Irene Snyder	Harrietstown Housing Authority
Patrice McMahan	Nathan Littauer
Patricia McGillicuddy	Franklin County Public Health
Kelly Landrio	Fulton County YMCA
Margaret Luck	Nathan Littauer Hospital Lifeline Program
Laura O'Mara	Saratoga Hospital Nursing Home
Lynn Hart	Saranac Lake Middle School
Julie Demaree	Saratoga Hospital
Michelle Schumacher	YMCA
Deborah J. Ruggeri	Greater Johnstown School District
John M. Kanoza, PE, CPG	Clinton County Health Department
Tammy J Smith	Inter-Lakes Health
Susan Schrader	Association of Senior Citizens
Rick LeVitre	Cornell Cooperative Extension
Cheryl	Nathan Littauer
Barry Brogan	North Country Behavioral Healthcare Network
Maryann Barto	Clinton County Department of Health, Healthy Neighborhoods Program
Sharon Reynolds	PRIDE of Ticonderoga, Inc.
Jerie Reid	Clinton County
Deborah Byrd-Caudle	Parent to Parent of NYS
Julie Marshall	Alice Hyde Medical Center
Hans Lehr	Saratoga County Community Services Board / Mental Health Center
Karen Levison	SCPHNS
Lesley B. Lyon	Franklin County Dept of Social Services
Christina Akey	Fulton County Public Health
Mary Rickard	Saratoga County Office for the Aging
Chattie Van Wert	Ticonderoga Revitalization Alliance

<b>Name</b>	<b>Organization's Name</b>
Maryalice Smith	Saranac Lake Central School
Anne Mason	Whitehall Family Medicine
Leisa Dwyer	Malone Central Schools
Penny Ruhm	Adirondack Rural Health Network
Dale Woods	Fulton County Public Health
Jackie Skiff	Joint Council for Economic Opportunity of Clinton and Franklin Counties, Inc.
Krista Berger	WIC
Margaret Cantwell	Franklin County Public Health Services
Julie Tromblee, RN	Elizabethtown Community Hospital
Mildred Ferriter	Community Health Center
Melinda Drake	St. Joseph's Addiction Treatment & Recovery Centers
Michael Vanyo	Gloversville Enlarged School District
William Viscardo	Adirondack Health
Kate Fowler	SMSA
Joe Keegan	North Country Community College
Megan Johnson	Warren-Washington Office of Community Services
John Aufdengarten	Alice Hyde Medical Center
Sue Malinowski	CAPTAIN Youth and Family Services
Misty Trim	Brushton-Moira Central School
Sarah Louer	Mountain Lake Services
Dan Durkee	Warren County Health Services
Amanda West	Council for Prevention of Alcohol and Substance Abuse
Christie Sabo	Warren-Hamilton Counties Office for the Aging
Debra Pauquette	Granville Family Health/ Glens Falls Hospital
Cynthia Ford-Johnston	Keene Central School
Jennifer McDonald	Skidmore College
Vicky Wheaton-Saraceni	Adirondack Rural Health Network
Chrys Nestle	Cornell Cooperative Extension
William Larrow	Moriah Central School
Lisa Griffin	Franklin County DSS
Valerie Capone	Warren-Washington ARC
Denis Wilson	Fulmont Community Action Agency
Donna Beal	Mercy Care for the Adirondacks
Doug DiVello	Alice Hyde Medical Center
Judy Zyniecki	Center for Disability Services/CloverPatch Early Intervention Services
Cathlyn Lamitie	Alice Hyde Medical Center
Joan Draus	Mental Health Association In Fulton & Montgomery Counties
Kelli Lyndaker	Washington County Public health
Jane Hooper	Elizabethtown Community Hospital
Sandra Geier	Gloversville enlarged School District
Janet L. Duprey	NYS Assembly
a	c
Miki L. Hopper	Acap, Inc. EHS/HS
Tammy Kemp	Senior Citizens Council of Clinton County Inc.
Scott Osborne	Elizabethtown-Lewis Central School
Amanda Hewitt	Senior Citizen Service Center of Gloversville and Fulton County Inc.
TJ Feiden	Minerva Central School
Kim Crockett	Clinton County Youth Bureau
Trip Shannon	Hudson Headwaters

<b>Name</b>	<b>Organization's Name</b>
Brandy Richards	Hamilton County Community Services
Robin Nelson	Families First in Essex County
Deborah Ameden	Hamilton County Community Action Agency
Betsy Brown	ppncny -Planned Parenthood
Theresa Intilli Klausner	Nathan Littauer Hospital
Penny	HCPHNS
Nancy Welch	Cornell Cooperative Extension, Hamilton County
Cathy Valenty	Saratoga County EOC - WIC
Norma Menard	Literacy Volunteers of Clinton County
Michael Piccirillo	Saratoga Springs City School District
Peter Whitten	Shelters of Saratoga, Inc
Keith R. Matott	The Development Corporation
Melissa Engwer	Warren Washington Hamilton County Cancer Services Program at Glens Falls Hospital
Theresa Cole	Akwesasne Housing Authority
Janine Dykeman	Mental Health Association in Fulton and Montgomery Counties
Margot Gold	North Country Healthy Heart Network, Inc.
Cynthia Summo	Keene Central School
Pam Merrick	Malone Middle School
Jamie Basiliere	Child Care Coordinating Council of the North Country, Inc.
Michele Armani	North Country Workforce Investment Board
Lia Mcfarline	Inter-Lakes Health
Sue Cridland	Nathan Littauer Hospital - HealthLink
Cathleen Kerman	Glens Falls Hospital
Brian Bearor	Family YMCA of the Glens Falls Area
Linda Scagel	Community Health Center of the North Country
Priscilla Wheeler	Saratoga County Public Health
Megan Murphy	Adirondack Health
Sue Frasier	Mountain Valley Hospice
Deborah Skivington	The Family Counseling Center
Sue Ann Caron	Essex County Department of Social Services
Leslie Beadle	Nathan Littauer Hospital Nursing Home
Jean Wiseman	Capital District Child Care Council
Susan Patterson	Franklin Co. Public Health
Kathy Varney	Glens Falls Hospital chp2lwp
Kelly Owens	HM AHEC
Crystal Carter	Clinton County Office for the Aging
Stephanie Seymour	Saratoga Hospital
Jamie Konkoski	North Country Healthy Heart Network
Patty Hunt	Washington County Public Health Nursing Service
Bonnie Sue Newell	Mental Health Association of Clinton and Franklin Counties
Beth Lawyer	Citizen Advocates, Inc., North Star Behavioral Health Services
Suzanne M. Goolden	Franklin County
Roseann Doran	Cornell Cooperative Extension in Fulton & Montg. Co.
Katie Strack	Franklin County Public Health Services
Ginelle Jones	Warren County Health Services
Ann Rhodes	HFM Prevention Council
Patricia Gero	Adirondack Health
Ms. Chandler M. Ralph	Adirondack Health

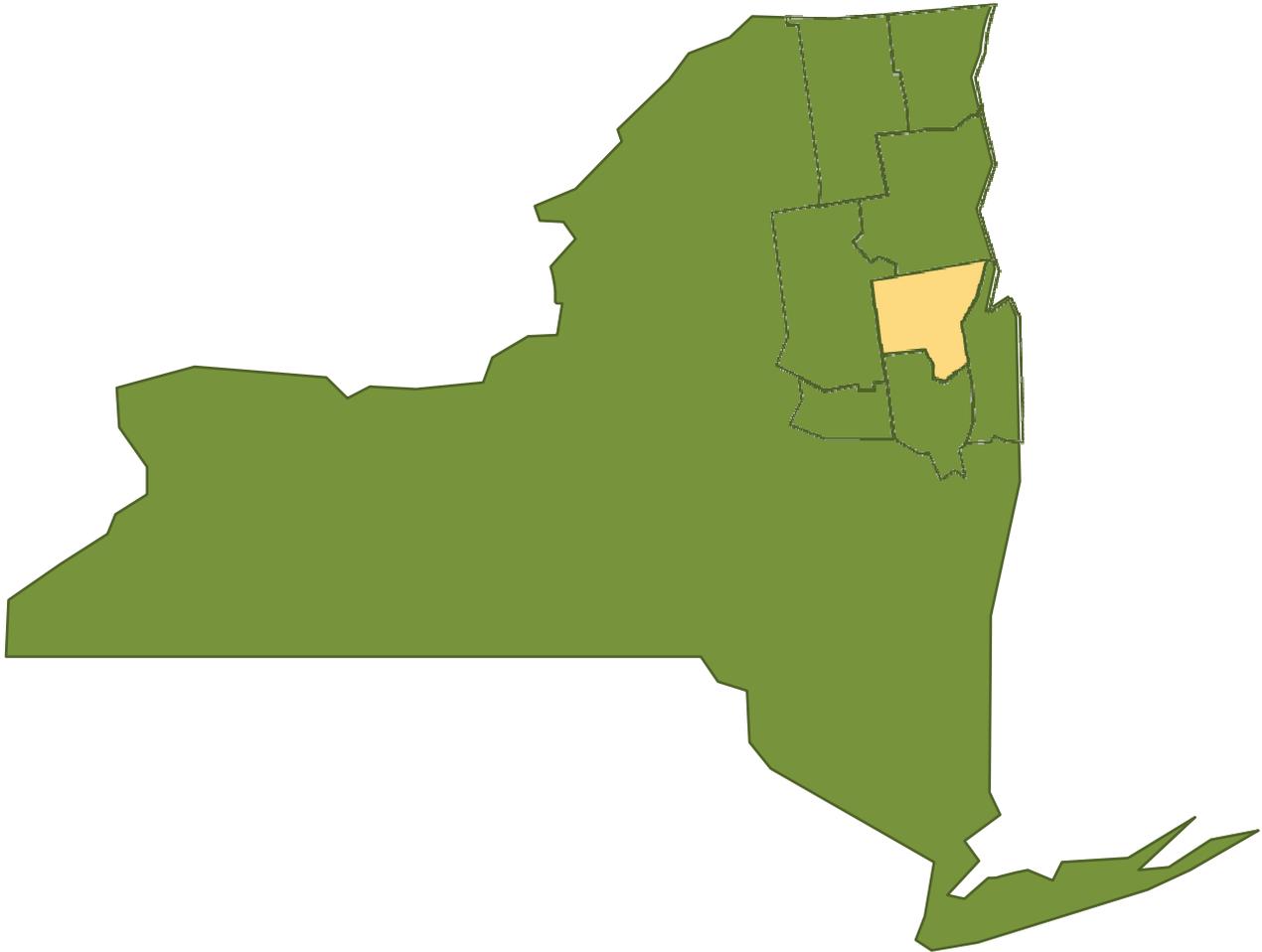
<b>Name</b>	<b>Organization's Name</b>
Kim McElwain	Saint Regis Mohawk Tribe
Gerald Goldman	Saranac Lake CSD
Elizabeth Zicari	HCR Home Care
Bonnie Yopp ANP	Community Link
Stacey Beebie	Clinton County MH and AS
Vicki Driscoll	Clinton County Health Department
L. Jameson	HM AHEC
Beth Ryan	Hamilton County Public Health Nursing Service
Rebecca Carman	Shenendehowa Central School District
Lisa Harrington	Wait House
Genevieve Boyd	Long Lake Central School
Tracy Mills	Glens Falls Hospital
Robert York	Office of Community Services for Warren and Washington Counties
Shelley Shutler	Mental Health Assoc. of Clinton & Franklin Counties
Dot Jones	Saratoga Hospital
Maria Burke	Literacy Volunteers of Essex/Franklin Counties
Gina Cantanucci-Mitchell	Washington County ADRC
Ernest J. Gagnon	Fulton County Mental Health
S. Cooper	Fulton County Department of Social Services
Pam Dray	Saratoga County EOC Head Start
Patricia Auer	Warren County Health Services
Laurence Kelly	Nathan Littauer Hospital
Susan Dufel	NYS Department of Labor
Sharon Schaldone	Warren County Health Services
Kristen Sayers	NYSDOH
Tari Botto	Franklin County Department of Social Services
Carol Underwood	Center for Lung and Chest Surgery
Sheri Sauve	Plattsburgh OneWorksource/NYSDOL Manager
Susan M. Wilson-Sott	Office for the Aging in Franklin Co.
Laurie Williams	Clinton County Health Department
Jessica Darney Buehler	Essex County Public Health
Sharon Luckenbaugh	Glens Falls Hospital
Peter Groff	Warren Washington Association for Mental Health
James Seeley	Cornell Cooperative Extension
Josh Wilson	North Country Healthy Heart Network, Inc.
Rachel Truckenmiller	ASAPP's Promise
Diane Whitten	Cornell Cooperative Extension Saratoga County
Justin Hladik	Reality Check of Hamilton, Fulton, and Montgomery Counties
Steve Peters	City of Plattsburgh
Sheila Kapper	Elizabethtown-Lewis Central School
Greg Truckenmiller	Fulton-Montgomery Community College
Stuart G. Baker	Town of Queensbury
Sarah Kraemer	Catholic Charities of Fulton & Montgomery Counties
John Nasso	Catholic Charities of Fulton and Montgomery Counties
L. Daniel Jacobs	St. Regis Mohawk Health Services A/CDP Outpatient
Darlene Spinner	Literacy Volunteers of Essex/Franklin Counties
Pam LeFebvre	Clinton County Health Department
Sarina Nicola	Essex County Public Health Nursing Services

<b>Name</b>	<b>Organization's Name</b>
Lythia Vera	Eastern Adirondack Health Care Network
Martin Nephew	Mountain Lake Services
Barbara DeLuca	Nathan Littauer Hospital
Cecily Dramm	Saranac Lake High School
Tracey	Planned Parenthood Mohawk Hudson
Patricia Godreau Sexton	St. Regis Falls Central School
Deborah Roddy	The Adirondack Arc
John Sawyer	Hudson Headwaters
Nichole Louis	HCR Home Care
Stephen Pavone	Gloversville School District
Jackie Mulcahy	Queensbury Union Free School District
Anita Deming	Cornell Cooperative Extension - Essex County
Frederick Goldberg, MD	Nathan Littauer Hospital
David A Alloy	Glens Falls Hospital
Annie McKinley	Essex County Mental Health
Bonnie Black	BHSN
Eric Day	Clinton County Office of Emergency Services
Douglas Huntley	Queensbury Union Free School District
Rebecca Evansky	STARS
James Dexter	Washington-Saratoga-Warren-Hamilton-Essex BOCES
Steven Bowman	Clinton County Veterans Service Agency
Susan Kelley	STOP Domestic Violence/BHSN
Marjorie Irwin	Washington County WIC
Robert E. Shay	Town of White Creek
Vanetta Conn	Cornell Cooperative Extension Franklin County
Patty Bashaw	Essex County Office for the Aging
Cheryl L. Brown	Oppenheim-Ephratah Central School District
Wes Carr	Saratoga County Youth Bureau
Marjorie Tierney	ticonderoga central school
Barbara Sweet	Tri County United Way
Kari Cushing	Franklin Community Center
Paul Berry	Hadley-Luzerne CSD
Brian Post	Upward Bound
Erin Krivitski	Glens Falls Hospital
Lorraine Kourofsky	Chateaugay Central School
Susan Delehanty	Citizen Advocates, Inc.
Linda L. Beers	Essex County Public Health
Dr Stan Maziejka	Stillwater CSD
Dawn Tucker	Fort Edward Internal Medicine
Margaret Sing Smith	Warren County Youth Bureau
KEITH TYO	SUNY PLATTSBURGH
Antoinette P Roth	Warren County WIC
Cathie Werly	FRANKLIN COUNTY PUBLIC HEALTH SERVICES
Dale Breault Jr.	Chateaugay Central School
Linda Ferrara	Adirondack Cardiology - A Service of Glens Falls Hospital
Julie Wright	Glens Falls Hospital
Lori Thompson	St Regis Mohawk Health Services
Robert Kleppang	Hamilton County Community Services
Cora Clark	Lake Placid Middle High School

<b>Name</b>	<b>Organization's Name</b>
Amy Brender	HHHN-Ryan White Part C Program
Donna DiPietro	Bolton Central School
Chris Hunsinger	Warren County Employment & Training
Barbara Vickery	Capital District Child Care Coordinating Council
Paul Williamsen	Mayfield Central School District
Andrew Cruikshank	Fort Hudson Health System
Sandra McNeil	Glens Falls Hospital
Garry Douglas	North Country Chamber of Commerce
Steve Valley	Essex County Mental Health Svcs
Timothy Farrell	Minerva Central School
Patrick Dee	Lake George Central Schools
Kimberly Mulverhill	Malone Central School District
Elizabeth St John	Washington County Public Health
Valerie Muratori	Saratoga Bridges nysarc Inc. Saratoga Chapter
Denise Benton	Catholic Charities of Fulton and Montgomery Counties
Melissa Chinigo	Glens Falls Hospital
Vanessa Ross	Washington County CARES
Claire Murphy	Washington County Economic Opportunity Council, Inc.
Dustin Swanger	Fulton-Montgomery Community College
Janice Fitzgerald	Parent to Parent of NYS
Cheryl A Murphy	American Red Cross
Andrea Fettinger	Fulton Co Office For Aging
Donn Diefenbacher	Mountain Valley Hospice
Jodi Gibbs	Inter-Lakes Health
Cynthia Trudeau	Inter-Lakes Health
John Redden	Clinton County Social Services
Ellen Gordon	ACAP/OneWorkSource
Michele	Malone Central School
Heidi	NCHHN
Wayne C. Walbridge	Malone Central School District
Heidi Parisi	Nathan Littauer Hospital
Susan Menke	Wells Central School
Susan Sherman	Gloversville High School
Jane havens	Community, Work and Independence Inc.
Stephanie LaPlant	St. Joseph's Community School
MARY DICKERSON	LONG LAKE CENTRAL SCHOOL
Fred Wilson	Hudson Headwaters Health Network
Richelle Beach	Clinton County Child Advocacy Center
Marie Capezzuti	Washington County Public Health
Scott Harding	Church of the Messiah
Suzanne Hagadorn	Cancer Services Program of Fulton & Montgomery Counties
Deborah Battiste	Town of Kingsbury Recreation
Kari Scott	Willsboro Central School
Denise C. Frederick	Fulton County Public Health
Clark Hults	Newcomb Central School District
Lorine Heroth	Gloversville Middle School

## Appendix 4: Other

### Map of Adirondack Rural Health Network – Warren County Highlighted



## Appendix 4: Other

# Dot Method Prioritization Process

### Dot Method Criteria for Discussion

- How severe is the focus area/issue?
  - In considering the data, are there many individuals affected by the focus area/issue?
  - Is this an emerging focus area/issue?
- Does the community view this focus areas/issue as an area which needs to be addressed?
- What is the perceived need for more interventions or programs to address the focus area/issue. Does the community have enough problems currently to address the focus area/issue?
- Is funding for the intervention available and sustainable to address the focus area/issue?
  - Property tax dollars
  - Reimbursement – government or billable services
  - Grants
- Are evidence based interventions available for implementation? Consider sources:
  - New York State Department of Health prevention agenda proposed interventions, and
  - other evidence-based interventions listed in literature or research.
- What is the effectiveness of current strategies to address the focus area? Consider:
  - the ability of the current strategies to reach the target audience, and
  - the ability of the current strategies to achieve the desired results.
- Are there multiple health benefits from making this a priority? Consider:
  - how the focus area or issue affects overall quality of life,
  - the impact on other health indicators, and
  - whether the focus area has long-term impact on health status for the individuals affected.

### How the Dot Method Process Will Work

- Establish a meeting structure (either before or at the beginning of the meeting)
  - Determine who will facilitate the meeting
  - Determine if you want to prioritize a limited number of focus areas
    - Identify the focus areas which will not be discussed through an initial round of voting or through consensus
  - Establish discussion time limits for each focus area and for each criterion
- Determine what material(s) will be needed for the process
  - Data
  - Dots
  - Newsprint with the focus areas written on them so participants can vote by placing their dots
- Conduct the discussion and then vote

## **Appendix 4: Other**

### Data Sources

**HEALTH BEHAVIOR, HEALTH OUTCOMES. AND HEALTH STATUS DATA ELEMENTS SOURCE DOCUMENTATION**

	Data Element	Data Source	Hyperlink
<b>Focus Area: Disparities</b>			
<b>Prevention Agenda Indicators</b>			
1	Percentage of Overall Premature Deaths (Ages 35 - 64) , '08 - 10	New York State Department of Health; Indicators for Tracking Public Health Priority Areas 2013-2017	<a href="http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p1.htm">http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p1.htm</a>
2	Ratio of Black, Non-Hispanic Premature Deaths (Ages 35 - 64) to White, Non-Hispanic Premature Deaths, '08 - 10	New York State Department of Health; Indicators for Tracking Public Health Priority Areas 2013-2017	<a href="http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p2.htm">http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p2.htm</a>
3	Ratio of Hispanic/Latino Premature Deaths (Ages 35 - 64) to White, Non-Hispanic Premature Deaths, '08 - 10	New York State Department of Health; Indicators for Tracking Public Health Priority Areas 2013-2017	<a href="http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p3.htm">http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p3.htm</a>
4	Rate of Adult Age-Adjusted Preventable Hospitalizations per 100,000 Population (Ages 18 Plus), '08 - 10	New York State Department of Health; Indicators for Tracking Public Health Priority Areas 2013-2017	<a href="http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p4.htm">http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p4.htm</a>
5	Ratio of Black, Non-Hispanic Adult Age-Adjusted Preventable Hospitalizations to White, Non-Hispanic, '08 - 10	New York State Department of Health; Indicators for Tracking Public Health Priority Areas 2013-2017	<a href="http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p5.htm">http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p5.htm</a>
6	Ratio of Hispanic/Latino Adult Age-Adjusted Preventable Hospitalizations to White, Non-Hispanic, '08 - 10	New York State Department of Health; Indicators for Tracking Public Health Priority Areas 2013-2017	<a href="http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p6.htm">http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p6.htm</a>
7	Percentage of Adults ( Ages 18 - 64) with Health Insurance, '08/09	New York State Department of Health; Indicators for Tracking Public Health Priority Areas 2013-2017	<a href="http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p7.htm">http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p7.htm</a>
8	Percentage of Adults with Regular Health Care Provider, '08/09	New York State Department of Health; Indicators for Tracking Public Health Priority Areas 2013-2017	<a href="http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p8.htm">http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p8.htm</a>
<b>Other Disparity Indicators</b>			
1	Rate of Total Deaths per 100,000 Population, '08 - 10	New York State Department of Health; Vital Statistics of New York State	<a href="http://www.health.ny.gov/statistics/chac/mortality/d32.htm">http://www.health.ny.gov/statistics/chac/mortality/d32.htm</a>
2	Rate of Total Deaths per 100,000 Adjusted Population, '08 - 10	New York State Department of Health; Vital Statistics of New York State	<a href="http://www.health.ny.gov/statistics/chac/mortality/d32.htm">http://www.health.ny.gov/statistics/chac/mortality/d32.htm</a>
3	Rate of Emergency Department Visits per 10,000 Population, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/ed/e2.htm">http://www.health.ny.gov/statistics/chac/ed/e2.htm</a>

4	Rate of Emergency Department Visits per 10,000 Adjusted Population, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/ed/e2.htm">http://www.health.ny.gov/statistics/chac/ed/e2.htm</a>
5	Rate of Total Hospital Discharges per 10,000 Population, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/hospital/h44.htm">http://www.health.ny.gov/statistics/chac/hospital/h44.htm</a>
6	Rate of Total Hospital Discharges per 10,000 Adjusted Population, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/hospital/h44.htm">http://www.health.ny.gov/statistics/chac/hospital/h44.htm</a>
7	Percentage of Adults (18 and Older) Who Did Not Receive Care Due to Costs, '08/09	New York State Expanded Behavioral Risk Factor Surveillance System	<a href="http://www.health.ny.gov/statistics/brfss/expanded/2009/coun ty/">http://www.health.ny.gov/statistics/brfss/expanded/2009/coun ty/</a>
8	% of Adults (18 and Older) with Poor Physical Health, '08/09	New York State Expanded Behavioral Risk Factor Surveillance System	<a href="http://www.health.ny.gov/statistics/brfss/expanded/2009/coun ty/">http://www.health.ny.gov/statistics/brfss/expanded/2009/coun ty/</a>
9	% of Adults (18 and Older) with Physical Limitations, '08/09	New York State Expanded Behavioral Risk Factor Surveillance System	<a href="http://www.health.ny.gov/statistics/brfss/expanded/2009/coun ty/">http://www.health.ny.gov/statistics/brfss/expanded/2009/coun ty/</a>
10	% of Adults (18 and Older) with Health Problems that Need Special Equipment, '08/09	New York State Expanded Behavioral Risk Factor Surveillance System	<a href="http://www.health.ny.gov/statistics/brfss/expanded/2009/coun ty/">http://www.health.ny.gov/statistics/brfss/expanded/2009/coun ty/</a>
11	Percentage of Adults (18 and Older) with Disabilities, '08/09	New York State Expanded Behavioral Risk Factor Surveillance System	<a href="http://www.health.ny.gov/statistics/brfss/expanded/2009/coun ty/">http://www.health.ny.gov/statistics/brfss/expanded/2009/coun ty/</a>

#### Focus Area: Injuries, Violence, and Occupational Health

##### Prevention Agenda Indicators

1	Rate of Hospitalizations due to Falls for Ages 65 Plus per 10,000 Population, '08 - 10	New York State Department of Health; Indicators for Tracking Public Health Priority Areas 2013-2017	<a href="http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p9.htm">http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p9.htm</a>
2	Rate of ED Visits due to Falls for Children Ages 1 - 4 per 10,000 Population, Children Ages 1 - 4, '08 - 10	New York State Department of Health; Indicators for Tracking Public Health Priority Areas 2013-2017	<a href="http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p10.htm">http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p10.htm</a>
3	Rate of Assault-Related Hospitalizations per 10,000 Population, '08 - 10	New York State Department of Health; Indicators for Tracking Public Health Priority Areas 2013-2017	<a href="http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p11.htm">http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p11.htm</a>
4	Ratio of Black, Non-Hispanic Assault-Related Hospitalizations to White, Non-Hispanic Assault Related Hospitalizations, '08 - 10	New York State Department of Health; Indicators for Tracking Public Health Priority Areas 2013-2017	<a href="http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p12.htm">http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p12.htm</a>
5	Ratio of Hispanic/Latino Assault-Related Hospitalizations to White, Non-Hispanic Assault Related Hospitalizations, '08 - 10	New York State Department of Health; Indicators for Tracking Public Health Priority Areas 2013-2017	<a href="http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p13.htm">http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p13.htm</a>
6	Ratio of Assault-Related Hospitalizations for Low-Income versus non-Low Income Zip Codes, '08 - 10	New York State Department of Health; Indicators for Tracking Public Health Priority Areas 2013-2017	<a href="http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p14.htm">http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p14.htm</a>
7	Rate of ED Occupational Injuries Among Working Adolescents Ages 15 - 19 per 10,000 Population Ages 15 - 19, '08 - 10	New York State Department of Health; Indicators for Tracking Public Health Priority Areas 2013-2017	<a href="http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p15.htm">http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p15.htm</a>

##### Other Indicators

1	Rate of Hospitalizations for Falls for Children Ages Under 10 per 10,000 Population, Children Ages Under 10 , '08 - 10	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/hospital/h25.htm">http://www.health.ny.gov/statistics/chac/hospital/h25.htm</a>
2	Rate of Hospitalizations for Falls for Children Ages 10 - 14 per 10,000 Population, Children Ages 10 - 14, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/hospital/h26.htm">http://www.health.ny.gov/statistics/chac/hospital/h26.htm</a>
3	Rate of Hospitalizations for Falls for Individuals Ages 15 - 24 per 10,000 Individuals Ages 15 - 24, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/hospital/h27.htm">http://www.health.ny.gov/statistics/chac/hospital/h27.htm</a>
4	Rate of Hospitalizations for Falls for Adults Ages 25 - 64 per 10,000 Adults Ages 25 - 64, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/hospital/h28.htm">http://www.health.ny.gov/statistics/chac/hospital/h28.htm</a>
5	Rate of Violent Crimes per 100,000 Population, '07 - 11	NY State Division of Criminal Justice, 2011 Crime Statistics	<a href="http://www.criminaljustice.ny.gov/crimnet/ojsa/countycrimestats.htm">http://www.criminaljustice.ny.gov/crimnet/ojsa/countycrimestats.htm</a>
6	Rate of Property Crimes per 100,000 Population, '07 - 11	NY State Division of Criminal Justice, 2011 Crime Statistics	<a href="http://www.criminaljustice.ny.gov/crimnet/ojsa/countycrimestats.htm">http://www.criminaljustice.ny.gov/crimnet/ojsa/countycrimestats.htm</a>
7	Rate of Total Crimes per 100,000 Population, '07 - 11	NY State Division of Criminal Justice, 2011 Crime Statistics	<a href="http://www.criminaljustice.ny.gov/crimnet/ojsa/countycrimestats.htm">http://www.criminaljustice.ny.gov/crimnet/ojsa/countycrimestats.htm</a>
8	Rate of Malignant Mesothelioma Cases, Ages 15 Plus, per 100,000 Population Ages 15 Plus, '07 - 09	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/general/g78.htm">http://www.health.ny.gov/statistics/chac/general/g78.htm</a>
9	Rate of Pneumococcal Hospitalizations, Ages 15 Plus, per 10,000 Population Ages 15 Plus, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/general/g79.htm">http://www.health.ny.gov/statistics/chac/general/g79.htm</a>
10	Rate of Asbestosis Hospitalizations, Ages 15 Plus, per 10,000 Population Ages 15 Plus, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/general/g80.htm">http://www.health.ny.gov/statistics/chac/general/g80.htm</a>
11	Rate of Work-Related Hospitalizations, Employed Ages 16 Plus per 10,000 Individuals Employed Ages 16 Plus, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/general/g81.htm">http://www.health.ny.gov/statistics/chac/general/g81.htm</a>
12	Rate of Elevated Blood Lead Levels Ages 16 Plus Employed per 10,000 Individuals Employed Ages 16 Plus, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/general/g82.htm">http://www.health.ny.gov/statistics/chac/general/g82.htm</a>
13	Rate of Total Motor Vehicle Crashes per 100,000 Population, '09 - 11	Safe New York: Governor's Traffic Safety Committee	<a href="http://www.safeny.ny.gov/11data/NYS09-11byCo_5Crash.pdf">http://www.safeny.ny.gov/11data/NYS09-11byCo_5Crash.pdf</a>
14	Rate of Pedestrian-Related Accidents per 100,000 Population, '09 - 11	Safe New York: Governor's Traffic Safety Committee	<a href="http://www.safeny.ny.gov/11data/NYS09-11byCo_5Crash.pdf">http://www.safeny.ny.gov/11data/NYS09-11byCo_5Crash.pdf</a>
15	Rate of Speed-Related Accidents per 100,000 Population, '09 - 11	Safe New York: Governor's Traffic Safety Committee	<a href="http://www.safeny.ny.gov/11data/NYS09-11byCo_5Crash.pdf">http://www.safeny.ny.gov/11data/NYS09-11byCo_5Crash.pdf</a>
16	Rate of Motor Vehicle Accident Deaths per 100,000 Population, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/mortality/d28.htm">http://www.health.ny.gov/statistics/chac/mortality/d28.htm</a>
17	Rate of TBI Hospitalizations per 10,000	NYSDOH; New York State Community Health	<a href="http://www.health.ny.gov/statistics/chac/hospital/h33.htm">http://www.health.ny.gov/statistics/chac/hospital/h33.htm</a>

	Population, '08 - 10	Indicator Reports	
18	Rate of Unintentional Injury Hospitalizations per 10,000 Population, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/hospital/h18.htm">http://www.health.ny.gov/statistics/chac/hospital/h18.htm</a>
19	Rate of Unintentional Injury Hospitalizations Ages 14 and Under per 10,000 Population Ages 14 and Under, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/hospital/h20.htm">http://www.health.ny.gov/statistics/chac/hospital/h20.htm</a>
20	Rate of Unintentional Injury Hospitalizations Ages 65 Plus per 10,000 Population Ages 65 Plus, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/hospital/h23.htm">http://www.health.ny.gov/statistics/chac/hospital/h23.htm</a>
21	Rate of Poisoning Hospitalizations per 10,000 Population, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/hospital/h32.htm">http://www.health.ny.gov/statistics/chac/hospital/h32.htm</a>
<b>Focus Area: Outdoor Air Quality</b>			
1	Number of Days with Unhealthy Ozone, 2007	County Health Rankings and Roadmaps	<a href="http://www.countyhealthrankings.org/rankings/data">http://www.countyhealthrankings.org/rankings/data</a>
2	Number of Days with Unhealthy Particulate Matter, 2007	County Health Rankings and Roadmaps	<a href="http://www.countyhealthrankings.org/rankings/data">http://www.countyhealthrankings.org/rankings/data</a>
<b>Focus Area: Built Environment</b>			
1	Percentage of the Population that Live in Jurisdictions that Adopted Climate Smart Communities Pledge, 2012	New York State Department of Health; Indicators for Tracking Public Health Priority Areas 2013-2017	<a href="http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p16.htm">http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p16.htm</a>
2	Percentage of Commuters Who Use Alternative Modes of Transportation to Work, '07 - 11	New York State Department of Health; Indicators for Tracking Public Health Priority Areas 2013-2017	<a href="http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p17.htm">http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p17.htm</a>
3	Percentage of Population with Low-Income and Low-Access to a Supermarket or Large Grocery Store, 2010	New York State Department of Health; Indicators for Tracking Public Health Priority Areas 2013-2017	<a href="http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p18.htm">http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p18.htm</a>
4	Percentage of Homes in Vulnerable Neighborhoods that have Fewer Asthma Triggers During Home Revisits, '08 - 11	New York State Department of Health; Indicators for Tracking Public Health Priority Areas 2013-2017	<a href="http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p19.htm">http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p19.htm</a>
<b>Focus Area: Water Quality</b>			
1	Percentage of Residents Served by Community Water Systems with Optimally Fluoridated Water, 2012	New York State Department of Health; Indicators for Tracking Public Health Priority Areas 2013-2017	<a href="http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p20.htm">http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p20.htm</a>
<b>Focus Area: Reduce Obesity in Children and Adults</b>			
<b>Prevention Agenda Indicators</b>			
1	Percentage of Adults 18 and Older Who are Obese, '08/09	New York State Department of Health; Indicators for Tracking Public Health Priority	<a href="http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p21.htm">http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p21.htm</a>

		Areas 2013-2017	
2	Percentage of Public School Children Who are Obese, '10 - 12	New York State Department of Health; Indicators for Tracking Public Health Priority Areas 2013-2017	<a href="http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p22.htm">http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p22.htm</a>
<b>Other Indicators</b>			
1	Percentage of Total Students Overweight, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/general/g63.htm">http://www.health.ny.gov/statistics/chac/general/g63.htm</a>
2	Percentage of Elementary Students Overweight, Not Obese, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/general/g66.htm">http://www.health.ny.gov/statistics/chac/general/g66.htm</a>
3	Percentage of Elementary Students Obese, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/general/g67.htm">http://www.health.ny.gov/statistics/chac/general/g67.htm</a>
4	Percentage of Middle and High School Students Overweight, Not Obese, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/general/g69.htm">http://www.health.ny.gov/statistics/chac/general/g69.htm</a>
5	Percentage of Middle and High School Students Obese	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/general/g70.htm">http://www.health.ny.gov/statistics/chac/general/g70.htm</a>
6	Percentage of WIC Children Ages 2 - 4 Obese, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/general/g72.htm">http://www.health.ny.gov/statistics/chac/general/g72.htm</a>
7	Percentage of Age Adjusted Adults Overweight or Obese, '08/09	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/general/g74.htm">http://www.health.ny.gov/statistics/chac/general/g74.htm</a>
8	Percentage of Age Adjusted Adults Who Did Not Participate in Leisure Activities Last 30 Days, '08/09	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/general/g76.htm">http://www.health.ny.gov/statistics/chac/general/g76.htm</a>
9	Number of Recreational and Fitness Facilities per 100,000 Population, 2009	United States Department of Agriculture, Food Environment Atlas Data File	<a href="http://www.ers.usda.gov/data-products/food-environment-atlas/data-access-and-documentation-downloads.aspx">http://www.ers.usda.gov/data-products/food-environment-atlas/data-access-and-documentation-downloads.aspx</a>
10	Percentage of Age Adjusted Adults Eating Five or More Vegetables per Day, '08/09	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/general/g77.htm">http://www.health.ny.gov/statistics/chac/general/g77.htm</a>
11	Percentage of Age Adjusted Adults with Cholesterol Check within the Last Five Years, '08/09	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/general/g23.htm">http://www.health.ny.gov/statistics/chac/general/g23.htm</a>
12	Percentage of Age Adjusted Adults Ever Diagnosed with High Blood Pressure, '08/09	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/general/g24.htm">http://www.health.ny.gov/statistics/chac/general/g24.htm</a>
13	Percentage of Age Adjusted Adults with Physician Diagnoses Angina, Heart Attack, or Stroke, '08/09	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/general/g22.htm">http://www.health.ny.gov/statistics/chac/general/g22.htm</a>
14	Rate of Cardiovascular Disease Deaths per 100,000 Population, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/mortality/d1.htm">http://www.health.ny.gov/statistics/chac/mortality/d1.htm</a>
15	Rate of Cardiovascular Premature Deaths (35 - 64) per 100,000 Population 35 - 64, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/mortality/d2.htm">http://www.health.ny.gov/statistics/chac/mortality/d2.htm</a>
16	Rate of Pretransport Deaths per 100,000 Population, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/mortality/d3.htm">http://www.health.ny.gov/statistics/chac/mortality/d3.htm</a>
17	Rate of Cardiovascular Hospitalizations per	NYSDOH; New York State Community Health	<a href="http://www.health.ny.gov/statistics/chac/hospital/h1.htm">http://www.health.ny.gov/statistics/chac/hospital/h1.htm</a>

	10,000 Population, '08 – 10	Indicator Reports	
18	Rate of Diseases of the Heart Deaths per 100,000 Population, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/mortality/d4.htm">http://www.health.ny.gov/statistics/chac/mortality/d4.htm</a>
19	Rate of Diseases of the Heart Premature Deaths (35 - 64) per 100,000 Population Ages 35 - 64, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/mortality/d5.htm">http://www.health.ny.gov/statistics/chac/mortality/d5.htm</a>
20	Rate of Disease of the Heart Transport Deaths per 100,000 Population, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/mortality/d6.htm">http://www.health.ny.gov/statistics/chac/mortality/d6.htm</a>
21	Rate of Disease of the Heart Hospitalizations per 10,000 Population, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/hospital/h2.htm">http://www.health.ny.gov/statistics/chac/hospital/h2.htm</a>
22	Rate of Coronary Heart Diseases Deaths per 100,000 Population, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/mortality/d7.htm">http://www.health.ny.gov/statistics/chac/mortality/d7.htm</a>
23	Rate of Coronary Heart Diseases Premature Deaths (35 - 64) per 100,000 Population Ages 35 - 64, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/mortality/d8.htm">http://www.health.ny.gov/statistics/chac/mortality/d8.htm</a>
24	Rate of Coronary Heart Disease Transport Deaths per 100,000 Population, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/mortality/d9.htm">http://www.health.ny.gov/statistics/chac/mortality/d9.htm</a>
25	Rate of Coronary Heart Disease Hospitalizations per 10,000 Population, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/hospital/h3.htm">http://www.health.ny.gov/statistics/chac/hospital/h3.htm</a>
26	Rate of Congestive Heart Failure Deaths per 100,000 Population, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/mortality/d10.htm">http://www.health.ny.gov/statistics/chac/mortality/d10.htm</a>
27	Rate of Congestive Heart Failure Premature Deaths (35 - 64) per 100,000 Population Ages 35 - 64, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/mortality/d11.htm">http://www.health.ny.gov/statistics/chac/mortality/d11.htm</a>
28	Rate of Congestive Heart Failure Transport Deaths per 100,000 Population, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/mortality/d12.htm">http://www.health.ny.gov/statistics/chac/mortality/d12.htm</a>
29	Rate of Congestive Heart Failure Hospitalizations per 10,000 Population, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/hospital/h4.htm">http://www.health.ny.gov/statistics/chac/hospital/h4.htm</a>
30	Rate of Cerebrovascular (Stroke) Deaths per 100,000 Population, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/mortality/d13.htm">http://www.health.ny.gov/statistics/chac/mortality/d13.htm</a>
31	Rate of Cerebrovascular (Stroke) Hospitalizations per 10,000 Population, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/hospital/h5.htm">http://www.health.ny.gov/statistics/chac/hospital/h5.htm</a>
32	Rate of Hypertension Hospitalizations (18 Plus) per 100,000 Population 18 Plus, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/hospital/h6.htm">http://www.health.ny.gov/statistics/chac/hospital/h6.htm</a>
33	Rate of Diabetes Deaths per 100,000 Population, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/mortality/d22.htm">http://www.health.ny.gov/statistics/chac/mortality/d22.htm</a>
34	Rate of Diabetes Hospitalizations (Primary Diagnosis) per 10,000 Population, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/hospital/h11.htm">http://www.health.ny.gov/statistics/chac/hospital/h11.htm</a>
35	Rate of Diabetes Hospitalizations (Any Diagnosis) per 10,000 Population, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/hospital/h12.htm">http://www.health.ny.gov/statistics/chac/hospital/h12.htm</a>

<b>Focus Area: Reduce Illness, Disability, and Death Related to Tobacco Use and Secondhand Smoke Exposure</b>			
<b>Prevention Agenda Indicators</b>			
1	Percentage of Adults 18 and Older Who Smoke '08/09	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/general/g108.htm">http://www.health.ny.gov/statistics/chac/general/g108.htm</a>
<b>Other Indicators</b>			
1	Rate of Chronic Lower Respiratory Disease Deaths per 100,000 Population, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/mortality/d30.htm">http://www.health.ny.gov/statistics/chac/mortality/d30.htm</a>
2	Rate of Chronic Lower Respiratory Disease Hospitalizations per 10,000 Population, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/hospital/h34.htm">http://www.health.ny.gov/statistics/chac/hospital/h34.htm</a>
3	Rate of Asthma Deaths per 100,000 Population, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/mortality/d31.htm">http://www.health.ny.gov/statistics/chac/mortality/d31.htm</a>
4	Rate of Asthma Hospitalizations per 10,000 Population, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/hospital/h35.htm">http://www.health.ny.gov/statistics/chac/hospital/h35.htm</a>
5	Rate of Asthma Hospitalizations, 25 - 44, per 10,000 Population Ages 25 - 44, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/hospital/h41.htm">http://www.health.ny.gov/statistics/chac/hospital/h41.htm</a>
6	Rate of Asthma Hospitalizations, 45 - 64, per 10,000 Population Ages 45 - 64, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/hospital/h42.htm">http://www.health.ny.gov/statistics/chac/hospital/h42.htm</a>
7	Rate of Asthma Hospitalizations, 65 Plus, per 10,000 Population Ages 65 Plus, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/hospital/h43.htm">http://www.health.ny.gov/statistics/chac/hospital/h43.htm</a>
8	Percentage of Adults with Asthma, '08/09	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/general/g95.htm">http://www.health.ny.gov/statistics/chac/general/g95.htm</a>
9	Rate of Lung and Bronchus Deaths per 100,000 Population, '07 - 09	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/general/g8.htm">http://www.health.ny.gov/statistics/chac/general/g8.htm</a>
10	Rate of Lung and Bronchus Cases per 100,000 Population, '07- 09	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/general/g7.htm">http://www.health.ny.gov/statistics/chac/general/g7.htm</a>
11	Number of Registered Tobacco Vendors per 100,000 Population, '09 - 10	NYSDOH; Tobacco Enforcement Program Annual Report	<a href="http://www.health.ny.gov/prevention/tobacco_control/docs/tobacco_enforcement_annual_report_2009-2010.pdf">http://www.health.ny.gov/prevention/tobacco_control/docs/tobacco_enforcement_annual_report_2009-2010.pdf</a>
12	Percentage of Vendors with Sales to Minors Violations, '09 - 10	NYSDOH; Tobacco Enforcement Program Annual Report	<a href="http://www.health.ny.gov/prevention/tobacco_control/docs/tobacco_enforcement_annual_report_2009-2010.pdf">http://www.health.ny.gov/prevention/tobacco_control/docs/tobacco_enforcement_annual_report_2009-2010.pdf</a>
13	Percentage of Vendors with Complaints, '09 - 10	NYSDOH; Tobacco Enforcement Program Annual Report	<a href="http://www.health.ny.gov/prevention/tobacco_control/docs/tobacco_enforcement_annual_report_2009-2010.pdf">http://www.health.ny.gov/prevention/tobacco_control/docs/tobacco_enforcement_annual_report_2009-2010.pdf</a>
<b>Focus Area: Increase Access to High Quality Chronic Disease Preventive Care and Management in Both Clinical and Community Settings</b>			
<b>Prevention Agenda Indicators</b>			
1	Percentage of Adults Ages 50 - 75 Who Received Colorectal Screenings Based on Recent Guidelines, '08/09	New York State Department of Health; Indicators for Tracking Public Health Priority Areas 2013-2017	<a href="http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p24.htm">http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p24.htm</a>
2	Rate of Asthma ED Visits per 10,000 Population, '08 - '10	New York State Department of Health; Information on Asthma in New York State	<a href="http://www.health.ny.gov/statistics/ny_asthma/ed/asthmaed6.htm">http://www.health.ny.gov/statistics/ny_asthma/ed/asthmaed6.htm</a>
3	Rate of Asthma ED Visits Ages 0 - 4, per 10,000	New York State Department of Health;	<a href="http://www.health.ny.gov/prevention/prevention_agenda/2013">http://www.health.ny.gov/prevention/prevention_agenda/2013</a>

	Population Ages, 0 - 4, '08 - 10	Indicators for Tracking Public Health Priority Areas 2013-2017	<a href="#">-2017/indicators/2013/p26.htm</a>
4	Rate of Short-term Diabetes Hospitalizations for Ages 6 - 17 per 10,000 Population, Ages 6 - 17, '08 - 10	New York State Department of Health; Indicators for Tracking Public Health Priority Areas 2013-2017	<a href="http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p28.htm">http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p28.htm</a>
5	Rate of Short-term Diabetes Hospitalizations for Ages 18 Plus per 10,000 Population, Ages 18 Plus, '08 - 10	New York State Department of Health; Indicators for Tracking Public Health Priority Areas 2013-2017	<a href="http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p29.htm">http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p29.htm</a>
6	Rate of Age Adjusted Heart Attack Hospitalizations per 10,000 Population, 2010	New York State Department of Health; Indicators for Tracking Public Health Priority Areas 2013-2017	<a href="http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p27.htm">http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p27.htm</a>
<b>Other Indicators</b>			
1	Rate of Asthma ED Visits for Ages 18 - 64 per 10,000 Population Ages 18 - 64, '08 - '10	New York State Department of Health; Information on Asthma in New York State	<a href="http://www.health.ny.gov/statistics/ny_asthma/ed/asthmaed5a.htm">http://www.health.ny.gov/statistics/ny_asthma/ed/asthmaed5a.htm</a>
2	Rate of Asthma ED Visits for Ages 65 Plus per 10,000 Population Ages 65 Plus, '08 - '10	New York State Department of Health; Information on Asthma in New York State	<a href="http://www.health.ny.gov/statistics/ny_asthma/ed/asthmaed5.htm">http://www.health.ny.gov/statistics/ny_asthma/ed/asthmaed5.htm</a>
3	Rate of All Cancer Cases per 100,000 Population, '07 - 09	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/general/g1.htm">http://www.health.ny.gov/statistics/chac/general/g1.htm</a>
4	Rate of all Cancer Deaths per 100,000 Population, '07 - 09	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/general/g2.htm">http://www.health.ny.gov/statistics/chac/general/g2.htm</a>
5	Rate of Female Breast Cancer Cases per 100,000 Female Population, '07 -09	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/general/g9.htm">http://www.health.ny.gov/statistics/chac/general/g9.htm</a>
6	Rate of Female Late Stage Breast Cancer Cases per 100,000 Female Population, '07 - 09	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/general/g11.htm">http://www.health.ny.gov/statistics/chac/general/g11.htm</a>
7	Rate of Female Breast Cancer Deaths per 100,000 Female Population, '07	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/general/g10.htm">http://www.health.ny.gov/statistics/chac/general/g10.htm</a>
8	Percentage of Women 40 Plus With Mammogram within Last Two Years, '08/ 09	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/general/g21.htm">http://www.health.ny.gov/statistics/chac/general/g21.htm</a>
9	Rate of Cervix and Uteric Cancer Cases per 100,000 Female Population, '07 - 09	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/general/g12.htm">http://www.health.ny.gov/statistics/chac/general/g12.htm</a>
10	Rate of Cervix and Uteric Cancer Deaths per 100,000 Female Population, '07 - 09	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/general/g13.htm">http://www.health.ny.gov/statistics/chac/general/g13.htm</a>
11	Percentage of Women 18 and Older with a Pap Smear within the Last Three Years, '08/ 09	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/general/g20.htm">http://www.health.ny.gov/statistics/chac/general/g20.htm</a>
12	Rate of Ovarian Cancer Cases per 100,000 Female Population, '07 - 09	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/general/g14.htm">http://www.health.ny.gov/statistics/chac/general/g14.htm</a>
13	Rate of Ovarian Cancer Deaths per 100,000 Female Population, '07 - 09	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/general/g15.htm">http://www.health.ny.gov/statistics/chac/general/g15.htm</a>
14	Rate of Colon and Rectum Cancer Cases per 100,000 Population, '07 - 09	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/general/g5.htm">http://www.health.ny.gov/statistics/chac/general/g5.htm</a>
15	Rate of Colon and Rectum Cancer Deaths per	NYSDOH; New York State Community Health	<a href="http://www.health.ny.gov/statistics/chac/general/g6.htm">http://www.health.ny.gov/statistics/chac/general/g6.htm</a>

	100,000 Population, '07 - 09	Indicator Reports	
16	Percentage of Adults 50 Plus with Home Blood Stool Test within the Last Two Years, '08/09	New York State Expanded Behavioral Risk Factor Surveillance System	<a href="http://www.health.ny.gov/statistics/brfss/expanded/2009/county/">http://www.health.ny.gov/statistics/brfss/expanded/2009/county/</a>
17	Percentage of Adults 50 Plus with Sigmoidoscopy or Colonoscopy within Last Ten Years, '08/09	New York State Expanded Behavioral Risk Factor Surveillance System	<a href="http://www.health.ny.gov/statistics/brfss/expanded/2009/county/">http://www.health.ny.gov/statistics/brfss/expanded/2009/county/</a>
18	Rate of Prostate Cancer Deaths per 100,000 Male Population, '07 - 09	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/general/g17.htm">http://www.health.ny.gov/statistics/chac/general/g17.htm</a>
19	Rate of Prostate Cancer Cases per 100,000 Male Population, '07 - 09	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/general/g16.htm">http://www.health.ny.gov/statistics/chac/general/g16.htm</a>
20	Rate of Prostate Cancer Late Stage Cancer Cases per 100,000 Male Population, '07 - 09	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/general/g18.htm">http://www.health.ny.gov/statistics/chac/general/g18.htm</a>
21	Percentage of Males, 40 and Older with a Digital Rectal Exam within Last Two Years, '08/09	New York State Expanded Behavioral Risk Factor Surveillance System	<a href="http://www.health.ny.gov/statistics/brfss/expanded/2009/county/">http://www.health.ny.gov/statistics/brfss/expanded/2009/county/</a>
22	Percentage of Males, 40 and Older with a Prostate Antigen Test within Last Two Years, '08/09	New York State Expanded Behavioral Risk Factor Surveillance System	<a href="http://www.health.ny.gov/statistics/brfss/expanded/2009/county/">http://www.health.ny.gov/statistics/brfss/expanded/2009/county/</a>
23	Rate of Melanoma Cancer Deaths per 100,000 Population, '07 - '09	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/general/g19.htm">http://www.health.ny.gov/statistics/chac/general/g19.htm</a>
24	Percentage of Medicaid Enrollees with at Least One Preventive Dental Visit within the Year, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/general/g92.htm">http://www.health.ny.gov/statistics/chac/general/g92.htm</a>
25	Percentage of Age Adjusted Adults with a Dental Visit Within the Last Twelve Months, '08/09	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/general/g90.htm">http://www.health.ny.gov/statistics/chac/general/g90.htm</a>
26	Oral Cavity and Pharynx Cancer Deaths per 100,000 Population, '07-09	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/general/g4.htm">http://www.health.ny.gov/statistics/chac/general/g4.htm</a>
27	Oral Cavity and Pharynx Cancer Deaths, Adults 45 - 74, per 100,000 Population, 45 - 74, '07 - 09	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/general/g94.htm">http://www.health.ny.gov/statistics/chac/general/g94.htm</a>
28	Oral Cavity and Pharynx Cancer Cases per 100,000 Population, '07 - 09	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/general/g3.htm">http://www.health.ny.gov/statistics/chac/general/g3.htm</a>
<b>Focus Area: Maternal and Infant Health</b>			
<b>Prevention Agenda Indicators</b>			
1	Percentage Preterm Births < 37 Weeks of total births known gestation period, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/birth/b40.htm">http://www.health.ny.gov/statistics/chac/birth/b40.htm</a>
2	Ratio of Preterm Births (< 37 wks) Black/NH to White/NH, '08 - 10	New York State Department of Health; Indicators for Tracking Public Health Priority Areas 2013-2017	<a href="http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p42.htm">http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p42.htm</a>
3	Ratio of Preterm Births (< 37 wks) Hisp/Latino to White/NH, '08 - 10	New York State Department of Health; Indicators for Tracking Public Health Priority	<a href="http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p43.htm">http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p43.htm</a>

		Areas 2013-2017	
4	Ratio of Preterm Births (< 37 wks) Medicaid to Non-Medicaid, '08 - 10	New York State Department of Health; Indicators for Tracking Public Health Priority Areas 2013-2017	<a href="http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p44.htm">http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p44.htm</a>
5	Rate of Maternal Mortality per 100,000 Births, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/birth/b33.htm">http://www.health.ny.gov/statistics/chac/birth/b33.htm</a>
6	Percentage of Live birth Infants Exclusively Breastfed in Delivery Hospital, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/birth/b25.htm">http://www.health.ny.gov/statistics/chac/birth/b25.htm</a>
7	Ratio of Infants Exclusively Breastfed in Delivery Hospital Black, non-Hispanic to White, non-Hispanic, '08 - 10	New York State Department of Health; Indicators for Tracking Public Health Priority Areas 2013-2017	<a href="http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p46.htm">http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p46.htm</a>
8	Ratio of Infants Exclusively Breastfed in Delivery Hospital Hispanic/Latino to White, non-Hispanic, '08 - 10	New York State Department of Health; Indicators for Tracking Public Health Priority Areas 2013-2017	<a href="http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p47.htm">http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p47.htm</a>
9	Ratio of Infants Exclusively Breastfed in Delivery Hospital Medicaid to Non-Medicaid Births, '08 - 10	New York State Department of Health; Indicators for Tracking Public Health Priority Areas 2013-2017	<a href="http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p48.htm">http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p48.htm</a>
<b>Other Indicators</b>			
1	Percentage Preterm Births < 32 weeks of total births known gestation period, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/birth/b38.htm">http://www.health.ny.gov/statistics/chac/birth/b38.htm</a>
2	Percentage Preterm Births 32 to < 37 Weeks of total births known gestation period, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/birth/b39.htm">http://www.health.ny.gov/statistics/chac/birth/b39.htm</a>
3	Percentage of Total Births with Weights Less Than 1,500 grams, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/birth/b34.htm">http://www.health.ny.gov/statistics/chac/birth/b34.htm</a>
4	Percentage of Singleton Births with Weights Less Than 1,500 grams, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/birth/b35.htm">http://www.health.ny.gov/statistics/chac/birth/b35.htm</a>
5	Percentage of Total Births with Weights Less Than 2,500 grams, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/birth/b36.htm">http://www.health.ny.gov/statistics/chac/birth/b36.htm</a>
6	Percentage of Singleton Births with Weights Less Than 2,500 grams, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/birth/b37.htm">http://www.health.ny.gov/statistics/chac/birth/b37.htm</a>
7	Percentage of Total Births for Black, Non-Hispanic, with Weights Less than 2,500 Grams, '08 - 10	NYSDOH; State and County Indicators for Tracking Public Health Priority Areas	<a href="http://www.health.ny.gov/statistics/community/minority/count y/">http://www.health.ny.gov/statistics/community/minority/count y/</a>
8	Percentage of Total Births for Hispanic/Latino, with Weights Less than 2,500 Grams, '08 - 10	NYSDOH; State and County Indicators for Tracking Public Health Priority Areas	<a href="http://www.health.ny.gov/statistics/community/minority/count y/">http://www.health.ny.gov/statistics/community/minority/count y/</a>
9	Infant Mortality Rate per 1,000 Live Births, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/birth/b27.htm">http://www.health.ny.gov/statistics/chac/birth/b27.htm</a>
10	Infant Mortality Rate for Black, Non-Hispanic per 1,000 Births, '08 - 10	NYSDOH; State and County Indicators for Tracking Public Health Priority Areas	<a href="http://www.health.ny.gov/statistics/community/minority/count y/">http://www.health.ny.gov/statistics/community/minority/count y/</a>
11	Infant Mortality Rate for Hispanic/Latino per 1,000 Births, '08 - 10	NYSDOH; State and County Indicators for Tracking Public Health Priority Areas	<a href="http://www.health.ny.gov/statistics/community/minority/count y/">http://www.health.ny.gov/statistics/community/minority/count y/</a>

12	Rate of Deaths (28 Weeks Gestation to Seven Days) per 1,000 Live Births and Perinatal Deaths, '08 – 10	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/birth/b32.htm">http://www.health.ny.gov/statistics/chac/birth/b32.htm</a>
13	Percentage Early Prenatal Care of Total Births Where Prenatal Care Status is Known, '08 – 10	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/birth/b21.htm">http://www.health.ny.gov/statistics/chac/birth/b21.htm</a>
14	Percentage Early Prenatal Care for Black, Non-Hispanic, '08 – 10	NYSDOH; State and County Indicators for Tracking Public Health Priority Areas	<a href="http://www.health.ny.gov/statistics/community/minority/count y/">http://www.health.ny.gov/statistics/community/minority/count y/</a>
15	Percentage Early Prenatal Care for Hispanic/Latino, '08 – 10	NYSDOH; State and County Indicators for Tracking Public Health Priority Areas	<a href="http://www.health.ny.gov/statistics/community/minority/count y/">http://www.health.ny.gov/statistics/community/minority/count y/</a>
16	Percentage APGAR Scores of Less Than Five at Five Minute Mark of Births Where APGAR Score is Known, '08 – 10	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/birth/b41.htm">http://www.health.ny.gov/statistics/chac/birth/b41.htm</a>
17	Rate of Newborn Drug Related Hospitalizations per 10,000 Births, '08 – 10	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/hospital/h46.htm">http://www.health.ny.gov/statistics/chac/hospital/h46.htm</a>
18	Percentage WIC Women Breastfed at Six months, '08 – 10	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/general/g62.htm">http://www.health.ny.gov/statistics/chac/general/g62.htm</a>
19	Percentage Infants Receiving Any Breast Milk in Delivery Hospital, '08 – 10	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/birth/b24.htm">http://www.health.ny.gov/statistics/chac/birth/b24.htm</a>

**Focus Area: Preconception and Reproductive Health**

**Prevention Agenda Indicators**

1	Percent of Births within 24 months of Previous Pregnancy, '08 – 10	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/birth/b1.htm">http://www.health.ny.gov/statistics/chac/birth/b1.htm</a>
2	Rate of Pregnancies Ages 15 - 17 year per 1,000 Females Ages 15-17, '08 – 10	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/birth/b12.htm">http://www.health.ny.gov/statistics/chac/birth/b12.htm</a>
3	Ratio of Pregnancy Rates for Ages 15 - 17 Black, non-Hispanic to White, non-Hispanic, '08 – 10	New York State Department of Health; Indicators for Tracking Public Health Priority Areas 2013-2017	<a href="http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p55.htm">http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p55.htm</a>
4	Ratio of Pregnancy Rates for Ages 15 - 17 Hispanic/Latino to White, non-Hispanic, '08 – 10	New York State Department of Health; Indicators for Tracking Public Health Priority Areas 2013-2017	<a href="http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p56.htm">http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p56.htm</a>
5	Percent of Unintended Births to Total Births, 2011	New York State Department of Health; Indicators for Tracking Public Health Priority Areas 2013-2017	<a href="http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p57.htm">http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p57.htm</a>
6	Ratio of Unintended Births Black, non-Hispanic to White, non-Hispanic, '08 – 10	New York State Department of Health; Indicators for Tracking Public Health Priority Areas 2013-2017	<a href="http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p58.htm">http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p58.htm</a>
7	Ratio of Unintended Births Hispanic/Latino to White, non-Hispanic, '08 – 10	New York State Department of Health; Indicators for Tracking Public Health Priority Areas 2013-2017	<a href="http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p59.htm">http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p59.htm</a>
8	Ratio of Unintended Births Medicaid to Non-	New York State Department of Health;	<a href="http://www.health.ny.gov/prevention/prevention_agenda/2013">http://www.health.ny.gov/prevention/prevention_agenda/2013</a>

	Medicaid, '08 – 10	Indicators for Tracking Public Health Priority Areas 2013-2017	<a href="#">-2017/indicators/2013/p60.htm</a>
9	Percentage of Women Ages 18- 64 with Health Insurance, '08/09	New York State Department of Health; Indicators for Tracking Public Health Priority Areas 2013-2017	<a href="http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p61.htm">http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p61.htm</a>
<b>Other Indicators</b>			
1	Rate of Total Births per 1,000 Females Ages 15-44, '08 – 10	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/birth/b5.htm">http://www.health.ny.gov/statistics/chac/birth/b5.htm</a>
2	Percent Multiple Births of Total Births, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/birth/b20.htm">http://www.health.ny.gov/statistics/chac/birth/b20.htm</a>
3	Percent C-Sections to Total Births. '08 – 10	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/birth/b26.htm">http://www.health.ny.gov/statistics/chac/birth/b26.htm</a>
4	Rate of Total Pregnancies per 1,000 Females Ages 15-44, '08 – 10	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/birth/b10.htm">http://www.health.ny.gov/statistics/chac/birth/b10.htm</a>
5	Rate of Births Ages 10 - 14 per 1,000 Females Ages 10-14, '08 – 10	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/birth/b6.htm">http://www.health.ny.gov/statistics/chac/birth/b6.htm</a>
6	Rate of Pregnancies Ages 10 - 14 per 1,000 Females Ages 10-14, '08 – 10	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/birth/b11.htm">http://www.health.ny.gov/statistics/chac/birth/b11.htm</a>
7	Rate of Births Ages 15 - 17 per 1,000 Females Ages 15-17, '08 – 10	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/birth/b7.htm">http://www.health.ny.gov/statistics/chac/birth/b7.htm</a>
8	Rate of Births Ages 15 - 19 per 1,000 Females Ages 15-19, '08 – 10	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/birth/b8.htm">http://www.health.ny.gov/statistics/chac/birth/b8.htm</a>
9	Rate of Pregnancies Ages 15 - 19 per 1,000 Females Ages 5-19, '08 – 10	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/birth/b13.htm">http://www.health.ny.gov/statistics/chac/birth/b13.htm</a>
10	Rate of Births Ages 18 - 19 per 1,000 Females Ages 18-19, '08 – 10	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/birth/b9.htm">http://www.health.ny.gov/statistics/chac/birth/b9.htm</a>
11	Rate of Pregnancies Ages 18 - 19 per 1,000 Females Ages 18-19, '08 – 10	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/birth/b14.htm">http://www.health.ny.gov/statistics/chac/birth/b14.htm</a>
12	Percent Total Births to Women Ages 35 Plus, '08 – 10	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/birth/b4.htm">http://www.health.ny.gov/statistics/chac/birth/b4.htm</a>
13	Rate of Abortions Ages 15 - 19 per 100 Live Births, Mothers Ages 15-19, '08 – 10	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/birth/b15.htm">http://www.health.ny.gov/statistics/chac/birth/b15.htm</a>
14	Rate of Abortions All Ages per 100 Live Births to All Mothers, '08 – 10	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/birth/b16.htm">http://www.health.ny.gov/statistics/chac/birth/b16.htm</a>
15	Percentage of WIC Women Pre-pregnancy Underweight, '08 – 10	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/general/g55.htm">http://www.health.ny.gov/statistics/chac/general/g55.htm</a>
16	Percentage of WIC Women Pre-pregnancy Overweight but not Obese, ' 08 – 10	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/general/g56.htm">http://www.health.ny.gov/statistics/chac/general/g56.htm</a>
17	Percentage of WIC Women Pre-pregnancy Obese, '08 – 10	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/general/g57.htm">http://www.health.ny.gov/statistics/chac/general/g57.htm</a>
18	Percentage of WIC Women with Gestational	NYSDOH; New York State Community Health	<a href="http://www.health.ny.gov/statistics/chac/general/g59.htm">http://www.health.ny.gov/statistics/chac/general/g59.htm</a>

	Weight Gain Greater than Ideal, '08 – 10	Indicator Reports	
19	Percentage of WIC Women with Gestational Diabetes, '08 – 10	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/general/g60.htm">http://www.health.ny.gov/statistics/chac/general/g60.htm</a>
20	Percentage of WIC Women with Gestational Hypertension, '08 – 10	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/general/g61.htm">http://www.health.ny.gov/statistics/chac/general/g61.htm</a>
<b>Focus Area: Child Health</b>			
<b>Prevention Agenda Indicators</b>			
1	Percentage of Children Ages 0 - 15 Months with Government Insurance with Recommended Well Visits, 2011	New York State Department of Health; Indicators for Tracking Public Health Priority Areas 2013-2017	<a href="http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p66.htm">http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p66.htm</a>
2	Percentage of Children Ages 3 - 6 Years with Government Insurance with Recommended Well Visits, 2011	New York State Department of Health; Indicators for Tracking Public Health Priority Areas 2013-2017	<a href="http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p67.htm">http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p67.htm</a>
3	Percentage of Children Ages 12 -21 Years with Government Insurance with Recommended Well Visits, 2011	New York State Department of Health; Indicators for Tracking Public Health Priority Areas 2013-2017	<a href="http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p68.htm">http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p68.htm</a>
4	Percentage of Children Ages 0 -19 with Health Insurance, 2010	New York State Department of Health; Indicators for Tracking Public Health Priority Areas 2013-2017	<a href="http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p51.htm">http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p51.htm</a>
5	Percentage of 3rd Graders with Untreated Tooth Decay, '09 – 11	New York State Department of Health; Indicators for Tracking Public Health Priority Areas 2013-2017	<a href="http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p52.htm">http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p52.htm</a>
6	Ratio of 3rd Graders with Untreated Tooth Decay, Low Income Children to Non-Low income Children, '09 – 11	New York State Department of Health; Indicators for Tracking Public Health Priority Areas 2013-2017	<a href="http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p53.htm">http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p53.htm</a>
<b>Other Indicators</b>			
1	Rate of Children Deaths Ages 1 - 4 per 100,000 Children Ages 1 - 4, '08 – 10	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/mortality/d16.htm">http://www.health.ny.gov/statistics/chac/mortality/d16.htm</a>
2	Rate of Children Deaths Ages 5 - 9 per 100,000 Children Ages 5 - 9, '08 – 10	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/mortality/d17.htm">http://www.health.ny.gov/statistics/chac/mortality/d17.htm</a>
3	Rate of Children Deaths Ages 10 - 14 per 100,000 Children ages 10 - 14, '08 – 10	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/mortality/d18.htm">http://www.health.ny.gov/statistics/chac/mortality/d18.htm</a>
4	Rate of Children Deaths Ages 5 - 14 per 100,000 Children Ages 5 - 14, '08 – 10	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/mortality/d19.htm">http://www.health.ny.gov/statistics/chac/mortality/d19.htm</a>
5	Rate of Children Deaths Ages 5 - 19 per 100,000 Children Ages 15 - 19, '08 – 10	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/mortality/d20.htm">http://www.health.ny.gov/statistics/chac/mortality/d20.htm</a>
6	Rate of Children Deaths Ages 1 - 19 per 100,000 Children Ages 1 - 19, '08 – 10	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/indicators/cah.htm">http://www.health.ny.gov/statistics/chac/indicators/cah.htm</a>
7	Rate of Asthma Hospitalizations Children Ages 0	NYSDOH; New York State Community Health	<a href="http://www.health.ny.gov/statistics/chac/hospital/h36.htm">http://www.health.ny.gov/statistics/chac/hospital/h36.htm</a>

	- 4 per 10,000 Population, Children Ages 0 - 4, '08 – 10	Indicator Reports	
8	Rate of Asthma Hospitalizations Children Ages 5 - 14 per 10,000 Population, Children Ages 5 - 14, '08 – 10	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/hospital/h37.htm">http://www.health.ny.gov/statistics/chac/hospital/h37.htm</a>
9	Rate of Asthma Hospitalizations Children Ages 0 - 17 per 10,000 Ages Children 0 - 17,	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/hospital/h38.htm">http://www.health.ny.gov/statistics/chac/hospital/h38.htm</a>
10	Rate of Gastroenteritis Hospitalizations Children Ages 0 - 4 per 10,000 Population, Children Ages 0 – 4	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/hospital/h7.htm">http://www.health.ny.gov/statistics/chac/hospital/h7.htm</a>
11	Rate of Otitis Media Hospitalizations Children Ages 0 - 4 per 10,000 Population, Children Ages 0 – 4	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/hospital/h8.htm">http://www.health.ny.gov/statistics/chac/hospital/h8.htm</a>
12	Rate of Pneumonia Hospitalizations Children Ages 0 - 4 per 10,000 Population, Children Ages 0 – 4	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/hospital/h9.htm">http://www.health.ny.gov/statistics/chac/hospital/h9.htm</a>
13	Rate of ED Asthma Visits Children Ages 0 - 4 per 10,000 Population, Children Ages 0 - 4 '08-'10	NYSDOH; Information on Asthma in New York State	<a href="http://www.health.ny.gov/statistics/ny_asthma/ed/asthmaed0.htm">http://www.health.ny.gov/statistics/ny_asthma/ed/asthmaed0.htm</a>
14	Percentage of Children Screened for Lead by Age 9 months	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/general/g25.htm">http://www.health.ny.gov/statistics/chac/general/g25.htm</a>
15	Percentage of Children Screened for Lead by Age 18 months	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/general/g26.htm">http://www.health.ny.gov/statistics/chac/general/g26.htm</a>
16	Percentage of Children Screened for Lead by Age 36 months (at least two screenings)	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/general/g27.htm">http://www.health.ny.gov/statistics/chac/general/g27.htm</a>
17	Rate of Children Ages < 6 with Confirmed Blood Lead Levels >= 10 mg/dl Cases Per 1,000 Children Tested, '08 – 10	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/general/g28.htm">http://www.health.ny.gov/statistics/chac/general/g28.htm</a>
18	Rate of Unintentional Injury Hospitalizations for Children Under Age 10 per 10,000 Population, Children Under Age 10, '08 – 10	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/hospital/h19.htm">http://www.health.ny.gov/statistics/chac/hospital/h19.htm</a>
19	Rate of Unintentional Injury Hospitalizations for Children Ages 10 - 14 per 10,000 Population, Children Ages 10 - 14, '08 – 10	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/hospital/h20.htm">http://www.health.ny.gov/statistics/chac/hospital/h20.htm</a>
20	Rate of Unintentional Injury Hospitalizations for Children/Young Adults Ages 15 - 24 per 10,000 Ages 15 - 24, '08 – 10	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/hospital/h21.htm">http://www.health.ny.gov/statistics/chac/hospital/h21.htm</a>
21	Rate of Asthma ED Visits for Children Ages 0 - 17 per 10,000 Population, Children Ages 0 - 17, '07 – 09	New York State Department of Health; Information on Asthma in New York State	<a href="http://www.health.ny.gov/statistics/ny_asthma/ed/asthmaed2b.htm">http://www.health.ny.gov/statistics/ny_asthma/ed/asthmaed2b.htm</a>
22	Percentage of Medicaid Enrollees Ages 2 - 20 with at Least One Dental Visit, 08 – 10	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/general/g93.htm">http://www.health.ny.gov/statistics/chac/general/g93.htm</a>

23	Percentage of 3rd Graders with Dental Caries, '09 – 11	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/general/g84.htm">http://www.health.ny.gov/statistics/chac/general/g84.htm</a>
24	Percentage of 3rd Graders with Dental Sealants, '09 – 11	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/general/g86.htm">http://www.health.ny.gov/statistics/chac/general/g86.htm</a>
25	Percentage of 3rd Graders with Dental Insurance, '09 – 11	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/general/g87.htm">http://www.health.ny.gov/statistics/chac/general/g87.htm</a>
26	Percentage of 3rd Graders with at Least One Dental Visit, '09 – 11	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/general/g88.htm">http://www.health.ny.gov/statistics/chac/general/g88.htm</a>
27	Percentage of 3rd Graders Taking Fluoride Tablets Regularly, '09 – 11	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/general/g89.htm">http://www.health.ny.gov/statistics/chac/general/g89.htm</a>
28	Rate of Caries ED Visits for Children Ages 3 - 5 per 10,000 Population, Children Ages 3 - 5, '08 – 10	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/ed/e1.htm">http://www.health.ny.gov/statistics/chac/ed/e1.htm</a>
29	Percentage of WIC Children Ages 2 - 4 Viewing Two Hours TV or Less Per Day, '08 – 10	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/general/g73.htm">http://www.health.ny.gov/statistics/chac/general/g73.htm</a>
<b>Focus Area: Human Immunodeficiency Virus (HIV)</b>			
<b>Prevention Agenda Indicators</b>			
1	Rate of Newly Diagnosed HIV Cases per 100,000 Population, '08 – 10	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/general/g43.htm">http://www.health.ny.gov/statistics/chac/general/g43.htm</a>
2	Ratio of Newly Diagnosed HIV Cases Black, non-Hispanic versus White, non-Hispanic, '08 – 10	New York State Department of Health; Indicators for Tracking Public Health Priority Areas 2013-2017	<a href="http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p34.htm">http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p34.htm</a>
<b>Other Indicators</b>			
1	Rate of AIDS Cases per 100,000 Population, '08 – 10	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/general/g44.htm">http://www.health.ny.gov/statistics/chac/general/g44.htm</a>
2	Rate of AIDS Deaths per 100,000 Adjusted Population, '08 – 10	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/mortality/d23.htm">http://www.health.ny.gov/statistics/chac/mortality/d23.htm</a>
<b>Focus Area: Sexually Transmitted Disease (STDs)</b>			
<b>Prevention Agenda Indicators</b>			
1	Rate of Primary and Secondary Syphilis for Males per 100,000 Male Population, 2010	New York State Department of Health; Indicators for Tracking Public Health Priority Areas 2013-2017	<a href="http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p39.htm">http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p39.htm</a>
2	Rate of Primary and Secondary Syphilis for Females per 100,000 Female Population, 2010	New York State Department of Health; Indicators for Tracking Public Health Priority Areas 2013-2017	<a href="http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p40.htm">http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p40.htm</a>
3	Rate of Gonorrhea Cases for Females Ages 15-44 per 100,000 Female Population Ages 15-44, 2010	New York State Department of Health; Indicators for Tracking Public Health Priority Areas 2013-2017	<a href="http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p36.htm">http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p36.htm</a>

4	Rate of Gonorrhea Cases for Males Ages 15 - 44 per 100,000 Male Population Ages 15-44, 2010	New York State Department of Health; Indicators for Tracking Public Health Priority Areas 2013-2017	<a href="http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p37.htm">http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p37.htm</a>
5	Rate of Chlamydia for Females Ages 15 - 44 per 100,000 Females Ages 15 - 44, '08 - 10	New York State Department of Health; Indicators for Tracking Public Health Priority Areas 2013-2017	<a href="http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p38.htm">http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p38.htm</a>
<b>Other Indicators</b>			
1	Rate of Early Syphilis Cases per 100,000 Population, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/general/g45.htm">http://www.health.ny.gov/statistics/chac/general/g45.htm</a>
2	Rate of Gonorrhea Cases per 100,000 Population, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/general/g46.htm">http://www.health.ny.gov/statistics/chac/general/g46.htm</a>
3	Rate of Gonorrhea Ages 15 - 19 Cases per 100,000 Population Ages 15-19, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/general/g47.htm">http://www.health.ny.gov/statistics/chac/general/g47.htm</a>
4	Rate of Chlamydia Cases All Males per 100,000 Male Population, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/general/g48.htm">http://www.health.ny.gov/statistics/chac/general/g48.htm</a>
5	Rate of Chlamydia Cases Males Ages 15 - 19 Cases per 100,000 Male Population Ages 15-19, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/general/g49.htm">http://www.health.ny.gov/statistics/chac/general/g49.htm</a>
6	Rate of Chlamydia Cases Males Ages 20 - 24 per 100,000 Male Population Ages 20-24, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/general/g50.htm">http://www.health.ny.gov/statistics/chac/general/g50.htm</a>
7	Rate of Chlamydia Cases All Females per 100,000 Female Population, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/general/g51.htm">http://www.health.ny.gov/statistics/chac/general/g51.htm</a>
8	Rate of Chlamydia Cases Females Ages 15- 19 per 100,000 Female Population Ages 15 - 19, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/general/g52.htm">http://www.health.ny.gov/statistics/chac/general/g52.htm</a>
9	Rate of Chlamydia Cases Females Ages 20 - 24 per 100,000 Female Population Ages 20-24, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/general/g53.htm">http://www.health.ny.gov/statistics/chac/general/g53.htm</a>
10	Rate of PID Hospitalizations Females Ages 15 - 44 per 10,000 Female Population Ages 15 - 44, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/hospital/h14.htm">http://www.health.ny.gov/statistics/chac/hospital/h14.htm</a>
<b>Focus Area: Vaccine Preventable Disease</b>			
<b>Prevention Agenda Indicators</b>			
1	Percent of Children Ages 19 - 35 months with 4:3:1:3:3:1:4, 2011	New York State Department of Health; Indicators for Tracking Public Health Priority Areas 2013-2017	<a href="http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p30.htm">http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p30.htm</a>
2	Percent females 13 - 17 with 3 dose HPV vaccine, 2011	New York State Department of Health; Indicators for Tracking Public Health Priority Areas 2013-2017	<a href="http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p31.htm">http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p31.htm</a>

3	Percent of Adults Ages 65 Plus With Flu Shots Within Last Year, '08/09	New York State Department of Health; Indicators for Tracking Public Health Priority Areas 2013-2017	<a href="http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p32.htm">http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p32.htm</a>
<b>Other Indicators</b>			
1	Rate of Pertussis Cases per 100,000 Population, '08 – 10	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/general/g30.htm">http://www.health.ny.gov/statistics/chac/general/g30.htm</a>
2	Rate of Pneumonia/flu Hospitalizations Ages 65 Plus per 100,000 Population Age 65 Plus, '08 – 10	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/hospital/h13.htm">http://www.health.ny.gov/statistics/chac/hospital/h13.htm</a>
3	Percent of Adults Ages 65 Plus Ever Received a Pneumonia Shot, '08/09	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/general/g42.htm">http://www.health.ny.gov/statistics/chac/general/g42.htm</a>
4	Rate of Mumps Cases per 100,000 Population, '08 – 10	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/general/g31.htm">http://www.health.ny.gov/statistics/chac/general/g31.htm</a>
5	Rate of Meningococcal Cases per 100,000 Population, '08 – 10	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/general/g32.htm">http://www.health.ny.gov/statistics/chac/general/g32.htm</a>
6	Rate of H Influenza Cases per 100,000 Population, '08 – 10	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/general/g33.htm">http://www.health.ny.gov/statistics/chac/general/g33.htm</a>
<b>Focus Area: Healthcare Associated Infections</b>			
<b>Prevention Agenda Indicators</b>			
1	Rate of Hospital Onset CDIs per 10,000 Patient Days, 2011*	NYSDOH Hospital Report on Hospital Acquired Infections	<a href="https://health.data.ny.gov/Health/Hospital-Acquired-Infections/utrt-zdsi">https://health.data.ny.gov/Health/Hospital-Acquired-Infections/utrt-zdsi</a>
2	Rate of Community Onset, Healthcare Facility Associated CDIs per 10,000 Patient Days, 2011*	NYSDOH Hospital Report on Hospital Acquired Infections	<a href="https://health.data.ny.gov/Health/Hospital-Acquired-Infections/utrt-zdsi">https://health.data.ny.gov/Health/Hospital-Acquired-Infections/utrt-zdsi</a>

***(\*) Caution should be taken when comparing Clostridium difficile rates due to differences in laboratory testing methods and patient risk factors between hospitals.***

<b>Focus Area: Prevent Substance Abuse and Other Mental, Emotional, and Behavioral Disorders</b>			
<b>Prevention Agenda Indicators</b>			
1	Percent of Adults Binge Drinking within the Last Month, '08/09	New York State Department of Health; Indicators for Tracking Public Health Priority Areas 2013-2017	<a href="http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p64.htm">http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p64.htm</a>
2	Percent of Adults with Poor Mental Health (14 or More Days) in the Last Month, '08/09	New York State Department of Health; Indicators for Tracking Public Health Priority Areas 2013-2017	<a href="http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p63.htm">http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p63.htm</a>
3	Rate of Age Adjusted Suicides per 100,000 Adjusted Population, '08 - 10	New York State Department of Health; Indicators for Tracking Public Health Priority Areas 2013-2017	<a href="http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p65.htm">http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p65.htm</a>
<b>Other Indicators</b>			

1	Rate of Suicides for Ages 15 - 19 per 100,000 Population, Ages 15 - 19, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/mortality/d25.htm">http://www.health.ny.gov/statistics/chac/mortality/d25.htm</a>
2	Rate of Self-inflicted Hospitalizations 10,000 Population, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/hospital/h15.htm">http://www.health.ny.gov/statistics/chac/hospital/h15.htm</a>
3	Rate of Self-inflicted Hospitalizations for Ages 15 - 19 per 10,000 Population, Ages 15 - 19, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/hospital/h16.htm">http://www.health.ny.gov/statistics/chac/hospital/h16.htm</a>
4	Rate of Cirrhosis Deaths per 100,000 Population, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/mortality/d21.htm">http://www.health.ny.gov/statistics/chac/mortality/d21.htm</a>
5	Rate of Cirrhosis Hospitalizations per 10,000 Population, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/hospital/h10.htm">http://www.health.ny.gov/statistics/chac/hospital/h10.htm</a>
6	Rate of Alcohol-Related Accidents per 100,000 Population, '09 - 11	Safe New York: Governor's Traffic Safety Committee	<a href="http://www.safenyny.gov/11data/NYS09-11byCo_5Crash.pdf">http://www.safenyny.gov/11data/NYS09-11byCo_5Crash.pdf</a>
7	Percentage of Alcohol-Related Crashes to Total Accidents, 09 - 11	Safe New York: Governor's Traffic Safety Committee	<a href="http://www.safenyny.gov/11data/NYS09-11byCo_5Crash.pdf">http://www.safenyny.gov/11data/NYS09-11byCo_5Crash.pdf</a>
8	Rate of Alcohol-Related Injuries and Deaths per 100,000 Population, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/general/g107.htm">http://www.health.ny.gov/statistics/chac/general/g107.htm</a>
9	Rate of Drug-Related Hospitalizations per 10,000 Population, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/hospital/h45.htm">http://www.health.ny.gov/statistics/chac/hospital/h45.htm</a>
10	Rate of People Served in Mental Health Outpatient Settings Ages 8 and Below per 100,000 Population, Ages 8 and Below, 2011	Office of Mental Health, PCS Planning Reports	<a href="http://bi.omh.ny.gov/pcs/Planning%20Report?pageval=gen-pop&amp;yearval=2011">http://bi.omh.ny.gov/pcs/Planning%20Report?pageval=gen-pop&amp;yearval=2011</a>
11	Rate of People Served in Mental Health Outpatient Settings Ages 9 - 17 per 100,000 Population, Ages 9 - 17, 2011	Office of Mental Health, PCS Planning Reports	<a href="http://bi.omh.ny.gov/pcs/Planning%20Report?pageval=gen-pop&amp;yearval=2011">http://bi.omh.ny.gov/pcs/Planning%20Report?pageval=gen-pop&amp;yearval=2011</a>
12	Rate of People Served in Mental Health Outpatient Settings Ages 18 - 64 per 100,000 Population, Ages 18 - 64, 2011	Office of Mental Health, PCS Planning Reports	<a href="http://bi.omh.ny.gov/pcs/Planning%20Report?pageval=gen-pop&amp;yearval=2011">http://bi.omh.ny.gov/pcs/Planning%20Report?pageval=gen-pop&amp;yearval=2011</a>
13	Rate of People Served in Mental Health Outpatient Settings Ages 65 Plus per 100,000 Population, Ages 65 Plus, 2011	Office of Mental Health, PCS Planning Reports	<a href="http://bi.omh.ny.gov/pcs/Planning%20Report?pageval=gen-pop&amp;yearval=2011">http://bi.omh.ny.gov/pcs/Planning%20Report?pageval=gen-pop&amp;yearval=2011</a>
14	Rate of People Served in ED for Mental Health Ages 8 and Below per 100,000 Population, Ages 8 and Below, 2011	Office of Mental Health, PCS Planning Reports	<a href="http://bi.omh.ny.gov/pcs/Planning%20Report?pageval=gen-pop&amp;yearval=2011">http://bi.omh.ny.gov/pcs/Planning%20Report?pageval=gen-pop&amp;yearval=2011</a>
15	Rate of People Served in ED for Mental Health Ages 9 - 17 per 100,000 Population, Ages 9 - 17, 2011	Office of Mental Health, PCS Planning Reports	<a href="http://bi.omh.ny.gov/pcs/Planning%20Report?pageval=gen-pop&amp;yearval=2011">http://bi.omh.ny.gov/pcs/Planning%20Report?pageval=gen-pop&amp;yearval=2011</a>
16	Rate of People Served in ED for Mental Health Ages 18 - 64 per 100,000 Population, Ages 18 - 64, 2011	Office of Mental Health, PCS Planning Reports	<a href="http://bi.omh.ny.gov/pcs/Planning%20Report?pageval=gen-pop&amp;yearval=2011">http://bi.omh.ny.gov/pcs/Planning%20Report?pageval=gen-pop&amp;yearval=2011</a>
17	Rate of People Served in ED for Mental Health	Office of Mental Health, PCS Planning Reports	<a href="http://bi.omh.ny.gov/pcs/Planning%20Report?pageval=gen-">http://bi.omh.ny.gov/pcs/Planning%20Report?pageval=gen-</a>

	Ages 65 Plus per 100,000 Population, Ages 65 Plus, 2011		<a href="#">pop&amp;yearval=2011</a>
18	Percentage of Children Ages 9 - 17 with Serious Emotional Disturbances (SED) Served to Total SED Children Ages 9 - 17, 2011	Office of Mental Health, PCS Planning Reports	<a href="http://bi.omh.ny.gov/pcs/Planning%20Report?pageval=pop-smi&amp;yearval=2011">http://bi.omh.ny.gov/pcs/Planning%20Report?pageval=pop-smi&amp;yearval=2011</a>
19	Percentage of Adults Ages 18 - 64 with Serious Mental Illness (SMI) Served, 2011	Office of Mental Health, PCS Planning Reports	<a href="http://bi.omh.ny.gov/pcs/Planning%20Report?pageval=pop-smi&amp;yearval=2011">http://bi.omh.ny.gov/pcs/Planning%20Report?pageval=pop-smi&amp;yearval=2011</a>
20	Percentage of Adults Ages 65 Plus with Serious Mental Illness (SMI) Served, 2011	Office of Mental Health, PCS Planning Reports	<a href="http://bi.omh.ny.gov/pcs/Planning%20Report?pageval=pop-smi&amp;yearval=2011">http://bi.omh.ny.gov/pcs/Planning%20Report?pageval=pop-smi&amp;yearval=2011</a>
<b>Other Non Preventive Agenda Indicators</b>			
1	Rate of Hepatitis A Cases per 100,000 Population, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/general/g34.htm">http://www.health.ny.gov/statistics/chac/general/g34.htm</a>
2	Rate of Acute Hepatitis B Cases per 100,000 Population, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/general/g35.htm">http://www.health.ny.gov/statistics/chac/general/g35.htm</a>
3	Rate of TB Cases per 100,000 Population, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/general/g36.htm">http://www.health.ny.gov/statistics/chac/general/g36.htm</a>
4	Rate of e. Coli 157 Cases per 100,000 Population, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/general/g37.htm">http://www.health.ny.gov/statistics/chac/general/g37.htm</a>
5	Rate of Salmonella Cases per 100,000 Population, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/general/g38.htm">http://www.health.ny.gov/statistics/chac/general/g38.htm</a>
6	Rate of Shigella Cases per 100,000 Population, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/general/g39.htm">http://www.health.ny.gov/statistics/chac/general/g39.htm</a>
7	Rate of Lyme Disease Cases per 100,000 Population, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	<a href="http://www.health.ny.gov/statistics/chac/general/g40.htm">http://www.health.ny.gov/statistics/chac/general/g40.htm</a>
8	Rate of Confirmed Rabies Cases per 100,000 Population, '08 - 10	NYSDOH, Rabies Laboratory at Wadsworth	<a href="http://www.wadsworth.org/rabies/annualsum.htm">http://www.wadsworth.org/rabies/annualsum.htm</a>
9	Rate of Confirmed West Nile Virus Cases (Humans, Horses, Other Animals, Mosquito Pools) per 100,000 Population, '08 - 10	NYSDOH, West Nile Virus	<a href="http://www.health.ny.gov/diseases/west_nile_virus/update/">http://www.health.ny.gov/diseases/west_nile_virus/update/</a>

