Fulton County and Nathan Littauer Hospital

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 Fulton 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 well-being of all residents of Fulton County.

Working within the framework provided by New York State's Prevention Agenda, Nathan Littauer Hospital and Fulton County Public Health collaborated in the development of this CHNA. Additionally, Nathan Littauer Hospital and Fulton 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.

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[1]

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 well-being 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.

[1] 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 Fulton 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 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 survey results were presented at both the county and regional levels.

Using the results of the indicator analysis and the surveys, a local stakeholder meeting was convened in May 2013 to review the data and to identify and prioritize the current healthcare challenges for the residents of Fulton County. The Community Health Assessment Team (CHAT) was convened in July 2013 to analyze the results of the data and information gained from the stakeholder meeting. Utilizing the dot method of prioritization the CHAT selected the Prevention Agenda priorities and focus areas to be addressed in our Community Health Improvement Plan (CHIP). The CHAT consisted of representatives from Nathan Littauer Hospital and Fulton County Public Health.

Geography

Fulton County is located in the central portion of New York State 45 miles northwest of Albany. Situated in the foothills of the Adirondacks, it is roughly rectangular in shape encompassing 533 square miles of which 496 square miles is land and 37 square miles is water. About 36 percent of the County's land area is occupied by Wild, Forested and Conservation Lands and Public Parks. Nearly 28 percent of the land area is developed for residential, commercial, or industrial use, and additionally 6 percent of the land area is used for agricultural needs. Approximately 24 percent of the County's land area is considered vacant land or unknown usage. Finally, 5 percent of the County's land area is used for public and community services; while recreation and entertainment occupies less than one percent of the land area. (Fulton County Hazard Mitigation Plan 2010)

The terrain is a mix of rolling ridges, valleys and fields to the south, and gentle hills to the north. The average mean temperature is 45 degrees Fahrenheit. In January, the mean is 19 degrees and in July, 70 degrees. The most abundant natural resource in Fulton County is water.

Damming of the Sacandaga River in the 1920's produced the Great Sacandaga Lake. Originally intended as flood control for the Mohawk and Hudson Rivers, it presently serves as a recreational area and swells the population of Fulton County during the summer months.

Fulton County is bordered by Hamilton County to the north, Herkimer County to the west, Montgomery County to the south and Saratoga County to the east. Fulton, Montgomery and Hamilton Counties share many of the same medical, educational and service providers and have increased cooperative efforts to meet the needs of our collective residents.

The County consists of 15 municipalities: the cities of Gloversville and Johnstown, the villages of Broadalbin, Northville and Mayfield and the towns of Bleecker, Broadalbin, Caroga, Ephratah, Johnstown, Mayfield, Northampton, Oppenheim, Perth and Stratford. Approximately 317 square miles of Fulton County lies within the Adirondack Park. The Towns of Bleecker, Caroga, Northampton, and Stratford lie entirely within the Park. The Towns of Broadalbin, Ephratah, Johnstown, Mayfield and Oppenheim partially lie within the Park.

Infrastructure and Services[2]

Fulton County has more than 1,200 businesses and industries that provide services and produce yogurt, cheese and other dairy products, bakery items, boating accessories, canvas items, chemicals, cleaning products, furniture, knitted and leather goods, medical equipment, paint, recycled products, refrigeration units, and textiles.

Electronic and print media include one daily newspaper, two regional newspapers that have Fulton County editions, and several regional, weekly and monthly newspapers serving specific geographic locations and subscribers. Three county radio stations broadcast both AM and FM programs. Two public access television stations are available, and there is a locally owned television.

Fulton County is located just north of the New York State Thruway (I-90), west of Interstate 87 and northwest of Interstate 88, providing direct linkage to all major population areas in the Northeast. State Routes 30, 30A, 10 and 29 connect to the interstate highways.

Fulton County Airport provides 24-hour, year round corporate and leisure service. Taxi or limousine service is offered by local firms. Adirondack Trailways and the Gloversville Transit Authority provide local and long distance bus service. (Fulton County Tourism website)

Gas and electric is provided by National Grid. Municipal water and sewer facilities are located in Johnstown and Gloversville. Gloversville is the only municipality in the county with water fluoridation.

[2] Fulton County NY Tourism Website, 2013 http://44lakes.com/about

Cable television is available through Time Warner Cable and there are satellite television options available. Frontier, the major telephone provider, offers Fit TV, and internet based television. Internet service is provided by Frontier and by Time Warner Cable. Satellite companies also provide service for internet.

Health Care Facilities

Nathan Littauer Hospital, located in the City of Gloversville, is the leading provider of health care and the only Article 28 hospital operating in Fulton County. The hospital has 74 beds for a rate of 133.1 per 100,000 population, substantially lower than the rate for the ARHN region (204.9) or Upstate New York (277.4). The County has three nursing homes and three adult care facilities with a total of 360 and 134 beds respectively.

Residents of the County also have access to facilities in surrounding counties, including Montgomery, Herkimer, Saratoga, Albany, and Schenectady.

Residents are served by 13 hospital extension clinics – 10 primary care clinics, one addiction and mental health treatment clinic, one pediatric specific clinic and one ambulatory surgery center. Nathan Littauer Hospital operates 74 beds, of which 8 are intensive care, 7 maternity, 47 medical surgical and 12 pediatric.

In 2011, the ratio of hospital discharges for Fulton County residents was 62% for Nathan Littauer, 36% for St. Mary's Amsterdam, 1.5% for Saratoga Hospital and .5% for Little Falls Hospital.

Health Care System	Fulton County	Montgomery County	ARHN Counties	Upstate New York
Health Care Workforce (per 100,000)				
Total Physician FTEs	155.0	190.2	218.0	304.7
Primary Care FTEs	52.1	83.4	100.2	108.9
Obstetrics/Gynecology FTEs (per 100,000 females 15 – 44)	26.2	28.5	49.1	62.5
Health Care Beds (per 100,000)				
Total Hospital Beds	133.4	260.1	204.9	277.4
Total Nursing Home Beds	649.2	1180.4	526.1	641.2
Total Adult Home Beds	241.6	288.1	190.8	281.9

In Fulton County, the rate of Full Time Equivalent (FTE) primary care physicians is 52.1 per 100,000 population; lower than both the ARHN region (100.2) and the Upstate New York (108.9) rates. There are 612 registered nurses, 284 licensed practical nurses, and 69 physicians licensed to practice in the County.

According to the U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA) data, Fulton County is considered to be a Health Professional Shortage area for Primary Care, a Mental Health Professional Shortage Area for Medicaid recipients, and the Town of Oppenheim is considered a Medically Underserved Area.

Population and Demographics

Fulton County's population is nearly 55,500, making it the fifth most populous county in the Adirondack Rural Health Network (ARHN) and the 45th most populous in the state.

According to the 2010 census, Fulton County's population is 55,456, with 27,608 male and 27,848 female residents. 15.9% of the population is 65 and over and 22.4% is 17 and younger. The median age is 41.9.

The population increased from 55,073 in 2000 resulting in a growth of 0.7% between 2000 and the current year. The population has been very stable over the past 30 years, ranging from 55,153 in 1980 to the current population of 55,456. The City of Gloversville has the highest population, followed by the City of Johnstown and the Town of Johnstown.

There is little racial diversity in Fulton County. 94% are white, 1.8% black non-Hispanic, and 2.4% Hispanic. 95% of Fulton County residents speak only English at home. There is an infrequent need for translation services or educational materials in languages other than English. A small number of Old Order Amish families reside in the town of Ephratah. These families are connected with the district located in Montgomery County and their children attend Amish schools.

The time when Fulton County was nationally recognized as the premier center for glove manufacturing is long past. The primary employment in the county is in the healthcare and social assistance sector; manufacturing accounts for only 10.6% of the workforce. In 2011, the unemployment rate was 9.3%.

The poverty rate and level of educational attainment for a community strongly influence the community's health. Although 83.4% percent of Fulton County residents 25 years or older had high school diplomas in 2011, only 14.9% had attained a bachelors degree or higher level of education.

Fulton County is disproportionally affected by poverty. 16.5% of the population is under the federal poverty level. 21.6 % of families with children lived at or below the federal poverty level in Fulton County compared with a state-wide 18%. Almost 41.6% of households with children headed by a female with no husband present lived below the poverty level. 25% of the population received Medicaid and 43.3% of children were eligible for free or reduced lunch. In the City of Gloversville, residents of the area surrounding low income housing had a poverty rate of 36.2%, and a less than a high school education rate of 30.2%.

The median household income for Fulton County rose by 7% between 2009 and 2011. However, the 2011 median household income for Fulton County was $45,289 compared to the state-wide median of $55,246.

Despite high levels of poverty, Fulton County has affordable housing. Only 30% of residents have monthly housing costs 30% or more of household income

The age of the housing stock in Fulton County, combined with low real estate values contributes to the high rate of lead poisoning among our children.

Healthcare Challenges in Fulton County

An analysis of over 300 health indicators demonstrates that Fulton County has significant challenges. Fulton County ranks as the 53rd overall healthiest county in New York State and 11TH in the greater region. The leading cause of premature death in Fulton County is cancer, followed by heart disease.

Health Disparities:

While there are not significant health disparities based on race and ethnicity in Fulton County, there are significant access to care issues. The rate of age-adjusted preventable hospitalizations[3] per 100,000 population (161.6) is higher than in the ARHN region (147.3) and Upstate New York (138.9), and higher than the Prevention Agenda benchmark (133.3). The rate of ED visits per 100,000 population in Fulton County (5,244.3) is significantly higher than the ARHN region (3,673.1) and Upstate New York (3,534.4) rates. The percentage of adults[4] with a regular health care provider was slightly lower than the ARHN region as well as the Prevention Agenda benchmark. Both the percentages of adults with poor physical health and physical limitations were higher than the ARHN region and Upstate New York percentages.

Healthy and Safe Environment:

Falls and occupational injuries are a challenge for Fulton County residents. The rate of hospitalizations due to falls for people ages 65 and older per 100,000 population was slightly higher (205.3) than the Prevention Agenda benchmark (204.6). Hospitalizations due to falls for ages under 10, 10 to 14, and 25 to 64 per 100,000 population were also all above the ARHN region and Upstate New York rates. Additionally, the rate of ED visits for falls for children ages 1 to 4 per 10,000 population in Fulton County (782.9) was substantially higher than the Prevention Agenda benchmark of 429.1 per 10,000 population.

The rate of occupational injury ED visits for working adolescents ages 15 to 19 per 100,000 was substantially higher than the respective rates for the ARHN region, Upstate New York, and the Prevention Agenda benchmark. Additionally, work related hospitalizations, asbestosis hospitalizations, and elevated blood lead levels per 10,000 population were all higher than their respective Upstate New York rates. Finally, the rates of unintentional injury hospitalizations for all ages and for ages 14 and under were all higher than their respective rates per 10,000 for the ARHN region and for Upstate New York.

[3] Hospitalizations for such things as asthma, diabetes, otitis media, etc. that occurred as a result of inadequate access to primary care services.
[4] Unless otherwise specified, adult is defined as age 18 or older.

Chronic Disease:

Obesity and smoking rates are high in Fulton County. More than 27% of adults in the County are obese, higher than the Prevention Agenda benchmark of 23% and more than 19% of public school children are obese, higher than the Prevention Agenda benchmark of 16.7%. Nearly one-third of age-adjusted adults have ever been diagnosed with high blood pressure, compared to approximately 26% in New York State as a whole. The rates of cardiovascular, diseases of the heart, coronary heart disease, and congestive heart failure deaths per 100,000 and hospitalizations per 10,000 were all higher than their respective rates for the ARHN region and for Upstate New York. The rates of stroke deaths per 100,000 and stroke hospitalizations per 10,000 were both higher than their respective rates for the ARHN region and for Upstate New York.

Nearly 25% of adults in Fulton County smoke, higher than the percentages in the ARHN region (21.4%) or Upstate New York (18.5%) and significantly higher than the Prevention Agenda benchmark of 15.0%. The rates of chronic lower respiratory disease deaths per 100,000 and hospitalizations per 10,000 were significantly higher than their respective ARHN and Upstate New York rates. Overall asthma hospitalizations per 10,000 population and for all individual age groups in Fulton County were also higher than their respective ARHN and Upstate New York rates. Finally, the rates of asthma ED visits per 10,000 population for ages 0 to 4, 18 to 64, and ages 65 and older were higher than both the ARHN and Upstate New York rates.

Health care screenings are also a challenge for Fulton County. The percentage of women ages 18 and older with Pap smears within the last three years, the percentage of adults ages 50 and older who received colorectal screenings based on requirements, and the percentage of males ages 40 and older with digital rectal exams within the past two years or with prostate antigen tests within the last two years were all lower than their respective Upstate New York percentages.

Women, Infants, and Children:

The rates of birth to teenagers ages 15 to 17 and 18 to 19 per 1,000 females in Fulton County are higher than those of the ARHN region and Upstate New York. Pregnant women receiving WIC had higher rates of pre-pregnancy obesity, gestational weight gain greater than the ideal and gestational hypertension than comparable populations in New York.

The rate of asthma hospitalizations per 10,000 population for children ages 0 to 4 and for children ages 5 to 14 were significantly worse than their respective ARHN and Upstate New York rates. Additionally, the rates of asthma ED visits per 10,000 for children ages 0 to 4 and children ages 0 to 17 were higher than their respective ARHN and Upstate New York rates. The rates of unintentional injury hospitalizations for children under age 10, ages 0 to 14, and for adolescents and young adults ages 15 to 24 were all higher than their respective ARHN region and Upstate New York rates per 10,000. Finally, the rate of children younger than 6 with confirmed blood lead levels greater than or equal to 10 mg/dl per 1,000 children tested was significantly higher (90.8) than the ARHN rate of 22.5 and the Upstate New York rate of 23.3.

HIV/STDs, Vaccine-Preventable Disease, and Health Care-Associated Infections:

The percentage of children ages 19 to 35 months with the appropriate immunization series[5] in the County (53.2%) was lower than the Prevention Agenda benchmark of 80%. Additionally, the percentage of females ages 13 to 17 with the 3 dose HPV vaccine (32.5%) was lower than the Prevention Agenda benchmark of 50%.

Substance Abuse and Behavioral Health

The rates of age-adjusted suicides per 100,000 population as well as the overall rate of self-inflicted hospitalizations per 10,000 population in Fulton County were significantly worse than their respective rates in the ARHN region or in Upstate New York. Additionally, the rate of self-inflicted hospitalizations for ages 15 to 19 per 10,000 population was significantly higher than both the ARHN region and the Upstate New York rates.

The rate of alcohol-related accidents per 100,000 population was higher than both the ARHN and Upstate New York rates. Finally, the rate of alcohol-related injuries and deaths per 100,000 population for Fulton County was worse than their respective ARHN region and Upstate New York rates.

The challenges faced by Fulton County are not unique to the area, and any plan to improve the health of our constituents cannot be developed without considering the needs of our contiguous county, Montgomery. Fulton and Montgomery County share many of the same employers, healthcare providers, and schools.

Focus Area: Disparities

Prevention Agenda Indicators

- Percentage of Overall Premature Deaths (Ages 35 - 64), '08 – 10
- Rate of Adult Age-Adjusted Preventable Hospitalizations per 100,000 Population (Ages 18 Plus), '08 – 10
- Percentage of Adults (Ages 18 - 64) with Health Insurance, '08/09
- Percentage of Adults with Regular Health Care Provider, '08/09

Other indicators:

- Rate of Total Deaths per 100,000 Population, '08 – 10
- Rate of Total Deaths per 100,000 Adjusted Population, '08 – 10
- Rate of Emergency Department Visits per 10,000 Population, '08 – 10
- Rate of Emergency Department Visits per 10,000 Adjusted Population, '08 – 10
- Rate of Total Hospital Discharges per 10,000 Population, '08 – 10
- Rate of Total Hospital Discharges per 10,000 Adjusted Population, '08 – 10
- % of Adults (18 and Older) with Poor Physical Health, '08/09
- 9. % of Adults (18 and Older) with Physical Limitations, '08/09
- 10. % of Adults (18 and Older) with Health Problems that Need Special Equipment, '08/09
- Percentage of Adults (18 and Older) with Disabilities, '08/09

[5] The number of children (ages 19-35 months) per 100 population who received their 4:3:1:3:3:1:4 immunization series (4 DTaP, 3 polio, 1 MMR, 3 hep B, 3 Hib, 1 varicella, 4 PCV13).

Regional Challenges

Indicator	Fulton County	Montgomery County	Benchmark
The rate of total ED visits per 10,000 population	5,244.3	5,748.2	3,534.4
The rate of adult, 18 plus, age-adjusted preventable hospitalizations per 10,000 adults, 18 plus	161.6	162.6	133.3
The percentage of adults with health insurance	84.4%	84.1%	100.0%
The percentage of adults with regular care provider	84.8%	87.3%	90.8%
The rate of total deaths per 100,000 population	1,020.5	1,187.0	842.2
The rate of Hispanic/Latino premature deaths (35 – 64) compare to White, non-Hispanic	Less than 10	3.15	1.86

The largest employer in Fulton County is Lexington (Fulton County Chapter, NYSARC Inc.), a private, not for profit agency that provides services and residential care to the disabled. The disabled in Fulton County have excellent access to services, and the presence of Lexington Center in the community affects the number of persons living with poor physical health, physical limitations and health problems requiring special equipment in Fulton County. This population is also primarily enrolled in Medicaid.

Promote a Healthy and Safe Environment

Focus Area: Injuries, Violence and Occupational Health

Prevention Agenda Indicators

- Rate of Hospitalizations due to Falls for Ages 65 Plus per 10,000 Population, '08 - 10
- Rate of ED Visits due to Falls for Children Ages 1 - 4 per 10,000 Population Children Ages 1 - 4, '08 - 10
- Rate of ED Occupational Injuries Among Working Adolescents Ages 15 - 19 per 10,000 Population Ages 15 - 19, '08 - 10

Focus Area: Outdoor Air Quality

- Area quality in Fulton County meets the Prevention Agenda benchmarks

Focus Area: Built Environment

- Percentage of the Population that Live in Jurisdictions that Adopted Climate Smart Communities Pledge, 2012
- Percentage of Commuters Who Use Alternative Modes of Transportation to Work, '07 - 11
- Percentage of Population with Low-Income and Low-Access to a Supermarket or Large Grocery Store, 2010

Focus Area: Water Quality

- Percentage of Residents Served by Community Water Systems with Optimally Fluoridated Water, 2012

Fluoride is provided to a majority of our children through prescription or treatment since the only municipality with fluoridated water is the City of Gloversville. The City of Johnstown started a fluoridation program, but public outcry forced its cessation.

Other Indicators

- Rate of Hospitalizations for Falls for Children Ages Under 10 per 10,000 Population Children Ages Under 10 , '08 - 10
- Rate of Hospitalizations for Falls for Adults Ages 25 - 64 per 10,000 Population Adults Ages 25 - 64, '08 - 10
- Rate of Property Crimes per 100,000 Population, '07 - 11
- Rate of Total Crimes per 100,000 Population, '07 - 11
- Rate of Asbestosis Hospitalizations, Ages 15 Plus, per 10,000 Population Ages 15 Plus, '08 - 10
- Rate of Work-Related Hospitalizations, Employed Ages 16 Plus per 10,000 Individuals Employed Ages 16 Plus, '08 - 10
- Rate of Elevated Blood Lead Levels Ages 16 Plus Employed per 10,000 Individuals Employed Ages 16 Plus, '08 - 10
- Rate of Motor Vehicle Accident Deaths per 100,000 Population, '08 - 10
- Rate of TBI Hospitalizations per 10,000 Population, '08 - 10
- Rate of Unintentional Injury Hospitalizations per 10,000 Population, '08 - 10
- Rate of Unintentional Injury Hospitalizations Ages 14 and Under per 10,000 Population Ages 14 and Under , '08 - 10
- Rate of Poisoning Hospitalizations per 10,000 Population, '08 – 10

Fulton County has a high rate of unintentional injury mortality and motor vehicle deaths. There is a lack of professional driving education for youth through the school systems. Several deaths have occurred on the Great Sacandaga Lake during the winter months when snowmobile operators either hit obstacles or fell through thin ice. Alcohol was implicated in several of the deaths.

Regional Challenges

Indicator	Fulton County	Montgomery County	Benchmark
Rate of ED Visits for falls for Children ages 1 – 4 per 10,000 children ages 1-4	782.9	713.9	429.1
Rate of hospitalizations due to falls for individuals ages 65 plus per 10,000 individuals ages 65 plus	205.3	300.3	204.6
Rate of ED occupational injuries among working adolescents ages 15 – 19 per 10,000 working adolescents ages 15 – 19	87.6	127.2	33.0
Rate of unintentional injury hospitalizations ages 14 and under per 10,000 population ages 14 and under	27.9	26.6	21.0
Rate of poisoning hospitalizations per 10,000 population	13.1	14.3	10.3

Stakeholder input

Our stakeholders concurred that the data presented accurately describes issues in the community, but also felt that more information was needed, especially the type of fall, and when falls occur. Child poisonings were due to access to adult medication. The rate of occupational injury ED (ER) visits may be a reflection of workplace policy that requires an ER visit in any incident that may result in workman's compensation, and may not represent the seriousness of injury. A lack of urgent care facilities in the community may result in inappropriate use of the ER due to limited access to providers after hours and on weekends. They also felt that there was an "ER mindset" in our community that needs to be addressed through education.

Challenges that face our community are a need for Urgent Care facilities, lack of transportation, and educational, community and cultural norms that limit the ability to make changes. Special Needs Populations and the Elderly should be the focus for this area.

Prevent Chronic Disease

Focus Area: Reduce Obesity in Children & Adults

- Percentage of Adults Ages 18 Plus Who are Obese, '08/09
- Percentage of Public School Children Who are Obese, '10 – 12

Obesity and a poor diet are known risk factors for many chronic diseases. Children as well as adults are a concern for obesity prevention. Although present data does not indicate an increase in obesity among our children, the burden in the adult population may signal a rise in the younger population in the near future as poor nutritional practices in the home begin to affect the younger population.

Other Indicators

- Number of Recreational and Fitness Facilities per 100,000 Population, 2009
- Percentage of Age Adjusted Adults (Ages 18 Plus) Eating Five or More Vegetables per Day, '08/09
- Percentage of Age Adjusted Adults (Ages 18 Plus) with Cholesterol Check within the Last Five Years, '08/09
- Percentage of Age Adjusted Adults (18 Plus) Ever Diagnosed with High Blood Pressure, '08/09
- Percentage of Age Adjusted Adults (18 Plus) with Physician Diagnoses Angina, Heart Attack, or Stroke, '08/09
- Rate of Cardiovascular Disease Deaths per 100,000 Population, '08 - 10
- Rate of Cardiovascular Premature Deaths (Ages 35 - 64) per 100,000 Population Ages 35 - 64, '08 - 10
- Rate of Pretransport Deaths per 100,000 Population, '08 - 10
- Rate of Cardiovascular Hospitalizations per 10,000 Population, '08 - 10
- Rate of Diseases of the Heart Deaths per 100,000 Population, '08 - 10
- Rate of Diseases of the Heart Premature Deaths (Ages 35 - 64) per 100,000 Population Ages 35 - 64, '08 - 10
- Rate of Disease of the Heart Transport Deaths per 100,000 Population, '08 - 10
- Rate of Disease of the Heart Hospitalizations per 10,000 Population, '08 - 10
- Rate of Coronary Heart Diseases Deaths per 100,000 Population, '08 - 10

- Rate of Coronary Heart Diseases Premature Deaths (Ages 35 - 64) per 100,000 Population Ages 35 - 64, '08 - 10
- Rate of Coronary Heart Disease Transport Deaths per 100,000 Population, '08 - 10
- Rate of Coronary Heart Disease Hospitalizations per 10,000 Population, '08 - 10
- Rate of Congestive Heart Failure Deaths per 100,000 Population, '08 - 10
- Rate of Congestive Heart Failure Transport Deaths per 100,000 Population, '08 - 10
- Rate of Congestive Heart Failure Hospitalizations per 10,000 Population, '08 - 10
- Rate of Cerebrovascular (Stroke) Deaths per 100,000 Population, '08 - 10
- Rate of Cerebrovascular (Stroke) Hospitalizations per 10,000 Population, '08 - 10
- Rate of Diabetes Hospitalizations (Primary Diagnosis) per 10,000 Population, '08 - 10
- Rate of Diabetes Hospitalizations (Any Diagnosis) per 10,000 Population, '08 - 10

Focus area: Reduce Illness, Disability and Death Related to Tobacco Use & Secondhand Smoke
Prevention Agenda Indicators

- Percentage of Adults Ages 18 Plus Who Smoke '08/09

Other Indicators

- Rate of Chronic Lower Respiratory Disease Deaths per 100,000 Population, '08 - 10
- Rate of Chronic Lower Respiratory Disease Hospitalizations per 10,000 population, '08 - 10
- Rate of Asthma Hospitalizations per 10,000 Population, '08 - 10
- Rate of Asthma Hospitalizations, Ages 25 - 44, per 10,000 Population Ages 25 - 44, '08 - 10
- Rate of Asthma Hospitalizations, Ages 45 - 64, per 10,000 Population Ages 45 - 64, '08 - 10
- Rate of Asthma Hospitalizations, Ages 65 Plus, per 10,000 Population Ages 65 Plus, '08 - 10
- Percentage of Adults with Asthma, '08/09
- Rate of Lung and Bronchus Deaths per 100,000 Population, '07 - 09
- Rate of Lung and Bronchus Cases per 100,000 Population, '07- 09

Most of our chronic disease issues are associated with tobacco use. Although there are active partnerships in place to address tobacco use and advertising, tobacco use among adults is significantly higher than the NYS average.

Focus Area: Increase Access to High Quality Chronic Disease Preventive Care & Management in both Clinical & Community Settings

Prevention Agenda Indicators

- Percentage of Adults Ages 50 - 75 Who Received Colorectal Screenings Based on Recent Guidelines, '08/09
- Rate of Short-term Diabetes Hospitalizations for Ages 6 - 17 per 10,000 Population, Ages 6 - 17, '08 - 10
- Rate of Short-term Diabetes Hospitalizations for Ages 18 Plus per 10,000 Population, Ages 18 Plus, '08 - 10
- Rate of Age Adjusted Heart Attack Hospitalizations per 10,000 population, 2010

Other Indicators

- Rate of Asthma ED Visits for Ages 18 - 64 per 10,000 Population Ages 18 - 64, '08 - 10
- Rate of Asthma ED Visits for Ages 65 Plus per 10,000 Population Ages 65 Plus, '08 - 10
- Rate of All Cancer Cases per 100,000 Population, '07 - 09
- Rate of all Cancer Deaths per 100,000 Population, '07 - 09
- Percentage of Women Ages 18 Plus with a Pap Smear within the Last Three Years, '08/ 09

- Rate of Colon and Rectum Cancer Cases per 100,000 Population, '07 - 09
- Rate of Colon and Rectum Cancer Deaths per 100,000 Population, '07 - 09
- Percentage of Adults Ages 50 Plus with Home Blood Stool Test within the Last Two Years, '08/09
- Percentage of Adults Ages 50 Plus with Sigmoidoscopy or Colonoscopy within Last Ten Years, '08/09
- Rate of Prostate Cancer Cases per 100,000 Male Population, '07 - 09
- Percentage of Males, Ages 40 Plus with a Digital Rectal Exam within Last Two Years, '08/09
- Percentage of Males, Ages 40 Plus with a Prostate Antigen Test within Last Two Years, '08/09
- Percentage of Medicaid Enrollees with at Least One Preventive Dental Visit within the Year, '08 - 10
- Percentage of Age Adjusted Adults with a Dental Visit Within the Last 12 Months, '08/09
- Oral Cavity and Pharynx Cancer Cases per 100,000 Population, '07 - 09

Regional Challenges

Indicator	Fulton County	Montgomery County	Benchmark
Rate of cardiovascular deaths per 100,000 population	388.3	501.7	302.9
Rate of diseases of the heart deaths per 100,000 population	317.0	425.7	243.6
Rate of coronary heart disease deaths per 100,000 population	236.7	313.9	180.0
Rate of congestive heart failure deaths per 100,000 population	22.3	34.6	19.8
Rate of age-adjusted heart attack hospitalizations per 10,000 population	25.0	23.6	14.4

Stakeholder Input:

Our stakeholders questioned the validity of childhood obesity rates as our school districts had low participation rates. They also felt that some of the data, especially in relation to asthma may be affected by ICD-9 coding and a lag in reporting. They also felt that the Mental Health clientele were disproportionately affected by smoking.

Some considerations regarding these areas were that healthy food is more costly, that individuals need access to places to play and exercise, and that parents may be uncomfortable letting their children play unsupervised. They also felt that education and poverty largely influence smoking and nutrition.

The stakeholders felt that there were many resources in the community, including quality healthcare providers and cancer screening services, and that provider's work well together. It is not known how well these resources are utilized, and increasing resources would be a desirable outcome. They also felt that our system allows for the use of the ER for non-ER visits.

Promote Healthy Women, Infants and Children

Focus Area: Maternal and Infant Health
Prevention Agenda Indicators

- Percentage Preterm Births < 37 Weeks of Total Births Where Gestation Period is Known, '08 - 10
- Ratio of Infants Exclusively Breastfed in Delivery Hospital Hispanic/Latino to White, non-Hispanic, '08 - 10
- Ratio of Infants Exclusively Breastfed in Delivery Hospital Medicaid to Non-Medicaid Births, '08 – 10

Other Indicators

- Percentage Preterm Births < 32 weeks of Total Births Where Gestation Period is Known, '08 - 10
- Percentage WIC Women Breastfed at Six months, '08 - 10
- Percentage Infants Receiving Any Breast Milk in Delivery Hospital, '08 - 10

Focus Area: Preconception and Reproductive Health
Prevention Agenda Indicators

- Percent of Births within 24 months of Previous Pregnancy, '08 - 10
- Percent of Unintended Births to Total Births, 2011
- Ratio of Unintended Births Medicaid to Non-Medicaid, '08 - 10
- Percentage of Women Ages 18- 64 with Health Insurance, '08/09

As the pregnancy rate for younger teens appears to be at the NYS average, the high rate of births among teens 18-19 is troubling. The question remains whether the high pregnancy rate among teens is as an unintended consequence of high-risk behavior or a life choice. The percentage of children born to single parents is steadily rising and exceeds the upstate average. Access to affordable care does not appear to be an issue in the high rate of teen pregnancies.

Focus Area: Child Health
Prevention Agenda Indicators

- Percentage of Children Ages 12 -21 Years with Government Insurance with Recommended Well Visits, 2011
- Percentage of Children Ages 0 -19 with Health Insurance, 2010

Other Indicators

- Rate of Asthma Hospitalizations Children Ages 0 - 4 per 10,000 Population Children Ages 0 - 4, '08 - 10
- Rate of Asthma Hospitalizations Children Ages 5 - 14 per 10,000 Population Children Ages 5 - 14, '08 - 10
- Rate of Asthma Hospitalizations Children Ages 0 - 17 per 10,000 Population Children Ages 0 - 17, '8 - 10
- Rate of Gastroenteritis Hospitalizations Children Ages 0 - 4 per 10,000 Population Children Ages 0 - 4, '08 - 10
- Rate of Pneumonia Hospitalizations Children Ages 0 - 4 per 10,000 Population Children Ages 0 - 4, '08 - 10
- Rate of ED Asthma Visits Children Ages 0 - 4 per 10,000 Population Children Ages 0 - 4, '08 - 10
- Percentage of Children Screened for Lead by Age 18 months
- Percentage of Children Screened for Lead by Age 36 months (at least two screenings)

- Rate of Children Ages < 6 with Confirmed Blood Lead Levels >= 10 mg/dl Cases Per 1,000 Children Tested, '08 - 10
- Rate of Unintentional Injury Hospitalizations for Children Under Age 10 per 10,000 Population Children Under Age 10, '08 - 10
- Rate of Unintentional Injury Hospitalizations for Children Ages 10 - 14 per 10,000 Population Children Ages 10 - 14, '08 - 10
- Rate of Unintentional Injury Hospitalizations for Children/Young Adults Ages 15 - 24 per 10,000 Ages 15 - 24, '08 - 10
- Rate of Asthma ED Visits for Children Ages 0 - 17 per 10,000 Population Children Ages 0 - 17, '07 - 09
- Percentage of Medicaid Enrollees Ages 2 - 20 with at Least One Dental Visit, 08 – 10

Regional Challenges

Indicator	Fulton County	Montgomery County	Benchmark
Rate of births for teenagers, ages 15 – 17, per 1,000 females ages 15 - 17	10.9	14.6	10.0
Rate of births for teenagers, ages 18 and 19 per 1,000 females, ages 18-19	71.3	89.6	35.4
Percentage of WIC women with pre-pregnancy obesity	31.2	30.5	23.4
Percentage of WIC women with gestational weight gain greater than the ideal	48.6%	50.1%	41.8%
Percentage of WIC women with gestational hypertension	9.9%	12.3%	7.2%

Stakeholder Input

This high rate of asthma is a concern, especially among the young. Smoking during pregnancy and exposure to second hand smoke is a contributing factor in our community. The need for a local asthma coalition was expressed. There are good resources in the community that are addressing smoking cessation. Nathan Littauer Hospital and Project Action/Reality Check were recognized as having successful programs.

The lower rate of young (under 18) teen pregnancies was identified as a positive. The programs in place through Public Health and Planned Parenthood were identified as having a positive impact on this health issue.

Lead poisoning is still a problem for our community. Areas that could be enhanced were identified as improved connection with the housing authority, encouraging parental follow-through, and looking at local ordinances and code regulations to change polices in regards to housing.

The challenges identified were funding and lack of staff. Improvements in delivering education could be attained through better use of social media, electronic messaging, and promoting other electronic information sources, such as 211.

The priorities identified were economic and improving access to education and prevention strategies.

Prevent HIV/STDs, Vaccine Preventable Diseases & Healthcare-Associated Infections

Focus Area: Prevent HIV and STD's

- Human Immunodeficiency Virus – better than the benchmark
- Sexually Transmitted Diseases – better than the benchmark

Other indicators

- Rate of Chlamydia Cases Females Ages 15- 19 per 100,000 Female Population Ages 15 - 19, '08 - 10

Focus Area: Vaccine Preventable Disease

Prevention Agenda Indicators

- Percent of Children Ages 19 - 35 months with 4:3:1:3:3:1:4, 2011
- Percent females 13 - 17 with 3 dose HPV vaccine, 2011
- Percent of Adults Ages 65 Plus With Flu Shots Within Last Year, '08/09

Focus Area: Healthcare Associated Infections

Prevention Agenda Indicators

- Rate of Hospital Onset CDIs per 10,000 Patient Days, 2011
- Rate of Community Onset, Healthcare Facility Associated CDIs per 10,000 Patient Days, 2011

Regional Challenges

Indicator	Fulton County	Montgomery County	Benchmark
Percentage of children, ages 19 – 35 months with 4:3:1:3:3:1:4 immunization series	53.2%	41.7%	80.0%
Percentage of females, ages 13 – 17 years, with 3 dose HPV vaccine	32.5%	19.8%	50.0%
Percentage of adults, ages 65 plus, with flu shot	69.6%	70.1%	75.1%

Stakeholder Input

The low frequency of HIV infection is encouraging, but there are other factors in the community that create challenges in that area. High use of free syringe disposal at pharmacies indicates community knowledge of the resource. However, concern was expressed that there is a low perception of risk in the community. There is concurrent low use of needle exchange programs. A survey conducted by a local agency regarding HIV risk indicated that 50% of the respondents stated that HIV could not be transmitted via a sexual encounter. Concern was expressed that there is a high volume of New York City transplants in the local area, many of whom enter the criminal justice system. This population has the potential to transmit HIV infection to a low incidence area. Also, concern was expressed that some individuals may see HIV infection as desirable, as infected individuals have access to greater public support benefits. The lower than benchmark numbers for immunizations may be affected by the computer program used to track rates.

Education should be a priority. It is uncertain if primary care physicians are adhering to the requirement to offer HIV testing to their patients. Also, patients look to their physician for health information, but MD's are more likely to discuss diet and exercise than HIV prevention. Because poverty is an issue, we need healthy alternatives that are desirable and affordable.

There are excellent resources in the community. Most of our children have insurance and a primary care provider. There is access to free HIV testing and low cost STD testing. The use of immunization exemptions is low. It was expressed that we have good programs in place, but we need to address access. There is a need to educate both the medical community and consumers, and provide more support to staff in order to better educate patients. Social Media should be better utilized for education.

Promote Mental Health and Prevent Substance Abuse Substance Abuse

Focus Area: Prevent Substance Abuse and Other Mental, Emotional, and Behavioral Disorders and - Prevention Agenda Indicators

- Percent of Adults Binge Drinking within the Last Month, '08/09
- Percent of Adults with Poor Mental Health (14 or More Days) in the Last Month, '08/09
- Rate of Age Adjusted Suicides per 100,000 Adjusted Population, '08 - 10

Other Indicators

- Rate of Self-inflicted Hospitalizations 10,000 Population, '08 - 10
- Rate of Self-inflicted Hospitalizations for Ages 15 - 19 per 10,000 Population Ages 15 - 19, '08 - 10
- Rate of Cirrhosis Deaths per 100,000 Population, '08 - 10
- Rate of Cirrhosis Hospitalizations per 10,000 Population, '08 - 10
- Rate of Alcohol-Related Accidents per 100,000 Population, '09 - 11
- Percentage of Alcohol-Related Crashes to Total Accidents, 09 - 11
- Rate of Alcohol-Related Injuries and Deaths per 100,000 Population, '08 - 10
- Rate of People Served in Mental Health Outpatient Settings Ages 8 and Below per 100,000 Population Ages 8 and Below, 2011
- Rate of People Served in Mental Health Outpatient Settings Ages 9 - 17 per 100,000 Population Ages 9 - 17, 2011
- Rate of People Served in Mental Health Outpatient Settings Ages 18 - 64 per 100,000 Population Ages 18 - 64, 2011
- Rate of People Served in Mental Health Outpatient Settings Ages 65 Plus per 100,000 Population Ages 65 Plus, 2011

Regional Challenges

Indicator	Fulton County	Montgomery County	Benchmark
Rate of children ages 8 and below served in mental health outpatient per 100,000 children ages 8 and below	774.0	716.0	278.5
Rate of children ages 9 - 17 and below served in mental health outpatient per 100,000 children ages 9 – 17	2,418	2,464	829.9
Rate of adults ages 18 – 64 served in mental health outpatient per 100,000 adults ages 18 - 64	1,098.0	825.0	596.5
Rate of adults 65 and above served in mental health outpatient per 100,000 adults ages 65 and above	181.0	202.0	174.2

Stakeholder Input

Mental health is a multifaceted problem in this area. There are few psych nurse practitioner programs and a difficult recruitment process. A waiting list exists for appointments through the Mental Health program. There is a provider shortage.

Several social factors in the community are also affecting this issue. We have generational poverty and high unemployment. The 5-14 age group is decreasing while the aging population increases. Professionals who serve the community don't reside here. We have a drug use problem, and most of our low education job opportunities require drug testing, which some of our working class cannot pass. The suicide rate in NYS is high, and that is related to substance abuse, poverty, unemployment and mental health. The rate is likely underreported in this area.

The resources in our community are good. Family Counseling Center has satellites in the schools, and we have a mobile crisis team. The school districts and providers work well together, but we need to move to greater community support, including government support. We should include the faith-based community. St. Mary's Hospital is the major provider of Mental Health Services in the county.

Prioritized Significant Health Needs in Fulton County

In the face of so many needs in the community, creating Prevention Agenda Priorities was a challenge. Although Prevent Substance Abuse and Other Mental, Emotional, and Behavioral Disorders scored highly on the stakeholder focus groups and in the combination Prevention Agenda and local indicators severity score, it scored 5th on the Prevention Agenda indicator score. In consideration of the local resources and our ability to effect change, this area was not chosen as a priority.

Cancer, Heart Disease, and Chronic Lower Respiratory Disease (CLRD) were the 3 leading causes of premature death, and Prevent Chronic Disease was the ARHN Survey Priority Area. Reduce Illness, Disability, and Death Related to Tobacco Use and Secondhand Smoke Exposure rated highest in the

Prevention Agenda severity score, and in second place was the Built Environment. In the county health rankings, diet and exercise and tobacco use were second and third as areas where we fared poorly.

Violence and Occupational Health was third in the Prevention Agenda severity score, but was not chosen as a priority area by any of the other rankings. The stakeholder focus group indicated that some of the statistics related to this area may be impacted by employer policies requiring ER use to evaluate any level of work related injury. Our stakeholders also indicated that education should be considered in this area.

Increasing Access to High Quality Chronic and Preventive Care and Management in both Clinical and Community settings was 4th in the Prevention Agenda severity score and Quality of Care in the County Health rankings, and 6th in Prevention Agenda and local severity score. Although Promote Healthy Women and Children and Child Health were 4th in both the ARHN survey,Prevention Agenda and Local Indicators Severity Score, the rate of childhood lead poisoning and childhood asthma among our children in poverty, and the need to increase immunization rates weighted the rank among the members of the CHAT team.

As there are numerous areas of need, it was imperative that the priorities selected were cross-cutting and had the potential for meaningful change within our system. 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 Fulton County that will be of major focus for the next three years. In order of priority they are:

1. Prevent Chronic Disease
    a) Reduce Obesity in Adults and Children
    b) Increase access to high-quality chronic disease preventive care and management in clinical and community settings
2. Promote Healthy Women, Infants and Children
    a) Increase the use of comprehensive well child care

Assets and Resources to Address Needs

Priority #1 Public Health– Prevent Child and Adult Obesity

Several services are offered for children, adults and families that relate to weight management, nutritional counseling, and healthy lifestyles. They include:

- Nutrition Services for assessment, planning and counseling
- Hospital inpatient nutrition counseling for disease and condition specific populations
- Community gardens
- Farmers Market
- YMCA, Fit Happens, or other wellness facilities
- Rail trail

- Shared used walking programs (i.e. mall and school)
- Employer-sponsored wellness programs

Agencies that have supported healthy lifestyle initiatives:

- Boys and Girls Club
- Cornell Cooperative Extension
- Nathan Littauer Hospital
- Office For Aging and Youth
- Hamilton-Fulton-Montgomery BOCES
- Gloversville City Government

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

Several Resources are available in the community that assists our residents in education, management and early detention of chronic disease. They include:

- Healthlink Littauer
- Project Action Tobacco Cessation Programs
- Reality Check Tobacco Education Programs for Youth
- Cancer Services Program
- Breast and Prostate Cancer Screening paid time off for Fulton County Government employees and other large employers
- Nathan Littauer Navigator Program
- American Heart Association
- American Cancer Society
- HFM Prevention Council
- American Lung Association
- Employee Wellness Programs
- Community Health Center
-

Priority #2 – Promote Healthy Women, Infants and Children- Increase the use of comprehensive well child care

Several programs and agencies currently provide services to families with children in poverty that link children to well care services. They include:

- Fulton County Childhood Lead Poisoning Prevention Program
- Fulton County Immunization Program
- Fulton County Early Intervention Program
- Fulton County Public Health Home Visiting Program
- Nathan Littauer Primary Care Clinic System
- Nathan Littauer Navigator Program
- WIC

- Fulton County Social Services
- Hamilton Fulton Montgomery BOCES
- Family Counseling Center

Figures and Tables

Figure 1: Map of Fulton County

Figure 2a: 2011 Hospital Discharges by Facility

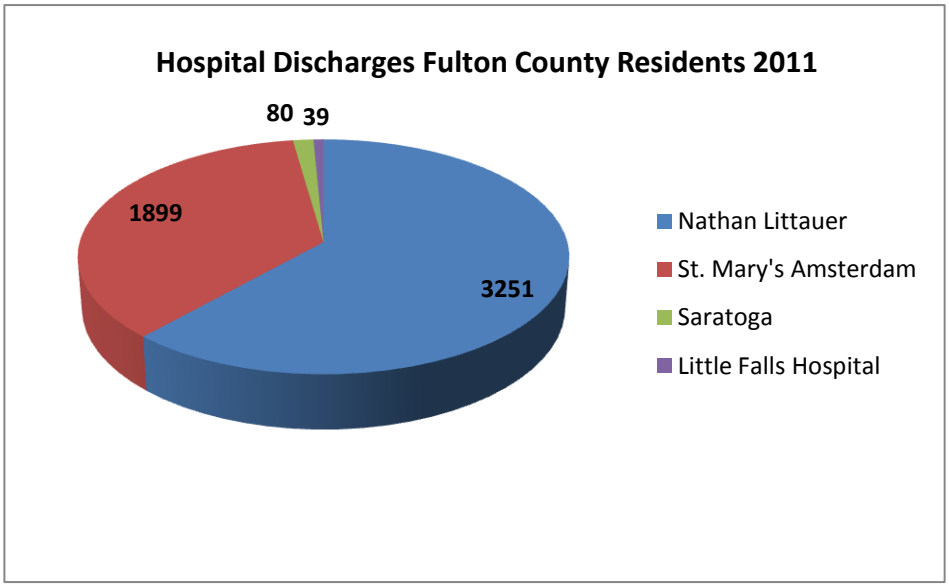


Figure 2b: 2011 Nathan Littauer Hospital discharges by County of Residence

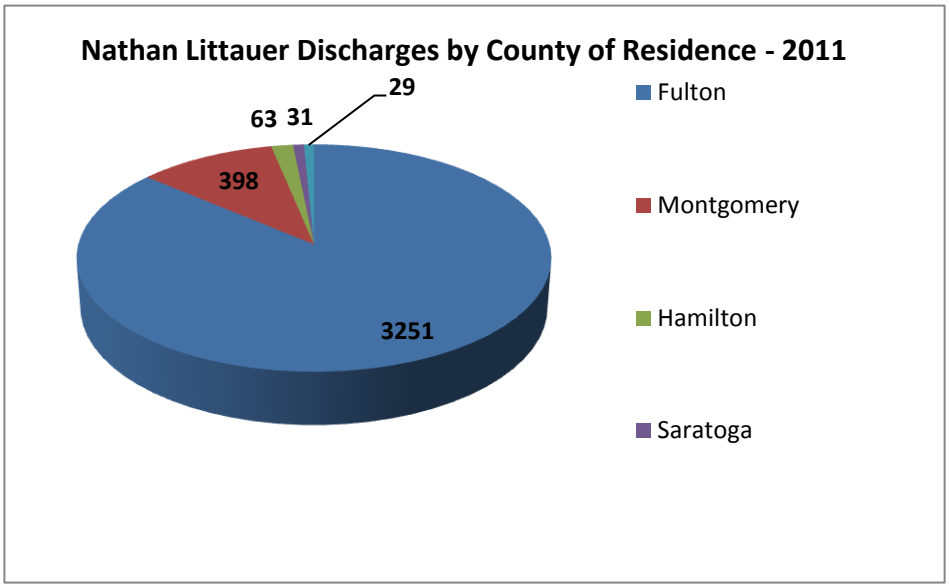


Figure 3a: Population Distribution by age Fulton County

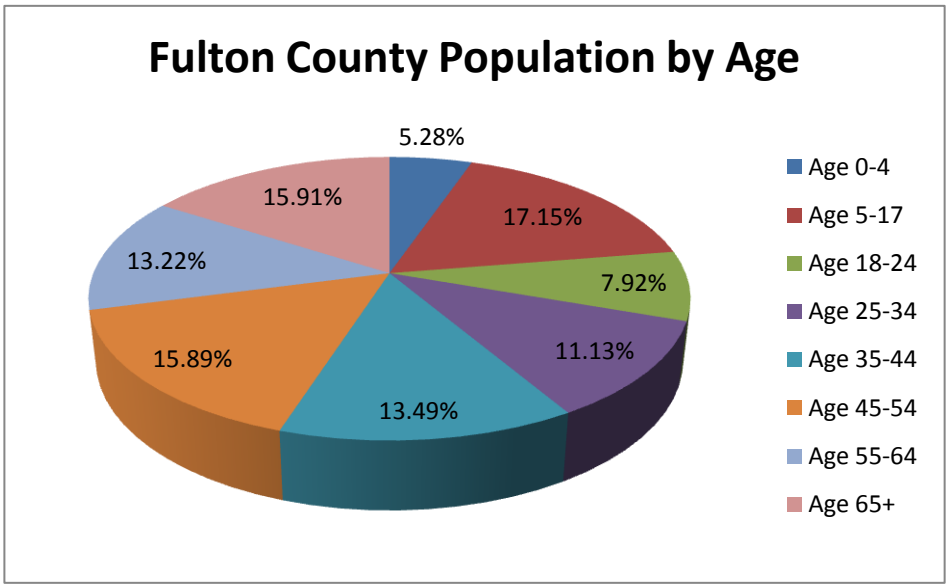


Figure 3b: Population Distribution by location Fulton County 2010

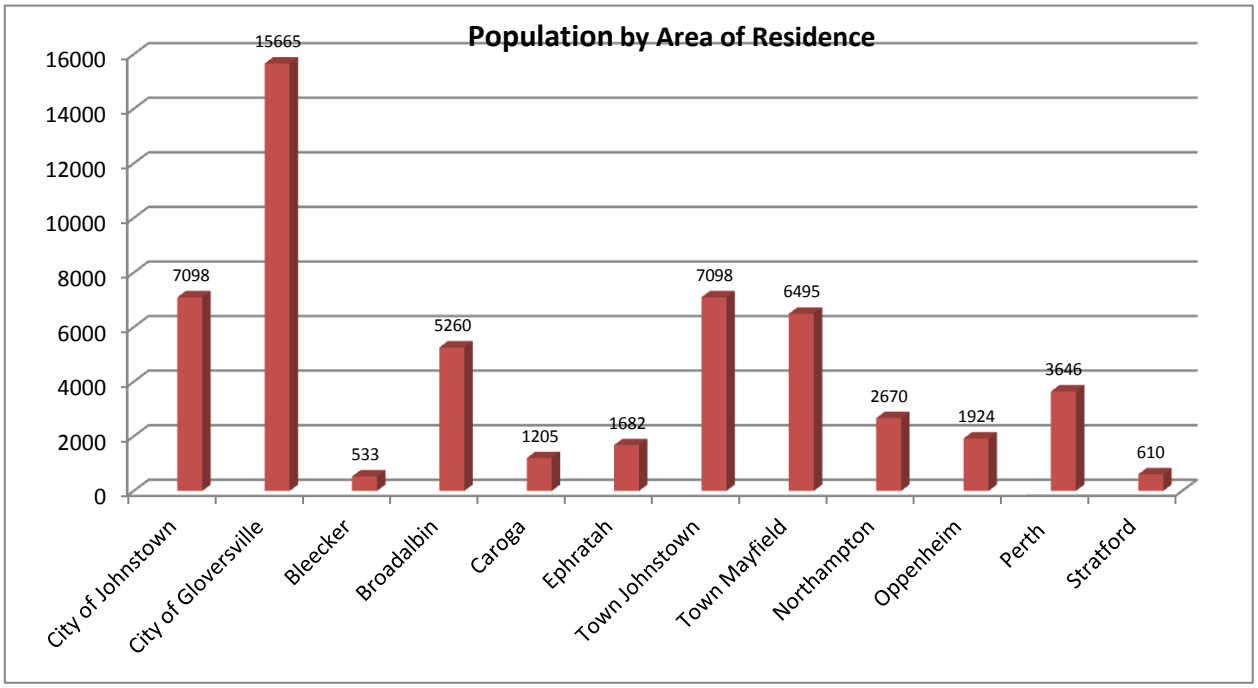


Figure 4: Population Distribution by Race, Fulton County, 2010

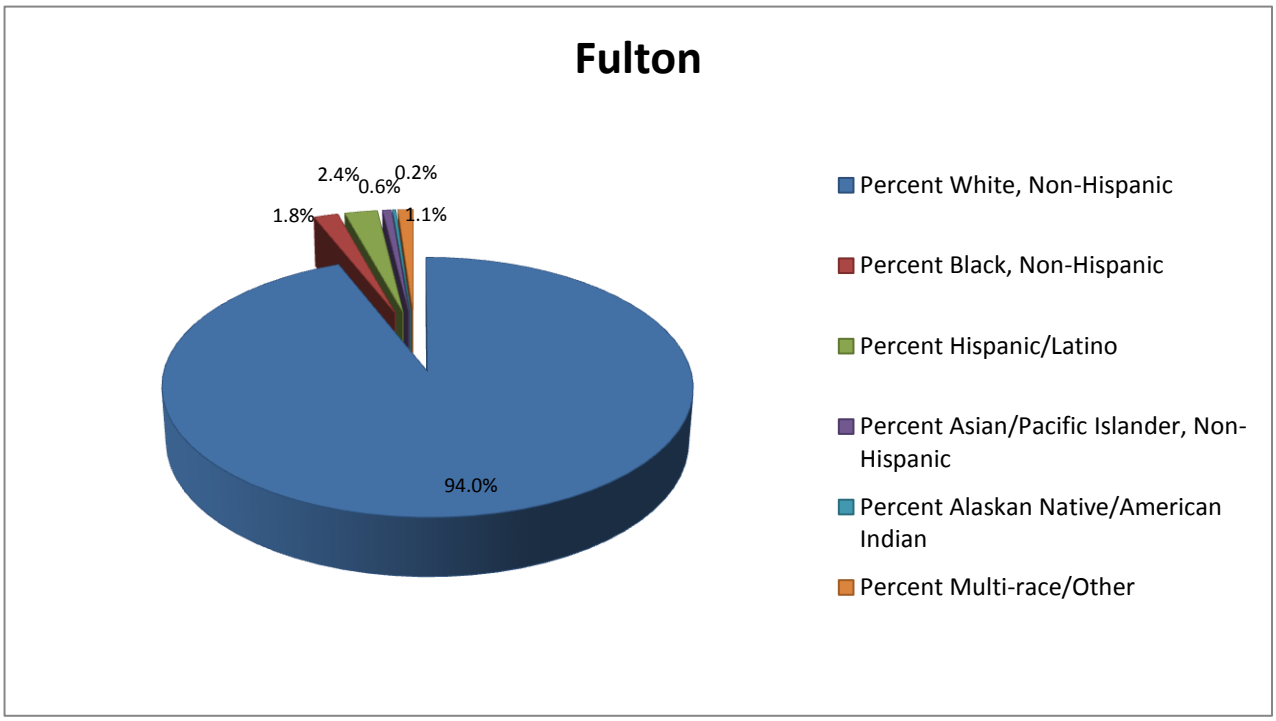


Figure 5: Poverty and Medicaid Status Fulton County, 2010 – 2011

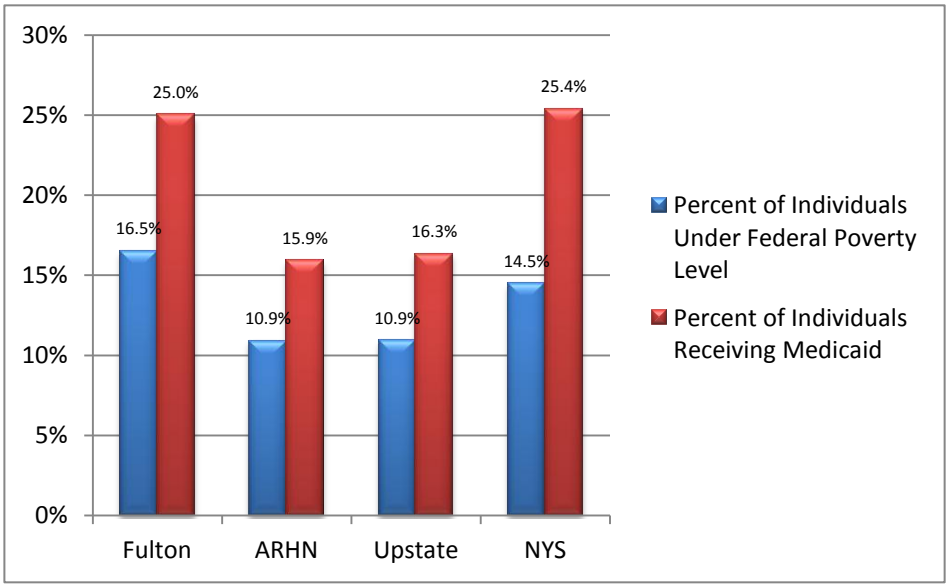


Figure 6: Population Characteristics, Fulton County, Montgomery County, ARHN and New York State

Demographic Indicators	Fulton County	Montgomery County	ARHN Counties	Upstate New York
Race and Age				
% of population, White, non-Hispanic	94.0%	85.4%	92.0%	77.0%
% Hispanic/Latino	2.4%	10.9%	2.4%	9.4%
% of population ages 65 and older	15.9%	16.7%	14.6%	14.4%
% of population 17 or younger	22.4%	23.5%	21.5%	23.0%
% of population females, 15 – 44	17.9%	18.3%	18.3%	19.2%
Poverty				
% of population under federal poverty level	16.5%	16.3%	10.9%	10.9%
% of population who received Medicaid services	25.0%	25.9%	15.9%	16.3%
% of students on free or reduced lunch	43.3%	39.4%	29.3%	31.6%

Employment	Fulton County	Montgomery County	ARHN Counties	Upstate New York
% of population ages 16 and older in the workforce	60.0%	61.8%	62.5%	63.9%
% unemployment	9.3%	10.6%	6.8%	7.2%
Employment Sector				
Agriculture, forestry, fishing, hunting, & mining	1.2%	2.5%	1.7%	0.9%
Construction	7.9%	6.5%	7.2%	6.2%
Education	9.8%	8.8%	11.4%	12.5%
Health care and social assistance	20.9%	18.2%	15.8%	15.8%
Manufacturing	10.6%	11.5%	9.8%	8.7%
Retail trade	16.0%	13.0%	12.4%	11.5%

Figure 7a: Level of Education, Fulton County, ARHN and New York State

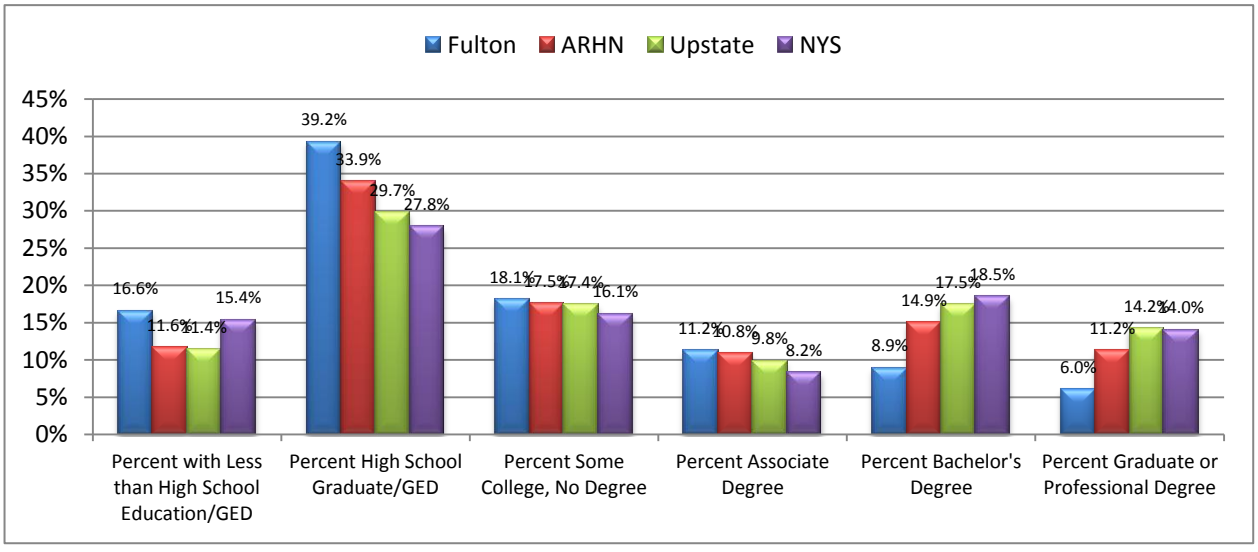
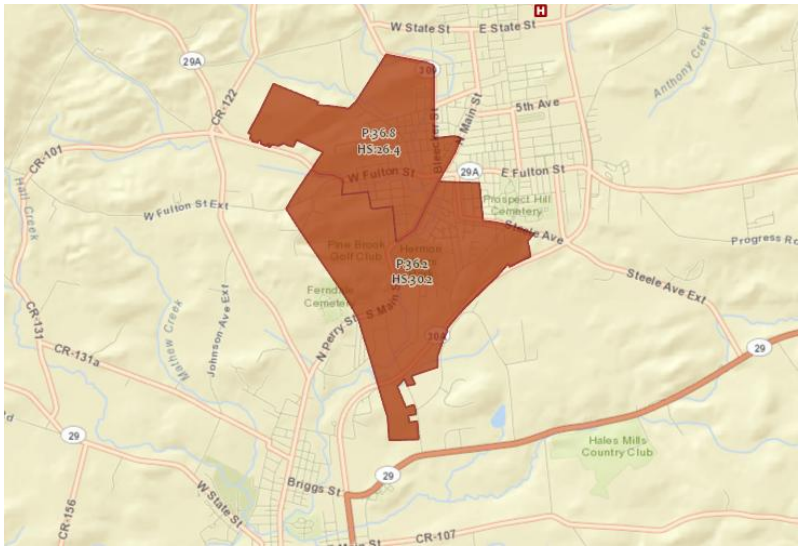


Figure 7b: Vulnerable Population Area (low educational attainment and High Poverty)



P=percentage of poverty
HS= percentage with less than a high school diploma
H= Nathan Littauer Hospital

Population counts for demographic groups and total area population data are acquired from the U.S. Census Bureau's American Community Survey. Data represent estimates for the 5 year period 2007-2011. Mapped data are summarized to 2010 census tract boundaries. Area demographic statistics are measured as a percentage of the total population based on the following formula:
Percentage = [Subgroup Population] / [Total Population] * 100

http://assessment.communitycommons.org/CHNA/

There are 7 school districts within the confines of Fulton County. They are Northville, Mayfield, Broadalbin – Perth, Gloversville, Johnstown, Wheelerville and Oppenheim-Ephratah – St. Johnsville. Some Fulton County students reside in districts that are served by Saratoga (Galway) or Herkimer County (Dolgeville). In addition, students from Hamilton County attend Northville Central School and Johnstown High School. Wheelerville is a K-8 common school whose high school students attend Johnstown High School.

Fulton County residents have a higher level of attainment of a high school diploma as compared to the NYS rate. However, the rate of attainment for higher education drops below the state average beyond an associate's degree. Fulton-Montgomery Community College is the only institute of higher education in the immediate vicinity and students wishing to continue their education beyond 2 years must travel out of the area. The closest SUNY College is in Albany. Although the Capital District's multiple private colleges provide a wealth of opportunities for education, the cost may be prohibitive for the residents of our county.

Figure 8a: Percentage of Households with Monthly Housing Costs at least 30% of Total Household Income

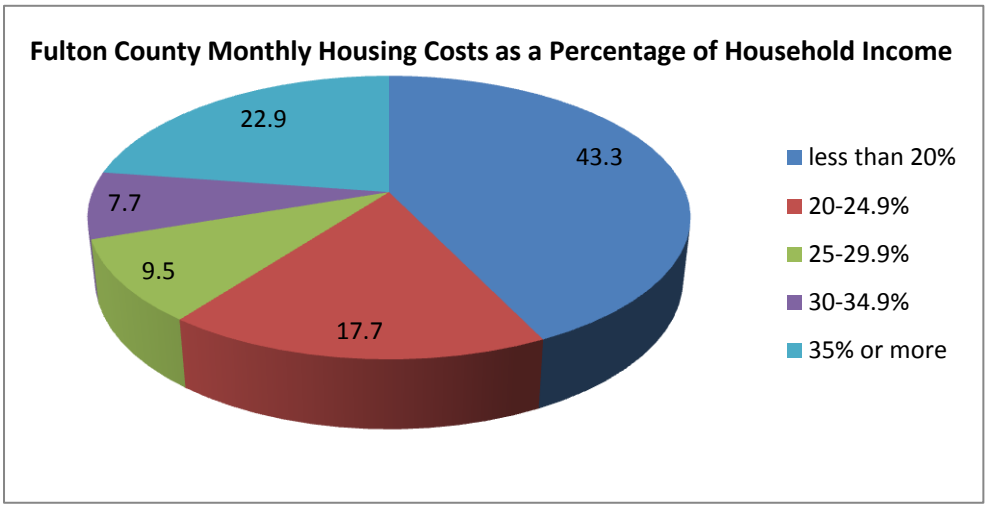


Figure 8b: Housing Age

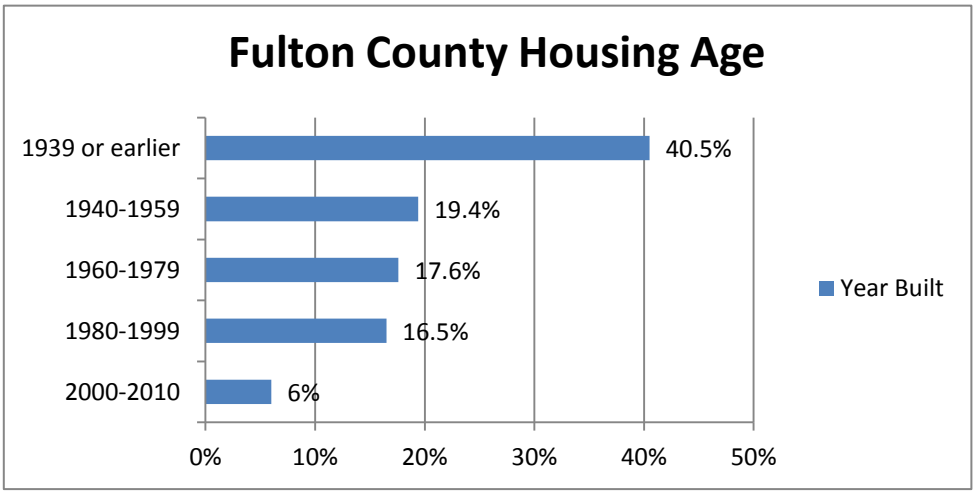
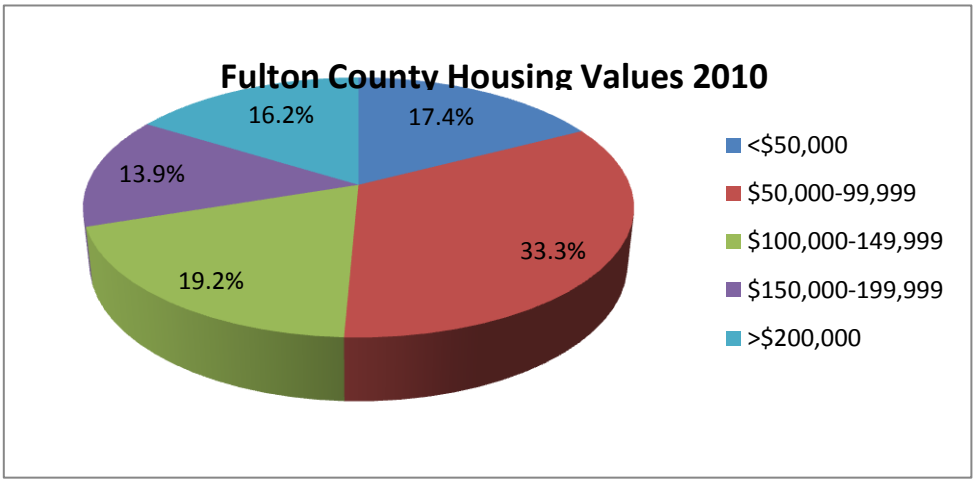


Figure 8c: Housing Values 2010



Ample housing exists in Fulton County. Public Housing for families exists in the City of Gloversville; the DuBois Apartment Complex and the Kingsboro Apartments. Subsidized Senior Citizen housing is located in the City of Gloversville - the Kingsboro and Forest Hills Towers. Subsidized housing in the City of Johnstown includes Trackside Homes and Hillside Apartments; Petoff Gardens Apartments is available in the Town of Broadalbin

The housing stock in Fulton County is very old, with 40.5% built prior to 1940. The median home value is $98,700.

Gloversville has a high rate of families living in poverty and a high lead zip code. 67.3% of the homes in the City of Gloversville were built prior to 1940, and 89.2% prior to 1970.

The housing situation in the City of Gloversville has not changed since the last assessment. Lead abatement enforcement is a double-edged sword. Landlords, forced to abate homes or face fines, abandon property that is then foreclosed and removed from the tax rolls. In many cases, the city is forced to raze the homes at taxpayer expense. The housing authority allows the family of a child with a blood lead level of over 20 to move to the top of the housing waiting list, but not enough HUD public housing exists to meet the need. In addition, to some families the social challenges inherent in public housing make moving into lead-free housing undesirable.

Figure 9: Change in Percentage of Population who were insured by age group 2006-2010 Fulton County

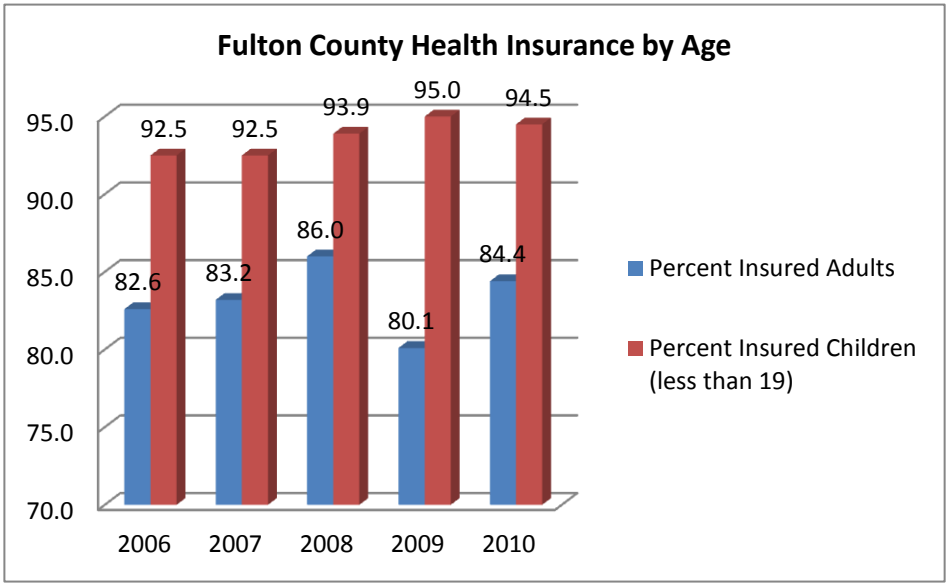
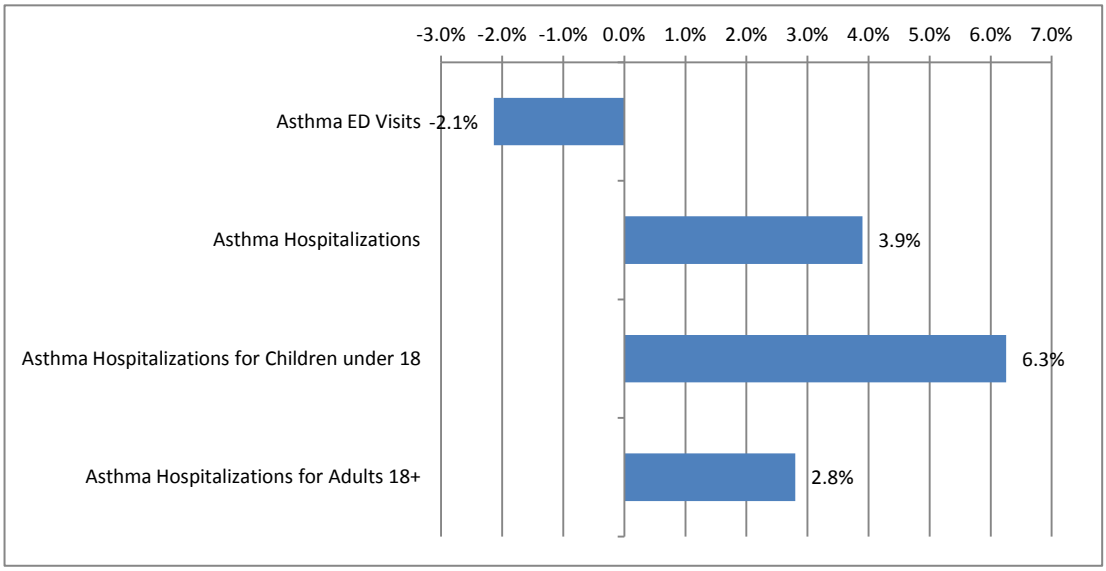


Figure 10: Trends for Asthma



Asthma ER visits 0-4 was a priority area in the last Community Health Assessment. Although still an issue, this area has shown improvement over time.

Figure 11: Trends for Cancer

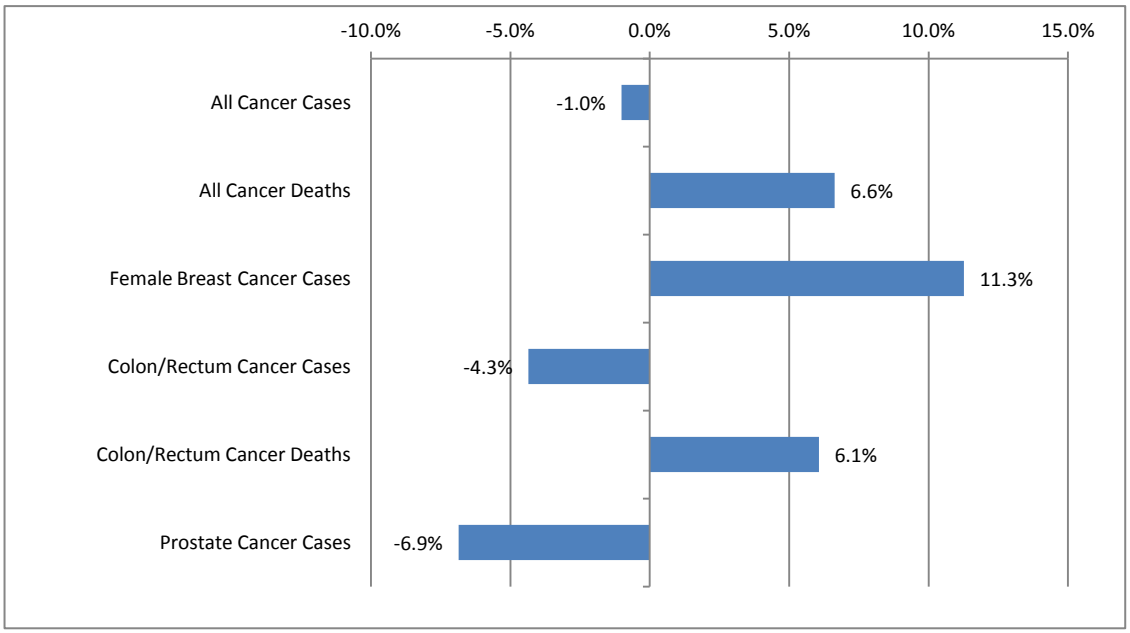


Figure 13: Trends for Child Health

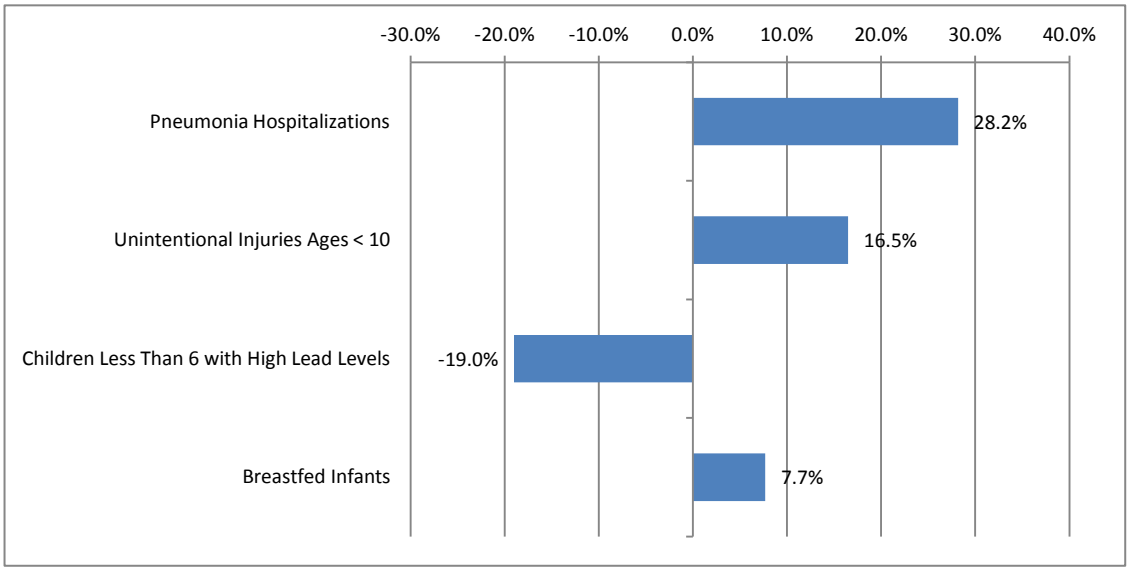


Figure 14: Trends for Diabetes

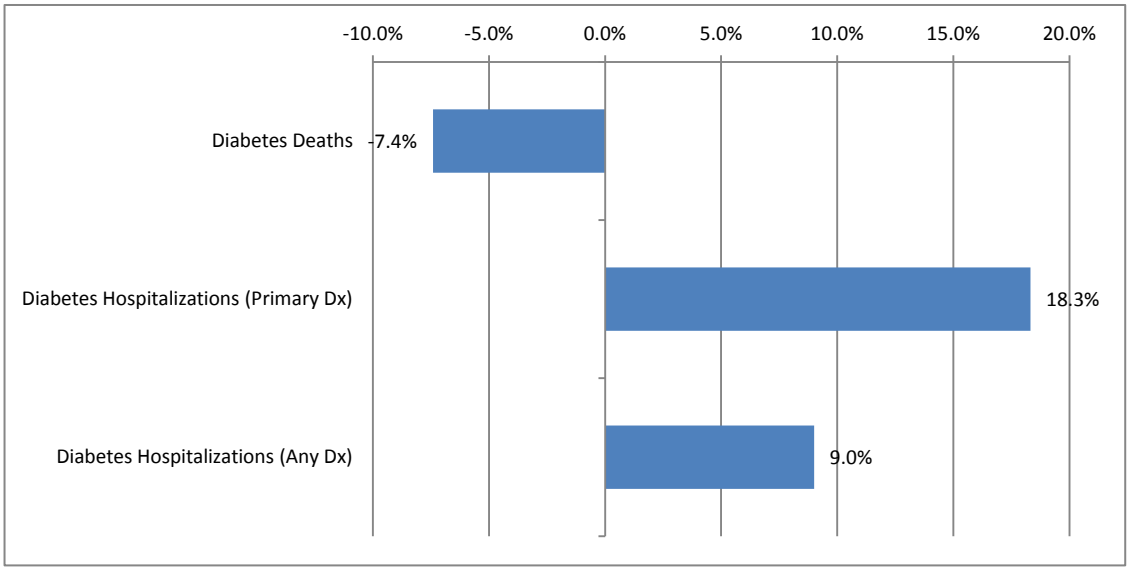


Figure 15: Trends for Heart Disease and Stroke

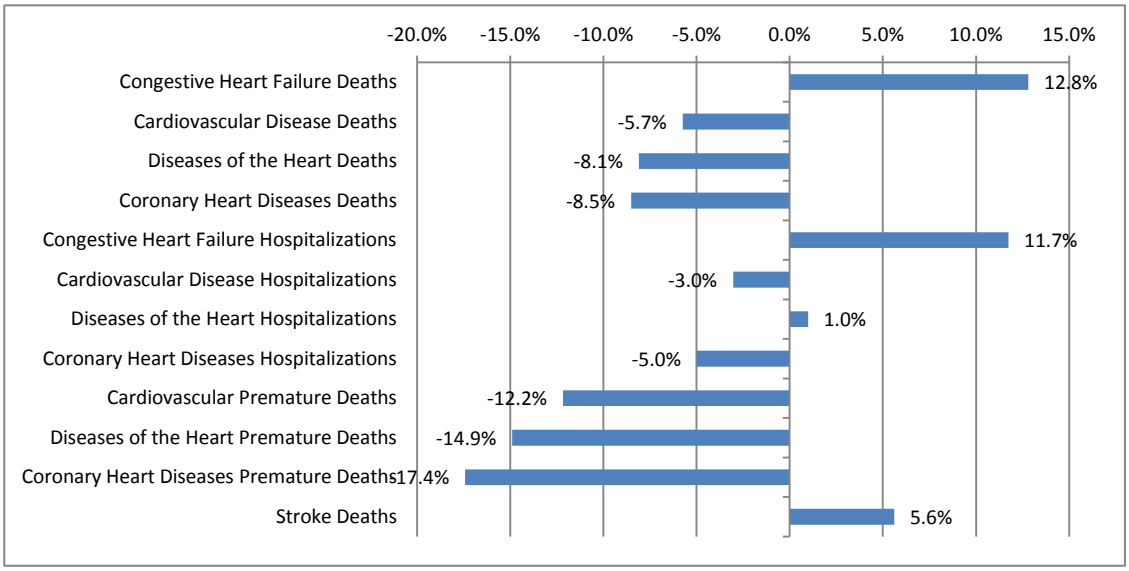


Figure 16: Trends for Injuries

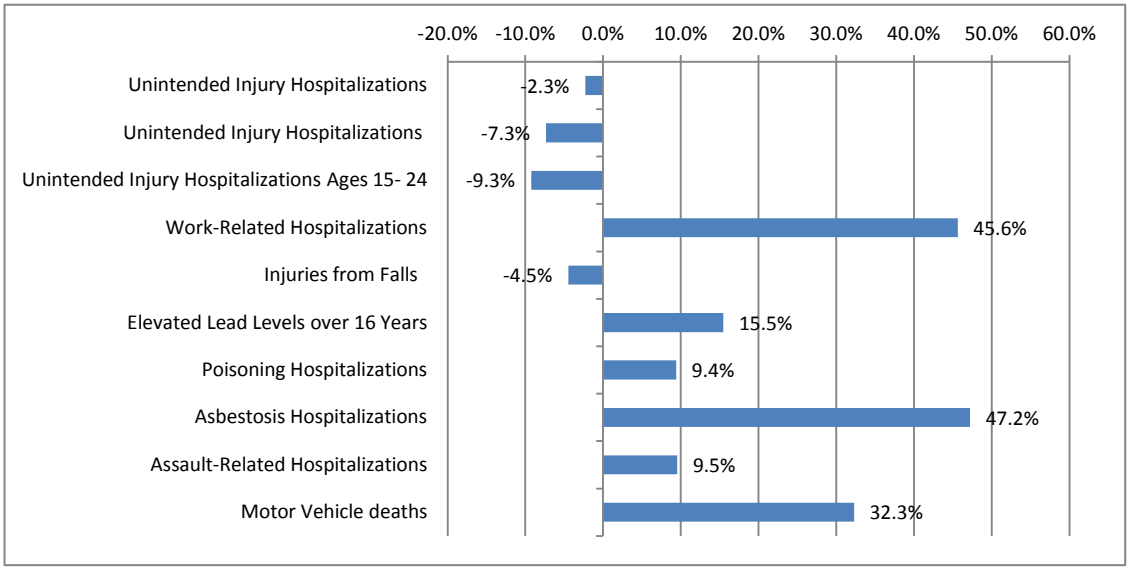


Figure 17: Trends for Mental Health

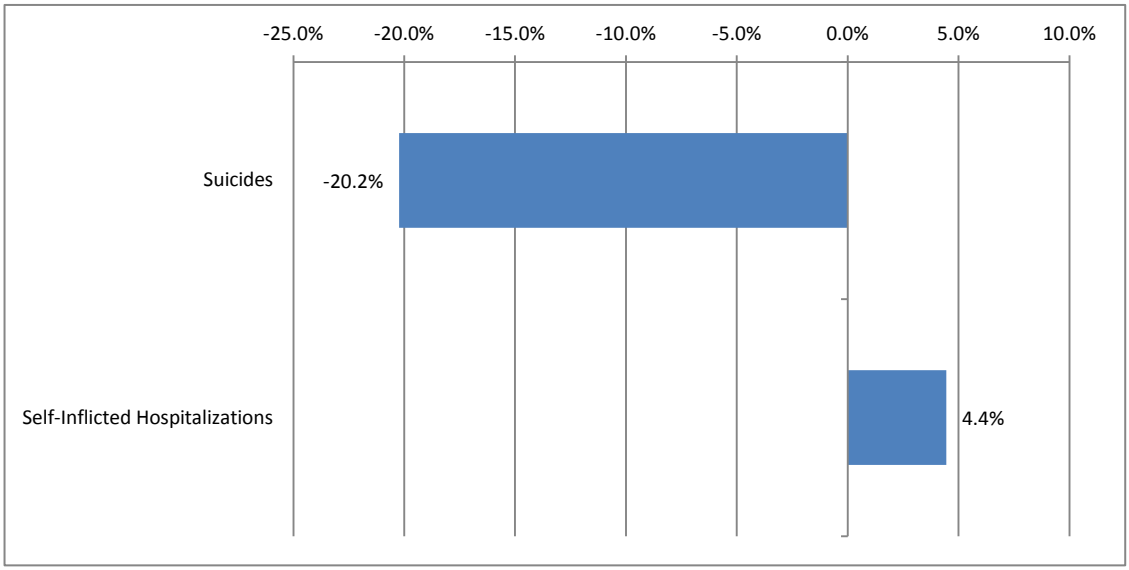
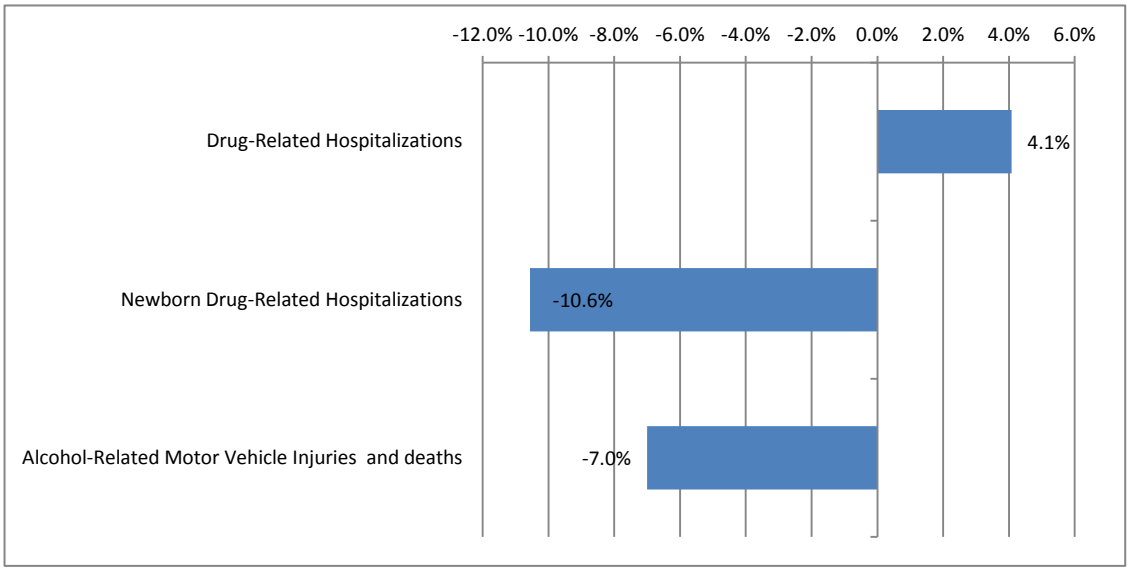


Figure 18: Trends for Substance Abuse



Although still a problem, this area is trending downwards. There are active community coalitions addressing alcohol and substance abuse, and DWI.

Figure 19: Trends for Sexually Transmitted Diseases

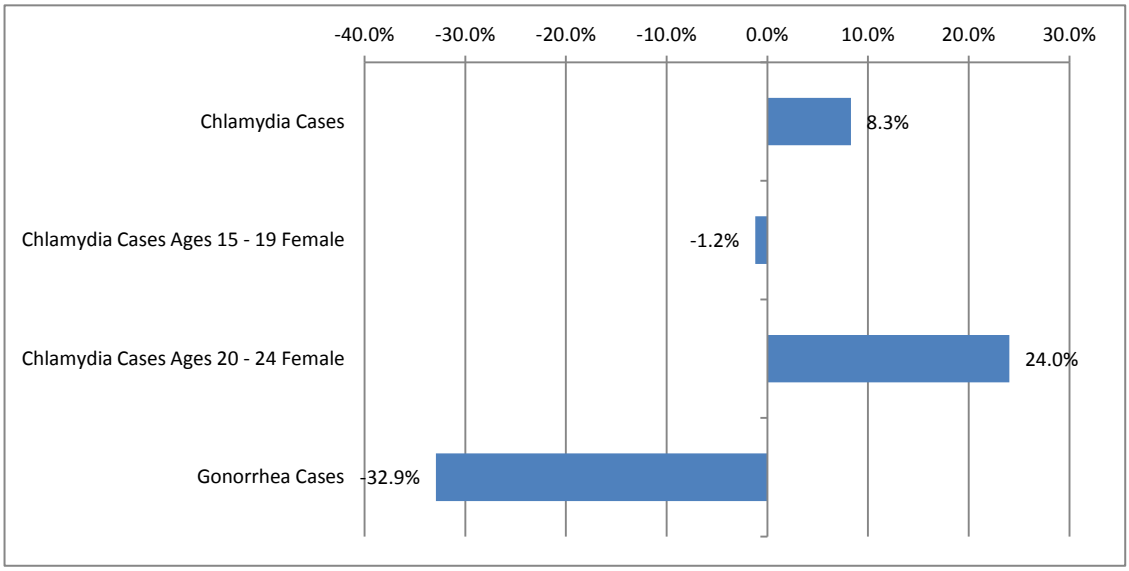


Figure 20: Trends for Teen Pregnancy

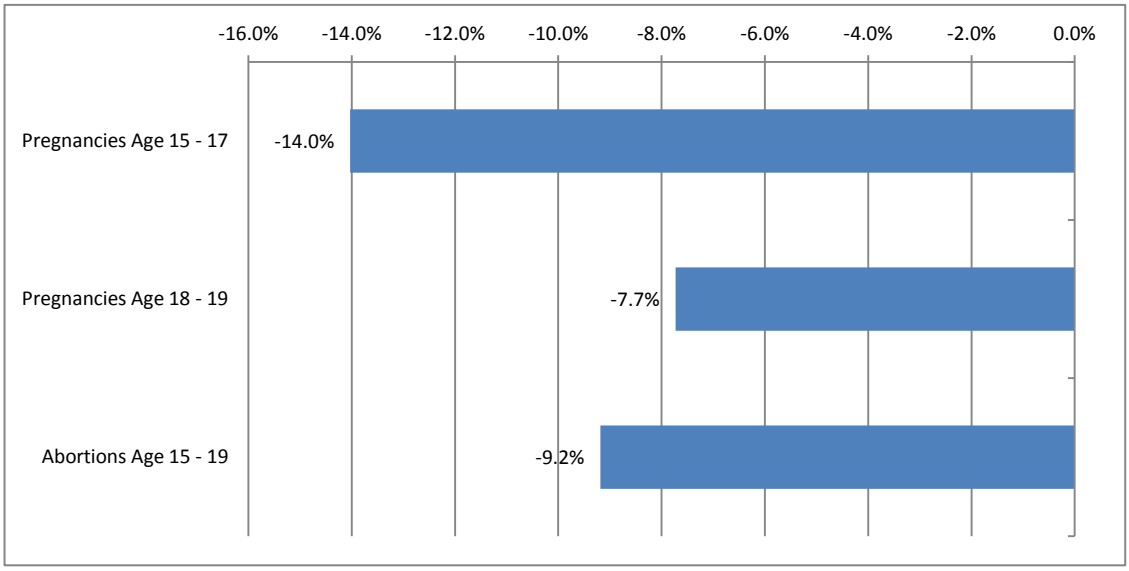


Figure 21: Trends for Maternal, Infant and Reproductive Health

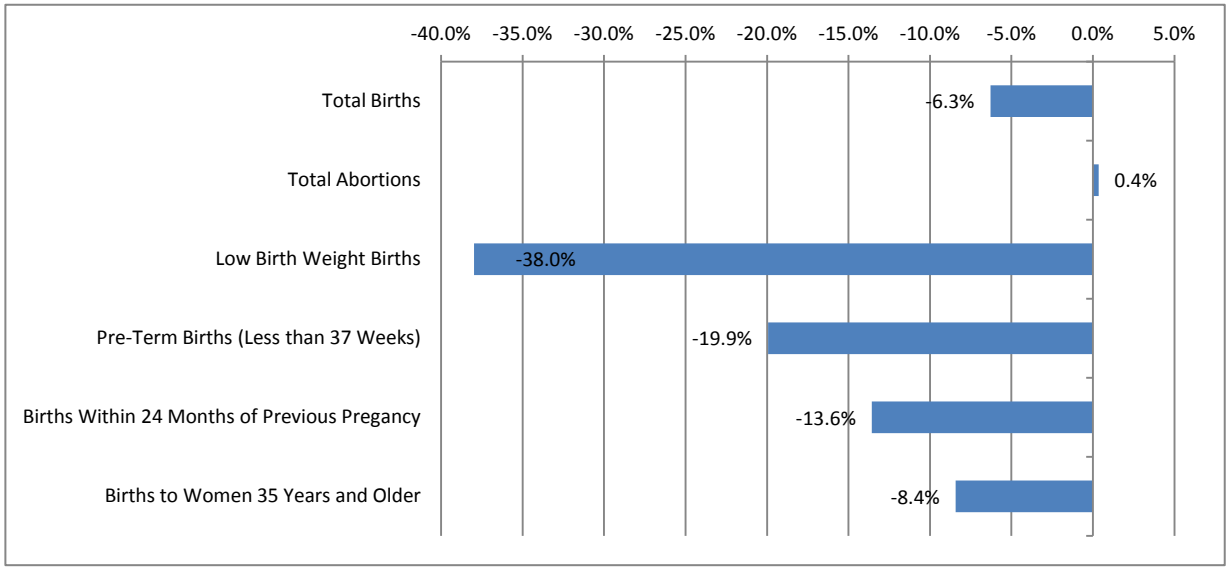


Table 1: County Health Rankings, Outcomes and Factors for Selected NYS Counties

	Mortality	Morbidity	Healthy Behaviors	Clinical Care	Economic Factors	Physical Environment
County	Rank	Rank	Rank	Rank	Rank	Rank
Albany	34	26	15	6	16	15
Clinton	32	27	32	32	47	56
Essex	14	16	16	37	32	2
Franklin	42	23	36	51	55	45
Fulton	37	60	55	48	59	10
Hamilton	61	33	17	41	11	44
Montgomery	56	30	60	35	60	62
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: Yellow highlighted cells show the Counties that have the highest ranking in the region.

Fulton County ranks as the 53rd overall healthiest county in New York State and 11TH in the greater region.

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

Outcome/Factor	State-Wide Rank	Greater Regional Rank
Mortality	37	10
Morbidity	60	12
Healthy Behaviors	56	10
Clinical Care	55	11
Economic Factors	59	11
Physical Environment	10	4

With the exception of physical environment, Fulton County's rankings are among the poorest in the state and regions.

Table 1B: Montgomery County Comparison of Outcomes/Factors to State and Regional Rankings

Outcome/Factor	State-Wide Rank	Greater Regional Rank
Mortality	56	11
Morbidity	30	7
Healthy Behaviors	60	12
Clinical Care	35	8
Economic Factors	60	12
Physical Environment	62	12

Montgomery County's rankings are similar to Fulton County.

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

Highest ranking in region

	Tobacco Use	Diet and Exercise	Alcohol Use	Sexual Activity	Access to Care	Quality of Care	
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	
Hamilton	31	7	32	17	61	2	
Montgomery	61	57	30	55	30	43	
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	

	Education	Employment	Income	Family & Social Support	Community Safety	Environmental Quality	Built Environment
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
Hamilton	10	23	21	8	8	54	33
Montgomery	59	57	58	57	41	12	62
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.

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

Factor/Focus Area	State-Wide Rank	Greater Regional Rank
Tobacco Use	52	10
Diet and Exercise	46	10
Alcohol Use	54	10
Sexual Activity	43	9
Access to Care	41	8
Quality of Care	47	11
Education	61	12
Employment	59	12
Income	49	10
Family & Social Support	56	11
Community Safety	35	8
Environmental Quality	4	3
Built Environment	21	4

Table 2B: Montgomery County Comparison of Factors/Focus Areas to State and Regional Rankings

Factor/Focus Area	State-Wide Rank	Greater Regional Rank
Tobacco Use	61	12
Diet and Exercise	57	12
Alcohol Use	30	10
Sexual Activity	55	12
Access to Care	30	7
Quality of Care	43	9
Education	59	11
Employment	57	10
Income	58	11
Family & Social Support	57	11
Community Safety	41	9
Environmental Quality	12	6
Built Environment	62	12

Table 3A: Leading Causes of Death in Fulton County

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

Source: New York State Web Site. 2010 Data

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

Table 3B: Leading Causes of Death in Montgomery County

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

Source: New York State Web Site. 2010 Data

Table 4: 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
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
Hamilton	Cancer	Heart Disease	Unintentional Injury	Liver Disease	Chronic Lower Respiratory Disease
Montgomery	Cancer	Heart Disease	Chronic Lower Respiratory Disease	Unintentional Injury	Diabetes/Stroke
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. 2008-2010 Data

Throughout the region, the leading causes of premature death are cancer and heart disease which reflect Fulton County's experience. With the exception of septicemia, all of the leading causes of premature death in Fulton County are related to tobacco use.

Table 5: Health Needs Priority Rankings

Priority Rank	Prevention Agenda Indicator Severity Score	Leading Causes of Premature Death	County Health Rankings for NYS	ARHN Survey Results	Prevention agenda and local indicators severity score
1	Reduce Illness, Disability, and Death Related to Tobacco Use and Secondhand Smoke Exposure	Cancer	Alcohol Use	Prevent Chronic Disease	Prevent Substance Abuse and Other Mental, Emotional, and Behavioral Disorders
2	Built Environment	Heart	Diet & Exercise	Promote Mental, Emotional and Behavioral Health & Prevent Substance Abuse	Healthcare Associated Infections
3	Violence, and Occupational Health	CLRD	Tobacco Use	Promote Healthy & Safe Environment	Reduce Illness, Disability, and Death Related to Tobacco Use & Secondhand Smoke Exposure
4	Increase Access to High Quality Chronic Disease Preventive Care and Management in Both Clinical and Community Settings	Unintentional Injury	Quality of Care	Promote Healthy Women & Children	Child Health
5	Prevent Substance Abuse and Other Mental, Emotional, and Behavioral Disorders	Septicemia	Built Environment	Prevent HIV/STI and Vaccine Preventable Diseases	Preconception and Reproductive Health
6			Environmental Quality		Increase Access to High Quality Chronic Disease Preventive Care & Management
7			Access to Care		Maternal and Infant Health
8			Sexual Activity		

Table 6: Health Indicator Trend Data

Focus Area: Disparities	Number Per Year (If Available) One	Two	Three	Average Rate, Ratio or Percentage for the Listed Years
Prevention Agenda Indicators				
1. Percentage of Overall Premature Deaths (Ages 35 - 64), '08 - 10				22.6%
2. Ratio of Black, Non-Hispanic Premature Deaths (Ages 35 - 64) to White, Non-Hispanic Premature Deaths, '08 - 10				N/A
3. Ratio of Hispanic/Latino Premature Deaths (Ages 35 - 64) to White, Non-Hispanic Premature Deaths, '08 - 10				N/A
4. Rate of Adult Age-Adjusted Preventable Hospitalizations per 100,000 Population (Ages 18 Plus), '08 - 10				161.6
5. Ratio of Black, Non-Hispanic Adult Age-Adjusted Preventable Hospitalizations to White, Non-Hispanic, '08 - 10				1.24
6. Ratio of Hispanic/Latino Adult Age-Adjusted Preventable Hospitalizations to White, Non-Hispanic, '08 - 10				N/A
7. Percentage of Adults (Ages 18 - 64) with Health Insurance, '08/09				84.4%
8. Percentage of Adults with Regular Health Care Provider, '08/09				84.8%
Other Disparity Indicators				
1. Rate of Total Deaths per 100,000 Population, '08 - 10	567	562	561	1,020.5
2. Rate of Total Deaths per 100,000 Adjusted Population, '08 - 10	567	562	561	759.3
3. Rate of Emergency Department Visits per 10,000 Population, '08 - 10	29,606	28,970	28,275	5,244.3
4. Rate of Emergency Department Visits per 10,000 Adjusted Population, '08 - 10	29,606	28,970	28,275	5,380.5
5. Rate of Total Hospital Discharges per 10,000 Population, '08 - 10	7,589	7,628	8,033	1,403.9
6. Rate of Total Hospital Discharges per 10,000 Adjusted Population, '08 - 10	7,589	7,628	8,033	1,298.4
7. Percentage of Adults (18 and Older) Who Did Not Receive Care Due to Costs, '08/09				13.5%
8. % of Adults (18 and Older) with Poor Physical Health, '08/09				12.7%
9. % of Adults (18 and Older) with Physical Limitations, '08/09				24.3%
10. % of Adults (18 and Older) with Health Problems that Need Special Equipment, '08/09				9.7%
11. Percentage of Adults (18 and Older) with Disabilities, '08/09				26.4%

Focus Area: Injuries, Violence, and Occupational Health	Number Per Year (If Available)			Average Rate, Ratio or Percentage for the Listed Years
	One	Two	Three	
Prevention Agenda Indicators				
1. Rate of Hospitalizations due to Falls for Ages 65 Plus per 10,000 Population, '08 - 10	197	167	176	205.3
2. Rate of ED Visits due to Falls for Children Ages 1 - 4 per 10,000 Population Children Ages 1 - 4, '08 - 10				782.9
3. Rate of Assault-Related Hospitalizations per 10,000 Population, '08 - 10	10	12	12	2.1
4. Ratio of Black, Non-Hispanic Assault-Related Hospitalizations to White, Non-Hispanic Assault Related Hospitalizations, '08 - 10				N/A
5. Ratio of Hispanic/Latino Assault-Related Hospitalizations to White, Non-Hispanic Assault Related Hospitalizations, '08 - 10				N/A
6. Ratio of Assault-Related Hospitalizations for Low-Income versus non-Low Income Zip Codes, '08 - 10				N/A
7. Rate of ED Occupational Injuries Among Working Adolescents Ages 15 - 19 per 10,000 Population Ages 15 - 19, '08 - 10				87.6
Prevention Agenda Indicators				
Other Indicators				
1. Rate of Hospitalizations for Falls for Children Ages Under 10 per 10,000 Population Children Ages Under 10 , '08 - 10	6	5	5	8.8
2. Rate of Hospitalizations for Falls for Children Ages 10 - 14 per 10,000 Population Children Ages 10 - 14, '08 - 10	5	3	0	7.7
3. Rate of Hospitalizations for Falls for Individuals Ages 15 - 24 per 10,000 Population Individuals Ages 15 - 24, '08 - 10	2	6	5	6.2
4. Rate of Hospitalizations for Falls for Adults Ages 25 - 64 per 10,000 Population Adults Ages 25 - 64, '08 - 10	64	73	64	22.4
5. Rate of Violent Crimes per 100,000 Population, '07 - 11				190.2
6. Rate of Property Crimes per 100,000 Population, '07 - 11				2,677.4
7. Rate of Total Crimes per 100,000 Population, '07 - 11				2,869.4
8. Rate of Malignant Mesothelioma Cases, Ages 15 Plus, per 100,000 Population Ages 15 Plus, '07 - 09				0.7
9. Rate of Pneumonconsis Hospitalizations, Ages 15 Plus, per 10,000 Population Ages 15 Plus, '08 - 10	5	12	3	1.5
10. Rate of Asbestosis Hospitalizations, Ages 15 Plus, per 10,000 Population Ages 15 Plus, '08 - 10	6	13	13	2.3
11. Rate of Work-Related Hospitalizations, Employed Ages 16 Plus per 10,000 Individuals Employed Ages 16 Plus, '08 - 10	33	76	70	24.0
12. Rate of Elevated Blood Lead Levels Ages 16 Plus Employed per 10,000 Individuals Employed Ages 16 Plus, '08 - 10	9	9	12	4.0
13. Rate of Total Motor Vehicle Crashes per 100,000 Population, '09 - 11	1,072	1,000	898	1,782.8
14. Rate of Pedestrian-Related Accidents per 100,000 Population, '09 - 11	21	15	24	36.0
15. Rate of Speed-Related Accidents per 100,000 Population, '09 - 11	122	111	134	220.3
16. Rate of Motor Vehicle Accident Deaths per 100,000 Population, '08 - 10	4	6	7	10.3
17. Rate of TBI Hospitalizations per 10,000 Population, '08 - 10	64	57	58	10.8
18. Rate of Unintentional Injury Hospitalizations per 10,000 Population, '08 - 10	467	456	446	82.7
19. Rate of Unintentional Injury Hospitalizations Ages 14 and Under per 10,000 Population Ages 14 and Under , '08 - 10	25	28	27	27.9
20. Rate of Unintentional Injury Hospitalizations Ages 65 Plus per 10,000 Population Ages 65 Plus, '08 - 10	255	219	219	263.5
21. Rate of Poisoning Hospitalizations /10,000 Population, '08 - 10	71	61	85	13.1

Focus Area: Outdoor Air Quality	Number Per Year (If Available)			Average Rate, Ratio or Percentage for the Listed Years
	One	Two	Three	
1. Number of Days with Unhealthy Ozone, 2007				0
2. Number of Days with Unhealthy Particulate Matter, 2007				0

Focus Area: Built Environment	Number Per Year (If Available)			Average Rate, Ratio or Percentage for the Listed Years
	One	Two	Three	
1. Percentage of the Population that Live in Jurisdictions that Adopted Climate Smart Communities Pledge, 2012				0.0%
2. Percentage of Commuters Who Use Alternative Modes of Transportation to Work, '07 - 11				17.2%
3. Percentage of Population with Low-Income and Low-Access to a Supermarket or Large Grocery Store, 2010				3.2%
4. Percentage of Homes in Vulnerable Neighborhoods that have Fewer Asthma Triggers During Home Revisits, '08 - 11				N/A

Focus Area: Water Quality	Number Per Year (If Available)			Average Rate, Ratio or Percentage for the Listed Years
	One	Two	Three	
1. Percentage of Residents Served by Community Water Systems with Optimally Fluoridated Water, 2012				56.0%

Focus Area: Reduce Obesity in Children and Adults	Number Per Year (If Available)			Average Rate, Ratio or Percentage for the Listed Years
	One	Two	Three	
Prevention Agenda Indicators				
1. Percentage of Adults Ages 18 Plus Who are Obese, '08/09				27.1%
2. Percentage of Public School Children Who are Obese, '10 - 12				19.3%
Prevention Agenda Indicators				
Other Indicators				
1. Percentage of Total Students Overweight, '08 - 10				17.0%
2. Percentage of Elementary Students Overweight, Not Obese, '08 - 10				6.1%
3. Percentage of Elementary Students Obese, '08 - 10				14.0%
4. Percentage of Middle and High School Students Overweight, Not Obese, '08 - 10				9.6%
5. Percentage of Middle and High School Students Obese, '08 - 10				19.5%
6. Percentage of WIC Children Ages 2 - 4 Obese, '08 - 10				48.7%
7. Percentage of Age Adjusted Adults (Ages 18 Plus) Overweight or Obese, '08/09				62.1%
8. Percentage of Age Adjusted Adults (Ages 18 Plus) Who Did Not Participate in Leisure Activities Last 30 Days, '08/09				75.7%

9. Number of Recreational and Fitness Facilities per 100,000 Population, 2009				7.2
10. Percentage of Age Adjusted Adults (Ages 18 Plus) Eating Five or More Vegetables per Day, '08/09				24.2%
11. Percentage of Age Adjusted Adults (Ages 18 Plus) with Cholesterol Check within the Last Five Years, '08/09				76.9%
12. Percentage of Age Adjusted Adults (18 Plus) Ever Diagnosed with High Blood Pressure, '08/09				32.8%
13. Percentage of Age Adjusted Adults (18 Plus) with Physician Diagnoses Angina, Heart Attack, or Stroke, '08/09				8.6%
14. Rate of Cardiovascular Disease Deaths per 100,000 Population, '08 - 10	233	203	207	388.3
15. Rate of Cardiovascular Premature Deaths (Ages 35 - 64) per 100,000 Population Ages 35 - 64, '08 - 10	35	25	27	52.5
16. Rate of Pretransport Deaths per 100,000 Population, '08 - 10	115	110	109	201.7
17. Rate of Cardiovascular Hospitalizations per 10,000 Population, '08 - 10	1,166	1,106	1,189	209.0
18. Rate of Diseases of the Heart Deaths per 100,000 Population, '08 - 10	193	169	163	317.0
19. Rate of Diseases of the Heart Premature Deaths (Ages 35 - 64) per 100,000 Population Ages 35 - 64, '08 - 10	29	21	21	42.9
20. Rate of Disease of the Heart Transport Deaths per 100,000 Population, '08 - 10	95	98	90	170.9
21. Rate of Disease of the Heart Hospitalizations per 10,000 Population, '08 - 10	789	735	790	139.7
22. Rate of Coronary Heart Diseases Deaths per 100,000 Population, '08 - 10	141	133	118	236.7
23. Rate of Coronary Heart Diseases Premature Deaths (Ages 35 - 64) per 100,000 Population Ages 35 - 64, '08 - 10	22	14	15	30.8
24. Rate of Coronary Heart Disease Transport Deaths per 100,000 Population, '08 - 10	73	80	63	130.4
25. Rate of Coronary Heart Disease Hospitalizations per 10,000 Population, '08 - 10	329	294	297	55.6
26. Rate Congestive Heart Failure Deaths/100,000 Population, '08 - 10	11	12	14	22.3
27. Rate Congestive Heart Failure Premature Deaths (Ages 35 - 64) per 100,000 Population Ages 35 - 64, '08 - 10	0	3	0	1.8
28. Rate of Congestive Heart Failure Transport Deaths per 100,000 Population, '08 - 10	5	6	9	12.1
29. Rate of Congestive Heart Failure Hospitalizations per 10,000 Population, '08 - 10	177	177	221	34.7
30. Rate of Cerebrovascular (Stroke) Deaths per 100,000 Population, '08 - 10	26	25	29	48.3
31. Rate of Cerebrovascular (Stroke) Hospitalizations per 10,000 Population, '08 - 10	211	228	229	40.3
32. Rate of Hypertension Hospitalizations (Ages 18 Plus) per 100,000 Population Ages 18 Plus, '08 - 10	14	13	26	3.2
33. Rate of Diabetes Deaths per 100,000 Population, '08 - 10	7	9	6	13.3
34. Rate of Diabetes Hospitalizations (Primary Diagnosis) per 10,000 Population, '08 - 10	100	100	140	20.5
35. Rate of Diabetes Hospitalizations (Any Diagnosis) per 10,000 Population, '08 - 10	1,504	1,472	1,782	287.3

Other Indicators				
Focus Area: Reduce Illness, Disability, and Death Related to Tobacco Use and Secondhand Smoke Exposure	**Number Per Year (If Available)**			**Average Rate, Ratio or Percentage for the Listed Years**
	One	**Two**	**Three**	
Prevention Agenda Indicators				
1. Percentage of Adults Ages 18 Plus Who Smoke '08/09				24.6%
Prevention Agenda Indicators				
Other Indicators				
1. Rate of Chronic Lower Respiratory Disease Deaths per 100,000 Population, '08 - 10	41	43	57	85.1
2. Rate of Chronic Lower Respiratory Disease Hospitalizations per 10,000 population, '08 - 10	326	398	340	64.2
3. Rate of Asthma Deaths per 100,000 Population, '08 - 10	0	2	0	1.2
4. Rate of Asthma Hospitalizations per 10,000 Population, '08 - 10	88	120	93	18.2
5. Rate of Asthma Hospitalizations, Ages 25 - 44, per 10,000 Population Ages 25 - 44, '08 - 10	18	25	15	3.5
6. Rate of Asthma Hospitalizations, Ages 45 - 64, per 10,000 Population Ages 45 - 64, '08 - 10	22	23	20	3.9
7. Rate of Asthma Hospitalizations, Ages 65 Plus, per 10,000 Population Ages 65 Plus, '08 - 10	13	18	20	3.1
8. Percentage of Adults with Asthma, '08/09				12.5%
9. Rate of Lung and Bronchus Deaths per 100,000 Population, '07 - 09	41	35	38	69.0
10. Rate of Lung and Bronchus Cases per 100,000 Population, '07- 09	65	45	58	101.7
11. Number of Registered Tobacco Vendors per 100,000 Population, '09 - 10				88.8
12. Percentage of Vendors with Sales to Minors Violations, '09 - 10				2.0%
13. Percentage of Vendors with Complaints, '09 - 10				0.0%
Other Indicators				
Focus Area Reduce Illness, Disability, and Death Related to Tobacco Use & Secondhand Smoke Exposure				
Focus Area: Increase Access to High Quality Chronic Disease Preventive Care and Management in Both Clinical and Community Settings	**Number Per Year (If Available)**			**Average Rate, Ratio or Percentage for the Listed Years**
	One	**Two**	**Three**	
Prevention Agenda Indicators				
1. Percentage of Adults Ages 50 - 75 Who Received Colorectal Screenings Based on Recent Guidelines, '08/09				67.4%
2. Rate of Asthma ED Visits per 10,000 Population, '08 - 10	355	405	340	66.42
3. Rate of Asthma ED Visits Ages 0 - 4, per 10,000 Population Ages, 0 - 4, '08 - 10				124.1
4. Rate of Short-term Diabetes Hospitalizations for Ages				11.0

6 - 17 per 10,000 Population, Ages 6 - 17, '08 - 10				
5. Rate of Short-term Diabetes Hospitalizations for Ages 18 Plus per 10,000 Population, Ages 18 Plus, '08 - 10				5.9
6. Rate of Age Adjusted Heart Attack Hospitalizations per 10,000 population, 2010				25.0
Summary for Prevention Agenda Indicators				
Other Indicators				
1. Rate of Asthma ED Visits for Ages 18 - 64 per 10,000 Population Ages 18 - 64, '08 - 10	240	267	211	69.4
2. Rate of Asthma ED Visits for Ages 65 Plus per 10,000 Population Ages 65 Plus, '08 - 10	16	19	24	22.4
3. Rate of All Cancer Cases per 100,000 Population, '07 - 09	398	346	390	686.2
4. Rate of all Cancer Deaths per 100,000 Population, '07 - 09	124	120	141	233.0
5. Rate of Female Breast Cancer Cases per 100,000 Female Population, '07 -09	42	38	52	79.9
6. Rate of Female Late Stage Breast Cancer Cases per 100,000 Female Population, '07 - 09				7.9
7. Rate of Female Breast Cancer Deaths per 100,000 Female Population, '07				13.3
8. Percentage of Women Ages 40 Plus With Mammogram within Last Two Years, '08/ 09				80.1%
9. Rate of Cervix and Uterine Cancer Cases per 100,000 Female Population, '07 - 09				1.8
10. Rate of Cervix and Uterine Cancer Deaths per 100,000 Female Population, '07 - 09				1.2
11. Percentage of Women Ages 18 Plus with a Pap Smear within the Last Three Years, '08/ 09				79.1%
12. Rate of Ovarian Cancer Cases per 100,000 Female Population, '07 - 09				8.5
13. Rate of Ovarian Cancer Deaths per 100,000 Female Population, '07 - 09				6.7
14. Rate of Colon and Rectum Cancer Cases per 100,000 Population, '07 - 09	47	37	43	76.9
15. Rate of Colon and Rectum Cancer Deaths per 100,000 Population, '07 - 09	14	16	18	29.0
16. Percentage of Adults Ages 50 Plus with Home Blood Stool Test within the Last Two Years, '08/09				16.2%
17. Percentage of Adults Ages 50 Plus with Sigmoidoscopy or Colonoscopy within Last Ten Years, '08/09				59.7%
18. Rate of Prostate Cancer Deaths 100,000 Male Population, '07 - 09				9.7
19. Rate of Prostate Cancer Cases per 100,000Male Population, '07 -09	68	44	59	103.5
20. Rate of Prostate Cancer Late Stage Cancer Cases per 100,000 Male Population, '07 - 09				4.2
21. Percentage of Males, Ages 40 Plus with a Digital Rectal Exam within Last Two Years, '08/09				50.1%
22. Percentage of Males, Ages 40 Plus with a Prostate Antigen Test within Last Two Years, '08/09				51.5%
23. Rate of Melanoma Cancer Deaths per 100,000 Population, '07 - '09				5.4
24. Percentage of Medicaid Enrollees with at Least One Preventive Dental Visit within the Year, '08 - 10	3,564	4,257	4,387	27.1%
25. Percentage of Age Adjusted Adults with a Dental Visit Within the Last 12 Months, '08/09	2,344	2,806	3,004	18.1%
26. Oral Cavity and Pharynx Cancer Deaths per 100,000 Population, '07-09				2.4
27. Oral Cavity and Pharynx Cancer Deaths, Adults Ages 45 - 74, per 100,000 Population, Ages 45 - 74, '07 - 09				5.0

28. Oral Cavity and Pharynx Cancer Cases per 100,000 Population, '07 - 09	10	8	10	16.9
Summary for Other Indicators				

Focus Area: Maternal and Infant Health	Number Per Year (If Available)			Average Rate, Ratio or Percentage for the Listed Years
	One	Two	Three	
Prevention Agenda Indicators				
1. Percentage Preterm Births < 37 Weeks of Total Births Where Gestation Period is Known, '08 - 10	78	42	50	10.6%
2. Ratio of Preterm Births (< 37 wks) Black/NH to White/NH, '08 - 10				N/A
3. Ratio of Preterm Births (< 37 wks) Hisp/Latino to White/NH, '08 - 10				N/A
4. Ratio of Preterm Births (< 37 wks) Medicaid to Non-Medicaid, '08 - 10				1.00
5. Rate of Maternal Mortality per 100,000 Births, '08 - 10	0	0	0	0.0
6. Percentage of Live Birth Infants Exclusively Breastfed in Delivery Hospital, '08 - 10				48.2%
7. Ratio of Infants Exclusively Breastfed in Delivery Hospital Black, non-Hispanic to White, non-Hispanic, '08 - 10				N/A
8. Ratio of Infants Exclusively Breastfed in Delivery Hospital Hispanic/Latino to White, non-Hispanic, '08 - 10				0.9
9. Ratio of Infants Exclusively Breastfed in Delivery Hospital Medicaid to Non-Medicaid Births, '08 - 10				0.8
Summary for Prevention Agenda Indicators				
Other Indicators				
1. Percentage Preterm Births < 32 weeks of Total Births Where Gestation Period is Known, '08 - 10	17	8	9	6.4%
2. Percentage Preterm Births 32 to < 37 Weeks of Total Births Where Gestation Period is Known, '08 - 10	61	34	41	8.5%
3. Percentage of Total Births with Weights Less Than 1,500 grams, '08 - 10	13	6	5	1.4%
4. Percentage of Singleton Births with Weights Less Than 1,500 grams, '08 - 10	10	6	5	1.2%
5. Percentage of Total Births with Weights Less Than 2,500 grams, '08 - 10	67	35	32	7.7%
6. Percentage of Singleton Births with Weights Less Than 2,500 grams, '08 - 10	49	31	29	6.4%
7. Percentage of Total Births for Black, Non-Hispanic, with Weights Less than 2,500 Grams, '08 - 10				N/A
8. Percentage of Total Births for Hispanic/Latino, with Weights Less than 2,500 Grams, '08 - 10				N/A
9. Infant Mortality Rate per 1,000 Live Births, '08 - 10				4.0
10. Infant Mortality Rate for Black, Non-Hispanic per 1,000 Births, '08 - 10				N/A
11. Infant Mortality Rate for Hispanic/Latino per 1,000 Births, '08 - 10				N/A
12. Rate of Deaths (28 Weeks Gestation to Seven Days) per 1,000 Live Births and Perinatal Deaths, '08 - 10	1	3	3	4.0
13. Percentage Early Prenatal Care of Total Births Where Prenatal Care Status is Known, '08 - 10	473	407	414	80.2%
14. Percentage Early Prenatal Care for Black, Non-Hispanic, '08 - 10				N/A
15. Percentage Early Prenatal Care for Hispanic/Latino, '08 - 10				65.4%
16. Percentage APGAR Scores of Less Than Five at Five Minute Mark of Births Where APGAR Score is Known, '08 - 10	4	1	3	0.5%
17. Rate of Newborn Drug Related Hospitalizations per 10,000 Births, '08 - 10	5	2	4	63.1
18. Percentage WIC Women Breastfed at Six months, '08 - 10				12.5%
19. Percentage Infants Receiving Any Breast Milk in Delivery Hospital, '08 - 10	301	332	315	54.4%

Summary for Other Indicators

Focus Area: Preconception and Reproductive Health	Number Per Year (If Available) One	Two	Three	Average Rate, Ratio or Percentage for the Listed Years
Prevention Agenda Indicators				
1. Percent of Births within 24 months of Previous Pregnancy, '08 - 10	170	131	127	24.6%
2. Rate of Pregnancies Ages 15 - 17 year per 1,000 Females Ages 15-17, '08 - 10	23	29	17	19.7
3. Ratio of Pregnancy Rates for Ages 15 - 17 Black, non-Hispanic to White, non-Hispanic, '08 - 10				2.43
4. Ratio of Pregnancy Rates for Ages 15 - 17 Hispanic/Latino to White, non-Hispanic, '08 - 10				2.53
5. Percent of Unintended Births to Total Births, 2011				33.5%
6. Ratio of Unintended Births Black, non-Hispanic to White, non-Hispanic, '08 - 10				N/A
7. Ratio of Unintended Births Hispanic/Latino to White, non-Hispanic, '08 - 10				N/A
8. Ratio of Unintended Births Medicaid to Non-Medicaid, '08 - 10				1.86
9. Percentage of Women Ages 18- 64 with Health Insurance, '08/09				86.6%
Summary for Prevention Agenda Indicators				
Other Indicators				
1. Rate of Total Births per 1,000 Females Ages 15-44, '08 - 10	632	556	555	56.9
2. Percent Multiple Births of Total Births, '08 - 10	24	15	8	2.7%
3. Percent C-Sections to Total Births, '08 - 10	227	234	210	38.5%
4. Rate of Total Pregnancies per 1,000 Females Ages 15-44, '08 - 10	793	731	709	72.9
5. Rate of Births Ages 10 - 14 per 1,000 Females Ages 10-14, '08 - 10	1	0	0	0.2
6. Rate of Pregnancies Ages 10 - 14 per 1,000 Females Ages 10-14, '08 - 10	3	0	3	1.2
7. Rate of Births Ages 15 - 17 per 1,000 Females Ages 15-17, '08 - 10	12	16	10	10.9
8. Rate of Births Ages 15 - 19 per 1,000 Females Ages 15-19, '08 - 10	62	57	54	32.1
9. Rate of Pregnancies Ages 15 - 19 per 1,000 Females Ages 5-19, '08 - 10	97	100	80	51.4
10. Rate of Births Ages 18 - 19 per 1,000 Females Ages 18-19, '08 - 10	50	41	44	71.3
11. Rate of Pregnancies Ages 18 - 19 per 1,000 Females Ages 18-19, '08 - 10	74	71	63	109.9
12. Percent Total Births to Women Ages 35 Plus, '08 - 10	62	71	52	10.6%
13. Rate of Abortions Ages 15 - 19 per 100 Live Births, Mothers Ages 15-19, '08 - 10	31	42	26	5.7
14. Rate of Abortions All Ages per 100 Live Births to All Mothers, '08 - 10	139	166	140	25.5
15. Percentage of WIC Women Pre-pregnancy Underweight, '08 - 10	18	17	9	4.9%
16. Percentage of WIC Women Pre-pregnancy Overweight but not Obese, ' 08 - 10	78	74	58	23.5%
17. Percentage of WIC Women Pre-pregnancy Obese, '08 - 10	113	86	80	31.2%
18. Percentage of WIC Women with Gestational Weight Gain Greater than Ideal, '08 - 10	131	140	141	48.6%
19. Percentage of WIC Women with Gestational Diabetes, '08 - 10	7	16	18	5.0%
20. Percentage of WIC Women with Gestational Hypertension, '08 - 10	28	28	26	9.9%

Summary for Other Indicators

Focus Area: Child Health	Number Per Year (If Available)			Average Rate, Ratio or Percentage for the Listed Years
	One	Two	Three	
Prevention Agenda Indicators				
1. Percentage of Children Ages 0 - 15 Months with Government Insurance with Recommended Well Visits, 2011				92.2%
2. Percentage of Children Ages 3 - 6 Years with Government Insurance with Recommended Well Visits, 2011				81.1%
3. Percentage of Children Ages 12 -21 Years with Government Insurance with Recommended Well Visits, 2011				57.8%
4. Percentage of Children Ages 0 -19 with Health Insurance, 2010				94.5%
5. Percentage of 3rd Graders with Untreated Tooth Decay, '09 - 11				N/A
6. Ratio of 3rd Graders with Untreated Tooth Decay, Low Income Children to Non-Low income Children, '09 - 11				0.95
Summary for Prevention Agenda Indicators				
Other Indicators				
1. Rate of Children Deaths Ages 1 - 4 per 100,000 Population Children Ages 1 - 4, '08 - 10	0	0	0	0.0
2. Rate of Children Deaths Ages 5 - 9 per 100,000 Population Children Ages 1 - 4, '08 - 10	1	1	1	31.8
3. Rate of Children Deaths Ages 10 - 14 per 100,000 Population Children ages 10 - 14, '08 - 10	0	0	0	0.0
4. Rate of Children Deaths Ages 5 - 14 per 100,000 Population Children Ages 5 - 14, '08 - 10	1	1	1	15.1
5. Rate of Children Deaths Ages 5 - 19 per 100,000 Population Children Ages 15 - 19 , '08 - 10	0	3	0	26.5
6. Rate of Children Deaths Ages 1 - 19 per 100,000 Population Children Ages 1 - 19, '08 - 10	1	4	1	15.7
7. Rate of Asthma Hospitalizations Children Ages 0 - 4 per 10,000 Population Children Ages 0 - 4, '08 - 10	17	30	14	69.5
8. Rate of Asthma Hospitalizations Children Ages 5 - 14 per 10,000 Population Children Ages 5 - 14, '08 - 10	14	15	20	24.7
9. Rate of Asthma Hospitalizations Children Ages 0 - 17 per 10,000 Population Children Ages 0 - 17, '8 - 10	31	45	35	30.9
10. Rate of Gastroenteritis Hospitalizations Children Ages 0 - 4 per 10,000 Population Children Ages 0 - 4, '08 - 10	4	5	8	19.4
11. Rate of Otitis Media Hospitalizations Children Ages 0 - 4 per 10,000 Population Children Ages 0 - 4, '08 - 10	1	1	1	3.4
12. Rate of Pneumonia Hospitalizations Children Ages 0 - 4 per 10,000 Population Children Ages 0 - 4, '08 - 10	14	17	23	61.5
13. Rate of ED Asthma Visits Children Ages 0 - 4 per 10,000 Population Children Ages 0 - 4, '08 - 10	35	39	35	124.1
14. Percentage of Children Screened for Lead by Age 9 months				3.1%
15. Percentage of Children Screened for Lead by Age 18 months				56.0%
16. Percentage of Children Screened for Lead by Age 36 months (at least two screenings)				44.5%
17. Rate of Children Ages < 6 with Confirmed Blood Lead Levels >= 10 mg/dl Cases Per 1,000 Children Tested, '08 - 10	32	23	21	90.8
18. Rate of Unintentional Injury Hospitalizations for Children Under Age 10 per 10,000 Population Children Under Age 10, '08 - 10	14	24	19	31.3
19. Rate of Unintentional Injury Hospitalizations for Children Ages 10 - 14 per 10,000 Population Children Ages 10 - 14, '08 - 10	11	4	8	22.1
20. Rate of Unintentional Injury Hospitalizations for Children/Young Adults Ages 15 - 24 per 10,000 Ages 15 - 24, '08 - 10	34	32	28	44.8

21. Rate of Asthma ED Visits for Children Ages 0 - 17 per 10,000 Population Children Ages 0 - 17, '07 - 09	124	99	124	98.8
22. Percentage of Medicaid Enrollees Ages 2 - 20 with at Least One Dental Visit, 08 - 10				36.5%
23 Percentage of 3rd Graders with Dental Caries, '09 - 11				N/A
24. Percentage of 3rd Graders with Dental Sealants, '09 - 11				N/A
25. Percentage of 3rd Graders with Dental Insurance, '09 - 11				N/A
26. Percentage of 3rd Graders with at Least One Dental Visit, '09 - 11				95.8%
27. Percentage of 3rd Graders Taking Fluoride Tablets Regularly, '09 - 11				N/A
28. Rate of Caries ED Visits for Children Ages 3 - 5 per 10,000 Population Children Ages 3 - 5, '08 - 10	7	2	5	26.9
29. Percentage of WIC Children Ages 2 - 4 Viewing Two Hours TV or Less Per Day, '08 - 10				69.8%

Summary for Other Indicators

Summary for Focus Area Child Health

Focus Area: Human Immunodeficiency Virus (HIV)	**Number Per Year (If Available)**			**Average Rate, Ratio or Percentage for the Listed Years**
	One	**Two**	**Three**	
Prevention Agenda Indicators				
1. Rate of Newly Diagnosed HIV Cases per 100,000 Population, '08 - 10	5	1	4	6.0
2. Ratio of Newly Diagnosed HIV Cases Black, non-Hispanic versus White, non-Hispanic, '08 - 10				N/A

Quartile Summary for Prevention Agenda Indicators

Other Indicators				
1. Rate of AIDS Cases per 100,000 Population, '08 - 10	4	1	1	2.2
2. Rate of AIDS Deaths per 100,000 Adjusted Population, '08 - 10	0	0	0	0.0

Quartile Summary for Other Indicators

Quartile Summary for Focus Area Human Immunodeficiency Virus (HIV)

Focus Area: Sexually Transmitted Disease (STDs)	**Number Per Year (If Available)**			**Average Rate, Ratio or Percentage for the Listed Years**
	One	**Two**	**Three**	
Prevention Agenda Indicators				
1. Rate of Primary and Secondary Syphilis for Males per 100,000 Male Population, 2010				0.0
2. Rate of Primary and Secondary Syphilis for Females per 100,000 Female Population, 2010				0.0

3. Rate of Gonorrhea Cases for Females Ages 15-44 per 100,000 Female Population Ages 15-44, 2010				60.1
4. Rate of Gonorrhea Cases for Males Ages 15 - 44 per 100,000 Male Population Ages 15-44, 2010				19.2
5. Rate of Chlamydia for Females Ages 15 - 44 per 100,000 Female Population Ages 15 - 44, '08 - 10				931.8
Quartile Summary for Prevention Agenda Indicators				
Other Indicators				
1. Rate of Early Syphilis Cases per 100,000 Population, '08 - 10	2	1	0	1.8
2. Rate of Gonorrhea Cases per 100,000 Population, '08 - 10	20	29	9	35.0
3. Rate of Gonorrhea Ages 15 - 19 Cases per 100,000 Population Ages 15-19, '08 - 10	4	5	3	106.2
4. Rate of Chlamydia Cases All Males per 100,000 Male Population, '08 - 10	16	16	28	73.3
5. Rate of Chlamydia Cases Males Ages 15 - 19 Cases per 100,000 Male Population Ages 15-19, '08 - 10	5	6	5	270.9
6. Rate of Chlamydia Cases Males Ages 20 - 24 per 100,000 Male Population Ages 20-24, '08 - 10	7	5	14	527.5
7. Rate of Chlamydia Cases All Females per 100,000 Female Population, '08 - 10	81	115	95	347.5
8. Rate of Chlamydia Cases Females Ages 15- 19 per 100,000 Female Population Ages 15 - 19, '08 - 10	42	53	41	2,521.3
9. Rate of Chlamydia Cases Females Ages 20 - 24 per 100,000 Female Population Ages 20-24, '08 - 10	26	39	40	2,130.2
10. Rate of PID Hospitalizations Females Ages 15 - 44 per 10,000 Female Population Ages 15 - 44, '08 - 10	4	2	3	2.9
Summary for Other Indicators				
Summary for Sexually Transmitted Diseases				
Focus Area: Vaccine Preventable Disease	**Number Per Year (If Available) One**	**Two**	**Three**	**Average Rate, Ratio or Percentage for the Listed Years**
Prevention Agenda Indicators				
1. Percent of Children Ages 19 - 35 months with 4:3:1:3:3:1:4, 2011				53.2%

2. Percent females 13 - 17 with 3 dose HPV vaccine, 2011				32.5%
3. Percent of Adults Ages 65 Plus With Flu Shots Within Last Year, '08/09				69.6%
Quartile Summary for Prevention Agenda Indicators				
Other Indicators				
1. Rate of Pertussis Cases per 100,000 Population, '08 - 10	0	0	2	1.2
2. Rate of Pneumonia/flu Hospitalizations Ages 65 Plus per 100,000 Population Age 65 Plus, '08 - 10	99	133	133	138.8
3. Percent of Adults Ages 65 Plus Ever Received a Pneumonia Shot, '08/09				64.8%
4. Rate of Mumps Cases per 100,000 Population, '08 - 10	0	0	0	0.0
5. Rate of Meningococcal Cases per 100,000 Population, '08 - 10	0	0	0	0.0
6. Rate of H Influenza Cases per 100,000 Population, '08 - 10	0	2	1	1.8
Quartile Summary for Other Indicators				

Focus Area: Healthcare Associated Infections	**Number Per Year (If Available)**			**Average Rate, Ratio or Percentage for the Listed Years**
	One	**Two**	**Three**	
Prevention Agenda Indicators				
1. Rate of Hospital Onset CDIs per 10,000 Patient Days, 2011				6.6
2. Rate of Community Onset, Healthcare Facility Associated CDIs per 10,000 Patient Days, 2011				5.3
Quartile Summary for Healthcare Associated Infections				

Focus Area: Prevent Substance Abuse and Other Mental, Em0tional, and Behavioral Disorders	**Number Per Year (If Available)**			**Average Rate, Ratio or Percentage for the Listed Years**
	One	**Two**	**Three**	
Prevention Agenda Indicators				
1. Percent of Adults Binge Drinking within the Last Month, '08/09				19.7%
2. Percent of Adults with Poor Mental Health (14 or More Days) in the Last Month, '08/09				14.2%

3. Rate of Age Adjusted Suicides per 100,000 Adjusted Population, '08 - 10	11	0	7	10.3
Quartile Summary for Prevention Agenda Indicators				
Other Indicators				
1 Rate of Suicides for Ages 15 - 19 per 100,000 Population Ages 15 - 19, '08 - 10	0	0	0	0.0
2. Rate of Self-inflicted Hospitalizations 10,000 Population, '08 - 10	55	57	60	10.4
3. Rate of Self-inflicted Hospitalizations for Ages 15 - 19 per 10,000 Population Ages 15 - 19, '08 - 10	10	10	7	23.9
4. Rate of Cirrhosis Deaths per 100,000 Population, '08 - 10	5	7	5	10.3
5. Rate of Cirrhosis Hospitalizations per 10,000 Population, '08 - 10	13	15	13	2.5
6. Rate of Alcohol-Related Accidents per 100,000 Population, '09 - 11	64	50	53	100.8
7. Percentage of Alcohol-Related Crashes to Total Accidents, 09 - 11	6.0%	5.0%	5.9%	5.6%
8. Rate of Alcohol-Related Injuries and Deaths per 100,000 Population, '08 - 10	37	46	32	69.4
9. Rate of Drug-Related Hospitalizations per 10,000 Population, '08 - 10	108	121	117	20.9
10. Rate of People Served in Mental Health Outpatient Settings Ages 8 and Below per 100,000 Population Ages 8 and Below, 2011				774.0
11. Rate of People Served in Mental Health Outpatient Settings Ages 9 - 17 per 100,000 Population Ages 9 - 17, 2011				2,418.0
12. Rate of People Served in Mental Health Outpatient Settings Ages 18 - 64 per 100,000 Population Ages 18 - 64, 2011				1,098.0
13. Rate of People Served in Mental Health Outpatient Settings Ages 65 Plus per 100,000 Population Ages 65 Plus, 2011				181.0
14. Rate of People Served in ED for Mental Health Ages 8 and Below per 100,000 Population Ages 8 and Below, 2011				0.0
15. Rate of People Served in ED for Mental Health Ages 9 - 17 per 100,000 Population Ages 9 - 17, 2011				15.9
16. Rate of People Served in ED for Mental Health Ages 18 - 64 per 100,000 Population Ages 18 - 64, 2011				8.7
17.Rate of People Served in ED for Mental Health Ages 65 Plus per 100,000 Population Ages 65 Plus, 2011				0.0
18. Percentage of Children Ages 9 - 17 with Serious Emotional Disturbances (SED) Served to Total SED Children Ages 9 - 17, 2011				20.2%

19. Percentage of Adults Ages 18 - 64 with Serious Mental Illness (SMI) Served, 2011				23.0%
20. Percentage of Adults Ages 65 Plus with Serious Mental Illness (SMI) Served, 2011				6.3%

Quartile Summary for Other Indicators

Quartile Summary for Focus Area: Prevent Substance Abuse and Other Mental, Emotional, and Behavioral Disorders

Other Non-Prevention Agenda Indicators	Number Per Year (If Available)			Average Rate, Ratio or Percentage for the Listed Years
	One	Two	Three	
1. Rate of Hepatitis A Cases per 100,000 Population, '08 - 10	0	1	0	0.6
2. Rate of Acute Hepatitis B Cases per 100,000 Population, '08 - 10	0	0	0	0.0
3. Rate of TB Cases per 100,000 Population, '08 - 10	0	0	0	0.0
4. Rate of e. Coli 157 Cases per 100,000 Population, '08 - 10	0	2	0	1.2
5. Rate of Salmonella Cases per 100,000 Population, '08 - 10	7	6	6	11.5
6. Rate of Shigella Cases per 100,000 Population, '08 - 10	0	0	0	0.0
7. Rate of Lyme Disease Cases per 100,000 Population, '08 - 10	6	10	3	11.5
8. Rate of Confirmed Rabies Cases per 100,000 Population, ' 08 - 10	1	2	0	1.8
9. Rate of Confirmed West Nile Virus Cases (Humans, Horses, Other Animals, Mosquito Pools) per 100,000 Population, '08 - 10	0	0	0	0.0

Table 7: Health Indicator Measures and Benchmarks

Focus Area: Disparities	Average Rate, Ratio or Percentage for the Listed Years	Comparison Regions/Data				Comparison to Benchmark
		ARHN	Upstate NY	New York State	2017 Prevention Agenda Benchmark	
Prevention Agenda Indicators						
1. Percentage of Overall Premature Deaths (Ages 35 - 64), '08 - 10	22.6%	22.3%	22.0%	24.3%	**21.8%**	Worse
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	**1.87**	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	**1.86**	Less than 10
4. Rate of Adult Age-Adjusted Preventable Hospitalizations per 100,000 Population (Ages 18 Plus), '08 - 10	161.6	147.3	138.9	155.0	**133.3**	Worse
5. Ratio of Black, Non-Hispanic Adult Age-Adjusted Preventable Hospitalizations to White, Non-Hispanic, '08 - 10	1.24	N/A	N/A	2.09	**1.85**	Meets/Better
6. Ratio of Hispanic/Latino Adult Age-Adjusted Preventable Hospitalizations to White, Non-Hispanic, '08 - 10	N/A	N/A	N/A	1.46	**1.38**	Less than 10
7. Percentage of Adults (Ages 18 - 64) with Health Insurance, '08/09	84.4%	83.2%	85.7%	83.1%	**100.0%**	Worse
8. Percentage of Adults with Regular Health Care Provider, '08/09	84.8%	86.6%	N/A	83.0%	**90.8%**	Worse
Quartile Summary for Prevention Agenda Indicators						
Other Disparity Indicators						
1. Rate of Total Deaths per 100,000 Population, '08 - 10	1,020.5	848.2	**842.2**	748.6	N/A	Worse
2. Rate of Total Deaths per 100,000 Adjusted Population, '08 - 10	759.3	721.0	**701.4**	662.8	N/A	Worse
3. Rate of Emergency Department Visits per 10,000 Population, '08 - 10	5,244.3	3,673.1	**3,534.4**	3,813.6	N/A	Worse
4. Rate of Emergency Department Visits per 10,000 Adjusted Population, '08 - 10	5,380.5	3,682.4	**3,522.6**	3,165.3	N/A	Worse
5. Rate of Total Hospital Discharges per 10,000 Population, '08 - 10	1,403.9	1,137.5	**1,223.2**	1,290.5	N/A	Worse
6. Rate of Total Hospital Discharges per 10,000 Adjusted	1,298.4	1,080.8	**1,162.6**	1,242.5	N/A	Worse

Population, '08 - 10						
7. Percentage of Adults (18 and Older) Who Did Not Receive Care Due to Costs, '08/09	13.5%			**13.8%**	N/A	Meets/Better
8. % of Adults (18 and Older) with Poor Physical Health, '08/09	12.7%	11.2%	**9.9%**	9.8%	N/A	Worse
9. % of Adults (18 and Older) with Physical Limitations, '08/09	24.3%	23.3%	**21.2%**	20.2%	N/A	Worse
10. % of Adults (18 and Older) with Health Problems that Need Special Equipment, '08/09	9.7%	8.2%	**7.7%**	7.8%	N/A	Worse
11. Percentage of Adults (18 and Older) with Disabilities, '08/09	26.4%	25.2%	**22.9%**	22.5%	N/A	Worse
Quartile Summary for Other Indicators						
Quartile Summary for Focus Area Disparities						

Focus Area: Injuries, Violence, and Occupational Health	**Average Rate, Ratio or Percentage for the Listed Years**	**Comparison Regions/Data**				**Comparison to Benchmark**
		ARHN	**Upstate NY**	**New York State**	**2017 Prevention Agenda Benchmark**	
Prevention Agenda Indicators						
1. Rate of Hospitalizations due to Falls for Ages 65 Plus per 10,000 Population, '08 - 10	205.3	208.4	215.8	202.1	**204.6**	Worse
2. Rate of ED Visits due to Falls for Children Ages 1 - 4 per 10,000 Population Children Ages 1 - 4, '08 - 10	782.9	515.5	511.9	476.4	**429.1**	Worse
3. Rate of Assault-Related Hospitalizations per 10,000 Population, '08 - 10	2.1	1.6	2.7	4.7	**4.3**	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	**6.69**	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	**2.75**	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	**2.92**	Less than 10
7. Rate of ED Occupational Injuries Among Working Adolescents Ages 15 - 19 per 10,000 Population Ages 15 - 19, '08 - 10	87.6	56.1	51.8	36.7	**33.0**	Worse
Quartile Summary for Prevention Agenda Indicators						
Other Indicators						
1. Rate of Hospitalizations for Falls for Children Ages Under 10	8.8	6.5	**8.5**	10.0	N/A	Worse

per 10,000 Population Children Ages Under 10 , '08 - 10						
2. Rate of Hospitalizations for Falls for Children Ages 10 - 14 per 10,000 Population Children Ages 10 - 14, '08 - 10	7.7	4.2	**6.1**	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	6.2	6.3	**6.3**	6.9	N/A	Meets/Better
4. Rate of Hospitalizations for Falls for Adults Ages 25 - 64 per 10,000 Population Adults Ages 25 - 64, '08 - 10	22.4	17.7	**18.7**	18.7	N/A	Worse
5. Rate of Violent Crimes per 100,000 Population, '07 - 11	190.2	128.0	**251.3**	395.7	N/A	Meets/Better
6. Rate of Property Crimes per 100,000 Population, '07 - 11	2,677.4	1,669.5	**2,088.7**	1,938.4	N/A	Worse
7. Rate of Total Crimes per 100,000 Population, '07 - 11	2,869.4	1,797.4	**2,340.0**	2,334.1	N/A	Worse
8. Rate of Malignant Mesothelioma Cases, Ages 15 Plus, per 100,000 Population Ages 15 Plus, '07 - 09	0.7	1.5	**1.7**	**1.3**	N/A	Less than 10
9. Rate of Pneumonconsis Hospitalizations, Ages 15 Plus, per 10,000 Population Ages 15 Plus, '08 - 10	1.5	1.8	**1.9**	1.4	N/A	Meets/Better
10. Rate of Asbestosis Hospitalizations, Ages 15 Plus, per 10,000 Population Ages 15 Plus, '08 - 10	2.3	4.8	**2.1**	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	24.0	19.1	**21.1**	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	4.0	2.6	**2.4**	2.3	N/A	Worse
13. Rate of Total Motor Vehicle Crashes per 100,000 Population, '09 - 11	1,782.8	2,126.9	**2,104.5**	1,607.0	N/A	Meets/Better
14. Rate of Pedestrian-Related Accidents per 100,000 Population, '09 - 11	36.0	26.0	**45.0**	82.4	N/A	Meets/Better
15. Rate of Speed-Related Accidents per 100,000 Population, '09 - 11	220.3	310.9	**225.1**	146.4	N/A	Meets/Better
16. Rate of Motor Vehicle Accident Deaths per 100,000 Population, '08 - 10	10.3	10.1	**8.2**	6.2	N/A	Worse
17. Rate of TBI Hospitalizations per 10,000 Population, '08 - 10	10.8	7.2	**10.0**	9.9	N/A	Worse
18. Rate of Unintentional Injury Hospitalizations per 10,000 Population, '08 - 10	82.7	70.7	**72.7**	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	27.9	16.9	**21.0**	24.5	N/A	Worse
20. Rate of Unintentional Injury Hospitalizations Ages 65 Plus per 10,000 Population Ages 65 Plus, '08 - 10	263.5	273.3	**276.6**	260.9	N/A	Meets/Better
21. Rate of Poisoning Hospitalizations per 10,000 Population, '08 - 10	13.1	11.6	**10.3**	10.5	N/A	Worse
Quartile Summary for Other Indicators						

Quartile Summary for Focus Area Injuries, Violence, and Occupational Health	

Focus Area: Outdoor Air Quality	Average Rate, Ratio or Percentage for the Listed Years	Comparison Regions/Data				Comparison to Benchmark
		ARHN	Upstate NY	New York State	2017 Prevention Agenda Benchmark	
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
Quartile Summary for Focus Area Outdoor Air Quality						

Focus Area: Built Environment	Average Rate, Ratio or Percentage for the Listed Years	Comparison Regions/Data				Comparison to Benchmark
		ARHN	Upstate NY	New York State	2017 Prevention Agenda Benchmark	
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	17.2%	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	3.2%	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%**	Less than 10
Quartile Summary for Focus Area Built Environment						

Focus Area: Water Quality	Average Rate, Ratio or Percentage for the Listed Years	Comparison Regions/Data				Comparison to Benchmark
		ARHN	Upstate NY	New York State	2017 Prevention Agenda Benchmark	
1. Percentage of Residents Served by Community Water Systems with Optimally Fluoridated Water, 2012	56.0%	42.4%	47.4%	71.4%	**78.5%**	Worse
Quartile Summary for Focus Area Water Quality						

Focus Area: Reduce Obesity in Children and Adults	Average Rate, Ratio or Percentage for the Listed Years	Comparison Regions/Data				Comparison to Benchmark
		ARHN	Upstate NY	New York State	2017 Prevention Agenda Benchmark	
Prevention Agenda Indicators						
1. Percentage of Adults Ages 18 Plus Who are Obese, '08/09	27.1%	N/A	N/A	23.1%	**23.0%**	Worse
2. Percentage of Public School Children Who are Obese, '10 - 12	19.3%	N/A	0.0%	N/A	**16.7%**	Worse
Quartile Summary for Prevention Agenda Indicators						
Other Indicators						
1. Percentage of Total Students Overweight, '08 - 10	17.0%	N/A	**N/A**	N/A	N/A	Meets/Better
2. Percentage of Elementary Students Overweight, Not Obese, '08 - 10	6.1%	N/A	**N/A**	N/A	N/A	Meets/Better
3. Percentage of Elementary Students Obese, '08 - 10	14.0%	N/A	**N/A**	N/A	N/A	Meets/Better
4. Percentage of Middle and High School Students Overweight, Not Obese, '08 - 10	9.6%	N/A	**N/A**	N/A	N/A	Meets/Better
5. Percentage of Middle and High School Students Obese, '08 - 10	19.5%	N/A	**N/A**	N/A	N/A	Meets/Better
6. Percentage of WIC Children Ages 2 - 4 Obese, '08 - 10	48.7%	45.3%	**45.7%**	43.4%	N/A	Meets/Better
7. Percentage of Age Adjusted Adults (Ages 18 Plus) Overweight or Obese, '08/09	62.1%	N/A	N/A	**59.3%**	N/A	Worse
8. Percentage of Age Adjusted Adults (Ages 18 Plus) Who Did Not Participate in Leisure Activities Last 30 Days, '08/09	75.7%	N/A	N/A	**76.3%**	N/A	Meets/Better
9. Number of Recreational and Fitness Facilities per 100,000 Population, 2009	7.2	13.3	**12.4**	11.0	N/A	Worse
10. Percentage of Age Adjusted Adults (Ages 18 Plus) Eating Five or More Vegetables per Day, '08/09	24.2%	N/A	N/A	**27.1%**	N/A	Worse
11. Percentage of Age Adjusted Adults (Ages 18 Plus) with Cholesterol Check within the Last Five Years, '08/09	76.9%	N/A	N/A	**77.3%**	N/A	Worse
12. Percentage of Age Adjusted Adults (18 Plus) Ever Diagnosed with High Blood Pressure, '08/09	32.8%	N/A	N/A	**25.7%**	N/A	Worse
13. Percentage of Age Adjusted Adults (18 Plus) with Physician	8.6%	N/A	N/A	**7.6%**	N/A	Worse

Diagnoses Angina, Heart Attack, or Stroke, '08/09						
14. Rate of Cardiovascular Disease Deaths per 100,000 Population, '08 - 10	388.3	280.8	**302.9**	289.2	N/A	Worse
15. Rate of Cardiovascular Premature Deaths (Ages 35 - 64) per 100,000 Population Ages 35 - 64, '08 - 10	52.5	40.5	**39.4**	41.3	N/A	Worse
16. Rate of Pretransport Deaths per 100,000 Population, '08 - 10	201.7	146.7	**155.9**	144.1	N/A	Worse
17. Rate of Cardiovascular Hospitalizations per 10,000 Population, '08 - 10	209.0	169.5	**184.6**	183.3	N/A	Worse
18. Rate of Diseases of the Heart Deaths per 100,000 Population, '08 - 10	317.0	219.5	**243.6**	239.7	N/A	Worse
19. Rate of Diseases of the Heart Premature Deaths (Ages 35 - 64) per 100,000 Population Ages 35 - 64, '08 - 10	42.9	33.8	**32.2**	33.7	N/A	Worse
20. Rate of Disease of the Heart Transport Deaths per 100,000 Population, '08 - 10	170.9	119.0	**129.7**	125.3	N/A	Worse
21. Rate of Disease of the Heart Hospitalizations per 10,000 Population, '08 - 10	139.7	118.9	**128.4**	125.7	N/A	Worse
22. Rate of Coronary Heart Diseases Deaths per 100,000 Population, '08 - 10	236.7	151.3	**180.0**	195.6	N/A	Worse
23. Rate of Coronary Heart Diseases Premature Deaths (Ages 35 - 64) per 100,000 Population Ages 35 - 64, '08 - 10	30.8	24.6	**24.8**	27.9	N/A	Worse
24. Rate of Coronary Heart Disease Transport Deaths per 100,000 Population, '08 - 10	130.4	83.6	**99.0**	105.2	N/A	Worse
25. Rate of Coronary Heart Disease Hospitalizations per 10,000 Population, '08 - 10	55.6	44.7	**51.6**	52.3	N/A	Worse
26. Rate of Congestive Heart Failure Deaths per 100,000 Population, '08 - 10	22.3	15.7	**19.8**	13.3	N/A	Worse
27. Rate of Congestive Heart Failure Premature Deaths (Ages 35 - 64) per 100,000 Population Ages 35 - 64, '08 - 10	1.8	0.6	**0.8**	0.6	N/A	Less than 10
28. Rate of Congestive Heart Failure Transport Deaths per 100,000 Population, '08 - 10	12.1	8.8	**10.9**	7.2	N/A	Worse
29. Rate of Congestive Heart Failure Hospitalizations per 10,000 Population, '08 - 10	34.7	29.3	**32.2**	32.3	N/A	Worse
30. Rate of Cerebrovascular (Stroke) Deaths per 100,000 Population, '08 - 10	48.3	40.2	**39.3**	30.5	N/A	Worse
31. Rate of Cerebrovascular (Stroke) Hospitalizations per 10,000 Population, '08 - 10	40.3	26.4	**29.8**	27.8	N/A	Worse
32. Rate of Hypertension Hospitalizations (Ages 18 Plus) per 100,000 Population Ages 18 Plus, '08 - 10	3.2	2.5	**4.1**	6.2	N/A	Meets/Better

33. Rate of Diabetes Deaths per 100,000 Population, '08 - 10	13.3	17.8	**17.7**	18.6	N/A	Meets/Better
34. Rate of Diabetes Hospitalizations (Primary Diagnosis) per 10,000 Population, '08 - 10	20.5	14.1	**15.5**	20.3	N/A	Worse
35. Rate of Diabetes Hospitalizations (Any Diagnosis) per 10,000 Population, '08 - 10	287.3	228.1	**228.9**	248.7	N/A	Worse
Quartile Summary for Other Indicators						
Quartile Summary for Focus Area Reduce Obesity in Children and Adults						
Focus Area: Reduce Illness, Disability, and Death Related to Tobacco Use and Secondhand Smoke Exposure	**Average Rate, Ratio or Percentage for the Listed Years**	**Comparison Regions/Data**				**Comparison to Benchmark**
		ARHN	**Upstate NY**	**New York State**	**2017 Prevention Agenda Benchmark**	
Prevention Agenda Indicators						
1. Percentage of Adults Ages 18 Plus Who Smoke '08/09	24.6%	21.4%	18.5%	16.8%	**15.0%**	Worse
Quartile Summary for Prevention Agenda Indicators						
Other Indicators						
1. Rate of Chronic Lower Respiratory Disease Deaths per 100,000 Population, '08 - 10	85.1	59.1	**46.0**	104.1	N/A	Worse
2. Rate of Chronic Lower Respiratory Disease Hospitalizations per 10,000 population, '08 - 10	64.2	43.7	**35.2**	39.3	N/A	Worse
3. Rate of Asthma Deaths per 100,000 Population, '08 - 10	1.2	0.8	**0.9**	1.3	N/A	Less than 10
4. Rate of Asthma Hospitalizations per 10,000 Population, '08 - 10	18.2	11.8	**12.4**	20.3	N/A	Worse
5. Rate of Asthma Hospitalizations, Ages 25 - 44, per 10,000 Population Ages 25 - 44, '08 - 10	3.5	2.2	**2.0**	3.0	N/A	Worse
6. Rate of Asthma Hospitalizations, Ages 45 - 64, per 10,000 Population Ages 45 - 64, '08 - 10	3.9	3.7	**3.5**	5.8	N/A	Worse
7. Rate of Asthma Hospitalizations, Ages 65 Plus, per 10,000 Population Ages 65 Plus, '08 - 10	3.1	2.9	**2.7**	4.3	N/A	Worse
8. Percentage of Adults with Asthma, '08/09	12.5%	12.0%	N/A	**9.7%**	N/A	Worse
9. Rate of Lung and Bronchus Deaths per 100,000 Population, '07 - 09	69.0	64.5	**57.2**	32.7	N/A	Worse
10. Rate of Lung and Bronchus Cases per 100,000 Population, '07- 09	101.7	94.4	**83.9**	69.8	N/A	Worse
11. Number of Registered Tobacco Vendors per 100,000	88.8	101.6	**94.0**	102.1	N/A	Meets/Better

Population, '09 - 10						
12. Percentage of Vendors with Sales to Minors Violations, '09 - 10	2.0%	3.9%	**5.1%**	7.4%	N/A	Meets/Better
13. Percentage of Vendors with Complaints, '09 - 10	0.0%	0.0%	**3.4%**	15.3%	N/A	Meets/Better
Quartile Summary for Other Indicators						
Quartile Summary for Focus Area Reduce Illness, Disability, and Death Related to Tobacco Use & Secondhand Smoke Exposure						

Focus Area: Increase Access to High Quality Chronic Disease Preventive Care and Management in Both Clinical and Community Settings	**Average Rate, Ratio or Percentage for the Listed Years**	**Comparison Regions/Data**				**Comparison to Benchmark**
		ARHN	**Upstate NY**	**New York State**	**2017 Prevention Agenda Benchmark**	
Prevention Agenda Indicators						
1. Percentage of Adults Ages 50 - 75 Who Received Colorectal Screenings Based on Recent Guidelines, '08/09	67.4%	69.9%	N/A	66.3%	**71.4%**	Worse
2. Rate of Asthma ED Visits per 10,000 Population, '08 - 10	66.42	53.2	51.1	83.7	**75.1**	Meets/Better
3. Rate of Asthma ED Visits Ages 0 - 4, per 10,000 Population Ages, 0 - 4, '08 - 10	124.1	94.9	122.3	221.4	**196.5**	Meets/Better
4. Rate of Short-term Diabetes Hospitalizations for Ages 6 - 17 per 10,000 Population, Ages 6 - 17, '08 - 10	11.0	4.9	3.0	3.2	**3.06**	Worse
5. Rate of Short-term Diabetes Hospitalizations for Ages 18 Plus per 10,000 Population, Ages 18 Plus, '08 - 10	5.9	4.4	4.8	5.6	**4.86**	Worse
6. Rate of Age Adjusted Heart Attack Hospitalizations per 10,000 population, 2010	25.0	16.7	16.0	15.5	**14.4**	Worse
Quartile Summary for Prevention Agenda Indicators						
Other Indicators						
1. Rate of Asthma ED Visits for Ages 18 - 64 per 10,000 Population Ages 18 - 64, '08 - 10	69.4	57.1	**49.3**	73.9	N/A	Worse
2. Rate of Asthma ED Visits for Ages 65 Plus per 10,000 Population Ages 65 Plus, '08 - 10	22.4	20.7	**18.6**	32.1	N/A	Worse
3. Rate of All Cancer Cases per 100,000 Population, '07 - 09	686.2	614.3	**600.1**	536.5	N/A	Worse
4. Rate of all Cancer Deaths per 100,000 Population, '07 - 09	233.0	218.5	**204.1**	179.9	N/A	Worse
5. Rate of Female Breast Cancer Cases per 100,000 Female	79.9	78.8	**83.9**	75.7	N/A	Meets/Better

Population, '07 -09						
6. Rate of Female Late Stage Breast Cancer Cases per 100,000 Female Population, '07 - 09	7.9	4.2	**4.2**	4.1	N/A	Less than 10
7. Rate of Female Breast Cancer Deaths per 100,000 Female Population, '07	13.3	14.0	**14.6**	13.7	N/A	Less than 10
8. Percentage of Women Ages 40 Plus With Mammogram within Last Two Years, '08/ 09	80.1%	79.8%	N/A	**79.7%**	N/A	Meets/Better
9. Rate of Cervix and Uterine Cancer Cases per 100,000 Female Population, '07 - 09	1.8	4.1	**4.0**	4.6	N/A	Less than 10
10. Rate of Cervix and Uterine Cancer Deaths per 100,000 Female Population, '07 - 09	1.2	1.2	**1.1**	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	79.1%	82.4%	N/A	**82.7%**	N/A	Worse
12. Rate of Ovarian Cancer Cases per 100,000 Female Population, '07 - 09	8.5	8.0	**8.4**	7.8	N/A	Less than 10
13. Rate of Ovarian Cancer Deaths per 100,000 Female Population, '07 - 09	6.7	6.2	**5.6**	4.9	N/A	Less than 10
14. Rate of Colon and Rectum Cancer Cases per 100,000 Population, '07 - 09	76.9	54.3	**53.9**	50.4	N/A	Worse
15. Rate of Colon and Rectum Cancer Deaths per 100,000 Population, '07 - 09	29.0	20.5	**18.5**	10.6	N/A	Worse
16. Percentage of Adults Ages 50 Plus with Home Blood Stool Test within the Last Two Years, '08/09	16.2%	20.1%	**20.1%**	19.5%	N/A	Worse
17. Percentage of Adults Ages 50 Plus with Sigmoidoscopy or Colonoscopy within Last Ten Years, '08/09	59.7%	62.9%	**62.9%**	61.8%	N/A	Worse
18. Rate of Prostate Cancer Deaths per 100,000 Male Population, '07 - 09	9.7	8.3	**9.5**	9.0	N/A	Less than 10
19. Rate of Prostate Cancer Cases per 100,000 Male Population, '07 - 09	103.5	90.9	**91.5**	82.1	N/A	Worse
20. Rate of Prostate Cancer Late Stage Cancer Cases per 100,000 Male Population, '07 - 09	4.2	2.8	**3.3**	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	50.1%	53.4%	**57.5%**	56.7%	N/A	Worse
22. Percentage of Males, Ages 40 Plus with a Prostate Antigen Test within Last Two Years, '08/09	51.5%	46.6%	**54.2%**	59.4%	N/A	Worse
23. Rate of Melanoma Cancer Deaths per 100,000 Population, '07 - '09	5.4	3.7	**3.1**	2.3	N/A	Less than 10
24. Percentage of Medicaid Enrollees with at Least One Preventive Dental Visit within the Year, '08 - 10	27.1%	27.0%	29.5%	31.3%	N/A	Worse

25. Percentage of Age Adjusted Adults with a Dental Visit Within the Last 12 Months, '08/09	18.1%	25.1%	22.8%	25.7%	N/A	Worse
26. Oral Cavity and Pharynx Cancer Deaths per 100,000 Population, '07-09	2.4	2.3	2.4	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	5.0	4.4	4.2	4.4	N/A	Less than 10
28. Oral Cavity and Pharynx Cancer Cases per 100,000 Population, '07 - 09	16.9	14.2	12.7	11.5	N/A	Worse
Quartile Summary for Other Indicators						
Quartile Summary for Focus Area Increase Access to High Quality Chronic Disease Preventive Care & Management						

Focus Area: Maternal and Infant Health	**Average Rate, Ratio or Percentage for the Listed Years**	**Comparison Regions/Data**				**Comparison to Benchmark**
		ARHN	**Upstate NY**	**New York State**	**2017 Prevention Agenda Benchmark**	
Prevention Agenda Indicators						
1. Percentage Preterm Births < 37 Weeks of Total Births Where Gestation Period is Known, '08 - 10	10.6%	10.5%	11.2%	12.0%	**10.2%**	Worse
2. Ratio of Preterm Births (< 37 wks) Black/NH to White/NH, '08 - 10	N/A	N/A	N/A	1.61	**1.42**	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	**1.12**	Less than 10
4. Ratio of Preterm Births (< 37 wks) Medicaid to Non-Medicaid, '08 - 10	1.00	N/A	N/A	1.10	**1.00**	Meets/Better
5. Rate of Maternal Mortality per 100,000 Births, '08 - 10	0.0	5.7	17.6	23.3	**19.7**	Less than 10
6. Percentage of Live Birth Infants Exclusively Breastfed in Delivery Hospital, '08 - 10	48.2%	63.0%	N/A	42.5%	**48.1%**	Meets/Better
7. Ratio of Infants Exclusively Breastfed in Delivery Hospital Black, non-Hispanic to White, non-Hispanic, '08 - 10	N/A	N/A	N/A	0.5	**0.57**	Less than 10
8. Ratio of Infants Exclusively Breastfed in Delivery Hospital Hispanic/Latino to White, non-Hispanic, '08 - 10	0.9	N/A	N/A	0.6	**0.64**	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	**0.66**	Worse
Quartile Summary for Prevention Agenda Indicators						
Other Indicators						

1. Percentage Preterm Births < 32 weeks of Total Births Where Gestation Period is Known, '08 - 10	6.4%	5.9%	**5.8%**	6.0%	N/A	Worse
2. Percentage Preterm Births 32 to < 37 Weeks of Total Births Where Gestation Period is Known, '08 - 10	8.5%	8.5%	**9.3%**	9.9%	N/A	Meets/Better
3. Percentage of Total Births with Weights Less Than 1,500 grams, '08 - 10	1.4%	1.3%	**1.4%**	1.5%	N/A	Meets/Better
4. Percentage of Singleton Births with Weights Less Than 1,500 grams, '08 - 10	1.2%	0.9%	**1.0%**	1.1%	N/A	Worse
5. Percentage of Total Births with Weights Less Than 2,500 grams, '08 - 10	7.7%	7.2%	**7.7%**	8.2%	N/A	Meets/Better
6. Percentage of Singleton Births with Weights Less Than 2,500 grams, '08 - 10	6.4%	5.4%	**5.7%**	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	**13.3%**	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	**7.5%**	7.8%	N/A	Less than 10
9. Infant Mortality Rate per 1,000 Live Births, '08 - 10	4.0	N/A	**5.7**	5.3	N/A	Meets/Better
10. Infant Mortality Rate for Black, Non-Hispanic per 1,000 Births, '08 - 10	N/A	N/A	**14.9**	11.0	N/A	Less than 10
11. Infant Mortality Rate for Hispanic/Latino per 1,000 Births, '08 - 10	N/A	N/A	**5.3**	4.6	N/A	Less than 10
12. Rate of Deaths (28 Weeks Gestation to Seven Days) per 1,000 Live Births and Perinatal Deaths, '08 - 10	4.0	4.6	**5.7**	5.7	N/A	Less than 10
13. Percentage Early Prenatal Care of Total Births Where Prenatal Care Status is Known, '08 - 10	80.2%	75.4%	**75.2%**	72.8%	N/A	Meets/Better
14. Percentage Early Prenatal Care for Black, Non-Hispanic, '08 - 10	N/A	N/A	**61.1%**	61.7%	N/A	Less than 10
15. Percentage Early Prenatal Care for Hispanic/Latino, '08 - 10	65.4%	N/A	**63.0%**	65.1%	N/A	Meets/Better
16. Percentage APGAR Scores of Less Than Five at Five Minute Mark of Births Where APGAR Score is Known, '08 - 10	0.5%	0.8%	**0.7%**	0.7%	N/A	Less than 10
17. Rate of Newborn Drug Related Hospitalizations per 10,000 Births, '08 - 10	63.1	48.7	**75.1**	61.9	N/A	Meets/Better
18. Percentage WIC Women Breastfed at Six months, '08 - 10	12.5%	18.7%	N/A	**39.7%**	N/A	Worse
19. Percentage Infants Receiving Any Breast Milk in Delivery Hospital, '08 - 10	54.4%	51.0%	**N/A**	71.0%	N/A	Worse
Quartile Summary for Other Indicators						

Quartile Summary for Focus Area Maternal and Infant Health						
Focus Area: Preconception and Reproductive Health	**Average Rate, Ratio or Percentage for the Listed Years**	**Comparison Regions/Data**				**Comparison to Benchmark**
		ARHN	**Upstate NY**	**New York State**	**2017 Prevention Agenda Benchmark**	
Prevention Agenda Indicators						
1. Percent of Births within 24 months of Previous Pregnancy, '08 - 10	24.6%	23.4%	21.1%	18.0%	**17.0%**	Worse
2. Rate of Pregnancies Ages 15 - 17 year per 1,000 Females Ages 15-17, '08 - 10	19.7	18.8	20.4	31.1	**25.6**	Meets/Better
3. Ratio of Pregnancy Rates for Ages 15 - 17 Black, non-Hispanic to White, non-Hispanic, '08 - 10	2.43	N/A	N/A	5.75	**4.90**	Meets/Better
4. Ratio of Pregnancy Rates for Ages 15 - 17 Hispanic/Latino to White, non-Hispanic, '08 - 10	2.53	N/A	N/A	5.16	**4.10**	Meets/Better
5. Percent of Unintended Births to Total Births, 2011	33.5%	29.8%	28.4%	26.4%	**24.2%**	Worse
6. Ratio of Unintended Births Black, non-Hispanic to White, non-Hispanic, '08 - 10	N/A	N/A	N/A	2.11	**1.88**	Less than 10
7. Ratio of Unintended Births Hispanic/Latino to White, non-Hispanic, '08 - 10	N/A	N/A	N/A	1.59	**1.36**	Less than 10
8. Ratio of Unintended Births Medicaid to Non-Medicaid, '08 - 10	1.86	N/A	N/A	1.71	**1.56**	Worse
9. Percentage of Women Ages 18- 64 with Health Insurance, '08/09	86.6%	88.4%	N/A	86.1%	**100.0%**	Worse
Quartile Summary for Prevention Agenda Indicators						
Other Indicators						
1. Rate of Total Births per 1,000 Females Ages 15-44, '08 - 10	56.9	53.3	**58.2**	60.9	N/A	Meets/Better
2. Percent Multiple Births of Total Births, '08 - 10	2.7%	3.7%	**4.2%**	3.9%	N/A	Meets/Better
3. Percent C-Sections to Total Births, '08 - 10	38.5%	34.8%	**36.1%**	34.4%	N/A	Worse
4. Rate of Total Pregnancies per 1,000 Females Ages 15-44, '08 - 10	72.9	72.7	**77.0**	93.6	N/A	Meets/Better
5. Rate of Births Ages 10 - 14 per 1,000 Females Ages 10-14, '08 - 10	0.2	0.3	**0.3**	0.4	N/A	Less than 10

6. Rate of Pregnancies Ages 10 - 14 per 1,000 Females Ages 10-14, '08 - 10	1.2	0.6	**0.8**	1.4	N/A	Less than 10
7. Rate of Births Ages 15 - 17 per 1,000 Females Ages 15-17, '08 - 10	10.9	8.7	**10.0**	12.1	N/A	Worse
8. Rate of Births Ages 15 - 19 per 1,000 Females Ages 15-19, '08 - 10	32.1	22.4	**20.8**	24.0	N/A	Worse
9. Rate of Pregnancies Ages 15 - 19 per 1,000 Females Ages 5-19, '08 - 10	51.4	40.7	**37.4**	53.5	N/A	Worse
10. Rate of Births Ages 18 - 19 per 1,000 Females Ages 18-19, '08 - 10	71.3	42.3	**35.4**	40.3	N/A	Worse
11. Rate of Pregnancies Ages 18 - 19 per 1,000 Females Ages 18-19, '08 - 10	109.9	72.4	**60.3**	84.1	N/A	Worse
12. Percent Total Births to Women Ages 35 Plus, '08 - 10	10.6%	14.4%	**19.0%**	19.4%	N/A	Meets/Better
13. Rate of Abortions Ages 15 - 19 per 100 Live Births, Mothers Ages 15-19, '08 - 10	5.7	5.3	**5.2**	7.6	N/A	Worse
14. Rate of Abortions All Ages per 100 Live Births to All Mothers, '08 - 10	25.5	24.5	**27.7**	46.6	N/A	Meets/Better
15. Percentage of WIC Women Pre-pregnancy Underweight, '08 - 10	4.9%	N/A	N/A	**4.6%**	N/A	Worse
16. Percentage of WIC Women Pre-pregnancy Overweight but not Obese, ' 08 - 10	23.5%	N/A	N/A	**26.6%**	N/A	Meets/Better
17. Percentage of WIC Women Pre-pregnancy Obese, '08 - 10	31.2%	N/A	N/A	**23.4%**	N/A	Worse
18. Percentage of WIC Women with Gestational Weight Gain Greater than Ideal, '08 - 10	48.6%	N/A	N/A	**41.8%**	N/A	Worse
19. Percentage of WIC Women with Gestational Diabetes, '08 - 10	5.0%	N/A	N/A	**5.5%**	N/A	Meets/Better
20. Percentage of WIC Women with Gestational Hypertension, '08 - 10	9.9%	N/A	N/A	**7.2%**	N/A	Worse
Quartile Summary for Other Indicators						
Quartile Summary for Focus Area Preconception and Reproductive Health						

Focus Area: Child Health	**Average Rate, Ratio or Percentage for the Listed Years**	**Comparison Regions/Data**				**Comparison to Benchmark**
		ARHN	**Upstate NY**	**New York State**	**2017 Prevention Agenda Benchmark**	
Prevention Agenda Indicators						

1. Percentage of Children Ages 0 - 15 Months with Government Insurance with Recommended Well Visits, 2011	92.2%	88.7%	84.9%	82.8%	**77.0%**	Meets/Better
2. Percentage of Children Ages 3 - 6 Years with Government Insurance with Recommended Well Visits, 2011	81.1%	81.9%	80.3%	82.8%	**77.0%**	Meets/Better
3. Percentage of Children Ages 12 -21 Years with Government Insurance with Recommended Well Visits, 2011	57.8%	59.3%	59.3%	61.0%	**77.0%**	Worse
4. Percentage of Children Ages 0 -19 with Health Insurance, 2010	94.5%	94.9%	95.0%	94.9%	**100.0%**	Worse
5. Percentage of 3rd Graders with Untreated Tooth Decay, '09 - 11	N/A	N/A	24.0%	N/A	**21.6%**	Less than 10
6. Ratio of 3rd Graders with Untreated Tooth Decay, Low Income Children to Non-Low income Children, '09 - 11	0.95	N/A	2.50	N/A	**2.21**	Meets/Better
Quartile Summary for Prevention Agenda Indicators						
Other Indicators						
1. Rate of Children Deaths Ages 1 - 4 per 100,000 Population Children Ages 1 - 4, '08 - 10	0.0	27.9	**22.7**	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	31.8	17.9	**10.5**	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	0.0	15.3	**13.0**	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	15.1	16.5	**11.8**	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	26.5	39.5	**37.8**	37.2	N/A	Less than 10
6. Rate of Children Deaths Ages 1 - 19 per 100,000 Population Children Ages 1 - 19, '08 - 10	15.7	25.6	**21.8**	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	69.5	27.9	**36.1**	58.8	N/A	Worse
8. Rate of Asthma Hospitalizations Children Ages 5 - 14 per 10,000 Population Children Ages 5 - 14, '08 - 10	24.7	8.1	**11.2**	20.9	N/A	Worse
9. Rate of Asthma Hospitalizations Children Ages 0 - 17 per 10,000 Population Children Ages 0 - 17, '8 - 10	30.9	12.1	**16.1**	29.0	N/A	Worse
10. Rate of Gastroenteritis Hospitalizations Children Ages 0 - 4 per 10,000 Population Children Ages 0 - 4, '08 - 10	19.4	8.7	**10.8**	15.7	N/A	Worse
11. Rate of Otitis Media Hospitalizations Children Ages 0 - 4 per 10,000 Population Children Ages 0 - 4, '08 - 10	3.4	2.8	**2.7**	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	61.5	30.2	**37.5**	44.6	N/A	Worse
13. Rate of ED Asthma Visits Children Ages 0 - 4 per 10,000	124.1	94.9	**122.3**	221.4	N/A	Worse

Population Children Ages 0 - 4, '08 - 10						
14. Percentage of Children Screened for Lead by Age 9 months	3.1%	1.9%	**2.9%**	6.8%	N/A	Meets/Better
15. Percentage of Children Screened for Lead by Age 18 months	56.0%	54.1%	**65.4%**	69.5%	N/A	Worse
16. Percentage of Children Screened for Lead by Age 36 months (at least two screenings)	44.5%	34.1%	**45.2%**	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	90.8	22.5	**23.3**	15.8	N/A	Worse
18. Rate of Unintentional Injury Hospitalizations for Children Under Age 10 per 10,000 Population Children Under Age 10, '08 - 10	31.3	18.1	**22.0**	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	22.1	14.8	**19.3**	21.1	N/A	Worse
20. Rate of Unintentional Injury Hospitalizations for Children/Young Adults Ages 15 - 24 per 10,000 Ages 15 - 24, '08 - 10	44.8	30.4	**32.7**	31.9	N/A	Worse
21. Rate of Asthma ED Visits for Children Ages 0 - 17 per 10,000 Population Children Ages 0 - 17, '07 - 09	98.8	65.1	**77.9**	142.4	N/A	Worse
22. Percentage of Medicaid Enrollees Ages 2 - 20 with at Least One Dental Visit, 08 - 10	36.5%	39.5%	N/A	**40.8%**	N/A	Worse
23 Percentage of 3rd Graders with Dental Caries, '09 - 11	N/A	N/A	N/A	N/A	N/A	N/A
24. Percentage of 3rd Graders with Dental Sealants, '09 - 11	N/A	N/A	N/A	N/A	N/A	N/A
25. Percentage of 3rd Graders with Dental Insurance, '09 - 11	N/A	N/A	N/A	N/A	N/A	N/A
26. Percentage of 3rd Graders with at Least One Dental Visit, '09 - 11	95.8%	N/A	N/A	N/A	N/A	N/A
27. Percentage of 3rd Graders Taking Fluoride Tablets Regularly, '09 - 11	N/A	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	26.9	29.7	**69.9**	65.8	N/A	Meets/Better
29. Percentage of WIC Children Ages 2 - 4 Viewing Two Hours TV or Less Per Day, '08 - 10	69.8%	83.3%	N/A	**78.6%**	N/A	Meets/Better
Quartile Summary for Other Indicators						
Quartile Summary for Focus Area Child Health						

Focus Area: Human Immunodeficiency Virus (HIV)	Average Rate, Ratio or Percentage for the Listed Years	Comparison Regions/Data				Comparison to Benchmark
		ARHN	Upstate NY	New York State	2017 Prevention Agenda Benchmark	
Prevention Agenda Indicators						
1. Rate of Newly Diagnosed HIV Cases per 100,000 Population, '08 - 10	6.0	3.0	7.4	21.4	**14.7**	Meets/Better
2. Ratio of Newly Diagnosed HIV Cases Black, non-Hispanic versus White, non-Hispanic, '08 - 10	N/A	N/A	N/A	N/A	**45.7**	Less than 10
Quartile Summary for Prevention Agenda Indicators						
Other Indicators						
1. Rate of AIDS Cases per 100,000 Population, '08 - 10	2.2	2.1	**5.6**	17.6	N/A	Less than 10
2. Rate of AIDS Deaths per 100,000 Adjusted Population, '08 - 10	0.0	0.5	**1.7**	5.7	N/A	Less than 10
Quartile Summary for Other Indicators						
Quartile Summary for Focus Area Human Immunodeficiency Virus (HIV)						

Focus Area: Sexually Transmitted Disease (STDs)	Average Rate, Ratio or Percentage for the Listed Years	Comparison Regions/Data				Comparison to Benchmark
		ARHN	Upstate NY	New York State	2017 Prevention Agenda Benchmark	
Prevention Agenda Indicators						
1. Rate of Primary and Secondary Syphilis for Males per 100,000 Male Population, 2010	0.0	1.7	2.4	11.2	**10.1**	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	**0.4**	Less than 10
3. Rate of Gonorrhea Cases for Females Ages 15-44 per 100,000 Female Population Ages 15-44, 2010	60.1	50.4	147.0	203.4	**183.1**	Meets/Better

4. Rate of Gonorrhea Cases for Males Ages 15 - 44 per 100,000 Male Population Ages 15-44, 2010	19.2	18.8	111.3	221.7	**199.5**	Meets/Better
5. Rate of Chlamydia for Females Ages 15 - 44 per 100,000 Female Population Ages 15 - 44, '08 - 10	931.8	775.5	1167.9	1619.8	**1458.0**	Meets/Better
Quartile Summary for Prevention Agenda Indicators						
Other Indicators						
1. Rate of Early Syphilis Cases per 100,000 Population, '08 - 10	1.8	1.5	**2.5**	12.8	N/A	Less than 10
2. Rate of Gonorrhea Cases per 100,000 Population, '08 - 10	35.0	14.1	**55.7**	89.7	N/A	Meets/Better
3. Rate of Gonorrhea Ages 15 - 19 Cases per 100,000 Population Ages 15-19, '08 - 10	106.2	40.4	**210.3**	335.5	N/A	Meets/Better
4. Rate of Chlamydia Cases All Males per 100,000 Male Population, '08 - 10	73.3	75.7	**178.9**	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	270.9	220.7	**586.9**	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	527.5	461.9	**920.6**	1,410.1	N/A	Meets/Better
7. Rate of Chlamydia Cases All Females per 100,000 Female Population, '08 - 10	347.5	262.3	**426.2**	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	2,521.3	1,415.8	**2,334.5**	3,587.6	N/A	Worse
9. Rate of Chlamydia Cases Females Ages 20 - 24 per 100,000 Female Population Ages 20-24, '08 - 10	2,130.2	1,606.0	**2,200.4**	3,114.6	N/A	Meets/Better
10. Rate of PID Hospitalizations Females Ages 15 - 44 per 10,000 Female Population Ages 15 - 44, '08 - 10	2.9	2.0	**2.5**	3.7	N/A	Less than 10
Quartile Summary for Other Indicators						
Quartile Summary for Sexually Transmitted Diseases						

Focus Area: Vaccine Preventable Disease	**Average Rate, Ratio or Percentage for the Listed Years**	**Comparison Regions/Data**				**Comparison to Benchmark**
		ARHN	**Upstate NY**	**New York State**	**2017 Prevention Agenda Benchmark**	
Prevention Agenda Indicators						
1. Percent of Children Ages 19 - 35 months with 4:3:1:3:3:1:4, 2011	53.2%	57.6%	47.6%	N/A	**80.0%**	Worse
2. Percent females 13 - 17 with 3 dose HPV vaccine, 2011	32.5%	31.2%	26.0%	N/A	**50.0%**	Worse

3. Percent of Adults Ages 65 Plus With Flu Shots Within Last Year, '08/09	69.6%	N/A	N/A	75.0%	**75.1%**	Worse
Quartile Summary for Prevention Agenda Indicators						
Other Indicators						
1. Rate of Pertussis Cases per 100,000 Population, '08 - 10	1.2	6.7	**4.3**	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	138.8	150.1	**140.1**	127.9	N/A	Meets/Better
3. Percent of Adults Ages 65 Plus Ever Received a Pneumonia Shot, '08/09	64.8%	N/A	N/A	**64.7%**	N/A	Meets/Better
4. Rate of Mumps Cases per 100,000 Population, '08 - 10	0.0	0.7	**4.0**	5.5	N/A	Less than 10
5. Rate of Meningococcal Cases per 100,000 Population, '08 - 10	0.0	0.2	**0.2**	0.2	N/A	Less than 10
6. Rate of H Influenza Cases per 100,000 Population, '08 - 10	1.8	1.3	**1.5**	1.3	N/A	Less than 10
Quartile Summary for Other Indicators						
Quartile Summary for Focus Area Vaccine Preventable Diseases						

Focus Area: Healthcare Associated Infections	**Average Rate, Ratio or Percentage for the Listed Years**	**Comparison Regions/Data**				**Comparison to Benchmark**
		ARHN	**Upstate NY**	**New York State**	**2017 Prevention Agenda Benchmark**	
Prevention Agenda Indicators						
1. Rate of Hospital Onset CDIs per 10,000 Patient Days, 2011	6.6	2.4	8.4	8.5	**5.94**	Worse
2. Rate of Community Onset, Healthcare Facility Associated CDIs per 10,000 Patient Days, 2011	5.3	1.7	2.8	2.4	**2.05**	Worse
Quartile Summary for Healthcare Associated Infections						

Focus Area: Prevent Substance Abuse and Other Mental, Emotional, and Behavioral Disorders	**Average Rate, Ratio or Percentage for the Listed Years**	**Comparison Regions/Data**				**Comparison to Benchmark**
		ARHN	**Upstate NY**	**New York State**	**2017 Prevention Agenda Benchmark**	

Prevention Agenda Indicators						
1. Percent of Adults Binge Drinking within the Last Month, '08/09	19.7%	21.1%	N/A	18.1%	**17.6%**	Worse
2. Percent of Adults with Poor Mental Health (14 or More Days) in the Last Month, '08/09	14.2%	10.2%	N/A	9.8%	**10.1%**	Worse
3. Rate of Age Adjusted Suicides per 100,000 Adjusted Population, '08 - 10	10.3	10.0	8.0	6.8	**5.9**	Worse
Quartile Summary for Prevention Agenda Indicators						
Other Indicators						
1 Rate of Suicides for Ages 15 - 19 per 100,000 Population Ages 15 - 19, '08 - 10	0.0	10.1	**4.9**	4.0	N/A	Less than 10
2. Rate of Self-inflicted Hospitalizations 10,000 Population, '08 - 10	10.4	9.1	**6.1**	5.2	N/A	Worse
3. Rate of Self-inflicted Hospitalizations for Ages 15 - 19 per 10,000 Population Ages 15 - 19, '08 - 10	23.9	20.3	**11.0**	9.7	N/A	Worse
4. Rate of Cirrhosis Deaths per 100,000 Population, '08 - 10	10.3	9.8	**7.7**	6.9	N/A	Worse
5. Rate of Cirrhosis Hospitalizations per 10,000 Population, '08 - 10	2.5	2.3	**2.5**	2.9	N/A	Worse
6. Rate of Alcohol-Related Accidents per 100,000 Population, '09 - 11	100.8	92.1	**67.4**	44.4	N/A	Worse
7. Percentage of Alcohol-Related Crashes to Total Accidents, 09 - 11	5.6%	4.3%	**3.2%**	2.8%	N/A	Worse
8. Rate of Alcohol-Related Injuries and Deaths per 100,000 Population, '08 - 10	69.4	59.1	**50.0**	36.2	N/A	Worse
9. Rate of Drug-Related Hospitalizations per 10,000 Population, '08 - 10	20.9	18.1	**21.2**	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	774.0	338.7	**278.5**	319.4	N/A	Worse
11. Rate of People Served in Mental Health Outpatient Settings Ages 9 - 17 per 100,000 Population Ages 9 - 17, 2011	2,418.0	928.9	**829.9**	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	1,098.0	452.0	**596.5**	678.9	N/A	Worse
13. Rate of People Served in Mental Health Outpatient Settings Ages 65 Plus per 100,000 Population Ages 65 Plus, 2011	181.0	101.6	**174.2**	300.2	N/A	Worse
14. Rate of People Served in ED for Mental Health Ages 8 and Below per 100,000 Population Ages 8 and Below, 2011	0.0	12.8	**5.8**	7.2	N/A	Less than 10

15. Rate of People Served in ED for Mental Health Ages 9 - 17 per 100,000 Population Ages 9 - 17, 2011	15.9	80.5	**34.9**	37.8	N/A	Meets/Better
16. Rate of People Served in ED for Mental Health Ages 18 - 64 per 100,000 Population Ages 18 - 64, 2011	8.7	9.6	**20.8**	23.9	N/A	Meets/Better
17.Rate of People Served in ED for Mental Health Ages 65 Plus per 100,000 Population Ages 65 Plus, 2011	0.0	2.4	**3.5**	6.4	N/A	Less than 10
18. Percentage of Children Ages 9 - 17 with Serious Emotional Disturbances (SED) Served to Total SED Children Ages 9 - 17, 2011	20.2%	10.2%	**7.7%**	8.4%	N/A	Meets/Better
19. Percentage of Adults Ages 18 - 64 with Serious Mental Illness (SMI) Served, 2011	23.0%	12.3%	**14.6%**	16.3%	N/A	Meets/Better
20. Percentage of Adults Ages 65 Plus with Serious Mental Illness (SMI) Served, 2011	6.3%	3.0%	**4.7%**	7.2%	N/A	Meets/Better
Quartile Summary for Other Indicators						
Quartile Summary for Focus Area: Prevent Substance Abuse and Other Mental, Emotional, and Behavioral Disorders						

	Average Rate, Ratio or Percentage for the Listed Years	**Comparison Regions/Data**				**Comparison to Benchmark**
		ARHN	**Upstate NY**	**New York State**	**2017 Prevention Agenda Benchmark**	
Other Non-Prevention Agenda Indicators						
1. Rate of Hepatitis A Cases per 100,000 Population, '08 - 10	0.6	0.5	**0.5**	0.8	N/A	Less than 10
2. Rate of Acute Hepatitis B Cases per 100,000 Population, '08 - 10	0.0	0.5	**0.6**	0.8	N/A	Less than 10
3. Rate of TB Cases per 100,000 Population, '08 - 10	0.0	0.6	**2.4**	5.4	N/A	Less than 10
4. Rate of e. Coli 157 Cases per 100,000 Population, '08 - 10	1.2	1.3	**0.8**	0.6	N/A	Less than 10
5. Rate of Salmonella Cases per 100,000 Population, '08 - 10	11.5	12.3	**12.9**	13.9	N/A	Meets/Better
6. Rate of Shigella Cases per 100,000 Population, '08 - 10	0.0	0.8	**3.2**	4.4	N/A	Less than 10
7. Rate of Lyme Disease Cases per 100,000 Population, '08 - 10	11.5	108.1	**66.2**	42.4	N/A	Meets/Better
8. Rate of Confirmed Rabies Cases per 100,000 Population, ' 08 - 10	1.8	5.5	**4.1**	2.4	N/A	Less than 10
9. Rate of Confirmed West Nile Virus Cases (Humans, Horses, Other Animals, Mosquito Pools) per 100,000 Population, '08 - 10	0.0	0.1	**2.7**	2.6	N/A	Less than 10
Quartile Summary for Non-Prevention Agenda Issues						

Table 8: Health Indicator Data Analysis

Focus Area: Disparities	2017 Prevention Agenda Benchmark	Comparison to Benchmark	Quartile Ranking				Quartile Score	Severity Score
			Q1	Q2	Q3	Q4		
Prevention Agenda Indicators								
1. Percentage of Overall Premature Deaths (Ages 35 - 64), '08 - 10	**21.8%**	Worse	X					
2. Ratio of Black, Non-Hispanic Premature Deaths (Ages 35 - 64) to White, Non-Hispanic Premature Deaths, '08 - 10	**1.87**	Less than 10						
3. Ratio of Hispanic/Latino Premature Deaths (Ages 35 - 64) to White, Non-Hispanic Premature Deaths, '08 - 10	**1.86**	Less than 10						
4. Rate of Adult Age-Adjusted Preventable Hospitalizations per 100,000 Population (Ages 18 Plus), '08 - 10	**133.3**	Worse	X					
5. Ratio of Black, Non-Hispanic Adult Age-Adjusted Preventable Hospitalizations to White, Non-Hispanic, '08 - 10	**1.85**	Meets/Better						
6. Ratio of Hispanic/Latino Adult Age-Adjusted Preventable Hospitalizations to White, Non-Hispanic, '08 - 10	**1.38**	Less than 10						
7. Percentage of Adults (Ages 18 - 64) with Health Insurance, '08/09	**100.0%**	Worse	X					
8. Percentage of Adults with Regular Health Care Provider, '08/09	**90.8%**	Worse	X					
Quartile Summary for Prevention Agenda Indicators			4	0	0	0	50.0%	0.0%
Other Disparity Indicators								
1. Rate of Total Deaths per 100,000 Population, '08 - 10	N/A	Worse	X					
2. Rate of Total Deaths per 100,000 Adjusted Population, '08 - 10	N/A	Worse	X					
3. Rate of Emergency Department Visits per 10,000 Population, '08 - 10	N/A	Worse		X				
4. Rate of Emergency Department Visits per 10,000 Adjusted Population, '08 - 10	N/A	Worse			X			
5. Rate of Total Hospital Discharges per 10,000 Population, '08 - 10	N/A	Worse	X					
6. Rate of Total Hospital Discharges per 10,000 Adjusted Population, '08 - 10	N/A	Worse	X					
7. Percentage of Adults (18 and Older) Who Did Not Receive Care Due to Costs, '08/09	N/A	Meets/Better						
8. % of Adults (18 and Older) with Poor Physical Health, '08/09	N/A	Worse		X				
9. % of Adults (18 and Older) with Physical Limitations, '08/09	N/A	Worse	X					
10. % of Adults (18 and Older) with Health Problems that Need Special Equipment, '08/09	N/A	Worse		X				
11. Percentage of Adults (18 and Older) with Disabilities, '08/09	N/A	Worse	X					
Quartile Summary for Other Indicators			6	3	1	0	90.9%	10.0%
Quartile Summary for Focus Area Disparities			10	3	1	0	73.7%	7.1%

Focus Area: Injuries, Violence, and Occupational Health	2017 Prevention Agenda Benchmark	Comparison to Benchmark	Quartile Ranking				Quartile Score	Severity Score
			Q1	Q2	Q3	Q4		
Prevention Agenda Indicators								
1. Rate of Hospitalizations due to Falls for Ages 65 Plus per 10,000 Population, '08 - 10	**204.6**	Worse	X					
2. Rate of ED Visits due to Falls for Children Ages 1 - 4 per 10,000 Population Children Ages 1 - 4, '08 - 10	**429.1**	Worse				X		
3. Rate of Assault-Related Hospitalizations per 10,000 Population, '08 - 10	**4.3**	Meets/Better						
4. Ratio of Black, Non-Hispanic Assault-Related Hospitalizations to White, Non-Hispanic Assault Related Hospitalizations, '08 - 10	**6.69**	Less than 10						
5. Ratio of Hispanic/Latino Assault-Related Hospitalizations to White, Non-Hispanic Assault Related Hospitalizations, '08 - 10	**2.75**	Less than 10						
6. Ratio of Assault-Related Hospitalizations for Low-Income versus non-Low Income Zip Codes, '08 - 10	**2.92**	Less than 10						
7. Rate of ED Occupational Injuries Among Working Adolescents Ages 15 - 19 per 10,000 Population Ages 15 - 19, '08 - 10	**33.0**	Worse				X		
Quartile Summary for Prevention Agenda Indicators			1	0	0	2	42.9%	66.7%
Other Indicators								
1. Rate of Hospitalizations for Falls for Children Ages Under 10 per 10,000 Population Children Ages Under 10 , '08 - 10	N/A	Worse	X					
2. Rate of Hospitalizations for Falls for Children Ages 10 - 14 per 10,000 Population Children Ages 10 - 14, '08 - 10	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	N/A	Meets/Better						
4. Rate of Hospitalizations for Falls for Adults Ages 25 - 64 per 10,000 Population Adults Ages 25 - 64, '08 - 10	N/A	Worse	X					
5. Rate of Violent Crimes per 100,000 Population, '07 - 11	N/A	Meets/Better						
6. Rate of Property Crimes per 100,000 Population, '07 - 11	N/A	Worse		X				
7. Rate of Total Crimes per 100,000 Population, '07 - 11	N/A	Worse	X					
8. Rate of Malignant Mesothelioma Cases, Ages 15 Plus, per 100,000 Population Ages 15 Plus, '07 - 09	N/A	Less than 10						
9. Rate of Pneumonconsis Hospitalizations, Ages 15 Plus, per 10,000 Population Ages 15 Plus, '08 - 10	N/A	Meets/Better						
10. Rate of Asbestosis Hospitalizations, Ages 15 Plus, per 10,000 Population Ages 15 Plus, '08 - 10	N/A	Worse	X					
11. Rate of Work-Related Hospitalizations, Employed Ages 16 Plus per 10,000 Individuals Employed Ages 16 Plus, '08 - 10	N/A	Worse	X					
12. Rate of Elevated Blood Lead Levels Ages 16 Plus Employed per 10,000 Individuals Employed Ages 16 Plus, '08 - 10	N/A	Worse			X			
13. Rate of Total Motor Vehicle Crashes per 100,000 Population, '09 - 11	N/A	Meets/Better						
14. Rate of Pedestrian-Related Accidents per 100,000	N/A	Meets/Better						

Population, '09 - 11								
15. Rate of Speed-Related Accidents per 100,000 Population, '09 - 11	N/A	Meets/Better						
16. Rate of Motor Vehicle Accident Deaths per 100,000 Population, '08 - 10	N/A	Worse	X					
17. Rate of TBI Hospitalizations per 10,000 Population, '08 - 10	N/A	Worse	X					
18. Rate of Unintentional Injury Hospitalizations per 10,000 Population, '08 - 10	N/A	Worse	X					
19. Rate of Unintentional Injury Hospitalizations Ages 14 and Under per 10,000 Population Ages 14 and Under , '08 - 10	N/A	Worse		X				
20. Rate of Unintentional Injury Hospitalizations Ages 65 Plus per 10,000 Population Ages 65 Plus, '08 - 10	N/A	Meets/Better						
21. Rate of Poisoning Hospitalizations per 10,000 Population, '08 - 10	N/A	Worse		X				
Quartile Summary for Other Indicators			8	3	1	0	57.1%	8.3%
Quartile Summary for Focus Area Injuries, Violence, and Occupational Health			9	3	1	2	53.6%	20.0%

Focus Area: Outdoor Air Quality	**2017 Prevention Agenda Benchmark**	**Comparison to Benchmark**	**Quartile Ranking**				**Quartile Score**	**Severity Score**
			Q1	**Q2**	**Q3**	**Q4**		
1. Number of Days with Unhealthy Ozone, 2007	**0**	Meets/Better						
2. Number of Days with Unhealthy Particulate Matter, 2007	**0**	Meets/Better						
Quartile Summary for Focus Area Outdoor Air Quality			0	0	0	0	0.0%	0.0%

Focus Area: Built Environment	**2017 Prevention Agenda Benchmark**	**Comparison to Benchmark**	**Quartile Ranking**				**Quartile Score**	**Severity Score**
			Q1	**Q2**	**Q3**	**Q4**		
1. Percentage of the Population that Live in Jurisdictions that Adopted Climate Smart Communities Pledge, 2012	**32.0%**	Worse				X		
2. Percentage of Commuters Who Use Alternative Modes of Transportation to Work, '07 - 11	**49.2%**	Worse			X			
3. Percentage of Population with Low-Income and Low-Access to a Supermarket or Large Grocery Store, 2010	**2.2%**	Worse		X				
4. Percentage of Homes in Vulnerable Neighborhoods that have Fewer Asthma Triggers During Home Revisits, '08 - 11	**20.0%**	Less than 10						
Quartile Summary for Focus Area Built Environment			0	1	1	1	75.0%	66.7%

Focus Area: Water Quality	**2017 Prevention Agenda Benchmark**	**Comparison to Benchmark**	**Quartile Ranking**				**Quartile Score**	**Severity Score**
			Q1	**Q2**	**Q3**	**Q4**		
1. Percentage of Residents Served by Community Water Systems with Optimally Fluoridated Water, 2012	**78.5%**	Worse		X				
Quartile Summary for Focus Area Water Quality			0	1	0	0	100.0%	0.0%

Focus Area: Reduce Obesity in Children and Adults	2017 Prevention Agenda Benchmark	Comparison to Benchmark	Quartile Ranking				Quartile Score	Severity Score
			Q1	Q2	Q3	Q4		
Prevention Agenda Indicators								
1. Percentage of Adults Ages 18 Plus Who are Obese, '08/09	**23.0%**	Worse	X					
2. Percentage of Public School Children Who are Obese, '10 - 12	**16.7%**	Worse	X					
Quartile Summary for Prevention Agenda Indicators			2	0	0	0	100.0%	0.0%
Other Indicators								
1. Percentage of Total Students Overweight, '08 - 10	N/A	Meets/Better						
2. Percentage of Elementary Students Overweight, Not Obese, '08 - 10	N/A	Meets/Better						
3. Percentage of Elementary Students Obese, '08 - 10	N/A	Meets/Better						
4. Percentage of Middle and High School Students Overweight, Not Obese, '08 - 10	N/A	Meets/Better						
5. Percentage of Middle and High School Students Obese, '08 - 10	N/A	Meets/Better						
6. Percentage of WIC Children Ages 2 - 4 Obese, '08 - 10	N/A	Meets/Better						
7. Percentage of Age Adjusted Adults (Ages 18 Plus) Overweight or Obese, '08/09	N/A	Worse	X					
8. Percentage of Age Adjusted Adults (Ages 18 Plus) Who Did Not Participate in Leisure Activities Last 30 Days, '08/09	N/A	Meets/Better						
9. Number of Recreational and Fitness Facilities per 100,000 Population, 2009	N/A	Worse		X				
10. Percentage of Age Adjusted Adults (Ages 18 Plus) Eating Five or More Vegetables per Day, '08/09	N/A	Worse	X					
11. Percentage of Age Adjusted Adults (Ages 18 Plus) with Cholesterol Check within the Last Five Years, '08/09	N/A	Worse	X					
12. Percentage of Age Adjusted Adults (18 Plus) Ever Diagnosed with High Blood Pressure, '08/09	N/A	Worse		X				
13. Percentage of Age Adjusted Adults (18 Plus) with Physician Diagnoses Angina, Heart Attack, or Stroke, '08/09	N/A	Worse	X					
14. Rate of Cardiovascular Disease Deaths per 100,000 Population, '08 - 10	N/A	Worse		X				
15. Rate of Cardiovascular Premature Deaths (Ages 35 - 64) per 100,000 Population Ages 35 - 64, '08 - 10	N/A	Worse		X				
16. Rate of Pretransport Deaths per 100,000 Population, '08 - 10	N/A	Worse		X				
17. Rate of Cardiovascular Hospitalizations per 10,000 Population, '08 - 10	N/A	Worse	X					
18. Rate of Diseases of the Heart Deaths per 100,000 Population, '08 - 10	N/A	Worse		X				
19. Rate of Diseases of the Heart Premature Deaths (Ages 35 - 64) per 100,000 Population Ages 35 - 64, '08 - 10	N/A	Worse		X				
20. Rate of Disease of the Heart Transport Deaths per 100,000 Population, '08 - 10	N/A	Worse		X				
21. Rate of Disease of the Heart Hospitalizations per 10,000 Population, '08 - 10	N/A	Worse	X					
22. Rate of Coronary Heart Diseases Deaths per 100,000 Population, '08 - 10	N/A	Worse		X				

23. Rate of Coronary Heart Diseases Premature Deaths (Ages 35 - 64) per 100,000 Population Ages 35 - 64, '08 - 10	N/A	Worse	X					
24. Rate of Coronary Heart Disease Transport Deaths per 100,000 Population, '08 - 10	N/A	Worse		X				
25. Rate of Coronary Heart Disease Hospitalizations per 10,000 Population, '08 - 10	N/A	Worse	X					
26. Rate of Congestive Heart Failure Deaths per 100,000 Population, '08 - 10	N/A	Worse	X					
27. Rate of Congestive Heart Failure Premature Deaths (Ages 35 - 64) per 100,000 Population Ages 35 - 64, '08 - 10	N/A	Less than 10						
28. Rate of Congestive Heart Failure Transport Deaths per 100,000 Population, '08 - 10	N/A	Worse	X					
29. Rate of Congestive Heart Failure Hospitalizations per 10,000 Population, '08 - 10	N/A	Worse	X					
30. Rate of Cerebrovascular (Stroke) Deaths per 100,000 Population, '08 - 10	N/A	Worse	X					
31. Rate of Cerebrovascular (Stroke) Hospitalizations per 10,000 Population, '08 - 10	N/A	Worse		X				
32. Rate of Hypertension Hospitalizations (Ages 18 Plus) per 100,000 Population Ages 18 Plus, '08 - 10	N/A	Meets/Better						
33. Rate of Diabetes Deaths per 100,000 Population, '08 - 10	N/A	Meets/Better						
34. Rate of Diabetes Hospitalizations (Primary Diagnosis) per 10,000 Population, '08 - 10	N/A	Worse		X				
35. Rate of Diabetes Hospitalizations (Any Diagnosis) per 10,000 Population, '08 - 10	N/A	Worse		X				
Quartile Summary for Other Indicators			12	13	0	0	71.4%	0.0%
Quartile Summary for Focus Area Reduce Obesity in Children and Adults			14	13	0	0	73.0%	0.0%
Focus Area: Reduce Illness, Disability, and Death Related to Tobacco Use and Secondhand Smoke Exposure	**2017 Prevention Agenda Benchmark**	**Comparison to Benchmark**	**Quartile Ranking Q1**	**Q2**	**Q3**	**Q4**	**Quartile Score**	**Severity Score**
Prevention Agenda Indicators								
1. Percentage of Adults Ages 18 Plus Who Smoke '08/09	**15.0%**	Worse			X			
Quartile Summary for Prevention Agenda Indicators			0	0	1	0	100.0%	100.0%
Other Indicators								
1. Rate of Chronic Lower Respiratory Disease Deaths per 100,000 Population, '08 - 10	N/A	Worse				X		
2. Rate of Chronic Lower Respiratory Disease Hospitalizations per 10,000 population, '08 - 10	N/A	Worse				X		
3. Rate of Asthma Deaths per 100,000 Population, '08 - 10	N/A	Less than 10						
4. Rate of Asthma Hospitalizations per 10,000 Population, '08 - 10	N/A	Worse		X				
5. Rate of Asthma Hospitalizations, Ages 25 - 44, per 10,000 Population Ages 25 - 44, '08 - 10	N/A	Worse				X		
6. Rate of Asthma Hospitalizations, Ages 45 - 64, per 10,000 Population Ages 45 - 64, '08 - 10	N/A	Worse	X					
7. Rate of Asthma Hospitalizations, Ages 65 Plus, per 10,000 Population Ages 65 Plus, '08 - 10	N/A	Worse	X					
8. Percentage of Adults with Asthma, '08/09	N/A	Worse		X				
9. Rate of Lung and Bronchus Deaths per 100,000 Population, '07 - 09	N/A	Worse	X					
10. Rate of Lung and Bronchus Cases per 100,000 Population, '07- 09	N/A	Worse	X					
11. Number of Registered Tobacco Vendors per 100,000 Population, '09 - 10	N/A	Meets/Better						

12. Percentage of Vendors with Sales to Minors Violations, '09 - 10	N/A	Meets/Better						
13. Percentage of Vendors with Complaints, '09 - 10	N/A	Meets/Better						
Quartile Summary for Other Indicators			4	2	0	3	69.2%	33.3%
Quartile Summary for Focus Area Reduce Illness, Disability, and Death Related to Tobacco Use & Secondhand Smoke Exposure			4	2	1	3	71.4%	40.0%

Focus Area: Increase Access to High Quality Chronic Disease Preventive Care and Management in Both Clinical and Community Settings	**2017 Prevention Agenda Benchmark**	**Comparison to Benchmark**	**Quartile Ranking**				**Quartile Score**	**Severity Score**
			Q1	**Q2**	**Q3**	**Q4**		
Prevention Agenda Indicators								
1. Percentage of Adults Ages 50 - 75 Who Received Colorectal Screenings Based on Recent Guidelines, '08/09	**71.4%**	Worse	X					
2. Rate of Asthma ED Visits per 10,000 Population, '08 - 10	**75.1**	Meets/Better						
3. Rate of Asthma ED Visits Ages 0 - 4, per 10,000 Population Ages, 0 - 4, '08 - 10	**196.5**	Meets/Better						
4. Rate of Short-term Diabetes Hospitalizations for Ages 6 - 17 per 10,000 Population, Ages 6 - 17, '08 - 10	**3.06**	Worse				X		
5. Rate of Short-term Diabetes Hospitalizations for Ages 18 Plus per 10,000 Population, Ages 18 Plus, '08 - 10	**4.86**	Worse	X					
6. Rate of Age Adjusted Heart Attack Hospitalizations per 10,000 population, 2010	**14.4**	Worse			X			
Quartile Summary for Prevention Agenda Indicators			2	0	1	1	66.7%	50.0%
Other Indicators								
1. Rate of Asthma ED Visits for Ages 18 - 64 per 10,000 Population Ages 18 - 64, '08 - 10	N/A	Worse		X				
2. Rate of Asthma ED Visits for Ages 65 Plus per 10,000 Population Ages 65 Plus, '08 - 10	N/A	Worse	X					
3. Rate of All Cancer Cases per 100,000 Population, '07 - 09	N/A	Worse	X					
4. Rate of all Cancer Deaths per 100,000 Population, '07 - 09	N/A	Worse	X					
5. Rate of Female Breast Cancer Cases per 100,000 Female Population, '07 -09	N/A	Meets/Better						
6. Rate of Female Late Stage Breast Cancer Cases per 100,000 Female Population, '07 - 09	N/A	Less than 10						
7. Rate of Female Breast Cancer Deaths per 100,000 Female Population, '07	N/A	Less than 10						
8. Percentage of Women Ages 40 Plus With Mammogram within Last Two Years, '08/ 09	N/A	Meets/Better						
9. Rate of Cervix and Uterine Cancer Cases per 100,000 Female Population, '07 - 09	N/A	Less than 10						
10. Rate of Cervix and Uterine Cancer Deaths per 100,000 Female Population, '07 - 09	N/A	Less than 10						
11. Percentage of Women Ages 18 Plus with a Pap Smear within the Last Three Years, '08/ 09	N/A	Worse	X					
12. Rate of Ovarian Cancer Cases per 100,000 Female Population, '07 - 09	N/A	Less than 10						
13. Rate of Ovarian Cancer Deaths per 100,000 Female Population, '07 - 09	N/A	Less than 10						
14. Rate of Colon and Rectum Cancer Cases per 100,000 Population, '07 - 09	N/A	Worse		X				
15. Rate of Colon and Rectum Cancer Deaths per 100,000 Population, '07 - 09	N/A	Worse			X			
16. Percentage of Adults Ages 50 Plus with Home	N/A	Worse	X					

Blood Stool Test within the Last Two Years, '08/09								
17. Percentage of Adults Ages 50 Plus with Sigmoidoscopy or Colonoscopy within Last Ten Years, '08/09	N/A	Worse	X					
18. Rate of Prostate Cancer Deaths per 100,000 Male Population, '07 - 09	N/A	Less than 10						
19. Rate of Prostate Cancer Cases per 100,000 Male Population, '07 - 09	N/A	Worse	X					
20. Rate of Prostate Cancer Late Stage Cancer Cases per 100,000 Male Population, '07 - 09	N/A	Less than 10						
21. Percentage of Males, Ages 40 Plus with a Digital Rectal Exam within Last Two Years, '08/09	N/A	Worse	X					
22. Percentage of Males, Ages 40 Plus with a Prostate Antigen Test within Last Two Years, '08/09	N/A	Worse	X					
23. Rate of Melanoma Cancer Deaths per 100,000 Population, '07 - '09	N/A	Less than 10						
24. Percentage of Medicaid Enrollees with at Least One Preventive Dental Visit within the Year, '08 - 10	N/A	Worse	X					
25. Percentage of Age Adjusted Adults with a Dental Visit Within the Last 12 Months, '08/09	N/A	Worse	X					
26. Oral Cavity and Pharynx Cancer Deaths per 100,000 Population, '07-09	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	N/A	Less than 10						
28. Oral Cavity and Pharynx Cancer Cases per 100,000 Population, '07 - 09	N/A	Worse	X					
Quartile Summary for Other Indicators			12	2	1	0	53.6%	6.7%
Quartile Summary for Focus Area Increase Access to High Quality Chronic Disease Preventive Care & Management			14	2	2	1	55.9%	15.8%

Focus Area: Maternal and Infant Health	**2017 Prevention Agenda Benchmark**	**Comparison to Benchmark**	**Quartile Ranking**				**Quartile Score**	**Severity Score**
			Q1	**Q2**	**Q3**	**Q4**		
Prevention Agenda Indicators								
1. Percentage Preterm Births < 37 Weeks of Total Births Where Gestation Period is Known, '08 - 10	**10.2%**	Worse	X					
2. Ratio of Preterm Births (< 37 wks) Black/NH to White/NH, '08 - 10	**1.42**	Less than 10						
3. Ratio of Preterm Births (< 37 wks) Hisp/Latino to White/NH, '08 - 10	**1.12**	Less than 10						
4. Ratio of Preterm Births (< 37 wks) Medicaid to Non-Medicaid, '08 - 10	**1.00**	Meets/Better						
5. Rate of Maternal Mortality per 100,000 Births, '08 - 10	**19.7**	Less than 10						
6. Percentage of Live Birth Infants Exclusively Breastfed in Delivery Hospital, '08 - 10	**48.1%**	Meets/Better						
7. Ratio of Infants Exclusively Breastfed in Delivery Hospital Black, non-Hispanic to White, non-Hispanic, '08 - 10	**0.57**	Less than 10						
8. Ratio of Infants Exclusively Breastfed in Delivery Hospital Hispanic/Latino to White, non-Hispanic, '08 - 10	**0.64**	Worse		X				
9. Ratio of Infants Exclusively Breastfed in Delivery Hospital Medicaid to Non-Medicaid Births, '08 - 10	**0.66**	Worse	X					
Quartile Summary for Prevention Agenda Indicators			2	1	0	0	33.3%	0.0%
Other Indicators								
1. Percentage Preterm Births < 32 weeks of Total Births Where Gestation Period is Known, '08 - 10	N/A	Worse	X					
2. Percentage Preterm Births 32 to < 37 Weeks of Total Births Where Gestation Period is Known, '08 - 10	N/A	Meets/Better						

3. Percentage of Total Births with Weights Less Than 1,500 grams, '08 - 10	N/A	Meets/Better						
4. Percentage of Singleton Births with Weights Less Than 1,500 grams, '08 - 10	N/A	Worse	X					
5. Percentage of Total Births with Weights Less Than 2,500 grams, '08 - 10	N/A	Meets/Better						
6. Percentage of Singleton Births with Weights Less Than 2,500 grams, '08 - 10	N/A	Worse	X					
7. Percentage of Total Births for Black, Non-Hispanic, with Weights Less than 2,500 Grams, '08 - 10	N/A	Less than 10						
8. Percentage of Total Births for Hispanic/Latino, with Weights Less than 2,500 Grams, '08 - 10	N/A	Less than 10						
9. Infant Mortality Rate per 1,000 Live Births, '08 - 10	N/A	Meets/Better						
10. Infant Mortality Rate for Black, Non-Hispanic per 1,000 Births, '08 - 10	N/A	Less than 10						
11. Infant Mortality Rate for Hispanic/Latino per 1,000 Births, '08 - 10	N/A	Less than 10						
12. Rate of Deaths (28 Weeks Gestation to Seven Days) per 1,000 Live Births and Perinatal Deaths, '08 - 10	N/A	Less than 10						
13. Percentage Early Prenatal Care of Total Births Where Prenatal Care Status is Known, '08 - 10	N/A	Meets/Better						
14. Percentage Early Prenatal Care for Black, Non-Hispanic, '08 - 10	N/A	Less than 10						
15. Percentage Early Prenatal Care for Hispanic/Latino, '08 - 10	N/A	Meets/Better						
16. Percentage APGAR Scores of Less Than Five at Five Minute Mark of Births Where APGAR Score is Known, '08 - 10	N/A	Less than 10						
17. Rate of Newborn Drug Related Hospitalizations per 10,000 Births, '08 - 10	N/A	Meets/Better						
18. Percentage WIC Women Breastfed at Six months, '08 - 10	N/A	Worse			X			
19. Percentage Infants Receiving Any Breast Milk in Delivery Hospital, '08 - 10	N/A	Worse	X					
Quartile Summary for Other Indicators			4	0	1	0	26.3%	20.0%
Quartile Summary for Focus Area Maternal and Infant Health			6	1	1	0	28.6%	12.5%

Focus Area: Preconception and Reproductive Health	**2017 Prevention Agenda Benchmark**	**Comparison to Benchmark**	**Quartile Ranking**				**Quartile Score**	**Severity Score**
			Q1	**Q2**	**Q3**	**Q4**		
Prevention Agenda Indicators								
1. Percent of Births within 24 months of Previous Pregnancy, '08 - 10	**17.0%**	Worse		X				
2. Rate of Pregnancies Ages 15 - 17 year per 1,000 Females Ages 15-17, '08 - 10	**25.6**	Meets/Better						
3. Ratio of Pregnancy Rates for Ages 15 - 17 Black, non-Hispanic to White, non-Hispanic, '08 - 10	**4.90**	Meets/Better						
4. Ratio of Pregnancy Rates for Ages 15 - 17 Hispanic/Latino to White, non-Hispanic, '08 - 10	**4.10**	Meets/Better						
5. Percent of Unintended Births to Total Births, 2011	**24.2%**	Worse		X				
6. Ratio of Unintended Births Black, non-Hispanic to White, non-Hispanic, '08 - 10	**1.88**	Less than 10						
7. Ratio of Unintended Births Hispanic/Latino to White, non-Hispanic, '08 - 10	**1.36**	Less than 10						
8. Ratio of Unintended Births Medicaid to Non-Medicaid, '08 - 10	**1.56**	Worse	X					
9. Percentage of Women Ages 18- 64 with Health Insurance, '08/09	**100.0%**	Worse	X					
Quartile Summary for Prevention Agenda Indicators			2	2	0	0	44.4%	0.0%

Other Indicators								
1. Rate of Total Births per 1,000 Females Ages 15-44, '08 - 10	N/A	Meets/Better						
2. Percent Multiple Births of Total Births, '08 - 10	N/A	Meets/Better						
3. Percent C-Sections to Total Births, '08 - 10	N/A	Worse	X					
4. Rate of Total Pregnancies per 1,000 Females Ages 15-44, '08 - 10	N/A	Meets/Better						
5. Rate of Births Ages 10 - 14 per 1,000 Females Ages 10-14, '08 - 10	N/A	Less than 10						
6. Rate of Pregnancies Ages 10 - 14 per 1,000 Females Ages 10-14, '08 - 10	N/A	Less than 10						
7. Rate of Births Ages 15 - 17 per 1,000 Females Ages 15-17, '08 - 10	N/A	Worse	X					
8. Rate of Births Ages 15 - 19 per 1,000 Females Ages 15-19, '08 - 10	N/A	Worse			X			
9. Rate of Pregnancies Ages 15 - 19 per 1,000 Females Ages 5-19, '08 - 10	N/A	Worse		X				
10. Rate of Births Ages 18 - 19 per 1,000 Females Ages 18-19, '08 - 10	N/A	Worse				X		
11. Rate of Pregnancies Ages 18 - 19 per 1,000 Females Ages 18-19, '08 - 10	N/A	Worse				X		
12. Percent Total Births to Women Ages 35 Plus, '08 - 10	N/A	Meets/Better						
13. Rate of Abortions Ages 15 - 19 per 100 Live Births, Mothers Ages 15-19, '08 - 10	N/A	Worse	X					
14. Rate of Abortions All Ages per 100 Live Births to All Mothers, '08 - 10	N/A	Meets/Better						
15. Percentage of WIC Women Pre-pregnancy Underweight, '08 - 10	N/A	Worse	X					
16. Percentage of WIC Women Pre-pregnancy Overweight but not Obese, ' 08 - 10	N/A	Meets/Better						
17. Percentage of WIC Women Pre-pregnancy Obese, '08 - 10	N/A	Worse		X				
18. Percentage of WIC Women with Gestational Weight Gain Greater than Ideal, '08 - 10	N/A	Worse	X					
19. Percentage of WIC Women with Gestational Diabetes, '08 - 10	N/A	Meets/Better						
20. Percentage of WIC Women with Gestational Hypertension, '08 - 10	N/A	Worse		X				
Quartile Summary for Other Indicators			5	3	1	2	55.0%	27.3%
Quartile Summary for Focus Area Preconception and Reproductive Health			7	5	1	2	51.7%	20.0%

Focus Area: Child Health	2017 Prevention Agenda Benchmark	Comparison to Benchmark	Quartile Ranking Q1	Q2	Q3	Q4	Quartile Score	Severity Score
Prevention Agenda Indicators								
1. Percentage of Children Ages 0 - 15 Months with Government Insurance with Recommended Well Visits, 2011	**77.0%**	Meets/Better						
2. Percentage of Children Ages 3 - 6 Years with Government Insurance with Recommended Well Visits, 2011	**77.0%**	Meets/Better						
3. Percentage of Children Ages 12 -21 Years with Government Insurance with Recommended Well Visits, 2011	**77.0%**	Worse	X					
4. Percentage of Children Ages 0 -19 with Health Insurance, 2010	**100.0%**	Worse	X					
5. Percentage of 3rd Graders with Untreated Tooth Decay, '09 - 11	**21.6%**	Less than 10						

6. Ratio of 3rd Graders with Untreated Tooth Decay, Low Income Children to Non-Low income Children, '09 - 11	**2.21**	Meets/Better						
Quartile Summary for Prevention Agenda Indicators			2	0	0	0	33.3%	0.0%
Other Indicators								
1. Rate of Children Deaths Ages 1 - 4 per 100,000 Population Children Ages 1 - 4, '08 - 10	N/A	Less than 10						
2. Rate of Children Deaths Ages 5 - 9 per 100,000 Population Children Ages 1 - 4, '08 - 10	N/A	Less than 10						
3. Rate of Children Deaths Ages 10 - 14 per 100,000 Population Children ages 10 - 14, '08 - 10	N/A	Less than 10						
4. Rate of Children Deaths Ages 5 - 14 per 100,000 Population Children Ages 5 - 14, '08 - 10	N/A	Less than 10						
5. Rate of Children Deaths Ages 5 - 19 per 100,000 Population Children Ages 15 - 19 , '08 - 10	N/A	Less than 10						
6. Rate of Children Deaths Ages 1 - 19 per 100,000 Population Children Ages 1 - 19, '08 - 10	N/A	Less than 10						
7. Rate of Asthma Hospitalizations Children Ages 0 - 4 per 10,000 Population Children Ages 0 - 4, '08 - 10	N/A	Worse				X		
8. Rate of Asthma Hospitalizations Children Ages 5 - 14 per 10,000 Population Children Ages 5 - 14, '08 - 10	N/A	Worse				X		
9. Rate of Asthma Hospitalizations Children Ages 0 - 17 per 10,000 Population Children Ages 0 - 17, '8 - 10	N/A	Worse				X		
10. Rate of Gastroenteritis Hospitalizations Children Ages 0 - 4 per 10,000 Population Children Ages 0 - 4, '08 - 10	N/A	Worse				X		
11. Rate of Otitis Media Hospitalizations Children Ages 0 - 4 per 10,000 Population Children Ages 0 - 4, '08 - 10	N/A	Less than 10						
12. Rate of Pneumonia Hospitalizations Children Ages 0 - 4 per 10,000 Population Children Ages 0 - 4, '08 - 10	N/A	Worse			X			
13. Rate of ED Asthma Visits Children Ages 0 - 4 per 10,000 Population Children Ages 0 - 4, '08 - 10	N/A	Worse	X					
14. Percentage of Children Screened for Lead by Age 9 months	N/A	Meets/Better						
15. Percentage of Children Screened for Lead by Age 18 months	N/A	Worse	X					
16. Percentage of Children Screened for Lead by Age 36 months (at least two screenings)	N/A	Worse	X					
17. Rate of Children Ages < 6 with Confirmed Blood Lead Levels >= 10 mg/dl Cases Per 1,000 Children Tested, '08 - 10	N/A	Worse				X		
18. Rate of Unintentional Injury Hospitalizations for Children Under Age 10 per 10,000 Population Children Under Age 10, '08 - 10	N/A	Worse		X				
19. Rate of Unintentional Injury Hospitalizations for Children Ages 10 - 14 per 10,000 Population Children Ages 10 - 14, '08 - 10	N/A	Worse	X					
20. Rate of Unintentional Injury Hospitalizations for Children/Young Adults Ages 15 - 24 per 10,000 Ages 15 - 24, '08 - 10	N/A	Worse		X				
21. Rate of Asthma ED Visits for Children Ages 0 - 17 per 10,000 Population Children Ages 0 - 17, '07 - 09	N/A	Worse		X				
22. Percentage of Medicaid Enrollees Ages 2 - 20 with at Least One Dental Visit, 08 - 10	N/A	Worse	X					
23 Percentage of 3rd Graders with Dental Caries, '09 - 11	N/A	N/A						
24. Percentage of 3rd Graders with Dental Sealants, '09 - 11	N/A	N/A						
25. Percentage of 3rd Graders with Dental Insurance, '09 - 11	N/A	N/A						
26. Percentage of 3rd Graders with at Least One Dental Visit, '09 - 11	N/A	N/A						
27. Percentage of 3rd Graders Taking Fluoride Tablets	N/A	N/A						

Regularly, '09 - 11								
28. Rate of Caries ED Visits for Children Ages 3 - 5 per 10,000 Population Children Ages 3 - 5, '08 - 10	N/A	Meets/Better						
29. Percentage of WIC Children Ages 2 - 4 Viewing Two Hours TV or Less Per Day, '08 - 10	N/A	Meets/Better						
Quartile Summary for Other Indicators			5	3	1	5	48.3%	42.9%
Quartile Summary for Focus Area Child Health			7	3	1	5	45.7%	37.5%

Focus Area: Human Immunodeficiency Virus (HIV)	**2017 Prevention Agenda Benchmark**	**Comparison to Benchmark**	**Quartile Ranking**				**Quartile Score**	**Severity Score**
			Q1	**Q2**	**Q3**	**Q4**		
Prevention Agenda Indicators								
1. Rate of Newly Diagnosed HIV Cases per 100,000 Population, '08 - 10	**14.7**	Meets/Better						
2. Ratio of Newly Diagnosed HIV Cases Black, non-Hispanic versus White, non-Hispanic, '08 - 10	**45.7**	Less than 10						
Quartile Summary for Prevention Agenda Indicators			0	0	0	0	0.0%	0.0%
Other Indicators								
1. Rate of AIDS Cases per 100,000 Population, '08 - 10	N/A	Less than 10						
2. Rate of AIDS Deaths per 100,000 Adjusted Population, '08 - 10	N/A	Less than 10						
Quartile Summary for Other Indicators			0	0	0	0	0.0%	0.0%
Quartile Summary for Focus Area Human Immunodeficiency Virus (HIV)			0	0	0	0	0.0%	0.0%

Focus Area: Sexually Transmitted Disease (STDs)	**2017 Prevention Agenda Benchmark**	**Comparison to Benchmark**	**Quartile Ranking**				**Quartile Score**	**Severity Score**
			Q1	**Q2**	**Q3**	**Q4**		
Prevention Agenda Indicators								
1. Rate of Primary and Secondary Syphilis for Males per 100,000 Male Population, 2010	**10.1**	Less than 10						
2. Rate of Primary and Secondary Syphilis for Females per 100,000 Female Population, 2010	**0.4**	Less than 10						
3. Rate of Gonorrhea Cases for Females Ages 15-44 per 100,000 Female Population Ages 15-44, 2010	**183.1**	Meets/Better						
4. Rate of Gonorrhea Cases for Males Ages 15 - 44 per 100,000 Male Population Ages 15-44, 2010	**199.5**	Meets/Better						
5. Rate of Chlamydia for Females Ages 15 - 44 per 100,000 Female Population Ages 15 - 44, '08 - 10	**1458.0**	Meets/Better						
Quartile Summary for Prevention Agenda Indicators			0	0	0	0	0.0%	0.0%
Other Indicators								
1. Rate of Early Syphilis Cases per 100,000 Population, '08 - 10	N/A	Less than 10						
2. Rate of Gonorrhea Cases per 100,000 Population, '08 - 10	N/A	Meets/Better						
3. Rate of Gonorrhea Ages 15 - 19 Cases per 100,000 Population Ages 15-19, '08 - 10	N/A	Meets/Better						
4. Rate of Chlamydia Cases All Males per 100,000 Male Population, '08 - 10	N/A	Meets/Better						
5. Rate of Chlamydia Cases Males Ages 15 - 19 Cases per 100,000 Male Population Ages 15-19, '08 - 10	N/A	Meets/Better						
6. Rate of Chlamydia Cases Males Ages 20 - 24 per 100,000 Male Population Ages 20-24, '08 - 10	N/A	Meets/Better						
7. Rate of Chlamydia Cases All Females per 100,000	N/A	Meets/Better						

Female Population, '08 - 10								
8. Rate of Chlamydia Cases Females Ages 15- 19 per 100,000 Female Population Ages 15 - 19, '08 - 10	N/A	Worse	X					
9. Rate of Chlamydia Cases Females Ages 20 - 24 per 100,000 Female Population Ages 20-24, '08 - 10	N/A	Meets/Better						
10. Rate of PID Hospitalizations Females Ages 15 - 44 per 10,000 Female Population Ages 15 - 44, '08 - 10	N/A	Less than 10						
Quartile Summary for Other Indicators			1	0	0	0	10.0%	0.0%
Quartile Summary for Sexually Transmitted Diseases			1	0	0	0	6.7%	0.0%

Focus Area: Vaccine Preventable Disease	**2017 Prevention Agenda Benchmark**	**Comparison to Benchmark**	**Quartile Ranking**				**Quartile Score**	**Severity Score**
			Q1	**Q2**	**Q3**	**Q4**		
Prevention Agenda Indicators								
1. Percent of Children Ages 19 - 35 months with 4:3:1:3:3:1:4, 2011	**80.0%**	Worse		X				
2. Percent females 13 - 17 with 3 dose HPV vaccine, 2011	**50.0%**	Worse		X				
3. Percent of Adults Ages 65 Plus With Flu Shots Within Last Year, '08/09	**75.1%**	Worse	X					
Quartile Summary for Prevention Agenda Indicators			1	2	0	0	100.0%	0.0%
Other Indicators								
1. Rate of Pertussis Cases per 100,000 Population, '08 - 10	N/A	Less than 10						
2. Rate of Pneumonia/flu Hospitalizations Ages 65 Plus per 100,000 Population Age 65 Plus, '08 - 10	N/A	Meets/Better						
3. Percent of Adults Ages 65 Plus Ever Received a Pneumonia Shot, '08/09	N/A	Meets/Better						
4. Rate of Mumps Cases per 100,000 Population, '08 - 10	N/A	Less than 10						
5. Rate of Meningococcal Cases per 100,000 Population, '08 - 10	N/A	Less than 10						
6. Rate of H Influenza Cases per 100,000 Population, '08 - 10	N/A	Less than 10						
Quartile Summary for Other Indicators			0	0	0	0	0.0%	0.0%
Quartile Summary for Focus Area Vaccine Preventable Diseases			1	2	0	0	33.3%	0.0%

Focus Area: Healthcare Associated Infections	**2017 Prevention Agenda Benchmark**	**Comparison to Benchmark**	**Quartile Ranking**				**Quartile Score**	**Severity Score**
			Q1	**Q2**	**Q3**	**Q4**		
Prevention Agenda Indicators								
1. Rate of Hospital Onset CDIs per 10,000 Patient Days, 2011	**5.94**	Worse	X					
2. Rate of Community Onset, Healthcare Facility Associated CDIs per 10,000 Patient Days, 2011	**2.05**	Worse				X		
Quartile Summary for Healthcare Associated Infections			1	0	0	1	100.0%	50.0%

Focus Area: Prevent Substance Abuse and Other Mental, Emotional, and Behavioral Disorders	2017 Prevention Agenda Benchmark	Comparison to Benchmark	Quartile Ranking				Quartile Score	Severity Score
			Q1	Q2	Q3	Q4		
Prevention Agenda Indicators								
1. Percent of Adults Binge Drinking within the Last Month, '08/09	**17.6%**	Worse	X					
2. Percent of Adults with Poor Mental Health (14 or More Days) in the Last Month, '08/09	**10.1%**	Worse		X				
3. Rate of Age Adjusted Suicides per 100,000 Adjusted Population, '08 - 10	**5.9**	Worse			X			
Quartile Summary for Prevention Agenda Indicators			1	1	1	0	100.0%	33.3%
Other Indicators								
1 Rate of Suicides for Ages 15 - 19 per 100,000 Population Ages 15 - 19, '08 - 10	N/A	Less than 10						
2. Rate of Self-inflicted Hospitalizations 10,000 Population, '08 - 10	N/A	Worse			X			
3. Rate of Self-inflicted Hospitalizations for Ages 15 - 19 per 10,000 Population Ages 15 - 19, '08 - 10	N/A	Worse				X		
4. Rate of Cirrhosis Deaths per 100,000 Population, '08 - 10	N/A	Worse		X				
5. Rate of Cirrhosis Hospitalizations per 10,000 Population, '08 - 10	N/A	Worse	X					
6. Rate of Alcohol-Related Accidents per 100,000 Population, '09 - 11	N/A	Worse		X				
7. Percentage of Alcohol-Related Crashes to Total Accidents, 09 - 11	N/A	Worse				X		
8. Rate of Alcohol-Related Injuries and Deaths per 100,000 Population, '08 - 10	N/A	Worse		X				
9. Rate of Drug-Related Hospitalizations per 10,000 Population, '08 - 10	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	N/A	Worse				X		
11. Rate of People Served in Mental Health Outpatient Settings Ages 9 - 17 per 100,000 Population Ages 9 - 17, 2011	N/A	Worse				X		
12. Rate of People Served in Mental Health Outpatient Settings Ages 18 - 64 per 100,000 Population Ages 18 - 64, 2011	N/A	Worse				X		
13. Rate of People Served in Mental Health Outpatient Settings Ages 65 Plus per 100,000 Population Ages 65 Plus, 2011	N/A	Worse	X					
14. Rate of People Served in ED for Mental Health Ages 8 and Below per 100,000 Population Ages 8 and Below, 2011	N/A	Less than 10						
15. Rate of People Served in ED for Mental Health Ages 9 - 17 per 100,000 Population Ages 9 - 17, 2011	N/A	Meets/Better						
16. Rate of People Served in ED for Mental Health Ages 18 - 64 per 100,000 Population Ages 18 - 64, 2011	N/A	Meets/Better						
17.Rate of People Served in ED for Mental Health Ages 65 Plus per 100,000 Population Ages 65 Plus, 2011	N/A	Less than 10						
18. Percentage of Children Ages 9 - 17 with Serious Emotional Disturbances (SED) Served to Total SED Children Ages 9 - 17, 2011	N/A	Meets/Better						

19. Percentage of Adults Ages 18 - 64 with Serious Mental Illness (SMI) Served, 2011	N/A	Meets/Better						
20. Percentage of Adults Ages 65 Plus with Serious Mental Illness (SMI) Served, 2011	N/A	Meets/Better						
Quartile Summary for Other Indicators			2	3	1	5	55.0%	54.5%
Quartile Summary for Focus Area: Prevent Substance Abuse and Other Mental, Emotional, and Behavioral Disorders			3	4	2	5	60.9%	50.0%

Other Non-Prevention Agenda Indicators	**2017 Prevention Agenda Benchmark**	**Comparison to Benchmark**	**Quartile Ranking**				**Quartile Score**	**Severity Score**
			Q1	**Q2**	**Q3**	**Q4**		
1. Rate of Hepatitis A Cases per 100,000 Population, '08 - 10	N/A	Less than 10						
2. Rate of Acute Hepatitis B Cases per 100,000 Population, '08 - 10	N/A	Less than 10						
3. Rate of TB Cases per 100,000 Population, '08 - 10	N/A	Less than 10						
4. Rate of e. Coli 157 Cases per 100,000 Population, '08 - 10	N/A	Less than 10						
5. Rate of Salmonella Cases per 100,000 Population, '08 - 10	N/A	Meets/Better						
6. Rate of Shigella Cases per 100,000 Population, '08 - 10	N/A	Less than 10						
7. Rate of Lyme Disease Cases per 100,000 Population, '08 - 10	N/A	Meets/Better						
8. Rate of Confirmed Rabies Cases per 100,000 Population, ' 08 - 10	N/A	Less than 10						
9. Rate of Confirmed West Nile Virus Cases (Humans, Horses, Other Animals, Mosquito Pools) per 100,000 Population, '08 - 10	N/A	Less than 10						
Quartile Summary for Non-Prevention Agenda Issues			0	0	0	0	0.0%	0.0%

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.[6] 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 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.

[6] Aggregated data for the ARHN region included Clinton, Essex, Franklin, Fulton, Hamilton, Saratoga, Warren, and Washington counties but did not include Montgomery County.

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); 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/. 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.[7]

Community Provider Survey

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[8]. Results were presented for each of the eight ARHN counties[9] and aggregated for the region.

[7] 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.

[8] 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.

[9] Montgomery County was not included in the survey.

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 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.

Appendix 2: ARHN Survey Regional Results Summary

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 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 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

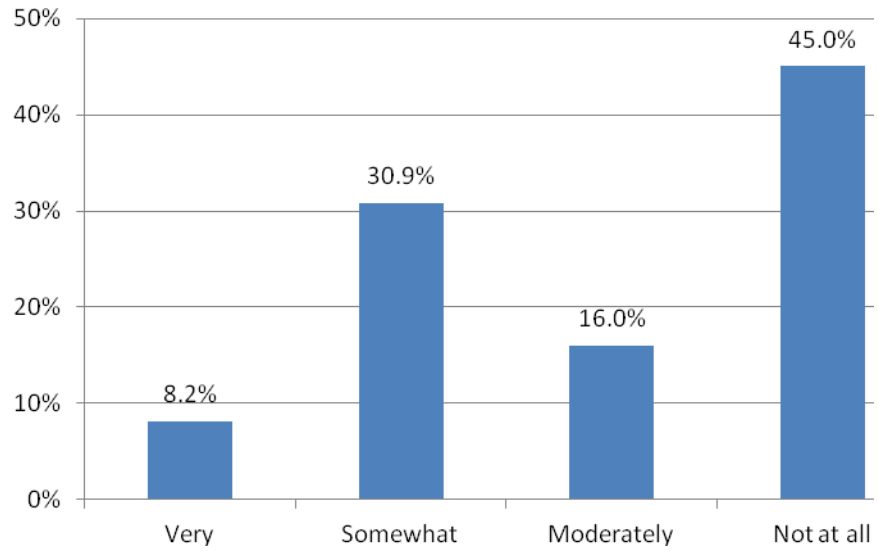
* Dominant write-in selection under other.

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 (NYSDH) 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.Percentindicating agency currently involved with issue

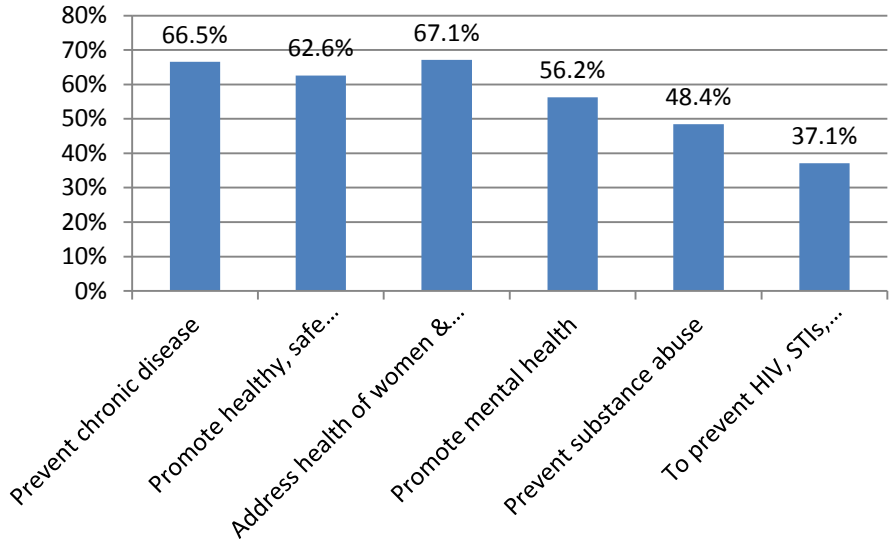
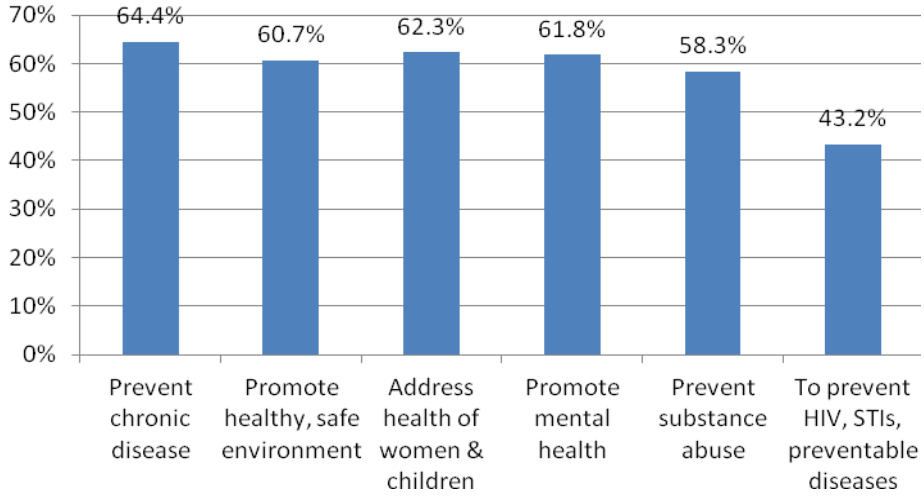


Chart 3. Percent interested in collaborating if issue is selected as a priority for the region



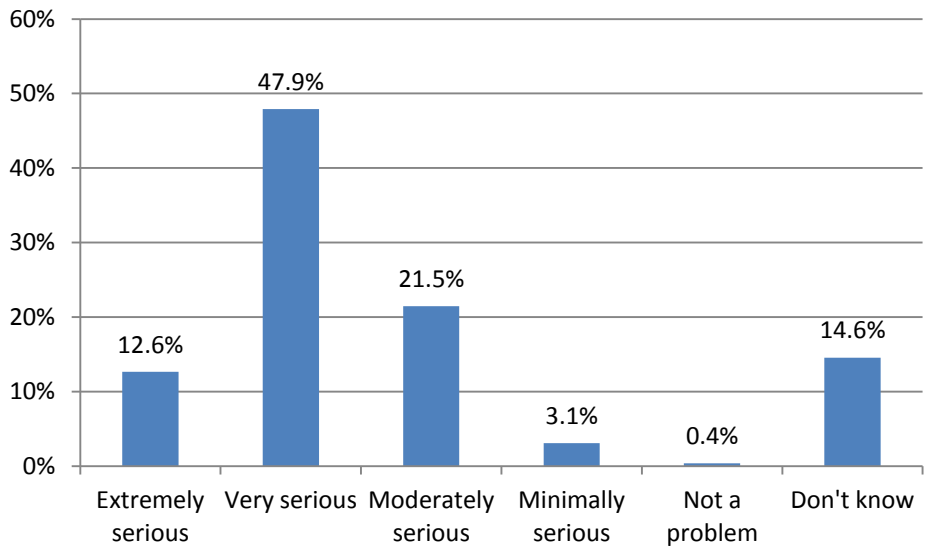
Priority Area Strategies and Effectiveness

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

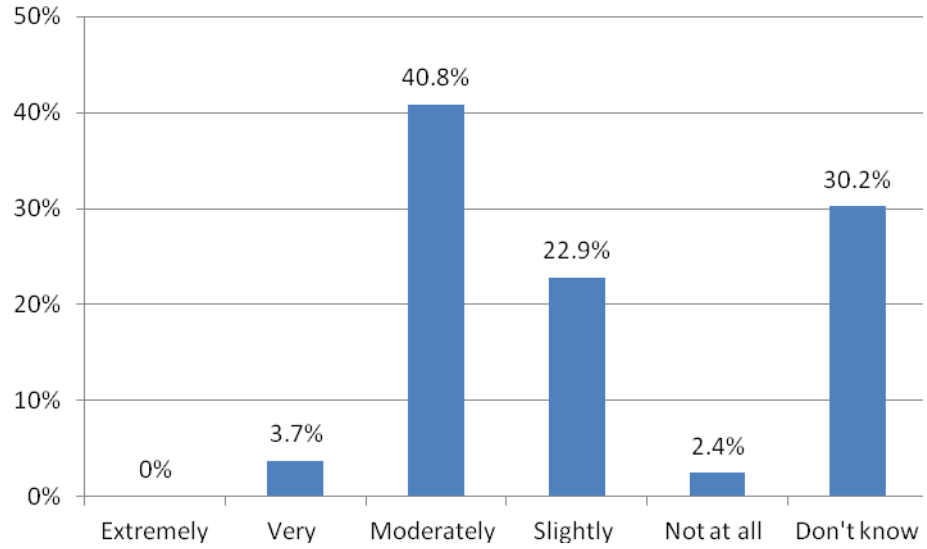
As shown earlier, a large portion of survey respondents believe that prevention of chronic disease is the most important and relevant priority area for the region (Table 3). This high prioritization may be related to the severity of chronic disease as a problem in the region. Chart 4 illustrates how 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 one 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

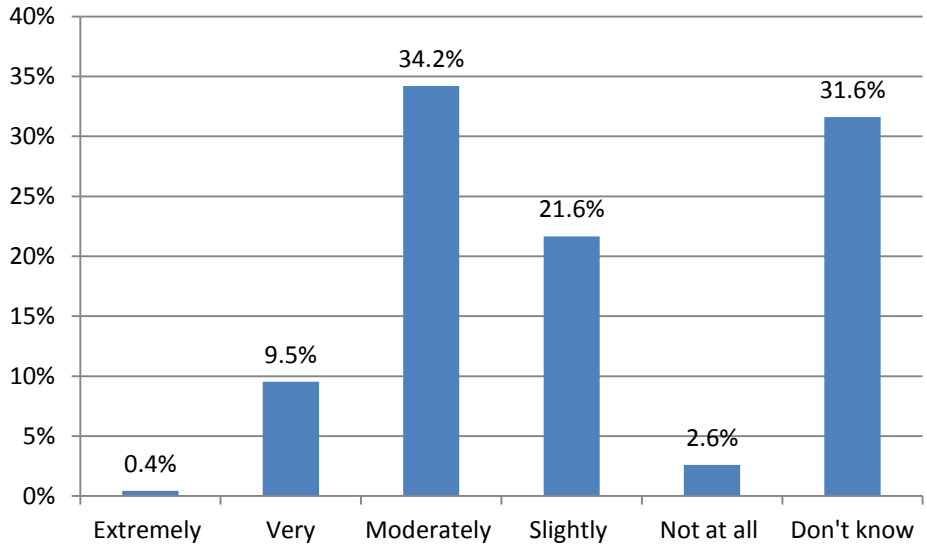


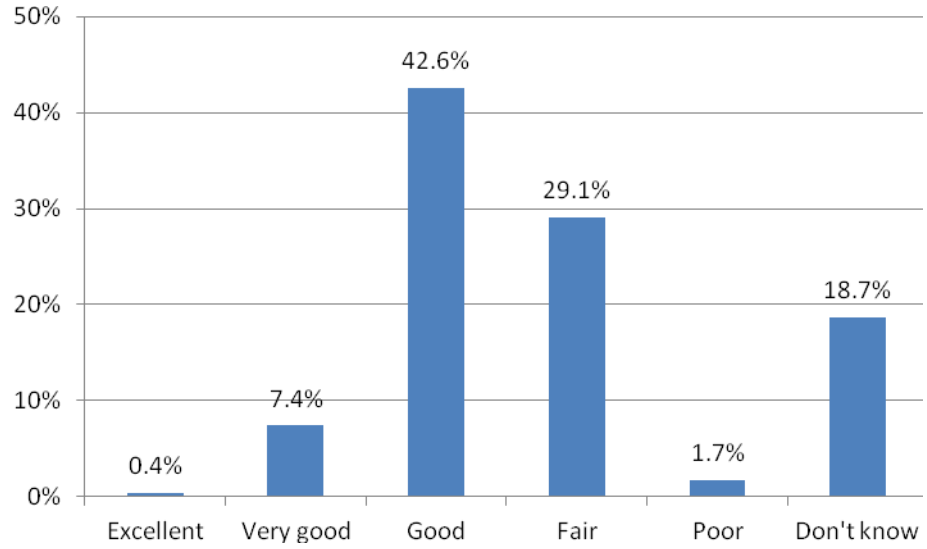
Table 6. Percent reported as engaged in strategy to promote health and safety

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.

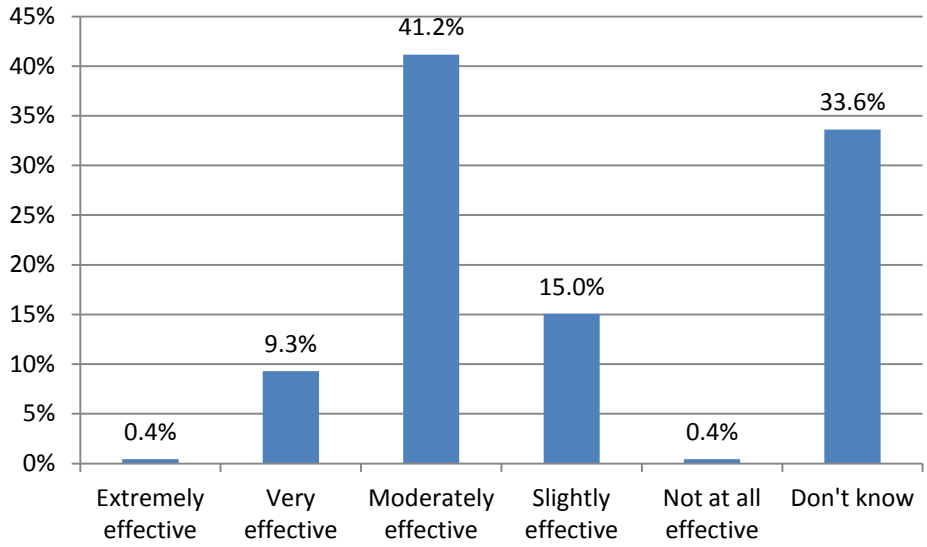
Chart 8.Rating of overall regional health of women, infants, and children



The largest portion of respondents, 41.2 percent, rated the effectiveness of current efforts to promote the health of mothers, infants, and children were rated by the 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

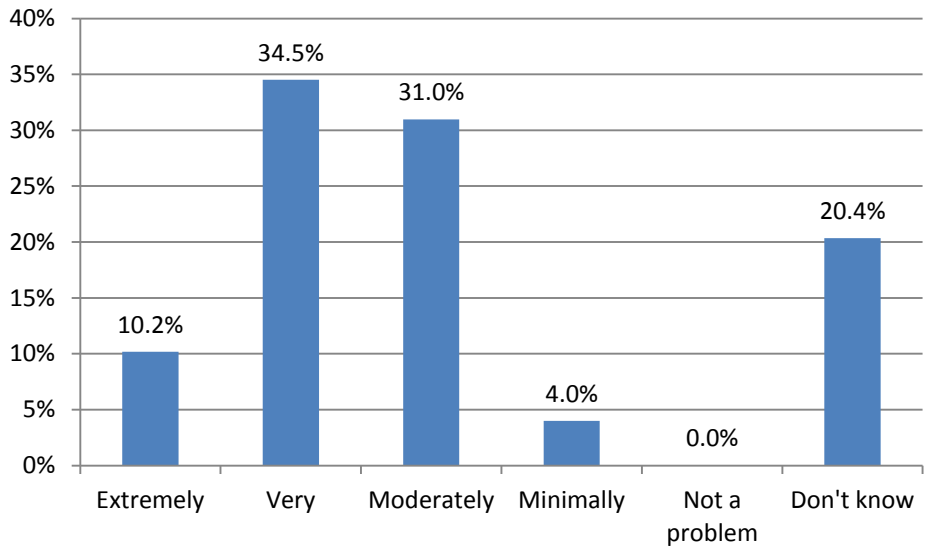
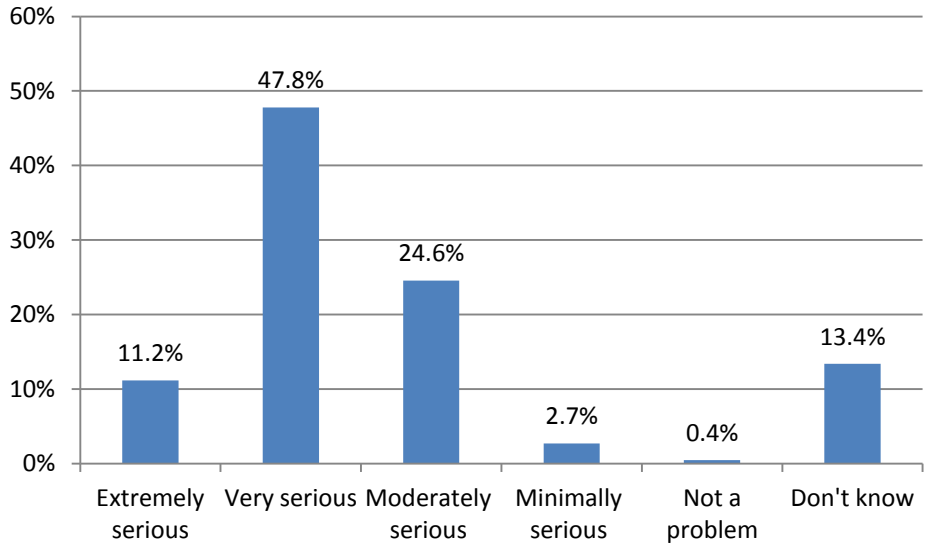


Chart 11. Rating of severity of substance abuse as a problem by share of respondents



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

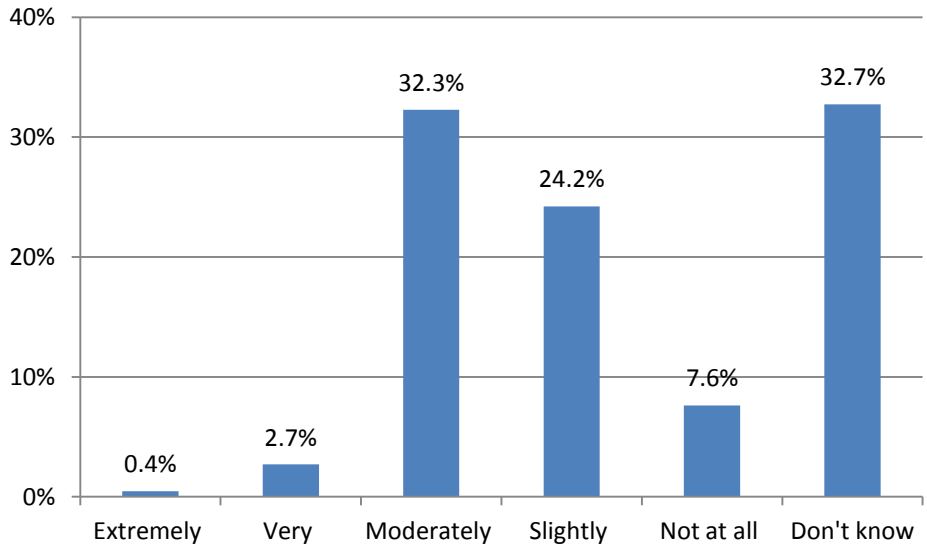
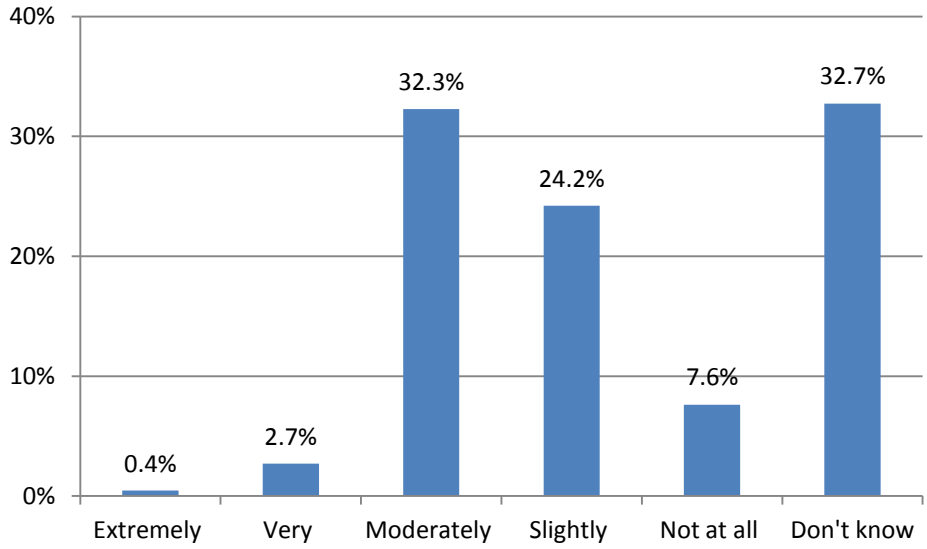


Chart 13.Rating of effectiveness of existing efforts to prevent substance abuse



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

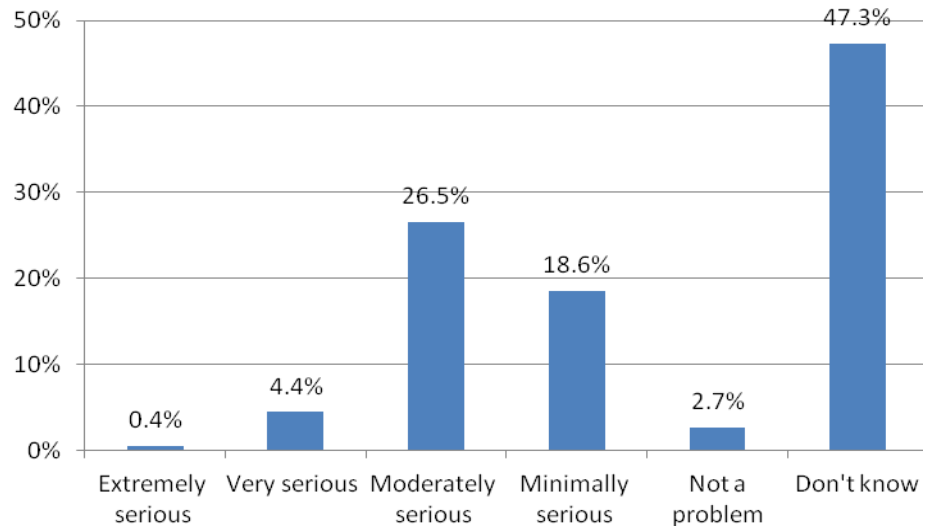
Strategy	Percent
Education (awareness, prevention, and identification materials)	56.0
Coordination and collaboration efforts with other agencies and programs	20.9
Screening and referrals to substance abuse treatment services	13.2
Substance abuse treatment and counseling services	13.2
Policy advocacy,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

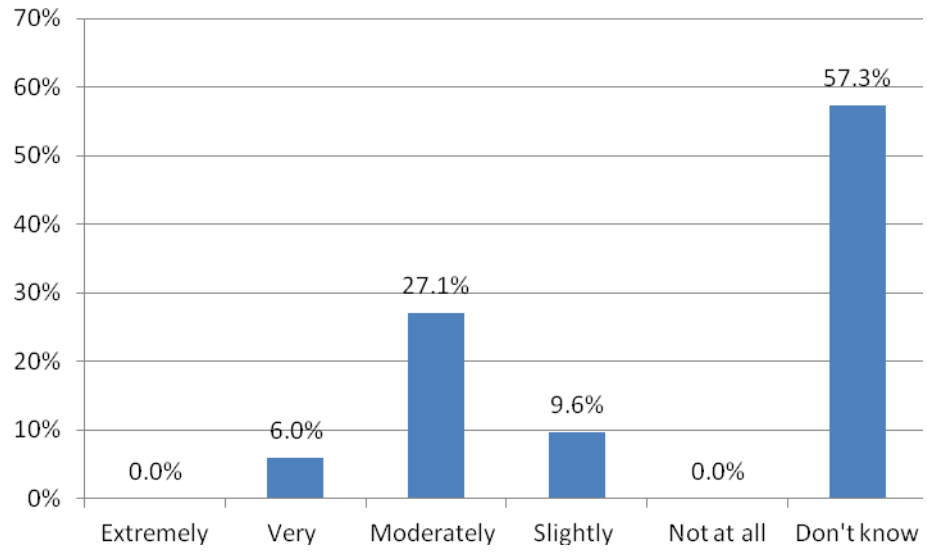


Table 10.Percent engaged in strategy to prevent HIV, STIs, or vaccine preventable disease

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

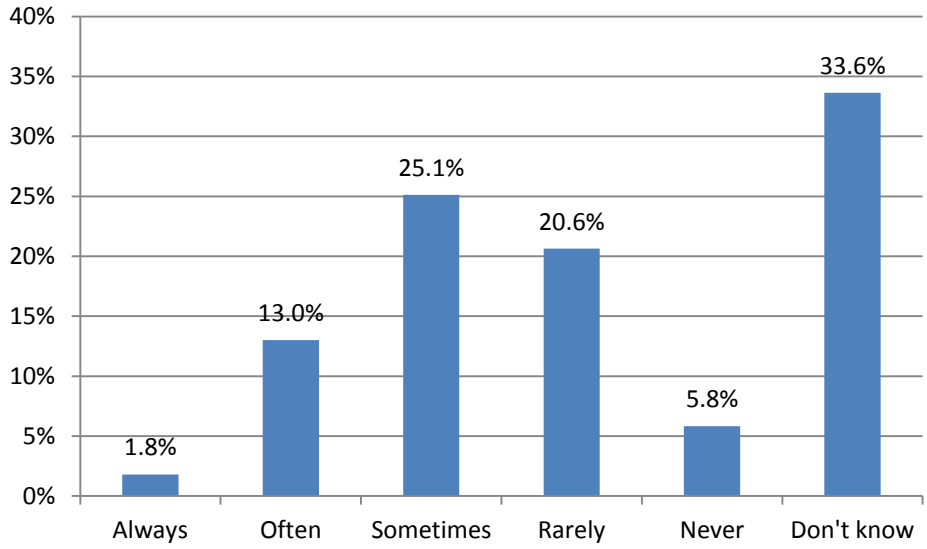
Technology Use and Upcoming Regional Challenges

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.

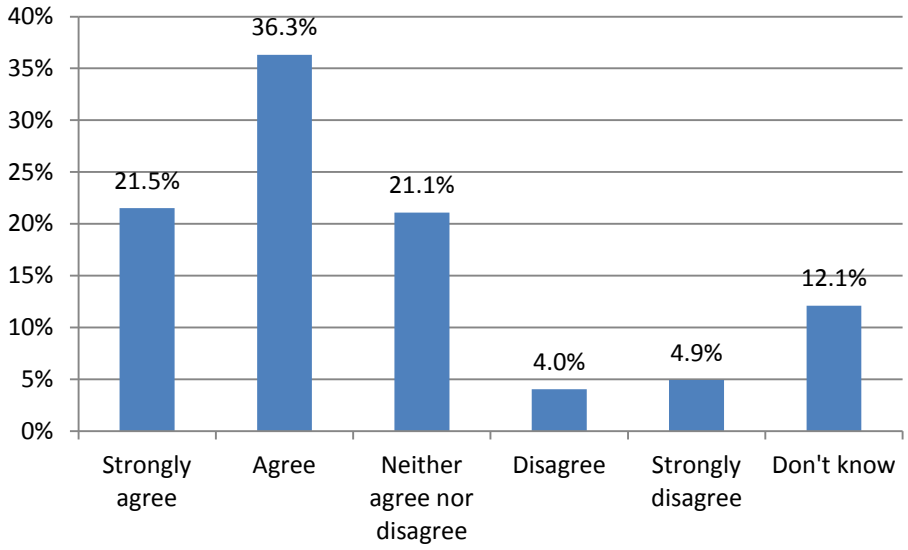
Chart 16. Rating of frequency of technology use by agency clients by share of respondents



There also was 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 a 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.

Appendix 3: ARHN Survey Results: Fulton County

This report details results from the Adirondack Rural Health Network (ARHN) survey that are specific to Fulton 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 Fulton 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 Fulton County, the seven other New York counties included in the region are Clinton, Essex, Franklin, Hamilton, Saratoga, Warren, 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, 65 indicated that Fulton 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 Fulton 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 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.
- 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 Fulton County respondents were did not differ in a statistically significant manner from the rest of the group. Put simply, Fulton 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 Fulton (or some variant such as “all”) should be targeted was consistently high, with a range from 68.9 percent to 83.3 percent. Still, it appears that Gloversville may be a problematic area for Fulton County, based on the portion of respondents that identified the area as being in need of targeted efforts. Support for targeted efforts to address emerging health problems, with one-third of respondents identifying Gloversville as the geography to be targeted.

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	68.9	80.5	73.7	76.3	76.5	83.3	82.9
Bleecker	2.2	0.0	0.0	0.0	0.0	0.0	0.0
Caroga	2.2	0.0	0.0	0.0	0.0	0.0	0.0
Ephratah	2.2	2.4	2.6	2.6	2.9	2.8	2.9
Gloversville	33.3	17.1	26.3	23.7	17.6	13.9	11.4
Johnstown	11.1	2.4	5.3	5.3	2.9	2.8	0.0
Mayfield	2.2	0.0	0.0	0.0	0.0	0.0	0.0
Northville	2.2	0.0	0.0	0.0	0.0	0.0	0.0
Oppenheim	4.4	2.4	2.6	2.6	2.9	2.8	2.9
Perth	2.2	0.0	0.0	0.0	0.0	0.0	0.0
"Rural" areas	0.0	0.0	0.0	0.0	0.0	0.0	2.9

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

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	

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	✓	✓	✓	✓	✓	✓	✓

Community Health Assessment Team – Meeting Schedule and Attendance List

CHAT Team	5/13/13	5/23/13	6/10/13	7/19/13
Denise Frederick, Fulton County Public Health	x	x	x	x
Christina Akey, Fulton County Public Health	x	x	x	x
Sue Cridland, Nathan Littauer Hospital	x	x	x	x
Cheryl McGratten, Nathan Littauer Hospital	x	x		x
Guest – Dale Woods, Fulton County Public Health				x

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 McMahon	Nathan Littauer
Patricia McGillicuddy	Franklin County Public Health
Kelly Landrio	FultonCountyYMCA
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

Name	Organization's Name
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
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	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

Name	Organization's Name
Kelli Lyndaker	Washington County Public health
Jane Hooper	Elizabethtown Community Hospital
Sandra Geier	Gloversville enlarged School District
Janet L. Duprey	NYS Assembly
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
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

Name	Organization's Name
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
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

Name	Organization's Name
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
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 Couny
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	Queesnbury 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

Name	Organization's Name
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
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

Name	Organization's Name
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

Stakeholder's Group May 23, 2013

Name	Agency
Vicky Wheaton Saracini	AHI and ARHN
Robert Martiniano	Center for Health and Workforce Studies
Margaret Luck	NLH Lifeline
Kim Conboy	Montgomery County Public Health
Deborah Skivington	Family Counseling Center
Michael Countryman	Family Counseling Center
Dale Woods	Fulton County Public Health
Christina Akey	Fulton County Public Health
Don Van Patten	NYSDOH
Denise C. Frederick	Fulton County Public Health
Sue Fraiser	Mountain Valley Hospice
Don Diefenbacher	Mountain Valley Hospice
Heidi Parisi	Nathan Littauer Hospital
Rachel Truckenmiller	ASAPP's Promise
Ann Rhodes	HFM Prevention
Dom Baggetta	ASAPP's Promise
Denise Benton	Catholic Charities
Michael Redcross	Nathan Littauer Hospital
Fabrizia Rodriguez	Centro Civico
Andrea Fettinger	Fulton County Aging and Youth
Danielle Temp	Community Health Center
Cheryl McGratten	Nathan Littauer Hospital
Barbara Vickery	CDCCCC
Sue Cridland	Nathan Littauer
Anne Solar	Futon County DSS

Stakeholder Discussion Groups Feedback / Notes

Environmental Group 1

Info Accuracy:
Falls – Data accurate
Need more info
1. Type of falls
2. When falls happen
3. Insurance status

Education
Culture
Community Linkages

Occupational Injuries
1. Employer policy
2. Lack of providers/limited access
3. ED mindset/education

Poisoning
Child access to adult meds

Challenges:
Need urgent care
Education
Transportation
Culture/community/individual norms
Policy Reimbursement
Emerging Trends

Priority:
Aging
Special Needs populations

Chronic Disease Group 2

Healthy food more costly
Access to places to play and exercise
Desire/need for parent supervision
Need access for homebound
Education and poverty influence smoking/nutrition

Info accuracy
Schools participate in data entry
Deaths – coding, asthma
Smoking – MH – respiratory disease
Data lags

Going well

Many Resources
Quality HC provides/facilitates work at outreach
Providers working well
Enroller – OFA/lifeline
Homecare transition
Cancer screening

How effective?
Effective - utilization
Programs: Homecare

Challenges
Need more youth MH/SA services – local
Increase of resources
Lack PC providers/hours/days
System allows ED use for non ER visits
Revisits – environment and follow-up reactive

Women, Infants, Children Group 3

Asthma – need local coalition
Is it smoking during pregnancy?
HOTSPOT
Second hand smoke?
Smoking cessation – NLH
Project ACTION/ Reality Check

Going Well:
Teen pregnancy – some under 15
CHC – Barbara Chriss
PH visits – educational outreach
Social norms/Educational status
Planned Parenthood/ TA Program from DSS

Lead – improve connection with Housing Authority
Parental follow through
Ordinance/Regs/Changing policies

Challenges:
Funding
Staff

Trends:
Social media/electronics
Online newsletters
Medicaid
211
Injuries – unsupervised kids or abuse?

Priorities:
Economic
Access/increase education/prevention

HIV/STD/Vaccine Group 4

Info Accuracy:
1. High rate of syringe disposal – Palmers
2. High teen pregnancy – high risk of HIV/STDs
3. 50% of Centro Civico survey respondents stated that they can't get HIV from sexual encounter - lack of HIV education
4. Low perception of risk – inmates @ correctional facility
5. High volume of NYC transplants – local jail, entering community, increased risk
6. Perception that HIV infection may be desirable – treatable and involves the receipt of benefits
7. Project SMART – syringe exchange program states high IV drug use in area, not using either ESAP program, higher risk may not be represented in data
8. Lack of transportation – don't access healthcare
9. Do not believe MDs are adhering to required HIV offer- low #'s primary care physicians
10. Centro Civico – survey MDs as #1 source for info – but don 't get HIV info from their MD's– may be reflected as this is a low risk/priority – more likely to talk about diet/exercise
11. Immunization rates are a reflection of the computer program used to assess rates.

Going Well
1. Access to free HIV testing – low cost or free STD – especially Planned Parenthood
2. Rate of HPV is good for our area
3. Few children do not have a medical home
4. Few immunization exemptions

Programs
1. Are in place. People have to access
2. Centro is creating a newsletter to facilitate communication of preventable disease

Challenges
1. Education both consumers and medical staff. Staff needs more support in order to better educate.
2. Social media
3. Poverty – unemployment almost 10%
4. Drug trafficking – emerging
5. Pregnancy is a problem among teens

TOP PRIORITY
Prevention education
Healthy alternatives that are desirable and affordable

Mental Health/Substance Abuse Group 5

Emerging Trends:
Few nurse practitioner/psych programs
Difficult recruitment process

Stigma – Mental Health/Substance Abuse
Address bullying symptoms, but not MH issues
Increase in violence – murders increased
Unemployment/underemployed, low insurance leads to poor behavioral health

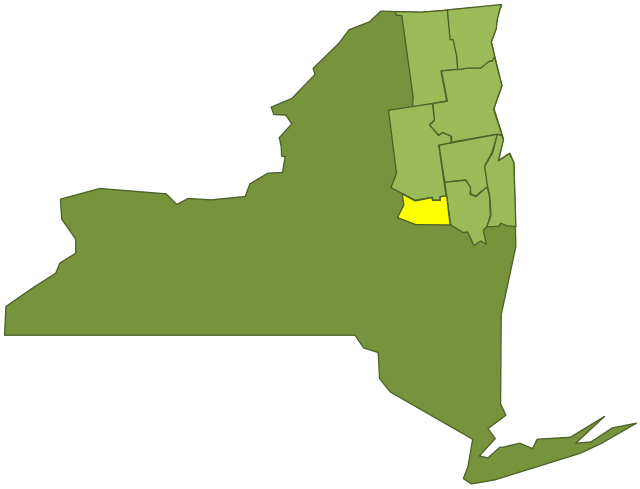
Suicide rate high in NYS:
Isolation
Guns
FMSP Task Force
Underreported
Related to SA, poverty, unemployment, MH

Alcohol related crashes
- Look at time of bar closings
- Passing through county
- Need seasonal data

MH for 8 yrs. old and under – large # served
Good service
FCC satellites in schools – assessments, services, mobile crisis

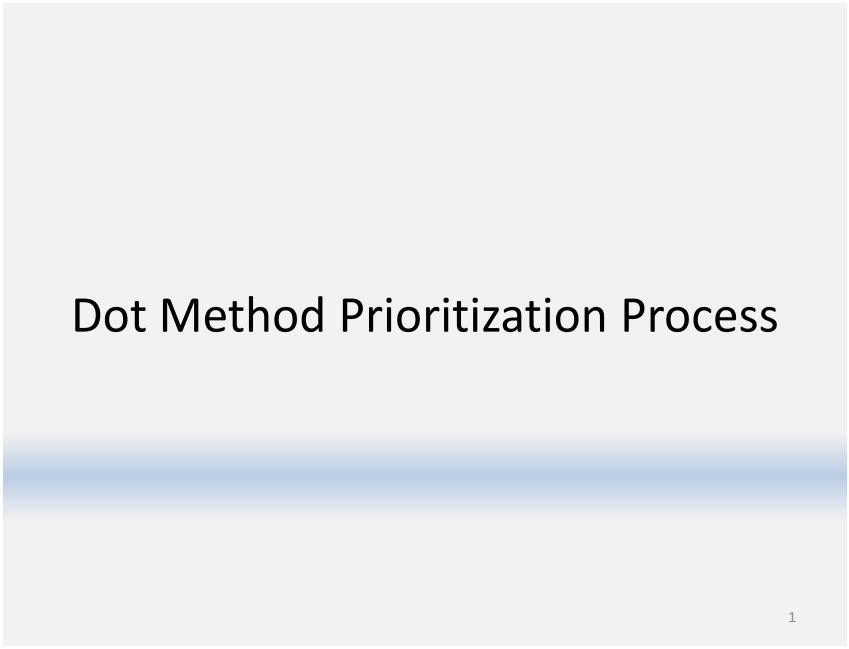
<u>Issues:</u>
Poverty (generational)
Unemployment
SA
All of the above affect MH issues

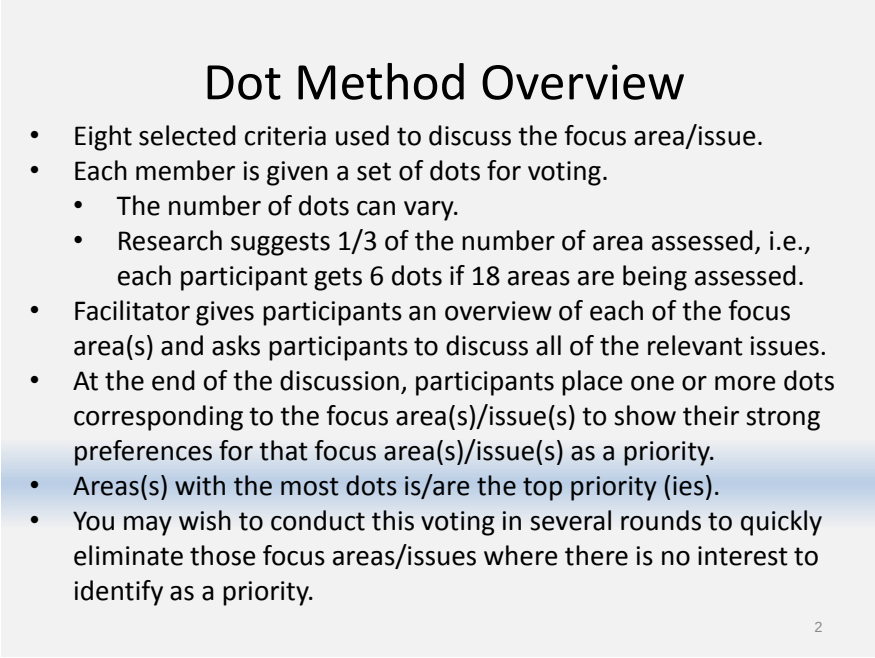
Waiting list for Rx (MH)
Shortage of professionals
Population of residents leaving area (ages 21-29) has decreased – impact on behavioral health
Professionals drive in to work
Aging population increasing
5-14 age group decreasing
Can't support school districts
Can't pass drug test for employment
School districts and agencies work well together, need strategic planning –need action – need to move to greater community (include gov't)
Include faith based community and greater community
Expand cast of characters – SM and NL (St. Mary's and Nathan Littauer)



ARHN Map

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

3

Dot Method Criteria for Discussion

- 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.

4

Dot Method Criteria for Discussion

- 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.

5

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

6

Other Data Sources

Fulton County NY Tourism Website, 2013 http://44lakes.com/about

Sources:

Employment Sector: American Community Survey, 2009 - 2011

Unemployment Rate: Bureau of Labor Statistics, Local Area Unemployment Statistics, 2011

Medicaid Data: New York State Department of Health, 2011

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

	Data Element	Data Source	Hyperlink
Focus Area: Disparities			
Prevention Agenda Indicators			
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	http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p1.htm
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	http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p2.htm
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	http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p3.htm
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	http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p4.htm
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	http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p5.htm
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	http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p6.htm
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	http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p7.htm
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	http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p8.htm
Other Disparity Indicators			
1	Rate of Total Deaths per 100,000 Population, '08 - 10	New York State Department of Health; Vital Statistics of New York St	http://www.health.ny.gov/statistics/chac/mortality/d32.htm
2	Rate of Total Deaths per 100,000 Adjusted Population, '08 - 10	New York State Department of Health; Vital Statistics of New York St	http://www.health.ny.gov/statistics/chac/mortality/d32.htm
3	Rate of Emergency Department Visits per 10,000 Population, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	http://www.health.ny.gov/statistics/chac/ed/e2.htm
4	Rate of Emergency Department Visits per 10,000 Adjusted Population, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	http://www.health.ny.gov/statistics/chac/ed/e2.htm
5	Rate of Total Hospital Discharges per 10,000 Population, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	http://www.health.ny.gov/statistics/chac/hospital/h44.htm
6	Rate of Total Hospital Discharges per 10,000 Adjusted Population, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	http://www.health.ny.gov/statistics/chac/hospital/h44.htm
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 Systen	http://www.health.ny.gov/statistics/brfss/expanded/2009/county/
8	% of Adults (18 and Older) with Poor Physical Health, '08/09	New York State Expanded Behavioral Risk Factor Surveillance Systen	http://www.health.ny.gov/statistics/brfss/expanded/2009/county/
9	% of Adults (18 and Older) with Physical Limitations, '08/09	New York State Expanded Behavioral Risk Factor Surveillance Systen	http://www.health.ny.gov/statistics/brfss/expanded/2009/county/
10	% of Adults (18 and Older) with Health Problems that Need Special Equipment, '08/09	New York State Expanded Behavioral Risk Factor Surveillance Systen	http://www.health.ny.gov/statistics/brfss/expanded/2009/county/
11	Percentage of Adults (18 and Older) with Disabilities, '08/09	New York State Expanded Behavioral Risk Factor Surveillance Systen	http://www.health.ny.gov/statistics/brfss/expanded/2009/county/
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	http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p9.htm
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	http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p10.htm
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	http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p11.htm
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	http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p12.htm
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	http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p13.htm
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	http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p14.htm
7	Rate of ED Occupational Injuries Among Working Adoloscents 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	http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p15.htm
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	http://www.health.ny.gov/statistics/chac/hospital/h25.htm
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	http://www.health.ny.gov/statistics/chac/hospital/h26.htm
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	http://www.health.ny.gov/statistics/chac/hospital/h27.htm
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	http://www.health.ny.gov/statistics/chac/hospital/h28.htm
5	Rate of Violent Crimes per 100,000 Population, '07 - 11	NY State Division of Criminal Justice, 2011 Crime Statistics	http://www.criminaljustice.ny.gov/crimnet/ojsa/countycrimestats.htm
6	Rate of Property Crimes per 100,000 Population, '07 - 11	NY State Division of Criminal Justice, 2011 Crime Statistics	http://www.criminaljustice.ny.gov/crimnet/ojsa/countycrimestats.htm
7	Rate of Total Crimes per 100,000 Population, '07 - 11	NY State Division of Criminal Justice, 2011 Crime Statistics	http://www.criminaljustice.ny.gov/crimnet/ojsa/countycrimestats.htm
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	http://www.health.ny.gov/statistics/chac/general/g78.htm
9	Rate of Pneumonconsis Hospitalizations, Ages 15 Plus, per 10,000 Population Ages 15 Plus, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	http://www.health.ny.gov/statistics/chac/general/g79.htm
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	http://www.health.ny.gov/statistics/chac/general/g80.htm
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	http://www.health.ny.gov/statistics/chac/general/g81.htm
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	http://www.health.ny.gov/statistics/chac/general/g82.htm
13	Rate of Total Motor Vehicle Crashes per 100,000 Population, '09 - 11	Safe New York: Governor's Traffic Safety Committee	http://www.safeny.ny.gov/11data/NYS09-11byCo_5Crash.pdf
14	Rate of Pedestrian-Related Accidents per 100,000 Population, '09 - 11	Safe New York: Governor's Traffic Safety Committee	http://www.safeny.ny.gov/11data/NYS09-11byCo_5Crash.pdf
15	Rate of Speed-Related Accidents per 100,000 Population, '09 - 11	Safe New York: Governor's Traffic Safety Committee	http://www.safeny.ny.gov/11data/NYS09-11byCo_5Crash.pdf
16	Rate of Motor Vehicle Accident Deaths per 100,000 Population, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	http://www.health.ny.gov/statistics/chac/mortality/d28.htm
17	Rate of TBI Hospitalizations per 10,000 Population, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	http://www.health.ny.gov/statistics/chac/hospital/h33.htm
18	Rate of Unintentional Injury Hospitalizations per 10,000 Population, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	http://www.health.ny.gov/statistics/chac/hospital/h18.htm
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	http://www.health.ny.gov/statistics/chac/hospital/h20.htm
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	http://www.health.ny.gov/statistics/chac/hospital/h23.htm
21	Rate of Poisoning Hospitalizations per 10,000 Population, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	http://www.health.ny.gov/statistics/chac/hospital/h32.htm
Focus Area: Outdoor Air Quality			
1	Number of Days with Unhealthy Ozone, 2007	County Health Rankings and Roadmaps	http://www.countyhealthrankings.org/rankings/data
2	Numbert of Days with Unhealthy Particulated Matter, 2007	County Health Rankings and Roadmaps	http://www.countyhealthrankings.org/rankings/data
Focus Area: Built Environment			
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	http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p16.htm
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	http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p17.htm
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	http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p18.htm
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	http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p19.htm
Focus Area: Water Quality			
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	http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p20.htm
Focus Area: Reduce Obesity in Children and Adults			
Prevention Agenda Indicators			
1	Percentage of Adults 18 and Older Who are Obese, '08/09	New York State Department of Health; Indicators for Tracking Public Health Priority Areas 2013-2017	http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p21.htm

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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	http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p22.htm
Other Indicators			
1	Percentage of Total Students Overweight, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	http://www.health.ny.gov/statistics/chac/general/g63.htm
2	Percentage of Elementary Students Overweight, Not Obese, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	http://www.health.ny.gov/statistics/chac/general/g66.htm
3	Percentage of Elementary Students Obese, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	http://www.health.ny.gov/statistics/chac/general/g67.htm
4	Percentage of Middle and High School Students Overweight, Not Obese, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	http://www.health.ny.gov/statistics/chac/general/g69.htm
5	Percentage of Middle and High School Students Obese	NYSDOH; New York State Community Health Indicator Reports	http://www.health.ny.gov/statistics/chac/general/g70.htm
6	Percentage of WIC Children Ages 2 - 4 Obese, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	http://www.health.ny.gov/statistics/chac/general/g72.htm
7	Percentageof Age Adjusted Adults Overweight or Obese, '08/09	NYSDOH; New York State Community Health Indicator Reports	http://www.health.ny.gov/statistics/chac/general/g74.htm
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	http://www.health.ny.gov/statistics/chac/general/g76.htm
9	Number of Recreational and Fitness Facilities per 100,000 Population, 2009	United States Department of Agriculture, Food Environment Atlas D	http://www.ers.usda.gov/data-products/food-environment-atlas/data-access-and-documentation-downloads.aspx
10	Percentage of Age Adjusted Adults Eating Five or More Vegetables per Day, '08/09	NYSDOH; New York State Community Health Indicator Reports	http://www.health.ny.gov/statistics/chac/general/g77.htm
11	Percentage of Age Adjusted Adults with Cholesterol Check within the Last Five Years, '08/09	NYSDOH; New York State Community Health Indicator Reports	http://www.health.ny.gov/statistics/chac/general/g23.htm
12	Percentage of Age Adjusted Adults Ever Diagnosed with High Blood Pressure, '08/09	NYSDOH; New York State Community Health Indicator Reports	http://www.health.ny.gov/statistics/chac/general/g24.htm
13	Percentage of Age Adjusted Adults with Physician Diagnoses Angina, Heart Attack, or Stroke, '08/09	NYSDOH; New York State Community Health Indicator Reports	http://www.health.ny.gov/statistics/chac/general/g22.htm
14	Rate of Cardiovascular Disease Deaths per 100,000 Population, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	http://www.health.ny.gov/statistics/chac/mortality/d1.htm
15	Rate of Cardiovascular Premature Deaths (35 - 64) per 100,000 Population 35 - 64, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	http://www.health.ny.gov/statistics/chac/mortality/d2.htm
16	Rate of Pretransport Deaths per 100,000 Population, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	http://www.health.ny.gov/statistics/chac/mortality/d3.htm
17	Rate of Cardiovascular Hospitalizastions per 10,000 Population, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	http://www.health.ny.gov/statistics/chac/hospital/h1.htm
18	Rate of Diseases of the Heart Deaths per 100,000 Population, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	http://www.health.ny.gov/statistics/chac/mortality/d4.htm
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	http://www.health.ny.gov/statistics/chac/mortality/d5.htm
20	Rate of Disease of the Heart Transport Deaths per 100,000 Population, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	http://www.health.ny.gov/statistics/chac/mortality/d6.htm
21	Rate of Disease of the Heart Hospitalizations per 10,000 Population, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	http://www.health.ny.gov/statistics/chac/hospital/h2.htm
22	Rate of Coronary Heart Diseases Deaths per 100,000 Population, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	http://www.health.ny.gov/statistics/chac/mortality/d7.htm
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	http://www.health.ny.gov/statistics/chac/mortality/d8.htm
24	Rate of Coronary Heart Disease Transport Deaths per 100,000 Population, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	http://www.health.ny.gov/statistics/chac/mortality/d9.htm
25	Rate of Coronary Heart Disease Hospitalizations per 10,000 Population, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	http://www.health.ny.gov/statistics/chac/hospital/h3.htm
26	Rate of Congestive Heart Failure Deaths per 100,000 Population, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	http://www.health.ny.gov/statistics/chac/mortality/d10.htm
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	http://www.health.ny.gov/statistics/chac/mortality/d11.htm
28	Rate of Congestive Heart Failure Transport Deaths per 100,000 Population, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	http://www.health.ny.gov/statistics/chac/mortality/d12.htm
29	Rate of Congestive Heart Failure Hospitalizations per 10,000 Population, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	http://www.health.ny.gov/statistics/chac/hospital/h4.htm
30	Rate of Cerebrovascular (Stroke) Deaths per 100,000 Population, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	http://www.health.ny.gov/statistics/chac/mortality/d13.htm
31	Rate of Cerebrovascular (Stroke) Hospitalizations per 10,000 Population, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	http://www.health.ny.gov/statistics/chac/hospital/h5.htm

32	Rate of Hypertension Hospitalizations (18 Plus) per 100,000 Population 18 Plus, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	http://www.health.ny.gov/statistics/chac/hospital/h6.htm
33	Rate of Diabetes Deaths per 100,000 Population, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	http://www.health.ny.gov/statistics/chac/mortality/d22.htm
34	Rate of Diabetes Hospitalizations (Primary Diagnosis) per 10,000 Population, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	http://www.health.ny.gov/statistics/chac/hospital/h11.htm
35	Rate of Diabetes Hospitalizations (Any Diagnosis) per 10,000 Population, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	http://www.health.ny.gov/statistics/chac/hospital/h12.htm
Focus Area: Reduce Illness, Disability, and Death Related to Tobacco Use and Secondhand Smoke Exposure			
Prevention Agenda Indicators			
1	Percentage of Adults 18 and Older Who Smoke '08/09	NYSDOH; New York State Community Health Indicator Reports	http://www.health.ny.gov/statistics/chac/general/g108.htm
Other Indicators			
1	Rate of Chronic Lower Respiratory Disease Deaths per 100,000 Population, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	http://www.health.ny.gov/statistics/chac/mortality/d30.htm
2	Rate of Chronic Lower Respiratory Disease Hospitalzations per 10,000 Population, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	http://www.health.ny.gov/statistics/chac/hospital/h34.htm
3	Rate of Asthma Deaths per 100,000 Population, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	http://www.health.ny.gov/statistics/chac/mortality/d31.htm
4	Rate of Asthma Hospitalizations per 10,000 Population, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	http://www.health.ny.gov/statistics/chac/hospital/h35.htm
5	Rate of Asthma Hospitalizations, 25 - 44, per 10,000 Population Ages 25 - 44, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	http://www.health.ny.gov/statistics/chac/hospital/h41.htm
6	Rate of Asthma Hospitalizations, 45 - 64, per 10,000 Population Ages 45 - 64, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	http://www.health.ny.gov/statistics/chac/hospital/h42.htm
7	Rate of Asthma Hospitalizations,65 Plus, per 10,000 Population Ages 65 Plus, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	http://www.health.ny.gov/statistics/chac/hospital/h43.htm
8	Percentage of Adults with Asthma, '08/09	NYSDOH; New York State Community Health Indicator Reports	http://www.health.ny.gov/statistics/chac/general/g95.htm
9	Rate of Lung and Bronchus Deaths per 100,000 Population, '07 - 09	NYSDOH; New York State Community Health Indicator Reports	http://www.health.ny.gov/statistics/chac/general/g8.htm
10	Rate of Lung and Bronchus Cases per 100,000 Population, '07- 09	NYSDOH; New York State Community Health Indicator Reports	http://www.health.ny.gov/statistics/chac/general/g7.htm
11	Number of Registered Tobacco Vendors per 100,000 Population, '09 - 10	NYSDOH; Tobacco Enforcement Program Annual Report	http://www.health.ny.gov/prevention/tobacco_control/docs/tobacco_enforcement_annual_report_2009-2010.pdf
12	Percentage of Vendors with Sales to Minors Violations, '09 - 10	NYSDOH; Tobacco Enforcement Program Annual Report	http://www.health.ny.gov/prevention/tobacco_control/docs/tobacco_enforcement_annual_report_2009-2010.pdf
13	Percentage of Vendors with Complaints, '09 - 10	NYSDOH; Tobacco Enforcement Program Annual Report	http://www.health.ny.gov/prevention/tobacco_control/docs/tobacco_enforcement_annual_report_2009-2010.pdf
Focus Area: Increase Access to High Quality Chronic Disease Preventive Care ad Management in Both Clinical and Community Settings			
Prevention Agenda Indicators			
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	http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p24.htm
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	http://www.health.ny.gov/statistics/ny_asthma/ed/asthmaed6.htm
3	Rate of Asthma ED Visits Ages 0 - 4, per 10,000 Population Ages, 0 - 4, '08 - 10	New York State Department of Health; Indicators for Tracking Public Health Priority Areas 2013-2017	http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p26.htm
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	http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p28.htm
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	http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p29.htm
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	http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p27.htm
Other Indicators			
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	http://www.health.ny.gov/statistics/ny_asthma/ed/asthmaed5a.htm
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	http://www.health.ny.gov/statistics/ny_asthma/ed/asthmaed5.htm
3	Rate of All Cancer Cases per 100,000 Population, '07 - 09	NYSDOH; New York State Community Health Indicator Reports	http://www.health.ny.gov/statistics/chac/general/g1.htm
4	Rate of all Cancer Deaths per 100,000 Population, '07 - 09	NYSDOH; New York State Community Health Indicator Reports	http://www.health.ny.gov/statistics/chac/general/g2.htm
5	Rate of Female Breast Cancer Cases per 100,000 Female Population, '07 -09	NYSDOH; New York State Community Health Indicator Reports	http://www.health.ny.gov/statistics/chac/general/g9.htm

6	Rate of Female Late Stage Breast Cancer Cases per 100,000 Female Population, '07 - 09	NYSDOH; New York State Community Health Indicator Reports	http://www.health.ny.gov/statistics/chac/general/g11.htm
7	Rate of Female Breast Cancer Deaths per 100,000 Female Population, '07	NYSDOH; New York State Community Health Indicator Reports	http://www.health.ny.gov/statistics/chac/general/g10.htm
8	Percentageof Women 40 Plus With Mammogram within Last Two Years, '08/ 09	NYSDOH; New York State Community Health Indicator Reports	http://www.health.ny.gov/statistics/chac/general/g21.htm
9	Rate of Cervix and Uteric Cancer Cases per 100,000 Female Population, '07 - 09	NYSDOH; New York State Community Health Indicator Reports	http://www.health.ny.gov/statistics/chac/general/g12.htm
10	Rate of Cervix and Uteric Cancer Deaths per 100,000 Female Population, '07 - 09	NYSDOH; New York State Community Health Indicator Reports	http://www.health.ny.gov/statistics/chac/general/g13.htm
11	Percentageof Women 18 and Older with a Pap Smear within the Last Three Yearrs, '08/ 09	NYSDOH; New York State Community Health Indicator Reports	http://www.health.ny.gov/statistics/chac/general/g20.htm
12	Rate of Ovarian Cancer Cases per 100,000 Female Population, '07 - 09	NYSDOH; New York State Community Health Indicator Reports	http://www.health.ny.gov/statistics/chac/general/g14.htm
13	Rate of Ovarian Cancer Deaths per 100,000 Female Population, '07 - 09	NYSDOH; New York State Community Health Indicator Reports	http://www.health.ny.gov/statistics/chac/general/g15.htm
14	Rate of Colon and Rectum Cancer Cases per 100,000 Population, '07 - 09	NYSDOH; New York State Community Health Indicator Reports	http://www.health.ny.gov/statistics/chac/general/g5.htm
15	Rate of Colon and Rectum Cancer Deaths per 100,000 Population, '07 - 09	NYSDOH; New York State Community Health Indicator Reports	http://www.health.ny.gov/statistics/chac/general/g6.htm
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 Systen	http://www.health.ny.gov/statistics/brfss/expanded/2009/county/
17	Percentageof Adults 50 Plus with Sigmoidoscopy or Colonoscopy within Last Ten Years, '08/09	New York State Expanded Behavioral Risk Factor Surveillance Systen	http://www.health.ny.gov/statistics/brfss/expanded/2009/county/
18	Rate of Prostate Cancer Deaths per 100,000 Male Population, '07 - 09	NYSDOH; New York State Community Health Indicator Reports	http://www.health.ny.gov/statistics/chac/general/g17.htm
19	Rate of Prostate Cancer Cases per 100,000 Male Population, '07 - 09	NYSDOH; New York State Community Health Indicator Reports	http://www.health.ny.gov/statistics/chac/general/g16.htm
20	Rate of Prostate Cancer Late Stage Cancer Cases per 100,000 Male Population, '07 - 09	NYSDOH; New York State Community Health Indicator Reports	http://www.health.ny.gov/statistics/chac/general/g18.htm
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 Systen	http://www.health.ny.gov/statistics/brfss/expanded/2009/county/
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 Systen	http://www.health.ny.gov/statistics/brfss/expanded/2009/county/
23	Rate of Melanoma Cancer Deaths per 100,000 Population, '07 - '09	NYSDOH; New York State Community Health Indicator Reports	http://www.health.ny.gov/statistics/chac/general/g19.htm
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	http://www.health.ny.gov/statistics/chac/general/g92.htm
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	http://www.health.ny.gov/statistics/chac/general/g90.htm
26	Oral Cavity and Pharnyx Cancer Deaths per 100,000 Population, '07-09	NYSDOH; New York State Community Health Indicator Reports	http://www.health.ny.gov/statistics/chac/general/g4.htm
27	Oral Cavity and Pharnyx Cancer Deaths, Adults 45 - 74, per 100,000 Population, 45 - 74, '07 - 09	NYSDOH; New York State Community Health Indicator Reports	http://www.health.ny.gov/statistics/chac/general/g94.htm
28	Oral Cavity and Pharnyx Cancer Cases per 100,000 Population, '07 - 09	NYSDOH; New York State Community Health Indicator Reports	http://www.health.ny.gov/statistics/chac/general/g3.htm
Focus Area: Maternal and Infant Health			
Prevention Agenda Indicators			
1	Percentage Preterm Births < 37 Weeks of total births known gestation period, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	http://www.health.ny.gov/statistics/chac/birth/b40.htm
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	http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p42.htm
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 Areas 2013-2017	http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p43.htm
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	http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p44.htm
5	Rate of Maternal Mortality per 100,000 Births, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	http://www.health.ny.gov/statistics/chac/birth/b33.htm
6	Percentage of Live birth Infants Exclusively Breastfed in Delivery Hospital, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	http://www.health.ny.gov/statistics/chac/birth/b25.htm
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	http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p46.htm
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	http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p47.htm
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	http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p48.htm

Other Indicators			
1	Percentage Perterm Births < 32 weeks of total births known gestation period, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	http://www.health.ny.gov/statistics/chac/birth/b38.htm
2	Percentage Preterm Births 32 to < 37 Weeks of total births known gestation period, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	http://www.health.ny.gov/statistics/chac/birth/b39.htm
3	Percentage of Total Births with Weights Less Than 1,500 grams, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	http://www.health.ny.gov/statistics/chac/birth/b34.htm
4	Percentageof Singleton Births with Weights Less Than 1,500 grams, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	http://www.health.ny.gov/statistics/chac/birth/b35.htm
5	Percentage of Total Births with Weights Less Than 2,500 grams, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	http://www.health.ny.gov/statistics/chac/birth/b36.htm
6	Percentage of Singleton Births with Weights Less Than 2,500 grams, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	http://www.health.ny.gov/statistics/chac/birth/b37.htm
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	http://www.health.ny.gov/statistics/community/minority/county/
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	http://www.health.ny.gov/statistics/community/minority/county/
9	Infant Mortality Rate per 1,000 Live Births, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	http://www.health.ny.gov/statistics/chac/birth/b27.htm
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	http://www.health.ny.gov/statistics/community/minority/county/
11	Infant Mortality Rate for Hispanic/Latino per 1,000 Births, '08 - 10	NYSDOH; State and County Indicators for Tracking Public Health Priority Areas	http://www.health.ny.gov/statistics/community/minority/county/
12	Rate of Deaths (28 Weeks Gestation to Sevem Days) per 1,000 Live Births and Perinatal Deaths, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	http://www.health.ny.gov/statistics/chac/birth/b32.htm
13	Percentage Early Prenatal Care of Total Births Where Prenatal Care Status is Known, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	http://www.health.ny.gov/statistics/chac/birth/b21.htm
14	Percentage Early Prenatal Care for Black, Non-Hispanic, '08 - 10	NYSDOH; State and County Indicators for Tracking Public Health Priority Areas	http://www.health.ny.gov/statistics/community/minority/county/
15	Percentge Early Prenatal Care for Hispanic/Latino, '08 - 10	NYSDOH; State and County Indicators for Tracking Public Health Priority Areas	http://www.health.ny.gov/statistics/community/minority/county/
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	http://www.health.ny.gov/statistics/chac/birth/b41.htm
17	Rate of Newborn Drug Related Hospitalizations per 10,000 Births, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	http://www.health.ny.gov/statistics/chac/hospital/h46.htm
18	Percentage WIC Women Breastfed at Six months, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	http://www.health.ny.gov/statistics/chac/general/g62.htm
19	Percentage Infants Receiving Any Breast Milk in Delivery Hospital, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	http://www.health.ny.gov/statistics/chac/birth/b24.htm
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	http://www.health.ny.gov/statistics/chac/birth/b1.htm
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	http://www.health.ny.gov/statistics/chac/birth/b12.htm
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	http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p55.htm
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	http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p56.htm
5	Percent of Unintended Births to Total Births, 2011	New York State Department of Health; Indicators for Tracking Public Health Priority Areas 2013-2017	http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p57.htm
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	http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p58.htm
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	http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p59.htm
8	Ratio of Unintended Births Medicaid to Non-Medicaid, '08 - 10	New York State Department of Health; Indicators for Tracking Public Health Priority Areas 2013-2017	http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p60.htm
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	http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p61.htm

Other Indicators			
1	Rate of Total Births per 1,000 Females Ages 15-44, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	http://www.health.ny.gov/statistics/chac/birth/b5.htm
2	Percent Multiple Births of Total Births, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	http://www.health.ny.gov/statistics/chac/birth/b20.htm
3	Percent C-Sections to Total Births. '08 - 10	NYSDOH; New York State Community Health Indicator Reports	http://www.health.ny.gov/statistics/chac/birth/b26.htm
4	Rate of Total Pregnancies per 1,000 Females Ages 15-44, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	http://www.health.ny.gov/statistics/chac/birth/b10.htm
5	Rate of Births Ages 10 - 14 per 1,000 Females Ages 10-14, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	http://www.health.ny.gov/statistics/chac/birth/b6.htm
6	Rate of Pregnancies Ages 10 - 14 per 1,000 Females Ages 10-14, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	http://www.health.ny.gov/statistics/chac/birth/b11.htm
7	Rate of Births Ages 15 - 17 per 1,000 Females Ages 15-17, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	http://www.health.ny.gov/statistics/chac/birth/b7.htm
8	Rate of Births Ages 15 - 19 per 1,000 Females Ages 15-19, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	http://www.health.ny.gov/statistics/chac/birth/b8.htm
9	Rate of Pregnancies Ages 15 - 19 per 1,000 Females Ages 5-19, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	http://www.health.ny.gov/statistics/chac/birth/b13.htm
10	Rate of Births Ages 18 - 19 per 1,000 Females Ages 18-19, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	http://www.health.ny.gov/statistics/chac/birth/b9.htm
11	Rate of Pregnancies Ages 18 - 19 per 1,000 Females Ages 18-19, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	http://www.health.ny.gov/statistics/chac/birth/b14.htm
12	Percent Total Births to Women Ages 35 Plus, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	http://www.health.ny.gov/statistics/chac/birth/b4.htm
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	http://www.health.ny.gov/statistics/chac/birth/b15.htm
14	Rate of Abortions All Ages per 100 Live Births to All Mothers, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	http://www.health.ny.gov/statistics/chac/birth/b16.htm
15	Percentage of WIC Women Pre-pregnancy Underweight, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	http://www.health.ny.gov/statistics/chac/general/g55.htm
16	Percentage of WIC Women Pre-pregnancy Overweight but not Obese, ' 08 - 10	NYSDOH; New York State Community Health Indicator Reports	http://www.health.ny.gov/statistics/chac/general/g56.htm
17	Percentage of WIC Women Pre-pregnancy Obese, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	http://www.health.ny.gov/statistics/chac/general/g57.htm
18	Percentage of WIC Women with Gestational Weight Gain Greater than Ideal, '08 10	NYSDOH; New York State Community Health Indicator Reports	http://www.health.ny.gov/statistics/chac/general/g59.htm
19	Percentage of WIC Women with Gestational Diabetes, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	http://www.health.ny.gov/statistics/chac/general/g60.htm
20	Percentage of WIC Women with Gestational Hypertension, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	http://www.health.ny.gov/statistics/chac/general/g61.htm
Focus Area: Child Health			
Prevention Agenda Indicators			
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	http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p66.htm
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	http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p67.htm
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	http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p68.htm
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	http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p51.htm
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	http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p52.htm
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	http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p53.htm
Other Indicators			
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	http://www.health.ny.gov/statistics/chac/mortality/d16.htm
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	http://www.health.ny.gov/statistics/chac/mortality/d17.htm
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	http://www.health.ny.gov/statistics/chac/mortality/d18.htm
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	http://www.health.ny.gov/statistics/chac/mortality/d19.htm
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	http://www.health.ny.gov/statistics/chac/mortality/d20.htm
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	http://www.health.ny.gov/statistics/chac/indicators/cah.htm
7	Rate of Asthma Hospitalizations Children Ages 0 - 4 per 10,000 Population, Children Ages 0 - 4, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	http://www.health.ny.gov/statistics/chac/hospital/h36.htm
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	http://www.health.ny.gov/statistics/chac/hospital/h37.htm

9	Rate of Asthma Hospitalizations Children Ages 0 - 17 per 10,000 Ages Children 0 - 17,	NYSDOH; New York State Community Health Indicator Reports	http://www.health.ny.gov/statistics/chac/hospital/h38.htm
10	Rate of Gastroenteristis Hospitalizations Children Ages 0 - 4 per 10,000 Population, Children Ages 0 - 4	NYSDOH; New York State Community Health Indicator Reports	http://www.health.ny.gov/statistics/chac/hospital/h7.htm
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	http://www.health.ny.gov/statistics/chac/hospital/h8.htm
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	http://www.health.ny.gov/statistics/chac/hospital/h9.htm
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	http://www.health.ny.gov/statistics/ny_asthma/ed/asthmaed0.htm
14	Percentage of Children Screened for Lead by Age 9 months	NYSDOH; New York State Community Health Indicator Reports	http://www.health.ny.gov/statistics/chac/general/g25.htm
15	Percentage of Children Screened for Lead by Age 18 months	NYSDOH; New York State Community Health Indicator Reports	http://www.health.ny.gov/statistics/chac/general/g26.htm
16	Percentage of Children Screened for Lead by Age 36 months (at least two screenings)	NYSDOH; New York State Community Health Indicator Reports	http://www.health.ny.gov/statistics/chac/general/g27.htm
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	http://www.health.ny.gov/statistics/chac/general/g28.htm
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	http://www.health.ny.gov/statistics/chac/hospital/h19.htm
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	http://www.health.ny.gov/statistics/chac/hospital/h20.htm
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	http://www.health.ny.gov/statistics/chac/hospital/h21.htm
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	http://www.health.ny.gov/statistics/ny_asthma/ed/asthmaed2b.htm
22	Percentage of Medicaid Enrollees Ages 2 - 20 with at Least One Dental Visit, 08 - 10	NYSDOH; New York State Community Health Indicator Reports	http://www.health.ny.gov/statistics/chac/general/g93.htm
23	Percentage of 3rd Graders with Dental Caries, '09 - 11	NYSDOH; New York State Community Health Indicator Reports	http://www.health.ny.gov/statistics/chac/general/g84.htm
24	Percentage of 3rd Graders with Dental Sealants, '09 - 11	NYSDOH; New York State Community Health Indicator Reports	http://www.health.ny.gov/statistics/chac/general/g86.htm
25	Percentage of 3rd Graders with Dental Insurance, '09 - 11	NYSDOH; New York State Community Health Indicator Reports	http://www.health.ny.gov/statistics/chac/general/g87.htm
26	Percentage of 3rd Graders with at Least One Dental Visit, '09 - 11	NYSDOH; New York State Community Health Indicator Reports	http://www.health.ny.gov/statistics/chac/general/g88.htm
27	Percentage of 3rd Graders Taking Fluoride Tablets Regularly, '09 - 11	NYSDOH; New York State Community Health Indicator Reports	http://www.health.ny.gov/statistics/chac/general/g89.htm
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	http://www.health.ny.gov/statistics/chac/ed/e1.htm
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	http://www.health.ny.gov/statistics/chac/general/g73.htm
Focus Area: Human Immunodeficiency Virus (HIV)			
Prevention Agenda Indicators			
1	Rate of Newly Diagnosed HIV Cases per 100,000 Population, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	http://www.health.ny.gov/statistics/chac/general/g43.htm
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	http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p34.htm
Other Indicators			
1	Rate of AIDS Cases per 100,000 Population, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	http://www.health.ny.gov/statistics/chac/general/g44.htm
2	Rate of AIDS Deaths per 100,000 Adjusted Population, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	http://www.health.ny.gov/statistics/chac/mortality/d23.htm
Focus Area: Sexually Transmitted Disease (STDs)			
Prevention Agenda Indicators			
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	http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p39.htm
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	http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p40.htm
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	http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p36.htm
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	http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p37.htm
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	http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p38.htm

Other Indicators			
1	Rate of Early Syphilis Cases per 100,000 Population, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	http://www.health.ny.gov/statistics/chac/general/g45.htm
2	Rate of Gonorrhea Cases per 100,000 Population, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	http://www.health.ny.gov/statistics/chac/general/g46.htm
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	http://www.health.ny.gov/statistics/chac/general/g47.htm
4	Rate of Chlamydia Cases All Males per 100,000 Male Population, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	http://www.health.ny.gov/statistics/chac/general/g48.htm
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	http://www.health.ny.gov/statistics/chac/general/g49.htm
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	http://www.health.ny.gov/statistics/chac/general/g50.htm
7	Rate of Chlamydia Cases All Females per 100,000 Female Population, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	http://www.health.ny.gov/statistics/chac/general/g51.htm
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	http://www.health.ny.gov/statistics/chac/general/g52.htm
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	http://www.health.ny.gov/statistics/chac/general/g53.htm
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	http://www.health.ny.gov/statistics/chac/hospital/h14.htm
Focus Area: Vaccine Preventable Disease			
Prevention Agenda Indicators			
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	http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p30.htm
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	http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p31.htm
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	http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p32.htm
Other Indicators			
1	Rate of Pertussis Cases per 100,000 Population, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	http://www.health.ny.gov/statistics/chac/general/g30.htm
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	http://www.health.ny.gov/statistics/chac/hospital/h13.htm
3	Percent of Adults Ages 65 Plus Ever Received a Pneumonia Shot, '08/09	NYSDOH; New York State Community Health Indicator Reports	http://www.health.ny.gov/statistics/chac/general/g42.htm
4	Rate of Mumps Cases per 100,000 Population, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	http://www.health.ny.gov/statistics/chac/general/g31.htm
5	Rate of Meningococcal Cases per 100,000 Population, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	http://www.health.ny.gov/statistics/chac/general/g32.htm
6	Rate of H Influenza Cases per 100,000 Population, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	http://www.health.ny.gov/statistics/chac/general/g33.htm
Focus Area: Healthcare Associated Infections			
Prevention Agenda Indicators			
1	Rate of Hospital Onset CDIs per 10,000 Patient Days, 2011*	NYSDOH Hospital Report on Hospital Acquired Infections	https://health.data.ny.gov/Health/Hospital-Acquired-Infections/utrt-zdsi
2	Rate of Community Onset, Healthcare Facility Associated CDIs per 10,000 Patient Days, 2011*	NYSDOH Hospital Report on Hospital Acquired Infections	https://health.data.ny.gov/Health/Hospital-Acquired-Infections/utrt-zdsi

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

Focus Area: Prevent Substance Abuse and Other Mental, Emtional, and Behavorial Disorders			
Prevention Agenda Indicators			
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	http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p64.htm
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	http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p63.htm
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	http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p65.htm
Other Indicators			

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	http://www.health.ny.gov/statistics/chac/mortality/d25.htm
2	Rate of Self-inflicted Hospitalizations 10,000 Population, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	http://www.health.ny.gov/statistics/chac/hospital/h15.htm
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	http://www.health.ny.gov/statistics/chac/hospital/h16.htm
4	Rate of Cirrhosis Deaths per 100,000 Population, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	http://www.health.ny.gov/statistics/chac/mortality/d21.htm
5	Rate of Cirrhosis Hospitalizations per 10,000 Population, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	http://www.health.ny.gov/statistics/chac/hospital/h10.htm
6	Rate of Alcohol-Related Accidents per 100,000 Population, '09 - 11	Safe New York: Governor's Traffic Safety Committee	http://www.safeny.ny.gov/11data/NYS09-11byCo_5Crash.pdf
7	Percentage of Alcohol-Related Crashes to Total Accidents, 09 - 11	Safe New York: Governor's Traffic Safety Committee	http://www.safeny.ny.gov/11data/NYS09-11byCo_5Crash.pdf
8	Rate of Alcohol-Related Injuries ad Deaths per 100,000 Population, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	http://www.health.ny.gov/statistics/chac/general/g107.htm
9	Rate of Drug-Related Hospitalizations per 10,000 Population, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	http://www.health.ny.gov/statistics/chac/hospital/h45.htm
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	http://bi.omh.ny.gov/pcs/Planning%20Report?pageval=gen-pop&yearval=2011
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	http://bi.omh.ny.gov/pcs/Planning%20Report?pageval=gen-pop&yearval=2011
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	http://bi.omh.ny.gov/pcs/Planning%20Report?pageval=gen-pop&yearval=2011
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	http://bi.omh.ny.gov/pcs/Planning%20Report?pageval=gen-pop&yearval=2011
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	http://bi.omh.ny.gov/pcs/Planning%20Report?pageval=gen-pop&yearval=2011
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	http://bi.omh.ny.gov/pcs/Planning%20Report?pageval=gen-pop&yearval=2011
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	http://bi.omh.ny.gov/pcs/Planning%20Report?pageval=gen-pop&yearval=2011
17	Rate of People Served in ED for Mental Health Ages 65 Plus per 100,000 Population, Ages 65 Plus, 2011	Office of Mental Health, PCS Planning Reports	http://bi.omh.ny.gov/pcs/Planning%20Report?pageval=gen-pop&yearval=2011
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	http://bi.omh.ny.gov/pcs/Planning%20Report?pageval=pop-smi&yearval=2011
19	Percentage of Adults Ages 18 - 64 with Serious Mental Illness (SMI) Served, 2011	Office of Mental Health, PCS Planning Reports	http://bi.omh.ny.gov/pcs/Planning%20Report?pageval=pop-smi&yearval=2011
20	Percentage of Adults Ages 65 Plus with Serious Mental Illness (SMI) Served, 2011	Office of Mental Health, PCS Planning Reports	http://bi.omh.ny.gov/pcs/Planning%20Report?pageval=pop-smi&yearval=2011
Other Non Preventive Agenda Indicators			
1	Rate of Hepatitis A Cases per 100,000 Population, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	http://www.health.ny.gov/statistics/chac/general/g34.htm
2	Rate of Acute Hepatitis B Cases per 100,000 Population, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	http://www.health.ny.gov/statistics/chac/general/g35.htm
3	Rate of TB Cases per 100,000 Population, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	http://www.health.ny.gov/statistics/chac/general/g36.htm
4	Rate of e. Coli 157 Cases per 100,000 Population, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	http://www.health.ny.gov/statistics/chac/general/g37.htm
5	Rate of Salmonella Cases per 100,000 Population, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	http://www.health.ny.gov/statistics/chac/general/g38.htm
6	Rate of Shigella Cases per 100,000 Population, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	http://www.health.ny.gov/statistics/chac/general/g39.htm
7	Rate of Lyme Disease Cases per 100,000 Population, '08 - 10	NYSDOH; New York State Community Health Indicator Reports	http://www.health.ny.gov/statistics/chac/general/g40.htm
8	Rate of Confirmed Rabies Cases per 100,000 Population, ' 08 - 10	NYSDOH, Rabies Laboratory at Wadsworth	http://www.wadsworth.org/rabies/annualsum.htm
9	Rate of Confirmed West Nile Virus Cases (Humans, Horses, Other Animals, Mosquito Pools) per 100,000 Population, '08 - 10	NYSDOH, West Nile Virus	http://www.health.ny.gov/diseases/west_nile_virus/update/