



**NATHAN
LITTAUER**

Hospital & Nursing Home



2025 - 2027 Community Health Assessment

Community Service Plan/Community Health Improvement Plan

Service Area: Nathan Littauer Hospital Service Region

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2025 - 2027 COMMUNITY HEALTH ASSESSMENT

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A. EXECUTIVE SUMMARY

Nathan Littauer Hospital and Nursing Home filed separately to complete its 2025-2027 Community Health Assessment utilizing key informant survey data compiled by Adirondack Rural Health Network. The key informants represent a broad range of sectors, and community interests, and include organizations that represent the medically under-served, low-income, and minority populations. In addition to the key informant responses, the assessment includes quantitative data sources collected and published by New York State, as well as health indicators included on the NYS Prevention Agenda Dashboard. The dashboard includes comprehensive datasets of community indicators covering over 20 topics in the areas of health, social determinants of health, and quality of life from public secondary data sources.

Based on the key informant priority rankings and its own ability to affect the chosen priorities, Nathan Littauer Hospital and Nursing Home will focus on the following New York State Prevention Agenda priorities:

1. HEALTHCARE ACCESS & QUALITY

Access to and Use of Prenatal Care

25.0 Increase the percentage of birthing persons who receive prenatal care during the first trimester from 80.7% to 83.0%.

Intervention: 367 - Provide screenings to prenatal and postpartum patients using validated tools, for example: Pregnancy Risk Assessment; Perinatal Risk Assessment (PRA); Antepartum Risk Score (APRS); Rotterdam Reproductive RiskReduction (R4U); Maternal Venous Thromboembolism (VTE) Risk Assessment

Measures:

- Number of prenatal and postpartum patients screened using validated tools
- Percentage of birthing persons receiving prenatal care in the first trimester
- Percentage of first prenatal visits occurring within the first trimester

2. HEALTHCARE ACCESS & QUALITY

Preventative Services for Chronic Disease Prevention and Control

30.0 Increase the percentage of adults aged 35 years and older who had a test for high blood sugar in the past year from 78.1% to 82.4%.

Intervention: 419 - (Chronic Disease, generally) Expand screening for social care needs among all adults and those with chronic diseases (prediabetes, diabetes, hypertension, cancer screening), and provide referrals to appropriate community resources and supports.

Measures:

- Percentage of adults aged 35+ who received a blood glucose or HbA1c test within the past 12 months
- Percentage of eligible adults offered blood glucose or HbA1c testing during visits
- Provider adherence to preventive screening guidelines for adults aged 35+

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3. HEALTHCARE ACCESS & QUALITY

Preventative Services

36.0 Increase the up-to-date seven-vaccine immunization rate for children 24-35 months from 59.3% to 62.3%.

Interventions: 455,456 - (Chronic Disease, generally) Deliver evidence-based programming to schools to help combat the spread of anti-vaccination communication, restore parent's vaccine confidence and improve student vaccine compliance.

Measures:

- Percentage of children aged 24–35 months who are up-to-date on the seven-vaccine series
- Number and percentage of schools or early childhood programs receiving evidence-based immunization education
- Percentage of parents/caregivers participating in vaccine education sessions

4. HEALTHCARE ACCESS & QUALITY

Preventative Services

37.0 Increase the percentage of 13-year-old adolescents with a complete Human Papillomavirus (HPV) vaccine series from 25.7% to 28.7%.

Interventions: 458,459 - Implement evidence-based interventions as listed in the Community Guide to increase HPV vaccine rates using small media to promote awareness, establish provider reminder and recall systems in clinics, and use patient navigators to address patient barriers.

Intervention: 458 - Partner with community-based organizations, local governments, and vaccine providers to increase community demand for vaccines through community outreach strategies including reminder and recall systems and home visits.

Measures:

- Number of adolescents (ages 11–13) who complete the full HPV vaccine series at NLH Primary/ Specialty Care practices.
- Percentage of eligible adolescents who complete the HPV series by age 13.
- Reduction in missed vaccination opportunities.

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B. ASSESSMENT METHODOLOGY AND DATA SOURCES:

Access to and Use of Prenatal Care

The selection of Access to and Use of Prenatal Care as a priority area is strongly supported by stakeholder input within the Health Care Access and Quality domain. Across the ARHN region, stakeholders identified prenatal care access, early intervention, and prevention of infant and maternal mortality as meaningful concerns, particularly in counties with higher levels of poverty, rurality, and healthcare access challenges. While Access to and Use of Prenatal Care was not the single highest-ranked item region-wide, it consistently appeared among the priorities selected by organizations across multiple counties, including Fulton and Hamilton Counties, indicating sustained concern and relevance.

Additionally, stakeholders identified late or no prenatal care as a contributing factor to broader health concerns, and economic instability was overwhelmingly ranked as the Social Determinant of Health with the greatest impact on community health. Given the well-established relationship between early prenatal care, maternal health outcomes, infant health, and long-term child well-being, prioritizing prenatal care access represents a targeted strategy to address upstream risk factors and reduce disparities among low-income, younger, and rural birthing persons. The hospital's clinical role and existing maternity services position it as a key partner in addressing this priority through evidence-based screening, care coordination, and referral pathways.

Preventive Services for Chronic Disease Prevention and Control

Stakeholder feedback strongly reinforces the prioritization of Preventive Services for Chronic Disease Prevention and Control. Chronic conditions such as diabetes, heart disease, and obesity were repeatedly identified among the top health concerns across counties, with diabetes specifically highlighted in Franklin and Hamilton Counties, and obesity appearing consistently in county-level rankings. Importantly, respondents identified lack of chronic disease screening, treatment, and self-management services as a contributing factor to poor health outcomes, alongside poverty, healthcare costs, and limited access to preventive care.

Within the Health Care Access and Quality domain, Preventive Services for Chronic Disease Prevention and Control ranked among the top priorities stakeholders indicated their organizations were best positioned to support. This alignment between perceived need and organizational capacity underscores the appropriateness of selecting this area as a priority. Increasing preventive screening—such as blood glucose and HbA1c testing among adults aged 35 and older—directly addresses gaps identified by stakeholders and supports earlier detection, improved disease management, and reduced reliance on emergency care. The hospital's role in primary care delivery, laboratory services, and care management makes this a feasible and impactful focus area.

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Preventive Services with a Focus on Infant Health

The selection of Preventive Services with a focus on infant health, including immunizations and early screening, is supported by multiple stakeholder findings related to child health, family stability, and preventive care access. Stakeholders consistently ranked child and adolescent health, Adverse Childhood Experiences, and infant health among key concerns across counties. Additionally, contributors such as lack of preventive and primary healthcare services, limited health education, and economic stress were identified as barriers affecting families' ability to access timely preventive services for young children.

Within the Health Care Access and Quality domain, Preventive Services (Immunization, Hearing Screening and Follow-Up, Lead Screening) ranked among the top priorities region-wide, and was identified as a leading priority in Fulton County. Stakeholders also emphasized that organizations are well positioned to contribute through education, outreach, coalition participation, and facilitation of access to populations served. Prioritizing infant-focused preventive services reflects a consensus that early-life interventions are critical for long-term health outcomes and equity, particularly in communities experiencing high poverty, transportation barriers, and limited healthcare access.

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New York State Department of Health (NYSDOH)

- New York State Department of Health. Prevention Agenda Dashboard
Adirondack Health Institute (AHI). April, 2025
- New York State Department of Health. Prevention Agenda 2030.
Received by County Health Departments from Department of Health June 24, 2025
- New York State Department of Health.
Community Health Indicator Reports (CHIRs). February, 2025
- New York State Department of Health.
Behavioral Risk Factor Surveillance System (BRFSS). February 9, 2025
- New York State Department of Health.
Maternal and Child Health (MCH) Indicators. February, 2025
- New York State Department of Health.
Student Weight Status Category Reporting System (SWSCR). April, 2025
- New York State Department of Health.
Tobacco Enforcement Compliance Results. November 3, 2022

Federal Data Sources

- United States Department of Agriculture (USDA).
Food Environment Atlas. July 30, 2025
- United States Census Bureau.
American Community Survey (ACS) 5-Year Estimates, 2019–2023.
- United States Census Bureau.
QuickFacts, 2019–2023.

Transportation & Safety Data

- Institute for Traffic Safety Management and Research (ITSMR).
Traffic Safety Reports. March, 2025

Criminal Justice & Public Safety Data

- New York State Division of Criminal Justice Services (DCJS).
Index, Violent, and Property Crime Rates by County. June 27, 2025

Limitations

This Community Health Assessment relies on a combination of secondary quantitative data and qualitative stakeholder input, which presents certain limitations. Many secondary data sources, including state and federal surveillance systems, are subject to time lags and may not fully reflect the most current conditions within the community. Additionally, small population sizes in rural counties, particularly Hamilton County, may result in suppressed data or unstable rates, requiring cautious interpretation of year-to-year changes. Qualitative findings are informed by self-reported stakeholder survey responses, which may be influenced by respondent perspective, awareness, or sector representation. Despite these limitations, the use of multiple data sources and regional stakeholder engagement provides a comprehensive and reliable assessment of community health needs.

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C. INTRODUCTION

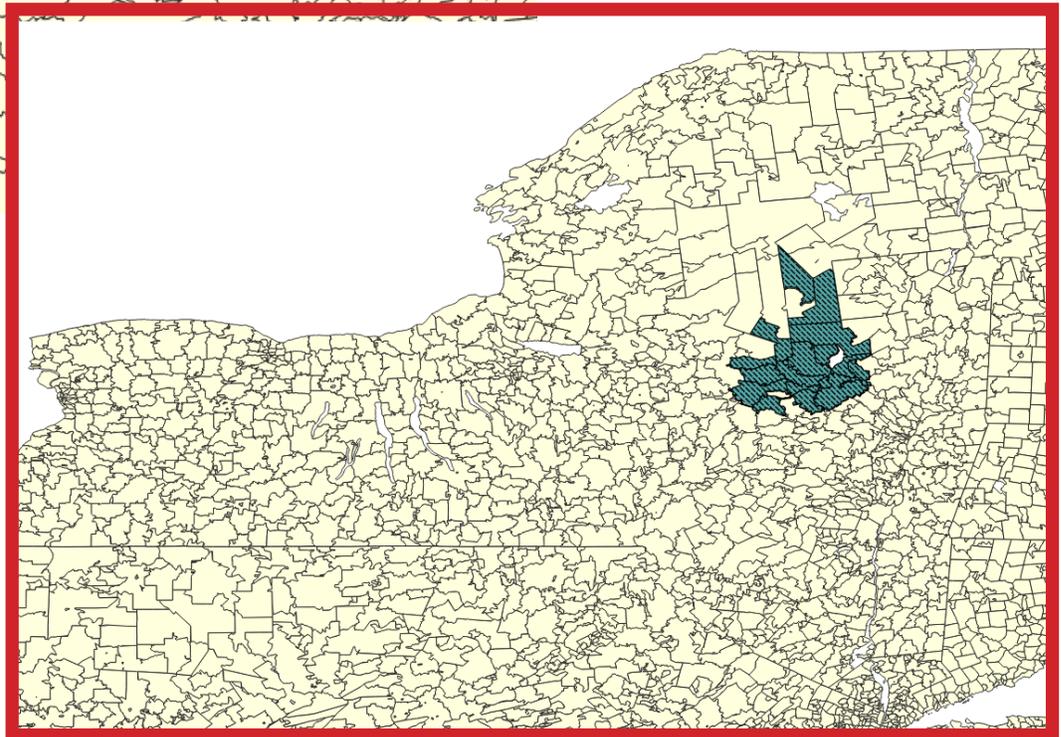
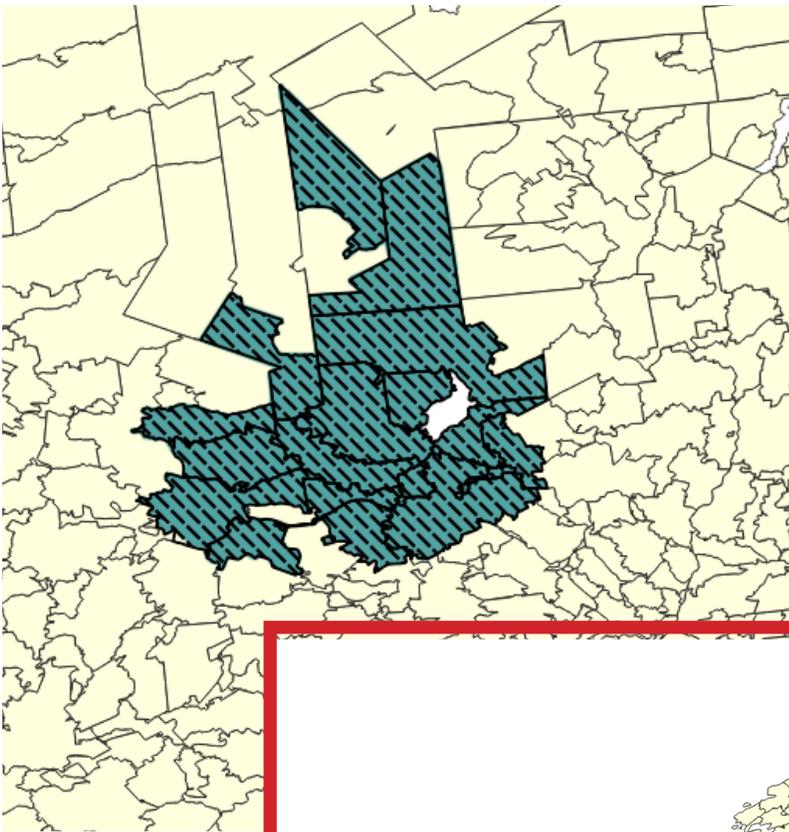
1. Purpose of the Community Health Assessment

The Community Health Assessment provides the hospital, local county health department, and key informants with data and responses so that they may identify, prioritize, and address healthcare challenges facing their communities. The Community Health Assessment also supports the New York State Commissioner of Health’s mission “We protect, improve and promote the health, productivity, and well-being of all New Yorkers” and to participate in New York State Prevention Agenda public health initiatives.

A regional group, facilitated by the Adirondack Rural Health Network (ARHN), provided the forum for area hospitals and local health departments to take part in a regional planning process to address the Commissioner’s public health priorities identified in the New York State Prevention Agenda toward the Healthiest State. By participating in this public health effort, Nathan Littauer Hospital supported the overall goals of the New York State Health Department, which are to focus on primary/secondary disease prevention, promote access to quality health care services, and eliminate health care disparities where they exist.

ARHN provided a forum for the various community partners to share resources and collaborate on the development of each county’s and hospital’s Community Health Assessment. In 2025, ARHN prepared a key stakeholder/informant survey to identify the most important/needed health services in Clinton, Essex, Franklin, Fulton, Hamilton, Warren, and Washington counties.

Nathan Littauer Hospital's Service Area/Region



**Service area boundaries were defined using internal patient origin data and ZIP Code Tabulation Area (ZCTA) geography from the U.S. Census Bureau.*

2. Hospital Service Region/Area

The service area for Nathan Littauer Hospital is composed of eighteen zip codes in Fulton County, Southern Hamilton County, and bordering areas of Montgomery County. Historically, about eighty-eight percent of Nathan Littauer Hospital's in-patients reside within this geography.

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3. Expanded Hospital Service Area:

Nathan Littauer Hospital and Nursing Home (NLH), opened in 1894, is the only hospital in Fulton County. Located in Gloversville, in the foothills of the Adirondack Mountains, NLH is a fully licensed and accredited healthcare facility. NLH provides a wide array of services ranging from critical care to routine outpatient procedures. They have a 74-bed acute care hospital, an 84-bed residential Nursing Home, a Medical Arts Building, a state-of-the-art Surgical Center, and a Primary/Specialty Care Center. Additional Primary/Specialty Care Centers are located in Amsterdam, Broadalbin, Fonda, Mayfield, Speculator, Caroga Lake, Kingsboro, Johnstown, Perth, and Gloversville. These locations provide healthcare accessibility for the citizens of Fulton, Montgomery, and southern Hamilton counties.

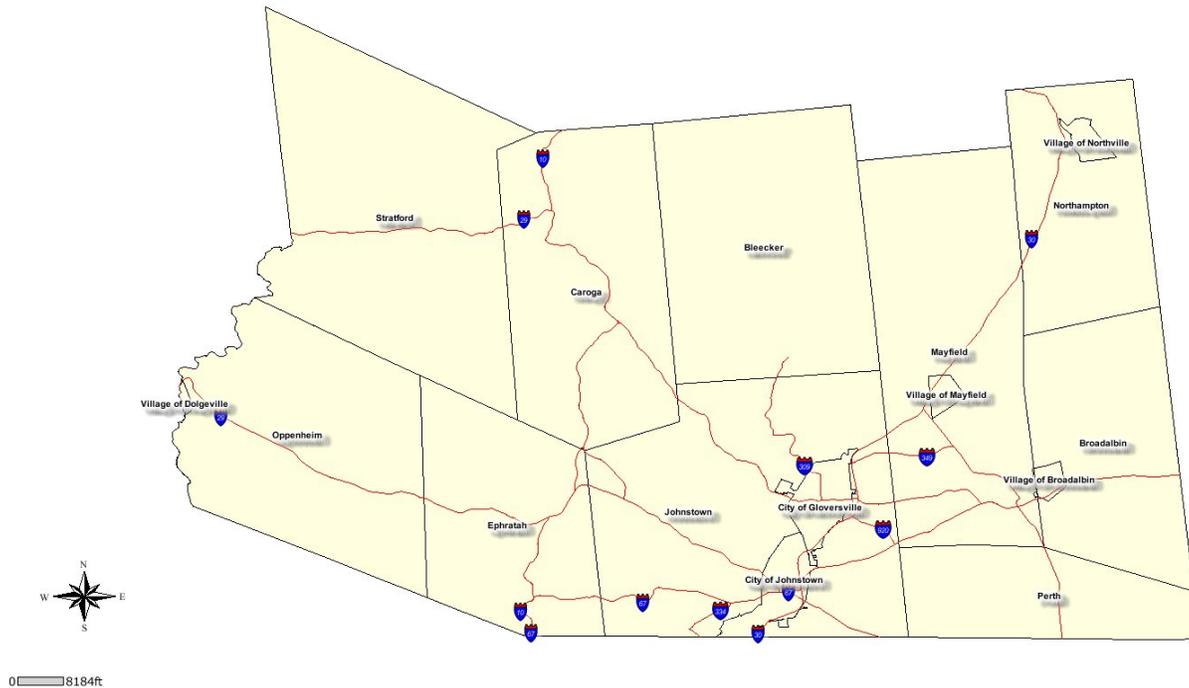
Nathan Littauer Hospital's Primary Service Region by Zip Code, Population Counts from American Community Survey 2020

Town	Zip Code	Population	County
Amsterdam	12010	28845	Montgomery
Gloversville	12078	23009	Fulton
Johnstown	12095	12242	Fulton
Fort Plain	13339	6646	Montgomery
Broadalbin	12025	5356	Fulton
St. Johnsville	13452	4445	Montgomery
Dolgeville	13329	3789	Herkimer
Canajoharie	13317	3758	Montgomery
Northville	12134	3560	Fulton
Fultonville	12072	3016	Montgomery
Galway	12074	2901	Saratoga
Fonda	12068	2899	Montgomery
Mayfield	12117	2831	Fulton
Hagaman	12086	1698	Fulton
Fort Johnson	12070	1475	Fulton
Caroga Lake	12032	834	Fulton
Wells	12190	683	Hamilton
Speculator	12164	487	Hamilton

The total population in the service region is 108,474 persons. (2020)

Map of Fulton County, NY

4. Map of Fulton County, NY



D. COMMUNITY DESCRIPTION AND HEALTH PROFILE:

1. Population Characteristics

Fulton County and Nathan Littauer Hospital’s primary service region combined are the total population served. Geography:

Nathan Littauer Hospital is located in Groversville, Fulton County, New York. 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 County is predominately rural and the land area in square miles is 495.5 with a population per square mile of (112.1) compared to (411.2) for New York State and (87.4) for the United States. Fulton County consists of 15 municipalities: the cities of Groversville 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 lie 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.

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a) Demographic Characteristics

Demographic Profile												
Adirondack Rural Health Network	County									ARHN	Upstate	New York State
Summary of Demographic Information	Clinton	Essex	Franklin	Fulton	Hamilton	Montgomery	Saratoga	Warren	Washington			
Square Miles												
Total Square Miles	1037.8	1794.1	1629.3	495.5	1717.4	403.11	810	867.2	831.2	8372.4	300.5	47123.6
Total Square Miles for Farms	268.79	12.5	79.3	52.9	N/A	130.9	39.5	0.79	121.7	N/A	N/A	4947.9
Percent of Total Square Miles Farms	25.90%	0.70%	4.90%	10.70%	N/A	32.50%	4.90%	0.10%	14.60%	N/A	N/A	10.50%
Population per Square Mile	76.9	20.8	29.2	107.6	3	122.9	290.8	75.8	73.8	387.1	N/A	428.7
Population												
Total Population	78961	37077	47066	52787	5102	49461	237075	65560	60883	347436	11313181	19571216
Percent White, Non-Hispanic	90.00%	92.90%	84.30%	89.90%	92.00%	83.00%	89.30%	93.30%	90.60%	90.30%	70.70%	55.10%
Percent Black, Non-Hispanic	3.10%	2.50%	3.40%	1.50%	1.00%	3.10%	1.60%	1.30%	2.50%	2.40%	8.70%	14.30%
Percent Hispanic/Latino	3.40%	2.80%	2.80%	4.10%	2.00%	15.20%	3.80%	2.80%	2.90%	3.10%	13.50%	19.80%
Percent Asian, Native Hawaiian, Pacific Islander	1.50%	0.30%	0.70%	1.00%	0.40%	0.70%	3.00%	0.80%	0.60%	0.90%	4.60%	9.10%
Percent Alaskan Native/American Indian	0.30%	0.20%	6.90%	0.00%	0.00%	0.30%	0.20%	0.00%	0.10%	1.00%	0.50%	0.70%
Percent Two or more races	3.70%	3.00%	2.70%	6.20%	5.60%	6.90%	4.80%	4.10%	4.20%	4.10%	9.00%	10.50%
Population by Age												
Under 5 years	3545	1399	2291	2460	159	3049	11066	2769	2771	15394	590144	1035708
5 to 14 years	8341	3278	5409	6233	366	6301	26398	6774	6464	36865	1417466	2214151
15 to 17 years	2494	1200	1856	1942	141	2073	8443	2063	2068	11764	427466	700890
Under 18 years	14380	5877	9556	10635	666	11423	45907	11606	11303	64023	2316783	3950749
18 years and over	64581	31200	37510	42152	4436	38038	191168	53954	49580	283413	8996398	15620467
65 years plus	14447	9525	8902	10746	1671	9376	45947	15454	12718	73463	2205779	3635501
Family Status												
Number of Households	33276	16039	19234	22607	2111	19234	99835	30041	24254	147562	4355640	7668956
Percent Families Single Parent Households	4.80%	4.80%	4.40%	4.60%	3.60%	6.60%	4.40%	3.60%	4.60%	4.40%	229769	462170
Percent Households with Grandparents as Parents	1.70%	1.10%	2.30%	1.90%	1.50%	1.60%	1.10%	1.50%	2.70%	1.90%	55271	101510
Poverty												
Mean Household Income	\$91,067	\$92,245	\$78,937	\$80,448	\$90,814	\$79,106	\$123,673	\$94,235	\$86,922	\$87,810	N/A	\$122,227
Per Capita Income	\$39,384	\$40,807	\$31,801	\$34,843	\$41,820	\$31,975	\$53,782	\$43,718	\$35,496	N/A	N/A	\$48,847
Percent of Individuals Under Federal Poverty Level	13.80%	11.80%	16.50%	14.50%	10.00%	14.70%	6.70%	9.10%	10.80%	12.60%	11.10%	13.70%
Percent of Individuals Receiving Medicaid	23.80%	23.30%	28.10%	31.30%	23.70%	30.60%	15.00%	22.50%	27.60%	25.90%	21.9	27.4
Immigrant Status												
Percent Born in American Territories	90.80%	92.10%	91.90%	93.20%	95.60%	90.70%	89.70%	92.50%	92.40%	92.10%	82.80%	73.00%
Percent Born in Other Countries	4.70%	4.10%	3.20%	2.10%	1.20%	3.10%	5.70%	3.30%	3.10%	3.40%	12.20%	22.90%
Percent Speak a Language Other Than English at Home	2.50%	3.00%	4.30%	1.80%	1.30%	9.10%	2.80%	1.70%	2.40%	2.50%	16.90%	17.30%
Housing												
Total Housing Units	37461	25318	25442	28169	7893	22944	111127	40177	29111	193571	4924670	8631232
Percent Housing Units Occupied	88.83%	63.35%	75.60%	80.25%	26.75%	83.83%	89.84%	74.77%	83.32%	76.23%	78.50%	84.10%
Percent Housing Units Owner Occupied	68.90%	78.10%	71.20%	69.20%	82.50%	69.30%	72.20%	71.50%	76.60%	72.20%	54.70%	45.10%

Demographic Profile												
Adirondack Rural Health Network	County									ARHN	Upstate	New York State
Summary of Demographic Information	Clinton	Essex	Franklin	Fulton	Hamilton	Montgomery	Saratoga	Warren	Washington			
Percent in Finance/Insurance/Real Estate	1.90%	5.20%	2.60%	3.30%	4.80%	4.40%	9.70%	5.50%	4.10%	3.70%	4.10%	8.00%
Percent in Other Professional Occupations	5.70%	8.10%	5.60%	6.30%	6.00%	5.60%	12.60%	12.00%	9.10%	7.90%	7.10%	11.40%
Percent in Education, Health Care and Social Assistance	32.70%	28.10%	33.00%	27.20%	22.20%	27.00%	24.60%	25.30%	22.60%	28.00%	12.50%	27.50%
Percent in Arts, Entertainment, Recreation, Hotel & Food Service	10.10%	12.30%	7.80%	7.50%	10.60%	5.70%	7.20%	11.20%	8.00%	9.60%	4.10%	9.50%
Percent in Other Services	5.60%	5.50%	4.20%	6.00%	3.50%	6.10%	4.00%	5.40%	4.60%	5.30%	2.30%	5.00%
Percent in Public Administration	8.40%	6.20%	12.30%	6.10%	12.30%	5.80%	6.20%	6.50%	6.60%	7.60%	1.70%	4.60%

*Upstate NYS = NYS Total Less NYC; NYC includes NY, Kings, Bronx, Richmond, Queens Counties

U.S. Census Bureau, U.S. Department of Commerce. "Selected Economic Characteristics." American Community Survey, ACS 5-Year Estimates Data Profiles, Table DP03, 2023

U.S. Census Bureau, U.S. Department of Commerce. "Selected Social Characteristics in the United States." American Community Survey, ACS 5-Year Estimates Data Profiles, Table DP02, 2023

U.S. Census Bureau, U.S. Department of Commerce. "Medicaid/Means-Tested Public Coverage by Sex by Age."

American Community Survey, ACS 5-Year Estimates Detailed Tables, Table C27007, 2023

U.S. Census Bureau, U.S. Department of Commerce. "Poverty Status in the Past 12 Months." American Community Survey, ACS 5-Year Estimates Subject Tables, Table S1701, 2023

Demographic characteristics across the region—including aging populations, economic vulnerability, transportation barriers, and linguistic diversity—closely align with observed patterns in chronic disease prevalence, substance use, injury risk, and access to care. These findings reinforce the interconnected nature of social determinants and health outcomes, underscoring the need for place-based, equity-focused strategies tailored to each county’s unique demographic profile.

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Nathan Littauer Hospital's Primary Service Region Median Age by Zip Code, Sex - Population Counts from American Community Survey 2023

Town	Zip Code	Population	County	Median Age	Male	Female
Amsterdam	12010	28845	Montgomery	42	41	42.5
Gloversville	12078	23009	Fulton	39	38.4	39.9
Johnstown	12095	12242	Fulton	43.5	41.9	45.3
Fort Plain	13339	6646	Montgomery	39.8	37.8	42.6
Broadalbin	12025	5356	Fulton	50.9	49.2	52.4
St. Johnsville	13452	4445	Montgomery	41	40.6	42.4
Dolgeville	13329	3789	Herkimer	48.7	47.9	50
Canajoharie	13317	3758	Montgomery	32.8	30.8	34.9
Northville	12134	3560	Fulton	51.8	52.2	51.5
Fultonville	12072	3016	Montgomery	32.1	34.1	28.9
Galway	12074	2901	Saratoga	47.9	47.6	49.1
Fonda	12068	2899	Montgomery	43.4	48.9	41.2
Mayfield	12117	2831	Fulton	51.1	50.7	51.4
Hagaman	12086	1698	Fulton	46.4	54.3	43.6
Fort Johnson	12070	1475	Fulton	42.8	34.7	49.5
Caroga Lake	12032	834	Fulton	52	47.9	54.4
Wells	12190	683	Hamilton	54.7	54.7	54.3
Speculator	12164	487	Hamilton	64.1	60	67.1
		108474				
			Fulton County	44.1	43	44.9

**Service Region Skews Older Than State and National Averages*

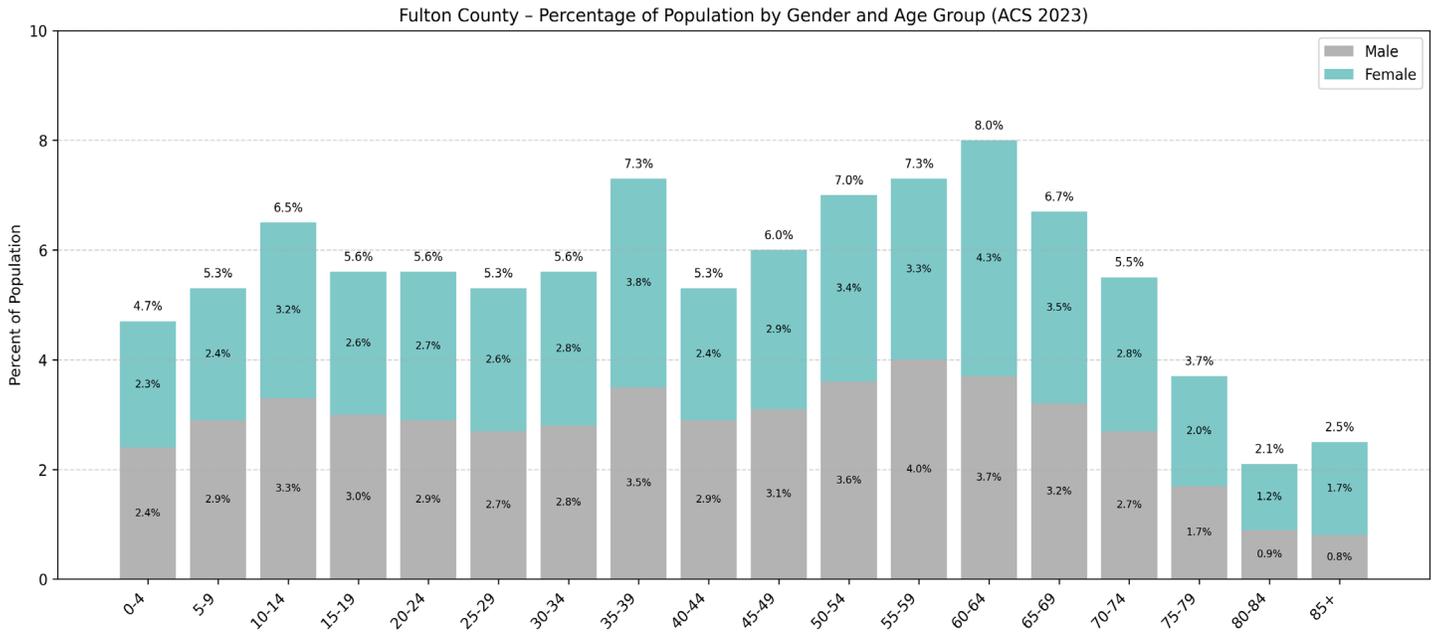
Multiple ZIP codes in the primary service region have median ages above 50, including:

- Speculator (64.1)
- Wells (54.7)
- Caroga Lake (52.0)
- Mayfield (51.1)
- Northville (51.8)
- Broadalbin (50.9)

These values indicate a disproportionately aging population, particularly in rural and Adirondack-adjacent communities.

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Percentage of Population Age Group, U.S. Census Bureau (2023) ACS 5-year estimates



Percentage of the population by gender and age is similarly distributed prior to age 80-84; then females outpace males.

Town	ZIP	White	AI/AN	Asian	Black	NH/PI	Two+ Races	Hispanic*
Amsterdam	12010	67.7%	0.2%	1.3%	2.9%	<0.1%	4.5%	23.0%
Gloversville	12078	86.2%	0.2%	0.7%	2.5%	0.0%	5.7%	4.5%
Johnstown	12095	86.6%	0.2%	1.1%	2.5%	<0.1%	4.3%	5.0%
Fort Plain	13339	91.1%	0.1%	0.3%	0.9%	<0.1%	4.8%	2.7%
Broadalbin	12025	92.0%	0.1%	0.5%	0.6%	0.0%	4.0%	2.6%
St. Johnsville	13452	91.9%	0.2%	0.1%	0.5%	<0.1%	4.8%	2.2%
Dolgeville	13329	92.3%	0.2%	0.4%	0.2%	0.0%	4.7%	2.0%
Canajoharie	13317	89.2%	0.2%	0.9%	0.5%	0.1%	5.1%	3.5%
Northville	12134	92.6%	0.1%	0.2%	0.2%	0.0%	4.2%	2.6%
Fultonville	12072	89.9%	<0.1%	0.6%	1.1%	0.0%	4.4%	3.7%
Galway	12074	93.1%	<0.1%	0.6%	0.4%	0.0%	4.3%	1.3%
Fonda	12068	89.9%	0.2%	0.6%	0.8%	0.0%	4.8%	3.7%
Mayfield	12117	93.2%	0.1%	0.2%	0.4%	0.0%	3.3%	2.3%
Hagaman	12086	90.6%	0.0%	0.5%	0.7%	0.0%	3.2%	4.9%
Fort Johnson	12070	87.5%	0.1%	0.7%	0.8%	0.0%	5.3%	5.0%
Caroga Lake	12032	94.0%	0.1%	0.4%	0.0%	0.0%	4.0%	1.4%
Wells	12190	94.7%	0.3%	0.0%	0.4%	0.0%	3.2%	1.3%
Speculator	12164	90.6%	0.0%	2.1%	1.8%	0.0%	2.9%	2.3%

* *Hispanic or Latino is an ethnicity and may overlap with any race.* Race and ethnicity percentages were calculated using population counts derived from the U.S. Census Bureau's American Community Survey (ACS) 5-year estimates. Hispanic or Latino origin is reported as an ethnicity and is not mutually exclusive of race.

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Nathan Littauer Hospital's Primary Service Region Race by Zip Code - Population Counts from U.S. Census (2020)

Town	Zip Code	Population	White	American Indian/Alaskan Native	Asian	Black	Native Hawaiian/Pacific Islander	Two or More Races	Hispanic
Amsterdam	12010	28845	19515	54	367	826	4	1288	6642
Gloversville	12078	23009	19835	40	150	581	0	1302	1025
Johnstown	12095	12242	10606	21	134	306	1	521	613
Fort Plain	13339	6646	6057	8	21	57	1	317	178
Broadalbin	12025	5356	4928	8	26	31	0	216	137
St. Johnsville	13452	4445	4086	8	4	20	1	214	100
Dolgeville	13329	3789	3497	7	14	9	0	177	76
Canajoharie	13317	3758	3353	8	32	17	2	190	132
Northville	12134	3560	3295	3	8	6	0	148	92
Fultonville	12072	3016	2712	1	18	32	0	132	113
Galway	12074	2901	2702	1	16	13	0	124	37
Fonda	12068	2899	2605	5	18	22	0	139	107
Mayfield	12117	2831	2638	3	6	12	0	94	65
Hagaman	12086	1698	1538	0	8	12	0	55	83
Fort Johnson	12070	1475	1290	1	11	12	0	78	74
Caroga Lake	12032	834	784	1	3	0	0	33	12
Wells	12190	683	647	2	0	3	0	22	9
Speculator	12164	487	441	0	10	9	0	14	11
		108474							
Fulton County			47051	89	343	966	0	2577	2134

*Other race populations omitted.

The primary service region is predominantly White, though racial and ethnic diversity is more pronounced in larger population centers such as Amsterdam, Gloversville, and Johnstown. Hispanic or Latino residents represent a notable share of the population in select ZIP codes, particularly Amsterdam, where nearly one-quarter of residents identify as Hispanic or Latino. Smaller and more rural ZIP codes exhibit less racial and ethnic diversity.

Immigrant/Migrant Status, U.S. Census QuickFacts 2019-2023

	City of Amsterdam	Town of Amsterdam	City of Gloversville	City of Johnstown	Town of Johnstown	Fulton County	NYS	US
Percent of Foreign-born persons	4.80%	2.40%	2.30%	2.40%	2.80%	2.20%	22.60%	13.90%
Percent of Language other than English spoken at home of persons age 5 years+	19.20%	6.10%	3.40%	2.40%	2.40%	3.10%	30.60%	22%

Immigrant and language diversity indicators within Nathan Littauer Hospital's primary service region remain substantially lower than state and national averages. However, select municipalities—particularly the City of Amsterdam—demonstrate higher levels of language diversity, underscoring the importance of targeted language access and culturally responsive care in specific communities rather than across the service region as a whole.

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b) Socioeconomic Characteristics

Nathan Littauer Hospital's Primary Service Region by Household and Income Distribution from U.S. Census QuickFacts 2019-2023				
Town	Total Households	Owner-Occupied Medial Home Value	Median Household Income	% Persons in Poverty
Amsterdam (town)	2271	\$193,000.00	\$80,313.00	8.80%
Amsterdam (city)	7607	\$119,800.00	\$50,193.00	20.90%
Johnstown (town)	2466	\$182,000.00	\$98,869.00	10.40%
Johnstown (city)	4006	\$147,000.00	\$62,333.00	8.20%
Broadalbin	2305	\$216,400.00	\$71,039.00	9.50%
Mayfield	2596	\$175,800.00	\$64,662.00	17.30%
Gloversville	6485	\$95,500.00	\$49,155.00	21.60%
Fulton County	22607	\$156,100.00	\$62,615.00	14.00%

Household income, housing value, and poverty data reveal substantial economic disparities within Nathan Littauer Hospital's primary service region, with significantly higher levels of economic vulnerability concentrated in urban areas—particularly Gloversville and the City of Amsterdam—compared to surrounding towns.

Asset Limited, Income Constrained, Employed (ALICE) Profile												
ALICE is a United Way acronym that stands for Asset Limited, Income Constrained, Employed.												
County	Clinton	Essex	Franklin	Fulton	Hamilton	Montgomery	Saratoga	Warren	Washington	ARHN	Upstate NY*	NYS
Total Households	33,231	15,750	18,933	22,103	1,725	18,918	101,315	29,782	24,235	145,759	4,385,605	7,758,644
Total Alice Households	7,695	4,657	5,028	6,514	603	6,443	27,077	7,985	7,721	40,203	1,191,265	2,416,106
Total Poverty Households	5,763	1,701	2,999	3,099	149	2,836	7,426	2,579	2,859	19,149	510,829	1,131,514
Total Above Alice Households	19,773	9,392	10,906	12,490	973	9,639	66,812	19,218	13,655	86,407	2,662,155	4,189,668
ALICE Households over 65 years of age	3,848	2,282	2,564	3,648	259	3,866	12,997	3,833	3,938	20,371	1,378,457	2,204,582
ALICE Households by Race/Ethnicity												
Asian	365	28	58	147	N/A	178	2,533	217	108	776	159,350	606,443
Black	430	18	72	208	3	495	1,257	277	39	1,047	346,078	1,071,085
Hawaiian	N/A	N/A	N/A	N/A	N/A	6	N/A	N/A	2	N/A	1,366	2,944
Hispanic	296	148	166	645	5	2,183	2,412	486	422	2,168	379,928	1,258,451
American Indian/ Alaska Native	29	34	1,143	N/A	N/A	88	89	3	32	1,241	13,089	30,225
White	30,763	15,146	17,069	20,499	1652	15,666	91,265	28,593	23,163	136,885	3,345,930	4,544,209
2+ races	721	293	416	752	69	836	2,438	880	467	3,598	195,798	580,422
Households in Poverty %	17.0%	11.0%	16.0%	14.0%	9.0%	15.0%	7.0%	9.0%	12.0%	13.1%	11.6%	15.0%
Households in ALICE %	23.0%	30.0%	27.0%	29.0%	35.0%	34.0%	27.0%	27.0%	32.0%	27.6%	27.2%	31.0%
Above ALICE %	60.0%	60.0%	58.0%	57.0%	56.0%	51.0%	66.0%	65.0%	56.0%	59.3%	60.7%	54.0%
# of ALICE and Poverty Households	13,458	6,358	8,027	9,613	752	9,279	34,503	10,564	10,580	59,352	1,702,094	3,547,620
Unemployment Rate	2.6%	2.9%	2.7%	2.5%	2.5%	3.5%	2.3%	2.5%	3.0%	2.7%	N/A	3.4%
Median Household Income	\$66,152	\$68,090	\$60,270	\$60,557	\$66,891	\$58,033	\$93,301	\$69,865	\$68,703	\$65,790	N/A	N/A

Home | [UnitedForALICE](#)

Data included in the ALICE profile is reflective of the most recent update provided by [UnitedforAlice.org](#) in May 2025. Sourcing information below:

*Upstate NYS = NYS Total Less NYC; NYC includes NY, Kings, Bronx, Richmond, Queens Counties

ARHN region reflects an average of ARHN counties

ALICE Threshold, 2010-2022; American Community Survey, 2010-2022

ALICE Threshold, 2022; American Community Survey, 2022

American Community Survey, 2022; ALICE Threshold, 2022

American Community Survey, 2022; Federal Reserve Bank of St. Lewis, 2022

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The ALICE Profile highlights a substantial level of household financial instability across the ARHN region, even among residents who are employed. Region-wide, more than 40% of households fall below the ALICE Threshold or federal poverty level, indicating that a significant share of families struggle to afford basic necessities such as housing, food, childcare, transportation, and healthcare. In Fulton and Montgomery Counties in particular, the proportion of households classified as ALICE is notably high (29% and 34%, respectively), exceeding both the Upstate New York and ARHN regional averages. These findings underscore that economic hardship in the region extends well beyond those traditionally captured by poverty statistics.

The data also reveal important age- and demographic-related vulnerabilities. A striking number of ALICE households are headed by adults 65 years and older, especially in Fulton and Montgomery Counties, signaling elevated risk among older adults living on fixed incomes who may face rising healthcare and housing costs. Additionally, while White households make up the largest number of ALICE households overall, ALICE disproportionately affects Hispanic and Black households relative to their population size in several counties, reflecting underlying structural and equity-related disparities. These patterns are particularly relevant when considered alongside other CHA indicators related to chronic disease, access to care, and transportation barriers.

From a community health perspective, the ALICE Profile reinforces the role of financial instability as a foundational social determinant of health. Households that are asset-limited and income-constrained are more likely to delay preventive care, experience food insecurity, and rely on emergency or safety-net services despite being employed. The relatively modest unemployment rates across counties suggest that employment alone is not sufficient to ensure economic or health security. These findings support the need for cross-sector strategies that address cost of living pressures, access to affordable healthcare and transportation, and supports for older adults and working families, particularly in Fulton and Montgomery Counties.

	City of Amsterdam	Town of Amsterdam	City of Gloversville	City of Johnstown	Town of Johnstown	Fulton County	NYS	US
Percent of Households with a Computer	88.40%	88.20%	88.80%	94.30%	95.00%	91.70%	94.00%	94.80%
Percent of Households with a Broadband Internet Subscription	83.10%	83.40%	83.70%	89.80%	91.70%	86.60%	89.60%	90%

While most households within Nathan Littauer Hospital's service region report access to computers and broadband internet, access rates remain slightly below state and national averages, with lower connectivity concentrated in urban areas—highlighting the need for inclusive approaches to digital health and telehealth services.

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c. Educational Attainment

Nathan Littauer Hospital Service Region Zip Code Level Education Attainment, U.S. Census American Community Survey 2019-2023								
ZIP Code	Town	<9th Grade, Pop. 25+	Some High School, Pop. 25+	High School Grad, Pop. 25+	Some College, Pop. 25+	Associate Degree Pop. 25+	Bachelor's Degree, Pop. 25+	Graduate or Professional Degree, Pop. 25+
12010	Amsterdam	855	1297	6499	3631	2701	2575	1873
12078	Gloversville	629	1441	5619	2918	2637	1883	1100
12095	Johnstown	217	765	3272	1156	1258	1543	649
13339	Fort Plain	114	384	1481	834	422	436	385
12025	Broadalbin	150	427	1482	830	450	320	168
13452	St. Johnsville	218	550	1234	382	281	140	155
13329	Dolgeville	204	441	1096	413	171	204	143
13317	Canajoharie	83	409	974	417	242	233	162
12134	Northville	49	233	1223	440	399	488	325
12072	Fultonville	115	273	681	258	101	150	81
12074	Galway	49	148	652	478	327	316	190
12068	Fonda	162	299	953	485	383	211	149
12117	Mayfield	142	310	899	371	225	154	106
12086	Hagaman	41	82	455	163	105	154	98
12070	Fort Johnson	60	126	409	137	87	77	63
12032	Caroga Lake	26	107	254	85	53	54	36
12190	Wells	27	75	202	107	71	46	23
12164	Speculator	25	41	109	61	38	31	34
	Fulton County	1211	3179	13686	6210	5801	5111	2960

Educational attainment across Nathan Littauer Hospital's primary service region is characterized by a predominance of high school-level education and some college experience, with uneven distribution of bachelor's and graduate degrees across ZIP codes. Lower levels of postsecondary educational attainment are more common in smaller and rural communities, which may contribute to disparities in income, health literacy, and access to healthcare services.

Education System Profile - School Districts by County

Clinton		Number of Schools	Essex		Number of Schools	Franklin		Number of Schools
AUSABLE VALLEY CENTRAL SCHOOL DISTRICT	4	BOQUET VALLEY CSD	2	BRUSHTON-MOIRA CENTRAL SCHOOL DISTRICT	2			
BEEKMANTOWN CENTRAL SCHOOL DISTRICT	4	CROWN POINT CENTRAL SCHOOL DISTRICT	1	CHATEAUGAY CENTRAL SCHOOL DISTRICT	2			
CHAZY UNION FREE SCHOOL DISTRICT	2	KEENE CENTRAL SCHOOL DISTRICT	1	FRANKLIN-ESSEX-HAMILTON BOCES	1			
CLINTON-ESSEX-WARREN-WASHINGTON BOCES	1	LAKE PLACID CENTRAL SCHOOL DISTRICT	2	MALONE CENTRAL SCHOOL DISTRICT	5			
NORTHEASTERN CLINTON CENTRAL SCHOOL DISTRICT	4	MINERVA CENTRAL SCHOOL DISTRICT	1	SAINT REGIS FALLS CENTRAL SCHOOL DISTRICT	1			
NORTHERN ADIRONDACK CENTRAL SCHOOL DISTRICT	2	MORIAH CENTRAL SCHOOL DISTRICT	1	SALMON RIVER CENTRAL SCHOOL DISTRICT	4			
PERU CENTRAL SCHOOL DISTRICT	3	NEWCOMB CENTRAL SCHOOL DISTRICT	1	SARANAC LAKE CENTRAL SCHOOL DISTRICT	4			
PLATTSBURGH CITY SCHOOL DISTRICT	5	SCHROON LAKE CENTRAL SCHOOL DISTRICT	1	TUPPER LAKE CENTRAL SCHOOL DISTRICT	2			
SARANAC CENTRAL SCHOOL DISTRICT	4	TICONDEROGA CENTRAL SCHOOL DISTRICT	2					
Total Number of Schools in the County	29	WILLSBORO CENTRAL SCHOOL DISTRICT	1	Total Number of Schools in the County	21			
		Total Number of Schools in the County	14					

Fulton		Number of Schools	Hamilton		Number of Schools	Montgomery		Number of Schools
BROADALBIN-PERTH CENTRAL SCHOOL DISTRICT	2	INDIAN LAKE CENTRAL SCHOOL DISTRICT	1	AMSTERDAM CITY SCHOOL DISTRICT	6			
GLOVERSVILLE CITY SCHOOL DISTRICT	5	LAKE PLEASANT CENTRAL SCHOOL DISTRICT	1	CANAJOHARIE CENTRAL SCHOOL DISTRICT	3			
JOHNSTOWN CITY SCHOOL DISTRICT	4	LONG LAKE CENTRAL SCHOOL DISTRICT	1	FONDA-FULTONVILLE CENTRAL SCHOOL DISTRICT	3			
MAYFIELD CENTRAL SCHOOL DISTRICT	2	WELLS CENTRAL SCHOOL DISTRICT	1	FORT PLAIN CENTRAL SCHOOL DISTRICT	2			
NORTHVILLE CENTRAL SCHOOL DISTRICT	2	Total Number of Schools in the County	4	HAMILTON-FULTON-MONTGOMERY BOCES	1			
WHEELERVILLE UNION FREE SCHOOL DISTRICT	1			OPPENHEIM-EPHATAH-ST. JOHNSTOWN CSD	2			
Total Number of Schools in the County	16			Total Number of Schools in the County	17			

Saratoga		Number of Schools	Warren		Number of Schools	Washington		Number of Schools
BALLSTON SPA CENTRAL SCHOOL DISTRICT	6	BOLTON CENTRAL SCHOOL DISTRICT	1	ARGYLE CENTRAL SCHOOL DISTRICT	2			
BURNT HILLS-BALLSTON LAKE CENTRAL SCHOOL DISTRICT	5	GLENS FALLS CITY SCHOOL DISTRICT	5	CAMBRIDGE CENTRAL SCHOOL DISTRICT	2			
CORINTH CENTRAL SCHOOL DISTRICT	3	GLENS FALLS COMMON SCHOOL DISTRICT	1	FORT ANN CENTRAL SCHOOL DISTRICT	2			
EDINBURG COMMON SCHOOL DISTRICT	1	HADLEY-LUZERNE CENTRAL SCHOOL DISTRICT	2	FORT EDWARD UNION FREE SCHOOL DISTRICT	1			
GALWAY CENTRAL SCHOOL DISTRICT	2	JOHNSBURG CENTRAL SCHOOL DISTRICT	2	GRANVILLE CENTRAL SCHOOL DISTRICT	3			
MECHANICVILLE CITY SCHOOL DISTRICT	2	LAKE GEORGE CENTRAL SCHOOL DISTRICT	1	GREENWICH CENTRAL SCHOOL DISTRICT	2			
SARATOGA SPRINGS CITY SCHOOL DISTRICT	8	NORTH WARREN CENTRAL SCHOOL DISTRICT	1	HARTFORD CENTRAL SCHOOL DISTRICT	2			
SCHUYLERVILLE CENTRAL SCHOOL DISTRICT	3	QUEENSBURY UNION FREE SCHOOL DISTRICT	4	HUDSON FALLS CENTRAL SCHOOL DISTRICT	5			
SHENENDEHOWA CENTRAL SCHOOL DISTRICT	12	WARRENSBURG CENTRAL SCHOOL DISTRICT	2	PUTNAM CENTRAL SCHOOL DISTRICT	1			
SOUTH GLENS FALLS CENTRAL SCHOOL DISTRICT	6	Total Number of Schools in the County	19	SALEM CENTRAL SCHOOL DISTRICT	2			
STILLWATER CENTRAL SCHOOL DISTRICT	2			WASHINGTON-SARATOGA-WARREN-HAMILTON-ESSEX BOCES	1			
WATERFORD-HALFMOON UNION FREE SCHOOL DISTRICT	2			WHITEHALL CENTRAL SCHOOL DISTRICT	2			
Total Number of Schools in the County	52			Total Number of Schools in the County	25			

<https://nces.ed.gov/ccd/districtsearch/index.asp>

Source: CCD public school district data for the 2023-2024 school year

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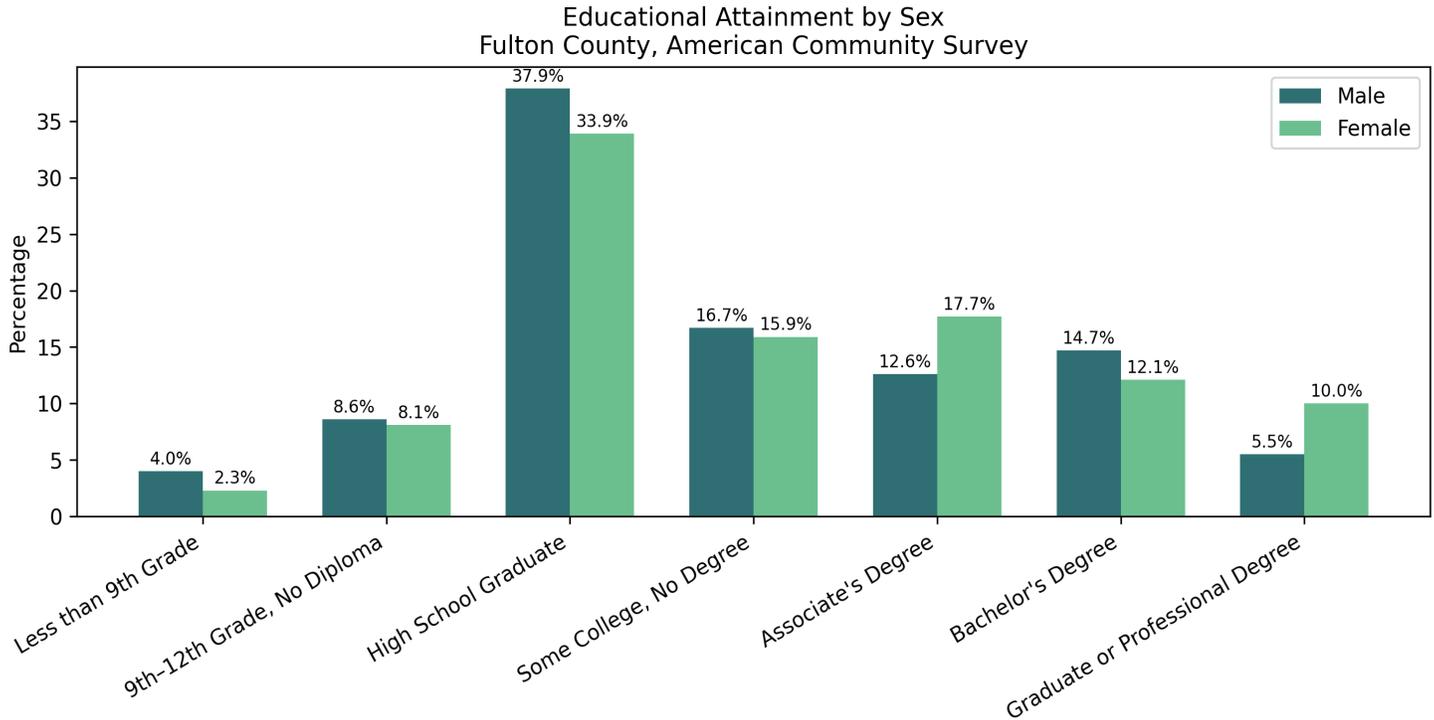
Education System Profile												
Adirondack Rural Health Network	County									ARHN Region	Upstate NYS*	New York State
Summary of Education System Information	Clinton	Essex	Franklin	Fulton	Hamilton	Montgomery	Saratoga	Warren	Washington			
Total Number of Public School Districts	9	10	8	6	4	6	12	9	12	58	796	1,104
Total Pre-K Enrollment	450	135	344	291	0	419	670	180	203	1,603.00	56,808	157,128
Total K-12 Enrollment	10,418	3,352	6,592	6,638	352	6,866	31,049	7,739	7,438	42,529	1,504,729	2,418,513
Number of Students Eligible for Free Lunch	4,678	1,453	3,427	3,602	133	4,094	8,443	3,147	3,269	19,709	638,721	1,329,551
Number of Students Eligible for Reduced Lunch	199	126	264	154	8	92	581	105	141	997	35,463	60,287
Percent Free and Reduced Lunch	47.0%	47.0%	56.0%	56.0%	40.0%	61.0%	29.0%	42.0%	46.0%	48.0%	N/A	57.0%
Number of English as a New Language	87	14	N/A	42	N/A	273	435	52	27	222	147,210	259,829
Percent Students with Disabilities	12.0%	22.0%	19.0%	14.0%	14.0%	15.0%	14.0%	17.0%	20.0%	16.5%	17.8%	19.0%
Total Number of Graduates	664	245	462	494	34	617	2,539	667	638	3,204	123,135	199,694
Number Went to GED Transfer Program	0	0	0	1	0	0	9	4	11	16	527	1,130
Number Dropped Out of High School	57	15	31	48	1	56	113	60	45	257	5,834	9,751
Percent Dropped Out of High School	7.0%	6.0%	6.0%	8.0%	3.0%	9.0%	4.0%	9.0%	7.0%	6.6%	N/A	5.0%
Percent Economically Disadvantaged	50.0%	52.0%	58.0%	58.0%	42.0%	66.0%	31.0%	44.0%	49.0%	51.3%	N/A	59.0%
Turnover Rate of Teachers	99	123	129	77	28	55	126	122	132	101.4	N/A	N/A
Total Number of Teachers	1029	398	753	642	79	711	2645	790	726	4,417	N/A	215,701
Student to Teacher Ratio	10.1	8.4	8.8	10.3	4.5	9.7	11.7	9.8	10.2	9.6	N/A	11.2

*Upstate NYS = NYS Total Less NYC; NYC includes NY, Kings, Bronx, Richmond, Queens Counties
 1: CCD Public School District Data for the 2023-2024 school year

Education profile data reveal notable disparities across counties, with Fulton and Montgomery Counties experiencing high levels of economic disadvantage and elevated dropout rates, indicating increased long-term risk for adverse health and economic outcomes. Montgomery County’s sizable English language learner population further underscores the need for culturally and linguistically appropriate supports. While Hamilton County reports comparatively lower rates, small population size and rural isolation warrant cautious interpretation and continued monitoring.

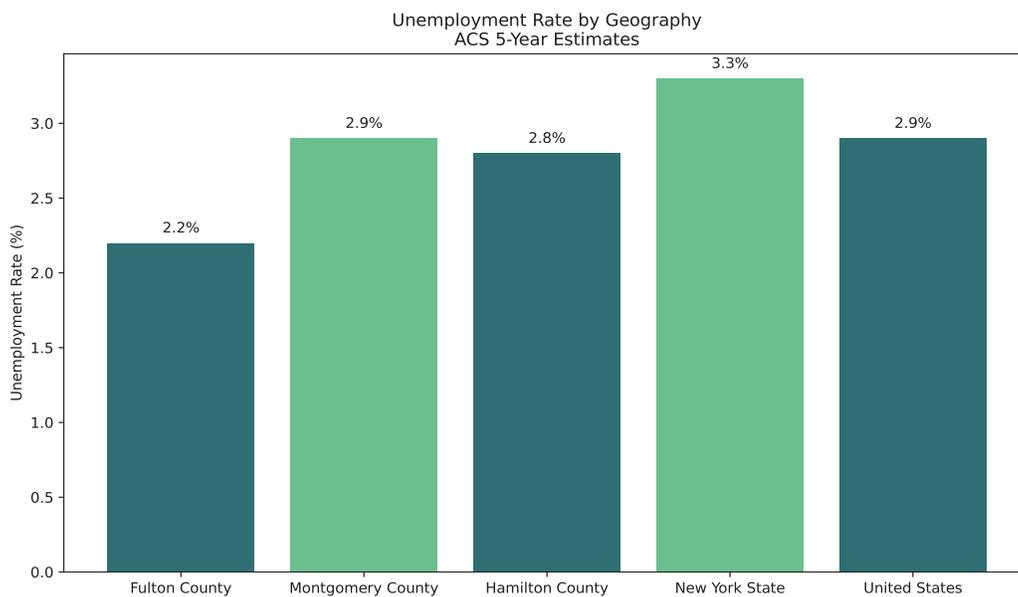
2025 - 2027 COMMUNITY HEALTH ASSESSMENT

Educational Attainment in Fulton County, NY by the American Community Survey 2023:ACS 5-Year Estimates



Educational attainment in Fulton County is characterized by a predominance of high school-level education, with notable differences by sex. Women are more likely to hold associate and graduate or professional degrees, while men are more likely to report high school graduation as their highest level of education. These patterns have implications for workforce participation, income stability, and health literacy across the county.

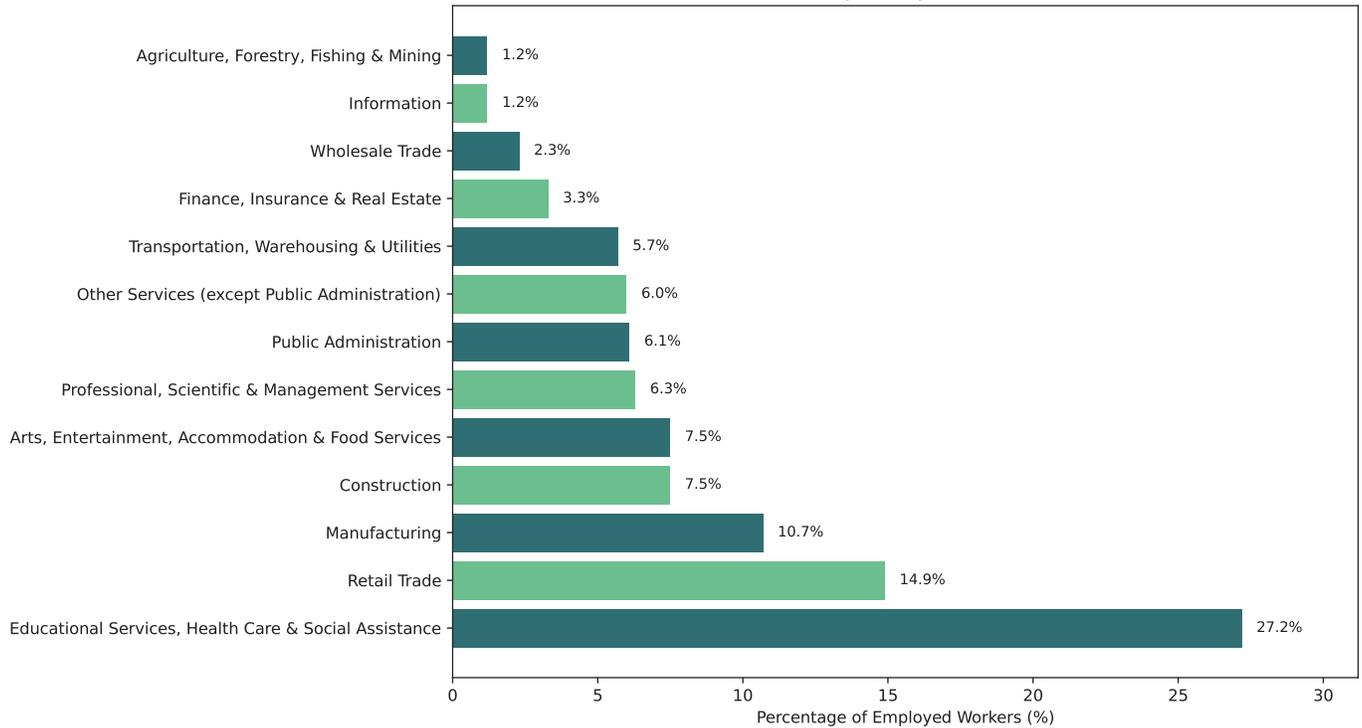
d. Employment and Income



Unemployment rates across Nathan Littauer Hospital's service area counties are lower than New York State overall, indicating relatively strong labor force participation despite persistent income and poverty disparities in certain communities.

2025 - 2027 COMMUNITY HEALTH ASSESSMENT

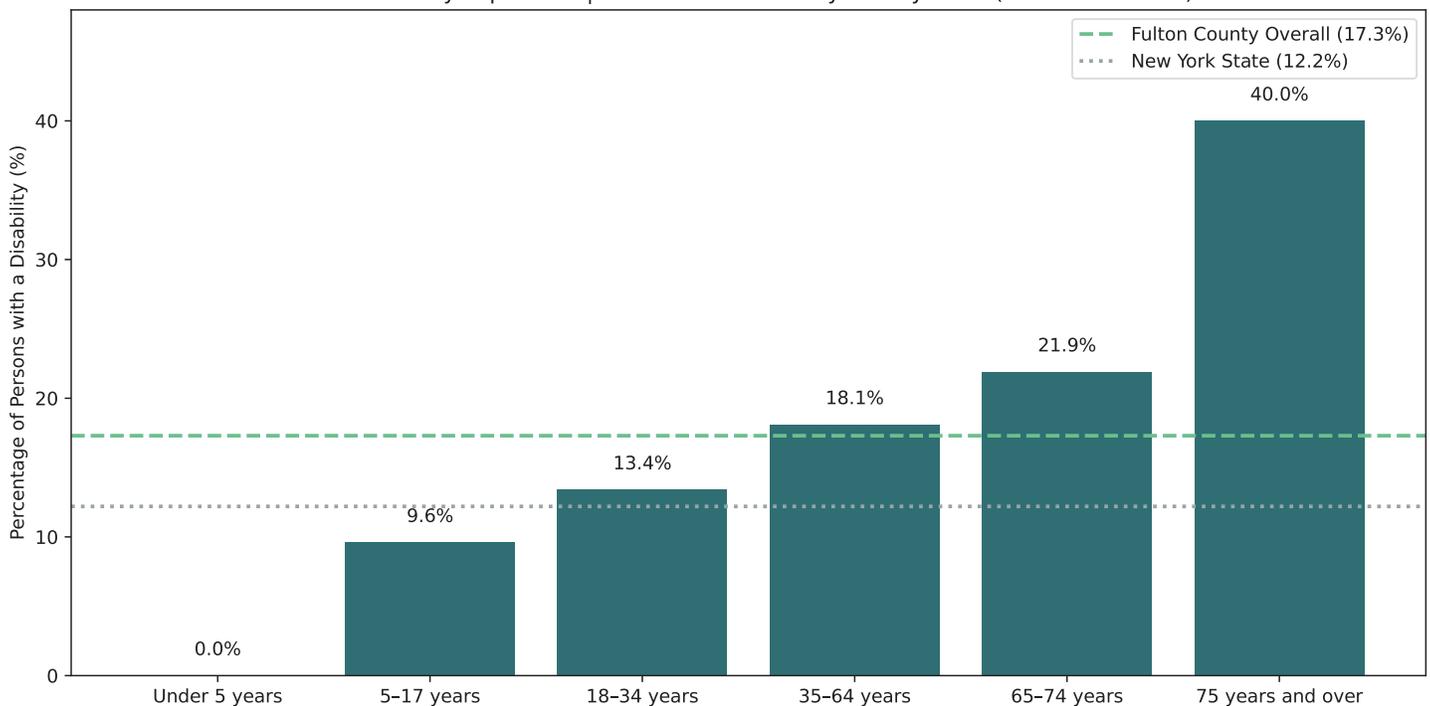
Percentage of Fulton County Employed Workers by Industry
American Community Survey 2023 (5-Year Estimates)



Educational services, health care, and social assistance represent the largest employment sector in Fulton County, accounting for more than one-quarter of employed workers, followed by retail trade and manufacturing.

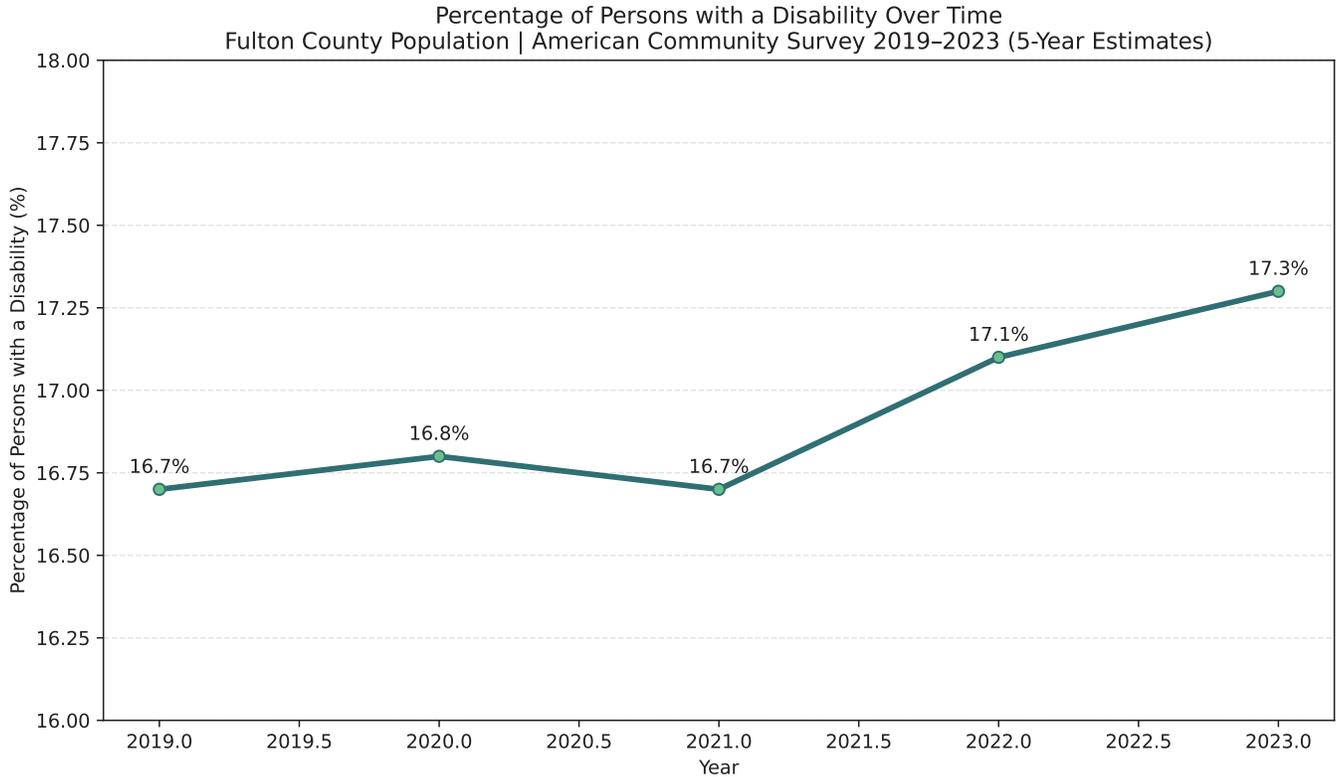
e. Population by Disability Status

Percentage of Persons with a Disability by Age Group
Fulton County Population | American Community Survey 2023 (5-Year Estimates)



Disability prevalence increases substantially with age in Fulton County, with rates exceeding the New York State average, particularly among older adults.

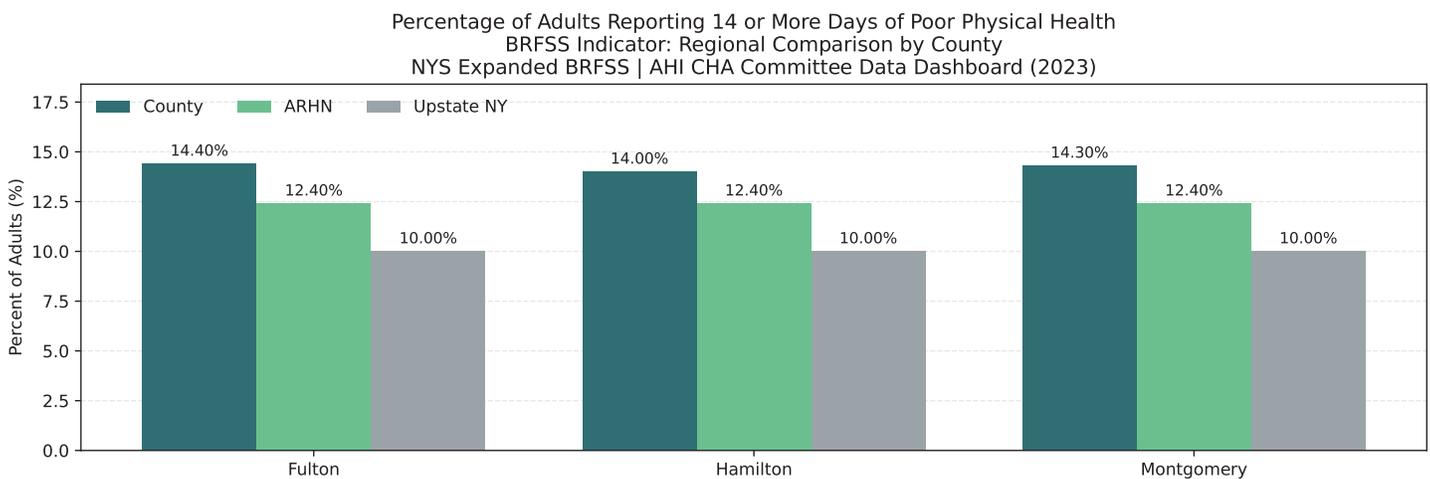
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The percentage of Fulton County residents living with a disability has increased modestly over the past five years, rising from 16.7% in 2019 to 17.3% in 2023, indicating a gradual but consistent upward trend.

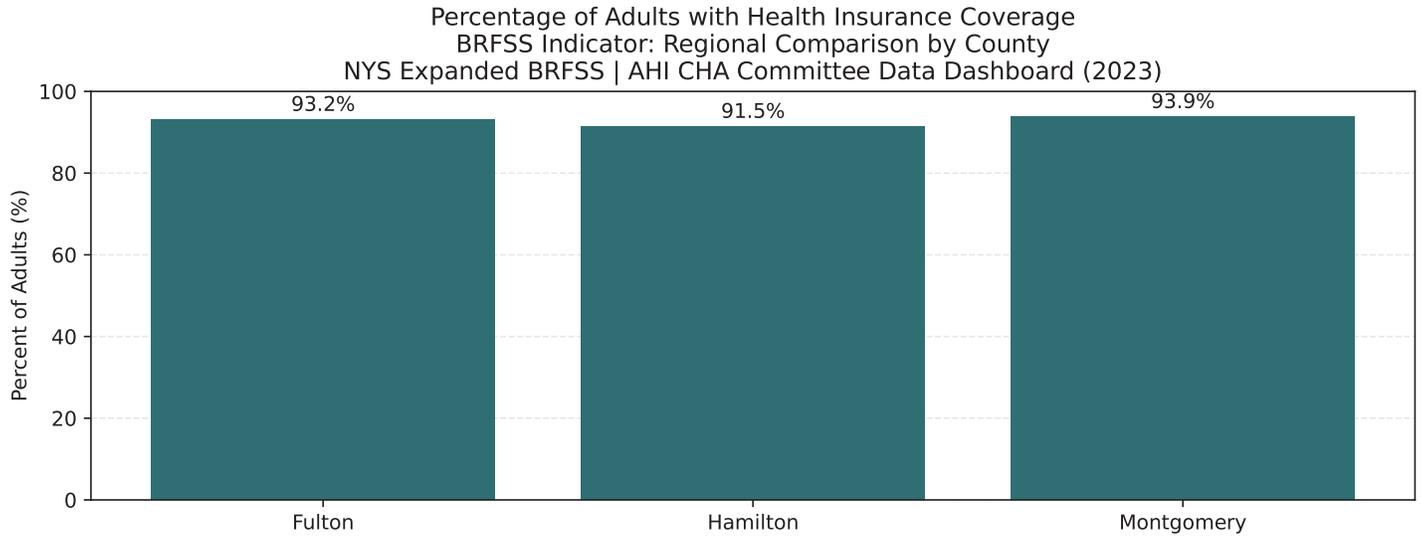
E. COMMUNITY HEALTH STATUS AND DETERMINANTS

1. Overall Health Status:



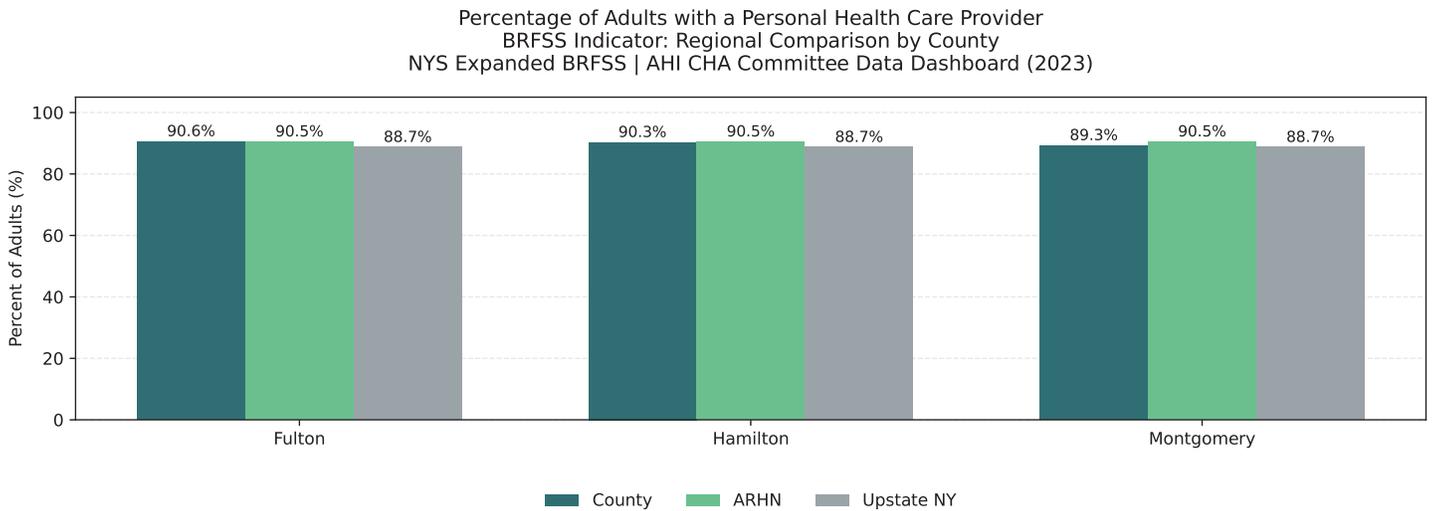
In 2023, approximately 14.4% of adults in Fulton County reported experiencing 14 or more days of poor physical health in the past month, exceeding both the Adirondack Rural Health Network (12.4%) and Upstate New York (10.0%). This pattern is consistent across neighboring counties and suggests a higher burden of chronic health conditions and functional limitations within the local population.

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**Limited data set available for ARHN and Upstate NY populations.*

Health insurance coverage among adults in Fulton, Hamilton, and Montgomery counties exceeds 90%; however, a meaningful portion of residents remains uninsured, particularly in Hamilton County. These gaps may contribute to delayed care, reduced use of preventive services, and higher reliance on emergency or episodic care.

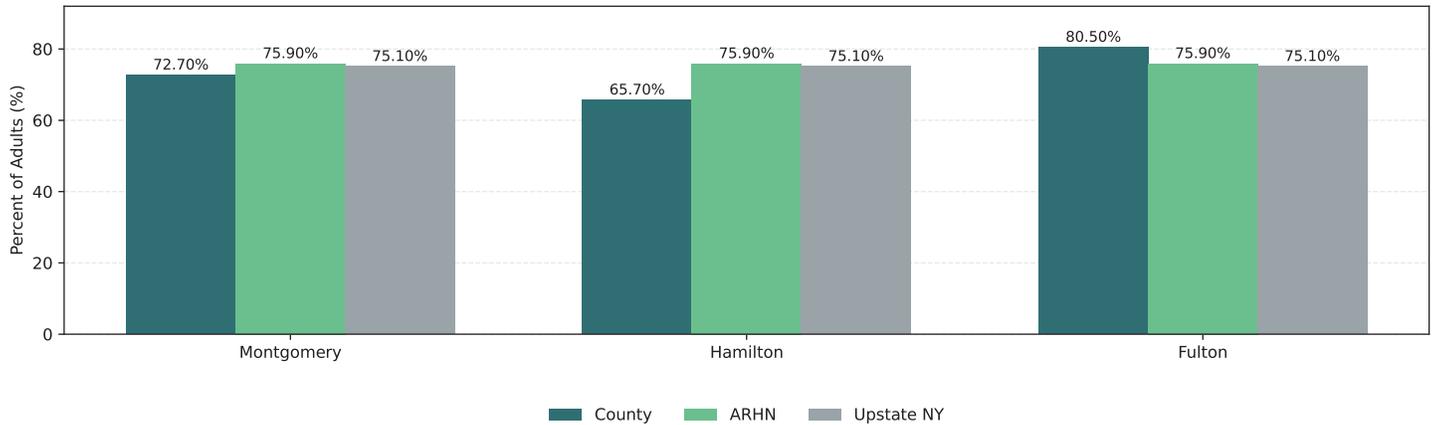


Approximately 90% of adults in Fulton, Hamilton, and Montgomery counties report having a personal health care provider; however, a notable proportion of residents remain without an established source of primary care. These gaps may contribute to delayed preventive care and increased reliance on episodic or emergency services.

2025 - 2027 COMMUNITY HEALTH ASSESSMENT

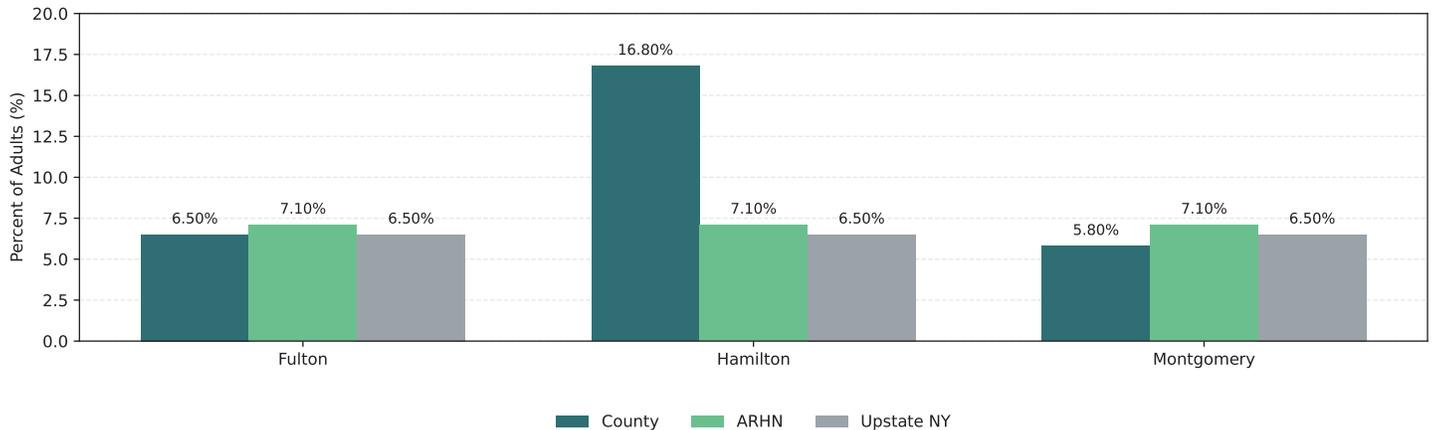
2. Clinical Care and Access to Services

Percentage of Adults (Ages 18-84) Who Had a Routine Checkup Within the Last Year
BRFSS Indicator: Regional Comparison by County
NYS Expanded BRFSS | AHI CHA Committee Data Dashboard (2023)



While adults in Fulton County report higher engagement in routine preventive care than regional benchmarks, significant disparities persist in Hamilton and Montgomery counties. These differences highlight ongoing access and utilization challenges, particularly in rural communities, and underscore the need for targeted strategies to improve preventive care engagement across the service region.

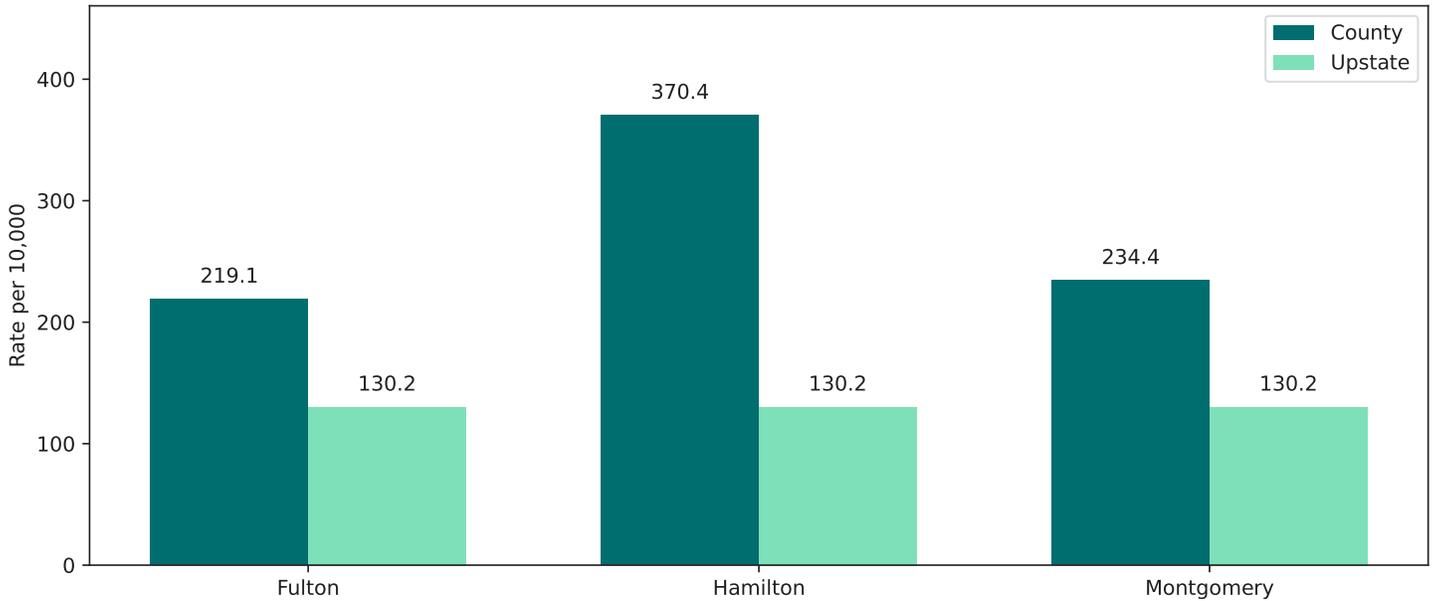
Percentage of Adults Who Did Not Receive Medical Care Because of Cost
BRFSS Indicator: Regional Comparison by County
NYS Expanded BRFSS | AHI CHA Committee Data Dashboard (2023)



While cost-related barriers to care are relatively low in Fulton and Montgomery counties, adults in Hamilton County report substantially higher rates of foregone medical care due to cost, highlighting a significant access challenge that warrants targeted intervention.

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Caries Outpatient Visit Rate per 10,000 Children Ages 3-5
Regional Comparison by County (2019-2022)
CHIRs | AHI CHA Committee Data Dashboard



The rate of outpatient visits for dental caries among children ages 3–5 is substantially higher in Fulton, Hamilton, and Montgomery counties compared to the Upstate New York benchmark. Hamilton County demonstrates the highest burden, with a rate nearly three times the Upstate average, while Fulton and Montgomery Counties also show markedly elevated rates. These findings suggest that young children in the service region experience significant preventable oral health needs, with dental care often occurring at a treatment stage rather than through early prevention.

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3. County Health Rankings: Community Conditions Profile

County Health Rankings Community Conditions Profile										
Indicator	County									NYS
	Clinton	Essex	Franklin	Fulton	Hamilton	Montgomery	Saratoga	Warren	Washington	
Health Infrastructure										
Percentage of fee-for-service (FFS) Medicare enrollees who had an annual flu vaccination	49%	51%	46%	48%	50%	47%	57%	51%	47%	51%
Percentage of population with adequate access to locations for physical activity.	72%	100%	57%	90%	100%	54%	86%	99%	71%	93%
Index of factors that contribute to a healthy food environment, from 0 (worst) to 10 (best).	8.3	8.8	7.5	8	7.5	6.4	9.1	8.4	8.6	8.7
Ratio of population to primary care physicians.	1240:1	1960:1	1900:1	3120:1	2560:1	1910:1	1440:1	900:1	2770:1	1240:1
Ratio of population to mental health providers.	280:1	490:1	280:1	380:1	1690:1	970:1	420:1	210:1	550:1	260:1
Ratio of population to dentists	1540:1	3690:1	1780:1	4050:1	N/A	1650:1	1470:1	1130:1	4680:1	1200:1
Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees.	2,808	2,018	2,991	3,231	1,600	2,689	2,389	2,631	2,487	2,595
Percentage of female Medicare enrollees ages 65-74 who received an annual mammography screening	54%	43%	49%	44%	45%	44%	52%	52%	43%	44%
Percentage of population under age 65 without health insurance	5%	5%	6%	6%	9%	5%	4%	5%	5%	6%
Physical Environment										
Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities.	12%	11%	14%	12%	9%	15%	11%	11%	13%	23%
Percentage of the workforce that drives alone to work.	77%	73%	76%	81%	74%	77%	75%	79%	81%	50%
Among workers who commute in their car alone, the percentage that commute more than 30 minutes.	22%	31%	21%	32%	38%	37%	37%	28%	40%	39%
Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5)	6.2	3.2	6.5	7	5.7	7.3	8.2	7.3	7.6	6.9
Indicator of the presence of health-related drinking water violations. 'Yes' indicates the presence of a violation, 'No' indicates no violation.	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	N/A
Percentage of households with broadband internet connection	87%	89%	85%	87%	88%	82%	92%	89%	86%	90%
Library visits per person living within the library service area per year.	<1	2	2	4	13	2	3	2	1	3
Social and Economic Factors										
Percentage of adults ages 25-44 with some post-secondary education.	63%	58%	52%	62%	63%	58%	78%	68%	53%	71%
Percentage of adults ages 25 and over with a high school diploma or equivalent.	88%	92%	87%	88%	89%	89%	94%	92%	90%	88%
Percentage of population ages 16 and older unemployed but seeking work.	3.5%	3.8%	3.8%	4.4%	5.0%	4.6%	2.9%	3.7%	3.4%	4.2%
Ratio of household income at the 80th percentile to income at the 20th percentile.	4.9	4.4	4.5	4.3	3.9	4.8	4.2	4.6	3.9	5.8
Percentage of people under age 18 in poverty.	16%	17%	19%	20%	14%	23%	8%	15%	16%	19%
Number of deaths due to injury per 100,000 population.	64	71	61	71	81	67	47	55	71	60
Number of membership associations per 10,000 population.	6.1	14.9	10.1	9.1	13.7	6.2	7.3	12	870%	7.9
Child care costs for a household with two children as a percent of median household income.	38%	35%	39%	39%	36%	40%	32%	41%	34%	38%

Key (according to County Health Rankings)
 *Purple highlight indicates areas of strength
 *Orange highlight indicates areas to explore

The County Health Rankings data highlight persistent access and health outcome challenges in Fulton and Montgomery Counties, with Hamilton County reflecting a different but equally important rural profile. Fulton and Montgomery Counties show less favorable ratios of population to primary care physicians (3,120:1 and 1,910:1, respectively) compared to more resourced counties, alongside lower mammography screening rates (both at 44%) and higher rates of ambulatory-care sensitive hospital stays, particularly in Fulton County (3,231 per 100,000 Medicare enrollees). These indicators suggest gaps in preventive care and chronic disease management, which align with previously identified barriers such as economic stress, transportation challenges, and limited provider availability. Hamilton County, while reporting lower hospital stay rates, faces extreme mental health provider shortages (1,690:1), underscoring access issues driven by rural isolation rather than population density.

From a population health and well-being perspective, all three counties experience worse outcomes than the state's highest-performing counties, particularly in premature mortality and self-reported health. Fulton and Montgomery Counties report higher rates of deaths under age 75 (9,900 and 9,200 per 100,000, respectively) and a greater percentage of adults reporting fair or poor health (19% in both counties), signaling a heavier burden of chronic disease and social stressors. Injury-related mortality is also elevated across the three counties, with Hamilton County reporting the highest injury death rate (81 per 100,000), reflecting the combined impact of rural risk factors, longer emergency response times, and higher alcohol-related injury patterns. Taken together, these data reinforce the role of healthcare access, prevention gaps, and social determinants as key drivers of poorer health outcomes in Fulton and Montgomery Counties, while highlighting Hamilton County's need for tailored rural strategies focused on access, behavioral health, and injury prevention.

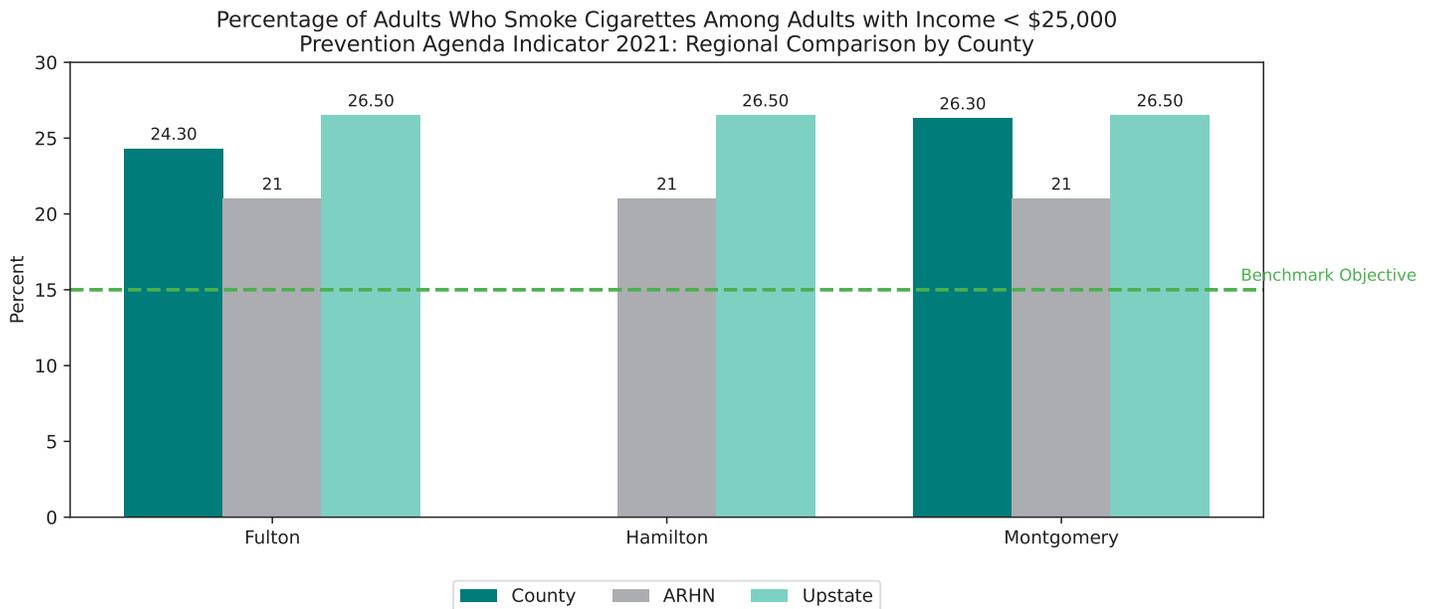
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The County Health Rankings ranked Fulton County 53 out of 62 counties in Health Behaviors. Those behaviors include the following: adult smoking, adult obesity, food environment index, physical inactivity, access to exercise opportunities, excessive drinking, alcohol-impaired driving deaths, sexually transmitted infections, and teen births. Utilizing this framework, below are some indicators from various sources related to health behavioral risk factors.

F. KEY COMMUNITY HEALTH NEEDS AND RISK FACTORS

1. Behavioral Risk Factors:

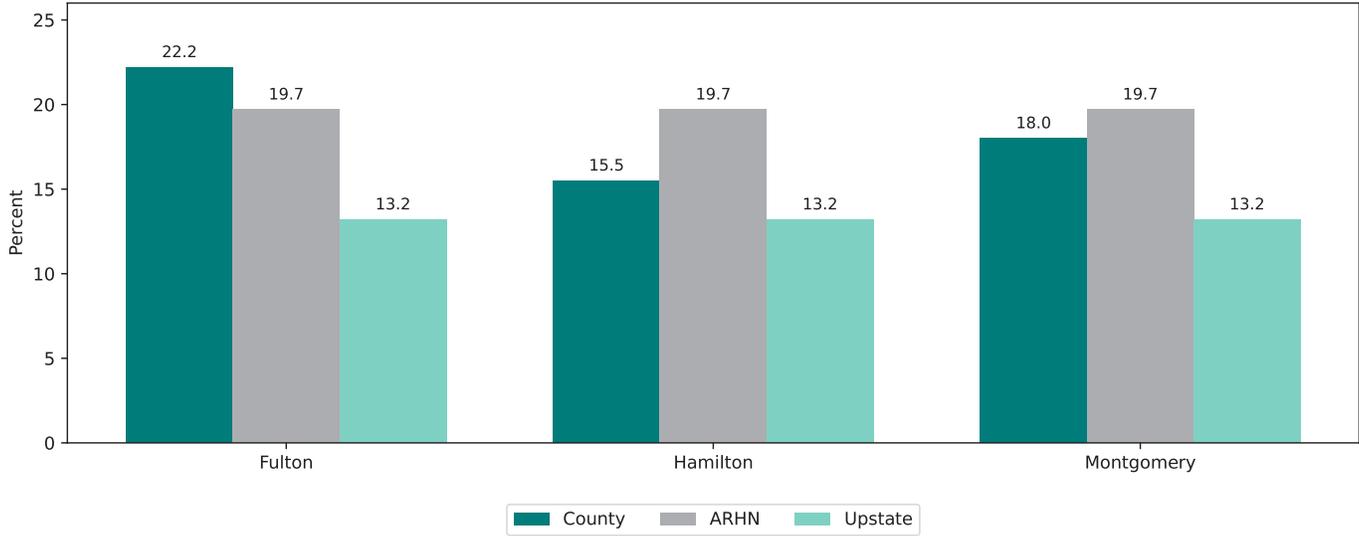
a. Tobacco Use



BRFSS data indicate that smoking prevalence among adults with incomes below \$25,000 is elevated in Nathan Littauer Hospital’s service region, with Fulton County (24.3%) and Montgomery County (26.3%) both exceeding the ARHN benchmark (21.0%) and aligning closely with, or exceeding, the Upstate average (26.5%) These findings highlight a clear income-related tobacco use disparity, suggesting that lower-income populations face persistent barriers to tobacco cessation. The data support prioritizing targeted, equity-focused smoking prevention and cessation initiatives—particularly those integrated into primary care and community outreach—to reduce avoidable chronic disease risk within NLH’s service area.

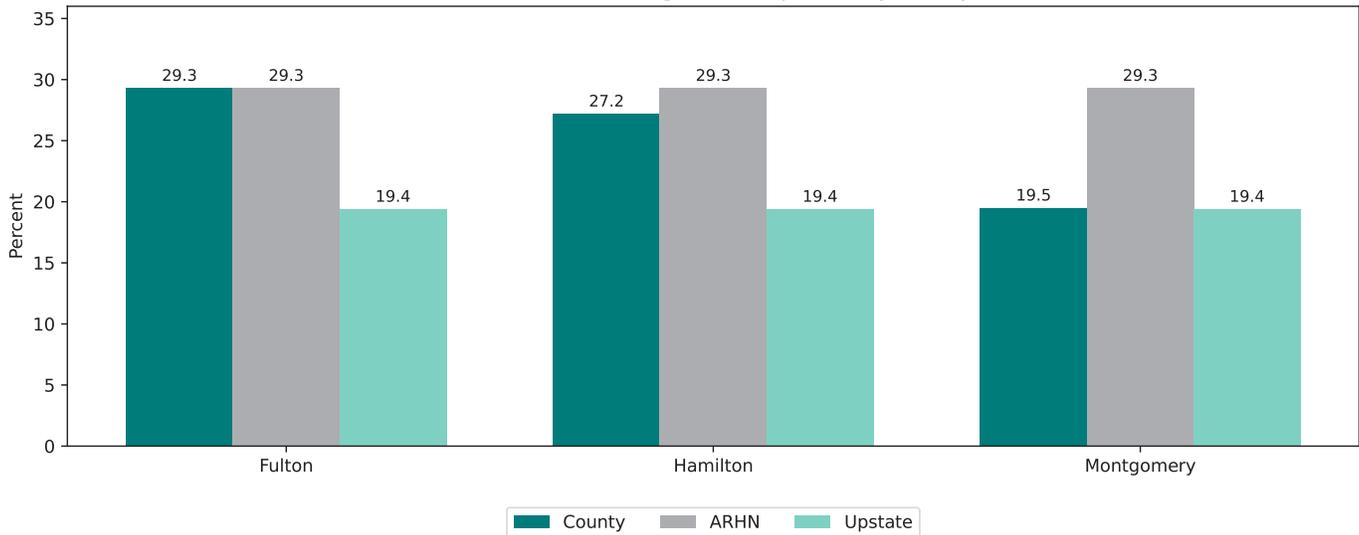
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Percentage of Adults Who Are Current Smokers
BRFSS Indicator: Regional Comparison by County



BRFSS data indicate that smoking prevalence among adults with incomes below \$25,000 is elevated in Nathan Littauer Hospital’s service region, with Fulton County (24.3%) and Montgomery County (26.3%) both exceeding the ARHN benchmark (21.0%) and aligning closely with, or exceeding, the Upstate average (26.5%) These findings highlight a clear income-related tobacco use disparity, suggesting that lower-income populations face persistent barriers to tobacco cessation. The data support prioritizing targeted, equity-focused smoking prevention and cessation initiatives—particularly those integrated into primary care and community outreach—to reduce avoidable chronic disease risk within NLH’s service area.

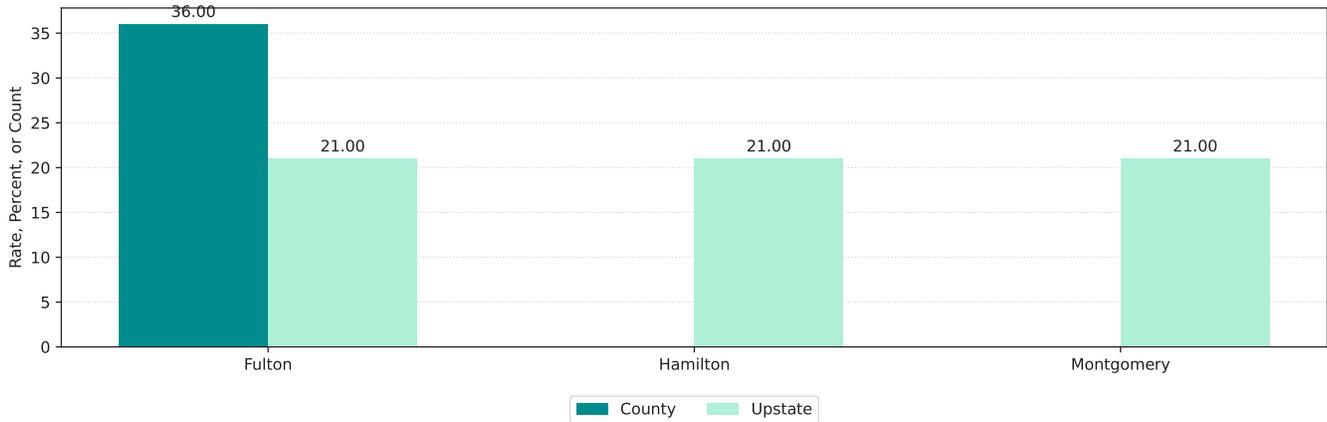
Percentage of Adults Living with a Disability Who Smoke
BRFSS Indicator: Regional Comparison by County



BRFSS data indicate that adults living with a disability experience substantially higher smoking rates across the region compared to the Upstate average. Fulton County (29.3%) mirrors the ARHN benchmark, while Hamilton County (27.2%) also exceeds the Upstate rate, highlighting persistent tobacco-related disparities among individuals with disabilities. Montgomery County’s rate (19.5%) is lower than Fulton and Hamilton but remains comparable to the Upstate average. These findings underscore the importance of accessible, disability-informed tobacco cessation and prevention strategies within NLH’s service area to address elevated chronic disease risk in this vulnerable population.

2025 - 2027 COMMUNITY HEALTH ASSESSMENT

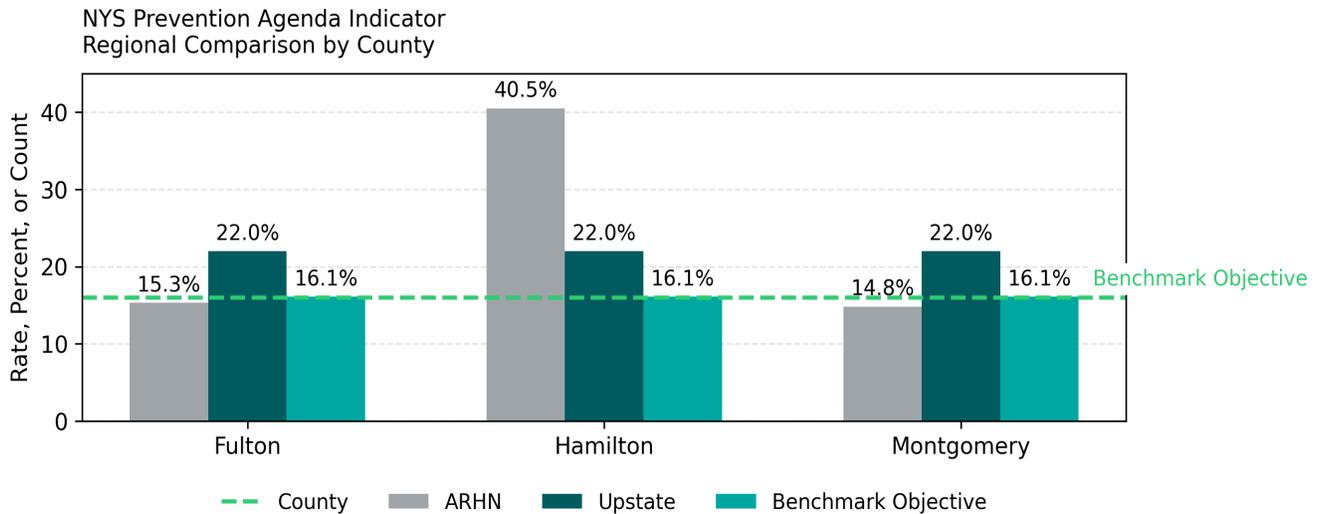
BRFSS Indicator: Percentage of Cigarette Smoking Among Adults Who Report Poor Mental Health
Regional Comparison by County



Adults in Fulton County who report poor mental health have a substantially higher rate of cigarette smoking (36.0%) compared to the Upstate benchmark (21.0%), indicating a pronounced overlap between mental health challenges and tobacco use locally. This gap suggests that smoking cessation efforts in Fulton County may be more effective if they are integrated with mental and behavioral health services. The data highlights an opportunity for Nathan Littauer Hospital to strengthen coordinated interventions that address both mental health support and tobacco cessation, particularly for high-risk populations experiencing frequent mental

b. Alcohol Use

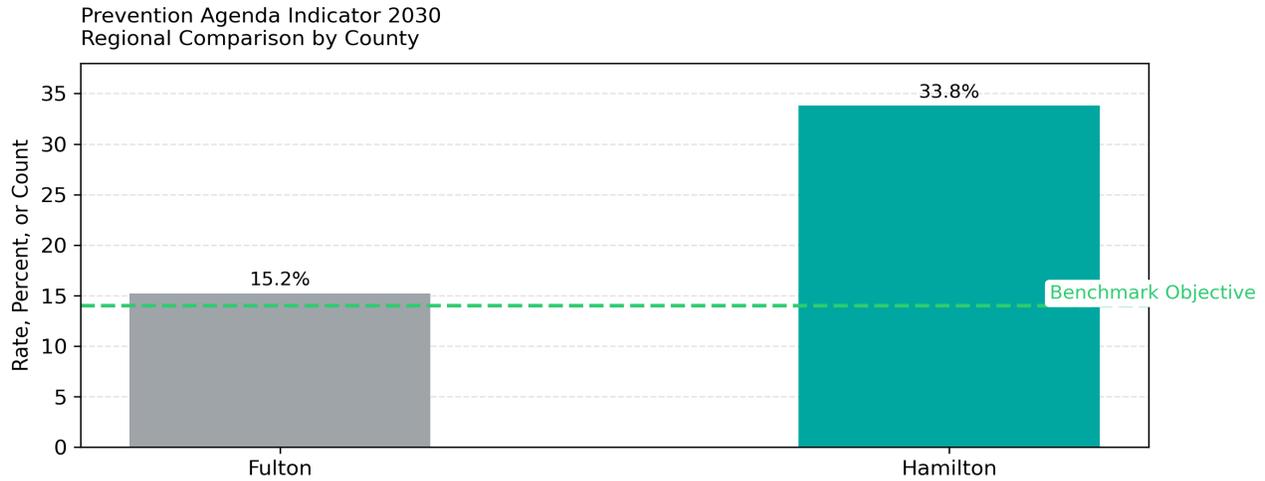
Binge Drinking During the Past Month Among Adults (Age-Adjusted)



Marked disparities were observed across counties in binge drinking prevalence among adults. While Fulton and Montgomery Counties reported rates below the New York State Prevention Agenda benchmark, Hamilton County demonstrated a substantially elevated rate, exceeding both regional and statewide comparisons. These findings suggest localized behavioral health challenges and underscore the need for targeted prevention and intervention strategies.

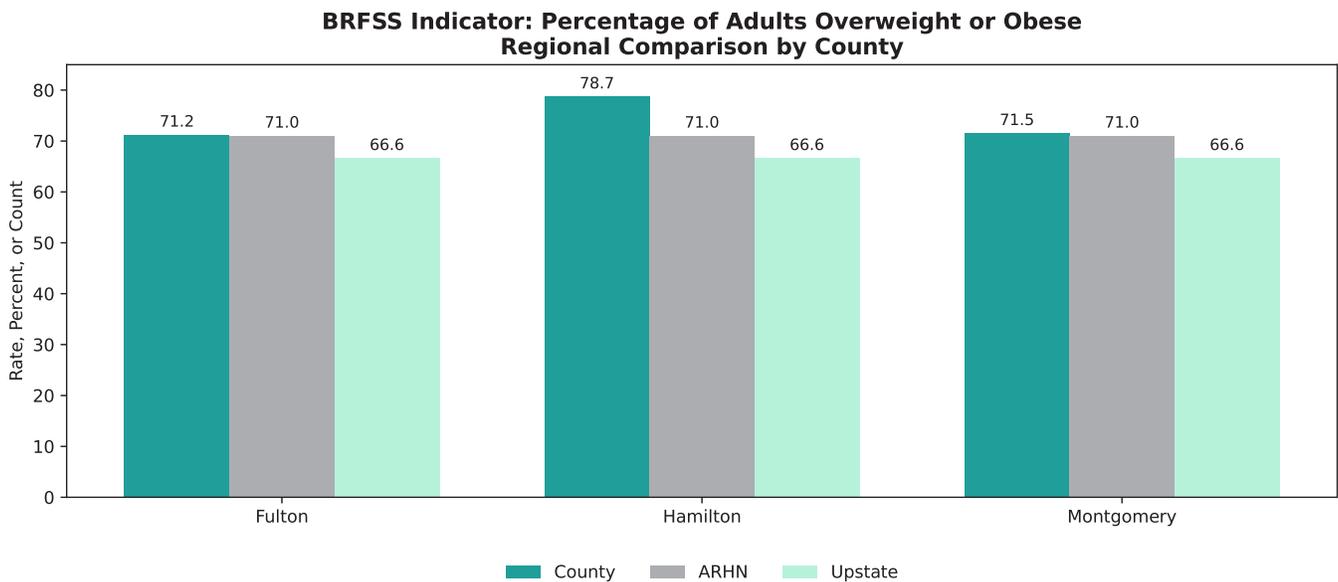
2025 - 2027 COMMUNITY HEALTH ASSESSMENT

Prevalence of Binge or Heavy Drinking Among Adults Age 18 and Older



In 2030 Prevention Agenda data, Hamilton County demonstrated a substantially elevated prevalence of binge or heavy drinking among adults, exceeding the statewide benchmark by a wide margin. Fulton County’s prevalence was closer to the benchmark but remained slightly elevated. These findings highlight localized alcohol-related behavioral health disparities and underscore the need for targeted prevention and intervention efforts.

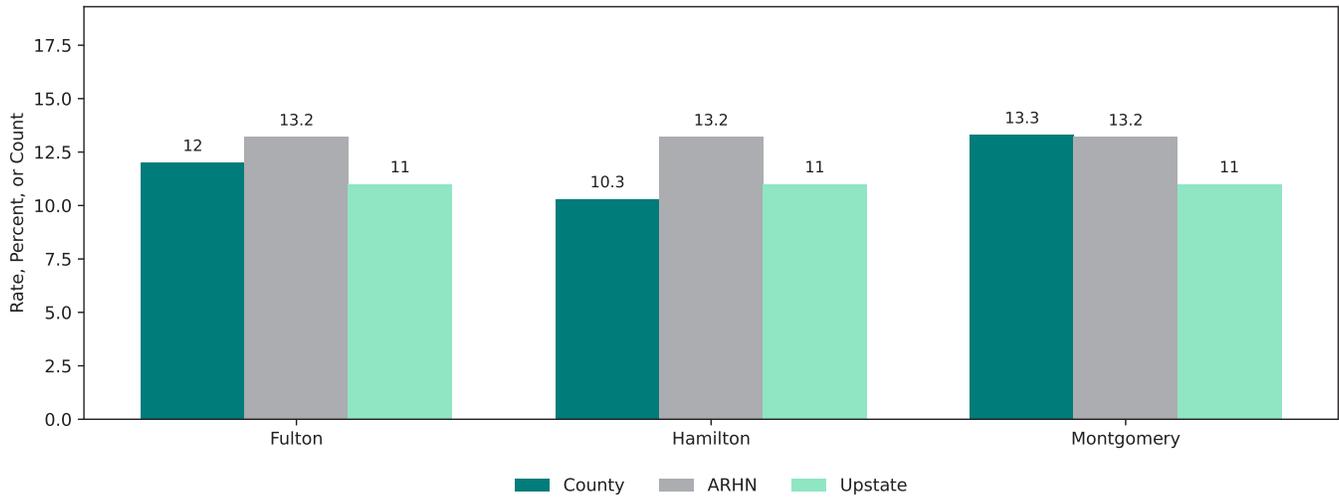
c. Physical Activity and Nutrition



Across the region, a high proportion of adults are overweight or obese, with Fulton County (71.2%) closely aligned with the ARHN average (71.0%) and notably higher than the Upstate rate (66.6%). Hamilton County stands out with the highest prevalence (78.7%), indicating a potentially elevated chronic disease risk burden in that population. These findings underscore the importance of sustained prevention and management strategies focused on nutrition, physical activity, and chronic disease prevention, particularly in rural counties served by Nathan Littauer Hospital.

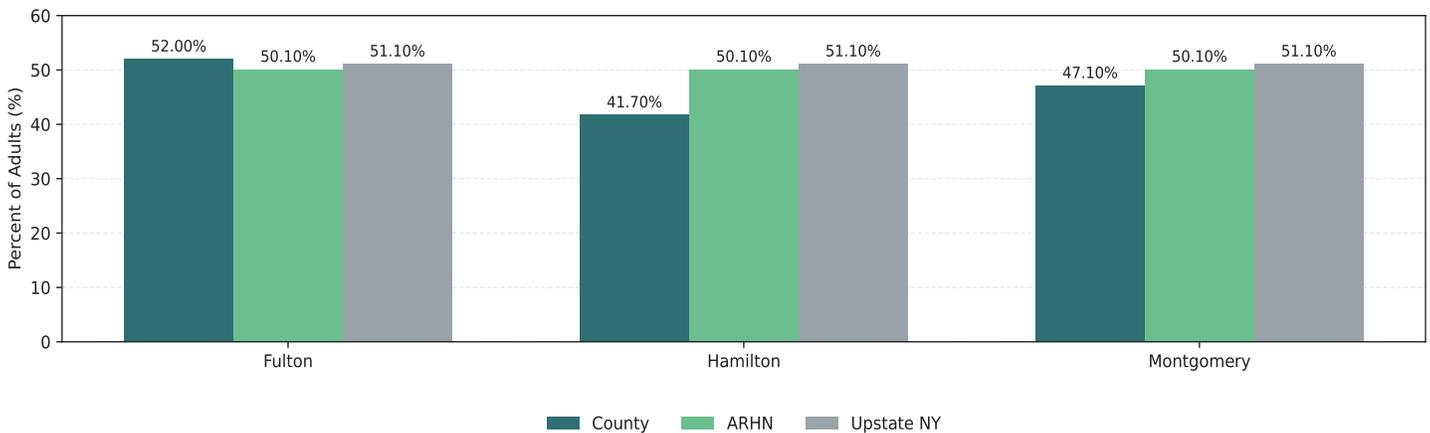
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**BRFSS Indicator: Percentage of Adults with Health Care Provider-Diagnosed Diabetes
Regional Comparison by County**



Across the three-county region, Montgomery County has the highest rate of provider-diagnosed diabetes (13.3%), slightly exceeding the ARHN comparison value (13.2%) and clearly above the Upstate benchmark (11.0%). Hamilton County is lowest (10.3%), falling below both ARHN and the Upstate comparison value. Fulton County (12.0%) is below ARHN but above Upstate, indicating diabetes prevalence remains a meaningful chronic disease concern within NLH’s broader service region and supports prioritizing prevention, screening, and chronic disease management initiatives.

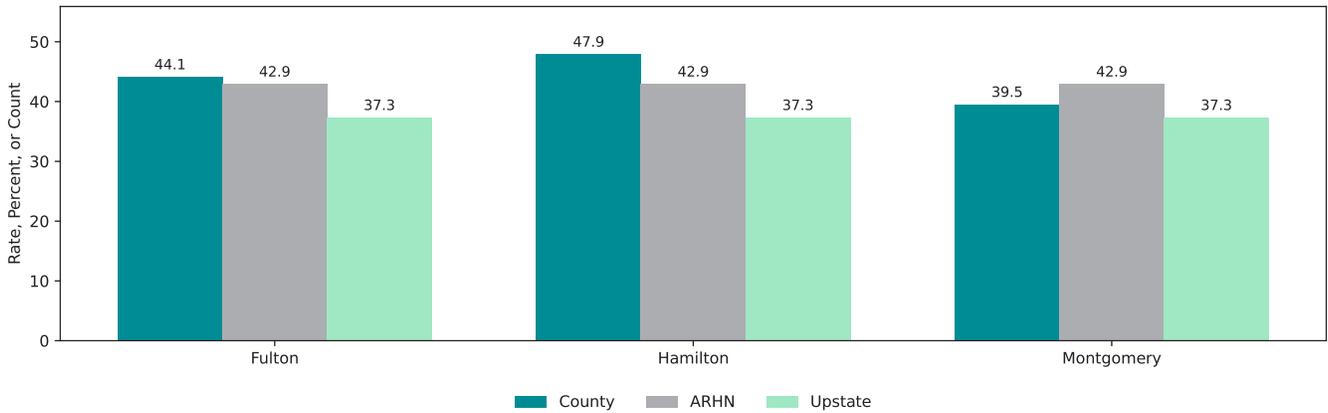
**Percentage of Adults Who Had a Test for High Blood Sugar or Diabetes
Within the Past Three Years**
BRFSS Indicator: Regional Comparison by County
NYS Expanded BRFSS | AHI CHA Committee Data Dashboard (2023)



While adults in Fulton County report screening rates for high blood sugar or diabetes that exceed regional benchmarks, significantly lower screening prevalence in Hamilton and Montgomery counties highlights gaps in preventive care access that may increase the risk of undiagnosed or unmanaged chronic disease.

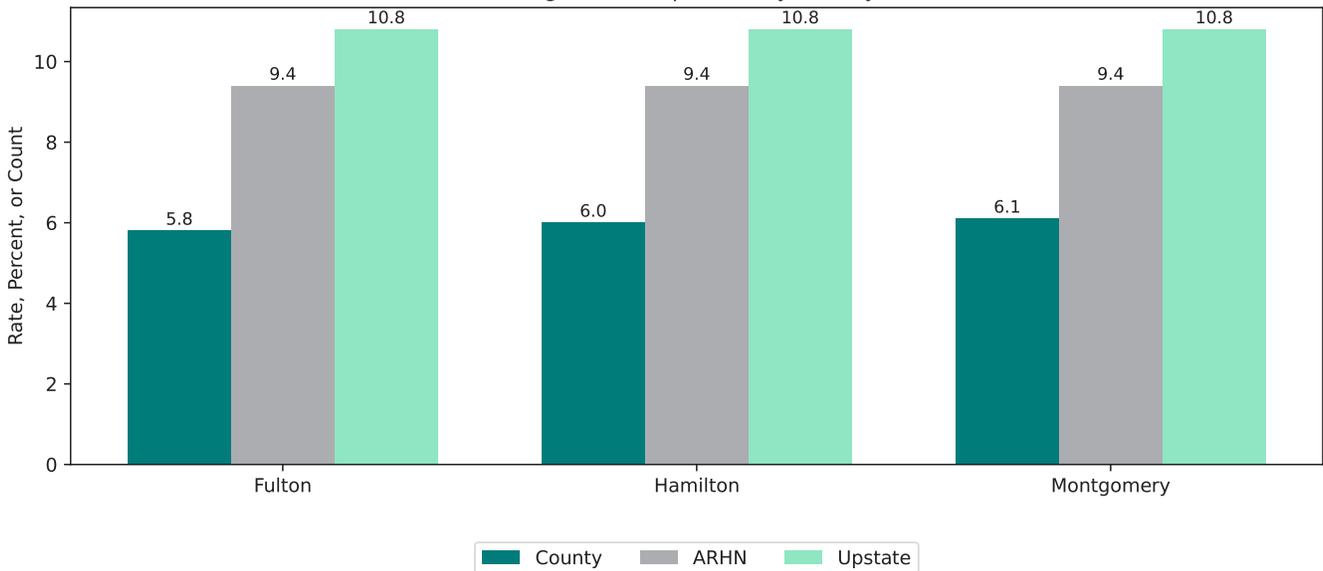
2025 - 2027 COMMUNITY HEALTH ASSESSMENT

Community Health Indicator 2023: Regional Comparison by County
 Percentage of Overweight or Obese (≥ 85 th Percentile) Students
 Elementary, Middle, and High School (SWSCRS)



Across the service region, Fulton and Hamilton counties show higher percentages of students classified as overweight or obese (≥ 85 th percentile) compared to the Upstate benchmark, with Hamilton County notably exceeding both Fulton County and regional comparison values. Montgomery County performs somewhat better than Fulton and Hamilton but still remains above the Upstate rate. These patterns suggest persistent pediatric weight-related disparities within the Nathan Littauer Hospital service area, underscoring the importance of early prevention, school-based wellness initiatives, and family-centered nutrition and physical activity interventions

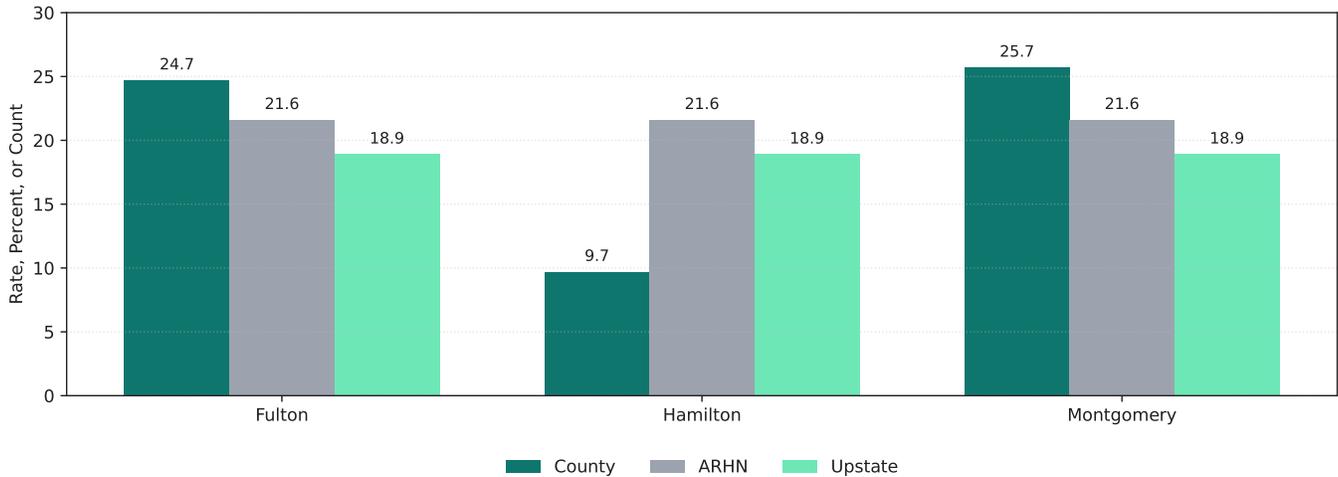
BRFSS Indicator: Percentage of Adults with Provider-Diagnosed Prediabetes
 Regional Comparison by County



Rates of provider-diagnosed prediabetes are consistently higher across the broader region compared to Fulton, Hamilton, and Montgomery counties, indicating a widespread chronic disease risk beyond county boundaries. While local county rates are lower than ARHN and Upstate benchmarks, the uniformity across counties suggests a shared opportunity for early screening and preventive intervention. For NLH, this data reinforces the importance of expanding diabetes prevention efforts, routine screening, and lifestyle-focused education—particularly before prediabetes progresses to diagnosed diabetes.

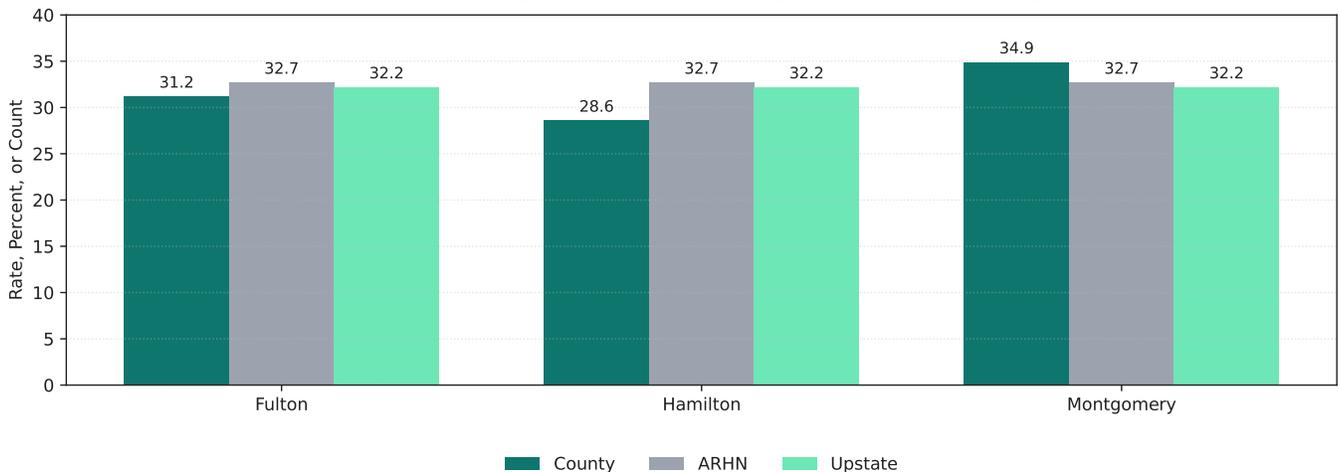
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BRFSS Indicator: Percentage of Adults Who Consume One or More Sugary Drinks Daily



Daily consumption of sugary drinks is highest in Montgomery County (25.7%) and Fulton County (24.7%), both exceeding ARHN (21.6%) and the Upstate comparison (18.9%). Hamilton County’s rate (9.7%) is substantially lower, indicating meaningful variation in dietary behaviors across the region. Elevated sugary drink consumption in Fulton and Montgomery counties may contribute to higher risk for obesity, diabetes, and other chronic conditions, reinforcing the importance of nutrition education, healthy beverage access, and prevention-focused interventions within NLH’s service area.

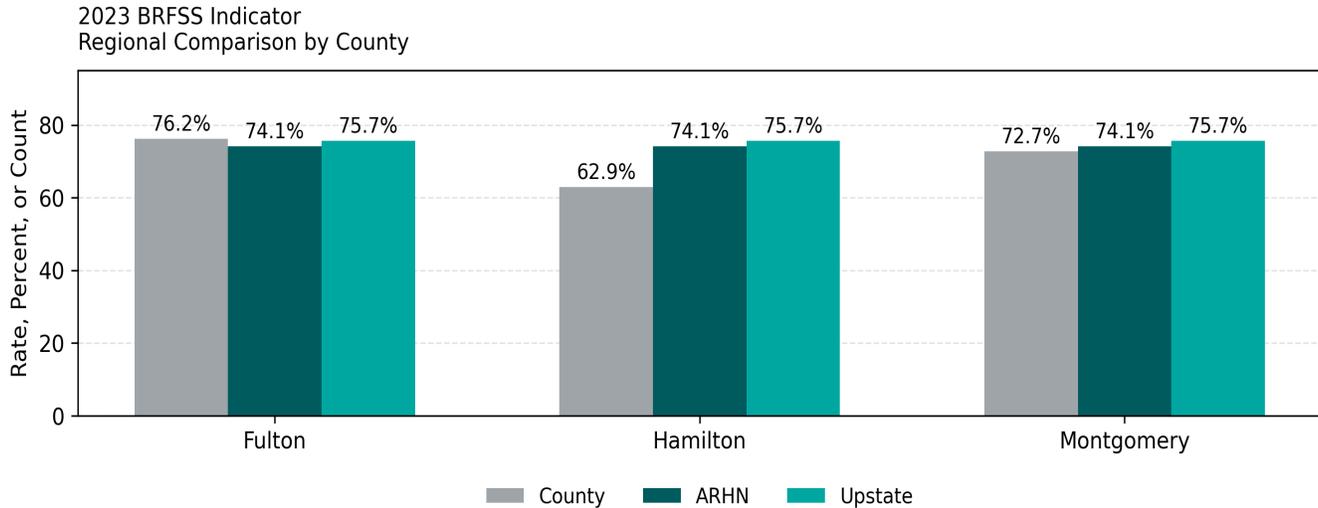
BRFSS Indicator: Percentage of Adults Reporting No Daily Fruit or Vegetable Intake



A substantial share of adults across the region report no daily fruit or vegetable consumption, with Montgomery County highest (34.9%), exceeding both ARHN (32.7%) and Upstate (32.2%) benchmarks. Fulton County (31.2%) is slightly below regional comparisons but still reflects a significant nutrition-related concern, while Hamilton County (28.6%) performs better than both comparison groups. These findings underscore the need for nutrition education, food access initiatives, and community-based healthy eating interventions, particularly in Montgomery and Fulton counties within NLH’s service area.

2025 - 2027 COMMUNITY HEALTH ASSESSMENT

Percentage of Adults Who Participated in Leisure-Time Physical Activity in the Past 30 Days

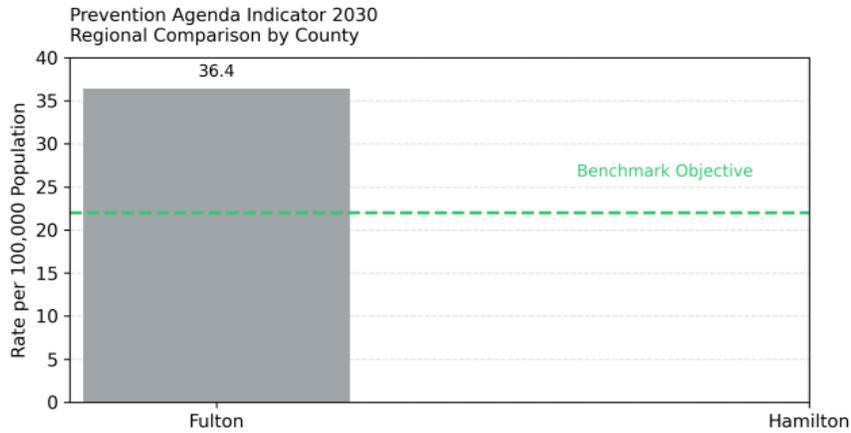


In 2023, participation in leisure-time physical activity among adults varied across the hospital service area, revealing both strengths and opportunities for improvement. According to BRFSS indicator data, Fulton County reported the highest rate of adult leisure-time physical activity (76.2%), exceeding both the Adirondack Rural Health Network (ARHN) average (74.1%) and the Upstate New York average (75.7%), suggesting relatively strong engagement in protective health behaviors. Montgomery County reported a participation rate of 72.7%, falling modestly below regional and Upstate benchmarks, indicating room for improvement despite a majority of adults remaining active. In contrast, Hamilton County reported a substantially lower rate of 62.9%, nearly 12 percentage points below both ARHN and Upstate averages, highlighting a notable disparity. This gap may reflect structural barriers common in rural communities, including limited access to recreational facilities, geographic isolation, seasonal constraints, and an older population demographic. Collectively, these findings underscore the importance of targeted, community-specific strategies to promote physical activity—particularly in rural and underserved areas—as a means of reducing chronic disease risk and supporting overall population health.

2025 - 2027 COMMUNITY HEALTH ASSESSMENT

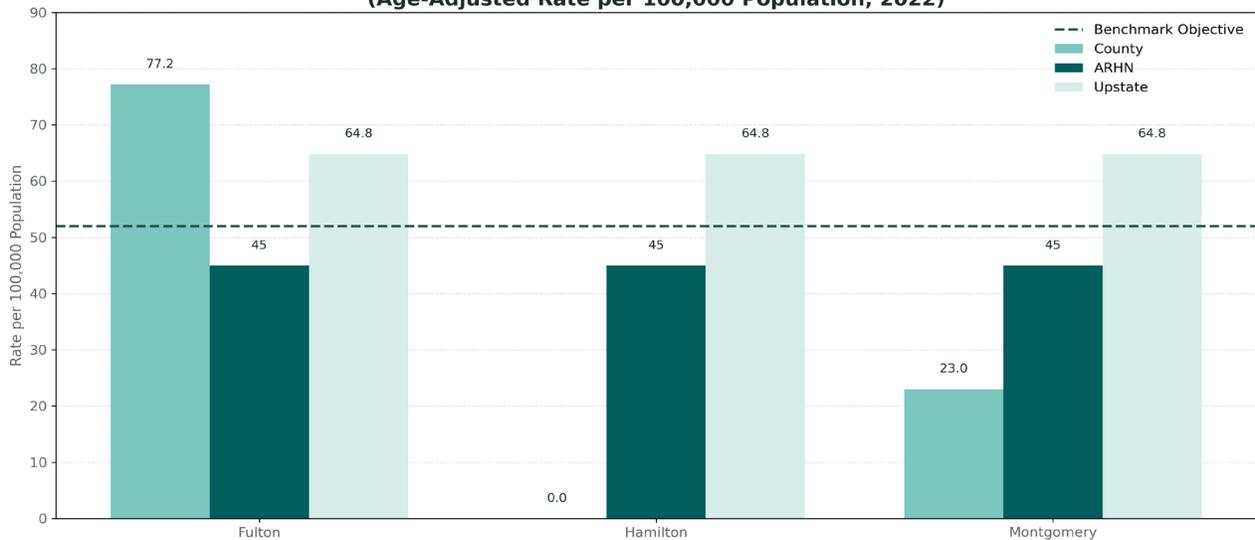
d. Substance Use and Overdose

Overdose Deaths Involving Drugs (Crude Rate per 100,000 Population)



Fulton County’s overdose death rate substantially exceeds the New York State Prevention Agenda 2030 benchmark, indicating a significant burden of drug-related mortality. The magnitude of this gap underscores the need for targeted, coordinated substance use prevention, treatment, and harm-reduction strategies to reduce preventable deaths.

Emergency Department Visits Involving Any Opioid Overdose
(Age-Adjusted Rate per 100,000 Population, 2022)

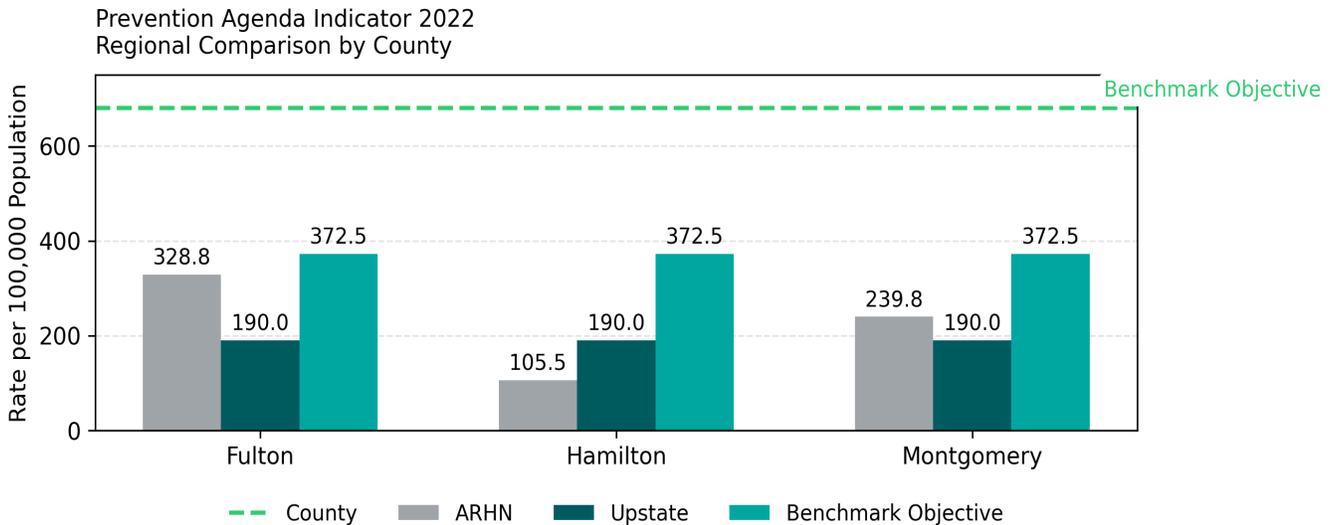


In 2022, emergency department visits involving opioid overdose varied across the hospital service area. Fulton County reported the highest rate (77.2 per 100,000), exceeding both the ARHN average (45.0) and the Upstate New York rate (64.8). Montgomery County reported a lower rate (23.0), while no visits were reported in Hamilton County, though this should be interpreted cautiously due to small population size. These findings highlight ongoing disparities in opioid-related harm and the continued need for prevention, harm-reduction, and treatment efforts.

2025 - 2027 COMMUNITY HEALTH ASSESSMENT

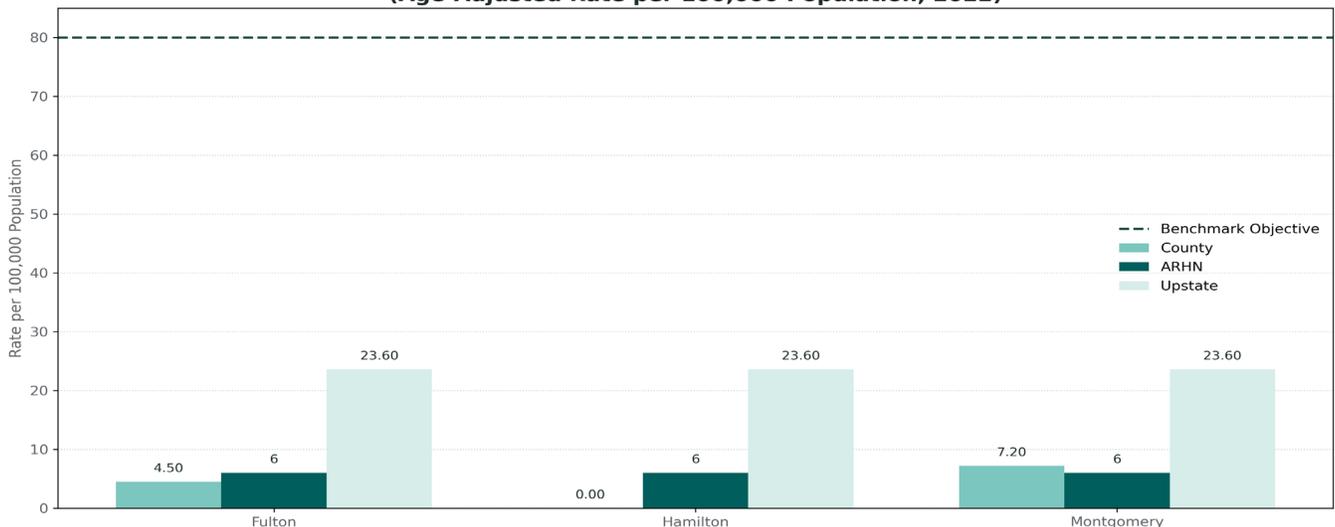
e. Sexual Health Indicators

Chlamydia Diagnoses (Age-Adjusted Rate per 100,000 Population)



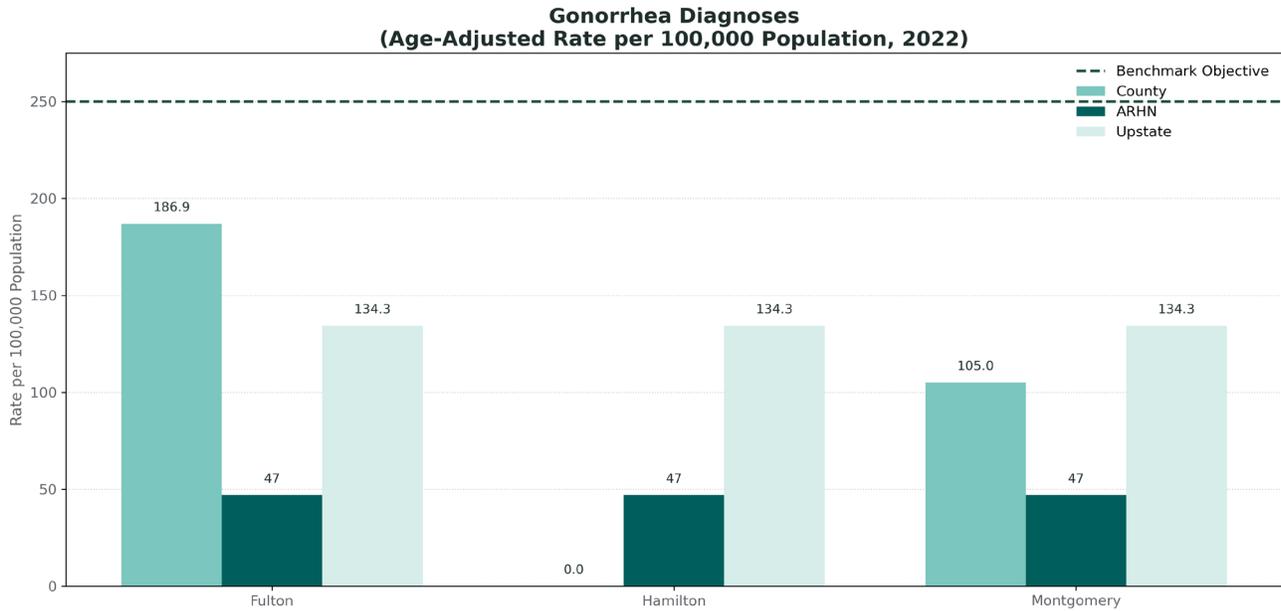
In 2022, rates of chlamydia diagnoses varied across counties, with Fulton and Montgomery Counties reporting rates above the regional benchmark but below the Upstate New York average. Hamilton County reported a substantially lower rate, though this may reflect differences in population size or screening patterns. These findings highlight the importance of targeted sexual health education, screening, and prevention strategies tailored to local community needs.

Early Syphilis Diagnoses (Age-Adjusted Rate per 100,000 Population, 2022)



In 2022, early syphilis diagnosis rates varied across the hospital service area but remained well below the Prevention Agenda benchmark. Montgomery County reported the highest local rate (7.2 per 100,000), followed by Fulton County (4.5), while no cases were reported in Hamilton County. All three counties reported rates below the ARHN average (6.0) and substantially lower than the Upstate New York rate (23.6). While local rates are relatively low, the higher Upstate rate highlights broader regional trends and the need for continued surveillance, screening, and sexual health education, particularly given small population sizes and potential year-to-year variability.

2025 - 2027 COMMUNITY HEALTH ASSESSMENT



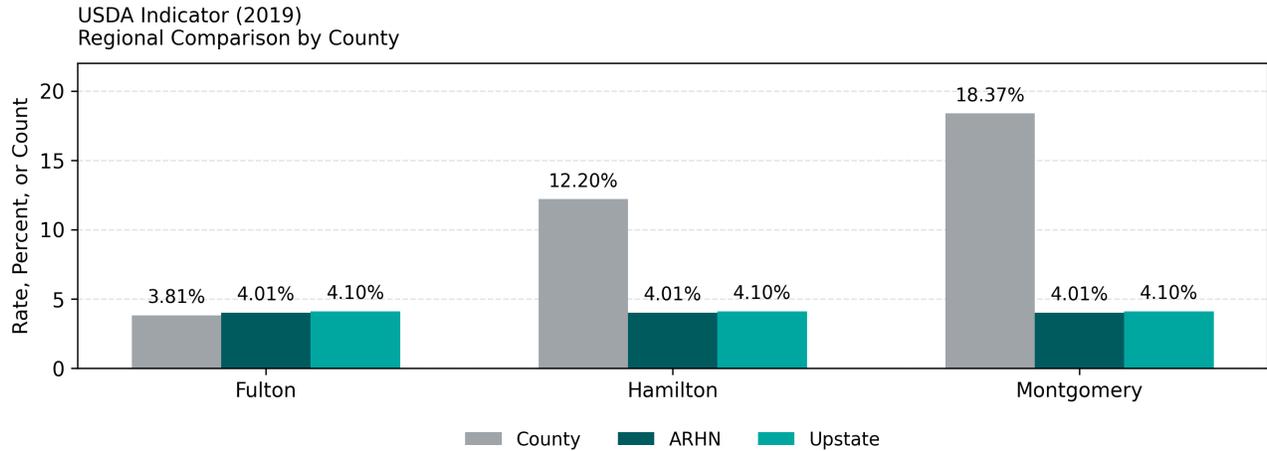
In 2022, gonorrhea diagnosis rates showed marked variation across the hospital service area. Fulton County reported the highest age-adjusted rate (186.9 per 100,000 population), exceeding both the Adirondack Rural Health Network (ARHN) average (47.0) and the Upstate New York rate (134.3). Montgomery County also reported an elevated rate (105.0), remaining well above the ARHN benchmark but below the Upstate average. No gonorrhea diagnoses were reported in Hamilton County, though this finding should be interpreted with caution due to small population size and potential reporting variability. Overall, these data highlight significant disparities in sexually transmitted infection burden within the service area and underscore the need for continued prevention, screening, and sexual health education efforts, particularly in counties with higher observed rates.

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2. Socioeconomic Risk Factors and Social Determinants of Health

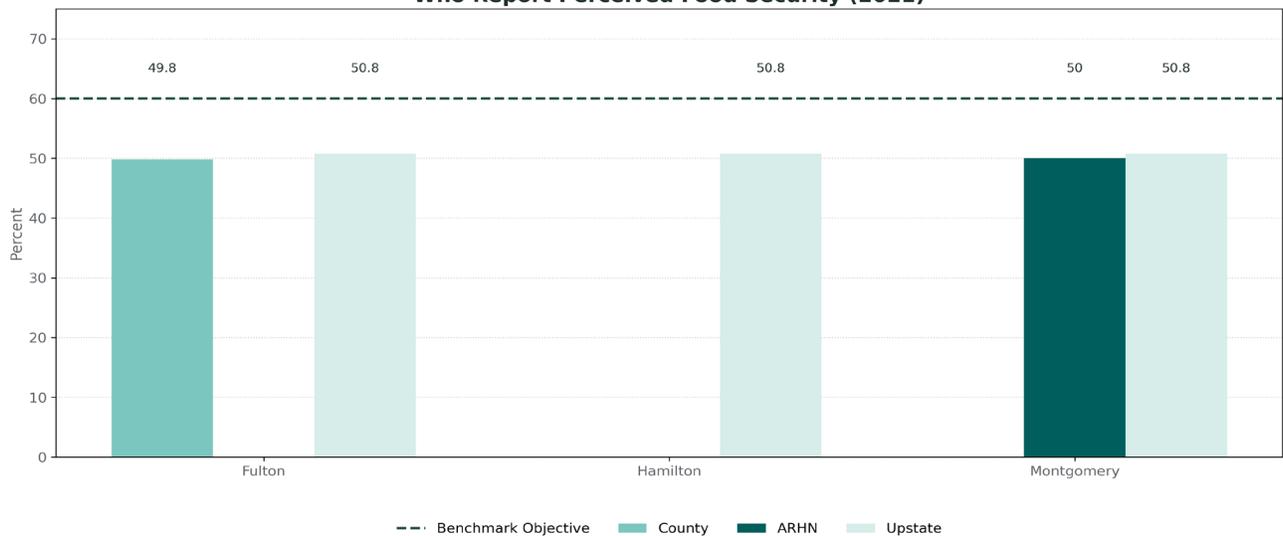
a. Economic Stability and Poverty

Percentage of Population with Low Income and Low Access to a Supermarket or Large Grocery Store



In 2019, notable disparities were observed across counties in the percentage of residents experiencing both low income and limited access to a supermarket or large grocery store. While Fulton County reported a rate below regional and Upstate benchmarks, Hamilton and Montgomery Counties demonstrated substantially higher rates, indicating localized food access challenges likely influenced by geographic and transportation barriers. These findings underscore the importance of place-based strategies to improve food access in rural and underserved areas

Percentage of Adults With Annual Household Income Below \$25,000 Who Report Perceived Food Security (2021)



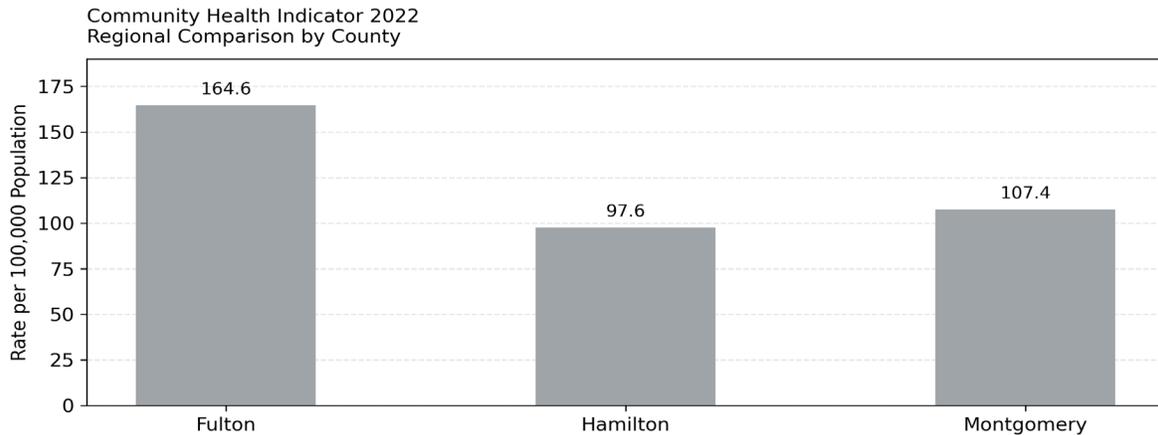
In 2021, perceived food security among adults with annual household incomes below \$25,000 remained below the Prevention Agenda benchmark across the hospital service area. Fulton and Montgomery counties reported food security levels near 50%, closely aligning with the Upstate average, while available data for Hamilton County were limited. These findings highlight persistent food access challenges among lower-income residents and underscore the importance of continued efforts to strengthen food assistance programs and community-based nutrition supports.

2025 - 2027 COMMUNITY HEALTH ASSESSMENT

3. Environmental and Community-Level Risk Factors

a. Community Safety and Violent Crime

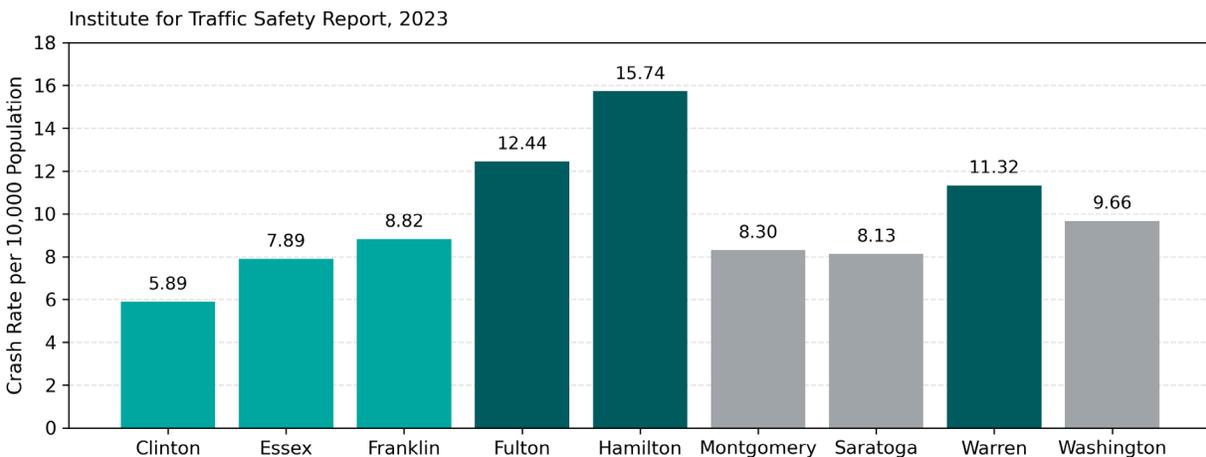
Violent Crime Rate per 100,000 Population



In 2022, violent crime rates varied across counties, with Fulton County reporting a substantially higher rate compared to Hamilton and Montgomery Counties. These differences highlight localized safety and social environment factors that may influence injury risk, mental health outcomes, and overall community well-being.

b. Injury and Motor Vehicle Safety

Crash Rates of Counties per 10,000 Population (Alcohol-Related)



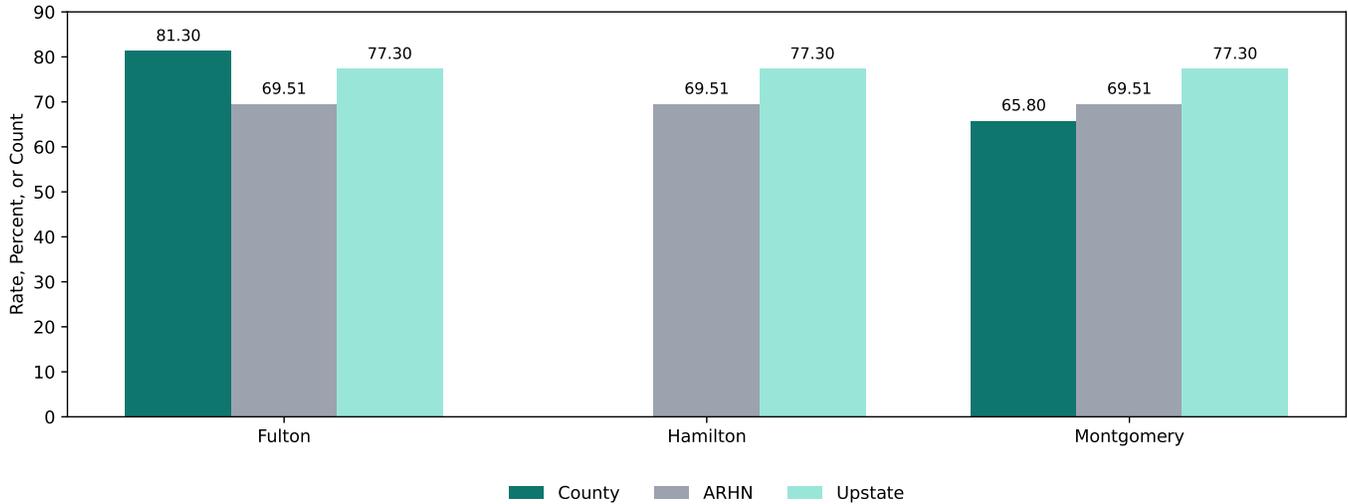
In 2023, alcohol-related motor vehicle crash rates varied considerably across the region, indicating that traffic safety risks are not evenly distributed among counties. Several counties, including Hamilton and Fulton, reported higher crash rates compared to neighboring counties, suggesting localized risk factors related to alcohol use, roadway characteristics, and population travel patterns. Other counties demonstrated comparatively lower crash rates, highlighting differences in exposure, enforcement, and prevention dynamics across the region. These findings underscore the intersection between alcohol use behaviors and injury risk, reinforcing patterns observed in binge drinking and substance-related harm indicators. The data suggest a need for targeted, place-based prevention strategies, including impaired-driving education, enforcement initiatives, and community-level alcohol misuse prevention efforts, particularly in counties with elevated crash rates.

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4. Health Outcomes and Healthcare Access Factors

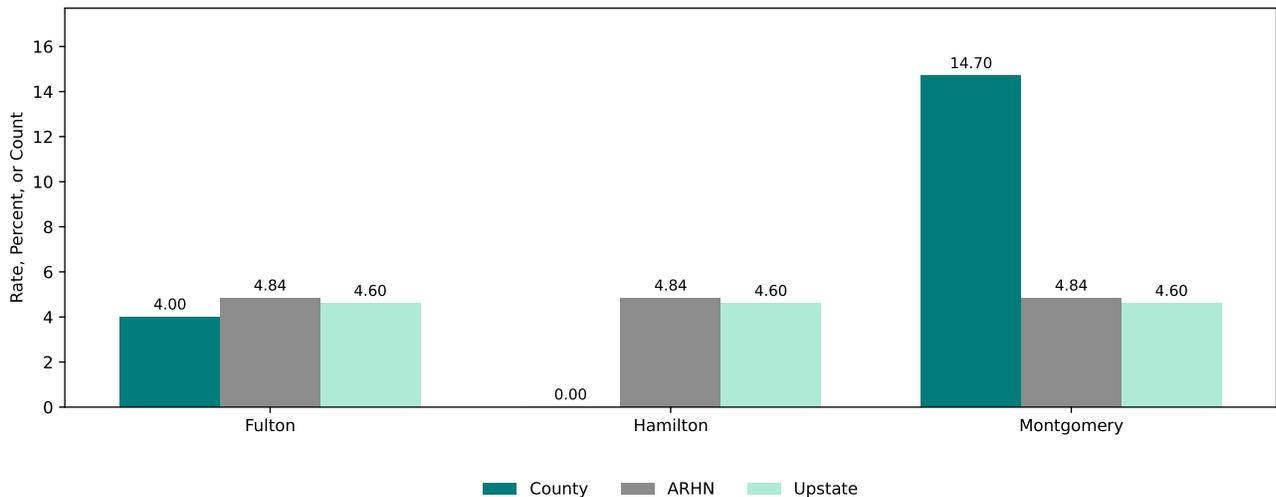
a. Prenatal Care Utilization and Birth Outcomes

Community Health Indicator 2022: Regional Comparison by County Percentage of Births with Adequate Prenatal Care CHIRS | AHI CHA Committee Dashboard



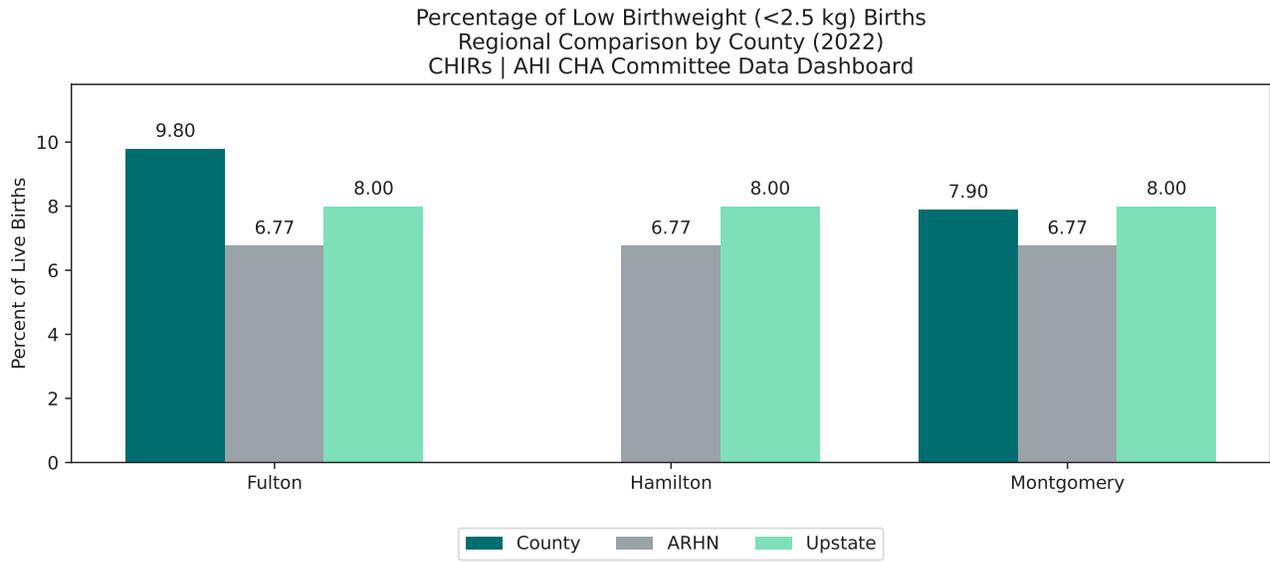
Rates of adequate prenatal care in Nathan Littauer Hospital’s service area remain below the Upstate New York benchmark, indicating opportunities to strengthen access to and utilization of prenatal services. Barriers such as delayed entry into care, transportation challenges, insurance coverage, and social determinants of health may be contributing factors for expectant mothers in the region. Improving prenatal care engagement is a critical opportunity for NLH to support healthier pregnancies, reduce the risk of adverse birth outcomes, and advance maternal and infant health. Targeted outreach, care coordination, and community partnerships may help close this gap and improve outcomes across the service area.

Community Health Indicator 2022: Regional Comparison by County Percentage of Births with Late or No Prenatal Care CHIRS | AHI CHA Committee Dashboard



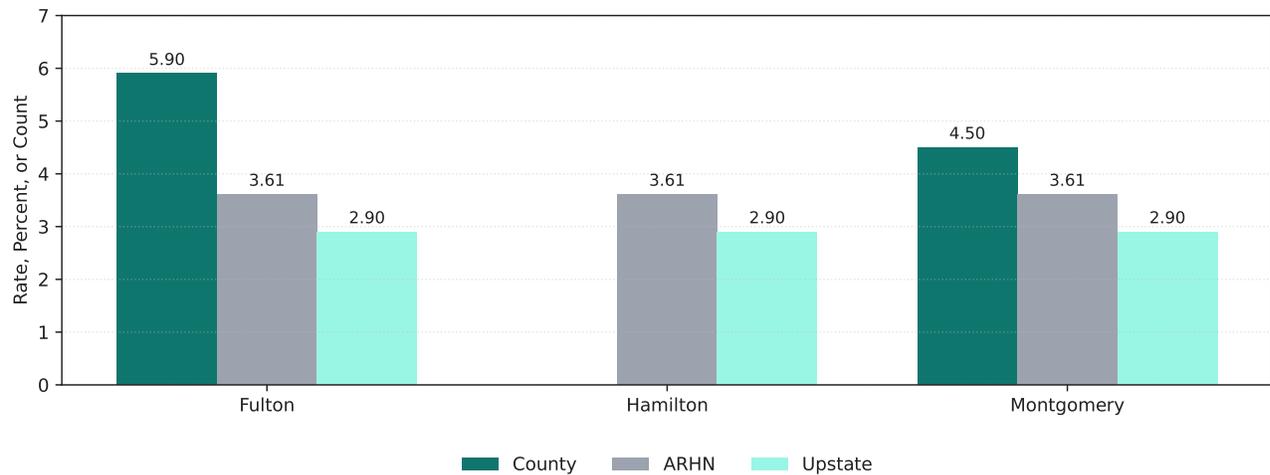
The data indicate that Montgomery County has a markedly higher percentage of births with late or no prenatal care compared to Fulton County, ARHN, and the Upstate benchmark, signaling a potential access or engagement gap in prenatal services. Fulton County aligns more closely with regional and Upstate rates, though it still reflects room for improvement relative to optimal prenatal care standards.

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Low birthweight births vary across the service region when compared to regional and Upstate benchmarks. Fulton County reports a higher percentage (9.8%) than both the ARHN average (6.77%) and the Upstate benchmark (8.0%), indicating an elevated risk profile. Montgomery County (7.9%) is slightly below the Upstate rate but remains above the ARHN average. Hamilton County does not report a county-specific value, likely due to small numbers or data suppression, which is common for maternal and infant indicators in low-population areas.

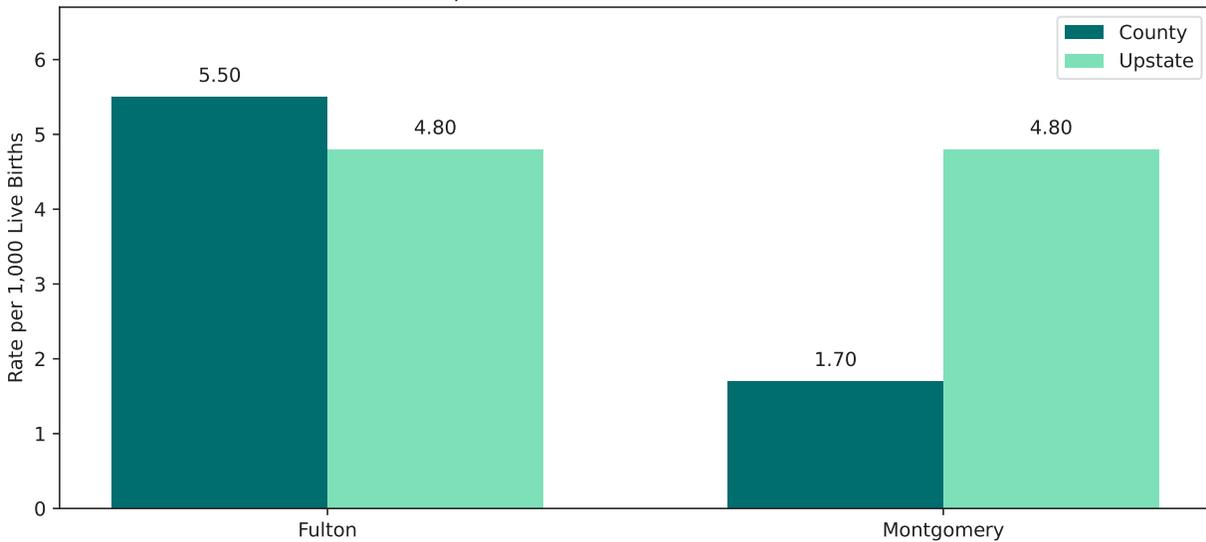
Community Health Indicator 2022: Regional Comparison by County Percentage of Births to Teens (Ages 15-19) CHIRS | AHI CHA Committee Dashboard



Fulton County shows a higher percentage of teen births compared to both ARHN and Upstate benchmarks, indicating a localized area of concern for adolescent reproductive health. Montgomery County also exceeds the Upstate average, though it remains below Fulton County, suggesting regional variation within NLH's broader service area. ARHN and Upstate rates are notably lower and consistent, highlighting a disparity between local county outcomes and broader regional norms. These findings may support targeted prevention strategies, including expanded sexual health education, access to family planning services, and school- or community-based outreach focused on adolescents.

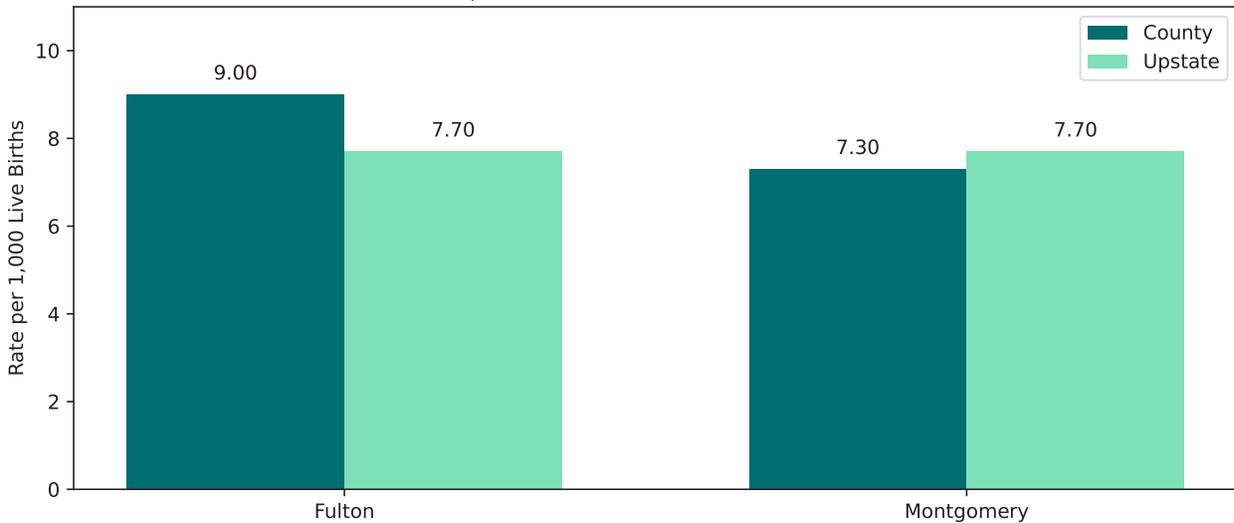
2025 - 2027 COMMUNITY HEALTH ASSESSMENT

Mortality Rate per 1,000 Live Births – Fetal Death (20+ Weeks Gestation)
Regional Comparison by County (2022)
CHIRs | AHI CHA Committee Data Dashboard



Fulton County’s rate is above Upstate, warranting monitoring and targeted maternal health strategies. Montgomery County’s rate is well below Upstate, indicating potential protective factors or access advantages. Findings align with Maternal & Child Health priorities and support prevention-focused interventions (early prenatal care, chronic condition management, and care coordination).

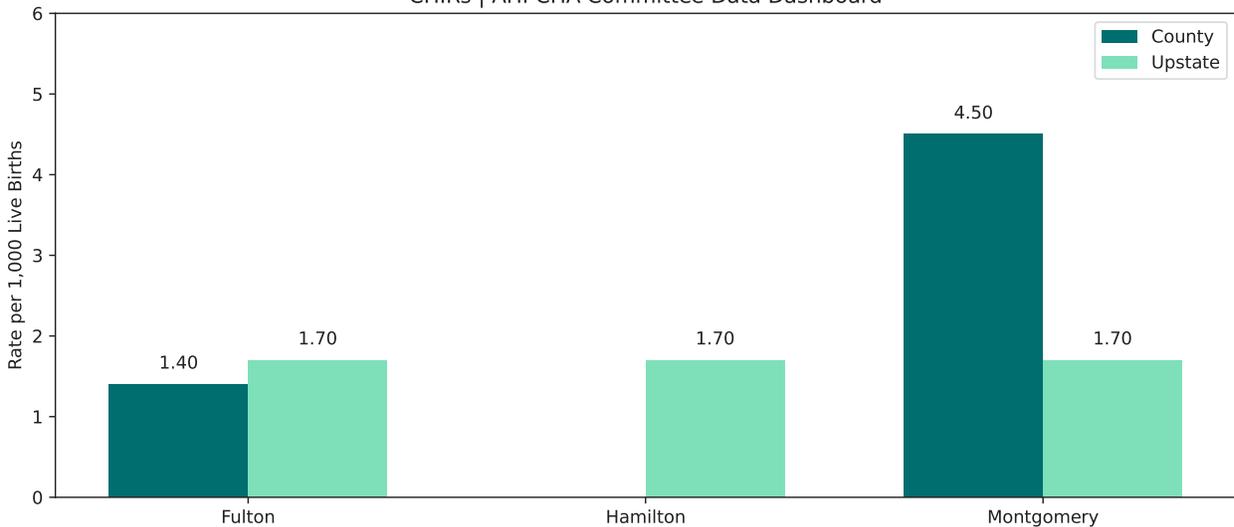
Mortality Rate per 1,000 Live Births – Perinatal
(20 Weeks Gestation to <28 Days of Life)
Regional Comparison by County (2022)
CHIRs | AHI CHA Committee Data Dashboard



Perinatal mortality rates in the service region show variation by county when compared to the Upstate New York benchmark. Fulton County’s rate (9.0 per 1,000 live births) exceeds the Upstate average (7.7), indicating a higher burden of adverse outcomes during late pregnancy and the early neonatal period. Montgomery County’s rate (7.3) is slightly below the Upstate benchmark, suggesting comparatively more favorable outcomes.

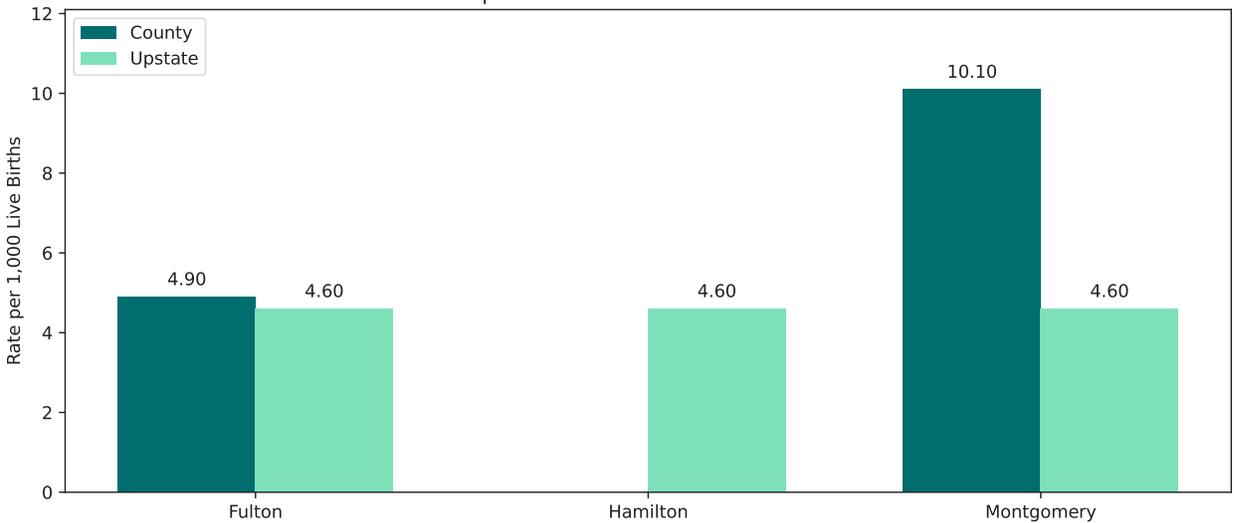
2025 - 2027 COMMUNITY HEALTH ASSESSMENT

Mortality Rate per 1,000 Live Births - Post-neonatal (1 Month to <1 Year)
Regional Comparison by County (2022)
CHIRs | AHI CHA Committee Data Dashboard



Post-neonatal mortality rates vary across the service region when compared to the Upstate New York benchmark. Montgomery County exhibits a markedly higher rate (4.5 per 1,000 live births) than the Upstate average (1.7), indicating a significant disparity during the later infant period. Fulton County's rate (1.4) is slightly below the Upstate benchmark, while Hamilton County does not report a county-specific value, likely reflecting small numbers or data suppression.

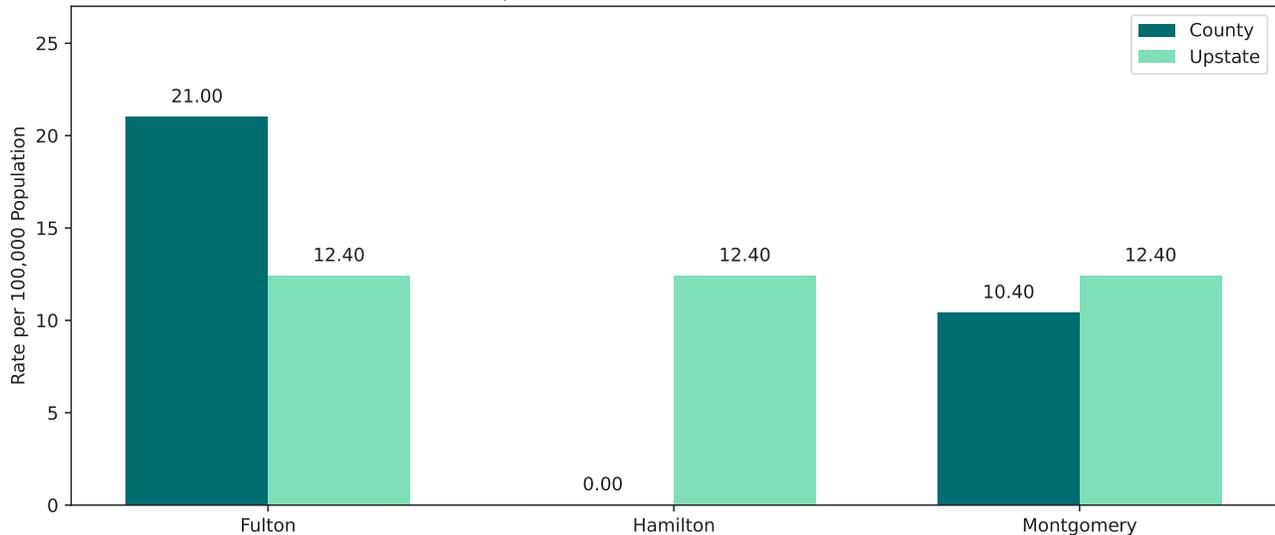
Mortality Rate per 1,000 Live Births - Infant (<1 Year)
Regional Comparison by County (2022)
CHIRs | AHI CHA Committee Data Dashboard



Infant mortality rates vary notably across the service region. Montgomery County exhibits a substantially higher infant mortality rate (10.1 per 1,000 live births) compared to the Upstate New York benchmark (4.6), indicating a significant disparity. Fulton County's rate (4.9) is slightly above the Upstate average, while Hamilton County does not report a county-specific value in this dataset, which may reflect small numbers or data suppression. Given the sensitivity of infant mortality rates to small population sizes, these findings underscore the importance of sustained focus on prenatal care access, maternal health risk factors, and postnatal support, particularly in areas with elevated rates.

2025 - 2027 COMMUNITY HEALTH ASSESSMENT

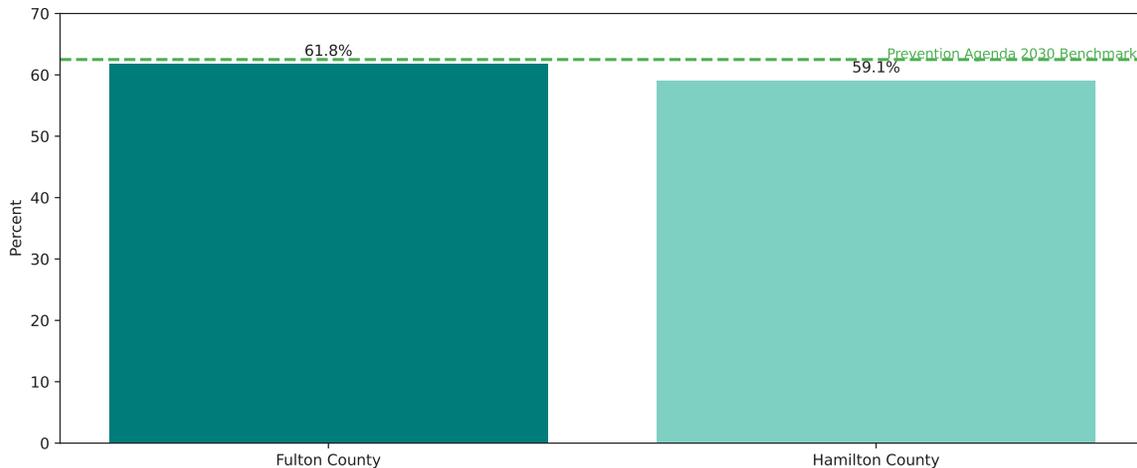
Mortality Rate per 100,000 - Ages 10-14
Regional Comparison by County (2022)
CHIRs | AHI CHA Committee Data Dashboard



Mortality rates among youth ages 10–14 vary across the service region when compared to the Upstate New York benchmark. Fulton County reports a higher mortality rate (21.0 per 100,000) than the Upstate average (12.4), indicating a notable disparity for this age group. Montgomery County’s rate (10.4) is below the Upstate benchmark, while Hamilton County reports a rate of zero, which may reflect small population size or data suppression rather than the absence of risk.

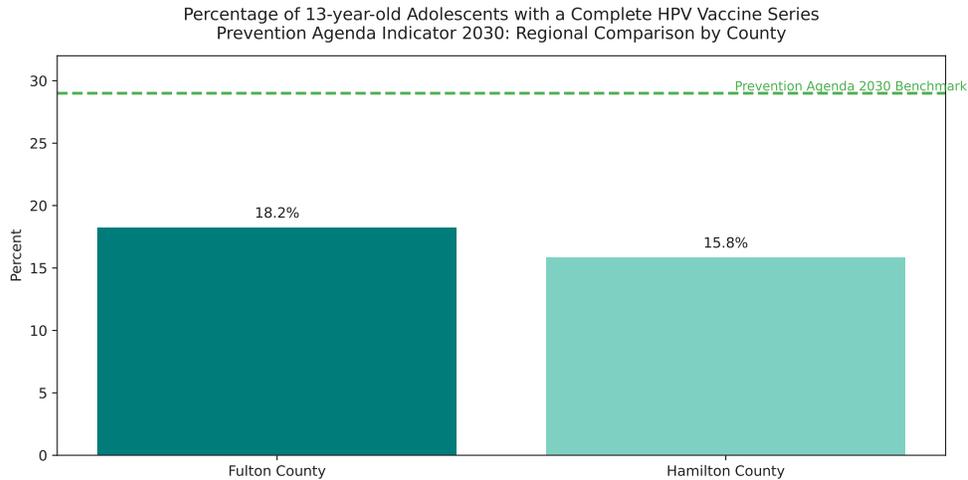
b. Preventative Services for Infants and Young Children

Percentage of 24–35 Month-Old Children with the 4:3:1:3:3:1:4 Combination Series by Age 2
Prevention Agenda Indicator 2030: Regional Comparison by County



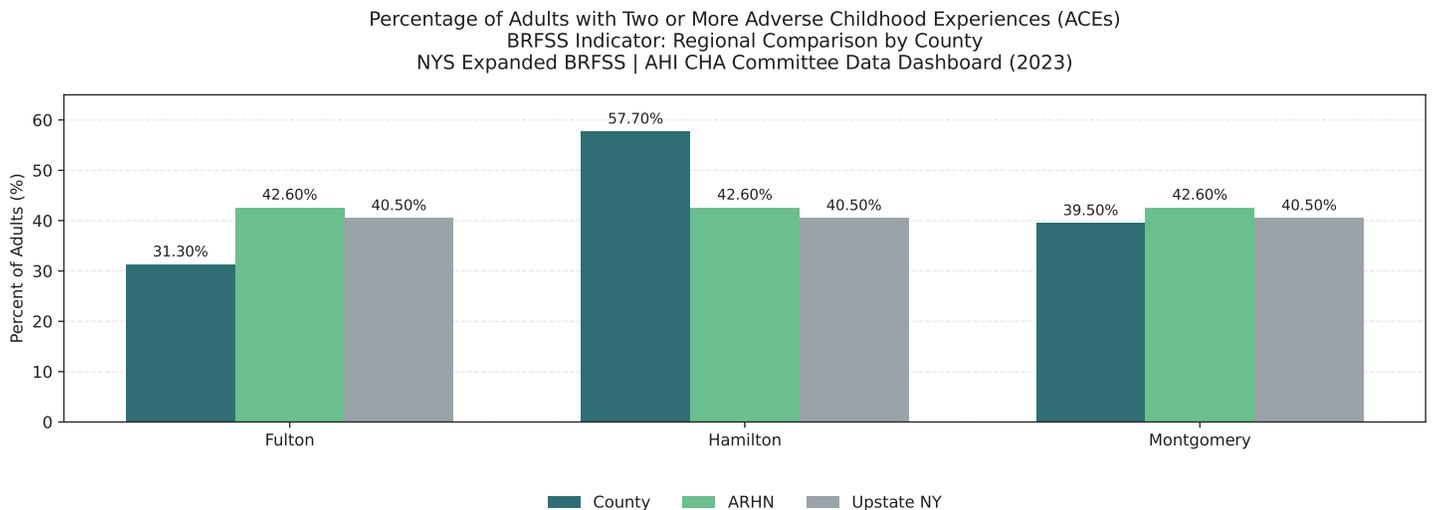
Fulton and Hamilton Counties have similar completion rates for the 4:3:1:3:3:1:4 immunization combination series by age 2, with Fulton slightly higher than Hamilton. Both counties appear just below the Prevention Agenda 2030 benchmark objective, suggesting a modest but meaningful gap in on-time childhood immunization completion. This supports an opportunity for NLH and community partners to strengthen reminder/recall systems, pediatric outreach, and parent education to improve series completion by the second birthday.

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HPV vaccination completion among 13-year-olds in Fulton and Hamilton Counties remains well below the Prevention Agenda 2030 benchmark, indicating a significant gap in adolescent preventive care. Fulton County demonstrates higher completion than Hamilton County, but both counties fall short of the statewide target. These findings highlight an opportunity for Nathan Littauer Hospital and community partners to strengthen pediatric outreach, provider education, and family engagement strategies to improve timely HPV vaccination completion and reduce future cancer risk.

c. Adults with ACEs



Hamilton County stands out with a noticeably higher percentage of adults reporting two or more ACEs compared to Fulton County, the ARHN region, and the Upstate New York average, indicating a potential concentration of long-term social and emotional stressors.

Fulton County's rate is lower than both the regional and Upstate benchmarks, suggesting comparatively fewer adults reporting multiple childhood adversities; however, the prevalence remains substantial enough to warrant continued attention.

Montgomery County aligns closely with regional and Upstate levels, indicating that ACEs remain a shared concern across the broader service region rather than isolated to one community.

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5. Data Summary & Key Observations

Demographics:

Fulton County covers 495.5 square miles and has a population of 52,787. Like much of Upstate New York*, the county's population lacks significant diversity, with 89.9% of residents identifying as White, Non-Hispanic, followed by 1.5% Black, Non-Hispanic, and 4.1% Hispanic/Latino. Over 79.9% of the population is aged 18 or older, which falls directly in line with the ARHN region as a whole (81.5%). Of those individuals, 25.5% are 65 years or older, which is higher than both the ARHN region (21.1%) and Upstate New York* (19.5%).

The average household income in Fulton County is \$80,448, and the per capita income is \$34,843. The poverty rate in Fulton County stands at 14.5%, which is higher than the ARHN region's rate of 12.6% and Upstate New York* rate of 11.1%.

Regarding educational attainment, 72.3% of Fulton County residents are 25 years of age or older. Of these, 35.9% are high school graduates or hold a General Education Diploma (GED), while another 36.2% have earned an associate's degree, bachelor's degree, or higher.

Fulton County's unemployment rate is 2.2%, with 25,451 individuals aged 16 and older in the civilian workforce. The largest employment sectors are Education, Health Care, and Social Assistance, accounting for 27.2% of jobs, followed by Retail Trade (14.9%), and Manufacturing (10.7%).

**Upstate New York is defined as all counties in New York State excluding those that comprise New York City: Bronx, Kings, New York, Queens, and Richmond counties.*

- All rates are per 100,000 unless otherwise specified.

Health Systems:

Fulton County is home to one hospital, Nathan Littauer Hospital and Nursing Home, which has 74 hospital beds, primarily designated for medical and surgical care. When factoring in the county's overall population, this results in a hospital bed rate of 140.2, which is lower than the ARHN region's rate of 258.7.

The county has three nursing home facilities, providing a total of 360 nursing home beds, leading to a nursing home bed rate of 682.0. Additionally, there is one adult care facility with a combined total of 52 beds, giving an adult care facility rate of 98.5. While the nursing home rate is higher than the ARHN region, the adult care facility rate is lower than the ARHN region, which are 667.4 and 338.0, respectively. Fulton County's physician rate is 89.0, which exceeds the ARHN region's rate of 190.2.

Education System:

Fulton County is served by six school districts, with a total enrollment of 6,929 students. Of these, 56.0% qualify for free or reduced lunch, with the majority (95.9%, or 3,602 students) eligible for free lunch. The county graduates 494 high school students annually, with a dropout rate of 8.0%. This rate is higher than the ARHN region's rate of 6.6% and New York State's rate of 5.0%.

The county employs 642 teachers, resulting in a student-to-teacher ratio of 10.3, which is higher than the ARHN region's ratio of 9.6, but lower than the NYS ratio of 11.2.

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ALICE:

Fulton County has a total of 22,103 households, including 3,648 households headed by individuals aged 65 or older who fall under the ALICE category. The county has a poverty rate of 14.0% and an ALICE rate of 29.0%, resulting in a total of 9,613 households classified as either living in poverty or as ALICE households.

Among ALICE households, the majority are White (20,499), significantly outnumbering the second largest group, which consists of residents who identify under two or more races (752).

Community Conditions:

The 2025 County Health Rankings highlight three strengths in Fulton County. The percentage of adults ages 25-44 with some post-secondary education (62%) is lower than New York State (71%); the household income ratio (80% vs. 20%) is 4.3, which is lower than New York State's 5.8; and the number of deaths due to injury is 71, which falls higher than New York State's 60. There are three key areas of focus for improvement in Fulton County: the ratio of population to primary care physicians (3120:1), the percentage of population ages 16 and older unemployed but seeking work (4.4%), and child care costs for a household with two children as a percentage of median household income (39%).

Population Health and Well-being:

Fulton County rate of deaths among individuals under 75 is 9,900, which is higher than the New York State average (6,600).

When it comes to quality of life, Fulton County ranks on the higher end of the ARHN region. The average number of physically unhealthy days reported over the course of 30 days is 4.2, tied with Hamilton County and slightly higher than the New York State average (3.9). The percentage of live births with low birth weight in Fulton County (8%) is consistent with the ARHN region and the state average.

However, Fulton County has room for improvement in reducing the average number of mentally unhealthy days reported over the course of 30 days, which is 5.5 and higher than the New York State average (4.9). Additionally, the percentage of adults reporting fair or poor health in Fulton County is relatively high at 19%, exceeding the New York State average of 16% and surpassing all other counties in the ARHN region.

NYS Prevention Agenda Dashboard (Adirondack Rural Health Network, a program of the Adirondack Health Institute) 2025: All references to "benchmark" refer to the Prevention Agenda.

Binge drinking in Fulton County (15.3%) is lower than both the benchmark (16.4%) and Upstate average (16.1%), while the ARHN region has a slightly higher rate of 22.2%, pointing to higher levels of risky alcohol consumption across the region. Frequent mental distress is notably elevated in both Fulton County and ARHN (15.7% and 16.4% respectively) compared to the benchmark (10.7%).

The suicide mortality rate for Fulton County is (16.3), exceeding the benchmark of 7.0 and Upstate New York* (9.7).

Fulton County also experienced fewer adult hospitalizations due to falls than ARHN (135.4 and 158.5 respectively) and the benchmark (173.7), indicating lesser injury risks than the overall region. The infant mortality rate in Fulton County (7.9) and ARHN (6.5) are above the benchmark, emphasizing urgent public health concerns. The maternal mortality rate is 0.0, compared to the ARHN rate of 68.5. Opioid overdose deaths in Fulton County (34.1) and ARHN (25.8) are double the benchmark (14.3), however, higher rates of buprenorphine prescriptions (Fulton: 1,367.8, ARHN: 1,561.3, and Benchmark: 415.6) indicate increased access to treatment amid this crisis.

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Public health efforts on childhood immunization rates could be improved, as Fulton County's rate of 67.9% for children receiving the 4:3:1:1:3:3:1:4, is lower than the ARHN region (78.9%) and Upstate New York* (69.1%). Additionally, asthma-related emergency department visits for children aged 0–17 are significantly lower in Fulton County (48.7 per 10,000) and the ARHN region (38.92 per 10,000) compared to Upstate New York* (57.4 per 10,000), which may reflect better asthma management or environmental conditions.

Conversely, HPV vaccine completion rate among 13-year-olds is lower in Fulton County (15.6%) and the ARHN region (25.0%) than the benchmark (37.4%), indicating potential areas for improvement in vaccination efforts.

Adult and childhood obesity rates in Fulton County (33.8% and 15.5%) and ARHN (33.0% and 15.8%) exceed the benchmark of 24.2% and 13.0%. The percentage of adults who smoke in Fulton County is 24.3%, which is lower than Upstate New York* (26.5%) and higher than the benchmark of 15.3%. Adults also reported fewer multiple adverse childhood experiences (31.3%) in comparison to ARHN (42.6%) and the benchmark (33.8%).

Women aged 45 and older in Fulton County report more preventive medical visits (92.1%) than both ARHN (88.0%) and the benchmark (85.0%), while women aged 18-44 years (82.3%) are closely in line with the Prevention Agenda benchmark (80.6%), yet significantly higher than the ARHN region as a whole (56.3%).

Regarding sexually transmitted infections, chlamydia diagnosis rates in Fulton County (328.8) are significantly higher than the ARHN region (190.03) but both are lower than the Upstate New York* average (372.5), which may be influenced by differences in screening, reporting, or infection prevalence.

Community Health Indicator Reports (CHIRs):

Fulton County exhibits significantly higher rates than the Upstate New York* average in several key health indicators, including cardiovascular disease mortality (412.8 vs. 293.9 per 100,000), premature cardiovascular death (194.7 vs. 110.0), and pre-transport cardiovascular mortality (283.6 vs. 190.3).

The county also reports elevated rates of diabetes-related hospitalizations and mortality—22.6 per 10,000 and 35.9 per 100,000, respectively—compared to both the ARHN region (18.2 and 27.1) and New York State overall (20.3 and 25.3).

Emergency department usage is notably higher in Fulton County, with a total visit rate of 4,954.2 per 10,000 residents, compared to 3,302.1 in the ARHN region. Additionally, the unintentional injury hospitalization rate among adults aged 65 and older stands at 212.1 per 10,000—lower than both the ARHN average (280.7) and the statewide rate (260.5), indicating increased reliance on emergency services.

Among children aged 3–5, outpatient visits for dental caries are also more common in Fulton County (212.1 per 10,000) than in the ARHN region (130.2). Furthermore, the percentage of births to teens aged 15–19 is higher in the county (5.90%) compared to the ARHN region (2.9%), while births to women aged 35 years or older is less common, with Fulton County at 14.4% compared to Upstate New York* at 24.3%.

On the positive side, a greater proportion of infants in the county are exclusively breastfed in-hospital (52.1%) compared to Upstate New York* (47.8%), and cesarean rates among low-risk births are lower in Fulton County (27.3%) than in the ARHN region (30.2%).

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Behavioral Risk Factor Surveillance Survey (BRFSS):

Fulton County reports higher rates of poor mental health (14.4%), and current asthma (14.2%) compared to the broader ARHN region (13.3% and 12.5%, respectively). Additionally, a smaller percentage of adults in Fulton County (31.2%) consume less than one serving each of fruits and vegetables daily, indicating better dietary habits than ARHN (32.7%). However, Fulton County does have a slightly higher rate of daily sugary drink consumption (24.7%) compared to the ARHN region (21.6%).

Obesity is also more prevalent in Fulton County (33.8%) versus Upstate New York* (31.6%) and in line with ARHN (33.0%), underscoring ongoing challenges related to nutrition and increased risks for chronic conditions associated with unhealthy weight.

Both Fulton County (14.4%) and the ARHN region (12.4%) report significantly higher rates of poor physical health (defined as 14 or more days of poor health per month) compared to the Upstate New York* average (12.6%), highlighting a greater burden of physical health issues in these areas. Additionally, 32.10% of adults live with a disability, a rate higher than the ARHN region's 30.10% and Upstate New York* (25.80%).

Depressive disorder affects a larger percentage of adults in Fulton County (26.7%) compared to the ARHN (23.2%). Despite this, access to healthcare appears relatively strong, as adults aged 18-64 in Fulton County are more likely to have had a routine checkup in the past year (80.5%) than those in ARHN (75.9%), indicating better access to preventive healthcare in the county. The majority of adults in Fulton County (90.6%) and the ARHN region (90.5%) report having a regular healthcare provider, slightly higher than Upstate New York* (88.7%).

In terms of substance use, Fulton County is in line with ARHN for e-cigarette use (7.5% vs. 7.4%), reports lower rates for binge drinking (13.7% vs. 18.9%), and higher rates for cannabis over the course of 30 days (18.8% vs. 16.3%) Than ARHN.

NYS Maternal-Child Health:

Infant mortality is significantly higher in Fulton County (8.0 per 1,000 live births) than the Upstate New York* average (4.7 per 1,000 live births). Preterm birth rates are higher in Fulton County (11.00%) compared to both ARHN (9.7%) and Upstate (9.5%), indicating a significant health concern. In addition, 77% of expectant mothers in Fulton County sought out and utilized early prenatal care, closely aligning with ARHN's rate of 78.61%. Community programs also demonstrate areas of strength, with 57% of Fulton County residents served by optimally fluoridated systems, higher than both the ARHN region (26.93%) and Upstate New York* (48%). In addition, early intervention services in Fulton County are reported to be helpful by participating families, consistent with feedback across the ARHN region. Overall, Fulton County shows strengths in preventive care and water fluoridation but faces challenges related to infant mortality and prenatal care.

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NYS Student Weight Status Category Reporting:

In Fulton County, overweight rates among middle and high school males (13.14%) and elementary school males (14.89%) are slightly lower than those in the ARHN region (14.93% and 14.98%, respectively). Among females, Fulton County reports a marginally higher overweight rate for middle/high school students (19.04%) compared to ARHN (18.17%), while elementary school females in Fulton County (15.46%) have a slightly lower rate than ARHN (18.87%). Overall, Fulton County's youth show comparable or slightly lower rates of being overweight than the broader ARHN region. Among elementary students, obesity rates are slightly higher for females (Fulton, 24.74%, and ARHN, 22.23%), along with Fulton County males (25.77% vs. 24.88%). In middle/high school, Fulton County females have a significantly lower obesity rate (25.25%) compared to ARHN (35.15%), whereas male obesity rates are nearly the same (Fulton, 33.14%, and ARHN, 32.22%). These figures indicate Fulton County has similar or slightly better outcomes in youth obesity, particularly among middle/high school females.

NYS Tobacco Enforcement Compliance Results:

Fulton County has 61 registered tobacco vendors and, along with Washington County, is one of only two ARHN counties with zero sales to minors and no vendors fined or penalized.

USDA Food Environment Atlas:

Fulton County has more recreation and fitness facilities per 10,000 people (11.17) compared to the ARHN region (8.8) and Upstate New York* (13.2), indicating more access to opportunities for physical activity. Additionally, the county has a lower percentage of residents (3.5%) living with both low income and limited access to grocery stores compared to Upstate New York* (3.9%) and the ARHN region (6.0%).

Institute for Traffic Safety Report (ITSMR): Fulton County has a higher alcohol-related crash rate (12.44 per 10,000) compared to the ARHN region (9.33), but lower fatality rate (0.00 compared to ARHN, 0.07), indicating a need for education on impaired driving. For speed-related crashes, Fulton also reports a lower overall crash rate (27.95) versus ARHN (36.26) and a lower fatality rate (0.26 vs. 0.29 respectively), reflecting fewer and less deadly speed-related incidents than in the broader region.

Department of Criminal Justice Services Index, Property, and Violent Crime Report:

Fulton County's property crime rate stands at 1,013.4 incidents, with a violent crime rate of 186.3, which is higher than the ARHN regional average of 176.29. Firearm-related crimes in Fulton County are also higher than the ARHN region, with rates of 15.2 and 11.02, respectively. This indicates that while property crime is notable, violent and firearm-related crime in Fulton County are higher than regional levels.

Department of Health, Wadsworth Center:

Fulton County reported 11 positive rabies tests, from various animals, including: racoon, skunk, bat, cat, cattle, and fox, resulting in a positivity rate of 100.9 per 1,000 samples.

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G. COMMUNITY ASSETS AND RESOURCES

The following community assets, programs, and partnerships represent existing resources that support prevention, healthcare access, and social determinants of health across Fulton County and the surrounding region.

1. Public Health Policies and Environmental Supports

The Department of Health and Human Services, the Surgeon General, and the Community Preventive Services Task Force recommend fluoridation since fluoride has been found to prevent tooth decay. The fluoridation of community waters has also been found to be the most cost-effective method for diminishing tooth decay.

Under New York Law, smoking and vaping are prohibited at all state parks, playgrounds, hospitals, and healthcare facilities. The New York State Department of Health has continued to grant fund Catholic Charities of Fulton and Montgomery to work on tobacco-free policies in Fulton, Hamilton, and Montgomery counties. One of their projects is smoke-free multi-unit housing. The following buildings in Fulton County have policies: the Gloversville Housing Authority and Trackside Homes in Johnstown.

Another project focuses on smoke-free outdoor areas such as; parks, playgrounds, athletic fields, and beaches. tobaccofreehfm.org/atfc/ has a list of the following parks in Fulton County that are 100% tobacco-free: Gloversville city parks, Town of Johnstown, Mayfield Town Beach, and Parkhurst field.

2. Recreational and Built Environment Assets

Access to outdoor recreation is a community strength. According to Fulton County, NY's website, Fulton County is home to 44 lakes for fishing and 74,832 acres of wild forest for hunting. Hiking and mountain biking trails are in the Adirondack Park. The Powley-Piseco Road is described as one of the best seasonal roads in the Adirondacks and 8 miles of this trail are in Fulton County. Other biking opportunities exist on the FJ&G Rail Trail with two sections: Johnstown at Union Avenue traveling north to Dennie's Crossing, Gloversville, and Vail Mills to the village of Broadalbin. The FJ&G Rail Trail is a paved trail for biking, running, and walking.

Fulton County has its own downhill ski facility, Royal Mountain, which features snowmaking and speedy chair lift lines. There are 13 trails ranging from easy to very difficult and a terrain park. Lapland Lake Nordic Vacation Center in Northville/Benson, a cross-country ski facility, is one of the best in the country. There are 50 kilometers of scenic ski and snowshoe trails here surrounded by the pristine southern Adirondack Park. The Rockwood State Forest is a popular cross-country ski destination.

3. Health, Behavioral Health, and Substance Use Services

The Family Counseling Center's mission is "To ensure a broad range of superior quality, evidence based behavioral health and social services to our community." The center provides services for behavioral health, domestic violence, children, and family programs.

HFM Prevention Council seeks to "increase the health and wellness in Hamilton, Fulton and Montgomery Counties by preventing and reducing addiction disorders through education, recovery supports, supportive housing and community outreach." The organization provides substance abuse prevention, treatment, and recovery support.

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The New York State Office of Alcoholism and Substance Abuse Services (OASAS) website has a treatment provider directory search, bed availability dashboard, gambling treatment and prevention, developmental disability services, and resources for providers of clinical screening and assessment services for impaired driving offenders.

National Alliance on Mental Illness (NAMI) for Montgomery, Fulton & Hamilton Counties is a nonprofit that provides educational courses for parents, loved ones, caregivers, mental health professionals, and those with mental health disorders. These courses educate people and help them to develop skills on how to care for and manage mental health disorders.

Fulton, Montgomery, and Schenectady Cancer Services Program can assist in improving cancer screening rates (preventive care & management). They provide and assist with cancer screening, support, and information, including residents with limited or no income or health insurance.

Overdose Detection Mapping Application Program (ODMAP) is a surveillance program that maps overdose data with the goal of increasing public safety and public health interventions for increases or hotspots of overdoses. With the data, public health officials can better allocate resources and initiate preventive programs to help decrease the incidences of overdoses.

4. Social Services and Navigation Resources

Fulmont Community Action Agency's mission is "To improve and expand human services and programs in order to promote self-sufficiency and improve the quality of life of the socially and economically disadvantaged, as well as provide services to promote economic efficiency and stability in Fulton, Montgomery, and surrounding counties."

Catholic Charities of Fulton and Montgomery Counties provides various services to the community such as; domestic violence/crime victim services, substance abuse prevention, tobacco control, food pantry, and emergency assistance.

ADK Wellness Connections is a free referral network sponsored by the Adirondack Health Institute (AHI) made up of communities, social services, and health care providers working together to make it easier for the public to find and get connected to the resources they need to live a healthy life.

NY Connects Resource Directory helps individuals connect to services and supports, such as health care, basic needs, consumer assistance, education, environment, and public safety, income support and employment, individual and family life, mental health and substance abuse, organizational/community/international services, and criminal justice and legal services. Individuals can also browse by targeted characteristics or demographics.

Fulton County has a directory of local services available on its website at fultoncountyny.gov.

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The Neighborhood Engagement Unit (NEU) is a collaboration including many community organizations and agencies including FCPH, Fulton County Office for the Aging, HFM Prevention Council, Family Counseling Center, Fulton County Emergency Management Office, Gloversville Police Department, Fulmont Community Action Agency, churches, Planned Parenthood, Mental Health Associations of Fulton and Montgomery Counties, National Guard Counterdrug Program, Gloversville Fire Department, New York Connects, Fulton County District Attorney's Office, Northeast Problem Gambling Resource Center, and Glove City Coalition. Together NEU holds events in various parts of Gloversville to offer topics on a variety of health, safety, and well-being. Attendees have been afforded the opportunity to be trained to use Narcan, have STD testing anonymously, and get assistance with health insurance.

Eldercare Locator, a public service of the U.S. Administration on Aging connects individuals to services for older adults and their families on the web. Eldercare also has a toll-free number 1-800-677-1116.

Fulton County Office for the Aging provides services and programs to assist people to live independently.

Lifeline, a Personal Emergency Response System, allows elderly residents and those who may require assistance the comfort and security of a 24-hour response in case of emergency. This landline-based system is still relevant and important due to a regional lack of access to Wi-Fi and reliable cellular service.

5. Disability and Special Population Resources

The ARC Lexington “provides services and supports in Fulton and Albany Counties to approximately 1,300 children and adults with intellectual and developmental disabilities, including autism, mental illness, cerebral palsy, physical disabilities, epilepsy, and traumatic brain injuries.”

The Paul Nigra Center for Creative Arts provides classes, entertainment, exhibitions, special events, and a creative education resource for people of all ages and abilities. It is committed to offering accessible art programs for adults and children with developmental and physical differences.

6. Healthcare Delivery and Hospital-Affiliated Services

NLH provides a full array of inpatient and outpatient services including medical/surgical, pediatrics, obstetrics and gynecological services, nutritional counseling, oncology/infusion therapy, patient education, diabetic teaching, rehabilitative medicine, women's health, and respiratory care as well as CT scans, including PET and colonoscopy, nuclear medicine procedures, and bone density testing. They added a robust gastroenterology specialty in the past seven years thereby increasing access to an underserved community. They also offer a comprehensive orthopedic specialty and regularly conduct spine surgeries. A new robotic spine system was purchased in 2022. Stereotactic breast biopsy systems and digital mammography are utilized at their facility. The Emergency Room is open 24 hours per day and sees most of the community's emergent cases. They employ about 1,000 individuals and have 75 practitioners on staff. NLH is the second largest employer in Fulton County.

NLH is also affiliated with Community Health Center (CHC) and Home Health Care Partners. The home health care agencies service clients in Fulton and Montgomery counties who require short-term as well as long-term care in the home. Additional services such as therapy, housekeeping, and dietary consultation are also available. CHC was founded through collaboration with St. Mary's Hospital of Amsterdam. Home Health Care Partners provides private duty nursing, sitters/companions, and housekeeping services, and is affiliated with CHC.

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H. COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP) /COMMUNITY SERVICE PLAN (CSP)

1. Stakeholder Engagement and Priority Selection Process

To ensure that priority areas identified in this Community Health Assessment (CHA) reflect both quantitative data and lived experience across the region, Nathan Littauer Hospital participated in a regional stakeholder engagement process facilitated by the Adirondack Rural Health Network (ARHN). As the designated convener of community health planning across Clinton, Essex, Franklin, Fulton, Hamilton, Warren, and Washington Counties, ARHN administered a comprehensive stakeholder survey in early 2025 to gather input from healthcare providers, public health professionals, educators, social service agencies, local governments, and community-based organizations. The survey was developed and refined by the ARHN CHA Data Subcommittee to align with the emerging 2025–2030 New York State Prevention Agenda, with particular emphasis on Social Determinants of Health and Health Care Access and Quality.

A total of 307 stakeholders responded, representing a 34.5% response rate from 889 identified community stakeholders across the region. Respondents represented a diverse range of sectors, including education, healthcare, public health, local government, and social services, with over 50% identifying as administrators or directors, reflecting decision-making and system-level perspectives. Stakeholders were asked to identify top health concerns, contributing factors, populations experiencing the poorest health outcomes, and priority areas within each Prevention Agenda domain that their organizations were best positioned to support. This structured process ensured that selected priorities were informed by both perceived community need and feasibility for collaborative action.

2. Priority Areas and Rationale

Within the Health Care Access and Quality domain, several of the selected priorities ranked highly both regionally and within Fulton and Hamilton counties. Preventive Services (including immunizations, screenings, and follow-up care) was identified by 36.73% of respondents (83 individuals) as a key priority area. Preventative Services for Chronic Disease Prevention and Control was similarly emphasized, selected by 31.42% of respondents (71 individuals). While Access to and Use of Prenatal Care received a lower overall percentage (14.16%, 32 respondents) compared to other priorities, it was nonetheless identified as a meaningful concern, particularly in rural counties with higher proportions of low-income and younger birthing persons.

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3. Priority Action Plans

NYS Prevention Agenda Priority: Healthcare Access & Quality

Focus Area 1: Access to and Use of Prenatal Care

Objective: 25.0 Increase the percentage of birthing persons who receive prenatal care during the first trimester from 80.7% to 83.0%.

Disparity Focus Area(s):

Pregnant mothers in their first trimester

Lower rates of first-trimester prenatal care among individuals with lower income levels

Younger birthing persons, including adolescents and young adults

Interventions	Process Measures	Partner Roles and Resources
<ul style="list-style-type: none"> Provide screenings to prenatal and postpartum patients using validated tools, for example: Pregnancy Risk Assessment; Perinatal Risk Assessment (PRA); Antepartum Risk Score (APRS); Rotterdam Reproductive Risk Reduction (R4U); Maternal Venous Thromboembolism (VTE) Risk Assessment (367) 	<ul style="list-style-type: none"> Number of prenatal and postpartum patients screened using validated tools Percentage of birthing persons receiving prenatal care in the first trimester Percentage of first prenatal visits occurring within the first trimester 	<p><i>Hospital:</i></p> <ul style="list-style-type: none"> Implement validated prenatal and postpartum screening tools (PRA, APRS, R4U, VTE risk assessment) during initial and follow-up visits Ensure early pregnancy identification through OB/GYN and primary care encounters Provide care coordination and referrals for high-risk patients Track and report screening completion and first-trimester visit data <p><i>Local Health Department (Fulton):</i></p> <ul style="list-style-type: none"> Support outreach and education efforts targeting younger birthing persons and low-income populations Assist with data sharing and community-level surveillance Coordinate maternal health education initiatives

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NYS Prevention Agenda Priority: Healthcare Access & Quality

Focus Area 1: Preventative Services for Chronic Disease Prevention and Control

Objective: 30.0 Increase the percentage of adults aged 35 years and older who had a test for high blood sugar in the past year from 78.1% to 82.4%.

Disparity Focus Area(s):

Adults aged 35 years and older

Lower screening rates among individuals with lower income levels

Lower awareness of diabetes and prediabetes risk

Interventions	Process Measures	Partner Roles and Resources
<ul style="list-style-type: none"> (Chronic Disease, generally) Expand screening for social care needs among all adults and those with chronic diseases (prediabetes, diabetes, hypertension, cancer screening), and provide referrals to appropriate community resources and supports. (419) 	<ul style="list-style-type: none"> Percentage of adults aged 35+ who received a blood glucose or HbA1c test within the past 12 months Percentage of eligible adults offered blood glucose or HbA1c testing during visits Provider adherence to preventive screening guidelines for adults aged 35+ 	<p><i>Hospital:</i></p> <ul style="list-style-type: none"> Integrate routine blood glucose and HbA1c screening into primary care and specialty visits for adults aged 35+ Expand current screening for social care needs (e.g., food insecurity, transportation, housing instability) among patients with or at risk for chronic disease Coordinate referrals to internal and community-based resources for patients with identified social or clinical needs Track and report screening and referral metrics <p><i>Local Health Department (Fulton):</i></p> <ul style="list-style-type: none"> Support community education and awareness initiatives related to diabetes prevention Share population-level data to identify gaps in screening and disparities by income or geography Collaborate on outreach strategies targeting underserved populations

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NYS Prevention Agenda Priority: Healthcare Access & Quality

Focus Area 1: Preventative Services

Objective: 36.0 Increase the up-to-date seven-vaccine immunization rate for children 24-35 months from 59.3% to 62.3%.

Disparity Focus Area(s):

Children (aged 24-35 months)

Lower immunization rates among children from low-income households

Lower vaccine confidence among parents with limited health literacy

Limited coordination between healthcare providers and schools or childcare settings

Interventions	Process Measures	Partner Roles and Resources
<ul style="list-style-type: none"> Deliver evidence-based programming to schools to help combat the spread of anti-vaccination communication, restore parent's vaccine confidence and improve student vaccine compliance. (455,456) 	<ul style="list-style-type: none"> Percentage of children aged 24–35 months who are up-to-date on the seven-vaccine series Number and percentage of schools or early childhood programs receiving evidence-based immunization education Percentage of parents/caregivers participating in vaccine education sessions 	<p><i>Hospital:</i></p> <ul style="list-style-type: none"> Support evidence-based vaccine education programming aimed at improving parental confidence and understanding Collaborate with pediatric and family practice providers to promote on-time vaccination Use EHR system to identify children who are overdue for immunizations and support reminder/recall efforts Track immunization rates and participation in education initiatives <p><i>Local Health Department (Fulton):</i></p> <ul style="list-style-type: none"> Provide subject-matter expertise and educational materials related to immunizations Assist with immunization surveillance and data sharing Collaborate on school- and childcare-based vaccine education initiatives

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NYS Prevention Agenda Priority: Healthcare Access & Quality

Focus Area 1: Preventative Services

Objective: 37.0 Increase the percentage of 13-year-old adolescents with a complete Human Papillomavirus (HPV) vaccine series from 25.7% to 28.7%.

Disparity Focus Area(s):

Children and adolescents aged 9 - 13 years

Adolescents without an established primary care provider(s), resulting in fewer well-child visits and fewer vaccination opportunities.

Limited awareness about HPV, cancer prevention benefits, vaccine safety, and age-based eligibility.

Residents in rural areas with fewer pediatric practices and specialty vaccine clinics.

Interventions	Process Measures	Partner Roles and Resources
<ul style="list-style-type: none"> • Implement evidence-based interventions as listed in the Community Guide to increase HPV vaccine rates using small media to promote awareness, establish provider reminder and recall systems in clinics, and use patient navigators to address patient barriers. (458,459) • Partner with community-based organizations, local governments, and vaccine providers to increase community demand for vaccines through community outreach strategies including reminder and recall systems and home visits. (458) 	<ul style="list-style-type: none"> • Number of adolescents (ages 11–13) who complete the full HPV vaccine series at NLH Primary/Specialty Care practices. • Percentage of eligible adolescents who complete the HPV series by age 13. • Reduction in missed vaccination opportunities. 	<p><i>Hospital:</i></p> <ul style="list-style-type: none"> • Recommend HPV vaccination in primary care practices consistently and strongly at ages 9–13, emphasizing cancer prevention benefits • Implement evidence-based interventions including: Small media campaigns to promote HPV vaccine awareness and cancer prevention, provider reminders and recall systems within clinical settings, and patient navigation to address access barriers and missed opportunities. • Utilize EHR tools to identify adolescents who are due or overdue for HPV vaccination • Track completion rates, missed opportunities, and follow-up actions <p><i>Local Health Department (Fulton):</i></p> <ul style="list-style-type: none"> • Support community-wide HPV vaccine education and outreach • Provide evidence-based educational materials and technical assistance • Assist with data sharing, surveillance, and coordination with NLH, county school(s) and community partners

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Justification of Unaddressed Health Needs

Through the review of quantitative data, qualitative stakeholder input, and Prevention Agenda indicators, several additional health needs were identified within the community, including mental health, substance use, injury prevention, housing stability, and food insecurity. While these needs are recognized as significant and ongoing concerns, they were not selected as priority focus areas for this planning cycle due to capacity limitations, the scope of hospital-led interventions, and the presence of existing community partners actively addressing these issues. Nathan Littauer Hospital will continue to support and collaborate with community-based organizations and public health partners working in these areas, while focusing hospital resources on priority areas where the organization can have the greatest measurable impact.

Dissemination of the Community Health Assessment and Community Service Plan

Nathan Littauer Hospital & Nursing Home will disseminate the Community Health Assessment and Community Service Plan to the public and key stakeholders through multiple channels. The finalized documents will be made available on the hospital's website and shared with community partners, local public health agencies, and regional stakeholders. Findings and priorities will also be communicated internally to hospital leadership and staff to support implementation. Members of the public may access the CHA/CSP on the hospital's website, and may request copies of the CHA and CSP through the hospital, ensuring transparency and accessibility of the assessment process.

Monitoring and Mid-Course Corrections

Progress toward Community Service Plan objectives will be monitored on a regular basis through internal data review, program tracking, and collaboration with community partners. Performance measures identified in each action plan will be reviewed at least annually to assess progress toward stated targets. Findings from these reviews will be used to identify implementation challenges, assess effectiveness, and inform any necessary mid-course adjustments to strategies or interventions. Adjustments may include modifying outreach approaches, strengthening partnerships, or reallocating resources to better address identified barriers, while maintaining alignment with Prevention Agenda objectives.

Conclusion

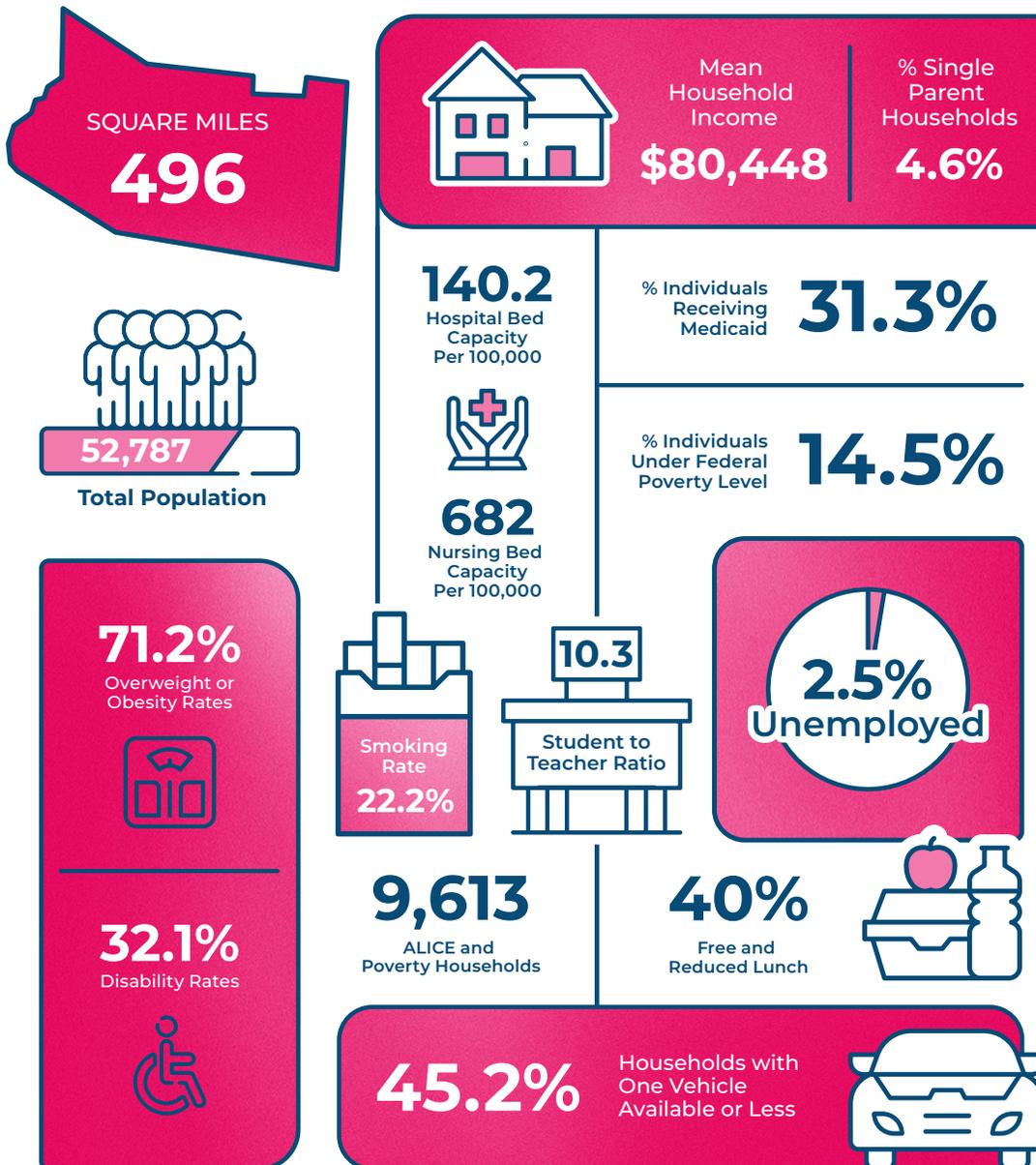
The selection of Access to and Use of Prenatal Care, Preventive Services for Chronic Disease Prevention and Control, and Preventive Services with a Focus on Infant Health is directly supported by stakeholder input gathered through a robust, regionally coordinated engagement process. These priorities align with the Health Care Access and Quality domain of the NYS Prevention Agenda and reflect both the most pressing needs identified by stakeholders and the areas where hospitals and community partners are best positioned to make measurable impact. By grounding priority selection in stakeholder perspectives, social determinants of health, and feasibility for action, the CHA ensures that identified priorities are responsive, evidence-based, and positioned to advance health equity across the service area.

Each selected priority area directly incorporates social determinants of health, including income, transportation, housing stability, food access, and health literacy, through routine screening, referral to community resources, and care coordination strategies.

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I. FULTON COUNTY DATA SNAPSHOT

Fulton County | Data Snapshot



**Infographic and Data provided by the Adirondack Rural Health Network, a program of Adirondack Health Institute*

DATA SOURCES

The information above is comprised of a blending of multiple data sources, including: U.S. Census Bureau, American Community Survey, 2020; United for ALICE, 2022; American Community Survey, 2022 and 2023; NYS Department of Health, NYS Health Profiles, 2025; NYS Education Department (NYSED), 2023-2024; Community Health Indicator Reports (CHIRs), 2025; NYS Behavioral Risk Factor Surveillance System (BRFSS), 2023; NYS DOH Prevention Agenda Dashboard, 2025. This document was created in 2025, by the Adirondack Rural Health Network, a program of AHL.