

SARATOGA COUNTY PUBLIC HEALTH



Community Health Assessment

2010 – 2013

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Community Health Assessment Guidance and Format 2010 – 2013

Introduction and Background

Community health assessment is a core function of public health agencies and a fundamental tool of public health practice. Its aim is to describe the health of the community by presenting information on health status including epidemiologic and other studies of current local health problems, community health needs, health care and community resources. It seeks to identify target populations that may be at increased risk of poor health outcomes and to gain a better understanding of their needs, as well as assess the larger community environment and how it can help play a role in addressing the health needs of individuals in the community. The community health assessment process also identifies those areas where better information is needed, especially information on health disparities among different subpopulations, quality of health care, and the occurrence and severity of disabilities in the population. Community health assessment is a continuous, interactive local process. The goal of producing a CHA and submitting it at one point in time is not the production of a static document. The process involves continuously scanning the local health environment for changes in conditions and emerging health issues.

The Community Health Assessment (CHA) should be the basis for all local public health planning, including that required by the Municipal Public Health Services Plan (MPHSP). PHL §602 describes community health assessment as one of the five basic service areas described by the MPHSP and conducted by each local health department (LHD). The CHA document should be programmatically linked with its corresponding MPHSP and submitted as part of the MPHSP for the same time period. Each program in the MPHSP must be supported by data, analysis, and statement of need in the CHA. This is especially important when a LHD is conducting a public health program that is not defined by Part 40 of Title 10 of the New York State Codes Rules and Regulations.

An important aspect of the CHA is the interpretation and communication of community data by the LHD. LHDs are encouraged to use the data made available by the State Health Department via the public website or other sources, as well as to generate local data when appropriate and important to understanding local issues. The CHA requires that the LHD analyze and explain the meaning of the data and use this information in a meaningful way to plan for future public health services, which are described in the MPHSP.

PREVENTION AGENDA TOWARD THE HEALTHIEST STATE

A CHA gives LHDs the opportunity to identify and interact with other health care providers, key community leaders, organizations, and interested residents about health

priorities and concerns. This community/public health planning process can form the basis of improving the health status of the community. The Prevention Agenda toward the Healthiest State (“Prevention Agenda”), launched in April 2008, is a public health initiative to focus the state and its communities on public health and primary and secondary prevention. It supports the goals of collaborative community health planning by establishing statewide public health priorities and asking LHDs and their health care and community partners to work together to achieve them. See reference 1.

LHDs have always been seen in the critical role as convener of community partners in collaborations aimed at improving the health of their community. The Prevention Agenda reinforces the LHD role and gives hospitals an equally important role as co-convener. LHDs and hospitals are required by PHL to assess the health of the community through the CHA and Community Service Plan (CS), respectively. The Prevention Agenda solidifies this partnership by asking LHDs and hospitals to work with community partners to identify 2 – 3 priority areas on which they will focus their improvement efforts. These community collaborations should include health care providers and insurers; community-based organizations; businesses, labor and work sites; schools, colleges and universities; government; industry; and the media. In some parts of the state, a regional approach may be desirable. In this case, the LHD should reach out to other health departments and regional resources.

In addition to documenting the health of the community, the CHA can have several other purposes for local health department and the NYS DOH:

- Planning for and evaluation of programs;
- Cataloging multiple health-related activities taking place within the community;
- Justifying budget appropriations and program development;
- Providing the public with information about community health needs;
- Determining staffing needs;
- Reporting on important health outcome measures;
- Providing technical assistance to other agencies;
- Providing needs assessment for categorical grants;
- Enabling LHDs to identify activities to be undertaken by community partners or in partnership with other agencies to demonstrate improvement in the health of the community; and
- Documenting fulfillment of legal and regulatory requirements.

Key Feature of the 2010 – 2013 Community Health Assessment

The term of the written CHA document is four years, which coincides with the four-year term of the Municipal Public Health Services Plan.

ACKNOWLEDGEMENTS

1. Saratoga Hospital continues to be a valuable partner with whom we work closely to assess the health of our community. Saratoga Hospital joined with the Adirondack Rural Health Network (ARHN) to assist with the collaboration of the regional hospitals, taking a leadership role in the hospital sub-committee. Through this effort, they completed their Community Services Health Plan 2009. The report can be viewed at www.saratogacare.org.
2. Adirondack Rural Health Network (ARHN) did the organization and facilitation of the collaborative approach the members took to complete the Community Health Assessment (CHA) and the Community Services Plan (CSP).

Participating Hospitals:

Adirondack Medical Center
Glens Falls Hospital
Nathan Littauer Hospital

Elizabethtown Community Hospital
Moses-Ludington Hospital
Saratoga Hospital

Participating Counties:

Essex County Public Health
Hamilton County Public Health
Warren County Public Health

Fulton County Public Health
Saratoga County Public Health
Washington County Public Health

Multiple community partners assisted with the process.

The committee was supported by the work of the ARHN staff, Strategy Solutions, and Holmes & Associates as research consultants.

The supporting documents can be downloaded at:

www.arhn.org/regional-health-assessment.php

DEFINITIONS

Adirondack Rural Health Network (ARHN): The Adirondack Rural Health Network is a community partnership of 16 public, private, and non-profit organizations in five counties in Upstate New York – Warren, Washington, Essex, Hamilton, and Northern Saratoga. Its membership includes hospitals, assisted living facilities, community health centers, all five public health agencies, regional emergency medical services, and mental health agencies.

Behavioral Risk Factor Surveillance System (BRFSS): An annual statewide, random-digit dialing (RDD) telephone survey of adults 18 years and older. This system will assess prevalence and monitor trends in Behavioral Risk Factors and the utilization of preventive care services associated with the leading causes of illness, injury and death in the population. The BRFSS is conducted by the New York State Department of Health.

Community Health Assessment (CHA): A comprehensive assessment that collects, integrates, and analyzes health statistics and identifies problems, available resources, and needed public health services. It is the basis for all local public health planning, including that required by the Municipal Public Health Services Plan (MPHSP).

Prevention Agenda Toward The Healthiest State: A public health initiative launched in 2008 to focus the state and its communities on public health and primary and secondary prevention.

Healthy People 2010: A set of health objectives for the nation to achieve over the first decade of this century.

New York State Department of Health (NYSDOH): Lead agency for public health activities throughout New York State.

Regional Community Health Assessment (RCHA): The community health assessment conducted by the Adirondack Rural Health Network over a one-year period from September 2003 through September 2004.

DATA

ARHN

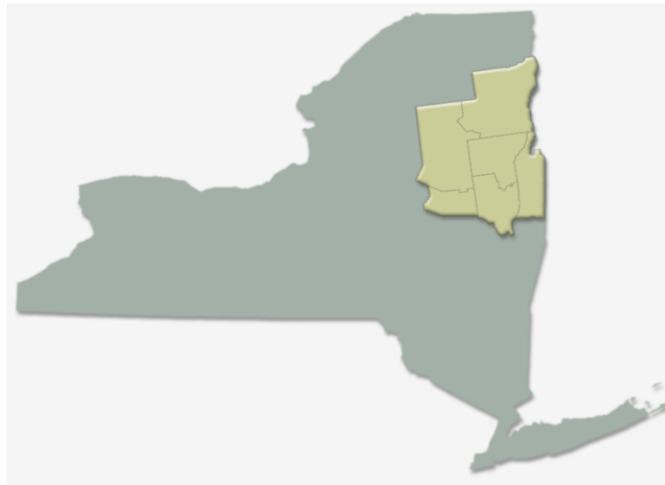
www.arhn.org/regional-health-assessment.php

The report posted here, “*Building a Healthy Community: Health Assessment and Community Service Plan 2009*,” has three parts:

1. The ARHN CHA - a compilation of health care data and analysis regarding the health status of the residents of the region and of each county.
2. Community Health Assessment for each of the six ARHN counties
3. Community Service Plans for the six ARHN hospitals

Also posted on the site are:

- 2009 ARHN CHA Report
- 2009 CHA Executive Summary



Introduction

Saratoga County Public Health has completed a Community Health Assessment (CHA) for the years 2010-2013, as a systematic, statistically driven document to assist in the determination of the health status of Saratoga County. This document will support the New York State Department of Health (NYSDOH), New York State Commissioner of Health, on the new initiatives of the Prevention Agenda.

The Prevention Agenda identifies ten priorities for improving the health of all New Yorkers and asks that communities work together to address them. We know that prevention works; and working with these ten priority areas, we can work toward the goal of keeping people healthy and reducing the need to provide care when they get sick.

The Prevention Agenda identified another goal - the need for community members and organizations to begin to develop strategies and relationships to work collaboratively on health priorities with the populations served, to improve the overall health status of a community, group, or region.

In 2009, Saratoga County Public Health partnered with the Adirondack Rural Health Network (ARHN) to participate in this new public health initiative to support the New York State Commissioner of Health's statewide mission to improve the health of all New Yorkers. The initiative has compelled the members to integrate traditional medical services with public health interventions that stimulate positive behavioral changes to improve health status.

Facilitated by the ARHN, regional hospitals and counties participated in a collaborative approach to community health assessment and planning and began to document those efforts in their CHAs and Community Services Plans (CSP). ARHN members worked together to address the Commissioner's Public Health Priorities identified in the Prevention Agenda "*Toward the Healthiest State.*" By participating in this public health effort, the counties and hospitals support the overall goals of the NYSDOH, which are to focus on primary/secondary disease prevention, promote access to quality health care services and eliminate health care disparities where they exist.

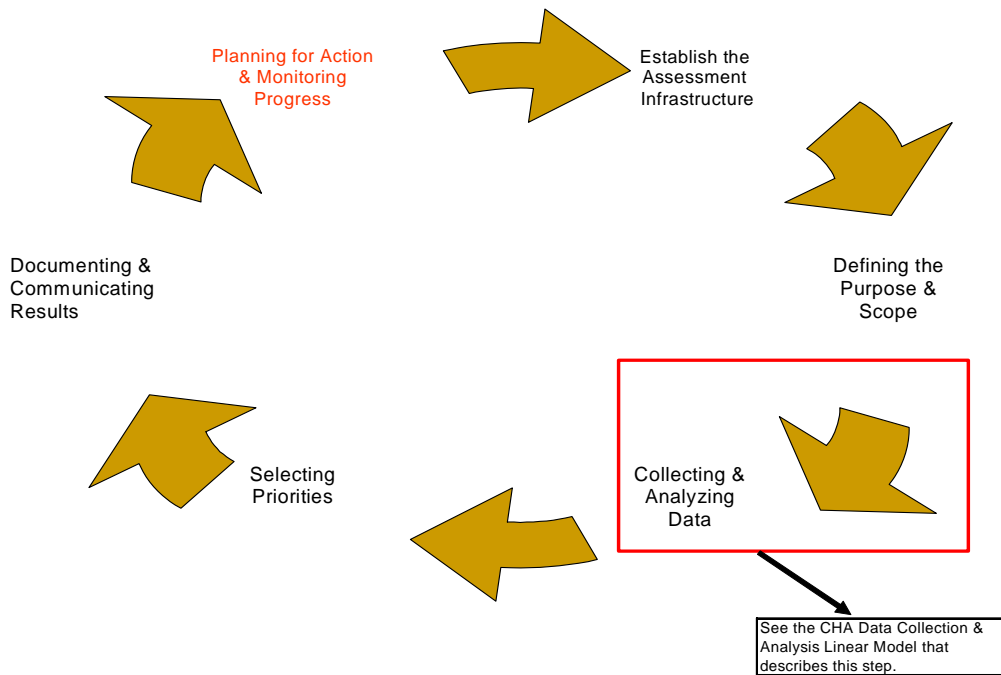
As the facilitating agency, ARHN provided a forum where the community partners could come together to effectively collaborate and provide resources for the development of each county's Community Health Assessment and each hospital's Community Services Plan.

Between planning periods, new health issues can arise, a serious disease outbreak can occur, or a county may have an emergency situation. Rather than being a distinct activity that occurs only at specific points in time, for example, once every four years, the Community Health Assessment and the Community Services Plan in this area are an ongoing process.

Diagram 1 shows the process, beginning with establishing the infrastructure (meeting locations, schedule, staff, etc.) and defining the purpose and scope of the current CHA.

Diagram 1

COMMUNITY HEALTH ASSESSMENT CORE PROCESS STEPS

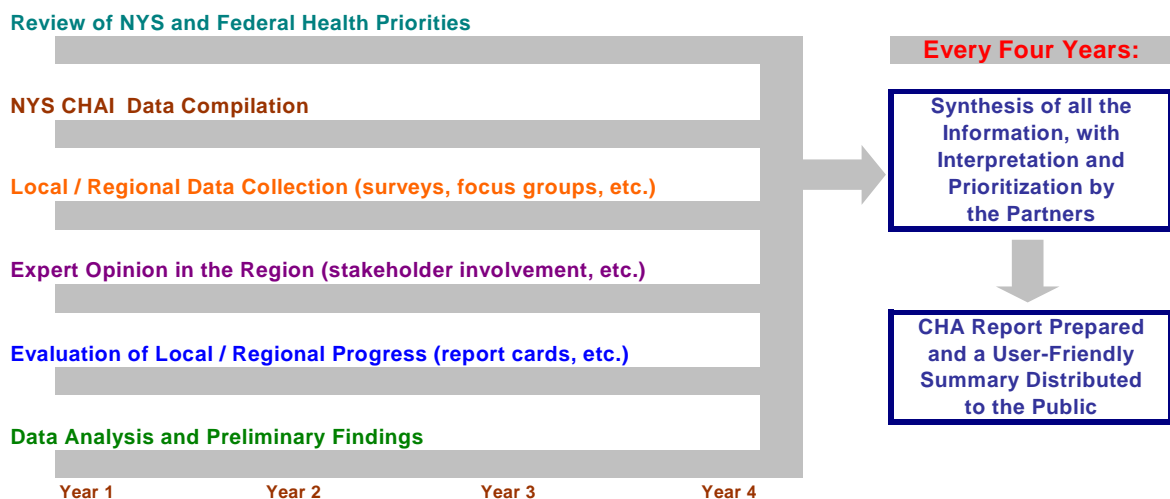


The core of the CHA and CSP process is Collecting and Analyzing Data. This process helps the committee identify what the data are indicating as the health issues of most concern. These findings are usually the basis for subsequent priority setting, gap analysis, identification of additional data needs, the setting of action items, and the development of monitoring procedures to measure change over time. Those steps complete the CHA and CSP process.

Given the importance of collecting and analyzing data to the entire CHA and CSP process and recognizing that it is a multi-year process rather than a unique activity that occurs periodically, *Diagram 2* expands data collection and analysis into six distinct activities. At any point in the process, each of the six data activities could be occurring simultaneously. At other times, the committee and staff will focus on only one or two activities. Each of the six data collection/compilation activities can result in new information or new insights; and together, they help to illuminate the most pressing of our community health issues.

Diagram 2

A Linear CHA Model for the ARHN showing Annual, Concurrent Work under each of Six Main CHA Data Collection Activities



It was agreed early on in the process that ARHN would prepare a comprehensive collection and analysis of data regarding the health issues and needs in Essex, Fulton, Hamilton, Saratoga, Warren and Washington Counties. This report entitled “*Building a Healthy Community, Health Assessment and Community Service Plan, September 2009,*” has three parts:

- A compilation of health care data and analysis regarding the health status of the residents of the Region and each county therein.
- Appendices 1 – 6, which are the Community Health Assessments for the six ARHN counties.
- Appendices 7 – 12, which are the Community Service Plans for the six ARHN hospitals.

Saratoga County Public Health

A strong public health system is considered essential for communities to realize improvements in health. Saratoga County Public Health envisions our role to be a collaborative leader at the regional and community level to improve the health status of our county residents, with the increased emphasis on prevention.

The goal of the Prevention Agenda is to prevent health problems before they occur or before they worsen.

The Prevention Agenda priorities are:

- Access to Quality Health Care
- Chronic Disease
- Community Preparedness
- Healthy Environment
- Healthy Mothers, Healthy Babies, Health Children
- Infectious Disease
- Mental Health and Substance Abuse
- Physical Activity and Nutrition
- Tobacco Use
- Unintentional Injury

Keeping people healthy by preventing illness makes much more sense than having to treat them when they are sick. Community-based prevention activities can have a return on investment through savings in health care costs.

Saratoga County Public Health - Mission Statement:
To assess, improve and monitor the health status of our community

Saratoga County Public Health – Vision:
A healthy Saratoga County

Saratoga County Public Health, Capacity Profile

Saratoga County Public Health is a Partial Service Health Department. Environmental services are provided via the NYSDOH District Office in Glens Falls, New York. Public Health provides a Certified Home Health Care to residents, along with five other Certified Home Health Agencies. The Agency employs 72 full and part-time staff, which includes field nurses, administrative and office staff. There are a number of contracted staff, including physical therapists, occupational therapists, speech therapists, nutritionist, medical social workers and home health aides. The department also offers a Long Term Home Health Care Program.

The Saratoga County Public Health Department is responsible for communicable disease surveillance, Tuberculosis control, health education activities, lead poisoning prevention activities, STD, Immunizations, maternal and child health services and Emergency Preparedness.

The Department oversees the Early Intervention Program which provides services for children birth to 3 years who have developmental disabilities. Child Find and the Children with Special Health Care Needs (CSHCN) programs also fall into this area.

The Department is in touch with the needs of the community and collaborates with other programs and services in the community. Statistical data, as it relates to communicable disease, STDs, TB, rabies and lead, is entered into the NYSDOH Health Information Network (HIN) database daily. Saratoga County Public Health participates in the ARHN, Saratoga County Community Preparedness Committee, Cities' Readiness Initiative, and many other regional and local groups to facilitate the needs of the county residents.

See the following page for Saratoga County Public Health's Organization Chart.

Saratoga County – Demographic and Health Status Information

Saratoga County is located in northern New York State. Even with the current economic state of affairs, it is still called one of the most rapidly growing counties in the State. Saratoga County has 218,066 residents estimate for 2009, the resulting growth of 8.7% from 2000 to present. The county consists of 811.84 square miles.

On February 7, 1791, Saratoga County was formed from its parent, Albany County. Within the county's borders are the Adirondack Mountains, the Kayaderrossas and Sacandaga Rivers, numerous lakes and streams, and rolling farmland. The Hudson River forms the eastern and northern boundary of the county, and the Mohawk River, the southernmost boundary. Originally, Saratoga County had four towns: Ballston, Stillwater, Halfmoon and Saratoga. Today, there are nineteen towns and two cities. Warren, Washington, Rensselaer, Albany, Schenectady, Montgomery, Fulton and Hamilton Counties all border Saratoga County. The Adirondack Northway (Rt.87) runs through the county, providing direct access to the Canadian border. There are a wide variety of concentrations of population, from the more rural townships (Edinburg, Hadley and Day), to the cities of Saratoga Springs and Mechanicville, to the more suburban areas (Clifton Park). Intensities of population vary by season. During the summer, the population soars as Saratoga County is home to the Saratoga Thoroughbred Racing Track, Saratoga Performing Arts Center and many camps and recreational facilities.

For a breakdown of population by race and sex for 2009, per estimated data (Claritas, 2009) see the following page.

Pop-Facts: Population Quick Facts Report

ARHN Demographic Data

County, (see appendix for geographies), aggregate

Description	Total County	%
Population		
2014 Projection	227,184	
2009 Estimate	218,066	
2000 Census	200,635	
1990 Census	181,276	
Growth 2009 - 2014	4.18%	
Growth 2000 - 2009	8.69%	
Growth 1990 - 2000	10.68%	
2009 Est. Population by Age		
	218,066	
Age 0 - 4	11,982	5.49
Age 5 - 9	12,710	5.83
Age 10 - 14	13,866	6.36
Age 15 - 17	9,268	4.25
Age 18 - 20	8,350	3.83
Age 21 - 24	11,062	5.07
Age 25 - 34	29,200	13.39
Age 35 - 44	32,579	14.94
Age 45 - 49	17,768	8.15
Age 50 - 54	16,535	7.58
Age 55 - 59	14,756	6.77
Age 60 - 64	12,341	5.66
Age 65 - 74	14,966	6.86
Age 75 - 84	9,056	4.15
Age 85 and over	3,627	1.66
Age 16 and over	176,361	80.88
Age 18 and over	170,240	78.07
Age 21 and over	161,890	74.24
Age 65 and over	27,649	12.68
2009 Est. Median Age		
	38.87	
2009 Est. Average Age		
	38.84	

(Continued on next page)

Description	Total County	%
2009 Est. Population by Single Race Classification	218,066	
White Alone	206,143	94.53
Black or African American Alone	3,669	1.68
American Indian and Alaska Native Alone	456	0.21
Asian Alone	3,651	1.67
Native Hawaiian and Other Pacific Islander Alone	50	0.02
Some Other Race Alone	1,284	0.59
Two or More Races	2,813	1.29
2009 Est. Population Hispanic or Latino	218,066	
Hispanic or Latino	4,606	2.11
Not Hispanic or Latino	213,460	97.89
2009 Est. Population by Sex	218,066	
Male	107,849	49.46
Female	110,217	50.54
Male/Female Ratio		0.98

Ethnicity and Race

The ARHN area's current estimated Hispanic or Latino population is 2.1%, Saratoga County is at 2.0%, and United States' current estimate is 15.5%. In Saratoga County, 95.4% of the population are White, Black population 1.7%, Asian population 1.6% and American Indian population 0.2%. Foreign born persons, 3.0% within the county. Language, other than English spoken at home, for residents over the age of 5 years, 5.3%.

Ethnicity and Race Percentage of Population by Age Group for the six-county ARHN area is listed below for 2009:

ARHN 6-County Area - Percentage of Estimated Population (2009)								
Percentage of Population by Age	Hispanic or Latino	White Alone	Black or African American Alone	American Indian or Alaska Native Alone	Asian Alone	Native Hawaiian and other Pacific Isl. Alone	Some Other Race Alone	Two or More Races
Total	2.1%	94.8%	1.9%	0.2%	1.2%	0.0%	0.6%	1.2%
Age 0 - 4	3.6%	92.6%	1.7%	0.3%	1.5%	0.1%	1.0%	2.9%
Age 5 - 9	3.2%	92.8%	1.6%	0.3%	1.7%	0.0%	0.8%	2.7%
Age 10 - 14	2.9%	93.6%	1.5%	0.4%	1.6%	0.1%	0.8%	2.0%
Age 15 - 17	3.1%	92.9%	2.3%	0.3%	1.8%	0.0%	0.7%	1.9%
Age 18 - 20	3.9%	90.5%	3.7%	0.4%	2.1%	0.0%	1.4%	1.9%
Age 21 - 24	3.7%	91.0%	4.2%	0.3%	1.5%	0.0%	1.2%	1.6%
Age 25 - 34	3.4%	92.4%	3.5%	0.2%	1.5%	0.0%	1.2%	1.1%
Age 35 - 44	2.3%	94.1%	2.7%	0.2%	1.2%	0.0%	0.8%	1.0%
Age 45 - 49	1.4%	96.2%	1.5%	0.2%	1.0%	0.0%	0.4%	0.8%
Age 50 - 54	1.0%	96.7%	1.1%	0.2%	1.0%	0.0%	0.3%	0.6%
Age 55 - 59	0.8%	97.5%	0.8%	0.1%	0.8%	0.0%	0.1%	0.5%
Age 60 - 64	0.7%	97.4%	0.8%	0.1%	1.0%	0.0%	0.2%	0.5%
Age 65 - 74	0.5%	98.4%	0.5%	0.1%	0.5%	0.0%	0.1%	0.4%
Age 75 - 84	0.3%	98.8%	0.5%	0.1%	0.3%	0.0%	0.0%	0.3%
Age 85 and over	0.8%	97.9%	0.7%	0.1%	0.3%	0.0%	0.2%	0.9%
Age 18 and over	1.8%	95.2%	2.0%	0.2%	1.1%	0.0%	0.6%	0.9%
Age 21 and over	1.7%	95.5%	1.9%	0.2%	1.0%	0.0%	0.6%	0.8%
Age 65 and over	0.4%	98.5%	0.5%	0.1%	0.4%	0.0%	0.1%	0.5%

Employment

Per the US Bureau of Labor and Statistics Data (2006-2008), Saratoga County, in 2008, 5,622 individuals were unemployed, compared to 2007 where 4,316 were unemployed, which was close to the 4,292 in 2006. This does point out the increase in unemployment, significant for Saratoga County but still lower than most counties in New York State. In June 2008, our unemployment was at 4.4% (NYS, 4.9%). As of June 2009, Saratoga County was at 6.7% (NYS, 8.0%). As of 2009, the Median Household income (estimate) \$63,238.

Unemployment Rates (percentage unemployed)*

Area	January Comparison			June Comparison			Annual Comparison		
	Jan, 07	Jan, 08	Jan, 09	Jun, 07	Jun, 08	Jun, 09	2006	2007	2008
U.S.	5.0	5.4	8.5	4.7	5.7	9.7	4.6	4.6	5.8
NY	5.0	5.3	7.6	4.5	5.1	8.6	4.6	4.5	5.4
Essex	7.4	7.8	11.0	5.1	5.7	8.7	5.7	5.7	6.8
Fulton	6.1	7.0	10.6	5.2	5.7	9.6	5.4	5.5	6.9
Hamilton	6.8	8.6	11.5	3.0	4.1	6.1	5.1	4.8	6.4
Saratoga	4.2	4.8	6.7	3.5	4.4	6.7	3.6	3.7	4.6
Warren	6.0	6.5	10.0	3.7	4.6	7.1	4.7	4.6	5.8
Washington	5.3	6.1	8.4	3.9	4.7	7.8	4.3	4.3	5.5
ARHN AVG	6.0	6.8	9.7	4.1	4.9	7.7	4.8	4.8	6.0

Income

Saratoga County has an estimate of 87,332 households with a Median Household income as of 2009 (estimate) \$63,238. Percent of population (2005) at or below the poverty level was 6.4 %. Number of children 18 years or younger at or below the poverty level (2006) was 7.2%. Data available for the number of children and youth receiving food stamps (2004) 2810 or 5/8%. NYS median 13.4%.

The number of children receiving free or reduced-price school lunches was 2,821, 16.0%, (2003-04 school year). NYS median 40.0.

Socio-Economic Status Indicators Provided by NYS DOH

Socio-Economic CHA Indicators	Essex	Fulton	Hamilton ¹	Saratoga	Warren	Washington	ARHN Avg	ARHN Wght'd Avg ²	Up-state Avg	NYS Avg
% unemployed (2004-06)	5.5	5.5	5.3	3.7	4.7	4.5	4.9	4.4	4.6	5.1
% of population at or below poverty level (2005)	11.9	13.2	10.5	6.4	9.7	11.4	10.5	9.0	10.1	13.9
% of children <18 at or below poverty level (2005)	17.1	19.8	14.9	8.0	14.8	15.7	15.1	12.4	13.5	19.7
% Annual high school drop outs (2005-06)	2.6	2.4	0.6	2.0	1.4	1.4	1.7	1.9	2.5	3.7

¹ Low population and a small number of events means that the rates for Hamilton County can be unstable.
² The weighted average for all ARHN counties factors in the population differences between the counties.
 County or ARHN average is "worse" than the Upstate average.
 Source: NYS DOH County Health Assessment Indicators - <http://www.health.state.ny.us/statistics/chac/chai/index.htm>

Households and Household Income by County and Income Group (2009)							
Census Item	Essex	Fulton	Hamilton	Saratoga	Warren	Washington	ARHN Total
Households							
2014 Projection	15,148	22,880	2,256	91,870	29,078	25,193	186,425
2009 Estimate	15,161	22,553	2,302	87,332	27,959	24,289	179,596
2000 Census	15,028	21,884	2,362	78,165	25,726	22,458	165,623
1990 Census	13,721	20,995	2,153	66,425	22,559	20,256	146,109
Growth 2009 - 2014	-0.09%	1.45%	-2.00%	5.20%	4.00%	3.72%	3.80%
Growth 2000 - 2009	0.89%	3.06%	-2.54%	11.73%	8.68%	8.15%	8.44%
Growth 1990 - 2000	9.53%	4.23%	9.71%	17.67%	14.04%	10.87%	13.36%
Households by Household Income (2009 Estimate)							
Income Less than \$15,000	1,997	3,059	303	5,976	2,941	2,654	16,930
Income \$15,000 - \$24,999	1,915	3,228	307	7,176	3,408	2,848	18,882
Income \$25,000 - \$34,999	1,842	3,031	346	7,941	3,594	2,861	19,615
Income \$35,000 - \$49,999	2,679	4,036	429	12,371	4,794	4,353	28,662
Income \$50,000 - \$74,999	3,258	4,709	441	19,267	6,030	5,513	39,218
Income \$75,000 - \$99,999	1,657	2,141	220	13,242	3,214	2,937	23,411
Income \$100,000 - \$149,999	1,271	1,720	157	13,798	2,669	2,245	21,860
Income \$150,000 - \$249,999	375	519	66	5,903	915	627	8,405
Income \$250,000 - \$499,999	125	89	26	1,232	297	198	1,967
Income \$500,000 or more	42	21	7	426	97	53	646
Average Household Income (2009 Estimate):	\$56,560	\$52,220	\$55,819	\$77,555	\$61,371	\$59,027	\$60,425
Median Household Income (2009 Estimate):	\$45,226	\$42,279	\$41,820	\$63,238	\$47,629	\$48,029	\$48,037
Per Capita Personal Income (2007):	\$29,145	\$30,033	\$30,834	\$40,714	\$33,126	\$27,325	\$31,863
Households by Household Type (2009 Estimate)							
Family Households	9,919	14,964	1,518	60,040	18,549	17,086	122,076
Non-family Households	5,242	7,589	784	27,292	9,410	7,203	57,520
Group Quarters Population (2009 Estimate):	2,884	1,757	98	4,530	1,409	3,805	14,483

Housing

In 2007, the estimated median house or condo value was \$209,700; per the 2000 Census the median value was \$120,400. It continues to be a challenge to find affordable housing in Saratoga Springs. Saratoga County has the highest number of mobile homes per county in New York State.

2000 All Owner-Occupied Housing Values	56,317
Value Less than \$20,000	2,937 5.22
Value \$20,000 - \$39,999	2,259 4.01
Value \$40,000 - \$59,999	2,750 4.88
Value \$60,000 - \$79,999	5,469 9.71
Value \$80,000 - \$99,999	9,772 17.35
Value \$100,000 - \$149,999	18,659 33.13
Value \$150,000 - \$199,999	8,376 14.87
Value \$200,000 - \$299,999	4,294 7.62
Value \$300,000 - \$399,999	1,160 2.06
Value \$400,000 - \$499,999	312 0.55
Value \$500,000 - \$749,999	177 0.31
Value \$750,000 - \$999,999	75 0.13
Value \$1,000,000 or more	77 0.14
2000 Median All Owner-Occupied Housing Value	\$113,323

(Continued)

Description	Total	
	County	%
2000 Housing Units by Units in Structure	86,701	
1 Unit Attached	4,073	4.70
1 Unit Detached	52,537	60.60
2 Units	6,199	7.15
3 to 19 Units	12,052	13.90
20 to 49 Units	1,208	1.39
50 or More Units	1,384	1.60
Mobile Home or Trailer	9,075	10.47
Boat, RV, Van, etc	173	0.20
2000 Housing Units by Year Built	86,701	
Housing Units Built 1999 to March 2000	2,247	2.59
Housing Unit Built 1995 to 1998	6,447	7.44
Housing Unit Built 1990 to 1994	8,469	9.77
Housing Unit Built 1980 to 1989	16,870	19.46
Housing Unit Built 1970 to 1979	15,816	18.24
Housing Unit Built 1960 to 1969	9,501	10.96
Housing Unit Built 1950 to 1959	6,715	7.75
Housing Unit Built 1940 to 1949	3,851	4.44
Housing Unit Built 1939 or Earlier	16,785	19.36
2000 Median Year Structure Built**	1974	
2000 Average Contract Rent	\$514	

**1939 will appear when at least half of the Housing Units in this reports area were built in 1939 or earlier.

Education:

The Saratoga County public school system has twelve school districts with 52 schools and 35,549 enrolled students. Annual dropout rate as of 2002-03 is 1.6%. High school graduates 88.2%; those with a Bachelor's degree or higher, 30.9%.

2000 Population Age 25+ by Educational Attainment	134,813	
Less than 9th grade	4,173	3.10
Some High School, no diploma	11,756	8.72
High School Graduate (or GED)	39,112	29.01
Some College, no degree	24,364	18.07
Associate Degree	13,932	10.33
Bachelor's Degree	24,989	18.54
Master's Degree	12,374	9.18
Professional School Degree	2,428	1.80
Doctorate Degree	1,887	1.40

Public Participation

Established in 1992 through a New York State Department of Health Rural Health Network Development Grant, ARHN is a community partnership of public, private and non-profit organizations in Upstate New York. ARHN creates a collaborative process for developing strategies and implementing, monitoring and evaluating the regional health care system.

As a member of ARHN, Saratoga County actively supported and participated in the gathering of information from a variety of stakeholders. This process was conducted regionally and included both conducting a survey and focus groups.

Following up on a survey they conducted in 2003, the ARHN Steering Committee developed a survey of 115 questions that could be answered over the telephone in less than 20 minutes.

The questionnaire was organized into fifteen sections as follows:

- Geographic location
- Current health status
- Health care access and utilization
- Workplace injuries
- Healthy Living
- Tobacco use
- Emergency Medical Services
- Screening and testing
- Oral health
- Infant, children and youth health
- Women's health issues
- Mental health
- Elderly and those with disabilities
- Alcohol consumption
- Demographics

The Siena Research Institute administered the telephone survey. The Siena researchers worked closely with the ARHN Steering Committee and Holmes & Associates to ensure the quality of the survey questionnaire. The telephone surveys began on January 16, 2004 and were completed by March 1, 2004 for Essex, Hamilton, Warren and Washington Counties, and for the northern, more rural portions of Saratoga County. The Siena Research Institute completed an additional survey effort for the ARHN in May 2007 to include 300 households from Fulton County, as well as the southern portion of Saratoga County.

The ARHN Stakeholder Focus Groups were conducted to obtain in-depth feedback related to what community leaders and consumers feel are the biggest challenges and assets in the community. In order to obtain this qualitative feedback from professionals

and consumers in the region, ARHN facilitated a series of focus groups with various community leaders, consumers, organizations and stakeholder constituencies. The purpose of the extensive data gathering was to gain a broad and diverse picture of the health and healthcare issues of the region. The information gathered at each focus group was integrated into a comprehensive regional community health assessment report and complements the quantitative data that has been collected.

To accomplish this task, a team of eighteen professionals representing the six counties of the ARHN region were trained in the facilitation of focus groups. The November 2008 training equipped the facilitators with the skills to:

- Establish a standard system and agendas for facilitation of focus groups
- Understand the process of engaging participants
- Facilitate the stakeholder session events and clarify the input received during the events
- Preside over the group dynamics and recording the ideas generated
- Use the materials in the focus group tool kit

The ARHN Steering Committee and trained facilitators identified contact persons to aid in the recruitment of participants for each group. The focus groups were conducted from December 2008 through May 2009. There were 24 groups conducted throughout the six-county region and a total of 284 participants. The trained facilitators identified groups of stakeholders that were contacted to host and participate in focus groups. The groups included:

- Aging, Long Term Care, and Disability
- Consumer groups
- Correctional facility residents and staff
- Employers
- Government
- Providers of health and human services
- School youth groups

A summary of the focus groups is included on the following page.

Focus Group Summary

Date	Event	Location	# of Attendees	# of Ideas
11/20/08	Facilitator Training	Great Escape Lodge	18	144
1/6/09	Warren County Public Health	Warren County Municipal Bldg.	15	77
1/30/09	Washington County Correctional Facility – B-Pod	Washington County Correctional Facility	6	62
2/6/09	Washington County Correctional Facility C-Pod	Washington County Correctional Facility	4	32
2/9/09	Hamilton County Community Services	Indian Lake	14	57
2/10/09	Glens Falls Hospital	Warren County	9	50
2/18/09	Chestertown Municipal Center	Chestertown	6	36
2/20/09	Washington County Correctional Facility	Washington County Correctional Facility	5	31
2/22/2009	Aging and Disability Coalition of Saratoga County	Malta Community Center		
2/23/09	Hamilton County Board of Supervisors	Lake Pleasant Courthouse	9	32
2/27/09	Catholic Charities	Glens Falls	5	49
3/3/09	Whitehall Central School Faculty	Whitehall Central School	23	100
3/5/09	Saratoga Springs High School Students	Saratoga Springs	17	78
3/9/09	Washington County Office for Aging Advisory Council	Washington County	9	21
3/13/09	Queensbury HS Health Students	Queensbury High School	32	47
3/19/09	C.R. Bard	Queensbury	5	25
3/23/09	WSWHE BOCES New Visions	Glens Falls	14	78
3/24/09	Indian Lake CS	Hamilton County	13	32
3/27/09	HealthLink – Fulton Co. Healthcare Providers	HealthLink	14	69
3/30/09	Essex County Public Health	Essex County	8	57
3/31/09	Fulton County Chamber of Commerce	Fulton County Chamber Office	11	74
3/31/09	Lake George Senior Center	Lake George	4	25
4/6/09	Johnstown Senior Citizen's Center, Fulton County	Johnstown	30	48
4/9/09	Glens Falls Hospital Medical Staff	Glens Falls Hospital	3	19
4/27/09	Mountain Lakes EMS	Mountain Lakes EMS, Queensbury	12	80
		TOTALS	286	1323

Outcomes of these focus groups included:

- Identification of barriers to accessing health care
- Discussing and determining health care priorities
- Generation of community/policy change ideas

As a partner, Saratoga Hospital also solicits input from community members. In 2008, they held two community input sessions, one with representatives from human services/nonprofit and government agencies and the other with member of the business community. The most common concern expressed during the 2008 sessions is the need for greater access to primary care. In 2009, Saratoga Hospital convened community forums for five segments of the community.

Assessment of Public Health Priorities

In the lead, the ARHN facilitated the process of the Community Health Planning Committee (the Committee was formed with representatives from all six of the hospitals and all six of the local health departments in the region). Members of the Committee participated in a collaborative approach to community health assessment and planning. Relying on regional information gathered and analyzed by ARHN, as well as information specific to each hospital's service area, each ARHN hospital prepared a Community Service Plan in collaboration with the local health Departments as they completed their Community Health Assessment.

There were five main sources of data that were used to assess the public health priorities.

- The New York State Department of Health Behavioral Risk Factor Surveillance Survey (BRFSS) in 2008
- Existing data, especially public health, statewide and national data
- New York State Prevention Quality Indicators Data (PQI)
- Statewide Planning and Research Cooperative System (SPARCS)
- Stakeholder focus groups, which offer a unique perspective by gathering individuals in a focus-group setting who have insight on the health of a community or the region. These individuals also provided suggested activities for improving the health of the region.

ARHN used a prioritization matrix to identify the regional health priorities by using data to score criteria and issues. An ad hoc subcommittee was convened to develop the criteria for the matrix. The subcommittee researched a variety of prioritization matrixes and compiled a list of 25 possible criteria, of which eight were applied. The eight criteria included:

- Leadership support available
- Magnitude of the problem
- Variance against benchmarks or goals
- Importance to the public health system
- Impact on the other health outcomes
- System resources
- Impact on the physical or social environment
- Ease of implementing solutions

The criteria were applied to the prioritization matrix to assist the community in reaching consensus on priority health issues. The regional Community Health Assessment and Community Services Plan data collection and reporting identified 34 distinct issues for prioritization. The Committee used the OptionFinder audience response polling system to rate each of the issues on each of the eight criteria noted above. The scores of the 34 individual health issues were then compiled into each of the ten NYSDOH Prevention Agenda areas. The final score of each of the ten areas are:

Criteria Ranking

<u>Prevention Agenda Area</u>	<u>Score</u>
Tobacco Use	72.75
Community Preparedness	59.45
Physical Activity and Nutrition	58.78
Chronic Disease	57.05
Infectious Disease	56.12
Access to Quality Health Care	54.72
Healthy Mothers, Healthy Babies and Healthy Children	50.55
Healthy Environment	47.68
Mental Health and Substance Abuse	44.35
Unintentional Injury	40.87

Many of the ten health priority areas were very close in their ranking. In order to be precise in their decision making, the committee completed a paired comparison exercise. In this exercise, the committee used the OptionFinder to compare the top six health areas against each other, determining the higher priority area in each case. The results of all the paired comparisons were tallied, and the list of priority areas were re-ordered into the final list of the top six priority health areas for the Adirondack Rural Health Network region as illustrated below.

Criteria Ranking Plus Paired Comparison

<u>Prevention Agenda Area</u>	<u>Score</u>
Physical Activity and Nutrition	76.8
Chronic Disease	66.3
Access to Quality Health Care	61.1
Tobacco Use	40.0
Community Preparedness	27.4
Infectious Disease	27.4

The overall results of the weighted prioritization and paired comparison exercises identified the following three health areas as the top priorities in the six-county ARHN region.

- Physical Activity and Nutrition
- Chronic Disease
- Access to Quality Health Care

Of those three, *Physical Activity and Nutrition* is the health priority area that the Committee members agree to focus on as their top regional priority over the next four years.

Working with Saratoga Hospital, Saratoga County Public Health has selected *Chronic Disease* as a second priority. Specifically, Saratoga County Public Health will work collaboratively with Saratoga Hospital to address ways to improve diabetes care in Saratoga County.

Three Year Plan of Action 2010-2013

The following Three-Year Action Plan describes how Saratoga County intends to address the two health priorities identified in the previous section. This plan reflects our commitment to work collaboratively with the other ARHN members and other stakeholders to address the regional goal of positively impacting Physical Activity and Nutrition.

In addition, working collaboratively, Saratoga County Public Health and Saratoga Hospital have identified the second goal to positively impact diabetes care in Saratoga County, working with other stakeholders to address this goal.

Adirondack Rural Health Network Prevention Agenda Priority: Physical Activity and Nutrition

Adirondack Rural Health Regional Priority

Positively Impact Physical Activity and Nutrition in the region

Outcome 1

By January 1, 2010, establish a taskforce with regional representation to plan, implement and evaluate evidence-based programs focusing on physical activity and/or nutrition.

Strategies

1. Identify ARHN staff to facilitate activities of three-year plan
2. Community Health Planning Committee to compile a list of physical activity and nutrition experts to be used as potential members of the task force.
3. ARHN and committee members solicit interest in task force and determine participation.
4. Convene taskforce. Initial meeting held or strategic planning session planned and conducted
5. Summary outlining planning priorities provided to partners

Outcome 2

By June 30, 2010, taskforce develops Workplan(s) with measurable outcomes, implementation schedules, and budgets.

Strategies

1. Determine Taskforce Subcommittee needs/ structure
2. Develop a meeting schedule
3. Identify priority programs
4. Develop Implementation Plan using logic model and identified taskforce responsibilities
5. Determine outcomes and evaluation methods
6. Develop budget(s) and make recommendations for approval by Community Health Planning Committee
7. Finalize Workplan(s) and make recommendations for approval by Community Health Planning Committee

Outcome 3

By June 30, 2011, taskforce implements physical activity and/or nutrition interventions

Strategies

1. ARHN provides oversight of taskforce activities/programs and administrative functions.
2. Workplan activities commence. Taskforce begins data collection and assessment of activities.
3. Taskforce collects and reports data.

Outcome 4

By June 30, 2012, Physical activity and/or nutrition interventions are evaluated and results are communicated to stakeholders.

Strategies

1. Partners complete data collection on specific interventions and submit final results/evaluations to ARHN.
2. Data/evaluation compiled and analyzed by ARHN and taskforce to determine impact of interventions and activities.
3. Regional summary developed and shared with stakeholders.
4. Conduct assessment of approach and procedures that were used throughout the three-year process to evaluate the success of the regional action plan.
5. Share lessons learned from process evaluation with CHA Committee and taskforce.

Prevention Agenda Priority: Chronic Diseases - Diabetes

Saratoga County Public Health and Saratoga Hospital have identified a second goal to positively impact diabetes care in Saratoga County. This plan reflects Saratoga County's intent to work cooperatively with Saratoga Hospital and other community partners on this shared goal.

Long Term Goal

To improve diabetes care for the residents of Saratoga County.

Outcome 1

Improve the multidisciplinary coordination of care for inpatients with diabetes.

Strategy

1. Establish a diabetes collaborative group to coordinate inpatient care of patients with diabetes.

Goals:

- Develop standardized protocols and procedures for managing diabetic patient care in the hospital.
- Offer an annual "*Skills Day for Nurses*" to educate nursing staff on the use of protocols and standardized tools for managing diabetic patient care.

Responsible Partners:

Saratoga Hospital Endocrinology and Diabetes Center, Nursing services, Medical staff, Nutrition and Food Services

Regional Partners:

Saratoga County Public Health, Saratoga Inpatient Physicians, local physicians, Cornell Cooperative Extension, Saratoga County Office for the Aging.

Outcome 2

Expand access to Endocrinology/Diabetes support services in Saratoga County.

Strategies

1. Relocate the Saratoga Center for Endocrinology and Diabetes to a newly constructed, larger office that will accommodate more outpatient visits for diabetic care.
2. Recruit a new Endocrinology specialist to increase the availability of diabetes care.
3. Achieve and maintain an American Diabetes Association recognized Diabetes Education Program.

Responsible Partners:

Saratoga Center for Endocrinology and Diabetes, Saratoga Hospital Operations, Planning and Marketing, Human Resources, Medical Affairs and Food and Nutritional Services.

Regional Partners:

Saratoga County Public Health, Cornell Cooperative Extension, Saratoga County Office for the Aging, local physicians, Town officials, local developers and local construction companies.

Outcome 3

Develop, launch and evaluate a community education/outreach campaign to increase awareness of ways to prevent and manage diabetes, as well as resources available for people in Saratoga County who are at risk for diabetes.

Strategies

1. By June 30, 2010, establish a committee to design an educational campaign targeting people at risk for diabetes.
2. By June 30, 2011, conduct educational sessions and disseminate informational materials designed to educate the public, especially people at risk for diabetes,

about ways to prevent and manage diabetes, as well as increase awareness of available resources.

- By June 30, 2012, evaluate effectiveness of the Diabetes Education Campaign by surveying educational session attendees and including appropriate questions in a community-wide survey.

Responsible Partners:

Saratoga Hospital Planning and Marketing , Saratoga Hospital Community Education, Saratoga County Public Health, and Saratoga County partners.

Physical Activity and Nutrition

Along with the ARHN, Saratoga County has seen the chronic disease incidence and obesity relationships definitely relate to our regional priority. Per our survey, 62% of our respondents are classified as overweight, approximately 1/4th stated they received advice from a health care provider regarding their weight. The highest number of priority votes for interventions generated from the focus group discussions also centered around physical activity and nutrition, especially in the area of schools.

Physical Activity / Nutrition: Obesity, ARHN Summary

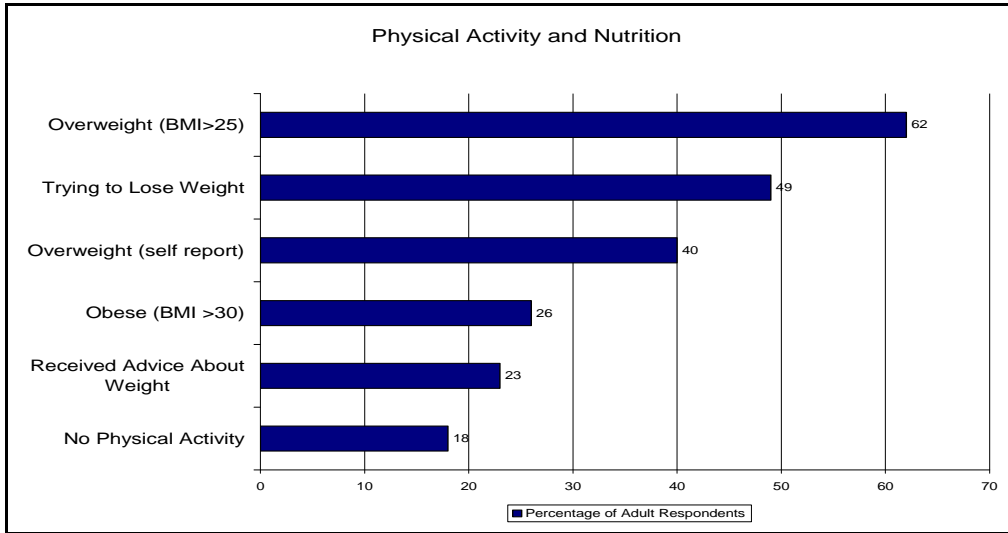
Obesity	ARHN Avg ³	ARHN Wght'd Avg ⁴	How ARHN Compares to Upstate / NY Avg ⁵	# of ARHN Counties Worse than Upstate Avg ⁶	Up-state Avg	NYS Avg	NYS 2013 Goal ⁷	U.S. Avg
% of obese children, 2-4 years (WIC) ^{1,2}	15.0	14.2	Similar	3	15.1	15.2	11.6	14.8
% of obese children, grade K ¹							5.0	
% of obese children, grade 2 ¹							5.0	
% of obese children, grade 4 ¹							5.0	
% of obese children, grade 7 ¹							5.0	
% of obese children, grade 10 ¹							5.0	
% of adults who are obese (BMI > 30) ^{1,2}	21.5	21.2	Similar	0		22.9	15.0	25.1
% of WIC mothers breastfeeding at 6 months ¹	18.7	18.6	Worse	5		38.6	50.0	24.3

Notes:

- County average is "Worse" than the NY Upstate or NY State average.
- 1. [NYS DOH Prevention Agenda Indicator, 2009](#)
- 2. [NYS DOH CHA Core Indicator, 2005](#)
- 3. Low population and a small number of events means that the rates for Hamilton County can be unstable.

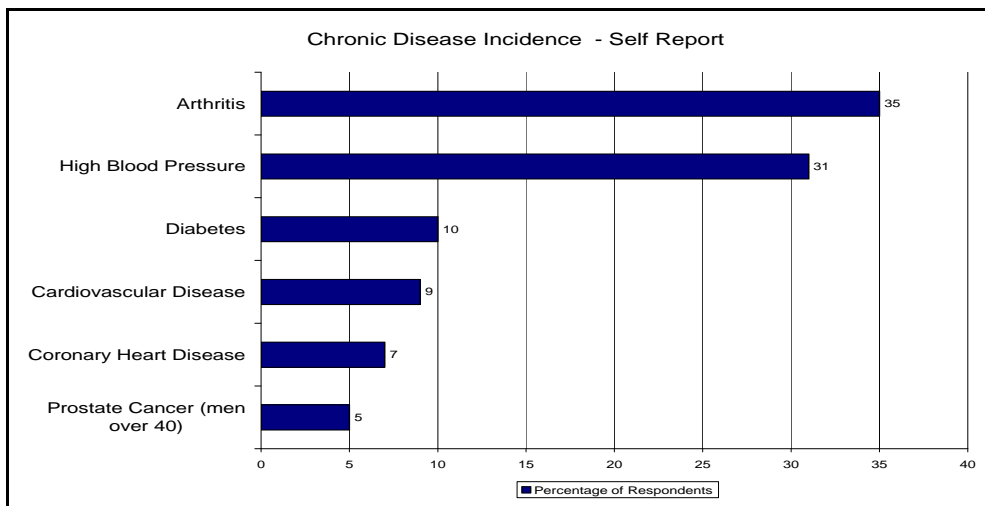
4. Adirondack Rural Health Network (ARHN) average is a straight average of the individual county rates, with each of the six counties contributing equally.
5. The weighted average accounts for population differences between counties to compute an average rate for the population of the ARHN area (443,837 in 2008).
6. [NYS Prevention Agenda 2013 Objectives](#)

Data Sources: [NYS County Health Assessment Indicators \(CHAI\)](#), [New York State Community Health Data Set – 2006](#), [NYS DOH Prevention Agenda](#)



Chronic Disease

As the population ages, caring for the elderly and disabled will continue to grow. The differences in the six-county region are negligible. Nursing home occupancy averages 94%. In the 2004/7 survey, 12% of the respondents indicated that they take care of an elderly or disabled family member. As people age, the number of conditions increase per person.



Chronic Disease: Diabetes - All Counties

Diabetes	Essex			Fulton			Hamilton ³			Saratoga			Warren			Washington			ARHN	ARHN	Up-	NYS	NYS	U.S.	
	2004	2005	2006	2004	2005	2006	2004	2005	2006	2004	2005	2006	2004	2005	2006	2004	2005	2006	Avg ⁴	Wght'd Avg ⁵	state Avg	Avg	2013 Goal ⁶	Avg	
Diabetes short-term complication hospitalization age 6-17 (per 10,000) ¹			3.0			10.1			5.1			2.4			4.0			4.4	4.8	4.0			3.0	2.3	2.9
Diabetes short-term complication hospitalization (per 10,000 Age 18+) ¹			3.1			2.9			0.0			3.0			3.5			4.4	3.4	3.3			5.3	3.9	5.5
Diabetes mortality (ICD10 E10-E14) (per 100,000) ²	22.1	22.1	20.2	17.4	21.2	18.3	21.2	20.9	27.6	16.1	16.8	14.9	18.7	17.8	16.7	22.4	15.3	20.9	19.8	17.0	17.4				
Diabetes hospitalization rate (any dx ICD9 250) (per 10,000)		152.9	162.4			211.5	219.8		131.9			152.7			173.0			163.1	164.2	164.3	192.1				
Diabetes hospitalization rate (primary dx ICD9 250) (per 10,000)	11.5	12.1	12.6	14.8	15.7	15.7	4.8	7.2	9.0	9.1	9.2	9.5	9.5	9.6	10.5	10.2	10.2	11.7	10.7	10.4	14.0				

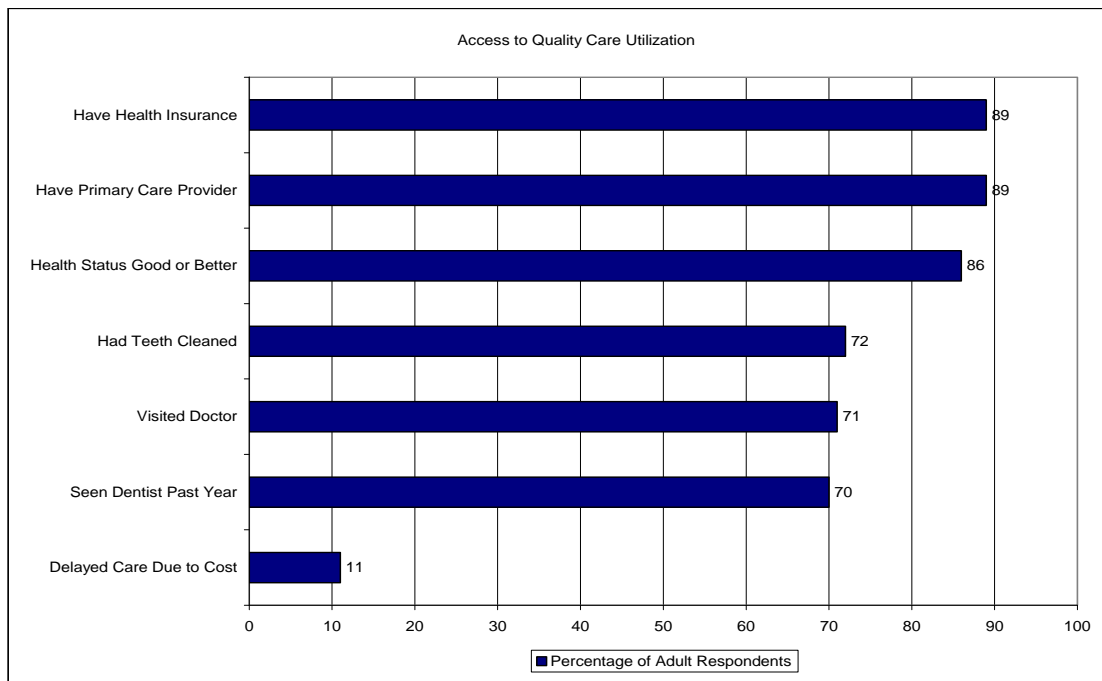
Notes:

- County average is "Worse" than the NY Upstate or NY State average.
- 1. [NYS DOH Prevention Agenda Indicator, 2009](#)
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- 3. Low population and a small number of events means that the rates for Hamilton County can be unstable.
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- 5. The weighted average accounts for population differences between counties to compute an average rate for the population of the ARHN area (443,837 in 2008).
- 6. [NYS Prevention Agenda 2013 Objectives](#)

Data Sources: [NYS County Health Assessment Indicators \(CHAI\), New York State Community Health Data Set – 2006](#), NYS DOH Prevention Agenda

Access to Quality Health Care

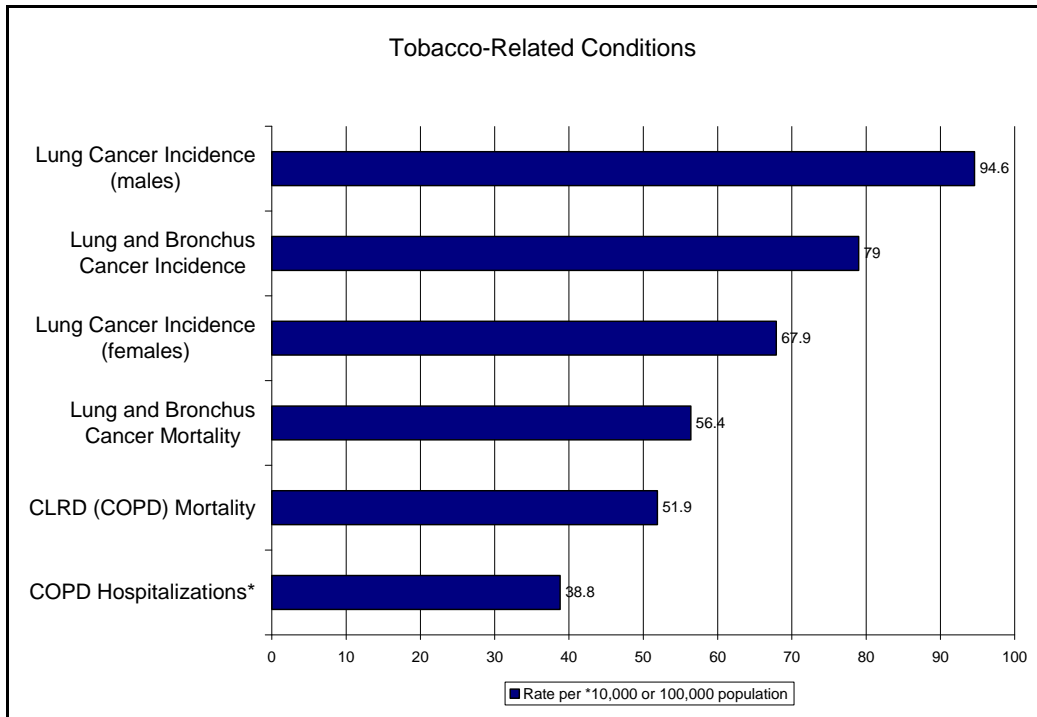
The majority of adults in Saratoga County and the ARHN region do have health insurance and access to primary health care services. A total of 11% did state that they delayed seeking services due to cost or lack of insurance. The last Regional Survey was done in 2007, before the economic climate started to decline. Saratoga Hospital held community forums in 2008-09, a common thread related to the need for greater access to quality health care services. When questioned further, specifically, ambulatory care services, family medicine practices, and emergency and urgent care services.



Tobacco Use

Tobacco use continues to be a priority in Saratoga County and the ARHN region. We have a higher-than-average smoking rate and higher-than-average incidence rates for smoking related diseases. In 2008, about one in five (22%) ARHN respondents reported that they smoked everyday. This is higher than the 12% at the state level.

The ARHN weighted average exceeded the upstate average on five of six indicators, as shown in the next table.



The ARHN region has seen a slight increase in hospital utilization rates for trachea/lung malignant neoplasms rate from 8 per 10,000 residents to 10 over the past six years.

Saratoga County Board of Supervisors and Public Health sponsors a poster contest annually for students in the 4th grade. The theme is “*Be Smart, Don’t Start.*” This program is presented in collaboration with Saratoga Partnership for Prevention to emphasize tobacco preventive education. The Board of Supervisors then presents cash award certificates to the schools of the top three winning students. Winning posters are displayed at the Saratoga County Fair annually.

Cancer

Saratoga County participates in the Cancer Services Program. Cancer mortality in the ARHN region average was at or below the upstate average. The exception is cervical cancer where the ARHN rate was 2.8 and upstate was 2.2 per 100,000 residents. Saratoga County was at 94.8% of females receiving PAP tests compared to the NYS rate of 92.5%. Prostate cancer mortality in the ARHN region was 27.3 per 100,000 residents. Saratoga County residents receiving a PSA test was only at 66.7% -- under the NYS rate of 68.5%. Per BRFSS, those men who received a PSA in the last two years was at 55.2%.

Community Preparedness

Saratoga County, as well as the five other regional counties, have Emergency Preparedness Plans in place. Saratoga County is dedicated to providing information,

education and services in a manner of an all-hazards approach to emergency preparedness. This could be in the form of a massive electrical power outage and the need for sheltering, to a pandemic and the need to immunize the population. Saratoga County is a member of the Cities' Readiness Initiative, along with Albany, Rensselaer, Schoharie, and Schenectady counties, a part of the Albany Metropolitan Statistical Area (MSA).

Northern Saratoga and the northern ARHN region do have concerns over the regional pre-transport mortality statistics. Focus groups discussed the importance of this means of transportation for residents. Via the survey, 16% indicated that someone in their household received emergency ambulance services in the past twelve months. Most EMS providers are challenged with the constant need for staff and volunteers as budget are tightened.

Saratoga County Public Health views community and emergency preparedness as an evolving process, requiring an increase in identifying areas of need, the drilling processes in place, recruiting, retaining professional and non-professional volunteers, coordinating the volunteer pool, plus offering education and evaluating the need for changes and what is successful.

Infectious Disease

In Saratoga County, surveillance of infectious diseases is an important public health priority, especially now in 2009 as we are currently preparing for the upcoming flu season and the return of H1N1.

In our region, the 2008 survey showed almost 42% of the respondents received a seasonal flu shot, equal to the NYS rate. Approximately 30% of the respondents reported getting a pneumococcal vaccination. This rate is somewhat higher than the NYS rate. Adults age 65 and over reported they had received a pneumococcal vaccination (74%), again higher than the NYS rate. Incidence of infectious and parasitic diseases have increased over the past six years.

Areas of Saratoga County have become endemic for Lyme disease -- actual cases in 2007 numbered 159 and 393 in 2008. The increase correlates to the findings by the NYSDOH Arboviral Unit's visits to collect ticks in our county in 2007 and 2008.

Communicable diseases are a part of everyday life. By working with the community, we can help to minimize the spread of diseases. Education is a key part of this process.

See *Reportable Communicable Diseases* on the following page.

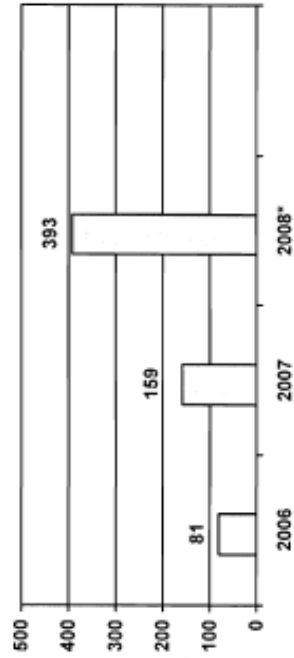
REPORTABLE COMMUNICABLE DISEASES

Number of new cases for	2008	2007	2006
Amebiasis	1	0	0
Babesiosis	1	1	0
Campylobacter	23	25	21
Chlamydia	277	259	263
Cryptosporidiosis	9	6	0
Cyclospora	0	1	0
Dengue Fever	1	0	0
E-Coli O157:H7	3	0	1
E-Coli Non-0157	0	3	2
Ehrlichiosis	1	1	1
Encephalitis	1	3	2
Giardia	23	18	29
Gonorrhea	34	32	32
Haemophilus Influenzae, Invasive--not Type B	3	3	3
Hepatitis A	1	0	3
Hepatitis B	23	31	29
Hepatitis C	116	127	121
HUS--Hemolytic Uremic Syndrome	0	0	0
Legionellosis	4	6	4
Listeriosis	1	0	2
Lyme Disease	393	159	81
Malaria	0	0	0
Meningitis - Meningococcal	0	0	0
Meningitis - Other bacterial	0	0	0
Meningitis--Viral	7	16	12
Mumps	0	1	0
Pertussis	14	1	14
Q Fever	0	0	0
Salmonellosis	26	21	30

*These numbers represent only those infections that were reported to our department. There may be additional infections that have gone unreported due to lack of testing.

Number of new cases for	2008	2007	2006
Staphylococcal Enterotoxin B	0	1	0
Streptococcus Group A, Invasive	6	4	6
Streptococcus Group B, Invasive	17	21	18
Streptococcus Group B, Invasive early/late onset	0	0	2
Streptococcus Pneumoniae, Sensitive	24	19	7
Streptococcus Pneumoniae, Intermediate	5	3	7
Streptococcus Pneumoniae, Resistant	1	1	2
Syphilis	5	5	6
Toxic Shock Syndrome	1	0	2
Tuberculosis active cases	2	1	2
Viral Encephalitis (WNV)	0	0	0
Rabid Animals	20	21	27
Rabies Vaccine Recipient	78	99	88
West Nile Virus positive birds	0	0	2
Yersiniosis	1	1	1

Confirmed Cases of Lyme Disease



*This number may increase when investigations are completed for 2008

In the Saratoga County and ARHN region overall, the health of our mothers, babies and children is good. Wellness and prevention are important to the residents of our county and the region. Saratoga County saw 2,377 births in 2008 and 74.5% of moms received prenatal care in the first trimester. A total of 26 mothers, or 1.1%, were self pay or stated no insurance. A total of 77.5% of the moms delivering were breastfeeding their infants prior to discharge. There were 13 mothers or 0.5% that were 17 years of age and younger. In-hospital deaths (infants) were 5 or 0.2%. Low birth weight infants <2500 grams were 152 or 6.3%.

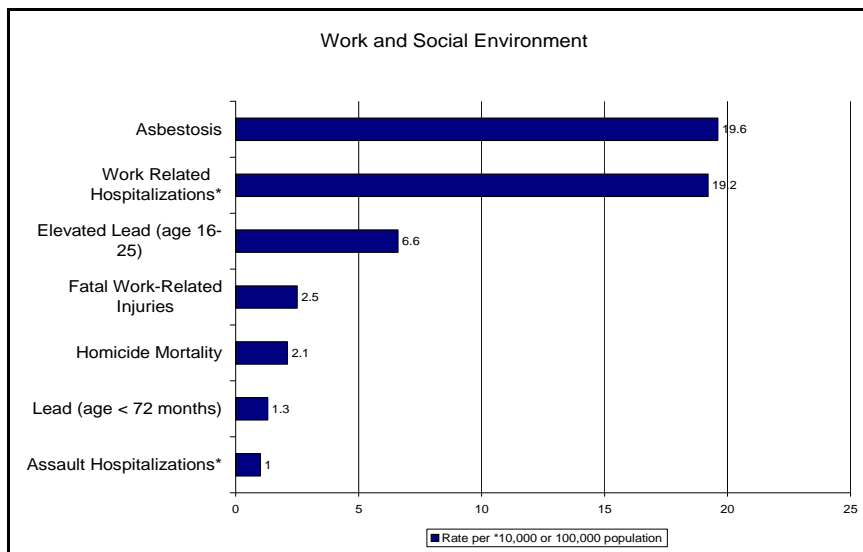
Our teen pregnancy rate and the ARHN regional rate compare favorably to the upstate and state rates.

Dental care continues to be an area in need of improvement.

Healthy Environment

Saratoga County does not have a formalized environmental service as it is a partial service county. The NYSDOH District Office in Glens Falls handles environmental issues for the county.

Saratoga County works with the NYSDOH District Office in Glens Falls on lead poisoning prevention. In 2008, the total initial screenings done for lead were 3,389 and in 2007, there were 2,950. Lead levels 10mcg/dl - >20 mcg/dl were 11 in 2008 and in 2007, the number was 9. We are finding this to be a constant, with more education and better screening starting prenatally. Health care providers are contacted annually to encourage screening and reporting of cases. Childcare providers are educated on lead poisoning and possible exposure sources. Saratoga County utilizes the NYSDOH web based LeadWeb System for receiving reports and for all follow up and case management. ARHN regional focus groups discussed the environment as an important part of community health, as well as air and water quality. A total of 12% of the respondents in the 2008 survey also indicated that they have asthma, compared to the State rate of 10%. The region is well within the New York State 2013 goal for asthma hospitalizations.

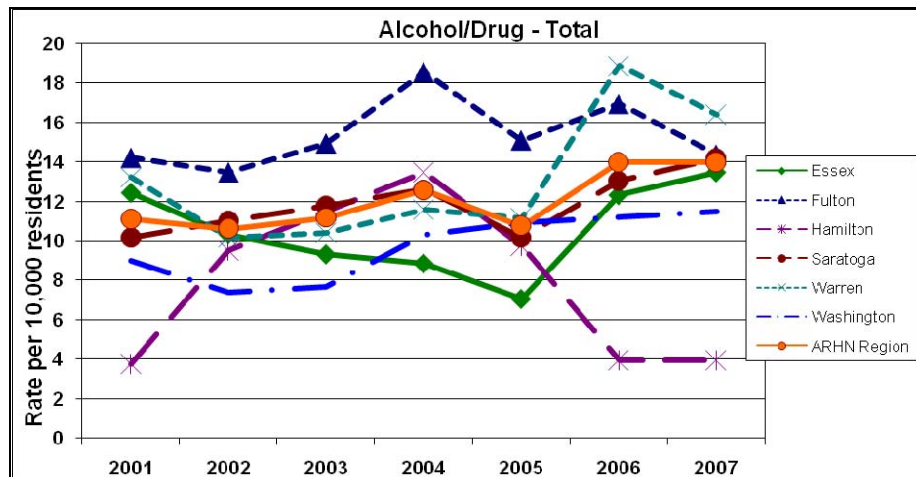


Mental Health and Substance Abuse

Mental health and substance abuse related issues are increasing in importance in the ARHN region, including Saratoga County. The ARHN suicide mortality rate of 10.3 per 100,000 residents was over twice the New York State 2013 goal of 4.8.

Looking at either poor health or mental health, 19% of the regional respondents indicated that they had poor physical or mental health 14 or more days within the past month compared to the state rate of 19%. Also noted, about 9% of the respondents indicated that they have participated in heavy drinking in the past month. This statistic is consistent throughout the region. In the 2004/07 survey, 12% of respondents indicated that, in the past 12 months, they had driven a vehicle after drinking.

Total Alcohol/Drug Hospitalization Rate per 10,000 Residents, by County



See the table on the following page:

Mental Health/Substance Abuse Suicide and Drug-Related Hospitalizations for All Counties.

Mental Health/Substance Abuse Suicide and Drug-Related Hospitalizations for All Counties.

Mental Health, Substance Abuse	Essex			Fulton			Hamilton ³			Saratoga			Warren			Washington			ARHN		Up-state	NYS		U.S.
	2004	2005	2006	2004	2005	2006	2004	2005	2006	2004	2005	2006	2004	2005	2006	2004	2005	2006	Avg ⁴	Wgt'd Avg ⁵	Avg	NYS Avg	2013 Goal ⁶	Avg
Suicide mortality rate (per 100,000) ¹	15.4	14.6	11.5	6.0	8.4	8.0	12.6	6.4	21.7	9.8	10.2	10.7	6.7	7.2	9.2	14.5	11.7	10.3	11.9	10.3	7.1	6.4	4.8	10.9
%Adults that Binge Drink ^{1,2}	20.4			17.3			17.0			16.3			14.2			14.2			16.6	16.2	15.2	34.0	13.4	
Drug-related hospitalizations (per 10,000) ¹	7.8	8.5	8.9	15.9	17.3	18.6	6.3	8.3	15.1	9.4	10.0	9.9	11.1	13.1	14.6	9.4	11.3	11.8	13.2	11.9		34.0	26.0	
Alcohol-related motor vehicle injuries and deaths (per 100,000) ²	12.5	12.9	14.5	9.7	10.0	8.7	19.6	14.7	14.7	6.2	6.3	6.5	12.9	11.2	9.5	9.1	8.1	8.6	10.4	8.3	5.9			
Cirrhosis mortality (ICD10 K70, K73-K74) (per 100,000) ²	12.8	10.3	7.8	8.5	9.0	8.4	6.3	19.1	19.1	8.3	8.9	8.1	9.8	10.7	11.7	7.5	9.6	12.2	11.2	9.4	6.3			
Self-inflicted injury hospitalizations (per 10,000) ²	8.0	7.5	7.2	5.4	7.2	7.6	1.9	1.9	1.3	5.7	5.6	5.4	9.1	8.7	8.5	6.6	7.5	9.3	6.6	6.8	5.6			
Suicide mortality rate age 15-19 (per 100,000) ²	12.6	12.5	0.0	0.0	0.0	9.0	0.0	0.0	0.0	2.4	2.3	4.8	0.0	0.0	0.0	0.0	0.0	0.0	2.3	3.5	5.0			
Cirrhosis hospitalizations (ICD9571) (per 10,000)	2.6	2.8	2.8	4.0	5.0	5.0	2.5	1.3	1.9	1.9	2.2	2.2	2.2	2.1	2.0	1.8	2.8	2.9	2.8	2.7	2.5			
Self-inflicted injury hospitalizations age 15-19 (per 10,000)	21.4	22.5	19.8	13.6	22.0	24.2	11.1	11.4	12.4	13.3	11.2	11.9	15.7	11.7	11.8	9.6	14.9	21.9	17.0	15.5	11.8			

Notes:

- County average is "Worse" than the NY Upstate or NY State average.
- 1. [NYS DOH Prevention Agenda Indicator, 2009](#)
- 2. [NYS DOH CHA Core Indicator, 2005](#)
- 3. Low population and a small number of events means that the rates for Hamilton County can be unstable.
- 4. Adirondack Rural Health Network (ARHN) average is a straight average of the individual county rates, with each of the six counties contributing equally.
- 5. The weighted average accounts for population differences between counties to compute an average rate for the population of the ARHN area (443,837 in 2008).
- 6. [NYS Prevention Agenda 2013 Objectives](#)

Data Sources: [NYS County Health Assessment Indicators \(CHAI\)](#), [New York State Community Health Data Set – 2006](#), NYS DOH Prevention Agenda

Autism Council

Additionally, Saratoga County has initiated a Council on Autism. The Autism Council of Saratoga County serves as a collaborative resource center designed to promote the development of services and resources for individuals with Pervasive Developmental disorders or autism throughout their lifetime. The Autism Council of Saratoga County will strive to provide knowledge and understanding of individuals with autism and related disabilities and serve as a critical resource to help families and caregivers find trained

professionals, service providers and resources in their community. The Saratoga Council will also advocate with state and federal governments on behalf of individuals with autism and promote public awareness.

This endeavor has been with the assistance of the Saratoga County Board of Supervisors, Saratoga County Public Health, Saratoga County Youth Bureau, and Senator Roy McDonald.

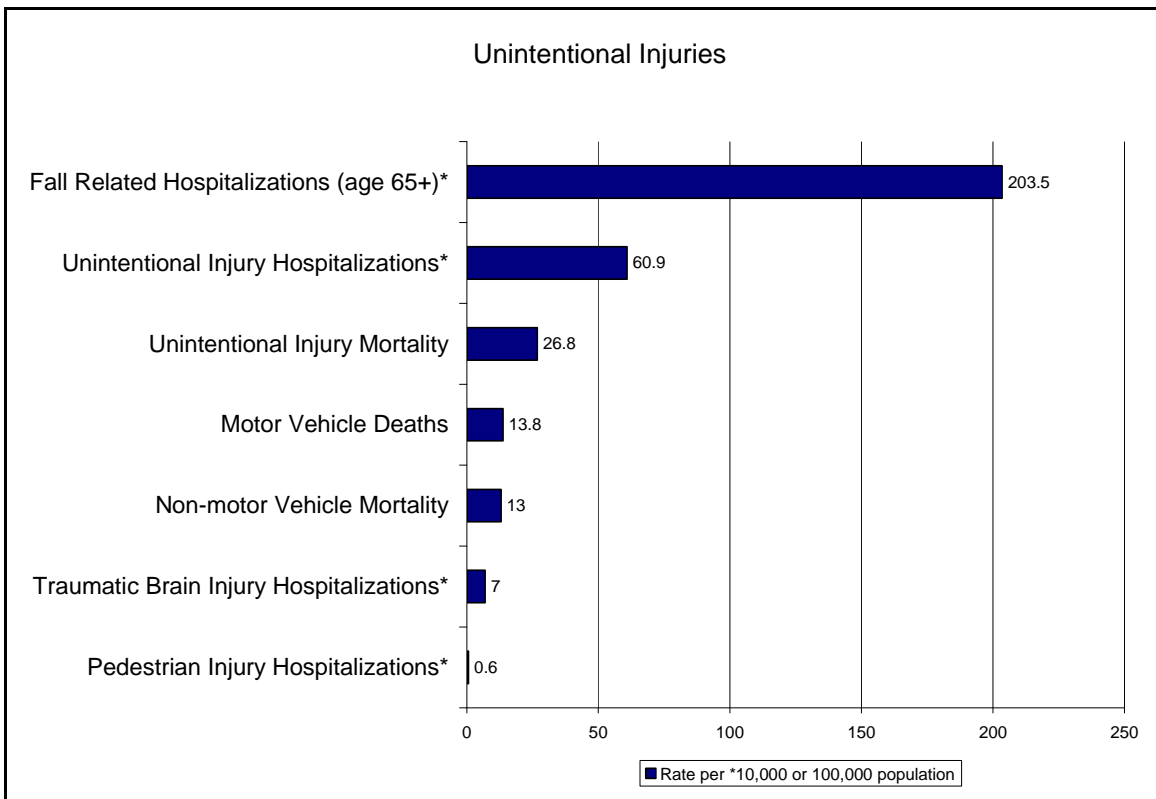
Children diagnosed with autism continue to need assistance as they age out of our County Programs, and their needs potentially can become more complex.

Unintentional Injury

In the survey, 19% of the regional respondents indicated that they had fallen within the past three months, compared to the state rate of 14%. A small percentage of the respondents (4%) indicated that they were injured, similar to the state rate.

Unintentional injury mortality and motor vehicle deaths were a concern in Saratoga County and the region. For the region, there were 13.8 per 100,000 motor vehicle deaths, which is significantly higher than the upstate average and over twice the NYS 2013 goal of 5.8 per 100,000.

For falls, the regional average is 196 per 10,000 and the State goal is 155 per 10,000.



The Local Health Care Environment

Saratoga County is a county unique with both suburban and rural environment. Taxes remain low, and the quality of life is still one to be envied by other localities in New York State. Although the unemployment level has risen with the economic downturn, the cost of living is very high in the Saratoga Springs area, now including some of the surrounding towns. The county is still seeing significant growth, and there are many services available to residents. The agencies work collaboratively to provide for the needs of the residents. Environmental issues are addressed by the NYSDOH District Office in Glens Falls. This office is responsible for restaurant inspections, permitting establishments, water quality issues, smoking policies and regulation, and home environmental testing for lead, with children identified with elevated levels. Saratoga County works collaboratively with the District Office to maintain the local health care environment.

Problems in the Community: Resources

Saratoga County has the luxury of being rich in resources, focusing on the community needs surrounding health. Saratoga County Public Health works collaboratively with many community partners. Saratoga Hospital, the only acute care hospital in Saratoga County, has worked with Saratoga County Public Health to jointly provide services to residents of the county. Saratoga Hospital has an active community outreach/education program, has two hospital-based extension clinics, as well as Saratoga Surgery Center, a free-standing ambulatory surgery center. Saratoga Hospital also has the Saratoga Center for Endocrinology and Diabetes. Saratoga Hospital, along with the ARHN regional members, played a major role in the Community Health Assessment/Community Health Services Plans development and process from 2008-09. On a regular basis, they solicit input from community members.

Saratoga County Public Health works closely with other county departments (Mental Health, Department of Social Services, Office for the Aging, Youth Bureau, Emergency Services, Sheriff's Department, Animal Shelter and Maplewood Manor). County departments collaborate on issues of concern in the community, i.e. disease surveillance, wind storms causing widespread power outages, animal support issues, and health education targeted to specific groups.

Saratoga County Public Health supports community emergency preparedness. We are involved in the Countywide Emergency Preparedness Committee, which meets quarterly and provides subgroups to deal with specific concerns in the county. This group brings together EMS, Fire, local and state police, BOCES, Saratoga Hospital, NYSDOH, Saratoga County Emergency Services, Skidmore College, Wesley Nursing Home, KAPL, Albany Medical Center, local morticians, and Saratoga County Mental Health. This group has organized and executed drills and tabletops to prepare for emergencies. They are called into service when circumstances lean toward a possible event involving county residents' safety. A current example would be the 2009 H1N1 pandemic.

Saratoga County collaborates with the following agencies that provide additional support services to community residents:

- Alcoholism Services – Saratoga County Mental Health
- Alzheimer’s Disease and Related Disorders Association
- American Cancer Society
- American Red Cross
- American Lung Association of Northeastern New York
- Association of the Blind
- Cancer Services Program – Saratoga Hospital
- Child Health Plus and Family Health Plus – Facilitated Enrollment through Saratoga Hospital
- Catholic Family and Community Services of Saratoga County
- CAPTAIN
- Center for the Family
- Four Winds Hospital
- Head Start
- Hospice
- Legal Aid Society of Northeastern New York, Inc.
- Salvation Army
- Saratoga County Dept. of Social Services (Child Protective Services, Food Stamps, HEP, APS and Medicaid)
- Saratoga County Economic Opportunity Council (EOC)
- Saratoga Mental Health Services
- Saratoga County Office for the Aging
- Saratoga County Rural Preservation Company
- Saratoga County Youth Bureau
- Saratoga Hospital
- Saratoga Partnership for Prevention
- Southern Adirondack Tobacco-Free Coalition
- Wesley Health Care Services
- Women, Infants and Children’s Program (WIC)

In addition to the groups and organizations, there is a wealth of support groups available to residents in the county. These groups and organizations come together annually in November for Interagency Day, with 2009 being the 18th gathering of agencies that service residents of Warren, Washington, and Saratoga Counties. This gives the agencies the ability to collaborate and network to find out what is new and available in the area for residents.

Saratoga County Public Health provides information to county residents about services and access to those services. We provide a sliding fee schedule to those residents who present for services and have limited or no health insurance. Through Saratoga Hospital, we have access to facilitated enrollers to take an individual through the process of qualification for insurance, such as Medicaid and Child/Family Health Plus.

Ability for residents to access public transportation has increased in the past four years. CDTA has increased routes and is available to travel to more of our towns. Other needed transportation can be obtained through the Office for the Aging and Medicaid. Some of the towns offer assistance with transportation. Due to the geographics of the county, the more rural areas still present a challenge for transportation.

Through our public health education, we target populations at risk, elderly, families, youth, and more recently, migrant workers, including the seasonal track and farm employees. During outbreak situations, we target the public to provide risk communication to educate the “worried well” about what can be done to protect those individuals and potentially identify those “at risk.”

Through our Emergency Preparedness Program, we have put forth the increased efforts to focus on preventive measures and to be more proactive in responses than reactive.

Saratoga County Unmet Needs

Saratoga County Public Health and the ARHN selected Physical Activity and Nutrition as the top priority. In our last Community Health Assessment, obesity was identified as a major health concern. It has continued to grow as a concern. More and more residents identify with the need to increase their activity and exercise, plus can also identify with marginal or poor eating habits. Through our stated goals and activities, the next three years will hopefully mark the beginning of progress toward improvement in Saratoga County and the region.

Our second priority area is chronic disease, specifically diabetes. We will be working collaboratively with Saratoga Hospital on this area. As with the first priority, as people become more sedentary and have diet issues, the incidence of diabetes and the complications from diabetes increase. Again, with the initiatives set forth by Saratoga Hospital and the collaborative activities integrated by Saratoga County Public Health, the long-term goal will be to see a decrease in this chronic disease.

Access to quality health care has been identified as still being a priority in Saratoga County. This will remain a priority for Saratoga County. There are still areas of need for improved access to EMS services. Where areas might have coverage, actual access can be affected by the time of day, volunteer programs, and budgets. Health insurance coverage, although at a good percentage in the county, is still an area of need that fluctuates, especially with the changes in the job market and economy. As our population ages, long-term care needs change and the need for care options and services also change. This requires a regular review to address problems as they surface and increases our ability to be proactive. Mental Health is an ongoing challenge, both with recruiting providers of service and with the growing numbers of residents needing services. Dental care for the underinsured and those with no insurance continues to be an issue. Poor dental health lends itself to early dental caries, poor nutrition, and ultimately poor health. Preventive dentistry early in a child’s life proves its value, and as that child grows into

adulthood, lessens the need for dental intervention and, subsequently, related health issues.

Local Health Priorities

Saratoga County Public Health has grown as a local health unit during the past seven years as a member of the ARHN. Together with our community stakeholders, we have been able to participate in a sophisticated process of community health assessment and planning for the county and region. The first ARHN regional Community Health Assessment report was released five years ago, September 2004. The Adirondack Rural Health Network community Health Planning Committee has continued to meet on a regular basis. The goal is a process of a continual exchange of information, planning of new initiatives, and development of new strategies to keep a current “picture” of the health care in the region.

Saratoga County Public Health has discussed in detail the regional priority (1) and the local priority (2) in detail on pages 16 - 22 in this document.

County members: Essex, Fulton, Hamilton, Saratoga, Warren and Washington Counties.

Hospital Members: Adirondack Medical Center, Elizabethtown Community Hospital, Glens Falls Hospital, Moses-Ludington Hospital, Nathan Littauer Hospital, and Saratoga Hospital.

Saratoga County Public Health looks forward to working with our regional partners and local hospital to address the identified priorities and to continue with the collaboration with those partners.

Opportunities for Action

Saratoga County Public Health, with our partners, has accomplished many initiatives to better the health of the community.

- We continue with the annual Smoking Prevention Poster Contest for 4th graders across the county.
- We continue to work with our community partners on Emergency Preparedness, via the Countywide Emergency Preparedness Committee.
- We now work with the Albany MSA, with the counties involved in the Cities Readiness Initiative Program.
- We work collaboratively with the Saratoga Hospital Cancer Services Program.
- We are working with the “Fit Kids of Saratoga County” to facilitate exercise and good nutrition for children.

- We are working with the schools regarding surveillance, reporting, and planning for pandemic influenza.
- We are working with various organizations and our residents to develop our Medical Reserve Corps (MRC), and we are submitting a Capacity Building Award plan for funding for organization, recruitment and training for the MRC.
- Through our service areas, we are continuing to assess our ability to provide quality, accessible services for the residents of Saratoga County.
- The Saratoga County Public Health Community Health Assessment has been a collaborative effort with the ARHN and our local partners. This assessment and the statistical data collected will be used by Public Health and be a guide for our partners in the response to the health needs of the community. The report will be distributed to county officials, towns, and community partners. It will also be available in PDF format on our website at www.saratogacountyny.gov

SARATOGA COUNTY HEALTH REPORT CARD - 2009

HEALTH INDICATOR	GRADE	COMMENTS
Child Health	A	Saratoga County residents have access to pediatricians and health care providers throughout the county. Preventive health care services are provided and promoted by those providers. Well Child and immunization clinics are available for those families with children underinsured or with no insurance. All families coming to clinics are reviewed for insurances.
Chronic Disease	B	Although residents are seeking care, continued education and services stressing prevention are needed to assist with overall health improvements.
Lead Poisoning Prevention	B+	Saratoga County continues to educate providers on the necessary screenings for lead in children. We have made progress with education and awareness. Parents are now empowered to ask for lead testing, increasing provider compliance.
Maternal and Perinatal	B+	First trimester prenatal care for 2008, 74.4%. We will continue to stress the importance of early prenatal care. Infant mortality is down 2.6 per 1000 in 2007. Saratoga County started a Synagis program in 2008 for infants who are eligible.
Communicable Disease	B+	In 2008, Giardia, Salmonellosis, and pertussis increased over 2007. Lyme disease cases more than doubled from 2007 to 2008. We continue to do surveillance and education.
HIV/STD	B	Chlamydia continues to increase in numbers, gonorrhea remains constant. HIV testing increased in 2008 and education at STD clinic continues. We offer Twinrix at STD clinic.
Immunizations	A	We are at 93% of our clinic children immunized fully at 2 yrs. Since NYSIS, percentages have fallen off, not because of the missed opportunities, but the delays in data entry. Clinics are offered at various sites and times.
Tobacco and Substance Abuse	B	Saratoga County has a higher-than-average rate, 22%, for adults smoking. We continue to work with regional partners on this area.
Injury Prevention	B	Saratoga County still exceeds the rate for MVA's, alcohol use and MVA's, and falls. We are working with our partners on this initiative.
Nutrition	B	Obesity is an issue in Saratoga County and ARHN region. We will be working with our partners on our #1 Priority.
Oral Health	C	Access to dental services for the Medicaid population still continues to be a problem. We will continue to work with our partners to address services.
Overall Health	B	Saratoga County is rich in resources. We continue to work with our partners to address community health needs and address the growing needs of the general population. The added ability to utilize regional and local data in planning will enhance our ability to maintain and grow a healthy infrastructure and increase access to quality health care services.

Saratoga County's report card takes into consideration statistical data and assessment of how the county as a whole is meeting the needs of its residents. Based on this information, a letter grade was assigned.