

2016 Community Health Needs Assessment



Bassett Healthcare Network
Cobleskill Regional Hospital

&



Schoharie County
Department of Health

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I. Introduction:

Bassett Research Institute's Mohawk Valley Population Health Improvement Program (MVPHIP), a grant funded program from New York State Department of Health, conducted an assessment on behalf of Bassett Healthcare Network's Bassett Hospital of Schoharie County (dba: Cobleskill Regional Hospital), and the Schoharie County Department of Health.

The Community Health Needs Assessment provides the hospital, local county health department and stakeholders with data and key informant survey responses so that they may identify, prioritize and address health care challenges facing their communities. Utilizing the New York State's Prevention Agenda 2013-2018 the hospitals, local county health department and stakeholders can select interventions which target those identified needs.

a. Hospital Service Area:

Cobleskill Regional Hospital is a 40-bed not-for-profit hospital founded by the people of Schoharie County in 1956. Cobleskill Regional Hospital is Schoharie County's only provider of acute inpatient medical care, emergency care, short-stay inpatient rehabilitation, and many other diagnostic and therapeutic healthcare services. Cobleskill Regional Hospital offers a broad range of inpatient and outpatient services, including an emergency department staffed around-the-clock by board certified physicians, inpatient care for medical conditions, outpatient surgery, short-stay inpatient rehabilitation, outpatient rehabilitative services (including physical therapy), open MRI and state-of-the-art medical imaging, comprehensive laboratory services, a Sleep Disorder Center, and approximately 20 specialty services in areas such as cardiology, women's health, orthopedics, and more. Cobleskill Regional Hospital has been affiliated with Bassett Healthcare Network since 1994.

Cobleskill Regional Hospital primary service area includes the following zip codes, which equates to all of Schoharie County:

Town	Zip Code	County
Carlisle	12031	Schoharie
Central Bridge	12035	Schoharie
Charlottesville	12036	Schoharie
Cobleskill	12043	Schoharie
Esperance	12066	Schoharie
Fultonham	12071	Schoharie
Gallupville	12073	Schoharie
Gilboa	12076	Schoharie
Howes Cave	12092	Schoharie
Jefferson	12093	Schoharie
Middleburgh	12122	Schoharie
North Blenheim	12131	Schoharie
Richmondville	12149	Schoharie
Schoharie	12157	Schoharie
Sloansville	12160	Schoharie
Summit	12175	Schoharie
Warnerville	12187	Schoharie
West Fulton	12194	Schoharie
Preston Hollow	12469	Schoharie
Sharon Springs	13459	Schoharie

b. County Health Department

The Schoharie County Department of Health’s vision is to lead Schoharie County towards becoming the healthiest community in which to live, work, and play. Their mission is to prevent disease, promote education to improve health, increase awareness of wellness and safety, and protect against health threats. The health department works as a team to ensure that the community has access to the best health interventions, child and adult support services, environmental quality measures, and preparedness strategies by utilizing the most current and effective outreach, media and promotion tools.

c. Process and Methodology for Conducting the Assessment

MVPHIP collaborated with the local health department and hospital to compile a list of key informants in the service region. Those key informants represent a broad range of sectors, community interests and included organizations which represent the medically underserved, low-income and minority populations. The key informants were invited to participate in online survey from July through September 9, 2016. 135 stakeholders took part, see table below:

Key Informant Type	Number Invited	Number Participated
Aging/Senior Services	28	6
Behavioral Health (Mental Health & Substance Abuse)	29	9
Business	15	2
Early Childhood Services	8	3
Education	47	17
Employment & Training	3	1
Faith Based Community	15	3
Family Services	58	4
Health Care	143	46
Healthy Environment	13	1
Housing Services	9	2
Immigrant/Refugee Services	2	0
Intellectual or Developmental Disabilities	25	5
Law Enforcement	13	0
Municipal Governments	46	4
Physical Disability Services	10	1
Social Services	49	6
STI/HIV Prevention	1	0
Other	0	25
Total	514	135

Survey participants also indicated their organization’s primary function and the population(s) they serve (see figures 1 and 2.)

Figure 1

What is your organization's primary function?

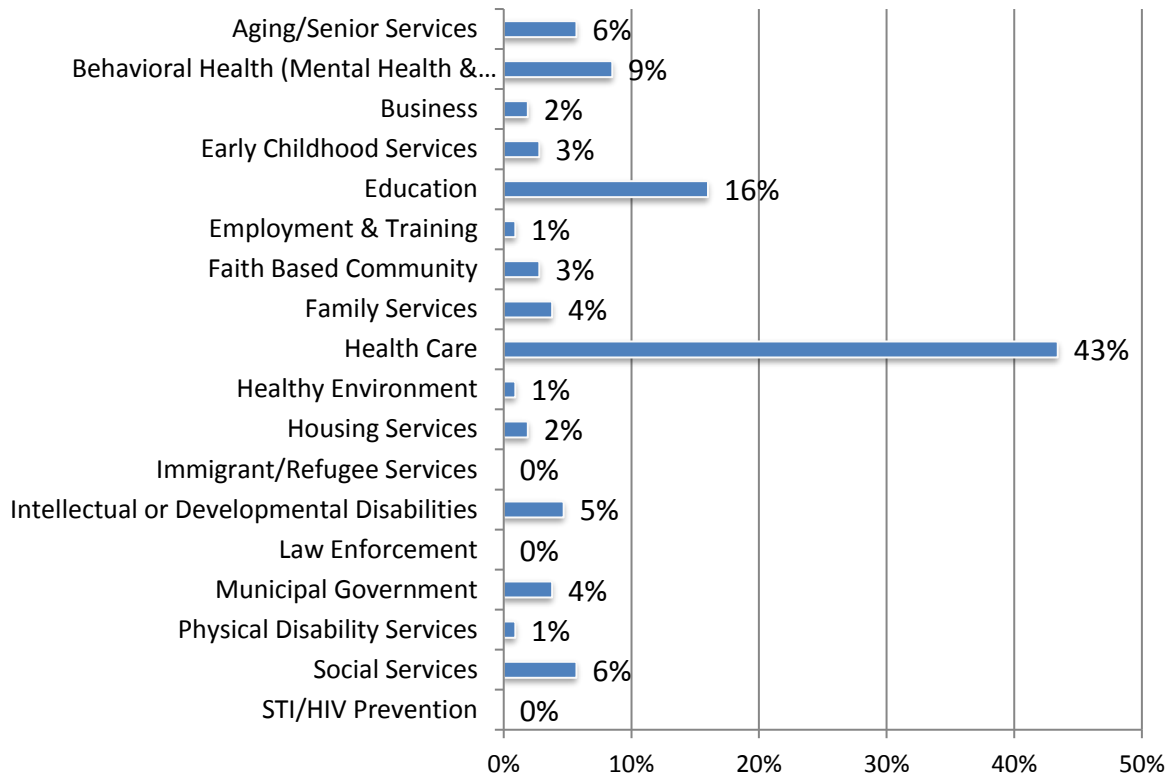
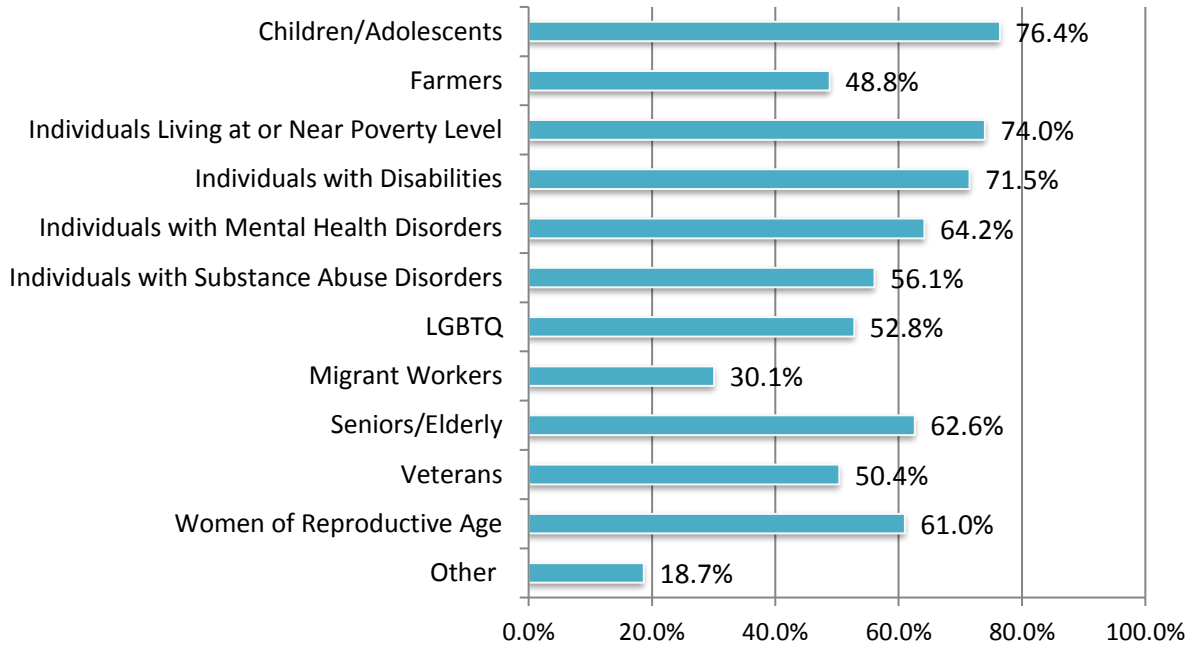


Figure 2

Which populations does your organization serve?



In addition to the key informant responses, the assessment includes quantitative data sources from over 300 different health indicators collected and published by New York State, as well as, 175 health indicators included on the MVPHIP website compiled by Healthy Communities Institute. The MVPHIP website brings non-biased data, local resources, and reporting tools to one accessible, user-friendly location. The site includes a comprehensive dashboard of community indicators covering over 20 topics in the areas of health, social determinants of health, and quality of life. The data is primarily derived from state and national public secondary data sources.

Secondary Data Sources Include:

- American Community Survey
- Center for Medicare & Medicaid Services – Chronic Conditions
- Centers for Disease Control and Prevention - CDC Wonder
- Council on Children and Families Kids' Well-being Indicators Clearinghouse
- County Health Rankings & Roadmaps
- Feeding America
- Institute for Health Metrics and Evaluation
- National Cancer Institute – State Cancer Profiles
- New York Expanded Behavioral Risk Factor Surveillance System
- New York State Community Health Indicator Reports
- New York State Department of Health's Opioid Poisoning, Overdose and Prevention 2015 Report
- New York State Division of Criminal Justice Services - 2015 Crime Statistics by County
- New York Statewide Planning and Research Cooperative System (SPARCS)*
- Small Area Health Insurance Estimates
- U.S. Census – County Business Patterns
- U.S. Census - QuickFacts
- U.S. Department of Agriculture – Food Environment Atlas
- U.S. Environmental Protection Agency Release - Geography Report

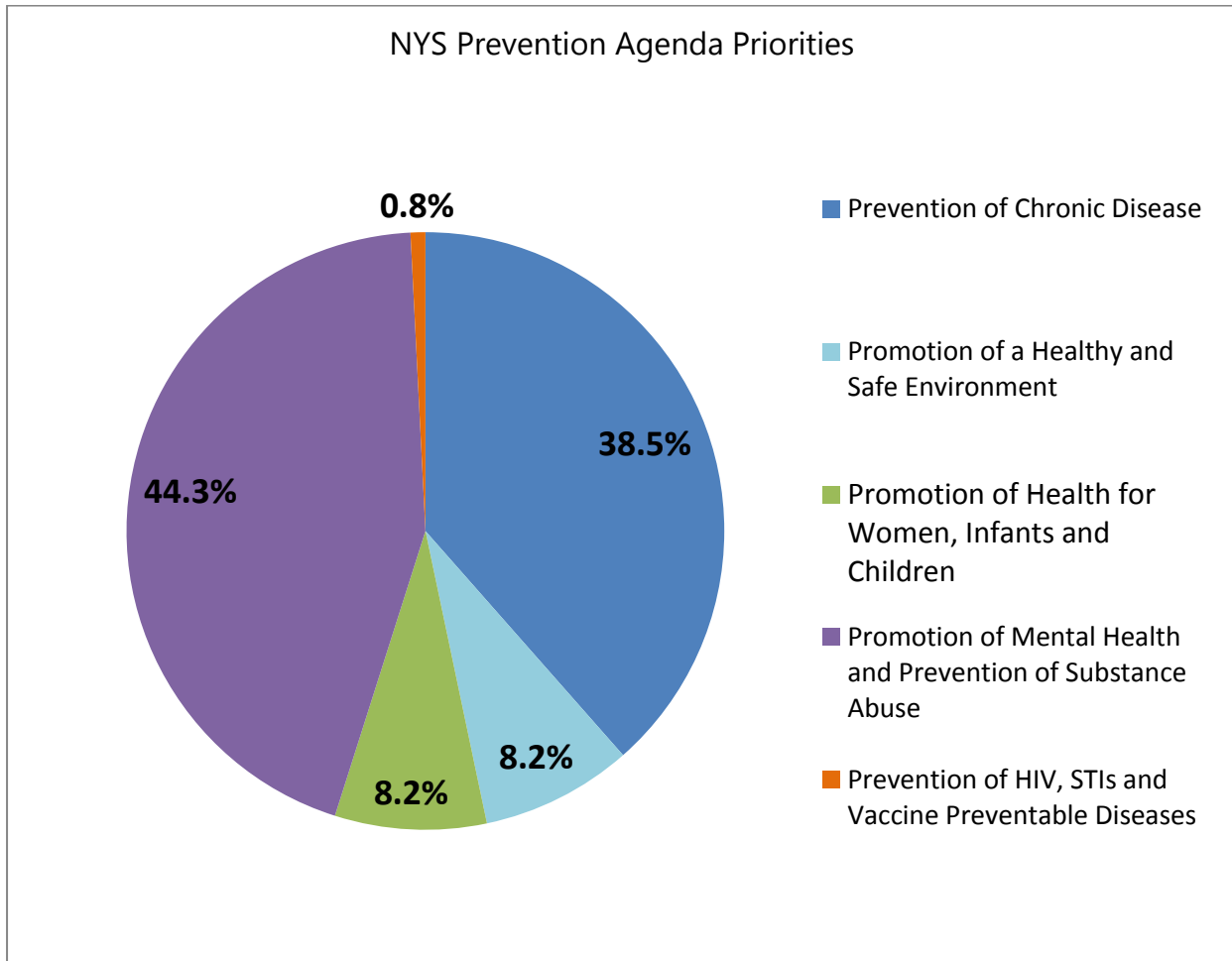
These indicators are grouped by New York State Prevention Agenda Action Plans and are compared with the county and state levels or by time series.

*SPARCS data indicators reflect Cobleskill Regional Hospital ER visits and hospitalizations and may not reflect Schoharie County residents utilizing services at other hospitals.

d. Ranking of Priorities

During the key informants' online survey, stakeholders had the opportunity to identify and rank health priorities.

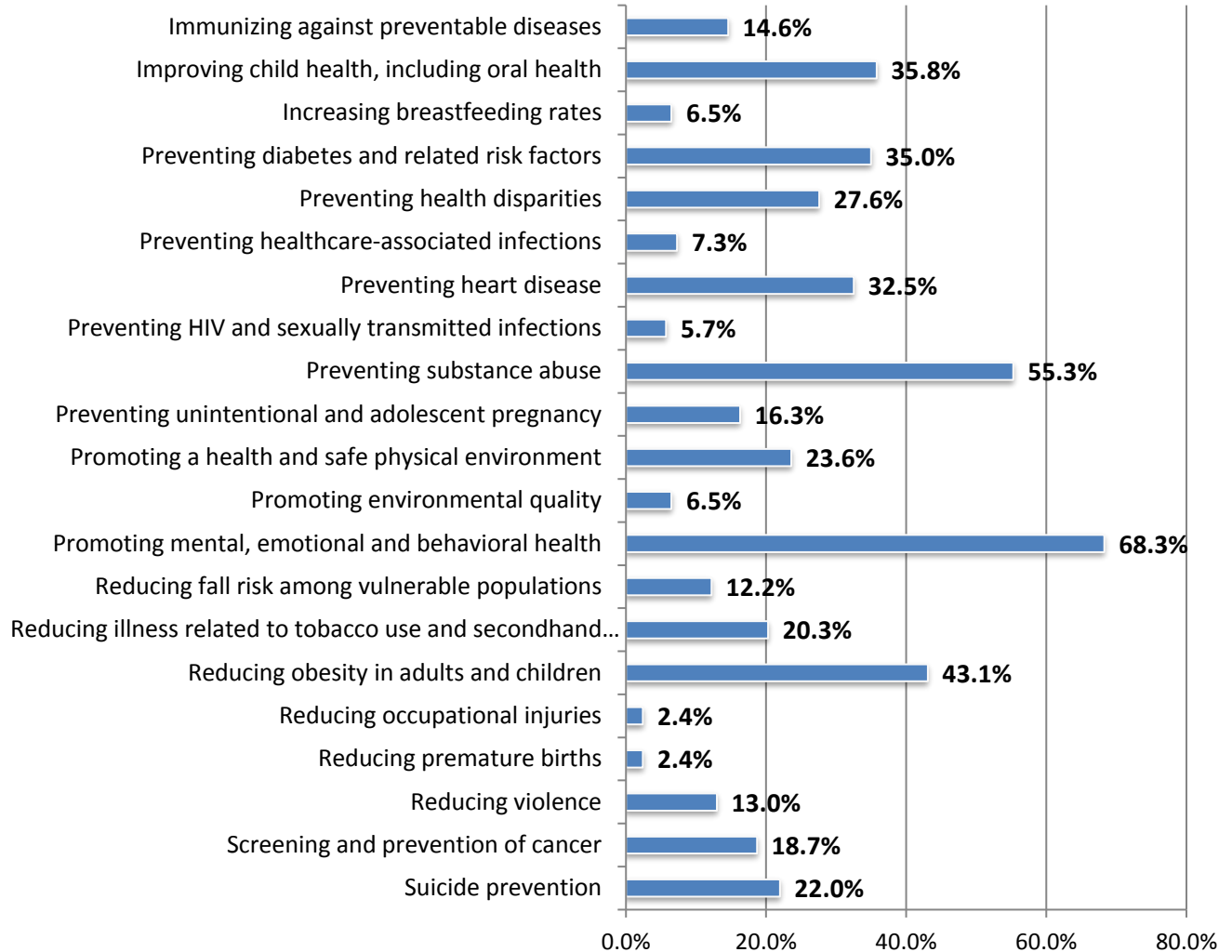
Survey key informants list of priorities:



Based on the key informant survey results, participants ranked Promotion of Mental Health and Prevention of Substance Abuse number one and Prevention of Chronic Disease ranked number two. After selecting the priorities, survey participants were asked to ranked their top five focus areas from all of the Prevention Agenda priorities (figure 3.)

Figure 3

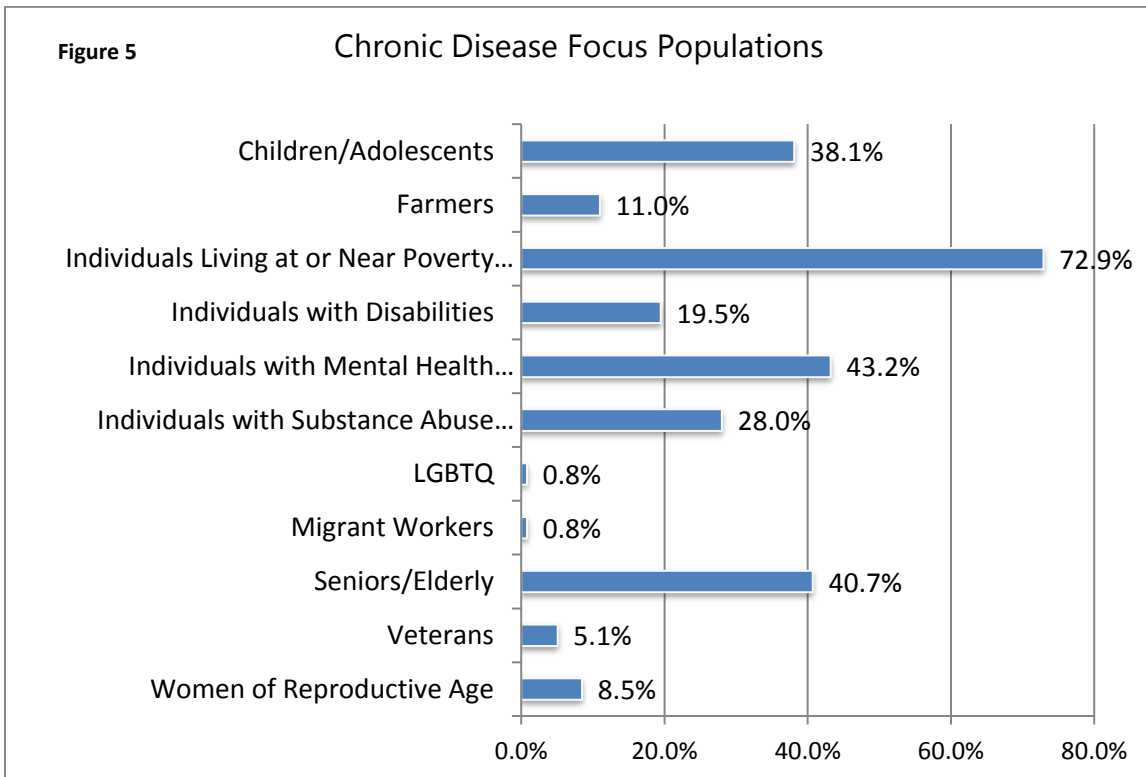
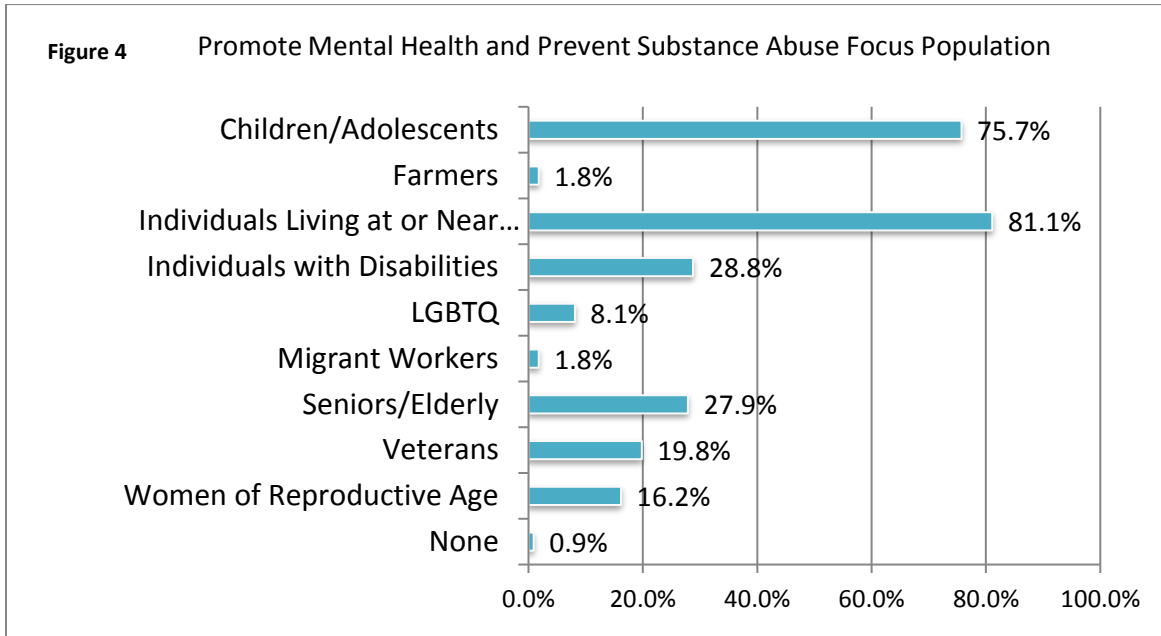
NYS Prevention Agenda Focus Areas



Based on the survey results, the following top five focus areas are tied to the top two selected priorities:

1. Promoting mental, emotional and behavioral health
2. Preventing substance abuse
3. Reducing obesity in adults and children
4. Preventing diabetes and related risk factors
5. Preventing heart disease

Survey participants indicated the following populations should be the focus of targeted efforts to promote mental health and prevent substance abuse in figure 4 and prevent chronic disease in figure 5:



II. New York State's Prevention Agenda 2013-2018:¹

In 2012 the New York State Public Health and Health Planning Council's Public Health Committee set up an Ad Hoc Committee to develop a five year state health improvement plan. The committee assessed the current health status of New York State's population, and the progress to date on Prevention Agenda 2008-2012 goals. The committee developed five priority specific action plans to be used as the blueprint by local health departments and hospitals to improve the health of New Yorkers and March 15, 2015 an additional action plan was added to improve health and reduce health disparities. The six action plans priorities are:

1. Improve Health Status and Reduce Health Disparities
2. Prevent Chronic Diseases
3. Promote a Healthy and Safe Environment
4. Promote Healthy Women, Infants and Children
5. Promote Mental Health and Prevent Substance Abuse
6. Prevent HIV, Sexually Transmitted Diseases, Vaccine-Preventable Diseases and Healthcare-Associated Infections

Each action plan includes specific focus areas, goals and interventions along with health indicators to measure progress toward achieving the goals, including reducing health disparities for individuals with low socio-economic status, disabilities, racial and ethnic groups, as well as other populations who experience them.

¹ Adapted from the New York State Department of Health's Prevention Agenda website, https://www.health.ny.gov/prevention/prevention_agenda/2013-2017/

III. Community Description:

a. Geography:

Cobleskill Regional Hospital is located in Cobleskill, New York in Schoharie County. Schoharie County is bordered by Albany and Schenectady counties to the East, Montgomery County to the North with Otsego County to the West and Delaware and Greene counties to the South. The southern portion of the county is a part of the Catskill Mountains while the northern part is mostly small hills and valleys. It is predominately rural and land area in square miles is 621.82 with a population per square mile at (52.7) compared with the state (411.2) and the U.S. (87.4). The county consists of 22 municipalities: the villages of Cobleskill, Esperance, Middleburgh, Richmondville, Schoharie and Sharon Springs, the towns of Blenheim, Broome, Carlisle, Cobleskill, Conesville, Esperance, Fulton, Gilboa, Jefferson, Middleburgh, Richmondville, Schoharie, Seward, Sharon, Summit and Wright.

b. Economy:²

Schoharie is one of 14 New York State counties in the Appalachian Region. The Appalachian Region's economy historically was dependent on mining, forestry, agriculture, and chemical and heavy industries but currently includes manufacturing and professional service industries. Agriculture remains the primary industry of Schoharie County and farms are located throughout the county as well as farm stands with local produce. Tourism also contributes to the economy with visitors coming to see a popular attraction in New York, Howe Caverns. The nearby Iroquois Indian Museum has the largest collection Iroquois art in the United States. The region also supplies water to New York City through the Gilboa Dam and the Schoharie Reservoir. Under the operation of the New York State Power Authority the Blenheim-Gilboa Dam and the reservoir produces hydroelectric power.

² Adapted from New York State Counties descriptions, <http://www.ny.gov/counties/schoharie> and the Appalachian Regional Commission website, http://www.arc.gov/appalachian_region/TheAppalachianRegion.asp

c. Demographics:³

Demographics	Cobleskill Regional Hospital Service Area: Schoharie County	New York State	United States
Population estimates	31,330	19,795,791	321,418,820
% White	95.9	70.1	77.1
% Black/African American	1.6	17.6	13.3
% American Indian and Alaska Native	0.3	1.0	1.2
% Asian	0.8	8.8	5.6
% Two or More races	1.4	2.4	2.6
% Hispanic/Latino	3.2	18.8	17.6
% Persons under 5 yrs.	4.6	6.0	6.2
% Person under 18 yrs.	18.5	21.3	22.9
% Persons 65 years and over	19.1	15.0	14.9
% High School graduate or higher, % of persons 25 years+, 2010-2014	88.1	85.4	86.3
% Bachelor's degree or higher, percent of persons age 25 year+ 2010-2014	19.1	33.7	29.3
Median Household Income, 2010 - 2014	\$51,873	\$58,687	\$53,482
% Individuals below poverty level	12.9	15.6	15.6
% With a disability, under age 65 years, 2010-2014	11.5	7.3	8.5

³ United States Census QuickFacts, July 1, 2015 and American Community Survey

IV. Community Assets and Resources:

a. New York State Health Care Transformation Initiatives:

New York State Department of Health has multiple initiatives to achieve the “Triple Aim.” The Triple Aim focuses on three dimensions: improving patient experience, improving population health and reducing health care costs. Each of these initiatives contributes to the pursuit of those dimensions.

- Accountable Care Organizations:⁴

Accountable Care Organizations (ACOs) are groups of doctors, hospitals, and other health care providers, working together to provide higher-quality coordinated care to their patients, while helping to slow health care cost growth. ACOs share with Medicare savings generated from lowering the growth in health care costs when they meet standards for high quality care. Bassett Healthcare Network’s Bassett Accountable Care Partners, LLC was selected as one of 89 new Medicare Shared Saving Programs beginning January 1, 2015. Bassett Hospital of Schoharie County dba: Cobleskill Regional Hospital is a Bassett Accountable Care Partners, LLC participant.

- Delivery System Reform Incentive Payment (DSRIP) Programs:⁵

On April 14, 2014 Governor Cuomo announced that Center of Medicaid and Medicare Services approved New York’s waiver request to reinvest the \$8 billion generated by Medicaid Redesign Team (MRT) reforms. DSRIP’s purpose is to fundamentally restructure the health care delivery system by reinvesting in the Medicaid program, with the primary goal of reducing avoidable hospital use by 25% over 5 years. Each DSRIP project has specific milestones and metrics with an incentive based payment model that allocates payout upon achieving predefined results in system transformation, clinical management and population health. Additionally, a number of quality goals must be achieved including access measures, preventive care and care coordination. The DSRIP program covers a five-year period beginning April 1, 2015 and ending March 31, 2020.

Cobleskill Regional Hospital and Schoharie County Department of Health are participating partners in Bassett Healthcare Network’s Leatherstocking Collaborative Health Partners

⁴ Adapted from Bassett Healthcare Network website, <http://www.bassett.org/information/myhealthy-decisions/news/bassett-accountable-care-partners-llc/>

⁵ Adapted from the LCHP website, <http://leatherstockingpartners.org/>

(LCHP) PPS. LCHP includes providers and community based organizations from Delaware, Herkimer, Madison, Otsego and Schoharie counties. LCHP has 11 projects from New York State approved list organized by three domains: system transformation, clinical improvement and population health.

Domain	Number	Name	Description
2: System Transformation	2.a.ii.	Patient Centered Medical Homes (PCMH)	Increase Certification of Primary Care Practitioners with PCMH Certification and/or Advanced Primary Care Models (as developed under the NYS Health Innovation Plan (SHIP)
2: System Transformation	2.b.vii	INTERACT in Skilled Nursing Facilities)/Long-Term Care	Implementing the INTERACT Project (Inpatient Transfer Avoidance Program for Skilled Nursing Facility).
2: System Transformation	2.b.viii	Hospital-Home Care Collaboration	Hospital-Home Care Collaboration Solutions.
2: System Transformation	2.c.i	Navigation Program	To Develop a Community Based Health Navigation Service to Assist Patients to Access Healthcare Services Efficiently.
2: System Transformation	2.d.i	Patient Activation Measure (PAM) for Uninsured	Implementation of Patient Activation Activities to Engage, Educate and Integrate the uninsured and low/non-utilizing Medicaid populations into Community Based Care.
3: Clinical Improvement	3.a.i	Behavioral Health	Integration of Primary Care and Behavioral Health Services.
3: Clinical Improvement	3.a.iv	Withdrawal Management	Development of Withdrawal Management (e.g., ambulatory detoxification, ancillary withdrawal service) Capabilities and Appropriate Enhanced Abstinence Services within Community-Based Addiction Treatment Programs.
3: Clinical Improvement	3.d.iii	Asthma	Implementation of Evidence Based Medicine Guidelines for Asthma Management.
3: Clinical Improvement	3.g.i	Palliative Care	Integration of Palliative Care into the Patient Centered Medical Home Model.
4: Population Health	4.a.iii	Mental Health and Substance Abuse	Strengthen Mental Health and Substance Abuse Infrastructure across Systems.
4: Population Health	4.b.i	Tobacco Cessation	Promote tobacco use cessation, especially among low SES and those with poor mental health.

- Population Health Improvement Programs:⁶

The Population Health Improvement Programs (PHIP) will promote the Triple Aim of: better care, better population health and lower health care costs by convening regional stakeholders and establishing neutral forums for identifying, disseminating, and implementing best practices and strategies to promote population health and reduce health care disparities in their respective regions. The PHIP will help achieve improvements in population health through stakeholder collaboration, data-driven prioritization, and regional strategies for addressing health disparities. The PHIP supports and advances the ongoing activities of New York State Prevention Agenda and the State Health Innovation Plan, as well as, serves as a resource for the local Performing Providers Systems.

Cobleskill Regional Hospital and Schoharie County Department of Health are active members of the Mohawk Valley PHIP board. The Bassett Healthcare Network's Bassett Research Institute is the contractor for the Mohawk Valley PHIP which comprises Fulton, Herkimer, Montgomery, Otsego and Schoharie counties. Following a careful review of local health data and extensive discussion, the Mohawk Valley PHIP board and stakeholders have identified two regional population health priorities of Behavioral Health and Obesity. Workgroups were formed to tackle these health priorities.

- NY State Health Innovation Plan and State Innovation Model:

State Health Innovation Plan (SHIP) drives the evolution of health delivery and payment systems. The goal is to identify and stimulate promising innovations in health care delivery and payment which result in optimal health outcomes for all New Yorkers.

New York's State Innovation Model (SIM) testing grant seeks to transform primary care delivery and payment models across the New York State, with the goal of reaching 80 percent of New York's primary care patients.

⁶ Adapted from the Mohawk Valley PHIP website, <http://www.mvphip.org/>

b. Resources Available to Address Health Needs:

The MVPHIP website contains links to community resources which connect the individuals to health and human service providers by region, counties and zip codes across New York State.⁷

- United Way's 2-1-1 is an easy-to-remember toll free telephone number with confidential community referral that connects callers with community based resources providing food, shelter, rent assistance, clothing, child care options and other types of community assistance. Trained referral specialists are available to help individuals. 2-1-1 Resources are also available on the web.
- 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 offender
- NY Connects Resource Directory helps individuals connect to services and supports, such as health care, basic needs, consumer services, 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 or individuals can browse by target populations. NY Connects serves individuals who have specific disabilities, medical diagnoses, ethnic backgrounds, national origins, family relationships, income levels, religious affiliations, special problems or considerations, or other targeted characteristics. They also work to help families, caregivers, and professionals.
- 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.

⁷ Adapted from the Mohawk Valley PHIP website, <http://www.mvphip.org/>

V. Health Status by Prevention Agenda Indicators:

1. Improve Health Status and Reduce Health Disparities

Focus Area 1 – Improve the health status of all New Yorkers

According to Healthy People 2020 health disparities are defined as a health outcome which is seen to a greater or lesser extent between populations. Ethnicity, sex, sexual identity, age, race, disability, socio-economic status, and geographic location contribute to an individual's ability to attain good health.

Prevention Agenda Indicators	Prevention Agenda 2018 Benchmark	New York State	Schoharie County	New York State Comparison
Percentage of premature deaths (before age 65 yrs.) (Vital Records Data, 2014)	21.8	23.7	24.2	Worse
Premature deaths: ratio of blacks non-Hispanics to white non-Hispanics (Vital Records Data, 2012-2014)	1.87	1.98	1.67	Better
Premature deaths: ratio of Hispanics to white non-Hispanics (Vital Records Data, 2012-2014)	1.86	1.92	0.70	Better
Age-adjusted preventable hospitalizations rate per 10,000 - Aged 18+ years (SPARCS, 2014)	122.0	119.0	103.6	Better
Percentage of adults (aged 18-64) with health insurance (US Census Bureau, 2016)	100	87.6	90.2	Better
Age-adjusted percentage of adults who have a regular health care provider - Aged 18+ year (NYS eBRFSS, 2013-2014)	90.8	84.5	82.9	Worse

1. Improve Health Status and Reduce Health Disparities

Focus Area 1 – Improve the health status of all New Yorkers

Other Indicators compared to New York State	New York State	Schoharie County	New York State Comparison
Life Expectancy for Females (Institute for Health Metrics and Evaluation, 2010)	82.2	81.8	Worse
Life Expectancy for Males (Institute for Health Metrics and Evaluation, 2010)	77.7	77.4	Same
Non-Physician Primary Care Provider Rate per 100,000 population (County Health Rankings, 2015)	86	32	Worse
Percentage of Adults Aged 18-64 who saw a doctor for routine checkup within the last year (NYS eBRFSS, 2013-2014)	70.9	62.5	Worse
Percentage of Adults aged 18-64 with healthcare coverage (NYS eBRFSS, 2013-2014)	86	87.8	Better
Percentage of Adults experiencing food insecurity in the past 12 months (NYS eBRFSS, 2013-2014)	29.4	24.9	Better
Percentage of Adults living with a disability (NYS eBRFSS, 2013-2014)	19.9	24.2	Worse
Percentage of Adults reporting poor self-reported health (NYS eBRFSS, 2013-2014)	4.3	3.6	Better
Percentage of Adults who did not receive medical care because of costs (NYS eBRFSS, 2013-2014)	13.6	11.1	Better
Percentage of Adults who had a dentist visit within the past year (NYS eBRFSS, 2013-2014)	69.3	67.9	Worse
Dentists per 100,000 population (County Health Rankings, 2014)	78	29	Worse
Percentage of Adults who report 14 or more days of poor physical health (NYS eBRFSS, 2013-2014)	11.3	8.8	Better
Primary Care Provider Rate per 100,000 population (County Health Rankings, 2013)	83	25	Worse

2. Prevent Chronic Diseases

Focus Area 1 – Reduce Obesity in Children and Adults:

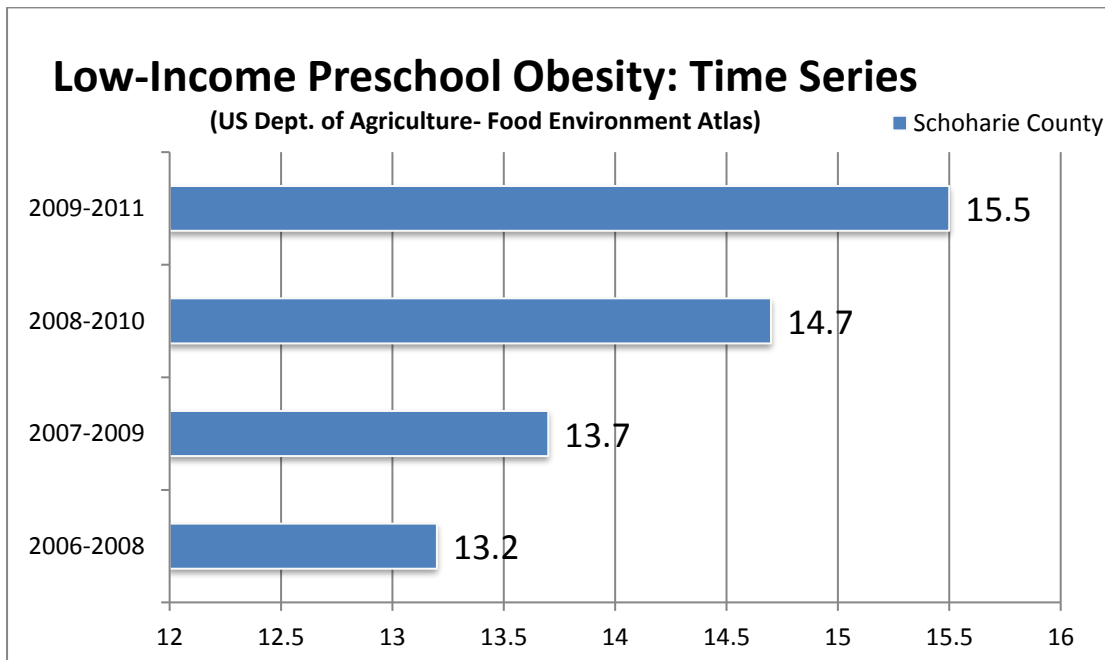
Obesity is the second leading cause of preventable death. It increases the risk for asthma, heart disease, hypertension and type-2 diabetes. Among the United States, New York ranks second highest for healthcare costs attributed to obesity.

Prevention Agenda Indicators	Prevention Agenda 2018 Benchmark	New York State	Schoharie County	New York State Comparison
Percentage of adults aged 18 years and older with an annual household income less than \$25,000 who are obese (NYS eBRFSS, 2013-2014)	25.4	28.5	23.0	Better
Percentage of adults aged 18+ yrs. with disabilities who are obese (NYS eBRFSS, 2013-2014)	31.4	36.9	33.4	Better
Percentage of adults who are obese (NYS eBRFSS, 2013-2014)	23.2	24.6	28.7	Worse
Percentage of adults who consume one or more sugary drinks daily (NYS eBRFSS, 2013-2014)	19.5	24.7	26.1	Worse
Percentage of adults who participated in leisure time physical activity in the past 30 days (NYS eBRFSS, 2013-2014)	77.4	72.9	70.0	Worse
Percentage of children and adolescents who are obese (NYS eBRFSS, 2013-2014)	16.7	17.3	18.8	Worse

2. Prevent Chronic Diseases

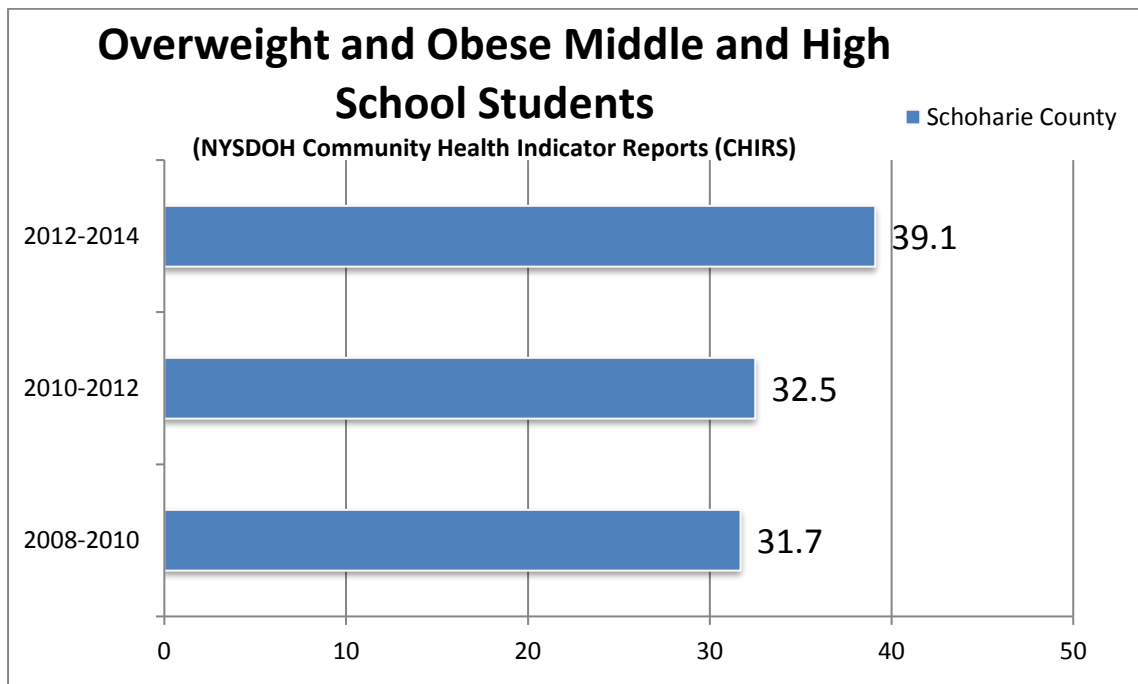
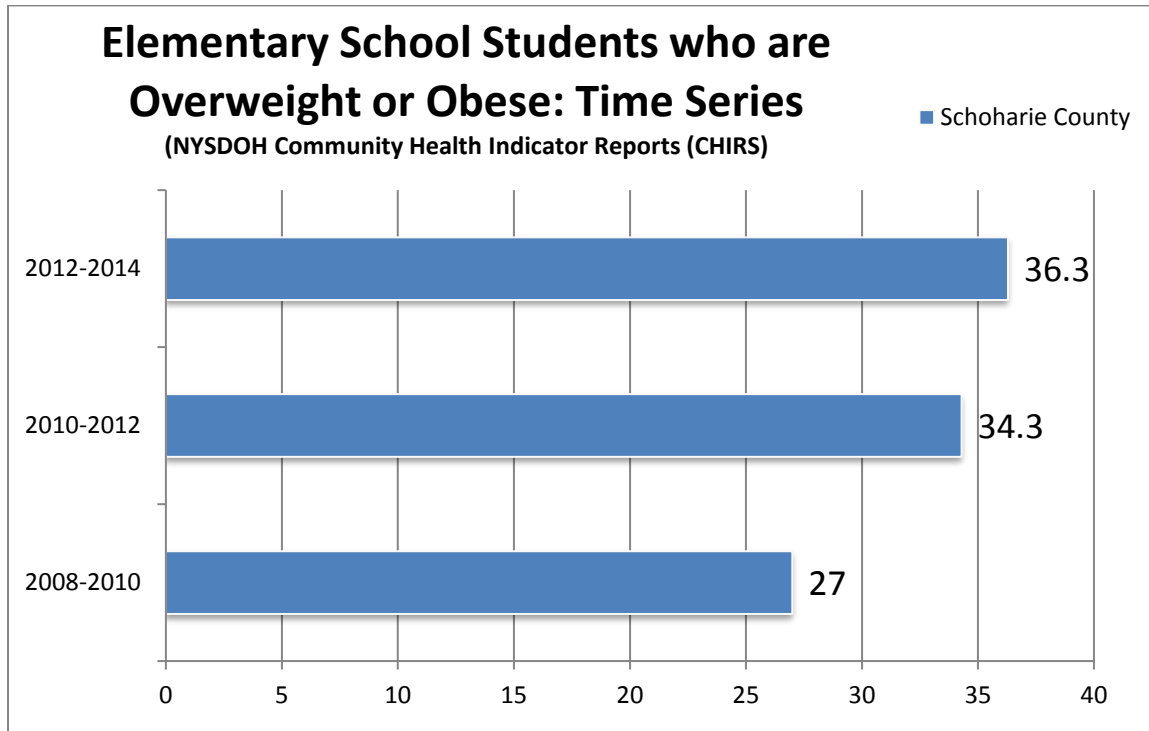
Focus Area 1 – Reduce Obesity in Children and Adults:

Other Indicators compared to New York State	New York State	Schoharie County	New York State Comparison
Percentage of Adults overweight or obese (NYS eBRFSS, 2013-2014)	60.5	72	Worse
Percentage of Adult Fruit and Vegetable Consumption (NYS eBRFSS, 2008-2009)	27.1	25.2	Worse
Percentage of Adults who consume fast-food three or more times per week (NYS eBRFSS, 2013-2014)	5.9	3.9	Better
Percentage of Elementary School Students who are Overweight or Obese (NYSDOH CHIRS, 2012-2014, NYS rate excludes NYC)	33.1	36.3	Worse
Percentage of Food Insecurity (Feeding America 2014)	13.5	11.1	Better
Percentage of Middle and High School Students who are Overweight or Obese (NYSDOH CHIRS, 2012-2014, NYS rate excludes NYC)	35.2	39.1	Worse



2. Prevent Chronic Diseases

Focus Area 1 – Reduce Obesity in Children and Adults:



2. Prevent Chronic Diseases

Focus Area 2 – Reduce Illness, Disability and Death Related to Tobacco Use and Secondhand Smoke Exposure:

Tobacco addiction is the leading cause of preventable death. Approximately one-third of all tobacco users will die prematurely. While New York State has had significant reductions in the adult and youth smoking rates, some health disparities exist for those with low-socioeconomic status and poor mental health.

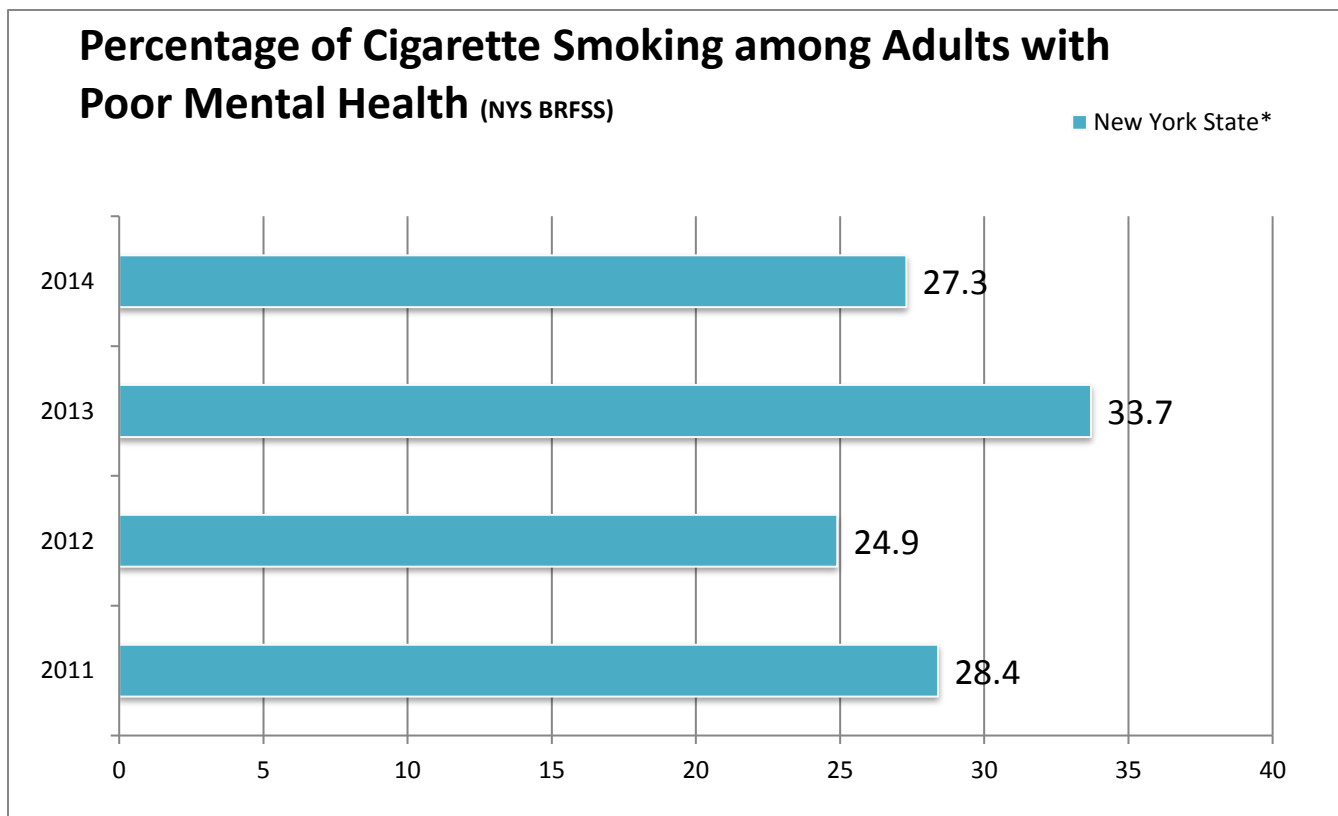
Prevention Agenda Indicators	Prevention Agenda 2018 Benchmark	New York State	Schoharie County	New York State Comparison
Percentage of adults with annual household income less than \$25,000 who are current smokers (NYS eBRFSS, 2013-2014)	20.0	19.9	27.6	Worse
Percentage of cigarette smoking among adults (NYS eBRFSS, 2013-2014)	12.3	15.6	19.3	Worse

Other Indicators compared to New York State		New York State	Schoharie County	New York State Comparison
Lung Cancer	Age-Adjusted Death Rate 100,000 population due to Lung Cancer (National Cancer Institute, 2009-2013)	41.2	44.4	Worse
Lung Cancer	Lung and Bronchus Cancer Incidence Rate; cases per 100,000 population (National Cancer Institute, 2009-2013)	61.8	65.1	Worse
Oral Cancer	Oral Cavity and Pharynx Cancer Incidence Rate; cases per 100,000 population (National Cancer Institute, 2009-2013)	10.5	15.2	Worse

2. Prevent Chronic Diseases

Focus Area 2 – Reduce Illness, Disability and Death Related to Tobacco Use and Secondhand Smoke Exposure:

Other Indicators by Time Series and compared to New York State		Schoharie County 2011-2013	Schoharie County 2012-2014	New York State 2012 -2014
Respiratory Diseases	Age-Adjusted ER Rate due to COPD; ER visits per 10,000 population 18+ yrs. (SPARCS)	21.6	18.5	14.3
Respiratory Diseases	Age-Adjusted Hospitalization Rate per 10,000 population 18+ yrs. due to COPD (SPARCS)	31.3	30.7	19.1



*County level data is not available.

2. Prevent Chronic Diseases

Focus Area 3 – Increase Access to High-Quality Chronic Disease Preventive Care and Management in Clinical and Community Settings

Utilizing chronic disease management and preventive care can avoid many complications and reduce the disease burden. Many New York State adults have more than one chronic disease. Additionally many New York State adults do not receive screening tests, medications used to prevent disease, counseling, and immunizations as recommended.

Prevention Agenda Indicators		Prevention Agenda 2018 Benchmark	New York State	Schoharie County	New York State Comparison
Asthma	Asthma emergency department visit rate per 10,000 population (SPARCS, 2014)	75.1	85.4	12.0	Better
Cancer	Percentage of adults aged 50-75 yrs. with annual household income less than \$25,000 receiving colorectal cancer screening (NYS eBRFSS, 2013-2014)	65.4	61.4	46.3*	Worse
Cancer	Percentage of adults who received a colorectal cancer screening based on the most recent guideline, aged 50-75 yrs. (NYS eBRFSS, 2013-2014)	80.0	69.3	65.9	Worse
Diabetes	Percentage of adults who had a test for high blood sugar or diabetes within the past three years (NYS eBRFSS, 2013-2014)	61.7	59.1	54.0	Worse
Diabetes	Rate of hospitalizations for short-term complications of diabetes per 10,000 – Aged 18+ yrs. (SPARCS, 2014)	4.86	6.47	6.34	Better
Heart Disease	Age-adjusted heart attack hospitalization rate per 10,000 (SPARCS, 2014)	14.0	13.8	14.2	Worse

*Highly variable rate (confidence interval with a half-width greater than 10).

2. Prevent Chronic Diseases

Focus Area 3 – Increase Access to High-Quality Chronic Disease Preventive Care and Management in Clinical and Community Settings

Other Indicators compared to New York State		New York State	Schoharie County	New York State Comparison
Arthritis	Percentage of adults with Arthritis (NYS eBRFSS, 2013-2014)	21.8	29.1	Worse
Arthritis	Percentage of Rheumatoid Arthritis or Osteoarthritis: Medicare Population (Centers for Medicare & Medicaid, 2014)	28.6	23.9	Better
Asthma	Percentage of Adults with Asthma (NYS eBRFSS, 2013-2014)	10.1	7.5	Better
Cancer	Age-Adjusted Death Rate per 100,000 females due to Breast Cancer (National Cancer Institute, 2006-2010)	22.3*	19.8*	Better
Cancer	Age-Adjusted Death Rate per 100,000 males due to Prostate Cancer (National Cancer Institute, 2009-2013)	19.9	16.8	Better
Cancer	Age-Adjusted Death Rate per 100,000 population due to Colorectal Cancer (National Cancer Institute, 2009-2013)	14.6	12.8	Better
Cancer	Bladder Cancer Incidence Rate; cases per 100,000 population (National Cancer Institute, 2009-2013)	23.5	20.2	Better
Cancer	Breast Cancer Incidence Rate; cases per 100,000 females (National Cancer Institute, 2009-2013)	128.4	124.9	Better
Cancer	Colorectal Cancer Incidence Rate, cases per 100,000 population (National Cancer Institute, 2009-2013)	41.5	43.9	Worse
Cancer	Kidney & Renal Pelvis Cancer Incidence Rate; cases per 100,000 population (National Cancer Institute, 2009-2013)	16.1	17.7	Worse
Cancer	Liver & Bile Duct Cancer Incidence Rate; cases per 100,000 population (National Cancer Institute, 2009-2013)	8.4	9.3	Worse

*3 or fewer cases in 2009-2013, therefore a new rate was not available.

2. Prevent Chronic Diseases

Focus Area 3 – Increase Access to High-Quality Chronic Disease Preventive Care and Management in Clinical and Community Settings

Other Indicators compared to New York State		New York State	Schoharie County	New York State Comparison
Cancer	Melanoma Cancer Incidence Rate; cases per 100,000 population (National Cancer Institute, 2009-2013)	17.9	22.5	Worse
Cancer	Pancreas Cancer Incidence Rate; cases per 100,000 population (National Cancer Institute, 2009-2013)	13.8	13.4	Better
Cancer	Prostate Cancer Incidence Rate; cases per 100,000 males (National Cancer Institute, 2009-2013)	145.2	89.4	Better
Cancer	Stomach Cancer Incidence Rate; cases per 100,000 population (National Cancer Institute, 2009-2013)	8.7	8.6	Better
Cancer	Percentage of Women aged 18+ yrs who have had a Pap smear in the past 3 yrs. (NYS eBRFSS, 2008-2009)	82.7	79.1	Worse
Cancer	Uterus Cancer Incidence Rate; cases per 100,000 females (National Cancer Institute, 2009-2013)	30.6	40.2	Worse
Chronic Kidney Disease	Percentage of Chronic Kidney Disease: Medicare Population (Centers for Medicare & Medicaid, 2014)	15.4	15.0	Better
Diabetes	Percentage of adults with physician diagnosed diabetes (NYS eBRFSS, 2013-2014)	8.9	7.2	Better
Diabetes	Percentage of adults with physician-diagnosed pre-diabetes (NYS eBRFSS, 2013-2014)	5.9	4.6	Better
Diabetes	Percentage of Diabetic Screening: Medicare Population (County Health Rankings, 2013)	86.0	87.7	Better
Stroke	Percentage of Stroke: Medicare Population (Centers for Medicare & Medicaid, 2014)	3.9	3.1	Better

2. Prevent Chronic Diseases

Focus Area 3 – Increase Access to High-Quality Chronic Disease Preventive Care and Management in Clinical and Community Settings

Other Indicators compared to New York State		New York State	Schoharie County	New York State Comparison
Heart Disease	Percentage of adults 18+ yrs and older with elevated cholesterol (NYS eBRFSS, 2013-2014)	34.5	32.7	Better
Heart Disease	Percentage of adults who have taken a course or class to learn to manage their chronic disease or condition (NYS eBRFSS, 2013-2014)	9.7	7.9	Worse
Heart Disease	Percentage of adults with cholesterol checked (NYS eBRFSS, 2013-2014)	83.4	81.2	Worse
Heart Disease	Percentage of adults with diagnosed high blood pressure taking high blood pressure medication (NYS eBRFSS, 2013-2014)	55.6	58.4	Better
Heart Disease	Percentage of adults with physician-diagnosed high blood pressure (NYS eBRFSS, 2013-2014)	27.3	28.2	Worse
Heart Disease	Percentage of Medicare beneficiaries who were treated for (narrowing of the arteries) ischemic heart disease (Centers for Medicare & Medicaid, 2014)	31.4	24.7	Better
Heart Disease	Percentage of Medicare beneficiaries who were treated for hypertension (Centers for Medicare & Medicaid, 2014)	55.8	52.0	Better
Heart Disease	Percentage of Medicare beneficiaries who were treated for heart failure (Centers for Medicare & Medicaid, 2014)	15.8	10.9	Better
Heart Disease	Percentage of Medicare beneficiaries who were treated for (cholesterol and triglycerides in the blood) hyperlipidemia (Centers for Medicare & Medicaid, 2014)	48.4	44.5	Better
Heart Disease	Percentage of Medicare beneficiaries who were treated for atrial fibrillation (Centers for Medicare & Medicaid, 2014)	8.5	9.2	Worse

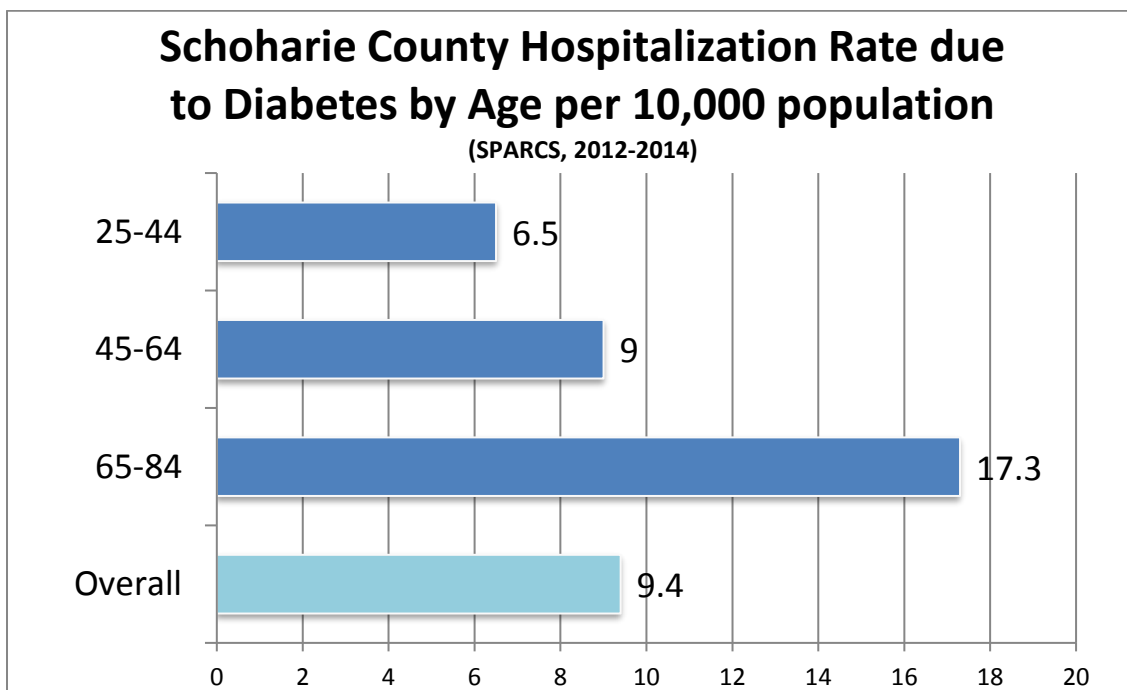
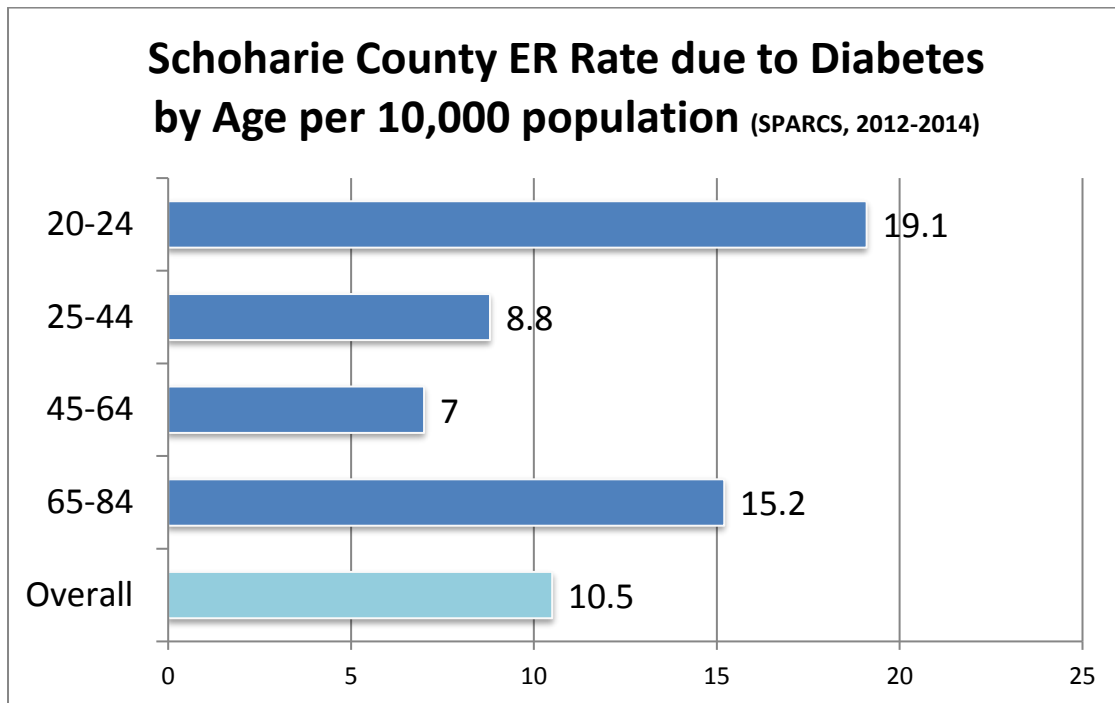
2. Prevent Chronic Diseases

Focus Area 3 – Increase Access to High-Quality Chronic Disease Preventive Care and Management in Clinical and Community Settings

Other Indicators by Time Series and compared to New York State		Schoharie County 2011-2013	Schoharie County 2012-2014	New York State 2012-2014
Asthma	Age-Adjusted ER Rate per 10,000 population 18+ yrs. due to Adult Asthma (SPARCS)	12.5	10.9	61.7
Asthma	Age-Adjusted Hospitalization Rate per 10,000 population due to Asthma (SPARCS)	3.9	3.8	16.8
Asthma	Age-Adjusted Hospitalization Rate per 10,000 18+ yrs. due to Adult Asthma (SPARCS)	4.2	4.5	14.1
Diabetes	Age-Adjusted Death Rate per 100,000 population due to Diabetes (CDC Wonder)	20.8	20.1	17.6
Diabetes	Age-Adjusted ER Rate due to Long-Term Complications of Diabetes; ER visits/10,000 population 18+ yrs. (SPARCS)	3.4	3.5	8.8
Diabetes	Age-Adjusted ER Rate per 10,000 population 18+ yrs. due to Diabetes (SPARCS)	7.8	10.5	23.4
Diabetes	Age-Adjusted Hospitalization Rate per 10,000 population 18+ yrs. due to Diabetes (SPARCS)	10.2	9.4	21.3
Diabetes	Age-Adjusted Hospitalization Rate per 10,000 population 18+ yrs. due to Long-Term Complications of Diabetes (SPARCS)	4.6	4.1	12.5

2. Prevent Chronic Diseases

Focus Area 3 – Increase Access to High-Quality Chronic Disease Preventive Care and Management in Clinical and Community Settings



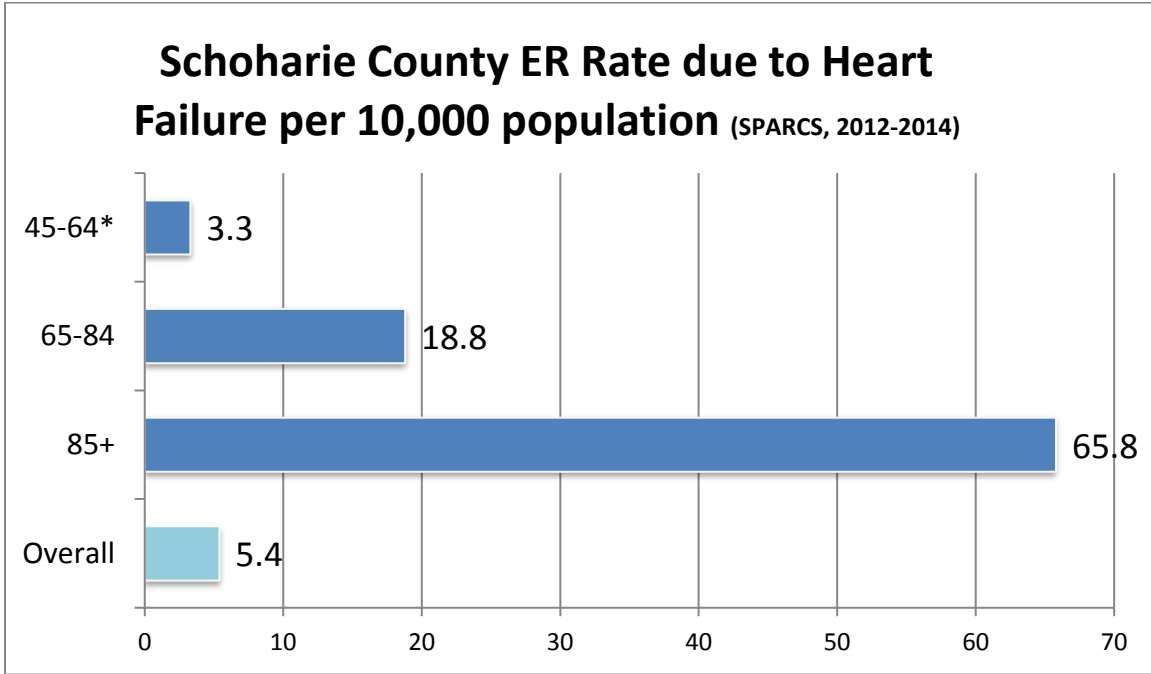
2. Prevent Chronic Diseases

Focus Area 3 – Increase Access to High-Quality Chronic Disease Preventive Care and Management in Clinical and Community Settings

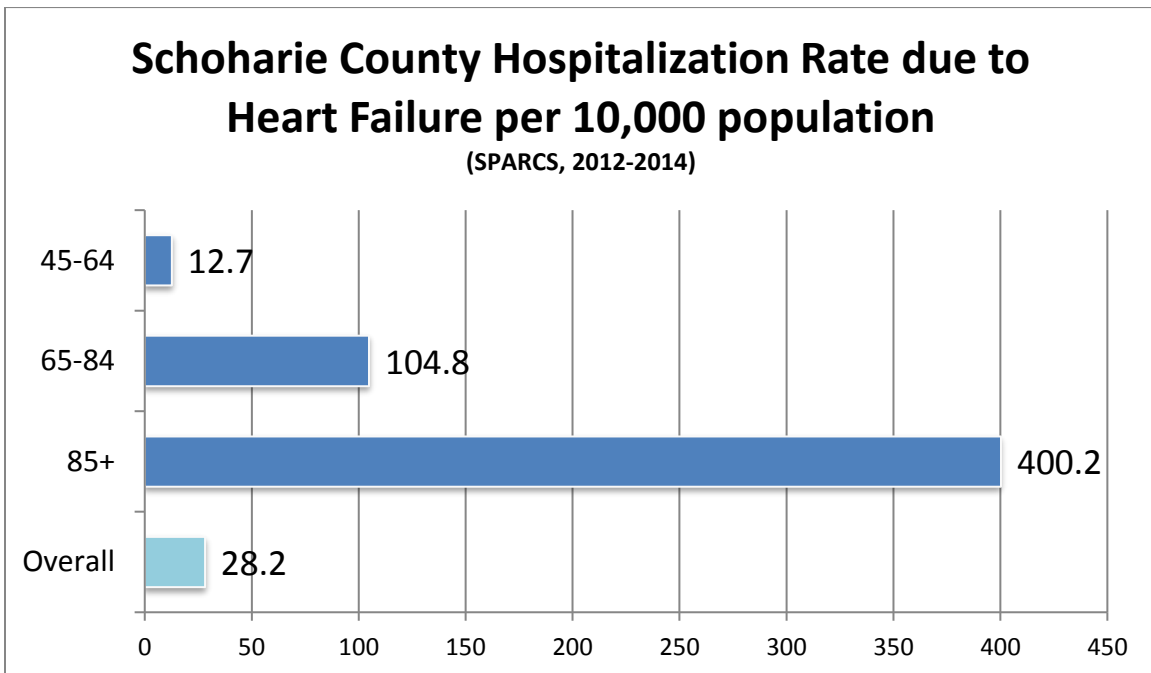
Other Indicators by Time Series and compared to New York State		Schoharie County 2011-2013	Schoharie County 2012-2014	New York State 2012-2014
Heart Disease	Age-Adjusted Death Rate per 100,000 population due to Coronary Heart Disease (CDC Wonder)	95.5	87.7	129.7
Heart Disease	Age-Adjusted ER Rate due to Heart Failure per 10,000 population 18+ yrs (SPARCS)	5.7	5.4	4.0
Heart Disease	Age-Adjusted ER Rate due to Hypertension per 10,000 population 18+ yrs (SPARCS)	14.4	12.0	25.5
Heart Disease	Age-Adjusted Hospitalization Rate Due to Heart Failure per 10,000 population 18+ yrs (SPARCS)	26.3	28.2	31.6
Heart Disease	Age-Adjusted Hospitalization Rate due to Hypertension per 10,000 population 18+ yrs (SPARCS)	1.4	1.7	6.3
Stroke	Age-Adjusted Rate due to Cerebrovascular Disease (Stroke); deaths per 100,000 population (CDC Wonder)	26.6	26.5	26.3

2. Prevent Chronic Diseases

Focus Area 3 – Increase Access to High-Quality Chronic Disease Preventive Care and Management in Clinical and Community Settings



*Value may be statistically unstable and should be interpreted with caution.



3. Promote a Healthy and Safe Environment

Focus Area 1 – Outdoor Air Quality

Poor outdoor air quality can contribute to environmental-related respiratory illnesses, such as asthma. New York asthma related hospitalization rates are higher than national rates for all age groups.

Prevention Agenda Indicators	Prevention Agenda 2018 Benchmark	New York State (excluding NYC)	Schoharie County
Annual number of days with unhealthy levels of ozone (Air Quality Index >100) (EPA Air Quality System Data, 2012-2014)	0	0	N/A
Annual number of days with unhealthy levels of particulate matter (Air Quality Index >100) (EPA Air Quality System Data, 2012-2014)	0	14	N/A

Other Indicators compared to New York State	New York State	Schoharie County	New York State Comparison
Air pollution –average daily amount of fine particulate matter in micrograms per cubic meter (CDC Wonder, 2003-2011)	11.7	11.2	Same

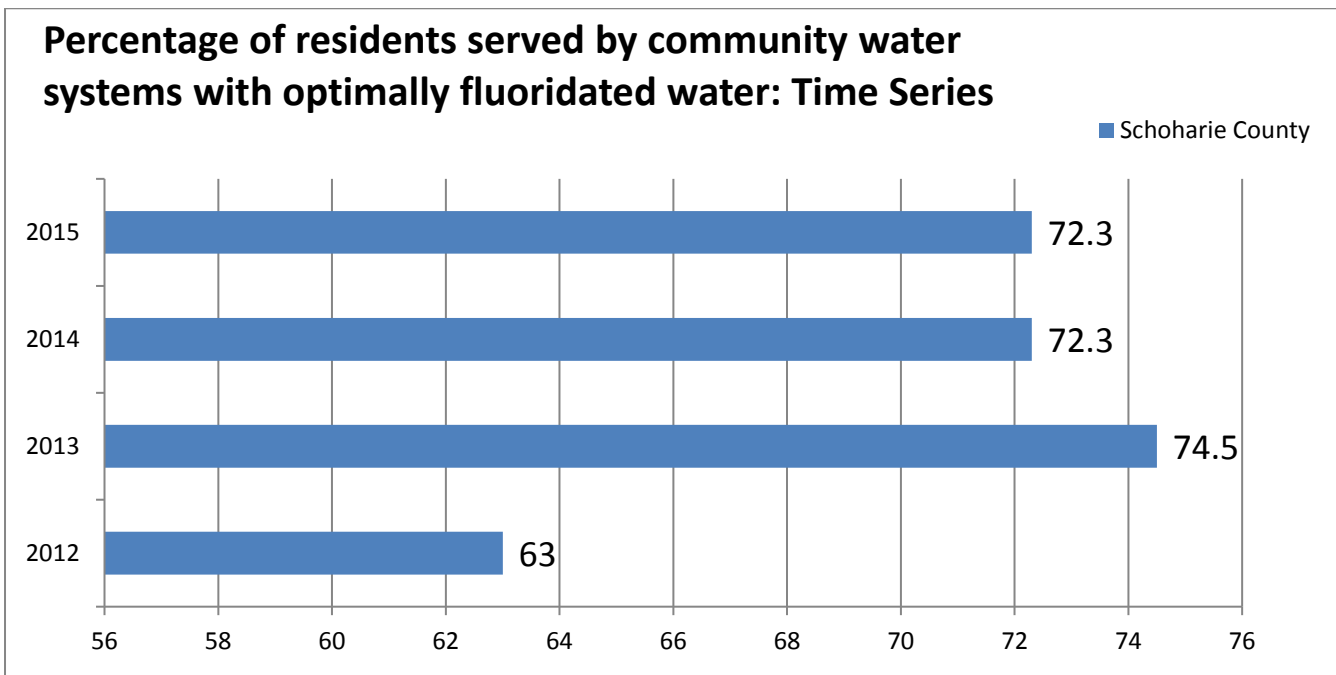
3. Promote a Healthy and Safe Environment

Focus Area 2 – Water Quality

Residents with optimally fluoridated municipal water systems can have better oral health. According to the Centers for Disease Control and Prevention drinking fluoridated water helps keep teeth strong and reduces tooth decay by approximately 25% in adults and children.

Prevention Agenda Indicators	Prevention Agenda 2018 Benchmark	New York State	Schoharie County	New York State Comparison
Percentage of residents served by community water systems with optimally fluoridated water (EPA Safe Drinking Water System, 2015)	78.5	72.1	72.3	Better

Other Indicators compared to New York State	New York State	Schoharie County	New York State Comparison
Drinking Water Violations; Municipal water systems (County Health Rankings, 2013-2014)	26.2	15.8	Better



3. Promote a Healthy and Safe Environment

Focus Area 3 – Built Environment

The built environment includes designing systems where people live, work, play and worship which improves the quality of life and makes the healthy choice, the easier choice. The U.S. Department of Health and Human Services' Healthy People 2010 describes it as "one that continuously creates and improves both its physical and social environments, helping people to support one another in aspects of daily life and develop to their fullest potential."

Prevention Agenda Indicators	Prevention Agenda 2018 Benchmark	New York State	Schoharie County	New York State Comparison
Percentage of employed civilian workers age 16 and over who use alternate modes of transportation to work or work from home (American Community Survey, 2010-2014)	49.2	45.1	20.5	Worse
Percentage of population that lives in a jurisdiction that adopted the Climate Smart Communities pledge (Dept. of Environmental Conservation, 2015)	32.0	32.8	0.0	Worse
Percentage of population with low access to a supermarket or large grocery store (USDA Food Environment Atlas, 2010)	2.24	2.49	2.94	Worse

Other Indicators compared to New York State		New York State	Schoharie County	New York State Comparison
Exercise & Nutrition	Food Environment Index (Index ranges from 0-worst to 10-best) (County Health Rankings, 2016)	7.9	8.2	Better
Exercise & Nutrition	Percentage of Access to Exercise Opportunities (County Health Rankings, 2016)	90.7	45.9	Worse
Exercise & Nutrition	Percentage of adults who consider their neighborhood suitable for walking and physical activity (NYS eBRFSS, 2013-2014)	91.8	91.3	Same

3. Promote a Healthy and Safe Environment

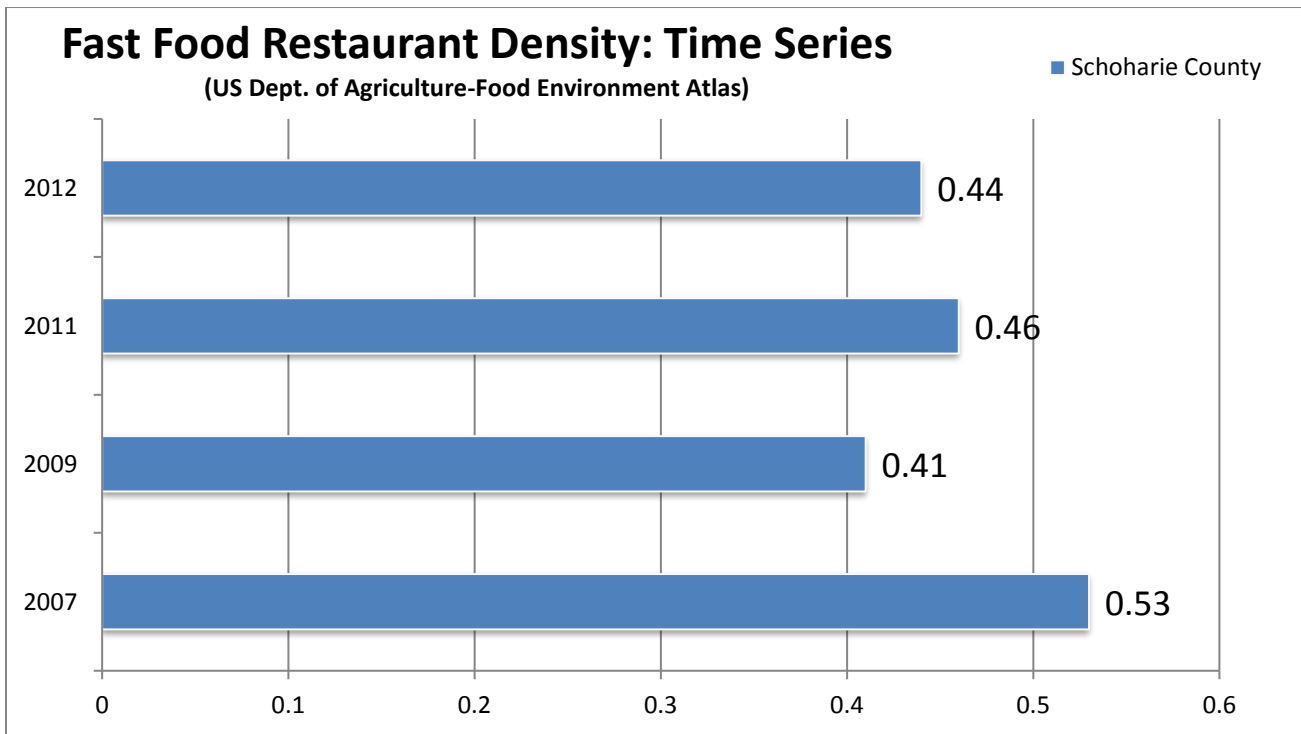
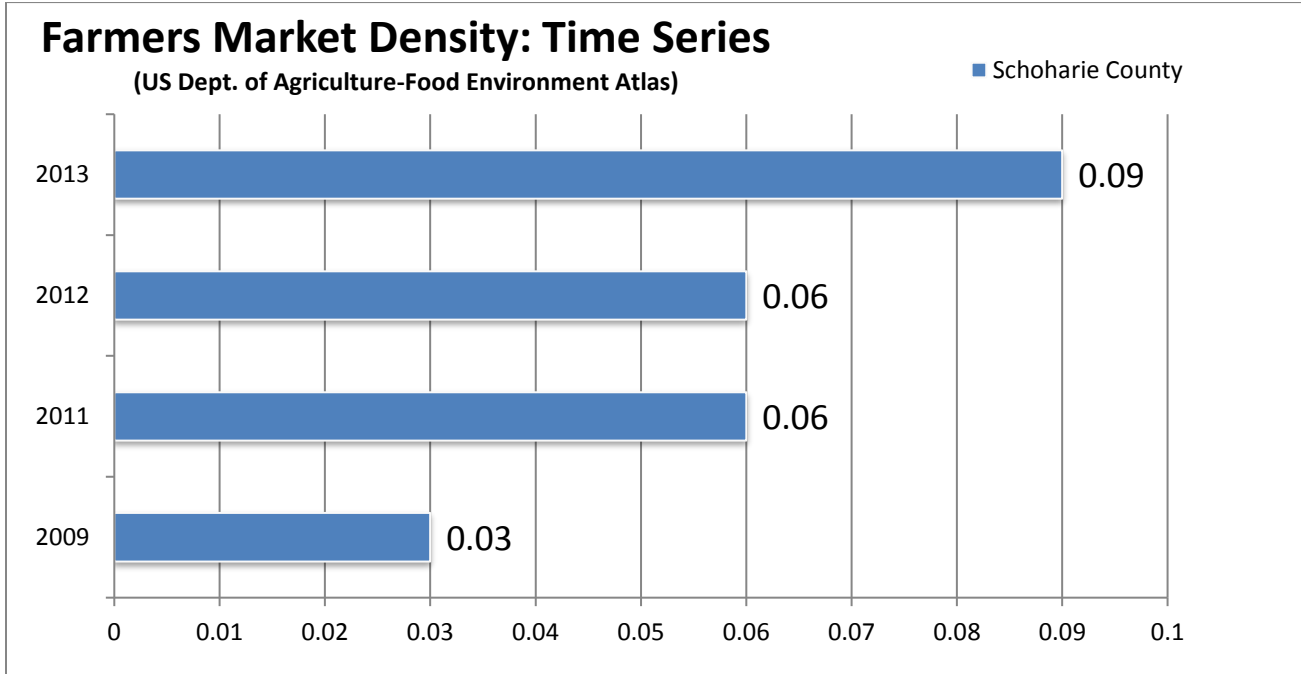
Focus Area 3 – Built Environment

Other Indicators compared to New York State		New York State	Schoharie County	New York State Comparison
Housing	Percentage of Homes Built Prior to 1950 (American Community Survey, 2010-2014)	41.4	34.9	Better
Housing	Percentage of Severe Housing Problems (County Health Rankings, 2008-2012)	24.2	15.1	Better
Housing	Percentage of adults experiencing housing insecurity in the past 12 months (NYS eBRFSS, 2013-2014)	43.7	37.4	Better
Housing	Homeownership (American Community Survey, 2010-2014)	47.9	56.4	Better
Housing	Renters Spending 30% or More of Household Income on Rent (American Community Survey, 2010-2014)	53.9	51.1	Better
Housing	Homeowner Vacancy Rate (American Community Survey, 2010-2014)	1.8	1.8	Same
Transportation	Percentage of Households that do not have a Vehicle (American Community Survey, 2010-2014)	29.3	7.0	Better
Transportation	Percentage of Solo Drivers with a Long Commute (County Health Rankings, 2010-2014)	35.9	46.5	Worse

Other Indicators by Time Series		Schoharie County 2011	Schoharie County 2012
Exercise & Nutrition	Fast Food Restaurant Density per 1,000 population (USDA Food Environment Atlas)	0.46	0.44
Exercise & Nutrition	Grocery Store Density per 1,000 population (USDA Food Environment Atlas)	0.12	0.03
Exercise & Nutrition	Recreation and Fitness Facilities per 1,000 population (USDA Food Environment Atlas)	0.03	0.03

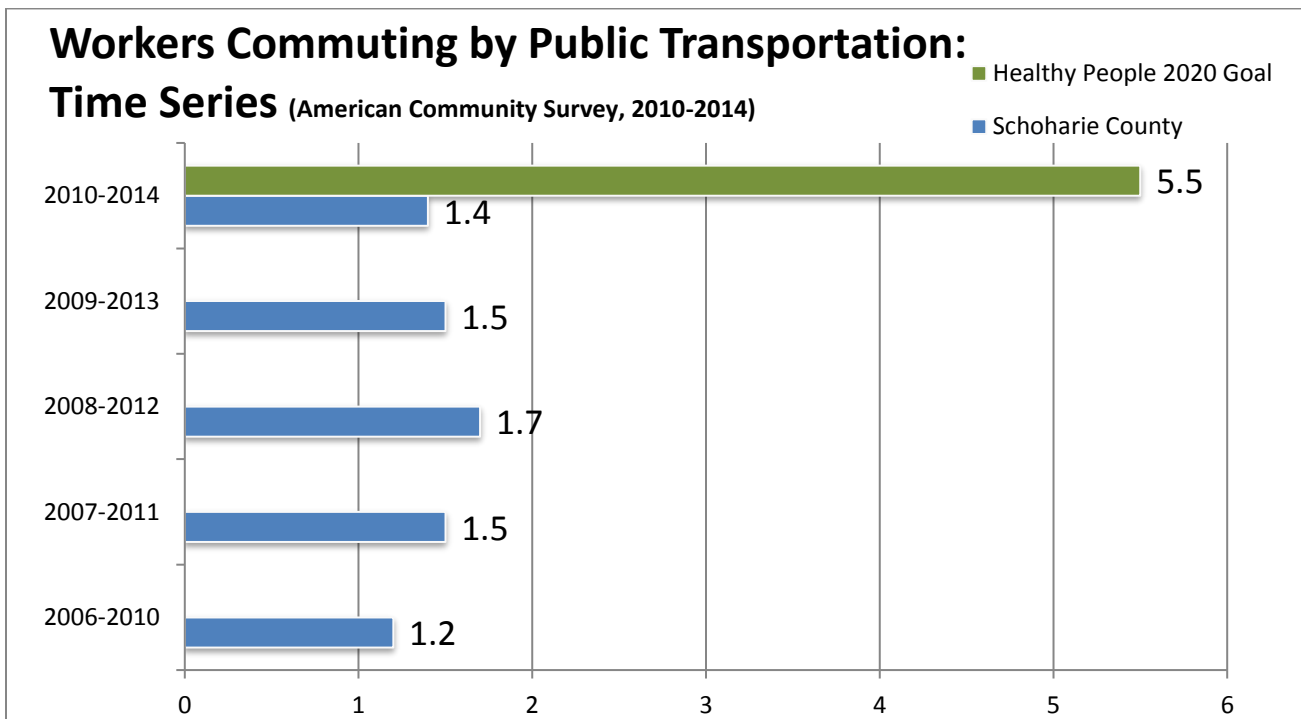
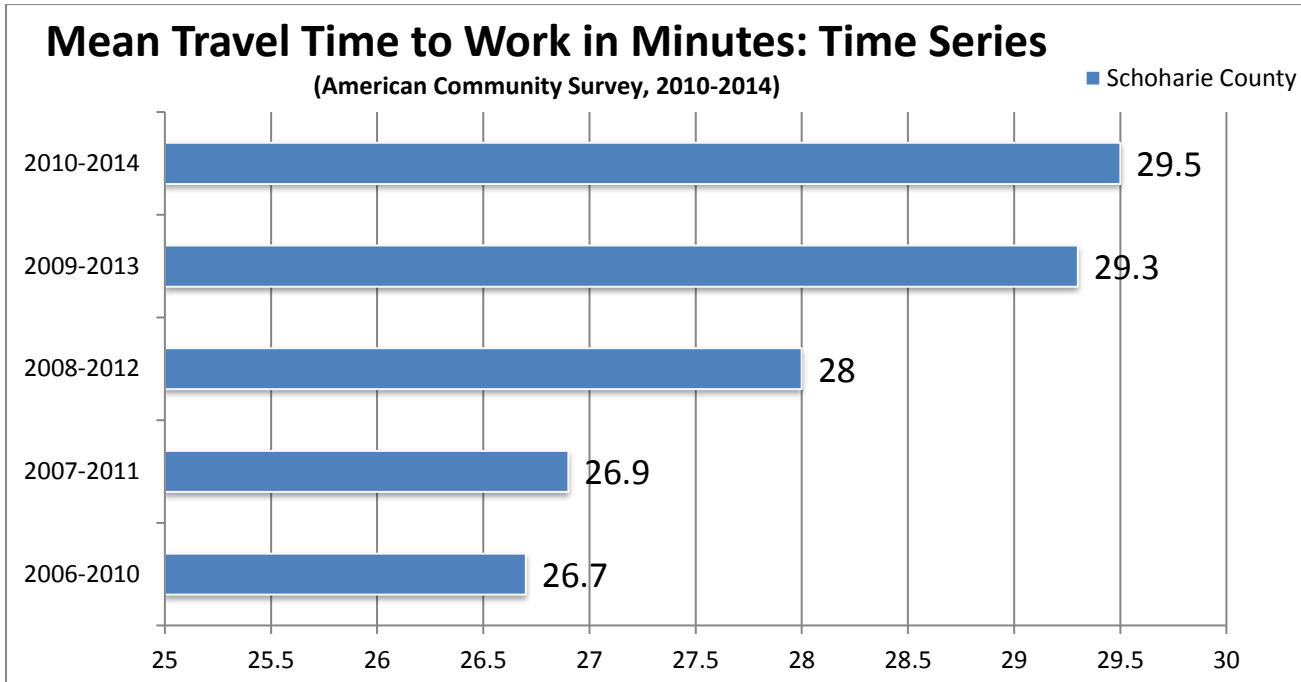
3. Promote a Healthy and Safe Environment

Focus Area 3 – Built Environment



3. Promote a Healthy and Safe Environment

Focus Area 3 – Built Environment



3. Promote a Healthy and Safe Environment

Focus Area 4 – Injuries, Violence and Occupational Health

Based on the New York State Department Health’s data, injuries are the leading cause of death and disability in state. Falls are leading cause of unintentional injury and death. Non-fatal injuries can result in poor health outcomes such as: short term pain, chronic pain, and loss of mobility.

Prevention Agenda Indicators	Prevention Agenda 2018 Benchmark	New York State	Schoharie County	New York State Comparison
Rate of emergency department visits due to falls per 10,000 –Aged 1-4 yrs (SPARCS, 2014)	429.1	440.1	459.5	Worse
Rate of hospitalizations due to falls per 10,000 – Aged 65+ years (SPARCS, 2014)	204.6	183.6	130.8	Better
Rate of occupational injuries treated in ED per 10,000 adolescents –Aged 15-19 yrs. (SPARCS, 2014)	33.0	20.6	40.1	Worse

Other Indicators compared to New York State		New York State	Schoharie County	New York State Comparison
Child Abuse	Children/Youth in Indicated Reports of Abuse/Maltreatment rate per 1,000 children/youth ages 0-17 yrs. (NYS Kids’ Well-being Indicators Clearinghouse, 2015)	13.8	27.5	Worse
Crime	Violent Crime Rate per 100,000 population (NYS Division of Criminal Justice Services, 2015)	378.0	121.7	Better

3. Promote a Healthy and Safe Environment

Focus Area 4 – Injuries, Violence and Occupational Health

Other Indicators compared to New York State		New York State	Schoharie County	New York State Comparison
Crime	Violent Crime Rate With Firearm per 100,000 population (NYS Division of Criminal Justice Services, 2015)	55.5	16.0	Better
Crime	Young adult Arrests –Property Crimes per 10,000 ages 16-21 (NY Kids' Well-being Indicators Clearinghouse, 2015)	126.3	139.4	Worse
Crime	Young adult Arrests –Violent Crimes per 10,000 ages 16-21 (NY Kids' Well-being Indicators Clearinghouse, 2015)	66.2	9.5*	Better
Injuries	Age-Adjusted Death Rate per 100,000 population due to Unintentional Injuries (CDC Wonder, 2012-2014)	27.6	24.1	Better
Injuries	Percentage of adults aged 65+ yrs. with at least one fall in the past 12 months (NYS eBRFSS, 2013-2014)	30.8	24.4	Better
Injuries	Percentage of Osteoporosis: Medicare Population (Centers for Medicare & Medicaid, 2014)	6.9	3.7	Better

* Rate not stable, number is under 20.

4. Promote Healthy Women, Infants and Children

Focus Area 1 – Maternal and Infant Health

Maternal and infant health is essential to the health of populations. Childhood health begins with conception through proper nutrition and healthy lifestyle. Maternal health has improved, but many women have pregnancy complications and maternal mortality. According to the Centers for Disease Control and Prevention one in four pregnancy-related deaths are related to heart conditions. Women also die of infections, bleeding, blood clots and high blood pressure.

Prevention Agenda Indicators	Prevention Agenda 2018 Benchmark	New York State	Schoharie County	New York State Comparison
Exclusively breastfed: Ratio of Medicaid births to non-Medicaid births (Vital Records, 2012-2014)	0.66	0.58	0.64	Better
Maternal mortality rate per 100,000 births (Vital Records, 2012-2014)	21.0	18.7	0.0*	N/A
Percentage of infants exclusively breastfed in the hospital (Vital Records, 2014)	48.1	43.1	65.5	Better
Percentage of preterm births (Vital Records, 2014)	10.2	10.8	10.8	Same
Premature births: Ratio of Medicaid births to non-Medicaid births (Vital Records, 2012-2014)	1.00	1.07	0.77	Better

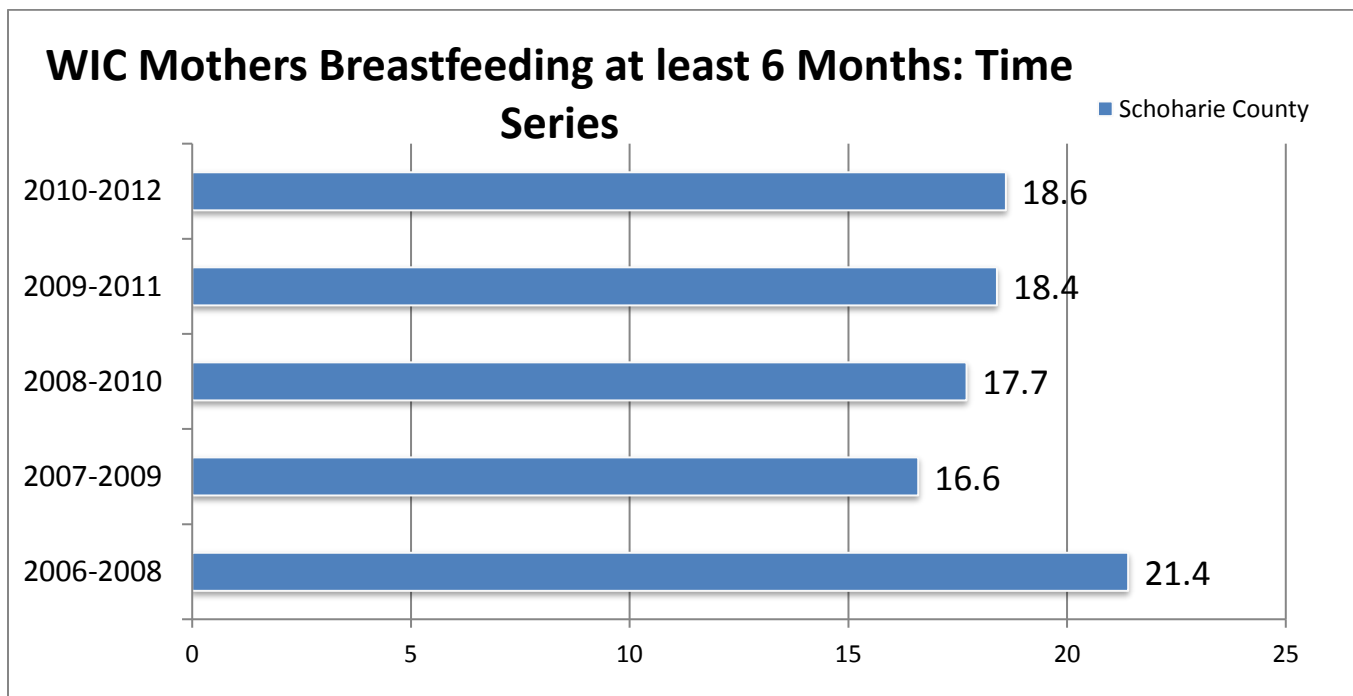
*Fewer than 10 events in the numerator, therefore the rate is unstable.

Other Indicators compared to New York State	New York State	Schoharie County	New York State Comparison
Percentage of Babies with Low Birth Weight (NYSDOH CHIRS, 2011-2013)	8.0	5.4	Better
Percentage of births to women aged 25 years and older without a high school education (NYSDOH CHIRS, 2011-2013)	14.1	3.0	Better
Percentage of Mothers who received Late or No Prenatal Care (NYSDOH CHIRS, 2011-2013)	5.6	2.6	Better

5. Promote Healthy Women, Infants and Children

Focus Area 1 – Maternal and Infant Health

Other Indicators compared to New York State	New York State	Schoharie County	New York State Comparison
Newborn drug-related diagnosis rate per 10,000 newborn discharges (NYSDOH CHIRS, 2011 -2013)	95.0	240.1	Worse
Percentage of pregnant women in WIC with gestational diabetes (NYSDOH CHIRS, 2009-2011)	5.5	5.6	Same
Percentage of pregnant women in WIC with gestational weight gain greater than ideal (NYSDOH CHIRS, 2009-2011)	41.7	48.0	Worse
Percentage of pregnant women in WIC with hypertension during pregnancy (NYSDOH CHIRS, 2009-2011)	7.1	9.3	Worse
Percentage of WIC mothers breastfeeding at least 6 months (NYSDOH CHIRS, 2010-2012)	38.2	18.6	Worse



4. Promote Healthy Women, Infants and Children

Focus Area 2 – Child Health

Creating a healthy foundation in young people can lead to future healthier adults. Regular preventive health care visits allow parents to address concerns and receive guidance from providers; and make certain their children are meeting developmental milestones.

Prevention Agenda Indicators	Prevention Agenda 2018 Benchmark	New York State	Schoharie County	New York State Comparison
Asthma emergency department visit rate per 10,000 –Aged 0-4 yrs. (SPARCS, 2014)	196.5	205.6	55.3*	Better
Percentage of children (aged under 19 years) with health insurance (US Census Bureau, 2014)	100	96.6	96.2	Same
Percentage of children who have had the recommended number of well child visits in government sponsored insurance programs (NYSDOH Office of Quality & Patient Safety, 2014)	76.9	72.4	65.6	Worse
Percentage of children aged 0-15 months who have had the recommended number of well child visits in government sponsored insurance programs (NYSDOH Office of Quality & Patient Safety, 2014)	91.3	80.8	79.3	Same
Percentage of children aged 3-6 years who have had the recommended number of well child visits in government sponsored insurance programs (NYSDOH Office of Quality & Patient Safety, 2014)	91.3	84.2	79.6	Worse
Percentage of children aged 12-21 years who have had the recommended number of well child visits in government sponsored insurance programs (NYSDOH Office of Quality & Patient Safety, 2014)	67.1	64.9	54.2	Worse

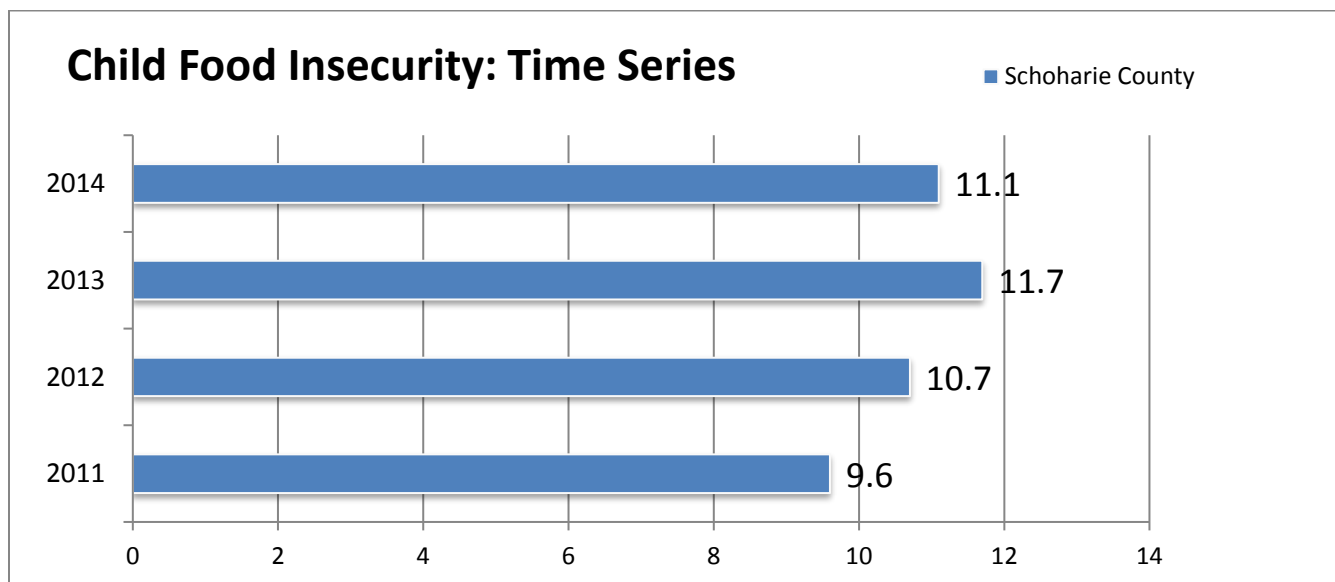
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4. Promote Healthy Women, Infants and Children

Focus Area 2 – Child Health

Other Indicators compared to New York State	New York State	Schoharie County	New York State Comparison
Percentage of Child Food Insecurity (Feeding America, 2014)	20.9	21.2	Worse
Percentage of Children born in 2011 with at least two lead screening before 36 months (NYSDOH CHIRS, 2011-2014)	56.3	41.7	Worse
Pneumonia hospitalization rate per 10,000 – Aged 0-4 yrs. (NYSDOH CHIRS, 2012-2014)	34.4	20.2*	Better
Percentage of Children and Youth Living Below Poverty ages birth – 17 yrs. (NYS Kids' Well-being Indicators Clearinghouse, 2014)	22.9	21.5	Better
Percentage of Children and Youth Receiving Supplemental Nutrition Assistance Program Benefits birth – 17 yrs. (NYS Kids' Well-being Indicators Clearinghouse, 2015)	25.8	19.7	Better
Percentage of Children and Youth Receiving Public Assistance ages birth -17 yrs. (NYS Kids' Well-being Indicators Clearinghouse, 2015)	6.8	3.3	Better

*Fewer than 10 events in the numerator, therefore the rate is unstable.



4. Promote Healthy Women, Infants and Children

Focus Area 3 – Reproductive, Preconception and Inter-Conception Health

Approximately one half of all pregnancies are unplanned. Engaging women early in health services prior to conception can increase positive maternal and child health outcomes.

Prevention Agenda Indicators	Prevention Agenda 2018 Benchmark	New York State	Schoharie County	New York State Comparison
Adolescent pregnancy rate per 1,000 females - Aged 15-17 years (Vital Records, 2014)	25.6	17.0	12.7*	Better
Percentage of unintended pregnancy among live births (Vital Records, 2014)	23.8	24.5	29.8	Worse
Unintended pregnancy: Ratio of Medicaid births to non-Medicaid births (Vital Records, 2014)	1.54	1.76	1.93	Worse
Percentage of women (aged 18-64) with health insurance (US Census Bureau, 2014)	100	89.7	91.9	Better
Percentage of live births that occur within 24 months of a previous pregnancy (Vital Records, 2014)	17.0	18.9	27.7	Worse

*Fewer than 10 events in the numerator, therefore the rate is unstable.

Other Indicators compared to New York State	New York State	Schoharie County	New York State Comparison
Teen Birth Rate: live births per 1,000 females Aged 15-19 (NYS Kids' Well-being Indicators Clearinghouse, 2011-2013)	19.5	11.5*	Better
Adolescent Pregnancies per 1,000 females Aged 15-19 yrs. (NYS Kids' Well-being Indicators Clearinghouse, 2011-2013)	41.3	22.7	Better

* Rate not stable, number is under 20.

5. Promote Mental Health and Prevent Substance Abuse

Focus Area 1 – Promote Mental, Emotional and Behavioral Well-Being in Communities

Mental, emotional and behavioral health is crucial to overall wellbeing. Psychological distress can manifest in all aspects of our lives. Recognizing and addressing concerns before they become critical is important.

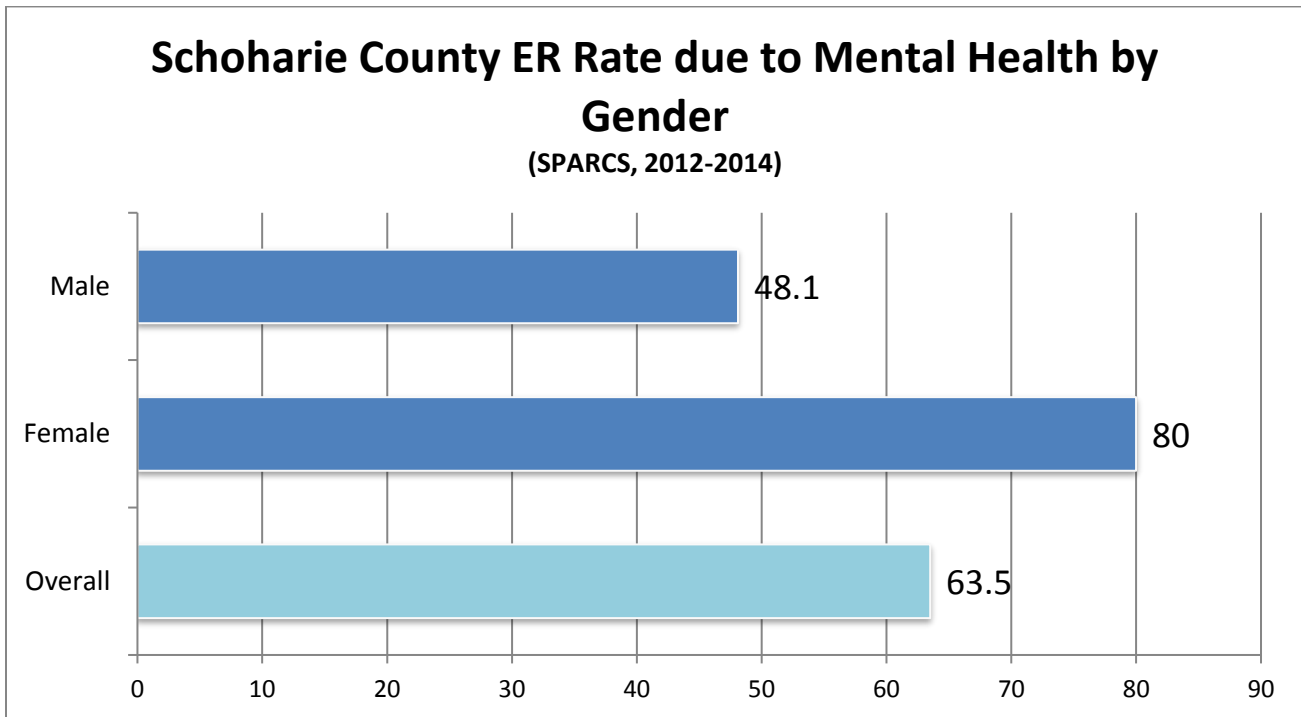
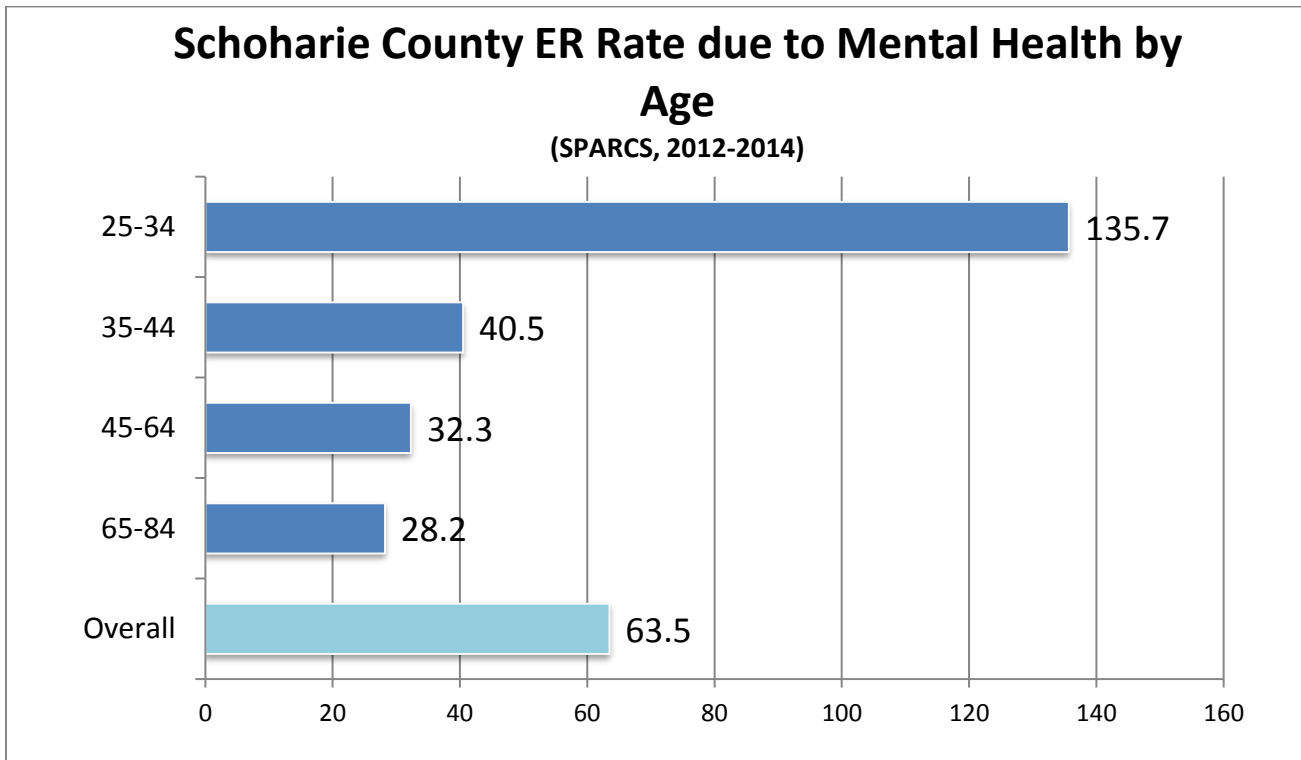
Prevention Agenda Indicators	Prevention Agenda 2018 Benchmark	New York State	Schoharie County	New York State Comparison
Age-Adjusted percentage of adults with poor mental health for 14 or more days in the last month (NYS eBRFSS, 2013-2014)	10.1	11.2	7.6	Better

Other Indicators compared to New York State	New York State	Schoharie County	New York State Comparison
Percentage of Depression: Medicare Population (Centers for Medicare & Medicaid, 2014)	14.9	13.6	Better
Percentage of Frequent Mental Distress (County Health Rankings, 2014)	11.5	10.4	Better
Mental Health Provider Rate per 100,000 population (County Health Rankings, 2015)	238	98	Worse

Other Indicators by Time Series and compared to New York State	Schoharie County 2011-2013	Schoharie County 2012-2014	New York State 2012-2014
Age-Adjusted ER Rate per 10,000 population 18+ yrs. due to Mental Health (SPARCS)	60.8	63.5	107.1
Age-Adjusted ER Rate per 10,000 population under 18 yrs. due to Pediatric Mental Health (SPARCS)	40.3	49.8	90.3
Age-Adjusted Hospitalization Rate per 10,000 population 18+ yrs. due to Mental Health (SPARCS)	74.5	66.1	62.7
Age-Adjusted Hospitalization Rate per 10,000 under 18 yrs. due to Pediatric Mental Health (SPARCS)	21.7	26.2	19.6

5. Promote Mental Health and Prevent Substance Abuse

Focus Area 1 – Promote Mental, Emotional and Behavioral Well-Being in Communities



5. Promote Mental Health and Prevent Substance Abuse

Focus Area 2 – Prevent Substance Abuse and other Mental Emotional Behavioral Disorders

Prevention, early detection and treatment of substance abuse and mental, emotional, and behavioral disorders can improve health of the individual. According to the New York State Department of Health, identification and social support can prevent and lessen serious consequences such as chronic illness, death and poor functioning.

Prevention Agenda Indicators	Schoharie County	New York State	Prevention Agenda 2018 Benchmark	New York State Comparison
Age-adjusted percentage of adult binge drinking during the past month (NYS eBRFSS, 2013-2014)	15.9	17.8	18.4	Better
Age-adjusted suicide death rate per 100,000 (Vital Records, 2012-2014)	16.3	7.9	5.9	Worse

Other Indicators compared to New York State		New York State	Schoharie County	New York State Comparison
Alcohol Abuse	Liquor Store Density; stores per 100,000 population (US Census-County Business Patterns, 2014)	15.5	12.7	Better
Alcohol Abuse	Percentage of Alcohol-Impaired Driving Deaths (County Health Rankings, 2010-2014)	23.4	35.7	Worse
Alcohol Abuse	Young Adults Driving While Intoxicated; arrests per 10,000 population Aged 16-21 yrs. (NYS Kids' Well-being Indicators Clearinghouse, 2015)	21.4	66.5	Worse
Substance Abuse	Emergency Department Admission by county of residence rate per 100,000 population due to Opioids (SPARCS, 2014)	194.8	116.0	Better
Substance Abuse	Hospital Admission by county of residence rate per 100,000 population due to Opioids (SPARCS, 2014)	387.6	152.7	Better
Substance Abuse	Young Adult Arrests –Drug Use/Possession/Sale per 10,000 arrests for ages 16-21 yrs. (NYS Kids' Well-being Indicators Clearinghouse, 2015)	110.2	12.7*	Better

* Rate not stable, number is under 20.

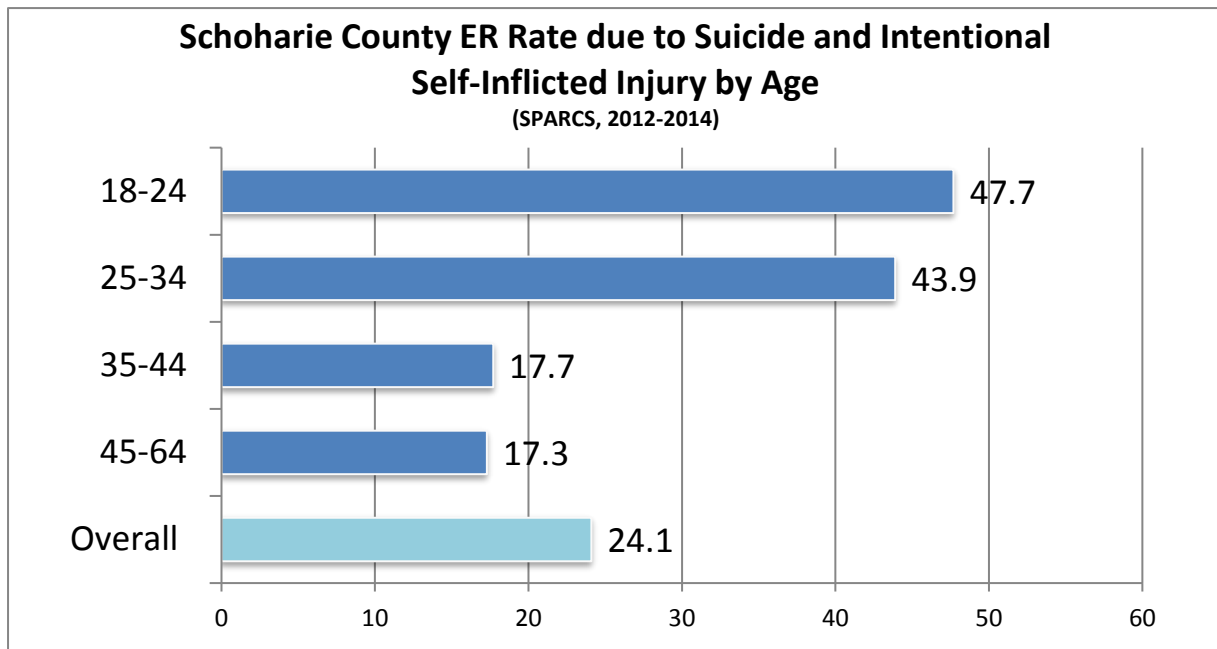
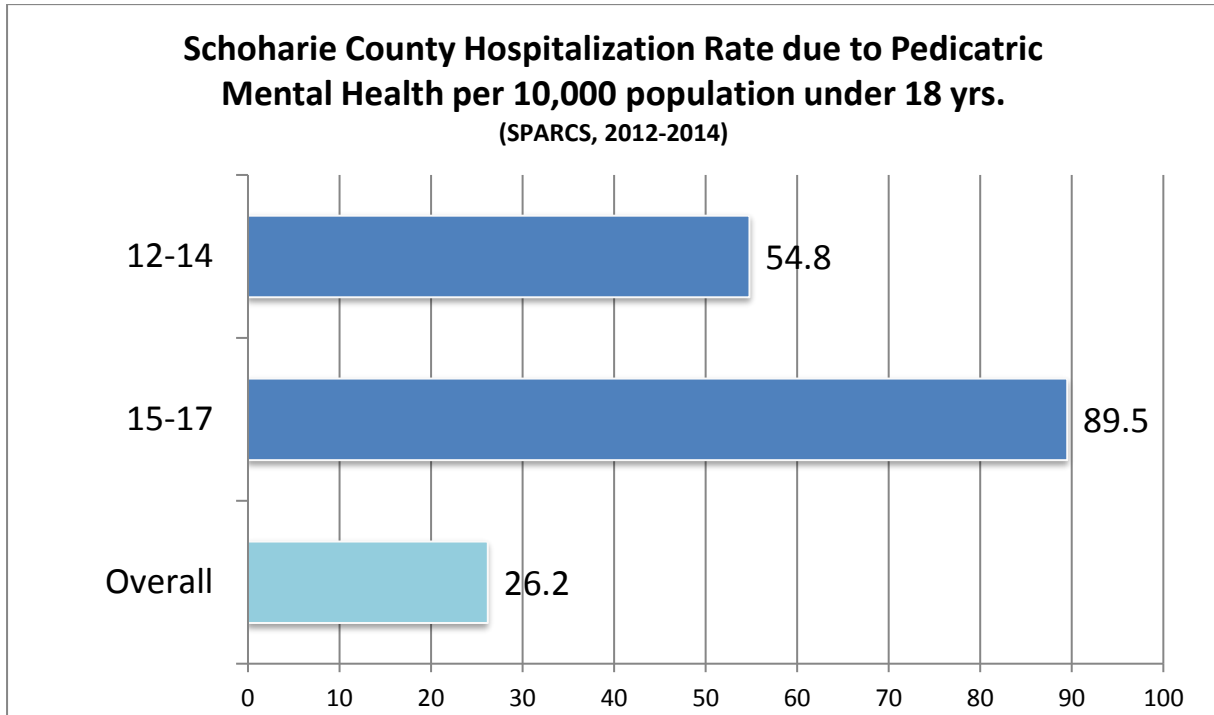
5. Promote Mental Health and Prevent Substance Abuse

Focus Area 2 – Prevent Substance Abuse and other Mental Emotional Behavioral Disorders

Other Indicators by Time Series and compared to New York State		Schoharie County 2011-2013	Schoharie County 2012-2014	New York State 2012- 2014
Alcohol Abuse	Age-Adjusted ER Rate per 10,000 population 18+ yrs. due to Alcohol Abuse (SPARCS)	17.3	17.8	72.9
Alcohol Abuse	Age-Adjusted Hospitalization Rate per 10,000 population 18+ yrs. due to Alcohol Abuse (SPARCS)	6.4	9.0	25.3
Substance Abuse	Age-Adjusted ER Rate per 10,000 population 18+ yrs. due to Substance Abuse (SPARCS)	14.1	16.0	28.7
Substance Abuse	Age-Adjusted Hospitalization Rate per 10,000 population 18+ yrs. due to Substance Abuse (SPARCS)	9.3	10.7	22.6
Suicide and Self-Inflicted Injury	Age-Adjusted ER Rate per 10,000 population 18+ yrs. due to Suicide and Intentional Self-inflicted Injury (SPARCS)	22.9	24.1	12.1
Suicide and Self-Inflicted Injury	Age-Adjusted ER Rate per 10,000 population Aged 12-17 yrs. due to Suicide and Intentional Self-inflicted Injury (SPARCS)	20.9	31.9	26.6
Suicide and Self-Inflicted Injury	Age-Adjusted Hospitalization Rate per 10,000 population 18+ yrs. due to Suicide and Intentional Self-inflicted Injury (SPARCS)	23.2	23.4	20.6
Suicide and Self-Inflicted Injury	Age-Adjusted Hospitalization Rate per 10,000 population Aged 12-17 yrs. due to Suicide and Intentional Self-inflicted Injury (SPARCS)	31.3	40.6	17.8

5. Promote Mental Health and Prevent Substance Abuse

Focus Area 2 – Prevent Substance Abuse and other Mental Emotional Behavioral Disorders



6. Prevent HIV, Sexually Transmitted Diseases, Vaccine-Preventable Diseases and Healthcare-Associated Infections

Focus Area 1 – Prevent HIV and STDs

Based on information from the New York State Department of Health, New York State remains the epicenter of the HIV epidemic in the U.S., ranking first in the number of persons living with HIV/AIDS. The same risk factors associated with HIV also put communities at risk for Sexually Transmitted Diseases and viral hepatitis.

Prevention Agenda Indicators	Prevention Agenda 2018 Benchmark	New York State	Schoharie County	New York State Comparison
Newly diagnosed HIV case rate per 100,000 (NYSDOH Bureau of HIV/AIDS Epidemiology, 2012-2014)	16.1	17.9	3.1*	Better
Gonorrhea case rate per 100,000 women- Aged 15-44 yrs. (NYS STD Surveillance System, 2014)	183.4	165.4	0.00*	Better
Gonorrhea case rate per 100,000 men - Aged 15-44 years (NYS STD Surveillance System, 2014)	199.5	303.1	17.4*	Better
Chlamydia case rate per 100,000 women - Aged 15-44 years (NYS STD Surveillance System, 2014)	1458.0	1536.4	1187.1	Better
Primary and secondary syphilis case rate per 100,000 men (NYS STD Surveillance System, 2014)	10.1	17.3	12.7*	Better
Primary and secondary syphilis case rate per 100,000 women (NYS STD Surveillance System, 2014)	0.4	0.5	0.00*	Better

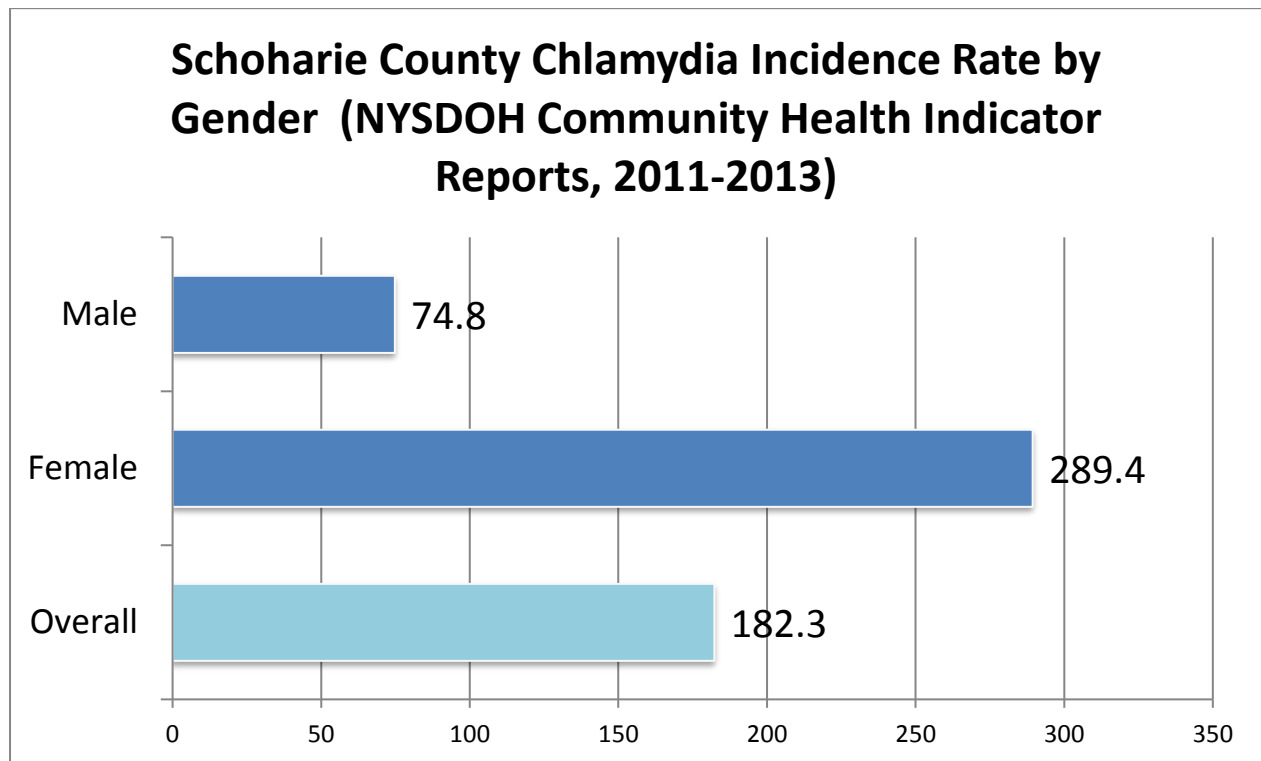
*Fewer than 10 events in the numerator, therefore the rate is unstable.

Other Indicators compared to New York State	New York State	Schoharie County	New York State Comparison
Percentage of adults aged 47-68 yrs. reporting ever tested for Hepatitis C (HCV) (NYS eBRFSS, 2013-2014)	37.3	25.0	Worse
Gonorrhea Incidence Rate; cases per 100,000 population (NYSDOH CHIRS, 2012-2014)	107.2	14.7	Better

6. Prevent HIV, Sexually Transmitted Diseases, Vaccine-Preventable Diseases and Healthcare-Associated Infections

Focus Area 1 – Prevent HIV and STDs

Other Indicators by Time Series and compared to New York State	Schoharie County 2011-2013	Schoharie County 2012-2014	New York State 2012-2014
Chlamydia Incidence Rate; cases per 100,000 population (NYSDOH CHIRS, 2011-2013)	148.8	182.3	509.2



6. Prevent HIV, Sexually Transmitted Diseases, Vaccine-Preventable Diseases and Healthcare-Associated Infections

Focus Area 2 – Prevent Vaccine-Preventable Diseases

Immunizations help prevent the spread of communicable diseases.

Prevention Agenda Indicators	Prevention Agenda 2018 Benchmark	New York State	Schoharie County	Benchmark Comparison
Percentage of children with 4:3:1:3:3:1:4 immunizations series –Aged 19-35 months (NYS Immunization Information System, 2014)	80.0	N/A	62.1	Worse
Percentage of adolescent females with 3 or more doses of HPV immunization - Aged 13-17 years (NYS Immunization Information System, 2014)	50.0	N/A	26.7	Worse
Percentage of adults with flu immunization - Aged 65+ years (NYS eBRFSS, 2013-2014)	70.0	72.4	71.0	Better

Other Indicators compared to New York State	New York State	Schoharie County	New York State Comparison
Percentage of adults with Pneumonia immunization - Aged 65+ years (NYS eBRFSS, 2013-2014)	65.1	72.9	Better
Percentage of adults aged 18+ yrs. with flu immunization (NYS eBRFSS, 2013-2014)	46	49.3	Better
Lyme Disease Incidence Rate per 100,000 population (NYSDOH CHIRS, 2012-2014)	34.2	66.0	Worse

6. Prevent HIV, Sexually Transmitted Diseases, Vaccine-Preventable Diseases and Healthcare-Associated Infections

Focus Area 2 – Prevent Vaccine-Preventable Diseases

Other Indicators by Time Series and compared to New York State	Schoharie County 2011-2013	Schoharie County 2012-2014	New York State 2012-2014
Age-Adjusted ER Rate per 10,000 population 18+ yrs due to Bacterial Pneumonia (SPARCS)	11.6	10.9	13.9
Age-Adjusted ER Rate per 10,000 population 18+ yrs due to Immunization-Preventable Pneumonia and flu (SPARCS)	2.4	2.7	7.3
Age-Adjusted Hospitalization Rate per 10,000 population 18+ yrs due to Bacterial Pneumonia (SPARCS)	30.0	29.5	21.1

