



2025 Capital Region Community Health Needs Assessment

Acknowledgments

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Amanda Duff, the Executive Director of the Healthy Capital District (HCD), managed and edited the presentation of findings for this *2025 Capital Region Community Health Needs Assessment*. She also facilitated the health issue prioritization process with our partner health departments and hospitals. Mr. Keable, Data Analyst at HCD, coordinated the *2024 Capital Region Community Health Survey* and conducted the analysis for our health issue prioritization process. Mr. Keable also prepared the appendices contained in the report. Ms. Lillie Ruby, Communications Coordinator at HCD, was invaluable in formatting this report.

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The member organizations of HCD also provided valuable financial support for the development of this report and the *2024 Capital Region Community Health Survey*. We are grateful for the contributions of each one of these generous contributors.





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Albany County
Department of Health

Albany Guardian Society

Albany Med Health System
Albany Medical Center
Columbia Memorial Hospital
Saratoga Hospital

Healthy Alliance

Catholic Charities of the
Roman Catholic Diocese

Capital District Physicians'
Health Plan

Columbia County
Department of Health

Ellis Medicine

Greene County
Department of Health

Hometown Health Centers

MVP Health Care

Rensselaer County
Department of Health

Schenectady Community
Action Program

Schenectady County
Public Health Services

St. Peter's Health Partners
Samaritan Hospital
St. Peter's Hospital

Sunnyview Rehabilitation
Hospital

Whitney Young Health

Health Profile of New York's Capital Region, 2025

In 1997, the counties of Albany, Rensselaer, and Schenectady implemented a joint project to engage health providers and community members in a regional health assessment and prioritization process. This was the first major collaborative venture undertaken by the three local governments, health care providers, insurers, other community organizations, and residents to assess health status, identify health priorities, and develop plans to improve the health status of the Capital District. The projects that resulted from these plans have directly resulted in improved health and access to the health services needed by residents in the Capital District.

The *2025 Capital Region Community Health Needs Assessment* (CHNA) is now the eighth analysis of the health needs in the region designed to support community health improvement planning. In addition to the original three Capital Region counties of Albany, Schenectady and Rensselaer, the *2025 CHNA* includes the counties of Saratoga, Columbia and Greene. The *2025 Capital Region CHNA* examines data on mortality, hospitalizations, emergency department visits, disease diagnoses, health behaviors, and population demographics. The structure of this report is based upon New York State's *Prevention Agenda 2025-2030* and shares its focus on improving health and eliminating health disparities. Utilizing the Prevention Agenda framework for examining public health data aligns our analysis with that of the New York State Department of Health (NYSDOH), creating opportunities to compare the Capital Region to other Upstate counties and New York State goals.

This analysis is not completely comprehensive of every health condition or public health issue. In addition, individuals working on, or experiencing, a particular health issue firsthand will undoubtedly have additional information to contribute beyond the data reported here. This report's analysis was conducted based upon the availability of reliable, comparable data and the delineated priority health areas of the New York State Department of Health. The results describe the prevalence and concentration of the major health issues in the Capital Region.

This document would not be possible without the labor, input and support of our sponsors and members of the community. It is the result of over a year of meetings with partner organizations and community members, and our community health needs survey, which gathered over 5,000 responses from Capital Region residents. The collaboration and contributions of everyone involved were invaluable. The *2025 Capital Region Community Health Needs Assessment* was completed in October 2025.

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I. Introduction and Data Summary

The purpose of this report is to summarize the public health needs of communities in the Capital Region with the most recent and reliable data available. These indicators provide a broad array of health information that may be useful in determining and monitoring health promotion priorities for the community. The following sections provide an overview of the processes used to select indicators and priorities, and details about individuals and organizations who participated in these processes.

Community Being Assessed

The communities being assessed in this report are the counties of Albany, Columbia, Greene, Rensselaer, Saratoga, and Schenectady. They form the common service area covered by the local health departments in Albany, Columbia, Greene, Rensselaer, Saratoga, and Schenectady counties and the primary patient population served by Albany Med Health System affiliates (Albany Medical Center, Columbia Memorial Hospital and Saratoga Hospital), Ellis Hospital, and St. Peter's Health Partners (Albany Memorial Hospital, Samaritan Hospital, St. Peter's Hospital, Seton Health/St. Mary's Hospital, Samaritan Hospital, Sunnyside Rehabilitation Hospital), which are located within the six counties.

Demographic information on the population in the Capital Region is based on estimates from the U.S. Census American Community Survey (ACS) 1-year estimates from 2022 and 5-year estimates from 2019-2023. The combined population in the Capital Region was 981,192 individuals. About 19% were under 18 years of age, while 18.9% were 65 years of age or older. Approximately 10.5% were living in poverty. The Capital Region race/ethnicity distribution was 84.3% White, 10.3% Black, 6.2% Hispanic or Latino, 5.7% Asian, 1.1% Native American, and 5.7% as another race. Additional sociodemographic details are provided in [Section III](#).

Data Sources and Indicator Selection

The health indicators selected for this report were based on a review of available public health data and New York State priorities promulgated through the *2025-2030 Prevention Agenda*. The collection and management of these data has been supported by the state for an extended period and are likely to continue to be supported. This provides reliable and comparable data over time and across the state. These measures, when complemented by other data sources, such as the Behavioral Risk Factor Surveillance System and Prevention Quality Indicators, provide health indicators that can potentially be improved in the short-term.

The Common Ground Health provided Statewide Planning and Research Cooperative System (SPARCS, hospitalizations and emergency department visit) and Vital Statistics (mortality) data, as well as sociodemographic data, that were utilized to conduct county and ZIP code level analyses of mortality, hospitalizations, and emergency department visits for all residents, by gender, and race/ethnicity. The most recent SPARCS data available was from 2023, while the most recent Vital Statistics data available was from 2022. For some measures with small case counts, 3- or 5-year periods of aggregate data were used to establish more reliable rates, especially for less populous geographic areas or demographic groups.



Additional data were examined from several sources:

- New York State Prevention Agenda Tracking Dashboard
- New York State Community Health Indicator Reports Dashboard
- New York State Leading Causes of Death Dashboard (2022)
- New York State Cancer Registry Dashboard
- New York State County Health Indicators by Race/Ethnicity (2020-2022)
- New York State Annual Vital Statistics Tables (2022)
- New York State Behavioral Risk Factor Surveillance System (BRFSS) (2016, 2018, and 2021)
- New York State Statewide Planning and Research Cooperative System (SPARCS) (2019-2023)
 - Prevention Quality Indicators (2021-2023)
- New York State Opioid Data Dashboard
- New York State Opioid Annual Report (2024)
- State Unintentional Drug Overdose Reporting System (SUDORS) (2023)
- New York State Communicable Disease Annual Reports (2021-2023)
- New York State Division of Criminal Justice County Crime Rates (1990-2024)
- New York State Department of Health, Health Data NY (2025)
- New York State Education Department Report Card Database (2024)
- New York State Department of Environmental Conservation, Climate Justice Working Group (2023)
- U.S. Census, American Community Survey (2022 and 2019-2023)
- U.S. Department of Agriculture, Economic Research Service (2019)
- Centers for Disease Control and Prevention, Agency for Toxic Substances and Disease Registry, Geospatial Research, Analysis, and Services Program (2023)
- Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System (2024)
- University of Wisconsin Population Health Institute and Robert Wood Johnson Foundation, County Health Rankings (2025)

These data sources were supplemented by the *2024 Capital Region Community Health Survey*. The *2024 Capital Region Community Health Survey* was conducted by Healthy Capital District in November and December of 2024, with the assistance of the Albany, Columbia, Greene, Rensselaer and Schenectady health departments, and Albany Med Health System, Columbia Memorial Hospital, Ellis Hospital, and St. Peter's Health Partners hospitals. The survey was a convenience sample of adult residents of the Capital Region (aged 18 years and older). The survey received 5,415 total responses from Capital Region residents. This survey was conducted to learn about the health needs, barriers and concerns of residents in the Capital Region. [Appendix N](#) contains a detailed summary of survey findings, and [Appendix O](#) contains the questionnaire used.

Local data were compiled from these data sources and draft sections were prepared by health condition for inclusion in this community health needs assessment. Drafts of this report were prepared by Spencer Keable, Data Analyst for Healthy Capital District. Drafts were reviewed for accuracy and thoroughness by Amanda Duff, Executive Director of Healthy Capital District. Drafts were then reviewed by the members of the Capital Region Prevention Agenda Work Group, local subject matter experts representing each of the participating health departments and hospitals in the Capital Region. Comments were addressed and changes were incorporated into the final report.



Structure of this Report: Health Indicators

Every year, the New York State Department of Health (NYSDOH) provides updated information on major health indicators for each county. NYSDOH has provided state, regional, and county level information on the 2019-2024 Prevention Agenda indicators and objectives that can be used for tracking Prevention Agenda-based efforts. NYSDOH plans to update the Prevention Agenda Tracking Dashboard to reflect the new 2025-2030 Prevention Agenda, but as of the time of this report's writing, the Dashboard still reflects indicators and objectives for the 2019-2024 Prevention Agenda. There is significant overlap between the indicators for the 2019-2024 and 2025-2030 Prevention Agendas, although they are not identical. To supplement available information, this report focuses on more the most relevant and recent information available, including analyses by ZIP code, gender, race, ethnicity and trends, where possible. To present meaningful information for smaller areas or subgroups, data for several years was combined in some instances. Still, some areas or demographic groups had too few cases for rates to be published, due to confidentiality concerns.

After presenting information on demographics and leading causes of death for the Capital Region, a summary of general health status is provided, including information on health care access and usage. This is followed by sections specific to each of the five 2019-2024 New York State Prevention Agenda Priority Areas. Topics within each Priority Area contain a brief synopsis of the condition and why it is of concern. Prevention Agenda 2025-2030 objectives are presented and compared to statistics for New York State, New York State excluding New York City, the Capital Region, and the six Capital Region counties. Where available and relevant, data are presented by year or demographic group.

For some indicators, data is presented for ZIP code groups, which aggregate ZIP codes with small populations and allow for reliable and publishable rates to be generated. Census tracts generally have a more consistent population size than ZIP codes, but health data is rarely available at the census tract level. ZIP code groups were selected based on a minimum of 2,000 residents and meaningful groupings, following municipal boundaries and sub-municipal neighborhoods in urban areas.

Detailed data are available in the [appendices](#) for:

- Socio-demographic (age, race/ethnicity, poverty) estimates, by county and ZIP code group
- Leading causes of death and premature death, by county
- County hospitalization rates, by race/ethnicity, gender, and ZIP code group
- County emergency department visit rates, by race/ethnicity, gender, and ZIP code group
- Prevention Quality Indicators (PQI), by county and ZIP code group
- County mortality rates, by race by ZIP code group
- 2025 County Health Rankings results
- County-specific methods and results for the health issue prioritization process
- *2024 Capital Region Community Health Survey* results

Rates and Comparisons

For most indicators, age-adjusted rates are presented in tables. Age-adjustment considers the differing age distributions within populations to calculate rates that can be used for comparison purposes. Direct standardization



was used for this report. The advantage of this method is that comparisons of Capital Region data can be made with Prevention Agenda 2025-2030 objectives for most indicators. Prevention Agenda and NYSDOH indicators have been age-standardized to the United States 2000 population, thus age-adjusted rates presented in this report are standardized similarly. Also, most comparisons are made between Capital Region data and data for the 57 counties in New York State which are not within the City of New York (referenced as “NYS, excluding NYC”). This is a well-accepted methodology to allow comparison with typically similar populations, excluding the unique population dynamics of the nation’s largest city.

Data Summary

Sociodemographic Information

In 2019-2023, the most recent demographic profile available from the U.S. Census, the Capital Region was home to 981,192 residents, equally distributed between males and females. The median age of Capital Region counties ranged from 38.3 years in Albany County to 49.5 years in Columbia County, compared to 39.6 years in New York State. About 15.5% of the Capital Region population was 14 years of age or younger, while 18.9% was 65 years of age and older. 84.3% of the Capital Region population identify as White, 10.3% identify as Black, 5.7% identify as Asian, 1.1% identify as Native American, and 6.2% identify as Hispanic. County level poverty rates ranged from 6.6% in Saratoga County to 12.5% in Albany County. Poverty among children under the age of 18 ranged from 7.0% in Saratoga County to 16.6% in Rensselaer County. The proportion of population with less than a high school education, in each county, ranged from 6.0% in Saratoga County to 11.5% in Greene County. Albany County had the highest percentage of population that speaks English less than very well, at 4.8%, while the other counties percentages were between 2% and 3%. Unemployment was relatively low in the Capital Region, compared to the rest of the state, and was highest in Schenectady County, at 3.8%. Columbia and Schenectady counties had the highest percentages of housing units built before 1940 at 33.4% and 33.1%, while Saratoga County had the lowest at 16.0%. Columbia County had the highest percentage of rental units with rent that costs occupants more than 35% of their income, at 43.7% of rental units.

General Health Status

Overall mortality indicators for the Capital Region were consistent with other New York State (NYS) counties outside New York City (NYC), although Capital Region residents had a higher overall age-adjusted mortality rate. The Capital Region overall also has a slightly higher percentage of deaths that were premature (before age 65 years) than NYS, excluding NYC. The Capital Region’s rate of Years of Potential Life Lost (YPLL) was also higher than NYS excluding NYC. Chronic diseases were the leading causes of death in the Capital Region, with heart disease, cancer, COVID-19, chronic lower respiratory disease (CLRD), unintentional injuries, and diabetes being the major causes of death in 2022.

Health care access

Health care access indicators show some Capital Region counties had better, and some worse, access to health care, when compared with NYS excluding NYC, depending on the indicator and county. Capital Region residents, both children and adults, had higher health insurance coverage rates compared to NYS excluding NYC. Greene County had a better rate than NYS, excluding NYC, of adults having a regular health care provider, while Columbia County had a rate lower than NYS, excluding NYC. Local survey data showed that Medicaid-insured residents, roughly 50% more often than residents with other types of insurance, said they had not received a physical exam in the past year. Those without a recent physical often pointed to not going to a doctor’s office for routine care, not having time, or not having a primary care provider. Based on data from the 2021 Behavioral Risk Factor Surveillance



System, Capital Region counties ranked in the top half of NYS counties for their rates of adults who avoided medical care due to concerns about out-of-pocket cost. When looking at preventable hospitalizations, the Capital Region overall had much lower rates than NYS, excluding NYC, although Columbia County had higher rates for Acute, Circulatory, and Diabetes measures. Preventable hospitalization rates were highest among Black non-Hispanic residents of the Capital Region.

Chronic Disease

For adult obesity, nutrition and physical activity indicators, Schenectady County was doing significantly worse than the other Capital Region counties and was ranked in the bottom 10 of NYS counties. Capital Region counties were doing well in terms of smoking, each ranking in the top half of NYS counties for their low percentage of smoking among adults, although Saratoga County had a relatively high rate (41%) of smoking among adults with an income of less than \$25,000. Rensselaer County had a high chronic lower respiratory disease mortality rate, but otherwise the Capital Region counties ranked in the top half of NYS counties for lung disease measures. Greene County had the second highest rate of adults with current asthma in 2021, at nearly 1 in 5 adults, while Albany and Schenectady counties had relatively high rates of asthma hospitalizations and emergency department visits. Albany and Schenectady counties also had high rates of stroke hospitalizations and ranked in the bottom 10 of NYS counties. Rensselaer County had high rates of female breast cancer incidence, for late stage and any stage, although Greene County had the highest rate in the Capital Region for female breast cancer mortality. Columbia County had a high rate of late-stage incidence of prostate cancer, while Rensselaer and Greene counties had relatively high rates of lung and bronchus cancer incidence and mortality.

Healthy and Safe Environment

Columbia, Albany, and Greene counties had relatively low rates of children being screened twice for lead by 36 months, with less than half of children being tested, compared with 59% in NYS, excluding NYC. Schenectady County had the only rate in the Capital Region that was higher than the NYS, excluding NYC, rate for their percentage of school drinking water outlets that exceeded the state's lead action limit. Greene County had a relatively high rate of motor vehicle injury mortality. Rensselaer, Columbia, and Greene counties had some of the highest rates in the state, out of 37 NYS counties with available data, for falls hospitalizations among children under the age of 10 years. Four of the six Capital Region counties ranked in the bottom 10 NYS counties for hospitalizations rate due to falls among adults aged 75 to 84 years. Columbia County had the highest rate in the state, among 47 counties with available data, for the ratio of work-related emergency department visit rates between Black non-Hispanic and White non-Hispanic workers. Columbia County was the only county in the Capital Region to have less than 50% of its cooling towers in compliance with New York's "*Protection Against Legionella*" regulation. Columbia and Greene counties also had very low rates of population served by optimally fluoridated public water systems.

Healthy Women, Infants and Children

Greene County had the lowest rates in the region of births with adequate prenatal care and early prenatal care. Schenectady and Albany counties had high rates of premature and low birthweight births. Schenectady County had the highest infant mortality rate in the Capital Region. Albany and Rensselaer counties were the only counties in the Capital Region with maternal deaths from 2020 to 2022: Albany County had four deaths and Rensselaer County had two deaths. Capital Region counties generally had good rates of breastfeeding, especially for Hispanic and Black non-Hispanic infants, although Schenectady County was the only county in the Capital Region with less than half of infants exclusively breastfed in the hospital, among all infants. Rensselaer and Schenectady counties had low rates of breastfeeding at 6 months among WIC-enrolled infants, with rates around 20% of WIC-enrolled infants, which were roughly half of the NYS rate of 38%.



Mental Health

Greene County had the highest rate of frequent mental distress in the Capital Region, and the fourth highest rate in the state, in 2021, based on Behavioral Risk Factor Surveillance System (BRFSS) data. In our local health needs survey, Medicaid-Insured and lesbian, gay, bisexual, and transgender (LGBT) residents had about twice the rate of poor mental health, when compared with other residents, as well as higher rates for frequent stress or anxiety. Schenectady County had the highest percentage region of adults with provider-diagnosed depressive disorder. Rensselaer County had the highest rates in the Capital Region for mental health hospitalizations, intentional self-harm hospitalizations, and self-harm ED visits. Schenectady County had the highest rate in the region for mental health ED visits. Black non-Hispanic residents had the highest rates of intentional self-harm hospitalization and ED visits in each Capital Region county: self-harm hospitalizations were highest in Columbia County, while hospitalizations were highest in Rensselaer County. Columbia County female residents had a 35% higher self-harm ED visit rate than male residents, while other counties' rates by gender were more similar. Columbia County had the highest suicide mortality rate, from 2020 to 2022, although the rate ranked in the middle of NYS counties. Suicide mortality rates were highest among White non-Hispanic and male Capital Region residents.

Substance Use Disorder

Saratoga, Rensselaer, Columbia, and Greene counties had relatively high percentages of binge drinking among adults, and these counties ranked in the bottom half of NYS counties. Greene and Columbia counties had some of the highest rates of alcohol-related motor vehicle injuries and deaths; Greene County's rate of alcohol-related motor vehicle injuries and deaths was the third highest in the state. Greene County's cirrhosis hospitalization rate ranked in the bottom 10 of NYS counties, and the county had the highest rate of cirrhosis mortality in the Capital Region. Columbia, Albany, and Schenectady counties had the highest opioid overdose mortality rates, in 2022, based on NYS Vital Statistics data. Greene County had the highest rates in the Capital Region for drug overdose mortality in 2024, based on National Vital Statistics data, and the highest rate for opioid analgesic prescriptions in 2023. All Capital Region counties were meeting the Prevention Agenda objective for buprenorphine prescribing rates. Saratoga County had the lowest rate of naloxone kit distribution via NYS OASAS's supply program. Albany County had the highest rate in the Capital Region of opioid overdose emergency department visits. Neonatal abstinence syndrome rates have gone down significantly in Capital Region counties over the past 7 years, to the point where only Schenectady County had a reportable rate in 2022.

Infectious Disease

Schenectady County was the only Capital Region county with a lower rate than NYS, excluding NYC, for the percentage of children aged 24-35 months who are up to date with the seven-vaccine series of immunizations. In 2022, about two-thirds of 13-year-olds in the Capital Region were not completely immunized for HPV. Columbia County had the lowest percentage in the Capital Region for 13-year-olds who were completely immunized for HPV. Incidence rates of COVID-19 have dropped precipitously since the first few years of the pandemic. Capital Region counties had some of the lowest rates of COVID-19 positive tests, from August 2024 to July 2025. Albany and Schenectady counties had the highest newly diagnosed HIV case rates in the Capital Region. Gonorrhea and early syphilis diagnoses rates in the Capital Region had an increasing trend over the last eight years of data, while chlamydia diagnoses rates were slightly lower in 2023 than in 2015, after sharp decreases in 2020 and 2021, possibly due to the impacts of the COVID-19 pandemic. Schenectady, Albany, and Rensselaer counties had the highest rates in the Capital Region for gonorrhea diagnoses. Schenectady and Albany counties had the highest rates in the Capital Region for chlamydia diagnoses. Albany County had a much higher rate than other Capital Region counties for early syphilis diagnoses, in 2022; the sixth highest in New York State.



Brief Summary of 2024 Capital Region Community Health Survey

The *2024 Capital Region Community Health Survey* (survey) was conducted from November 6, 2024, to December 11, 2024, and was promoted by Healthy Capital District (HCD), as well as the local health departments of Albany, Columbia, Greene, Rensselaer and Schenectady counties, and the local hospitals of Albany Medical Center, Columbia Memorial Hospital, Ellis Hospital, and St. Peters Health Partners. The survey involved a convenience sample of adults aged 18 years and older who reside in a Capital Region county. The survey collected 5,415 total responses from Capital Region residents. The survey aimed to identify the major needs, gaps, and priorities facing Capital Region residents regarding their public health priorities, healthcare access and barriers, mental health, social determinants of health, and preferred methods of health communication.

The convenience sample underrepresented males, Saratoga County residents, adults under the age of 35, Asian and Black residents, residents with a household income at least four times the federal poverty line, and individuals with private or Medicaid health insurance. More information about the *2024 Capital Region Community Health Survey*, including respondent sociodemographic distributions and results for each question – some with demographic group comparisons – can be found in [Appendix N](#). Reports with detailed survey results for each Capital Region county can be found [on the HCD website](#). A selection of key regional findings is summarized by survey section, below:

Public Health Priorities

- Depression, anxiety & stress, cancer, obesity & diabetes, heart disease & stroke, and addiction to drugs or alcohol were the top five issues of concern for Capital Region residents
 - Hispanic residents were more concerned, than others, about asthma and sexually transmitted infections
 - Black residents were more concerned, than others, about sexually transmitted infections and violence
 - Lesbian, gay, bisexual, or transgender (LGBT) residents were more concerned, than others, about depression, anxiety, and stress, hunger and food insecurity, and suicide
- Public health priority results were used to rank health issues in the prioritization process described in [Section II](#)

Healthcare Access & Barriers

- Primary care and mental health services were the top two services that Capital Region residents wished were more available
 - Medicaid-insured, Black, and Hispanic residents, more often than others, reported they wish dental care services were more available
 - LGBT residents, more often than others, wished that mental health services were more available
- 15% of Capital Region residents had not received a physical exam in the past year
 - 22% of Medicaid-insured residents had not received a physical exam in the past year
- 23% of Capital Region residents had received care in an emergency room in the past year
 - 41% of Medicaid-insured residents had received care in an emergency room in the past year
- 29% of Capital Region residents had not had a routine dentist visit in the past year
 - 51% of Medicaid-insured residents had not had a routine dentist visit in the past year



Social Needs

- Affordable housing was the community resource most often rated “very difficult” to access
- Parents of children under the age of 18 more often reported they usually have trouble paying for education, housing and utilities, other bills, and food
- Mold was the most frequently reported housing issue, followed by temperature regulation and water leaks
 - Hispanic and Black residents more often reported the place they live is too hot or too cold

Health Information & Communication

- 8% of Capital Region residents reported having limited health literacy
 - 19% of Medicaid-insured residents reported having limited health literacy
- Most respondents get their health information from a doctor or health professional, or the internet
- Respondents most often reported they would participate in community health education offered in online video format, followed by in-person, one-on-one meetings and health worker phone call or text

Mental Health

- 27% of Capital Region residents reported having frequent stress or anxiety in the past month
 - 40% of Medicaid-insured residents reported having frequent stress or anxiety in the past month
 - 49% of LGBT residents reported having frequent stress or anxiety in the past month
- 13% of Capital Region residents reported having poor mental health in the past month
 - 25% of Medicaid-insured residents reported having poor mental health in the past month
 - 29% of LGBT residents reported having poor mental health in the past month
- 5% of Capital Region residents reported having needed, but unable, to visit a mental health care provider in the past year
 - 11% of LGBT residents reported having needed, but unable, to visit a mental health care provider in the past year

Substance Use

- More than half of Capital Region residents reported they are most concerned about opioids (like heroin and fentanyl) and alcohol in their community



Race/Ethnicity Data Summary

Black non-Hispanic (Black NH) Capital Region residents, overall, were at greater health risk, compared to White non-Hispanic (White NH) residents, of having a hospitalization or emergency department visit for most major health conditions. Black and Hispanic residents also had higher prevalence of health risk factors, in some cases, as well. Black and Hispanic residents had poverty rates over 20% in Albany, Rensselaer, and Schenectady counties, while poverty rates were below 10% among White residents in those counties. Columbia County had the highest rate of poverty among Black residents, at 33.1%, compared to 7.1% among Hispanic residents and 9.2% among White residents. Each Capital Region county had higher rates of child poverty among Black NH residents than White NH residents. Black NH and Hispanic residents of each Capital Region county also had higher percentages, compared with White NH residents, of population with no health insurance, unemployment, population aged 25 and older without a bachelor's degree, population in single parent families, population who speak English less than very well, arrests per population aged 18 years and older, births without early prenatal care, and fee-for-service Medicare enrollees without an annual flu vaccination.

Black NH residents in each Capital Region county had higher rates than White NH of total mortality, percentage of deaths that are premature, years of potential life lost, and potentially preventable hospitalizations. Hispanic residents in each Capital Region county also had higher percentages of deaths that are premature (before age 75), when compared with White NH residents.

Capital Region Hospitalization and ED Visit Rate Ratios, by Race/Ethnicity, 2021-2023				
Condition	Black NH to White NH Rate Ratio		Hispanic to White NH Rate Ratio	
	Hospitalizations	ED Visits	Hospitalizations	ED Visits
Assault	5.9	5.9	1.3	3.5
Asthma	5.2	9.1	2.1	0.8
Cerebrovascular Disease	2.2	1.4	1.1	1.5
COPD	1.9	3.1	0.7	2.0
Diabetes (Primary DX)	2.6	5.1	1.2	0.9
Falls	0.8	1.7	0.6	0.8
Heart Disease	1.6	2.1	0.7	0.9
Intentional Self-Harm	1.8	2.5	0.7	1.3
Motor Vehicle Accident	1.8	4.0	1.1	1.3
Opioid Overdose	2.3	2.1	0.8	1.0
Substance Use Disorders	2.2	2.5	0.8	1.0

From 2021 to 2023, Black NH Capital Region residents had rates of assault and asthma emergency department (ED) visits and hospitalizations that were five (5) times higher than White NH residents (SPARCS). Black NH Capital Region residents had a five (5) times higher rate of diabetes (primary diagnosis) ED visits than White NH residents. Most other ED visit and hospitalization rates for Black NH residents were at least 50% higher than White NH residents for most other conditions, including chronic obstructive pulmonary disease (COPD), heart disease, intentional self-harm, motor vehicle accidents, opioid overdose, and substance use disorders. Black NH Capital Region residents also had higher rates of poisoning hospitalizations, compared to White NH residents, in each Capital Region county.



Hispanic residents had similar rates of ED visits and hospitalizations, compared to White NH residents, for most health conditions. Rates for Hispanic residents were at least 50% higher than White NH residents for asthma hospitalizations and ED visits for assault, cerebrovascular disease (stroke), and COPD. White NH residents had higher rates of fall hospitalizations and ED visits than both Black NH and Hispanic residents. Hospitalization and ED visit rates, by race and ethnicity, for the Capital Region and each of the six Capital Region counties, can be found in [Appendices E and F](#).

Black NH Capital Region residents also had higher Prevention Quality Indicators (PQI) rates than White NH and Hispanic residents (SPARCS). PQI rates measure hospitalizations and emergency department visits due to potentially preventable disease complications that place extra burden on hospital resources. Combined (acute, circulatory, diabetes, and respiratory) PQI rates were 2.3 times higher among Black, than White, non-Hispanic Capital Region residents. Hispanic Capital Region residents had lower acute and slightly lower circulatory and respiratory, and slightly higher diabetes PQI rates, when compared with White NH Capital Region residents.

Capital Region Prevention Quality Indicator Rate Ratios, by Race/Ethnicity, 2021-2023		
Condition	Black NH to White NH Rate Ratio	Hispanic to White NH Rate Ratio
Acute	1.2	0.5
Circulatory	2.7	0.9
Diabetes	3.4	1.1
Respiratory	2.2	0.9
Combined	2.3	0.9

There were, conditions where the Capital Region White NH population fared more poorly compared to their Black NH and Hispanic counterparts. In addition to falls hospitalizations, White NH residents also had suicide mortality rates that were almost twice as high as Black NH and Hispanic residents. In contrast to the previous edition of the *Capital Region Community Health Needs Assessment*, Black NH residents now have higher rates of opioid overdose ED visits and hospitalizations, compared to White NH residents, as the demographics of those most affected by the opioid epidemic has shifted. The relatively small number of Asian non-Hispanic and other races of Capital District residents did not allow for a thorough interpretation of indicators for these populations.

References

- U.S. Census, American Community Survey 5-Year Estimates. 2019-2023.
- U.S. Census, American Community Survey 1-Year Estimates. 2022.
- Hospitalization, ED Visit, and Prevention Quality Indicator (PQI) rates are based on data from the New York State Statewide Planning and Research Cooperative System (SPARCS), supplied by Common Ground Health.



County Level Data Summary

Based on a review of the data available, below is a summary of the leading sociodemographic and health needs for each Capital Region county. Sub-sections under each county correspond with the sections of this report.

Albany County

Sociodemographic

- Albany had the highest county-level poverty rate in 2022, at 12.5% (U. S. Census)
- Albany County also contained the two Capital Region ZIP codes with the highest rates of poverty in 2022, 12207 (41.3%) and 12206 (40.6%) (U. S. Census)
- Albany County had the highest percentage in the Capital Region in 2023 for residents who speak English less than very well, with almost half of the Capital Region residents who speak English less than very well (U. S. Census)

General Health Status

- Albany County had the highest rate in the Capital Region of adults who did not receive medical care due to cost in 2021, although the rate ranked in the top half of NYS counties and was lower than NYS, excluding NYC rate (BRFSS)

Chronic Disease

- Albany County had the highest prevalence in the Capital Region of chronic obstructive pulmonary disease in 2021, at 6% (BRFSS)
- Albany County had the highest rate in the Capital Region in 2022 for age-adjusted asthma hospitalization and ranked in the worst half of NYS counties with available data (NYS SPARCS)
- Albany County had a relatively high rate of asthma emergency department visits in 2022 among those aged 17 years or younger (NYS SPARCS)
- Albany County's 2020-2022 rate of diabetes hospitalizations was 3.9 times higher among Black non-Hispanic residents than White non-Hispanic residents (NYS CHIRE)
- Albany County had one of the highest stroke hospitalization rates in the Capital Region in 2022 (NYS SPARCS)
- Albany County had a lower breast cancer screening rate than NYS, excluding NYC, in 2021 (NYS Cancer Registry)

Healthy and Safe Environment

- Albany County had the highest motor vehicle injury hospitalization rate in the Capital Region in 2023 (NYS SPARCS)
- Albany County had the highest falls hospitalization rate in the Capital Region among older adults aged 65+ in 2021-2023 and the highest falls hospitalization rate in the Capital Region among older adults aged 75-84 in 2020-2022 (NYS SPARCS)
- Albany County had the highest assault emergency department visit rate in the Capital Region in 2023 (NYS SPARCS)



- Albany County had the highest firearm assault-related hospitalization rate in the Capital Region in 2023 (NYS SPARCS)
- More than one in three economically disadvantaged students in grades one through eight in Albany County were chronically absent in 2024 (NYS Education Department)
- Albany County had only about 1 in 7 residents receiving optimally fluoridated water in 2023 (NYS Safe Drinking Water Information System), although this rate is expected to increase significantly by the end of 2025 after the City of Albany decided in 2024 to add fluoride to its public water supply

Infant and Maternal Health

- Albany County had the largest disparities in the Capital Region for percent of births with adequate prenatal care in 2020-2022, when comparing Black, and White, non-Hispanic residents (NYS CHIRE)
- Albany County had the second highest rate in the Capital Region in 2022 for premature births (NYS Vital Records)
- Albany County had the highest rate of low birthweight births among Hispanic residents in the Capital Region in 2020-2022 (NYS CHIRE)
- Albany County had four (4) maternal deaths from 2020 to 2022 (NYS Vital Records)

Mental Health and Substance Use Disorder

- Albany County had the second highest rates in the Capital Region for intentional self-harm ED visits and intentional self-harm hospitalizations in 2023 (NYS SPARCS)
- Albany County had the second highest opioid overdose mortality rate in the Capital Region in 2022 (NYS Vital Statistics)
- Albany County had the second lowest buprenorphine prescribing rate in the Capital Region in 2022 (Prescription Monitoring Program Registry)
- Albany County had the highest rate in the Capital Region of emergency department visits involving any opioid overdose in 2022 (NYS SPARCS)

Infectious Disease

- Albany County had the highest newly diagnosed HIV case rate in the Capital Region in 2022 (NYS STI Surveillance System)
- Albany County had the second highest rate in the Capital Region for gonorrhea diagnoses in 2022 (NYS STI Surveillance System)
- Albany County had the second highest rate in the Capital Region for chlamydia diagnoses in 2022 (NYS STI Surveillance System)
- Albany County had the highest rate in the Capital Region for early syphilis diagnoses in 2022 (NYS STI Surveillance System)

Columbia County

Sociodemographic

- Columbia County had the oldest population in 2023, with more than 25% of the county's population aged 65 or older (U. S. Census)



- About one-third of rental units in Columbia County had a gross rent of at least 35% of household income in 2022 (U. S. Census)
- Columbia County had the highest Capital Region county rate of households with severe housing problems in 2017-2021, at 15.4%, which ranked 44th out of 62 NYS counties (U.S. Department of Housing and Urban Development)

General Health Status

- Columbia County had the highest Prevention Quality Indicator (PQI) rates in the Capital Region for the acute, circulatory, diabetes, and overall measures in 2021-2023 (NYS SPARCS)

Chronic Disease

- Columbia County had the highest age-adjusted prevalence in the Capital Region of adults with health care provider-diagnosed diabetes in 2021 (BRFSS)
- Columbia County had the worst age-adjusted percentage in NYS of adults having a test for high blood sugar in the past three years in 2021, at 38% (BRFSS)
- Columbia County's rate of Diabetes hospitalizations in 2020-2022 was 4.4 times higher among Black non-Hispanic residents than White non-Hispanic residents (NYS CHIRE)
- Columbia County had the lowest rate in the region for cervical cancer screening in 2018, and ranked in the bottom 10 NYS counties (NYS Cancer Registry)
- Columbia County ranked in the bottom 10 NYS counties for prostate cancer incidence in 2019-2021 (NYS Cancer Registry)

Healthy and Safe Environment

- Columbia County had the lowest 2025 County Health Ranking in the Capital Region for the access to exercise opportunities measure
- Columbia County had the lowest rate in the region of children born in 2019 with at least two lead screenings by age 3 (NYS Child Health Lead Poisoning Prevention Program)
- Columbia County also had the second lowest rate in NYS for children born in 2019 who received at least one lead screening by the age of 2, with less than 1 in 2 children being screened for lead (NYS Child Health Lead Poisoning Prevention Program)
- Columbia County had the highest incidence rate in the region in 2022 of elevated blood lead level among children under 6 years (NYS Child Health Lead Poisoning Prevention Program)
- Columbia County had the highest emergency department visit rate in the Capital Region due to falls among older adults aged 65+ in 2021-2023 (NYS SPARCS)
- Columbia County had the highest ratio in the Capital Region of work-related injury emergency department visit in 2022, when comparing rates for Black non-Hispanic residents and White non-Hispanic residents (NYS SPARCS)
- Less than half of cooling towers in Columbia County were in compliance with NY's "Protection Against Legionella" regulation in 2023 (NYS Cooling Tower Registry)
- Columbia County had 0% of residents receiving optimally fluoridated water in 2023 (Safe Drinking Water Information System)



Infant and Maternal Health

- Columbia County had the highest rate infant mortality rate in the Capital Region in 2020-2022 (NYS Vital Records)

Mental Health and Substance Use Disorder

- Columbia County had the second highest rate of mental health hospitalizations in the Capital Region, in 2023, where a mental health condition was the primary diagnosis (NYS SPARCS)
- Columbia County had the highest self-harm hospitalization rate in the Capital Region for Black non-Hispanic residents in 2021-2023 (NYS SPARCS)
- Columbia County female residents had a 35% higher self-harm ED visit rate than male residents in 2021-2023 (NYS SPARCS)
- Columbia County had the highest suicide mortality rate in the Capital Region 2020 to 2022 (Vital Statistics)
- Columbia County had the highest opioid overdose mortality rate in the Capital Region in 2022 (Vital Statistics)

Infectious Disease

- Columbia County had the lowest percentage in the Capital Region for 13-year-olds who were completely immunized for Human Papillomavirus (HPV) in 2022 (NYS Immunization Information System)
- Columbia County had the highest Anaplasmosis and Babesiosis incidence rates in New York State in 2023 (NYS Communicable Disease Reports)

Greene County

Sociodemographic

- Greene County had the highest percentage of population with less than a high school education in 2023, at 11.5%, compared to 8.3% or less among the other Capital Region counties (U. S. Census)
- Greene County had the lowest 2025 County Health Ranking in the Capital Region for the “some college” measure

General Health Status

- Total mortality rates in the Capital Region were highest in Greene County in 2022 (NYS Vital Statistics)
- Greene had the lowest percentage in the Capital Region of adults with a routine health checkup in the past year in 2021 (BRFSS)

Chronic Disease

- Greene County had the second highest rates in the region for daily sugary beverage consumption in 2021 (BRFSS)
- Greene County had the second highest age-adjusted rate in NYS for adults with current asthma in 2021 (BRFSS)
- Greene County had the lowest breast cancer screening rate in the region in 2021; one of the lowest rates in NYS (BRFSS)



- Greene County had the second highest rate in the region for breast cancer late-stage incidence in 2019-2021, and ranked among the bottom 10 NYS counties (NYS Cancer Registry)
- Greene County had the 5th highest breast cancer mortality rate in 2019-2021 among NYS counties with available data (NYS Cancer Registry)
- Greene County had the highest rate in the Capital Region for both colorectal cancer incidence and mortality in 2019-2021 (NYS Cancer Registry)
- Greene counties had the 6th highest lung cancer incidence rate in New York State in 2019-2021 (NYS Cancer Registry)
- Greene County ranked in the bottom 10 New York State counties for lung cancer mortality in 2019-2021 (NYS Cancer Registry)

Healthy and Safe Environment

- Greene County had the lowest 2025 County Health Ranking (among Capital Region counties) on the “injuries deaths” measure
- Greene County had the highest motor vehicle injury mortality rate in the Capital Region in 2020-2022 (NYS Vital Records)
- Greene County had the highest assault hospitalization rate in the Capital Region in 2023 (NYS SPARCS)
- Greene County had the third highest percentage in the Capital Region in 2021 of adults who had reported having experienced at least two adverse childhood experiences (ACEs) (BRFSS)
- Greene County had the highest rate in the Capital Region of reports indicating child abuse or maltreatment in 2022 (National Child Abuse and Neglect Data System)
- Greene County had the third highest rate of chronic absenteeism in the Capital Region among students in first to eighth grade in 2024 (NYS Education Department)
- More than one in three economically disadvantaged students in grades one through eight in Greene County was chronically absent in 2024 (NYS Education Department)
- Greene County had the lowest percentage in the Capital Region of high school students in the Class of 2023 who enrolled at a postsecondary institution within 16 months of their high school graduation (NYS Education Department)
- Greene County had less than 1 in 8 residents living in a certified Climate Smart Community in 2024 (NYS Department of Environmental Conservation)
- Greene County had less than 1 in 15 residents receiving optimally fluoridated water in 2023 (Safe Drinking Water Information System)

Infant and Maternal Health

- Greene County had the lowest percentage in the region for births with adequate prenatal care in 2022 (NYS Vital Records)
- Greene County had the lowest percentage in the region for births with early prenatal care in 2022 (NYS Vital Records)
- Greene County had the largest disparities in the Capital Region for percent of births with adequate prenatal care in 2020-2022, when comparing Hispanic and White non-Hispanic residents (NYS CHIRE)

Mental Health and Substance Use Disorder

- Greene County had a low 2025 County Health Ranking (among Capital Region counties) on the “poor mental health days” and “Mental Health Providers ratio” measures



- Greene County had the highest rate of frequent mental distress in the Capital Region in 2021; the 4th highest rate of frequent mental distress in New York State in 2021 (BRFSS)
- Greene County had the third highest rate of mental health hospitalizations in the Capital Region, in 2023, where a mental health condition was the primary diagnosis (NYS SPARCS)
- Greene County had the highest rate in New York State for alcohol-related motor vehicle injuries and deaths (combined) in 2020-2022 (NYS Department of Motor Vehicles)
- Greene County had the highest cirrhosis hospitalization rate in the Capital Region in 2020-2022 (NYS SPARCS)
- Greene County had the highest cirrhosis mortality rate in the Capital Region in 2020-2022 (NYS Vital Statistics)
- Greene County had the highest drug overdose mortality rate in the Capital Region in 2024, based on National Vital Statistics System data
- Greene County had the highest opioid analgesic prescribing rate in the Capital Region in 2022 (Prescription Monitoring Program Registry)

Infectious Disease

- Greene County had the lowest rate in the Capital Region of children aged 24-35 months who had received the full seven-vaccine immunization series (NYS Immunization Information System)
- Greene County had the highest rate of Lyme Disease incidence in the Capital Region in 2023 (NYS Communicable Disease Reports)
- Greene County had the second highest Babesiosis incidence rate in New York State in 2023 (NYS Communicable Disease Reports)

Rensselaer County

Sociodemographic

- High rates of poverty (greater than 15%) were observed in ZIP codes in and around the city of Troy in 2022 (U.S. Census)
- Rensselaer County had the highest rate of unemployment in the Capital Region in 2023, at 3.6%, but this rate was still low when compared to all NYS counties (U. S. Census)
- Close to one-third of rental units in Rensselaer County had a gross rent of at least 35% of household income in 2022 (U. S. Census)

General Health Status

- Rensselaer County had the highest difference in percent of death that were premature, when comparing Black and White non-Hispanic residents, in 2022 (NYS CHIRE)

Chronic Disease

- Rensselaer County childhood obesity rates have risen significantly over the last 5 years of available data, increasing by roughly 50%, and in 2021-2023 the county had the highest rates of childhood obesity in the Capital Region (Student Weight Status Category Reporting System)
- Rensselaer County had the highest rate of COPD mortality in the Capital Region in 2022. The county's 2022 COPD mortality rate ranked 56th out of 62 NYS counties (NYS Vital Statistics)



- Rensselaer County had the region's highest coronary heart disease hospitalization rate in 2022 (NYS SPARCS)
- Rensselaer County had one of the highest stroke hospitalization rates in the Capital Region in 2022 (NYS SPARCS)
- In Rensselaer County, the cerebrovascular disease (stroke) mortality among Black non-Hispanic residents in 2020-2022 was the highest in the Capital Region and 2.5 times higher than the rate for White non-Hispanic residents (NYS CHIRE)
- Rensselaer County had the highest rates in the region for overall breast cancer incidence in 2021 and late-stage breast cancer incidence in 2019-2021, and ranked among the bottom 10 NYS counties for both measures (NYS Cancer Registry)
- Rensselaer and Greene counties had the 5th highest lung cancer incidence rate in NYS in 2019-2021 (NYS Cancer Registry)

Healthy and Safe Environment

- Rensselaer County had the highest rate of falls hospitalizations among children aged under 10 years in the Capital Region in 2020-2022 (NYS SPARCS)
- Rensselaer County had the highest homicide mortality rate in the Capital Region in 2020-2022, among counties with reportable data (Vital Statistics)
- Rensselaer County had the highest ratio in the Capital Region of assault hospitalization rates in 2020, when comparing Black non-Hispanic residents and White non-Hispanic residents (NYS SPARCS)
- Rensselaer County had the second highest rate in the Capital Region of reports indicating child abuse or maltreatment in 2022 (National Child Abuse and Neglect Data System)
- Rensselaer County had the second highest rate of chronic absenteeism in the Capital Region among students in first to eighth grade in 2024 (NYS Education Department)
- More than one in three economically disadvantaged students in grades one through eight in Rensselaer County was chronically absent in 2024 (NYS Education Department)
- Rensselaer County had the second lowest percentage in the Capital Region of high school students in the Class of 2023 who enrolled at a postsecondary institution within 16 months of their high school graduation (NYS Education Department)
- Less than one in two economically disadvantaged high school students in Rensselaer County in the Class of 2023 enrolled at a postsecondary institution within 16 months of their high school graduation, the lowest percentage in the Capital Region. (NYS Education Department)
- 0% of Rensselaer County residents live in a certified Climate Smart Community in 2023 (NYS Department of Environmental Conservation)

Infant and Maternal Health

- Rensselaer County had the largest disparities in the Capital Region for percent of births with adequate prenatal care and early prenatal care in 2020-2022, when comparing Asian/Pacific Islander, and White, non-Hispanic residents (NYS CHIRE)
- Rensselaer County had the highest rates in the Capital Region of low birthweight births among White, and Black, non-Hispanic residents in 2020-2022 (NYS CHIRE)
- Rensselaer County had the highest disparities in the Capital Region for infant mortality when comparing 2020-2022 rates among Black non-Hispanic and Hispanic residents to White non-Hispanic residents (NYS CHIRE)



- Rensselaer County had 2 maternal deaths from 2020 to 2022 (NYS Vital Records)

Mental Health and Substance Use Disorder

- Rensselaer County had the highest rate of mental health hospitalizations in the Capital Region, in 2023, where a mental health condition was the primary diagnosis (NYS SPARCS)
- Rensselaer County had the third highest rate of mental health emergency department visits in the Capital Region, in 2023, where a mental health condition was the primary diagnosis (NYS SPARCS)
- Rensselaer County had the highest rates in the Capital Region of intentional self-harm ED visits and hospitalizations in 2023 (NYS SPARCS)
- Rensselaer County had the highest self-harm ED visit rate for Black non-Hispanic residents in 2023 (NYS SPARCS)
- Rensselaer County had the second highest rate in the Capital Region of binge drinking among adults in 2021 (BRFSS)
- Rensselaer County had the second highest drug overdose mortality rate in the region, in 2024, based on National Vital Statistics System data
- Rensselaer County had the third lowest buprenorphine prescribing rate in the Capital Region in 2022 (Prescription Monitoring Program Registry)

Infectious Disease

- Rensselaer County had the third highest rate in the region for gonorrhea diagnoses in 2022 (NYS STI Surveillance System)

Saratoga County

Sociodemographic

- Saratoga had the lowest rates in the region of adults aged 25 years and older with less than a high school education, poverty rate, housing units built before 1940, and rental units with rent that cost more than 35% of occupants' income (U. S. Census)

General Health Status

- Saratoga County had the highest disparity in the Capital Region between Hispanic and White non-Hispanic residents for percent of deaths that were premature in 2022 (NYS Vital Statistics)

Chronic Disease

- Saratoga County had the highest prevalence of smoking prevalence among adults with income less than \$25,000, among Capital Region counties with 2021 data (BRFSS)
- Saratoga County had the highest stroke mortality rate in the Capital Region in 2022 (NYS Vital Statistics)
- Saratoga County had the second highest rate in the region for breast cancer incidence at any stage in 2021, and ranked among the bottom 10 NYS counties (NYS Cancer Registry)

Healthy and Safe Environment

- Saratoga County had the highest percentage in the Capital Region in 2021 of adults who had reported having experienced at least two adverse childhood experiences (ACEs) (BRFSS)



- Saratoga County had less than 1 in 8 residents living in a certified Climate Smart Community in 2023 (NYS Department of Environmental Conservation)

Infant and Maternal Health

- Saratoga County had the largest disparities in percent of births with early prenatal care between Black, and White, non-Hispanic residents in 2020-2022 (NYS CHIRE)

Mental Health and Substance Use Disorder

- Saratoga County had the second highest rate of mental health emergency department visits in the Capital Region, in 2023, where a mental health condition was the primary diagnosis (NYS SPARCS)
- Saratoga County had the highest rate in the Capital Region of binge drinking among adults in 2021 (BRFSS)
- Saratoga County had the lowest buprenorphine prescribing rate in the Capital Region in 2022 (Prescription Monitoring Program Registry)

Infectious Disease

- Saratoga County had the Capital Region's highest rate of COVID-19 positive tests from August 2024 to July 2025, although the county's rate was still lower than most other NYS counties' rates (Health Data NY)

Schenectady County

Sociodemographic

- High rates of poverty (greater than 15%) were observed in ZIP codes in and around the city of Schenectady in 2022 (U. S. Census)
- Close to one-third of rental units in Schenectady County had a gross rent of at least 35% of household income in 2022 (U. S. Census)
- Schenectady County had the highest overall Social Vulnerability Index (SVI) in the Capital Region (CDC)

General Health

- Schenectady had the highest percentage in the Capital Region of deaths that were premature in 2022, and ranked 45th out of 62 NYS counties (NYS Vital Statistics)
- In the Capital Region, Schenectady County had the lowest rates of Medicaid enrollees having seen a dentist in the past year in 2023, among those aged 2 to 20, and overall (NYS Medicaid Program)

Chronic Disease

- In the Capital Region, adult obesity rates were highest in Schenectady County in 2021 (BRFSS)
- Schenectady County had the highest percentage in the region of adults who ate less than one fruit and one vegetable daily in 2021 (BRFSS)
- Schenectady County had the second highest rates in the region for daily sugary beverage consumption in 2021 (BRFSS)
- Schenectady County had the lowest rates of physical activity in the Capital Region in 2021, both for all adults, and for adults aged 65 years and older (BRFSS)



- Asthma ED visit rates among children aged 0-17 years were highest in Schenectady County in the Capital Region in 2022 (NYS SPARCS)
- Schenectady County was in the bottom half of NYS counties for their rate of potentially preventable diabetes short-term complications hospitalizations among adults 18+ in 2022 (NYS SPARCS)
- Schenectady County had the highest heart attack hospitalization rate in the Capital Region in 2022 (NYS SPARCS)
- Schenectady County had the highest stroke hospitalization rate in the Capital Region in 2022 (NYS SPARCS)
- Schenectady County had a lower breast cancer screening rate than in NYS, excluding NYC, in 2021 (BRFSS)
- Schenectady County had the second highest breast cancer mortality rate in the region in 2019-2021, and ranked in the bottom 10 NYS counties (NYS Cancer Registry)

Healthy and Safe Environment

- Schenectady County had the highest percentage in the region of school drinking water outlets that exceeded the state's lead action limit in 2020, and was the only county in the region with a higher rate than NYS, excluding NYC (NYS Lead in School Drinking Water Program)
- Schenectady County had the highest motor vehicle injury emergency department visit rate in the Capital Region in 2023 (NYS SPARCS)
- Schenectady County had the highest ratio of assault hospitalization rates the Capital Region in 2020, when comparing Hispanic residents and White non-Hispanic residents (NYS SPARCS)
- Schenectady County had the highest percentage in the Capital Region in 2021 of adults who had reported having experienced at least two adverse childhood experiences (ACEs) (BRFSS)
- Schenectady County had the second highest rate in the Capital Region of reports indicating child abuse or maltreatment in 2022 (National Child Abuse and Neglect Data System)
- Schenectady County had the highest rate of chronic absenteeism in the Capital Region among students in first to eighth grade in 2024 (NYS Education Department)
- More than two in five economically disadvantaged students in grades one through eight in Schenectady County was chronically absent in 2024; Schenectady had the highest rate in the Capital Region and the sixth highest rate in New York State (NYS Education Department)

Infant and Maternal Health

- Schenectady County had the lowest 2025 County Health Ranking (among Capital Region counties) for the "low birth weight" measure
- Schenectady County had the highest percentage in the region for births with late or no prenatal care in 2022 (NYS Vital Statistics)
- Schenectady County had the largest disparity in the Capital Region for percent of births with early prenatal care in 2020-2022, between Hispanic and White non-Hispanic residents (NYS Vital Statistics)
- Schenectady County had the greatest difference in percentages in the Capital Region of births that were premature between Black non-Hispanic and White non-Hispanic residents, in 2020-2022 (NYS Vital Statistics)
- Schenectady County had the highest rate in the Capital Region of low birthweight among Asian or Pacific Islander residents in 2020-2022 (NYS Vital Statistics)



- Schenectady County had the highest rate of infant mortality in the Capital Region in 2020-2022, among counties with reportable data (NYS Vital Statistics)

Mental Health and Substance Use Disorder

- Schenectady County had the highest percentage in the Capital Region in 2021 of adult residents who reported ever being diagnosed by a provider with a depressive disorder (BRFSS)
- Schenectady County had the highest rate of mental health emergency department visits in the Capital Region, in 2023, where a mental health condition was the primary diagnosis (NYS SPARCS)
- Schenectady County had the third highest intentional self-harm ED visit and hospitalizations rates in the region in 2023 (NYS SPARCS)
- Schenectady County had the third highest opioid overdose mortality rate in the Capital Region, in 2022 (NYS Vital Statistics)

Infectious Disease

- Schenectady County had the second highest newly diagnosed HIV case rate in the Capital Region in 2022 (NYS STI Surveillance System)
- Schenectady County had the highest rate in the region, and fifth highest rate in the state, for gonorrhea diagnoses in 2022 (NYS STI Surveillance System)
- Schenectady County had the highest rate in the region for chlamydia diagnoses in 2022 (NYS STI Surveillance System)



References

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County Health Rankings, 2025

The Robert Wood Johnson Foundation, together with the University of Wisconsin Population Health Institute, develop annual health rankings for every county in the United States (<http://www.countyhealthrankings.org/>). Counties are ranked on “Population Health and Well-Being” (measuring the present health of the county) and on “Community Conditions” (which contribute to the future health of the county). Below is a conditionally formatted table displaying the 2025 data measures and relative rankings for each of six Capital Region counties. [Appendix K](#) contains a more detailed breakdown of data by county and information on the data sources.

2025 County Health Rankings: Ratings out of 10, 1 being the best		
	Population Health and Well-being	Community Conditions
Albany	2	3
Columbia	3	5
Greene	3	5
Rensselaer	3	4
Saratoga	1	2
Schenectady	3	3

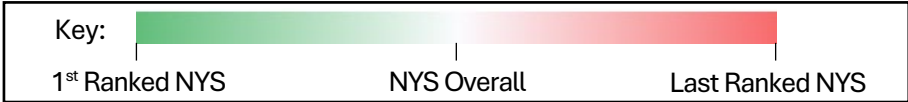
Capital Region counties fared relatively well in the overall ratings, with no county having a rating higher than 5 out of 10. Greene and Columbia counties, compared to the other regional counties, had the worst ratings, while Saratoga County garnered the best ratings in the Capital Region. The Capital Region counties, other than Saratoga County, had relatively high rates of premature death, which is the highest-weighted factor in their “Population Health and Well-Being” rating. Physical health, low birth weight, and mental health measures had mixed rankings the counties, while the counties ranked well on the overall “Poor or Fair Health” measure.

Albany and Saratoga counties ranked well against other NYS counties on measures of health infrastructure, especially flu vaccination and uninsured rates. Columbia County fared well on the preventable hospital stays measure, and poorly on the access to exercise opportunities. Greene County ranked lower on these measures, while Rensselaer and Schenectady counties ranked somewhere in the middle on most of the health infrastructure measures. Albany County ranked most poorly on the Particulate Matter (PM2.5) measure. Capital Region counties ranked very well on the social and economic factors, especially income inequality, unemployment, and high school completion rates. Greene County had lower ranks on the “some college” and “injury deaths” measures.



County Health Rankings, 2025: Capital Region Heat Map

Measure	Albany County	Columbia County	Greene County	Rensselaer County	Saratoga County	Schenectady County	New York State	Min. NY County	Max. NY County	Top Performers	US Overall
POPULATION HEALTH AND WELL-BEING											
LENGTH OF LIFE											
Premature Death	7,276	7,810	8,286	7,122	5,526	8,452	6,637	4,624	10,681	6,200	8,400
QUALITY OF LIFE											
Poor Physical Health Days	3.7	3.8	4.1	4.0	3.4	3.7	3.9	3.3	5.1	3.6	3.9
Low Birth Weight	8.5%	7.2%	7.1%	8.5%	6.5%	9.2%	8.3%	3.9%	10.3%	6.0%	8.0%
Poor Mental Health Days	5.2	5.6	5.6	5.4	5.0	5.3	4.9	4.5	6.1	4.9	5.1
Poor or Fair Health	12.4%	14.2%	15.0%	13.5%	10.3%	13.3%	16.1%	10.3%	28.2%	14.0%	17.0%
COMMUNITY CONDITIONS											
HEALTH INFRASTRUCTURE											
Flu Vaccinations	58%	54%	45%	54%	57%	54%	51%	38%	58%	54%	48%
Access to Exercise Opportunities	93.9%	61.5%	81.3%	78.4%	85.7%	88.6%	93.1%	35.0%	100.0%	91.0%	84.0%
Food Environment Index	8.4	8.4	8.8	8.5	9.1	8.7	8.7	6.4	9.9	8.8	7.4
Primary Care Physicians (pop. ratio)	1,039	2,471	3,464	2,081	1,439	1,255	1245	727	13,397	1,030	1,330
Mental Health Providers (pop. ratio)	222	403	960	478	417	351	265	90	1,694	220	300
Dentists (pop. ratio)	1,124	2,786	2,827	2,422	1,465	1,251	1205	534	5,972	1,180	1,360
Preventable Hospital Stays	2,369	2,082	2,367	2,247	2,389	2,217	2,595	1,600	4,187	1,596	2,666
Mammography Screening	49%	46%	39%	47%	52%	45%	44%	35%	56%	53%	44%
Uninsured	5%	6%	5%	4%	4%	5%	6%	4%	10%	6%	10%
PHYSICAL ENVIRONMENT											
Severe Housing Problems	14%	15%	14%	13%	11%	15%	23%	9%	39%	8%	17%
Driving Alone to Work	68%	68%	73%	73%	75%	72%	50%	6%	82%	69%	70%
Long Commute - Driving Alone	21%	37%	45%	31%	37%	31%	39%	15%	68%	17%	37%
Air Pollution: Particulate Matter	8.7	7.8	7.4	8.1	8.2	8.0	6.9	3.2	8.8	5.6	7.3
Drinking Water Violations	Yes	Yes	Yes	Yes	Yes	No					
Broadband Access	89%	88%	85%	90%	92%	88%	90%	78%	95%	92%	90%
Library Visits per Person per Year	3	4	2	2	3	3	3	1	13	5	2
SOCIAL AND ECONOMIC FACTORS											
Some College	78%	63%	57%	73%	78%	71%	71%	42%	86%	74%	68%
High School Completion	93%	92%	89%	93%	94%	92%	88%	75%	96%	95%	89%
Unemployment	3.3%	3.0%	3.8%	3.3%	2.9%	3.5%	4.2%	2.9%	6.8%	2.3%	3.6%
Income Inequality	4.6	4.9	5.1	4.6	4.2	4.4	5.8	3.9	7.3	3.7	4.9
Children in Poverty	15%	18%	19%	16%	8%	19%	19%	6%	36%	10%	16%
Injury Deaths	61	68	83	62	47	60	60	43	110	67	84
Social Associations	14.6	9.5	8.9	8.3	7.3	7.7	7.9	2.9	16.6	18.0	9.1
Child Care Cost Burden	37%	41%	35%	36%	32%	40%	38%	24%	65%	20%	28%



II. Community Public Health Priorities

Collaboration and Community Engagement

The Capital Region Prevention Agenda Work Group (PAWG), consisting of stakeholders from local health departments and hospitals and supported by Healthy Capital District (HCD), convened to identify local public health needs and find opportunities for regional alignment in health intervention planning. The PAWG began by engaging local residents with the *2024 Capital Region Health Needs Survey*. The survey offered multiple choice and open-ended response options to learn about Capital Region residents' health needs and priorities, access or barriers to care, mental health, and social determinants of health. Demographic information collected by the survey allowed review of information by county, age, gender, race/ethnicity, income level, health insurance type, parental status, and sexual orientation or gender identity.

HCD created several reports which visualized and described results from the *2024 Capital Region Health Needs Survey* (see [Appendix N](#)). Reports were created for Capital Region residents, overall, and for each county to compare results for their residents to other Capital Region residents. Results for key questions were further broken down for demographic groups of interest. The first question of the survey asked residents which public health issues were most important in their community. The public health priority results from this question were incorporated into the health issue prioritization process. Once survey reports were shared, and results reviewed with the Capital Region PAWG, the group members reconvened into four local Work Groups, each supported by HCD, to complete separate health issue prioritization processes, with the goal of returning to compare results and find regional alignment. Each local Work Group's health issue prioritization process included community voices through representatives from community-based organizations that serve low-income residents, the homeless, and other vulnerable populations; federally qualified health centers; advocacy groups; academic institutions; public health departments; providers; and health insurers. Participants were encouraged to share data and observations of their own, and to advocate for the needs of their constituents. HCD and its stakeholders strategically invited partners with access to medically underserved populations, as well as potential partner organizations who had traditionally not been involved in this process, to align with the updated New York State Prevention Agenda 2025-2030 priority areas.

Health Issue Ranking

Selection of the top health priorities for each local Work Group was facilitated by a Public Health Issue Scoring Sheet (see next page). The Public Health Issue Scoring Sheet was created by HCD in 2021 for the *2022 Capital Region Community Health Needs Assessment* (CHNA) and local Community Health Improvement Plans (CHIPs). It was based on feedback from prior CHNA/CHIP processes that the health issue prioritization process was difficult due to the multitude of pertinent considerations relating to each health issue. The Public Health Issue Scoring Sheet essentially assigns a score to the most relevant considerations, allowing for the health issues to be ranked and informing decision making.

The Public Health Issue Scoring Sheet method was adapted from a modified version of the *Hanlon Method for Prioritizing Health Problems*. The Public Health Issue Scoring Sheet quantified considerations regarding both the



need to address each health issue and the **opportunity** to make a positive impact. Opportunity considerations were based on guidance documents from the American Hospital Association, the National Association of County and City Health Officials as well as other public health authority resources. Need considerations included those used in prior prioritization processes, as well as a community priority score derived directly from the contributions of over 5,000 residents in the *2024 Capital Region Community Health Survey*. The Public Health Issue Scoring Sheet also included “other” considerations, for both need and opportunity, to address additional factors not included in the sheet and to capture the knowledge and experience of local community partners.

The PAWG met in the Fall of 2024 to review the Public Health Issue Scoring Sheet and provide oversight and guidance during the prioritization process, especially given the recent changes to the structure and focus of the NYS 2025-2030 Prevention Agenda. In the Winter of 2024, HCD staff consolidated the twenty-five (25) public health issues from the 2022 CHNA/CHIP process into 15 public health issues, based on the updated NYS 2025-2030 Prevention Agenda priority areas. HCD staff then conducted an internal review of the most recent and relevant available data regarding the 15 identified health issues. Using publicly available and internal data, HCD generated five ‘data’ scores for each of the health issues, based on the number of people affected, rates compared to NYS, excluding NYC, recent trends in rates, disparities between race/ethnicity groups, and the seriousness of health outcomes. HCD also created ‘survey’ scores based on results from the *2024 Capital Region Health Needs Survey*. Data and survey scores were then visualized in public dashboards and reviewed with each sub-regional Work Group to review. The list of 15 health issues was then shortened based on input from Work Group participants to allow for a more focused discussion at subsequent public meetings.

Local Prevention Agenda Prioritization Work Groups each held in-person or hybrid (virtual and in-person) public meetings to present progress to – and collect input from – local community-based organizations, academic researchers, and members of the public. At the meetings, the health issue scoring method, as well as the data and survey results related to each of the health issues, were reviewed with participants. Then, a discussion was held to answer questions, and individuals shared their understanding and recent observations of the current situation. Participants were provided with a method to vote on the need and opportunity to address each health issue, as a measurement of the discussion and their own experiences regarding each health issue. Group discussion often coalesced around mental health, food insecurity, and chronic diseases as issues that particularly affect residents’ livelihoods, are not fully addressed by existing resources, or are noticeably getting worse or affecting more people.

Scores for opportunity considerations were self-assessed by hospitals and health departments and were based on criteria including their ability to sustainably devote resources, garner support, and make a measurable impact. More details on the prioritization method results for each county can be found here:

County or Counties	Link to Health Issue Prioritization Materials
Schenectady	https://www.healthycapitaldistrict.org/content/sites/hcdi/CHNA2025/2025-Schenectady-County-Prioritization-Process-materials.pdf
Albany & Rensselaer	https://www.healthycapitaldistrict.org/content/sites/hcdi/CHNA2025/2025-Albany-and-Rensselaer-counties-Prioritization-Process-materials.pdf
Columbia & Greene	https://www.healthycapitaldistrict.org/content/sites/hcdi/CHNA2025/2025-Columbia-and-Greene-counties-Prioritization-Process-materials.pdf
Saratoga	https://www.healthycapitaldistrict.org/content/sites/hcdi/CHNA2025/2025-Saratoga-County-Prioritization-Process-materials.pdf

Public Health Issue Scoring Sheet

Opportunity	Max Score	Score
Health issue aligns with organizations' strategic goals	3	
If already working to address this issue, are our efforts working sustainably	2	
If not working on this issue, do we have resources and expertise to lead effort	1	
Are there potential partner organizations who would support our efforts	2	
Is it possible to make a measurable, positive impact	3	
Can we work on this issue, sustainably , for the next 5-6 years	2	
Other organizational considerations	3	
Community Partner considerations, gathered in public data review meeting	3	
Total Opportunity Score	19	

Need	Max Score	Score
Is this issue a major need in the community - Total number of cases	2	
Is this issue worse in our region than throughout NY - Rates	2	
Is this issue more common for some populations - Disparities	2	
Is this issue getting better or worse - Trend	2	
How serious are the health outcomes of this issue	2	
Is this issue a priority for the community based on the survey	3	
Other considerations about the data	2	
Community Partner considerations, gathered in public data review meeting	3	
Total Need Score	18	

	Max Score	Score
Total Organizational Score	16	
Total Data-based Score	10	
Total Community Partner Score	11	
Total Priority Score	37	



Prevention Agenda Priority Selection

The public health issue prioritization process for each local Work Group is summarized below:

Schenectady County Prevention Agenda Prioritization Work Group

The Schenectady County Prevention Agenda Prioritization Work Group was led by Schenectady County Public Health Services, Ellis Medicine, and Sunnyview Rehabilitation Hospital. The Work Group was comprised of members of the Schenectady Coalition for a Healthy Community (SCHC), an informal coalition of community organizations created following the State-mandated consolidation of Schenectady's hospitals, which has met regularly over the decade to share information on community health issues. Prior to the first public meeting, a planning meeting was held on March 26, 2025, where Healthy Capital District (HCD) provided the Work Group with a summary of the data and local survey results for the fifteen health issues, and the resulting scores. At the end of the meeting, the group prioritized a shortlist of eight health issues to present at the public meeting.

The first public meeting was held on April 2, 2025, at the Schenectady County Public Library, where HCD presented data on the health issues and facilitated discussions. In the second public meeting, held on April 9, 2025, at the Schenectady County Public Library, HCD provided Work Group members and public attendees with an overview of the Community Health Needs Assessment process. Then, participants were provided with an opportunity to advocate for a particular health issue in a short presentation. Finally, a voting session was held to capture participants' top public health priorities, based on the data reviewed in the first meeting, the short advocacy presentations, and participants' personal and professional experience. Mental health and suicide, hunger and food insecurity, and obesity and diabetes were participants' top public health priorities. Community attendees at the public prioritization meetings included the following organizations:

- Capital District Tobacco Free Communities
- Catholic Charities Tri-County Services
- Capital District Physician Health Plan
- Electric City Community Grocery
- Ellis Medicine
- Ellis Family Health Center
- MVP Healthcare
- New Choices Recovery Center
- Project Safe Point
- Safe Inc. of Schenectady,
- Schenectady City School District
- Schenectady Community Action Program
- Schenectady County Public Health Services
- Schenectady Food Coalition
- Schenectady Foundation
- St. Peter's Health Partners
- Sunnyview Rehabilitation Hospital



Attendance during the public prioritization meetings consisted of more than 30 participants at each meeting representing health care and community-based organizations, and public service providers. Participants were engaged in the data presentations, raised questions, and offered their perspectives as health planners and service providers. The Health Issue Prioritization materials presented at the public meetings can be found [on the HCD website](#).

Following the public prioritization meetings, members of the Work Group were given a survey to rate their organizational capacity to sustainably address each issue. Their responses were scored and incorporated in the Health Issue Scoring Sheet. Based on the results of the health issue scoring, including the data, survey, community partner, and organizational scoring results, the Schenectady County Work Group selected the following Prevention Agenda priorities:

Domain	Priority
Economic Stability	Nutrition Security
Social and Community Context	Adverse Childhood Experiences
Health Care Access and Quality	Preventive Services for Chronic Disease Prevention and Control

Albany-Rensselaer Prevention Agenda Prioritization Work Group

The Albany-Rensselaer Prevention Agenda Prioritization Work Group was led by the Albany County Department of Health, the Rensselaer County Department of Health, Albany Medical Center, and St. Peter's Health Partners. Albany and Rensselaer counties created a joint Work Group, consistent with prior NYS Prevention Agenda cycles, as the hospitals' catchment areas cover both counties. An initial planning meeting was held on April 16, 2025, at which Healthy Capital District (HCD) presented data and survey results related to the fifteen health issues and facilitated discussions. The Albany-Rensselaer Prevention Agenda Prioritization Work Group then identified a shortlist of eleven health issues to present at the public prioritization meetings and combined the issues of food insecurity and obesity/diabetes, based on their intersectionality and potential for combined intervention planning.

In the first public prioritization meeting, held on April 22, 2025, at the Samaritan Hospital Margaret W. Krause Center in Rensselaer County, HCD presented data and survey results related to the health issues, answered questions, and facilitated discussion. At the second public prioritization meeting, held on May 6, 2025, at the University at Albany ETEC Building in Albany County, HCD presented a brief review of the health issues and provided an overview of the NYS 2025-2030 Prevention Agenda and the Community Health Needs Assessment process. HCD also answered questions and facilitated an opportunity for attendees to advocate for a particular health issue. HCD then administered a hybrid voting session for participants to capture attendees' top public health issues based on the data reviewed, the short advocacy presentations, and participants' personal and professional experience. Community attendees at the public prioritization meetings included the following organizations:

- Albany County Department of Health



- Albany Guardian Society
- Albany Medical Center
- Albany Medical College
- Addictions Care Center of Albany
- Alliance of New York State YMCAs
- Alzheimer's Association of Northeastern NY
- American Foundation for Suicide Prevention - Capital Region New York Chapter
- American Heart Association
- Arbor Hill Development Corp
- Boys and Girls Club of the Capital Region
- Capital District Latinos
- Capital District Physicians' Health Plans, Inc.
- Capital District YMCA
- Capital Roots
- Catholic Charities Care Coordination Services
- CEK RN Consulting Inc.
- Center for Employment Opportunities
- Chasing Health Integrative Care
- Clean + Healthy
- Cornell Cooperative Extension
- Ellis Medicine Family Health Center
- Food Pantries for the Capital District
- Girls Inc. of the Greater Capital Region
- Hope House, Inc.
- Healthy Alliance
- Hudson Valley Community College
- Jewish Family Services of Northeastern NY
- Joseph's House and Shelter
- Logan Strong Foundation
- MVP Health Care
- National Alliance on Mental Illness (NAMI)
- New York State Department of Health Cancer Services Program
- Nopiates Committee, Inc.
- Northeastern New York Safety & Health Council Inc
- Northern Rivers Family Services Planned Parenthood
- Refugee and Immigrant Support Services of Emmaus
- Rensselaer County Department for Aging
- Rensselaer County Department of Health
- Rensselaer County Department of Mental Health
- Rensselaer County Youth Services
- Rensselaer Polytechnic Institute
- St. Peter's Health Partners (SPHP) Acute Care



- SPHP Behavioral Health Dept
- SPHP Capital District Tobacco-Free Communities
- SPHP Community Health Connections Health Home Program
- SPHP Community Health Programs
- SPHP Community Relations
- St. Catherine's Center for Children
- Stratton Veterans Administration Medical Center
- TCY Women
- ToLife!
- Trinity Alliance of the Capital Region, Inc.
- Trinity Health
- United Way of the Greater Capital Region
- University at Albany Center for Elimination of Health Disparities
- University at Albany Center for Health Workforce Studies
- University at Albany School of Public Health
- Upper Hudson Planned Parenthood
- Upstate New York Poison Center
- Warren and Denyse Mackey Foundation
- Whitney M. Young Jr. Health Services Inc.

Attendance during the public prioritization meetings consisted of more than 50 unique participants representing health care providers, academic institutions, and community-based and public service organizations. Participants were engaged in the data presentations, raised many questions, and offered their perspectives as service providers and researchers, including on the intersectionality of several issues and the underlying role that social factors play in the public health issues. The Health Issue Prioritization materials presented at the public meetings are posted [on the HCD website](#).

Following the public prioritization meetings, members of the Albany-Rensselaer Work Group responded to a survey to rate their organizational capacity to sustainably address each issue. Their responses were scored and incorporated in the Health Issue Scoring Sheet. Based on the results of the health issue scoring, including the data, survey, community partner, and organizational scoring results, the Albany-Rensselaer Work Group selected the following Prevention Agenda priorities:

Domain	Priority
Economic Stability	Nutrition Security
Social and Community Context	Suicide
	Primary Prevention, Substance Misuse, and Overdose Protection
Health Care Access and Quality	Preventive Services for Chronic Disease Prevention and Control



Columbia-Greene Prevention Agenda Prioritization Work Group

The Columbia-Greene Prevention Agenda Prioritization Work Group was led by the Columbia County Department of Health, Greene County Public Health, Columbia Memorial Hospital—collectively known as the “Columbia-Greene Planning Partners”—with support from the Healthcare Consortium, a local public health organization that serves Columbia and Greene Counties. The rural communities of Columbia and Greene Counties share a single community hospital and have similar demographic characteristics and health metrics, so the Planning Partners elected, as they had in previous cycles, to align their assessment and planning efforts and submit a Joint Plan. Two initial planning meetings were held on April 21 and May 5, 2025, respectively, during which Healthy Capital District (HCD) provided an overview of the data, survey findings, and scores related to the fifteen initial public health issues and received input from the partners. The Work Group discussed the data and survey findings, and the health issues themselves, and selected a shortlist of eleven health issues to present at the public prioritization meetings.

The first public prioritization meeting took place at Columbia-Greene Community College on May 19, 2025. In the first half of the meeting, the Healthcare Consortium provided attendees with a detailed overview of the NYS Prevention Agenda and the health issue prioritization process. Then, HCD provided a data snapshot for each health issue, which covered the number of people affected, how the prevalence rates compared to NYS (excluding NYC), and how rates have trended in recent years. After each health issue’s data snapshot was reviewed, a brief discussion was facilitated by the Healthcare Consortium to encourage attendees to supplement the data findings with their own professional insights. The second public prioritization meeting, held on May 22, 2025, at the Greene County Department of Emergency Services, followed the same format. Both public prioritization meetings garnered rich discussion that informed the Work Group’s prioritization process. The materials presented at the public health issue prioritization meetings are posted [on the HCD website](#). Community attendees at the public prioritization meetings represented the following organizations:

- Addictions Care Center of Albany
- Alliance for Positive Health
- Alzheimer's Association
- BOCES
- Cancer Services Program, St. Peter's Health Partners
- Catholic Charities of Columbia and Greene Counties
- Columbia County Community Services Board
- Columbia County Department of Human Services
- Columbia County Mental Health Center
- Columbia County Office for the Aging
- Columbia Greene Workforce Development Board
- Columbia Kitchen
- Columbia Memorial Hospital
- Columbia-Greene Addiction Coalition
- Columbia-Greene Community College Health Services
- Cornell Cooperative Extension of Columbia-Greene Counties
- Gateway Hudson Valley
- Greene County Community Action



- Greene County Community Services Board
- Greene County Department of Human Services
- Greene County Department of Social Services
- Greene County Public Health
- Greene County Rural Health Network
- Greene County Sheriff's Office
- Mental Health Association of Columbia-Greene Counties
- NYS Department of Health
- St. Peter's Health Partners
- Sun River Health
- The Healthcare Consortium
- The Mountaintop Cares Coalition
- Tobacco-Free Action of Columbia-Greene
- Tobacco-Free Communities, St. Peter's Health Partners
- Town of Cairo
- Town of Canaan
- Town of Catskill
- Twin County Recovery Services
- University at Albany

Based on the results of the prioritization process, the Work Group hosted three focused group discussions on related groups of health issues, colloquially termed the “Belly” (hunger and food insecurity, nutrition and physical activity, and obesity and diabetes), the “Brain” (mental health, suicide, and substance use), and the “Breath” (tobacco use and vaping), based on commonalities between the health issues and the potential for overlap in the interventions. Representatives from community partner organizations that work on these issues were invited to participate in the discussions to gather additional information that would help them better understand the community’s existing activities, assets and resources related to those issues. The “Brain” and “Breath” focused group discussions occurred on August 5, 2025, while the “Belly” group discussion occurred on August 7, 2025. The group discussions were well attended and garnered rich discussion on the issues and potential collaborative efforts. The Work Group reconvened on September 2, 2025, to review the information gathered in the focused group discussions and select Prevention Agenda priority areas, and again on September 16th to select interventions, related measures, and potential partner organizations to work with on their community health intervention plans. Based on the results of the focus group meetings and the prioritization process, which included data, survey, community partner, and organizational scoring, the Columbia-Greene Work Group selected the following Prevention Agenda priorities:

Domain	Priority
Economic Stability	Nutrition Security
Social and Community Context	Tobacco/ E-cigarette Use
	Suicide



Saratoga Prevention Agenda Prioritization Work Group

The Saratoga Prevention Agenda Prioritization Work Group was led by Saratoga Hospital. An initial planning meeting was held on Jun 5, 2025, for Saratoga Hospital staff. Healthy Capital District (HCD) provided a brief overview of the Prevention Agenda and the prioritization process, then reviewed the data and survey findings for Saratoga County. At the end of the meeting, Saratoga Hospital staff selected a shortlist of seven public health issues, based on the data scores of the starting fifteen issues. A meeting was then held by the Saratoga Communities of Excellence Taskforce on June 17, 2025, where HCD reviewed the NYS Prevention Agenda and the Community Services Plan health issue prioritization process, and provided a data snapshot for each of the seven health issues, which covered the number of people affected by the issue, how the relevant rates compared to NYS, excluding NYC, and how rates for the issue have trended in recent years. The materials presented at the meeting can be found [on the HCD website](#). A survey was sent to attendees after the meeting, to collect their rating of the opportunity and need to address each issue, as part of the prioritization process. Saratoga Hospital then met with key internal stakeholders on September 29th to review the process and preliminary findings with the goal of selecting Prevention Agenda priority areas. The group rated each Prevention Agenda priority on feasibility and potential impact. The following week, the group voted on the ten highest rated priority areas to finalize their three priority areas selections. Once priority areas are selected, Saratoga Hospital will decide on interventions, keeping in mind potential regional intervention alignment and partner organizations they could work collaboratively with on their Community Service Plan.

Capital Region Prevention Agenda Prioritization Work Group

In an effort to advance a collaborative regional initiative, Healthy Capital District (HCD) and the Capital Region Prevention Agenda Work Group (CR-PAWG) issued a Key Partner Survey. The survey invited community organizations to identify the health topics and counties where they were most interested in partnering. A total of 68 community partners across the region responded. HCD compiled and shared a detailed summary of the survey results with CR-PAWG partners to help inform invitations for participation in their respective Community Health Improvement Plans (CHIPs) and Community Service Plans (CSPs). With Nutrition Security identified as a region-wide 2025–2030 Prevention Agenda Priority Area, HCD convened a collaborative group of community partners working in food security, nutrition, obesity, and diabetes. The first meeting of the Nutrition Security Regional Partners took place on September 23, 2025, focusing on learning about current initiatives, identifying opportunities to strengthen and expand efforts, and fostering regional alignment in health intervention planning. Participants received a detailed grid outlining existing initiatives along with associated assets and opportunities. Next steps will be determined by CR-PAWG partners at their next meeting on October 29, 2025, as they finalize their objectives and work to identify interventions, metrics, and key partners.



III. Sociodemographic Information

Summary

The Capital Region consists of Albany, Columbia, Greene, Rensselaer, Saratoga, and Schenectady counties and had a combined population of 981,192 in 2023, based on the latest data from the American Community Survey. Albany County had the largest population, making up about 32% of the total Capital Region population. Saratoga County was the second most populous county, while Columbia and Greene counties had the smallest populations in the Capital Region.

Total Population, 2023, American Community Survey

Geography	County	Area	Total Population
		NYS (excl. NYC)	11,356,117
		Capital Region	981,192
		Albany	315,374
		Saratoga	237,075
		Rensselaer	160,341
		Schenectady	159,603
		Columbia	61,245
		Greene	47,554

Selected Sociodemographic Indicators, 2019-2023

County	Total Pop.	Age (years)		Race/Ethnicity				
		0-14	65+	Asian	Black	Hispanic	Native	White
Albany	315,374	15.0%	17.8%	8.4%	15.5%	7.0%	0.9%	76.8%
Saratoga	237,075	15.8%	19.4%	3.9%	2.8%	3.8%	0.8%	93.7%
Rensselaer	160,341	15.7%	17.8%	3.8%	9.5%	5.9%	0.9%	87.3%
Schenectady	159,603	17.8%	17.6%	6.9%	14.9%	8.1%	1.8%	77.4%
Columbia	61,245	12.6%	25.4%	3.0%	5.8%	6.0%	1.4%	90.5%
Greene	47,554	13.4%	23.5%	1.7%	6.5%	6.6%	1.0%	91.7%

Conditional formatting key: Darker cells contain larger values. Largest value in each column is bolded and italicized

Schenectady County had largest percentage of population aged 14 years and under, while Columbia and Greene counties had the highest percentages of population aged 65 years and older. Albany County had the highest proportions of Asian and Black or African American residents, Saratoga County had the highest proportions of White residents, and Schenectady County had the highest proportion of Hispanic and Native American, residents.

Greene County had the highest proportion of residents over the age of 25 with less than a high school diploma or equivalent. Albany County had the highest proportion of their population who speak English less than very well. Poverty was highest in Albany County, and highest in Albany County ZIP codes 12206 and 12207. Unemployment was low in the Capital Region compared to the rest of NYS but was highest in Schenectady County. Capital Region counties all ranked in the top half of NYS counties for nutrition security measures: food environment index and food insecurity rate. Columbia County had the highest percentages of housing units built before 1940, and rental units where the gross rent costs more than 35% of the household's income.



County	Total Pop.	Social		Economic			
		< High School	Speak English LTVW	Poverty	Unemployed	Pre-1940 Housing	Rent >35% of Income
Albany	315,374	7.4%	4.8%	12.5%	3.4%	27.5%	36.8%
Saratoga	237,075	6.0%	2.0%	6.6%	2.3%	16.0%	31.6%
Rensselaer	160,341	7.6%	2.4%	11.5%	3.6%	32.5%	37.8%
Schenectady	159,603	8.4%	2.8%	11.6%	3.8%	33.1%	41.0%
Columbia	61,245	8.0%	2.9%	10.3%	3.5%	33.4%	43.7%
Greene	47,554	11.5%	2.6%	10.4%	1.5%	26.2%	37.8%

Conditional formatting key: Darker cells contain larger values. Largest value in each column is bolded and italicized

Note: LTVW = Less than very well

Appendix B contains sociodemographic data on age, race/ethnicity, and poverty rate for each Capital Region county and ZIP code-aggregated neighborhood.

Age Group

In 2023, the Capital Region had a slightly larger female (496,588) than male (484,604) population. The Capital Region's median age ranged from 38.3 years in Albany County to 49.5 years in Columbia County. There were more Capital Region residents aged 18 years and under (186,374 – 19.0%) than 65 years and older (185,537 – 18.9%). While the population 18 years and under changed by less than 0.1%, since 2019 (was 186,504), the population aged 65 and older increased by almost 10% since 2019 (was 167,422).

Percent of Population by Age Group, 2023, American Community Survey

Area	< 5 years	5-14 years	15-19 years	20-44 years	45-64 years	65-74 years	75+ years
NYS (excl. NYC)	5.3%	11.7%	6.7%	30.9%	26.8%	10.8%	7.7%
Capital Region	4.8%	10.7%	6.5%	32.6%	26.4%	11.2%	7.7%
Albany	4.7%	10.3%	7.3%	35.6%	24.3%	10.4%	7.4%
Columbia	3.9%	8.7%	5.2%	27.3%	29.5%	15.1%	10.3%
Greene	4.3%	9.1%	4.5%	29.7%	29.0%	13.8%	9.7%
Rensselaer	4.9%	10.8%	7.0%	33.2%	26.3%	10.9%	6.9%
Saratoga	4.7%	11.1%	5.9%	30.4%	28.6%	11.7%	7.7%
Schenectady	5.8%	12.0%	6.6%	32.5%	25.5%	10.3%	7.3%



Race/Ethnicity

The Capital Region has continued to become more diverse, in terms of race and ethnicity. The percentage of residents who identified their race as something other than White alone increased from 17.0% in 2019 to 21.5% in 2023 (was 16% in 2016). This percentage ranged from 29.2% in Albany County (was 24.7% in 2019) to 10.7% in Saratoga County (was 7.3% in 2019). The proportion of Hispanic residents in the Capital Region in 2023 was 6.2%, up from 5.2% in 2019, and ranged from 8.1% in Schenectady County to 3.8% in Saratoga County.

Percent of Population by Race/Ethnicity, 2023, American Community Survey

Geography	Area	Asian	Black or African American	Hispanic	Native American or Alaskan	Native Hawaiian or Pacific Islander	Other Race	White
County	NYS (excl. NYC)	5.5%	11.0%	13.0%	1.2%	0.1%	10.6%	79.8%
	Capital Region	5.7%	10.3%	6.2%	1.1%	0.2%	5.7%	84.3%
	Albany	8.4%	15.5%	7.0%	0.9%	0.2%	5.6%	76.8%
	Saratoga	3.9%	2.8%	3.8%	0.8%	0.1%	3.7%	93.7%
	Rensselaer	3.8%	9.5%	5.9%	0.9%	0.1%	5.3%	87.3%
	Schenectady	6.9%	14.9%	8.1%	1.8%	0.4%	8.9%	77.4%
	Columbia	3.0%	5.8%	6.0%	1.4%	0.3%	6.2%	90.5%
	Greene	1.7%	6.5%	6.6%	1.0%	0.0%	6.0%	91.7%

Level of Education

Of the Capital Region's population aged 25 years or older, 7.5% had less than a high school education, down from 8.1%. Saratoga County had the lowest percentage at 6.0%, while Greene County had the largest percentage at 11.5%, which was down from 13.3% during the 2015-2019 period.

Percent of Population by Level of Education, 2023, American Community Survey

Geography	Area	Less than 9th grade	9th to 12th grade, no diploma	High school graduate (or equivalenc..	Associate's degree	Bachelor's degree	Graduate or professional degree
County	Capital Region	2.7%	4.8%	25.2%	12.0%	21.4%	18.2%
	Albany	2.9%	4.5%	21.7%	11.4%	22.5%	21.9%
	Saratoga	1.9%	4.1%	24.3%	11.1%	24.1%	19.3%
	Rensselaer	2.7%	4.9%	26.7%	13.7%	20.6%	14.7%
	Schenectady	3.1%	5.2%	26.7%	12.7%	18.9%	15.3%
	Columbia	2.7%	5.2%	29.3%	12.6%	19.0%	17.4%
	Greene	4.0%	7.5%	34.9%	11.0%	16.2%	11.4%



Languages Spoken

As of 2023, close to 30,000 (about 1 in 30) residents speak English less than very well. Almost half of these residents live in Albany County. Albany County also had the largest percent of population who speak English less than very well.

6.4% of the Capital Region population speaks a language other than English, with just over 90% of the population speaking English, alone. 2.5% of Capital Region residents speak another Indo-European language, 1.8% speak Spanish, 1.6% speak an Asian or Pacific Islander language, and 0.5% speak another language.

Population who speak English less than very well, 2023, American Community Survey

	Capital Region	29,607	3.2%
County	Albany	14,394	4.8%
	Saratoga	4,430	2.0%
	Rensselaer	3,684	2.4%
	Schenectady	4,200	2.8%
	Columbia	1,688	2.9%
	Greene	1,211	2.6%

Population who speak English less than very well by Language Spoken, 2023, American Community Survey

		Language					
		English only	Language other than English	Other Indo-European languages	Spanish	Asian and Pacific Islander languages	Other languages
County	Capital Region	90.4%	6.4%	2.5%	1.8%	1.6%	0.5%
	Albany	86.1%	9.3%	3.6%	2.2%	2.8%	0.9%
	Saratoga	93.2%	4.4%	2.0%	1.0%	1.1%	0.3%
	Rensselaer	92.4%	5.0%	1.6%	1.5%	1.3%	0.6%
	Schenectady	91.3%	5.8%	2.0%	2.4%	1.0%	0.4%
	Columbia	91.9%	5.5%	2.6%	2.3%	0.5%	0.1%
	Greene	92.4%	5.1%	2.7%	2.0%	0.4%	0.1%

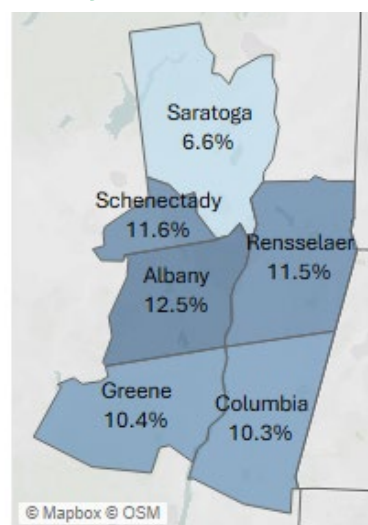
Poverty

Objectives – New York State Prevention Agenda 2025-2030

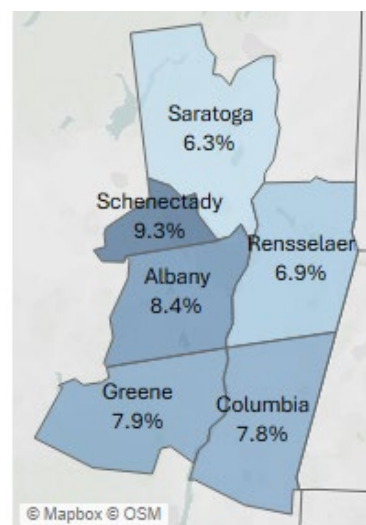
- **1.0:** Reduce the percentage of people living in poverty from 13.6% to 12.5%.
- **1.1:** Reduce the percentage of people aged 65+ living in poverty from 12.2% to 11%.

In 2022, Capital Region counties each met the two New York State 2025-2030 Prevention Agenda objectives related to poverty: percentage of total population living in poverty and percentage of population aged 65 years and older living in poverty. Albany County had the highest poverty rate among the total population, while Schenectady had the highest poverty rate among adults aged 65 years and older. Saratoga County had the lowest percentage in the Capital Region for each measure. Columbia and Greene counties had the highest income ratios, when comparing their 80th percentile income to their 20th percentile income. Saratoga County had the lowest income ratio in the Capital Region.

Percent Living in Poverty, 2022, American Community Survey



Percent aged 65+ Living in Poverty, 2022, American Community Survey



2025 County Health Rankings: Income Ratio, 2023, American Community Survey

County	Percent	NY Rank
New York State	5.8	
Saratoga	4.2	11
Schenectady	4.4	21
Rensselaer	4.6	33
Albany	4.6	34
Columbia	4.9	45
Greene	5.1	50



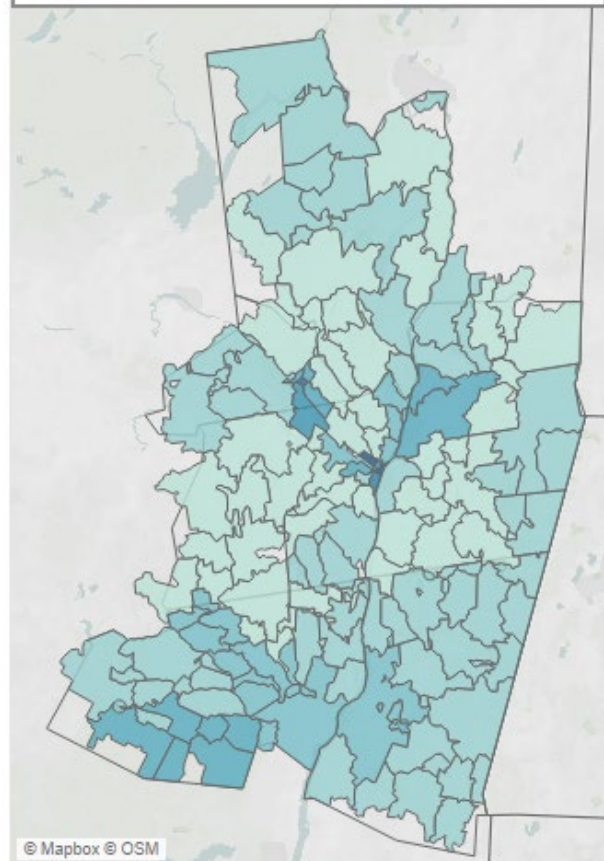
Percent Poverty by Demographic Group, 2023, American Community Survey

County	Total	Demographic / Group									
		Age				Ethnicity		Race			
		Under 18	18 to 34	35 to 64	65+	Hispanic or Latino	Asian	Black	Another race	Two or more races	White
Albany	12.5%	15.8%	17.6%	9.5%	8.4%	21.2%	16.6%	27.2%	25.1%	23.2%	8.5%
Columbia	10.3%	14.0%	13.7%	8.9%	7.8%	7.1%	23.2%	33.1%	19.1%	6.5%	9.2%
Greene	10.4%	11.2%	12.2%	10.7%	7.9%	9.4%	5.7%	23.8%	14.7%	14.8%	9.7%
Rensselaer	11.5%	16.6%	15.6%	8.7%	6.9%	20.6%	15.7%	28.2%	16.2%	21.7%	9.2%
Saratoga	6.6%	7.0%	8.7%	5.4%	6.3%	13.8%	2.3%	12.6%	14.6%	11.2%	6.3%
Schenectady	11.6%	15.3%	14.6%	8.9%	9.3%	26.2%	8.5%	26.8%	31.8%	17.0%	7.7%

In 2023, there were 95,528 Capital Region residents (10.5%) with an income below poverty level, which was very similar to 2019 (less than 0.1% difference). Albany County had the largest percentage of population below the poverty level (12.5%), while Saratoga County had the smallest at 6.6%. Rensselaer County had the highest poverty rate among residents under the age of 18 years. Schenectady County had the highest poverty rate among Hispanic or Latino residents. Columbia County had the highest poverty rate among Asian and Black residents. The Capital Region's median household income in 2022 ranged from \$70,294 in Greene County to \$97,038 in Saratoga County, up from \$53,601 and \$84,291, respectively, in 2019.

Population Living in Poverty, 2023

2.2%  41.3%



The highest ZIP-code level percentages of population with income below poverty level in 2023 was in the City of Albany, ZIP codes 12207 (41.3%) and 12206 (40.6%). Other high rates of poverty (between 15% and 25%) were found in ZIP codes in and around the cities of Schenectady and Troy, as well as many of the ZIP codes in the Hunter/Tannersville area in Greene County.



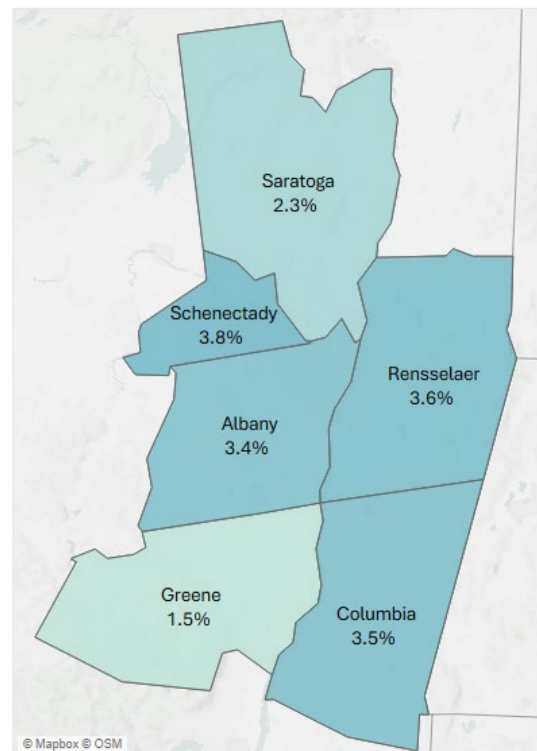
Unemployment

Objectives – New York State Prevention Agenda 2025-2030

- **2.0:** Reduce unemployment among individuals aged 16 and older from 6.2% to 5.5%.
- **2.1:** Reduce unemployment among Black non-Hispanic individuals from 9.3% to 7.9%.

Based on U.S. Census data from 2022, unemployment rates were relatively low (below 4%) among Capital Region counties. Schenectady County had the highest rate of unemployment in the Capital Region in 2022 (3.8%), based on U.S. Census data. Based on data from the Bureau of Labor and Statistics, though, Greene County had the highest rate of unemployment in the Capital Region in 2023 (3.8%).

Percent Unemployed, 2022 (Census)



County Health Rankings: % Unemployed, 2023 (Bureau of Labor Statistics)		
County	Percent	NY Rank
New York State	4.2	
Saratoga	2.9	1
Columbia	3.0	2
Albany	3.3	10
Rensselaer	3.3	10
Schenectady	3.5	20
Greene	3.8	33

Nutrition Security

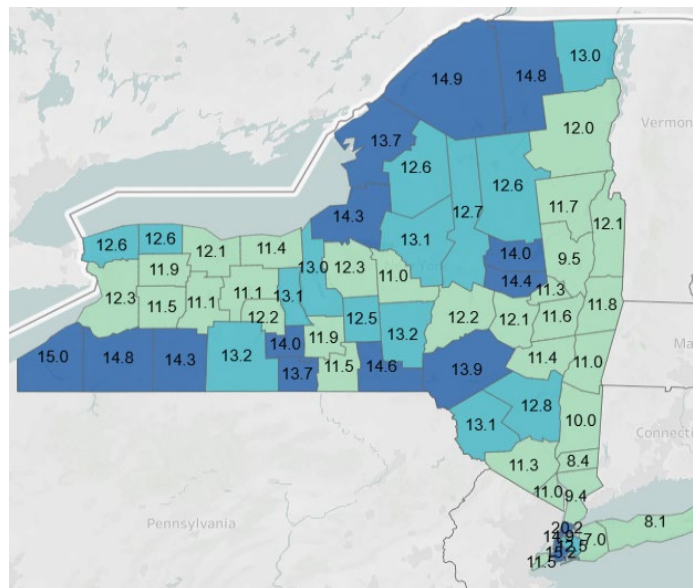
Objectives – New York State Prevention Agenda 2025-2030

- **3.0:** Increase consistent household food security from 74% to 79%.
- **3.1:** Increase food security in households with an annual total income of less than \$25,000 from 46.6% to 56.7%.

Based on data from Feeding America, accessed through the New York State Prevention Agenda Dashboard, the Capital Region compared favorably in 2020 to the rest of New York State (NYS) in terms of food security. Rates of food insecurity were between 11% and 12% for each Capital Region county, except in Saratoga County, which had one of the lowest rates in the state. All six (6) Capital Region counties' rates of food insecurity were relatively low compared to other counties in NYS. Capital Region counties also compared favorably to other NYS counties, based on 2022 U.S. Department of Agriculture (USDA) Food Environment Index data, accessed through the 2025 County Health Rankings dataset. Each Capital Region county ranked in the top half of NYS counties for food environment index, and Saratoga and Greene counties ranked in the top 10 NYS counties.

Percent of Population with Food Insecurity, 2020

2025 County Health Rankings: Food Environment Index, 2022, U.S. Department of Agriculture		
County	Percent	NY Rank
New York State	8.7	
Saratoga	9.1	4
Greene	8.8	8
Schenectady	8.7	12
Rensselaer	8.5	20
Albany	8.4	25
Columbia	8.4	25

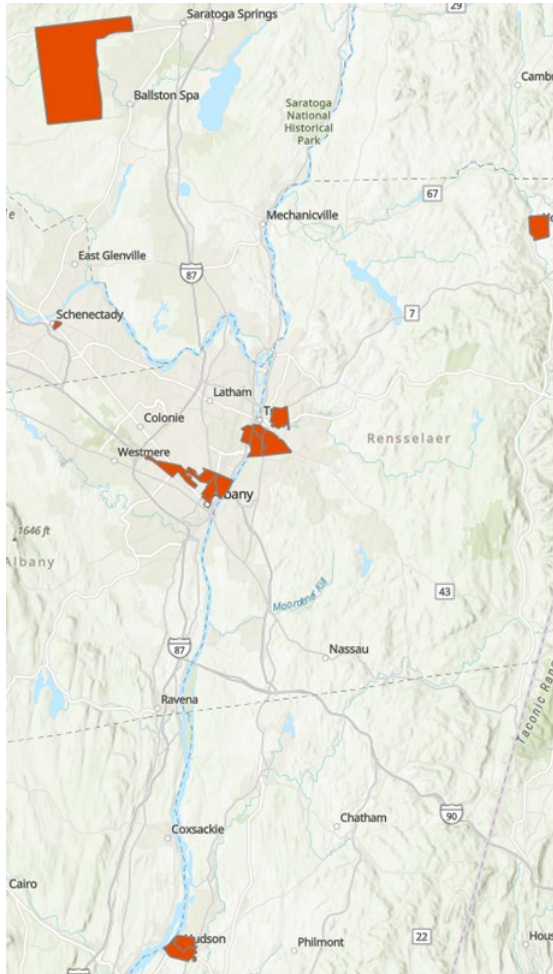


The U.S. Department of Agriculture (USDA) Economic Research Service created a Food Access Research Atlas to measure communities' level of access to healthy and affordable food. The Food Access Research Atlas has four measures of food access, each based on a local-level estimates of income level in conjunction with an estimate of a community's level of access to a superstore, supermarket, or large grocery store. Low-access census tracts had at least 500 residents, or at least 33 percent of residents, that lived at least 0.5 miles or 1 mile away from a food store, in urban areas, or 10 or 20 miles from a food store, in rural areas. Low-vehicle

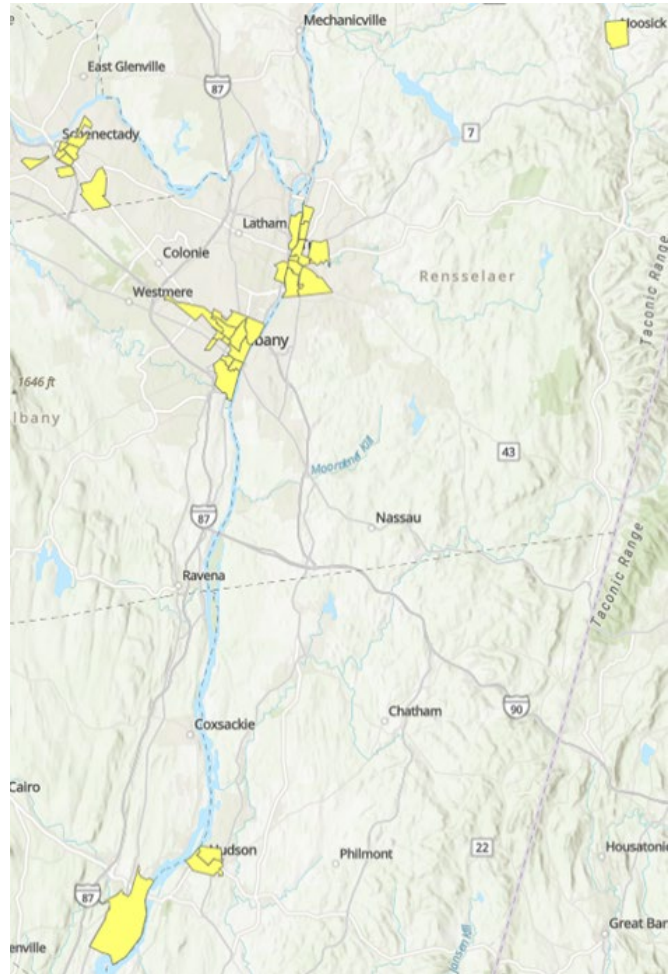


access census tracts had more than 100 households without a vehicle and were more than 0.5 miles away from a food store. Low-income census tracts had a poverty rate of at least 20 percent, had a median household income 20 percent lower than the statewide median household income, or the tract was in a metropolitan area with a median household income that was 20 percent lower than the statewide median household income.

Census Tracts with Low-income and Low-Access to a Food Store, 2019



Census Tracts with Low-income and Low-Vehicle Access to a Food Store, 2019



Capital Region census tracts with low income and low access to a food store in 2019 were identified in Arbor Hill, North Albany, and Upper Washington Avenue neighborhoods, as well as in southern Watervliet in Albany County; in South Troy, around Troy High School, and in Hoosick Falls in Rensselaer County; in Hudson in Columbia County; in downtown Schenectady in Schenectady County; and around Rock City Falls in Saratoga County. Each of these census tracts, other than the Rock City Falls census tract in Saratoga County, were also identified as having low-vehicle access to a food store. Other Capital Region census tracts with low income and low-vehicle access to a food store in 2019 were identified in the Albany County neighborhoods of Downtown Albany, South End, Second Avenue, West Hill, parts of Pine Hills, and Green Island; in Downtown Troy, North Troy, and Lansingburgh in Rensselaer County; in Catskill in Greene County; and in Schenectady County in the neighborhoods of Hamilton Hill, Goose Hill, near Union College, as well as parts of Mont Pleasant and Bellevue.

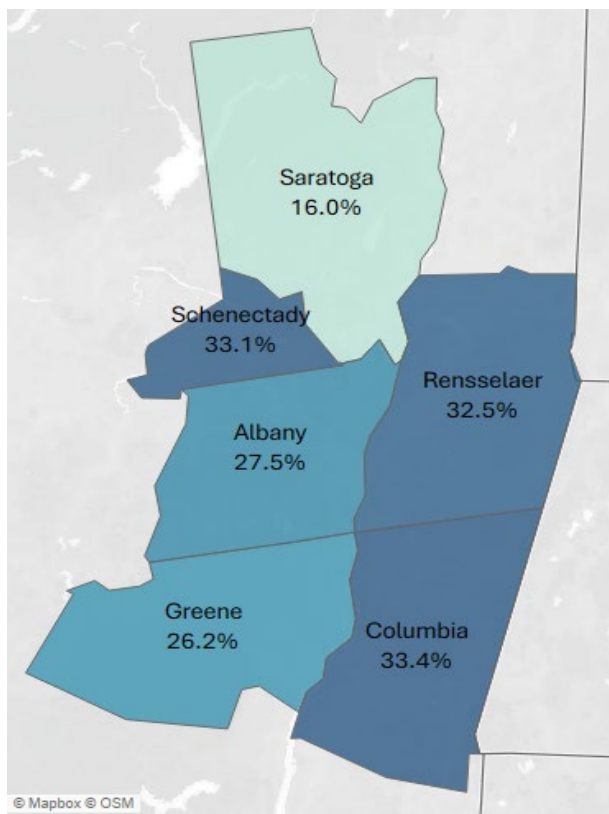
Housing Quality and Affordability

Objectives – New York State Prevention Agenda 2025-2030

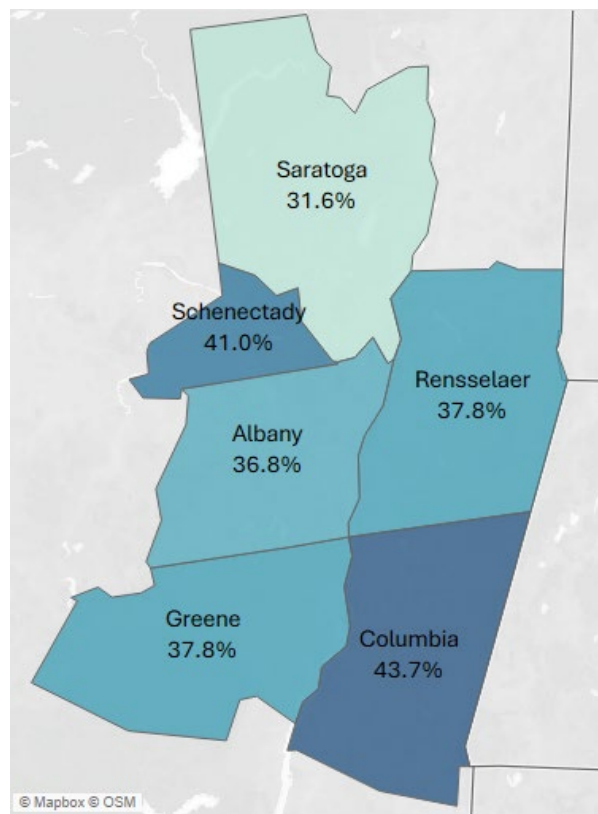
- **4.0:** Increase the number of people living in HUD-subsidized housing from 987,957 to 1,092,000.
- **4.1:** Increase the percentage of adults, with an annual income of less than \$25,000, who were able to pay their mortgage, rent, or utility bills in the past 12 months from 65.1% to 75.1%.

Close to a third of housing structures in Columbia, Schenectady, and Rensselaer counties were built prior to 1940. Saratoga County had about half the percentage of pre-1940 housing, compared to these counties. Albany County and Greene County had percentage of pre-1940 housing around 27%. Some of the highest ZIP code-level pre-1940 housing percentages were in the cities of Hudson, Albany, Schenectady, Troy, and Cohoes. Columbia and Schenectady counties had the highest rate of rental units with a gross rent of at least 35% of the occupying tenant's household income.

Percent of housing structures built before 1940, 2022



Percent of Rental Units with Gross Rent at least 35% of Household Income, 2022

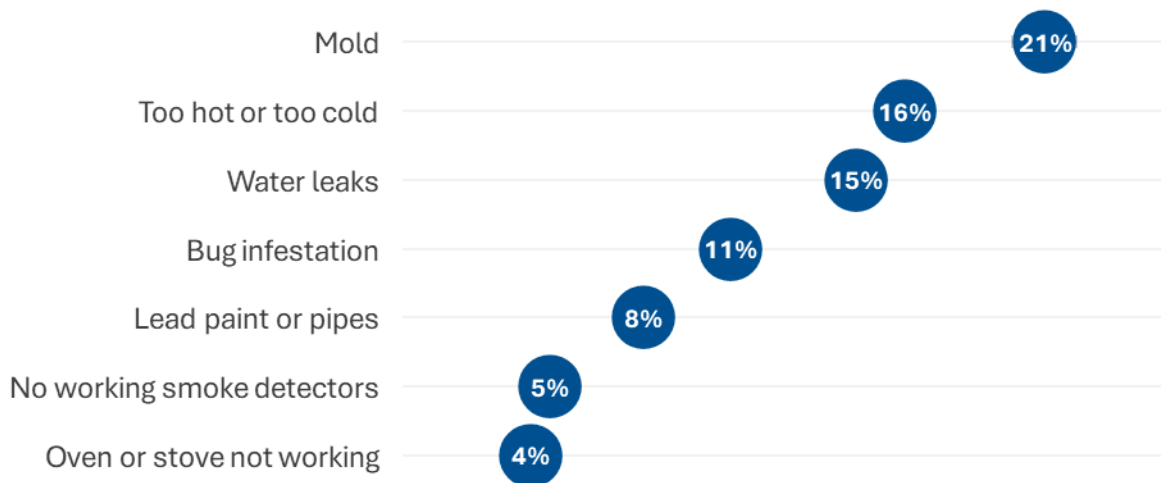


Columbia and Schenectady counties also had the highest percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities, based on 2017-2021 data from the Comprehensive Housing Affordability Strategy (CHAS), accessed through the 2025 County Health Rankings dataset.

2025 County Health Rankings: % Severe Housing Problems, 2017- 2021 Comprehensive Housing Affordability Strategy (CHAS) data		
County	Percent	NY Rank
New York State	22.5	
Saratoga	10.9	6
Rensselaer	12.8	27
Greene	14.2	36
Albany	14.2	37
Schenectady	15.0	38
Columbia	15.4	44

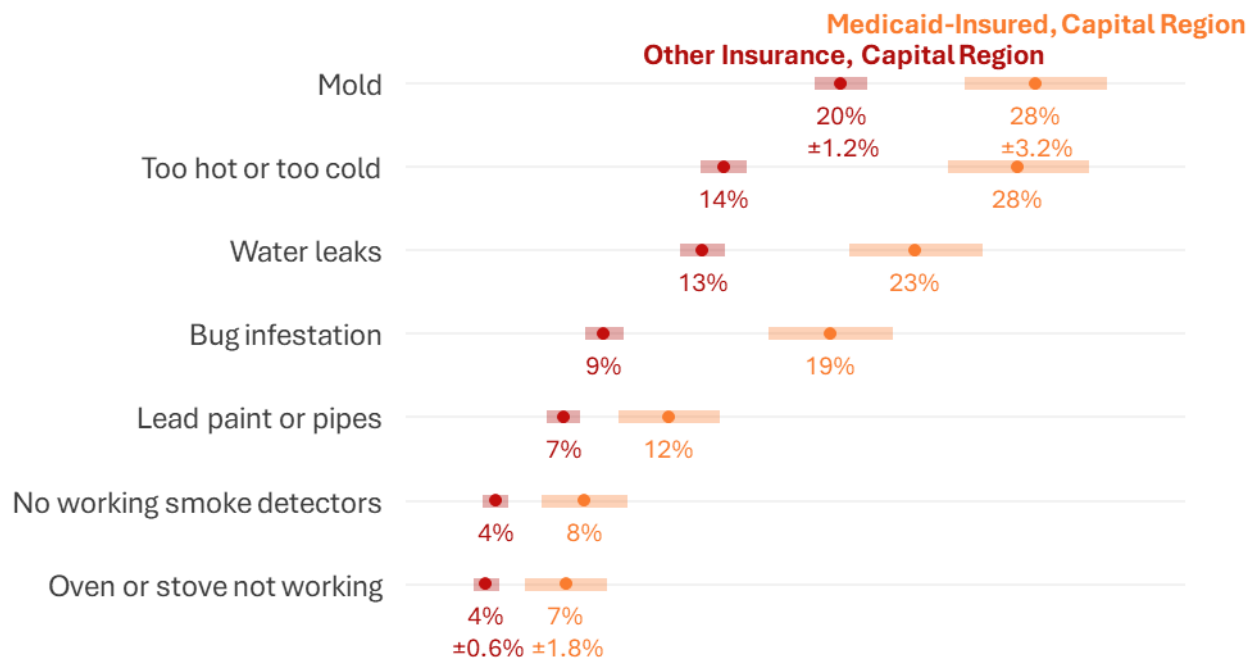
Local Survey Data

1 in 5 residents said they have a **mold** problem where they live



The *2024 Capital Region Community Health Survey* was conducted in the Fall of 2024 and garnered over 5,000 responses from residents of one of the six Capital Region counties. 21% of respondents reported that the place they live has a mold problem, while 16% reported the place they live is too hot or too cold, 15% said they have water leaks where they live, and 11% said their place of living has a bug infestation. Medicaid-insured residents of the Capital Region, more often than Capital Region residents with other types of insurance, reported having a problem with mold, temperature regulation, water leaks, bug infestation, lead paint or pipes, no working smoke detectors, or a non-working stove where they live. More information about the *2024 Capital Region Community Health Survey* is available in [Appendix N](#), along with additional results.





Social Vulnerability Index

The Centers for Disease Control and Prevention (CDC) and Agency for Toxic Substances and Disease Registry (ATSDR) created the Social Vulnerability Index (SVI) to prepare for natural disasters, public health emergencies, and other major hazards, aiming to identify areas at high risk of needing additional resources (CDC). SVI is based on sixteen U.S. Census 5-year American Community Survey variables, which are grouped into four themes: socioeconomic status, household characteristics, racial and ethnic minority status, and housing type and transportation. The four themes are also combined to provide one single measure of communities' overall social vulnerability. SVI measures are created for counties, Census tracts, and ZIP codes.

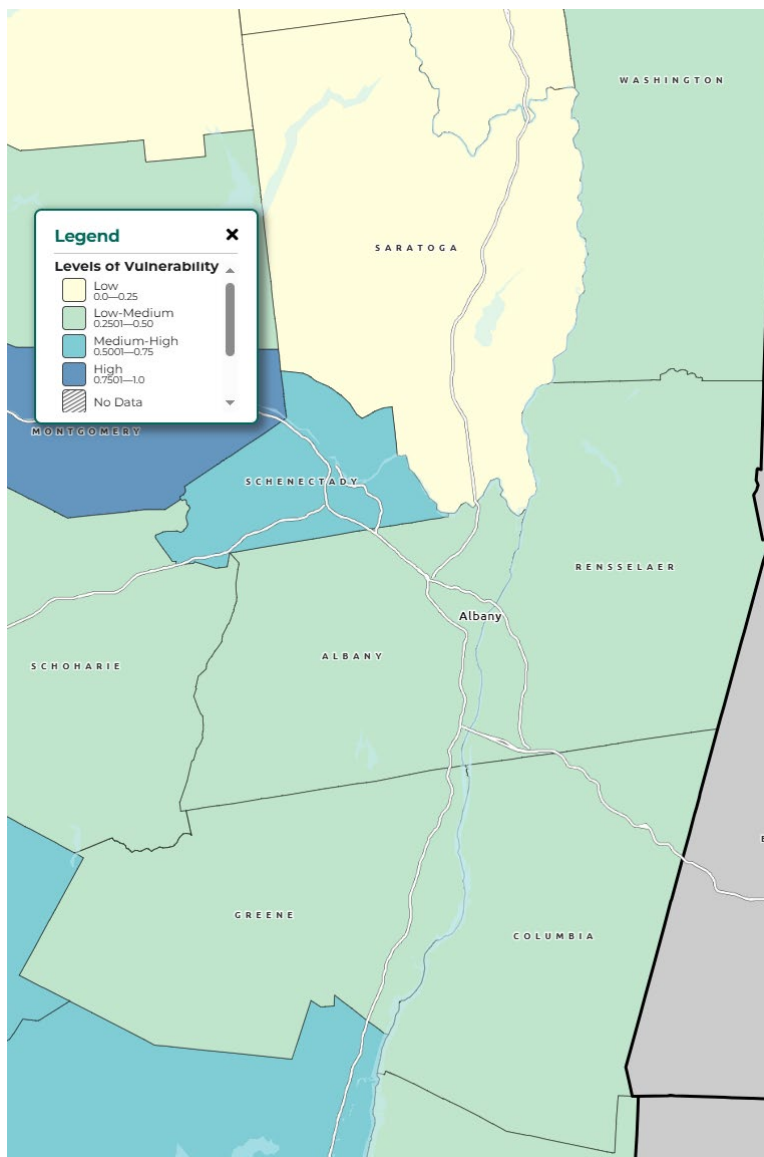
Social Vulnerability Index, 2022, NYS County Ranking (out of 62)					
County	Socioeconomic Status	Household Characteristics	Race and Ethnicity	Housing and Transportation	Overall
Saratoga	1	4	26	7	1
Rensselaer	8	26	39	30	19
Columbia	22	43	34	6	21
Greene	25	17	35	37	26
Albany	11	19	49	52	30
Schenectady	30	28	48	39	35

Schenectady County had the highest overall SVI in the Capital Region, as well as the highest socioeconomic status SVI in the region. Albany County had the highest SVI values for the themes of race and ethnicity and housing and transportation. Columbia County had the highest SVI value for household characteristics.



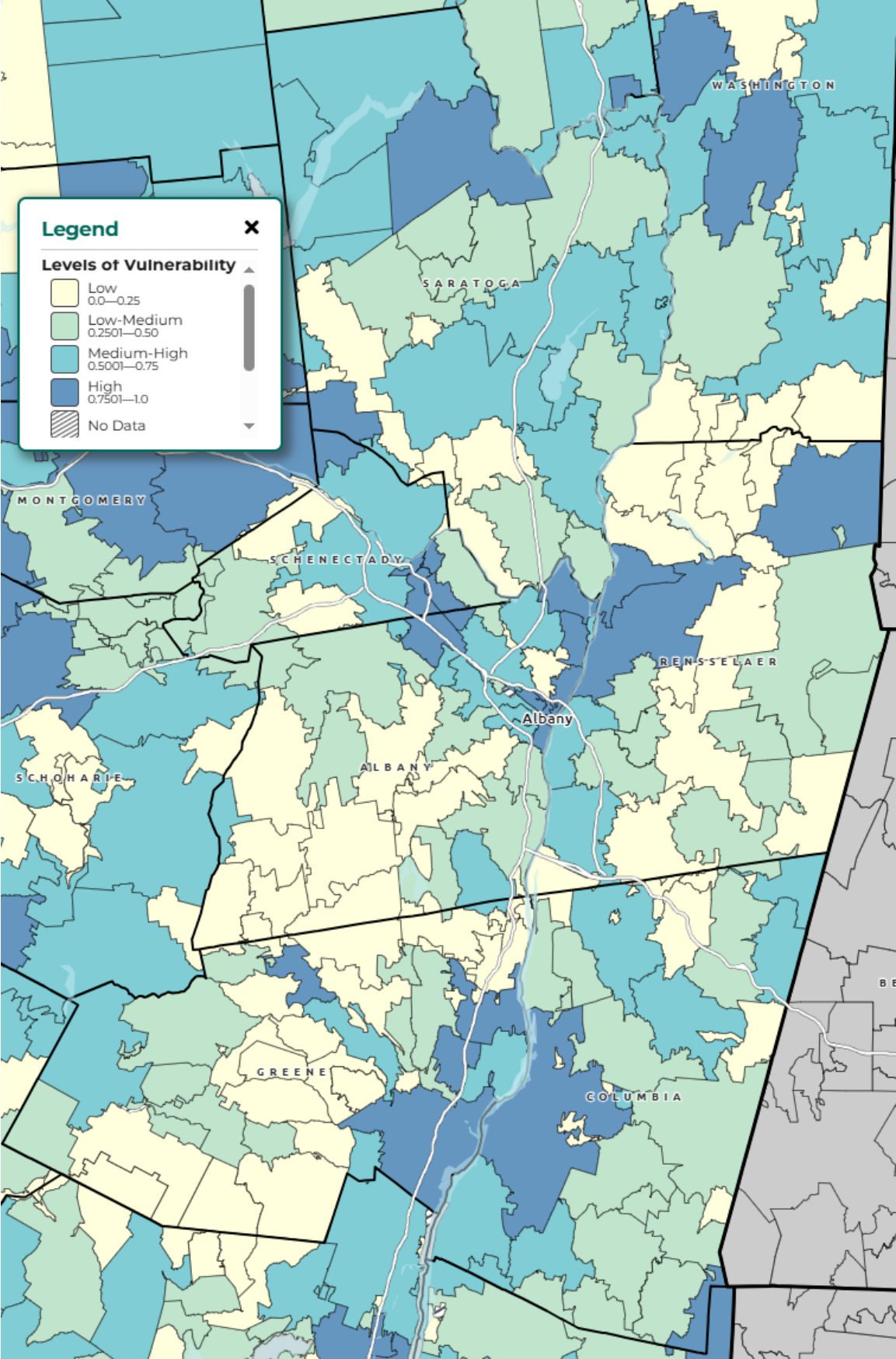
County Level Social Vulnerability Index Map

When comparing New York State counties, there were no Capital Region counties with a “high” level of overall vulnerability, based on CDC and ATSDR’s classification. Schenectady County had a medium-high level of overall vulnerability, Saratoga County had a “low” level of overall vulnerability, and the other Capital Region counties had a “low-medium” level of overall vulnerability.



ZIP Code Level Social Vulnerability Index Map

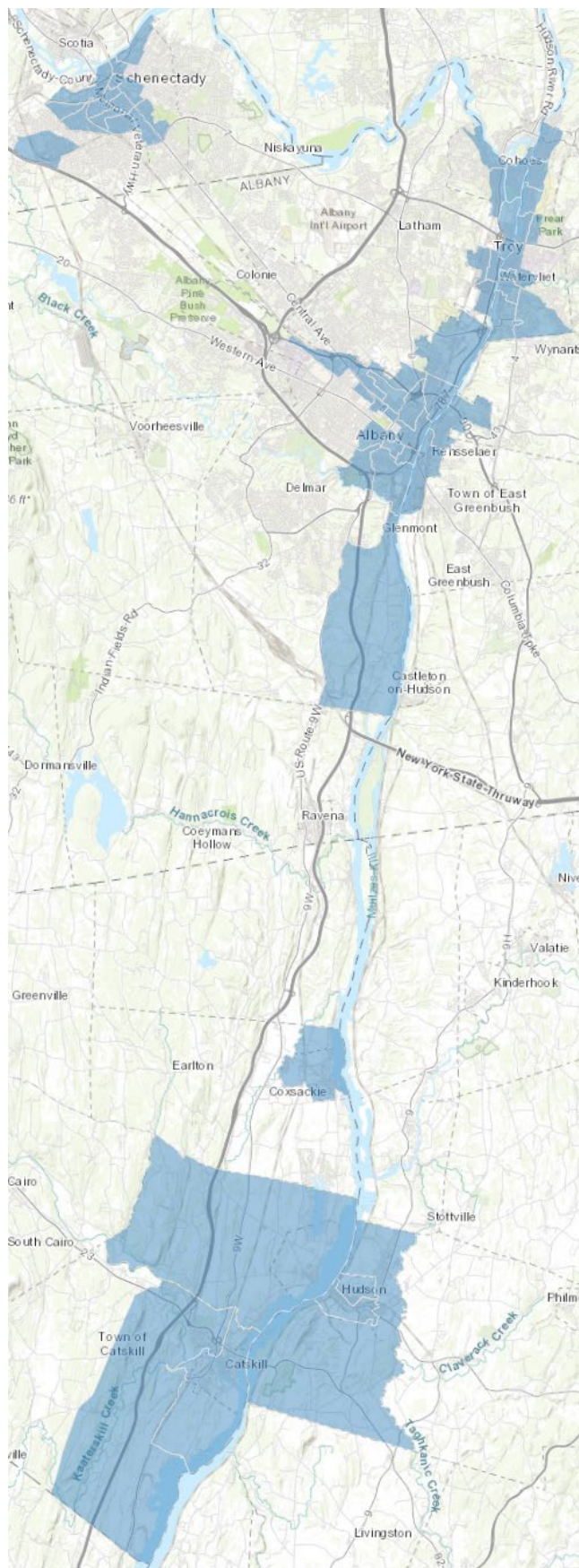
When comparing New York State ZIP codes, several had a “high” overall SVI rating (CDC/ATSDR). Albany County’s downtown Albany, South End, Arbor Hill, West End, North Albany, Menands, Watervliet/Green Island, and Cohoes/North Colonie ZIP code groups had “high” levels of overall vulnerability. Rensselaer County’s Troy and Lansingburgh ZIP codes had “high” levels of overall vulnerability. Columbia County’s Hudson ZIP Code group had a “high” level overall vulnerability. In Greene County, ZIP codes around East Durham and Coxsackie as well as ZIP code 12414 in the Catskill area had a “high” level overall vulnerability. Saratoga County’s only ZIP code with a “high” level overall vulnerability was around Corinth. Schenectady County ZIP codes with a “high” level overall vulnerability in their City/Stockade, Goose Hill/Union, Hamilton Hill, Upper State Street, and Mont Pleasant neighborhoods.



New York State Disadvantaged Communities

New York State's Climate Leadership and Community Protection Act, signed into law on July 18, 2019, charged an interagency Climate Justice Working Group with identifying disadvantaged communities for the state to invest in and prioritize in its ambitious efforts required by the Climate Act (NYSDEC). In March 2023, the Climate Justice Working Group finalized criteria to identify frontline and otherwise underserved communities based on forty five indicators of environmental burdens, climate change risk, population characteristics, and public health vulnerabilities at the Census Tract level (NYSDEC).

21% of Capital Region Census tracts were identified as disadvantaged communities (NYSDEC). In Albany County, Census Tracts designated as disadvantaged communities were in the neighborhoods of downtown Albany, South End, Delaware/2nd Avenue, Arbor Hill, West End, South Colonie, Menands, Watervliet/Green Island, and Cohoes. In Rensselaer County, Census Tracts in Troy, Lansingburgh, and Rensselaer were designated as disadvantaged communities. In Columbia County, Census Tracts in Hudson and Lorenz Park were designated as disadvantaged communities. In Greene County, Census Tracts in Catskill, Athens, Coxsackie, and Jefferson Heights were designated as disadvantaged communities. In Schenectady County, Census Tracts were identified as disadvantaged communities in the City/Stockade and Hamilton Hill neighborhoods, along the Mohawk River near Union College, and in Rotterdam near the Industrial Park. Saratoga County did not have any Census Tracts designated as disadvantaged communities.



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IV. General Health Status

Highlights

- Total mortality rates in the Capital Region were highest in Rensselaer and Greene counties
- Heart disease and cancer were the top 2 leading causes of death and premature death in the Capital Region
- In NYS, Black non-Hispanic residents had the highest rates of death due to the top leading causes, except for cancer, which White non-Hispanic residents had the highest mortality rate for
- Schenectady County had the highest percentage in the Capital Region of deaths that were premature (before 65 years), and ranked 45th out of 62 NYS counties
- Rensselaer and Schenectady counties had the highest differences in percent of death that were premature in the Capital Region, when comparing Black and White non-Hispanic residents
- Saratoga County had the highest disparity between Hispanic and White non-Hispanic residents for percent of deaths that were premature in the Capital Region.

Total Age-Adjusted Mortality

Rensselaer and Greene counties had the highest age-adjusted mortality rates in the Capital Region, in 2022; the two counties ranked 39th and 40th out of 62 NYS counties. Schenectady County ranked in the middle of NYS counties for its mortality rate. Albany County ranked in the top half of counties for age-adjusted mortality but was still higher than NYS (excluding NYC). Columbia and Saratoga counties had mortality rates lower than NYS (excluding NYC) and ranked 11th and 12th among NYS counties.

Age-Adjusted Total Mortality Rate, 2022		
County	Mortality Rate	County Rank
NYS (excl. NYC)	744.2	
Columbia	705.6	11
Saratoga	714.7	12
Albany	755.0	19
Schenectady	821.5	32
Rensselaer	848.6	39
Greene	856.2	40



Leading Causes of Death

The leading causes of death in the Capital Region in 2022 were heart disease, cancer, COVID-19, chronic lower respiratory disease (CLRD), unintentional injury, and stroke. Regional and county-level leading causes of death and premature death are outlined in [Appendices C and D](#).

Capital Region Leading Causes of Death, 2022		
Cause of Death	Count	Percent of Deaths
All Causes	10,185	
Heart Disease	2,293	22.5%
Cancer	2,019	19.8%
COVID-19	498	4.9%
Chronic Lower Respiratory Diseases	457	4.5%
Unintentional Injury	367	3.6%
Diabetes	210	2.1%

New York State Age-Adjusted Mortality Rates per 100,000, by Race/Ethnicity, 2022				
Leading Causes of Death	Non-Hispanic			Hispanic
	Asian or Pacific Islander	Black	White	
All Causes	373.2	758.9	702.2	536.2
Heart Disease	95.9	192.8	166.8	122.7
Cancer	80.0	123.2	132.4	87.6
Unintentional Injury	15.0	67.0	48.5	51.9
COVID-19	31.8	50.0	40.9	42.2
Cerebrovascular Disease	18.0	29.8	24.5	21.1

Black non-Hispanic New Yorkers had the highest rates of heart disease and stroke, among all major race and ethnicity groups. Asian and Pacific Islander (PI) non-Hispanic New Yorkers had the lowest mortality rates for all causes of death and for each of the top five causes. Hispanic New Yorkers had the lowest rates of mortality due to chronic lower respiratory diseases.

Premature Death and Years of Potential Life Lost (YPLL)

Premature deaths occur prior to the expected length of life. Premature death can be measured by the percent of all deaths that occurred before a certain age, typically 65 or 75 years, or by Years of Potential Life Lost (YPLL), the average years a person would have lived if they had not died prematurely. YPLL is a measure of premature



mortality that gives more weight to deaths that occur among younger people. Deaths that occur among younger people are often preventable and indicative of failures in the health care system and/or one's lifestyle.

Percentage of deaths that are premature (before age 65 years)						
County	2018	2019	2020	2021	2022	2022 County Rank
NYS (excl. NYC)	21.3	21.0	21.5	22.7	22.0	
Capital Region	22.6	21.6	22.1	23.8	22.1	
Saratoga	22.1	18.6	20.2	20.0	20.5	9
Columbia	21.0	19.2	19.9	24.3	21.0	16
Greene	25.4	25.2	21.5	24.7	21.8	20
Rensselaer	24.5	23.0	22.1	24.2	22.0	25
Albany	22.1	22.6	23.0	24.9	22.5	31
Schenectady	22.0	22.4	23.7	26.1	23.9	45

The Capital Region had a very slightly higher percentage of deaths that were premature (before age 65 years) compared to NYS, excluding NYC. In 2022, Schenectady had the highest NYS county rank among Capital Region counties, at 45th, followed by Albany County, at 31st.

Capital Region Leading Causes of Premature Death (before age 75), 2022		
Cause of Premature Death	Count	Percent of Premature Deaths
All Causes	4,231	
Cancer	1,075	25.4%
Heart Disease	807	19.1%
Unintentional Injury	288	6.8%
Chronic Lower Respiratory Diseases	188	4.4%
COVID-19	179	4.2%
Diabetes	142	3.4%

The major leading causes of premature death (before age 75) were cancer and heart disease, followed by unintentional injury.



Premature deaths (before age 65 years), difference in percentages between Black non-Hispanics and White non-Hispanics						
County	2018	2019	2020	2021	2022	2022 County Rank
NYS (excl. NYC)	18.6	20.2	19.7	22.2	21.7	
Capital Region	25.9	29.9	28.4	31.4	30.1	
Saratoga	17.2	6.5	23.2	10.0	16.2	17
Greene	19.5	39.5	15.5	33.9	18.8	25
Albany	32.2	30.9	30.1	28.5	26.8	38
Columbia	7.5	26.9	16.4	24.2	27.4	41
Schenectady	23.6	35.2	33.8	45.4	37.4	53
Rensselaer	23.0	26.0	23.7	34.4	40.8	56

Premature deaths (before age 65 years), difference in percentages between Hispanics and White non-Hispanics						
County	2018	2019	2020	2021	2022	2022 County Rank
NYS (excl. NYC)	22.5	21.1	23.9	23.7	24.6	
Capital Region	27.9	30.5	31.5	31.3	34.1	
Columbia	4.5	1.9	34.8	30.6	23.4	25
Albany	41.8	30.3	37.8	35.1	27.7	32
Schenectady	26.4	40.1	32.2	30.9	31.3	40
Rensselaer	29.3	40.3	27.8	39.8	36.8	48
Greene	15.1	23.2	39.1	16.8	44.6	51
Saratoga	15.8	8.2	8.1	18.7	61.5	59

When comparing differences between the most populous race/ethnicity groups, Rensselaer County had the greatest difference (40.8) when comparing percentages for Black non-Hispanic and White non-Hispanic residents, and the county was ranked 56th out of 62 NYS counties. Schenectady County was close behind, ranked 53rd out of 62. When comparing the difference in percentages of premature deaths among Hispanic residents and White non-Hispanic residents, Saratoga County had the greatest difference at 61.5, which was ranked 59th out of 62 NYS counties. Greene and Rensselaer counties also had low NYS county ranks for this measure.

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Health Care: Usage and Access

Highlights

- Columbia County had the lowest Capital Region age-adjusted percentage of adults with a regular health care provider in 2021
- Greene County had the lowest Capital Region percentage of adults with a routine health checkup in the past year in 2021
- Columbia County had the highest Capital Region Prevention Quality Indicator (PQI) rates for the acute, circulatory, diabetes, and overall measures in the Capital Region in 2021-2023
- Capital Region residents with Medicaid insurance more often said they had not received a physical in the past year in 2021
- Capital Region counties with available data were all ranked in the top half of NYS counties for the percentage of adults who did not receive medical care in the past year due to cost in 2021

Health Care Usage

In 2021, more than 3 million adults in New York State lacked a regular primary care provider (BRFSS, 2021). A lack of access to a primary care provider can result in negative health outcomes. Primary care, including prenatal care, offers a prime opportunity for prevention education, early detection, early treatment, and referral to other necessary health and social services. Sustained contact with a primary care provider improves the consistency and efficacy of treatment for long-term chronic care patients (Healthy People 2030).

Age-Adjusted Percentage of adults who have a regular health care provider				
County	2016	2018	2021	2021 County Rank
NYS (excl. NYC)	84%	82%	87%	
Capital Region	86%	85%	88%	
Greene	80%	84%	92%	7
Saratoga	88%	89%	91%	14
Rensselaer	88%	85%	89%	28
Schenectady	85%	85%	87%	34
Albany	85%	85%	85%	40
Columbia	83%	88%	83%	48

About 88% of adults in the Capital Region indicated that they had a regular health care provider (BRFSS). Thus, close to 100,000 Capital Region adults did not have a regular health care provider. Most Capital Region counties



saw their percentage of adults with regular health care provider in 2021 improve, compared to their rate in 2018. Columbia County, however, saw a decrease in their percentage of adults with regular health care provider, which was lower than the NYS (excluding NYC) percentage. Greene County had the highest percentage of adults with regular health care provider, at 92.2%.

Regular health exams and tests can identify problems before they advance. Early detection of health problems improves the chances of successful treatment; therefore, receiving the right health services, screenings and treatment increases the chances of living a longer, healthy and productive life (Healthy People 2030).

In 2018, approximately 21% of Capital Region adults had not seen a doctor for a routine checkup in the past year; up from 18% in 2016. The highest percentage in the Capital Region of adults who had a checkup in the past year in 2021 was in Schenectady County, while Greene County had the lowest percentage of adults who had a checkup within the past year (BRFSS).

Percent of adults with a routine health checkup in the past year		
County	2018	2021
NYS (excl. NYC)	82%	79%
Capital Region	82%	79%
Schenectady	86%	81%
Columbia	82%	80%
Saratoga	81%	79%
Albany	82%	78%
Rensselaer	80%	77%
Greene	80%	73%

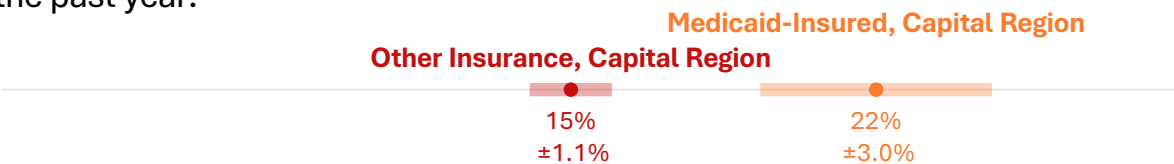
Local Survey Data

The *2024 Capital Region Community Health Survey* was conducted in the Fall of 2024 and garnered over 5,000 responses from residents of one of the six Capital Region counties. 84% of respondents said they visited their primary care provider for a physical exam in the past year, up from 79% in 2021. Individuals who did not receive a physical in the past year most often said it was due to one of the following reasons: “only go for health problems” (27%), “no time” (23%), or they did not have a primary care provider (23%).

15.4% of respondents had not **received a physical exam** in the past year.



Percent of respondents who did **not receive a physical exam** in the past year:



Medicaid-insured respondents, more often than respondents with other types of insurance, said they did not receive a physical exam in the past year. Additional information about the *2024 Capital Region Community Health Survey*, and a more thorough summary of the results, are available in the [Appendix N](#).

Age-Adjusted Percentage of adults who did not receive medical care because of cost				
County	2016	2018	2021	NY County Rank (of 62)
NYS (excl. NYC)	11%	10%	7%	
Capital Region	9%	9%	5%	
Greene	9%	11%	5%	14
Schenectady	8%	10%	5%	16
Rensselaer	11%	7%	6%	20
Columbia	9%	10%	6%	23
Albany	9%	9%	6%	28
Saratoga	7%	7%		

In 2021, approximately 5% of adult Capital Region residents indicated that monetary cost prevented them from visiting a doctor within the past year, down from 9% in 2018. Compared to NYS, excluding NYC, the Capital Region counties were on par or had lower rates of adults avoiding medical care due to costs. Data for Saratoga County was not available in 2021, due to a small sample size.

Access to Primary and Preventive Care

Access to quality primary and preventive care is the cornerstone of a comprehensive health care system. Prevention Quality Indicators (PQIs) are used to assess access to and use of primary and preventive health care. PQIs measure ambulatory-care sensitive conditions where hospitalization could have potentially been prevented with primary and preventative health care. This data includes information on 12 PQIs, rolled up into four categories: diabetes (including short-term complications, long-term complications, uncontrolled diabetes, lower-extremity amputations among diabetics); circulatory (including hypertension, congestive heart failure, angina); respiratory (including chronic obstructive pulmonary disease (COPD, asthma); and acute (including dehydration, bacterial pneumonia, urinary tract infection).



PQI Hospitalization Age-Adjusted Rates per 100,000 Adults, by County, 2021-2023					
County	Acute	Circulatory	Diabetes	Respiratory	Overall
NYS (excl. NYC)	811	1813	1077	560	4262
Capital Region	558	1562	799	458	3376
Albany	538	1613	803	464	3418
Columbia	863	1891	1296	351	4955
Greene	599	1502	122	499	3425
Rensselaer	503	1895	1009	406	3936
Saratoga	403	886	429	89	2003
Schenectady	631	1700	856	456	3639

The Capital Region's PQI rates were better than the comparable rates for NYS, excluding NYC. Columbia County had PQI rates higher than NYS, excluding NYC, for the acute, diabetes, and respiratory roll-up categories. Greene County had a respiratory PQI rate that was higher than NYS, excluding NYC. Otherwise, Capital Region counties performed better than the "Upstate" region of NYS, excluding NYC.

PQI Hospitalization Age-Adjusted Rates per 100,000 Adults, by Gender and Race/Ethnicity, 2021-2023						
	Gender		Race/Ethnicity			
	Female	Male	Black NH	Hispanic	Other NH	White NH
Overall	672	581	1326	543	948	559
Acute	164	88	140	93	201	124
Circulatory	285	257	651	228	447	236
Diabetes	111	168	329	140	212	118
Respiratory	112	68	206	82	88	81

Capital Region females had higher PQI rates for acute, circulatory, and respiratory PQI categories, whereas Capital Region males had higher PQI rates for diabetes conditions. PQI rates by race/ethnicity indicate that the Capital Region's Black non-Hispanic population had most of the highest PQI rates ("Other" race had a higher rate of acute PQI). The Black non-Hispanic PQI rates were each about 50% to 150% higher than the Hispanic and White non-Hispanic PQI rates. Hispanic and White non-Hispanics PQI rates were mostly similar. Additionally, there are neighborhoods within the Capital Region counties that presented up to 10 times higher rates for PQI conditions compared to the Capital Region overall rate (see [Appendix I](#)).



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Dental Visits

Objectives – New York State Prevention Agenda 2025-2030

- **34.0:** Increase the percentage of Medicaid enrollees with at least one preventive dental visit within the last year from 25.8% to 27.1%.
- **34.1:** Increase the percentage of Medicaid enrollees aged 2-20 with at least one preventive dental visit within the last year from 42.8% to 44.9%.

Highlights

- In the Capital Region in 2023, Schenectady County had the lowest rates of Medicaid enrollees having seen a dentist in the past year, among those aged 2 to 20, and overall

Poor oral health negatively impacts a person's general health and well-being. Chronic pain from oral disease can also make eating difficult, threatening a person's ability to obtain adequate nutrition and function normally (CDC). Oral disease can also affect social interactions as well as educational achievement and job opportunities. On average, 34 million hours of school are missed by children due to emergency dental care. Over \$45 billion in productivity is lost in the US each year due to untreated dental conditions.

Oral diseases affect a large proportion of the United States population. About 1 in 5 adults in the United States have at least one untreated cavity. Children aged 6 to 9 years were more likely to have untreated cavities if they lived in a lower income household. Studies also have demonstrated an association between periodontal disease and diabetes, although the relationship is not yet fully understood (CDC).

Routine dental examinations and prophylaxis are effective prevention measures for improving oral health and reducing the burden of oral disease. Untreated dental disease is more common in populations whose access to oral health care services is limited. These limitations include the inability to pay, inadequate insurance coverage and the lack of available providers (including those accepting third party reimbursements like Medicaid). Lack of awareness of oral health treatment importance, limited oral health literacy, fears about treatment, transportation issues and language barriers also limit oral health care access.



Percentage of Medicaid enrollees with at least one dental visit within the last year						
County	2019	2020	2021	2022	2023	2023 County Rank
New York State	33.5	26.3	29.8	29.8	29.5	
Albany	34.2	28.2	32.8	33.0	32.0	8
Columbia	34.5	30.2	31.1	30.0	30.6	14
Rensselaer	33.1	28.0	29.7	28.5	28.2	28
Saratoga	30.9	24.7	26.8	28.4	28.2	28
Greene	31.5	26.1	27.6	27.2	27.1	33
Schenectady	33.0	27.4	28.1	26.6	25.7	43

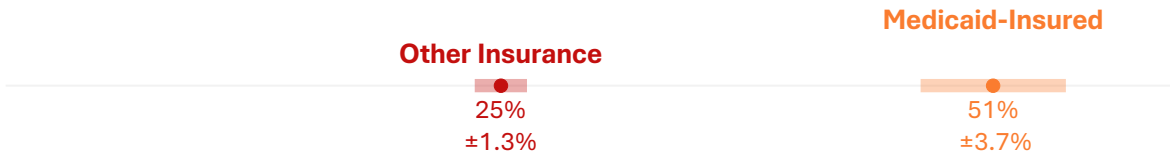
In 2020, dental visit rates among Medicaid enrollees dropped in NYS, possibly due to the COVID-19 pandemic, and rates have yet to fully recover in many areas. In 2023, the dentist visit rate among Medicaid enrollees was highest in Albany County, where rates are similar to pre-pandemic levels. The lowest Capital Region dentist visit rate was seen in Schenectady County, followed by Greene County.

Percentage of Medicaid enrollees (aged 2-20 years) who had at least one dental visit within the last year						
County	2019	2020	2021	2022	2023	2023 County Rank
New York State	50.5	40.0	45.7	46.9	46.8	
Rensselaer	54.1	49.0	55.9	55.9	57.3	4
Albany	48.1	40.3	49.4	52.1	54.8	5
Columbia	50.0	44.9	48.3	51.4	54.4	7
Saratoga	46.2	37.8	43.8	48.5	50.5	22
Greene	48.4	40.3	45.4	46.9	48.7	27
Schenectady	47.5	38.7	40.8	40.4	41.4	44

Capital Region county rates ranked better among NYS counties for percentage of Medicaid enrollees aged 2 to 20 years who had at least one dental visit within the last year. Each county in the Capital Region had a similar or better percentage than NYS, except for Schenectady County, which ranked 44th amongst all 62 NYS counties. Rensselaer County had one of the best percentages, with more than half of Medicaid enrollees aged 2 to 20 years having seen a dentist in the past year.



Percent of Capital Region respondents who did **not visit a dentist** for a **routine cleaning or checkup** in the past year:



In the *2024 Capital Region Community Health Needs Survey*, Medicaid enrollees twice as often reported they had not seen a dentist for a routine cleaning or checkup in the past year. The most frequently selected reasons for not seeing a dentist routinely were concerns about out-of-pocket price (30%), that nearby dentists don't accept their insurance (24%), or that they did not have dental insurance (19%).

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V. Chronic Disease

Obesity, Nutrition, and Physical Activity

Adult Obesity



Objectives – New York State Prevention Agenda 2025-2030

- **19.0:** Decrease the percentage of adults who consume no fruits or vegetables daily from 28.4% to 27.0%.
- **19.1:** Decrease the percentage of adults with an annual household income less than \$50,000 who consume no fruits or vegetables daily from 31.7% to 30.1%.
- **21.0:** Increase the prevalence of physical activity among all adults 18 years of age and older from 73.9% to 77.6%.
- **21.1:** Increase the prevalence of physical activity among all adults 18 years of age and older with an annual household income less than \$25,000 from 56.7% to 59.5%.

Highlights

- In the Capital Region in 2021, adult obesity rates were highest in Schenectady County
- Rensselaer County childhood obesity rates have risen almost 50% over the last 5 years of data, and in 2021-2023, was the highest in the Capital Region
- Schenectady County had the highest percentage in the Capital Region of adults who ate less than one fruit and one vegetable daily in 2021
- Greene and Schenectady counties had the highest rates in the Capital Region of daily sugary beverage consumption in 2021
- Schenectady County had the lowest rates of physical activity in the Capital Region in 2021, both for all adults, and for adults aged 65 years and older

Being overweight or obese is defined as falling into a range of weight that is greater than what is considered healthy for a given height. For adults, obesity ranges are determined by using weight and height to calculate a body mass index (BMI). An adult with a BMI between 25 and 29.9 is considered overweight, and an adult with a BMI of 30 or higher is considered obese. Obesity is caused by a complex interaction of genetic, metabolic, behavioral, social and environmental factors. Obesity is associated with adverse health, social, and economic consequences. It is the primary cause of type 2 diabetes, and more than 80% of people with type 2 diabetes are



overweight or obese. It is also a contributing factor to heart disease, stroke, cancer, asthma, arthritis, and several psychological conditions, including depression (NIDDK, National Institutes of Health).

At least 1 in 3 Capital Region adults have obesity (BRFSS). In 2021, Schenectady County had one of the highest percentages in New York State (NYS) for adults with obesity, at 43%. Greene, Rensselaer, and Saratoga counties had obesity rates that were higher than NYS, excluding New York City (NYC) (BRFSS).

Percentage of adults with obesity			
County	2018	2021	2021 County Rank
NYS (excl. NYC)	29.1	31.6	
Capital Region	29.6	34.0	
Columbia	24.3	24.8	5
Albany	26.9	30.1	12
Saratoga	30.1	32.3	25
Rensselaer	30.9	35.0	38
Greene	34.5	35.6	40
Schenectady	33.7	43.0	57

Childhood Obesity

For children and teens ages 2-19 years, overweight and obese are defined differently than for adults. Overweight is defined as a BMI at or above the 85th percentile to below the 95th percentile and obese is at or above the 95th percentile on Centers for Disease Control and Prevention (CDC) growth charts for children. Additionally, an age- and sex-specific percentile is used for children and adolescent BMI rather than the BMI categories used for adults. Children's body compositions vary at different ages and vary between boys and girls (CDC).

Percentage of children and adolescents with obesity						
County	2016-2018	2017-2019	2019-2021	2020-2022	2021-2023	2021-2023 County Rank
NYS (excl. NYC)	17.2	17.3	18.2	19.2	20.6	
Capital Region	16.1	16.5	18.6	18.9	20.4	
Saratoga	13.2	13.1	15.1	15.9	17.1	3
Albany	16.0	16.3	17.8	17.6	20.2	12
Schenectady	18.9	18.8	21.0	21.4	22.7	24
Greene	21.4	23.0	24.4	24.2	23.0	28
Columbia	18.9	17.3	21.9	23.8	23.1	29
Rensselaer	16.4	18.7	20.6	21.8	23.8	35

Childhood obesity rates in 2021-2023 were relatively low in the Capital Region, based on data from the Student Weight Status Category Reporting System (SWSCRS). Saratoga County had the 3rd lowest rate in the state, at 17.1% of children, and Albany County had the 12th lowest rate, at 20.2%. Childhood obesity rates in NYS climbed from 2016-2018 to 2021-2023, continuing a pattern that has been occurring for at least a few decades now. Rensselaer County's child and adolescent obesity rate climbed the fastest in the Capital Region, and it had the highest rate in 2021-2023, followed by Columbia County.



Percentage of elementary school students with obese (95th percentile or higher), SWSCRS						
County	2016-2018	2017-2019	2019-2021	2020-2022	2021-2023	2021-2023 County Rank
NYS (excl. NYC)	16.0	16.2	17.1	18.0	19.8	
Saratoga	13.0	12.7	13.6	14.8	16.5	5
Albany	15.5	15.6	17.8	17.5	20.3	17
Schenectady	15.9	15.9	19.8	20.2	21.6	27
Greene	20.4	21.9	23.6	23.2	23.1	35
Columbia	17.8	17.5	21.7	24.3	23.2	38
Rensselaer	14.1	17.6	17.4	20.4	23.4	40

Data from the Student Weight Status Category Reporting System (SWSCRS) also shows obesity has been climbing in NYS in recent years. For the 2021-2023 period, Columbia and Rensselaer counties had the highest percentages of obese elementary school students in the Capital Region, based on this measure as well. Rensselaer County showed large increases for percentages of obese elementary school students from 2016-2018 to 2021-2023.

Healthy Eating

Nutrition is an important health factor at all ages. People require balanced diets that include a variety of foods to supply their body with a source of energy to support the functions of organ systems, as well as molecular building blocks to help grow and repair the body. CDC has linked diet to seven of the top ten leading causes of death in the United States (US). Micronutrients, otherwise known as vitamins and minerals, are also an important part of the food we eat, especially during childhood development and pregnancy. When individuals do not consume enough vitamins and minerals in their diet, they can increase their risk for certain health conditions, like scurvy (vitamin C deficiency) or anemia (which is often caused by iron deficiency). Based on the latest guidance from the US Department of Agriculture (USDA) and US Department of Health and Human Services, most people need to eat more foods with fiber, vitamin D, calcium, and potassium, but less sugar, saturated fat, and sodium.

Age-Adjusted Percentage of adults who report consuming less than one fruit and less than one vegetable daily (no fruits or vegetables)				
County	2016	2018	2021	2021 County Rank
NYS (excl. NYC)	29%	26%	33%	
Capital Region	26%	26%	33%	
Greene	19%	23%	20%	1
Albany	27%	24%	29%	8
Saratoga	22%	25%	29%	8
Columbia	22%	25%	31%	24
Rensselaer	29%	28%	33%	32
Schenectady	31%	31%	40%	54



The USDA has a MyPlate diagram which replaced the classic food pyramid and visualizes the types and amounts of foods people should focus on eating to have a healthy diet. There are five main food groups in the MyPlate diagram: fruits, vegetables, grains, proteins, and dairy. The two food groups most Americans are lacking in their diets are fruits and vegetables. In 2021, Greene County had the best percentage in the state for adults who eat at least one fruit and one vegetable daily, with 80% of adults reporting they eat one fruit and one vegetable, every day (BRFSS). Saratoga and Albany counties also had favorable percentage of adults reporting they eat one fruit and one vegetable, every day and tied for the 8th best rate in NYS. Schenectady County had the highest percentage in the Capital Region for adults who ate less than one fruit and one vegetable, daily, at 40%.

Sugary Beverages

Sugar-sweetened beverages include drinks such as fruit juices, soda, sports drinks, and coffee beverages with sugar. In the US, half of the population consumes at least one sugary beverage daily. Sugar-sweetened beverages can be deceptive in the number of calories they contain. Caloric intake from the consumption of sugary beverages does not create a feeling of being “full” in the same way that solid foods do, and therefore people may not compensate by consuming less (CDC). Consumption of sugar-sweetened beverages has been attributed to increased risk of obesity, type 2 diabetes, heart disease, and gout. Studies in children have found that replacing sugary beverages with non-caloric options, like water, can improve weight management among children who are overweight (CDC).

All Capital Region counties, except Greene County, were in the top half of NYS counties for their percentage of sugary drink consumption among adults (BRFSS). Columbia County had the 3rd best (lowest) percentage in the state for sugary beverage consumption, and Saratoga and Rensselaer counties were among the 10 NYS counties with the lowest percentages of sugary drink consumption among adults.

Age-Adjusted Percentage of adults who consume one or more sugary drinks daily				
County	2016	2018	2021	2021 County Rank
NYS (excl. NYC)	25%	26%	20%	
Capital Region	23%	23%	18%	
Columbia	21%	21%	13%	3
Saratoga	22%	21%	15%	7
Rensselaer	24%	21%	15%	8
Albany	22%	21%	18%	14
Schenectady	22%	24%	22%	28
Greene	26%	25%	23%	34

Physical Activity

Physical inactivity is a significant factor leading to overweight and obese children and adults. A lack of physical activity can also lead to many chronic diseases or conditions, including hypertension, heart disease, stroke, type 2 diabetes, and some cancers. Physical activity has been proven to help maintain a healthy weight and lower the risk of heart disease and related risk factors, diabetes, and premature mortality. It can also help reduce depression and increase cognitive function in older adults (CDC).

Percentage of adults who participate in leisure-time physical activity			
County	2018	2021	2021 County Rank
NYS (excl. NYC)	77.6	75.7	
Capital Region	80.3	78.2	
Saratoga	86.0	85.5	2
Columbia	79.9	83.2	3
Albany	81.1	80.4	5
Greene	74.3	77.9	17
Rensselaer	76.6	77.4	22
Schenectady	81.0	68.5	59

Percentage of adults who participate in leisure-time physical activity, aged 65+ years			
County	2018	2021	2021 County Rank
NYS (excl. NYC)	68.9	68.5	
Capital Region	70.1	70.6	
Saratoga	78.2	77.7	5
Albany	73.8	74.4	12
Rensselaer	67.1	74.1	14
Columbia	74.5	70.8	26
Greene	64.4	67.4	42
Schenectady	69.9	64.2	54

In 2021, most Capital Region counties had favorable physical activity participation, with 3 counties ranking in the top 5 among NYS counties for percentage of adults who engage in physical activity in their free time (BRFSS). Schenectady County had one of the bottom 5 rates among NYS counties, though, with close to 1 in 3 adults not engaging in leisure-time physical activity, a significant decrease from their estimate in 2018. In 2021, several Capital Region counties had better rates than in NYS (excluding NYC) for physical activity among adults aged 65 years and older (BRFSS). Schenectady County had the worst rate in the Capital Region for this indicator.



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Tobacco Use

Objectives – New York State Prevention Agenda 2025-2030

- **14.0:** Reduce the percentage of adults who use tobacco products from 9.3% to 7.9%.
- **14.1:** Reduce the percentage of high school students who use tobacco products from 14.8% to 12.6%.

Highlights

- Capital Region counties all ranked in the top half of NYS counties for adult cigarette smoking in 2021
- Rensselaer, Saratoga, and Greene counties had the highest adult smoking prevalence in the Capital Region in 2021
- Saratoga County had the highest prevalence of smoking prevalence among adults with income less than \$25,000, among Capital Region counties with 2021 data

Preventing and reducing tobacco use is a cornerstone of public health. Tobacco use is the leading preventable cause of morbidity and mortality in New York State, and in the country. Cigarette smoking and secondhand smoke result in an estimated 30,000 deaths each year in New York State. In addition to its direct impact on people who smoke, smoking negatively affects non-smokers in proximity to smokers. The Surgeon General has stated that there is no safe level of exposure to secondhand smoke, and the U.S. Environmental Protection Agency has classified secondhand smoke as a known human carcinogen. Tobacco use and secondhand smoke exposure causes heart disease and stroke; chronic lung disease; cancers of the lung, mouth, pharynx, esophagus, and bladder; and other lung and vascular diseases.

Prevalence of cigarette smoking among adults				
County	2016	2018	2021	2021 County Rank
NYS (excl. NYC)	16%	14%	13%	
Capital Region	16%	14%	13%	
Columbia	19%	16%	12%	12
Albany	14%	12%	12%	14
Schenectady	18%	11%	14%	20
Greene	15%	19%	15%	21
Saratoga	17%	13%	15%	27
Rensselaer	19%	17%	15%	28



In 2021, Capital Region counties all ranked in the top half of NYS counties with the lowest adult cigarette smoking prevalences (BRFSS). The prevalence of current smokers was highest in Rensselaer, Saratoga, and Greene counties. Columbia and Albany counties had current smoking rates lower than NYS, excluding NYC. Adult smoking prevalence decreased in most of the Capital Region counties from 2016 to 2021, as it did in New York State, excluding NYC.

Smoking prevalence, however, did not decrease in NYS, excluding NYC, or the Capital Region, from 2016 to 2021, when looking specifically at adults with an income of less than \$25,000 (BRFSS). Schenectady and Columbia counties did see decreases in their prevalence of smoking among low-income adults over the same time period, and they ranked in the top half of NYS counties. Albany County ranked in the top half of NYS counties for smoking among low-income adults, but their prevalence increased from 2016 to 2021. Saratoga County had the highest prevalence among Capital Region counties with 2021 data, with more than 1 in 3 low-income adults being current smokers in 2021. Greene and Rensselaer counties did not have 2021 data available.

Percentage of adults who smoke cigarettes among adults with income less than \$25,000				
County	2016	2018	2021	2021 County Rank
NYS (excl. NYC)	25%	25%	27%	
Capital Region	27%	29%	29%	
Schenectady	28%	22%	24%	16
Columbia	42%	27%	27%	23
Albany	21%	24%	30%	26
Saratoga	24%	28%	41%	40
Greene	14%	24%		
Rensselaer	37%	37%		

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Chronic Obstructive Pulmonary Disease

Highlights

- Albany County had the highest prevalence of chronic obstructive pulmonary disease in 2021, at 6%
- Capital Region counties all ranked in the top half of NYS counties for COPD hospitalization rates in 2022
- Rensselaer County had the highest rate of COPD mortality in the Capital Region in 2022; sixth highest in NYS

Chronic obstructive pulmonary disease (COPD), or chronic lower respiratory disease (CLRD), is a lung disease that makes it harder to breathe over time as the tubes that carry air into and out of the lungs are partially blocked or damaged. It is a group of diseases and includes emphysema, chronic bronchitis, or a combination of these and can coexist with asthma. The severity of COPD/CLRD can vary, but when severe, it can affect the most basic tasks and daily living. Early detection of COPD/CLRD might alter its course and progress. A simple spirometry test can detect COPD/CLRD before the symptoms become severe (NIH, NHLB).

In the United States, a history of current or former tobacco use is a key factor in the development and progression of COPD/CLRD. Smoking accounts for 8 out of 10 COPD-related deaths. COPD/CLRD is the fourth leading cause of death in the United States and was the fourth leading cause of death in the Capital Region in 2022. It is estimated that there are over 16 million people living with COPD in the United States, with millions more suffering from the disease without a diagnosis. In addition, COPD/CLRD is an important cause of hospitalization in older populations.

Age-Adjusted Percentage of adults with COPD				
County	2016	2018	2021	2021 County Rank
NYS (excl. NYC)	6%	6%	6%	
Capital Region	6%	6%	6%	
Rensselaer	6%	9%	4%	7
Columbia	4%	8%	5%	13
Greene	7%	7%	5%	18
Schenectady	7%	6%	6%	24
Saratoga	5%	5%	6%	30
Albany	7%	6%	6%	32

Based on data from the Behavioral Risk Factor Surveillance System (BRFSS), almost all the Capital Region counties were in the top half of NYS counties for age-adjusted COPD prevalence among adults. In 2021, Albany County had the highest prevalence of COPD, at 6%.



Age-adjusted chronic lower respiratory disease hospitalization rate per 10,000					
County	2019	2020	2021	2022	2022 County Rank
NYS (excl. NYC)	23.7	13.0	14.1	16.0	
Saratoga	16.9	9.3	8.0	9.3	5
Greene	29.5	15.3	15.9	9.7	9
Columbia	34.1	10.2	8.5	10.3	19
Rensselaer	17.3	8.5	9.8	11.4	25
Albany	19.6	13.3	11.1	11.7	27
Schenectady	17.8	8.3	9.8	12.4	31

In 2022, Capital Region counties all had a lower age-adjusted rate of COPD hospitalization than NYS, excluding NYC, and ranked in the top half of NYS counties (SPARCS). Schenectady County had the highest COPD hospitalization rate, while Saratoga County had the lowest. For age-adjusted COPD mortality rate per 10,000, Rensselaer County was the only Capital Region county not ranked in the top half of NYS counties; its latest COPD mortality rate per 10,000 ranked 56th out of 62 (NYS Vital Statistics).

Age-adjusted chronic lower respiratory disease mortality rate per 100,000					
County	2019	2020	2021	2022	2022 County Rank
NYS (excl. NYC)	27.7	25.8	22.5	22.8	
Albany	25.9	32.5	25.3	24.9	11
Columbia	38.3	35.9	25.3	29.0	15
Saratoga	40.3	36.1	33.6	31.6	19
Schenectady	33.6	34.3	35.2	32.0	22
Greene	27.9	31.8	25.6	32.3	24
Rensselaer	45.0	43.8	34.4	50.0	56

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Asthma

Objectives – New York State Prevention Agenda 2025-2030

- **31.0:** Decrease the asthma emergency department visit rate per 10,000 among children aged 0-17 years from 93.8 to 89.1.
- **31.1:** Decrease the asthma emergency department visit rate per 10,000 among Black, non-Hispanic children aged 0-17 years from 235.9 to 212.3.

Highlights

- Greene County had the second highest age-adjusted rate in NYS for adults with current asthma in 2021
- Albany and Schenectady counties had the highest rates in the Capital Region for age-adjusted asthma hospitalization and ranked in the bottom half of New York State counties with available data in 2022
- Asthma hospitalization rates in 2020-2022 were highest among Black, non-Hispanic residents in all Capital Region counties.
- Asthma ED visit rates (age 0-17) in the Capital Region were highest in Schenectady, Albany, and Rensselaer counties in 2022

Asthma is a disease that affects the lungs and is characterized by difficulty breathing. In most cases the causes of asthma are unknown. Symptoms of asthma include wheezing, tightness in the chest, breathlessness, and coughing at night or early in the morning. It is one of the most common long-term diseases of children but is prevalent in adults as well. Nationwide, about 4.5 million children, or 6.2% of children, and 22.3 million adults, or 8.7% of adults, are living with asthma (CDC). In New York State, more than 1.5 million adults (10.1%) have current asthma (BRFSS).

An asthma attack is a distressing and potentially life-threatening experience. When an attack occurs, the sides of the airways in the lungs swell, causing the airways to shrink. As a result, less air can move in and out of the lungs. If poorly treated, asthma can lead to persistent hospitalization and possibly death. Triggers for an asthma attack vary from person to person. Some triggers include tobacco smoke, dust mites, outdoor air pollution, cockroach allergens, pets, mold, and smoke from burning wood or grass (CDC).



Age-Adjusted Percentage of adults with current asthma				
County	2016	2018	2021	2021 County Rank
NYS (excl. NYC)	10%	11%	11%	
Capital Region	13%	13%	11%	
Columbia	11%	10%	6%	3
Rensselaer	12%	13%	10%	20
Saratoga	15%	14%	10%	20
Albany	13%	12%	12%	29
Schenectady	11%	16%	14%	46
Greene	12%	14%	19%	61

Adult asthma prevalence varied among the Capital Region counties (BRFSS). Greene County had the second highest NYS County rank of adults with current asthma in 2021, at nearly 1 in 5 adults, while Columbia County had the third lowest rate, at less than 1 in 15 adults.

Age-adjusted asthma hospitalization rate per 10,000					
County	2019	2020	2021	2022	2022 County Rank of (44)
New York State	9.8	5.0	6.6	8.5	
Greene	7.9	2.9	4.8	2.8	6
Saratoga	3.4	2.1	1.9	3.3	11
Columbia	6.2		3.6	3.5	13
Rensselaer	5.0	2.6	2.9	5.0	24
Schenectady	6.2	2.9	4.6	6.3	32
Albany	7.5	4.6	4.5	6.5	34

Severe asthma attacks and complications can lead to hospitalizations. Asthma hospitalizations often indicate a lack of properly managing the condition. A combination of early medical intervention and the avoidance of asthma triggers can help to prevent such severe flare-ups. All Capital Region counties had asthma hospitalization rates below the NYS rate, in part because the NYS rate is skewed high by rates in New York City (NYC) counties (SPARCS). The County Health Indicators Reports (CHIRS) dataset did not have a rate for NYS, excluding NYC. Another caveat was that data was not available for 18 counties, due to small numbers. So, Albany, Schenectady, and Rensselaer counties had age-adjusted asthma hospitalization rates in the bottom half of NYC counties with available data. Greene County had the lowest asthma hospitalization rate in the Capital Region, and ranked 6 out of 44 NYS counties with available data.



Asthma hospitalizations per 10,000 population, age-adjusted, 2020-2022					
County	Non-Hispanic			Hispanic	Total
	White	Black	Asian/Pacific Islander		
NYS (excl. NYC)	2.4	11.9	2.4	5.4	4.2
Albany	2.3	16.5	2.2	6.3	5.2
Columbia	1.7	11.0	0.0		2.8
Greene	2.7	16.3	0.0		3.5
Rensselaer	1.9	14.2		4.3	3.5
Saratoga	2.1	6.2			2.4
Schenectady	2.7	8.7	4.9	6.7	4.6

When breaking down asthma hospitalization rates from 2020-2022 by race/ethnicity, Black non-Hispanic residents had the highest rates in each county and in NYS, excluding NYC, overall (NYS CHIRE). Black non-Hispanic asthma hospitalization rates were around 3.0 to 7.5 times higher than comparable rates for White non-Hispanic residents – some of the largest disparities among hospitalization rates, when comparing by race and ethnicity. Asthma hospitalization rates were not available in all Capital Region counties for non-Hispanic Asian or Pacific Islander and Hispanic residents. Where data was available for Hispanic residents, they had higher asthma hospitalization rates at least twice as high as White non-Hispanic residents.

Asthma emergency department visits, rate per 10,000, aged 0-17 years						
County	2018	2019	2020	2021	2022	2022 County Rank
NYS (excl. NYC)	65.3	57.7	22.4	37.0	57.4	
Capital Region	56.5	51.8	24.4	34.6	58.2	
Saratoga	20.0	21.3	11.1	10.7	30.3	2
Greene	63.1	59.2	19.3	31.9	48.3	31
Columbia	53.4	40.8	17.5	35.7	48.5	32
Rensselaer	52.8	43.1	23.5	28.8	63.6	48
Albany	78.9	81.0	37.0	46.9	71.9	50
Schenectady	71.7	54.1	25.6	51.5	73.1	51

In 2022, asthma emergency department visits among children age 17 years and younger were relatively high in Schenectady, Albany, and Rensselaer counties, with ranks around 50 out of 62 NYS counties (SPARCS). Saratoga County, however, had the second lowest rate in NYS. Greene and Columbia counties had rates below NYS, excluding NYC.



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Diabetes

Objectives – New York State Prevention Agenda 2025-2030

- **30.0:** Increase the percentage of adults aged 35+ who had a test for high blood sugar in the past year from 78.1% to 82.4%.
- **30.1:** Increase the percentage of younger adults aged 35-44 who had a test for high blood sugar in the past year from 62.4% to 65.5%.

Highlights

- Columbia County had the highest age-adjusted prevalence in the Capital Region in 2021 of adults with health care provider-diagnosed diabetes
- Columbia County had the lowest age-adjusted percent in NYS of adults having had a test for high blood sugar in the past three years, at just 38% in 2021
- Greene and Albany counties had the highest age-adjusted rates in the Capital Region for diabetes mortality in 2022
- Schenectady County was in the bottom half of NYS counties for rate of potentially preventable diabetes short-term complications hospitalizations, among adults 18 and over, in 2021
- Black non-Hispanic Capital Region residents had diabetes hospitalization rates 2.4 to 4.4 times higher than rates for White non-Hispanic residents, in each Capital Region county in 2020-2022

Diabetes is a group of diseases marked by high levels of blood glucose resulting from defects in insulin production, insulin action, or both. There are two major types of diabetes: type 1 and type 2. Type 2 diabetes accounts for about 90% to 95% of all diagnosed cases of diabetes. It was formerly called “adult-onset” diabetes, but has become more frequently diagnoses among children, a concerning trend. About 1 in 10 people in the US have diabetes. In 2021, the total cost of diagnosed diabetes in the U.S. was estimated to be a total of \$413 billion yearly, up from \$82 billion 2012 (American Diabetes Association). Medical costs for people with diabetes are 2.6 times higher than those without. Diabetics can reduce their chances of future health complications and subsequent healthcare costs, with lifestyle changes like diet, exercise, and regular blood glucose monitoring.



Age-Adjusted Percentage of adults with health care provider diagnosed diabetes				
County	2016	2018	2021	2021 County Rank
NYS (excl. NYC)	9%	9%	9%	
Capital Region	8%	9%	9%	
Saratoga	7%	9%	6%	1
Albany	9%	8%	9%	15
Rensselaer	7%	10%	9%	17
Schenectady	9%	10%	9%	27
Greene	6%	13%	10%	31
Columbia	4%	8%	10%	33

Almost every Capital Region county was in the top half of NYS counties for age-adjusted prevalence of health care provider-diagnosed diabetes (BRFSS). In 2021, Columbia County had the highest prevalence of health care provider-diagnosed diabetes in the Capital Region, with about 1 in 10 adults being diabetic, while Saratoga County had the lowest health care provider-diagnosed diabetes prevalence, with about 1 in 15 adults.

Age-Adjusted Percentage of adults who had a test for high blood sugar or diabetes within the past three years				
County	2016	2018	2021	2021 County Rank
NYS (excl. NYC)	57%	48%	49%	
Capital Region	58%	48%	47%	
Greene	56%	56%	55%	7
Saratoga	58%	46%	48%	33
Albany	59%	44%	47%	38
Schenectady	55%	52%	46%	44
Rensselaer	58%	50%	42%	54
Columbia	50%	50%	38%	61

Columbia County had the lowest age-adjusted percent in NYS of adults having a test for high blood sugar in the past three years (in 2021), at 38% (BRFSS). One NYS county did not have data available for 2021. More than half of Greene County adults had had a blood sugar test in the past year, placing Green County in the top 10 2021 rank of NYS counties.



Age-adjusted diabetes hospitalization rate per 10,000 (primary diagnosis)						
County	2018	2019	2020	2021	2022	2022 County Rank
NYS (excl. NYC)	19.1	19.6	17.4	17.8	17.7	
Saratoga	11.0	11.4	9.3	9.8	10.0	5
Albany	18.1	16.8	14.6	14.1	13.8	16
Schenectady	19.6	18.3	15.9	15.0	14.2	17
Columbia	14.7	16.1	15.1	16.5	15.2	27
Rensselaer	18.9	17.8	15.4	16.4	15.3	29
Greene	15.5	21.7	20.5	17.0	15.8	31

Capital Region counties had favorable rates for age-adjusted diabetes hospitalizations, where diabetes was the primary diagnosis (i.e. the main reason for hospitalization), with each county being in the top half of ranked NYS counties in 2022 (SPARCS).

Potentially preventable diabetes short-term complications hospitalization rate per 10,000 - Aged 18 years and older						
County	2018	2019	2020	2021	2022	2022 County Rank
NYS (excl. NYC)	7.1	7.0	7.1	6.9	6.9	
Saratoga	4.8	4.3	4.0	4.4	4.7	12
Albany	7.1	6.0	5.6	5.9	4.8	14
Greene	6.1	8.8	7.3	6.2	6.0	20
Rensselaer	9.1	8.1	6.2	8.2	6.0	20
Columbia	4.8	5.6	6.5	9.8	6.2	25
Schenectady	10.2	8.3	6.7	5.7	7.3	39

Short-term complications of diabetes are a result of extreme fluctuation in blood sugar levels. They include hypoglycemia (low blood sugar), hyperglycemia (high blood sugar), diabetic ketoacidosis (high blood sugar with ketones), hyperglycemic hyperosmolar non-kenotic syndrome (high blood sugar without ketones) (UPMC). In 2022, Schenectady County was the only Capital Region county not in the top half of NYS counties ranked for their rate of potentially preventable hospitalizations due to short-term complications, among residents aged 18 years and older (SPARCS). Schenectady County also was alone in having a higher diabetes short-term diabetes hospitalization rate than NYS, excluding NYC.



Diabetes (primary diagnosis) hospitalizations per 10,000 population, age-adjusted, 2020-2022

County	Non-Hispanic			Hispanic	Total
	White	Black	Asian/Pacific Islander		
NYS (excl. NYC)	12.3	38.4	5.0	16.4	15.7
Albany	9.8	38.5	3.1	14.8	14.2
Columbia	12.5	55.3		6.6	15.6
Greene	16.5	37.5	0.0	15.2	17.8
Rensselaer	13.1	36.6		25.4	15.7
Saratoga	9.5	25.1			9.7
Schenectady	11.7	27.8	16.4	13.8	15.0

In each Capital Region county, and in NYS (excluding NYC), Black non-Hispanic Capital Region residents had diabetes hospitalization rates 2.4 to 4.4 times higher than rates for White non-Hispanic residents in 2022 (NYS CHIRE). Diabetes hospitalization rates among Hispanic residents were closer to rates among White non-Hispanic residents, with rate ratios ranging from 0.9 to 1.9. Asian or Pacific Islander rates were unavailable in most counties.

Age-adjusted diabetes mortality rate per 100,000

County	2018	2019	2020	2021	2022	2022 County Rank
NYS (excl. NYC)	18.0	18.1	21.6	18.7	18.3	
Saratoga	14.5	17.6	19.1	22.2	14.1	7
Rensselaer	14.6	21.8	26.1	18.6	23.5	26
Schenectady	26.0	21.0	30.7	37.1	24.9	31
Columbia	18.8	20.5	27.4	26.9	25.8	36
Albany	22.4	15.9	19.5	19.8	27.8	40
Greene	13.4		17.3	28.5	28.3	42

In 2022, Greene, Albany, and Columbia counties had the highest age-adjusted diabetes mortality rates in the Capital Region, while Saratoga County had the lowest diabetes mortality rate in the Capital Region, which was half as high as Greene County's diabetes mortality rate (SPARCS).



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Cardiovascular Disease

Objectives – New York State Prevention Agenda 2025-2030

- **32.0:** Increase the percentage of adults 18 years of age and older with hypertension who are currently taking medication to manage their high blood pressure from 77.0% to 81.7%.
- **32.1:** Increase the percentage of adult Medicaid members 18 years of age and older with hypertension who are currently taking medication to manage their high blood pressure from 66.9% to 75.5%.

Highlights

- In 2021, Rensselaer County had the lowest percentage in the Capital Region of adults with hypertension in currently taking medicine to manage their high blood pressure
- In 2022, Schenectady County had the Capital Region's highest heart attack hospitalization age-adjusted rate
- In 2022, Rensselaer County had the Capital Region's highest coronary heart disease hospitalization rate
- For 2022, in the Capital Region counties, coronary heart disease hospitalization age-adjusted rates were generally highest among Black non-Hispanic residents
- In 2022, Capital Region counties ranked in the top half of NYS counties for congestive heart failure mortality rate
- In 2022, Schenectady, Albany, and Rensselaer counties had the highest stroke hospitalization age-adjusted rates in the Capital Region
- In 2022, Saratoga County had the highest stroke mortality age-adjusted rate in the Capital Region
- In Rensselaer County, the cerebrovascular disease (stroke) mortality among Black non-Hispanic residents was the highest in the Capital Region and 2.5 times higher than the rate for White non-Hispanics in 2020-2022

Cardiovascular disease refers to a group of diseases that affect the heart and the circulatory system. In 2023, almost 920,000 Americans died from cardiovascular disease, which accounted for 1 in every 3 deaths. Risk factors for cardiovascular disease include high blood pressure, high low-density lipoprotein (LDL), cholesterol, and smoking, of which 49% of Americans live with at least one of the three (CDC). More than one third of the population live with some form of cardiovascular disease. Heart disease was the leading cause of death in the Capital Region in 2022, responsible for 22.5% of all deaths (NYSDOH). In New York State, cardiovascular disease was responsible for 27% of statewide mortality.



In 2021, less than 3 in 4 adults with hypertension in Rensselaer County were taking medicine at the time to manage their high blood pressure (BRFSS). Rensselaer County had the lowest percentage of hypertensive adults taking medicine in the Capital Region and ranked in the bottom 10 of NYS counties. Saratoga County, on the other hand, had the highest percentage of hypertensive adults taking medicine in NYS.

Percentage of adults with hypertension who are currently taking medicine to manage their high blood pressure			
County	2018	2021	2021 County Rank
NYS (excl. NYC)	77.6	81.2	
Capital Region	73.3	81.8	
Saratoga	71.9	89.8	1
Columbia	83.8	83.1	17
Schenectady	71.6	82.7	18
Albany	71.3	79.3	36
Greene	72.3	75.3	50
Rensselaer	76.8	73.5	57

Heart Attack and Coronary Heart Disease

Heart disease is the leading cause of death both in the United States and in New York State. Coronary heart disease is a disorder that affects coronary arteries (blood vessels that supply blood to the heart) and the heart muscle (CDC). A serious consequence of coronary heart disease is a heart attack, which occurs when the supply of blood to the heart is greatly reduced or stopped due to blockage in a coronary artery and the heart muscle is damaged. In the U.S., in 2023, over 450,000 (14.6% of) death certificates mentioned heart failure (CDC). Approximately every 40 seconds, an American will suffer a heart attack.

Age-adjusted heart attack hospitalization rate per 10,000						
County	2018	2019	2020	2021	2022	2022 County Rank
NYS (excl. NYC)	13.4	13.4	10.9	11.1	10.7	
Saratoga	12.0	12.6	9.9	11.2	9.9	14
Albany	11.3	13.6	10.3	10.3	11.6	23
Greene	12.3	14.0	13.5	11.7	12.0	26
Columbia	11.3	13.1	12.2	10.0	12.1	27
Rensselaer	11.3	12.8	9.1	14.0	14.6	40
Schenectady	15.4	16.2	14.7	14.3	15.3	48

Schenectady County had the highest heart attack hospitalization rate in the Capital Region in 2022, followed by Rensselaer County (SPARCS). Other Capital Region counties were favorably ranked in the top half of NYS counties.



Age-adjusted coronary heart disease hospitalization rate per 10,000						
County	2018	2019	2020	2021	2022	2022 County Rank
NYS (excl. NYC)	24.8	25.2	19.5	20.2	19.5	
Saratoga	19.3	20.7	15.8	17.7	15.1	12
Albany	17.5	20.0	17.7	15.9	17.0	21
Columbia	16.7	20.4	18.5	16.9	17.9	24
Greene	19.8	22.8	22.0	20.2	18.3	26
Schenectady	22.4	24.6	20.7	20.9	20.6	38
Rensselaer	17.6	20.3	15.6	21.4	21.1	40

Rensselaer County had the highest coronary heart disease hospitalization rate in the Capital Region in 2022, followed by Schenectady County (SPARCS). Other Capital Region counties were ranked favorably in the top half of NYS counties.

Age-adjusted coronary heart disease mortality rate per 100,000						
County	2018	2019	2020	2021	2022	2022 County Rank
NYS (excl. NYC)	132.0	130.0	149.0	123.5	122.7	
Saratoga	82.4	90.1	90.1	90.0	96.1	11
Albany	88.6	95.6	121.6	112.0	100.5	16
Rensselaer	98.7	102.4	116.2	107.4	101.6	19
Columbia	118.6	107.2	128.6	122.8	103.2	22
Schenectady	104.6	86.3	103.4	94.9	107.2	25
Greene	139.4	145.1	140.5	166.7	117.9	31

Capital Region counties ranked slightly better for rates of coronary heart disease mortality than NYS, excluding NYC (SPARCS). Each Capital Region county was ranked favorably in the top half of NYS counties. Greene County had the highest Capital Region coronary heart disease mortality rate in 2022, although it was still lower than the rate for NYS, excluding NYC, and had decreased by almost 30% from 2021.



Coronary heart disease mortality per 100,000 population, age-adjusted, 2020-2022						
County	Non-Hispanic			Hispanic	Total	
	White	Black	Asian/Pacific Islander			
NYS (excl. NYC)	117.9	146.9	70.3	83.9	117.7	
Albany	106.5	178.4	73.0	55.2	111.2	
Columbia	118.2	183.2	42.8	51.8	117.5	
Greene	141.8	194.0	0.0	135.3	141.3	
Rensselaer	106.3	136.6	61.0	118.8	108.0	
Saratoga	94.2	89.2	32.1	26.6	91.8	
Schenectady	95.9	133.1	69.4	82.7	101.6	

When comparing Capital Region coronary heart disease mortality rates by race/ethnicity from 2020-2022, rates for Black non-Hispanic residents were higher than rates for White non-Hispanic residents in all but Saratoga County (NYS CHIRE).

Congestive Heart Failure

Congestive heart failure is a disorder where the heart loses its ability to pump blood efficiently, causing fatigue and shortness of breath. The most common risk factors of congestive heart failure are coronary artery disease, high blood pressure, obesity, and diabetes (CDC).

Age-adjusted congestive heart failure mortality rate per 100,000						
County	2018	2019	2020	2021	2022	2022 County Rank
NYS (excl. NYC)	11.1	10.8	10.1	11.2	11.3	
Saratoga	11.8	13.0	8.3	11.4	9.4	8
Columbia	18.2			15.3	10.5	10
Greene	19.0	12.2	19.5		12.0	15
Rensselaer	18.6	18.8	12.8	15.3	15.2	23
Albany	15.6	20.8	11.9	16.4	16.9	26
Schenectady	13.2	15.7	13.2	19.2	17.3	29

Each Capital Region county was ranked favorably in the top half of NYS counties for congestive heart failure mortality rates in 2022 (SPARCS). Of the Capital Region counties, Schenectady County had the highest rate of congestive heart failure mortality. Saratoga and Columbia counties were the only Capital Region counties with a lower congestive heart failure mortality rate than NYS, excluding NYC.



Cerebrovascular Disease

Cerebrovascular disease, or stroke, is the sixth leading cause of death in the Capital Region and is a major cause of adult disability. According to the Centers for Disease Control and Prevention (CDC), each year 1 in 6 deaths are due to stroke. In the United States, someone has a stroke every forty seconds and dies from a stroke every three minutes and fourteen seconds (CDC).

Stroke occurs when a blood vessel, which brings oxygen and nutrients to the brain, bursts or is blocked by a blood clot or some other particle. With this rupture or blockage, part of the brain does not get the blood and oxygen it needs (CDC). Deprived of oxygen, nerve cells in the affected area of the brain die within minutes. A stroke can be fatal or result in serious long-term disability. Stroke costs the nation about \$56 billion annually including health care and medication costs, as well as lost productivity. Some risk factors for stroke are uncontrollable, such as heredity, age, gender, and ethnicity. Other conditions such as high blood pressure, high cholesterol, heart disease, diabetes, smoking, being overweight or obese, and previous stroke or transient ischemic attack, can increase your risk of stroke (CDC).

Age-adjusted cerebrovascular disease (stroke) hospitalization rate per 10,000						
County	2018	2019	2020	2021	2022	2022 County Rank
NYS (excl. NYC)	21.3	21.8	19.6	20.0	19.9	
Columbia	17.8	16.4	14.4	16.8	14.0	10
Saratoga	20.1	19.4	18.4	17.2	16.9	19
Greene	20.9	23.0	21.6	21.8	18.6	30
Rensselaer	20.9	20.1	22.7	22.2	22.4	49
Albany	22.8	23.2	23.2	20.5	24.3	56
Schenectady	27.2	28.7	24.2	28.8	24.8	57

For 2022, Schenectady, Albany, and Rensselaer counties had the highest stroke hospitalization age-adjusted rates in the Capital Region; Schenectady and Albany counties ranked in the bottom 10 NYS counties for stroke hospitalization age-adjusted rates (SPARCS). Columbia County had the lowest stroke hospitalization age-adjusted rate and ranked 10th among NYS counties.



Age-adjusted cerebrovascular disease (stroke) mortality rate per 100,000						
County	2018	2019	2020	2021	2022	2022 County Rank
NYS (excl. NYC)	24.1	23.9	25.1	25.7	25.1	
Albany	27.5	20.5	28.4	24.4	23.7	17
Columbia	24.1	15.4	18.7	27.4	25.5	24
Greene	16.2	28.9	20.0	23.8	25.6	26
Schenectady	30.4	30.9	28.5	35.1	27.3	29
Rensselaer	27.5	23.6	25.0	27.2	28.2	31
Saratoga	30.5	27.0	22.6	32.0	29.3	34

For stroke mortality, the Capital Region counties ranked roughly in the middle of the 62 NYS counties in 2022 (SPARCS). Saratoga County had the highest stroke mortality age-adjusted rate in the Capital Region, while Albany County was the only county with a rate lower than NYS, excluding NYC, in 2022.

Cerebrovascular disease (stroke) mortality per 100,000 population, age-adjusted, 2020-2022						
County	Non-Hispanic			Hispanic	Total	
	White	Black	Asian/Pacific Islander			
NYS (excl. NYC)	26.7	39.5	21.3	23.3	27.6	
Albany	23.1	47.8	18.9	23.5	25.5	
Columbia	23.0	21.8	0.0	34.1	23.8	
Greene	24.0	20.3	0.0	0.0	23.1	
Rensselaer	25.4	64.3	30.5	18.7	26.8	
Saratoga	28.5	28.3	6.9	13.3	27.9	
Schenectady	27.3	39.6	29.3	30.4	30.2	

When comparing cerebrovascular disease (stroke) mortality by race/ethnicity for 2020-2022, the rate among Black non-Hispanic residents in Rensselaer County was the highest in the Capital Region, about 34% higher than the next highest race/ethnicity rate in the Capital Region, and 2.5 times higher than the rate for White non-Hispanic residents in the county (NYS CHIRE). The Black non-Hispanic stroke mortality rate was 2.1 times higher than the White non-Hispanic rate in Albany County, and 1.5 times higher in Schenectady County. In Columbia County, the stroke mortality rate for Hispanic residents was 1.5 times higher than the White non-Hispanic rate.



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Cancer

Objectives – New York State Prevention Agenda 2025-2030

- **33.0:** Increase the percentage of adults aged 45 to 75 years who are up to date on their colorectal cancer screening based on the most recent guidelines from 71.6% to 80.0%.
- **33.1:** Increase the percentage of adults aged 45 to 54 years who are up to date on their colorectal cancer screening based on the most recent guidelines from 54.7% to 62.2%.

Highlights

- Greene County had the lowest breast cancer screening rate in the Capital Region; one of the lowest in NYS
- Two Capital Region counties ranked in the bottom 10 of NYS counties for both late-state and overall breast cancer incidence:
 - Rensselaer County had the highest rates in the Capital Region for late-stage and overall breast cancer incidence
 - Saratoga County had the second highest rate in the Capital Region for breast cancer incidence, overall
 - Greene County had the second highest rate in the Capital Region for breast cancer late-state incidence
- Greene County had the 5th highest breast cancer mortality rate among NYS counties with available data
 - Schenectady County ranked in the bottom 10 NYS counties for breast cancer mortality
- Columbia County had the lowest rate in the Capital Region for cervical cancer screening, and ranked in the bottom 10 NYS counties
- Most Capital Region counties ranked in the top half of NYS counties for colorectal cancer screening
- Greene County had the highest rate in the Capital Region for both colorectal cancer incidence and mortality
- Columbia County ranked in the bottom 10 NYS counties for prostate cancer incidence
- Rensselaer and Greene counties had the 5th and 6th highest lung cancer incidence rates in NYS
- Greene County ranked in the bottom 10 NYS counties for lung cancer mortality



Cancer is a disease in which abnormal cells in the body grow out of control (NYSDOH). It can be caused by various factors, such as genetics, lifestyle, and the environment. Cancer is the second leading cause of death in New York State, as well as in the Capital Region (NYSDOH Leading Causes of Death). Each year, more than 118,000 New Yorkers are diagnosed with cancer and over 32,000 New Yorkers die from malignant cancers each year (NYSDOH Cancer Registry). Lung, colorectal, breast and prostate cancers account for most cancers in New York State.

Many cancer deaths are preventable through early detection (NYSDOH). For several types of cancer, detection at an early stage significantly increases the options for treatment and its overall success. “Early stage” is defined as identifying invasive cancers before they have spread from the tissue of origin (Cleveland Clinic). Cancer screening helps to identify cancers at an early stage before the onset of clinical symptoms.

In general, gender and race are important factors in the frequency of different types of cancers. At all ages, women have lower cancer incidence and mortality rates than men in the same age group. This gender difference has remained stable over time in New York State (NYSDOH Cancer Registry).

Female Breast Cancer

Breast cancer is the second leading cause of cancer death among women in the United States, exceeded only by lung cancer. All women are at risk for breast cancer. Men can also get breast cancer, but it is uncommon. In New York State, about 17,250 women are diagnosed with breast cancer, each year, and 2,250 die due to it (NYSDOH Cancer Registry).

Risk factors that can potentially be controlled include obesity after menopause, heavy consumption of alcohol and, possibly, high-fat diets and lack of exercise (American Cancer Society). Reproductive factors, including having a first child after age 30 and never having children, increase the risk of breast cancer.

In 2018-2022, female breast cancer was most often diagnosed among women aged 65 to 74 years, although some women receive a diagnosis in their 20s or 30s (NIH, National Cancer Institute). Screening for breast cancer allows early identification and treatment and is the primary way of reducing mortality. It is recommended that all women perform monthly self-breast exams and have routine clinical breast exams. The most recent screening guidelines from the U.S. Preventive Services Task Force (2024) recommend women between the ages of 40 and 74 receive a screening mammogram every two years. Their recommendation report was released in 2024, and prior to then, the recommendation was for women aged 50 to 74 years. Women at a higher risk of breast cancer may need to begin screening earlier.



Percentage of women aged 50-74 years receiving breast cancer screening based on recent guidelines				
County	2016	2018	2021	2021 County Rank
NYS (excl. NYC)	79%	81%	79%	
Capital Region	80%	85%	80%	
Saratoga	78%	88%	92%	1
Columbia	82%	88%	82%	17
Rensselaer	77%	83%	81%	18
Albany	84%	85%	75%	45
Schenectady	79%	80%	75%	48
Greene	81%	76%	70%	59

In 2021, when the breast cancer screening recommendations were still for women aged 50 to 74 years, 80% of women aged 50-74 years in the Capital Region reported having had a mammogram based on those guidelines (BRFSS). Greene County had the lowest percentage in the Capital Region and one of the lowest percentages in NYS. Schenectady and Albany counties also had low percentages of women meeting the breast cancer screening recommendations at the time. Saratoga County, however, had the highest percentage in NYS, with more than 9 in 10 women meeting the screening recommendations at the time.

Age-adjusted female breast cancer incidence rate per 100,000						
County	2017	2018	2019	2020	2021	2021 County Rank
NYS (excl. NYC)	135.6	136.6	139.5	122.5	140.7	
Greene	114.7	118.1	172.2	158.2	109.8	10
Columbia	133.7	116.5	165.0	129.2	139.5	35
Schenectady	134.8	143.9	138.5	137.5	152.4	48
Albany	153.7	142.1	165.0	125.9	152.5	49
Saratoga	140.5	143.2	156.9	138.8	165.3	55
Rensselaer	128.8	121.1	132.1	119.5	166.8	56

The fatality of breast cancer is influenced by the stage of the disease at diagnosis. Early detection of breast cancer plays a significant role in the reduction of breast cancer mortality. In 2015-2021, when breast cancer was diagnosed at an early, or localized, stage, 98.8% of women in NYS survived for at least five years (NYS Cancer Registry). Late-stage diagnosed women in NYS only had a 31.8% 5-year survival rate.



Age-adjusted female breast cancer late stage incidence rate per 100,000						
County	2015-2017	2016-2018	2017-2019	2018-2020	2019-2021	2019-2021 County Rank
Columbia	51.4	47.5	45.9	45.3	37.8	25
Schenectady	52.8	43.6	38.1	36.9	41.7	39
Albany	46.0	41.7	42.0	41.1	41.9	41
Saratoga	44.7	42.2	44.1	39.2	42.6	44
Greene	46.0	34.0	28.1	41.0	45.8	53
Rensselaer	39.3	35.9	34.5	36.9	45.9	54

From 2018 to 2022, each year more than 900 women in the Capital Region were diagnosed with female breast cancer (NYS Cancer Registry). From 2019 to 2021, Rensselaer County had the highest incidence rates for both late-stage breast cancer, and breast cancer at any stage (NYS Cancer Registry). Saratoga County had the second highest incidence rate for any stage breast cancer, while Greene County had second highest incidence rate for late-stage breast cancer. For both breast cancer incidences, most of the Capital Region counties ranked in the bottom half of NYS counties.

Age-adjusted female breast cancer mortality rate per 100,000						
County	2015-2017	2016-2018	2017-2019	2018-2020	2019-2021	2019-2021 County Rank (of 54)
Columbia	13.6	14.1	17.3	14.8	15.2	10
Saratoga	17.0	17.9	17.4	17.6	17.0	26
Albany	20.6	20.8	19.7	19.0	17.1	27
Rensselaer	22.0	21.2	21.3	18.5	18.9	38
Schenectady	19.2	19.1	18.0	21.1	21.6	47
Greene		24.9	29.5	30.9	22.1	50

Greene County had the highest rate in the Capital Region for breast cancer mortality, from 2019 to 2021, and had the 5th worst rate among NYS counties with available data (NYS Cancer Registry). Greene County did, however, have a significant drop in their rate from 2018-2022 to 2019-2021. In Albany County, the female breast cancer mortality rate was 2.2 times higher among Black non-Hispanic residents than White non-Hispanic residents. Rates by race and ethnicity were not available for other counties.



Cervical Cancer

Cervical cancer is preventable with proper screening tests and human papillomavirus (HPV) vaccination. Almost all cervical cancers are caused by (HPV), a common sexually transmitted infection (CDC). Cervical cancer risk factors include smoking and HIV (CDC). When found at an early stage, cervical cancer is highly treatable. In the United States, approximately 13,000 women are diagnosed with cervical cancer, and 4,000 women die from the disease each year (CDC). In New York State, from 2019 to 2021, there were 677 cervical cancer diagnoses and 213 deaths each year due to cervical cancer (NYS Cancer Registry).

The Pap test (or Pap smear) is an effective screening test that can detect cervical cell abnormalities that, without treatment, could lead to cancer. In New York State, the cervical screening recommendation is for women to start receiving Pap tests at the age of 21 and have them every 3 years, more frequently if there is an abnormal finding, and Pap tests and HPV tests every five years between the ages of 30 and 65, even if they are not having sex or had the HPV vaccine (NYSDOH).

In 2018, Saratoga County had the highest percentage of women aged 21 to 65 years getting regular Pap tests according to New York State guidelines (BRFSS). Columbia County had the lowest rate in the Capital Region, with only 4 in 5 women following the latest guidelines for cervical cancer screening, at the time. More recent data from the Behavioral Risk Factor Surveillance System was not available.

Percentage of women aged 21-65 years receiving cervical cancer screening based on recent guidelines		
County	2018	2018 County Rank
NYS (excl. NYC)	84%	
Capital Region	81%	
Saratoga	96%	1
Rensselaer	90%	16
Albany	89%	24
Schenectady	88%	28
Greene	85%	41
Columbia	80%	57

Schenectady and Albany counties had highest incidence rates in the Capital Region for cervical cancer from 2018 to 2022, followed by Rensselaer County (NYS Cancer Registry). Saratoga County had the lowest rate in the Capital Region. Data was not available for Columbia and Greene counties.

Cervical Cancer Incidence, 2018-2022	
County	Rate
NYS (excl. NYC)	6.4
Schenectady	7.6
Albany	7.5
Rensselaer	7.2
Saratoga	4.2
Columbia	
Greene	



Colorectal Cancer

Colorectal cancer is the third most common cancer in men and women. It is also the second leading cause of death from cancers that affect both men and women (NYS Leading Causes of Death). From 2019 to 2021, each year, about 8,700 adults in New York State were diagnosed with colorectal cancer (NYS CHIRS). Lifestyle factors that contribute to increased risk of colorectal cancer include lack of regular physical activity, low fruit and vegetable intake, a low-fiber and high-fat diet, excess body weight, alcohol consumption and tobacco use. Routine screening can reduce colorectal cancer deaths by at least 60%. Colorectal cancer screening is recommended for men and women aged 50–75 using high-sensitivity fecal occult blood testing (FOBT), sigmoidoscopy, or colonoscopy. From 2015–2021, when colorectal cancer was diagnosed in NYS in its earliest stage, 88.8% of individuals live five years after diagnosis. In comparison, for late-stage diagnosis the five-year survival rate dramatically decreases to 15.4% (NYS Cancer Registry). From 2018 to 2022, approximately 150 men and women die due to colorectal cancer each year in the Capital Region (NYS Vital Statistics).

Percentage of adults who receive a colorectal cancer screening based on the most recent guidelines, aged 50–64 years			
County	2016	2018	2018 County Rank
NYS (excl. NYC)	63.7	66.5	
Capital Region	72.5	70.0	
Saratoga	70.6	76.8	6
Rensselaer	73.1	75.4	9
Greene	64.0	72.9	16
Schenectady	73.7	68.9	28
Columbia	65.9	68.6	31
Albany	76.2	68.1	34

In 2018, each of the Capital Region counties had a higher percentage than NYS, excluding NYC, of adults aged 50 to 64 years receiving a colorectal cancer screening based on the most recent guidelines at the time (BRFSS). Saratoga County had the highest percentage, and along with Rensselaer County, had about 3 in 4 of its residents aged 50 to 64 receiving a colorectal screening. Albany County had the lowest percentage, with about 2 in 3 of its residents aged 50 to 64 receiving a colorectal screening.

Age-adjusted colon and rectum cancer incidence rate per 100,000						
County	2015-2017	2016-2018	2017-2019	2018-2020	2019-2021	2019-2021 County Rank
Rensselaer	38.5	40.8	36.6	35.8	30.8	8
Schenectady	35.8	35.8	34.6	32.4	32.0	10
Saratoga	37.5	38.7	39.9	37.3	36.9	30
Albany	37.4	35.0	35.5	38.3	38.4	36
Columbia	39.1	35.1	33.6	31.4	39.0	39
Greene	47.2	42.3	45.0	42.6	45.8	57

Age-adjusted colon and rectum cancer mortality rate per 100,000						
County	2015-2017	2016-2018	2017-2019	2018-2020	2019-2021	2019-2021 County Rank
Schenectady	9.5	8.8	8.7	8.5	8.7	4
Rensselaer	13.1	10.3	10.3	9.3	9.8	12
Albany	12.6	11.0	9.9	9.4	10.9	20
Saratoga	13.5	14.0	13.7	12.3	11.4	23
Columbia	16.9	16.1	14.0	10.7	12.0	29
Greene	14.8	11.3	9.9	11.0	14.2	46

Greene County had the highest age-adjusted colorectal cancer incidence in the Capital Region from 2015-2017 to 2019-2021, and ranked in the bottom five NYS counties for their latest available age-adjusted colorectal cancer incidence rate, from 2019 to 2021 (NYS Cancer Registry). Greene County also had the highest colorectal cancer mortality rate in the Capital Region from 2019 to 2021 (NYS Cancer Registry). Columbia County had the second highest colorectal cancer incidence and mortality rates in the in the Capital Region from 2019 to 2021; Rensselaer and Schenectady counties had the two lowest colorectal cancer incidence and mortality rates in the Capital Region.

Prostate Cancer

Prostate cancer is the most common form of cancer in men and the second leading cause of cancer mortality in men. In New York State, around 16,600 men are diagnosed with prostate cancer annually and there are about 1,600 deaths due to prostate cancer each year (NYS Cancer Registry). The causes and risk factors for prostate cancer are not well understood. The chance of having prostate cancer greatly increases after age 50. Black men are more likely to have prostate cancer, be diagnosed at a late state, have an advanced stage of prostate cancer when its diagnosed, and die of prostate cancer as White males (CDC). A family history of prostate cancer also increases the risk of getting the disease (American Cancer Society).



Age-adjusted prostate cancer incidence rate per 100,000						
County	2015-2017	2016-2018	2017-2019	2018-2020	2019-2021	2019-2021 County Rank
Greene	88.7	89.6	95.8	99.1	104.7	11
Rensselaer	113.9	112.7	118.4	120.0	118.3	19
Saratoga	121.2	129.8	127.2	125.4	122.4	24
Columbia	100.5	120.1	124.4	123.0	123.0	25
Albany	118.9	126.2	135.5	138.6	129.7	34
Schenectady	105.4	118.8	121.3	132.8	131.6	36

The Capital Region averaged almost 900 cases of prostate cancer annually, from 2018 to 2022 (NYS Cancer Registry). The Capital Region had counties mostly ranked in the top half, or near the middle, of NYS counties for 2019-2021, for prostate cancer incidence at any stage (NYS Cancer Registry).

Age-adjusted prostate cancer late stage incidence rate per 100,000						
County	2015-2017	2016-2018	2017-2019	2018-2020	2019-2021	2019-2021 County Rank
Greene	20.3	17.7	19.1	21.6	25.0	25
Rensselaer	22.3	25.9	25.4	24.1	26.3	29
Schenectady	22.8	23.9	25.6	28.5	28.5	38
Albany	26.2	28.4	29.7	30.9	29.8	41
Saratoga	24.9	29.4	28.2	28.8	30.8	45
Columbia	18.9	26.8	34.0	37.8	39.1	54

For late-stage prostate cancer, however, the Capital Region's counties ranked further down the list, with four of the six counties ranking in the bottom half of NYS counties in 2019-2021 (NYS Cancer Registry). Schenectady and Albany counties had the highest prostate cancer incidence at any stage of the disease, while Columbia County had the highest rate of late-stage incidence and ranked 54th out of 60 NYS counties with available 2019-2021 data.

Age-adjusted prostate cancer mortality rate per 100,000						
County	2015-2017	2016-2018	2017-2019	2018-2020	2019-2021	2019-2021 County Rank
Columbia	17.8	13.8			11.8	2
Rensselaer	17.8	14.3	10.1	9.8	12.1	4
Albany	20.1	20.5	19.8	15.5	15.6	21
Greene			14.1	17.7	17.1	27
Saratoga	16.8	18.7	19.6	18.3	18.2	36
Schenectady	19.4	20.0	15.4	16.6	19.1	38



Schenectady and Saratoga counties had the highest prostate cancer mortality rates in the Capital Region, for 2019 to 2021 (NYS Cancer Registry). The other regional counties ranked in the top half of NYS counties for their prostate cancer mortality rates, with Columbia and Rensselaer counties both ranking in the top five of NYS counties.

Lung Cancer

Lung cancer continues to be a serious public health concern. It is the leading cause of cancer death among men and women, and the most diagnosed cancer in New York State. In the Capital Region, there was an average of almost 950 lung cancer cases from 2019 to 2021, and almost 500 deaths per year from 2018 to 2022 (NYS Vital Statistics).

Age-adjusted lung and bronchus cancer incidence rate per 100,000						
County	2015-2017	2016-2018	2017-2019	2018-2020	2019-2021	2019-2021 County Rank
Saratoga	71.8	69.1	66.9	64.1	58.3	20
Columbia	66.9	66.2	71.3	68.4	65.6	35
Schenectady	72.4	69.2	69.8	66.8	67.1	39
Albany	74.0	69.1	70.1	67.6	67.2	40
Greene	80.5	78.0	80.8	75.9	78.3	57
Rensselaer	80.1	78.7	81.4	78.2	78.9	58

Rensselaer and Greene counties had the highest lung cancer incidence rates in the Capital Region and had the 5th and 6th highest rates in NYS (NYS Cancer Registry). For the 2019-2021 period, Albany, Schenectady, and Columbia counties also ranked in the bottom half of NYS counties, while Saratoga County had the lowest rate of lung cancer incidence in the Capital Region, and ranked 20th out of 62 NYS counties.

Age-adjusted lung and bronchus cancer mortality rate per 100,000						
County	2015-2017	2016-2018	2017-2019	2018-2020	2019-2021	2019-2021 County Rank
Albany	42.0	40.9	38.5	35.5	31.8	18
Columbia	34.2	35.2	35.8	36.5	32.0	20
Saratoga	42.6	42.2	37.9	37.6	33.2	22
Schenectady	39.0	42.3	41.1	40.3	35.0	31
Rensselaer	45.1	45.9	43.0	40.2	38.6	41
Greene	50.8	40.9	40.2	37.6	44.2	54

Greene County also had a high rate of lung cancer mortality from 2019 to 2021, the highest rate of lung cancer mortality in the Capital Region and ranked in the bottom 10 NYS counties (NYS Cancer Registry). Albany County had the lowest lung cancer mortality rate in the Capital Region, followed by Columbia and Saratoga counties.



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VI. Healthy and Safe Environment



Childhood Lead Poisoning

Objective – New York State Prevention Agenda 2025-2030

- **38.0:** Increase the percentage of children in a single birth cohort year tested at least twice for lead before 36 months of age from 61.0% to 70.0%.

Highlights

- In 2022, Columbia County had the lowest rate of children born in 2019 having at least two lead screenings by 3 years of age
- Columbia County also had the second lowest rate in NYS for children born in 2019 who received at least one lead screening by the age of 2, with less than 1 in 2 children being screened for lead
- Elevated blood lead level incidence among children under 6 years of age decreased in the Capital Region from 2019 to 2022, continuing a favorable trend that started prior to 2019
- In 2022, Columbia County had the highest incidence rate in the Capital Region of elevated blood lead level among children under 6 years of age
- The rate of Capital Region school drinking water outlets exceeding the lead action limit was halved, from 2016 to 2020
- In 2020, Schenectady County had the highest percentage in the Capital Region for school drinking water outlets exceeding the state's lead action limit, and had a higher rate than NYS, excluding NYC

Lead poisoning is a potentially preventable public health problem that can have long-lasting impact on a child's life (NYSDOH). Lead is a heavy metal that was used in many products and materials before the risk to young children was identified. For example, paint containing lead was used in many houses built before 1978. Products that can be hazardous may still be present where children live, learn, and play. Lead can be found in air, water, soil, or dust (NYSDOH). Lead poisoning leads to serious adverse health, developmental, and cognitive outcomes that can affect individuals throughout their lives (CDC).



Lead Screening

Lead poisoning can manifest without obvious symptoms. Therefore, it is important to screen children preemptively for elevated blood lead levels to hopefully catch lead poisoning cases as early as possible. Screening is performed by physicians using a blood draw or a finger prick. In New York State, healthcare providers are required to obtain a blood test on all children at 1 and 2 years of age. In addition, children aged 6 months to 6 years are required to be assessed annually as a part of routine care, with a blood lead level obtained for any child with an increased risk of exposure. Early identification of lead exposure can prevent harm and minimize further exposures (CDC).

Percentage of children with at least two lead screenings by 36 months					
County	2016	2017	2018	2019	2019 County Rank
NYS (excl. NYC)	63.3	62.4	61.0	59.3	
Saratoga	73.1	74.3	72.4	69.4	4
Rensselaer	64.0	62.0	57.8	52.0	32
Schenectady	62.7	61.3	58.2	50.1	38
Greene	56.4	55.2	52.8	46.1	43
Albany	54.6	55.2	51.7	44.3	48
Columbia	40.4	36.9	36.1	36.7	55

Columbia County ranked in the bottom 10 of NYS counties for their percentage of children born in 2019 with at least two lead screenings by 36 months, with just more than 1 in 3 (36.7% of) children receiving both required lead screenings before 3 years of age (NYS Child Health Lead Poisoning Prevention Program). Albany and Greene counties also had relatively low percentages as well, with less than half of children receiving the two required lead screenings by 3 years of age; these two counties ranked lower out of 62 NYS counties for percentage of children born with at least two lead screenings.

Columbia County also had the second lowest rate in NYS for children born in 2019 who received at least one lead screening by the 2 years of age, with just under 1 in 2 (48.4% of) children receiving the required screening, while the rest of the Capital Region counties had roughly around two-thirds or more of their children screened for lead by 2 years of age (NYS Child Health Lead Poisoning Prevention Program).

Children Younger than 6 Years with Elevated Lead Levels

Children under six years of age, but particularly children living at or below the poverty level in older housing, are at risk of lead poisoning (CDC). While both incidence and severity of childhood lead poisoning have steadily decreased in New York State, it is still a serious public health concern (NYSDOH).



Incidence of confirmed high blood lead level (5 micrograms or higher per deciliter) - rate per 1,000 tested children aged <72 months					
County	2019	2020	2021	2022	2022 County Rank (of 53)
New York State	12.1	10.4	10.4	9.5	
Saratoga	11.0	6.2	6.6	5.5	5
Schenectady	29.5	27.5	24.9	14.9	23
Rensselaer	33.9	24.5	25.7	18.1	31
Albany	33.7	34.0	28.8	19.7	34
Columbia	34.7	47.0	42.2	21.3	35
Greene	25.6	25.9			

Columbia County had the highest incidence rate of elevated blood lead levels (5 micrograms of lead or more per deciliter of blood) with about 21 out of every 1,000 children tested having elevated blood lead levels (NYS Child Health Lead Poisoning Prevention Program). Albany County had the next highest rate with close to 20 out of every 1,000 children having elevated blood lead levels. Of the Capital Region counties, only Saratoga County had a rate lower than NYS, excluding NYC. Data from 2021 or 2022 was not available for Greene County.

Lead in School Drinking Water

Schools are an important place to monitor for potential environmental exposures, as children spend much of their time away from home. New York State Public Health Law and Regulations enacted in 2016, require all schools to test drinking water sources for lead contamination and make changes if the action level is exceeded. Revisions to the law in 2022 reduced the level of lead requiring schools to make changes (the “action limit”) from 15 micrograms of lead per liter of water (µg/L) to 5 µg/L and requires testing every three years (NYSDOH).

Testing for the 2020 compliance period was conducted from January 1, 2020, to June 30, 2021, and schools have since taken action to remove or remediate outlets that exceeded the action limit of 15 micrograms of lead per liter of water (Health Data NY). Two hundred and forty-four (244) Capital Region schools sampled about 17,500 outlets for the 2020 compliance period. Capital Region schools more than halved the percentage of outlets exceeding the action limit from the 2016 compliance period (Health Data NY). Schenectady County was the only county in the Capital Region with a higher percentage than NYS, excluding NYC, of outlets exceeding the lead action limit.

Percentage of School Drinking Water Outlets that Exceeded the State's Lead Action Limit, by Compliance Period			
County	2016	2020	2020 County Rank
NYS (excl. NYC)	8.7	7.8	
Capital Region	10.8	4.6	
Greene	10.8	2.7	9
Albany	6.7	3.1	14
Saratoga	16.6	3.4	16
Rensselaer	3.5	4.4	21
Columbia	13.4	6.1	35
Schenectady	16.5	10.1	50



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Injury

Objectives – New York State Prevention Agenda 2025-2030

- **23.0:** Decrease the rate of emergency department visits of motor vehicle-related pedestrian injuries per 10,000 people from 4.7 to 4.5.
- **23.1:** Decrease the ratio of motor vehicle-related pedestrian injury emergency department visits of Black, non-Hispanic persons compared to White, non-Hispanic persons from 4.0 to 3.8.

Highlights

- Motor Vehicle Injury:
 - Emergency department visit rate was highest in Schenectady County
 - Hospitalization rate was highest in Albany County
 - Mortality rate was highest in Greene County
- Falls:
 - Hospitalization rate among children aged under 10 years was highest in Rensselaer County
 - Emergency department visit rate among older adults aged 65+ was highest in Columbia County
 - Hospitalization rates among older adults (65+ and 75-84 years) were highest in Albany County
- Work-related Injury:
 - The ratio of emergency department visit rates between Black non-Hispanic and White non-Hispanic residents was highest in Columbia County, and relatively high in all Capital Region counties

Motor Vehicle-Related Injuries

Motor vehicle crashes are the leading cause of injury death in the United States. Every month in the U.S., there are more than 3,000 deaths due to traffic-related motor vehicle injuries, including more than 500 pedestrians (CDC WISQARS). Motor vehicle injuries can cause death, trauma, impairment, higher insurance premiums, productivity loss at work, and other costs to individuals, their families and communities. Motor vehicle crashes, in 2022, resulted in more than \$470 billion in expenses, including medical costs and the estimated cost of lives lost (CDC).



Motor Vehicle Accident Emergency Department Visit, Age-Adjusted Rates per 100,000

County	2019	2020	2021	2022	2023
NYS (excl. NYC)	764.0	521.7	618.5	648.0	700.7
Capital Region	495.5	350.2	442.8	437.8	468.0
Saratoga	366.1	229.4	277.1	314.5	330.7
Columbia	593.5	447.3	756.3	545.2	429.7
Greene	568.4	321.2	303.3	322.5	439.4
Albany	523.1	352.5	446.8	464.0	515.9
Rensselaer	476.5	349.2	451.6	449.2	518.9
Schenectady	621.7	516.4	623.9	570.6	559.3

Motor Vehicle Accident Hospitalization, Age-Adjusted Rates per 100,000

County	2019	2020	2021	2022	2023
NYS (excl. NYC)	50.1	48.4	54.6	52.7	54.3
Capital Region	53.3	48.7	57.1	50.9	52.9
Schenectady	42.7	58.4	51.6	50.2	44.8
Rensselaer	58.2	48.0	53.8	53.8	45.2
Greene	82.1	52.1	85.3	85.1	47.6
Columbia	63.8	70.1	65.9	56.0	50.0
Saratoga	42.6	36.3	48.5	40.0	54.3
Albany	59.4	49.1	62.7	52.6	62.5

In 2023, Schenectady County had the highest rate in the Capital Region of emergency department (ED) visits, but the lowest rate of hospitalizations, due to motor vehicle accidents (SPARCS). Albany County had the highest rate of hospitalizations in the Capital Region, and the third highest rate of emergency department visits, due to motor vehicle accidents. Greene County's hospitalization rate due to motor vehicle accidents in 2023 was much lower than the two previous years, where it had been the highest in the Capital Region.

Age-adjusted motor vehicle injury mortality rate per 100,000

County	2016-2018	2017-2019	2018-2020	2019-2021	2020-2022	2020-2022 County Rank
Albany	4.2	4.0	5.3	6.2	6.2	9
Rensselaer	4.4	4.3	5.5	6.1	6.8	13
Schenectady	6.0	7.5	7.0	7.2	7.0	14
Saratoga	6.5	6.7	6.5	6.0	7.2	16
Columbia	11.6	10.2	9.6	10.7	10.7	36
Greene	14.3	11.1	8.2	7.6	14.4	51



For the 2020-2022 period, Greene County had the highest rate in the Capital Region for deaths due to motor vehicle injuries, with a mortality rate that was twice as high as most of the other counties in the Capital Region (NYS Vital Statistics). Columbia County had the second highest motor vehicle accident mortality rate in the Capital Region.

Falls in Children

The primary location of falls for children is in the home. Falls are the leading cause of injury-related hospitalizations and ED visits for children up to 14 years of age (NYSDOH). Rapid early development provides various opportunities for children to fall. Babies and young children have bigger heads in comparison to the rest of their bodies, causing the head to hit the ground first. This increases the likelihood of head trauma due to falls. When babies start to roll and kick, they are at increased risk of falling off high surfaces. Similarly, when children learn to crawl and walk, they increase their chances of falling out of windows and off furniture (NYSDOH).

Falls hospitalization rate per 10,000 - Aged <10 years						
County	2016-2018	2017-2019	2018-2020	2019-2021	2020-2022	2020-2022 County Rank (of 37)
Saratoga	6.5	6.3	5.6	5.1	5.6	19
Albany	9.9	10.3	8.5	7.5	7.0	23
Schenectady	6.4	7.8	7.9	8.8	7.2	25
Greene	14.4	10.4			8.0	30
Columbia	6.9			9.1	8.6	32
Rensselaer	11.4	13.0	12.2	11.0	10.0	33

Rensselaer County had the highest rate of falls hospitalizations in the Capital Region, from 2020 to 2022, for residents aged under 10 years of age, and ranked 33rd out of 37 NYS counties with available data (SPARCS). Columbia and Greene counties had the second and third highest rates of falls hospitalizations in the Capital Region.

Falls in Older Adults

Falls are the leading cause of injury deaths among older adults and the most common cause of nonfatal injuries and hospital admissions for trauma. Due to falls, 130 older New Yorkers are hospitalized daily (NYSDOH SPARCS). Falls in older adults that lead to hospitalization often necessitate the individual to move to a nursing home or rehabilitation center. Such falls incur \$80 billion in annual hospitalization charges, nationally (CDC).

Unintentional falls are a serious threat to the lives, independence and well-being of adults aged 65 and older. Each year in the United States, more than 1 in 4 older adults fall, leading to more than 3 million visits the ER (CDC). These falls can cause injuries such as fractures, bruises, and head traumas, which can increase the risk of early death and make it difficult to live independently (CDC). Falls are also the most common cause of



traumatic brain injury (TBI) (CDC). Developing a fear of falling is common among people who fall, even among those who are not injured. This fear can cause them to limit activities, leading to reduced mobility, which actually increases the risk of falling (CDC).

Falls Emergency Department Visit, Aged 65+, Age-Adjusted Rates per 100,000			
County	2015-2017	2018-2020	2021-2023
NYS (excl. NYC)	4475	4465	4836
Capital Region	3977	3837	4262
Greene	3206	3340	2223
Saratoga	3517	3585	4012
Rensselaer	4383	3785	4224
Albany	4124	3961	4449
Schenectady	4219	4194	4551
Columbia	4126	3885	5490

In the Capital Region, there were over 6,500 emergency department visits annually, from 2021 to 2023, due to falls in the 65 years and older population (SPARCS). Columbia County had the highest rate in the Capital Region of emergency department visits due to falls, among residents aged 65 years and older, from 2021 to 2023. The other five Capital Region counties had lower rates than NYS, excluding NYC. Greene County had the lowest rate of emergency department visits due to falls, among residents aged 65 years and older in the Capital Region.

Falls Hospitalization, Aged 65+, Age-Adjusted Rates per 100,000			
County	2015-2017	2018-2020	2021-2023
NYS (excl. NYC)	2064	2296	2380
Capital Region	2026	2458	2553
Greene	2254	2096	1708
Saratoga	1905	2392	2432
Schenectady	1296	2201	2535
Columbia	1874	2211	2589
Rensselaer	2243	2483	2704
Albany	2397	2770	2748

From 2021 to 2023, each year the Capital Region had 4,100 fall-related hospitalizations among adults aged 65 years and over (SPARCS). Albany County had the highest rate in the Capital Region of falls hospitalization among residents aged 65 years and older. Rensselaer County had the second highest rate in the Capital Region. Greene County had the lowest rate for fall-related hospitalizations among adults aged 65 years and over in the Capital Region and was the only Capital Region county with a lower rate than NYS, excluding NYC.



Falls hospitalization rate per 10,000 - Aged 75-84 years						
County	2016-2018	2017-2019	2018-2020	2019-2021	2020-2022	2020-2022 County Rank (of 62)
Columbia	223.4	236.6	233.9	226.5	218.5	33
Saratoga	205.7	233.4	252.4	255.6	237.8	42
Schenectady	166.7	215.7	246.8	245.1	258.8	54
Greene	235.8	223.7	217.4	235.9	264.7	56
Rensselaer	246.6	258.3	263.8	262.8	265.0	57
Albany	267.5	278.3	272.2	272.6	274.8	59

The Capital Region had four counties ranked in the bottom 10 of NYS counties for falls hospitalizations among residents aged 75 to 84 years, for 2020 to 2022 (SPARCS). Albany County had the highest rate in the Capital Region, followed by Rensselaer, Greene, and Schenectady counties. Columbia County had the Capital Region's lowest rate for falls hospitalizations among residents aged 75 to 84 years.

Workplace Injuries

Workplace injuries continue to be a major health problem in the United States. A worker died about every 100 minutes from a work-related injury in the U.S. in 2023, most often due transportation incidents (Bureau of Labor Statistics). Occupational fatalities and losses arising from workplace disabilities also cause tremendous personal and economic costs. The top three causes of injuries at work causing time away from work are exposure to harmful substances or environment, overexertion or bodily reaction, and falls, slips, or trips (National Safety Council).

Work-related emergency department (ED) visits, ratio of rates between Black non-Hispanics and White non-Hispanics						
County	2018	2019	2020	2021	2022	2022 County Rank (of 47)
NYS (excl. NYC)	1.9	1.9	1.8	2.0	2.1	
Capital Region	2.7	2.9	3.3	2.5	2.9	
Schenectady	0.3	0.2	2.4	22.4	2.7	32
Saratoga			1.7	0.2	2.8	34
Rensselaer	3.4	3.4	3.7	3.4	2.9	35
Albany	3.8	3.6	3.5	3.8	3.0	38
Columbia	3.4	4.0	4.3	7.9	6.5	47
Greene			4.5	5.6		

In New York State, excluding NYC, Black non-Hispanic residents visited emergency departments for work-related injuries about 2.1 times as often as White non-Hispanic residents, in 2022 (SPARCS). In Columbia County, the ratio between the Black non-Hispanic residents and White non-Hispanic residents for work-related



ED visits was 6.5, the highest in NYS among the 47 counties with available data for 2022. Schenectady County had the lowest rate ratio for work-related ED visits in the Capital Region in 2022, although it still ranked in the bottom half of NYS counties.

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Violence

Objectives – New York State Prevention Agenda 2025-2030

- **24.0:** Decrease the rate of emergency department visits of assault-related injuries per 10,000 people from 42.2 to 40.1.
- **24.1:** Decrease the ratio of assault-related emergency department visits of Black, non-Hispanic persons compared to White, non-Hispanic persons from 4.4 to 4.2.

Highlights

- Rensselaer County had the highest homicide mortality rate in the Capital Region in 2020-2022
- Albany and Schenectady counties had the highest assault emergency department visit rate in the Capital Region in 2023
- Greene County had the highest assault hospitalization rate in the Capital Region in 2023
- Rensselaer County had the highest ratio in the Capital Region of assault hospitalization rates for Black non-Hispanic residents compared to White non-Hispanic residents in 2020
- Schenectady and Albany counties had the highest rate ratios in the Capital Region in 2020, when comparing assault hospitalization rates for Hispanic residents and White non-Hispanic residents
- Albany County had the highest firearm assault-related hospitalization rate in the Capital Region in 2020
- In the Capital Region, since 1990, violent crime rates have overall trended downward, while firearm crime rates have increased.
- In 2024, violent and firearm crime rates were higher in the Capital Region than NYS, excluding NYC

Although violent crime is usually considered to be in the domain of law enforcement and the criminal justice system, there is a growing acknowledgement that public health can play a role in preventing violence as well. Crime compromises physical safety and emotional and social well-being (CDC). These effects may contribute to future chronic health conditions, like cardiovascular disease, diabetes, cancer, and lung disease. Research has also found that individuals who experience one form of violence are at a higher risk of experiencing it in other forms as well. Further, people who commit violence towards one group (like their peers) are more likely to engage in violence towards other groups (like a dating partner) (CDC). CDC employs a four-level social-ecological model to understand and prevent violence. Their model acknowledges the interconnectedness of individual, interpersonal, community, and societal factors that affect one's risk of experiencing violence.



Homicide mortality rate per 100,000						
County	2016-2018	2017-2019	2018-2020	2019-2021	2020-2022	2020-2022 County Rank (of 23)
Schenectady	2.2		2.4	3.8	4.4	12
Albany	2.6	2.8	4.0	4.3	5.3	15
Rensselaer	2.7	2.3	2.9	5.0	5.6	17
Columbia						
Greene						
Saratoga						

Rensselaer County had the highest rate of homicide mortality in the Capital Region, from 2020 to 2022, and ranked 17th out of 22 NYS counties with available data; Albany County ranked 15th; Schenectady, County 12th of 23 NYS counties for homicide mortality (NYS Vital Statistics).

Assault Emergency Department Visit, Age-Adjusted Rates per 100,000					
County	2019	2020	2021	2022	2023
NYS (excl. NYC)	361.1	299.0	305.2	318.7	338.0
Capital Region	397.0	331.4	351.5	368.2	369.9
Saratoga	132.8	131.5	166.2	157.0	146.7
Columbia	345.8	233.2	406.0	394.5	281.3
Greene	372.8	367.7	265.1	418.2	353.8
Rensselaer	458.7	334.0	360.3	356.6	408.8
Schenectady	574.5	534.9	459.0	514.4	464.0
Albany	485.3	393.1	435.5	449.6	486.7

Assault Hospitalization, Age-Adjusted Rates per 100,000					
County	2019	2020	2021	2022	2023
NYS (excl. NYC)	25.2	27.0	26.8	26.4	25.8
Capital Region	30.9	32.3	35.7	34.0	29.4
Saratoga	12.8	16.2	23.2	12.8	14.8
Columbia	40.1	27.3		31.1	18.9
Schenectady	40.5	39.9	39.9	37.3	25.7
Rensselaer	31.7	25.6	31.4	34.5	28.7
Albany	37.9	44.8	50.0	46.0	40.8
Greene	36.4	28.6	32.2	54.9	50.1

From 2021 to 2023, annually, the Capital Region had 3,450 assault-related ED visits and 295 assault-related hospitalizations (SPARCS). Albany County had the highest rate in the Capital Region for assault-related emergency department visits, in 2023, and the second highest rate for assault-related hospitalizations. Greene



County had the highest assault hospitalization rate, as it did in 2022. Schenectady County had the second highest rate in the Capital Region for assault emergency department visits, after having led the Capital Region the four prior years. Saratoga County had the lowest rates for assault-related emergency department visits and hospitalizations.

Assault-related hospitalizations, ratio of rates between Black non-Hispanics and White non-Hispanics						
County	2016	2017	2018	2019	2020	2020 County Rank (of 30)
NYS (excl. NYC)	6.4	5.5	6.0	5.6	6.6	
Capital Region	7.7	6.7	6.7	6.7	7.7	
Columbia					0.0	1
Schenectady	5.0	4.2	3.9	5.0	3.0	9
Albany	7.9	5.8	6.2	7.5	8.7	23
Rensselaer	5.5	7.4	4.2	7.6	11.1	29
Greene	7.3			0.0		
Saratoga		0.0	0.0			

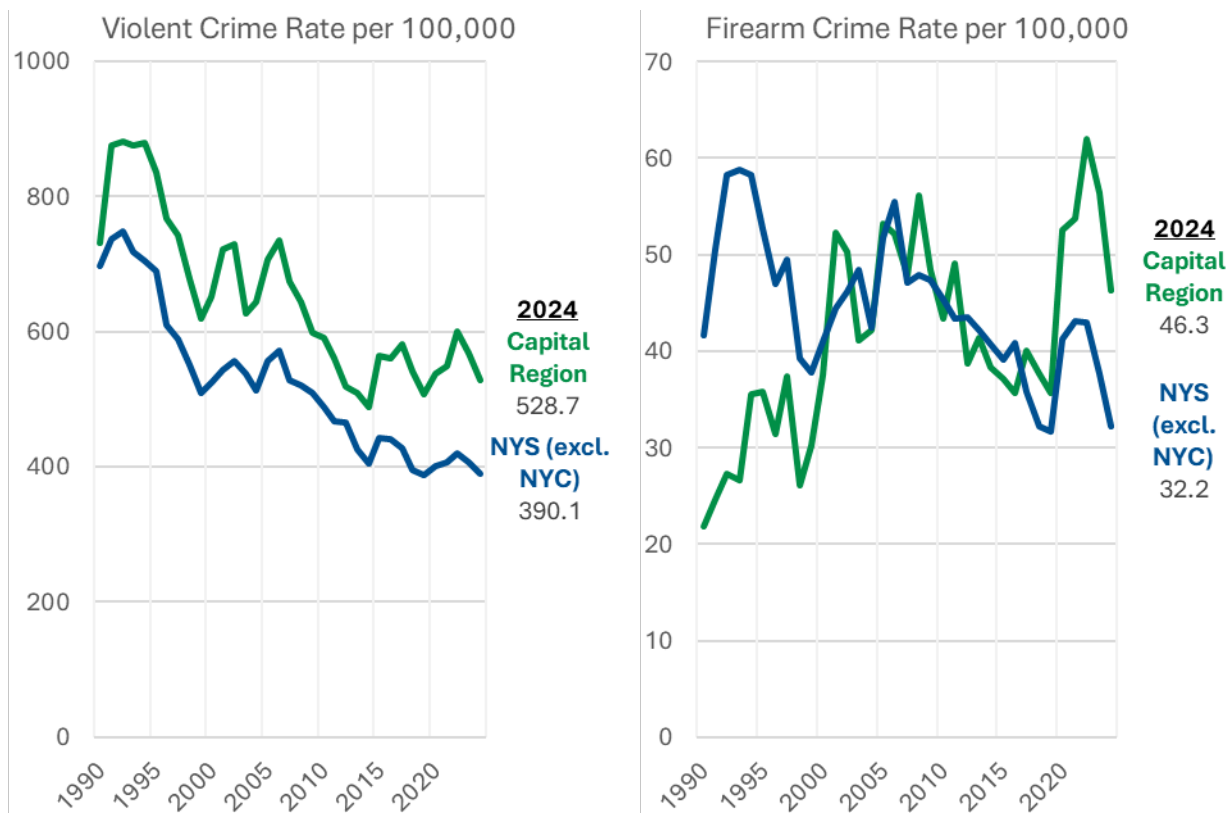
Assault-related hospitalizations, ratio of rates between low-income ZIP Codes and non-low-income ZIP Codes						
County	2016	2017	2018	2019	2020	2020 County Rank (of 25)
NYS (excl. NYC)	2.9	2.9	3.0	3.0	3.3	
Capital Region	4.9	4.4	4.2	3.7	4.7	
Rensselaer	3.3	3.0	2.8	2.5	2.9	15
Albany	6.8	5.2	4.8	5.2	5.9	20
Schenectady	5.3	4.9	3.3	3.6	6.2	22
Columbia						
Greene						
Saratoga						

Stark disparities exist between rates of assault-related hospitalizations for Black non-Hispanic residents and White non-Hispanic residents, and when comparing rates for residents of low-income ZIP codes and other ZIP codes (SPARCS). For instance, in Rensselaer County, the assault-related hospitalization rate for Black non-Hispanic residents was more than 10 times higher than the same rate for White non-Hispanic residents, which was the second highest rate ratio among NYS counties with available data for 2020 (SPARCS). In Albany County the rate of assault hospitalizations for Black non-Hispanic residents was 8.7 times higher than for White non-Hispanic residents. Schenectady County had the highest rate ratio (6.2) in the Capital Region, when comparing the assault hospitalization rates for residents of low-income and non-low-income ZIP codes; Albany County had the second highest rate ratio comparing the assault hospitalization rates for residents of low-income and non-low-income ZIP code in the Capital Region, at 5.9. Columbia, Greene and Saratoga counties had sparsely available data for these measures.



Firearm assault-related hospitalizations, rate per 10,000 population						
County	2016	2017	2018	2019	2020	2020 County Rank (of 47)
NYS (excl. NYC)	0.3	0.3	0.2	0.2	0.4	
Capital Region	0.2	0.4	0.3	0.3	0.5	
Greene	0.0		0.0	0.0	0.0	1
Saratoga		0.0		0.0	0.0	1
Rensselaer					0.4	37
Albany	0.4	0.7	0.5	0.7	1.3	45
Columbia	0.0					
Schenectady	0.5	0.4	0.5			

In 2024, there were 455 firearm-related crimes and more than 5,000 violent crimes in the Capital Region (SPARCS). Violent crime rates, overall, have decreased in the Capital Region and NYS, excluding NYC, since 1990, although rates appear to be steady or slowly rising over the last 10 years. Since 1990, firearm-involved violent crime overall has trended upward in the Capital Region and downward in NYS, excluding NYC, although rates have been coming down in both regions over the past few years after a spike in 2020. The Capital Region rate of firearm crime spiked in 2020, reaching 53.5 per 100,000 population. Both violent and firearm crime rates were higher in the Capital Region, in 2024, than in NYS, excluding NYC.



In 2024, Albany County had the highest rate of violent crime in the Capital Region and the second highest in NYS, after Bronx County (NYS Division of Criminal Justice Services). Albany County also had the highest firearm crime rate in the Capital Region, in 2024, and the third highest in NYS. Schenectady County had the second highest violent crime rate in the Capital Region and the third highest in the state. Schenectady County's firearm crime rate was the second highest in the Capital Region and the sixth highest in NYS.

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Adverse Childhood Experiences

Objectives – New York State Prevention Agenda 2025-2030

- **16.0:** Increase the percentage of adults who, as a child, always had an adult in the household who made them feel safe and protected and tried hard to make sure their basic needs were met from 65.1% to 66.9%.
- **16.1:** Increase the percentage of Hispanic adults who, as a child, always had an adult in the household who made them feel safe and protected and tried hard to make sure their basic needs were met from 51.0% to 52.7%.
- **17.0:** Reduce the percentage of adults who, as a child, experienced three or more adverse childhood experiences (ACEs) from 25.3% to 23.8%.
- **17.1:** Reduce the percentage of Black, non-Hispanic adults who, as a child, experienced three or more adverse childhood experiences (ACEs) from 29.0% to 27.5%.
- **17.2:** Reduce the percentage of Hispanic adults who, as a child, experienced three or more adverse childhood experiences (ACEs) from 28.5% to 26.1%.
- **18.0:** Reduce the rate of indicated reports of abuse/maltreatment per 1,000 children and youth aged 0-17 years from 11.3 to 9.8.
- **18.1:** Reduce the rate of indicated reports of abuse/maltreatment per 1,000 Black, non-Hispanic children and youth from 21.8 to 19.9.
- **18.2:** Reduce the rate of indicated reports of abuse/maltreatment per 1,000 Hispanic children and youth from 13.9 to 12.5.

Highlights

- Saratoga, Schenectady, and Greene counties had the highest percentages in the Capital Region in 2021 of adults who had experienced at least two adverse childhood experiences (ACEs)
- Greene and Rensselaer counties had highest rates in the Capital Region of reports indicating child abuse or maltreatment in 2022

Adverse Childhood Experiences (ACEs) are events experienced by children under the age of 18 that can potentially be traumatic (CDC). Examples of ACEs include experiencing abuse, violence, or neglect, witnessing violence in one's home or community environment, or having a close relative attempt or die by suicide. ACEs can also include growing up in an environment with individuals experiencing substance use disorder or mental health problems, or can be related to social determinants of health, like poverty, housing insecurity, or discrimination, among many other events that can occur. ACEs are common, with almost two-thirds of U.S. residents reporting that they experienced at least one type of ACE by age 18 (CDC). Almost one in six U.S. adults



has experienced four or more ACEs. ACEs are more common among some groups of people, for example, females and non-Hispanic Native American adults (CDC).

Preventing ACEs could have substantial health benefits for the population. ACEs are associated with an increased risk of maternal and child health problems, suicide, and many chronic conditions like cancer, diabetes, and heart disease (CDC). It has been estimated that ACE prevention could have prevented almost 1.9 million cases of heart disease and over 20 million cases of depression among adults, as well as almost 90% of suicide attempts among high school students (CDC). ACE-related health impacts also cost the U.S. economically, on the order of hundreds of billions of dollars annually.

Percentage of adults who have experienced two or more adverse childhood experiences (ACEs)			
County	2016	2021	2021 County Rank
NYS (excl. NYC)	36.1	40.5	
Capital Region	41.0	43.8	
Columbia	40.4	24.6	1
Rensselaer	51.6	39.8	30
Albany	34.9	41.3	35
Greene	41.6	46.7	47
Schenectady	45.3	47.3	50
Saratoga	39.2	49.6	55

In 2021, Saratoga County had the highest percentage in the Capital Region of adults who had experienced at least two adverse childhood experiences (ACEs), with almost half of adults reporting having experienced 2 or more ACEs (BRFSS). Schenectady and Greene counties had high percentages of adults reporting having experienced 2 or more ACEs, both over 45%. Columbia County had the lowest percentage of adults reporting having experienced 2 or more ACEs in New York State.



Indicated reports of abuse/maltreatment, rate per 1,000 children, aged 0-17 years						
County	2018	2019	2020	2021	2022	2022 County Rank (of 57)
NYS (excl. NYC)	16.7	17.7	16.1	16.4	13.7	
Schenectady	14.6	15.0	15.3	15.2	12.2	10
Saratoga	16.8	17.6	21.7	16.2	12.9	12
Columbia	18.7	23.0	20.9	21.3	13.8	15
Albany	14.2	16.4	19.3	18.8	17.0	21
Rensselaer	27.0	33.5	31.6	29.7	24.7	41
Greene	21.4	26.6	27.1	30.9	27.3	46

Greene County, in 2022, had the highest rate in the Capital Region of reports indicating child abuse or maltreatment (National Child Abuse and Neglect Data System). Rensselaer County also had a high rate in 2022 of reports indicating child abuse or maltreatment. Rensselaer County had the highest rate of reports indicating child abuse or maltreatment in prior years, 2018, 2019, and 2020,

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Health and Wellness Promoting Schools

Objectives – New York State Prevention Agenda 2025-2030

- **41.0:** Decrease the percentage of chronic absenteeism (defined as missing more than 18 days (>10%) per academic year) among public school students in grades K-8 from 26.4% to 18.5%.
- **41.1:** Decrease the percentage of chronic absenteeism (defined as missing more than 18 days (>10%) per academic year) among public school students in grades K-8 who are economically disadvantaged from 34.9% to 24.4%.
- **42.0:** Increase the percentage of high school seniors that attend a 2- or 4-year college from 70.2% to 77.0%.
- **42.1:** Increase the percentage of high school seniors who are economically disadvantaged that attend a 2- or 4- year college from 63.1% to 69.4%.

Highlights

- Schenectady, Rensselaer, and Greene counties had the highest rates of chronic absenteeism in the Capital Region in 2024 among students in first to eighth grade
- More than one in three economically disadvantaged students in grades one through eight in Schenectady, Rensselaer, Greene, and Albany counties were chronically absent in 2024
- Greene and Rensselaer counties had the lowest percentages in the Capital Region of high school students in the Class of 2023 who enrolled at a postsecondary institution within 16 months of their high school graduation
- Less than one in two economically disadvantaged high school students in Rensselaer County in the Class of 2023 enrolled at a postsecondary institution within 16 months of their high school graduation, the lowest percentage in the Capital Region.

Chronic Absenteeism

Chronic absenteeism (missing 10% or more of enrolled days of school within a year) among grade school students can lead to decreased academic performance and school engagement, and is associated with poorer health outcomes later in life (CDC). Chronic absenteeism was found by CDC researchers to be higher among children living in poorer households and children with disabilities or in fair or poor health (CDC). Chronic absenteeism has also been found to be associated with engaging in health risk behaviors, like substance use and risky sexual activity (Allison, et. al., 2019). Chronic absenteeism has also increased since the COVID-19 pandemic (CDC).



Chronic Absenteeism (absent for 10% or more of enrolled days) among All Students in Grades 1-8			
County	2023	2024	2024 County Rank
New York State	26%	25%	
Saratoga	16%	14%	3
Albany	24%	21%	28
Columbia	25%	22%	31
Rensselaer	26%	24%	37
Greene	28%	24%	38
Schenectady	32%	28%	52

More than one in four students in grades one through eight in Schenectady County in 2024 were chronically absent (missed 10% or more of enrolled days of school within a year), the highest percentage in the Capital Region (NYS Education Department Report Card Database). Almost one in four students in grades one through eight in Rensselaer and Greene were chronically absent (missed 10% or more of enrolled days of school within a year) in 2024. Saratoga County had the lowest rate of chronic absenteeism in the Capital Region in 2024 among students in first to eighth grade.

Chronic Absenteeism (absent for 10% or more of enrolled days) among Economically Disadvantaged Students in Grades 1-8			
County	2023	2024	2024 County Rank
New York State	35%	33%	
Saratoga	30%	28%	23
Columbia	34%	30%	33
Albany	38%	34%	41
Greene	38%	35%	46
Rensselaer	40%	37%	50
Schenectady	45%	41%	57

More than one in three economically disadvantaged students in grades one through eight in Schenectady, Rensselaer, Greene, and Albany counties were chronically absent in 2024 (NYS Education Department Report Card Database). Schenectady County had the highest rate in the Capital Region, with more than two in five economically disadvantaged students in grades one through eight having been chronically absent in 2024, the sixth highest percentage in New York State.



Opportunities for Continued Education

Higher education can improve many aspects of an individual's life, including their health and social determinant of health (Forbes). Workers with higher levels of education have lower unemployment rates and higher average earnings (Department of Labor). Workers with higher levels of education also have safer and more secure housing, typically in areas with less environmental pollution, and have a higher level of health literacy (Forbes).

Percent of all high school graduates who enrolled at a postsecondary institution within 16 months of high school graduation			
County	Class of 2022	Class of 2023	Class of 2023 County Rank
New York State	71%	73%	
Saratoga	77%	76%	5
Albany	71%	72%	15
Columbia	64%	67%	23
Schenectady	63%	68%	25
Rensselaer	62%	65%	26
Greene	61%	64%	30

Just under two in three high school students in Greene and Rensselaer counties in the Class of 2023 enrolled at a postsecondary institution within 16 months of their high school graduation, the lowest percentages in the Capital Region, although both counties still ranked in the top half of NYS counties (NYS Education Department Report Card Database).

Percent of economically disadvantaged high school graduates who enrolled at a postsecondary institution within 16 months of high school graduation			
County	Class of 2022	Class of 2023	Class of 2023 County Rank
New York State	63%	65%	
Saratoga	58%	55%	14
Columbia	52%	53%	21
Schenectady	51%	57%	24
Albany	53%	55%	25
Greene	50%	54%	26
Rensselaer	41%	46%	48

Less than one in two economically disadvantaged high school students in Rensselaer County in the Class of 2023 enrolled at a postsecondary institution within 16 months of their high school graduation, the lowest percentage in the Capital Region (NYS Education Department Report Card Database).



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Built Environment

Objectives – New York State Prevention Agenda 2025-2030

- **22.0:** Increase the number of completed Climate Smart Community Actions related to community resilience from 363 to 382.
- **22.1:** Increase the number of cooling centers on the Cooling Center Finder, accessible to individuals living in high heat-vulnerable areas and disadvantaged communities from 698 to 768.

Highlights

- 0 % of Rensselaer County residents in 2024 were living in a certified Climate Smart Community
- Greene, and Saratoga counties had less than 1 in 8 residents living in a certified Climate Smart Community in 2024
- Saratoga County had the lowest percentage of people who commute to work using alternate modes of transportation (public transit, carpool, bike, or walk) in the Capital Region in 2018-2022
- Less than half of cooling towers in Columbia County were in compliance with New York State's "Protection Against *Legionella*" regulation in 2023
- Columbia County had 0% of residents receiving optimally fluoridated water in 2023
- Greene County had less than 1 in 15 residents receiving optimally fluoridated water in 2023
- Albany County had about 1 in 7 residents receiving optimally fluoridated water in 2023, although this percentage should increase with the City of Albany's decision to add fluoride to its public water supply

Climate Smart Communities

Municipalities across New York State are encouraged to participate in New York's Climate Smart Communities (CSC) program to protect public health in the presence of climate change. The CSC program provides local governments with guidance on how to reduce greenhouse gas emissions, save taxpayer dollars, and advance local goals for health and safety, economic strength, energy independence, and quality of life. Any community in New York State can register to become a Climate Smart Communities by taking the CSC pledge and documenting a suite of actions that mitigate and adapt to climate change at the local level (NYSDOH).



Percentage of population living in a certified Climate Smart Community						
County	2020	2021	2022	2023	2024	2024 County Rank
NYS (excl. NYC)	46.8	54.2	52.6	60.3	61.6	
Capital Region	30.5	52.2	43.4	47.6	47.6	
Albany	35.5	100.0	100.0	100.0	100.0	1
Columbia	0.0	14.3	22.5	78.6	78.6	16
Schenectady	100.0	100.0	42.7	42.7	42.7	18
Saratoga	12.1	12.1	12.1	12.1	12.1	26
Greene	0.0	3.4	3.4	11.7	11.7	27
Rensselaer	0.0	0.0	0.0	0.0	0.0	40

The Capital Region's percentage of population living in Climate Smart Communities has increased in recent years as communities in Albany and Columbia counties became CSCs, although the Capital Region's percentage of population living in a certified Climate Smart Community was lower than in NYS, excluding NYC (New York State Department of Environmental Conservation Climate Smart Communities Program).

Alternate Modes of Transportation

Part of the goal of promoting a healthy and safe environment is to improve environmental design and infrastructure to, in turn, promote healthy lifestyles and sustainability. An important part of this effort is to increase the percentage of commuters who use alternative modes of transportation. Public transit provides many health benefits, but alternative modes of transportation are not particularly popular in the U.S. While people who use alternative modes of transportation are more likely to stay fit, less than half of Americans achieve this goal (CDC). Active transportation typically requires more physical activity and active people generally live longer and have less risk for common chronic diseases like obesity, type 2 diabetes, and heart disease. Physical activity can also help manage chronic conditions, like those listed above (CDC).

Percentage of people who commute to work using alternate modes of transportation (e.g., public transportation, carpool, bike/walk) or who telecommute						
County	2014-2018	2015-2019	2016-2020	2017-2021	2018-2022	2018-2022 County Rank
NYS (excl. NYC)	22.9	22.9	24.3	25.7	27.2	
Capital Region	19.4	19.9	21.5	23.7	25.8	
Albany	23.2	23.7	25.6	27.9	30.0	9
Columbia	22.8	23.4	23.3	24.9	28.5	11
Schenectady	16.7	17.7	20.5	22.9	25.5	21
Greene	17.0	17.6	19.6	23.4	24.2	24
Rensselaer	18.1	19.0	19.6	21.9	23.8	28
Saratoga	16.2	16.2	17.8	19.8	21.5	41



About 1 in 4 Capital Region residents used alternative modes of transportation to get to work from 2018 to 2022, up from about 1 in 5 from 2014 to 2018 (U.S. Census, American Community Survey). The highest percentage of alternate transportation usage was in Albany County (30.0%), while the lowest percentage was in Saratoga County, (21.5%).

Cooling Towers

Title 10 of New York Codes, Rules, and Regulations (10 NYCRR) Subpart 4-1: “Protection Against *Legionella*” was enacted in 2016, following a large outbreak of Legionnaires’ Disease in the South Bronx during the Summer of 2015. The regulation mandates all cooling towers be registered and regularly certified, tested, and disinfected. *Legionella* can be found in cooling towers and other water systems, if they are not properly maintained, as the bacteria grow best in warm water. People can get Legionnaires’ disease if they inhale air containing mist or vapor contaminated with *Legionella* bacteria. People at a higher risk of getting sick are those aged 50 years and older, current and former smokers, those with chronic lung disease, and those with a weakened or suppressed immune system (NYSDOH). Symptoms of Legionnaire’s Disease can occur within 2-10 days after exposure and may include cough, shortness of breath, high fever, muscle aches, and headaches. People with Legionnaires’ disease are not contagious.

Percentage of registered cooling towers in compliance with 10 NYCRR Subpart 4-1						
County	2019	2020	2021	2022	2023	2023 County Rank
NYS (excl. NYC)	62.4	66.5	58.7	56.8	56.7	
Capital Region	65.4	71.1	65.3	66.0	70.3	
Rensselaer	85.7	96.8	96.4	96.6	95.0	2
Greene	76.2	83.3	73.9	83.3	83.3	7
Schenectady	53.7	50.5	52.8	46.3	80.0	13
Saratoga	62.3	89.3	65.0	62.5	71.4	25
Albany	63.8	62.4	59.6	63.6	61.5	34
Columbia	38.3	40.2	25.0	22.2	47.4	46

The Capital Region, overall, had a better percentage of registered cooling towers in compliance with 10 NYCRR Subpart 4-1 compared to NYS, excluding NYC (NYS Cooling Tower Registry). Rensselaer County had the highest rate of cooling tower in compliance in 2023, at 95.0%, ranking 2nd in NYS, while Columbia County had the Capital Region’s lowest cooling tower compliance rate, at 47.4%.



Water Fluoridation

Fluoride in water has been proven effective at preventing tooth decay (CDC). Drinking water with a fluoridation level of 0.7 to 1.2 ppm can reduce tooth decay by 25% over a person's lifetime. Since tap water is accessible to all parts of the population, fluoridated water systems have been a very cost-effective way of reducing cavities across the public spectrum. The percentage of people receiving fluoridated water in the United States steadily rose from 57.4% in the early 2000s to 72.3% in 2022 (CDC). The percentage of people receiving fluoridated water in New York State was at 71.6% in 2023 (NYS Safe Drinking Water Information Systems).

Percentage of residents served by community water systems that have optimally fluoridated water						
County	2019	2020	2021	2022	2023	2023 County Rank
NYS (excl. NYC)	46.9	47.0	47.0	47.9	48.0	
Capital Region	38.5	38.9	38.9	38.9	39.0	
Rensselaer	84.6	85.4	85.4	85.4	85.4	12
Schenectady	67.2	67.6	67.6	67.6	67.7	23
Saratoga	40.6	40.1	40.1	41.2	40.9	34
Albany	13.3	13.3	13.3	13.2	13.2	41
Greene	6.0	6.0	6.0	6.0	6.0	43
Columbia	0.0	0.0	0.0	0.0	0.0	55

Rensselaer County had the highest percentage of residents receiving optimally fluoridated water, at 85.4% (NYS Safe Drinking Water Information Systems). Columbia County consistently had the lowest percentage, 0.0%. With the City of Albany Common Council voting in 2024 to add fluoride to its public water supply at 0.7 ppm, Albany County's percentage of residents receiving optimally fluoridated water is expected to rise by the end of 2025 (WAMC Northeast Public Radio).

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VII. Infant and Maternal Health



Prenatal Care

Objectives – New York State Prevention Agenda 2025-2030

- **25.0:** Increase the percentage of birthing persons who receive prenatal care during the first trimester from 80.7% to 83.0%.
- **25.1:** Increase the percentage of uninsured birthing persons who receive prenatal care during the first trimester from 41.4% to 45.0%.

Highlights

- Greene County had the lowest percentage in the Capital Region for births with adequate prenatal care
- Greene County had the lowest percentage in the Capital Region for births with early prenatal care
- Schenectady County had the highest percentage in the Capital Region for births with late or no prenatal care
- Among race/ethnicity groups, the largest Capital Region disparities in percent of births with adequate prenatal care:
 - between Black, and White, non-Hispanic residents was in Albany County
 - between Asian/Pacific Islander, and White, non-Hispanic residents was in Rensselaer County
 - between Hispanic and White non-Hispanic residents was in Greene County
- Among race/ethnicity groups, the largest Capital Region disparities in percent of births with early prenatal care:
 - between Black, and White, non-Hispanic residents was in Saratoga County
 - between Asian/Pacific Islander, and White, non-Hispanic residents was in Rensselaer County
 - between Hispanic and White non-Hispanic residents was in Schenectady County

Prenatal care improves the likelihood of both a healthier mother and a healthier baby. Comprehensive prenatal care not only includes routine ultrasounds and screening for potential health conditions but also focuses on improving nutrition and health habits. It can also provide psychological and social support to assist in quitting smoking and drinking alcohol during pregnancy. The *2025-2030 Prevention Agenda* promotes pre-conception health care, emphasizes screening, education, and risk assessment. As many health factors can affect birth outcomes, women of reproductive age should maintain regular preventive health care and inquire with their



health care provider about environmental toxins, medications, nutrition, genetic conditions and family history. Proactive health monitoring can help reduce disparities in birth outcomes across racial, ethnic, and income groups.

Adequacy of prenatal care utilization is measured using the Adequacy of Prenatal Care Utilization Index. This is determined by the month of pregnancy when prenatal care began and the number of prenatal care visits. Women who attend 80% or greater of the recommended number of visits are considered to have received adequate prenatal care.

Percentage of births with adequate prenatal care						
County	2018	2019	2020	2021	2022	2022 County Rank
NYS (excl. NYC)	75.2	76.0	74.1	75.3	74.3	
Saratoga	85.1	87.8	86.2	86.5	87.0	1
Rensselaer	81.0	83.1	83.5	80.4	83.1	16
Schenectady	80.0	82.8	80.7	82.5	79.4	29
Albany	81.2	80.1	80.7	78.2	78.9	31
Columbia	73.9	79.3	73.4	73.9	77.4	32
Greene	76.2	76.0	72.8	75.3	71.3	47

In 2022, Saratoga County had the highest percentage of births with adequate prenatal care in the Capital Region at 87.0% (NYS Vital Statistics). Greene County had the lowest percentage of births with adequate prenatal care in the Capital Region, at 71.3%, the only rate in the Capital Region that was lower than the NYS, excluding NYC, and ranked in the bottom third of NYS counties.

Percentage of births with early (1st trimester) prenatal care						
County	2018	2019	2020	2021	2022	2022 County Rank
NYS (excl. NYC)	76.0	76.7	75.7	75.4	73.8	
Rensselaer	79.9	81.1	77.1	78.5	81.3	10
Saratoga	79.0	78.3	78.9	79.9	79.7	14
Columbia	72.8	77.5	70.0	73.4	73.9	34
Albany	79.9	77.0	77.1	77.4	73.7	36
Schenectady	78.0	76.5	73.6	77.4	73.6	37
Greene	72.4	70.3	70.6	72.4	69.1	48



Percentage of births with late (3rd trimester) or no prenatal care						
County	2018	2019	2020	2021	2022	2022 County Rank (of 59)
NYS (excl. NYC)	5.4	5.5	5.1	5.4	6.2	
Saratoga	3.5	3.3	3.2	3.2	3.6	10
Rensselaer	3.5	4.3	4.5	5.2	4.8	22
Greene	7.0	5.6	6.3	6.8	5.6	34
Columbia	6.4	4.7	8.7	6.2	6.1	39
Albany	4.9	5.8	5.6	5.9	6.2	40
Schenectady	5.3	5.6	7.8	7.2	8.0	52

Rensselaer County had the highest (best) percentage of births with early (1st trimester) prenatal care in the Capital Region, while Greene County, again, had the lowest (worst) percentage in the Capital Region (NYS Vital Statistics). Schenectady County had the highest (worst) percentage of births with late (3rd trimester) or no prenatal care, at 8.0%, ranking in the bottom 10 NYS counties, while Saratoga County had the lowest (best) percentage in the Capital Region.

Percentage of births with adequate prenatal care, 2020-2022					
County	Non-Hispanic			Hispanic	Total
	White	Black	Asian/Pacific Islander		
NYS (excl. NYC)	80%	71%	78%	72%	77%
Saratoga	87%	76%	84%	80%	87%
Rensselaer	85%	77%	74%	77%	82%
Schenectady	85%	74%	76%	78%	81%
Albany	84%	71%	78%	72%	79%
Columbia	75%	78%	66%	71%	75%
Greene	75%			63%	73%

Percentage of births with early (1st trimester) prenatal care, 2020-2022					
County	Non-Hispanic			Hispanic	Total
	White	Black	Asian/Pacific Islander		
NYS (excl. NYC)	81%	69%	77%	71%	78%
Saratoga	81%	65%	76%	74%	80%
Rensselaer	82%	69%	71%	72%	79%
Albany	81%	67%	74%	70%	76%
Schenectady	81%	66%	70%	68%	75%
Columbia	75%	74%	64%	63%	73%
Greene	72%			66%	71%



In New York State, excluding NYC, and in the Capital Region counties, percentages of births with adequate or early prenatal care were generally highest among White non-Hispanic mothers (NYS CHIRE). Columbia County, from 2020 to 2022, was the only Capital Region county where the percentage of births with adequate prenatal care was higher among Black non-Hispanic mothers. Disparities between race/ethnicity groups were slightly larger for the percentages of births with early prenatal care, especially when comparing percentages among White and Black non-Hispanic mothers. Greene and Columbia counties had some of the lowest percentages of births with prenatal care among White non-Hispanic, Asian or Pacific Islander, and Hispanic mothers (data was not available for Asian or Pacific Islander mothers in Greene County). The percentage of births with adequate prenatal care among Black non-Hispanic mothers was lowest in Albany County. The percentage of births with early prenatal care among Black non-Hispanic mothers was lowest in Saratoga and Schenectady counties.

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Adverse Birth Outcomes

Objectives – New York State Prevention Agenda 2025-2030

- **26.0:** Decrease the rate of infant mortality per 1,000 live births from 4.3 to 3.5.
- **27.0:** Decrease the rate of maternal mortality per 100,000 live births from 19.8 to 16.1.
- **27.1:** Decrease the rate of maternal mortality per 100,000 live births among Black, non-Hispanic birthing persons from 65.2 to 55.0.
- **28.0:** Decrease percentage of birthing persons who experience depressive symptoms during pregnancy from 12.4% to 11.5%.
- **28.1:** Decrease percentage of birthing persons aged 20-24 who experience depressive symptoms during pregnancy from 26.2% to 19.0%.
- **29.0:** Decrease percentage of birthing persons who experience depressive symptoms after birth from 11.9% to 9.9%.
- **29.1:** Decrease percentage of birthing persons aged 20-24 who experience depressive symptoms after birth from 19.2% to 18.0%.

Highlights

- Schenectady County had the highest rate in the Capital Region for premature births (11.1%)
- Albany County had the second highest rate in the Capital Region for premature births (10.9%)
- Schenectady County had the greatest difference in percentages in the Capital Region of births that were premature between Black non-Hispanic and White non-Hispanic residents.
- Rensselaer County had the highest rates in the Capital Region of low birthweight births among White, and Black, non-Hispanic residents
- Schenectady County had the highest rate in the Capital Region of low birthweight among Asian or Pacific Islander residents
- Albany County had the highest rate in the Capital Region of low birthweight births among Hispanic residents.
- Schenectady and Columbia counties had the highest rates in the Capital Region of infant mortality in the Capital Region
- Rensselaer County had the highest disparities in the Capital Region when comparing rates among Black non-Hispanic and Hispanic residents to White non-Hispanic residents.
- Albany County had 4 maternal deaths from 2020 to 2022; Rensselaer County had 2 maternal deaths from 2020 to 2022



Preterm Births

Preterm births are those that occur any time before 37 weeks of gestation. Although the direct causes are still uncertain, there are known risk factors. Smoking, alcohol consumption, stress, late or no prenatal care, certain gum diseases, vaginal infections, high blood pressure, diabetes, being overweight or underweight, and short spacing between pregnancies can all contribute to preterm births. Additionally, having a prior preterm birth significantly increases the risk of preterm delivery in subsequent pregnancies (CDC).

Preterm birth is a leading cause of infant death in the United States and a leading cause of long-term neurological problems in children (CDC). The final weeks of pregnancy are vital – it is when the baby’s organ systems develop to maturity. Infants born preterm may exhibit cerebral palsy, vision and hearing impairment, and developmental delays. Earlier delivery results in a higher risk for infant death or severe disability (CDC).

Percentage of premature births with <37 weeks gestation						
County	2018	2019	2020	2021	2022	2022 County Rank (of 62)
NYS (excl. NYC)	9.0	9.2	9.2	9.7	9.4	
Rensselaer	9.0	11.2	10.5	9.5	7.8	11
Columbia	8.3	8.9	9.7	8.9	8.1	13
Saratoga	6.8	8.2	9.4	8.6	8.9	21
Greene	8.7	10.4	7.3	7.7	9.3	28
Albany	9.2	9.5	10.3	10.2	10.9	56
Schenectady	9.6	10.6	10.5	10.6	11.1	57

In 2022, about 1 in 9 births in Schenectady County were premature, the highest percentage in the Capital Region and the 6th worst percentage in NYS (NYS Vital Statistics). Albany County ranked 7th worst among NYS counties for percentage of premature births. The other Capital Region counties had premature birth percentages in the top half of counties, each with a percentage lower than in NYS, excluding NYC.

Percentage of premature births (< 37 weeks gestation - clinical estimate), 2020-2022					
County	Non-Hispanic			Hispanic	Total
	White	Black	Asian/Pacific Islander		
NYS (excl. NYC)	9%	14%	9%	10%	10%
Greene	8%			11%	8%
Columbia	10%	5%	2%	9%	9%
Saratoga	9%	12%	8%	10%	9%
Rensselaer	9%	14%	5%	10%	9%
Albany	9%	14%	10%	12%	11%
Schenectady	9%	16%	10%	12%	11%



Black non-Hispanic mothers had the highest percentages of preterm births in every Capital Region county, except Columbia County (NYS CHIRE). Schenectady County had the greatest differences in premature birth percentages rates for Black non-Hispanic and White non-Hispanic mothers. Premature birth percentage among Hispanic mothers were a bit higher than among White non-Hispanic mothers in each Capital Region county, except, Columbia County. Preterm birth percentages among Asian or Pacific Islander non-Hispanic mothers were similar to, or lower than, rates among White non-Hispanic mothers.

Low Birth Weight Births

Infants born weighing less than 2,500 grams (about 5.5 pounds) at birth are considered low birthweight, a condition associated with infant mortality and long-term disability. Risk factors for low birthweight are high or low maternal age, poor nutrition, inadequate prenatal care, cigarette smoking, drug use, history of having a low birthweight baby, some infections, lower levels of income or education, and preterm labor (March of Dimes).

Percentage low birthweight (<2.5 kg) births						
County	2018	2019	2020	2021	2022	2022 County Rank (of 59)
NYS (excl. NYC)	8.1	8.1	8.2	8.4	8.6	
Columbia	6.5	6.4	7.8	7.2	5.7	5
Saratoga	5.9	6.2	7.4	6.8	6.3	8
Greene	6.2	8.7	5.0	8.5	7.1	17
Rensselaer	7.0	9.8	8.9	7.7	7.6	23
Albany	7.7	8.5	8.3	8.4	9.1	47
Schenectady	9.9	8.7	9.0	8.4	9.9	56

In 2022, almost 1 in 10 births in Schenectady County were low birthweight, the highest percentage in the Capital Region and 4th worst rate among NYS counties (NYS Vital Statistics). Albany County had the next highest low birthweight percentage in the Capital Region, at about 1 in 11 births being low birthweight. Other Capital Region counties ranked in the top half of NYS counties.



Percentage of low birthweight births (< 2.5 kg), 2020-2022						
County	Non-Hispanic			Hispanic	Total	
	White	Black	Asian/Pacific Islander			
NYS (excl. NYC)	7%	14%	9%	8%	8%	
Saratoga	7%	12%	8%	6%	7%	
Columbia	7%	7%	7%	8%	7%	
Greene	7%			8%	7%	
Rensselaer	7%	15%	7%	8%	8%	
Albany	7%	13%	9%	11%	9%	
Schenectady	7%	15%	11%	10%	9%	

Black non-Hispanic mothers had the highest percentages of low birthweight births in every Capital Region county, except Columbia County (NYS CHIRE). In Schenectady, Rensselaer, and Albany counties, percentages of low birthweight births were at least twice as high among Black non-Hispanic mothers than White non-Hispanic mothers. Rensselaer County had the highest low birthweight percentage rates among White, and Black, non-Hispanic residents; Schenectady County had the highest percentage rate of low birthweight births among Asian or Pacific Islander residents; Albany County had the highest low birthweight percentages among Hispanic residents.

Infant Mortality

Infant mortality has long been considered an important indicator of a community's health status. The leading causes of infant death in the U.S. in 2022 were birth defects, preterm birth or low birth weight, sudden infant death syndrome, unintentional injuries (like motor vehicle accidents), and maternal pregnancy complications (CDC). Infant mortality can be reduced with healthy lifestyle choices, such as smoking cessation and avoidance of other harmful substances, maintenance of a nutritious diet and obtaining early and consistent prenatal care (NIH, NICHD). Public health also recognizes that healthy choices can be more difficult for individuals based on their social correlates of health, like poverty, housing stability, access to transportation, and education level.



Mortality rate per 1,000 live births - Infant (<1 year)						
County	2016-2018	2017-2019	2018-2020	2019-2021	2020-2022	2020-2022 County Rank (of 37)
Saratoga	4.1	3.5	3.6	2.8	3.2	5
Rensselaer	7.0	6.7	6.1	3.6	3.5	7
Albany	4.2	5.5	5.9	6.6	5.5	19
Schenectady	6.9	7.1	6.9	6.5	6.2	28
Columbia						
Greene						

In 2022, New York State had one of the lowest 10 state-level infant mortality rates in the US (CDC). From 2020 to 2022, Saratoga County had the lowest infant mortality rate and ranked 5th among 37 NYS counties with available data, while Rensselaer County was close behind, ranked 7th (NYS Vital Statistics). Schenectady County had the highest infant mortality rate in the Capital Region, with about 6 out of 1,000 live births resulting in death within the first year of life.

Infant mortality per 1,000 live births, 2020-2022					
County	Non-Hispanic			Hispanic	Total
	White	Black	Asian/Pacific Islander		
NYS (excl. NYC)	3.5	9.7	2.8	4.6	4.6
Saratoga	3.0	6.8	0.0	3.2	3.2
Rensselaer	1.2	9.4	0.0	13.1	3.5
Greene	5.1			10.4	5.1
Albany	2.8	12.9	2.2	6.9	5.5
Schenectady	4.1	13.5	3.7	8.6	6.2
Columbia	7.5	0.0	0.0	6.2	6.4

For 2020-2022, infant mortality rates were higher than 1 in 100 births among Black non-Hispanic residents of Schenectady and Albany counties and Hispanic residents of Rensselaer and Greene counties (NYS CHIRE). Rensselaer County had the highest disparities when comparing infant mortality rates among Black non-Hispanic and Hispanic residents to White non-Hispanic residents, partly due to a low rate among White non-Hispanic residents.



Maternal Mortality

The World Health Organization considers a maternal death to have occurred if a woman dies while pregnant, or within 42 days of the end of their pregnancy, from any non-accidental cause. Maternal deaths have devastating long-lasting impacts on families and other survivors. The U.S. is one of only a few countries in the world to have a higher maternal mortality rate in recent years than in 2000 (NYSDOH). New York State saw a similar increasing trend after the turn of the millennium, but maternal mortality rates have decreased in recent years (NYSDOH).

Some of the top causes of pregnancy-related deaths are hemorrhage (significant loss of blood from the circulatory system), infection, or sepsis, and pulmonary or other embolisms (blood clots that restrict blood flow) (NYSDOH). Maternal mortality risk is associated with several social factors, like many other health outcomes. Access to quality medical care is an important influence on maternal health, as it can help identify health conditions or risk factors and, in turn, provide preventive measures to positively influence birth outcomes.

Maternal mortality, rate per 100,000 live births						
County	2016-2018	2017-2019	2018-2020	2019-2021	2020-2022	2020-2022 County Rank
NYS (excl. NYC)	17.8	18.8	19.3	21.9	22.6	
Capital Region	14.1	14.3	18.2	21.9	22.2	
Columbia	0.0	0.0	0.0	0.0	0.0	1
Greene	0.0	0.0	0.0	0.0	0.0	1
Saratoga	15.7	16.1	16.5	0.0	0.0	1
Schenectady	0.0	0.0	0.0	0.0	0.0	1
Rensselaer	0.0	0.0	21.0	42.9	44.0	52
Albany	32.4	32.9	34.1	45.6	46.4	53

From 2020 to 2022, Rensselaer County had 2 maternal deaths and Albany County had 4 maternal deaths, resulting in the two counties being ranked 52nd and 53rd out of 62 NYS counties (NYS Vital Records). Twenty-eight NYS counties recorded zero deaths from 2020 to 2022. Columbia, Greene, Saratoga, and Schenectady counties had 0 deaths over the 2020-2022 period.



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Breastfeeding

Objectives – New York State Prevention Agenda 2025-2030

- **20.0:** Increase the percentage of infants who are exclusively breastfed in the hospital from 45.9% to 48.2%.
- **20.1:** Increase the percentage of Black, non-Hispanic infants who are exclusively breastfed in the hospital from 34.1% to 35.8%.

Highlights

- Schenectady County had the lowest percentage in the Capital Region of infants exclusively breastfed in the hospital in 2022, but was higher than the *2025-2030 Prevention Agenda* objective
- Capital Region counties had relatively favorable percentages of infants exclusively breastfed in the hospital, among Black non-Hispanic infants and Hispanic infants, in 2022
- Rensselaer County had the lowest percentage in the Capital Region, in 2022, of WIC-enrolled infants being breastfed at 6 months

Breastfeeding is the healthiest way to feed a baby. A mother's milk provides vital vitamins and nutrients for the baby, supporting the developing brain and boosting the immune system (WHO). Additionally, breastfed babies are less likely to develop diseases and infections such as diabetes, asthma, sudden infant death syndrome (SIDS), childhood obesity, and allergies (CDC). Breast milk protects the infant against a growing list of chronic diseases, including cardiovascular disease, cancer, and diabetes. Since breast milk is easier to digest than baby formulas, it also causes less vomiting and diarrhea. Mothers' bodies will naturally adjust the constitution of breast milk to accommodate a baby's changing needs. Breastfeeding also strengthens the bond between mother and baby and may help prevent certain cancers, depression, and osteoporosis in the mother (CDC). The positive economic impact of exclusive breastfeeding is well documented, saving \$1,200-\$1,500 in formula expenses in the first year (NIH National Library of Medicine). More than \$3 billion a year in medical costs for mothers and children in the United States are attributable to low rates of breastfeeding (CDC).



Percentage of infants who are exclusively breastfed in the hospital among all infants						
County	2018	2019	2020	2021	2022	2022 County Rank
NYS (excl. NYC)	50.7	49.6	48.8	47.9	46.7	
Capital Region	59.6	57.4	56.5	57.5	56.2	
Saratoga	69.6	70.8	68.7	65.9	65.1	13
Greene	62.3	63.3	61.0	58.6	62.2	19
Columbia	67.0	63.1	54.8	61.5	59.6	28
Rensselaer	59.3	56.9	55.8	56.8	54.4	33
Albany	56.0	52.1	52.2	55.2	53.4	37
Schenectady	51.4	48.0	49.7	50.5	48.8	45

In the Capital Region, about 4,500 infants (56%) of almost 8,000 born in 2022 were exclusively breastfed in the hospital (NYS Vital Records). The Capital Region's percentage of infants exclusively breastfed in the hospital peaked at 67.4%, in 2015, and has been less than 60% since 2018. Of the Capital Region counties, Saratoga County had the highest percentage of infants exclusively breastfed in the hospital at almost 2 in 3 infants. Schenectady County had the lowest percentage in the Capital Region, with just under 1 in 2 infants being exclusively breastfed in the hospital.

Percentage of infants who are exclusively breastfed in the hospital among Black non-Hispanic infants						
County	2018	2019	2020	2021	2022	2022 County Rank (of 26)
NYS (excl. NYC)	34.1	33.2	33.1	34.2	34.4	
Capital Region	39.3	37.2	36.9	41.9	42.7	
Albany	37.7	31.6	33.3	40.2	43.3	4
Schenectady	36.8	38.2	35.9	37.1	41.7	5
Rensselaer	40.5	42.2	44.1	50.0	37.8	9
Columbia						
Greene						
Saratoga						

Breastfeeding percentages were much lower for Black non-Hispanic and Hispanic infants than for White non-Hispanic residents (NYS Vital Records). When comparing exclusive breastfeeding in hospital percentages for these groups at the county level, though, Capital Region counties ranked well into the top half of NYS counties with available data. Albany and Schenectady counties had the two highest exclusive breastfeeding in hospital percentages in the Capital Region for Black non-Hispanic infants, and the counties ranked 4th and 5th out of 26 NYS counties with available data.



Percentage of infants who are exclusively breastfed in the hospital among Hispanic infants						
County	2018	2019	2020	2021	2022	2022 County Rank (of 33)
NYS (excl. NYC)	35.2	35.4	34.4	33.8	32.3	
Capital Region	48.7	47.0	42.4	48.1	44.2	
Saratoga	65.3	73.7	64.6	65.3	57.4	2
Schenectady	36.2	36.8	32.6	41.4	44.1	9
Albany	43.5	41.3	40.0	45.6	42.5	11
Rensselaer	54.5	48.6	43.6	56.4	39.7	13
Columbia						
Greene						

For Hispanic infants, Saratoga County had a very high exclusive breastfeeding in hospital percentage at 57.4% and ranked 2nd out of 33 NYS counties with available data (NYS Vital Records). Data was not available for Columbia and Greene counties for both race/ethnicity groups' indicators. Saratoga County did not have data available for Black non-Hispanic infants.

Many mothers initiate breastfeeding, but few babies are still exclusively breastfed a few months later. The World Health Organization recommends exclusive breastfeeding for the first 6 months of life (WHO). In the United States, while nearly half of infants are exclusively breastfed through three months, only one in four are still doing so through six months (CDC). CDC has identified numerous obstacles to mothers who wish to breastfeed, including healthcare providers who do not provide up-to-date information and instructions and hospital policies and childbirth practices that interfere with breastfeeding initiation. Other obstacles include lack of support and understanding from family and community members, and lack of accommodation at the workplace (CDC).

Percentage of WIC enrolled infants who are breastfed at 6 months				
County	2020	2021	2022	2022 County Rank (of 47)
New York State	34.8	36.9	38.0	
Albany	23.1	24.9	29.5	15
Saratoga	18.5	22.0	22.8	34
Schenectady	15.7	20.4	20.4	39
Rensselaer	17.4	16.8	18.3	44
Columbia	16.7			
Greene				

The Women, Infant and Children (WIC) Program offers nutritious food, nutrition education, and breastfeeding support for mothers with low income and their children. In 2022, Capital Region counties had percentages of breastfeeding at six months among WIC infants that were markedly lower than in New York State, overall (Pediatric Nutrition Surveillance System). Rensselaer County had the lowest percentage among Capital Region



counties with available data, at less than 20% of WIC enrolled infants being breastfed at 6 months, which ranked in the bottom 5 NYS counties with available data.

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VIII. Mental Health & Substance Use Disorder



Mental Health

Objectives – New York State Prevention Agenda 2025-2030

- **5.0:** Decrease the percentage of adults who experience frequent mental distress from 15.9% to 14.3%.
- **5.1:** Decrease the percentage of adults in households with an annual income of less than \$25,000 who experience frequent mental distress from 21.0% to 18.9%.
- **6.0:** Reduce the suicide mortality rate from 7.9% to 6.7%.
- **6.2:** Reduce adolescent suicide attempts from 9.4% to 8.5% for New York State outside New York City.
- **7.0:** Reduce the percentage of adults with a major depressive episode in the past year from 6.7% to 5.7%.
- **7.1:** Increase the percentage of postpartum women who seek counseling after being told they have depression from 53.1% to 62.0%.
- **7.2:** Increase the percentage of postpartum women who receive a medication prescription after being told they have depression from 61.7% to 70.0%.

Highlights

- Greene County had the highest percentage in the Capital Region, and the 4th highest percentage in NYS, in 2021, of residents who reported feeling down, depressed, or hopeless in past 30 days
- Schenectady County had the highest percentage in the Capital Region in 2021 of adult residents who reported ever being diagnosed by a provider with a depressive disorder
- Rensselaer, Columbia, and Greene counties had the highest rates of mental health hospitalizations in the Capital Region, in 2023, where a mental health condition was the primary diagnosis
- Schenectady, Saratoga, and Rensselaer counties had the highest rates of mental health emergency department visits in the Capital Region, in 2023, where a mental health condition was the primary diagnosis
- The 2024 *Capital Region Community Health Needs Survey* indicated that:
 - Poor mental health was twice as prevalent among Medicaid-insured and lesbian, gay, bisexual, or transgender (LGBT) Capital Region residents, compared to other Capital Region residents
 - About 1 in 4 Capital Region residents reported having frequent stress or anxiety
 - Rates of frequent stress or anxiety were higher among Medicaid-insured and LGBT Capital Region residents



Highlights (cont.)

- Rensselaer County had the highest rates of intentional self-harm ED visits and hospitalizations in the Capital Region in 2023
- Black non-Hispanic residents had the highest rates of intentional self-harm hospitalization and ED visits in each Capital Region county in 2021-2023
 - Columbia County had the highest self-harm hospitalization rate in the Capital Region for Black non-Hispanic residents
 - Rensselaer County had the highest self-harm ED visit rate in the Capital Region for Black non-Hispanic residents
- Columbia County female residents had a 35% higher self-harm ED visit rate than male residents in 2021-2023
- Columbia County had the highest suicide mortality rate in the Capital Region, from 2020 to 2022
- Suicide mortality rates were highest among White non-Hispanic and male Capital Region residents

Mental health is a core function which has physical, spiritual, and socio-economic impacts. Poor mental health is a cause of adverse physical health outcomes, academic under-achievement, homelessness, unemployment and isolation. One in five New Yorkers experiences a diagnosable mental disorder annually; and one in ten experiences an illness serious enough to impair functioning.

Frequent mental distress during the past month among adults, age-adjusted percentage				
County	2016	2018	2021	2021 County Rank
NYS (excl. NYC)	11.2	11.8	13.2	
Capital Region	11.5	11.2	12.8	
Saratoga	9.9	13.7	9.6	4
Rensselaer	12.5	12.5	12.2	11
Schenectady	14.9	13.0	13.0	14
Columbia	8.3	7.3	13.5	18
Albany	10.6	10.1	15.6	36
Greene	15.8	16.4	20.6	59

In 2021, Greene County had the highest prevalence of frequent mental distress (reporting feeling down, depressed, or hopeless for 14 or more of the past 30 days) in the Capital Region and the 4th highest prevalence in NYS (BRFSS). Greene and Albany counties were the only Capital Region counties not meeting the *2025-2030 Prevention Agenda* objective, in 2021.



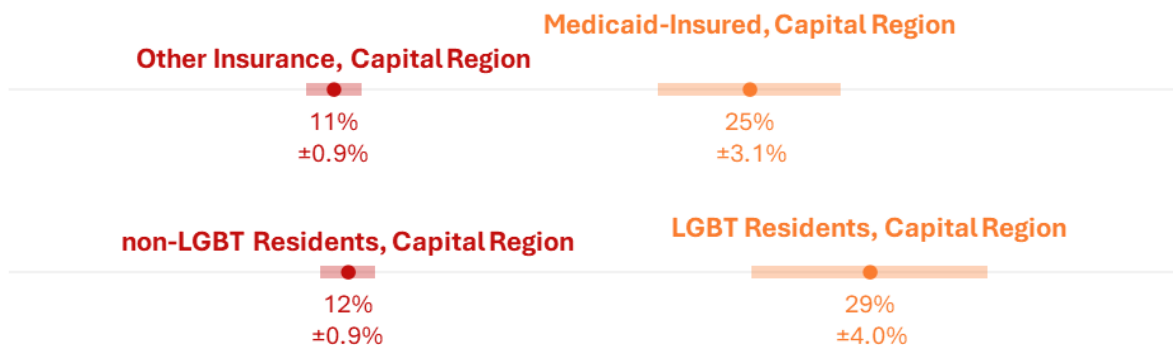
Age-Adjusted percentage of adults reporting a provider-diagnosed depressive disorder				
County	2016	2018	2021	2021 County Rank
NYS (excl. NYC)	13%	17%	19%	
Capital Region	16%	18%	19%	
Saratoga	14%	19%	15%	6
Columbia	11%	17%	17%	13
Rensselaer	15%	20%	19%	17
Greene	18%	22%	21%	22
Albany	18%	19%	21%	23
Schenectady	15%	19%	25%	38

In 2021, Schenectady County had the highest prevalence in the Capital Region of having provider-diagnosed depressive disorder (BRFSS). Greene and Albany counties also had prevalences of provider-diagnosed depression that were higher than in NYS, excluding NYC, in 2021.

Local Survey Data

In the *2024 Capital Region Community Health Needs Survey* (see [Appendix N](#)), 13% of Capital Region respondents reported frequent mental distress. This prevalence was very similar to the estimate, from the 2021 New York State Behavioral Risk Factor Surveillance System (BRFSS), of 12.8% (see table above).

Percent of respondents who reported having **poor mental health**:



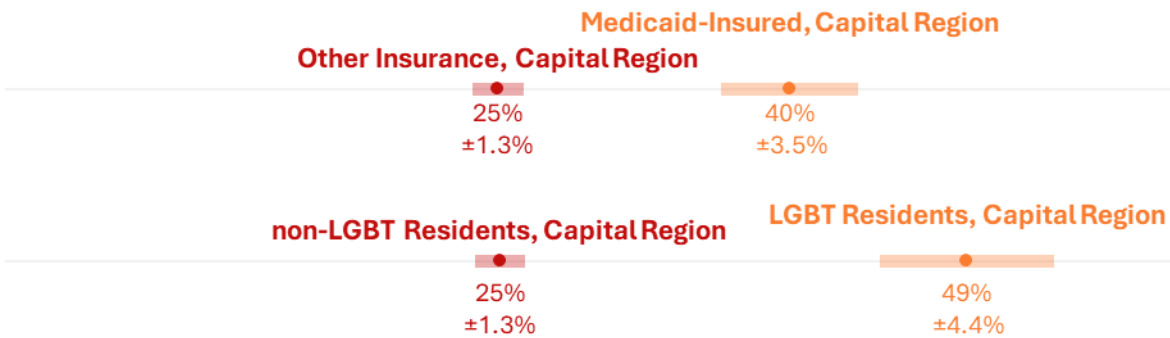
Percentages of frequent mental distress (reporting feeling down, depressed, or hopeless for 14 or more of the past 30 days) were also higher among Capital Region Medicaid-insured residents (25%) and Capital Region residents who identified as lesbian, gay, bisexual, or transgender (LGBT) (29%). This finding among LGBT residents was also consistent with BRFSS data from 2021-2022, where frequent mental distress was



estimated to be prevalent among 29.1% of adults who self-identify as lesbian, gay, bisexual, or other sexual orientation, and among 32.1% of adults who identify as transgender.

More than 1 in 4 (27%) of respondents to the *2024 Capital Region Community Health Needs Survey* (survey) indicated that they frequently (for 14 or more of the past 30 days) felt tense, stressed, nervous, or anxious). Like frequent mental distress, frequent stress or anxiety was more prevalent among Medicaid-insured (40%) and LGBT (49%) survey respondents.

Percent of respondents who reported having **frequent stress or anxiety**:



Mental illness is treatable and preventable, and New York State has one of the world's largest mental health systems in the United States (NYSDOH). The Capital Region provides a broad network of mental hygiene services to meet the needs of residents affected by mental illness or emotional disturbance. These services include public, private, and not-for-profit providers that target mental health needs from early childhood identification to the unique challenges of seniors. While many New Yorkers with mental illness are eligible for Medicaid, considerable numbers are part of the “working poor,” who have an income too high to qualify for public insurance, but their income is not high enough to afford regular mental health care (Hodgkinson, Godoy, Beers, & Lewin, 2017). Additionally, many people with mental illness are also uninsured, or underinsured, and have difficulty paying for needed services. Even those with Medicaid insurance can find it hard to find mental health care, as many psychiatric practices do not accept Medicaid. This stretches already overburdened public mental health service providers and can lead to delays in care or require patients to travel long distances to seek care (HHS Office of the Inspector General).

In the *2024 Capital Region Community Health Survey*, 25% of Capital Region respondents said they had seen or talked to a mental health care provider in the past 12 months, up from 22% in 2021 and 16% in 2013. An additional 5% of survey respondents indicated that they needed to see a mental health care provider but were unable, most often due to concerns about cost, lack of insurance, lack of nearby providers with availability, lack of nearby providers that accept their insurance, or a lack of time or transportation. LGBT residents more often (11%) reported having needed, but unable, to see a mental health care provider.



5% of respondents **needed, but were unable**, to **visit a mental health care provider** in the past year

■ Visited mental health care provider (MHCP) ■ Needed to visit MHCP, but unable to ■ Did not visit MHCP ■ Did not answer



Percent of respondents who **needed, but were unable**, to **visit a mental health care provider**:



In 2023, when all mental health conditions were combined, Rensselaer County had the highest rate in the Capital Region of hospitalizations, and the third highest rate in the Capital Region of emergency department visits (SPARCS). Both rates were limited to visits where a mental health condition was the primary diagnosis (i.e. reason for the visit). Columbia and Greene counties also had high rates of hospitalizations where a mental health condition was the primary diagnosis. Schenectady County had the highest rate in the Capital Region, in 2023, of emergency department visits where any mental health condition was the primary diagnosis. Saratoga County had the second highest rate of emergency department visits in the Capital Region in 2023 where any mental health condition was the primary diagnosis.

All Mental Health Conditions (Primary Diagnosis) Hospitalizations, Age-Adjusted Rates per 100,000					
County	2019	2020	2021	2022	2023
NYS (excl. NYC)	543	469	466	436	436
Capital Region	644	536	491	411	443
Saratoga	455	426	441	402	382
Schenectady	772	551	483	383	410
Albany	614	539	488	402	446
Greene	925	604	164	141	510
Columbia	925	721	851	795	527
Rensselaer	728	631	578	447	544



All Mental Health Conditions (Primary Diagnosis) Emergency Department Visits, Age-Adjusted Rates per 100,000					
County	2019	2020	2021	2022	2023
NYS (excl. NYC)	1089	884	963	980	1011
Capital Region	1173	952	1120	1171	1111
Albany	1030	840	1046	983	967
Columbia	1361	884	263	381	998
Greene	1110	911	1036	1156	1102
Rensselaer	1522	1371	1393	1275	1254
Saratoga	1164	865	1252	1405	1261
Schenectady	1270	984	1647	1966	1273

Intentional Self-Harm & Suicide

Mental health is closely linked to intentional self-harm and suicide. In general, more than 45 percent of people who die by suicide are suffering from a diagnosable mental condition (NAMI). One half of all chronic mental health conditions begin by the age of 14, with depression being the leading cause of disability worldwide. Suicide rates have increased in the U.S. by more than one-third over the past two decades (CDC). Suicide was one of the top ten leading causes of death for individuals aged 10 to 64 years and was the 2nd leading cause of death for people aged 10 to 34 years (CDC). Those more at risk of suicide are teens and young adults, especially those that identify as lesbian, gay, bisexual, or transgender. Lesbian, gay, and bisexual youth have almost four times higher risk of attempting suicide than straight youth. Transgender adults have an almost nine times higher risk of attempting suicide, compared to cisgender adults (NAMI). The impact of suicidal behavior is not fully represented in the number of deaths, as suicidal attempts are not always successful. Intentional self-harm can also lead to an emergency department visit or hospitalization or may not reach public health data systems.

Intentional Self-Harm Hospitalization, Age-Adjusted Rates per 100,000					
County	2019	2020	2021	2022	2023
NYS (excl. NYC)	313.4	273.7	272.7	261.8	255.2
Capital Region	443.9	332.9	320.6	290.2	296.1
Saratoga	284.6	288.1	305.3	284.0	217.4
Greene	554.7	367.6	162.7	113.0	252.3
Columbia	520.6	386.1	489.3	469.1	260.7
Schenectady	569.1	393.6	321.2	266.1	294.5
Albany	432.5	321.4	314.0	289.4	330.9
Rensselaer	557.6	367.4	365.9	336.0	388.9



Intentional Self-Harm Emergency Department Visit, Age-Adjusted Rates per 100,000					
County	2019	2020	2021	2022	2023
NYS (excl. NYC)	296.7	275.4	324.1	344.1	343.1
Capital Region	497.7	386.4	494.4	600.7	557.9
Saratoga	198.8	175.1	232.9	271.0	242.9
Columbia	190.5	246.8	389.3	268.6	290.6
Greene	245.3	204.1	147.1	209.8	300.1
Schenectady	646.4	468.6	555.4	647.0	444.6
Albany	625.7	511.1	594.1	768.9	764.5
Rensselaer	734.4	487.1	772.2	943.0	904.5

In the Capital Region, from 2021 to 2023, self-inflicted injuries resulted in more than 5,000 emergency department (ED) visits and almost 3,000 hospitalizations, each year. Rensselaer County had the highest rates in the Capital Region of both ED visits and hospitalizations due to intentional self-harm; Albany County had the second highest rates of both ED visits and hospitalizations due to intentional self-harm; Schenectady County, the third highest rates of both ED visits and hospitalizations due to intentional self-harm in the Capital Region. Saratoga County had the lowest rates in the Capital Region of ED visits and hospitalizations due to intentional self-harm.

Intentional Self-Harm Hospitalization, Age-Adjusted Rates per 100,000, 2021-2023				
County	Black NH	Hispanic	White NH	Total
NYS (excl. NYC)	318.2	142.9	268.3	263.3
Capital Region	495.9	208.9	281.7	302.4
Greene	199.8	131.5	168.4	176.0
Saratoga	441.5	86.4	272.7	269.0
Schenectady	450.3	195.8	266.9	294.1
Albany	539.7	249.3	276.2	311.4
Rensselaer	536.8	280.8	333.1	363.8
Columbia	581.3	248.9	393.2	408.8

Intentional Self-Harm Emergency Department Visit, Age-Adjusted Rates per 100,000, 2021-2023				
County	Black NH	Hispanic	White NH	Total
NYS (excl. NYC)	526.8	223.9	321.1	337.1
Capital Region	1194.2	425.9	470.9	550.9
Greene	312.4	122.8	196.5	217.6
Saratoga	736.3	115.7	238.8	249.0
Columbia	589.1	154.0	302.8	317.5
Schenectady	939.4	369.6	506.1	549.0
Albany	1363.7	527.0	600.2	709.3
Rensselaer	1607.2	786.4	759.5	872.4



Black non-Hispanic residents had the highest rates of intentional self-harm hospitalization and ED visits in each Capital Region county. Hispanic residents generally had the lowest intentional self-harm hospitalization and ED visit rates of the three race/ethnicity groups. The highest intentional self-harm hospitalization rate in 2021-2023 was among Black non-Hispanic Columbia County residents, while the highest ED visit intentional self-harm rate was among Black non-Hispanic Rensselaer County residents.

Intentional Self-Harm, Ratio of Female and Male Age-Adjusted Rates per 100,000, 2021-2023		
County	Hospitalization	ED Visit
NYS (excl. NYC)	1.05	1.14
Capital Region	0.97	0.99
Schenectady	0.94	0.85
Albany	0.87	0.94
Greene	0.92	1.10
Rensselaer	1.06	0.98
Saratoga	1.06	1.26
Columbia	1.00	1.35

Female and male residents had similar intentional self-harm hospitalization rates in each Capital Region county. For intentional self-harm ED visits, Columbia County female residents had a 35% higher intentional self-harm rate than male residents; in Saratoga County, the female intentional self-harm ED visit rate was 26% higher than the male intentional self-harm ED visit rate.

Suicide mortality, age-adjusted rate per 100,000 population						
County	2016-2018	2017-2019	2018-2020	2019-2021	2020-2022	2020-2022 County Rank
NYS (excl. NYC)	9.9	9.9	9.8	9.7	9.7	
Capital Region	11.3	11.5	10.5	10.0	9.3	
Albany	9.7	10.8	9.7	9.0	7.9	10
Greene	15.7	20.8	16.3	14.3	8.4	12
Saratoga	11.5	11.1	10.2	9.6	9.5	17
Rensselaer	11.8	11.7	11.8	10.4	10.2	20
Schenectady	10.2	8.7	7.5	9.9	10.4	21
Columbia	15.9	14.3	14.9	14.2	12.4	32

The Capital Region averaged about 96 suicide deaths per year from 2020 to 2022, down from 111 per year from 2016 to 2018. None of the Capital Region counties met the *2025-2030 Prevention Agenda* objective for suicide mortality, in 2020-2022. The Capital Region counties almost all ranked in the top half of NYS counties, though. Columbia County had the highest suicide mortality rate in the Capital Region, from 2020 to 2022.



In the Capital Region, overall, from 2020 to 2022, the age-adjusted suicide mortality rate among White non-Hispanic residents was 1.8 times higher than the rate among Black non-Hispanic residents and 1.9 times higher than the age-adjusted suicide mortality rate among Hispanic residents. The Capital Region-wide age-adjusted suicide mortality rate among male residents was 3.2 times higher than among female residents, ranging from 2.0 to 3.8 times higher in counties with available 2020-2022 data.

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Substance Use Disorder

National Survey on Drug Use and Health (NDUH) estimates suggest about 1 out of every 6 New Yorkers aged 18 or older has a substance use disorder, representing about 2.75 million New Yorkers (SAMHSA). Substance use disorder (SUD), however, affects many more New Yorkers, including the friends and family of individuals with SUD. Opioid overdose deaths increased sharply in 2015 and again around 2020, although in 2024 overdose fatality rates dropped significantly (NYSDOH). Opioid mortality rates are still high, and too many people are dying to overdose.

Substance Use Disorders (SUD) Hospitalization, Age-Adjusted Rates per 100,000					
County	2019	2020	2021	2022	2023
NYS (excl. NYC)	1181.3	1084.9	1088.6	1012.2	1040.4
Capital Region	1286.1	1150.0	1131.3	1038.8	1040.9
Saratoga	859.6	818.9	844.9	825.6	796.4
Columbia	1471.8	1160.9	1465.8	1356.3	983.9
Schenectady	1404.1	1182.9	1154.2	1005.9	1084.7
Rensselaer	1400.0	1223.6	1171.4	1068.1	1107.5
Greene	1554.0	1231.8	713.1	784.5	1186.0
Albany	1463.1	1370.5	1351.0	1216.4	1194.8

Substance Use Disorders (SUD) Emergency Department Visit, Age-Adjusted Rates per 100,000					
County	2019	2020	2021	2022	2023
NYS (excl. NYC)	1414.9	1347.8	1447.1	1510.3	1645.8
Capital Region	1510.2	1375.4	1604.8	1690.7	1433.9
Saratoga	994.8	935.3	1023.4	1111.1	1125.4
Rensselaer	1593.2	1343.4	1736.3	1675.7	1305.2
Greene	1354.2	1185.1	528.9	540.9	1447.8
Schenectady	1790.3	1740.4	1767.8	1607.6	1600.7
Albany	1835.4	1632.3	1759.4	1774.0	1623.8
Columbia	1334.8	1320.8	3619.8	5397.7	1880.4

Albany County, in 2023, had the highest rate of Substance Use Disorder (SUD) hospitalizations in the Capital Region and the second highest rate in the Capital Region for SUD emergency department visits (SPARCS). Columbia County had the highest SUD emergency department visit rate in the Capital Region in 2023. Greene County had the second highest SUD hospitalization rate in the Capital Region in 2023. Schenectady County had the third highest in the Capital Region for SUD emergency department visits in 2023.



Alcohol Use Disorder

Objectives – New York State Prevention Agenda 2025-2030

- **8.0:** Reduce the percentage of high school students reporting alcohol use before the age of 13 from 17.2% to 15.5% in New York City.
- **8.1:** Reduce the percentage of high school students reporting alcohol use before the age of 13 from 13.6% to 12.2% for New York State outside New York City.
- **15.0:** Decrease the prevalence of binge or heavy drinking among all adults 18 years of age and older from 16.2% to 14.6%.
- **15.1:** Decrease the prevalence of drinking by high school students from 16.8% to 13.4% (New York City).
- **15.2:** Decrease the prevalence of drinking by high school students from 23.9% to 19.1% (New York State outside New York City)

Highlights

- Saratoga and Rensselaer counties had the highest rates of binge drinking in the Capital Region in 2021
- Greene County had the highest rate in New York State for alcohol-related motor vehicle injuries and deaths in 2020-2022
- Greene County had the highest cirrhosis hospitalization rate in the Capital Region in 2020-2022
- Greene County had the highest cirrhosis mortality rate in the Capital Region in 2020-2022

Alcohol is the substance most commonly used by adults, with 85% of adults over the age of 21 reporting they ever drank alcohol (NIH NIAAA). Binge drinking is a common pattern of excessive alcohol use that brings a person's blood alcohol concentration (BAC) to 0.08 percent or above (NIH NIAAA). Binge drinking is associated with many health problems, like alcohol poisoning, unintentional and intentional injuries, sexually transmitted infections, unintended pregnancy, cardiovascular disease, neurological damage and more (CDC).



Binge drinking during the past month among adults, age-adjusted percentage				
County	2016	2018	2021	2021 County Rank
NYS (excl. NYC)	19.1	18.4	16.1	
Capital Region	18.1	18.5	16.8	
Schenectady	18.3	15.8	12.6	8
Albany	13.1	19.2	15.8	22
Greene	17.3	16.1	20.9	48
Columbia	18.4	21.1	21.2	50
Rensselaer	20.1	23.5	21.9	54
Saratoga	24.0	19.5	22.1	55

Four Capital Region counties ranked in the bottom quarter of NYS counties for percentages of adults who binge drink, each with at least 1 in 5 adults reporting binge drinking in the past month, in 2021 (BRFSS). Saratoga County had the highest adult binge drinking rate, at 22.1%, with Rensselaer County close behind at 21.9%. Columbia and Greene counties also had high rates of adult binge drinking.

Alcohol related motor vehicle injuries and deaths per 100,000						
County	2016-2018	2017-2019	2018-2020	2019-2021	2020-2022	2020-2022 County Rank (of 60)
Rensselaer	33.5	34.1	30.9	27.3	26.3	16
Saratoga	41.4	38.1	32.0	28.4	29.4	26
Albany	35.5	31.2	27.8	26.4	29.5	27
Schenectady	34.0	35.5	37.8	36.5	33.7	37
Columbia	48.6	46.7	42.3	46.2	42.1	55
Greene	54.1	52.7	48.5	54.0	55.4	60

Greene County had the highest rate in New York State for alcohol-related motor vehicle injuries and deaths in 2020-2022 (NYS Department of Motor Vehicles). Columbia County also had a relatively high alcohol-related motor vehicle injury and death rate and ranked in the bottom 10 of NYS counties.



Cirrhosis hospitalization rate per 10,000						
County	2016-2018	2017-2019	2018-2020	2019-2021	2020-2022	2020-2022 County Rank (of 60)
Rensselaer	2.8	3.3	3.2	3.7	3.2	9
Schenectady	3.4	3.9	4.0	4.0	3.7	17
Albany	3.7	3.9	3.6	3.8	4.2	27
Columbia	2.7	3.1	3.2	4.2	4.2	27
Saratoga	3.3	3.1	3.4	3.3	4.2	27
Greene	4.8	4.2	4.3	4.4	5.0	51

Cirrhosis mortality rate per 100,000						
County	2016-2018	2017-2019	2018-2020	2019-2021	2020-2022	2020-2022 County Rank (of 59)
Rensselaer	9.8	9.6	8.2	9.8	9.4	11
Columbia	13.3	12.8	14.5	14.3	10.9	15
Saratoga	10.9	10.7	10.9	11.0	12.9	24
Albany	6.8	8.6	11.5	13.3	13.2	25
Schenectady	10.8	12.0	12.4	13.0	14.3	31
Greene	11.2	10.5	14.8	16.1	16.1	42

Greene County had the highest hospitalization and mortality rates in the Capital Region due to cirrhosis, in 2020-2022 (SPARCS). Greene County's cirrhosis hospitalization rate ranked in the bottom 10 of NYS counties (NYS Vital Statistics).



Opioid Use Disorder

Objectives – New York State Prevention Agenda 2025-2030

- **9.0:** Maintain (no increase) the rate of opioid analgesics prescriptions per 1,000 people at 273.1.
- **9.1:** Decrease the percentage of patients who were opioid naïve and received an opioid prescription of more than 7 days per 1,000 people from 15.1 to 13.6.
- **10.0:** Increase the number of unique individuals enrolled in OASAS treatment programs from 1,107.8 to 1,218.6.
- **10.1:** Increase the number of unique individuals enrolled in OASAS treatment programs, who reported any opioid as the primary substance at admission from 402.8 to 443.
- **10.2:** Increase the number of unique individuals enrolled in OASAS treatment programs, who reported alcohol as the primary substance at admission from 403.5 to 443.9.
- **11.0:** Increase the number of patients who received at least one buprenorphine prescription for opioid use disorder from 443.6 to 488.0.
- **12.0:** Reduce the rate of overdose deaths involving drugs per 100,000 people from 32.3 to 22.6.
- **12.1:** Reduce the rate of overdose deaths for Black, non-Hispanic residents from 59.2 to 35.5 per 100,000.
- **13.0:** Increase the number of naloxone kits distributed from 401,856 to 602,784.

Highlights

- Columbia, Albany, and Schenectady counties had the highest opioid overdose mortality rates in the Capital Region in 2022, based on New York State Vital Statistics data
- Greene and Rensselaer counties had high rates of drug overdose mortality in 2024, based on National Vital Statistics System data
- Saratoga, Albany, and Rensselaer counties had relatively low buprenorphine prescribing rates, compared to other NYS counties, although all Capital Region counties were meeting the New York State Prevention Agenda 2025-2030 objective in 2023
- Saratoga County had the lowest rate in the Capital Region for naloxone kits distributed through the OASAS harm reduction supply program in 2024
- Greene County had the highest opioid analgesic prescribing rate in the Capital Region in 2023
- Albany County had the highest rate in the Capital Region of opioid overdose emergency department visits in 2022
- Neonatal abstinence syndrome rates have decreased significantly in Capital Region counties over the past 7 years, to the point where only Schenectady County had a reportable rate in 2022



The opioid epidemic has evolved and changed over time. It started in the 1990s with a rise in prescription opioid overdose deaths due to an overprescribing of prescription opioids, which led many people to become addicted to opioids (CDC). The second ‘wave’ of the opioid epidemic started in the U.S. in 2010 with a noticeable increase in heroin overdose deaths. The third wave took overdose fatality rates to unprecedented levels and was driven by the introduction of synthetic opioids to the unregulated drug supply. Synthetic opioids (like fentanyl) are orders of magnitude more potent than heroin, which makes them more dangerous and addictive. In recent years, synthetic opioids are still the main driver of overdoses, but the epidemic has shifted more to poly-substance use. In New York State, in 2023, about 7 out of 8 (87%) drug overdose deaths involved an opioid, with about 4 out of 5 (81%) involving an illegally made fentanyl or analogue of fentanyl (NYSDOH). At the same time, 62% of drug overdose deaths in NYS in 2023 involved a stimulant, with more than 50% of overdose deaths involving cocaine, specifically.

Overdose deaths involving any opioids, age-adjusted rate per 100,000 population, NYS Vital Statistics						
County	2018	2019	2020	2021	2022	2022 County Rank
NYS (excl. NYC)	18.5	17.3	24.3	26.8	27.5	
Capital Region	15.2	16.1	21.8	27.1	24.1	
Saratoga	12.1	9.6	18.3	18.0	14.4	9
Rensselaer	14.5	17.0	24.1	24.5	23.3	24
Greene	27.6	17.9	34.5	55.4	24.8	27
Schenectady	17.5	21.3	19.4	31.0	29.0	38
Albany	15.5	17.3	23.7	29.1	29.3	39
Columbia	9.9	18.7	18.4	27.5	29.4	40

Based on the latest data from NYS Vital Statistics, opioid overdose mortality in the Capital Region was more than 50% higher in 2022 than it was in 2018 and almost seven times higher than it was in 2010 (3.5 per 100,000). Columbia, Albany, and Schenectady counties had the highest opioid overdose mortality rates in the Capital Region, in 2022.

Provisional Drug Overdose Deaths, crude rate per 100,000 population, National Vital Statistics System						
County	2020	2021	2022	2023	2024	2024 NYS County Rank (of 43)
NYS (excl. NYC)	25.3	27.9	29.9	30.0	20.4	
Capital Region	21.6	28.4	27.1	28.9	20.7	
Saratoga	17.7	16.9	16.5	13.9	8.0	1
Schenectady	21.3	32.6	30.7	30.1	21.3	21
Columbia		27.8	31.0	29.4	22.9	24
Albany	26.0	31.4	31.7	31.7	23.8	25
Rensselaer	24.3	28.7	28.7	44.3	28.7	34
Greene	31.5	52.6	27.3	29.4	31.5	37



Based on the latest available data from the National Vital Statistics System, drug overdose deaths in NYS, excluding NYC, increased by 89% from 1,802 in 2015 to 3,408 in 2023. Provisional 2024 data, which is still subject to change, for NYS, excluding NYC, shows about a 30% decrease from 2023 to 2,319 deaths in 2024. For the 2020-2024 period, drug overdose death rates for the Capital Region, overall, were similar to rates in NYS, excluding NYC. Of the 43 NYS counties with reportable 2024 data, Saratoga County had the lowest overdose mortality rate in the state, while Greene and Rensselaer counties had some of the highest overdose mortality rates in the state.

Patients who received at least one buprenorphine prescription for opioid use disorder, age-adjusted rate per 100,000 population						
County	2019	2020	2021	2022	2023	2023 County Rank
NYS (excl. NYC)	620.3	638.4	637.7	657.2	705.4	
Capital Region	589.8	608.1	599.5	635.0	666.3	
Greene	1101.8	1158.7	1111.6	1358.1	1795.9	7
Columbia	894.2	852.5	842.5	880.6	927.7	31
Schenectady	724.8	718.8	692.5	713.3	715.2	42
Rensselaer	579.7	580.6	577.0	592.5	611.4	43
Saratoga	475.1	505.9	503.6	541.2	560.0	49
Albany	492.2	526.5	525.8	546.9	550.0	50

Buprenorphine is used in medication-assisted treatment to help people reduce or quit their use of opiates. In combination with counseling and behavioral therapies, buprenorphine can provide an effective approach to the treatment of opioid dependency (SAMHSA). While all Capital Region counties were meeting the NYS *2025-2030 Prevention Agenda* objective for buprenorphine prescribing, the Capital Region's rate was lower than that of NYS, excluding NYC (NYS Prescription Monitoring Program Registry). Greene County had the 7th highest prescribing rate in NYS in 2023, while Albany, Saratoga, and Rensselaer counties had the lowest prescribing rates in the Capital Region in 2023. Buprenorphine prescribing increased by 63% in Greene County from 2019 to 2023. Other Capital Region counties' buprenorphine prescribing rates increased by 18% or less and Schenectady County's buprenorphine prescribing rate decreased slightly, from 2019 to 2023.

Naloxone is a medication that blocks the effects of opioid drugs and can rapidly reverse an overdose (DrugBank). New York State law allows anyone to administer naloxone to save the life of an individual experiencing an opioid overdose (NYSDOH). NYS has an Opioid Overdose Prevention Initiative which trains non-medical people how to recognize and respond to an opioid overdose. New York State also has a standing order for naloxone, which allows anyone to obtain naloxone at a pharmacy without needing their own prescription. Additionally, the New York State Naloxone Co-payment Assistance Program (N-CAP) covers up to \$40 of the out-of-pocket cost for most insured people at participating pharmacies (NYSDOH).



Naloxone Kits Distributed by OASAS to Individuals and Organizations, per 1,000 population		
County	2024	2024 NYS County Rank
NYS (excl. NYC)	11.9	
Capital Region	23.5	
Greene	56.6	2
Albany	34.0	3
Columbia	32.1	5
Schenectady	26.7	9
Rensselaer	13.8	24
Saratoga	5.4	50

The New York State Office of Addiction Services and Supports (OASAS) has a harm reduction supply delivery program which allows individuals and organizations to order naloxone, as well as fentanyl and xylazine test strips, at no cost. Greene has the second highest rate in New York State for naloxone kits distributed through the OASAS harm reduction supply program in 2024 (OASAS). Albany, Columbia, and Schenectady counties all have rates of naloxone kit distribution through the OASAS harm reduction supply program in 2024 that ranked in the top 10 New York State counties. Saratoga County ranked 50th out of 62 NYS counties.

Opioid analgesic prescription, age-adjusted rate per 1,000 population						
County	2019	2020	2021	2022	2023	2023 County Rank
NYS (excl. NYC)	377.2	342.4	321.2	300.2	283.8	
Capital Region	366.7	335.0	309.8	290.1	271.2	
Albany	318.4	289.0	266.7	249.2	233.1	9
Saratoga	335.8	308.4	285.6	271.7	256.8	13
Columbia	414.8	364.5	331.7	300.0	272.0	16
Rensselaer	419.0	376.8	349.6	322.7	306.4	24
Schenectady	397.2	376.1	351.5	333.6	311.5	29
Greene	493.1	443.7	413.1	389.2	348.2	37

Prescription opioid use can be a predictor of other opioid use. New York State has made steady progress over the last decade in reducing the rate of opioid analgesics prescriptions to reduce opioid addictions. In 2023, there were over 5.4 million opioid analgesic prescriptions in New York State, down from 9.8 in 2013, and about 332,000 opioid analgesic prescriptions in the Capital Region, down from about 596,000 in 2013 (NYS Prescription Monitoring Program Registry). In 2023, Greene County had the highest opioid analgesic prescription rate in the Capital Region, at about 390 prescriptions per 1,000 population, down from 542 per 1,000 in 2018. Albany and Saratoga counties had the lowest opioid analgesic prescribing rates in the Capital Region.



Emergency department visits (including outpatients and admitted patients) involving any opioid overdose, age-adjusted rate per 100,000 population						
County	2018	2019	2020	2021	2022	2022 County Rank
NYS (excl. NYC)	72.8	66.7	74.3	73.1	64.8	
Capital Region	59.1	58.5	70.1	66.2	63.3	
Saratoga	31.7	34.7	46.9	55.5	40.8	15
Columbia	88.6	89.3	84.3	63.4	51.7	22
Greene	101.8	106.2	95.4	82.8	65.6	33
Schenectady	51.4	67.3	97.6	92.6	69.2	38
Rensselaer	75.1	60.1	59.7	48.6	69.8	39
Albany	64.9	60.8	75.3	70.3	77.5	46

In 2022, Albany County had the highest rate in the Capital Region of emergency department visits involving any opioid overdose, while Saratoga County had the lowest rate of emergency department visits involving any opioid in the Capital Region (SPARCS).

Newborns with neonatal withdrawal symptoms and/or affected by maternal use of opioid or other substance (any diagnosis), crude rate per 1,000 newborn discharges					
County	2018	2019	2020	2021	2022
NYS (excl. NYC)	15.2	12.6	13.7	10.9	9.6
Capital Region	10.2	9.9	9.7	5.6	6.1
Albany	10.6	8.1	9.5	6.7	
Columbia					
Greene					
Rensselaer	8.7	11.4	9.7		
Saratoga	9.1		7.3	5.2	
Schenectady	7.7	13.1	9.4		10.8

Neonatal Abstinence Syndrome (NAS) is a group of conditions caused when a baby experiences withdrawal from certain drugs they were exposed to in the womb before birth. NAS is most often caused when the mother takes opiates during pregnancy. NAS symptoms can include: low birthweight, jaundice, body tremors, excessive crying, poor feeding, breathing problems, fever, trouble sleeping, diarrhea, and stuffy nose or sneezing (March of Dimes). The Capital Region's neonatal withdrawal syndrome rate of 6.1 per 1,000 newborn discharges in 2022 was almost 50% lower than it was in 2016, at 11.6 per 1,000 (SPARCS). Neonatal withdrawal syndrome rates have gone down significantly in Capital Region counties over the past seven (7) years, to the point where only Schenectady County had a reportable neonatal withdrawal syndrome rate in 2022.



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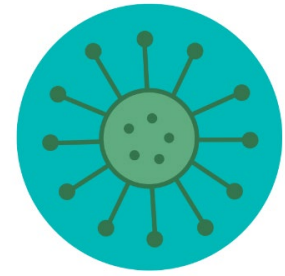
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IX. Infectious Disease



Vaccine-Preventable Disease

Objective – New York State Prevention Agenda 2025-2030

- **36.0:** Increase the up to date seven-vaccine immunization rate for children aged 24-35 months from 59.3% to 62.3%.
- **37.0:** Increase the percentage of 13-year-old adolescents with a complete Human Papillomavirus (HPV) vaccine series from 25.7% to 28.7%.

Highlights

- Greene County had the lowest rate in the Capital Region of children aged 24-35 months who had received the full seven-vaccine immunization series
- In 2022, about two-thirds of 13-year-olds in the Capital Region were not completely immunized for Human Papillomavirus (HPV)
- Columbia County had the lowest percentage in the Capital Region for 13-year-olds who were completely immunized for HPV
- Incidence rates of COVID-19 have dropped precipitously since the first few years of the pandemic
- Capital Region counties all had low rates of COVID-19 positive tests in the latest year of data

Vaccines are used worldwide to protect against disease by inducing immunity. Immunization is a proven tool for controlling and even eradicating disease. Thanks to vaccines, diseases such as smallpox have been eradicated and many other vaccines have saved millions of lives all over the world. Vaccines contain or produce the same antigens that are involved in disease. In the case of viral vaccines, a weakened, harmless virus is introduced to the body, while mRNA vaccines use our own cell's machinery to produce viral antigens (CDC). Both types of vaccines bolster our immunity to a disease, without causing it, by generating memory B and T cells with specific immunologic memory that can more quickly respond if an infection occurs with that virus Goel, et. al., 2021).



Childhood Immunization

The Centers for Disease Control and Prevention (CDC) sets a standard child immunization schedule of recommended ages to be vaccinated. Receiving vaccines at a young age allows infants and children to become immune early in life, before they are exposed to any of the diseases. Delaying or skipping shots can put children at risk of developing diseases during the delay period (CDC). In New York State, school entry laws require children to receive their vaccinations prior to starting school, so children's immunization levels are high (NYSDOH).

Percentage of 24-35-month old children with the 4:3:1:3:3:1:4 immunization series						
County	2019	2020	2021	2022	2023	2023 County Rank
NYS (excl. NYC)	66.9	66.3	65.2	64.0	69.1	
Capital Region	77.1	74.5	74.6	69.5	72.7	
Saratoga	80.2	81.4	84.9	78.6	83.6	8
Schenectady	75.1	72.2	67.2	62.8	72.9	34
Albany	80.6	73.2	71.7	68.3	70.1	39
Columbia	77.5	61.0	71.2	65.6	68.3	42
Rensselaer	71.3	75.8	79.2	70.1	66.2	46
Greene	64.7	70.5	62.6	64.5	62.3	50

In 2023, almost 2,5000 children, of about 9,000, aged 24-35 months in the Capital Region were not fully immunized (NYS Immunization Information System). Saratoga County had the highest rate of children who had received the full seven-vaccine immunization series, while Greene County had the lowest rate in 2023.



Human Papillomavirus Immunization

Human Papillomavirus (HPV) is the most common sexually transmitted disease. HPV infection is very common, with about 13 million people becoming infected each year (CDC). HPV is easily spread by intimate skin-to-skin contact with an infected individual. Almost everyone will get HPV during their life. There are types of HPV that can cause cancers of the genital, anal, and throat areas of men and women. Other types of HPV can cause genital warts, which in many cases are not visible to the naked eyes. Most infected people do not develop symptoms and are unaware they have HPV, increasing the chances of unintended transmission (NYSDOH). Nearly all cases of cervical cancer cases are caused by HPV and 90% of HPV-caused cancer can be prevented by HPV vaccination (CDC). Cervical cancer takes years to develop and typically does not cause symptoms until it is at an advanced stage (CDC). It can be treated only when it is diagnosed at an early stage, through screening.

The CDC now recommends two doses of HPV vaccines for 11- to 12-year-olds, rather than three doses, as previously recommended, unless their first dose was on or after their 15th birthday (CDC). Young adults can receive the vaccine up to the age of 26 years (NYSDOH). Individuals over the age of 26 can still receive the HPV vaccine if their healthcare provider agrees it would be beneficial, but those over 45 years of age are not authorized to receive the vaccine. It is important that both doses of the vaccine be given before sexual activity begins for the vaccine to be most effective.

Percentage of 13-year-old adolescents with a complete HPV vaccine series						
County	2019	2020	2021	2022	2023	2023 County Rank
NYS (excl. NYC)	32.0	32.8	33.8	32.8	31.3	
Capital Region	34.8	35.6	35.1	33.9	33.5	
Albany	44.5	42.9	40.4	40.5	39.8	10
Schenectady	33.6	36.6	37.6	40.0	36.1	15
Saratoga	27.1	29.4	31.6	28.1	30.7	28
Greene	39.3	34.9	28.3	31.1	28.3	33
Rensselaer	29.9	34.5	32.6	29.4	27.9	35
Columbia	33.7	25.9	27.8	22.2	23.0	47

In 2022, about two-thirds of 13-year-olds in the Capital Region were not completely immunized for HPV (NYS Immunization Information System). Columbia County had the lowest percentage of 13-year-olds who were not completely immunized for HPV in the Capital Region, at 22.2%, and ranked 47th out of 62 NYS counties.



COVID-19

Coronavirus disease (COVID-19) is an infectious disease caused by SARS-CoV-2 virus. While most people infected with the virus experience mild to moderate respiratory illness, similar to the flu, some will become severely ill and require medical attention. Older people, and those with underlying medical conditions, are more likely to develop serious illnesses (WHO).

The first case of COVID-19 was identified on December 31, 2019, in Wuhan, China, while the first confirmed U.S. case occurred on February 20, 2020 (American Journal of Managed Care). In March 2020, the WHO declared COVID-19 a worldwide pandemic, and the U.S. declared a State of Emergency due to COVID-19. By May 2020, the U.S. had over 100,000 deaths due to COVID-19, and mid-June 2020, the U.S. passed one million cases. In August 2020, COVID-19 became the 3rd leading cause of death in the U. S. COVID-19 was still the 3rd leading cause of death in the Capital Region, in 2022, and the 5th leading cause of premature death (NYSDOH). By the end of 2020, the U.S. Food and Drug Administration approved mRNA vaccines from Pfizer/BioNTech for those and Moderna (AJMC). COVID-19 vaccines were first approved for adults, then for all ages, 6 months and older, although parents were recommended to discuss vaccination with their children’s health care provider (CDC). In August 2025, the Advisory Committee on Immunization Practices (ACIP) limited access to those under the age of 65 years, allowing vaccination only if they have a high-risk health condition (The New York Times). Then, in September 2025, New York Governor Kathy Hochul signed an executive order temporarily allowing pharmacists to prescribe and administer the COVID-19 vaccine to individuals aged 3 years or older (NYS Governor Kathy Hochul).

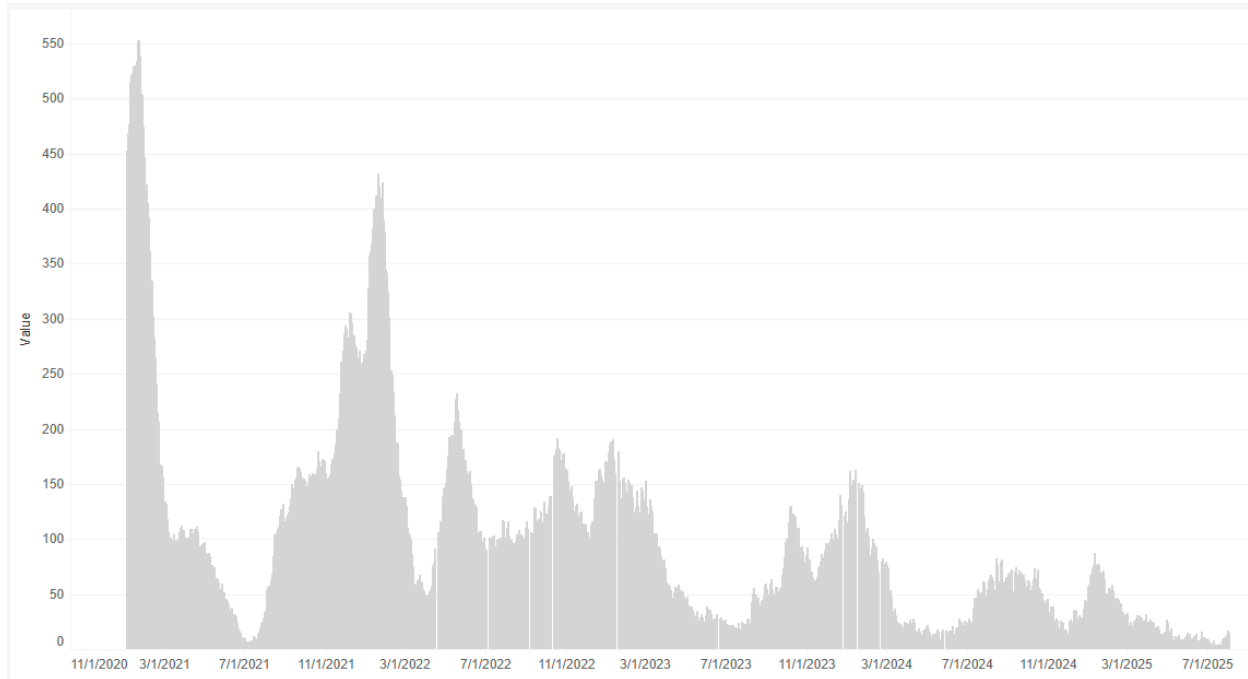
Rate of Positive COVID-19 tests, per 10,000 population						
County	Aug 2020 - Jul 2021	Aug 2021 - Jul 2022	Aug 2022 - Jul 2023	Aug 2023 - Jul 2024	Aug 2024 - Jul 2025	Aug 2024 - Jul 2025 NY County Rank
NYS (excl. NYC)	874.4	1830.1	585.0	364.2	184.0	
Capital Region	693.2	1601.8	446.4	186.8	94.5	
Rensselaer	670.4	1690.4	439.3	168.5	77.1	2
Albany	721.4	1488.4	433.6	165.0	82.0	3
Schenectady	780.6	1705.0	483.3	183.2	97.6	5
Columbia	596.9	1339.5	466.7	168.5	102.4	8
Greene	681.3	1409.1	409.0	202.5	106.8	11
Saratoga	639.4	1729.8	445.7	232.4	116.5	13

Capital Region counties were all in the top quarter of New York State counties for their rates of positive COVID-19 tests, from August 2024 to July 2025 (Health Data NY). Rensselaer and Albany counties had the second and third lowest rates of positive COVID-19 tests in NYS during the latest year of available data. COVID-19 positive test rates have dropped precipitously since the first couple of years of the pandemic.

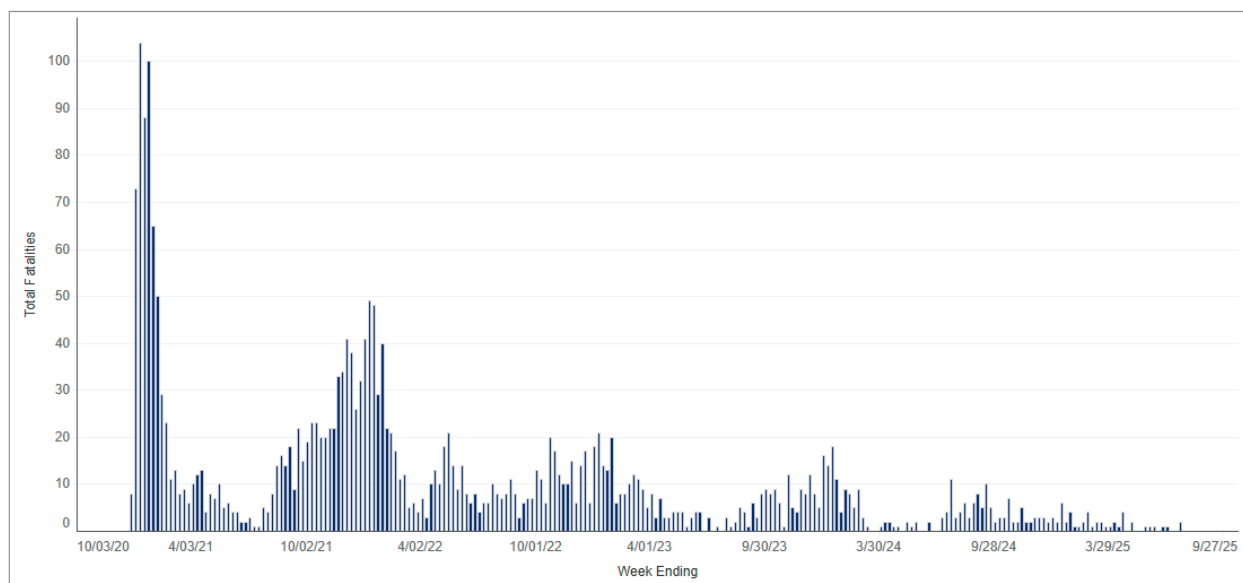
Screenshots from the New York State Department of Health COVID-19 Data Website

The screenshots below demonstrate that hospitalizations and deaths due to COVID-19 have, overall, decreased significantly over the last 5 years since the pandemic began. Both charts show a roughly seasonal 'wave' pattern, with COVID-19 hospitalizations and deaths often reaching relative highs in January of each year, with some exceptions.

Capital Region COVID-19 Hospitalizations, last 5 years of data, as of 8/3/2025



Capital Region COVID-19 Fatalities, last 5 years of data, as of 8/3/2025



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HIV/AIDS

Highlights

- Albany and Schenectady counties had the highest newly diagnosed HIV case rates in the Capital Region

Human Immunodeficiency Virus (HIV) is the virus that can lead to acquired immunodeficiency syndrome (AIDS). The virus attacks the cells of the immune system, leaving the body more susceptible to life-threatening infections. When HIV progresses to AIDS, the body can no longer fight off infections (CDC).

HIV testing is the only way to know definitively if a person is infected with HIV. The virus is transmitted through contact with bodily fluids such as blood, semen, genital fluids, or breast milk. Unprotected sex and sharing needles or syringes with an infected person are the most common ways the virus is transmitted. Flu-like symptoms can occur within 2-4 weeks after exposure and last from a few days to several weeks (CDC).

Post-exposure prophylaxis, or PEP, is a method to prevent HIV infection following a recent unprotected sexual encounter, sharing needles, sexual assault or occupational exposure (CDC). It involves taking antiretroviral medicines within 72 hours of the exposure event. PEP should only be used in emergencies. Pre-exposure prophylaxis, or PrEP, is designed to prevent HIV-negative individuals in high-risk populations from contracting the virus, by taking daily antiretroviral medicines (CDC). High-risk populations may include HIV-negative individuals who are in an ongoing sexual relationship with an HIV-positive partner, or anyone who does not regularly use condoms during sex with partners of unknown HIV status who are at substantial risk of HIV infection.

There is no cure for HIV currently (CDC). Once infected, a person has HIV for life. Antiretroviral therapy (ART) is a treatment for people infected with HIV that consists of taking a combination of at least three medications that work to slow the growth of the virus. ART can extend and improve the quality of life for those infected with HIV. As more people are living longer due to ART, the prevalence of HIV has increased.

In 2023, there were over 100,000 people living with diagnosed HIV and about 2,500 newly diagnosed HIV cases in New York State (NYSDOH). Research has shown that most people who know they are infected take steps to prevent transmission to their partners. It is vital to identify new cases to control HIV and accurately measure prevention efforts and their effectiveness (CDC).



Newly diagnosed HIV cases, rate per 100,000 population				
County	2014-2016	2017-2019	2020-2022	2020-2022 County Rank
NYS (excl. NYC)	6.9	5.8	5.0	
Capital Region	5.9	5.7	5.0	
Saratoga	3.1	2.2	1.6	9
Greene	4.9	3.5	2.1	13
Columbia	8.7	4.4	4.9	36
Rensselaer	4.6	4.4	5.2	38
Schenectady	6.7	6.9	6.7	42
Albany	7.9	8.9	7.0	44

From 2020 to 2022, the Capital Region had an annual average of 50 newly diagnosed HIV cases (NYS HIV Surveillance System). The Capital Region's newly diagnosed HIV case rate was similar to NYS, excluding NYC (NYS HIV Surveillance System). Albany County had the highest newly diagnosed HIV case rate within the Capital Region, although the newly diagnosed HIV case rate had decreased compared to prior years. Saratoga and Greene counties had the lowest newly diagnosed HIV case rates in the Capital Region, at less than half the rate of the other counties in the Capital Region.

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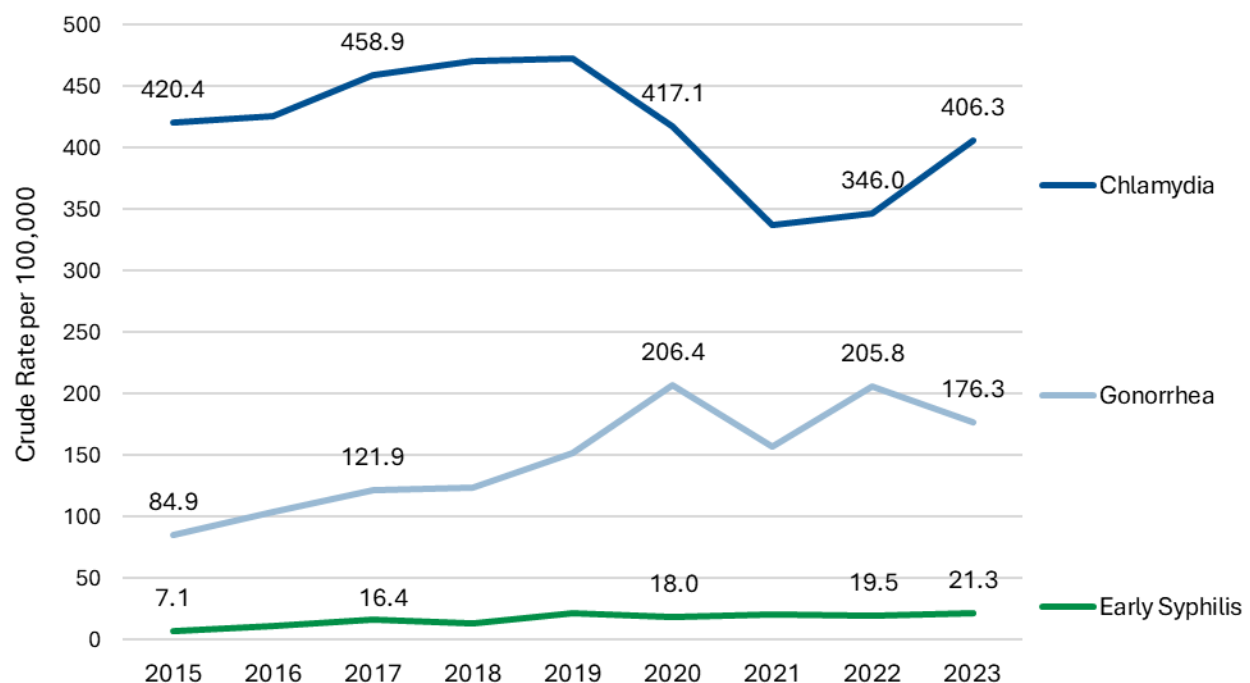
Sexually Transmitted Infections

Highlights

- In the Capital Region, gonorrhea and early syphilis diagnoses rates increased from 2015 to 2023, while chlamydia diagnoses rates fluctuated, with a relatively flat trend
- Schenectady, Albany, and Rensselaer counties had the highest rates in the Capital Region for gonorrhea diagnoses in 2022
- Schenectady and Albany counties had the highest rates in the Capital Region for chlamydia diagnoses in 2022
- Albany County had the highest rate in the Capital Region for early syphilis in 2022
 - Schenectady County had the highest rate in the Capital Region for early syphilis in 2021

Sexually transmitted infections (STIs) continue to have a significant impact on the health and wellbeing of New Yorkers. Based on the latest data from CDC, New York State had the 25th highest rate of syphilis cases, 7th highest rate of gonorrhea cases, and 10th highest rate of chlamydia cases in the United States. In its latest STI surveillance report, New York State Department of Health highlighted that, in 2023, the state's gonorrhea diagnoses rate increased for the tenth consecutive year, syphilis diagnoses rate decreased for the first time since 2017, and chlamydia diagnoses rate increased once again after a decline in 2020.

Capital Region STI Diagnoses, Crude Rates per 100,000



Gonorrhea

Gonorrhea is the second most reported sexually transmitted infection (STI) in New York State (NYSDOH). The bacteria are found in the mucous areas of the body and are spread from person to person through sexual contact. Early detection and appropriate treatment are important. If gonorrhea is left untreated, it can lead to complications such as infertility, pelvic inflammatory disease (PID), and ectopic pregnancy (CDC). PID is a painful condition that occurs when the infection spreads throughout the reproductive organs and can lead to sterility in women. Men may suffer some swelling of the reproductive organs. Both sexes may suffer from arthritis, skin problems, and other organ infections caused by the spread of gonorrhea within the body.

Gonorrhea diagnoses, age-adjusted rate per 100,000 population						
County	2018	2019	2020	2021	2022	2022 County Rank
NYS (excl. NYC)	107.0	115.0	163.3	140.4	134.3	
Capital Region	123.7	150.6	198.5	153.3	203.3	
Saratoga	35.0	43.1	49.7	47.3	59.5	19
Greene	35.2	39.3	63.1	75.1	83.8	34
Columbia	54.6	65.9	102.7	71.8	104.6	42
Rensselaer	152.9	179.7	231.3	158.2	205.1	52
Albany	163.0	224.5	266.9	200.4	275.1	56
Schenectady	182.1	170.5	289.6	247.5	315.7	58

In 2022, there were 1,907 cases of gonorrhea reported in the Capital Region, up from 1,145 in 2018 (NYS STI Surveillance System). Schenectady, Albany, and Rensselaer counties had higher rates than NYS, excluding NYC. Schenectady County had the highest gonorrhea diagnosis rate in 2022. All Capital Region counties' gonorrhea diagnosis rates increased from 2018 to 2022.

Chlamydia

Chlamydia is the most reported sexually transmitted infection (STI) in New York State. Chlamydia is a sexually transmitted infection caused by the bacteria *Chlamydia trachomatis* (CDC). Chlamydia is easily treated, but asymptomatic infection is common, so screening tests can be important for diagnosis. Complications of the infection may lead to inflammation of the cervix in women and inflammation of the urethra in men. Additional complications include pelvic inflammatory disease (PID), which can lead to infertility. In fact, chlamydia is the leading cause of infertility in the United States. Pregnant women can pass chlamydia to their babies during childbirth. This may cause problems in newborns, like chlamydial pneumonia or conjunctivitis. Patients are also more susceptible to HIV infection and other STIs, if exposed.

Chlamydia diagnoses, age-adjusted rate per 100,000 population						
County	2018	2019	2020	2021	2022	2022 County Rank
NYS (excl. NYC)	443.9	457.8	378.9	365.8	372.5	
Capital Region	466.7	467.8	395.2	328.7	338.7	
Saratoga	270.5	248.1	216.4	188.8	172.0	8
Greene	356.2	338.6	249.7	229.6	217.4	17
Columbia	436.5	353.7	315.6	269.6	273.1	32
Rensselaer	516.0	473.0	444.9	304.8	348.8	45
Albany	545.2	578.5	443.2	386.4	418.6	50
Schenectady	564.4	598.6	574.6	475.0	439.0	53

In 2022, there were 3,262 chlamydia diagnoses in the Capital Region, down from 4,447 in 2018 (NYS STI Surveillance System). Schenectady and Albany counties had the highest chlamydia diagnoses rates in the Capital Region. Diagnoses rates decreased in each Capital Region county, from 2018 to 2022.

Syphilis

Syphilis is a sexually transmitted infection caused by the bacteria *Treponema pallidum* (CDC). It progresses through various stages that can last months or years, depending on the individual. The primary stage is marked by a painless sore at the location where syphilis entered the body. Left untreated, the sore will go away in a few weeks, and the infection will progress to the secondary stage. This stage is represented by skin rashes or lesions in the mucous membranes, and can be accompanied by fever, weight and hair loss, muscle aches, and swollen lymph glands. The rashes may be too light to be noticed; however, untreated syphilis will pass into the late and latent stages when left untreated. At this point, all symptoms disappear, and the disease can lay latent for months or years. In 15% of untreated people, syphilis can lead to difficulty coordinating muscle movements, paralysis, numbness, dementia, and/or death. Pregnant women with untreated syphilis can pass the infection on to their babies, causing low birth weight, developmental delays, or death. People with genital sores are also at higher risk for transmitting or acquiring HIV. Curing syphilis can be done with an intramuscular injection of penicillin or an appropriate antibiotic, such as tetracycline.



Early syphilis diagnoses, age-adjusted rate per 100,000 population						
County	2018	2019	2020	2021	2022	2022 County Rank
NYS (excl. NYC)	11.6	15.3	14.0	21.5	23.6	
Capital Region	13.2	21.9	17.5	20.6	20.8	
Greene	6.6	12.9	9.9	20.8	2.0	5
Saratoga	3.3	4.2	4.6	9.6	9.2	23
Columbia	12.4	10.0	16.8	10.7	16.7	35
Schenectady	22.9	26.0	15.3	44.8	18.3	40
Rensselaer	13.5	27.5	26.4	24.2	18.9	41
Albany	16.8	32.5	24.5	16.4	34.0	57

In 2022, there were 197 cases of syphilis in the Capital Region, up from 127 in 2018 (NYS STI Surveillance System). Albany County had the highest syphilis diagnoses rate, by far, in 2022. Schenectady County's had the highest syphilis diagnoses rate in 2021. The Capital Region overall rate of syphilis diagnoses increased by 58%, from 2018 to 2022. Greene and Schenectady counties saw their syphilis diagnoses rates decrease, from 2018 to 2022, while other Capital Region counties' syphilis diagnoses rates increased.

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Tick Borne Diseases

Highlights

- Capital Region counties no longer have the highest Lyme Disease incidence rates in New York State
- Greene County had the highest Lyme Disease incidence rate in the Capital Region in 2023
- Columbia County had the highest Anaplasmosis and Babesiosis incidence rates in New York State in 2023
 - Greene County had the second highest Babesiosis incidence rate in New York State in 2023

Lyme Disease

Lyme disease is the most reported tick-borne disease in the United States and is endemic in the Capital Region (John Hopkins). Lyme disease is a bacterial infection caused by *Borrelia burgdorferi* and transmitted to humans through the bite of infected blacklegged ticks (CDC). Typical symptoms include headache, fever, fatigue and *erythema migrans*, a characteristic bull's eye skin rash. If left untreated, the disease can progress, affecting the nervous system, heart and joints.

Early detection of the disease is important, as patients in the early stages of the infection usually recover rapidly and completely with treatment. According to guidance from the National Institutes of Health (NIH), studies have found most patients can be cured with a few weeks of antibiotics taken by mouth. Intravenous treatment with antibiotics may be necessary for more advanced patients with neurological or cardiac forms of Lyme (CDC).

Patients diagnosed with later stages of Lyme disease may have persistent or recurrent symptoms. Known as post-treatment Lyme disease, patients experience fatigue, persistent pain, impaired cognitive function, or unexplained numbness after treatment (CDC). Studies have shown that prolonged courses of antibiotics are not helpful among individuals with these symptoms and can cause serious complications.

Greene County had the highest rate of Lyme disease incidence in the Capital Region in 2021, 2022, and 2023 (NYS Communicable Disease Reports). Rensselaer and Columbia counties also had Lyme disease incidence rates in the bottom half of NYS counties. This was an improvement from 2016 to 2018, when Greene, Columbia, and Rensselaer counties had three of the four highest Lyme Disease incidence rates in NYS.

Lyme Disease Incidence per 100,000			
	2021	2022	2023
NYS (excl. NYC)	51.6	130.4	168.0
Schenectady	33.5	61.2	87.0
Saratoga	51.2	91.3	109.0
Albany	81.0	122.2	160.2
Columbia	391.4	231.7	276.6
Rensselaer	275.1	222.7	299.8
Greene	502.4	328.7	384.4



Anaplasmosis

Anaplasmosis is a bacterial infection caused by *A. phagocytophilum* and spread through tick bites (CDC). Blacklegged ticks (*Ixodes scapularis*) are a primary carrier and transmitter of Anaplasmosis, and are commonly found in the Northeastern U.S., including the Capital Region. Signs of Anaplasmosis begin within a week or two of infection via tick bite. Early signs include chills, fever, severe headache and muscle aches, and gastrointestinal issues like nausea, vomiting, loss of appetite, and diarrhea. If treatment is not sought promptly, Anaplasmosis can progress to more serious symptoms, including bleeding problems, respiratory or organ failure, and potentially death. Individuals aged 65 years or older and those with a weakened immune system are at higher risk of experiencing the more severe late illness symptoms.

Columbia County had the highest Anaplasmosis incidence rate of in the Capital Region in 2021, 2022, and 2023, and the highest Anaplasmosis incidence in New York State in 2021 and 2023 (NYS Communicable Disease Reports). Greene and Rensselaer counties had the next highest rates in the Capital Region in 2023, although they were less than half as high as in Columbia County. All Capital Region counties had incidence rates of Anaplasmosis that were higher than in New York State, excluding NYC.

Anaplasmosis Incidence per 100,000			
	2021	2022	2023
NYS (excl. NYC)	16.9	10.0	17.1
Schenectady	18.7	15.6	23.8
Albany	38.9	19.3	26.9
Saratoga	71.2	49.4	55.4
Rensselaer	129.7	40.0	82.2
Greene	133.5	56.2	97.2
Columbia	347.7	114.2	227.5

Babesiosis

Babesiosis is a microscopic parasitic infection caused by *Babesia* parasites, typically *Babesia microti* (CDC). Babesiosis is spread through Blacklegged (deer) ticks (*Ixodes scapularis*), which are commonly found in the Northeastern U.S., including the Capital Region. Babesiosis infection does not always result in symptoms. If Babesiosis symptoms do manifest, they may begin within a week or two of infection via tick bite or may take several months to develop. Symptoms can include flu-like chills, fever, sweats, headache, fatigue, body aches, nausea, and loss of appetite. *Babesia* parasites attack red blood cells, which can lead to hemolytic anemia if red blood cells are destroyed faster than they are regenerated by the body. Babesiosis can cause more serious symptoms and even lead to death in individuals aged 50 years or older, those with a weakened immune system, individuals without a spleen, and those with serious health issues like kidney or liver disease.

Columbia County had the highest Babesiosis incidence rate in New York State in 2021, 2022, and 2023 (NYS Communicable Disease Reports). Greene County had the second highest Babesiosis incidence rate in New York State in 2022 and 2023, and the third highest in 2021. Rensselaer County had the third highest rates in the Capital Region in 2021, 2022, and 2023. Albany County had Babesiosis incidence rates in 2021, 2022, and 2023 that were higher than in New York State, excluding NYC.

Babesiosis Incidence per 100,000			
	2021	2022	2023
NYS (excl. NYC)	6.2	4.6	9.3
Schenectady	1.9	2.5	5.6
Saratoga	8.7	4.6	8.0
Albany	10.9	10.1	12.7
Rensselaer	28.5	16.9	32.6
Greene	50.9	37.5	63.4
Columbia	94.1	47.3	88.4

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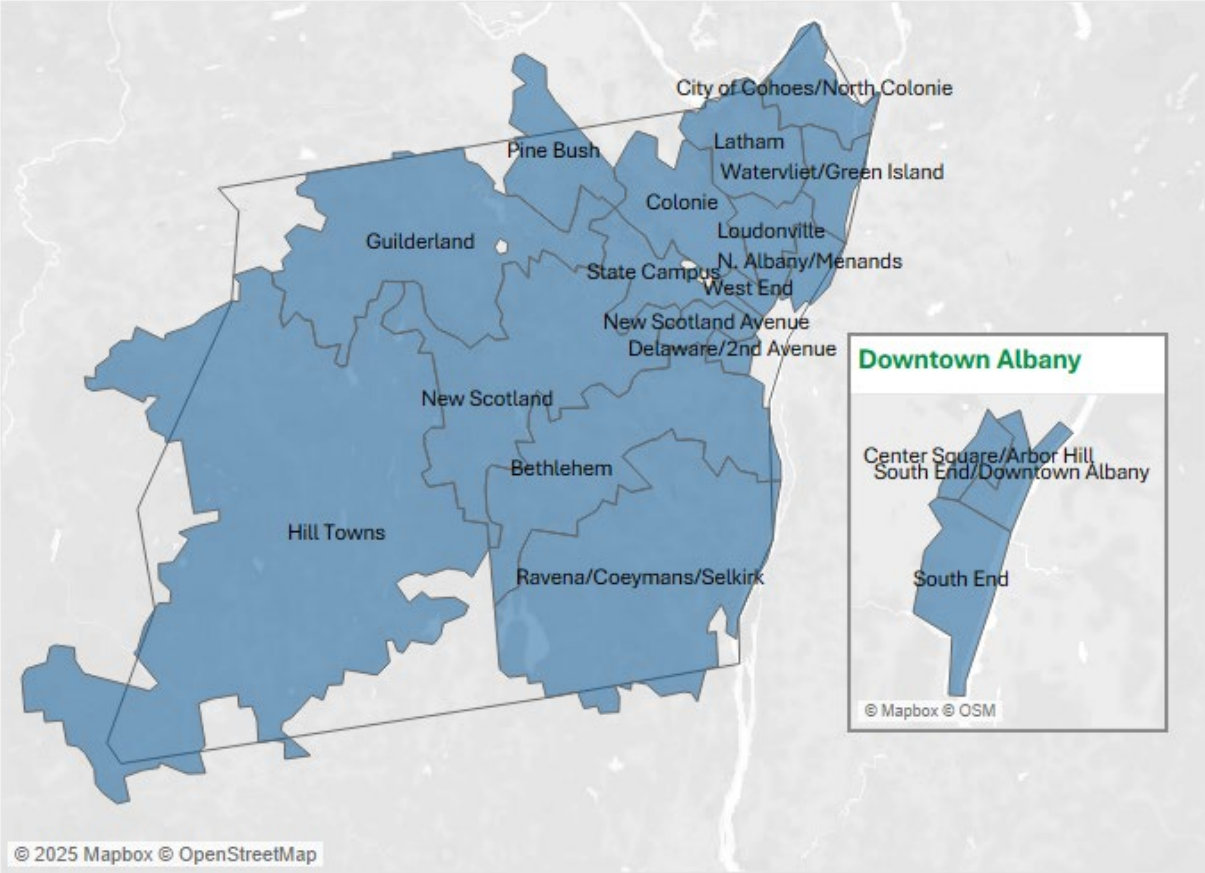
A. Capital Region ZIP Code Groupings

Albany County ZIP Groups

ZIP Code Group	Neighborhood/Region	
Bethlehem	Delmar	12054
	Fuera Bush	12067
	Glenmont	12077
Center Square/Arbor Hill	Center Square/Arbor Hill	12210
City of Cohoes/North Colonie	City of Cohoes/North Colonies/Bought Corners	12047
Colonie	Colonies Village/Maywood/Roessleville/Sand Creek Road	12205
Delaware/2nd Avenue	Delaware/2nd Avenue/Whitehall	12209
Guilderland	Altamont/Knox/Guilderland Center	12009
	Guilderland	12084
Hill Towns	Berne/Knox	12023
	East Berne/Knox	12059
	Medusa	12193
	Preston Hollow	12469
	Rensselaerville	12147
	Westerlo	12120
Latham	Latham	12110
Loudonville	Loudonville	12211
N. Albany/Menands	N. Albany/Menands	12204
New Scotland	Clarksville	12041
	Slingerlands	12159
	Voorheesville	12186
New Scotland Avenue	New Scotland/Normanskill/Buckingham	12208
Pine Bush	Carman/Lydus/Old State/Hungerkill/Fort Hunter	12303
Ravena/Coeymans/Selkirk	Alcove	12007
	Coeymans Hollow	12046
	Ravena	12143
	Selkirk	12158
South End	South End/Mansion/Second Avenue	12202
South End/Downtown Albany	Downtown Albany/Warehouse District	12207
State Campus	Westmere/Melrose/Pine Hills	12203
Watervliet/Green Island	Green Island	12183
	Watervliet/East Colonie/Haswell Road	12189
West End	West End/West Hill	12206



Albany County ZIP Code Group Map

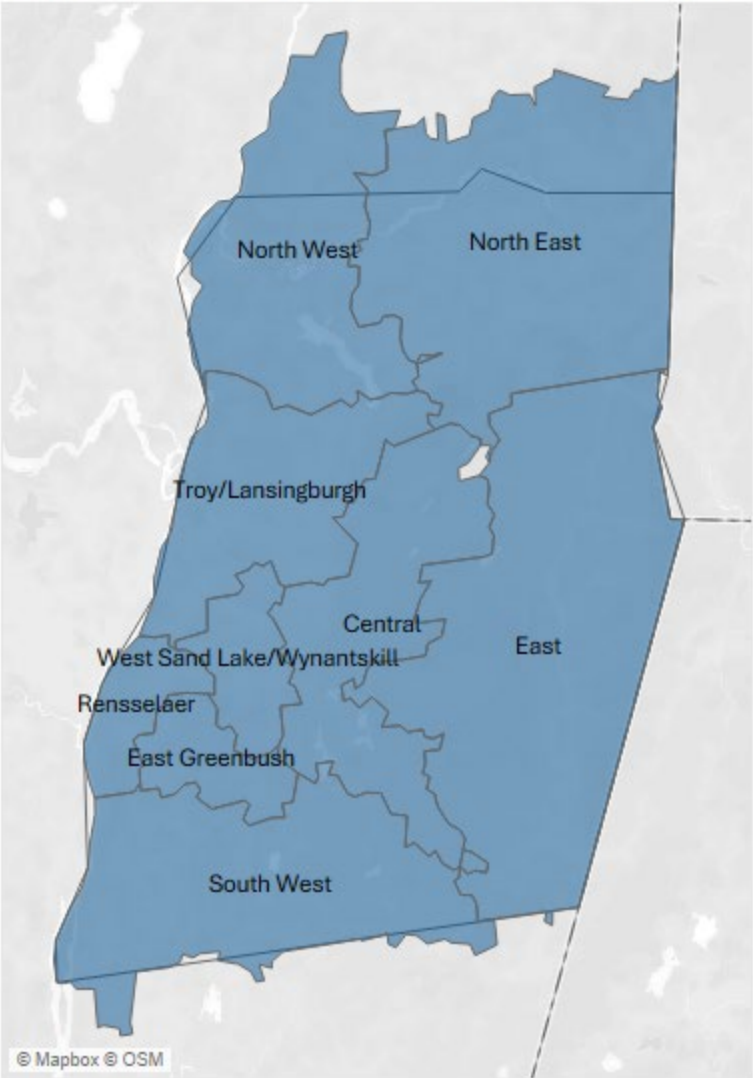


Rensselaer County ZIP Code Groups

ZIP Code Group	Neighborhood/Region	
Central	Averill Park	12018
	Cropseyville	12052
	Poestenkill	12140
East	Berlin	12022
	Petersburg	12138
	Sand Lake	12153
	Stephentown	12168 12169
East Greenbush	East Greenbush	12061
North East	Buskirk	12028
	Eagle Bridge	12057
	Hoosick Falls	12090
	Johnsonville	12094
North West	Melrose	12121
	Schaghticoke	12154
	Valley Falls	12185
Rensselaer	Rensselaer	12144
South West	Castleton on Hudson	12033
	East Nassau	12062
	East Schodack	12063
	Nassau	12123
	Schodack	12156
Troy/Lansingburgh	Lansingburgh	12182
	Troy	12180
West Sand Lake/Wynantskill	West Sand Lake	12196
	Wynantskill	12198



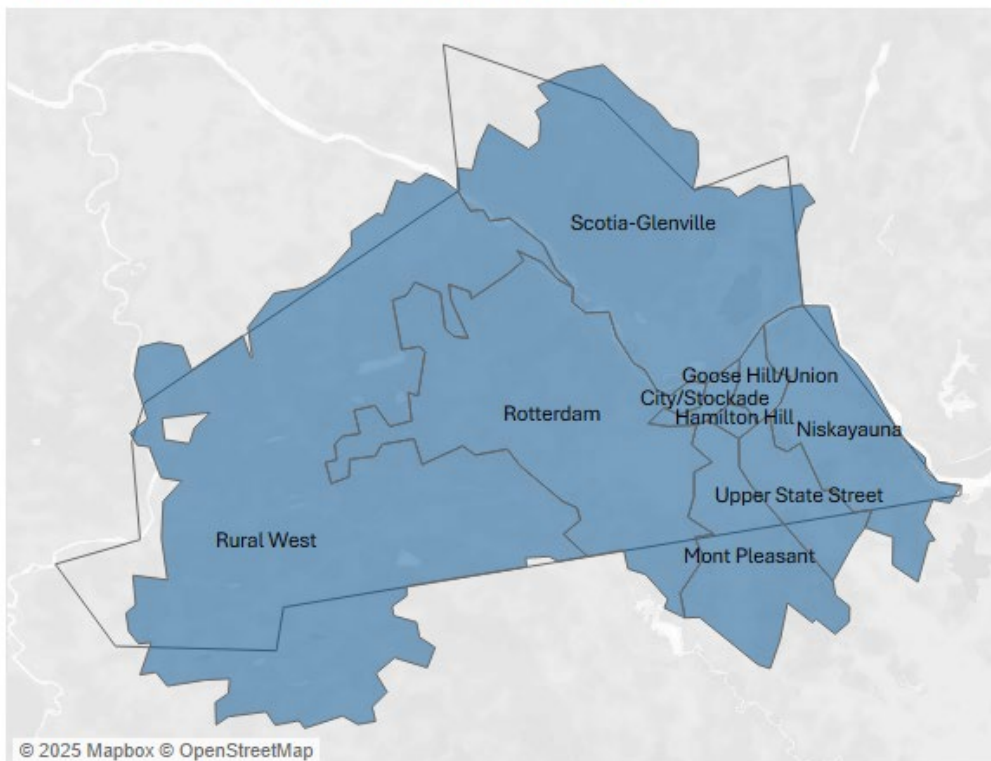
Rensselaer County ZIP Code Group Map



Schenectady County ZIP Code Groups

ZIP Code Group	Neighborhood/Region	
City/Stockade	City/Stockade	12305
Goose Hill/Union	Goose Hill/Union	12308
Hamilton Hill	Hamilton Hill	12307
Mont Pleasant	Mont Pleasant	12303
Niskayauna	Niskayauna	12309
Rotterdam	Rotterdam	12306
Rural West	Delanson	12053
	Duanesberg	12056
	Princetown	12137
	Rotterdam Junction	12150
Scotia-Glenville	Glenville	12008
	Scotia-Glenville	12302
Upper State Street	Upper State Street	12304

Schenectady County ZIP Code Group Map

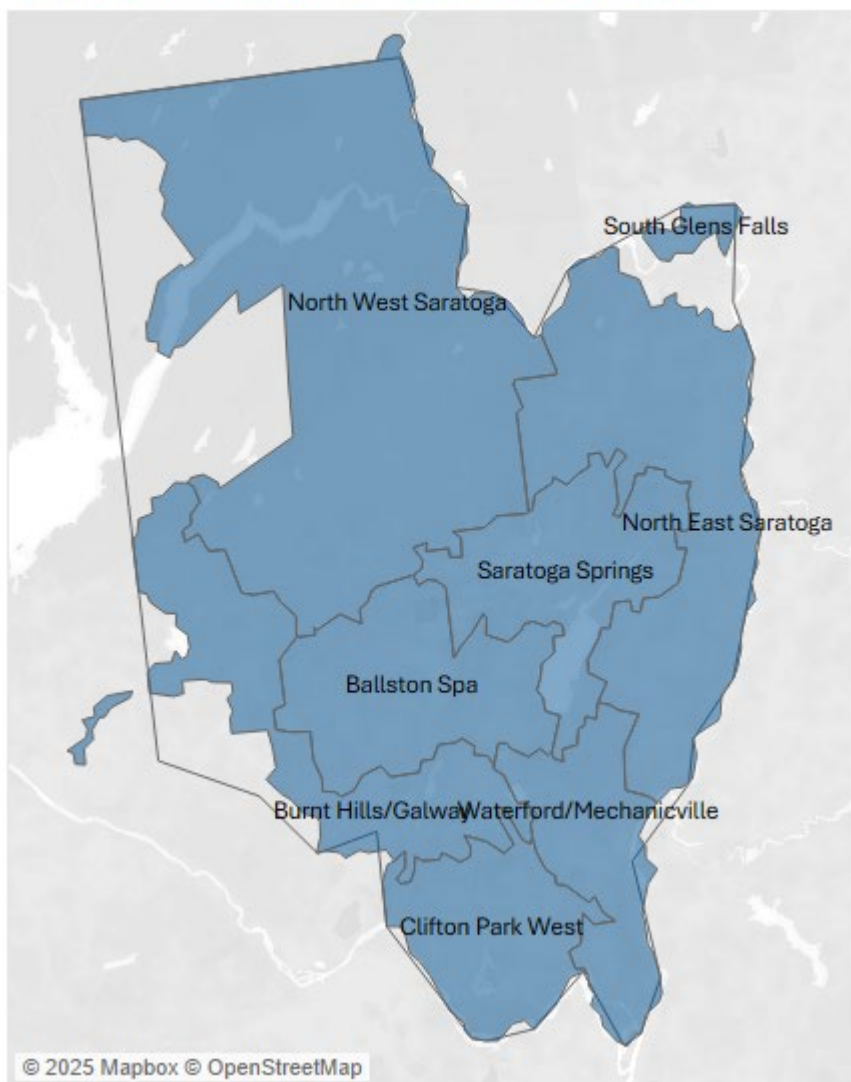


Saratoga County ZIP Code Groups

ZIP Code Group	Neighborhood/Region	
Ballston Spa	Ballston Spa	12020
	Ballston Lake	12019
Burnt Hills/Galway	Burnt Hills	12027
	Galway	12074
	Hagaman	12086
	Round Lake	12151
Clifton Park West	Clifton Park West	12065
	Rexford/Vischer Ferry	12148
North East Saratoga	Gansevoort	12831
	Schuylerville	12871
	Stillwater	12170
North West Saratoga	Corinth	12822
	Greenfield Center	12833
	Hadley	12835
	Middle Grove	12850
	Porter Corners	12859
	Rock City Falls	12863
Saratoga Springs	Saratoga Springs	12866
South Glens Falls	South Glens Falls	12803
Waterford/ Mechanicville	Mechanicville	12188
	Waterford	12118



Saratoga County ZIP Code Group Map

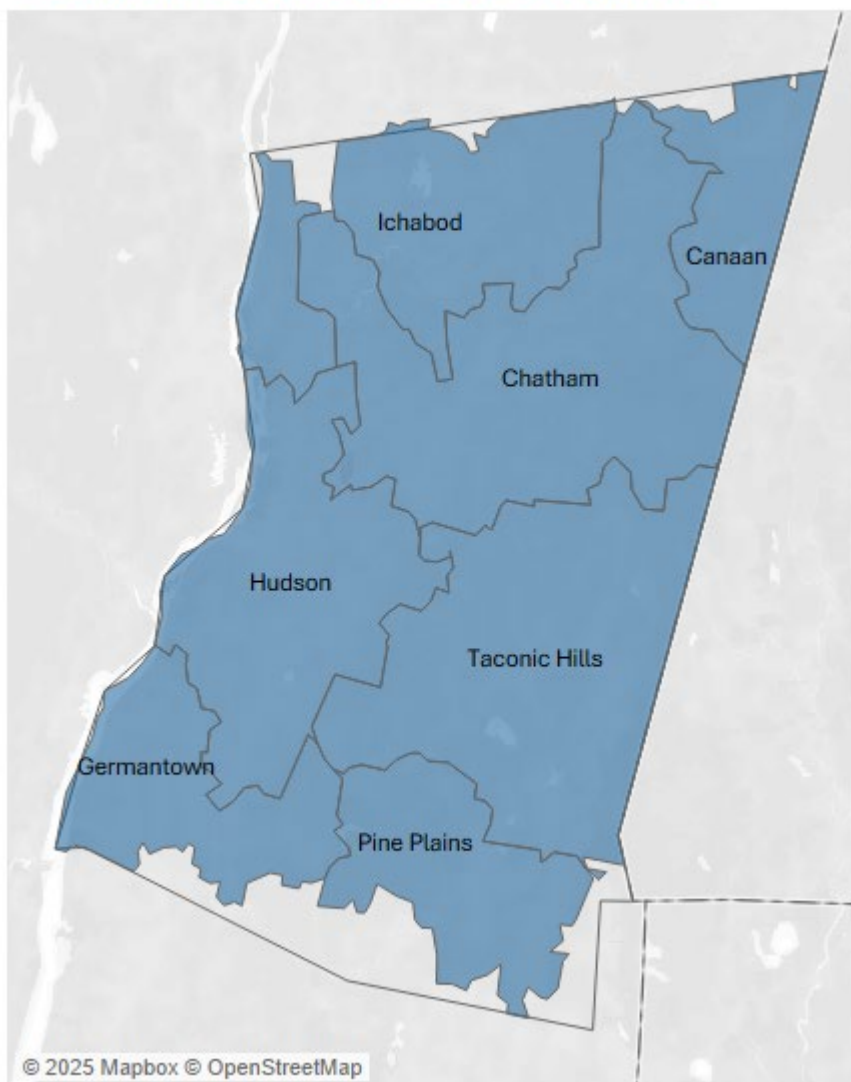


Columbia County ZIP Code Groups

ZIP Code Group	Neighborhood/Region	
Canaan	Canaan	12029
	New Lebanon	12125
Chatham	Austerlitz	12017
	Chatham	12037
	East Chatham	12060
	Ghent	12075
	Kinderhook	12106
	Spencertown	12165
	West Lebanon	12195
Germantown	Elizaville	12523
	Germantown	12526
Hudson	Claverack	12513
	Hollowville	12530
	Hudson	12534
	Stottville	12172
Ichabod	Brainard	12024
	Malden Bridge	12115
	Niverville	12130
	North Chatham	12132
	Old Chatham	12136
	Stuyvesant	12173
	Stuyvesant Falls	12174
	Valatie	12184
Pine Plains	Ancram	12502
	Ancramdale	12503
Taconic Hills	Copake	12516
	Copake Falls	12517
	Craryville	12521
	Hillsdale	12529
	Philmont	12565



Columbia County ZIP Code Group Map

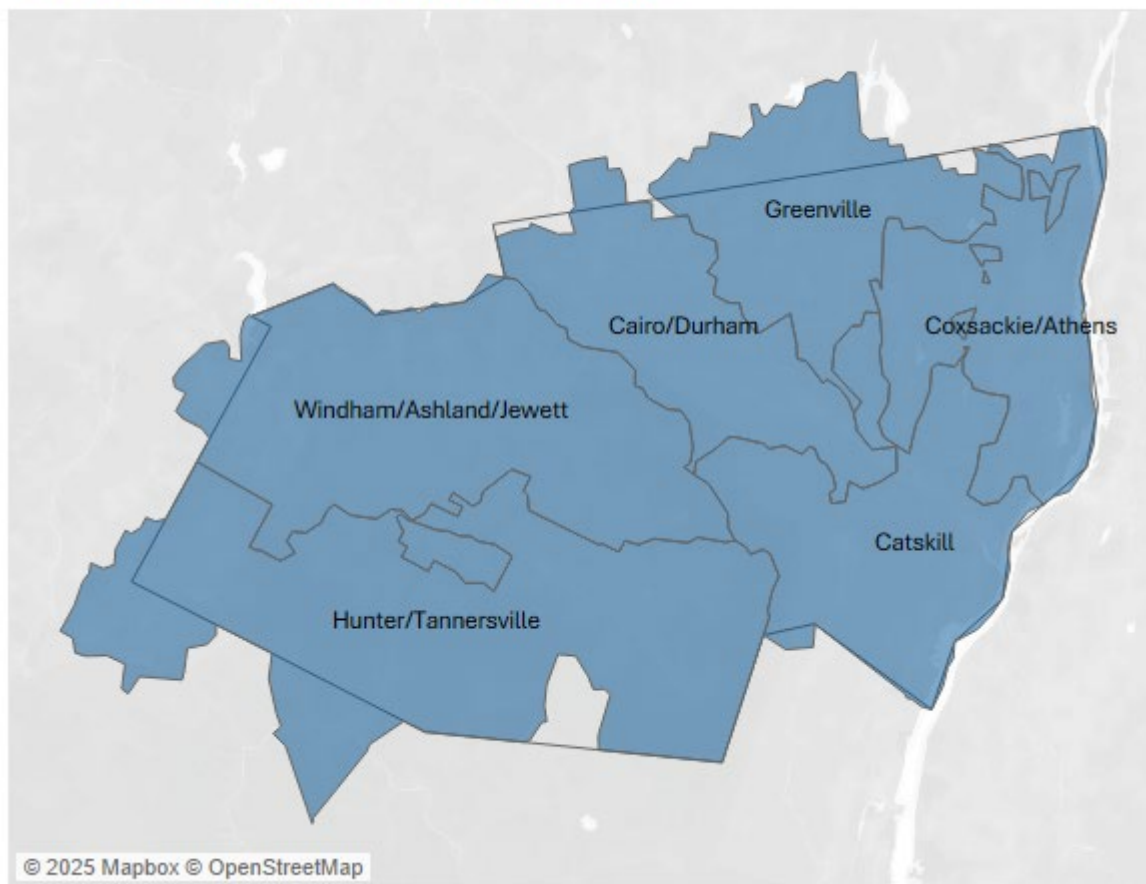


Greene County ZIP Codes Groups

ZIP Code Group	Neighborhood/Region	
Cairo/Durham	Acra	12405
	Cairo	12413
	Cornwallville	12418
	Durham	12422
	East Durham	12423
	Oak Hill	12460
	Purling	12470
	South Cairo	12482
Catskill	Catskill	12414
	Leeds	12451
	Palenville	12463
	Round Top	12473
Coxsackie/Athens	Athens	12015
	Coxsackie	12051
	Earlton	12058
	New Baltimore	12124
	West Coxsackie	12192
Greenville	Climax	12042
	Freehold	12431
	Greenville	12083
	Hannacroix	12087
	Surprise	12176
Hunter/Tannersville	Elka Park	12427
	Fleishman	12430
	Haines Falls	12436
	Hunter	12442
	Lanesville	12450
	Shandaken	12480
	Tannersville	12485
	West Kill	12492
Windham/Ashland/Jewett	Ashland	12407
	East Jewett	12424
	Hensonville	12439
	Jewett	12444
	Lexington	12452
	Maplecrest	12454
	Prattsville	12468
	Windham	12496



Greene County ZIP Code Group Map



B. Socio-Demographic Data Tables

The following section contains charts representing socio-demographic indicators; first, by county (below), then, by neighborhood. Age, race/ethnicity, and total population estimates are based on the latest American Community Survey 5-year data, covering 2019-2023. Economic and education status estimates are based on American Community Survey 1-year data from 2022. The American Community Survey is a product of the U.S. Census Bureau.

Notes:

- Please refer to the [Appendix A](#) for lists and maps of Capital Region ZIP Code Groupings, by county.
- County totals represent all county residents and are not a summary of listed ZIP code groups. Some ZIP codes cross county borders.

Capital Region Sociodemographic Comparison, by County, with Conditional Formatting

County	Total Pop.	Age (years)		Race/Ethnicity				
		0-14	65+	Asian	Black	Hispanic	Native	White
Albany	315,374	15.0%	17.8%	8.4%	15.5%	7.0%	0.9%	76.8%
Saratoga	237,075	15.8%	19.4%	3.9%	2.8%	3.8%	0.8%	93.7%
Rensselaer	160,341	15.7%	17.8%	3.8%	9.5%	5.9%	0.9%	87.3%
Schenectady	159,603	17.8%	17.6%	6.9%	14.9%	8.1%	1.8%	77.4%
Columbia	61,245	12.6%	25.4%	3.0%	5.8%	6.0%	1.4%	90.5%
Greene	47,554	13.4%	23.5%	1.7%	6.5%	6.6%	1.0%	91.7%

County	Total Pop.	Social		Economic			
		< High School	Speak English LTVW	Poverty	Unemployed	Pre-1940 Housing	Rent >35% of Income
Albany	315,374	7.4%	4.8%	12.5%	3.4%	27.5%	36.8%
Saratoga	237,075	6.0%	2.0%	6.6%	2.3%	16.0%	31.6%
Rensselaer	160,341	7.6%	2.4%	11.5%	3.6%	32.5%	37.8%
Schenectady	159,603	8.4%	2.8%	11.6%	3.8%	33.1%	41.0%
Columbia	61,245	8.0%	2.9%	10.3%	3.5%	33.4%	43.7%
Greene	47,554	11.5%	2.6%	10.4%	1.5%	26.2%	37.8%

Source: American Community Survey, U.S. Census Bureau.

Conditional formatting key: Darker cells contain larger values. The largest value in each column is bold and italicized.

County	ZIP Code Group	Total Pop.	Age (years)		Race/Ethnicity				
			0-14	65+	Asian	Black	Hispanic	Native	White
Albany	Bethlehem	24,971	18.1%	21.5%	3.7%	2.2%	3.5%	0.3%	93.6%
	Center Square/Arbor Hill	9,725	9.9%	15.1%	3.5%	47.9%	7.2%	2.2%	50.8%
	City of Cohoes/North Colonie	23,406	20.0%	17.4%	6.2%	17.4%	7.1%	0.9%	81.6%
	Colonie	25,912	15.6%	21.2%	9.5%	10.6%	5.1%	0.8%	81.9%
	Delaware/2nd Avenue	10,754	22.0%	11.2%	8.5%	30.2%	19.1%	0.0%	57.7%
	Guilderland	13,122	17.7%	16.8%	16.0%	6.0%	3.3%	0.5%	79.2%
	Hill Towns	7,670	14.6%	23.1%	0.7%	1.4%	0.8%	0.5%	98.1%
	Latham	19,969	15.3%	18.9%	14.5%	7.0%	2.6%	0.5%	81.7%
	Loudonville	13,800	16.0%	21.0%	13.5%	7.0%	6.7%	0.1%	82.7%
	N. Albany/Menands	8,423	19.1%	14.6%	8.8%	36.0%	4.7%	2.3%	56.8%
	New Scotland	15,755	13.0%	24.2%	5.7%	2.4%	4.2%	0.1%	92.5%
	New Scotland Avenue	23,936	10.8%	17.1%	10.4%	16.7%	7.1%	0.7%	74.7%
	Pine Bush	29,989	19.2%	18.4%	7.3%	16.9%	9.5%	1.6%	75.5%
	Ravena/Coeymans/Selkirk	12,609	16.0%	18.5%	1.2%	4.1%	6.4%	0.3%	94.4%
	South End	9,500	17.0%	11.1%	7.5%	52.3%	15.2%	3.8%	35.8%
	South End/Downtown Albany	2,097	11.6%	12.6%	3.9%	47.2%	7.1%	0.0%	47.0%
	State Campus	30,080	9.6%	17.4%	9.3%	12.9%	6.8%	0.7%	76.3%
	Watervliet/Green Island	21,171	16.6%	18.0%	8.2%	11.8%	7.7%	1.9%	81.2%
	West End	14,592	15.2%	10.8%	10.9%	50.0%	14.7%	2.7%	36.8%
Columbia	Canaan	2,164	9.1%	26.5%	1.3%	3.0%	4.2%	1.6%	94.3%
	Chatham	11,719	11.7%	27.3%	2.9%	5.5%	4.3%	0.8%	91.8%
	Germantown	5,559	12.1%	30.9%	1.5%	5.3%	6.0%	1.4%	96.2%
	Hudson	18,068	11.5%	22.1%	6.8%	10.2%	6.7%	2.3%	81.7%
	Ichabod	11,615	16.5%	25.9%	0.7%	2.0%	7.8%	1.3%	96.6%
	Pine Plains	1,769	15.6%	24.0%	0.9%	2.5%	4.5%	0.1%	90.4%
Greene	Taconic Hills	7,812	11.3%	27.2%	0.7%	4.8%	5.3%	0.8%	92.4%
	Cairo/Durham	7,091	13.3%	23.9%	0.3%	3.8%	4.7%	0.6%	96.7%
	Catskill	13,107	12.2%	24.1%	2.1%	7.3%	8.5%	0.3%	90.7%
	Coxsackie/Athens	12,456	11.5%	21.0%	1.1%	12.6%	6.2%	1.2%	86.5%
	Greenville	7,748	17.8%	19.2%	2.8%	2.3%	4.8%	2.3%	93.5%
	Hunter/Tannersville	5,147	21.0%	24.3%	1.8%	0.4%	8.6%	1.7%	93.4%
Rensselaer	Windham/Ashland/Jewett	4,393	10.2%	31.0%	3.4%	2.8%	8.2%	0.5%	95.7%
	Central	10,526	17.4%	18.2%	1.7%	0.2%	2.0%	1.0%	98.8%
	East	6,744	15.8%	20.9%	0.5%	1.6%	4.2%	0.8%	97.2%
	East Greenbush	9,778	18.4%	20.0%	5.5%	3.2%	7.7%	0.1%	89.7%
	North East	11,532	18.1%	17.1%	1.0%	1.4%	4.3%	0.5%	96.9%
	North West	6,899	15.0%	21.3%	0.8%	1.1%	1.8%	0.6%	98.5%
	Rensselaer	21,631	15.0%	16.9%	7.6%	9.5%	6.0%	1.1%	84.8%
	South West	16,032	15.7%	22.0%	0.6%	1.6%	6.4%	1.5%	97.5%
	Troy/Lansingburgh	68,344	14.7%	15.7%	4.9%	17.7%	7.8%	0.9%	78.4%
Saratoga	West Sand Lake/Wynantskill	11,185	18.2%	18.5%	1.0%	2.8%	2.0%	0.6%	96.9%
	Ballston Spa	34,140	16.0%	18.4%	2.6%	2.6%	4.0%	0.7%	95.1%
	Burnt Hills/Galway	25,852	16.6%	20.6%	4.3%	1.7%	4.1%	0.5%	94.7%
	Clifton Park West	48,847	16.8%	18.3%	8.5%	4.2%	4.0%	0.5%	89.2%
	North East	27,056	18.1%	17.1%	1.0%	1.4%	4.3%	0.5%	96.9%
	North West	19,253	15.0%	21.3%	0.8%	1.1%	1.8%	0.6%	98.5%
	Saratoga Springs	39,657	12.4%	22.4%	4.0%	3.7%	4.2%	0.6%	92.8%
	South Glens Falls	8,915	17.8%	17.8%	0.3%	4.2%	2.5%	2.8%	95.3%
	Waterford/Mechanicville	28,470	15.1%	20.4%	3.1%	2.2%	4.3%	1.6%	93.7%
Schenectady	City/Stockade	7,764	4.8%	11.2%	4.9%	25.6%	10.0%	1.2%	70.3%
	Goose Hill/Union	13,985	12.7%	15.6%	4.4%	22.7%	13.1%	1.8%	66.0%
	Hamilton Hill	7,977	25.0%	9.7%	16.1%	37.5%	24.6%	6.7%	30.8%
	Mont Pleasant	29,989	19.2%	18.4%	7.3%	16.9%	9.5%	1.6%	75.5%
	Niskayauna	32,996	20.5%	19.4%	10.5%	7.8%	5.1%	1.1%	83.9%
	Rotterdam	27,569	16.8%	16.5%	3.5%	9.9%	6.8%	1.2%	86.9%
	Rural West	9,155	15.5%	16.3%	0.1%	5.7%	4.1%	0.9%	96.5%
	Scotia-Glenville	28,080	17.9%	22.1%	2.3%	2.8%	3.5%	1.0%	96.0%
	Upper State Street	22,027	17.3%	19.6%	14.8%	23.1%	8.8%	2.0%	61.1%

Conditional formatting key: Darker cells contain larger values. Largest value in each column is bold and italicized



County	ZIP Code Group	Total Pop.	Social		Economic			
			Less than High School	Speak English LTVW	Poverty	Unemployed	Pre- 1940 Housing	Rent >35% of Income
Albany	Bethlehem	24,971	2.8%	1.8%	5.0%	2.0%	17.3%	36.1%
	Center Square/Arbor Hill	9,725	10.4%	3.5%	22.4%	4.7%	59.9%	41.5%
	City of Cohoes/North Colonie	23,406	8.3%	2.7%	15.8%	3.9%	37.6%	30.2%
	Colonie	25,912	7.5%	6.6%	6.8%	2.2%	10.5%	33.4%
	Delaware/2nd Avenue	10,754	11.4%	10.3%	9.8%	2.8%	52.0%	26.7%
	Guilderland	13,122	3.5%	5.8%	5.3%	2.3%	16.4%	19.4%
	Hill Towns	7,670	4.6%	0.2%	4.3%	4.6%	23.1%	36.8%
	Latham	19,969	6.2%	6.5%	6.3%	3.3%	5.3%	26.1%
	Loudonville	13,800	2.2%	2.5%	5.2%	1.2%	10.1%	43.6%
	N. Albany/Menands	8,423	10.0%	3.2%	13.9%	4.7%	20.1%	24.4%
	New Scotland	15,755	3.0%	2.0%	4.3%	2.4%	13.5%	28.4%
	New Scotland Avenue	23,936	6.7%	5.4%	18.0%	3.1%	35.8%	47.4%
	Pine Bush	29,989	8.5%	2.6%	12.5%	3.6%	24.4%	48.2%
	Ravena/Coeymans/Selkirk	12,609	8.7%	2.4%	9.0%	1.6%	17.7%	29.2%
	South End	9,500	18.5%	9.2%	27.0%	9.8%	58.2%	36.6%
	South End/Downtown Albany	2,097	12.2%	7.2%	41.3%	1.9%	29.5%	34.1%
	State Campus	30,080	6.2%	6.2%	14.4%	2.7%	24.1%	40.1%
Columbia	Watervliet/Green Island	21,171	9.2%	5.5%	15.8%	3.1%	43.3%	33.3%
	West End	14,592	18.6%	9.5%	40.6%	9.4%	50.5%	56.0%
	Canaan	2,164	3.8%	2.7%	11.8%	2.6%	44.8%	44.0%
	Chatham	11,719	6.1%	1.2%	7.6%	3.2%	35.9%	37.2%
	Germantown	5,559	6.3%	1.3%	10.2%	4.3%	31.7%	38.8%
	Hudson	18,068	12.1%	5.8%	14.8%	3.6%	34.0%	53.9%
	Ichabod	11,615	5.1%	2.4%	7.4%	4.0%	33.5%	31.1%
Greene	Pine Plains	1,769	8.8%	4.0%	9.8%	6.1%	22.0%	21.8%
	Taconic Hills	7,812	7.9%	0.8%	9.2%	2.0%	31.7%	31.7%
	Cairo/Durham	7,091	10.5%	1.0%	12.1%	1.4%	21.3%	40.7%
	Catskill	13,107	9.3%	3.4%	13.8%	1.9%	34.4%	40.8%
	Coxsackie/Athens	12,456	19.6%	2.1%	7.1%	1.9%	28.1%	32.9%
	Greenville	7,748	5.2%	1.3%	2.9%	0.2%	21.9%	24.0%
Rensselaer	Hunter/Tannersville	5,147	7.3%	5.5%	17.6%	1.0%	29.8%	41.0%
	Windham/Ashland/Jewett	4,393	9.9%	4.2%	9.3%	1.8%	17.3%	32.4%
	Central	10,526	3.7%	1.5%	4.8%	1.5%	28.3%	17.7%
	East	6,744	10.7%	1.2%	8.5%	6.3%	27.4%	26.3%
	East Greenbush	9,778	5.3%	4.1%	2.2%	1.7%	10.7%	29.2%
	North East	11,532	7.1%	0.7%	6.4%	2.7%	21.1%	34.1%
	North West	6,899	8.7%	0.0%	8.3%	2.8%	20.5%	33.9%
	Rensselaer	21,631	6.3%	2.9%	10.6%	2.2%	22.7%	31.6%
	South West	16,032	5.1%	1.5%	5.0%	3.9%	23.1%	41.9%
Saratoga	Troy/Lansingburgh	68,344	10.2%	3.2%	18.5%	4.9%	43.8%	41.4%
	West Sand Lake/Wynantskill	11,185	3.8%	1.1%	5.1%	2.6%	21.2%	35.5%
	Ballston Spa	34,140	5.9%	1.6%	6.2%	2.6%	15.0%	32.0%
	Burnt Hills/Galway	25,852	3.8%	0.9%	4.9%	0.9%	14.0%	23.6%
	Clifton Park West	48,847	4.6%	3.6%	3.0%	2.2%	3.1%	28.6%
	North East	27,056	7.1%	1.0%	6.4%	2.7%	21.1%	34.1%
	North West	19,253	8.7%	0.7%	8.3%	2.8%	20.5%	33.9%
	Saratoga Springs	39,657	5.7%	2.5%	8.5%	1.8%	21.0%	34.8%
Schenectady	South Glens Falls	8,915	7.5%	0.7%	11.8%	3.7%	20.2%	27.9%
	Waterford/Mechanicville	28,470	6.7%	1.4%	7.4%	2.8%	26.8%	30.9%
	City/Stockade	7,764	12.0%	2.9%	18.3%	4.4%	57.3%	39.0%
	Goose Hill/Union	13,985	11.4%	3.2%	17.8%	4.4%	56.8%	44.4%
	Hamilton Hill	7,977	24.4%	10.5%	33.5%	11.2%	44.6%	57.9%
	Mont Pleasant	29,989	8.5%	2.6%	12.5%	3.6%	24.4%	48.2%
	Niskayauna	32,996	3.2%	2.2%	3.6%	2.3%	21.8%	26.8%
	Rotterdam	27,569	6.2%	1.8%	7.8%	3.2%	26.5%	26.9%
	Rural West	9,155	5.3%	0.0%	9.0%	2.8%	19.8%	49.6%
	Scotia-Glenville	28,080	5.3%	1.6%	4.8%	2.7%	24.9%	35.5%
	Upper State Street	22,027	14.1%	5.1%	19.5%	4.2%	33.1%	48.8%

Conditional formatting key: Darker cells contain larger values. Largest value in each column is bold and italicized. Note: LTVW = Less than very well.



i. Age Group: Population, by Area

Area		< 5 years	5-14 years	15-19 years	20-44 years	45-64 years	65-74 years	75+ years
County	NYS (excluding NYC)	604,728	1,332,411	763,124	3,513,454	3,047,009	1,223,953	871,438
	Capital Region	47,572	105,066	63,842	320,247	258,928	110,354	75,183
County	Albany	14,928	32,399	22,945	112,389	76,581	32,947	23,185
	Columbia	2,400	5,346	3,168	16,696	18,067	9,251	6,317
	Greene	2,030	4,340	2,139	14,125	13,771	6,542	4,607
	Rensselaer	7,895	17,380	11,150	53,170	42,096	17,540	11,110
	Saratoga	11,066	26,398	13,904	71,970	67,790	27,662	18,285
	Schenectady	9,253	19,203	10,536	51,897	40,623	16,412	11,679
	Bethlehem	1,317	1,478	6,556	7,054	3,199	3,021	2,346
Albany	Center Square/Arbor Hill	320	378	4,685	2,242	638	872	590
	City of Cohoes/North Colonie	1,157	1,412	8,201	5,044	3,524	2,239	1,829
	Colonie	1,210	1,596	7,348	7,450	2,813	2,926	2,569
	Delaware/2nd Avenue	900	279	4,369	2,540	1,463	834	369
	Guilderland	731	806	4,615	3,174	1,590	1,290	916
	Hill Towns	411	409	2,082	2,287	706	1,151	624
	Latham	647	1,697	6,651	4,794	2,418	2,149	1,613
	Loudonville	945	1,888	4,032	2,772	1,263	1,653	1,247
	N. Albany/Menands	855	351	3,435	1,801	749	726	506
	New Scotland	615	945	4,050	4,899	1,428	2,259	1,559
	New Scotland Avenue	834	1,536	11,192	4,531	1,749	2,485	1,609
	Pine Bush	1,449	2,087	9,311	7,333	4,304	3,443	2,062
	Ravena/Coeymans/Selkirk	524	518	3,357	4,396	1,482	1,451	881
	South End	708	511	4,247	2,076	899	618	441
	South End/Downtown Albany	157	1	1,192	397	87	236	27
	State Campus	1,055	2,244	13,393	6,327	1,847	2,882	2,332
	Watervliet/Green Island	1,050	937	7,384	5,528	2,448	2,375	1,449
	West End	462	1,057	6,353	3,392	1,749	982	597
	Canaan	90	161	646	588	107	287	285
	Chatham	377	627	3,007	3,512	991	1,946	1,259
Columbia	Germantown	152	139	1,641	1,383	525	988	731
	Hudson	631	943	5,597	5,457	1,448	2,356	1,636
	Ichabod	606	694	2,856	3,140	1,314	1,962	1,043
	Pine Plains	117	102	429	536	160	281	144
	Taconic Hills	334	368	1,872	2,568	550	1,200	920
	Cairo/Durham	266	449	2,138	1,871	672	873	822
	Catskill	617	582	4,196	3,586	977	1,766	1,383
	Coxsackie/Athens	290	588	3,855	3,962	1,145	1,659	957
	Greenville	381	359	2,179	2,345	996	913	575
	Hunter/Tannersville	391	142	1,317	1,361	688	780	468
Greene	Windham/Ashland/Jewett	134	134	1,126	1,321	314	863	501
	Central	552	578	2,610	3,586	1,279	1,443	478
	East	236	340	1,766	2,168	827	862	545
	East Greenbush	690	410	3,133	2,481	1,106	1,262	696
	North East	2,314	2,279	11,568	11,145	4,688	3,846	2,748
	North West	1,207	1,524	7,547	7,612	2,711	3,415	2,136
	Rensselaer	1,222	1,092	7,601	6,015	2,028	2,213	1,460
	South West	795	930	4,490	4,588	1,708	2,061	1,460
	Troy/Lansingburgh	3,071	5,987	25,987	15,606	6,967	6,464	4,262
	West Sand Lake/Wynantskill	513	918	2,737	3,435	1,518	1,465	599
Rensselaer	Ballston Spa	1,219	1,790	10,936	9,681	4,241	3,809	2,464
	Burnt Hills/Galway	1,168	1,673	6,766	7,801	3,118	3,221	2,105
	Clifton Park West	2,619	2,839	15,272	13,653	5,551	5,309	3,604
	North East	2,314	2,279	11,568	11,145	4,688	3,846	2,748
	North West	1,207	1,524	7,547	7,612	2,711	3,415	2,136
	Saratoga Springs	1,511	2,862	12,175	10,779	3,420	4,893	4,017
	South Glens Falls	472	522	2,939	2,287	1,111	830	754
	Waterford/Mechanicville	1,189	1,351	8,851	8,170	3,092	3,681	2,136
	City/Stockade	231	533	4,167	1,824	137	598	274
	Goose Hill/Union	622	1,465	5,326	3,220	1,165	1,219	968
Saratoga	Hamilton Hill	550	641	2,502	2,072	1,443	468	301
	Mont Pleasant	1,449	2,087	9,311	7,333	4,304	3,443	2,062
	Niskayauna	2,557	2,374	9,004	8,422	4,231	3,602	2,806
	Rotterdam	1,522	1,735	9,375	7,269	3,124	2,858	1,686
	Rural West	448	402	2,873	2,970	971	923	568
	Scotia-Glenville	1,562	1,686	8,224	6,953	3,460	3,388	2,807
	Upper State Street	1,276	1,106	6,687	6,117	2,536	2,795	1,510
Schenectady	Ballston Spa	1,219	1,790	10,936	9,681	4,241	3,809	2,464
	Burnt Hills/Galway	1,168	1,673	6,766	7,801	3,118	3,221	2,105
	Clifton Park West	2,619	2,839	15,272	13,653	5,551	5,309	3,604
	North East	2,314	2,279	11,568	11,145	4,688	3,846	2,748
	North West	1,207	1,524	7,547	7,612	2,711	3,415	2,136
	Saratoga Springs	1,511	2,862	12,175	10,779	3,420	4,893	4,017
	South Glens Falls	472	522	2,939	2,287	1,111	830	754
	Waterford/Mechanicville	1,189	1,351	8,851	8,170	3,092	3,681	2,136
	City/Stockade	231	533	4,167	1,824	137	598	274
	Goose Hill/Union	622	1,465	5,326	3,220	1,165	1,219	968

Source: American Community Survey, 5-year estimates, 2019-2023. US Census Bureau.



ii. Age Group: Percent of Population, by Area

Area		< 5 years	5-14 years	15-19 years	20-44 years	45-64 years	65-74 years	75+ years
County	NYS (excluding NYC)	5.3%	11.7%	6.7%	30.9%	26.8%	10.8%	7.7%
	Capital Region	4.8%	10.7%	6.5%	32.6%	26.4%	11.2%	7.7%
	Albany	4.7%	10.3%	7.3%	35.6%	24.3%	10.4%	7.4%
	Columbia	3.9%	8.7%	5.2%	27.3%	29.5%	15.1%	10.3%
	Greene	4.3%	9.1%	4.5%	29.7%	29.0%	13.8%	9.7%
	Rensselaer	4.9%	10.8%	7.0%	33.2%	26.3%	10.9%	6.9%
	Saratoga	4.7%	11.1%	5.9%	30.4%	28.6%	11.7%	7.7%
	Schenectady	5.8%	12.0%	6.6%	32.5%	25.5%	10.3%	7.3%
ZIP Code Group, by County	Bethlehem	5.3%	12.8%	5.9%	26.3%	28.2%	12.1%	9.4%
	Center Square/Arbor Hill	3.3%	6.6%	3.9%	48.2%	23.1%	9.0%	6.1%
	City of Cohoes/North Colonie	4.9%	15.1%	6.0%	35.0%	21.6%	9.6%	7.8%
	Colonie	4.7%	10.9%	6.2%	28.4%	28.8%	11.3%	9.9%
	Delaware/2nd Avenue	8.4%	13.6%	2.6%	40.6%	23.6%	7.8%	3.4%
	Guilderland	5.6%	12.1%	6.1%	35.2%	24.2%	9.8%	7.0%
	Hill Towns	5.4%	9.2%	5.3%	27.1%	29.8%	15.0%	8.1%
	Latham	3.2%	12.1%	8.5%	33.3%	24.0%	10.8%	8.1%
	Loudonville	6.8%	9.2%	13.7%	29.2%	20.1%	12.0%	9.0%
	N. Albany/Menands	10.2%	8.9%	4.2%	40.8%	21.4%	8.6%	6.0%
	New Scotland	3.9%	9.1%	6.0%	25.7%	31.1%	14.3%	9.9%
	New Scotland Avenue	3.5%	7.3%	6.4%	46.8%	18.9%	10.4%	6.7%
	Pine Bush	4.8%	14.4%	7.0%	31.0%	24.5%	11.5%	6.9%
	Ravena/Coeymans/Setkirk	4.2%	11.8%	4.1%	26.6%	34.9%	11.5%	7.0%
	South End	7.5%	9.5%	5.4%	44.7%	21.9%	6.5%	4.6%
	South End/Downtown Albany	7.5%	4.1%	0.0%	56.8%	18.9%	11.3%	1.3%
	State Campus	3.5%	6.1%	7.5%	44.5%	21.0%	9.6%	7.8%
	Watervliet/Green Island	5.0%	11.6%	4.4%	34.9%	26.1%	11.2%	6.8%
	West End	3.2%	12.0%	7.2%	43.5%	23.2%	6.7%	4.1%
	Canaan	4.2%	4.9%	7.4%	29.9%	27.2%	13.3%	13.2%
	Chatham	3.2%	8.5%	5.4%	25.7%	30.0%	16.6%	10.7%
	Germantown	2.7%	9.4%	2.5%	29.5%	24.9%	17.8%	13.1%
	Hudson	3.5%	8.0%	5.2%	31.0%	30.2%	13.0%	9.1%
	Ichabod	5.2%	11.3%	6.0%	24.6%	27.0%	16.9%	9.0%
Columbia	Pine Plains	6.6%	9.0%	5.8%	24.3%	30.3%	15.9%	8.1%
	Taconic Hills	4.3%	7.0%	4.7%	24.0%	32.9%	15.4%	11.8%
Greene	Cairo/Durham	3.8%	9.5%	6.3%	30.2%	26.4%	12.3%	11.6%
	Catskill	4.7%	7.5%	4.4%	32.0%	27.4%	13.5%	10.6%
	Coxsackie/Athens	2.3%	9.2%	4.7%	30.9%	31.8%	13.3%	7.7%
	Greenville	4.9%	12.9%	4.6%	28.1%	30.3%	11.8%	7.4%
	Hunter/Tannersville	7.6%	13.4%	2.8%	25.6%	26.4%	15.2%	9.1%
	Windham/Ashland/Jewett	3.1%	7.1%	3.1%	25.6%	30.1%	19.6%	11.4%
Rensselaer	Central	5.2%	12.2%	5.5%	24.8%	34.1%	13.7%	4.5%
	East	3.5%	12.3%	5.0%	26.2%	32.1%	12.8%	8.1%
	East Greenbush	7.1%	11.3%	4.2%	32.0%	25.4%	12.9%	7.1%
	North East	6.0%	12.1%	5.9%	30.0%	28.9%	10.0%	7.1%
	North West	4.6%	10.4%	5.8%	28.9%	29.1%	13.1%	8.2%
	Rensselaer	5.6%	9.4%	5.0%	35.1%	27.8%	10.2%	6.7%
	South West	5.0%	10.7%	5.8%	28.0%	28.6%	12.9%	9.1%
	Troy/Lansingburgh	4.5%	10.2%	8.8%	38.0%	22.8%	9.5%	6.2%
Saratoga	West Sand Lake/Wynantskill	4.6%	13.6%	8.2%	24.5%	30.7%	13.1%	5.4%
	Ballston Spa	3.6%	12.4%	5.2%	32.0%	28.4%	11.2%	7.2%
	Burnt Hills/Galway	4.5%	12.1%	6.5%	26.2%	30.2%	12.5%	8.1%
	Clifton Park West	5.4%	11.4%	5.8%	31.3%	28.0%	10.9%	7.4%
	North East	6.0%	12.1%	5.9%	30.0%	28.9%	10.0%	7.1%
	North West	4.6%	10.4%	5.8%	28.9%	29.1%	13.1%	8.2%
	Saratoga Springs	3.8%	8.6%	7.2%	30.7%	27.2%	12.3%	10.1%
	South Glens Falls	5.3%	12.5%	5.9%	33.0%	25.7%	9.3%	8.5%
Schenectady	Waterford/Mechanicville	4.2%	10.9%	4.7%	31.1%	28.7%	12.9%	7.5%
	City/Stockade	3.0%	1.8%	6.9%	53.7%	23.5%	7.7%	3.5%
	Goose Hill/Union	4.4%	8.3%	10.5%	38.1%	23.0%	8.7%	6.9%
	Hamilton Hill	6.9%	18.1%	8.0%	31.4%	26.0%	5.9%	3.8%
	Mont Pleasant	4.8%	14.4%	7.0%	31.0%	24.5%	11.5%	6.9%
	Niskayauna	7.7%	12.8%	7.2%	27.3%	25.5%	10.9%	8.5%
	Rotterdam	5.5%	11.3%	6.3%	34.0%	26.4%	10.4%	6.1%
	Rural West	4.9%	10.6%	4.4%	31.4%	32.4%	10.1%	6.2%
	Scotia-Glenville	5.6%	12.3%	6.0%	29.3%	24.8%	12.1%	10.0%
	Upper State Street	5.8%	11.5%	5.0%	30.4%	27.8%	12.7%	6.9%

Source: American Community Survey, 5-year estimates, 2019-2023. US Census Bureau.



iii. Race & Ethnicity: Population, by Area

		Asian	Black or African American	Hispanic	Native American or Alaskan	Native Hawaiian or Pacific Islander	Other Race	White
County	NYS (excluding NYC)	628,905	1,254,315	1,478,113	141,618	14,160	1,200,580	9,061,629
	Capital Region	55,517	101,207	60,409	10,402	1,833	56,004	826,711
	Albany	26,625	48,910	22,163	2,930	628	17,785	242,069
	Columbia	1,832	3,536	3,658	873	157	3,790	55,442
	Greene	811	3,095	3,135	479	10	2,850	43,608
	Rensselaer	6,021	15,305	9,539	1,386	151	8,546	139,925
	Saratoga	9,191	6,588	9,059	1,884	263	8,889	222,187
	Schenectady	11,037	23,773	12,855	2,850	624	14,144	123,480
Albany	Bethlehem	931	539	880	82	15	975	23,384
	Center Square/Arbor Hill	343	4,663	700	211	28	416	4,938
	City of Cohoes/North Colonie	1,446	4,073	1,662	220	29	1,107	19,109
	Colonie	2,458	2,749	1,323	207	59	859	21,225
	Delaware/2nd Avenue	911	3,243	2,051	3	0	1,299	6,200
	Guilderland	2,096	786	430	61	0	471	10,391
	Hill Towns	56	109	59	36	17	100	7,527
	Latham	2,889	1,389	529	93	5	615	16,313
	Loudonville	1,868	971	924	12	31	532	11,411
	N. Albany/Menands	738	3,034	392	197	22	376	4,787
	New Scotland	893	373	657	22	18	661	14,569
	New Scotland Avenue	2,488	4,005	1,698	157	8	1,047	17,880
	Pine Bush	2,188	5,059	2,843	472	19	3,224	22,655
	Ravena/Coeymans/Selkirk	151	517	809	43	26	716	11,906
	South End	709	4,972	1,441	358	0	1,422	3,403
	South End/Downtown Albany	81	990	149	0	0	102	985
	State Campus	2,795	3,885	2,037	210	69	2,260	22,953
	Watervliet/Green Island	1,730	2,504	1,634	409	0	1,334	17,182
	West End	1,584	7,301	2,145	400	286	1,596	5,367
	Canaan	28	64	90	34	5	109	2,041
Columbia	Chatham	335	640	508	90	40	777	10,753
	Germantown	82	295	335	77	4	244	5,350
	Hudson	1,224	1,851	1,215	411	50	1,044	14,759
	Ichabod	78	235	908	148	58	698	11,220
	Pine Plains	16	44	79	1	0	286	1,599
	Taconic Hills	53	376	411	62	0	596	7,222
	Cairo/Durham	20	268	331	41	0	524	6,860
	Catskill	280	962	1,116	39	0	911	11,889
	Coxsackie/Athens	134	1,570	767	151	5	574	10,779
	Greenville	216	176	372	178	0	434	7,247
Greene	Hunter/Tannersville	94	21	441	89	5	391	4,805
	Windham/Ashland/Jewett	150	122	360	22	0	293	4,206
	Central	174	26	210	109	8	281	10,404
	East	34	109	280	57	12	264	6,552
	East Greenbush	539	313	757	11	0	684	8,769
	North East	42	113	422	57	0	386	11,259
Rensselaer	North West	16	65	143	17	12	66	6,857
	Rensselaer	1,651	2,051	1,288	248	0	993	18,350
	South West	99	249	1,020	239	1	617	15,628
	Troy/Lansingburgh	3,360	12,070	5,322	631	109	4,946	53,548
	West Sand Lake/Wynantskill	109	315	220	67	9	338	10,839
	Ballston Spa	894	871	1,349	244	1	1,186	32,458
Saratoga	Burnt Hills/Galway	1,107	442	1,048	139	52	852	24,476
	Clifton Park West	4,138	2,073	1,962	233	22	2,125	43,584
	North East	338	412	1,234	143	18	1,080	26,140
	North West	198	218	323	133	3	422	18,894
	Saratoga Springs	1,605	1,466	1,649	224	118	1,707	36,797
	South Glens Falls	31	377	224	248	0	117	8,500
	Waterford/Mechanicville	883	639	1,228	460	101	1,107	26,687
	City/Stockade	378	1,988	777	97	9	1,011	5,460
Schenectady	Goose Hill/Union	620	3,181	1,829	247	75	1,752	9,233
	Hamilton Hill	1,283	2,989	1,966	535	20	1,995	2,458
	Mont Pleasant	2,188	5,059	2,843	472	19	3,224	22,655
	Niskayauna	3,469	2,559	1,681	364	23	1,795	27,678
	Rotterdam	971	2,717	1,870	342	90	1,723	23,954
	Rural West	10	520	374	81	0	339	8,836
	Scotia-Glenville	638	784	976	290	0	919	26,968
	Upper State Street	3,250	5,080	1,931	432	343	2,526	13,448

Source: American Community Survey, 5-year estimates, 2019-2023. US Census Bureau. Note: The sum of individual race/ethnicity categories may add to more than the total population because people were tallied in each category they reported, whether alone, or in combination.



iv. Race & Ethnicity: Percent of Population, by Area

		Asian	Black or African American	Hispanic	Native American or Alaskan	Native Hawaiian or Pacific Islander	Other Race	White
Geography	Area							
	County							
ZIP Code Group, by County	NYS (excluding NYC)	5.5%	11.0%	13.0%	1.2%	0.1%	10.6%	79.8%
	Capital Region	5.7%	10.3%	6.2%	1.1%	0.2%	5.7%	84.3%
	Albany	8.4%	15.5%	7.0%	0.9%	0.2%	5.6%	76.8%
	Columbia	3.0%	5.8%	6.0%	1.4%	0.3%	6.2%	90.5%
	Greene	1.7%	6.5%	6.6%	1.0%	0.0%	6.0%	91.7%
	Rensselaer	3.8%	9.5%	5.9%	0.9%	0.1%	5.3%	87.3%
	Saratoga	3.9%	2.8%	3.8%	0.8%	0.1%	3.7%	93.7%
	Schenectady	6.9%	14.9%	8.1%	1.8%	0.4%	8.9%	77.4%
	Bethlehem	3.7%	2.2%	3.5%	0.3%	0.1%	3.9%	93.6%
	Center Square/Arbor Hill	3.5%	47.9%	7.2%	2.2%	0.3%	4.3%	50.8%
	City of Cohoes/North Colonie	6.2%	17.4%	7.1%	0.9%	0.1%	4.7%	81.6%
	Colonie	9.5%	10.6%	5.1%	0.8%	0.2%	3.3%	81.9%
	Delaware/2nd Avenue	8.5%	30.2%	19.1%	0.0%	0.0%	12.1%	57.7%
	Guilderland	16.0%	6.0%	3.3%	0.5%	0.0%	3.6%	79.2%
	Hill Towns	0.7%	1.4%	0.8%	0.5%	0.2%	1.3%	98.1%
	Latham	14.5%	7.0%	2.6%	0.5%	0.0%	3.1%	81.7%
	Loudonville	13.5%	7.0%	6.7%	0.1%	0.2%	3.9%	82.7%
	N. Albany/Menands	8.8%	36.0%	4.7%	2.3%	0.3%	4.5%	56.8%
	New Scotland	5.7%	2.4%	4.2%	0.1%	0.1%	4.2%	92.5%
	New Scotland Avenue	10.4%	16.7%	7.1%	0.7%	0.0%	4.4%	74.7%
	Pine Bush	7.3%	16.9%	9.5%	1.6%	0.1%	10.8%	75.5%
	Ravena/Coeymans/Setkirk	1.2%	4.1%	6.4%	0.3%	0.2%	5.7%	94.4%
	South End	7.5%	52.3%	15.2%	3.8%	0.0%	15.0%	35.8%
	South End/Downtown Albany	3.9%	47.2%	7.1%	0.0%	0.0%	4.9%	47.0%
	State Campus	9.3%	12.9%	6.8%	0.7%	0.2%	7.5%	76.3%
	Watervliet/Green Island	8.2%	11.8%	7.7%	1.9%	0.0%	6.3%	81.2%
	West End	10.9%	50.0%	14.7%	2.7%	2.0%	10.9%	36.8%
	Canaan	1.3%	3.0%	4.2%	1.6%	0.2%	5.0%	94.3%
	Chatham	2.9%	5.5%	4.3%	0.8%	0.3%	6.6%	91.8%
	Germantown	1.5%	5.3%	6.0%	1.4%	0.1%	4.4%	96.2%
	Hudson	6.8%	10.2%	6.7%	2.3%	0.3%	5.8%	81.7%
	Ichabod	0.7%	2.0%	7.8%	1.3%	0.5%	6.0%	96.6%
	Pine Plains	0.9%	2.5%	4.5%	0.1%	0.0%	16.2%	90.4%
	Taconic Hills	0.7%	4.8%	5.3%	0.8%	0.0%	7.6%	92.4%
	Cairo/Durham	0.3%	3.8%	4.7%	0.6%	0.0%	7.4%	96.7%
	Catskill	2.1%	7.3%	8.5%	0.3%	0.0%	7.0%	90.7%
	Coxsackie/Athens	1.1%	12.6%	6.2%	1.2%	0.0%	4.6%	86.5%
	Greenville	2.8%	2.3%	4.8%	2.3%	0.0%	5.6%	93.5%
	Hunter/Tannersville	1.8%	0.4%	8.6%	1.7%	0.1%	7.6%	93.4%
	Windham/Ashland/Jewett	3.4%	2.8%	8.2%	0.5%	0.0%	6.7%	95.7%
	Central	1.7%	0.2%	2.0%	1.0%	0.1%	2.7%	98.8%
	East	0.5%	1.6%	4.2%	0.8%	0.2%	3.9%	97.2%
	East Greenbush	5.5%	3.2%	7.7%	0.1%	0.0%	7.0%	89.7%
	North East	1.0%	1.4%	4.3%	0.5%	0.0%	3.8%	96.9%
	North West	0.8%	1.1%	1.8%	0.6%	0.1%	1.9%	98.5%
	Rensselaer	7.6%	9.5%	6.0%	1.1%	0.0%	4.6%	84.8%
	South West	0.6%	1.6%	6.4%	1.5%	0.0%	3.8%	97.5%
	Troy/Lansingburgh	4.9%	17.7%	7.8%	0.9%	0.2%	7.2%	78.4%
	West Sand Lake/Wynantskill	1.0%	2.8%	2.0%	0.6%	0.1%	3.0%	96.9%
	Ballston Spa	2.6%	2.6%	4.0%	0.7%	0.0%	3.5%	95.1%
	Burnt Hills/Galway	4.3%	1.7%	4.1%	0.5%	0.2%	3.3%	94.7%
	Clifton Park West	8.5%	4.2%	4.0%	0.5%	0.0%	4.4%	89.2%
	North East	1.0%	1.4%	4.3%	0.5%	0.0%	3.8%	96.9%
	North West	0.8%	1.1%	1.8%	0.6%	0.1%	1.9%	98.5%
	Saratoga Springs	4.0%	3.7%	4.2%	0.6%	0.3%	4.3%	92.8%
	South Glens Falls	0.3%	4.2%	2.5%	2.8%	0.0%	1.3%	95.3%
	Waterford/Mechanicville	3.1%	2.2%	4.3%	1.6%	0.4%	3.9%	93.7%
	City/Stockade	4.9%	25.6%	10.0%	1.2%	0.1%	13.0%	70.3%
	Goose Hill/Union	4.4%	22.7%	13.1%	1.8%	0.5%	12.5%	66.0%
	Hamilton Hill	16.1%	37.5%	24.6%	6.7%	0.3%	25.0%	30.8%
	Mont Pleasant	7.3%	16.9%	9.5%	1.6%	0.1%	10.8%	75.5%
	Niskayauna	10.5%	7.8%	5.1%	1.1%	0.1%	5.4%	83.9%
	Rotterdam	3.5%	9.9%	6.8%	1.2%	0.3%	6.2%	86.9%
	Rural West	0.1%	5.7%	4.1%	0.9%	0.0%	3.7%	96.5%
	Scotia-Glenville	2.3%	2.8%	3.5%	1.0%	0.0%	3.3%	96.0%
	Upper State Street	14.8%	23.1%	8.8%	2.0%	1.6%	11.5%	61.1%

Source: American Community Survey, 5-year estimates, 2019-2023. US Census Bureau. **Note:** The sum of individual race/ethnicity categories may add to more than the total population because people were tallied in each category they reported, whether alone, or in combination.

v. Poverty: Population, by Area and Demographic Group

County	Total	Age				Ethnicity	Race				
		Under 18	18 to 34	35 to 64	65+	Hispanic or Latino	Asian	Black or African American	Some other race	Two or more races	White
Albany	37,608	8,844	13,398	10,923	4,443	3,905	3,737	9,646	1,468	4,274	18,355
Columbia	6,157	1,350	1,440	2,222	1,145	223	318	573	278	227	4,761
Greene	4,713	812	1,064	1,967	870	256	30	309	131	345	3,898
Rensselaer	17,789	4,984	5,482	5,412	1,911	1,707	611	2,934	382	1,968	11,891
Saratoga	15,248	3,175	3,996	5,294	2,783	1,116	158	444	300	1,042	13,215
Schenectady	18,013	5,156	4,955	5,417	2,485	3,156	655	4,373	1,920	2,254	8,597
ZIP Code Group											
Bethlehem	1,263	221	531	324	187	87	110	402	29	15	701
Center Square/Arbor Hill	2,179	351	743	863	222	176	44	1,296	55	84	700
City of Cohoes/North Colonie	3,554	1,455	1,133	755	211	256	23	449	22	1,130	1,912
Colonie	1,786	399	307	807	273	35	276	174	22	18	1,282
Delaware/2nd Avenue	1,010	243	447	221	99	245	123	106	0	79	702
Guilderland	696	162	164	301	69	44	154	63	0	22	457
Hill Towns	316	99	87	95	35	3	0	0	0	5	311
Latham	1,220	174	329	367	350	107	142	127	16	155	780
Loudonville	551	141	10	225	175	0	229	38	0	0	284
N. Albany/Menands	1,209	519	352	192	146	8	146	305	8	362	388
New Scotland	650	84	140	302	124	42	28	52	37	30	503
New Scotland Avenue	3,900	180	2,763	580	377	377	686	546	95	272	2,300
Ravena/Coeymans/Selkirk	1,107	282	331	388	106	28	28	16	0	37	1,026
South End	2,620	700	715	1,022	183	422	180	1,405	248	367	415
South End/Downtown Albany	955	232	221	395	107	38	8	591	6	13	337
State Campus	4,033	331	2,380	1,021	301	455	499	953	124	278	2,136
Watervliet/Green Island	3,379	1,211	782	919	467	391	288	415	240	368	2,068
West End	5,984	1,804	1,680	2,039	461	1,127	561	2,688	512	967	1,215
Canaan	234	57	42	99	36	1	4	6	0	6	218
Chatham	898	176	88	389	245	9	6	30	136	4	722
Germantown	561	91	98	247	125	14	0	72	2	18	469
Hudson	2,609	759	688	830	332	84	285	337	50	166	1,771
Ichabod	834	75	294	207	258	81	9	27	73	10	715
Pine Plains	183	29	46	87	21	4	0	3	4	21	155
Taconic Hills	690	137	163	308	82	14	14	98	2	0	576
Cairo/Durham	866	211	261	289	105	36	0	163	0	45	658
Catskill	1,767	228	498	746	295	104	30	92	44	121	1,480
Coxsackie/Athens	787	193	78	259	257	75	0	54	75	148	510
Greenville	213	17	46	128	22	10	0	1	0	0	212
Hunter/Tannersville	866	165	157	426	118	90	0	0	12	61	793
Windham/Ashland/Jewett	400	55	78	185	82	0	0	0	0	31	369
Central	518	65	89	295	69	4	18	0	0	40	460
East	572	147	61	277	87	25	4	0	9	5	554
East Greenbush	214	37	50	69	58	0	1	85	0	0	128
North East	2,517	541	486	1,076	414	251	16	19	154	83	2,245
North West	2,185	777	372	743	293	25	0	30	10	149	1,995
Rensselaer	2,295	783	584	668	260	124	139	146	5	361	1,644
South West	781	74	153	336	218	74	0	4	2	20	755
Troy/Lansingburgh	11,763	3,440	4,225	3,100	998	1,431	449	2,679	301	1,520	6,811
West Sand Lake/Wynantskill	564	152	85	209	118	3	0	15	3	0	546
Ballston Spa	2,095	496	469	828	302	153	29	89	17	83	1,877
Burnt Hills/Galway	1,217	213	266	431	307	70	6	0	0	54	1,157
Clifton Park West	1,469	286	388	375	420	240	12	206	19	227	990
North East	2,517	541	486	1,076	414	251	16	19	154	83	2,245
North West	2,185	777	372	743	293	25	0	30	10	149	1,995
Saratoga Springs	3,093	386	1,133	1,065	509	172	66	101	142	193	2,585
South Glens Falls	1,036	265	389	252	130	13	0	2	1	0	1,033
Waterford/Mechanicville	2,084	364	597	724	399	148	51	2	17	267	1,680
City/Stockade	1,060	15	289	653	103	129	7	323	21	83	616
Goose Hill/Union	2,270	585	616	804	265	101	54	373	305	109	1,294
Hamilton Hill	2,631	884	834	615	298	1,116	0	910	655	499	499
Mont Pleasant	3,684	1,014	1,058	1,064	548	704	76	1,038	430	573	1,567
Niskayauna	1,176	128	333	419	296	143	94	181	56	127	718
Pine Bush	3,684	1,014	1,058	1,064	548	704	76	1,038	430	573	1,567
Rotterdam	2,151	695	545	597	314	361	24	190	28	353	1,555
Rural West	800	174	255	288	83	27	0	52	2	93	653
Scotia-Glenville	1,330	368	335	395	232	148	2	27	12	201	1,088
Upper State Street	4,234	1,578	942	805	909	503	596	1,282	465	292	1,599

Source: American Community Survey, 1-year estimates, 2022. US Census Bureau.



vi. Poverty: Percent of Population, by Demographic Group

		Total	Age				Ethnicity	Race				
County							Hispanic or Latino	Asian	Black or African American	Some other race	Two or more races	White
		Under 18	18 to 34	35 to 64	65+							
	Albany	12.5%	15.8%	17.6%	9.5%	8.4%	21.2%	16.6%	27.2%	25.1%	23.2%	8.5%
	Columbia	10.3%	14.0%	13.7%	8.9%	7.8%	7.1%	23.2%	33.1%	19.1%	6.5%	9.2%
	Greene	10.4%	11.2%	12.2%	10.7%	7.9%	9.4%	5.7%	23.8%	14.7%	14.8%	9.7%
	Rensselaer	11.5%	16.6%	15.6%	8.7%	6.9%	20.6%	15.7%	28.2%	16.2%	21.7%	9.2%
	Saratoga	6.6%	7.0%	8.7%	5.4%	6.3%	13.8%	2.3%	12.6%	14.6%	11.2%	6.3%
	Schenectady	11.6%	15.3%	14.6%	8.9%	9.3%	26.2%	8.5%	26.8%	31.8%	17.0%	7.7%
ZIP Code Group												
Albany	Bethlehem	5.0%	4.2%	11.8%	3.1%	3.8%	11.2%	13.9%	61.3%	11.3%	2.4%	3.1%
	Center Square/Arbor Hill	22.4%	29.8%	20.3%	24.2%	17.0%	26.4%	23.4%	30.4%	51.9%	16.7%	15.0%
	City of Cohoes/North Colonie	15.8%	27.9%	20.0%	9.3%	6.0%	19.5%	1.4%	27.5%	30.6%	47.4%	11.4%
	Colonie	6.8%	7.4%	6.1%	7.7%	4.9%	2.3%	12.3%	11.4%	12.5%	1.3%	6.1%
	Delaware/2nd Avenue	9.8%	11.1%	14.7%	5.7%	8.2%	12.2%	13.6%	4.9%	0.0%	17.3%	11.8%
	Guilderland	5.3%	5.9%	5.2%	6.0%	3.1%	11.0%	8.1%	10.0%	0.0%	5.1%	4.5%
	Hill Towns	4.3%	7.9%	6.7%	3.2%	2.0%	9.1%	0.0%	0.0%	0.0%	6.8%	4.4%
	Latham	6.3%	4.9%	7.1%	5.0%	9.7%	18.2%	6.0%	27.7%	13.3%	13.8%	5.1%
	Loudonville	5.2%	6.1%	0.5%	5.4%	7.6%	0.0%	16.4%	12.9%	0.0%	0.0%	3.3%
	N. Albany/Menands	13.9%	26.1%	13.0%	6.6%	13.1%	1.7%	18.0%	11.8%	2.2%	47.2%	9.5%
	New Scotland	4.3%	3.2%	5.2%	4.8%	3.4%	7.3%	4.1%	25.9%	38.5%	4.2%	3.7%
	New Scotland Avenue	18.0%	6.6%	34.1%	8.2%	9.9%	31.7%	34.0%	19.4%	44.0%	17.8%	15.3%
	Ravena/Coeymans/Selkirk	9.0%	13.5%	13.9%	7.1%	4.5%	4.5%	14.6%	5.8%	0.0%	8.1%	9.3%
	South End	27.0%	36.4%	24.0%	27.7%	16.6%	32.1%	29.1%	29.5%	57.5%	34.1%	15.0%
	South End/Downtown Albany	41.3%	75.8%	24.5%	49.7%	34.6%	26.2%	44.4%	55.0%	11.1%	23.6%	30.4%
	State Campus	14.4%	9.5%	24.1%	10.2%	6.6%	31.5%	20.7%	35.4%	16.9%	16.7%	10.4%
	Watervliet/Green Island	15.8%	28.0%	14.9%	11.1%	13.0%	21.9%	17.5%	22.8%	28.5%	22.4%	13.4%
	West End	40.6%	53.2%	41.4%	36.4%	27.3%	60.6%	47.0%	38.4%	78.9%	50.6%	30.7%
Columbia	Canaan	11.8%	26.4%	11.9%	11.5%	6.5%	1.3%	28.6%	100.0%	0.0%	7.3%	11.8%
	Chatham	7.6%	9.4%	4.4%	8.1%	7.7%	2.2%	11.8%	26.8%	40.0%	0.6%	6.7%
	Germantown	10.2%	12.2%	9.6%	10.9%	8.5%	5.7%	0.0%	57.1%	7.4%	9.5%	9.2%
	Hudson	14.8%	27.7%	19.7%	10.9%	8.7%	7.8%	24.9%	29.0%	11.9%	12.3%	13.1%
	Ichabod	7.4%	3.1%	15.9%	4.9%	9.6%	11.5%	15.3%	65.9%	22.9%	1.8%	7.0%
	Pine Plains	9.8%	9.5%	14.2%	11.2%	4.6%	5.1%	0.0%	16.7%	2.9%	11.7%	10.3%
	Taconic Hills	9.2%	14.3%	14.4%	9.1%	4.0%	3.2%	50.0%	37.8%	1.3%	0.0%	8.7%
Greene	Cairo/Durham	12.1%	16.3%	16.2%	11.1%	6.3%	10.5%	0.0%	79.9%	0.0%	7.3%	10.4%
	Catskill	13.8%	12.7%	15.5%	15.3%	10.0%	10.3%	29.4%	11.0%	10.3%	24.9%	13.5%
	Coxsackie/Athens	7.1%	10.2%	4.9%	5.5%	9.1%	10.8%	0.0%	31.2%	45.2%	30.8%	5.1%
	Greenville	2.9%	1.2%	3.3%	4.0%	1.6%	3.3%	0.0%	33.3%	0.0%	0.0%	3.1%
	Hunter/Tannersville	17.6%	18.2%	27.9%	19.8%	9.1%	34.1%	0.0%	0.0%	8.3%	28.0%	17.8%
	Windham/Ashland/Jewett	9.3%	10.6%	10.2%	10.6%	6.4%	0.0%	0.0%	0.0%	0.0%	7.1%	10.0%
	Central	4.8%	3.1%	4.6%	6.4%	3.3%	3.3%	42.9%	0.0%		16.9%	4.4%
Rensselaer	East	8.5%	11.0%	5.4%	9.6%	6.4%	9.5%	7.0%	0.0%	28.1%	1.8%	8.8%
	East Greenbush	2.2%	1.7%	2.5%	1.7%	3.6%	0.0%	0.2%	32.0%	0.0%	0.0%	1.6%
	North East	6.4%	6.3%	6.5%	6.4%	6.6%	13.9%	5.3%	6.3%	24.9%	8.3%	6.1%
	North West	8.3%	15.8%	8.4%	6.5%	5.3%	5.4%	0.0%	16.3%	5.4%	26.8%	7.9%
	Rensselaer	10.6%	20.4%	11.6%	7.5%	6.8%	11.0%	13.1%	11.6%	3.1%	24.0%	9.3%
	South West	5.0%	2.7%	5.2%	5.1%	6.6%	8.1%	0.0%	4.1%	1.5%	4.1%	5.2%
	Troy/Lansingburgh	18.5%	29.2%	23.8%	12.9%	10.0%	32.1%	23.0%	31.2%	19.5%	29.3%	14.7%
West Sand Lake/Wynantskill	5.1%	5.6%	5.5%	4.5%	5.4%	1.0%	0.0%	29.4%	2.6%	0.0%	5.2%	
Saratoga	Ballston Spa	6.2%	7.7%	6.6%	5.7%	5.0%	12.1%	3.6%	17.7%	5.8%	7.1%	6.0%
	Burnt Hills/Galway	4.9%	4.2%	6.5%	4.1%	5.7%	9.1%	0.7%	0.0%	0.0%	6.6%	5.1%
	Clifton Park West	3.0%	2.7%	3.8%	1.9%	5.1%	12.4%	0.4%	15.3%	7.1%	7.8%	2.4%
	North East	6.4%	6.3%	6.5%	6.4%	6.6%	13.9%	5.3%	6.3%	24.9%	8.3%	6.1%
	North West	8.3%	15.8%	8.4%	6.5%	5.3%	5.4%	0.0%	16.3%	5.4%	26.8%	7.9%
	Saratoga Springs	8.5%	7.1%	15.5%	7.0%	6.1%	13.9%	8.8%	11.2%	32.1%	12.9%	7.9%
	South Glens Falls	11.8%	15.5%	21.2%	7.0%	7.8%	6.5%	0.0%	4.1%	2.6%	0.0%	12.4%
Schenectady	Waterford/Mechanicville	7.4%	6.9%	10.5%	6.2%	7.1%	15.6%	6.4%	1.9%	7.7%	25.4%	6.5%
	City/Stockade	18.3%	3.1%	14.5%	25.4%	14.0%	21.0%	5.3%	22.6%	13.5%	14.1%	17.7%
	Goose Hill/Union	17.8%	25.7%	19.2%	15.9%	12.1%	6.3%	8.3%	15.2%	29.1%	14.6%	17.0%
	Hamilton Hill	33.5%	46.7%	32.0%	23.7%	38.7%	69.1%	0.0%	34.9%	53.4%	40.2%	26.9%
	Mont Pleasant	12.5%	16.3%	16.2%	9.4%	10.2%	24.2%	5.5%	34.4%	25.7%	22.3%	7.6%
	Niskayauna	3.6%	1.6%	6.8%	3.0%	4.9%	9.8%	3.5%	19.9%	14.4%	4.5%	2.7%
	Pine Bush	12.5%	16.3%	16.2%	9.4%	10.2%	24.2%	5.5%	34.4%	25.7%	22.3%	7.6%
	Rotterdam	7.8%	12.0%	8.1%	5.7%	6.6%	19.1%	3.0%	9.0%	5.7%	17.0%	7.0%
	Rural West	9.0%	10.3%	13.8%	7.2%	6.0%	5.4%	0.0%	42.3%	2.6%	19.1%	7.9%
	Scotia-Glenville	4.8%	5.9%	6.1%	3.8%	4.0%	15.3%	0.5%	10.8%	11.3%	16.2%	4.2%
	Upper State Street	19.5%	33.3%	19.7%	9.5%	24.3%	27.8%	26.9%	32.2%	35.8%	11.5%	13.8%

Source: American Community Survey, 1-year estimates, 2022. US Census Bureau.



C. Leading Causes of Death, 2022

Area	Rank	Cause	Count	Rate	Percent of Total Deaths
NYS (excluding NYC)	1	Heart Disease	26,138	165.9	23.0%
	2	Cancer	21,715	137.0	19.1%
	3	COVID-19	6,607	42.3	5.8%
	4	Unintentional Injury	6,596	54.1	5.8%
	5	Chronic Lower Respiratory Diseases	4,595	28.7	4.0%
	6	Cerebrovascular Disease	4,347	27.7	3.8%
	7	Diabetes	2,967	19.2	2.6%
Albany County	1	Heart Disease	732	173.8	23.7%
	2	Cancer	587	137.8	19.0%
	3	COVID-19	121	28.9	3.9%
	4	Diabetes	112	27.8	3.6%
	5	Chronic Lower Respiratory Diseases	111	25.1	3.6%
	6	Unintentional Injury	106	34.4	3.4%
	7	Alzheimer's Disease	100	23.4	3.2%
Columbia County	1	Heart Disease	163	146.7	22.1%
	2	Cancer	157	143.1	21.3%
	3	COVID-19	38	35.0	5.2%
	4	Chronic Lower Respiratory Diseases	33	29.0	4.5%
	5	Unintentional Injury	30	45.1	4.1%
	6	Cerebrovascular Disease	29	25.5	3.9%
	7	Diabetes	26	25.8	3.5%
Greene County	1	Heart Disease	147	183.8	22.7%
	2	Cancer	138	175.0	21.3%
	3	COVID-19	42	52.7	6.5%
	4	Unintentional Injury	35	75.6	5.4%
	5	Chronic Lower Respiratory Diseases	26	31.3	4.0%
	6	Diabetes	23	28.3	3.5%
	7	Cerebrovascular Disease	21	25.6	3.2%
Rensselaer County	1	Heart Disease	343	166.9	19.9%
	2	Cancer	343	159.3	19.9%
	3	Chronic Lower Respiratory Diseases	108	50.0	6.3%
	4	COVID-19	79	40.4	4.6%
	5	Unintentional Injury	72	42.4	4.2%
	6	Cerebrovascular Disease	57	28.2	3.3%
	7	Diabetes	49	23.5	2.8%
Saratoga County	1	Heart Disease	501	156.5	21.9%
	2	Cancer	495	143.6	21.7%
	3	COVID-19	126	38.4	5.5%
	4	Chronic Lower Respiratory Diseases	110	31.6	4.8%
	5	Cerebrovascular Disease	96	29.3	4.2%
	6	Unintentional Injury	72	26.2	3.1%
	7	Alzheimer's Disease	67	22.1	2.9%
Schenectady County	1	Heart Disease	407	190.8	23.9%
	2	Cancer	299	142.6	17.5%
	3	COVID-19	92	42.3	5.4%
	4	Chronic Lower Respiratory Diseases	69	32.0	4.0%
	5	Alzheimer's Disease	64	28.7	3.8%
	6	Cerebrovascular Disease	57	27.3	3.3%
	7	Unintentional Injury	52	29.9	3.0%

Source: NYS Vital Statistics, 2022. *Rates based on fewer than 10 cases in the numerator are unstable.



D. Leading Causes of Premature Death (<75 years), 2022

Area	Rank	Cause	Count	Rate	Percent of Total Deaths
NYS (excluding NYC)	1	Cancer	11,411	73.1	24.6%
	2	Heart Disease	8,497	55.2	18.3%
	3	Unintentional Injury	5,043	46.9	10.9%
	4	COVID-19	2,414	16.0	5.2%
	5	Chronic Lower Respiratory Diseases	1,743	10.6	3.8%
	6	Diabetes	1,474	9.9	3.2%
	7	Cerebrovascular Disease	1,266	8.2	2.7%
Albany County	1	Cancer	307	73.7	23.8%
	2	Heart Disease	248	62.6	19.2%
	3	Unintentional Injury	92	33.1	7.1%
	4	Diabetes	69	18.2	5.3%
	5	COVID-19	56	14.2	4.3%
	6	Chronic Lower Respiratory Diseases	49	10.9	3.8%
	7	Cerebrovascular Disease	32	8.6	2.5%
Columbia County	1	Cancer	79	78.3	25.6%
	2	Heart Disease	47	44.8	15.2%
	3	Unintentional Injury	25	43.2	8.1%
	4	Diabetes	17	18.9	5.5%
	5	Cerebrovascular Disease	14	12.8	4.5%
	6	COVID-19	11	11.5	3.6%
	7	Chronic Lower Respiratory Diseases	10	9.0	3.2%
Greene County	1	Cancer	75	103.3	26.9%
	2	Heart Disease	53	70.4	19.0%
	3	Unintentional Injury	26	68.6	9.3%
	4	COVID-19	14	18.9	5.0%
	5	Chronic Lower Respiratory Diseases	11	13.4	3.9%
	6	Diabetes	8	10.3*	2.9%
	7	Cerebrovascular Disease	8	10.0*	2.9%
Rensselaer County	1	Cancer	184	81.7	25.2%
	2	Heart Disease	133	63.5	18.2%
	3	Unintentional Injury	55	35.8	7.5%
	4	Chronic Lower Respiratory Diseases	49	20.6	6.7%
	5	COVID-19	26	13.9	3.6%
	6	Diabetes	20	9.1	2.7%
	7	Suicide	18	11.3	2.5%
Saratoga County	1	Cancer	268	75.8	29.1%
	2	Heart Disease	171	51.6	18.6%
	3	Unintentional Injury	51	20.7	5.5%
	4	Chronic Lower Respiratory Diseases	49	13.0	5.3%
	5	COVID-19	37	10.2	4.0%
	6	Cerebrovascular Disease	33	9.4	3.6%
	7	Liver Disease	31	11.3	3.4%
Schenectady County	1	Cancer	162	80.1	23.1%
	2	Heart Disease	155	79.2	22.1%
	3	Unintentional Injury	39	25.1	5.6%
	4	COVID-19	35	16.8	5.0%
	5	Diabetes	28	13.4	4.0%
	6	Chronic Lower Respiratory Diseases	20	9.3	2.9%
	7	Liver Disease	18	9.6	2.6%

Source: NYS Vital Statistics, 2022. *Rates based on fewer than 10 cases in the numerator are unstable.



E. Hospitalization Rates by Gender & Race/Ethnicity

Asthma Hospitalization Rate per 100,000

	All	Gender		Race/Ethnicity		
		Female	Male	Black NH	Hispanic	White NH
NYS (excl. NYC)	49.8	50.9	48.7	141.6	62.3	29.3
Capital Region	41.5	44.1	38.8	132.2	54.5	25.6
Albany	54.1	51.5	56.9	155.3	64.3	28.4
Columbia	33.4	42.8	23.6			25.4
Greene	39.4	30.9	48.3	209.1		23.1
Rensselaer	37.2	40.1	34.1	130.8	32.9	23.5
Saratoga	26.0	30.9	20.9	74.7		23.1
Schenectady	49.3	58.4	39.9	97.5	72.0	29.6

Cerebrovascular Disease (Stroke) Hospitalization Rate per 100,000

	All	Gender		Race/Ethnicity		
		Female	Male	Black NH	Hispanic	White NH
NYS (excl. NYC)	153.3	161.2	145.0	275.2	129.4	132.1
Capital Region	138.4	143.8	132.7	257.9	129.2	117.9
Albany	148.6	160.6	136.0	279.3	129.8	114.0
Columbia	127.9	133.3	122.3	234.3	146.8	116.5
Greene	124.8	128.3	121.2			121.2
Rensselaer	144.2	143.4	145.0	320.0	174.5	125.4
Saratoga	116.0	121.6	110.1	171.4		112.1
Schenectady	163.4	158.7	168.3	225.4	199.4	133.0

Chronic Obstructive Pulmonary Disease Hospitalization Rate per 100,000

	All	Gender		Race/Ethnicity		
		Female	Male	Black NH	Hispanic	White NH
NYS (excl. NYC)	73.1	86.8	58.7	113.8	41.3	71.6
Capital Region	61.2	72.3	49.5	110.1	39.7	58.9
Albany	56.5	65.6	47.0	123.9	35.3	50.1
Columbia	90.5	108.4	71.7	134.1		89.6
Greene	65.2	73.7	56.4			62.2
Rensselaer	60.8	73.6	47.4	106.7		56.8
Saratoga	61.2	72.5	49.4			63.7
Schenectady	53.7	66.3	40.5	93.6	39.9	52.4

Source: NYS SPARCS, 2021-2023. Age-Adjusted Rate per 100,000. **Notes:** Blank cells are suppressed due to small numbers. A light red cell indicates the rate is at least 50% higher than the NYS (excl. NYC) rate; a dark red cell indicates the rate is at least 100% higher.



Diabetes Hospitalization Rate per 100,000

	All	Gender		Race/Ethnicity		
		Female	Male	Black NH	Hispanic	White NH
NYS (excl. NYC)	205.8	228.8	181.6	425.3	220.8	163.6
Capital Region	177.9	201.4	153.2	371.8	174.0	144.1
County						
Albany	188.8	221.1	155.1	399.3	205.7	135.9
Columbia	226.7	242.8	209.9	627.5	139.6	192.2
Greene	161.7	171.5	151.5	220.5	118.9	157.7
Rensselaer	188.9	207.3	169.7	419.8	274.0	158.0
Saratoga	139.4	160.2	117.6	235.5	58.4	137.3
Schenectady	194.6	216.5	171.7	323.5	180.0	137.1

Heart Disease Hospitalization Rate per 100,000

	All	Gender		Race/Ethnicity		
		Female	Male	Black NH	Hispanic	White NH
NYS (excl. NYC)	710.4	653.0	770.5	993.2	499.5	659.3
Capital Region	663.0	621.0	706.9	995.8	453.2	615.0
County						
Albany	684.5	634.7	736.6	1,064.6	417.3	609.2
Columbia	657.7	626.5	690.4	749.0	441.3	622.6
Greene	595.2	513.9	680.3	861.0	409.2	552.5
Rensselaer	749.3	733.0	766.3	1,415.6	818.3	678.7
Saratoga	604.1	574.3	635.2	529.3	185.3	602.6
Schenectady	671.1	608.3	736.8	853.7	528.2	618.0

Assault Hospitalization Rate per 100,000

	All	Gender		Race/Ethnicity		
		Female	Male	Black NH	Hispanic	White NH
NYS (excl. NYC)	26.4	16.1	37.1	84.5	21.9	16.2
Capital Region	33.0	21.5	45.1	118.6	27.2	20.2
County						
Albany	45.7	25.7	66.6	148.5	39.6	24.3
Columbia	21.8	14.9	28.9			18.6
Greene	45.9	27.1	65.5	116.6		30.2
Rensselaer	31.5	23.5	40.0	91.3	35.3	20.0
Saratoga	16.9	16.9	16.9			16.3
Schenectady	34.3	19.7	49.6	104.9		17.7

Source: NYS SPARCS, 2021-2023. Age-Adjusted Rate per 100,000. Blank cells are suppressed due to small numbers. **Note:** A light red cell indicates the rate is at least 50% higher than the NYS (excl. NYC) rate; a dark red cell indicates the rate is at least 100% higher.



Falls Hospitalization Rate per 100,000

	All	Gender		Race/Ethnicity		
		Female	Male	Black NH	Hispanic	White NH
NYS (excl. NYC)	956.7	483.8	336.2	316.1	249.9	410.5
Capital Region	1,028.0	511.2	368.3	364.6	260.0	432.1
County						
Albany	1,107.2	552.0	413.9	392.7	345.3	473.7
Columbia	1,522.1	543.6	363.0	423.1	315.4	443.5
Greene	1,018.7	341.1	316.7	255.3	129.9	309.4
Rensselaer	1,102.6	564.4	390.6	486.3	341.5	458.2
Saratoga	969.2	473.2	321.5	200.1	93.6	404.4
Schenectady	1,013.1	487.1	365.6	313.0	234.1	425.8

Intentional Self-Harm Hospitalization Rate per 100,000

	All	Gender		Race/Ethnicity		
		Female	Male	Black NH	Hispanic	White NH
NYS (excl. NYC)	263.3	270.1	256.2	318.2	142.9	268.3
Capital Region	302.4	297.6	307.4	495.9	208.9	281.7
County						
Albany	311.4	290.2	333.6	539.7	249.3	276.2
Columbia	408.8	408.7	409.0	581.3	248.9	393.2
Greene	176.0	168.5	183.9	199.8	131.5	168.4
Rensselaer	363.8	374.6	352.5	536.8	280.8	333.1
Saratoga	269.0	276.8	260.9	441.5	86.4	272.7
Schenectady	294.1	284.5	304.1	450.3	195.8	266.9

Motor Vehicle Accident Hospitalization Rate per 100,000

	All	Gender		Race/Ethnicity		
		Female	Male	Black NH	Hispanic	White NH
NYS (excl. NYC)	53.9	40.2	68.2	82.3	51.7	44.5
Capital Region	53.6	38.4	69.5	82.0	47.7	44.9
County						
Albany	59.3	39.3	80.2	98.0	59.8	43.4
Columbia	57.4	35.3	80.5			52.2
Greene	73.0	40.2	107.3			81.0
Rensselaer	50.9	34.4	68.2	90.3	36.6	43.0
Saratoga	47.6	43.6	51.9		29.4	44.5
Schenectady	48.7	33.8	64.3	69.3	54.9	38.7

Source: NYS SPARCS, 2021-2023. Age-Adjusted Rate per 100,000. Blank cells are suppressed due to small numbers. **Note:** A light red cell indicates the rate is at least 50% higher than the NYS (excl. NYC) rate; a dark red cell indicates the rate is at least 100% higher.



Opioid Overdose Hospitalization Rate per 100,000

	All	Gender		Race/Ethnicity		
		Female	Male	Black NH	Hispanic	White NH
NYS (excl. NYC)	59.8	63.0	56.4	94.0	37.2	56.6
Capital Region	56.9	58.3	55.6	117.8	40.9	50.7
Albany	59.7	57.1	62.4	130.8	56.2	47.5
Columbia	73.5	86.6	59.7	144.3		65.7
Greene	46.8	37.3	56.6	136.8		42.2
Rensselaer	60.0	64.2	55.6	83.4		56.7
Saratoga	50.0	55.6	44.2	89.1		50.1
Schenectady	54.4	54.0	54.9	108.6	36.1	46.8

Substance Use Disorders Hospitalization Rate per 100,000

	All	Gender		Race/Ethnicity		
		Female	Male	Black NH	Hispanic	White NH
NYS (excl. NYC)	1,047.5	780.9	1,326.5	1,776.4	702.3	996.1
Capital Region	1,070.6	803.0	1,350.8	2,097.5	781.5	973.7
Albany	1,254.3	878.1	1,648.0	2,550.2	1,031.2	1,075.7
Columbia	1,272.1	1,020.7	1,535.2	2,103.3	835.4	1,205.1
Greene	894.2	741.1	1,054.6	846.9	458.2	895.8
Rensselaer	1,116.0	876.3	1,366.9	2,081.2	943.5	1,012.3
Saratoga	822.2	654.3	998.1	979.8	269.6	835.1
Schenectady	1,081.7	787.4	1,389.8	1,737.2	849.9	974.7

All Behavioral Health Hospitalization Rate per 100,000

	All	Gender		Race/Ethnicity		
		Female	Male	Black NH	Hispanic	White NH
NYS (excl. NYC)	789.7	678.5	906.1	1,157.4	516.9	768.2
Capital Region	795.7	675.4	921.6	1,325.5	543.2	739.1
Albany	892.9	689.7	1,105.6	1,570.9	682.1	790.9
Columbia	980.6	875.7	1,090.4	1,258.8	640.0	931.4
Greene	529.1	485.5	574.7	434.8	294.8	551.0
Rensselaer	855.8	808.1	905.8	1,342.4	718.8	776.7
Saratoga	695.7	642.1	751.8	895.5	230.7	702.0
Schenectady	758.8	591.7	933.7	1,147.8	501.5	701.1

Source: NYS SPARCS, 2021-2023. Age-Adjusted Rate per 100,000. Blank cells are suppressed due to small numbers. **Note:** A light red cell indicates the rate is at least 50% higher than the NYS (excl. NYC) rate; a dark red cell indicates the rate is at least 100% higher.



F. Emergency Department (ED) Visits by Gender & Race/Ethnicity

Asthma ED Visit Rate per 100,000

	All	Gender		Race/Ethnicity		
		Female	Male	Black NH	Hispanic	White NH
NYS (excl. NYC)	276.9	279.5	274.1	868.3	330.9	160.6
Capital Region	266.3	260.6	272.2	1,149.2	435.0	125.7
Albany	360.1	341.3	379.8	1,376.4	603.2	111.3
Columbia	307.0	307.0	306.9	1,098.4	344.9	235.7
Greene	123.7	106.4	141.9	413.3		99.9
Rensselaer	259.2	253.5	265.1	1,126.8	469.8	134.0
Saratoga	106.9	114.6	98.7	449.1	74.5	95.8
Schenectady	346.6	347.3	345.8	967.2	518.8	169.9

Cerebrovascular Disease (Stroke) ED Visit Rate per 100,000

	All	Gender		Race/Ethnicity		
		Female	Male	Black NH	Hispanic	White NH
NYS (excl. NYC)	62.6	67.6	57.3	62.0	37.4	61.6
Capital Region	65.3	72.4	57.9	84.6	50.6	61.2
Albany	61.9	71.3	52.1	99.0	51.1	52.9
Columbia	80.1	86.8	73.1			77.8
Greene	42.5	45.1	39.7			41.2
Rensselaer	71.4	78.8	63.8	105.9	91.8	67.1
Saratoga	68.5	76.5	60.0			68.7
Schenectady	62.5	65.1	59.7	55.0	51.4	57.3

Chronic Obstructive Pulmonary Disease ED Visit Rate per 100,000

	All	Gender		Race/Ethnicity		
		Female	Male	Black NH	Hispanic	White NH
NYS (excl. NYC)	103.2	113.9	91.9	167.4	50.4	102.1
Capital Region	100.4	108.9	91.5	277.8	129.2	88.5
Albany	96.7	99.2	94.1	316.1	79.0	73.4
Columbia	183.2	220.6	144.0	569.2	154.7	167.1
Greene	67.8	71.3	64.1			69.9
Rensselaer	112.0	137.3	85.5	263.0	358.5	98.2
Saratoga	73.9	76.7	71.0			75.1
Schenectady	112.1	114.7	109.5	239.4	179.9	99.6

Source: NYS SPARCS, 2021-2023. Age-Adjusted Rate per 100,000. Blank cells are suppressed due to small numbers. **Note:** A light red cell indicates the rate is at least 50% higher than the NYS (excl. NYC) rate; a dark red cell indicates the rate is at least 100% higher.



Diabetes ED Visit Rate per 100,000

	All	Gender		Race/Ethnicity		
		Female	Male	Black NH	Hispanic	White NH
NYS (excl. NYC)	162.7	152.7	173.1	425.8	184.0	123.0
Capital Region	159.5	149.3	170.1	565.9	222.8	111.4
Albany	176.3	160.0	193.3	602.0	232.4	98.1
Columbia	230.4	243.6	216.6	561.3	295.3	199.8
Greene	94.9	95.8	93.9			81.9
Rensselaer	176.8	167.3	186.7	731.2	336.0	129.3
Saratoga	101.8	92.5	111.4	389.9	89.1	99.0
Schenectady	198.0	182.4	214.4	551.4	262.3	116.0

Heart Disease ED Visit Rate per 100,000

	All	Gender		Race/Ethnicity		
		Female	Male	Black NH	Hispanic	White NH
NYS (excl. NYC)	287.1	264.0	311.1	367.5	151.1	282.2
Capital Region	241.6	234.4	249.2	462.4	179.7	219.4
Albany	222.8	215.0	231.0	486.2	169.6	179.1
Columbia	405.3	399.9	410.9	507.0	315.1	385.2
Greene	160.8	140.9	181.7	236.0		154.8
Rensselaer	233.8	236.1	231.4	610.6	211.5	199.5
Saratoga	243.1	235.1	251.4	360.0	96.1	246.2
Schenectady	241.5	233.7	249.7	398.1	229.3	216.2

Assault ED Visit Rate per 100,000

	All	Gender		Race/Ethnicity		
		Female	Male	Black NH	Hispanic	White NH
NYS (excl. NYC)	320.6	281.8	361.2	934.5	289.8	215.1
Capital Region	363.2	329.7	398.2	1,284.2	388.1	218.4
Albany	457.2	421.3	494.7	1,402.9	495.1	232.5
Columbia	361.0	308.5	415.9	1,175.0	548.0	263.2
Greene	344.8	88.1	613.6	1,374.6	380.1	148.6
Rensselaer	375.2	371.2	379.5	1,279.3	335.7	251.2
Saratoga	156.7	138.2	176.1	479.4	95.2	148.3
Schenectady	479.2	449.4	510.3	1,216.8	426.9	303.7

Source: NYS SPARCS, 2021-2023. Age-Adjusted Rate per 100,000. Blank cells are suppressed due to small numbers. **Note:** A light red cell indicates the rate is at least 50% higher than the NYS (excl. NYC) rate; a dark red cell indicates the rate is at least 100% higher.



Falls ED Visit Rate per 100,000

	All	Gender		Race/Ethnicity		
		Female	Male	Black NH	Hispanic	White NH
NYS (excl. NYC)	3,402.1	2,215.5	1,827.8	2,231.2	1,532.8	1,957.0
Capital Region	2,843.8	1,815.0	1,476.4	2,510.4	1,400.1	1,484.9
Albany	3,058.6	1,906.6	1,611.3	2,706.7	1,639.3	1,478.2
Columbia	3,944.1	2,738.4	2,332.2	3,141.9	2,286.5	2,411.7
Greene	1,820.6	1,220.1	1,060.8	1,086.3	601.9	1,138.4
Rensselaer	3,017.7	1,977.3	1,567.0	2,900.6	1,695.5	1,607.6
Saratoga	2,328.7	1,391.9	1,041.2	1,119.7	355.1	1,243.2
Schenectady	2,979.6	2,000.8	1,651.1	2,361.6	1,617.1	1,612.0

Intentional Self-Harm ED Visit Rate per 100,000

	All	Gender		Race/Ethnicity		
		Female	Male	Black NH	Hispanic	White NH
NYS (excl. NYC)	337.1	358.3	314.9	526.8	223.9	321.1
Capital Region	550.9	546.8	555.1	1,194.2	425.9	470.9
Albany	709.3	687.8	731.8	1,363.7	527.0	600.2
Columbia	317.5	363.8	269.1	589.1	154.0	302.8
Greene	217.6	227.8	206.8	312.4	122.8	196.5
Rensselaer	872.4	863.3	882.1	1,607.2	786.4	759.5
Saratoga	249.0	276.6	220.0	736.3	115.7	238.8
Schenectady	549.0	506.1	593.9	939.4	369.6	506.1

Motor Vehicle Accident ED Visit Rate per 100,000

	All	Gender		Race/Ethnicity		
		Female	Male	Black NH	Hispanic	White NH
NYS (excl. NYC)	655.6	664.1	646.7	1,507.3	812.4	444.7
Capital Region	449.7	452.9	446.3	1,268.4	419.7	316.6
Albany	475.9	457.4	495.2	1,352.5	472.3	261.0
Columbia	579.9	566.9	593.6	1,276.1	549.3	505.3
Greene	354.8	384.4	323.8	661.5	229.3	354.4
Rensselaer	473.1	491.9	453.4	1,463.5	472.2	336.2
Saratoga	307.3	318.6	295.5	642.0	183.4	299.6
Schenectady	584.8	596.6	572.5	1,270.1	486.5	373.7

Source: NYS SPARCS, 2021-2023. Age-Adjusted Rate per 100,000. Blank cells are suppressed due to small numbers. **Note:** A light red cell indicates the rate is at least 50% higher than the NYS (excl. NYC) rate; a dark red cell indicates the rate is at least 100% higher.



Opioid Overdose ED Visit Rate per 100,000

	All	Gender		Race/Ethnicity		
		Female	Male	Black NH	Hispanic	White NH
NYS (excl. NYC)	65.9	44.8	88.0	95.3	41.2	67.7
Capital Region	66.1	44.8	88.5	127.2	82.4	61.1
Albany	72.5	41.9	104.4	128.5	108.9	61.2
Columbia	87.1	69.1	106.0	162.4		82.5
Greene	37.9	24.6	51.9			33.8
Rensselaer	63.9	43.6	85.1	98.5	80.1	61.6
Saratoga	50.1	37.1	63.7	109.8		52.8
Schenectady	85.5	61.7	110.5	159.7	119.6	79.9

Substance Use Disorders ED Visit Rate per 100,000

	All	Gender		Race/Ethnicity		
		Female	Male	Black NH	Hispanic	White NH
NYS (excl. NYC)	1,534.3	1,077.9	2,012.0	3,097.8	1,226.1	1,342.3
Capital Region	1,576.6	1,109.9	2,065.1	3,386.0	1,400.1	1,378.3
Albany	1,719.5	1,096.8	2,371.4	3,946.2	1,587.3	1,328.9
Columbia	3,644.2	2,996.4	4,322.2	6,963.1	3,450.4	3,368.3
Greene	836.2	758.0	918.1	1,119.2	396.8	844.0
Rensselaer	1,572.4	1,168.3	1,995.4	3,140.2	1,735.8	1,368.5
Saratoga	1,086.6	865.4	1,318.2	1,658.3	367.5	1,111.6
Schenectady	1,657.9	981.9	2,365.5	2,894.3	1,443.7	1,457.4

All Behavioral Health ED Visit Rate per 100,000

	All	Gender		Race/Ethnicity		
		Female	Male	Black NH	Hispanic	White NH
NYS (excl. NYC)	1,683.6	1,431.3	1,947.8	2,925.1	1,329.1	1,507.2
Capital Region	1,875.7	1,575.3	2,190.2	3,717.2	1,539.4	1,661.7
Albany	1,929.2	1,534.0	2,342.8	4,004.7	1,700.5	1,535.8
Columbia	2,674.8	2,328.2	3,037.5	3,682.9	1,893.7	2,618.1
Greene	849.5	803.7	897.5	919.5	514.8	816.0
Rensselaer	2,020.1	1,795.5	2,255.2	3,632.1	2,142.4	1,750.3
Saratoga	1,565.8	1,449.0	1,688.1	3,095.0	567.1	1,582.6
Schenectady	2,238.8	1,683.0	2,820.5	3,972.5	1,814.9	1,969.1

Source: NYS SPARCS, 2021-2023. Age-Adjusted Rate per 100,000. Blank cells are suppressed due to small numbers. **Note:** A light red cell indicates the rate is at least 50% higher than the NYS (excl. NYC) rate; a dark red cell indicates the rate is at least 100% higher.



G. Hospitalization Rates, by Condition

		Asthma	Cerebrovascular Disease (Stroke)	COPD	Diabetes	Heart Disease	Assault	Intentional Self-Harm	Motor Vehicle Accident	Opioid Overdose	Substance Use Disorders	All Behavioral Health
County	NYS (excl. NYC)	48.2	153.9	87.6	204.8	725.1	26.3	275.3	52.0	63.7	1,081.8	831.8
	Capital Region	42.5	140.2	77.6	184.9	679.1	32.5	336.0	52.6	60.9	1,129.1	876.2
	Albany	57.4	152.1	72.9	197.0	708.5	43.9	337.6	57.3	65.5	1,319.2	977.2
	Columbia	35.2	120.8	129.9	217.4	673.3	26.6	425.2	61.2	69.3	1,287.7	1,061.9
	Greene	45.6	135.5	98.7	191.5	662.2	40.4	290.0	70.4	62.6	1,093.9	794.9
	Rensselaer	37.5	139.7	71.1	198.0	751.6	30.4	403.2	51.8	61.5	1,194.1	949.6
	Saratoga	26.6	122.1	77.8	142.6	621.1	15.9	275.9	44.3	52.5	829.1	710.1
	Schenectady	46.3	161.4	63.5	203.0	671.3	36.7	368.9	49.5	59.9	1,166.4	877.0
	Bethlehem	24.6	126.8	34.6	117.5	634.8		178.5	25.9	48.1	617.9	474.2
	Center Square/Arbor Hill	103.1	234.8	115.2	347.4	818.5	121.2	661.4	91.7	120.5	2,571.6	1,910.4
Albany	City of Cohoes/North Colonie	36.1	155.1	92.3	173.8	800.8	30.3	434.9	66.6	64.1	1,517.6	1,164.4
	Colonie	38.8	144.8	57.7	186.6	708.9	32.4	338.7	55.5	74.0	1,238.6	958.8
	Delaware/2nd Avenue	115.2	164.8	80.9	243.7	722.4	69.7	280.0	75.3	63.8	1,207.4	805.7
	Guilderland	16.5	130.8	45.2	212.4	521.1	13.8	254.7	36.2	48.5	822.4	701.1
	Hill Towns		160.9	58.5	103.7	664.6		295.4	107.0	50.8	879.8	653.8
	Latham	30.0	133.1	36.0	139.2	619.7	11.4	217.2	48.5	48.4	622.8	529.8
	Loudonville		114.9	28.0	162.9	635.2	21.7	172.1	26.5	48.9	924.2	575.6
	N. Albany/Menands	106.4	132.9	90.4	231.8	757.4	51.3	276.6	71.5	76.9	1,421.3	890.3
	New Scotland	37.0	109.3	35.2	105.5	641.8		191.6	46.8	37.9	580.8	488.0
	New Scotland Avenue	79.3	199.1	106.2	240.0	706.9	103.9	713.8	87.6	83.5	2,070.0	1,845.3
Columbia	Pine Bush	37.5	136.9	58.3	209.6	672.4	35.0	224.0	46.9	55.0	937.5	629.2
	Ravena/Coeymans/Selkirk	54.8	132.6	100.5	204.2	730.9	16.7	240.6	47.0	74.2	929.4	685.3
	South End	179.4	263.3	216.2	538.3	1,110.6	161.5	889.6	129.7	168.4	4,279.4	2,826.4
	South End/Downtown Albany	136.0	263.7	217.8	429.3	952.1	212.3	741.0	93.4	158.8	4,355.2	2,603.5
	State Campus	57.3	141.8	58.3	192.8	649.1	34.5	225.0	47.7	47.6	1,057.4	736.5
	Watervliet/Green Island	51.2	166.6	84.9	188.2	811.7	20.2	335.5	51.1	54.0	1,265.7	900.2
	West End	136.5	275.0	204.0	394.1	1,041.1	139.6	637.1	97.8	130.8	2,977.6	1,963.0
	Canaan		64.6		149.6	439.3		233.8			629.7	594.4
	Chatham		105.9	72.8	138.4	641.9	38.0	271.9	56.2	52.3	890.8	681.9
	Germantown		123.3	89.3	158.0	656.8		247.1	52.9	63.4	859.3	696.0
Greene	Hudson	59.9	141.2	219.3	333.0	789.3	33.3	531.2	77.3	90.5	1,698.7	1,350.2
	Ichabod	31.5	115.6	71.9	152.5	615.4	21.7	337.8	50.2	42.1	911.0	774.9
	Pine Plains		122.2	152.8	148.9	803.2		247.4			1,038.6	728.6
	Taconic Hills		61.9	47.0	60.9	352.2		184.3	51.9	34.2	673.2	611.5
	Cairo/Durham	40.4	171.2	164.9	284.4	763.7	32.6	482.2	134.2	78.6	1,709.8	1,251.8
	Catskill	45.2	150.4	154.2	275.0	758.9	34.2	546.5	71.2	93.9	1,645.1	1,335.0
	Coxsackie/Athens	53.9	162.4	92.5	217.8	822.8	76.7	311.7	34.8	75.2	980.5	705.8
	Greenville	32.9	152.2	99.5	137.8	600.4		218.5	60.4	79.1	1,032.5	684.8
	Hunter/Tannersville	73.8	146.7	87.0	160.0	645.7		353.9	82.4	67.2	1,458.4	1,086.5
	Windham/Ashland/Jewett		110.9	65.1	73.7	523.0		297.0	103.6	36.4	1,012.5	857.4
Rensselaer	Central		117.8	41.0	139.9	672.6		213.6	56.6	53.5	655.5	488.0
	East		93.1	31.9	68.2	459.8		219.0	65.9	40.5	610.8	475.4
	East Greenbush	40.3	159.3	43.5	157.4	671.3		231.4	36.1	58.5	760.5	528.5
	North East	23.8	104.0	53.2	138.8	604.7	18.9	291.2	51.8	48.1	795.9	650.1
	North West	28.5	157.4	90.0	186.8	806.9	29.8	275.6	65.0	70.2	925.2	721.7
	Rensselaer	42.5	167.6	90.9	207.9	813.2	28.8	313.0	46.3	56.4	1,123.6	797.4
	South West	31.4	126.4	63.1	174.8	691.1	16.9	330.8	60.6	61.1	966.2	714.9
	Troy/Lansingburgh	49.2	151.0	88.9	247.1	848.4	46.5	579.2	55.4	74.5	1,678.0	1,375.6
	West Sand Lake/Wynantskill		132.7	76.0	130.7	758.8		210.9	39.1	32.5	682.1	603.6
	Ballston Spa	25.1	116.1	101.6	145.4	660.7	18.3	295.0	45.5	62.8	873.6	791.1
Saratoga	Burnt Hills/Galway	26.0	123.9	52.3	128.5	580.4		223.9	33.4	42.8	561.9	520.0
	Clifton Park West	22.6	119.7	37.4	116.4	568.1	10.8	226.6	36.3	33.9	584.5	560.8
	North East	23.8	104.0	53.2	138.8	604.7	18.9	291.2	51.8	48.1	795.9	650.1
	North West	28.5	157.4	90.0	186.8	806.9	29.8	275.6	65.0	70.2	925.2	721.7
	Saratoga Springs	21.0	127.8	82.8	126.8	584.1	16.6	310.2	34.8	53.7	1,025.5	908.0
	South Glens Falls	51.8	133.3	141.5	223.9	709.4		454.0	58.9	70.3	1,404.7	1,096.4
	Waterford/Mechanicville	39.3	118.7	78.5	154.3	689.7	19.5	271.3	43.8	46.3	921.0	679.2
	City/Stockade	53.0	198.6	230.4	337.1	904.4	89.5	976.1	54.6	106.1	2,871.2	2,353.9
	Goose Hill/Union	91.9	235.8	121.5	305.1	820.7	45.2	682.3	70.9	90.6	1,946.2	1,510.4
	Hamilton Hill	105.2	320.1	132.5	497.0	1,172.5	183.7	827.9	89.7	124.2	3,063.1	2,015.6
Schenectady	Mont Pleasant	37.5	136.9	58.3	209.6	672.4	35.0	224.0	46.9	55.0	937.5	629.2
	Niskayuna	25.6	120.4	33.8	148.1	510.9	12.6	215.0	31.6	35.9	543.2	501.8
	Rotterdam	45.9	157.4	67.1	184.7	660.7	25.9	296.0	47.7	45.1	989.4	770.2
	Rural West		112.7	33.8	113.6	582.3		234.9	53.3	39.6	791.2	643.6
	Scotia-Glenville	22.1	137.1	32.8	89.7	551.7	10.3	200.4	33.9	53.4	743.6	516.8
	Upper State Street	59.7	171.8	50.5	202.4	728.9	40.2	405.5	45.8	63.8	1,336.2	967.1

Source: NYS SPARCS, 2019-2023. Age-Adjusted Rate per 100,000. Blank cells are suppressed due to small numbers.

Note: Light red cells indicate the rate is at least 50% higher than the NYS (excl. NYC) rate; dark red indicates the rate is at least 100% higher.



H. Emergency Department Visit Rates, by Condition

		Asthma	Cerebrovascular Disease (Stroke)	COPD	Diabetes	Heart Disease	Assault	Motor Vehicle Accident	Opioid Overdose	Substance Use Disorders	All Behavioral Health
County	NYS (excl. NYC)	278.2	62.0	111.8	165.1	286.0	324.2	650.0	67.2	1,473.8	1,687.9
	Capital Region	271.2	60.3	112.9	166.4	242.5	363.4	438.8	65.7	1,524.0	1,858.4
	Albany	381.1	55.5	112.1	181.7	226.1	450.0	460.5	68.9	1,725.0	1,929.8
	Columbia	281.5	69.3	194.0	210.5	356.5	332.2	554.4	91.9	2,710.7	2,330.1
	Greene	157.0	45.1	98.9	123.6	199.6	355.5	390.9	58.2	1,011.4	1,219.5
	Rensselaer	260.2	63.0	128.0	187.6	237.4	383.7	449.1	60.7	1,530.8	1,894.9
	Saratoga	108.1	68.1	76.2	108.5	246.7	146.9	303.6	49.3	1,038.0	1,547.7
	Schenectady	342.5	56.7	127.0	208.5	240.5	509.4	578.4	86.3	1,701.4	2,308.2
	Bethlehem	87.5	50.6	30.8	77.7	154.7	115.7	232.0	20.6	637.6	845.7
	Center Square/Arbor Hill	1,192.6	65.3	294.9	377.9	344.2	1,156.6	819.1	111.5	3,673.6	3,559.7
	City of Cohoes/North Colonie	281.2	65.8	168.8	187.2	242.2	466.8	467.1	74.5	1,764.8	2,141.6
	Colonie	270.1	53.7	76.7	153.8	235.2	344.7	447.8	66.2	1,465.2	1,645.3
	Delaware/2nd Avenue	784.7	48.5	128.9	319.7	261.3	655.1	721.9	71.1	1,711.6	1,759.6
	Guilderland	126.6	54.2	48.6	81.6	169.5	104.2	269.5	27.6	649.6	937.6
	Hill Towns	140.2	51.7	51.7	31.0	170.5	179.7	323.6	33.7	794.3	995.6
	Latham	143.4	50.4	57.8	82.4	224.3	136.7	303.3	48.2	820.6	1,058.7
	Loudonville	113.0	41.7	24.4	89.2	182.4	293.0	240.6	29.3	975.7	1,025.2
	N. Albany/Menands	649.5	47.6	163.1	254.3	342.6	557.3	721.7	37.2	1,714.7	1,876.6
	New Scotland	90.0	44.6	27.2	44.7	145.2	103.6	225.3	28.5	565.3	751.1
Albany	New Scotland Avenue	525.9	57.5	143.4	219.4	238.2	769.1	613.2	117.2	3,439.6	4,273.4
	Pine Bush	306.4	43.9	96.6	183.7	211.3	450.5	565.1	79.2	1,226.8	1,594.7
	Ravena/Coeymans/Selkirk	140.2	48.2	72.7	86.8	172.0	159.9	322.2	47.4	885.7	1,144.2
	South End	1,273.4	79.8	344.0	716.6	365.6	1,507.8	1,150.4	302.6	6,184.8	5,771.1
	South End/Downtown Albany	1,224.2	59.0	357.9	518.0	365.7	1,423.0	873.6	91.7	11,038.8	9,517.4
	State Campus	272.4	50.7	64.7	131.0	206.4	304.4	399.5	46.7	1,168.2	1,377.3
	Watervliet/Green Island	299.3	77.3	195.7	223.6	275.5	372.5	459.8	76.7	1,401.4	1,794.9
	West End	1,241.6	76.8	407.4	550.8	413.3	1,592.1	1,130.0	187.9	4,388.3	4,457.1
	Canaan	220.7			81.5	138.2	208.2	425.0		1,004.4	1,638.2
	Chatham	98.7	63.0	72.4	94.9	247.5	122.6	341.8	63.0	1,380.2	1,234.9
	Germantown	219.3	84.5	160.9	152.9	360.8	208.4	549.7	45.5	1,259.8	1,404.2
	Hudson	494.2	81.5	328.4	359.3	501.7	576.5	699.3	130.6	3,596.6	3,047.1
	Ichabod	126.6	35.8	80.1	88.2	196.5	128.8	330.5	48.1	1,636.5	1,780.9
	Pine Plains		67.1	122.9	104.7	401.3	136.5	540.5		1,258.4	1,377.6
	Taconic Hills	135.9	39.0	94.7	76.5	151.1	153.7	299.2	47.9	1,174.9	1,084.1
	Cairo/Durham	276.1	66.5	190.3	289.4	322.7	292.1	622.6	98.4	2,673.5	2,114.5
	Catskill	231.1	73.4	170.6	232.1	306.1	324.7	548.1	109.9	2,686.4	2,534.1
	Coxsackie/Athens	108.1	44.6	130.0	135.6	239.4	612.9	379.9	54.4	1,099.2	1,279.1
ZIP Code Group	Greenville	198.0	56.3	86.1	118.1	164.3	137.7	418.1	56.4	1,158.8	1,205.3
	Hunter/Tannersville	204.9	64.0	107.8	83.5	247.3	163.0	323.6	54.7	1,016.4	1,832.4
	Windham/Ashland/Jewett	67.8	21.7	122.2	50.0	201.1	136.9	489.2		1,320.8	1,144.3
	Central	97.0	56.0	86.9	72.0	170.9	147.6	296.3	46.2	825.9	1,005.2
	East	83.6	31.4	61.4	33.8	92.7	145.0	287.5	37.7	573.8	733.5
	East Greenbush	152.4	40.4	64.7	93.3	183.4	150.8	329.1	38.5	821.5	1,088.1
	North East	77.6	59.4	58.3	100.9	224.5	119.8	280.3	45.7	732.6	1,208.5
	North West	102.8	69.3	109.9	105.8	309.1	151.4	408.3	46.3	1,029.2	1,368.0
	Rensselaer	236.7	61.7	100.9	167.1	237.0	311.2	414.0	64.7	1,219.0	1,420.2
	South West	112.0	52.4	59.8	83.4	172.6	189.1	325.2	58.2	987.3	1,177.5
	Troy/Lansingburgh	417.1	80.7	218.3	311.8	305.4	619.7	609.5	81.1	2,281.2	2,803.3
	West Sand Lake/Wynantskill	133.1	63.6	66.6	65.5	243.2	252.2	335.2	51.8	950.1	1,270.9
	Ballston Spa	95.2	75.2	89.6	139.6	274.8	176.5	295.7	47.9	1,216.1	1,799.5
	Burnt Hills/Gateway	51.1	62.3	44.1	57.5	226.7	86.9	234.0	32.0	607.1	1,199.1
	Clifton Park West	83.1	44.1	36.1	54.6	142.5	100.3	231.9	35.8	683.9	1,117.0
	North East	77.6	59.4	58.3	100.9	224.5	119.8	280.3	45.7	732.6	1,208.5
	North West	102.8	69.3	109.9	105.8	309.1	151.4	408.3	46.3	1,029.2	1,368.0
	Saratoga Springs	135.3	85.9	80.9	143.8	312.0	182.9	259.9	60.6	1,548.2	2,071.7
Saratoga	South Glens Falls	232.0	114.4	131.8	231.5	370.9	216.7	573.5	73.4	1,219.0	2,175.0
	Waterford/Mechanicville	111.3	49.4	78.0	113.5	198.2	152.5	319.4	67.5	1,057.1	1,450.5
	City/Stockade	553.1	79.2	429.6	382.3	372.9	1,150.0	730.0	210.4	4,214.7	5,783.0
	Goose Hill/Union	715.4	76.3	245.4	368.9	341.1	921.2	895.4	181.5	3,596.8	4,511.2
	Hamilton Hill	955.9	73.3	330.5	859.8	360.8	1,645.4	1,225.5	223.4	5,275.1	5,804.3
	Mont Pleasant	306.4	43.9	96.6	183.7	211.3	450.5	565.1	79.2	1,226.8	1,594.7
	Niskayuna	124.1	53.1	54.6	77.8	180.3	168.8	325.2	33.2	751.6	1,282.4
	Rotterdam	292.6	60.7	112.6	170.9	233.1	386.7	526.6	69.7	1,212.5	1,713.6
	Rural West	130.9	42.3	73.8	83.9	257.3	111.8	385.3	40.2	665.5	1,037.1
	Scotia-Glenville	110.2	54.2	74.4	88.6	198.8	148.1	323.2	51.7	855.1	1,236.6
	Upper State Street	361.8	48.4	125.6	232.7	227.9	637.7	694.6	74.6	1,834.4	2,397.1
	Schenectady										

Source: NYS SPARCS, 2019-2023. Average ZIP Code-level Age-Adjusted Rate per 100,000. Blank cells are suppressed due to small numbers.

Note: Light red cells indicate the rate is at least 50% higher than the NYS (excl. NYC) rate; dark red indicates the rate is at least 100% higher.



I. Prevention Quality Indicator Rates, by Condition

		PQI Composite Condition				
		Acute	Circulatory	Diabetes	Overall	Respiratory
County	NYS (excl. NYC)	196.3	314.7	183.6	827.0	132.5
	Capital Region	149.8	282.4	150.7	698.6	115.8
	Albany	142.3	313.9	157.2	726.6	113.2
	Columbia	195.2	289.9	193.3	855.6	177.2
	Greene	167.2	251.8	162.0	722.6	141.7
	Rensselaer	148.5	299.2	161.3	707.4	98.4
	Saratoga	148.0	228.9	113.7	601.5	111.0
	Schenectady	145.5	305.5	170.4	731.4	110.2
	Bethlehem	152.6	277.8	76.2	507.8	50.8
	Center Square/Arbor Hill	132.7	360.8	329.6	1,006.2	183.0
ZIP Code Group	City of Cohoes/North Colonie	182.1	329.9	130.2	757.6	115.5
	Colonie	151.0	310.4	140.0	696.7	95.2
	Delaware/2nd Avenue	130.0	371.6	169.9	836.1	164.6
	Guilderland	115.0	196.4	151.1	524.3	61.8
	Hill Towns	173.7	233.7		535.0	121.9
	Latham	104.4	252.0	79.3	486.1	50.3
	Loudonville	110.7	238.5	76.3	450.7	25.2
	N. Albany/Menands	133.3	350.3	190.7	839.6	165.3
	New Scotland	107.3	205.9	56.7	457.1	69.2
	New Scotland Avenue	157.4	340.0	221.5	872.5	154.4
	Ravena/Coeymans/Selkirk	124.1	407.2	167.1	912.8	178.6
	South End	279.6	728.7	567.7	1,938.4	362.4
	South End/Downtown Albany	218.1	625.2	457.0	1,594.8	294.4
	State Campus	157.6	302.1	137.3	698.8	101.9
	Watervliet/Green Island	143.1	348.3	178.6	774.7	104.7
	West End	198.4	600.4	352.3	1,473.3	322.3
	Canaan		141.2		278.7	
	Chatham	131.5	318.6	115.7	605.0	112.3
	Germantown	201.2	217.0	109.1	643.0	115.8
	Hudson	232.7	403.4	405.8	1,321.2	324.2
ZIP Code Group	Ichabod	152.1	295.4	250.4	685.0	115.4
	Pine Plains	425.1	309.0	183.7	873.1	289.3
	Taconic Hills	74.7	108.3	129.6	311.1	95.1
	Cairo/Durham	295.1	336.3	390.7	1,040.8	268.8
	Catskill	197.4	293.6	174.5	805.3	187.8
	Coxsackie/Athens	179.1	396.2	165.5	871.9	140.5
	Greenville	170.2	200.2	107.1	642.7	133.0
	Hunter/Tannersville	255.7	398.5	1,008.7	1,248.7	827.5
	Windham/Ashland/Jewett	154.3	250.8	84.3	490.3	325.8
	Rensselaer	161.8	328.1	162.7	768.2	115.6
	Central	131.2	222.4	107.5	499.2	57.4
	East		144.8		300.6	
	East Greenbush	155.4	289.8	95.6	615.2	74.5
	North East	163.4	256.2	136.0	586.0	147.9
	North West	178.3	349.5	280.5	736.0	92.5
	South West	199.1	247.5	145.3	619.4	138.1
	Troy/Lansingburgh	173.1	382.4	234.6	920.2	130.1
	West Sand Lake/Wynantskill	147.1	249.2	91.5	573.3	85.5
	Ballston Spa	166.0	231.1	137.9	677.8	143.2
ZIP Code Group	Burnt Hills/Galway	117.9	215.5	113.4	558.5	82.6
	Clifton Park West	127.4	261.7	62.0	502.4	51.3
	North East	173.3	293.7	122.6	720.1	130.5
	North West	173.2	327.2	165.5	825.8	198.9
	Saratoga Springs	171.2	209.1	101.3	602.1	120.4
	South Glens Falls	246.7	296.3	192.4	949.9	214.6
	Waterford/Mechanicville	135.8	239.8	122.3	607.8	109.9
	City/Stockade	208.2	490.2	380.0	1,425.6	347.3
	Goose Hill/Union	170.1	355.3	247.2	1,015.0	242.5
	Hamilton Hill	269.4	763.1	458.5	1,736.9	245.9
ZIP Code Group	Mont Pleasant	123.8	326.4	178.4	716.0	88.2
	Niskayauna	113.0	197.5	99.1	471.0	61.4
	Rotterdam	136.9	295.3	157.7	693.6	103.8
	Rural West	144.5	255.5	120.8	560.0	
	Scotia-Glenville	125.5	193.6	71.4	444.5	54.0
	Upper State Street	179.3	376.7	157.2	818.5	105.3

Source: NYS SPARCS, 2019-2023. Average ZIP Code-level Age-Adjusted Rate per 100,000. Blank cells are suppressed due to small numbers.

Note: Light red cells indicate the rate is at least 50% higher than the NYS (excl. NYC) rate; dark red indicates the rate is at least 100% higher.



J. Mortality Rates, by Cause

		Cancer	Chronic Liver	COPD	Diabetes	Flu & Pneumonia	Heart	Stroke	Substance Use Disorders	Suicide	Unintentional Injury
County	Capital Region	144.4	9.1	34.1	20.9	16.1	163.3	26.4	3.2	10.0	18.7
	Albany	142.0	9.9	27.8	20.7	16.0	165.6	24.8	3.5	9.2	16.8
	Columbia	138.6	7.8	31.7	24.1	12.5	158.3	23.0	2.8	12.4	20.5
	Greene	165.0	9.0	32.0	19.3	14.4	189.4	22.7	4.2	11.6	26.9
	Rensselaer	152.6	7.2	44.6	20.5	14.3	171.0	26.2	3.0	11.0	20.9
	Saratoga	140.1	8.6	36.3	16.9	14.2	142.8	28.5	1.9	9.9	18.4
	Schenectady	143.9	10.7	34.8	27.5	23.8	178.3	30.3	4.5	9.4	18.2
	Bethlehem	131.9	7.4	26.9	16.1	20.8	131.2	16.6		7.8	11.4
	Center Square/Arbor Hill	137.1			47.3		201.5	30.7			
	City of Cohoes/North Colonie	169.2	12.5	38.3	21.2	19.8	177.8	34.6	8.2	17.9	14.1
ZIP Code Group	Colonie	160.9	5.7	26.6	19.0	13.1	165.0	24.9		10.9	15.0
	Delaware/2nd Avenue	144.7		25.5		18.7	190.3	29.9			25.1
	Guilfordland	107.7		19.1	8.5	14.9	110.0	15.0			15.1
	Hill Towns	167.2		24.7		23.0	127.1	28.0		24.0	31.7
	Latham	120.3		23.8	17.7	19.0	135.3	28.0			15.0
	Loudonville	124.2		21.4	10.2	13.3	165.5	27.2			17.2
	N. Albany/Menands	138.5		38.7	39.7	23.2	254.5	24.7			40.0
	New Scotland	134.0		12.5	9.8	15.7	124.7	20.8			10.8
	New Scotland Avenue	139.4	14.3	26.4	25.9	15.8	185.8	22.7		11.6	11.8
	Pine Bush	152.0	9.7	25.4	27.1	17.1	185.4	20.7		11.4	16.6
	Ravena/Coeymans/Selkirk	168.1		33.9	23.0	11.8	174.9	18.0			17.7
	South End	175.2		43.8	34.9		255.7	30.8			32.4
	South End/Downtown Albany	157.6		62.5			248.7				
	State Campus	115.6	11.1	27.3	19.5	15.9	167.6	26.3		8.5	14.5
	Watervliet/Green Island	172.8	11.6	39.0	30.7	12.1	201.7	29.2			13.8
	West End	165.7	20.9	38.4	30.5	14.1	198.0	34.1			22.5
	Canaan	110.9					84.3				
	Chatham	136.6		32.0	26.4	9.2	143.5	23.2		17.5	15.3
	Germantown	126.1					113.7	24.0			
	Hudson	167.9	10.6	42.5	30.4	16.1	199.8	29.9		12.1	22.5
ZIP Code Group	Ichabod	146.9		27.9	35.6	16.0	164.8	28.4		16.7	12.2
	Pine Plains	181.4		62.9			195.7				
	Taconic Hills	83.2		21.4			110.5				30.1
	Cairo/Durham	183.9		29.6	19.7		180.2	27.6			36.8
	Catskill	150.5	11.6	39.7	29.0	17.3	225.1	20.3			22.5
	Coxsackie/Athens	176.6		21.7	17.2	12.8	175.2	22.2			26.8
	Greenville	149.6		24.5			127.5	23.7			
	Hunter/Tannersville	181.1		37.1			194.6	22.1			
	Windham/Ashland/Jewett	150.3		33.3			163.0	25.8			
	Central	162.5		45.8	18.7	16.1	142.7	18.8		17.5	22.1
ZIP Code Group	East	145.1		19.1	18.6		119.1	27.8			17.6
	East Greenbush	135.1		36.1	15.3	18.6	159.2	30.5			14.0
	North East	142.7	6.4	34.2	21.1	11.2	131.3	23.9		12.8	17.9
	North West	152.3	8.2	52.6	17.2	21.9	169.0	39.0		17.3	32.1
	Rensselaer	150.0	8.4	43.7	30.1		181.2	18.5		13.4	18.9
	South West	169.8		33.6	18.3	9.0	173.5	24.6		11.7	24.2
	Troy/Lansingburgh	161.9	8.3	49.0	21.3	17.0	183.3	28.2	3.9	8.1	19.2
	West Sand Lake/Wynantskill	130.6		52.0		16.3	136.3	25.9			21.1
	Ballston Spa	126.0	13.2	44.9	19.8	13.7	158.3	21.2		8.6	17.9
	Burnt Hills/Galway	124.1	6.3	26.6	10.2	14.3	122.8	21.4			14.8
ZIP Code Group	Clifton Park West	130.2	5.7	26.7	13.5	11.1	129.5	25.4		8.3	12.1
	North East	142.7	6.4	34.2	21.1	11.2	131.3	23.9		12.8	17.9
	North West	152.3	8.2	52.6	17.2	21.9	169.0	39.0		17.3	32.1
	Saratoga Springs	139.3	8.5	32.5	12.1	11.4	139.1	39.4		7.4	21.2
	South Glens Falls	152.2		51.6	31.5	24.5	178.8	44.9		22.4	18.4
	Waterford/Mechanicville	161.5	8.2	43.5	20.9	15.8	165.3	23.3		12.2	20.9
	City/Stockade	188.2		80.2	63.1		241.0				32.4
	Goose Hill/Union	169.1	18.1	36.7	30.6	29.8	200.2	37.8			14.0
	Hamilton Hill	159.6		60.8	62.4	34.5	285.7	50.4			27.3
	Mont Pleasant	152.0	9.7	25.4	27.1	17.1	185.4	20.7		11.4	16.6
ZIP Code Group	Niskayauna	121.3	5.5	13.3	17.4	22.4	121.4	23.0		6.7	11.1
	Rotterdam	148.8	11.0	33.4	19.8	23.5	188.7	29.2		14.2	17.9
	Rural West	148.5		38.5	25.3	22.3	154.5				24.2
	Scotia-Glenville	129.3	5.0	44.2	18.0	16.6	154.7	32.2		8.1	14.1
	Upper State Street	149.6	19.6	41.0	38.6	29.2	182.0	39.4			20.4

Source: New York State Vital Statistics, 2018-2022. Age-Adjusted Rate per 100,000. Blank cells are suppressed due to small numbers.

Note: Light red cells indicate the rate is at least 50% higher than the Capital Region rate; dark red indicates the rate is at least 100% higher.

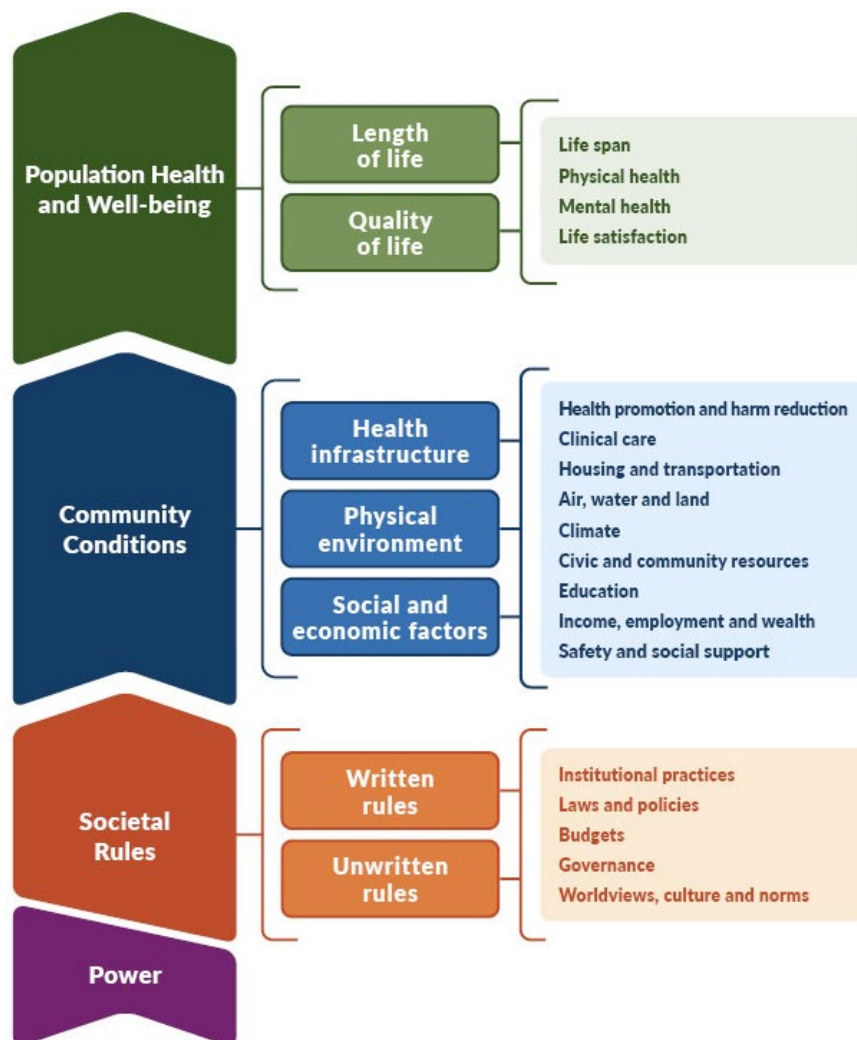


K. County Health Rankings, 2025

The following section contains charts with county-level measures of health factors that research has found to contribute to health outcomes. County health measures are weighted and ranked based on the County Health Rankings Model (see photo below), developed by the University of Wisconsin Population Health Institute. County rankings are based on data sourced from a multitude of federal organizations. The measures presented here are from the 2025 County Health Rankings, the latest and final release from the University of Wisconsin and the Robert Wood Johnson Foundation.

In the “heat map” table below, the six Capital Region counties are collectively compared to New York State (NYS) and U.S. counties. The cell color provides context about a county’s rank on each measure, relative to other NYS counties. The table that follows provides additional details about the measures, along with the data sources and years. The tables further below provide additional data details for each county.

County Health Rankings Model

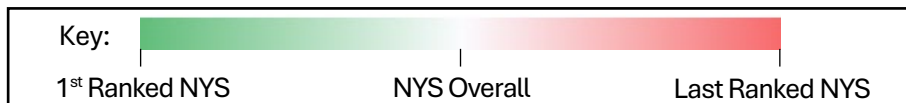


University of Wisconsin Population Health Institute © 2025. <https://www.countyhealthrankings.org/findings-and-insights/2025-report>.



County Health Rankings, 2025: Capital Region Heat Map

Measure	Albany County	Columbia County	Greene County	Rensselaer County	Saratoga County	Schenectady County	New York State	Min. NY County	Max. NY County	Top Performers	US Overall
POPULATION HEALTH AND WELL-BEING											
LENGTH OF LIFE											
Premature Death	7,276	7,810	8,286	7,122	5,526	8,452	6,637	4,624	10,681	6,200	8,400
QUALITY OF LIFE											
Poor Physical Health Days	3.7	3.8	4.1	4.0	3.4	3.7	3.9	3.3	5.1	3.6	3.9
Low Birth Weight	8.5%	7.2%	7.1%	8.5%	6.5%	9.2%	8.3%	3.9%	10.3%	6.0%	8.0%
Poor Mental Health Days	5.2	5.6	5.6	5.4	5.0	5.3	4.9	4.5	6.1	4.9	5.1
Poor or Fair Health	12.4%	14.2%	15.0%	13.5%	10.3%	13.3%	16.1%	10.3%	28.2%	14.0%	17.0%
COMMUNITY CONDITIONS											
HEALTH INFRASTRUCTURE											
Flu Vaccinations	58%	54%	45%	54%	57%	54%	51%	38%	58%	54%	48%
Access to Exercise Opportunities	93.9%	61.5%	81.3%	78.4%	85.7%	88.6%	93.1%	35.0%	100.0%	91.0%	84.0%
Food Environment Index	8.4	8.4	8.8	8.5	9.1	8.7	8.7	6.4	9.9	8.8	7.4
Primary Care Physicians (pop. ratio)	1,039	2,471	3,464	2,081	1,439	1,255	1245	727	13,397	1,030	1,330
Mental Health Providers (pop. ratio)	222	403	960	478	417	351	265	90	1,694	220	300
Dentists (pop. ratio)	1,124	2,786	2,827	2,422	1,465	1,251	1205	534	5,972	1,180	1,360
Preventable Hospital Stays	2,369	2,082	2,367	2,247	2,389	2,217	2,595	1,600	4,187	1,596	2,666
Mammography Screening	49%	46%	39%	47%	52%	45%	44%	35%	56%	53%	44%
Uninsured	5%	6%	5%	4%	4%	5%	6%	4%	10%	6%	10%
PHYSICAL ENVIRONMENT											
Severe Housing Problems	14%	15%	14%	13%	11%	15%	23%	9%	39%	8%	17%
Driving Alone to Work	68%	68%	73%	73%	75%	72%	50%	6%	82%	69%	70%
Long Commute - Driving Alone	21%	37%	45%	31%	37%	31%	39%	15%	68%	17%	37%
Air Pollution: Particulate Matter	8.7	7.8	7.4	8.1	8.2	8.0	6.9	3.2	8.8	5.6	7.3
Drinking Water Violations	Yes	Yes	Yes	Yes	Yes	No					
Broadband Access	89%	88%	85%	90%	92%	88%	90%	78%	95%	92%	90%
Library Visits per Person per Year	3	4	2	2	3	3	3	1	13	5	2
SOCIAL AND ECONOMIC FACTORS											
Some College	78%	63%	57%	73%	78%	71%	71%	42%	86%	74%	68%
High School Completion	93%	92%	89%	93%	94%	92%	88%	75%	96%	95%	89%
Unemployment	3.3%	3.0%	3.8%	3.3%	2.9%	3.5%	4.2%	2.9%	6.8%	2.3%	3.6%
Income Inequality	4.6	4.9	5.1	4.6	4.2	4.4	5.8	3.9	7.3	3.7	4.9
Children in Poverty	15%	18%	19%	16%	8%	19%	19%	6%	36%	10%	16%
Injury Deaths	61	68	83	62	47	60	60	43	110	67	84
Social Associations	14.6	9.5	8.9	8.3	7.3	7.7	7.9	2.9	16.6	18.0	9.1
Child Care Cost Burden	37%	41%	35%	36%	32%	40%	38%	24%	65%	20%	28%



County Health Rankings, 2025: Measure Descriptions, Sources, and Years

Measure	Description	Source	Year(s)
POPULATION HEALTH AND WELL-BEING			
LENGTH OF LIFE			
Premature Death*	Years of potential life lost before age 75 per 100,000 population (age-adjusted).	National Center for Health Statistics - Natality and Mortality Files; Census Population Estimates Program	2020-2022
QUALITY OF LIFE			
Poor Physical Health Days	Average number of physically unhealthy days reported in past 30 days (age-adjusted).	Behavioral Risk Factor Surveillance System	2022
Low Birth Weight*	Percentage of live births with low birth weight (< 2,500 grams).	National Center for Health Statistics - Natality Files	2017-2023
Poor Mental Health Days	Average number of mentally unhealthy days reported in past 30 days (age-adjusted).	Behavioral Risk Factor Surveillance System	2022
Poor or Fair Health	Percentage of adults reporting fair or poor health (age-adjusted).	Behavioral Risk Factor Surveillance System	2022
COMMUNITY CONDITIONS			
HEALTH INFRASTRUCTURE			
Flu Vaccinations*	Percentage of fee-for-service (FFS) Medicare enrollees who had an annual flu vaccination.	Mapping Medicare Disparities Tool	2022
Access to Exercise Opportunities	Percentage of population with adequate access to locations for physical activity.	ArcGIS Business Analyst and ArcGIS Online; YMCA; US Census TIGER/Line Shapefiles	2024, 2022 & 2020
Food Environment Index+	Index of factors that contribute to a healthy food environment, from 0 (worst) to 10 (best).	USDA Food Environment Atlas; Map the Meal Gap from Feeding America	2019 & 2022
Primary Care Physicians	Ratio of population to primary care physicians.	Area Health Resource File/American Medical Association	2021
Mental Health Providers	Ratio of population to mental health providers.	CMS, National Provider Identification	2024
Dentists	Ratio of population to dentists.	Area Health Resource File/National Provider Identifier Downloadable File	2022
Preventable Hospital Stays*	Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees.	Mapping Medicare Disparities Tool	2022
Mammography Screening*	Percentage of female Medicare enrollees ages 65-74 who received an annual mammography screening.	Mapping Medicare Disparities Tool	2022
Uninsured	Percentage of population under age 65 without health insurance.	Small Area Health Insurance Estimates	2022
PHYSICAL ENVIRONMENT			
Severe Housing Problems	Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities.	Comprehensive Housing Affordability Strategy (CHAS) data	2017-2021
Driving Alone to Work*	Percentage of the workforce that drives alone to work.	American Community Survey, five-year estimates	2019-2023
Long Commute - Driving Alone	Among workers who commute in their car alone, the percentage that commute more than 30 minutes.	American Community Survey, five-year estimates	2019-2023
Air Pollution: Particulate Matter	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5).	Environmental Public Health Tracking Network	2020
Drinking Water Violations+	Indicator of the presence of health-related drinking water violations. 'Yes' indicates the presence of a violation, 'No' indicates no violation.	Safe Drinking Water Information System	2023
Broadband Access	Percentage of households with broadband internet connection.	American Community Survey, five-year estimates	2019-2023
Library Visits per Person per Year	Library visits per person living within the library service area per year.	Institute of Museum and Library Services	2022
SOCIAL AND ECONOMIC FACTORS			
Some College	Percentage of adults ages 25-44 with some post-secondary education.	American Community Survey, five-year estimates	2019-2023
High School Completion	Percentage of adults ages 25 and over with a high school diploma or equivalent.	American Community Survey, five-year estimates	2019-2023
Unemployment	Percentage of population ages 16 and older unemployed but seeking work.	Bureau of Labor Statistics	2023
Income Inequality	Ratio of household income at the 80th percentile to income at the 20th percentile.	American Community Survey, five-year estimates	2019-2023
Children in Poverty*	Percentage of people under age 18 in poverty.	Small Area Income and Poverty Estimates; American Community Survey, five-year estimates	2023 & 2019-2023
Injury Deaths*	Number of deaths due to injury per 100,000 population.	National Center for Health Statistics - Mortality Files; Census Population Estimates Program	2018-2022
Social Associations	Number of membership associations per 10,000 population.	County Business Patterns	2022
Child Care Cost Burden	Child care costs for a household with two children as a percent of median household income.	The Living Wage Institute; Small Area Income and Poverty Estimates	2024 & 2023



County Health Rankings, 2025: Albany & Rensselaer Counties

Measure	Albany County			Rensselaer County			New York State		US Overall
	Rank	Value	95% CI*	Rank	Value	95% CI*	Value	95% CI*	Value
POPULATION HEALTH AND WELL-BEING									
LENGTH OF LIFE									
Premature Death	25	7,276	6,923 - 7,629	22	7,122	6,655 - 7,589	6,637	6,597 - 6,678	8,400
QUALITY OF LIFE									
Poor Physical Health Days	6	3.7	3.0 - 4.3	24	4.0	3.3 - 4.8	3.9	3.7 - 4.1	3.9
Low Birth Weight	55	8.5%	8.1 - 8.9	53	8.5%	7.9 - 9.0	8.3%	8.2 - 8.3	8%
Poor Mental Health Days	11	5.2	4.4 - 6.0	18	5.4	4.5 - 6.3	4.9	4.7 - 5.1	5.1
Poor or Fair Health	4	12.4%	11.1 - 13.8	11	13.5%	12.0 - 15.1	16.1%	15.3 - 16.9	17%
COMMUNITY CONDITIONS									
HEALTH INFRASTRUCTURE									
Flu Vaccinations	1	58%		9	54%		51%		48%
Access to Exercise Opportunities	16	93.9%		35	78.4%		93.1%		84%
Food Environment Index	25	8.4		21	8.5		8.7		7.4
Primary Care Physicians	7	1,039:1		39	2,081:1		1,245:1		1,330
Mental Health Providers	5	222:1		43	478:1		265:1		300
Dentists	6	1,124:1		41	2,422:1		1,205:1		1,360
Preventable Hospital Stays	19	2,369		12	2,247		2,595		2,666
Mammography Screening	22	49%		29	47%		44%		44%
Uninsured	15	4.5%	3.9 - 5.1	8	4.4%	3.7 - 5.1	5.7%	5.6 - 5.9	10.0%
PHYSICAL ENVIRONMENT									
Severe Housing Problems	37	14.2%	13.2 - 15.2	27	12.8%	11.6 - 14.0	22.5%	22.4 - 22.7	17%
Driving Alone to Work	10	67.6%	66.4 - 68.8	19	72.6%	70.9 - 74.4	49.7%	49.5 - 49.8	70%
Long Commute - Driving Alone	8	21.2%	19.8 - 22.6	18	30.6%	28.6 - 32.6	39.3%	39.1 - 39.5	37%
Air Pollution: Particulate Matter	60	8.7		51	8.1		6.9		7.3
Drinking Water Violations		Yes			Yes				
Broadband Access	19	89.4%	88.5 - 90.2	11	90.2%	89.1 - 91.3	89.6%	89.3 - 89.8	90%
Library Access	24	3.1		50	1.8		2.5		2
SOCIAL AND ECONOMIC FACTORS									
Some College	4	78.0%	75.3 - 80.8	11	72.6%	69.0 - 76.2	71.0%	70.7 - 71.4	68%
High School Completion	6	93.2%	92.6 - 93.8	7	92.7%	92.0 - 93.5	87.9%	87.7 - 88.0	89%
Unemployment	10	3.3%		12	3.3%		4.2%		3.6%
Income Inequality	34	4.6		33	4.6		5.8		4.9
Children in Poverty	16	14.6%	11.0 - 18.2	22	16.3%	12.0 - 20.6	18.6%	18.0 - 19.2	16%
Injury Deaths	14	60.8	56.9 - 64.7	18	62.3	56.8 - 67.8	60.0	59.5 - 60.5	84
Social Associations	6	14.6		46	8.3		7.9		9.1
Child Care Cost Burden	27	37.1%		24	36.5%		37.7%		28%

*95% CI = 95% Confidence Interval (where available).



County Health Rankings, 2025: Columbia & Greene Counties

Measure	Columbia County			Greene County			New York State		US Overall
	Rank	Value	95% CI*	Rank	Value	95% CI*	Value	95% CI*	Value
POPULATION HEALTH AND WELL-BEING									
LENGTH OF LIFE									
Premature Death	35	7,810	6,884 - 8,735	44	8,286	7,308 - 9,264	6,637	6,597 - 6,678	8,400
QUALITY OF LIFE									
Poor Physical Health Days	13	3.8	3.1 - 4.8	30	4.1	3.2 - 4.9	3.9	3.7 - 4.1	3.9
Low Birth Weight	23	7.2%	6.3 - 8.1	21	7.1%	6.2 - 8.1	8.3%	8.2 - 8.3	8%
Poor Mental Health Days	33	5.6	4.5 - 6.6	37	5.6	4.6 - 6.7	4.9	4.7 - 5.1	5.1
Poor or Fair Health	16	14.2%	12.5 - 15.9	24	15.0%	13.3 - 16.7	16.1%	15.3 - 16.9	17%
COMMUNITY CONDITIONS									
HEALTH INFRASTRUCTURE									
Flu Vaccinations	9	54%		52	45%		51%		48%
Access to Exercise Opportunities	47	61.5%		26	81.3%		93.1%		84%
Food Environment Index	25	8.4		8	8.8		8.7		7.4
Primary Care Physicians	42	2,471:1		57	3,464:1		1,245:1		1,330
Mental Health Providers	31	403:1		58	960:1		265:1		300
Dentists	45	2,786:1		48	2,827:1		1,205:1		1,360
Preventable Hospital Stays	7	2,082		17	2,367		2,595		2,666
Mammography Screening	35	46%		58	39%		44%		44%
Uninsured	44	5.5%	4.7 - 6.3	31	5.0%	4.2 - 5.9	5.7%	5.6 - 5.9	10.0%
PHYSICAL ENVIRONMENT									
Severe Housing Problems	45	15.4%	13.7 - 17.2	36	14.2%	12.0 - 16.3	22.5%	22.4 - 22.7	17%
Driving Alone to Work	11	67.6%	65.2 - 70.0	22	73.0%	70.4 - 75.5	49.7%	49.5 - 49.8	70%
Long Commute - Driving Alone	38	37.2%	33.5 - 40.9	52	44.5%	40.1 - 48.9	39.3%	39.1 - 39.5	37%
Air Pollution: Particulate Matter	47	7.8		43	7.4		6.9		7.3
Drinking Water Violations		Yes			Yes				
Broadband Access	28	88.3%	87.3 - 89.2	59	84.6%	82.5 - 86.6	89.6%	89.3 - 89.8	90%
Library Access	4	4.2		53	1.8		2.5		2
SOCIAL AND ECONOMIC FACTORS									
Some College	39	62.5%	57.2 - 67.8	53	56.7%	51.2 - 62.2	71.0%	70.7 - 71.4	68%
High School Completion	25	91.5%	90.3 - 92.8	47	88.8%	87.5 - 90.1	87.9%	87.7 - 88.0	89%
Unemployment	2	3.0%		35	3.8%		4.2%		3.6%
Income Inequality	46	4.9		52	5.1		5.8		4.9
Children in Poverty	28	17.5%	12.4 - 22.6	40	18.8%	13.0 - 24.6	18.6%	18.0 - 19.2	16%
Injury Deaths	32	67.9	58.6 - 77.2	54	83.0	71.5 - 94.6	60.0	59.5 - 60.5	84
Social Associations	37	9.5		42	8.9		7.9		9.1
Child Care Cost Burden	52	41.3%		16	34.6%		37.7%		28%

*95% CI = 95% Confidence Interval (where available).



County Health Rankings, 2025: Saratoga & Schenectady Counties

Measure	Saratoga County			Schenectady County			New York State		US Overall
	Rank	Value	95% CI*	Rank	Value	95% CI*	Value	95% CI*	Value
POPULATION HEALTH AND WELL-BEING									
LENGTH OF LIFE									
Premature Death	6	5,526	5,175 - 5,877	46	8,452	7,931 - 8,973	6,637	6,597 - 6,678	8,400
QUALITY OF LIFE									
Poor Physical Health Days	3	3.4	2.7 - 4.2	8	3.7	3.1 - 4.5	3.9	3.7 - 4.1	3.9
Low Birth Weight	9	6.5%	6.1 - 6.9	60	9.2%	8.7 - 9.7	8.3%	8.2 - 8.3	8%
Poor Mental Health Days	5	5.0	4.2 - 5.9	17	5.3	4.4 - 6.3	4.9	4.7 - 5.1	5.1
Poor or Fair Health	1	10.3%	9.2 - 11.6	9	13.3%	11.9 - 15.0	16.1%	15.3 - 16.9	17%
COMMUNITY CONDITIONS									
HEALTH INFRASTRUCTURE									
Flu Vaccinations	3	57%		9	54%		51%		48%
Access to Exercise Opportunities	22	85.7%		20	88.6%		93.1%		84%
Food Environment Index	4	9.1		14	8.7		8.7		7.4
Primary Care Physicians	22	1,439:1		14	1,255:1		1,245:1		1,330
Mental Health Providers	35	417:1		21	351:1		265:1		300
Dentists	16	1,465:1		11	1,251:1		1,205:1		1,360
Preventable Hospital Stays	20	2,389		11	2,217		2,595		2,666
Mammography Screening	7	52%		39	45%		44%		44%
Uninsured	1	3.7%	3.2 - 4.3	16	4.5%	3.8 - 5.3	5.7%	5.6 - 5.9	10.0%
PHYSICAL ENVIRONMENT									
Severe Housing Problems	6	10.9%	9.9 - 11.9	42	15.0%	13.7 - 16.3	22.5%	22.4 - 22.7	17%
Driving Alone to Work	35	75.2%	73.6 - 76.8	17	72.2%	70.3 - 74.1	49.7%	49.5 - 49.8	70%
Long Commute - Driving Alone	37	36.7%	34.8 - 38.6	21	31.1%	28.9 - 33.3	39.3%	39.1 - 39.5	37%
Air Pollution: Particulate Matter	53	8.2		49	8.0		6.9		7.3
Drinking Water Violations		Yes			No				
Broadband Access	6	92.0%	91.1 - 92.8	27	88.3%	87.0 - 89.6	89.6%	89.3 - 89.8	90%
Library Access	27	3.0		18	3.3		2.5		2
SOCIAL AND ECONOMIC FACTORS									
Some College	5	77.8%	74.7 - 81.0	14	71.4%	67.7 - 75.1	71.0%	70.7 - 71.4	68%
High School Completion	2	94.2%	93.6 - 94.8	17	91.8%	91.0 - 92.7	87.9%	87.7 - 88.0	89%
Unemployment	1	2.9%		24	3.5%		4.2%		3.6%
Income Inequality	11	4.2		22	4.4		5.8		4.9
Children in Poverty	3	8.3%	5.9 - 10.7	38	18.7%	13.9 - 23.5	18.6%	18.0 - 19.2	16%
Injury Deaths	5	47.3	43.4 - 51.3	12	60.4	55.0 - 65.9	60.0	59.5 - 60.5	84
Social Associations	51	7.3		49	7.7		7.9		9.1
Child Care Cost Burden	8	32.0%		47	40.4%		37.7%		28%

*95% CI = 95% Confidence Interval (where available).



L. Public Health Issue Prioritization Process Results

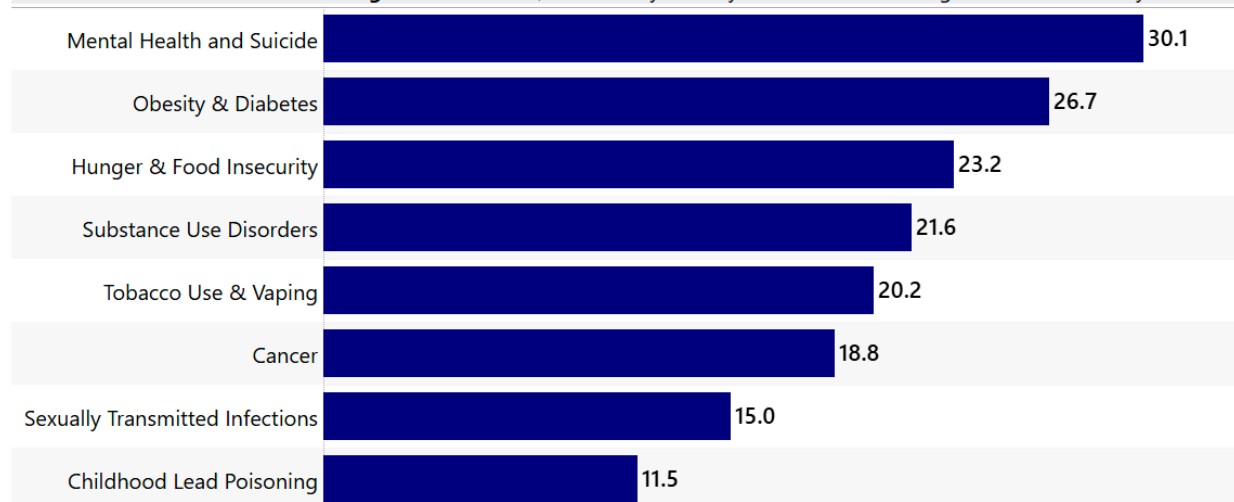
A summary of the Prevention Agenda Prioritization Workgroup's health issue prioritization methodology and each local Work Groups' process and health issue selections can be found in [Section II](#).

The charts below summarize how the top health issues scored, in each county or combined county area, in total, and based on data, organizational, community survey, and community partner considerations, as well as according to total need and opportunity considerations.

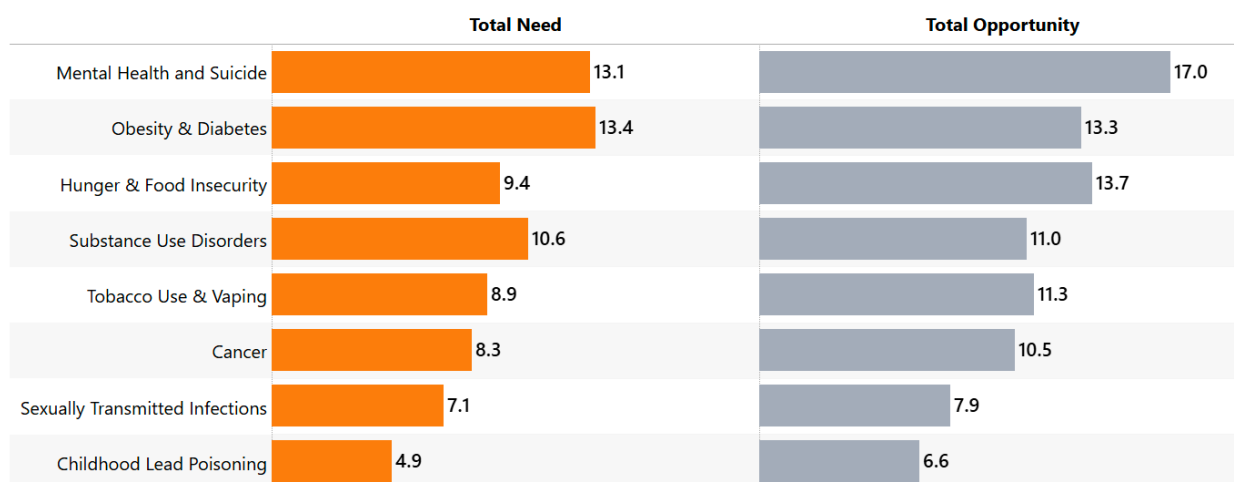


Schenectady Health Issue Rankings

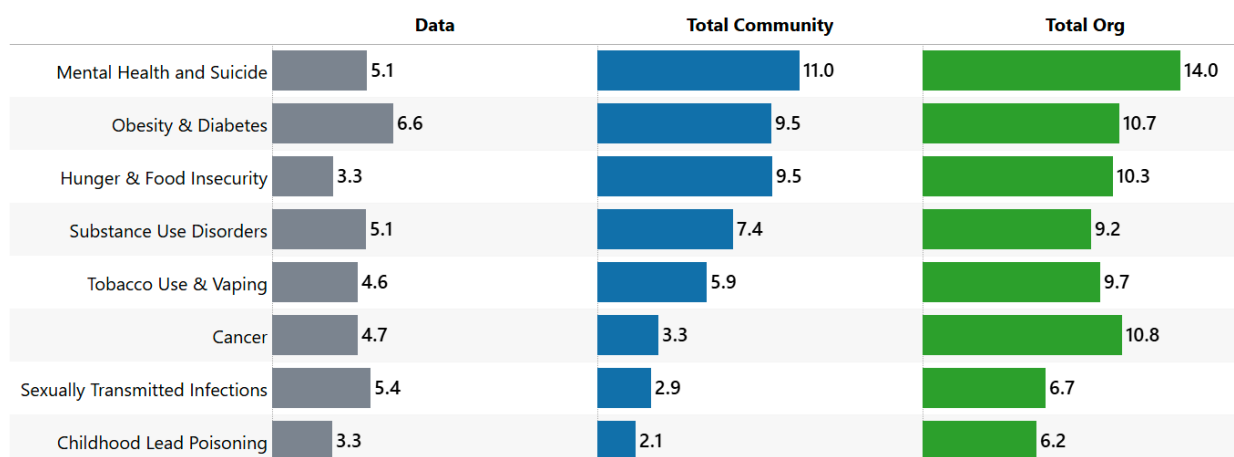
Mental Health & Suicide had the highest total score, followed by Obesity & Diabetes and Hunger & Food Insecurity.



Mental Health & Suicide had the highest total score. Obesity & Diabetes had the highest Need score. Hunger & Food Insecurity had the second highest opportunity score, after Mental Health & Suicide.

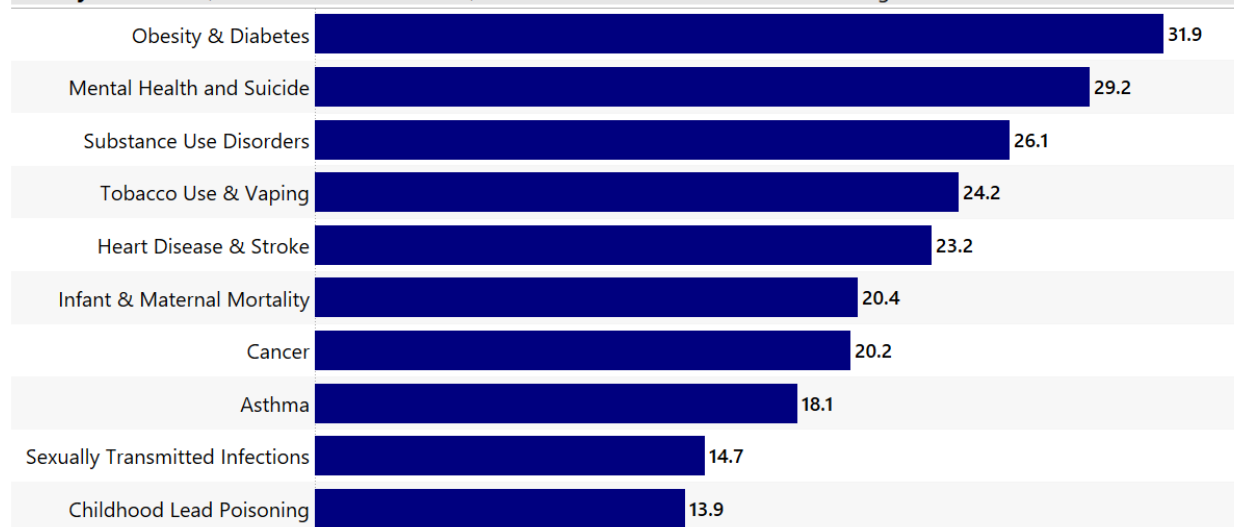


Mental Health & Suicide had the highest Community and Organization scores. Obesity & Diabetes had the highest Data score.

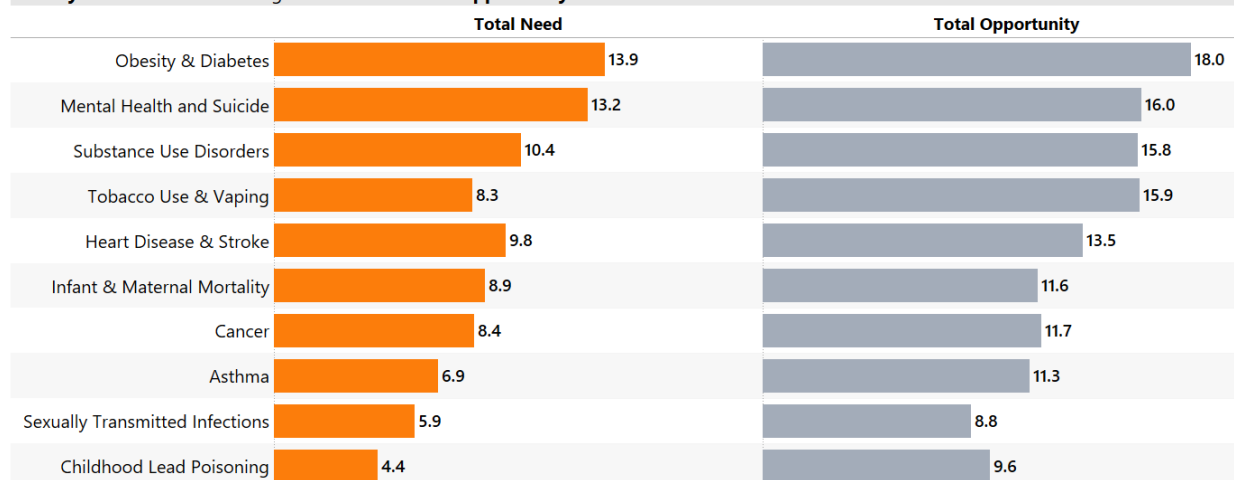


Albany-Rensselaer Health Issue Rankings

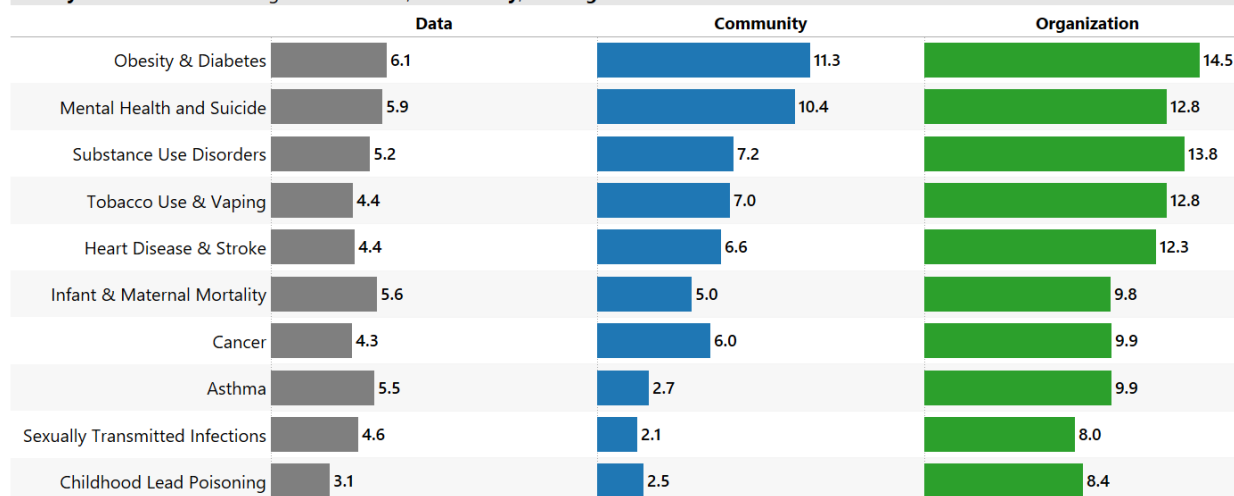
Obesity & Diabetes, Mental Health & Suicide, and Substance Use Disorders had the highest **Total Scores**.



Obesity & Diabetes had the highest **Total Need** and **Opportunity** Scores.

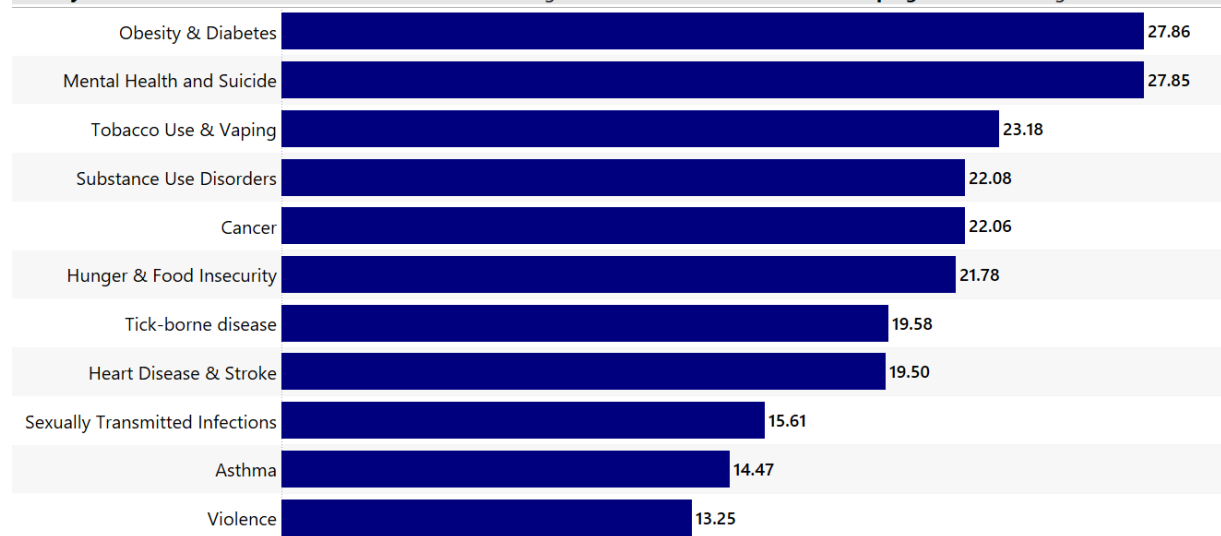


Obesity & Diabetes had the highest **Total Data, Community, and Organization** Scores.

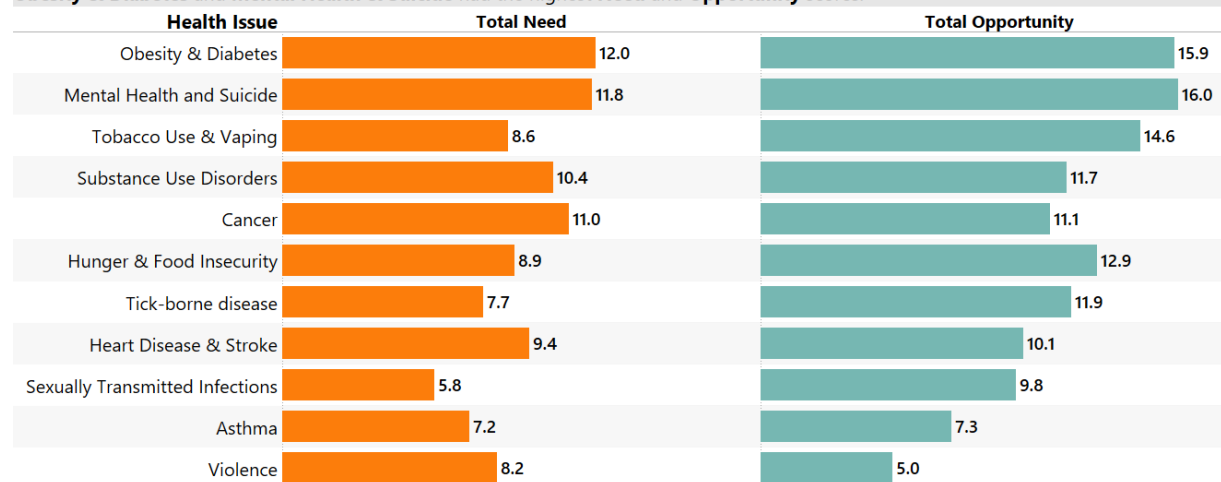


Columbia-Greene Health Issue Scores

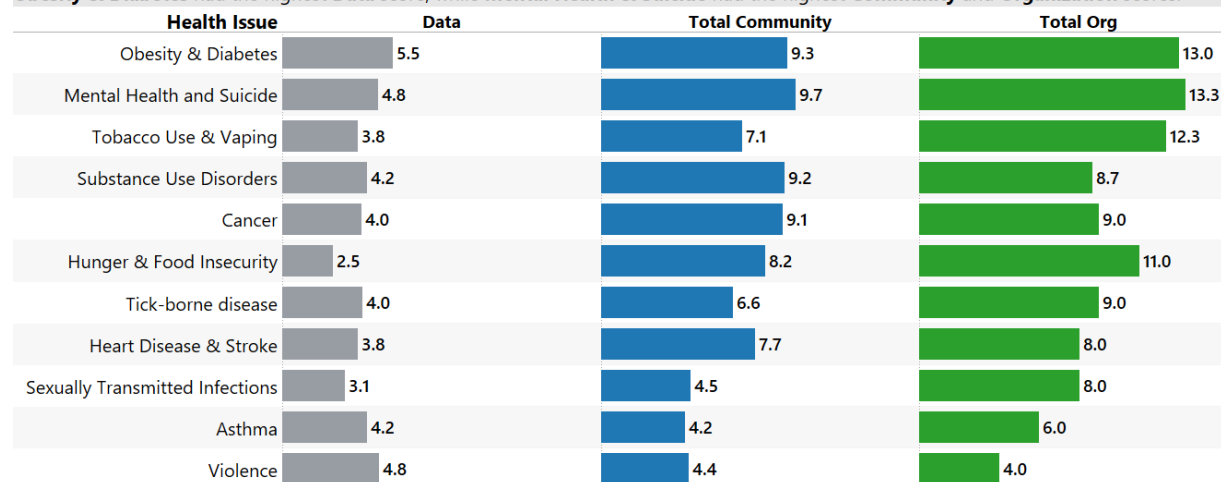
Obesity & Diabetes and **Mental Health & Suicide** had the highest **Total** scores. **Tobacco Use & Vaping** had the third highest **Total** score.



Obesity & Diabetes and **Mental Health & Suicide** had the highest **Need** and **Opportunity** scores.



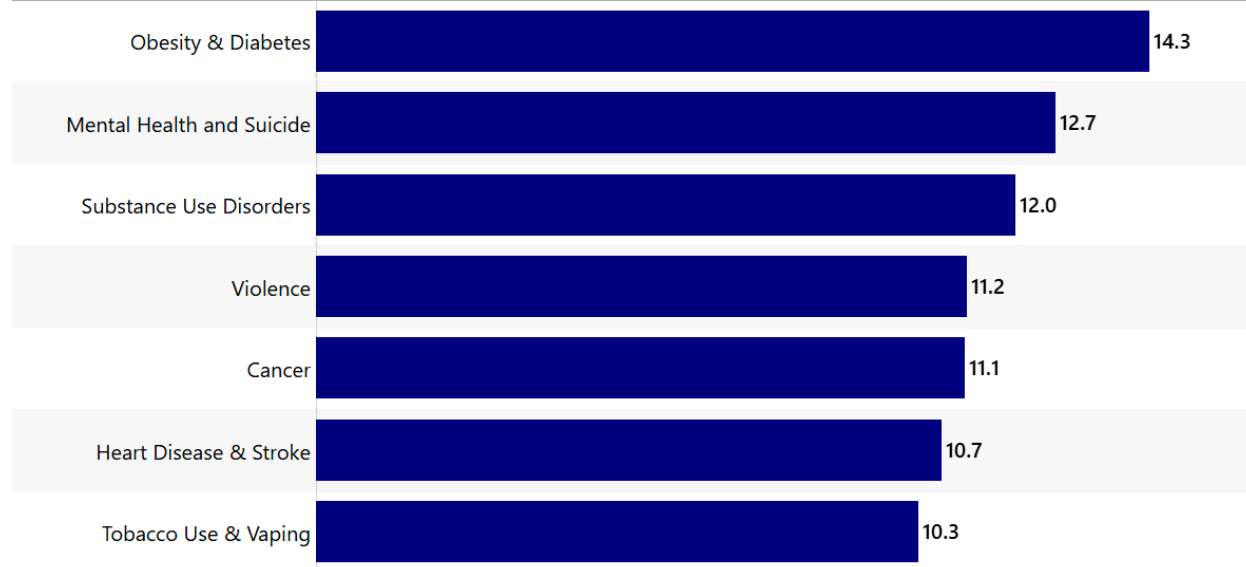
Obesity & Diabetes had the highest **Data** score, while **Mental Health & Suicide** had the highest **Community** and **Organization** scores.



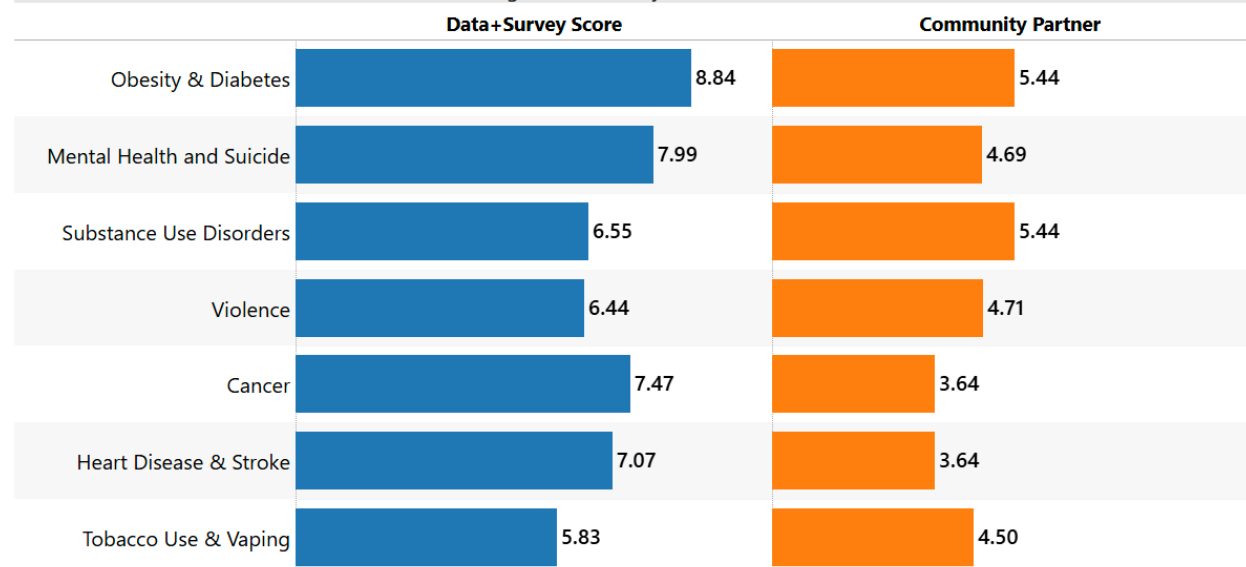
Saratoga County Health Issue Scores

Total data, survey, and community partner scores:

Obesity & Diabetes has the highest total score, as of 7/15/2025



Substance Use Disorders rose in rank, after adding in Community Partner scores.



Violence fell in rank, while Cancer and Heart Disease & Stroke rose in rank, after adding in survey scores.

Health Issue	Data	Survey
Obesity & Diabetes	6.17	2.67
Mental Health and Suicide	5.82	2.17
Cancer	4.47	3.00
Heart Disease & Stroke	4.57	2.51
Substance Use Disorders	4.58	1.97
Violence	5.07	1.37
Tobacco Use & Vaping	4.68	1.15



M. Assets and Resources

Albany and Rensselaer Counties

Chronic Disease Prevention and Control

Chronic Disease Prevention and Control		
Organization	Albany County Assets	Rensselaer County Assets
A Healthy Future Diabetes Prevention Group	<ul style="list-style-type: none"> National Diabetes Prevention Program 	
Albany County Department of Health	<ul style="list-style-type: none"> National Diabetes Prevention Program 	
Albany County Department of Mental Health	<ul style="list-style-type: none"> Tobacco Cessation Services 	
Albany Medical Center	<ul style="list-style-type: none"> Division of Community Endocrinology - Diabetes Self-Management training and education, Medical Nutrition Therapy 	<ul style="list-style-type: none"> Division of Community Endocrinology - Diabetes Self-Management training and education, Medical Nutrition Therapy
American Cancer Society		
American Diabetes Association	<ul style="list-style-type: none"> Diabetes Self-Management Training and Education 	<ul style="list-style-type: none"> Diabetes Self-Management Training and Education
American Heart Association	<ul style="list-style-type: none"> Community Education Heart Walk 	<ul style="list-style-type: none"> Community Education Heart Walk
American Lung Association		
Community Care Physicians	<ul style="list-style-type: none"> Diabetes Self-Management Training and Education Medical Nutrition Therapy 	<ul style="list-style-type: none"> Diabetes Self-Management Training and Education Medical Nutrition Therapy



Chronic Disease Prevention and Control		
Organization	Albany County Assets	Rensselaer County Assets
Cornell Cooperative Extension	<ul style="list-style-type: none"> • Dining with Diabetes - Weight Management Classes • Healthy Homes Program 	<ul style="list-style-type: none"> • Nutritional Education Sessions
Diabetes Sisters of Albany/Schenectady	<ul style="list-style-type: none"> • Diabetes Support Group 	
New York State Smokers' Quitline	<ul style="list-style-type: none"> • Tobacco Cessation Services 	<ul style="list-style-type: none"> • Tobacco Cessation Services
Breakthrough T1D	<ul style="list-style-type: none"> • Diabetes Support Groups and Education 	<ul style="list-style-type: none"> • Diabetes Support Groups and Education
Rensselaer County Department of Health		<ul style="list-style-type: none"> • Pre-Diabetes Education & Public Health Detailing
St. Peter's Health Partners (Diabetes and Endocrine Care)	<ul style="list-style-type: none"> • Diabetes Self-Management Training and Education • Medical Nutrition Therapy • Diabetes Support Groups • National Diabetes Prevention Program 	<ul style="list-style-type: none"> • Diabetes Self-Management Training and Education • Medical Nutrition Therapy • Diabetes Support Groups • National Diabetes Prevention Program
Stratton Veterans Administration Medical Center	<ul style="list-style-type: none"> • Diabetes Self-Management Training and Education 	<ul style="list-style-type: none"> • Diabetes Self-Management Training and Education
TOPS Grocery Stores		<ul style="list-style-type: none"> • Weight Management through Nutritional education
Weight Watchers Studio	<ul style="list-style-type: none"> • Diabetes Self-Management Training and Education 	<ul style="list-style-type: none"> • Diabetes Self-Management Training and Education
Whitney M. Young Jr. Health Services	<ul style="list-style-type: none"> • Diabetes Self-Management Training and Education • Medical Nutrition Therapy 	<ul style="list-style-type: none"> • Diabetes Self-Management Training and Education • Medical Nutrition Therapy




Chronic Disease Prevention and Control		
Organization	Albany County Assets	Rensselaer County Assets
Supermarkets	<ul style="list-style-type: none"> • Nutrition Education with Dietitian Support: • Market 32/Price Chopper: <ul style="list-style-type: none"> ○ https://www.pricechopper.com/health-wellness/ • Hannaford: <ul style="list-style-type: none"> ○ https://www.hannaford.com/health-wellness/dietitians/free-classes-demos-ny 	<ul style="list-style-type: none"> • Nutrition Education with Dietitian Support: • Market 32/Price Chopper: <ul style="list-style-type: none"> ○ https://www.pricechopper.com/health-wellness/ • Hannaford: <ul style="list-style-type: none"> ○ https://www.hannaford.com/health-wellness/dietitians/free-classes-demos-ny



Physical Activity

Physical Activity		
Organization	Albany County Assets	Rensselaer County Assets
Fitness	<ul style="list-style-type: none"> • Albany CrossFit • Albany Jewish Community Center • Black Sheep Athletics • Capital District YMCA • Metabolic • Planet Fitness • Rudy A. Ciccotti Family Recreation Center • Silver Sneakers • CDPHP Fitness Connect • Vent Fitness • Retro Fitness Albany State Concourse • Orange Theory Fitness • Best Fitness • Freestyle Fitness Center • CrossFit Beyond • Albany Boxing 	<ul style="list-style-type: none"> • Collar City Athletics • Planet Fitness • Silver Sneakers • CDPHP Fitness Connect • Capital District YMCA • Fitnessforfun, LLC • Jazzercise Fitness Center • Mueller Center RPI Gymnasium • All Troy Athletic Club • Focusmaster Fitness • Lion's Den Martial Arts & Fitness • Fitness Coach • Fly Yoga Studio • Anatomie • Emerald Athletic Club • The Hot Yoga Spot • Rensselaer County Senior Centers <ul style="list-style-type: none"> ○ Rensselaer, Troy, Schodack, Hoosick Falls, Grafton • School Athletic Fields & Playgrounds • Local Pickleball, Tennis, and Basketball Courts • MVP Fitness Courts



Physical Activity		
Organization	Albany County Assets	Rensselaer County Assets
Parks and Recreation	<ul style="list-style-type: none"> Albany County Department of Recreation <ul style="list-style-type: none"> https://www.albanycounty.com/departments/recreation/youth-sports Albany County Helderberg-Hudson Rail Trail Ann Lee Pond Nature & Historic Preserve E.N. Huyck Preserve Lawson Lake County Park Mohawk Hudson Land Conservancy Preserves <ul style="list-style-type: none"> https://mohawkhudson.org/our-preserves/ Municipal parks and recreational resources New York State Parks, Preserves, and Wildlife Management Areas <ul style="list-style-type: none"> https://www.dec.ny.gov/outdoor/7801.html 	<ul style="list-style-type: none"> Rensselaer County Tourism & Attractions: <ul style="list-style-type: none"> https://ny-rensselaercounty.civicplus.com/BusinessDirectory/ll.aspx?lngBusinessCategoryID=238  <ul style="list-style-type: none"> Albany-Hudson Electric Trail



Nutrition Security

Nutrition Security		
Organization	Albany County Assets	Rensselaer County Assets
Regional Food Bank of Northeastern New York	<ul style="list-style-type: none"> • Backpack Program • Just Say Yes to Fruits and Vegetables • Mass Distribution/Mobile Pantry • School Pantry Program 	<ul style="list-style-type: none"> • Backpack Program • Just Say Yes to Fruits and Vegetables • Mass Distribution/Mobile Pantry • School Pantry Program
Albany County Department for Aging	<ul style="list-style-type: none"> • Congregate Meals • Home Delivered Meals • Nutritional Counseling 	
Albany County Department for Children, Youth and Families	<ul style="list-style-type: none"> • Free Meals <ul style="list-style-type: none"> ◦ https://www.albanycountyny.gov/departments/children-youth-and-families/free-meals-food-pantry 	
Albany County Department of Health	<ul style="list-style-type: none"> • Nutritional Education • Breastfeeding supports 	
Albany Medical Center	<ul style="list-style-type: none"> • Special Supplemental Nutrition Program for Women, Infants and Children • Nutritional Education • Breastfeeding support and education 	<ul style="list-style-type: none"> • Special Supplemental Nutrition Program for Women, Infants and Children • Nutritional Education • Breastfeeding support and education



Nutrition Security		
Organization	Albany County Assets	Rensselaer County Assets
Grocery Stores	<ul style="list-style-type: none"> • ALDI's • Whole Foods • Hannaford • Honest Weight Food Cooperative • Market 32 Price Chopper • Save A Lot • Trader Joe's • Walmart 	<ul style="list-style-type: none"> • ALDI's • Hannaford • Honest Weight Food Cooperative • Market 32 Price Chopper • Save A Lot • Target • Walmart • Bargain Grocery Store • Corner Stores • Family Dollar • Dollar General • The Dollar Tree • Stewarts • Cumberland Farms
Brightside Up	<ul style="list-style-type: none"> • Child and Adult Care Food Program (CACFP) • Farm to Preschool – nutrition education, local produce • Child Care Health Consultant Services 	<ul style="list-style-type: none"> • Child and Adult Care Food Program (CACFP) • Farm to Preschool – nutrition education, local produce • Child Care Health Consultant Services



Nutrition Security		
Organization	Albany County Assets	Rensselaer County Assets
Capital Roots	<ul style="list-style-type: none"> • Community Gardens • Veggie Mobile • Produce Project – students run a farm for credit and produce • Taste Good Series – nutrition education • Squash Hunger – produce transportation • Urban Greening Projects • Healthy Streets Projects • Healthy Stores Projects 	<ul style="list-style-type: none"> • Community Gardens • Veggie Mobile • Produce Project – students run a farm for credit and produce • Taste Good Series – nutrition education • Squash Hunger – produce transportation • Urban Greening Projects • Healthy Streets Projects • Healthy Stores Projects

Nutrition Security		
Organization	Albany County Assets	Rensselaer County Assets
Farmers Markets – *Accepts SNAP	<ul style="list-style-type: none"> • CDPHP Farmers Market - June 7-October 4, Thursday 11am-1:30pm • *Empire State Plaza Friday Farmers Market - March 1-October 1, Friday 10am-2pm • *Empire State Plaza Wed Farmers Market - Year-round, Wednesday 10am-2pm • Harriman State Campus Farmers Market - May 1-October 10, Thursday 10am-2pm • New Covenant Farmers Market - May 21-October 1, Tuesday 3pm-6pm • Farmers Market at the Crossings - May 18-September 28, Saturday 9am-1pm • *Delaware Community Farmers Market – July 2-September 24, Tuesdays 4pm-7pm • *Delmar Saturday Farmers Market - May 28-October 29, Saturday 9am-1pm • Delmar Tuesday Farmers Market - May 6-November 25, Tuesday 2:30pm-6pm • Guilderland Farmers Market – June 30-Oct 13, Sunday 10-2pm • Washington Park Farmers Market • Saturdays 10am August-September • Voorheesville Farmer Market June 16th-September 29 Wednesday 3:30-6:30pm 	<ul style="list-style-type: none"> • *Troy Waterfront Farmers Market - May 4-October 26, Saturday 9am-2pm • Poestenkill Farmers Market and Craft Fair • *Capital Roots Produce Market - Year-round, Mon-Fri 9am-4:30pm • *Capital Roots Produce Project Farm Stand - May 7-October 29, Tuesday 4pm-6pm • East Greenbush Farmers Market - June 12-September 25, Wednesday 4pm-7pm • Schodack Farmer's Market – June to October, Wednesday 3:00 PM to 7:00 PM • Hoosick Falls Farmer's Market – Friday, 3:00 PM to 6:00 PM • Rensselaer City Farmer's Market – July 17th to October 16th, Thursday, 4:00 PM to 7:00 PM



Nutrition Security		
Organization	Albany County Assets	Rensselaer County Assets
Commission on Economic Opportunity		<ul style="list-style-type: none"> • Baby Café • Special Supplemental Nutrition Program for Women, Infants and Children • Food Pantry
Cornell Cooperative Extension	<ul style="list-style-type: none"> • Nutrition Education Program • Agriculture and Horticulture program – education • Central NY Dairy and Livestock Team • 4-H Vegetable Marketing Program – youth grow their own vegetables 	<ul style="list-style-type: none"> • Nutrition Education Program • Agriculture and Horticulture program – education • Central NY Dairy and Livestock Team • 4-H Vegetable Marketing Program – youth grow their own vegetables
Hope 7		<ul style="list-style-type: none"> • Food pantry
Radix Center	<ul style="list-style-type: none"> • Community Gardens • Nutritional Education 	
Rensselaer County Department of Health		<ul style="list-style-type: none"> • Department of Aging – Nutrition Program, home delivered meals, congregate meals • Nutritional Education
Rensselaer County Department of Youth		<ul style="list-style-type: none"> • Youth Summer Food program
Rensselaer County Department of Aging		<ul style="list-style-type: none"> • Department of Aging – Nutrition Program, home delivered meals, congregate meals
Sheridan Hollow Drop-In Center	<ul style="list-style-type: none"> • SNAP Registration Assistance 	



Nutrition Security		
Organization	Albany County Assets	Rensselaer County Assets
St. Peter's Health Partners	<ul style="list-style-type: none"> Breastfeeding Promotion, Protection, and Support Creating Healthy Schools and Communities Food Farmacy Programs Emergency Food Assistance 	<ul style="list-style-type: none"> Breastfeeding Promotion, Protection, and Support Creating Healthy Schools and Communities Food Farmacy Programs Emergency Food Assistance
South End Children's Cafe	<ul style="list-style-type: none"> Free Meals 	
The Food Pantries for the Capital District	<ul style="list-style-type: none"> Emergency Food Assistance – Food Pantries <ul style="list-style-type: none"> https://thefoodpantries.org/about-us/our-member-food-pantries/ 	<ul style="list-style-type: none"> Emergency Food Assistance – Food Pantries <ul style="list-style-type: none"> https://thefoodpantries.org/about-us/our-member-food-pantries/
Legal Aid Society of NY	<ul style="list-style-type: none"> Nutrition Outreach and Education Program (NOEP) 	<ul style="list-style-type: none"> Nutrition Outreach and Education Program (NOEP)
Oakwood Community Center		<ul style="list-style-type: none"> Food Pantry, Saturday 9:00 AM to 11:00 AM
Troy Area United Ministries (TAUM)		<ul style="list-style-type: none"> Food Pantry
The Salvation Army of Troy		<ul style="list-style-type: none"> Food Pantry
Town of Guilderland Community Gardens	<ul style="list-style-type: none"> Community Gardens 	
Trinity Alliance of the Capital Region	<ul style="list-style-type: none"> Emergency Food Assistance – Food Pantries Community garden 	<ul style="list-style-type: none"> Emergency Food Assistance – Food Pantries Community garden



Nutrition Security		
Organization	Albany County Assets	Rensselaer County Assets
Unity House of Troy		<ul style="list-style-type: none"> • Community Meals • Emergency Assistance • SNAP Registration Assistance • Childcare services • Nutrition Outreach and Education Program
Whitney M. Young Health Center	<ul style="list-style-type: none"> • Special Supplemental Nutrition Program for Women, Infants and Children 	<ul style="list-style-type: none"> • Special Supplemental Nutrition Program for Women, Infants and Children
YWCA - Troy		<ul style="list-style-type: none"> • Community meals • Food pantry

Substance Use and Mental Health

Substance Use and Mental Health		
Organization	Albany County Assets	Rensselaer County Assets
Alcoholics Anonymous	<ul style="list-style-type: none"> Alcoholism Treatment Program http://aaalbany.org/meetings/ 	<ul style="list-style-type: none"> Alcoholism Treatment Program http://aaalbany.org/meetings/
Addiction Care Center of Albany (ACCA) - Prevention and Community Education Services	<ul style="list-style-type: none"> Prevention School and community-based education to thousands of Capital Region children each year to help support healthy communities and prevent underage drinking, drug abuse and other risky behaviors. such as early sexual activity, school delinquency and teen violence. Community Outpatient services include clinic, peer support, community outreach, and jail-based programs. Education program delivers the following: interactive workshops and presentations to schools, community organizations and corporations upon request. 	<ul style="list-style-type: none"> Outpatient services offered including day rehab, medically supervised outpatient program, and an evening program. Community residences offered for men and women who are in early to late states of recovery. Family Navigators available to assist. https://www.theacca.net/



Substance Use and Mental Health		
Organization	Albany County Assets	Rensselaer County Assets
Albany Medical Center	<ul style="list-style-type: none"> • Integration of behavioral health services with several primary and specialty care sites • Suicide and depression screenings in Emergency Department and physician practice sites to identify and support at-risk patients • Suboxone Clinics • ERAS Initiative – Enhanced Recovery After Surgery (opioid-free surgeries for numerous procedures) • Project Safe Point: Albany Med Emergency Department physicians collaborate with Catholic Charities to ensure patients are seen the day after an opioid-related ED visit • Various opioid-related research efforts through Albany Medical College • Lead role in community-based opioid use disorder education, working with law enforcement and government agencies 	<ul style="list-style-type: none"> • Integration of behavioral health services with several primary and specialty care sites • Suicide and depression screenings in Emergency Department and physician practice sites to identify and support at-risk patients • Suboxone Clinics • ERAS Initiative – Enhanced Recovery After Surgery (opioid-free surgeries for numerous procedures) • Project Safe Point: Albany Med Emergency Department physicians collaborate with Catholic Charities to ensure patients are seen the day after an opioid-related ED visit • Various opioid-related research efforts through Albany Medical College • Lead role in community-based opioid use disorder education, working with law enforcement and government agencies
Albany County Department of Children, Youth and Families	<ul style="list-style-type: none"> • Children’s Mental Health Clinic • Case management • Single Point of Access (SPOA) • Child Forensic Services • Parent Partners 	



Substance Use and Mental Health		
Organization	Albany County Assets	Rensselaer County Assets
Albany County Department of Health	<ul style="list-style-type: none"> • Opioid Use Disorder (OUD) surveillance • Community based education • Naloxone Housing Units – units placed throughout county • Naloxone Kits 	
Albany County Department of Mental Health	<ul style="list-style-type: none"> • Assertive Community Treatment (ACT) Program • Health Home Care Management Services • Adult Forensic Services • Community Services Board • Substance Abuse Services • Adult Treatment Clinic • Opioid Prevention Training • Single Point of Access (SPOA) • Case Management Services • Mobile Outreach Treatment Overdose Response (M.O.T.O.R) 	
Albany County Sheriff's Office	<ul style="list-style-type: none"> • Sheriff's Heroin Addictions Recovery Program (SHARP) • STOP-DWI 	
American Foundation for Suicide Prevention	<ul style="list-style-type: none"> • Grief Support Groups 	<ul style="list-style-type: none"> • Grief Support Groups



Substance Use and Mental Health		
Organization	Albany County Assets	Rensselaer County Assets
Capital Area Peer Services	<ul style="list-style-type: none"> • Peer-run agency serving adults recovering from mental illness • Self-help and peer support groups • Benefits counseling • CARELine: 518-427-5056 x115 – confidential non-crisis peer-run “warmline” 	
Capital Counseling	<ul style="list-style-type: none"> • Inpatient and Outpatient counseling services • Phone-based clinical office support and case management • Referral Services 	<ul style="list-style-type: none"> • Inpatient and Outpatient counseling services • Phone-based clinical office support and case management • Referral Services
Capital District Behavioral Health	<ul style="list-style-type: none"> • Counseling for all ages • Family, couples, and individual counseling 	<ul style="list-style-type: none"> • Counseling for all ages • Family, couples, and individual counseling
Capital District Psychiatric Center	<ul style="list-style-type: none"> • Child and Adolescent Outpatient Program Adult outpatient clinics • Adult community residences • Inpatient treatment programs 	<ul style="list-style-type: none"> • Crisis Center – Intervention • Inpatient Treatment Programs (18 years old and older) • Adult Community Residences (18 years old and older) • Child & Adolescent Outpatient Program (Up to the age of 18)



Substance Use and Mental Health		
Organization	Albany County Assets	Rensselaer County Assets
Capital District Physicians Health Plan	<ul style="list-style-type: none"> • Access and Triage: 24-hour telephonic behavioral health assessment, triage and referral services for CDPHP members. Services including inpatient mental health, inpatient detox and substance abuse rehab, ambulatory opioid detox, partial hospital and intensive outpatient, outpatient mental health and substance abuse. Effective 7/1/2016, administration of NYS Medicaid HARP services. • Behavioral health and medical case management, providing coordination of care across the continuum of treatment. • Utilization Management: Application of medical necessity criteria to assure members receive the appropriate levels of treatment. 	<ul style="list-style-type: none"> • Access and Triage: 24-hour telephonic behavioral health assessment, triage and referral services for CDPHP members. Services including inpatient mental health, inpatient detox and substance abuse rehab, ambulatory opioid detox, partial hospital and intensive outpatient, outpatient mental health and substance abuse. Effective 7/1/2016, administration of NYS Medicaid HARP services. • Behavioral health and medical case management, providing coordination of care across the continuum of treatment. • Utilization Management: Application of medical necessity criteria to assure members receive the appropriate levels of treatment.



Substance Use and Mental Health		
Organization	Albany County Assets	Rensselaer County Assets
Capital District Tobacco-Free Coalition	<ul style="list-style-type: none"> • Comprehensive assistance to BH agencies in Albany County to support tobacco-free living by making their property tobacco-free. Assistance includes: <ul style="list-style-type: none"> ○ Telephone, email and in-person technical assistance ○ Presentations and information sessions ○ Supportive materials and resources for both staff and consumers ○ Sample policies, employee/consumer outreach materials, and FAQs ○ Timeline development and implementation ○ No-cost tobacco-free signage 	<ul style="list-style-type: none"> • Comprehensive assistance to BH agencies in Albany County to support tobacco-free living by making their property tobacco-free. Assistance includes: <ul style="list-style-type: none"> ○ Telephone, email and in-person technical assistance ○ Presentations and information sessions ○ Supportive materials and resources for both staff and consumers ○ Sample policies, employee/consumer outreach materials, and FAQs ○ Timeline development and implementation ○ No-cost tobacco-free signage
Capital Region BOCES	<ul style="list-style-type: none"> • Substance Abuse Education & Prevention Services 	
Catholic Charities Care Coordination Services	<ul style="list-style-type: none"> • Harm Reduction Services through drop in and by appointment in the community including: Syringe Exchange, Risk Reduction Education, Overdose Training w/Naloxone, HIV/HCV Screening and testing, Substance Use Treatment Referrals, Wound Care, and Drug Testing. 	<ul style="list-style-type: none"> • Harm Reduction Services through drop in and by appointment in the community including: Syringe Exchange, Risk Reduction Education, Overdose Training w/Naloxone, HIV/HCV Screening and testing, Substance Use Treatment Referrals, Wound Care, and Drug Testing.
Center for Disability Services	<ul style="list-style-type: none"> • Counseling • Family Services 	<ul style="list-style-type: none"> • Counseling • Family Services



Substance Use and Mental Health		
Organization	Albany County Assets	Rensselaer County Assets
The Community Hospice	<ul style="list-style-type: none"> • Counseling – Individual or family grief counseling • Support Groups – for adults • Wave Riders – weekly support group for grieving families with children • Camp Erin – free weekend overnight camp for grieving children 6-17yo 	<ul style="list-style-type: none"> • Counseling – Individual or family grief counseling • Support Groups – for adults • Wave Riders – weekly support group for grieving families with children • Camp Erin – free weekend overnight camp for grieving children 6-17yo
Conifer Park Inc.		<ul style="list-style-type: none"> • Inpatient Rehabilitation Program (regional) - Treatment addresses the individual's drug and/or alcohol use and any associated medical, psychological, social, vocational or legal problems. • Medically supervised detoxification and crisis counseling services (regional) to patients on our withdrawal and stabilization unit. • Troy - Outpatient Clinic services, Methadone maintenance; Buprenorphine induction and maintenance; Professionals group – substance use treatment for professionals having credential that is in jeopardy.



Substance Use and Mental Health		
Organization	Albany County Assets	Rensselaer County Assets
Ellis Hospital	<ul style="list-style-type: none"> • Crisis Intervention • Outpatient Child and Adolescent Psychiatry Department – Counseling, initial psychiatric assessments with diagnosis, medication management, psychotherapy, consultation/collateral services for schools and other professional agencies, wellness planning, community education • Inpatient Care • Comfort Room • Personalized recovery-oriented services for adults • Peer advocacy Program • Case Management and Family Support 	
Equinox	<ul style="list-style-type: none"> • Residential mental health services • Outpatient Clinic 	
Hope House: Addiction Treatment Center		
Hospitality House	<ul style="list-style-type: none"> • Residential treatment program for substance use disorders 	



Substance Use and Mental Health		
Organization	Albany County Assets	Rensselaer County Assets
Hudson Mohawk Recovery Center/Hope House Inc.		<ul style="list-style-type: none"> • Outpatient Services <ul style="list-style-type: none"> ○ Troy ○ East Greenbush ○ Hoosick Falls • Day Treatment <ul style="list-style-type: none"> ○ Troy • Adolescent Services <ul style="list-style-type: none"> ○ Troy ○ East Greenbush • Specialized Services: PAT Program, Evening Intensive Program, Adolescent Program, Women's Group, Vocational Services • Gambling Services • Education Programs: Drinking Driving Program/Project Save, Batterers' Intervention Program, Educate Youth Program
In Our Own Voices	<ul style="list-style-type: none"> • TransCare – Voices of Unity (support group), individual advocacy, testing referrals, connection to care, legal services and other needs related to health and well-being • National LGBT POC Health Summit – Education • Support Groups 	<ul style="list-style-type: none"> • TransCare – Voices of Unity (support group), individual advocacy, testing referrals, connection to care, legal services and other needs related to health and well-being • National LGBT POC Health Summit – Education • Support Groups
Joseph House Shelter Inc.	<ul style="list-style-type: none"> • Outreach Services Program 	<ul style="list-style-type: none"> • Outreach Services Program • Homeless Services • Permanent Supportive Housing: The Lansing Inn, the Hill Street Inn, Kendal House, the Bethune Program



Substance Use and Mental Health		
Organization	Albany County Assets	Rensselaer County Assets
Karner Psychological Associates	<ul style="list-style-type: none"> • Psycho-educational group therapy • Specialty groups for mental health education • Life coaching • Educational Services • Counseling 	<ul style="list-style-type: none"> • Psycho-educational group therapy • Specialty groups for mental health education • Life coaching • Educational Services • Counseling
LaSalle School for Boys	<ul style="list-style-type: none"> • OASAS licensed Chemical Dependency Treatment Clinic • Transitional Independent Living Program • Supervised Independent Living Program • Day educational and clinical services 	<ul style="list-style-type: none"> • OASAS licensed Chemical Dependency Treatment Clinic • Transitional Independent Living Program • Supervised Independent Living Program • Day educational and clinical services
Mental Health Empowerment Exchange		<ul style="list-style-type: none"> • One-on-One Peer Support • Advocacy Services • Holistic Paths to Wellness • Peer Specialist Training • Peer Support Warmline • Creative Community Connections • Volunteer Opportunities
Mental Health Empowerment Project	<ul style="list-style-type: none"> • State-wide Skill Building Workshops for people who use mental health services • Direct Peer Support Services 	
Narcotics Anonymous	<ul style="list-style-type: none"> • Addiction recovery services 	<ul style="list-style-type: none"> • Addiction recovery services



Substance Use and Mental Health		
Organization	Albany County Assets	Rensselaer County Assets
National Alliance on Mental Illness (NAMI) in NYS - Capital Region	<ul style="list-style-type: none"> • Mental Health Education <ul style="list-style-type: none"> ○ Education Classes: NAMI Basics OnDemand, NAMI Family-to-Family, NAMI Homefront, NAMI Peer-to-Peer, NAMI Provider • Presentations <ul style="list-style-type: none"> ○ NAMI Ending the Silence, NAMI Family & Friends, NAMI In Our Own Voice, NAMI Sharing Hope, NAMI Compartiendo Esperanza, NAMI Sharing Your Story with Law Enforcement • Outreach, Advocacy & Wellness <ul style="list-style-type: none"> ○ NAMI Hearts + Mind, NAMI Smarts for Advocacy, NAMI FaithNet • Support Groups: <ul style="list-style-type: none"> ○ Los Grupos De Apoyo, NAMI Connection, NAMI Family Support Group, Together We Care. Together We Share • NAMI Helpline <ul style="list-style-type: none"> ○ Available Monday through Friday, 10:00 AM to 10:00 PM ET • PROS - Personal Recovery Oriented Services serving multiple counties • The OASAS program at Northeast Career Planning provides services to individuals with Substance Use Disorders who are actively engaged in recovery 	<ul style="list-style-type: none"> • Mental Health Education <ul style="list-style-type: none"> ○ Education Classes: NAMI Basics OnDemand, NAMI Family-to-Family, NAMI Homefront, NAMI Peer-to-Peer, NAMI Provider • Presentations <ul style="list-style-type: none"> ○ NAMI Ending the Silence, NAMI Family & Friends, NAMI In Our Own Voice, NAMI Sharing Hope, NAMI Compartiendo Esperanza, NAMI Sharing Your Story with Law Enforcement • Outreach, Advocacy & Wellness <ul style="list-style-type: none"> ○ NAMI Hearts + Mind, NAMI Smarts for Advocacy, NAMI FaithNet • Support Groups: <ul style="list-style-type: none"> ○ Los Grupos De Apoyo, NAMI Connection, NAMI Family Support Group, Together We Care. Together We Share • NAMI Helpline <ul style="list-style-type: none"> ○ Available Monday through Friday, 10:00 AM to 10:00 PM ET • PROS - Personal Recovery Oriented Services serving multiple counties • The OASAS program at Northeast Career Planning provides services to individuals with Substance Use Disorders who are actively engaged in recovery



Substance Use and Mental Health		
Organization	Albany County Assets	Rensselaer County Assets
National Alliance on Mental Illness (NAMI) in NYS - Capital Region (continued)	<ul style="list-style-type: none"> • Work with 6 treatment providers at 11 different treatment and residential settings in Rensselaer, Schenectady and Albany Counties • Promoting recovery through employment and range from employment preparation and skill development to job placement, job saves and job retention 	<ul style="list-style-type: none"> • Work with 6 treatment providers at 11 different treatment and residential settings in Rensselaer, Schenectady and Albany Counties • Promoting recovery through employment and range from employment preparation and skill development to job placement, job saves and job retention
Northern Rivers Family Services	<ul style="list-style-type: none"> • Albany County - serving children and Youth only • Services provide emotional, psychiatric and behavioral crisis interventions in a range of community settings • Coordinated Care and Community Solutions • Behavioral Health Services – Assertive community treatment, crisis stabilization services, home based crisis intervention, school based behavioral health • Residential and Foster Care Services • Education • SATRI Training and Research • Parsons – Outpatient mental health services 	<ul style="list-style-type: none"> • Rensselaer, Schenectady, Saratoga, Warren and Washington counties - serving children, youth and adults • Services provide emotional, psychiatric and behavioral crisis interventions in a range of community settings • Coordinated Care and Community Solutions • Behavioral Health Services – Assertive community treatment, crisis stabilization services, home based crisis intervention, school based behavioral health • Residential and Foster Care Services • Education • SATRI Training and Research • Parsons – Outpatient mental health services
Pearl Counseling Center, Inc.	<ul style="list-style-type: none"> • Individual, couple, group and family counseling services of people impacted by substance abuse 	<ul style="list-style-type: none"> • Individual, couple, group and family counseling services of people impacted by substance abuse



Substance Use and Mental Health		
Organization	Albany County Assets	Rensselaer County Assets
Pinnacle Place Behavioral Health	<ul style="list-style-type: none"> • Medication Management Psychiatric services • Therapy – Individual, couples, group and family counseling • Ancillary Services – Tai chi, Yoga • Anxiety class weekly • Hypnosis 	<ul style="list-style-type: none"> • Medication Management Psychiatric services • Therapy – Individual, couples, group and family counseling • Ancillary Services – Tai chi, Yoga • Anxiety class weekly • Hypnosis
The Pride Center of the Capital Region	<ul style="list-style-type: none"> • LGBTG+ Crisis Counseling • Training and educational services on mental health • Referral Services • Pride events 	<ul style="list-style-type: none"> • LGBTG+ Crisis Counseling • Training and educational services on mental health • Referral Services • Pride events
PROMESA- Camino Nuevo (New Path)	<ul style="list-style-type: none"> • Bilingual Outpatient Clinic - offering MOUD – methadone, naltrexone and buprenorphine 	
Rehabilitation Support Services (RSS)	<ul style="list-style-type: none"> • Residential group homes • Licensed and supported apartment living • Care coordination • Personalized recovery-oriented services (PROS) • Treatment • Crisis services/respite services 	<ul style="list-style-type: none"> • Care Coordination: Health, Behavioral Health, Social Educational, other Services & Supports • Personal Recovery Oriented Services (PROS) • Outpatient Mental Health Clinics • Transition Support Teams • Crisis Services: Temporary, But Active and Supportive.



Substance Use and Mental Health		
Organization	Albany County Assets	Rensselaer County Assets
Rensselaer County Department of Health (RCDOH)		<ul style="list-style-type: none"> Naloxone Now for curbside delivery of Narcan to your home Monday-Friday, 9:00 AM to 5:00 PM. Requests are delivered within 24 hours. Text “Narcan” to 21000 to make a request. (can deliver to other counties or offer the individual to pick up the Narcan from RCDOH) Public Health Detailing for the Naloxone Co-Payment Assistance Program (N-CAP) at pharmacies located in Rensselaer County. Recovery Helpline: 1-833-HOPE-123 or 1-833-467-3123 to receive information, resources or referrals for yourself or anyone needing help with substance abuse and recovery. Open 7 days a week between 9:00 AM to 9:00 PM, operated by volunteers. Community Narcan Trainings via Zoom or in-person Recovery Support Services Guide: <ul style="list-style-type: none"> https://www.canva.com/design/DAGv-malUMA/bcrD47unknFRDgbpst47Fg/view?utm_content=DAGv-malUMA&utm_campaign=designshare&utm_medium=link&utm_source=viewer Naloxbox Locations: <ul style="list-style-type: none"> https://www.canva.com/design/DAG1lpdj1cl/2XZZzm1ubbdSVruAPWAakQ/view?utm_content=DAG1lpdj1cl&utm_campaign=designshare&utm_medium=link&utm_source=viewer



Substance Use and Mental Health		
Organization	Albany County Assets	Rensselaer County Assets
Rensselaer County Department of Mental Health		<ul style="list-style-type: none"> • Children & Adolescents Outpatient Clinic – serving children & youth up to age 21 years old and their families - (several school satellite clinics) & a satellite at Community Care Pediatrics – Troy. Offering comprehensive assessment, diagnostic evaluation, individualized treatment planning, medication monitoring, psychological evaluation, and individual, family, and group therapy, telehealth and psychological testing. • Care Coordination for Children and Youth with Severe Emotional Disturbance – serving the highest acuity children and youth. The goal of the program is to coordinate care in order to decrease the need for emergency dept visits, inpatient hospitalization and out of home placement. Support and linkage to community resources offered. • Adult Outpatient Treatment in City of Rensselaer/Village of Hoosick Falls – serving adults with mental illness in rural Rensselaer County. Services available include Crisis intervention, diagnostic assessment, Individual, family and group therapy, medication management, nursing services, psychological testing, and telehealth options.



Substance Use and Mental Health		
Organization	Albany County Assets	Rensselaer County Assets
Rensselaer County Mental Health (Continued)		<ul style="list-style-type: none"> • Care Coordination services for Adults – serving the highest acuity adults. Care Coordinators work to access services based upon the individual’s needs for: mental health, physical health, vocational, financial, housing, and social services. This program strives to coordinate the total care of each person resulting in a decreased need to access emergency dept visits and/or inpatient care. • Court Consultation – evaluations for Rensselaer County Family Court, ordered by the Court. • Forensic Services – satellite clinic at Rensselaer County Correctional Facility – providing mental health assessment, treatment, psychiatric evaluation, medication management & discharge planning; assessments for Vivitrol • 60+ outreach and support – A team of Social Worker Aides and Care Coordinators offers support to persons age 60+ years old residing in the communities of the county and experiencing mental illness or emotional distress • Outreach Social Worker – ensures adults with co-occurring psychiatric and substance abuse disorders, disconnected from care, have access to the array of services to meet their needs. Offering outreach, assessment, and linkages to community resources.



Substance Use and Mental Health		
Organization	Albany County Assets	Rensselaer County Assets
Rensselaer County Mental Health (Continued)		<ul style="list-style-type: none"> • Substance Abuse Prevention Services – school and community-based education includes evidence-based curriculums, prevention counseling, community coalition support, and linkage to treatment services • Single Point of Access – SPOA assists with access to adult residential programs funded by NYS Office of Mental Health and access to care management services (children and youth care coordination) • Certified Recovery Peer Advocate – offers recovery coaching, support, linkages to substance abuse services/self-help while leveraging lived experience with addiction • Mental Health Probation Officer – funded to be at Rensselaer County Probation Department • CASAC at RCDSS – contract provider for Rensselaer County Department of Social Services, to perform substance abuse evals, treatment linkages, and monitoring
St. Catherine's Center for Children	<ul style="list-style-type: none"> • Child Services: residential, educational, foster care, kinship care • Family Services: child and family treatment support, home and community based, <i>Stronger Together</i> services 	<ul style="list-style-type: none"> • Child Services • Family Services • Homeless & Housing Services • Community Outreach • Health & Nutrition Services



Substance Use and Mental Health		
Organization	Albany County Assets	Rensselaer County Assets
St. Peter's Health Partners – Troy Acute Department	<ul style="list-style-type: none"> • 63 inpatient psychiatric beds across three units at Samaritan Hospital with specialty units for dual diagnosis and geriatric psychiatry • Emergency psychiatric evaluation through a dedicated crisis service at the Samaritan hospital Emergency Room • Health Home services across Albany, Schenectady and Rensselaer Counties to provide care coordination across medical, behavioral and social services • 20 Inpatient Substance Abuse Rehab beds at St. Mary's Hospital 	<ul style="list-style-type: none"> • 63 inpatient psychiatric beds across three units at Samaritan Hospital with specialty units for dual diagnosis and geriatric psychiatry • Emergency psychiatric evaluation through a dedicated crisis service at the Samaritan hospital Emergency Room • Outpatient Clinic serving approximately 2,300 individuals in need of psychiatry, counseling, groups, nursing • Health Home services across Albany, Schenectady and Rensselaer Counties to provide care coordination across medical, behavioral and social services • Samaritan PROS located at 1801 Sixth Avenue providing Personalized Recovery Oriented Services for individuals with mental illness • 20 Inpatient Substance Abuse Rehab beds at St. Mary's Hospital • Ambulatory Detox located at the former St Mary's Hospital • Consult Liaison Psychiatry services at Samaritan, and Albany Memorial Hospitals.
St. Peter's SPARC	<ul style="list-style-type: none"> • Inpatient psychiatric consultation services • Ambulatory Detox • 4 Outpatient addiction clinic services and 1 outpatient psych clinic • Emergency Shelter services 	



Substance Use and Mental Health		
Organization	Albany County Assets	Rensselaer County Assets
Second Chance Opportunities, Inc.	<ul style="list-style-type: none"> • Supportive services to people in recovery from substance use disorder 	
Trinity Alliance of the Capital Region	<p>Trinity Prevention Program</p> <ul style="list-style-type: none"> • Grief counseling • Crisis intervention • Couple's counseling • Anger management for children 	
Unity House Inc.		<ul style="list-style-type: none"> • Transitional Housing & Support <ul style="list-style-type: none"> ○ Community Residences and Transitional Apartment Services (TAS) • Permanent Housing & Support <ul style="list-style-type: none"> ○ Community Housing, Supportive housing for people living with serious mental illness, housing and support for people living with HIV/AIDS, young adult/MICA case management services, Health Home Care Coordination • Assertive Community Treatment Team (ACT) • Residential Crisis Support Space <ul style="list-style-type: none"> ○ 6 private bedrooms ○ Rensselaer, Albany, Schenectady, and Saratoga Counties ○ Maximum stay is 28 days, staff on-site 24/7 ○ It is a place for a reset for individuals that are experiencing mental health symptoms impacting their daily life at risk of hospitalization



Substance Use and Mental Health		
Organization	Albany County Assets	Rensselaer County Assets
Whitney Young Health Center	<ul style="list-style-type: none"> • Addictions Care • Integrated Primary Health and Behavioral Health Care • Mental Health Services • Methadone Maintenance Program • Opioid Treatment Program (OTP) • Outpatient Clinic (Formerly FACTS) 	<ul style="list-style-type: none"> • Addictions Care • Integrated Primary Health and Behavioral Health Care • Mental Health Services • Methadone Maintenance Program • Opioid Treatment Program (OTP) • Outpatient Clinic (Formerly FACTS)
YWCA of the Greater Capital Region - Troy		<ul style="list-style-type: none"> • The objective of this program is to assist women with mental health issues to maintain permanent housing and to decrease hospitalizations through housing, case management and supports. • Single Room Occupancy (SRO) Residence: 76 single room occupancy units for homeless single women • Women in Transition (WIT): 14 units for transitional housing for homeless sing women and women with children. Residents receive 360-degree support. • Family Apartments: 4 one-bedroom on-site apartments for homeless women with children. Must have a disability to meet the criteria. Residents receive 360-degree support.



Schenectady County

Nutrition Security, Adverse Childhood Experiences, and Preventive Services for Chronic Disease Prevention and Control

Assets and Resources for Nutrition Security, Adverse Childhood Experiences, and Preventive Services for Chronic Disease Prevention and Control	
Alcoholics Anonymous	<p>24 Hour Line 518-463-0906</p> <p>Website: http://namischenectady.org/directory.html</p> <p>Description: AA hotline offered by Schenectady National Alliance on Mental Illness. AA group listings</p>
The American Foundation for Suicide Prevention	<p>Phone: 518-791-1544</p> <p>Website: https://afsp.org/chapter/afsp-capital-region-new-york/</p> <p>Description: Addresses the public health issue of suicide by educating about suicide and suicide prevention. Hosts a support group for suicide loss.</p>
Bethesda House of Schenectady	<p>Phone: 518-374-7873</p> <p>Website: https://www.bethesdaohs.org</p> <p>Description: Services include an adult clothing room (one visit per month), free laundry services, showers, housing assistance (help finding apartments, assistance with security deposit and eviction prevention), National Grid Assistance, nutrition education, HIV/AIDS testing, veteran's resource center, free community meals, food pantry, and support groups.</p>
Boys & Girls Club of Schenectady	<p>Phone: MLK Elementary Program 518-898-5703</p> <p>Mont Pleasant Clubhouse 518-372-7040</p> <p>Rotterdam Clubhouse 518-355-7440</p> <p>Steinmetz Clubhouse 518-372-3620</p> <p>Yates Clubhouse 518-372-3583</p> <p>Website: http://www.bgcschenectady.org/our-clubs</p> <p>Description: Partners with youth, parents, schools and other community stakeholders to implement at least one of three approaches: academic enrichment and school engagement; targeted dropout prevention; and intensive intervention and case management.</p>



Assets and Resources for Nutrition Security, Adverse Childhood Experiences, and Preventive Services for Chronic Disease Prevention and Control	
Capital Counseling	<p>Phone: 518-462-6531</p> <p>Website: http://capitalcounseling.org/</p> <p>Description: Covers a wide variety of counseling topics; accepts Medicaid/Medicare/Fidelis.</p>
Capital District Tobacco Free Communities	<p>Phone: 518-459-2388</p> <p>Website: https://smokefreecapital.org/contact-us/</p> <p>Description: Provides assistance to BH agencies in Albany, Rensselaer and Schenectady counties to support tobacco-free living by making their property tobacco-free.</p>
Capital Roots	<p>Phone: 518-274-8685.</p> <p>Address: 594 River Street, Troy</p> <p>Website: https://www.capitalroots.org/whatwedo/</p> <p>Description: Capital Roots works to reduce the impact of poor nutrition on public health in New York's Capital Region by organizing community gardens, providing healthy food access, offering nutritional and horticultural education for all ages and coordinating urban greening programs in Albany, Rensselaer, Schenectady and southern Saratoga Counties.</p>
Catholic Charities Project Safe Point	<p>Phone: 1-866-930-4999</p> <p>Website: http://www.projectsafepointcc.org/</p> <p>Description: Serving individuals from a Harm Reduction Perspective. Providing non-judgmental person-centered care. Long standing community case management provider. Access to syringe exchange and rehabilitation readiness through Project Safepoint</p>
CDPHP Health Plan	<p>Phone: 518-641-3000</p> <p>Website: https://www.cdphp.com/</p> <p>Description: Access and Triage: 24-hour telephonic behavioral health assessment, triage and referral services for CDPHP members. Services include inpatient mental health, inpatient detox and substance abuse rehab, ambulatory opioid detox, partial hospital and intensive outpatient, outpatient mental health and substance abuse.</p>



Assets and Resources for Nutrition Security, Adverse Childhood Experiences, and Preventive Services for Chronic Disease Prevention and Control															
Center for Solutions	<p>Phone: 518-982-1274</p> <p>Website: http://www.center4solutions.org/</p> <p>Description: Provides mental health services to the community, including psychotherapy, medication evaluation/management, anger management counseling, mental health assessments, and substance abuse evaluations.</p>														
City Mission of Schenectady	<p>Phone: 518-346-2275</p> <p>Website: http://citymission.com/</p> <p>Description: Bridges to Freedom is City Mission's one year discipleship and recovery program. Programs also exist for individuals attempting to reenter society after time in jail or prison.</p>														
Conifer Park Inpatient and Outpatient Services	<p>Phone: 1-800-989-6446</p> <p>Website: http://www.coniferpark.com/</p> <p>Description: In-patient and outpatient services for individuals seeking addiction recovery</p>														
CVS Pharmacy	<p>Locations:</p> <table> <tr> <td>1204 Eastern Ave, Schenectady, NY 12308</td><td>(518) 372-0250</td></tr> <tr> <td>2037 State Street, Schenectady, NY 12304</td><td>(518) 346-4546</td></tr> <tr> <td>428 Balltown Rd, Schenectady, NY 12304</td><td>(518) 346-8670</td></tr> <tr> <td>204 Saratoga Rd, Schenectady, NY 12302</td><td>(518) 387-3312</td></tr> <tr> <td>1630 Chrysler Avenue, Schenectady, NY 12303</td><td>(518) 382-5391</td></tr> <tr> <td>3916 Carman Rd, Schenectady, NY 12303</td><td>(518) 357-0061</td></tr> <tr> <td>806 Saratoga Rd, Schenectady, NY 12302</td><td>(518) 399-5135</td></tr> </table>	1204 Eastern Ave, Schenectady, NY 12308	(518) 372-0250	2037 State Street, Schenectady, NY 12304	(518) 346-4546	428 Balltown Rd, Schenectady, NY 12304	(518) 346-8670	204 Saratoga Rd, Schenectady, NY 12302	(518) 387-3312	1630 Chrysler Avenue, Schenectady, NY 12303	(518) 382-5391	3916 Carman Rd, Schenectady, NY 12303	(518) 357-0061	806 Saratoga Rd, Schenectady, NY 12302	(518) 399-5135
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Drug and Abuse Helpline	<p>Phone: 1-800-662-4357</p> <p>Website: https://www.samhsa.gov/find-help/national-helpline</p> <p>Description: A free, confidential treatment referral and information service for individuals and families struggling with substance disorders.</p>														



Assets and Resources for Nutrition Security, Adverse Childhood Experiences, and Preventive Services for Chronic Disease Prevention and Control	
Ellis Medicine	<p>Main Number: 518-243-4000</p> <p>Patient Information: 518-243-4366</p> <p>Website: http://www.ellismedicine.org/</p> <p>Description: Emergency, inpatient, and psychiatric care. Crisis Information and Referral Hotline open 24/7. Inpatient Adult and Adolescent Mental Health facilities, outpatient Adult and Child/Adolescent (ages 4-18) Mental Health Services</p>
Ellis Medicine Outpatient Mental Health - The Living Room - Crisis Diversion Services.	<p>Phone: 518-243-1523</p> <p>Website: http://www.ellismedicine.org/services/mental-health.aspx</p> <p>Description: The Living Room program is a partnership between Ellis Medicine and Rehabilitation Support Services (RSS), offering adults, 18+, walk-in services, Monday-Friday, 10am-6pm, located within the Ellis State Street Health Center at 1023 State Street. The Living Room is a safe place for guests facing mental health crises to seek help as an alternative to the Emergency Department. It is staffed by a Licensed Clinical Social Worker, Care Manager and Peer Specialist.</p>
Family and Child Service of Schenectady	<p>Phone: 518-393-1369</p> <p>Website: http://www.familyandchildservice.com/</p> <p>Description: Offers Medicaid service coordination, family/caregiver support services, family therapy, a yearlong employment program, the homemaker program (long term care assistance – house cleaning, medication management, etc.), and counseling services.</p>
Fidelis Care	<p>Phone: 1-888-FIDELIS</p> <p>Website: https://www.fideliscare.org/Member/Helpful-Tools/Health-Resources/Behavioral-Health</p> <p>Description: Fidelis Care offers the Children's Health and Behavioral Health Program for Medicaid Managed Care members under the age of 21. This enhanced Medicaid Managed Care benefit package offers a wide range of children and family treatment support services and children's home and community-based services for qualifying members and their caregivers.</p>
Hannaford Pharmacy	



Assets and Resources for Nutrition Security, Adverse Childhood Experiences, and Preventive Services for Chronic Disease Prevention and Control	
Hometown Health Centers	<p>Phone: 518-370-1441</p> <p>Website: http://hometownhealthcenters.org/</p> <p>Description: Since 2012, Hometown Health Centers has offered a comprehensive Behavioral Health program, providing counseling, support services, substance abuse and HIV counseling to established patients. Our staff Psychiatrist and Licensed Social Worker (LMSW) offer behavioral health services to children (over the age of five) and adults.</p>
HOPENY Alcoholism, Drug Abuse, and Gambling Hotline	<p>Phone: 1-877-846-7369</p> <p>Website: https://oasas.ny.gov/treatment</p> <p>Description: Provides well trained professionals to talk to, crisis intervention and motivation, information, and referrals.</p>
Lange's pharmacy	
MVP Healthcare	<p>Phone: 800-825-5687</p> <p>Website: https://www.mvphealthcare.com/members/health-and-wellness/behavioral-health/</p> <p>Description: Information for patients on behavioral health</p>
Narcotics Anonymous	<p>Website: http://na.org</p> <p>Description: Information on how to find an NA meeting</p>
National Suicide Prevention Lifeline	<p>Phone: 800-273-8255</p> <p>Website: https://suicidepreventionlifeline.org/</p>
New Choices Recovery Center	<p>Phone: 518-346-4436</p> <p>Website: http://www.newchoicesrecovery.org/</p> <p>Description: Clinical and residential services available for adults struggling with addiction. New Choices Recovery Center also has a prevention program that serves youth.</p>



Assets and Resources for Nutrition Security, Adverse Childhood Experiences, and Preventive Services for Chronic Disease Prevention and Control	
New York State Prevention of Heroin and Prescription Drug Abuse	<p>Phone: 1-800-846-7369</p> <p>Website: https://combatheroin.ny.gov/prevention</p> <p>Description: Call or text to get help with drug addiction including heroin and opioid help. Learn the prevention services, steps to get help, and support needed to get you or a loved one back on track.</p>
Northern Rivers Behavioral Health Services	<p>Phone: 518-292-5499</p> <p>Website: https://www.northernrivers.org/our-services/behavioral-health</p> <p>Description: A community-based system of social work and psychiatric services designed to support the diverse range of behavioral health needs for children, adults, and families while providing opportunities for awareness, growth, empowerment, and healing. Services include behavioral health centers, mobile crisis and school-based behavioral health.</p>
Northern Rivers Mobile Crisis Services	<p>Phone: 518-292-5499</p> <p>Description: Services include- consultation and information, clinical assessment, crisis intervention and stabilization, referrals and linkages to ongoing community resources, follow-up case management, family or peer advocacy and support</p>
Peter Young Support Program	<p>Phone: 518-377-2448</p> <p>Website: http://pyhit.com/programs/</p> <p>Description: Provides case management, employment, and housing, substance abuse and counseling to establish a “glidepath to recovery.”</p>
Planned Parenthood	<p>Phone: 518-374-5353</p> <p>Website: https://www.plannedparenthood.org/health-center/new-york/schenectady/12307/schenectady-center-4192-91180</p> <p>Description: Depression and Anxiety Screening; Referrals to therapy; Medication treatment for people 18 years and older. Community Education programs that include linkages between victimization and substance abuse. Crisis counseling for victims of sexual assault and intimate partner violence</p>



Assets and Resources for Nutrition Security, Adverse Childhood Experiences, and Preventive Services for Chronic Disease Prevention and Control	
SAFE Inc. of Schenectady	<p>Phone: 518-374-0166</p> <p>Website: https://www.safeincfcschenectady.org/</p> <p>Description: Works with youth 16-20 providing the following: Crisis Intervention, emergency shelter, individual and/or family counseling, peer support groups, medical services, drug/alcohol counseling, GED Classes/school enrollment, vocational training, job placement, housing assistance</p>
Samaritan Counseling Center	<p>Phone: 518-374-3514</p> <p>Website: http://samaritancounselingcenter.org/</p> <p>Description: Offers individual, couples, and family counseling</p>
Schenectady Community Action Program	<p>Phone: 518-374-918</p> <p>913 Albany Street Schenectady, NY 12307</p> <p>Website: http://scapny.org/</p> <p>Description: Organization that can assist with multiple challenges. Offers homelessness intervention by assisting individuals in finding permanent housing and preventing evictions. Offers housing at the Sojourn House for women with children or who are pregnant. Participates in Rapid Rehousing program (involves case management and rent assistance. Also runs the Shelter Plus Care program for homeless individuals with a mental health diagnosis, HIV/AIDS, or a substance abuse issue (assists with housing). Gives clothing vouchers for the City Mission Clothing Room. Free income tax preparation available. Also assists with multiple kinds of applications (SNAP, HEAP, etc.)</p>
Sycamore Collaborative	<p>Address: 839 Albany St., Schenectady</p> <p>Mon.-Wed.-Thur.-Fri., 9-11:30 a.m. Monday, Wednesday, Friday</p> <p>ID's req. for every family member</p>
Schenectady County ARC	<p>Phone: 518-372-8178</p> <p>Website: http://www.arcschenectady.org/index.html</p> <p>Description: Schenectady ARC offers Article 28 Clinic and Article 16 clinical services, day services, employment services, and residential services for individuals with an intellectual or developmental disability.</p>



Assets and Resources for Nutrition Security, Adverse Childhood Experiences, and Preventive Services for Chronic Disease Prevention and Control	
Schenectady Mental Health Associates	<p>Phone: 518- 374-0295</p> <p>Website: https://smha-crown.com/schenectady-mental-health-associates-smha/</p> <p>Description: Offers individual, couples, marital, and family counseling. Accepts most insurance.</p>
Schenectady County Public Health Services and Office of Community Services	<p>Phone: 518-386-2824</p> <p>Website: http://www.schenectadycounty.com/publichealth</p> <p>Description: Schenectady County Public Health Services offers several health services, including maternal and child health services, a prevention program for lead poisoning, and programs for children with special needs. Healthy Schenectady Families is a home-visiting education program about parenting for pregnant or newly parenting individuals (must be a Schenectady resident; no income eligibility requirements). The Office of community Services contracts with a network of community providers who offer comprehensive services across disability groups which include mental health, substance use, and intellectual and developmental disabilities for the citizens of Schenectady County. The office operates the County's adult and children's SPOA (Single Point of Access) and AOT (Assisted Outpatient Treatment) programs.</p>
Schenectady County Public Library System	<p>Phone: 518-388-4500</p> <p>Website: http://www.scpl.org</p> <p>Description: Provides free access to books, DVDs, and periodicals on a wide variety of health-related topics. There are nine locations in the county, which have access to a database. The database provides health related information and assistance to patrons who are trying to look up health information or looking for connections to community-based organizations.</p>
Schenectady County Substance Use and Overdose Coalition	<p>Phone: 518-386-2218</p> <p>Description: Goals of this coalition include; increasing peer and community stakeholder membership, as well as obtaining guest speakers to promote awareness of subject matters pertaining to substance use and overdose.</p>



Assets and Resources for Nutrition Security, Adverse Childhood Experiences, and Preventive Services for Chronic Disease Prevention and Control	
Social Enterprise and Training Center	<p>Phone: 518-372-4100</p> <p>Website: https://www.seatcenter.org/</p> <p>Description: SEAT exists to work alongside underrepresented young people to create a SEAT at the table in their community. Students are trained for in demand careers and careers of the future.</p>
Soldier On	<p>Phone: 1-866-406-8449</p> <p>Website: http://www.wesoldieron.org/</p> <p>Description: Provides veterans who are homeless with emergency and transitional housing, case management, medical and mental health services, substance abuse treatment, and peer support.</p>
SPARC Rotterdam	<p>Phone: 518-357-2909</p> <p>Website: http://www.sphcs.org/AddictionRecovery/SPARC</p> <p>Description: Outpatient clinical substance use services</p>
Sunnyview Rehabilitation Hospital	<p>Phone: 518-382-4500</p> <p>Website: http://www.sphp.com/svh</p> <p>Description: 115 -bed rehabilitation hospital specializing in acute rehabilitation serving patients from across the Northeast and beyond. Comprehensive inpatient and outpatient physical therapy and rehabilitation programs, including services for people recovering from strokes and traumatic brain injuries.</p>
Union Counseling Behavioral Health Center	<p>Phone: 518-374-6263</p> <p>Website: http://unionstreetcounseling.com/</p> <p>Description: Outpatient mental health agency providing a wide range of services.</p>
Walgreens Pharmacy	<p>Locations:</p> <p>203 Eastern Ave, Schenectady, NY 12308 (518) 393-4549</p> <p>1044 State St, Schenectady, NY 12307 (518) 344-7039</p> <p>1344 Gerling St, Schenectady, NY 12308 (518) 930-7357</p> <p>1320 Altamont Ave, Schenectady, NY 12303</p> <p>200 Dutch Meadows Ln, Schenectady, NY 12302 518-3447035</p>



Assets and Resources for Nutrition Security, Adverse Childhood Experiences, and Preventive Services for Chronic Disease Prevention and Control	
Walmart Pharmacy	
Young Parents United	<p>Phone: 518-657-1311</p> <p>Website: https://www.youngparentsunited.org/</p> <p>Description: The program promotes positive change among adolescent parents through empowerment, education and practical tools in order to break destructive cycles enhancing success for teen parents and their children.</p>
YWCA	<p>Phone: 518-374-3394</p> <p>Website: https://www.ywca-neny.org/</p> <p>Description: Provides domestic violence shelter, advocacy, housing programs, and early learning centers.</p>

N. 2024 Capital Region Community Health Survey Results

Introduction

The *2024 Capital Region Community Health Survey* (survey) was collaboratively designed and distributed by Healthy Capital District and its hospital and health department partners. The aim of the survey was to identify the major needs, barriers, and concerns facing Capital Region residents. The survey was conducted online and promoted from November 6th to December 11th, 2024. The survey was also offered as a paper version in English and Spanish at a few community settings, including two hospitals and a family health center. The online version of the survey was offered as a translated page in twenty-five (25) other languages. Participants who completed the survey were given the option to enter a drawing for cash prizes if they provided their email or phone number so they could be contacted if they were randomly selected.

Methods

Survey questions and response options were based on prior editions of this survey from 2021, 2018, 2016, and 2013. Updates to the survey were made based on resources and recommendations from the American Academy of Family Physicians, the White House, and the CDC Behavioral Risk Factor Surveillance System (BRFSS). Sociodemographic questions were included to gauge the representativeness of the surveyed sample of residents and to compare results by county, age, race, ethnicity, income level, and health insurance type, as well as by sexual orientation and gender identity. The demographic distribution of the survey sample was compared to regional population estimates from the U.S. Census Bureau and the New York State BRFSS.

Survey results are presented here as unweighted percentages of Capital Region respondents. Estimates are displayed within a 95% confidence interval, the width of which represents the uncertainty in the estimate and depends on the proportion of respondents, the population size, the sample size, and the confidence level. At the 95% confidence level, for any number of survey samples that could be drawn of Capital Region residents, it is expected that 95% of the resultant confidence intervals would contain the true proportion of residents. Results for demographic groups of interest within the Capital Region were included in this report if they were significantly different from the results for other Capital Region respondents. Differences between demographic groups were considered significant if the lower 95% confidence limit of the estimate for the demographic group of interest was greater than the upper 95% confidence limit of the estimate for other respondents.

Results

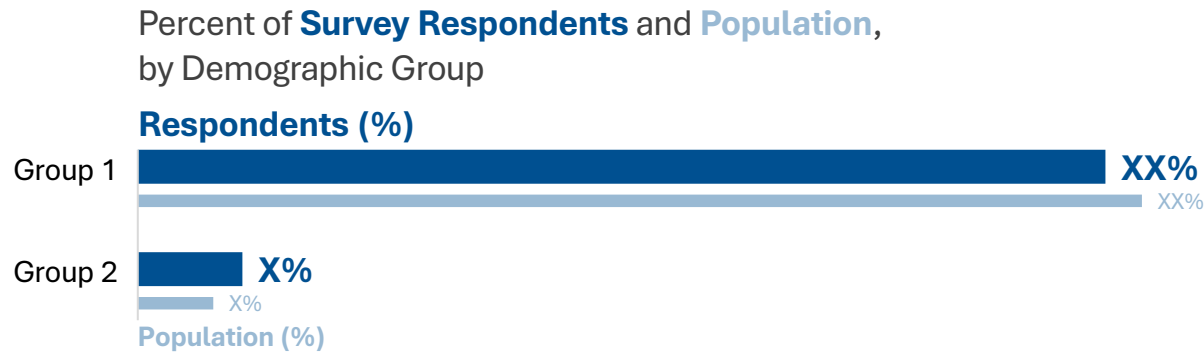
The *2024 Capital Region Community Health Survey* received 5,415 responses from individuals who indicated they live in the county of Albany (n=1,530), Columbia (n=867), Greene (n=698), Rensselaer (n=969), Saratoga (n=559), or Schenectady (n=792). An additional 405 responses were received from individuals who did not indicate their county of residence or who indicated they live in a county other than the six Capital Region counties listed above and were not counted towards the following results. The median time to complete the survey was 7 minutes and 13 seconds. 72% of those who opened the online version of the survey completed it. 4,777 respondents participated in the cash drawing. Winners were selected in a random drawing and were contacted by Healthy Capital District on December 13th, 2024. Reports with results tailored to each Capital Region county can be found [on the HCD website](#).



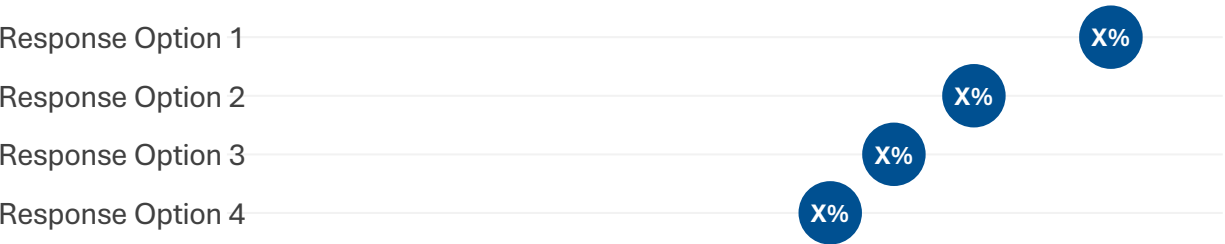
Data Visualization Key

Demographic Group

Percentages of Capital Region respondents, in blue, are compared to population estimates, in light blue.



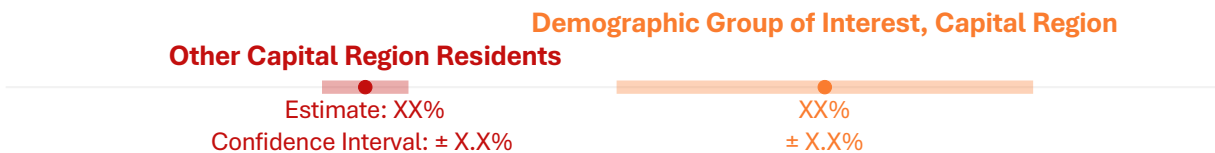
#) Survey Question



Percentages of Capital Region respondents, in blue, are presented with 95% confidence intervals, in light grey. Confidence intervals may not be visible behind each data point.

Significant Differences, by Region Sub-Population

Demographic Group of Interest



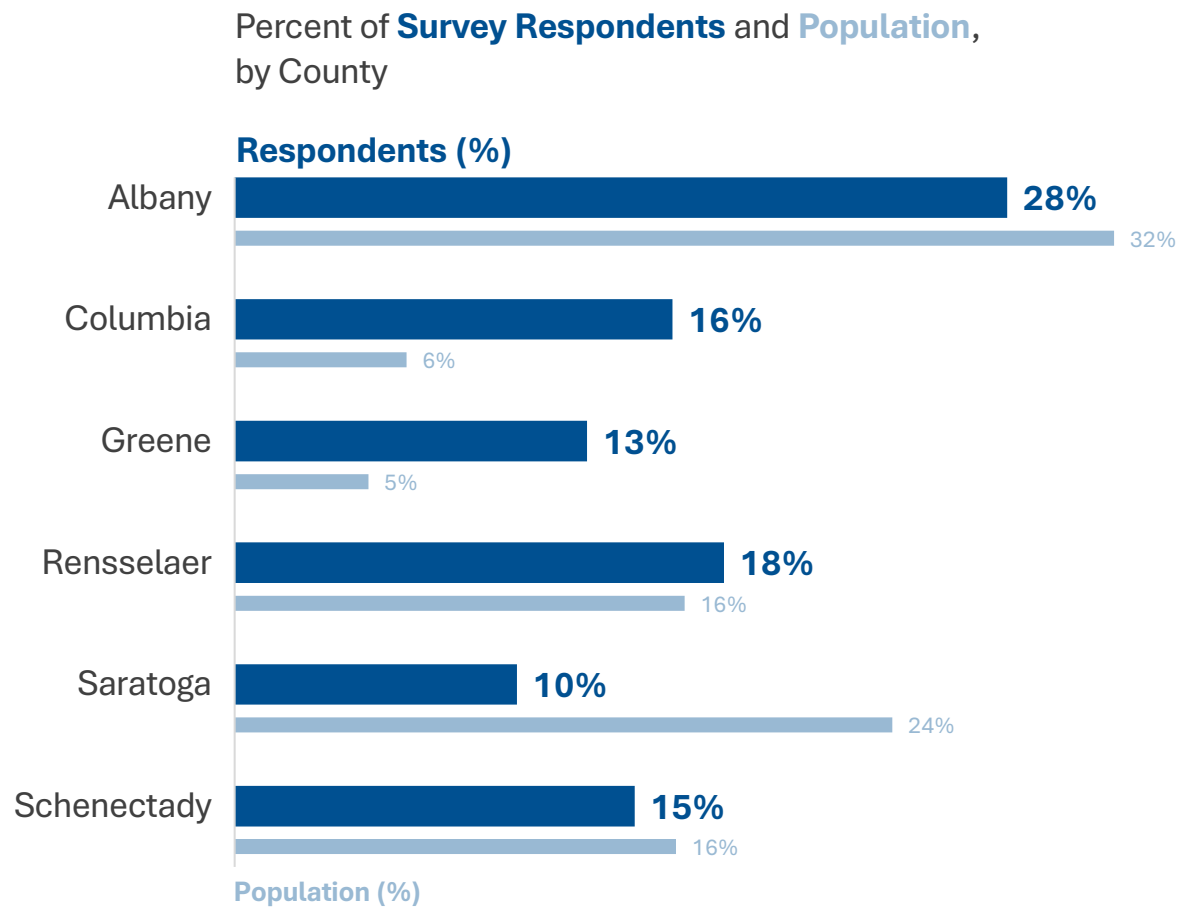
For select survey questions, percentages of Capital Region respondents within a demographic group of interest are displayed, in orange, next to percentages of other Capital Region respondents, in red. Each percentage is presented with a 95% confidence interval, in a lighter shade of the same color. Percentages are considered statistically significantly different when their confidence intervals do not overlap.



i. Demographics

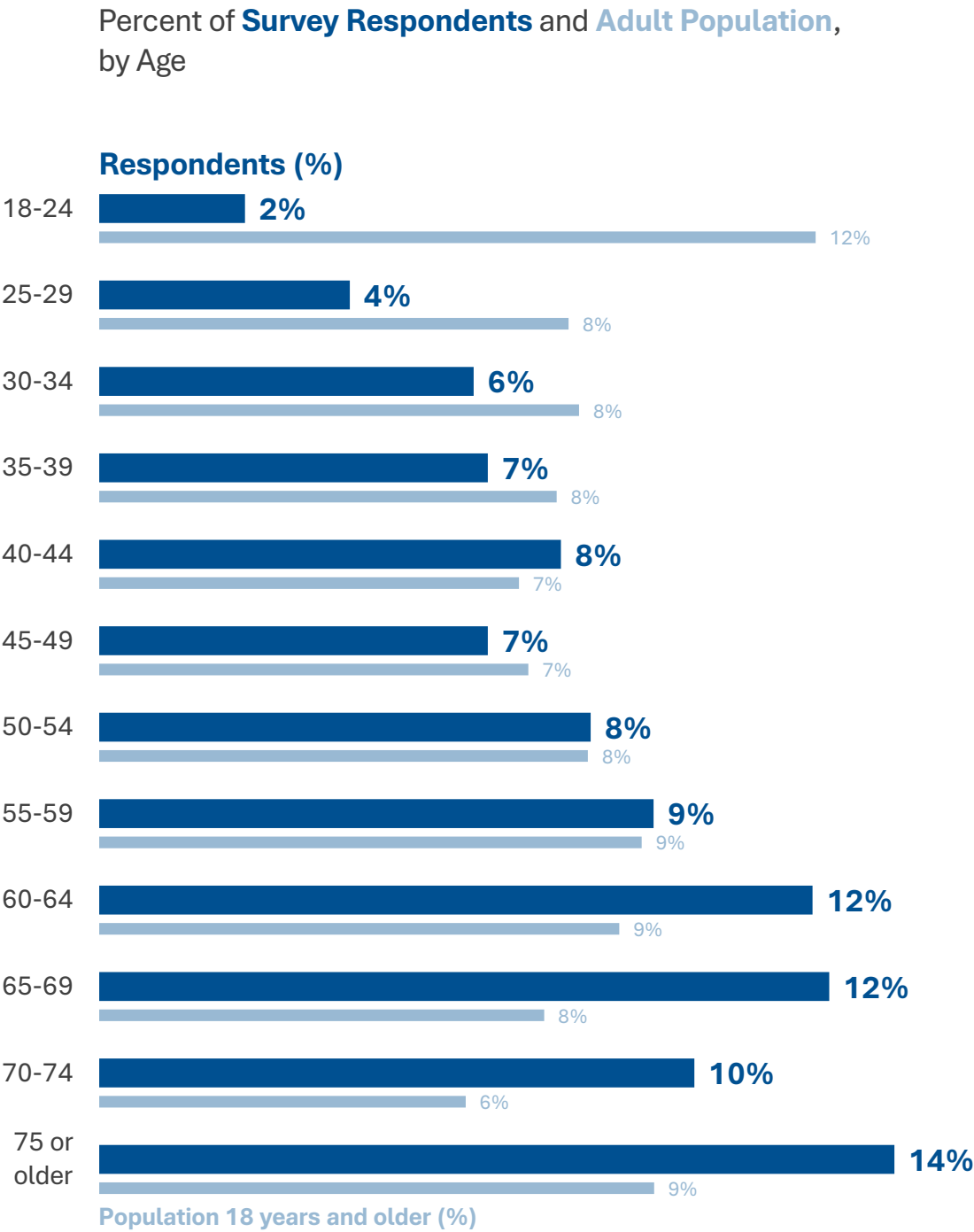
County

Response rates were highest among residents of Greene and Columbia counties and lowest among residents of Saratoga County. Population percentages are based on Census 2020 estimates.



Age

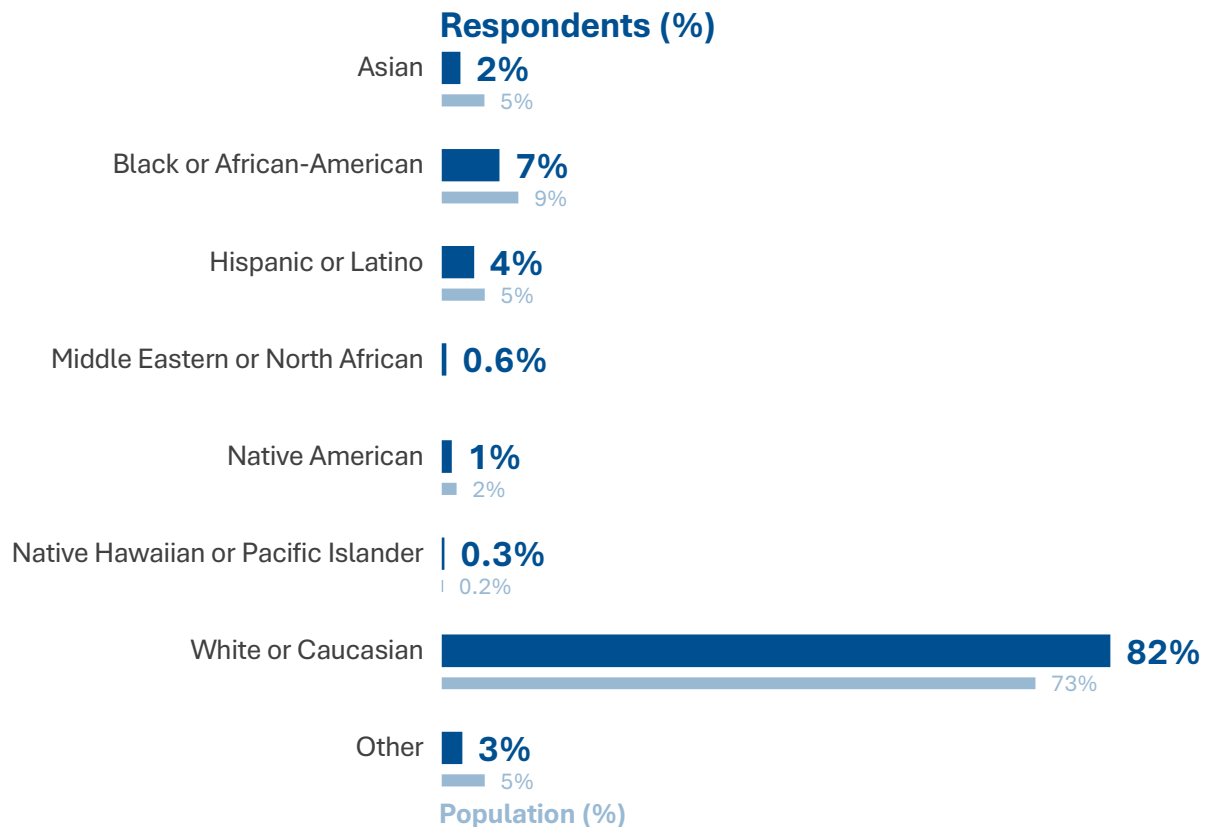
Response rates were highest among Capital Region residents over the age of 60 and lowest among residents under the age of 40. Population percentages are based on Census 2020 estimates.



Race and Ethnicity

Capital Region residents who self-identified as White/Caucasian were overrepresented, while those who identified as Asian, Black, Hispanic or Latino, or Native American were underrepresented. Capital Region residents who self-identified as Native Hawaiian or other Pacific Islander were well represented. Population percentages are based on Census 2020 estimates. Note: "Middle Eastern or North African" race was not included in the 2020 Census.

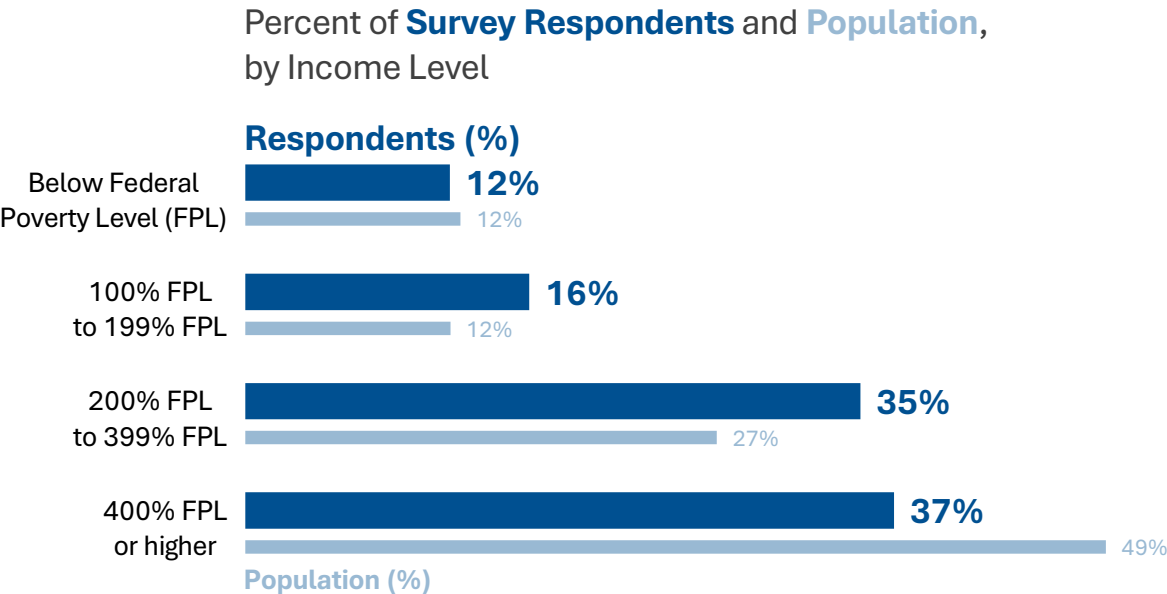
Percent of **Survey Respondents** and **Population**,
by Race/Ethnicity



Household Income

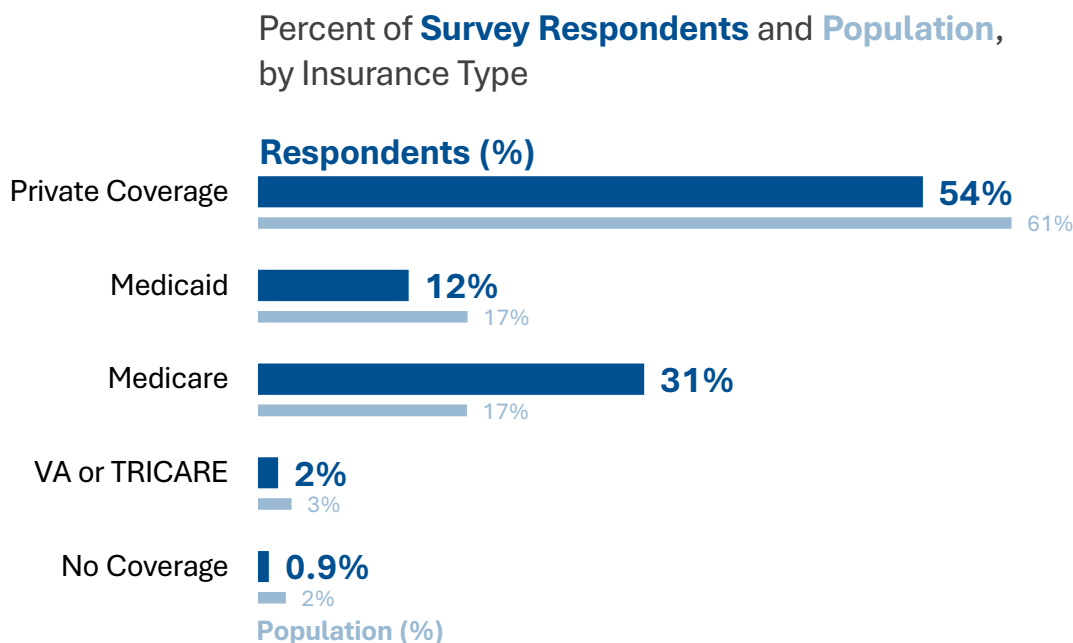
Capital Region residents with a yearly household income of at least 400% of the Federal Poverty Level (FPL) were underrepresented, while those who reported having a household income between 100% and 399% of the FPL were overrepresented. Capital Region residents who said their yearly household income was below the FPL were well represented, making up 12% of the survey sample. Population percentages are based on 2023 American Community Survey estimates for the Capital Region.

Note: FPL thresholds used in the survey were based on data released by the U.S. Census Bureau in 2024 (link: www.census.gov/data/tables/time-series/demo/income-poverty/historical-poverty-thresholds.html). Poverty thresholds were rounded up to the nearest \$5,000 to account for inflation and to simplify interpretation for survey respondents. For example, the weighted average poverty threshold for a family of three in 2023 was \$24,230, which was rounded up to \$25,000 for the survey.



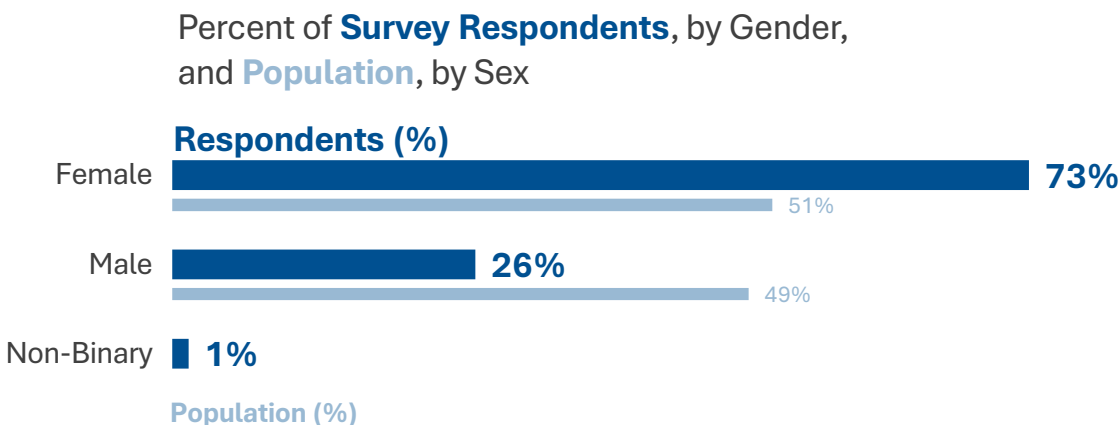
Health Insurance

Capital Region residents who reported having Medicare insurance coverage were overrepresented in the survey, while those with private, Medicaid, VA or TRICARE, or no coverage were underrepresented. Population percentages are based on 2023 American Community Survey estimates for the Capital Region.



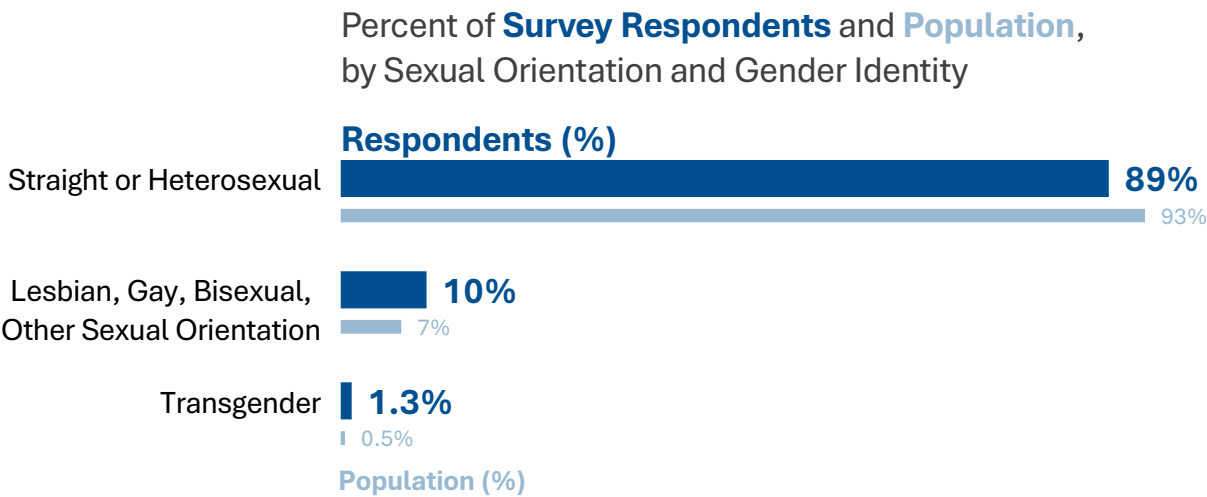
Gender

Capital Region females were overrepresented, while males were underrepresented. Population percentages are based on 2023 American Community Survey estimates of sex. The U.S. Census Bureau has not yet released gender data.



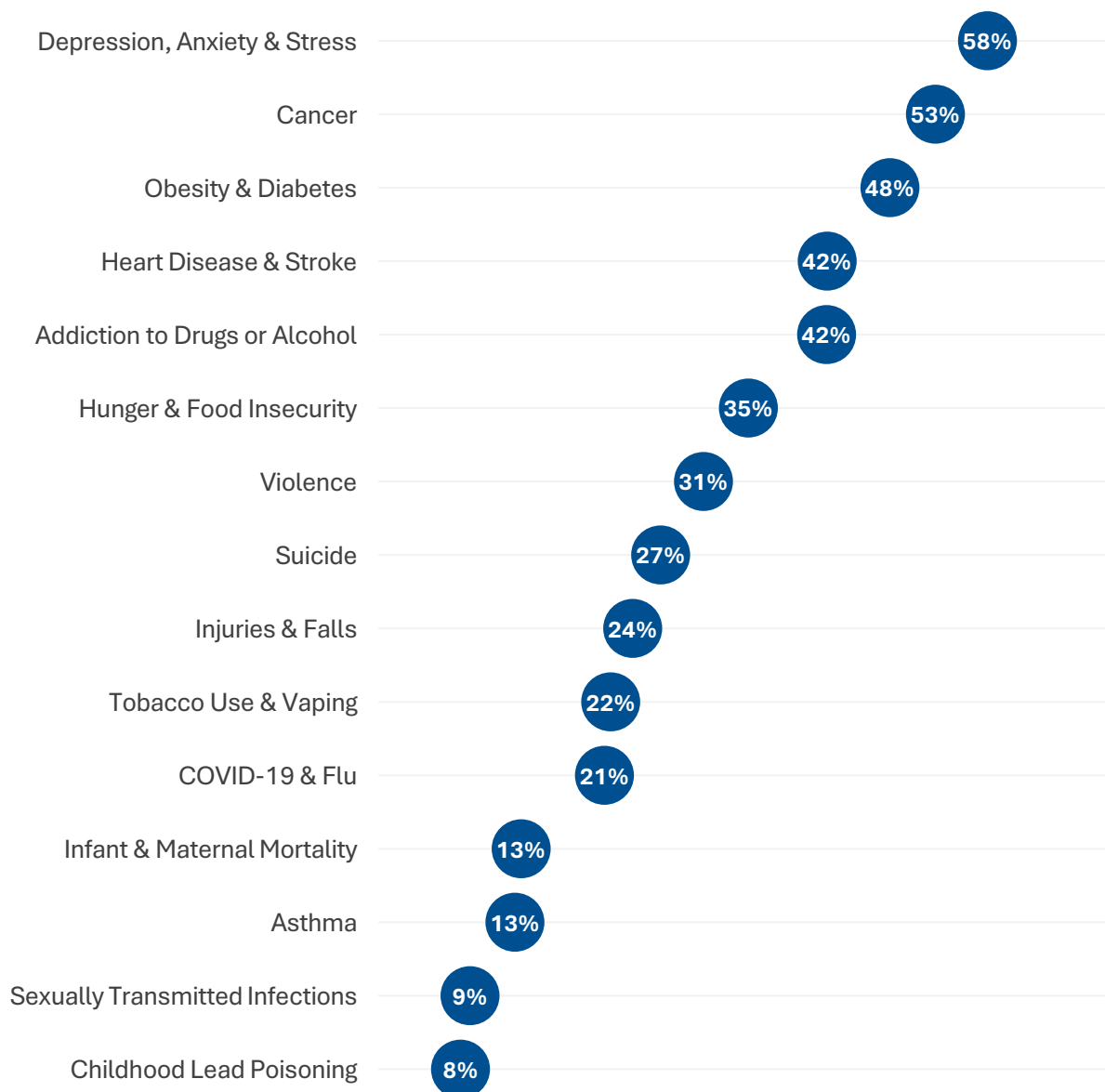
Sexual Orientation and Gender Identity

Capital Region residents who reported having a lesbian, gay, bisexual, or other sexual orientation were well represented in the survey, as were residents who identified as transgender. Population percentages represent New York State (NYS), excluding New York City, and are from the NYS Behavioral Risk Factor Surveillance System (link: www.health.ny.gov/statistics/brfss/reports/docs/2022-16_brfss_sogi.pdf).



ii. Health Priorities

1) In your community, which health issues are you most concerned about?

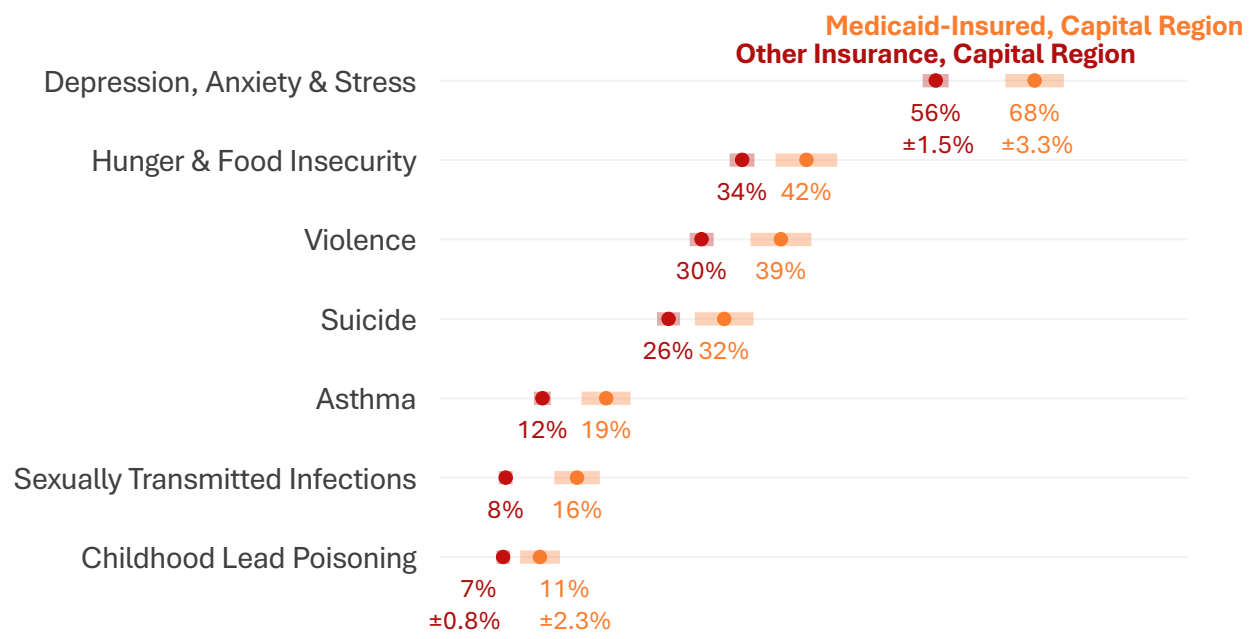


Depression, anxiety & stress, cancer, obesity & diabetes, heart disease & stroke, and addiction to drugs or alcohol were the top five issues in the Capital Region, followed by hunger & food insecurity, violence, suicide, injuries & falls, tobacco use & vaping, and COVID-19 & flu. The health issues that Capital Region respondents least often said they were most concerned about were infant & maternal mortality, asthma, sexually transmitted infections, and childhood lead poisoning.



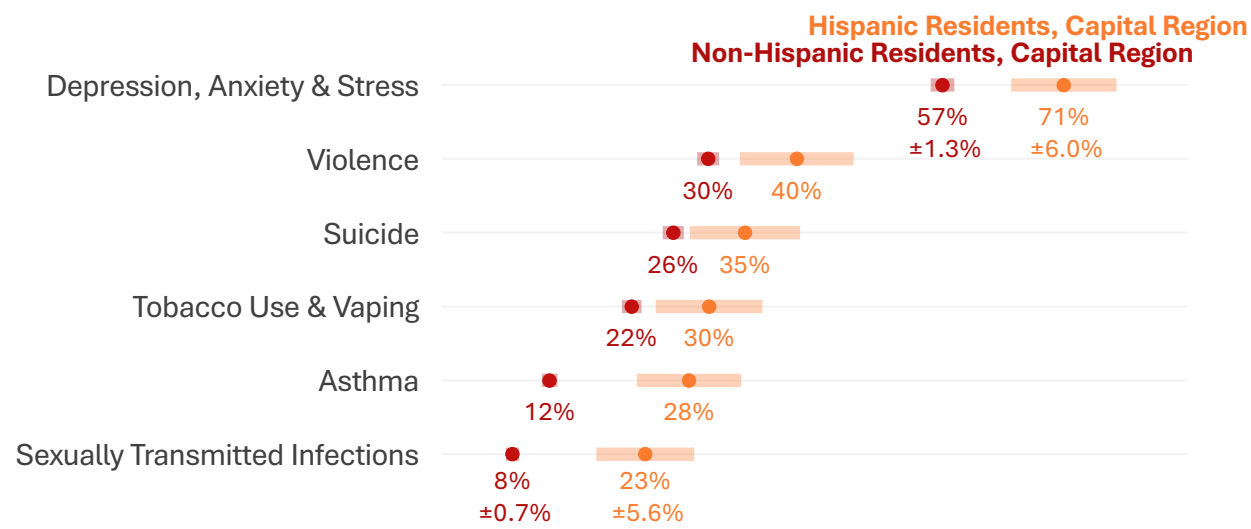
Significant Differences, by Region Sub-Population

Medicaid-Insured Residents



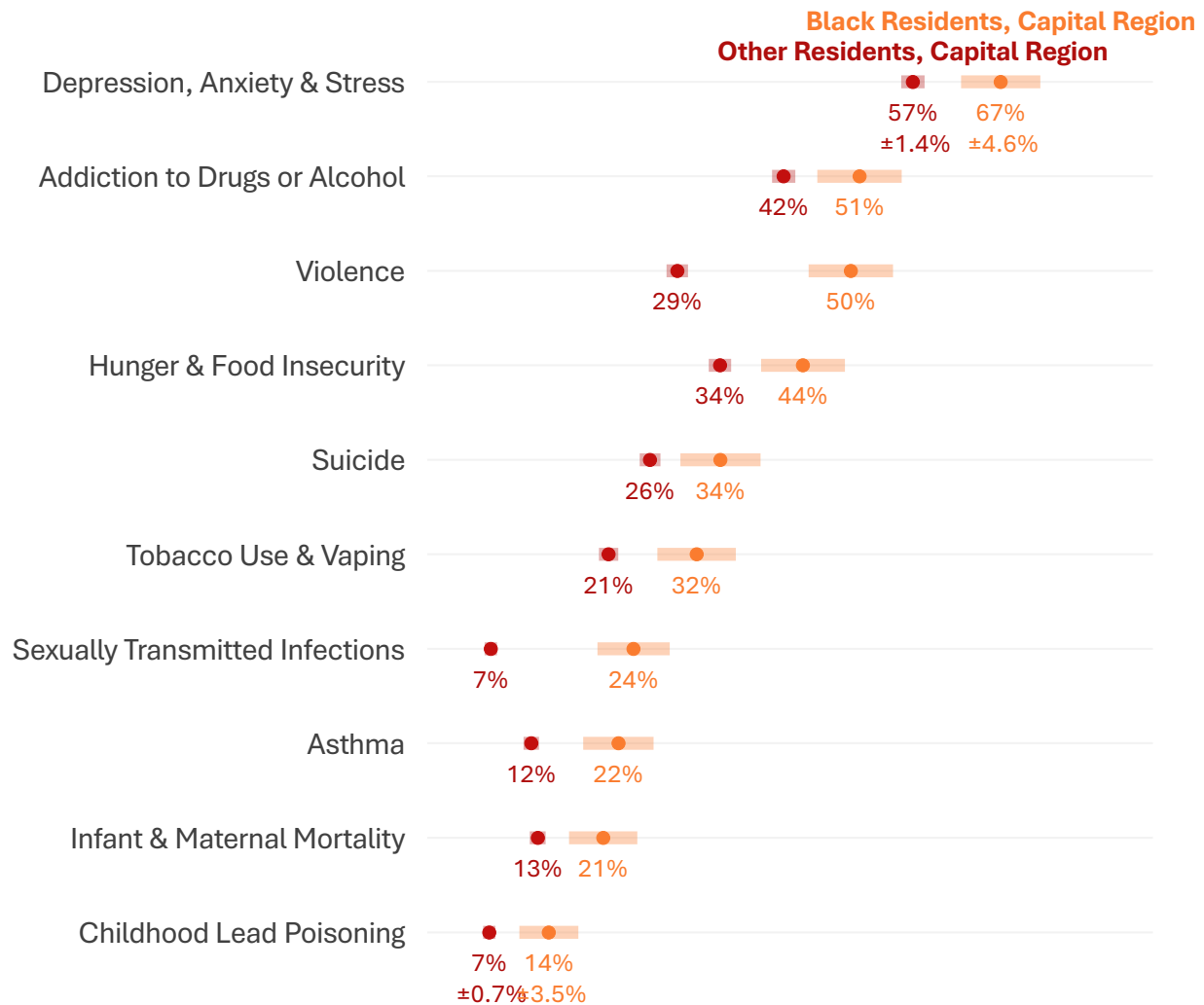
Compared to Capital Region residents with other insurance types, Capital Region residents with Medicaid insurance more often said they were most concerned about depression, anxiety & stress, hunger & insecurity, violence, suicide, asthma, sexually transmitted infections, and childhood lead poisoning.

Hispanic Residents



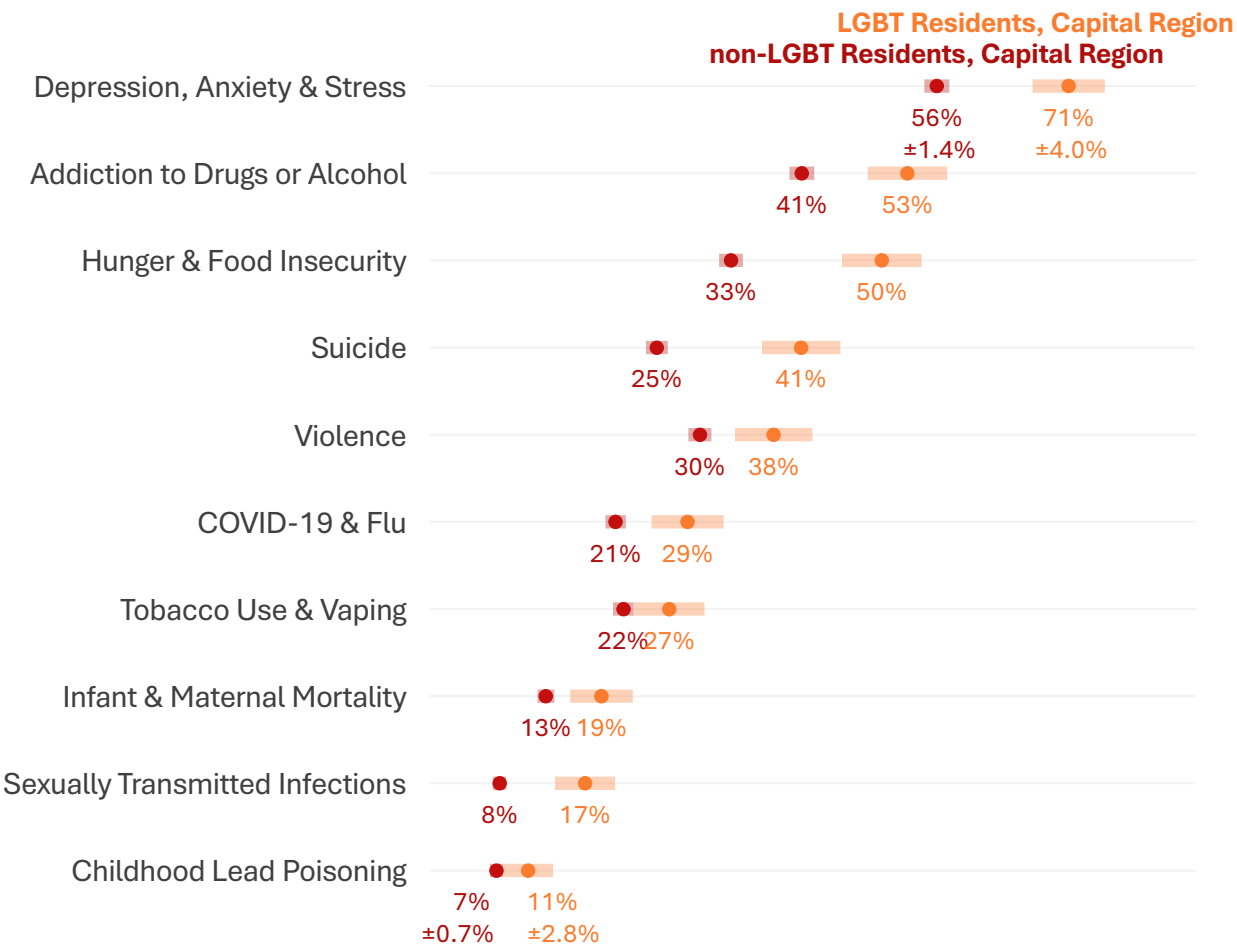
Hispanic Capital Region residents more often said they were most were concerned about depression, anxiety & stress, violence, suicide, tobacco use & vaping, asthma, and sexually transmitted infections.

Black Residents



Black Capital Region residents more often said they were most concerned about depression, anxiety & stress, addiction to drugs or alcohol, violence, hunger & food insecurity, suicide, tobacco use & vaping, sexually transmitted infections, asthma, infant & maternal mortality, and childhood lead poisoning.

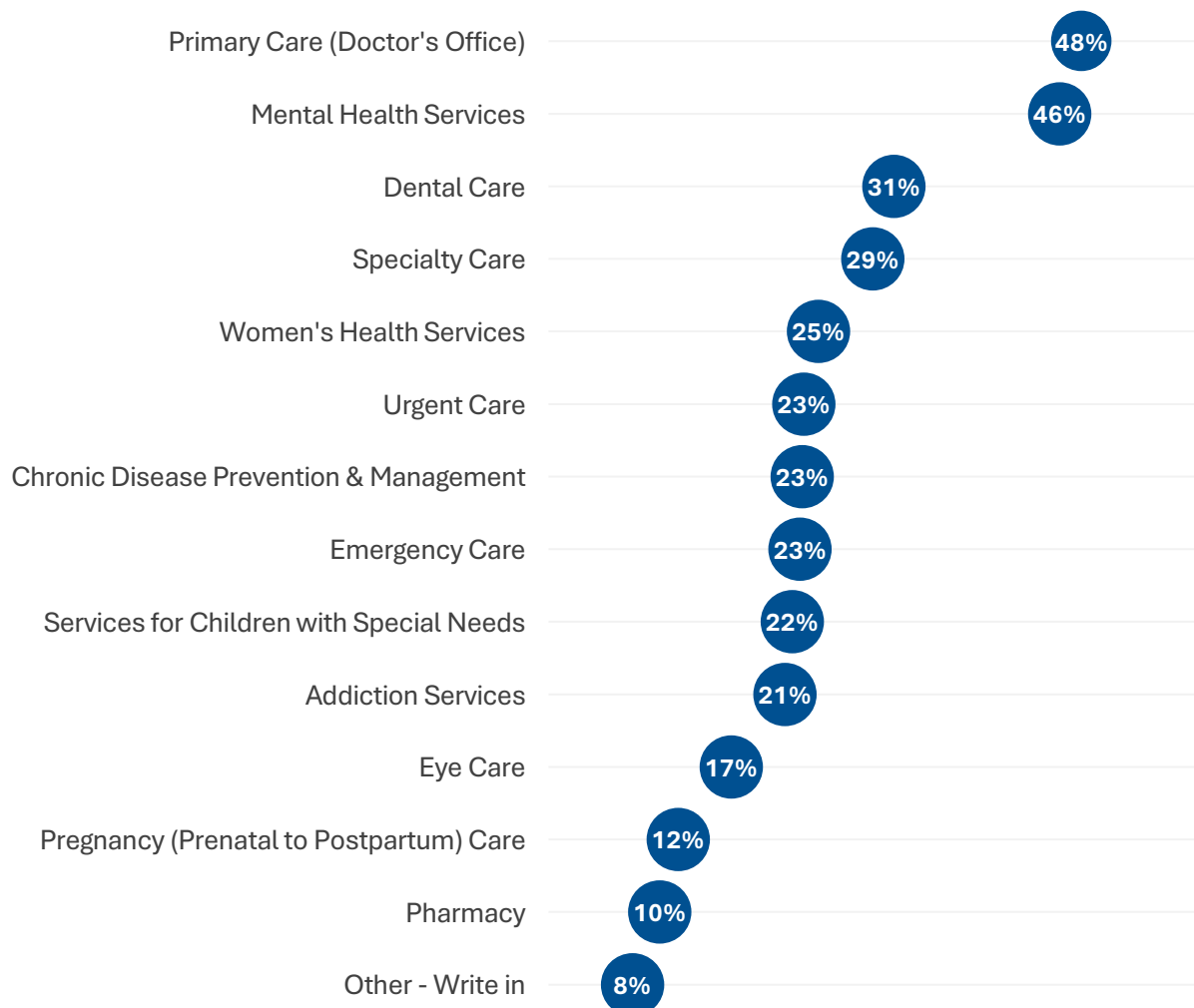
LGBT Residents



Lesbian, gay, bisexual, or transgender (LGBT) residents more often said they were most concerned with depression, anxiety & stress, addiction to drugs or alcohol, hunger & food insecurity, suicide, violence, COVID-19 & flu, tobacco use & vaping, infant & maternal mortality, sexually transmitted infections, and childhood lead poisoning.

iii. Health Care Needs

2) In your community, which health services do you wish were more available?



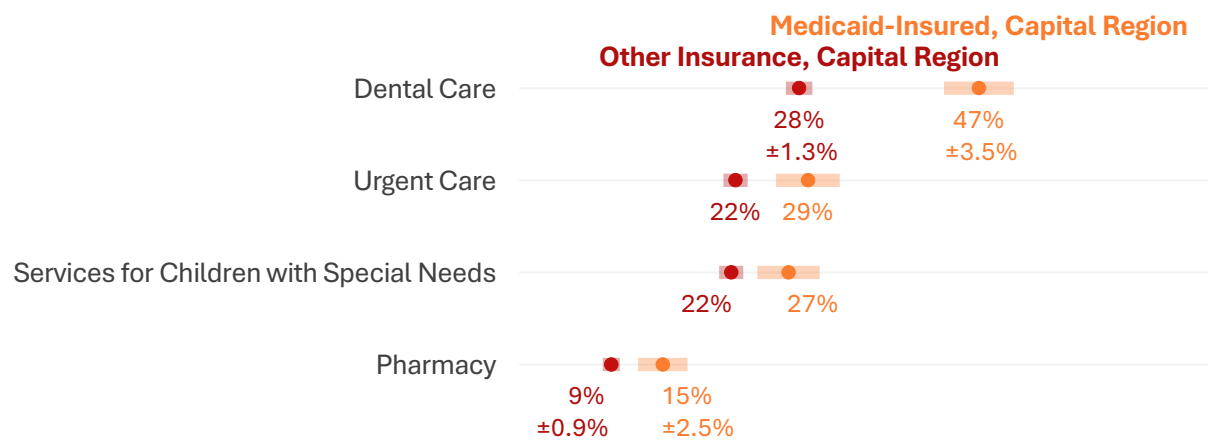
Primary care and mental health services were the top two services that Capital Region residents wished were more available. Around 30% of Capital Region respondents wish dental care and specialty care were more available. Between one in four to one in five respondents said they wish that women's health services, urgent care, chronic disease prevention & management, emergency care, services for children with special needs, and addiction services. The least chosen health services were eye care, pregnancy care, and pharmacy care.

62% of respondents under the age of 45 said they wish mental health services were more available. Among female respondents under the age of 45, 40% said they wish women's health services were more available.



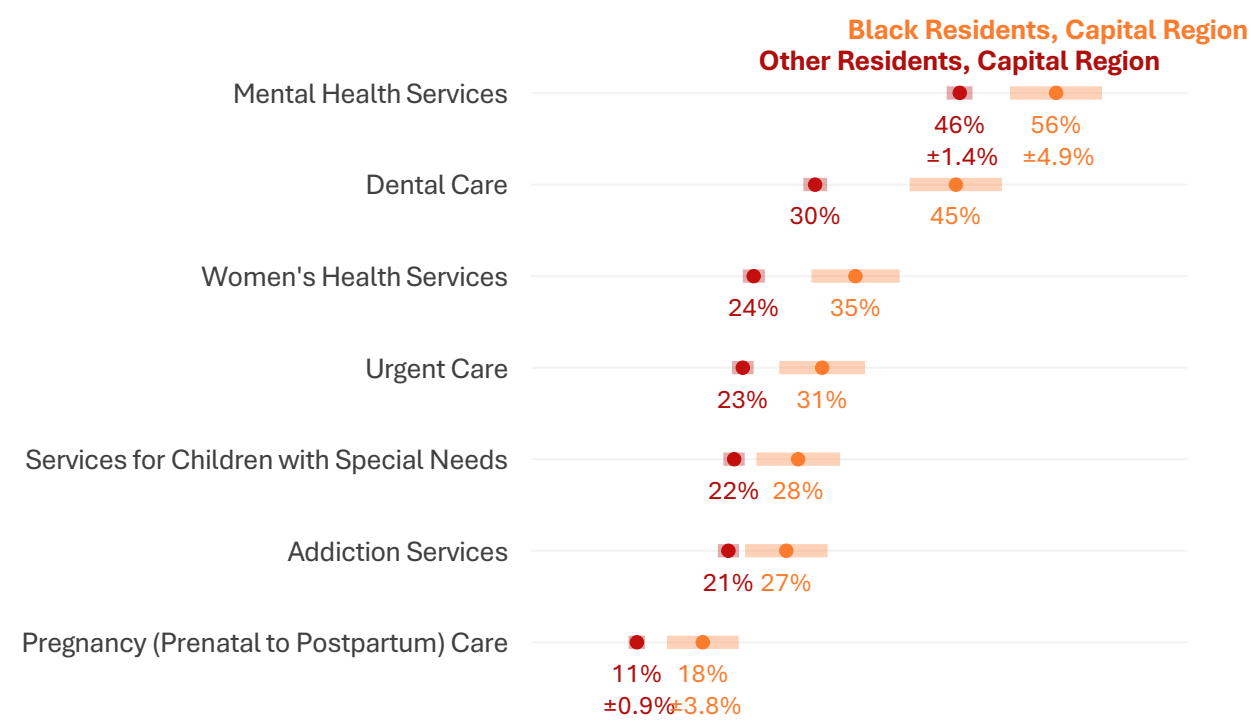
Significant Differences, by Region Sub-Population

Medicaid-Insured Residents



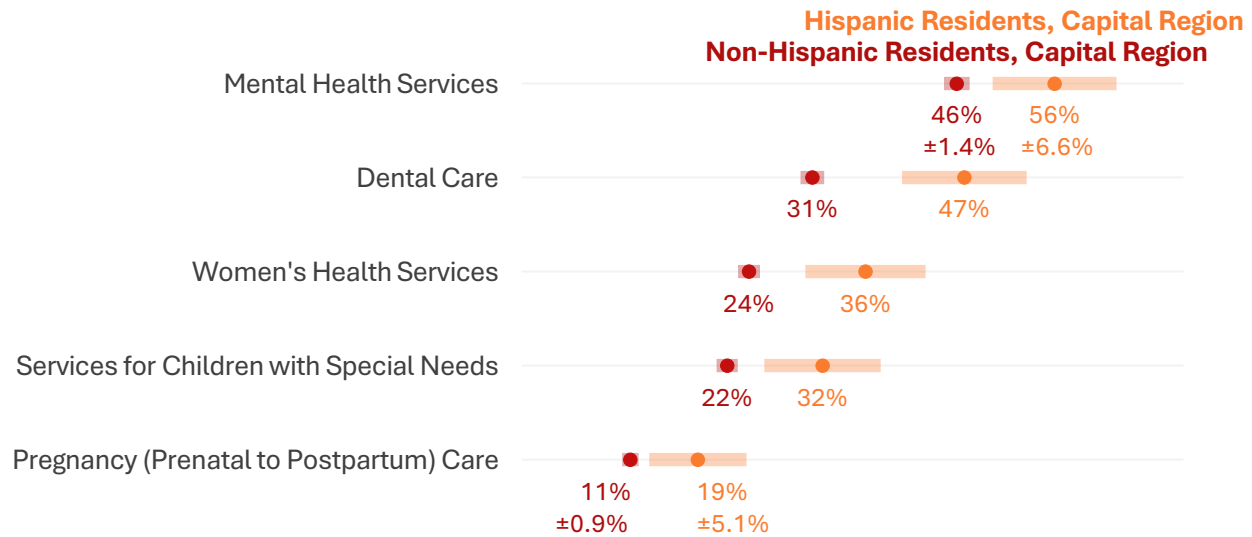
Medicaid-insured Capital Region residents more often said they wish that dental care, urgent care, services for children with special needs, and pharmacy services were more available.

Black Residents



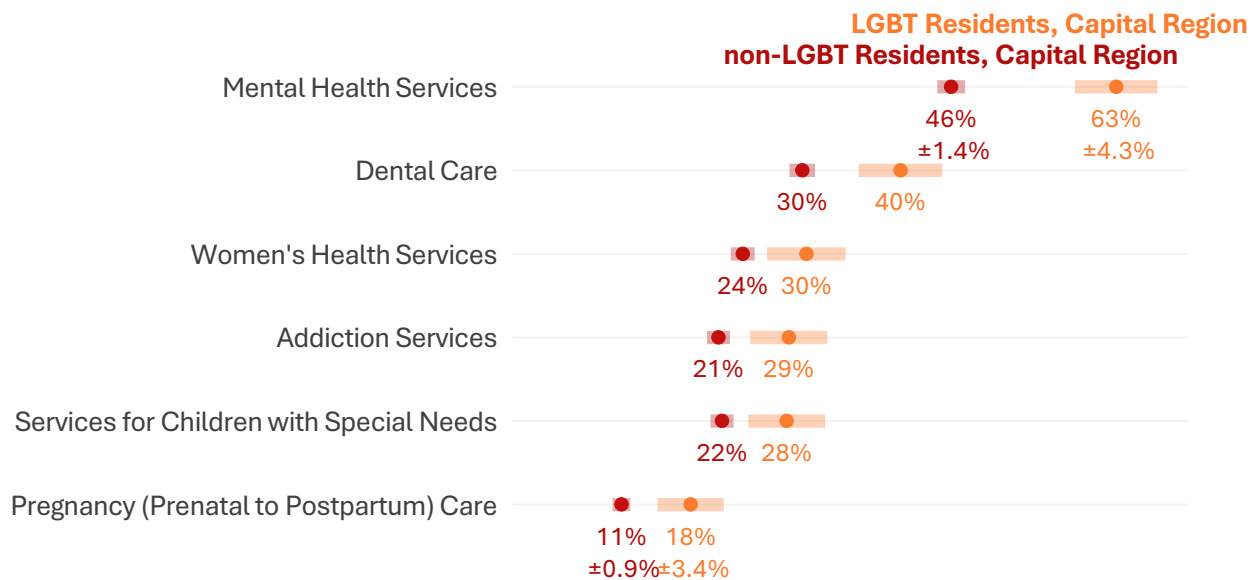
Black Capital Region residents more often said they wish mental health services, dental care, women’s health services, urgent care, services for children with special needs, addiction services, and pregnancy care services were more available.

Hispanic Residents



Hispanic Capital Region residents more often said they wish mental health services, dental care, women's health services, services for children with special needs, and pregnancy care services were more available.

LGBT Residents



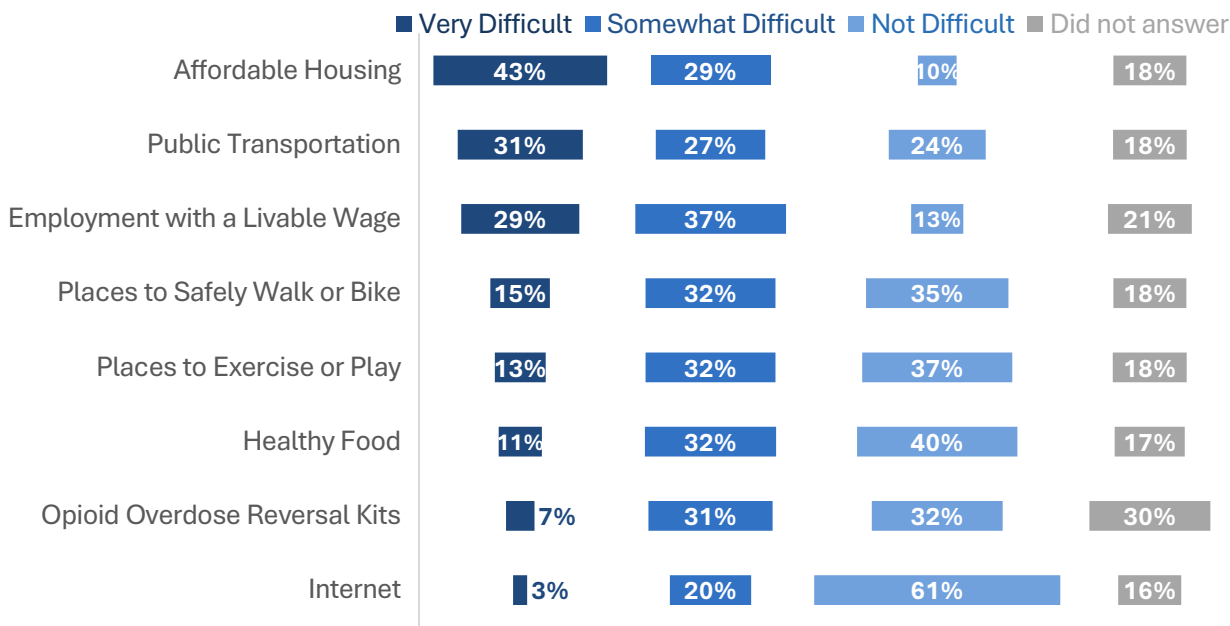
Lesbian, gay, bisexual, or transgender (LGBT) residents more often wished that mental health services, dental care, women's health services, addiction services, services for children with special needs, and pregnancy care services were more available.



iv. Social Needs

3) In your community, how difficult is it to access the following?

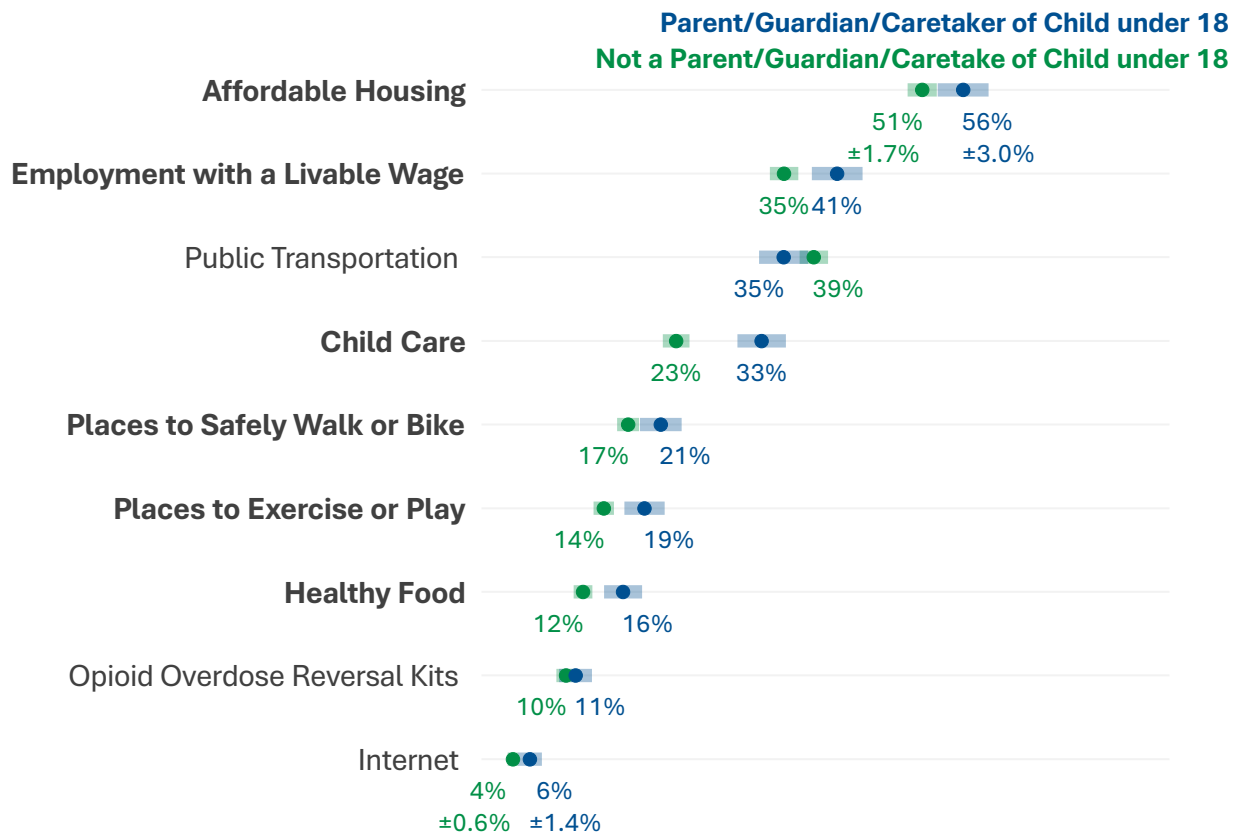
Respondents most often rated **Affordable Housing** as "Very Difficult" to access in their community.



Capital Region respondents most often rated affordable housing as very difficult to access in their community. More than half of respondents said affordable housing, public transportation, and employment with a livable wage were very or somewhat difficult to access in their community.

Parents, Guardians, or Caretakers

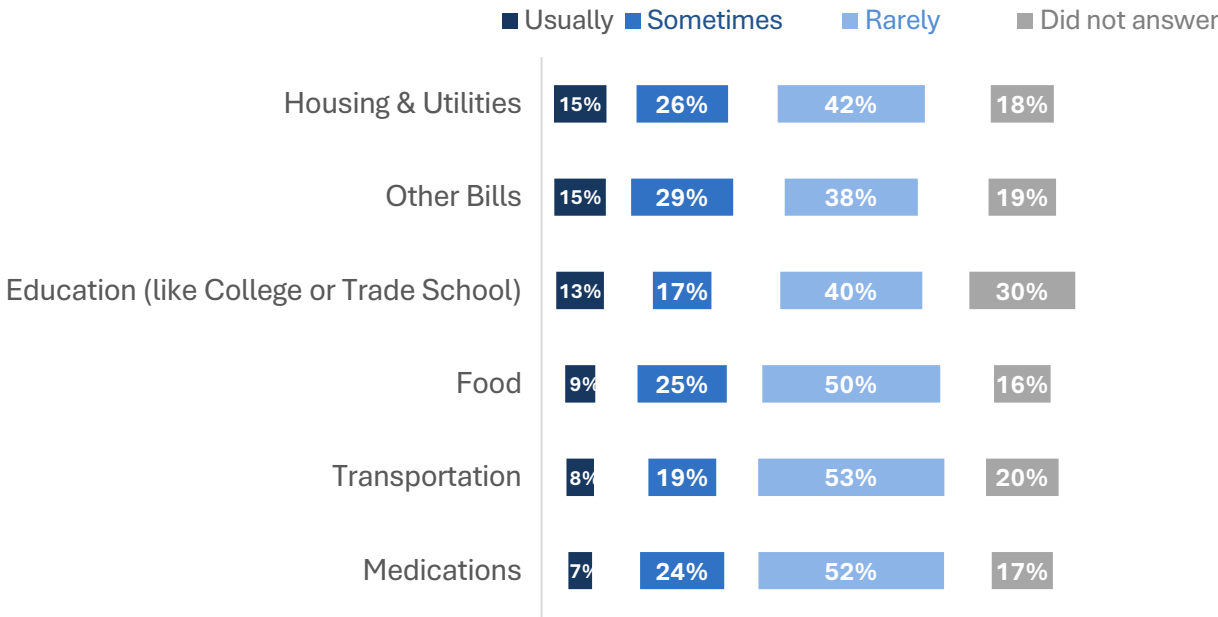
Percent of respondents who said the following were **very difficult to access** in their community:



Parents, guardians, or caretakers of children under the age of 18, more often than other Capital Region residents, said it is very difficult to access the following in their community: affordable housing, employment with a livable wage, childcare, places to safely walk or bike, places to exercise or play, and healthy food.

4) How often do you have trouble paying for the following?

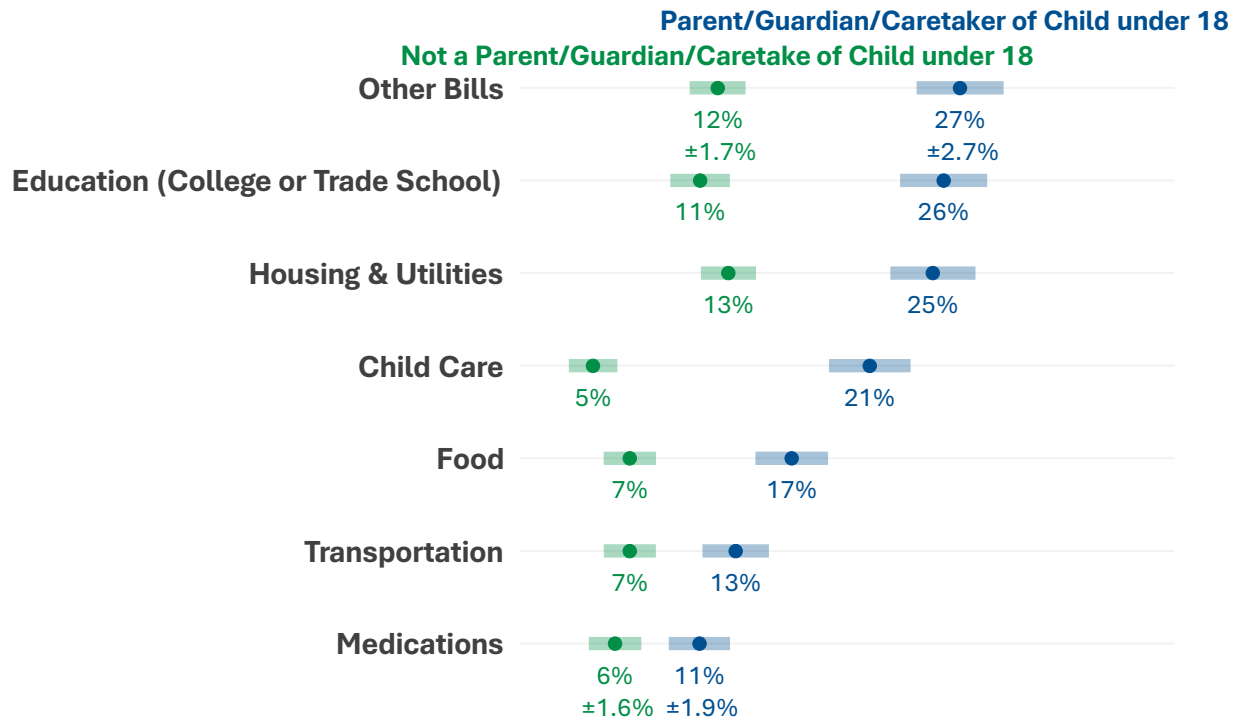
15% of respondents **usually** have **trouble paying** for **housing & utilities**, or **other bills**.



At least two of five respondents said they sometimes or usually have trouble paying for housing, utilities, or other bills. Between 30% to 34% of respondents said they have trouble paying for education (like college or trade school), food, or medications. Respondents least often said they have trouble paying for transportation.

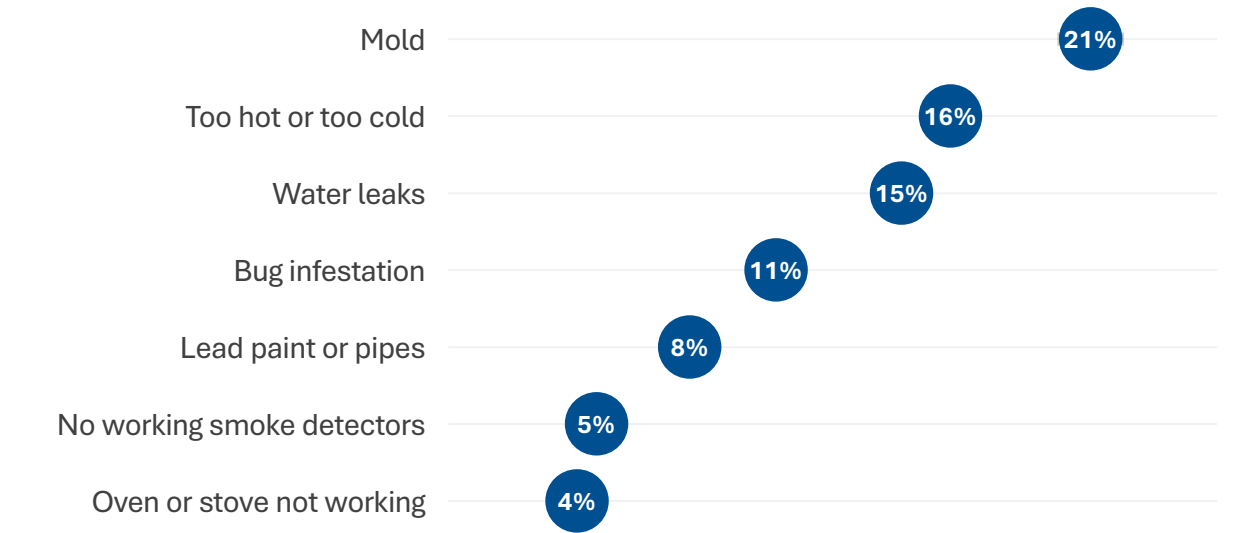
Parents, Guardians, or Caretakers

Percent of respondents who said they **usually** have **trouble paying** for the following:



Capital Region parents, guardians, or caretakers of children under the age of 18 most often said they usually have trouble paying for education (like college or trade school), housing & utilities, or other bills. Capital Region parents, guardians, or caretakers of children under 18, more often than other residents, said they usually have trouble paying for each expense included in this survey, namely: childcare, housing & utilities, other bills, education (like college or trade school), food, transportation, and medications.

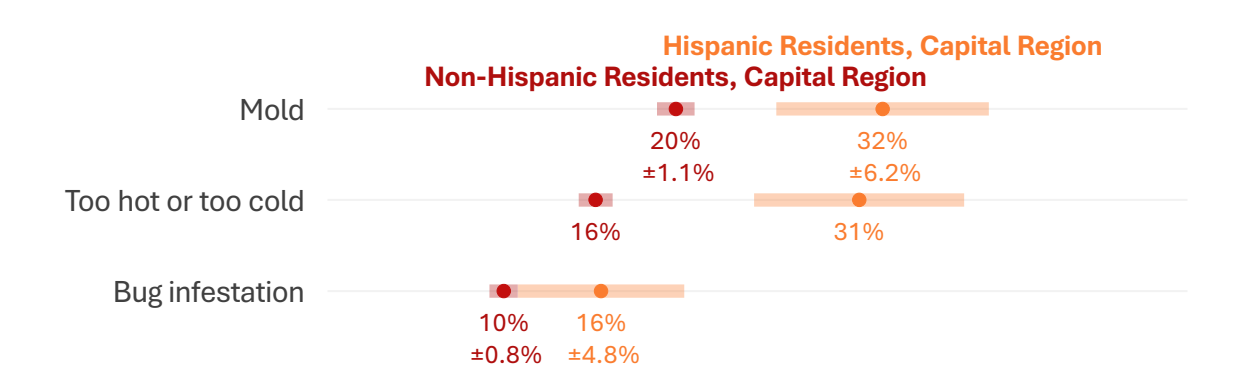
5) In the place where you live, do you have problems with any of the following?



Among the housing issues included in this survey, Capital Region respondents most often said they have a problem with mold where they live. 16% of respondents said the place where they live is too hot or too cold; 15% said they have water leaks. 11% of respondents said they have a bug infestation where they live and less than 10% said they have lead paint or pipes, no working smoke detectors, or a non-working stove where they live.

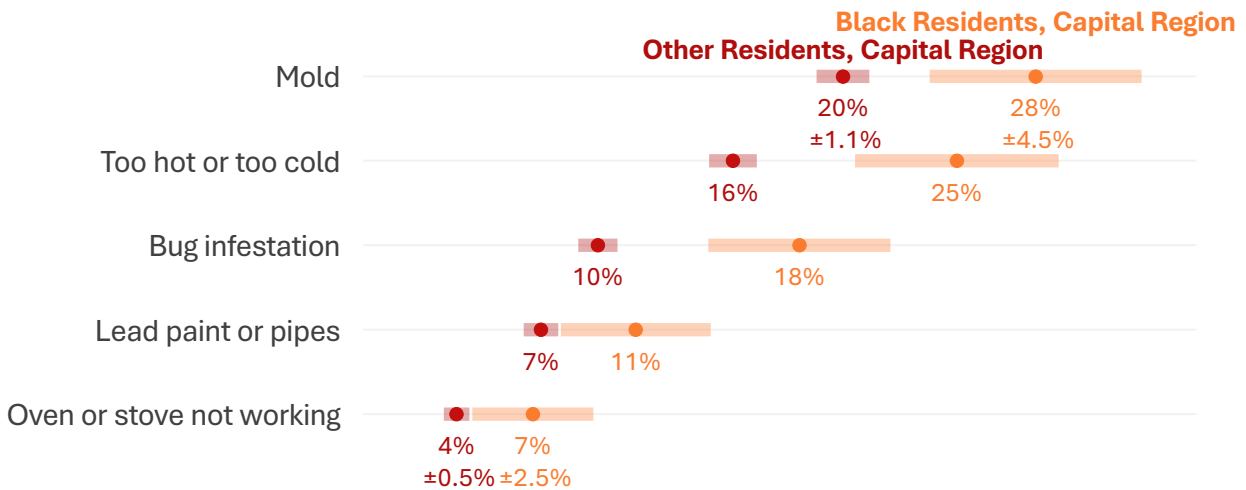
Significant Differences, by Region Sub-Population

Hispanic Residents



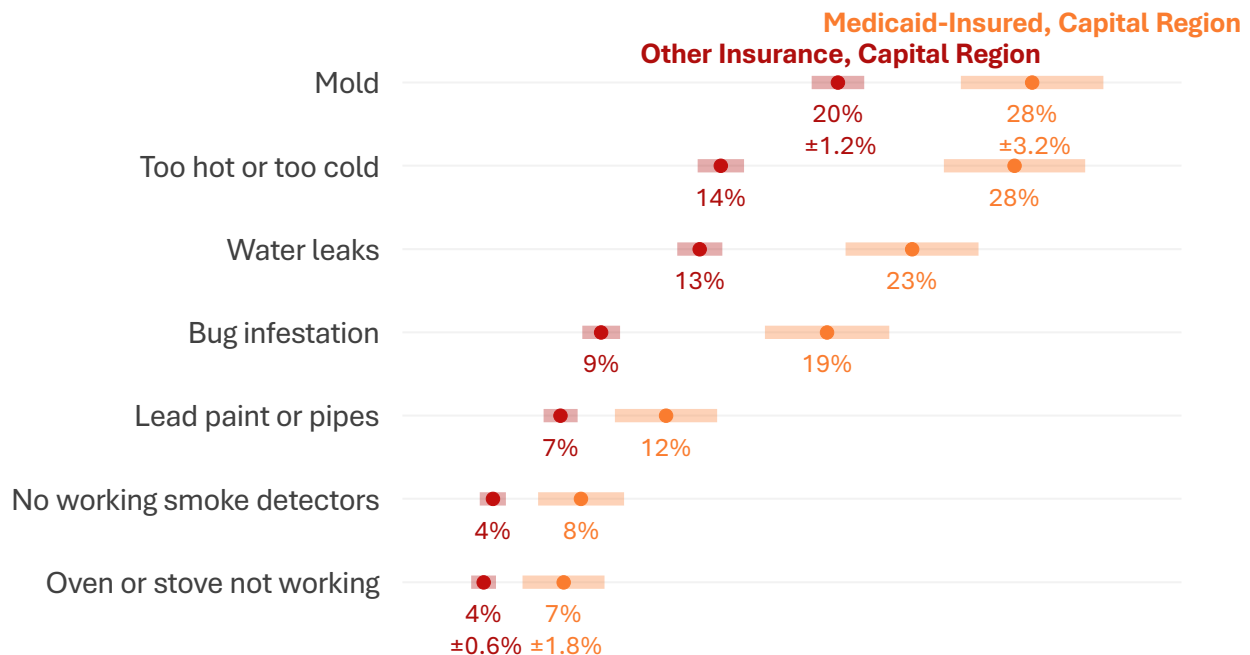
Hispanic Capital Region residents more often said the place they live has mold, is too hot or too cold, or has a bug infestation, when compared with other Capital Region residents.

Black Residents



Black Capital Region residents more often said they have a problem with mold, temperature control, bug infestation, lead paint or pipes, or a non-working stove where they live, compared to other Capital Region residents.

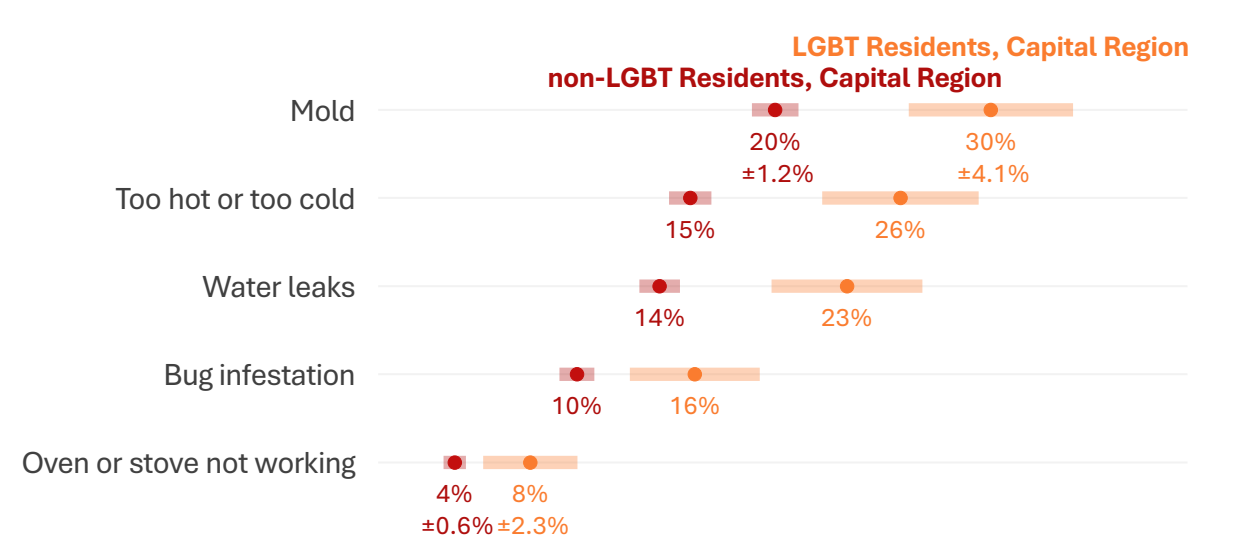
Medicaid-Insured Residents



Medicaid-insured residents of the Capital Region more often said they have problems with mold, temperature control, water leaks, bug infestation, lead paint or pipes, no working smoke detectors, or a non-working stove where they live, when compared with Capital Region residents with other types of insurance.



LGBT Residents



Lesbian, gay, bisexual, or transgender (LGBT) residents of the Capital Region more often said they have a problem with mold, temperature control, water leaks, bug infestation, or a non-working stove at their home, when compared with non-LGBT residents of the Capital Region.

6) How often do you feel socially isolated from others?

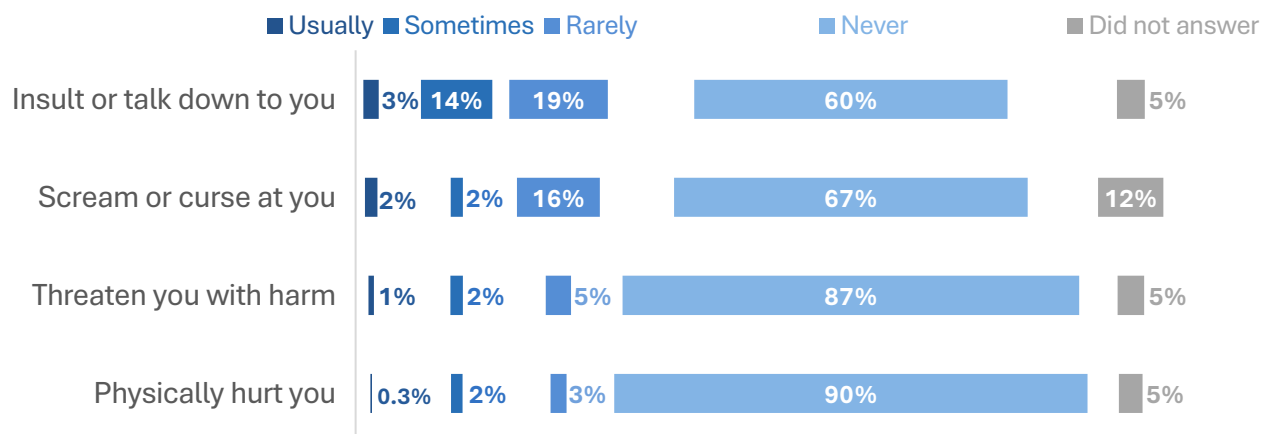
12% of respondents said they **always** or **usually** felt **socially isolated**



More than half of respondents said they rarely or never feel socially isolated. Almost one-third of respondents said they sometimes feel socially isolated.

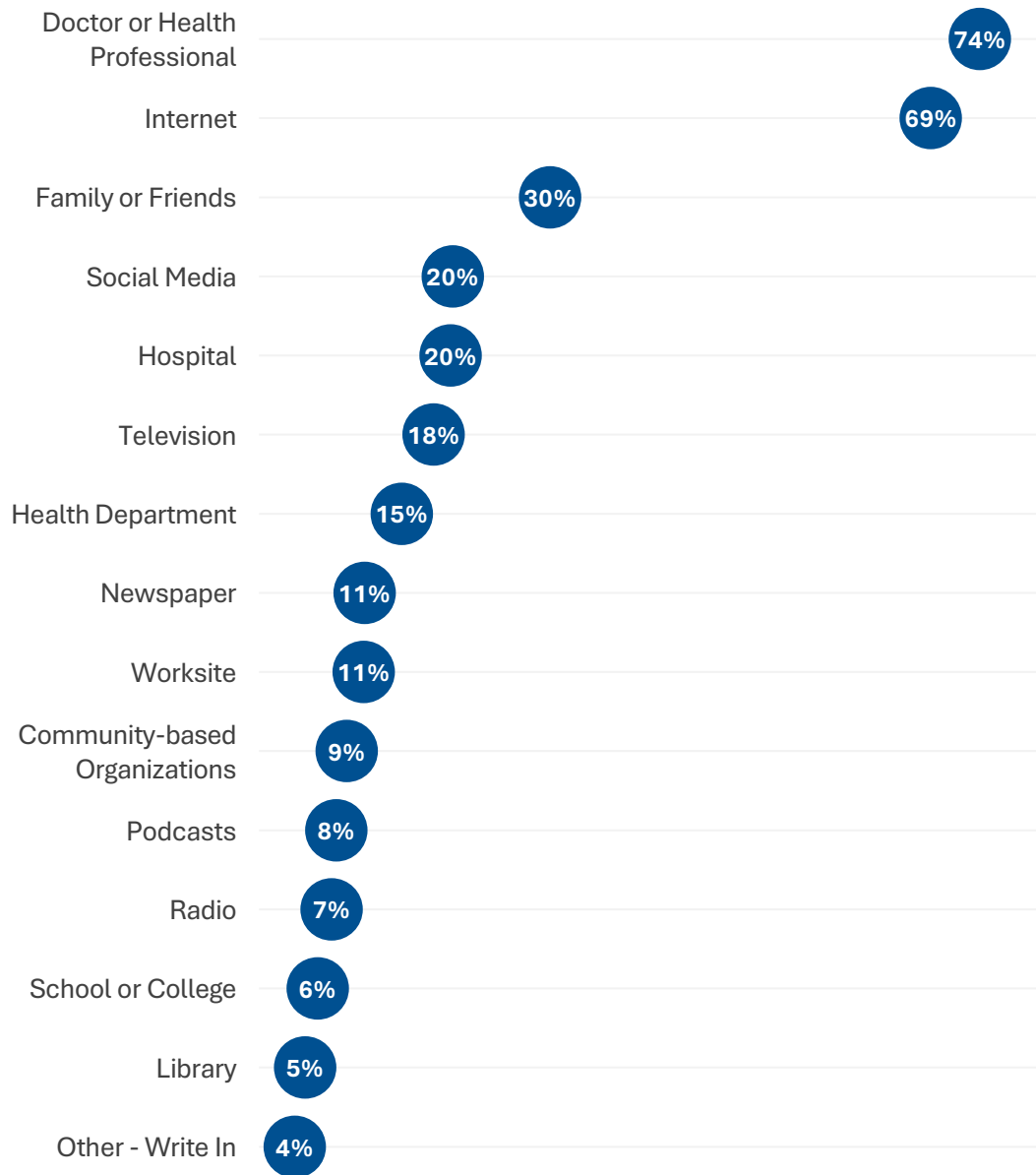
7) How often does anyone, including your family, do the following to you?

5.5% of respondents were ever **physically hurt** by someone and **8%** reported ever being **threatened with harm**.



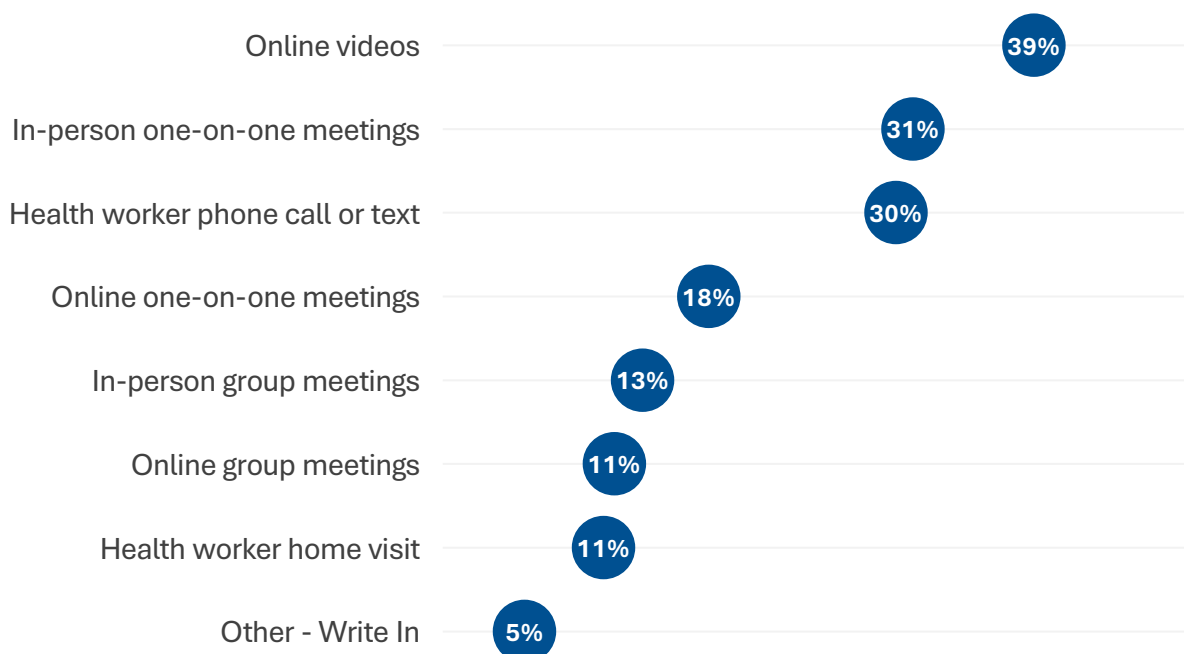
v. Health Information & Communication

8) Where do you get most of the information about your health?



Most Capital Region residents get most of their health information from a doctor or other health professional, or from the internet. The next top source of health information was family and friends. Around one in five respondents said they get their health information from social media or a hospital; 18%, the television; 15% a health department. 11% of respondents said they get most of the information about their health from a newspaper or their worksite. Less than 10% said they get most of their health information from a community-based organization, podcasts, radio, a school or college, the library, or another source.

9) In what ways would you like to receive information about how to take care of your health?



When asked how they would like to receive information about taking care of their health, respondents most often said they would prefer online videos, followed by in person one-on-one meetings or a health worker phone call or text. 18% said they would prefer online one-on-one meetings, while 11 to 13% preferred in person group meetings, online group meetings, or a health worker home visit.

10) How often do you need help reading instructions, pamphlets, or other written material from your doctor or pharmacy?

8% of respondents reported having limited health literacy*.

*sometimes or usually need help reading written material from a health care provider.



Close to 8% of respondents reported having limited health literacy, based on the Single Item Literacy Screener (SILS) question; they said they sometimes or usually need help reading written material from a health care provider.



Significant Differences, by Region Sub-Population

Medicaid-Insured Residents

Percent of respondents who reported having **limited health literacy***:

*based on the Single Item Literacy Screener (SILS).

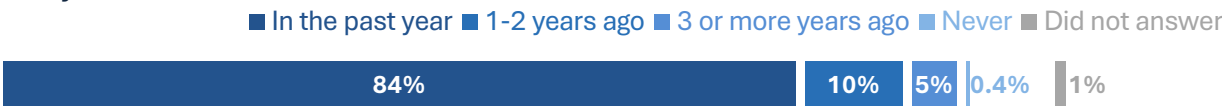


Medicaid-insured Capital Region residents more often indicated they have limited health literacy, when compared with residents from the Capital Region with other types of insurance.

vi. Health Care Access

11) When was the last time you had your annual physical exam?

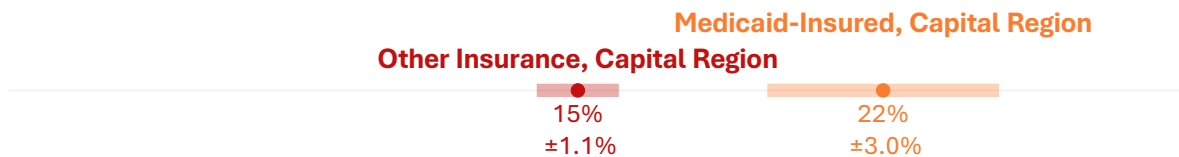
15.4% of respondents had not **received a physical exam** in the past year.



Significant Differences, by Region Sub-Population

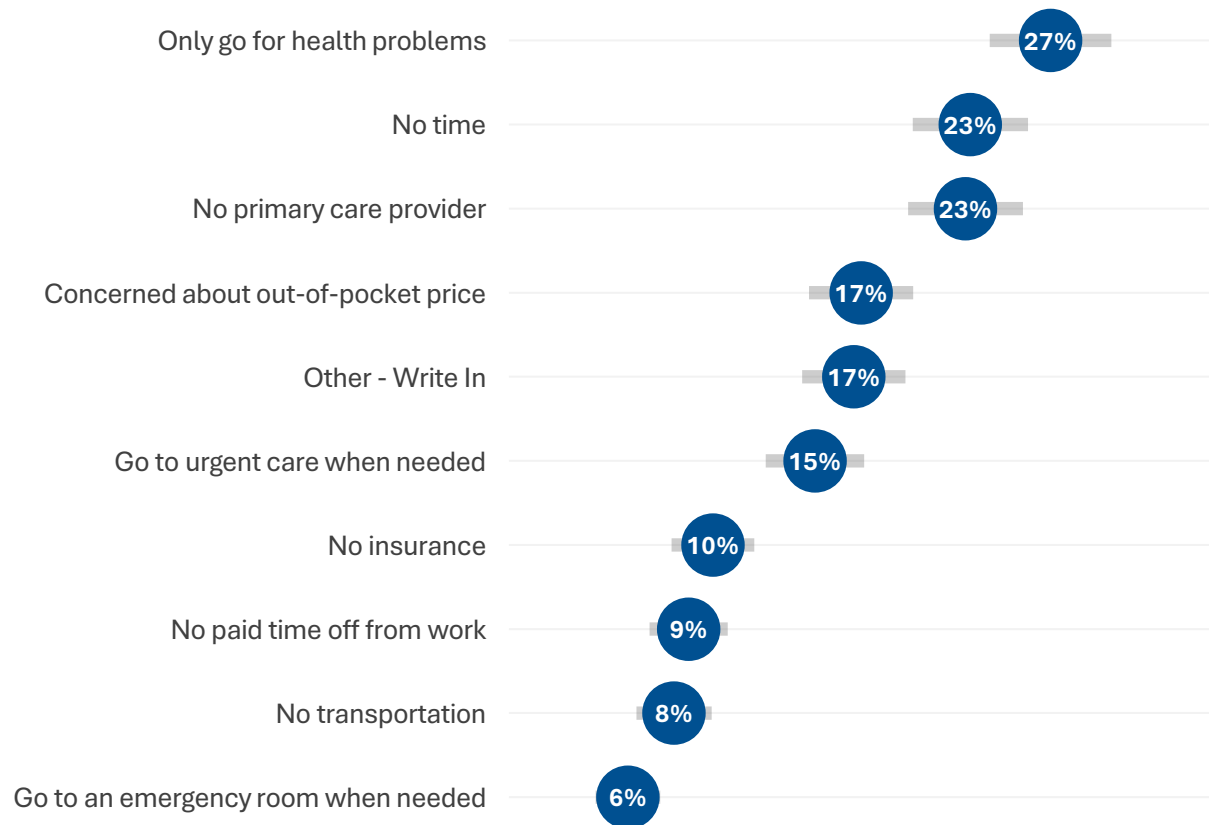
Medicaid-Insured Residents

Percent of respondents who did **not receive a physical exam** in the past year:



Medicaid-insured Capital Region residents more often indicated they had not received a physical examination in the past year, when compared with residents from the Capital Region with other types of insurance.

12) Why did you not receive a physical exam in the past year?



Capital Region residents who did not receive a physical exam in the past year most often said it was because they only go to their primary care provider for health problems, they did not have time to go, or they did not have a primary care provider. About 17% of respondents said they were concerned about the out-of-pocket price.



13) In the past 12 months, did you receive care in an emergency room?

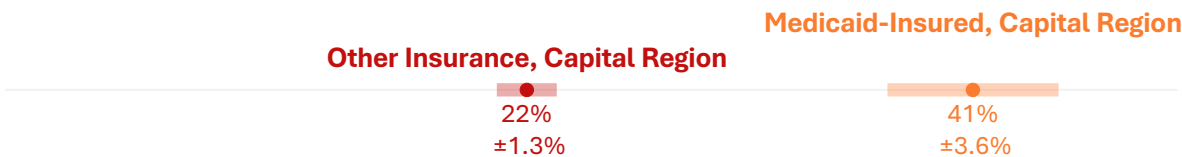
23% of respondents received care in an emergency room in the past year.



Significant Differences, by Region Sub-Population

Medicaid-Insured Residents

Medicaid-Insured Capital Region residents more often said they had received care in an emergency room in the past year.



Medicaid-insured Capital Region residents more often received care in an emergency room, when compared with residents from the Capital Region with other types of insurance.

14) What was the main reason for your emergency room visit?

79% of respondents that visited an emergency room in the past year went due to the pain or severity of their health need.



While the majority of respondents who visited an emergency room (ER) in the past year did so due to the pain or severity of their health need, 11% said they went because the ER is more convenient than primary care, and 7% said a primary care appointment was not available.

15) When was the last time you visited a dentist for a routine cleaning or checkup?

29% of respondents did **not** have a **routine dentist visit** in the past year.

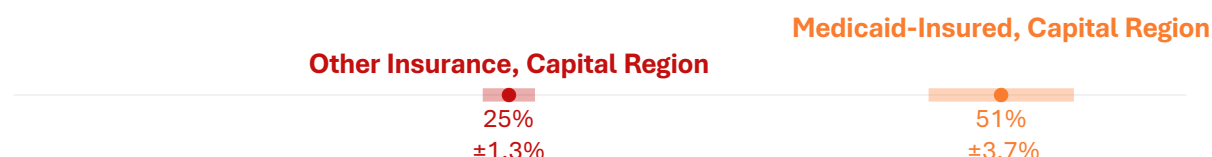


17% of respondents said they had not visited a dentist for a routine cleaning or checkup in at least 3 years, including 1.5% who said they had never been to the dentist for a routine cleaning or checkup.

Significant Differences, by Region Sub-Population

Medicaid-Insured Residents

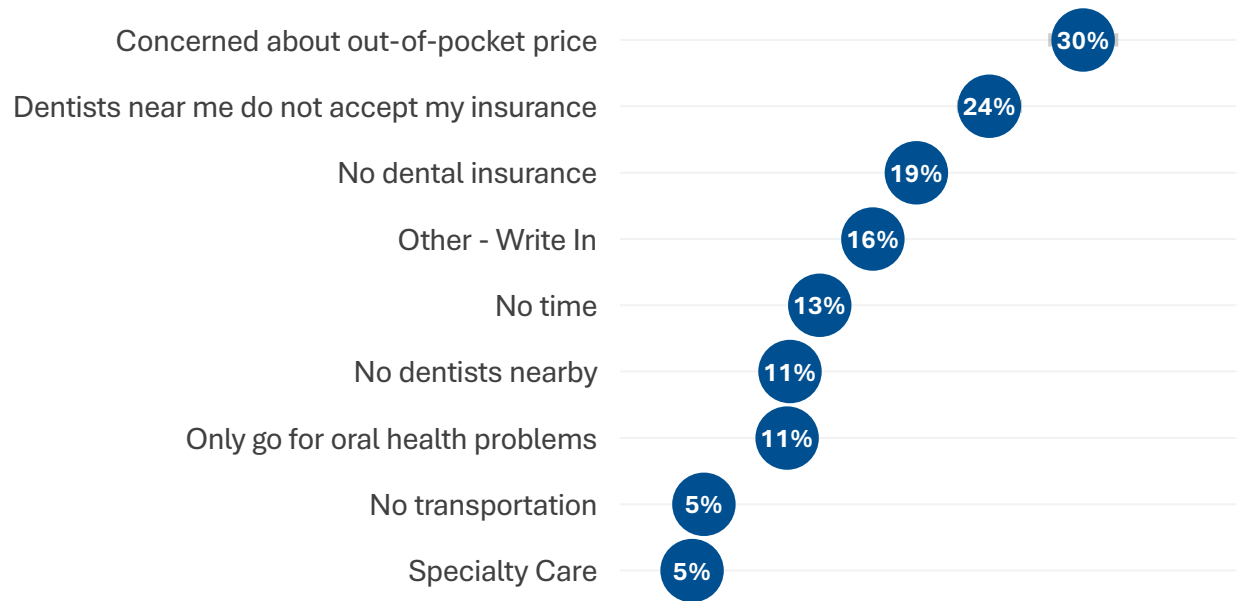
Percent of respondents who did **not visit a dentist** for a **routine cleaning or checkup** in the past year:



Medicaid-insured residents of the Capital Region more often said they had not visited a dentist for a routine cleaning or checkup in the past year, compared to Capital Region residents with other types of insurance.



16) Why did you not visit a dentist in the past year?

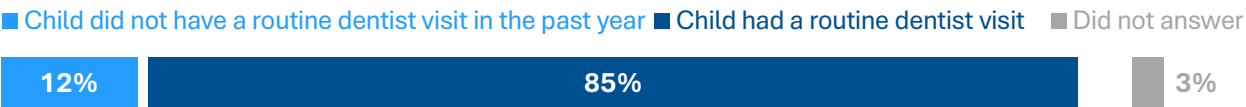


Capital Region residents most often said their concerns about the out-of-pocket price kept them from visiting a dentist for a routine cleaning or checkup, followed by a lack of nearby dentists who accept their insurance, or a lack of dental insurance. Other reasons include having no teeth or having dentures, scheduling delays, or a fear of dentists.

vii. Child Oral Health

18) [Parents] In the past 12 months, did the children in your care go to the dentist for a routine cleaning or checkup?

12% of parents, guardians, or caretakers said that their children did not have a routine dentist visit in the past year.



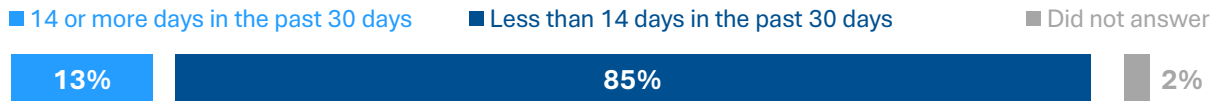
The top reasons why parents, guardians, or caretakers did not bring their child to the dentist for a routine visit in the past year were that the child was too young, dentists don’t accept their insurance, they were concerned about the out-of-pocket price, or because they had no dentists nearby, no transportation, or no dental insurance.

viii. Mental Health

20) In the past 30 days, how many days did you feel down, depressed, or hopeless?

13% of respondents reported having **poor mental health***.

*Felt down, depressed, or hopeless for 14 or more days in the past 30 days.



More than one in eight respondents said they had poor mental health (felt down, depressed, or hopeless for 14 or more of the past 30 days).

Significant Differences, by Region Sub-Population

Medicaid-Insured Residents

Percent of respondents who reported having **poor mental health**:



Within the Capital Region, Medicaid-insured residents more often reported having poor mental, when compared with Capital Region residents with other types of insurance.

LGBT Residents

Percent of respondents who reported having **poor mental health**:



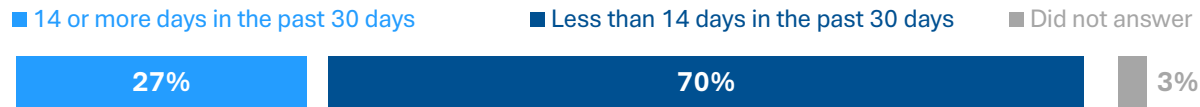
Within the Capital Region, lesbian, gay, bisexual, or transgender (LGBT) residents more often reported having poor mental, when compared with non-LGBT Capital Region residents.



21) In the past 30 days, how many days did you feel tense, stressed, nervous, or anxious?

27% of respondents reported having frequent stress or anxiety*.

*Felt tense, stressed, nervous, or anxious for 14 or more days in the past 30 days.

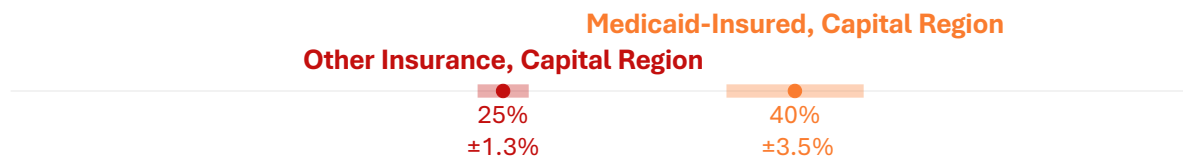


More than one in four respondents said they had frequent stress or anxiety (felt tense, stressed, nervous, or anxious for 14 or more of the past 30 days).

Significant Differences, by Region Sub-Population

Medicaid-Insured Residents

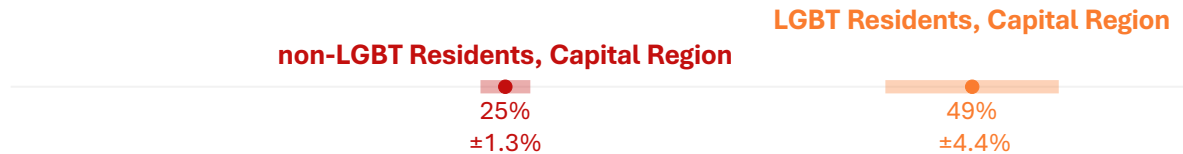
Percent of respondents who reported having frequent stress or anxiety:



Within the Capital Region, Medicaid-insured residents more often reported having frequent stress or anxiety, when compared with Capital Region residents with other types of insurance.

LGBT Residents

Percent of respondents who reported having frequent stress or anxiety:



Within the Capital Region, lesbian, gay, bisexual, or transgender (LGBT) residents more often reported having frequent stress or anxiety, when compared with non-LGBT Capital Region residents.

22) In the past 12 months, have you talked with a mental health care provider (like a psychologist, psychiatrist, or licensed mental health counselor) about your mental health?

5% of respondents **needed, but were unable**, to visit a **mental health care provider** in the past year

■ Visited mental health care provider (MHCP) ■ Needed to visit MHCP, but unable to ■ Did not visit MHCP ■ Did not answer



While 23% of respondents said they visited a mental health care provider in the past year to talk about their mental health, 5% said they needed to but were unable to. The main reasons that respondents provided for not being able to visit a mental health care provider were concerns about cost, a lack of insurance, a lack of nearby providers with availability, a lack of nearby providers that accept their insurance, or a lack of time or transportation, among other reasons.

Significant Differences, by Region Sub-Population

LGBT Residents

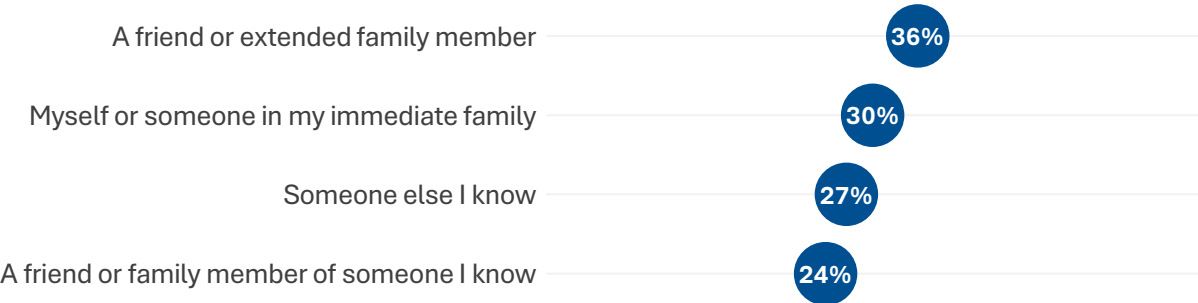
Percent of respondents who **needed, but were unable**, to visit a mental health care provider:



Within the Capital Region, lesbian, gay, bisexual, or transgender (LGBT) residents more often reported they needed to visit a mental health care provider, but were unable to, when compared with non-LGBT Capital Region residents.

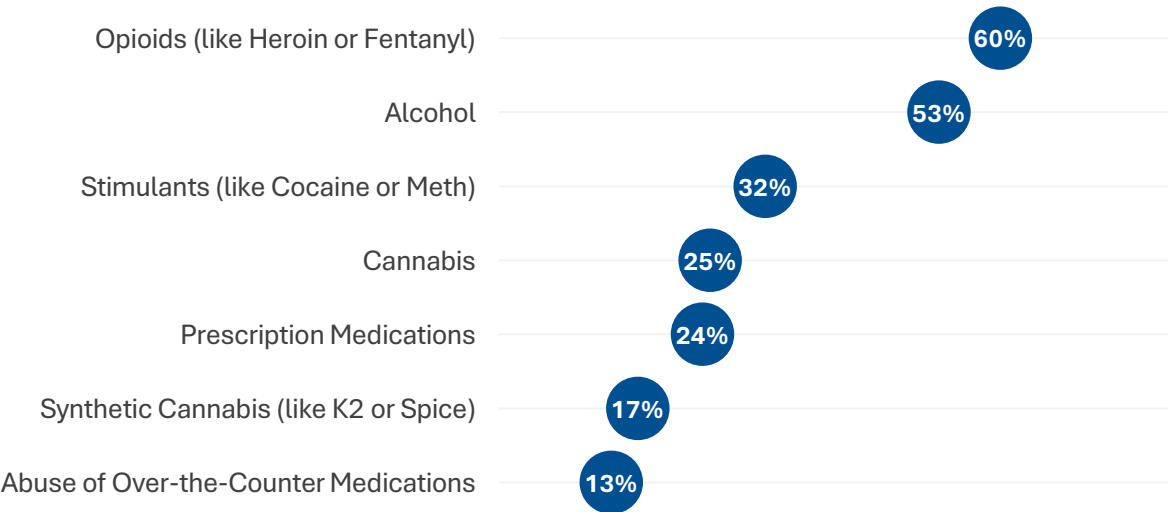
ix. Substance Use

23) Do you know anyone who has been impacted by addiction to drugs or alcohol?



More than one in three respondents said a friend or extended family member has been impacted by addiction to drugs or alcohol; 30% said they or someone in their immediate family has been impacted. 27% of respondents said someone they know has been impacted and 24% said a friend or family member of someone they know.

24) In your community, which substances are you most concerned about?



More than half of Capital Region respondents said they are most concerned about opioids (like heroin and fentanyl) and alcohol in their community. Close to one in three respondents said they are most concerned about stimulants (like cocaine or meth) and close to one in four said they are most concerned about cannabis or prescription medications. 17% said they were most concerned about synthetic cannabis (like K2 or spice) and 13% said abuse of over-the-counter medications.

O. Survey (Paper Version)

Capital Region Community Health Survey, 2024

We want to hear from you!

This survey is a project of Healthy Capital District in partnership with regional hospitals and health departments. Your feedback will help us to plan health programs in your community.

Your responses are anonymous. Thank you for your participation.

1) In your community, which health issues are you most concerned about?

Select all that apply.

- ☐ Cancer
- ☐ Suicide
- ☐ Asthma
- ☐ Violence
- ☐ Injuries & Falls
- ☐ COVID-19 & Flu
- ☐ Obesity & Diabetes
- ☐ Tobacco Use & Vaping
- ☐ Heart Disease & Stroke
- ☐ Hunger & Food Insecurity
- ☐ Childhood Lead Poisoning
- ☐ Depression, Anxiety & Stress
- ☐ Addiction to Drugs or Alcohol
- ☐ Sexually Transmitted Infections
- ☐ Infant & Maternal Mortality (Pregnancy-Related Deaths)



2) In your community, which health services do you wish were more available?

Select all that apply.

- ☐ Primary Care (Doctor's Office)
- ☐ Specialty Care (like Cardiology, Gastroenterology, or Endocrinology) - Write in option: _____
- ☐ Urgent Care
- ☐ Emergency Care
- ☐ Eye Care
- ☐ Dental Care
- ☐ Women's Health Services
- ☐ Pregnancy (Prenatal to Postpartum) Care
- ☐ Pharmacy
- ☐ Addiction Services
- ☐ Mental Health Services
- ☐ Services for Children with Special Needs
- ☐ Chronic Disease Prevention & Management
- ☐ Other - Write in option: _____

3) In your community, how difficult is it to access the following?

	Not Difficult	Somewhat Difficult	Very Difficult
Internet	()	()	()
Childcare	()	()	()
Healthy Food	()	()	()
Affordable Housing	()	()	()
Public Transportation	()	()	()
Places to Exercise or Play	()	()	()
Places to Safely Walk or Bike	()	()	()
Employment with a Livable Wage	()	()	()
Narcan (Naloxone) Opioid Overdose Reversal Kits	()	()	()



4) How often do you have trouble paying for the following?

	Rarely	Sometimes	Usually
Food	()	()	()
Child Care	()	()	()
Medications	()	()	()
Transportation	()	()	()
Housing & Utilities	()	()	()
Other Bills	()	()	()
Education (like College or Trade School)	()	()	()

5) Think about the place you live. Do you have problems with any of the following? *Check all that apply.*☐ Mold☐ Water leaks☐ Bug infestation☐ Too hot or too cold☐ Lead paint or pipes☐ Oven or stove not working☐ No working smoke detectors**6) How often do you feel socially isolated from others?**☐ Never☐ Rarely☐ Sometimes☐ Usually☐ Always

7) How often does anyone, including your family, do the following to you?

	Never	Rarely	Sometimes	Usually
Physically hurt you	()	()	()	()
Insult or talk down to you	()	()	()	()
Threaten you with harm	()	()	()	()
Scream or curse at you	()	()	()	()

8) Where do you get most of the information about your health?

Select all that apply.

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> Radio | <input type="checkbox"/> Social Media |
| <input type="checkbox"/> Library | <input type="checkbox"/> Family or Friends |
| <input type="checkbox"/> Internet | <input type="checkbox"/> School or College |
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Health Department |
| <input type="checkbox"/> Worksite | <input type="checkbox"/> Doctor or Health Professional |
| <input type="checkbox"/> Podcasts | <input type="checkbox"/> Community-based Organizations |
| <input type="checkbox"/> Television | <input type="checkbox"/> Other - Write In: |
| <input type="checkbox"/> Newspaper | _____ |

9) In what ways would you like to receive information about how to take care of your health?

Select all that apply.

- ☐ Online videos
- ☐ Online group meetings
- ☐ Online one-on-one meetings
- ☐ In-person group meetings
- ☐ In-person one-on-one meetings
- ☐ Health worker phone call or text
- ☐ Health worker home visit
- ☐ Other - Write In: _____



10) How often do you need to have someone help you when you read instructions, pamphlets, or other written material from your doctor or pharmacy?

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Usually

11) When was the last time you had your annual physical exam?

- ☐ In the past year
- ☐ 3 years ago or longer
- ☐ 1-2 years ago
- ☐ Never

12) [If not in the past year] Why did you not receive a physical exam in the past year?

Select all that apply.

- ☐ No time
- ☐ No paid time off from work
- ☐ No insurance
- ☐ Concerned about the out-of-pocket price
- ☐ No transportation
- ☐ No primary care provider
- ☐ Only go for health problems
- ☐ Go to urgent care when needed
- ☐ Go to an emergency room when needed
- ☐ Other - Write In: _____



13) In the past 12 months, did you receive care in an emergency room?

☐ Yes ☐ No

14) [If yes] What was the main reason for your emergency room visit?

- ☐ Pain or severity of health need
- ☐ More convenient than primary care
- ☐ Primary care appointment not available
- ☐ Only place with providers that speak my language
- ☐ Knew I could get care there even though I'm uninsured
- ☐ To more conveniently get tested or receive a diagnosis
- ☐ Other - Write In: _____

15) When was the last time you visited a dentist for a routine cleaning or checkup?

- ☐ In the past year
- ☐ 1-2 years
- ☐ 3 years or more
- ☐ Never

16) [If not in the past year] Why did you not visit a dentist in the past year?

Select all that apply.

- ☐ No time
- ☐ No paid time off from work
- ☐ No transportation
- ☐ No dentists nearby
- ☐ No dental insurance
- ☐ Dentists near me do not accept my insurance
- ☐ Concerned about the out-of-pocket price
- ☐ Only go for oral health problems
- ☐ Other - Write In: _____



17) Are you a parent, guardian, or caretaker of a child under the age of 18?

☐ Yes

☐ No

18) [If you are a parent, guardian, or caregiver] In the past 12 months, did the children in your care go to the dentist for a routine cleaning or checkup?

☐ Yes

☐ No

19) [If you are a parent, guardian, or caregiver] Why did the children in your care not go to the dentist in the past 12 months?

Select all that apply.

☐ No time

☐ No paid time off from work

☐ No transportation

☐ No dentists nearby

☐ No dental insurance

☐ Dentists near me don't accept my insurance

☐ Concerned about the out-of-pocket cost

☐ Only go for oral health problems

☐ Other - Write In: _____



20) In the past 30 days, how many days did you feel down, depressed, or hopeless? Choose a number between 0 and 30.

21) In the past 30 days, how many days did you feel tense, stressed, nervous, or anxious? Choose a number between 0 and 30.

22) In the past 12 months, have you talked with a mental health care provider (like a psychologist, psychiatrist, or licensed mental health counselor) about your mental health?

☐ Yes ☐ I needed to, but was unable because:

☐ No _____

23) Do you know anyone who has been impacted by addiction to drugs or alcohol?

Select all that apply.

- ☐ You or someone in your immediate family
- ☐ A friend or extended family member
- ☐ Someone else you know
- ☐ A friend or family member of someone you know

24) In your community, which substances are you most concerned about?

Select all that apply.

- ☐ Opioids (like Heroin or Fentanyl)
- ☐ Stimulants (like Cocaine or Meth)
- ☐ Alcohol
- ☐ Prescription Medications
- ☐ Abuse of Over-the-Counter Medications
- ☐ Cannabis
- ☐ Synthetic Cannabis (like K2 or Spice)
- ☐ Other - Write In: _____



Demographic Information

We use this information to ensure our survey is representative of Capital Region residents.

25) Which county do you live in?

- ☐ Albany ☐ Rensselaer ☐ Other
☐ Columbia ☐ Saratoga
☐ Greene ☐ Schenectady

26) What is your age?

- ☐ Under 18 ☐ 35-39 ☐ 55-59 ☐ 75 or older
☐ 18-24 ☐ 40-44 ☐ 60-64
☐ 25-29 ☐ 45-49 ☐ 65-69
☐ 30-34 ☐ 50-54 ☐ 70-74

27) How would you describe yourself?

Select all that apply.

- ☐ Asian
☐ Native American
☐ Hispanic or Latino
☐ White or Caucasian
☐ Black or African-American
☐ Middle Eastern or North African
☐ Native Hawaiian or other Pacific Islander
☐ Other - Write In: _____



28) How would you identify yourself?

- ☐ Female
- ☐ Male
- ☐ Non-Binary
- ☐ Other - Write In: _____

29) Which of the following do you consider yourself to be?

Select all that apply.

- ☐ Straight or heterosexual
- ☐ Lesbian
- ☐ Gay
- ☐ Bisexual
- ☐ Transgender
- ☐ Other - Write In: _____

30) What is your ZIP code?

31) How many people are in your household, including children?

- ☐ 1 [Go to Question #32]
- ☐ 2 [Go to Question #32]
- ☐ 3 [Go to Question #33]
- ☐ 4 [Go to Question #34]
- ☐ 5 [Go to Question #35]
- ☐ 6 [Go to Question #36]
- ☐ 7 [Go to Question #37]
- ☐ 8 [Go to Question #38]
- ☐ 9 or more [Go to Question #39]
- ☐ Prefer not to answer [Go to Question #40]



32) [If there are 1 or 2 people in your household] What is your household's combined income?

- ☐ \$20,000 or less ☐ \$40,001 to \$80,000 ☐ Prefer not to answer
☐ \$20,001 to \$40,000 ☐ More than \$80,000

33) [If there are 3 people in your household] What is your household's combined income?

- ☐ \$25,001 to \$50,000 ☐ \$50,001 to \$100,000 ☐ Prefer not to answer
☐ \$50,001 to \$100,000 ☐ More than \$100,000

34) [If there are 4 people in your household] What is your household's combined income?

- ☐ \$35,000 or less ☐ \$70,001 to \$140,000 ☐ Prefer not to answer
☐ \$35,001 to \$70,000 ☐ More than \$140,000

35) [If there are 5 people in your household] What is your household's combined income?

- ☐ \$40,000 or less ☐ \$80,001 to \$160,000 ☐ Prefer not to answer
☐ \$40,001 to \$80,000 ☐ More than \$160,000

36) [If there are 6 people in your household] What is your household's combined income?

- ☐ \$45,000 or less ☐ \$90,001 to \$180,000 ☐ Prefer not to answer
☐ \$45,001 to \$90,000 ☐ More than \$180,000

37) [If there are 7 people in your household] What is your household's combined income?

- ☐ \$50,000 or less ☐ \$100,001 to \$200,000 ☐ Prefer not to answer
☐ \$50,001 to \$100,000 ☐ More than \$200,000



38) [If there are 8 people in your household] What is your household's combined income?

- ☐ \$55,000 or less ☐ \$110,001 to \$220,000 ☐ Prefer not to answer
☐ \$55,001 to \$110,000 ☐ More than \$220,000

39) [If there are 9 people in your household] What is your household's combined income?

- ☐ \$65,000 or less ☐ \$130,001 to \$260,000 ☐ Prefer not to answer
☐ \$65,001 to \$130,000 ☐ More than \$260,000

40) What type of health insurance do you have?

- ☐ Private Insurance (through an employer or a health plan marketplace like the New York State of Health)
☐ Medicaid (including Medicaid Managed Care)
☐ Medicare
☐ None
☐ Other - Write In: _____
-

Enter to Win a Prize!

If you would like to be entered for the chance to win a cash prize of **up to \$500***, please write your contact information below so we can reach out to you if you win. Your contact information will not be shared.

*One Grand Prize of \$500 and five \$100 prizes will be given out.

41) Email _____

42) Phone Number _____

43) Are you willing to be contacted by Healthy Capital District in the future to participate in other public health surveys?

- ☐ Yes ☐ No
-





The 2025 Capital Region Community Health Needs Assessment is a project of the Healthy Capital District and is made possible through the support of its board organizations.