



Fiscal Year 2025 Community Health Needs Assessment Update



Adopted by The St. Peter's Health Partners Board of Directors
on
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Executive Summary

ABOUT ST. PETER'S HEALTH PARTNERS

More than 150 years ago, the Religious Sisters of Mercy, Daughters of Charity, and local municipalities founded our hospitals, schools of nursing and health ministries in New York's Capital Region. These groups were dedicated to improving the health of those living in their communities. To better serve those communities today, the facilities they created came together as St. Peter's Health Partners in 2011.

St. Peter's Health Partners is one of the Capital Region's largest, most comprehensive not-for-profit health care networks. Our full range of services, along with support and care coordination, help people achieve their health goals -centered, integrated care is at the heart of St. Peter's Health Partners (SPHP). With nearly 11,000 employees in more than 185 locations, our breadth of services across the continuum of care uniquely positions us to be the region's leader for quality, efficiency, and innovation in delivering compassionate health care and senior services.

As the most complete health care network in the region, St. Peter's Health Partners offers a systemwide care coordination program that includes:

- **Nearly 900 Primary Care and Specialty Physicians:**
 - [St. Peter's Health Partners Medical Associates](#)
- **Acute Care Services:**
 - [St. Peter's Hospital](#)
 - [Samaritan Hospital](#)
- **Inpatient and Outpatient Rehabilitation:**
 - [Sunnyview Rehabilitation Hospital](#)
- **Continuing Care Services:**
 - [Community Hospice](#)
 - [Eddy Senior Living](#)
 - [Home Health Care](#)
 - [Nursing Homes](#)
- **Schools of Nursing:**
 - [St. Peter's Hospital College of Nursing](#)
 - [Samaritan Hospital School of Nursing](#)

OUR SERVICES

- Advanced Medical Care
- Inpatient Acute Care and Rehabilitation
- Outpatient Rehabilitation
- Primary and Specialty Physician Practices
- Alzheimer's Services
- Enriched Housing/Adult Homes
- Home Care

- Hospice
- Independent Senior Living
- Nursing Homes
- PACE (Program of All-Inclusive Care for the Elderly)

St. Peter's Health Partners is a member of Trinity Health, a national Catholic health system with an enduring legacy and a steadfast mission to be a transforming and healing presence within the communities we serve. For more information, please visit www.sphp.com.

Today, St. Peter's Health Partners serves over 6,000 people every day with comprehensive medical services, and many community health programs intended to restore wholeness and well-being to people within the community.

Year after year, St. Peter's Health Partners reinvest in communities with funding for charity care, primary care services, screenings, education, and research. This commitment has risen in proportion to the needs.

SUNNYVIEW REHABILITATION HOSPITAL

Founded in 1928, Sunnyview Rehabilitation Hospital is a 115-bed hospital specializing in physical rehabilitation. Every year, more than 15,000 individuals come to Sunnyview from across the Northeast. Each one has a dedicated team of physicians, nurses, therapists and specialists all focused on one goal – helping patients recover from a stroke, traumatic injury, or disabling disease.

Sunnyview is the only nationally recognized specialty rehabilitation hospital in upstate New York. Patients travel to Sunnyview from 40 counties in New York State, as well as 10 other states, for our expertise, experience and technology and our reputation. Our outcomes show that we help patients attain their greatest level of independence and provide them with the best chance of going home. We're proud that an overwhelming number of former patients say they would recommend us to family and friends.

Several Recent Accolades and Awards Include:

Sunnyview Rehabilitation Hospital has been accredited by the Commission on the Accreditation of Rehabilitation Facilities (CARF) since 1985. Sunnyview Rehabilitation Hospital holds CARF accreditations (2022-2023) in:

- Inpatient Rehabilitation Programs for adults and children
- Inpatient Amputation Specialty Program for adults
- Inpatient Brain Injury Specialty Programs for adults, children, and adolescents
- Inpatient Stroke Specialty Program for adults
- Interdisciplinary Outpatient Brain Injury Specialty Program for adults, children, and adolescents

Sunnyview Rehabilitation Hospital has been awarded The Gold Seal of Approval® accreditation from The Joint Commission®.

MISSION STATEMENT

We, St. Peter's Health Partners and Trinity Health, serve together in the spirit of the gospel as a compassionate and transforming healing presence within our communities.

CORE VALUES

Reverence – We honor the sacredness and dignity of every person.

Commitment to Those Experiencing Poverty – We stand with and serve those who are experiencing poverty, especially those most vulnerable.

Justice – We foster right relationships to promote the common good, including sustainability of Earth.

Stewardship – We honor our heritage and hold ourselves accountable for the human, financial and natural resources entrusted to our care.

Integrity – We are faithful to who we say we are.

Safety – We embrace a culture that prevents harm and nurtures a healing, safe environment for all.

St. Peter's Health Partners' Mission guides everything we do. We strive to both serve others and transform care delivery. We reinvest our resources back into the community through new technology, health services, and access for everyone regardless of circumstance.

As a member of Trinity Health, St. Peter's Health Partners' Community Health & Well-Being (CHWB) strategy promotes optimal health for those who are experiencing poverty and other vulnerabilities in our communities- emphasizing the necessity to integrate social and clinical care; dismantling oppressive systems, including racism; and building community capacity and partnerships. We do this by:

- Addressing patient social needs
- Investing in our communities
- Strengthening community benefit impact

St. Peter's Health Partners reinvests in communities through financial support, screenings, education, and research.

Review of Previous Community Health Needs Assessment (2022)

Key findings of the 2022 CHNA included issues pertaining to vaccine preventable disease and behavioral health. Tobacco prevention was selected to be addressed within chronic disease prevention and prevention of substance use (e.g. opioids) and promoting well-being were selected to be addressed within behavioral health. Efforts to address the identified health needs were coordinated and led by the Schenectady Coalition for a Healthy Community, which included members from local hospitals, health department and community-based organizations.

Impact of Previous CHNA Strategies

The 2022 Sunnyview Rehabilitation Hospital Implementation Strategy identified the vaccine preventable disease, COVID-19 and mental health and substance use disorders as key areas the hospital would address.

Vaccine Preventable Disease Prevention: COVID-19

Collectively:

- Members of the Schenectady Coalition for a Healthy Community worked with partners to increase annual school immunization rates including COVID-19 vaccine. Specifically, providing education providers, schools and parents (through schools) about vaccine schedules and COVID-19 vaccines.

- Members of the Schenectady Coalition for a Healthy Community provided four main COVID-19 vaccination sites on a consistent basis. These Sites were located on the Ellis Hospital Campus, Schenectady Community Action Program, Bethesda House and the Sycamore Collaborative. Due to decline in demand for COVID vaccinations, all sites were closed by December 2023, with the exception of the Sycamore Collaborative site continuing to operate once per week. Over 500 vaccinations were given.
- Four back to school vaccination clinics were offered at the Sycamore Collaborative in July of 2024. During these clinics, 118 vaccinations were provided to Schenectady County school age children.
- Members of the Schenectady Coalition for a Healthy Community utilized the New York State Immunization Information System (NYSIIS) to document vaccinations efforts for COVID-19.

Sunnyview Rehabilitation Hospital Related Initiatives:

- Utilized NYSIIS to document COVID-19 and other vaccinations
- Provided COVID-19 vaccine clinics for St. Peter's Health Partners colleagues (including those working at Sunnyview Rehabilitation Hospital). Over 600 colleagues received vaccinations from these clinics.
- Provided information about COVID-19 Vaccine to patients and staff, including vaccine site locations and information to help increase vaccine confidence/reduce vaccine hesitancy.

As a result of these interventions and strategies, the number of people in Schenectady County that were vaccinated with at least one dose of COVID-19 vaccination increased from 75.6% (December 2021) to 84.37% (March 2024) and the number of people fully vaccinated in the above-mentioned time frame increased from 68.73% to 75.64%.

Substance Abuse (particularly opioid abuse)

Collectively

In order to increase education and practice strategies to reduce opioid overdose and non-medical use of opiates, the Schenectady Coalition for a Healthy Community focused on provider education of addiction and pain management (prescribing guidelines and community resources for prevention, addiction treatment and recovery support), information to provide to patients regarding risk of harm and misuse, promotion of safe storage and proper disposal of unused prescription medications (community education, increase disposal opportunities), New York State Opioid Overdose Prevention Training and establishment of ambulatory detoxification service locations.

In an effort to increase awareness of mental health and well-being, members of the Schenectady Coalition for a Healthy Community (which included local hospitals, health department, and community-based organizations) promoted and offered Mental Health First Aid Training. Mental Health First Aid is an evidence-based public education program that teaches people how to respond to individuals who are experiencing one or more acute mental health crises (such as suicidal thoughts or behavior, an acute stress reaction, panic attacks or acute psychotic behavior) or are in the early stages of one or more chronic mental health problems (such as depressive, anxiety or psychotic disorders, which may occur with substance abuse).

Sunnyview Rehabilitation Hospital Related Initiatives:

- Promoted "drug takeback" days within the community, for proper disposal of unused prescription medications
- Leadership staff from St. Peter's Health Partners participated in various internal and external workgroups, such as Prescription for Progress and Project ECHO to improve the mental health and well-being and prevent opioid and other substance use deaths among Schenectady County residents
- Promoted Naloxone training within the community, to increase the availability and access to overdose reversal medication.
- Offered SCIP (Strategies for Crisis Intervention and Prevention) Training to frontline and clinical care coordination colleagues
- Promoted the availability of Mental Health First Aid Training, offered within Schenectady County.

As a result of these interventions and strategies, the age-adjusted overdose deaths in Schenectady County involving any opioid decreased from a baseline 31.0 per 100,000 (2019-2021) to 26.5 per 100,000 (2022).

In addition, the suicide mortality, age adjusted rate per 100,000 population decreased from a baseline of 9.8 per 100,000 population (2021) to 9.6 per 100,000 (2023), in Schenectady County.

Written Comments on Prior CHNA

The CHNA is well-known in our community and local health departments as well as numerous community-based agencies have been involved throughout the process of selecting priorities and developing improvement plans. To gather additional stakeholder feedback, the St. Peter's Health Partners 2022 CHNA provided an email address in which written comments could be solicited. Albany and Rensselaer County health departments implemented a similar process to obtain feedback, as well. No specific written comments were received. Further information and directions for providing feedback on the FY25 CHNA Update is provided within this executive summary.

FY25 Community Health Needs Assessment Update

St. Peter's Health Partners – Sunnyview Rehabilitation Hospital conducted an update to the 2022 CHNA in FY25 (July 1, 2024-June 30, 2025) in the fall of 2024. St. Peter's Health Partners – Sunnyview Rehabilitation Hospital, will take part in the full collaborative CHNA in FY26, which will include Albany, Rensselaer, Schenectady, Saratoga, Columbia, and Greene counties and will be led by the Healthy Capital District (HCD). HCD is an incorporated not-for-profit which works with others in the community to determine ways in which the Capital Region could be more effective in identifying and addressing public health problems. For the purposes of its CHNA, Sunnyview Rehabilitation Hospital used data and information from this assessment relating to Schenectady County, which represents the home zip code of 51% of its patients.

Process and Methods

Data Sources and Methodology

The FY25 CHNA Update was conducted by St. Peter’s Health Partners colleagues from the Community Health & Well-Being Department and includes information collected from qualitative and quantitative data sources. Wherever possible, community health indicator data was collected to allow comparisons between Schenectady County, the State of New York, and national rates. In some instances, data was not available or could not be located for some indicators. This may indicate opportunities for better data collection and analysis in the future.

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 Prevention Agenda for a Healthier New York. The collection and management of this data has been supported by the state for an extended period and is very likely to continue to be supported. This provides reliable and comparable data over time and across the state. These measures, when complemented by the Expanded Behavioral Risk Factor Surveillance System and Prevention Quality Indicators, and Trinity Health Data Hub, provide health indicators that can be potentially impacted in the short-term.

Quantitative Data

Quantitative, or secondary, data sources included published data on demographics, key health indicators, and social influencers of health collected from a variety of resources. The primary source of quantitative data was the Trinity Health Data Hub accessed throughout the CHNA development period from May 2024-October 2024 at www.trinityhealthdatahub.org.

The full set of Data Hub indicators can be found in Appendix B of this report. Data obtained was compared to state and national data and trends over time wherever possible. Additional data sources utilized include, but were not limited to:

- US Census Bureau (2018-2022)
- American Community Survey (ACS) (2018-2022)
- County Health Rankings (2022)
- Center for Disease Control (CDC) Behavioral Risk Factor Surveillance System (BRFSS) (2022)
- New York State Vital Statistics (2021)
- Prevention Agenda 2019-2024 Dashboard of Tracking Indicators
- US Department of Labor (2024)
- Centers for Medicare and Medicaid Service
- US Department of Health & Human Services, Center for Medicare and Medicaid Services
- National Center for Education Statistics (2022-2023)
- US Department of Agriculture (2019)
- New York State Department of Health
- Cancer Registry, New York State (2017-2021)

Qualitative Data: Surveys and Community Input

The significant health needs identified for review and prioritization for the FY25 CHNA Update were as follows:

- | | |
|-----------------------------------|----------------|
| • Sexually transmitted infections | • Tobacco use |
| • Diabetes | • Obesity |
| • Asthma | • Stroke |
| • Injuries and falls | • Hypertension |

- Tick-borne disease
- Mental Illness including suicide
- Social determinants of health
- Poor birth outcomes
- Childhood lead exposure
- Alcohol and Drug misuse
- Immunization and related disease (including COVID-19)
- Heart Disease
- Cancer

Additional community input was gained through prioritization surveys with the Schenectady County External Workgroup, in the fall of 2024, throughout the months of September and October, The Workgroup was comprised of community experts and community service agencies including:

- Schenectady Department of Health
- Ellis Medicine
- St. Peter’s Health Partners
- Healthy Capital District
- Interfaith Partnership for the Homeless
- Catholic Charities
- Boys and Girls Club of the Capital Area

Virtually all these organizations serve low-income residents, the homeless and other vulnerable populations and were encouraged to share data and observations of their own and to advocated for the needs of their constituents. St. Peter’s Health Partners strategically invited partners with access to medically underserved populations to complete the surveys. Approximately 15 surveys were completed by the Workgroup and Community Partners. Workgroup members identified social determinants of health, mental health, including suicide and diabetes as top health concerns.

Key Findings from the Community Survey

The St. Peter’s Health Partners Community Health Survey collected 25 responses from Capital Region adults from September-October 2024. The survey aimed to identify the major needs and priorities facing Capital Region Residents. Survey respondents described the community as diverse, with a mix of rural, suburban and urban neighborhood. Obesity, diabetes, social determinants of health, mental health and substance use were identified as the top “very serious” public health issues. Mental health services were the most desired by respondents, followed by drug and alcohol services and dental care. Access to healthy foods, and safe affordable housing were the most difficult to access in one’s community, according to respondents, followed by access to public transportation for needed services.

Social Influencers (Determinants) of Health and Health Equity

The terminology of Social Influencers of Health (SloH) utilized throughout the CHNA is a collective set of indicators where people live, work, learn, pray, and play that influence health risks and outcomes. Many of the indicators and categories within this CHNA are SloH and help inform our response to the CHNA. While SloH can be defined in a number of ways, the CDC categorizes them into five categories: healthcare access and quality, education access and quality, social and community context, economic stability, and neighborhood and built environment.

Both negative health outcomes and SloH are disproportionately experienced by underserved populations. SloH such as housing stability, food security and transportation vary widely by geographic locations and overall access and availability to services also vary by population causing health inequities.

Populations such as communities of color, LGBTQIA+, older adults, rural populations, new American or resettlement populations, individuals with a physical or mental disability, women, and others often experience challenges with SIOH and health outcomes at a higher rate than others.

Community Description

Geographic Area Served

For the purposes of the Community Health Needs Assessment, Sunnyview Rehabilitation Hospital has defined its service area as Schenectady County. As a specialty hospital, it serves a broad geographic area and, in addition to Schenectady County, serves a significant number of patients from Albany, Rensselaer and Saratoga counties. However, given that the community health needs are being comprehensively addressed by the hospitals (including other SPHP hospitals) located in those counties, it was determined that Sunnyview would work with Ellis Hospital and the Schenectady County Health Department to address the needs in Schenectady County, which represents the home zip codes of 51% of its patients.



Demographics of the Population

US Census Bureau Quick Facts	United States	New York	Schenectady County
Population, Census, April 1, 2020	331,449,281	20,201,249	158,061
Population, Census, April 1, 2010	308,745,538	19,378,102	154,727
Persons under 5 years old	5.5%	5.3%	5.7%
Persons under 18 years old, percent	21.7%	20.2%	21.3%
Persons 65 years old and over, percent	17.7%	18.6%	18.2%
Female Persons, percent	50.5%	51.2%	50.7%
White alone, percent	75.3%	68.5%	74.7%
Hispanic or Latino, percent	19.5%	19.8%	8.3%
Asian alone, percent	6.5	9.7%	6.0%
Black or African American alone, percent	13.7	17.7%	14.0%
Native Hawaiian and Other Pacific Islander alone, percent	0.3%	0.1%	0.3%

Two or More Races, percent	3.1%	2.9%	4.3%
White alone, not Hispanic or Latino, percent	58.4%	54.0%	69.3%
Foreign Born Persons, Percent, 2019-2023	13.9%	22.6%	10.2%
Veteran's, 2019-2023	16,569,149	607,728	7,025
High school graduate or higher, percent of persons age 25+ , 2019-2023	89.4%	87.9%	91.8%
Bachelor's degree or higher, percent of persons age 25+, 2019-2023	35.0%	39.6%	35.1%
Language other than English spoken at home, percent of persons aged 5 years +, 2019-2023	22%	30.6%	8.9%
Owner-occupied housing unit rate, 2019-2023	65.0%	54.3%	63.8%
Median households' income (in 2023 dollars), 2019-2023	\$78,538	\$84,578	\$76,989
Persons in poverty, percent**	11.1%	14.2%	14.0%
Percent with a disability, under age 65 years, percent	9.1%	8.1%	9.6%
Population per square mile, 2020	93.8	428.7	772.6

Source: US Census Bureau QuickFacts, www.census.gov

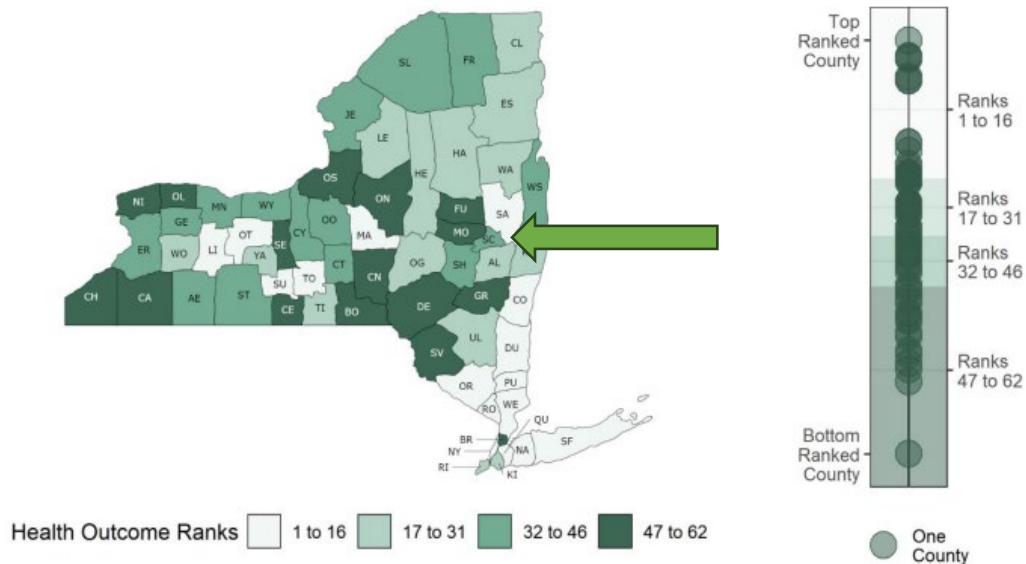
**These geographic levels of poverty and health estimates are not comparable to other geographic levels of these estimates

County Health Rankings

The County Health Rankings (www.CountyHealthRankings.org), provides comparative rankings and data for a variety of different health factors and health outcomes. These rankings are an effort to highlight the importance of many different factors in determining the health of a population. County Health Rankings is a project supported by Robert Wood Johnson foundation and University of Wisconsin Population Health Institute, and a quick though not definitive, snapshot of the overall health and well-being of various counties by comparison.

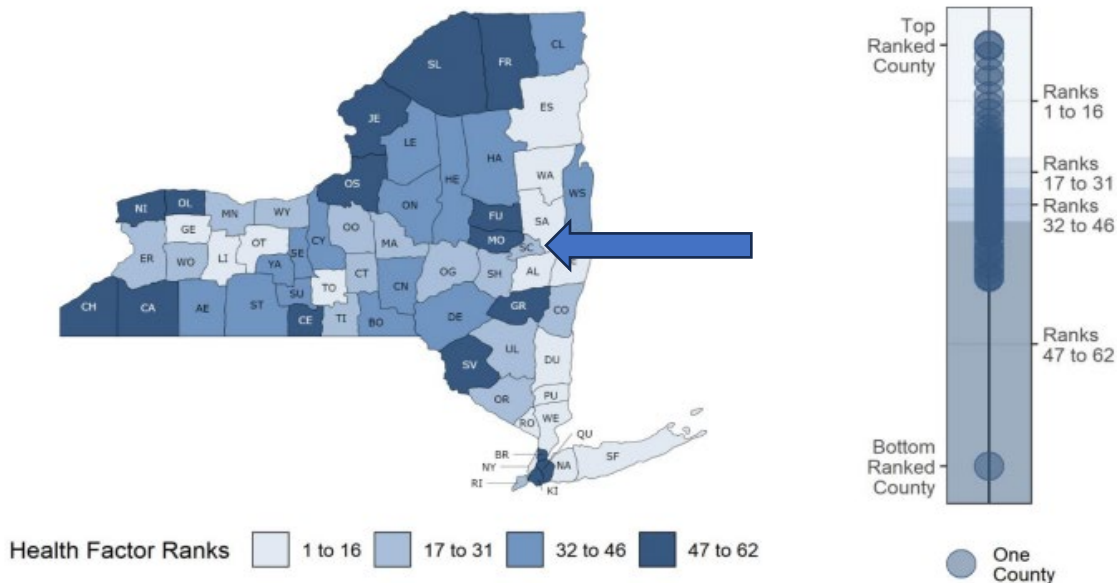
Health Outcomes

Health outcomes represent the longevity of the population by county along with residents' perceived level of health in each county within the state. The healthiest county in the state is ranked #1. The ranks are based on two types of measures: how long people live and how healthy people feel while alive. According to the 2022 County Health Rankings, Schenectady County ranks #44 out of 62 counties in New York State in health outcomes.



Health Factors

Health factors represent what influences the health of a county. They are an estimate of the future health of counties as compared to other counties within a state. The ranks are based on four types of measures: health behaviors, clinical care, social and economic, and physical environment factors. According to County Health Rankings 2022, Schenectady County ranks #24 out of 62 counties in New York State.



Source: [2022 New York County Health Rankings](#)

Sociodemographic Data

- Schenectady County had a population of 158,061 and was the Capital Region's most urban county (772.6 population per square mile)
- Schenectady County had the 2nd lowest median age (39.7 years) in the Capital Region
- Schenectady County had the largest percentage of population under 18 years of age in the Capital Region at 21.3%, while 18.2% of the County population was 65+ years of age
- Schenectady County had the Region's 2nd highest percentage of non-White population, at 23.7%, and the Capital Region's the highest percentage of Hispanic population, at 8.3%
- Hamilton Hill neighborhood had the Region's 2nd highest percentage of non-White population (68.2%) as well as the Region's highest percentage of Hispanic population (16.8%)
- Hamilton Hill neighborhood had the Region's 2nd highest neighborhood poverty rate (37.5%) and the Region's highest percentage of population, aged 25 and over, without a high school diploma (25.6%).

Total Age-Adjusted Mortality

The latest three-year, age-adjusted mortality rates increased about 1% in the Capital Region and NYS, excluding NYC, when compared with the prior three-year rates. Of the Capital Region counties, Schenectady County had the highest total mortality rate in the Region, at 796.0 per 100,000 while. For 2019-21, the age-adjusted total mortality rate was 15% higher in Black non-Hispanic residents than in White residents.

Leading Causes of Death

The leading causes of death in Schenectady County in 2021 were: heart disease, cancer, COVID-19, chronic lower respiratory disease (CLRD) and diabetes.

Leading Cause of Death Schenectady County	Rate per 1,000
Heart disease	231.1
Cancer	184.4
COVID-19	112.3
Chronic Lower Respiratory Disease	46.8
Diabetes	45.6

Source: Vital Statistics of NYS, 2021

HealthCare: Usage and Access

More than 4 million adults in New York State, or 20%, lack a regular primary care provider. 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. (Access to Health Services, Healthy People, 2022)

Access to Care – Addiction/Substance Abuse Providers

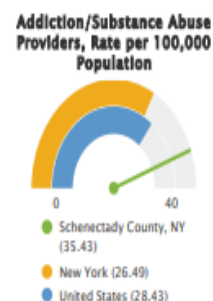
This indicator reports the number of providers who specialize in addiction or substance use disorder treatment, rehabilitation, addiction medicine, or providing methadone. The providers include Doctor of Medicine (MDs), Doctor of Osteopathic Medicine (DOs), and other credentialed professionals with a Center for Medicare and Medicaid Services (CMS) and a valid National Provider Identifier (NPI). The number of facilities that specialize in addiction and substance use disorder treatment are also listed (but are not included in the calculated rate). Data is from latest Centers for Medicare and Medicaid Services (CMS) National Plan and Provider Enumeration System (NPPES) Downloadable File.

Within Schenectady County there are 56 providers who specialize in addiction or substance use disorder. This represents 35.43 providers per 100,000 total population.

Report Area	Total Population (2020)	Number of Facilities	Number of Providers	Providers, Rate per 100,000 Population
Schenectady County, NY	158,061	7	56	35.43
New York	20,201,249	539	5,351	26.49
United States	334,735,155	22,065	95,167	28.43

Note: This indicator is compared to the state average.

Data Source: Centers for Medicare and Medicaid Services, CMS - National Plan and Provider Enumeration System (NPPES), December 2024.



Access to Care – Dentists

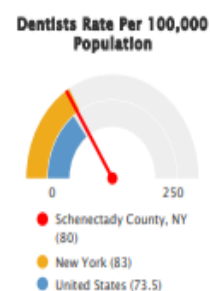
This indicator reports the number of dentists in the report area as a rate per 100,000 total population. This indicator includes all dentists - qualified as having a doctorate in dental surgery (D.D.S.) or dental medicine (D.M.D.), who are licensed by the state to practice dentistry and who are practicing within the scope of that license. Data from the 2022 Area Health Resources File (AHRF) are used in the 2024 County Health Rankings.

Within Schenectady County there are 128 dentists. This represents 80 providers per 100,000 total population.

Report Area	Estimated Population	Number of Dentists	Ratio of Dental Providers to Population (1 Provider per x Persons)	Dentists, Rate (Per 100,000 Population)
Schenectady County, NY	160,093	128	1,250.7	80
New York	19,677,156	16,332	1,204.8	83
United States	333,266,964	244,811	1,361.3	73.5

Note: This indicator is compared to the state average.

Data Source: US Department of Health & Human Services, Health Resources and Services Administration, HRSA - Area Health Resource File. Accessed via County Health Rankings, 2022.



Access to Care – Mental Health Providers

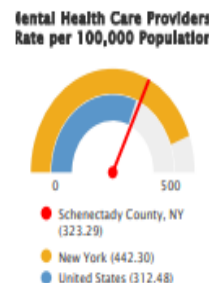
This indicator reports the number of providers with a CMS National Provider Identifier (NPI) that specialize in mental health. Mental health providers include licensed clinical social workers and other credentialed professionals specializing in psychiatry, psychology, counseling, or child, adolescent, or adult

mental health. The number of facilities that specialize in mental health are also listed (but are not included in the calculated rate). Data are from the latest Centers for Medicare and Medicaid Services (CMS) National Provider identifier (NPI) downloadable file.

Within Schenectady County there are 511 mental health providers with a CMS National Provider Identifier (NPI). This represents 323.29 providers per 100,000 total population, which is less than the NYS rate, but higher than the US rate.

Report Area	Total Population (2020)	Number of Facilities	Number of Providers	Providers, Rate per 100,000 Population
Schenectady County, NY	158,061	29	511	323.29
New York	20,201,249	6,459	89,350	442.30
United States	334,735,155	141,278	1,045,976	312.48

Note: This indicator is compared to the state average.
Data Source: Centers for Medicare and Medicaid Services, CMS - National Plan and Provider Enumeration System (NPPES), December 2024.



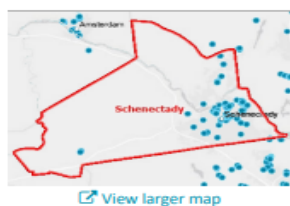
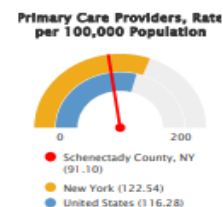
Access to Care – Primary Care

This indicator reports the number of providers with a CMS National Provider Identifier (NPI) that specialize in primary care. Primary health providers include practicing physicians specializing in general practice medicine, family medicine, internal medicine, and pediatrics. The number of facilities that specialize in primary health care are also listed (but are not included in the calculated rate). Data are from the latest Centers for Medicare and Medicaid Services (CMS) National Provider Identifier (NPI) downloadable file.

Within Schenectady County there are 144 primary care providers with a CMS National Provider Identifier (NPI). This represents 91.10 providers per 100,000 total population, which is less than the NYS and US rate.

Report Area	Total Population (2020)	Number of Facilities	Number of Providers	Providers, Rate per 100,000 Population
Schenectady County, NY	158,061	43	144	91.10
New York	20,201,249	7,415	24,754	122.54
United States	334,735,155	129,797	389,218	116.28

Note: This indicator is compared to the state average.
Data Source: Centers for Medicare and Medicaid Services, CMS - National Plan and Provider Enumeration System (NPPES), December 2024.



Primary Care Physicians, All, CMS NPPES December 2024

● All, CMS NPPES December 2024* /> Primary Care Physicians, All, CMS NPPES December 2024
□ Schenectady County, NY

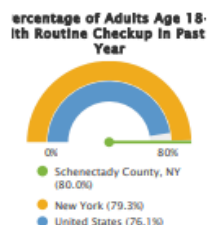
Recent Primary Care Visit

This indicator reports the percentage of adults, age 18 and older who report having been to a doctor for a routine checkup (e.g., a general physical exam, not an exam for a specific injury, illness, or condition) in the previous year.

Within Schenectady County, an estimate 80.0% of adults age 18+ had a routine checkup in the past year, which is higher than both the NYS and US rate.

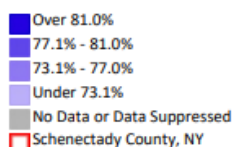
Report Area	Total Population	Adults Age 18+ with Routine Checkup in Past 1 Year (Crude)	Adults Age 18+ with Routine Checkup in Past 1 Year (Age-Adjusted)
Schenectady County, NY	160,093	80.0%	78.5%
New York	19,677,151	79.3%	77.8%
United States	333,287,557	76.1%	74.2%

Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal, 2022.



[View larger map](#)

Primary Care Physician Visit, Percent of Adults Seen in Past 1 Year by ZCTA, CDC BRFSS PLACES Project 2022

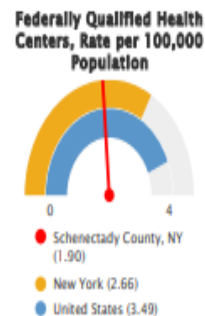


Federally Qualified Health Centers (FQHCs)

This indicator reports the number of Federally Qualified Health Centers (FQHCs) in the community. This indicator is relevant because FQHCs are community assets that provide health care to vulnerable populations; they receive extra funding from the federal government to promote access to ambulatory care in areas designated as medically underserved. Within the report area, there are 3 Federally Qualified Health Centers. This means there is a rate of 1.90 Federally Qualified Health Centers per 100,000 total population.

Report Area	Total Population (2020)	Number of Federally Qualified Health Centers	Rate of Federally Qualified Health Centers per 100,000 Population
Schenectady County, NY	158,061	3	1.90
New York	20,201,333	537	2.66
United States	334,735,149	11,680	3.49

Note: This indicator is compared to the state average.
Data Source: US Department of Health & Human Services, Center for Medicare & Medicaid Services, Provider of Services File, 2023.

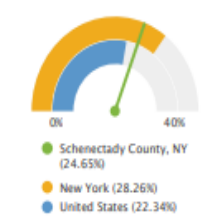


Insurance – Population Receiving Medicaid

This indicator reports the percentage of the population with insurance enrolled in Medicaid (or other means-tested public health insurance). This indicator is relevant because it assesses vulnerable populations which are more likely to have multiple health access, health status, and social support needs; when combined with poverty data, providers can use this measure to identify gaps in eligibility and enrollment.

Report Area	Total Population (For Whom Insurance Status is Determined)	Population with Any Health Insurance	Population Receiving Medicaid	Percent of Insured Population Receiving Medicaid
Schenectady County, NY	157,890	151,681	37,386	24.65%
New York	19,789,790	18,758,190	5,301,951	28.26%
United States	326,147,510	297,832,418	66,532,218	22.34%

Percent of Insured Population
Receiving Medicaid



Note: This indicator is compared to the state average.

Data Source: US Census Bureau, American Community Survey, 2018-22.

Population Receiving Medicaid by Age Group, Percent

This indicator reports percent of population receiving Medicaid by age group.

The percentage values could be interpreted as, for example, "Of all the population under age 18 within the report area, the proportion receiving Medicaid is (value)."

Report Area	Under Age 18	Age 18 - 64	Age 65 +
Schenectady County, NY	36.92%	21.15%	14.40%
New York	42.05%	23.15%	19.89%
United States	38.12%	15.17%	13.67%

Data Source: US Census Bureau, American Community Survey, 2018-22.

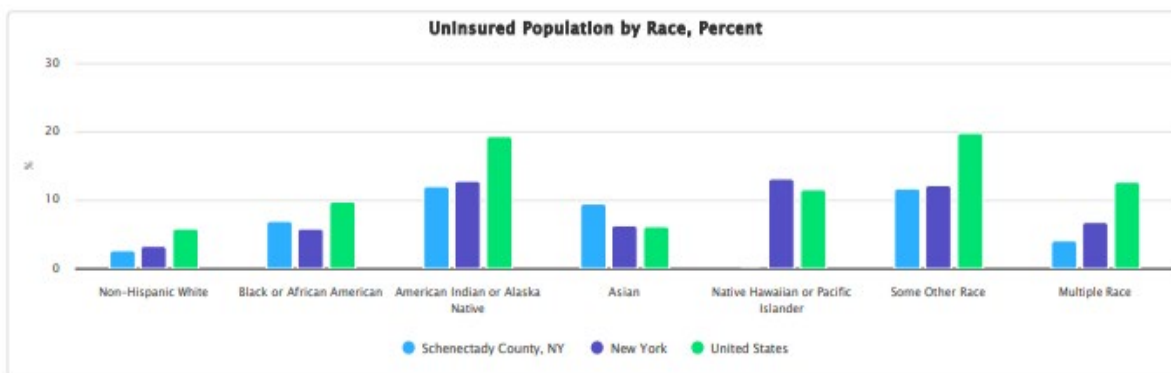
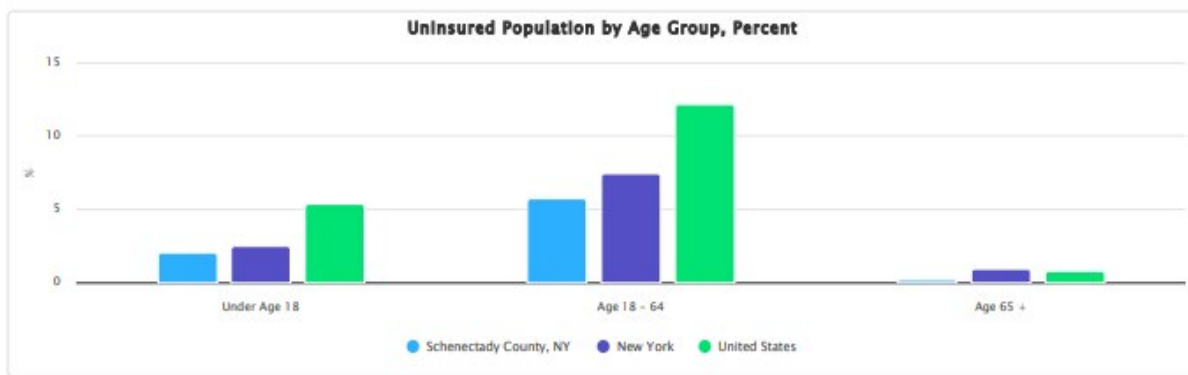
Uninsured Population

The lack of health insurance is considered a key driver of health status. In the report area 3.93% of the total civilian non-institutionalized population are without health insurance coverage. The rate of uninsured persons in the report area is less than the state average of 5.21%. This indicator is relevant because lack of insurance is a primary barrier to healthcare access including regular primary care, specialty care, and other health services that contributes to poor health status.

Report Area	Total Population (For Whom Insurance Status is Determined)	Uninsured Population	Uninsured Population, Percent
Schenectady County, NY	157,890	6,209	3.93%
New York	19,789,790	1,031,600	5.21%
United States	326,147,510	28,315,092	8.68%

Note: This indicator is compared to the state average.

Data Source: US Census Bureau, American Community Survey, 2018-22.



Source: Trinity Health Data Hub

Chronic Disease

Obesity (Adult)

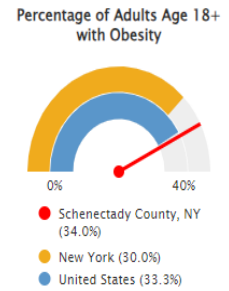
Many of the major causes of morbidity and mortality in the United States are related to poor diet and physical inactivity. Being overweight and/or obese is defined as falling into a range of weight that is greater than what is considered healthy for a given height. For adults, obesity ranges are determined by using weight and height to calculate a number called the "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; indeed, more than 80% of persons with type 2 diabetes are overweight or obese. It is also a major contributing factor to heart disease, stroke, cancer, asthma, arthritis, and a number of psychological conditions, including depression.³ Without strong action to reverse the obesity epidemic, for the first time in our history children are predicted to have a shorter lifespan than their parents. Within Schenectady County, 34% of adults aged 18 and older are obese, which is higher than the NYS and US.

Data Source: Centers for Disease Control and Prevention, [Behavioral Risk Factor Surveillance System](#). Accessed via the [PLACES Data Portal](#). Centers for Disease Control and Prevention. Overweight and Obesity: Defining Adult Overweight and Obesity. <http://www.cdc.gov/obesity/adult/defining.html>

Report Area	Total Population	Adults Age 18+ with Obesity (Crude)	Adults Age 18+ with Obesity (Age-Adjusted)
Schenectady County, NY	160,093	34.0%	34.3%
New York	19,677,151	30.0%	30.2%
United States	333,287,557	33.3%	33.4%

Note: This indicator is compared to the state average.

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022. → Show more details



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 is 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. Staying active provides broad health benefits.

Adults, per week, need at least 2.5 hours of moderate-intensity (or 75 minutes of vigorous-intensity) aerobic activity and two or more days with a muscle-strengthening activity. Adults 65 and older should follow the adult guidelines as closely as possible. Children and adolescents should be active at least 60 minutes daily and do aerobic, muscle-strengthening, and bone-strengthening activities at least 3 days per week. (Centers for Disease Control and Prevention. Physical Activity Basics)

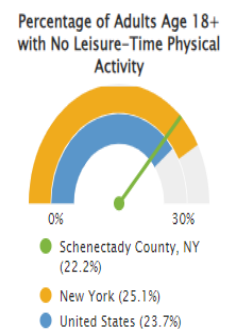
This indicator reports the number and percentage of adults, age 18 and older who answered “no” to the following question: “During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?”

Within Schenectady County there are 22.2% adults age 18+ who have no leisure-time physical activity last month of the total population age 18+. This is slightly lower than the NYS and US rates.

Report Area	Total Population	Adults Age 18+ with No Leisure-Time Physical Activity (Crude)	Adults Age 18+ with No Leisure-Time Physical Activity (Age-Adjusted)
Schenectady County, NY	160,093	22.2%	21.3%
New York	19,677,151	25.1%	24.2%
United States	333,287,557	23.7%	23.0%

Note: This indicator is compared to the state average.

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022. → Show more details



Diabetes – Adult

Diabetes is a serious public health concern. About 34.2 million people in the United States are estimated to have diabetes, over 10.5% of the population. Another 88 million U.S. adults, one-third of the population, are estimated to be at risk of diabetes, commonly referred to as prediabetes.¹ 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, or

non-insulin dependent diabetes mellitus (NIDDM), accounts for about 90% to 95% of all diagnosed cases of diabetes. Type 2 diabetes, formerly called “adult” diabetes, has become more prevalent in the United States, particularly among minorities, and is being seen with alarming frequency among children. In 2017, the total cost of diagnosed diabetes in the US was estimated to be \$327 billion, an increase of \$82 billion since 2012. Approximately 1 in 7 health care dollars are spent caring for people with diabetes and its complications. Medical costs for people with diabetes are 2.3 times higher than those without.³ Diabetics choosing to make lifestyle changes could significantly reduce their chances of future health complications, as well as their healthcare costs. (American Diabetes Association)

This indicator reports the number and percentage of adults, age 18 and older who report ever been told by a doctor, nurse, or other health professional that they have diabetes other than diabetes during pregnancy.

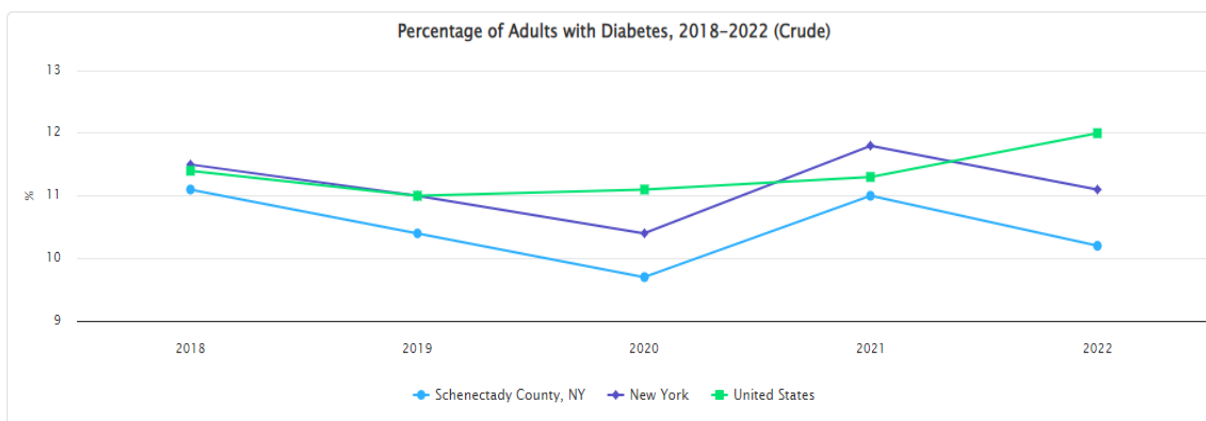
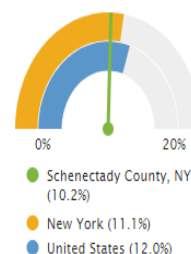
Within the report area there are 10.2% adults, age 18 and older with diabetes of the total population age 18 and older, which is lower than both the NYS and US rates.

Report Area	Total Population	Adults Age 18+ Ever Diagnosed with Diabetes (Crude)	Adults Age 18+ Ever Diagnosed with Diabetes (Age-Adjusted)
Schenectady County, NY	160,093	10.2%	8.9%
New York	19,677,151	11.1%	9.7%
United States	333,287,557	12.0%	10.4%

Note: This indicator is compared to the state average.

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022. → [Show more details](#)

Percentage of Adults Age 18+ Ever Diagnosed with Diabetes



Diabetes Management

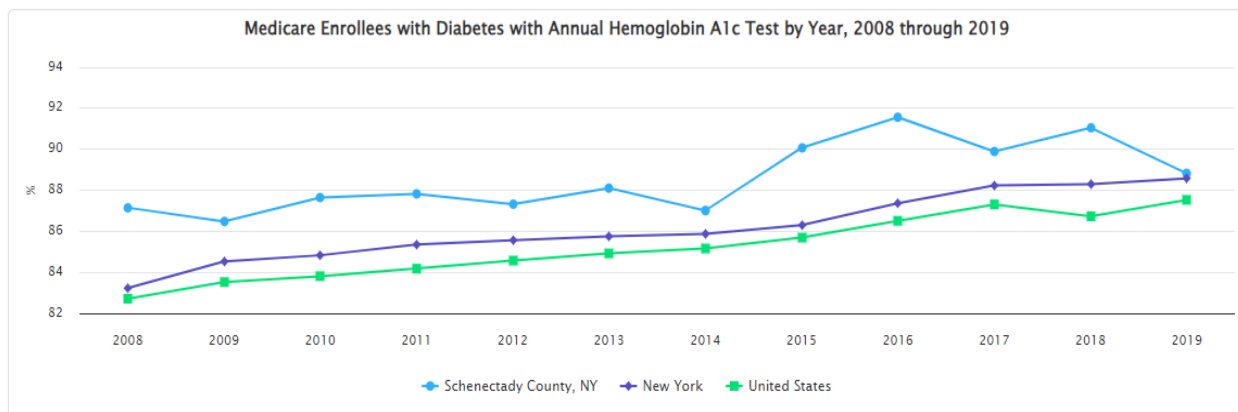
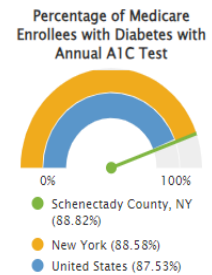
This indicator reports the percentage of diabetic Medicare patients who have had a hemoglobin A1c (hA1c) test, a blood test which measures blood sugar levels, administered by a health care professional in the past year. Data is obtained from the Dartmouth Atlas Data - Selected Primary Care Access and Quality Measures (2008-2019). This indicator is relevant because engaging in preventive behaviors allows for early detection and treatment of health problems. This indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services.

As of year 2019, 1,057 or 88.82% Medicare enrollees with diabetes have had an annual exam out of 1,190 Medicare enrollees with diabetes in Schenectady County.

Report Area	Medicare Enrollees with Diabetes	Medicare Enrollees with Diabetes with Annual Exam	Medicare Enrollees with Diabetes with Annual Exam, Percent
Schenectady County, NY	1,190	1,057	88.82%
New York	162,543	143,983	88.58%
United States	6,792,740	5,945,988	87.53%

Note: This indicator is compared to the state average.

Data Source: Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care, 2019. → [Show more details](#)



Cancer

Cancer is a disease in which abnormal cells in the body grow out of control. It can be caused by many different 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. Each year, about 110,000 New Yorkers are diagnosed with cancer and over 35,000 New Yorkers die from malignant cancers each year. Lung, colorectal, breast and prostate cancers account for the majority of cancers in New York and nationally. Many cancer deaths are preventable through early detection. 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. 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. (New York State Department of Health. 2018-2023 New York State Comprehensive Cancer Control Plan)

Cancer Incidence - All Sites

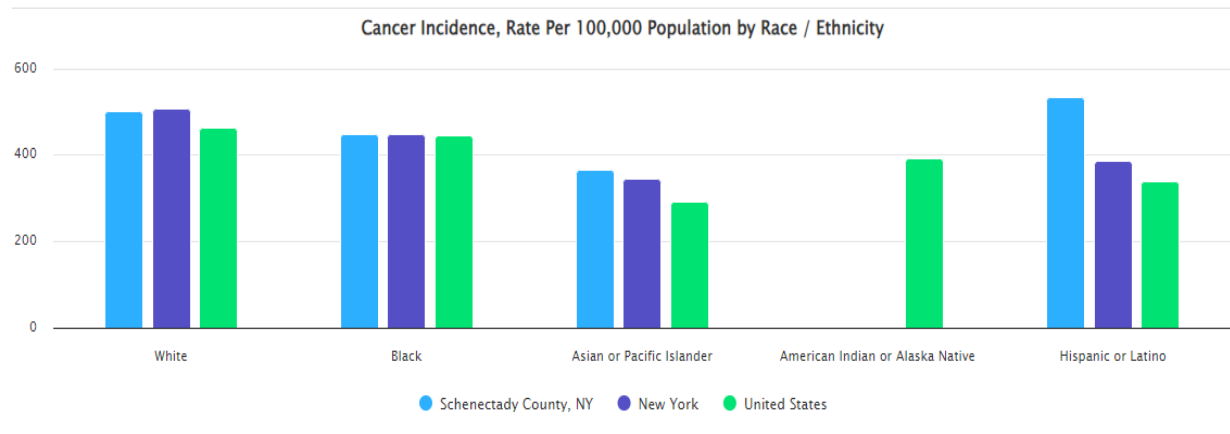
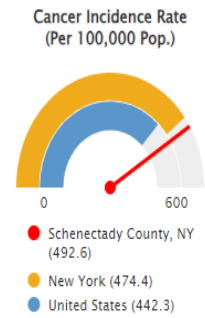
This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of cancer (all sites) adjusted to 2000 U.S. standard population age groups (Under age 1, 1-4, 5-9, ..., 80-84, 85 and older).

Within Schenectady, there were 982 new cases of cancer reported. This means there is a rate of 492.6 for every 100,000 total population.

Report Area	Estimated Total Population	New Cases (Annual Average)	Cancer Incidence Rate (Per 100,000 Population)
Schenectady County, NY	199,350	982	492.6
New York	24,213,532	114,869	474.4
United States	383,976,486	1,698,328	442.3

Note: This indicator is compared to the state average.

Data Source: State Cancer Profiles. 2016-20. [Show more details](#)



Data Source: [State Cancer Profiles](#). 2016-20. [Show more details](#)

Top Five Most Commonly Diagnosed Cancers

The table below shows counts and age-adjusted incidence rates of the five most common newly diagnosed cancers by site for the 5-year period 2016-2020.

Area Name	Cancer Site	New Cases (Annual Average)	Cancer Incidence Rate (Per 100,000 Population)
Schenectady County, New York	1 - Breast (All Stages^), 2016-2020	146	143.6
Schenectady County, New York	2 - Lung & Bronchus (All Stages^), 2016-2020	141	67.5
Schenectady County, New York	3 - Prostate (All Stages^), 2016-2020	120	123
Schenectady County, New York	4 - Colon & Rectum (All Stages^), 2016-2020	64	33.4
Schenectady County, New York	5 - Bladder (All Stages^), 2016-2020	49	23.1
New York	1 - Breast (All Stages^), 2016-2020	16,688	134
New York	2 - Prostate (All Stages^), 2016-2020	15,456	130.3
New York	3 - Lung & Bronchus (All Stages^), 2016-2020	13,946	55.4
New York	4 - Colon & Rectum (All Stages^), 2016-2020	8,793	36.6
New York	5 - Bladder (All Stages^), 2016-2020	5,362	21.4
US	1 - Breast (All Stages^), 2016-2020	249,750	127
US	2 - Lung & Bronchus (All Stages^), 2016-2020	215,307	54
US	3 - Prostate (All Stages^), 2016-2020	212,734	110.5
US	4 - Colon & Rectum (All Stages^), 2016-2020	138,021	36.5
US	5 - Melanoma of the Skin (All Stages^), 2016-2020	83,836	22.5

Data Source: State Cancer Profiles. 2016-20. [Show more details](#)

Mortality - Cancer

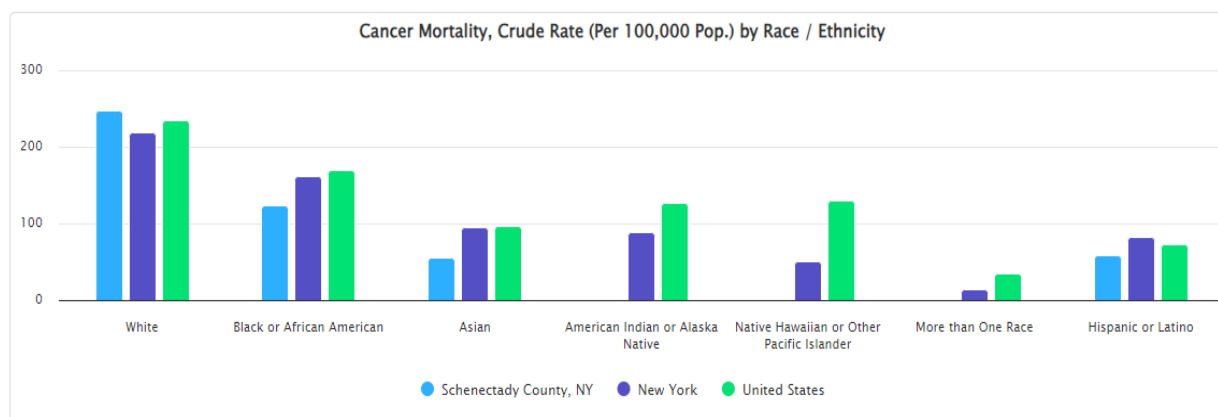
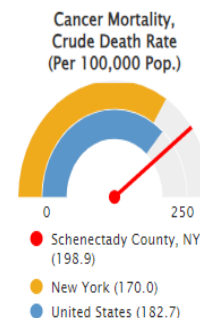
This indicator reports the 2018-2022 five-year average rate of death due to malignant neoplasm (cancer) per 100,000 population. Figures are reported as crude rates. Rates are re-summarized for report areas from county level data, only where data is available. This indicator is relevant because cancer is a leading cause of death in the United States.

Within Schenectady County, there are a total of 1,560 deaths due to cancer., which is higher than both the NYS and US rate. This represents a crude death rate of 198.9 per every 100,000 total population.

Report Area	Total Population, 2018-2022 Average	Five Year Total Deaths, 2018-2022 Total	Crude Death Rate (Per 100,000 Population)
Schenectady County, NY	156,838	1,560	198.9
New York	19,569,122	166,357	170.0
United States	330,014,476	3,014,809	182.7

Note: This indicator is compared to the state average.

Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2018-2022. → [Show more details](#)



Cardiovascular Disease

Cardiovascular disease refers to a group of diseases that affect the heart and the circulatory system. Almost 630,000 Americans die from cardiovascular diseases each year, which is 1 in every 4 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. More than one third of the population live with some form of cardiovascular disease. These diseases take more lives than the next five leading causes of death combined, excluding cancer (cancer, chronic lower respiratory diseases, injuries, stroke, Alzheimer Disease). In New York State, Cardiovascular disease was responsible for 35% of all statewide mortality. (New York State Department of Health. Heart Disease and Stroke Prevention)

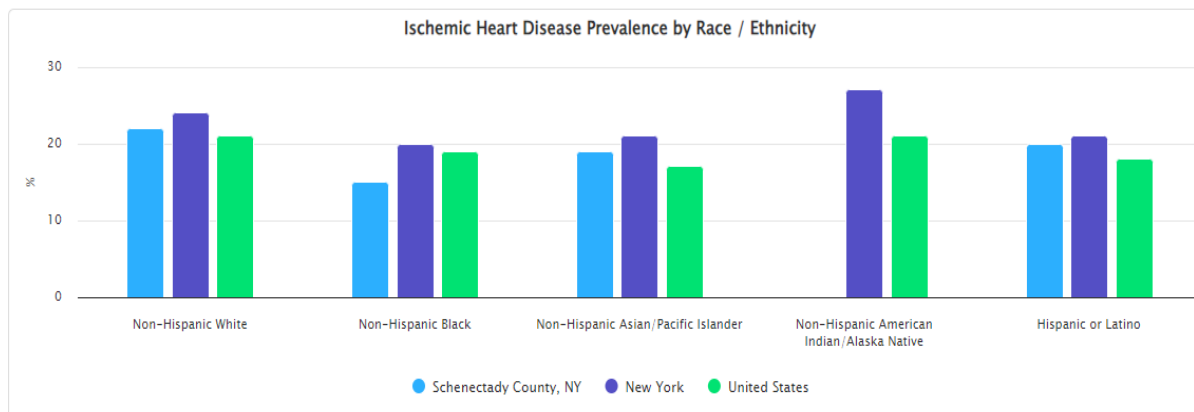
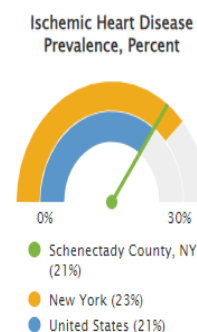
Heart Disease (Medicare Population)

This indicator reports the unsmoothed age-adjusted rate of ischemic heart disease prevalence for Medicare FFS population in 2022. Data were obtained from the CMS Mapping Medicare Disparities tool.

Report Area	FFS Beneficiaries	Ischemic Heart Disease Prevalence, Total	Ischemic Heart Disease Prevalence, Percent
Schenectady County, NY	11,712	2,460	21%
New York	1,650,306	379,570	23%
United States	30,900,366	6,489,077	21%

Note: This indicator is compared to the state average.

Data Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2022. → Show more details



High Blood Pressure

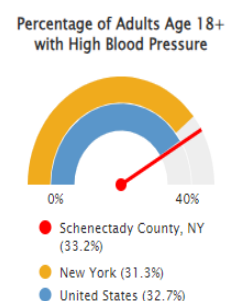
This indicator reports the percentage of adults aged 18 and older who report ever having been told by a doctor, nurse, or other health professional that they have high blood pressure (HTN). Women who were told high blood pressure only during pregnancy and those who were told they had borderline hypertension were not included.

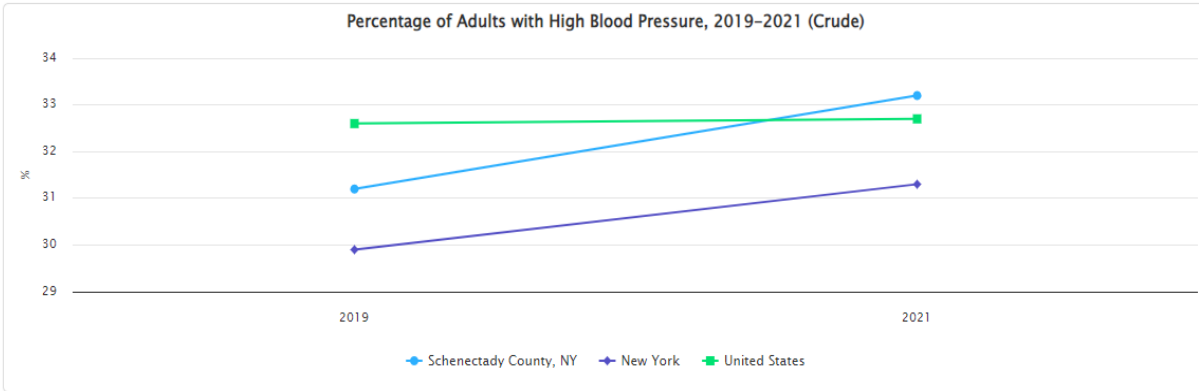
Within Schenectady County, there were 33.2% of adults age 18+ who reported having high blood pressure of the total population age 18+, which is higher than both the NYS and US Average.

Report Area	Total Population	Adults Age 18+ with HTN (Crude)	Adults Age 18+ with HTN (Age-Adjusted)
Schenectady County, NY	160,093	33.2%	30.3%
New York	19,677,151	31.3%	28.3%
United States	333,287,557	32.7%	29.6%

Note: This indicator is compared to the state average.

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2021. → Show more details





Data Source: Centers for Disease Control and Prevention, [Behavioral Risk Factor Surveillance System](#). Accessed via the [PLACES Data Portal](#). 2021. Data Source: Centers for Disease Control and Prevention, [Behavioral Risk Factor Surveillance System](#). Accessed via the [PLACES Data Portal](#). 2021

Mortality – Coronary Heart Disease

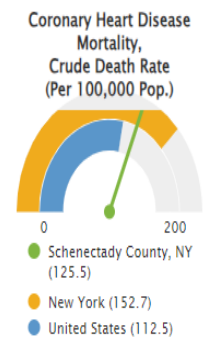
This indicator reports the 2018–2022 five-year average rate of death due to coronary heart disease (ICD10 Codes I20–I25) per 100,000 population. Figures are reported as crude rates. Rates are re-summarized for report areas from county level data, only where data is available. This indicator is relevant because coronary heart disease is a leading cause of death in the United States.

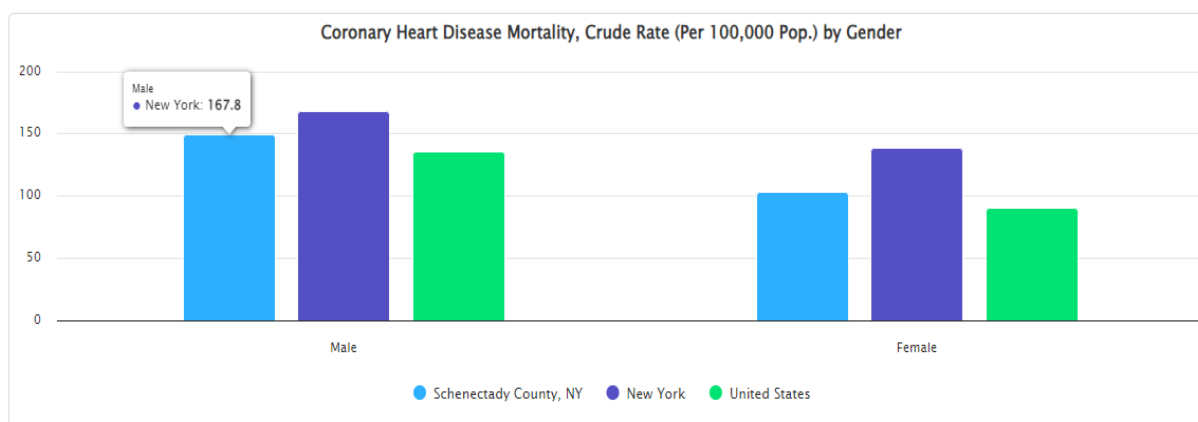
Within Schenectady County, there are a total of 984 deaths due to coronary heart disease. This represents a crude death rate of 125.5 per every 100,000 total population. This rate is less than both the NYS and US rate.

Report Area	Total Population, 2018–2022 Average	Five Year Total Deaths, 2018–2022 Total	Crude Death Rate (Per 100,000 Population)
Schenectady County, NY	156,838	984	125.5
New York	19,569,122	149,370	152.7
United States	330,014,476	1,856,446	112.5

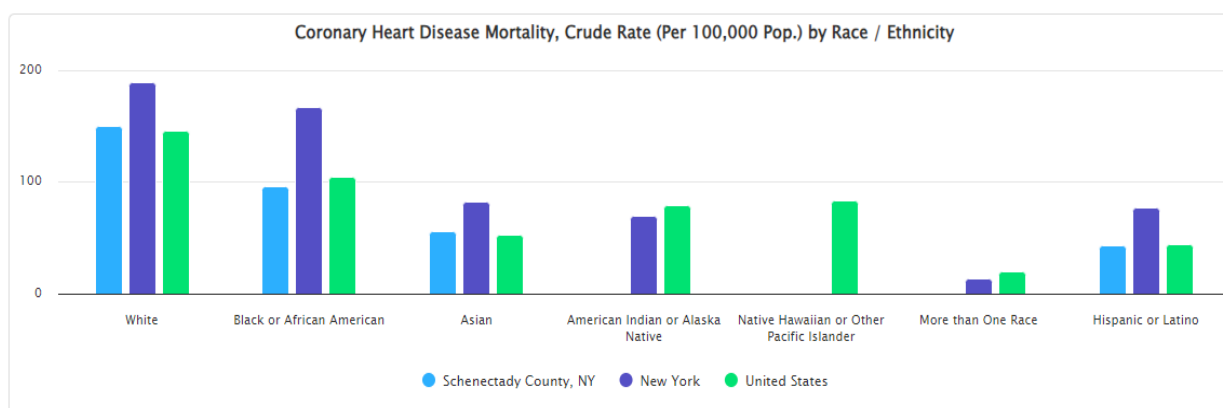
Note: This indicator is compared to the state average.

Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2018–2022. → [Show more details](#)





Data Source: Centers for Disease Control and Prevention, [CDC - National Vital Statistics System](#). Accessed via [CDC WONDER](#). 2018-2022.



Data Source: Centers for Disease Control and Prevention, [CDC - National Vital Statistics System](#). Accessed via [CDC WONDER](#). 2018-2022.

Asthma

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.¹ Nationwide, about 6.2 million children, or 8.4% of children, and 19.0 million adults, or 7.7% of adults, are living with asthma. In New York State, more than 1.5 million adults (10.1%) and 260,000 (6.2%) school-aged children have current asthma. Within Albany and Rensselaer counties, asthma hospitalization rates were 2.4 times higher among Black, Non-Hispanic residents than White Non-Hispanic residents. (New York State Department of Health. Asthma Information)

Current Asthma Rates

This indicator reports the percentage of adults, age 18 and older who answer “yes” to both of the following questions: “Have you ever been told by a doctor, nurse, or other health professional that you have asthma?” and the question “Do you still have asthma?” Within Albany and Rensselaer counties, there were 10.5% of adults age 18+ who reported having asthma of the total population age 18+, which

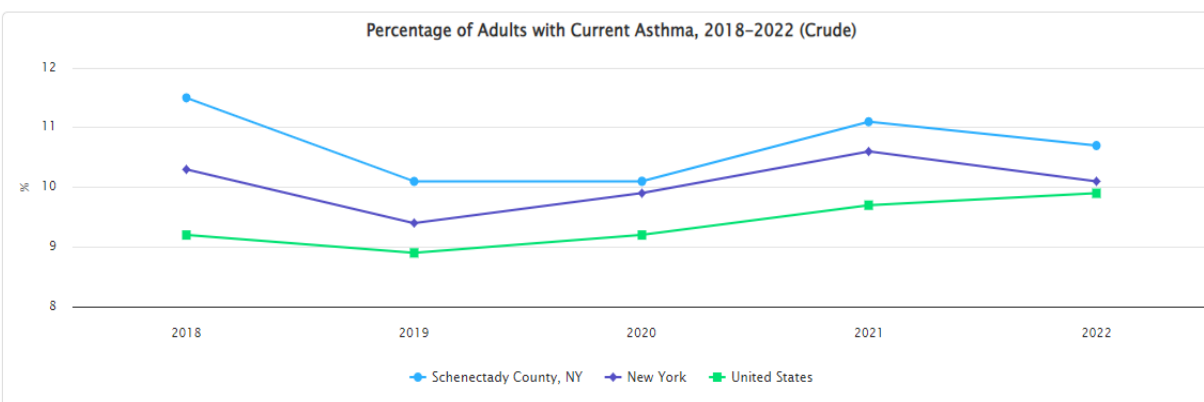
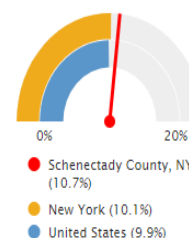
was slightly higher than NYS rates. Within Schenectady County, there were 10.7% of adults age 18+ who reported having asthma of the total population age 18+, which is slightly higher than both NYS and US rates.

Report Area	Total Population	Adults Age 18+ with Asthma (Crude)	Adults Age 18+ with Asthma (Age-Adjusted)
Schenectady County, NY	160,093	10.7%	10.8%
New York	19,677,151	10.1%	10.2%
United States	333,287,557	9.9%	9.9%

Note: This indicator is compared to the state average.

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022. → Show more details

Percentage of Adults Age 18+ with Current Asthma



Data Source: Centers for Disease Control and Prevention, [Behavioral Risk Factor Surveillance System](#). Accessed via the [PLACES Data Portal](#). 2022

Chronic Obstructive Pulmonary Disease (COPD)

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. (National Institute of Health, National Heart, Lung and Blood Institute. COPD)

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 the third leading cause of death in all counties in the Capital Region. 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. (Centers for Disease Control and Prevention Chronic Obstructive Pulmonary Disease)

This indicator reports the percentage of adults, age 18 and older who report ever having been told by a doctor, nurse, or other health professional that they had chronic obstructive pulmonary disease (COPD), emphysema, or chronic bronchitis.

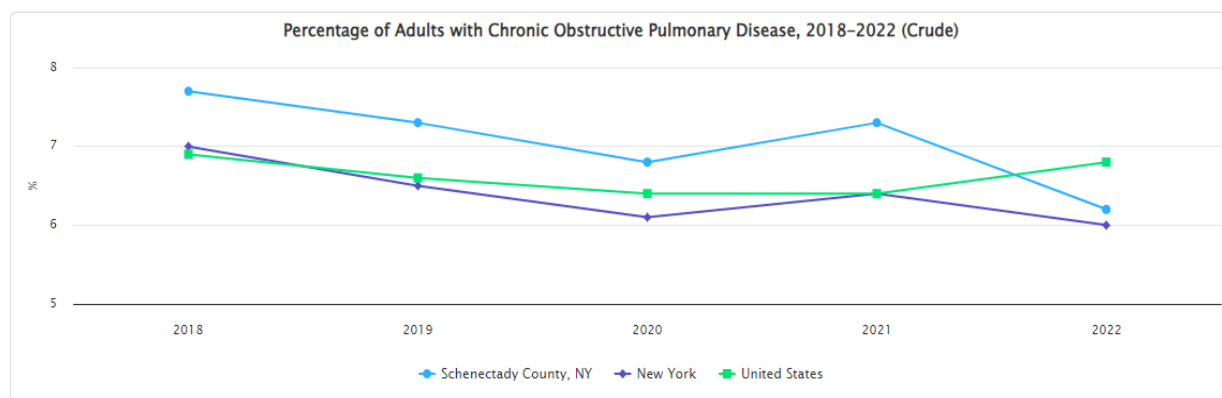
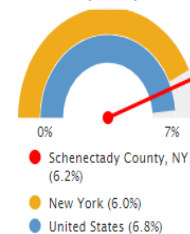
Within Schenectady County, there were 6.2% of adults, age 18 and older who reported having chronic obstructive pulmonary disease of the total population age 18 and older, which was slightly higher than the NY rate.

Report Area	Total Population	Adults Age 18+ Ever Diagnosed with COPD(Crude)	Adults Age 18+ with COPD (Age-Adjusted)
Schenectady County, NY	160,093	6.2%	5.3%
New York	19,677,151	6.0%	5.2%
United States	333,287,557	6.8%	5.9%

Note: This indicator is compared to the state average.

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022. [Show more details](#)

Percentage of Adults Age 18+ Ever Diagnosed with Chronic Lower Respiratory Disease



Data Source: Centers for Disease Control and Prevention, [Behavioral Risk Factor Surveillance System](#). Accessed via the [PLACES Data Portal](#). 2022 .

Mortality – Lung Disease

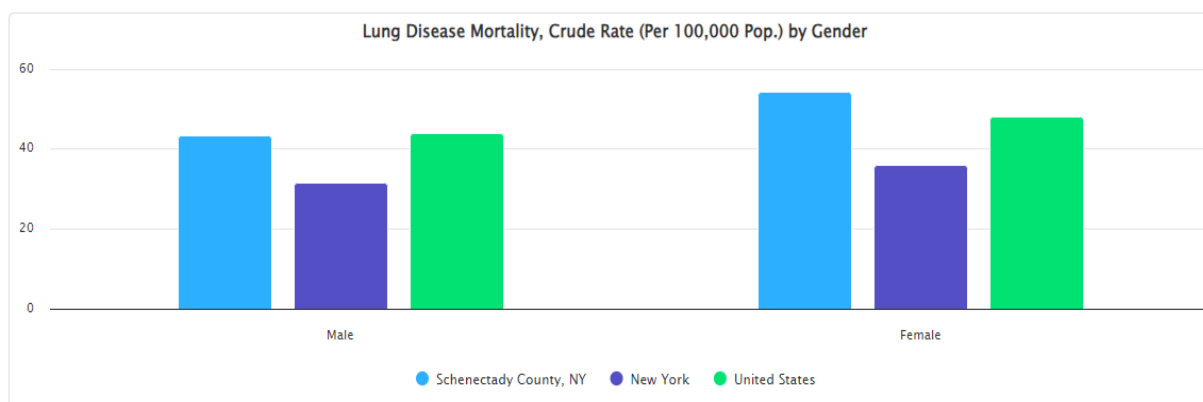
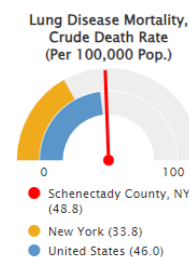
This indicator reports the 2018-2022 five-year average rate of death due to chronic lower respiratory disease per 100,000 population. Figures are reported as crude rates. Rates are re-summarized for report areas from county level data, only where data is available. This indicator is relevant because lung disease is a leading cause of death in the United States.

Within Schenectady County, there are a total of 383 deaths due to lung disease. This represents a crude death rate of 48.8 per every 100,000 total population, which is higher than both the NYS and US rates.

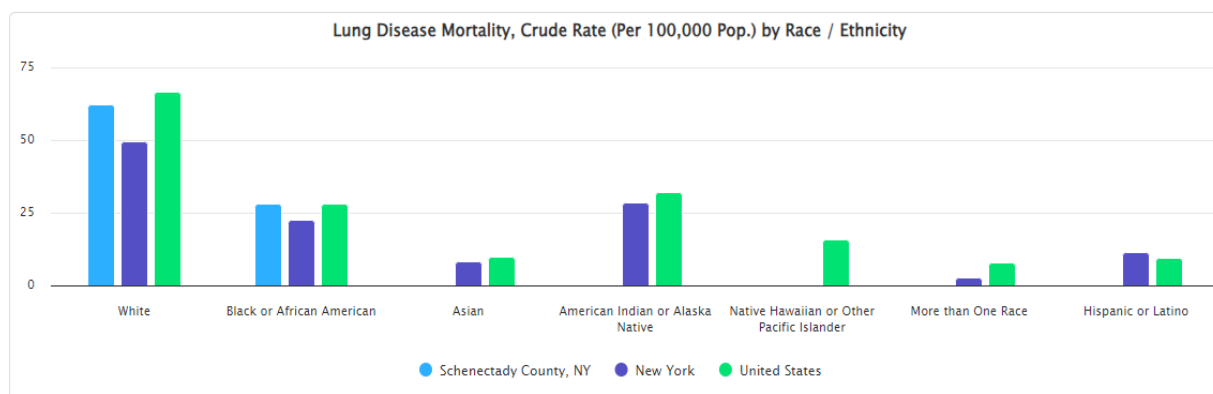
Report Area	Total Population, 2018-2022 Average	Five Year Total Deaths, 2018-2022 Total	Crude Death Rate (Per 100,000 Population)
Schenectady County, NY	156,838	383	48.8
New York	19,569,122	33,049	33.8
United States	330,014,476	758,846	46.0

Note: This indicator is compared to the state average.

Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2018-2022. [Show more details](#)



Data Source: Centers for Disease Control and Prevention, [CDC - National Vital Statistics System](#). Accessed via [CDC WONDER](#). 2018-2022.



Data Source: Centers for Disease Control and Prevention, [CDC - National Vital Statistics System](#). Accessed via [CDC WONDER](#). 2018-2022.

Tobacco Use

Preventing and reducing tobacco use is a cornerstone of public health. Tobacco use and dependence on tobacco are the leading preventable causes of morbidity and mortality in New York State and in the country. Cigarette use alone results in an estimated 443,000 deaths each year in the U.S., including 25,400 deaths in New York State.

In addition to its direct impact on people who smoke, smoking negatively affects non-smokers in proximity to smokers. Every year, 2,600 New Yorkers die from the effects of second-hand smoke. Secondhand smoke contains hundreds of toxic and cancer-causing chemicals. The Surgeon General has stated that there is no safe level of exposure to secondhand smoke. The United States Environmental Protection Agency has classified secondhand smoke as a known human carcinogen (cancer-causing agent).¹ There are 389,000 children alive today who will die prematurely from secondhand smoke. Many more children exposed to secondhand smoke will suffer from respiratory illnesses, including bronchitis and pneumonia, asthma, and eye and ear problems.

More than half a million New Yorkers currently have a disease caused by smoking, resulting in about \$8.17 billion in health care expenditures annually. Tobacco use and secondhand smoke exposure causes heart disease and stroke; chronic lung disease; cancers of the lung, mouth, pharynx, esophagus, and bladders; and other lung and vascular diseases. Tobacco use during pregnancy leads to poor birth outcomes and increases the chances for sudden infant death syndrome.

Source: New York State Department of Health. Priority Area: Tobacco Use.

https://www.health.ny.gov/prevention/prevention_agenda/tobacco_use

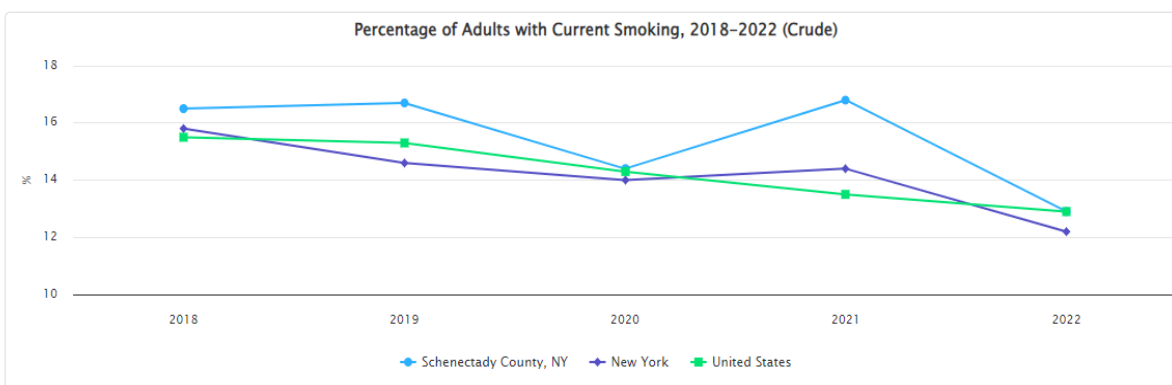
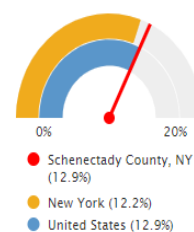
This indicator reports the percentage of adults, age 18 and older who report having smoked at least 100 cigarettes in their lifetime and currently smoke every day or some days. Within the Schenectady County there are 12.9% adults age 18+ who have smoked and currently smoke of the total population age 18+, which is slightly higher than both the NYS and US rates.

Report Area	Total Population	Adults Age 18+ as Current Smokers (Crude)	Adults Age 18+ as Current Smokers (Age-Adjusted)
Schenectady County, NY	160,093	12.9%	13.2%
New York	19,677,151	12.2%	12.5%
United States	333,287,557	12.9%	13.2%

Note: This indicator is compared to the state average.

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022. → Show more details

Percentage of Adults Age 18+ who are Current Smokers



Data Source: Centers for Disease Control and Prevention, [Behavioral Risk Factor Surveillance System](#). Accessed via the [PLACES Data Portal](#). 2022.

Economic Stability

Poverty – Population Below 200% FPL

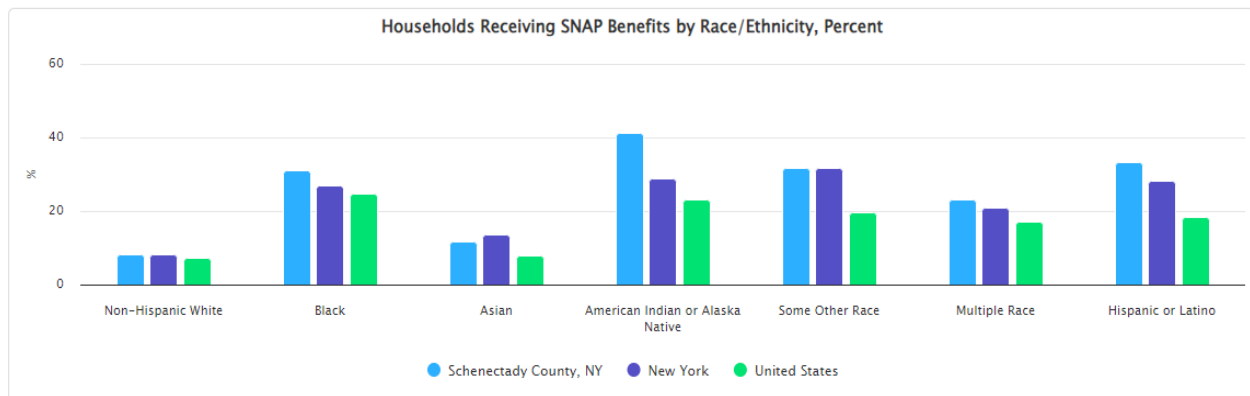
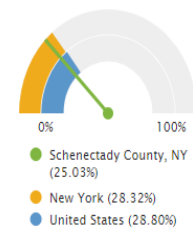
In Schenectady County, 25.03% or 38,915 individuals for whom poverty status is determined are living in households with income below 200% of the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

Report Area	Total Population	Population with Income Below 200% FPL	Population with Income Below 200% FPL, Percent
Schenectady County, NY	155,459	38,915	25.03%
New York	19,516,967	5,527,984	28.32%
United States	323,275,448	93,118,710	28.80%

Note: This indicator is compared to the state average.

Data Source: US Census Bureau, American Community Survey, 2018-22. → Show more details

Percent Population with Income at or Below 200% FPL



Data Source: US Census Bureau, [American Community Survey](#), 2018-22

Employment

Employment - Labor Force Participation Rate

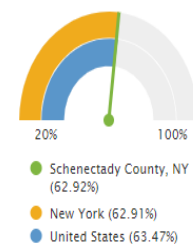
The table below displays the labor force participation rate for the report area. According to the 2018 - 2022 American Community Survey, of the 129,383 working age population, 81,403 are included in the labor force. The labor force participation rate is 62.92%.

Report Area	Total Population Age 16+	Labor Force	Labor Force Participation Rate
Schenectady County, NY	129,383	81,403	62.92%
New York	16,340,862	10,279,583	62.91%
United States	266,411,973	169,093,585	63.47%

Note: This indicator is compared to the state average.

Data Source: US Census Bureau, American Community Survey, 2018-22. → Show more details

Labor Force Participation Rate



Unemployment

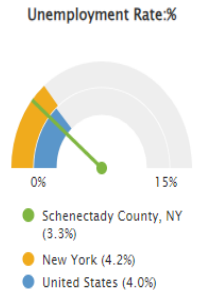
Employment - Unemployment Rate

Total unemployment in the report area for the current month equals 2,564, or 3.3% of the civilian non-institutionalized population age 16 and older (non-seasonally adjusted). This indicator is relevant because unemployment creates financial instability and barriers to access including insurance coverage, health services, healthy food, and other necessities that contribute to poor health status.

Report Area	Labor Force	Number Employed	Number Unemployed	Unemployment Rate
Schenectady County, NY	77,096	74,532	2,564	3.3%
New York	9,643,613	9,239,507	404,106	4.2%
United States	169,402,242	162,627,001	6,775,241	4.0%

Note: This indicator is compared to the state average.

Data Source: US Department of Labor, Bureau of Labor Statistics. 2024 - November. [Show more details](#)



Food Insecurity

Food insecurity not only looks at access to healthy foods, but the individuals or families ability to afford and secure such foods. About 47 million Americans or 14.5% of the population were food insecure in the past year. In New York State, approximately 11.1% of the population were food insecure.

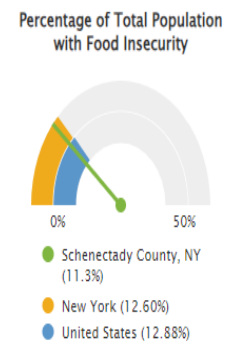
Food Insecurity Rate

This indicator reports the estimated percentage of the population that experienced food insecurity at some point during the report year. Food insecurity is the household-level economic and social condition of limited or uncertain access to adequate food.

Report Area	Total Population	Food Insecure Population, Total	Food Insecurity Rate
Schenectady County, NY	159,823	18,060	11.3%
New York	19,996,029	2,518,850	12.60%
United States	331,148,169	42,657,200	12.88%

Note: This indicator is compared to the state average.

Data Source: Feeding America. 2022. [Show more details](#)



Food Insecurity - Food Insecure Children

This indicator reports the estimated percentage of the population under age 18 that experienced food insecurity at some point during the report year. Food insecurity is the household-level economic and social condition of limited or uncertain access to adequate food.

Report Area	Population Under Age 18	Food Insecure Children, Total	Child Food Insecurity Rate
Schenectady County, NY	32,938	5,270	16%
New York	8,051,802	1,483,640	18.43%
United States	72,810,721	13,128,990	18.03%

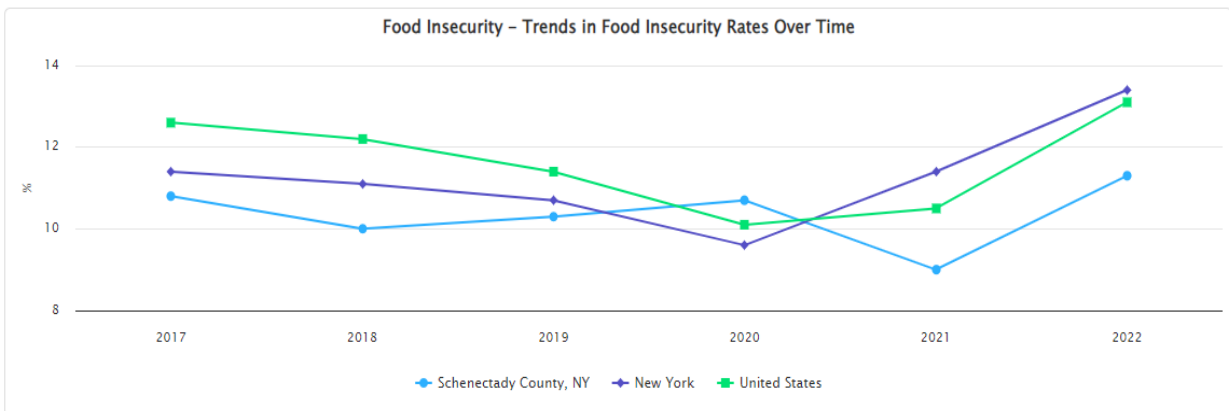
Data Source: [Feeding America](#). 2022. → [Show more details](#)

Food Insecurity - Food Insecure Population Ineligible for SNAP Assistance

This indicator reports the estimated percentage of the total population and the population under age 18 that experienced food insecurity at some point during the report year, but are ineligible for SNAP assistance. Food insecurity is the household-level economic and social condition of limited or uncertain access to adequate food. Assistance eligibility is determined based on household income of the food insecure households relative to the maximum income-to-poverty ratio for SNAP.

Report Area	Food Insecure Population	Food Insecure Population Ineligible for Assistance, Percent	Food Insecure Children	Food Insecure Children Ineligible for Assistance, Percent
Schenectady County, NY	18,060	38%	5,270	30%
New York	2,518,850	33.26%	736,120	24.27%
United States	42,657,200	41.49%	13,128,990	31.21%

Data Source: [Feeding America](#). 2022. → [Show more details](#)



Data Source: [Feeding America](#). 2022.

Children Eligible for Free/Reduced Price Lunch

Free or reduced-price lunches are served to qualifying students in families with income between under 185 percent (reduced price) or under 130 percent (free lunch) of the US federal poverty threshold as part of the federal National School Lunch Program (NSLP).

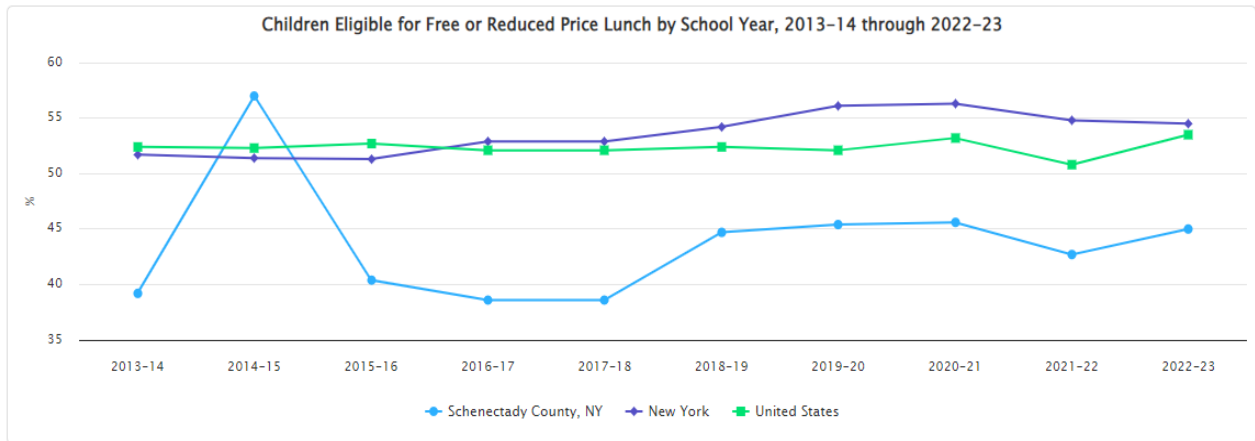
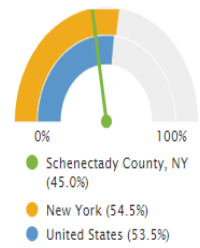
Out of 21,527 total public-school students in Schenectady County, 9,677 were eligible for the free or reduced-price lunch program in the latest report year. This represents 45.0% of public-school students, which is lower than the state average of 54.5%.

Report Area	Total Students	Students Eligible for Free or Reduced Price Lunch	Students Eligible for Free or Reduced Price Lunch, Percent
Schenectady County, NY	21,527	9,677	45.0%
New York	2,505,431	1,361,094	54.5%
United States	46,791,755	24,677,523	53.5%

Note: This indicator is compared to the state average.

Data Source: National Center for Education Statistics, [NCES - Common Core of Data](#). 2022-2023. [Show more details](#)

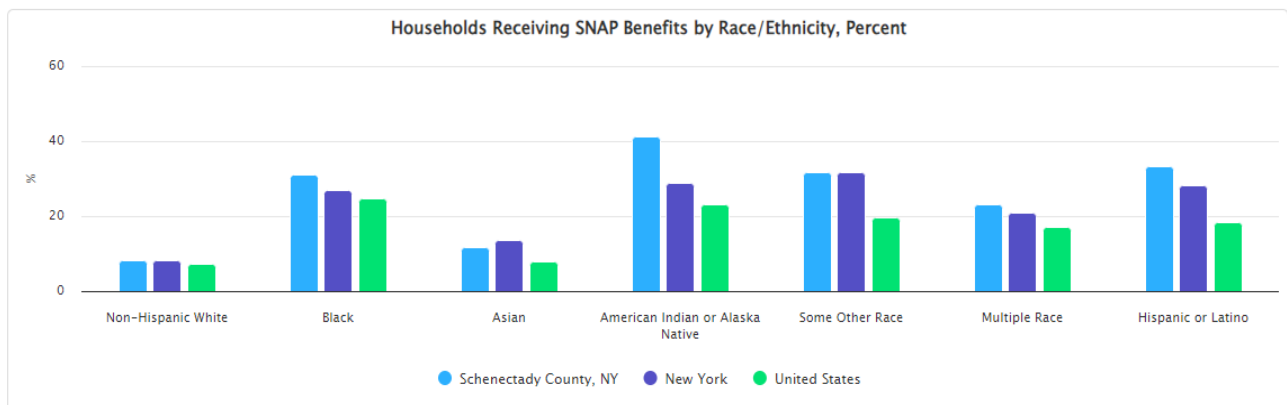
Percentage of Students Eligible for Free or Reduced Price School Lunch



Data Source: National Center for Education Statistics, [NCES - Common Core of Data](#). 2022-2023.

SNAP Benefits - Households Receiving SNAP

In Schenectady County, an estimate of 8,167 or 12.77% households receive Supplemental Nutrition Assistance Program (SNAP) benefits. The value for the report area is greater than the national average of 11.52%. This indicator is relevant because it assesses vulnerable populations which are more likely to have multiple health access, health status, and social support needs; when combined with poverty data, providers can use this measure to identify gaps in eligibility and enrollment.



Data Source: US Census Bureau, [American Community Survey](#). 2018-22

Food Environment – Grocery Stores and Supermarkets

Healthy dietary behaviors are supported by access to healthy foods, and Grocery Stores are a major provider of these foods. There are 46 grocery establishments in Schenectady County, a rate of 29.10 per 100,000 population. Grocery stores are defined as supermarkets and smaller grocery stores primarily engaged in retailing a general line of food, such as canned and frozen foods; fresh fruits and vegetables; and fresh and prepared meats, fish, and poultry. Delicatessen-type establishments are also included.

Source: Trinity Health Data Hub, 2024

Food Environment – Low Income & Low Food Access

This indicator reports the percentage of the low-income population with low food access. Low food access is defined as living more than 1 mile (urban) or 10 miles (rural) from the nearest supermarket, supercenter, or large grocery store. Data are from the April 2021 Food Access Research Atlas dataset. This indicator is relevant because it highlights populations and geographies facing food insecurity.

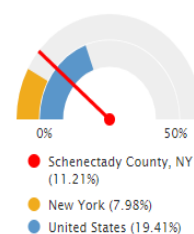
11.21% of the low-income population in Schenectady County have low food access. The total low-income population in Schenectady County with low food access is 4,613.

Report Area	Total Population	Low Income Population	Low Income Population with Low Food Access	Percent Low Income Population with Low Food Access
Schenectady County, NY	154,727	41,151	4,613	11.21%
New York	19,378,102	5,788,309	462,046	7.98%
United States	308,745,538	97,055,825	18,834,033	19.41%

Note: This indicator is compared to the state average.

Data Source: US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas. 2019. → [Show more details](#)

Percent Low Income Population with Low Food Access



Public Assistance

There are several assistance programs in place for Schenectady County residents to support them with social care needs based on income. These include HUD Section 8 housing vouchers, Childcare Program subsidies, Temporary Assistance for Needy Families (TANF), Free and Reduced-Price Lunch, Women's' Infants and Children's (WIC) nutrition program, and Supplemental Nutrition Program (SNAP) to name a few. Most of these programs can be accessed through the New York Department of Human Services, Schenectady Housing Authority, or Schenectady Department of Social service

Alternate Modes of Transportation

Part of the goal of promoting a healthy and safe environment is a priority to improve environmental design and infrastructure in order to 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 not enough people take advantage of the alternative modes of transportation. While people who use alternative modes of transportation are more likely to stay fit, less than half of Americans achieve this goal. A sedentary lifestyle contributes to many health problems such as less active individuals having a 30-50 percent greater risk of developing high blood pressure. Within Schenectady County, only 3.93% use public transit for commute to work, which is lower than the NYS rate. Data Source: US Census Bureau, American Community Survey. 2018-22

Households with No Motor Vehicle

This indicator reports the number and percentage of households with no motor vehicle based on the latest 5-year American Community Survey estimates. Of the 63,964 total households in Schenectady County, 7,835 or 12.25% are without a motor vehicle.

Data Source: US Census Bureau, American Community Survey. 2018-22.

Substandard Housing

Most Americans spend about 90% of their time indoors, and about 2/3 of that time at home. Substandard housing conditions may expose residents to lead paint that can lead to lead poisoning, and indoor allergens, such as mold or dust, that can lead to or exacerbate asthma. Housing is also a major expense, the largest single monthly expense for many individuals. Cost-burdened households often need to make choices as how best to utilize limited resources (e.g. food, clothing, housing, medical care) which constrains their ability to address indoor health risks. Overcrowded housing often leads to stress and increased exposure to communicable diseases, like COVID-19.

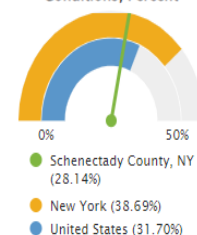
Housing is considered substandard if it has one of the following conditions: a lack of complete plumbing facilities, a lack of complete kitchen facilities, more than one occupant per room, or housing costs totaling to more than 30% of household income. In New York State, excluding NYC, there were around 800,000 substandard housing units – about 27% of all housing units. Around 52,000 (21% of) occupied housing units in the Capital Region qualified as substandard. Of the 63,964 total occupied housing units in Schenectady County, 18,002 or 28.14% have one or more substandard conditions.

Report Area	Total Occupied Housing Units	Occupied Housing Units with One or More Substandard Conditions	Occupied Housing Units with One or More Substandard Conditions, Percent
Schenectady County, NY	63,964	18,002	28.14%
New York	7,604,523	2,942,143	38.69%
United States	125,736,353	39,858,044	31.70%

Note: This indicator is compared to the state average.

Data Source: US Census Bureau, American Community Survey. 2018-22. → [Show more details](#)

Occupied Housing Units with One or More Substandard Conditions, Percent



Homelessness

The 2024 Point-in-Time (PIT) Count for Schenectady County, reported that there were 948 people experiencing homelessness, including those sheltered and unsheltered. The PIT Count is a one-night count of people experiencing homelessness in the United States.

The PIT Count is conducted annually by Continuum of Care (CoC) organizations in the United States. The count is conducted on a single night in January, 2024 and includes people experiencing homelessness in emergency shelters, transitional housing, and Safe Havens. The count also includes people experiencing homelessness in unsheltered settings, such as parks, abandoned buildings, and under bridges. The data is submitted to the U.S. Department of Housing and Urban Development (HUD).

Data Source: CARES of NY, Inc.; [CARES of NY, Inc.](#)

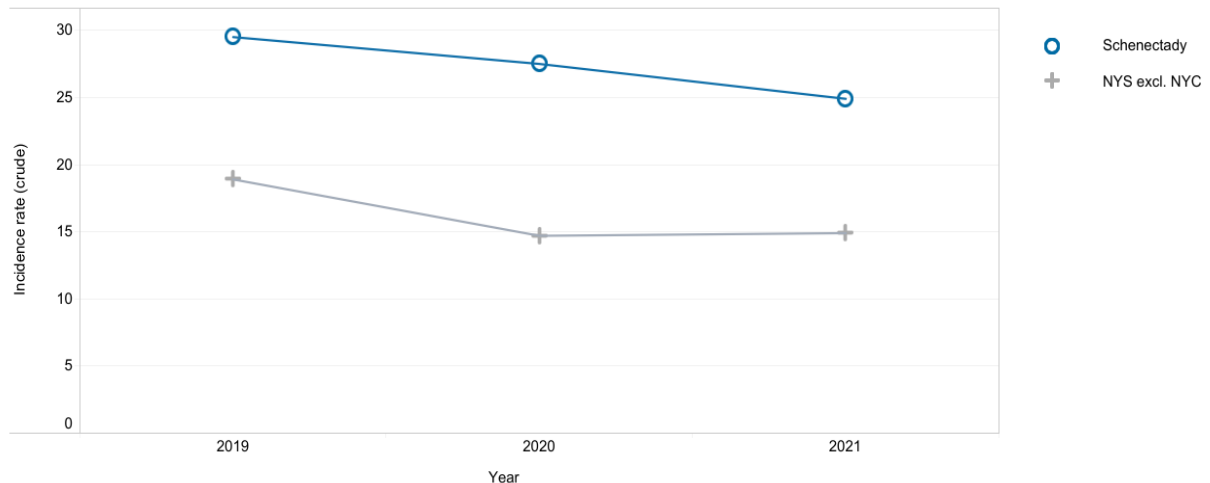
Healthy and Safe Environment

Childhood Lead Poisoning

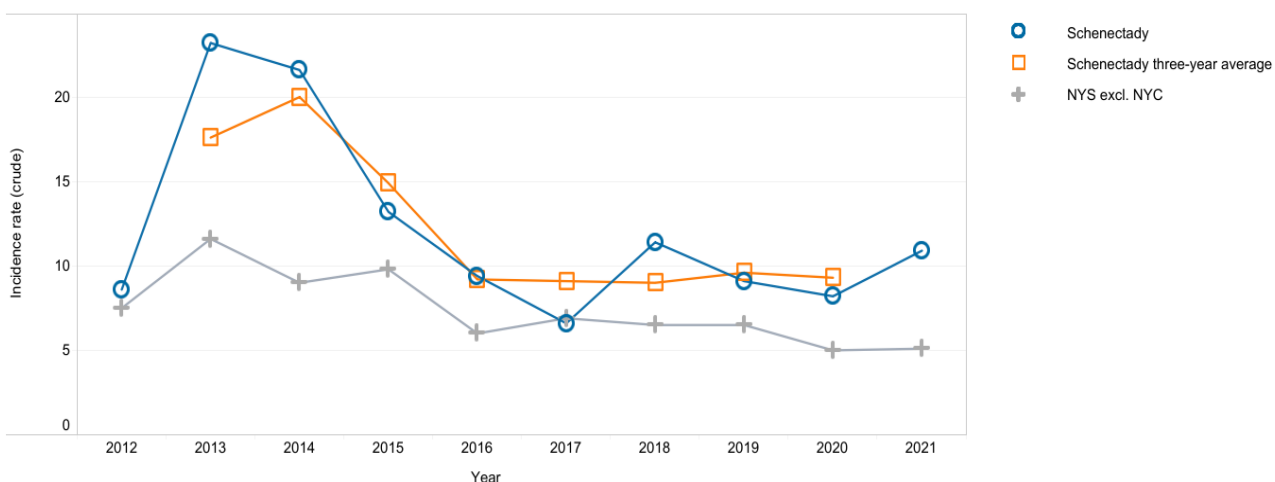
Lead poisoning is a completely preventable public health problem. Lead is a heavy metal that was used in many products and materials before the risk to young children was identified. For example, paint containing lead was used in many houses built before 1978. Products that can be hazardous still remain. Lead is also found in air, water, soil, or dust. Lead poisoning leads to serious adverse health, developmental, and cognitive outcomes that can affect individuals throughout their lives. (New York State Department of Health. Lead Poisoning Prevention)

Percentage of Children Born in 2015 and 2018 with at Least One Lead Screening, Aged 9-17 Months and Two Lead Screenings by 36 Months				
Age	9-17 months		By 36 months	
Birth Year	2015	2018	2015	2018
Schenectady County	80.1%	77.1%	62.2%	58.2%

Incidence of confirmed high blood lead level (5 micrograms or higher per deciliter) - rate per 1,000 tested children aged <72 months, Schenectady



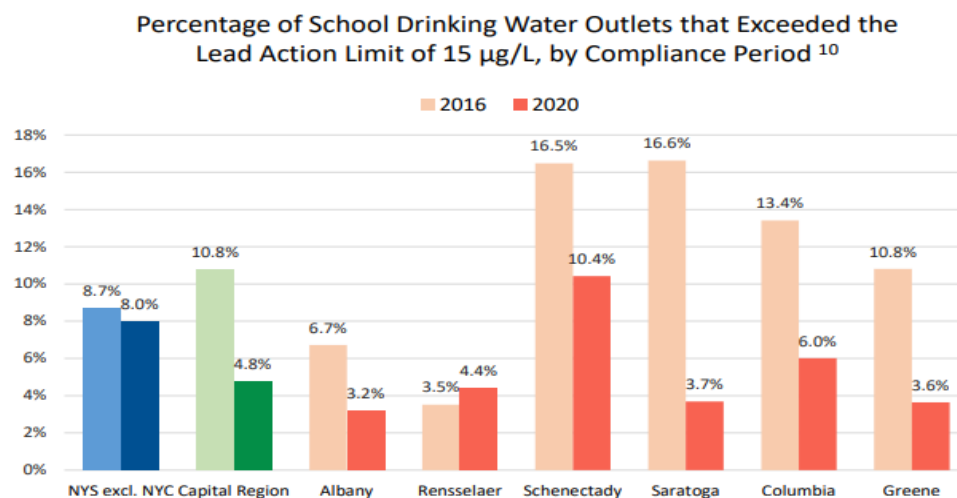
Incidence of confirmed high blood lead level (10 micrograms or higher per deciliter) - rate per 1,000 tested children aged <72 months, Schenectady



Source: NYS Community Health Indicator Reports Dashboard; [New York State Community Health Indicator Reports Dashboard](#)

Lead in School Drinking Water

Schools are an important place to monitor for potential environmental exposures, as they are where children spend most 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 take action if the action level is exceeded. Bill S2122A/A160B, passed by the New York State Senate and Assembly in June 2021 and signed by Governor Hochul on December 22, 2021, lowers the lead action level micrograms per liter (from 15 µg/L), increases the testing period to every three years (from every five years), removes exemptions for certain schools, provides state funding for remediation, and requires laboratory reports be made public. The state's lead testing in school drinking water program is currently in the 2020 compliance period, which is scheduled to last through 2024. Testing was conducted from January 1, 2020 to June 30, 2021 and schools are now removing from service or remediating outlets with lead levels exceeding the action limit of 15 µg/L. (New York State Department of Health. Lead Testing of School Drinking Water)



Source: New York State Department of Health. Lead Testing of School Drinking Water.

https://www.health.ny.gov/environmental/water/drinking/lead/lead_testing_of_school_drinking_water.htm

New York State Senate. Senate Bill 2122A. <https://www.nysenate.gov/legislation/bills/2021/s2122>

New York State Department of Health. Lead Testing in School Drinking Water Program Guidance

Manual: February 2021.

<https://www.health.ny.gov/environmental/water/drinking/lead/docs/LeadTestinginSchoolsGuidanceDocument.pdf>

New York State Department of Health. Health Data NY: Lead Reporting Interactive Search.

<https://health.data.ny.gov/browse?tags=lea>

Injury

Motor Vehicle Related Injuries

Motor vehicle crashes are the leading cause of death from injury in the United States. Motor vehicle-related injuries kill more children and young adults than any other single cause in the United States. More than 2.5 million drivers and passengers were treated in emergency departments as the result of being injured in motor vehicle crashes in 2015. Motor vehicle injuries cause death, trauma, impairment, higher insurance premiums, productivity loss at work, and other costs to individuals, their families and communities. In 2017, medical care and productivity costs associated with motor vehicle crashes exceeded \$75 billion.

Source: Centers for Disease Control and Prevention. Motor Vehicle Crash Injuries <https://www.cdc.gov/vitalsigns/crash-injuries/index.html>

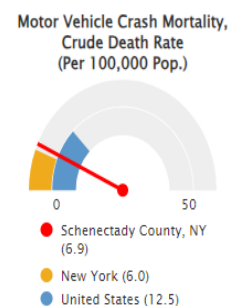
This indicator reports the 2018-2022 five-year average rate of death due to motor vehicle crash per 100,000 population, which include collisions with another motor vehicle, a non-motorist, a fixed object, and a non-fixed object, an overturn, and any other non-collision. Figures are reported as crude rates. This indicator is relevant because motor vehicle crash deaths are preventable and they are a cause of premature death.

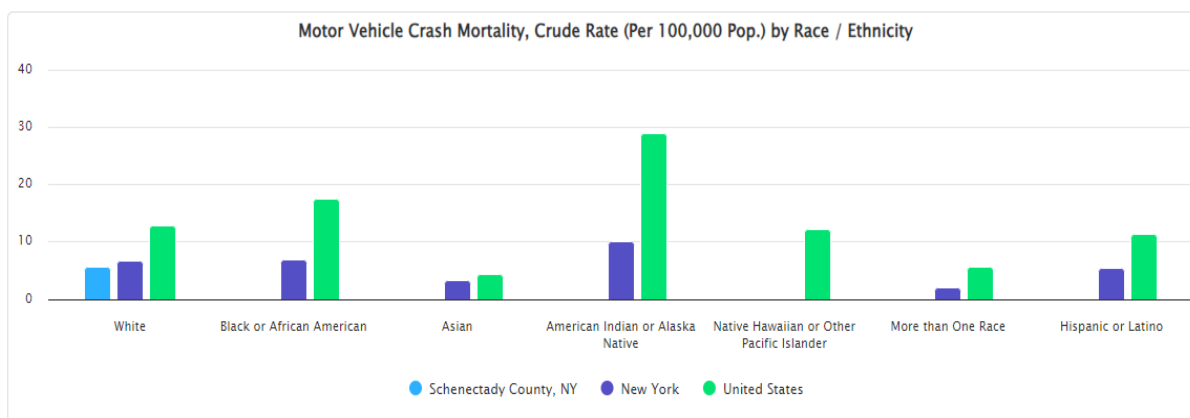
Within Schenectady County, there are a total of 54 deaths due to motor vehicle crash. This represents a crude death rate of 6.9 per every 100,000 total population. Fatality counts are based on the decedent's residence and not the location of the crash.

Report Area	Total Population, 2018-2022 Average	Five Year Total Deaths, 2018-2022 Total	Crude Death Rate (Per 100,000 Population)
Schenectady County, NY	156,838	54	6.9
New York	19,569,122	5,903	6.0
United States	330,014,476	206,222	12.5

Note: This indicator is compared to the state average.

Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2018-2022. → [Show more details](#)





Data Source: Centers for Disease Control and Prevention, [CDC - National Vital Statistics System](#). Accessed via [CDC WONDER](#). 2018-2022.

Violence

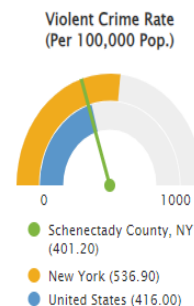
Although violent crime is usually considered to be in the domain of law enforcement and the criminal justice system, there is a growing realization that violence is a public health concern as well. Crime compromises physical safety and affects mental health. Crime can lead to a decrease in physical activity and an increase in accumulated stress and fear within the community. Residents of high-crime areas who do not practice healthy behaviors are at higher risk for chronic disease and disability. Continuing stress may exacerbate hypertension, contribute to obesity, and increase the prevalence of other chronic conditions such as upper respiratory illness and asthma.¹ Victims of violence are more likely to injure themselves or commit suicide. High school students who are exposed to violence are at higher risk of running away from home, dropping out of school, having a child, and encountering the criminal justice system later in life. Violent crime includes homicide, rape, robbery, and aggravated assault. (Violent Crime Rate, County Health Rankings & Roadmaps)

Within Schenectady County, the 2015-2017 three-year total of reported violent crimes was 1,862, which equates to an annual rate of 401.20 crimes per 100,000 people, lower than the statewide rate of 536.90.

Report Area	Total Population	Violent Crimes, 3-year Total	Violent Crimes, Annual Rate (Per 100,000 Pop.)
Schenectady County, NY	154,668	1,862	401.20
New York	60,110,802	968,353	536.90
United States	366,886,849	4,579,031	416.00

Note: This indicator is compared to the state average.

Data Source: Federal Bureau of Investigation, *FBI Uniform Crime Reports*. Additional analysis by the National Archive of Criminal Justice Data. Accessed via the Inter-university Consortium for Political and Social Research. 2015-2017. → [Show more details](#)



Falls in Older Adults

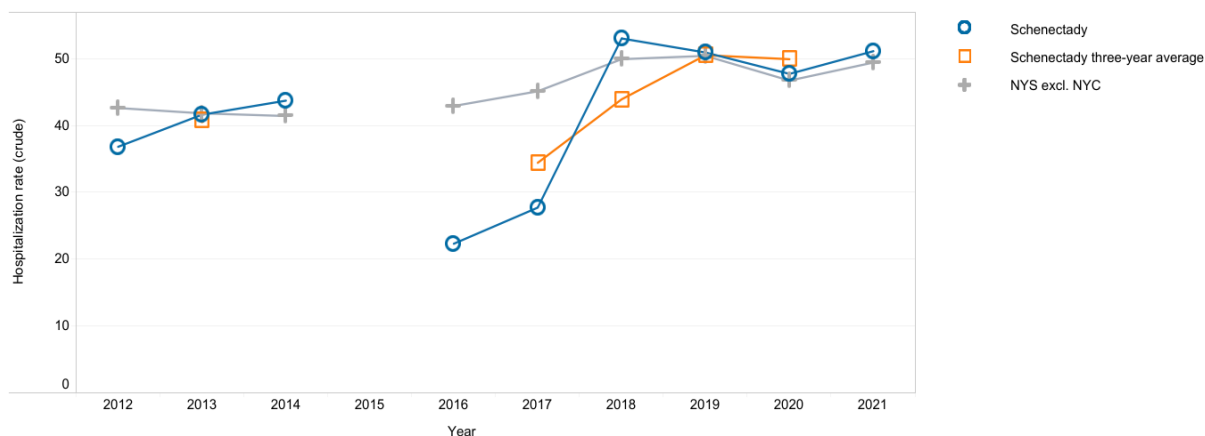
Falls are the leading cause of injury deaths among older adults and the most common cause of nonfatal injuries and hospital admissions for trauma. Due to falls, 140 older New Yorkers are hospitalized daily, with two deaths every day in the same population. Approximately 60% of those hospitalized for a fall end up in a nursing home or rehabilitation center. Such falls incur \$1.7 billion in annual hospitalization charges in New York State.

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, 3 million older adults visit the ER due to falls. 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. Falls are also the most common cause of traumatic brain injury (TBI). TBI accounts for almost half of fatal falls among older adults. Hip fractures are the most frequent type of fall-related fractures. 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 their risk of falling.

Source: New York State Department of Health. Falls in Older Adults, New York State.

http://www.health.ny.gov/prevention/injury_prevention/falls_in_older_adults_nys.htm

Falls hospitalization rate per 10,000, Schenectady



Source: [New York State Community Health Indicator Reports Dashboard](#)

Neighborhood and Physical Environment

Built Environment – Park Access

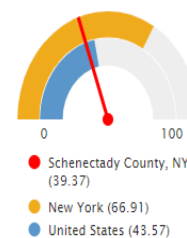
This indicator displays the number of people who live within a 10-minute walk from a park. This rate is lower in Schenectady County than both the NYS and US rates.

Report Area	Total Population	Population Within a 10-Minute Walk	Percent of Population Within a 10-Minute Walk
Schenectady County, NY	158,061	62,224	39.37
New York	20,201,249	13,517,590	66.91
United States	334,735,155	145,858,526	43.57

Note: This indicator is compared to the state average.

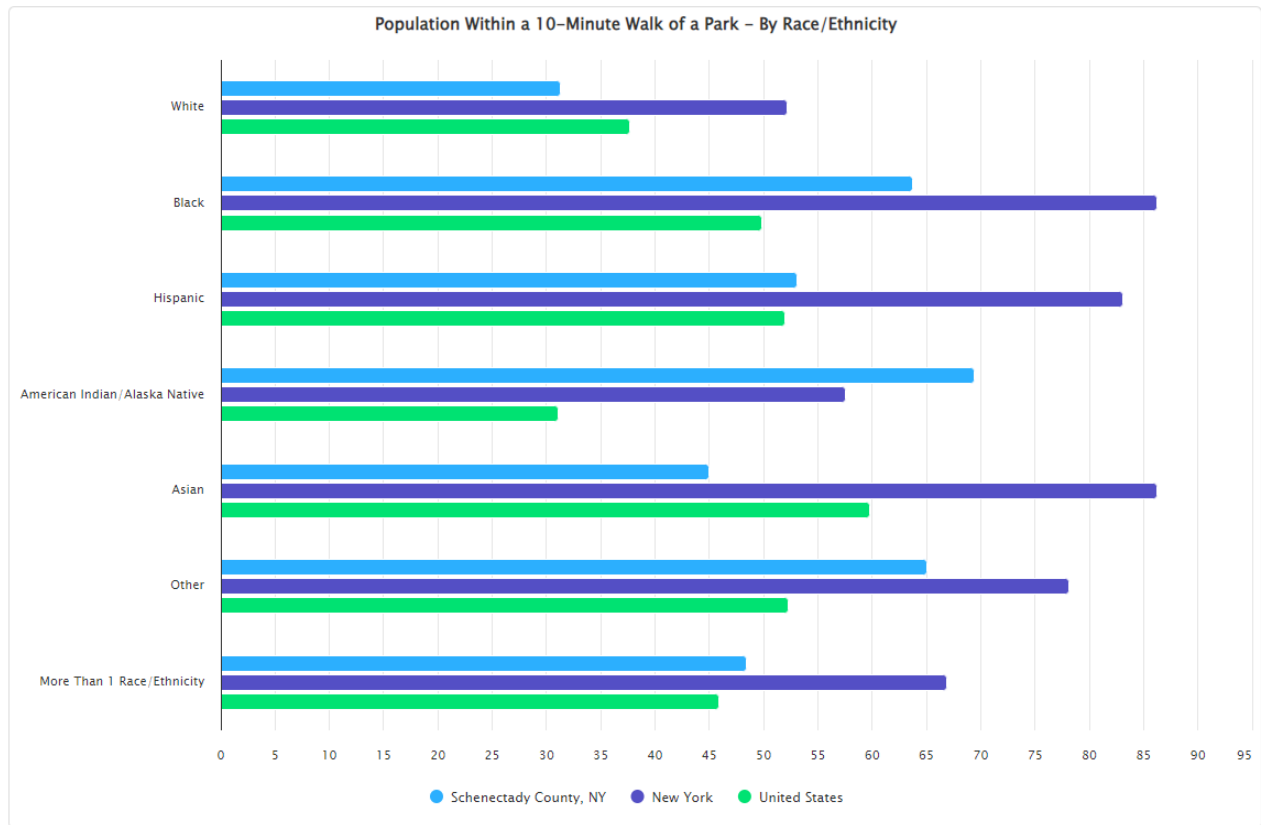
Data Source: Trust for Public Land, 2020. [Show more details](#)

Percent of Population Within a 10-Minute Walk



Population Within a 10-Minute Walk of a Park - By Race/Ethnicity

This chart shows the proportion of each race/ethnicity within a 10-minute walk of a park to the total population of each race/ethnicity in the report area.



Data Source: [Trust for Public Land](#). 2020

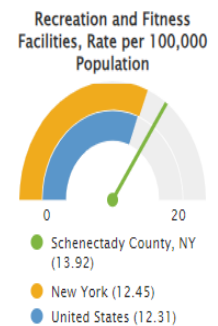
Built Environment – Recreation and Fitness Facility Access

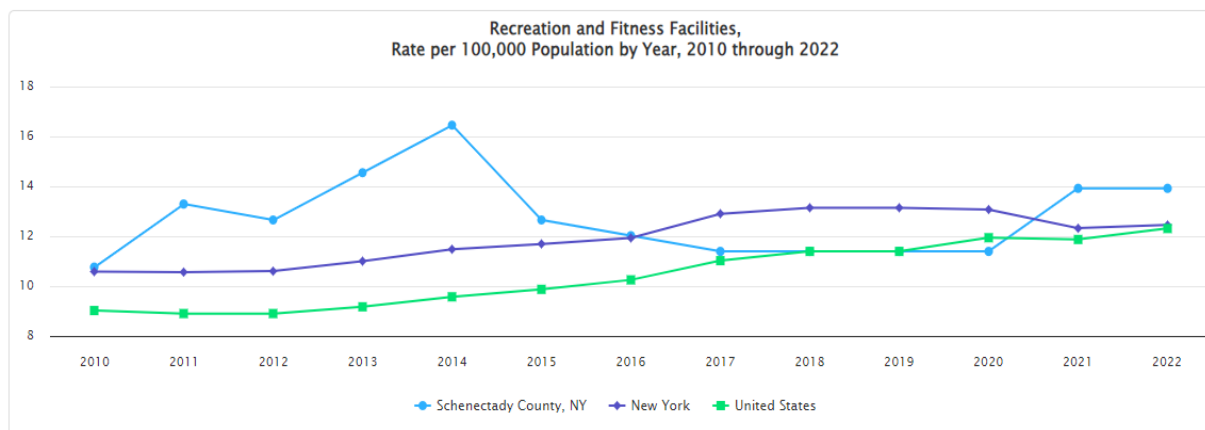
Access to recreation and fitness facilities encourages physical activity and other healthy behaviors. Schenectady County includes 22 establishments primarily engaged in operating fitness and recreational sports facilities featuring exercise and other active physical fitness conditioning or recreational sports activities, such as swimming, skating, or racquet sports.

Report Area	Total Population (2020)	Number of Establishments	Establishments, Rate per 100,000 Population
Schenectady County, NY	158,061	22	13.92
New York	20,201,333	2,515	12.45
United States	331,449,275	40,786	12.31

Note: This indicator is compared to the state average.

Data Source: US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2022. [➔ Show more details](#)





Data Source: US Census Bureau, [County Business Patterns](#). Additional data analysis by [CARES](#). 2022.

Healthy Women, Infants and Children

Prenatal Care

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 health conditions the mother may develop, 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. As many health factors can affect birth outcomes, women of reproductive age should maintain regular preventive care. Inquiry into exposure to environmental toxins, medication use, nutrition, folic acid intake, weight management, genetic conditions and family history should be made as well to address them prior to conception. These inquiries and regular monitoring of health may help to reduce disparities across racial and ethnic groups and also to prevent negative birth outcomes. (U.S. Department of Health and Human Services. Prenatal Care, Office on Women's Health)

Lack of Prenatal Care

Within Schenectady County, the percentage of women who did not obtain prenatal care until the 7th month (or later) of pregnancy or who did not have any prenatal care was 4.86% overall which is lower than the national average rate of 6.12%. This measure can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services.

In addition, Black Non-Hispanic individuals have a lower rate of early prenatal care (66.1%) compared to White Non- Hispanic individuals (81.9%).

Source: NYS county health indicators by Race and Ethnicity, 2019-2021;
www.health.ny.gov/statistics/community/minority/county/schenectady.htm

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 a preterm delivery. Preterm Birth is the leading cause of infant death in the United States and is a leading cause of long-term neurological problems in children. The final weeks of pregnancy are vital; this 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. The overall rate of premature births (<37 weeks gestation) was 10.6% for Schenectady County, which were slightly higher than the NYS rate. In addition, Black non-Hispanic (14.1%) and Hispanic individuals (13.6%) have a higher rate of premature births, when compared with White non-Hispanic individuals (9.4%)

Source: NYS county health indicators by Race and Ethnicity, 2019-2021;
www.health.ny.gov/statistics/community/minority/county/schenectady.htm

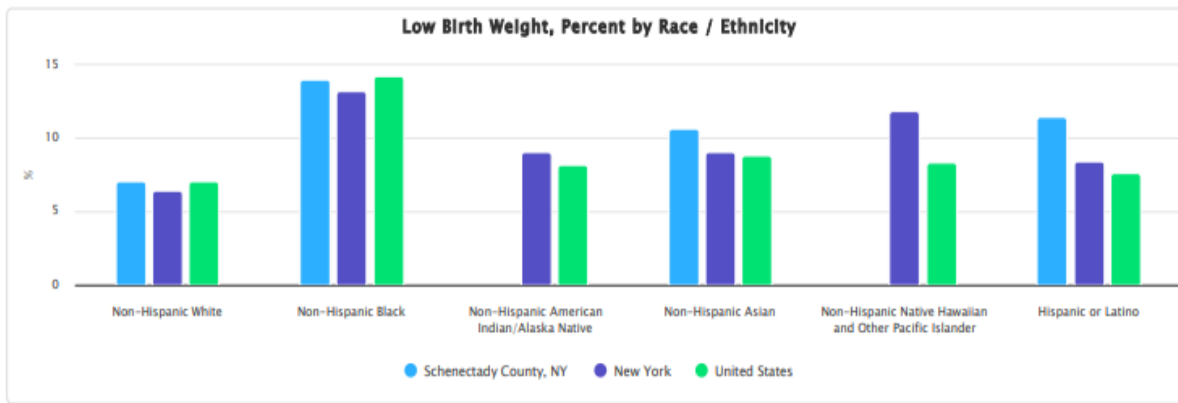
Low Birth Weight Births

Low birth weight is a term used to describe infants weighing less than 2,500 grams (about 5.5 pounds) at birth. Low birth weight is a major cause of infant mortality and long-term disability. Risk factors associated with low birth weight are extremes of maternal age, poor nutrition, inadequate prenatal care, cigarette smoking, drug abuse, history of having a low-birth-weight baby, infections such as cytomegalovirus, low socio-economic background, low educational background and preterm labor. Within Schenectady County, there were 12,592 infants born with low birth weight. This represents 9.0% of the total live births, which is higher than the NYS and US rates.

Report Area	Total Live Births	Low Birthweight Births	Low Birthweight Births, Percentage
Schenectady County, NY	1,127	12,592	9.0%
New York	125,637	1,536,968	8.2%
United States	2,190,533	26,262,906	8.3%

Note: This indicator is compared to the state average.

Data Source: University of Wisconsin Population Health Institute, County Health Rankings. 2016-2022.



Data Source: University of Wisconsin Population Health Institute, County Health Rankings. 2016-2022.

Infant Mortality

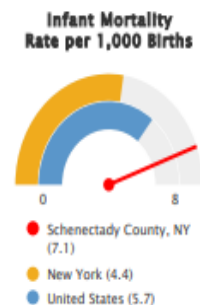
Infant Mortality has long been considered an indicator of a community's health status. Causes of infant mortality in the United States include respiratory distress and other disorders due to low birth weight and preterm birth. Sudden infant death syndrome (SIDS), unintentional injury, birth defects, preterm labor, pregnancy complications, and injuries are other causes of infant mortality.⁵ Infant mortality can be reduced by pregnant women making healthy lifestyle choices, such as smoking cessation and avoidance of other harmful substances, maintenance of a nutritious diet and obtaining early prenatal care. These choices are more common among pregnant women in a community that likewise chooses healthy lifestyles. Infant mortality is reduced in communities that have neonatal specialty care for sick newborns and access to comprehensive pediatric care. This specialized medical care commonly occurs in communities that have comprehensive medical care in general. Infant mortality therefore varies among communities in as much as lifestyles, preventive services and medical care vary. Centers for Disease Control and Prevention. Infant Mortality)

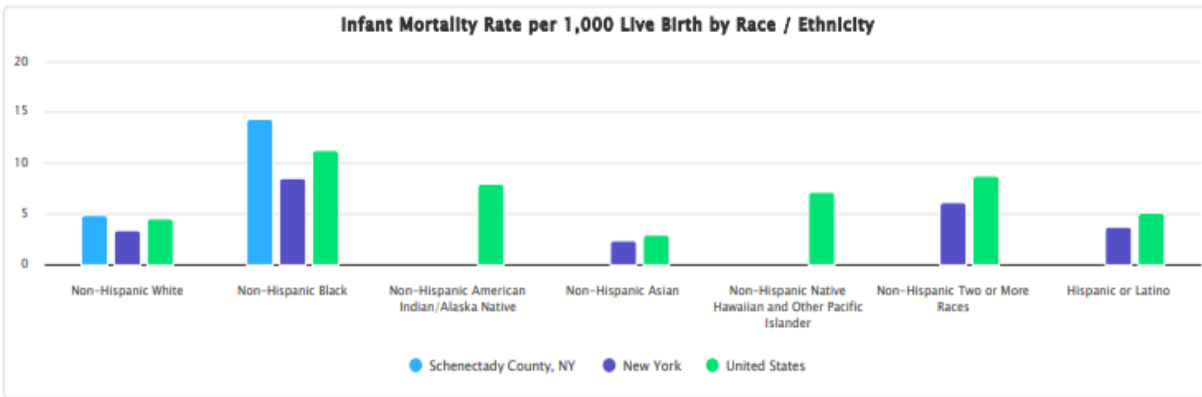
Within Schenectady County, 90 infants died during the 2015-21 seven-year period. This represents 7.1 deaths per 1,000 live births, which is higher than both the NYS and US rates.

Report Area	Number of Infant Deaths	Deaths per 1,000 Live Births
Schenectady County, NY	90	7.1
New York	6,831	4.4
United States	150,841	5.7

Note: This indicator is compared to the state average.

Data Source: University of Wisconsin Population Health Institute, County Health Rankings. 2015-2021.





Data Source: University of Wisconsin Population Health Institute, County Health Rankings. 2015-2021

Adolescent Pregnancy

Infants born to adolescent mothers (ages 15-19 years) are at higher risk of low birth weight, neonatal mortality, preterm births, and Sudden Infant Death Syndrome (SIDS) compared to infants born to mothers in their twenties and thirties. Teen motherhood also reduces a woman's education and employment opportunities.¹ Four out of five pregnancies among women ages 19 and younger were unintended and 3 in 10 girls become pregnant before the age of 20. Children born to single teen mothers are more likely to have behavioral and emotional problems, poorer physical health, and more likely to use tobacco and alcohol. Adolescent parents are more likely to have economic instability, less educational attainment and more likely to live in poverty. (New York State Department of Health. New York State Prevention Agenda: Promoting Healthy Women, Infants and Children Action Plan)

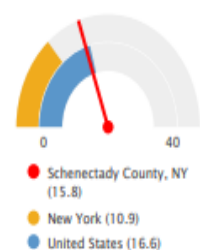
In the report area, of the 33,598 total female population age 15-19, the teen birth rate is 15.8 per 1,000, which is greater than the state's teen birth rate of 10.9, which is higher than the NYS rate, but slightly lower than the US rate.

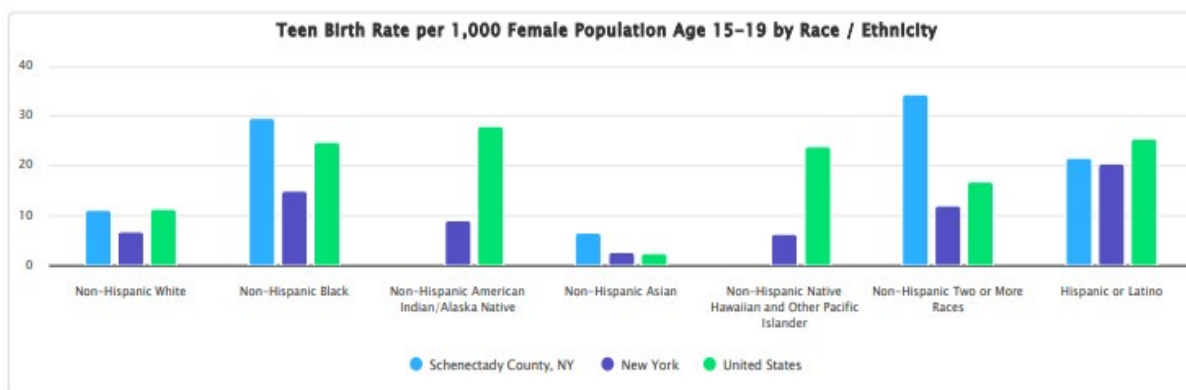
Report Area	Female Population Age 15-19	Teen Births, Rate per 1,000 Female Population Age 15-19
Schenectady County, NY	33,598	15.8
New York	4,114,538	10.9
United States	72,648,322	16.6

Note: This indicator is compared to the state average.

Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via County Health Rankings. 2016-2022.

Teen Birth Rate Per 1,000 Female Population, Ages 15-19



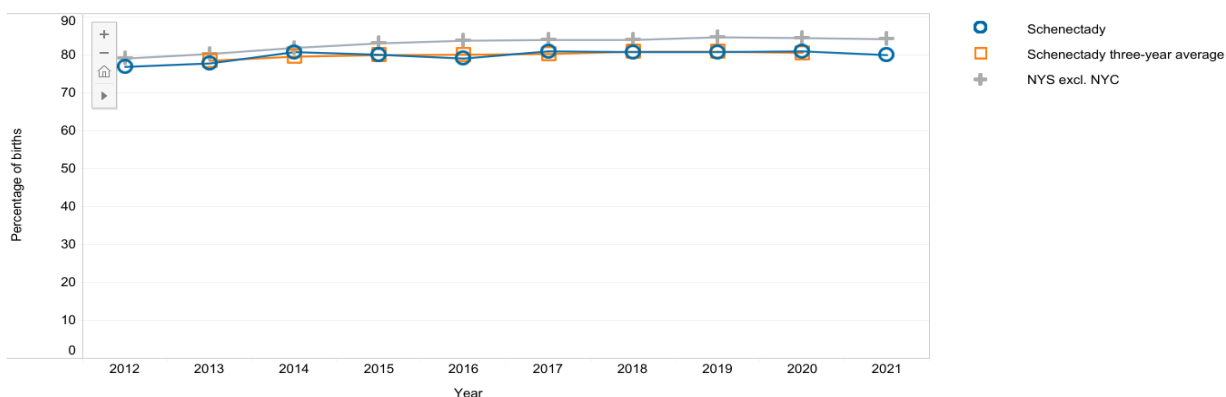


Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via County Health Rankings. 2016-2022.

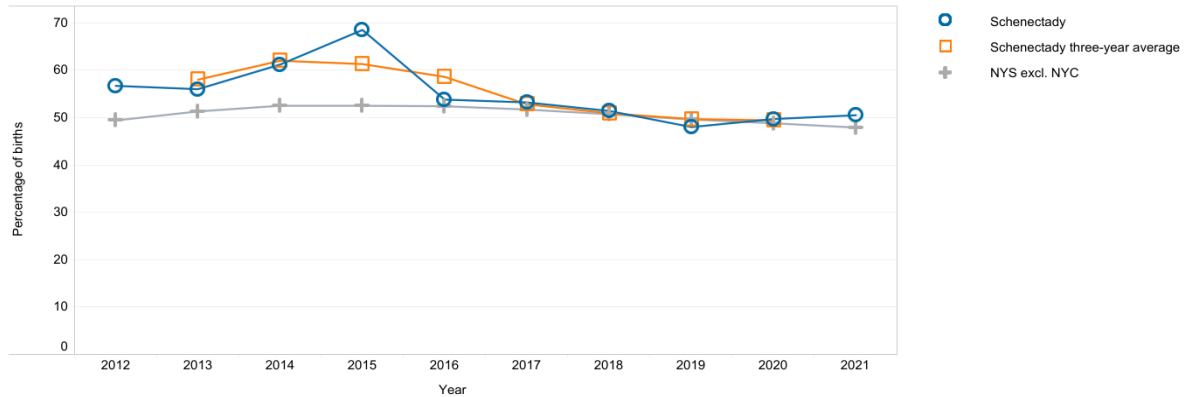
Breastfeeding

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. Additionally, breastfed babies are less likely to develop diseases and infections such as diabetes, asthma, sudden infant death syndrome (SIDS), childhood obesity, and allergies. 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 formula, it also causes less vomiting and diarrhea. Automatically adjusting to the baby's changing needs and eliminating the use of bottles, breastfeeding may be more convenient for the mother as well. Breastfeeding strengthens the bond between mother and baby and may help prevent certain cancers, depression, and osteoporosis in the mother.¹ The positive economic impact of exclusive breastfeeding is well documented. In addition to families saving \$1,200- \$1,500 in formula expenses in the first year, healthier babies and mothers put less financial stress on insurance companies and workplaces. More than \$3 billion a year in medical costs for mothers and children in the United States are attributable to low rates of breastfeeding. (New York State Department of Health. Breastfeeding Your Baby: Breastfeeding-Simply the Best)

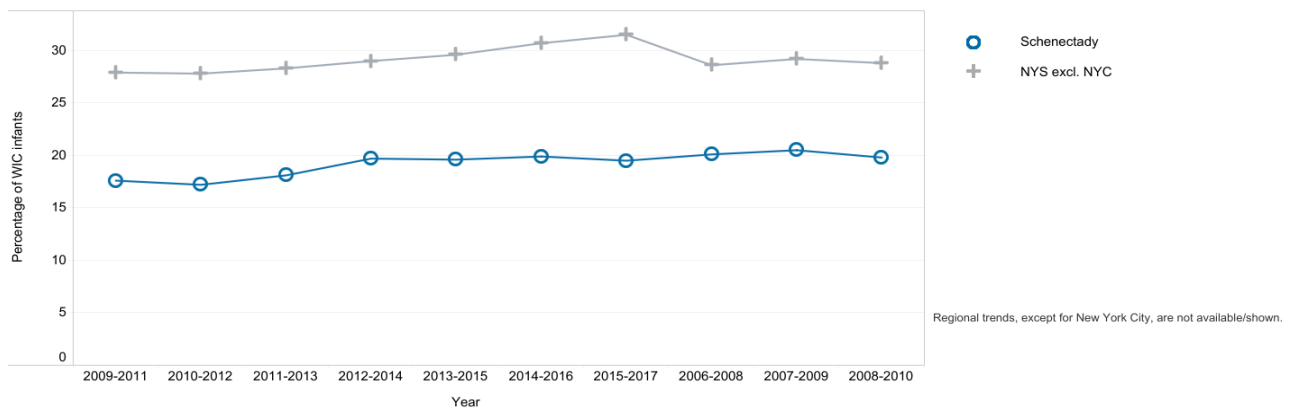
Percentage of infants fed any breast milk in delivery hospital, Schenectady



Percentage of infants fed exclusively breast milk in delivery hospital, Schenectady



Percentage of WIC infants breastfeeding at least 6 months, Schenectady



Data Source: NYS Community Health Indicator Reports Dashboard- Schenectady County; [New York State Community Health Indicator Reports Dashboard](#)

Mental Health and Substance Use Disorder

Mental Health and Suicide

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. Though the FY25 CHNA update, mental illness, including suicide was identified as the second priority. (New York State Department of Health. Office of Mental Health)

Poor Mental Health Days

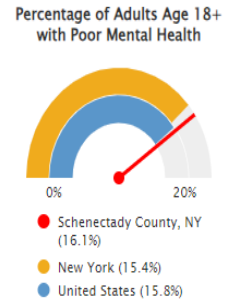
The percentage of adults Age 18+ who report 14 or more poor mental health days during the past 30 day period was higher in Schenectady County than the NYS and US Average.

Source: NYS Department of Health. [Priority Area: Mental Health/Substance Abuse - Mental Health](#)

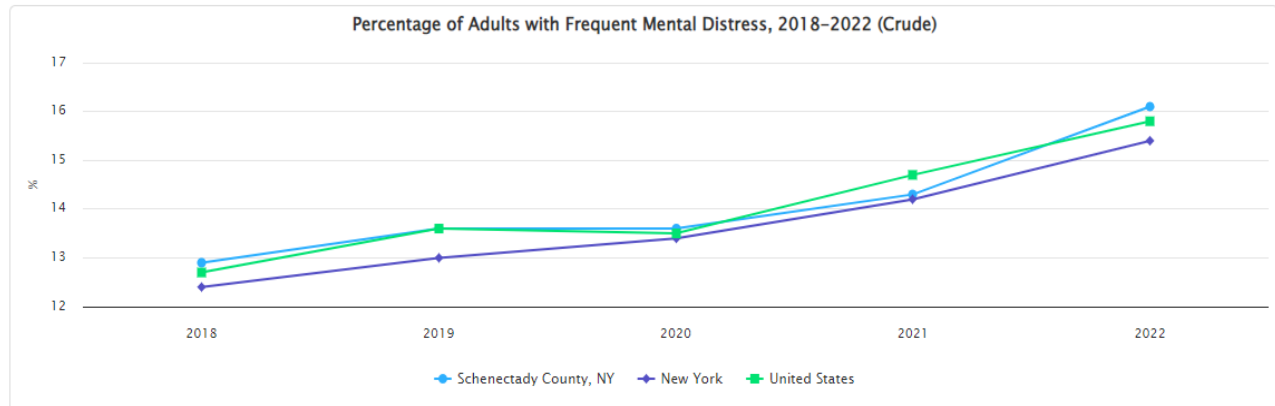
Report Area	Total Population	Adults Age 18+ with Poor Mental Health (Crude)	Adults Age 18+ with Poor Mental Health (Age-Adjusted)
Schenectady County, NY	160,093	16.1%	16.9%
New York	19,677,151	15.4%	16.1%
United States	333,287,557	15.8%	16.4%

Note: This indicator is compared to the state average.

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022. → Show more details



Over the past four years the rates have increased, as evidenced in the chart below:



Data Source: Centers for Disease Control and Prevention, [Behavioral Risk Factor Surveillance System](#). Accessed via the [PLACES Data Portal](#). 2022.

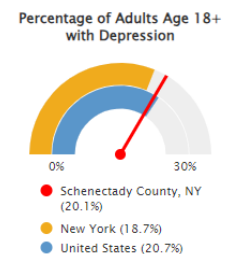
Depression

According to the 2022 BRFSS, Schenectady County adults reported a higher than state average incidence of depression (as diagnosed by a health professional) at 20.1%.

Report Area	Total Population	Adults Age 18+ with Depression (Crude)	Adults Age 18+ with Depression (Age-Adjusted)
Schenectady County, NY	160,093	20.1%	20.7%
New York	19,677,151	18.7%	19.3%
United States	333,287,557	20.7%	21.1%

Note: This indicator is compared to the state average.

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022. → Show more details



Mortality – Suicide

Suicide and deaths of despair can be an alarming outcome of untreated behavioral health concerns.

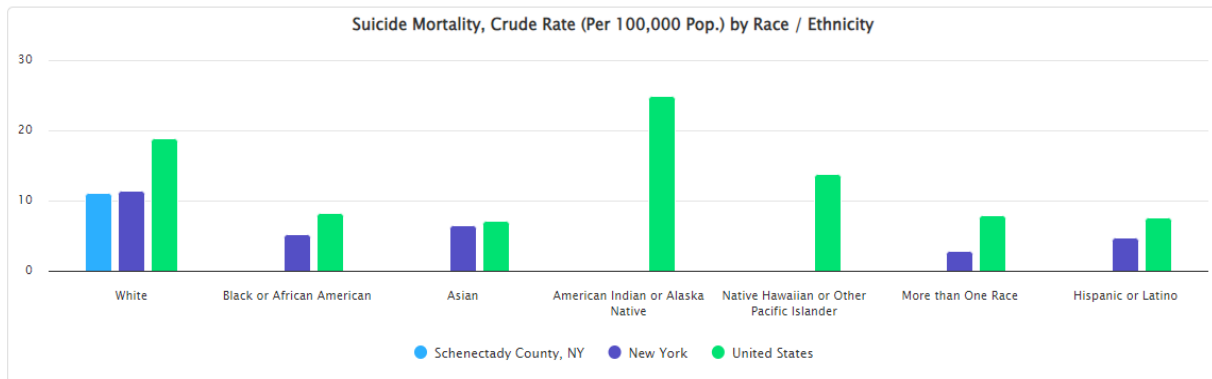
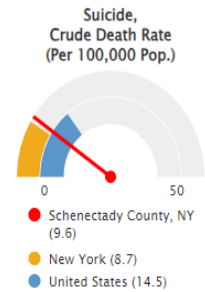
This indicator below reports the 2018 – 2022 five-year average rate of death due to intentional self-harm (suicide) per 100,000 population. Figures are reported as crude rates. Rates are re-summarized for report areas from county level data, only where data is available. This indicator is relevant because suicide is an indicator of poor mental health. Within Schenectady County, there are a total of 75 deaths due to suicide. This represents a crude death rate of 9.6 per every 100,000 total population, which is higher than the NYS rate, but lower than the US rate.

Source: Trinity Health Data Hub, 2024

Report Area	Total Population, 2018-2022 Average	Five Year Total Deaths, 2018-2022 Total	Crude Death Rate (Per 100,000 Population)
Schenectady County, NY	156,838	75	9.6
New York	19,569,122	8,495	8.7
United States	330,014,476	239,493	14.5

Note: This indicator is compared to the state average.

Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2018-2022. → Show more details



Data Source: Centers for Disease Control and Prevention, [CDC - National Vital Statistics System](#). Accessed via [CDC WONDER](#). 2018-2022

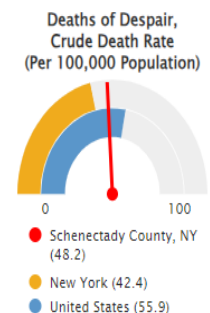
Deaths of Despair

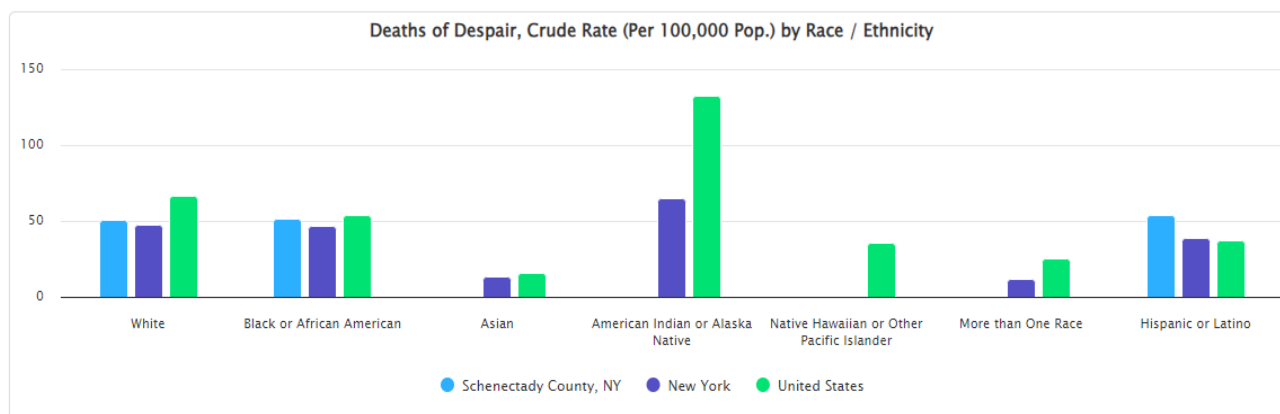
Deaths of despair are defined as death attributed to suicide, alcohol-related disease, or drug overdose. Within Schenectady County there were 378 deaths of despair. This represents a crude death rate of 48.2 per every 100,000 total population, which is higher than both the NYS and US rates.

Report Area	Total Population, 2018-2022 Average	Five Year Total Deaths, 2018-2022 Total	Crude Death Rate (Per 100,000 Population)
Schenectady County, NY	156,838	378	48.2
New York	19,569,122	41,472	42.4
United States	330,014,476	922,513	55.9

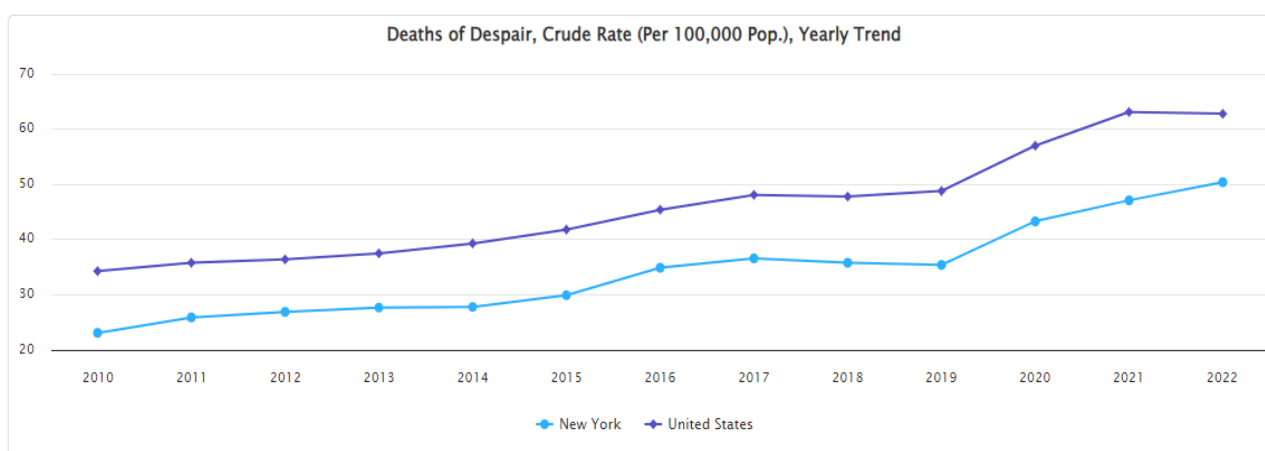
Note: This indicator is compared to the state average.

Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2018-2022. → Show more details





Data Source: Centers for Disease Control and Prevention, [CDC - National Vital Statistics System](https://www.cdc.gov/nvss/). Accessed via [CDC WONDER](https://wonder.cdc.gov/). 2018-2022



Alcohol and Substance Use

The National Survey on Drug Use and Health (NDUH) estimates suggest there are over 1.3 million New Yorkers with a substance abuse problem, representing approximately 6.7% of the population. This figure does not fully represent the widespread impact of substance abuse, however, because of the millions of other individuals whose lives are also affected: the children, spouses, and extended families of substance abusers, as well as other affected bystanders.

Alcohol Misuse

Adults in Schenectady County reported both engaging in excessing drinking, defined as binge or heaving drinking, at 20.2% compared to the NYS average of 19.1% (BRFSS, 2022). The percent of driving deaths with alcohol involvement was 41% in Schenectady County, which is higher than the NYS rate of 21% (County Health Rankings, 2021).

Substance Use

Within Schenectady County there were a total of 208 deaths due to drug poisoning (from 2018-2022), this represents a death rate of 26.5 per every 100,000 population. This data is relevant because,

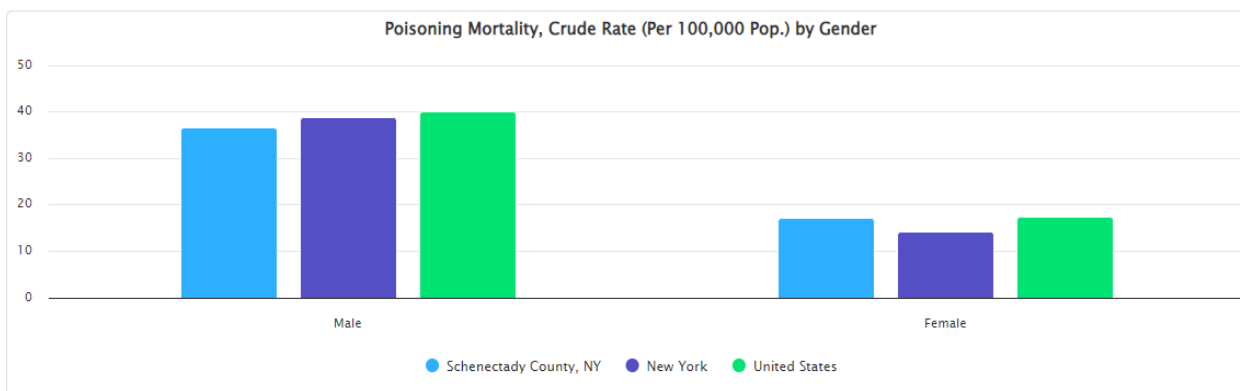
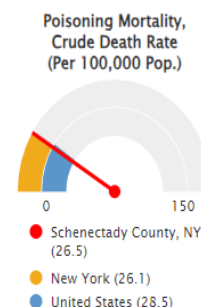
poisoning deaths, especially from drug overdose are a national public health emergency. Rates for Schenectady County are similar to the NYS and US rates, as noted in the charge below.

Data Source: Trinity Health Data Hub, 2024

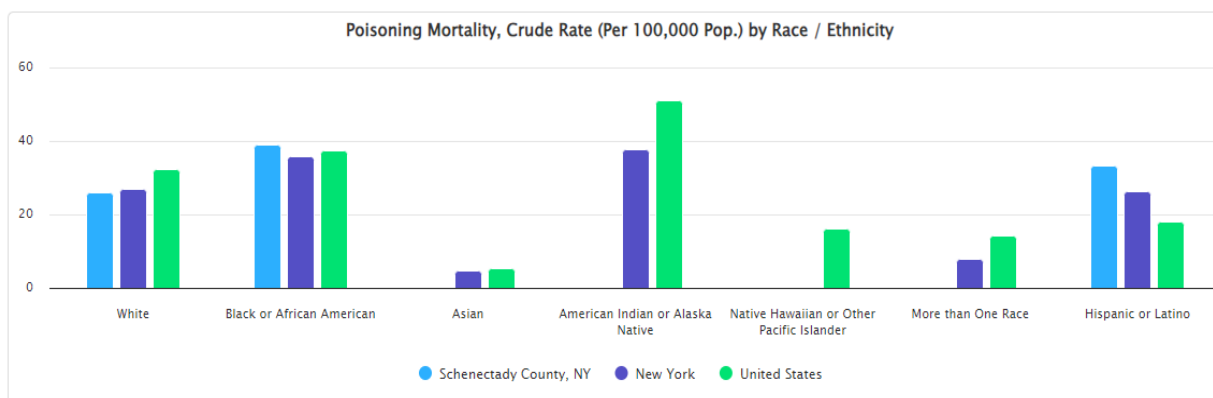
Report Area	Total Population, 2018-2022 Average	Five Year Total Deaths, 2018-2022 Total	Crude Death Rate (Per 100,000 Population)
Schenectady County, NY	156,838	208	26.5
New York	19,569,122	25,566	26.1
United States	330,014,476	469,860	28.5

Note: This indicator is compared to the state average.

Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2018-2022. [Show more details](#)



Data Source: Centers for Disease Control and Prevention, [CDC - National Vital Statistics System](#). Accessed via [CDC WONDER](#). 2018-2022



Data Source: Centers for Disease Control and Prevention, [CDC - National Vital Statistics System](#). Accessed via [CDC WONDER](#). 2018-2022

Opioid Misuse

Opioid Mortality Overdose deaths involving any opioid among NYS residents increased more than 360 percent from 1,074 deaths in 2010 to 5,017 deaths in 2021, with a sharp increase of 70.7 percent from 2,939 deaths in 2019. The 2021 crude rate of 25.3 overdose deaths involving any opioid per 100,000 population in NYS was over four and a half times that of 5.5 in 2010. The crude rate was highest among those aged 25-44 years (43.2 per 100,000), followed closely by those aged 45-64 years (42.1 per

100,000). The rates were almost three times higher among males (37.8 per 100,000) as compared to females (13.3 per 100,000). Crude rates were higher among Black non-Hispanic (37.2 per 100,000) and Hispanic (28.2 per 100,000) individuals, and slightly higher among NYC residents (25.4 per 100,000) as compared to residents in NYS exclusive of NYC.

In 2021, 91.6 percent of all overdose deaths involving any opioid involved synthetic opioids other than methadone, predominantly illicitly manufactured fentanyl.

Source: National Center for Health Statistics. Multiple Cause of Death 1999-2020 on CDC WONDER Online Database. Centers for Disease Control and Prevention. Accessed January 2022.

Year	Schenectady County*	New York State
2018	16.1	15.0
2019	20.0	14.9
2020	18.0	21.2
2021	27.8	24.6

Data Source: NYS Vital Statistics Data as of June 2024

** County of residence was assigned based on ZIP code for cases in which patient county of residence was listed as unknown or missing, but a valid NY ZIP code was present*

Infectious Disease

Vaccine Preventable Disease

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. 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. (Centers for Disease Control and Prevention.)

COVID-19

In March 2020, communities across the United States and in Albany and Rensselaer counties experienced closures in schools, retail establishments, social services, and drastically reduced availability of healthcare services due to the onset of the COVID-19 pandemic. Peter's Health Partners, including Sunnyview, paused procedures and focused work on COVID-19 testing, and eventually vaccine access in early 2021, in partnership with our local county health department and others to help community organizations and services reopen as quickly and safely as possible. Underserved and vulnerable populations such as older adults, people who are income constrained, and communities of color were disproportionately impacted by COVID-19 and its social and economic effects. recovery has begun to take place with the broad availability of vaccines.

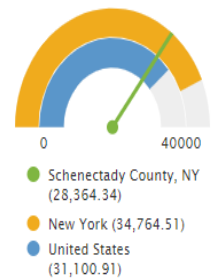
While the total number of cases cannot be known, the total number of reported COVID-19 positive tests in Schenectady County is reported below:

Report Area	Total Population	Total Confirmed Cases	Confirmed Cases, Rate per 100,000 Population	Last Update
Schenectady County, NY	155,350	44,064	28,364.34	03/10/2023
New York	19,542,209	6,793,753	34,764.51	03/10/2023
United States	326,262,499	101,470,604	31,100.91	03/10/2023

Note: This indicator is compared to the state average.

Data Source: Johns Hopkins University. Accessed via ESRI. Additional data analysis by CARES. 2022. → Show more details

COVID-19 Cases, Rate per 100,000 Population



Any loss of life is felt within the community. The percent of deaths in Schenectady County attributed to COVID-19, as of 3/10/23 was 243.97 per 100,00 population, which is less than the state average of 391.93 /100,000

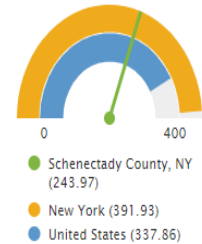
Source: Trinity Health Data Hub

Report Area	Total Population	Total Deaths	Deaths, Rate per 100,000 Population	Last Update
Schenectady County, NY	155,350	379	243.97	03/10/2023
New York	19,542,209	76,592	391.93	03/10/2023
United States	326,262,499	1,102,319	337.86	03/10/2023

Note: This indicator is compared to the state average.

Data Source: Johns Hopkins University. Accessed via ESRI. Additional data analysis by CARES. 2022. → Show more details

COVID-19 Deaths, Crude Rate per 100,000 Population



COVID-19 Fully Vaccinated Adults

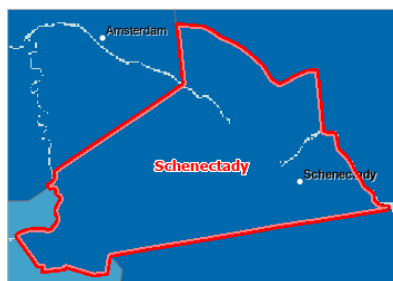
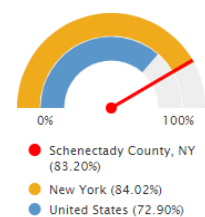
This indicator reports the percent of adults fully vaccinated for COVID-19. Data is updated daily from the CDC API. Vaccine hesitancy is the percent of the population estimated to be hesitant towards receiving a COVID-19 vaccine. The Vaccine Coverage Index is a score of how concerning vaccine rollout may be in some communities compared to others, with values ranging from 0 (least concerning) to 1 (most concerning).

Report Area	Percent of Adults Fully Vaccinated	Estimated Percent of Adults Hesitant About Receiving COVID-19 Vaccination	Vaccine Coverage Index	Last Update
Schenectady County, NY	83.20%	6.86%	0.15	09/28/2022
New York	84.02%	6.02%	0.23	09/28/2022
United States	72.90%	10.33%	0.44	09/28/2022

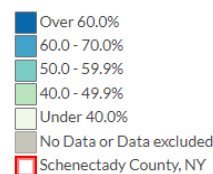
Note: This indicator is compared to the state average.

Data Source: Centers for Disease Control and Prevention and the National Center for Health Statistics, CDC - GRASP. 2018-22. → Show more details

Fully Vaccinated Adults



Fully Vaccinated Adults (COVID-19), Percent by County, CDC 2022



Sexually Transmitted Infection

Public health prevention and control of sexually transmitted infections, both nationally as well as in New York State, were severely disrupted due to COVID-19 in 2020 and 2021 resulting in large increases in gonorrhea and syphilis diagnoses and decreases in chlamydia screenings. In 2022, NYS reported diagnoses of gonorrhea increased for the ninth consecutive year, while primary and secondary syphilis increased for the fifth consecutive year; chlamydia increased for the second consecutive year after declining in 2020. Data from the Centers for Disease Control and Prevention (CDC) ranks New York State 14th, 15th, and 22nd among all states in 2022 for rates per 100,000 of chlamydia, gonorrhea, and primary and secondary syphilis, respectively; and 41st for rate per 100,000 live births of congenital syphilis. In 2022, the highest rates of sexually transmitted infections in New York State continued to be seen in young persons, non-Hispanic Black individuals, and men who have sex with men; further, with the rise in congenital syphilis births, persons of reproductive capacity are a population of concern with respect to sexually transmitted infection transmissions. (Sexually Transmitted infections by County, New York State, 2022)

Table: Sexually Transmitted Infections by Region/County, New York State, 2022

Region/County	Early Syphilis		Gonorrhea		Chlamydia	
	Diagnoses	Rate	Diagnoses	Rate	Diagnoses	Rate
Schenectady County	30	18.3	479	315.7	679	439.0
New York State (NYS)	9,270	49.5	43,368	230.9	103,689	553.4

Rates are per 100,000 persons, and age adjusted.

Data Source: Sexually Transmitted infections by County, New York State, 2022

Lyme Disease

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

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 the National Institutes of Health (NIH), studies have shown that 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. (Centers for Disease Control and Prevention. Lyme Disease)

Patients diagnosed with later stages of 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. Studies have shown that prolonged courses of antibiotics are not helpful among individuals with these symptoms and can cause serious complications. (Centers for Disease Control and Prevention. Post-Treatment Lyme Disease Syndrome)

Incidence of Lyme disease increased in Schenectady County from 2016-2018 to 2019-2021 and was higher than the NYS rate.

Lyme Disease Incidence per 100,000	2016-2018	2019-2021
Schenectady County	68.7	97.3
New York State	65.4	34.8

Source: NYS Community Health Indicator Reports Dashboard; Communicable Disease Indicators; https://apps.health.ny.gov/public/tabvis/PHIG_Public/chirs/reports/

Centers for Disease Control and Prevention. Lyme Disease. <http://www.cdc.gov/lyme/>

Significant Community Health Needs

Process for Prioritizing and Prioritized List of Identified Needs

This CHNA identified the top needs within the service area of Sunnyview Rehabilitation Hospital. Needs were prioritized from data gathered through community surveys, quantitative data, and input from the Schenectady County External Workgroup. In October 2024, data from the community surveys and quantitative data was reviewed.

The needs were prioritized into 15 categories. Criteria used for prioritization included:

1. Key factors in achieving health equity; or the state in which everyone has a fair and just opportunity to attain their highest level of health (CDC)
2. Urgency for addressing the need – severity of the need
3. Potential Impact on the greatest number of people
4. Feasibility of effective intervention – Measurable outcomes in 3 years.

The Schenectady County External Workgroup members individually ranked each health need/priority area, on a scale of 1-5 using each of the criteria as a lens (5 = high(er) importance; 1=Low(er) importance). Individual results were tabulated into the collective ranking below.

Listing of the Identified and Numerically Prioritized Health Needs: Sunnyview Rehabilitation Hospital, Schenectady County:

1. Social Determinants of Health
2. Diabetes
3. Obesity
4. Alcohol and Drug Use

5. **Mental Illness Including Suicide**
6. **Immunization and related Disease including COVID-19**
7. **Poor Birth Outcomes**
8. **Tobacco use**
9. **Cardiac Conditions including Stroke, Hypertension and Heart Disease**
10. **Asthma**
11. **Sexually Transmitted Infections**
12. **Cancer**
13. **Childhood Lead Exposure**
14. **Injuries and Falls**
15. **Tick-Born Disease**

Conclusion

This assessment is an effort to analyze the current state of health and socioeconomic factors in the Sunnyview Rehabilitation Hospital service area (Schenectady County). Limitations and inconsistencies in available data can make it challenging to accurately compare indicator performance between the local communities, the state, and the nation as a whole. As areas of concern are selected for further conversation about community collaboration and community benefit planning, additional data may be sought if needed.

Governing Board Review

The Board of Directors at St. Peter's Health Partners, which includes Sunnyview Rehabilitation Hospital adopted this Community Health Needs Assessment on April 25, 2025.

Implementation Strategy

After reviewing the data and scoring from the Schenectady County External Workgroup, St. Peter's Health Partners- Sunnyview Rehabilitation Hospital will focus on developing/supporting initiatives and measure their effectiveness to improve the following health needs:

1. Chronic Disease Prevention
 - a. Diabetes and Obesity
 - b. Healthy Eating and Food Security

Once drafted, the Community Health Implementation Strategy will be presented to the St. Peter's Health Partners Board for approval. Once approved, the Implementation Strategy will be posted to the websites listed below by October 2025.

Communication

This Community Health Needs Assessment was made available to the many community members and organizations who participated in the process. Additionally, it is available on the Sunnyview Rehabilitation Hospital website (www.sphp.com/sunnyview-rehabilitation-hospital), the St. Peter's Health Partners website (www.sphp.com). Paper copies may be requested by contacting:

St. Peter's Health Partners Community Health and Well-Being

315 S. Manning Boulevard Albany, NY 12208
518-525-6640

Comments about this document may also be sent to the address above, **SUBJECT: CHNA Comments**

Next CHNA Due Date

The next Community Needs Assessment will be scheduled for completion by June 23, 2026.

Appendix A: Prioritization Survey

Criteria-Weighting Health Need Prioritization Method

Rank each health need below on a scale of 1-5 using each of the criteria as a lens (5 = high(er) importance; 1=Low(er) importance). If there are more than five health needs, leave the cells blank for the needs deemed "lowest importance", based on each criteria.

Name:

Organization:

Health Needs	CRITERIA				
	Key factor in achieving Health Equity	Urgency for addressing the need/ Severity of need	Potential Impact on the greatest number of people	Feasibility of effective interventions/ Measurable outcomes in 3 years	Total Score
Cardiac Conditions (Stoke, Hypertension, Heart Disease)					#DIV/0!
Sexually transmitted infections					#DIV/0!
Diabetes					#DIV/0!
Asthma					#DIV/0!
Injuries and falls					#DIV/0!
Tobacco use					#DIV/0!
Obesity					#DIV/0!
Tick-borne disease					#DIV/0!
Mental Illness including suicide					#DIV/0!
Social determinants of health					#DIV/0!
Poor birth outcomes					#DIV/0!
Childhood lead exposure					#DIV/0!
Alcohol and Drug misuse					#DIV/0!
Immunization and related disease (Including COVID-19)					#DIV/0!
Cancer					#DIV/0!

Appendix B: Community Health Survey

St. Peter's Health Partners Community Health Survey: 2024

St. Peter's Health Partners will use your feedback to help improve the communities we served.
Thank you for your participation.

* Required

1. How would you describe your community? *

2. If someone was thinking about moving to your community, what would you say are some of the biggest strengths or the most positive things about it? *

3. What are some of the biggest problems or concerns in your community (ex. transportation; affordable housing; education; childcare; financial stress; food insecurity; violence; employment, etc. *

4. How have these issues affected your community? *

5. How serious a public health problem in your community is each of the following? *

	Not at all serious	Not too serious	Somewhat serious	Very serious	All of the above	None of the above
Obesity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
COVID-19	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Misuse of drugs or alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental illness including suicide	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cardiac conditions, heart disease and stroke	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tobacco use and vaping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Asthma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poor birth outcomes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexually transmitted infections	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Childhood lead exposure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Determinants of Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tick-borne disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. What kind of health services do you want more available in your community? (check all that apply) *

- ☐ Mental health services
- ☐ Drug and alcohol services
- ☐ Dental care
- ☐ Health care
- ☐ Urgent care
- ☐ pharmacies
- ☐ Other

7. Select all that are difficult for someone in your community to access: *

- ☐ Employment with a livable wage
- ☐ Childcare
- ☐ Public transportation to get to needed services
- ☐ Healthy food at a nearby location
- ☐ Recreation facilities such as public parks, playgrounds, swimming pools, etc.
- ☐ Safe housing
- ☐ Internet
- ☐ Narcan (Naloxone) opioid overdose reversal kits

Please Indicate your home zip code:

Appendix C: Trinity Health Data Hub Data Tables – Sourced from www.trinityhealthdatahub.org, 2024.

Data Category	Data Indicator	Indicator Attribute	Schenectady County	New York	USA
DEMOGRAPHICS					
Demographics	Citizenship Status	Native	140,905	14,975,080	280,288,133
Demographics	Citizenship Status	Born in a U.S. Territory	1,333	263,919	2,074,396
Demographics	Citizenship Status	Born Abroad to U.S. Citizens	1,175	246,444	3,453,993
Demographics	Citizenship Status	Naturalized	10,753	2,687,645	23,666,167
Demographics	Citizenship Status	Non-Citizen	5,281	1,821,291	21,614,904
Demographics	Citizenship Status	Non-Citizen, Percent	3.31%	9.11%	6.53%
Demographics	Foreign-Born Population	Total Population	159,447	19,994,379	331,097,593
Demographics	Foreign-Born Population	Naturalized U.S. Citizens	10,753	2,687,645	23,666,167
Demographics	Foreign-Born Population	Population w/o U.S. Citizenship	5,281	1,821,291	21,614,904
Demographics	Foreign-Born Population	Total Foreign-Birth Population	16,034	4,508,936	45,281,071
Demographics	Foreign-Born Population	Foreign-Birth Population, Percent of Total Population	10.06%	22.55%	13.68%
Demographics	Medicare Enrollment	Total Medicare Beneficiaries	29,928	3,389,406	59,319,668
Demographics	Medicare Enrollment	Medicare Advantage Beneficiaries	18,841	1,790,206	29,679,713
Demographics	Medicare Enrollment	FFS Beneficiaries	11,087	1,599,200	29,639,955
Demographics	Medicare Enrollment	Medicaid Eligible, Percentage	24.25%	22.87%	16.50%
Demographics	Medicare Enrollment	Avg. Age of FFS Beneficiaries	72	73	73
Demographics	Population Age 0-4	Total Population	159,447	19,994,379	331,097,593
Demographics	Population Age 0-4	Population Age 0-4	9,273	1,121,872	19,004,925
Demographics	Population Age 0-4	Percent Population Age 0-4	5.82%	5.61%	5.74%
Demographics	Population Age 18+	Total Population	159,447	19,994,379	331,097,593
Demographics	Population Age 18+	Population Age 18+	125,369	15,865,936	257,883,888
Demographics	Population Age 18+	Percent Population Age 18+	78.63%	79.36%	77.89%
Demographics	Population Age 18-64	Total Population	159,447	19,994,379	331,097,593
Demographics	Population Age 18-64	Population Age 18-64	97,518	12,463,652	203,146,240
Demographics	Population Age 18-64	Population Age 18-64, Percent	61.16%	62.34%	61.36%
Demographics	Population Age 5-17	Total Population	159,447	19,994,379	331,097,593
Demographics	Population Age 5-17	Population Age 5-17	24,805	3,006,571	54,208,780
Demographics	Population Age 5-17	Population Age 5-17, Percent	15.56%	15.04%	16.37%
Demographics	Population Age 65+	Total Population	159,447	19,994,379	331,097,593
Demographics	Population Age 65+	Population Age 65+	27,851	3,402,284	54,737,648
Demographics	Population Age 65+	Population Age 65+, Percent	17.47%	17.02%	16.53%
Demographics	Population Geographic Mobility	Total Population	157,588	19,779,789	327,615,004
Demographics	Population Geographic Mobility	Population In-Migration	10,218	922,164	20,007,963
Demographics	Population Geographic Mobility	Percent Population In-Migration	6.48%	4.66%	6.11%
Demographics	Population Under Age 18	Total Population	159,447	19,994,379	331,097,593
Demographics	Population Under Age 18	Population Under Age 0-17	34,078	4,128,443	73,213,705
Demographics	Population Under Age 18	Population Age 0-17, Percent	21.37%	20.65%	22.11%
Demographics	Population with Any Disability	Total Population (For Whom Disability Status Is Determined)	157,890	19,789,790	326,147,510
Demographics	Population with Any Disability	Population with a Disability	20,010	2,355,119	41,941,456
Demographics	Population with Any Disability	Population with a Disability, Percent	12.67%	11.90%	12.86%
Demographics	Population with Limited English Proficiency	Population Age 5+	150,174	18,872,507	312,092,668
Demographics	Population with Limited English Proficiency	Population Age 5+ with Limited English Proficiency	4,200	2,478,784	25,704,846
Demographics	Population with Limited English Proficiency	Population Age 5+ with Limited English Proficiency, Percent	2.80%	13.13%	8.24%
Demographics	Total Population	Total Population	159,447	19,994,379	331,097,593
Demographics	Total Population	Total Land Area (Square Miles)	204.67	47,123.42	3,533,269.34
Demographics	Total Population	Population Density (Per Square Mile)	779	424	94
Demographics	Urban and Rural Population	Total Population	158,061	20,201,249	331,449,281
Demographics	Urban and Rural Population	Urban Population	144,075	17,665,166	265,149,027
Demographics	Urban and Rural Population	Rural Population	13,986	2,536,083	66,300,254
Demographics	Urban and Rural Population	Urban Population, Percent	91.15%	87.45%	80.00%
Demographics	Urban and Rural Population	Rural Population, Percent	8.85%	12.55%	20.00%
Demographics	Veteran Population	Total Population Age 18+	125,190	15,840,317	256,649,167
Demographics	Veteran Population	Total Veterans	7,267	634,062	17,038,807
Demographics	Veteran Population	Veterans, Percent of Total Population	5.80%	4.00%	6.64%
Health Care Access					
Data Category	Data Indicator	Indicator Attribute	Schenectady County	New York	USA
Healthcare Access	Access to Care - Addiction/Substance Abuse Providers	Total Population (2020)	158,061	20,201,249	334,735,155
Healthcare Access	Access to Care - Addiction/Substance Abuse Providers	Number of Facilities	7	539	22,065
Healthcare Access	Access to Care - Addiction/Substance Abuse Providers	Number of Providers	56	5,351	95,167
Healthcare Access	Access to Care - Addiction/Substance Abuse Providers	Providers, Rate per 100,000 Population	35.43	26.49	28.43
Healthcare Access	Access to Care - Dentists	Estimated Population	160,093	19,677,156	333,266,964
Healthcare Access	Access to Care - Dentists	Number of Dentists	128	16,332	244,811

Healthcare Access	Access to Care - Dentists	Ratio of Dental Providers to Population(1 Provider per x Persons)	1,250.70	1,204.80	1,361.30
Healthcare Access	Access to Care - Dentists	Dentists, Rate (Per 100,000 Population)	80	83	73.5
Healthcare Access	Access to Care - Mental Health Providers	Total Population (2020)	158,061	20,201,249	334,735,155
Healthcare Access	Access to Care - Mental Health Providers	Number of Facilities	29	6,459	141,278
Healthcare Access	Access to Care - Mental Health Providers	Number of Providers	511	89,350	1,045,976
Healthcare Access	Access to Care - Mental Health Providers	Providers, Rate per 100,000 Population	323.29	442.3	312.48
Healthcare Access	Access to Care - Primary Care	Total Population (2020)	158,061	20,201,249	334,735,155
Healthcare Access	Access to Care - Primary Care	Number of Facilities	43	7,415	129,797
Healthcare Access	Access to Care - Primary Care	Number of Providers	144	24,754	389,218
Healthcare Access	Access to Care - Primary Care	Providers, Rate per 100,000 Population	91.1	122.54	116.28
Healthcare Access	Federally Qualified Health Centers	Total Population (2020)	158,061	20,201,333	334,735,149
Healthcare Access	Federally Qualified Health Centers	Number of Federally Qualified Health Centers	3	537	11680
Healthcare Access	Federally Qualified Health Centers	Rate of Federally Qualified Health Centers per 100,000 Population	1.9	2.66	3.49
Healthcare Access	Health Professional Shortage Areas	Primary Care Facilities	1	109	4446
Healthcare Access	Health Professional Shortage Areas	Mental Health Care Facilities	1	132	4519
Healthcare Access	Health Professional Shortage Areas	Dental Health Care Facilities	1	112	4388
Healthcare Access	Health Professional Shortage Areas	Total HPSA Facility Designations	3	353	13353
Healthcare Access	Health Professional Shortage Areas - Dental Care	Total Population (ACS 2019 5-Year Estimates)	154,859	19,572,319	324,697,795
Healthcare Access	Health Professional Shortage Areas - Dental Care	Dental Health Care HPSA Designation Population	33,227	2,761,805	54,288,291
Healthcare Access	Health Professional Shortage Areas - Dental Care	HPSA Designation Population, Percentage of Total	21.46%	14.11%	16.72%
Healthcare Access	Health Professional Shortage Areas - Dental Care	Percentage of HPSA Population Underserved	91.68%	83.94%	67.52%
Healthcare Access	Insurance - Population Receiving Medicaid	Total Population(For Whom Insurance Status is Determined)	157,890	19,789,790	326,147,510
Healthcare Access	Insurance - Population Receiving Medicaid	Population with Any Health Insurance	151,681	18,758,190	297,832,418
Healthcare Access	Insurance - Population Receiving Medicaid	Population Receiving Medicaid	37,386	5,301,951	66,532,218
Healthcare Access	Insurance - Population Receiving Medicaid	Percent of Insured Population Receiving Medicaid	24.65%	28.26%	22.34%
Healthcare Access	Insurance - Uninsured Population	Total Population (For Whom Insurance Status is Determined)	157,890	19,789,790	326,147,510
Healthcare Access	Insurance - Uninsured Population	Uninsured Population	6,209	1,031,600	28,315,092
Healthcare Access	Insurance - Uninsured Population	Uninsured Population, Percent	3.93%	5.21%	8.68%
Healthcare Access	Recent Primary Care Visit	Total Population	160,093	19,677,151	333,287,557
Healthcare Access	Recent Primary Care Visit	Adults Age 18+ with Routine Checkup in Past 1 Year (Crude)	80.00%	79.30%	76.10%
Healthcare Access	Recent Primary Care Visit	Adults Age 18+ with Routine Checkup in Past 1 Year (Age-Adjusted)	78.50%	77.80%	74.20%
Economic Stability					
Data Category	Data Indicator	Indicator Attribute	Schenectady County	New York	USA
Economic Stability	Area Deprivation Index	Total Population(2020)	158,061	20,201,249	331,129,211
Economic Stability	Area Deprivation Index	State Percentile	79	51	51
Economic Stability	Area Deprivation Index	National Percentile	60	31	46
Economic Stability	Employment - Jobs and Earnings by Sector	FarmJobs	172	52,933	2,567,000
Economic Stability	Employment - Jobs and Earnings by Sector	FarmEarnings(\$1,000)	\$14	\$2,442,888	\$114,272,000
Economic Stability	Employment - Jobs and Earnings by Sector	FarmAverage	\$81	\$46,151	\$44,516
Economic Stability	Employment - Jobs and Earnings by Sector	NonfarmJobs	77,453	12,839,113	209,875,000
Economic Stability	Employment - Jobs and Earnings by Sector	NonfarmEarnings(\$1,000)	\$5,411,898	\$1,159,457,297	\$15,093,680,000
Economic Stability	Employment - Jobs and Earnings by Sector	NonfarmAverage	\$69,873	\$90,307	\$71,917
Economic Stability	Employment - Jobs and Earnings by Sector	Private NonfarmJobs	67,829	11,398,004	185,677,000
Economic Stability	Employment - Jobs and Earnings by Sector	Private NonfarmEarnings(\$1,000)	\$4,339,382	\$981,206,716	\$12,861,899,000
Economic Stability	Employment - Jobs and Earnings by Sector	Private NonfarmAverage	\$63,975	\$86,086	\$69,270
Economic Stability	Employment - Labor Force Participation Rate	Total Population Age 16+	129,383	16,340,862	266,411,973
Economic Stability	Employment - Labor Force Participation Rate	Labor Force	81,403	10,279,583	169,093,585
Economic Stability	Employment - Labor Force Participation Rate	Labor Force Participation Rate	62.92%	62.91%	63.47%
Economic Stability	Employment - Unemployment Rate	Labor Force	77,096	9,643,613	169,402,242
Economic Stability	Employment - Unemployment Rate	Number Employed	74,532	9,239,507	162,627,001
Economic Stability	Employment - Unemployment Rate	Number Unemployed	2,564	404,106	6,775,241
Economic Stability	Employment - Unemployment Rate	Unemployment Rate	3.30%	4.20%	4.00%
Economic Stability	Food Insecurity Rate	Total Population	159,823	19,996,029	331,148,169
Economic Stability	Food Insecurity Rate	Food Insecure Population, Total	18,060	2,518,850	42,657,200
Economic Stability	Food Insecurity Rate	Food Insecurity Rate	11.30%	12.60%	12.88%
Economic Stability	Homeless Children and Youth	Students in All Districts	22,262	2,548,490	49,654,028
Economic Stability	Homeless Children and Youth	Students Reporting Experiencing Homelessness	537	150,897	1,240,135
Economic Stability	Homeless Children and Youth	Students Reporting Experiencing Homelessness, Percent	2.41%	5.92%	2.50%
Economic Stability	Homeless Children and Youth	Districts Reporting	90.90%	77.18%	60.63%
Economic Stability	Homeless Children and Youth	Students in Reported Districts	98.10%	93.66%	93.14%
Economic Stability	Income - Median Household Income	Total Households	63,964	7,604,523	125,736,353
Economic Stability	Income - Median Household Income	Average Household Income	\$95,776	\$120,883	\$105,833
Economic Stability	Income - Median Household Income	Median Household Income	\$75,056	\$81,386	\$75,149
Economic Stability	Poverty - Children Below 200% FPL	Total PopulationUnder Age 18	33,721	4,049,636	72,035,358
Economic Stability	Poverty - Children Below 200% FPL	Population Under Age 18Below 200% FPL	10,586	1,483,111	26,772,207
Economic Stability	Poverty - Children Below 200% FPL	Population Under Age 18Below 200% FPL, Percent	31.39%	36.62%	37.17%
Economic Stability	Poverty - Children Eligible for Free/Reduced Price Lunch	Total Students	21,527	2,505,431	46,791,755
Economic Stability	Poverty - Children Eligible for Free/Reduced Price Lunch	Students Eligible for Free or Reduced Price Lunch	9,677	1,361,094	24,677,523
Economic Stability	Poverty - Children Eligible for Free/Reduced Price Lunch	Students Eligible for Free or Reduced Price Lunch, Percent	45.00%	54.50%	53.50%
Economic Stability	Poverty - Population Below 200% FPL	Total Population	155,459	19,516,967	323,275,448

Economic Stability	Poverty - Population Below 200% FPL	Population with IncomeBelow 200% FPL	38,915	5,527,984	93,118,710
Economic Stability	Poverty - Population Below 200% FPL	Population with IncomeBelow 200% FPL, Percent	25.03%	28.32%	28.80%
Economic Stability	SNAP Benefits - Households Receiving SNAP	Total Households	63,964	7,604,523	125,736,353
Economic Stability	SNAP Benefits - Households Receiving SNAP	Households Receiving SNAP Benefits	8,167	1,113,122	14,486,880
Economic Stability	SNAP Benefits - Households Receiving SNAP	Percent Households Receiving SNAP Benefits	12.77%	14.64%	11.52%
Education					
Data Category Education	Data Indicator Access - Head Start	Indicator Attribute Total Head Start Programs	Schenectady County 6	New York 911	USA 20,847
Education	Access - Head Start	Head Start Programs, Rate(Per 10,000 Children Under Age 5)	6.93	8.59	11.26
Education	Access - Preschool Enrollment (Children Age 3-4)	Population Age 3-4	3,836	465,004	7,958,841
Education	Access - Preschool Enrollment (Children Age 3-4)	Population Age 3-4 Enrolled in School	1,737	270,025	3,631,021
Education	Access - Preschool Enrollment (Children Age 3-4)	Population Age 3-4 Enrolled in School, Percent	45.28%	58.07%	45.62%
Education	Attainment - Bachelor's Degree or Higher	Total Population Age 25+	109,680	14,021,808	226,600,992
Education	Attainment - Bachelor's Degree or Higher	Population Age 25+ with Bachelor's Degree or Higher	37,556	5,439,415	77,751,347
Education	Attainment - Bachelor's Degree or Higher	Population Age 25+ with Bachelor's Degree or Higher, Percent	34.24%	38.79%	34.31%
Education	Attainment - No High School Diploma	Total PopulationAge 25+	109,680	14,021,808	226,600,992
Education	Attainment - No High School Diploma	Population Age 25+ with No High School Diploma	9,168	1,740,787	24,599,698
Education	Attainment - No High School Diploma	Population Age 25+with No High School Diploma,Percent	8.36%	12.41%	10.86%
Education	Chronic Absenteeism	Students Enrolled	21,515	2,504,666	48,897,134
Education	Chronic Absenteeism	Number Chronically Absent	7,786	849,829	13,321,279
Education	Chronic Absenteeism	Chronic Absence Rate	36.20%	33.90%	27.20%
Education	Proficiency - Student Reading Proficiency (4th Grade)	Students with Valid Test Scores	672	28,988	4,968,367
Education	Proficiency - Student Reading Proficiency (4th Grade)	Students Scoring 'Proficient' or Better, Percent	49.90%	49.10%	39.90%
Education	Proficiency - Student Reading Proficiency (4th Grade)	Students Scoring 'Not Proficient' or Worse, Percent	50.10%	50.90%	60.10%
Social Support & Community Context					
Data Category	Data Indicator	Indicator Attribute	Schenectady County	New York	USA
Social Support & Community Context	Commuter Travel Patterns - Public Transportation	Total Population Employed Age 16+	75,018	9,394,994	156,703,623
Social Support & Community Context	Commuter Travel Patterns - Public Transportation	Population Using Public Transit for Commute to Work	2,950	2,195,003	5,945,723
Social Support & Community Context	Commuter Travel Patterns - Public Transportation	Percent Population Using Public Transit for Commute to Work	3.93%	23.36%	3.79%
Social Support & Community Context	Households with No Motor Vehicle	Total Occupied Households	63,964	7,604,523	125,736,353
Social Support & Community Context	Households with No Motor Vehicle	Households with No Motor Vehicle	7,835	2,202,668	10,474,870
Social Support & Community Context	Households with No Motor Vehicle	Households with No Motor Vehicle, Percent	12.25%	28.97%	8.33%
Social Support & Community Context	Incarceration Rate	Total Population (2010)	154,727	19,378,102	312,444,060
Social Support & Community Context	Incarceration Rate	Incarceration Rate	1.10%	0.90%	1.30%
Social Support & Community Context	Opportunity Index	Total Population	154,972	19,641,589	323,071,342
Social Support & Community Context	Opportunity Index	Opportunity Index Score	55.1	56.9	53.1
Social Support & Community Context	Social Vulnerability Index	Total Population	159,447	19,994,379	331,097,593
Social Support & Community Context	Social Vulnerability Index	Socioeconomic Theme Score	0.4	0.55	0.54
Social Support & Community Context	Social Vulnerability Index	Household Composition Theme Score	0.17	0.36	0.47
Social Support & Community Context	Social Vulnerability Index	Minority Status Theme Score	0.66	0.76	0.72
Social Support & Community Context	Social Vulnerability Index	Housing & Transportation Theme Score	0.74	0.79	0.63
Social Support & Community Context	Social Vulnerability Index	Social Vulnerability Index Score	0.49	0.62	0.58
Social Support & Community Context	Teen Births	Female Population Age 15-19	33,598	4,114,538	72,648,322
Social Support & Community Context	Teen Births	Teen Births,Rate per 1,000 Female Population Age 15-19	15.8	10.9	16.6
Social Support & Community Context	Violent Crime	Total Population	154,668	60,110,802	366,886,849
Social Support & Community Context	Violent Crime	Violent Crimes, 3-year Total	1,862	968,353	4,579,031
Social Support & Community Context	Violent Crime	Violent Crimes, Annual Rate (Per 100,000 Pop.)	401.2	536.9	416
Social Support & Community Context	Young People Not in School and Not Working	Population Age 16-19	8,576	1,001,865	17,571,402
Social Support & Community Context	Young People Not in School and Not Working	Population Age 16-19 Not in School and Not Employed	601	66,359	1,220,306
Social Support & Community Context	Young People Not in School and Not Working	Population Age 16-19 Not in School and Not Employed, Percent	7.01%	6.62%	6.94%
Neighborhood & Physical Environment					
Data Category	Data Indicator	Indicator Attribute	Schenectady County	New York	USA

Neighborhood & Physical Environment	Air Quality - Particulate Matter 2.5	Total Population	158,061	20,201,249	330,251,614
Neighborhood & Physical Environment	Air Quality - Particulate Matter 2.5	Average Daily Ambient Particulate Matter 2.5	8	7.69	9.19
Neighborhood & Physical Environment	Air Quality - Particulate Matter 2.5	Number of Days Exceeding NAAQS Standards	0	0	2
Neighborhood & Physical Environment	Air Quality - Particulate Matter 2.5	Percentage of Days Exceeding Standards, Crude Average	0.00%	0.01%	0.59%
Neighborhood & Physical Environment	Air Quality - Particulate Matter 2.5	Percentage of Days Exceeding Standards, Pop. Adjusted Average	0.00%	0.01%	0.64%
Neighborhood & Physical Environment	Built Environment - Broadband Access	Total Number of Broadband Serviceable Locations	52,877	4,701,052	115,631,317
Neighborhood & Physical Environment	Built Environment - Broadband Access	Access to DL Speeds >= 25MBPS and UL Speeds >= 3 MBPS	99.67%	98.07%	95.60%
Neighborhood & Physical Environment	Built Environment - Broadband Access	Access to DL Speeds >= 100MBPS and UL Speeds >= 20 MBPS	99.62%	97.74%	93.47%
Neighborhood & Physical Environment	Built Environment - Park Access	Total Population	158,061	20,201,249	334,735,155
Neighborhood & Physical Environment	Built Environment - Park Access	Population Within a 10-Minute Walk	62,224	13,517,590	145,858,526
Neighborhood & Physical Environment	Built Environment - Park Access	Percent of Population Within a 10-Minute Walk	39.37	66.91	43.57
Neighborhood & Physical Environment	Built Environment - Recreation and Fitness Facility Access	Total Population (2020)	158,061	20,201,333	331,449,275
Neighborhood & Physical Environment	Built Environment - Recreation and Fitness Facility Access	Number of Establishments	22	2515	40786
Neighborhood & Physical Environment	Built Environment - Recreation and Fitness Facility Access	Establishments, Rate per 100,000 Population	13.92	12.45	12.31
Neighborhood & Physical Environment	Built Environment - Social Associations	Total Population (2020)	158,061	20,201,333	331,449,275
Neighborhood & Physical Environment	Built Environment - Social Associations	Number of Establishments	124	20,563	321,439
Neighborhood & Physical Environment	Built Environment - Social Associations	Establishments, Rate per 100,000 Population	78.45	101.79	96.98
Neighborhood & Physical Environment	Drinking Water Safety	Estimated Total Population	124,671	15,814,429	259,755,978
Neighborhood & Physical Environment	Drinking Water Safety	Presence of Health-Based Drinking Water Violation	Yes	Yes	Yes
Neighborhood & Physical Environment	Food Environment - Fast Food Restaurants	Total Population (2020)	158,061	20,201,333	331,449,275
Neighborhood & Physical Environment	Food Environment - Fast Food Restaurants	Number of Establishments	126	17,879	265,179
Neighborhood & Physical Environment	Food Environment - Fast Food Restaurants	Establishments, Rate per 100,000 Population	79.72	88.5	80.01
Neighborhood & Physical Environment	Food Environment - Grocery Stores and Supermarkets	Total Population (2020)	158,061	20,201,333	331,449,275
Neighborhood & Physical Environment	Food Environment - Grocery Stores and Supermarkets	Number of Establishments	46	8,436	62,647
Neighborhood & Physical Environment	Food Environment - Grocery Stores and Supermarkets	Establishments, Rate per 100,000 Population	29.1	41.76	18.9
Neighborhood & Physical Environment	Food Environment - Low Income & Low Food Access	Total Population	154,727	19,378,102	308,745,538

Neighborhood & Physical Environment	Food Environment - Low Income & Low Food Access	Low Income Population	41,151	5,788,309	97,055,825
Neighborhood & Physical Environment	Food Environment - Low Income & Low Food Access	Low Income Population with Low Food Access	4,613	462,046	18,834,033
Neighborhood & Physical Environment	Food Environment - Low Income & Low Food Access	Percent Low Income Population with Low Food Access	11.21%	7.98%	19.41%
Neighborhood & Physical Environment	Housing Costs - Cost Burden (30%)	Total Households	63,964	7,604,523	125,736,353
Neighborhood & Physical Environment	Housing Costs - Cost Burden (30%)	Cost-Burdened Households	18,358	2,807,057	38,363,931
Neighborhood & Physical Environment	Housing Costs - Cost Burden (30%)	Cost-Burdened Households, Percent	28.70%	36.91%	30.51%
Neighborhood & Physical Environment	Housing Quality - Overcrowding	Total Occupied Housing Units	49,626	4,882,730	89,093,698
Neighborhood & Physical Environment	Housing Quality - Overcrowding	Overcrowded Housing Units	1,042	393,879	4,225,487
Neighborhood & Physical Environment	Housing Quality - Overcrowding	Percentage of Housing Units Overcrowded	2.10%	8.07%	4.74%
Neighborhood & Physical Environment	Housing Quality - Substandard Housing	Total Occupied Housing Units	63,964	7,604,523	125,736,353
Neighborhood & Physical Environment	Housing Quality - Substandard Housing	Occupied Housing Units with One or More Substandard Conditions	18,002	2,942,143	39,858,044
Neighborhood & Physical Environment	Housing Quality - Substandard Housing	Occupied Housing Units with One or More Substandard Conditions, Perce	28.14%	38.69%	31.70%
Neighborhood & Physical Environment	Tenure - Owner-Occupied Housing	Total Occupied Housing Units	63,964	7,604,523	125,736,353
Neighborhood & Physical Environment	Tenure - Owner-Occupied Housing	Owner-Occupied Housing Units	40,880	4,128,119	81,497,760
Neighborhood & Physical Environment	Tenure - Owner-Occupied Housing	Percent Owner-Occupied Housing Units	63.91%	54.29%	64.82%
Neighborhood & Physical Environment	Tenure - Renter-Occupied Housing	Total Occupied Housing Units	63,964	7,604,523	125,736,353
Neighborhood & Physical Environment	Tenure - Renter-Occupied Housing	Renter-Occupied Housing Units	23,084	3,476,404	44,238,593
Neighborhood & Physical Environment	Tenure - Renter-Occupied Housing	Percent Renter-Occupied Housing Units	36.09%	45.71%	35.18%

Health Outcomes & Behaviors					
Data Category	Data Indicator	Indicator Attribute	Schenectady County		New York USA
Health Outcomes & Behaviors	30-Day Hospital Readmissions	Medicare FFS Beneficiaries	29,928	3,389,406	59,319,668
Health Outcomes & Behaviors	30-Day Hospital Readmissions	30-Day Hospital Readmissions	448	66,571	1,078,862
Health Outcomes & Behaviors	30-Day Hospital Readmissions	30-Day Hospital Readmissions, Rate	18.70%	18.50%	17.80%
Health Outcomes & Behaviors	Binge Drinking	Total Population	160,093	19,677,151	333,287,557
Health Outcomes & Behaviors	Binge Drinking	Adults Age 18+ Binge Drinking in the Past 30 Days (Crude)	18.80%	17.70%	16.60%
Health Outcomes & Behaviors	Binge Drinking	Adults Age 18+ Binge Drinking in the Past 30 Days (Age-Adjusted)	20.20%	19.10%	18.00%
Health Outcomes & Behaviors	Cancer Incidence - All Sites	Estimated Total Population	199,350	24,213,532	383,976,486
Health Outcomes & Behaviors	Cancer Incidence - All Sites	New Cases (Annual Average)	982	114,869	1,698,328
Health Outcomes & Behaviors	Cancer Incidence - All Sites	Cancer Incidence Rate (Per 100,000 Population)	492.6	474.4	442.3
Health Outcomes & Behaviors	Cancer Incidence - Breast	Estimated Total Population (Female)	101,671	12,453,731	196,653,543
Health Outcomes & Behaviors	Cancer Incidence - Breast	New Cases (Annual Average)	146	16,688	249,750
Health Outcomes & Behaviors	Cancer Incidence - Breast	Cancer Incidence Rate (Per 100,000 Females)	143.6	134	127
Health Outcomes & Behaviors	Cancer Incidence - Colon and Rectum	Estimated Total Population	191,616	24,024,590	378,139,726
Health Outcomes & Behaviors	Cancer Incidence - Colon and Rectum	New Cases (Annual Average)	64	8,793	138,021
Health Outcomes & Behaviors	Cancer Incidence - Colon and Rectum	Cancer Incidence Rate (Per 100,000 Population)	33.4	36.6	36.5
Health Outcomes & Behaviors	Chronic Conditions - Alzheimer's Disease (Medicare Population)	Total Medicare Fee-for-Service Beneficiaries	13,473	1,755,635	33,499,472
Health Outcomes & Behaviors	Chronic Conditions - Alzheimer's Disease (Medicare Population)	Beneficiaries with Alzheimer's Disease	1,517	214,783	3,610,640
Health Outcomes & Behaviors	Chronic Conditions - Alzheimer's Disease (Medicare Population)	Beneficiaries with Alzheimer's Disease, Percent	11.30%	12.20%	10.80%
Health Outcomes & Behaviors	Chronic Conditions - Diabetes (Adult)	Total Population	160,093	19,677,151	333,287,557
Health Outcomes & Behaviors	Chronic Conditions - Diabetes (Adult)	Adults Age 18+ Ever Diagnosed with Diabetes (Crude)	10.20%	11.10%	12.00%
Health Outcomes & Behaviors	Chronic Conditions - Diabetes (Adult)	Adults Age 18+ Ever Diagnosed with Diabetes (Age-Adjusted)	8.90%	9.70%	10.40%
Health Outcomes & Behaviors	Chronic Conditions - Heart Disease (Medicare Population)	FFS Beneficiaries	11,712	1,650,306	30,900,366
Health Outcomes & Behaviors	Chronic Conditions - Heart Disease (Medicare Population)	Ischemic Heart Disease Prevalence, Total	2,460	379,570	6,489,077
Health Outcomes & Behaviors	Chronic Conditions - Heart Disease (Medicare Population)	Ischemic Heart Disease Prevalence, Percent	21.00%	23.00%	21.00%
Health Outcomes & Behaviors	Chronic Conditions - Obesity (Adult)	Total Population	160,093	19,677,151	333,287,557
Health Outcomes & Behaviors	Chronic Conditions - Obesity (Adult)	Adults Age 18+ with Obesity (Crude)	34.00%	30.00%	33.30%
Health Outcomes & Behaviors	Chronic Conditions - Obesity (Adult)	Adults Age 18+ with Obesity (Age-Adjusted)	34.30%	30.20%	33.40%
Health Outcomes & Behaviors	Chronic Obstructive Pulmonary Disease	Total Population	160,093	19,677,151	333,287,557
Health Outcomes & Behaviors	Chronic Obstructive Pulmonary Disease	Adults Age 18+ Ever Diagnosed with COPD(Crude)	6.20%	6.00%	6.80%
Health Outcomes & Behaviors	Chronic Obstructive Pulmonary Disease	Adults Age 18+ with COPD (Age-Adjusted)	5.30%	5.20%	5.90%
Health Outcomes & Behaviors	Current Asthma	Total Population	160,093	19,677,151	333,287,557
Health Outcomes & Behaviors	Current Asthma	Adults Age 18+ with Asthma (Crude)	10.70%	10.10%	9.90%
Health Outcomes & Behaviors	Current Asthma	Adults Age 18+ with Asthma (Age-Adjusted)	10.80%	10.20%	9.90%
Health Outcomes & Behaviors	Depression	Total Population	160,093	19,677,151	333,287,557
Health Outcomes & Behaviors	Depression	Adults Age 18+ with Depression (Crude)	20.10%	18.70%	20.70%
Health Outcomes & Behaviors	Depression	Adults Age 18+ with Depression (Age-Adjusted)	20.70%	19.30%	21.10%
Health Outcomes & Behaviors	Diabetes Management (Hemoglobin A1c Test)	Medicare Enrollees with Diabetes	1,190	162,543	6,792,740
Health Outcomes & Behaviors	Diabetes Management (Hemoglobin A1c Test)	Medicare Enrollees with Diabetes with Annual Exam	1,057	143,983	5,945,988
Health Outcomes & Behaviors	Diabetes Management (Hemoglobin A1c Test)	Medicare Enrollees with Diabetes with Annual Exam, Percent	88.82%	88.58%	87.53%
Health Outcomes & Behaviors	High Blood Pressure	Total Population	160,093	19,677,151	333,287,557
Health Outcomes & Behaviors	High Blood Pressure	Adults Age 18+ with HTN (Crude)	33.20%	31.30%	32.70%
Health Outcomes & Behaviors	High Blood Pressure	Adults Age 18+ with HTN (Age-Adjusted)	30.30%	28.30%	29.60%
Health Outcomes & Behaviors	HIV Prevalence	Population Age 13+	135,973	16,841,398	16,841,398

Health Outcomes & Behaviors	HIV Prevalence	Population with HIV / AIDS	448	124,940	124,940
Health Outcomes & Behaviors	HIV Prevalence	Population with HIV / AIDS, Rate per 100,000 Pop.	329.5	741.9	741.9
Health Outcomes & Behaviors	Hospitalizations - Preventable Conditions	FFS Beneficiaries	11,712	1,650,306	30,900,366
Health Outcomes & Behaviors	Hospitalizations - Preventable Conditions	Prevention Quality Overall Composite (PQI #90), Total	260	42,825	823,804

Health Outcomes & Behaviors	Hospitalizations - Preventable Conditions	Prevention Quality Overall Composite (PQI #90), Rate per 100,000	2,217	2,595	2,666
Health Outcomes & Behaviors	Lack of Prenatal Care	Total Births	5,452	677,514	11,394,752
Health Outcomes & Behaviors	Lack of Prenatal Care	Births with Late/No Care	265	32,799	697,581
Health Outcomes & Behaviors	Lack of Prenatal Care	% of Births with Late/No Care	4.86%	4.84%	6.12%
Health Outcomes & Behaviors	Life Expectancy	Total Population	144,492	18,097,725	307,250,254
Health Outcomes & Behaviors	Life Expectancy	Life Expectancy at Birth (2019-21)	77.7	79.7	77.7
Health Outcomes & Behaviors	Low Birth Weight	Total Live Births	12,592	1,536,968	26,262,906
Health Outcomes & Behaviors	Low Birth Weight	Low Birthweight Births	1,127	125,637	2,190,533
Health Outcomes & Behaviors	Low Birth Weight	Low Birthweight Births, Percentage	9.00%	8.20%	8.30%
Health Outcomes & Behaviors	Mortality - Cancer	Total Population, 2018-2022 Average	156,838	19,569,122	330,014,476
Health Outcomes & Behaviors	Mortality - Cancer	Five Year Total Deaths, 2018-2022 Total	1,560	166,357	3,014,809
Health Outcomes & Behaviors	Mortality - Cancer	Crude Death Rate (Per 100,000 Population)	198.9	170	182.7
Health Outcomes & Behaviors	Mortality - Coronary Heart Disease	Total Population, 2018-2022 Average	156,838	19,569,122	330,014,476
Health Outcomes & Behaviors	Mortality - Coronary Heart Disease	Five Year Total Deaths, 2018-2022 Total	984	149,370	1,856,446
Health Outcomes & Behaviors	Mortality - Coronary Heart Disease	Crude Death Rate (Per 100,000 Population)	125.5	152.7	112.5
Health Outcomes & Behaviors	Mortality - Deaths of Despair	Total Population, 2018-2022 Average	156,838	19,569,122	330,014,476
Health Outcomes & Behaviors	Mortality - Deaths of Despair	Five Year Total Deaths, 2018-2022 Total	378	41,472	922,513
Health Outcomes & Behaviors	Mortality - Deaths of Despair	Crude Death Rate (Per 100,000 Population)	48.2	42.4	55.9
Health Outcomes & Behaviors	Mortality - Drug Poisoning	Total Population, 2018-2022 Average	156,838	19,569,122	330,014,476
Health Outcomes & Behaviors	Mortality - Drug Poisoning	Five Year Total Deaths, 2018-2022 Total	208	25,566	469,860
Health Outcomes & Behaviors	Mortality - Drug Poisoning	Crude Death Rate (Per 100,000 Population)	26.5	26.1	28.5
Health Outcomes & Behaviors	Mortality - Homicide	Total Population, 2018-2022 Average	156,838	19,569,122	330,014,476
Health Outcomes & Behaviors	Mortality - Homicide	Five Year Total Deaths, 2018-2022 Total	25	3,858	113,427
Health Outcomes & Behaviors	Mortality - Homicide	Crude Death Rate (Per 100,000 Population)	3.2	3.9	6.9
Health Outcomes & Behaviors	Mortality - Infant Mortality	Number of Infant Deaths	90	6,831	150,841
Health Outcomes & Behaviors	Mortality - Infant Mortality	Deaths per 1,000 Live Births	7.1	4.4	5.7
Health Outcomes & Behaviors	Mortality - Lung Disease	Total Population, 2018-2022 Average	156,838	19,569,122	330,014,476
Health Outcomes & Behaviors	Mortality - Lung Disease	Five Year Total Deaths, 2018-2022 Total	383	33,049	758,846
Health Outcomes & Behaviors	Mortality - Lung Disease	Crude Death Rate (Per 100,000 Population)	48.8	33.8	46
Health Outcomes & Behaviors	Mortality - Motor Vehicle Crash	Total Population, 2018-2022 Average	156,838	19,569,122	330,014,476
Health Outcomes & Behaviors	Mortality - Motor Vehicle Crash	Five Year Total Deaths, 2018-2022 Total	54	5,903	206,222
Health Outcomes & Behaviors	Mortality - Motor Vehicle Crash	Crude Death Rate (Per 100,000 Population)	6.9	6	12.5
Health Outcomes & Behaviors	Mortality - Suicide	Total Population, 2018-2022 Average	156,838	19,569,122	330,014,476
Health Outcomes & Behaviors	Mortality - Suicide	Five Year Total Deaths, 2018-2022 Total	75	8,495	239,493
Health Outcomes & Behaviors	Mortality - Suicide	Crude Death Rate (Per 100,000 Population)	9.6	8.7	14.5
Health Outcomes & Behaviors	Physical Activity	Total Population	160,093	19,677,151	333,287,557
Health Outcomes & Behaviors	Physical Activity	Adults Age 18+ with No Leisure-Time Physical Activity (Crude)	22.20%	25.10%	23.70%
Health Outcomes & Behaviors	Physical Activity	Adults Age 18+ with No Leisure-Time Physical Activity (Age-Adjusted)	21.30%	24.20%	23.00%
Health Outcomes & Behaviors	Poor Mental Health	Total Population	160,093	19,677,151	333,287,557
Health Outcomes & Behaviors	Poor Mental Health	Adults Age 18+ with Poor Mental Health (Crude)	16.10%	15.40%	15.80%
Health Outcomes & Behaviors	Poor Mental Health	Adults Age 18+ with Poor Mental Health (Age-Adjusted)	16.90%	16.10%	16.40%
Health Outcomes & Behaviors	Poor or Fair Health	Population Age 18+	124,671	15,814,429	259,755,978
Health Outcomes & Behaviors	Poor or Fair Health	Adults with Poor or Fair Health	17,205	2,198,206	39,644,947
Health Outcomes & Behaviors	Poor or Fair Health	Percentage of Adults with Poor or Fair Health	13.80%	13.90%	15.30%
Health Outcomes & Behaviors	Poor Physical Health Days	Total Population	160,093	19,677,151	333,287,557
Health Outcomes & Behaviors	Poor Physical Health Days	Adults Age 18+ with Poor Physical Health (Crude)	11.40%	12.10%	12.70%
Health Outcomes & Behaviors	Poor Physical Health Days	Adults Age 18+ with Poor Physical Health (Age-Adjusted)	10.70%	11.40%	12.00%
Health Outcomes & Behaviors	Sleep	Total Population (2020)	160,093	19,677,151	333,287,557
Health Outcomes & Behaviors	Sleep	Adults Age 18+ Sleeping Less Than 7 Hours on Average (Crude)	38.60%	38.00%	36.00%
Health Outcomes & Behaviors	Sleep	Adults Age 18+ Sleeping Less Than 7 Hours on Average (Age-Adjusted)	39.60%	38.90%	36.80%
Health Outcomes & Behaviors	Tobacco - Tobacco Use	Total Population	160,093	19,677,151	333,287,557
Health Outcomes & Behaviors	Tobacco - Tobacco Use	Adults Age 18+ as Current Smokers (Crude)	12.90%	12.20%	12.90%
Health Outcomes & Behaviors	Tobacco - Tobacco Use	Adults Age 18+ as Current Smokers (Age-Adjusted)	13.20%	12.50%	13.20%

Appendix D: Schenectady County Assets and Resources:

Chronic Disease Prevention

- Obesity and Diabetes
- Healthy Eating and Food Security

Organization	Assets/Resources
St. Peter's Health Partners	<ul style="list-style-type: none"> • Diabetes Prevention Program • Capital Region Health Connections • Diabetes Education Program • Food Farmacy
Hometown Health Centers	<ul style="list-style-type: none"> • Adult Medical Care; Chronic Disease Management
American Diabetes Association	<ul style="list-style-type: none"> • Diabetes Education Program • Living with Type 2 Diabetes Program
Community Care	<ul style="list-style-type: none"> • Primary and Specialty Care
Ellis Medicine	<ul style="list-style-type: none"> • 438 bed community and teaching health care system • Primary and Specialty Care • Chronic Disease Management • Food Farmacy
Sunnyview Rehabilitation Hospital; St. Peter's Health Partners	<ul style="list-style-type: none"> • 115 bed hospital specializing in physical rehabilitation • Outpatient rehabilitation services
Five Corners Family Practice	<ul style="list-style-type: none"> • Primary Care and Family Medicine • Chronic Disease Management
St. Peter's Health Partners Community Wellness Programs	<ul style="list-style-type: none"> • Creating Healthy Schools and Communities • Creating Breastfeeding Friendly Communities • Baby Cafes
The Food Pantries of the Capital District	<ul style="list-style-type: none"> • Information and referrals for food pantries and congregate meal sites
Women, Infants and Children program (WIC) Supplemental foods, health	<ul style="list-style-type: none"> • Supplemental foods, health care referrals, and nutrition education
The Regional Food Bank of Northeastern New York	<ul style="list-style-type: none"> • e Back Pack Program provides back packs filled with nutritional food items
Farmers Market Nutrition Program	<ul style="list-style-type: none"> • Fresh, fruits and vegetables from Farmers Markets
Supplemental Nutrition Assistance Program (SNAP)	<ul style="list-style-type: none"> • Supplemental foods, reduced price meals, financial assistance
Meals on Wheels	<ul style="list-style-type: none"> • Prepared and delivered meals for seniors with mobility limitations
Schenectady County Community Action Program (SCAP)	<ul style="list-style-type: none"> • Food Pantry
City Mission of Schenectady	<ul style="list-style-type: none"> • Food Pantry • Congregate Meals
Schenectady Green Market	<ul style="list-style-type: none"> • Indoor and outdoor Farmer Market