2024 COMMUNITY HEALTH NEEDS ASSESSMENT

Fulton & Montgomery Counties, New York

Sponsored by

St. Mary's Healthcare Amsterdam

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Prepared by
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INTRODUCTION

PROJECT OVERVIEW

Project Goals

This Community Health Needs Assessment — a follow-up to similar studies conducted in 2012, 2015, 2018, and 2021 — is a systematic, data-driven approach to determining the health status, behaviors, and needs of residents in the St. Mary's Healthcare Service Area. Subsequently, this information may be used to inform decisions and guide efforts to improve community health and wellness.

A Community Health Needs Assessment provides information so that communities may identify issues of greatest concern and decide to commit resources to those areas, thereby making the greatest possible impact on community health status. This Community Health Needs Assessment will serve as a tool toward reaching three basic goals:

- To improve residents' health status, increase their life spans, and elevate their overall quality of life. A healthy community is not only one where its residents suffer little from physical and mental illness, but also one where its residents enjoy a high quality of life.
- To reduce the health disparities among residents. By gathering demographic information along with health status and behavior data, it will be possible to identify population segments that are most at-risk for various diseases and injuries. Intervention plans aimed at targeting these individuals may then be developed to combat some of the socio-economic factors that historically have had a negative impact on residents' health.
- To increase accessibility to preventive services for all community residents. More accessible preventive services will prove beneficial in accomplishing the first goal (improving health status, increasing life spans, and elevating the quality of life), as well as lowering the costs associated with caring for late-stage diseases resulting from a lack of preventive care.

This assessment was conducted on behalf of St. Mary's Healthcare by Professional Research Consultants, Inc. (PRC), a nationally recognized health care consulting firm with extensive experience conducting Community Health Needs Assessments in hundreds of communities across the United States since 1994.

Methodology

This assessment incorporates data from multiple sources, including primary research (through the PRC Community Health Survey and PRC Online Key Informant Survey), as well as secondary research (vital statistics and other existing health-related data). It also allows for trending and comparison to benchmark data at the state and national levels.

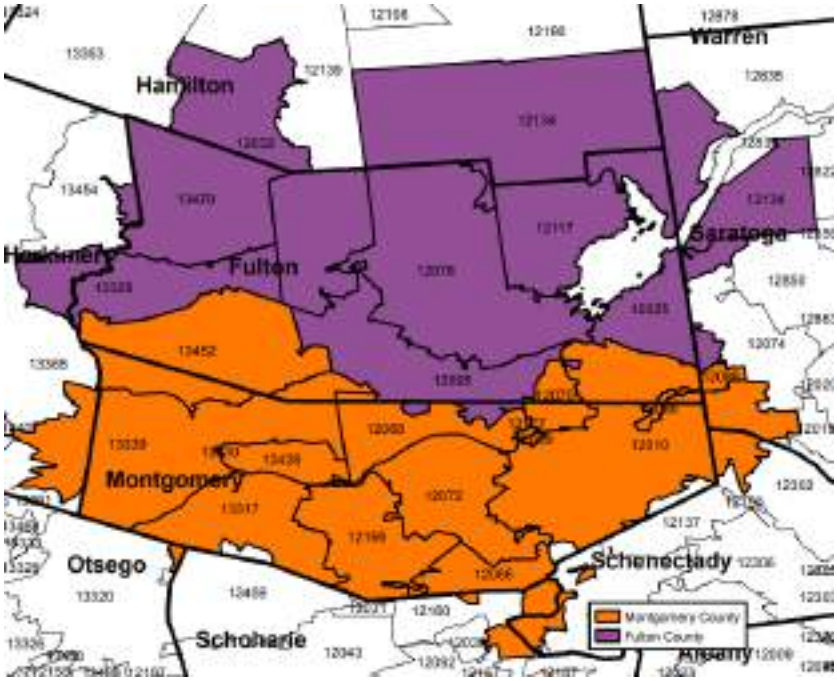
PRC Community Health Survey

Survey Instrument

The survey instrument used for this study is based largely on the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS), as well as various other public health surveys and customized questions addressing gaps in indicator data relative to health promotion and disease prevention objectives and other recognized health issues. The final survey instrument was developed by St. Mary's Healthcare and PRC and is similar to the previous surveys used in the region, allowing for data trending.

Community Defined for This Assessment

The study area for the survey effort (referred to as the “St. Mary’s Service Area” or “St. Mary’s” in this report) is comprised of Fulton and Montgomery counties in New York. This community definition, determined based on the ZIP Codes of residence of recent patients of St. Mary’s Healthcare, is illustrated in the following map.

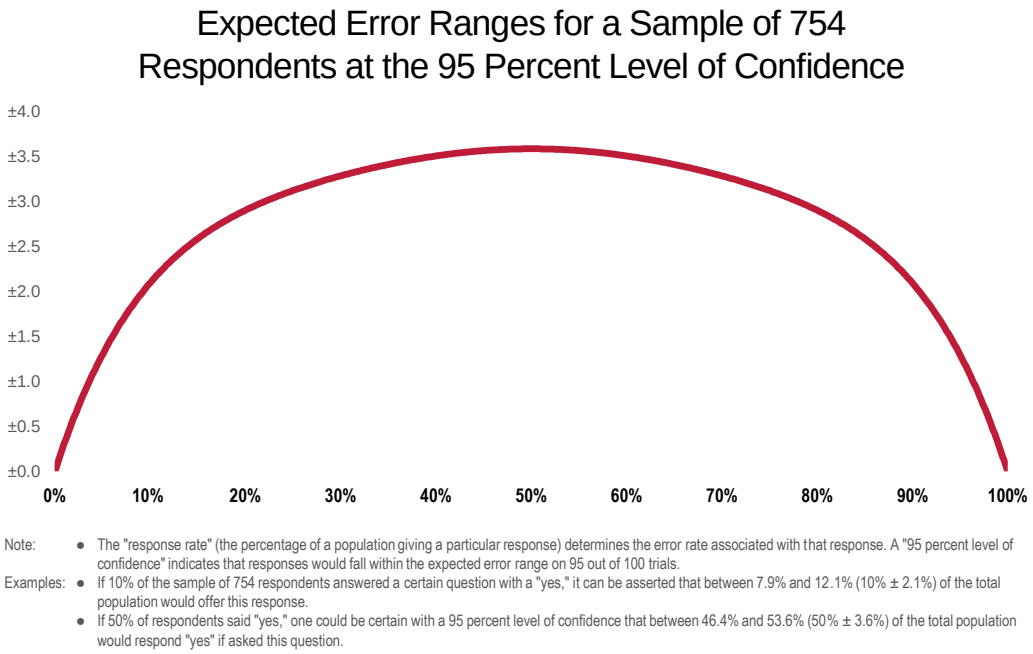


Sample Approach & Design

A precise and carefully executed methodology is critical in asserting the validity of the results gathered in the PRC Community Health Survey. Thus, to ensure the best representation of the population surveyed, a mixed-mode methodology was implemented. This included surveys conducted via telephone (landline and cell phone), as well as through online questionnaires.

The sample design used for this effort consisted of a random sample of 754 individuals age 18 and older in the St. Mary’s Healthcare Service Area, including 368 in Fulton County and 386 in Montgomery County. All administration of the surveys, data collection, and data analysis was conducted by PRC.

For statistical purposes, the maximum rate of error associated with a sample size of 754 respondents is ±3.6% at the 95 percent confidence level.



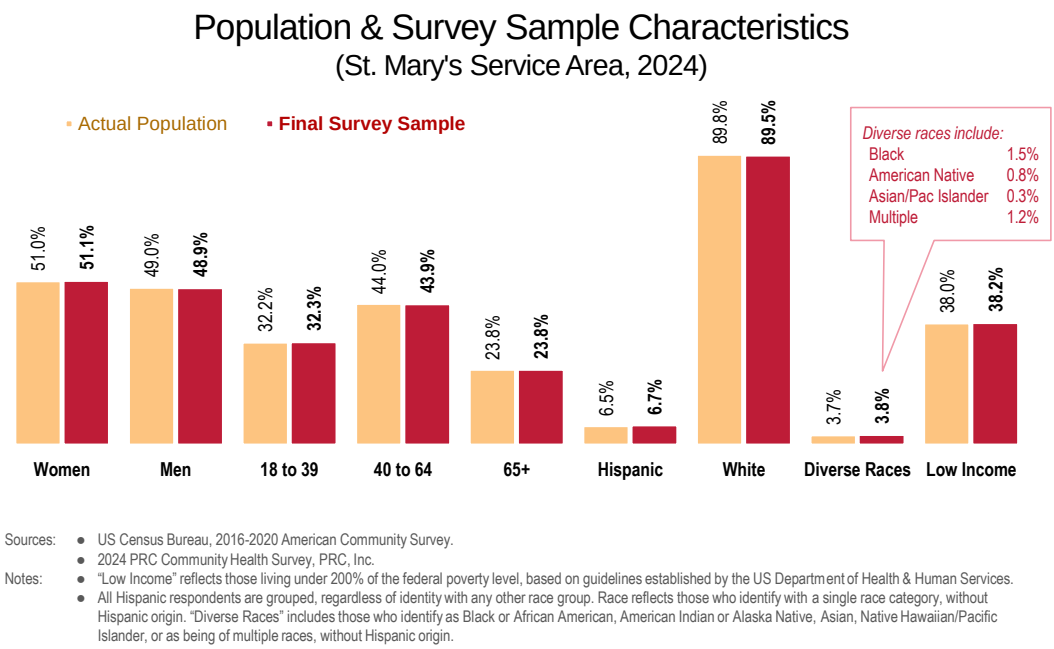
Note:
- The "response rate" (the percentage of a population giving a particular response) determines the error rate associated with that response. A "95 percent level of confidence" indicates that responses would fall within the expected error range on 95 out of 100 trials.

Examples:
- If 10% of the sample of 754 respondents answered a certain question with a "yes," it can be asserted that between 7.9% and 12.1% (10% ± 2.1%) of the total population would offer this response.
- If 50% of respondents said "yes," one could be certain with a 95 percent level of confidence that between 46.4% and 53.6% (50% ± 3.6%) of the total population would respond "yes" if asked this question.

Sample Characteristics

To accurately represent the population studied, PRC strives to minimize bias through application of a proven telephone methodology and random-selection techniques. While this random sampling of the population produces a highly representative sample, it is a common and preferred practice to “weight” the raw data to improve this representativeness even further. This is accomplished by adjusting the results of a random sample to match the geographic distribution and demographic characteristics of the population surveyed (poststratification), so as to eliminate any naturally occurring bias. Specifically, once the raw data are gathered, respondents are examined by key demographic characteristics (namely sex, age, race, ethnicity, and poverty status), and a statistical application package applies weighting variables that produce a sample which more closely matches the population for these characteristics. Thus, while the integrity of each individual’s responses is maintained, one respondent’s responses might contribute to the whole the same weight as, for example, 1.1 respondents. Another respondent, whose demographic characteristics might have been slightly oversampled, might contribute the same weight as 0.9 respondents.

The following chart outlines the characteristics of the St. Mary’s Healthcare Service Area sample for key demographic variables, compared to actual population characteristics revealed in census data. [Note that the sample consisted solely of area residents age 18 and older; data on children were given by proxy by the person most responsible for that child’s health care needs, and these children are not represented demographically in this chart.]



Sources:
- US Census Bureau, 2016-2020 American Community Survey.
- 2024 PRC Community Health Survey, PRC, Inc.

Notes:
- "Low Income" reflects those living under 200% of the federal poverty level, based on guidelines established by the US Department of Health & Human Services.
- All Hispanic respondents are grouped, regardless of identity with any other race group. Race reflects those who identify with a single race category, without Hispanic origin. "Diverse Races" includes those who identify as Black or African American, American Indian or Alaska Native, Asian, Native Hawaiian/Pacific Islander, or as being of multiple races, without Hispanic origin.

The sample design and the quality control procedures used in the data collection ensure that the sample is representative. Thus, the findings may be generalized to the total population of community members in the defined area with a high degree of confidence.

Online Key Informant Survey

To solicit input from key informants, those individuals who have a broad interest in the health of the community, an Online Key Informant Survey also was implemented as part of this process. A list of recommended participants was provided by St. Mary's Healthcare; this list included names and contact information for physicians, public health representatives, other health professionals, social service providers, and a variety of other community leaders. Potential participants were chosen because of their ability to identify primary concerns of the populations with whom they work, as well as of the community overall.

Key informants were contacted by email, introducing the purpose of the survey and providing a link to take the survey online; reminder emails were sent as needed to increase participation. In all, 115 community representatives took part in the Online Key Informant Survey, as outlined in the table that follows:

ONLINE KEY INFORMANT SURVEY PARTICIPATION	
KEY INFORMANT TYPE	NUMBER PARTICIPATING
Physicians	8
Public Health Representatives	4
Other Health Providers	40
Social Services Providers	21
Other Community Leaders	42

Through this process, input was gathered from individuals whose organizations work with low-income, minority, or other medically underserved populations. Final participation included representatives of the organizations outlined below.

- Alpin Haus
- Alzheimer's Association NENY
- Amsterdam Housing Authority
- Amsterdam Rotary
- Bassett Healthcare Network
- Beacon Agency
- Broadalbin-Perth Lions Club
- Catholic Charities of Fulton and Montgomery Counties
- Catholic Charities of the Diocese of Albany
- Centro Civico
- City of Amsterdam
- Daughters of Charity
- Department of Family Services
- Fulmont Community Action Agency
- Fulton County
- Fulton County Public Health
- Fulton-Montgomery Community College
- Fulton Montgomery County Head Start
- Fulton Montgomery Regional Chamber of Commerce
- Gloversville Enlarged School District
- Greater Amsterdam School District
- Greater Johnstown School District
- Grow Amsterdam NY
- Haven of Hope
- Helio Health
- HFM BOCES
- HFM Prevention Council
- Hometown Health Center
- Judith-Ann Realty
- Lexington Foundation
- Medical Society of the State of New York
- Mental Health Association
- Montgomery County
- Montgomery County Public Health
- Montgomery County Youth Services
- Mountain Valley Hospice
- MVP Health Care
- Nathan Litttauer Hospital
- New York State Department of Health
- New York State Education Department
- Office for the Aging
- Prevention Council
- Rob Constantine Recovery Center
- Rose & Hughes Funeral Home
- Schenectady Community Action Program
- Sisters of St. Joseph
- St. Mary's Foundation
- St. Mary's Healthcare
- St. Mary's Institute
- The Family Counseling Center
- The Giving Tree
- United Way
- Walmart Inc.
- Wells Fargo Advisors
- Workforce Solutions

In the online survey, key informants were asked to rate the degree to which various health issues are a problem in their own community. Follow-up questions asked them to describe why they identify problem areas as such and how these might better be addressed. Results of their ratings, as well as their verbatim comments, are included throughout this report as they relate to the various other data presented.

Public Health, Vital Statistics & Other Data

A variety of existing (secondary) data sources was consulted to complement the research quality of this Community Health Needs Assessment. Data for the St. Mary's Healthcare Service Area were obtained from the following sources (specific citations are included with the graphs throughout this report):

- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension, SparkMap (sparkmap.org)
- Centers for Disease Control & Prevention, Office of Infectious Disease, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
- Centers for Disease Control & Prevention, Office of Public Health Science Services, National Center for Health Statistics
- National Cancer Institute, State Cancer Profiles
- US Census Bureau, American Community Survey
- US Census Bureau, County Business Patterns
- US Census Bureau, Decennial Census
- US Department of Agriculture, Economic Research Service
- US Department of Health & Human Services
- US Department of Health & Human Services, Health Resources and Services Administration (HRSA)
- US Department of Justice, Federal Bureau of Investigation
- US Department of Labor, Bureau of Labor Statistics

Note that secondary data reflect Fulton and Montgomery County data.

Benchmark Comparisons

Trending

Similar surveys were administered in the St. Mary's Healthcare Service Area in 2012, 2015, 2018, and 2021 by PRC on behalf of St. Mary's Healthcare. Trending data, as revealed by comparison to prior survey results, are provided throughout this report whenever available. Historical data for secondary data indicators are also included for the purposes of trending.

New York Data

State-level findings are provided where available as an additional benchmark against which to compare local findings. For survey indicators, these are taken from the most recently published data from the CDC's Behavioral Risk Factor Surveillance System (BRFSS). For other indicators, these draw from vital statistics, census, and other existing data sources.

National Data

National survey data, which are also provided in comparison charts, are taken from the *2023 PRC National Health Survey*; these data may be generalized to the US population with a high degree of confidence. National-level findings (from various existing resources) are also provided for comparison of secondary data indicators.

Healthy People 2030 Objectives

Healthy People provides 10-year, measurable public health objectives — and tools to help track progress toward achieving them. Healthy People identifies public health priorities to help individuals, organizations, and communities across the United States improve health and well-being. Healthy People 2030, the initiative's fifth iteration, builds on knowledge gained over the first four decades.

The Healthy People 2030 framework was based on recommendations made by the Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2030. After receiving feedback from individuals and organizations and input from subject matter experts, the US Department of Health and Human Services (HHS) approved the framework which helped guide the selection of Healthy People 2030 objectives.

Determining Significance

Differences noted in this report represent those determined to be significant. For survey-derived indicators (which are subject to sampling error), statistical significance is determined based on confidence intervals (at the 95 percent confidence level), using question-specific samples and response rates. For the purpose of this report, "significance" of secondary data indicators (which do not carry sampling error but might be subject to reporting error) is determined by a 15% variation from the comparative measure.

Information Gaps

While this assessment is quite comprehensive, it cannot measure all possible aspects of health in the community, nor can it adequately represent all possible populations of interest. It must be recognized that these information gaps might in some ways limit the ability to assess all of the community's health needs.

For example, certain population groups — such as the homeless, institutionalized persons, or those who only speak a language other than English or Spanish — are not represented in the survey data. Other population groups — for example, pregnant women, undocumented residents, and members of certain racial/ethnic or immigrant groups — while included in the overall findings, might not be individually identifiable or might not comprise a large-enough sample for independent analyses.

In terms of content, this assessment was designed to provide a comprehensive and broad picture of the health of the overall community. However, there are certainly medical conditions that are not specifically addressed.

Public Comment

St. Mary's Healthcare made its prior Community Health Needs Assessment (CHNA) report publicly available through its website; through that mechanism, the hospital requested from the public written comments and feedback regarding the CHNA and implementation strategy. At the time of this writing, St. Mary's Healthcare had not received any written comments. However, through population surveys and key informant feedback for this assessment, input from the broader community was considered and taken into account when identifying and prioritizing the significant health needs of the community. St. Mary's Healthcare will continue to use its website as a tool to solicit public comments and ensure that these comments are considered in the development of future CHNAs.

IRS FORM 990, SCHEDULE H COMPLIANCE

For nonprofit hospitals, a Community Health Needs Assessment (CHNA) also serves to satisfy certain requirements of tax reporting, pursuant to provisions of the Patient Protection & Affordable Care Act of 2010. To understand which elements of this report relate to those requested as part of hospitals' reporting on IRS Schedule H (Form 990), the following table cross-references related sections.

IRS FORM 990, SCHEDULE H (2022)	See Report Page
Part V Section B Line 3a A definition of the community served by the hospital facility	7
Part V Section B Line 3b Demographics of the community	29
Part V Section B Line 3c Existing health care facilities and resources within the community that are available to respond to the health needs of the community	170
Part V Section B Line 3d How data was obtained	6
Part V Section B Line 3e The significant health needs of the community	14
Part V Section B Line 3f Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups	Addressed Throughout
Part V Section B Line 3g The process for identifying and prioritizing community health needs and services to meet the community health needs	15
Part V Section B Line 3h The process for consulting with persons representing the community's interests	9
Part V Section B Line 3i The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)	177

SUMMARY OF FINDINGS

Significant Health Needs of the Community

The following “Areas of Opportunity” represent the significant health needs of the community, based on the information gathered through this Community Health Needs Assessment. From these data, opportunities for health improvement exist in the area with regard to the following health issues (see also the summary tables presented in the following section).

The Areas of Opportunity were determined after consideration of various criteria, including: standing in comparison with benchmark data (particularly national data); identified trends; the preponderance of significant findings within topic areas; the magnitude of the issue in terms of the number of persons affected; and the potential health impact of a given issue. These also take into account those issues of greatest concern to the key informants giving input to this process.

AREAS OF OPPORTUNITY IDENTIFIED THROUGH THIS ASSESSMENT	
ACCESS TO HEALTH CARE SERVICES	▪ Barriers to Access – Appointment Availability – Difficulty Finding a Physician – Lack of Transportation ▪ Primary Care Physician Ratio ▪ Lack of Financial Resilience ▪ Specific Source of Ongoing Medical Care ▪ Emergency Room Utilization ▪ Ratings of Local Health Care
CANCER	▪ Cancer Deaths – Overall Leading Cause of Death – Lung Cancer Deaths – Female Breast Cancer Deaths ▪ Cancer Incidence – Including Lung Cancer
DIABETES	▪ Diabetes Prevalence ▪ Prevalence of Borderline/Pre-Diabetes ▪ Kidney Disease Deaths
DISABLING CONDITIONS	▪ Multiple Chronic Conditions ▪ Activity Limitations ▪ High-Impact Chronic Pain
HEART DISEASE & STROKE	▪ Leading Cause of Death ▪ High Blood Pressure Prevalence ▪ High Blood Cholesterol Prevalence
HOUSING	▪ Housing Conditions ▪ Key Informants: *Social Determinants of Health (especially Housing)* ranked as a top concern.

AREAS OF OPPORTUNITY (continued)	
INFANT HEALTH & FAMILY PLANNING	▪ Teen Births
MENTAL HEALTH	▪ "Fair/Poor" Mental Health ▪ Diagnosed Depression ▪ Symptoms of Chronic Depression ▪ Suicide Deaths ▪ Mental Health Provider Ratio ▪ Receiving Treatment for Mental Health ▪ Difficulty Obtaining Mental Health Services ▪ Key Informants: *Mental Health* ranked as a top concern.
NUTRITION, PHYSICAL ACTIVITY & WEIGHT	▪ Food Insecurity ▪ Difficulty Accessing Fresh Produce ▪ Meeting Physical Activity Guidelines ▪ Access to Recreation/Fitness Facilities ▪ Overweight & Obesity [Adults & Children] ▪ Key Informants: *Nutrition, Physical Activity & Weight* ranked as a top concern.
RESPIRATORY DISEASE	▪ Pneumonia/Influenza Deaths ▪ Asthma Prevalence [Adults]
SUBSTANCE USE	▪ Unintentional Drug-Induced Deaths ▪ Key Informants: *Substance Use* ranked as a top concern.
TOBACCO USE	▪ Use of Vaping Products ▪ Key Informants: *Tobacco Use* ranked as a top concern.

Community Feedback on Prioritization of Health Needs

Prioritization of the health needs identified in this assessment ("Areas of Opportunity" above) was determined based on a prioritization exercise conducted among providers and other community leaders (representing a cross-section of community-based agencies and organizations) as part of the Online Key Informant Survey.

In this process, these key informants were asked to rate the severity of a variety of health issues in the community. Insofar as these health issues were identified through the data above and/or were identified as top concerns among key informants, their ranking of these issues informed the following priorities:

1. Mental Health
2. Substance Use
3. Nutrition, Physical Activity & Weight
4. Tobacco Use
5. Diabetes
6. Heart Disease & Stroke
7. Cancer
8. Disabling Conditions
9. Access to Health Care Services
10. Infant Health & Family Planning
11. Respiratory Disease

It is also important to note that the Social Determinants of Health (including **Housing**) are a cross-cutting issue that impact all of the above and also ranked highly among key informants' concerns.

Hospital Implementation Strategy

St. Mary's Healthcare will use the information from this Community Health Needs Assessment to develop an Implementation Strategy to address the significant health needs in the community. While the hospital will likely not implement strategies for all of the health issues listed above, the results of this prioritization exercise will be used to inform the development of the hospital's action plan to guide community health improvement efforts in the coming years.

Note: An evaluation of the hospital's past activities to address the needs identified in prior CHNAs can be found as an appendix to this report.

Summary Tables:
Comparisons With Benchmark Data

Reading the Summary Tables

In the following tables, St. Mary's Healthcare Service Area results are shown in the larger, gray column.

The columns to the left of the St. Mary's Healthcare Service Area column provide comparisons between the two counties, identifying differences for each as "better than" (☼), "worse than" (☁), or "similar to" (⛅) the opposing county.

The columns to the right of the St. Mary's Healthcare Service Area column provide trending, as well as comparisons between local data and any available state and national findings, and Healthy People 2030 objectives. Again, symbols indicate whether the St. Mary's Healthcare Service Area compares favorably (☼), unfavorably (☁), or comparably (⛅) to these external data.

Note that blank table cells signify that data are not available or are not reliable for that area and/or for that indicator.

Tip: Indicator labels beginning with a "%" symbol are taken from the PRC Community Health Survey; the remaining indicators are taken from secondary data sources.

TREND SUMMARY
(Current vs. Baseline Data)

SURVEY DATA INDICATORS:
Trends for survey-derived indicators represent significant changes since 2012 (or earliest available data). Note that survey data reflect the ZIP Code-defined St. Mary's Healthcare Service Area.

OTHER (SECONDARY) DATA INDICATORS:
Trends for other indicators (e.g., public health data) represent point-to-point changes between the most current reporting period and the earliest presented in this report (typically representing the span of roughly a decade).

SOCIAL DETERMINANTS	DISPARITY BETWEEN COUNTIES: Fulton County	DISPARITY BETWEEN COUNTIES: Montgomery County	St. Mary's Service Area	SERVICE AREA vs. BENCHMARKS: vs. NY	SERVICE AREA vs. BENCHMARKS: vs. US	SERVICE AREA vs. BENCHMARKS: vs. HP2030	TREND
Linguistically Isolated Population (Percent)	0.4	2.1	1.2	6.8	3.9		
Population in Poverty (Percent)	13.9	15.1	14.5	13.6	12.5	8.0	
Children in Poverty (Percent)	16.7	21.4	19.1	18.1	16.7	8.0	
No High School Diploma (Age 25+, Percent)	12.5	11.2	11.9	12.4	10.9		
Unemployment Rate (Age 16+, Percent)	4.1	4.2	4.1	4.3	4.3		9.6
% Unable to Pay Cash for a $400 Emergency Expense	30.5	28.3	29.4		34.0		18.9
% Worry/Stress Over Rent/Mortgage in Past Year	34.9	32.4	33.5		45.8		31.3
% Unhealthy/Unsafe Housing Conditions	11.6	15.1	13.3		16.4		9.5
Population With Low Food Access (Percent)	12.6	38.0	24.6	12.0	22.2		
% Food Insecure	27.8	30.2	29.0		43.3		23.3

Note: In the section above, each county is compared against the other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better | similar | worse

OVERALL HEALTH	DISPARITY BETWEEN COUNTIES: Fulton County	DISPARITY BETWEEN COUNTIES: Montgomery County	St. Mary's Service Area	SERVICE AREA vs. BENCHMARKS: vs. NY	SERVICE AREA vs. BENCHMARKS: vs. US	SERVICE AREA vs. BENCHMARKS: vs. HP2030	TREND
% "Fair/Poor" Overall Health	18.3	19.9	19.2	17.0	15.7		17.1

Note: In the section above, each county is compared against the other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better | similar | worse

ACCESS TO HEALTH CARE	DISPARITY BETWEEN COUNTIES		St. Mary's Service Area	SERVICE AREA vs. BENCHMARKS			
	Fulton County	Montgomery County		vs. NY	vs. US	vs. HP2030	TREND
% [Age 18-64] Lack Health Insurance	8.4	4.7	6.5	7.9	8.1	7.6	10.5
% Difficulty Accessing Health Care in Past Year (Composite)	47.7	39.4	43.5		52.5		38.0
% Cost Prevented Physician Visit in Past Year	12.2	10.2	11.2	9.8	21.6		13.4
% Cost Prevented Getting Prescription in Past Year	10.7	9.1	9.9		20.2		15.2
% Difficulty Getting Appointment in Past Year	28.8	24.0	26.4		33.4		13.5
% Inconvenient Hrs Prevented Dr Visit in Past Year	13.0	13.8	13.4		22.9		16.0
% Difficulty Finding Physician in Past Year	21.0	13.8	17.3		22.0		7.8
% Transportation Hindered Dr Visit in Past Year	14.5	10.8	12.6		18.3		6.9
% Language/Culture Prevented Care in Past Year	0.3	1.7	1.0		5.0		2.1
% Stretched Prescription to Save Cost in Past Year	14.0	11.8	12.9		19.4		15.8
% Difficulty Getting Child's Health Care in Past Year	6.0	6.6	6.3		11.1		4.2
Primary Care Doctors per 100,000	32.2	52.9	42.2	85.2	76.4		
% Have a Specific Source of Ongoing Care	74.6	73.8	74.2		69.9	84.0	79.3
% Routine Checkup in Past Year	80.4	81.0	80.7	79.7	65.3		75.6
% [Child 0-17] Routine Checkup in Past Year	93.8	92.0	92.8		77.5		93.7
% Two or More ER Visits in Past Year	18.0	16.0	17.0		15.6		11.6

ACCESS TO HEALTH CARE (continued)	DISPARITY BETWEEN COUNTIES: Fulton County	DISPARITY BETWEEN COUNTIES: Montgomery County	St. Mary's Service Area	SERVICE AREA vs. BENCHMARKS: vs. NY	vs. US	vs. HP2030	TREND
% Rate Local Health Care "Fair/Poor"	15.8	16.1	15.9		11.5		19.1

Note: In the section above, each county is compared against the other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better similar worse

CANCER	DISPARITY BETWEEN COUNTIES: Fulton County	DISPARITY BETWEEN COUNTIES: Montgomery County	St. Mary's Service Area	SERVICE AREA vs. BENCHMARKS: vs. NY	vs. US	vs. HP2030	TREND
Cancer Deaths per 100,000 (Age-Adjusted)	162.3	162.9	162.7	133.3	146.5	122.7	177.6
Lung Cancer Deaths per 100,000 (Age-Adjusted)			46.6	28.6	33.4	25.1	
Female Breast Cancer Deaths per 100,000 (Age-Adjusted)			27.5	18.4	19.4	15.3	
Prostate Cancer Deaths per 100,000 (Age-Adjusted)			15.1	16.0	18.5	16.9	
Colorectal Cancer Deaths per 100,000 (Age-Adjusted)			12.3	11.7	13.1	8.9	
Cancer Incidence per 100,000 (Age-Adjusted)	522.2	525.6	523.8	474.4	442.3		
Lung Cancer Incidence per 100,000 (Age-Adjusted)	80.4	81.3	80.8	55.4	54.0		
Female Breast Cancer Incidence per 100,000 (Age-Adjusted)	122.6	130.3	126.1	134.0	127.0		
Prostate Cancer Incidence per 100,000 (Age-Adjusted)	118.3	116.7	117.6	130.3	110.5		
Colorectal Cancer Incidence per 100,000 (Age-Adjusted)	38.8	44.7	41.5	36.6	36.5		
% Cancer	9.3	8.9	9.1	10.0	7.4		9.5
% [Women 50-74] Breast Cancer Screening	77.9	78.9	78.4	79.2	64.0	80.5	81.9

CANCER (continued)	DISPARITY BETWEEN COUNTIES: Fulton County	DISPARITY BETWEEN COUNTIES: Montgomery County	St. Mary's Service Area	SERVICE AREA vs. BENCHMARKS: vs. NY	SERVICE AREA vs. BENCHMARKS: vs. US	SERVICE AREA vs. BENCHMARKS: vs. HP2030	TREND
% [Women 21-65] Cervical Cancer Screening	80.1	77.8	78.9	46.2	75.4	84.3	84.8
% [Age 50-75] Colorectal Cancer Screening	80.8	83.1	81.9	72.1	71.5	74.4	73.2

Note: In the section above, each county is compared against the other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better similar worse

DIABETES	DISPARITY BETWEEN COUNTIES: Fulton County	DISPARITY BETWEEN COUNTIES: Montgomery County	St. Mary's Service Area	SERVICE AREA vs. BENCHMARKS: vs. NY	SERVICE AREA vs. BENCHMARKS: vs. US	SERVICE AREA vs. BENCHMARKS: vs. HP2030	TREND
Diabetes Deaths per 100,000 (Age-Adjusted)	24.5	21.3	23.0	19.1	22.6		19.9
% Diabetes/High Blood Sugar	13.8	16.0	14.9	11.3	12.8		10.5
% Borderline/Pre-Diabetes	12.0	11.7	11.8		15.0		6.0
Kidney Disease Deaths per 100,000 (Age-Adjusted)	17.7	20.9	19.1	9.8	12.8		13.5

Note: In the section above, each county is compared against the other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better similar worse

DISABLING CONDITIONS	DISPARITY BETWEEN COUNTIES: Fulton County	DISPARITY BETWEEN COUNTIES: Montgomery County	St. Mary's Service Area	SERVICE AREA vs. BENCHMARKS: vs. NY	SERVICE AREA vs. BENCHMARKS: vs. US	SERVICE AREA vs. BENCHMARKS: vs. HP2030	TREND
% 3+ Chronic Conditions	44.4	43.9	44.2		38.0		50.8
% Activity Limitations	31.9	33.1	32.5		27.5		23.4
% High-Impact Chronic Pain	25.7	23.4	24.5		19.6	6.4	21.8
Alzheimer's Disease Deaths per 100,000 (Age-Adjusted)	21.8	18.1	19.8	13.9	30.9		31.9

DISABLING CONDITIONS (continued)	DISPARITY BETWEEN COUNTIES: Fulton County	DISPARITY BETWEEN COUNTIES: Montgomery County	St. Mary's Service Area	SERVICE AREA vs. BENCHMARKS: vs. NY	SERVICE AREA vs. BENCHMARKS: vs. US	SERVICE AREA vs. BENCHMARKS: vs. HP2030	TREND
% Caregiver to a Friend/Family Member	24.7	23.9	24.3		22.8		28.6

Note: In the section above, each county is compared against the other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better similar worse

HEART DISEASE & STROKE	DISPARITY BETWEEN COUNTIES: Fulton County	DISPARITY BETWEEN COUNTIES: Montgomery County	St. Mary's Service Area	SERVICE AREA vs. BENCHMARKS: vs. NY	SERVICE AREA vs. BENCHMARKS: vs. US	SERVICE AREA vs. BENCHMARKS: vs. HP2030	TREND
Heart Disease Deaths per 100,000 (Age-Adjusted)	187.2	196.9	192.2	174.1	164.4	127.4	223.6
% Heart Disease	10.3	12.5	11.4	6.5	10.3		9.1
Stroke Deaths per 100,000 (Age-Adjusted)	28.1	29.4	28.8	24.3	37.6	33.4	31.2
% Stroke	4.7	3.2	4.0	2.8	5.4		3.3
% High Blood Pressure	44.6	46.5	45.6	30.5	40.4	42.6	39.3
% High Cholesterol	40.4	42.1	41.3		32.4		34.2
% 1+ Cardiovascular Risk Factor	89.6	90.1	89.8		87.8		89.2

Note: In the section above, each county is compared against the other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better similar worse

INFANT HEALTH & FAMILY PLANNING	DISPARITY BETWEEN COUNTIES		St. Mary's Service Area	SERVICE AREA vs. BENCHMARKS			
	Fulton County	Montgomery County		vs. NY	vs. US	vs. HP2030	TREND
Teen Births per 1,000 Females 15-19	23.1	23.2	23.1	10.9	16.6		
Low Birthweight (Percent of Births)	8.3	8.0	8.1	8.2	8.3		
Infant Deaths per 1,000 Births			5.8	4.1	5.5	5.0	5.4

Note: In the section above, each county is compared against the other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better | similar | worse

INJURY & VIOLENCE	DISPARITY BETWEEN COUNTIES		St. Mary's Service Area	SERVICE AREA vs. BENCHMARKS			
	Fulton County	Montgomery County		vs. NY	vs. US	vs. HP2030	TREND
Unintentional Injury Deaths per 100,000 (Age-Adjusted)	39.2	44.5	41.8	36.7	51.6	43.2	35.9
Motor Vehicle Crash Deaths per 100,000 (Age-Adjusted)			11.6	5.3	11.4	10.1	
[65+] Fall-Related Deaths per 100,000 (Age-Adjusted)			34.6	44.3	67.1	63.4	
Violent Crimes per 100,000	242.7	175.7	210.8	536.9	416.0		
% Victim of Violent Crime in Past 5 Years	4.0	3.6	3.8		7.0		2.9
% Victim of Intimate Partner Violence	18.5	18.2	18.3		20.3		15.9

Note: In the section above, each county is compared against the other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better | similar | worse

MENTAL HEALTH	DISPARITY BETWEEN COUNTIES: Fulton County	DISPARITY BETWEEN COUNTIES: Montgomery County	St. Mary's Service Area	SERVICE AREA vs. BENCHMARKS: vs. NY	SERVICE AREA vs. BENCHMARKS: vs. US	SERVICE AREA vs. BENCHMARKS: vs. HP2030	TREND
% "Fair/Poor" Mental Health	21.2	26.6	24.0		24.4		12.9
% Diagnosed Depression	32.0	30.6	31.3	17.8	30.8		17.5
% Symptoms of Chronic Depression	36.7	42.7	39.8		46.7		29.2
% Typical Day Is "Extremely/Very" Stressful	14.8	16.2	15.5		21.1		13.0
Suicide Deaths per 100,000 (Age-Adjusted)			15.2	8.2	13.9	12.8	12.4
Mental Health Providers per 100,000	256.0	99.0	180.0	356.0	313.7		
% Receiving Mental Health Treatment	24.7	25.8	25.3		21.9		18.6
% Unable to Get Mental Health Services in Past Year	9.5	10.5	10.0		13.2		6.3

Note: In the section above, each county is compared against the other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better | similar | worse

NUTRITION, PHYSICAL ACTIVITY & WEIGHT	DISPARITY BETWEEN COUNTIES: Fulton County	DISPARITY BETWEEN COUNTIES: Montgomery County	St. Mary's Service Area	SERVICE AREA vs. BENCHMARKS: vs. NY	SERVICE AREA vs. BENCHMARKS: vs. US	SERVICE AREA vs. BENCHMARKS: vs. HP2030	TREND
% "Very/Somewhat" Difficult to Buy Fresh Produce	28.5	25.5	27.0		30.0		20.6
% No Leisure-Time Physical Activity	22.5	26.5	24.6	25.6	30.2	21.8	25.7
% Meet Physical Activity Guidelines	20.8	21.8	21.3	24.1	30.3	29.7	17.7
% [Child 2-17] Physically Active 1+ Hours per Day	57.8	54.9	56.2		27.4		60.7
Recreation/Fitness Facilities per 100,000			4.9	12.3	14.8		

NUTRITION, PHYSICAL ACTIVITY & WEIGHT (continued)	DISPARITY BETWEEN COUNTIES		St. Mary's Service Area	SERVICE AREA vs. BENCHMARKS			
	Fulton County	Montgomery County		vs. NY	vs. US	vs. HP2030	TREND
% Overweight (BMI 25+)	71.9	73.0	72.4	64.0	63.3		70.3
% Obese (BMI 30+)	39.1	41.3	40.2	30.1	33.9	36.0	33.0
% [Child 5-17] Overweight (85th Percentile)	44.2	34.1	38.7		31.8		37.7
% [Child 5-17] Obese (95th Percentile)	33.1	26.2	29.3		19.5	15.5	27.4

Note: In the section above, each county is compared against the other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better similar worse

ORAL HEALTH	DISPARITY BETWEEN COUNTIES		St. Mary's Service Area	SERVICE AREA vs. BENCHMARKS			
	Fulton County	Montgomery County		vs. NY	vs. US	vs. HP2030	TREND
% Have Dental Insurance	80.3	80.9	80.6		72.7	75.0	61.9
% Dental Visit in Past Year	57.8	60.3	59.1	64.3	56.5	45.0	62.7
% [Child 2-17] Dental Visit in Past Year	86.5	76.2	80.9		77.8	45.0	83.3

Note: In the section above, each county is compared against the other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better similar worse

RESPIRATORY DISEASE	DISPARITY BETWEEN COUNTIES		St. Mary's Service Area	SERVICE AREA vs. BENCHMARKS			
	Fulton County	Montgomery County		vs. NY	vs. US	vs. HP2030	TREND
Lung Disease Deaths per 100,000 (Age-Adjusted)	50.8	36.6	44.2	27.2	38.1		58.5
Pneumonia/Influenza Deaths per 100,000 (Age-Adjusted)	35.7	27.6	32.0	17.7	13.4		16.8
% Asthma	18.0	17.4	17.7	10.3	17.9		10.4

RESPIRATORY DISEASE (continued)	DISPARITY BETWEEN COUNTIES: Fulton County	DISPARITY BETWEEN COUNTIES: Montgomery County	St. Mary's Service Area	SERVICE AREA vs. BENCHMARKS: vs. NY	SERVICE AREA vs. BENCHMARKS: vs. US	SERVICE AREA vs. BENCHMARKS: vs. HP2030	TREND
% [Child 0-17] Asthma	15.9	12.5	14.1		16.7		12.4
% COPD (Lung Disease)	14.1	13.3	13.7	5.3	11.0		13.1

Note: In the section above, each county is compared against the other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better similar worse

SEXUAL HEALTH	DISPARITY BETWEEN COUNTIES: Fulton County	DISPARITY BETWEEN COUNTIES: Montgomery County	St. Mary's Service Area	SERVICE AREA vs. BENCHMARKS: vs. NY	SERVICE AREA vs. BENCHMARKS: vs. US	SERVICE AREA vs. BENCHMARKS: vs. HP2030	TREND
HIV Prevalence per 100,000	144.8	204.9	173.4	741.9	386.6		
Chlamydia Incidence per 100,000	273.4	209.6	242.4	526.9	495.0		
Gonorrhea Incidence per 100,000	88.5	149.3	123.2	220.4	194.4		

Note: In the section above, each county is compared against the other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better similar worse

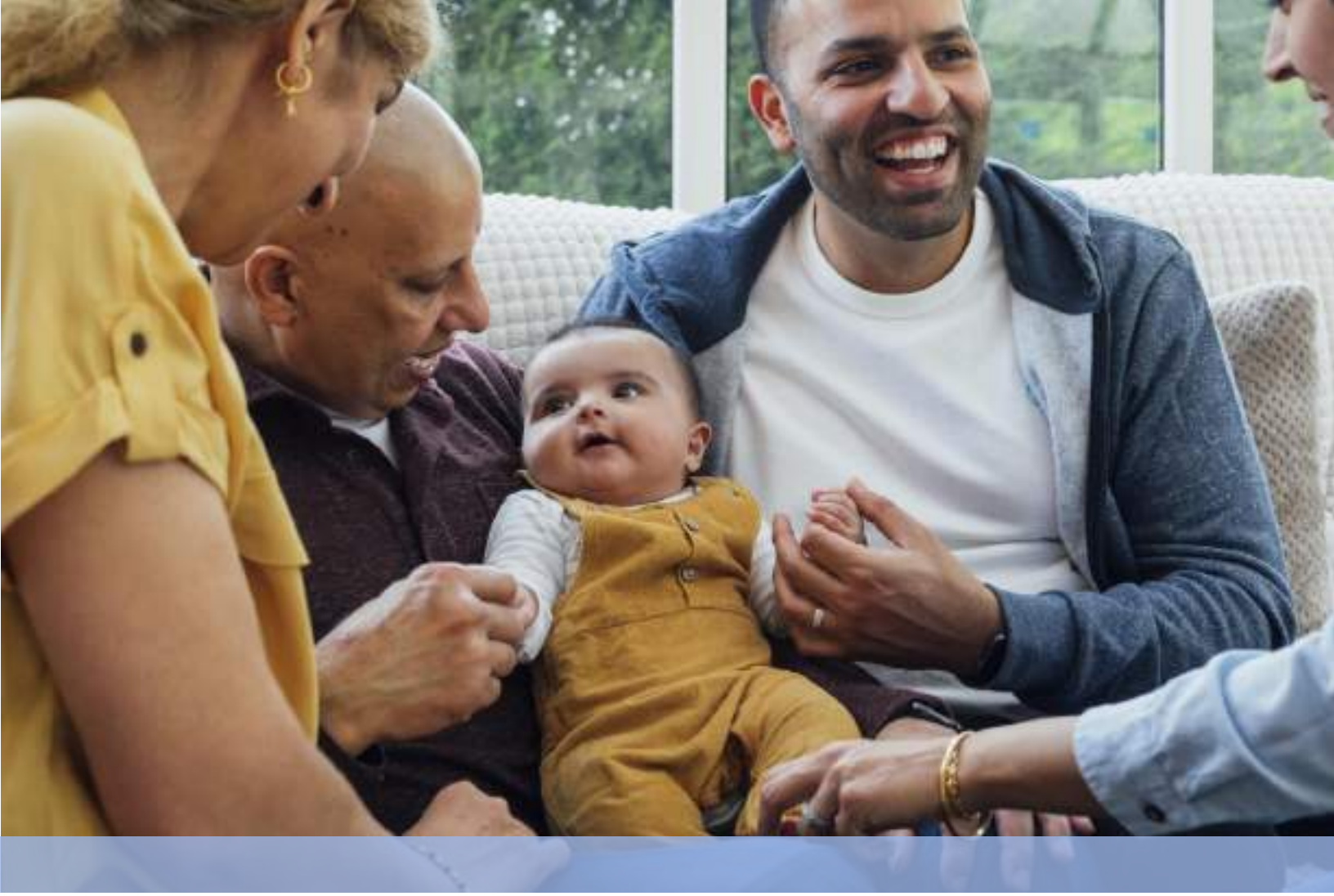
SUBSTANCE USE	DISPARITY BETWEEN COUNTIES: Fulton County	DISPARITY BETWEEN COUNTIES: Montgomery County	St. Mary's Service Area	SERVICE AREA vs. BENCHMARKS: vs. NY	SERVICE AREA vs. BENCHMARKS: vs. US	SERVICE AREA vs. BENCHMARKS: vs. HP2030	TREND
Alcohol-Induced Deaths per 100,000 (Age-Adjusted)			8.1	7.3	11.9		
Cirrhosis/Liver Disease Deaths per 100,000 (Age-Adjusted)			10.6	4.4	12.5	10.9	
% Excessive Drinking	17.9	16.0	17.0	18.4	34.3		21.2
Unintentional Drug-Induced Deaths per 100,000 (Age-Adjusted)	14.7	16.1	15.3	18.7	21.0		7.2
% Used an Illicit Drug in Past Month	2.9	4.0	3.4		8.4		3.1

SUBSTANCE USE (continued)	DISPARITY BETWEEN COUNTIES: Fulton County	DISPARITY BETWEEN COUNTIES: Montgomery County	St. Mary's Service Area	SERVICE AREA vs. BENCHMARKS: vs. NY	SERVICE AREA vs. BENCHMARKS: vs. US	SERVICE AREA vs. BENCHMARKS: vs. HP2030	TREND
% Used a Prescription Opioid in Past Year	13.1	11.3	12.2		15.1		11.7
% Ever Sought Help for Alcohol or Drug Problem	6.2	7.8	7.0		6.8		4.5
% Personally Impacted by Substance Use	35.7	39.6	37.7		45.4		36.8

Note: In the section above, each county is compared against the other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

TOBACCO USE	DISPARITY BETWEEN COUNTIES: Fulton County	DISPARITY BETWEEN COUNTIES: Montgomery County	St. Mary's Service Area	SERVICE AREA vs. BENCHMARKS: vs. NY	SERVICE AREA vs. BENCHMARKS: vs. US	SERVICE AREA vs. BENCHMARKS: vs. HP2030	TREND
% Smoke Cigarettes	22.3	19.5	20.9	11.3	23.9	6.1	22.7
% Someone Smokes at Home	17.4	16.8	17.1		17.7		19.6
% Use Vaping Products	9.3	12.0	10.7	7.2	18.5		3.6

Note: In the section above, each county is compared against the other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.



COMMUNITY DESCRIPTION

POPULATION CHARACTERISTICS

Total Population

Fulton and Montgomery counties (which approximate the St. Mary's Healthcare Service Area) comprise the focus of this Community Health Needs Assessment, encompassing 898.57 square miles and housing a total population of 102,904 residents, according to latest census estimates.

Total Population
(Estimated Population, 2018-2022)

	TOTAL POPULATION	TOTAL LAND AREA (square miles)	POPULATION DENSITY (per square mile)
Fulton County	53,280	495.46	108
Montgomery County	49,624	403.11	123
St. Mary's Service Area	**102,904**	**898.57**	**115**
New York	19,994,379	47,123.42	424
United States	331,097,593	3,533,269.34	94

Sources:
- US Census Bureau American Community Survey, 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2024 via SparkMap (sparkmap.org).

Population Change 2010-2020

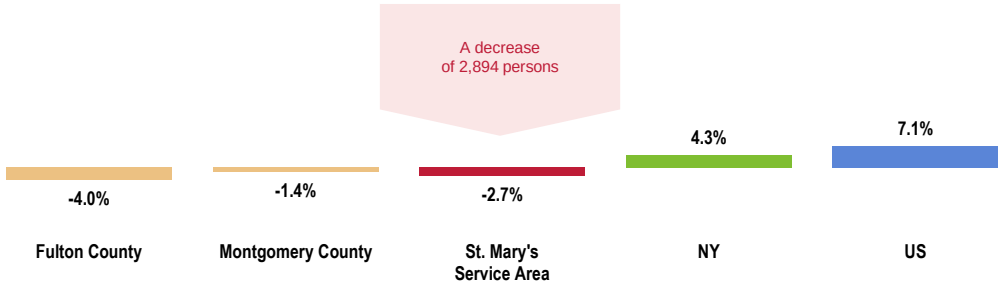
A significant positive or negative shift in total population over time impacts health care providers and the utilization of community resources.

Between the 2010 and 2020 US Censuses, the population of the St. Mary's Healthcare Service Area decreased by 2,894 persons, or 2.7%.

BENCHMARK ► Meanwhile, state and national populations increased.

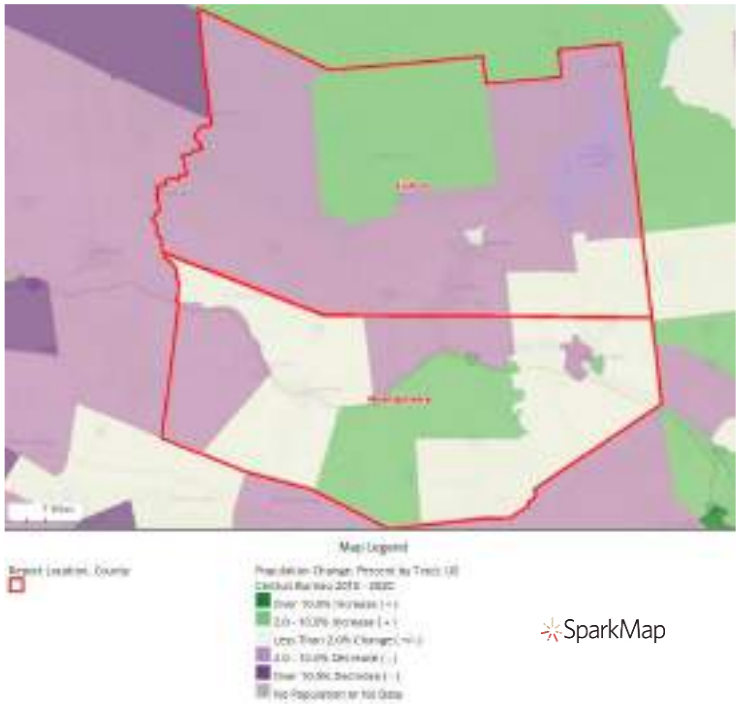
DISPARITY ► Fulton County experienced a proportionally greater decrease in population than Montgomery County.

Change in Total Population
(Percentage Change Between 2010 and 2020)



Sources:
- US Census Bureau Decennial Census (2010-2020).
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2024 via SparkMap (sparkmap.org).

This map shows the areas of greatest increase or decrease in population between 2010 and 2020.



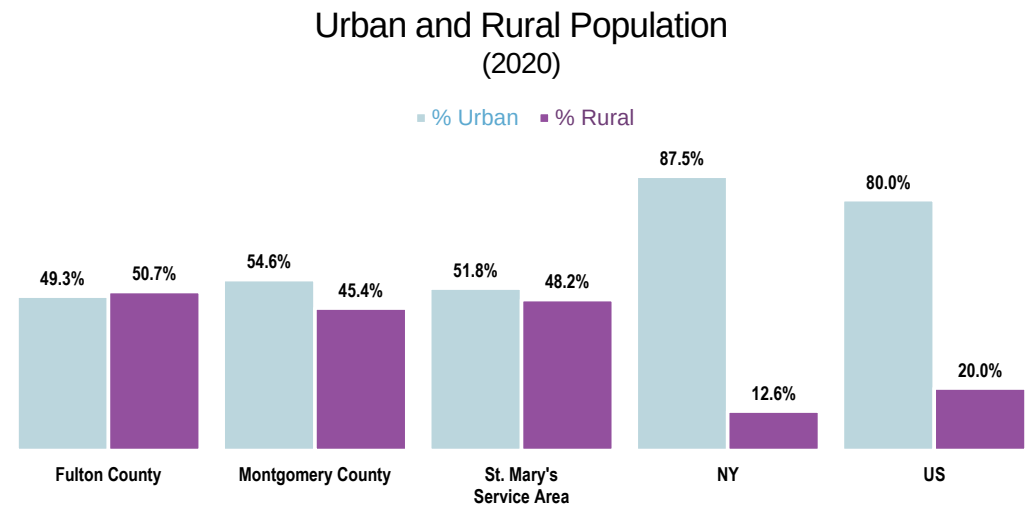
Urban/Rural Population

Urban areas are identified using population density, count, and size thresholds. Urban areas also include territory with a high degree of impervious surface (development). Rural areas are all areas that are not urban.

The St. Mary's Healthcare Service Area is slightly more urban, with 51.8% of the population living in areas designated as urban.

BENCHMARK ► More rural than found across New York and the US.

DISPARITY ► Fulton County is slightly more rural than urban.



Sources:
- US Census Bureau Decennial Census.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2024 via SparkMap (sparkmap.org).

Notes:
- This indicator reports the percentage of population living in urban and rural areas. Urban areas are identified using population density, count, and size thresholds. Urban areas also include territory with a high degree of impervious surface (development). Rural areas are all areas that are not urban.

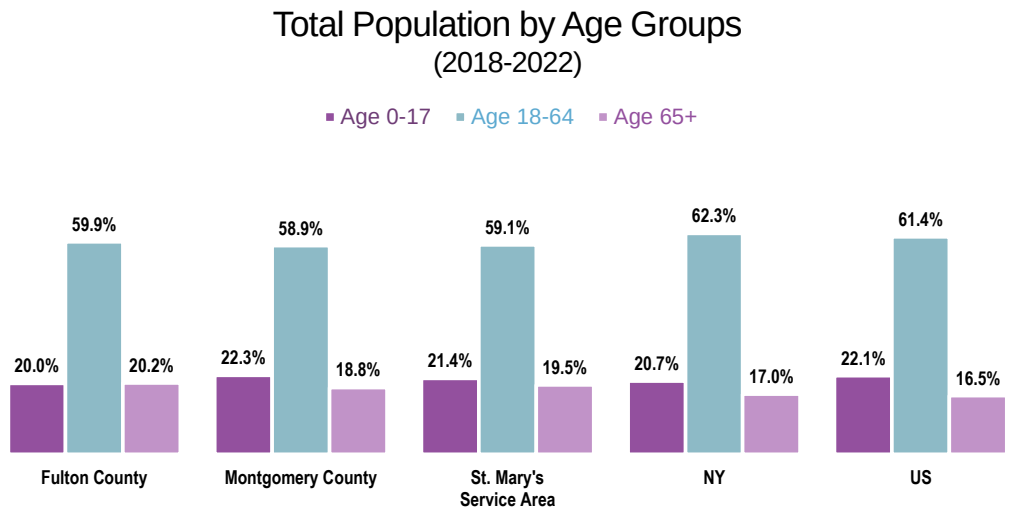
Age

It is important to understand the age distribution of the population, as different age groups have unique health needs that should be considered separately from others along the age spectrum.

In the St. Mary's Healthcare Service Area, 21.4% of the population are children age 0-17; another 59.1% are age 18 to 64, while 19.5% are age 65 and older.

BENCHMARK ► The service area has a higher proportion of adults age 65+ than found across the state and nation.

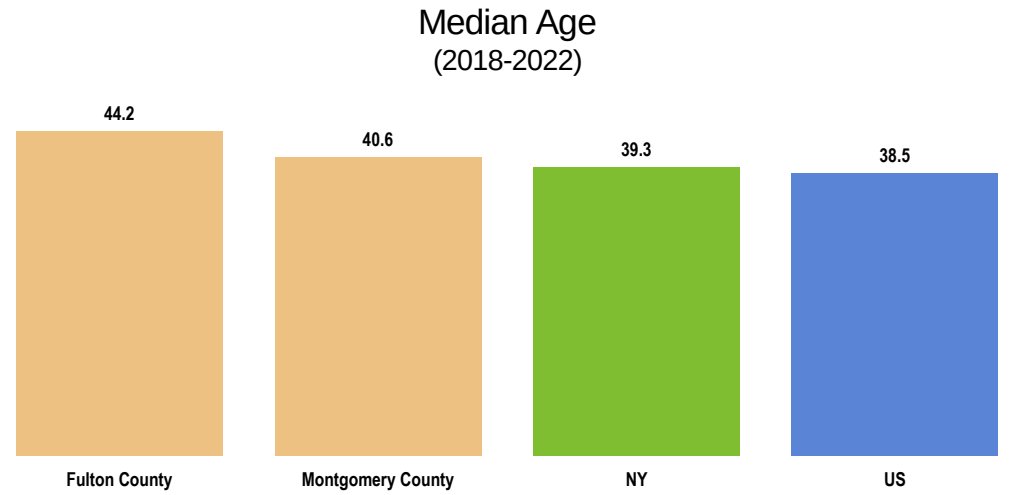
DISPARITY ► Fulton County has a higher proportion of adults than Montgomery County.



Sources:
- US Census Bureau American Community Survey, 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2024 via SparkMap (sparkmap.org).

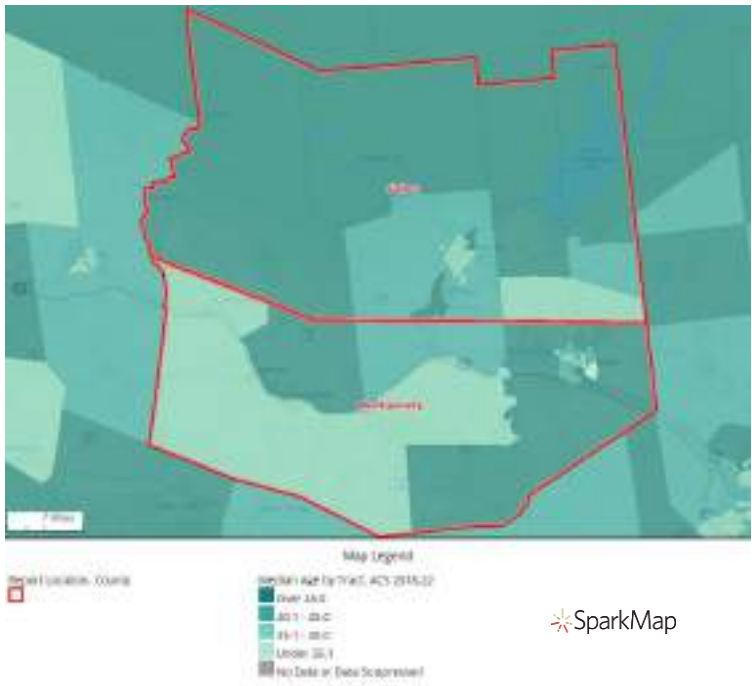
Median Age

Fulton County and Montgomery County are "older" than the state and the nation in that the median age is higher.



Sources:
- US Census Bureau American Community Survey, 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2024 via SparkMap (sparkmap.org).

The following map provides an illustration of the median age by census tract throughout the service area.



Race & Ethnicity

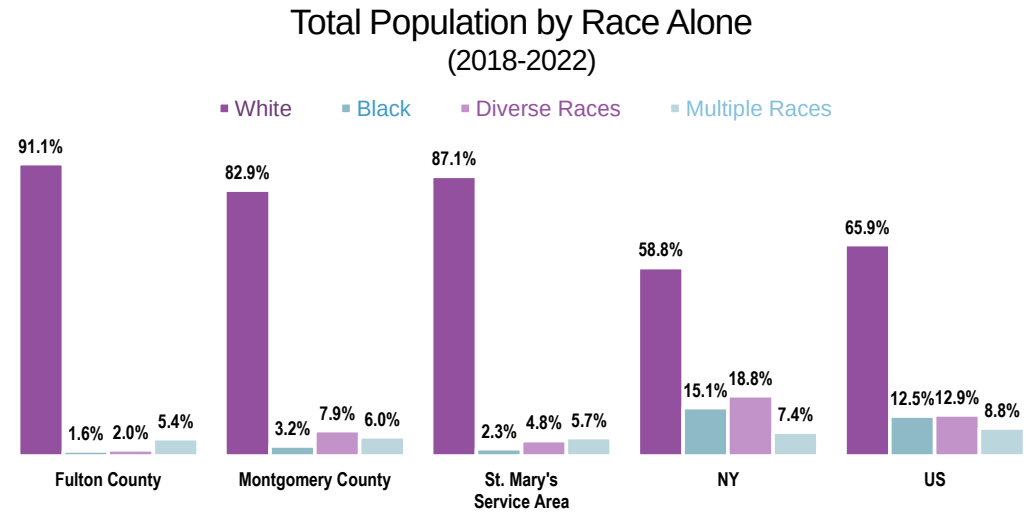
Race

Race reflects those who identify with a single race category, regardless of Hispanic origin. People who identify their origin as Hispanic, Latino, or Spanish may be of any race.

In looking at race independent of ethnicity (Hispanic or Latino origin), 87.1% of residents of the St. Mary's Healthcare Service Area are White and 2.3% are Black.

BENCHMARK ► Less diverse than the state and nation.

DISPARITY ► Fulton County is less diverse than Montgomery County.



Sources:
- US Census Bureau American Community Survey, 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2024 via SparkMap (sparkmap.org).

Notes:
- "Diverse Races" includes those who identify as American Indian or Alaska Native, Asian, or Native Hawaiian/Pacific Islander, without Hispanic origin.

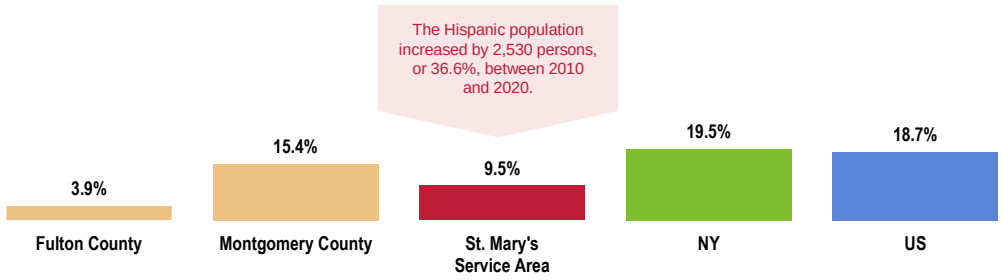
Ethnicity

A total of 9.5% of St. Mary's Healthcare Service Area residents are Hispanic or Latino.

BENCHMARK ► The proportion of Hispanic residents is much lower than found across New York and the US.

DISPARITY ► Montgomery County has a much higher proportion of Hispanic residents.

Hispanic Population
(2018-2022)



Sources:
- US Census Bureau American Community Survey, 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2024 via SparkMap (sparkmap.org).

Notes:
- People who identify their origin as Hispanic, Latino, or Spanish may be of any race.

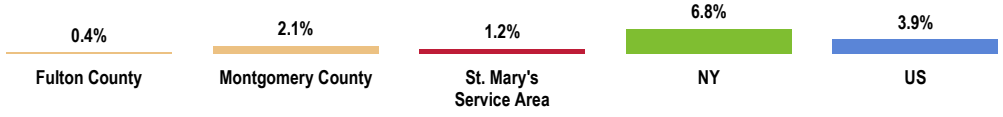
Linguistic Isolation

A total of 1.2% of the St. Mary's Healthcare Service Area population age 5 and older live in a home in which no person age 14 or older is proficient in English (speaking only English or speaking English "very well").

BENCHMARK ► Lower than found statewide and nationally.

DISPARITY ► Higher in Montgomery County.

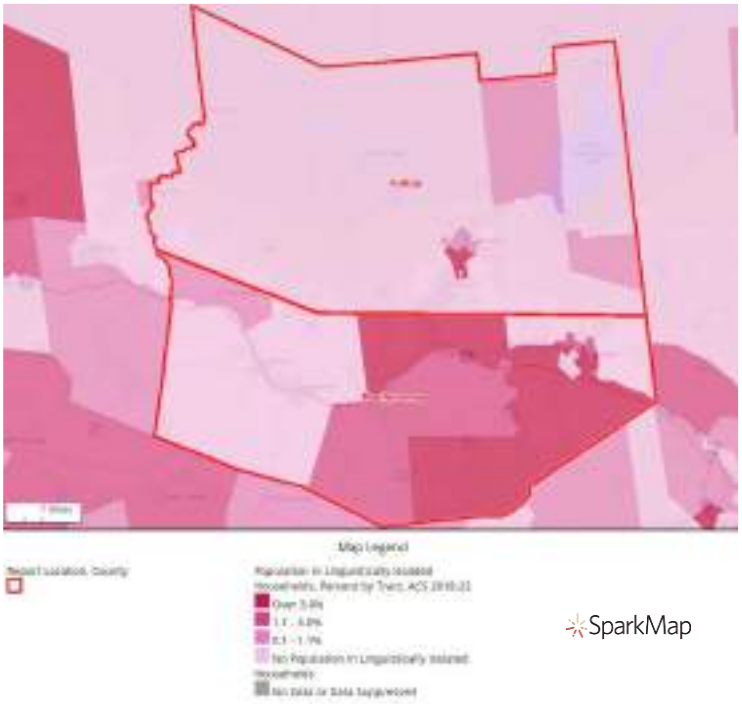
Linguistically Isolated Population
(2018-2022)



Sources:
- US Census Bureau American Community Survey, 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2024 via SparkMap (sparkmap.org).

Notes:
- This indicator reports the percentage of the population age 5+ who live in a home in which no person age 14+ speaks only English, or in which no person age 14+ speaks a non-English language and speak English "very well."

Note the following map illustrating linguistic isolation throughout the St. Mary's Healthcare Service Area.



SOCIAL DETERMINANTS OF HEALTH

ABOUT SOCIAL DETERMINANTS OF HEALTH

Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

Social determinants of health (SDOH) have a major impact on people's health, well-being, and quality of life. Examples of SDOH include:

- Safe housing, transportation, and neighborhoods
- Racism, discrimination, and violence
- Education, job opportunities, and income
- Access to nutritious foods and physical activity opportunities
- Polluted air and water
- Language and literacy skills

SDOH also contribute to wide health disparities and inequities. For example, people who don't have access to grocery stores with healthy foods are less likely to have good nutrition. That raises their risk of health conditions like heart disease, diabetes, and obesity — and even lowers life expectancy relative to people who do have access to healthy foods.

Just promoting healthy choices won't eliminate these and other health disparities. Instead, public health organizations and their partners in sectors like education, transportation, and housing need to take action to improve the conditions in people's environments.

– Healthy People 2030 (https://health.gov/healthypeople)

Poverty

Poverty is considered a key driver of health status because it creates barriers to accessing health services, healthy food, and other necessities that contribute to overall health.

The latest census estimate shows 14.5% of the St. Mary's Healthcare Service Area total population living below the federal poverty level.

BENCHMARK ► Fails to satisfy the Healthy People 2030 objective.

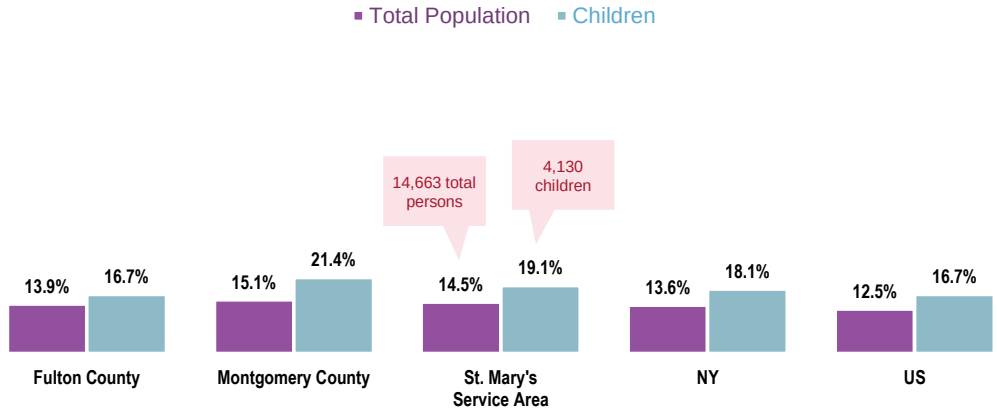
Among just children (ages 0 to 17), this percentage in the service area is 19.1% (representing an estimated 4,130 children).

BENCHMARK ► Fails to satisfy the Healthy People 2030 objective.

Percent of Population in Poverty

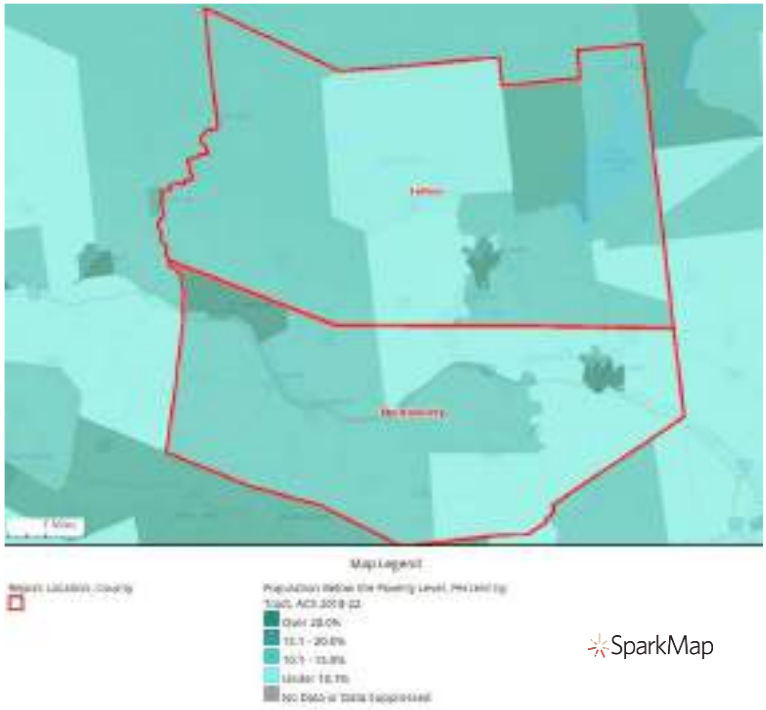
(2018-2022)

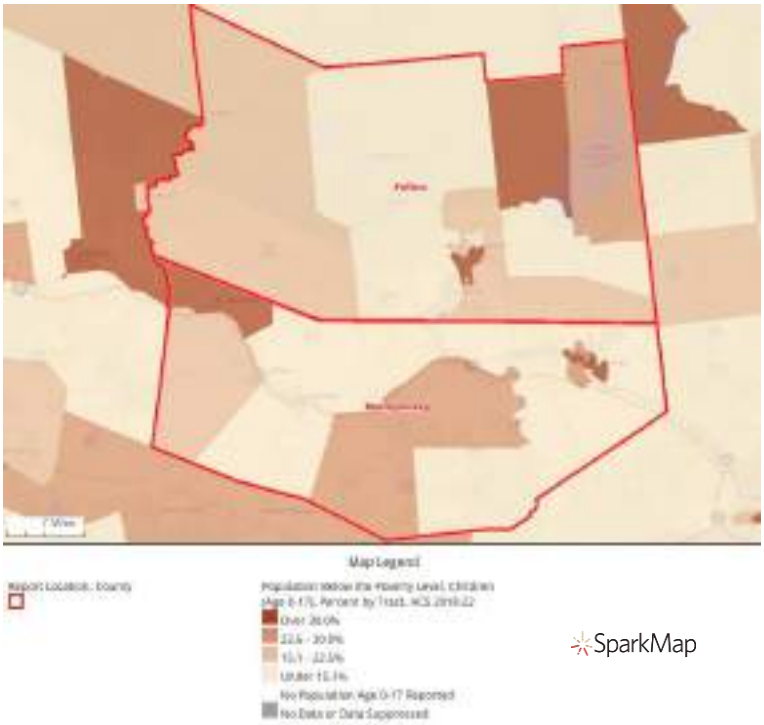
Healthy People 2030 = 8.0% or Lower



Sources:
- US Census Bureau American Community Survey, 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2024 via SparkMap (sparkmap.org).
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

The following maps highlight concentrations of persons living below the federal poverty level.

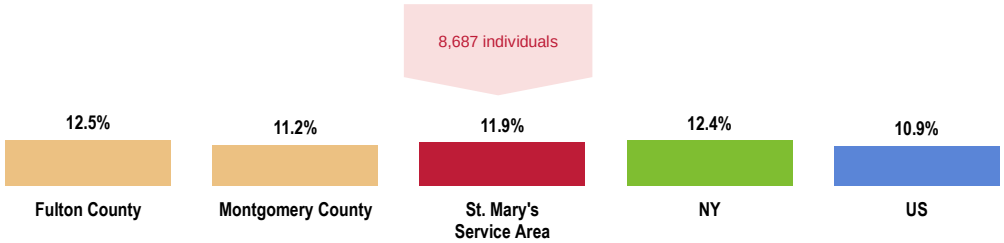




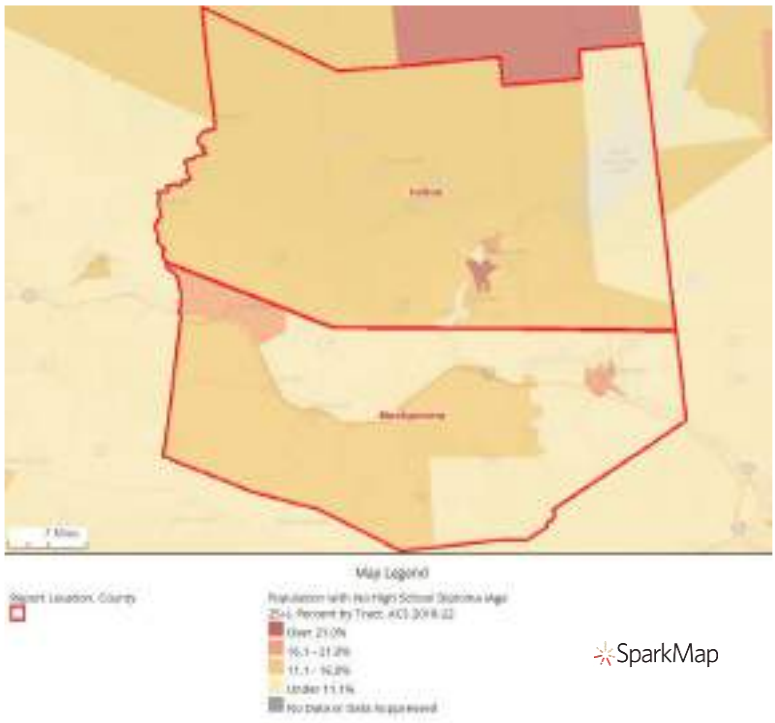
Education

Among the St. Mary's Healthcare Service Area population age 25 and older, an estimated 11.9% (over 8,600 people) do not have a high school education.

Population With No High School Diploma
(Adults Age 25 and Older; 2018-2022)



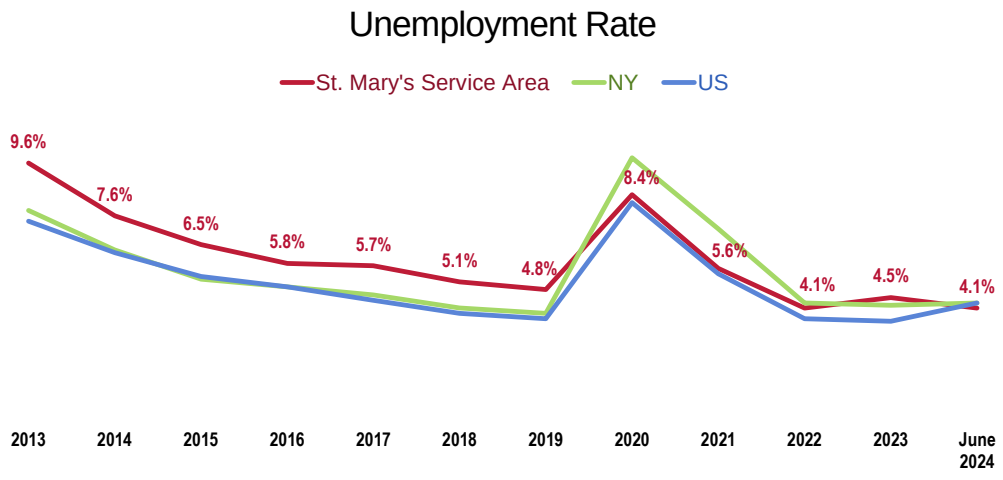
Sources:
- US Census Bureau American Community Survey, 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2024 via SparkMap (sparkmap.org).



Employment

According to data derived from the US Department of Labor, the unemployment rate in the St. Mary's Healthcare Service Area as of June 2024 was 4.1%.

TREND ► Following significant increases in 2020 (attributed to the COVID-19 pandemic), unemployment has dropped below pre-pandemic levels, and is much lower than found a decade ago.



Sources:
- US Department of Labor, Bureau of Labor Statistics.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2024 via SparkMap (sparkmap.org).

Notes:
- Percent of non-institutionalized population age 16+ who are unemployed (not seasonally adjusted).

Financial Resilience

Respondents were asked: "Suppose that you have an emergency expense that costs $400. Based on your current financial situation, would you be able to pay for this expense either with cash, by taking money from your checking or savings account, or by putting it on a credit card that you could pay in full at the next statement?"

A total of 29.4% of area residents would <u>not</u> be able to afford an unexpected $400 expense without going into debt.

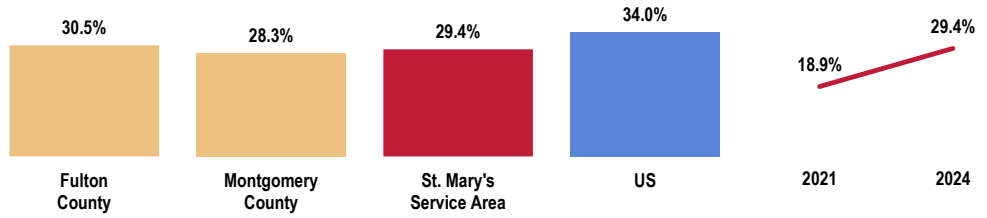
BENCHMARK ► Lower than found across the US.

TREND ► Significantly higher than in 2021.

DISPARITY ► More often reported among women, adults younger than 65, lower-income households, those of diverse races, and LGBTQ+ respondents.

Do Not Have Cash on Hand to Cover a $400 Emergency Expense

St. Mary's Service Area

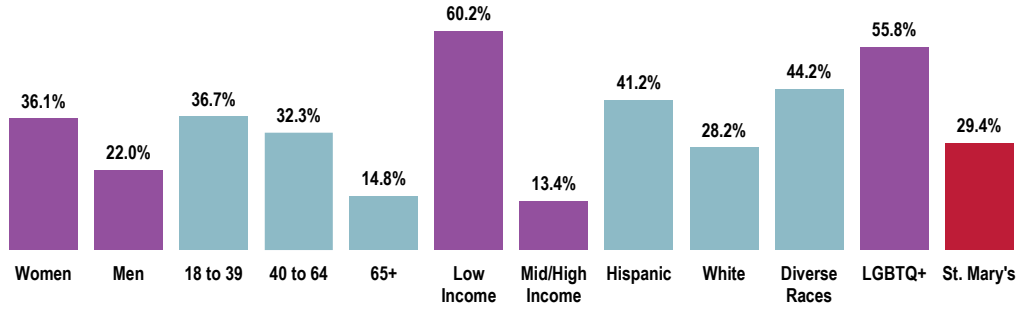


Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 53]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Includes respondents who say they would not be able to pay for a $400 emergency expense either with cash, by taking money from their checking or savings account, or by putting it on a credit card that they could pay in full at the next statement.

NOTE: For indicators derived from the population-based survey administered as part of this project, text describes significant differences determined through statistical testing. The reader can assume that differences (against or among local findings) that are not mentioned are ones that are not statistically significant.

Do Not Have Cash on Hand to Cover a $400 Emergency Expense
(St. Mary's Service Area, 2024)



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 53]

Notes:
- Asked of all respondents.
- Includes respondents who say they would not be able to pay for a $400 emergency expense either with cash, by taking money from their checking or savings account, or by putting it on a credit card that they could pay in full at the next statement.

INCOME & RACE/ETHNICITY

INCOME ► Income categories used to segment survey data in this report are based on administrative poverty thresholds determined by the US Department of Health & Human Services. These guidelines define poverty status by household income level and number of persons in the household (e.g., the 2023 guidelines place the poverty threshold for a family of four at $30,000 annual household income or lower). In sample segmentation: “low income” refers to community members living in a household with defined poverty status or living just above the poverty level, earning up to twice (<200% of) the poverty threshold; “mid/high income” refers to those households living on incomes which are twice or more (≥200% of) the federal poverty level.

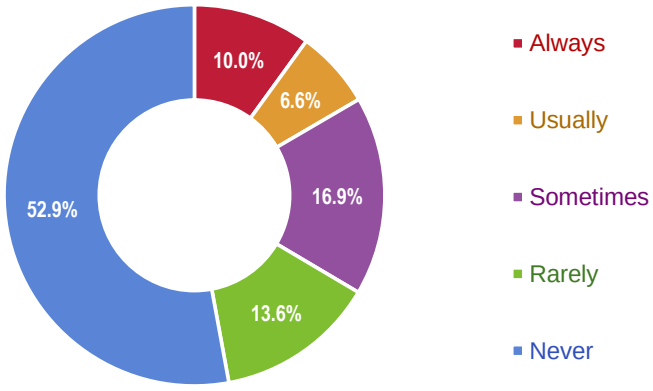
RACE & ETHNICITY ► In analyzing survey results, mutually exclusive race and ethnicity categories are used. All Hispanic respondents are grouped, regardless of identity with any other race group. Data are also detailed for individuals identifying with a race category, without Hispanic origin. “White” reflects those who identify as White alone, without Hispanic origin. “Diverse Races” includes those who identify as Black or African American, American Indian or Alaska Native, Asian, Native Hawaiian/Pacific Islander, or as being of multiple races, without Hispanic origin.

Housing

Housing Insecurity

Most surveyed adults rarely, if ever, worry about the cost of housing.

Frequency of Worry or Stress
Over Paying Rent or Mortgage in the Past Year
(St. Mary's Service Area, 2024)



Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 56]
Notes: ● Asked of all respondents.

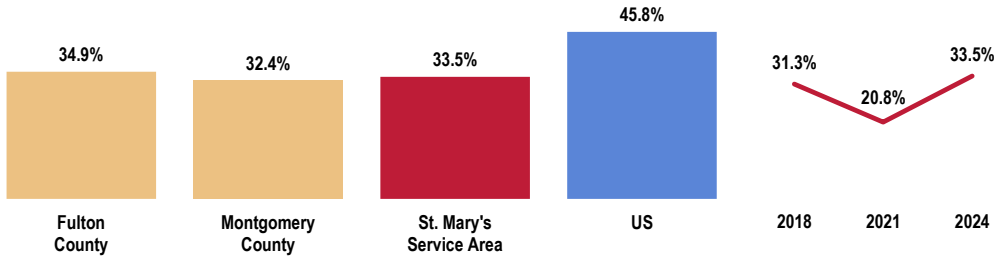
However, a considerable share (33.5%) report that they were "sometimes," "usually," or "always" worried or stressed about having enough money to pay their rent or mortgage in the past year.

BENCHMARK ► Lower than the national finding.

DISPARITY ► More often reported among women, adults younger than 65, lower-income adults, Hispanic residents, LGBTQ+ respondents, and renters.

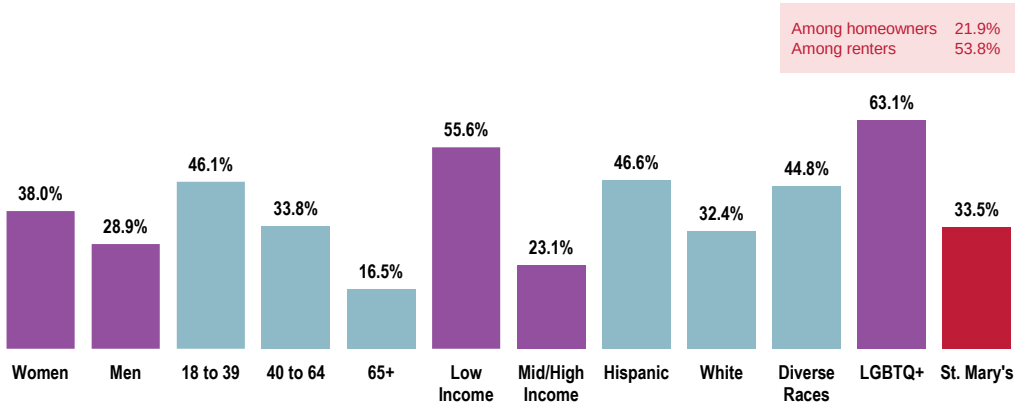
"Always/Usually/Sometimes" Worried About Paying Rent/Mortgage in the Past Year

St. Mary's Service Area



Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 56]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

"Always/Usually/Sometimes" Worried About Paying Rent/Mortgage in the Past Year
(St. Mary's Service Area, 2024)



Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 56]
Notes: ● Asked of all respondents.

Unhealthy or Unsafe Housing

Respondents were asked: "Thinking about your current home, over the past 12 months have you experienced ongoing problems with water leaks, rodents, insects, mold, or other housing conditions that might make living there unhealthy or unsafe?"

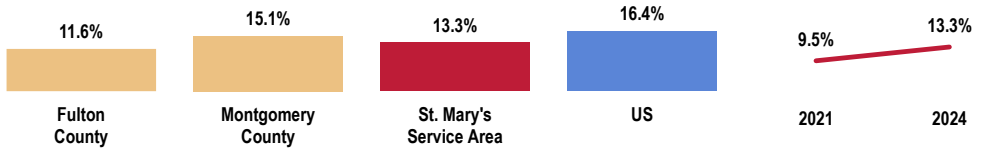
A total of 13.3% of St. Mary's Healthcare Service Area residents report living in unhealthy or unsafe housing conditions during the past year.

TREND ► Marks a significant increase from the previous survey.

DISPARITY ► More often reported among adults younger than 65, lower-income adults, Hispanic residents, residents of diverse races, LGBTQ+ respondents, and renters.

Unhealthy or Unsafe Housing Conditions in the Past Year

St. Mary's Service Area

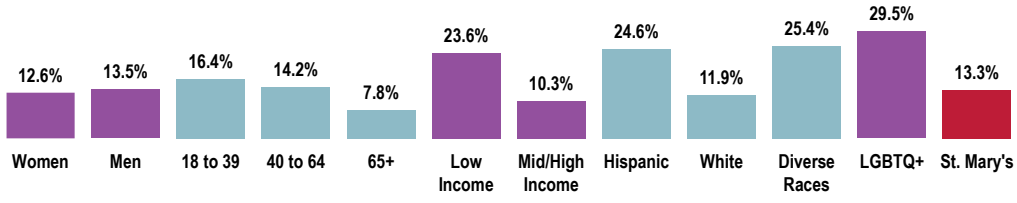


Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 55]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Includes respondents who say they experienced ongoing problems in their current home with water leaks, rodents, insects, mold, or other housing conditions that might make living there unhealthy or unsafe.

Unhealthy or Unsafe Housing Conditions in the Past Year
(St. Mary's Service Area, 2024)

Among homeowners	9.0%
Among renters	22.9%



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 55]

Notes:
- Asked of all respondents.
- Includes respondents who say they experienced ongoing problems in their current home with water leaks, rodents, insects, mold, or other housing conditions that might make living there unhealthy or unsafe.

Food Access

Low Food Access

Low food access is defined as living more than 1 mile (in urban areas, or 10 miles in rural areas) from the nearest supermarket, supercenter, or large grocery store.

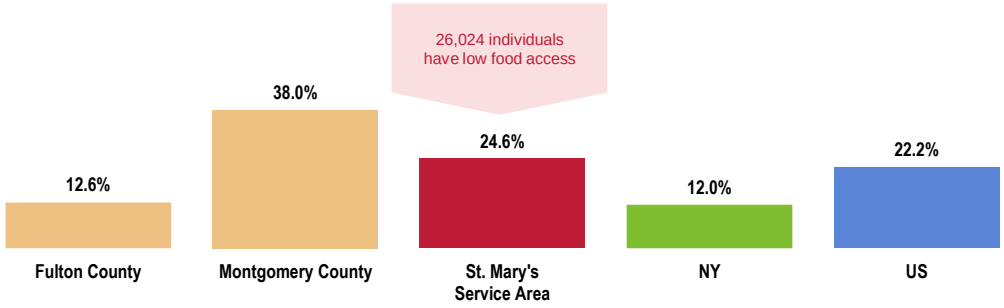
RELATED ISSUE
See also Difficulty Accessing Fresh Produce in the *Nutrition, Physical Activity & Weight* section of this report.

US Department of Agriculture data show that 24.6% of the St. Mary's Healthcare Service Area population (representing over 26,000 residents) have low food access, meaning that they do not live near a supermarket or large grocery store.

BENCHMARK ► Two times the statewide percentage.

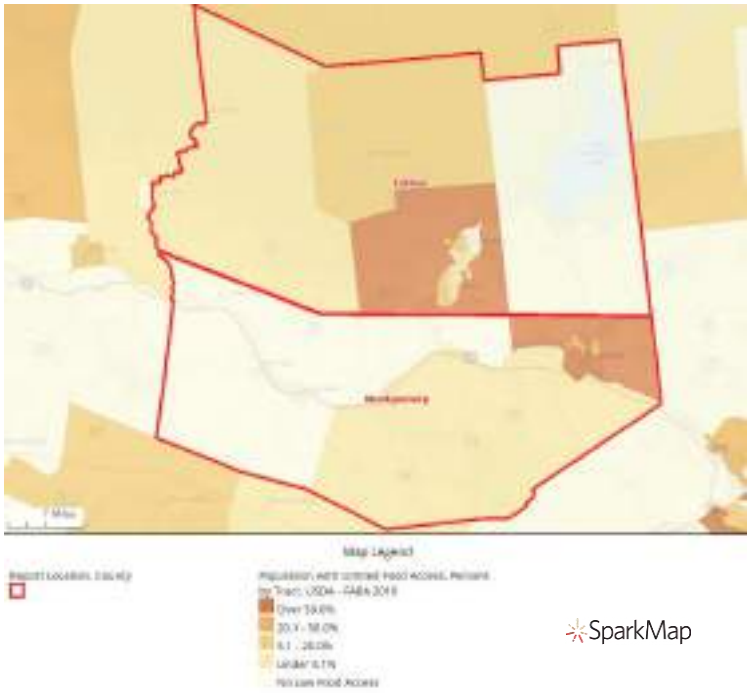
DISPARITY ► Much higher in Montgomery County.

Population With Low Food Access
(2019)



Sources:
- US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas (FARA).
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2024 via SparkMap (sparkmap.org).

Notes:
- Low food access is defined as living more than 1 mile from the nearest supermarket, supercenter, or large grocery store for urban census tracts, and 10 miles for rural ones.



Food Insecurity

Surveyed adults were asked: "Now I am going to read two statements that people have made about their food situation. Please tell me whether each statement was "often true," "sometimes true," or "never true" for you in the past 12 months:

I worried about whether our food would run out before we got money to buy more.

The food that we bought just did not last, and we did not have money to get more."

Those answering "often" or "sometimes" true for either statement are considered to be food insecure.

Overall, 29.0% of community residents are determined to be "food insecure," having run out of food in the past year and/or been worried about running out of food.

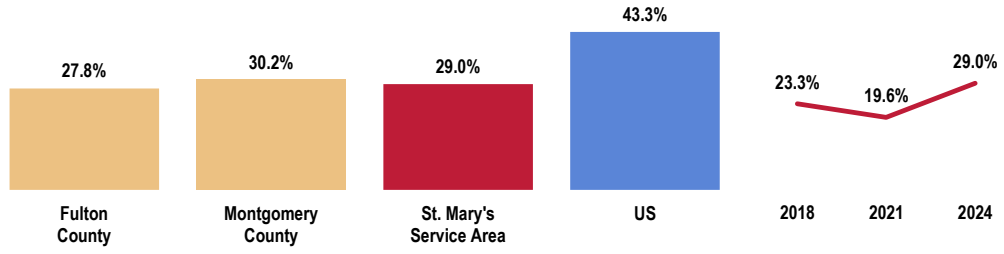
BENCHMARK ► Considerably lower than found nationwide.

TREND ► Denotes a significant increase from previous surveys.

DISPARITY ► More often reported among women, adults younger than 65, lower-income households, Hispanic residents, and LGBTQ+ respondents.

Food Insecurity

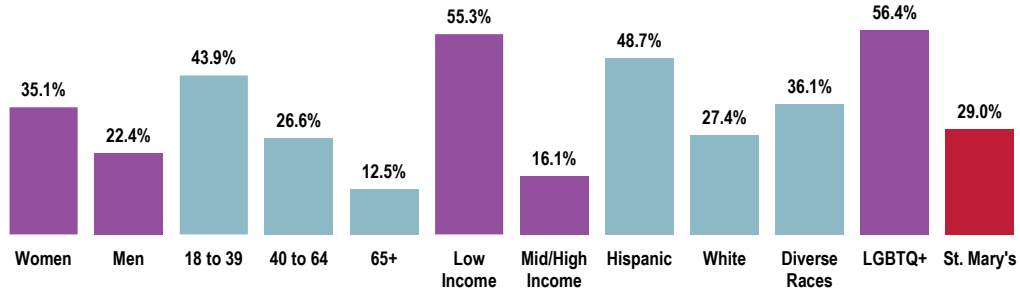
St. Mary's Service Area



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 98]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Includes adults who A) ran out of food at least once in the past year and/or B) worried about running out of food in the past year.

Food Insecurity
(St. Mary's Service Area, 2024)

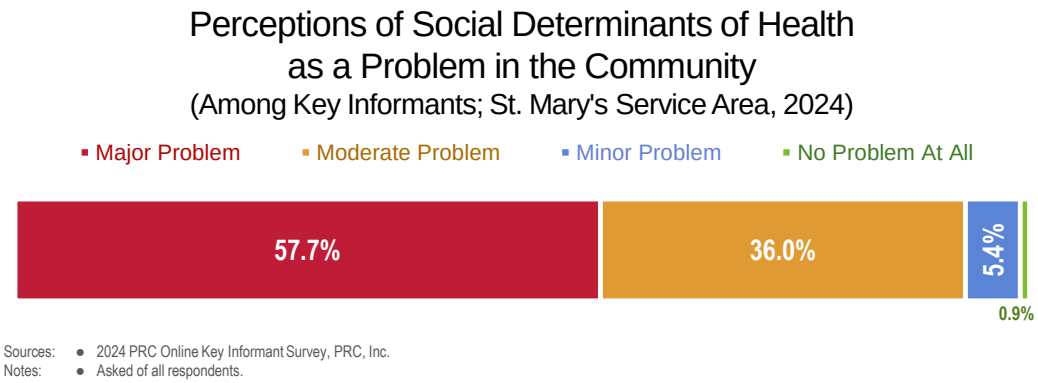


Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 98]

Notes:
- Asked of all respondents.
- Includes adults who A) ran out of food at least once in the past year and/or B) worried about running out of food in the past year.

Key Informant Input: Social Determinants of Health

The greatest share of key informants taking part in an online survey characterized *Social Determinants of Health* as a "major problem" in the community.



Among those rating this issue as a "major problem," reasons related to the following:

Income/Poverty

If there is a high rate of poverty, everything else is negatively affected, including lack of education, affordability of safe housing, health care compliance, access to and affordability of health foods. – Health Care Provider

Low income limits housing to undesirable areas, lack of education perpetuates altered beliefs/mistrust about health care. Many who live here did not graduate high school. Many gain their education from online social media that may or may not be valid. – Health Care Provider

Fulton and Montgomery counties are a rural area. Many of the community members that live here are of low socioeconomic status. – Health Care Provider

Poor community, lack of high-paying jobs, education is minimal, Medicaid rate high, which means a poorer community. – Public Health Representative

With 15% of the total county population living below the poverty level, SDOH-related situations create a major issue. With income-constrained people, housing, education, environment, discrimination, and health become obstacles to everyday survival. Access to health care is a significant concern, with many reasons for people not receiving the care they need. Although it is reported that 15% of the total population lives below poverty, I believe that it is higher because not everyone is cooperative with surveys that collect this data. The median household income in 2022 was reported at just under $54K. This is not a sustainable living wage, especially with the cost of groceries, fuel, utilities, and rent at an all-time high. – Community Leader

Generational poverty and a lack of affordable housing perpetuate unsafe housing, homelessness, food insecurity, and unstable home environments that impact health and access to health care. – Health Care Provider

More than half of our population lives below the FPL in our two-county service area. Affordable housing is scarce. Many individuals do not have a high school diploma, which prevents them from seeking moderately high-paying jobs that can sustain a family. There are certain sections of Amsterdam that have been deemed "dangerous" and violent. Amsterdam has also been designated as a "food desert" in the past, meaning there are not many affordable, healthy food options around. Thankfully, we have CDTA now that can help individuals get to the grocery stores, work, and appointments much easier than before. – Community Leader

Poverty and lack of financial resources and physical access to health services. – Health Care Provider

High rates of poverty in both counties. People in poverty have a harder time accessing services. – Community Leader

Lower socioeconomic status, medical illiteracy, high Medicaid/Medicare population. – Health Care Provider

This is a depressing area, with many people in low-income households. The price of housing is rising dramatically, and this disconnect leads to homelessness. – Community Leader

Those who are poor generally have poor health care, poor diets, mental health concerns. The homeless population has increased throughout the two counties. SMH service bringing greater numbers to the ER. – Community Leader

Poverty interferes with obtaining necessary physical and mental health services. Those who cannot afford to travel are not educated enough to know how to travel elsewhere, are worried about where the next meal will come from, or where they will live tomorrow – are not likely to seek or obtain necessary health care. – Community Leader

Poor economic status, lack of education, cost of living. – Health Care Provider

Low income. – Community Leader

This area has a lack of people with higher education, poverty is high, not a lot of economic opportunity, especially for higher paying jobs. – Community Leader

We have a high population of low-income residents who have not completed their education and or may have a language barrier. – Health Care Provider

2024 County Health Rankings has 20% of children living in poverty in Montgomery County, compared with 19% for New York state. 12% of Fulton and Montgomery residents are food insecure, compared to 11% for New York state. 18% of Montgomery residents have limited access to healthy foods, compared to 2% for New York state. Teen births in Montgomery and Fulton counties are also higher at 23 vs. 11 for New York state. Physical inactivity is higher at 26% for Fulton and 27% for Montgomery, compared to 25% for New York state. Much of the housing in both counties is limited and aging. – Community Leader

We are the two poorest counties in NYS. – Social Services Provider

Housing

Lack of affordable housing, low-income jobs. – Health Care Provider

Housing is a significant issue. Many people are not meeting the requirements to get into one of the new housing sites being developed. Transportation continues to be a struggle. CDTA bus line is now available in the city, but there are no resources available in the more rural areas of our counties. – Health Care Provider

Many of the houses in the area that are used as rentals have not been updated in many years. We have a high percentage of absentee landlords who charge good rents but never put any money back into the properties. Lawns aren't mowed, sidewalks and driveways aren't cleaned in the winter, making for less-than-ideal conditions around many rental properties. – Health Care Provider

Housing stock is old, rural area with lack of transportation. – Public Health Representative

Our community is quite diverse, but I fear we don't recognize those in community who are in need of adequate housing, access to our health care system, and food! – Physician

The housing stock in Amsterdam is poor at best. The cost of food is creating barriers to healthy food options for the young and elderly who are on a fixed income. – Health Care Provider

Lack of affordable, well-managed housing in rural areas. Most low-income housing in rural areas is in deplorable condition, i.e. Cliff Street in Canajoharie. – Health Care Provider

There is not enough low-income housing stock. Non-English or limited-English speakers face a language barrier that can limit access to health care because they have difficulty making appointments, etc. Montgomery and Fulton counties continue to have a concerning segment of the population that live in poverty, both urban and rural. Migrant farm workers (dairy farms) face a number of challenges, including transportation to care sites. – Social Services Provider

Lack of affordable housing and food insecurity. – Health Care Provider

Safe housing, transportation, and neighborhoods. Racism, discrimination, and violence. Education, job opportunities, and income. Access to nutritious foods and physical activity opportunities. Polluted air and water. Language and literacy skills. – Community Leader

No low-income housing for people in the community, need more low-income housing for people in the community. Poor wages in the area, no good jobs, dilapidated rural area with not much economic growth or development for community members. – Social Services Provider

The county has an aged housing market, which leads to high lead levels in children. Handicap accessibility for seniors staying in their homes causes concern when homes are not handicap-equipped. Waitlists for housing and subsidies are long. The schools in the county do not have 100% graduation rates – some are higher than others, but no school has 100%. – Public Health Representative

Lack of affordable housing, low income levels, transportation issues, child care issues, low graduation rates in our county, health, mental health, and substance abuse untreated issues. – Social Services Provider

There is a lack of housing, jobs, education. – Social Services Provider

There are multiple problems in our city, and many of them affect our health, like clean and appropriate housing. – Community Leader

There is discrimination in this city, which leads to these problems. Housing is so costly that a middle-income family has a hard time finding a good place to live. The education system needs work. We pay really high taxes, but the atmosphere in the schools, from what I hear, is awful. Why?? People don't want to move here because of the schools, so our taxes will never come down, even a little. – Community Leader

Many residents lack the financial resources to pay for climbing rent prices, homelessness has increased, and there are limited options for emergency and low-cost housing. Eligibility factors and narrow criteria can often exclude the underemployed from receiving access to social programming such as SNAP, Medicaid, etc. Also, a lack of affordable and available child care services limits a mother's abilities to work, leaving many families in difficult situations. – Community Leader

Incidence/Prevalence

> These areas seem to fill quickly because of the need within our community. – Community Leader
>
> See data https://www.countyhealthrankings.org/health-data/new-york/montgomery?year=2024 – Health Care Provider
>
> Many people lack basic needs. – Health Care Provider
>
> These social determinants are the root cause of most of the health problems that are experienced in our county. – Social Services Provider

Employment

> Lack of good paying jobs, lack of housing availability, outdated educational system. – Community Leader
>
> Economic stability is a problem. Employers do not give employees a set schedule and they do not give them enough hours, so they may need to have two separate jobs. Because of this, it can be difficult to manage life. And the stress of it causes health issues. – Social Services Provider

Senior Citizens

> This area has a high percentage of senior citizens that are on fixed incomes that affects their housing and access to health care. This area also has a high percentage of lower-income families that have children on free and reduced lunch programs. Many of the families are two-income families, and their children are in both before- and after-school programs because the parents are not home. Drugs and alcohol use is existent in the area. – Community Leader

Awareness/Education

> Access to information, transportation, and income to use these services. – Health Care Provider

Access to Care/Services

> Many residents lack the resources or ability to access care. Many lack basic necessities. – Community Leader

Alcohol/Drug Use

> High drug use, addictions, generational poverty, low income, reliance on social services, low education. – Social Services Provider

Domestic/Family Violence

> DV increased, substance abuse increased, higher crime rate, high rental cost, landlords are not providing safe housing in some cases. Higher costs of living, single-family households, lower graduating rates. Food insecurities, lack of youth activities within the community. – Community Leader

Environmental Contributors

> It is important to promote a healthy and safe environment and focus on environmental quality and the physical environment where people live, work, play, and learn. – Community Leader

Access to Care

> Inadequate health insurance coverage is one of the largest barriers to health care access. Out-of-pocket medical care costs may lead individuals to delay or forgo needed care, and medical debt is common among both insured and uninsured individuals. People with lower incomes and minority groups are often uninsured. We have a high population of undocumented and a variety of cultures in our communities. Uninsured adults are also less likely to receive preventive services for chronic conditions. Children without health insurance coverage are less likely to receive appropriate treatment or preventive services. – Health Care Provider

Follow Up/Support

> Those suffering from chronic health issues face enormous challenges in finding and consistently using health care support, getting to them, paying for them, and following advice. Most people lack the family and friend support system that would ensure success. If they are employed, the employers are not committed to ensuring their long-term health, only that the immediate issue is addressed, and they are back to work. – Social Services Provider

Homelessness

> Being homeless affects every aspect of one's life. Medicaid transportation is often late or no-show, and clients miss hard to get appointments. Getting through to scheduled transportation is a lengthy process. – Social Services Provider

Rural Population

> Rural population, food deserts, low levels of health and general literacy, working poor, ethnic groups who don't have representative services in the communities where they live, lack of affordable housing options, lack of transportation. – Social Services Provider

Social Interaction Issues

> Difficulties with interacting appropriately with others. Stigma from employers. – Social Services Provider

Transportation

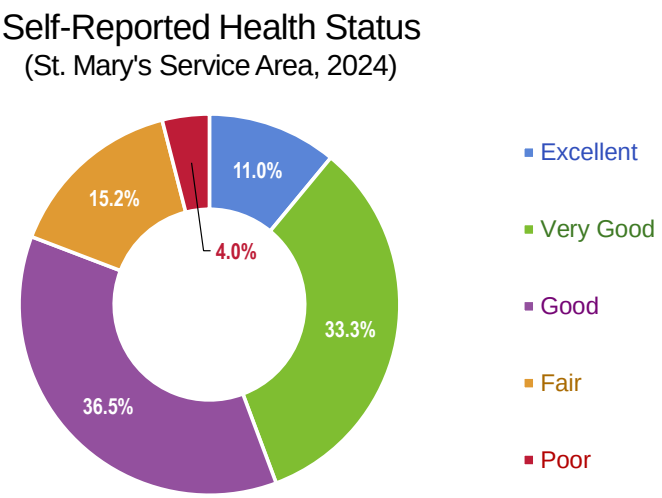
> Transportation, food insecurity, health literacy, socioeconomic status. – Health Care Provider

HEALTH STATUS

OVERALL HEALTH STATUS

The initial inquiry of the PRC Community Health Survey asked: "Would you say that, in general, your health is excellent, very good, good, fair, or poor?"

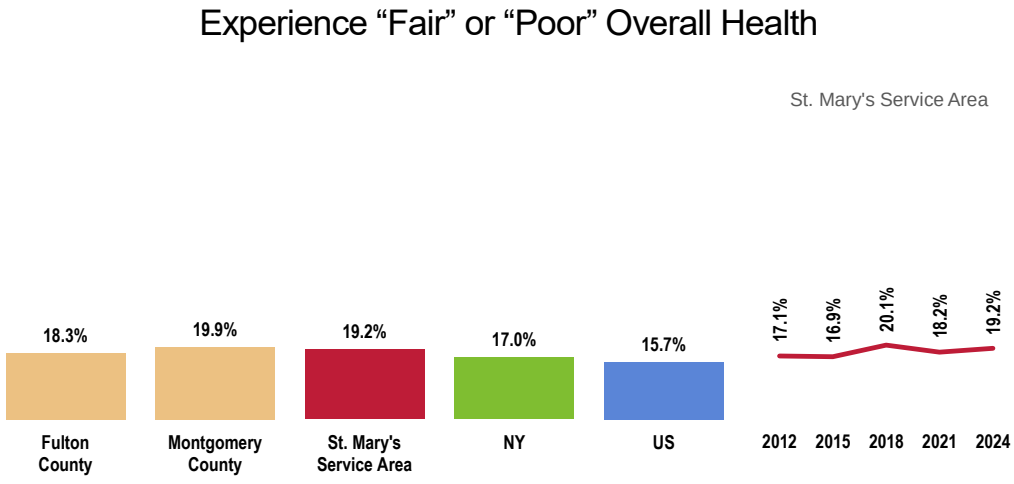
Most St. Mary's Healthcare Service Area residents rate their overall health favorably (responding "excellent," "very good," or "good").



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 4]
Notes: • Asked of all respondents.

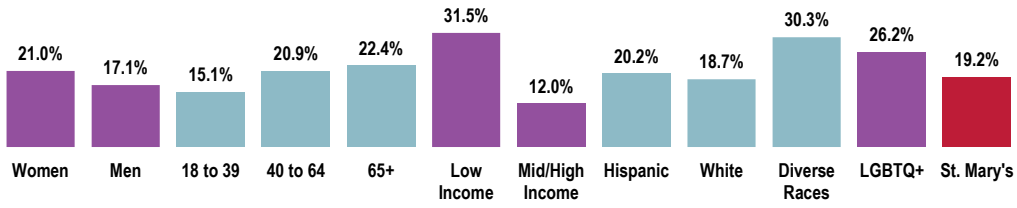
However, 19.2% of service area adults believe that their overall health is "fair" or "poor."

DISPARITY ► More often reported among adults age 65+ and those with lower incomes.



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 4]
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 New York data.
• 2023 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.

Experience “Fair” or “Poor” Overall Health
(St. Mary's Service Area, 2024)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 4]
Notes: • Asked of all respondents.

MENTAL HEALTH

ABOUT MENTAL HEALTH & MENTAL DISORDERS

About half of all people in the United States will be diagnosed with a mental disorder at some point in their lifetime. …Mental disorders affect people of all ages and racial/ethnic groups, but some populations are disproportionately affected. And estimates suggest that only half of all people with mental disorders get the treatment they need.

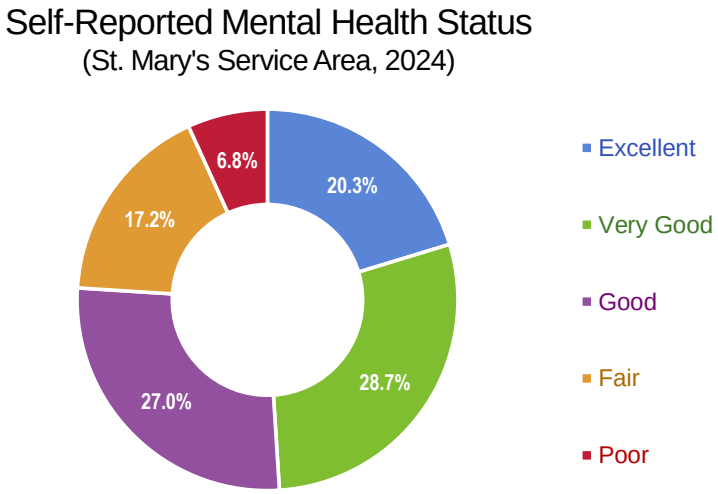
In addition, mental health and physical health are closely connected. Mental disorders like depression and anxiety can affect people's ability to take part in healthy behaviors. Similarly, physical health problems can make it harder for people to get treatment for mental disorders. Increasing screening for mental disorders can help people get the treatment they need.

– Healthy People 2030 (https://health.gov/healthypeople)

Mental Health Status

"Now thinking about your mental health, which includes stress, depression, and problems with emotions, would you say that, in general, your mental health is excellent, very good, good, fair, or poor?"

Most St. Mary's Healthcare Service Area adults rate their overall mental health favorably ("excellent," "very good," or "good").



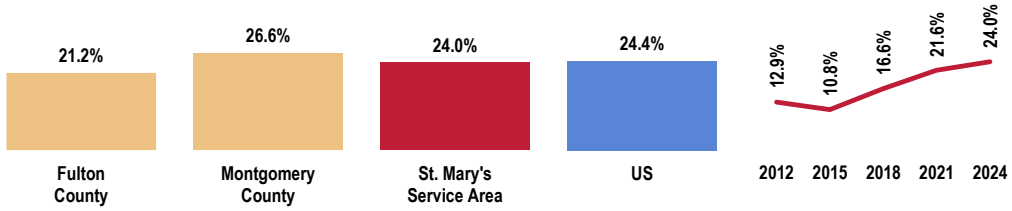
Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 77]
Notes: • Asked of all respondents.

However, 24.0% believe that their overall mental health is "fair" or "poor."

TREND ► Represents a significant increase over time.

Experience "Fair" or "Poor" Mental Health

St. Mary's Service Area



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 77]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Depression

Diagnosed Depression

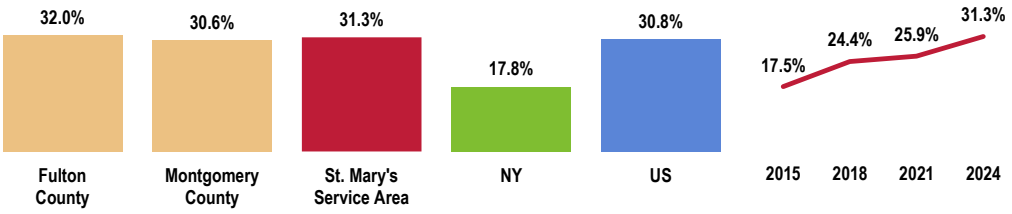
A total of 31.3% of St. Mary's Healthcare Service Area adults have been diagnosed by a physician or other health professional as having a depressive disorder (such as depression, major depression, dysthymia, or minor depression).

BENCHMARK ► Considerably higher than found across New York.

TREND ► Represents a significant increase over time.

Have Been Diagnosed With a Depressive Disorder

St. Mary's Service Area



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 80]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 New York data.
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Depressive disorders include depression, major depression, dysthymia, or minor depression.

Symptoms of Chronic Depression

A total of 39.8% of service area adults have had two or more years in their lives when they felt depressed or sad on most days, although they may have felt okay sometimes (symptoms of chronic depression).

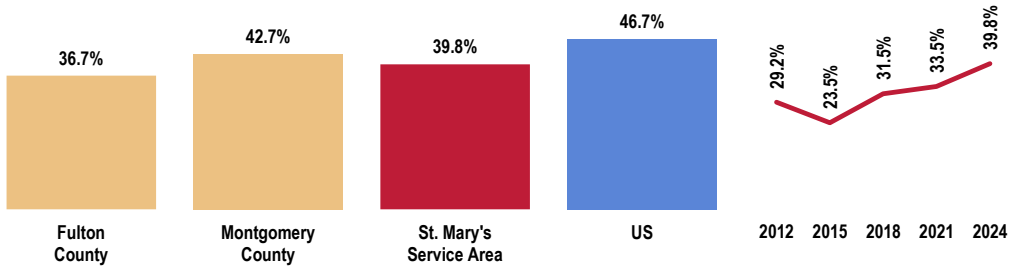
BENCHMARK ► Lower than the US percentage.

TREND ► Marks a significant increase over time.

DISPARITY ► More often reported among women, adults younger than 65, those with lower incomes, Hispanic residents, and LGBTQ+ respondents.

Have Experienced Symptoms of Chronic Depression

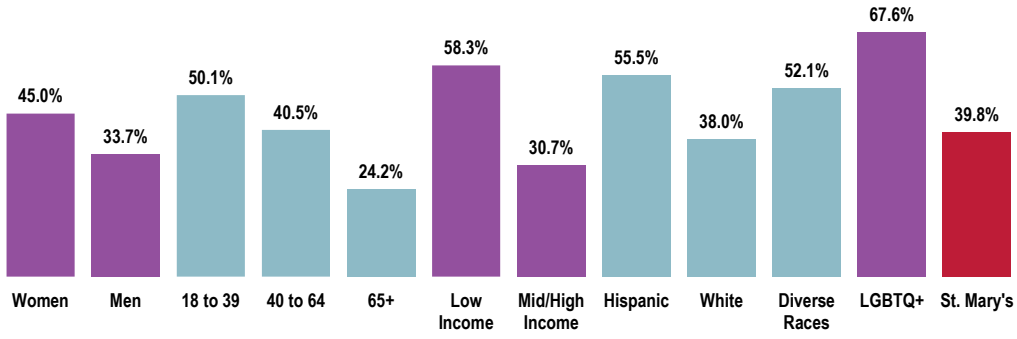
St. Mary's Service Area



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 78]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if (s)he felt okay sometimes.

Have Experienced Symptoms of Chronic Depression
(St. Mary's Service Area, 2024)

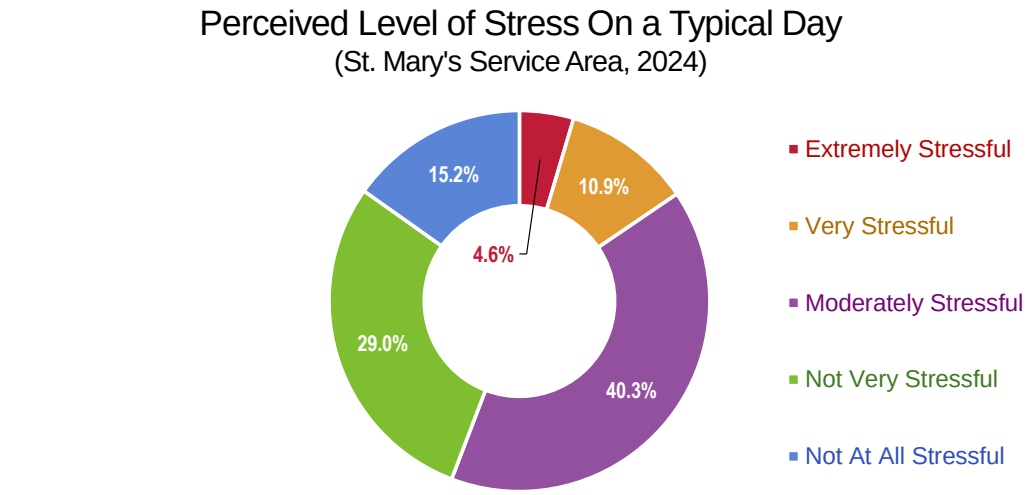


Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 78]

Notes:
- Asked of all respondents.
- Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if (s)he felt okay sometimes.

Stress

A majority of surveyed adults characterize most days as no more than "moderately" stressful.

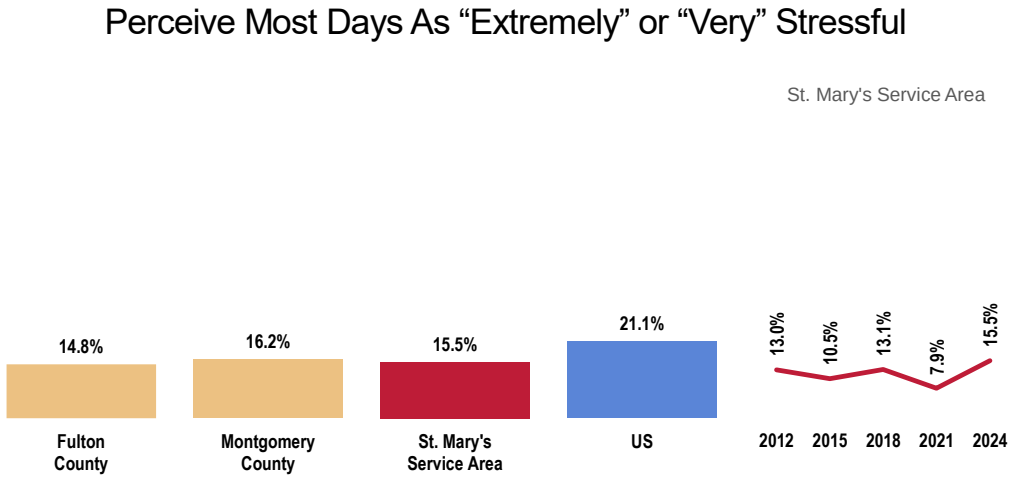


Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 79]
Notes: • Asked of all respondents.

In contrast, 15.5% of St. Mary's Healthcare Service Area adults feel that most days for them are "very" or "extremely" stressful.

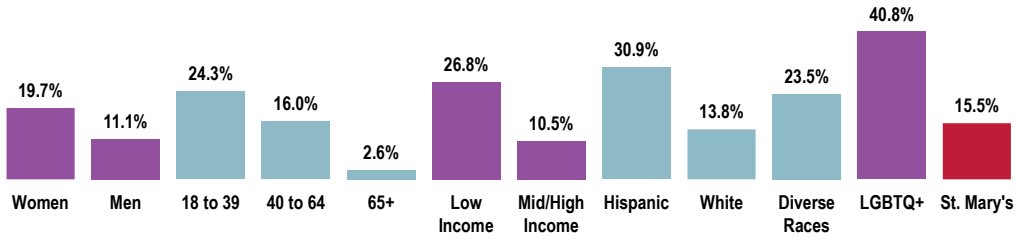
BENCHMARK ► Lower than found nationally.

DISPARITY ► More often reported among women, adults younger than 65, lower-income adults, Hispanic residents, and LGBTQ+ respondents.



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 79]
• 2023 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.

Perceive Most Days as “Extremely” or “Very” Stressful
(St. Mary's Service Area, 2024)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 79]
Notes: • Asked of all respondents.

Suicide

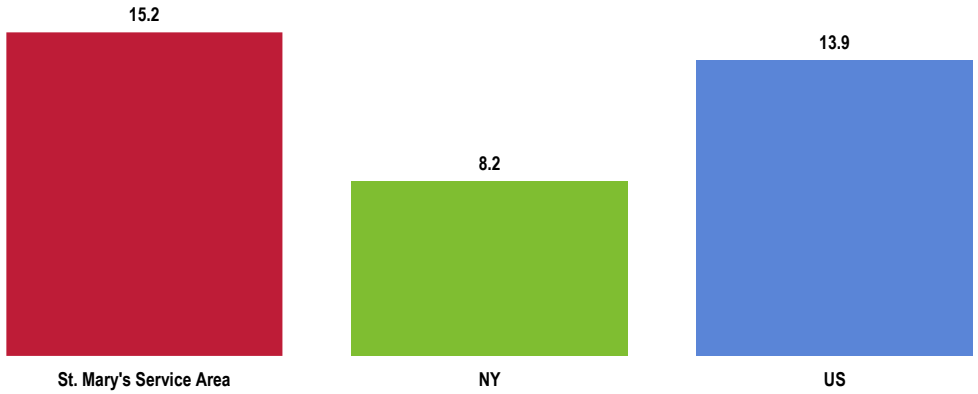
Refer to “Leading Causes of Death” for an explanation of the use of age-adjusting for these rates.

In the St. Mary’s Healthcare Service Area, there were 15.2 suicides per 100,000 population (2018-2020 annual average age-adjusted rate).

BENCHMARK ► Higher than the statewide rate. Fails to satisfy the Healthy People 2030 objective.

TREND ► Rising significantly to the highest level recorded within the service area in nearly a decade.

Suicide: Age-Adjusted Mortality
(2018-2020 Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 12.8 or Lower

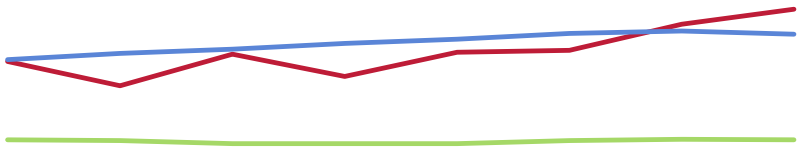


Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2024.
• US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople
Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Suicide: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2030 = 12.8 or Lower



	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
St. Mary's	12.4	11.1	12.8	11.6	12.9	13.0	14.4	15.2
NY	8.2	8.2	8.0	8.0	8.0	8.2	8.2	8.2
US	12.5	12.8	13.1	13.4	13.6	13.9	14.0	13.9

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2024.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Mental Health Treatment

Mental Health Providers

In the St. Mary's Healthcare Service Area in 2023, there were 180.0 mental health providers (including psychiatrists, psychologists, clinical social workers, and counselors who specialize in mental health care) for every 100,000 population.

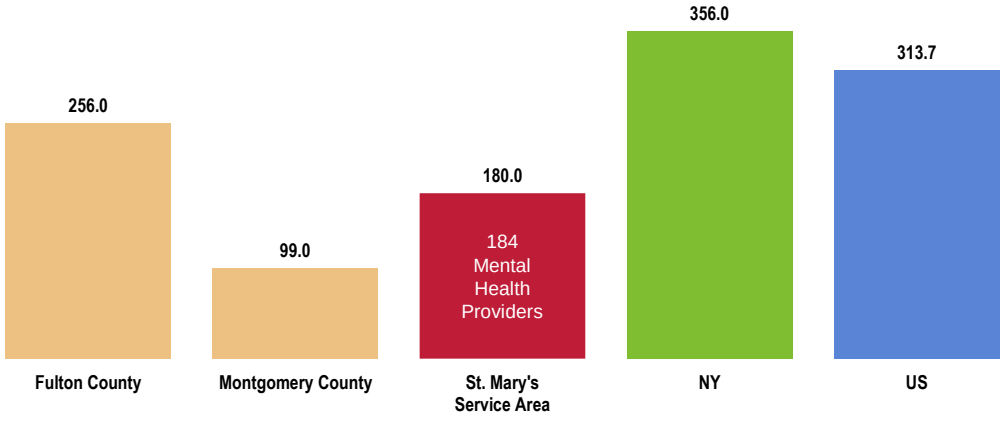
Note that this indicator only reflects providers practicing in the St. Mary's Healthcare Service Area and residents in the St. Mary's Healthcare Service Area; it does not account for the potential demand for services from outside the area, nor the potential availability of providers in surrounding areas.

BENCHMARK ► Considerably lower than state and national rates.

DISPARITY ► Much lower in Montgomery County.

Number of Mental Health Providers per 100,000 Population

(2023)



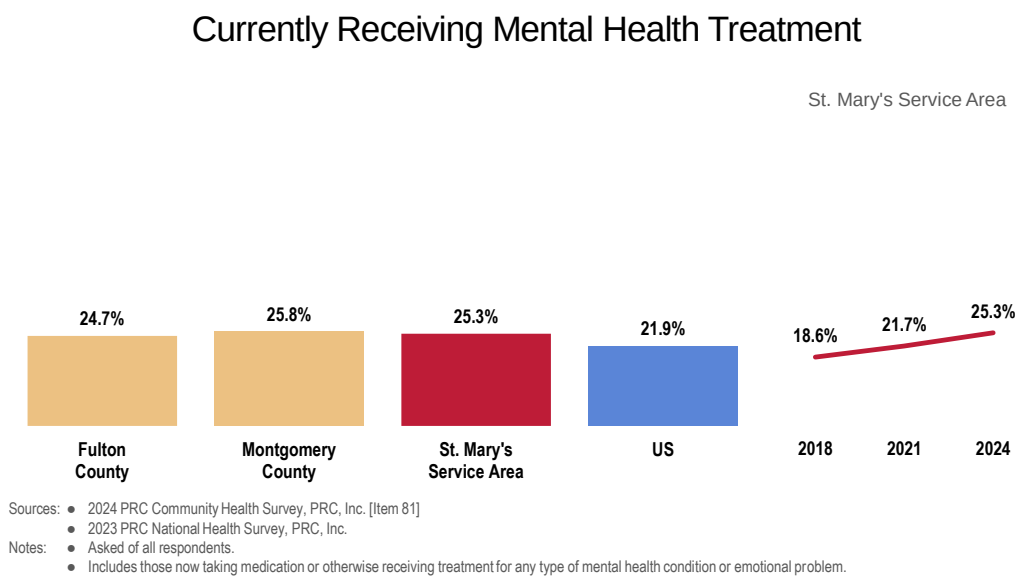
Sources:
- Centers for Medicare and Medicaid Services, National Plan and Provider Enumeration System (NPPES).
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2024 via SparkMap (sparkmap.org).

Notes:
- This indicator reports the rate of the county population to the number of mental health providers including psychiatrists, psychologists, clinical social workers, and counselors that specialize in mental health care.

Currently Receiving Treatment

A total of 25.3% of area adults are currently taking medication or otherwise receiving treatment from a doctor or other health professional for some type of mental health condition or emotional problem.

TREND ► Marks a significant increase over time.



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 81]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Includes those now taking medication or otherwise receiving treatment for any type of mental health condition or emotional problem.

Difficulty Accessing Mental Health Services

A total of 10.0% of St. Mary's Healthcare Service Area adults report a time in the past year when they needed mental health services but were not able to get them.

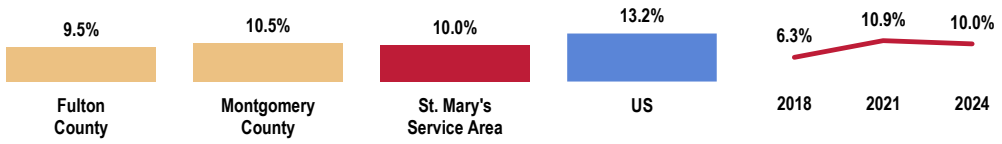
BENCHMARK ► Lower than the US finding.

TREND ► Represents a significant increase from the 2018 survey.

DISPARITY ► More often reported among women, adults younger than 65, those with lower incomes, and LGBTQ+ respondents.

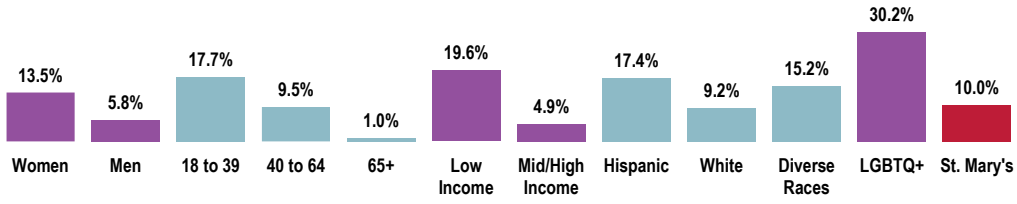
Unable to Get Mental Health Services When Needed in the Past Year

St. Mary's Service Area



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 82]
• 2023 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.

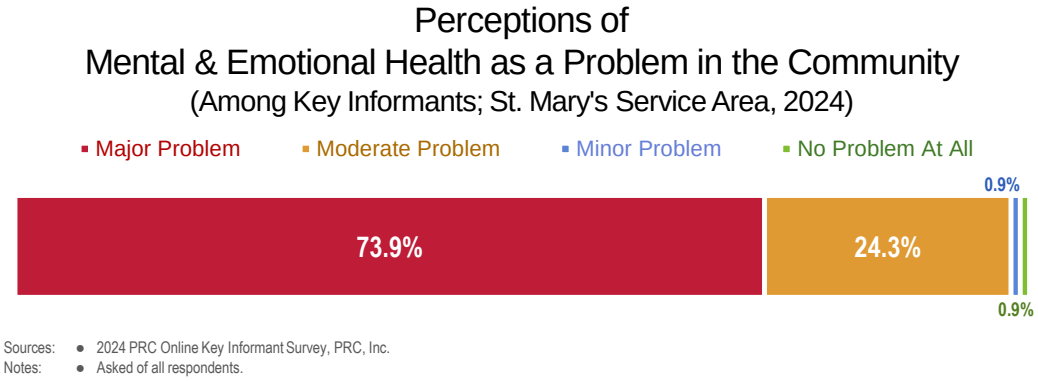
Unable to Get Mental Health Services When Needed in the Past Year
(St. Mary's Service Area, 2024)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 82]
Notes: • Asked of all respondents.

Key Informant Input: Mental Health

A high percentage of key informants taking part in an online survey characterized *Mental Health* as a "major problem" in the community.



Sources: 2024 PRC Online Key Informant Survey, PRC, Inc.
Notes: Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Access to Care/Services

The biggest challenge is the limited availability of health care providers able to see patients in a timely fashion. Also, there is a lack of psychiatrists, as well as well-trained medication prescribers and counselors. – Physician

Accessing services, lack of services available, and stigma. – Community Leader

Lack of access to mental health professionals outside of crisis management. – Community Leader

Qualified professionals who can diagnose and prescribe appropriate medications and treatment plans that are current in today's mental health profession. We also have a lack of treatment centers with available beds. – Community Leader

I love the open access created at St. Mary's, but it takes too long to obtain services of an actual psychiatrist. Patients must attend visits regularly to obtain access to higher care needed. I understand the whys. It is just rough getting sick people to be patient and continue with the process. – Social Services Provider

Access to psychiatric providers. Timely therapy appointments. – Health Care Provider

Lack of services and transportation. – Health Care Provider

The biggest challenge is seeing a doctor in a timely manner, and access to counselors. – Social Services Provider

The vast majority of individuals with mental health issues are not receiving treatment. Some adults with a mental illness are not able to receive the treatment they need because they cannot afford it or are uninsured. – Health Care Provider

Transportation, need for more case managers and population health, non-funded mandates, grossly underfunding for mental health system, training, limited use of administrating the adverse childhood experiences assessment & limited services to care for children with mental health needs. – Health Care Provider

Lack of resources, access to doctors, and medications. – Public Health Representative

The biggest challenges are the wait times for access to mental health services. Patients have to wait longer than they should to see a provider. They also have to travel long distances to see someone or wait without treatment. – Health Care Provider

Lack of behavioral health resources. – Health Care Provider

Access to care, including the ability to get an appointment with a therapist in-network. – Health Care Provider

Accessing counselors, psychologists, psychiatrists, inpatient and outpatient mental health services is extremely difficult in this area. Obtaining help feels nearly impossible, with red tape and insurmountable hoops to jump through. The inadequate amount of services available in the area puts people at risk of harm. – Community Leader

Access issues, specifically for our children living in both Fulton and Montgomery counties. Not enough psychiatrists are available locally and it is significantly challenging to recruit to our area. – Health Care Provider

Access to providers, little to no options for pediatric mental health, as many facilities in New York state have closed. – Health Care Provider

Services. We do not have adequate mental health services in our rural area. We also do not have inpatient mental health services for seniors with dementia. – Health Care Provider

Programs were closed, psychiatrists are needed. – Community Leader

Access to care. – Physician

Access to therapy in a timely manner. Chronic or generational mental health issues for some. Enough psychiatrists or other prescribers who are able to provide medications. – Social Services Provider

Limited access to care, specifically for adolescents, and long wait times for an initial consultation. – Health Care Provider

Long waiting lists for community-based mental health providers and little to no private providers. – Health Care Provider

Lack of services and ability to get to them. – Community Leader

Consistent and ongoing mental health treatment in the community does not seem to be available for many people. – Social Services Provider

Access to care. The mental health inpatient is not geared towards elderly. They are hospitalized, along with all ages and all levels of mental health problems. Outpatient care previously was much more supportive, with mobile geriatrics combining on site/into homes. – Community Leader

Getting a counselor and then the counselor staying longer than a few months. Client has to tell story all over again. Addiction clinic needs counselors. These people need to have someone to help work with them through their problems. This is not happening; they are left on their own, and we pray they can stay clean. – Community Leader

Access to services in crisis or emergency situations. – Community Leader

Access to treatment, gainful employment as opposed to county and government support, and transportation. – Physician

Access to services and access to resources within the community, coping skills, stressors, help for their family regarding mental health, awareness, and sigma. – Community Leader

Lack of mental health and behavioral services and facilities, inpatient, and outpatient. – Social Services Provider

Lack of mental health care, long waits for appointments, and not enough clinicians. – Social Services Provider

Finding appropriate care in a timely fashion. – Community Leader

Lack of resources. – Community Leader

People are waiting up to three months to get an appointment. You have PCPs trying to manage complex psychiatric patients. People are not getting the care that they need, which is increasing the utilization of our ERs and resulting in poor outcomes for the patients. – Health Care Provider

Counseling appointments are booked out at least a year. As with most doctor's appointments, we simply do not have enough providers who specialize in mental health for the enormous list of patients dealing with mental health. – Health Care Provider

Getting assistance in a timely manner. – Social Services Provider

Lack of resources, programs, and staff. – Health Care Provider

Wait time to get in and limited providers. – Community Leader

No local agencies or direct care services for those in need of mental health counseling and management. – Social Services Provider

Lack of access to services. Long wait lists and stigma. – Community Leader

Access to immediate services and medications. Lack of funding for copays, transportation, and stigma. – Social Services Provider

Access to care and education. – Community Leader

Patient access to health care, promotion of well-being and prevention of disorders, and other SDOH, like economic stability and education. – Health Care Provider

The availability of counselors and counseling services at regular intervals. – Health Care Provider

Getting a mental health counselor is very difficult, and even going through Open Access is something many will not do. Most people on mental health medication or going through trauma or stressful times want to see a counselor for therapy. – Health Care Provider

Access to services in a timely manner. Very often there is a significant wait time. – Health Care Provider

Not only access to mental health care, but very long waiting lists to receive care that individuals should receive immediately. – Health Care Provider

Access to care. We lack quality mental health care in our area. Wait lists are long, and staff turnover is high. – Community Leader

Not enough services for mental health patients and for individuals with disabilities. – Social Services Provider

Lack of Providers

Lack of providers – especially for pediatrics. There is no easy, quick, or good pediatric mental health services. – Health Care Provider

> There is a lack of providers due to work force. Wait lists are long. There is often a lack of available inpatient beds for children and adults needing hospitalization. In the county, we do not have inpatient services for children in need. Crisis services are limited and difficult to access. – Public Health Representative
>
> Limited number of providers and limited housing options for recipients of mental health services. – Health Care Provider
>
> St. Mary's only has two mental health providers, one for adults and one for children, and there are no bilingual providers in the area. People have to drive over an hour away and wait up to a year to be seen by a bilingual mental health provider. – Social Services Provider
>
> Lack of quality providers and support groups. – Health Care Provider
>
> There are not enough providers for the amount of people with mental health issues. – Public Health Representative
>
> Lack of provider availability. – Health Care Provider

Denial/Stigma

> Stigma. Lack of services. Lack of information so people are not afraid to use the services that do exist. Lack of independent therapists available to take clients. Lack of transportation for people to obtain services that do exist. Lack of protections for people with MH issues. – Social Services Provider
>
> The stigma of receiving treatment still remains. I believe individuals are still hesitant to seek treatment for that very reason. I also believe that one's SES has something to do with seeking treatment (i.e., lack of transportation, funds, access to care in general). – Community Leader

Disease Management

> Engagement in services, consistent medication management, and access. – Health Care Provider
>
> Reluctance to seek help or treatment and reduced likelihood of staying with treatment. Social isolation. Lack of understanding by family, friends, coworkers, or others. Not enough support for services. – Community Leader

Follow Up/Support

> Securing support services that are readily available and consistent. Not just evaluating someone and sending them back home to the same situation with no real plan for help. – Social Services Provider
>
> Lack of support, lack of counseling resources, and stigma around mental health. – Social Services Provider

Incidence/Prevalence

> I believe mental illness is on the rise everywhere, but I have noticed an uptick in the last few years just in the citizens I deal with on a daily basis here in our community. One major issue seems to be people themselves who need help don't believe they need the help. I also don't feel help is readily available/accessible to all that need it. – Community Leader
>
> Mental health. – Community Leader
>
> Mental health among our students in higher education and also within K-12 is terrible. Our coalition surveyed students in Montgomery County in grades 7-12, and the response was staggering on how they are feeling. – Community Leader

Homelessness

> Homelessness, crime, suicide, lack of accessible veterans' services, and lack of access to emergent and long-term care. – Social Services Provider
>
> The world is changing, and people are finding it hard to cope. There seems to be more homeless people living on the streets due to mental illness, substance, and alcohol use disorder, along with the stresses of this new environment we have. We have limited facilities for folks with MH issues to go to be evaluated and treated. The waitlists are long, short-staffed, and not enough money for services. Transportation is an issue for the outlying villages and towns. – Social Services Provider

Adverse Childhood Experiences

> Adverse childhood experiences. We know that there are many children and adults that have been through a lot of traumatic experiences. Unfortunately, the limited resources in this area are not able to make a substantial change for those people. – Public Health Representative

Affordable Care/Services

> Affordable and quick access for nonemergency situations. – Community Leader

Awareness/Education

> Not enough information on available resources. – Community Leader

Comorbidities

> Depression, anxiety, and learning disabilities. – Community Leader

Employment

> Difficulties with obtaining and maintaining employment. Reduction in job retention. Difficulties finding appropriate ways of coping. – Social Services Provider

Funding

> Lack of adequate funding from a government payer to support the institutions caring for these patients. Lack of adequate providers to serve the needs of patients. – Health Care Provider

Government/Policy

> Lack of research capacity for implementation and policy change contributes to the current mental health treatment gap and lack of home care. – Community Leader

Focus on Social Determinants of Health

> If we are able to address individuals' social determinants of health, it may improve some depression and anxiety. Safe and affordable housing, reliable transportation, and reducing food insecurity all would contribute to improving stress-inducing anxiety and depression. – Community Leader

Impact on Quality of Life

> Family, employment, and social stability are all negatively affected by mental health issues. These negative effects are not only felt by those with mental health problems, but also by those people that they interact with. Mental health problems are a communitywide problem. – Social Services Provider

Lack of Coordinated Care

> Lack of care coordination. Lack of communication and collaboration with various departments and peers. – Public Health Representative

Social Media

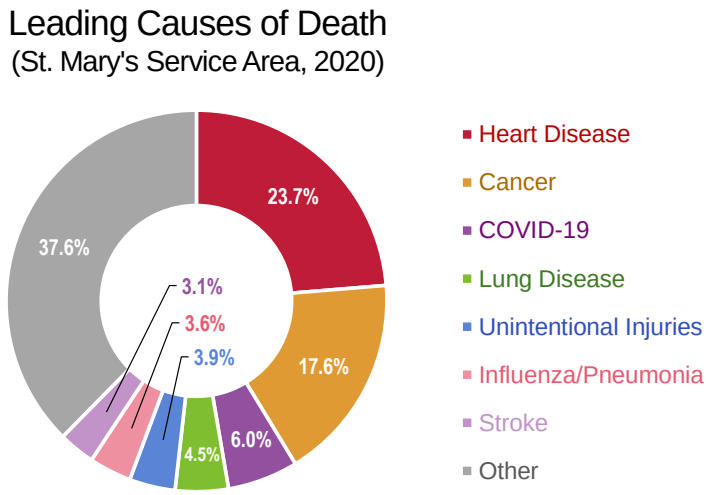
> Increased social media polarization of thought and lack of civility. – Physician

DEATH, DISEASE & CHRONIC CONDITIONS

LEADING CAUSES OF DEATH

Distribution of Deaths by Cause

Together, heart disease and cancers accounted for four of every 10 deaths in the St. Mary's Healthcare Service Area in 2020.



Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2024.
Notes: ● Lung disease includes deaths classified as chronic lower respiratory disease.

Age-Adjusted Death Rates for Selected Causes

AGE-ADJUSTED DEATH RATES

In order to compare mortality in the region with other localities (in this case, New York and the United States), it is necessary to look at rates of death — these are figures which represent the number of deaths in relation to the population size (such as deaths per 100,000 population, as is used here).

Furthermore, in order to compare localities without undue bias toward younger or older populations, the common convention is to adjust the data to some common baseline age distribution. Use of these "age-adjusted" rates provides the most valuable means of gauging mortality against benchmark data, as well as Healthy People 2030 objectives.

Note that deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10). Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

The following chart outlines 2018-2020 annual average age-adjusted death rates per 100,000 population for selected causes of death in the St. Mary's Healthcare Service Area.

Leading causes of death are discussed in greater detail in subsequent sections of this report.

For infant mortality data, see *Birth Outcomes & Risks* in the **Births** section of this report.

Age-Adjusted Death Rates for Selected Causes

(2018-2020 Deaths per 100,000 Population)

	St. Mary's Service Area	New York	US	Healthy People 2030
Heart Disease	192.2	174.1	164.4	127.4*
Cancers (Malignant Neoplasms)	162.7	133.3	146.5	122.7
Lung Disease (Chronic Lower Respiratory Disease)	44.2	27.2	38.1	—
Unintentional Injuries	41.8	36.7	51.6	43.2
Falls [Age 65+]	34.6	44.3	67.1	63.4
Pneumonia/Influenza	32.0	17.7	13.4	—
Stroke (Cerebrovascular Disease)	28.8	24.3	37.6	33.4
Diabetes	23.0	19.1	22.6	—
Alzheimer's Disease	19.8	13.9	30.9	—
Kidney Disease	19.1	9.8	12.8	—
Unintentional Drug-Induced Deaths	15.3	18.7	21.0	—
Suicide	15.2	8.2	13.9	12.8
Motor Vehicle Deaths	11.6	5.3	11.4	10.1
Cirrhosis/Liver Disease	10.6	4.4	12.5	10.9
Alcohol-Induced Deaths	8.1	7.3	11.9	—

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2024.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople.

Note:
- *The Healthy People 2030 coronary heart disease target is adjusted here to account for all diseases of the heart.
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

CARDIOVASCULAR DISEASE

ABOUT HEART DISEASE & STROKE

Heart disease and stroke can result in poor quality of life, disability, and death. Though both diseases are common, they can often be prevented by controlling risk factors like high blood pressure and high cholesterol through treatment.

In addition, making sure people who experience a cardiovascular emergency — like stroke, heart attack, or cardiac arrest — get timely recommended treatment can reduce their risk for long-term disability and death. Teaching people to recognize symptoms is key to helping more people get the treatment they need.

– Healthy People 2030 (https://health.gov/healthypeople)

Age-Adjusted Heart Disease & Stroke Deaths

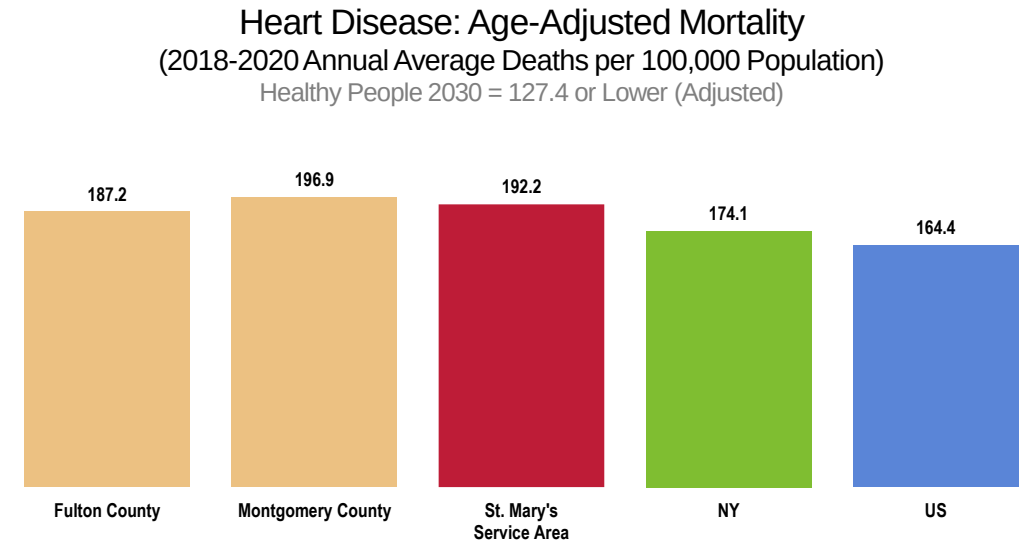
Heart Disease Deaths

The greatest share of cardiovascular deaths is attributed to heart disease.

Between 2018 and 2020, there was an annual average age-adjusted heart disease mortality rate of 192.2 deaths per 100,000 population in the St. Mary's Healthcare Service Area.

BENCHMARK ► Fails to satisfy the Healthy People 2030 objective.

TREND ► Decreasing significantly within the service area over time.



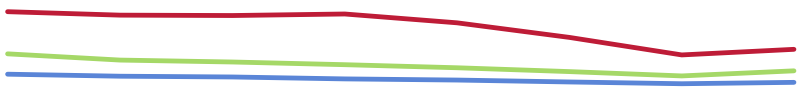
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2024.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- The Healthy People 2030 coronary heart disease target is adjusted here to account for all diseases of the heart.
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Heart Disease: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2030 = 127.4 or Lower (Adjusted)



	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
St. Mary's	223.6	220.8	220.5	221.6	214.2	202.2	187.5	192.2
NY	188.4	183.2	181.6	179.2	176.9	173.6	169.9	174.1
US	171.3	169.6	168.9	167.5	166.3	164.7	163.4	164.4

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2024.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- The Healthy People 2030 coronary heart disease target is adjusted here to account for all diseases of the heart.
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Stroke Deaths

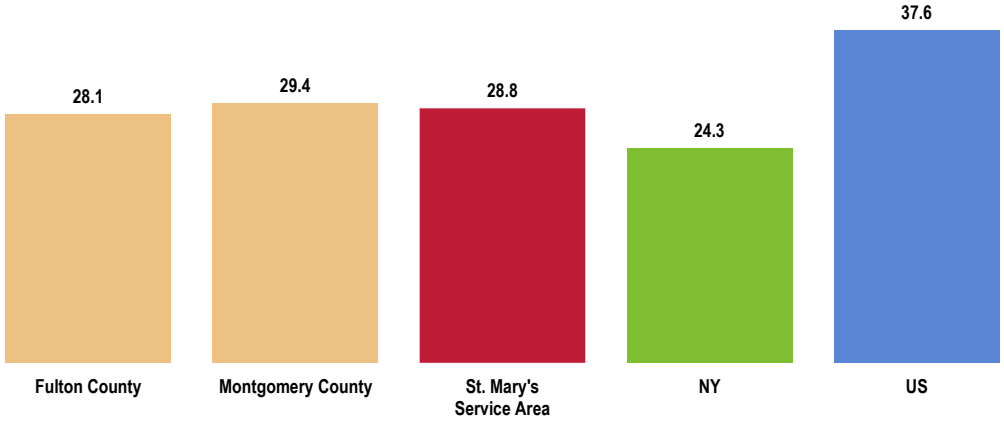
Between 2018 and 2020, there was an annual average age-adjusted stroke mortality rate of 28.8 deaths per 100,000 population in the St. Mary's Healthcare Service Area.

BENCHMARK ► Higher than the New York rate but lower than the US rate. Satisfies the Healthy People 2030 objective.

Stroke: Age-Adjusted Mortality

(2018-2020 Annual Average Deaths per 100,000 Population)

Healthy People 2030 = 33.4 or Lower



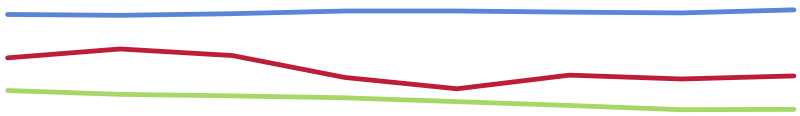
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2024.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Stroke: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2030 = 33.4 or Lower



	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
St. Mary's	31.2	32.4	31.5	28.6	27.1	28.9	28.4	28.8
NY	26.8	26.3	26.1	25.9	25.4	24.8	24.3	24.3
US	37.0	36.9	37.1	37.5	37.5	37.3	37.2	37.6

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2024.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Prevalence of Heart Disease & Stroke

Prevalence of Heart Disease

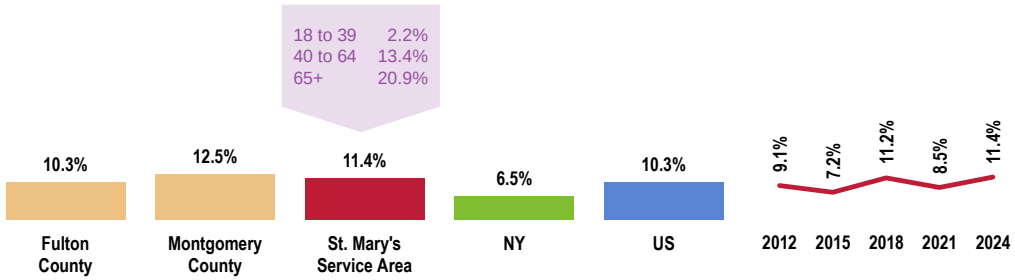
A total of 11.4% of surveyed adults report that they suffer from or have been diagnosed with heart disease, such as coronary heart disease, angina, or heart attack.

BENCHMARK ► Higher than found across New York.

DISPARITY ► More often reported among adults age 40 and older.

Prevalence of Heart Disease

St. Mary's Service Area



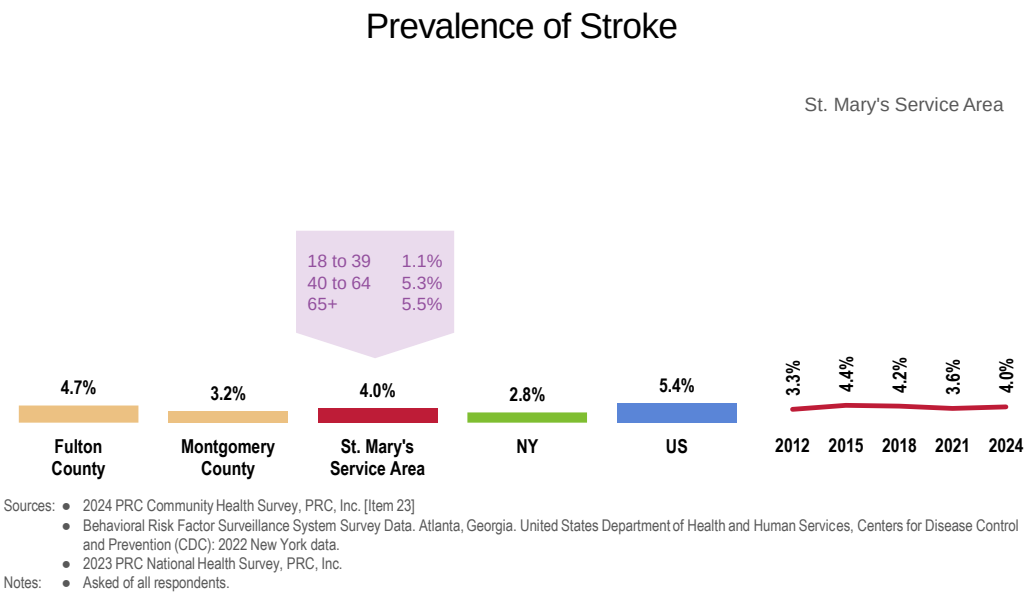
Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 22]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 New York data.
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Includes diagnoses of heart attack, angina, or coronary heart disease.

Prevalence of Stroke

A total of 4.0% of surveyed adults report that they suffer from or have been diagnosed with cerebrovascular disease (a stroke).

DISPARITY ► More often reported among adults age 40 and older.



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 23]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 New York data.
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Cardiovascular Risk Factors

Blood Pressure & Cholesterol

A total of 45.6% of adults in the St. Mary's Healthcare Service Area have been told by a health professional at some point that their blood pressure was high.

BENCHMARK ► Higher than found statewide and nationally.

TREND ► Marks a significant increase from the 2012 benchmark.

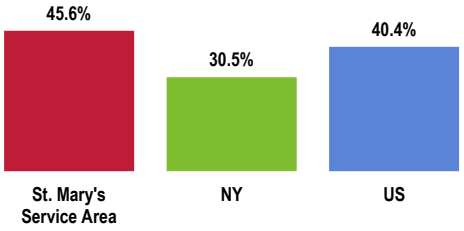
A total of 41.3% of adults have been told by a health professional that their cholesterol level was high.

BENCHMARK ► Higher than found nationally.

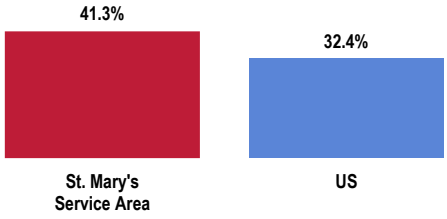
TREND ► Represents a significant increase over time.

Prevalence of High Blood Pressure

Healthy People 2030 = 42.6% or Lower



Prevalence of High Blood Cholesterol

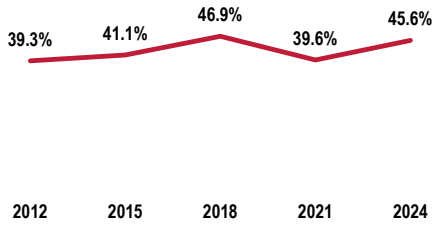


Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Items 29-30]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 New York data.
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

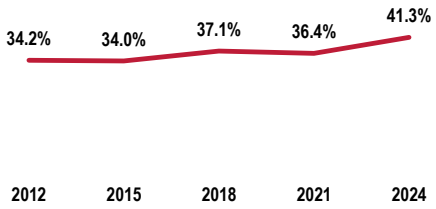
Notes:
- Asked of all respondents.

Prevalence of High Blood Pressure (St. Mary's Service Area)

Healthy People 2030 = 42.6% or Lower



Prevalence of High Blood Cholesterol (St. Mary's Service Area)



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Items 29-30]
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Asked of all respondents.

Total Cardiovascular Risk

Total cardiovascular risk reflects the individual-level risk factors which put a person at increased risk for cardiovascular disease, including:

- High Blood Pressure
- High Blood Cholesterol
- Cigarette Smoking
- Physical Inactivity
- Overweight/Obesity

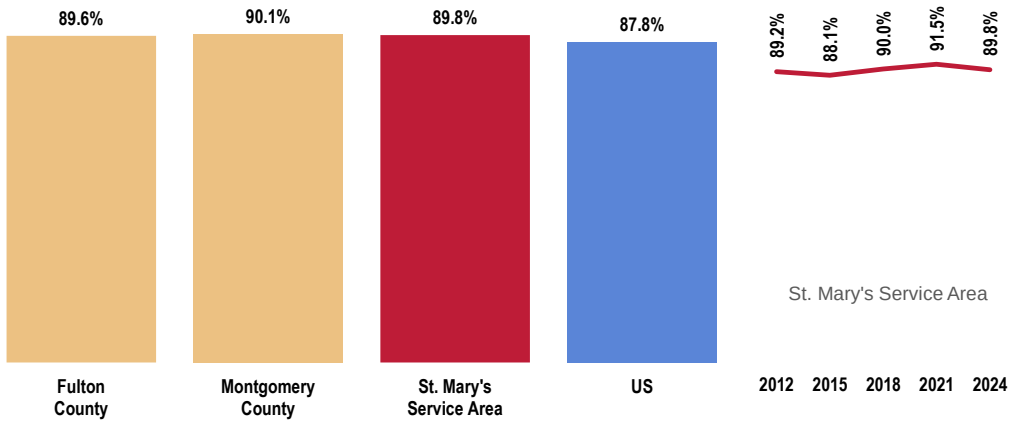
Modifying these behaviors and adhering to treatment for high blood pressure and cholesterol are critical both for preventing and for controlling cardiovascular disease.

RELATED ISSUE
See also *Nutrition, Physical Activity & Weight* and *Tobacco Use* in the **Modifiable Health Risks** section of this report.

A total of 89.8% of St. Mary's Healthcare Service Area adults report one or more cardiovascular risk factors, such as being overweight, smoking cigarettes, being physically inactive, or having high blood pressure or cholesterol.

DISPARITY ► More often reported among adults age 40+ and those with lower incomes.

Exhibit One or More Cardiovascular Risks or Behaviors

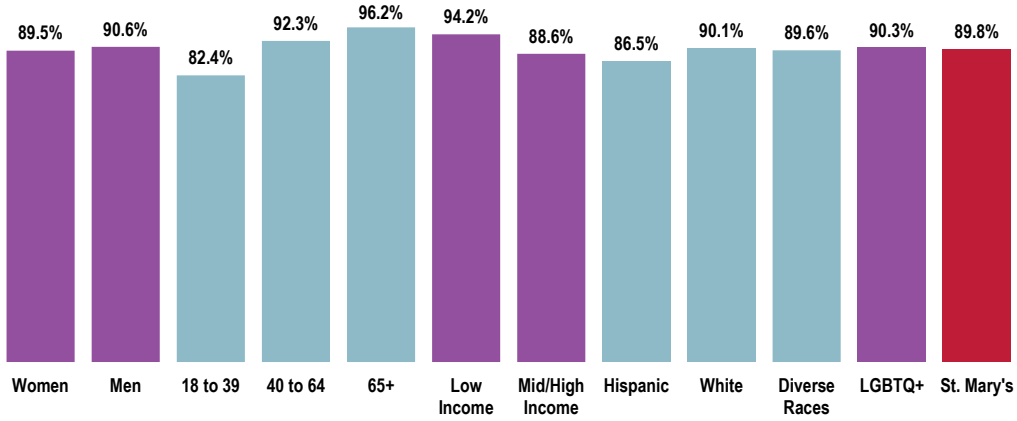


Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 100]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Reflects all respondents.
- Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) high blood pressure; 4) high blood cholesterol; and/or 5) being overweight/obese.

Exhibit One or More Cardiovascular Risks or Behaviors

(St. Mary's Service Area, 2024)



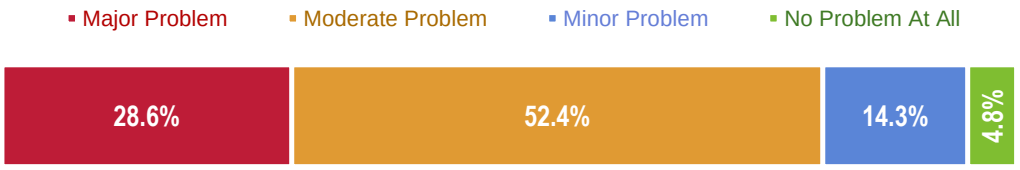
Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 100]
Notes: • Reflects all respondents.
• Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) high blood pressure; 4) high blood cholesterol; and/or 5) being overweight/obese.

Key Informant Input: Heart Disease & Stroke

The greatest share of key informants taking part in an online survey characterized *Heart Disease & Stroke* as a "moderate problem" in the community.

Perceptions of Heart Disease & Stroke as a Problem in the Community

(Among Key Informants; St. Mary's Service Area, 2024)



Sources: • 2024 PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Incidence/Prevalence

> In tracking death certificates, I am able to see the main cause of death, and heart disease is one of the most common causes of death. – Public Health Representative
>
> The health in our area seems to be a huge factor in people working and also attending school. – Community Leader
>
> In previous surveys, this has continued to be a major problem in our community, as this was one of the leading diagnoses for admission in our local hospitals. – Community Leader
>
> There seem to be a number of children with congenital heart defects. I would not be surprised if more children from the Fulton/Montgomery area are seen by Albany Med's pediatric cardiology unit than any other area. The lack of preventative assessments also lends itself to people having serious heart conditions, unbeknownst to them. Echocardiograms should be a routine assessment for heart health for everyone. This would allow physicians to have a baseline of the heart in which to monitor any current or future concerns. – Community Leader

> High rates of death by heart disease. – Community Leader
>
> So many individuals have had various surgeries. The only available treatments and surgeries are Schenectady and beyond. – Community Leader
>
> We see a significant and growing population of patients with these conditions. – Social Services Provider
>
> Heart disease is a leading cause of death among both men and women. – Health Care Provider
>
> They are ubiquitous everywhere and here, as well. – Community Leader
>
> Peoples' social determinants of health have not been attended to for a long time. – Social Services Provider
>
> Many people are addressing these two issues. If not them personally, someone in their family. Why? More needs to be done. – Community Leader
>
> High population rate. – Social Services Provider

Aging Population

> Aging population, lack of care, rural, and transportation. – Public Health Representative
>
> An aging, more diverse population with rising cardiovascular risk factors, especially obesity and high blood pressure are the reason for major problems in this community. – Health Care Provider
>
> With an aging population, heart disease is a common issue. – Health Care Provider
>
> Heart disease and strokes are more common in the elderly, of which we have a high rate of in Fulton and Montgomery counties. – Community Leader

Obesity

> BMI, diabetes, childhood obesity, and social media addiction will lead to heart disease and stroke. – Health Care Provider
>
> Obesity and lack of formalized health programs. – Health Care Provider
>
> Obesity and poor nutrition. – Social Services Provider
>
> Overall, the health of our communities is awful. Overweight children in schools, lack of physical activity, overprocessed food diets, and unhealthy foods are expensive. Smoking and vaping rates are high. – Community Leader

Lack of Specialists

> Limited specialists. – Community Leader
>
> Lack of interventional cardiologist or stroke care in both Fulton and Montgomery counties. – Community Leader

Access to Affordable Healthy Food

> Cost and availability of healthy foods. Lack of disease education and physician oversight. – Health Care Provider

Access to Care/Services

> We lack sufficient services for short- and long-term care options. We also lack a variety of service types for recovery. – Community Leader

Low Health Literacy

> Medical illiteracy, high population of smokers, poor nutrition habits and decreased exercise due to obesity. – Health Care Provider

Co-Occurrences

> Where there is diabetes, there will likely be heart disease. Last I knew, we were above the NYS average in people who smoke. Where there is high smoking rates, we will see more heart disease and stroke. We are a poor community, and I believe our literacy rates are low, making us more prone to poor dietary choices, which are higher in fat. This leads to elevated lipids, thus increasing the risk of CVA. – Health Care Provider

Lifestyle

> Lifestyle and diet. – Health Care Provider

CANCER

ABOUT CANCER

The cancer death rate has declined in recent decades, but over 600,000 people still die from cancer each year in the United States. Death rates are higher for some cancers and in some racial/ethnic minority groups. These disparities are often linked to social determinants of health, including education, economic status, and access to health care.

Interventions to promote evidence-based cancer screenings — such as screenings for lung, breast, cervical, and colorectal cancer — can help reduce cancer deaths. Other effective prevention strategies include programs that increase HPV vaccine use, prevent tobacco use and promote quitting, and promote healthy eating and physical activity. In addition, effective targeted therapies and personalized treatment are key to helping people with cancer live longer.

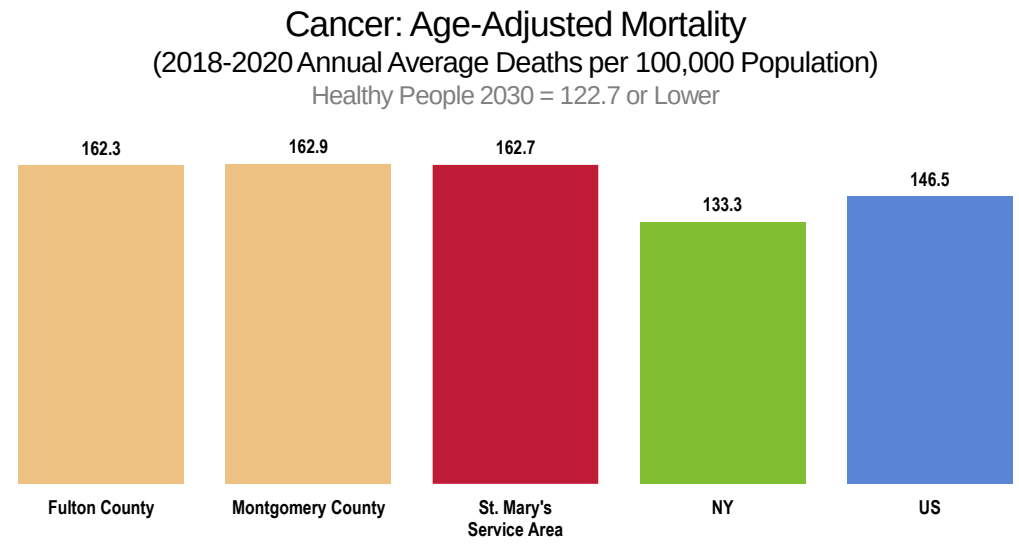
– Healthy People 2030 (https://health.gov/healthypeople)

Age-Adjusted Cancer Deaths

All Cancer Deaths

Between 2018 and 2020, there was an annual average age-adjusted cancer mortality rate of 162.7 deaths per 100,000 population in the St. Mary's Healthcare Service Area.

BENCHMARK ► Higher than found statewide. Fails to satisfy the Healthy People 2030 objective.



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2024.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Cancer: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2030 = 122.7 or Lower

	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
St. Mary's	177.6	173.8	169.1	161.4	164.1	164.3	165.8	162.7
NY	158.6	155.7	152.0	149.2	145.7	142.3	137.4	133.3
US	166.2	162.7	160.1	157.6	155.6	152.5	149.3	146.5

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2024.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Cancer Deaths by Site

Lung cancer is by far the leading cause of cancer deaths in the service area.

Other leading sites include female breast cancer, prostate cancer, and colorectal cancer (both sexes).

BENCHMARK

Lung Cancer ► Higher than both state and national rates. Fails to satisfy the Healthy People 2030 objective.

Female Breast Cancer ► Higher than both state and national rates. Fails to satisfy the Healthy People 2030 objective.

Prostate Cancer ► Lower than the national rate.

Colorectal Cancer ► Fails to satisfy the Healthy People 2030 objective.

Age-Adjusted Cancer Death Rates by Site
(2018-2020 Annual Average Deaths per 100,000 Population)

	St. Mary's Service Area	NY	US	Healthy People 2030
ALL CANCERS	162.7	133.3	146.5	122.7
Lung Cancer	46.6	28.6	33.4	25.1
Female Breast Cancer	27.5	18.4	19.4	15.3
Prostate Cancer	15.1	16.0	18.5	16.9
Colorectal Cancer	12.3	11.7	13.1	8.9

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2024.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Cancer Incidence

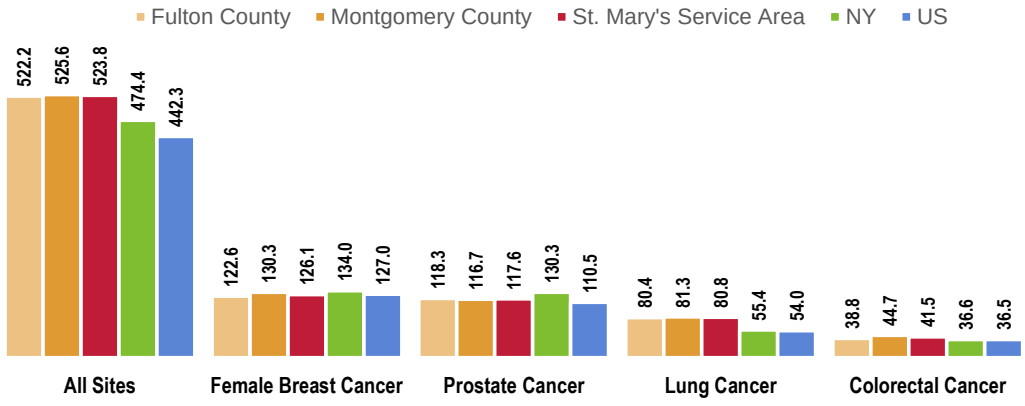
"Incidence rate" or "case rate" is the number of newly diagnosed cases in a given population in a given year, regardless of outcome. These rates are also age-adjusted. It is usually expressed as cases per 100,000 population per year.

The highest cancer incidence rates are for female breast cancer and prostate cancer.

BENCHMARK

Lung Cancer ► Higher than both state and national rates.

Cancer Incidence Rates by Site
(2016-2020)



Sources:
- State Cancer Profiles.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2024 via SparkMap (sparkmap.org).

Notes:
- This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of cancers, adjusted to 2000 US standard population.

Prevalence of Cancer

A total of 9.1% of surveyed adults report having ever been diagnosed with cancer.

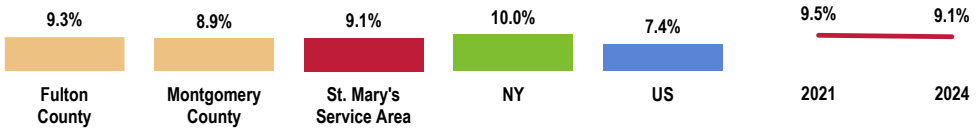
DISPARITY ► More often reported among adults age 40+ (especially those age 65+) and White residents.

Prevalence of Cancer

St. Mary's Service Area

The most common types of cancers cited locally include:

1) Breast Cancer 23.5%
2) Skin Cancer 22.9%
3) Prostate Cancer 7.7%



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Items 24-25]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 New York data.
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Prevalence of Cancer
(St. Mary's Service Area, 2024)

Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 24]

Notes:
- Asked of all respondents.

Cancer Screenings

The American Cancer Society recommends that both men and women get a cancer-related checkup during a regular doctor's checkup. It should include examination for cancers of the thyroid, testicles, ovaries, lymph nodes, oral cavity, and skin, as well as health counseling about tobacco, sun exposure, diet and nutrition, risk factors, sexual practices, and environmental and occupational exposures. Screening levels in the community were measured in the PRC Community Health Survey relative to the following cancer sites:

FEMALE BREAST CANCER

The US Preventive Services Task Force (USPSTF) recommends biennial screening mammography for women age 50 to 74 years.

CERVICAL CANCER

The US Preventive Services Task Force (USPSTF) recommends screening for cervical cancer every 3 years with cervical cytology alone in women age 21 to 29 years. For women age 30 to 65 years, the USPSTF recommends screening every 3 years with cervical cytology alone, every 5 years with high-risk human papillomavirus (hrHPV) testing alone, or every 5 years with hrHPV testing in combination with cytology (cotesting). The USPSTF recommends against screening for cervical cancer in women who have had a hysterectomy with removal of the cervix and do not have a history of a high-grade precancerous lesion (i.e., cervical intraepithelial neoplasia [CIN] grade 2 or 3) or cervical cancer.

COLORECTAL CANCER

The US Preventive Services Task Force (USPSTF) recommends screening for colorectal cancer starting at age 50 years and continuing until age 75 years.

– US Preventive Services Task Force, Agency for Healthcare Research and Quality, US Department of Health & Human Services

Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.

"Appropriate cervical cancer screening" includes Pap smear testing (cervical cytology) every 3 years in women age 21 to 29 and Pap smear testing and/or HPV testing every 5 years in women age 30 to 65.

Among women age 50 to 74, 78.4% have had a mammogram within the past 2 years.

BENCHMARK ► Higher than the national percentage.

Among St. Mary's Healthcare Service Area women age 21 to 65, 78.9% have had appropriate cervical cancer screening.

BENCHMARK ► Much higher than the statewide percentage. Fails to satisfy the Healthy People 2030 objective.

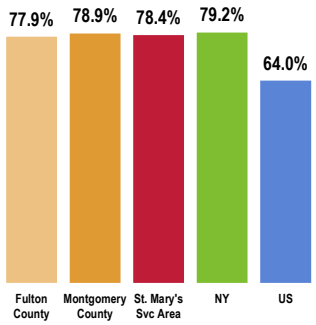
"Appropriate colorectal cancer screening" includes a fecal occult blood test within the past year and/or lower endoscopy (sigmoidoscopy or colonoscopy) within the past 10 years.

Among all adults age 50 to 75, 81.9% have had appropriate colorectal cancer screening.

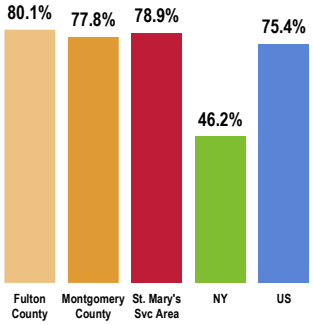
BENCHMARK ► Higher than found statewide and nationally. Satisfies the Healthy People 2030 objective.

TREND ► Represents a significant increase over time.

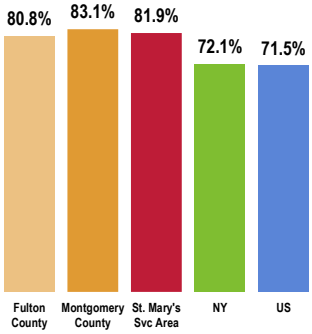
Breast Cancer Screening
(Women 50-74)
Healthy People 2030 = 80.5% or Higher



Cervical Cancer Screening
(Women 21-65)
Healthy People 2030 = 84.3% or Higher



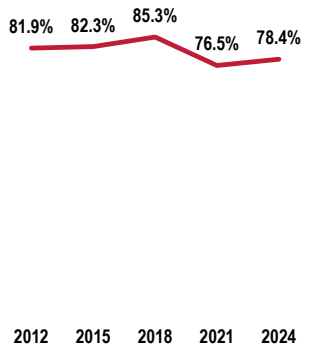
Colorectal Cancer Screening
(All Adults 50-75)
Healthy People 2030 = 74.4% or Higher



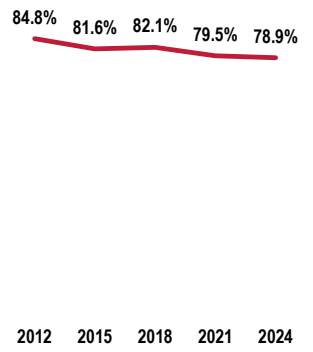
Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Items 101-103]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 New York data.
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Each indicator is shown among the gender and/or age group specified.

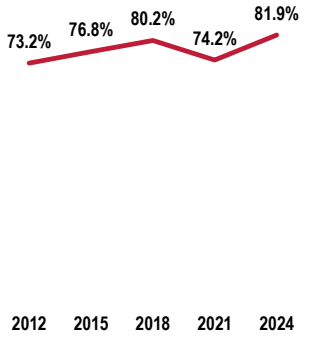
Breast Cancer Screening
(St. Mary's Service Area; Women 50-74)
Healthy People 2030 = 80.5% or Higher



Cervical Cancer Screening
(St. Mary's Service Area; Women 21-65)
Healthy People 2030 = 84.3% or Higher



Colorectal Cancer Screening
(St. Mary's Service Area; All Adults 50-75)
Healthy People 2030 = 74.4% or Higher

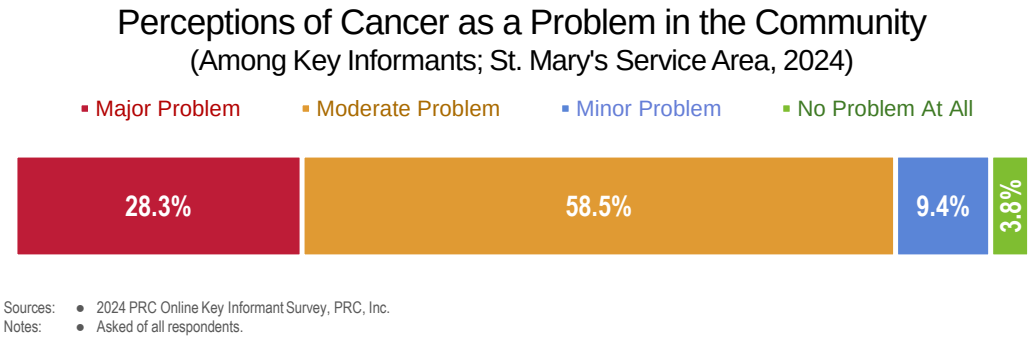


Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Items 101-103]
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Each indicator is shown among the gender and/or age group specified.

Key Informant Input: Cancer

The greatest share of key informants taking part in an online survey characterized *Cancer* as a "moderate problem" in the community.



Sources: 2024 PRC Online Key Informant Survey, PRC, Inc.
Notes: Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Incidence/Prevalence

It feels like you hear about people who are close to our community having cancer. It used to be someone who knows someone, and now it is people that you know and work with. – Community Leader

I know so many families and friends diagnosed in Montgomery County. Also has a 65% late-stage cancer diagnosis. – Community Leader

A significant portion of our patient population have end-stage cancer, trending younger and younger. – Social Services Provider

Because of the number of people I know who have been diagnosed with cancer. – Community Leader

Lack of survivors, and so many have some type of cancer. – Community Leader

Cancer rates for Montgomery and Fulton counties are high per vital statistics. – Health Care Provider

High prevalence in the community, older demographic, and an uninsured and underinsured population that often forego health care. – Health Care Provider

High volume of cancer among the population, per data. – Health Care Provider

The incidence seems to be increasing, and it is affecting people at a younger age. New cancer diagnosis in the setting of behavioral health and SUD comorbid conditions and social determinants contribute to less engagement in treatment, access to treatment, etc. – Health Care Provider

The volume of cancer patients in our area seems to be increasing as comorbidities also are on the rise. – Community Leader

Cancer rates in general are high in this area. – Health Care Provider

High rate of cancer. – Social Services Provider

The population that is diagnosed with some form of cancer is large. – Social Services Provider

We have many clients seeking assistance who are struggling with cancer. – Social Services Provider

It appears to be that the Fulton/Montgomery County areas have incidents of rare and or aggressive cancers. For example, I know of two children in the area with ATRT (Atypical teratoid rhabdoid tumor), and there is a possibility of a third. Another case in which a 40-year-old man was diagnosed in January and deceased by April with esophageal cancer that had not been detected in tests conducted the previous fall. That, along with the negative impact of poverty, nutrition, substance abuse, smoking, etc., on overall health seem to be issues prevalent in this area. – Community Leader

I've seen an increase in the number of people being diagnosed with cancer. – Health Care Provider

Everyone seems to be directly or indirectly impacted. – Health Care Provider

Because there are a lot of people diagnosed with cancer who are receiving treatments for it. The cost of treatments is outrageously expensive. Plus, there is not always transportation to help these patients get to their chemo appointments. – Health Care Provider

Many people get it, and many don't have resources to take care of it. I know of people who have had it and unfortunately passed away. Need to address it more. – Community Leader

I know many people who have it and are affected by it. – Community Leader

Per capita, seems to be high in this area. Affected my family, as well as a number of friends and others. – Community Leader

> Cancer rates are high, health risks, generational, smoking, and lack of care. – Public Health Representative

Environmental Contributors

> Logistics with demographics along the Mohawk River where the Mills used to be, leading to pollution, poor screenings, and heavy tobacco use in the young population. – Health Care Provider

> Environmental factors and lack of awareness. – Community Leader

Affordable Care/Services

> Because it is costly to treat and strains our health care system. Many of the cancers people have are preventable and/or caused by environmental factors. – Community Leader

Aging Population

> I feel cancer is a major problem in this community due to the aging population and changes in risk factors. – Health Care Provider

Lack of Providers

> I feel that we need more physicians. I believe many people leave the community for care. – Community Leader

Lifestyle

> Diet, environment, lifestyle choices, and genetics. – Health Care Provider

Prevention/Screenings

> Lack of access to screenings, as well as smoking. – Health Care Provider

RESPIRATORY DISEASE

ABOUT RESPIRATORY DISEASE

Respiratory diseases affect millions of people in the United States. …More than 25 million people in the United States have asthma. Strategies to reduce environmental triggers and make sure people get the right medications can help prevent hospital visits for asthma. In addition, more than 16 million people in the United States have COPD (chronic obstructive pulmonary disease), which is a major cause of death. Strategies to prevent the disease — like reducing air pollution and helping people quit smoking — are key to reducing deaths from COPD.

– Healthy People 2030 (https://health.gov/healthypeople)

Note that this section also includes data relative to COVID-19 (coronavirus disease).

Age-Adjusted Respiratory Disease Deaths

Lung Disease Deaths

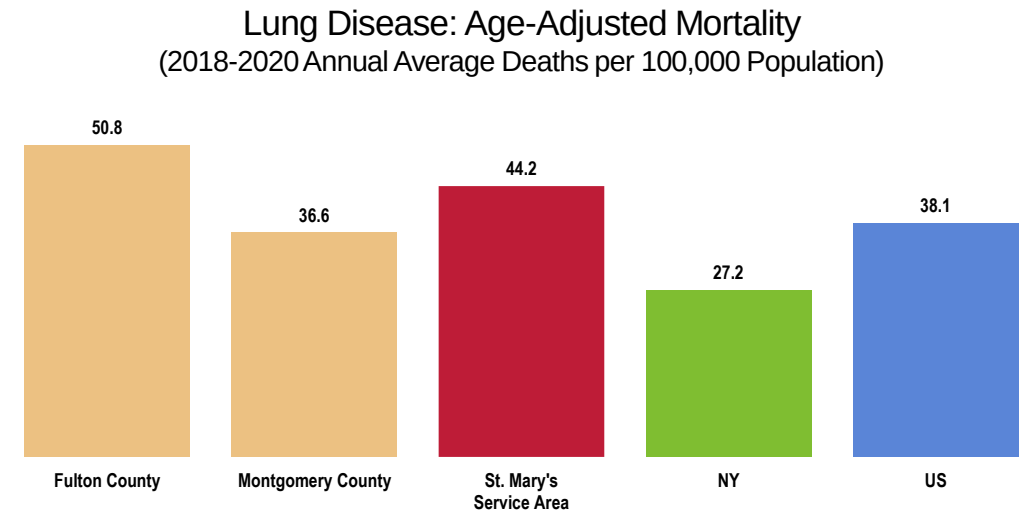
Note: Here, lung disease reflects chronic lower respiratory disease (CLRD) deaths and includes conditions such as emphysema, chronic bronchitis, and asthma.

Between 2018 and 2020, the St. Mary's Healthcare Service Area reported an annual average age-adjusted lung disease mortality rate of 44.2 deaths per 100,000 population.

BENCHMARK ► Higher than the New York rate.

TREND ► Decreasing significantly within the service area over time.

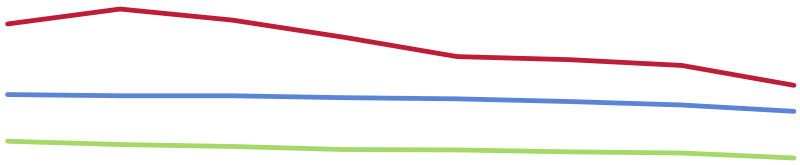
DISPARITY ► Lower in Montgomery County.



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2024.

Notes:
- Here, lung disease reflects chronic lower respiratory disease (CLRD) deaths and includes conditions such as emphysema, chronic bronchitis, and asthma.
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Lung Disease: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)



	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
St. Mary's	58.5	62.1	59.5	55.4	51.0	50.2	48.8	44.2
NY	31.1	30.3	29.9	29.1	29.1	28.6	28.3	27.2
US	42.0	41.7	41.8	41.3	41.0	40.4	39.6	38.1

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2024.

Notes:
- Here, lung disease reflects chronic lower respiratory disease (CLRD) deaths and includes conditions such as emphysema, chronic bronchitis, and asthma.
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

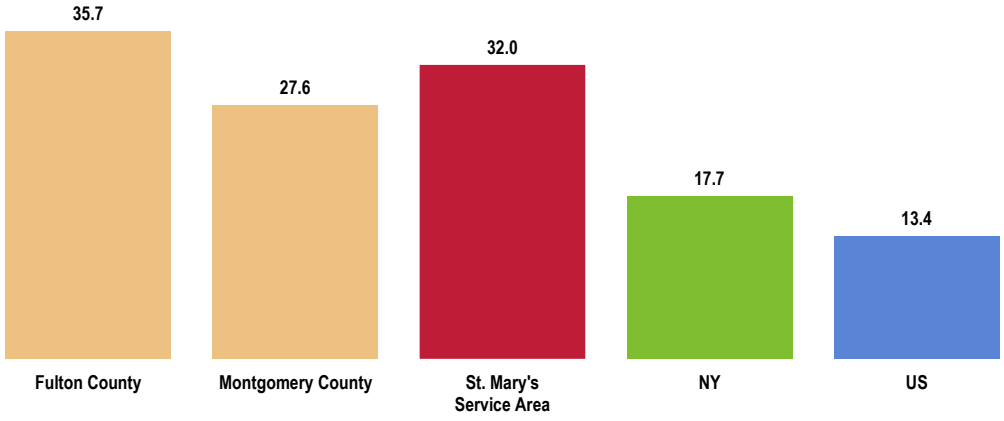
Pneumonia/Influenza Deaths

Between 2018 and 2020, the St. Mary's Healthcare Service Area reported an annual average age-adjusted pneumonia/influenza mortality rate of 32.0 deaths per 100,000 population.

BENCHMARK ► Much higher than found across New York and the US.

TREND ► Rising significantly to the highest level recorded within the service area in nearly a decade.

Pneumonia/Influenza: Age-Adjusted Mortality
(2018-2020 Annual Average Deaths per 100,000 Population)

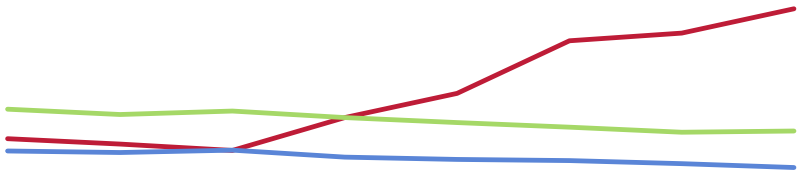


Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2024.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Pneumonia/Influenza: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)



	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
St. Mary's	16.8	16.1	15.4	19.3	22.1	28.3	29.1	32.0
NY	20.2	19.6	20.0	19.3	18.7	18.1	17.5	17.7
US	15.3	15.2	15.4	14.6	14.3	14.2	13.8	13.4

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2024.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Prevalence of Respiratory Disease

Asthma

Adults

Survey respondents were asked to indicate whether they suffer from or have been diagnosed with various respiratory conditions, including asthma and COPD.

A total of 17.7% of St. Mary's Healthcare Service Area adults have asthma.

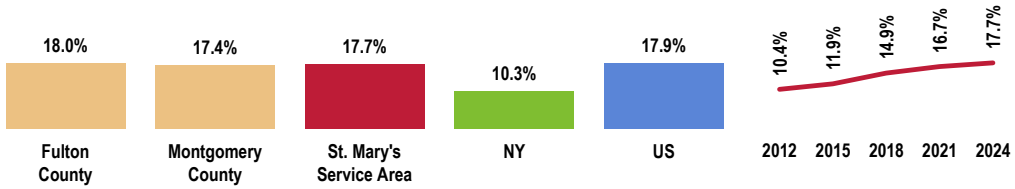
BENCHMARK ► Higher than the statewide percentage.

TREND ► Marks a significant increase over time.

DISPARITY ► More often reported among women, adults age 18 to 39, and lower-income adults.

Prevalence of Asthma

St. Mary's Service Area



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 26]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 New York data.
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Prevalence of Asthma
(St. Mary's Service Area, 2024)

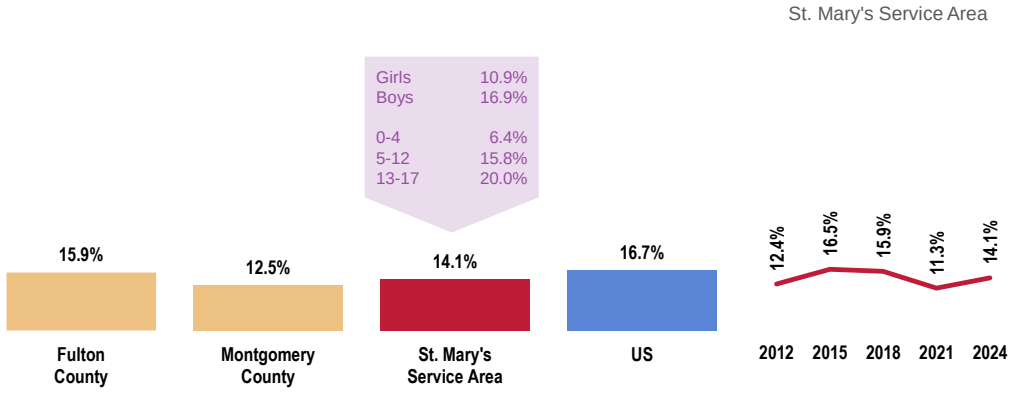
Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 26]
Notes: ● Asked of all respondents.

Children

Among service area children under age 18, 14.1% have been diagnosed with asthma.

DISPARITY ► Higher among adolescents age 13 to 17.

Prevalence of Asthma in Children
(Children 0-17)



Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 92]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents with children age 0 to 17 in the household.

Chronic Obstructive Pulmonary Disease (COPD)

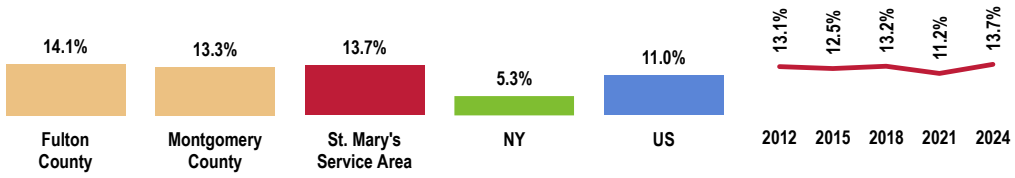
Note: COPD includes lung diseases such as emphysema and chronic bronchitis.

A total of 13.7% of area adults suffer from chronic obstructive pulmonary disease (COPD).

BENCHMARK ► More than two times the statewide percentage.

Prevalence of Chronic Obstructive Pulmonary Disease (COPD)

St. Mary's Service Area



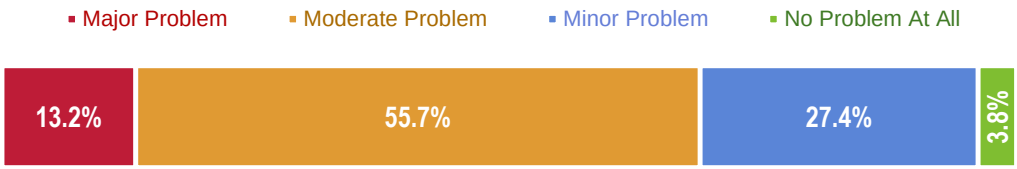
Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 21]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 New York data.
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Includes conditions such as chronic bronchitis and emphysema.

Key Informant Input: Respiratory Disease

The greatest share of key informants taking part in an online survey characterized *Respiratory Disease* as a "moderate problem" in the community.

Perceptions of Respiratory Disease as a Problem in the Community
(Among Key Informants; St. Mary's Service Area, 2024)



Sources:
- 2024 PRC Online Key Informant Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Tobacco Use

> High rates of smoking and vaping. An aged population that was exposed to irritants at work before there were laws in place to protect them. – Health Care Provider
>
> Large number of smokers, and legalization of marijuana. – Health Care Provider
>
> Smoking levels are high, overweight, and lack of exercise. – Public Health Representative
>
> Many of our clients suffer with ongoing respiratory issues due to a history of smoking. vaping, etc. – Social Services Provider

Incidence/Prevalence

> Many people suffer from COPD. – Health Care Provider
>
> Many people, especially young people, are suffering with asthma. – Health Care Provider
>
> We see an increase in our patient population. – Social Services Provider

Lack of Providers

> Limited doctors. However, it is being said SMH will be bringing on pulmonary, which will assist. – Community Leader
>
> We do not have a pulmonologist to serve the community. Patients need to leave the area for care. – Community Leader

Environmental Contributors

> Due to the former industries, there are a lot of environmental toxins. – Social Services Provider

INJURY & VIOLENCE

ABOUT INJURY & VIOLENCE

INJURY ► In the United States, unintentional injuries are the leading cause of death in children, adolescents, and adults younger than 45 years. …Many unintentional injuries are caused by motor vehicle crashes and falls, and many intentional injuries involve gun violence and physical assaults. Interventions to prevent different types of injuries are key to keeping people safe in their homes, workplaces, and communities.

Drug overdoses are now the leading cause of injury deaths in the United States, and most overdoses involve opioids. Interventions to change health care providers' prescribing behaviors, distribute naloxone to reverse overdoses, and provide medications for addiction treatment for people with opioid use disorder can help reduce overdose deaths involving opioids.

VIOLENCE ► Almost 20,000 people die from homicide every year in the United States, and many more people are injured by violence. …Many people in the United States experience physical assaults, sexual violence, and gun-related injuries. Adolescents are especially at risk for experiencing violence. Interventions to reduce violence are needed to keep people safe in their homes, schools, workplaces, and communities.

Children who experience violence are at risk for long-term physical, behavioral, and mental health problems. Strategies to protect children from violence can help improve their health and well-being later in life.

– Healthy People 2030 (https://health.gov/healthypeople)

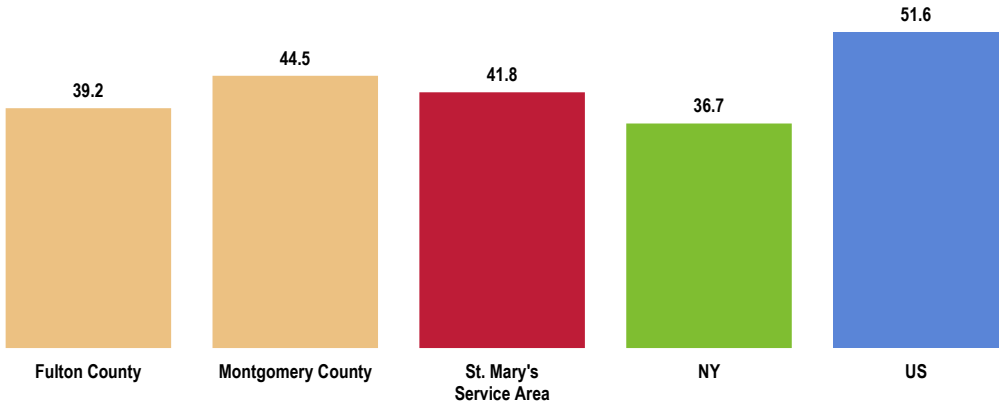
Unintentional Injury

Age-Adjusted Unintentional Injury Deaths

Between 2018 and 2020, there was an annual average age-adjusted unintentional injury mortality rate of 41.8 deaths per 100,000 population in the St. Mary's Healthcare Service Area.

BENCHMARK ► Lower than the national rate.

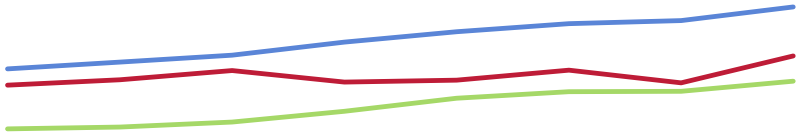
Unintentional Injuries: Age-Adjusted Mortality
(2018-2020 Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 43.2 or Lower



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2024.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Unintentional Injuries: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 43.2 or Lower



	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
St. Mary's	35.9	37.0	38.8	36.6	37.0	39.0	36.4	41.8
NY	27.2	27.6	28.5	30.7	33.3	34.6	34.7	36.7
US	39.2	40.6	41.9	44.6	46.7	48.3	48.9	51.6

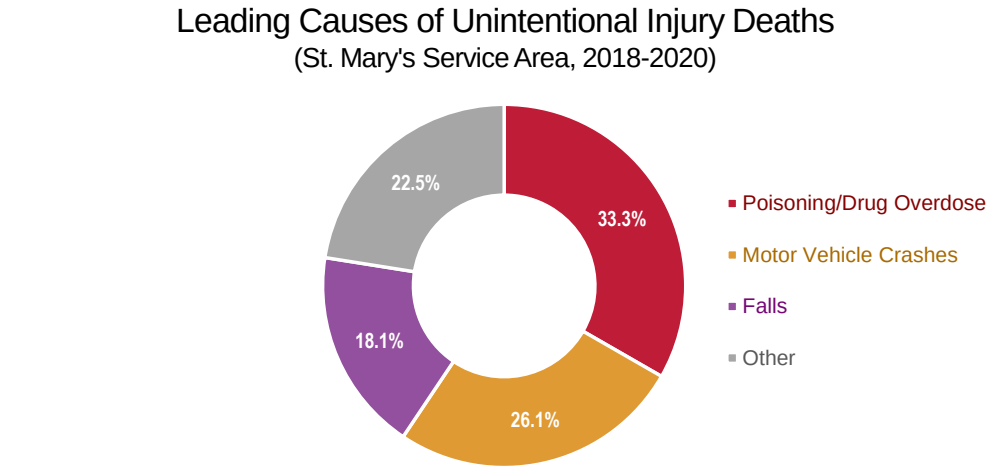
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2024.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Leading Causes of Unintentional Injury Deaths

RELATED ISSUE
For more information about unintentional drug-related deaths, see also *Substance Use* in the **Modifiable Health Risks** section of this report.

Poisoning (including unintentional drug overdose), motor vehicle crashes, and falls accounted for most unintentional injury deaths in the St. Mary's Healthcare Service Area between 2018 and 2020.



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2024.

Intentional Injury (Violence)

Violent Crime

Violent Crime Rates

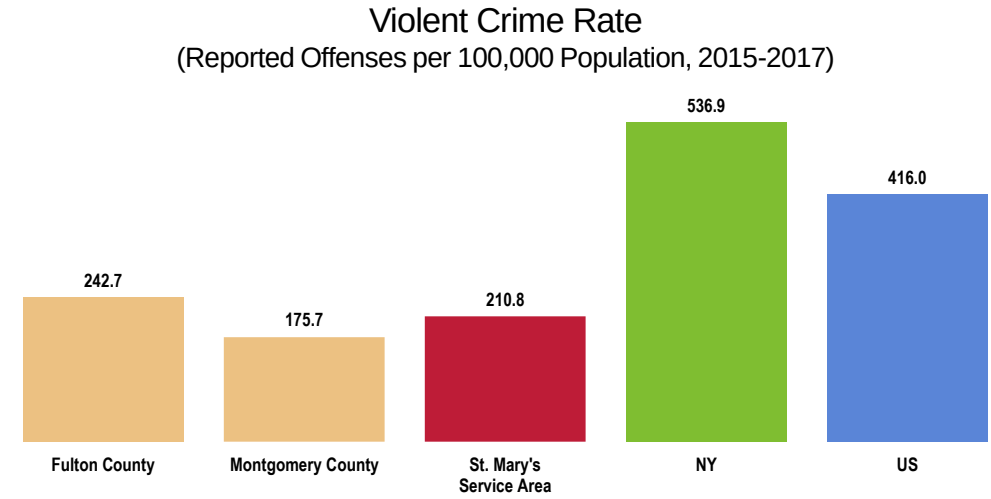
Violent crime is composed of four offenses (FBI Index offenses): murder and non-negligent manslaughter; forcible rape; robbery; and aggravated assault.

Note that the quality of crime data can vary widely from location to location, depending on the consistency and completeness of reporting among various jurisdictions.

Between 2015 and 2017, the St. Mary's Healthcare Service Area reported 210.8 violent crimes per 100,000 population.

BENCHMARK ► Considerably lower than the New York and US rates.

DISPARITY ► Lower in Montgomery County.



Sources:
- Federal Bureau of Investigation, FBI Uniform Crime Reports (UCR).
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2024 via SparkMap (sparkmap.org).

Notes:
- This indicator reports the rate of violent crime offenses reported by the sheriff's office or county police department per 100,000 residents. Violent crime includes homicide, forcible rape, robbery, and aggravated assault.
- Participation by law enforcement agencies in the UCR program is voluntary. Sub-state data do not necessarily represent an exhaustive list of crimes due to gaps in reporting. Also, some institutions of higher education have their own police departments, which handle offenses occurring within campus grounds; these offenses are not included in the violent crime statistics but can be obtained from the Uniform Crime Reports Universities and Colleges data tables.

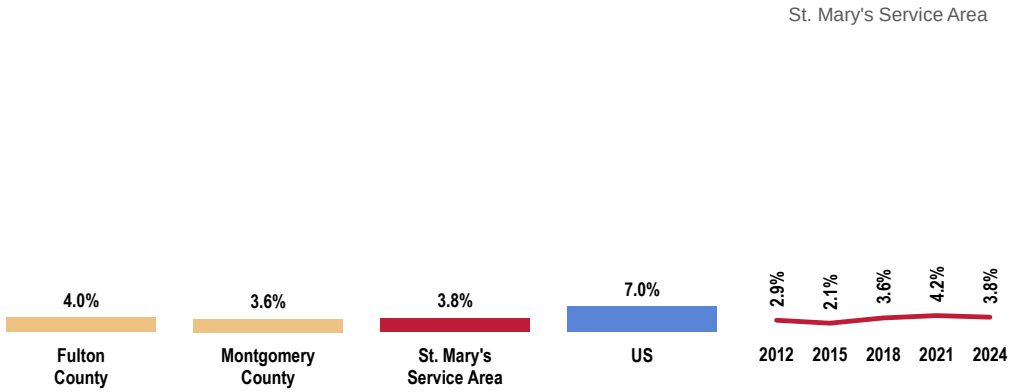
Community Violence

A total of 3.8% of surveyed adults acknowledge being the victim of a violent crime in the area in the past five years.

BENCHMARK ► Lower than found across the US.

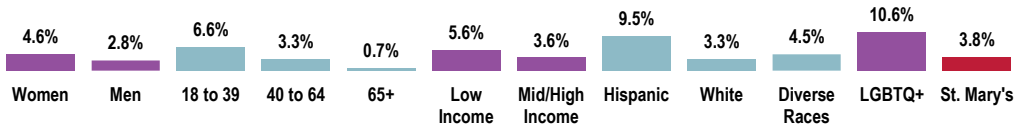
DISPARITY ► More often reported among adults younger than 65 and those in the LGBTQ+ community.

Victim of a Violent Crime in the Past Five Years



Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 32]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Victim of a Violent Crime in the Past Five Years
(St. Mary's Service Area, 2024)



Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 32]
Notes: ● Asked of all respondents.

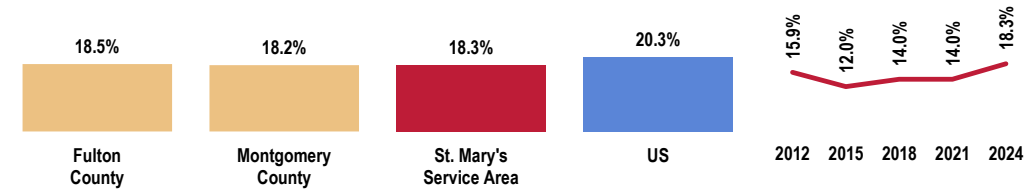
Intimate Partner Violence

Respondents were read: "By an intimate partner, I mean any current or former spouse, boyfriend, or girlfriend. Someone you were dating, or romantically or sexually intimate with would also be considered an intimate partner."

A total of 18.3% of adults in the St. Mary's Healthcare Service Area acknowledge that they have ever been hit, slapped, pushed, kicked, or otherwise hurt by an intimate partner.

Have Ever Been Hit, Slapped, Pushed, Kicked, or Hurt in Any Way by an Intimate Partner

St. Mary's Service Area

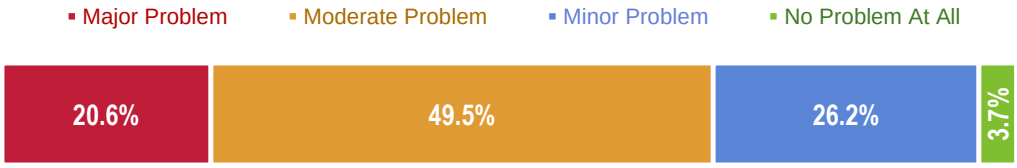


Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 33]
• 2023 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.

Key Informant Input: Injury & Violence

Key informants taking part in an online survey most often characterized *Injury & Violence* as a "moderate problem" in the community.

Perceptions of Injury & Violence as a Problem in the Community
(Among Key Informants; St. Mary's Service Area, 2024)



Sources: • 2024 PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Incidence/Prevalence

> There is a lot of domestic violence. There is a lot of injury and violence in the area. – Community Leader
>
> Arrest rates and medical transports to a larger scale hospital in Albany, because St. Mary's is not equipped to handle high-level cases. – Social Services Provider
>
> We have seen an increase in violence in our city parks and school, which has led to injury. – Community Leader
>
> I think injury and violence are a major issue throughout the U.S. People seem so angry all the time, and there is such a substance abuse issue. – Social Services Provider
>
> There has been increasing violence in our communities, such as assaults, robberies burglaries, and gun violence. – Health Care Provider

> Every day you hear of a fight or a shooting, but not so much in Amsterdam, thankfully. Need more education. – Community Leader

Income/Poverty

> Poverty, substance abuse, etc., lends itself to an increase in injuries and violence. This area seems to be plagued with issues that result in injuries and violence. – Community Leader

> Due to the poverty level and continued cycle of violence, the residents of Montgomery County appear to be reporting. Bail reform does not hold perpetrators accountable. If there are no consequences for someone's action (whether it's an adult or child), there are no changes. There is also a great number of people not seeking help for their issues with violence, which is making it a generational and systemic issue. We need more community collaboration in this area (DV programs working with law enforcement, health care agencies, courts, DSS/CPS, etc.). All programs need to work together on this major issue – maybe on a high-risk team? – Social Services Provider

> Being two of the poorest counties in NYS plays a big role in the answer. Many people are stressed about finances, transportation, getting a job, and may turn to drugs and alcohol, many times resulting in addiction and/or injury. We have gangs in this community who believe violence solves problems and gets you respect. – Social Services Provider

> Poverty and gang activity, high-crime areas with adequate law enforcement. – Health Care Provider

> People need money; drugs; limited resources; stress; and family issues. – Public Health Representative

Alcohol/Drug Use

> Substance use disorder, decrease in municipal law enforcement, decrease in social services funding, both reported and underreported sexual assaults, and undocumented persons. – Health Care Provider

> Increase in violence, secondary to drug abuse, gang violence, and robbery. – Health Care Provider

> Community safety, a lot of drugs in the area brings a lot of crime. – Health Care Provider

Comorbidities

> Mental health issues, drug and alcohol use, previous trauma. – Community Leader

> Violence, substance abuse, and mental health are all causes for concern. – Health Care Provider

Desperation

> Desperate people do desperate things. People are unemployed or underemployed. – Social Services Provider

Law Enforcement

> Lawlessness. – Community Leader

Social Media/Technology

> Youth and adults film fights and post them on social media. – Community Leader

Teen/Young Adult Usage

> Especially in the high school age group, there is a lot of bullying and fighting. – Health Care Provider

DIABETES

ABOUT DIABETES

More than 30 million people in the United States have diabetes, and it's the seventh leading cause of death. …Some racial/ethnic minorities are more likely to have diabetes. And many people with diabetes don't know they have it.

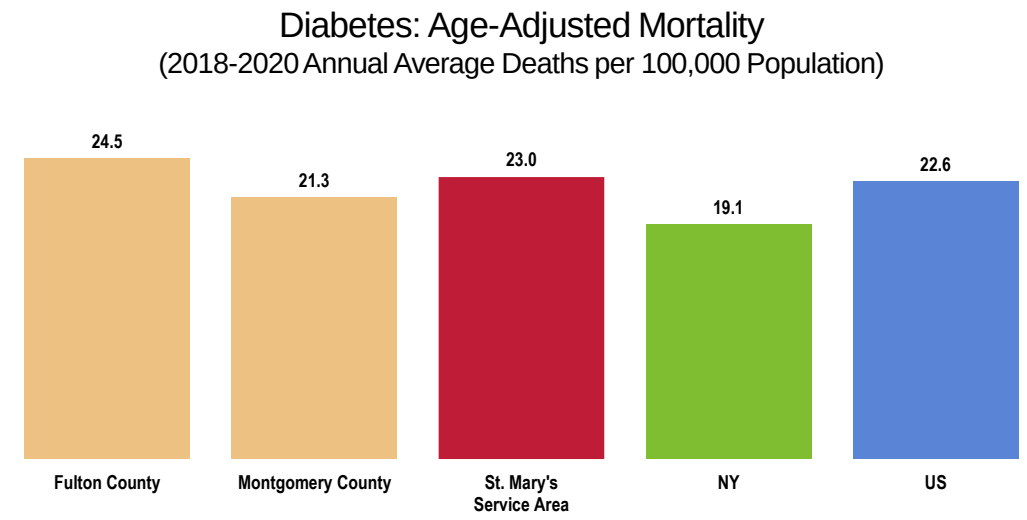
Poorly controlled or untreated diabetes can lead to leg or foot amputations, vision loss, and kidney damage. But interventions to help people manage diabetes can help reduce the risk of complications. In addition, strategies to help people who don't have diabetes eat healthier, get physical activity, and lose weight can help prevent new cases.

– Healthy People 2030 (https://health.gov/healthypeople)

Age-Adjusted Diabetes Deaths

Between 2018 and 2020, there was an annual average age-adjusted diabetes mortality rate of 23.0 deaths per 100,000 population in the St. Mary's Healthcare Service Area.

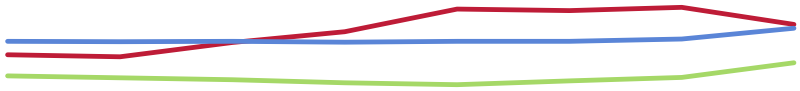
BENCHMARK ▶ Higher than the statewide rate.



Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2024.

Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Diabetes: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)



	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
St. Mary's	19.9	19.7	21.2	22.2	24.5	24.4	24.7	23.0
NY	17.8	17.6	17.4	17.1	16.9	17.3	17.7	19.1
US	21.3	21.2	21.3	21.2	21.3	21.3	21.5	22.6

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2024.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Prevalence of Diabetes

A total of 14.9% of service area adults report having been diagnosed with diabetes.

BENCHMARK ► Higher than found across New York.

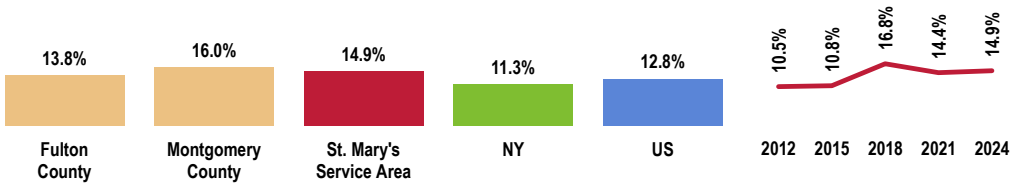
TREND ► Marks a significant increase from the 2012 baseline.

DISPARITY ► Correlated with age.

Prevalence of Diabetes

Another 11.8% of adults have been diagnosed with "pre-diabetes" or "borderline" diabetes.

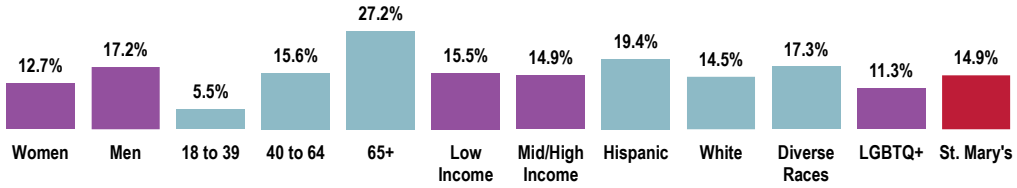
St. Mary's Service Area



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 106]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 New York data.
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents. Excludes gestational diabetes (occurring only during pregnancy).

Prevalence of Diabetes
(St. Mary's Service Area, 2024)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 106]
Notes: • Asked of all respondents.
• Excludes gestational diabetes (occurring only during pregnancy).

Age-Adjusted Kidney Disease Deaths

ABOUT KIDNEY DISEASE & DIABETES

Chronic kidney disease (CKD) is common in people with diabetes. Approximately one in three adults with diabetes has CKD. Both type 1 and type 2 diabetes can cause kidney disease. CKD often develops slowly and with few symptoms. Many people don't realize they have CKD until it's advanced and they need dialysis (a treatment that filters the blood) or a kidney transplant to survive.

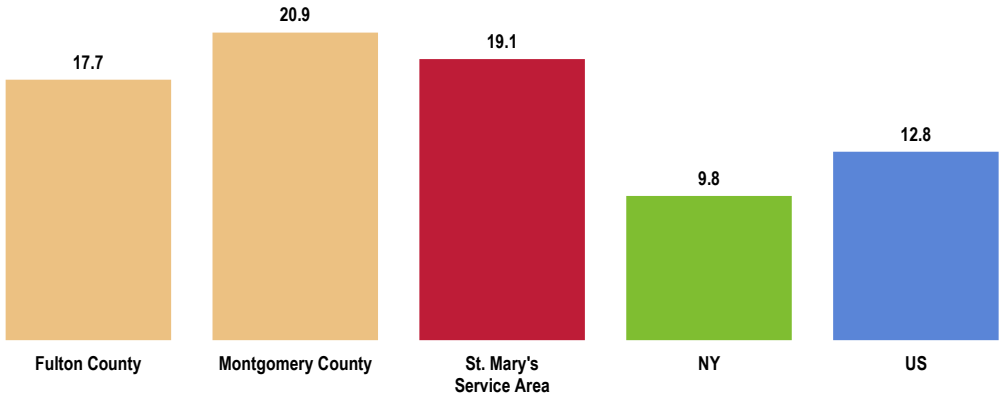
– Centers for Disease Control and Prevention (CDC)
https://www.cdc.gov/diabetes/managing/diabetes-kidney-disease.html

Between 2018 and 2020, there was an annual average age-adjusted kidney disease mortality rate of 19.1 deaths per 100,000 population in the St. Mary's Healthcare Service Area.

BENCHMARK ► Higher than the national rate and almost two times the statewide rate.

TREND ► Rising significantly to the highest level recorded within the service area in nearly a decade.

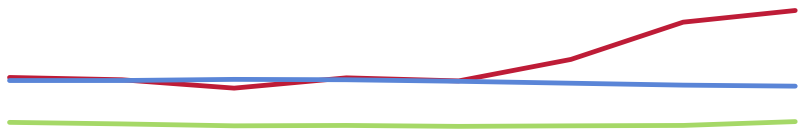
Kidney Disease: Age-Adjusted Mortality
(2018-2020 Annual Average Deaths per 100,000 Population)



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2024.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Kidney Disease: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)



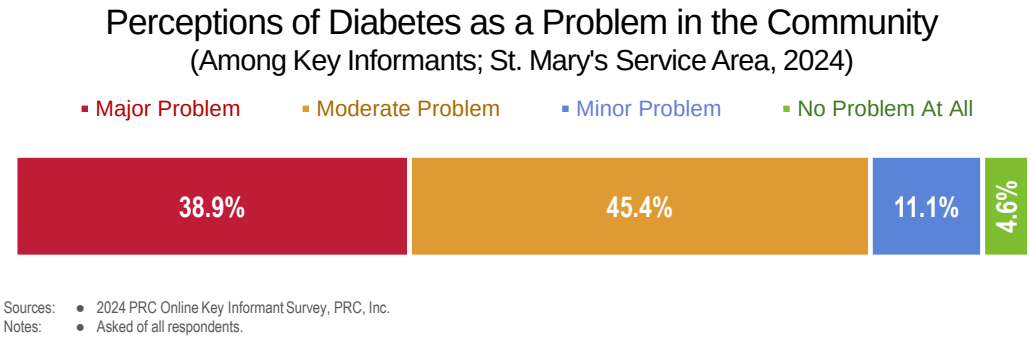
	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
St. Mary's	13.5	13.3	12.6	13.5	13.2	15.0	18.1	19.1
NY	9.7	9.6	9.4	9.5	9.4	9.4	9.5	9.8
US	13.2	13.2	13.3	13.3	13.2	13.0	12.9	12.8

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2024.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Key Informant Input: Diabetes

Key informants taking part in an online survey most often characterized *Diabetes* as a "moderate problem" in the community.



Sources: • 2024 PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Awareness/Education

> People do not understand the part good nutrition plays in fighting diabetes. Much more education needs to be done to teach people how to eat. – Health Care Provider
>
> Misinformation about diabetes self-management, not always cognizant of the value and opportunity to have comprehensive diabetes self-management education. And the lack of endocrinology services for patients that we are referring to endocrinologists one hour away. Transportation is also a big issue. – Health Care Provider
>
> Access to education around diabetes, including encouragements to get tested. There is not enough access to healthy food or the motivation to choose a healthy diet. Some cultures are accustomed to eating high-carb diets. – Social Services Provider
>
> Education, cost of medication, morbid obesity, and wound care. – Health Care Provider
>
> Lack of educational outreach to the community and to the affected population. No endocrinologists locally. – Community Leader
>
> The lack of education and understanding of how to control and maintain diabetes management, what foods to eat, what to avoid, and how to manage through the cravings and temptations. – Social Services Provider
>
> Lack of nutritional information and knowledge, and perhaps how to prepare healthy meals. – Community Leader
>
> Understanding disease management. – Health Care Provider
>
> Patients' understanding of what diabetes is, how it is treated, and how nutrition can help. – Health Care Provider

Access to Care/Services

> Access to care, affordability of insulin, difficult to manage with other comorbidities, rural food deserts, and affordability of nutritious food, including fruits and vegetables. – Social Services Provider
>
> No endocrinology in the area. It requires patients to be referred 30 or more miles away, and many have restrictions with transportation. Health literacy and compliance. – Health Care Provider
>
> Lack of services. – Health Care Provider
>
> Lack of access to endocrinology, inability to read or follow prescription instructions, understanding the consequences of not adhering to good blood sugar control. – Health Care Provider
>
> Getting in to see the specialist. – Community Leader
>
> Access to specialized endocrinologist services, they are poor making access to healthy foods and exercise sources difficult. Our sidewalks are not well-maintained, so it is difficult and unsafe to walk in many areas. Nutritionists are in high demand, and access to them that is covered by insurance is limited. Nathan Littauer used to teach diabetes self-management programs and they have closed their community education department since COVID, so now that is no longer available. – Health Care Provider
>
> Lack of access to endocrinology services. – Community Leader
>
> Finding assistance with meal planning and follow-up care with health care not covered by insurance. – Health Care Provider

Nutrition

> Nutritious food, knowledge of nutrition, and access to food. – Social Services Provider

> Food scarcity, food insecurity, numbers of people utilizing food banks and food drops. Increase in obesity in both adults and children. Single-parent households and parents with multiple jobs need quick meals with processed foods and fast food restaurants. – Health Care Provider
>
> Access to proper nutrition. Access to local resources. Lack of knowledge and insurance issues. – Health Care Provider
>
> Diet plays a huge role in developing diabetes, and people and children need to be educated on better eating habits to consume fresh food. The other issue is having access to fresh food, such as vegetables and fruit. – Social Services Provider

Affordable Medications/Supplies

> Affordability of insulin, though this is being addressed. Healthy diet and access to healthy food. – Community Leader
>
> Financial constraints, especially when it comes to access to insulin. – Health Care Provider
>
> The biggest problem is the access to supplies, due to cost and transportation, and the lack of education for diabetics. – Social Services Provider

Disease Management

> Many people have it, and some have problems controlling it. Need more local help to address and control it. Maybe again, more communication where there is help for this. – Community Leader
>
> Managing it. – Community Leader
>
> Diabetes, people do not take it seriously. Healthy food is more expensive, and knowledge about healthy eating habits. – Community Leader

Incidence/Prevalence

> High rates of diabetes. Lack of places to exercise. Lack of access to fresh produce. Jobs that involve a lot of sitting. Misunderstandings about nutrition. – Community Leader
>
> More and more people are being diagnosed with diabetes. Unless you go to a doctor or the hospital, there are very few places that are available to one to get nutrition counseling or receive services to help with diabetes. So much happens in hospitals which are costly if you don't have insurance, costly if you do have insurance, and people feel often there is less compassion and one-on-one involvement in a hospital setting. Unfortunately, doctors have so many patients that it is difficult to feel connected to a doctor, much less a specialist. So, when do they have the time to really get to know you outside of your chart? Diabetes (especially type 2) could be prevented if there were more services and more outlets and more engagement for people at high risk. Lack of options. Lack of action. Lack of information. – Social Services Provider

Obesity

> The biggest challenge is managing weight and diet to manage their diabetes. Access to some of the medications for diabetes, also limited by national shortages of medication. – Physician
>
> Overweight and obese population. Poor management of diabetes and poor compliance with recommended treatment. – Health Care Provider

Prevention/Screenings

> Lack of prevention and early screening. – Health Care Provider
>
> Testing availability and access to appropriate medications and diet. – Community Leader

Access to Affordable Healthy Food

> Ability to purchase healthier foods, education, and access to doctors in our area. – Public Health Representative

Affordable Care/Services

> Cost, education, self-monitoring, and more. Individuals diagnosed with diabetes have to concern themselves about a variety of issues. – Community Leader

Diagnosis/Treatment

> Getting diagnosed and getting the right medication and follow-up. – Community Leader

Impact on Quality of Life

> Experiencing heavy fatigue and obesity. – Social Services Provider

Lack of Specialists

> We do not have a local endocrinologist to address people with diabetes. These providers are located in Saratoga and Albany. People may not have transportation to these places. – Health Care Provider

Lifestyle

> Lifestyle and diet. – Health Care Provider

Transportation

> Transportation to good doctors in the area, not just rural doctors. – Social Services Provider

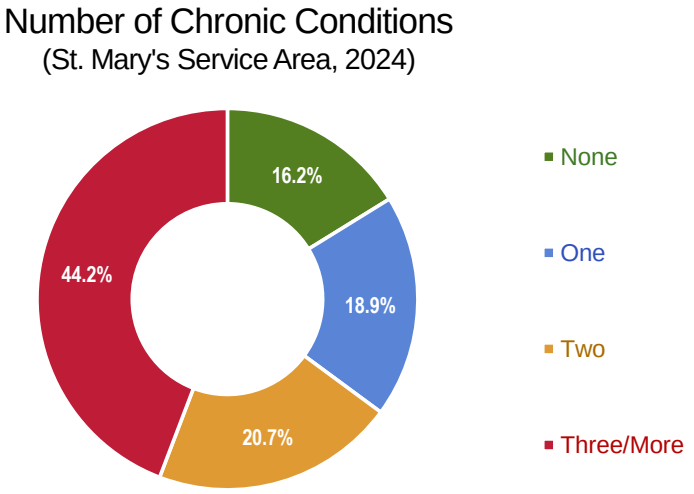
DISABLING CONDITIONS

Multiple Chronic Conditions

For the purposes of this assessment, chronic conditions include:

- Asthma
- Cancer
- Chronic pain
- Diabetes
- Diagnosed depression
- Heart disease
- High blood cholesterol
- High blood pressure
- Lung disease
- Obesity
- Stroke

Among survey respondents, most report having at least one chronic health condition.



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 107]

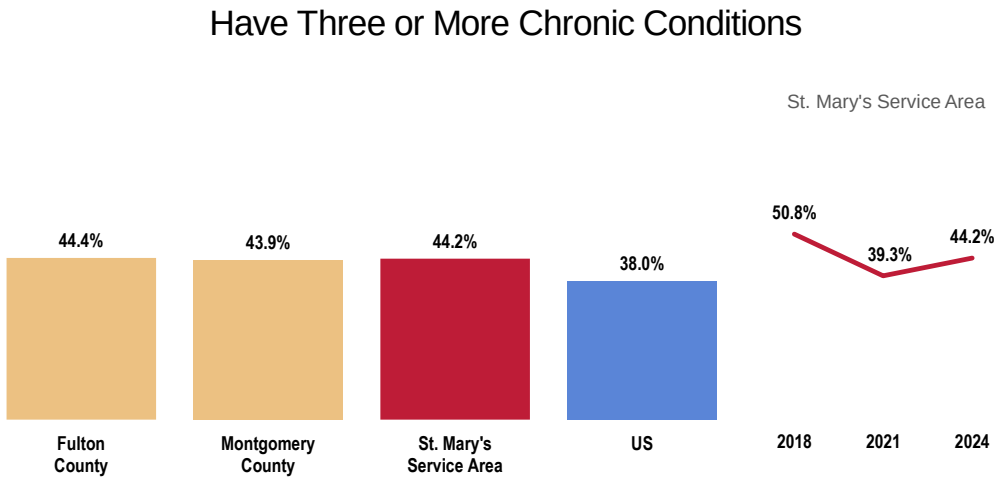
Notes:
- Asked of all respondents.
- In this case, chronic conditions include asthma, cancer, chronic pain, diabetes, diagnosed depression, heart disease, high blood cholesterol, high blood pressure, lung disease, obesity, and stroke.

In fact, 44.2% of adults in the St. Mary's Healthcare Service Area report having three or more chronic conditions.

BENCHMARK ► Higher than found across the US.

TREND ► Represents a significant decrease from the 2018 benchmark.

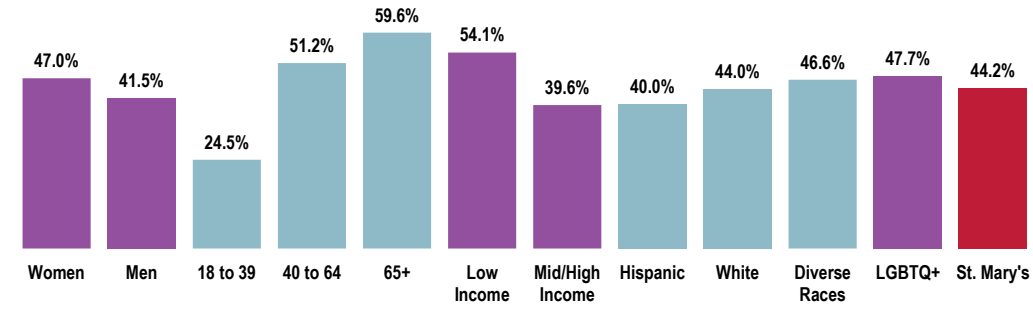
DISPARITY ► More often reported among adults age 40+ and lower-income adults.



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 107]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- In this case, chronic conditions include asthma, cancer, chronic pain, diabetes, diagnosed depression, heart disease, high blood cholesterol, high blood pressure, lung disease, obesity, and/or stroke.

Have Three or More Chronic Conditions
(St. Mary's Service Area, 2024)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 107]
Notes: • Asked of all respondents.
• In this case, chronic conditions include asthma, cancer, chronic pain, diabetes, diagnosed depression, heart disease, high blood cholesterol, high blood pressure, lung disease, obesity, and/or stroke.

Activity Limitations

ABOUT DISABILITY & HEALTH

Studies have found that people with disabilities are less likely to get preventive health care services they need to stay healthy. Strategies to make health care more affordable for people with disabilities are key to improving their health.

In addition, people with disabilities may have trouble finding a job, going to school, or getting around outside their homes. And they may experience daily stress related to these challenges. Efforts to make homes, schools, workplaces, and public places easier to access can help improve quality of life and overall well-being for people with disabilities.

– Healthy People 2030 (https://health.gov/healthypeople)

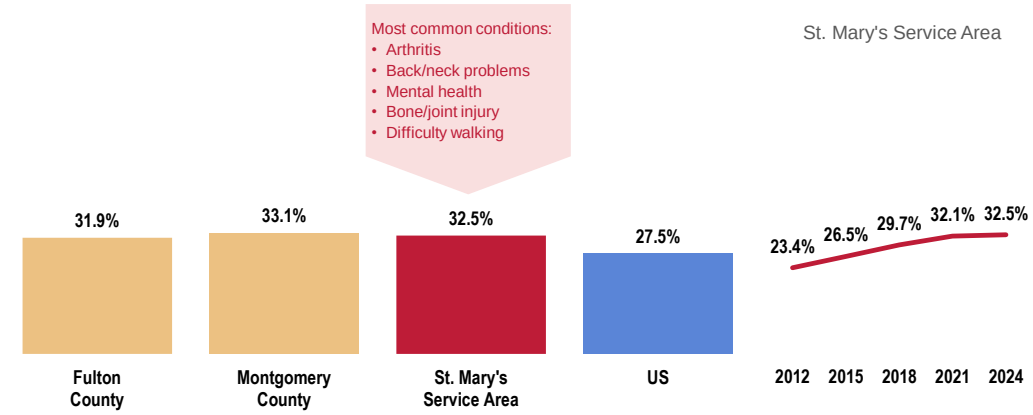
A total of 32.5% of adults in the St. Mary's Healthcare Service Area are limited in some way in some activities due to a physical, mental, or emotional problem.

BENCHMARK ► Higher than found nationally.

TREND ► Denotes a significant increase over time.

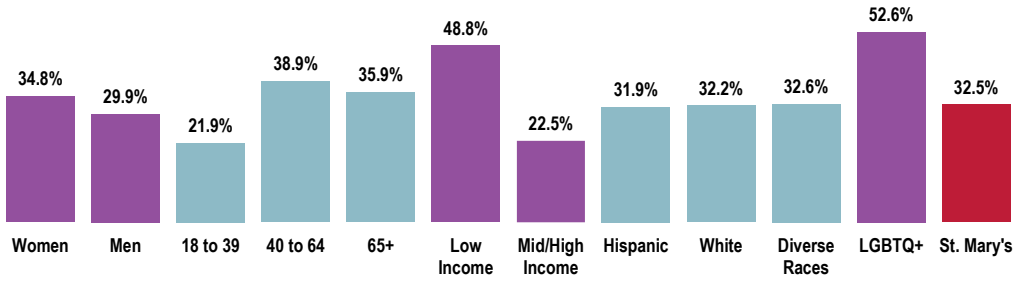
DISPARITY ► More often reported among adults age 40+, those with lower incomes, and LGBTQ+ respondents.

Limited in Activities in Some Way Due to a Physical, Mental, or Emotional Problem



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Items 83-84]
• 2023 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.

Limited in Activities in Some Way Due to a Physical, Mental, or Emotional Problem
(St. Mary's Service Area, 2024)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 83]
Notes: • Asked of all respondents.

Chronic Pain

A total of 24.5% of service area adults experience high-impact chronic pain, meaning physical pain that has limited their life or work activities "every day" or "most days" during the past six months.

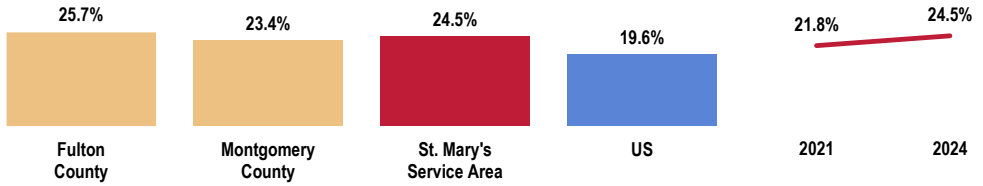
BENCHMARK ► Higher than the US percentage. Far from satisfying the Healthy People 2030 objective.

DISPARITY ► More often reported among adults age 40+ and those with lower incomes.

Experience High-Impact Chronic Pain

Healthy People 2030 = 6.4% or Lower

St. Mary's Service Area



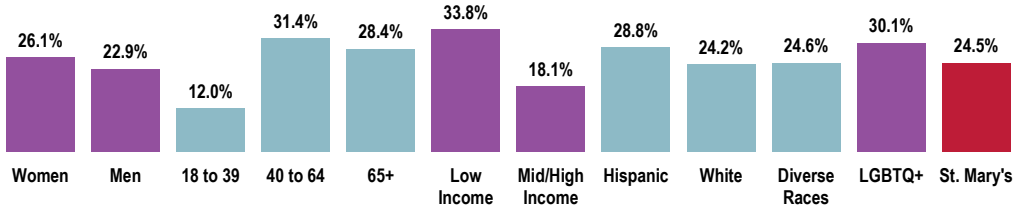
Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 31]
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Asked of all respondents.
- High-impact chronic pain includes physical pain that limits life or work activities on "most days" or "every day" of the past six months.

Experience High-Impact Chronic Pain

(St. Mary's Service Area, 2024)

Healthy People 2030 = 6.4% or Lower



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 31]
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Asked of all respondents.
- High-impact chronic pain includes physical pain that limits life or work activities on "most days" or "every day" of the past six months.

Alzheimer's Disease

ABOUT DEMENTIA

Alzheimer's disease is the most common cause of dementia. Nearly 6 million people in the United States have Alzheimer's, and that number will increase as the population ages.

Dementia refers to a group of symptoms that cause problems with memory, thinking, and behavior. People with dementia are more likely to be hospitalized, and dementia is linked to high health care costs.

While there's no cure for Alzheimer's disease, early diagnosis and supportive care can improve quality of life. And efforts to make sure adults with symptoms of cognitive decline — including memory loss — are diagnosed early can help improve health outcomes in people with dementia. Interventions to address caregiving needs can also help improve health and well-being in people with dementia.

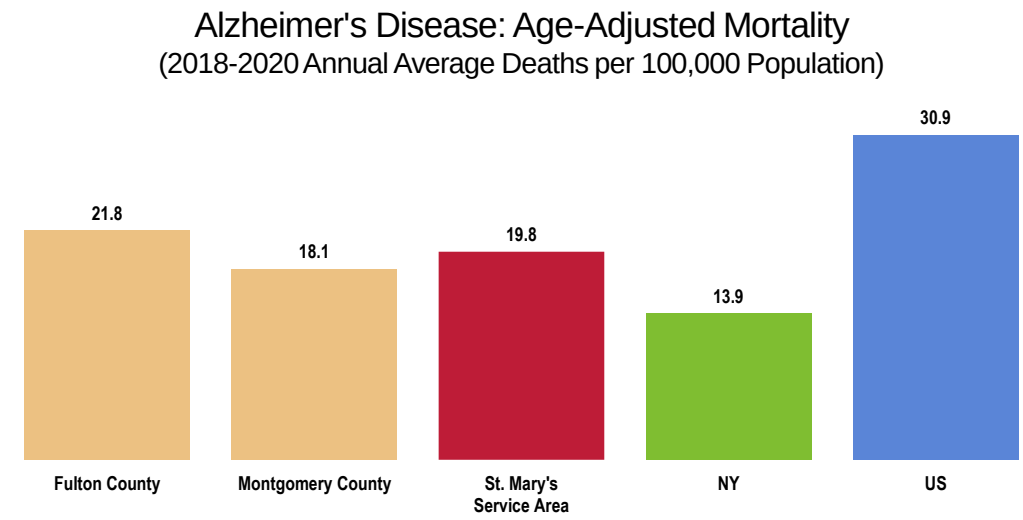
– Healthy People 2030 (https://health.gov/healthypeople)

Age-Adjusted Alzheimer's Disease Deaths

Between 2018 and 2020, there was an annual average age-adjusted Alzheimer's disease mortality rate of 19.8 deaths per 100,000 population in the St. Mary's Healthcare Service Area.

BENCHMARK ► Higher than the statewide rate but lower than the national rate.

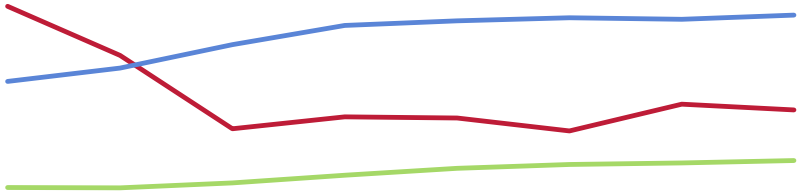
TREND ► Decreasing significantly within the service area over time.



Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2024.

Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Alzheimer's Disease: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)



	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
St. Mary's	31.9	26.2	17.6	19.0	18.8	17.3	20.5	19.8
NY	10.7	10.7	11.2	12.1	13.0	13.4	13.6	13.9
US	23.1	24.7	27.4	29.7	30.2	30.6	30.4	30.9

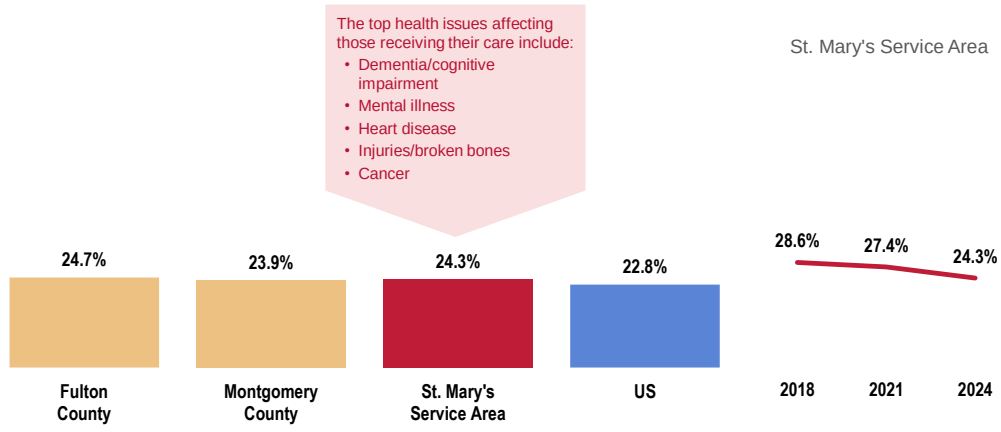
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2024.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Caregiving

A total of 24.3% of area adults currently provide care or assistance to a friend or family member who has a health problem, long-term illness, or disability.

Act as Caregiver to a Friend or Relative with a Health Problem, Long-Term Illness, or Disability

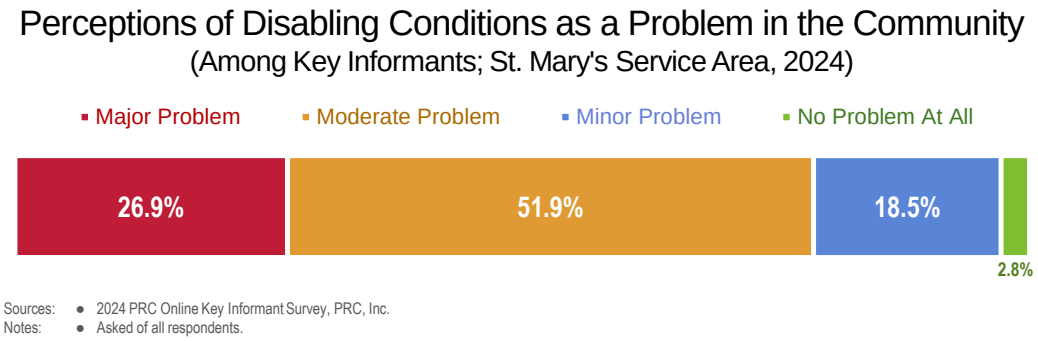


Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Items 85-86]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Key Informant Input: Disabling Conditions

Key informants taking part in an online survey most often characterized *Disabling Conditions* as a "moderate problem" in the community.



Among those rating this issue as a "major problem," reasons related to the following:

Aging Population

> We have a high percentage of mature people in this area. They are impacted by dementia, chronic pain from arthritis, etc. – Health Care Provider
>
> Mobility issues have been a major concern for the older adults that we serve. It seems like many people stop being active in any way very early in life, which results in having more mobility issues as they age. – Social Services Provider
>
> Aging population with limited resources for placement in safe settings, such as locked units within nursing homes. – Health Care Provider
>
> We have one of the largest elderly populations in New York state, and the elderly populations tend to be physically limited and experience different types of dementia and hearing or vision loss. – Community Leader
>
> Aging population and the rural community. – Public Health Representative

Access to Care/Services

> Many suffer from PTSD and have little access to mental health counseling and veterans' resources. – Social Services Provider
>
> Little to no access to long-term care locally for dementia. Lack of medical professionals in the area specializing in the above conditions. Doctors' reliance on opioids to control pain. – Community Leader
>
> Limited resources, obesity is increasing as there aren't a lot of activities to do in the area, more people are being diagnosed with stressful conditions such as diabetes, arthritis in varying forms, stress from COVID. This is a low-income area, and not all folks are being educated on health benefits or risks, as well as not enough awareness. – Social Services Provider
>
> Lack of connectivity, residents not accessing general medical care, and residents not accessing resources regarding vision and hearing. – Community Leader
>
> There are very few active medical practices that have a full range of care and follow-up for so many of our residents. – Community Leader

Incidence/Prevalence

> We are seeing an increase in seniors who report they are medicating or self-medicating due to chronic pain. As a result of self-medicating with items such as marijuana, we are experiencing more individuals who are showing signs of dementia, and we have noticed a decrease in involvement of activities. – Social Services Provider
>
> Not enough being done to address dementia and chronic pain. Whenever you talk to someone, they know someone or might have it themselves. – Community Leader
>
> High prevalence in the health care setting. – Health Care Provider
>
> I believe this is a major problem in our area because many of our students at FM are experiencing one or more of these limitations, and we refer students to community services. When we are in the schools talking to our students, they also disclose that their parents have one or more of these issues. – Community Leader

> Talking to my neighbors and members in the community, people mention the ability to move around is difficult, and chronic pain is caused by the inability to move around. The city is not an easy to navigate on foot. – Social Services Provider
>
> Many people suffer from dementia and a lack of treatment. – Health Care Provider

Impact on Quality of Life

> Prevents folks from going to work. – Social Services Provider
>
> Chronic pain is a major public health problem that affects the patient's sensory and emotional problems, family and poverty. Our local area lacks chronic pain management resources. – Health Care Provider
>
> Disabling conditions pose significant challenges to individuals and families. – Health Care Provider

Obesity

> BMI of individuals lead to disabling conditions, compounded by lack of transportation, safe well-lit sidewalks, and limited healthy lifestyle options, such as community events and community outreach. – Health Care Provider
>
> High BMI puts stress on the hip and knee joints and causes chronic pain, which limits activity. Lack of insurance coverage or high deductibles for vision and hearing testing. – Health Care Provider
>
> Just look around. Every other person you see at a store, work or event is overweight, using a walking assistance device or using oxygen. Most can hardly walk up stairs or walk any distance. It is not just older people, but now affecting the younger generation and children with obesity problems that lead to diabetes, mobility, and respiratory conditions. – Social Services Provider

Lack of Providers

> Limited specialists who see these patients. Again, the time to get in is very long. – Community Leader
>
> Once again, we need physicians in our community. – Community Leader

Awareness/Education

> Lack of knowledge/moderate dementia can cause an inability to use our new bus system to access health care. Without caregiver respite services, caregivers are unable to care for themselves. We only have two existing home care agencies and absolutely no SOCIAL model adult day programs – often people do not qualify for medical adult day programs and have no alternative option. – Health Care Provider

Transportation

> No transportation and cutbacks in the local health care system. – Social Services Provider

BIRTHS

BIRTH OUTCOMES & RISKS

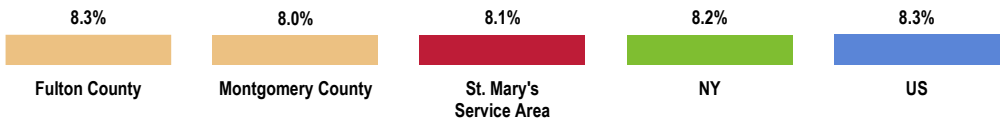
Low-Weight Births

Low birthweight babies, those who weigh less than 2,500 grams (5 pounds, 8 ounces) at birth, are much more prone to illness and neonatal death than are babies of normal birthweight.

Largely a result of receiving poor or inadequate prenatal care, many low-weight births and the consequent health problems are preventable.

A total of 8.1% of 2016-2022 births in the St. Mary's Healthcare Service Area were low-weight.

Low-Weight Births
(Percent of Live Births, 2016-2022)



Sources:
- University of Wisconsin Population Health Institute, County Health Rankings.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2024 via SparkMap (sparkmap.org).

Note:
- This indicator reports the percentage of total births that are low birth weight (Under 2500g).

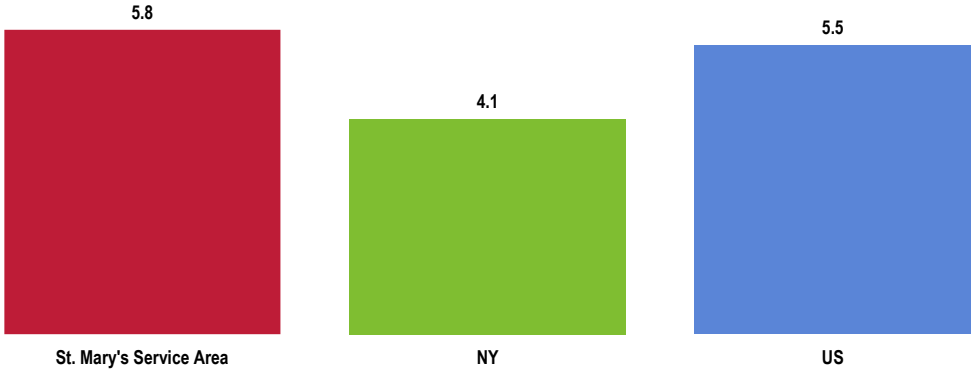
Infant Mortality

Infant mortality rates reflect deaths of children less than 1 year old per 1,000 live births.

Between 2018 and 2020, there was an annual average of 5.8 infant deaths per 1,000 live births.

BENCHMARK ► Higher than the statewide rate.

Infant Mortality Rate
(Annual Average Infant Deaths per 1,000 Live Births, 2018-2020)
Healthy People 2030 = 5.0 or Lower



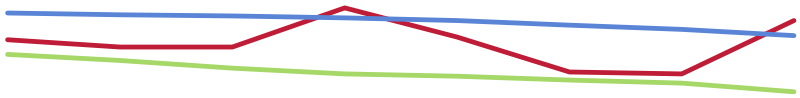
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted August 2024.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Infant deaths include deaths of children under 1 year old.

Infant Mortality Trends

(Annual Average Infant Deaths per 1,000 Live Births)

Healthy People 2030 = 5.0 or Lower



	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
St. Mary's	5.4	5.2	5.2	6.1	5.4	4.6	4.6	5.8
NY	5.0	4.9	4.7	4.6	4.5	4.4	4.3	4.1
US	6.0	5.9	5.9	5.9	5.8	5.7	5.6	5.5

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted August 2024.
- Centers for Disease Control and Prevention, National Center for Health Statistics.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Rates are three-year averages of deaths of children under 1 year old per 1,000 live births.

FAMILY PLANNING

ABOUT FAMILY PLANNING

Nearly half of pregnancies in the United States are unintended, and unintended pregnancy is linked to many negative outcomes for both women and infants. …Unintended pregnancy is linked to outcomes like preterm birth and postpartum depression. Interventions to increase use of birth control are critical for preventing unintended pregnancies. Birth control and family planning services can also help increase the length of time between pregnancies, which can improve health for women and their infants.

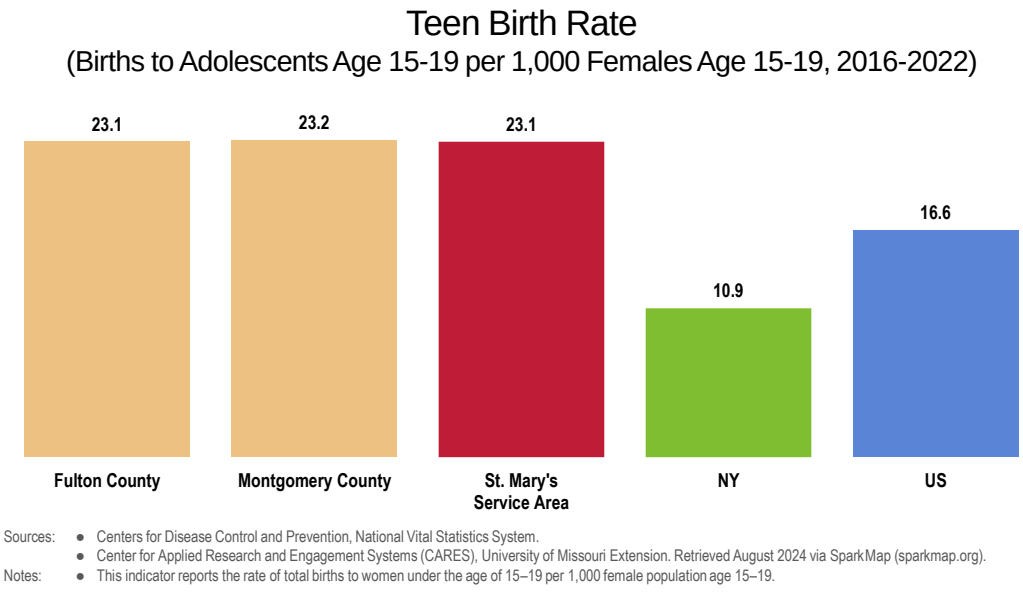
Adolescents are at especially high risk for unintended pregnancy. Although teen pregnancy and birth rates have gone down in recent years, close to 200,000 babies are born to teen mothers every year in the United States. Linking adolescents to youth-friendly health care services can help prevent pregnancy and sexually transmitted infections in this age group.

– Healthy People 2030 (https://health.gov/healthypeople)

Births to Adolescent Mothers

Between 2016 and 2022, there were 23.1 births to adolescents age 15 to 19 per 1,000 women age 15 to 19 in the St. Mary's Healthcare Service Area.

BENCHMARK ► Higher than the US rate and more than two times the New York rate.

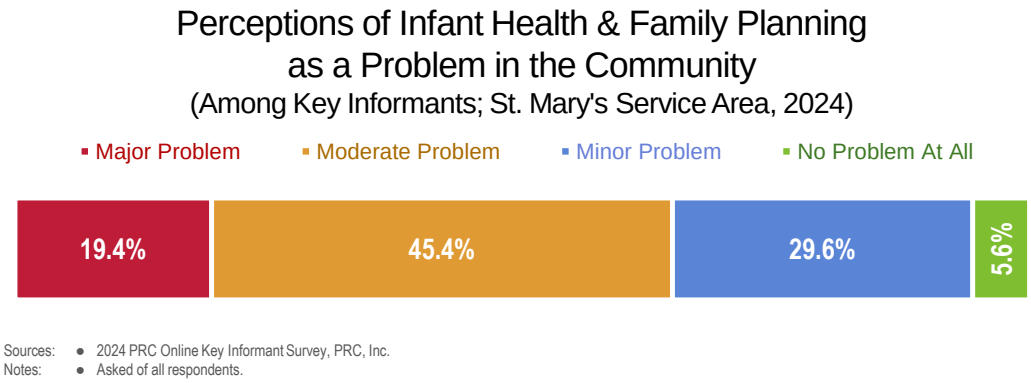


Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2024 via SparkMap (sparkmap.org).

Notes:
- This indicator reports the rate of total births to women under the age of 15–19 per 1,000 female population age 15–19.

Key Informant Input: Infant Health & Family Planning

Key informants taking part in an online survey largely characterized *Infant Health & Family Planning* as a "moderate problem" in the community.



Among those rating this issue as a "major problem," reasons related to the following:

Access to Care/Services

> Residents struggle to access resources or to have an awareness of planning ahead. – Community Leader
>
> Limited resources, lack of education, and transportation. – Public Health Representative
>
> The only hospital we have in the county does not promote or support family planning via birth control methods, such as women having access to getting tubes tied, condoms, etc. This issue has caused a spike in STD/STI rates. – Public Health Representative

Teen Pregnancy

> Teen pregnancy rate. – Social Services Provider
>
> We have many young girls and women having babies that aren't equipped financially, mentally, or emotionally to care for one or two babies, let alone the multiple children that are being born to teens, women in abusive relationships, women who are using drugs and alcohol, etc. – Social Services Provider
>
> Fulton and Montgomery counties have a high percentage of teenage mothers and single-parent households. – Community Leader

Parental Education

> Children are not prepared for school when they arrive to pre-K and kindergarten. – Community Leader
>
> Parenting skills. Given the generally low educational status of many of our residents, many parents struggle to know how to properly parent. They generally parent the way they were trained, which is often flawed, resulting in many of the children growing up in our community to fall back into poverty. – Physician
>
> Healthy living starts at birth. More education for parents to get and keep their child healthy. Where can they get this? – Community Leader

Access to Care for Uninsured/Underinsured

> Lack of low-cost options for uninsured. – Community Leader

Income/Poverty

> Due to the poverty level and cycle of family violence and unplanned pregnancies in Montgomery County, we are getting a lot of clients who need major assistance with this process. Most clients in early pregnancy haven't been to a health care provider when they come to us. – Social Services Provider

Infant Mortality

> According to the Montgomery County prevention dashboard for New York state, infant mortality rate per 1,000 live births has a concern level of "high." – Health Care Provider

Lack of Coordinated Care

> We have to recognize the importance of creating a coordinated system of services that supports all aspects of infant and toddler development, from birth to age 5, as it can become a major problem for our community. – Community Leader

Lack of Providers

> Limited doctors. – Community Leader

Obesity

> BMI of the birthing person, malnutrition in pregnancy, substance use disorder, and high-risk maternal conditions. – Health Care Provider

MODIFIABLE HEALTH RISKS

NUTRITION

ABOUT NUTRITION & HEALTHY EATING

Many people in the United States don't eat a healthy diet. …People who eat too many unhealthy foods — like foods high in saturated fat and added sugars — are at increased risk for obesity, heart disease, type 2 diabetes, and other health problems. Strategies and interventions to help people choose healthy foods can help reduce their risk of chronic diseases and improve their overall health.

Some people don't have the information they need to choose healthy foods. Other people don't have access to healthy foods or can't afford to buy enough food. Public health interventions that focus on helping everyone get healthy foods are key to reducing food insecurity and hunger and improving health.

– Healthy People 2030 (https://health.gov/healthypeople)

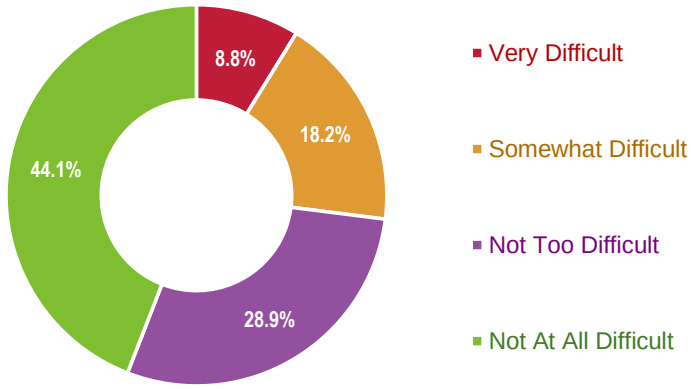
Difficulty Accessing Fresh Produce

Most adults in the St. Mary's Healthcare Service Area report little or no difficulty buying fresh produce at a price they can afford.

Respondents were asked, "How difficult is it for you to buy fresh produce like fruits and vegetables at a price you can afford? Would you say very difficult, somewhat difficult, not too difficult, or not at all difficult?"

RELATED ISSUE
See also *Food Access* in the **Social Determinants of Health** section of this report.

Level of Difficulty Finding Fresh Produce at an Affordable Price
(St. Mary's Service Area, 2024)



Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 66]
Notes: ● Asked of all respondents.

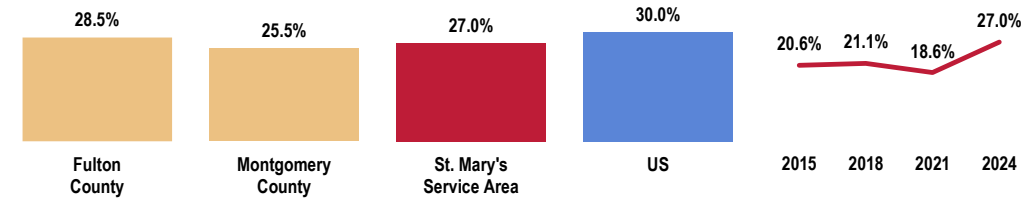
However, 27.0% of area adults find it "very" or "somewhat" difficult to access affordable fresh fruits and vegetables.

TREND ► Represents a significant increase from previous surveys.

DISPARITY ► More often reported among women, adults younger than 65, lower-income households, and LGBTQ+ respondents.

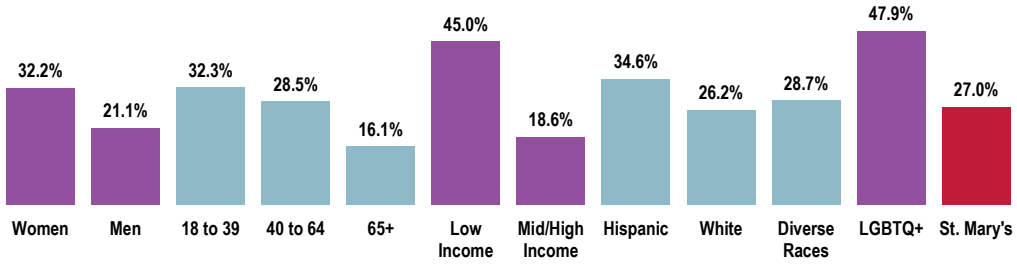
Find It "Very" or "Somewhat" Difficult to Buy Affordable Fresh Produce

St. Mary's Service Area



Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 66]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Find It "Very" or "Somewhat" Difficult to Buy Affordable Fresh Produce
(St. Mary's Service Area, 2024)



Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 66]
Notes: ● Asked of all respondents.

PHYSICAL ACTIVITY

ABOUT PHYSICAL ACTIVITY

Physical activity can help prevent disease, disability, injury, and premature death. The Physical Activity Guidelines for Americans lays out how much physical activity children, adolescents, and adults need to get health benefits. Although most people don't get the recommended amount of physical activity, it can be especially hard for older adults and people with chronic diseases or disabilities.

Strategies that make it safer and easier to get active — like providing access to community facilities and programs — can help people get more physical activity. Strategies to promote physical activity at home, at school, and at childcare centers can also increase activity in children and adolescents.

– Healthy People 2030 (https://health.gov/healthypeople)

Leisure-Time Physical Activity

Leisure-time physical activity includes any physical activities or exercises (such as running, calisthenics, golf, gardening, walking, etc.) which take place outside of one's line of work.

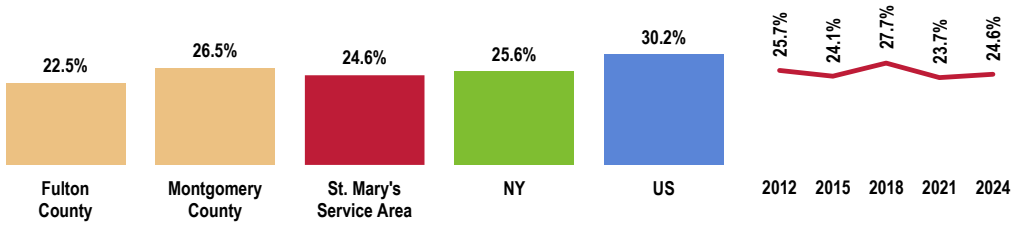
A total of 24.6% of surveyed adults report no leisure-time physical activity in the past month.

BENCHMARK ► Lower than found across the US.

No Leisure-Time Physical Activity in the Past Month

Healthy People 2030 = 21.8% or Lower

St. Mary's Service Area



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 69]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 New York data.
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Asked of all respondents.

Activity Levels

Adults

ADULTS: RECOMMENDED LEVELS OF PHYSICAL ACTIVITY

For adults, “meeting physical activity recommendations” includes adequate levels of both aerobic and strengthening activities:

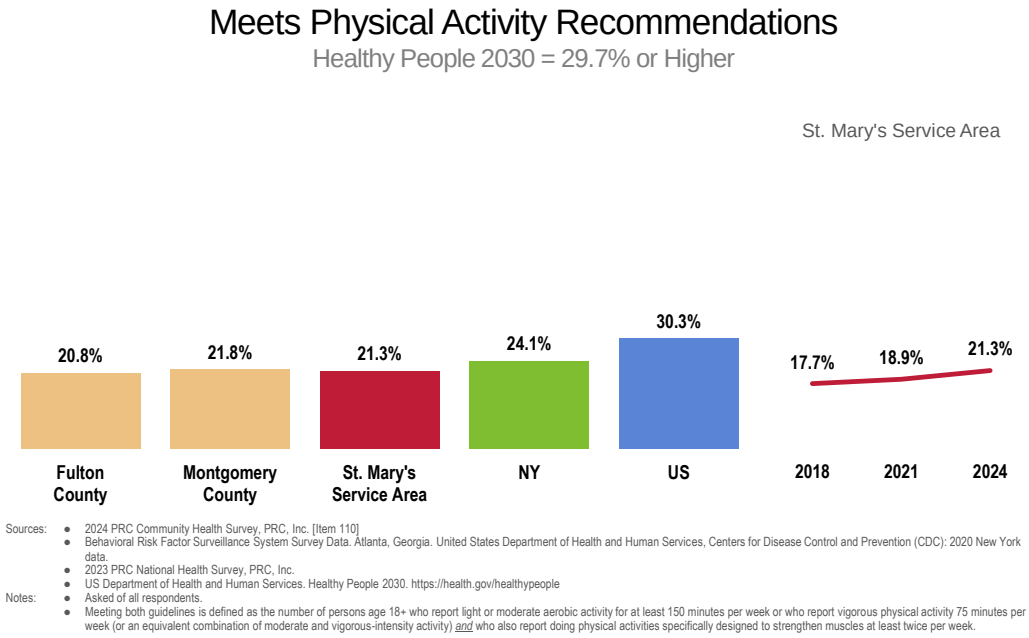
- **Aerobic activity** is one of the following: at least 150 minutes per week of light to moderate activity (such as walking), 75 minutes per week of vigorous activity (such as jogging), or an equivalent combination of both.
- **Strengthening activity** is at least two sessions per week of exercise designed to strengthen muscles (such as push-ups, sit-ups, or activities using resistance bands or weights).

– 2013 Physical Activity Guidelines for Americans, US Department of Health and Human Services. www.cdc.gov/physicalactivity

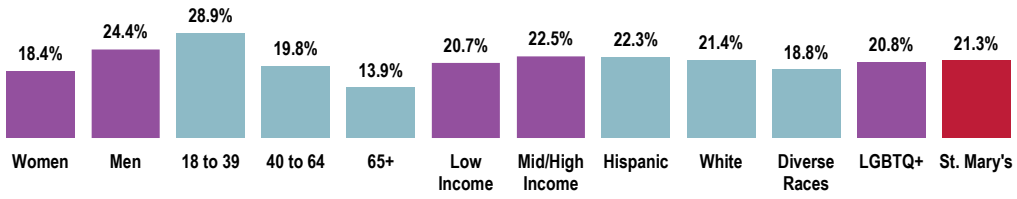
A total of 21.3% of adults in the St. Mary’s Healthcare Service Area regularly participate in adequate levels of both aerobic and strengthening activities (meeting physical activity recommendations).

BENCHMARK ► Lower than found across the US. Fails to satisfy the Healthy People 2030 objective.

DISPARITY ► Correlated with age.



Meets Physical Activity Recommendations
(St. Mary's Service Area, 2024)
Healthy People 2030 = 29.7% or Higher



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 110]
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Asked of all respondents.
- Meeting both guidelines is defined as the number of persons age 18+ who report light or moderate aerobic activity for at least 150 minutes per week or who report vigorous physical activity 75 minutes per week (or an equivalent combination of moderate and vigorous-intensity activity) *and* who also report doing physical activities specifically designed to strengthen muscles at least twice per week.

Children

CHILDREN: RECOMMENDED LEVELS OF PHYSICAL ACTIVITY

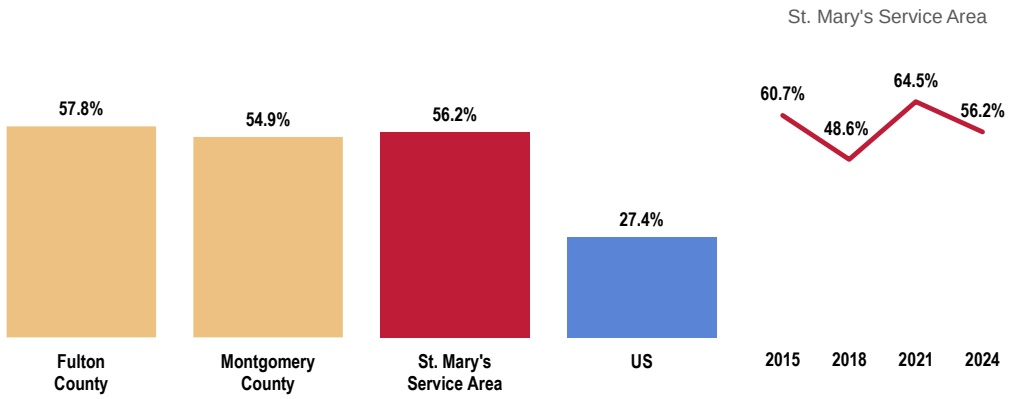
Children and adolescents should do 60 minutes (1 hour) or more of physical activity each day.

– 2013 Physical Activity Guidelines for Americans, US Department of Health and Human Services. www.cdc.gov/physicalactivity

Among area children age 2 to 17, 56.2% are reported to have had 60 minutes of physical activity on <u>each</u> of the seven days preceding the interview (1+ hours per day).

BENCHMARK ► Considerably higher than the national percentage.

Child Is Physically Active for One or More Hours per Day
(Children 2-17)



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 94]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents with children age 2-17 at home.
- Includes children reported to have one or more hours of physical activity on each of the seven days preceding the survey.

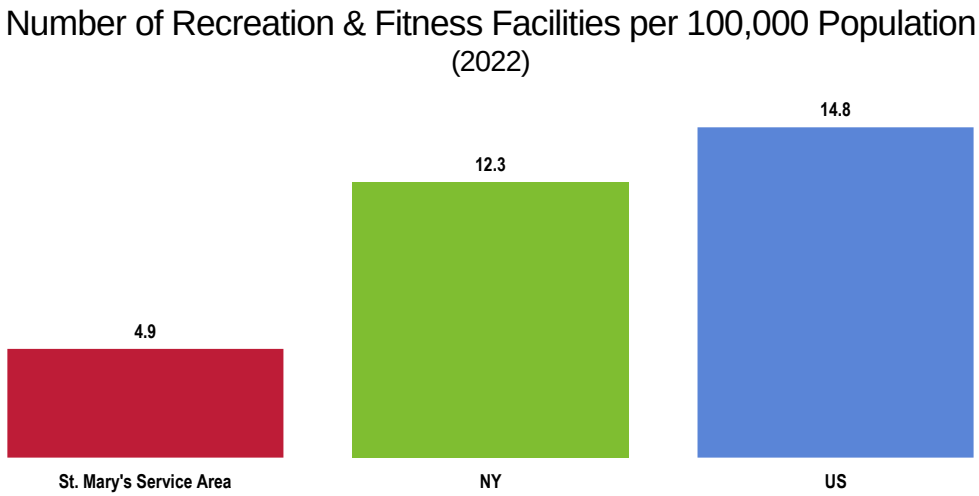
Access to Physical Activity Facilities

Here, recreation/fitness facilities include establishments engaged in operating facilities which offer "exercise and other active physical fitness conditioning or recreational sports activities."

Examples include athletic clubs, gymnasiums, dance centers, tennis clubs, and swimming pools.

In 2022, there were 4.9 recreation/fitness facilities for every 100,000 population in the St. Mary's Healthcare Service Area.

BENCHMARK ► Much lower than found statewide and nationally.



Sources:
- US Census Bureau, County Business Patterns. Additional data analysis by CARES.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2024 via SparkMap (sparkmap.org).

Notes:
- Recreation and fitness facilities are defined by North American Industry Classification System (NAICS) Code 713940 , which include *Establishments engaged in operating facilities which offer "exercise and other active physical fitness conditioning or recreational sports activities." Examples include athletic clubs, gymnasiums, dance centers, tennis clubs, and swimming pools.*

WEIGHT STATUS

ABOUT OVERWEIGHT & OBESITY

Obesity is linked to many serious health problems, including type 2 diabetes, heart disease, stroke, and some types of cancer. Some racial/ethnic groups are more likely to have obesity, which increases their risk of chronic diseases.

Culturally appropriate programs and policies that help people eat nutritious foods within their calorie needs can reduce overweight and obesity. Public health interventions that make it easier for people to be more physically active can also help them maintain a healthy weight.

– Healthy People 2030 (https://health.gov/healthypeople)

Body Mass Index (BMI), which describes relative weight for height, is significantly correlated with total body fat content. The BMI should be used to assess overweight and obesity and to monitor changes in body weight. In addition, measurements of body weight alone can be used to determine efficacy of weight loss therapy. BMI is calculated as weight (kg)/height squared (m^2). To estimate BMI using pounds and inches, use: [weight (pounds)/height squared ($inches^2$)] x 703.

In this report, overweight is defined as a BMI of 25.0 to 29.9 kg/m^2 and obesity as a BMI ≥30 kg/m^2. The rationale behind these definitions is based on epidemiological data that show increases in mortality with BMIs above 25 kg/m^2. The increase in mortality, however, tends to be modest until a BMI of 30 kg/m^2 is reached. For persons with a BMI ≥30 kg/m^2, mortality rates from all causes, and especially from cardiovascular disease, are generally increased by 50 to 100 percent above that of persons with BMIs in the range of 20 to 25 kg/m^2.

– Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

Adult Weight Status

CLASSIFICATION OF OVERWEIGHT AND OBESITY BY BMI	BMI (kg/m^2)
Underweight	<18.5
Healthy Weight	18.5 – 24.9
Overweight	25.0 – 29.9
Obese	≥30.0

Source: Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

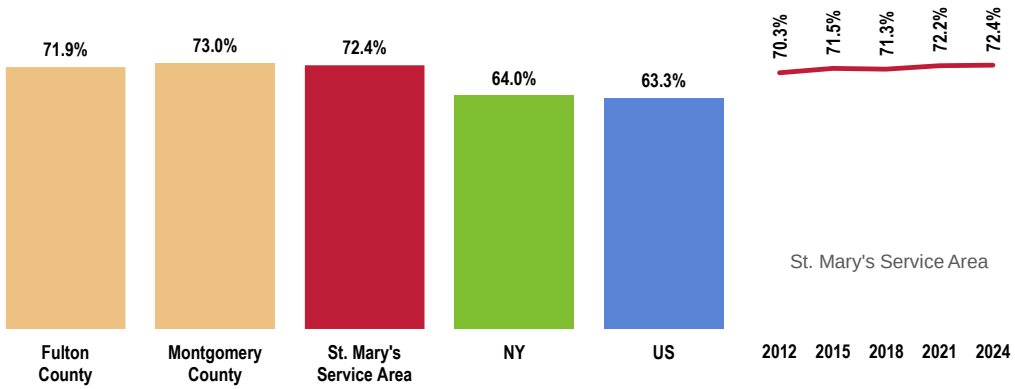
Overweight Status

Here, "overweight" includes those respondents with a BMI value ≥25.

A total of 7 in 10 St. Mary's Healthcare Service Area adults (72.4%) are overweight.

BENCHMARK ► Higher than found across New York and the US.

Prevalence of Total Overweight (Overweight and Obese)



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 112]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 New York data.
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Based on reported heights and weights, asked of all respondents.
- The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0,. The definition for obesity is a BMI greater than or equal to 30.0.

"Obese" (also included in overweight prevalence discussed previously) includes respondents with a BMI value ≥30.

The overweight prevalence above includes 40.2% of service area adults who are obese.

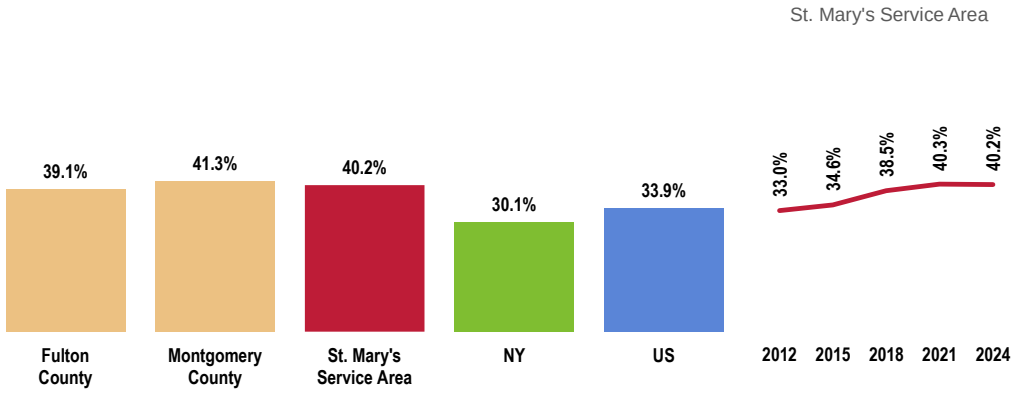
BENCHMARK ► Higher than found across New York and the US. Fails to satisfy the Healthy People 2030 objective.

TREND ► Marks a significant increase over time.

DISPARITY ► More often reported among those age 40 to 64.

Prevalence of Obesity

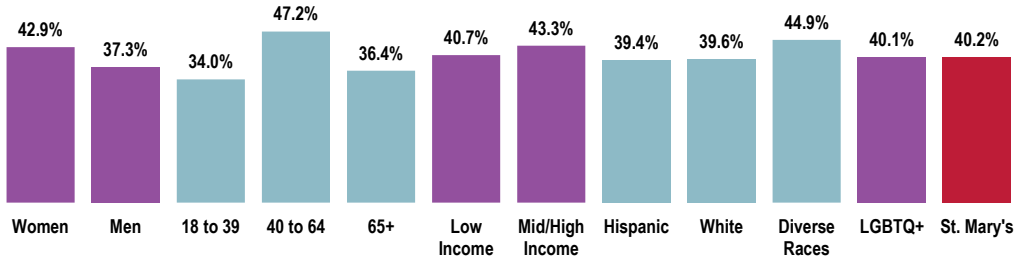
Healthy People 2030 = 36.0% or Lower



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 112]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 New York data.
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Based on reported heights and weights, asked of all respondents.
- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0.

Prevalence of Obesity
(St. Mary's Service Area, 2024)
Healthy People 2030 = 36.0% or Lower



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 112]
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

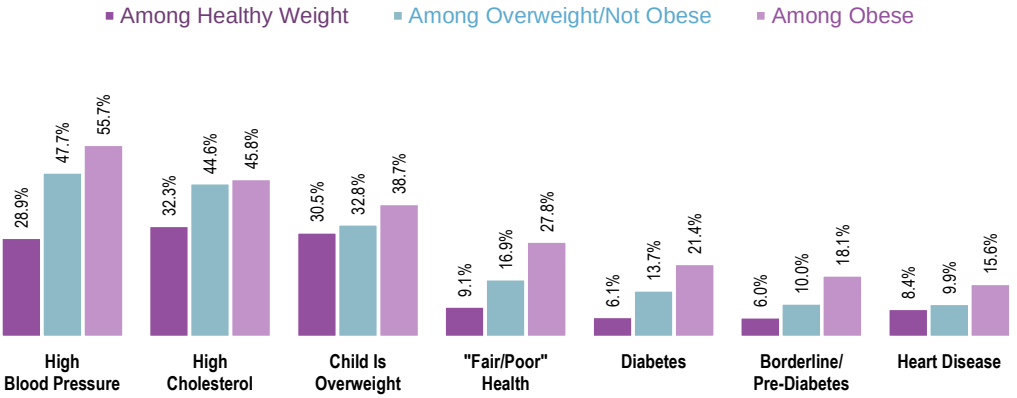
Notes:
- Based on reported heights and weights, asked of all respondents.
- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

Relationship of Overweight With Other Health Issues

Overweight and obese adults are more likely to report a number of adverse health conditions, as outlined in the following chart.

The correlation between overweight and various health issues cannot be disputed.

Relationship of Overweight With Other Health Issues
(St. Mary's Service Area, 2024)



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 112]

Notes:
- Based on reported heights and weights, asked of all respondents.

Children's Weight Status

ABOUT WEIGHT STATUS IN CHILDREN & TEENS

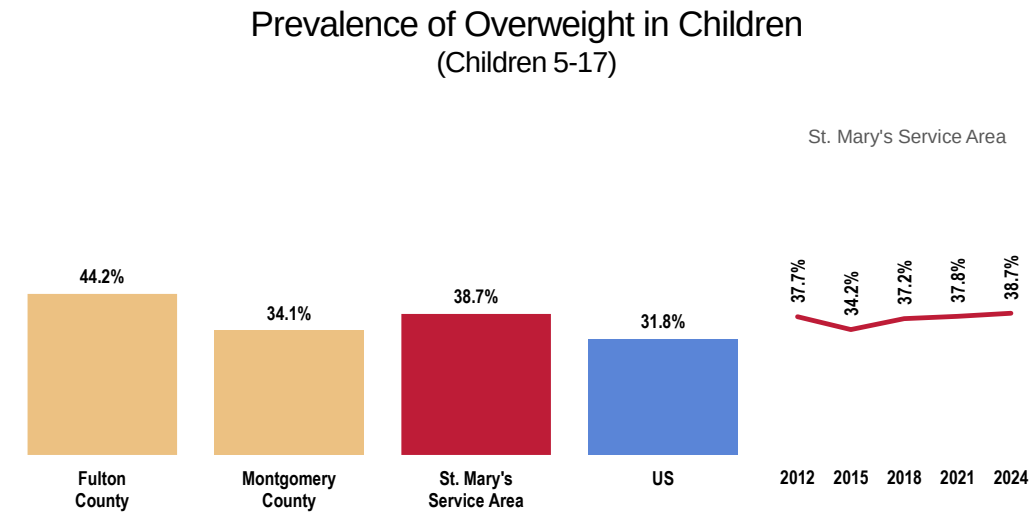
In children and teens, body mass index (BMI) is used to assess weight status – underweight, healthy weight, overweight, or obese. After BMI is calculated for children and teens, the BMI number is plotted on the CDC BMI-for-age growth charts (for either girls or boys) to obtain a percentile ranking. Percentiles are the most commonly used indicator to assess the size and growth patterns of individual children in the United States. The percentile indicates the relative position of the child's BMI number among children of the same sex and age.

BMI-for-age weight status categories and the corresponding percentiles are shown below:

- Underweight <5th percentile
- Healthy Weight ≥5th and <85th percentile
- Overweight ≥85th and <95th percentile
- Obese ≥95th percentile

– Centers for Disease Control and Prevention

Based on the heights/weights reported by surveyed parents, 38.7% of St. Mary's Healthcare Service Area children age 5 to 17 are overweight or obese (≥85th percentile).

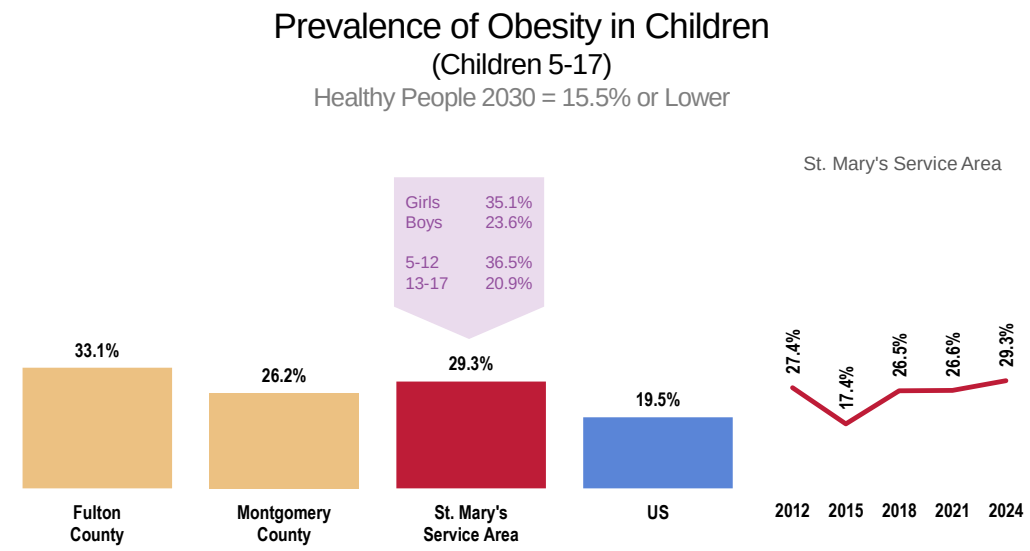


Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 113]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents with children age 5-17 at home.
- Overweight among children is determined by children's Body Mass Index status at or above the 85th percentile of US growth charts by gender and age.

The childhood overweight prevalence above includes 29.3% of area children age 5 to 17 who are obese (≥95th percentile).

BENCHMARK ► Higher than the national percentage. Fails to satisfy the Healthy People 2030 objective.

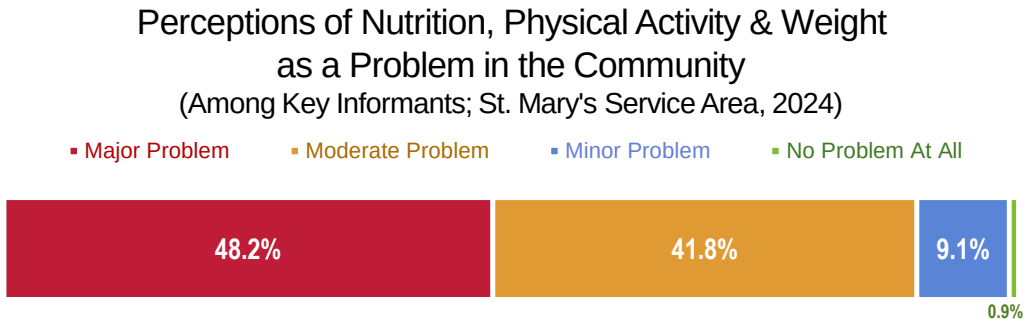


Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 113]
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Asked of all respondents with children age 5-17 at home.
- Obesity among children is determined by children's Body Mass Index status equal to or above the 95th percentile of US growth charts by gender and age.

Key Informant Input: Nutrition, Physical Activity & Weight

Key informants taking part in an online survey most often characterized *Nutrition, Physical Activity & Weight* as a "major problem" in the community.



Sources:
- 2024 PRC Online Key Informant Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Among those rating this issue as a “major problem,” reasons related to the following:

Nutrition

> There are limited grocery stores in parts of the county. Farmer's markets have been tried, but they are not always in locations where they can be accessed. Parks are becoming easier to use and find; however, most people are choosing to stay indoors. – Public Health Representative
>
> Many fast food establishments that serve oversized portions; lack of safe sidewalks and areas to walk, especially along upper route 30; high unemployment and boredom, leading to increased time on the phone or watching TV; also, pediatric obesity in children with access to excess and poor food choices and constant screen time with no exercise. – Health Care Provider
>
> The community is riddled with fast food. This, coupled with a lack of sidewalks and opportunity for physical activity, plus low-income households, results in what seems to be a population that is majorly obese. – Health Care Provider
>
> Poor nutrition and lack of physical activity leads to major health issues. The biggest challenge is to have people follow through on professionals' recommendations. – Social Services Provider
>
> Poor diet procedures, junk food, lack of education on healthy eating, genetics, and home upbringing. – Community Leader
>
> People have difficulty making and choosing healthy foods and managing weight. Physical activity is not routinely done by most people. – Physician
>
> Food deserts, food costs, lack of free exercise programs, and lack of motivational counselors. – Public Health Representative
>
> Poor eating habits and no accessibility to fresh food. We have access to many fast-food restaurants but not to fruit and vegetables. This contributes to weight gain. https://www.news10.com/news/ny-news/montgomery-county-ranks-no-2-for-most-food-insecure-children-in-new-york/According to a study Montgomery County is #2. – Child food insecurity rate: 23.2% – Number of food insecure children: 2,620 – Percentage of children in households with income below 185% FPL: 93.0% – Percentage of children in households with income above 185% FPL: 7.0% – Overall food insecurity rate: 14.4%. – Social Services Provider
>
> Residents of our counties overall do not eat properly, do not exercise, and as a population, we are even more overweight than the country as a whole. – Community Leader
>
> Many people are attracted to the "grab-and-go" way of eating. Prepared foods at local markets, Stewart's, are readily available. Some people just don't know how to cook, and, for example, they think rotisserie chicken sold at local markets is healthy food. Rotisserie chicken is one of the worst foods anyone can eat. They are filled with flavor enhancers that are harmful. Likewise, salads and soups are loaded with preservatives and high sodium levels to give the foods taste. – Health Care Provider
>
> Poor dietary habits, fast food, poor motivation, medical illiteracy, lower socioeconomic status, and poor. – Health Care Provider
>
> Access to healthy food options. – Community Leader

Access to Affordable Healthy Food

> The cost of healthy food has risen. Increased availability of fast food and lack of physical exercise. – Health Care Provider
>
> The cost and access to fresh healthy food options. – Health Care Provider
>
> Patient's ability to afford food and access healthy food options. – Health Care Provider
>
> Access to nutritionally dense, affordable food. Feeling of safety of walking areas. – Community Leader
>
> People cannot afford to eat healthily. Schools serve a lot of processed foods to our children. Gym classes are limited for time and activity. Most sit at computers or phones with social media, gaming, and most cannot afford gym memberships. – Social Services Provider
>
> In previous assessments, this was a concern as access to healthy foods is not always available. There are food deserts, and lack of transportation hinders access to healthy nutrition. – Community Leader
>
> Healthy food is so expensive. People who rely on government-assisted food programs can't afford to buy healthy foods, so they stretch their dollars by purchasing processed foods. Need to revamp the food programs. School lunches are unhealthy. – Community Leader
>
> Lack of affordable food, lack of understanding of nutrition and how to be healthy. – Social Services Provider
>
> The food deserts that exist. Access to healthy food, not processed foods. This is not just a challenge here, but across the country, as we are marketed for processed, quick foods that are filled with unhealthy options, sugars, and addictive flavors. – Social Services Provider
>
> Lack of nutrition due to lack of food affordability. We are seeing this with common residents of Montgomery County, pregnant women, children, the working poor, and the homeless. – Social Services Provider

Awareness/Education

> Lack of education regarding nutrition and exercise. Cheap unhealthy foods, and generational obesity. – Health Care Provider
>
> Public awareness of the advantages related to good nutrition, physical activity, and healthy weight. The community could benefit from organized programs which offer group or buddy exercises. Promote walking and biking trails for different abilities. – Social Services Provider
>
> We are doing great with senior and older adult nutritional education, but where we lack is education for youth. We should offer farmer's market coupons for adolescents. – Health Care Provider
>
> Low levels of health literacy. – Social Services Provider
>
> Lack of educational materials and direction. – Community Leader
>
> People of this community don't know where to go to find these resources, and some might not want the help. – Health Care Provider
>
> Many young mothers don't know how to make nutritious homemade meals for themselves or their family. Children don't play outside; they are entertained by electronics and social media. – Social Services Provider

Obesity

> Obesity seems to be problematic in this area. Part of the concern is the cost of food, as nutritious food is far more expensive than not, and as mentioned in other responses, poverty is of concern. – Community Leader
>
> Obesity and BMI in adults and children are life-threatening. Health facilities lack the funding to serve this population with bariatric supplies, such as commodes, beds, lifting equipment for safe patient handling, chairs wide enough and sturdy weight capacity. – Health Care Provider
>
> Obesity seems to be a worsening problem, which of course, predisposes them to heart disease and diabetes. – Physician
>
> Obesity rates are very high. This goes along with the high amount of depression, in my opinion. If you don't have money to join a gym and the ability to get to a safe place to exercise, you are limited. We have areas that are considered food deserts. People with food stamps often have to shop at convenience stores because they lack transportation. Now that we have CDTA, this has been helpful. – Health Care Provider
>
> Obesity is far too common, especially among children now. – Health Care Provider
>
> Obesity. It is a major problem because multiple health issues result from this. – Community Leader

Access to Care/Services

> There are no weight management clinics that I am aware of. – Community Leader
>
> Rural, inability to access a gym, money, transportation, and time. – Public Health Representative
>
> Lack of places to exercise, lack of access to produce, as they can't always afford it, and lack of understanding about nutrition. – Community Leader

Income/Poverty

> Poverty, lack of education, the costs of food, especially healthy food. – Health Care Provider
>
> More people are living on SSD and not working due to medical or mental health issues. They have nothing to do all day. There are no day hubs for those folks. They get a certain amount of money for SNAP benefits, and to stretch those dollars, they buy cheaper food that is not healthy. They go to food pantries that are getting donations of unhealthy foods, and no exercise is really a big problem for lower-income families. – Social Services Provider

Insufficient Physical Activity

> Lack of physical activity leads to weight and nutrition problems. – Social Services Provider
>
> Physical fitness is not valued in our community. – Community Leader

Built Environment

> The built environment is a significant challenge related to physical activity and nutrition. It is difficult to access affordable, healthy food options. The counties are lacking sidewalks and safe spaces to be physically active. It isn't safe to walk, run, or bike on the roadways throughout Fulton and Montgomery counties. Programs do exist for SNAP recipients to receive fresh produce, but it is limited. – Community Leader

Co-Occurrences

> Several factors can affect your dietary needs, including allergies, intolerances, lifestyle needs, and genetic makeup. – Community Leader

Environmental Contributors

> I believe there to be a lack of education surrounding nutritional information and how to cook a healthy meal. Eating healthy can be very costly, and many individuals in our community are living below the FPL and cannot afford healthy foods. Getting a gym membership can also be costly, which limits physical activity. – Community Leader

Lifestyle

> Behavior. – Physician

SUBSTANCE USE

ABOUT DRUG & ALCOHOL USE

Substance use disorders can involve illicit drugs, prescription drugs, or alcohol. Opioid use disorders have become especially problematic in recent years. Substance use disorders are linked to many health problems, and overdoses can lead to emergency department visits and deaths.

Effective treatments for substance use disorders are available, but very few people get the treatment they need. Strategies to prevent substance use — especially in adolescents — and help people get treatment can reduce drug and alcohol misuse, related health problems, and deaths.

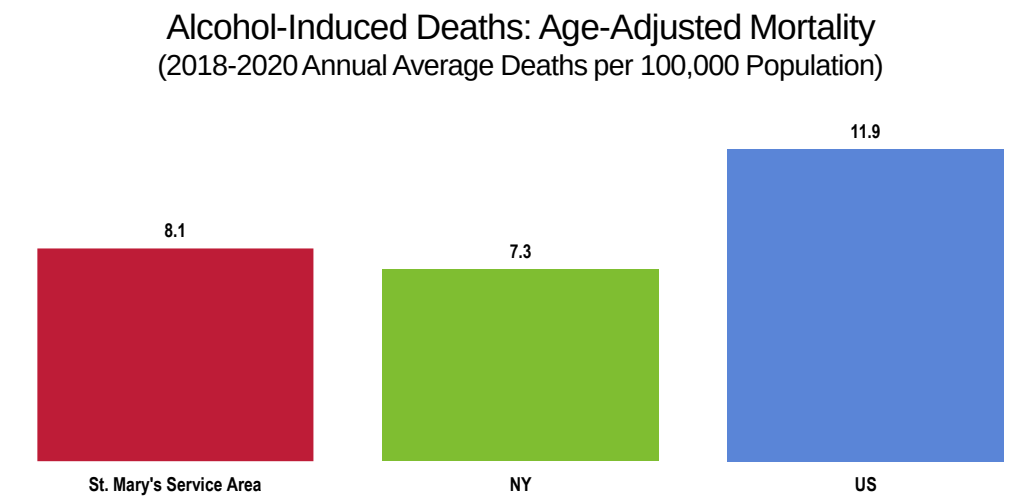
– Healthy People 2030 (https://health.gov/healthypeople)

Alcohol Use

Age-Adjusted Alcohol-Induced Deaths

Between 2018 and 2020, the St. Mary's Healthcare Service Area reported an annual average age-adjusted mortality rate of 8.1 alcohol-induced deaths per 100,000 population.

BENCHMARK ► Lower than the national rate.



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2024.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Excessive Drinking

Excessive drinking includes heavy and/or binge drinkers:

- HEAVY DRINKING ► men reporting 2+ alcoholic drinks per day or women reporting 1+ alcoholic drink per day in the month preceding the interview.
- BINGE DRINKING ► men reporting 5+ alcoholic drinks or women reporting 4+ alcoholic drinks on any single occasion during the past month.

A total of 17.0% of area adults engage in excessive drinking (heavy and/or binge drinking).

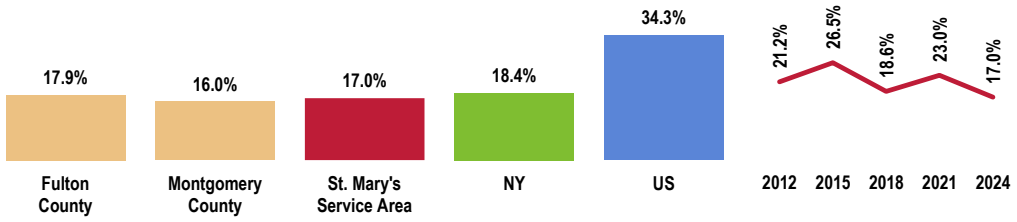
BENCHMARK ► Half the national percentage.

TREND ► Marks a significant decrease from the 2012 baseline.

DISPARITY ► More often reported among male respondents and those age 18 to 39.

Engage in Excessive Drinking

St. Mary's Service Area



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 116]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 New York data.
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Excessive drinking reflects the percentage of persons age 18 years and over who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women) OR who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion (for women) during the past 30 days.

Engage in Excessive Drinking
(St. Mary's Service Area, 2024)

Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 116]

Notes:
- Asked of all respondents.
- Excessive drinking reflects the percentage of persons age 18 years and over who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women) OR who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion (for women) during the past 30 days.

Drug Use

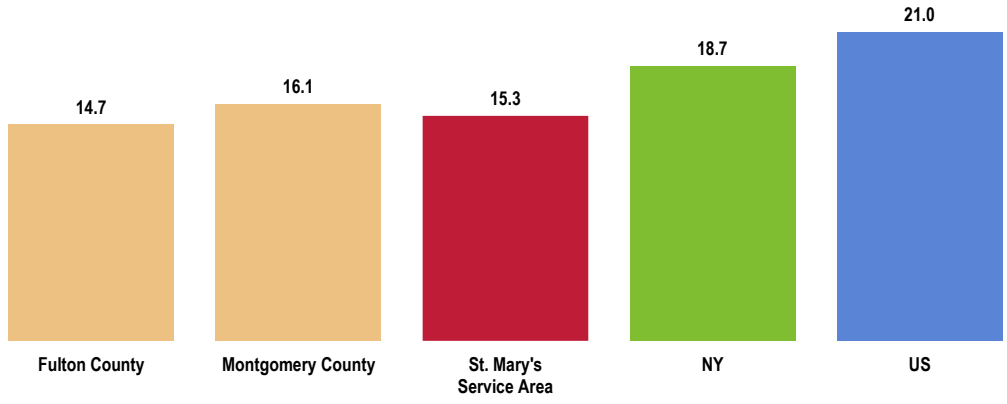
Age-Adjusted Unintentional Drug-Induced Deaths

Between 2018 and 2020, there was an annual average age-adjusted mortality rate of 15.3 unintentional drug-induced deaths per 100,000 population in the St. Mary's Healthcare Service Area.

BENCHMARK ► Lower than the state and national rates.

TREND ► Rising significantly to the highest level recorded within the service area since the 2012-2014 baseline.

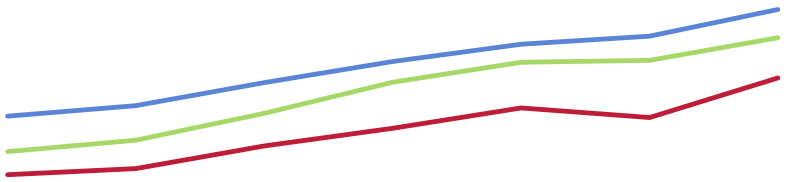
Unintentional Drug-Induced Deaths: Age-Adjusted Mortality
(2018-2020 Annual Average Deaths per 100,000 Population)



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2024.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Unintentional Drug-Induced Deaths: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)



	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
St. Mary's	7.2	7.7	9.6	11.1	12.8	12.0	15.3
NY	9.1	10.1	12.3	14.9	16.6	16.8	18.7
US	12.1	13.0	14.9	16.7	18.1	18.8	21.0

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2024.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Illicit Drug Use

A total of 3.4% of St. Mary's Healthcare Service Area adults acknowledge using an illicit drug in the past month.

For the purposes of this survey, "illicit drug use" includes use of illegal substances or of prescription drugs taken without a physician's order.

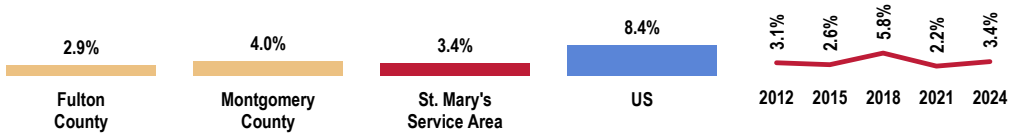
Note: As a self-reported measure – and because this indicator reflects potentially illegal behavior – it is reasonable to expect that it might be underreported, and that actual illicit drug use in the community is likely higher.

BENCHMARK ► Much lower than the US percentage.

DISPARITY ► More often reported among adults age 18 to 39, those with lower incomes, and LGBTQ+ respondents.

Illicit Drug Use in the Past Month

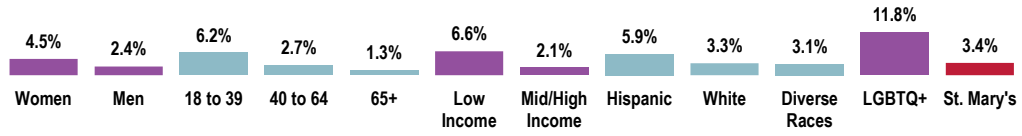
St. Mary's Service Area



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 40]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Illicit Drug Use in the Past Month
(St. Mary's Service Area, 2024)



Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 40]
Notes: ● Asked of all respondents.

Use of Prescription Opioids

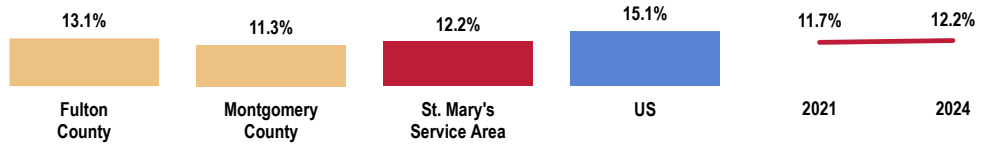
A total of 12.2% of service area adults report using a prescription opioid drug in the past year.

DISPARITY ► More often reported among adults age 40+ and those with lower incomes.

Opioids are a class of drugs used to treat pain. Examples presented to respondents include morphine, codeine, hydrocodone, oxycodone, methadone, and fentanyl. Common brand name opioids include Vicodin, Dilaudid, Percocet, OxyContin, and Demerol.

Used a Prescription Opioid in the Past Year

St. Mary's Service Area



Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 41]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Used a Prescription Opioid in the Past Year
(St. Mary's Service Area, 2024)

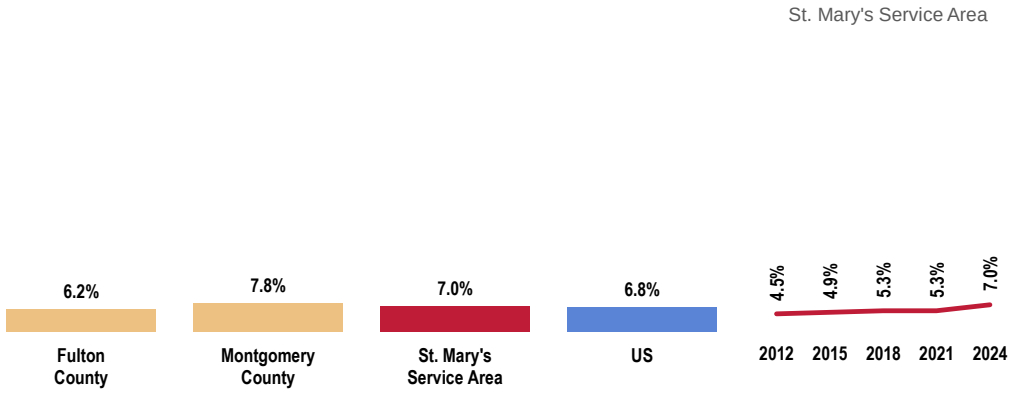
Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 41]
Notes: • Asked of all respondents.

Alcohol & Drug Treatment

A total of 7.0% of adults in the St. Mary's Healthcare Service Area report that they have sought professional help for an alcohol or drug problem at some point in their lives.

TREND ► Marks a significant increase over time.

Have Ever Sought Professional Help for an Alcohol/Drug-Related Problem

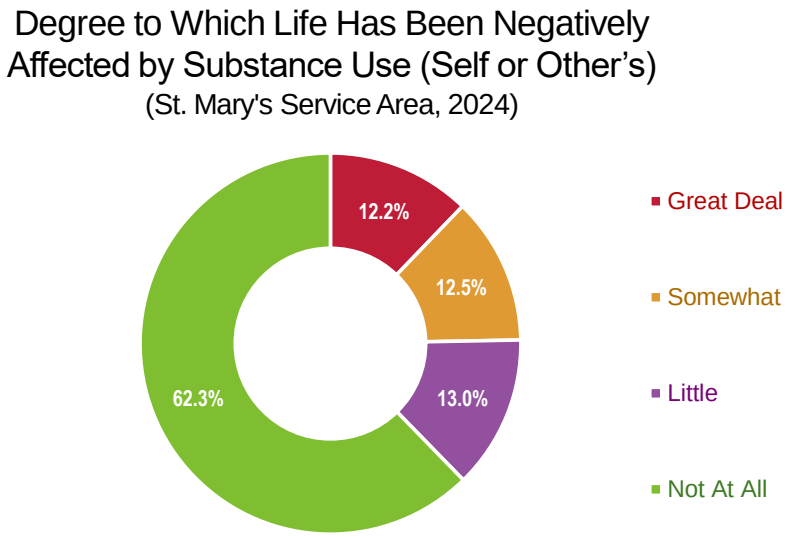


Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 42]
• 2023 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.

Personal Impact From Substance Use

Surveyed adults were also asked to what degree their lives have been impacted by substance use (whether their own use or that of another).

Most St. Mary's Healthcare Service Area residents' lives have <u>not</u> been negatively affected by substance use (either their own or someone else's).

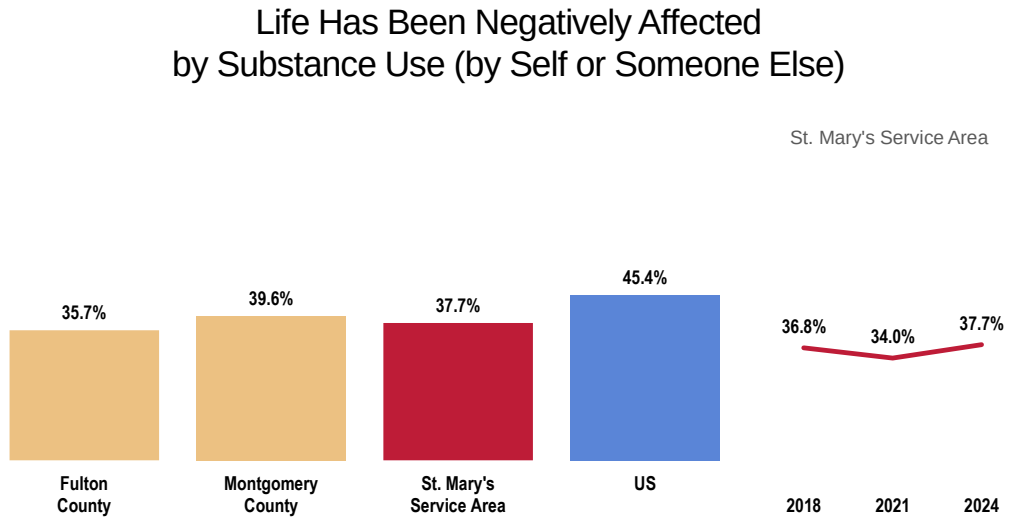


Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 43]
Notes: • Asked of all respondents.

However, 37.7% have felt a personal impact to some degree ("a little," "somewhat," or "a great deal").

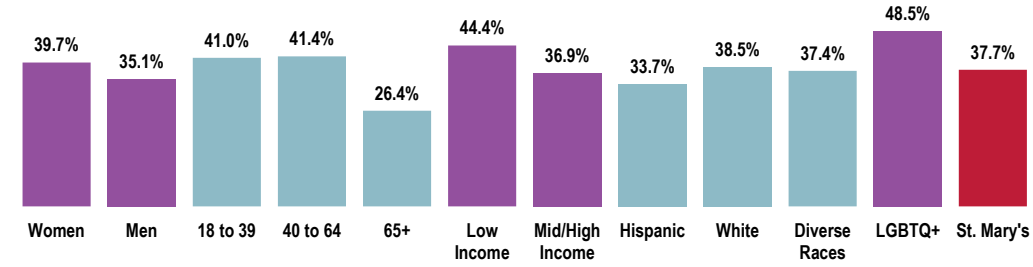
BENCHMARK ► Lower than found across the US.

DISPARITY ► More often reported among adults younger than 65.



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 43]
• 2023 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.
• Includes those responding "a great deal," "somewhat," or "a little."

Life Has Been Negatively Affected
by Substance Use (by Self or Someone Else)
(St. Mary's Service Area, 2024)



Sources: 2024 PRC Community Health Survey, PRC, Inc. [Item 43]
Notes: Asked of all respondents.
Includes those responding "a great deal," "somewhat," or "a little."

Key Informant Input: Substance Use

Most key informants taking part in an online survey characterized *Substance Use* as a "major problem" in the community.

Perceptions of Substance Use as a Problem in the Community
(Among Key Informants; St. Mary's Service Area, 2024)

Sources: 2024 PRC Online Key Informant Survey, PRC, Inc.
Notes: Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Access to Care/Services

> There is no place that I know of to send youth who are abusing. – Community Leader
>
> Counselors for the people and knowledge of where they can get help. Doing more than just giving them their drug for the day and sending them on their way. – Community Leader
>
> We need more treatment programs and resources to help bring down substance abuse. At this point, there are no beds available, and it takes months for a bed to open for someone. Also, drug dealers are sitting outside of these programs waiting for people to come out and use. – Community Leader
>
> Time conflict, poor treatment availability, and admission difficulty. Situational need and enabling/inhibiting factors, negative social support, fear of treatment, and privacy concerns. Barriers to finding addiction treatment may vary by personal situation, financial/cost, geographic location, co-occurring disorder treatment availability. – Health Care Provider
>
> Availability of access to care. St Mary's Health care provides a key part of substance use treatment but is limited by staffing and geographical issues. – Physician
>
> Availability of programs and difficulty for the dependent person to make the decision to access care. – Physician
>
> Insurance, ability to pay for and afford health care, and patient noncompliance. – Physician
>
> Lack of staff and lack of desire. – Health Care Provider

Lack of places, inability to pay, and transportation. – Public Health Representative

Limited openings and providers. – Community Leader

We don't have enough programs available for treatment vs. the number of patients with substance abuse issues. – Health Care Provider

Not enough providers or residential options. – Health Care Provider

Lack of providers and the wait time for appointments and medications. Transportation, lack of education, family cycle of recurring substance use who think it's the norm, child care, which is not usually allowed in programs. – Social Services Provider

Currently no treatment provider in Fulton County. Limited number of inpatient beds and stigma. – Community Leader

Lack of clinical providers, community and personal stigma towards SUD, overdoses, and not enough recovery resources. – Health Care Provider

Waitlist, not enough non-AA programs (which are religion-based), transportation, and the will of the individual or reluctance to attend due to being scared of what the meetings are about. – Community Leader

Not enough services or clinicians. – Social Services Provider

The need for services is more than the available resources. – Community Leader

Not enough services. – Social Services Provider

Not enough care for youth in treatment, for outpatients. – Community Leader

Lack of treatment facilities for inpatients in both counties. – Social Services Provider

Lack of resources and the stigma. – Social Services Provider

Lack of Providers

Lack of providers and same-day care. – Public Health Representative

Potentially significant wait times to see providers and therapists. – Health Care Provider

The availability throughout our service area of qualified counselors and health care staff. – Health Care Provider

Limited providers. – Health Care Provider

Sufficient prescribers who are comfortable with treatment alternatives such as buprenorphine and methadone, as well as other medications for other addictions. Also, transportation issues. – Physician

Limited provider coverage to meet the need. Difficult to recruit to our area. – Health Care Provider

Lack of providers. – Health Care Provider

Extremely difficult to recruit qualified behavioral health and substance abuse providers to the area. There is a shortage of these specialists nationwide. – Health Care Provider

Not enough providers, and the patient's willingness to receive help. – Health Care Provider

Not enough providers. St. Mary's Addictions is the only one. – Social Services Provider

Provider resources and funding mechanisms to support the institutions that serve these patients. – Health Care Provider

Awareness/Education

Education and transportation. – Community Leader

Lack of awareness, mental health issues. – Community Leader

Not well-informed. – Community Leader

Lack of mentorship, shortage of counselors, and reduction in job retention for substance abuse counselors due to low pay. – Social Services Provider

Awareness of available programs and locations to go to for services. – Community Leader

Denial/Stigma

Admission of a problem by the user. I am not fully aware of what services are available and question how needed support and help can be accessed. Does the public know? – Community Leader

Stigma and persistent influx of drugs. – Health Care Provider

I think some of the greatest barriers are denial that there is a problem, inability to afford care, lack of readiness to discontinue use, self-stigma, judgment by friends and family, and lack of knowledge of how to obtain treatment. – Health Care Provider

Lack of motivation by the individual and transportation seem to be the biggest factors. – Social Services Provider

Stigma is still a major barrier to receiving treatment, next to lack of transportation for getting to and from appointments, and perhaps even family support. – Community Leader

Stigma. – Health Care Provider

Incidence/Prevalence

> I am not sure, but I do see a lot of users on the street more now than ever before. – Social Services Provider
>
> Substance use is rampant in the country with limited resources to combat it. – Community Leader
>
> Opioid overdoses. – Health Care Provider
>
> It's a huge problem in this area. – Health Care Provider
>
> Treatment is readily available from what I see. The need for treatment seems to be on the rise. – Social Services Provider

Disease Management

> Willingness of substance abuse individuals. – Social Services Provider
>
> Engagement, continued substance use prior to treatment, and counselors or providers. – Health Care Provider
>
> Patients willing to receive help. Unable to care for everyone due to lack of providers. – Community Leader

Diagnosis/Treatment

> Obtaining treatment is optional and voluntary, and that is the largest hurdle to overcome. – Community Leader
>
> Failure to recognize symptoms of abuse. – Social Services Provider

Transportation

> Transportation and income. – Health Care Provider
>
> Transportation, access, and mental health. – Community Leader

Co-Occurrences

> Substances are used to cover anxiety, pain, disfunction, inability to deal with personal and work issues. There is a lack of interest in wanting help or treatment for substance abuse and all of the challenges it brings. In addition, the use of the substances prevents the user from thinking rationally or with common sense and does not lead to seeking help until it is a crisis. By the time of a crisis situation, a good deal of emotional and structural damage is caused to the family and support systems. – Social Services Provider

Prevention/Screenings

> There is a ton of money for treatment and recovery. There are lots of recovery locations. But there is very little in the way of prevention. Money is always spent after someone is addicted. Why not invest in programs that could delay first use or reduce current use without necessarily needing treatment? There is a lack of services for anyone who is a teen or younger. Good luck finding local services for youth. Transportation is a barrier. Lack of services. So much underage use. – Social Services Provider

Affordable Care/Services

> Cost and education. – Health Care Provider

Fentanyl

> Stop fentanyl imports. – Physician

Funding

> Funding. – Community Leader

Government/Policy

> Lack of supportive local policy and political will. – Community Leader

Lack of Trust

> Places that they can go that they trust the individuals in the program, and programs that are readily available. – Community Leader

Language Barrier

> Bilingual providers and transportation. – Social Services Provider

Social Norms/Community Attitude

> Substance use is the accepted norm. People lack hope and find relief in being high. – Public Health Representative

Teen/Young Adult Usage

> Substance use is starting in the grade schools and continuing through high school and in the workplace. So many of those affected already have problems that stem from their own household. – Community Leader

Most Problematic Substances

Key informants (who rated this as a “major problem”) identified **alcohol** and **heroin/other opioids** as causing the most problems in the community, followed by **cocaine or crack**.

SUBSTANCES VIEWED AS MOST PROBLEMATIC IN THE COMMUNITY (Among Key Informants Rating Substance Use as a “Major Problem”)	
ALCOHOL	31.7%
HEROIN OR OTHER OPIOIDS	29.8%
COCAINE OR CRACK	15.6%
MARIJUANA	9.2%
METHAMPHETAMINE OR OTHER AMPHETAMINES	6.4%
PRESCRIPTION MEDICATIONS	2.8%
CLUB DRUGS (e.g. MDMA, GHB, Ecstasy, Molly)	2.3%
OVER-THE-COUNTER MEDICATIONS	1.4%
INHALANTS	0.9%

TOBACCO USE

ABOUT TOBACCO USE

Most deaths and diseases from tobacco use in the United States are caused by cigarettes. Smoking harms nearly every organ in the body and increases the risk of heart disease, stroke, lung diseases, and many types of cancer. Although smoking is widespread, it's more common in certain groups, including men, American Indians/Alaska Natives, people with behavioral health conditions, LGBT people, and people with lower incomes and education levels.

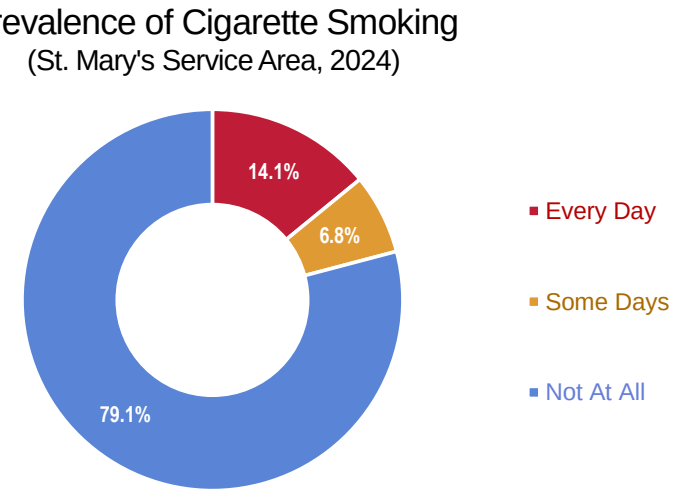
Several evidence-based strategies can help prevent and reduce tobacco use and exposure to secondhand smoke. These include smoke-free policies, price increases, and health education campaigns that target large audiences. Methods like counseling and medication can also help people stop using tobacco.

– Healthy People 2030 (https://health.gov/healthypeople)

Cigarette Smoking

Prevalence of Cigarette Smoking

A total of 20.9% of service area adults currently smoke cigarettes, either regularly (every day) or occasionally (on some days).



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 34]
Notes: • Asked of all respondents.

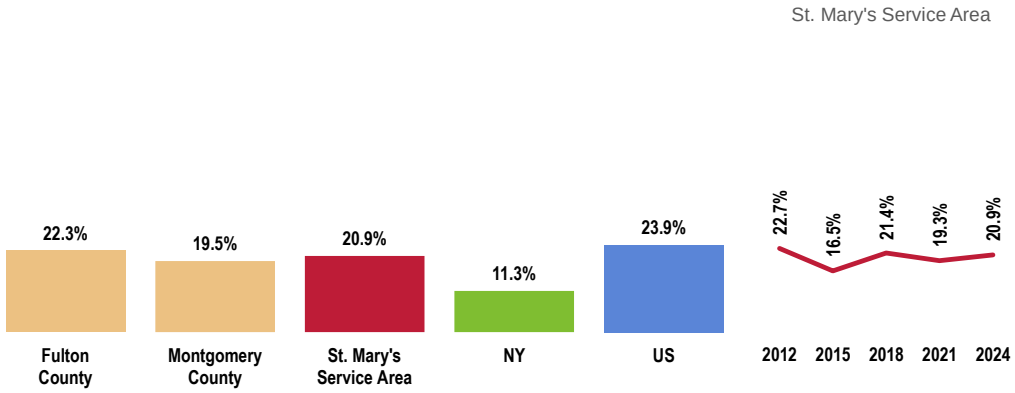
Note the following findings related to cigarette smoking prevalence in the St. Mary's Healthcare Service Area.

BENCHMARK ► Much higher than found across New York. Fails to satisfy the Healthy People 2030 objective.

DISPARITY ► More often reported among adults younger than 65 and those with lower incomes.

Currently Smoke Cigarettes

Healthy People 2030 = 6.1% or Lower



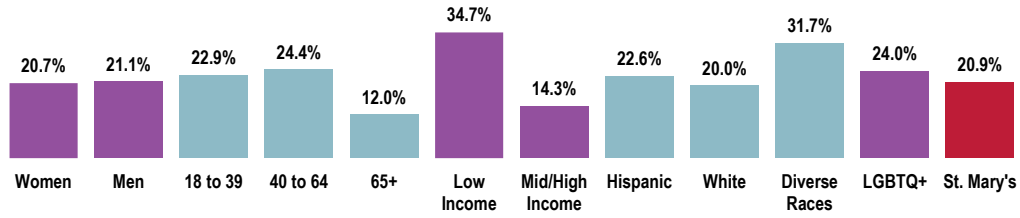
Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 34]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 New York data.
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Asked of all respondents.
- Includes those who smoke cigarettes every day or on some days.

Currently Smoke Cigarettes

(St. Mary's Service Area, 2024)

Healthy People 2030 = 6.1% or Lower

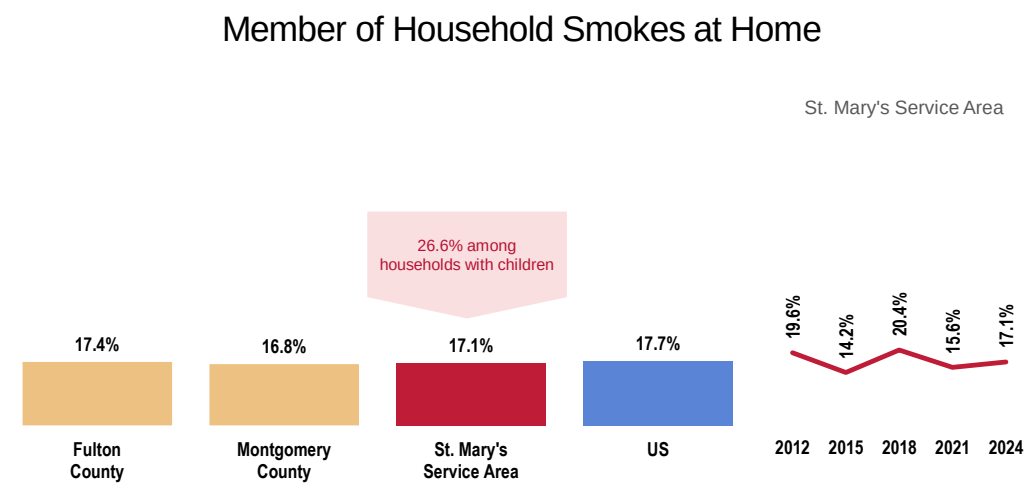


Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 34]
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Asked of all respondents.
- Includes those who smoke cigarettes every day or on some days.

Environmental Tobacco Smoke

Among all surveyed households in the St. Mary's Healthcare Service Area, 17.1% report that someone has smoked cigarettes, cigars, or pipes anywhere in their home an average of four or more times per week over the past month.

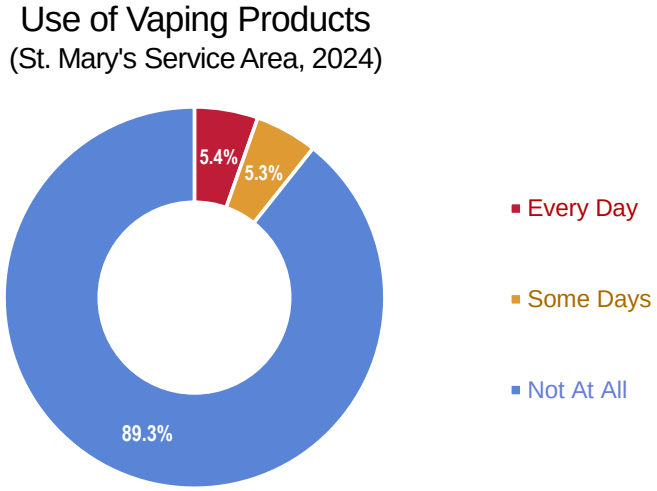


Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Items 35, 114]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

Use of Vaping Products

Most service area adults do not use electronic vaping products.



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 36]

Notes:
- Asked of all respondents.

However, 10.7% currently use electronic vaping products either regularly (every day) or occasionally (on some days).

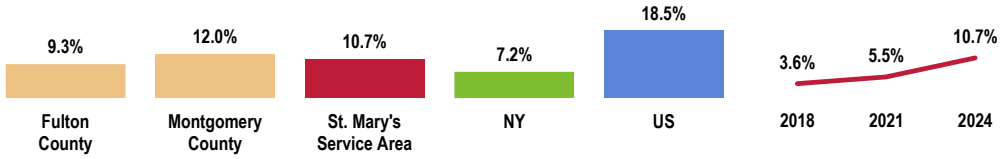
BENCHMARK ► Higher than found across New York but lower than found across the US.

TREND ► Marks a significant increase from previous surveys.

DISPARITY ► Correlated with age and income and more often reported among Hispanic residents and LGBTQ+ respondents.

Currently Use Vaping Products
(Every Day or on Some Days)

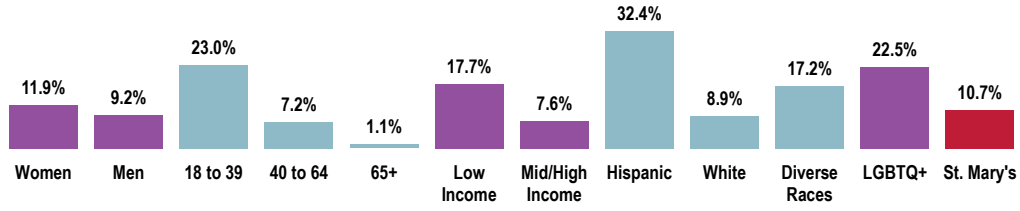
St. Mary's Service Area



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 36]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 New York data.
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Includes those who use vaping products every day or on some days.

Currently Use Vaping Products
(St. Mary's Service Area, 2024)

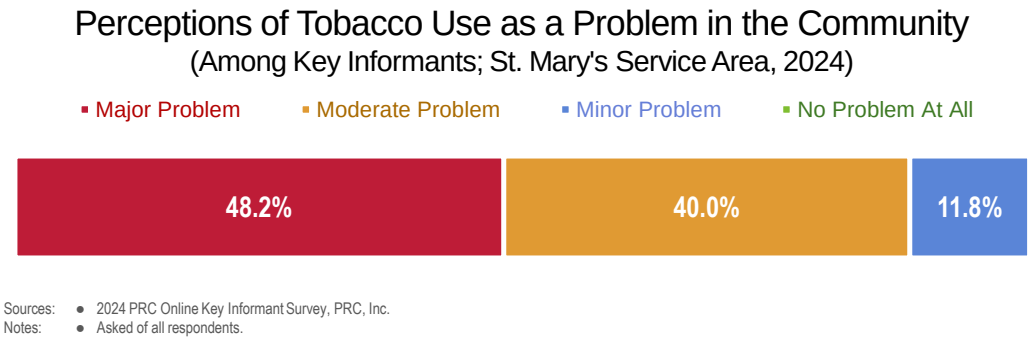


Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 36]

Notes:
- Asked of all respondents.
- Includes those who use vaping products every day or on some days.

Key Informant Input: Tobacco Use

Key informants taking part in an online survey most often characterized *Tobacco Use* as a "major problem" in the community.



Among those rating this issue as a "major problem," reasons related to the following:

Incidence/Prevalence

> Tobacco and vaping are a major issue in the area. Not enough being done to prevent it. – Social Services Provider
>
> Smoking seems to be problematic. Vaping in schools is insane. – Community Leader
>
> High rates of tobacco use. Lung cancer, heart disease, and premature births. – Community Leader
>
> Tobacco use is a problem everywhere. – Community Leader
>
> A higher population of adults who smoke and allow their teens to smoke, also. – Health Care Provider
>
> Prevalent use in all age groups. Health-related issues track the same. – Social Services Provider
>
> According to the New York State Department of Health's Prevention Agenda Dashboard, Fulton and Montgomery counties have the highest smoking rates in the state at 22.2% and 18%, compared with 12% for New York state. – Community Leader
>
> There are smokers everywhere. – Social Services Provider
>
> It is a major problem in every community, unfortunately. Vaping has lured in even younger people. – Physician
>
> Based on data from a past needs assessment. – Health Care Provider
>
> Too many people are still smoking. – Health Care Provider
>
> Fulton County has one of the highest percentages of current adult smokers. Montgomery County is in the middle percentage for current adult smokers. Tobacco use is the leading cause of death in New York and across the country. – Health Care Provider
>
> Noticing more people smoking outside than in the past. Also, noticing an increase in the number of individuals who smoke tobacco are also smoking marijuana. – Social Services Provider

Teen/Young Adult Usage

> Many young people start smoking or vaping and are unable to quit. – Physician
>
> Use begins at an early age. – Social Services Provider
>
> Tobacco, vaping, and marijuana usage are high, especially among school-aged children. We work in schools, and students report to us that they use one of these three substances regularly, if not daily. – Public Health Representative
>
> Young children as far as middle school use tobacco products and even vaping. – Community Leader
>
> Youth use, peer pressure, vaping, flavored. – Community Leader
>
> Vaping among young people. – Community Leader
>
> Vaping and the use of electronic devices for both nicotine and marijuana. The sheer number of youths using these devices daily is beyond overwhelming and has significantly impacted youth smoking rates. Though this has not stopped tobacco use, as this can become a problem for those using vapes. The fact is, this is growing into a systemic problem not just for youth and young adults, but for adults as well. Its Addiction, any way you slice it. – Social Services Provider
>
> Adolescents are vaping. – Health Care Provider

Easy Access

> Because we have several smoke shops established in our communities who entice the younger population, who vape. – Health Care Provider
>
> The insane amount of smoke shops in our communities is breeding youth smokers. – Community Leader
>
> Accessible to younger generation, causing addiction at an early age. – Health Care Provider
>
> Accessible to all. – Health Care Provider
>
> There are constantly new smoke shops on every corner. – Health Care Provider

Vaping

> Also, we are experiencing vaping problems and trying to educate the dangerous side effects to our youth. – Community Leader
>
> With the usage of vapes now and "old rumor" that somehow, it's better for you, we have a large population using more tobacco/and other substances in vapes; we also don't know the long-term effects of vaping; cigarettes and other forms continue to be an issue. – Social Services Provider
>
> Look at all the vaping. – Community Leader
>
> Vaping. – Community Leader

Awareness/Education

> Perhaps there is still a lack of education regarding tobacco use and the harmful effects it has on the body. I do believe we, as a community, have made major strides in combatting this issue by making certain public spaces tobacco-free zones. – Community Leader
>
> Lack of cessation education and materials. – Health Care Provider
>
> Many people still do not believe there is a health risk for them. – Public Health Representative

Cost

> It is a costly and unhealthy legal substance. – Social Services Provider
>
> It negatively impacts a family's finances due to the high cost and constant use of tobacco. – Social Services Provider

Income/Poverty

> Most low-income, underserved communities are targeted by advertising. They tend to live what they learn. – Social Services Provider
>
> High percentage of low-income people. – Health Care Provider

Impact on Quality of Life

> In spite of it causing cancer, people still do it. – Health Care Provider
>
> Smoking causes about 20% of all cancers and about 30% of all cancer deaths in the United States. About 80% of lung cancers, as well as about 80% of all lung cancer deaths, are due to smoking. Lung cancer is the leading cause of cancer death in people in the United States. – Community Leader
>
> I lost several family members to lung cancer. – Social Services Provider

Addiction

> It is a gateway to addiction. Tobacco is addictive, and when used at an early age, it begins the cycle of use of alcohol, food addiction, and substance abuse. In addition, the cost of tobacco products reduces the funds available for other necessary food, health and care supports. – Social Services Provider
>
> Addictions, this is a gateway drug. – Social Services Provider

Generational

> Generational and easy access. – Public Health Representative
>
> Generational attitudes and marketing geared towards youth. – Health Care Provider

Co-Occurrences

> Tobacco use and tobacco products seem to be the root of many of our maladies, such as emphysema and lung cancer, along with a heart condition. – Community Leader
>
> Stress, addiction, and mental health patients use tobacco to relax and as a way to manage stress. We have a lot of these people in our community. – Health Care Provider

SEXUAL HEALTH

ABOUT HIV & SEXUALLY TRANSMITTED INFECTIONS

Although many sexually transmitted infections (STIs) are preventable, there are more than 20 million estimated new cases in the United States each year — and rates are increasing. In addition, more than 1.2 million people in the United States are living with HIV (human immunodeficiency virus).

Adolescents, young adults, and men who have sex with men are at higher risk of getting STIs. And people who have an STI may be at higher risk of getting HIV. Promoting behaviors like condom use can help prevent STIs.

Strategies to increase screening and testing for STIs can assess people's risk of getting an STI and help people with STIs get treatment, improving their health and making it less likely that STIs will spread to others. Getting treated for an STI other than HIV can help prevent complications from the STI but doesn't prevent HIV from spreading.

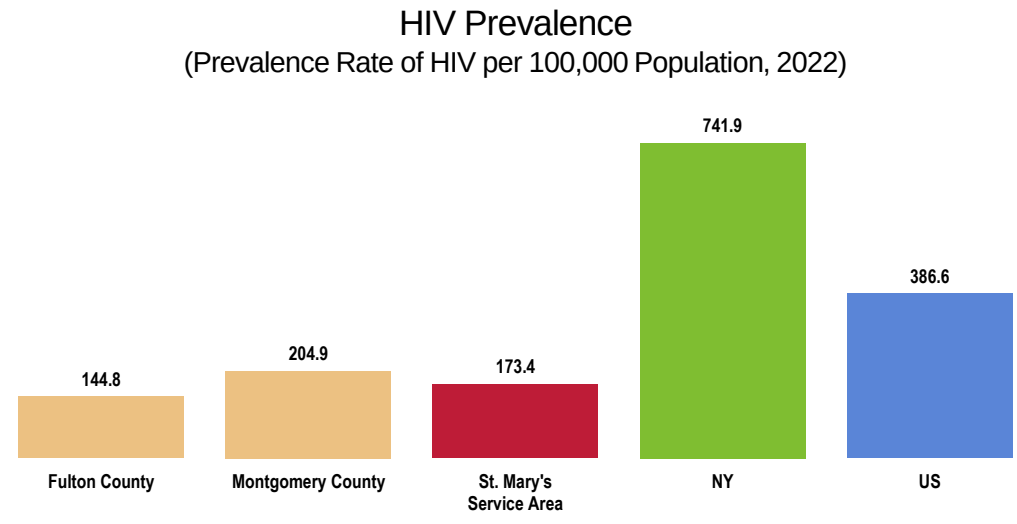
– Healthy People 2030 (https://health.gov/healthypeople)

HIV

In 2022, there was a prevalence of 173.4 HIV cases per 100,000 population in the St. Mary's Healthcare Service Area.

BENCHMARK ► Considerably lower than the New York and US rates.

DISPARITY ► Lower in Fulton County.



Sources:
- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2024 via SparkMap (sparkmap.org).

Sexually Transmitted Infections (STIs)

Chlamydia & Gonorrhea

In 2022, the chlamydia incidence rate in the St. Mary's Healthcare Service Area was 242.4 cases per 100,000 population.

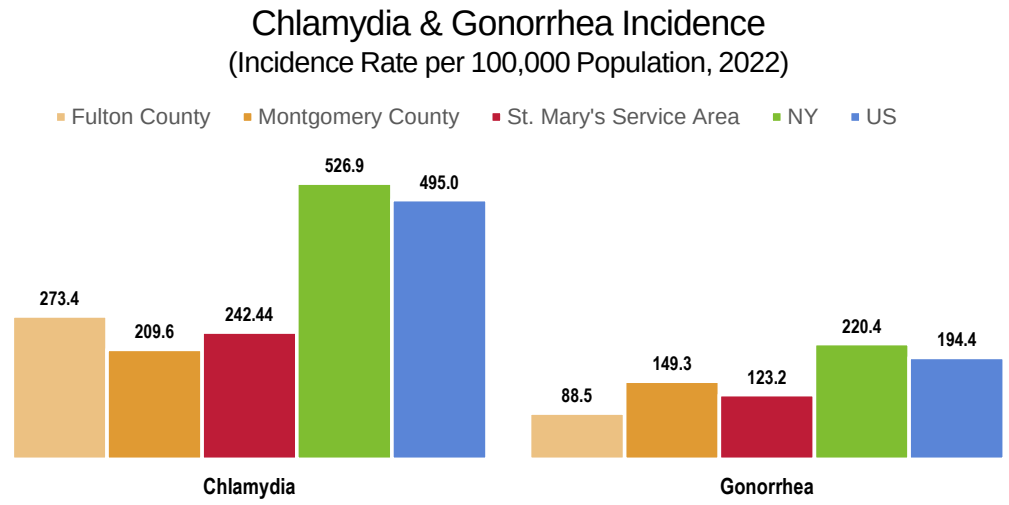
BENCHMARK ► Considerably lower than the New York and US rates.

DISPARITY ► Lower in Montgomery County.

The St. Mary's Healthcare Service Area gonorrhea incidence rate in 2022 was 123.2 cases per 100,000 population.

BENCHMARK ► Lower than the New York and US rates.

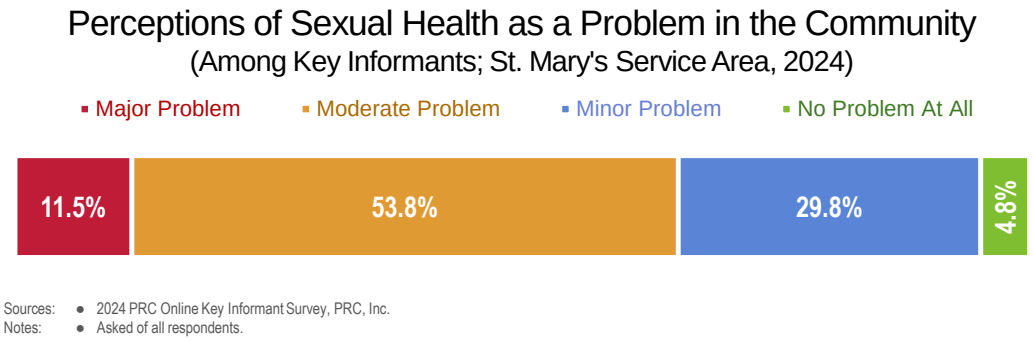
DISPARITY ► Higher in Montgomery County.



Sources:
- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2024 via SparkMap (sparkmap.org).

Key Informant Input: Sexual Health

More than one-half of key informants taking part in an online survey characterized *Sexual Health* as a "moderate problem" in the community.



Sources: • 2024 PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Incidence/Prevalence

> The high rate of chlamydia and high teen pregnancy rates are two signs of barriers to sexual health. – Health Care Provider
>
> I believe it's a problem everywhere. There is a large population of older people who have nothing to do after retiring. Their alcohol intake increases and their inhibitions lower. The alcohol and drug use disorder lends itself to this problem, as well. You may sell your body for drugs and not use protection, drug use leading to HIV from shared needles, etc. – Social Services Provider

Access to Care/Services

> Lack of access to doctors, limited insurance, inability to be treated, payment, transportation, education, and online dating. – Public Health Representative
>
> St. Mary's OBGYN is always overbooked and has to cancel appointments due to emergencies. – Health Care Provider

Unprotected Sex

> Too many people are having unprotected sex and have a resulting unwanted pregnancy or STD. Poor education and promoting of unhealthy habits occur throughout our community. With the legalization of marijuana, this will only become worse in the years to come (e.g. more smoke shops, hookah lounges, etc.) Society is actively promoting smoking marijuana as a way to relax instead of a gateway drug that it was traditionally flagged as. – Social Services Provider

Awareness/Education

> Lack of awareness or follow-through with care. – Community Leader

Desperation

> Desperate people do desperate things. – Social Services Provider

Denial/Stigma

> STIs have a direct impact on sexual and reproductive health through stigmatization, infertility, cancers, and pregnancy complications, and can increase the risk of HIV. – Health Care Provider

Homelessness

> Between homelessness, mental health, and teens being teens, STDs and HIV has grown significantly. – Community Leader

Teenage Pregnancy

> Teenage pregnancy is higher than the national average. – Health Care Provider

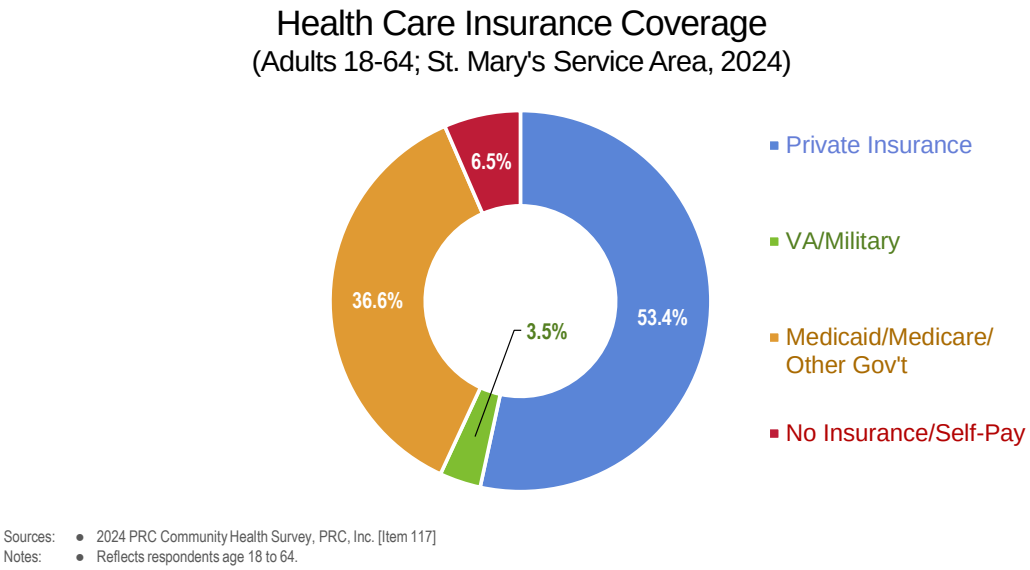
ACCESS TO HEALTH CARE

HEALTH INSURANCE COVERAGE

Type of Health Care Coverage

Survey respondents were asked a series of questions to determine their health care insurance coverage, if any, from either private or government-sponsored sources.

A total of 53.4% of adults age 18 to 64 in the St. Mary's Healthcare Service Area report having health care coverage through private insurance. Another 40.1% report coverage through a government-sponsored program (e.g., Medicaid, Medicare, military benefits).



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 117]
Notes: • Reflects respondents age 18 to 64.

Lack of Health Insurance Coverage

Here, lack of health insurance coverage reflects respondents age 18 to 64 (thus, excluding the Medicare population) who have no type of insurance coverage for health care services – neither private insurance nor government-sponsored plans (e.g., Medicaid).

Among adults age 18 to 64, 6.5% report having no insurance coverage for health care expenses.

TREND ► Denotes a significant decrease from the 2012 baseline.

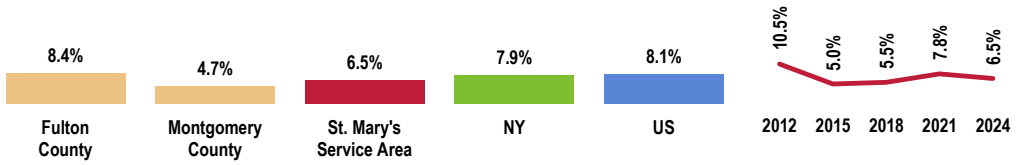
DISPARITY ► Men and lower-income adults are more likely to report a lack of coverage.

Lack of Health Care Insurance Coverage

(Adults 18-64)

Healthy People 2030 = 7.6% or Lower

St. Mary's Service Area



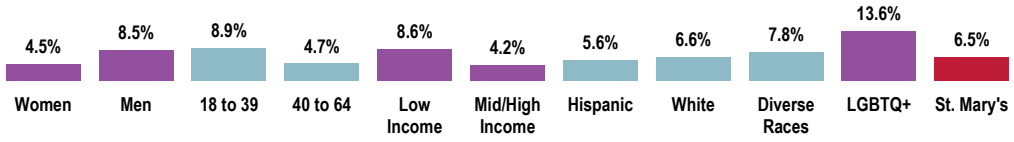
Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 117]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 New York data.
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Reflects respondents age 18 to 64.

Lack of Health Care Insurance Coverage

(Adults 18-64; St. Mary's Service Area, 2024)

Healthy People 2030 = 7.6% or Lower



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 117]
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Reflects respondents age 18 to 64.

DIFFICULTIES ACCESSING HEALTH CARE

ABOUT HEALTH CARE ACCESS

Many people in the United States don't get the health care services they need. …People without insurance are less likely to have a primary care provider, and they may not be able to afford the health care services and medications they need. Strategies to increase insurance coverage rates are critical for making sure more people get important health care services, like preventive care and treatment for chronic illnesses.

Sometimes people don't get recommended health care services, like cancer screenings, because they don't have a primary care provider. Other times, it's because they live too far away from health care providers who offer them. Interventions to increase access to health care professionals and improve communication — in person or remotely — can help more people get the care they need.

– Healthy People 2030 (https://health.gov/healthypeople)

Difficulties Accessing Services

This indicator reflects the percentage of the total population experiencing problems accessing health care in the past year, regardless of whether they needed or sought care. It is based on reports of the barriers outlined in the following section.

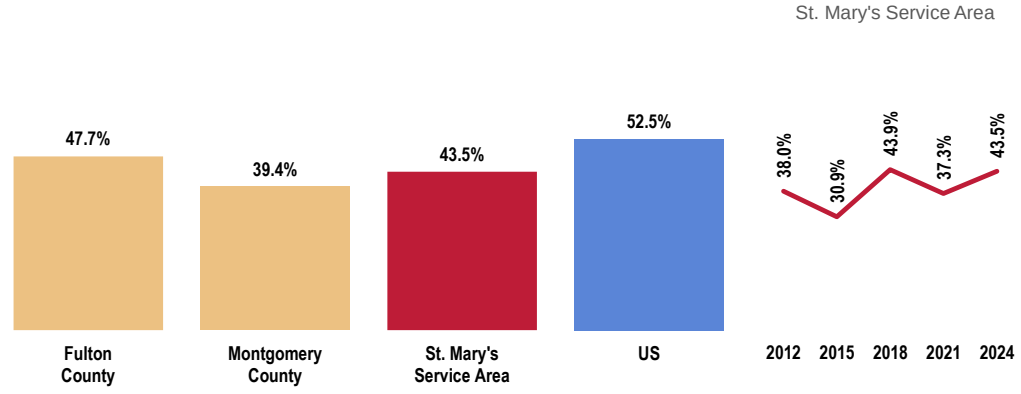
A total of 43.5% of St. Mary's Healthcare Service Area adults report some type of difficulty or delay in obtaining health care services in the past year.

BENCHMARK ► Lower than the national percentage.

TREND ► Represents a significant increase from the 2012 benchmark.

DISPARITY ► Higher in Fulton County. More often reported among women, adults younger than 65, lower-income households, and LGBTQ+ respondents.

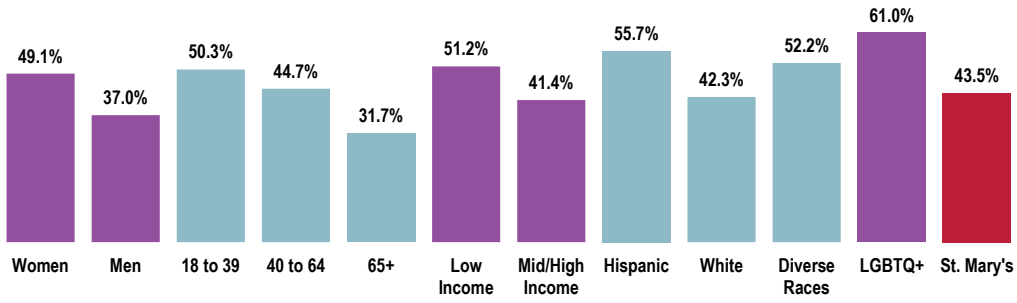
Experienced Difficulties or Delays of Some Kind in Receiving Needed Health Care in the Past Year



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 119]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Percentage represents the proportion of respondents experiencing one or more barriers to accessing health care in the past 12 months.

Experienced Difficulties or Delays of Some Kind in Receiving Needed Health Care in the Past Year
(St. Mary's Service Area, 2024)



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 119]

Notes:
- Asked of all respondents.
- Percentage represents the proportion of respondents experiencing one or more barriers to accessing health care in the past 12 months.

Barriers to Health Care Access

Of the tested barriers, appointment availability impacted the greatest share of service area adults.

To better understand health care access barriers, survey participants were asked whether any of seven types of barriers to access prevented them from seeing a physician or obtaining a needed prescription in the past year.

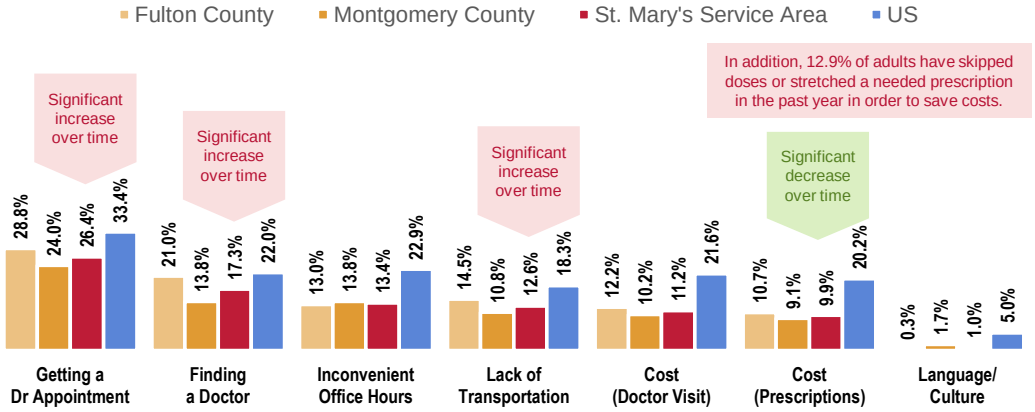
Again, these percentages reflect the total population, regardless of whether medical care was needed or sought.

BENCHMARK ► Each tested barrier is less prevalent than found across the US.

TREND ► Difficulty with **appointment availability**, **finding a physician**, and **transportation** has increased over time. Meanwhile, difficulty affording the **cost of prescriptions** has decreased.

DISPARITY ► **Finding a physician** is more of a barrier among Fulton County residents.

Barriers to Access Have Prevented Medical Care in the Past Year



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Items 6-13]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Accessing Health Care for Children

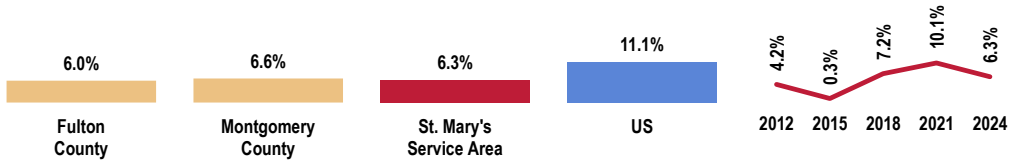
Surveyed parents were also asked if, within the past year, they experienced any trouble receiving medical care for a randomly selected child in their household.

A total of 6.3% of area parents say there was a time in the past year when they needed medical care for their child but were unable to get it.

BENCHMARK ▶ Lower than found nationally.

Had Trouble Obtaining Medical Care for Child in the Past Year
(Children 0-17)

St. Mary's Service Area

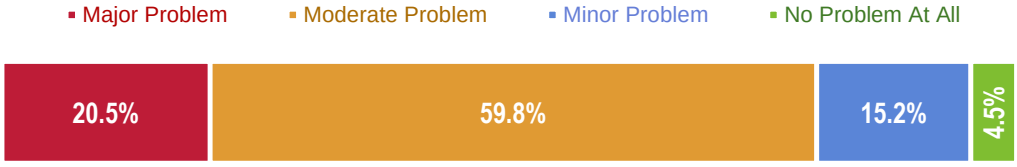


Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 90]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents with children age 0 to 17 in the household.

Key Informant Input: Access to Health Care Services

Key informants taking part in an online survey most often characterized *Access to Health Care Services* as a "moderate problem" in the community.

Perceptions of Access to Health Care Services as a Problem in the Community
(Among Key Informants; St. Mary's Service Area, 2024)



Sources: ● 2024 PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Access to Care/Services

> Access to health care in general. People don't have transportation, money, or doctors in our area. – Public Health Representative

There is a combination of factors: rural population has to travel significant distances for care, extremely limited availability of ambulances that sometimes causes a delay in care, limited transportation resources, low levels of health literacy, broken links in the chain of care continuum to manage chronic pain and symptoms in the home instead of taxing limited emergency room and hospital bed resources, staffing issues at regional nursing homes limits bed availability, much-needed provider education about end-of-life care options. – Social Services Provider

Making appointments, self-service portal to schedule appointments and follow-up care, transportation to appointments, child care for the parent and the grandparent to keep the appointment. – Health Care Provider

Lack of mental health services and stigma attached for those wishing to seek care. – Community Leader

Other than St. Mary's, there are no other options for the most part, unless you are looking for a specialist. That can also be a challenge. The folks in the rural parts of the county have no transportation unless they have Medicaid, and that is not always the case for low-income families. – Social Services Provider

Many residents with mental health issues struggle to access appropriate services. Many residents arrive at the emergency room and are sent home without any support, changes, and often without even being seen by a mental health professional. – Community Leader

The wait time to be seen is extraordinary for almost all health care-related services, whether a new or established patient. In addition, the huge amount of barriers within the various systems, whether that is the offices, insurances that stand in the way of getting good health care is growing to a level beyond frustration. – Community Leader

Limited specialty services, lack of dentists, poor economic status, and a high population of mental health with significant substance abuse issues, beginning in the young. – Health Care Provider

Rural areas are in need of clinics in closer proximity, as well as delivery services for pharmacy services. Substance abuse awareness is needed, as well as support services for mental health challenges. – Health Care Provider

Calling for services and not getting a response back, especially when the person or family feels they are in need of immediate care. An emergency room visit is guaranteed to be at least four hours. That's not good. – Community Leader

Limited services, limited transportation. – Health Care Provider

Lack of Providers

We do not have enough specialists, home health care agencies, mobile geriatrics, or mental health for rural communities. Neurologists in the area are lacking significantly. No clinical trial labs and lack of access to clinical trials. – Health Care Provider

Not enough providers who are able to see patients in a timely fashion. – Physician

Lack of available providers and clinicians. – Health Care Provider

I believe we have a lack of quality in health care providers across the spectrum and a lack of urgency in giving quality care to patients in this county. – Community Leader

Lack of provider resources in terms of primary care, and specialists available in the surrounding counties. Many have to be referred 30 or more miles away, and they have transportation restrictions. – Health Care Provider

Ensuring there is adequate provider coverage in primary, specialty, and behavioral health care. – Health Care Provider

Lack of specialists and a general lack of high-quality providers in general. – Health Care Provider

There is a lack of primary care providers, and especially those that will accept Medicaid. There is also a lack of specialists in this area. – Community Leader

There is a shortage of PCPs, patients are waiting months to be seen. They are accessing urgent cares and our ERs, which is increasing costs, overwhelming ERs, and preventing true emergencies from the focused care they deserve, and they are not getting continuity of care. The specialty services are also overwhelmed, and our population have transportation barriers, so they are not able to get to Albany or Schenectady easily, which is why it is important that these services remain in our area. – Health Care Provider

Transportation

Availability and transportation. Both counties are fairly rural, and it can be difficult to even get a ride to the doctor's office or urgent care. There are also very limited off-hours services. Urgent care closes at 7:00 p.m., outside of the emergency room. – Health Care Provider

Lack of transportation, literacy, mental health, and lack of available services. – Social Services Provider

Community members do not always have access to transportation to and from appointments, or they may not have child care, or there may not be enough providers for the community members to see in a timely manner. – Health Care Provider

Affordable Care/Services

> Factors such as affordability and area of residence all affect health care accessibility. Affordability affects an individual's tendency to forgo medically recommended care. Rising costs of health care services. Transportation troubles. Financial challenges for providers. Shortage of health care professionals. The need for improved mental health systems. Increased demand for personalized care. – Public Health Representative

End of Life Care

> Incorporation of end-of-life care support as part of the integrated care continuum. Hospice still carries negative connotations of death and dying, rather than a normalized part of the health care conversation to add support in the home, caregiver respite, and reduce unnecessary health care expenses. Caregiver burnout is a spinoff of this issue, as well. – Social Services Provider

Lack of Specialists

> Lack of medical specialty physicians in all areas makes it difficult to choose a primary care physician. Lack of gastroenterology specialists makes it difficult to get routine cancer screening. Again, people with insurance and vehicles have the ability to go out of town for services. There are some free government-funded screening options for cancer prevention, but many lower-income people do not take advantage of these services and wait until they are experiencing severe symptoms and come to the emergency department. – Health Care Provider

Long Waits at Medical Facilities

> There may be ample medical facilities, but there are longer waits than normal for both routine and immediate-need appointments with medical providers. Perhaps there are enough facilities but a lack of medical professionals to take appointments and give care. – Social Services Provider

Access to Medication

> Proper access to life-saving medications. – Health Care Provider

PRIMARY CARE SERVICES

ABOUT PREVENTIVE CARE

Getting preventive care reduces the risk for diseases, disabilities, and death — yet millions of people in the United States don't get recommended preventive health care services.

Children need regular well-child and dental visits to track their development and find health problems early, when they're usually easier to treat. Services like screenings, dental check-ups, and vaccinations are key to keeping people of all ages healthy. But for a variety of reasons, many people don't get the preventive care they need. Barriers include cost, not having a primary care provider, living too far from providers, and lack of awareness about recommended preventive services.

Teaching people about the importance of preventive care is key to making sure more people get recommended services. Law and policy changes can also help more people access these critical services.

– Healthy People 2030 (https://health.gov/healthypeople)

Access to Primary Care

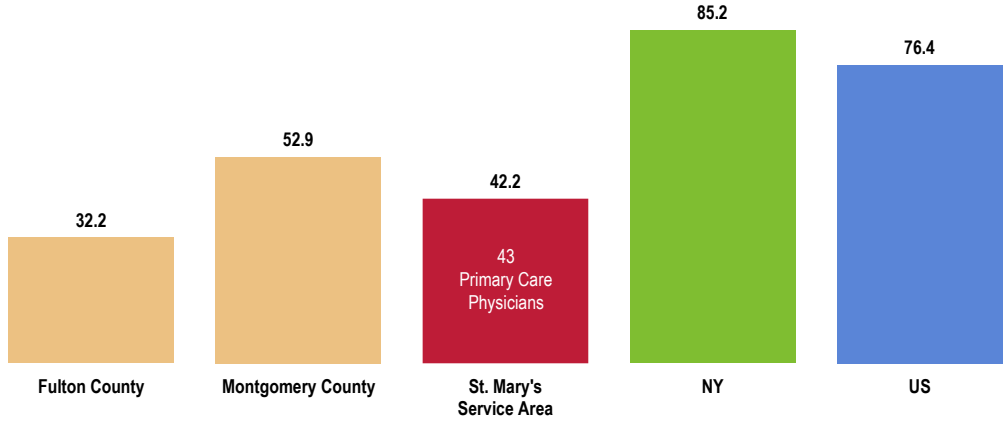
Note that this indicator takes into account *only* primary care physicians. It does not reflect primary care access available through advanced practice providers, such as physician assistants or nurse practitioners.

In 2021, there were 43 primary care physicians in the St. Mary's Healthcare Service Area, translating to a rate of 42.2 primary care physicians per 100,000 population.

BENCHMARK ► Much lower than the national rate and half the statewide rate.

DISPARITY ► Lower in Fulton County.

Number of Primary Care Physicians per 100,000 Population
(2021)



Sources:
- Centers for Medicare and Medicaid Services, National Plan and Provider Enumeration System (NPPES).
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2024 via SparkMap (sparkmap.org).

Notes:
- Doctors classified as "primary care physicians" by the AMA include general family medicine MDs and DOs, general practice MDs and DOs, general internal medicine MDs, and general pediatrics MDs. Physicians age 75 and over and physicians practicing sub-specialties within the listed specialties are excluded.

Specific Source of Ongoing Care

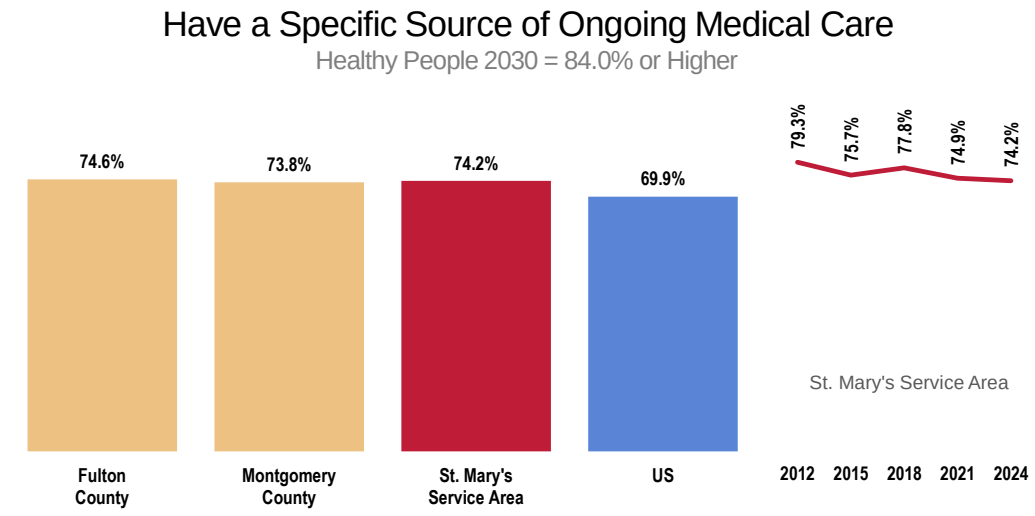
Having a specific source of ongoing care includes having a doctor's office, public health clinic, community health center, urgent care or walk-in clinic, military/VA facility, or some other kind of place to go if one is sick or needs advice about his or her health. This resource is crucial to the concept of "patient-centered medical homes" (PCMH).

A hospital emergency room is not considered a specific source of ongoing care in this instance.

A total of 74.2% of area adults were determined to have a specific source of ongoing medical care.

BENCHMARK ► Higher than the US percentage. Fails to satisfy the Healthy People 2030 objective.

TREND ► Marks a significant decrease from the 2012 baseline.



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 118]
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Asked of all respondents.

Utilization of Primary Care Services

Adults

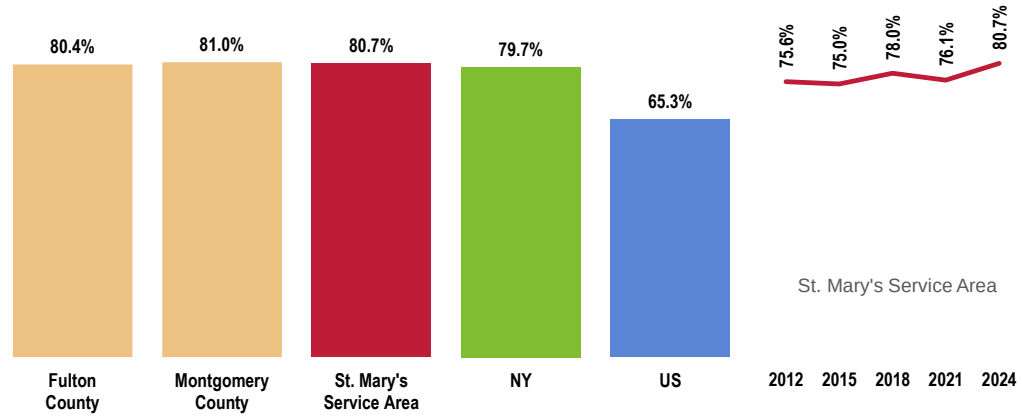
Eight in 10 adults (80.7%) visited a physician for a routine checkup in the past year.

BENCHMARK ► More favorable than found nationally.

TREND ► Denotes a significant increase over time.

DISPARITY ► Less often reported among those younger than 65 (especially those age 18 to 39), Hispanic residents, those of diverse races, and LGBTQ+ respondents.

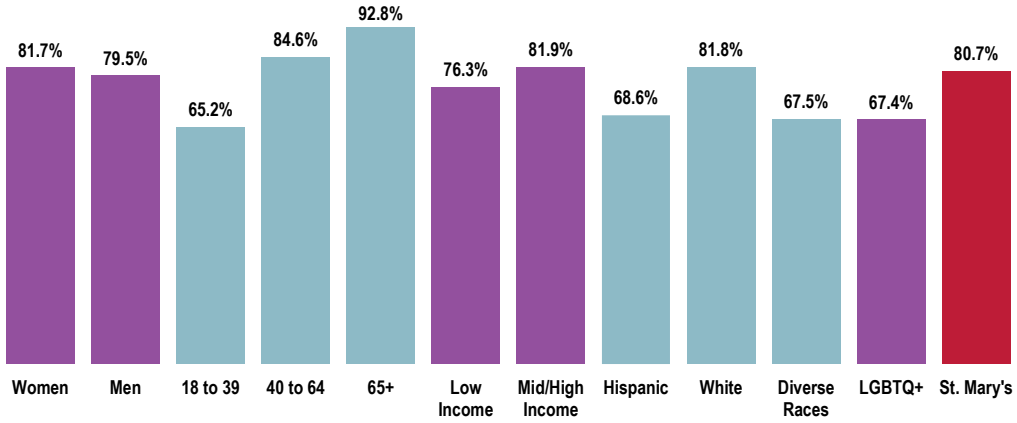
Have Visited a Physician for a Checkup in the Past Year



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 16]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 New York data.
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Have Visited a Physician for a Checkup in the Past Year
(St. Mary's Service Area, 2024)



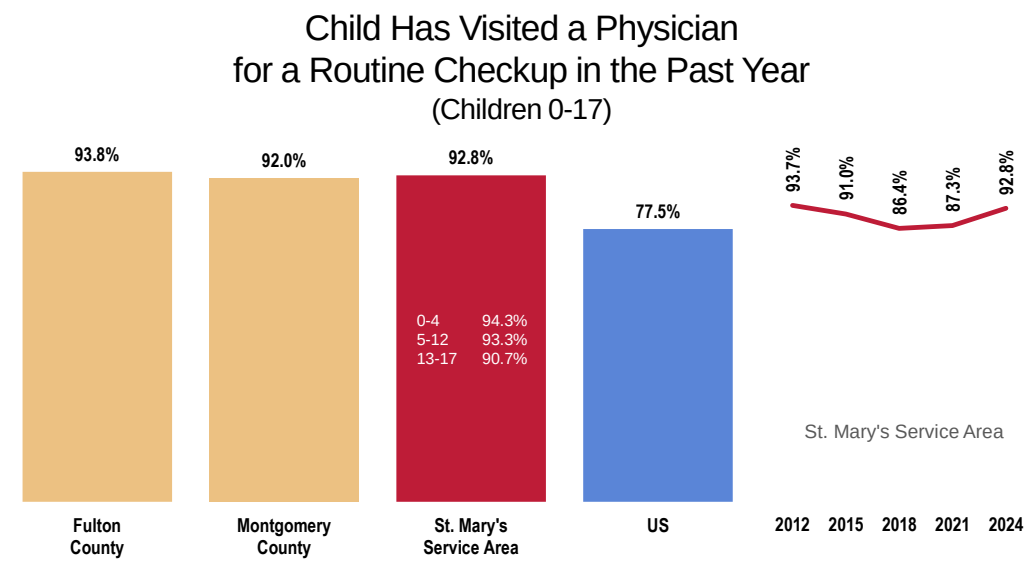
Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 16]

Notes:
- Asked of all respondents.

Children

Among surveyed parents, 92.8% report that their child has had a routine checkup in the past year.

BENCHMARK ▶ More favorable than found across the US.



Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 91]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents with children age 0 to 17 in the household.

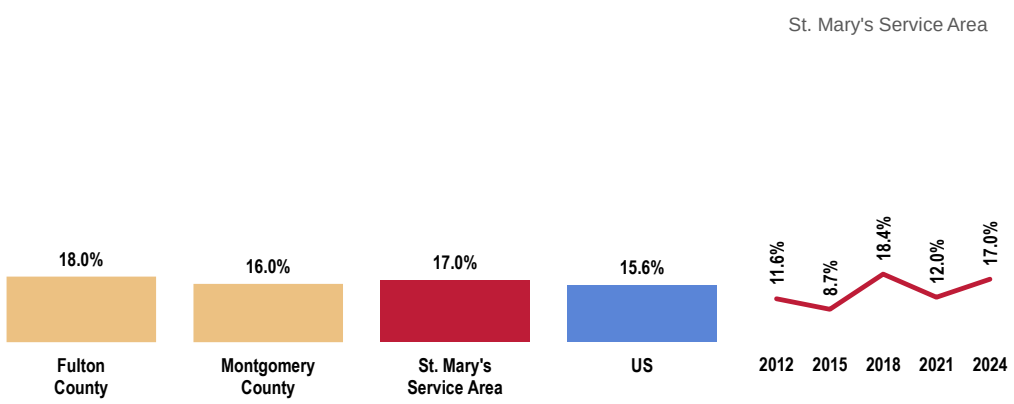
EMERGENCY ROOM UTILIZATION

A total of 17.0% of adults in the St. Mary's Healthcare Service Area have gone to a hospital emergency room more than once in the past year about their own health.

TREND ► Represents a significant increase from the 2012 baseline.

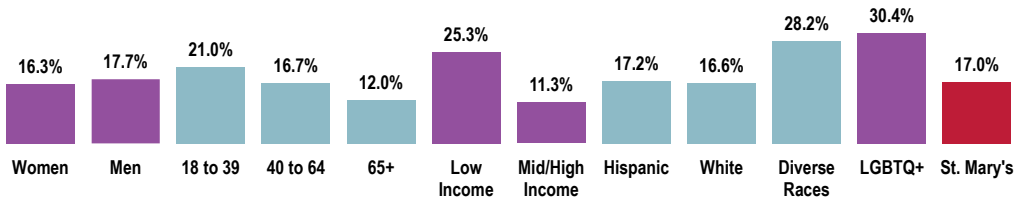
DISPARITY ► ER utilization is higher among adults age 18 to 39, those with lower incomes, and LGBTQ+ respondents.

Have Used a Hospital Emergency Room More Than Once in the Past Year



Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 19]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Have Used a Hospital Emergency Room More Than Once in the Past Year
(St. Mary's Service Area, 2024)



Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 19]
Notes: ● Asked of all respondents.

ORAL HEALTH

ABOUT ORAL HEALTH

Tooth decay is the most common chronic disease in children and adults in the United States. …Regular preventive dental care can catch problems early, when they're usually easier to treat. But many people don't get the care they need, often because they can't afford it. Untreated oral health problems can cause pain and disability and are linked to other diseases.

Strategies to help people access dental services can help prevent problems like tooth decay, gum disease, and tooth loss. Individual-level interventions like topical fluorides and community-level interventions like community water fluoridation can also help improve oral health. In addition, teaching people how to take care of their teeth and gums can help prevent oral health problems.

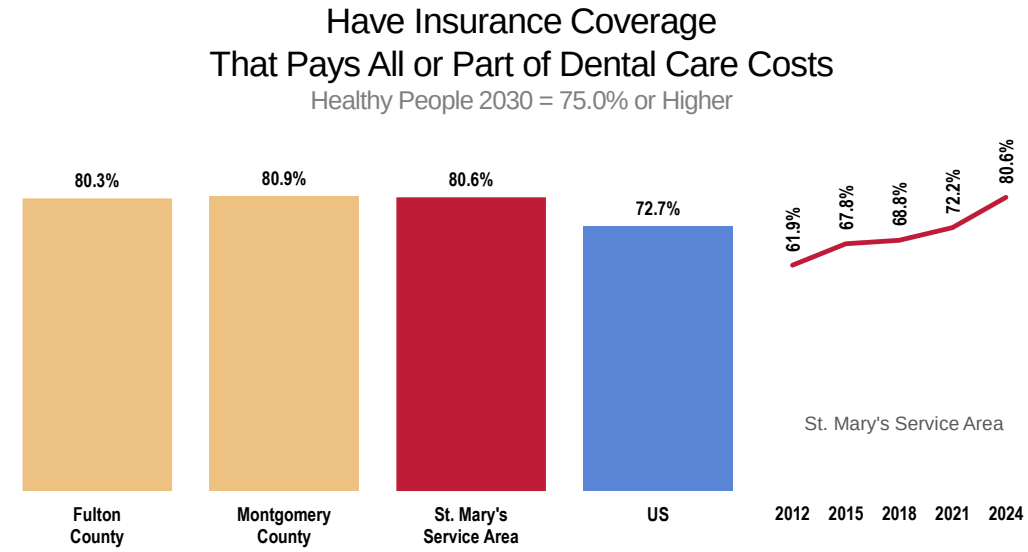
– Healthy People 2030 (https://health.gov/healthypeople)

Dental Insurance

Eight in 10 area adults (80.6%) have dental insurance that covers all or part of their dental care costs.

BENCHMARK ► Higher than the US percentage. Satisfies the Healthy People 2030 objective.

TREND ► Represents a significant increase over time.



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 18]
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Asked of all respondents.

Dental Care

Adults

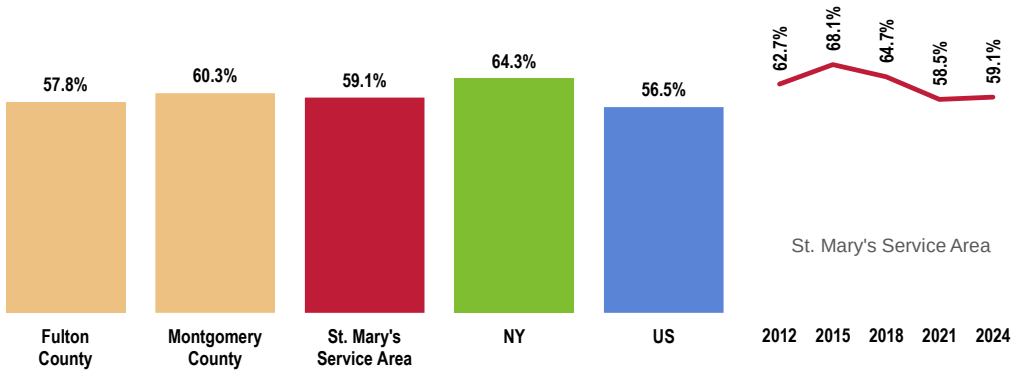
A total of 59.1% of St. Mary's Healthcare Service Area adults have visited a dentist or dental clinic (for any reason) in the past year.

BENCHMARK ► Lower than found statewide. Satisfies the Healthy People 2030 objective.

DISPARITY ► Less often reported among those age 18 to 39, those with lower incomes, Hispanic residents, those of diverse races, LGBTQ+ respondents, and those without dental insurance.

Have Visited a Dentist or Dental Clinic Within the Past Year

Healthy People 2030 = 45.0% or Higher



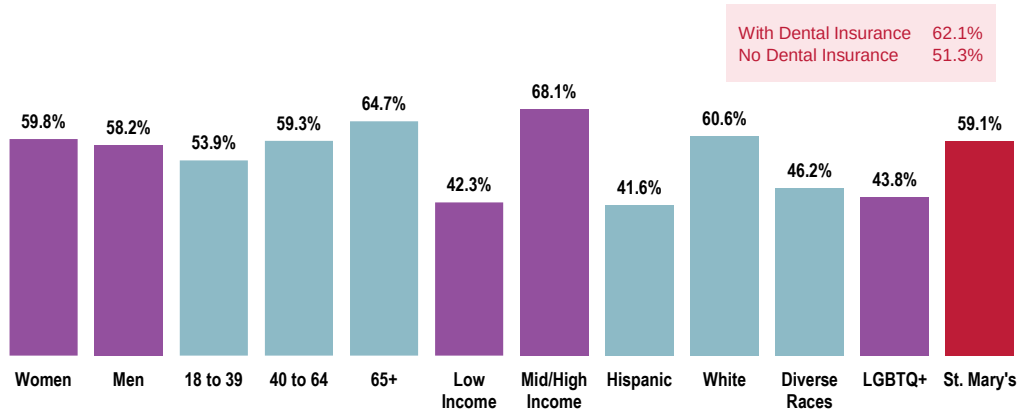
Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 17]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 New York data.
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Asked of all respondents.

Have Visited a Dentist or Dental Clinic Within the Past Year

(St. Mary's Service Area, 2024)

Healthy People 2030 = 45.0% or Higher



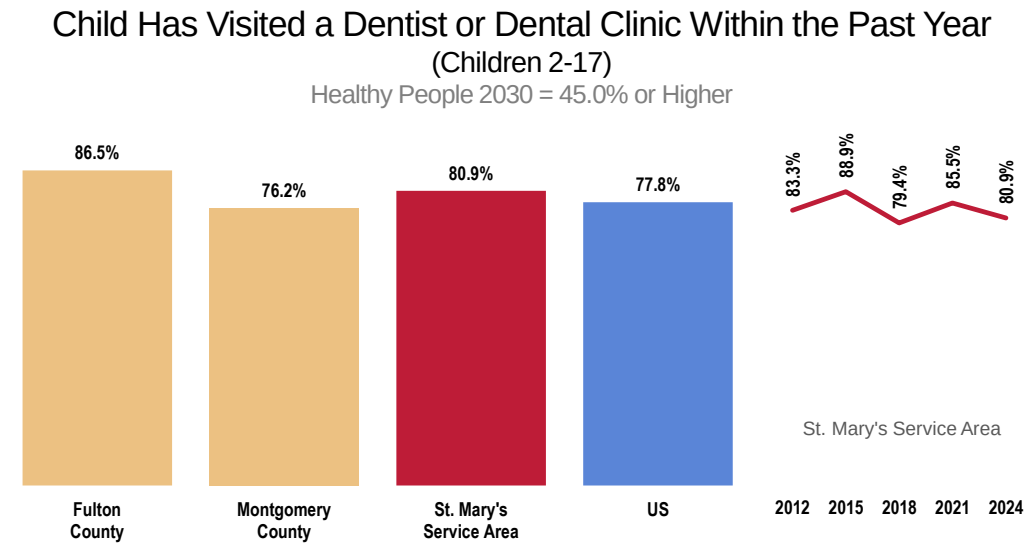
Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 17]
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Asked of all respondents.

Children

A total of 80.9% of parents report that their child (age 2 to 17) has been to a dentist or dental clinic within the past year.

BENCHMARK ► Satisfies the Healthy People 2030 objective.

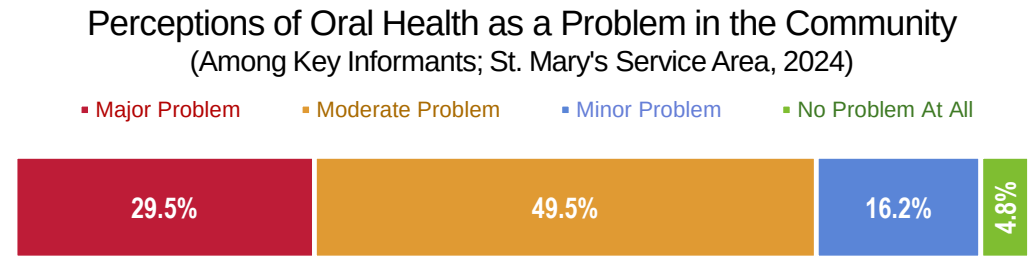


Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 93]
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Asked of all respondents with children age 2 through 17.

Key Informant Input: Oral Health

Key informants taking part in an online survey most often characterized *Oral Health* as a "moderate problem" in the community.



Sources:
- 2024 PRC Online Key Informant Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Access for Medicaid Patients

> Not enough care providers that are taking new patients that accept Medicaid. The listed providers don't respond to messages or answer the phone, or if they do answer the phone, they are not accepting new patients. – Social Services Provider
>
> Personal experience of seeing patients and access to oral health care of our Medicaid population locally is very limited. – Physician

> Medicaid is not accepted largely at the dentist. Transportation, education, and access. – Public Health Representative
>
> Not enough providers in the community that take Medicaid for dental care. – Health Care Provider
>
> There are limited dentists that accept government insurance. – Community Leader
>
> I can't think of anyone besides New Dimensions or Schoharie Dental that accepts Medicaid. – Health Care Provider
>
> Poor dental insurance, and many of the dentists do not take Medicaid. People will not pay to go to the dentist. – Health Care Provider
>
> Lack of access for people who don't qualify for Medicaid but cannot afford to pay out-of-pocket. – Community Leader
>
> From my understanding, people on Medicaid have one dentist to choose from at New Dimensions. – Social Services Provider

Lack of Providers

> We have a severe lack of dentists in the area. Most families travel to Smile Lodge or Primary Teeth for children's oral health. I myself travel out of state for a dentist. – Health Care Provider
>
> Limited amount of dentists. – Community Leader
>
> Lack of dentists and lack of education around the importance of oral health. – Social Services Provider
>
> Lack of dentists, especially ones that accept Medicaid. Lack of education on dental health. – Health Care Provider
>
> Long waiting lists for dental care. Dentists not accepting new patients, and dentists not accepting insurance. – Community Leader
>
> The state's oral health care crisis, including dentists retiring or closing, and new dentists leaving the state after they graduate – making it excessively difficult for low-income, elderly, or disabled people to access needed dental care services. Medicaid and Managed Medicaid nonacceptance has led to a monthlong-plus waitlist with participating providers. – Health Care Provider

Affordable Care/Services

> Lack of affordable dental providers and generational attitudes toward oral health and care. – Health Care Provider
>
> Access to affordable care, places that accept insurance, etc. – Community Leader
>
> People do not seem to have access to dentists due to the expense and which providers take Medicaid and Medicare. Even with insurance, it is very expensive to have some much-needed procedures done. – Community Leader
>
> Dental care is not readily available to low-income people in our community. In the past, the Federally Qualified Health Center, which provided dental care, seemed to sometimes offer substandard care. – Social Services Provider
>
> Cost. – Health Care Provider

Access to Care

> According to the NYS DOH Prevention Agenda, only about 33% of residents in the county seek oral health care as recommended every six months. The lack of dentists that treat children and families is growing. – Public Health Representative
>
> Lack of dentists associated with a lack of insurance. – Health Care Provider
>
> Poor care at a young age, dental access is difficult. – Physician
>
> Patients have to prioritize paying for food, health care, housing, gas, dental care. They simply can't pay for it all. Dental care often falls to the bottom of the list. Many had poor nutrition and dental care as children, which has continued into adulthood and now contributes to poor nutrition. – Health Care Provider

Awareness/Education

> Many residents lack personal hygiene awareness or funds to purchase necessary items. Drug and alcohol abuse, as well as mental health issues, compound the willingness to access support. – Community Leader

Incidence/Prevalence

> Look in the mouths of residents. – Community Leader

Impact on Quality of Life

> Self-esteem, presentation, communication, and health. – Social Services Provider

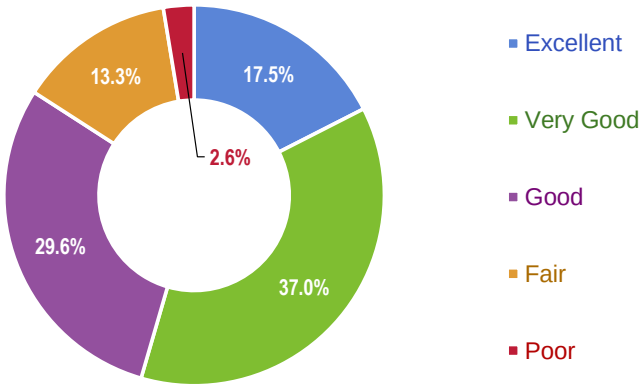
LOCAL RESOURCES

PERCEPTIONS OF LOCAL HEALTH CARE SERVICES

More than one-half of adults in the St. Mary's Healthcare Service Area rate the overall health care services available in their community as "excellent" or "very good."

Rating of Overall Health Care Services Available in the Community

(St. Mary's Service Area, 2024)



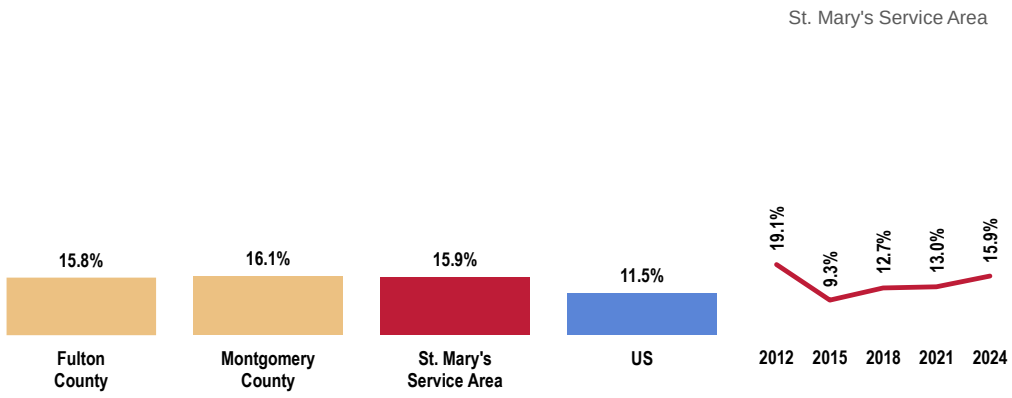
Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 5]
Notes: • Asked of all respondents.

However, 15.9% of residents characterize local health care services as "fair" or "poor."

BENCHMARK ► Higher than found nationally.

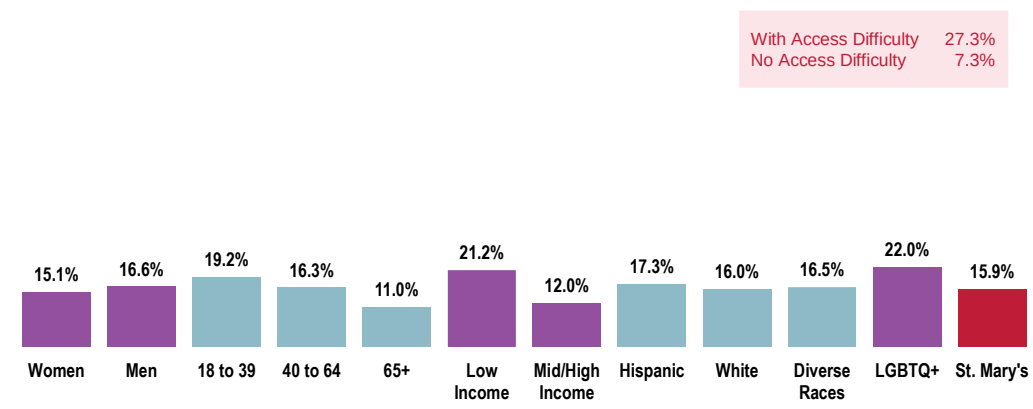
DISPARITY ► Adults age 18 to 39, those with lower incomes, and those with access difficulties are more likely to give low ratings of local services.

Perceive Local Health Care Services as "Fair/Poor"



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 5]
• 2023 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.

Perceive Local Health Care Services as “Fair/Poor”
(St. Mary's Service Area, 2024)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 5]
Notes: • Asked of all respondents.

Resources Available to Address Significant Health Needs

The following represent potential measures and resources (such as programs, organizations, and facilities in the community) identified by key informants as available to address the significant health needs identified in this report. This list only reflects input from participants in the Online Key Informant Survey and should not be considered to be exhaustive nor an all-inclusive list of available resources.

Access to Health Care Services

- Albany Medical Center
- Alzheimer's Association
- Amen Soup Kitchen
- ARC Lexington
- Cancer Services Program
- Catholic Charities
- Department of Social Services
- Doctor's Office
- Family Counseling Center
- Fidelis Care
- Food Banks/Food Pantries
- Fulmont Community Action Agency
- Fulton and Montgomery County Mental Health
- Fulton and Montgomery County Public Health
- Glove City Transportation
- Hometown Health Center
- Iberio
- Mountain Valley Hospice and Palliative Care
- Nathan Littauer Hospital
- Network of Regional Clergy
- New Dimensions
- Office for People With Developmental Disabilities
- Office for the Aging
- Office of Mental Health (OMH)
- Rob Constantine Recovery Center
- Single Point of Access
- St. Mary's Behavioral Health
- St. Mary's Cancer Center
- St. Mary's Healthcare
- St. Mary's Hospital
- St. Mary's Primary Care
- Urgent Care

Cancer

- American Cancer Society
- Breast Cancer Screenings
- Cancer Prevention Grand Funded Programs
- Cancer Prevention in Action
- Cancer Services Program
- Doctor's Office
- Ellis Hospital
- Health Home Care Management
- Hospitals
- Nathan Littauer Hospital
- New York Oncology Hematology
- Office for the Aging
- Public Health
- St. Mary's Cancer Center
- St. Mary's Healthcare
- St. Mary's Hospital
- St. Mary's Primary Care
- Urgent Care

Diabetes

- ADCES
- Albany Medical Center
- American Diabetes Association
- Amsterdam Family Practice
- Catholic Charities
- Churches
- Cornell Cooperative Extension
- Creative Connections Clubhouse
- Diabetes Center
- Diabetes Prevention Program
- Dialysis Group
- Doctor's Office
- Fit Happens
- Food Banks/Food Pantries
- Food Pharmacy
- Fulton and Montgomery County Public Health
- Grocery Stores
- Grow Amsterdam NY
- Hospitals
- Montgomery County Health Department
- Montgomery County OFA
- Mountain Valley Hospice and Palliative Care
- Nathan Littauer Hospital
- One Church Street Project
- Outpatient Diet Counselor
- Pharmacies
- Schenectady Cardiology
- Self Management Courses

- St. Mary's Diabetes Center
- St. Mary's Healthcare
- St. Mary's Hospital
- St. Mary's Primary Care
- Urgent Care
- Visiting Nurse

Disabling Conditions

- ACCES-VR/VESSID
- ACCESS NYC
- Adult Protective Services
- Alzheimer's Association
- Capstone Nursing Home
- Centro Civico
- Department of Social Services
- Doctor's Office
- Ellis Hospital
- Fitness Centers/Gyms
- Hear for You
- Hospitals
- Inman Senior Citizens' Center
- Lexington
- Liberty
- Liberty ARC
- Medical Nutritionist
- Mental Health Association
- Nathan Littauer Hospital
- Office for the Aging
- Office for People With Developmental Disabilities
- Parks and Recreation
- Physical Therapy
- Resource Center for Independent Living
- Saratoga Hospital
- St. Mary's Addiction Services
- St. Mary's Cardiac
- St. Mary's Healthcare
- St. Mary's Hospital
- St. Peter’s Hospital
- The Eddy Alzheimer's Caregiver Initiative
- Veterans Services
- Workforce Career Center

Heart Disease & Stroke

- Albany Medical Center
- American Heart Association
- Catholic Charities
- Central New York Cardiology
- Doctor's Office
- Ellis Hospital
- Fitness Centers/Gyms
- Fulton and Montgomery County Public Health
- Hospitals
- Medical Nutritionist
- Nathan Littauer Hospital
- New York Quits
- Office for the Aging
- Public Health
- River Ridge
- Schenectady Cardiology
- St. Mary's Cardiac
- St. Mary's Healthcare
- St. Mary's Hospital
- St. Peter’s Hospital
- Sunnyview Rehab
- Urgent Care

Infant Health & Family Planning

- Alpha Pregnancy Center
- Building Healthy Families
- Catholic Charities
- Community Maternity Services
- Doctor's Office
- Fulton and Montgomery County Public Health
- HFM Prevention Council
- Hospitals
- Integrated Community Alternatives Network
- Mental Health Association
- Nathan Littauer Hospital
- New York Health Department
- Public Health
- St. Mary's Healthcare
- WIC

Injury & Violence

- Albany Medical Center
- Amsterdam Police Department
- Boys and Girls Club
- Catholic Charities
- Centro Civico
- Child Protective Services
- Community Club House
- Creative Connections Clubhouse
- Department of Social Services
- Family Counseling Center
- HFM Prevention Council
- Legal Aid
- MAN Program
- Montgomery County Cares Coalition
- Montgomery County Domestic Violence Services

School System
St. Mary's Healthcare
St. Mary's Mental Health
Youth Sports Programs

Mental Health

ACT Teams
Adult Protective Services
Advocacy Services
Albany Medical Center
Aptihealth.com
Berkshire Farms
Child Advocacy Centers (CAC)
Caseworkers
Catholic Charities
Community Services
Crisis Center Hotline
Department of Social Services
Doctor's Office
Ellis Hospital
Employee Assistance Program
Family Counseling Center
Fulton and Montgomery County Mental Health
Fulton and Montgomery County Public Health
Helio Health
HFM Prevention Council
Hospitals
Inpatient Mental Health Unit
Mental Health Association
Mental Health Online Access
Montgomery County
Montgomery County Adult Mental Health Services
Montgomery County Health Department
Montgomery County Nursing
Mountain Valley Hospice and Palliative Care
Nathan Littauer Hospital
National Alliance for the Mentally Ill
Office for the Aging
Office of MH
Online Behavioral Health Services
Online Mental Health Services
Personalized Recovery Oriented Services
Private Therapists
Public Health
Recovery Zone
Resource Center for Independent Living
Rob Constantine Recovery Center
School System
Single Point of Access
St. Mary's Addiction Services
St. Mary's Behavioral Health
St. Mary's Health Homes
St. Mary's Healthcare
St. Mary's Hospital
St. Mary's Mental Health
St. Mary's Primary Care
Substance Abuse Treatment Center
Suicide Prevention Organization
Walk-In Clinic
Wilkinson Adult Day Health Center

Nutrition, Physical Activity, & Weight

Activities
Amen Soup Kitchen
Axis Strength Training
Catholic Charities
Centro Civico
Community College
Cornell Cooperative Extension
Creative Connections Clubhouse
Department of Social Services
Diabetes and Wellness Program
Diabetes Prevention Program
Doctor's Office
Education
Farmer's Market Coupons
Fitness Centers/Gyms
Food Banks/Food Pantries
Fulmont Community Action Agency
Fulton and Montgomery County Public Health
Inman Senior Citizens' Center
Lifestyle Change
Meals on Wheels
Mule Fitness
Nathan Littauer Hospital
Nutrition Outreach and Education Program
Nutrition Programs
Office for the Aging
Parks and Recreation
Planet Fitness
Public Health
Regional Food Bank
School System
SNAP Benefits
St. John's Episcopal Church
St. Mary's Diabetes Center
St. Mary's Healthcare
St. Mary's Hospital
St. Mary's Mission Cupboard
St. Mary's Primary Care
Weight Watchers
Welfare
WIC

YMCA
Youth Sports Programs

Oral Health

Aspen Dental
Dental Access
Dentist's Office
Doctor's Office
Hometown Health Center
Montgomery County Department of Education
Morini Dentist
New Dimensions
Pediatric Dentistry
Primary Teeth Pediatric Dentistry
Public Health
Schoharie Dental Care

Respiratory Diseases

Hospitals
Mental Health Association
Montgomery County Health Department
Nathan Littauer Hospital
New York Quits
Project Action
Schenectady Pulmonary
St. Mary's Healthcare

Sexual Health

Alpha Pregnancy Center
Catholic Charities
Fulton and Montgomery County Vaccinations
Health Department
Hospitals
Mental Health Association
Montgomery County Health Department
Nathan Littauer Hospital
Office for the Aging
Project Safe Point
St. Mary's Healthcare
St. Mary's Hospital
Urgent Care

Social Determinants of Health

ACCESS NYC
Alpha Pregnancy Center
Amen Soup Kitchen
American Heart Association
Amsterdam Housing Authority
Capital District Transportation Authority
Catholic Charities
Centro Civico
Churches
Code Blue Shelters
Community Housing
County Government
Creative Connections Clubhouse
Daniell's House
Department of Social Services
Doctor's Office
Dubois
Family Counseling Center
Food Banks/Food Pantries
Friendship Lodge
Fulmont Community Action Agency
Fulmont Head Start
Fulmont Resources
Fulton County Social Services
Fulton Montgomery Community College
Greater Amsterdam School District
Haven of Hope
Healthy Alliance
HFM Prevention Council
Holland Circle Apartments
Hometown Health Center
Hospitals
Interfaith Partnership for the Homeless
IPH
Literacy Zone
Mental Health Association
Mental Health Organizations
Montgomery County
Montgomery County Domestic Violence Services
Municipalities
Nathan Littauer Hospital
Office for the Aging
Public Health
Rob Constantine Recovery Center
School System
Section 8 Housing
St. Mary's Health Homes
St. Mary's Healthcare
St. Mary's Mission Cupboard
Subsidized Housing Programs
Unite Us
Vettersburgh Apartments
Workforce Career Center

Substance Use

- AA/NA
- Albany Medical Center
- Amsterdam Family Practice
- ARG Drug Rehab Centers
- Broadalbin Perth Family Health
- Capital District Transportation Authority
- Care Coordination Services
- Catholic Charities
- Centro Civico
- Chemical Dependency Unit
- Churches
- Clubhouse in Amsterdam
- Conifer Park
- Department of Social Services
- DePaul
- Doctor's Office
- Ellis Hospital
- EMT
- Family Counseling Center
- Fulton County Addiction Services
- Helio Health
- HFM Prevention Council
- Hometown Health Center
- Hospitals
- Law Enforcement
- Mental Health Association
- Methadone Clinic
- MICA Shelters
- Montgomery County Addiction Services
- Montgomery County Cares Coalition
- Nathan Littauer Hospital
- New Choices
- Outpatient Addictions
- Outpatient Methadone Program
- Project Coast
- Recovery Center
- Recovery Zone
- Rob Constantine Recovery Center
- St. Mary's Addiction Services
- St. Mary's Behavioral Health
- St. Mary's Healthcare
- St. Mary's Hospital
- Substance Abuse Programs
- The Lighthouse
- The Loft

Tobacco Use

- Advancing Tobacco-Free Communities
- Albany Medical Center
- American Cancer Society
- Catholic Charities
- Doctor's Office
- Ellis Hospital
- HFM Prevention Council
- Hospitals
- Montgomery County Cares Coalition
- Montgomery County Health Department
- Montgomery County Nursing
- Nathan Littauer Hospital
- New York Quits
- Project Action
- Public Health
- Quit Assist
- School System
- St. Mary's Addiction Services
- St. Mary's Cancer Center
- St. Mary's Healthcare
- St. Mary's Hospital
- State Hotlines
- The Butt Stops Here
- Youth Commission

APPENDIX

EVALUATION OF PAST ACTIVITIES, FY2022-FY2025

Community Benefit

Over the past three years, St. Mary's Healthcare has invested in improving the health of our community's most vulnerable populations. Our commitment to this goal is reflected in:

- Over $5.8 million in community benefit programs
- More than $51 million in charity care and other financial assistance programs.

Our work also reflects a focus on community health improvement, as described below.

Addressing Significant Health Needs

St. Mary's Healthcare conducted its last CHNA in 2021 and reviewed the health priorities identified through that assessment. Taking into account the top-identified needs — as well as hospital resources and overall alignment with the hospital's mission, goals, and strategic priorities — it was determined at that time that St. Mary's Healthcare would focus on developing and/or supporting strategies and initiatives to improve:

- Nutrition, Physical Activity, and Weight
- Mental Health
- Substance Abuse

Strategies for addressing these needs were outlined in St. Mary's Healthcare Implementation Strategy. Pursuant to IRS requirements, the following sections provide an evaluation of the impact of the actions taken by St. Mary's Healthcare to address these significant health needs in our community.

Evaluation of Impact

Priority Area: Nutrition, Physical Activity, and Weight	
Community Health Need	Address obesity through proper nutrition and physical activity to reduce risk factors for many chronic diseases
Goal	Increase skills and knowledge to support healthy food and beverage choices

Strategy 1: Increase availability of, and access to, nutrition and physical activity education programs	
Strategy Was Implemented?	Yes
Target Population(s):	Adults with mental health conditions, pregnant women and adults who are at increased risk for developing type 2 diabetes
Partnering Organization(s)	Internal: • Cardiac Rehab • Food and Nutrition Services • OBGYN Clinic • Community Outreach External: • Catholic Charities of Fulton and Montgomery Counties • Greater Amsterdam School District • Creative Connections Clubhouse • HFM Prevention Council • Montgomery County Office of the Aging • Fulmont Community Action Agency • Fulton and Montgomery Counties Departments of Public Health • Healthy Alliance
Results/Impact	• Obtained CDC recognition for Diabetes Prevention Program Jan. 2021 • Cohort 1 of Diabetes Prevention (DPP) program reported 6 participants with a weight loss of over 30 pounds • Provided healthy food preparation class for DPP participants in the Teaching Kitchen • Community Education on healthy food and beverage choices was provided at local food distribution events • Diabetes Prevention Program highlighted in SMH newsletter • Mission Cupboards are stocked with healthy non-perishable food choices located at St. Mary's main campus and Memorial campus for patients without access to healthy food • Provided nutrition education at Club 60 meetings to seniors with over 50 participants in attendance • Social Determinates of Health Screenings to address food insecurity implemented in 2023 for all admitted patients 18 and older to address access to healthy food • Partnered with Healthy Alliance to utilize Unite Us platform to connect patients with health related social needs • Provided education and nutrition demonstration to patients in the Cancer support Group • Provided heart health and nutrition education at Club 60 meetings to seniors with over 50 participants in attendance

Strategy 2: Enhance partnerships with community organizations and local school districts to better support programs focusing on physical activity and healthy food choices	
Strategy Was Implemented?	Yes
Target Population(s)	Low income children and adults
Partnering Organization(s)	Internal: • Food and Nutrition Services • Community Outreach External: • Catholic Charities of Fulton and Montgomery Counties • Grow Amsterdam, Inc. • Greater Amsterdam School District • Creative Connections Clubhouse • Montgomery County Office of the Aging • Prevention Council of Hamilton, Fulton, and Montgomery Counties • Fulmont Community Action Agency • Fulton and Montgomery Counties Departments of Health • Amen Soup Kitchen • Alliance for Better Health
Results/Impact	• Established partnership with Grow Amsterdam to create raised beds for community garden and provided education to adults and children on growing healthy food • Hosted 3 virtual cooking classes with 15 participants from Teaching Kitchen • Provided education to low-income adults at Amen Soup Kitchen Food distribution event-over 150 people in attendance • Partnered with the Registered Dietician from Montgomery County Office of the Aging to offer nutrition education, and counseling for all home-delivered or café-style meal programs • Partnered with Catholic Charities of Fulton and Montgomery Counties and the Alliance for Better Health, to establish a “Food Farmacy” at the Memorial Campus to serve food-insecure individuals who have been identified through risk assessments conducted within the health care system. Participants were provided with information on healthy food choices. (Closed in 2022)

Priority Area: Mental Health	
Community Health Need	Increase the proportion of adults with serious mental health issues who receive treatment
Goal	Improve the mental and behavioral health status of Fulton and Montgomery County residents by ensuring access to inpatient and outpatient mental health services

Strategy 1: Increase access to quality mental and behavioral health services with a focus on comprehensive, coordinated care	
Strategy Was Implemented?	Yes
Target Population(s)	Patients affected by Mental, Emotional, and Behavioral (MEB) disorders
Partnering Organization(s)	Internal: • Chronic Care Management • Primary Care • Behavioral Health • Health Home serving Adults • Health Home serving Children External: • Mental Health Association of Fulton and Montgomery Counties • Montgomery County Department of Social Services • Fulton County Department of Social Services • Greater Amsterdam School District • Catholic Charities of Fulton and Montgomery Counties • St. Anne's Institute • The Salvation Army
Results/Impact	• Implemented new Youth Assertive Community Treatment (ACT) Program in 2023 designed to address the significant needs of youth ages 10 up to 21, who are at risk of entering, or returning home from high intensity services, such as inpatient settings or residential services, through the use of a multi-disciplinary team • Continued Adult Assertive Community Treatment (ACT)- an evidenced-based practice that offers treatment, rehabilitation, and community integration services to individuals diagnosed with serious mental illness • Increased staffing to improve Open-Access model of care for patients with mental health and substance use disorders through walk-in clinic • Served over 400 patients in the health home program to improve overall care coordination of patients with two or more chronic conditions, HIV, sickle cell anemia, and/or a persistent mental health condition • Provided school-based outpatient individual and group counseling at various locations throughout Fulton and Montgomery Counties • Participated in the NYS Systems of Care Pilot Project developed to help meet the goal of strengthening children's service systems and improving outcomes for children and families throughout New York State

Strategy 2: Expand behavioral health support groups and trauma informed care training	
Strategy Was Implemented?	Yes
Target Population(s)	Patients affected by Mental, Emotional and Behavioral (MEB) disorders, prenatal and postnatal patients
Partnering Organization(s)	Internal: • Nursing • Behavioral Health, • Maternity Services • Spiritual Care External: • HFM BOCES • Montgomery County Public Health, • Catholic Charities of Fulton and Montgomery Counties, • Mental Health Association of Fulton and Montgomery Counties • Montgomery County Department of Social Services, • Fulmont Community Action Agency
Results/Impact	• Educated 20 students in the HFM Nurse Residency Program on the Trauma Informed Care Model • Trained 3 additional registered nurses in providing Mental Health First Aid • Hosted Adult Mental Health First Aid for community stakeholders • Trained additional staff in Children's Mental Health First Aid • Created team and team charter for Trauma Informed Care Collaboration Team • Provided 20 supports group each week to patients in the Chemical Dependency Unit (CDU) and the Inpatient Behavioral Unit on topics including self- confidence, goal setting, wellness self-management, conflict resolution, and general coping skills

Priority Area: Substance Abuse	
Community Health Need	Increase the rate of people with an opioid use disorder getting medications for addiction treatment
Goal(s)	Reduce the prevalence and negative impacts of substance use disorders within Fulton and Montgomery Counties.

Strategy 1: Increase availability of, and access to, Medication-Assisted Treatment (MAT) and overdose reversal (Naloxone)	
Strategy Was Implemented?	Yes
Target Population(s)	Patients with substance use disorders, persons impacted by overdose including non-medical use of prescription drugs
Partnering Organization(s)	Internal: • Primary Care • Chemical Dependency Unit • Behavioral Health • Nursing External: • Montgomery County Public Health • Fulton County Public Health • Catholic Charities of Fulton and Montgomery Counties • Amsterdam Police Department • Overdose Task Force • Montgomery County Emergency Management • Mental Health Association of Fulton and Montgomery Counties • New York State Department of Health (DOH) Office of Drug User Health • Office of Mental Health (OMH) • The Rob Constantine Recovery Center
Results/Impact	• Five primary care physicians provide MAT within the primary care settings • All primary care physicians have been trained in the administration of MAT • Established Ancillary Withdrawal Services (walk-in) designed to meet the needs of individuals that are actively using substances, or are in withdrawal, seeking medication maintenance (MAT) or need a referral to a higher level of care, such as inpatient services • Provided Behavioral Health staff training on Naloxone administration-training is also provided upon hire for new staff

Strategy 2: Collaborate with community partners to increase awareness and education of substance use disorders and treatment options	
Strategy Was Implemented?	Yes
Target Population(s)	Patients with substance use disorders, persons impacted by overdose including non-medical use of prescription drugs
Partnering Organization(s)	Internal: • Primary Care • Chemical Dependency Unit • Behavioral Health • Nursing External: • Montgomery County Public Health • Fulton County Public Health • Catholic Charities of Fulton and Montgomery Counties • Amsterdam Police Department • Overdose Task Force • Montgomery County Emergency Management • Mental Health Association of Fulton and Montgomery Counties • New York State Department of Health (DOH) Office of Drug User Health • Office of Mental Health (OMH) • The Rob Constantine Recovery Center
Results/Impact	• Established Intensive Outpatient Groups (IOP) as a recovery program that provides a more structured, intensive level of care for people who are working on balancing their home life with treatment • The Certified Peer Recovery Advocate (CRPA) helps to support the patient's own path to recovery through lived experience. They also assist individuals with connecting to resources in the community and serve as an advocate for those suffering from a substance use disorder. • Offered Individual Counseling/Family Counseling to create a treatment plan that is individualized to patients needs and goals. Some topics we focus on include the development of positive coping skills, relapse prevention planning, family sessions, or your individual needs such as housing, establishing a PCP, referrals to other services, and case management. • Provided education to parole officers on available resources • Established process to expedite pregnant women into methadone treatment