



**SCHOHARIE COUNTY  
DEPARTMENT OF HEALTH**

**Schoharie County  
Community Health Assessment &  
Improvement plan  
November 15, 2013**

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## Executive Summary

The New York State Health Improvement Plan outlines five prevention agenda priorities for 2013-2017. The priorities are to:

- 1. Prevent chronic disease,**
- 2. Promote a healthy and safe environment,**
- 3. Promote healthy women, infants and children,**
- 4. Promote mental health and prevent substance abuse, and**
- 5. Prevent HIV, STDs, vaccine preventable disease and healthcare associated infections.**

The Schoharie County Department of Health, partnered with Cobleskill Regional Hospital, conducted a community health assessment to determine which of these priorities would be the focus for the Schoharie County community during years 2013-2017. Input was gathered from state and federal data sources, meetings with stakeholders, interviews with key informants and community forums.

The priority selected for the community health improvement plan was **the prevention of chronic disease.**

The first focus area is **obesity prevention.** The objective to prevent obesity in adults and children is to reduce the percentage of children who are obese in Schoharie County (20.2 percent) to the New York State Prevention objective of 16.7 percent by 2017.

The second focus area, which also addresses a disparity, is the **reduction of illness and death due to tobacco use and second hand smoke.** The objective for this focus area is to reduce the percentage of smokers in Schoharie County from 23 percent to 20 percent by 2017, with a targeted focus on adults with annual household income of less than \$25,000.

The community health assessment and community health improvement plan will be available for easy access to the Schoharie County community.

## **Credits**

The Schoharie County Community Health Assessment and Improvement Plan was created by the Schoharie County Department of Health in partnership with Cobleskill Regional Hospital. Special thanks to the Schoharie County community and the following contributing organizations:

*The University at Albany, School of Public Health Public Health Leaders of Tomorrow Intern, Matthew Bell*

*Schoharie County Departments of Social Services and Community Services*

*Schoharie County Child Development Council and Head Start*

*Schoharie County Community Action Program*

*Schoharie County Office for the Aging and Senior Council*

*Senior groups: Central Bridge Seniors, Carlisle Seniors, Schoharie 50 Plus Club, Middleburgh Golden Agers, Cobleskill Young in Heart Club, Jefferson Seniors, Wright Friendly Seniors, Summit Seniors, Conseville Mountaintop SRS, Richmondville Seniors, Sharon Silver and Gold*

*Towns of Schoharie, Middleburgh, Gilboa, Esperance, Wright, Cobleskill, Sharon, Fulton, Broome, Blenheim, Richmondville, Town of Carlisle, Gilboa, Sharon Springs, Cobleskill, Town of Conesville, Middleburgh, Jefferson, Richmondville, Broome, Esperance, Summit, Schoharie, Blenheim, Wright, Seward*

*Villages of Schoharie, Middleburgh, Sharon Springs, Richmondville and Cobleskill*

*Schoharie County school districts: Gilboa-Conesville Central School, Jefferson Central School District, Cobleskill-Richmondville School District, Conseville Central School, and their respective Superintendents*

*The Schoharie County Clergy Group*

*The Schoharie County Fire Association*

*Schoharie County Department of Probation*

*Schoharie County Council on Alcohol and Substance Abuse*

*Berkshire Farms*

*SUNY Cobleskill*

*Schoharie County Chamber of Commerce*

*Schoharie County Clergy Group*

*Schoharie Area Long Term Recovery*

*Cobleskill Regional Hospital Senior Lunch-N-Learn Participants*

## **Introduction**

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

In line with our vision, the Schoharie County Department of Health partnered with the Cobleskill Regional Hospital to conduct a health assessment and develop a community improvement plan for the Schoharie County community. This partnership approach to the community health assessment was established to gain a greater understanding of the health of area residents and how health needs are currently being addressed.

By definition a community health assessment is:

***“part of a strategic plan that describes the health of the community by collecting, analyzing and using data to educate and mobilize communities, develop priorities, garner resources, and plan actions to improve public health”.***

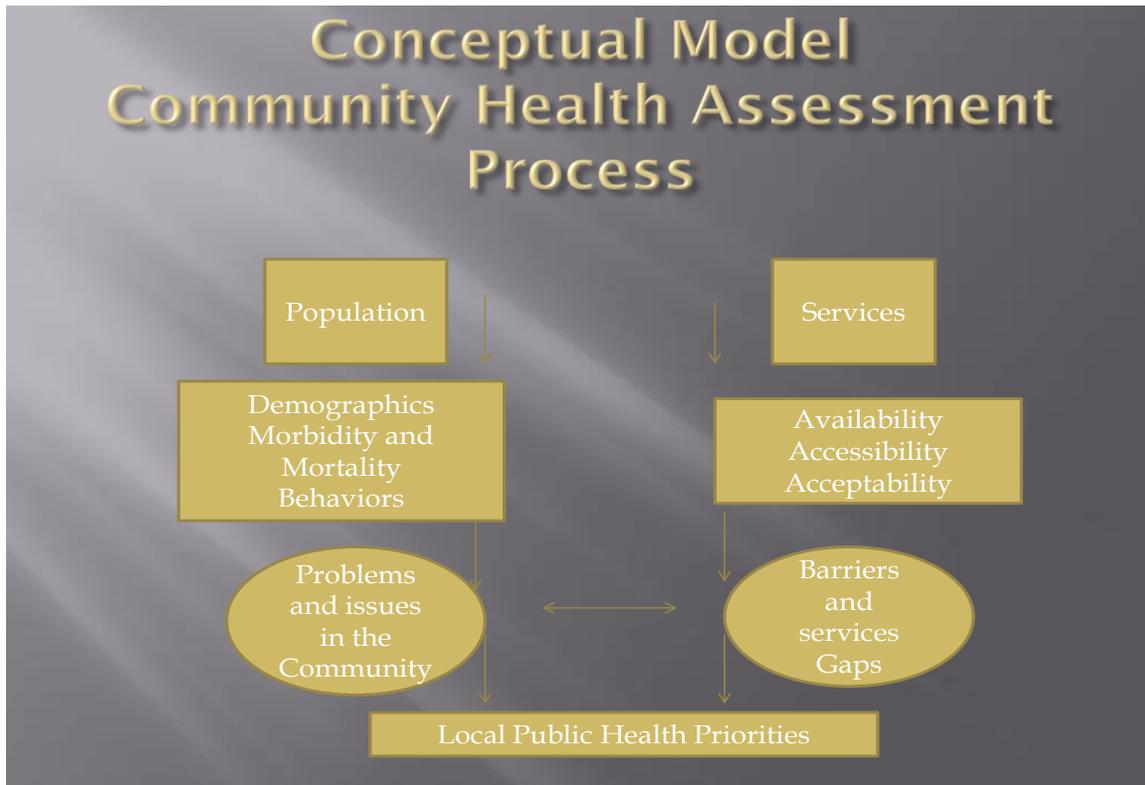
### ***Working Definition, “Useful CHA” Workgroup - NY***

The Schoharie County community health assessment examined health in the broadest sense, recognizing that where we live, learn, work, and play all have a significant impact on population health. This community health assessment and improvement plan report will outline the identified health priorities and strategies for improvement for Schoharie County. This report will allow providers and community residents alike to collectively aim toward common goals.

## **Community Health Assessment Process**

Community Health Assessment Process included the analyses of state and federal statistical data to determine which health indicators and outcomes are below the New York State average and are below the NYS prevention priority benchmark. The community engagement component of the assessment process involved meeting with stakeholders, hosting community forums and conducting key informant interviews. Figure 1 illustrates the conceptual model of the community health assessment process.

**Figure 1. Conceptual Model of the Community Health Assessment Process**



The goals of the assessment were to:

1. Summarize the health needs of the community
2. Determine perceptions of the health strengths and needs of Schoharie County
3. Explore how these issues can be addressed in the future
4. Identify the gaps, challenges, and opportunities for addressing community needs more effectively
5. Identify which health areas Schoharie County will prioritize addressing over the next three years

### **Review of Existing Data**

#### *Federal and State Data*

The analysis of state and federal statistical data revealed that the current Schoharie County population is 32,099, and this population has steadily decreased over the last three years (see Appendix 1, Table 1). Over 30 percent of the population is age 55 and older, indicating the

growth in the aging population. A large segment of the population have low socioeconomic status (SES) as evidenced by the 34 percent of the population having a household income less than \$35,000, over 15 percent of children under 18 living in poverty and over 38 percent of the population having high school as the highest education level attained (Appendix 1, Figures 1-2 and Tables 2-4).

#### **Highlights of Public Health Data**

The statistical data showed that there are several areas in which Schoharie County residents are indicated as less favorable in comparison to New York State.

- Schoharie County has a rate of 21.9 indicated reports of child abuse maltreatment in comparison to a rate of 16.9 in NYS (2011).
- Schoharie County had a rate of 63.4 alcohol-related motor vehicle accidents in 2008-2010 in comparison to 55.2 for NYS.
- Schoharie County has a rate of over 300 unintentional injury hospitalizations, which is greater than the approximately 250 for NYS for residents over 65 years of age.
- The percent of residents receiving an influenza vaccine is less than the NYS rate in both the 18-49 and the 65-plus age groups (20 percent vs. 30 percent and 60 percent vs. 70 percent, respectively).
- The leading cause of death due to chronic diseases is cardiovascular (heart) disease.
- For lung and bronchus cancer, both the incidence and mortality rate for Schoharie surpass the NYS rate (86.3 vs. 63.8 and 55.9 vs. 42.8, respectively).
- The mortality rate for respiratory disease for Schoharie County 2008-2010 was 51.2 compared to 31.1 for NYS.

See Appendix II, Tables 5-15

#### *County Health Rankings*

The County Health Rankings were created by the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation to help counties understand what influences health for their population. The ranking process analyzes health outcomes, the indicators of how healthy the county is currently, and health factors, the indicators of what influences the health of the county.

## Highlights of County Health Rankings

The results of the county rankings concluded the following for Schoharie County in 2012:

- Schoharie ranks 13 out of 62 counties overall for health outcomes
  - Mortality ranks 18/62
  - Morbidity ranks 8/62
- Schoharie ranks 33 out of 62 counties for health factors overall
  - Health Behaviors ranks 22/62
  - Clinical Care ranks 49/62
  - Social and Economic factors ranks 31/62
  - Physical Environment ranks 50/62
- Diet and Exercise
  - Adult Obesity (>30Kg/m<sup>2</sup>) (28%)
  - Physical Inactivity (no leisure time physical activity) (28%)- adults over 20 (BRFSS)
- Alcohol Use:
  - Excessive drinking (14%, N=154),
  - Motor vehicle crash death rate (28) (NVSS) (the crude mortality rate per 100,000 population due to on- or off-road accidents involving a motor vehicle)

## Community Engagement

The community was engaged in the health assessment process via stakeholder meetings, community forums and key informant interviews.

The community-wide stakeholder meeting was held at Cobleskill Regional Hospital in November of 2012. The stakeholders represented at this meeting were: Schoharie County Department of Health (SCDOH), Schoharie County ARC, Schoharie County Department of Social Services, Schoharie County Office of the Aging, Schoharie County Community Services (mental health services), SUNY Cobleskill Department of Student Affairs, Catholic Charities of Schoharie County, Schoharie County Child Development Council, Gilboa-Conesville Central School District, Cornell Cooperative Extension, Schoharie County Community Action Program, At Home Care, Inc., Rural Health Development, and Bassett Healthcare Network.

## Highlights of Community-Wide Stakeholders Meeting

The following summarize the barriers or gaps in service identified by stakeholders:

- The need to address prevention of chronic disease and the impact on heart disease, diabetes, and cancer, focusing especially on:
  - Tobacco use,
  - Nutrition, and
  - Physical Activity
- Lack of dental practitioners, particularly for low-income and/or Medicaid pediatric patients
- Access to primary care services
- Access to care for mothers, infants, and children
- Income disparity as a barrier to quality healthcare and prevention interventions

Invitations to participate in the opportunities for public input were sent by mail and e-mail to key community stakeholders. Notices were also published on the Schoharie County website, Cobleskill Regional Hospital website, the hospital's community *Healthlink* newsletter, and local news publications.

Community Forums were conducted from February 2013 until June 2013. Volunteers and staff representatives of the Schoharie County Health Department and Cobleskill Regional Hospital asked a series of open-ended questions to the public during the forums. These forums were held at senior groups, church groups, town meetings and community agencies.

The responses to the questions were summarized into the following three categories:

- What resources keep your community healthy?
- What are the most important problems in your community?
- What additional resources are needed in your community?

The qualitative data gained from community input were grouped into the three sets of responses: community forums, focus groups, and key informant interviews. Next, the responses to each of the three questions were analyzed to create broad categories for each. After categories were created for each question and data was tabulated for each of the three sets, Microsoft Excel was used to create relative frequency graphs. These relative frequency graphs displayed the percentage of each data set that cited a particular category as an answer.

This qualitative data and the subsequent relative frequency graphs are included in Appendix III. Highlights of the community engagement are displayed below on Table 1.

**Table 1. Highlights of the County-Wide Community Engagement**

<b>Engagement Type (n = # encounters)</b>	<b>Highlighted Resources</b>	<b>Highlighted Problems</b>	<b>Highlighted Additional Resources Needed</b>
<b>Town Meetings (n =16) &amp; Senior Groups (n =11)</b>	<b>Health Care Public Works Charitable Organizations Recreational Centers Agriculture</b>	<b>Financial/Economic Health Care State of Municipalities</b>	<b>Health Services Recreational Facilities Food/services Communication Municipalities</b>
<b>Key Informant Interviews (n = 12)</b>	<b>Education</b>	<b>Attitudes/Behaviors Health Care Financial Transportation</b>	<b>Health Services Education Financial</b>
<b>Community Agencies (n = 5)</b>	<b>Agriculture</b>	<b>Financial Transportation Attitude/Behaviors Government</b>	<b>Recreational facilities Municipalities</b>

### **Community Priorities**

The criteria used to select priorities were:

1. Identified as a priority via public input (stakeholders and/or community forums),
2. Identified in Cobleskill Regional Hospital Community Health Needs Assessment (including data from the Bassett Upstate Health and Wellness Survey),
3. Identified in the Schoharie County Department of Health Community Health Assessment (State and Federal statistical health data), and
4. New York State Prevention Agenda 2013-2017 Priority.

After identification of the criteria for priority selection, a workgroup was convened by Cobleskill Regional Hospital (CRH) and the Schoharie County Department of Health (SCDOH). Through this workgroup, the data from the community engagement sessions as well as the CRH and SCDOH assessments were aligned with the priorities outlined by the NYS 2013-2017 Prevention Agenda. In addition to the evidence supported by evaluation of the data, the rationale for

choice of priorities was based on available resources and capacity to address the priority. Opportunity for development of collaborative interventions by CRH, Bassett Healthcare Network, SCDOH, and other community partners was also considered by the workgroup. ***The priority chosen was Prevention of Chronic Diseases.***

***Prevention of chronic diseases:***

Prevention of Chronic Diseases was identified jointly as the priority by Cobleskill Regional Hospital and the Schoharie County Department of Health using Cobleskill Regional Hospital's Community Health Assessment 2013, review of state and federal health data for Schoharie County, and through community input.

Objectives and strategies for preventing chronic disease will emphasize three chronic diseases (heart, cancer, and diabetes) and will center on the focus areas of obesity and reduced tobacco use. The disparity to be addressed is low income; specifically, percentage of adult smokers with incomes less than \$25,000 per year. Data to support the rationale behind the choice of priorities, focus areas, objectives, and the disparity to be addressed include:

- The mortality rate for heart disease in Schoharie County is at 296.3 deaths per 100,000 than the HP2020 goal of 100 per 100,000 (SCDOH CHA 2005-2010)
- The incidence of lung cancer and the mortality rates from lung cancer (73.6 deaths per 100,000) are higher in Schoharie County compared to NYS (SCDOH CHA 2005-2010); moreover, the percentage of adult cigarette smoking is 23.9 in Schoharie County, which is above the NYS average of 18.1 percent; the NYS Prevention Agenda 2017 objective is 15 for NYS excluding NYC. (NYS Prevention Agenda 2013-2017 Tracking Indicators)
- The mortality rate due to diabetes in Schoharie County has trended above that of New York State over the last decade. (SCDOH CHA 2005-2010)
- The percent of adults in Schoharie County who have a body mass index of 24.9 or above, classifying them as overweight or obese, is 66 percent; moreover, the percentage of children and adolescents who are obese is 20.2, which is higher than the NYS average of 17.6 percent and the NYS 2017 objective of 16.7 percent. (NYS Prevention Agenda 2013-2017 Tracking Indicators)
- Low income disparity: median household income 2007-2011 is \$50,795 compared to \$56,951 for New York State. (U.S. Census 2012 estimate)

## Community Health Improvement Plan (2013-2017)

The health priority chosen was the prevention of chronic diseases.

Focus Area	Goal	Objective
1. Obesity Prevention in Adults and Children	Expand the role of healthcare and health service providers in obesity prevention	Reduce the percentage of children who are obese in Schoharie County (20.2 percent) to the New York State Prevention objective of 16.7 percent by 2017
2. Reduce Illness, Disability and Death Related to Tobacco Use and Secondhand Smoke Exposure	Promote tobacco use cessation, especially among low SES populations	To reduce the percentage of smokers in Schoharie County from 23 percent, according to the Schoharie County Community Health Assessment, to 20 percent by 2017, with a targeted focus on adults with annual household income of less than \$25,000 (working toward the NYS Prevention Agenda objective of 20 percent for low income)

**Focus Area 1: Obesity Prevention in Adults and Children with targeted focus on reducing percentage of children who are obese in Schoharie County (see objective in table above)**

Intervention Strategy	Tracking Measures		
	Year 1	Year 2	Year 3
1. Identify and promote educational messages and formats that have been shown to improve knowledge among children, parents, grandparents, pregnant women, parents and caregivers, including sugary drink consumption, nutrition, physical exercise	Identify and develop messaging and formats; identify target audiences/populations; identify and secure resources for delivery/dissemination	Delivery of evidence-based health messaging	Evaluate and continue delivery of evidence-based tobacco cessation messaging
2. Integrate these messages across Schoharie County Health Department sponsored programs that serve children/parents/grandparents;	Develop coalition of health service providers who serve families with children in Schoharie County;	Maintain coalition of health service providers who serve families with children in	Maintain coalition of health service providers; assess messaging response

collaborate with community partners to integrate educational messaging through/into home visits *(Healthy Families Schoharie County), and also through Rural Health Education Network of Schoharie Otsego, Montgomery, Head Start, and WIC	identify and commit SCDOH representative who will serve in leadership/organizing role for coalition; implement integration of common messaging	Schoharie County; continue common messaging and monitor effectiveness of messaging and formats/media platforms through a focus group of those served by Healthy Families Schoharie and coalition members	
3. Continue committed SCDOH leadership role and support for the sustainability of the Healthy Families Schoharie program, an evidence-based model that enrolls mothers during pregnancy and which may follow the child up to age 5, in order to promote preventive interventions for obesity and to assist with referrals to community resources	Identify and commit SCDOH representative who will serve in leadership/organizing role for Healthy Families Schoharie County	Achieve 50 percent referral rate into Healthy Families Schoharie County (of all births in county) and begin weight data collection from home visits and delivery of evidence-based health messaging to all participants; maintain leadership role in Healthy Families Schoharie County	Achieve 75 percent referral rate into Healthy Families Schoharie County; maintain leadership role in Healthy Families Schoharie County
4. Continue SCDOH partnership in the Creating Healthy Places grant program, which in final year of grant (2014) will focus on development and dissemination of health messages offering information regarding availability of parks, community gardens, and trails for use among the coalition of health service providers.	Identify and appoint SCDOH representation to partnership to assist with health messaging	Grant ends – evaluate results/evaluate support for application for next round	If grant is secured, continue collaboration based on new workplan

Messaging also to include grant-supported initiatives to promote consumption of locally produced fresh fruits and vegetables and to provide healthy choices on local menus.			
5. Use media and health communications to build awareness, including continued regular focus on obesity-related messaging in CRH Healthlink community newsletter. SCDOH website and SCDOH social media outlets	Identify and develop messaging and formats; identify available resources	Evaluate/continue delivery of health messaging including through a focus group of those served by Healthy Families Schoharie and coalition member	Continue delivery and evaluation of evidence-based health messaging

*\*Healthy Families Schoharie County program is an evidence-based home visiting model*

**Focus Area 2: Reduce Illness, Disability and Death Related to Tobacco Use and Secondhand Smoke Exposure with targeted focus on low-income adults (see objective in table above)**

Intervention Strategy	Tracking Measures		
	Year 1	Year 2	Year 3
1. Identify and promote tobacco cessation educational messages and formats that have been shown to improve knowledge among parents and caretakers, including secondhand smoke exposure	Identify and develop messaging and formats; identify target audiences/populations (in addition to those listed in the following bullet); identify and secure resources for delivery/dissemination	Delivery of evidence-based tobacco cessation education messaging	Evaluate and continue delivery of evidence-based health messaging
2. Utilize the Healthy Families Schoharie County partnership to identify and organize other community partners to develop and	Identify resources, develop plan to increase place-based intervention and determine tracking	Implement interventions and track participation	Implement interventions and track participation

implement community-led, place-based interventions targeted to address smoking in low-income population	measures, including NYS Smoking Quitline referrals and referrals to the My baby and Myself smoking cessation intervention for pregnant women		
3. Use media and health communications to target literacy-sensitive educational messaging to low income audiences	Develop evidence-based messaging and identify appropriate formats/delivery mechanisms; identify resources	Secure resources, implement dissemination	Secure resources, implement dissemination
4. Create linkages with and connect patients to community preventive resources targeted at this population	Identify linkages, develop referral mechanisms, implement	Evaluate and track participants/referral numbers	Evaluate and track participants/referral numbers
5. Partner with Cobleskill Regional Hospital to explore reduction of out-of-pocket costs for smoking cessation programs and medications for low-income smokers	Identify resources and if feasible, implement programs	Evaluate and track participants/results	Evaluate and track participants/results

## **Communication Strategy**

The Community Health Assessment and Community Health Improvement Plan will be available on the Schoharie County Department of Health website, <http://www.schohariecounty-ny.gov/CountyWebSite/Health/healthhome.html>. Additionally, the plans will be distributed at to the human services agencies represented by the Schoharie County Human Services Coordinating Council.

**Appendix I:**  
**Tables & Figures of Schoharie County Demographics**

**Table 1. Schoharie County population change since 1980**

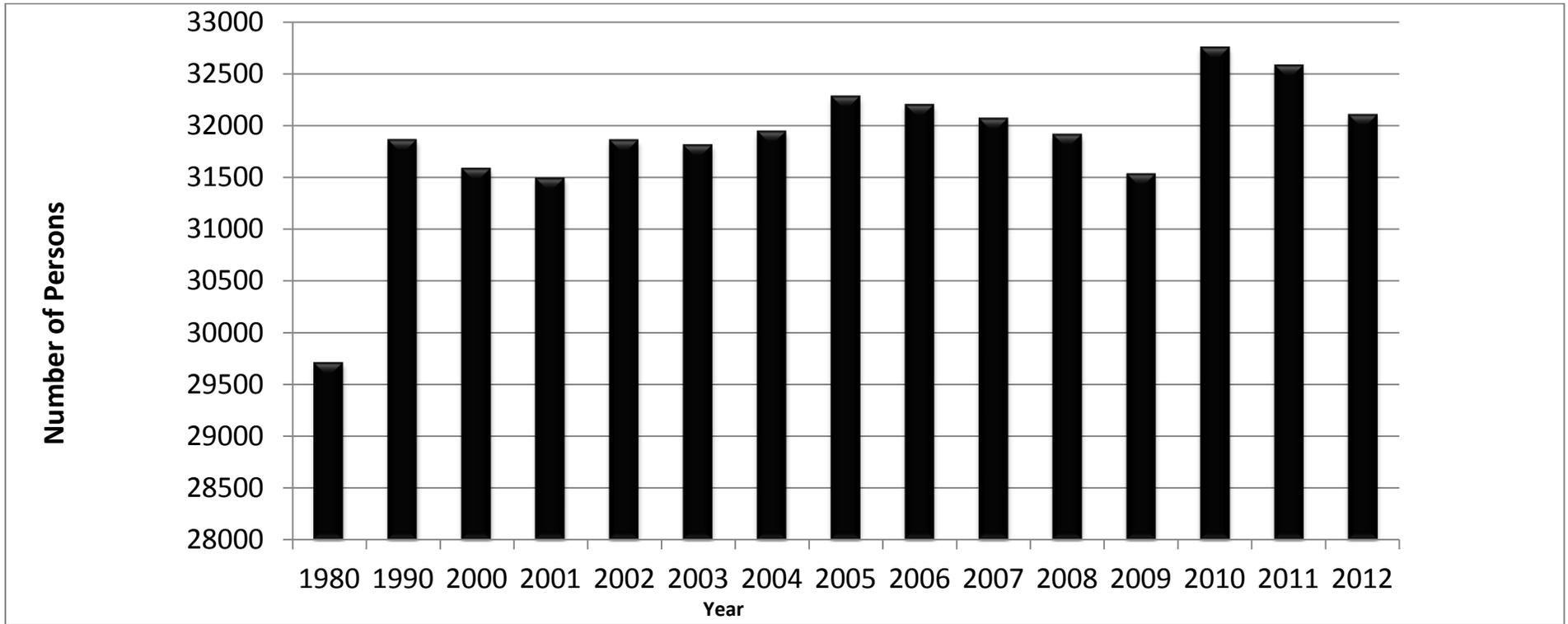


Figure 1. Schoharie County population breakdown by age, 2010

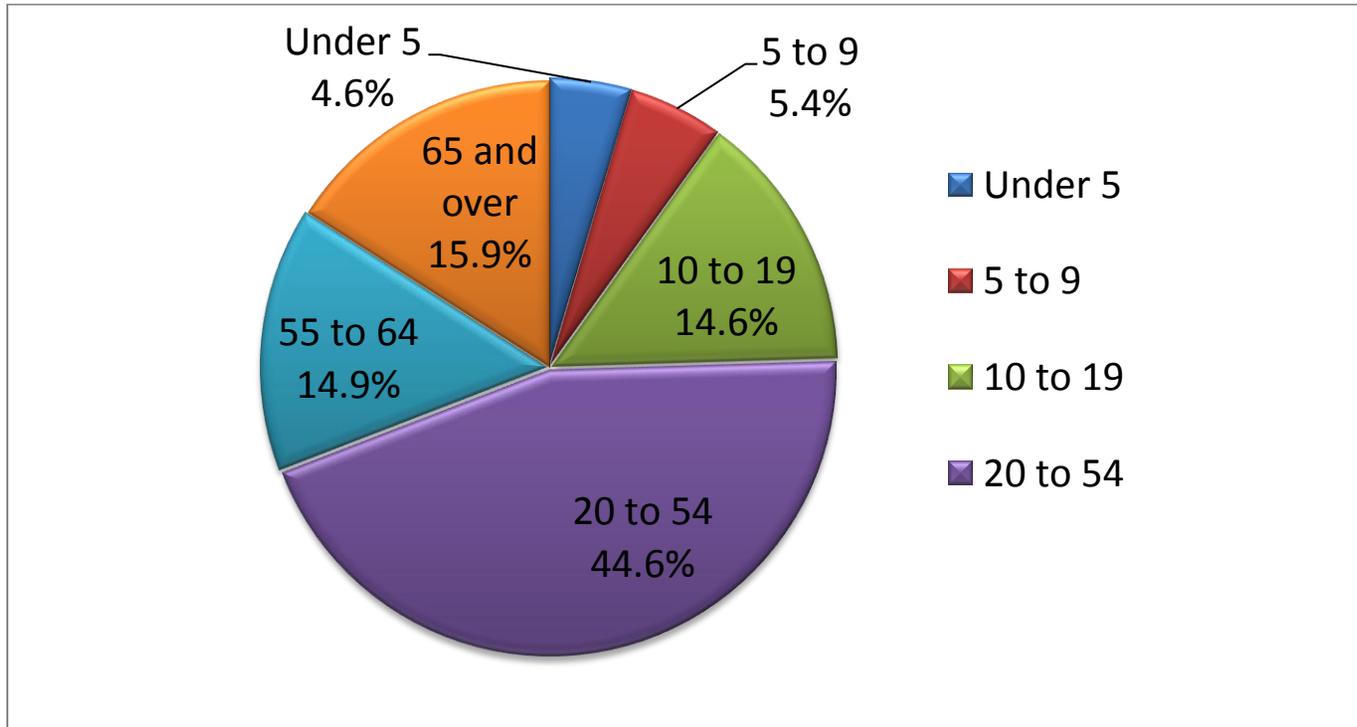
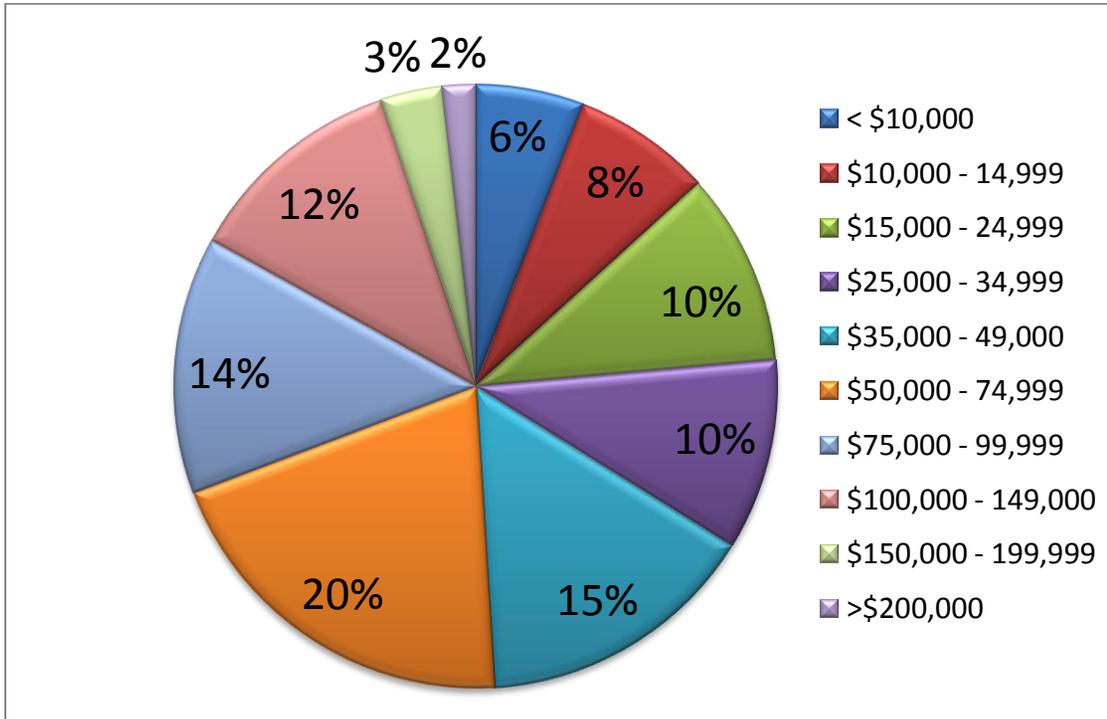


Figure 2. Schoharie County income levels, 2011



**Table 2. Percent of children under 18 living in poverty in Schoharie County compared to NYS, 2005-2011**

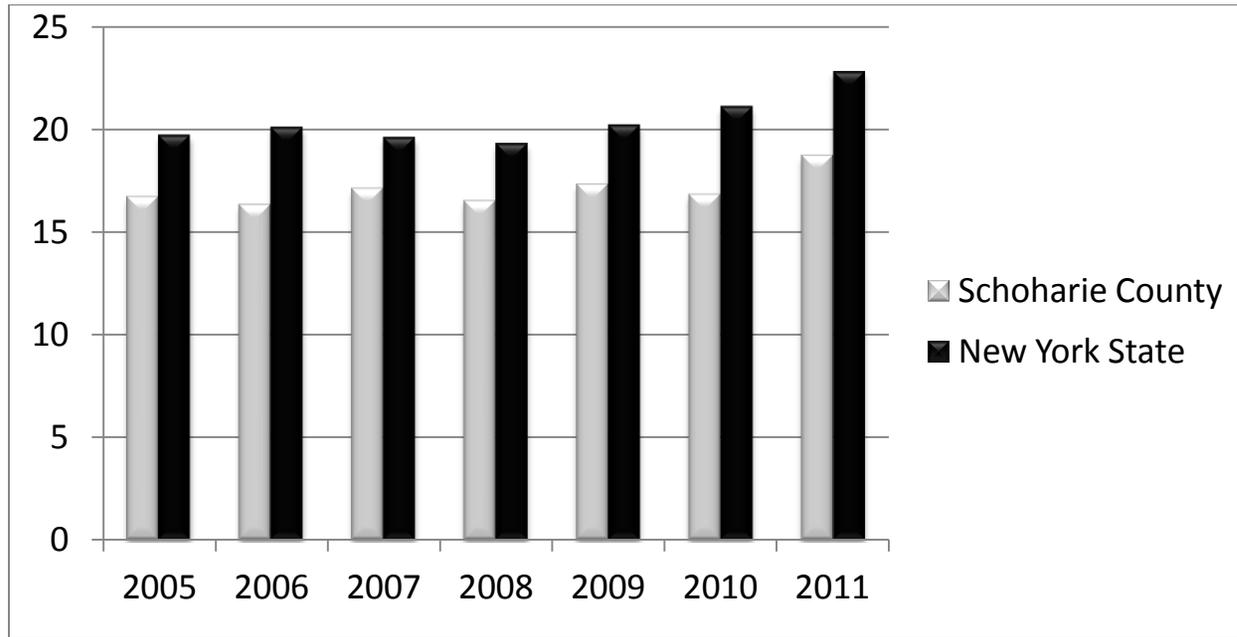
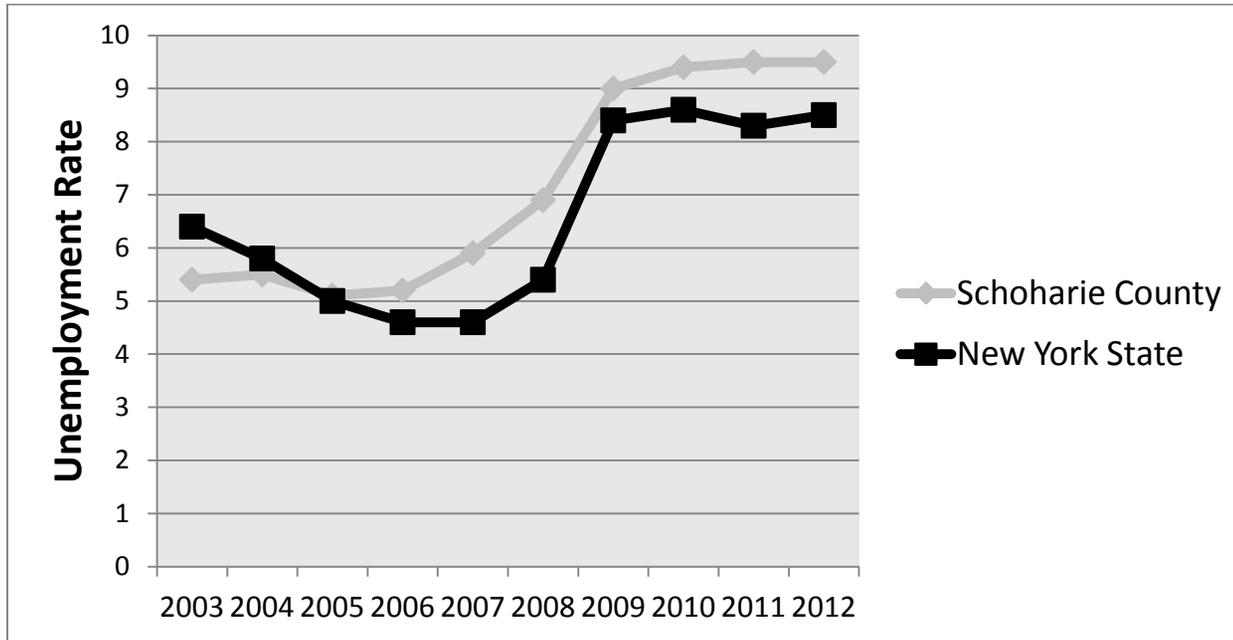
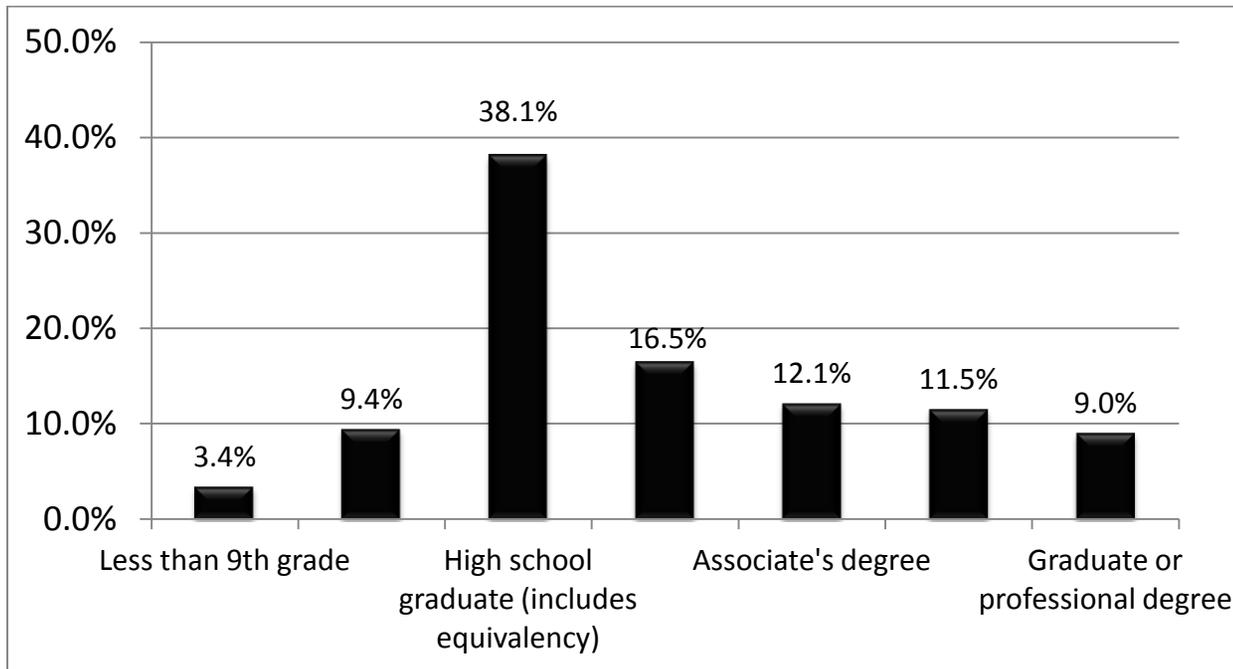


Table 3. Schoharie County unemployment rates compared to NYS, 2003-2012



**Table 4. Education attainment of Schoharie County residents, 2007**

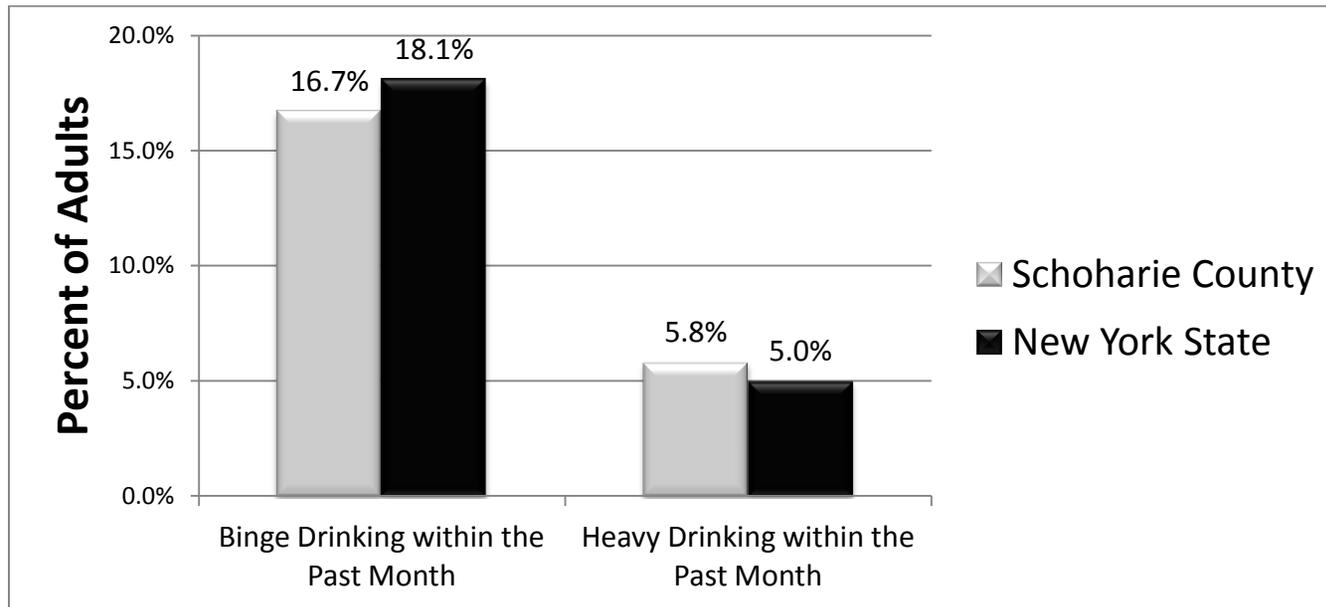


**Appendix II:**  
**Tables & Figures of Schoharie County Health Outcomes**

**Table 5. Indicated reports of child abuse maltreatment in Schoharie County compared to NYS, 2006-2011**

Region	2006		2007		2008		2009		2010		2011	
	Number	Rate										
Schoharie County	137	19.9	183	26.9	200	25.8	208	27.1	207	26.7	174	21.9
New York State	76,977	16.3	76,014	16.2	79,356	16.9	80,707	18.8	79,668	18.6	73,966	16.9

**Table 6. Percent of alcohol consumption in Schoharie County compared to NYS, 2009**



**Table 7. Number of alcohol related motor vehicle accidents in Schoharie County compared to NYS, 2008-2010**

Region	2008	2009	2010	Rate per 100,000
Schoharie	22	19	20	63.4
Northeastern New York	849	807	811	55.2
New York State	7,267	7,171	6,691	36.2

**Table 8. Percent of residents receiving an influenza vaccine in Schoharie County compared to NYS, 2009**

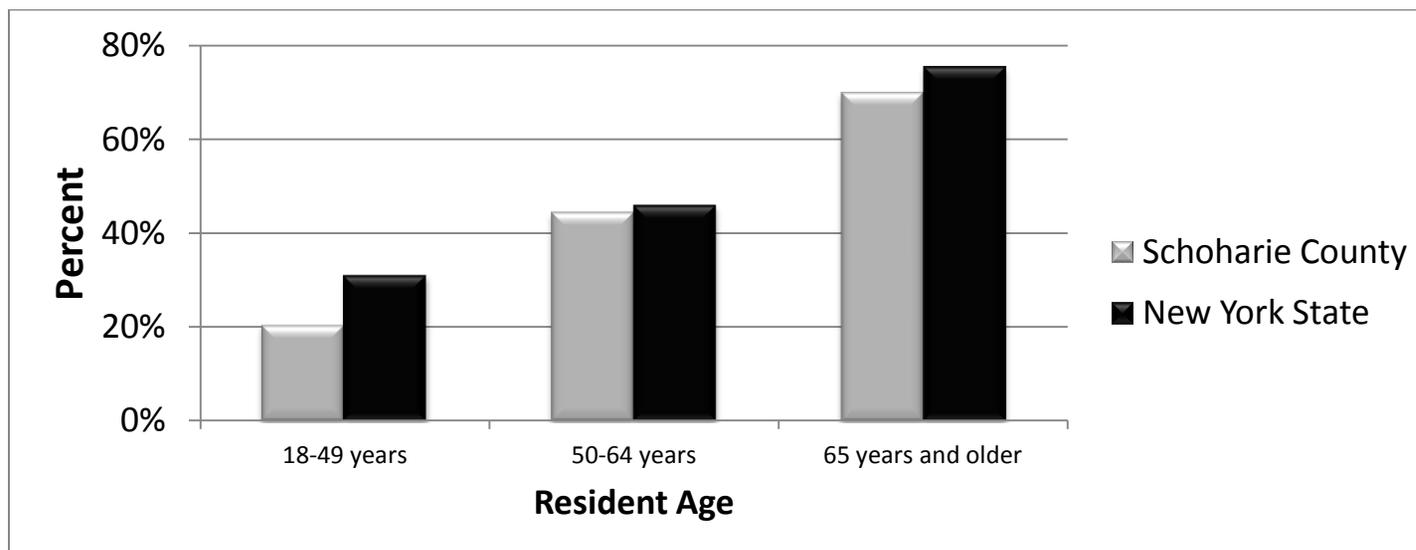
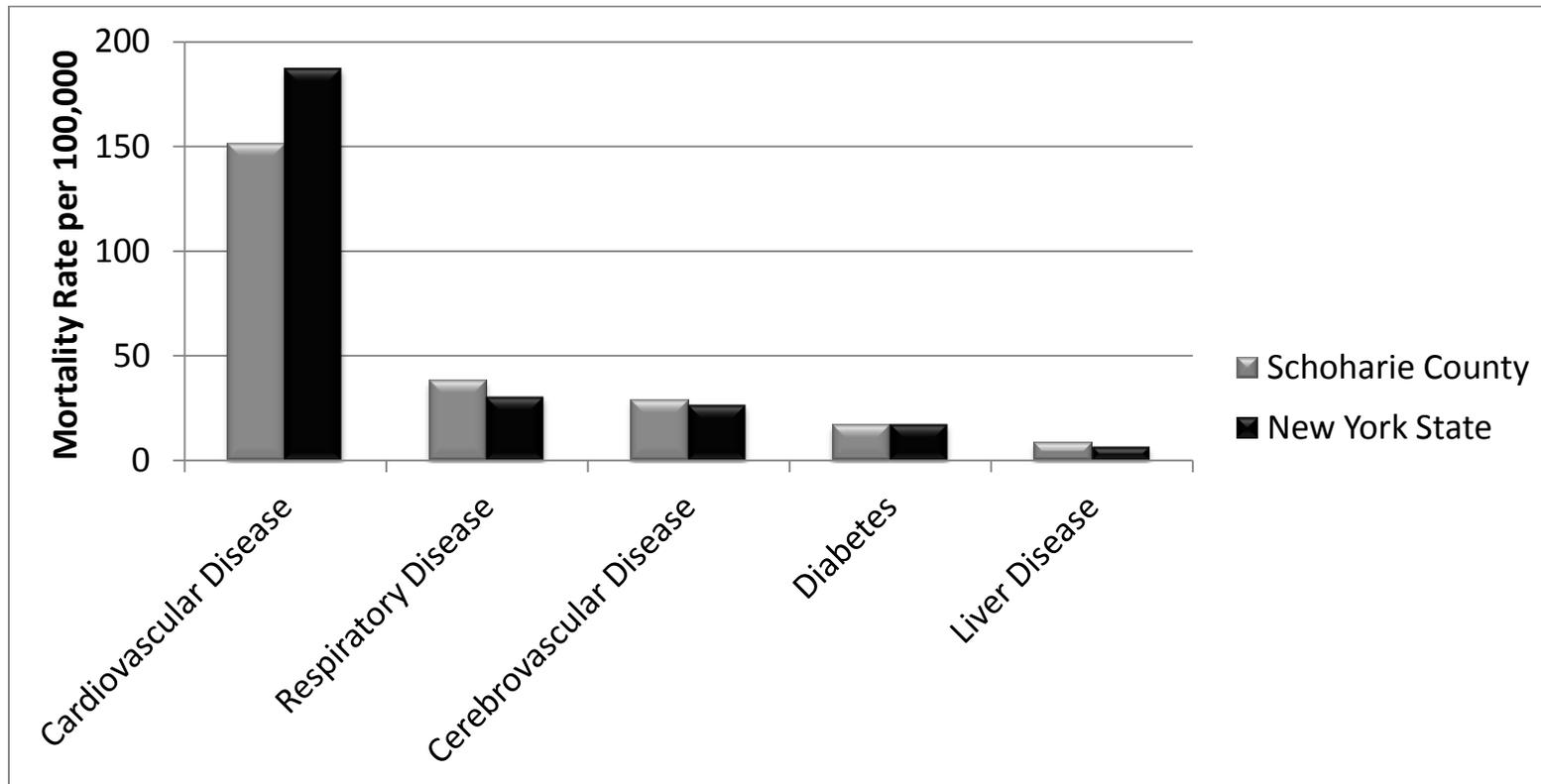


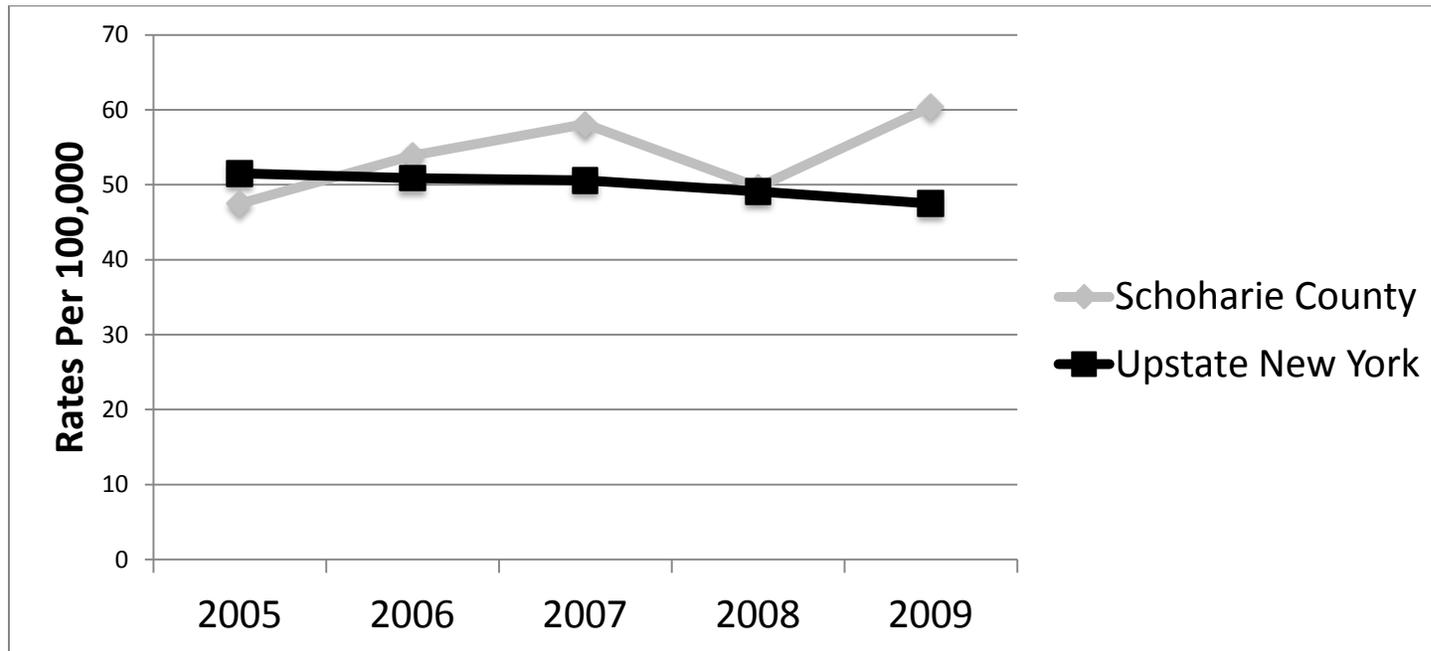
Table 9. Leading causes of death due to chronic disease in Schoharie County compared to NYS, 2009



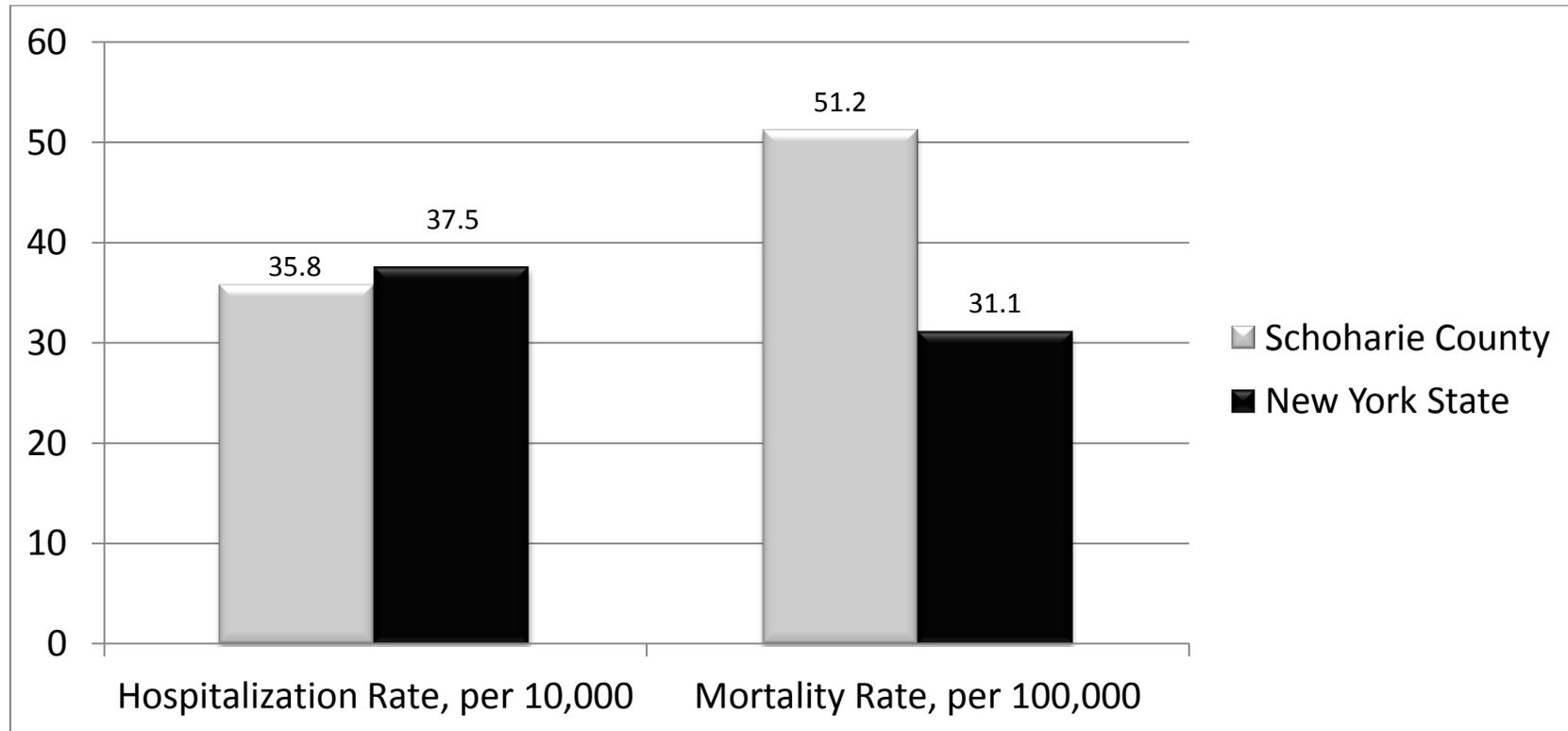
**Table 10. Schoharie County cancer incidence and mortality compared to NYS, 2007-2009**

	<b>3 Year Total</b>	<b>County Rate</b>	<b>NYS Rate</b>
<b>Incidence</b>			
<b>Lung and Bronchus</b>	<b>102</b>	<b>86.3</b>	<b>63.8</b>
<b>Female Breast</b>	<b>57</b>	<b>94.7</b>	<b>126.9</b>
<b>Prostate</b>	<b>77</b>	<b>132</b>	<b>166.9</b>
<b>Colorectal</b>	<b>56</b>	<b>46.4</b>	<b>45.8</b>
<b>Cervical</b>	<b>6</b>	<b>14.5</b>	<b>8.3</b>
<b>Ovary</b>	<b>10</b>	<b>17</b>	<b>12.9</b>
<b>Melanoma</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
<b>Mortality</b>			
<b>Lung and Bronchus</b>	<b>66</b>	<b>55.9</b>	<b>42.8</b>
<b>Female Breast</b>	<b>8</b>	<b>13.1</b>	<b>21.7</b>
<b>Prostate</b>	<b>11</b>	<b>22.2</b>	<b>21.6</b>
<b>Colorectal</b>	<b>15</b>	<b>12.8</b>	<b>15.7</b>
<b>Cervical</b>	<b>2</b>	<b>3.5</b>	<b>2.3</b>
<b>Ovary</b>	<b>9</b>	<b>14.5</b>	<b>7.8</b>
<b>Melanoma</b>	<b>5</b>	<b>3.8</b>	<b>2.1</b>

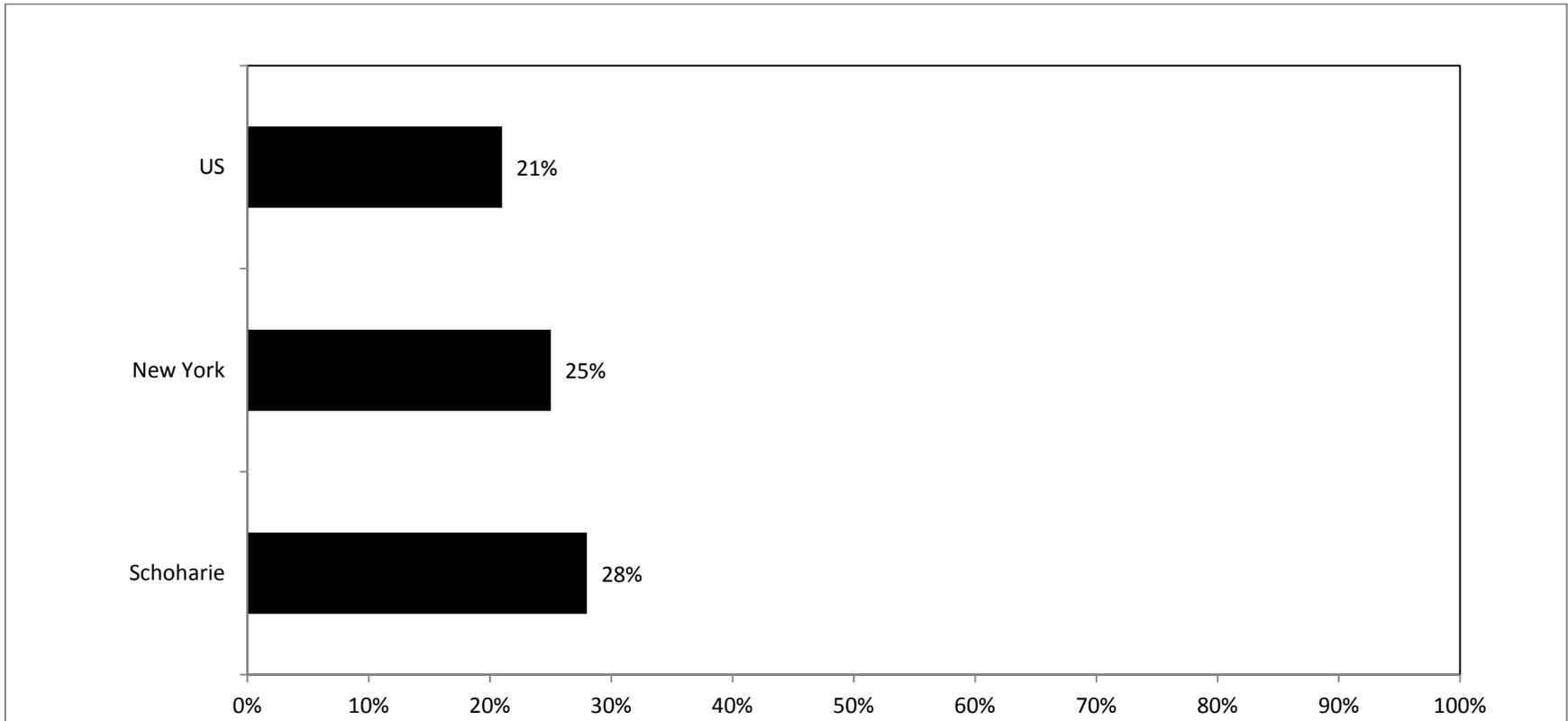
Table 11. Schoharie County Lung cancer mortality rates compared to NYS, 2005-2009



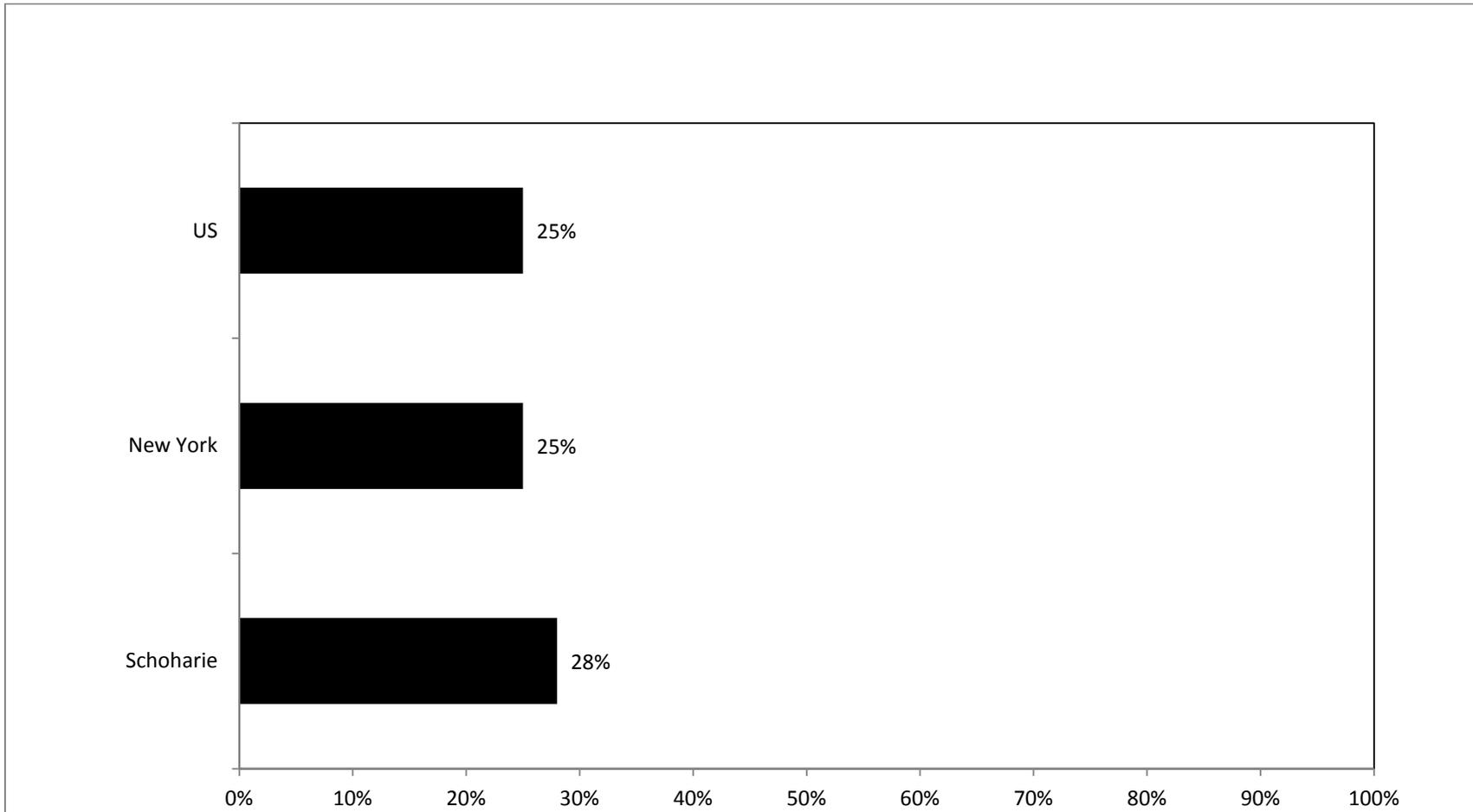
**Table 12. Schoharie County Hospitalization and mortality rates for respiratory diseases compared to NYS, 2008-2010**



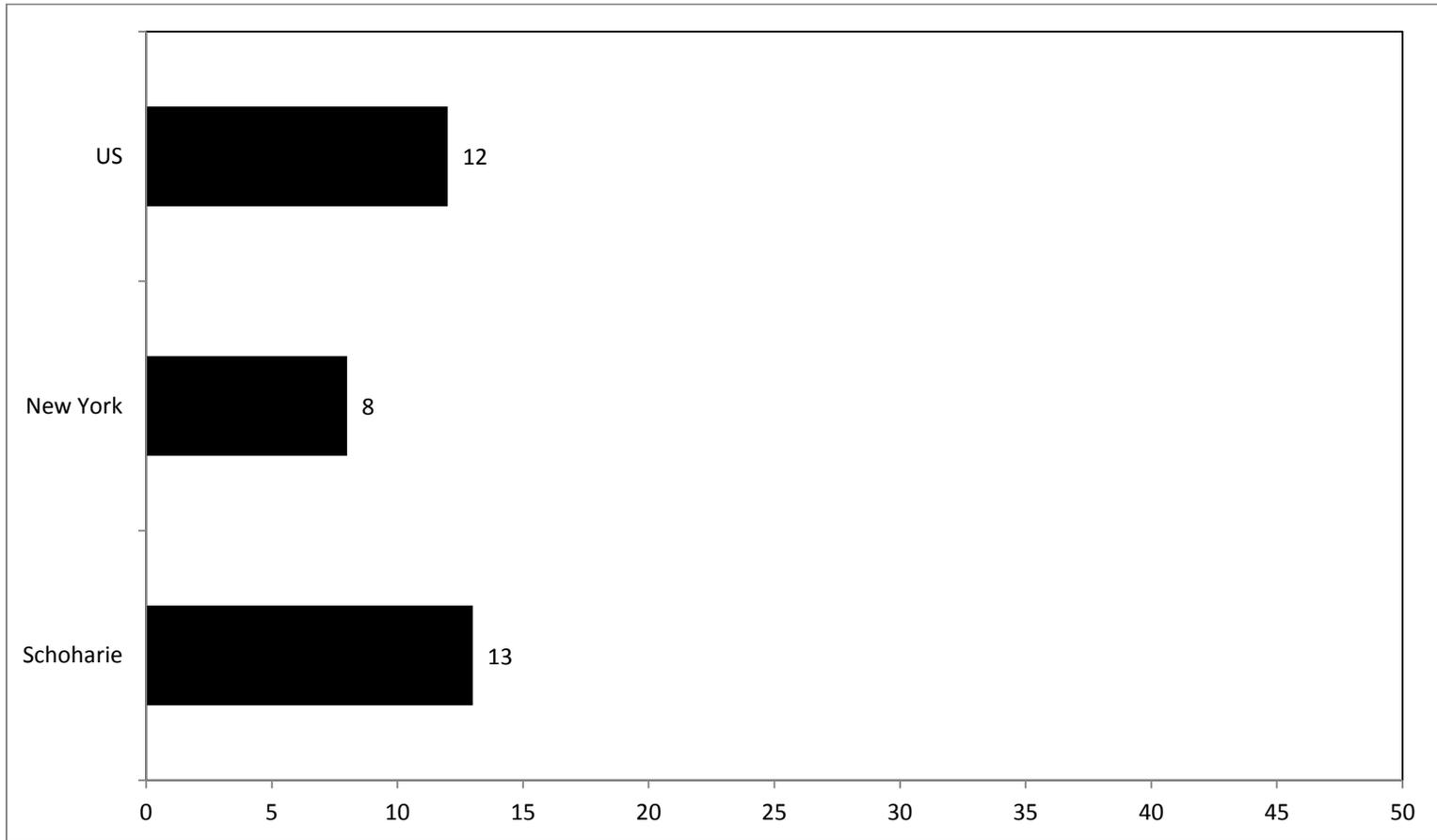
**Table 13. Schoharie County physical inactivity in Schoharie County Compared to New York State and United States, 2011**



**Table 14. Schoharie County obesity Compared to New York State and United States, 2011**

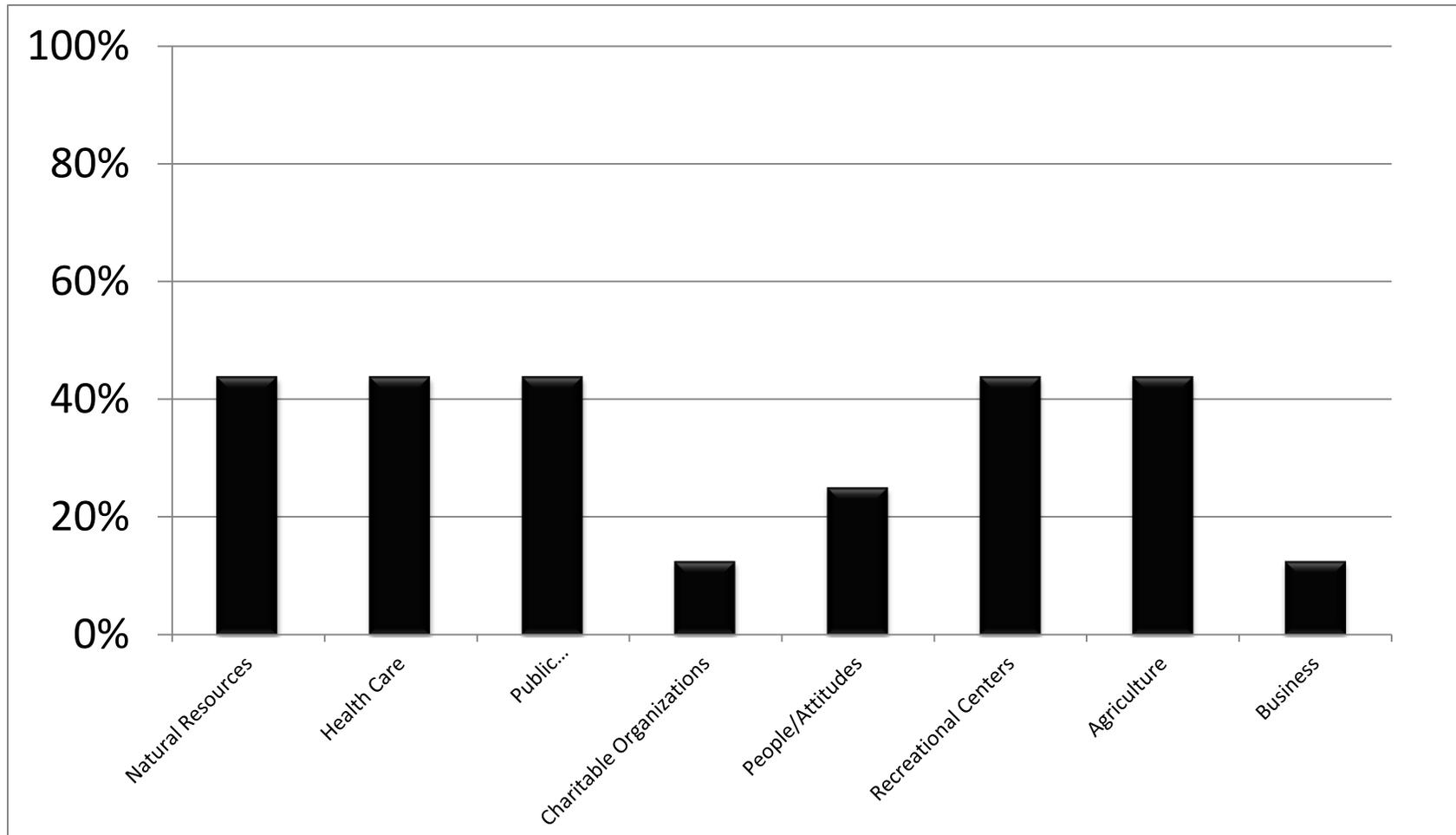


**Table 15. Schoharie County motor vehicle crash death rate compared to New York State and United States, 2011**

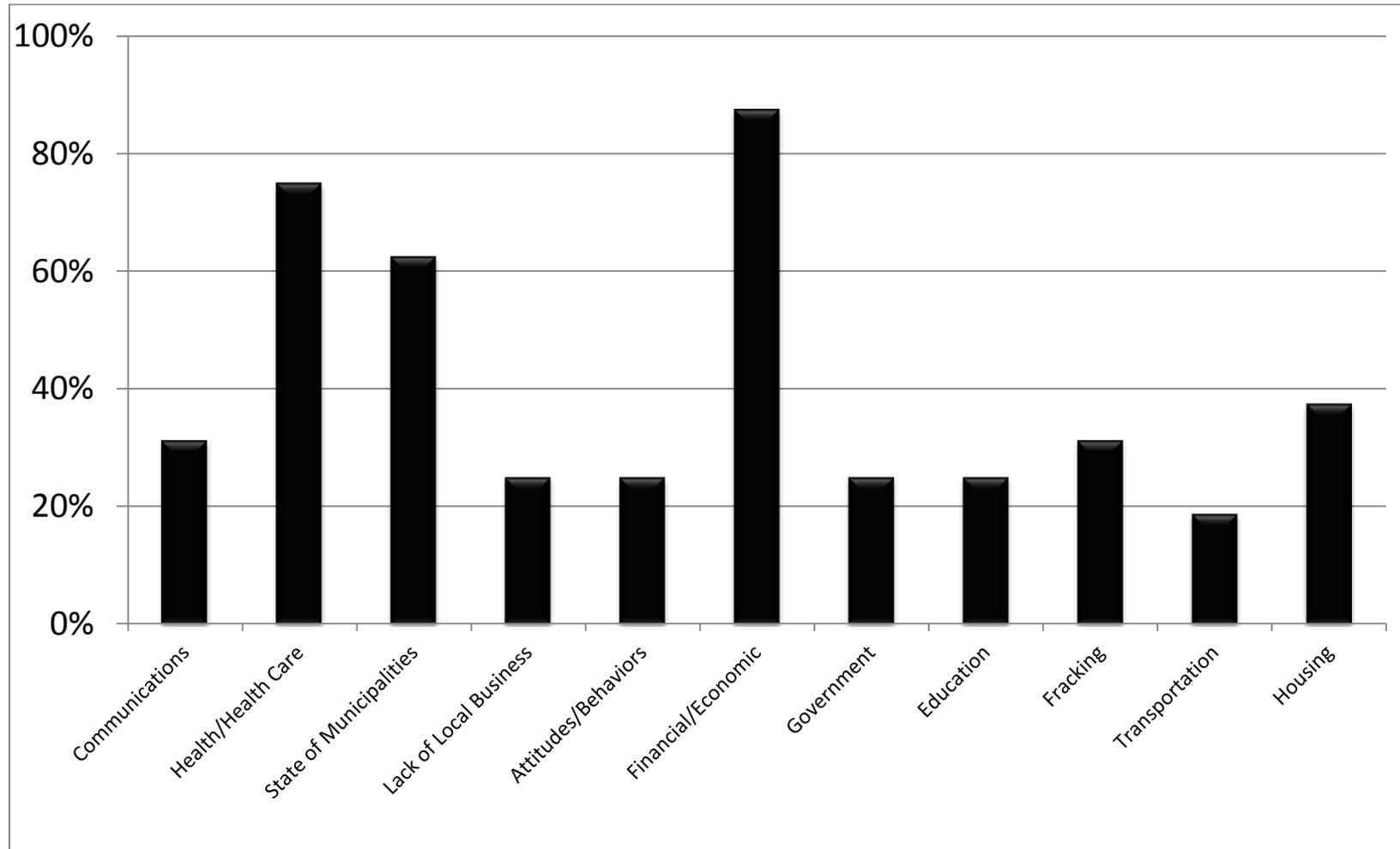


**Appendix II:**  
**Community Engagement Data**

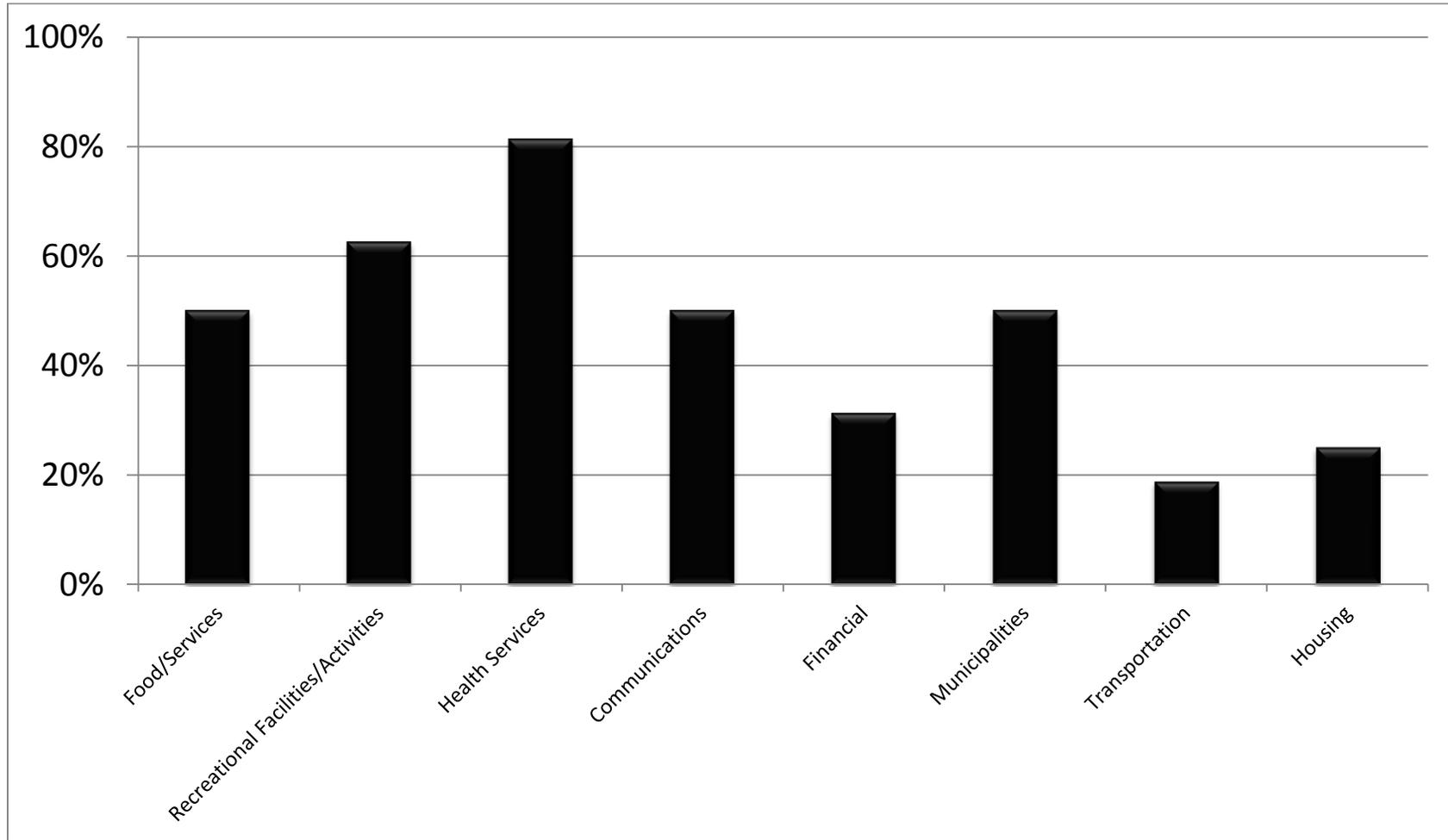
**Table 16. Summary responses to “What resources keep your community healthy?” at Schoharie County town meetings and seniors groups, n = 27, 2013**



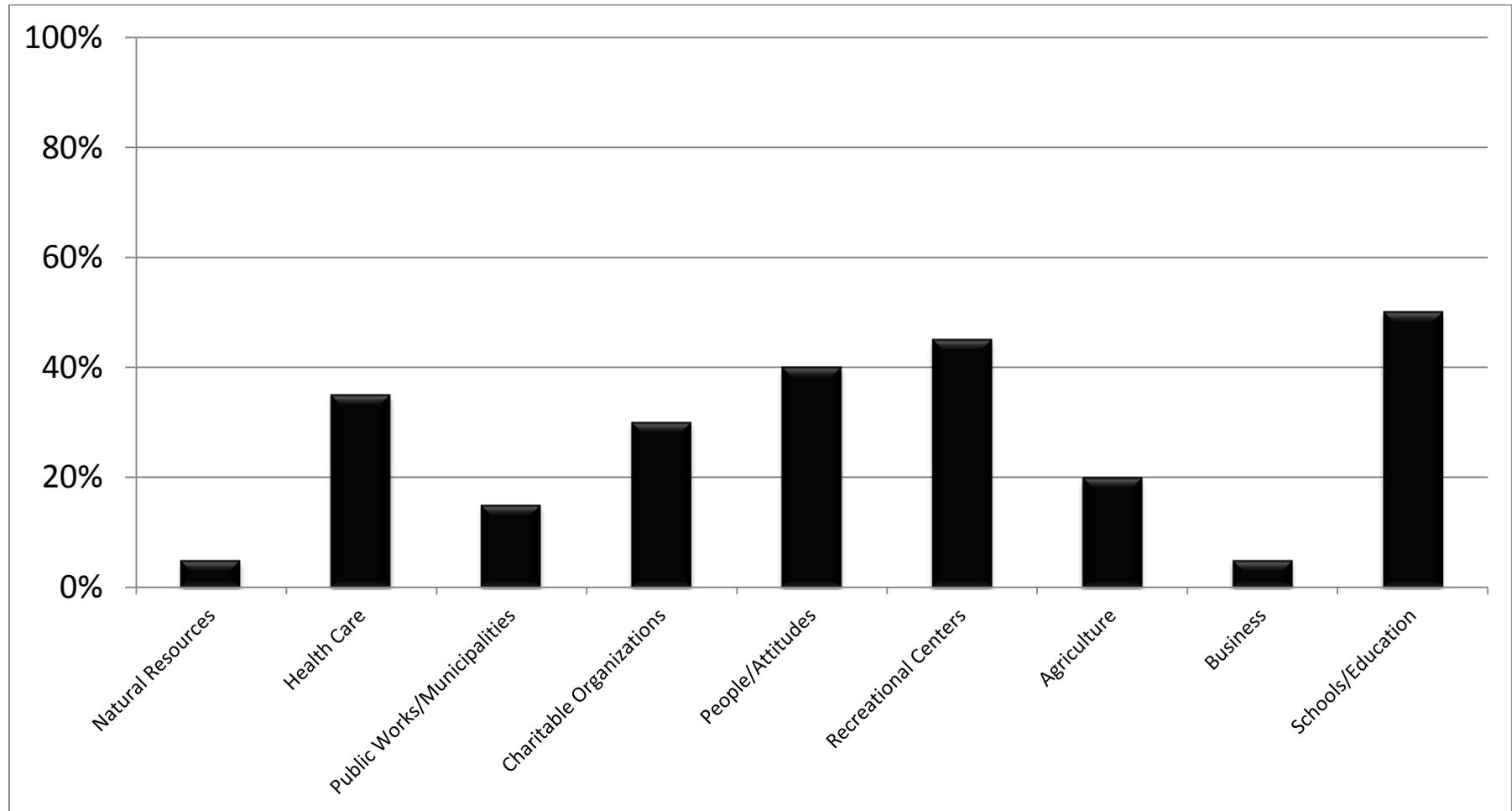
**Table 17. Summary responses to “What are the most important problems in your community?” at Schoharie County town meetings and seniors groups, n = 27, 2013**



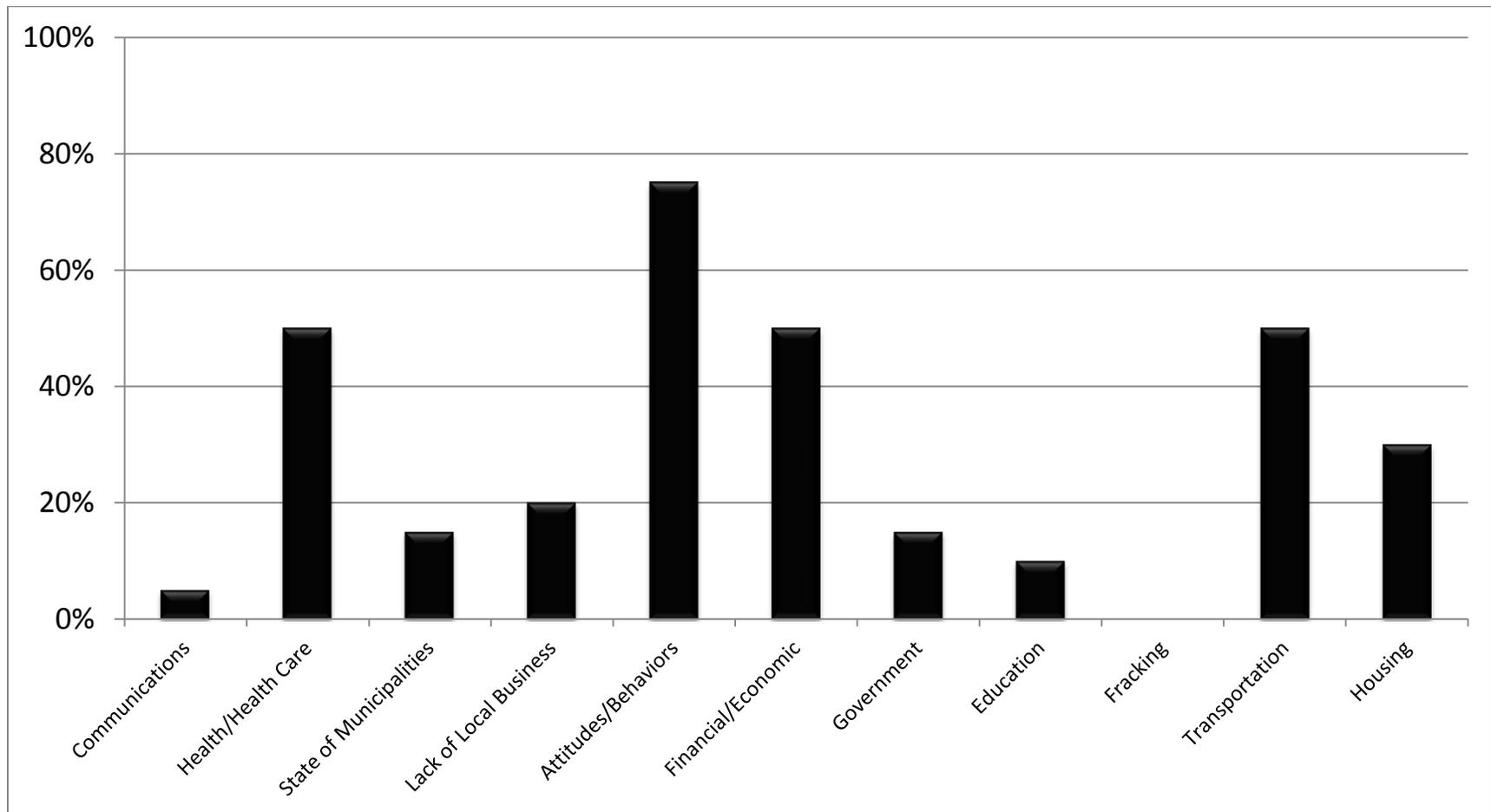
**Table 18. Summary responses to “What additional resources are needed in your community?” at Schoharie County town meetings and seniors groups, n = 27, 2013**



**Table 19. Summary responses to “What resources keep your community healthy?” from key informant interviews, n = 12, 2013**



**Table 20. Summary responses to “What are the most important problems in your community?” from key informant interviews, n = 12, 2013**



**Table 21. Summary responses to “What additional resources are needed in your community?” from key informant interviews, n = 12, 2013**

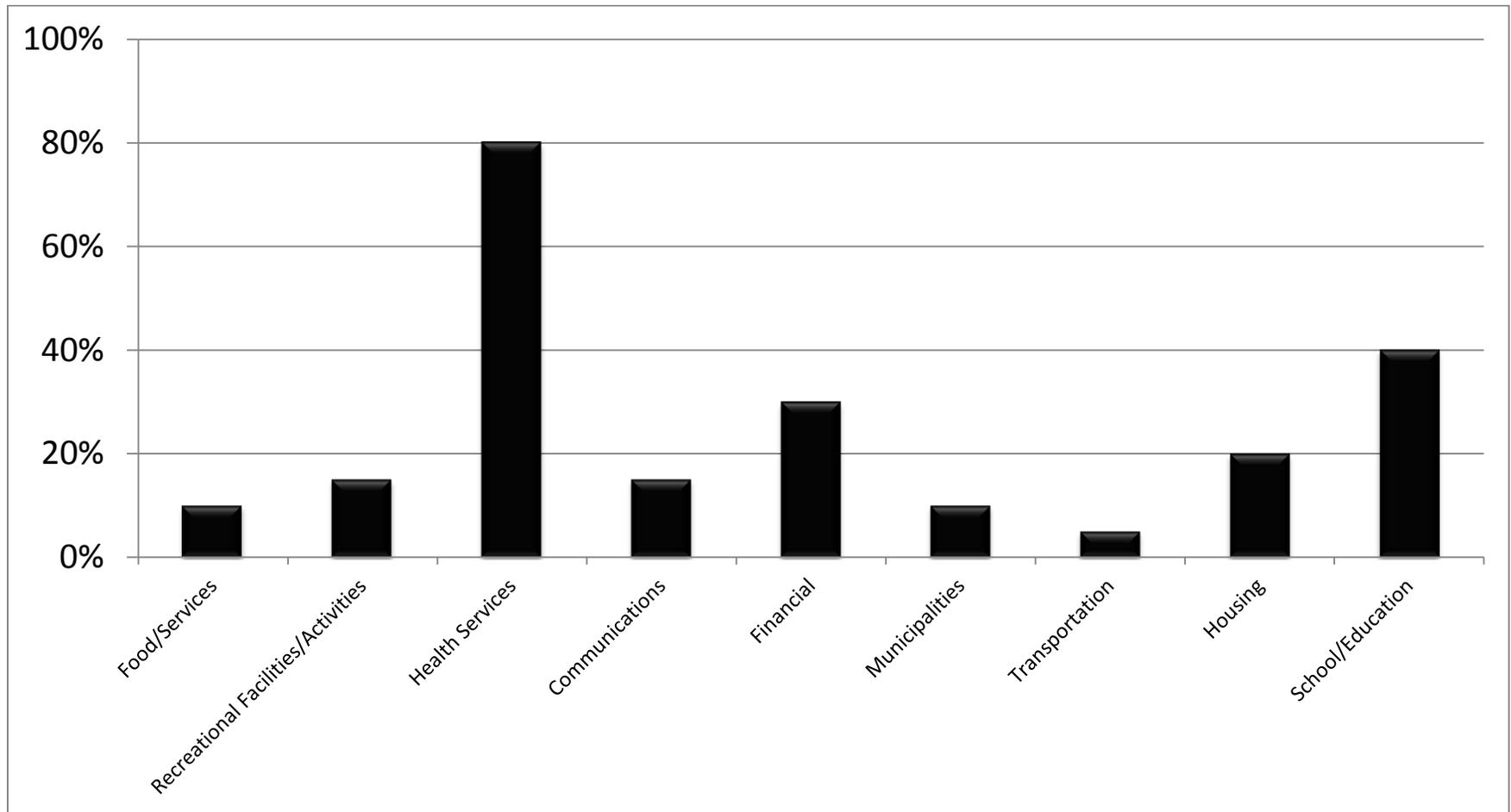
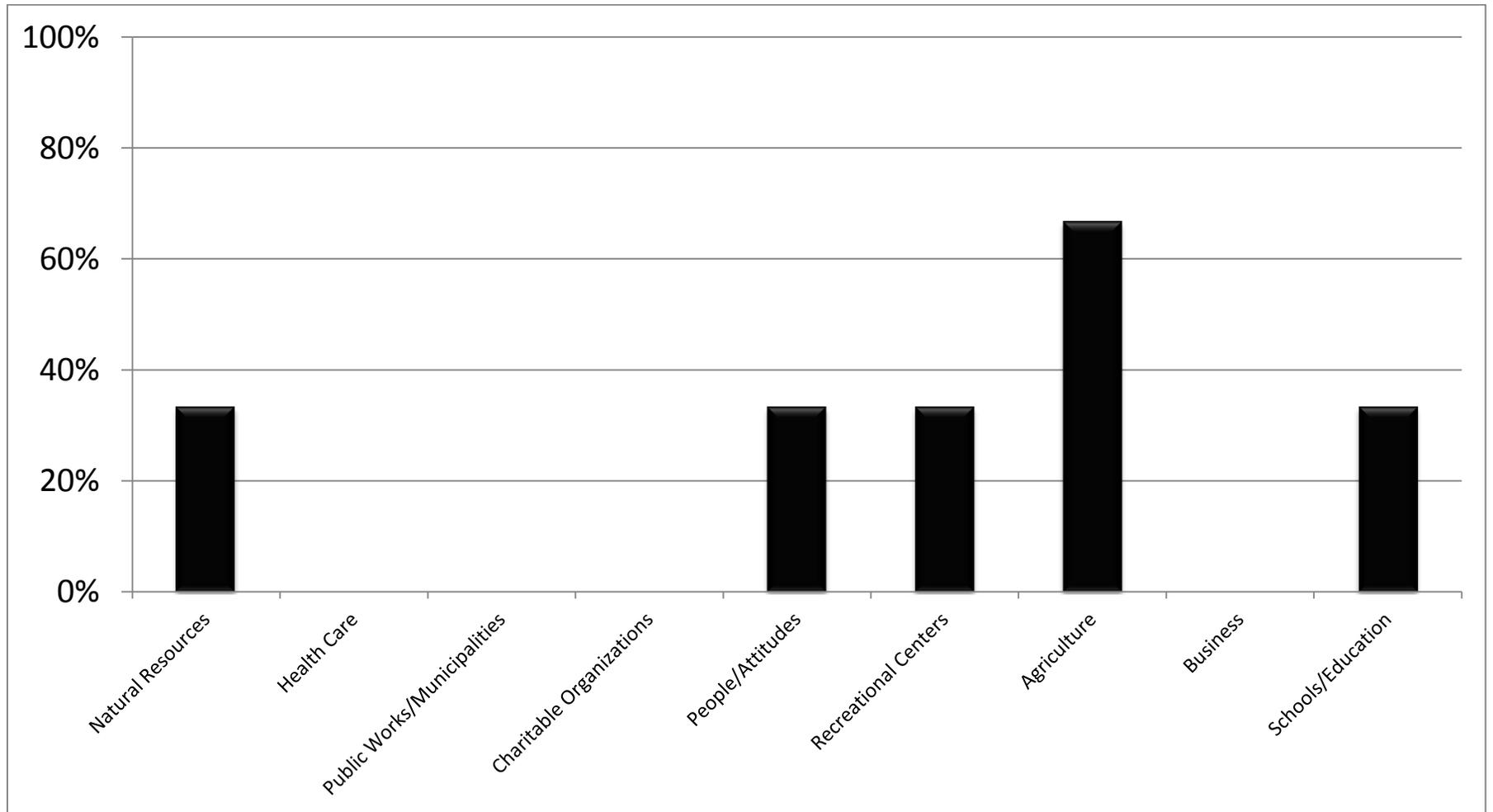
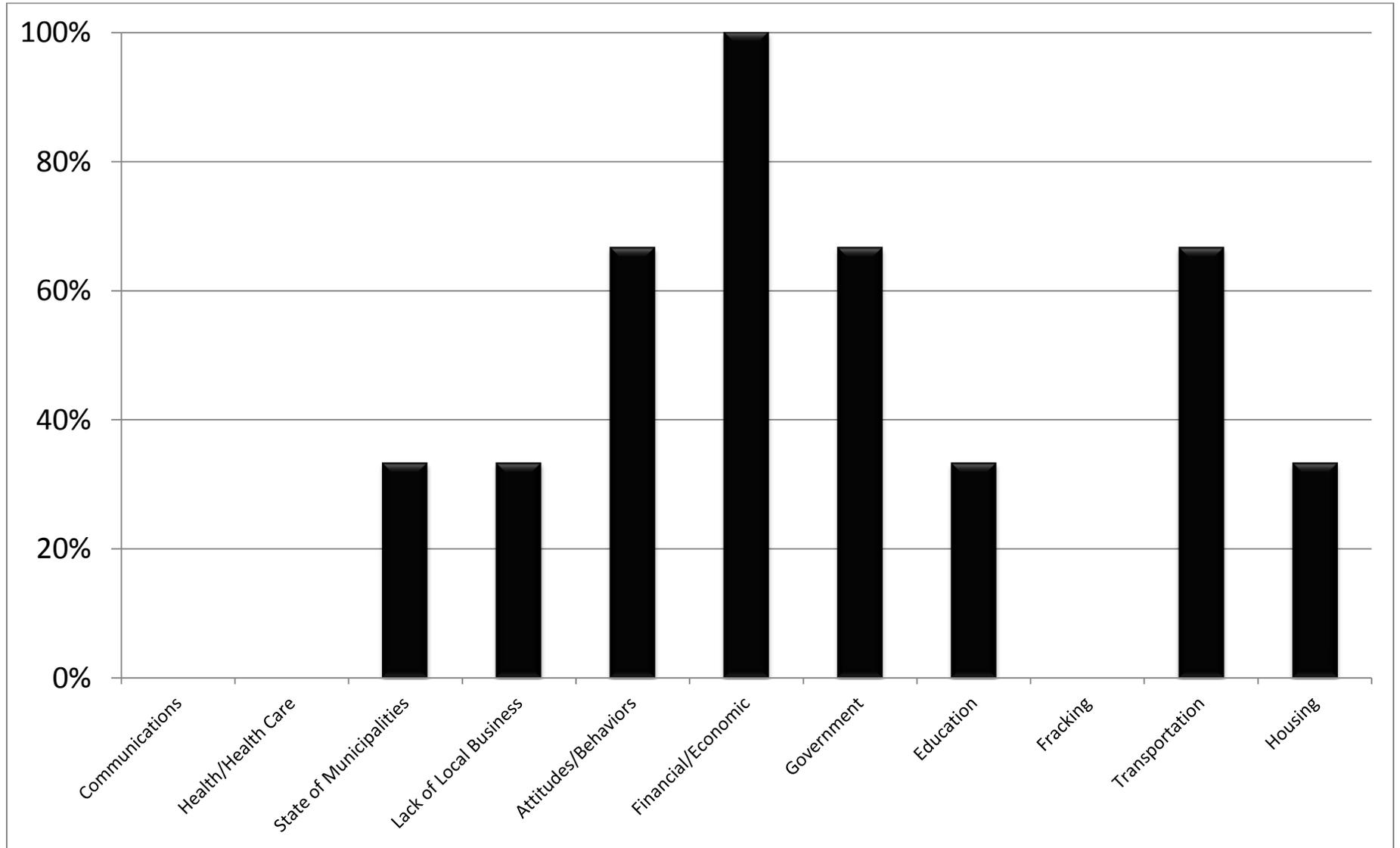


Table 22. Summary responses to “What resources keep your community healthy?” from community agency forums, n = 5, 2013



**Table 23. Summary responses to “What are the most important problems in your community?” from community agency forums, n = 5, 2013**



**Table 21. Summary responses to “What additional resources are needed in your community?” from community agency forums, n = 5, 2013**

