SCHENECTADY COUNTY COMMUNITY PROFILE 2003
HOW WELL ARE WE DOING?

Prepared for

by

September 2003

COMMUNITY PROFILE ADVISORY BOARD MEMBERS

Herminio Acevedo	Wal*Mart
Renee Adamany	YWCA
Jennifer Amstutz	Girls Inc. of the Capital Region
Mary Anderson	The Schenectady County Chamber Foundation, The Chamber of Schenectady County
Margaret Anderton	Bethesda House
Shane Bargy	Schenectady County Youth Bureau
Mary Druke Becker	Community Volunteer
Cindy Bennet	Community Volunteer
Joe Berlant	Community Volunteer
Laura Bronstein	Center for Excellence in Aging Services
Julie Burgess	Community Volunteer
Jack Cadalso	Schenectady County Office of Community Services
Laura Combs	Capital Region BOCES
Jeff Corcoran	Schenectady County Community Business Center
Vickye Eckert	Schenectady County Office for Aging
Carl Erickson	GE Global Research Center
Kim Evanowski	Care Manager
Ellin Friedman	Maternal Infant Network
Linda Glassman	CARES, Inc.
Rev. Phillip Grigsby	Schenectady Inner City Ministry
Keith Houghton	Schenectady Community Action Program
Nancy Jones	Capital Region BOCES
Kevin Karpowicz, MD	Pediatrician
Brigitte Koziol	Parsons Child and Family Center
Robert Ludwig	Community Volunteer
Lynn Macan	Niskayuna Schools
Mike MacLaury	Community Volunteer
Lori McKenna	Schenectady City Schools
Dianne Meckler	Capital District Child Care Coordinating Council
Dennis Packard	Schenectady County Department of Social Services
Kris Pelerin	MVP Healthcare
Bill Reynolds	Center for Excellence in Aging Services
Kathleen Rooney	County Manager's Office
Patty Rowledge	The Junior League of Schenectady, Inc
Sheila Salem	MVP Healthcare
Bill Schultz	Community Volunteer
Peggy Sheehan	Healthy Schenectady Families
Jay Sherman	Community Volunteer
John Steele	Catholic Charities
Maria Sunukjian	Family and Child Service of Schenectady, Inc

Dear Community Member:

The United Way of Schenectady County is pleased to present the *2003 Schenectady County Community Profile* to all of our partners. This document encompasses the entire life span continuum in order that we, as a community, can begin to identify and address the needs of all ages in Schenectady County.

Historically, United Way has used a community-based needs assessment to guide its investments. This year we worked in partnership with other non-profit organizations, businesses, school systems, government entities and community members to develop this *Profile*. We do not intend this to be a listing of United Way of Schenectady County funding priorities; nor do we expect it to provide solutions. The document will outline some of the challenging issues facing our community. We hope that this *Profile* will stimulate community stakeholders to consider the impact of these issues on our communities and to develop strategies for improving selected indicators. We also hope that community stakeholders will identify areas in which Schenectady County is performing well – and support strategies that will help maintain these indicators.

The objective of the *Community Profile* is to establish a baseline from which we can develop a common community agenda to respond to human service needs by engaging businesses, organizations, government and residents. This document will serve as a gauge for identifying the health and human service needs facing the people of all ages who live throughout the county by providing information on indicators of well-being that were selected by a diverse advisory board. This *Profile* does not include all possible indicators because some important indicators are not currently collected, as noted in the data agenda. We intend for this document to be a tool for our community to take advantage of opportunities, identify solutions for persistent issues that affect the health of the community and use a clear means of measuring impact in each area. In other words, we are working to collectively determine *what matters* for Schenectady County.

The United Way of Schenectady County will use the entire assessment process to guide its future investments and to support collaborative strategies that help the community achieve its desired outcomes. We would like to thank all of the members of the Advisory Board for their commitment to this process. We would also like to thank Capital Region BOCES for its participation and for contributing the 2003 Schenectady County Youth Data Profile to this effort.

Sincerely,

Karen Bilowith
President

SCHENECTADY COUNTY COMMUNITY PROFILE 2003

HOW WELL ARE WE DOING?

Summary

The *Schenectady County Community Profile 2003: How Well Are We Doing?* was prepared by CGR (Center for Governmental Research Inc.) for the United Way of Schenectady County to inform its needs assessment, priority setting, and investment strategies. This document highlights important demographic changes in Schenectady County over the last decade and presents trend data on over 55 indicators of community well-being. The *Profile* was developed through a community engagement process and reflects a broad-based Advisory Group's consensus on desired outcomes for Schenectady County residents and key indicators to measure progress. In addition to informing government leaders, policy makers, service providers, and the community as a whole about how the County is doing in achieving desired outcomes, the *Schenectady County Profile* is intended to serve as a tool for planning and a catalyst for bringing about needed improvements.

TABLE OF CONTENTS

SECTION I. INTRODUCTION

Background and Purpose

In the Spring of 2003, the United Way of Schenectady County secured the assistance of CGR (Center for Governmental Research Inc.) to develop a community profile to inform its needs assessment, priority setting, and investment strategies. Community profiles provide an objective assessment of a community's performance on key outcomes and indicators of well-being. By providing essential data to gauge trends and pinpoint areas where a community is faring well and falling short, community profiles serve as springboards for deeper inquiry and discussion about underlying causes and strategies to bring about improvements.

This document, *Schenectady County Community Profile 2003: How Well Are We Doing?*, was developed by CGR through a community engagement process spearheaded by the United Way. The *Schenectady County Profile* reflects the consensus of a broad-based group of stakeholders on desired outcomes for Schenectady County residents and key indicators to measure progress in meeting these outcomes. The *Profile* builds on and supports the work of the Schenectady County Alliance for Children and Families which is seeking to create a data-driven action agenda.

The *Schenectady County Profile* has multiple purposes:

❖ To provide an unbiased assessment of how well Schenectady County is doing in achieving desired outcomes and an improved quality of life for the County's residents;

❖ To educate and inform government leaders, policy makers, funders, service providers – as well as the community as a whole – about the health and well-being of the community;

❖ To be a tool for planning and a catalyst for setting priorities and developing strategies to bring about needed improvements; and

❖ To stimulate discussion about ways to enhance the availability and quality of data to deepen the understanding of issues and strengthen future editions of the *Schenectady County Profile.*

Process and Methodology

The United Way of Schenectady County formed an Advisory Board to work with CGR on this project. This 40-member Board included individuals representing County government, the education system, service providers, advocates, business, and United Way Board members and volunteers.

Step 1. Defining Terms

CGR first defined terms to facilitate a common understanding among Advisory Board members:

❖ **Outcome:** What we all want for our children, families, and communities. Outcomes typically cross over agency and program lines and public and private sectors.

❖ **Indicator:** A measure that helps determine whether progress is being made in achieving the outcome. Multiple indicators are needed to paint the picture of whether progress is being made in a particular outcome area. Indicators should be measurable over time.

CGR described two types of indicators: ***traditional indicators,*** as measures of problems, at-risk behaviors, and/or dysfunction and ***promotional indicators,*** as measures of positive growth, functioning, and development. Although the majority of data now collected are for traditional indicators, there is a growing recognition nationally and locally of the need to supplement these data with promotional indicators. The concept of promotional indicators resonated strongly with the Advisory Board, as many members are working toward integrating concepts of resiliency, protective factors, youth assets, and strength-based approaches in their work.

Step 2. Selecting Outcomes and Indicators

The next step was choosing outcomes and indicators for inclusion in the *Schenectady County Profile*.[1] Using the United Way's Impact Areas as a framework, CGR proposed 11 outcomes that were then refined and endorsed by the Advisory Board (presented below).

---

[1] CGR has adapted its starting list of community outcomes and its process for selecting indicators from the work of the Fiscal Policy Studies Institute and the Center for the Study of Social Policy.

Outcomes by Impact Area

Achieving Success by Six
- Healthy Births
- Children Ready for School

Building Futures for Youth
- Youth Succeeding in School
- Youth Making Healthy Decisions

Meeting Essential Needs
- People with Adequate Resources

Strengthening Families
- Stable and Nurturing Families
- People Enjoying Physical and Emotional Well-Being

Maintaining Senior Independence
- Seniors with Adequate Resources
- Seniors Enjoying Physical and Emotional Well-Being

Building Stronger Communities
- Thriving Communities
- Safe Communities

CGR then lead the Advisory Board through a process for selecting indicators for each outcome. CGR provided a list of candidate indicators for review and discussion and also encouraged the members of the Board to modify or add to the list as they saw fit. More than 100 potential indicators were assessed by the Advisory Board against three filters:

❖ **Communication Power:** How understandable is the indicator to the general public?

❖ **Proxy Power:** How well does movement on the indicator influence the outcome?

❖ **Data Power:** How available, timely, and reliable are data for the indicator?

Indicators that the Advisory Board rated highly on each of these dimensions were included on its priority list.

CGR then conducted a thorough review of the availability of data for each of the priority indicators, focusing on how easily existing data could be accessed, analyzed, and tracked over multiple years. In the final analysis, CGR determined that a total of 59 indicators had sufficient data power to be included in this edition of the *Schenectady County Profile.* The remaining indicators, which are largely promotional indicators, are included in a data agenda section under each Impact Area to highlight the need for additional work on developing reliable and ongoing data sources for these indicators.

Step 3. Determining the Comparison Region

The Advisory Board selected the tri-county Capital Region, including Schenectady, Albany, and Rensselaer Counties, against which to compare Schenectady County's performance. Year 2000 Census data indicate that the Capital Region had a total population of 593,658. Schenectady County and Rensselaer County were fairly similar in population size (146,555 and 152,538 respectively) and Albany County was nearly twice as large with a population of 294,565.

For a select number of economic and employment-related indicators, the most appropriate regional comparison was the Metropolitan Statistical Area (MSA), which includes Albany, Rensselaer, Schenectady, Saratoga, Montgomery, and Schoharie Counties.

Step 4. Compiling, Analyzing and Presenting Findings

Once the indicator list was finalized, CGR collected and analyzed the best available data from state, county, and local agencies and prepared a one-page profile for each of the indicators included in the *Schenectady County Profile*. Each indicator profile uses a common format that addresses the following questions:

❖ **Significance** – Why is the indicator important?

❖ **Indicator Description** – How is the indicator defined and calculated?

❖ **County Performance** – How has Schenectady County fared on the indicator over the study period?

❖ **Regional Comparison** – How does Schenectady County's performance on this indicator compare to the broader Capital Region?

❖ **Considerations** – Are there any limitations in the data that the reader should be aware of?

Each indicator profile also includes a graph that displays Schenectady County and regional trend data. There is a corresponding data table for each indicator in Appendix B.

Graphs and tables present data for the most recent year available and historical data, typically beginning with 1995, for trending purposes. For CGR to suggest that a trend exists, there must be a clear pattern of consistent movement of an indicator in the same direction over several years. Whenever possible, CGR used New

York State sources of data rather than Schenectady County data to enable us to make consistent and reliable comparisons to the three-county Capital Region. The data sources for individual measures are cited at appropriate places in the report.

While it is essential to note any caveats that may effect interpretation of the data, CGR is comfortable that the indicators, individually and collectively, have enough positive attributes and value to offset limitations. When considering a single indicator, it is important to keep in mind that multiple indicators, considered in combination, may convey a clearer picture of progress or lack thereof for a given outcome.

CGR's final process for completion of the *Schenectady County Profile* included a review by representatives of the Advisory Board.

Organization of the Profile

This document includes nine sections:

❖ **Section I: Introduction.** This section describes the background, purpose, and methodology used in developing the *Schenectady County Profile.*

❖ **Section II: Demographic Trends in Schenectady County.** Using 1990 and 2000 Census data, this section highlights key demographic trends in the City of Schenectady, Rest of County, and the County as a whole over the past decade and provides a contextual framework for the interpretation of findings on outcomes and indicators.

❖ **Sections III-VIII: Outcomes and Indicators.** These sections make up the main body of the report and include 59 indicator profiles organized by the United Way's Impact Areas. Each Impact Area is presented as its own section:

➢ Section III: Achieving Success by Six;

➢ Section IV: Building Futures for Youth;

➢ Section V: Meeting Essential Needs;

➢ Section VI: Strengthening Families;

➢ Section VIII: Maintaining Senior Independence; and

➢ Section VIII: Building Stronger Communities.

❖ **Section IX: Appendices.** Appendix A includes the data tables for the demographic measures included in Section II. Appendix B includes the data tables for the indicator profiles presented in Sections III - VIII.

As a companion to this document, the Capital Region BOCES has prepared the *Schenectady County Youth Data Profile 2003.* It contains a summary of data derived from the *Communities That Care Youth Survey©* and *Search Institute Profiles of Student Life: Attitudes and Behaviors,©* 1996 by Search Institute, and highlights findings related to risk and protective factors and developmental assets.

SECTION II. DEMOGRAPHIC TRENDS IN SCHENECTADY COUNTY

Drawing on the 1990 and 2000 Census, this section of the *Schenectady County Profile* provides an overview of the changing face of Schenectady County. The narrative and graphics below describe changes in the County's population, racial and ethnic makeup, family and household characteristics, educational attainment, income and poverty distributions, and housing features. These data provide a contextual framework for the interpretation and discussion of outcomes and indicators presented in later sections.

The data presented in this section depict Schenectady County both currently and over the past decade, and compare the City of Schenectady with the Rest of the County (the County excluding the City of Schenectady) or the entire County to underscore interesting trends and geographic disparities. Detailed data tables corresponding to each of the figures and tables presented below are included in Appendix A.

Population

In 2000, the population of Schenectady County was 146,555, with approximately 42 percent of County residents living in the City of Schenectady. Between 1990 and 2000, Schenectady County's overall population declined by about 2 percent, or 2,730 residents. While the Rest of the County's population increased by about 1,000 residents during this timeframe, the City lost nearly 6 percent (3,745) of its inhabitants, resulting in a net population decline countywide.

Figure 1. Change in Total Population: Schenectady County, Schenectady City, and Rest of County, 1990 -2000
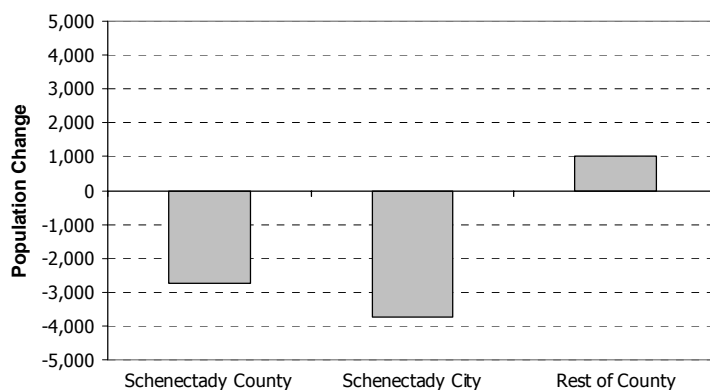
Source: U.S. Census Bureau

Figure 1 shows the change in total population between 1990 and 2000 for the entire County, the City of Schenectady, and the Rest of the County.

Age of Population

The population of Schenectady County is aging. In 2000, about a quarter of the County's population was under the age of 18. However, as Table 1 shows, while the number of school-aged children increased over the past decade, the number of children under age five declined by almost 14 percent during the same period. There are also fewer young adults (18 to 24 years), and the number of adults 25-44 years declined by 11.4 percent. In contrast, the number of adults between the ages of 45-64 rose by 15 percent during the 1990s. Finally, the number of individuals age 85 and over increased by nearly a third countywide, and 47 percent outside the City, though this age group continues to represent a fairly small proportion (2.4% in 2000) of the total County population.

Figure 2. Population by Age, 2000

Schenectady County

- <18 years
- 18 to 44 years
- 45 to 64 years
- 65 years and over
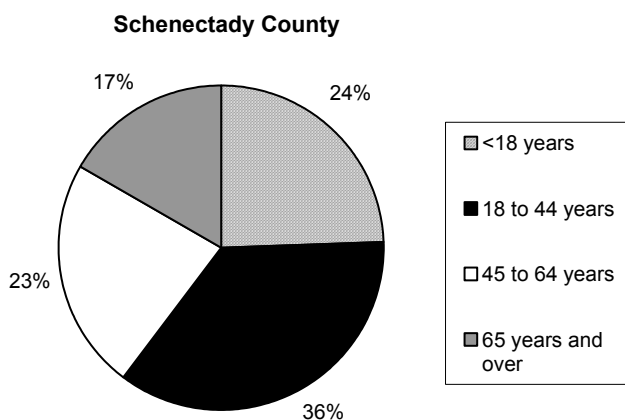
Source: U.S. Census Bureau

Table 1. Population by Age

	Schenectady County			City of Schenectady			Rest of County		
	1990	2000	Percent Change	1990	2000	Percent Change	1990	2000	Percent Change
Under 5 years	10,440	9,001	-13.8	5,186	4,358	-16.0	5,254	4,643	-11.6
5 to 17 years	23,813	26,661	12.0	9,307	10,682	14.8	14,506	15,979	10.2
18 to 24 years	14,686	11,580	-21.1	8,484	7,200	-15.1	6,202	4,380	-29.4
25 to 44 years	46,505	41,219	-11.4	20,901	18,376	-12.1	25,604	22,843	-10.8
45 to 54 years	14,824	20,606	39.0	5,167	7,219	39.7	9,657	13,387	38.6
55 to 64 years	14,306	13,090	-8.5	5,340	4,573	-14.4	8,966	8,517	-5.0
65 to 74 years	13,739	11,376	-17.2	5,833	4,075	-30.1	7,906	7,301	-7.7
75 to 84 years	8,285	9,484	14.5	4,008	3,782	-5.6	4,277	5,702	33.3
85 years and over	2,687	3,538	31.7	1,340	1,556	16.1	1,347	1,982	47.1

Race and Ethnicity

In 2000, approximately 89 percent of Schenectady County residents were White, either alone or in combination with some other race.[2] However, as shown in Figure 3 below, the City was more racially diverse than the Rest of the County: fifteen percent of City residents were Black, compared to one percent of County residents living outside the City.

Figure 3. Population by Race, 2000
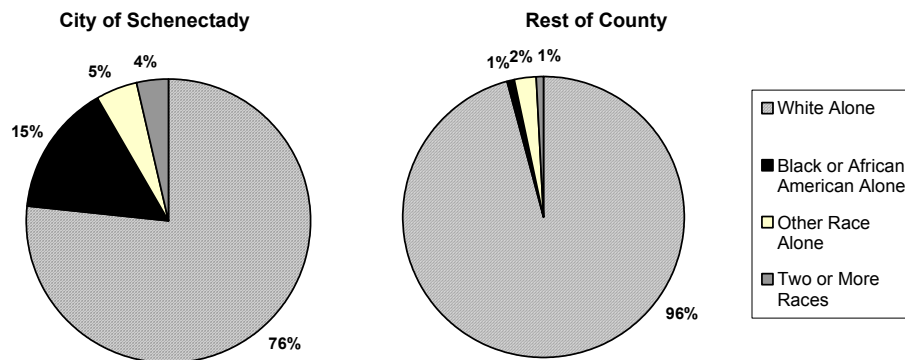
Source: U.S. Census Bureau

While 1990 and 2000 race data are not directly comparable, the following data suggest growth in the Black population countywide during the 1990s. In 1990, 6,348 of Schenectady County residents identified their race as Black. In 2000, 9,953 residents identified their race as Black alone (a 56% increase compared to 1990), and 11,414 individuals identified themselves as Black alone or Black in combination with some other race (an 80% increase compared to 1990 data).

---

[2] In 2000, Census respondents were able for the first time to select more than one race category. This change renders 1990 and 2000 Census data on race not directly comparable. The 2000 race data are reported in two ways: 1) people who reported only one race are referred to as the race *alone* population, e.g., White alone, Black or African American alone, etc. Individuals who chose more than one race are captured in the *two or more races category,* and this category with the "alone" categories yields mutually exclusive categories which sum to the total population. 2) Data are also presented for a particular race *alone* or *in combination with another race* (two or more races). The *alone* or *in combination* categories represent *responses* rather than *respondents,* and are not mutually exclusive. In 2000, 2.2% of Schenectady County residents and 3.6% of City of Schenectady residents selected two or more races.

Figure 4. Change in Hispanic or Latino Population: County of Schenectady, City of Schenectady, Rest of County, 1990-2000
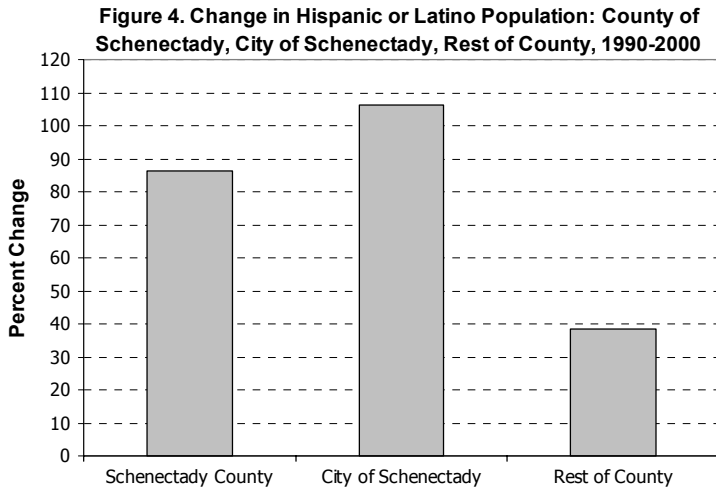
Source: U.S. Census Bureau

People who identify their ethnic origin as Spanish, Hispanic, or Latino may be of any race or combination of races. As shown in Figure 4, from 1990 to 2000, countywide, the Hispanic or Latino population grew by 86 percent, and in the City this population more than doubled during the same period. While there was substantial growth in the number of persons of Hispanic or Latino origin during the past decade, these individuals made up a relatively small proportion of the total County population in 2000 – just over 3 percent. However, Hispanics are concentrated in the City where they comprise 5.9 percent of the total population compared to just 1.2 percent of the population outside the City.

Household and Family Types

In 2000, 64 percent of Schenectady County households consisted of families.[3] Figure 5 below shows the distribution of all household types - family and non-family - with family households further broken out by married and non-married families with and without children under age 18. As Figure 5 shows, there is a significant difference in the mix of household types between the City of Schenectady and the Rest of the County. The City is home to a higher percentage of non-family households (46%) compared to the Rest of the County (28%).

Figure 5. Household Types, 2000

City of Schenectady

14.2%
18.3%
13.7%
7.6%
46.1%

Rest of County

26.1%
34.9%
6.1%
5.2%
27.8%

Married couple, children <18

Married couple, no children <18

Non-married, children <18

Non-married, no children <18

Nonfamily household
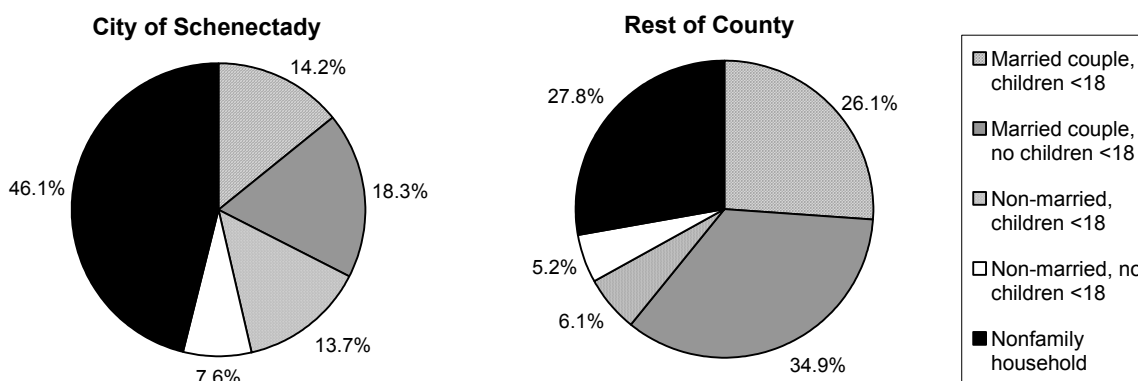
Source: U.S. Census Bureau

Figure 6. Family Type in 2000

Non-married, no children <18

Non-married, children <18

Married couple, no children <18

Married couple, children <18

Schenectady County   City of Schenectady   Rest of County

Source: U.S. Census Bureau

In 2000, nearly three quarters of Schenectady County family households were married couple families. About one third were married couple families with children under the age of 18, and about 15 percent were non-married families with children under 18. As shown in Figure 6 at left, compared to the Rest of the County, the makeup of

---

[3] A household includes all the people who occupy a housing unit as their usual place of residence. A family includes a householder and one or more people living in the same household who are related to the householder by birth, marriage, or adoption. Not all households contain families ("non-family households") since a household may comprise a group of unrelated people or one person living alone.

family types in the City of Schenectady is significantly different. In the City of Schenectady, a quarter of all families are non-married families with children under 18 compared to 8 percent in the Rest of the County.

Figure 7 portrays changes in family types over the last decade. All areas of the County have seen a substantial rise in non-married families with children under 18, and in fact, this family type is the only one that has grown. A disproportionate number of these non-married families with children are female-headed, and as shown in Figure 7, the number of female-headed families countywide

increased by 28 percent during the last decade. Even though the City of Schenectady still had a far greater percentage of non-married families with children than the Rest of the County, the majority of the growth (both in terms of total number and percent change) occurred outside the City. While family households declined both countywide and in the City, the Rest of the County saw a slight increase in the number of family households during the 1990s.

Figure 7. Percent Change in Family Types, 1990-2000

Source: U.S. Census Bureau
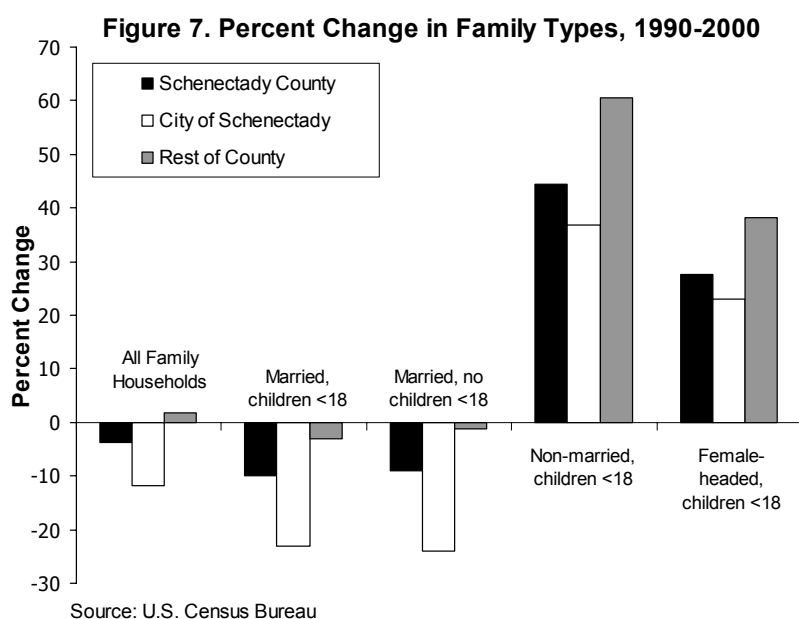
For the first time, the 2000 Census captured information on the number of grandparent(s) who have assumed full care of and financial responsibility for their grandchildren, under 18 years of age, on a temporary or permanent live-in basis. In Schenectady County, 1,846 grandparents were living with their own grandchildren, and 726 of these individuals indicated they were the primary caregivers of their grandchildren. Slightly more than half (376) of these caregivers lived in the City of Schenectady. Countywide, more than a third (39%) of grandparents caring for their grandchildren had been doing so for five years or more.

Language Spoken at Home

In 2000, 91 percent of the County's population 5 years and over spoke English in the home. The proportion of Schenectady County residents speaking a language other than English in the home increased only slightly during the 1990s, from 8.8 to 9.9 percent. By 2000, more than a quarter of these individuals spoke Spanish compared to only 16 percent in 1990. Nearly one third of those speaking a language other than English at home speak English "less than very well." In 2000, over half (54.7%) of those speaking a language other than English in the home lived in the City of Schenectady.

Educational Attainment

Most (85%) of Schenectady County's residents age 25 and over had a high school diploma or higher in 2000. Figure 8, however, reveals substantial differences between the City and Rest of County in the area of educational attainment. Most strikingly, at the low end of the scale, the high school non-completion rate in the City is nearly double the rate in the Rest of the County.
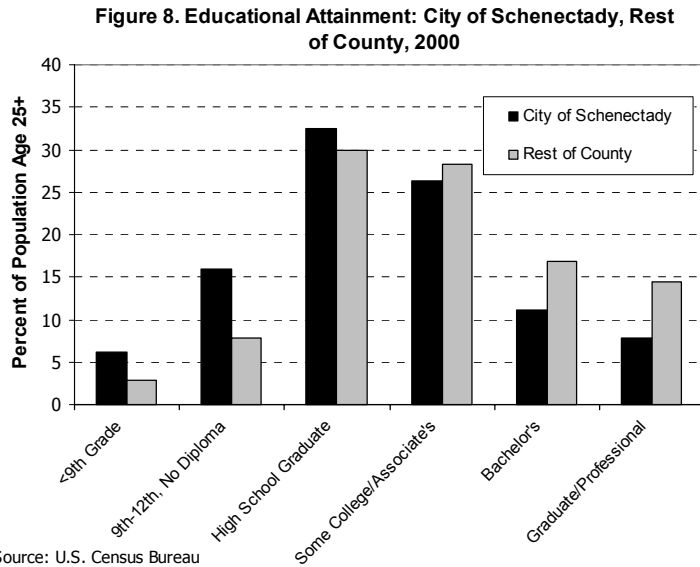
Despite this disparity, the overall trend during the decade has been an increase in educational attainment levels, both within and outside the City. Figure 9 shows declines in the number of people with less than a high school diploma in each of these geographic areas. It also reveals a significant increase in the number of individuals with graduate or professional degrees.

Figure 8. Educational Attainment: City of Schenectady, Rest of County, 2000

Source: U.S. Census Bureau

Figure 9. Educational Attainment, City vs. Rest of County, 1990 and 2000
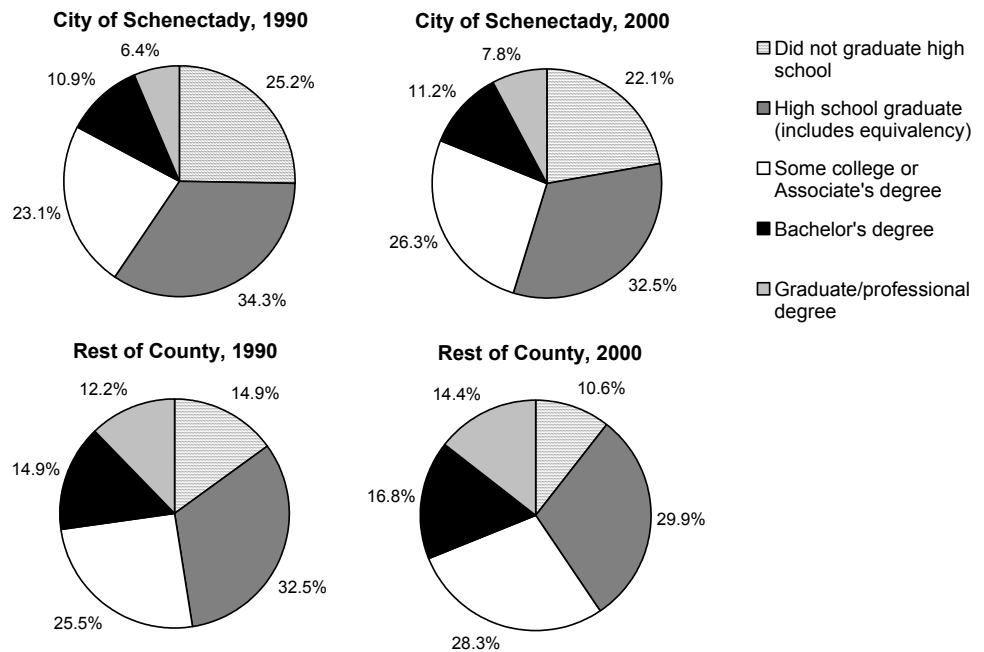
Source: U.S. Census Bureau

Income

In 1999, Schenectady County's median household income was $41,739 compared to $29,378 among City households.[4] Table 2, below, contrasts the median and mean incomes for a variety of family types in the City and the County as a whole in 1999. The disparity between the median family income in the City and the County was over $17,000 in 1999. Income levels are the lowest among female-headed families with children under age 18; the median income for this group was less than a third of the median income of their married counterparts.

Table 2. Median and Mean Family Income, 1999

	Schenectady County		City of Schenectady	
	Median Income	Mean Income	Median Income	Mean Income
All families	$53,670	$62,510	$36,458	$44,505
All families with children under 18	$51,935	$59,879	$29,548	$38,199
Married-couple families	$62,038	$71,960	$48,556	$55,567
Married-couple families with children under 18	$65,212	$74,915	$49,605	$54,352
Female-headed families	$24,751	$30,560	$19,199	$25,414
Female-headed families with children under 18	$18,092	$22,957	$14,818	$18,654

Source: U.S. Census Bureau

Overall, household income has increased in the County, though substantial gaps continue to exist between geographic areas and across family types. When comparing 1999 to 1989, fewer households countywide had annual incomes of less than $25,000, though nearly two thirds of these households remained in the City. Both the County and the City experienced phenomenal growth at the highest income levels, with each area seeing a 198 percent increase in the number of households earning $100,000 or more. Nonetheless, these higher-earning households made up a smaller proportion of total households in the City (4.2%) compared to the Rest of the County (15.5%). Figure 10, below, depicts these changes in income distribution between 1989 and 1999.

---

[4] The median income divides the income distribution into two equal groups, one having incomes above the median, and the other having incomes below the median. Mean household income is obtained by dividing total household income by the total number of households.

Figure 10. Household Income Groupings, 1989 and 1999
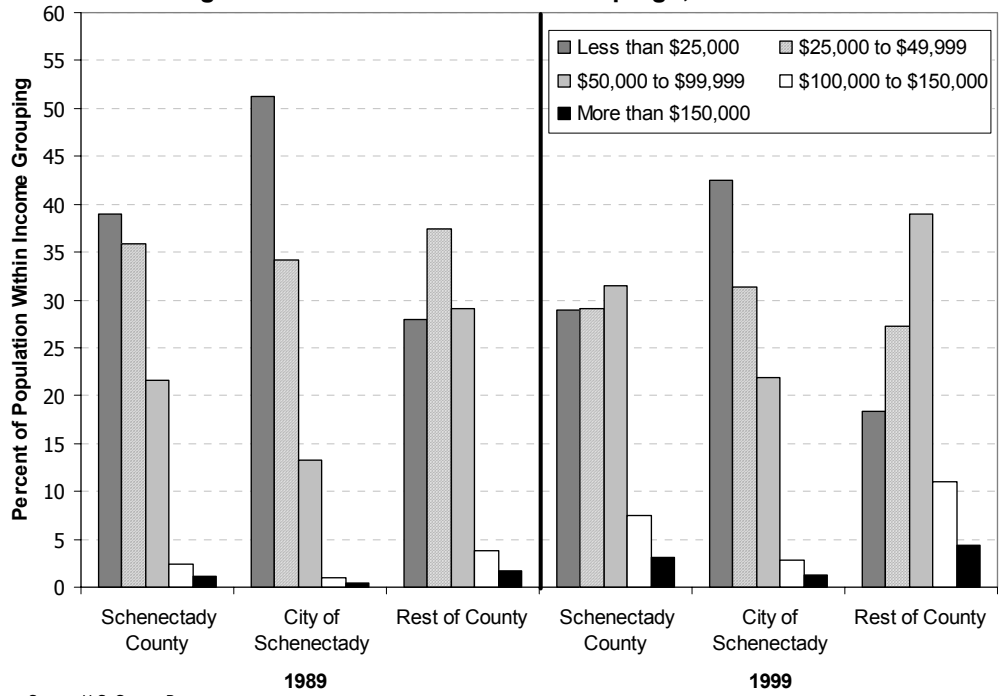
Source: U.S. Census Bureau

Poverty

In 1999, 2,975, or 7.8 percent of Schenectady County's families earned incomes below the federal poverty level.[5] A much higher proportion of families living in the City were poor, 16.8 percent, compared to 2.5 percent of families living in the Rest of the County.

Table 3. Percentage of Families with Income Below Federal Poverty Level, by Family Type:

	1989 County	1989 City	1989 Rest of County	1999 County	1999 City	1999 Rest of County
All Families	5.7%	11.4%	1.9%	7.8%	16.8%	2.5%
Families with children <18	9.9%	19.3%	2.9%	12.8%	25.9%	3.9%
Female-headed families	20.8%	29.1%	6.4%	26.0%	36.8%	7.5%
Female-headed with children <5	51.5%	54.3%	33.1%	53.2%	60.8%	na

Source: U.S. Census Bureau

Figure 11. Percent Change in the Number of Families with Income Below Federal Poverty Line, by Family Type: 1990 -2000

Source: U.S. Census Bureau
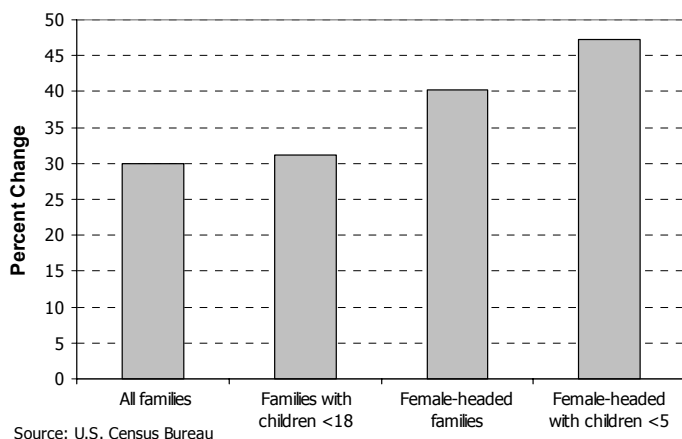
Despite an overall increase in income levels, Figure 11 shows that the number of families with incomes below the federal poverty level increased during the 1990s. Countywide, the greatest increase occurred among female-headed families with children under the age of 5, and nearly 90 percent of these families live in the City of Schenectady.

---

[5] The Census Bureau uses income thresholds that vary by family size and composition to determine who is poor. If a family's total income is less than that family's threshold, then that family, and every individual in it, is considered poor. The poverty thresholds do not vary geographically, but they are updated annually for inflation using the Consumer Price Index (CPI-U). In 1999, the poverty threshold for a family of four (2 children) was $16,895.

The official poverty definition counts money income before taxes and does not include capital gains and noncash benefits (such as public housing, Medicaid, and food stamps). Poverty is not defined for people in military barracks, institutional group quarters, or for unrelated individuals under age 15 (such as foster children). They are excluded from the poverty universe—that is, they are considered neither as "poor" nor as "nonpoor."

Figure 12 presents poverty rates by age for the County as a whole, the City, and Rest of County. As the figure shows, poverty – especially child poverty – is far higher in the City of Schenectady than in the Rest of the County. The highest poverty rates are among children under the age of 5 who live in the City of Schenectady. In 1999, 34 percent, or one third of all children under the age of 5 living in Schenectady were living in poverty, compared with 6 percent in the Rest of the County.
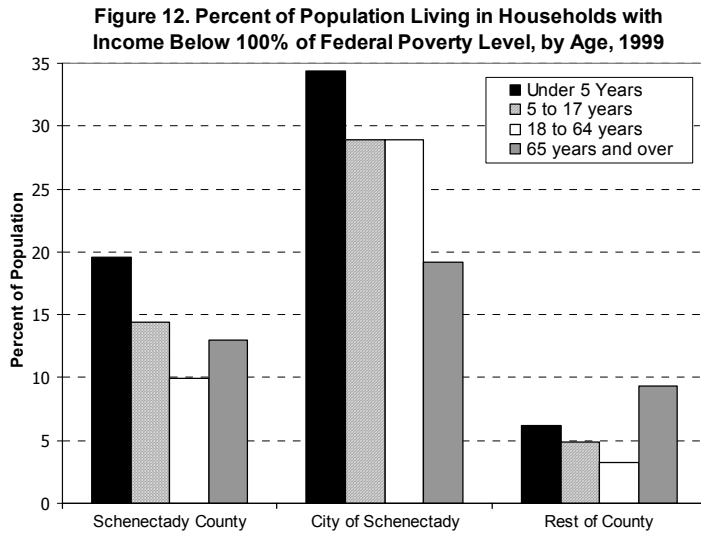
In the City, school-age children and adults 18-64 years have comparable poverty levels, followed by seniors 65 years and over. In contrast, in the Rest of the County, seniors age 65 years and over experience the highest rate of poverty.

Figure 12. Percent of Population Living in Households with Income Below 100% of Federal Poverty Level, by Age, 1999

Source: U.S. Census Bureau

Disability

In 2000, nearly 19 percent of the County's population age 5 and over reported having some type of disability or limitation on their activities.[6] As shown in Figure 13, the proportion of the population reporting a disability increases as the age of the population increases. County residents age 65 and over are five times more likely to be disabled compared to the younger 5 to 15 year old population. Additionally, Figure 13 shows that a higher proportion of City residents are disabled compared to residents in the Rest of the County for every age group.

Figure 13. Disability Status by Age: 2000
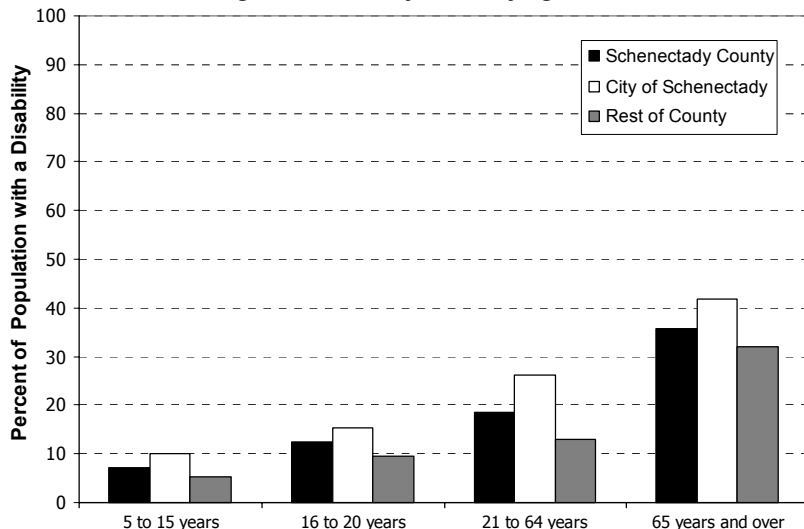
Source: U.S. Census Bureau

As depicted in Figure 14, one in five disabled persons in Schenectady County had an income below the federal poverty level in 1999 compared to about one in 15 among the non-disabled population. Approximately one in three seniors age 65 and over is disabled, though compared to the disabled population ages 21 to 64, a smaller proportion of seniors, about 10 percent, had incomes below the poverty level. Fifty-six percent of individuals 21 to 64 with a disability were employed, compared to 80.2 percent of those without a disability.

Figure 14. Poverty by Disability Status and Age: Schenectady County, 2000

Source: U.S. Census Bureau

---

[6] Disability types include sensory disabilities, physical disabilities, mental disabilities, self-care disabilities, go-outside-home disabilities, and employment disabilities.

Housing Characteristics

In 2000, 87 percent of Schenectady County's 30,272 housing units were occupied and the remaining 13 percent were vacant. Over half of all units countywide were renter-occupied. Additionally, over two thirds of the County's housing stock, and 82% of the City's housing units, were built before 1960.

In 1999, the median gross monthly rent in the City was $548 compared to $572 countywide. Among renters, over half (53%) renting in the City spent a quarter or more of their household income on rent. The 1999 median monthly mortgage and owner costs in the City were $983 compared to $1,110 countywide. One in five of owner-occupied units within the County had monthly owner costs that exceeded 30 percent of the household's income.

Figure 15 shows the value of owner-occupied units in 2000. Over 90 percent of homes in the City were valued at under $100,000. In contrast, 92.5 percent of homes in the rest of the County were valued at $100,000 or above.

Figure 15. Value of Owner-Occupied Housing Units: City of Schenectady vs. Rest of County, 2000
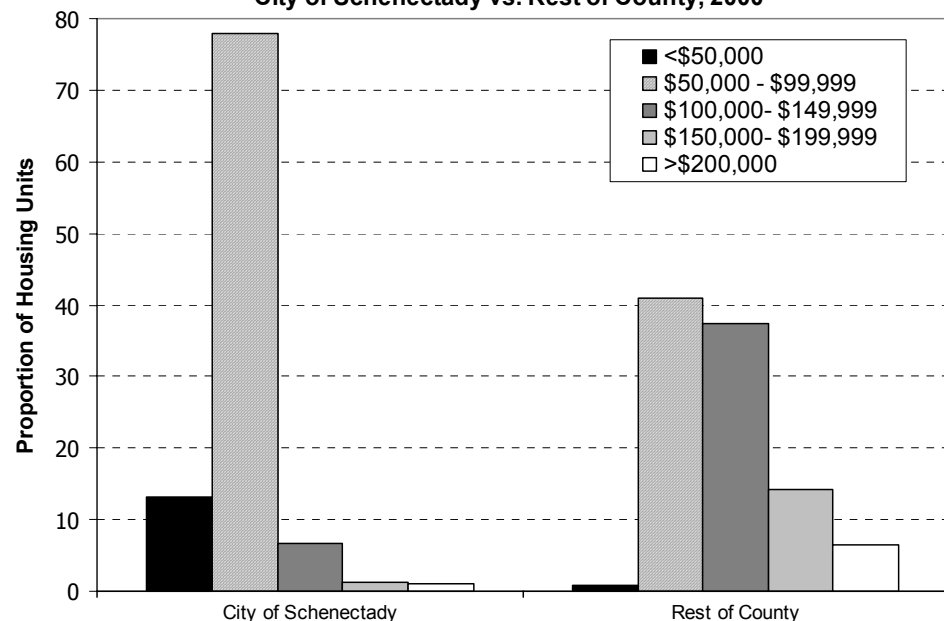
Source: U.S. Census Bureau

SECTION III. ACHIEVING SUCCESS BY SIX

Outcome: Healthy Births

1.1: Early Entry into Prenatal Care

1.2: Low Birth Weight

1.3: Pre-Term Births

1.4: Infant Mortality

Outcome: Children Ready for School

1.5: Children Fully Immunized at Entry to Kindergarten

1.6: Children with Elevated Blood Lead Levels

1.7: Children Receiving Early Intervention Services

1.8: Preschoolers Receiving Special Education Services

1.9: Enrollment in Early Childhood Care and Education Programs

Indicator 1.1: Early Entry Into Prenatal Care

Significance

Early, high-quality prenatal care is critical to reducing risks for complications of pregnancy or birth and improving birth outcomes.

Indicator Description

The number of births occurring to women who initiated prenatal care during the first trimester of pregnancy (before 13 weeks gestation), expressed as a percentage of all live births.

County Performance

Between 1995 and 2000, the proportion of women in Schenectady County receiving early prenatal care fluctuated slightly between 77.1 and 80.7 per 100 (representing between 1,310 and 1,465 births annually).

Regional Comparison

Since 1995, the Capital Region has exhibited a slight downward trend in the proportion of births with early prenatal care. While Schenectady County and the Region had similar rates of early entry into care in 2000, in each of the prior years the Region fared slightly better than the County. Both the County and the Capital Region have fallen short of the Healthy People 2010 goal of increasing the proportion of women entering care during the first trimester to 90%.

Source: New York State Department of Health
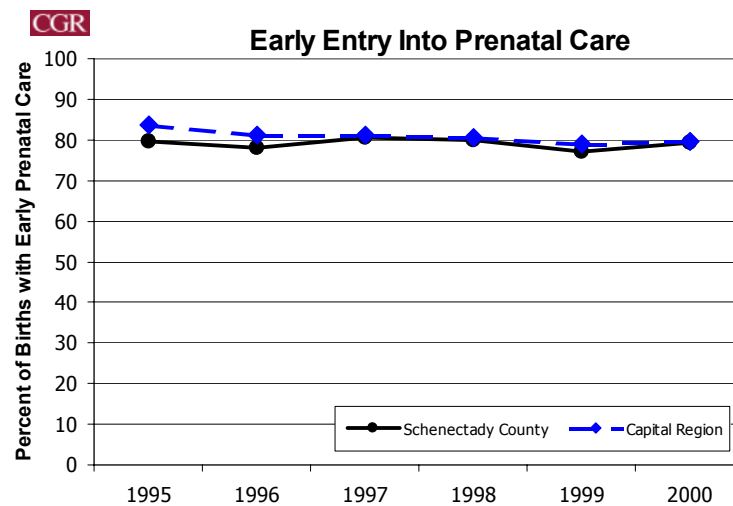
Considerations

The rate excludes the number of live births for which the date of entry into prenatal care is unknown. In addition to when prenatal care began, it is also important to consider the quality and continuity of care received throughout the pregnancy.

Indicator 1.2: Low Birth Weight

Significance

Low birth weight is a leading cause of neonatal death. Low birth weight infants are also more likely than normal birth weight infants to experience long-term developmental and neurological disabilities. The Centers for Disease Control and Prevention report that maternal smoking is the cause of 20 to 30 percent of all low birth weight births in the United States.

Indicator Description

The number of babies born with low birth weight (less than 2,500 grams or about 5.5 pounds), expressed as a percentage of all live births.

County Performance

Between 1995 and 2000, low birth weight rates in the County fluctuated from 7.0 to 8.3 percent (representing between 121 and 142 infants annually). The proportion of low birth weight births has steadily worsened since 1998, and reached a six-year high in 2000.

Regional Comparison

Low birth weight rates in the Capital Region and Schenectady County were similar from 1995 to 1998. In 1999 and 2000, both areas saw increases in low birth weight births, though rates climbed more quickly at the County level resulting in a slight widening of the gap between the two areas. All of the rates presented here exceed the Healthy People 2010 target of no more than 5 low birth weight births per 100 live births.

Source: New York State Department of Health
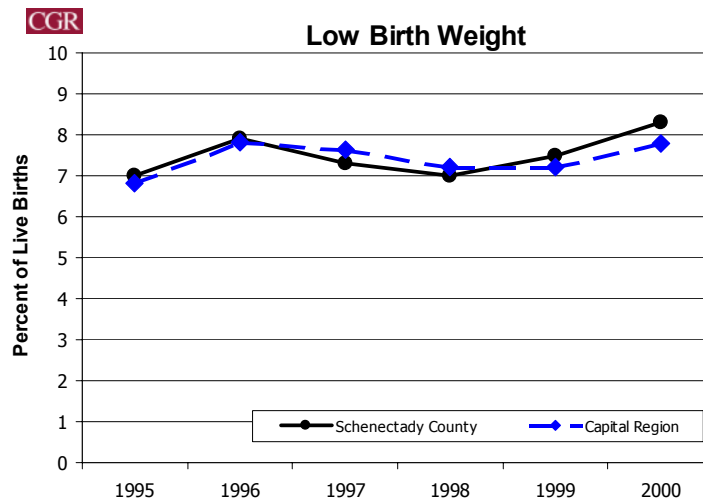
Considerations

None.

Indicator 1.3: Pre-Term Births

Significance
The Centers for Disease Control and Prevention report that pre-term birth is a leading cause of neonatal death. The majority of low birth weight infants are born pre-term. Pre-term birth is associated with risk factors such as alcohol, tobacco, and drug use during pregnancy, and low weight gain during pregnancy. Nationally, pre-term births have been increasing, due largely to multiple births.

Indicator Description
The number of pre-term births (gestation less than 37 weeks), expressed as a percentage of all live births.

County Performance
In 2000, 11.4 percent (193) of all births in Schenectady County were pre-term. During the study period, pre-term birth rates have varied slightly from year to year, ranging from 10.6 to 11.4 percent, and have consistently exceeded the Healthy People 2010 goal of no more than 7.6 pre-term births per 100 live births.

Regional Comparison
The Capital Region's pre-term birth rates have typically been less than a percentage point below (better than) those of Schenectady County, and have been relatively stable since 1995. With roughly one in ten births in the Region occurring pre-term, the larger Region has also exceeded the Healthy People 2010 target noted above.

Pre-Term Births

Source: New York State Department of Health
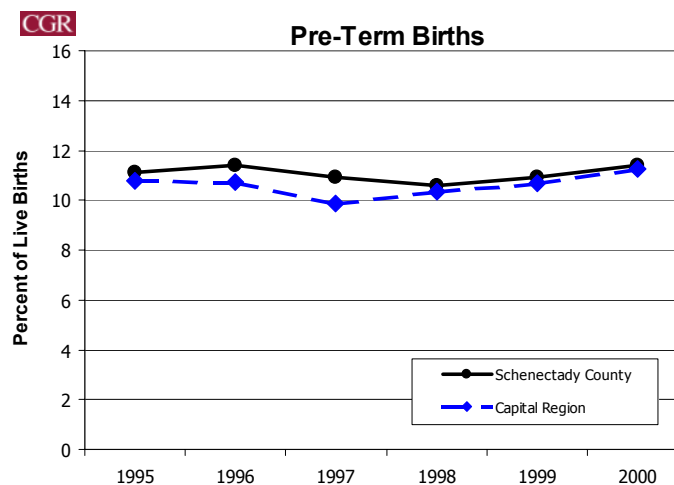
Considerations
The rate excludes births for which the gestational age is unknown.

Achieving Success By Six

Indicator 1.4: Infant Mortality

Significance

The infant mortality rate is an indicator of the overall health and well being of a population. Birth defects, pregnancy complications, and factors associated with pre-term births and low birth weight are leading causes of neonatal death (death in the first 28 days of life). The majority of deaths occurring during the postneonatal period (between ages 29 days to one year) are likely preventable (e.g., injuries, homicides). Nationally, the infant mortality rate among African Americans is more than twice the rate among Whites. Higher rates are correlated with young maternal age and low birth weight.

Indicator Description

This rate measures the number of infant deaths (babies under 1 year of age) per 1,000 live births.

County Performance

Between 1995 and 2000 the infant mortality rate in Schenectady County fluctuated considerably between 5.6 and 9.9 per 1,000 live births (by between 10 and 18 of total births occurring annually). Rates for this measure appear highly variable from year to year due to a relatively small number of infant deaths annually. Therefore caution is urged when making comparisons over a short period of time.

Regional Comparison

While less variable than the County's rate overall, the Capital Region's infant mortality rate was slightly higher (between 1 and 2 deaths per 1,000 births) than Schenectady County's in four of the six years presented here. Both areas consistently exceeded (i.e., were worse than) the Healthy People 2010 goal of 4.5 infant deaths per 1,000 live births.

Source: New York State Department of Health
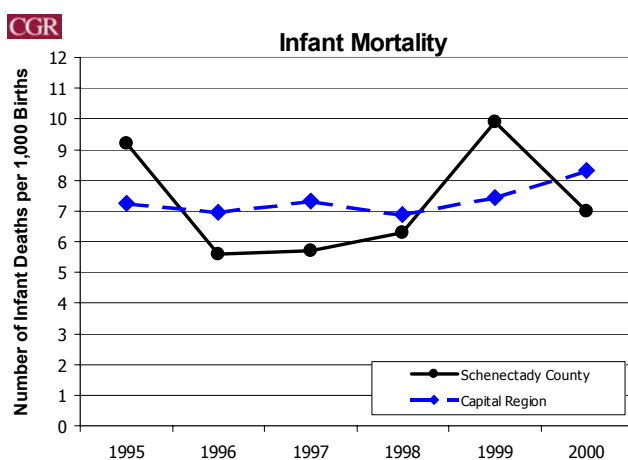
Considerations

None.

Indicator 1.5: Children Fully Immunized at Entry to Kindergarten

Significance

Immunization levels reflect a community's commitment to preventive health efforts, and may reflect a family's access to and use of preventive care. Immunizations offer an effective means of reducing the risks associated with a variety of debilitating and sometimes deadly childhood diseases.

Indicator Description

The percentage of all kindergarteners who have received the full schedule of age-appropriate immunizations upon entry to school.

County Performance

Immunization levels among children entering kindergarten in Schenectady County have been high - 94 percent or better - and fairly stable over time.

Regional Comparison

The chart below reflects immunization rates for each of the three counties in the Capital Region rather than in aggregate form. Over time, rates have varied little within and across counties. Since the 2000-01 school year, each of the three counties has had immunization rates of 97 percent or higher.

CGR

Children Fully Immunized Upon Entry to Kindergarten

Children Fully Immunized

100% 90% 80% 70% 60% 50% 40% 30% 20% 10% 0%

1996-97   1997-98   1998-99   1999-00   2000-01   2001-02   2002-03

☐ Albany   ☐ Rensselaer   ■ Schenectady

Source: New York State Department of Health
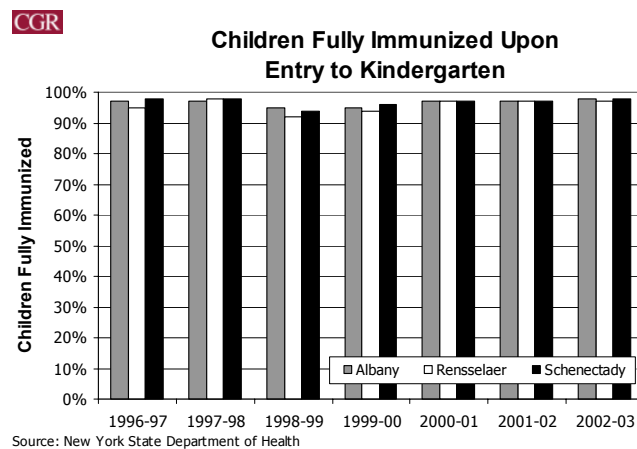
Considerations

Children must be up-to-date on their immunizations before they are permitted to enroll in public school. Therefore, we would expect to see relatively high immunization rates among this population.

Indicator 1.6: Children with Elevated Blood Lead Levels

Significance

Exposure to lead, even small amounts, significantly increases a child's risk of developing long-lasting cognitive, physiological, and behavioral problems. Every case of lead poisoning is 100% preventable.

Indicator Description

The prevalence rate is the proportion of all children under 6 years of age who are tested in a given year who had a confirmed blood lead level greater than or equal to 10 micrograms per deciliter in the current or prior years. Children with blood lead levels of 20μg/dL or higher are considered lead poisoned.

County Performance

Between 1996 and 1999, both the number and proportion of children screened in Schenectady County and determined to be lead poisoned declined. In 1996, 106, or 3.7% of the children screened had blood lead levels at or above 20mg/dL. In 1999, 40, or 2.2% of those screened were lead poisoned, a 62% reduction from 1996.

Regional Comparison

While lead poisoning prevalence rates have also declined in the Capital Region, they have consistently exceeded rates at the County level. Both geographic areas have made progress towards meeting the Healthy People 2010 goal of total elimination of elevated blood lead levels in children.

CGR

Prevalence Rates of Elevated Blood Lead Levels Among Children < Age 6: Schenectady County
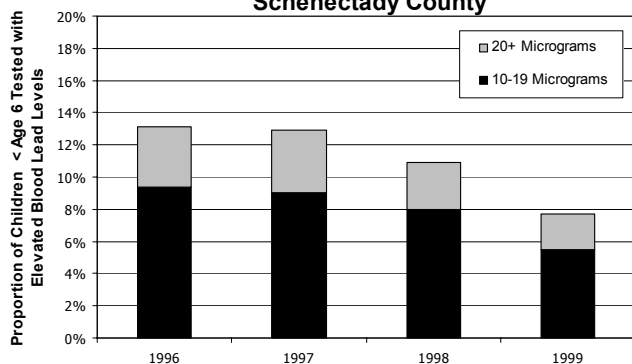
Source: New York State Department of Health

CGR

Prevalence Rates of Elevated Blood Lead Levels Among Children < Age 6: Capital Region
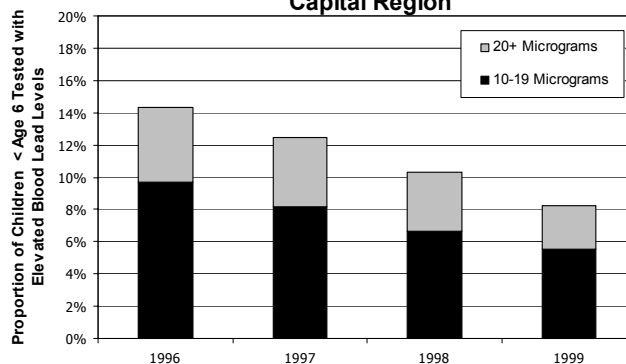
Source: New York State Department of Health

Considerations

Prevalence rates reflect new cases of elevated blood lead levels as well as children previously determined to have elevated blood lead levels who are re-tested annually.

Indicator 1.7: Children Receiving Early Intervention Services

Significance

Early Intervention services are likely to reduce the duration and severity of developmental delays experienced by infants and toddlers (including cognitive, physical, communication, social/emotional, or adaptive delays). As such, the early identification of developmental delays and subsequent participation in the Early Intervention program may lead to reductions in the number of preschool and school-age children needing special education services.

Indicator Description

The percentage of all children birth through age two receiving Early Intervention (EI) services such as physical therapy, occupational therapy, and speech therapy in a variety of settings, on December 31 of each year[7].

County Performance

The proportion of children Schenectady County receiving Early Intervention services on December 31 ranged from 3.0% to 3.6% during the study period. In December 2002, 187 children were receiving EI services in Schenectady County.

Regional Comparison

The proportion of children receiving EI services in the Capital Region has steadily risen from 2.9% in 1996 to 4.4% in 2002, and has exceeded County levels since 1998.

Children Active with an Early Intervention Service
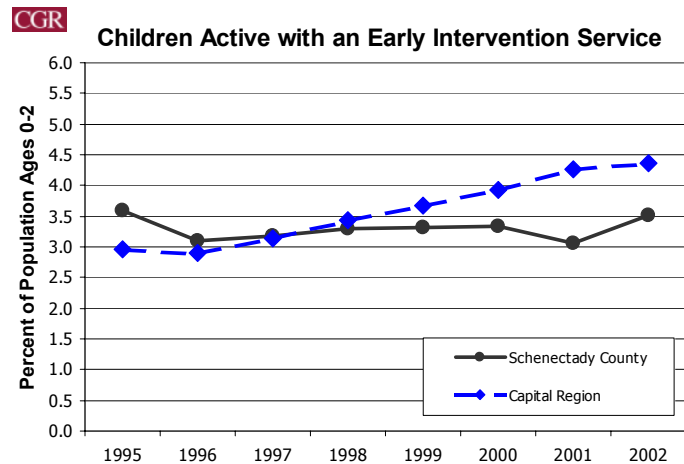
Source: Albany, Rensselaer, and Schenectady County Departments of Health, with CGR rate calculations

Considerations

None.

---

[7] Rensselaer County data reflect children receiving services on December 1 of each year.

Indicator 1.8: Preschoolers Receiving Special Education Services

Significance

Preschool special education services can improve children's cognitive performance, reduce the need for special education services in grades K-12, and improve the likelihood of success in school.

Indicator Description

The number of preschool age children ages 3-5 with disabilities receiving special education services on December 1 of the given year, as authorized by a school district's Committee on Preschool Special Education, expressed as a percent of all 3 to 5 year olds.

County Performance

Between 1996 and 2000, the proportion of Schenectady County's preschoolers ages 3-5 receiving special education services declined from 6.3% (400 children) to 4.8% (278 children).

Regional Comparison

From 1996 to 2000, the number of preschoolers in the Capital Region receiving special education services declined by about 9%; however, the proportion of 3 to 5 year olds receiving services actually rose slightly (from 5.0% to 5.3%) during the same period.
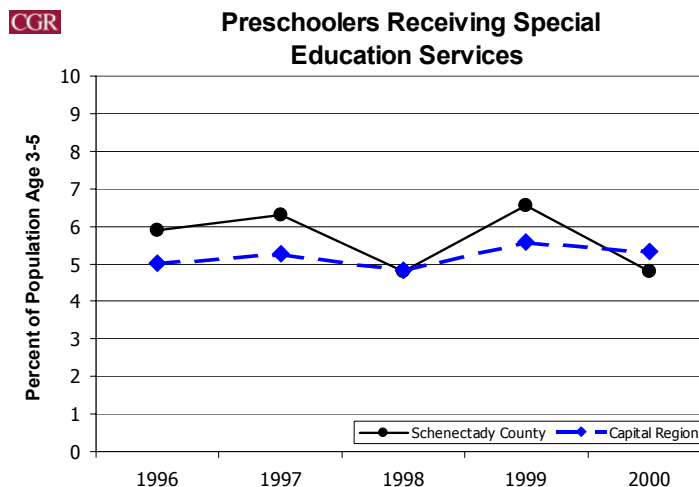
Source: New York State Education

Considerations

Classification rates may vary between schools due to differing standards being applied by the various Committees on Preschool Special Education. Parents' roles, particularly the extent to which a parent may push for his or her child to be classified, and the district's responsiveness to the parent may also impact rates.

Indicator 1.9: Enrollment in Early Childhood Care and Education Programs

Significance

Participation in quality early childhood care and education programs can enhance a child's cognitive, social, and emotional development. Quality early childhood programs provide young children who are at risk because of their social and economic circumstances with experiences that enhance their readiness to learn.

Indicator Description

The number of spaces available for pre-school age children (ages 3-5) in state-funded prekindergarten programs, Head Start, licensed child care centers, registered family child care, and licensed group child care in Schenectady County in 2002.

County Performance

In 2002, the federal government funded 276 Head Start spaces for pre-schoolers from low-income families in Schenectady County. A slightly higher number of children – 295 – were enrolled in state-funded prekindergarten programs. The 30 child care centers operating in the County provided a total of 1,165 spaces for pre-schoolers ages 3-5, and 970 spaces were available in registered family and licensed group family child care for the same age group. The combined capacity of these five program types was 2,706 for the estimated 5,584 children ages 3-5 living in the County.

Early Childhood Education: Distribution of Slots by Program Type, Schenectady County, 2002

N= 2,706 Slots

- Head Start Enrollment 10%
- Enrollment in State-Funded Prekindergarten 11%
- Registered Family Child Care 20%
- Licensed Group Family Child Care 16%
- Child Care Center Capacity 43%
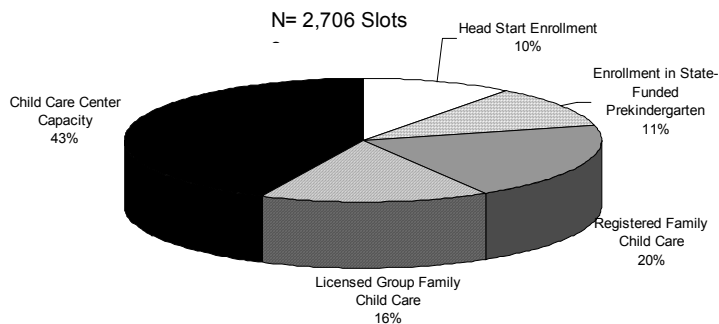
Sources: Head Start, U.S. Department of Health and Human Services, Administration for Children and Families; State-Funded Prekindergarten, New York State Education Department; Child Care Centers, Capital District Child Care Coordinating Council

Considerations

Other early care and education settings (e.g., relatives and friends) may provide high quality experiences; however, reliable data are not available for 3-5 year olds cared for in these settings. In addition, licensing and registration of providers reflects adherence only to health and safety standards. Accreditation reflects a voluntary commitment made by a program to meet a set of quality standards higher than those required by state licensing. Two

Data Agenda: Achieving Success by Six

centers operating in the County are currently accredited, with several others moving in this direction.

While the Advisory Group identified the following indicators for inclusion in this baseline report, CGR determined that reliable and consistent local trend data are not currently available:

Outcome: Children Ready for School

Indicator: Proportion of Two-Year Olds with All Age-Appropriate Immunizations

Indicator: Children Entering School with Age-Appropriate Physical/Motor, Cognitive, Language, and Social Emotional Development

Indicator: Children Read to Daily by an Adult

SECTION IV. BUILDING FUTURES FOR YOUTH

Outcome: Youth Succeeding in School

2.1: Student Performance on Grade 4 English Language Arts Test

2.2: Student Performance on Grade 4 Math Test

2.3: Student Performance on Grade 8 English Language Arts Test

2.4: Student Performance on Grade 8 Math Test

2.5: Elementary School Attendance

2.6: Middle School Attendance

2.7: High School Dropouts

2.8: Plans of High School Graduates

Outcome: Youth Making Healthy Decisions

2.9: Teen Pregnancy

2.10: Persons in Need of Supervision (PINS) Cases Opened at Probation Intake

2.11: Juvenile Delinquent (JD) Cases Opened at Probation Intake

2.12: Youth Arrests for Part I Property Crimes

2.13: Youth Arrests for Part I Violent Crimes

2.14: Sexually Transmitted Diseases Among Youth

2.15: Youth Engaging in Risk Behaviors

Indicator 2.1: Student Performance on Grade 4 English Language Arts Test

Significance

The revised graduation requirements demand that all students strive to succeed at the Regents or higher levels. The Grade 4 English Language Arts (ELA) test assesses students' mastery of skills and concepts, and is an early marker of students' likelihood of success on Regents examinations.

Indicator Description

Data for this measure reflect the proportion of Grade 4 students who scored at level 3 (i.e., mastery of skills and concepts meets expectations) or level 4 (i.e., mastery of skills and concepts exceeds expectations) on the statewide English Language Arts test. The desired level of performance is level 3 or higher. See Appendix Table 2.1 for further information on all levels of achievement and district-level data.

County Performance

In 2002-03, about 65% of Schenectady County students met or exceeded state standards (i.e., scored at level 3 or 4) on the grade 4 ELA test. Over time, the proportion of students meeting standards rose from 57% in 1998-99 (the first year the test was administered) to a high of about 70% in 2000-01, before declining somewhat in both 2001-02 and 2002-03.

Regional Comparison

Similar to Schenectady County, the Capital Region also witnessed a slight decline in the proportion of students meeting or exceeding standards in recent years. However, since 2001-02, the Region's performance has been slightly better than the County's.

Grade 4 English Language Arts Test: Students Meeting State Standards
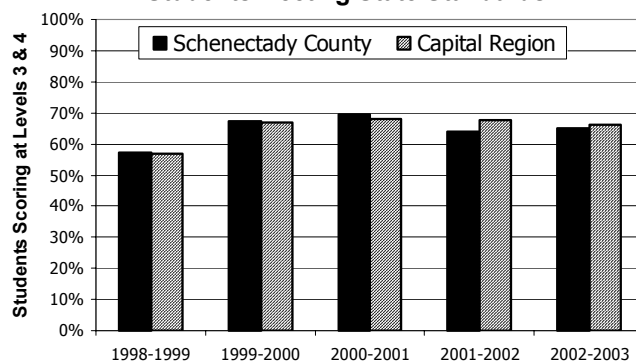
Source: New York State Education Department

Considerations

Data are for public schools only.

Indicator 2.2: Student Performance on Grade 4 Math Test

Significance

The revised graduation requirements demand that all students strive to succeed at the Regents or higher levels. The Grade 4 Math test assesses students' mastery of skills and concepts, and is an early marker of students' likelihood of success on Regents examinations.

Indicator Description

Data for this measure reflect the proportion of Grade 4 students who scored at level 3 (i.e., mastery of skills and concepts meets expectations) or level 4 (i.e., mastery of skills and concepts exceeds expectations) on the statewide Math test. The desired level of performance is level 3 or higher. See Appendix Table 2.2 for further information on all levels of achievement and district-level data.

County Performance

Between 1998-99 and 2000-01, the overall proportion of Schenectady County students meeting or exceeding state standards (scoring at levels 3 and 4) increased from 76% in 1999 to 81% in 2001. In 2001-02, 74.5% of students scored at levels 3 and 4, the lowest proportion since the test was first administered in 1998-99.

Regional Comparison

In each year since 1998-99, the proportion of students scoring at levels 3 and 4 has been comparable in the County and across the Capital Region. In 2001-2002, three out of four 4th graders in the Capital Region met or exceeded state standards in Math.
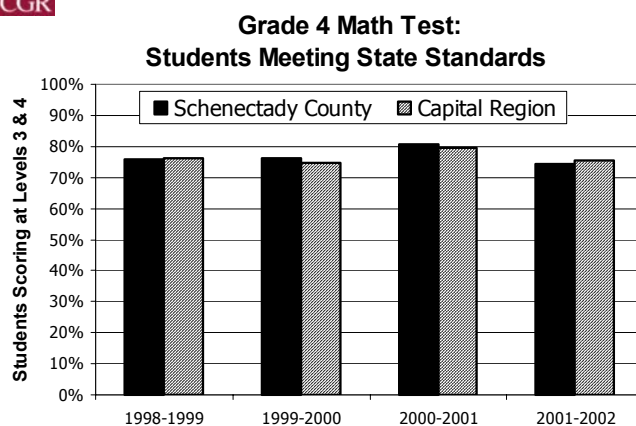
Grade 4 Math Test:
Students Meeting State Standards

Source: New York State Education Department

Considerations

Data are for public schools only. 2002-03 Math scores have not yet been published.

Indicator 2.3: Student Performance on Grade 8 English Language Arts Test

Significance

The revised graduation requirements demand that all students strive to succeed at the Regents or higher levels. The Grade 8 English Language Arts (ELA) test assesses students' mastery of skills and concepts, and is an early marker of students' likelihood of success on Regents examinations.

Indicator Description

Data for this measure reflect the proportion of Grade 8 students who scored at level 3 (i.e., mastery of skills and concepts meets expectations) or level 4 (i.e., mastery of skills and concepts exceeds expectations) on the statewide English Language Arts test. The desired level of performance is level 3 or higher. See Appendix Table 2.3 for further information on all levels of achievement and district-level data.

County Performance

Between 1998-99 and 2002-03, the overall proportion of Schenectady County students meeting or exceeding state standards (scoring at levels 3 and 4) declined from 58% in 1998-99 to 47% in 2002-03. Data presented in Appendix Table 2.3 also reveal that countywide, during the same period, the proportion of students demonstrating serious academic deficiency (scoring at level 1) more than doubled from 4.5 to 9.3%.

Regional Comparison

Since 2000-01, the Region's performance has been slightly better than the County's. However, in 2002-03, only half of the Region's 8th graders met or exceeded standards in English Language Arts.

CGR

**Grade 8 English Language Arts Test:
Students Meeting State Standards**

Students Scoring at Levels 3 & 4

■ Schenectady County   ▦ Capital Region

| | 1998-1999 | 1999-2000 | 2000-2001 | 2001-2002 | 2002-2003 |

Source: New York State Education Department

Considerations

Data are for public schools only.

Indicator 2.4: Student Performance on Grade 8 Math Test

Significance
The revised graduation requirements demand that all students strive to succeed at the Regents or higher levels. The Grade 8 Math test assesses students' mastery of skills and concepts, and is an early marker of students' likelihood of success on Regents examinations.

Indicator Description
Data for this measure reflect the proportion of Grade 8 students who scored at level 3 (i.e., mastery of skills and concepts meets expectations) or level 4 (i.e., mastery of skills and concepts exceeds expectations) on the statewide Math test. The desired level of performance is level 3 or higher. See Appendix Table 2.4 for further information on all levels of achievement and district-level data.
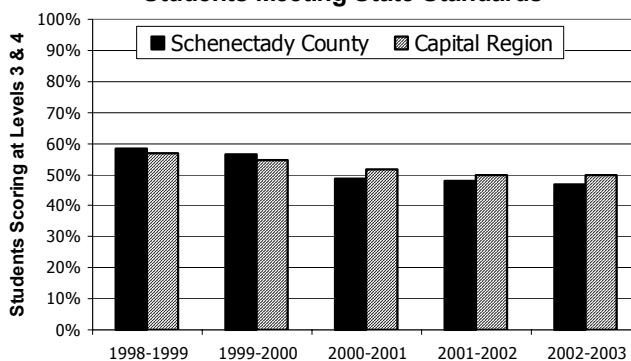
County Performance
In 2001-02, 55% of Schenectady County students met or exceeded state standards (scoring at level 3 or 4), the highest proportion since the test was first administered in 1998-99. However, data in Appendix Table 2.4 reveal that between 15% and 19% of 8th graders have demonstrated serious academic deficiencies in mathematical skills in each year between 1998-99 and 2001-02.

Regional Comparison
In three of the four years between 1998-99 and 2001-02, regional performance was above County performance. In 2001-02, 58% of the Region's 8th graders demonstrated proficiency in mathematics compared to 55% of Schenectady County's 8th grade students.
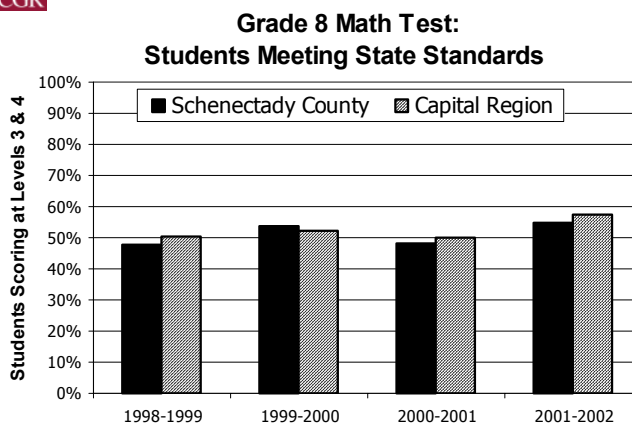
Grade 8 Math Test: Students Meeting State Standards

Source: New York State Education Department

Considerations
Data are for public schools only. 2002-03 Math scores have not yet been published.

Indicator 2.5: Elementary School Attendance

Significance

Youth who experience frequent absences from school are at higher risk of failing or dropping out of school, exhibiting delinquent behavior, and engaging in substance abuse and other risky behaviors.

Indicator Description

Attendance rates, expressed as a percent, reflect the actual average daily attendance divided by possible average daily attendance for students in grades K-3 and 4-6 in public school districts.

County Performance

Elementary school attendance rates in Schenectady County remained fairly stable at around 95% from year to year between the 1995-96 and 2001-02 school years, with rates among K-3 students typically less than a percentage point below rates among students in grades 4-6. District-level data are presented in Appendix Table 2.5.

Regional Comparison

Schenectady County's attendance rates for both K-3 and 4-6 grades have been comparable to the Capital Region's rates during the study period.

CGR **Elementary School Attendance Rates: Grades K-3**
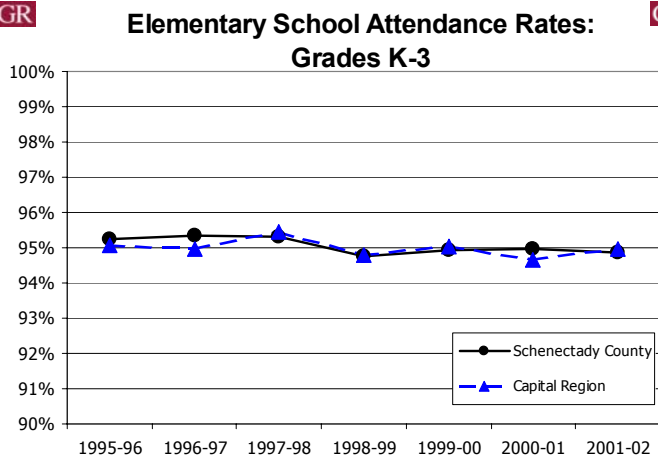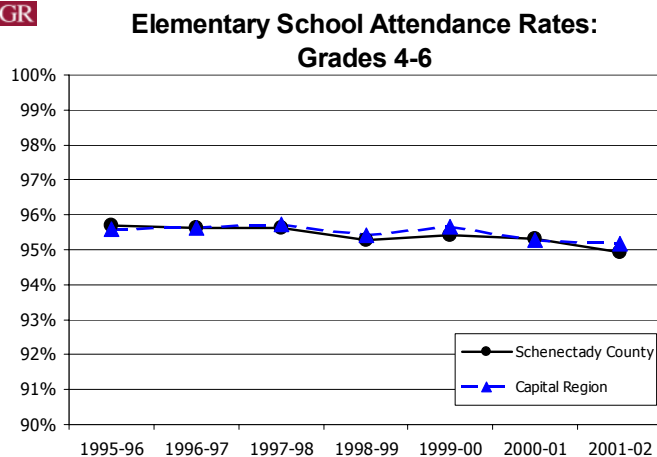
Source: New York State Education Department

CGR **Elementary School Attendance Rates: Grades 4-6**

Source: New York State Education Department

Considerations

Data are for public school districts only. This measure shows overall attendance rates and does not measure the degree to which individual students exhibit attendance problems.

Indicator 2.6: Middle School Attendance

Significance Youth who experience frequent absences from school are at higher risk of failing or dropping out of school, exhibiting delinquent behavior, and engaging in substance abuse and other risky behaviors.

Indicator Description Attendance rates, expressed as a percent, reflect the actual average daily attendance divided by possible average daily attendance for students in grades 7 and 8 in public school districts.

County Performance Overall, attendance rates have been high throughout the study period. Even so, by the 1998-99 school year, grade 7 and 8 attendance rates were about a percentage point lower than they had been in 1995-96. However, since 1998-99, rates have remained relatively stable at around 94% countywide. District-level data are presented in Appendix Table 2.6.

Regional Comparison With the exception of a single year, 1997-98, attendance rates in both Schenectady County and the larger Region have been roughly comparable (typically less than half a percentage point apart).
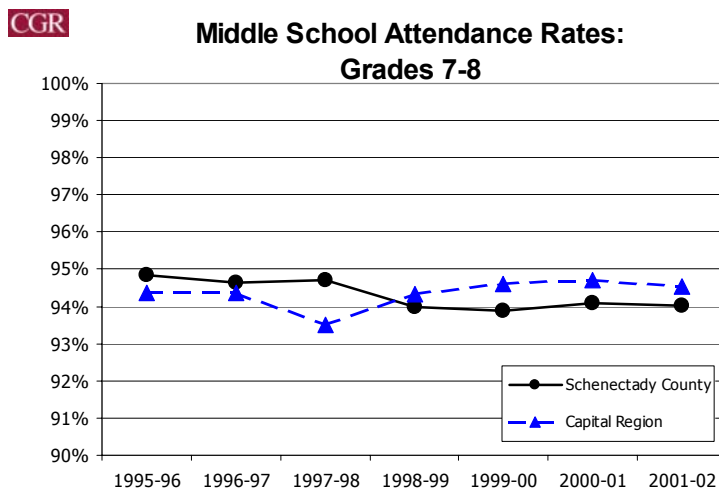
Middle School Attendance Rates: Grades 7-8

Source: New York State Education Department

Considerations Data are for public school districts only. This measure shows overall attendance rates and does not measure the degree to which individual students exhibit attendance problems.

Indicator 2.7: High School Dropouts

Significance

Youth who drop out of high school face the likelihood of reduced employment opportunities and earnings potential, and may be at greater risk for needing public assistance. Females who drop out of high school are at greater risk of becoming teen mothers.

Indicator Description

A dropout is any student who left school prior to graduation for any reason except death and did not enter another school or approved high school equivalency preparation program. The dropout rate is calculated by dividing the total number of students who dropped out in a given year by the total fall enrollment in grades 9-12.

County Performance

From the 1996-97 to the 2000-01 school year, the number of high school dropouts in Schenectady County fluctuated between 192 and 262 annually, or between 2.8% and 3.5% of enrollment. In 2001-02, the countywide rate was nearly twice what it had been the year before. Nearly all of this increase is attributable to the significant increase in dropouts within the Schenectady City School District. However, the State Education Department cautioned that the apparent increase seen in 2001-02 may be a function of district reporting, and additional data are needed to determine whether this trend will be sustained.
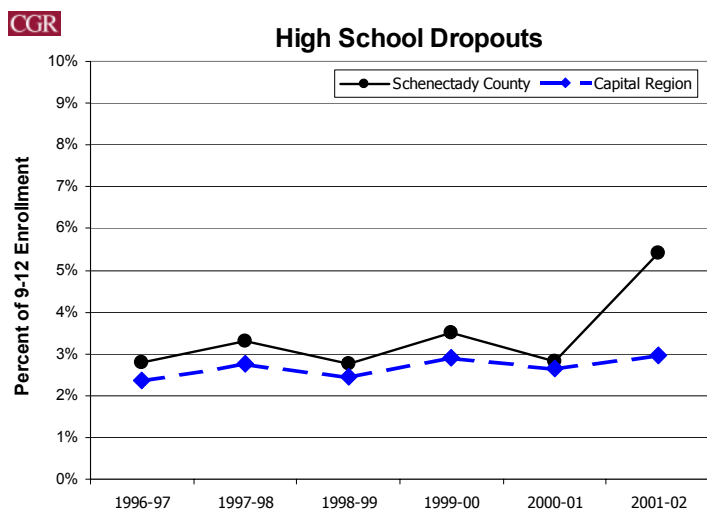
CGR

High School Dropouts

Percent of 9-12 Enrollment

(chart: Schenectady County, Capital Region)

10%
9%
8%
7%
6%
5%
4%
3%
2%
1%
0%

1996-97   1997-98   1998-99   1999-00   2000-01   2001-02

Source: New York State Education Department

Regional Comparison

With the exception of the 2001-02 school year, the dropout rates in Schenectady County and the Capital Region have been comparable.

Considerations

Beginning with students entering the ninth grade in 1998, the New York State Education Department began tracking graduation rates for cohorts of students. 2002 was the first graduating class for which graduation rates were calculated in this manner. As trend data become available for this measure, they will provide a valuable supplement to the high school dropout rate.

Indicator 2.8: Plans of High School Graduates

Significance

Today, even a high school diploma does not ensure economic well-being. Specialized training and education beyond high school have become increasingly important in securing well-paying and stable jobs, and generally enhancing a person's employment prospects and earnings potential.

Indicator Description

This measure represents the self-reported plans of public school graduates at the time of graduation, as reported by school principals in the fall following graduation.

County Performance

The proportion of high school graduates in Schenectady County moving on to post-secondary education reached a 6-year high of 90% in 2001-02. As the proportion entering 2- and 4-year colleges has increased, the proportion planning to enter the military and employment has declined.

Regional Comparison

The Capital Region has also seen an increase in the proportion of students planning to attend 2- or 4-year colleges in recent years. In 2001-02, 88% of graduating seniors in the three-county Region, and 90% of County seniors planned to attend 2- or 4-year college, the highest level during the study period. Compared to the Region, a higher proportion of Schenectady County youth planned to attend a 4-year college in the most recent year.

Plans of High School Graduates: Schenectady County

Plans of High School Graduates: Capital Region
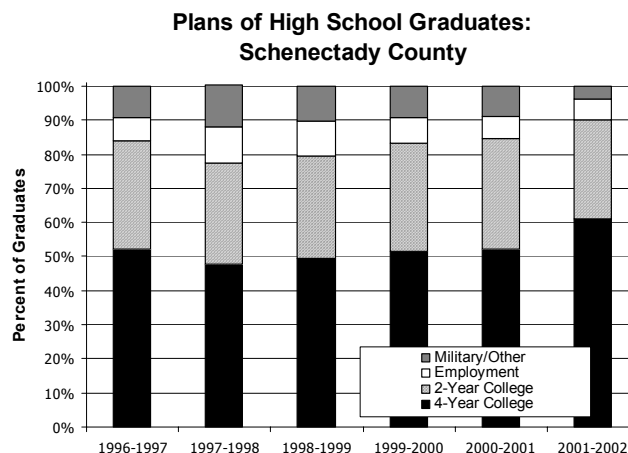
Source: New York State Education Department
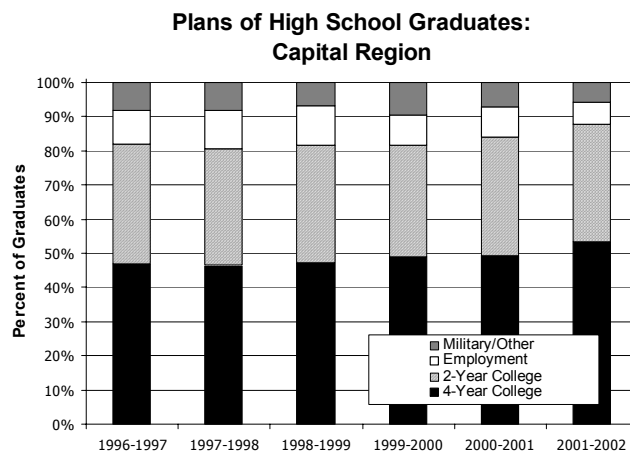
Source: New York State Education Department

Considerations

School districts do not verify the extent to which reported plans are actualized.

Indicator 2.9: Teen Pregnancy

Significance

Babies born to adolescents, particularly younger adolescents, are at greater risk for poor birth outcomes, cognitive delays, and are more likely to live in poverty compared to babies born to older mothers. Adolescent mothers are less likely to complete high school or obtain post secondary education than their peers, which may reduce their employment and earnings potential.

Indicator Description

The number of adolescent pregnancies per 1,000 females ages 15-17.

County Performance

From 1995 to 1999, the number of pregnancies among 15-17 year olds in Schenectady County decreased by 30% (from 159 to 112), and the rate fell from 60.7 to 41.3 per 1,000. However, this trend reversed itself in 2000 when the number and rate climbed to their highest levels since 1996.

Regional Comparison

Rates among 15-17 year olds have consistently been higher in Schenectady County compared to the Region. Since 1995, the Region has experienced a steady downward trend on this indicator.

CGR

Adolescent Pregnancy Rates (Ages 15-17)
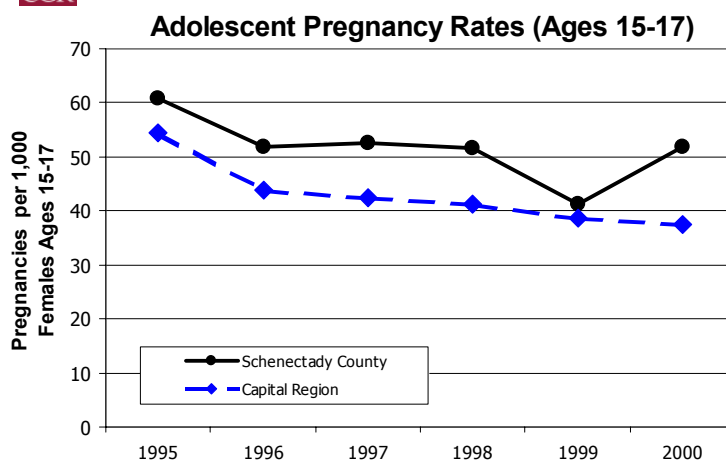
Source: New York State Department of Health

Considerations

These data reflect teen pregnancy rates. Actual birth rates among this population are likely to be lower.

Indicator 2.10: Persons In Need of Supervision (PINS) Cases Opened at Probation Intake

Significance

Opening a PINS case is a symptom of unacceptable youth behavior, family dysfunction, or both. Moreover, youth designated as PINS are at increased risk of experiencing a disruptive and costly out-of-home placement.

Indicator Description

PINS are defined as juveniles less than 18 years of age (prior to July 1, 2002, less than 16 years of age) for whom complaints were filed with the local Probation Department because of non-criminal misconduct such as truancy, incorrigibility, ungovernability, and disobedience. PINS openings reflect the number of cases opened by a county Probation Department per 1,000 youth ages 10–15.[8]

County Performance

The number of PINS cases opened in Schenectady County dropped drastically between 1995 and 1996, (510 openings vs. 396 openings). Though there was a slight increase in 1999, this downward trend continued and the County saw an overall reduction of 36% in case openings between 1995 and 2001.

Regional Comparison

While no clear trend emerged over the 7-year period, the Capital Region's rate of PINS case openings was lower in 2001 compared to 1995 (29.3 vs. 36 per 1,000). With the exception of 1995 and 1999, the County rate has remained below that of the Capital Region.

CGR

PINS Cases Opened

Cases Opened per 1,000 Youth Ages 10-15

—●— Schenectady County   —◆— Capital Region

1995 1996 1997 1998 1999 2000 2001
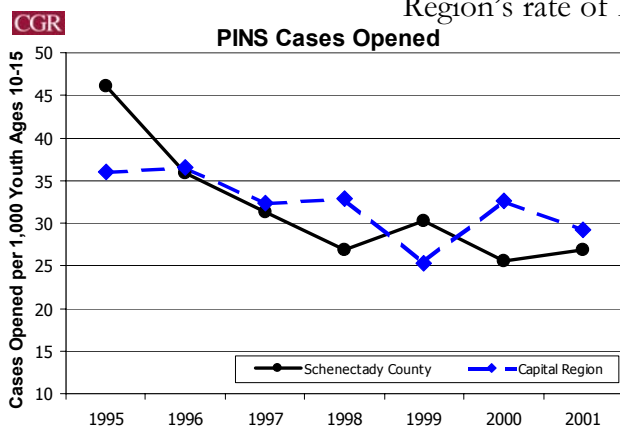
Source: New York State Division of Criminal Justice Services, Office of Justice Systems Analysis

Considerations

These data do not reflect an unduplicated count of cases opened at Probation Intake; an individual may have multiple PINS cases opened within a single year. These data do not reflect the ultimate disposition of the case.

---

[8] Youth under age 10 are excluded from rate calculations due to the low number of complaints filed against this cohort. When 2002 data are available, the rate calculation will be adjusted to include youth ages 10 – 17.

Indicator 2.11: Juvenile Delinquent (JD) Cases Opened at Probation Intake

Significance

Individuals who commit crimes in their youth are more likely to commit other offenses later in life.

Indicator Description

A Juvenile Delinquent (JD) is a person over 7 and less than 16 years of age who is found by the Family Court to have committed an act that, if committed by an adult, would constitute a crime. This indicator reflects the annual number of JD case openings at county Probation Departments per 1,000 youth ages 10 –15.[9]

County Performance

Though the number of JD cases opened at intake in Schenectady County has fluctuated between 1995 and 2001, the County has seen an overall increase of 19% in JD cases opened at intake from the baseline year to the most recent year.

Regional Comparison

In six out of the seven years, Schenectady County's rate was lower (i.e., better) than that of the Capital Region, though in recent years the gap between the two has narrowed.

CGR

Juvenile Delinquency Cases Opened

Source: New York State Division of Criminal Justice Service,Office of Justice Systems Analysis
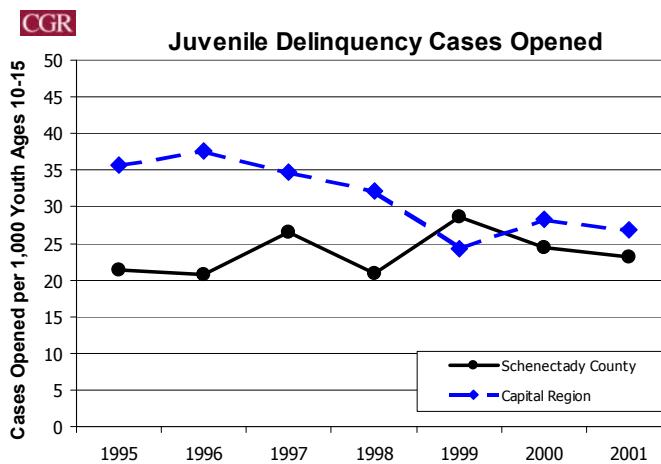
Considerations

These data do not reflect an unduplicated count of youth involved with the JD system; an individual may have multiple case openings within a single year. These data do not reflect the ultimate disposition of the case.

---

[9] Youth under age 10 are excluded from the rate calculation due to the low number of case openings among this cohort.

Indicator 2.12: Youth Arrests: Part I Property Crimes

Significance

Juvenile arrests for property crimes reflect the extent to which youth are engaging in unacceptable and illegal behavior. This indicator is also a measure of community safety.

Indicator Description

Arrests of youth under age 18 for Part I property crimes, per 10,000 population under 18. Part I property crimes include burglary, larceny, and motor vehicle theft. Arrest reports are made when an individual is taken into custody and charged with a crime.

County Performance

The number of youth arrests for Part I property crimes in Schenectady County was 55% lower (201 fewer arrests) in 2001 than in 1995. With the exception of 1997, the number of arrests in Schenectady County has steadily declined. In 2001, arrests for property crimes represented 75% of all Part I youth arrests.

Regional Comparison

The Capital Region also experienced substantial declines in both the number and rate of youth arrests for Part I property crimes from 1995 to 2001, though to a somewhat lesser degree when compared to Schenectady County's decline (31% vs. 55%). Since 1999 that the County's rate has fallen below, or been better than, that of the Region.
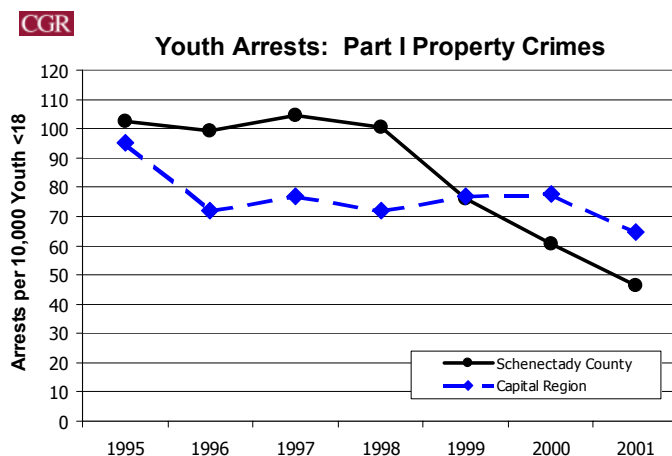
Source: New York State Division of Criminal Justice Services

Considerations

Many reported crimes do not result in an arrest. Arrest rates may be affected by changes in law enforcement policies and staffing patterns. Some youth may be arrested more than once during a single year. Arrests are recorded where they occur and do not necessarily reflect the youth's residence.

Indicator 2.13: Youth Arrests: Part 1 Violent Crimes

Significance

Arrests of youthful violent offenders is a measure of antisocial and self-destructive behavior. Poverty, family violence, and mental health problems are associated with juvenile crime. This measure is an indicator of more severe dysfunction than arrests for non-violent crime.

Indicator Description

Arrests of youth under age 18 for Part I crimes, per 10,000 youth under 18. Part I violent crimes include murder, negligent manslaughter, forcible rape, robbery, aggravated assault, burglary, larceny, and motor vehicle theft. Arrest reports are made when an individual is taken into custody and charged with a crime.

County Performance

The number of youth arrested for Part I violent crimes in Schenectady County was 15% lower in 2001 than in 1995 (55 arrests vs. 64 arrests). The arrest rate declined from a high of 22 per 10,000 in 1996 to 14.9 per 10,000 in 2000, with a fairly comparable rate in 2001. One quarter of Part I youth arrests in 2001 were for the more serious violent offenses.

Regional Comparison

Youth arrests in the comparison region also declined during the same period, though the reduction was slightly less at 12%.

Youth Arrests: Part I Violent Crimes
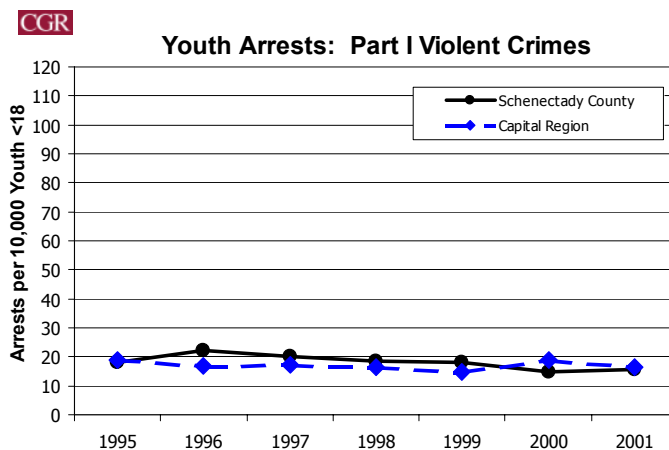
Source: New York State Division of Criminal Justice Service

Considerations

Many reported crimes do not result in an arrest. Arrest rates can be affected by changes in law enforcement policies and staffing patterns. Some youth are arrested more than once within a year. Arrests are recorded where they occur and do not necessarily reflect the youth's residence.

Building Futures for Youth

Indicator 2.14: Sexually Transmitted Diseases Among Youth

Significance

Sexually transmitted diseases (STD), including gonorrhea, chlamydia, syphilis, and HIV/AIDS, are preventable, and remain an often unrecognized public health problem. STDs are known to cause reproductive health problems and also affect perinatal health.

Indicator Description

The number of new cases of gonorrhea reported to public health agencies annually, expressed as a rate per 100,000 youth under age 20. Chlamydia became a reportable STD in August 2000 and baseline incidence data are presented in Appendix Table 2.14 along with ungraphed early syphilis data.

County Performance

From 1996 to 1999, the overall direction of the County's gonorrhea rates for youth was downward. Between 1999 and 2001, however, the rates more than tripled, rising from 83 to 252 cases per 100,000. In 2001, there were 99 reported cases compared to 35 cases just two years earlier.

Regional Comparison

While regional rates declined from 1996 to 1998, since 1998 the Capital Region has seen a significant upward trend in reported cases of gonorrhea. In 2001, 303 cases of gonorrhea were reported, or 191 per 100,000, which is more than twice the rate when compared to 1998. While both the County and the Region have seen substantial increases in recent years, the rate of increase has been greatest at the County level. In 2001, the County rate exceeded the regional rate by 62 cases per 100,000.

CGR

**Reported Cases of Gonorrhea
(Population <20 Years)**

Reported Cases per 100,000
Population <20 Years

Schenectady County
Capital Region
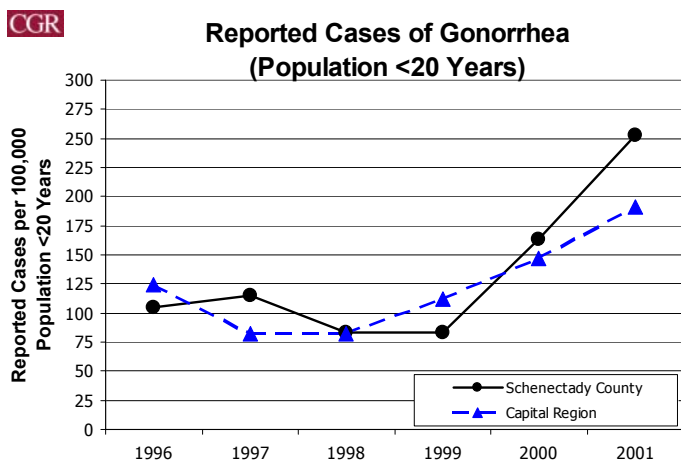
Source: New York State Department of Health

Considerations

None.

Indicator 2.15: Youth Engaging in Risk Behaviors

Significance

Youth who engage in a variety of risk behaviors, including alcohol and drug use, are more likely than their peers to experience negative physical, emotional, behavioral, and social outcomes. Youth who engage in risk-taking behaviors jeopardize their own health and well-being as well as that of others.

Indicator Description

Data for this indicator are from the *Communities That Care©* and *Search Institute©* surveys. These data reflect the actual self-reported prevalence of various behaviors among a sample of Schenectady County youth. For further information on survey administration and findings, see the *Schenectady County Youth Data Profile 2003,* a companion document to this profile prepared by the Capital Region BOCES.

County Performance

Forty-four percent of Schenectady County's middle school students and more than three-quarters of its high school students reported ever using alcohol in their lifetime. The proportion of students using alcohol, both ever in their lifetime and in the past 30 days, was higher compared to the proportions using tobacco or marijuana. Compared to statewide and national prevalence estimates, in all categories except lifetime marijuana use among high school students, a smaller proportion of the County's students reported engaging in these risk behaviors.
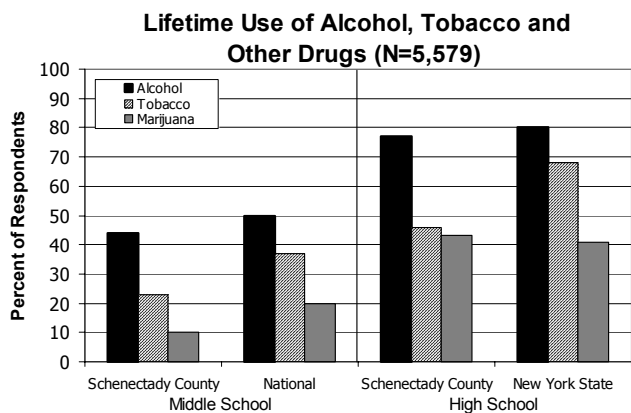
Source: *Communities That Care: Youth Survey Report and Search Institutue*
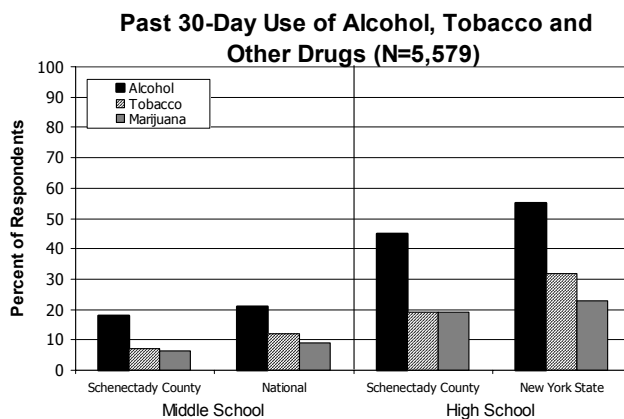
Source: *Communities That Care: Youth Survey Report and Search Institutue*

Considerations

Trend data are not available; collection of similar data in future years will allow the County to track trends and progress over time.

Data Agenda: Building Futures for Youth

While the Advisory Group identified the following indicators for inclusion in this baseline report, CGR determined that reliable and consistent local trend data are not currently available:

Outcome: Youth Succeeding in School

Indicator: Parents/Adults Involved in Their Children's Education and Learning

Indicator: Illegal Absences (Elementary and Middle School)

Indicator: Safe School Infractions (Middle and High School)

Outcome: Youth Making Healthy Decisions

Indicator: Children Identifying a Meaningful Caring Relationship with At Least One Adult/Positive Role Model

Indicator: Prevalence of Obesity and Overweight Among Children and Adolescents

Indicator: Youth Engaging In Risk Behaviors

SECTION V. MEETING ESSENTIAL NEEDS

Outcome: People with Adequate Resources

3.1: Monthly Average Number of Individuals Receiving Temporary Assistance

3.2: Homelessness

3.3: Meals Assistance

3.4: Per Capita Personal Income

3.5: Housing Affordability

Indicator 3.1: Monthly Average Number of Individuals Receiving Temporary Assistance

Significance

This measure represents the number of individuals dependent upon government support for their basic economic needs.

Indicator Description

Monthly average number of cases and persons (both persons in families and single persons) receiving Temporary Assistance expressed as a rate per 1,000 persons under age 65. Appendix 3.1 provides breakdowns by Family Assistance and Safety Net categories.

County Performance

Between 1997 and 2001, the monthly average number of Temporary Assistance cases in Schenectady County decreased by 44%, (from 1,981 to 1,111) and the number of persons receiving Temporary Assistance decreased by 56% (from 5,034 to 2,235). In 2002, both caseload and persons receiving Temporary Assistance increased slightly, though it is too soon to tell if this is the start of an upward trend. In 2002, 409 Temporary Assistance recipients were single adult individuals receiving Safety Net Assistance.

Regional Comparison

Regionwide, the monthly average number of persons receiving Temporary Assistance declined by 39% from 1997 to 2002. With the exception of 1997, the County's rate was below the Region's.

Monthly Average Cases and Persons on Temporary Assistance, Schenectady County

Source: New York State Office of Temporary and Disability Assistance

Monthly Average Persons Receiving Temporary Assistance

Source: New York State Office of Temporary and Disability Assistance
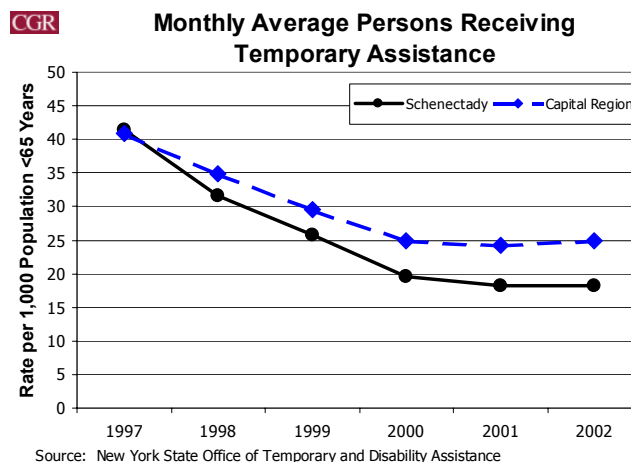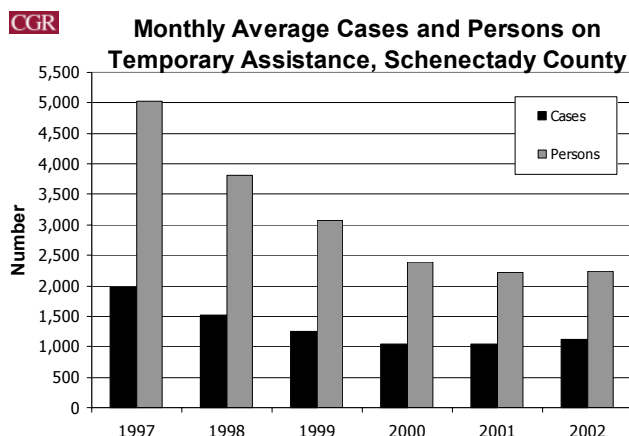
Considerations

Significant caseload declines may be a reflection of welfare reform legislation enacted in 1996. This legislation imposed tighter eligibility requirements and a 60-month lifetime limit on federally-funded cash assistance. In addition, the state revised its reporting in December 2001, allowing for improved tracking of recipients (e.g., families, children, single indiviudals) by assistance category.

Indicator 3.2: Homelessness

Significance

Shelter is a fundamental human need. A lack of affordable housing may result in increased numbers of individuals who are homeless. Families with children are among the fastest growing segment of the homeless population.

Indicator Description

The number of individuals and the number of persons in families with children served by emergency shelter, transitional housing, and permanent supportive housing, and the number needing services but not able to obtain them (unmet need). Data are derived from a one-night survey conducted in 2002. Caution is urged when interpreting these data: 1) data are available for a single point in time only, 2) demand may be influenced by capacity, and 3) data do not reflect rates, so comparisons across the three counties are not appropriate at this time.

County Performance

In Schenectady County, a total of 655 homeless individuals (134 of whom were in families) received shelter services on March 21, 2002. An additional 723 individuals (314 of whom were in families) were in need of shelter but unable to obtain shelter. These data establish a baseline against which counties may track and monitor their service usage levels over time. See Appendix Table 3.2 for Albany and Rensselaer County data.

Source: 2002 Continuum of Care Application

Source: 2002 Continuum of Care Application
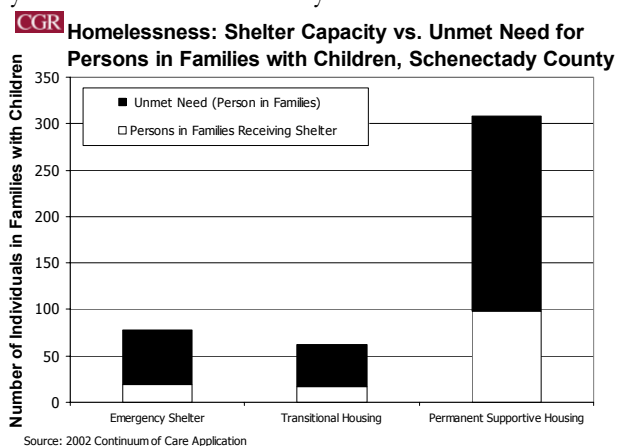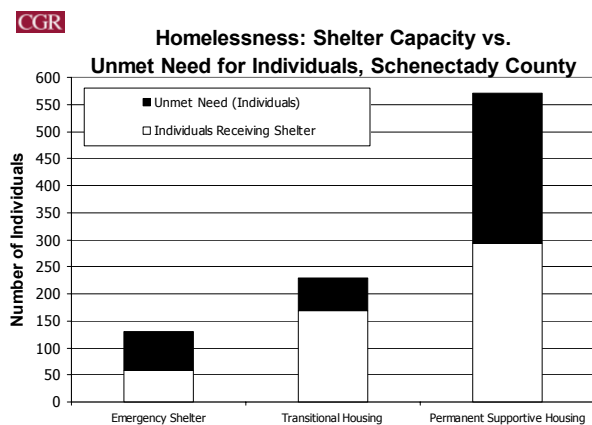
Considerations

These data underestimate homelessness; not all homeless seek shelter services. Nor do these data capture those who are precariously housed with friends or family, or living in overcrowded conditions. Point-in-time estimates do not distinguish between chronic and temporary homelessness. The three counties are currently working to implement an improved tracking system.

Indicator 3.3: Meals Assistance

Significance
Like shelter, food is a basic human need. According to America's Second Harvest, the nation's largest organization of emergency food providers, during the past decade the greatest increase in hungry Americans has been among the working poor. Many of these working poor families contain children, and more than a third of those seeking food assistance in the Unites States are children. Additionally, providers characterize a significant portion of those who seek assistance as chronic users of their services rather than needing only "emergency" or one-time assistance, as was often the case in the past.

Indicator Description
Data reflect the total annual requests for assistance and total meals served at soup kitchens, food pantries, and shelters. These data reflect requests and meals served, and do not represent an unduplicated count of individuals served.

County Performance
In 2002, Schenectady County's soup kitchens, food pantries, and shelters responded to 246,741 requests for assistance by providing 758,341 meals to those in need. From 1998 to 2002, the number of meals served increased by 25%.

Meals Assistance Requested and Provided: Schenectady County

Source: Regional Food Bank of Northeastern New York
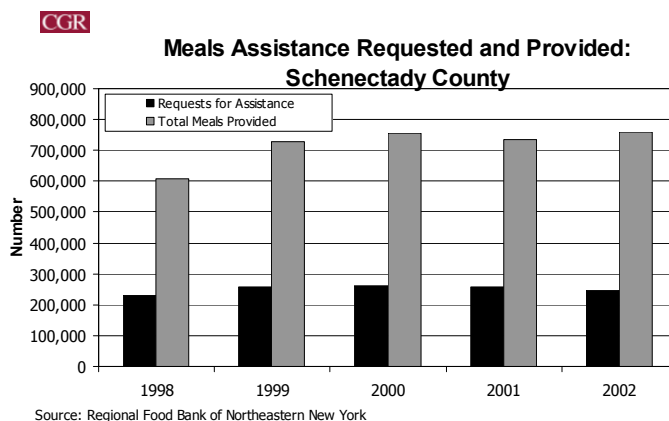
Regional Performance
Soup kitchens, food pantries, and shelters responded to 750,465 requests for assistance in 2002, and provided more than 2.8 million meals to those in need in the Region (ungraphed data, see Appendix Table 3.3).

Considerations
Increases and decreases in meals assistance sought over time could reflect changes in need or issues related to the access and availability of services.

Indicator 3.4: Per Capita Personal Income

Significance

Per capita personal income is regarded as a significant indicator of a region's economic well-being.

Indicator Description

Total personal income is derived from net earnings, dividends, interest, rent, and transfer payments (income maintenance, unemployment insurance, retirement, etc.) divided by the total population. Data have been adjusted to year 2000 dollar values using the Consumer Price Index, and are therefore comparable over time. The Albany-Schenectady-Troy MSA consists of Albany, Montgomery, Rensselaer, Saratoga, Schenectady, and Schoharie Counties.

County Performance

When comparing 1995 to 2000, Schenectady County's per capita income increased by 4.7%, but the upward trend was not steady over time. From 1995 to 1998, annual per capita personal income in Schenectady County rose from $27,785 to $29,550, a 6.4% increase, before declining in 1999. In 2000, the County's per capita income was $29,095.

Regional Comparison

Until 1999, per capita income in Schenectady County was between $400 and $1,000 higher than per capita income for the larger Albany-Schenectady-Troy MSA. However, as per capita income steadily increased in the MSA during the study period, the County fell behind the larger Region in 1999 and 2000. Per capita income for the entire Albany-Schenectady-Troy MSA was $29,942 in 2000, or 11% higher than it had been in 1995.

Adjusted Per Capita Personal Income

Source: US Bureau of Economic Analysis

Considerations

None.

Meeting Essential Needs
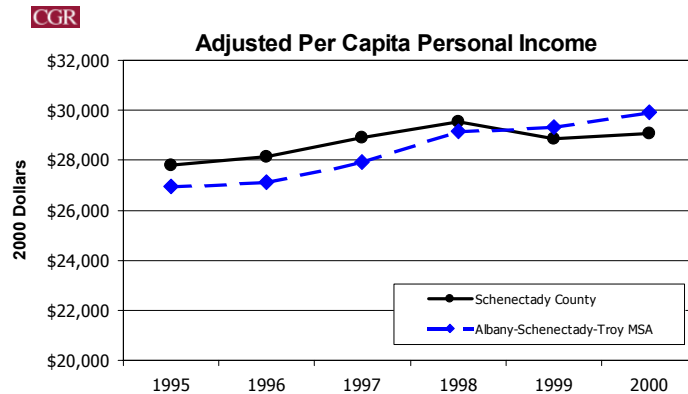
Indicator 3.5: Housing Affordability

Significance

Shelter is a fundamental human need. The ability to obtain affordable housing is directly correlated with income and wage. If housing cost increases outpace income and wage increases, affordability declines as greater portions of one's income goes towards housing. Among low-income households, housing costs are often the single largest budget item, and finding and keeping affordable housing is an ongoing challenge.

A widely accepted housing affordability rule of thumb says that the portion of a household's income spent on rent or mortgage payment and other housing expenses should be less than 30 percent.

Indicator Description

The housing wage is the amount a worker would have to earn per hour in order to work a 40-hour week and afford a two-bedroom unit at the Fair Market Rent (FMR). This wage is based on the "affordability standard" of spending not more than 30% of income on housing costs. FMR, determined by HUD, is the monthly amount needed to rent a unit of a specified size.

Regional Performance

From 1999 to 2002, the housing wage in the Albany-Schenectady-Troy Region steadily increased from $11.56 to $12.17. This is the amount a full-time worker must earn per hour in order to afford a two-bedroom unit at $633/month, the area's Fair Market Rent. In 2002, a worker earning minimum wage ($5.15 per hour) would need to work 95 hours per week to afford a two-bedroom unit at the area's FMR of $633. While the income needed to afford a two-bedroom unit at FMR was $25,320 in 2002, according to 2000 Census data, 29% of Schenectady County residents and 43% of City of Schenectady residents had household incomes *below* $25,000.

	Albany-Schenectady-Troy MSA		
	Fair Market Rent (2-Bedroom Unit)	**Housing Wage**	**Income Needed to Afford FMR**
1999	$601	$11.56	$24,040
2000	$607	$11.67	$24,280
2001	$621	$11.94	$24,840
2002	$633	$12.17	$25,320

Source: National Low Income Housing Coalition.

Considerations

None.

Data Agenda: Meeting Essential Needs

While the Advisory Group identified the following indicators for inclusion in this baseline report, CGR determined that reliable and consistent local trend data are not currently available:

Outcome: People With Adequate Resources

Indicator: Homelessness

SECTION VI. STRENGTHENING FAMILIES

Outcome: Stable and Nurturing Families

4.1: Confirmed Cases of Child Abuse and Neglect

4.2: Admissions to Foster Care

4.3: Reports of Domestic Violence

Outcome: People Enjoying Physical and Emotional Well-Being

4.4: Overall Mortality

4.5: Lung Cancer Mortality

4.6: Heart Disease Mortality

4.7: AIDS Mortality

4.8: Suicide

4.9: Sexually Transmitted Diseases

4.10: Health Insurance Coverage

4.11: Admissions to Alcohol and Substance Abuse Treatment

4.12: Individuals Served by County-Funded Mental Health Clinics

Indicator 4.1: Confirmed Cases of Child Abuse and Neglect

Significance

Children who have been abused are likely to experience long term psychological and emotional/behavioral consequences. Victims of abuse are also at higher risk of abusing their own children.

Indicator Description

The number of confirmed cases of child abuse and neglect per 1,000 children under age 18. Reports are indicated as abused, neglected, or maltreated when a parent or legal guardian is determined to have inflicted, created, and/or committed physical injury or a sex offense that caused or created substantial risk of death, serious or protracted disfigurement, impairment to physical or emotional health, or loss or impairment of any bodily organ.

County Performance

From 1998 to 2002, between one quarter and one third of all reports of child abuse or neglect were substantiated annually in Schenectady County. In 2002, there were 533 indicated cases of abuse or neglect in the County (15 per 1,000 youth under 18) compared to 616 cases in 1998. Ungraphed data in Appendix Table 4.1 show that between 1998 and 2002, the number of reports of child abuse and neglect increased by 12.5% in Schenectady County.

Regional Performance

While the number of indicated cases in Schenectady County declined by 13.5% between 1998 and 2002, the Capital Region saw a 24.2% increase in indicated cases during this period.
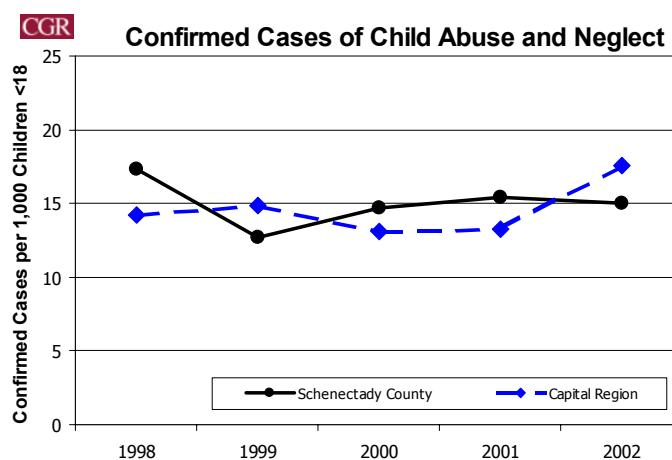
Source: New York State Office of Children and Family Services, Data Warehouse

Considerations

An indicated case may contain more than one child (e.g., siblings); therefore, the numbers and rates presented here may understate the actual number of children who are abused or neglected.

Strengthening Families

Indicator 4.2: Admissions to Foster Care

Significance

This is an indicator of families' inability to care for their children in a healthy and/or safe environment.
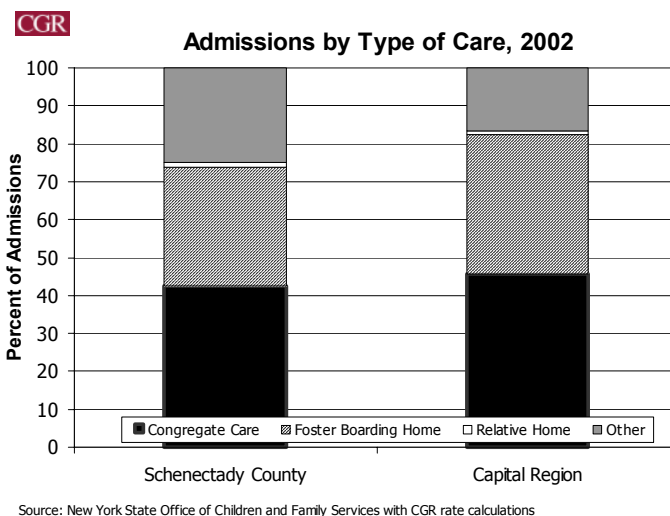
Indicator Description

Admissions to foster care reflect the annual number of children placed in the care and custody of the Commissioner of the local Department of Social Services per 1,000 youth under age 18. These youth may be cared for in congregate care facilities, foster boarding homes, approved relative homes, or other facilities such as a Supervised Independent Living Program.

County Performance

While there were 47 fewer admissions to foster care in 2002 compared to 1995 (172 vs. 219), rates of admission to foster care were otherwise variable during the intervening years, ranging from a high of 6.2 per 1,000 in 1997 to a low of 4.2 per 1,000 in 2001. In 2002, over 40% of youth admitted to foster care were placed in congregate care facilities.

Regional Comparison

Across the Capital Region, the rate of entry into foster care has gradually declined from 5.1 per 1,000 in 1997 to 4.2 per 1,000 in 2002. Similar to the County, the Region is placing over 40% of youth entering care into congregate care facilities.

Children Admitted to Foster Care

Source: New York State Office of Children and Family Services with CGR rate calculations

Admissions by Type of Care, 2002

Source: New York State Office of Children and Family Services with CGR rate calculations
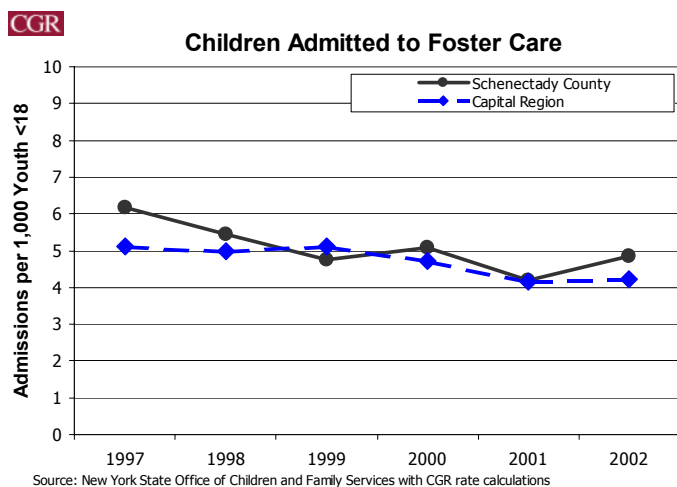
Considerations

Capacity limitations and changes in policy (e.g., cost reduction policies or increased emphasis on keeping families together) may affect placement decisions and be reflected in a lower rate of children entering foster care.

Strengthening Families

Indicator 4.3: Reports of Domestic Violence

Significance

This indicator is a strong measure of family dysfunction. There is also a known correlation between being abused or witnessing abuse as a child and becoming an abuser as an adult.

Indicator Description

The number of domestic violence incidents reported to law enforcement, regardless of whether a formal complaint was filed or an arrest made, per 10,000 population.

County Performance

From 1995 to 2001, Schenectady County experienced a 48% increase in the number of reports of domestic violence made to County law enforcement agencies (from 1,571 to 3,046). In each year during the six-year period, the highest number of reports were allegations made by a common law wife against her husband followed by a wife against her husband.

Regional Comparison

During the same period, the Capital Region's annual rate nearly doubled; however, it was substantially lower than the County's rate. In 2001, the County rate was almost twice as high as the regional rate (206 vs. 117 per 10,000).

Reports of Domestic Violence
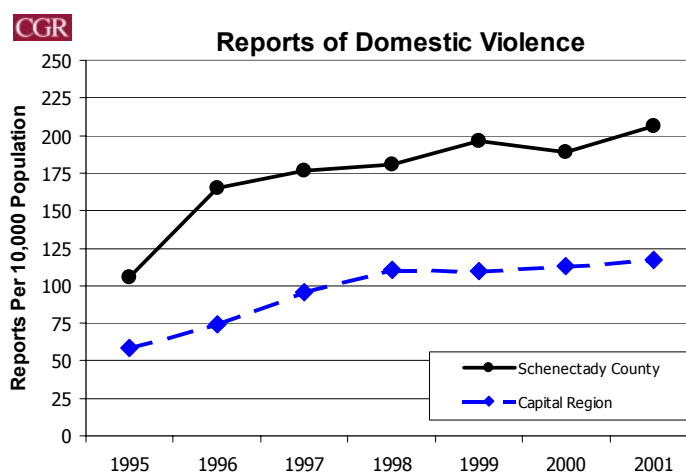
Source: New York State Division of Criminal Justice Service

Considerations

For a variety of reasons, not all victims report abuse to law enforcement officers; therefore, these data likely understate the actual occurrence of acts of domestic violence. Reporting may also be influenced by factors such as education, outreach, and media publicity.

Strengthening Families

Indicator 4.4: Overall Mortality

Significance

The mortality rate is a significant indicator of the overall health of a region. The measures that follow offer detailed trend data for several leading causes of death which researchers believe could be reduced through prevention efforts, early detection, and treatment. Additional data by cause of death, not graphed in this section, are also included in Appendix Table 4.4.

Indicator Description

Number of deaths per 100,000 residents of all ages.

County Performance

Overall mortality rates experienced a slow but steady increase from 1995 to 1997, before declining during the latter part of the 1990s. By 2000, the overall mortality rate had fallen to 1,043 per 100,000 (1,529 deaths), its lowest level since 1995.

Regional Performance

Schenectady County's mortality rate has consistently been above the regional rate, though in recent years the gap between the two areas has narrowed.

Overall Mortality Rate

Source: New York State Department of Health

Leading Causes of Death: Schenectady County, 2000 (Total Deaths = 1,529)

Other 30%
Heart Disease 35%
Suicide 1%
Diabetes Mellitus 3%
AIDS 0%
Accidents 2%
Cancers 24%
Cerebrovascular Disease 5%

Source: New York State Department of Health
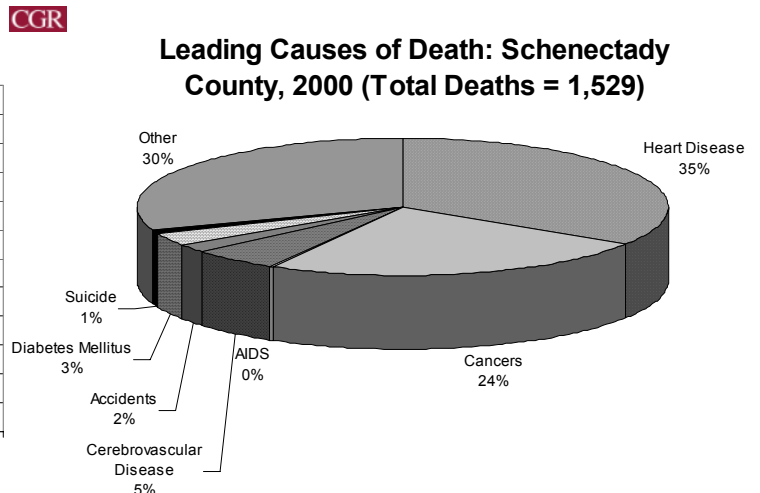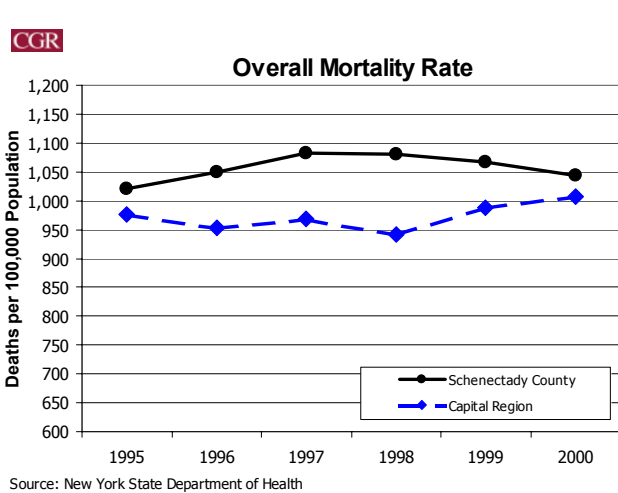
Considerations

None.

Indicator 4.5: Lung Cancer Mortality

Significance Among males and females in the United States, lung cancer is the most common cause of cancer death. Cigarette smoking is the most significant risk factor for lung cancer. The Centers for Disease Control and Prevention estimate that cancer rates overall could be reduced by as much as half through smoking cessation and improved dietary habits.

Indicator Description Number of deaths due to lung cancer per 100,000 residents of all ages.

County Performance In 2000, lung cancer deaths reached their lowest level in six years in Schenectady County with 97 deaths or 66.2 per 100,000 population. Prior to the most recent decline, rates were variable from year to year, and peaked at 82 deaths per 100,000 population in 1999 (122 deaths).

Regional Performance Capital Region lung cancer mortality rates have been less variable than the County's rates, ranging only slightly from 65.3 to 68.4 per 100,000. In four of the six years from 1995 to 2000, the rates were virtually comparable in the two areas. The County and the Region as a whole continue to exceed the Healthy People 2010 target of no more than 44.9 lung cancer deaths per 100,000 population.
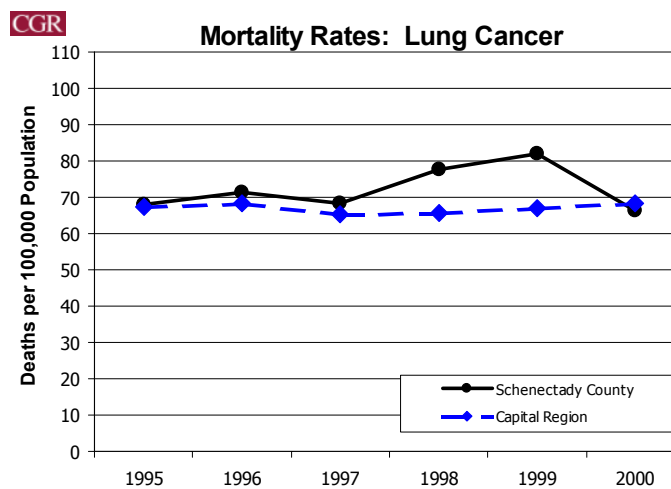
Source: New York State Department of Health

Considerations None.

Indicator 4.6: Heart Disease Mortality

Significance

In the United States, heart disease is the leading cause of death for all people. The Centers for Disease Control and Prevention report that in the United States, one out of every two males, and one out of three females, will develop coronary heart disease in his or her lifetime. High blood pressure, high blood cholesterol, poor diet, physical inactivity, and tobacco use are major risk factors for heart disease. Primary prevention efforts and screening for risk factors can play significant roles in reducing the incidence of heart disease.

Indicator Description

Number of deaths due to heart disease per 100,000 residents of all ages.

County Performance

Deaths from heart disease increased from 1995 to 1997, then declined to a six-year low in 1999 (508 deaths or 341 per 100,000) before rising again in 2000 to 356 deaths per 100,000. In 2000, one third of all deaths in Schenectady County were due to heart disease.

Regional Performance

The Capital Region's trend in heart disease mortality has, for the most part, mirrored that at the County-level. With the exception of 1995, the Region's rate has been lower than (better than) the County's rate. Both areas greatly exceed the Healthy People 2010 target of no more than 166 coronary heart disease deaths per 100,000 population.

CGR

Mortality Rates: Heart Disease

Source: New York State Department of Health
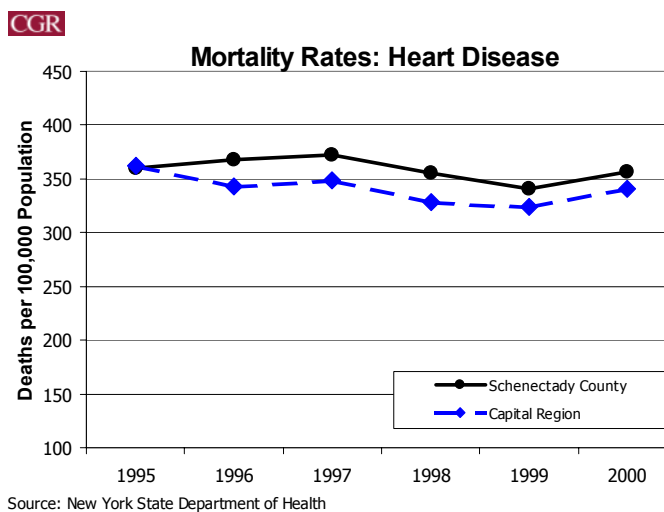
Considerations

None.

Indicator 4.7: AIDS Mortality

Significance   HIV and AIDS are transmitted primarily through risk-taking behaviors such as unprotected sexual activity and drug use. Efforts to reduce the spread of HIV and increase early detection of HIV can lead to reductions in AIDS mortality.

Indicator Description   Number of deaths due to AIDS per 100,000 residents of all ages.

County Performance   Rates for this measure are highly variable from year to year at the County level due to a relatively small number of AIDS deaths annually. In each of the years from 1995 to 2000, Schenectady County experienced between four and sixteen AIDS deaths. Small numbers result in rates ranging from a low of 2.7 deaths per 100,000 in 2000 to a high of 10.7 deaths per 100,000 in 1996, and therefore caution is urged when making comparisons over a short period of time.

Regional Performance   From 1995 to 2000, AIDS mortality rates in the Capital Region were comparable to Schenectady County's rates, ranging from 3.3 per 100,000 to 11.1 per 100,000.

Source: New York State Department of Health
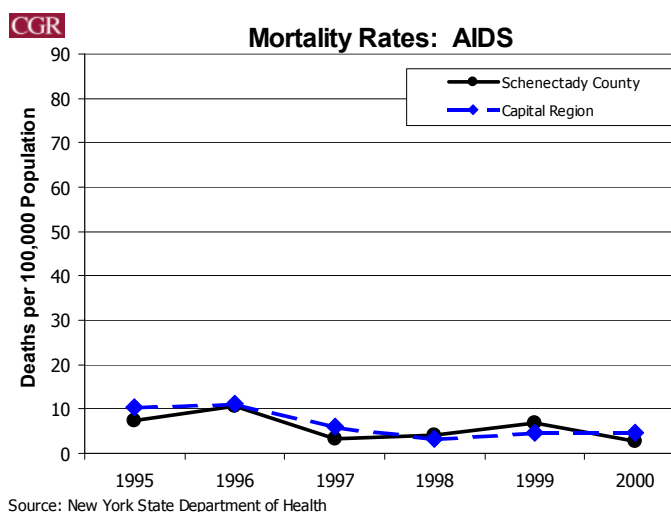
Considerations   Due to advances in medical treatment, AIDS deaths have become less reflective of underlying trends in HIV/AIDS transmission. A preferred measure would be AIDS morbidity. While historical AIDS morbidity data are not now available, New York State implemented an HIV surveillance system in June 2000. Morbidity data should be available for inclusion in future editions of this report.

Indicator 4.8: Suicide

Significance   While there are other factors that contribute to suicide, in many cases the early recognition and treatment of mental health and substance abuse problems may prevent suicide. Nationally, suicide is the third leading cause of death for adolescents, and there has been a greater increase in suicide among adolescents compared to the general population.
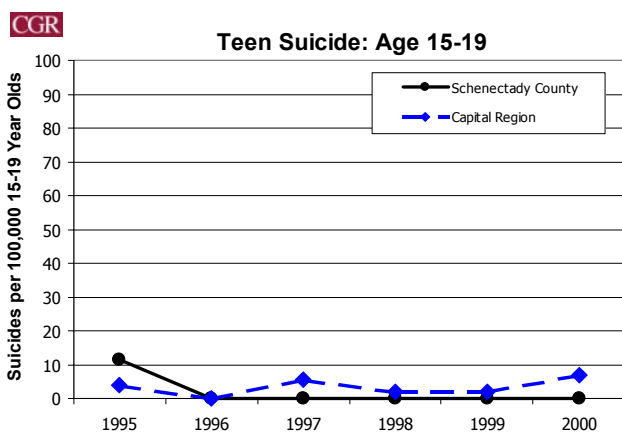
Indicator Description   Number of deaths from suicide per 100,000 youth (residents ages 15-19 years) and adults (20 years or older).
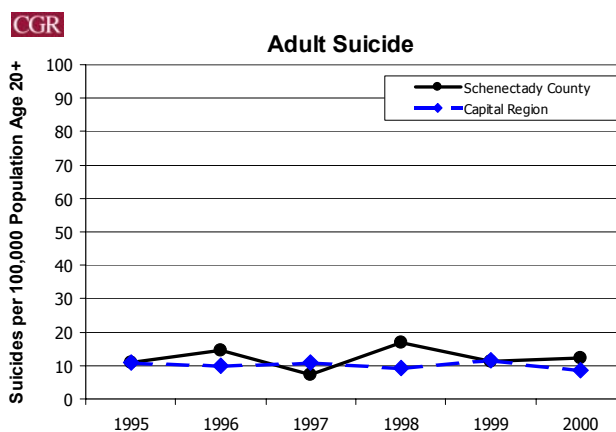
County Performance   No youth suicides were reported in the County from 1996 to 2000. County rates for adults are highly variable from year to year due to a relatively small number of suicides, and therefore no clearly identifiable trends have been noted. Between 1995 and 2000, adult suicide rates ranged from a low of 7.4 per 100,000 to a high of 16.8 per 100,000. For every year of the study period, over 50% of adult suicides occurred among individuals age 60 and older.

Regional Comparison   In each of the years from 1995 to 2000, the Capital Region experienced between 0 and 3 teen suicides and 38 and 50 adult suicides. The Region was similar to the County in that over half of all adult suicides were committed by those age 60 and older.

CGR
Teen Suicide: Age 15-19

Suicides per 100,000 15-19 Year Olds

—●— Schenectady County
—◆— Capital Region

1995   1996   1997   1998   1999   2000

Source: New York State Department of Health

CGR
Adult Suicide

Suicides per 100,000 Population Age 20+

—●— Schenectady County
—◆— Capital Region

1995   1996   1997   1998   1999   2000

Source: New York State Department of Health

Considerations   Suicides may be undercounted because of difficulty in the determination of suicidal intent by a coroner or medical examiner. Additionally, data are not available for morbidity related to failed suicide attempts.

Strengthening Families

Indicator 4.9: Sexually Transmitted Diseases

Significance   Sexually transmitted diseases (STDs), including gonorrhea, chlamydia, syphilis, and HIV/AIDS, are preventable, and remain an often unrecognized public health problem. STDs are known to cause reproductive health problems and affect perinatal health.

Indicator Description   The number of new cases of gonorrhea and new cases of early syphilis reported to public health agencies, expressed as a rate per 100,000 population. Chlamydia became a reportable STD in August 2000; baseline data are presented in Appendix Table 4.9.

County Performance   Newly reported cases of gonorrhea have risen sharply in Schenectady County in recent years, increasing from 60 per 100,000 in 1998 to 209 per 100,000 in 2001. In 2001, 306 cases were reported, a 155% increase over 1996 reports and a 244% increase since the study period low in 1998. Early syphilis rates in the County, which have been variable due to small numbers, ranged between 0.0 and 2.0 per 100,000 during the study period. In 2001, no new cases were reported.

Regional Comparison   From 1998 to 2001, both the number and rate of newly reported gonorrhea cases nearly doubled in the Region, but remained below the County level in 2000 and 2001. Rates of early syphilis have steadily declined in the Region since 1996, with no new cases reported in 2001. Both the County and the Region exceed the Healthy People 2010 goal of no more than 19 new cases of gonorrhea per 100,000 population.

CGR   **Reported Cases of Gonorrhea**
(Total Population)

CGR   **Reported Cases of Early Syphilis**
(Total Population)
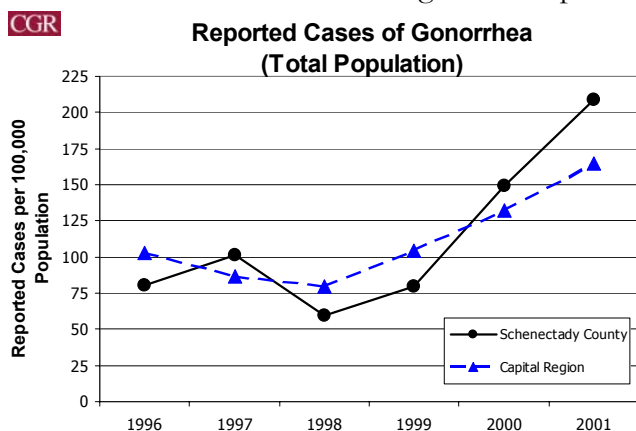
Source: New York State Department of Health
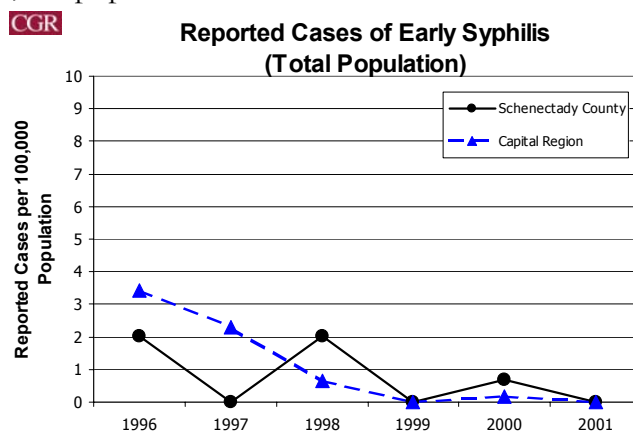
Source: New York State Department of Health

Considerations   None.

Indicator 4.10: Health Insurance Coverage

Significance
Individuals with health insurance are more likely to have a regular and accessible source of health care.

Indicator Description
This indicator draws on two distinct data sources: 1) results of a telephone survey of 354 Schenectady County residents conducted as part of a 2002 Council of Community Services *Assessment of the Needs of Low Income Households in Schenectady County*, and 2) state-level estimates of insurance status for the total population as well as for children under 18. Both sources provide baseline estimates of the uninsured population, but they are not directly comparable.

County Performance
Findings from the phone survey revealed that 9% of County residents and 17% of City residents had at least one member of the household not covered by health insurance at some point during the past year. Seven percent of County residents and 13% of City residents had postponed medical care due to a lack of insurance or ability to pay.

State-level estimates depicted in the graphs below reveal that in 2000-01, 16% of New York State's population was uninsured, and 10% of New York's children were uninsured. While nearly 60% of New York's children receive employer-provided health insurance, more than a quarter are enrolled in government-funded Medicaid.

CGR **Population Distribution by Insurance Status: New York State, 2000-01**

Uninsured 16%
Medicare 11%
Medicaid 15%
Individual 4%
Employer 54%
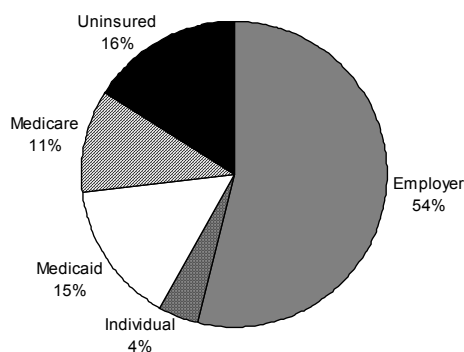
Source: Henry J. Kaiser Family Foundation *State Health Facts Online*

CGR **Distribution of Children 18 and Under by Insurance Status: New York State, 2000-01**

Uninsured 10%
Medicaid 28%
Individual 3%
Employer 59%
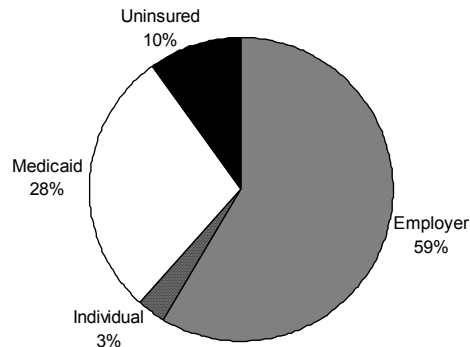
Source: Henry J. Kaiser Family Foundation *State Health Facts Online*

Considerations
Low-income families without a phone would be excluded from the survey sample and therefore caution is urged in generalizing the survey findings to the entire low-income population. Reliable trend data at the local level are not available for this measure.

Strengthening Families

Indicator 4.11: Admissions to Alcohol and Substance Abuse Treatment

Significance

Long-term excessive drinking and illicit drug use increases an individual's risk of poor health outcomes, including accident injuries, and is often a contributing factor in child abuse, domestic violence, suicide, and homicide. According to the Centers for Disease Control and Prevention, each year, over 112,000 deaths nationwide are drug- or alcohol-related.

Indicator Description

The number of admissions of county residents to alcohol and substance abuse treatment facilities anywhere in the state, expressed as a rate per 10,000 home county population.

County Performance

In 2001, fewer Schenectady County residents were admitted to drug and alcohol treatment facilities compared to 1998 (2,838 vs. 2,932). According to the latest New York State Office of Alcoholism and Substance Abuse Services (OASAS) treatment need prevalence estimates (ungraphed data presented in Appendix Table 4.11), 13,721 Schenectady County residents - or 9.4% of the total County population - are in need of treatment services.

Regional Comparison

Since 1998, the Capital Region has seen an increase in both the number and rate of residents admitted to alcohol and substance abuse treatment facilities. In 2002, more than 14,000 residents were admitted to treatment. OASAS estimates of treatment need for the same period total 59,001 (9.9% of the Region's population). Rates of admission to treatment have consistently been lower in Schenectady County compared to the Capital Region.

Source: New York State Office of Alcoholism and Substance Abuse Services
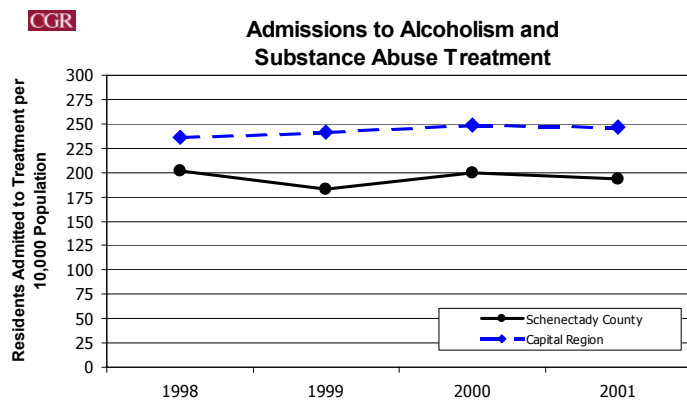
Considerations

The data presented here do not necessarily reflect an unduplicated count of individuals entering treatment in a given year, as a person entering treatment more than once in a year would be counted each time. Admissions to treatment may be influenced by both an individual's willingness to seek treatment and the accessibility and availability of services.

Strengthening Families

Indicator 4.12: Individuals Served by County-Funded Mental Health Clinics
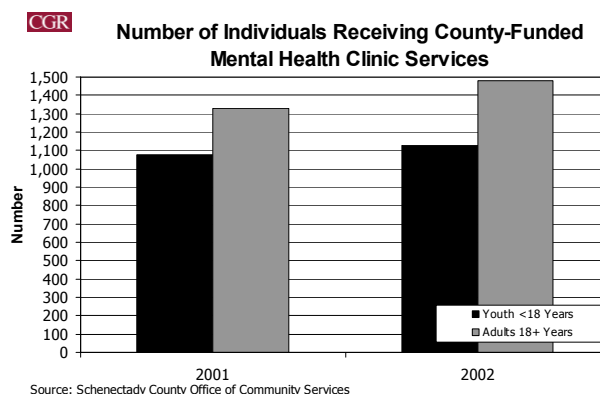
Significance

The Centers for Disease Control and Prevention report that in the United States, roughly 22 percent of the population ages 18 to 64 years, or about 40 million people, have a diagnosed mental disorder in a given year. Among children, about 20% of all children and youth between 9 and 17 have a diagnosable mental health disorder in a given year. Mental disorders vary in their severity and in their cognitive, emotional, and behavioral effects. The majority of individuals with mental health disorders do not receive mental health services.

Indicator Description

The number of unique individuals served by Schenectady County-funded mental health clinics during a calendar year.

County Performance

During the two-year period for which data are available, the number of youth served by County-funded mental health clinics increased from 1,076 in 2001 to 1,130 in 2002. During the same period, the number of adults served rose from 1,331 to 1,480. In 2002, 3.2% of the County's youth population and 1.3% of its adult population received mental health services at County-funded clinics.

Number of Individuals Receiving County-Funded Mental Health Clinic Services

Legend: ■ Youth <18 Years □ Adults 18+ Years

Source: Schenectady County Office of Community Services

Considerations

While the vast majority of those served by the County-funded clinics are residents of Schenectady County, the clinics may also serve a small number of individuals who live outside the County. Additionally, County residents seeking services from other mental health providers in the community or the surrounding areas (e.g., therapists, psychologists, physicians, etc.) and are not included in the count above. Capital Region comparison data are not available for this measure.

Data Agenda: Strengthening Families

While the Advisory Group identified the following indicators for inclusion in this baseline report, CGR determined that reliable and consistent local trend data are not currently available:

Outcome: People Enjoying Physical and Emotional Well-Being

Indicator: Proportion of Residents Who Exercise Regularly

Indicator: Obesity Prevalence

Indicator: Smoking Prevalence

Indicator: AIDS Morbidity

SECTION VII. MAINTAINING SENIOR INDEPENDENCE

Outcome: Seniors with Adequate Resources

5.1: Seniors Receiving Supplemental Security Income

5.2: Participation in Elderly Pharmaceutical Insurance Coverage Program

5.3: Senior Income Distribution

Outcome: Seniors Enjoying Physical and Emotional Well-Being

5.4: Hospital Discharges for Coronary Heart Disease

5.5: Hospital Discharges for Stroke

5.6: Hospital Discharges for Diabetes-Related Complications

5.7: Hospital Discharges for Respiratory Diseases

Indicator 5.1: Seniors Receiving Supplemental Security Income

Significance

Supplemental Security Income (SSI) benefits are intended to meet the basic economic needs of low-income aged, blind, and disabled persons. Eligible seniors receive monthly cash assistance through Supplemental Security Income rather than through public assistance.
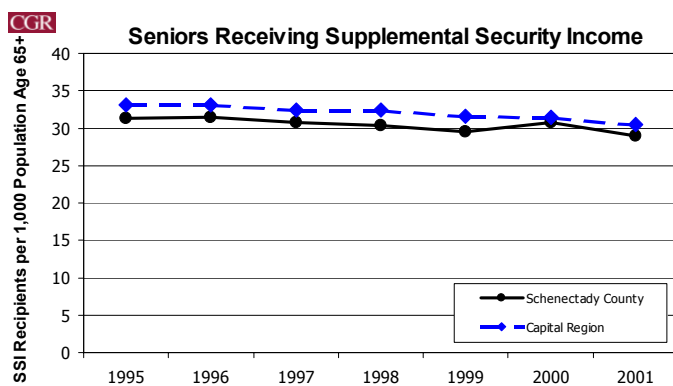
Indicator Description

The total number of low-income, blind, and disabled seniors age 65 and older receiving Supplemental Security Income benefits in December of each year. The SSI program is administered by the Social Security Administration according to uniform national standards, and payment level is determined by the recipient's income, living arrangements, and marital status. In 2001, the federal SSI benefit rate for an individual living alone with no other countable income was $531/month or $796/month for a couple.

County Performance

From 1995 to 2001, the rate of seniors receiving SSI declined from 31.3 to 28.9 per 1,000. In December 2001, 706 Schenectady County seniors received SSI benefits, compared to 784 in 1995 (a 10% decline). Ungraphed data in Appendix Table 5.1 show that during the study period, the number of low-income SSI seniors declined by 20% while the number of blind or disabled seniors increased 8%.

Regional Comparison

Throughout the study period, the County's rate of SSI participation was, on average, 2 individuals per 1,000 lower than the Capital Region's rate.

Seniors Receiving Supplemental Security Income

Legend: Schenectady County, Capital Region

Source: Social Security Administration

Considerations

Not all seniors who are eligible for SSI payments apply for and receive them. Data presented in Appendix Table 5.1 provide further breakdowns by eligibility categories.

Indicator 5.2: Participation in Elderly Pharmaceutical Insurance Coverage Program

Significance

Many seniors lack comprehensive prescription benefits and face high prescription drug costs. Prescription drug coverage allows low- and moderate-income seniors greater access to often expensive prescription drugs, which can enhance their physical well-being and improve their quality of life. In the 2000-01 program year, Elderly Pharmaceutical Insurance Coverage Program (EPIC) participants in New York State saved, on average, $1,791 on prescription drug costs.[10]

Indicator Description

The number of seniors age 65 and over enrolled in New York State's EPIC Program on September 30th of each year. EPIC provides comprehensive prescription drug coverage to low- and moderate-income senior citizens, covering approximately 80% of their prescription drug costs. In 2000, legislation significantly expanded the income eligibility limits to $35,000 for a single person or $50,000 for a married couple.

County Performance

EPIC enrollment in Schenectady County reached 2,089, or almost 9% of the County's total senior population in 2001. This represents a 162% increase in enrollment since 1995.

Regional Comparison

EPIC enrollment has nearly doubled in Albany and Rensselaer Counties since 1995, and in 2001, 8,098 of the Region's seniors were enrolled in the program.

Source: New York State Department of Health. EPIC Annual Reports
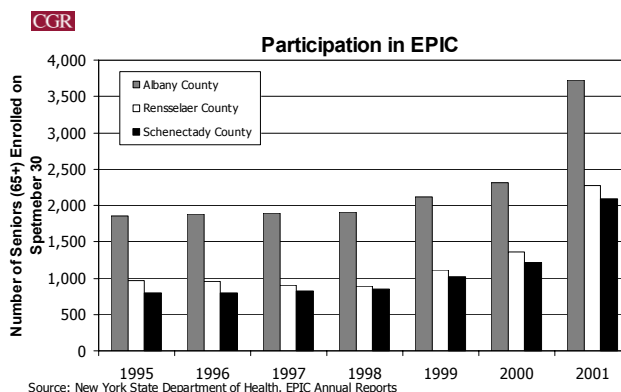
Considerations

Data are not directly comparable over time due to changes in program eligibility.

---

[10] From the October 2000-September 2001 *EPIC Annual Report to the Governor and Legislature.*

## Indicator 5.3: Senior Income Distribution

Significance

Economic security is fundamental to the well being of older Americans. As individuals reach retirement age, income levels, driven largely by reductions in wage earnings, may decline. Ideally, savings and retirement income would provide adequate resources enabling seniors to maintain an adequate standard of living. However, today's reality is too often that many seniors are at risk of living in poverty.

Indicator Description

Using 1990 and 2000 Census data, this indicator shows the income distribution among households headed by seniors ages 55 to 64; 65 to 74; and age 75+. While the data graphed below are for Schenectady County only, figures for the Capital Region are included in Appendix Table 5.3.

County Performance

In 1999, senior householders age 75 and above had lower income levels compared their 65 to 74 and 55 to 64 year old counterparts. Over half of the oldest age group had incomes below $25,000 and less than 5% had incomes at the highest level of $100,000+. In contrast, among the 55-64 year old households, 22% fell into the lowest income grouping and 15% were at the highest level. However, when comparing 1989 to 1999, each of the three age groups had a smaller proportion of households in the lowest income level and a greater proportion in the highest level.
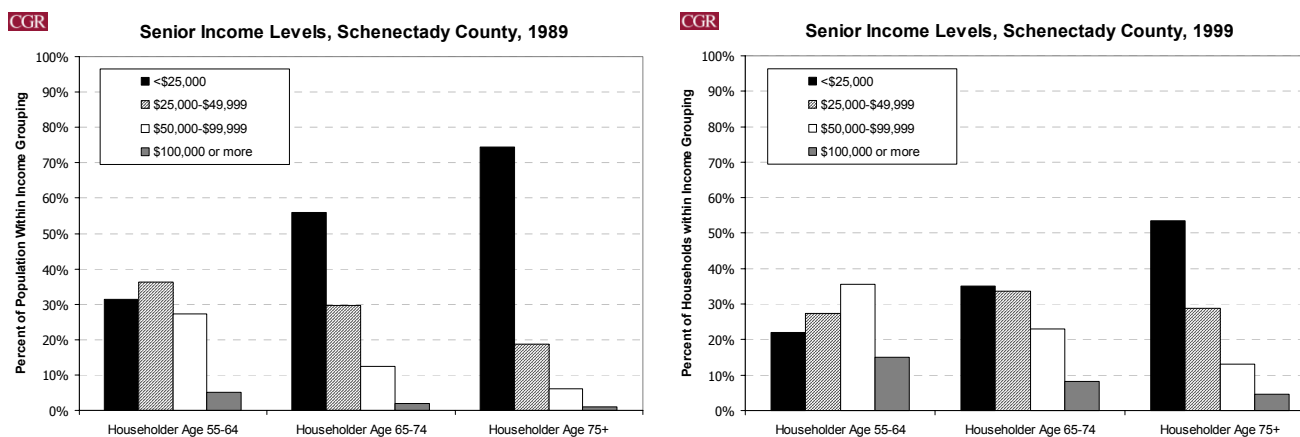
Regional Comparison

The Capital Region's distribution of income and trends from 1989 to 1999 were comparable to the County's.

Considerations

None.

Indicator 5.4: Hospital Discharges for Coronary Heart Disease

Significance
The New York State Department of Health reports that coronary heart disease (CHD) accounts for the largest proportion of heart disease in New York State and is the leading cause of death for all people in the state.[11] High blood pressure, high blood cholesterol, poor diet, physical inactivity, and tobacco use are major risk factors for CHD. The presence of these risk factors is more prevalent among individuals 65 and older. Lifestyles that include a healthy diet and exercise can help prevent CHD.

Indicator Description
The number of hospital discharges of county residents age 65 and older whose primary diagnosis was coronary heart disease, expressed as a rate per thousand residents age 65 and older.

County Performance
Countywide, since 1998, rates of hospital discharges with a primary diagnosis of coronary heart disease have decreased slightly. From 1998 to 2002, rates declined from 28.4 per 1,000 (700 seniors) to 26.6 per 1,000 (648 seniors).

Regional Comparison
Rates in the Capital Region have steadily declined from 27.0 per 1,000 in 1998 to 24.0 per 1,000 in 2002, and have consistently been slightly below County rates.
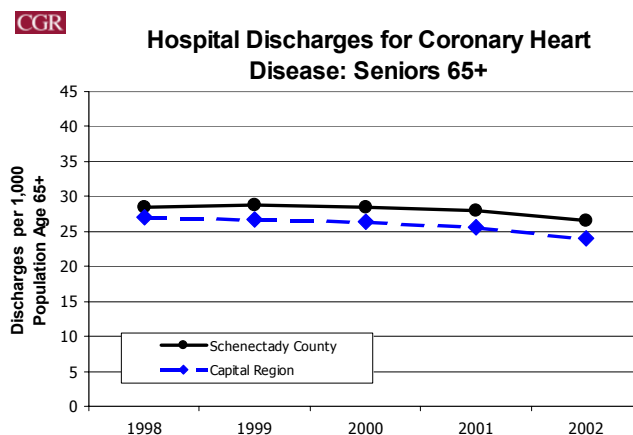
Hospital Discharges for Coronary Heart Disease: Seniors 65+

Source: New York State Department of Health, Division of Health Care Systems and Surveillance, Bureau of Health Care Research and Information Systems

Considerations
Hospitalization rates, and therefore discharge rates, may be affected by changes in health care practices and a movement toward serving clients in outpatient settings.

---

[11] Source: *The Burden of Cardiovascular Disease in New York: Mortality, Prevalence, Risk Factors, Costs, and Selected Populations.* New York State Department of Health.

Indicator 5.5: Hospital Discharges for Stroke

Significance

The New York State Department of Health reports that stroke is the third leading cause of death for all people in New York State, and for every stroke death in 1999, seven individuals were hospitalized for stroke.[12] Stroke morbidity is highest among the population age 65 and over.

Indicator Description

The number of hospital discharges of county residents ages 65 and older whose primary diagnosis was stroke, expressed as a rate per thousand residents age 65 and older.

County Performance

Countywide, from 1998 to 2002, rates of hospital discharges with a primary diagnosis of stroke increased from 10.2 to 11.0 per 1,000. In 1998, 249 Schenectady County seniors were discharged for stroke compared to 268 in 2002.

Regional Comparison

Since 1998, the Capital Region has exhibited a slight downward trend in the rates of hospital discharge with a primary diagnosis of stroke. In 2002, 799 residents age 65 and over were discharged for stroke compared to 883 in 1998. Rates have consistently been higher in Schenectady County compared to the Region.

Hospital Discharges for Stroke: Seniors 65+
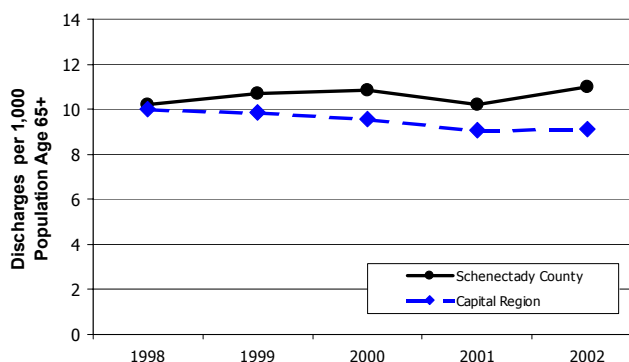
Source: New York State Department of Health, Division of Health Care Systems and Surveillance, Bureau of Health Care Research and Information Systems

Considerations

Hospitalization rates, and therefore discharge rates, may be affected by changes in health care practices and a movement toward serving clients in outpatient settings.

---

[12] Source: *The Burden of Cardiovascular Disease in New York: Mortality, Prevalence, Risk Factors, Costs, and Selected Populations,* New York State Department of Health.

Indicator 5.6: Hospital Discharges for Diabetes-Related Complications

Significance

The Centers for Disease Control and Prevention report that the occurrence of diabetes and associated complications is rising in the United States. During the past decade, diabetes has been the 7th leading cause of death in this country. Diabetics are at increased risk of diabetes-associated cardiovascular disease, amputations, eye disease, and renal disease.

Indicator Description

The number of hospital discharges of county residents age 65 and older for diabetes-related complications (excluding lower extremity amputation), expressed as a rate per thousand residents age 65 and older.

County Performance

While there were 23 fewer hospital discharges for diabetes-related complications in 2002 compared to 1998 (113 vs. 90), rates of discharge were otherwise variable during the intervening years, ranging from a high of 4.6 per 1,000 in 1998 to a low of 3.2 per 1,000 in 2000.

Regional Comparison

Capital Region rates of hospital discharge for diabetes-related complications have been less variable than the County's rates, ranging from 3.0 to 3.5 per 1,000 during the study period. The Region's rate has consistently been below the County's rate.
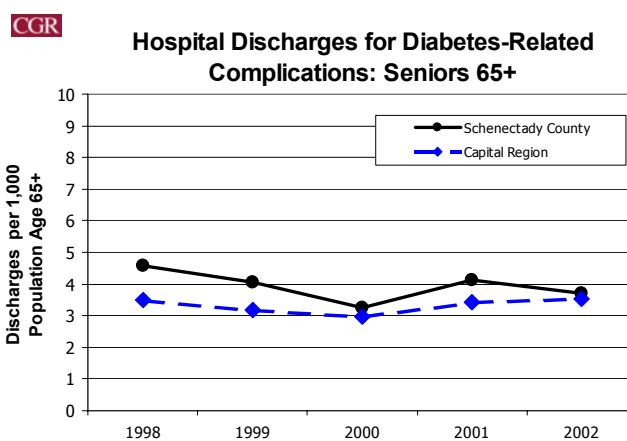
Hospital Discharges for Diabetes-Related Complications: Seniors 65+

Source: New York State Department of Health, Division of Health Care Systems and Surveillance, Bureau of Health Care Research and Information Systems

Considerations

Hospitalization rates, and therefore discharge rates, may be affected by changes in health care practices and a movement toward managing diabetes in outpatient settings.

Indicator 5.7: Hospital Discharges for Respiratory Diseases

Significance

Respiratory diseases such as asthma; chronic obstructive pulmonary disease (COPD), which includes chronic bronchitis and emphysema; and bacterial pneumonia are growing but often preventable health problems. These diseases occur most often in the senior population age 65 and older. The Centers for Disease Control and Prevention report that between 80 and 90 percent of COPD is attributable to cigarette smoking.

Indicator Description

The number of hospital discharges of county residents age 65 and older whose primary diagnosis was asthma, chronic obstructive pulmonary disease, or bacterial pneumonia, expressed as a rate per thousand residents age 65 and older. While the diseases are grouped here as "respiratory disease", breakdowns by disease are provided in Appendix Table 5.7.

County Performance

Countywide, from 1998 to 2002, rates of hospital discharges with a primary diagnosis of respiratory disease increased from 27.8 to 30.0 per 1,000. In 2002, this represented 732 Schenectady County seniors compared to 686 in 1998.

Regional Comparison

Since 1999, the Capital Region's rates of hospital discharge for respiratory disease have steadily declined from 29.7 to 25.5 per 1,000, reaching their lowest level of the five-year study period in 2002. In four of the five years, the Region's rates were below (better than) the County's rate.
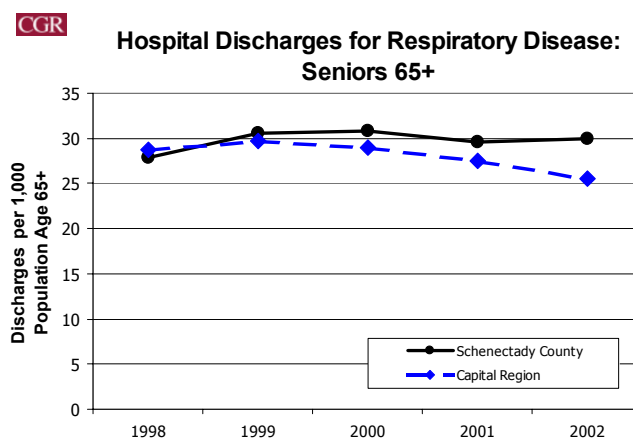
Hospital Discharges for Respiratory Disease: Seniors 65+

Source: New York State Department of Health, Division of Health Care Systems and Surveillance, Bureau of Health Care Research and Information Systems

Considerations

Hospitalization rates, and therefore discharge rates, may be affected by changes in health care practices and a movement toward serving clients in outpatient settings.

Data Agenda: Maintaining Senior Independence

While the Advisory Group identified the following indicators for inclusion in this baseline report, CGR determined that reliable and consistent local trend data are not currently available:

Outcome: Seniors with Adequate Resources

Indicator: Number of Long Term Care Policyholders

Indicator: Seniors Engaged in Paid Employment

Outcome: Seniors Enjoying Physical and Emotional Well-Being

Indicator: Seniors Living and Functioning Independently

Indicator: Proportion of Seniors Who Exercise Regularly

Indicator: Senior Immunization Rates

SECTION VIII. BUILDING STRONGER COMMUNITIES

Outcome: Thriving Communities

6.1: Average Annual Unemployment Rate

6.2: Labor Force Participation Rate

6.3: Job Growth

6.4: Employment by Sector

6.5: Single Family Home Sales

6.6: Voter Registration

Outcome: Safe Communities

6.7: Drug-Related Arrests

6.8: Reported Part I Crimes

6.9: Arrests for Part I Crimes

6.10: Reported Part II Crimes

6.11: Arrests for Part II Crimes

Indicator 6.1: Average Annual Unemployment Rate

Significance

Unemployment rates are a key indicator of local economic conditions, particularly employment opportunities and the potential need for local employment and training services.

Indicator Description

Unemployed individuals are those persons age 16 and older who were not employed, but were able, available, and actively seeking work during the reference week. The unemployment rate is the number of unemployed per 100 persons in the labor force (the total number of employed and unemployed individuals). Rates represent the annual average. The Albany-Schenectady-Troy MSA consists of Albany, Montgomery, Rensselaer, Saratoga, Schenectady, and Schoharie Counties.

County Performance

From 1995 through 2002, Schenectady County's annual unemployment rate varied between 3.0% and 5.3%. From 1995 to 2001, the rate steadily declined. However, following a seven-year low of 3% (2,200 unemployed individuals) in 2001, the unemployment rate rose to 3.8% (2,900 individuals) in 2002.

Regional Comparison

Unemployment rates in the Albany-Schenectady-Troy MSA have been comparable to those in Schenectady County over the eight year study period. In 2002, the average unemployment for both the County and the Region was 3.8%.

Source: New York State Department of Labor
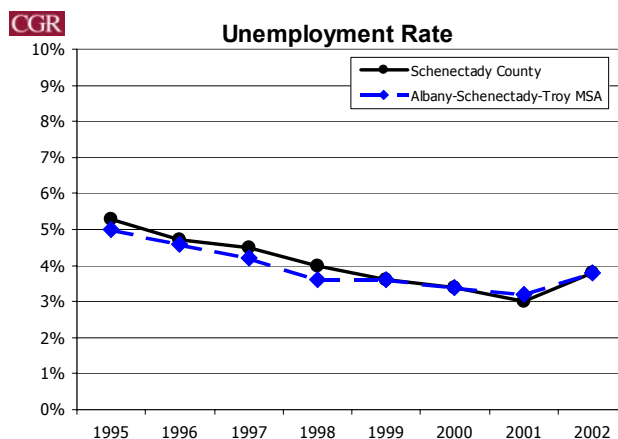
Considerations

The unemployment rate captures only individuals actively seeking employment; it does not count individuals who may be under-employed, or discouraged workers no longer actively seeking a job. The data presented here have not been seasonally adjusted.

Indicator 6.2: Labor Force Participation Rate

Significance

The labor force participation rate is an important measure of individuals' willingness to work outside the home. During the latter half of the 20th century, women's labor force participation rates soared. In its *The State of America's Children Yearbook 2001*, the Children's Defense Fund reports that three in five preschoolers have a mother in the labor force.

Indicator Description

This index is calculated by dividing the total number or persons employed or looking for work (unemployed) by the total labor pool (persons age 16 or older who are not institutionalized). The Albany-Schenectady-Troy MSA consists of Albany, Montgomery, Rensselaer, Saratoga, Schenectady, and Schoharie Counties.

County Performance

During the study period, the labor force participation rate in Schenectady County varied between 62.4% and 65.6%. Since 1999, the County's rates have exhibited a slight but steady upward trend.

Regional Comparison

The Albany-Schenectady-Troy MSA also began to see a small but steady increase in labor force participation rates since 1999. The County's rate has ranged between 2.1 and 2.8 percentage points lower than the rate for the MSA.

Labor Force Participation Rate
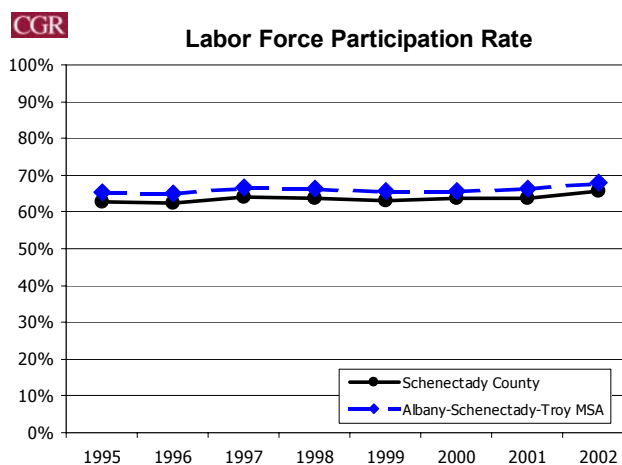
Source: New York State Department of Labor

Considerations

This measure does not provide estimates of underemployment, nor does it account for discouraged workers who are no longer actively seeking employment.

Indicator 6.3: Job Growth

Significance
Job growth is a key indicator of economic health and vitality and reveals how much an economy is expanding.

Indicator Description
This measure represents the growth in new jobs for the Albany – Schenectady–Troy MSA, expressed as the annual percentage change in the total number of jobs. The Albany-Schenectady-Troy MSA consists of Albany, Montgomery, Rensselaer, Saratoga, Schenectady, and Schoharie Counties.

Regional Performance
Between 1996 and 2001, the number of jobs in the Albany–Schenectady–Troy MSA grew by 8.4% (35,915 jobs). The highest level of growth occurred in 1999, with an annual gain of 2.4% (about 10,700 jobs). In 2002, the Albany-Schenectady-Troy MSA lost 1,100 jobs, a 0.2% decline. This was the Region's first period of net job loss since 1996.

The comparison data presented for this indicator are data for New York State. Until 2001, job growth in the Albany-Schenectady-Troy MSA lagged behind New York State.

Annual Growth in New Jobs

Source: New York State Department of Labor
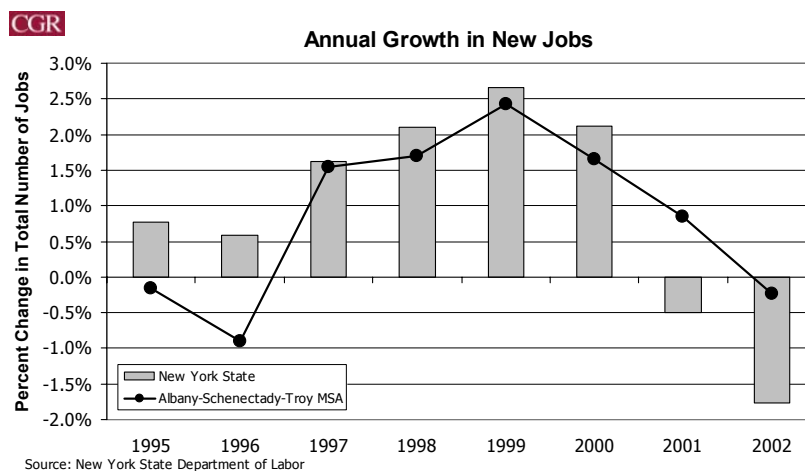
Considerations
These data include full-time and part-time non-farm jobs. The Department of Labor does not report job growth at the individual county -level.

Indicator 6.4: Employment by Sector

Significance
The distribution of workers across various sectors is a measure of economic diversity, and provides an understanding of the local economic context. Greater diversity is preferable, reflecting greater options and sources of jobs and incomes for residents.

Indicator Description
This indicator shows the percentage of the labor force engaged in various sectors of the economy in the Albany-Schenectady-Troy MSA. This MSA consists of Albany, Montgomery, Rensselaer, Saratoga, Schenectady, and Schoharie Counties.

Regional Performance
In 2002, 9 out of 10 jobs in the Albany-Schenectady-Troy MSA were in the service-providing sector[13]. The remaining 10% were in the goods-producing sector, composed of mining, construction, and manufacturing industries. Data presented in Appendix Table 6.4 show that the MSA has lost 6,800 manufacturing jobs since 1995, though the professional and business services, education and health services, and other services sectors have each grown 20%.

Employment by Sector: Albany-Schenectady-Troy MSA, 2002

CGR

Source: New York State Department of Labor
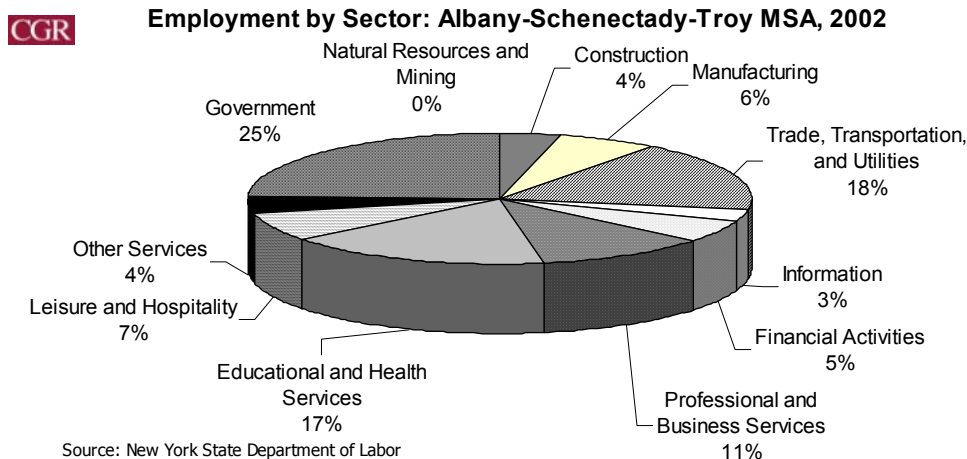
Considerations
In March 2003, North American Industrial Classification System (NAICS) replaced the Standard Industrial Classification system, and now serves as the new structure for classifying business activity in the U.S. NAICS groups establishments into industries based on the activity in which they are primarily engaged. To allow for historical comparisons, earlier data were reconstructed on a NAICS basis, and are available at the state and metropolitan areas for 1990 to present.

---

[13] The service sector is composed of the following industries: Trade, Transportation and Utilities, Information, Financial Activities, Professional and Business Services, Educational and Health Services, Leisure and Hospitality, Other Services, and Government.

Indicator 6.5: Single-Family Homes Sales

Significance

Home sales are one measure of consumer spending and the overall health of the economy. Home ownership increases the stability of a community.
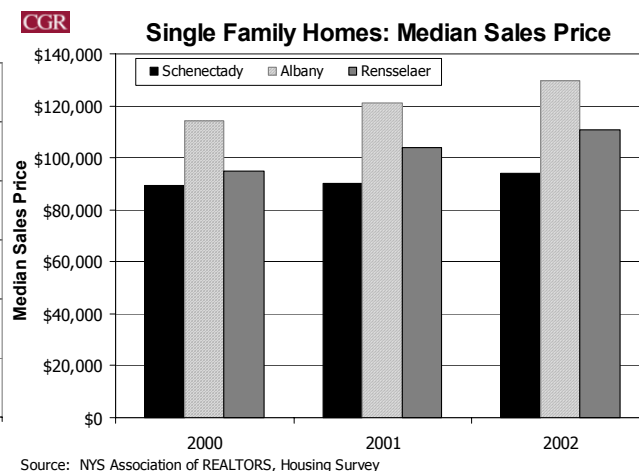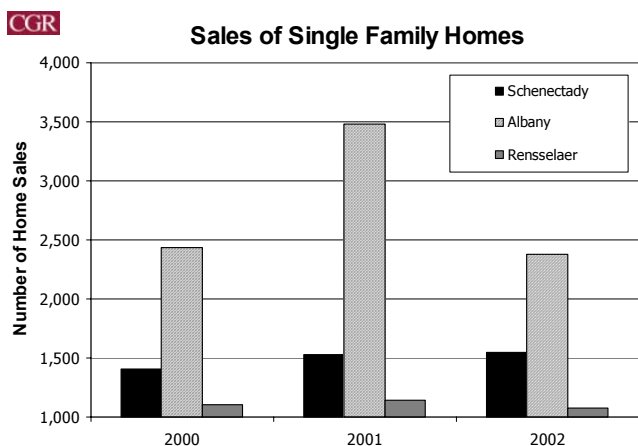
Indicator Description

This indicator shows the number of existing single-family homes sold annually and their median selling price.

County Performance

Home sales have been increasing in Schenectady County since 2000. In 2002, 1,550 existing homes were sold, or a 10.6% increase over levels in 2000. The median selling price of existing single-family homes increased by 4.9% during the same three-year period, from $89,500 in 2000 to $93,900 in 2002.

Regional Comparison

While home sales in Albany and Rensselaer Counties declined from 2001 to 2002, both counties experienced increases in the median selling price (7.4% and 6.9% respectively). The Capital Region overall experienced a 1.1% decline in existing home sales from 2000 to 2002, though median selling price increased annually in each of the three counties within the Region.

Sales of Single Family Homes

Source: NYS Association of REALTORS, Housing Survey

Single Family Homes: Median Sales Price

Source: NYS Association of REALTORS, Housing Survey

Considerations

Prior to 2000, these data were not tracked at the county level. 2002 data are preliminary.

Indicator 6.6: Voter Registration

Significance

Voter registration is one indicator of civic engagement. Voting is one of our fundamental freedoms and the cornerstone of democratic institutions.

Indicator Description

Percentage of eligible residents, 18 years of age and older, who are registered to vote.

County Performance

The proportion of residents that registered to vote in Schenectady County has varied from year to year between 1996 and 2002, however the rate has remained between 80% and 90% of the total eligible population.

Regional Comparison

The Capital Region's voter registration rate has also steadily increased since 1996, and has been slightly higher than the County rate.

Registered Voters

Source: New York State Board of Elections
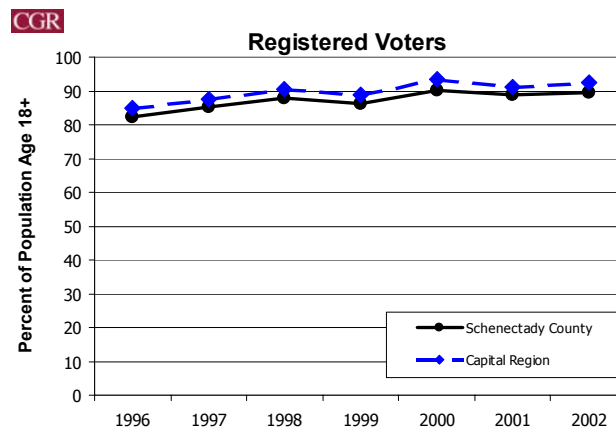
Considerations

These data reflect registered voters, not actual voter turnout rates. Voter turnout rates are typically substantially lower than actual voter registration rates. Comparable trend data for voter turnout were not available.

Indicator 6.7: Drug–Related Arrests

Significance   Drug use and other illegal drug-related activity can have immediate as well as long term negative health, social, and economic consequences.

Indicator Description   The number of arrests of persons of all ages for drug-related offenses per 10,000 population.

County Performance   From 1995 to 1998, the number of drug-related arrests in Schenectady County increased 51%, from 625 to 943. The number and rate then steadily declined until 2001, though in 2001 both the number and rate of drug-related arrests exceeded their 1995 levels. Data are further broken out by age in Appendix Table 6.7, and reveal that 8.4% of drug-related arrests countywide in 2001 were youth (<18 years) arrests.

Regional Comparison   Drug-related arrest rates in the Capital Region have consistently been above (worse than) Schenectady County's rates. In 2001, the regional arrest rate was 71.0 per 10,000 compared to 46.8 per 10,000 in the County. Additionally, a higher proportion of drug-related arrests in the Region are youth arrests (11.3% compared to 8.4% for the County).

Drug-Related Arrests (All Ages)
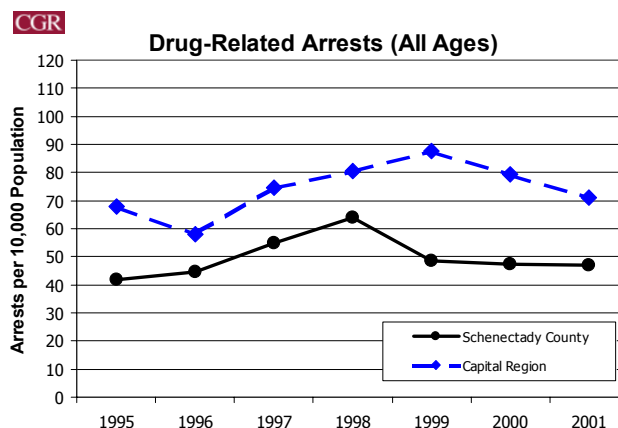
Source: New York State Division of Criminal Justice Services

Considerations   Arrest rates may be affected by increased or decreased surveillance by law enforcement agencies, or they may reflect changes in the prevalence of drug sales or use. Data reflect the number of arrests, and some individuals may be arrested more than once during a single year. Arrests are recorded where they occur, and do not necessarily reflect an individual's residence.

Indicator 6.8: Reported Part I Crimes

Significance

Crime statistics are basic indicators of public safety. Crime affects the quality of life of those who directly experience and witness it, but it also impacts the lives of others in a community who may feel threatened by it. Low crime rates may promote connections within the community, housing stability, and a community's attractiveness as a place to live, work, and do business.
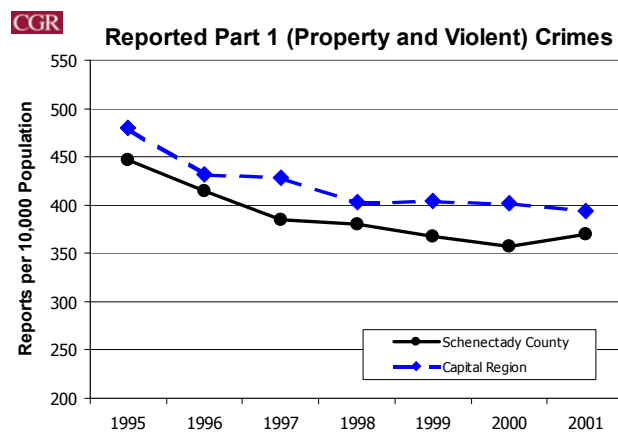
Indicator Description

The number of reported serious, or Part I violent or property crimes per 10,000 population, including murder, non-negligent manslaughter, forcible rape, robbery, aggravated assault, burglary, larceny, and motor vehicle theft. Part I crimes are defined by the FBI for consistent reporting purposes across jurisdictions and reported by law enforcement agencies on Uniform Crime Reports.

County Performance

Reported Part I crime rates steadily declined from 447 per 10,000 in 1995 to 358 per 10,000 in 2000, before increasing to 370 per 10,000 in 2001. Even with this increase, the reported crime rate in 2001 was 18% lower than in 1995 (5,475 reports in 2001 vs. 6,645 reports in 1995) Additional data presented in Appendix 5.8 reveal that 90% of Part I reports are for property crimes.

Regional Comparison

Reported Part I crimes in the Capital Region have shown a steady downward trend, with the number of reports declining by 17% from 1995 to 2001. Reports of property crime made up 90% of all Part I reports in the Capital Region. The County's reported Part I crime rate was consistently lower than the regional rate.

Reported Part 1 (Property and Violent) Crimes

Reports per 10,000 Population

Legend: Schenectady County; Capital Region

Source: New York State Division of Criminal Justice Services

Considerations

Not all Part I crimes are reported to law enforcement; and those that are reported do not necessarily result in an arrest.

Indicator 6.9: Arrests for Part I Crimes

Significance

Crime affects the quality of life of those who directly experience and witness it, but it also impacts the lives of others in a community who may feel threatened by it. Low crime rates may promote connections within the community, housing stability, and a community's attractiveness as a place to live, work, and do business.

Indicator Description

The number of arrests of persons of all ages for Part I violent or property crimes per 10,000 population. Part I crimes include murder, non-negligent manslaughter, forcible rape, robbery, aggravated assault, burglary, larceny, and motor vehicle theft.

County Performance

Arrest rates for Part I crimes have ranged from a high of 92.8 per 10,000 in 1996 to a low of 73.4 per 10,000 in 2000. For each year of the analysis, about 80% of the arrests were for property crimes.

Regional Comparison

Arrest rates in the Capital Region declined by 22% from 1995 to 2001, though they were more variable in the intervening years than the County rates. With the exception of 1996 when they were comparable, County arrest rates for Part I crimes have been lower than those of the Region.
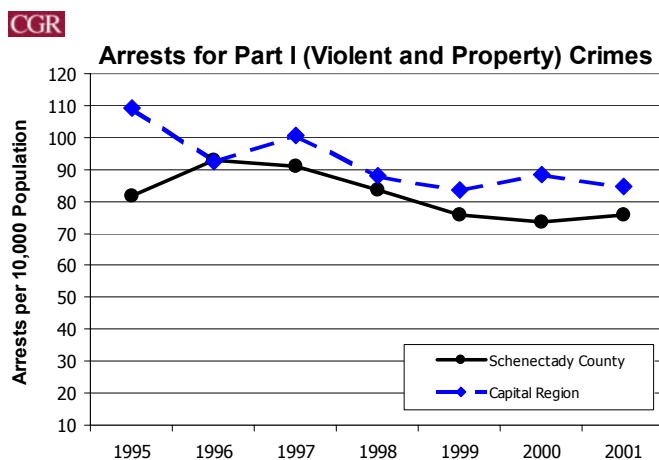
Source: New York State Division of Criminal Justice Services

Considerations

Many reported crimes do not result in an arrest. Data reflect the number of arrests, and some individuals may be arrested more than once during a single year. Arrests are recorded where they occur, and do not necessarily reflect an individual's residence.

Building Stronger Communities

Indicator 6.10: Reported Part II Crimes

Significance

Crime statistics are basic indicators of public safety. Crime affects the quality of life of those who directly experience and witness it, but it also impacts the lives of others in a community who may feel threatened by it. Low crime rates may promote connections within the community, housing stability, and a community's attractiveness as a place to live, work, and do business.

Indicator Description

Number of reported Part II crimes per 10,000 population, including simple assault, disorderly conduct, DWI, sale/use of controlled substances, criminal mischief, fraud, forgery, stolen property, unauthorized possession of weapons, prostitution, sex offenses other than forcible rape, arson, kidnapping, extortion, gambling, embezzlement, family offenses, unauthorized use of motor vehicle, bribery, loitering, disturbing public order, breaking liquor laws, and various other offenses.

County Performance

After an initial increase in reported Part II crimes, Schenectady County experienced continuous reductions in the number of reported Part II crimes. In 2001, there were 10,547 reported Part II offenses, 17% fewer than the highpoint of 12,754 in 1996.

Regional Comparison

Since 1997, reports of Part II crimes have declined in the Capital Region by 16%. While initially more variable than the County rate, since 1997 the regional rate has been slightly above the County's.

Reported Part II Crimes
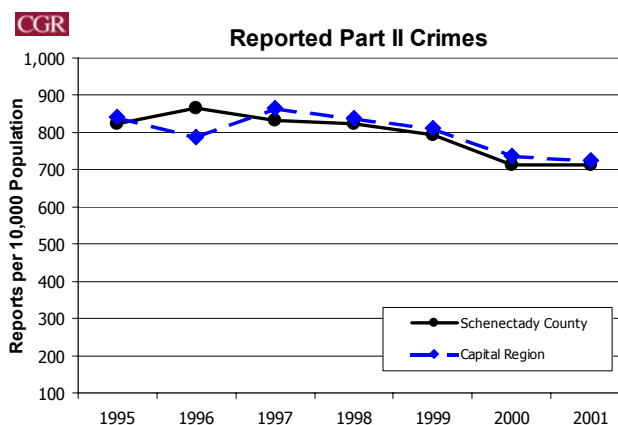
Source: New York State Division of Criminal Justice Services

Considerations

As with Part I offenses, not all Part II incidents are reported to law enforcement agencies, and those that are reported do not necessarily result in arrest.

Building Stronger Communities

Indicator 6.11: Arrests for Part II Crimes

Significance

Crime statistics are basic indicators of public safety. Crime affects the quality of life of those who directly experience and witness it, but it also impacts the lives of others in a community who may feel threatened by it. Low crime rates may promote connections within the community, housing stability, and a community's attractiveness as a place to live, work, and do business.

Indicator Description

The number of arrests of persons of all ages for Part II crimes per 10,000 population, including murder, non-negligent manslaughter, forcible rape, robbery, aggravated assault, burglary, larceny, and motor vehicle theft.

County Performance

After steadily increasing from 1995 to 1998, Part II arrest rates in Schenectady County declined. In 2001, there were 4,849 arrests for Part II crimes countywide, 3% fewer compared to 1995, and 19% fewer compared to 1998 (the highpoint of the study period).

Regional Comparison

The Capital Region saw more fluctuation in Part II arrests from year to year than did the County. In 2001, the Region experienced 16% fewer arrests compared to 1995. The regional rate has ranged between 1.3 and 73.6 arrests per 10,000 higher than the countywide rate.
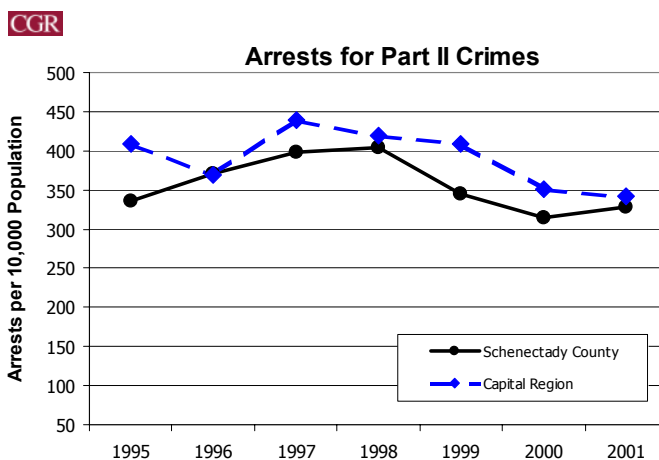
CGR

Arrests for Part II Crimes

Source: New York State Division of Criminal Justice Services

Considerations

Many reported crimes do not result in an arrest. Data reflect the number of arrests, and some individuals may be arrested more than once during a single year. Arrests are recorded where they occur, and do not necessarily reflect an individual's residence.

Data Agenda: Building Stronger Communities

While the Advisory Group identified the following indicators for inclusion in this baseline report, CGR determined that reliable and consistent local trend data are not currently available:

Outcome: Thriving Communities

Indicator: Charitable Contributions

Indicator: Volunteerism

Indicator: Neighborhood Watch Participation

Indicator: Arts and Cultural Assets

Indicator: Voter Turnout Rates

REFERENCES

Children's Defense Fund: www.childrensdefense.org

Council of Community Services of New York State, Inc., "Schenectady Family Health Services Community Needs Assessment: City of Schenectady." December 2002.

Federal Interagency Forum on Child and Family Statistics, "America's Children: Key National Indicators of Well-Being 2002." Federal Interagency Forum of Child and Family Statistics, Washington, D.C.: U.S. Government Printing Office.

Kaiser Family Foundation State Health Facts Online: www.statehealthfacts.kff.org

Maternal and Child Health Bureau, "Child Health USA 2002." U.S. Department of Health and Human Services, Health Resources and Services Administration.

New York State Department of Health, "Epic Annual Report to the Governor and Legislature, October 2000 – September 2001."

New York State Department of Health: www.health.state.ny.us

New York State Department of Labor: www.labor.state.ny.us

New York State Division of Criminal Justice Services: www.criminaljustice.state.ny.us

New York State Education Department: www.nysed.gov

New York State Office of Alcoholism and Substance Abuse Services: www.oasas.state.ny.us

New York State Office of Children and Family Services: www.ocfs.state.ny.us/main/

New York State Office of Temporary and Disability Assistance: www.dfa.state.ny.us

New York State Department of Health, Bureau of Chronic Disease Epidemiology and Surveillance, Bureau of Health Risk Reduction, "The Burden of Cardiovascular Disease in New York: Mortality, Prevalence, Risk Factors, Costs, and Selected Populations."

U.S. Census Bureau: www.census.gov

U.S. Department of Health and Human Services. Healthy People 2010: Understanding and Improving Health. 2nd ed. Washington, DC: U.S. Government Printing Office, November 2000.