

Seneca County Community Health Assessment 2014-2017



Public Health
Prevent. Promote. Protect.

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Seneca County in the S²AY Network Region

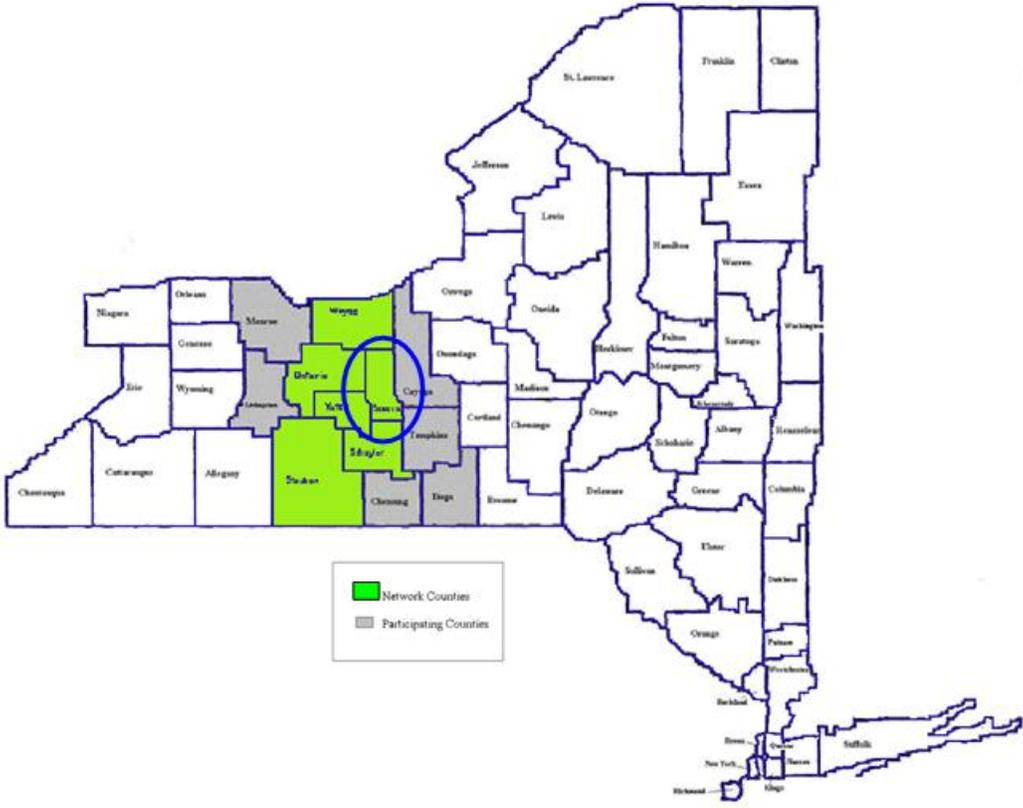


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Executive Summary

What are the health priorities facing Seneca County?

This was the question facing Seneca County Public Health Department as they delved into a comprehensive process that involved health care organizations, hospitals, business and community leaders, academia, government agencies, non-profit organizations and county residents.

According to the New York State Department of Health, Public Health employees in local health departments "*protect the health of entire communities... must always be prepared to deal with the unknown, they protect people from disease and harm before, during and after emergencies*". To that end Seneca County Public Health embarked on an 18 month long process to collect data, solicit opinions, facilitate a process and guide a discussion to determine not only what the most pressing problems facing our residents are, but also what we can effectively and efficiently address. The Seneca County Public Health Dept. was charged with working with local hospitals and other key partner agencies to select two key health priorities and one disparity to address in the community. Although there is no hospital located in Seneca County, Geneva General Hospital part of the Finger Lakes Health System is the primary provider for in-patient and out-patient services for Seneca County residents. Representatives from Finger Lakes Health participated in the assessment and identification of health priorities.

As a result of this process, Seneca County Public Health and its partner agencies determined our priority areas according to the New York State Department of Health's Prevention Agenda. The priorities selected are the prevention of chronic disease and the promotion of mental health and prevention of substance abuse. The primary focus areas for these priorities are to:

1. Reduce obesity in children and adults and
2. Prevent substance abuse and other mental, emotional, and behavioral disorders

To fully prevent chronic disease among Seneca County residents, it is imperative Public Health address adult smoking rates. The list of illnesses caused by tobacco use is long and contains many of the most common causes of death. Although, there have been substantial reductions in smoking rates in NYS, Seneca County's tobacco rates remain high and some tobacco use disparities have become more pronounced. Smoking rates did not decline among lower socio-economic status adults and adults with poor mental health. As a result of these findings and resistance to fully implement our local law to prohibit smoking on all county owned and leased property, the Seneca Health Solutions Team will focus on addressing the health disparity of tobacco use among those with poor mental health.

Chronic diseases are among the leading causes of death, disability and rising health care costs in New York State (NYS). Specifically, they account for approximately 70% of all deaths in NYS, and affect the quality of life for millions of other residents, causing major limitations in daily living for about 10% of the population. Costs associated with chronic disease and their major risk factors account for more than 75% of our nation's health care spending¹. Obesity is a major contributor to chronic disease.

Obesity Prevalence

- The percentage of New York State adults who are overweight or obese increased from 42% in 1997 to 60% in 2008.
- The percentage of obese adults in New York State more than doubled from 10% in 1997 to 25% in 2008.
- Obesity among children and adolescents has tripled over the past three decades. Currently, a third of New York's children are obese or overweight.
- Health care to treat obesity-related illnesses and conditions cost the United States an estimated \$150 billion and New York State more than \$7.6 billion every year.²

In Seneca County the age adjusted percentage of adults who are obese (BMI 30 or higher) is 37.5% compared to the New York State rate of 23.1%.³ This is the highest rate in the entire state. 70.5% of our

¹ CDC Chronic diseases: The Power to Prevent, the Call to Control

<http://www.cdc.gov/chronicdisease/resources/publications/aag/chronic.htm>

²New York State Dept. of Health Obesity Prevention <http://www.health.ny.gov/prevention/obesity/>

residents have a BMI over 25 which is the third highest rate in NYS. Seneca County Public Health Officials are committed to take the necessary steps to address this rising epidemic.

Another priority area that Seneca County and its partners has selected to improve is the promotion of mental health and the prevention of substance abuse. Many Mental, Emotional and Behavioral (MEB) disorders, such as substance abuse and depression, have lifelong effects that include high psychosocial and economic costs for people, their families, schools and communities. The financial costs nationally in terms of treatment services and lost productivity are estimated at \$247 billion annually. Beyond the financial costs, MEB disorders interfere with people's ability to accomplish developmental tasks, such as establishing healthy interpersonal relationships, succeeding in school, making their way into the workforce and staying optimally functional once there. Mental and physical health problems are interwoven. Improvements in mental health help improve individuals and populations' physical health⁴.

Smoking kills 25,500 people every year in New York State. Secondhand smoke kills 2,500 New Yorkers every year. At any one time, there are estimated to be 570,000 New Yorkers afflicted with serious disease directly attributable to their smoking. It is projected that 389,000 New York State youth age 0-17 will die from smoking. 24.3% of Seneca County residents smoke compared to the NYS rate of 18.1%.

Failing to win the battle against tobacco use, obesity, substance abuse and other mental, emotional, and behavioral disorders will mean premature death and disability for an increasingly large segment of Seneca County residents. Without strong action to reverse the obesity epidemic, for the first time in our history children may face a shorter lifespan than their parents. Seneca County Public Health along with their partners have developed a Community Health Improvement Plan ([see attachment E](#)) to address these significant health issues.

The Seneca Health Solutions Team's next steps will focus on accomplishing the activities outlined in our Community Health Improvement Plan to achieve our goals related to our identified health priorities. The Seneca County Health Department will continue to meet and work with our partners on a bi-monthly basis to begin the process of implementing our strategies to reduce obesity, prevent substance abuse and promote mental health among our residents.

³ New York State Dept. of Health New York State Community Health Indicator Reports - Obesity and Related Indicators
<http://www.health.ny.gov/statistics/chac/indicators/obs.htm>

⁴http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/plan/mhsa/mhsa_introduction.htm

Section One - Community Being Assessed

Demographics of the Population Served

Overall Size

Seneca County is located in the Central Finger Lakes Region of New York State. It is the smallest of the nine counties that comprise the Finger Lakes region. Seneca County is Upstate New York's fifth smallest county and is bounded on the north by Wayne County, on the south by Tompkins and Schuyler Counties, on the east by Cayuga County, and on the west by Yates and Ontario Counties. It is located midway between Rochester (50 miles to the west) and Syracuse (50 miles to the east). Sandwiched between Seneca and Cayuga Lakes, it is rectangular in shape with a north-south distance of 33 miles and varies from 12-16 miles east to west.



Seneca County has a population of 35,305, or approximately 107 persons per square mile. The population has been relatively stagnant over the last 50 years, as shown in the table below, at approximately 35,000 people. Nearly half of the county's population (about 47.3% percent or 16,682 according to the 2010 census) lives in the two most northern towns of Waterloo and Seneca Falls, while the rest of the County's population is sparsely distributed to the south among the four towns of Ovid, Covert, Romulus and Lodi.

Census Data - People QuickFacts	Seneca County	New York
Population, 2012 estimate	35,305	19,570,261
Population, percent change, April 1, 2010 to July 1, 2012	0.2%	1.0%
Population, 2010	35,251	19,378,102

Population Size - 50 year trend, Census Quickfacts						
Census Year	Seneca	Yates	Steuben	Ontario	Wayne	Yates
1960	31,984	15,044	97,691	68,070	67,989	18,614
1970	35,083	16,737	99,546	78,849	79,404	19,831
1980	33,733	17,686	99,217	88,909	84,581	21,459
1990	33,683	18,662	99,088	95,101	89,123	22,810
2000	33,342	19,224	98,726	100,224	93,765	24,621
2010	35,251	18,343	98,990	107,931	93,772	25,348
2012 est.	35,305	18,514	99,063	108,519	92,962	25,344

3.4 Percentage sub county change 2000-2010

	Total Population		Difference	
	2000	2010	Count	%
New York State	18,976,821 *	19,378,102	401,281	2.1%
Seneca County	33,342	35,251	1,909	5.7%
Cities				
Geneva	0	0	0	-
Towns				
Covert	2,227	2,154	-73	-3.3%
Fayette	3,643	3,929	286	7.9%
Junius	1,362	1,471	109	8.0%
Lodi	1,476	1,550	74	5.0%
Ovid	2,757	2,311	-446	-16.2%
Romulus	2,036	4,316	2,280	112.0%
Seneca Falls	9,347	9,040	-307	-3.3%
Tyre	899	981	82	9.1%
Varick	1,729	1,857	128	7.4%
Waterloo	7,866	7,642	-224	-2.8%

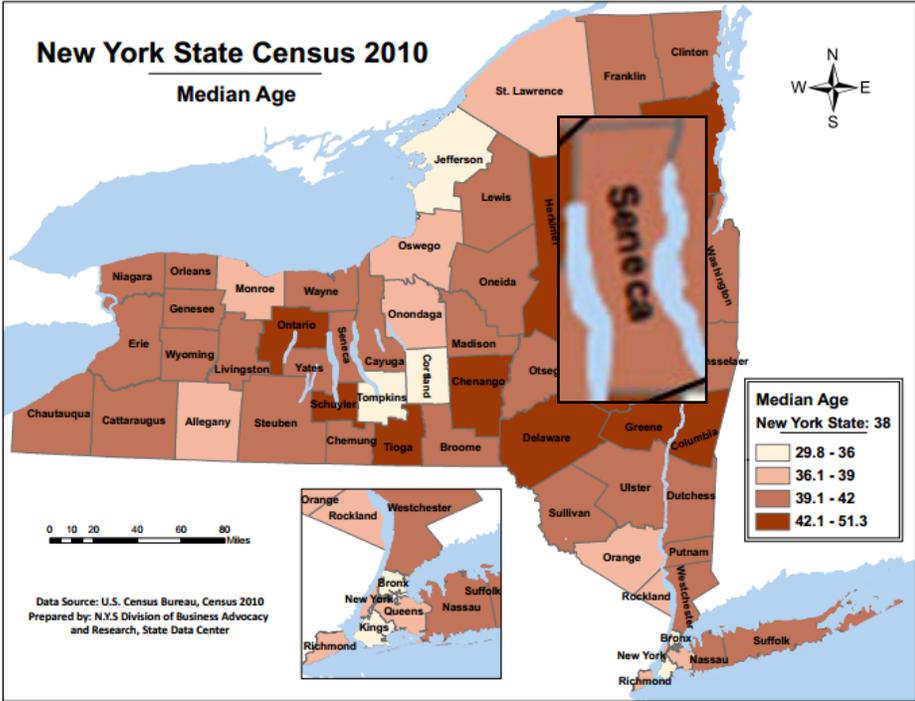
* Original counts revised through Count Question Resolution Program (CQR)
 Source: U.S. Census Bureau intercensal population estimates 2000-2010

The chart from Cornell Program on Applied Demographics illustrates the population changes for the towns that make up Seneca County.

Source: pad.human.cornell.edu/profiles/Seneca.pdf

Demographics

Seneca County's population according to the 2010 census was 35,251 residents. The 2012 Census Bureau estimates a population of 35,305, slightly higher than 2010. 16.4% of the County's population is over the age of 65 compared to the State rate of 14.1%. The fact that Seneca County's population is aging cannot be ignored. This will without question affect many aspects of life for our residents in the future including healthcare, nutrition, exercise, transportation, public safety, housing, taxes and the workforce. In a small, rural community such as ours it is imperative these issues are addressed for our aging population.



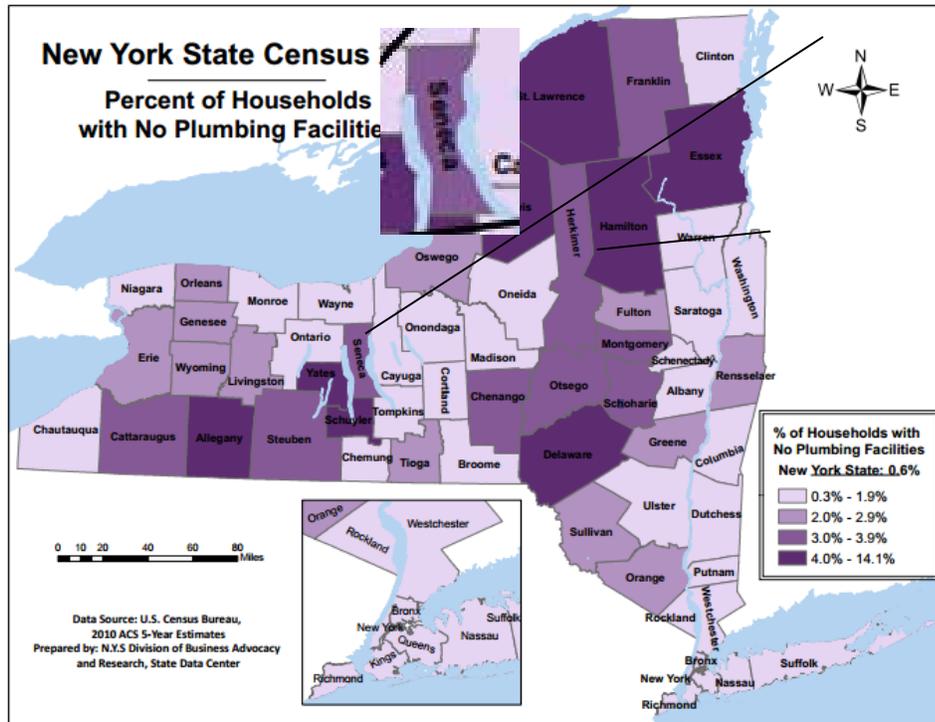
Source: <http://esd.ny.gov/NYSDataCenter/NYThematicMaps.html>

SEX AND AGE					
Total population	35,306	100.0	Median age (years)	41.0	(X)
Under 5 years	1,980	5.6			
5 to 9 years	1,952	5.5	16 years and over	28,759	81.6
10 to 14 years	2,062	5.8	18 years and over	27,732	78.7
15 to 19 years	2,370	6.7	21 years and over	26,447	75.0
20 to 24 years	2,473	7.0	62 years and over	6,815	19.3
25 to 29 years	2,255	6.4	65 years and over	5,472	15.5
30 to 34 years	1,948	5.5			
35 to 39 years	2,108	6.0			
40 to 44 years	2,290	6.5	Male population	18,454	52.4
45 to 49 years	2,661	7.5	Median Age	39.2	(X)
50 to 54 years	2,852	8.1			
55 to 59 years	2,583	7.3	Female population	16,797	47.6
60 to 64 years	2,245	6.4	Median Age	43.3	(X)
65 to 69 years	1,621	4.6			
70 to 74 years	1,208	3.4			
75 to 79 years	1,003	2.8			
80 to 84 years	858	2.4			
85 years and over	782	2.2			

RELATIONSHIP			HOUSEHOLDS BY TYPE		
Total population	35,251	100.0	Total households	13,393	100.0
In households	32,442	92.0	Family households (families) [7]	8,762	65.4
Householder	13,393	38.0	With own children under 18 years	3,488	26.0
Spouse [6]	6,643	18.8			
Child	9,054	25.7	Husband-wife family	6,643	49.6
Own child under 18 years	6,718	19.1	With own children under 18 years	2,250	16.8
Other relatives	1,185	3.4	Male householder, no wife present	707	5.3
Under 18 years	495	1.4	With own children under 18 years	399	3.0
65 years and over	213	0.6	Female householder, no husband present	1,412	10.5
Nonrelatives	2,167	6.1	With own children under 18 years	839	6.3
Under 18 years	193	0.5	Nonfamily households [7]	4,631	34.6
65 years and over	144	0.4	Householder living alone	3,660	27.3
			Male	1,655	12.4
Unmarried partner	1,319	3.7	65 years and over	448	3.3
In group quarters	2,809	8.0	Female	2,005	15.0
Institutionalized population	2,462	7.0	65 years and over	1,071	8.0
Male	2,205	6.3			
Female	257	0.7	Households with individuals < 18 years	3,845	28.7
Non-institutionalized population	347	1.0	Households with individuals 65+	3,829	28.6
Male	213	0.6	Average household size	2.42	(X)
Female	134	0.4	Average family size [7]	2.93	(X)

Housing

The majority of Seneca County housing was built prior to the 1970's. Housing statistics indicate that 16.5% of available housing in the county is vacant and 26.6% of the housing units are rentals. The county is sandwiched between Seneca and Cayuga Lakes accounting for the 9.9% of housing units that are seasonal.



This map from the New York State's Empire State Development Data Center illustrates that Seneca County has one of the higher levels of housing with no plumbing facilities in the state. Many of the occupied homes in the county heat with wood as opposed to other more conventional methods of heating such as furnaces.

Source: <http://esd.ny.gov/NYSDataCenter/NYThematicMaps.html>

HOUSING OCCUPANCY			HOUSING TENURE		
Total housing units	16,043	100.0	Occupied housing units	13,393	100.0
Occupied housing units	13,393	83.5	Owner-occupied housing units	9,825	73.4
Vacant housing units	2,650	16.5	Population in owner-occupied housing units	24,588	(X)
For rent	336	2.1	Average household size of owner-occupied units	2.50	(X)
Rented, not occupied	16	0.1	Renter-occupied housing units	3,568	26.6
For sale only	163	1.0	Population in renter-occupied housing units	7,854	(X)
Sold, not occupied	70	0.4	Average household size of renter-occupied units	2.20	(X)
For seasonal, recreational, or occasional use	1,589	9.9			
All other vacants	476	3.0			
Homeowner vacancy rate (percent)	1.6	(X)			
Rental vacancy rate (percent)	8.6	(X)			

Race

The population of Seneca County is predominantly white at 92.5%. This is a slight decrease over 2009 State and County QuickFacts figure. The Latino/Hispanic population continues to grow.

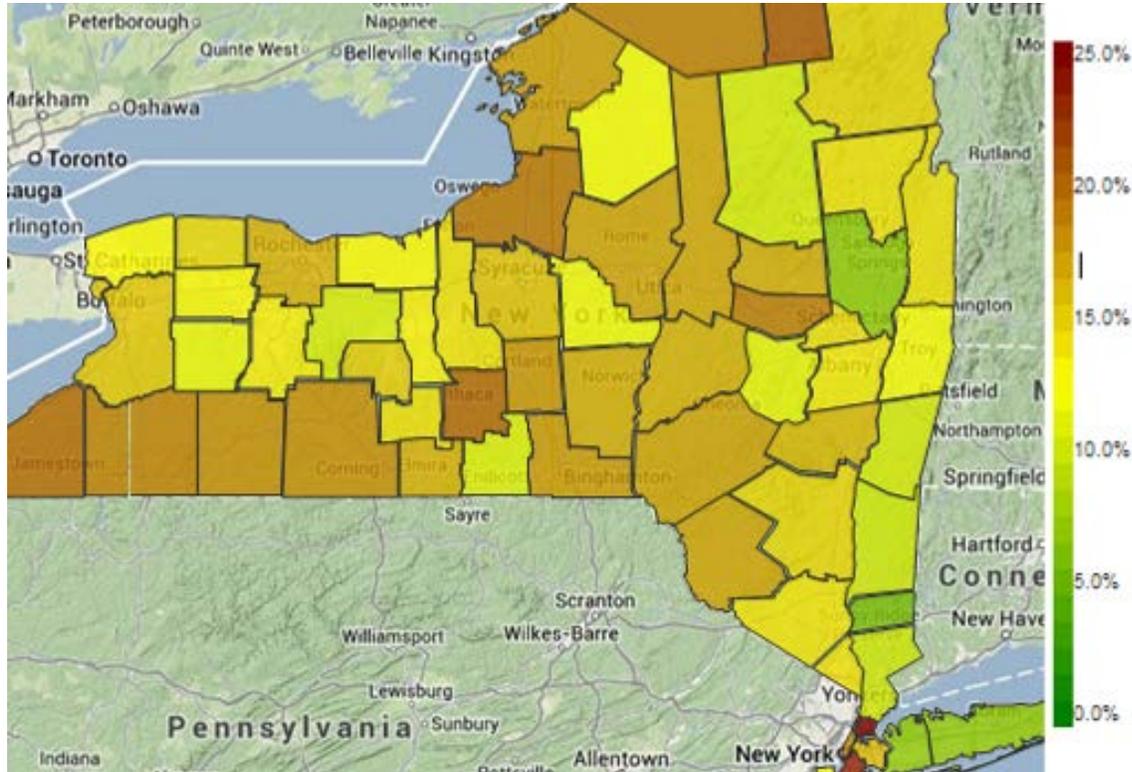
RACE		
Total population	35,251	100.0
One Race	34,788	98.7
White	32,591	92.5
Black or African American	1,607	4.6
American Indian and Alaska Native	104	0.3
Asian	244	0.7
Native Hawaiian and Other Pacific Islander	2	0.0
Some Other Race	240	0.7
Two or More Races	463	1.3
Hispanic or Latino (of any race)	952	2.7

Poverty

The annual median household income in Seneca County is \$47,266 which is 17.8% below the NYS median household income of \$56,951. According to the 2006-2010 U.S. Census American Community Survey, 11.7% of the population in Seneca County is living in poverty as compared to the New York State rate of 14.5%. Data on student eligibility for the free or reduced lunch program in schools is another indicator of local poverty. The table below summarizes these indicators for Seneca County and shows all school districts in the county have a large number of students who qualify for the program. Rates range from 31% to 51%.

New York State Report Card	09-10		10-11		11-12	
	#	%	#	%	#	%
Romulus						
Eligible for free lunch	112	25%	119	28%	118	30%
Reduced price lunch	56	12%	30	7%	34	9%
Seneca Falls						
Eligible for free lunch	284	22%	228	18%	286	23%
Reduced price lunch	139	11%	103	8%	101	8%
South Seneca						
Eligible for free lunch	274	34%	289	36%	296	40%
Reduced price lunch	96	12%	95	12%	78	11%
Waterloo						
Eligible for free lunch	578	32%	581	33%	514	29%
Reduced price lunch	215	12%	160	9%	174	10%

Estimated percent of people of all ages in poverty 2011



Source: <http://pad.human.cornell.edu/counties/maps.cfm>

The New York State Dept. of Labor reported the unemployment rate in Seneca County was 6.2% compared to the NYS rate of 7.6%. Overall, Seneca County has one of the more favorable rates in the region.

New York State Unemployment Rates July 2013		
Rank	County	Rate
2	Yates	5.6
6	Ontario	5.9
11	Seneca	6.2
19	Yates	6.7
22	Wayne	6.8
	New York State	7.6
49	Chemung	7.9
52	Steuben	8.4

The following chart illustrates Seneca County's indicators for poverty compared to New York State averages. 23.4 % of the households in Seneca County have incomes below \$25,000 compared to the 23% New York State rate. There is a major discrepancy between NYS and county rates when looking at the higher income levels. Only 3.7% of county residents have incomes above \$150,000 compared to the NYS rate of 12.36%. Median household income in Seneca County is \$47,266 compared to the NYS average of \$56,951. Seneca County rates for median family income, per capita income and median earnings for workers are also considerably less than NYS averages. Rates for Seneca County residents below the poverty level are comparable to NYS rates in most categories except those with related children under the age of 18. When considering all people living below the poverty level, Seneca County is doing well in comparison to NYS.

INCOME AND BENEFITS (IN 2011 INFLATION-ADJUSTED DOLLARS)	Seneca County		New York	
	Estimate	Percent	Estimate	Percent
Total households	13,257	13,257	7,215,687	7,215,687
Less than \$10,000	725	5.5%	569,093	7.90%
\$10,000 to \$14,999	813	6.1%	377,349	5.20%
\$15,000 to \$24,999	1,531	11.5%	714,075	9.90%
\$25,000 to \$34,999	1,717	13.0%	668,253	9.30%
\$35,000 to \$49,999	2,243	16.9%	882,191	12.20%
\$50,000 to \$74,999	2,697	20.3%	1,233,315	17.10%
\$75,000 to \$99,999	1,779	13.4%	875,786	12.10%
\$100,000 to \$149,999	1,262	9.5%	1,002,264	13.90%
\$150,000 to \$199,999	340	2.6%	421,066	5.80%
\$200,000 or more	150	1.1%	472,295	6.50%
Median household income (dollars)	47,266	(X)	56,951	(X)
With earnings	10,107	76.2%	5,655,471	78.40%
Mean earnings (dollars)	56,062	(X)	86,328	(X)
With Social Security	4,707	35.5%	2,026,768	28.10%
Mean Social Security income (dollars)	15,212	(X)	16,581	(X)
With retirement income	3,579	27.0%	1,264,147	17.50%
Mean retirement income (dollars)	18,826	(X)	23,831	(X)
With Supplemental Security Income	577	4.4%	379,518	5.30%
Mean Supplemental Security Income (\$'s)	8,510	(X)	8,697	(X)
With cash public assistance income	271	2.0%	227,160	3.10%
Mean cash public assistance income (\$'s)	2,992	(X)	3,905	(X)
With Food Stamp/SNAP benefits in the past year	1,092	8.2%	890,240	12.30%
Families	8,919	8,919	4,656,855	4,656,855
Less than \$10,000	206	2.3%	227,940	4.90%
\$10,000 to \$14,999	285	3.2%	160,085	3.40%
\$15,000 to \$24,999	804	9.0%	358,954	7.70%
\$25,000 to \$34,999	1,053	11.8%	384,623	8.30%
\$35,000 to \$49,999	1,432	16.1%	550,723	11.80%
\$50,000 to \$74,999	2,167	24.3%	821,507	17.60%
\$75,000 to \$99,999	1,422	15.9%	639,156	13.70%
\$100,000 to \$149,999	1,098	12.3%	788,962	16.90%
\$150,000 to \$199,999	319	3.6%	343,285	7.40%
\$200,000 or more	133	1.5%	381,620	8.20%
Median family income (dollars)	55,453	(X)	69,202	(X)
Per capita income (dollars)	21,980	(X)	31,796	(X)
Median earnings for workers (dollars)	27,417	(X)	33,377	(X)
% Families & People Whose Income In The Past 12 Months Is Below The Poverty Level				
All families	(X)	7.7%	(X)	11.00%
With related children under 18 years	(X)	13.0%	(X)	16.90%
With related children under 5 years only	(X)	16.6%	(X)	16.60%
Married couple families	(X)	5.0%	(X)	5.40%
With related children under 18 years	(X)	8.5%	(X)	7.60%
With related children under 5 years only	(X)	8.2%	(X)	6.90%
Families with female householder, no husband	(X)	17.3%	(X)	27.20%
With related children under 18 years	(X)	23.3%	(X)	36.80%
With related children under 5 years only	(X)	35.3%	(X)	41.70%
All people	(X)	11.7%	(X)	14.50%

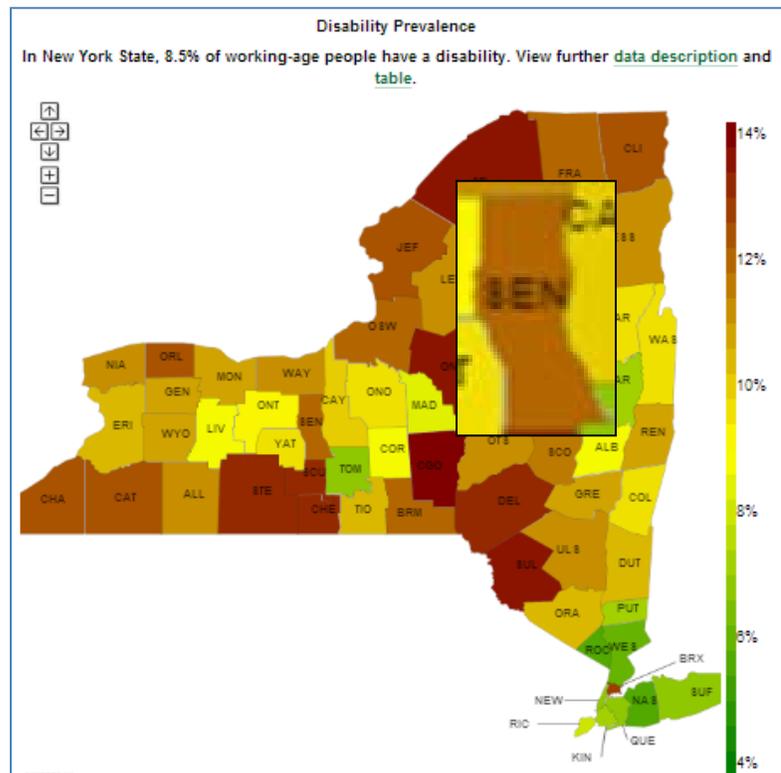
Disability

Seneca County has a slightly lower rate of all people with a disability at 10.1% as compared to the New York State average of 11.1% and the national average of 11.7%. However, as can be seen on the map below, it has a higher percentage of working age people with a disability. People with a disability are likely to lag behind those without a disability in educational attainment, employment, and income levels. They are more likely to rely on public programs such as Food Stamps and much more likely to be living in poverty. When considering the “working age” population, Seneca County has a significantly higher rate of disability at 12% compared to NYS at 8.5%.

Location	Total Population	Any Disability	Rate
United States	281749335	32884621	11.7%
New York State	18426041	2049016	11.1%
Seneca	32931	3316	10.1%
Ages 5-17	4274	176	4.1%
Ages 18-34	14202	690	4.9%
Ages 35-64	9881	1080	10.9%
Ages 65-74	1529	323	21.1%
Age 75+	1620	1048	64.7%
All Ages, Hearing Difficulty	32931	892	2.7%
All Ages, Vision Difficulty	32931	319	1.0%
Ages Five and Older, Cognitive Difficulty	31505	1494	4.7%
Ages Five and Older, Ambulatory Difficulty	31505	1788	5.7%
Ages Five and Older Self-Care Difficulty	31505	885	2.8%
Ages 18 and Older, Independent Living Difficulty	27232	1341	4.9%

Source: www.cidny.org/resources/News/Reports/Disability%20Matters.pdf

In Seneca County 12.0% of working age people have a disability compared to the NYS rate of 8.5%.



Source: <http://ilr-edi-r1.ilr.cornell.edu/nymakesworkpay/status-reports/index.cfm>

Educational Attainment

Lack of education is often associated with a lower health status and a greater likelihood of not seeking health care, especially preventive services. According to the US Census Bureau Quick Facts Seneca County has a lower percentage of high school graduates at 83.0% compared to the NYS average of 84.6%. Seneca County residents over the age of 25 are well below the NYS average of persons with a bachelor's degree at just 18.3% compared to the state average of 32.5%.

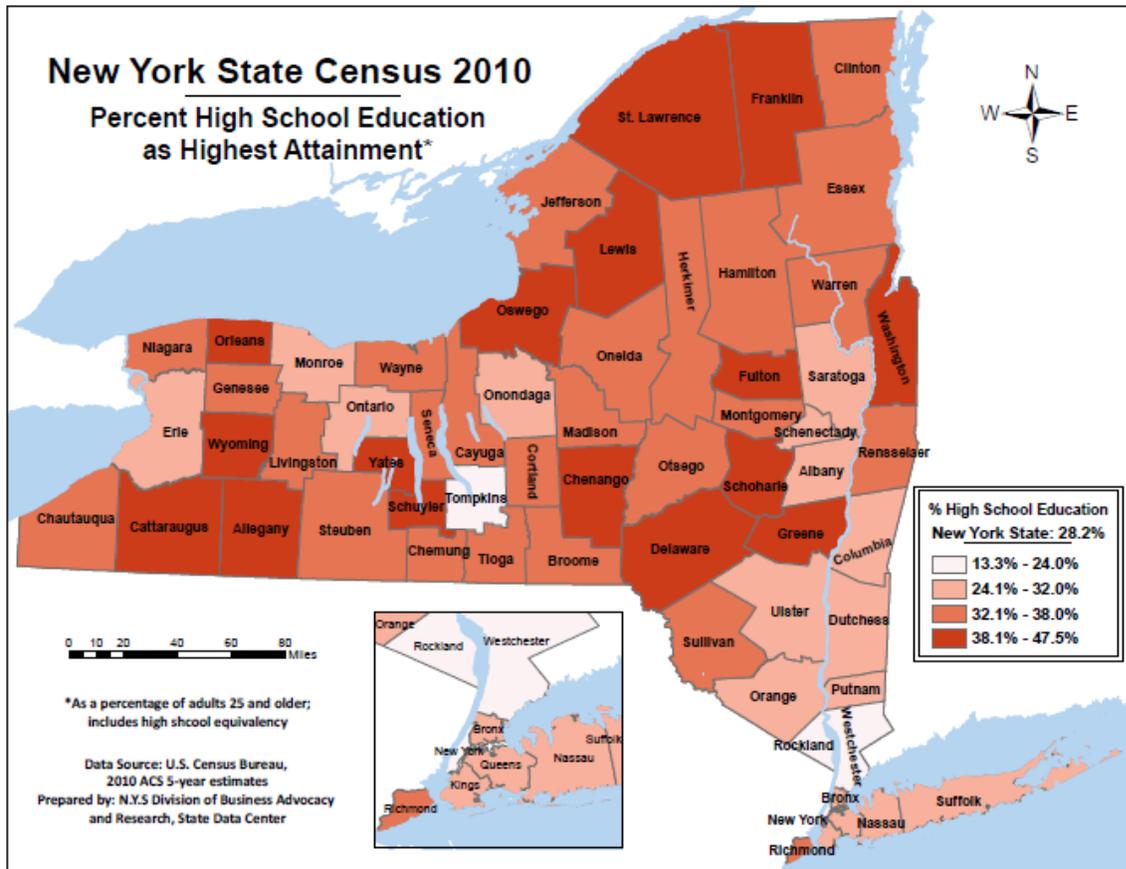
US Census Bureau Quick Facts	Seneca County	New York
High school graduate or higher, percent of persons age 25+, 2007-2011	83.0%	84.6%
Bachelor's degree or higher, percent of persons age 25+, 2007-2011	18.3%	32.5%

Only 30.0% of Seneca County residents have an associates, bachelors or graduate degree compared to the NYS rate of 40.7%. A lower level of educational attainment contributes to lower earning potential. Individuals of lower socio-economic status may experience a greater incidence of adverse health effects due to a lack of knowledge regarding how to practice healthy behaviors, how to access appropriate preventive health care services and not possessing a basic level of health literacy. This underscores the need to work with the educational system to help decrease the dropout rates and to ensure our young people pursue continuing education after high school.

EDUCATIONAL ATTAINMENT	Estimate	Margin of Error	%	% Margin of Error
Population 25 years and over	24,483	+/-113	24,483	(X)
Less than 9th grade	1,256	+/-155	5.1%	+/-0.6
9th to 12th grade, no diploma	2,915	+/-341	11.9%	+/-1.4
High school graduate (includes equivalency)	8,412	+/-378	34.4%	+/-1.6
Some college, no degree	4,566	+/-302	18.6%	+/-1.2
Associate's degree	2,842	+/-275	11.6%	+/-1.1
Bachelor's degree	2,834	+/-202	11.6%	+/-0.8
Graduate or professional degree	1,658	+/-173	6.8%	+/-0.7
Percent high school graduate or higher	(X)	(X)	83.0%	+/-1.4
Percent bachelor's degree or higher	(X)	(X)	18.3%	+/-1.0

The majority of residents were born in the United States and 11.1% of the population is civilian veterans. 93.5% of Seneca County residents only speak English at home.

Subject	Estimate	Margin of Error	%	% Margin of Error
Civilian population 18 years and over	27,622	+/-40	27,622	(X)
Civilian veterans	3,078	+/-209	11.1%	+/-0.8
PLACE OF BIRTH				
Total population	35,306	*****	35,306	(X)
Native	34,699	+/-109	98.3%	+/-0.3
Born in United States	34,258	+/-166	97.0%	+/-0.5
State of residence	28,196	+/-447	79.9%	+/-1.3
Different state	6,062	+/-474	17.2%	+/-1.3
Born in Puerto Rico, U.S. Island areas, or born abroad to American parent(s)	441	+/-117	1.2%	+/-0.3
Foreign born	607	+/-109	1.7%	+/-0.3
LANGUAGE SPOKEN AT HOME				
Population 5 years and over	33,317	+/-78	33,317	(X)
English only	31,142	+/-302	93.5%	+/-0.9
Language other than English	2,175	+/-289	6.5%	+/-0.9
Speak English less than "very well"	566	+/-133	1.7%	+/-0.4
Spanish	679	+/-137	2.0%	+/-0.4
Speak English less than "very well"	176	+/-58	0.5%	+/-0.2



Source: <http://esd.ny.gov/NYSDataCenter/NYThematicMaps.html>

Health Insurance

Poverty, disability, and educational level all affect health outcomes as does whether or not one is insured. The uninsured are less likely to receive preventative care. In Seneca County 11.5% of those under the age of 65 are estimated to be uninsured. The Affordable Care Act and creation of the New York State of Health Benefit Exchange to enroll all residents in an insurance product is an exciting development.

Estimated Uninsured in 2008 by New York State County of Residence

County	Under Age 65			Under Age 19			Age 18to 64		
	Uninsured	Population	%	Uninsured	Population	%	Uninsured	Population	%
Statewide	2,653,174	16,832,023	15.8	342,709	4,642,092	7.4	2,310,465	12,189,931	19.0
New York City	1,467,491	7,325,836	20.0	160,213	2,028,531	7.9	1,307,278	5,297,305	24.7
Rest of State	1,185,683	9,506,187	12.5	182,496	2,613,561	7.0	1,003,187	6,892,626	14.6
Seneca	3,141	27,287	11.5	368	7,554	4.9	2,808	20,145	13.9

Source: 2008 Census Bureau Estimates of the Uninsured

The chart below from the NYSDOH provides a general overview of socio-economic status and general health indicator of Seneca County residents compared to those of the rest of the state. Some indicators to take note of are the percentage of children ages less than 19 with health insurance and the high school dropout rate, which fall within the 4th quartile in county ranking.

Socio-Economic Status and General Health Indicators - 2008-2010

Indicator	3 Year Total	County Rate	NYS Rate	Sig.Dif.	NYS Rate exc NYC	Sig.Dif.	County Ranking Group
Total population (2010)	N/A	35,251.0	N/A	N/A	N/A	N/A	1st
% of labor force unemployed (2011)	1,291	7.7	8.2	Yes	7.6	No	2nd
% of population at or below poverty level (2010)	N/A	14.0	15.0	No	N/A	N/A	2nd
% of children ages less than 18 years at or below poverty level (2010)	N/A	22.1	21.5	No	N/A	N/A	3rd
Median family income in US dollars (2010)	N/A	45,961.0	54,047.0	N/A	N/A	N/A	3rd
% of children ages less than 19 years with health insurance (2010)	N/A	92.1	94.9	Yes	N/A	N/A	4th
% of adults ages 18-64 years with health insurance (2010)	N/A	84.7	83.1	No	N/A	N/A	3rd
High school drop out rate	195	3.3	2.8	Yes	2.0	Yes	4th
Age-adjusted % of adults who did not receive medical care because of cost # (2008-2009)	N/A	6.8	13.8	Yes	12.0	Yes	1st
Age-adjusted % of adults with regular health care provider (2008-2009)	N/A	86.8	83.0	No	87.1	No	2nd
Age-adjusted % of adults who had poor mental health 14 or more days within the past month (2008-2009)	N/A	9.9	10.2	No	10.9	No	2nd
Birth rate per 1,000 population	1,147	11.1	12.7	Yes	11.2	No	3rd
Total mortality rate per 100,000	976	944.0	748.6	Yes	842.2	Yes	3rd
Age-adjusted total mortality rate per 100,000	976	763.5	662.8	Yes	700.5	Yes	3rd
% premature deaths (ages less than 75 years)	357	36.6	40.0	No	37.2	No	2nd
Years of potential life lost per 100,000	5,911	6,178.3	5,728.2	Yes	5,843.8	Yes	2nd
Total emergency department visit rate per 10,000	35,577	3,441.2	3,821.2	Yes	3,544.4	Yes	2nd
Age-adjusted total emergency department visit rate per 10,000	35,577	3,424.3	3,819.5	Yes	3,556.7	Yes	2nd
Total hospitalization rate per 10,000	10,991	1,063.1	1,290.5	Yes	1,223.2	Yes	1st
Age-adjusted total hospitalization rate per 10,000	10,991	975.8	1,242.5	Yes	1,167.6	Yes	1st

Health Status

Seneca County Public Health with members of the Seneca Health Solutions Team considered many factors in assessing the health status of our residents to determine our priorities and one health-related disparity to address. Great strides have been made over the past decade in improving the public health; life expectancy at birth increased; rates of death from coronary heart disease and stroke decreased. Nonetheless, public health challenges remain, and significant health disparities persist. NYSDOH Prevention Agenda indicators place a renewed emphasis on overcoming these challenges. Seneca County Public Health and its Partners from the Seneca Health Solutions Team will track progress made in improving the health of the community in 2014-2017. Prevention Agenda indicators will be used to assess the health of the County, facilitate collaboration across sectors, and motivate action at the local and community levels to improve the health of Seneca County residents. Data was collected from numerous sources including the New York State Department of Health and from our community partners to develop a comprehensive picture of the current health status of our residents.

Cancer Indicators

Cancer is the second leading causes of death among Seneca County residents. Several Seneca County cancer indicators are alarming as they demonstrate higher rates than NYS. Several indicators are in the 4th quartile including the crude mortality rate per 100,000 and the age-adjusted mortality per 100,000 for all cancers. In Seneca County, rates for all cancers are significantly above the State rate, with lung and bronchus and female breast cancers among the cancers of special concern. Lung and bronchus cancer crude incidence, mortality, and age adjusted incidence are significantly higher than the NYS rate. Crude incidence of female breast cancer is also significantly different than the NYS rate. The higher rate of Seneca County adult tobacco use is a noteworthy contributor to the higher incidence of lung and bronchus cancers.

Cancer Indicators – Seneca County-2007-2009

Indicator	3 Year Total	County Rate	NYS Rate	Sig. Dif.	NYS Rate exc NYC	Sig. Dif.	County Ranking Group
All cancers							
Crude incidence per 100,000	653	637.8	536.5	Yes	599.7	No	3rd
Age-adjusted incidence per 100,000	653	534.9	489.6	Yes	520.0	No	4th
Crude mortality rate per 100,000	260	253.9	179.9	Yes	204.1	Yes	4th
Age-adjusted mortality rate per 100,000	260	207.7	163.0	Yes	173.9	Yes	4th
Lip, Oral Cavity, and Pharynx Cancer							
Crude incidence per 100,000	13	12.7	11.5	No	12.7	No	2nd
Age-adjusted incidence per 100,000	13	10.3	10.4	No	10.8	No	2nd
Crude mortality rate per 100,000	5	4.9*	2.3	No	2.4	No	4th
Age-adjusted mortality rate per 100,000	5	4.1*	2.1	No	2.0	No	4th
Colon and rectum cancer							
Crude incidence per 100,000	65	63.5	50.4	No	53.9	No	4th
Age-adjusted incidence per 100,000	65	52.0	45.8	No	46.2	No	3rd
Crude mortality rate per 100,000	18	17.6	17.4	No	18.5	No	2nd
Age-adjusted mortality rate per 100,000	18	14.2	15.7	No	15.7	No	1st
Lung and bronchus cancer							
Crude incidence per 100,000	103	100.6	69.8	Yes	83.9	No	3rd
Age-adjusted incidence per 100,000	103	83.3	63.8	Yes	72.2	No	3rd
Crude mortality rate per 100,000	68	66.4	46.9	Yes	57.2	No	3rd
Age-adjusted mortality rate per 100,000	68	54.6	42.8	No	49.0	No	3rd
Female breast cancer							
Crude incidence per 100,000	96	194.8	147.1	Yes	164.9	No	4th

Age-adjusted incidence per 100,000	96	153.1	126.9	No	136.1	No	4th
Crude mortality rate per 100,000	15	30.4	26.7	No	28.8	No	4th
Age-adjusted mortality rate per 100,000	15	20.5	21.7	No	22.2	No	2nd
Crude late stage incidence per 100,000	1	2.0*	8.0	No	8.3	No	1st
Age-adjusted late stage incidence per 100,000	1	1.8*	6.8	No	6.8	No	1st
Cervix uteri cancer							
Crude incidence per 100,000	4	8.1*	8.9	No	7.9	No	2nd
Age-adjusted incidence per 100,000	4	7.5*	8.3	No	7.4	No	2nd
Crude mortality rate per 100,000	2	4.1*	2.7	No	2.2	No	4th
Age-adjusted mortality rate per 100,000	2	3.4*	2.3	No	1.9	No	4th
Ovarian cancer							
Crude incidence per 100,000	9	18.3*	15.2	No	16.5	No	4th
Age-adjusted incidence per 100,000	9	12.2*	12.9	No	13.4	No	2nd
Crude mortality rate per 100,000	5	10.1*	9.6	No	11.0	No	2nd
Age-adjusted mortality rate per 100,000	5	6.4*	7.8	No	8.5	No	1st
Prostate cancer							
Crude incidence per 100,000	83	156.3	169.1	No	186.0	No	2nd
Age-adjusted incidence per 100,000	83	143.1	166.9	No	171.2	No	1st
Crude mortality rate per 100,000	15	28.2	18.5	No	19.2	No	4th
Age-adjusted mortality rate per 100,000	15	30.6	21.6	No	20.8	No	4th
Crude late stage incidence per 100,000	4	7.5*	6.7	No	6.6	No	3rd
Age-adjusted late stage incidence per 100,000	4	7.9*	7.2	No	6.6	No	4th
Melanoma cancer mortality							
Crude mortality rate per 100,000	2	2.0*	2.3	No	3.1	No	1st
Age-adjusted mortality rate per 100,000	2	1.5*	2.1	No	2.7	No	1st
Age-adjusted % of women 18 years and older with pap smear in past 3 years (2008-2009)	N/A	78.8	82.7	No	82.6	No	4th
% of women 40 years and older with mammography screening in past 2 years (2008-2009)	N/A	83.4	79.7	No	81.9	No	1st

The American Cancer Society publishes county profiles for each county in New York State. Below is the profile for Seneca County. Lung and bronchus cancers account for 30.2% of all cancer deaths in the county.

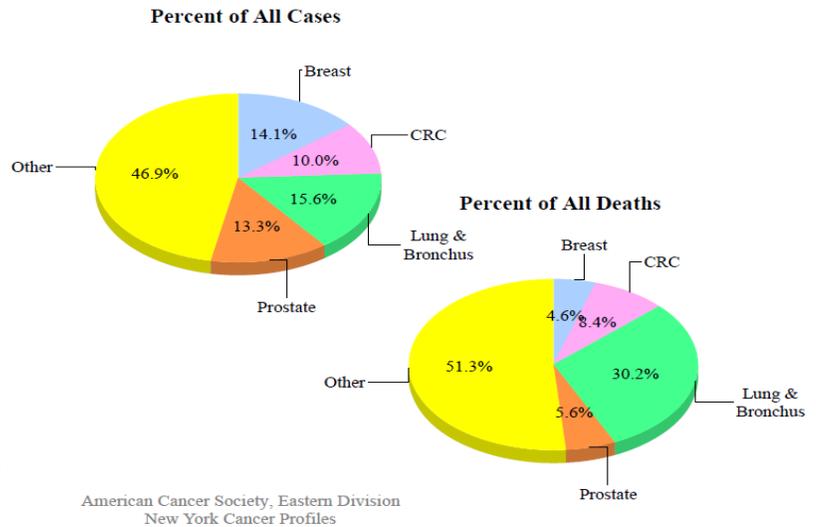
Four cancer sites represent 53.1% of all new cancer cases and 48.7% of all new cancer deaths in Seneca County:**

Lung & bronchus cancers account for 15.6% of all cancer cases and 30.2% of all cancer deaths. This disproportionate mortality highlights the crucial need for prevention & cessation of tobacco use.

Prostate cancer accounts for 13.3% of all cancer cases and 5.6% of all cancer deaths.

Female breast cancer accounts for 14.1% of all cancer cases and 4.6% of all cancer deaths.

Colorectal cancer accounts for 10.0% of all cancer cases and 8.4% of all cancer deaths. This reflects the lower screening & early detection rates for this cancer.



* American Cancer Society, Cancer Facts & Figures, 2011
 ** Estimate based on average annual cases and deaths 2004-2008
 NYS DOH, State Cancer Registry, 2011
 NY State Cancer Plan:
<http://www.nyscancerconsortium.org/>

The NYSDOH cancer incidence and mortality rates for Seneca County (see chart below) confirm the information above. Lung and bronchus, prostate, colorectal and breast cancer have the highest incidence and mortality rates.

Cancer Incidence and Mortality for Seneca County, 2006-2010
Source: New York State Cancer Registry

Site of Cancer	Incidence						Mortality					
	Males			Females			Males			Females		
	Average Annual Cases	Rate per 100,000 Males	95% CI (+/-)	Average Annual Cases	Rate per 100,000 Females	95% CI (+/-)	Average Annual Deaths	Rate per 100,000 Males	95% CI (+/-)	Average Annual Deaths	Rate per 100,000 Females	95% CI (+/-)
All Invasive Malignant Tumors	116.4	567.4	46.7	106.4	482.6	42.4	45.4	231.4	30.4	40.2	166.7	23.6
Oral cavity and pharynx	3.6	16.2	7.6	1.4	6.2	4.8	0.4	2.0	2.7	0.8	2.9	2.9
Esophagus	1.6	8.2	5.8	0.2	1.1	2.1	1.6	8.2	5.7	0.4	2.0	2.8
Stomach	1.8	8.5	5.6	1.8	7.1	4.9	0.6	2.9	3.4	1.2	5.4	4.6
Colorectal	11.6	56.3	14.7	8.4	36.7	11.5	3.8	19.7	8.9	2.0	7.9	5.0
Colon excluding rectum	7.4	36.7	12.0	7.0	30.6	10.5	2.4	12.4	7.1	1.6	6.2	4.4
Rectum & rectosigmoid	4.2	19.7	8.5	1.4	6.1	4.6	1.4	7.3	5.4	0.4	1.6	2.3
Liver / intrahepatic bile duct	1.2	6.2	5.0	0.8	3.7	3.6	1.0	5.0	4.4	0.8	3.7	3.6
Pancreas	2.4	12.5	7.2	3.6	15.5	7.4	2.2	10.9	6.5	3.2	11.9	5.9
Larynx	1.2	5.4	4.4	0.8	3.8	3.7	0.0	0.0	0.0	0.0	0.0	0.0
Lung and bronchus	18.8	91.5	18.7	16.0	69.7	15.5	13.0	64.4	15.8	9.2	39.8	11.7
Melanoma of the skin	3.0	15.4	7.9	2.2	11.5	7.1	0.8	3.8	3.7	0.4	1.7	2.3
Female breast				30.8	143.3	23.3				5.8	24.7	9.2
Cervix uteri				1.4	7.8	5.9				0.6	2.8	3.2

Site of Cancer	Incidence						Mortality					
	Males			Females			Males			Females		
	Average Annual Cases	Rate per 100,000 Males	95% CI (+/-)	Average Annual Cases	Rate per 100,000 Females	95% CI (+/-)	Average Annual Deaths	Rate per 100,000 Males	95% CI (+/-)	Average Annual Deaths	Rate per 100,000 Females	95% CI (+/-)
Corpus uterus and NOS				6.2	27.8	10.1				2.6	10.3	5.7
Ovary				3.2	13.7	7.1				1.6	6.0	4.2
Prostate	29.8	140.6	22.8				4.2	23.8	10.2			
Testis	1.0	5.1	4.5				0.2	0.9	1.7			
Urinary bladder (incl. in situ)	10.2	51.6	14.4	3.0	12.9	6.8	3.4	17.4	8.4	0.6	2.1	2.5
Kidney and renal pelvis	6.8	31.9	10.9	2.6	11.3	6.2	2.0	9.4	5.8	0.2	1.1	2.1
Brain and other nervous system	1.0	4.7	4.2	2.6	14.5	8.1	1.8	8.6	5.7	1.4	7.1	5.4
Thyroid	0.0	0.0	0.0	2.8	17.4	9.4	0.0	0.0	0.0	0.0	0.0	0.0
Hodgkin lymphoma	0.8	4.4	4.4	0.2	0.6	1.2	0.2	1.3	2.6	0.6	2.6	3.1
Non-Hodgkin lymphomas	6.4	30.4	10.7	4.6	19.5	8.1	1.8	8.7	5.8	1.4	6.0	4.6
Myeloma	1.4	7.7	5.8	1.6	7.1	5.0	0.8	3.9	3.9	1.0	4.5	4.0
Leukemias	4.6	22.3	9.2	3.4	14.9	7.3	1.6	8.3	5.8	3.0	11.9	6.1

Cardiovascular Disease

Cardiovascular Disease (CVD) is the leading cause of death in the United States and in NYS. In New York State, CVD killed almost 59,000 residents in 2007. For every person who dies from a heart attack, 18 people survive. For every person who dies from a stroke, seven people survive. Many of these survivors are disabled and cannot lead productive lives. Stroke is a leading cause of premature, permanent disability among working-age adults in the United States. Stroke alone accounts for the disability of more than a million Americans. The economic impact of CVD and stroke on the health system will grow as the population ages.⁵

About 1 in 3 U.S. adults—as estimated 68 million—have high blood pressure, which increases the risk for heart disease and stroke, leading causes of death in the United States. High blood pressure is called the "silent killer" because it often has no warning signs or symptoms, and many people don't realize they have it. That's why it's important to get your blood pressure checked regularly.⁶

Hypertension and tobacco use are two major contributing factors to cardiovascular diseases. The age adjusted coronary heart disease hospitalization rate per 10,000 in Seneca County is 44.6 compared to the upstate New York rate of 39.7. The age adjusted congestive heart failure mortality rate per 100,000 is also higher than NYS rates at 16.8 compared to 15.3. The age adjusted percentage of adults who smoke cigarettes in Seneca County is 24.3% compared to the upstate NY rate of 17.0%. Preventing cardiovascular disease will require more targeted efforts to prevent obesity and decrease the rates of smoking. If successful in our approach we will be able to prevent premature death and disability for an increasingly large segment of Seneca County residents.

The NYSDOH cardiovascular disease indicators for Seneca County (see chart below) illustrate the need for addressing obesity and tobacco use among county residents.

⁵ New York State Dept. of Health Cardiovascular Disease https://www.health.ny.gov/diseases/cardiovascular/heart_disease/

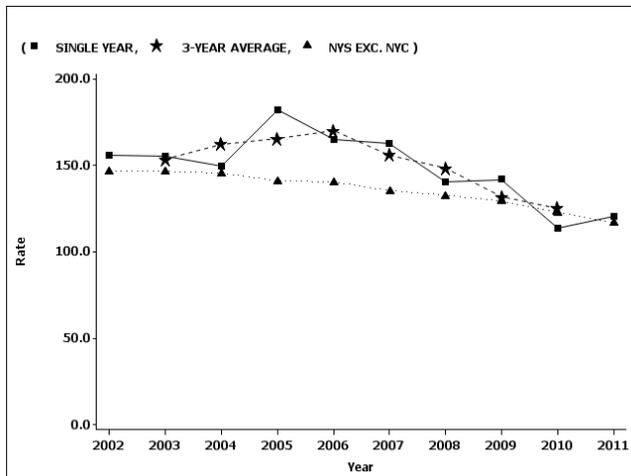
⁶ CDC, High Blood Pressure, <http://www.cdc.gov/bloodpressure/>

Cardiovascular Disease Indicators - Seneca County-2009-2011

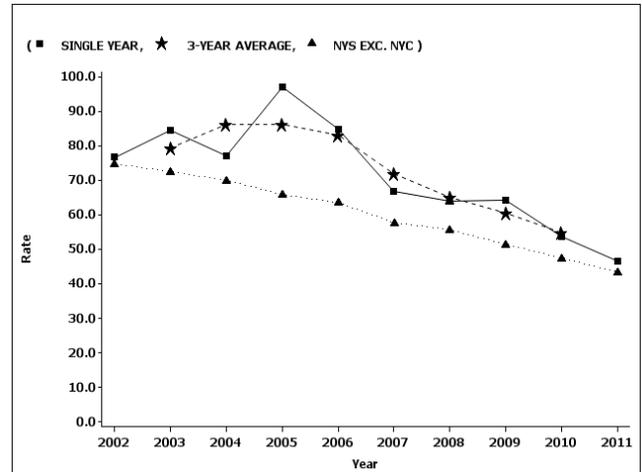
Indicator	3 Year Total	County Rate	NYS Rate	Sig.Dif.	NYS Rate exc NYC	Sig.Dif.	County Ranking Group
Cardiovascular disease mortality rate per 100,000							
Crude	274	262.2	281.2	No	299.6	Yes	2nd
Age-adjusted	274	201.6	242.3	Yes	237.9	Yes	1st
Premature death (aged 35-64)	38	87.2	100.0	No	94.7	No	2nd
Pretransport mortality	131	125.4	144.2	No	157.1	Yes	1st
Cardiovascular disease hospitalization rate per 10,000							
Crude	1,784	170.7	178.2	No	179.3	Yes	2nd
Age-adjusted	1,784	138.3	159.9	Yes	150.9	Yes	2nd
Disease of the heart mortality rate per 100,000							
Crude	215	205.7	230.9	No	240.2	Yes	1st
Age-adjusted	215	157.8	198.6	Yes	190.4	Yes	1st
Premature death (aged 35-64)	30	68.9	81.2	No	77.3	No	2nd
Pretransport mortality	114	109.1	124.7	No	130.2	Yes	1st
Disease of the heart hospitalization rate per 10,000							
Crude	1,308	125.2	120.6	No	123.1	No	3rd
Age-adjusted	1,308	101.9	107.9	Yes	103.3	No	3rd
Coronary heart disease mortality rate per 100,000							
Crude	136	130.1	186.5	Yes	176.5	Yes	1st
Age-adjusted	136	100.4	160.4	Yes	139.8	Yes	1st
Premature death (aged 35-64)	24	55.1	66.5	No	58.9	No	2nd
Pretransport mortality	72	68.9	104.0	Yes	98.7	Yes	1st
Coronary heart disease hospitalization rate per 10,000							
Crude	572	54.7	48.3	Yes	47.4	Yes	3rd
Age-adjusted	572	44.6	43.0	No	39.7	Yes	3rd
Congestive heart failure mortality rate per 100,000							
Crude	23	22.0	13.3	Yes	19.8	No	3rd
Age-adjusted	23	16.8	11.2	Yes	15.3	Yes	3rd
Premature death (aged 35-64)	0	0.0*	1.5	Yes	2.0	Yes	1st
Pretransport mortality	11	10.5	7.2	No	11.0	No	3rd
Congestive heart failure hospitalization rate per 10,000							
Crude	314	30.0	31.2	No	31.3	No	2nd
Age-adjusted	314	24.1	27.6	Yes	25.7	No	2nd
Cerebrovascular disease (stroke) mortality rate per 100,000							
Crude	45	43.1	31.0	No	39.4	No	2nd
Age-adjusted	45	33.2	26.9	Yes	31.4	Yes	2nd
Premature death (aged 35-64)	7	16.1*	10.7	No	10.5	No	4th
Pretransport mortality	10	9.6	11.3	No	16.8	No	1st
Cerebrovascular disease (stroke) hospitalization rate per 10,000							
Crude	286	27.4	27.9	No	29.8	No	3rd
Age-adjusted	286	21.6	24.9	Yes	25.0	Yes	2nd
Hypertension hospitalization rate per 10,000 (aged 18 years and older)	17	1.7	6.6	Yes	4.5	Yes	1st
Age-adjusted % of adults with	N/A	9.1	7.6	No	7.2	No	4th

physician diagnosed angina, heart attack or stroke # (2008-2009)							
Age-adjusted % of adults with cholesterol checked in the last 5 years # (2008-2009)	N/A	72.8	77.3	No	79.3	No	4th
Age-adjusted % of adults ever told they have high blood pressure (2008-2009)	N/A	30.5	25.7	No	27.1	No	3rd

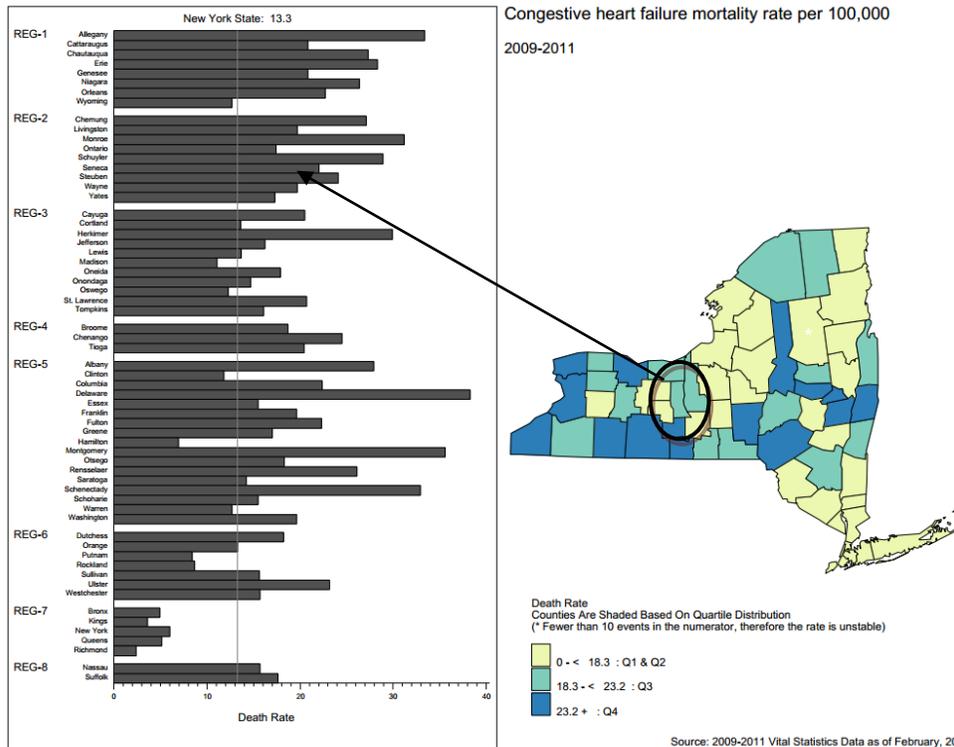
Diseases of the Heart Hospitalization Rate



Coronary Heart Disease Hospitalization Rate



The trending graphs above from NYSDOH illustrate that Seneca County has followed a pattern similar to the state, but at higher rates.



It is imperative we design interventions to address our resident's unhealthy lifestyles such as lack of physical activity, obesity and use of tobacco. Heart disease and cancer account for the top two leading causes of death among Seneca County residents.

Leading Causes of Death by County, New York State, 2011

Seneca Total: 299	Heart Disease 68 145 per 100,000	Cancer 54 123 per 100,000	Chronic Lower Respiratory Diseases (CLRD) 24 51 per 100,000	Stroke 13 30 per 100,000*	Unintentional Injury 10 23 per 100,000*
Females Total: 142	Heart Disease 31 112 per 100,000	Cancer 24 98 per 100,000	Chronic Lower Respiratory Diseases (CLRD) 10 40 per 100,000*	Stroke 6 25 per 100,000*	Other Diseases of the Circulatory System 4 17 per 100,000* Unintentional Injury 4 14 per 100,000*
Males Total: 157	Heart Disease 37 182 per 100,000	Cancer 30 147 per 100,000	Chronic Lower Respiratory Diseases (CLRD) 14 68 per 100,000*	Stroke 7 36 per 100,000*	Unintentional Injury 6 30 per 100,000*
New York State Total: 147,078	Heart Disease 43,959 191 per 100,000	Cancer 35,032 159 per 100,000	Chronic Lower Respiratory Diseases (CLRD) 6,902 31 per 100,000	Stroke 6,152 27 per 100,000	Unintentional Injury 5,246 25 per 100,000

Child and Adolescent Health

Child and adolescent health indicators for Seneca County are statistically unreliable due to small sample size. Lead screening rates in Seneca County for 1 and 2 year olds are low. According to the NYS Department of Health's Lead Testing among New York Children 2009 Report, the % of Seneca County one year olds tested for lead at 9 months-18 months was 53.7% compared to NYS at 67.8% and the % of children tested at 18 months-36 months was 48.9% compared to 64.9% for NYS. Both testing rates fall below state percentages. Low testing rates are a result of a large Amish and Mennonite population who refuse testing. Other barriers identified include reluctance from some providers to strongly encourage universal testing at appropriate ages, lack of transportation to labs, absence of point of care testing at child's primary care physician, which contributes to a lack of parental compliance to obtain testing at off-site labs. Seneca County Public Health provides testing services, education and case management for children found with elevated lead levels. Children with lead levels above 15 ug/dl will have both public health and environmental health follow up to include home visits and visual inspections and lead samples collected from potential sources of lead exposure in the home. Seneca County Public Health's Childhood Lead Poisoning Prevention Coordinator provides ongoing case management of children with elevated blood lead levels. Discharge occurs when one venous sample is obtained with a blood lead level of less than 10 ug/dl or two venous samples less than 15 ug/dl obtained 6 months apart. Seneca County's large number of pre-1978 housing may contribute to a greater risk for lead exposures to occur. Seneca County Public Health will continue to focus on primary prevention efforts, the promotion of age appropriate testing and increased access through point of care testing opportunities at our children's immunization clinics.

Child and Adolescent Health Indicators - Seneca County-2008-2010

Indicator	3 Year Total	County Rate	NYS Rate	Sig. Dif.	NYS Rate exc NYC	Sig. Dif.	County Ranking Group
Childhood mortality rate per 100,000							
Ages 1-4 years	0	0.0*	20.3	Yes	22.7	Yes	1st
Ages 5-9 years	0	0.0*	10.4	Yes	10.5	Yes	1st
Ages 10-14 years	2	33.2*	12.8	No	13.0	No	4th
Ages 5-14 years	2	17.3*	11.6	No	11.8	No	3rd
Ages 15-19 years	3	43.5*	37.2	No	37.8	No	3rd
Asthma hospitalization rate per 10,000							
Ages 0-4 years	9	16.2*	58.8	Yes	36.1	Yes	1st
Ages 5-14 years	0	0.0*	20.9	Yes	11.2	Yes	1st
Ages 0-17 years	11	5.1	29.0	Yes	16.1	Yes	1st
Gastroenteritis hospitalization rate per 10,000 (ages 0-4 years)	5	9.0*	15.7	No	10.8	No	2nd
Otitis media hospitalization rate per 10,000 (ages 0-4 years)	0	0.0*	3.3	Yes	2.7	Yes	1st
Pneumonia hospitalization rate per 10,000 (ages 0-4 years)	10	18.0	44.6	Yes	37.5	Yes	1st
% of children born in 2008 with a lead screening by 9 months	42	10.9	6.8	Yes	2.9	Yes	1st
% of children born in 2008 with a lead screening by 18 months	194	50.3	69.5	Yes	65.4	Yes	4th
% of children born in 2008 with at least two lead screenings by 36 months	147	38.1	52.9	Yes	45.2	Yes	3rd
Incidence rate per 1,000 among children less than 72 months of age with a confirmed blood lead level greater than or equal to 10 micrograms per deciliter	14	10.4	5.3	Yes	7.7	No	3rd

Incidence of confirmed high blood lead level rate per 1,000 tested children aged <72 months

	Crude Rate		
Year	Single Year	3-Year Average	NYS exc. NYC

Year	Crude Rate		
	Single Year	3-Year Average	NYS exc. NYC
2002	13.6		16.3
2003	21.1	15.3	15.0
2004	11.1	13.1	13.3
2005	6.1	7.6	11.7
2006	5.5	4.5	10.1
2007	2.4	4.7	9.0
2008	6.2	8.4	7.9
2009	17.3	10.4	7.4
2010	8.6	9.9	8.0
2011	4.6		7.2

Cirrhosis

Overall, cirrhosis hospitalization and mortality rates in Seneca County seem to be low. Each category, crude and age-adjusted falls within second quartile in country ranking.

Cirrhosis Indicators - Seneca County-2009-2011

Indicator	3 Year Total	County Rate	NYS Rate	Sig. Dif.	NYS Rate exc NYC	Sig. Dif.	County Ranking Group
Cirrhosis mortality rate per 100,000							
Crude	8	7.7*	7.2	No	8.0	No	2nd
Age-adjusted	8	6.0*	6.4	No	6.7	Yes	2nd
Cirrhosis hospitalization rate per 10,000							
Crude	24	2.3	2.9	No	2.5	No	2nd
Age-adjusted	24	1.8	2.6	Yes	2.2	No	2nd

Diabetes

Diabetes is the leading cause of new blindness, kidney disease, and amputation, and it contributes greatly to the state's and nation's number one killer, cardiovascular disease (heart disease and stroke). People with diabetes are more likely to die from flu or pneumonia. Diabetes is not caused by eating too much sugar; in fact there is no such thing as "having a touch of sugar," as some people believe. Only a doctor or health care provider can diagnose diabetes either by conducting a fasting plasma glucose (FPG) test or an oral glucose tolerance test (OGTT).

The Diabetes Epidemic

Diabetes is one of the most rapidly growing chronic diseases of our time. It has become an epidemic that affects one out of every 12 adult New Yorkers. Since 1994, the number of people in the state who have diabetes has more than doubled, and it is likely that number will double again by the year 2050. More than one million New Yorkers have been diagnosed with diabetes. It is estimated that another 450,000 people have diabetes and don't know it, because the symptoms may be overlooked or misunderstood. The Centers for Disease Control and Prevention (CDC) has recently predicted that one out of every three children born in the United States will develop diabetes in their lifetime. For Hispanic/Latinos, the forecast is even more alarming: one in every two.

Diabetes is Serious and Costly

Diabetes is not only common and serious; it is also a very costly disease. The cost of treating diabetes is staggering. According to the American Diabetes Association, the annual cost of diabetes in medical expenses and lost productivity rose from \$98 billion in 1997 to \$132 billion in 2002 to \$174 billion in 2007. One out of every five U.S. federal health care dollars is spent treating people with diabetes. The average yearly health care costs for a person without diabetes is \$2,560; for a person with diabetes, that figure soars to \$11,744. Much of the human and financial costs can be avoided with proven diabetes prevention and management steps.⁷

The incidence of Diabetes is directly correlated with obesity and its related risk factors. As shown below, diabetes is a rising concern for Seneca County. As the public health department moves forward with its initiatives around obesity, diabetes rates should begin to decrease as the risk factors for developing diabetes are diminished.

Diabetes - Deaths and Death Rates Per 100,000 Residents							
Region/County	2007	2008	2009	Total	Pop. 2008	Crude Rate	Adj. Rate
Seneca	1	7	9	17	34,086	16.6	14.0
New York State Total	3,694	3,582	3,684	10,960	19,490,297	18.7	16.8

The Seneca Health Solutions Team has developed a Community Health Improvement Plan to address this issue as seen in the executive summary and attached ([see Attachment C](#)). Below you will find some of the many diabetes statistics that validate the choice of Seneca County Public Health in addressing obesity. In addition to having the dubious distinction of vying with Wayne County for the highest rate of obesity in the State, Seneca County falls in the 4th quartile for adults with physician diagnosed diabetes.

Diabetes Indicators - Seneca County--2009-2011

Indicator	3 Year Total	County Rate	NYS Rate	Sig. Dif.	NYS Rate exc NYC	Sig. Dif.	County Ranking Group
Diabetes mortality rate per 100,000							
Crude	24	23.2	18.6	No	17.7	No	3rd
Age-adjusted	24	18.8	16.6	No	14.9	No	3rd
Diabetes hospitalization rate per 10,000 (primary diagnosis)							
Crude	110	10.6	20.3	Yes	15.5	Yes	1st
Age-adjusted	110	9.8	19.0	Yes	14.3	Yes	1st
Diabetes hospitalization rate per 10,000 (any diagnosis)							
Crude	2,180	210.9	248.7	Yes	228.9	Yes	1st
Age-adjusted	2,180	176.6	226.1	Yes	198.2	Yes	1st
Age-adjusted % of adults with physician diagnosed diabetes (2008-2009)	N/A	10.7	9.0	No	8.5	No	4th

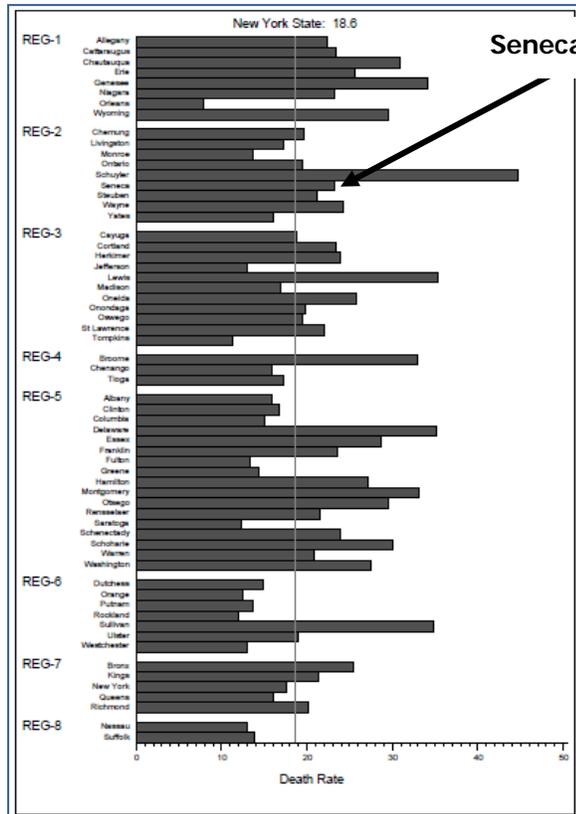
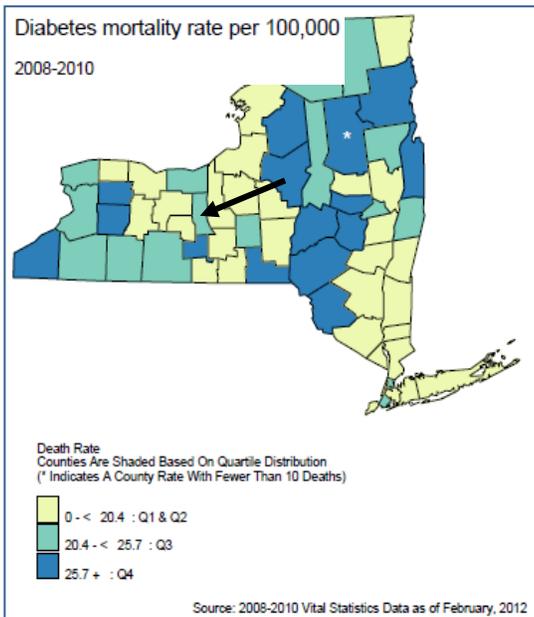
⁷ New York State Department of Health, Diabetes <http://www.health.ny.gov/diseases/conditions/diabetes/>

The County has lower discharge rates by diagnosis than New York State.

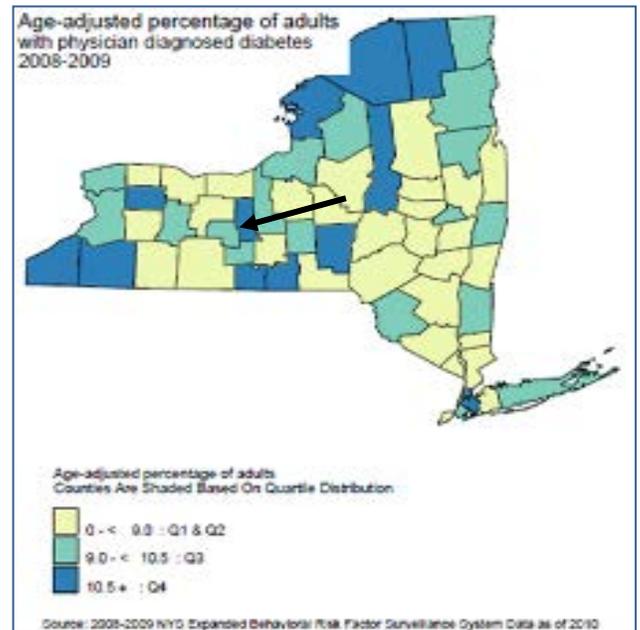
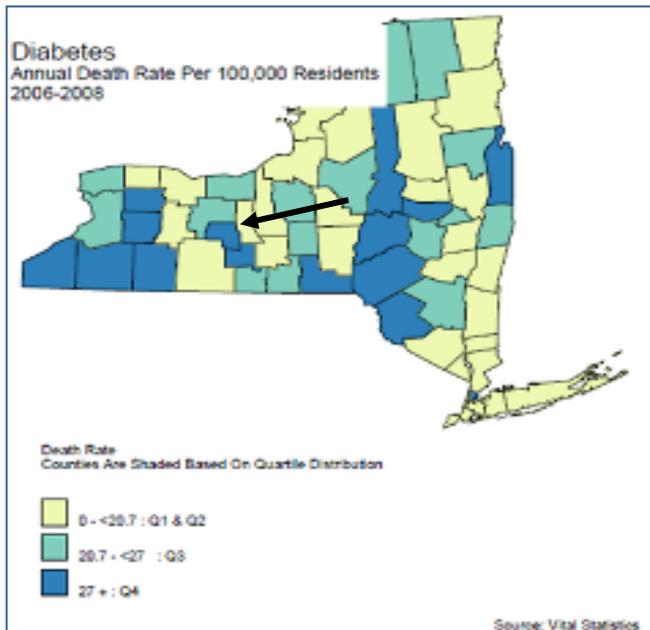
Region/County	Discharges				Population	Crude	Adjusted
	2009	2010	2011	Total	2009-2011	Rate	Rate
Diabetes (Primary Diagnosis) – Discharge Rate Per 10,000 Population							
Seneca	38	34	32	104	34,833	10.0	9.2
New York State Total	39,491	39,293	38,724	117,508	19,461,584	20.1	18.8
Diabetes (Any Diagnosis) – Discharge Rate per 10,000 Population							
Seneca	723	710	714	2,147	34,833	205.5	169.4
New York State Total	484,681	490,115	486,855	1,461,651	19,461,584	250.3	226.0

Source: 2007-2009 SPARCS Data as of February, 2011 - Adjusted Rates Are Age Adjusted to The 2000 United States Population

This New York State Department of Health graph illustrates that Seneca County has had a moderate diabetes mortality rates per 100,000 according to 2008 – 2010 vital statistic data.



Maps from previous years show that diabetes mortality rates per 100,000 have fluctuated throughout the years falling from the 1st quartile in the 2006-2008 period to the 2nd quartile in the 2008-2010 period as illustrated in the map above (due to small numbers). This makes it hard to compare diabetes in Seneca County to other areas, but diabetes, and obesity, is still areas of concern within the county.

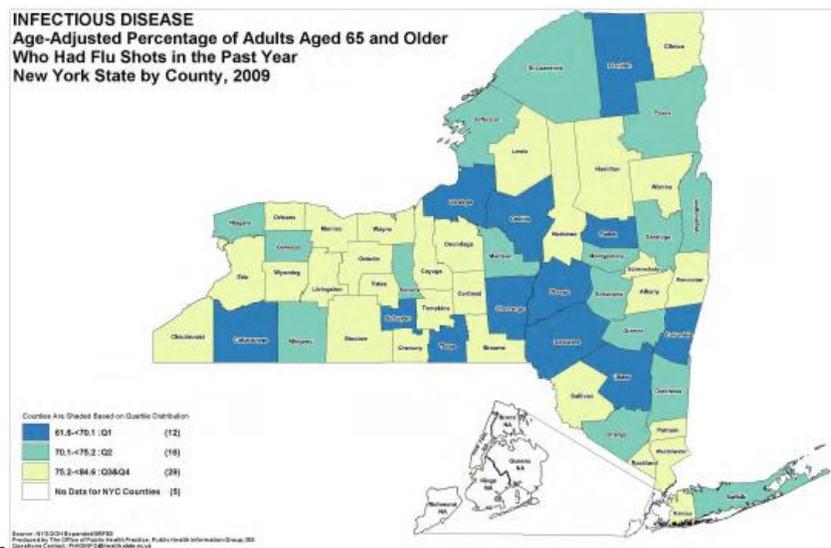


Communicable Disease

Communicable disease control, one of the core functions of Public Health, is aimed at preventing and controlling the spread of communicable diseases that may occur in our community. Reporting of suspected or confirmed communicable diseases is mandated under the New York State Sanitary Code (10NYCRR 2.10). Although physicians have primary responsibility for reporting, school nurses, laboratory directors, infection control practitioners, daycare center directors, health care facilities, state institutions and any other individuals/locations providing health care services are also required to report communicable diseases. Reports are made to Seneca County Public Health within 24 hours of diagnosis. However, some diseases warrants prompt action and would be reported immediately by phone. A list of diseases and information on properly reporting them can be found under [Communicable Disease Reporting Requirements](#) on the NYSDOH website.

The charts below include three year histories of some of the reportable diseases. The small number of cases for some of the infectious diseases makes rate data statistically insignificant. However, ongoing surveillance

is still necessary to needs to track the absolute number of cases and presence of disease in the County and NYS. Surveillance is heightened during influenza season or as a response to increased reports of illness. This map illustrates the percentage of adults over 65 receiving their annual flu shot in 2009. Health Department personnel provide extensive public and professional education regarding influenza and other communicable diseases.



The Seneca County Health Department maintains 24 hour availability to receive communicable disease reports, including animal bite reports. Weekly surveillance is conducted with Seneca County medical provider offices, schools, long term care facilities, daycares and veterinarian clinics. More frequent reporting may be requested as part of an outbreak response.

NYSDOH infectious disease indicators in the table below are unreliable due to small numbers but Seneca County's vaccination rates are higher than the state. We will continue to offer flu and pneumonia vaccination clinics and outreach and educational efforts to promote the benefit of vaccinations to our residents. We are committed to achieve the Prevention Agenda goal of 90%.

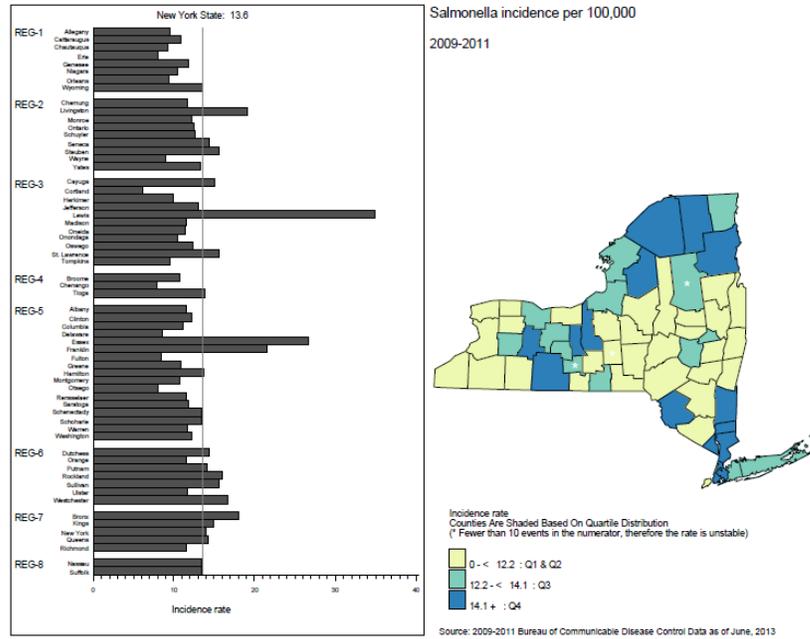
Indicator	Prevention Agenda 2013 Objective	US	NYS	Seneca County
INFECTIOUS DISEASE				
Newly diagnosed HIV case rate (per 100,000) ¹⁶	23.0	17.4(2009)	19.5(2010)	4.9~ (08-10)
Gonorrhea case rate (per 100,000) ¹⁷	19.0†	100.8(2010)	94.3(2010)	26.4 (08-10)
Tuberculosis case rate (per 100,000) ¹⁸	1.0†	3.6(2010)	4.9(2010)	1.0~ (08-10)
% of adults 65+ years with immunizations ¹				
Flu shot in the past year Map	90%†	61.3% ^a (2011)	60.0%(2011)	74.7%
Ever had pneumonia vaccination Map	90%†	70.0% ^a (2011)	65.2%(2011)	72.2% (2009)

Source: http://www.health.ny.gov/prevention/prevention_agenda/indicators/county/seneca.htm

Most communicable disease indicator rates are unstable given the small numbers reported in Seneca County. The Salmonella incidence rate per 100,000 is higher than NYS rates and in the 4th quartile, but not statistically significant.

Communicable Disease Indicators - Seneca County-2009-2011

Indicator	3 Year Total	County Rate	NYS Rate	Sig. Dif.	NYS Rate exc NYC	Sig. Dif.	County Ranking Group
Pneumonia/flu hospitalization rate (aged 65 years and older) per 10,000	228	141.0	122.3	Yes	132.7	No	2nd
Pertussis incidence rate per 100,000	0	0.0*	4.2	Yes	5.7	Yes	1st
Mumps incidence rate per 100,000	0	0.0*	5.5	Yes	3.9	Yes	2nd
Meningococcal incidence rate per 100,000	0	0.0*	0.2	Yes	0.2	Yes	1st
H. influenza incidence rate per 100,000	1	1.0*	1.5	No	1.6	No	2nd
Hepatitis A incidence rate per 100,000	0	0.0*	0.7	Yes	0.5	Yes	1st
Acute hepatitis B incidence rate per 100,000	0	0.0*	0.7	Yes	0.5	Yes	1st
Tuberculosis incidence rate per 100,000	1	1.0*	4.9	No	2.1	No	3rd
E. coli O157 incidence rate per 100,000	0	0.0*	0.6	Yes	0.7	Yes	1st
Salmonella incidence rate per 100,000	15	14.4	13.6	No	12.6	No	4th
Shigella incidence rate per 100,000	0	0.0*	3.5	Yes	2.5	Yes	1st
Lyme disease incidence rate per 100,000#	11	10.5	40.4	Yes	62.8	Yes	2nd
% of adults aged 65 years and older with flu shot in last year (2008-2009)	N/A	74.7	75.0	No	76.0	No	2nd
% of adults aged 65 years and older who ever received pneumonia shot (2008-2009)	N/A	72.2	64.7	No	71.2	No	2nd



Although Seneca County's reportable disease numbers are low and even non-existent in most cases, it is important for us to identify trends and to be vigilant for new and emerging infections. As part of annual surveillance efforts staff from the NYS Department of Health's Bureau of Communicable Disease Control with assistance from Seneca County's Environmental Health staff, collected and tested tick from Sampson State Park in the Town of Romulus. The presence of *Borrelia burgdorferi* (the bacterial agent causing Lyme Disease) was identified in both nymph and adult deer ticks. The infection rates among adult deer ticks dramatically increased from 13.5% in 2008 to 54.1% in 2012. In response to the increased presence of positive deer ticks, an extensive outreach and education campaign was launched. Targeted education efforts were initiated with Sampson State Park, medical providers, veterinarians, children's camps and the general public. Seneca County Public Health Environmental staff has received training by Dr. Wayne Gall in the recognition and identification of ticks. The incidence of confirmed cases of Lyme Disease have increased among Seneca County residents. Seneca County Health Department staff reported the following: 0 cases in 2010, 8 cases in 2011, 9 cases in 2012 and 5 cases reported through September 2013.

Pertussis Cases per 100,000 Population					Population	
Region/County	2007	2008	2009	Total	2008	Rate
Chemung	0	1	0	1	87,813	0.4
Livingston	1	0	2	3	63,154	1.6
Monroe	64	6	7	77	732,762	3.5
Ontario	4	5	0	9	104,475	2.9
Schuyler	0	2	0	2	18,888	3.5
Seneca	2	0	0	2	34,086	2.0
Steuben	0	1	15	16	96,573	5.5
Wayne	11	0	2	13	91,564	4.7
Yates	0	0	0	0	24,652	0.0
Region Total	82	15	26	123	1,253,967	3.3
NYS Total	705	568	364	1,637	19,490,297	2.8

Hepatitis A per 100,000 Population					Population	
Region/County	2007	2008	2009	Total	2008	Rate
Chemung	0	0	0	0	87,813	0.0
Livingston	0	2	0	2	63,154	1.1
Monroe	4	3	1	8	732,762	0.4
Ontario	1	0	0	1	104,475	0.3
Schuyler	0	0	0	0	18,888	0.0
Seneca	0	0	0	0	34,086	0.0
Steuben	0	0	0	0	96,573	0.0
Wayne	1	0	0	1	91,564	0.4
Yates	0	0	1	1	24,652	1.4
Region Total	6	5	2	13	1,253,967	0.3

Lyme Disease per 100,000 Population					Population	
Region/County	2007	2008	2009	Total	2008	Rate
Chemung	2	0	3	5	87,813	1.9
Livingston	0	2	2	4	63,154	2.1
Monroe	10	12	25	47	732,762	2.1
Ontario	3	2	3	8	104,475	2.6
Schuyler	1	1	1	3	18,888	5.3
Seneca	0	0	3	3	34,086	2.9
Steuben	0	5	2	7	96,573	2.4
Wayne	2	2	1	5	91,564	1.8
Yates	0	0	0	0	24,652	0.0
Region Total	18	24	40	82	1,253,967	2.2
NYS Total	4,604	9,152	9,279	23,035	19,490,297	39.4

Haemophilus Influenza Per 100,000 Population					Population	
Region/County	2007	2008	2009	Total	2008	Rate
Chemung	1	1	0	2	87,813	0.76
Livingston	0	0	1	1	63,154	0.53
Monroe	12	12	12	36	732,762	1.64
Ontario	2	0	1	3	104,475	0.96
Schuyler	2	0	0	2	18,888	3.53
Seneca	0	1	1	2	34,086	1.96
Steuben	3	1	2	6	96,573	2.07
Wayne	1	1	4	6	91,564	2.18
Yates	0	0	0	0	24,652	0.00
Region Total	21	16	21	58	1,253,967	1.54
NYS Total	254	258	249	761	19,490,297	1.30

Pneumoconiosis Hospitalizations Population - Ages 15 Years and Older						
Region/County	2007	2008	2009	Total	2008	Rate
Chemung	17	23	15	55	72,510	25.3
Livingston	12	16	14	42	53,520	26.2
Monroe	49	48	40	137	600,582	7.6
Ontario	12	6	8	26	86,545	10.0
Schuyler	5	8	4	17	15,871	35.7
Seneca	4	8	3	15	28,658	17.4
Steuben	15	9	12	36	79,549	15.1
Wayne	5	7	7	19	74,517	8.5
Yates	3	1	4	8	20,084	13.3
Region Total	122	126	107	355	1,031,836	11.5
New York State Total	2,101	2,095	2,309	6,505	15,886,157	13.6

Hepatitis B per 100,000 Population					Population	
Region/County	2007	2008	2009	Total	2008	Rate
Chemung	0	0	0	0	87,813	0.0
Livingston	0	0	0	0	63,154	0.0
Monroe	14	2	3	19	732,762	0.9
Ontario	0	0	2	2	104,475	0.6
Schuyler	0	0	0	0	18,888	0.0
Seneca	0	0	0	0	34,086	0.0
Steuben	1	1	0	2	96,573	0.7
Wayne	0	0	0	0	91,564	0.0
Yates	0	0	0	0	24,652	0.0
Region Total	15	3	5	23	1,253,967	0.6
NYS Total	211	171	130	512	19,490,297	0.9

Tuberculosis

New York State Public Health Law and the State Sanitary Code require reporting of all suspected and confirmed Tuberculosis cases to the local health department for which the patient resides. All reports received by the local health department are sent to the New York State Department of Health. Therefore, the main purpose of the TB Program is surveillance, control and prevention of Tuberculosis in Seneca County. In 2009 there was one case of active TB in Seneca County. In subsequent years the number of active TB cases did not drastically change with 0 cases reported in 2010 and 2011. Public Health staff remains vigilant in being prepared to address active and latent TB cases to further prevent the spread of this disease. In 2012 there was a 200% increase with 2 cases of active TB including one case of a multi-drug resistant strain. Both cases required directly observed therapy. In 2012, staff evaluated four cases of Latent TB infection and treated two LTBI cases. In 2013, eight new cases of LTBI infection were reported of which 7 received treatment and case management services. 1 individual required DOPT (directly observed preventative therapy). Active TB cases require intensive time and staff resources. In August 2012, a Seneca County resident was discharged from the hospital with a multi-drug resistant strain of TB. MDR TB is a form of drug-resistant TB in which TB bacteria can no longer be killed by at least the two best antibiotics, isoniazid (INH) and rifampin (RIF), commonly used to cure TB. As a result, this form of the disease is more difficult to treat than ordinary TB and requires up to 2 years of multidrug treatment. In order to provide safe and effective case management and care the Seneca County Health Department contracted with 3 different home care agencies to provide twice daily DOT, skilled nursing assessments and case management services. This patient continues to receive twice daily DOT by Seneca County Health Department Nursing Staff. The estimated end of treatment for this individual is in the fall of 2014.

Tuberculosis Per 100,000 Population

Source: 2007-2009 Bureau of Communicable Disease Control Data as of April, 2011

Region/County	Tuberculosis				Population	
	2007	2008	2009	Total	2008	Rate
Chemung	2	2	1	5	87,813	1.9
Livingston	0	0	0	0	63,154	0.0
Monroe	21	16	18	55	732,762	2.5
Ontario	1	1	0	2	104,475	0.6
Schuyler	0	0	1	1	18,888	1.8
Seneca	0	0	1	1	34,086	1.0
Steuben	1	1	0	2	96,573	0.7
Wayne	2	0	4	6	91,564	2.2
Yates	0	0	0	0	24,652	0.0
Region Total	27	20	25	72	1,253,967	1.9
NYS Total	1,173	1,196	1,006	3,375	19,490,297	5.8

Sexually Transmitted Diseases

Diagnosis and treatment of sexually transmitted diseases is a responsibility of each county health department in New York State. As is shown on the following pages, the numbers of sexually transmitted diseases in Seneca County are relatively low compared to regional and NYS rates. This chart shows the number of STD cases in Seneca County thru 2011. In 2012 there were 88 cases of Chlamydia reported, 6 cases of Gonorrhea and 3 cases of Syphilis. As indicated below many rates for HIV/AIDS and other sexually transmitted infection indicators are in the first or second quartile. The few exceptions are Chlamydia case rate per 100,000 males for all ages, and ages 20-24 years which is in the 4th quartile, and ages 15-19 in the third quartile. Also, Chlamydia case rate per 100,000 females, ages 20-24 years is lower than NYS rates, but in the 3rd quartile. Chlamydia infections continue to be the most common sexually transmitted disease reported in both male and females in Seneca County. The number of cases of Syphilis, although small, increased by 300% since 2010. Syphilis can cause long-term complications and/or death if not adequately

treated. A person is 2 to 5 times more likely to get HIV if exposed when syphilis sores are present. Syphilis cases tend to be low in rural areas but as individuals engage in high risk behaviors the likelihood of infection will increase in rural areas such as Seneca County. Efforts centered around risk reduction, increased screening and promotion of free STD testing services must continue.

Sexually Transmitted Diseases per 100,000

	2009	2010	2011	Crude Rate
Gonorrhea Cases	7	10	5	21.1
Early Syphilis Cases	1	0	0	1.0
Male Chlamydia Cases	43	37	35	210.9
Female Chlamydia Cases	56	40	54	300.2

Source: 2008-2010 Bureau of STD Control Data as of July 2012

HIV/AIDS and Other Sexually Transmitted Infection Indicators - Seneca County-2009-2011

Indicator	3 Year Total	County Rate	NYS Rate	Sig. Dif.	NYS Rate exc NYC	Sig. Dif.	County Ranking Group
HIV case rate per 100,000							
Crude	3	2.9*	20.0	Yes	7.1	No	2nd
Age-adjusted	3	2.4*	20.0	No	7.3	No	1st
AIDS case rate per 100,000							
Crude	1	1.0*	15.2	Yes	5.1	No	1st
Age-adjusted	1	1.2*	15.2	No	5.2	No	1st
AIDS mortality rate per 100,000							
Crude	0	0.0*	5.1	Yes	1.6	Yes	1st
Age-adjusted	0	0.0*	4.7	Yes	1.4	Yes	1st
Early syphilis case rate per 100,000	1	1.0*	12.4	Yes	2.6	No	2nd
Gonorrhea case rate per 100,000							
All ages	22	21.1	95.8	Yes	54.4	Yes	2nd
Aged 15-19 years	6	87.0*	362.0	Yes	200.7	Yes	3rd
Chlamydia case rate per 100,000 males							
All ages	115	210.9	323.0	Yes	190.0	No	4th
Aged 15-19 years	17	462.2	1,077.1	Yes	614.2	No	3rd
Aged 20-24 years	49	1,085.3	1,484.3	Yes	1,009.1	No	4th
Chlamydia case rate per 100,000 females							
All ages	150	300.2	674.0	Yes	445.8	Yes	2nd
Aged 15-19 years	46	1,429.0	3,773.9	Yes	2,417.2	Yes	2nd
Aged 20-24 years	67	2,243.8	3,344.7	Yes	2,542.6	No	3rd
Pelvic inflammatory disease (PID) hospitalization rate per 10,000 females (aged 15-44 years)	4	2.3*	3.5	No	2.4	No	2nd

The following charts illustrate that Seneca County AIDS rates are below New York State rates in every case.

AIDS - Deaths and Death Rates Per 100,000 Residents

Source: 2007-2009 Vital Statistics Data as of March, 2011

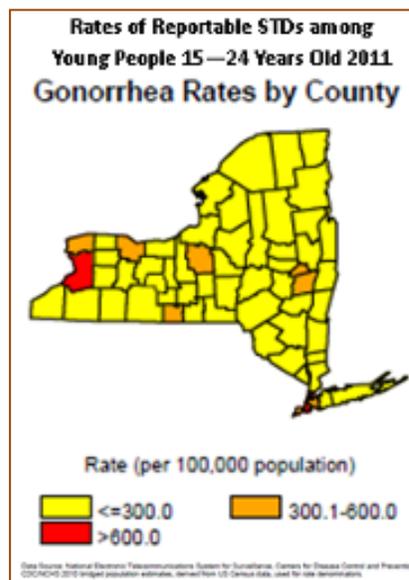
Adjusted Rates Are Age Adjusted to The 2000 United States Population

Region/County	Deaths				Population 2008	Crude Rate	Adjusted Rate
	2007	2008	2009	Total			
Seneca	0	0	0	0	34,833	0.0	0.0
New York State Total	1,080	984	900	2,964	19,461,584	5.1	4.7

AIDS Cases Per 100,000 Population

Source: 2007-2009 Bureau of HIV/AIDS Epidemiology Data as of May, 2011

Region/County	Deaths				Population 2008	Crude Rate	Adjusted Rate
	2007	2008	2009	Total			
Seneca	0	0	0	0	24,652	0.0	0.0
New York State Total	3,401	2,907	2,587	8,895	19,461,584	15.2	15.2



Gonorrhea Per 100,000 Population

Source: 2007-2009 Bureau of STD Control Data as of May, 2011

Region/County	Gonorrhea				Population 2008	Rate
	2007	2008	2009	Total		
Seneca	7	10	5	22	34,833	21.1
New York State Total	17,699	17,120	17,009	51,828	19,461,584	88.6

Pelvic Inflammatory Disease - Discharge Rate Per 10,000 Females Age 15-44

Source: 2007-2009 SPARCS Data as of February, 2011

Region/County	Discharges				Population 2008	Crude Rate
	2007	2008	2009	Total		
Seneca	s	s	s	s	5,862	s
New York State Total	1,515	1,476	1,298	4,289	4,034,265	3.5

Male Chlamydia Per 100,000 Males

Region/County	Male Chlamydia				Males	Rate
	2007	2008	2009	Total		
Seneca	43	37	35	115	18,180	210.9
New York State Total	28,174	31,198	32,075	91,447	9,436,038	323.0

Source: 2007-2009 Bureau of STD Prevention and Epidemiology Data as of September, 2011

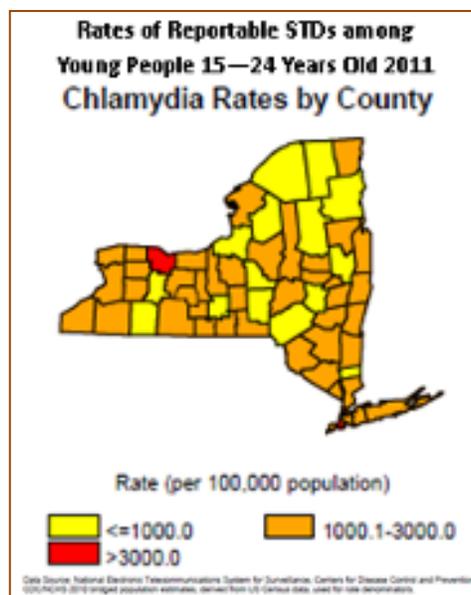
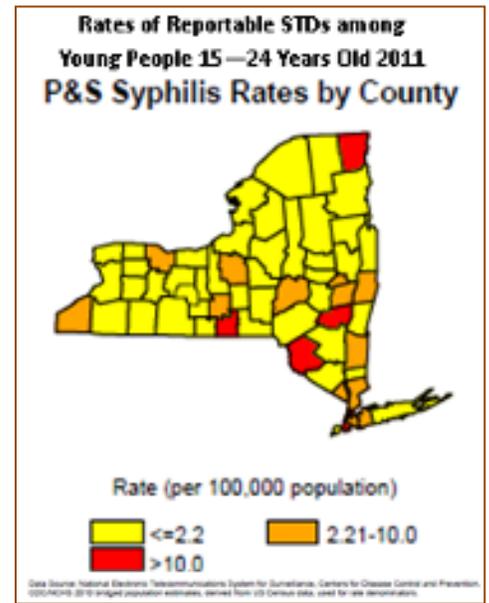
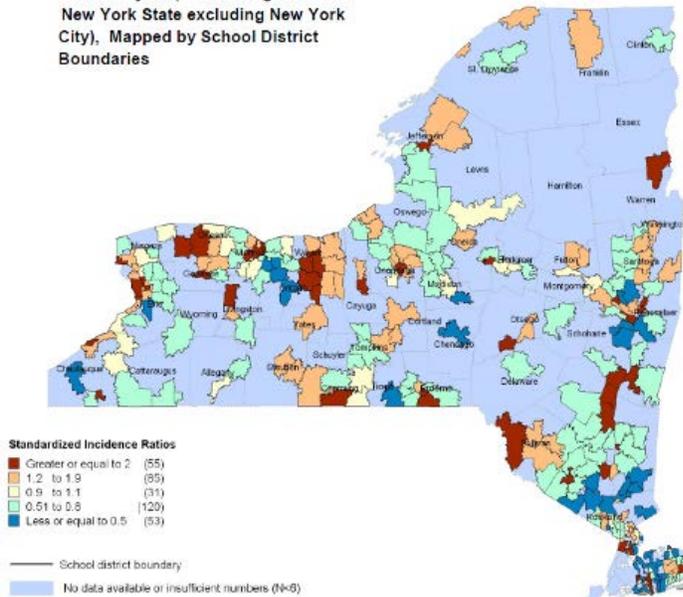


Figure 1: Standardized Incidence Ratios for Chlamydia (Females Age 10-19 in New York State excluding New York City), Mapped by School District Boundaries



Family Planning and Natality Indicators

Seneca County, as can be seen in the bolded sections of the chart below, has a high rate of pregnancies and births to 18 and 19 year olds women. Numbers for younger ages are lower than State and upstate averages. Incidence of births to younger moms can be partially attributed to cultural norms of Amish and Mennonite families. Further investigation of pregnancy among non-Amish and Mennonite women needs to be conducted to determine the social determinants.

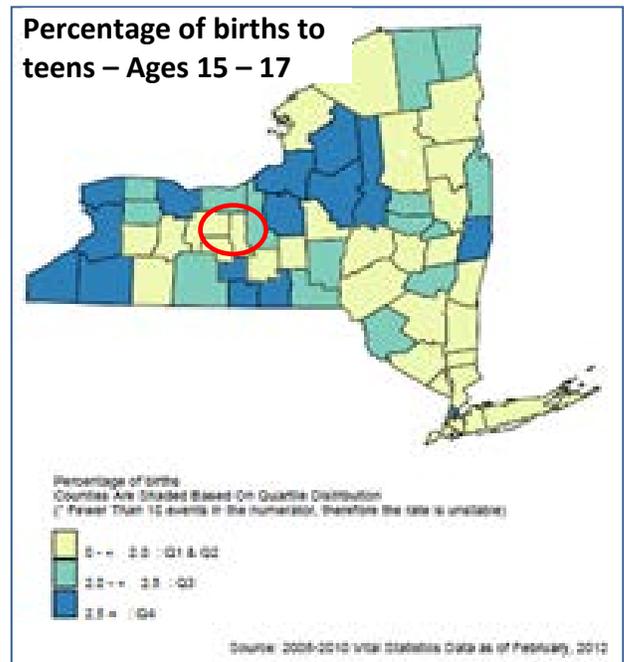
Family Planning/Natality Indicators - Seneca County-2008-2010

Indicator	3 Year Total	County Rate	NYS Rate	Sig. Dif.	NYS Rate exc NYC	Sig. Dif.	County Ranking Group
% of births within 24 months of previous pregnancy	285	24.8	18.0	Yes	21.1	Yes	3rd
Percentage of births to teens							
Ages 15-17 years	16	1.4	1.9	No	1.9	No	1st
Ages 15-19 years	89	7.8	6.6	No	6.8	No	2nd
% of births to women 35 years and older	137	11.9	19.4	Yes	19.0	Yes	2nd
Fertility rate per 1,000 females							
Total (all births/female ages 15-44 years)	1,147	63.4	60.9	No	58.2	Yes	4th
Ages 10-14 years (births to mothers ages 10-14 years/females ages 10-14 years)	1	0.3*	0.4	No	0.3	No	3rd
Ages 15-17 years (births to mothers ages 15-17 years/females ages 15-17 years)	16	7.6	12.1	No	10.0	No	2nd
Ages 15-19 years (births to mothers ages 15-19 years/females ages 15-19 years)	89	28.0	24.0	No	20.8	Yes	3rd
Ages 18-19 years (births to mothers ages 18-19 years/females ages 18-19 years)	73	67.6	40.3	Yes	35.4	Yes	4th

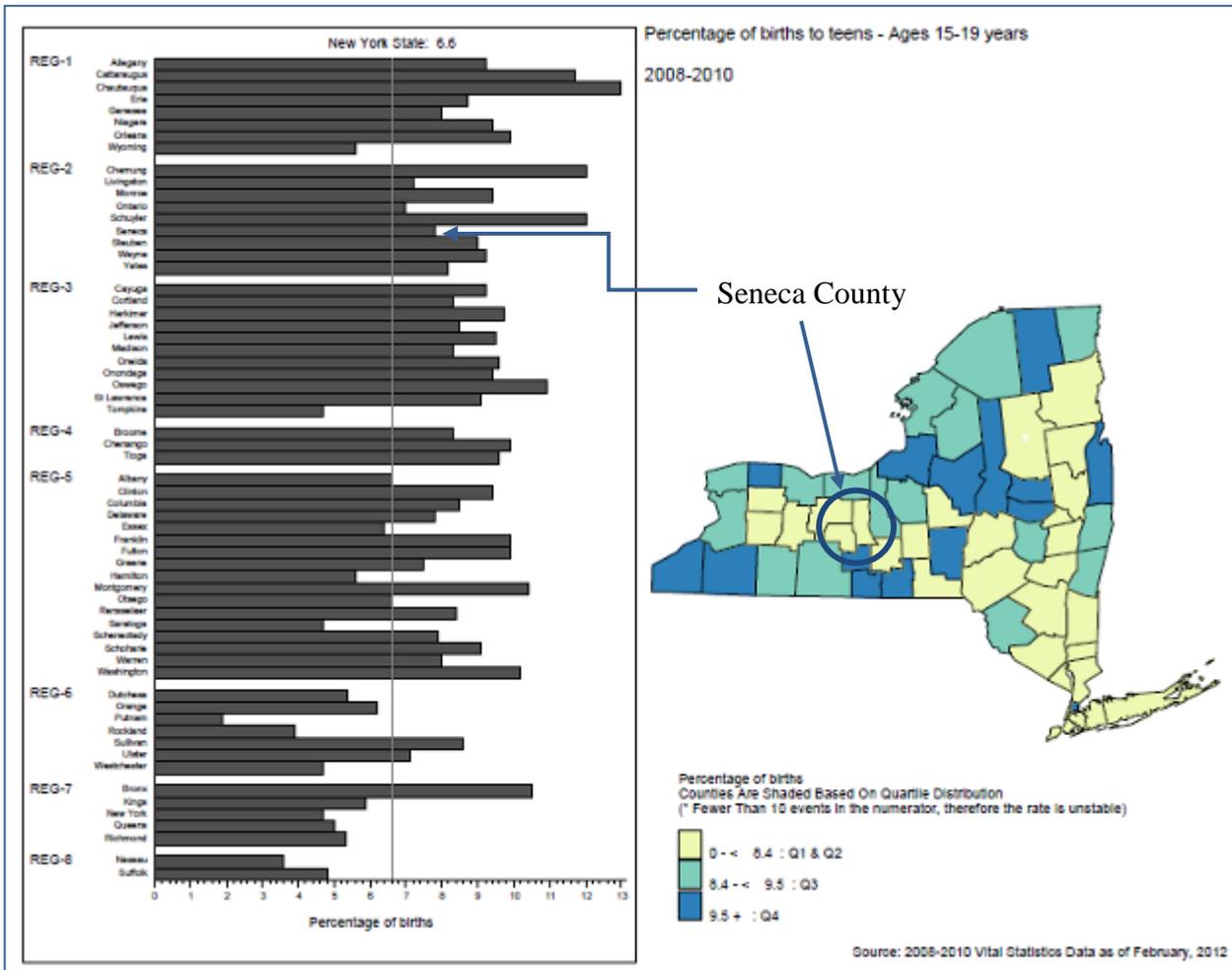
Pregnancy rate per 1,000 (all pregnancies/female 15-44 years) #	1,370	75.7	93.6	Yes	77.0	No	3rd
Teen pregnancy rate per 1,000							
Ages 10-14 years	1	0.3*	1.4	No	0.8	No	1st
Ages 15-17 years	31	14.8	31.1	Yes	20.4	No	1st
Ages 15-19 years	134	42.2	53.5	Yes	37.4	No	3rd
Ages 18-19 years	103	95.4	84.1	No	60.3	Yes	4th
Abortion ratio (induced abortions per 100 live births)							
Ages 15-19 years	45	50.6	116.3	Yes	75.7	Yes	2nd
All ages	210	18.3	46.6	Yes	27.7	Yes	2nd

**Teenage (Age 15-19) Pregnancy Rate
Per 1,000 Females Age 15-19**

Year	Single Year	3-Year Average	Upstate New York
2001	40.3		47.5
2002	22.5	27.0	45.1
2003	18.1	22.2	43.2
2004	26.1	22.6	41.0
2005	23.7	23.2	40.9
2006	20.2	21.2	41.5
2007	20.1	23.4	41.6
2008	29.9	30.8	39.4
2009	42.1	31.0	37.3
2010	20.0		35.4



Seneca County numbers have fluctuated but continue to be below state averages.



Injury

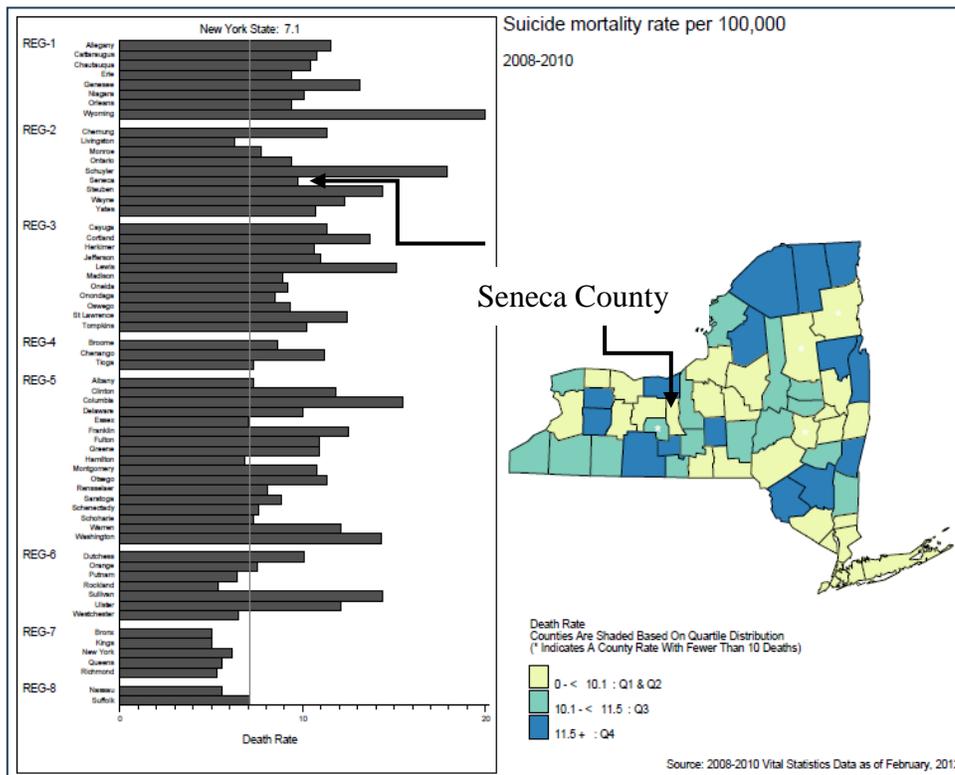
As the chart below indicates, the need for injury prevention activities remains high for Seneca County residents. While small numbers make data unreliable for many categories of injury (as denoted by the asterisks), the suicide mortality rate, unintentional injury, fall injury hospitalizations and the non-motor vehicle mortality rate per 100,000 in particular should be monitored. Unintentional injury is also the 5th leading cause of death for both males and females within Seneca County. While not chosen as one of the top two priorities, unintentional injuries were near the top of Seneca County's identified areas for concern. Causes of unintentional injury vary and as we work to address the prevention of chronic disease and alcohol and substance abuse. The use of alcohol and other drugs contributes to unintentional injuries. Individuals with poor mental health are at higher risk for suicide. The existence of chronic disease among the elderly puts them at greater risk for falls and/or other unintentional injuries. The activities outlined in the Community Health Improvement Plan, although not injury prevention specific will help to address some of these risk factors.

Injury Indicators - Seneca County-2008-2010

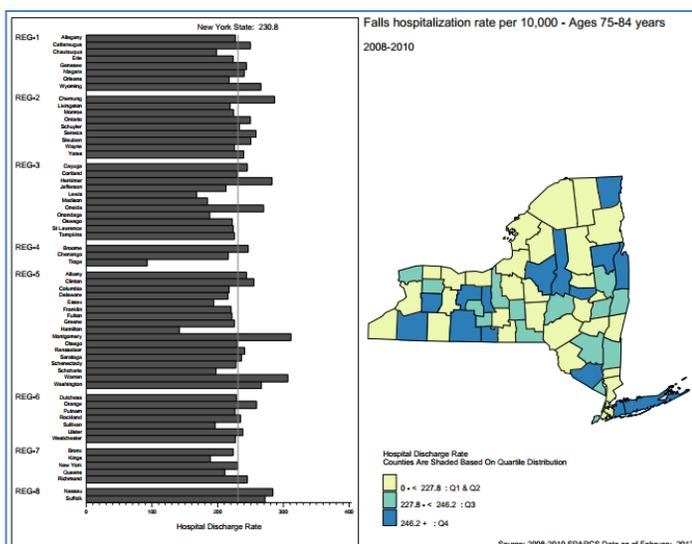
Indicator	3 Year Total	County Rate	NYS Rate	Sig. Dif.	NYS Rate exc NYC	Sig. Dif.	County Ranking Group
Suicide mortality rate per 100,000							
Crude	10	9.7	7.1	No	8.4	No	2nd
Age-adjusted	10	9.9	6.8	No	8.1	No	3rd
Ages 15-19 years	0	0.0*	4.0	Yes	4.9	Yes	1st
Self-inflicted injury hospitalization rate per 10,000							
Crude	54	5.2	5.2	No	6.1	No	2nd
Age-adjusted	54	5.3	5.1	No	6.2	No	2nd
Ages 15-19 years	3	4.3*	9.7	No	11.0	No	1st
Homicide mortality rate per 100,000							
Crude	1	1.0*	4.4	No	3.0	No	2nd
Age-adjusted	1	0.9*	4.4	Yes	3.1	Yes	2nd
Assault hospitalization rate per 10,000							
Crude	14	1.4	4.7	Yes	2.7	Yes	2nd
Age-adjusted	14	1.4	4.7	Yes	2.8	Yes	2nd
Unintentional injury mortality rate per 100,000							
Crude	37	35.8	23.9	Yes	28.7	No	3rd
Age-adjusted	37	31.7	22.4	No	26.4	No	3rd
Unintentional injury hospitalization rate per 10,000							
Crude	760	73.5	69.2	No	72.7	No	3rd
Age-adjusted	760	63.5	64.5	No	65.1	No	2nd
Ages less than 10 years	15	13.6	26.2	Yes	22.0	No	1st
Ages 10-14 years	17	28.2	21.1	No	19.3	No	4th
Ages 15-24 years	44	30.2	31.9	No	32.7	No	2nd
Ages 25-64 years	238	42.4	46.5	No	46.4	No	2nd
Ages 65 years and older	446	285.1	260.9	No	276.6	No	3rd
Falls hospitalization rate per 10,000							
Crude	448	43.3	39.9	No	43.1	No	3rd
Age-adjusted	448	35.4	36.2	No	36.8	No	3rd
Ages less than 10 years	7	6.3*	10.0	No	8.5	No	2nd
Ages 10-14 years	4	6.6*	7.1	No	6.1	No	3rd
Ages 15-24 years	8	5.5*	6.9	No	6.3	No	2nd
Ages 25-64 years	73	13.0	18.7	Yes	18.7	Yes	1st
Ages 65-74 years	55	69.3	77.5	No	78.5	No	2nd
Ages 75-84 years	142	257.9	230.8	No	242.4	No	4th
Ages 85 years and older	159	720.8	567.7	Yes	617.0	No	4th
Poisoning hospitalization rate per 10,000							
Crude	82	7.9	10.5	Yes	10.3	Yes	1st
Age-adjusted	82	7.8	10.2	Yes	10.2	Yes	1st
Motor vehicle mortality rate per 100,000							
Crude	10	9.7	6.2	No	8.2	No	2nd

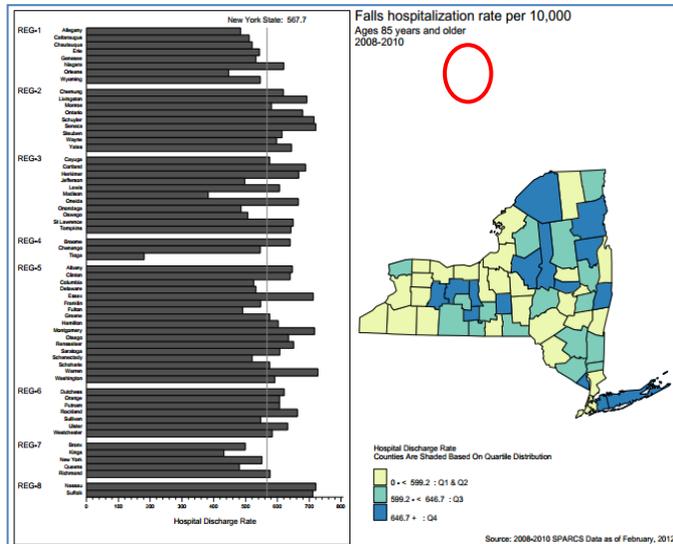
Age-adjusted	10	9.1	6.0	No	8.0	No	2nd
Non-motor vehicle mortality rate per 100,000							
Crude	27	26.1	17.7	No	20.5	No	4th
Age-adjusted	27	22.6	16.4	No	18.4	No	4th
Traumatic brain injury hospitalization rate per 10,000							
Crude	83	8.0	9.9	No	10.0	No	2nd
Age-adjusted	83	7.0	9.4	Yes	9.3	Yes	2nd
Alcohol related motor vehicle injuries and deaths per 100,000	51	49.3	36.2	Yes	50.0	No	2nd

NYSDOH maps illustrate injury indicators.



As seen below, falls within the elderly population are of concern for Seneca County. Seneca County falls within the 4th quartile for the falls hospitalization rate per 10,000 for those age 75 and above.





Maternal and Infant Health

The bolded figures in the chart below illustrate the need to focus on prenatal care in Seneca County. Seneca County indicators for prenatal care are in the 4th quartile and are statistically significant. The Amish/Mennonite populations contribute to these poor indicators. Amish and Mennonite women historically do not continue schooling past the 8th grade. They also do not access early pre-natal care and most birth occur at home. There is a midwife who provides pre-natal care and attends at home births.

NYSDOH states:

Breastfeeding has long been recognized as the

gold standard for infant nutrition. Human milk provides a mix of proteins, lipids, carbohydrates, and micronutrients that is uniquely adapted to the nutritional needs of human infants, leading to optimal growth and development. Moreover, breast milk provides antibodies, immune cells, and other anti-infective components that significantly reduce the infant's risk of infections, from diarrhea and colds to meningitis and other life-threatening infections. Infants who were breastfed for 3 months or more also made fewer medical office visits, received fewer procedures, took fewer medications, and experienced fewer hospitalizations. Beyond these short-term benefits, research has demonstrated that breast milk protects the infant against a growing list of chronic diseases, including cardiovascular disease, cancer, and diabetes. Evidence is accumulating that breastfeeding also reduces the infant's risk of childhood and adult obesity.⁸

The rate of WIC mothers who breastfed for at least 6 months is low at 21.1 compared to the NYS rate of 39.7 and an upstate rate of 28.7.

Seneca County Public Health is a member of the Finger Lakes Breastfeeding Coalition. The coalition and its members mission is to facilitate breastfeeding education, support breastfeeding policies in the community, healthcare system, workplace, daycares, and to promote breastfeeding as a means of improving the health of mothers and babies. The Finger Lakes Breastfeeding Partnership and the Seneca Health Solutions Team will work to increase rates of breastfeeding among Seneca County moms. The connection between breastfeeding and the prevention of obesity among children is well established. Several objectives outlined in our Community Health Improvement Plan will focus on improved breastfeeding outcomes and include:

- Increasing the % of women exclusively breastfeeding and breastfeeding at 6 months
- 10 % increase of WIC mothers breastfeeding at 6 months

We are in the process of developing a breastfeeding policy for Seneca County employees and will continue to encourage area employers to adopt breastfeeding support policies.

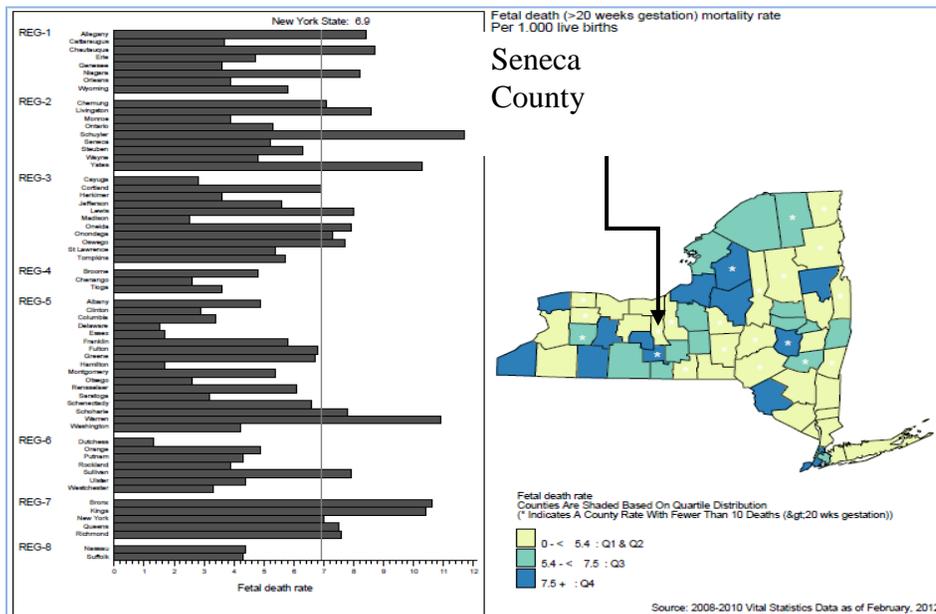
Maternal and Infant Health Indicators - Seneca County-2008-2010

Indicator	3 Year Total	County Rate	NYS Rate	<u>Sig.Dif.</u>	NYS Rate exc NYC	<u>Sig.Dif.</u>	<u>County Ranking Group</u>
Percentage of births							
% of births to women 25 years and older without a high school education	173	23.8	14.8	Yes	10.3	Yes	4th

⁸ NYSDOH Breastfeeding http://www.health.ny.gov/prevention/obesity/strategic_plan/breastfeeding.htm

Indicator	3 Year Total	County Rate	NYS Rate	Sig.Dif.	NYS Rate exc NYC	Sig.Dif.	County Ranking Group
% of births to out-of-wedlock mothers	424	37.0	41.4	Yes	37.6	No	2nd
% of births that were first births	445	38.8	43.5	Yes	41.3	No	1st
% of births that were multiple births	36	3.1	3.9	No	4.2	No	1st
% of births with early (1st trimester) prenatal care	716	65.9	72.8	Yes	75.2	Yes	4th
% of births with late (3rd trimester) or no prenatal care	71	6.5	5.9	No	4.3	Yes	4th
% of births with adequate prenatal care (Kotelchuck)	634	59.0	66.0	Yes	68.2	Yes	4th
WIC indicators							
% of pregnant women in WIC with early (1st trimester) prenatal care	349	89.7	85.6	No	86.3	No	2nd
% of pregnant women in WIC who were pre-pregnancy underweight (BMI less than 18.5)	11	3.8	4.6	No	4.1	No	1st
% of pregnant women in WIC who were pre-pregnancy overweight but not obese (BMI 25-less than 30)~	77	26.3	26.6	No	26.3	No	4th
% of pregnant women in WIC who were pre-pregnancy obese (BMI 30 or higher)~	82	28.0	23.4	No	26.7	No	2nd
% of pregnant women in WIC with anemia in 3rd trimester	N/A	S	37.3	Yes	35.4	Yes	N/A
% of pregnant women in WIC with gestational weight gain greater than ideal	177	47.2	41.8	No	47.1	No	2nd
% of pregnant women in WIC with gestational diabetes	8	2.2*	5.5	Yes	5.7	Yes	1st
% of pregnant women in WIC with hypertension during pregnancy	26	7.3	7.2	No	9.0	No	1st
% of WIC mothers breastfeeding at least 6 months	55	21.1	39.7	Yes	28.7	Yes	2nd
% of infants fed any breast milk in delivery hospital	833	77.2	78.3	No	73.5	No	1st
% of infants fed exclusively breast milk in delivery hospital	771	71.5	42.5	Yes	52.1	Yes	1st
% of births delivered by cesarean section	316	27.6	34.4	Yes	36.1	Yes	1st
Mortality rate per 1,000 live births							
Infant (less than 1 year)	9	7.8*	5.3	No	5.7	No	4th
Neonatal (less than 28 days)	6	5.2*	3.6	No	4.0	No	4th
Post-neonatal (1 month to 1 year)	3	2.6*	1.7	No	1.7	No	4th
Fetal death (>20 weeks gestation)	6	5.2*	6.9	No	4.8	No	2nd
Perinatal (20 weeks gestation	12	10.4	10.4	No	8.8	No	3rd

Indicator	3 Year Total	County Rate	NYS Rate	Sig.Dif.	NYS Rate exc NYC	Sig.Dif.	County Ranking Group
- 28 days of life)							
Perinatal (28 weeks gestation - 7 days of life)	10	8.7	5.7	No	5.7	No	4th
Maternal mortality rate per 100,000 live births +	0	0.0*	23.3	Yes	17.6	Yes	2nd
Low birthweight indicators							
% very low birthweight (less than 1.5 kg) births	10	0.9	1.5	No	1.4	No	1st
% very low birthweight (less than 1.5kg) singleton births	6	0.5*	1.1	No	1.0	No	1st
% low birthweight (less than 2.5 kg) births	47	4.1	8.2	Yes	7.7	Yes	1st
% low birthweight (less than 2.5kg) singleton births	29	2.6	6.2	Yes	5.7	Yes	1st
% of premature births by gestational age							
less than 32 weeks gestation	14	1.3	2.0	No	1.9	No	1st
32 - less than 37 weeks gestation	69	6.3	9.9	Yes	9.3	Yes	1st
less than 37 weeks gestation	83	7.6	12.0	Yes	11.2	Yes	1st
% of births with a 5 minute APGAR less than 6	10	0.9	0.7	No	0.7	No	4th
Newborn drug-related discharge rate per 10,000 newborn discharges	2	22.6*	64.0	No	78.4	No	1st



As seen in the map above, Seneca County has a low fetal death rate landing them in the 1st quartile as a county.

Obesity

The charts and figures below, combined with those in the cardiovascular disease section, provided the impetus for Seneca County Public Health and their partners, the Seneca Health Solutions Team, to concentrate on obesity as a priority.

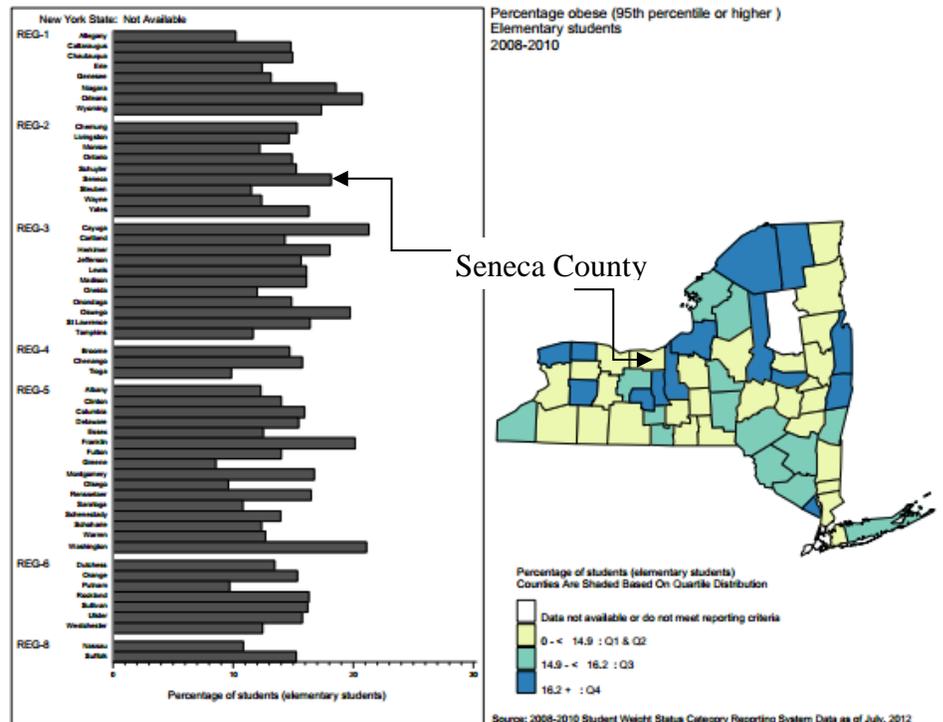
The New York State Dept. of Health states:

Obesity and overweight are currently the second leading preventable cause of death in the United States and may soon overtake tobacco as the leading cause of death. Failing to win the battle against obesity will mean premature death and disability for an increasingly large segment of New York residents. Without strong action to reverse the obesity epidemic, for the first time in our history children may face a shorter lifespan than their parents.

Obesity Prevalence

- The percentage of New York State adults who are overweight or obese increased from 42% in 1997 to 60% in 2008.
- The percentage of obese adults in New York State more than doubled from 10% in 1997 to 25% in 2008.
- Obesity among children and adolescents has tripled over the past three decades. Currently, a third of New York's children are obese or overweight.
- Health care to treat obesity-related illnesses and conditions cost the United States an estimated \$150 billion and New York State more than \$7.6 billion every year.⁹

Obesity causes a myriad of serious health problems in both children and adults including Type 2 diabetes, heart disease, high cholesterol, high blood pressure, several forms of cancer and asthma. Along with the risks for life-shortening chronic diseases, being overweight in a society that stigmatizes this condition contributes to poor mental health associated with serious shame, self-blame, low self-esteem and depression.¹⁰



⁹ New York State Dept. of Health, Obesity Prevention <http://www.health.ny.gov/prevention/obesity/>

¹⁰ Ibid.

As can be seen in the chart below student rates of overweight and obesity are higher than the New York State rates. Many rank in the 4th quartile in the state. The rates of obesity for Elementary students is also higher than NYS rates.

Obesity and Related Indicators - Seneca County-2010-2012

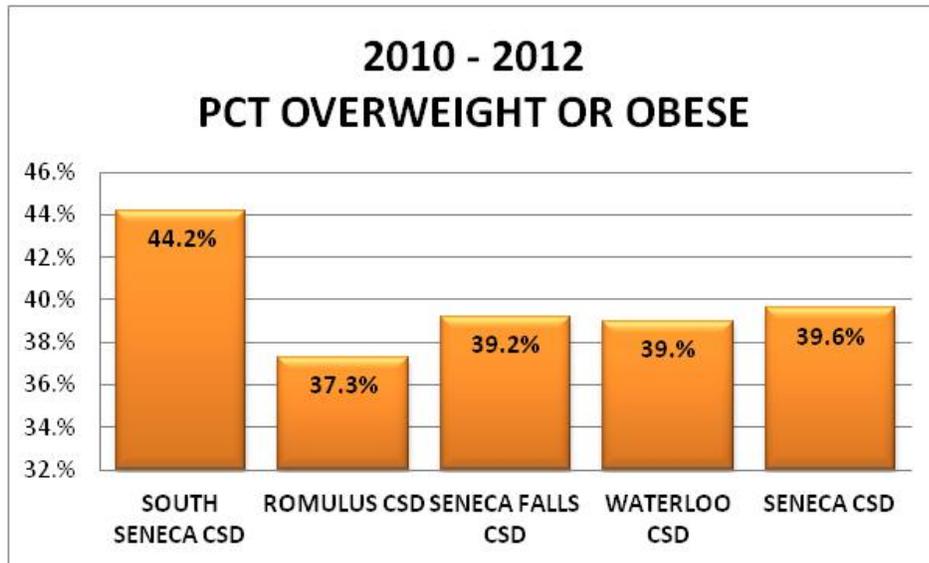
Indicator	3 Year Total	County Rate	NYS Rate	Sig.Dif.	NYS Rate exc NYC	Sig.Dif.	County Ranking Group
All students (elementary - PreK, K, 2nd and 4th grades, middle - 7th grade and high school - 10th grade)							
% overweight but not obese (85th-less than 95th percentile) #	N/A	17.4	N/A	N/A	16.2	N/A	3rd
% obese (95th percentile or higher) #	N/A	22.3	N/A	N/A	17.6	N/A	4th
% overweight or obese (85th percentile or higher) #	N/A	39.6	N/A	N/A	33.7	N/A	4th
Elementary students (PreK, K, 2nd and 4th grades)							
% overweight but not obese (85th-less than 95th percentile) #	N/A	16.2	N/A	N/A	15.8	N/A	2nd
% obese (95th percentile or higher) #	N/A	19.9	N/A	N/A	17.2	N/A	4th
% overweight or obese (85th percentile or higher) #	N/A	36.1	N/A	N/A	33.0	N/A	3rd
Middle and high school students (7th and 10th grades)							
% overweight but not obese (85th-less than 95th percentile) #	N/A	19.3	N/A	N/A	16.8	N/A	4th
% obese (95th percentile or higher) #	N/A	25.9	N/A	N/A	18.2	N/A	4th
% overweight or obese (85th percentile or higher) #	N/A	45.2	N/A	N/A	35.0	N/A	4th

New York State Dept. of Health obesity and other related indicators point to the crisis facing Seneca County. Seneca County rates are worse than the state averages in all of the following categories:

- % of pregnant women in WIC who were pre-pregnancy obese (BMI 30 or higher)~
- % of WIC mothers breastfeeding at 6 months
- Age-adjusted % of adults overweight or obese (BMI 25 or higher) (2008-2009)
- Age-adjusted % of adults obese (BMI 30 or higher) (2008-2009)
- Age-adjusted % of adults with physician diagnosed diabetes (2008-2009)
- Age-adjusted % of adults with physician diagnosed angina, heart attack or stroke (08-09)

Indicator	3 Year Total	County Rate	NYS Rate	Sig.Dif.	NYS Rate exc NYC	Sig.Dif.	County Ranking Group
% of pregnant women in WIC who were pre-pregnancy overweight but not obese (BMI 25-less than 30)	75	23.7	26.6	No	26.3	No	2nd
% of pregnant women in WIC who were pre-pregnancy obese (BMI 30 or higher)	118	37.3	24.2	Yes	28.0	Yes	4th
% obese (95th percentile or higher) children in WIC (aged 2-4 years)	100	14.4	14.4	No	15.3	No	2nd
% of children in WIC viewing TV 2 hours or less per day (aged 2-4 years) (2009-2011)	554	79.8	79.1	No	80.7	No	2nd
% of WIC mothers breastfeeding at 6 months (2009-2011)	47	16.4	38.3	Yes	27.9	Yes	3rd
Age-adjusted % of adults overweight or obese (BMI 25 or higher) (2008-2009)	N/A	70.5	59.3	Yes	60.6	Yes	4th
Age-adjusted % of adults obese (BMI 30 or higher) (2008-2009)	N/A	37.5	23.1	Yes	24.3	Yes	4th
Age-adjusted % of adults who did not participate in leisure time physical activity in last 30 days (2008-2009)	N/A	75.7	76.3	No	78.9	No	2nd
Age-adjusted % of adults eating 5 or more fruits or vegetables per day (2008-2009)	N/A	28.2	27.1	No	27.7	No	1st
Age-adjusted % of adults with physician diagnosed diabetes (2008-2009)	N/A	10.7	9.0	No	8.5	No	4th
Age-adjusted % of adults with physician diagnosed angina, heart attack or stroke # (2008-2009)	N/A	9.1	7.6	No	7.2	No	4th
Age-adjusted mortality rate per 100,000							
Cardiovascular disease mortality (2009-2011)	274	201.6	242.3	Yes	237.9	Yes	1st
Cerebrovascular disease (stroke) mortality (2009-2011)	45	33.2	26.9	Yes	31.4	Yes	2nd
Diabetes mortality (2009-2011)	23	17.1	17.0	No	15.1	Yes	2nd
Age-adjusted hospitalization rate per 100,000							
Cardiovascular disease hospitalizations (2009-2011)	1,784	138.3	159.9	Yes	150.9	Yes	2nd
Cerebrovascular disease (stroke) hospitalizations (2009-2011)	286	21.6	24.9	Yes	25.0	Yes	2nd
Diabetes hospitalizations (primary diagnosis) (2009-2011)	104	9.2	18.8	Yes	14.4	Yes	1st

This graph illustrates figures from the NYSDOH for the school districts in Seneca County. Alarminglly the percentage of students overweight or obese ranges from 37.3% to 44.2%.



The average % overweight or obese for Seneca County school districts is 39.86 compared to the upstate NY average of 33.7%.

School for years 2010 - 2012	% Over Weight	% Obese	% Over Weight & Obese
SOUTH SENECA CSD	18.6%	25.6%	44.2%
ELEMENTARY	14.6%	24.8%	39.4%
MIDDLE/HIGH	23.8%	26.7%	50.5%
ROMULUS CSD	10.4%	26.9%	37.3%
ELEMENTARY	10.7%	21.4%	32.1%
MIDDLE/HIGH	10%	37.1%	47.1%
SENECA FALLS CSD	16.5%	22.7%	39.2%
ELEMENTARY	16.7%	20.8%	37.5%
MIDDLE/HIGH	16.2%	24.9%	41.1%
WATERLOO CSD	19.7%	19.2%	39%
ELEMENTARY	18.2%	17.2%	35.5%
MIDDLE/HIGH	22.5%	22.9%	45.5%
SENECA CSD	17.4%	22.3%	39.6%
ELEMENTARY	16.2%	19.9%	36.1%
MIDDLE/HIGH	19.3%	25.9%	45.2%
Average			39.86
Statewide (Excluding NYC)			33.7

Respondents to the Seneca County community health assessment survey ranked poor nutrition and lack of physical activity in the top six of health issues facing our residents. The heights and weights for survey respondents demonstrated an **AVERAGE** BMI of 31.51.

CHA Survey BMI Statistics	
Average BMI	31.51
Female Average BMI	31.95
Male Average BMI	29.92

Please take a few moments to click on those boxes that you think are issues with the most important needs facing you and Seneca County today.

Answer Options	Problem for YOU	Problem for Seneca County	Don't know or unsure	Response Count	Seneca Co.	NYS
Underage drinking	1%	78%	22%	347		
Drug abuse/abuse of prescription drugs or illegal drugs	1%	77%	22%	348		
Alcohol abuse	3%	71%	27%	349	14.4%	18.1%
Poor nutrition (unhealthy eating)	12%	70%	22%	342	71.8%	72.9%
Behavioral Problems in Children	6%	70%	26%	348		
Lack of physical activity	25%	67%	15%	347	24.3%	23.7%
Smoking / tobacco use	9%	67%	26%	350	24.3%	17.0%

Survey respondents to the Seneca County community health assessment survey also reported low levels of exercise – one factor contributing to high obesity rates. 41.8% of survey respondents reported that they did not engage in regular exercise. This compares to the 2009 EBRFSS (Expanded Behavioral Risk Factor Surveillance Survey) rate for the County of 24.3% and the NYS rate of 23.7%.

Do you engage in regular exercise?				
Answer Options	Response Percent	Response Count	DOH Seneca Co.	DOH NYS
Yes	58.2%	205	75.7%	76.3%
No	41.8%	147		
Total Respondents	352			

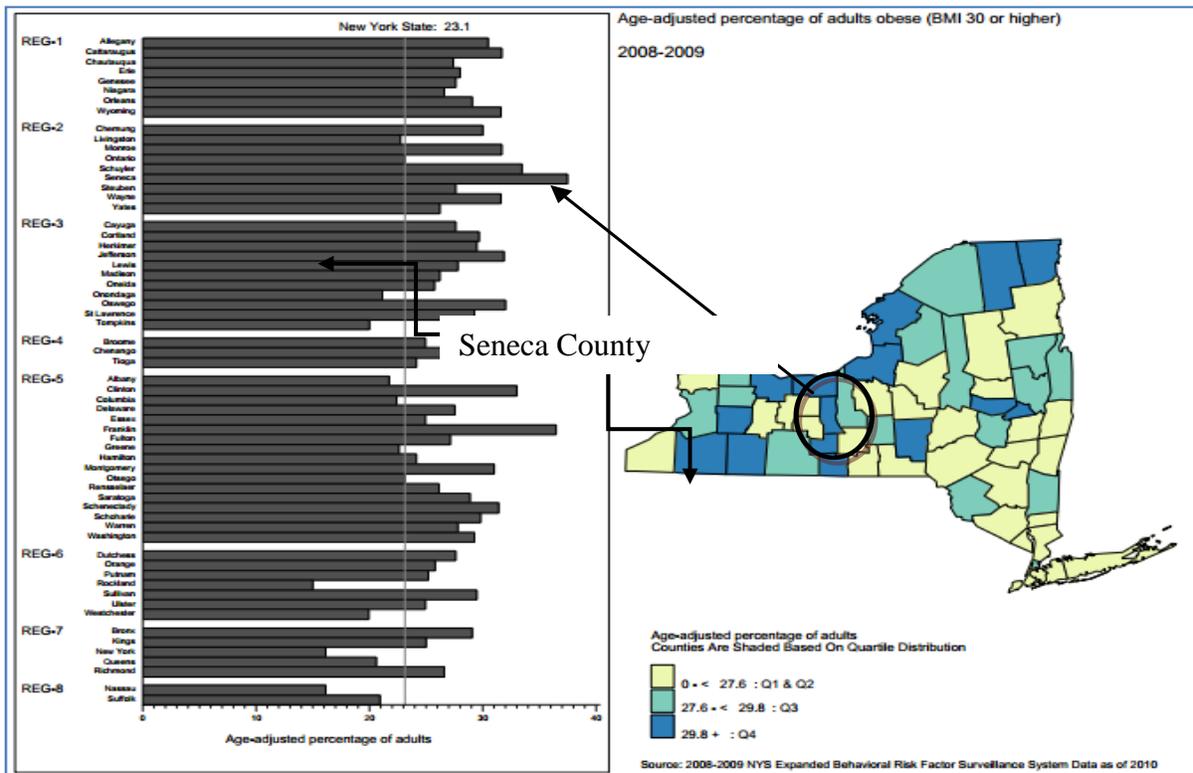
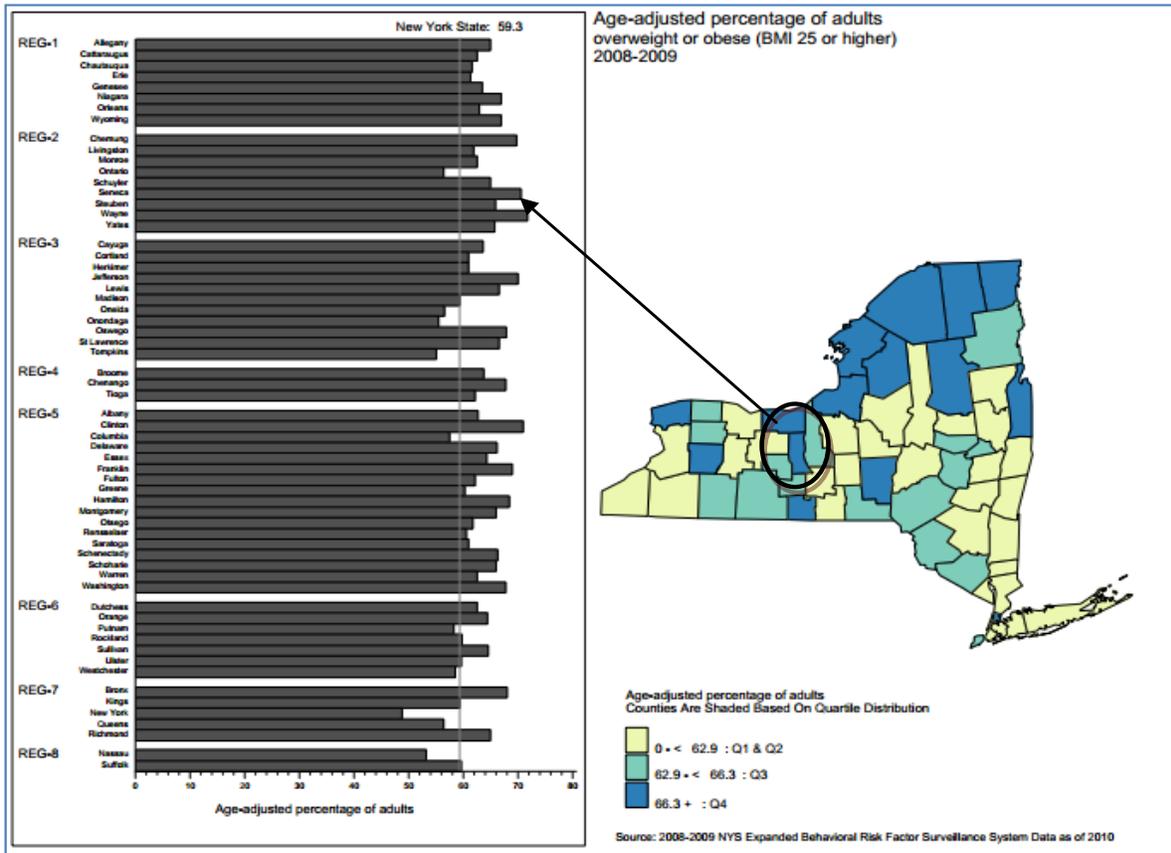
23% of survey respondents reported eating 5 or more fruits and vegetables per day compared to the County BRFSS figure of 28.2% and the NYS average of 27.1%.

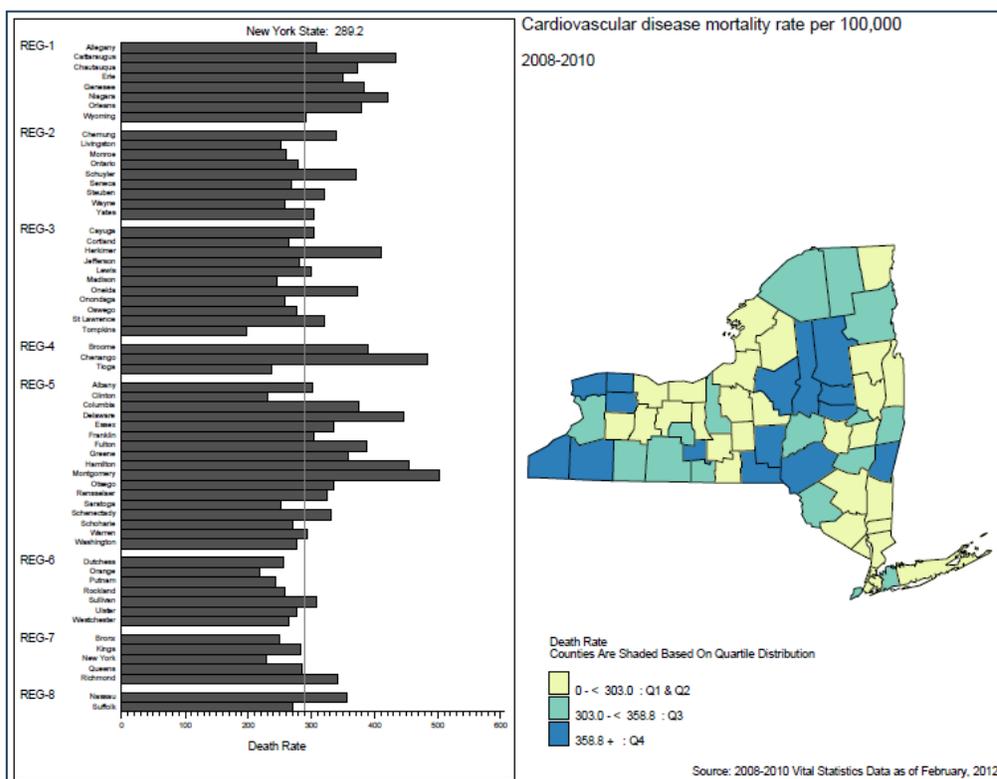
How many fruits and vegetables do you eat in a day?							
Answer Options	5 or more	3-4	1-2	0 (Rarely)	Response Count	5 + DOH Seneca Co.	5+ DOH NYS
Yourself?	23%	30%	41%	7%	353	28.2%	27.1%
Your children?	23%	42%	28%	7%	164		
Total respondents	355						

Survey respondents reported they would like to increase their physical activity, eat better and manage their weight. The activities we have outlined in our Community Health Improvement Plan will help residents make these important behavioral changes.

Which of the following health-related behaviors would you like to improve? Check all that apply.		
Answer Options	Response Percent	Response Count
Increase physical activity	68.5%	233
Better eating habits	63.5%	216
Managing weight	63.2%	215
Managing stress	52.1%	177
Decrease tobacco use	19.7%	67
Decreased alcohol consumption	16.8%	57
Total Respondents	341	

The maps below from the NYSDOH illustrate the rates of obesity for Seneca County.





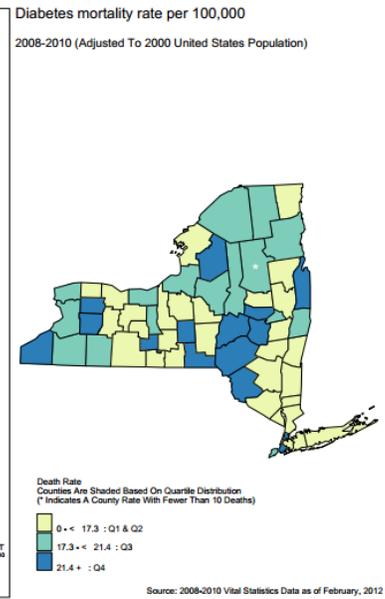
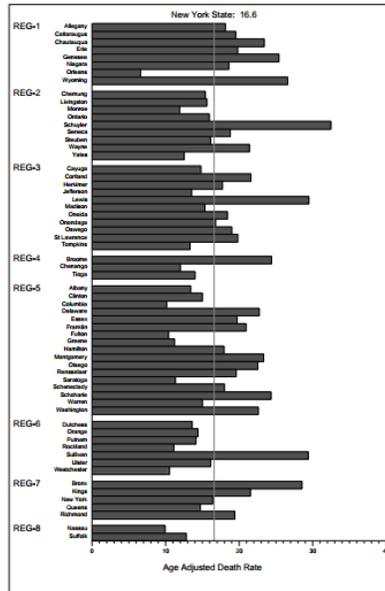
Coronary Heart Disease - Deaths and Death Rates Per 100,000 Residents

Finger Lakes Region/County	Deaths				Population Ave. 08-10	Crude Rate	Adjusted Rate
	2008	2009	2010	Total			
<u>Chemung</u>	149	137	151	437	88,325	164.9	123.1
<u>Livingston</u>	83	72	89	244	63,806	127.5	112.6
<u>Monroe</u>	998	965	912	2,875	736,936	130.0	106.2
<u>Ontario</u>	154	171	168	493	106,019	155.0	121.3
<u>Schuyler</u>	36	37	41	114	18,650	203.7	149.5
<u>Seneca</u>	44	47	45	136	34,462	131.5	104.1
<u>Steuben</u>	158	177	186	521	97,372	178.4	139.5
Wayne	144	130	139	413	92,209	149.3	130.9
Yates	49	41	50	140	24,827	188.0	144.0
Region Total	1,815	1,777	1,781	5,373	1,262,606	141.8	114.7
New York State Total	40,364	37,987	35,913	114,264	19,469,951	195.6	169.4

Source: 2008-2010 Vital Statistics Data as of February 2012- Adjusted Rates Are Age Adjusted to The 2000 United States Population

Obesity is a leading cause of many preventable diseases including heart disease, hypertension and diabetes. These figures demonstrate the level of the problem for Seneca County residents. According to the CDC:

- More than one-third of U.S. adults (35.7%) are obese.
- Obesity-related conditions include heart disease, stroke, type 2 diabetes and certain types of cancer, some of the leading causes of preventable death.
- The estimated annual medical cost of obesity in the U.S. was \$147 billion in 2008 U.S. dollars; the medical costs for people who are obese were \$1,429
- higher than those of normal weigh



County	Total 2007-2009	Per Children Tested 07-09	Percent
Putnam	279	1,228	22.7
Nassau	2,877	12,731	22.6
Suffolk	3,888	18,085	21.5
Orleans	230	1,244	18.5
Ulster	387	2,126	18.2
Columbia	309	1,728	17.9
Schuyler	106	598	17.7
Seneca	118	668	17.7
Richmond	1,687	9,586	17.6
Washington	413	2,399	17.2
Cattaraugus	486	2,890	16.8
Westchester	4,639	27,614	16.8
Madison	423	2,533	16.7
Delaware	265	1,614	16.4
Fulton	253	1,552	16.3
Sullivan	439	2,711	16.2
Greene	155	971	16
Queens	10,743	68,865	15.6
Oswego	789	5,092	15.5
Otsego	241	1,562	15.4
Schenectady	702	4,590	15.3
Genesee	409	2,688	15.2
Bronx	12,811	84,839	15.1
Essex	173	1,143	15.1
Oneida	1,093	7,287	15
Rensselaer	669	4,459	15
Saratoga	393	2,623	15
Steuben	480	3,223	14.9
Ontario	374	2,544	14.7
Yates	77	523	14.7
Clinton	358	2,467	14.5
New York State	91,610	630,700	14.5
Tioga	284	1,960	14.5
Montgomery	297	2,064	14.4
Broome	921	6,444	14.3
Wyoming	117	816	14.3
Chenango	505	3,553	14.2
Livingston	201	1,412	14.2
Albany	936	6,640	14.1
Franklin	261	1,849	14.1
Onondaga	1,952	13,940	14
St Lawrence	297	2,118	14
Wayne	379	2,708	14
Y	561	4,065	13.8
Herkimer	298	2,156	13.8
Dutchess	592	4,323	13.7
Schoharie	134	975	13.7
Erie	3,021	22,212	13.6
Chautauqua	601	4,452	13.5
Monroe	2,456	18,327	13.4
Y	801	5,977	13.4
Tompkins	266	2,013	13.2
New York	8,370	64,388	13
Kings	17,453	136,355	12.8
Lewis	221	1,729	12.8
Orange	1,448	11,403	12.7
Cayuga	294	2,354	12.5
Allegany	225	1,816	12.4
Warren	249	2,058	12.1
Hamilton	13	108	12
Cortland	224	1,916	11.7
Rockland	1,349	12,489	10.8
Jefferson	619	5,897	10.5

This chart is of the WIC children (ages 2-4) who are obese - per children tested from the 2007-2009 Division of Nutrition Data as of April, 2011.

As mentioned above the obesity rates for Seneca County schools are higher than those for Upstate NY. This chart demonstrates that are youngest children ages 2-4 also have a higher rate of obesity than 2-4 year old children residing in other counties in the state. Efforts must be made to engage young children and their families in to increase participation in physical activity, healthy eating and reduced screen time.

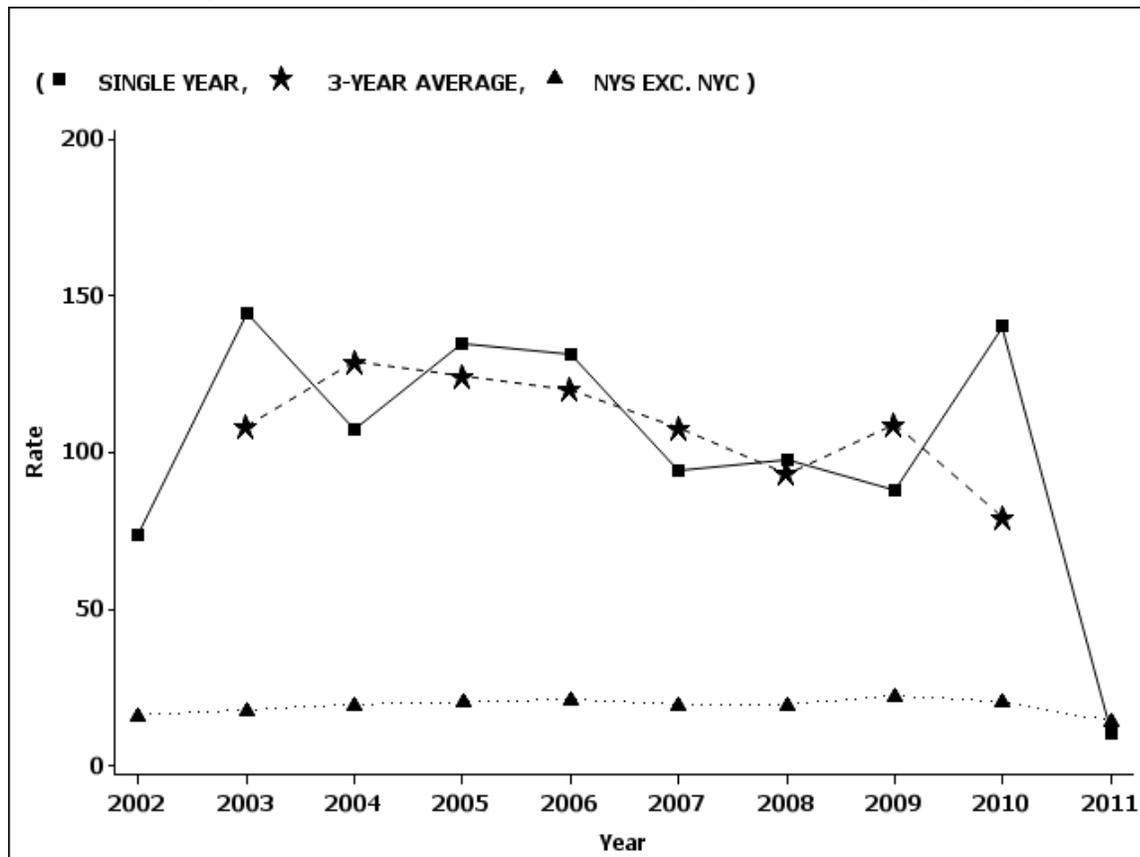
Nutrition education is presented in all aspects of Public Health Education. Seneca County Public Health and its community partners work to identify nutrition priorities and establish systems for appropriate networking and referral to community agencies and to ensure that those in need have access to appropriate interventions. Dental health education programs also include information about the importance of sound nutrition and how diets with too much sugar negatively impact the teeth of both children and adults. Public Health actively supports all efforts to engage our residents in better nutrition and increased physical activity. A recent partnership with Cornell Cooperative Extension in the creation of the Seneca County "Local Motion" Map demonstrates our collaborative efforts to promote increased physical activity for residents and visitors. This great resource will assist residents and visitors to Seneca County in choosing fun, family centered outdoor and indoor activities to improve their physical health. The intent is to make it easier for families to increase their physical activity while having fun together. The Local Motion map locates outdoor and indoor recreation opportunities, many of which are free and open to the public. In order to use the map please select locations from categories in the drop down list below or select points directly from the map. Once you select a point you will be able to get directions and learn more about the physical activity options available at that location. Another initiative that is currently ongoing is a joint use agreement with the NY Chiropractic College to increase physical activity and improve nutritional status of lower income Seneca County adults and families. These effort as well as those outlined in the Community Health Improvement Work Plan will help address the obesity issues for the residents of Seneca County.

Occupational Health

The NYSDOH with support from the National Institute for Occupational Safety and Health has used existing databases to describe the occupational health picture since 2000. This occupational health surveillance program has developed a set of occupational health indicators to describe the health status of the working population.

As indicated in the graph below Seneca County rates have been consistently above NYS averages.

Seneca County Asbestosis hospitalization rate per 100,000 - Aged 15 years and older



Asbestosis hospitalization rate per 100,000 - Aged 15 years and older

Year	Crude Rate		
	Single Year	3-Year Average	NYS exc. NYC
2002	73.5		16.4
2003	144.3	108.5	17.9
2004	107.1	128.8	19.7
2005	134.8	124.3	20.5
2006	131.1	120.1	21.3
2007	94.2	107.8	19.7
2008	97.7	93.3	19.7
2009	88.1	108.9	22.4
2010	140.1	79.4	20.5
2011	10.2		14.4

The occupational health indicators for the county show that rates for Seneca residents are significantly different than NYS rates for asbestosis and work-related hospitalizations per 100,000 employed individuals ages 16 years and older. Although numbers are small and somewhat unreliable, asbestosis rates are alarming with a rate more than five times higher than the New York State rate. The Seneca County Health Department is in the process of submitting a grant application for the Healthy Neighborhoods Preventative Health Cornerstones grant offered by the NYSDOH. The Finger Lakes Coalition to Prevent Lead Poisoning is partnering with University of Rochester's Occupational Health Services to educate and identify adults exposed to lead in their workplace.

Occupational Health Indicators - Seneca County-2009-2011

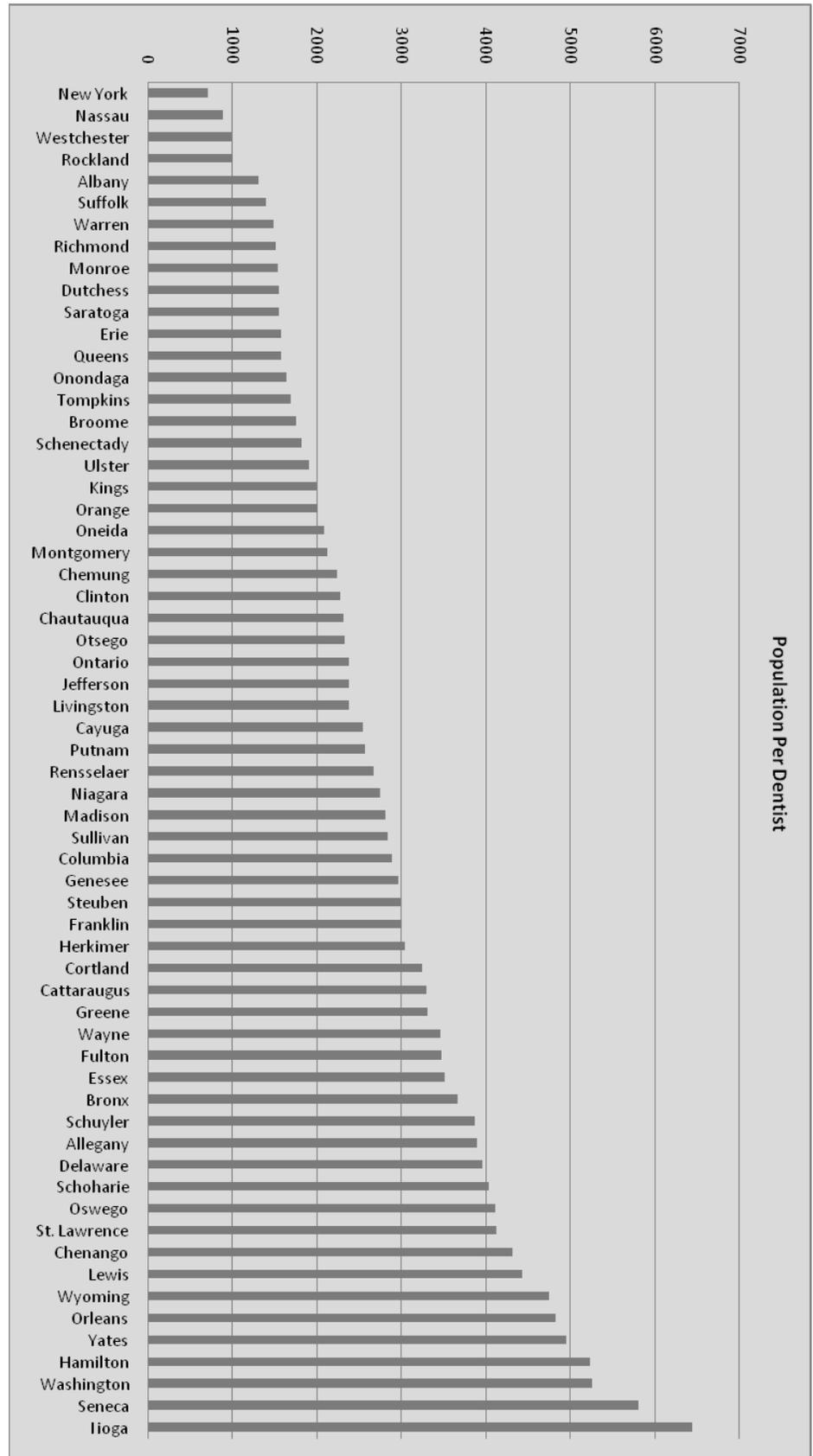
Indicator	3 Year Total	County Rate	NYS Rate	Sig.Dif.	NYS Rate exc NYC	Sig.Dif.	County Ranking Group
Incidence of malignant mesothelioma per 100,000 persons aged 15 years and older (2008-2010)	N/A	s	1.3	N/A	1.6	N/A	N/A
Hospitalization rate per 100,000 persons aged 15 years and older							
Pneumoconiosis	14	16.1	13.3	No	18.2	No	3rd
Asbestosis	69	79.4	12.1	Yes	19.1	Yes	4th
Work-related hospitalizations per 100,000 employed persons aged 16 years and older	112	147.1	171.9	No	215.6	Yes	1st
Elevated blood lead levels (greater than or equal to 10 micrograms per deciliter) per 100,000 employed persons aged 16 years and older	26	34.1	23.6	No	24.2	No	3rd
Fatal work-related injuries per 100,000 employed persons aged 16 years and older #	N/A	s	2.3	N/A	2.6	N/A	N/A

Population per Practicing Dentist By County, New York State 2008

Oral Health

Oral health is essential to the general health of the community. Tooth decay like many chronic diseases is preventable, but continues to affect all ages. It is a greater problem for those who have limited access to prevention and treatment services. This chart represents the number of practicing dentists per population in NYS. Seneca County ranks next to the bottom. It is hard for rural areas such as ours to attract dentists.

According to the NYSDOH untreated decay among children has been associated with difficulty in eating, sleeping, learning, and proper nutrition. An estimated 51 million school hours are lost due to cavities. Almost one fifth of all health care expenditures in children are related to dental care. Among adults, untreated decay and tooth loss can also have negative effects on an individual's self-esteem and employability.¹¹



Source: http://www.health.ny.gov/professionals/doctors/graduate_medical_education/reports/docs/final_report_on_expanding_dany_physician_loan_repayment_program.pdf

¹¹ New York State Dept. of Health, Water Fluoridation <http://www.health.ny.gov/prevention/dental/fluoridation/index.htm>

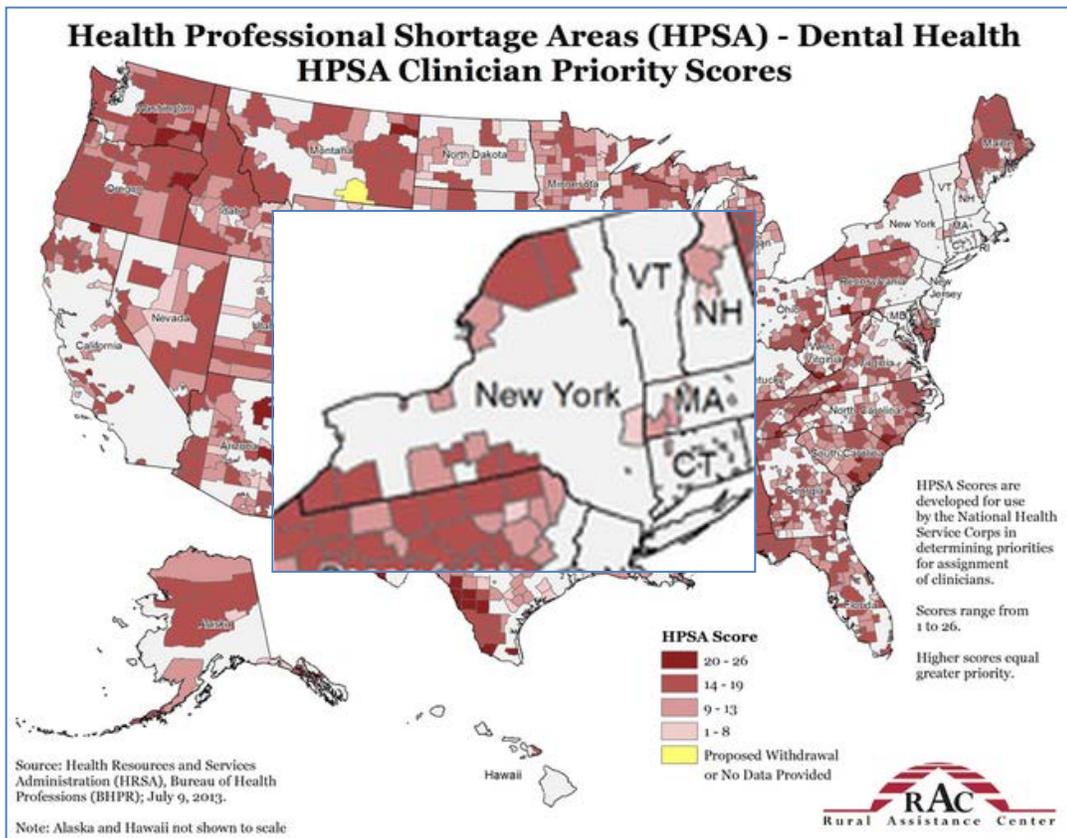
Tooth decay may lead to abscess and extreme pain, blood infection that can spread, difficulty in chewing, poor weight gain, school absences and crooked teeth.¹² Oral health indicators for Seneca County are in the chart below. The county falls within the 1st quartile for percentage of 3rd grade children with untreated caries and 2nd quartile for percentage of 3rd grade children with at least one dental visit in the last year. Medicaid oral health indicators are alarming and all fall within the 4th quartile. Attempts to increase access to fluoridated public water supplies in Seneca County were unsuccessful. In 2013, the only public water system that provided fluoridation in the county discontinued fluoridating the water supply. The opening of the new Finger Lakes Community Health Center in Ovid offering full dental services including providing dental services to the Medicaid population will be a welcome addition to the County. Dental resources were severely lacking, especially in the southern end of the county.

Oral Health Indicators - Seneca County-2009-2011

Indicator	3 Year Total	County Rate	NYS Rate	Sig.Dif.	NYS Rate exc NYC	Sig.Dif.	County Ranking Group
Oral health survey of 3rd grade children							
% of 3rd grade children with caries experience #	N/A	30.1	N/A	N/A	45.4	Yes	1st
% of 3rd grade children with untreated caries #	N/A	18.1	N/A	N/A	24.0	Yes	1st
% of 3rd grade children with dental sealants #	N/A	23.0	N/A	N/A	41.9	Yes	1st
% of 3rd grade children with dental insurance #	N/A	84.7	N/A	N/A	81.8	Yes	3rd
% of 3rd grade children with at least one dental visit in last year #	N/A	80.2	N/A	N/A	83.4	Yes	2nd
% of 3rd grade children reported taking fluoride tablets regularly #	N/A	54.9	N/A	N/A	41.9	Yes	3rd
Age-adjusted % of adults who had a dentist visit within the past year # (2008-2009)	N/A	72.3	71.1	No	72.7	No	2nd
Caries emergency department visit rate per 10,000 (ages 3-5 years) (2008-2010)	40	124.0	65.8	Yes	69.9	Yes	3rd
Medicaid oral health indicators							
% of Medicaid enrollees with at least one dental visit within the last year # (2008-2010)	4,122	23.5	31.3	Yes	29.4	Yes	4th
% of Medicaid enrollees with at least one preventive dental visit within the last year # (08-10)	3,174	18.1	25.9	Yes	23.4	Yes	4th
% of Medicaid enrollees (ages 2-20 years) who had at least one dental visit within the last year # (2008-2010)	1,999	33.7	40.8	Yes	40.5	Yes	4th
Oral cancer							
Age-adjusted incidence per 100,000 (2007-2009)	13	10.3	10.4	No	10.8	No	2nd
Age-adjusted mortality rate per 100,000 (2007-2009)	5	4.1*	2.1	No	2.0	No	4th
Mortality per 100,000 (ages 45-74 years) (2007-2009)	2	5.5*	4.4	No	4.2	No	3rd

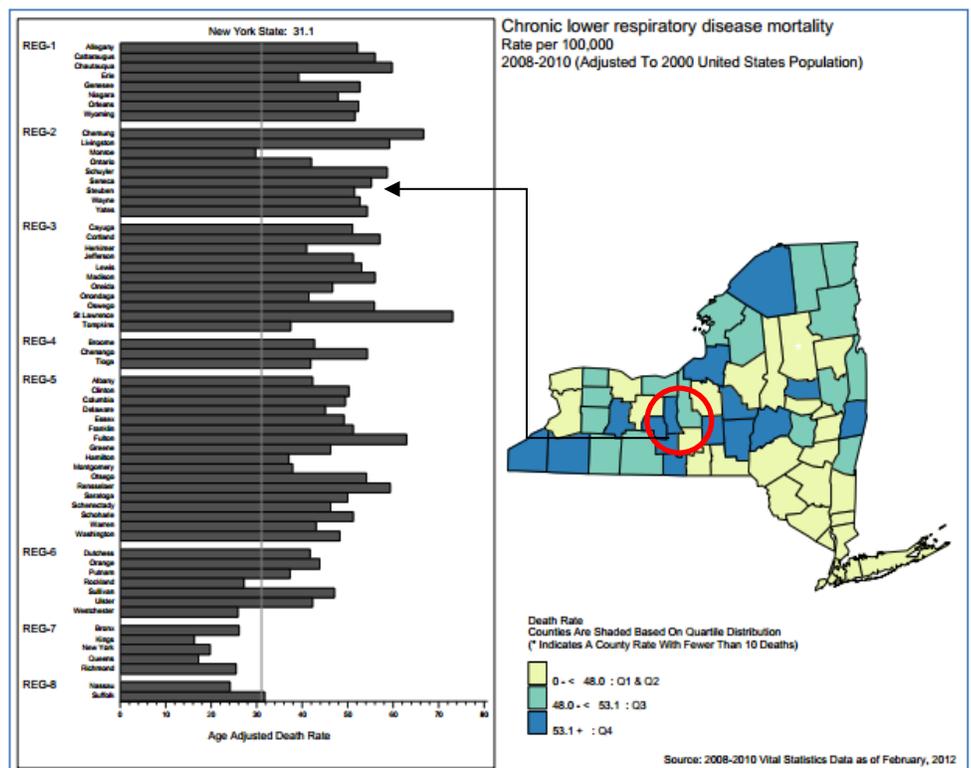
¹² New York State Dept. of Health, Water Fluoridation <http://www.health.ny.gov/prevention/dental/fluoridation/index.htm>

Many of the S2AY Network counties including Seneca County are designated as a Dental Health Professional Shortage Area, as noted in the map below. Finger Lakes Community Health provides dental hygiene services in schools (cleaning, screening and sealants) to help address the oral health issues, which are helping to improve our students' statistics for dental health.



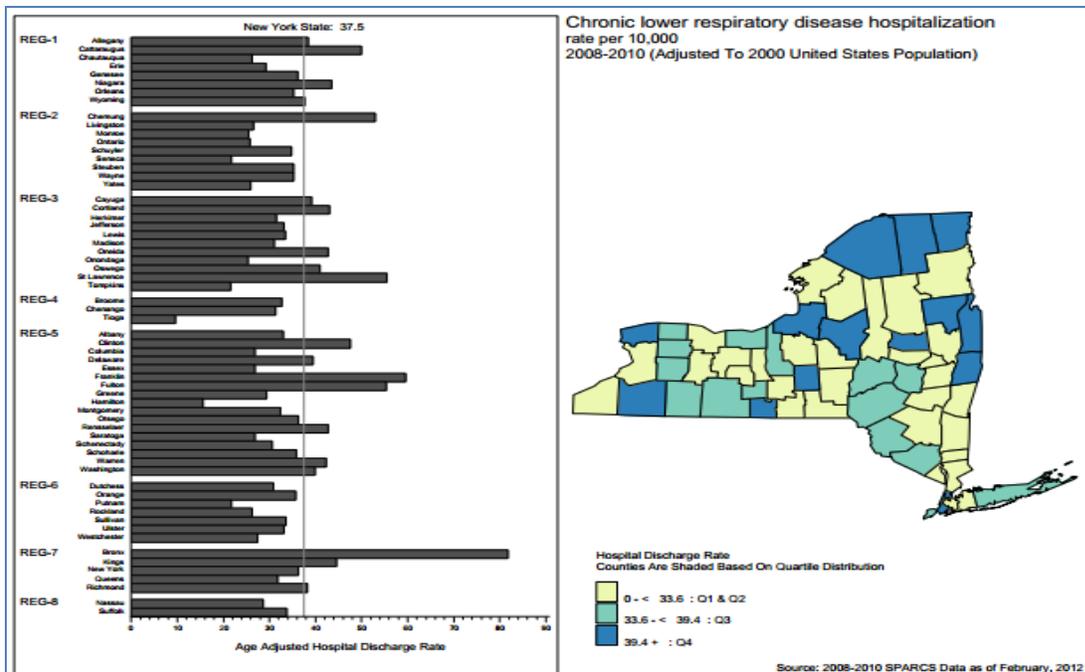
Respiratory Disease

As this map and the chart below illustrates, Seneca County residents are at higher risk for mortality for Chronic Lower Respiratory Disease (CLRD) with CLRD mortality rate per 100,000 being in the 4th quartile. However CLRD hospitalization rate per 10,000 is in the 1st quartile. Asthma hospitalization and mortality rates are low and therefore unstable. Asthma hospitalization rate per 10,000 in the 25-44 age group fell within the 1st quartile.



Respiratory Disease Indicators - Seneca County-2008-2010

Indicator	3 Year Total	County Rate	NYS Rate	Sig.Dif.	NYS Rate exc NYC	Sig.Dif.	County Ranking Group
CLRD mortality rate per 100,000							
Crude	71	68.7	34.7	Yes	46.0	Yes	4th
Age-adjusted	71	55.2	31.1	Yes	38.5	Yes	4th
CLRD hospitalization rate per 10,000							
Crude	264	25.5	39.3	Yes	35.2	Yes	1st
Age-adjusted	264	21.7	37.5	Yes	31.7	Yes	1st
Asthma hospitalization rate per 10,000							
Crude	47	4.5	20.3	Yes	12.4	Yes	1st
Age-adjusted	47	4.6	20.3	Yes	12.3	Yes	1st
Ages 0-4 years	9	16.2*	58.8	Yes	36.1	Yes	1st
Ages 5-14 years	0	0.0*	20.9	Yes	11.2	Yes	1st
Ages 0-17 years	11	5.1	29.0	Yes	16.1	Yes	1st
Ages 5-64 years	25	3.0	15.4	Yes	9.5	Yes	1st
Ages 15-24 years	6	4.1*	7.5	No	4.1	No	3rd
Ages 25-44 years	10	3.7	10.8	Yes	8.1	Yes	1st
Ages 45-64 years	9	3.1*	21.8	Yes	12.6	Yes	1st
Ages 65 years or older	13	8.3	32.2	Yes	19.2	Yes	1st
Asthma mortality rate per 100,000							
Crude	2	1.9*	1.3	No	0.9	No	4th
Age-adjusted	2	1.5*	1.2	No	0.7	No	4th
Age-adjusted % of adults with current asthma (2008-2009)	N/A	9.0	9.7	No	10.1	No	2nd



Tobacco, Alcohol and Substance Abuse

In spite of years of effort by federal, state and local public health agencies and advocates, residents of rural communities such as Seneca County are more likely to use tobacco products, to start at a younger age, to use more heavily and to be exposed to secondhand smoke at work and at home than their counterparts in cities and suburbs. According to the NYSDOH, Smoking kills 25,500 people every year in New York State and secondhand smoke kills 2,500 New Yorkers each year. There are estimated to be 570,000 New Yorkers afflicted with a serious disease directly attributed to their smoking. It is projected that 389,000 New York State youth age 0-17 will die from smoking.

The age-adjusted percentage of Seneca County adults who smoke is 24.3% compared to the NYS rate of 17%. According to the TACFL Community Tobacco Survey of Seneca County Adults conducted in 2013, Seneca County's cigarette smoking rates have not changed significantly from the rates found in 2008, 2010 and 2011. Seneca County's current smoking rate is higher than the regional average of 17.2 found among 23 Northern, Central and Western New York Counties studied between June 2012 and June 2013. The study's current tobacco use findings indicate an increase in likelihood that a Seneca County adult resident will be a current cigarette smoker if they are: female 23.5%; of adult females smoke, ages 18-34; 28.7% of 18-34 year olds smoke, have no college coursework; 26.6% of residents without college coursework smoke, and are from lower income households with incomes of \$25,000 or less are also more likely to be current smokers at 31.2%.

According to Seneca County Public Health Officials, effective strategies such as raising the New York State excise tax collected on cigarettes sold has proven successful in reducing the overall state rate of adult smoking, but has made little impact on the adult smoking rate in Seneca County. Local Public Health officials are concerned about the increase in access to purchase low cost, non-taxed cigarettes at Native American owned businesses located in the county undermines the effectiveness of this strategy locally. In 2010, Seneca County took great strides to begin to address the high incidence of smoking among residents by passing a local law to prevent smoking on all county owned and leased properties. The impact of this law has yet to be determined but we are confident that policy changes will have the greatest effect on reducing adult smoking rates.

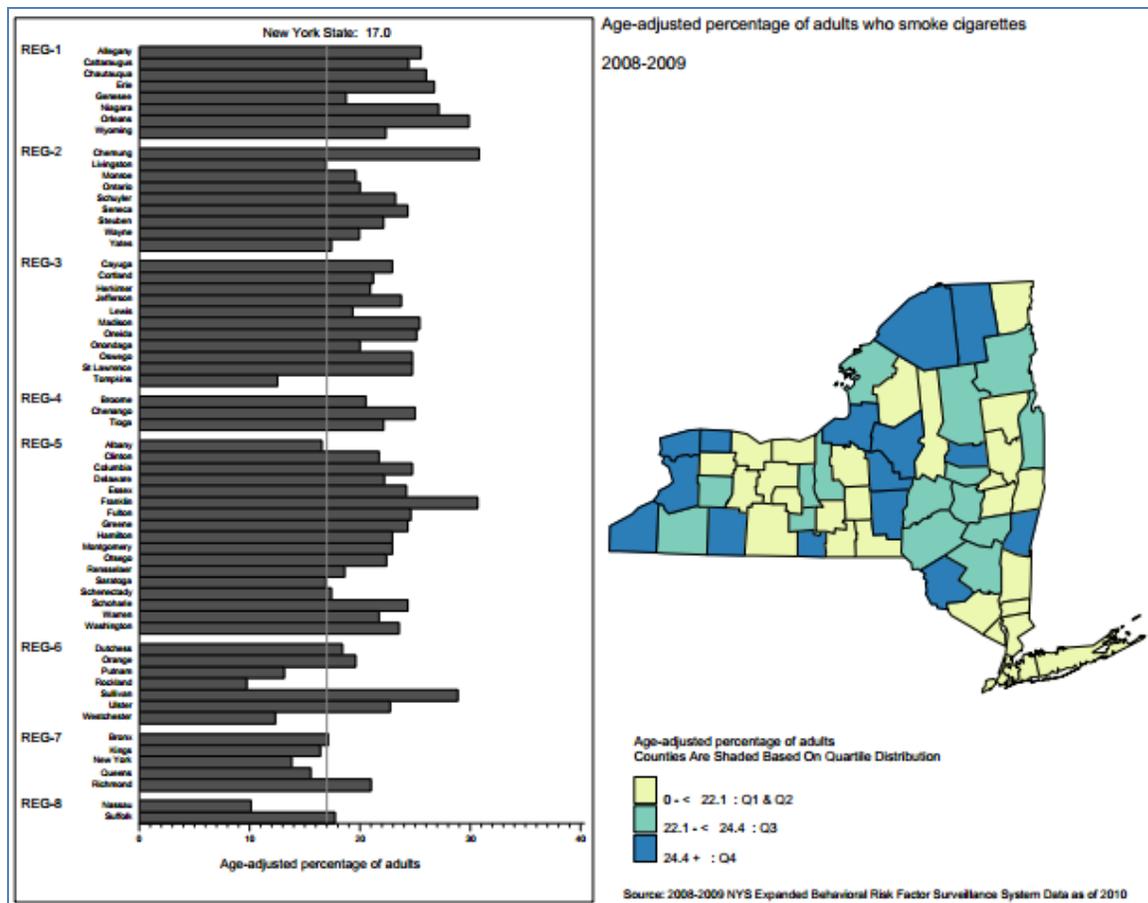
Seneca County Public Health is a partner in the Tobacco Action Coalition of the Finger Lakes. The Tobacco Action Coalition of the Finger Lakes (TACFL) is a grassroots coalition of local agencies and individuals working together to reduce the prevalence of tobacco use and to promote healthy communities. TACFL serves Ontario, Seneca, Wayne and Yates counties in New York State. The Coalition is funded by the New York State Department of Health Tobacco Control Program. TACFL staff and members engage community leaders and the public in policy development to reduce the harm of tobacco at the local level; negotiate with local stakeholders to adopt policies that will restrict the tobacco industry presence, and work with policy makers to de-normalize tobacco use and eliminate exposure to secondhand smoke.

The Coalition has pursued an increasing number of methods to bring this critical health message to the public. Programs have been developed and implemented for youth from pre-school through college, and for adults in community, health, and work sites. In addition to public education, the Coalition has both developed and supported programs designed to assist with the cessation of use of tobacco products and worked to encourage changes in public policy that promote an improved quality of health in our community.

In the Seneca County Community Health Assessment Survey respondents ranked underage drinking, drug abuse and alcohol abuse as one of the top three issues of concern in the County. Smoking/tobacco use and second hand smoke also made the top ten. Our second chosen priority, to prevent substance abuse and other mental, emotional, and behavioral disorders, and our chosen disparity, to reduce tobacco use among individuals with a mental health diagnosis or substance abuse problem will address these concerns. Alcohol related motor vehicle injuries and deaths are in the second quartile for the County compared to NYS rates. Preventing underage drinking and reducing permissive adult attitudes regarding the consumption of alcohol by minors is a top priority for the Seneca County Substance Abuse Coalition. The Seneca County Health Department and members of the Seneca Health Solutions Team are working collaboratively to address the use, abuse of alcohol, tobacco and other drugs in Seneca County. Many of the SCSAC's goals and objectives are outlined in our Community Health Improvement Plan's activities.

Tobacco, Alcohol and Other Substance Abuse Indicators - Seneca County-2009-2011

Indicator	3 Year Total	County Rate	NYS Rate	<u>Sig.Dif.</u>	NYS Rate exc NYC	<u>Sig.Dif.</u>	<u>County Ranking Group</u>
Drug-related hospitalization rate per 10,000							
Crude	104	10.0	26.1	Yes	21.0	Yes	1st
Age-adjusted	104	10.2	26.1	Yes	21.8	Yes	1st
Newborn drug-related hospitalization rate per 10,000 newborn discharges	5	56.2*	72.6	No	89.6	No	2nd
Alcohol related motor vehicle injuries and deaths per 100,000	48	45.9	34.8	No	47.8	No	2nd
Age-adjusted % of adults who smoke cigarettes (2008-2009)	N/A	24.3	17.0	Yes	18.9	No	3rd
Age-adjusted % of adults living in homes where smoking is prohibited (2008-2009)	N/A	74.2	80.9	No	79.3	No	3rd
Age-adjusted % of adults who binge drink (2008-2009)	N/A	14.4	18.1	No	19.8	No	1st



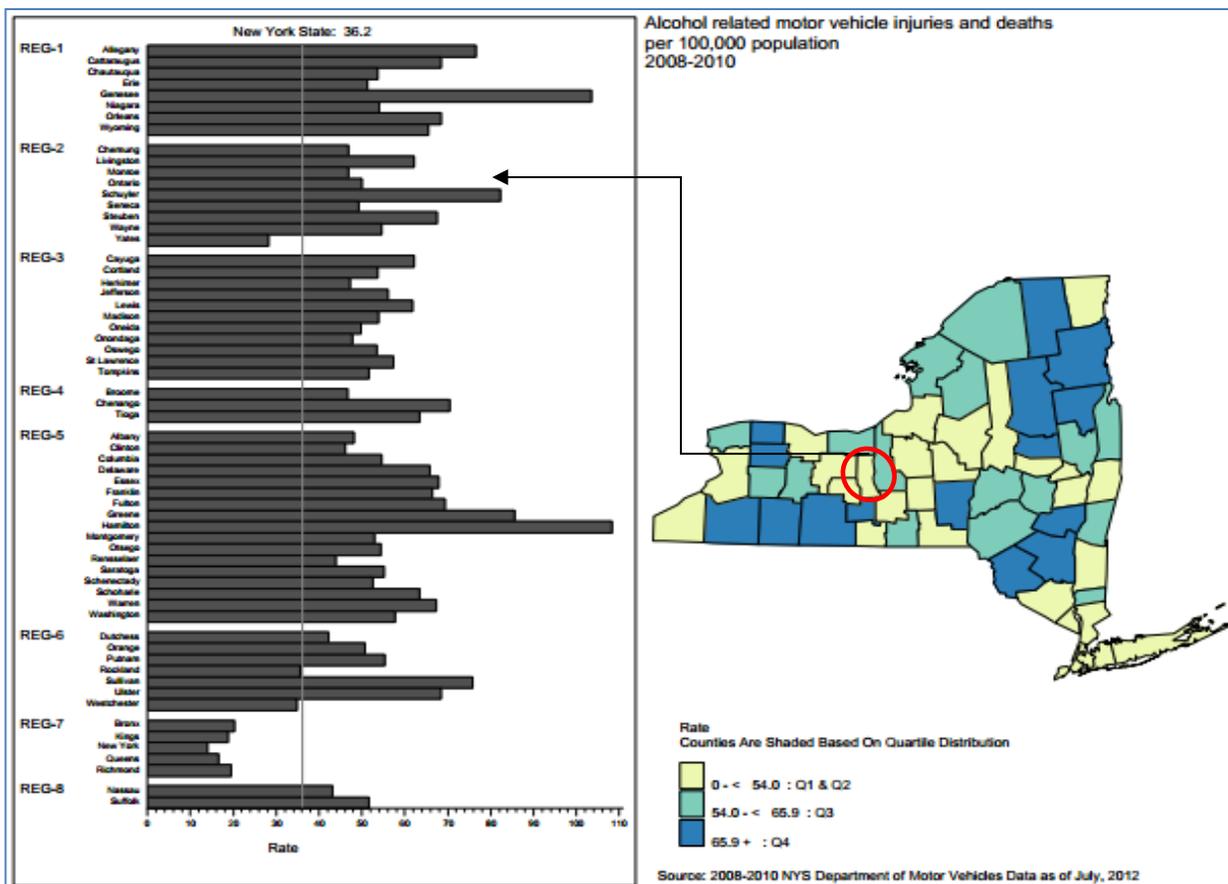
Please take a few moments to click on those boxes that you think are issues with the most important needs facing you and Seneca County today.

Answer Options	Problem for YOU	Problem for Seneca County	Don't know or unsure	Response Count	Seneca Co.	NYS
Underage drinking	1%	78%	22%	347		
Drug abuse/abuse of prescription drugs or illegal drugs	1%	77%	22%	348		
Alcohol abuse	3%	71%	27%	349	14.4%	18.1%
Poor nutrition (unhealthy eating)	12%	70%	22%	342	71.8%	72.9%
Behavioral Problems in Children	6%	70%	26%	348		
Lack of physical activity	25%	67%	15%	347	24.3%	23.7%
Smoking / tobacco use	9%	67%	26%	350	24.3%	17.0%
Cancer	8%	64%	31%	346		
Depression / other mental illnesses	13%	62%	27%	353		
Second hand smoke	8%	57%	38%	341	25.8%	19.1%

A total of 17.4% of survey respondents reported binge drinking in the last 30 days. This is higher than the EBRFSS data, below. Also, according to the Expanded Behavioral Risk Factor Surveillance Survey (EBRFSS) the rate of heavy drinkers in the County is 4.6% compared to the NYS rate of 5%. Our survey responses ([Attachment A](#)) indicated a problem much greater than that.

How many times in the last 30 days did you have more than 5 drinks (if a man) or 4 drinks (if a women) on one occasion?				
Answer Options	Response Percent	Response Count	Binge Drinkers DOH Seneca Co.	Binge Drinkers DOH NYS
None	82.6%	213	14.4%	18.1%
Once	7.8%	20		
Twice	3.1%	8		
3 or 4	3.9%	10		
4 or more	2.7%	7		
Total Respondents	258			

New York State Dept. of Health maps illustrate alcohol-related motor Vehicle injuries and deaths per 100,000 population for 2008 - 2010.



County Health Ranking

The Robert Wood Johnson Foundation in collaboration with the University of Wisconsin Population Health Institute issues the *County Health Rankings & Roadmaps* annually. The *County Health Rankings* look at a variety of measures that affect health such as the rate of people dying before age 75, high school graduation rates, unemployment, limited access to healthy foods, air and water quality, income, and rates of smoking, obesity and teen births. Seneca County is ranked 23rd in overall health outcomes in NYS. With this assessment and implementation of the Community Health Improvement Plan in partnership with The Seneca Health Solutions Team our ranking should improve even further.

County Health Rankings	Seneca County	Error Margin	New York	National Benchmark*	Trend	Rank (of 62)
Health Outcomes						23
Mortality						20
Premature death	5,681	4,788-6,574	5,650	5,317		
Morbidity						32
Poor or fair health			15%	10%		
Poor physical health days	4.8	3.2-6.5	3.5	2.6		
Poor mental health days	4.7	2.3-7.2	3.4	2.3		
Low birthweight	5.9%	5.0-6.8%	8.2%	6.0%		
Health Factors						43
Health Behaviors						53
Adult smoking	25%	16-36%	18%	13%		
Adult obesity	31%	25-38%	25%	25%		
Physical inactivity	32%	25-40%	25%	21%		
Excessive drinking	12%	7-21%	17%	7%		
Motor vehicle crash death rate	14	10-19	7	10		
Sexually transmitted infections	218		516	92		
Teen birth rate	27	23-31	25	21		
Clinical Care						34
Uninsured	13%	12-15%	14%	11%		
Primary care physicians**	4,401:1		1,222:1	1,067:1		
Dentists**	5,431:1		1,414:1	1,516:1		
Preventable hospital stays	67	58-76	66	47		
Diabetic screening	90%	79-100%	85%	90%		
Mammography screening	73%	59-86%	66%	73%		
Social & Economic Factors						27
High school graduation**	79%		77%			
Some college	53%	48-57%	64%	70%		
Unemployment	7.7%		8.2%	5.0%		
Children in poverty	21%	16-26%	23%	14%		
Inadequate social support		24%	14%			
Children in single-parent	33%	28-39%	34%	20%		
Violent crime rate	142		391	66		
Physical Environment						39
Daily fine particulate matter	11.3	11.1-11.5	10.9	8.8		
Drinking water safety	5%		4%	0%		
Access to recreational facilities	0		11	16		
Limited access to healthy	2%		2%	1%		
Fast food restaurants	43%		45%	27%		

* 90th percentile, i.e., only 10% are better.

** Data should not be compared with prior years due to changes in definition.

Health Challenges

There are many issues that affect the quality of health care in a rural county such as Seneca. Factors such as lower income levels, greater number of uninsured, poorer health, high prevalence of chronic conditions, lack of access to health care services, lower educational levels, and a lack of transportation can have a negative impact on health outcomes.

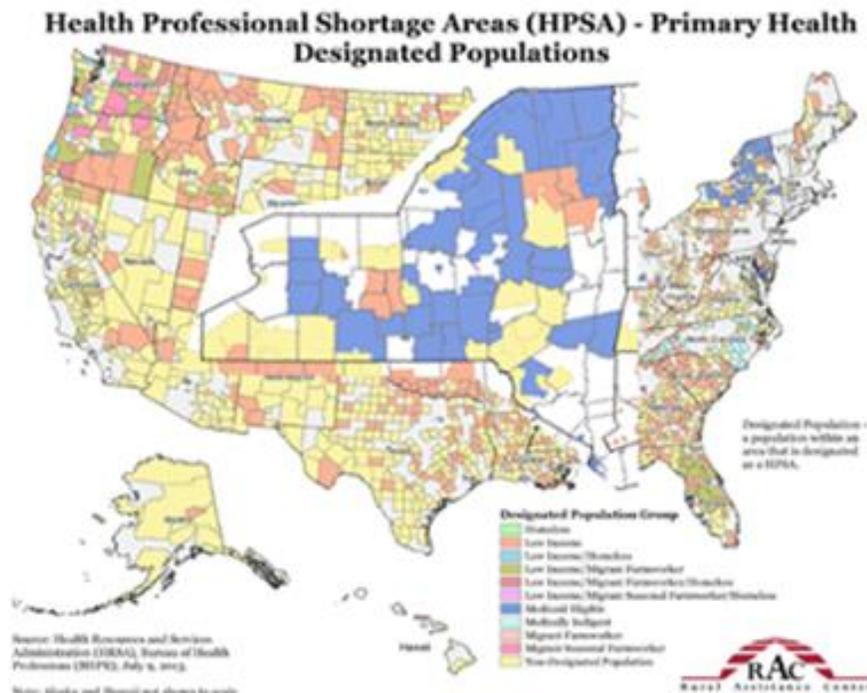
Risk Factors

Behavioral, environmental and socioeconomic factors all affect health outcomes. According to the CDC, scientists generally recognize five determinants of health of a population:

- Biology and genetics. Examples: sex and age
- Individual behavior. Examples: alcohol use, injection drug use (needles), unprotected sex, and smoking
- Social environment. Examples: discrimination, income, and gender
- Physical environment. Examples: where a person lives and crowding conditions
- Health services. Examples: Access to quality health care and having or not having health insurance^[1]

The Seneca Health Solutions Team will work to address these factors as they undertake activities designed to improve our identified health priorities. The sub-groups for these risk factors include those with lower-income, a lower level of education and those that are socially isolated, as well as those with genetic predispositions for chronic disease, and those with a mental emotional behavioral diagnosis and/or alcohol/substance abuse problem.

The County is a Health Professional Shortage Area (HPSA) for primary care for low income populations, dental HPSA for the Five Points Correctional Facility and mental health HPSA for Five Points and the Medicaid-eligible population in Seneca County.



^[1] CDC, Social Determinants of Health <http://www.cdc.gov/socialdeterminants/Definitions.html>

The lack of access to primary care results in poor health outcome. Prevention, early detection, early treatment and referral to other needed services ease the effects of long-term chronic conditions. In Seneca County, socioeconomic conditions limit access to health care as well as the limited availability of services within county borders. There is no hospital and a lack of specialty providers within the county, limits access for those without private transportation and due to limited public transportation. For the most part however, services are available, if cost, behavioral and transportation barriers do not preclude access. A large barrier to Seneca County residents is the absence of a hospital within the county. Residents must utilize hospitals in the adjacent counties including those located in Ontario, Wayne, Tompkins, Schuyler, Yates and Cayuga Counties. The majority of hospitalization for Seneca County residents occurs in Geneva General Hospital.



In May 2013, Geneva General Hospital, due to a lack of medical providers, ceased to deliver babies at their facility. Subsequently, many Seneca County residents are now delivering their babies at Newark Wayne Hospital in Wayne County or FF Thompson Hospital in Ontario County.

Physical – As stated in the demographic section Seneca County has a population of 35,305 in 330 square miles with a population density of 107 people per sq. mile. Seneca County is sandwiched between Seneca and Cayuga Lakes leading to social isolation. Social service agencies are located in the northern part of the county with limited access in the southern part of the county. This poses a challenge for residents who must travel from one end of the county to the other to access services. This is a significant burden when primary transportation is an issue. The ability to access health care, especially for the uninsured, non-Medicaid population with limited financial resources; and for the elderly who face barriers in driving longer distances presents a physical barriers some find difficult to overcome. Additionally, with older housing stock, indoor air quality issues, long winters with limited opportunities for indoor physical activity, the physical environment is a major consideration.

Legal – Real health care reform cannot occur without policy change. With the current changes occurring due to the Affordable Care Act universal health care coverage is anticipated to take effect in 2014. All residents of the country will be able to seek health care. The Amish and Mennonite populations are exempted from penalties associated with not obtaining health insurance. The challenge will be to help our residents understand this complex system. Legal issues are also a concern for our migrant population who defer health care until an emergency occurs for fear of the legal repercussions. Ongoing land claim issues between the County and the Native American Indian Tribes results in financial hardship to municipalities and schools. The lack of property and school tax revenues has had a substantial impact on the tax payers of Seneca County.

Social - Behavioral risk factors and social determinants impact Seneca County residents' health. Key social determinants for our residents include; low-income, lower educational levels, higher proportion of elderly residents, lack of transportation and social isolation. Social isolation experienced by rural residents may lead to alcohol abuse, and higher rates of depression or poor mental health than their urban counterparts. Cultural acceptance of tobacco and alcohol use is also a risk factor, and proximity to cheaper and un-taxed cigarettes

from the nearby American Indian reservation may enhance this proclivity. Lack of access to dental care and the lack of a fluoridated water supply are additional risk factors. Recent studies have also shown that urban residents may lead less of a sedentary lifestyle than do rural (non-farming) or suburban residents, due to spending more time walking to various destinations than is feasible in rural areas.

Economic – The economic factors affecting the health of our residents, as previously stated in the demographics poverty section, are well documented. Living in poverty is associated with lower health status, an increased risk of having inadequate health insurance, and lower use of health services. The annual median household income in Seneca County is \$47,266 which is 17.8% below the NYS median household income of 56,951. More tellingly, per capita income in Seneca County is \$21,980 almost 31% below the NYS average of \$31,796. Among Seneca County residents 11.7% had incomes below the poverty level compared to the NYS average of 14.5%.

Lack of education is a determining factor of economic stability and also associated with a lower health status and a greater likelihood of not seeking health care, especially preventive services. According to the US Census Bureau Quick Facts, Seneca County has a lower percentage high school graduates at 83.0% compared to the NYS average of 84.6%. Additionally, 43.6% fewer Seneca County residents over the age of 25 have a Bachelor's degree or higher, well below the NYS average of persons with a Bachelor's degree at just 18.3% compared to the state average of 32.5%.

Other Health Related Components of the Environment

Seneca County Public Health participates in ongoing efforts to increase and strengthen collaborations with local and regional coalitions, partnerships, and networks to enhance, coordinate, and provide health care services to County residents. In addition to the Seneca Health Solutions Team members involved in the community health assessment process a list of existing partners and collaborations can be found in the appendix.

We continue to collaborate with state and local officials and organizations in an effort to reduce the high costs of Early Intervention programs and at the same time provide quality service to the children who need the service. We conduct weekly surveillance of Seneca County school systems, childcare centers, long-term care facilities, veterinarian offices and local medical providers to monitor for disease outbreaks and assess community trends. We assist school districts on an "as needed" basis to provide up-to-date health education/information for a variety of topics encountered in the public school systems (such as lice, bed bugs, MRSA).

Additional challenges faced by Public Health include:

- State and local budget cuts effecting health care and government at local level, PH programs may be cut or eliminated.
- Increase in unemployment is reducing funds available for health related items (healthy food choices, memberships to health clubs, etc.) ability to get health related services and/or pay for health insurance and prescriptions
 - The New York State Dept. of Labor reported the unemployment rate in Seneca County was 6.2% compared to the NYS rate of 7.6%.
- Hospitalists pose unique challenges for the smooth transition from inpatient stays to care in the home (i.e. obtaining physician's orders; medication management). This is especially challenging for Seneca County given the lack of a hospital within County borders.
- Inability to attract and retain medical providers and specialty care
- Regulatory changes, increased immunization costs and complicated immunization schedules is beginning to deter provider participation in Adult and children immunizations
- Smoking:
 - Inability to collect tax revenue from cigarettes sold by Native American business owners
 - The lack of funding to support cessation services including the purchase of nicotine replacement therapy for residents

- The high prevalence of cigarette smoking among adults who report poor mental health (Health Disparity Identified)
- Access to high-quality, continuous primary care and treatment services
- Lack of Dental Providers accepting Medicaid for payment. The recent opening of the FQHC in Ovid offering lower cost and Medicaid reimbursable dental care should improve access and utilization of preventative dental services
- Transportation in rural areas, lack of knowledge about how to navigate the health care system, lack of insurance and perceived confidentiality issues are also some of the factors that may keep people from appropriately accessing care.

Personal barriers in access to care include:

- Personal value and behavior systems on the part of some county residents (particularly older residents) who refuse to take advantage of eligibility-based programs (such as Medicaid and Food Stamps) because they consider it a “hand-out”
- Personal belief and behavior systems held by the Amish/Mennonite population in Seneca County may inhibit their access to care
- Lack of a private vehicle for transportation
- Lack of education and personal experience regarding the value of and need for primary and preventive care. This can include feelings of intimidation that some residents may experience in the presence of health professionals, leading both to avoidance of care and lack of empowerment in managing relevant aspects of their own healthcare, along with health literacy issues. For too many residents, emergency room care may be the only type of care accessed. Seneca County is fortunate in that Finger Lakes Health recently opened an urgent care center in Waterloo. Residents in the south end of the county are also excited about the recent opening of a new comprehensive Federally Qualified Health Center in Ovid, which will ultimately provide access to dental health, behavioral health services as well as primary care, and access to specialty services through telehealth.

According to the BRFSS Report (2008-2009) an estimated 19.0% of Seneca County adults lack health insurance, a very significant barrier. This percentage is expected to drop as another phase of the Affordable Care Act is implemented with the advent of the New York State of Health Marketplace.

NY State of Health is an organized marketplace designed to help people shop for and enroll in health insurance coverage. Individuals, families and small businesses will be able to use the Marketplace to help them compare insurance options, calculate costs and select coverage online, in-person, over the phone or by mail. The Marketplace will help people to check their eligibility for health care programs like Medicaid and sign up for these programs if they are eligible. The Marketplace will also be able to tell what type of financial assistance is available to applicants to help them afford health insurance purchased through the Marketplace. Insurance coverage can be purchased through NY State of Health beginning in October 1, 2013 and can be effective starting January 1, 2014.^[2]

Seneca County has assistance available to help residents enroll in this new system including the S2AY Rural Health Network, Cayuga/Seneca Community Action Agency, Inc. and the newly opened Ovid Community Health Center. Public Health is a partner of S2AY and will work closely with these organizations to ensure residents better understand and enroll in a health insurance plan.

Seneca County has a limited number of media outlets in the County. Advances in technology offer additional challenges and opportunities for public health to explore novel ways to reach our residents. Traditional methods of health promotion such as through print ads and articles in newspapers and television and radio spots are not as effective as they once were. Residents now have endless cable television channel choices, satellite radio

^[2] NYSOH, What is NY State of Health? <http://www.healthbenefitexchange.ny.gov/WhatIsNYSOH>

stations to choose from, vast internet options, and a wide array of apps to select from on their smart phones and devices. Public health must have the ability to utilize the new avenues offered through social media such as Facebook and Twitter to reach their residents. Technology presents another barrier as many residents reside in rural, sparsely populated areas of the County that do not have cell phone or internet access. For many of those that do have access to new technology the internet presents new hurdles as they have limited computer skills and/or literacy levels. The internet can be extremely frustrating, stressful and overwhelming especially for older residents. Disparities in access to health information, services, and technology can result in lower usage rates of preventive services, less knowledge of chronic disease management, higher rates of hospitalization, and poorer reported health status.^[1] Seneca County Public Health will take steps to address this. The challenge will be how to make the best use of these new tools.

These and other barriers pose opportunity for improvements in the public health delivery system. Promising initiatives such as the New York Medicaid Redesign, the Centers for Medicare and Medicaid Services Triple Aim, the Affordable Care Act, New York State of Health and Patient Centered Medical Homes should be held to address access to care issues.

Policy development is having a positive impact on improving health in Seneca County. The Clean Indoor Act, passed ten years ago, continues to improve the overall environment and reduce exposure to second hand smoke. Many businesses are implementing smoke-free policies. Seneca County passed a law in October of 2011 banning smoking on all county owned and leased properties. A Social Host Law to prevent underage drinking is also in the works.

The Socio-Economic Status and General Health Indicators from 2008-2010 state 11.7% of Seneca County residents live in poverty. This restricts basic needs such as heat, food, adequate shelter, medical and prescription care. As stated in the earlier [housing section](#), much of the housing in Seneca County is old and in need of repair. 14.9% of the housing in the County is mobile homes. 38.1% was built before 1990 and only 13.8% has been built since 1990. Inadequate housing can impact health outcomes.

The Seneca County Health Department will work with The Seneca Health Solutions Team and other community partners to implement the [Community Health Improvement Plan](#) (CHIP). This CHIP provides a road map to address the county's most pressing priorities of combating obesity and preventing substance abuse and MEBs in the County through the promotion of environmental and policy changes within the community that will improve the local health care environment. The CHIP calls for partnerships with worksites, community organizations and schools to assist in the development and implementation of environmental and policy changes to reduce obesity and overweight, and improve health. This will include such things as: promoting sugar sweetened beverage policies, developing resource guides of opportunities for physical activity, work with worksites to develop worksite wellness programs that encourage increased physical activity like directing workers to the stairs; eliminating vending machines with unhealthy choices at various locations (schools, businesses and community); working with the Regional Economic Development Council to consider physical activity enhancements and impediments in their development projects; and providing resource links on electronic medical records.

Seneca County Health Department will work with The Seneca Health Solutions Team to implement the strategies identified in efforts to facilitate healthier outcomes for Seneca County residents. Progress will be monitored by the Health Solutions Team. NYSDOH will track progress according to a set of state level tracking indicators which includes baseline data and the 2017 targets for the various indicators as outlined in the Prevention Agenda. Indicators can be found in [Attachment E](#).

^[1] Healthy People 2020 <http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=18>

The County Health Rankings measure a variety of factors that determine health outcomes. As illustrated in the chart below, Seneca County's health ranking is 23 out of 62.

Comparison of New York State and S2AY Rural Health Network Counties

Measure	New York	Ontario	Schuyler	Seneca	Steuben	Wayne	Yates
Health Outcomes		11	29	23	44	46	6
Mortality		23	35	20	43	36	17
Premature death	5,650	5,719	6,025	5,681	6,255	6,047	5,485
Morbidity		3	25	32	41	59	2
Poor or fair health	15%	8%	16%		16%	19%	
Poor physical health days	3.5	2.9		4.8	4.1	5.6	2.5
Poor mental health days	3.4	3.2	4.0	4.7	4.1	4.6	2.5
Low birthweight	8.2%	6.4%	6.5%	5.9%	7.1%	6.9%	5.3%
Health Factors		7	35	43	52	38	16
Health Behaviors		10	35	53	57	46	18
Adult smoking	18%	18%		25%	28%	23%	
Adult obesity	25%	27%	28%	31%	31%	30%	25%
Physical inactivity	25%	20%	30%	32%	26%	24%	27%
Excessive drinking	17%	17%		12%	17%	14%	17%
Motor vehicle crash death rate	7	9		14	14	12	11
Sexually transmitted infections	516	208	115	218	208	306	185
Teen birth rate	25	19	29	27	28	32	19
Clinical Care		19	57	34	39	42	21
Uninsured	14%	11%	13%	13%	13%	12%	15%
Primary care physicians	1,222:1	1,242:1	1,667:1	4,401:1	1,706:1	3,025:1	1,812:1
Dentists	1,414:1	2,102:1	4,673:1	5,431:1	2,957:1	2,440:1	3,332:1
Preventable hospital stays	66	72	103	67	81	83	51
Diabetic screening	85%	86%	84%	90%	87%	87%	86%
Mammography screening	66%	71%	69%	73%	71%	69%	77%
Social & Economic Factors		6	24	27	51	26	21
High school graduation	77%	87%	73%	79%	84%	83%	83%
Some college	64%	70%	56%	53%	59%	59%	43%
Unemployment	8.2%	7.2%	7.8%	7.7%	9.4%	8.1%	6.9%
Children in poverty	23%	15%	23%	21%	28%	21%	24%
Inadequate social support	24%	19%	17%		24%	25%	
Children in single-parent	34%	28%	22%	33%	32%	31%	23%
Violent crime rate	391	118	77	142	159	178	59
Physical Environment		36	11	39	34	53	6
Daily fine particulate matter	10.9	11.5	11.4	11.3	11.8	11.3	11.5
Drinking water safety	4%	15%	0%	5%	0%	16%	1%
Access to recreational facilities	11	14	5	0	6	5	12
Limited access to healthy foods	2%	3%	2%	2%	4%	3%	0%
Fast food restaurants	45%	49%	28%	43%	37%	50%	30%

Source: <http://www.countyhealthrankings.org/app/#/new-york/2013/compare-counties/097>

Assets and Resources

Public Health

Seneca County Public Health is a full service County Health Department governed by a Board of Health. Oversight for the Agency is provided by the Board of Health, the Public Health's Health Advisory Committee, the County Manager, and the Seneca County Board of Supervisors. The Medical Director provides physician support for services provided. The department also has several other advisory groups for oversight of specific programs including the Local Early Intervention Coordinating Council (LEICC) for Seneca County Early Intervention Services and the Health Advisory Committee for the entire Agency. Seneca County Public Health is a valuable resource for residents. A brief synopsis of programs is provided below.

Staffing and Skill Level

The Director of Public Health, Vickie Swinehart, RN, MS, has been in the public health care field for over 20 years. She has a broad knowledge of the community and of public health, along with excellent management and supervisory experience. Her staff's education and experience make them well qualified for their positions.

Adequacy and Deployment of Resources

Reductions in grant funding have had a negative impact on Public Health Agencies. Counties are charged with providing basic essential services, but have struggled since the adoption of the NYS imposed property tax levy cap and the addition of unfunded mandates. Medicaid costs continue to rise and local governments struggle to balance budgets and look to the State for mandate relief.

Programs

Health Education

NYSDOH regulation 10NYCRR40-2.141 requires local health departments to develop and implement health education programs and services. Regulations also require municipalities to employ a full time public health educator to provide and/or coordinate public health education programs. Health education programs and services focus on changing knowledge, attitudes and health-related behaviors of Seneca County residents. Health education priorities are established through an assessment of community residents' behaviors and various health-related risk indicators. A variety of methodologies are used to implement health education programs and services in Seneca County such as social marketing, risk communication, direct advertising, topic and target group specific workshops, presentations, trainings as well as coordination of health planning. Programs and services are offered to residents of all ages. Topics included in the Seneca County Health Education plan include but are not limited to injury prevention, chronic disease, communicable disease prevention, Lead Poisoning Prevention, dental health promotion, tobacco control, and family health.

Medical Examiner

Seneca County has the coroner system in place. The County has contracts with Monroe County and Onondaga County to provide this service.

Laboratories

For many highly contagious diseases the only suitable laboratory must have a Level IV security rating. Wadsworth Laboratories operated by NYS Department of Health and affiliated regional laboratories in Erie and Westchester Counties are the only laboratories publicly available for handling Level III and IV specimens. Seneca continues with surveillance of communicable diseases as appropriate through the NYSDOH Communicable Reporting System for unusual diseases or clusters of disease that may indicate bioterrorism activity or emergence of a new trend. When appropriate, we will work with NYSDOH to investigate and report issues as they arise and for recommendations on sampling protocols, analyzing environmental samples, and proper handling and transporting of samples going to the laboratory. Depending on the specimen, different

laboratory levels for isolation and containment are required. Specimens will be handled according to law enforcement "chain of custody" procedures.

Child Find

The purpose of the Child Find Initiative for Early Intervention is to identify potential Early Intervention children and at-risk children. This may include facilitating access for a developmental screening and assistance seeking out a primary health care provider and health insurance if in need. Referrals for high risk children come from a variety of resources such as parents, physicians, head start programs, daycare providers, healthcare agencies and hospitals. The process starts with an initial contact to the health department's EIP. All referrals are made with the consent of the parent. The Public Health RN will provide case management for each child based upon their individual need. This may include a direct referral to the EIP for a full Multi-Disciplinary Evaluation (MDE) or follow up monthly contacts in person or by phone providing education, specifically developmental milestones and typical growth and development. The parent may opt out of the program at any time.

Early Intervention (Birth to age 3)

The Early Intervention Program is a statewide program that provides many different services to infants and toddlers with a disability or developmental delay and their families. In New York State, the Department of Health is the lead agency responsible for the Early Intervention Program. Children suspected of having a significant delay in development are potential candidates for this program, with referrals made from parents, physicians, and other professionals to Seneca County Public Health. Early Intervention Service Coordinators provide support and advocacy to families of qualifying children. The Local Early Intervention Coordinating Council (LEICC)/S2AY Network Regional Early Childhood Coalition meets regularly throughout the year. These meetings address issues faced by parents, providers, municipalities and CPSE representatives in the following priority areas:

Preschool Program (age 3-5)

The Preschool Special Education Program is a statewide program which is managed by the New York State Education Department (SED), Office of Vocational and Educational Services for Individuals with Disabilities (VESID) with school districts, municipalities, approved providers, and parents. This program provides evaluations and specially planned individual or group instructional services or programs to eligible children who have a disability that affects their learning. Funding for these services is provided by the municipalities and the state. Children who received Early Intervention services up to age 3, and who may continue to need special services, can be referred to the Committee on Preschool Special Education (CPSE) with the assistance of their EI service coordinator. Pre-school age children (3-5) who have not received Early Intervention services, but have some delays in development, can be referred to the CPSE by parents.

Children with Special Health Care Needs (CSHCN)/Physically Handicapped Children's Program (PHCP)

The definition of Children with Special Health Care Needs as stated in the New York State Department of Health CSHCN Program data dictionary: are those children (age 0- 21) who have or are suspected of having a serious or chronic physical or developmental delay and who also require health and related services of a type or amount beyond that required by children generally. Assistance is provided to families by referring them to the appropriate health services and/or community resources.

Some of these children were enrolled in the Physically Handicapped Children's Program (PHCP), which continues to provide financial funding for children, with severe chronic illnesses or physical disabilities, which live in Seneca County and meet certain medical and financial criteria. This funding source is to help parents meet medical expenses that are not covered by Medicaid, Child Health Plus, and private insurance, as well as providing help when families are without any type of coverage for a short period of time, while they are in the process of applying for Child Health Plus or Medicaid. Many of the children that are referred to the CSHCN Program only require assistance in accessing services offered by other agencies.

Childhood Lead Poisoning Prevention Program

The Seneca County Childhood Lead Poisoning Prevention Program is a case management program mandated by New York State Health Department. The program staff accepts referrals, completes data entry and reports and disseminates information to parents and guardians. The staff makes educational visits, makes referrals for environmental investigations, and follows up with primary care providers. We provide supervision and planning for the program. The Lead Program follows children up to age 18. Pregnant women with elevations are referred to the NYS Bureau of Occupational Health for follow-up and to the WIC Program as appropriate. Lead hazards are abated by the homeowner, with guidance and follow up completed by Seneca County Health Department Environmental Health Sanitarians.

MOMS Program

Seneca County Health Department does not provide direct maternal child health (MOMS) services. This program is provided through LifeTime Care for Seneca County residents. The purpose of the MOMS program is to help Seneca County families provide for optimal birth outcomes for mother and baby.

Public Health Emergency Planning

Seneca County consults with an Emergency Planner to carry out plan development, training and drills. The Emergency Planner, with the assistance of much of the Public Health staff, works to complete the New York State Department of Health "deliverables" for emergency planning. Public Health Emergency Planning has a broad scope with the emphasis on planning for *any* Public Health Emergency in coordination with other emergency response agencies such as law enforcement, the local hospital, Red Cross, Office of Emergency Management, EMS, and appropriate other groups. Seneca County participates in the Finger Lakes Public Health Alliance along with several other collaboration and outreach efforts to improve the surveillance and epidemiology activities within the region. The Public Health Emergency Preparedness Coordinator maintains a cadre of medical and non-medical volunteers who are available to assist in the event of an emergency or to participate in drills and exercises as necessary. Seneca County Public Health Staff assigned to Public Health Preparedness activities participates in the Regional Preparedness Health Care Coalitions and the Local Emergency Planning Council (LEPC).

Environmental Health Services

Seneca County Public Health is a full-service public health department. Environmental Health programs and services are provided by four full-time public health sanitarians. These programs include:

Rabies Program

We continue to maintain a high level maintenance program, remaining vigilant in our efforts to prevent the spread of this potentially fatal disease. Rabies is still considered to be 100% fatal and a significant public health threat. Exposures to bats, stray (feral) cats and dogs and animal bite complaints continue to be a leading factor in most of the rabies exposures. Our Public Health Sanitarians provide 24 hour, 7 day per week coverage for rabies emergencies and inquiries.

After hour coverage includes screening for exposures, retrieval of specimens for transport to a veterinarian, nuisance trapper/wildlife rehabilitation information, specimen submission, consultations with Emergency Room Physicians and veterinarians, and intake of animal incident /bite reports. The Public Health Sanitarians approve any post-exposure prophylaxis. Ten day confinements and six month quarantines are mandated by the state and monitored by the Public Health Sanitarians. Rabies clinics for domestic animals play an important part in Seneca County's Rabies Response Plan. Rabies vaccination is the single most important action that we can perform and promote in efforts to prevent rabies in our community. Rabies clinics are held quarterly in various locations throughout Seneca County.

Arbo-virus Program

This program encompasses West Nile Virus/ Lyme disease/ Tick Borne Diseases. West Nile Virus is enzootic throughout NYS. It is spread by infected mosquitoes and continues to affect mammals, including humans and

the wild bird population, primarily the Corvid family, including crows, ravens, and blue jays. Through previous surveillance efforts by this Agency, the presence of West Nile Virus has been established in Seneca County. Therefore, we no longer submit individual birds for testing. We will consider specimen submission if an unusually large number of dead birds is observed or if a human case of illness is identified. Passive surveillance of human disease is accomplished through our communicable disease program. There have been no cases of WNV reported in humans in Seneca County. Local Veterinarians have been asked to contact the local health unit with any suspected cases of WNV/Encephalitis or death in any of the mammals they see for further investigation. Updates from both the NYSDOH and the Wildlife Pathology Unit of the NYSDEC are provided to veterinarians as they become available. Lyme disease rates continue to increase yearly in Seneca County. Tick surveillance is conducted annually by the New York State Department of Health with Seneca County Public Health Sanitarians participating. Lyme disease prevention activities include assistance with tick identification, public education and outreach.

Other Environmental Health Programs offered include:

- Annual Household Hazardous Waste Collection Day
- Water Testing/Water Safety/Septic Systems
- Restaurant, Children's Camps, Campgrounds, Swimming Pools, Temporary Residences, Tanning Facilities and Mobile Home Park Inspections
- ATUPA (Tobacco Sales Compliance Checks)

Organizational Chart?

A Public Health System Assessment was completed as the second phase of the Community Health Assessment. Results are included as [Attachment B](#). Both the Public Health System and the Public Health Department were assessed. The Assessments were sent to key informants, and most responses were obtained from an on-line survey. Both Assessments were very favorable, although an analysis of the results infers that more education regarding the role and activities of the system and PH Department would be beneficial.

County Resources

Seneca County has a myriad of organizations available to help residents obtain services. In Seneca County we have 2-1-1/LIFE LINE that is a 24/7 crisis/suicide intervention program and Information & Referral (I&R) service serving Monroe, Wayne, Ontario, Livingston, Cayuga and Seneca Counties. They offer assistance and referrals for emergency food, shelter, clothing, crisis counseling, substance abuse issues, employment, financial and legal issues, physical and mental health needs, and more. Residents can dial 2-1-1 or 1-877-FLNY2-1-1 (1-877-356-9211), which is accessible 24 hours a day, seven days a week, including holidays, with Spanish-speaking tele-counselors and telephone translation services available. They can be found online at <http://211lifeline.org/>

Seneca County residents have access to a multitude of community resources such as those listed below. Seneca County also keeps a list on their website of available human services which can be found online at <http://www.co.seneca.ny.us/dpt-divhumserv-directory.php> Seneca County Division of Human Services maintains a directory which serves as a database listing agencies that provide emergency and non-emergency human services assistance to Seneca County residents. This is a simple searchable text listing containing no graphics. The directory is updated periodically.

County Resource Listing

[Advocacy Center](#) - Advocacy services for individuals with disabilities and their families.

[Agri-Business Child Development Center](#) - Early childhood program, available for migrants. Ages 8 wks. - 5 yrs.; nutritional meals, transportation, special services for children with disabilities. WIC services & Outreach services.

[AIDS Rochester](#) - Case management of people with HIV/AIDS and their families and friends. Educational programs for schools, churches, community groups, businesses and individuals.

[Alcoholics Anonymous](#) - Informational supportive meetings for alcoholics. Al-Anon meetings for a loved one of alcoholics. Al-A-Teen meetings for teenagers of alcoholics.

[Alcoholism Rehabilitation Program](#) - Inpatient 24 hour, medical, psychological, spiritual evaluation, and group therapy.

[Alzheimer's Disease and Related Disorders Association](#) - Information and referral, community education, caregiver education, support groups for families, advocacy, and research.

[American Cancer Society](#) - Can arrange for equipment loans, e.g., wheelchairs, hospital beds, medical supplies for those in need, literature, and videos for schools, professionals, clubs, organizations, and individuals, information and guidance pertaining to cancer, speakers for groups available upon request; FREE "Fresh Start" smoking cessation program available for groups or businesses.

[American Diabetes Association](#) - Information and referrals; patient, public, and professional education; support groups; material resources; minority initiative and cultural diversity outreach; summer camp for children with diabetes; speakers bureau; classes, workshops, and seminars.

[American Heart Association](#) - Heart at Work Program (employee wellness program). Literature Library (general public, patients, professionals). Professional education (seminar on heart disease). CPR Agency Training Center Program, Operation Heartbeat, and Operation Stroke.

[American Lung Association - Finger Lakes Chapter](#) - Education in all area of lung health including: asthma, smoking, chronic lung disease, tuberculosis, air pollution, indoor air quality and radon. Programs and training are offered through schools, businesses, hospitals and other community groups.

[American Red Cross - in the Finger Lakes](#) - We provide relief to victims of disaster and help people prevent and prepare for emergencies.

[Association for the Blind - Goodwill](#) -Low vision exams, rehab teaching, orientation and mobility, counseling, supported employment/job placement, children's services, elderly outreach, computer assessment/training, and recreation.

[Birthright of Canandaigua](#) - Assistance to women who need help in coping with problem pregnancies and are seeking an alternative to abortion.

[Brain Injury Association FACTS Program](#) - Family advocacy and advocacy training for persons with brain injuries and their families. Counseling and emotional support. Training services.

[Camp Good Days and Special Times](#) - Camping, and year-round support groups. The camp supports cancer kids, siblings, kids who have a parent with cancer, AIDS kids, and kids who have lost a family member to a violent crime.

[Care at Home Program](#) - Evaluate your child's needs and the appropriateness of home care services. Develop a plan of care for your child at home. Locate, arrange for and coordinate home and community services. Assess problems and develop solutions. Pay medical bills.

[Catholic Charities of the Diocese of Rochester, Inc / Finger Lakes Region](#) – Offering several community service programs throughout the county.

[Cayuga / Seneca Community Action Agency, Inc.](#) - Emergency food pantry, clothing closet, crisis intervention, homeless assistance, emergency transportation, information and referral, outreach, advocacy, TASA (see separate listing), at-risk youth case management contact Tonya Case, for ages 14-25, at risk of homelessness, dropping out of school, delinquency, etc.

[Cayuga Home for Children, Seneca County Family Resiliency](#) - To provide home-based preventive services in collaboration with Seneca County Division of Human Services and Seneca County Community Counseling Center. (SCDHS)-Programs include the Intensive Family Preservation Program, the Family Support Program, the Reunification Program, and Functional Family Therapy.

[Center for Dispute Settlement, Inc.](#) - Community program of mediation or arbitration as an alternative. Mediation and/or arbitration services for criminal, civil and small claims matters: i.e., neighbor disputes, personal, juvenal, consumer/merchant, and landlord/tenant.

[Child Abuse Reporting Service of NYS](#) - Central registry for all suspected child abuse and neglect calls. Once a call comes in to Albany, the specific county is contacted to do an investigation of the complaint.

[Child Health Plus Insurance](#) - Offers free or very low-cost health insurance for children within the State of New York.

[Child Health Plus/Family Health Plus/Medicaid Facilitated Enrollment](#) - Help people apply for public health insurance programs in locations throughout the community, a times convenient to them. Refer to other programs (Healthy NY, private insurance) when appropriate.

[Client Assistance Program](#) - CAP is a Statewide network of advocates available to assist New Yorkers with disabilities in gaining access to VESID and CBVH services. CAP advocates provide information support and strategies for negotiating VESID, CBVH, and related service systems.

[Clifton Springs Hospital and Clinic](#) - Inpatient 24 hour, medical, psychological, spiritual evaluation, and group therapy. A stay of up to 28 days. Follow-up of all patients is done up to two years and an aftercare group is required for all patients living within a fifty mile radius. This is for fifteen weeks following discharge. Detoxification when program is done.

[Commission for the Blind and Visually Handicapped](#) - Non-vocational rehabilitation services for children ages 0 - 21. Vocational rehabilitation services for persons who need to gain or maintain employment.

[Confidential Help for Alcohol and Drugs, Inc. \(CHAD\)](#) - Evaluation and treatment for persons who are dependent or abusing alcohol and/or other drugs. All services are clinic based. Treatment of family members of addicted individuals available. Services are also available to residents of Seneca County.

[Conifer Park Regional Office and the Liberty Health Care Group](#) - Adult, Adolescent and Family Services. Programs: Women's, Cocaine, Opiate/Heroin, Hispanic, Dual Focus, Sexual Identity, Adolescent, and African American issues, Health Care Professionals.

[Council on Alcoholism and Other Chemical Dependencies of the Finger Lakes](#) - Community-based Alcohol/Drug Abuse Prevention and Education Agency. Educational: Presentations, workshops and programs on alcohol/drug abuse to schools, youth groups, parent groups, agencies, businesses, and community action groups. Individual sessions and consultation services are also available.

[Cystic Fibrosis Center - University of Rochester](#) - Comprehensive care for children, adolescents and adults who have Cystic Fibrosis. Initial consultation and diagnosis, regular follow-up and management of medical problems related to Cystic Fibrosis, education of family and child about Cystic Fibrosis, emotional support, nutrition and counseling, genetic counseling, parent and patient groups.

[Cystic Fibrosis Foundation](#) - Provides information and educational materials regarding cystic fibrosis. Provides home health and pharmacy services through our national headquarters.

[East Hill Family Medical, Inc.](#) - Routine Gyn Services, Family Planning, and STI Testing.

[Elmira Psychiatric Center](#) - Age group: Children, Adolescents, Adults, (17 and a half to 65) Geriatrics

[Epilepsy Foundation](#) - Advocacy. Support services. Public education. Employment services. Information and referral.

[Family Counseling Service of the Finger Lakes](#) - Individual, Couple, Parent/Child, Adolescent, Family. Interfamilial Sexual Abuse Treatment Program; Employee Assistance Program; Domestic Violence/Safe Home Program (Ontario, Seneca, and Yates Counties). See Other Info for more.

[Finger Lakes Alcoholism Counseling and Referral Agency \(FLACRA\)](#) - Residential Halfway House and Supportive Living Apartments, Addictions Crisis Center.

[Finger Lakes Alcoholism Counseling and Referral Agency \(FLACRA\) Geneva Clinic](#) - Substance abuse treatment (teen outpatient services). Evaluations, individual, and group therapy, education for substance abusers and their families. Transportation provided for youth per assessed need with limitation per guidelines set by Agency.

[Finger Lakes Developmental Disabilities Service Office](#) - Support services for the developmentally disabled including residential, habilitative and family, institutional and community based residential settings. Programs for physical and occupational therapy, recreation habilitation and training for daily living skills.

[Finger Lakes Home Care, Inc.](#) - Private, not-for-profit home care agency licensed by NYS Department of Health. Provides nursing, home health aides, PCA's and companions. Affiliated with Finger Lakes Visiting Nurse Services.

[Finger Lakes Occupational Health Services \(FLOHS\)](#) - Provides services to people with work-related illness or injury.

[Finger Lakes Regional Poison Center](#) - 24 Hour toll free phone hotline provides emergency management of poisoning exposures and information regarding potential toxins.

[Finger Lakes United Cerebral Palsy - Happiness House](#) - Preschool (ages 3 - 5 years), Occupational Therapy, Physical, Itinerant Services, Speech Therapy, four weeks of Summer camp, Home care techniques, Special care devices, and a Parent-Infant program (September - August) for handicapped and high risk infants ages 0 - 2 years. Article 28 diagnostic treatment center.

[Finger Lakes Visiting Nurse Service](#) - Private, not-for-profit home care agency licensed by NYS Department of Health. Provides nursing, home health aides, PCA's and companions. Affiliated with Finger Lakes Visiting Nurse Services.

[Finger Lakes WIC](#) - Nutrition Counseling and Supplemental Food Checks.

[G.A.T.E. Anger Management Program](#) - Individual, group or couples sessions for men, women, and teens interested in improving lives and relationships through anger management techniques.

[Gavras Center \(E. John Gavras Center, Inc.\)](#) - Early Intervention, Special Education Preschool, Community Preschool, Hand Clinic, Speech/Language, Physical Therapy, Occupational Therapy, Orthopedic Clinic, and support Groups. Day Habilitation, Residential Habilitation, Medicaid service Coordination, and Universal Pre-K.

[Geneva General Hospital / Finger Lakes Health](#) - Acute care (inpatient), behavioral health / chemical dependency, diagnostics, emergency care, primary care centers, long term care, rehabilitation services, women's and children's health, and other various programs.

[Hannick Hall](#) - Residential drug treatment of 6 month duration, serving women and preschool children, Evaluation, Individual and group therapy, Housing, Child care, Parenting classes, Vocational counseling, Education, and GED instruction.

[Hearing and Speech Center of Rochester](#) - Provides evaluation and therapy for those who are handicapped by speech, language, and hearing problems. Mobile vans provide hearing evaluation services.

[Hillside Children's Center Service Integration/Intake](#) - Residential and community based group homes, PINS diversion, non secure detention, and special education. Emergency housing and crisis counseling, Adoption services, Day treatment, and therapeutic foster homes. Ontario County Respite Home, and the Ontario and Wayne Counties Youth Care Facility.

[House of Hope/Women in Need \(WIN\)](#) - Free and confidential weekly support groups for women in crisis, victims of domestic violence, individual consulting, and children's services. Provides advocacy and crisis intervention and access to safe home support, Emergency Services - household goods and clothing.

[Human Services Coalition of TC, Inc., Info and Referral Services](#) - Comprehensive information and referral
[Lakeview Mental Health - Outreach, Case Management, Housing, Club, and Residential.](#) Lakeview Mental Health Services, Inc. - Residential services include supervised, intensive supportive and supportive community residence programs which provide transitional instruction and support toward independent living. Community support services include case management, and intensive case management services. LIFE LINE (hotline) - Free, confidential, 24 hour telephone service offering: mental health crisis intervention and short term counseling on all topics; medical information and assistance; poison control assistance and information; human service information and referrals.

[Lifetime Care](#) - Coordination of Hospital type services, Home care for the terminally ill for patients in their own homes under the Home hospice program.

[March of Dimes](#) - Pamphlets, brochures, fact sheets, videos on healthy pregnancy habits as well as information on specific birth defects.

[Mary M. Gooley Hemophilia Center, Inc.](#) - Provides diagnostic, treatment, and supportive services to patients with hemophilia or other clotting deficiencies. Patients may be evaluated, transfused on an emergency, routine or prophylactic basis, and be given other treatments and other primary care.

[Meals on Wheels](#) - Seneca County Meals on Wheels are provided through the Office for the Aging and the SNAP meals are provided through the American Red Cross.

[Narcotics Anonymous](#) - World wide fellowship of men and women of all ages for whom drugs have become a major problem. Information Helpline provides an up-to-date listing of meetings in the Finger Lakes region.

[New York State Commission for the Blind and Visually Handicapped](#) - Non-vocational rehabilitation services for children age 0 - 21. Vocational rehabilitation services for persons who need to gain or maintain their employment.

[Oatka Center Satellite Home](#) - Residential Community Environment for troubled youth, individual, family, and group counseling, independent living program, and HIV/AIDS education program services. Tutoring and mentor services.

[Park-Ridge Chemical Dependencies](#) - Assessment and evaluation of adult and adolescent, adult and adolescent chemical abuse programs, adult and adolescent outpatient treatment programs, co-dependency/spouse group, woman's outpatient program, teen after school program, family programs, family intervention,

[Pregnancy Care Center](#) - A program designed to reach women who are experiencing crisis pregnancies.

[Rape and Abuse Crisis Service of the Finger Lakes](#) - Anyone who has been affected by a sexual assault or domestic violence; even adults who were abused as children.

[Regional Early Childhood Direction Center](#) - Support to community efforts in identifying service needs, Assistance in securing services such as SSI, preschool programs, therapy, and parent education programs.

[Rochester Epilepsy Organization](#) - Women and Epilepsy Initiative, Public Education, Information and Referral, Counseling and Support Groups, Family Support Services, Residential Programs, and Employment Services.

[Rochester Eye and Human Parts Bank, Inc.](#) - Recovers, preserves and distributes eyes, bone, heart valves, saphenous vein, skin and costal cartilage for transplant, medical education and research; maintains a donor pledge card registry for all organs and tissues, provides financial support research.

[Rushville Health Center](#) - Provides dental screenings and referrals as indicated in Seneca County schools.

[S.A.V. Coalition \(Seneca Against Violence\)](#) - Formed December 1995 to address issues of violence in Seneca County through three working committees: Child Abuse, Domestic Violence and Elder Abuse.

[Seneca - Ontario Community Services \(SOCS\)](#) - To provide ongoing psychiatric treatment and to assist adults disabled as a result of a mental illness to maximize their functioning and personal success and satisfaction in the living, learning, working, and social environment of their choice.

[Seneca Connections Drop-in Center](#) - The drop in center is a setting where recipients of mental health services, past and present, can simply stop by, either to take part in scheduled activities, to just relax and enjoy themselves, or to take part in planning center activities.

[Seneca County Addictions Program](#) - Evaluations, treatment planning, individual counseling, group counseling (men's, women's, awareness, and recovery groups), integration of services between alcohol and mental health clinics, as well as family therapy.

[Seneca County AIDS Task Force](#) - Prevention/Education, HIV/AIDS and related issues.

[Seneca County Community Services Board Advocate Program](#) - Assistance with the following: housing, finances, medical care, mental health treatment and counseling, childcare, transportation, and employment.

[Seneca County Division of Human Services](#) – Determine eligibility for food stamps, Medicaid, TANF. Preventive case management for adults and children at risk.

[Seneca County Health Department](#) – The Seneca County Health Department services are detailed throughout this report.

[TASA - Take A Step Ahead](#) - Case Management, advocacy, referrals, crisis intervention, goal planning, and outreach for pregnant teens.

[The Advocacy Center](#) - Information and referral, advocacy, and educational workshops.

[ValuMed Insurance](#) - Designed for people who cannot afford insurance on their own, cannot get health insurance through an employer, association or other group. Covers hospital, maternity, emergency care and other services not covered by Child Health Plus.

[Via Health of Wayne, Newark Campus, Myers Campus, Demay Living Center](#) - Provides a wide range of medical and surgical specialties and services including: Physician referral call 315-332-2400 or 1-800-724-1327 Adult Day Care, Rehabilitative services, DeMay Living Center, Mental health services, and Occupational health.

Availability of Hospitals

There are no hospitals located in Seneca County; residents must travel out of the county as described above.

Availability of Clinics

Seneca County Public Health continues to offer clinics. Numerous clinics were held throughout the County for various programs including flu, rabies, TST, immunization (child and adult) and TB clinics. Finger Lakes Health recently opened an urgent care center in Waterloo. Residents in the south end of the county are also excited about the recent opening of a new community health center by Finger Lakes Community Health (FLCH) in Ovid. As noted above, the clinic will ultimately offer comprehensive health services, including behavioral, dental and tele-health services for specialty care, a major improvement for access to care. This office will accept any patient who attends for services, regardless of insurance coverage on the day of arrival.

Other Clinic Service Providers

East Hill Family Medical and Ovid Community Health Center provide family planning services in Seneca County.

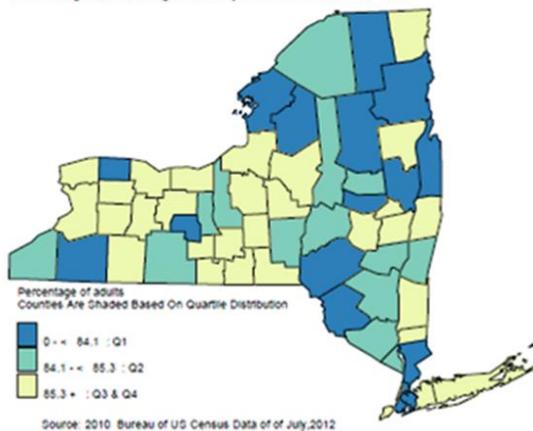
Availability of Private Providers

According to Sperlings "Best Places," Seneca County has a provider rate of 43 physicians per capita (per 100,000 persons), compared with the NYS average of 349 and the national average of 261. This is not surprising given our lack of a hospital in the County. County residents must travel outside the county for most services.

Dental Health Services

As stated earlier and shown again, below Oral Health Indicators demonstrate the need for dental health education and services in Seneca County. According to the survey, those who answered yes to "Have you been unable to get any type of health care service due to inability to pay?" 26.5% of the respondents had not been able to visit a dentist. Given the demographics of the respondents (better educated, higher incomes) the actual percentage is probably worse. Seneca County Public Health worked to increase and strengthen collaborations with coalitions, partnerships, and networks. SCPH participates in the S2AY Rural Health Network Dental Coalition. The group works on developing strategies to address the oral health needs of the region. The opening of the Ovid Community Health Center has generated enthusiasm as this will greatly increase access to dental health services for the Medicaid population as well as residents of southern Seneca County. Full dental services will be offered including X-Rays, composite fillings, routine extractions, root canals, and cleanings.

Percentage of adults ages 18-64 years with health insurance



Access to Health Care Providers/Health Insurance

According to the 2008-2009 EBRFSS, approximately 22.5% of Seneca County residents between the ages of 18 and 64 do not have health insurance, compared with 15.7% statewide. As illustrated in this map, Seneca County ranks in the 2nd quartile compared to the rest of the state for insured adults. This does not account for those who cannot get dental or vision care due to lack of ability to pay/insurance, which seems to be a much larger percent of the population. Studies have shown that most people who are uninsured or under-insured are employed. Seneca County looks forward to the effect the opening of the New York State of Health exchange and the impact it will have on our uninsured population. The exchange will help people shop for and enroll in health insurance coverage. Residents will be able to see what the various levels of coverage cost, what tax credits they are eligible for and

determine which option best suits their needs. Seneca County Public Health will make a special effort to ensure residents are connected to navigators in the New York State of Health Marketplace. Organizations that serve Seneca County are the S2AY Rural Health Network and Thompson Health. Additionally, navigators can be found at FQHC's. These organizations provide free, confidential, un-biased information on health insurance options and assist residents with enrollment. The S2AY Rural Health Network, www.s2aynetwork.org, can be reached at 607-962-8459 or to schedule an appointment call the 211 helpline, www.211helpline.org, at 2-1-1 or 1-800-346-2211.

Primary Care and Preventive Health Services Utilization

In Seneca County 51.0% of survey respondents felt that transportation to health care was an issue and 47.0% felt access to specialty care was a problem. Given the demographics of the survey participants, (male, better educated, higher incomes) it was no surprise that focus group participants, who were more representative of the lower income segment of the population, felt both of these issues were major problems. According to the 2008-2009 EBRFSS data, the percentage of county residents who indicated that cost prevented them from visiting a doctor within the past year was 6.6% compared to the State average of 13.7%. This is surprising given the income levels in the County. In our survey, 17.4% reported that they have been unable to get some type of health care service due to an inability to pay. The percentage of Seneca County residents who had received routine medical care over the last one and two years was somewhat lower than the State average.

Which services have you been unable to get? Check all that apply:		
Answer Options	Response Percent	Response Count
Doctor	11.3%	17
Does not apply	64.2%	97
Dentist	26.5%	40
Podiatrist (foot doctor)	6.0%	9
Prescriptions (medications)	15.9%	24
Total Respondents	151	

Have you been unable to get any type of health care service due to inability to pay?				
Answer Options	Response Percent	Response Count	EBRFSS Seneca Co.	EBRFSS NYS
Yes	17.4%	42	6.8%	13.8%
No	82.6%	199		
Total Respondents	241			

Other Collaborations

S2AY Rural Health Network

The S2AY Rural Health Network is a unique horizontal network comprised of the Public Health Departments of six (6) contiguous rural counties: Steuben, Schuyler, Seneca, Ontario, Wayne and Yates. Their board is made up of the public health directors from each of these counties along with a legislator, consumer and provider from each county. This network has been in existence since 1997 with Seneca County joining in 2002. In addition to the six current “member” counties, other counties are involved in specific projects, such as emergency planning and early childhood services, for a total of 11 project counties involved in Network activities.

S2AY’s mission is:

To integrate, promote and expand appropriate components of the public health service delivery system to improve health outcomes for all residents of the Network region.

Their objectives used to accomplish this mission are:

- Developing comprehensive cost-effective health care systems,
 - including dental care, that increase access to care and fill gaps in service delivery.
 - Increasing and strengthening cooperation through affiliation, coalitions or partnerships that enhance and coordinate the array of needed health care services.
 - Improving the financial viability of rural health care providers and the economic position of the local community.
 - Increasing community involvement and locally-generated, innovative solutions to health care system issues.
 - Increasing the number of health care personnel trained and practicing in rural communities.
 - Strengthening the accountability of local providers for improvements in key public health and/or health care outcomes in the communities they serve.

Network staff spearheaded the Community Health Assessment process in their six counties including Seneca County.

Seneca County Public Health is a member of several coalitions and committees that address the health of our residents. Public Health is always attempting to increase and strengthen collaborations with coalitions, partnerships, and networks to enhance, coordinate, and provide much needed health care services to County residents. In a rural county such as ours it is imperative that organizations work together to tackle the issues faced by the community. Some of the collaborations we are a part of include:

- Seneca County Substance Abuse Coalition
- Finger Lakes Regional Breastfeeding Coalition
- Seneca County Family Health and Wellness Committee
- STEPS Neighborhood Project
- Cancer Service Program
- Cornell Cooperative Extension Childhood Obesity Task Force
- Regional Early Childhood Coalition
- Regional Early Intervention Coordinating Council
- Finger Lakes Regional Perinatal Forum
- Tobacco Action Coalition of the Finger Lakes
- Finger Lakes Adult Immunization Coalition
- Finger Lakes STD/HIV Coalition
- Seneca County Partners for Youth and Children

- O-8 Committee
- Finger Lakes Coalition to Prevent Lead Poisoning
- Finger Lakes Health System Agency Board of Directors
- Finger Lakes Community Health Board of Directors
- Community Advisory Committee for Finger Lakes Health
- Seneca County Employee Wellness Committee
- Finger Lakes Public Health Alliance (Public Health Preparedness)
- Regional and sub-regional Finger Lakes Healthcare Coalitions (Public Health Preparedness)
- Finger Lakes Regional Planning Coalition
- Children with Special Healthcare needs Regional Coalition
- Finger Lakes HIV/AIDS Task Force
- Finger Lakes Dental Steering Committee

Process

Mobilizing for Action through Planning and Partnership

Led by the S2AY Rural Health Network, Seneca County Public Health Department along with Finger Lakes Health and community partners utilized the Mobilizing for Action through Planning and Partnership (MAPP) process to determine two priorities and a disparity from the 2013 – 2017 Prevention Agenda. The MAPP process is a strategic approach to community health improvement. This tool helps communities improve health and quality of life through community-wide strategic planning. Using MAPP, communities seek to achieve optimal health by identifying and using their resources wisely, taking into account their unique circumstances and needs, and forming effective partnerships for strategic action. The MAPP tool was developed by the National Association of County and City Health Officials (NACCHO) in cooperation with the Public Health Practice Program Office, Centers for Disease Control and Prevention (CDC). A work group comprised of local health officials, CDC representatives, community representatives, and academicians developed MAPP between 1997 and 2000. The vision for implementing MAPP is: *"Communities achieving improved health and quality of life by mobilizing partnerships and taking strategic action"*. The MAPP process encompasses several steps.

Organize for Success- Partner Development

The goal of this step is to bring together key partners and familiarize them with the MAPP process and determine key local questions. To accomplish this, the Seneca County Public Health Department invited participants from a wide range of the organizations throughout the county. Organizations that participated in the community health assessment process were:

- Seneca County Public Health Department
- Finger Lakes Health (Geneva General)
- Cornell Cooperative Extension
- Finger Lakes Community Health
- FLACRA
- NY Chiropractic College
- Seneca County Youth Bureau
- Wayne CAP
- Seneca County Office of the Aging
- Lifecare
- Seneca County DHS
- United Way
- House of Concern
- Seneca County Mental Health Department

- Seneca County Addictions Program
- Red Cross of the Finger Lakes
- Council on Alcoholism & Addictions of the Finger Lakes
- Finger Lakes WIC Program
- Tobacco Action Coalition of the Finger Lakes
- S2AY Rural Health Network
- Office of Emergency Management

The Seneca Health Solutions Team includes these organizations that are committed to improving the health of Seneca County residents. This group met periodically with key partners meeting more regularly as needed. The members of the Seneca County CHIP Collaborative have agreed to meet on a regular basis to ensure that the initiatives outlined in this plan are implemented, monitored and evaluated.

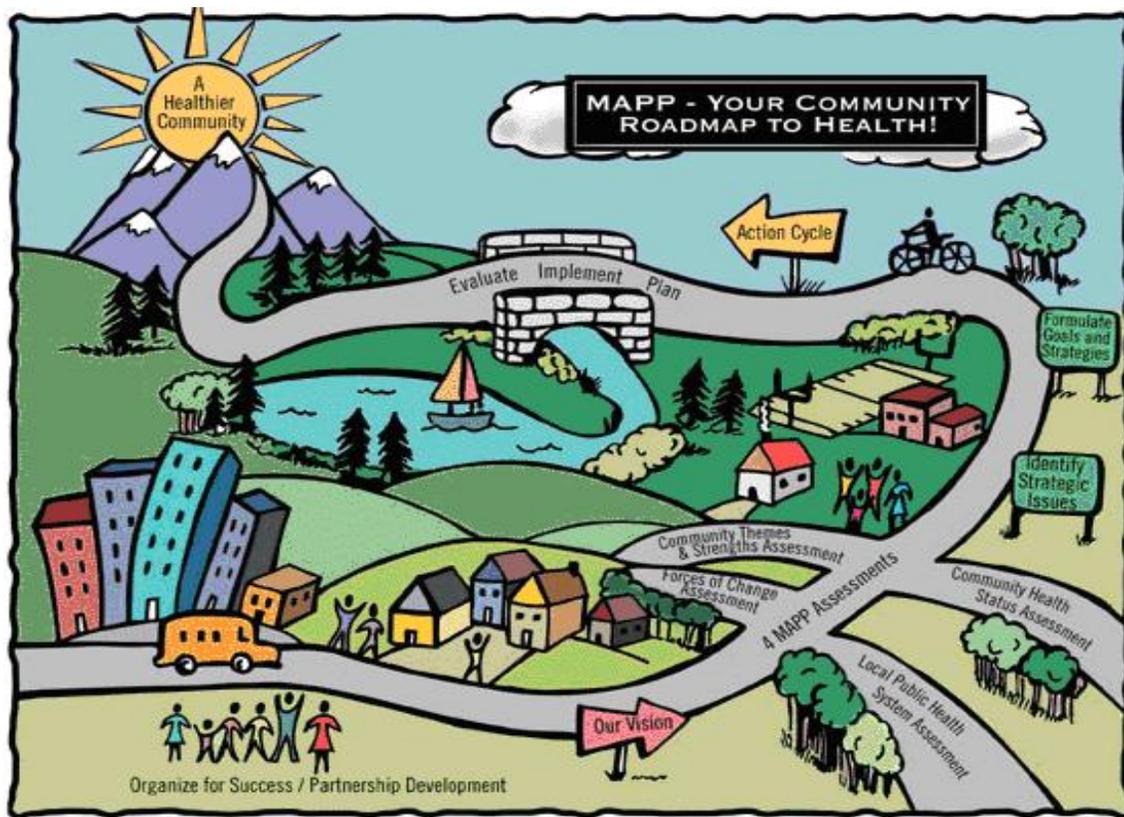
Four assessments comprise the entire MAPP process. The assessment phase provides a comprehensive picture of a community in its current state using both qualitative and quantitative methods. The use of four different assessments is a unique feature of the MAPP process. Most planning processes look only at quantitative statistics and anecdotal data. MAPP provides tools to help communities analyze health issues through multiple lenses.

The first assessment examined the Community Health Status Indicators. Two methods were used to examine indicators. The first was to collect relevant statistical data using the NYSDOH Community Health Indicator Reports and a variety of other secondary sources. This was completed by S2AY Rural Health Network staff. The second method was to collect primary data by conducting a comprehensive survey among a random sample of community residents to determine their opinions, health-related behaviors and health needs. A total of 345 surveys were completed in Seneca County. Surveys were conducted electronically through a Survey Monkey link, along with paper copies which were distributed to the public through employers, health, educational and human services agencies and through other community groups. A drawing for gas cards was held to encourage responses. Links to the online survey were shared and posted by our partner agencies. Paid ads were placed in local newspapers to encourage residents to complete surveys. Finger Lakes Health promoted completion of surveys in their newsletter distributed to thousands of households in the Finger Lakes Region. Mass e-mails were also utilized encouraging county employees to complete and share with their consumers and their friends and families. The survey was designed to encompass questions in the five Prevention Agenda areas that the New York State Department of Health (NYSDOH) has identified as high priority issues on a statewide basis.

The second assessment evaluated the effectiveness of the Public Health System and the role of Seneca County Public Health Department within that system. This was done using a modification of the Local Public Health System Assessment tool developed by the CDC and NACCHO. This was also conducted via an electronic survey on Survey Monkey. A diverse group of key informants were chosen to complete the survey, including community leaders who are familiar in some way with the local public health system. The assessment was completed through the use of a more user-friendly version of the CDC and NACCHO tool, Local Public Health System Assessment (LPHSA). Each of the ten essential public health services was rated by the group by ranking the series of indicators within each Essential Service to determine areas of strength and areas needing improvement within the Local Public Health System.

The third assessment was the Community Themes and Strengths Assessment that was conducted through focus groups which were held throughout the County. This assessment looked at the issues that affect the quality of life among community residents and the assets the County has available to address health needs. These were held in conjunction with the fourth assessment that looked at the "Forces of Change" that are at work locally, statewide and nationally, and what types of threats and/or opportunities are created by these changes. The focus groups conducted in Seneca County included a discussion and presentation at the Seneca County Human Services Network meeting on 12/10/12, at the Seneca County Family Health and Wellness Committee meeting on 1/16/13, at the Interlaken Reform Church Food Pantry on 2/22/13, at the Ovid SNAP Education meeting on 2/25/13 and with a Seneca County Head Start parents group in Seneca Falls on 2/25/13. These groups also

helped to ensure that adequate representation of the public was included in the assessments. Notes from these sessions can be found in [Attachment D](#).



Identification of Strategic Issues

Once these results were tallied, a finalized list of the top issues from all components of the assessment process was compiled. A series of meetings was held with The Seneca Health Solutions Team to present the data and pick priorities. The Collaborative was charged with ranking the priorities based on their knowledge of health needs and available services, along with the data presented, to select two priorities and one disparity. In order to accomplish this the Hanlon Method was used. This method of ranking focuses most heavily on how effective any interventions might be. The Hanlon Method utilizes the following formula to rank priorities:

$$(A \ \& \ 2B) \times C$$

where A= the size of the problem, B= the severity of the problem and C=the effectiveness of the solution. The effectiveness of the solution is given a lot more weight than the size or seriousness of the problem, with the hope of making wise use of limited resources by targeting solutions that are known to be effective. Participants also consider the weight of the propriety, economic feasibility, acceptability, resources and legality (PEARL) of issues in this ranking system. Numerical values were determined by each participant for size, severity and effectiveness, and then plugged into the formula along with average PEARL scores. It is important to note that while the Hanlon Method offers a numerical and systematic method of ranking public health priorities, it is still a method that is largely subjective, but which represents a quantitative way to rank qualitative and non-comparable quantitative information. Since respondents ranked each component (size, seriousness and effectiveness of the solution) individually using a paper ranking form, the rankings were not heavily influenced by group dynamics. Based upon the ranking through the Hanlon Method, Seneca County's scores on the top health related issues in the county were:

	Hanlon	PEARL
Obesity	158.70	4.60
Cancer	151.26	4.25
Depression/Other MH	134.18	4.15
Dental health	134.17	4.15
Behavioral problems in young children	130.48	4.20
Access to health care	128.61	3.80
Alcohol abuse/Substance abuse	128.48	4.70
smoking/tobacco use	101.13	3.95
Unintentional Injury	69.10	2.50

Community partners discussed all these issues, but concentrated on the top ranked issues. After reviewing, discussing and considering county assessments, data and previous initiatives the group decided to focus on the two top priorities of:

1. Reduce obesity in children and adults
2. Prevent substance abuse and other mental, emotional, and behavioral disorders

The disparity the partners chose to address was:

Reduce tobacco use among individuals with a mental health or substance abuse issue

While cancer (especially lung and bronchus cancer) ranked highly, the group felt it would also be addressed by the disparity focus. Our chosen priorities and disparity fell right in line with community health assessment survey results as demonstrated in the top ten issues identified by respondents in the chart below.

Please take a few moments to click on those boxes that you think are issues with the most important needs facing you and Seneca County today.						
Answer Options	Problem for YOU	Problem for Seneca County	Don't know or unsure	Response Count	Seneca Co.	NYS
Underage drinking	1%	78%	22%	347		
Drug abuse/abuse of prescription drugs or illegal drugs	1%	77%	22%	348		
Alcohol abuse	3%	71%	27%	349	14.4%	18.1%
Poor nutrition (unhealthy eating)	12%	70%	22%	342	71.8%	72.9%
Behavioral Problems in Children	6%	70%	26%	348		
Lack of physical activity	25%	67%	15%	347	24.3%	23.7%
Smoking / tobacco use	9%	67%	26%	350	24.3%	17.0%
Cancer	8%	64%	31%	346		
Depression / other mental illnesses	13%	62%	27%	353		
Second hand smoke	8%	57%	38%	341	25.8%	19.1%

Goals

Formulate Goals and Strategies

During this stage research and evidence-based best practices were considered by Seneca County Public Health and their partners from many different sources including the state's Prevention Agenda 2013 – 2017 material, and national guidance, such as the National Prevention Strategy, Guide to Community Preventive Services, and Healthy People 2020. The Health Impact Pyramid developed by Thomas R. Frieden, MD, MPH was utilized. This is a pyramid approach to describe the impact of different types of public health interventions and provides a framework to improve health. The base of the pyramid indicates interventions with the greatest potential impact and in ascending order are interventions that change the context to make individuals' default decisions healthy, clinical interventions that require limited contact but confer long-term protection, on-going direct clinical care, and health education and counseling. Interventions focusing on lower levels of the pyramid tend to be more effective because they reach broader segments of society and require less individual effort.

For each focus area under the selected Prevention Agenda Prevent Chronic Disease priority and the Promote Mental Health and Prevent Substance Abuse Action Plan priority objectives and goals were identified that included improvement strategies and performance measures with measurable and time-framed targets over the next five years. Strategies proposed are evidence-based or promising practices. They include activities currently underway by partners and new strategies to be implemented.

Additionally, we are extremely excited to report that as of October 18, 2013, we will be able to add some objectives under the lowest level of Frieden's pyramid, Socio-economic factors. Through the largesse of the Greater Rochester Health Foundation, our "South Seneca" community was awarded a Neighborhood Health Improvement grant to assist us in improving social, economic and physical health outcomes for the Southern Seneca neighborhood. This neighborhood includes the Towns of Lodi, Covert, Romulus and Ovid, covering roughly a third of the County's population. This is a long term community building program, designed to influence the social determinants of health over a long period (anticipated 10 years or more) to improve health outcomes. While the grant will not start until December 1, 2013, detailed objectives will be included into the CHIP once a workplan for the grant is developed. This is one of the few opportunities available to actually influence health outcomes by working at the bottom level of "Frieden's Pyramid."

This project will be one of six in NY State (three existing since 2008 and three new, starting December 1, 2013) that is broadly focused on improving the social determinants of health to improve the community and improve health outcomes over the long term. The project will include both technical assistance (from Asset Based Community Development of Northwestern University) and evaluation consultants who will monitor the long term changes in health outcomes. Unique aspects of the initiative include a resident-driven, asset-based approach to addressing community problems and improving health outcomes. This will allow the "South Seneca Towns" to focus on the lowest level of Frieden's Pyramid, ultimately having the most direct effect on improving health outcomes. This project may well become a model of national significance, (along with the other five projects: three urban, all located in the City of Rochester, and the three new projects, this one in Seneca County, one in Wayne County and another one in Dundee in Yates County). The S2AY Rural Health Network is the lead agency for the Yates and Seneca County projects.

All of our strategies are supported and will be implemented in multiple sectors, including at local schools, worksites, businesses, community organizations, and with providers, to make the easy choice also the healthy choice. We will create an environment that supports increased physical activity, good nutrition, and the cessation of the use of tobacco products and will increase awareness among residents about mental health and substance abuse issues.

Our partnership worked to develop a broad based plan to address our chosen priorities of obesity, prevention of substance abuse and other mental, emotional and behavioral disorders along with our disparity of promoting tobacco cessation for those with mental health and/or substance abuse issues. The Seneca Health Solutions Team CHIP places emphasis on three key areas: 1) interventions that make individual's default decisions healthier (Tier 4 of Frieden's Pyramid); 2) successful management strategies for existing diseases and related complications, including clinical interventions (Tiers 2 and 3) including early detection opportunities that include screening populations at risk; and 3) Additional activities such as continuing some existing initiatives, focusing on easier health promotion activities to

encourage healthy living and limit the onset of chronic diseases. As noted above, the new funding granted by the Greater Rochester Health Foundation will also allow us to work at Level 5 of the Pyramid over the next five years of the CHIP, having a large potential impact for a portion of the County. These strategies recommended by the Health Impact Pyramid are based on the interventions' evidence base, potential to address health inequities, ability to measure success, potential reach, potential for broad partner support and collaboration, and political feasibility. This is based on findings from such organizations as the Institute of Medicine of the National Academies and their report, *Accelerating Progress in Obesity Prevention: Solving the Weight of the Nation* or the CDC's, *Recommended Community Strategies and Measurements to Prevent Obesity in the United States*.

Obesity is one of the leading causes of preventable deaths leading to other chronic diseases, including diabetes, cancer, heart disease, stroke, arthritis and others. We have included many interventions to encourage increased physical activity and better nutrition thus reducing our obesity rates leading to lower chronic disease rates. These initiatives include pursuing initiatives with the local school districts, promoting breast feeding policies, adoption of a healthy vending policy by county government, using local food at schools, and adoption of policies to reduce the consumption of sugar sweetened beverages. We will encourage providers to use resource guides in their electronic medical records to promote the County's many opportunities for physical activity and better nutrition including local farmer's markets, parks and hiking trails.

Our efforts to fight obesity will impact our chronic disease indicators lowering rates for a multitude of diseases. Cardiovascular Disease (CVD) is the leading cause of death in the United States and in NYS. In New York State, CVD killed almost 59,000 residents in 2007. For every person who dies from a heart attack, 18 people survive. For every person who dies from a stroke, seven people survive. Many of these survivors are disabled and cannot lead productive lives. Stroke is a leading cause of premature, permanent disability among working-age adults in the United States. Stroke alone accounts for the disability of more than a million Americans. The economic impact of CVD and stroke on the health system will grow as the population ages.¹³

Mental and emotional wellbeing is essential to overall health. At any given time, almost one in five young people nationally are affected by mental, emotional and behavioral (MEB) disorders, including conduct disorders, depression and substance abuse. About three-fourths of all MEB disorders are diagnosed between the ages of 14-24 years¹⁴. We will work closely with the Seneca County Mental Health Dept. and Substance Abuse Coalition to implement our strategies and activities in the work plan. We will strive to implement policy and environmental changes that will have a lasting, sustainable impact. These include the passage of a social hosting law, utilizing social media to reach young Seneca County residents and their parents, providing education to providers, working with local school districts and surveying our youth.

Our disparity is to reduce tobacco use among individuals with a mental health or substance abuse issue. Tobacco use in addition to obesity is a contributing factor to cardiovascular diseases. The age adjusted congestive heart failure mortality rate per 100,000 in Seneca County is 16.8 compared to the upstate New York rate of 15.3.¹⁵ The age adjusted percentage of coronary heart disease hospitalization rate per 10,000 in Seneca County is 44.6 compared to the upstate NY rate of 43.7. Failing to win the battle against obesity and tobacco use will mean premature death and disability for an increasingly large segment of Seneca County residents. Without strong action to reverse the obesity epidemic, for the first time in our history children may face a shorter lifespan than their parents. Seneca County Public Health along with their partners has developed the Community Health Improvement Work Plan to address these issues ([See Attachment C](#)).

One exciting aspect of the Community Health Improvement Work Plan is the unlimited possibilities offered by technological advances. Area hospitals and other local providers are beginning to implement Electronic Health Records (EHR). These EHR's will create a sea of change in how providers manage their patients. When fully functional the benefits of EHRs include improved quality and convenience of patient care, accuracy of diagnoses, health outcomes, and care coordination, increased patient participation in their care and increased practice efficiencies and cost savings. We will utilize this technology to give our residents one more, vital tool to improve their health outcomes. EHR's will give

¹³ New York State Dept. of Health Cardiovascular Disease https://www.health.ny.gov/diseases/cardiovascular/heart_disease/

¹⁴ New York State Dept. of Health Promote Mental Health and Prevent Substance Abuse http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/plan/mhsa/mhsa_introduction.htm

¹⁵ New York State Dept. of Health New York State Community Health Indicator Reports <http://www.health.ny.gov/statistics/chac/indicators/>

providers decision support tools and available resources at their finger tips leading to disease management discussions with patients and better chronic disease case management.

Primary care providers will be trained to talk to their patients about their weight, physical activity, blood pressure, diet and tobacco use. They will be educated on mental health and substance abuse issues. Professional training programs in prevention, screening, diagnosis and treatment of obesity and substance abuse will be provided and reach across the spectrum of health care providers. Resources will be available to providers through a link in the EHR. Through the use of this new technology follow-up calls will be able to be made to check on patient compliance. Additionally, the EHR's will provide the opportunity and documentation necessary to evaluate and measure their use. EHR's provide one more important connection in the network to support residents to fight obesity and diabetes.

Additionally, as noted above, having FLCH come into South Seneca County (Ovid) will utilize technology through tele-health services to provide access to specialty care, especially for the low-income population.

As we implement our Community Health Improvement Work Plan we will continue to identify emerging best practices to reduce obesity and address substance abuse issues. We will evaluate our own programs and develop data measures to assess their impact. Promising cases for return on investment will be shared with policymakers. Our continued and developing partnerships in the development of this plan have allowed us to strengthen the connection between public health, Finger Lakes Health and providers. Specifics are outlined in the [work plan below](#).

Maintenance of Engagement

The CHIP designates the organizations that have accepted responsibility for implementing each of the activities outlined in the work plan. Measurements and evaluation techniques are provided for each activity with starting target dates provided. As mentioned above our partners in this process have agreed to meet on a regular basis to ensure that the initiatives outlined in this plan are implemented, monitored and evaluated. The overall group will meet bi-monthly, while subcommittees to address obesity and Mental health/substance abuse objectives will meet monthly to work on CHIP objectives. Progress will also be reported quarterly to the Seneca County Board of Health and Public Health Advisory Committee. Finger Lakes Health will provide updates of their Community Service Plans annually to their respective Hospital Boards. Activities on the work plan will be assessed and modified as needed to address barriers and document successes. As priorities are addressed, other community partners may need to be brought to the table to effectively accomplish objectives.

Attachment A: CHA Survey Summary

Seneca County Community Health Assessment

County	Seneca	Census
# surveys	374	34,181
Under 35 yo	77.8%	43.1%
35 to 65 yo	52.6%	42.5%
White	97.5%	92.0%
AAS or more	61.7%	30.1%
Bach or more	40.8%	18%
\$25k or more	73.0%	76.1%
\$50k or more	46.3%	46.2%
Married	57.0%	50.3%
Insured	93.0%	81.0%
Female	79.2%	47.8%
Average BMI	31.51	
Female Average BMI	31.95	
Male Average BMI	29.92	
Full time	60.4%	
Town	Seneca Falls 36.9% Waterloo 36.5%	
20+ yrs in cty	66.1%	
# Completed Survey	345 - 92.2%	

Do you think that access to health care/services is a problem in Seneca County:				
Answer Options	Problem for YOU	Problem for Seneca County	Don't know or unsure	Response Count
Primary Health Care (family doctor)	8.95%	45.37%	48.24%	313
Care for the uninsured/underinsured	5.52%	66.56%	30.37%	326
Care for those with Medicaid	4.10%	47.32%	50.16%	317
Care for the elderly	4.05%	52.65%	44.55%	321
Care for persons with disabilities	5.03%	46.23%	50.63%	318
Home care/hospice	3.14%	41.19%	56.92%	318
Pre-natal care	1.28%	29.07%	70.61%	313
Specialty health care	4.13%	46.98%	51.11%	315
Total Respondents	334			

Do you think that access to behavioral health care is a problem in Seneca County?	Problem for YOU	Problem for Seneca County	Don't know or unsure	Response Count
Treatment for alcoholism	0.64%	53.18%	46.82%	314
Mental health treatment for children 18 yrs. and younger	1.90%	57.91%	40.82%	316
Treatment for drug abuse	0.94%	63.44%	36.25%	320
Treatment for gambling addictions	0.94%	35.00%	64.38%	320
Depression/ or other mental health issues	4.76%	55.56%	40.95%	315
Suicide prevention	0.96%	41.80%	57.88%	311
Total Respondents	329			

Please take a few moments to click on those boxes that you think are issues with the most important needs facing you and Seneca County today.						
Answer Options	Problem for YOU	Problem for Seneca County	Don't know or unsure	Response Count	Seneca Co.	NYS
25. Underage drinking	1%	78%	22%	347		
7. Drug abuse/abuse of prescription drugs or illegal drugs	1%	77%	22%	348		
1. Alcohol abuse	3%	71%	27%	349	14.4%	18.1%
12. Poor nutrition (unhealthy eating)	12%	70%	22%	342	71.8%	72.9%
3. Behavioral Problems in Children	6%	70%	26%	348		
11. Lack of physical activity	25%	67%	15%	347	24.3%	23.7%
18. Smoking / tobacco use	9%	67%	26%	350	24.3%	17.0%
4. Cancer	8%	64%	31%	346		
5. Depression / other mental illnesses	13%	62%	27%	353		
17. Second hand smoke	8%	57%	38%	341	25.8%	19.1%
6. Diabetes	13%	53%	36%	343	10.7%	9.0%
21. Transportation to medical appointments and health care	8%	51%	43%	329		
20. Teen pregnancy	2%	50%	49%	338	1.4%	2.1%
10. High blood pressure, stroke	23%	48%	33%	341	30.5%	25.7%
9. Heart disease (Congestive heart failure, Angina, "A-fib")	9%	48%	45%	341	7.7%	6.3%
13. Problems with teeth or gums	15%	45%	43%	337		
24. Unintended pregnancy	2%	42%	56%	336		
14. Lung diseases (COPD, emphysema, asthma)	9%	42%	50%	332	12.9%	15.2%
2. Arthritis, Alzheimer's, Dementia, Memory Loss	17%	42%	42%	351		
8. Eating disorders	4%	35%	62%	336		
15. Quality of well water	8%	35%	59%	336		
16. Sexually transmitted diseases (Chlamydia, Herpes, Gonorrhea, HIV/AIDS)	2%	34%	66%	334		
19. Suicide	2%	32%	67%	332		
23. Underweight or premature babies	2%	16%	82%	335	5.2%	8.2%
22. Tuberculosis	2%	9%	89%	328	1.0%	5.8%
Total Respondents	365					

#1 Problem				
7. Drug abuse	1. Alcohol abuse	4. Cancer	3. Behavioral problems in children	25. Underage drinking
15.9%	11.8%	11.2%	8.2%	7.6%
#2 Problem				
7. Drug abuse	1. Alcohol abuse	5. Depression / other mental illness	4. Cancer	25. Underage drinking
13.8%	11.4%	8.1%	6.9%	6.9%
#3 Problem				
3. Behavioral problems in children	12. Poor nutrition (unhealthy eating)	25. Underage drinking	7. Drug abuse	5. Depression / other mental illness
10.4%	9.2%	8.3%	7.3%	7.3%
Total Respondents	340			

1 Problem - By Income Level

	7. Drug abuse	1. Alcohol abuse	4. Cancer	3. Behavioral problems in children	25. Underage drinking
Less than \$15,000	3	4	6	1	4
\$15,001 - \$25,000	8	5	4	2	1
\$25,001 - \$50,000	13	4	7	11	6
\$50,001 - \$75,000	10	6	8	4	8
\$75,001 - \$100,000	12	6	2	1	1
Over \$100,000	4	4	3	4	3
Total	50	29	30	23	23

#1 Problem - By Education Level

	7. Drug abuse	1. Alcohol abuse	4. Cancer	3. Behavioral problems in children	25. Underage drinking
Less than 9th grade	0	0	0	0	1
9th to 12th grade	3	2	1	1	1
High school graduate	9	4	9	5	5
Some college no degree	7	6	4	3	5
Associates	12	8	9	2	3
Bachelors	11	8	6	10	7
Graduate	9	3	4	4	2
Total	51	31	33	25	24

Do you think that violence in the following areas is a problem in Seneca County?				
Answer Options	Problem for YOU	Problem for Seneca County	Don't know or unsure	Response Count
Child abuse / neglect	2%	66%	35%	140
Elder abuse / neglect	4%	53%	47%	137
Sexual assault	1%	48%	54%	137
Spouse / partner abuse	2%	67%	33%	141
Violence among young adults - bullying	4%	72%	29%	140
Total Respondents	337			

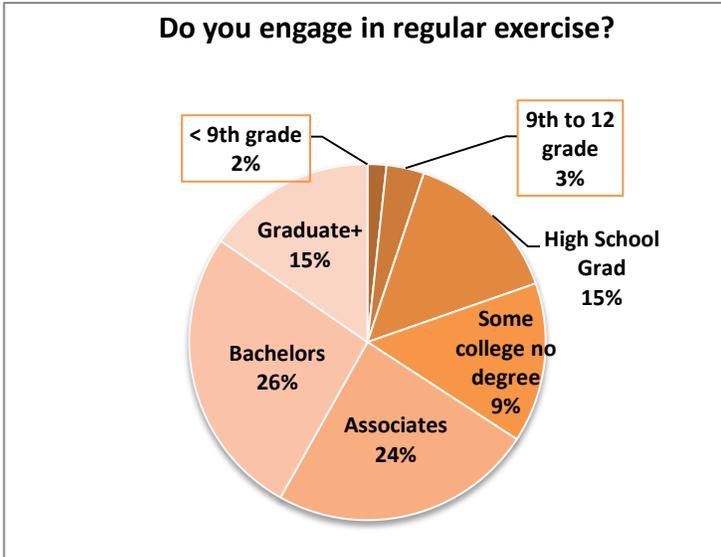
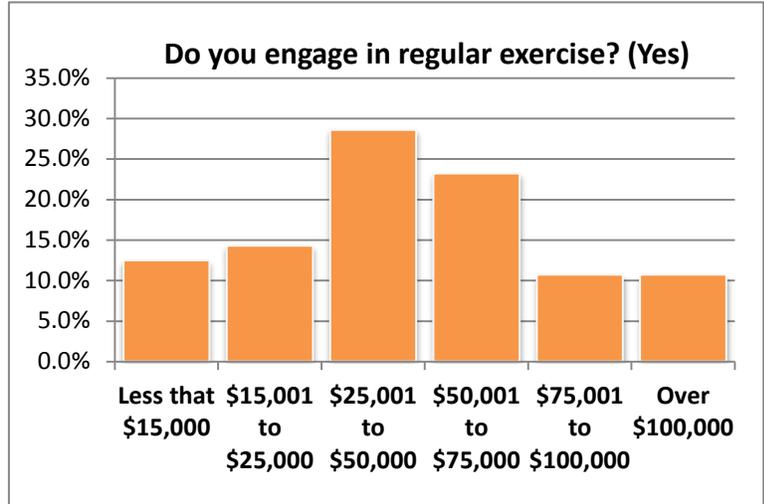
Do you think that any of these environmental exposures are a problem in Seneca County?				
Answer Options	Problem for YOU	Problem for Seneca County	Don't know or unsure	Response Count
Agricultural chemicals	2.80%	53.27%	45.17%	321
Air pollution	4.78%	42.68%	54.78%	314
Carbon Monoxide	2.57%	21.86%	76.85%	311
Contaminated well water	1.90%	41.27%	57.46%	315
Diseases transmitted by insects	2.90%	34.84%	63.23%	310
Lead	1.29%	29.03%	70.32%	310
Septic systems	3.48%	35.44%	62.03%	316
Water pollution	3.17%	48.57%	49.52%	315
Total Respondents	329			

Are you currently taking care of? Choose all that apply			
Answer Options	Response Percent	Percent of Total	Response Count
An elderly or disabled parent	61.0%	12.5%	43
A disabled spouse	19.2%	4.1%	14
A disabled child	19.2%	4.1%	14
A Grandchild	15.6%	1.4%	5
Total Respondents	73		

Which of the following health-related behaviors would you like to improve? Check all that apply.		
Answer Options	Response Percent	Response Count
Better eating habits	63.5%	216
Increase physical activity	68.5%	233
Managing stress	52.1%	177
Decreased alcohol consumption	16.8%	57
Managing weight	63.2%	215
Decrease tobacco use	19.7%	67
Total Respondents	341	

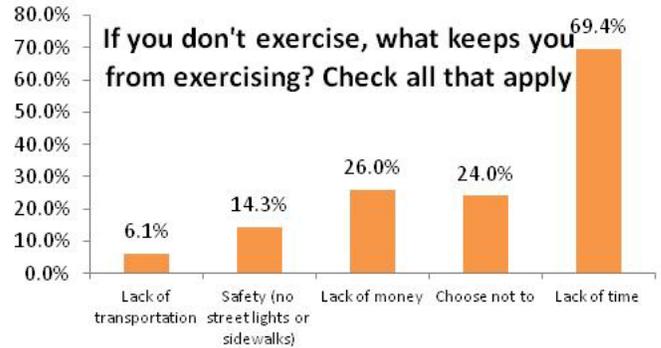
Do you think there is a problem being seen by or receiving services from any of the following in Seneca County?				
Answer Options	Problem for YOU	Problem for Seneca County	Don't know or unsure	Response Count
Home care services and supports	3.85%	35.50%	61.83%	338
Mental/behavioral health	2.95%	48.08%	50.15%	339
Prenatal Care	1.51%	25.90%	74.40%	332
Family Planning Services	2.10%	31.23%	68.17%	333
Nursing homes	2.13%	34.04%	65.35%	329
Nutritionists / Dieticians	3.28%	33.43%	65.07%	335
Pharmacies	3.86%	18.01%	79.74%	311
Specialized support groups	3.89%	37.72%	60.48%	334
Specialty doctors	6.59%	52.10%	44.31%	334
Therapists (physical, speech, occupational)	2.52%	37.22%	62.15%	317
Total Respondents	351			

Do you engage in regular exercise?				
Answer Options	Response Percent	Response Count	DOH Seneca Co.	DOH NYS
Yes	58.2%	205	75.7%	76.3%
No	41.8%	147		
Total Respondents	352			



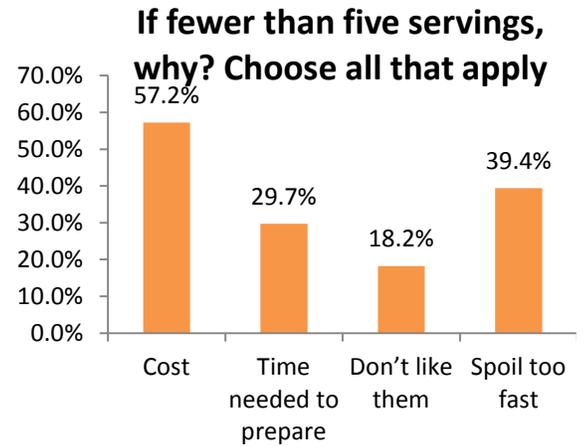
If you exercise, how long do you exercise for?		
Answer Options	Response Percent	Response Count
15 minutes or less	14.8%	48
46-60 minutes	8.6%	28
16-30 minutes	27.1%	88
1 hour or more	10.8%	35
31-45 minutes	16.6%	54
Does not apply	22.2%	72
Total Respondents	326	

In your community do you have adequate: Check all that are adequate.		
Answer Options	Response Percent	Response Count
Sidewalks	64.1%	159
Walking Trails	40.7%	101
Street lights	77.4%	192
Access to public gym	35.9%	89
Bike paths	25.8%	64
Access to public pool	26.6%	66
Total Respondents	248	



How many fruits and vegetables do you eat in a day?	5 or more	3-4	1-2	0 (Rarely)	Response Count	5 + DOH Seneca Co.	5+ DOH NYS
Yourself?	23%	30%	41%	7%	353	28.2%	27.1%
Your children?	23%	42%	28%	7%	164		
Total respondents	355						

How many times in the last 30 days did you have more than 5 drinks (if a man) or 4 drinks (if a women) on one occasion?				
Answer Options	Response Percent	Response Count	Binge Drinkers DOH Seneca Co.	Binge Drinkers DOH NYS
None	82.6%	213	14.4%	18.1%
Once	7.8%	20		
Twice	3.1%	8		
3 or 4	3.9%	10		
4 or more	2.7%	7		
Total Respondents	258			



Please answer these questions regarding your alcohol use: (One drink is a beer, a glass of wine or a mixed drink)								
Answer Options	None	1 or 2 a month	1 or 2 a week	1 or 2 a day	More than 2 a day	Response Count	Heavy Drinkers DOH Seneca Co.	Heavy Drinkers DOH NYS
How much alcohol do you drink?	42%	30%	18%	9%	2%	322	7.5%	5.0%
How much do others in your household drink?	39%	25%	23%	9%	4%	272		
Total Respondents	323							

Do you smoke cigarettes?	Response Percent	Response Count	DOH Seneca Co.	DOH NYS
No	84.5%	273	24.3% (Yes)	17.0% (Yes)
Yes	15.4%	50		
Yes, more than a pack per day	0.6%	2		
Yes, two packs per day	0.9%	3		
Yes, one pack per day	4.3%	14		
Yes, less than a pack per day	9.6%	31	324	
Total Respondents	324			

Do you use e-cigarettes?	Response Percent	Response Count
Yes	3.9%	10
No	96.1%	249
Total Respondents	260	

Are you trying to quit smoking?	Response Percent	Response Count
Yes	9.6%	15
No	90.4%	141
Total Respondents	157	

Do you use chewing tobacco or snuff?	Response Percent	Response Count
Yes	1.6%	5
Yes, chewing tobacco	0.0%	0
Yes, both	1.3%	4
Yes, snuff	0.3%	1
No, neither	98.3%	297
Total Respondents	303	

Have the children in your house received immunizations (shots) against childhood diseases?		
Answer Options	Response Percent	Response Count
No	3.2%	10
Some, not all	1.3%	4
Do not have children	41.3%	131
Yes	53.3%	169
Not sure	0.9%	3
Total Respondents	318	

Did the children in your household receive a flu shot this year?		
Answer Options	Response Percent	Response Count
Yes	52.0%	93
No, I didn't feel it was needed	38.5%	69
No, my insurance doesn't cover it	2.2%	4
No, I didn't have time	1.7%	3
No, I couldn't afford it	2.2%	4
No, I didn't know they should get it	7.3%	13
Total Respondents	179	

Have you received any of the following immunizations (shots) as an adult (over 19)?				
Answer Options	Response Percent	Response Count	EBRFSS Seneca Co.	EBRFSS NYS
Flu shot	79.4%	228	41.8%	41.7%
Shingles (Zostavax)	8.0%	23		
Tetanus shot	78.4%	225		
Hep A/Hep B	36.9%	106		
Pneumonia	30.0%	86	29.7%	25.4%
Whooping Cough	18.1%	52		
Total Respondents	288			

If you have children have they been tested for lead?				
Answer Options	Response Percent	Response Count	Incidence DOH Seneca Co.	Incidence DOH NYS
Yes, at age one	11.2%	34	4.7%	11.1%
Yes, at age one and age two	11.8%	36		
No	8.2%	25		
Yes, at age two	1.6%	5		
Yes, but I don't remember their age.	18.1%	55		
do not have children	16.8%	51		
Does Not Apply	32.2%	98		
Total Respondents	305			

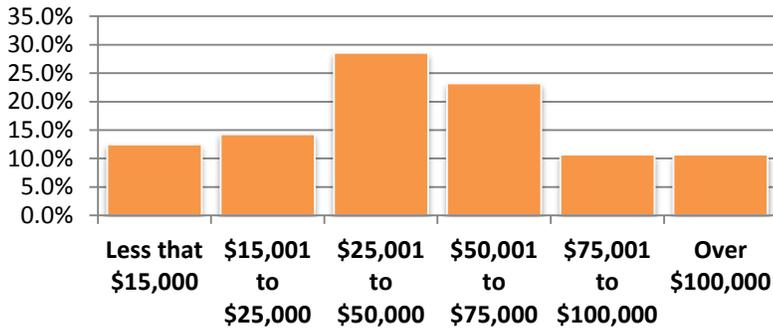
If you have children, do they wear helmets when riding bicycling, skateboarding, or rollerblading, etc.?

Answer Options	Response Percent	Response Count
Never	2.7%	7
Sometimes	15.5%	41
Always	34.5%	91
Do not have children	47.3%	125
Total Respondents	265	

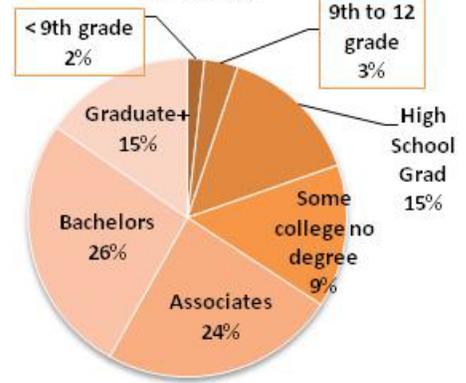
If you live where there is an un-fluoridated public water supply, would you support adding fluoride to the public water supply to improve dental health in the community?

Answer Options	Response Percent	Response Count
Yes	70.1%	202
No	29.9%	86
Total Respondents	289	

If you live where there is an un-fluoridated public water supply, would you support adding fluoride to the public water supply to improve dental health in the community? (Yes)



If you live where there is an un-fluoridated public water supply, would you support adding fluoride to the public water supply to improve dental health in the community?



Do you have the following emergency supplies? Check all that you have on hand:

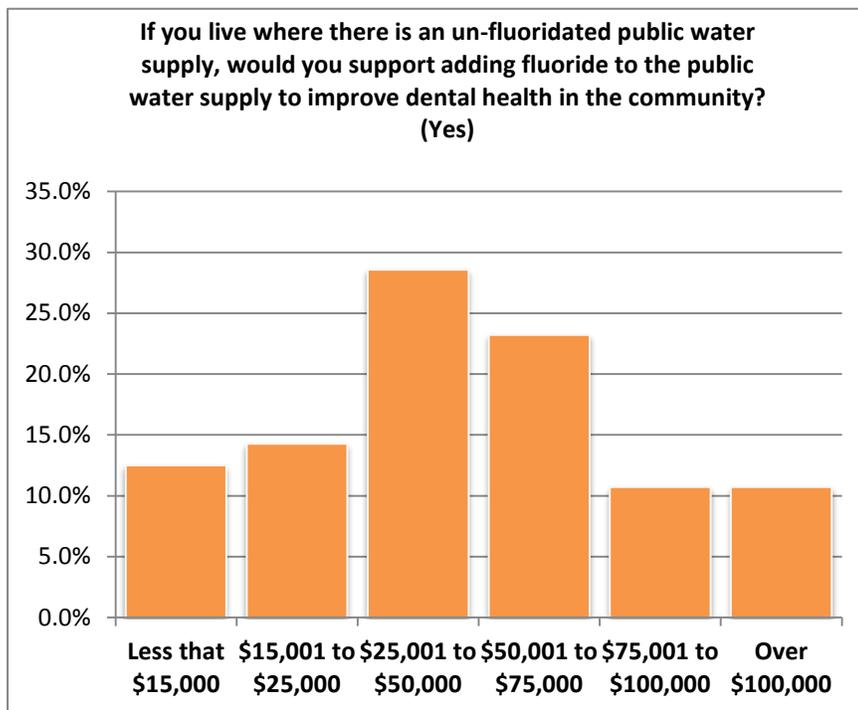
Answer Options	Response Percent	Response Count
Batteries	75.4%	224
Battery Operated Radio	42.8%	127
Bottled Water	60.6%	180
Candles/Matches	87.5%	260
First aid kit	64.6%	192
Blankets	74.7%	222
Canned food	81.5%	242
Manual can opener	69.7%	207
Total Respondents	297	

Do you have a plan for? Check all that you have a plan for.

Answer Options	Response Percent	Percent of Total	Response Count
Weather related (flood, ice storm)	63.7%	33.6%	116
Natural disasters (earthquake)	33.5%	17.7%	61
Disease outbreak	10.4%	5.5%	19
Fire	84.6%	44.6%	154
Man-made (terrorist)	21.4%	11.3%	39
Total Respondents	182		

If you or a family member needed to be hospitalized, which hospital would you prefer:		
Answer Options	Response Percent	Response Count
Cayuga Medical Center	9.4%	29
Clifton Springs	24.4%	75
Strong Memorial	18.8%	58
FF Thompson	5.5%	17
Auburn Memorial	0.0%	0
Newark-Wayne	1.3%	4
Geneva General	32.8%	101
Rochester General	7.8%	24
Total Respondents	308	

If you can't afford a prescription what do you do?		
Answer Options	Response Percent	Response Count
Tell my doctor/request samples	20.9%	49
Do not fill prescription	17.0%	40
Tell my pharmacist	3.4%	8
Does not apply	53.2%	125
Take medicine less often	3.8%	9
Use discount prescription card	1.7%	4
Total Respondents	235	



Please answer the following questions for yourself or any member of your household who has used any of the listed services in the last 12 months.						
Answer Options	Used in County	Used out of County	Quality OK?	Distance OK?	Cost OK?	Response Count
Adult Day Care/Respite Care	50%	25%	50%	31%	25%	16
Alcohol / Drug treatment	53%	41%	41%	18%	24%	17
Ambulance services	73%	32%	55%	42%	27%	66
Audiology (hearing care)	21%	76%	42%	27%	24%	33
Counseling / Mental Health for adults	53%	55%	35%	31%	27%	49
Counseling / Mental Health for children	52%	44%	36%	36%	40%	25
Dentists	50%	55%	53%	43%	31%	223
Doctor's Office	68%	42%	55%	45%	41%	273
Domestic Violence	36%	55%	45%	36%	36%	11
Emergency Response System	65%	32%	38%	22%	22%	37
Eye care/Ophthalmology	36%	67%	54%	40%	34%	166
Early Intervention Services	58%	33%	42%	33%	50%	12
Family Planning Services	68%	32%	45%	32%	45%	22
Prenatal care	38%	62%	48%	33%	48%	21
Home Health Services	73%	27%	40%	17%	13%	30
Hospice	50%	40%	20%	0%	20%	10
Lactation Consultant (help with breastfeeding)	36%	45%	36%	9%	27%	11
Home Delivered Meals	82%	9%	33%	15%	21%	33
Senior Nutrition Sites	79%	16%	32%	16%	26%	19
Orthodontists	70%	27%	30%	22%	8%	37
Orthopedics	29%	71%	54%	42%	31%	48
Physical therapy services	57%	41%	56%	43%	35%	54
Public Transportation	70%	25%	30%	25%	25%	20
Testing, Counseling & Treatment of STDs, including HIV / AIDS	45%	36%	27%	27%	27%	11
Total Respondents	296					

Please answer yes or no			
Answer Options	Yes	No	Response Count
Would you or anyone in your household benefit from a suicide prevention program?	6%	94%	337
Do you know who to report animal bites to?	65%	35%	340
Have you removed a tick from your body in the last year?	7%	93%	340
Have you removed a tick from your pet in the last year?	23%	77%	335
If you heat with wood, coal or natural gas do you have working carbon monoxide detectors in your home?	77%	23%	286
Do you have working smoke detectors in your home?	90%	10%	336
If you have a well, have you tested your well water in the last year?	19%	81%	175
Would you report an illness possibly associated with your well water to the health department?	83%	17%	223
Would you report an illness possibly associated with bad food to the health dept.?	85%	15%	313
Do you see your doctor regularly for checkups?	85%	15%	333
Total Respondents	343		

Do you need help to get information about the following services?			
Answer Options	Response Percent	Percent of Total	Response Count
Child Care	14.5%	2.6%	9
MOMS	9.7%	1.7%	6
Medicaid	29.0%	5.2%	18
Child Health Plus	9.7%	1.7%	6
Early Intervention	6.5%	1.2%	4
Food Stamps	32.3%	5.8%	20
Family Health Plus	24.2%	4.3%	15
Healthy Families	12.9%	2.3%	8
Hospice	1.6%	0.3%	1
WIC	8.1%	1.4%	5
HEAP	33.9%	6.1%	21
Smoking Cessation	4.8%	0.9%	3
STD/HIV	6.5%	1.2%	4
Home Care	21.0%	3.8%	13
Total Respondents		63	

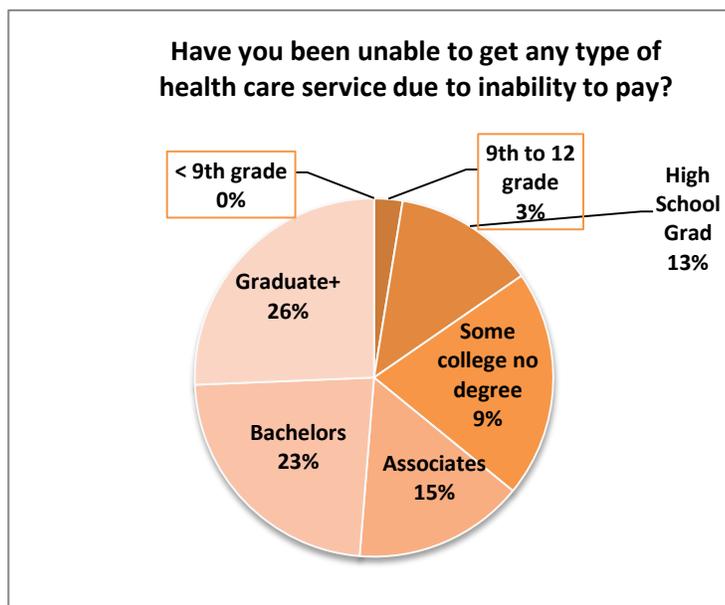
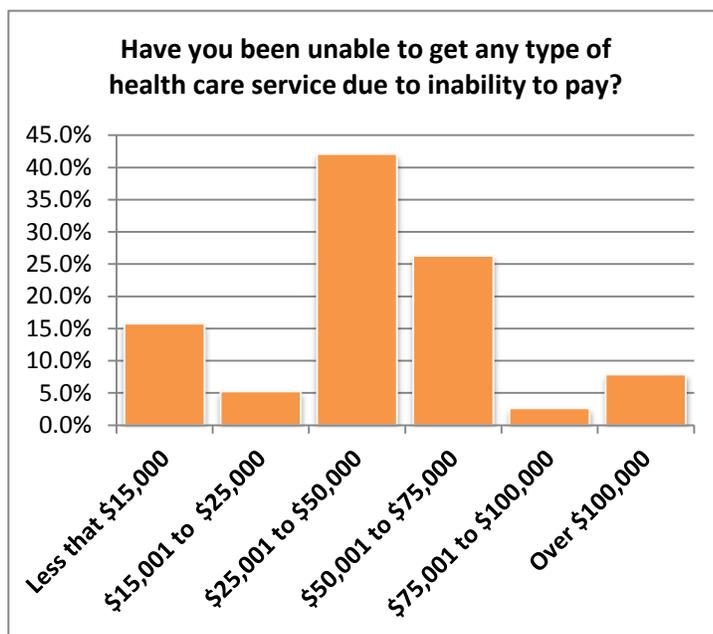
If you do have health coverage what kind is it?		
Answer Options	Response Percent	Response Count
Blue Cross/Blue Shield	42.3%	120
Medicaid (Blue Choice Option)	10.6%	30
Medicare (Social Security)	18.7%	53
Child Health Plus	2.1%	6
Family Health Plus	2.1%	6
Blue Choice	7.4%	21
Monroe Plan	0.0%	0
Preferred Care	0.0%	0
V.A.	3.5%	10
Medicaid	6.3%	18
MVP	31.3%	89
Dental insurance	23.6%	67
Vision coverage	13.7%	39
Total Respondents		284

How much do you estimate your household paid for all medical expenses in the last calendar year (“out of pocket expenses”; prescriptions, dental care, health insurance premiums, medical care, hospitalization, co-payments, deductibles)?		
Answer Options	Response Percent	Response Count
\$0 - \$500	15.5%	51
\$501 - \$1000	22.2%	73
\$1001 - \$2000	20.7%	68
\$2001 - \$3000	15.5%	51
\$3001 - \$4000	7.0%	23
\$4001 - \$5000	6.7%	22
\$5001 - \$7500	7.3%	24
\$7501 or more	5.2%	17
Total Respondents		329

Do you think it is ok for people to drink alcohol under the age of 21?		
Answer Options	Response Percent	Response Count
Yes	1.9%	6
Yes, as long as they are not driving	6.3%	20
No	79.3%	253
Yes, under parental supervision	12.5%	40
Total Respondents		320

Have you been unable to get any type of health care service due to inability to pay?				
Answer Options	Response Percent	Response Count	EBRFSS Seneca Co.	EBRFSS NYS
Yes	17.4%	42	6.8%	13.8%
No	82.6%	199		
Total Respondents		241		

Which services have you been unable to get? Check all that apply:		
Answer Options	Response Percent	Response Count
Doctor	11.3%	17
Does not apply	64.2%	97
Dentist	26.5%	40
Podiatrist (foot doctor)	6.0%	9
Prescriptions (medications)	15.9%	24
Total Respondents	151	



In the last year have you had any of the following exams?						
Answer Options	Yes	No	Does Not Apply	Response Count	Ever Screened EBRFSS Seneca Co.	Ever Screened EBRFSS NYS
Pap test	57%	27%	16%	299	91.1%	91.8%
Mammogram	48%	35%	17%	296	95.5%	91.1%
Colorectal Exam	24%	63%	14%	282	66.2%	66.6%
Prostate Exam	15%	36%	49%	273	66.5%	73.7%
Total Respondents	321					

Please answer the following questions for yourself or any member of your household who has used any of the listed services in the last 12 months.				
Answer Options	Yes	No	Does Not Apply	Response Count
In the last 12 months, when you wanted to be seen as soon as possible, did you have to wait more than 3 days for an appointment to see a doctor for primary (not specialty) health care?	15.54%	72.14%	12.32%	341
In the last 12 months, did you have to wait more than 30 minutes in the doctor's waiting room for primary (not specialty) health care?	36.05%	56.10%	7.85%	344
If disabled did you receive necessary accommodations (i.e. wheelchair accessibility, interpreters, etc.) to fully benefit from services?	11.51%	5.92%	82.57%	304
Total Respondents				345

Do you have health insurance?									
Answer Options	Yes	No	N/A	Can't afford	Prefer to pay my own	Choose not to have it	Response Count	EBRFSS Seneca Co.	EBRFSS NYS
Medical insurance for yourself	93%	4%	2%	3%	0%	0%	317	18.7% (No)	13.4% (No)
Medical insurance for your children	59%	8%	32%	2%	1%	0%	232		
Dental insurance for yourself	70%	22%	3%	8%	2%	2%	292		
Dental insurance for your children	51%	14%	34%	4%	0%	0%	222		
Total Respondents							318		

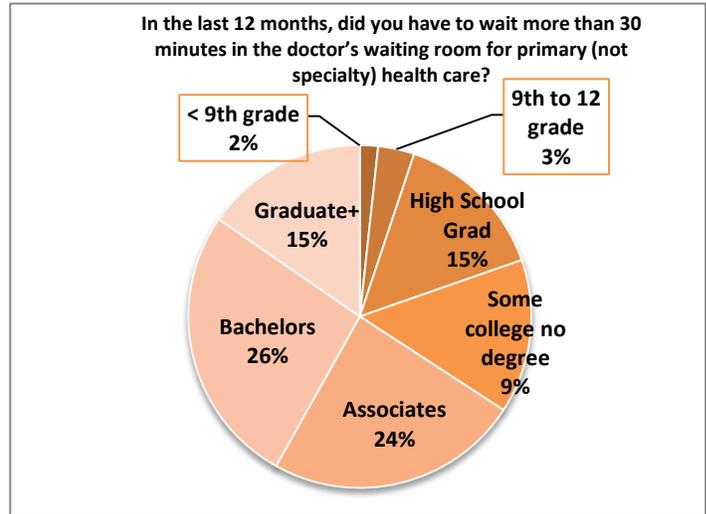
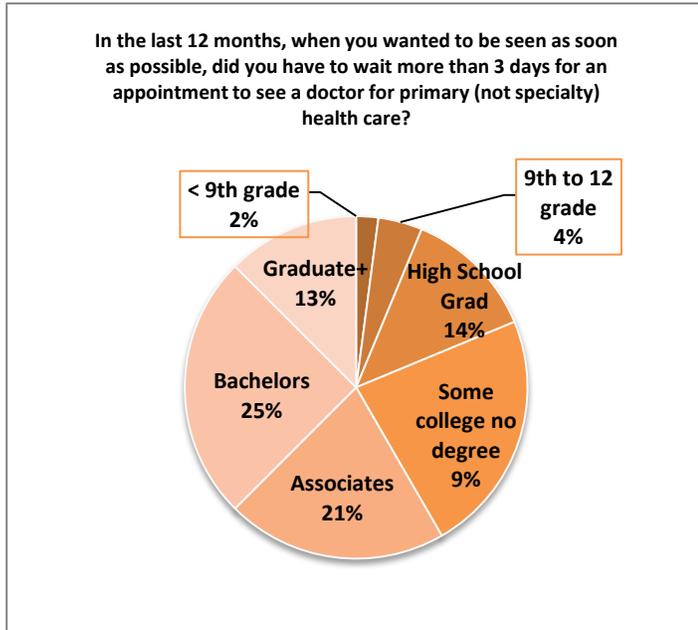
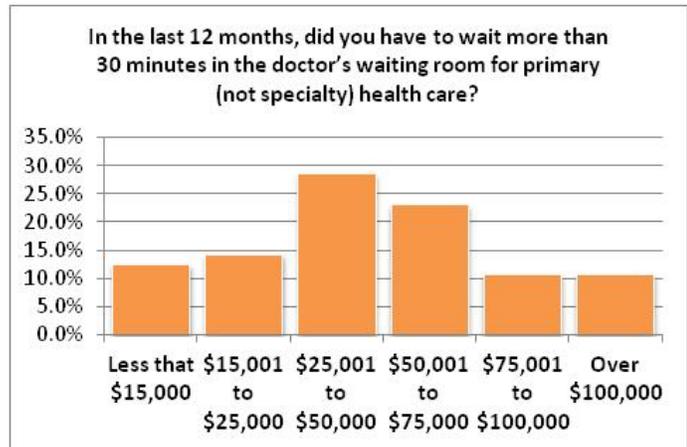
If you are currently employed, what is your current occupation?				
Answer Options	Response Percent	Response Count	Census Seneca Co.	Census NYS
Management, business, science and arts (includes education, computers, engineering, social services)	42.5%	88	32.4%	37.9%
Services (includes health, law enforcement, firefighting)	50.2%	104	16.1%	19.1%
Natural resources/Construction and Maintenance (includes farming/forestry)	1.0%	2	11.8%	7.8%
Production/transportation (includes manufacturing)	2.4%	5	16.2%	9.9%
Sales	4.8%	10	23.4%	25.2%
Total Respondents			207	

If you don't have health insurance, why not? (Choose one)

Answer Options	Response Percent	Response Count
Not offered where I work	7.5%	7
Does not apply, I have insurance	73.1%	68
Can't afford it	14.0%	13
Prefer to pay my own medical expenses	2.2%	2
Choose not to have it	3.2%	3
Total Respondents		93

If you have insurance who pays for it?

Answer Options	Response Percent	Response Count
I do	36.1%	88
My employer does	7.0%	17
I share the cost with my employer	57.0%	139
Total Respondents		244



Attachment B: PH System Assessment

Seneca County Public Health System Assessment

Health Promotion Activities to Facilitate Health Living in Healthy Communities					
Answer Options	Yes, met 100% - 76%	Mostly, 75% - 51%	Low 50% - 26%	No 25% - 0%	Response Count
Conducts health promotion activities for the community-at-large or for populations at increased risk for negative health outcomes	13	8	6	1	28
Develops collaborative networks for health promotion activities that facilitate healthy living in healthy communities	10	13	4	1	28
Assesses the appropriateness, quality and effectiveness of health promotion activities at least every 2 years.	14	6	2	6	28
<i>Total Respondents</i>	28				

Mobilize Community Partnerships to Identify and Solve Health Problems					
Answer Options	Yes, met 100% - 76%	Mostly, 75% - 51%	Low 50% - 26%	No 25% - 0%	Response Count
Has a process to identify key constituents for population based health in general (e.g. improved health and quality of life at the community level) or for specific health concerns (e.g., a particular health theme, disease, risk factor, life stage need).	13	9	4	2	28
Encourages the participation of its constituents in community health activities, such as in identifying community issues and themes and in engaging in volunteer public health activities.	13	7	5	3	28
Establishes and maintains a comprehensive directory of community organizations.	14	6	4	4	28
Uses broad-based communication strategies to strengthen linkages among LPHS organizations and to provide current information about public health services and issues.	10	8	4	6	28
<i>Total Respondents</i>	28				

Community Partnerships					
Answer Options	Yes, met 100% - 76%	Mostly, 75% - 51%	Low 50% - 26%	No 25% - 0%	Response Count
Establishes community partnerships to assure a comprehensive approach to improving health in the community.	11	10	5	2	28
Assure the establishment of a broad-based community health improvement committee.	8	11	6	3	28
Assesses the effectiveness of community partnerships in improving community health.	12	5	7	4	28
<i>Total Respondents</i>	28				

Assure a Competent Public and Personal Health Care Workforce					
Answer Options	Yes, met 100% - 76%	Mostly, 75% - 51%	Low 50% - 26%	No 25% - 0%	Response Count
Assessment of workforce (including volunteers and other lay community health workers) to meet the community needs for public and personal health care services.	8	10	3	7	28
Maintaining public health workforce standards, including efficient processes for licensure/credentialing of professionals and incorporation of core public health competencies needed to provide the Essential Public Health Services into personnel systems.	10	7	2	8	27
Adoption of continuous quality improvement and life-long learning programs for all members of the public health workforce, including opportunities for formal and informal public health leadership development.	8	12	2	6	28
<i>Total Respondents</i>	28				

Life-long Learning Through Continuing Education, Training & Mentoring					
Answer Options	Yes, met 100% - 76%	Mostly, 75% - 51%	Low 50% - 26%	No 25% - 0%	Response Count
Identify education and training needs and encourage opportunities for public health workforce development.	7	12	2	7	28
Provide opportunities for all personnel to develop core public health competencies.	5	12	3	6	26
Provide incentives (e.g. improvements in pay scale, release time, tuition reimbursement) for the public health workforce to pursue education and training.	3	11	4	9	27
Provide opportunities for public health workforce members, faculty and student interaction to mutually enrich practice-academic settings.	4	12	3	8	27
<i>Total Respondents</i>	28				

Public Health Leadership Development					
Answer Options	Yes, met 100% - 76%	Mostly, 75% - 51%	Low 50% - 26%	No 25% - 0%	Response Count
Provide formal (educational programs, leadership institutes) and informal (coaching, mentoring) opportunities for leadership development for employees at all organizational levels.	3	12	3	9	27
Promote collaborative leadership through the creation of a local public health system with a shared vision and participatory decision-making.	5	12	4	7	28
Assure that organizations and/or individuals have opportunities to provide leadership in areas where their expertise or experience can provide insight, direction or resources.	4	14	3	7	28
Provide opportunities for development of diverse community leadership to assure sustainability of public health initiatives.	4	11	5	8	28
<i>Total Respondents</i>	28				

Access to and Utilization of Current Technology to Manage, Display and Communicate Population Health Data					
Answer Options	Yes, met 100% - 76%	Mostly, 75% - 51%	Low 50% - 26%	No 25% - 0%	Response Count
Uses state of the art technology to collect, manage, integrate and display health profile databases.	7	11	5	5	27
Promotes the use of geocoded data.	6	5	4	10	25
Uses geographic information systems.	6	5	4	11	25
Uses computer-generated graphics to identify trends and/or compare data by relevant categories (e.g. race, gender, age group).	8	12	1	6	27
<i>Total Respondents</i>	27				

Diagnose and Investigate Health Problems and Health Hazards in the Community					
Answer Options	Yes, met 100% - 76%	Mostly, 75% - 51%	Low 50% - 26%	No 25% - 0%	Response Count
Epidemiological investigations of disease outbreaks and patterns of infectious and chronic disease and injuries, environmental hazards, and other health threats.	13	7	2	5	27
Active infectious disease epidemiology programs.	12	8	1	6	27
Access to public health laboratory capable of conducting rapid screening and high volume testing.	11	4	3	8	26
<i>Total Respondents</i>	27				

Plan for Public Health Emergencies					
Answer Options	Yes, met 100% - 76%	Mostly, 75% - 51%	Low 50% - 26%	No 25% - 0%	Response Count
Defines and describes public health disasters and emergencies that might trigger implementation of the LPHS emergency response plan.	15	6	2	5	28
Develops a plan that defines organizational responsibilities, establishes communication and information networks, and clearly outlines alert and evacuation protocols.	16	4	1	6	27
Tests the plan each year through the staging of one or more "mock events."	14	5	1	7	27
Revises its emergency response plan at least every two years.	17	3	1	6	27
<i>Total Respondents</i>	28				

Investigate & Respond to Public Health Emergencies					
Answer Options	Yes, met 100% - 76%	Mostly, 75% - 51%	Low 50% - 26%	No 25% - 0%	Response Count
Designates an Emergency Response Coordinator	17	4	0	6	27
Develops written epidemiological case investigation protocols for immediate investigation of:	15	4	1	7	27
Communicable disease outbreaks	16	5	2	4	27
Environmental health hazards	16	7	0	4	27
Potential chemical and biological agent threats	14	6	0	7	27
Radiological threats and	13	7	0	7	27
Large scale disasters	14	7	0	6	27
Maintains written protocols to implement a program of source & contact tracing.	18	3	0	6	27
Maintain a roster of personnel with technical expertise to respond to biological, chemical or radiological emergencies	13	5	0	9	27
Evaluates past incidents for effectiveness & continuous improvement	17	4	0	6	27
<i>Total Respondents</i>	27				

Laboratory Support for Investigation of Health Threats					
Answer Options	Yes, met 100% - 76%	Mostly, 75% - 51%	Low 50% - 26%	No 25% - 0%	Response Count
Maintains ready access to laboratories capable of supporting investigations.	8	7	3	8	26
Maintains ready access to labs capable of meeting routine diagnostic & surveillance needs.	9	5	3	8	25
Confirms that labs are in compliance with regs & standards through credentialing and licensing agencies.	10	5	2	9	26
Maintains protocols to address handling of lab samples– storing, collecting, labeling, transporting and delivering samples and for determining the chain of custody.	11	5	1	9	26
<i>Total Respondents</i>	26				

Develop Policies & Plans that support Individual and Community Health Efforts.					
Answer Options	Yes, met 100% - 76%	Mostly, 75% - 51%	Low 50% - 26%	No 25% - 0%	Response Count
An effective governmental presence at the local level.	10	7	4	4	25
Development of policy to protect the health of the public and to guide the practice of public health.	11	9	2	3	25
Systematic community-level and state-level planning for health improvement in all jurisdictions.	10	6	3	6	25
Alignment of LPHS resources & strategies with the community health improvement plan.	9	8	2	6	25
<i>Total Respondents</i>	25				

Public Health Policy Development					
Answer Options	Yes, met 100% - 76%	Mostly, 75% - 51%	Low 50% - 26%	No 25% - 0%	Response Count
Contributes to the development and/or modification of public health policy by facilitating community involvement in the process and by engaging in activities that inform this process.	11	8	3	5	27
Reviews existing policies at least every 2 years and alerts policy makers and the public of potential unintended outcomes and consequences.	13	4	5	5	27
Advocates for prevention and protection policies, particularly policies that affect populations who bear a disproportionate burden of mortality and morbidity.	12	6	5	4	27
<i>Total Respondents</i>	27				

Community Health Improvement Process					
Answer Options	Yes, met 100% - 76%	Mostly, 75% - 51%	Low 50% - 26%	No 25% - 0%	Response Count
Establishes a community health improvement process, which includes broad based participation and uses information from the community health assessment as well as perceptions of community residents.	13	8	4	2	27
Develops strategies to achieve community health improvement objectives and identifies accountable entities to achieve each strategy.	12	10	3	2	27
<i>Total Respondents</i>	27				

Strategic Planning & Alignment with the Community Health Improvement Process					
Answer Options	Yes, met 100% - 76%	Mostly, 75% - 51%	Low 50% - 26%	No 25% - 0%	Response Count
Conduct organizational strategic planning activities.	15	5	3	4	27
Review its own organizational strategic plan to determine how it can best be aligned with the community health improvement process.	15	4	3	4	26
Conducts organizational strategic planning activities and uses strategic planning to align its goals, objectives, strategies and resources with the community health improvement process.	14	6	2	5	27
<i>Total Respondents</i>	28				

Enforce Laws & Regulations that Protect Health and Ensure Safety					
Answer Options	Yes, met 100% - 76%	Mostly, 75% - 51%	Low 50% - 26%	No 25% - 0%	Response Count
Review, evaluate and revise laws and regulations designed to protect health and safety to assure they reflect current scientific knowledge and best practices for achieving compliance.	11	10	1	5	27
Education of persons and entities obligated to obey or to enforce laws and regulations designed to protect health and safety in order to encourage compliance.	10	12	1	4	27
Enforcement activities in areas of public health concern, including but not limited to the protection of drinking water, enforcement of clean air standards, regulation of care provided in health care facilities and programs, re-inspection of workplaces following safety violations; review of new drug, biologic and medical device applications, enforcement of laws governing sale of alcohol and tobacco to minors; seat belts and child safety seat usage and childhood immunizations.	12	11	0	4	27
<i>Total Respondents</i>	27				

Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable					
Answer Options	Yes, met 100% - 76%	Mostly, 75% - 51%	Low 50% - 26%	No 25% - 0%	Response Count
Identifying populations with barriers to personal health services.	9	9	6	3	27
Identifying personal health service needs of populations with limited access to a coordinated system of clinical care.	9	9	6	3	27
Assuring the linkage of people to appropriate personal health services.	8	11	5	3	27
<i>Total Respondents</i>	27				

Identifying Personal Health Services Needs of Population					
Answer Options	Yes, met 100% - 76%	Mostly, 75% - 51%	Low 50% - 26%	No 25% - 0%	Response Count
Defines personal health service needs for the general population. This includes defining specific preventive, curative and rehabilitative health service needs for the catchment areas within its jurisdiction.	10	10	3	4	27
Assesses the extent to which personal health services are provided.	10	8	4	5	27
Identifies the personal health service needs of populations who may encounter barriers to the receipt of personal health services.	10	9	4	4	27
<i>Total Respondents</i>	27				

Assuring the Linkage of People to Personal Health Services					
Answer Options	Yes, met 100% - 76%	Mostly, 75% - 51%	Low 50% - 26%	No 25% - 0%	Response Count
Assures the linkage to personal health services, including populations who may encounter barriers to care.	7	9	5	5	26
Provides community outreach and linkage services in a manner that recognizes the diverse needs of unserved and underserved populations.	8	11	4	4	27
Enrolls eligible beneficiaries in state Medicaid or Medical Assistance Programs.	10	10	2	5	27
Coordinates the delivery of personal health and social services with service providers to optimize access.	9	9	4	5	27
Conducts an analysis of age-specific participation in preventive services.	9	4	6	8	27
<i>Total Respondents</i>	27				

Evaluation of Population-based Health Services					
Answer Options	Yes, met 100% - 76%	Mostly, 75% - 51%	Low 50% - 26%	No 25% - 0%	Response Count
Evaluate population-based health services against established criteria for performance, including the extent to which program goals are achieved for these services.	9	9	5	4	27
Assesses community satisfaction with population-based services and programs through a broad-based process, which includes residents who are representative of the community and groups at increased risk of negative health outcomes.	10	7	6	4	27
Identifies gaps in the provision of population-based health services.	12	8	3	4	27
Uses evaluation findings to modify the strategic and operational plans of LPHS organizations to improve services and programs.	9	9	3	6	27
<i>Total Respondents</i>	27				

Evaluate Effectiveness, Availability and Quality of Personal and population based health services?					
Answer Options	Yes, met 100% - 76%	Mostly, 75% - 51%	Low 50% - 26%	No 25% - 0%	Response Count
Identifies community organizations or entities that contribute to the delivery of the Essential Public Health Services.	10	11	3	2	26
Evaluates the comprehensiveness of the LPHS activities against established criteria at least every five years and ensures that all organizations within the LPHS contribute to the process.	12	7	4	3	26
Assesses the effectiveness of communication, coordination and linkage among LPHS entities.	10	8	3	4	25
Uses information from the evaluation process to refine existing community health programs, to establish new ones, and to redirect resources as needed to accomplish LPHS goals.	9	7	4	5	25
<i>Total Respondents</i>	26				

Research for New Insights and Innovative Solutions to Health Problems					
Answer Options	Yes, met 100% - 76%	Mostly, 75% - 51%	Low 50% - 26%	No 25% - 0%	Response Count
A continuum of innovative solutions to health problems ranging from practical field-based efforts to foster change in public health practice, to more academic efforts to encourage new directions in scientific research.	7	7	3	10	27
Linkages with institutions of higher learning and research.	8	5	4	9	26
Capacity to mount timely epidemiological and health policy analyses and conduct health systems research.	8	4	4	10	26
<i>Total Respondents</i>	27				

Where is your organization located?		
Answer Options	Response Percent	Response Count
Waterloo	56.0%	14
Seneca Falls	24.0%	6
Ovid	16.0%	4
Romulus	0.0%	0
Geneva	20.0%	5
Seneca County	4.0%	1
Interlaken	4.0%	1
<i>Total Respondents</i>	25	

What population does your organization serve? ie. elderly, low income, children	
Answer Options	Response Count
All	10
Low income	5
Low income - youth	2
Children/youth	4
Adults	1
Elderly	2
Developmentally disabled	1
Individuals affected with HIV/AIDs	1
<i>Total Respondents</i>	26

What type of organization do you work for? ie. hospital, county agency, non-profit	
Answer Options	Response Count
Non-profit	14
County department	6
Health care agency	3
School	3
Government	1
<i>Total Respondents</i>	27

What is your position/job title?	
Answer Options	Response Count
Director/administrator	8
M.D.	2
Nurse	4
Clerical	1
Superintendent	1
Board member	1
Program manager	1
Community health outreach/education	3
Social worker	1
Retired	1
<i>Total Respondents</i>	23

Attachment C: Community Health Improvement Collaborative Work Plan

See attached CHIP Submitted in Separate Document

Intentionally left blank

Attachment D: Focus Group Notes

Seneca County Human Services Network Meeting

12/10/12

13 people

Missing

Sexual health, teen pregnancy, STD's not mentioned, what are Seneca Cty rates?

VS – chlamydia #'s high

Health access an issue – availability of services

Diabetes – given obesity and lack of physical activity you'd think this # would be higher

Depression statistics high – interesting

Kids – NIH thinking pesticides, hormones in food, high fructose corn syrup in everything – baby formula, whole wheat bread

Factors

Aging population – 60+ 19-20%

Lack of hospital and FQHC

FLCH opening Ovid site

Urgent Care Ctr by FLH opening in Waterloo

Communication – unknown by PHD

FLTimes – regional

Trumansburg, between the lakes

FLH has quarterly electronic newsletter

Need weekly electronic newsletter like Livingston GVHP

Significant Amish/Mennonite population – vaccinations, wait til urgent need to visit clinics

Amish population growing in south

American Indian population in Seneca Falls growing – cultural issues

Economy

Transportation

Drugs – prescription drugs a problem

Disability – lots of people on it, selling their meds, oxycodone, heroin a problem, meth, Cocaine

Strengths

FLCH who can serve all and expanding

Agriculture big +

Fruits and vegetables stands

Rochester farmers market cheaper but not good quality

Are there coops?

Community gardens Seneca falls and waterloo

This group – meets quarterly

Strong CSP presence

Addictions council/community council

Council on addictions

STS system for transportation #'s increase every month

Schools require community service – opportunity?

Have capacity to grow

Seneca County Family Health and Wellness Committee

January 16, 2013

Community Health Assessment Focus Group 7? People

Missing

MAS EI kids under 3 who need mental health counseling – not available

Behavior and anger issues – hurting animals and siblings

KV – no agency available for parent support systems or to provide parents resources

Bad parenting – lack of parenting skills

More and more kids diagnosed with ADD – wait and wait for an evaluation – then give medication, but don't follow up

Headstart – some parents don't want evals done

MA – flu clinic vaccinated over 100 ALL seemed to be smokers

Homeless teenagers – live with someone else, state ed dept stats , superintendent – RM

Factors

No industry

No hospital

Urgent care center now open

Ovid Health Center opening, FLCH, FOHC, will have medical, dental, behavioral health

Lack of specialty care, but better, some coming in once a week

Dental (lack of)

Tobacco – Sky Dancer and Lakeside – low cost cigarettes

Headstart – dental getting better

Transportation

Tele dental with Eastman eliminates one trip

Amish and mennonite cultural barriers, reluctant to access health services, need to build trust, they have unvaccinated kids

Obesity - lack of recreational opportunities

High school – 1/3 overweight or obese

Insurance – don't qualify for public products and can't afford others

Economy – lots of service and retail low paying jobs

Aging population – young people leaving

Strengths

Seneca Falls Community Center – free to town residents

Lakes and trail systems available

Schools open to public

Obesity task force – list will be online and printed

Farmers Markets

CCE – nutrition and counseling classes

Baseball, roller skating run by volunteers

Four Twons – lot of good things on a shoe string budget

Chiropractic College

Silver Sneakers – haeart program, Back pack program and summer feeding program

School districts

We Can – parent program healthy eating

Seneca County Public Health Focus Group 2.25.13

SNAP Education Focus Group @ Ovid Fire Dept., Ovid NY

4 women in attendance

What's missing in our assessment?

- Obesity & underweight
- Heart disease

Factors influencing health?

- Lack of Grocery Stores to purchase healthy foods, only one choice in Ovid/South end (Big M) area. Forced to drive to Geneva, Waterloo or Ithaca and gets costly.
- The winter is especially challenging to access fresh foods (Farmer markets, fruit & vegetables stands available" in season")
- Advertising influence (media)
- Poor role modeling-adults making unhealthy choices (SSB & tobacco use)

What are community strengths?

- Farmer markets in season
- Lakes –water recreation
- Free swimming at Lodi Point/Park

What is missing?

- Economic Development and Jobs
- Community Center in South End, need more free activities for children.

Seneca County Public Health Focus Group 2.25.13**Seneca County Head Start Focus Group @ HS Center, Seneca Falls, NY**

Head Start Staff: a male in his thirty's and women in her twenty's

What's missing in our assessment?

- Driver Distraction (texting & cell phone use)
- Oral Health

Factors influencing health?

- Environmental issues, toxin by-products from Industry (Evans Chemicals)
- Water quality (and lack of fluoride)
- Male reports that a chronically ill family member moved away from landfill area and is feeling 100 % improved.
- Too many Bars (compared to two community rec centers)

What are community strengths?

- Vaccination programs –Public Health
- The Cancer Services Program
- Libraries in Waterloo & Seneca Falls
- Lowes (craft projects for families)
- Cornell CE

What is missing?

- Economic Development and Jobs

Seneca County Focus Group**Interlaken Reform Church - Food Pantry**

2/22/2013

Six participants -

What is missing in our assessment?

- Transportation - not enough routes and bus stops need transportation in and out of the county
- Dental care - long wait times
- Eye care - long wait times
- Specialist care - must travel a long way and wait times are long
- Nutrition - must travel to Tompkins County for Aldis, need more grocery stores, affordable places to buy fruits and vegetables, especially in the winter

What are factors influencing health now?

- Government - too much interference, not enough money where it is needed
 - Care should be centralized and individualized (more personal care plans, one on one health coaching etc.)
- Poverty
- Lack of jobs and unemployment
- The economy is low
- The jobs that people do have, don't pay enough
- Cost of living is high
- Minimum wage isn't enough to meet the cost of living
- Doctors don't seem to care about their patients like they used to
- Geography - isolated in this portion of the county
- Not much access to affordable fruits and vegetables - must go to Tompkins County to shop at Aldis

What are the strengths within the county?

- No earthquakes - little threat of natural disasters
- Good water supply
- People are nice and generous, friendly, they seem to care
- Lakes
- Beautiful area and scenery - parks and green space
- Farms
- Amish population
- Lower taxes
- Safety
- Weather - four seasons
- Interlaken Reformed Church - the church community within the county is a great resource and asset

Attachment E: Tracking Indicators

Prevention Agenda Indicators for Tracking Public Health Priorities

Improve Health Status and Reduce Health Disparities					
Indicator	Data Years	Seneca County	New York State	Data Links	NYS 2017 Objective
1. Percentage of premature death (before age 65 years)	2008-2010	20.3	24.3	(Table) (Map)	21.8
2. <i>Ratio of Black non-Hispanics to White non-Hispanics</i>		2.91+	2.12	(Table) (Map)	1.87
3. <i>Ratio of Hispanics to White non-Hispanics</i>		2.83+	2.14	(Table) (Map)	1.86
4. Age-adjusted preventable hospitalizations rate per 10,000 - Ages 18+ years	2008-2010	116.8	155.0	(Table) (Map)	133.3
5. <i>Ratio of Black non-Hispanics to White non-Hispanics</i>		0.78	2.09	(Table) (Map)	1.85
6. <i>Ratio of Hispanics to White non-Hispanics</i>		0.70	1.47	(Table) (Map)	1.38
7. Percentage of adults with health insurance - Ages 18-64 years	2010	84.7 (83.0-	83.1	(Table) (Map)	100

			86.4)	(82.9-83.3)		
8.	Age-adjusted percentage of adults who have a regular health care provider - Ages 18+ years	2008-2009	86.8 (81.6-92.1)	83.0 (80.4-85.5)	(Table) (Map)	90.8

Promote a Healthy and Safe Environment

Indicator		Data Years	Seneca County	New York State	Data Links	NYS 2017 Objective
9.	Rate of hospitalizations due to falls per 10,000 - Ages 65+ years	2008-2010	235.9	204.6	(Table) (Map)	Maintain
10.	Rate of emergency department visits due to falls per 10,000 - Ages 1-4 years	2008-2010	460.7	476.8	(Table) (Map)	429.1
11.	Assault-related hospitalization rate per 10,000	2008-2010	1.4	4.8	(Table) (Map)	4.3
12.	<i>Ratio of Black non-Hispanics to White non-Hispanics</i>		11.01+	7.43	(Table) (Map)	6.69
13.	<i>Ratio of Hispanics to White non-Hispanics</i>		0.00+	3.06	(Table) (Map)	2.75
14.	<i>Ratio of low income ZIP codes to non-low income ZIP codes</i>		0.00+	3.25	(Table) (Map)	2.92
15.	Rate of occupational injuries treated in ED per 10,000 adolescents - Ages 15-19 years	2008-2010	95.8	36.7	(Table) (Map)	33.0
16.	Percentage of population that lives in a jurisdiction that adopted the Climate Smart Communities pledge	2012	0.0*	26.7	(Table) (Map)	32.0
17.	Percentage of commuters who use alternate modes of transportation ¹	2007-2011	16.4	44.6	(Table) (Map)	49.2
18.	Percentage of population with low-income and low access to a supermarket or large grocery store ²	2010	1.6	2.5	(Table) (Map)	2.24
19.	Percentage of homes in Healthy Neighborhood Program that have fewer asthma triggers during the home revisits	2008-2011	NA	12.9	(Table) (Map)	20
20.	Percentage of residents served by community water systems with optimally fluoridated water	2012	13.1	71.4	(Table) (Map)	78.5

Prevent Chronic Diseases

Indicator		Data Years	Seneca County	New York State	Data Links	NYS 2017 Objective
21.	Percentage of adults who are obese	2008-2009	37.0 (31.2-42.8)	23.2 (21.2-25.3)	(Table) (Map)	23.2
22.	Percentage of children and adolescents who are obese	2010-2012	22.3	17.6	(Table) (Map)	NYC: 19.7 ROS: 16.7
23.	Percentage of cigarette smoking among adults	2008-2009	23.7 (18.7-28.7)	16.8 (15.1-18.6)	(Table) (Map)	15.0
24.	Percentage of adults who receive a colorectal cancer screening based on the most recent guidelines - Ages 50-75 years	2008-2009	69.0 (63.0-74.4)	66.3 (63.5-69.1)	(Table) (Map)	71.4

25.	Asthma emergency department visit rate per 10,000	2008-2010	29.7	83.7	(Table) (Map)	75.1
26.	Asthma emergency department visit rate per 10,000 - Ages 0-4 years	2008-2010	77.5	221.4	(Table) (Map)	196.5
27.	Age-adjusted heart attack hospitalization rate per 10,000	2010	18.0	15.5	(Table) (Map)	14.0
28.	Rate of hospitalizations for short-term complications of diabetes per 10,000 - Ages 6-17 years	2008-2010	s	3.2	(Table) (Map)	3.06
29.	Rate of hospitalizations for short-term complications of diabetes per 10,000 - Ages 18+ years	2008-2010	5.1	5.6	(Table) (Map)	4.86

Prevent HIV/STDs, Vaccine Preventable Diseases and Healthcare-Associated Infections

Indicator		Data Years	Seneca County	New York State	Data Links	NYS 2017 Objective
30.	Percentage of children with 4:3:1:3:3:1:4 immunization series - Ages 19-35 months ³	2011	28.4	47.6	(Table) (Map)	80
31.	Percentage of adolescent females with 3-dose HPV immunization - Ages 13-17 years	2011	24.1	26.0	(Table) (Map)	50
32.	Percentage of adults with flu immunization - Ages 65+ years	2008-2009	74.7 (67.5-81.9)	75.0 (71.5-78.5)	(Table) (Map)	66.2
33.	Newly diagnosed HIV case rate per 100,000	2008-2010	4.9*	21.6	(Table) (Map)	14.7
34.	<i>Difference in rates (Black and White) of new HIV diagnoses</i>		s	59.4	(Table) (Map)	45.7
35.	<i>Difference in rates (Hispanic and White) of new HIV diagnoses</i>		s	31.1	(Table) (Map)	22.3
36.	Gonorrhea case rate per 100,000 women - Ages 15-44 years	2010	119.5*	203.4	(Table) (Map)	183.1
37.	Gonorrhea case rate per 100,000 men - Ages 15-44 years	2010	39.5*	221.7	(Table) (Map)	199.5
38.	Chlamydia case rate per 100,000 women - Ages 15-44 years	2010	648.8	1619.8	(Table) (Map)	1,458
39.	Primary and secondary syphilis case rate per 100,000 males	2010	0.0*	11.2	(Table) (Map)	10.1
40.	Primary and secondary syphilis case rate per 100,000 females	2010	0.0*	0.5	(Table)	0.4

Promote Healthy Women, Infants, and Children

Indicator		Data Years	Seneca County	New York State	Data Links	NYS 2017 Objective
41.	Percentage of preterm births	2008-2010	7.6	12.0	(Table) (Map)	10.2
42.	<i>Ratio of Black non-Hispanics to White non-Hispanics</i>		0.00+	1.61	(Table) (Map)	1.42
43.	<i>Ratio of Hispanics to White non-Hispanics</i>		s	1.25	(Table) (Map)	1.12
44.	<i>Ratio of Medicaid births to non-Medicaid births</i>		1.61	1.10	(Table) (Map)	1.00
45.	Percentage of infants exclusively breastfed in the hospital	2008-2010	71.5	42.5	(Table) (Map)	48.1
46.	<i>Ratio of Black non-Hispanics to White non-Hispanics</i>		0.84+	0.50	(Table) (Map)	0.57
47.	<i>Ratio of Hispanics to White non-Hispanics</i>		1.08	0.55	(Table) (Map)	0.64
48.	<i>Ratio of Medicaid births to non-Medicaid births</i>		0.68	0.57	(Table) (Map)	0.66
49.	Maternal mortality rate per 100,000 births	2008-2010	0.0*	23.3	(Table) (Map)	21.0

50.	Percentage of children who have had the recommended number of well child visits in government sponsored insurance programs ⁴	2011	55.9	69.9	(Table) (Map)	76.9
51.	<i>Percentage of children ages 0-15 months who have had the recommended number of well child visits in government sponsored insurance programs</i>		74.7	82.8	(Table) (Map)	91.3
52.	<i>Percentage of children ages 3-6 years who have had the recommended number of well child visits in government sponsored insurance programs</i>		68.1	82.8	(Table) (Map)	91.3
53.	<i>Percentage of children ages 12-21 years who have had the recommended number of well child visits in government sponsored insurance programs</i>		46.4	61.0	(Table) (Map)	67.1
54.	Percentage of children with any kind of health insurance - Ages 0-19 years	2010	92.1 (90.3-93.9)	94.9 (94.5-95.3)	(Table) (Map)	100
55.	Percentage of third-grade children with evidence of untreated tooth decay	2009-2011	14.3 (6.7-21.9)	24.0 (22.6-25.4)	(Table) (Map)	21.6
56.	<i>Ratio of low-income children to non-low income children</i>		0.38	2.46	(Table) (Map)	2.21
57.	Adolescent pregnancy rate per 1,000 females - Ages 15-17 years	2008-2010	14.8	31.1	(Table) (Map)	25.6
58.	<i>Ratio of Black non-Hispanics to White non-Hispanics</i>		0.00+	5.74	(Table) (Map)	4.90
59.	<i>Ratio of Hispanics to White non-Hispanics</i>		s	5.16	(Table) (Map)	4.10
60.	Percentage of unintended pregnancy among live births	2011	35.7	26.7	(Table) (Map)	24.2
61.	<i>Ratio of Black non-Hispanics to White non-Hispanics</i>		s	2.09	(Table) (Map)	1.88
62.	<i>Ratio of Hispanics to White non-Hispanics</i>		2.06+	1.58	(Table) (Map)	1.36
63.	<i>Ratio of Medicaid births to non-Medicaid births</i>		1.86	1.69	(Table) (Map)	1.56
64.	Percentage of women with health coverage - Ages 18-64 years	2010	86.8 (84.6-89.0)	86.1 (85.8-86.4)	(Table) (Map)	100
65.	Percentage of live births that occur within 24 months of a previous pregnancy	2008-2010	24.8	18.0	(Table) (Map)	17.0

Promote Mental Health and Prevention Substance Abuse

Indicator	Data Years	Seneca County	New York State	Data Links	NYS 2017 Objective
66. Age-adjusted percentage of adults with poor mental health for 14 or more days in the last month	2008-2009	9.9 (6.9-12.9)	10.2 (8.7-11.7)	(Table) (Map)	10.1
67. Age-adjusted percentage of adult binge drinking during the past month	2008-2009	14.4 (10.1-18.7)	18.1 (16.1-20.2)	(Table) (Map)	18.4
68. Age-adjusted suicide death rate per 100,000	2008-2010	9.9	6.8	(Table) (Map)	5.9