

2010-2013 Community Health Assessment Cayuga County

Section One – Populations at Risk

A. Demographic and Health Status Information

Geographic Profile:

Nearly 55.3 miles long, 24.18 miles wide Cayuga County's land area stretches from the shores of Lake Ontario into the heart of the Finger Lakes Region and the Southern Tier of Central New York. The County is blessed with plentiful water resources. Cayuga Lake, on the west, and Skaneateles and Cross Lakes, on the east, form natural boundaries ranging from four miles to nineteen miles. In addition to the surrounding lakes, its own Owasco Lake offers a prime water supply source. Owasco has a surface area of 10.4 square miles, maximum depth of 177 feet and a watershed area of approximately 225 square miles.

Demographic Profile:

<i>Population Estimates</i>	<i>Cayuga County</i>	<i>NYS</i>
Population, 2008 estimate	79,823	
Population estimates base (April 1) 2000	81,961	
Population, percent change, April 1, 2000 to July 1, 2008	-2.6%	2.7%
Population, change, April 1, 2000 to July 1, 2008	-2,138	513,481
Persons under 5 years old, 2007	3,994	
Persons under 5 years old, percent, 2007	5.0%	6.2%
Persons under 18 years old, 2007	17,056	
Persons under 18 years old, percent, 2007	21.3%	22.9%
Persons 65 years old and over, percent, 2007	14.6%	13.2%
Persons 65 years old and over, 2007	11,687	
Female persons, percent, 2007	49.4%	51.5%

<i>Population Estimates</i>	<i>Auburn</i>	<i>NYS</i>
Population, 2006 estimate	27,766	
Population, percent change, April 1, 2000 to July 1, 2006	-2.8%	1.7%
Population, net change, April 1, 2000 to July 1, 2006	-808	329,362
Population, 2000	28,574	
Persons under 5 years old, percent, 2000	6.3%	6.5%
Persons under 18 years old, percent, 2000	22.8%	24.7%
Persons 65 years old and over, percent, 2000	17.8%	12.9%
Female persons, percent, 2000	50.3%	51.8%

<i>Cayuga County Racial Breakdown</i>	<i>Number</i>	<i>Percent</i>
White persons, 2007	75,183	93.9%
Black persons, 2007	3,386	4.2%
American Indian and Alaska Native persons, 2007	309	0.4%
Asian persons, 2007	404	0.5%
Native Hawaiian and Other Pacific Islander, 2007	32	
Persons reporting two or more races, 2007	752	0.9%
Persons of Hispanic or Latino origin, 2007	1,745	2.2%
White persons not Hispanic, 2007	73,781	92.2%

<i>Auburn Racial Breakdown</i>	<i>Number</i>	<i>Percent</i>
White persons, 2000	25,307	88.6%
Black or African American persons, 2000	2,170	7.6%
American Indian and Alaska Native persons, 2000	84	0.3%
Asian persons, 2000	162	0.6%
Native Hawaiian and Other Pacific Islander persons, 2000	6	
Persons reporting some other race, 2000	403	1.4%
Persons reporting two or more races, 2000	442	1.5%
Persons of Hispanic or Latino origin, 2000	806	2.8%

Disability: Estimates on the number of county residents who have disabilities vary between the US Census and the latest Expanded Behavioral Risk Factor Surveillance Survey. The Census estimates 12,804 persons in the county age 5 years and older are disabled. They define it as: A long-lasting physical, mental, or emotional condition. This condition can make it difficult for a person to do activities such as walking, climbing stairs, dressing, bathing, learning, or remembering. This condition can also impede a person from being able to go outside the home alone or to work at a job or business.

Disabled by Age & Gender (2006)	County Estimate
Total Males with a Disability	5,979
5 to 15 years:	931
16 to 64 years:	3,403
65 years and over:	1,645
Total Females with a Disability	6,825
5 to 15 years:	225
16 to 64 years:	3,909
65 years and over:	2,691
TOTAL	12,804
% of Total Pop. Age 5 and over (73,336)	18.5%
US Census Data	

The 2007 BRFSS asked three questions to also gage the number of people with a disability.

	Number	% County	% NYS
Estimated number of adults with a disability (Defined as adults reporting activity limitations because of physical, mental or emotional problems or have health problems that require the use of special equipment)	16,054	25.5%	24.6%
Activity limitations because of physical, mental or emotional problems among adults	14,581	23.3%	22.3%
Activity limitations because of physical, mental or emotional problems among adults that require the use of special equipment such as a cane, wheelchair, a special bed or special telephone)	6,502	10.3%	7.8%

Economic and Housing Profile:

Cayuga County holds steadily to ranking high among counties in the Central New York region in the creation of manufacturing jobs. Manufacturing remains the largest contributor to the County's economy, with primary metals, metal fabrication, rubber, plastics and plastic molding, electronic components, pumps, refrigeration, glass bottles and a host of other products serving markets throughout the world. Emerging technologies like fiber optics point the way to the future.

Most businesses are locally owned, though international firms are represented. Feeding the growth of high technology in Cayuga County is the NASA Regional Applications Center at Cayuga Community College. The total percent of women owned businesses in Cayuga County is 28.9% compared to New York State at 26.1%.

Agriculture is Cayuga County's largest industry, producing some of New York State's finest livestock, dairy products and cash crops. More than 1,010 farms cover over 60 percent of Cayuga County, with approximately 259,300 acres under cultivation. From single-family operations to farms fitting the "agribusiness" definition, Cayuga County ranks first in New York in corn production, second in soybean, and fourth in milk production (over 50 million gallons).

The economic impact is approximately \$138 million in farm receipts, with many other agricultural businesses contributing further, with an estimated value of \$100 million. Emerging agricultural businesses are wineries along the eastern edge of Cayuga Lake.

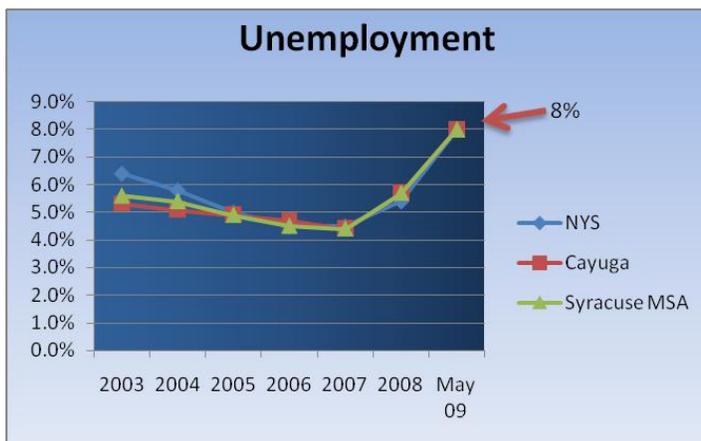
<i>Employment & Income</i>	<i>Cayuga County</i>	<i>New York</i>
Personal income, 2006 (\$ million)	2,250	
Personal income per capita, 2006	\$28,004	\$44,027
Civilian labor force, 2007	41,126	
Unemployment rate, 2009	8%	8%
Full-time and part-time employment by place of work, 2006	37,816	
Full-time and part-time employment, net change 2000 to 2006	2,442	
Employment in government, 2006	6,266	
Earnings, 2006 (\$1000)	1,290,969	

Average earnings per job, 2006	\$34,138	\$61,617
Private nonfarm establishments, 2006	1,617	515,950
Private nonfarm employment, 2006	18,999	7,532,764
Private nonfarm employment, percent change 2000-2006	2.9%	2.4%
Median household income, 2007	\$45,105	\$53,448
Persons below poverty, percent, 2007	12.7%	13.8%

<i>Children & Youth – Economic Security (KWIC)</i>	<i>Baseline 2000</i>		<i>Current 2007</i>		<i>NYS</i>
	<i>Number</i>	<i>Rate</i>	<i>Number</i>	<i>Rate</i>	<i>Current</i>
Children and Youth Living Below Poverty, percent of children/youth ages birth-17 years	3156	16.2	(2005) 3171	17.9	19.7
Children and Youth Receiving Food Stamps, percent of children/youth ages birth-17 years	1881	9.1	3041	17.8	17.1
Children and Youth Receiving Public Assistance, percent of children/youth ages birth-17 years	553	2.7	520	3	6.4
Children and Youth Receiving Supplemental Security Income, percent of children/youth ages birth-19 years	325	1.4	358	1.9	1.7
Children Receiving Free or Reduced-price School Lunch - Public Schools, percent of children in grades K-6	(1999/00) 1979	33	1960	37.1	49.1

Unemployment

With the worsening economy the unemployment rate in Cayuga County is reaching levels not seen in since the early 1990s. For the three years preceding 2008, the County unemployment rate stayed below 5%. The County's 2007 unemployment rate was 4.4% and that compared with a rate of 4.5% statewide and 4.2% for NYS, excluding NYC. However, according to the NYS Department of Labor, in 2008 the rate jumped to 5.7% for the County (a 30% increase since 2007). That compares to a NYS rate (excluding NYC) for 2008 of 5.4% and 5.7% for the Syracuse MSA. The County unemployment rate for May of 2009 has ballooned to 8% (the same as the state and Syracuse MSA rates).



Poverty/Income

The percentage of people living below the poverty level in Cayuga County, at the time of the 2000 Census was 11.1%. 2007 census figures estimated an increase to 12.7% for the county and 13.8% for the state. The median household income in Cayuga County, at the time of the 2000 Census was \$37,487 and was \$43,393 for NYS. 2007 census figures estimated an increased median household income for the county at \$45,105 and the state at \$53,448.

Housing

Occupied Housing Units	86.1% (US 91%)
Vacant Housing Units	13.9% (US 9%)
Homeownership Rate	72.1% (US 66.2%)
Renter occupied Housing	27.9% (US 33.8%)
Median Value of owner Occupied Housing	\$75,300 (US \$119,600)

Data source: US Census, 2000

Health Status Profile

Morbidity

Morbidity Data

	2006		2005		2004		2003		2002	
	#	Rate								
(Rates are per 100,000 population)										
AIDS Cases *	3	3.7	4	4.9	5	6.1	7	8.6	4	4.9
Early Syphilis	0	0.0	0	0.0	0	0.0	0	0.0	1	1.2
Chlamydia Incidence	163	200.6	106	130.1	127	155.0	124	151.7	103	126.3
TB Incidence	0	0.0	1	1.2	0	0.0	2	2.4	3	3.7
Ecoli O157 Incidence	0	0.0	3	3.7	1	1.2	1	1.2	0	0.0
Meningococcal Incidence	1	1.2	2	2.5	0	0.0	0	0.0	1	1.2
Pertussis Incidence	3	3.7	2	2.5	5	6.1	0	0.0	2	2.5
Lyme Disease Incidence	1	1.2	2	2.5	0	0.0	0	0.0	1	1.2

*AIDS Cases include ICD-9 diagnosis

Source: New York State Department of Health, County Health Indicator Profiles (2002 - 2006).

Mortality

Mortality Data

	2006		2005		2004		2003		2002	
	#	Rate	#	Rate	#	Rate	#	Rate	#	Rate
(Rates per 100,000 Population)										
Total Deaths	778	957.6	780	957.6	70	854.5	778	952.0	738	904.8
Lung Cancer (Total)	71	87.4	64	78.6	43	52.5	67	82.0	59	72.3
Lung Cancer (Male)	39	95.0	42	101.8	19	45.8	28	67.9	32	78.0
Lung Cancer (Female)	32	79.6	22	54.7	24	59.4	39	96.3	27	66.6
Breast Cancer (Female)	12	29.9	7	17.4	9	22.3	8	19.7	8	19.7
Cervical Cancer	0	0.0	1	2.5	1	2.5	1	2.5	1	2.5
Cerebrovascular Disease	50	61.5	46	56.5	32	39.1	46	56.3	36	44.1
Diseases of the Heart	215	264.6	225	276.2	228	278.3	254	310.8	222	272.2
Homicides	0	0.0	3	3.7	1	1.2	4	4.9	1	1.2
Suicides	4	4.9	8	9.8	4	4.9	10	12.2	4	4.9
Unintentional Injury	26	32.0	23	28.2	23	28.1	24	29.4	20	24.5
Motor Vehicle	7	8.6	4	4.9	13	15.9	8	9.8	9	11.0
Non-Motor Vehicle	19	23.4	19	23.3	10	12.2	16	19.6	11	13.5
AIDS	2	2.5	1	1.2	2	2.4	1	1.2	2	2.5
Cirrhosis (Liver)	8	9.8	5	6.1	7	8.5	3	3.7	9	11.0

Source: New York State Department of Health, County Health Indicator Profiles (2002 - 2006).

Mortality

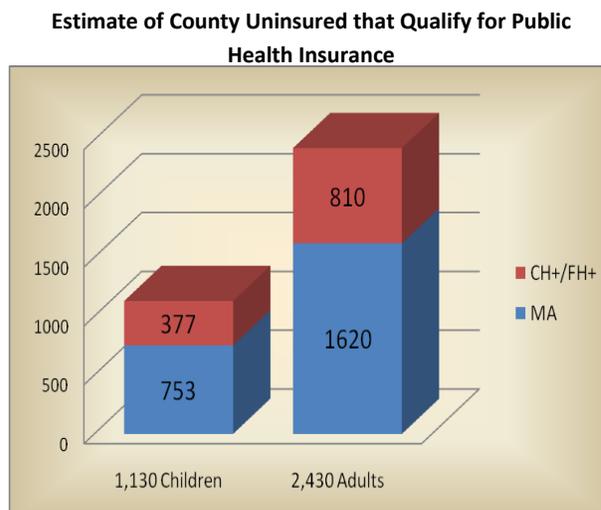
The County Health Indicator Profile data identifies four areas of concern with respect to mortality: lung cancer, breast cancer, cerebrovascular disease and unintentional injury. Mortality and incidence of lung cancer, cerebrovascular disease and unintentional injury are priority areas for the county and are discussed later within this Section.

ACCESS TO QUALITY HEALTH CARE

Indicator	US	NYS	Cayuga County	NYS Prevention Agenda 2013 Goal
% of adults with health care coverage	85.5% (2006)	86.3% (2008)	91.9 (2008)	100%
% of adults with regular health Provider	80% (2006)	82.8% (2008)	90.8 (2008)	96%
% of adults who have seen a dentist in the past year	70.3% (2006)	70.5% (2008)	73.8 (2008)	83%
Early stage cancer diagnosis:				
Breast	63%	64%	66%	80%
Cervical	53%	52%	74%~	65%
Colorectal	40% (1996-03)	41% (2001-05)	48% (2001-05)	50%

~ Fewer than 20 events in the numerator; rate is unstable

Cayuga County has done an excellent job in extending health insurance coverage for its population. With nearly 92% of its population having health care coverage, it well exceeds the state rate of 86.3%. However, there are still county residents that are eligible for, but do not have, publicly sponsored health insurance. Current estimates (using NYSDOH state-wide data) are that 1,130 of the county's children are uninsured; of those, 753 would qualify for Medicaid and 377 would qualify for Child Health Plus. Additionally, the estimate for county adults who are uninsured but qualify for a public insurance program is 2,430, with 1,620 adults qualifying for Medicaid and the balance, 810, qualifying for Family Health Plus. The health implications for the uninsured are:



- More than 50% of uninsured adults have no regular source of care.
- Uninsured individuals are four times more likely to delay or forgo needed care.
- Uninsured children are less likely to get routine well-child care, have worse access to health care, and use medical and dental services less frequently than insured children.
- Uninsured women are more likely to have maternal complications and poor outcomes during pregnancy and delivery than are insured women.
- The uninsured are twice as likely as the insured to be unable to pay for basic family needs, such as food and housing, due to medical bills.

The economic downturn has significant implications for adults maintaining health care coverage. The following are the observed result from previous recessions:

- Unemployed lose health insurance
- Workers drop family health insurance
- Deferred preventative and primary health care (physician visits, immunizations, prescriptions drugs)
- Increase in health crises resulting in increased use of the emergency room and increased hospital admissions
- Increase in demand for support (basic needs, counseling)
 - Non-profits financial stability suffers especially front line “safety net/lifeline” programs

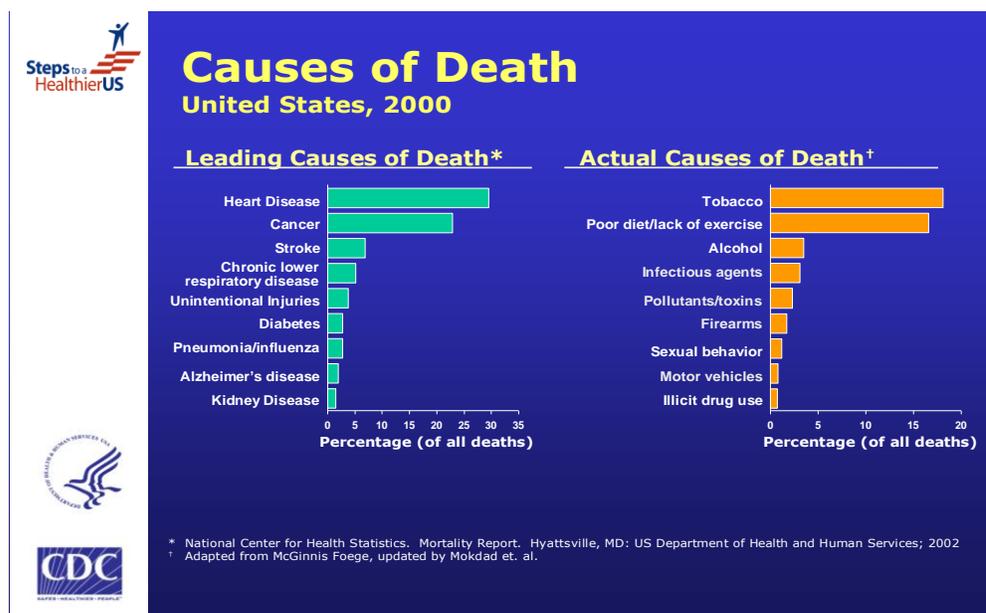
The county appears to have relatively good access to dental care with nearly 74% of its adult residents seeing a dentist at least annually, a rate higher than the state. This hides the very serious problem that afflicts children and older adults within the county. Cayuga County's children have an abnormally high rate of caries (see Section IV. Healthy Mother; Healthy Babies; Healthy Children - Prevalence of tooth decay in 3rd grade children). Further, 25.3% of adults age 65 and older had all permanent teeth extracted due to decay or gum disease a rate 38% higher than the state.

TOBACCO USE

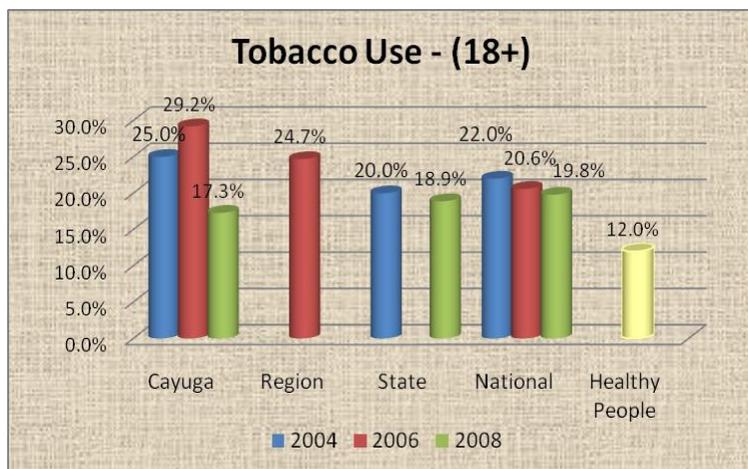
Indicator	US	NYS	Cayuga County	NYS Prevention Agenda 2013 Goal
% cigarette smoking in adolescents ³ (past month)	23.0% (2005)	13.8% (2007)	15.8% ↓ (2007)	12%
% cigarette smoking in adults ¹	20.1% (2006)	16.5% (2008)	18.5% (2008)	12%†
COPD hospitalizations among adults 18 + years ⁴ (per 10,000)	23.0 (2004)	41.8 (2004-06)	48.1 (2004-06)	31.0
Lung cancer incidence ² (per 100,000)				
Male	85.3	82.2 *	101.1↑	62.0
Female	54.2 (2004)	53.9 * (00-04)	53.8↓ (00-06)	41.0

Tobacco Use and Disease

Tobacco use is the most frequent actual cause of death in the US. It has a direct correlation to chronic disease and to the most common causes of death: heart disease, stroke, and cancer. Smoking is the leading preventable cause of death and disease in the United States. There are over 440,000 premature deaths each year due to smoking related illnesses. That is approximately 1,200 deaths every day. Smoking related illnesses kill more people each year than alcohol, illegal drug use, car crashes, AIDS murder and suicide combined.



The Cayuga County Tobacco Free Coalition has conducted three randomized samples of county residents on tobacco use. These, and other county surveys, have helped to provide picture of tobacco use in Cayuga County. Previous results had shown a negative trend, yet the most recent survey indicated a possible shift toward a decrease in cigarette smoking.

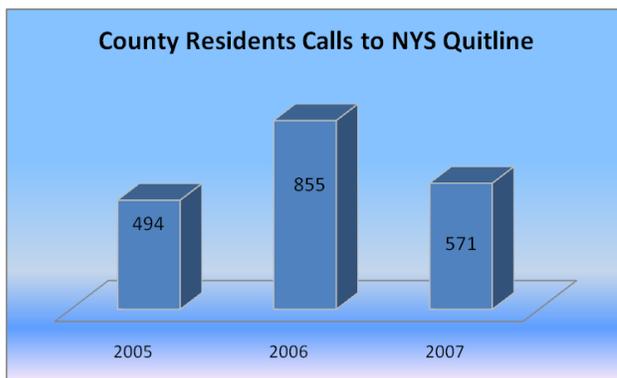


The three Coalition telephone surveys included 400 Cayuga County residents in each. All surveys were conducted in the month of June, in 2004, 2006 and 2008. The previous surveys had revealed that Cayuga County's rate of cigarette smoking among adults (ages 18+) was the highest among the comparison Central NY counties and was increasing (25% in 2004 and 29.2% in 2006). In the 2008 survey, results show a decrease to 17.3% (a 41%

drop). Because the survey study changed the counties in the region during 2008 (now central and western), the regional comparison information is more difficult to compare. In 2004 the state rate of cigarette smoking among adults was 20%, in 2007 it was 18.9%. The national rate in 2004 was 22% and in 2007 it was 19.8%. The Healthy People 2010 goal is 12%. The rate of smoking continues to be strongly correlated with gender, age, and education level (males, the 25-54 age group, and with persons who did not attend college.)

There was a marked increase in the number of "former smokers" in the county between the 2006 Tobacco Coalition survey and 2008. In 2006, 19.8% of county survey respondents were former smokers and in 2008 that rose to 30.2%. National and NYS rates remained the same from 24.7% and 24.5% respectively in 2006 to 24.6% and 25.5% respectively in 2007.

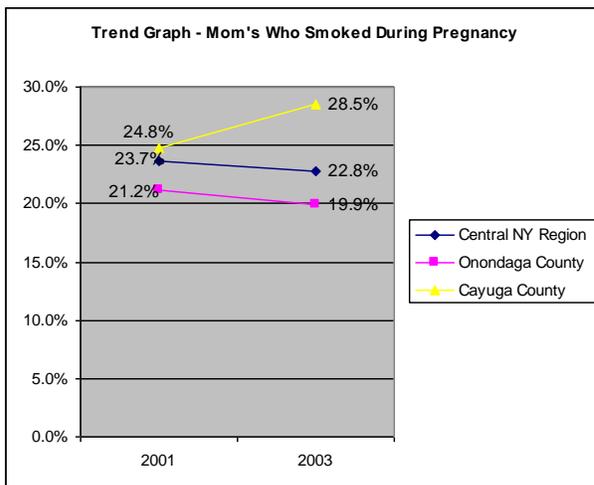
There was a dramatic increase in the number of Cayuga County residents looking for assistance to stop smoking between 2005 and 2006. As is shown in the NYS Smoker’s Quitline call activity that number of calls dropped to 571 during 2007.



The 2008 Interim Survey Results, NYS Expanded BRFSS reported that the percent of residents of Cayuga County who smoked every day in 2008 was 13.4%. The state rate for 2008 was 11.5%. In response to a 2007 survey by the Community Health Network, 38.9% of the county adult residents answering stated that tobacco use was currently affecting the health of a member of their household. This response rate made tobacco use the 2nd highest risk factor cited by the survey respondents.

Early onset of smoking is a strong predictor of adult smoking. A Youth Tobacco Survey (2000 – 2002) of Auburn High School students was conducted in May 2003 and again in May 2004. The survey revealed an 11% increase in the number of 12th Graders who reported they “had used cigarettes within the past 30 days.” More than half of adult smokers became daily smokers before age 18. In 2008 the age of onset for tobacco for 12 graders was 14.9.

Smoking During Pregnancy

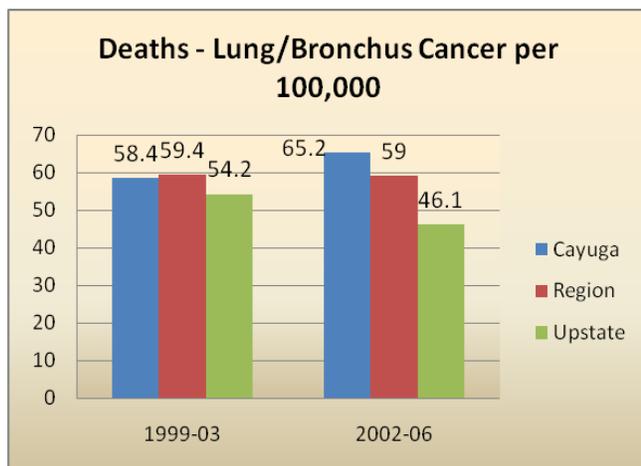
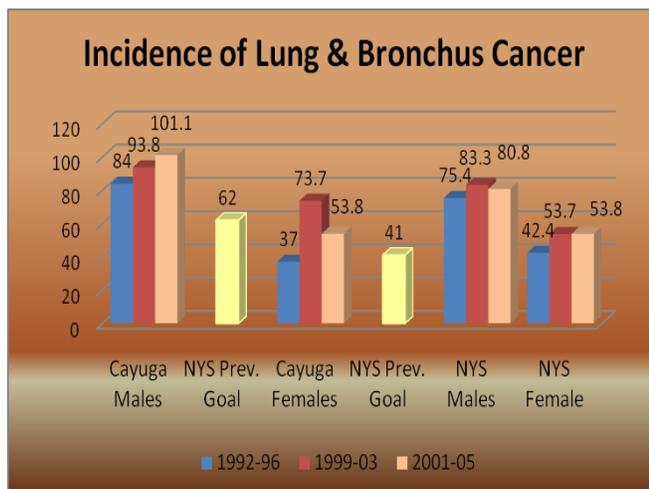


Smoking, during pregnancy, is a known risk factor. In 2001, according to the Central New York Regional Perinatal Data System, the percentage of mothers who gave birth in Cayuga County, and who smoked during pregnancy, was 24.8%. It was higher than Onondaga County (21.2%) and the region (23.7%). In 2003 the percentage of mothers who gave birth in Cayuga County, and who smoked during pregnancy, increased to 28.5%, a trend opposite of Onondaga County (19.9%) and the region (22.8%).

While this data source is no longer available to provide more recent data, anecdotal information received during the 2009 Community Planning Initiative indicated that this issue does prevail.

Lung and Bronchus Cancer

The incidence of lung and bronchus cancer has been on the rise for men and the incidence for men has been consistently higher than for women. This trend is reflected by data for the state and county between the early 1990's and 2005. The NYS rate, between 1992 -1996, for incidence of lung and bronchus cancer was 75.4 cases per 100,000 men and 42.4 cases per 100,000 women. During that timeframe Cayuga County rates were 84 cases per 100,000 men and 37 cases per 100,000 women. During 1999-2003, the NYS rate increased to 83.3 cases per 100,000 men and 53.7 cases per 100,000 women. The county rate increased to 93.8 cases per 100,000 men and for women it doubled to 73.7 cases per 100,000. During 2001-2005, the state rate for males dropped slightly to 80.8 per 100,000 yet the County rate for males increased to 101.1. For females the NYS rate was essentially flat at 53.8 per 100,000 while the County's rate for females was somewhat more encouraging, as it fell from 73.7 to 53.8. Even with that positive change the incidence of lung and bronchus cancer in the county's women remained above the NYS Prevention Goal of 41 per 100,000 females.



Mortality from lung and bronchus cancer is rising in Cayuga County. The rate of increase of deaths within the county grew by nearly 12% between the timeframes of 1999-2003 and 2002-2006. The upstate rate dropped by 15% during that time and the region's mortality rate remained essentially unchanged.

HEALTHY MOTHER; HEALTHY BABIES; HEALTHY CHILDREN

The following two data charts, along with data indicators from other sources, identify seven areas of concern in the prevention area of Healthy Mothers/Healthy Babies/Healthy Children:

1. Prenatal Care
2. Low Birthweight
3. Infant Mortality
4. Breast Feeding
5. Obesity - Mothers
6. Lead Screening
7. Child Dental Health

PERINATAL HEALTH DATA

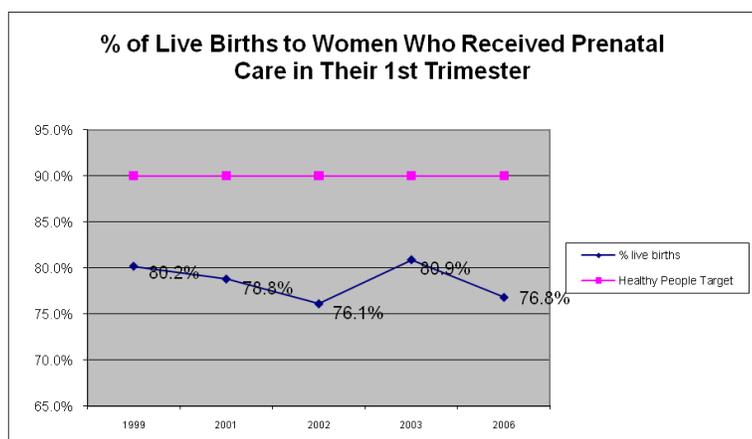
	2006		2005		2004		2003		2002	
	#	Rate	#	Rate	#	Rate	#	Rate	#	Rate
Pregnancies (All ages)	1,072	67.7	1,004	64.4	1,024	64.2	1,013	63.0	1,030	63.6
- Teens Age 10-14	1	0.4	1	0.4	1	0.4	1	0.3	2	0.7
- Teens Age 15-19	112	37.8	122	42.8	119	40.5	110	37.3	135	44.2
Births	855	10.5	812	10.0	840	10.3	838	10.3	825	10.1
Low Birthweight (Less than 2500 grams)	65	7.6	62	7.6	78	9.3	62	7.4	58	7.0
Prenatal Care (1st Trimester)	641	76.8	637	80.0	653	79.1	669	81.0	615	76.3
Infant Deaths	8	9.4	11	13.5	8	9.5	4	4.8	4	4.8
Neonatal Deaths	6	7.0	9	11.1	5	6.0	2	2.4	3	3.6
Postneonatal Deaths	2	2.3	2	2.5	3	3.6	2	2.4	1	1.2
Spontaneous Fetal Deaths (20+ wks)	7	8.1	7	8.5	6	7.1	6	7.1	3	3.6

Total Pregnancy Rate is per 1,000 women 15-44; 10-14 and 15-19 rates are per 1,000 women in these age groups. The Birth Rate is live births per 1,000 population.

The Low Birthweight and Early Prenatal Care Rates are per 100 births. Infant, Neonatal and Postneonatal Death Rates are per 1,000 births. Source: NYSDOH, County Health Indicator Profiles (2002 - 2006).

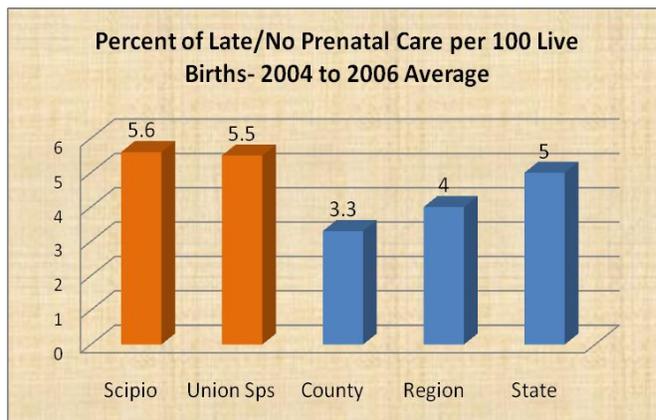
Indicator	US	NYS	Cayuga County	NYS Prevention Agenda 2013 Goal
% early prenatal care (1st trimester) ⁵	83.9% (2005)	74.9% (2004-06)	76.8%↓ (2006)	90%†
% low birthweight ⁵ births (<2500 grams)	8.2% (2005)	8.3% (2005)	8.2% (2004-06)	5%†
Infant mortality (per 1,000 live births) ⁶ **	6.9 (2005)	5.8 (2004-06)	10.8 (2004-06)	4.5†
Increase % of 2 year old children who receive recommended vaccines (4 DTaP, 3 polio, 1 MMR, 3 Hib, 3 HepB) ⁷	80.6% (2006)	82.4% (2006)		90%
% of children with at least one lead screening by age 36 months ⁸	-	82.8% (NYS excl. NYC) (2004 birth cohort)	78.5% (2004 birth cohort)	96%
Prevalence of tooth decay in 3rd grade children ⁹	53.0% (2004)	54.1% (2004)	72.2% (2004)	42%†
Pregnancy rate among females aged 15-17 years ¹⁰ ** (per 1,000)	44.4 (2002)	36.5 (2005)	18.5 (2004-06)	28.0

Prenatal Care & Risk Factors

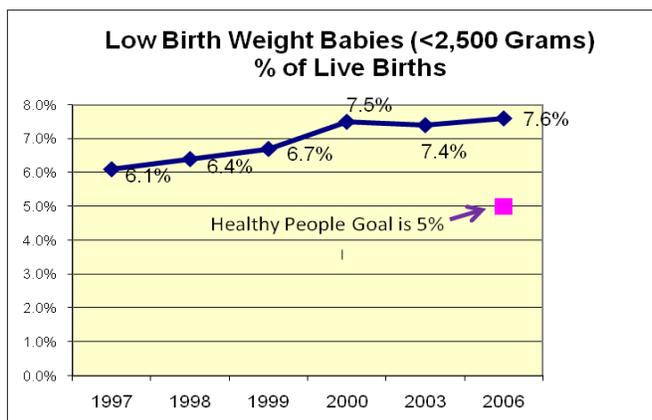


The efficacy of prenatal care in the 1st trimester is well understood. Statistics via the Kid's Well-being Indicators Clearinghouse (KWIC) show a fluctuating record for the county over time. From 1993-98, the average percent of births to women who received 1st trimester prenatal care was 72.4%. In 1999, the percent rose to 80.2%. Between 2001 and 2006 the rate has fluctuated and in 2006, the trend turned downward with the County having a rate of 76.8 (but bettering the 2006 state rate of 74.4). The Healthy People 2010 target is 90%.

The percentage of late/no prenatal care per 100 live births for the county has not improved over time, though it has for the state. The state rate decreased from 6.8 (1990-2000) to 5 (2004-2006). The Cayuga County rate remained the same at 3.3 between those time periods (it had decreased to 2.9 during 2001-2003). Cayuga was the third lowest in the region. However, there was considerable variance among the communities that make up Cayuga County. Three rural communities/zip codes showed increased rates which were also higher than the state rate during 2005-2007. They were Union Springs (5.5), Scipio (5.6) and Port Byron (5).

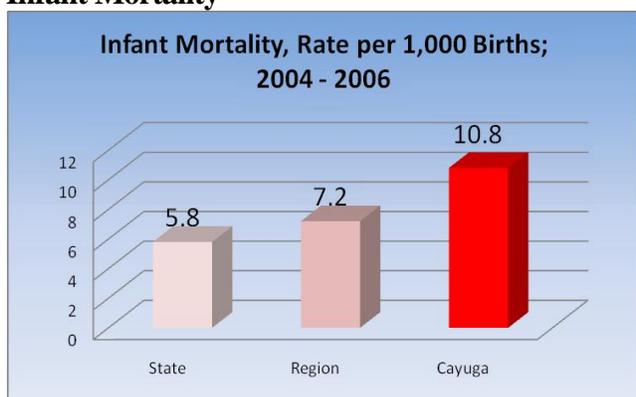


Low Birth Weight



According to data from KWIC, the percentage of low birth weight babies per live births has been increasing. During 2003, the County percent was 7.4 and the state rate was 7.9. The Healthy People 2010 target is 5%. In 2006, while still below the state rate of 8.3%, the county rate rose to its highest level since 1997, with 7.6% of live births being low birth weight babies.

Infant Mortality

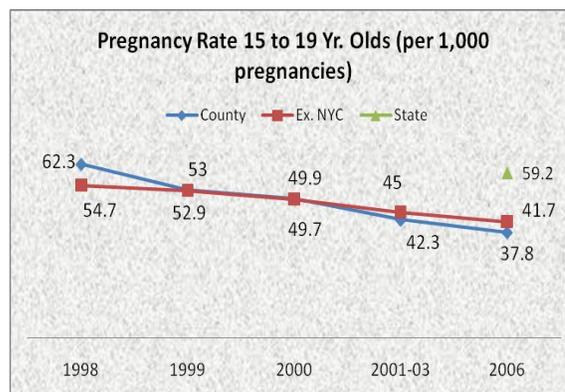


Over time infant mortality had been decreasing in Cayuga County and progressing toward the Healthy People target rate. However, that all changed in the three year period from 2004 through 2006. In the three years from 1995-1997 the infant mortality rate averaged 9.1/1,000 live births. The 1999 data showed considerable improvement, though the county's rate of 6.6/1,000 was still above the upstate and state rate (6.0 and 6.3 respectively) and 36 upstate counties had rates lower than Cayuga County. The infant mortality rate for Cayuga County during 2001 - 2003 was 4.7 per 1,000 live

births (12 infant deaths). During this period of time the county was lower than the region (7.6) and the state (5.9). In 2004 – 2006, the positive outcomes in the county's infant mortality rate reversed dramatically. The rate more than doubled from 2001 – 2003, reaching **10.8 per 1,000 births**. The target rate for Health People 2010 is 4.5.

Teen Pregnancy

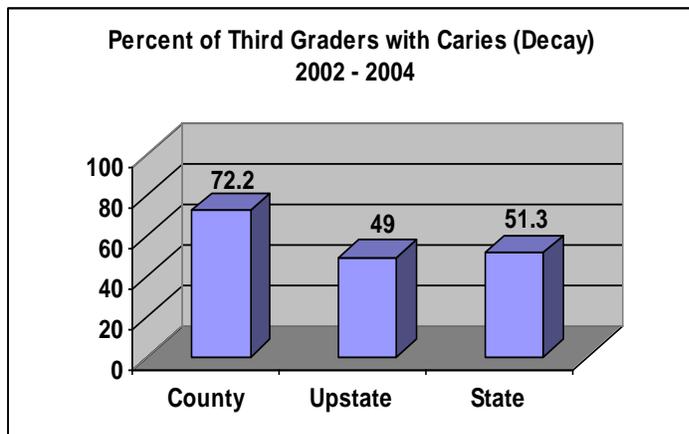
The teen (19 and under) pregnancy rate, within the county, has slowly declined. In 1994 the rate for pregnancies within the 15-19 age cohort was 62.5 per 1,000. In 1998, the rate was 62.3 per 1,000. The upstate pregnancy rate for 15-19 yr. olds was 54.7 per 1,000 in 1998, declining from 61 per 1,000 in 1995. The regional composite rate in 1998 (covering 3 yrs.) was 54.2. Between 2001-2003 the county rate dropped to 42.3 per 1,000 and the state/excluding NYC rate was 45. In 2006, the positive trend of declining pregnancy rates for this cohort in Cayuga County continued. The 2006 county pregnancy rate for 15-19 year olds was 37.8 as compared to the state rate of 59.2. It was also lower than the rate for the state/excluding NYC (for the time period of 2004 – 2006) which was 41.7. It is important to note that there are communities within the county where the teen pregnancy rate is higher than the overall county rate. Auburn has consistently had a higher pregnancy rate per 1,000 females age 15-19 than the county rate.



LHD does not have data on unintended pregnancies. LHD does keep data on teenage pregnancies. Cayuga County has a Title 10 agency that offers Family Planning Services for eligible women. Additionally MOMS health care providers are providers through the Medicaid Family Planning Benefit.. This program provides services to uninsured, underinsured and low-income women. (pg 20 in the CHA)

Dental Health

Oral health is essential to general health for all age groups. Despite improvements in oral health status, profound disparities remain in some population groups as classified by sex, income, age and race/ethnicity. In a survey of County adult residents, published in 2007, 84.7% of the respondents stated there is a need for dental care to be available in Cayuga County.



Poor dental health is the most common chronic disease in children. It can impact their overall health, growth, and oral function. Children in Cayuga County have a history of poor dental health. Cayuga County does not have fluorinated water which contributes to this history. The percentage of county 3rd grade children with caries (decay) was 72.2% during 2002-2004; 41% higher than the state rate of 51.3% and 47% greater than the upstate rate of 49%.

The percentages of children with untreated caries increased between 1998 and 2002/04. In 1998 it was 37% of 2nd and 3rd graders. During 2002-2004 it was 60.2% of 3rd graders, a 62% increase from 1998. Untreated caries in the county’s children continues to reveal a lack of proper dental health care.

As the table below illustrates the percent of 3rd graders screened with untreated decay was almost twice the state rate of 33.1 and three times the Healthy People 2010 goal of 20%. (Changes in data reporting since the baseline prevented comparison over time.)

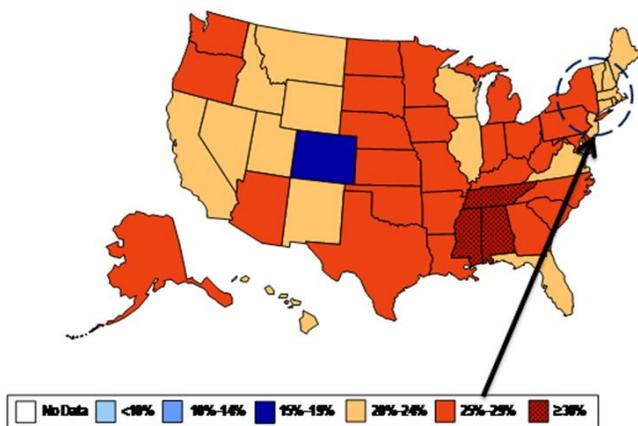
Indicator	Cayuga County Baseline Data	Cayuga County Data	Healthy People 2010 Goal
	1998	2002-04	
Percent of Children Screened with Untreated Decay	37%	60.2%	21%
	2 nd & 3 rd Graders	3 rd Graders	3 rd Graders

PHYSICAL ACTIVITY/NUTRITION

Indicator	US	NYS	Cayuga County	NYS Prevention Agenda 2013 Goal
% of obese children in grades: (BMI for age > 95th percentile) 2-4 Years (WIC) K12	14.8% (2004)	15.5% (2005)	12.7% (2004-06)	11.6%
2	-	-		5%†
4	-	-		5%†
7	-	-		5%†
10	-	-		5%†
% of adults who are obese (BMI>30)1 **	25.1% (2006)	23.6% (2008)	25.8% (2008)	15%†
% of adults engaged in some type of leisure time physical activity	77.4% (2006)	77.3% (2008)	81.9% (2008)	80%†
% of adults eating 5 or more fruits or vegetables per day	23.2% (2005)	26.7% (2008)	30.3% (2008)	33%
% of WIC mothers breastfeeding at 6 months	23.4% (2004)	38.6% (2004-06)	15.9% (2004-06)	50%†

Obesity Trends* Among U.S. Adults BRFSS, 2007

(*BMI ≥30, or ~ 30 lbs. overweight for 5' 4" person)



Source: Behavioral Risk Factor Surveillance System, CDC.

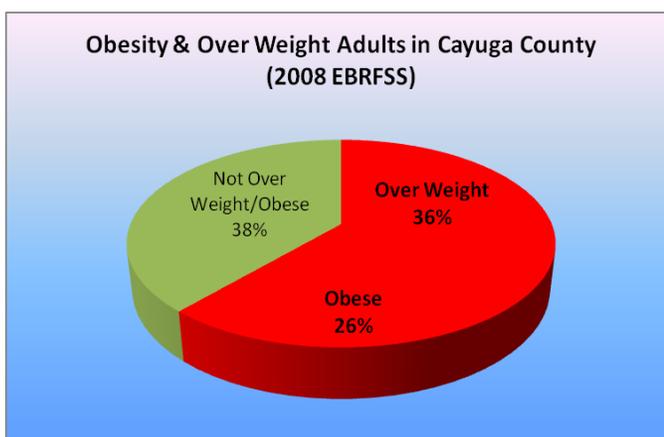
Overweight and Obesity

Overweight and obesity continue to place increasing numbers of persons at risk. It has been characterized by the Center for Disease Control (CDC) as an epidemic. Overweight and obesity are associated with heart disease, certain types of cancer, type 2 diabetes, stroke, arthritis, breathing problems and psychological disorders such as depression. There is a direct link between overweight/obesity and diabetes.

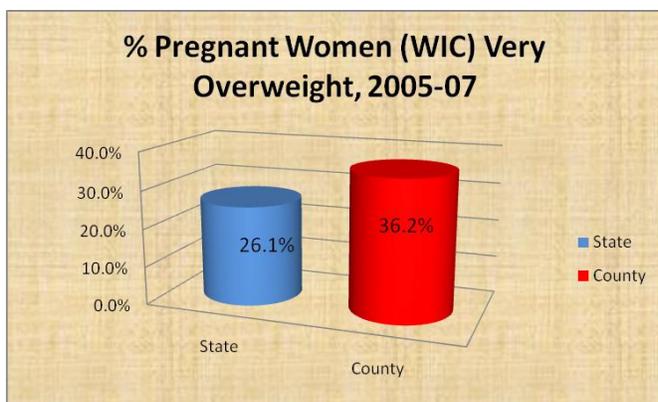
Overweight and Obesity, Adults

Statistics show the dramatic increase. In 1991, five states reported an incidence of obesity at 15-19% (the highest range at that time). By 1996, the number of states at that range rose to 29. By 2001, 49 states (a 900% increase) reported obesity at 15-19% of their populations. Data from BRFSS 2007 reported that all states but one had 20% or more of their populations obese and several reported 30% or more. New York State reported 25-29% of its population was obese. (Obesity = BMI greater than or equal to 30, or ~ 30 lbs. overweight for a 5'4" woman.)

Data from the 2003 Expanded Behavioral Risk Factor Surveillance Survey (EBRFSS) reported only 40.8% of adults age 18 and older were not overweight or obese within the three county group Cayuga County was included within. The Healthy People 2010 Target was 60%. Thirty-six percent (36%) were overweight and 23% were obese. Data from the 2008 EBRFSS reported a slight decrease in the percentage of adults who were not overweight or obese, or 38.5%. There was no change in the percentage of overweight (35.7%) and an increase in the percentage of obese 25.8%. The 2013 Prevention Goal for obesity is 15%.



Data available from a 2007 survey of county adult residents, suggests that this risk factor may be getting worse. In response to the survey, 39.2% (a statistically significant increase from the 2003 EBRFS Survey) of the county adult residents answering stated that a member of their household was overweight and 22% stated that a member of their household was obese (because of the margin of error in surveys we cannot assume a 1% decline).



According to Prevention Agenda Statistics on obesity as of March 2009, 36.2% of pregnant woman in WIC were deemed very overweight prior top pregnancy during 2005-2007. This rate was higher than the state.

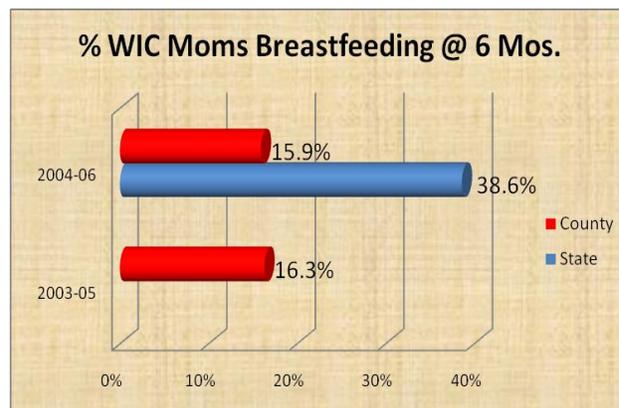
Overweight and Obesity, Children

Overweight, obesity, poor nutrition, lack of exercise and diabetes were cited as some of the most serious health care issues for local children in a Cayuga County 2004 survey completed by school nurses. In addition, rising blood pressure and cholesterol in children was cited as an emerging issue for children. According to the NYSDOH, approximately 33% of NYS Special Supplemental Nutrition Program for Women Infants and Children (WIC) participants ages 2-5 were overweight or at risk for overweight. The prevalence of overweight in New York children enrolled in WIC increased by 34% from 1989 to 2002.

Over the course of 2002-2004, 17 per 100 children ages 2-4 tested enrolled in WIC, were deemed overweight in Cayuga County as compared to 13.2 per 100 in Region 3 and 16.6 per 100 for the state. Cayuga had the second highest percentage in the region. During 2004-2006, 12.7 per 100 children ages 2-4 tested enrolled in WIC, were deemed overweight in Cayuga County as compared to 12.8 per 100 in Region 3 and 15.2 per 100 for the state. Cayuga dropped to the fourth highest percentage in the region. The 2013 Prevention goal is 11.6%.

Breastfeeding

The benefits of breast feeding are well documented. According to Prevention Agenda Statistics on obesity as of March 2009, during 2004-2006, only 15.9 % of WIC mothers were breastfeeding at six months compared to 38.6% in the state. The 2013 prevention goal is 50%. In addition, only 7.7% were breastfeeding at least 12 months compared to 21% state-wide.



Vitamin D Deficiency

Data is showing that 40% of the US population, 48% of young girls (9-11 years old), up to 60% of hospital patients and up to 80% of nursing home patients are Vitamin D deficient. Calcium and Vitamin D are tied together into overall healthy nutrition. Vitamin D is important for skeletal muscle strength and calcium for muscle contraction and bone support. They help maintain physical stamina and performance. Vitamin D is also required to better absorb calcium.

Vitamin D is rare in foods, other than fortified products, and therefore supplements are the best way to insure adequate intake. Due to the increased understanding of the importance of Vitamin D, recommended doses for this vitamin had been recently increased and physicians are now test for Vitamin D levels.

Recent research has shown the impact of Vitamin D supplements in individuals to perform physical movement better which becomes most important as the individual ages. They can stand up, walk better, faster and for longer distances, when taking adequate amounts of Vitamin D supplement. Studies have linked calcium and Vitamin D supplements to hip and non-spine fracture outcomes in older adults and therefore has a direct significance to the issue of unintentional injuries, especially falls (a major issue nationally and locally).

UNINTENTIONAL INJURY

Indicator	US	NYS	Cayuga County	NYS Prevention Agenda 2013 Goal
Unintentional injury mortality (per 100,000)	39.1% (2005)	21% (2004-06)	27.4% (2004-06)	17.1%
Unintentional injury hospitalizations (per 10,000)		64.7 (2004-06)	63.8 (2004-06)	44.5†
Motor vehicle crash related mortality (per 100,000)	15.2 * (2005)	7.7 (2003-05)	9.3 (2004-06)	5.8
Pedestrian injury hospitalizations (per 10,000)	-	2.0 (2004-2006)	0.3~ (2004-2006)	1.5
Fall related hospitalizations age 65+ years (per 10,000)		196 (2004-06)	222.5 (2004-06)	155

Unintentional Injuries – Adult Hospitalizations and Mortality

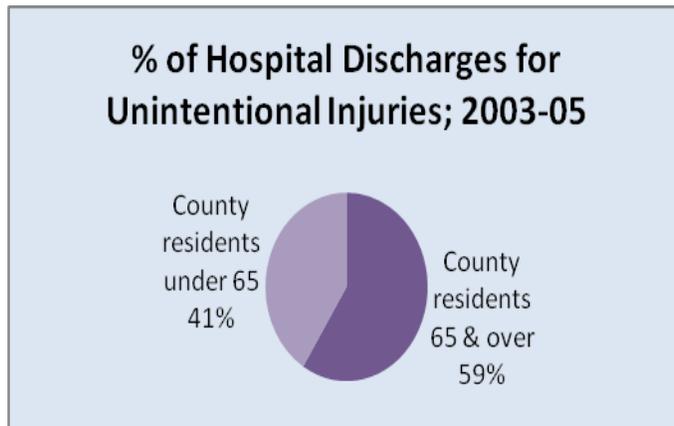
During 2003 - 2005, the county age adjusted rate of unintentional injuries was 64.2 per 10,000 residents. This was higher than the regional rate of 61 per 10,000 and similar to the state rate (64.3). Comparing data from 1996 through 2005, the number of discharges due to unintentional injuries has been fairly consistent. 2004-2006 data reports 1,778 injuries at a rate of 63.8. This indicator continues to be one to monitor, especially in light of the NYS 2013 Prevention Goal is 44.5 per 10,000.

When comparing deaths due to unintentional injuries data from 1996-1998, 1998-2000, 2000-2002, 2001-2003, and 2004-2006 the number has ranged from 65 -75 deaths per three year period. The county rate has ranged from 24.7 to 29.1 deaths per 100,000. The county has remained one of the lowest in Region 3. Data from 2004-2006 reports 72 unintentional deaths at a rate of 26.8 per 100,000 residents. All of the following comparison rates were lower: New York State rate's was 21.7. The NYS 2013 Prevention Goal is 17.1 per 100,000.

Motor vehicle related mortality rates had not changed to a large degree between 2001-2003 (9.8 deaths per 100,000 residents) and 2004-2006 (9.3). The county rates were higher than the state's for those periods of time and higher than the Prevention Goal of 5.8.

Unintentional Injuries and Older Adults

Both the number and percent of all hospital discharges for unintentional injuries is increasing for the 65+ age cohort. In Cayuga County, the 65+ age group constituted 54% (968) of all hospital discharges for unintentional injuries in during 1997 -1999. For the period 2000-2002, the percentage increased to 57% and to 58% for 2001-2003. During the timeframe of 2003-2005 discharges for unintentional injuries in those 65+ grew to 1049 and represented 59% of the hospital discharges for this category.



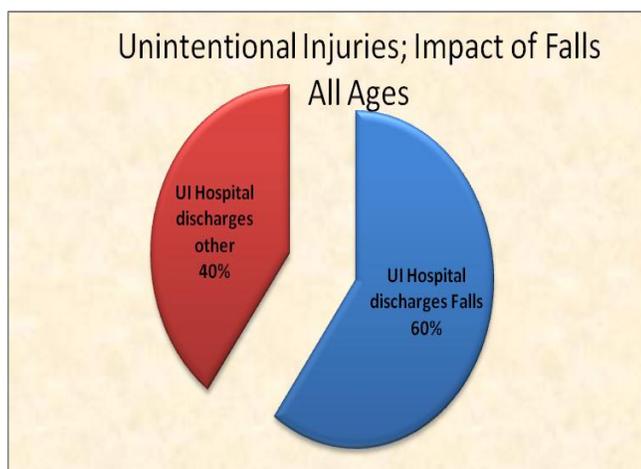
Falls

National estimates from the CDC show us that unintentional falls are the #1 leading cause of nonfatal injuries treated in hospital emergency rooms for all ages except ages 10-24 (for which it is the 2nd leading cause). It is an issue across the population.

National Estimates of the 10 Leading Causes of Nonfatal Injuries Treated in Hospital Emergency Departments, United States, 2006

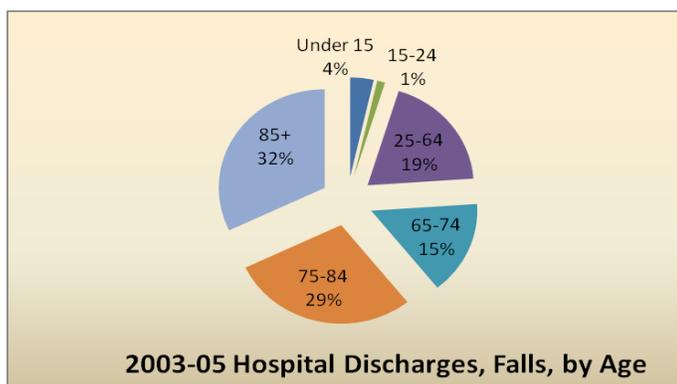
Rank	Age Groups										Total
	<1	1-4	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65+	
1	Unintentional Fall 124,747	Unintentional Fall 860,281	Unintentional Fall 635,912	Unintentional Struck by/Against 608,658	Unintentional Struck by/Against 1,071,586	Unintentional Fall 748,064	Unintentional Fall 784,154	Unintentional Fall 817,043	Unintentional Fall 633,428	Unintentional Fall 1,840,117	Unintentional Fall 7,934,840
2	Unintentional Struck by/Against 30,872	Unintentional Struck by/Against 390,563	Unintentional Struck by/Against 420,693	Unintentional Fall 602,415	Unintentional Fall 888,138	Unintentional Overexertion 726,511	Unintentional Overexertion 656,632	Unintentional Overexertion 468,164	Unintentional Struck by/Against 223,447	Unintentional Struck by/Against 225,785	Unintentional Struck by/Against 4,863,517
3	Unintentional Other Bite/Sting 12,456	Unintentional Other Bite/Sting 153,552	Unintentional Cut/Pierce 116,918	Unintentional Overexertion 279,148	Unintentional MV-Occupant 833,189	Unintentional Struck by/Against 639,006	Unintentional Struck by/Against 570,882	Unintentional Struck by/Against 427,588	Unintentional Overexertion 214,793	Unintentional Overexertion 178,808	Unintentional Overexertion 3,474,597
4	Unintentional Foreign Body 10,903	Unintentional Foreign Body 125,543	Unintentional Other Bite/Sting 99,452	Unintentional Cut/Pierce 144,366	Unintentional Overexertion 782,425	Unintentional MV-Occupant 651,875	Unintentional MV-Occupant 436,807	Unintentional MV-Occupant 338,731	Unintentional MV-Occupant 196,080	Unintentional MV-Occupant 175,219	Unintentional MV-Occupant 2,723,465
5	Unintentional Fire/Burn 10,378	Unintentional Overexertion 81,923	Unintentional Pedal Cyclist 88,734	Unintentional Pedal Cyclist 110,506	Unintentional Cut/Pierce 500,646	Unintentional Cut/Pierce 437,328	Unintentional Cut/Pierce 366,926	Unintentional Cut/Pierce 286,432	Unintentional Cut/Pierce 157,098	Unintentional Cut/Pierce 118,967	Unintentional Cut/Pierce 2,215,211
6	Unintentional Other Specified 7,965	Unintentional Cut/Pierce 79,713	Unintentional Overexertion 78,518	Unintentional Unknown/Unspecified 108,550	Other Assault* Struck by/Against 468,309	Other Assault* Struck by/Against 301,318	Other Assault* Struck by/Against 218,638	Unintentional Other Specified 155,317	Unintentional Other Bite/Sting 66,296	Unintentional Other Bite/Sting 69,703	Other Assault* Struck by/Against 1,310,697
7	Unintentional Overexertion 7,531	Unintentional Other Specified 55,535	Unintentional MV-Occupant 60,008	Other Assault* Struck by/Against 93,912	Unintentional Other Specified 198,544	Unintentional Other Specified 166,785	Unintentional Other Specified 184,888	Unintentional Poisoning 137,855	Unintentional Other Specified 61,633	Unintentional Poisoning 65,292	Unintentional Other Bite/Sting 1,095,521
8	Unintentional MV-Occupant 6,885	Unintentional Fire/Burn 53,359	Unintentional Foreign Body 57,440	Unintentional MV-Occupant 85,151	Unintentional Other Bite/Sting 190,130	Unintentional Other Bite/Sting 162,741	Unintentional Other Bite/Sting 154,357	Other Assault* Struck by/Against 134,647	Unintentional Poisoning 60,990	Unintentional Other Transport 58,823	Unintentional Other Specified 922,208
9	Unintentional Poisoning 6,877	Unintentional Poisoning 43,206	Unintentional Other Transport 45,981	Unintentional Other Bite/Sting 66,784	Unintentional Unknown/Unspecified 155,712	Unintentional Poisoning 104,095	Unintentional Poisoning 146,210	Unintentional Other Bite/Sting 119,980	Unintentional Other Transport 39,316	Unintentional Unknown/Unspecified 47,405	Unintentional Poisoning 703,702
10	Unintentional Cut/Pierce 6,479	Unintentional Unknown/Unspecified 41,573	Unintentional Dog Bite 44,239	Unintentional Other Transport 58,433	Unintentional Other Transport 144,488	Unintentional Other Transport 102,180	Unintentional Other Transport 84,513	Unintentional Other Transport 69,723	Other Assault* Struck by/Against 38,198	Unintentional Other Specified 42,923	Unintentional Unknown/Unspecified 652,130

* The "Other Assault" category includes all assaults that are not classified as sexual assault. It represents the majority of assaults.
 Source: National Electronic Injury Surveillance System—All Injury Program operated by the U. S. Consumer Product Safety Commission.
 Produced by: Office of Statistics and Programming, National Center for Injury Prevention and Control, CDC.



As the result of new data provided by the NYS Department of Health in 2008, counties now have a picture of what unintentional injuries look like locally. In Cayuga County, 60%, the substantial majority, of all hospital discharges for unintentional injuries are due to falls. The picture is not positive for the county. It had the third highest rate of hospital discharges, resulting from falls, for its region (Region 3), from 2003 through 2005. The **county rate was nearly 20% higher than the region.** Further, the 2008 data suggests that Cayuga County adults were 37% more likely to fall and were 29% more likely to experience a fall that resulted in an injury than adults statewide.

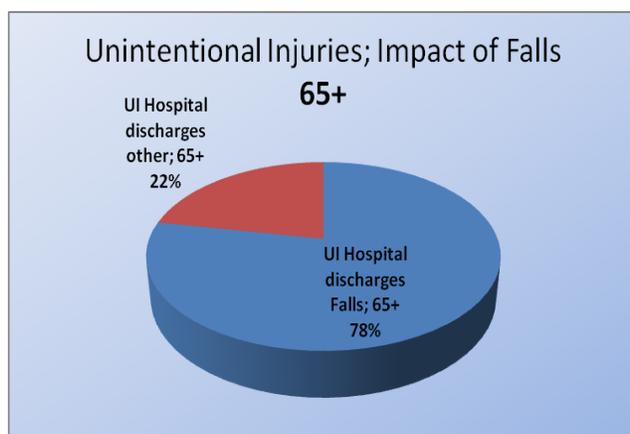
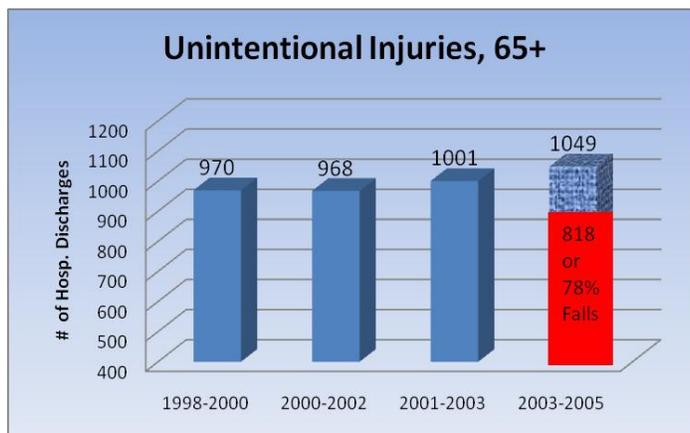
Falls are the most common type of unintentional injury for older persons. County data collected during 2003-2005 substantiated that premise. Falls for those age 64 and younger represented 24% of hospital discharges for unintentional injuries while falls for the 65+ age group represented 76%. Their rate of hospitalization, due to falls, is 9 to 10 times greater than for those age 64 and under.



Falls 65+

Falls are very often devastating to older adults as they are frequently the precursor to declining mobility and declining independence. For older adults, falls are a primary reason for increasing frailty, disability and lost independence, dramatically reducing their quality of life and adding substantially to health care costs. CDC statistics show that falls are the leading cause of injury deaths for older adults. Yet, injuries are predictable and preventable events. According the NYSDOH (2005-2007), an average of 894 NYS residents age 65+ die as a result of an injury sustained falling every year (an average of 2.5 deaths per day).

The number of hospital discharges due to unintentional injuries for the age 65 and older population in Cayuga County has increased continually over time. The worst span of time was 2003-2005 with a record high of 1049 discharges. Data from 2004-2006 showed a slight decrease for that three year period (997 discharges) however the percentage of those discharges due to falls remained at 78%. In addition, the county's rate continued to be higher than the region and the state.



Falls represented 78% of the 997 hospital discharges for unintentional injuries for the 65+ residents of Cayuga County during 2004-2006. These 781 hospitalizations for falls were costly to the older persons and to the health care system. Applying national health care costs, a working estimate of the annual cost in Cayuga County for older adults who were hospitalized for a fall is nearly \$5 million annually and for the 3 year period from 2004 - 2006 the estimated cost would be approximately \$15 million.

The county has a rapidly growing older adult population. The cohort with the greatest rate of hospitalizations for falls is also the cohort that is the fastest growing, those over 85. The rate rose from 610.4/10,000 age 85+ during 2003-2005 to 629.6 /10,000 age 85+ during 2004-2006. This county rate was higher than the region and the state.

The falls data combined with the aging of the county's population reveals a worsening trend. Without intervention, the number and rates of hospitalization for falls will escalate in the coming years. Fortunately many groups nationally, including the NYS DOH Bureau of Injury Prevention, have been working on the issues of falls prevention and the older person. The products of their work will be one of the resources the county will utilize as it addresses this issue.

HEALTHY ENVIRONMENT

Indicator	US	NYS	Cayuga County	NYS Prevention Agenda 2013 Goal
Incidence of children <72 months with confirmed blood lead level> = 10ug/dl (per 100 children tested)	-	1.7 (2004-2006) (Rate for NYS Excluding NYC)	1.3 (2004-06)	0.0†
Asthma related hospitalizations (per 10,000)				
Total	16.6	21*	10.9	16.7
Ages 0-17 years	22.6 (2003)	31.5 (2004-06)	10.6 (2004-06)	17.3†
Work related hospitalizations (per 10,000 employed persons aged 16+ years)	-	16.0 (2004-06)	27.6 (2004-06)	11.5
Elevated blood lead levels (>25 ug/dl) per 100,000 employed persons age 16+ years	-	6.0 (2004-06)	6.6 (2004-06)	0.0†

Asthma

For the 3 years from 1998-2000, the asthma related hospital discharge rate for children 0-4 in Cayuga County was 383.5 per 100,000 (an increase from a rate of 251 during the 1994-1996 time period). The 1998-2000 county rate compared favorably against the state-wide rate of 715.6, however, the County's rate was slightly higher than the region's (377). The Healthy People 2010 rate is 170/100,000. County data for this age group has been monitored since and there appears to be a gradual decrease over time which mirrors the region as a whole. In addition the County was well below the state rate during 2005-2007 (588 per 100,000 children age 0-4).

Asthma Related Hospital Discharge Rate for Children Ages 0- 4 per 100,000

	<i>1998-2000</i>	<i>2001- 2003</i>	<i>2002-2004</i>	<i>2005-2007</i>
County	383.5	461.6	353.8	249
Region	377	394.1	378	299
Healthy People 2010	170			

In examining asthma hospitalizations of those persons age 65+ between 1997-1999 and 2004-2006, Cayuga County's rates have decreased. However, Cayuga County's rates continued to be higher than the region. During 1997-99, the county's hospital discharge rate was of 377.5 per 100,000 population age 65+ related to asthma. The time period from 2004-2006 the county rate declined to 216 per 100,000 population age 65+. The regional rate was 187 and the state rate was 300. Cayuga was fourth highest in the region.

The Interim BRFSS reported that for 2008 the rate for asthma among adult county residents was significantly greater than for their statewide peers. County adults had a rate of 14.2% which is 43% higher than adults statewide. Finally, in a survey of County adult residents, conducted in 2007 by the Community Health Network, 23.4% of the respondents reported that at least one member of their household had experienced asthma in the past year. This was the 4th most frequently reported chronic disease in the survey.

Lead Poisoning

Lead poisoning causes irreversible brain damage that leads to lowered IQ, difficulty reading, poor impulse control, and attention deficits. Adults who were poisoned as children suffer increased osteoporosis, kidney damage, and heart damage.

Based on NYSDOH data, Cayuga County has a historically high screening rate (the second highest among the 57 counties outside New York City). Anecdotal information suggests that screening rates are higher in the cities (Auburn) and among Medicaid recipients and that significant gaps remain, particularly among rural Mennonite families.

Countywide, Cayuga's prevalence rate of confirmed elevated blood lead levels has declined over time and faster than the state (excluding NYC). It dropped from a rate of 3.41 in 2000 to 1.3 in 2004-06.

Table 3: Prevalence of Confirmed Elevated Blood Lead Levels; Overall Rate/100 Tests ≥ 10 $\mu\text{g/dL}$

	2000	2001	2002	2003	2004-06
New York State (excluding NYC)	3.31	2.73	2.61	2.48	1.7
Cayuga County	3.41	2.48	1.7	1.4	1.3

Identifying homes with exposed lead paint, dust, or soil, finding the hazards, and safely remediating the hazardous conditions is straightforward, well-understood, and practical. Addressing lead hazards is the only way to prevent lead poisoning. We have identified neighborhoods and streets which have older housing stocks and have high clusters of children with high lead levels. We worked with the County Planning Department to map the lead cases to help us better identify neighborhoods. LHD teamed up with the University of Rochester and Cornell Cooperative Extension of Cayuga County to provide a door-to-door outreach and education campaign to targeted areas. This was a one year program, as the funding was not renewed by University of Rochester. While lead poisoning rates have declined in recent years, there are currently limited resources in Cayuga County for identifying lead hazards, lead safe work practices, or lead hazard reduction. Outside of public housing, Cayuga County does not receive funding for lead hazard control. The LHD applied collaboratively with Cayuga Community Health Network for the Healthy Neighborhoods grant, but was not funded. Data for elevated blood levels (greater than 25 $\mu\text{g/dl}$) per 100,000 employed persons age 16 plus in the county was higher than the state. For the period of 2004-2006 the rate was 6.6, the state rate was 6 and the 2013 Prevention Goal is 0.

Work related hospitalizations

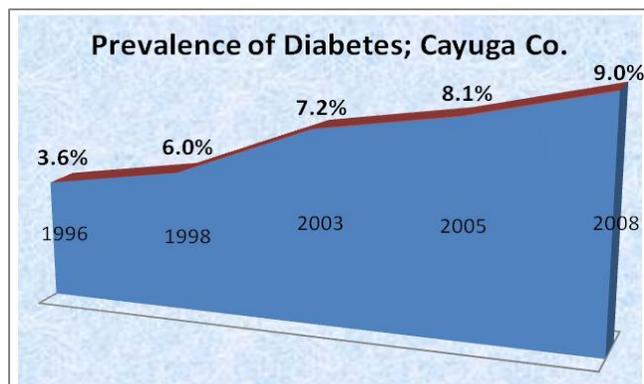
Data collected re: work related hospitalizations per 10,000 employed persons aged 16 plus was concerning. During 2004-2006 the rate was 27.6 in Cayuga County as compared to the state rate of 16. The 2013 Prevention Goal is 11.5. More information is needed to identify the types of injuries and reasons for admissions i.e. lifting injuries, etc.

CHRONIC DISEASE

Indicator	US	NYS	Cayuga County	NYS Prevention Agenda 2013 Goal
Diabetes prevalence in adults	7.5% (2006)	9.7% (2008)	9.0% (2008)	5.7%
Diabetes short-term complication hospitalization rate (per 10,000)				
Age 6-17 years	2.9	3.1	6.7	2.3
Age 18+ years	5.5 (2004)	5.3 (2004-06)	5.0 (2004-06)	3.9
Coronary heart disease hospitalizations (per 10,000)	-	61.2 (2004-06)	75.7 (2004-06)	48.0
Congestive heart failure hospitalization rate per 10,000 (ages 18+ years)	48.9 (2004)	46.3 (2004-06)	32.6 (2004-06)	33.0
Cerebrovascular (Stroke) disease mortality (per 100,000)	46.6 (2005)	30.5 (2004-06)	41.2 (2004-06)	24.0
Reduce cancer mortality (per 100,000)				
- Breast (female)	24.4	25.5	14.7	21.3†
- Cervical	2.4	2.6	1.9	2.0†
- Colorectal	18.0 (2004)	19.1 (2001-05)	19.7 (2001-05)	13.7†

Diabetes

Based on national rates, as of 2002, it was estimated there were approximately 10,250 cases of diabetes in Cayuga County (6,800 of these undiagnosed). Certain minority groups are at a higher risk of diabetes, therefore this estimate is likely somewhat high as the county's minority population is only approximately 6%.

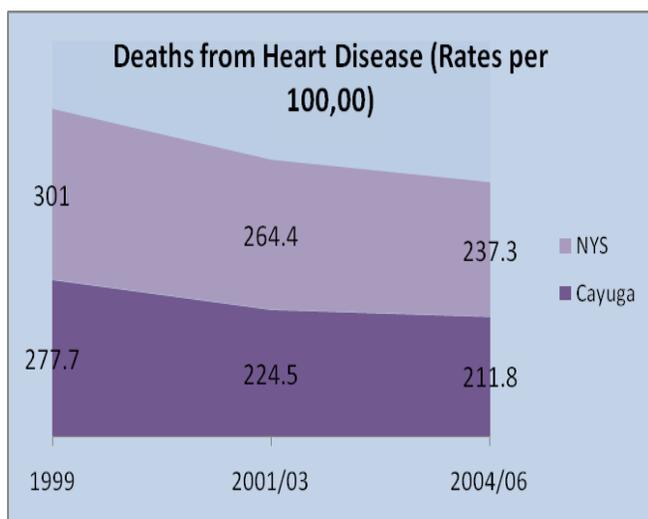


According to BRFSS data, the prevalence of diabetes among adults age 18 and older in NYS (persons who have been told by a doctor that they have diabetes) was 3.6% in 1996, 6% in 1998, 7.2% in 2003 and 8.1% in 2005. The EBRFSS Interim Report, April, 2009, reports that Cayuga's prevalence rate for diabetes continues to increase, with a rate of 9% for 2008 (The state rate was 9.7% in 2008.) The 2013 Prevention Goal is 5.7%. As the rates of overweight and obesity climb, the rate of diabetes can be expected to increase.

In a 2007 survey by the Cayuga County Community Health Network (a Rural Health Network) adult residents, 24.5% of the respondents reported that at least one member of their household had experienced high blood sugar in the past year. This was the 3rd most frequently reported chronic disease in the survey.

Diabetes Hospitalization and Mortality Rates

Data on mortality and hospitalizations due to diabetes have shown improvement over time. Hospitalization rates for the county dropped from 15.2 per 100,000 during 2001-2003 to 12.9 during 2004-2006. Mortality rates for the county dropped from 24.6 per 100,000 during 2001-2003 to 18 during 2004-2006 (lower than the regional rate of 19.5 and the state rate of 18.7)



Heart Disease

Diseases of the heart, as a cause of death, have showed a decline within the county, changing from 365.4 per 100,000 population in 1994, to 277.7 in 1999, to 224.5 during 2001-2003. During 2000 -2003, the county's death rate was lower than the region 233.2 and the state 264.4. During the three year period from 2004 - 2006 the death rate continued to improve, dropping to 211.8, below the state rate of 237.3. (the state rate, excluding NYC, was 223.3.) All rates are age adjusted.

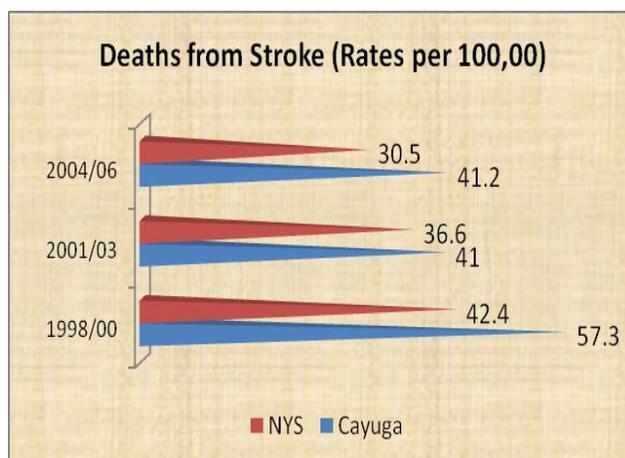
Coronary and Cardiovascular Heart Disease

Cayuga County had a hospitalization rate for coronary heart disease approximately 24% higher than the state's rate during the three years, 2004 - 2006. During that time the county rate was 75.7/10,000 hospitalizations and the state rate was 61.2. The 2013 Prevention Goal is 48. Correspondingly, the Interim EBRFSS reported that in 2008, the county prevalence rate for coronary heart disease was 9.8%. This was a rate 58% higher than the state rate of 6.2%.

While the disparity in the prevalence of cardiovascular disease is less than that for coronary heart disease, it is still significant. The Interim EBRFSS reported a county rate for cardiovascular disease for 2008 as 10.5% for Cayuga County. This was 35% higher than the state rate of 7.8%.

Stroke Deaths

Between 1998-2000, there were 161 deaths due to cerebrovascular disease/stroke in Cayuga County. The death rate per 100,000 residents was 57.3 for the county and 42.4 for the state. Between 2001-2003, there were 122 deaths for a county death rate per 100,000 residents of 41 and 36.6 for the state. During the three years from 2004 - 2006 the county's death due to stroke remained unchanged at 41.2 per 100,000 residents while the state rate improved to 30.5.



Cancer

A 2007 survey, by the Cayuga County Community Health Network, noted that 38.6% of those adult County residents stated that they believed cancer was one of the 3 most significant health problems in the county. Cancer received the 2nd highest percent of those surveyed citing this as a problem, making it the number two perceived health problem. In the same survey, 86.6% of the respondents said there was a need for cancer detection and treatment to be available in Cayuga County.

Lung and Bronchus Cancer (see Tobacco)

Uterine Cervical Cancer

While the numbers are small (24 cases during the five years of 2001 – 2005), the county's incidence rate for uterine cancer is high, standing at 11.8 per 100,000 females. It has the highest rate within its region (Region 3, Central NY's age adjusted rate was 7.2) and was considerably above the state rate of 8.5. In the previous five year period, 1998 – 2002, Cayuga was much more in line with the region's incidence rate. The county had a rate of 7.9, only slightly above the region's rate of 7.2 and well below the state's rate of 9.7.

Lip, Oral and Pharynx Cancer - Females

Data from the State's Cancer Registry indicates that the incidence rate for lip, oral and pharynx cancer is declining. However, women in Cayuga County have an incidence rate over a third higher than the state as a whole. The incidence rate for county females, from 2001 – 2005 was 8.2 per 100,000 females and the state rate was 6.0.

Kidney and Renal Pelvis Cancer - Males

The incidence of kidney and renal pelvis cancer is increasing in both the state and within the county. Of particular concern for the county is the incidence rate for males. It appears that the increasing incidence in males is accelerating faster for the county. During 1999 – 2003 the county incidence rate for males was 20+% greater than the state. During 2001 – 2005 the county incidence rate for males was 30+% higher than the state rate (the county rate was 27 per 100,000 males while the state rate was 19.5).

Urinary Bladder Cancer - Females

The incidence of urinary bladder cancer in women is increasing over time for both the county and the state. The incidence rate for county women for urinary bladder cancer, during 1999 – 2003, was 20+% greater than the state. During 2001 – 2005 the county incidence rate for females was 30+% higher than the state rate (the county rate was 16.5 per 100,000 females while the state rate was 11.2).

Breast

Breast cancer is an area for on-going diligence re: prevention. For the time period, 2001 – 2005, the county's incidence rate for breast cancer decreased to 114.8 per 100,000 female residents (from 132.6 during 1998-2002), slightly below the state rate of 118.9. However, the early stage diagnosis rates of 66% for the county are below the Prevention Goal of 80%.

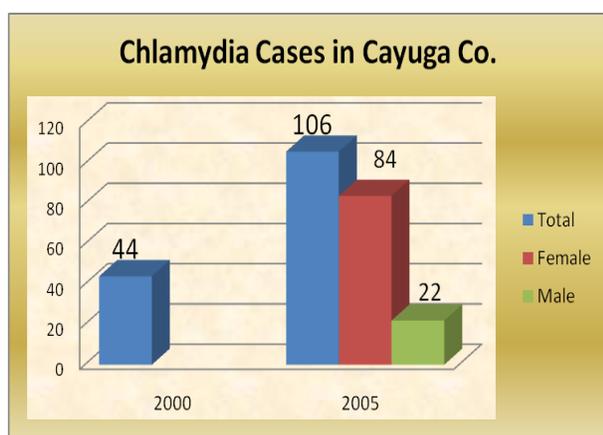
During the years of 1993-1997 the female breast cancer mortality averaged 32.2 per 100,000 women in Cayuga County (vs. the 1997 US rate of 28.6) and the Healthy People 2010 target of 22.2. The county rate during 1999-2003 (of 17.5) improved so dramatically that it fell far below the upstate rate of 27.1 and the Healthy People target. Data from 2004 – 2006 shows this positive trend continuing. During that timeframe the mortality rate from breast cancer in Cayuga County declined to 14.7 (58% of the state rate of 25.5/100,000). The 2013 Prevention Goal is 21.3.

Arthritis

While the rate for chronic joint symptoms in the county's adults is only somewhat higher than the statewide rate, the incidence of arthritis, in 2008 (as reported by the Interim EBRFSS), among county adults was significantly greater (23% higher). The county's incidence rate for arthritis was 34.3% as compared to the statewide rate of 27.9%. There were remarkable disparities in the age cohorts of 18 to 34 year olds and 35 to 44 year olds. County residents 18 to 34 years old experienced arthritis at a rate nearly 3 times greater than their statewide peers. The county residents had a rate of 17.4 vs. the state rate of 6.4. The 35 to 44 year olds experienced a rate almost a third higher at 21 compared to the state rate of 16.2.

INFECTIOUS DISEASE

Indicator	US	NYS	Cayuga County	NYS Prevention Agenda 2013 Goal
Newly diagnosed HIV case rate (per 100,000) ¹⁸	18.5 (2006)	24.0 (2004-06)	4.1~ (2004-06)	23.0
Gonorrhea case rate (per 100,000) ¹⁹	120.9 (2006)	93.4 (2004-06)	20.5 (2004-06)	19.0†
Tuberculosis cases (per 100,000) ²⁰	4.4 (2007)	6.8 (2004-06)	0.4~ (2004-06)	1.0†
% of adults 65+ years with immunizations ¹				
- flu shot past year	69.6%	64.7%	71.9%	90%†
- ever pneumonia	66.9% (2006)	61.0% (2006)	70.4% (2004-06)	90%†



Chlamydia

In 2005 there were 106 reported cases of chlamydia in the county. The majority of cases were females (84 cases). There were 22 male cases. 2005 had 62 more cases reported than in 2000 which represented a 140% increase. Monitoring the data since the number of cases continued to rise and then fell in 2008. This data will continue to be watched. It is believed that the increase in cases was influenced by the change in testing of males to one which was more acceptable/less intrusive.

Immunizations – Older Adults

The percentage of elders immunized statewide for influenza has changed over time. In 1997, 64.5% of those ages 65 and older were immunized for influenza statewide. In 2001, the percent was 62.5, in 2005 it was 61.8% and in 2006 it was 64.7% statewide. The county rate for the years 2004-2006 was 71.9%, and for 2008 it was 75.97% (modestly better than the state rate of 74.4%), however, the NYS 2013 Prevention goal is 90%. During 2006, the percent of adults age 65 and older immunized for pneumonia was 61% statewide and 70.4% in the county. By 2008, the percent immunized for pneumonia in the state was 64.2, considerably below the county rate of 73.7%. The NYS 2013 Prevention goal for pneumonia immunizations for this cohort is 90%. Influenza and pneumonia can be life threatening to older adults. Cayuga County is below the 90% goals for these immunizations.

COMMUNITY PREPAREDNESS

Indicator	US	NYS	Cayuga County	NYS Prevention Agenda 2013 Goal
% population living within jurisdiction with state-approved emergency preparedness plans	-	100% (2007)	100% (2007)	100%

MENTAL HEALTH/SUBSTANCE ABUSE

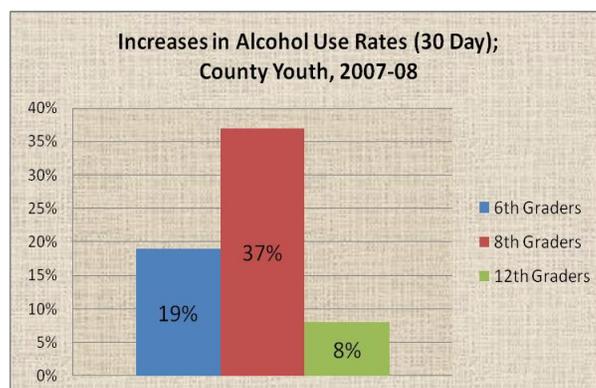
Indicator	US	NYS	Cayuga County	NYS Prevention Agenda 2013 Goal
Suicide mortality rate (per 100,000)	10.9 * (2005)	6.4 * (2004-2006)	6.8~ * (2004-2006)	4.8†
% adults reporting 14 or more days with poor mental health in last month	10.1% (2002-2006)	10.0% (2008)	16.2% (sex & age sig.) (2008)	7.8%
% binge drinking past 30 days (5 + drinks in a row) in adults	15.4% (2006)	19.6% (2008)	17.4% (2008)	13.4%†
Drug-related hospitalizations (per 10,000)	-	34.0 * (2004-06)	9.4* ↑ (2004-06)	26.0

Alcohol and Substance Abuse

It is evident from the data that alcohol use warrants intense and sustained attention from the educational and human services community in Cayuga County.

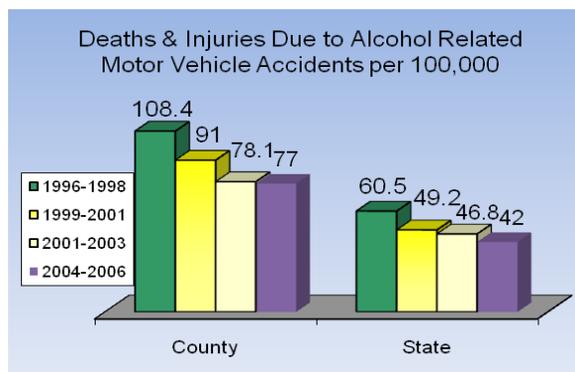
In response to a county survey by the Cayuga County Community Health Network in 2007, 19.3% of the county adult residents answering stated that alcohol use was currently affecting the health of a member of their household. This response rate made alcohol use the 4th highest risk factor cited by the survey respondents.

In another locally conducted survey (Partnership for Results) local youth reported that they were increasingly using alcohol. Over a one year period from 2007 to 2008, 19% more 6th graders were using alcohol, 37% more 8th graders were using alcohol and 8% more 12th graders were using alcohol. In addition, the age of onset for tobacco for 12th graders had risen slightly from 2003 to 2007 to 14.2, however dropped to age 13.9 in 2008. Many recent studies demonstrate the high potential for alcohol dependency at some point during the lifetime of youth who begin drinking before the age of 14.



While the binge drinking rate for Cayuga County adults is less than the state rate, the rate for those who participated in heavy drinking is 28% higher than the state rate (Cayuga County 6.9% vs. the state rate of 5.4%).

Alcohol and Motor Vehicle Injury/Death

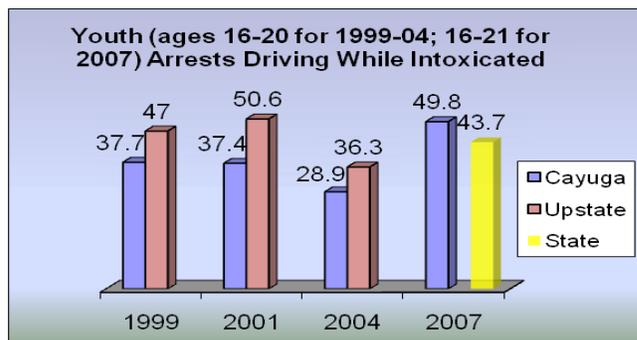


During 1996-1998 Cayuga County had a higher rate of deaths and injuries due to alcohol related motor vehicle accidents than its region and New York State as a whole. Although the rate decreased from 108.4 to 91 over the next three years of 1999-2001, the county rate remained higher than both the region and state. During 2001-2003, the county rate decreased to 78.1. While this was a significant improvement, the county continued to remain higher than the region and state. During this timeframe Cayuga County had the third highest rate deaths and injuries due to alcohol related motor vehicle accidents in Region 3. The regional rate for 2001-2003 was 69.4 and the state rate was

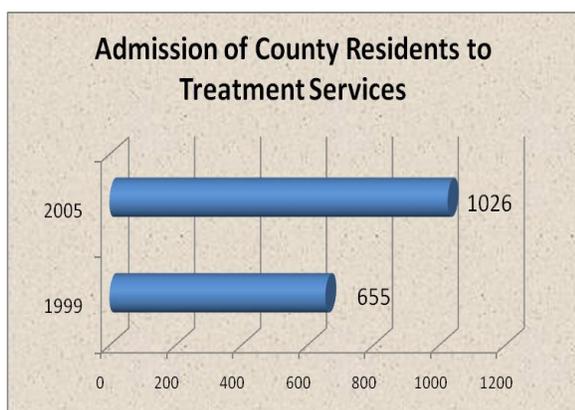
46.8. During 2004-06 little to no progress was made. The county rate for these three years was 77, the state rate was 42 and state rate, excluding NYC, was 59. Because other counties within the region improved and Cayuga did not, the county had the second highest rate in Region 3.

Intoxicated Youth and Arrests

DWI arrests involving youths ages 16-20 dropped during the years from 1995 to 1999. According to KWIC data, the rate per 10,000 youth ages 16-20 was 37.7 in 1999 and 37.4 in 2001. Both the County rate and the upstate rate showed considerable decline by 2004. In 2004 the county rate was 28.9/10,000 and the upstate rate was 36.3/10,000. For the year 2007, KWIC reported youth DWI through age 21 and does not provide an arrest rate for upstate. Even though the age cohort was expanded by one year, it is clear that this expansion does not account for all of the substantial increase (from 28.9 in 2004 to 49.8 in 2007) in the arrest rate for Cayuga's youth for DWI.

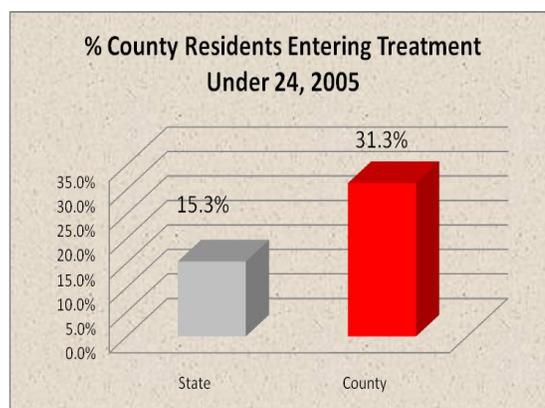


Alcohol and Substance Abuse Treatment Use



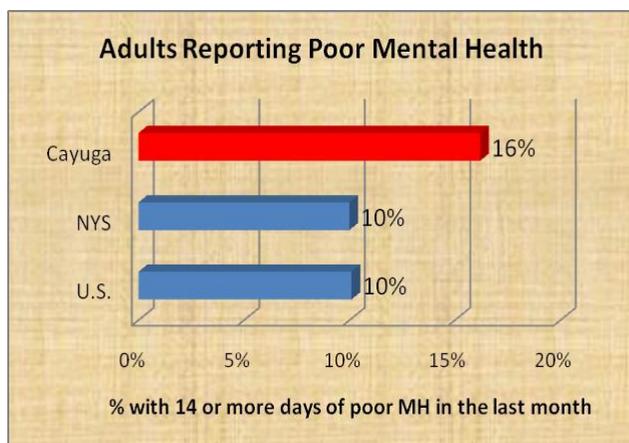
Admissions of county residents to alcohol and substance abuse treatment have been steadily increasing. During 1999 there were 655 such admissions. In 2001 there were 724 admissions of Cayuga County residents to alcoholism and substance abuse treatment services. Of these

admissions, 21.4% were youth under age 18. During 2003 there were 890 total admissions and 19.4% were youth under age 18. By 2005, 1,026 Cayuga County residents were admitted for treatment in that year. Of those admitted for treatment in 2005, 31.3% were under the age of 24. Further investigation is necessary to determine if this reality is a result of Cayuga County teens having better access to treatment or they have higher use rates.



Mental Health

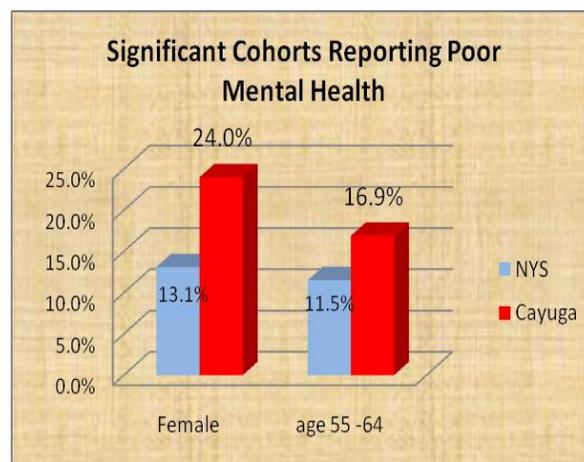
In a 2007 survey of County adult residents by the Cayuga County Community Health Network, 24.5% of the respondents reported that at least one member of their household had experienced mental health problems in the past year. This (along with high blood sugar) was the 3rd most frequently reported chronic disease in the survey.



Equally concerning is the data on general mental health generated by the 2008 Interim Expanded Behavioral Risk Factor Surveillance System (EBRFSS). While Cayuga County residents saw themselves as in “better health” than others in New York State (only 13.1% of the county respondents said their health was only fair or was poor as compared to 16.2% statewide), that was not the case when reporting on their “mental health”. Cayuga County was 60% above the State and the nation (and the nearby counties of Seneca, Wayne, Cortland and Onondaga) with residents reporting poor mental health. Sixteen percent of Cayuga

County adults reported that they experienced 14 or more “poor mental health days” in the previous month. Statewide, 10% of the respondents noted that they had experienced that level of poor mental health.

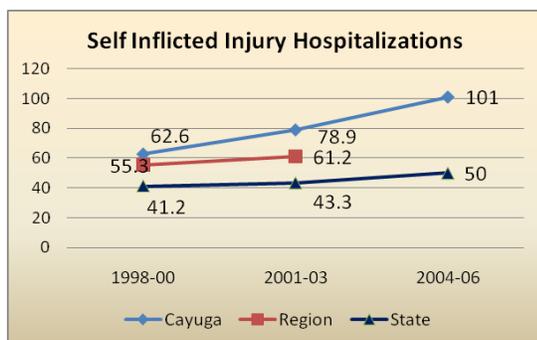
There were two County resident cohorts that stood out as especially subject to experiencing “poor mental health” (data from the 2008 EBRFSS). Female county residents were 3 times more likely to report poor mental health than were Cayuga County males (24% vs. 8.5%). Further, the County’s adult females were almost twice as likely to experience poor mental health as were their counterparts throughout the state. The age group within the County reporting the highest level of poor mental health was the 55 to 64 age cohort. This county age group was 47% more likely to experience poor mental health as were their counterparts throughout the state. Also, this age group was 40% higher than the next highest age cohort of 45 to 54 years in reporting experiencing poor mental health (11.8%).



The economic downturn has significant implications for individuals' mental health. The following are the observed result from previous recessions:

- Job loss creating a loss of identity
- Significant amount of change & uncertainty
- Heightened states of stress, anxiety, anger and frustration
- Depression (& suicide) increase (lasting into the economic upturn)
 - Strain on family dynamics - domestic violence (spousal, elder, child); behavioral issues in children
 - Increased petty crime
 - Violence in the workplace

Self-inflicted Injuries

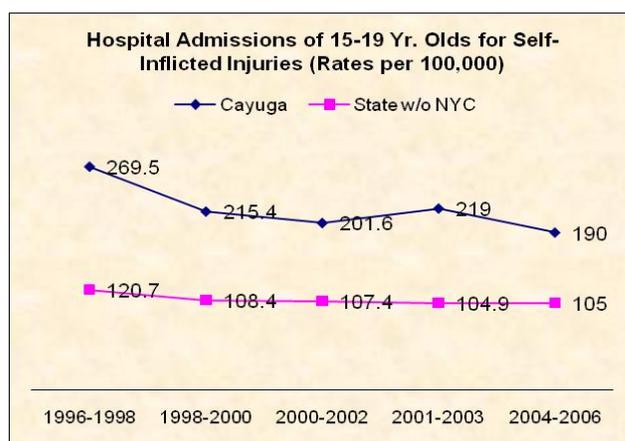


Self-inflicted injuries have increased over time. During 1998-2000, 161 residents were hospitalized due to self-inflicted injuries in Cayuga County. The county rate was 62.6, the third highest in the region. The regional rate was 55.3 and the state rate was 41.2. During 2000 -2003, the number and rate for the Cayuga County increased. For those three years, 193 residents were hospitalized due to self-inflicted injuries at a rate of 78.9, the highest discharge rate per 100,000 population for self-inflicted injury in the region. The regional rate was 61.2 and the state rate was 43.3. For the three years spanning 2004 - 2006 the county rate expanded to 10.1 per

10,000 (or 101 per 100,000). During that timeframe the state's rate was less than half that of Cayuga's at 5.0 (rates are age adjusted).

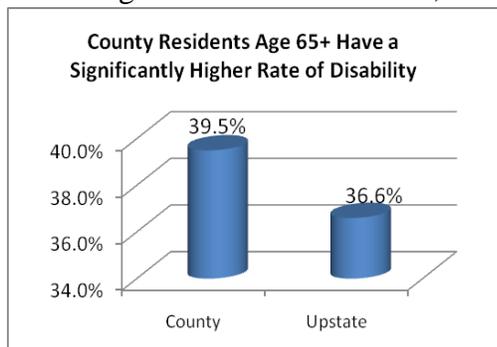
Self-inflicted Injuries by Youth

Hospitalizations for intentional, self-inflicted injuries by youth are small in number (averaging 15/year), however, the county rate has been twice that of upstate, the state and one of the highest state-wide. According to Kids Count 2001-2003 Data, Cayuga remained higher at a rate of 219/100,000 of 15-19 year olds. The upstate rate was 104.9 and the state rate was 98.7. Data from NYSDOH for 2004 – 2006 show that there were 33 youth ages 15-19 years hospitalized, a rate of 19 per 10,000 (or 190 per 100,000), down from the previous three years, but still more than twice the state rate of 9.7 per 10,000 (or 97 per 100,000). The rate for the state, excluding NYC, for this timeframe was 10.5 (or 105 per 100,000).



DISABILITIES AND AGING

According to the 2000 US census, of those age 65 and over (11,284), 39.5%, or 4,453, were non-



institutionalized disabled in Cayuga County. This was higher than the upstate percent of 36.6. Of the 4,453, 1,645 (37%) identified a sensory disability; 2,962 (66.5%) identified a physical disability; 1,016 (23%) identified a mental disability; 885 (19.9%) identified a self-care disability (of these 71% were ages 75 and older); and 2,058 (46%) identified a going outside of the home disability (of these 67% were ages 75 and older). Notes: Disabilities are not mutually exclusive. Definitions *

* Sensory: existence of long lasting blindness, deafness or a severe vision or

hearing impairment. Physical: existence of long lasting condition which substantially limits one or more basic physical activity (walking, climbing stairs, reaching, lifting or carrying). A physical, mental or emotional condition lasting 6 months or more that made it difficult to perform the following 1. Learning, remembering or concentrating (mental disability); 2. Dressing, bathing or getting around the inside of the home (self-care disability); 3. Going outside the home alone to shop, or visit a Dr.'s office (going outside the home disability); 4. Working at a job or business (employment disability).

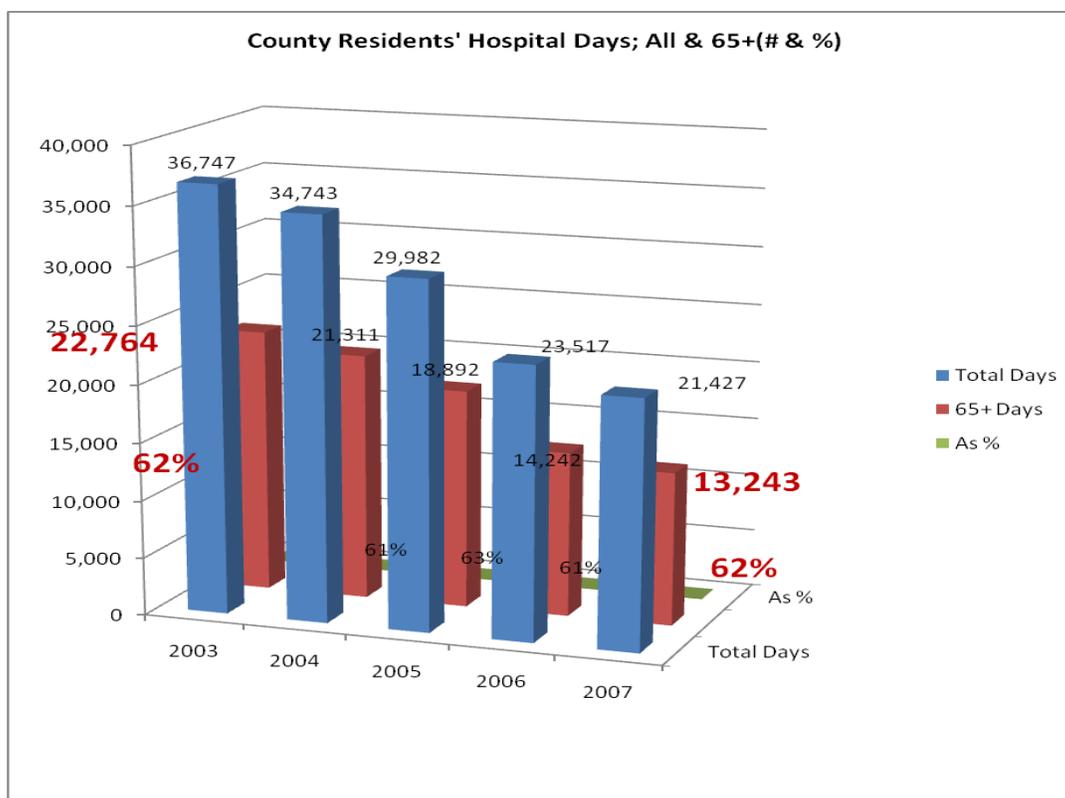
Living alone compounds the issues of disabilities for those impaired. The 2000 Census reported 10.4% of the county's total household population lived alone. In comparison, 29.5% of those age 60 plus and 42.5% of those age 75 plus lived alone in 2000. The likelihood of Cayuga's older residents having disabilities is high as is the likelihood of their living alone.

The percentage of elders vs. non-elders will shift significantly by 2015 with nearly all of the New York State counties having 20% or more of their population comprised of people age 60 years or older. It is estimated that the number of people age 85+ will grow by 29% by 2015 in New York State. Applied to Cayuga County the census numbers and growth estimates are: 1040 age 85+ in 1990; 1,524 in 2000, 1914 in 2010 and 1975 in 2015. This represents an increase of 90%. This cohort will experience numerous disabilities.

Health Care Utilization by Older Adults

The impact in the percent of the population age 65+, with special emphasis on the 85+, living in Cayuga County has the potential to significantly change the complexion of the community: its economy, health care and social services systems, its family systems, its work force, etc.

The health care system is currently well-used by our aging residents. Older adults, have much higher rates of hospitalizations for unintentional injuries (see earlier section on falls), and chronic diseases.



Data reveals that approximately 40% of those hospitalized for diabetes related illness were those persons age 60 and older in Cayuga County. In addition, those age 65 and older are the patients whose hospital length of stay is likely to be the longest, 20 days or longer. Utilization of hospitals is in marked decline. In the four years covering 2003 – 2007, hospital bed days, used by county residents, declined by 42%. Older adults residing in Cayuga County consume 62% of all hospital bed days. That remained constant during the 2003 – 2007 time period.

The chart below shows, nationally, the diseases/impairments that result in the longest length of stay in the hospital for older adults. Of particular concern are the diagnoses of Psychoses and Dementia. As the following discussion highlights, the number of persons experiencing diseases of the brain, dementias, are growing very rapidly. Additionally, while the length of stay is on the lower end, the rates of admissions for unintentional injury, falls in particular, are also escalating as our population grays.

Hospital Discharges: Persons 65+, Average Length of Stay and Days of Care by First-Listed Diagnosis, Age, and Sex. United States, 1970-2004. NHDS, NHCS (HDL04)

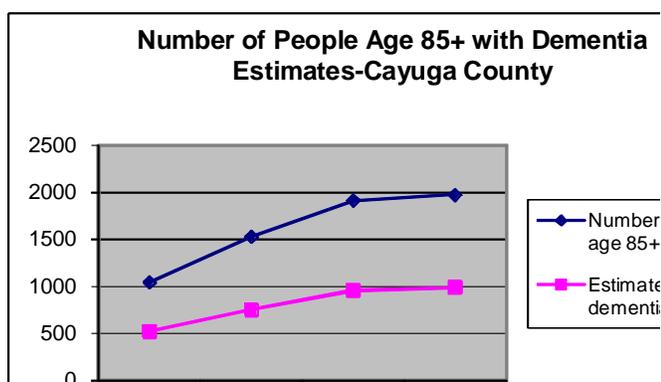
Year	2000	2001	2002	2003	2004
Malignant neoplasms	7.2	7.4	7.5	7	6.9
-Malignant neoplasm of large intestine and rectum	9.2	9.1	9.3	8.8	9.4
Psychoses	9.9	10	9.8	9.3	9.8
Alzheimer's disease	7.8	7.1	7.2	8.2	8.6
Acute myocardial infarction	6.1	6.4	6.3	5.8	6
Atherosclerosis	7	7.4	6.8	6.2	6.6
Pneumonia	6.4	6.4	6.2	6	6.1
Intestinal obstruction without mention of hernia	6.4	6.8	7.2	6.6	6.2
Nephrit.&nephr.syndr.&nephrosis	7.6	7.1	7.5	7.5	7.3
--Acute renal failure	8.2	7.6	7.9	7.6	7.4
Injury, adverse effects, and complications of care	6.3	6.5	6	5.8	6.2
-Fracture of neck of femur	7.2	6.5	6.5	6.4	6.6

Alzheimer's Disease and Dementia

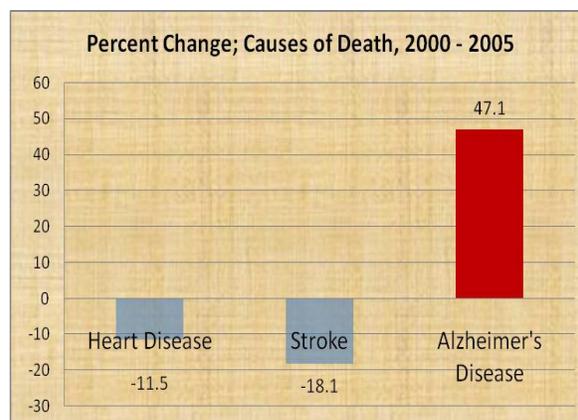
It is projected that there will be more people who will live longer. The incidence of disease in Cayuga County will increase, not only because of the increases in the numbers of older people, but also because more people are living into their 90's and 100's. Added longevity increases the incidence of chronic disease or disability and that is particularly true for Alzheimer's disease and other dementias.

Equally significant is the increase in the life span for a person living with the disease. Currently, the average life span for a person with Alzheimer's disease ranges from 8-20 years. As was seen in the area of HIV/AIDS health trends, new treatment drugs resulted in a significant increase in life span for those suffering from HIV/AIDS. The service system was required to evolve from supporting the dying to supporting the living. Similarly, it is projected that due to the drugs being developed for the treatment of Alzheimer's disease, there will be more people living with the disease longer in the community. The service system will need to evolve in order to respond to the growing numbers of persons experiencing Alzheimer's disease and related dementia and their families.

The National Alzheimer's Association reported that 1 in 10 persons over 65 and nearly half of those over 85 have Alzheimer's disease. Using this formula it is estimated there were approximately 1,800 individuals living with Alzheimer's disease in Cayuga County and by 2015 there would be 2325, or an increase of 525 residents age 65+ with dementia. It is estimated that the 85+ cohort will grow 29% by 2015. Applying the census numbers, the county's growth estimates are: 1040 age 85+ population in 1990, 1,524 in 2000, 1914 in 2010 and 1975 in 2015. This represents an increase of 90%. Based upon the statistic that nearly 50% of those age 85+ will have Alzheimer's disease or other form of dementia, a conservative estimate of growth in Cayuga County suggests the following: an additional 207 persons 85+ afflicted with dementia by 2010 and an additional 238 persons 85+ afflicted with dementia by 2015. Alzheimer's is devastating to the individual and their family. There will likely be a 53% increase in the diagnoses by 2015 within the county. Those impacted will require significant support from their community.



Our health care system continues to improve outcomes in a number of areas, notably in reducing mortality due to heart disease and stroke. However, the increases in those who are afflicted with Alzheimer's disease (and other dementias) is challenging our health care system. From 2000 to 2005 we witnessed a 47.1% increase in deaths from Alzheimer's disease.



Social Isolation – Elderly

A recurring theme by the work groups at the annual public hearing was the need to reduce isolation and increase opportunities for socialization. Reducing isolation could be a part of the solution to combat many of the issues, particularly Alzheimer's & dementia care, caregiver support, elder abuse/at-risk seniors, mental health concerns, and even improving health care outcomes.

Section 1

Basic Service Area: Family Health Programs

Program: Dental Health Education

Art 6 Area of Concern? Yes

Discussed under Focus Area (part III)? Yes

Focus Area: Dental Health Education

Strategies: LHD continues to provide and expand the dental health education for children through the school based dental health program. LHD continues to actively support community agencies providing dental health education messages directed to parents, children and other adults. The LHD health educator distributes oral health information at family centered community events.

Strengths and Gaps:

Strength: LHD provides dental health education in every school district in the county.

The LHD has a respected reputation in the community as a dental health education provider due to the longstanding school based dental health education and sealant program.

Strength: Other community agencies have also picked up on the continual need for dental health education among parents and children in particular. Due to their involvement there has been increased visibility as to proper dental health practice and awareness of continual need to provide education.

Preventive Agenda toward the Healthiest State 2008-2013: Healthy Mothers/Healthy Babies/Healthy Children

Basic Service Area: Family Health Programs

Program: Primary and Preventive Healthcare Services

Art 6 Area of Concern? Yes

Discussed under Focus Area (part III)? Yes

Focus Area: Primary and Preventive Health Care

Strategies: LHD provides Facilitated Enrollment, through a grant from NYSDOH, to assist people in enrolling in Child Health Plus, Family Health Plus and Medicaid. Cayuga County Community Health Network continues to work with community providers to encourage their participation in these health insurance products.

LHD coordinates Health Men and Women Partnership (HMWPP) grant, from NYSDOH, which pays for and links eligible adults to health care providers to receive services for cancer screening. The county's rates for early stage cancer diagnosis were above those of the state and in the case of cervical cancer exceeded the 2013 objectives.

LHD continues to work with community to address the issue of dental health care for people without third party payer insurance. The prevalence of tooth decay in 3rd grade children remains significantly higher than the NYS average so the county is exploring options to obtain further school based dental services.

Strengths and Gaps:

Strength: Cayuga County offers enrollment Family Health Plus and Child Health Plus as a health insurance option for people in the county.

Strength: The HMWPP remains a strong program that has been recognized by NYSDOH for its' achievements.

Strength: Two new dental health providers who accept Medicaid and Child Health Plus have opened for practice in the county.

Gap: Many providers limit the type of insurance they will accept which therefore reduces the people able to receive care from them unless paying out of pocket.

Gap: These insurances have significant gaps in serving dental and mental health needs.

Preventive Agenda toward the Healthiest State 2008-2013: Access to Quality Health Care

Basic Service Area: Family Health Programs**Program: Lead Poisoning**

Art 6 Area of Concern: Yes

Discussed under Focus Area (part III)? No

Focus Area: N/A

Strategies: LHD continues to utilize the NYSDOH Lead Poisoning and Prevention grant. LHD executes a work plan that includes coordinating the Lead Poisoning and Prevention Coalition, comprised of community partners including housing authority workers, hardware store and laboratory staff. The LHD is planning on purchasing the CLIA waived Lead Care II machine for lead testing to expand POC opportunities for lead testing.

Strengths and Gaps:

Strength: Excellent community partnering and involvement in lead coalition and education activities.

Gap: Much housing stock in county is pre-1970 and still may contain lead paint.

Strength: Good compliance among health care providers in offering and testing children for lead.

Preventive Agenda toward the Healthiest State 2008-2013: Healthy Environment/ Healthy Mothers/ Healthy Babies/ Healthy Children

Basic Service Area: Family Health Programs**Program: Prenatal care and Infant Mortality**

Art 6 Area of Concern: Yes

Discussed under Focus Area (part III) No

Focus Area: Prenatal Care and Infant Mortality

Strategies: LHU continues to offer MOMS and MCH programs to qualifying individuals. Childbirth Education classes offered to MOMS clients and available to community. LHU continues participation in regional REACH CNY to work on programs to lessen infant mortality and increase pre-natal care for female and baby to better health outcomes. The LHU plans to work in collaboration with the local hospital to ensure that all women who need education and support postpartum are referred for follow-up.

Strengths and Gaps:

Strength: Excellent working relationship between LHU and obstetric health providers.

Gap: Need to strengthen relationship with local hospital to work collaboratively on Maternal Child Health issues.

Preventive Agenda toward the Healthiest State 2008-2013: Healthy Mothers, Healthy Babies, Healthy Children.

Basic Service Area: Family Health Programs**Program: Family Planning**

Art 6 Area of Concern: No

Discussed under Focus Area (part III) No

Focus Area: N/A

Strategies: Family planning offered to clients involved in some maternal and child health programs by LHD. Family Planning services offered by private health providers and Article 28 Family Planning Clinic: East Hill Family Medical Inc.

Strengths and Gaps:

Gap: In the fall of 2007 the county Abstinence Education Program Initiative closed because of the loss of funding. The impact of the loss of the program may not be reflected in current statistics.

Strength: MOMS and MCH programs continue to offer family planning advice and have excellent working relationships with health care providers. Teen pregnancy rate in 15-17 year olds is 10% less than the Preventive Agenda 2013 objectives.

Preventive Agenda toward the Healthiest State 2008-2013: Healthy Mothers/ Healthy Babies/
Healthy Children

Basic Service Area: Family Health Programs**Program: Nutrition**

Art 6 Area of Concern: Yes

Discussed under Focus Area (part III)? Yes

Focus Area: Nutrition

Strategies: LHD involved with Cayuga County Nutrition Network, goals to improve nutrition of food offered at sites and make more healthy food available to community. LHD coordinates the Eat Well Play Hard grant, from NYSDOH, focusing on nutrition and exercise among preschool and school aged children and their parents. Additionally, the LHD receives a Healthy Lifestyles grant which funds the FIT WIC distribution of an activities bag for WIC children 2years and older. Chronic diseases, with direct relationship to nutrition are a big focus of LHD activities. LHD contracts with and utilizes the services of a Registered Dietician, who is also a Certified Diabetes Educator, for CHHA patients as well as Prevent patients

Strengths and Gaps:

Gap: LHD no longer oversees Diabetes Prevention and Awareness grant due to fiscal related staff cutbacks.

Strength: Diabetes grant still offered in County, with support from LHD, through coordination with the Cayuga County Community Health Network, a rural health network.

Strength: The LHD EWPH grant from NYSDOH is funded through September 2010 to offer Eat Well Play Hard activities and education in county. The LHD accepted the eight month Healthy Communities Capacity Building Initiative grant and purchased educational materials to help sustain education around physical activity and nutrition. The LHD submitted an application for the Creating Healthy Places to Live, Work and Play grant in February 2010, which will focus on physical activity and nutrition needs of the community. The LHD is currently waiting for notification of awards.

Gap: Healthy Heart grant no longer funded and therefore not in county. Children and their families are the primary focus of nutrition activities in a county in which per the BRFSS only 39% of adults surveyed did not think they were overweight or obese.

Preventive Agenda toward the Healthiest State 2008-2013: Physical Activity and Nutrition

Basic Service Area: Family Health Programs**Program: Injury Prevention**

Art 6 Area of Concern Yes

Discussed under Focus Area (part III)? Yes

Focus Area: N/A

Strategies: LHD received continued funding from the Governor's Traffic Safety Committee to provide Pedestrian and Wheel Sport Safety grant in county, promoting injury prevention. The program targets both children and adults. The LHD works with community organizations to promote the injury prevention message. LHD makes use of Health Director's newspaper column to promote injury prevention regarding various topics throughout the year. The program coordinator works with city police department, sheriff's office and school resource officers in a helmet distribution program. The county continues to have a higher rate of hospitalizations due to falls than the state.

Strengths and Gaps:

Strength: LHD has Pedestrian and Wheel Sport Safety grant, funded by the GTSC, to fund activities directly related to injury prevention. Crossover of injury prevention message brought to community via other programs as well.

Gaps: Injuries related to motor vehicle accidents and fall related hospitalizations in the 65+ population were significantly higher than the NYS rates.

Gaps: Lack of coordinated public education plan regarding falls.

Preventive Agenda toward the Healthiest State 2008-2013: Unintentional Injury

Disease Control Programs

Program: Sexually Transmitted Diseases

Art 6 Area of Concern? Yes

Discussed under Focus Area (part III)? No

Focus Area: N/A

Strategies: LHD maintains contract with East Hill Family Medical to provide STD clinical and testing services. Private providers continue to offer STD services. LHD closely monitors STD statistics to identify type disease and geographical location within the county. If there appears to be significant increases in any one area, LHD will work with contractor and others to formulate an educational strategy aimed at reducing the incidence of disease.

Strengths and Gaps:

Strength: Positive working relationship with contractor providing STD service and follow up.

Preventive Agenda toward the Healthiest State 2008-2013: Infectious Diseases

Disease Control Programs

Program: Tuberculosis

Art 6 Area of Concern? No

Discussed under Focus Area (part III)? No

Focus Area: No

Strategies: LHD continues to provide TB service to identified cases. LHD continues to provide screening with particular focus on populations at greater risk. LHD continues to make connections with other services for people at greater risk, i.e. HIV screening.

Strengths and Gaps:

Strength: Due to TB incidents in past years, LHD staff very capable of identifying and following up with actual or exposed cases.

Strength: TB staff routinely offers screening to other agencies, public at large at weekly immunization clinics.

Preventive Agenda toward the Healthiest State 2008-2013: Infectious Diseases

Disease Control Programs

Program: Communicable Disease

Art 6 Area of Concern? No

There have been no cases of West Nile Virus, we are no longer testing animals, just reporting. In 2006 we had one case of Lyme Disease and in 2009 we had 3 cases of Lyme Disease. We only test a tick to see whether it is a deer tick or a dog tick.

Discussed under Focus Area (part III)? No

Focus Area: N/A

Strategies: LHD continues to work with providers and laboratories to improve services for communicable disease identification, reporting and testing. Annually in the spring and summer months we reinforce educational messages to the community on West Nile Virus and Lyme Disease prevention.

Strengths and Gaps:

Strength: LHD maintains a monthly listing of communicable disease tallies to identify unusual spikes in disease or geographic location. This assists in creating educational messages.

Strength: The requirements developed through the Public Health Preparedness Grant have improved communications with other health providers, e.g. emergency room surveillance.

Preventive Agenda toward the Healthiest State 2008-2013: Infectious Diseases

Disease Control Programs

Program: Immunization

Art 6 Area of Concern? No

Discussed under Focus Area (part III)? No

Focus Area: N/A

Strategies: LHD continues to provide education and immunization services to the public. LHD continues to work with other healthcare providers to review their immunization records and educate on appropriate schedule of immunizations for children and adults.

Strengths and Gaps:

Strength: Cayuga County has an excellent rate of children being immunized on schedule.

Strength: Cayuga County is a participant in NYSIIS. LHD has assisted public health providers in becoming linked into the system.

Strength: LHD provides opportunity for public to receive vaccines and links people to personal health care providers as appropriate.

Preventive Agenda toward the Healthiest State 2008-2013: Healthy Mothers/Healthy Babies/Healthy Children.

Disease Control Programs

Program Area: Rabies

Article 6 Area of Concern?: No

Discussed under Focus area (Par III)?: No

Focus Area: N/A

Strengths: LHD contracts with a Registered Nurse to provide follow up for people and animals potentially exposed to rabies. This RN also acts as a liaison with Auburn Memorial Hospital, the LHD and the individuals needing post exposure prophylaxis administered by the hospital.

Strength: The LHD provides education about rabies, provides free vaccination clinics via a contractor for dogs, cats and domesticated ferrets.

Strength: The LHD takes responsibility for specimen preparation and submission via another contractor. The LHD also checks animals after their confinement period is ending, at 10 days or 6-month quarantine.

Gap: Due to the seasonal fluctuations and constant follow up necessary for people and animals, the LHD could benefit from a full time staff member dedicated to rabies control. However financial and current local legislative opinions do not make this feasible at this point in time.

Disease Control Programs

Program: Chronic Diseases

Art 6 Area of Concern? Yes

Discussed under Focus Area (part III)? Yes

Focus Area: Chronic Disease

Strategies: LHD to work with community agencies to increase educational messages and awareness of chronic disease problem in our county. As stated previously only 39% of county respondents to the BRFSS survey did not believe they were overweight or obese. The County also has a significantly higher smoking rate than the state or nation with correspondingly higher rates of lung cancer and COPD hospitalizations. Unfortunately, the Cayuga County Community Health Network the lead agency for the tobacco grant lost funding. The LHD will support their reapplication for grant funding and participate in the local tobacco coalition to support activities geared toward target populations. It will also continue to work with the local diabetes coalition.

Strengths and Gaps:

Gap: The diabetes and tobacco grants are no longer directed by the LHD due to staff health educator reductions.

Strength: The LHD worked with community agencies to transfer the coordination of the diabetes and tobacco grants to keep the needed service in the community.

Gap: LHD was not awarded a Healthy Heart grant to provide funding for cardiovascular health promotion.

Strength: LHD was recently awarded Eat Well Play Hard grant from NYSDOH. LHD is working with community agencies to execute the work plan. EWPH program has developed a strong coalition of community stakeholders.

Preventive Agenda toward the Healthiest State 2008-2013: Chronic Disease

Disease Control Programs

Program: HIV

Art 6 Area of Concern? No

Discussed under Focus Area (part III)? No

Focus Area: N/A

Strategies: LHD continues to provide HIV counseling and testing directly or through contractor. LHD to continue to target at greater risk populations to screen for HIV and link into health care system for treatment. LHD continues to participate in CNY HIV Care Network and AIDS Community Resources Auburn Offices.

Strengths and Gaps:

Strength: More LHD staff have become HIV counselors.

Gap: Some at risk populations challenging to identify behavior change, i.e. partners of incarcerated.

Preventive Agenda toward the Healthiest State 2008-2013: Infectious Disease

Optional Services

Program: Dental Health Services

Art 6 Area of Concern? Yes

Discussed under Focus Area (part III)? Yes

Focus Area: Primary and Preventive Health Care

Strategies: LHD continue to provide grant funded school based dental health screening and sealant program. While the county now has three providers who accept Medicaid the LHD will continue to work with community organizations to encourage more dental providers to accept clients with Child Health Plus, Family Health Plus and Medicaid where possible.

Strengths and Gaps:

Gap: Only three dental health providers accept Medicaid in county.

Gap: Affordable and accessible dental health care a problem for adults and children in the county with many uninsured residents.

Strength: This problem is not new or unique to our county and numerous community agencies are working on addressing this problem to the extent possible.

Preventive Agenda toward the Healthiest State 2008-2013: Healthy Mothers, Healthy Babies, Healthy Children.

Optional Services

Program: Home Health Services

Art 6 Area of Concern? No

Discussed under Focus Area (part III)? No

Focus Area: N/A

Strategies: LHD continues to operate Certified Home Health Agency (CHHA) serving home care needs of county residents; in particular the home care nurses are able to administer TB to homebound patients, utilizing Article 6 funding. In addition home visits for the Maternal Child Health Program also utilize Article 6 funding.

Strengths and Gaps:

Strength: LHD CHHA now has some competition with another CHHA, Gentiva, offering service in the county. A positive from the perspective of the consumer and meeting the needs of county residents.

Gap: Continual changes and requirements of Medicare forms for providing service creates a continuous challenge for providers.

Gap: CHHA is continuously being evaluated for financial viability. Local legislative body continuously scrutinizes services, while determining whether to maintain under county government ownership.

Preventive Agenda toward the Healthiest State 2008-2013: Access to Quality Health Care

Optional Other Services

Program: Medical Examiner

Art 6 Area of Concern? No

Discussed under Focus Area (part III)? No

Focus Area: N/A

Strategies: County contracts with Onondaga County to provide Medical Examiner services. Cayuga County has a coroner system and no Medical Examiner. LHD continues to work with community entities to identify plans in event of a mass casualty event.

Strengths and Gaps:

Strength: Contractor has been able to meet needs of county.

Gap: In a catastrophic event, local county would be challenged to provide ME service and body storage or disposal.

Preventive Agenda toward the Healthiest State 2008-2013: Not listed as a focus area.

Optional Other Services

Program: Emergency Medical Services

Art 6 Area of Concern? No

Discussed under Focus Area (part III)? No

Focus Area: N/A

Strategies: EMS services continue to be provided by paid staff through city fire department and ambulance services. Outside of city, volunteer fire departments continue to train and utilize volunteer Emergency Medical Technicians.

Strengths and Gaps:

Strength: Needs of county appear to continue to be met with current system in place.

Gap: Amount of time and money to train future EMS providers continues to increase and can be prohibitive to interested parties.

Preventive Agenda toward the Healthiest State 2008-2013: Access to Quality Health Care.

Optional Other Services

Program: Laboratories

Art 6 Area of Concern? No

Discussed under Focus Area (part III)? No

Focus Area: N/A

Strategies: LHD does not oversee a county laboratory. LHD continues to work well with and receive accurate and timely information from hospital (clinical) laboratory and environmental laboratory in county. Public Health Preparedness grant deliverables continue to help us develop stronger ties with laboratories.

Strengths and Gaps:

Strength: LHD needs met through available laboratory services.

Gap: More services being sent to out of county laboratories that potentially could limit what can be processed in county in event of emergent need.

Preventive Agenda toward the Healthiest State 2008-2013: Not listed as a focus area.

Section One

B. Access to Care

1. Description of Availability

Cayuga County is home to one hospital, Auburn Memorial Hospital (AMH), situated in the city of Auburn, which is central in the county geography. AMH is a 99 bed, not for profit health care facility serving Cayuga County and surrounding areas. AMH provides: emergency care, critical intensive care, laboratory, medical/ surgical, obstetrics/ gynecology, physical therapy, orthopedics, radiology, respiratory therapy, cardiac rehab center, sleep disorder center, wound care center, diabetes education center and outpatient surgery. The Veterans Administration has a clinic housed in the hospital. The hospital operates two (2) clinics: Finger Lakes Medical Care Center in Auburn, treating non-emergency illness and injury and the Urgent Medical Care of Skaneateles (over the border into Onondaga County), treating minor illness and injury. The AMH clinics offer non-traditional office hours to meet the needs of the patients. The Urgent Medical Care and FL Medical Care Center are open from 9am- 6pm (closed 12-1) Monday through Friday and on weekends from 8am to 1pm. The hospital is always open to provide emergent care. AMH is in the process of attaining JCAHO – Joint Commission for Accreditation of Health Care Organizations in February of 2010. All the hospital affiliates accept every insurance, will bill private payers and provide charity care. AMH provides privileges to physicians, dentists, nurse practitioners and other allied health professionals.

East Hill Family Medical Center (EHFM) is a not for profit federally qualifying look alike clinic providing comprehensive health care services. They participate in most insurance plans including Medicaid, Child Health Plus and Family Health Plus and must provide fee scaling for out of pocket payers. EHFM provides Family Planning Services, pediatric services, dental services, internal medicine, minor surgical services, sexually transmitted disease clinic and educational and counseling services. Family Planning and Pediatric services have Monday through Friday hours extended into late evening; pediatrics is also open on Saturday. Local Health Department subcontracts EHFM to provide Sexually Transmitted Diseases (STD) services. The clinic is open for walk in clients on Monday evenings 4-6 and by appointment. Internal medicine has traditional Monday through Friday hours. After hours needs for this population are met through the hospital.

The Finger Lakes Migrant Health Care Project (FLMHCP) is a federally qualifying health center (FQHC) with its Cayuga County office located in Port Byron, north of the City of Auburn. As a FQHC, the services provided run full spectrum of services including primary care, dental care and mental health services. The FLMHCP serves anyone, particular focus is given to the migrant and labor populations in Cayuga County. All insurances and fee scaling is accepted for payment of service.

Serving the southern area of our county there is the Moravia Family Health Network, an outreach branch of a Cortland County based FQHC. Service is limited at the Moravia office, however, referrals can be made to the more comprehensively served Cortland FQHC.

There are numerous private health providers within the county. Some have privileges at the hospital, some are members of the county Medical Society, some have office hours only and some are retired. It is difficult to get an accurate listing of providers currently in practice. However, the following have privileges at AMH: 113 medical doctors, 4 doctors of osteopathy and 9 dentists. The medical providers cover a spectrum of specialties including, but not limited to, internal medicine, pediatrics, obstetrics and gynecology, urology, cardiology, oncology and surgery.

A gap that remains is a lack of trained psychiatric care professionals for children and adolescents. The only emergency psychiatric care available for minors in our county is to enter the emergency room system and then be transferred to another facility out of county or discharged with outpatient follow up. This is unfortunate as it is burdensome for the children's support and caregivers to participate in their care when far away. This need is recognized within our community and among different providers and the hospital. It is an issue identified as needing more effort to attempt a satisfactory resolution to an issue which can often be complex. An anecdotal need identified in the 2005 Community Health Assessment, was for more endocrinologists to serve our county. At this point in time, only one endocrinologist has an office in Cayuga County. Anecdotal conversation indicates additional endocrinologist services could be utilized in our County.

Access to health providers tends to be limited by geographical accessibility and insurance acceptance. There are physicians in most specialties available to patients in Cayuga County. There are dentists, chiropractors and podiatrists. The chiropractic providers have increased over the past 15 years due to the New York Chiropractic College located in neighboring Seneca County. For specialized services not available in the county, referrals are made to other providers, most often in the Syracuse or Rochester area.

Each provider and each office varies by what insurance plans they accept. Most physicians accept Medicare and Medicaid along with many, but not all, of the commercial insurances. Medicaid is a fee for service payer in Cayuga County and widely accepted by most primary care providers. Anecdotally, our key informant interviews brought forward the difficulty in finding certain specialties to accept Medicaid insured clients, particularly noted specialties were dermatology and podiatry. It had been difficult to find providers who will accept Family Health Plus and Child Health Plus. The past two years have shown an increase in managed care products serving Cayuga County residents through Medicare Advantage, Aetna, Fidelis, United Health Care to name a few. These are managed care products and there still do not appear to be many providers who are willing to accept patients with these plans. However, the options in Cayuga County are better now with the federally qualifying health centers accepting all forms of insurance.

Many providers will serve their patients who have converted to Medicaid while under their care, but not accept new patients with Medicaid coverage. This is particularly true for dental health services. The FQHC now provide greater access to dental services for Medicaid insured people. However, when reflecting on the limited dental statistics we have available, it appears that people are not accessing dental care for preventive services but appears to be more reacting to an issue.

The need for dental care in Cayuga County for adults and children with Medicaid, Family Health or Child Health Plus or uninsured is identified as a need that continues within this community.

There is a program run by the LHD that does provide some dental services to school aged children, regardless of ability to pay. The Cayuga County Preventive Dentistry and Sealant program currently provides dental education, screening and sealants to the participating children in all 7 Cayuga County based school districts. Further inquiry is being made to consider how to better expand dental services for the children through a school based dental clinic system.

Since the establishment of the FQHCs in our County, the opportunities for dental care expanded as every FQHC must provide dental care regardless of payer source for adults and children. Finger Lakes Migrant Health Care Project and East Hill Family Medical each have dental care affiliated and available to their clients. However, even though there are other options, there are still people whose dental care remains at the hospital to resolve dental problems which develop.

Toward the end of 2007, Cayuga County began participation in the Cayuga County Discount Prescription Drug Program offered through ProAct, Inc. This card is to be used by families who do not have insurance or if something is not covered by current insurance program. A card mailed to each household within the county and is accepted at most Cayuga County pharmacies.

2. Primary and Preventive Health Care Utilization

Based upon data garnered from the Behavioral Risk Factor Survey interim report July-December 2008 for Cayuga County resident breakdown, there is some information about people's health coverage and use of health care services. It is no surprise that insurance coverage appears directly correlates with usage.

Health insurance coverage for 18-64 year olds show a total of 85.3% of this select population has coverage. It is broken down as follows:

Age 18-34: 88% have health insurance

Age 35-44: 87.3% have health insurance

Age 44-54: 92.5% have health insurance

Age 55-64: 93.5% have health insurance

Age 65+: 100% have health insurance

It is estimated that Cayuga County children under age 19, 1,273 or 7% were eligible for insurance but not accessing an option. For ages 19-64, 6,237 or 12.4% are without insurance. (data from NYSDOH prevention agenda site statistics.)

It could be assumed the 18-34 year old group may have a lower percentage of employment scenarios which offer health insurance benefits. This is typically a healthier age group and therefore may not seek coverage for services and care they are less likely to utilize.

The BRFSS 2008 asked whether the said population received a routine physical exam from a healthcare provider in the past year. The response:

Age 35-44: 59.5% had received an exam

Age 45-55: 70.8% had received an exam

Age 55-64: 73.9% had received an exam

Age 65+: 84.8 % had received an exam

While there is no clarification whether those people receiving a physical exam had insurance, it is likely that an insurance plan paid for the service as they were classified as "routine" exams.

3. Commonly Identified Barriers:

Financial: The economic downturn of the recent past has certainly impacted people in our County. There has been an increase in numbers of recipients of Medicaid and food stamps. This could be due to unemployment or partial employment which lacks insurance benefits.

Medicaid is a federally mandated program to cover medical expenses of the uninsured and underinsured. The program is administered locally using criteria established by the state and federal governments and is funded by federal, state and local taxes. Eligibility for Medicaid, although financially driven, takes into consideration household composition, age, and the ability of an individual to carry out any substantial gainful activity. In recent years Medicaid coverage has been expanded to more uninsured New Yorkers and now includes programs such as Family Health Plus and Child Health Plus. (Note: Child Health Plus B cases are not active Medicaid cases, so they are not included in the totals.)

	2006	2007	2008
Average new Medicaid-only apps/month	184	179	195
Total new Medicaid-only apps	2,205	2,144	2,342
Average new Medicaid case openings/mo.	158	150	165
Total new Medicaid case openings	1,890	1,799	1,976
Total caseload at beginning of year	6,850	7,066	6,877
Medicaid-only	4,359	4,471	4,320
Family Health Plus	688	739	702
SSI	1,803	1,856	1,855
Total caseload at end of year	7,066	6,877	7,116
Medicaid-only	4,471	4,320	4,649
Family Health Plus	739	702	555
SSI	1,856	1,855	1,912

This is a federal nutrition assistance program which helps low-income households meet their nutritional needs. (WIC is also available to many families and can supplement food stamps.) Some Food Stamps cases are combined with Temporary Assistance, some with Medicaid, and some stand alone.

	2006	2007	2008
Average new FS apps registered/month	170	168	187
Average new FS case openings/month	147	146	162
FS caseload at beginning of year	2,930	3,041	3,147
FS caseload at end of year	3,041	3,147	3,601

Each provider and each office are unique in which insurances they accept. Most physicians accept Medicare and Medicaid along with many, but certainly not all, of the commercial insurances. Fewer still are the offices accepting Family Health Plus and Child Health Plus. Many providers will serve their patients who have converted to Medicaid while under their care, but not accept new patients with Medicaid coverage. We have seen an increase in people utilizing Medicare Advantage, a supplemental managed care based insurance for people over age 65. Family Health Plus provides no coverage for mental health, dental care and ophthalmology. As a result of lack of insurance acceptance, all residents of our county do not receive the various types of care they would benefit from.

Structural: The health care providers are primarily centralized in Auburn. There are some health providers with offices in the northern or southern area of the county. Because the vast majorities including dentists are in the city, this poses transportation challenges to residents outside of the city. The bus system has occasional service to some northern and southern areas of the county. Taxi service is rare outside the city and the senior transportation is available for city residents only. If you do not have the ability to drive your personal vehicle, you are dependent on others for assistance. Thankfully, there are some volunteer drivers available, though limited, for transportation for Medicaid medical transport for those who qualify.

Personal: Although Ukrainian and Italian are spoken in some households in our County, we have seen an increase in laborers and immigrants who speak Spanish, Vietnamese and Chinese. It has not been brought to our attention that language has been a barrier to seeking health service. Many individuals whose first language is other than English also speak English or bring someone to interpret. The number of people speaking Asian languages has appeared to increase. It is questionable whether these individuals seek out health care in a structured setting unless there is an emergency. The hospital and the Health Department keep a list of interpreters; some are staff and some contractors. It is unknown how individual offices handle the need for interpreters, although there are services available via telephone for a cost.

We are sensitive to the fact that literacy is an issue for some individuals seeking care. The LHD maintains and distributes information about a variety of common health related topics for the public. Most of the information is written at a grade 4 reading level to reach the majority of people. In addition, staff are available by phone and some topics are available via video. The hospital and its specialty offices also utilize similar information relevant to the service provided. Written information is also available in different languages for specific topics. The NYS Department of Health is utilized, along with commercial vendors, to provide information.

Finally, for those providers who do accept Medicaid, both individual and agency providers have cited the problem of missed appointments. The “no show” rate among Medicaid clients is a pervasive problem. The reasons are multiple and complex (transportation, forgetfulness, other) and therefore the problem is not easily resolved. Medicaid clients not keeping their scheduled appointments results in a loss of revenue for the provider. This problem is another reason providers hesitate to openly accept Medicaid clients.

Section One

C. The Local Health Care Environment

1. **a.** There are a number of environmental factors that can influence the attitudes, behaviors and risks of community residents for poor health. The physical geography of Cayuga County can often be a barrier to people seeking care. The county is 55.3 miles long and 24.18 miles wide, covering a land area of 700 square miles. The county stretches from the shores of Lake Ontario into the heart of the Finger Lakes Region and the Southern Tier of Central New York. Cayuga County is blessed with plentiful water sources with Skaneateles Lake to the east, Owasco Lake through the center and bordered on the west by Cayuga Lake. These are physical barriers, which can impede residents in accessing care. Additionally, the City of Auburn is central to the county and at the northern base of Owasco Lake. Auburn is the area where the majority of the county's population resides and where the majority of health care providers have their practice. Therefore if you reside anywhere outside the city, there is a significant distance to travel to reach your provider, particularly around Owasco Lake, as there is no shortcut around it. This translates into a transportation issue.

Public transportation is limited to the City of Auburn. There is no bus route that connects the northern end to the southern end of the county. The Centro bus route services the City of Auburn and does offer transportation to and from Syracuse (Onondaga County). Taxi cab services are available, but are mainly confined to the City of Auburn and can be an extra expense many can't afford. If an individual does not qualify for senior transportation on the SCAT van, for city residents over age 55 or disabled, or is not eligible for a Medicaid approved and funded transportation, the individual must access their own transportation. This is an issue if the individual does not drive or own a vehicle, making them dependent on others to get to scheduled appointments.

b/c. Individuals who lack health insurance or who do not seek medical care on a regular basis are less likely to prepare for unforeseen circumstances, than someone who has health insurance or who seeks medical care. People who do not go to a physician for medical care due to their lack of health insurance or inability to pay for care usually are the people living day to day trying to make ends meet. These individuals would rather not know about a health condition and continue with their lives than to be diagnosed with a condition that they would not be able to afford to treat. For example, many people of various ages do not have a Health Care Proxy or Living Will. Often these issues are not addressed until a crisis or hospitalization brings it forward from a third party. Funeral planning is typically left to survivors to resolve. Recognizing this gap the Cayuga County Long Term Care Access Office applied for a grant and received funding to target older residents and educate them on the benefits of Health Care Proxy, Living Wills and Power of Attorney. This program is called "Sharing Your Wishes". The Human Services

Coalition of Cayuga County now coordinates this program which is funded through the Community Health Foundation of Western and Central New York.

d. Manufacturing remains the largest contributor to the County's economy, with primary metals, metal fabrication, rubber, plastics and plastic molding, electronic components, pumps, refrigeration, glass bottles, and a host of other products serving markets throughout the world. Most businesses are locally owned, though international firms are represented. The total percent of women owned businesses in Cayuga County is 28.9% compared to New York State at 26.1%.

Agriculture is Cayuga County's largest industry, producing some of New York State's finest livestock, dairy products and cash crops. More than 1,010 farms cover over 60 percent of Cayuga County, with approximately 259,300 acres under cultivation. From single-family operations to farms fitting "agribusiness" definition, Cayuga County ranks first in New York in corn production, second in soybean and fourth in milk production (over 50 million gallons).

In these current economic times, Cayuga County has seen its fair share of job cuts and businesses closing their doors; however our unemployment rate is consistent with New York State at 8%. Many of our small business owners and farmers are uninsured and full-time workers have had their hours reduced to part-time causing them to lose their health insurance benefits.

There is no question, economically speaking, that people with health insurance access care more frequently than people without insurance. Our county has recently welcomed another Federally Qualified Health Center to the area. In 2008 the Port Byron Community Health Center received federal funding and is now titled, Finger Lakes Migrant & Community Health. The facility accepts most insurances including, but not limited to, Medicaid, Family Health Plus and Child Health Plus. Located in the Northern part of Cayuga County this facility offers a variety of medical and dental services to patients. Uninsured individuals are offered a qualifying slide scale fee.

Cayuga County also has East Hill Family Medical centrally located in Auburn and Moravia Family Health Network located in Moravia, the Southern end of the county. Both of these facilities are federally funded.

Providers who accept a variety of insurance are more likely to have clients make use of their services as opposed to a provider who will not accept Medicaid, Family Health Plus or Child Health Plus.

- 2. a.** There are no school-based medical clinics in Cayuga County. The LHD hosts two school nurses' meetings a year; one in the fall and one in the spring. At these meetings current health issues are discussed. The LHD and school nurses communicate during the school year with numerous phone conversations regarding various issues their students encounter. Some of the typical issues are dental needs, lice and nutrition needs. More complicated issues involve pregnancy and child abuse. In the spring of 2007 there was a spike in diagnosed pertussis cases which mostly affected older teens (high school aged) and young adults. The LHD was in contact with the school districts who had confirmed cases among their student population and held meetings with school administrators. Recently, the LHD and the school districts within the Cayuga-Onondaga BOCES district have worked hand in hand to cover the H1N1 pandemic. During the spring of 2009, conference calls between LHD and schools happened on a weekly basis. LHD staff member presented to school administration members to keep school districts informed with the latest information. At this time, conversations are still taking place as the LHD and schools prepare for the 2009-2010 school year. Fortunately, the school nurses communicate well among themselves and with the Health Department and school physician as a resource to rely upon.

There are a few large worksites that have a nurse on staff to provide some employee wellness programs. Often these companies will provide some initiatives like flu vaccine to their employees free of charge.

b. Water quality is an important issue in our county, especially because of the number of lakes within our boundaries. Cayuga County has the strictest sanitary code regarding septic inspections in New York State. There are a number of water quality management initiatives and organizations working to protect our watersheds. Public water systems are inspected regularly to verify that the systems are in compliance with the New York State Sanitary Code. To our knowledge, there is no ambient air quality sampling performed in our county.

c. The media is another resource which provides information and education regarding health issues. There is one local newspaper and one regional newspaper with a focus on Cayuga County. Some villages may have a local occasional newspaper. The LHD works closely with the daily papers to provide accurate information and educational articles as appropriate. There is no dedicated radio or television station within the county. However, the LHD has a listing of primary media stations and works with them to provide information. The local media contact list is updated frequently to make sure the LHD has the most current contact information for these various media outlets.

In 2008, the Health Department partnered with the Cayuga County Community Health Network, a Rural Health Network, to present Wellness Wednesday with the Finger Lakes Radio Group. On the first Wednesday of each month, a professional covering the specific health topic for that month is interviewed. Radio commercials, newspaper articles, and

Web sites tie the whole media campaign together. Providing a consistent, monthly health message over various media outlets provides the community with a variety of different means to access quality health information. In 2009 Auburn Memorial Hospital sponsored the media campaign and is actively collaborating with the LHD and Cayuga County Community Health Network.

d. Along with the rest of New York State, the Clean Indoor Air Act has impacted Cayuga County. The Cayuga County LHD is the enforcement officer for violations of this law. Additionally, the LHD receives a grant to provide activities around adolescent tobacco use prevention. The LHD works with other community entities to provide information and involvement in support of various health promotion and education activities.

In 2008 the Cayuga County Legislature decided to make the entrance ways around county owned buildings smoke-free. Now all county owned buildings have a 35 foot smoke-free buffer zone around them.

With support from the Eat Well Play Hard grant schools/community agencies have made changes to their policies and practices to help create healthy sustainable environments.

Section Two - Local Health Unit Capacity Profile

Profile of the local agency's infrastructure

Organizational Chart attached – see below

The Cayuga County Local Health Department (LHD) is part of the Cayuga County Department of Health and Human Services Department (DHHS). The DHHS is headed by the Director of Health and Human Services with input from the Budget Director for DHHS and the part time Medical Director. The entire Health and Human Services Department is overseen by the legislative Health and Human Services Oversight Committee. The Cayuga County Board of Health offers professional opinions regarding Health Department expenditures, programs, enforcements and policies. All the county departments are presided over by the elected Cayuga County Legislature. Our mission is to promote and protect the health and well- being of the individuals, families and the community we serve.

The DHHS has two divisions: One Health and the other Human Services (formerly the local department of social services). The Health Division has a Deputy Director of Health Services who oversees the daily operation of the Division and reports to the Director of Health and Human Services. This Division is a full service Health Department which encompasses a Community Health Services Unit (preventive health), a Certified Home Health Agency, an Environmental Health Unit, Children with Special Health Care Needs (Early Intervention) Unit and an Accounting Services Unit. There is also a computer specialist who works for the Department.

Key Health Department administrative staff include:

Director of Health and Human Services: Elane M. Daly B.S.N, R.N.

Confidential Secretary to Director: Donna Traver, B.S.

Medical Director: Phillip Gioia, M.D., M.P.H.

Budget Director: Lynn Marinelli, M.B.A., C.P.A.

Deputy Director of Health Services: Kathleen Cuddy M.P.H.

Director of Environmental Health: Eileen O'Connor P.E.

Director of Community Health Services: Joan Knight BN, R.N.

Director of Children with Special Health Care Needs: Susan Barrette, BSN, R.N.

Director of Patient Services: Andrea Anderson, B.S.N., R.N.

Director of Administrative Services: John Chomyk C.P.A.

The Community Health Services Unit is comprised of the Communicable Disease Program, Maternal and Child Health Care Programs, Health Education, as well as grant programs which include the Women, Infants and Children nutrition program (WIC) and affiliated staff. The Communicable Disease Programs cover tuberculosis, all communicable diseases and reporting requirements, lead poisoning and prevention and the immunization programs. The Immunization Program coordinates the Immunization Action Plan grant , routine and special immunization clinics. The Maternal and Child Health Programs include the

Medicaid Obstetrical and Maternal program (MOMS), maternal and child health services and childbirth education along with HIV counseling. The department's Health Education services include general health education as well as numerous grant programs including: Healthy Men and Women Partnership (breast, cervical, colon, prostate cancer awareness and screening), Komen grant (breast cancer award), Eat Well Play Hard (nutrition and physical education targeted to pre-school aged children and families), Pedestrian and WheelSport Safety and Dental Health Education and Screening. The LHD does participate as a supportive partner in the Tobacco and Diabetes grants which are now overseen by community partners. Additionally, the Community Health Service division acts as the unit most closely associated with execution of the requirements of the Public Health Preparedness (Bioterrorism) grant. The Community Health Services Unit utilizes Lead Track, KIDS, NYSIIS, CDESS, the HIN and other computer programs for tracking and reporting information. In total, including the director, supervising public health nurse, staff nurses, grant employees and clerical support, there are 14 full and part time employees under the Community Health Services Unit.

Programs for Children with Special Needs Division include the Early Intervention Program (EIP), Pre-School Special Education Services and the Children with Special Health Care Needs Program (CSHCNP)/ Physically Handicapped Children's Program (PHCP). [The Early Intervention Program \(EIP\) ensures that infants and toddlers with developmental delays, disabilities or who are at risk for developmental delays or disabilities, age birth to three years, and their families, receive services. EIP services are designed to meet the developmental needs of the child and their family and are determined through such processes as assessment, screening, evaluation and the development of Individualized Family Service Plans. Early Intervention Service Coordinators help families receive Early Intervention Services.](#) In 2008 there were 161 referrals and 252 children active in the program; among them 91 receiving more than one service. This Division also oversees the Child Find Program which takes referrals from professionals, parents, and other community members (child care providers, etc.) for follow up with children who are at risk for physical or developmental disabilities. In 2008 there were 169 children served through Child Find in Cayuga County. The CSHCNP/PHCP acts as an information/referral source for those ages 0-21 years with disabilities, health concerns. [The Children with Special Health Care Needs Program \(CSHCN\) provides information and referral services concerning health and related issues for families of children with special health care needs from their birth to age 21 years.](#) Our PHCP serves 3 individuals – we are not open to new admissions. CHSCNP fields 10+ phone inquiries monthly. Preschool Special Education programming for children aged 3-5, provides therapy services for children in this age group. In 2008 there were 90 children who received evaluation for this program and 109 enrolled. Here, school districts oversee programs/plans with the municipality serving as payer. This Division works very closely with health care providers, school districts and other community based organizations. This division employs 6 full time staff people.

The Certified Home Health Agency provides Home Care Services to qualified Cayuga County residents. Services include skilled nursing care, home health aide service, physical therapy, occupational therapy, social work, nutrition service and the Long Term Home Health

Care Program. The care is provided through employee and contract staff licensed in their areas of expertise. During the past year the CHHA implemented the use of the Progresa electronic medical records and billing system. Including the director, supervising public health nurses, staff nurses, home health aides, professionals and clerical support there are approximately 55 full and part time employees of the Certified Home Health Agency, not including numerous people and agencies the CHHA contracts with to provide services to the patients in our County.

The Environmental Health Unit provides safety inspections including restaurant and other food service vendors, children's camps, public pools and bathing beaches. The Environmental Unit also executes the rabies education and prevention program. Environmental Health in conjunction with Communicable Disease staff lead efforts to educate and respond to community inquiries related to vector borne diseases. They oversee and execute the Adolescent Tobacco Use Prevention and Awareness program (ATUPA) which works to educate vendors not to sell tobacco to youth and provides necessary surveillance. Along this vein, the Environmental Unit is our investigation arm for the Clean Indoor Air Act. Environmental Health works in coordination with our community health services staff on the lead poisoning and prevention activities including site surveillance and use of the XRF machine to detect traces of lead. All the public water safety and sanitary/septic inspections are performed through this unit, including the Drinking Water Enhancement grant. Cayuga County has one of the most stringent septic system inspection programs in the state. The Environmental Health unit utilizes the eHips and SIDWIS computer programs, as well as the HIN, for reporting and tracking information. Including the director, sanitarians, technicians and clerical support there are 9 employees of the Environmental Health Unit.

The Accounting Services Unit performs all the billing procedures and tracks the fiscal revenue and expenditures for the entire DHHS. Other duties include completion of state aid reports, cost reports, payroll and other administrative duties. The LHD also provides limited administrative assistance to the County Coroner and Emergency Medical Services programs. The Accounting Unit is phasing out use of the InfoMed patient billing and data system and has incorporated the Progresa electronic billing along with the ePaces system utilized by Medicaid, as well as the HIN and other computer programs to report data. Including the director, billing staff, accounting staff and clerical support there are 11 full and part time employees in the Accounting Unit.

The staffing cutbacks, associated with more restrictive budgets over the past few years, have translated into more part time employees and contractors and fewer full time personnel.

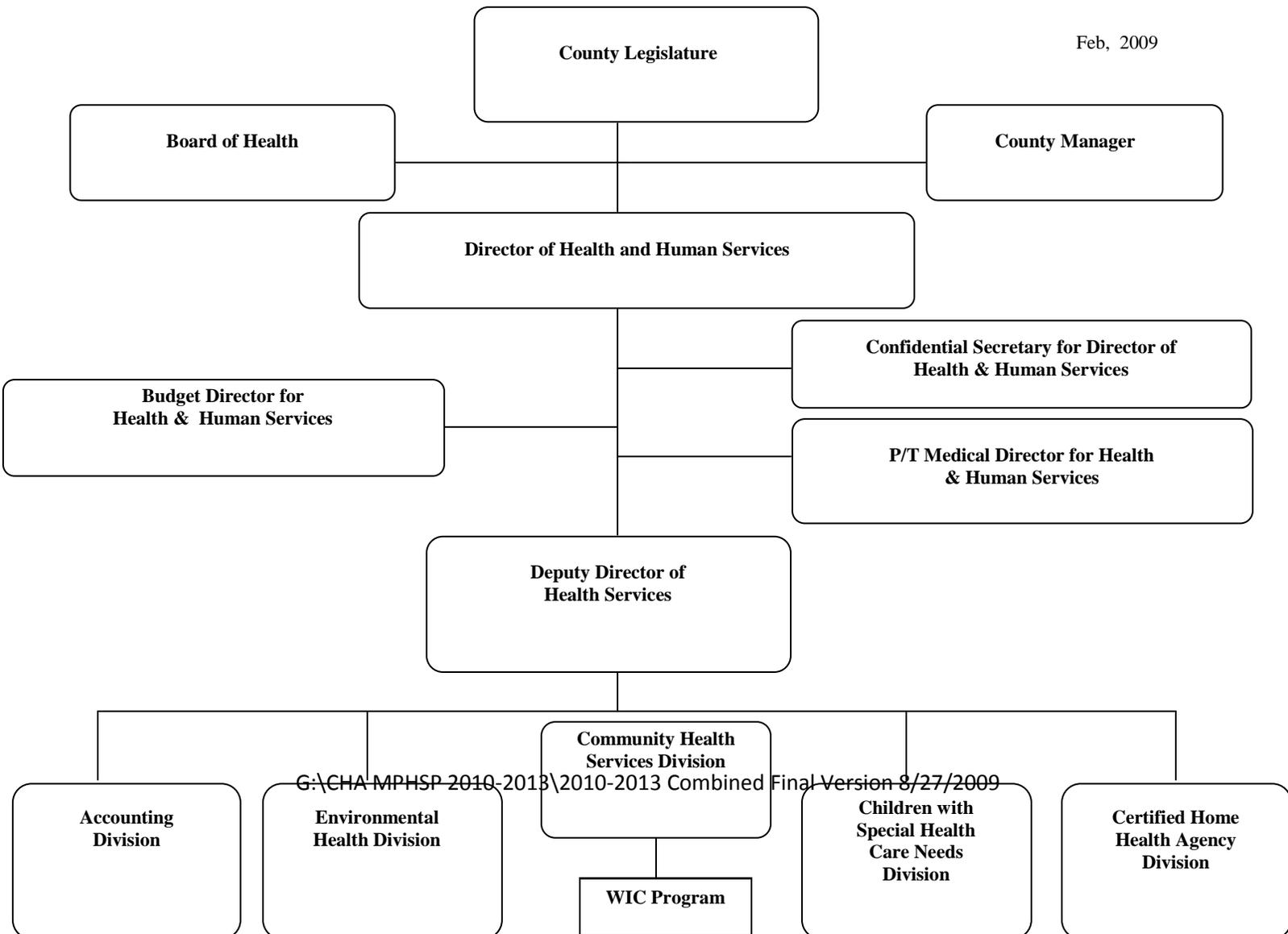
The LHD has utilized the expertise of a contractor with long term knowledge of Cayuga County and skilled in community-wide needs assessments for the past 10 years, to assist with its on-going Community Health Assessment work. Optimum Partners has researched and collected data, facilitated needs assessment sessions among community partners, designed and created a user-friendly, internet accessible data tool, as well as assisted the department in analysis of data. Our Community Health Services Director, Health Educators and Deputy Director also partake in

data collection, community meetings and anecdotal input and preparation and distribution of the written CHA document.

The Cayuga County DHHS plays a central role in the health and well being of the county residents. The vision statement of the Cayuga County Health Services is: Our team of caring, committed professional will improve health, prevent disease and provide essential health services with the community as our partner. To that end, this LHD has remained steadfast in providing core and optional services as identified by the New York State Department of Health. The LHD is a respected and strong provider and collaborator in the community. The LHD works closely with the community hospital, Auburn Memorial, the local Federally Qualifying Health Centers, the Cayuga County Community Health Network (rural health network), independent physicians, its fellow county departments and multiple community agencies. The LHD continues to work with our current partners, and engage new partners, to meet the needs of our residents through programs designed to address continual and newly identified health issues within our community.

Department of Health and Human Services — Health Services Department

Feb, 2009



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Section Three - Problems and Issues in the Community

A. Profile of Community Resources

1. Cayuga County is very fortunate in the fact that the community agencies and individuals work well together, in general, to help meet the health-related needs of the county. Primary examples of such are the grant programs the LHD no longer holds. When the LHD had to reduce staff at the end of 2003, it necessitated moving the grant programs to another entity or giving them up altogether. Knowing the community need for tobacco education and use prevention and diabetes education and prevention, the LHD looked to community partners to assist us. The partners also knew the importance of providing these services to our county residents. Therefore, the Cayuga County Community Health Network took over responsibility for the Tobacco Education and Cessation grant. Auburn Memorial Hospital, through their Diabetes clinic, took over responsibility for the Diabetes Education and Cessation grant. In late 2004, The Cayuga County Community Health Network took over responsibility for the Diabetes Education grant. In 2009 the Cayuga County Community Health Network, did not receive funding to continue the Tobacco Education and Cessation grant. The Health Network does plan to reapply for the grant and the LHD will continue to support the efforts of the Network. Working with other community entities, Cornell Cooperative Extension and Cayuga County Physical Fitness Council, has allowed the LHD to receive the Eat Well Play Hard grant. Our STD services are contracted out to another Article 28 provider in the community. Every contract we enter into, health fair we participate in, and coalition we belong to, is proof of the collegial atmosphere and mutual respect agencies and individuals have for each other in our health community. Whenever there has been a new initiative or revamping of an existing one, the LHD is part of the collaborative process as evidenced by the LHD ability to maintain the programs available in the community.

The following are examples of agencies with which we currently collaborate:

AIDS Community Resources: Health Education, Emergency Housing Assistance, Star transportation, Trainings

American Cancer Society: Clean Indoor Air, Healthy Men and Women Partnership, Tobacco

American Red Cross: Public Health Preparedness, volunteers

Auburn Fire Department: Public Health Preparedness

Auburn Memorial Hospital: Communicable Disease, Diabetes, Healthy Men and Women Partnership, Laboratory, Maternal and Child Health, Public Health Preparedness, Rabies

Auburn Police Department: Public Health Preparedness

Booker T. Washington Community Center: Facilitated Enrollment, Youth Development

Catholic Charities of Central New York: Emergency Services

Cayuga Community College: Public Health Preparedness

Cayuga County: Board of Health, Legislature

Cayuga County Community Health Network: Diabetes, Public Health Education, Primary Health Care

Cayuga County Department of Planning and Development: Public Health Preparedness

Cayuga County Emergency Food Providers: Food Pantries, Community Gardens

Cayuga County Emergency Management Office: Clinics, Public Health Preparedness

Cayuga County Environmental Health: Maintain interaction with local restaurants, Lead, Lyme Disease Rabies, Radon, West Nile Virus, and various other programs

Cayuga County Homesite Development Corporation: Lead

Cayuga County Office for the Aging: Information distribution, data for CHA

Cayuga County Parks & Trails: Partner in Public Health Preparedness response

Cayuga County Physical Fitness Council: Eat Well Play Hard, Bike/Pedestrian/Wheel Sport Safety

Cayuga County Sheriff Department: Public Health Preparedness

Cayuga Health Association: Meals on Wheels, Link to Life, Tele-Medicine

Cayuga Onondaga Teacher Center: Teen Pregnancy Prevention

Cayuga County Private Schools: program support and participation

Cayuga County Public Schools: programs support and participation

Cayuga County Public Schools: food service vendors: program support and participation

Cayuga Seneca Community Action Agency: Domestic Violence Intervention, Emergency Services, Head Start

Citizen Newspaper: Health-related articles, Press Releases

City of Auburn: Farmers Market, Obesity and Nutrition

Cornell Cooperative Extension of Cayuga County: Eat Well Play Hard, Nutrition, Radon

East Hill Family Medical Center: FQHC, Health Education, STD

Finger Lakes Migrant Health Care Project: Dental, FQHC, Migrant

Finger Lakes Radio Group: Wellness Media Campaign

Finger Lakes SPCA: Rabies clinics

Human Services Coalition of Cayuga County: Health Assessment, volunteers

Moravia Family Health Network: FQHC

Post Standard Newspaper: Press Releases

Physicians and Dentists in county: Dental, Healthy Men and Women Partnership, Primary Care

Retired Senior Volunteer Program (RSVP): volunteers

Sibley nursing: support home care

Staffings: support home care

United Way of Cayuga County: Emergency Services

YMCA-WEIU: Pool therapy, program support and participation

2. Auburn Memorial Hospital is an integral partner in the health of our community. Communication happens regularly under auspices of public health preparedness, laboratory services, infectious disease control and other issues. The hospital contacts the LHD to share its community assessment and the LHD pulls in the hospital in its assessment process. The process of pulling together participants for the Community Health Assessment process is another prime example of how our LHD works well with our community partners. Section Four provides an overview of this collaborative process, as well as a reference to the list of community providers who participated. The LHD posts its CHA statistics on a website and shares copies of its current CHA with its planning team members, key informants, the public library and other interested parties.

In 2009, Auburn Memorial Hospital (AMH) sponsored Wellness Wednesday multimedia campaign. This campaign was originally started by the LHD and Cayuga County Community Health Network in 2008 and was able to continue because AMH provided funding. Each month health topics are discussed with special guests from the community who are interviewed on air. Also, 30 second radio spots reinforce the health topic discussed for the month. The purpose of Wellness Wednesday is to provide a message to the public concerning the importance of the health issue, prevention and awareness of it and where a person could locally seek services for the specific health topic.

Auburn Memorial Hospital, Cayuga County Health Department and Reach CNY are working together to address maternal and child health issues within the community.

3. Section One, Part B titled, “Access to Care” of the Community Health Assessment narrative identifies the specific services available in our county regarding health care: availability, accessibility, affordability, acceptability, quality, hours of operation, transportation and sliding fee scales.

4. The LHD provides education and programming to targeted populations. The grant programs target populations to receive specific education and service. While the general population benefits as they participate, via a program, reading an article, participating in a coalition, most programs are looking to target a specific population or behavior. An example of behavior related programming is the education provided through our contractor for our STD clinics. The following is a list of grants coordinated by the LHD, which target specific needs in our community:

- ATUPA: adolescent tobacco use prevention
- Children with Special Health Care Needs (CSHCN): developmentally delayed children age 3 through age 5
- Dental: school based education and sealant program
- Drinking Water Enhancement: inspection of public water systems
- Early Intervention: developmentally delayed children birth through age 2
- Eat Well Play Hard: nutrition and exercise targeting pre-schoolers
- Facilitated Enrollment: outreach for Child and Family Health Plus
- Healthy Men and Women Partnership: breast, cervical and colorectal education, screening and diagnosis; prostate cancer education; links uninsured/underinsured client to provider for medical screenings/diagnostics
- Immunization: child and adult immunization
- Lead: reducing blood lead levels
- Migrant: healthcare for migrant farm workers, now provided by Finger Lakes Migrant Health Care Project. LHD continues to support and communicate with the clinic
- Pedestrian and Wheel Sport Safety: children and adults
- Public Health Preparedness: aka Bio Terrorism grant
- Susan Komen: breast cancer diagnosis of women over 40

5. A summary of clinic and provider services accepting Medicaid is identified in Part One, Section B titled “Access to Care” of this Community Health Assessment Narrative.

Section Three - Problems and Issues in the Community

B. Behavioral Risk Factors

1.

Indicator	Prevention Agenda 2013 Objective	US	NYS	Cayuga County
ACCESS TO QUALITY HEALTH CARE				
% of adults with health care coverage ¹	100%†	85.5% (2006)	86.5% (2006)	87.8% (2003)
% of adults with regular health care provider ¹	96%†	80% (2006)	85.0% (2006)	NA
% of adults who have seen a dentist in the past year ¹	83%†	70.3% (2006)	71.8% (2006)	74.1% (2003)
Early stage cancer diagnosis ²:				
Breast	80%	63%	63%	66%
Cervical	65%	53%	51%	74%~
Colorectal	50%	40% (1996-2003)	41% (2001-2005)	48% (2001-2005)
TOBACCO USE				
% cigarette smoking in adolescents ³ (past month)	12%	23.0% (2005)	16.3% (2006)	NA
% cigarette smoking in adults ¹	12%†	20.1% (2006)	18.2% (2006)	24.3% (2003)
COPD hospitalizations among adults 18 + years ⁴ (per 10,000)	31.0	23.0 (2004)	39.7 (2004-2006)	48.1 (2004-2006)
Lung cancer incidence ² (per 100,000)				
Male	62.0*	85.3*	80.8*	101.1*
Female	41.0*	54.2* (2004)	53.8* (2001-2005)	74.7* (2001-2005)

Indicator	Prevention Agenda 2013 Objective	US	NYS	Cayuga County
HEALTHY MOTHERS/ HEALTHY BABIES/HEALTHY CHILDREN				
% early prenatal care (1 st trimester) ⁵	90%†	83.9% (2005)	74.9% (2004-2006)	78.6% (2004-2006)
% low birthweight ⁵ births (<2500 grams)	5%†	8.2% (2005)	8.3% (2004-2006)	8.2% (2004-2006)
Infant mortality (per 1,000 live births) ⁶	4.5†	6.9 (2005)	5.8 (2004-2006)	10.8 (2004-2006)
Increase % of 2 year old children who receive recommended vaccines (4 DTaP, 3 polio, 1 MMR, 3 Hib, 3 HepB) ⁷	90%	80.5% (2006)	82.4% (2006)	NA
% of children with at least one lead screening by age 36 months ⁸	96%	-	82.8% (NYS excl. NYC) (2004 birth cohort)	78.5% (2004 birth cohort)
Prevalence of tooth decay in 3 rd grade children ⁹	42%†	53.0% (2004)	54.1% (2004)	72.2% (2004)
Pregnancy rate among females aged 15-17 years ¹⁰ (per 1,000)	28.0	44.4 (2002)	36.7 (2004-2006)	18.5 (2004-2006)

Indicator	Prevention Agenda 2013 Objective	US	NYS	Cayuga County
PHYSICAL ACTIVITY/NUTRITION				
% of obese children by grade level: (BMI for age>95 th percentile)				
2-4 Years (WIC) ¹¹ (pre-school)	11.6%	14.8% (2004)	15.2% (2004-2006)	12.7% (2004- 2006)
K ¹²	5%†	-	-	NA
2	5%†	-	-	NA
4	5%†	-	-	NA
7	5%†	-	-	NA
10	5%†	-	-	NA
% of adults who are obese (BMI>30) ¹	15%†	25.1% (2006)	22.9% (2006)	22.9% (2003)
% of adults engaged in some type of leisure time physical activity ¹	80%†	77.4% (2006)	74.0% (2006)	77.1% (2003)
% of adults eating 5 or more fruits or vegetables per day ¹	33%	23.2% (2005)	27.4% (2007)	24.0% (2003)
% of WIC mothers breastfeeding at 6 months ¹¹	50%†	24.3% (2005)	38.6% (2004-2006)	15.9% (2004- 2006)
UNINTENTIONAL INJURY				
Unintentional Injury mortality (per 100,000) ¹³	17.1†*	39.1* (2005)	21.0* (2004-2006)	27.4* (2004- 2006)
Unintentional Injury hospitalizations (per 10,000) ¹⁴	44.5*	-	64.7* (2004-2006)	63.8* (2004- 2006)
Motor vehicle related mortality (per 100,000) ¹³	5.8*	15.2* (2005)	7.7* (2004-2006)	9.3* (2004- 2006)
Pedestrian injury hospitalizations (per 10,000) ¹⁵	1.5*	-	1.9* (2004-2006)	0.3~* (2004- 2006)
Fall related hospitalizations age 65+ years (per 10,000) ¹⁵	155.0	-	196.0 (2004-2006)	222.5 (2004- 2006)

Indicator	Prevention Agenda 2013 Objective	US	NYS	Cayuga County
HEALTHY ENVIRONMENT				
Incidence of children <72 months with confirmed blood lead level $\geq 10 \mu\text{g}/\text{dl}$ (per 100 children tested) ¹⁴	0.0†	-	1.3 (2003-2005) (Rate for NYS Excluding NYC)	1.1 (2003-2005)
Asthma related hospitalizations (per 10,000) ¹⁶				
Total	16.7*	16.6*	21.0*	10.9*
Ages 0-17 years	17.3†	22.6 (2003)	31.5 (2004-2006)	10.6 (2004-2006)
Work related hospitalizations (per 10,000 employed persons aged 16+ years) ¹⁴	11.5	-	16.0 (2004-2006)	27.6 (2004-2006)
Elevated blood lead levels ($>25 \mu\text{g}/\text{dl}$) per 100,000 employed persons age 16+ years ¹⁴	0.0†	-	6.0 (2004-2006)	6.6~ (2004-2006)
Indicator	Prevention Agenda 2013 Objective	US	NYS	Cayuga County
CHRONIC DISEASE				
Diabetes prevalence in adults ¹	5.7%	7.5% (2006)	7.6% (2006)	7.4% (2003)
Diabetes short-term complication hospitalization rate (per 10,000) ¹⁷				
Age 6-17 years	2.3	2.9	3.0	6.7
Age 18+ years	3.9	5.5 (2004)	5.3 (2004-2006)	5.0 (2004-2006)
Coronary heart disease hospitalizations (per 10,000) ¹⁴	48.0	-	61.2* (2004-2006)	75.7* (2004-2006)
Congestive heart failure hospitalization rate per 10,000 (ages 18+ years) ¹⁷	33.0	48.9 (2004)	46.3 (2004-2006)	32.6 (2004-

				2006)
Cerebrovascular (Stroke) disease mortality (per 100,000) ¹³	24.0*	46.6* (2005)	30.5* (2004-2006)	41.2* (2004-2006)
Reduce cancer mortality (per 100,000) ²				
Breast (female)	21.3* †	24.4*	25.5*	14.7*
Cervical	2.0* †	2.4*	2.6*	1.9*
Colorectal	13.7* †	18.0* (2004)	19.1* (2001-2005)	19.7* (2001-2005)
Indicator	Prevention Agenda 2013 Objective	US	NYS	Cayuga County
INFECTIOUS DISEASE				
Newly diagnosed HIV case rate (per 100,000) ¹⁸	23.0	18.5 (2006)	24.0 (2004-2006)	4.1~ (2004-2006)
Gonorrhea case rate (per 100,000) ¹⁹	19.0†	120.9 (2006)	93.4 (2004-2006)	20.5 (2004-2006)
Tuberculosis case rate (per 100,000) ²⁰	1.0†	4.4 (2007)	6.8 (2004-2006)	0.4~ (2004-2006)
% of adults 65+ years with immunizations ¹				
flu shot past year	90%†	69.6%	64.7%	71.9%
ever pneumonia	90%†	66.9% (2006)	61.0% (2006)	70.4% (2003)
COMMUNITY PREPAREDNESS				
% population living within jurisdiction with state-approved emergency preparedness plans ²¹	100%	-	100% (2007)	100% (2007)

Indicator	Prevention Agenda 2013 Objective	US	NYS	Cayuga County
MENTAL HEALTH/SUBSTANCE ABUSE				
Suicide mortality rate (per 100,000) ¹³	4.8†*	10.9* (2005)	6.4* (2004-2006)	6.8~* (2004-2006)
% adults reporting 14 or more days with poor mental health in last month ¹	7.8%	10.1% (2002-2006)	10.4% (2003-2005)	9.4% (2003)
% binge drinking past 30 days (5 + drinks in a row) in adults ¹	13.4%†	15.4% (2006)	15.8% (2006)	13.1% (2003)
Drug-related hospitalizations (per 10,000) ²²	26.0	-	34.0* (2004-2006)	9.4* (2004-2006)

† Healthy People 2010 Goal utilized

* Rate age-adjusted to the 2000 US population

~ Fewer than 20 events in the numerator; rate is unstable

s Suppressed (percent could not be calculated, fewer than 3 cases per year)

DATA SOURCES

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2. NYS (statewide and county level) Data Source: NYS Cancer Registry, <http://www.health.state.ny.us/statistics/cancer/registry/>, US Data Source: National Cancer Institute, SEER Fast Stats, <http://seer.cancer.gov/data/>
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4. NYS (statewide and county level) Data Source: New York State Department of Health, Statewide Planning and Research System (SPARCS); US Data Source: AHRQ Quality Indicators, <http://www.qualityindicators.ahrq.gov>
5. NYS (statewide and county level) Data Source: NYS Department of Health - Vital Statistics, NYS Community Health Data Set, <http://www.health.state.ny.us/statistics/chac/chds.htm>, US Data Source: Centers for Disease Control, National Vital Statistics Reports, Volume 56, Number 6 Births: Final Data for 2005 http://www.cdc.gov/nchs/data/nvsr/nvsr56/nvsr56_06.pdf

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7. NYS (statewide) and US Data Source: Centers for Disease Control, National Immunization Survey (NIS), http://www.cdc.gov/vaccines/stats-surv/nis/data/tables_2006.htm
8. NYS (statewide and county level) Data Source: NYS Department of Health, NYS Childhood Lead Program
9. NYS (statewide and county level) Data Source: NY State Oral Health Surveillance System, http://www.health.state.ny.us/prevention/dental/docs/child_oral_health_surveillance.pdf, US Data Source: Healthy People Data 2010, Oral Health, <http://wonder.cdc.gov/data2010/focus.htm>
10. NYS (statewide and county level) Data Source: NYS Department of Health - Vital Statistics, NYS Community Health Data Set, <http://www.health.state.ny.us/statistics/chac/chds.htm>, US Data Source: Centers for Disease Control, National Center for Health Statistics, Recent Trends in Teenage Pregnancy in the US, 1990 – 2002, <http://www.cdc.gov/nchs/products/pubs/pubd/hestats/teenpreg1990-2002/teenpreg1990-2002.htm>
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12. NYS (statewide and county level) Data Source: NYS Department of Health, Division of Chronic Disease Prevention and Adult Health, Program Data.
13. NYS (statewide and county level) Data Source: NYS Department of Health - Vital Statistics, NYS County Health Assessment Indicators, <http://www.health.state.ny.us/statistics/chac/chai/>, US Data Source: Centers for Disease Control, National Vital Statistics Reports, Volume 56, Number 10 Deaths: Final Data for 2005, http://www.cdc.gov/nchs/data/nvsr/nvsr56/nvsr56_10.pdf
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21. NYS (statewide and county level) Data Source: NYS Department of Health, Emergency Preparedness Program data
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Section Three - Problems and Issues in the Community

B. Access to Care

2. Local circumstances/barriers

Stated in Section One Part C, Local Health Care Environment as well as our priority areas listed in Section Four, Local Health Priorities.

C. Profile of Unmet Need for Services

1. As identified previously, there are some gaps in the services provided by the LHD. The following are some ways in which the LHD could address some of these gaps in service (some are possible at this time and others would need greater funds or support):
 - Support the reapplication of Cayuga County Community Health Network for the tobacco grant and continue to work with the Tobacco Coalition on supporting cessation efforts and sustainable policy/practice changes.
 - Continue to utilize our expanded health education staff to develop our public health messages particularly related to chronic disease prevention.
 - Continue to work on convincing more dental providers to open their door to Medicaid clients and assist the one operating facility serving clients in maintaining or increasing their dental providers.
 - Continue to act as a referral resource to people seeking assistance with providers accepting Family Health Plus, Child Health Plus or Medicaid.
 - Strengthen our relationship with our local hospital and work collaboratively on targeted health issues such as Maternal Child Health.
 - Work creatively with unions and community to continue to make the LHD and Cayuga County a work friendly site to attract and maintain qualified staff.
 - Continue to work on agency efficiency and strategies to optimize and maximize available staff and community resources.
 - Continue to keep abreast of current and forthcoming public health trends and needs and participate in meeting needs in a regional manner, not in isolation; thereby helping resource go further and be more effective.
 - Remain supportive in community initiatives which provide for a holistic approach to health; mental health services, nutrition services, suicide, school readiness and others.

2. The LHD constantly evaluates its programs to identify how to better serve the community with the staff available. Clinic and outreach times are adjusted as needed to serve the maximum number of clients efficiently and effectively. A sliding fee scale is utilized, where appropriate, for specific services if insurance is not applicable or a client has limited means to pay. The LHD works with community transportation agencies and volunteer drivers to provide transportation as they are able. LHD staff are sent to program and competency trainings to become better educated and creative in approaches to serving the needs of the community. Integration of services continues to be an effective manner to link populations into programs; i.e. providing a lead screening check when reviewing providers' immunization records and offering MOMS and lead screening services at the WIC clinic. We attempt, as much as possible, to go to where people are as opposed to hoping they will come to us. The LHD continues to try to reach out to identified populations and be a useful and welcome resource for the community.
3. The geography of the county provides a natural barrier to accessing services due to its lakes and its length. Most services, including the LHD offices, are located at the center of the county. While this allows servicing the greatest number of the community's population who reside in and around the city, as you move farther north and south the challenges of accessing services increase (i.e. decreasing availability of providers and transportation). While the minority population in the county is very small, concern for their access to information and services is vitally important for the LHD. There are few minorities on staff in the LHD which influences our ability to creatively identify the best manner in which to provide programs and services. How to reach minority populations effectively continues to be a focus of the LHD.
4. Problems that might be encountered in providing these services include: lack of transportation to programs or providers in a timely manner, perceived lack of understanding due to different ethnic background or economic appearance, and limited resources to bridge gaps e.g. translator service or provider service. Additionally, LHD staff time is limited due to fewer staff, increasing duties and assignments to multiple projects. Human resources appear to be the primary theme of need and limitations.
5. Public Health Law continues to evolve to address disease control programs. The law needs to be able to address the variety of obvious differences of whom it effects while maintaining the focus on disease control and prevention. This is where differences become apparent in all counties though more quickly in a larger or smaller county. It is very important to maintain open and respectful communication among the counties and cooperation with our state partners. A prime example of our current work in this area is the development of emergency preparedness plans i.e. pandemic flu. Isolation and Quarantine issues affect each county. The larger counties may have identified needs or resources sooner. The smaller counties may have the benefit of greater familiarity with partners to solve territorial or other issues which arise. The needs continue and what is learned by one can benefit all. As disease and people do not confine themselves to county or state borders, informatics development and progression is imperative to providing accurate and appropriate services. Public Health law is the guidance for providing appropriate and equitable treatment to benefit the community.

Section 4 – Local Health Priorities

1. Priorities

Based upon the Governor's Public Health Prevention Agenda the LHD has identified the following priorities:

Healthy Mothers, Healthy Babies and Healthy Children: Work toward increasing breastfeeding rates, collaborating with local agencies and hospitals to promote maternal and child health programs, supports and educational resources available within the community for county residents.

Tobacco Use: Support and collaborate with regional tobacco programs to promote cessation, policy and practice changes to reduce second hand smoke. This will include a collaborative effort with AMH to educate maternity and public health nurses on tobacco cessation.

Physical Activity/Nutrition: Continue local Eat Well Play Hard programs focusing on increasing consumption of fruits and vegetables by children and to increase physical activity among target group. Implementation of Healthy Communities Capacity Building Initiative to assess policy, practice and environment to promote better nutrition and increase physical activity by engaging a variety of community stakeholders.

2. Additional Priorities

Reduction of Unintentional Falls: Attempt further inquiry of unintentional falls resulting in emergency room visits and implement interventions based on findings.

Inquiring information regarding infant death: Pursue further information on infant deaths and establish a local infant mortality review group.

Oral Health: Consider opportunities to expand the school based dental health program and services.

3. Summary of Process for Public Health Priority(ies) Identification:

Cayuga County's planning approach to complete its 2010-2013 CHA during 2009 consisted of a structure and process which was consistent with its efforts for the previous plan. What differed was an aggressive pursuit of the local hospital from the early stages of the process design in order to form a planning partner. The first organizational meeting between the LHD and Auburn Memorial Hospital took place in January, 2009.

The following summarizes the LHD's planning strategy and its outcomes.

I. Structure: The county identified key players important to the process. The majority of these professionals served as directors of the Cayuga County Community Health Network (CCCHN) Board. In an effort to avoid duplication of effort, as well as respect the existing demands on these stakeholders' time, agreement was reached by the Acting Network Director for the (CCCHN) Board of Directors to become the core of the department's Community Assessment Team. This group of primary stakeholders was supplemented by Health Network, LHD and Auburn Memorial Hospital staff as well as the United Way, Confidential Help with Alcohol and Drugs (CHAD) and the local Human Services Coalition staff.

Board representation included following organizations: East Hill Family Medical, Inc.; Cornell Office of Research on Evaluation(CORE) Cornell University; East Hill Family Medical; REACH CNY (formerly Family ties); McQuay International; Catholic Charities of the Finger Lakes; Christine Gray, RN,FNP (Private Practitioner, Port Byron); Phillip Gioia, MD, MPH, (Pediatrician); Michael Oropallo, Esq.; Auburn City Drug & Alcohol Treatment Court; Partnership for Results; First Niagara Bank; Auburn Memorial Hospital; and the Auburn Enlarged School District.

II. Assessment Team Mission and Role: As explained to the team, "Through team members' expertise and input from other key informants, contribute to an assessment of the availability and accessibility of the community's health care and social service resources". The team would participate in a series of meetings to (1.) interpret and react to existing information on health-related and other human service areas, and (2.) offer professional opinions on accessibility, availability and acceptability of services as well as priority issues.

III. Process: Five strategic planning meetings took place during the first half of 2009. (A. – C. here)

The first meeting was an organizational meeting in January with Auburn Memorial Hospital, a partner in the overall process. A presentation of key data resulting from the department's 2006-2009 data collection and analysis process as well as a proposed strategic planning structure, process and timeline were reviewed.

Outcomes: Important local, regional, state and national data was shared and discussed; additional areas of concern were identified; agreement by the LHD and hospital to the process and next steps were achieved.

Three Community Health Stakeholder Assessment Team work sessions were held through May. The team was charged with identifying (from their experience) the major factors impacting the health status of Cayuga County's residents. They received a presentation of key data resulting from the LHD's 2006-2009 data collection and analysis process. A decision was made to pursue particular priority issues by inviting key experts to provide detail to the discussion at subsequent team meetings. Each guest was asked to speak to the challenges they perceived, share concerns and provide views on community action.

Outcome: A dynamic list of priority issue areas (see below) was created based on their professional expertise and personal knowledge of the issues, local data, and key informants. Ideas on local interventions for the CHA and other human services areas were indentified.

The final meeting was held with the Coordinating Council of the Human Services Coalition of Cayuga County. A presentation was provided which reviewed the significant data/information gathered through the assessment initiative as well as presentation/discussion of the focus areas under consideration by the LHD to address in the CHA for 2010-2013, including those done in partnership with the hospital.

Outcome: A report to the broader community re the status of the planning process with feedback and discussion.

IV. Input & Resulting Issues

The priority issue areas identified by the assessment team to integrate into the LHD and hospital's planning process are listed below.

Priority Issue Areas:

- Obesity
- Tobacco
- Lung & Bronchus Cancer
- Unintentional Injury/Falls – Population 65+
- Dental Health; Children
- Maternal & Child Health: Infant Mortality, Breast Feeding
- Substance Abuse, including Alcohol: Young Adults & Youth, Older Adults
- Mental Health
- Psychiatrist shortage
- Adolescents – no beds locally
- Access to services from ER
- Prevalence of Depression
- Older adults underserved & growing need

Addiction – Gambling
 Environment –Water Quality Management
 Diabetes
 Heart Disease
 Access to Specialty Medical Services for MA patients i.e. Podiatry, Dermatology
 Emergency Room Use
 A routine alternative to family Dr.
 Mental health issues – Where to refer?(as per #8)
 Alzheimer: Support, placement & treatment
 Medically Under/Uninsured

The team chose to concentrate discussion on areas which required additional information and the insight of key informants. Those were: emergency room use; substance abuse; mental health; and the aged, Alzheimer's and the impaired. These priority areas fell under the auspices other community systems which had primary responsibility and oversight. Although not issues the LHD would own alone, the LHD would respond by supporting the work of local providers and/or serving as community project partners.

Brief Summary of Input

1. Emergency Room (ER) Use

A number of organizations contributed to understanding the problems experienced by the emergency room and their users. Not unlike ER's in other geographic locations, the county was experiencing growing ER use for non emergency care (as an alternative to a general/family practitioner visit). In addition, the ER was a place people of all ages were brought who were experiencing mental health and substance abuse crises. The ER was faced with few options for referral elsewhere when attempting to find programming for adolescents needing hospitalizations. To improve the mental health services in the ER they have recently added psychiatric staff which will support assessment in the ER.

2. Substance Abuse

Confidential Help with Alcohol and Drugs (CHAD) reported on local issues which were much like those articulated to the group in 2004. Their cases were more complex and that there are many local youth with substance abuse problems who are untreated. The ages of users were dropping. In addition they reported the following in relation to adolescents and substance abuse: There is need for a mechanism to bring all local adolescent programs together to create more of a system.

Youth/adolescents do not stay with intervention programs. Sometimes this is due to parents who are not willing to be involved or support their children (helping kids keep appointments, etc.)

3. Mental Health

As with substance abuse, local mental health professionals reported issues which were much like those articulated to the group in 2004.

They were seeing more severe mental illness at an earlier age. However, in addition there was a report of more violent and aggressive behavior in younger children.

There were a number of areas where resources were lacking i.e. no adolescent psychiatry unit in county. They saw a lack of resources for emergency psychiatric care for children, hence the use of the emergency room for crises. Because they believe the gap in psychiatric care will likely never go away there are some interventions being looked at: Tele-psychiatry as well as efforts to “grow our own” psychiatric provider(s) through a partnership with Upstate Medical Center, Syracuse. Efforts are needed to improve retention of psychiatrists, and other counseling professionals, as the turnover of such professionals comes at a high cost to the patient’s mental health (impact of change and time lost in their care).

It was reported that suicide statistics were up for men which involved weapons. They look to a Crisis line which incorporates a “Chat” support line to provide improved access for support during mental health crises.

The older population has historically been seriously underserved and this continues to be true. It was suggested that help was needed to connect older adults with mental health care such as the primary care physicians and clergy.

Awareness was heightened to the fact that the community had lost its “shortage area” status. It was agreed that work toward regaining this status would move forward.

4. The Aged, Alzheimer’s and the Impaired:

Those professionals serving the older population cited the following issues:

An ever increasing frail population ages 80 and older. Of those receiving services via the local EISEP program, 89% were age 75 and older and 57% were age 85 and older.

An increase in crisis-based requests and referrals for help

A decrease in congregate meal demand with a shift toward home delivered meals

A 37% increase in the incidence of Alzheimer’s disease between 2000-07 and the need for more support groups

A 144% increase in requests for emergency utility fund assistance over the previous year; and the problem intensified by Utility Company Payment Plan policies which severely penalize those who are shut off from getting back on a payment plan.

Re. Mental health needs and a lack of services and assistance. There is an increase in the incidence of depression (many first timers), behavioral problems associated with mental health problems and dementia, and an increase in crises requiring police intervention. There is a need for mental health evaluations and behavioral management support.

As most of the informal care of and responsibility for frail older adults is by family, there continues to be an ever increasing need for support (financial, emotional, etc) in the forms of support groups, respite and education.

4. Noteworthy Accomplishments for the LHD and Community Partners:

It was recognized by the assessment team and key informants that the mental health, substance abuse and physical health issues of individuals are intertwined, and, therefore, so is the work of professionals in these disciplines. This acknowledgment helped with fact finding and information sharing. The dialogue over the course of the team meetings improved understanding, strengthened relationships and set the stage for improved collaboration to address the problems at hand. It was clear that the leaders of these three disciplines would be working together to create a “Continuum and System” of care to more effectively meet the mental and physical needs of the community.

Section Five – Opportunities for Action

While reviewing the information gathered through the assessment process, there are a number of areas the LHD can continue to work both solely and in partnership to help alleviate priority public health problems.

Our Public Health Priorities are identified in Section Four- Local Health Priorities of this assessment. The following are areas the LHD will work on with specific LHD grants and programs which are inclusive of partner agencies and coalitions, including coalitions outside the county borders. A better description of the roles the LHD plays with partners is written in Section Three – Part A- Profile of Community Resources.

The LHD will not just work with the typical health care partners, but be inclusive of other organizations as necessitated by the objectives and goals to be attained. The following is a list of organizations which are included in our activities: Community based organizations, businesses, work sites, schools, colleges, government, health care providers, health insurers, food industry and the media.

The LHD will work with Auburn Memorial Hospital and Reach CNY to promote services available to families within Cayuga County. Collaborative efforts will be made by all agencies to promote maternal child health programs,

* Supplemental Information Regarding Impact of Aged and the Impaired:

The impact in the percent of the population age 65 and over, with special emphasis on the 85+, living in Cayuga County has the potential to significantly change the complexion of the community: its economy, health care and social services systems, its family systems, its work force, etc. Factors to consider:

Technology is not as integrated into health care to the degree possible and this needs to change. Technology exists (and will be further developed) to assist people in managing their illnesses at home i.e. respiratory therapy, diabetes, etc. This will be especially important as more of the population ages and potentially puts demands on health care services and procedures.

Family members constitute 72% of paid and unpaid caregivers of the elderly with activity limitations. Over half provide help daily. In addition, there is a growing trend of grandparents caring for their grandchildren, many as full-time caregivers. More caregiver education and support will be needed.

The capacity of the human services resources supporting the care of the impaired is not able to meet current, let alone future, demand. Workers for both home and institutional care are simply not there. Finally, there currently are no enriched housing or shared aide programs in the county.

The county must understand not just the challenges but search for the opportunities. For example, how will the community react to the significant increase in the number of viable, skilled, healthy and retired/semi-retired residents age 55-75? As would be expected, such a study/endeavor, will require multi-disciplinary, cross systems work encompassing local planning departments, education/schools, cooperative extension, DOT, DMV, economic development, etc. The role of the LHD with respect to the impact of the aged and impaired translates into one of a participating partner

Key issues pertinent to internal LHD functions and responsibilities relative to this priority include health education and prevention, advocacy, the health and social services work force (formal and informal), long term care systems management, chronic disease prevention & management, access to health and social services, adult protective services, and elder abuse.

Without question, the purposes and initiatives undertaken by the LHD are not possible without community support and perseverance. The Health of our county is incumbent upon the participation of individuals, agencies, providers as well as the LHD. "Community" and "Health" is the purpose and point of local public health departments.