

Comprehensive Regional Community Health Assessment

PREPARED FOR: Chemung, Livingston, Ontario, Schuyler, Seneca, Steuben, Wayne, and Yates Counties



Courtesy of Finger Lakes Tourism Alliance: Joe Carroll

PREPARED BY: Pivital Public Health Partnership | December 2025

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Executive Summary

Introduction

The New York State Department of Health (NYSDOH) Prevention Agenda 2025-2030 serves as a roadmap for county health departments, hospitals and other health care systems and partners to develop strategic priorities to ensure the health and well-being of New York State residents. Every six years, New York State requests that local health departments and their local hospital systems work together to create a joint community health assessment and improvement plan. Both should align with the NYSDOH Prevention Agenda and with priorities and requirements detailed by the Public Health Accreditation Board (PHAB).

Local health departments and hospitals must choose at least three areas from the Prevention Agenda on which to focus their community health improvement efforts. Local entities may choose from five domains and 23 priorities within those domains. The five domains are:

1. Economic Stability
2. Social and Community Context
3. Neighborhood and Built Environment
4. Health Care Access and Quality
5. Education Access and Quality

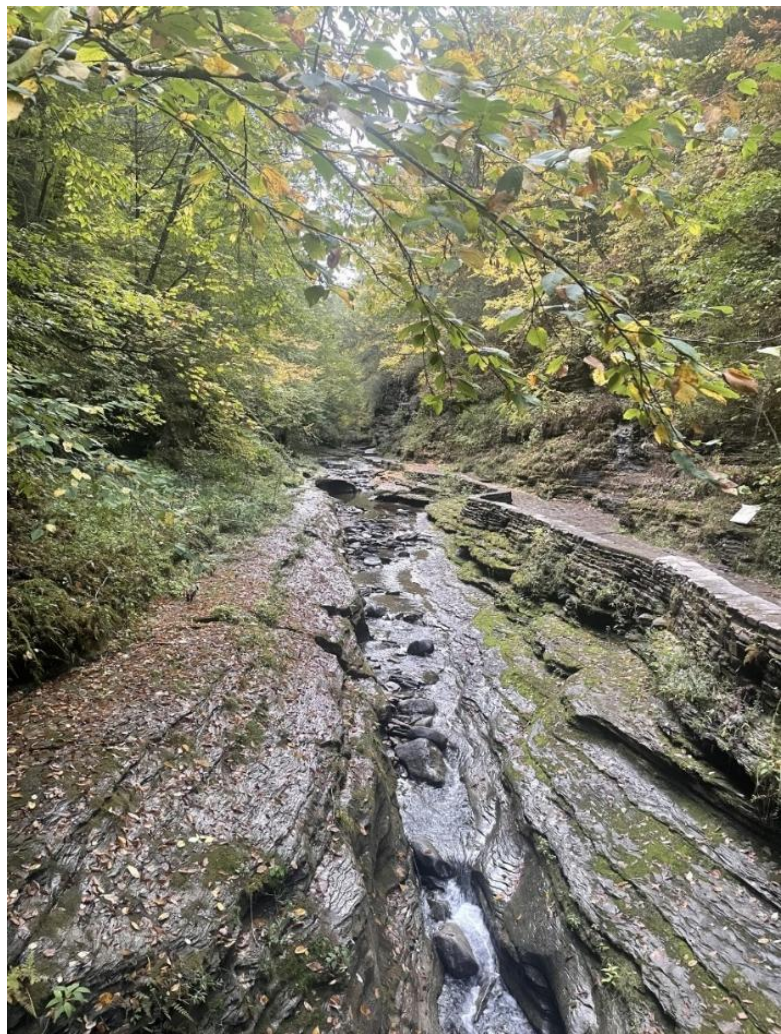


Photo: Watkins Glen State Park courtesy of Schuyler County

Throughout the Community Health Assessment cycle, public health and hospital systems value the input and engagement of key partners and community members who are critical in helping determine which priorities are most important to the community, and what actions ought to be taken to improve the population's health. The following report summarizes the pertinent information relating to the above priority areas. Residents live, work, and seek services beyond their county of residence. The health and well-being of residents in a neighboring county may impact the needs and services in other counties. In addition, collaborative practices such as shared messaging and lessons learned may expand the reach and success of like-minded interventions. Following the comprehensive assessment of the health of the entire region, this report contains a county-specific chapter from the region. Each county's chapter highlights specific needs, including additional demographic indicators, main health challenges, and underlying behavioral, political, and built environmental factors contributing to the county's overall health status.

Key Findings

The health of residents of the Finger Lakes region has been challenged by a variety of factors and circumstances ranging from demographic changes to public health crises. Addressing these challenges requires creative thinking, careful planning, and coordinated action, all of which are described in this community health assessment (CHA).

Although the region's overall population is projected to shrink, the region will experience an increase in the number of older adults over the next several years. This will result in the need to increase the capacity of healthcare and social service agencies. The expected increase in older adults and retirees, paired with a predicted decline in the number of working-age adults, will further exacerbate workforce demands.

Despite the long-standing existence of several unique populations in the region, including migrant farm workers, Amish and Mennonite, Native American and Alaska Natives, researchers have been challenged to collect and interpret data related to their unique health needs. In addition to these populations, there are other demographic and cultural factors which may impact health outcomes and status in a particular county including race, ethnicity, age, income, education, and the infrastructure that makes up the built environment. The 2025–2030 New York State Prevention Agenda organizes these conditions into five domains of social determinants of health: Economic Stability; Social and Community Context; Neighborhood and Built Environment; Health Care Access and Quality; and Education Access and Quality. The data shared below corresponds to the five domain areas of the Prevention Agenda and provides a summary of findings. For more detailed information, please refer to the specific Prevention Agenda sections in this CHA.

Economic Stability

Economic stability refers to socioeconomic disparities, unemployment and underemployment, access to affordable, nutritious food, and housing security. All are closely linked to poor health, affecting physical, mental, and educational outcomes. Children and older adults are especially vulnerable.

Socioeconomic conditions strongly shape community health. Higher poverty levels are associated with more chronic disease, mental health challenges, and limited access to essential resources such as food, housing, education, healthcare, and employment. Poverty also creates wider societal burdens, including homelessness, crime, and higher healthcare costs. Data across counties show notable variation in poverty rates, with several counties exceeding the New York State average. Poverty among older adults is rising in every county, which is concerning given the expected growth of the 65+ population. While household incomes have increased, they are not keeping pace with the living wage needed to meet basic costs.

Access to healthy foods is another key concern. The Food Environment Index (FEI), which reflects food insecurity and distance to grocery stores, indicates that many counties in the region face greater food access challenges than the state overall. High food insecurity rates and large numbers of residents with incomes below the SNAP threshold highlight ongoing economic strain, particularly in rural areas. Limited access to nutritious food contributes to elevated rates of obesity, diabetes, and premature death.

Housing stability also plays an important role in health. When housing is unaffordable or poor in quality, it can create stress, contribute to chronic illness, and limit access to other necessities. The Area Deprivation Index (ADI), which measures socioeconomic disadvantage, shows substantial variation across the region, with some communities experiencing significantly higher levels of deprivation and associated health risks.

Children and older adults are especially vulnerable, as poverty, food insecurity, and unstable housing can disrupt healthy development, worsen chronic conditions, and compound disadvantages over time.

Social and Community Context

Social and community context encompasses the relationships, environments, and local systems that shape people's health and well-being. Strong social connections, a sense of belonging, and access to community resources support positive health outcomes, while factors such as discrimination, isolation, and inequities in the surrounding environment can undermine health.

Mental health concerns are rising across the Finger Lakes region, with increasing rates of depressive disorders and adults reporting frequent poor mental health. Factors such as economic strain, chronic illness, political polarization, and adverse childhood experiences contribute to anxiety and stress, while access to mental health providers remains a challenge. Suicide rates among adults are climbing in most counties, and youth suicide trends vary, with some counties reporting decreases and others showing significant increases.

Drug-related deaths, including opioid overdoses, have escalated sharply in many counties, surpassing statewide averages. Community focus groups also identified growing substance use as a major concern, prompting new local partnerships aimed at addressing addiction.

While smoking has declined across the region, binge drinking has increased, and both behaviors occur at rates higher than the New York State average. Adverse childhood experiences remain a significant issue, with many adults reporting two or more ACEs, which can affect long-term health.

Healthy eating patterns remain a concern across the region. Fewer than half of adults in most counties eat fruit daily, though this is improving, and daily vegetable consumption is declining. Sugary drink consumption is below the state average in most counties yet remains an important target for prevention given its link to obesity and chronic disease. Focus group participants consistently emphasized the importance of healthy eating but noted that affordability and limited grocery access make it difficult to sustain healthy eating habits.

Neighborhood and Built Environment

Neighborhood and built environment depend on clean air and water, safe and affordable housing, well-maintained streets and sidewalks, adequate lighting, low violence, and accessible parks and trails. Although physical activity is essential for preventing chronic disease, many focus group participants reported feeling unsafe on local roads and sidewalks, and residents with mobility limitations often struggle to navigate their surroundings, safely.

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Several counties have expanded access to physical activity resources, but rising injuries and violence across the region undermine residents' sense of safety. Regionally, violent crime has risen in recent years, especially since 2020, and is currently at its highest level since 2013. Most counties now exceed the state average in unintentional injury deaths.

Transportation barriers in rural areas further limit access to food and healthcare, as many residents live far from essential services and grocery stores. Low walkability and high social vulnerability scores reflect these challenges. Perceived increases in community violence, regardless of the cause, also discourage community engagement.

Despite these concerns, respondents to the 2024 Regional Access to Care Survey highlighted strong community assets, including volunteers, local non-profit organizations, and hospitals, which help offset shortcomings in the built environment.

Health Care Access and Quality

Health care access and quality play a critical role in preventing disease, supporting healthy development, and reducing inequities. Early and consistent prenatal care lowers risks for mothers and infants, while regular screenings, immunizations, and management of chronic conditions help prevent serious illness and death. Oral health, often tied to socioeconomic status, is another key component of overall well-being. Despite the benefits of these services, many residents face barriers, including transportation challenges, inequitable access, and mistrust, that limit their ability to receive timely, high-quality care.

Access to early prenatal care and abstinence from alcohol, tobacco, and illicit drugs during pregnancy are critical in ensuring healthy starts for our youngest residents. While only a small share of births in the region receive late (third-trimester) or no prenatal care, some counties have rates that are more than twice those of the best-performing counties, underscoring ongoing geographic disparities in timely access. The use of harmful substances during pregnancy has decreased in the region, as have the incidences of preterm births and low birth weights. This is encouraging as the eight counties represented in this regional CHA continue to work collaboratively on maternal child health indicators, interventions, and unified messaging.

Access to primary care and dental care is problematic in rural counties, particularly for low-income and Medicaid-eligible residents. Provider shortages, cost, transportation barriers, and scheduling difficulties hinder timely care. Though mammography rates are high, colorectal cancer and diabetes screenings lag. Dental care, particularly for individuals with Medicaid, remains limited due to a lack of participating providers.

High emergency department use, preventable hospitalizations, and increased behavioral-health visits reflect gaps in primary and specialty care. Public health activities such as TB screening and treatment, blood lead testing, childhood vaccination clinics, and STI testing and treatment remain important stop gaps for individuals who otherwise would lack access to these services. Future improvements may come from telehealth expansion, better broadband, urgent care expansion, and social care networks, though the advent of concierge medicine may worsen inequities.

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A 2024 regional survey of more than 1,700 residents confirmed persistent barriers to care (for more detail, please see Regional Access to Care Report section of this CHA). Findings included:

- Shortages of medical, dental, and mental health providers
- Transportation difficulties, especially in rural areas
- Insurance-related challenges for uninsured and Medicaid patients
- Greater access barriers for non-White, rural, and Plain community residents
- Strong community assets, including local organizations and hospitals

Emerging issues include workforce shortages—particularly in behavioral health—limited broadband for telehealth, policy changes affecting Medicaid and SNAP, difficulties integrating new care models, ongoing equity gaps, and the potential benefits of expanding Social Care Networks and urgent care services.

Education Access and Quality

Education is a major determinant of health. People with higher levels of schooling tend to live longer, experience fewer chronic conditions, and enjoy greater economic security. Student absenteeism can stem from a range of issues, including physical and mental health concerns, substance use, unsafe school environments, and low physical fitness. Beyond high school, additional education offers significant advantages: adults with a bachelor's degree typically have higher earnings, lower unemployment, and improved health and living conditions compared to those with only a high school diploma. However, cost and disparities in access continue to limit these opportunities for many.

Education opportunities are reflected in high school graduation rates, per-student spending, and graduation rates among economically disadvantaged students. Most counties surpass the state average for adults with a high school diploma, suggesting that educational attainment may support greater economic stability.

Regional Assets and Resources to be Mobilized

In the Finger Lakes Region, there is a long history of collaboration and coordination among local health departments (LHDs) and community partners. The counties work together on programming, policy development, and unified messaging and have inter-municipal agreements for emergency response. Six of the counties worked together to become nationally accredited in 2020 and are now pursuing multi-jurisdictional reaccreditation. Additionally, LHDs work collaboratively with hospital partners in emergency preparedness, community health priorities, at co-sponsored events, during communicable disease outbreaks, and on boards and coalitions. Each county maintains a group of hospital and community stakeholders with which they complete the CHA and the CHIP. In addition to these relationships, eight Finger Lakes counties are members of the Pivotal Public Health Partnership and collaborate with Common Ground Health and the Forward Leading IPA (FLIPA).

Pivotal Public Health Partnership

Pivotal Public Health Partnership is a collaboration of eight local health departments including Chemung, Livingston, Ontario, Schuyler, Seneca, Steuben, Wayne, and Yates Counties. The

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network focuses on improving the health and well-being of Finger Lakes residents by promoting health equity in populations who experience disparities. The Pivotal board is made up of community members, medical professionals, and public health directors from member counties. Directors meet monthly to strategize and coordinate efforts to improve the health and wellbeing of Finger Lakes residents.

Common Ground Health

Common Ground Health covers the same geographic area as Pivital, with the addition of Monroe County, which has both urban and rural populations. The agency brings together leaders from healthcare, business, education and other sectors to find common ground on health challenges and bring attention to health inequities based on geography, socio-economic status, race and ethnicity. Members meet quarterly at Regional Leadership meetings to discuss challenges in health outcomes and available resources.

Forward Leading IPA (FLIPA)

FLIPA's mission is to strengthen healthcare through meaningful connections by creating opportunities for member organizations to collaborate, build relationships, and share best practices to support the health and wellbeing of communities across upstate New York. The executive director of Pivital represents the eight Pivital counties on the FLIPA board of directors. Current work is centered on the 1115 waiver and creation of a social care network.

These agencies support the work of the CHA and the eventual execution of the CHIP and continually strive toward highlighting alignment, leveraging shared resources, and creating opportunities for shared learning. With facilitation and coordination by each agency, local leaders are able to regularly meet to discuss health challenges and issues as a team and devise plans toward improving the health of all Finger Lakes residents.

In addition to the resources available through Pivital, Common Ground Health, and FLIPA, LHD's are active in regional workgroups and local nonprofit organizations. For a list of partners in each county, please see the specific County chapter.



Keuka Lake, Source: Steuben County

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County-Specific Priority Areas

The eight counties of the Finger Lakes region each chose three or four priority areas on which to focus their Community Health Improvement Plans as shown in Table 1.

Table 1: County-Specific Priority Areas

County	Prevention Agenda Domain	Priority Area
Chemung	1. Economic Stability 2. Health Care Access and Quality 3. Neighborhood and Built Environment	• Poverty • Housing Stability and Affordability • Preventive Services – Lead Screening • Access to Community Support Services
Livingston	1. Economic Stability 2. Social and Community Context 3. Health Care Access and Quality	• Nutrition Security • Depression • Oral Health Care
Ontario	1. Economic Stability 2. Health Care Access and Quality 3. Social and Community Context	• Poverty • Preventive Services for Chronic Disease Prevention and Control • Depression
Schuyler	1. Health Care Access and Quality 2. Social and Community Context 3. Economic Stability	• Preventive Services for Chronic Disease Prevention and Control • Primary Prevention, Substance Misuse and Overdose Prevention • Poverty
Seneca	1. Health Care Access and Quality 2. Social and Community Context 3. Economic Stability	• Healthy Children/Preventive Services • Primary Prevention, Substance Misuse and Overdose Prevention • Nutrition Security
Steuben	1. Economic Stability 2. Social and Community Context	• Housing Stability and Affordability • Poverty • Primary Prevention, Substance Misuse, and Overdose Prevention

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Wayne	1. Social and Community Context 2. Economic Stability	• Anxiety and Stress • Nutrition Security • Housing Stability and Affordability
Yates	1. Economic Stability 2. Health Care Access and Quality 3. Social and Community Context	• Housing Stability and Affordability • Preventive Services for Chronic Disease Prevention and Control • Anxiety and Stress

Steering Committee

Regional Community Health Assessment Structure and Approach

The regional Community Health Assessment (CHA) effort was led by the Pivotal Public Health Partnership, a non-profit affiliation of eight county Public Health Departments in the Finger Lakes region of New York State. Regional CHA partners included: County-level public health departments from Chemung, Livingston, Ontario, Schuyler, Seneca, Steuben, Wayne, Yates; Pivotal Public Health Partnership; Common Ground Health; local steering committees; and diverse sectoral organizations. See also County Chapters for specific partners.

Pivotal provided county staff with targeted education on the Mobilizing for Action through Planning and Partnership (MAPP) 2.0 Framework; a tool created by the National Association of County and City Health Officials. Additionally, they attended stakeholder meetings and facilitated monthly meetings with health department staff assigned to CHA/CHIP activities. Pivotal also provided technical assistance and data support by collecting and entering county-level Community Status Assessment (CSA) data into the Clear Impact performance management scorecard. This ultimately created a regional CSA scorecard to identify shared regional health issues and challenges. County-level teams customized the processes for their local needs and priorities (see specific County Chapters for detailed information.)

While planning was coordinated regionally, each county designated a chairperson who facilitated the CHA process at the local level. Each local health department formed a steering committee best suited to its local needs in order to implement each step of the MAPP 2.0 framework. This adaptive approach allowed each county to follow recognized best practices for collaborative health improvement, while ensuring that local priorities and resources shaped their process.

To enhance data analysis and promote equity, Pivotal partnered with Common Ground Health, a health research and planning organization based in Rochester, NY. Common Ground Health supports the nine Finger Lakes counties (the eight represented in this CHA and Monroe County) and is recognized for maintaining the region's most comprehensive health and health care data resources. Their expertise enabled deeper investigation of health trends and identification of health inequities by geography, socio-economic status, race, and ethnicity.

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During the Community Context Assessment (CCA), the eight counties worked together regionally to identify key unified questions for focus groups. Each local health department was given the opportunity to customize and enrich CCA questions to meet local needs but agreed to use a minimum set of questions decided upon by regional consensus, ensuring consistency and comparability across the region.

New York State 2025-2030 Prevention Agenda

The NYSDOH Prevention Agenda 2025-2030 serves as a roadmap for county health departments, hospitals and other health care systems and partners to develop strategic priorities to ensure the health and well-being of New York State residents. It guides communities to set priorities, address health disparities, and improve the health and well-being of all New Yorkers. The NYSDOH Prevention Agenda is closely tied to Social Determinants of Health. These determinants are everyday life conditions, such as where people live, work, learn, and play, that affect health, well-being, and opportunities to thrive. (Figure 1)

Figure 1 Social Determinants of Health



Source: CDC

Local health departments, hospitals and partners used the Prevention Agenda to align their CHA and CHIP with statewide goals, ensuring that efforts are data-driven and focused on advancing health equity.

The Prevention Agenda outlines five domains with their associated priority areas as detailed in Table 2. Each domain is a Social Determinant of Health.

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Table 2: NYSDOH Prevention Agenda Domains, Priorities and Targets

Domain	Priorities
1. Economic Stability	Poverty
	Unemployment
	Nutrition Security
	Housing Stability and Affordability
2. Social and Community Context	Anxiety and Stress
	Suicide
	Depression
	Primary Prevention, Substance Misuse, and Overdose Protection
	Tobacco/E-cigarette Use
	Alcohol Use
	Adverse Childhood Experiences
	Healthy Eating
3. Neighborhood and Built Environment	Opportunities for Active Transportation and Physical Activity
	Access to Community Services and Support
	Injuries and Violence
4. Health Care Access and Quality	Access to and Use of Prenatal Care
	Prevention of Infant and Maternal Mortality
	Preventive Services for Chronic Disease Prevention and Control
	Oral Health Care
	Preventive Services
	Early Intervention
	Childhood Behavioral Health
5. Education Access and Quality	Health and Wellness Promoting Schools
	Opportunities for Continued Education

Source: NYSDOH Prevention Agenda 2025-2030

Data Method and Process (Methodology)

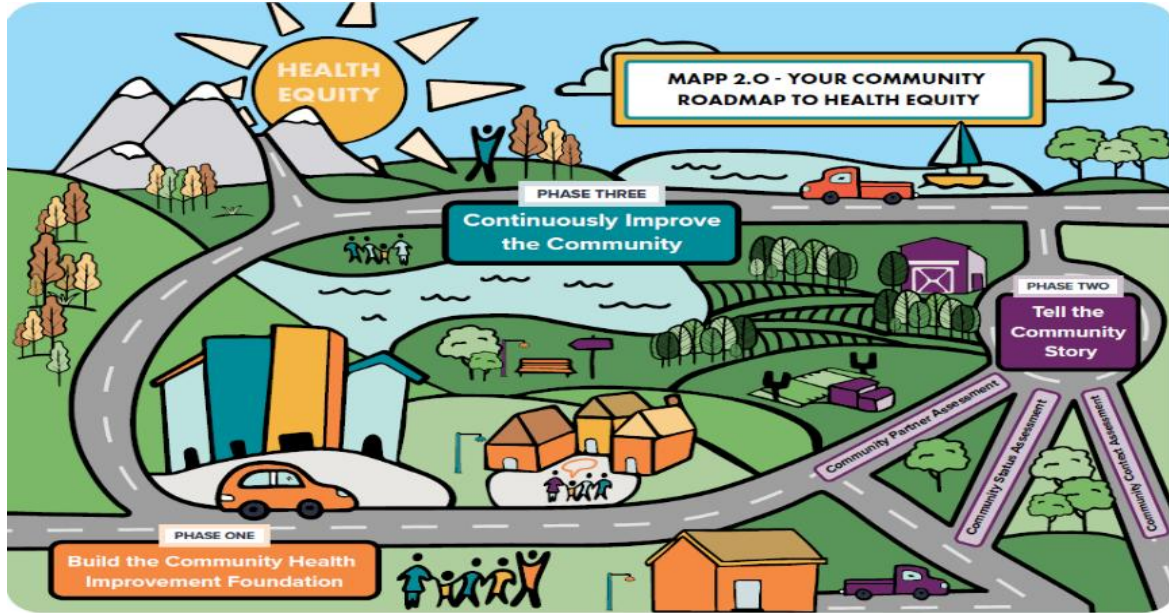
The CHA provides a comprehensive picture of a community's current health status, including factors that contribute to health risks and challenges. It also identifies priority health needs by analyzing local data and community input.

The eight counties in the Finger Lakes region of New York State represented in this CHA adopted the NACCHO MAPP 2.0 Framework for community improvement in developing this regional CHA. (Figure 2). This broad framework allowed the counties to work as one collective unit while also

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enabling them to customize the assessments to best suit the needs and abilities of their individual counties.

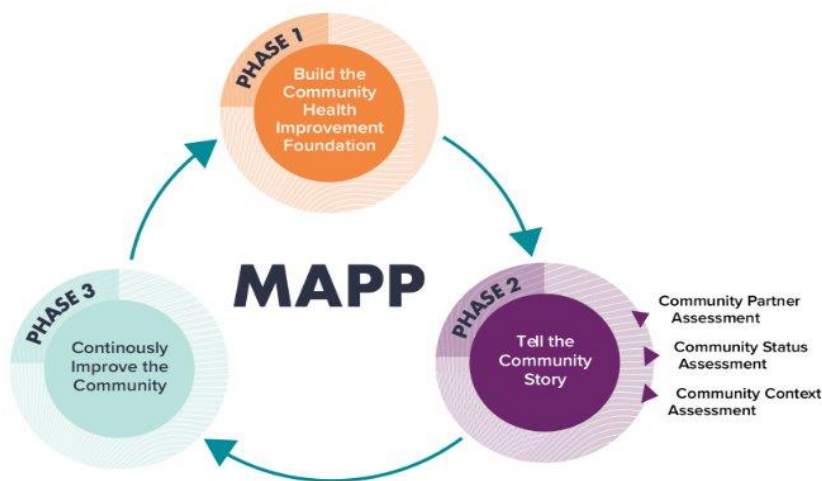
Figure 2 MAPP 2.0 Roadmap to Health Equity



Source: NACCHO

The process implemented by each county followed a three-phased approach noted in Figure 3.

Figure 3 MAPP 2.0 phases



Source: NACCHO

Phase 1: Build the Community Health Improvement Foundation.

This phase focuses on creating the leadership, partnerships, and shared commitment necessary to guide the MAPP process. It involves forming or strengthening a community health coalition, establishing clear roles and responsibilities, and developing a shared vision for a healthier

community. During this step, partners build trust, set expectations, and ensure that diverse voices

are represented, including residents, community organizations, health systems, and local government.

Phase 2: Tell the Community Story

This phase focuses on gathering and analyzing data to create a comprehensive picture of the community's health using three coordinated assessments: the Community Partner Assessment (CPA), Community Status Assessment (CSA), and Community Context Assessment (CCA). Together, these tools integrate quantitative data with qualitative input from residents and stakeholders to identify key health issues, strengths, and challenges, aligned with the Prevention Agenda social determinants of health domains and equity goals. Partners gain a shared understanding of health needs, disparities, and resources, which provides the evidence base for setting priorities and developing strategies for improvement.

Community Partner Assessment (CPA)

The CPA helps community organizations examine both their own internal processes and abilities, as well as their shared capacity as a community network to tackle health inequities. It is designed to guide partners in determining what actions are needed to address inequities at the individual, system, and structural levels. The CPA is intended to address the following questions:

- What are the capabilities, skills and strengths each participating organization possesses that will contribute to improving community health and advancing MAPP goals?
- Who is currently involved in the MAPP process? Who else needs to be involved?¹

Each county developed and administered a survey and/or convened focus groups as part of its CPA. Details of the survey development and distribution and focus group administration for each county are noted in the specific county section of this CHA. Responses were then organized qualitatively and quantitatively in an effort to identify strengths, weaknesses, opportunities, and threats as identified by respondents.

Community Status Assessment (CSA)

The CSA provides quantitative information about the community, such as population characteristics, health conditions, and disparities. Its purpose is to help communities understand inequities that go beyond individual behaviors or health outcomes, including how these issues connect to social determinants of health and broader systems of power and privilege. Ultimately, the CSA is a community-centered effort intended to capture and convey the community's narrative. The CSA is intended to address the following questions:

- What does the status of the community look like, including key health, socioeconomic, environmental, and quality-of-life outcomes?
- What populations are experiencing inequities across health, socioeconomic, environmental, and quality-of-life outcomes?
- How do systems influence outcomes?²

¹ NACCHO Community Partner Assessment Tool, www.naccho.org

² NACCHO Community Status Assessment Tool, www.naccho.org

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Data for each county was collected and compiled using Clear Impact performance management software. Data sources included:

- United States Census Bureau ([census.gov](https://www.census.gov)) and the American Community Survey (5-year estimates)
- New York State Prevention Agenda Dashboard
- New York State Community Health Indicator Dashboard
- County Health Rankings
- Centers for Disease Control and Prevention (CDC)
- Behavioral Risk Factor Surveillance System
- NYSDOH Vital Records (Vital Statistics); New York State Department of Health
- New York State's Statewide Planning and Research Cooperative System (SPARCS)
- Graduation Rate Data, 4-year outcomes; New York State Education Department (NYSED)
- NYS Perinatal Data Profile; Statewide Perinatal Data System
- Healthy People 2020; US Dept of Health and Human Services
- Environmental Protection Agency (EPA) Office of Community Revitalization
- The Neighborhood Atlas | Center for Health Disparities Research
- Local area unemployment Statistics (LAUS); U.S. Bureau of Labor Statistics, Office of Employment and Unemployment Statistics
- Evalumetrics Youth Survey (EYS) Reports
- Wilmet Cancer Institute, Cancer in Focus State Cancer Profiles; National Vital Statistics System | SEER
- NYSIIS Performance Report; New York State Immunization Information System
- Immunization Action Plan (IAP) Baseline Reports

Community Context Assessment (CCA)

The Community Context Assessment is a qualitative and quantitative tool used to assess a community's strengths, weaknesses, assets, and challenges specific to each community. It is based on three areas: Community Strengths and Assets, Built Environment, and Forces of Change. The MAPP 2.0 Framework CCA guiding questions were developed collaboratively by participating health departments to ensure continuity in data collection and analysis. Each county had the option of adding additional questions, but all counties asked the following seven questions:

1. Which health issues have the biggest impact on you and/or your community?
2. What does our community have that helps everyone, no matter their income, background, or language, have a fair chance to be healthy and feel welcome?
3. How do the streets, buildings, and sidewalks in different parts of our community help support the health of people, especially those with low incomes, people of color, limited English speakers, people with different genders or sexual orientations, or those with disabilities?
4. Where in our community is it easier or harder to be healthy, and why?
5. What has occurred recently that may affect the health of our community?
6. What may occur in the future?

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7. Based on the above – do these things affect some groups more than others?³

Data collected during the Community Context Assessments added residents' voices and care was taken to engage often underrepresented populations, including migrant farm workers, members of the LGBTQ community, males, and low-income individuals. Data enhanced understanding of the unique needs of each community and aided in establishing the priority areas chosen by each county.

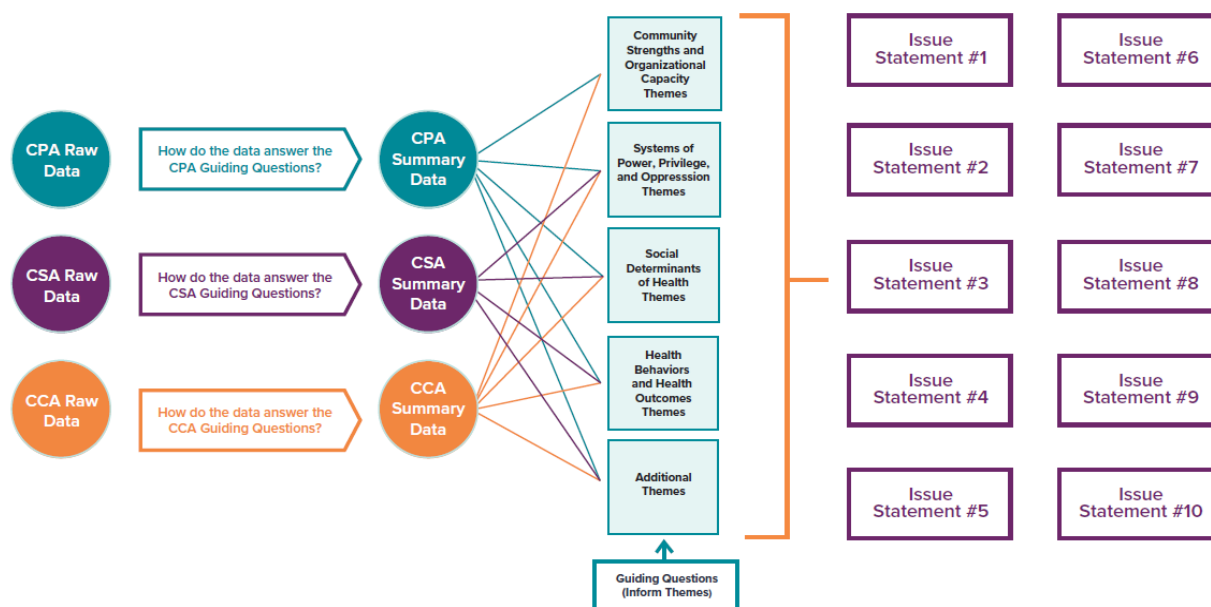
For a description of each county's activities during the CCA, see county-specific chapters in the document.

Data Triangulation

Counties collaborated with Pivotal, Common Ground Health, and their county-specific partners and stakeholders to complete the CPA, CSA and CCA.

After each county completed the three assessments, Pivotal triangulated the data to develop and propose cross-cutting themes for each county (Figure 4).

Figure 4 Data Triangulation Process

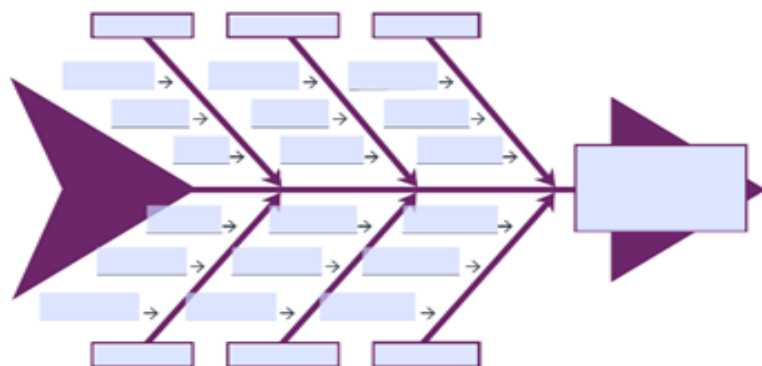


Source: NACCHO

After data was triangulated, counties used Fishbone Diagrams to examine the cause and effect of each identified community issue – Figure 5. Using the *Five Whys* - identifying an issue and asking “why” at least five times to get to the root cause - counties were able to narrow the list of priorities and identify upstream root causes on which to focus. Each county then reviewed findings with their

³ NACCHO Community Context Assessment Tool, www.naccho.org

Figure 5: Fishbone Diagram



Source: NACCHO

stakeholders and community partners and conducted a Health Assessment Prioritization using a prioritization matrix to rank each theme based on five criteria:

1. Relevance of the issue to community members.
2. Magnitude/severity of the issue.
3. Impact of the issue on communities impacted by inequities.
4. Availability and feasibility of solutions and strategies to address the issue.
5. Availability of resources (time, funding, staffing, equipment) to address the issue.

Each county then identified at least three Prevention Agenda Priorities to address in its CHIP.

Phase 3: Continuously Improve the Community

This phase focuses on using assessment findings and selected priorities to develop, implement, and monitor a Community Health Improvement Plan (CHIP). This phase emphasizes ongoing collaboration, use of evidence-based strategies, and continuous quality improvement to advance health equity and strengthen community conditions over time. After the selection of focused Prevention Agenda priorities to be included in the CHIP, local health departments and community partners will identify evidence-based and promising practices that address the root causes and key drivers of each priority area. Local county committees will then select strategies that are realistic and feasible for implementation, taking into account local capacity, existing and potential partners, and available resources. Following the selection of strategies, partners will identify clear performance measures and selected Prevention Agenda objectives to monitor implementation, track progress, and assess impact over time, supporting a continuous quality improvement approach to community health.

Partner Engagement

Community partners played a key role throughout the CHA and during the development of the CHIP. Each partner completed the Community Partner Assessment (CPA), providing valuable organizational data and insights. They also helped identify and engage community members and organizations for focus groups as part of the Community Context Assessment (CCA), ensuring diverse perspectives were included.

Throughout the process, each county's stakeholders and partners participated in regular meetings where findings from all three assessments were presented. These sessions encouraged questions, feedback, and shared interpretation of the data. These work groups collaboratively reviewed and discussed the triangulated results, allowing partners to validate findings and contribute to identifying key themes.

Finally, partners participated in the prioritization process, ensuring that shared priorities reflected both data and community voice.

Regional Access to Care Report

In addition to the MAPP 2.0 Framework process, Pivotal Public Health Partnership, in collaboration with the eight local health departments, administered the [Access to Care Survey](#)⁴ between July and November 2024 to obtain primary, population-based data on access and barriers to care across the region. The survey, offered in multiple formats and languages, included questions on having a usual source of care, use of routine and preventive services, delays in care due to cost or transportation, experiences with behavioral health care, insurance status, and key demographic characteristics, and yielded more than 1,700 completed responses from residents of the eight counties.

Survey data were cleaned, weighted to reflect the regional population using Census-based distributions, and analyzed using descriptive statistics to characterize access indicators and chi-square tests and logistic regression models to examine differences and disparities by factors such as race, insurance type, geography, and Plain Community status. Findings from this analysis were integrated with MAPP 2.0 assessments and qualitative input from focus groups to identify populations facing the greatest barriers, and were used to inform health issue prioritization.

Key findings from the Survey showed that people in the eight counties still face problems when trying to get health care:

- *Not enough providers:* It is difficult for many people to find a doctor, dentist or mental health provider, especially in rural areas.
- *Transportation issues:* Many people do not have reliable ways to get to appointments, especially if they do not own a car or if they live far away from care.
- *Insurance problems:* People without insurance and those who have Medicaid often have a harder time getting care. They may have to wait longer or travel farther.
- *Unequal access:* Non-White, rural and Plain community (Amish/Mennonite) members face compounded barriers, with reduced routine/preventive care and higher rates of appointment access challenges.
- *Community strength:* People also shared many positive things, like strong local groups, caring volunteers, helpful nonprofit organizations, and local hospitals.

The report also identified emerging issues within the Finger Lakes region:

- *Health care workforce shortages:* Behavioral health, in particular, along with other health care workers are in demand. Rural communities have a difficult time attracting talent because of aging infrastructure and rate of pay.
- *Telehealth expansion:* While telehealth may be expanding in many areas of the country, limited broadband access makes its dissemination problematic in rural areas.
- *Insurance policy changes:* Impending cuts to Medicaid may impact access to care and increase out-of-pocket costs.

⁴ Source: Access to Care in the Finger Lakes Region, Collaborative Assessment Report, 2025
<https://pivotalphp.org/reports/access-to-care/>

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- *Supplemental Nutrition Assistance Program (SNAP)*: Expected changes to eligibility may mean residents are forced to choose between food and medical care, including prescriptions.
- *Integration of care*: New models of care are being piloted in many areas but face funding and coordination challenges in the Finger Lakes region.
- *Equity gaps*: Mortality rates among minority populations are higher than other groups. Additionally, higher Medicaid-dependence is linked with higher food insecurity issues which impact overall health.
- *Innovative care models*: Social Care Networks and Urgent Care expansion will help to alleviate some rural health concerns and issues.

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Demographics

Community Description: The Finger Lakes Region

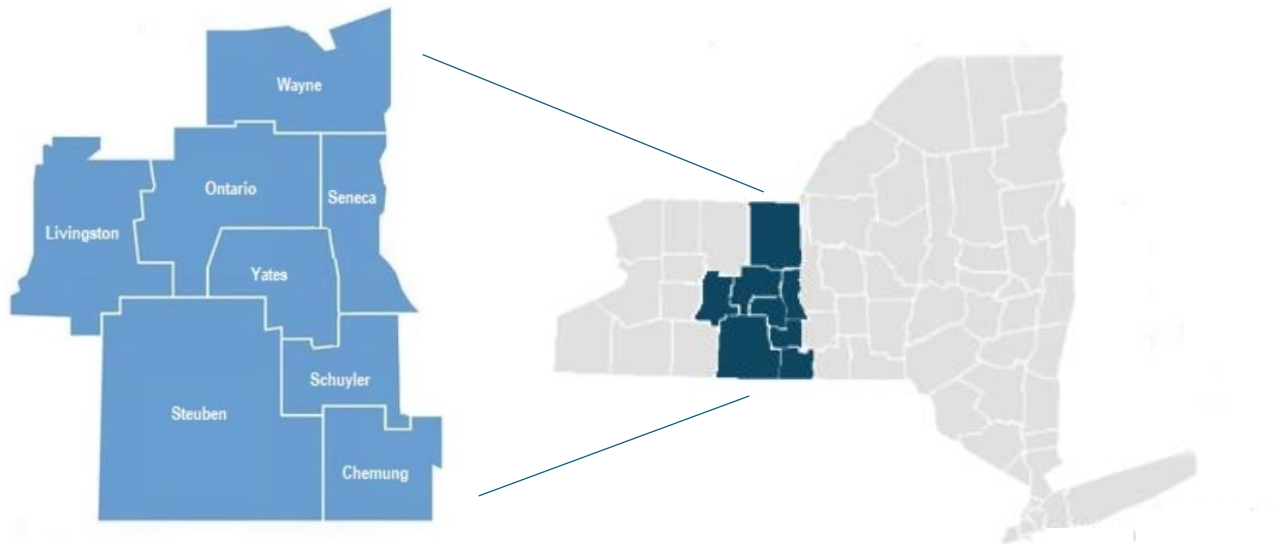
The Finger Lakes get their name from the series of 11 lakes in central and western New York that resemble the fingers on a hand. Native American lore explains that the lakes were formed when the Great Spirit laid his hand down on the region. The lakes were formed as an impression of his hand blessing the landscape.⁵ Scientifically speaking, the lakes were formed by receding glaciers over two million years ago.⁶ The area now serves as an idyllic recreational spot with abundant outdoor activities, award-winning wineries, historic and quaint towns, and vast agricultural farmland. While smaller urban areas do exist within the counties, this mostly rural region of New York State shares the health-related issues and illnesses of many rural areas in New York and the United States.

Though the Finger Lakes Region encompasses a larger swath of the state, the eight Finger Lakes counties represented in this Community Health Assessment, include: Chemung, Livingston, Ontario, Schuyler, Seneca, Steuben, Wayne, and Yates. (Map 1)

⁵ Source: FingerLakesTravelNY.com: History of the Finger Lakes

⁶ "[*Ithaca is Gorges: A Guide to the Geology of the Ithaca Area, Fourth Edition*](#)" by Warren D. Allmon and Robert M. Ross, published in 2007 by the Paleontological Research Institution

Map 1: The Finger Lakes Region of New York State

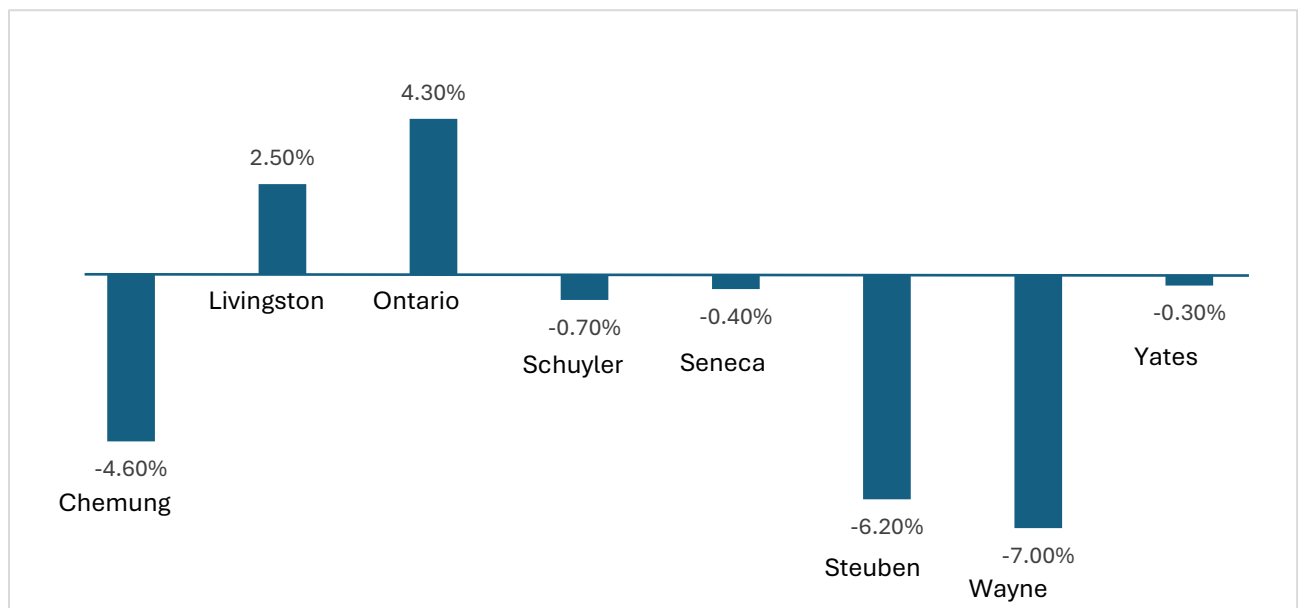


Population Estimates

Overall Population Estimates

There are 515,563 people living in the 8-county Finger Lakes Region. Estimates projecting into the year 2040 demonstrate a slight decrease in the population for most counties, with the exceptions of Livingston and Ontario. Stratified by county, see Figure 6, are the projected population differences

Figure 6: Percent Change in Population from 2020- 2040



Source: County Health Rankings, Census Population Estimates, Cornell Program on Applied Demographics

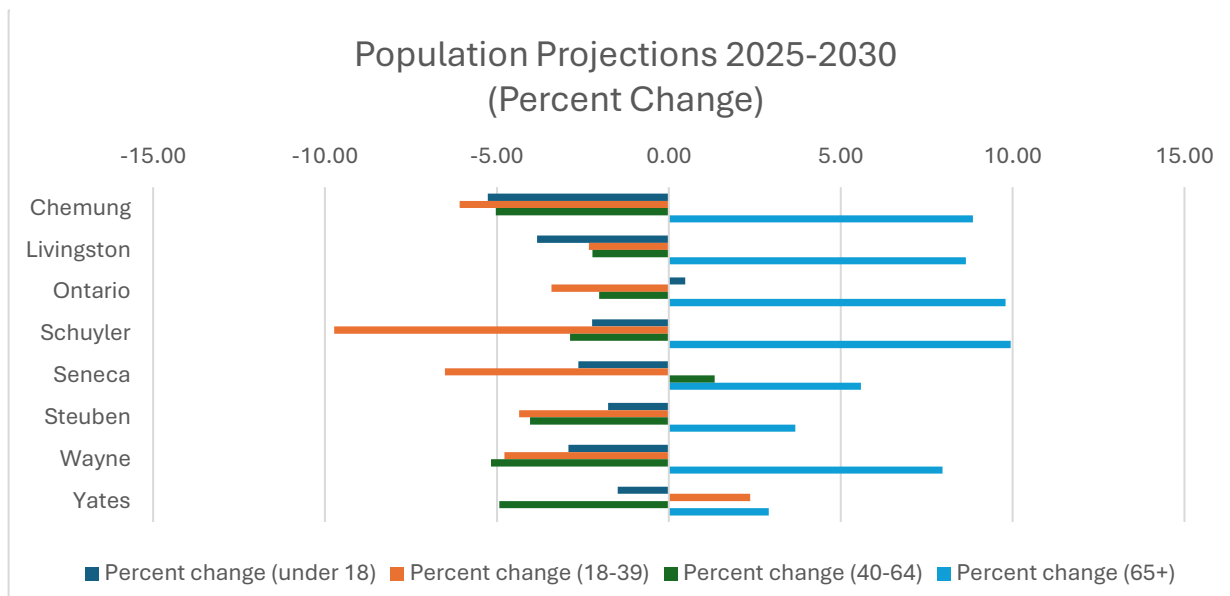
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over the next 20 years. Some of the largest changes are expected in Chemung, Steuben and Wayne Counties.

Age Group Projections

Over the next five years (2025–2030), the population of residents aged 65 and older is projected to increase in all Finger Lakes counties, while younger age groups (under 18, 18–39, and 40–64) are expected to decline in most counties. Exceptions include: Ontario County, which is projected to see a slight increase in the under-18 population; Seneca County, which is expected to gain residents aged 40–64; and Yates County, which is projected to experience growth in the 18–39 age group. The overall growth in the older adult population will likely increase demand for geriatric care and chronic disease management across the region. Figure 7 illustrates the projected percent change in each age group by county.

Figure 7: Population Projections by Age Group, Finger Lakes Region

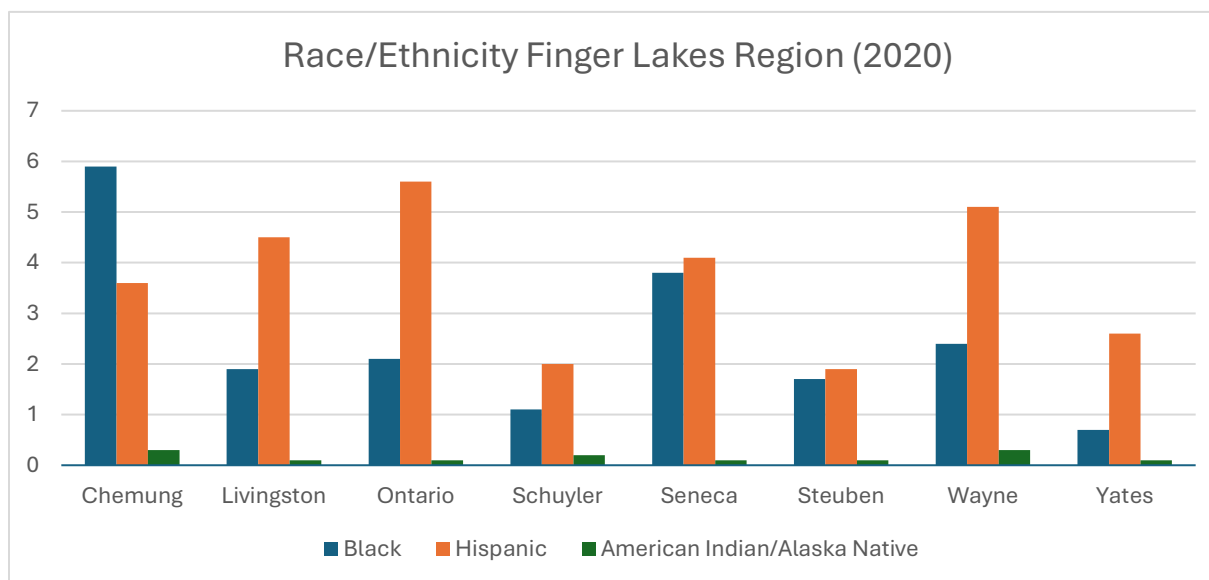


Source: Cornell University Program on Applied Demographics, 2025-2030

Race/Ethnicity

More than 90% of the Finger Lakes Region population is White/Non-Hispanic. Chemung County has the largest non-white population with 5.9% Black, 3.6 % Hispanic, 0.3% American Indian/Alaska Native. (Figure 8)

Figure 8: Race/Ethnicity Finger Lakes Region



Source: *An Ecosystem of Minority Health and Health Disparities Resources. National Institute on Minority Health and Health Disparities*

Migrant Farm Workers

The 2022 Census of Agriculture reported that there were 22,000 workers on farms in the Finger Lakes region. Just less than one quarter (5,340) were unpaid and probably represented family members or co-op workers. The vast majority (16,600) were paid workers, but not necessarily in full-time or permanent positions. Wayne County had the highest number of migrant workers (3,034) of the eight counties.

Almost 25% of the region's farms contracted with migrant farm workers. Because migrant farm workers move from job to job depending on the season, a single migrant worker may be counted by multiple farms, therefore the total number of migrant workers is potentially an over count of individuals (Table 3).

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Table 3: Farms and Farm Workers in the Finger Lakes Region

County	Number of Farms with Hired Workers (2022)	Number of Farms with Migrant Workers (2022)	Hired Farm Labor*		Number of Migrant Workers** (2022)	Number of Unpaid Workers*** (2022)
			Total Workers (2022)	Number of Workers Who Worked <150 days (2022)		
Chemung	48	2	171	90	(D)^	381
Livingston	142	16	998	354	68	477
Ontario	229	32	1,547	718	307	801
Schuyler	108	25	943	547	119	333
Seneca	146	39	1,653	1,212	493	429
Steuben	297	21	1,344	690	66	1,370
Wayne	259	141	3,902	2,590	3,034	677
Yates	250	80	1,625	1,111	390	872
Total Finger Lakes Region	1,479	356	12,183	7,312	4,477	5,340

*Hired farm labor does not include contract/migrant workers.

**Migrant farm workers are workers whose employment requires travel that prevents the worker from returning to his or her permanent place of residence the same day.

***Unpaid workers include agricultural workers not on the payroll who performed activities or work on a farm or ranch.

^Suppressed to avoid disclosing data for individual farms.

Source: US Department of Agriculture, 2022 Census of Agriculture

Migratory and seasonal agricultural workers and their families face distinct barriers that contribute to significant health disparities. Factors such as hazardous working conditions, poverty, inadequate housing, limited clean water, lack of insurance, language and cultural barriers, and fear and mistrust related to immigration status all limit access to consistent, quality care. These challenges increase the risk of serious health issues including diabetes, malnutrition, depression, substance use, infectious diseases, pesticide exposure, and work-related injuries. Migration further heightens these problems by creating isolation and disrupting continuity of care, making it harder to maintain treatment and health records.⁷

A healthy migrant community is essential to the farming industry in the eight-county region and therefore essential to the livelihood of farmers and the economy of the region. Without them, fields may go unplanted, fruit unpicked, and crops unharvested.

Amish/Mennonite

The Plain Community - Amish and Mennonite - is an important part of the Finger Lakes region, contributing substantially to the agricultural sector in many areas. Obtaining reliable, current information about their population size and health outcomes is difficult, particularly at the county

⁷ Source: Rural Health Information Hub, 2025: <https://www.ruralhealthinfo.org/topics/migrant-health>

level, because these groups typically do not participate in surveys like those run by the U.S. Census Bureau.

Elizabethtown College's Young Center for Amish Studies provides annual population estimates that help fill this gap. According to their data, New York State has 60 Amish settlements and 188 districts, totaling roughly 25,220 individuals.⁸ Within the Finger Lakes, specifically Livingston, Seneca, Steuben, and Wayne Counties, there are 16 districts with an estimated 3,770 Amish residents.⁹ These numbers do not include Mennonite populations. The Young Center also compiles information on various Mennonite groups, often organized by church conference. In New York, the Groffdale Conference Mennonites are estimated at 3,856 people, the Midwest Mennonite Conference at 971, and the Stauffer Mennonite Conference at around 476.¹⁰

When reviewing data or planning public health efforts, it is important to account for Amish and Mennonite cultural practices. Decision-making about health care is typically influenced by church leaders' guidance. Many families rely on natural or homeopathic health approaches, which can delay lifesaving medical care and affect decisions about family planning, preventive care, dental care, and vaccinations. Home births and delayed prenatal care are relatively common as is breast feeding. Children generally attend school through eighth grade before focusing on farming or learning a trade, increasing exposure to potential injuries. Travel by bicycle or horse-drawn buggy also creates traffic-safety concerns on rural roads shared with faster-moving motor vehicles.

These cultural factors combined with expected population growth are important considerations for public health professionals in the region. Research suggests that when health information is offered by trusted sources and services are easily accessible, Plain families are often receptive to interventions, including certain immunizations. Building cultural understanding and maintaining flexible, consistent outreach can support strong participation in recommended health practices.¹¹

American Indian and Alaska Native Population

In 2022, 1,408 residents of the Finger Lakes region identified themselves as American Indian and Alaska Native alone. However, it is important to note that this estimate does not include residents who identify as multiple races.¹²

The Centers for Disease Control and Prevention noted that as of 2023, the average life expectancy for American Indians and Alaska Natives is the lowest of all ethnic groups. American Indians and

⁸ "Amish Population Profile, 2025." Young Center for Anabaptist and Pietist Studies, Elizabethtown College. <https://groups.etc.edu/amishstudies/statistics/amish-population-profile-2025>.

⁹ Statistics compiled by Edsel Burdge Jr., Young Center for Anabaptist and Pietist Studies, Elizabethtown College, in cooperation with Joseph F. Donnermeyer, School of Environment and Natural Resources, The Ohio State University, and with assistance from Adam Hershberger, Ohio Amish Library, Millersburg, Ohio.

¹⁰ Compiled from the most recent directories by Edsel Burdge Jr., Young Center for Anabaptist and Pietist Studies, Elizabethtown College, 1 Alpha Drive, Elizabethtown, PA 17022 Updated October 2025

¹¹ Baillie, K. U. (2018, July 13). *With free vaccinations, ChildProtect program helps Amish communities stay healthy*. Penn Today. University of Pennsylvania. <https://penntoday.upenn.edu/news/free-vaccinations-childprotect-program-helps-amish-communities-stay-healthy>

¹² Source: U.S. Census Bureau Population Estimates Program. Methodology for the United States population estimates: Vintage 2022. 2022. <https://www2.census.gov/programs-surveys/popest/technical-documentation/methodology/2020-2022/methods-statement-v2022.pdf>

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Alaska Natives can expect to live to 70.1 years as compared with the national estimate of 78.4 years. Further, they also report being in fair or poor health more often than all other racial groups (24.4%). The leading causes of death in this group are heart disease, cancer, unintentional injuries, chronic liver disease, and diabetes.¹³

These disparities exist for a number of reasons but largely correlate back to inadequate educational opportunities, disproportionate rates of poverty, discrimination in the delivery of health services, and the impact of historical intergenerational trauma including centuries of racial discrimination.¹⁴

Foreign Born Population

The majority of those who are foreign-born living in the Finger Lakes region have become naturalized US Citizens. The naturalization rate varies by county, from as low as 35 percent in Wayne County to 77.9 percent in Yates County (Table 4). Residents coming from other countries may face significant challenges in adapting to the United States' disease prevention and treatment culture and, as such, should be cared for and tended to in a way that is respectful of and collaborative with the customs and beliefs of their heritage.

Table 4: Foreign Born and Citizenship

County	Percent of Population that is Foreign-born (2020)	Percent Naturalized U.S. Citizen (2020)	Percent Not a U.S. Citizen (2020)
Chemung	3.6	58.0	42.0
Livingston	3.5	51.5	48.5
Ontario	5.0	55.8	44.2
Schuyler	1.9	51.8	48.2
Seneca	2.9	54.4	45.6
Steuben	3.3	38.4	61.6
Wayne	5.0	35.0	65.0
Yates	1.6	77.9	22.1

Source: U.S. Census Bureau, 2020 Census.

Public health professionals must keep cultural and linguistic differences in mind when collecting and exhibiting data, developing and providing programming, and evaluating the effectiveness of interventions. Demonstrating respect for an individual's national and cultural background fosters trust and strengthens the practitioner–client relationship. Cultural responsiveness enhances the quality of care, supports better health outcomes, and reduces disparities.

¹³ Source: CDC, <https://minorityhealth.hhs.gov/american-indian-and-alaska-native-health>

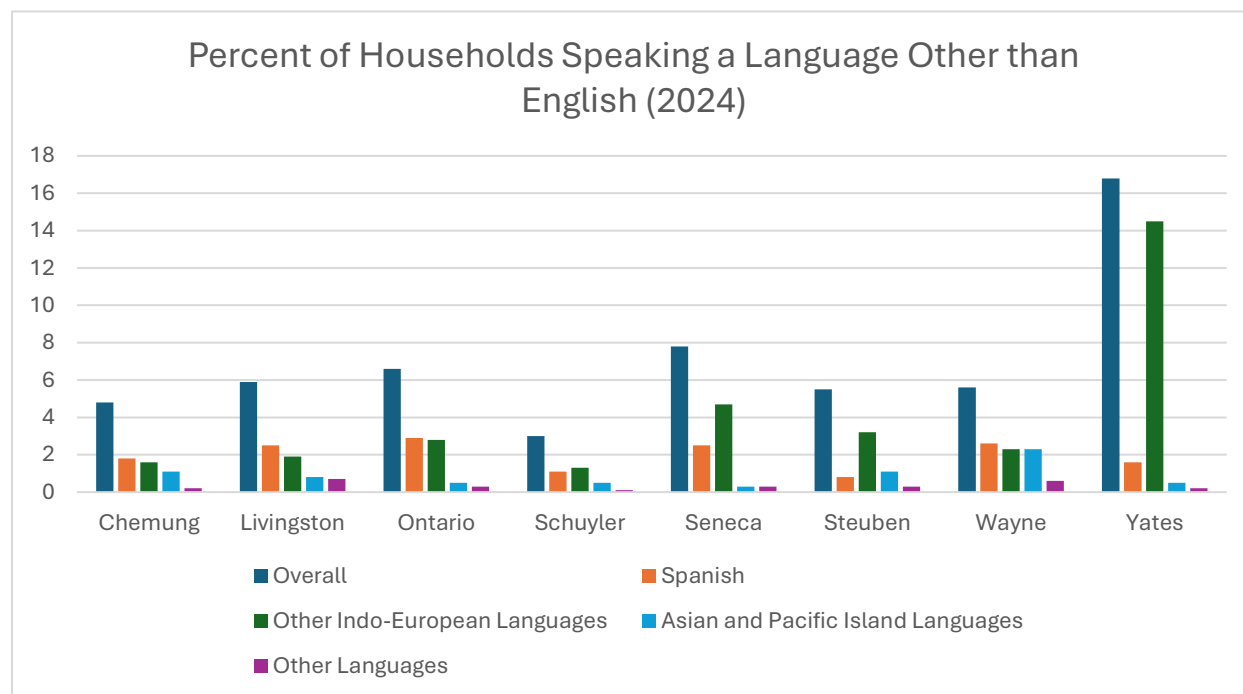
¹⁴ US Commission on Civil Rights, Broken Promises: Continuing Federal Funding Shortfall for Native Americans, 2018

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Household Languages

While most people in the Finger Lakes region primarily use English, a smaller portion of the population speaks other languages at home. These include Spanish, various Asian and Pacific Island languages, and a range of other Indo-European languages (Figure 9). In Yates County, the notable share of Indo-European language speakers is likely influenced by the presence of Amish and Mennonite communities in which some families speak German dialects in the home. Small counties may have no bilingual staff members and few options for obtaining interpreters.

Figure 9: Percent of Households Speaking a Language Other than English



Source: U.S. Census Bureau, 2024 ACS 1 or 5-year estimates

Disability

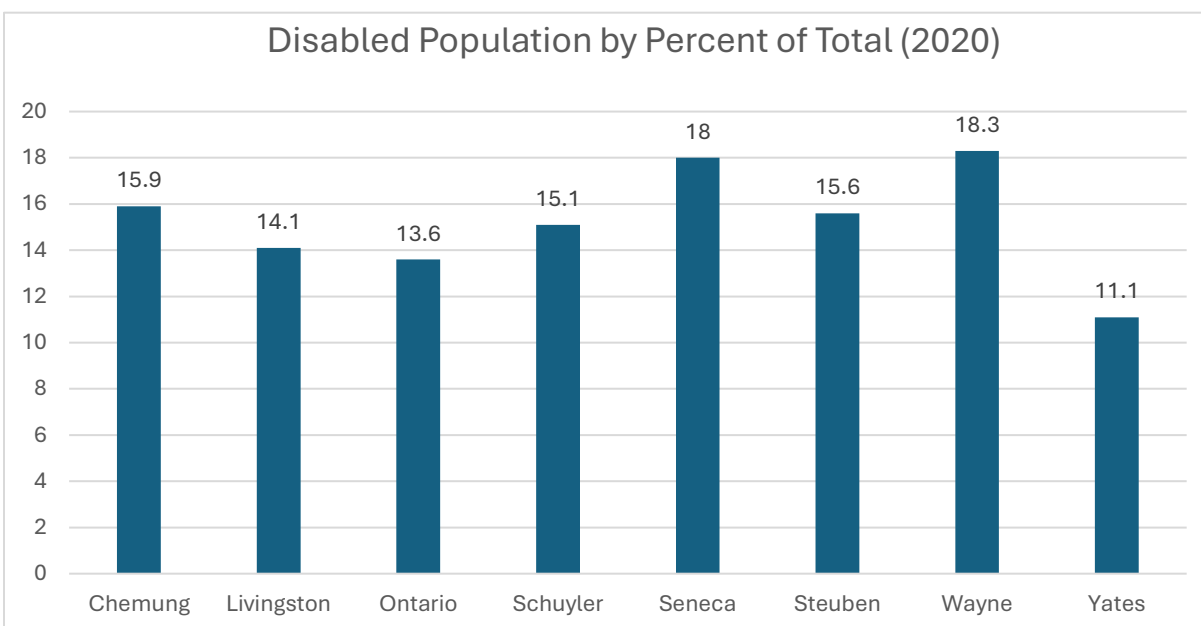
People with disabilities face a higher likelihood of developing chronic health issues such as obesity, heart disease, and diabetes. Reducing health disparities among this population involves fostering a community culture that supports inclusion and creating welcoming physical spaces free of conditions that might prohibit participation in healthy behaviors. Achieving this requires coordinated efforts across multiple disciplines, including policy, systems, and environments.

Figure 10 shows the disability rate for each county in the Finger Lakes region. The most common disabilities in the region are cognitive, ambulatory and independent living.¹⁵

¹⁵ Source: U.S. Census Bureau, 2020 Census

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Figure 10: Disability Rate by County

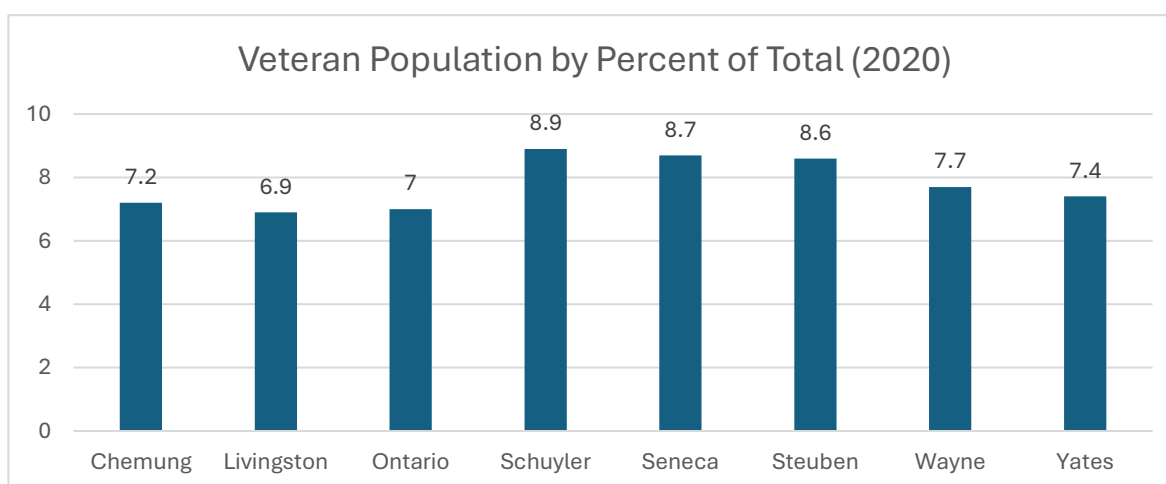


Source: U.S. Census Bureau, 2020 Census

Veterans

The population of veterans in the eight counties of the Finger Lakes is higher than the NYS average of 3.5 percent. Veterans certainly have the same health care needs as others in the community, however, they may also require additional health care services related to mental health, physical health and issues related to environmental exposure during service.¹⁶ Figure 11 details the percentage of veterans in each county.

Figure 11: Veteran Population by Percent of Total Population



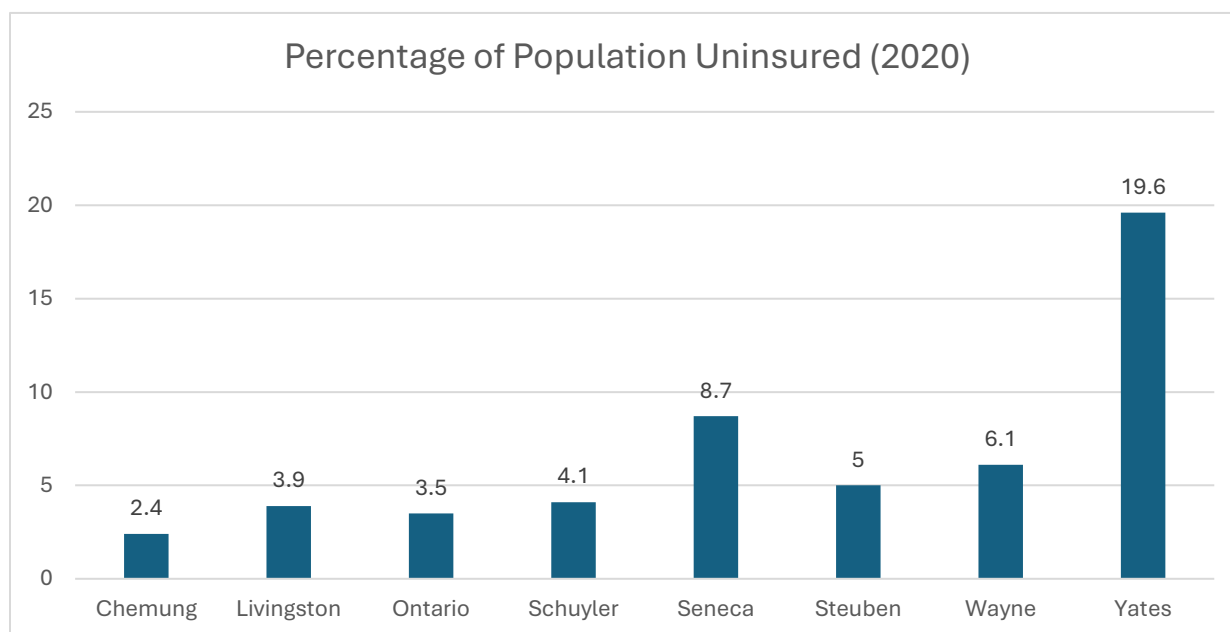
Source: U.S. Census, 2020 Census

¹⁶ Source: Veterans Affairs, <https://www.va.gov/health-care/health-needs-conditions/>

Health Insurance Status

Health insurance plays an important role in ensuring people can obtain necessary medical services. Like individuals with limited financial resources, those without insurance are less likely to seek routine or preventive care, often lack a consistent healthcare provider, and may rely more heavily on emergency departments for issues that could be managed in primary care. Figure 12 illustrates the share of residents in each county who are uninsured. The notably higher uninsured rate in Yates County is likely influenced by the sizable Amish and Mennonite communities living there.

Figure 12: Health Insurance Status



Source: U.S. Census Bureau, 2020 Census

In October of 2025, in New York, 6,812,160 residents were enrolled in Medicaid.¹⁷ Of these, 128,589 are residents of the eight county Finger Lakes Region. According to the NY State of Health, an estimated 1-1.5 million New Yorkers may lose Medicaid coverage in 2026 due to new federal requirements.¹⁸ Using this projection, between 18,774 and 28,290 Finger Lakes residents may lose coverage. Figure 13 highlights the number of residents with Medicaid coverage versus the overall population in each county.

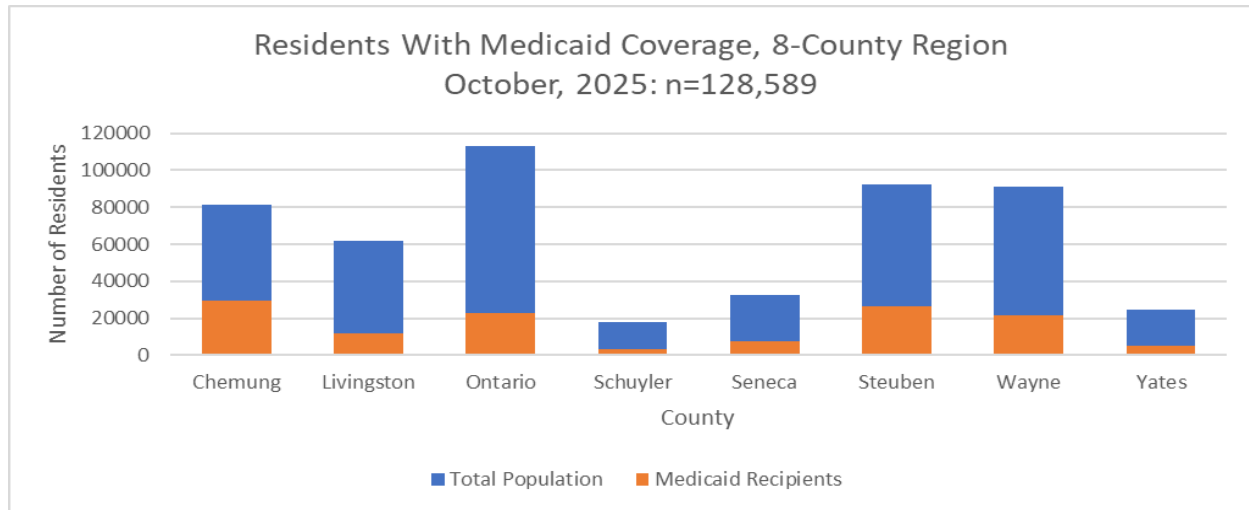
¹⁷Source: Medicaid Enrollment Databook, October 2025 at

https://www.health.ny.gov/health_care/medicaid/enrollment/docs/by_resident_co/current_month.htm

¹⁸ Source: <https://info.nystateofhealth.ny.gov/stay-connected>

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Figure 13: Residents with Medicaid Coverage

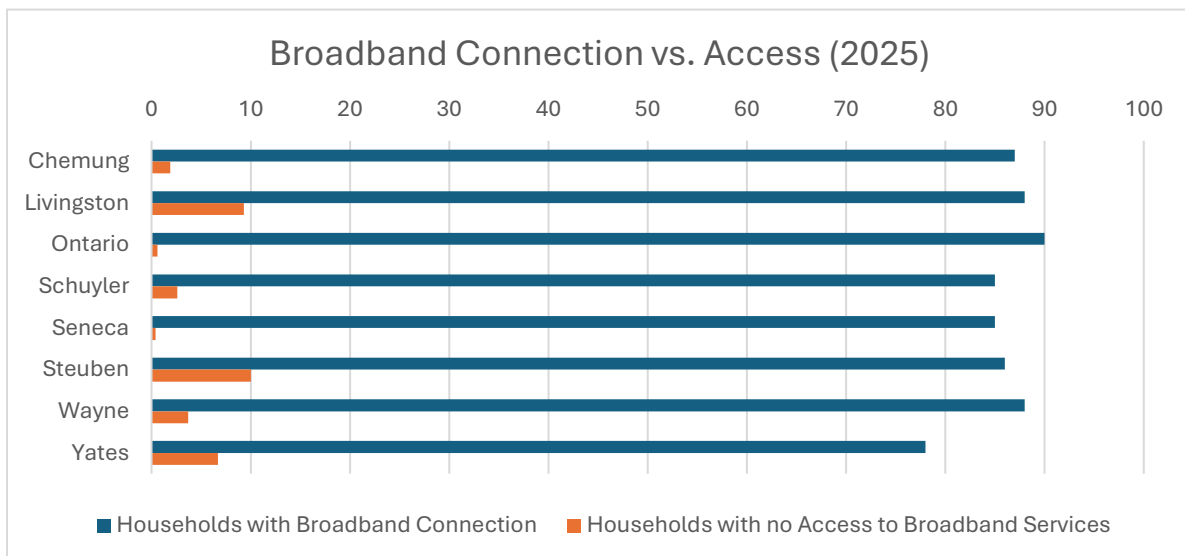


Source: Source: Medicaid Enrollment Databook

Broadband Access

Access to broadband services is considered a necessity. The Covid-19 pandemic elevated the need for broadband access to a new level with remote work and learning and accessible healthcare options. New York State as a whole has extensive broadband access (90%), but not every part of the state has the same access. Figure 14 notes the percentage of households with a broadband connection versus the percentage in the county who have no access to broadband services, meaning broadband service is not available to them to purchase or access.

Figure 14: Broadband Connection vs Broadband Access in each County



Source: Office of the State Comptroller, ACS, County Health Rankings

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Transportation

Rural residents lack equitable access to transportation. Low population density often makes public transportation implausible. Access to a personal vehicle can affect an individual's health and wellness in many ways. Unreliable, inconsistent or inconvenient transportation can cause a strain on the ability to access health care services, purchase food and other items, and maintain a job. These can result in, poor health outcomes, and decreased economic stability.

Figure 15 shows the proportion of households in each Finger Lakes county that do not have access to a vehicle. Yates County's higher percentage is largely due to the Amish and Mennonite communities, who typically use horse-and-buggy travel rather than motor vehicles. This is particularly evident in Map 2.

Map 2: Households without a Vehicle by Zip Code

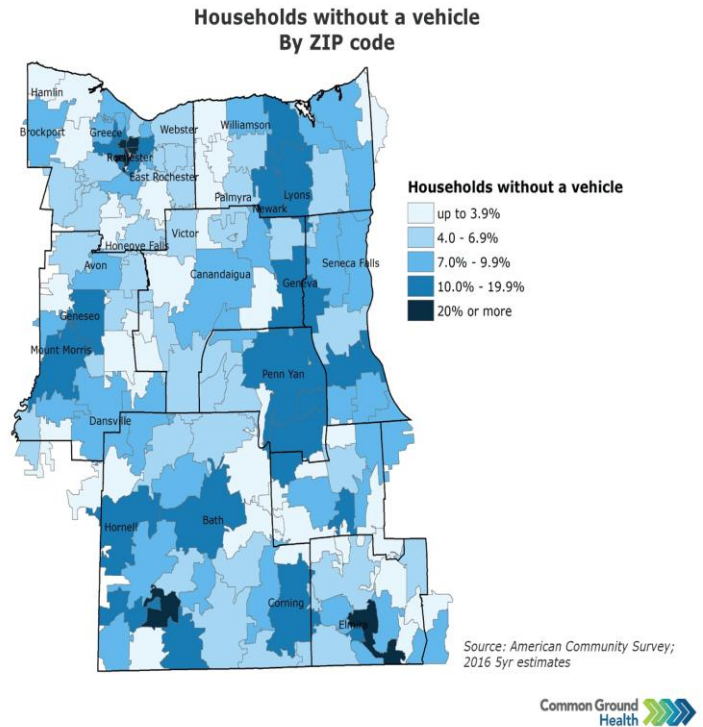
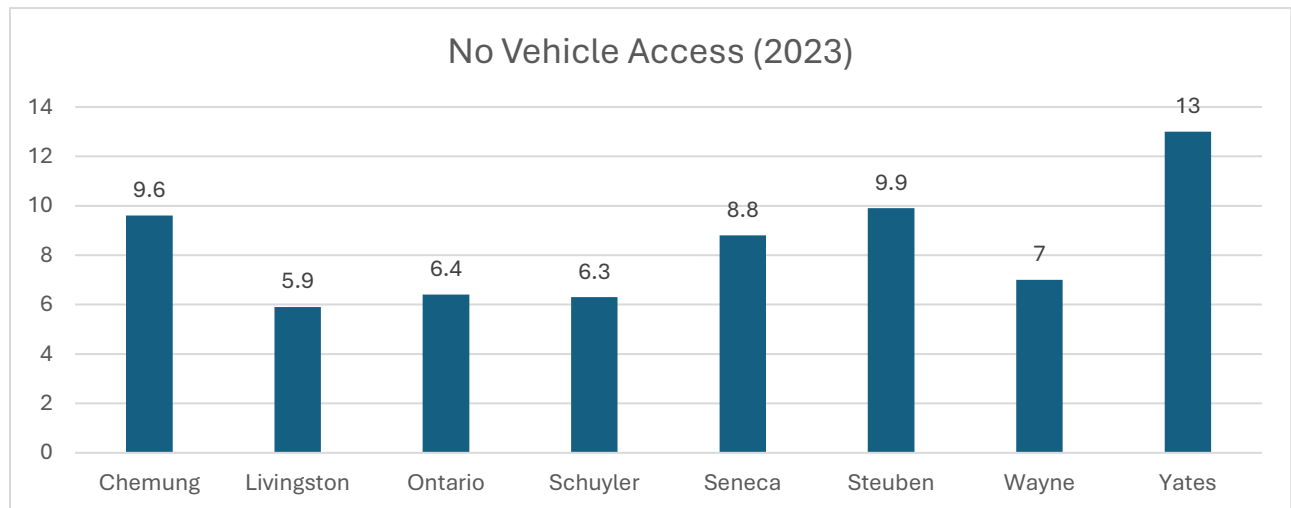


Figure 15: Percent of Households with No Vehicle Access



Source: U.S. Census Bureau 2023 5-year estimates

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Life Expectancy

Genetics are not the only indicator of an individual's life expectancy. Social determinants of health impact life expectancy. Table 5 notes the life expectancy in each county in the Finger Lakes region along with the percent change from 2018. Life expectancy is decreasing in most counties and is below the New York State average.

Table 5: Life Expectancy

County	Life Expectancy (2022) (NYS: 79.4)	Percent Change from Baseline (2018)
Chemung	75.0	-3%
Livingston	79.4	-1%
Ontario	79.8	No change
Schuyler	76.5	-2%
Seneca	77.6	No change
Steuben	76.3	-3%
Wayne	77.2	-2%
Yates	78.1	No change

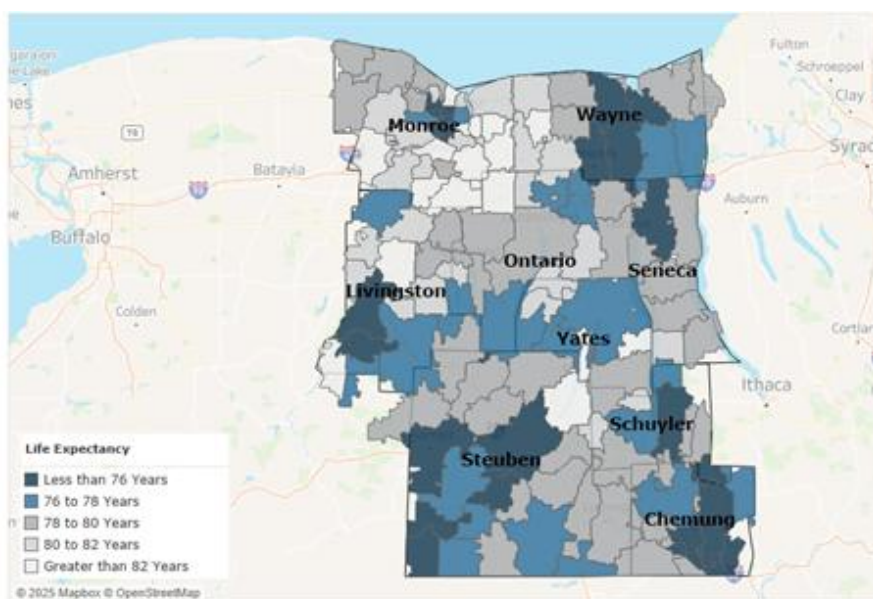
Source: County Health Rankings, National Center for Health Statistics-Mortality Files

In addition, Map 3 further delineates life expectancy by Zip Code. Lower life expectancy by zip code corresponds with increased poverty rates (Maps 6-8), higher preventable hospitalizations (Map 13) and higher Emergency Department visits (Maps 14-18).

Leading Causes of Death

The top causes of death in the counties of the Finger Lakes region may be seen in Table 6 along with the number of deaths per 100,000 population. The top two leading causes of death in all eight counties are heart disease and cancer. All counties except Ontario have a higher death rate per 100,000 population than the New York State average.

Map 3 Life Expectancy by Zip Code, Finger Lakes Region



Source: NYS Vital Statistics; US Census Bureau County Population Estimates and Claritas ZIP Level Estimates; Years 2018-2022 Analysis and Calculations by Common Ground Health (YPLL/Death Rate per 100k population and Life Expectancy)

Courtesy Common Ground Health

The rates shown for Alzheimer's in this table reflect a combined category of "Alzheimer's disease and other dementias" that was age-sex adjusted using local population estimates, whereas the

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state Vital Statistics tables report age adjusted rates for “Alzheimer’s disease” alone. As a result, counts for Alzheimer’s disease align with state data, but the inclusion of other dementias and the different adjustment method produce higher overall rates and allow this combined category to appear among the leading causes of death in several counties while still following a trend similar to the state’s Alzheimer’s only rates.

Across the region, the most commonly diagnosed cancers reflect patterns seen statewide, with female breast, prostate, and lung cancers appearing most frequently in many counties, alongside colorectal cancer in some areas. These cancers represent a substantial share of the overall cancer burden even when they are not always the leading causes of cancer death, underscoring the importance of continued emphasis on screening, early detection, and treatment.

Table 6: Leading Causes of Death 2022

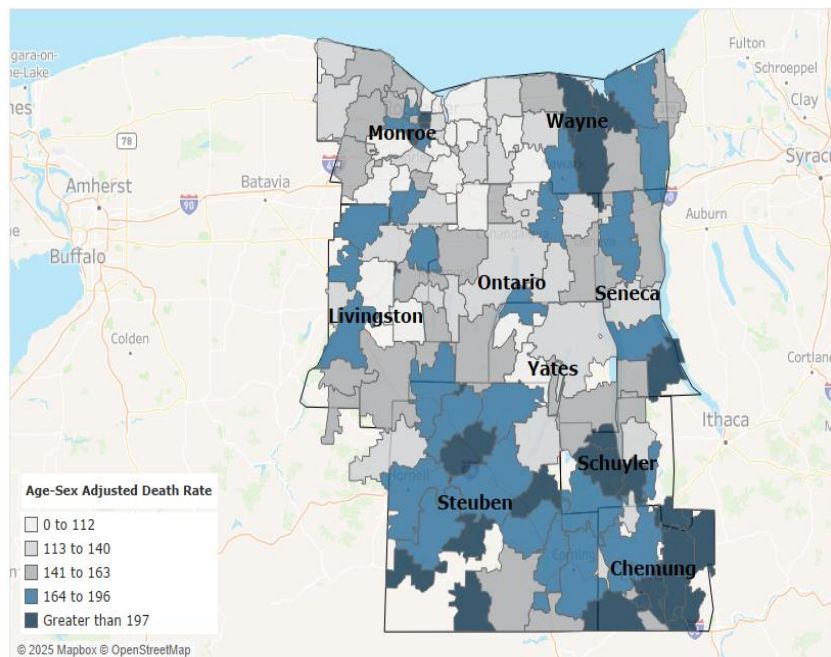
County	First Cause	Second Cause	Third Cause	Death Rate/100,000 (NYS: 744.2/100,000)
Chemung	<i>Heart Disease</i> 235.6/100,000	<i>Cancer</i> 184.7/100,000	<i>Alzheimer's and Other Dementias</i> 87.0 /100,000	1,014
Livingston	<i>Cancer</i> 145.1/100,000	<i>Heart Disease</i> 122.1/100,000	<i>Alzheimer's and Other Dementias</i> 73.1/100,000	763.1
Ontario	<i>Heart Disease</i> 141.8/100,000	<i>Cancer</i> 128.9/100,000	<i>Alzheimer's and Other Dementias</i> 69.8/100,000	716.9
Schuyler	<i>Cancer</i> 221.5/100,000	<i>Heart Disease</i> 210.8/100,000	<i>Diabetes</i> 63.6/100,000	974.3
Seneca	<i>Heart Disease</i> 167.6/100,000	<i>Cancer</i> 155.8/100,000	<i>Alzheimer's and Other Dementias</i> 87.8 /100,000	812.9
Steuben	<i>Heart Disease</i> 204.7/100,000	<i>Cancer</i> 187.8/100,000	<i>Alzheimer's and Other Dementias</i> 71.5/100,000	944.8
Wayne	<i>Cancer</i> 151.5/100,000	<i>Heart Disease</i> 170.4/100,000	<i>Alzheimer's and Other Dementias</i> 78.3/100,000	828.0
Yates	<i>Cancer</i> 143.3/100,000	<i>Heart Disease</i> 142.6/100,000	<i>Alzheimer's and Other Dementias</i> 88.4/100,000	839.3

Source: New York State Department of Health Vital Statistics, 2022

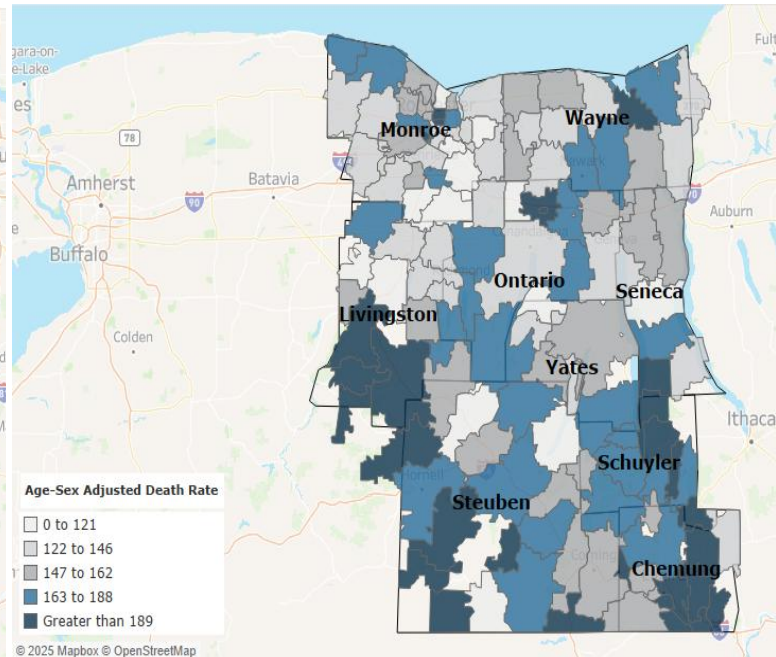
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Map 4 highlights the age-adjusted death rate for heart disease per 100,000 population and Map 5 details the age-adjusted death rate for cancer per 100,000 population in each of the counties of the Finger Lakes. Note that the highest death rates for both cancer and heart disease in both maps coincide with the highest poverty rates (Maps 6-8), and lowest life expectancy of the counties. It also coincides with higher preventable hospitalizations (Map 13) and higher Emergency Department visits (Maps 14-18).

Map 4: Age-Adjusted Death Rate for Heart Disease Rate per 100,000



Map 5: Age-adjusted Death Rate for Cancer Rate per 100,000



Courtesy: Common Ground Health

Courtesy: Common Ground Health

Source: NYS Vital Statistics; US Census Bureau County Population Estimates and Claritas ZIP Level Estimates; Years 2018-2022 Analysis and Calculations by Common Ground Health (YPLL/Death Rate per 100k population and Life Expectancy)

Source: NYS Vital Statistics; US Census Bureau County Population Estimates and Claritas ZIP Level Estimates; Years 2018-2022 Analysis and Calculations by Common Ground Health (YPLL/Death Rate per 100k population and Life Expectancy)

Leading Causes of Premature Death

The top causes of premature death in the counties of the Finger Lakes region may be seen in Table 7 with the number of deaths per 100,000 population. Consistent across all eight counties, the top three causes of premature death (before age 75) are cancer, heart disease and unintentional injury. Most counties also exceed the New York State average rate for premature death.

Unintentional injury deaths in Yates County may be due in part to its Mennonite population. There are many family-owned farms on which children assist parents with chores. Transportation by horse and buggy and bicycle further increases the risks for injuries on roadways.

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Table 7: Leading Causes of Premature Death 2022

County	First Cause	Second Cause	Third Cause	Premature Death Rate (NYS: 326.8/100,000)
Chemung	Cancer 111.7/100,000	Heart Disease 88.3/100,000	Unintentional Injury 75.4/100,000	496.2
Livingston	Cancer 80.8/100,000	Unintentional Injury 43.6/100,000	Heart Disease 33.4/100,000	324.1
Ontario	Cancer 60.5/100,000	Heart Disease 60.7/100,000	Unintentional Injury 38.1/100,000	304.6
Schuyler	Cancer 123.0/100,000	Heart Disease 65.8/100,000	Unintentional Injury 62.0/100,000	420.2
Seneca	Cancer 91.5/100,000	Heart Disease 50.8/100,000	Unintentional Injury 36.7/100,000)	369.6
Steuben	Cancer 97.1/100,000	Heart Disease 62.6/100,000	Unintentional Injury 48.9/100,000	423.5
Wayne	Cancer 93.6/100,000	Unintentional Injury 58.1/100,000	Heart Disease 65.6/100,000	398.4
Yates	Unintentional Injury 63.4/100,000	Cancer 61.4/100,000	Heart Disease 46.0/100,000	334.4

Source: New York State Department of Health Vital Statistics, 2022

County Health Rankings

The University of Wisconsin Population Health Institute has created the County Health Rankings & Roadmaps, a program that works to improve health outcomes for all and to close the health disparities gap between those with the most and least opportunities for good health.¹⁹

As the county health rankings model has evolved, so have the measures. Table 8 demonstrates how each county in the Finger Lakes ranks compared with New York State and the nation as a whole. Two categories are referenced: Health and Well-being describes health as “more than being free from disease and pain; health is the ability to thrive. Well-being covers both quality of life and the

¹⁹ County Health Rankings, <https://www.countyhealthrankings.org/about-us>

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ability of people and communities to contribute to the world.”²⁰ Community Conditions refer to the social determinants of health. Generally, the Finger Lakes region is better than or equal to New York State and the nation in terms of health and well-being and community conditions.

Table 8: County Health Rankings (2025)

County	Health and Well-being		Community Conditions	
	New York State	U.S.	New York State	U.S.
Chemung	Worse	Better	Worse	About Equal To
Livingston	Better	Better	Better	Better
Ontario	Better	Better	Better	Better
Schuyler	About Equal To	Better	Worse	About Equal To
Seneca	Better	Better	Worse	About Equal To
Steuben	About Equal To	Better	About Equal To	Better
Wayne	About Equal To	Better	About Equal To	Better
Yates	Better	Better	Worse	About Equal To

Source: County Health Rankings



Courtesy Ontario County

²⁰ County Health Rankings, <https://www.countyhealthrankings.org/health-data>

New York State 2025-2030 Prevention Agenda Domains and Priorities

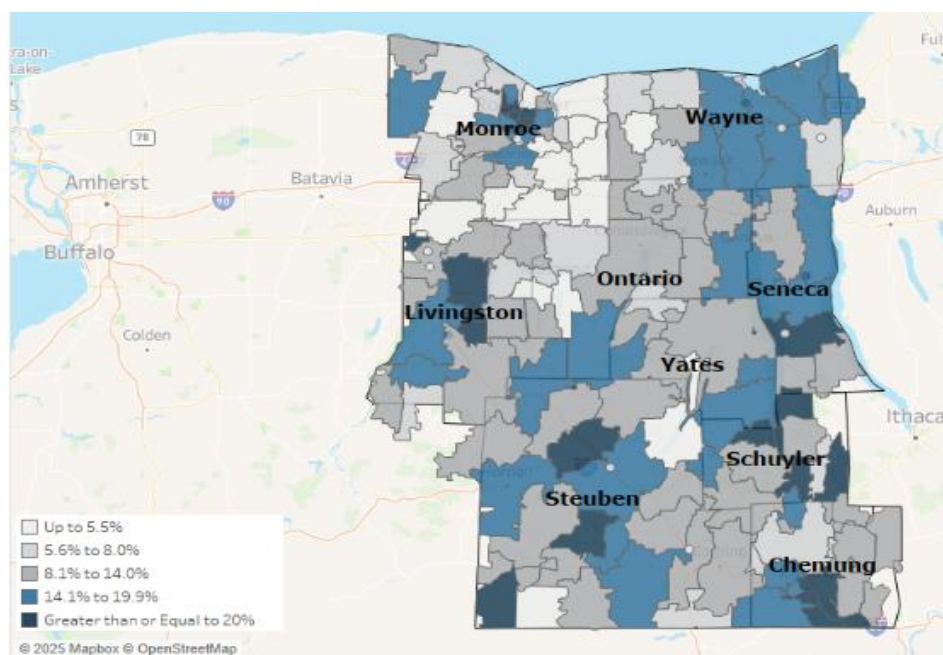
This section details the New York State Prevention Agenda domains and their associated priorities by exploring region-wide data.

Economic Stability

Poverty and Unemployment

The socio-economic status of communities greatly impacts the health outcomes of the individuals residing there. Higher rates of poverty have been linked to increased anxiety and mental illness, higher mortality rates and increased risk of chronic disease. Additionally, communities with increased rates of poverty have more limited access to necessities such as food, shelter, healthcare, education, and employment. Rural poverty is often characterized by isolation and lack of access to resources rather than overcrowded housing and crime, which are more prevalent in urban communities. Map 6 notes poverty rates by zip code in the Finger Lakes region.

Map 6 Overall Poverty in the Finger Lakes Region

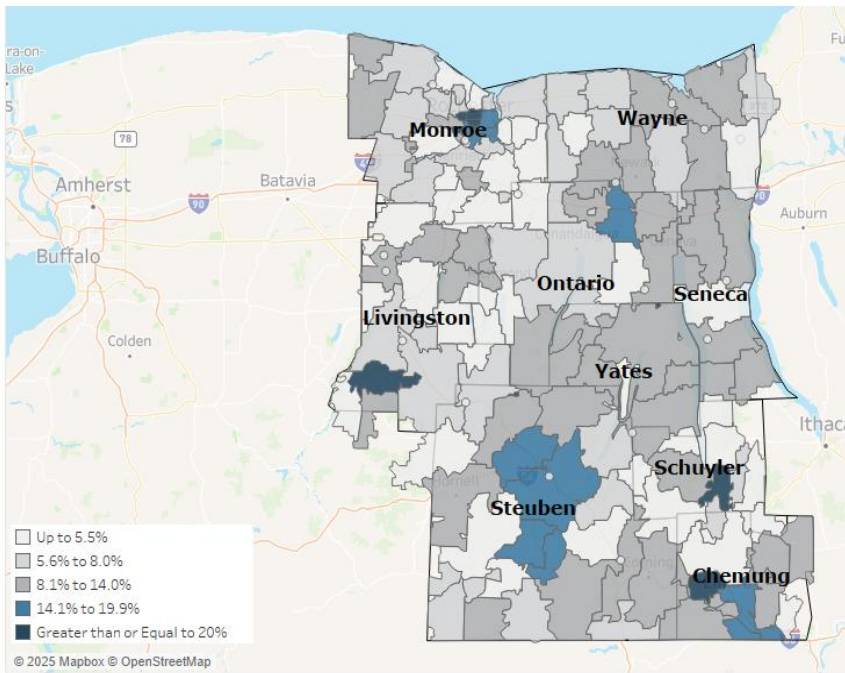


The population of those 65 years of age and older is expected to increase through at least 2040. Map 7 shows the poverty rate by zip code in this age group. Older Americans living in poverty are at risk for experiencing earlier mortality, higher rates of disability, loneliness, depression and anxiety.²¹ These patterns indicate that poverty is not evenly distributed, with older adults in rural and higher-deprivation ZIP codes facing disproportionate financial and health burdens, which can widen existing health inequities.

²¹ Source: Thornton, M., Bowers, K., (January 31, 2024) "Poverty in Older Adulthood: A Health and Social Crisis" OJIN: The Online Journal of Issues in Nursing Vol. 29, No. 1, Manuscript 3

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Map 7: Poverty rates by Zip Code for those Over 65 Years of Age



U.S. Census Bureau, 2019-2023 ACS 5-yr Estimates, Table S1701 (Poverty Status in the Past 12 Months)

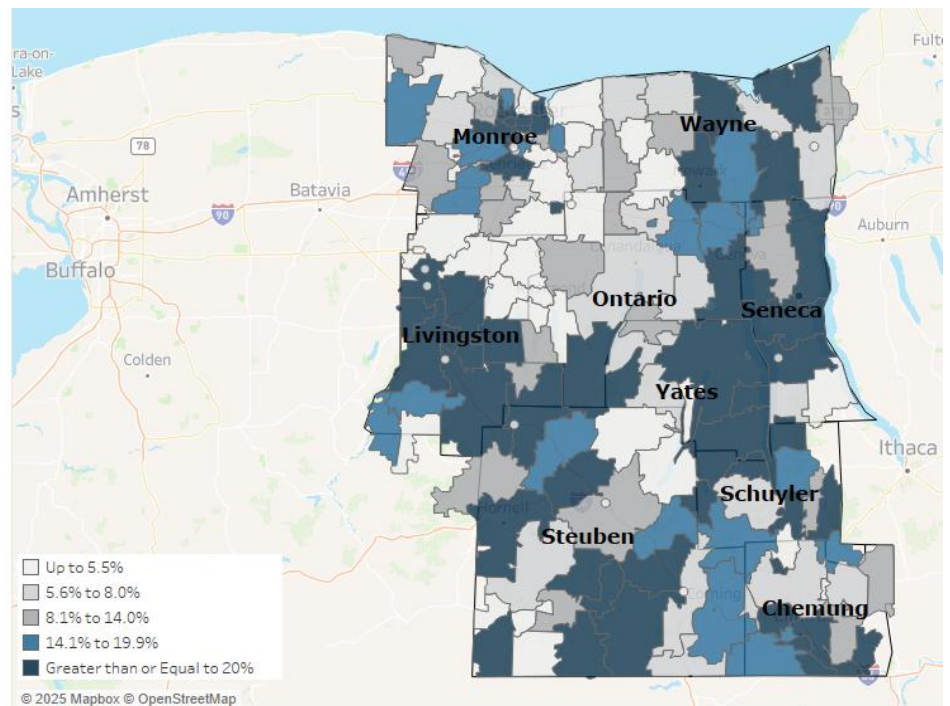
Courtesy Common Ground Health

individuals, but to the community at large. They include affordable housing shortages, increased homelessness, workforce shortages, increased crime, and more reliance on social sectors such as temporary housing, the justice system, food banks, Medicaid and SNAP. New York Counties share Medicaid and SNAP benefit costs with the federal government. When poverty rates increase, local contributions to these programs increase, as well, straining already strapped county budgets.

Map 8 shows the poverty rate by zip code in each county for those under age 18. According to the American Psychological Association,²² childhood poverty is significant and can be long lasting. It is associated with subpar housing and homelessness, poor nutrition and hunger, less safe neighborhoods, educational lags, and substandard childcare. All of these affect the ability of children to be successful and to be mentally and physically healthy.

The societal costs of poverty are significant, not just to

Map 8: Poverty Rate by Zip Code for those Under 18 Years of Age



U.S. Census Bureau, 2019-2023 ACS 5-yr Estimates, Table S1701 (Poverty Status in the Past 12 Months)

Courtesy Common Ground Health

²² Source: <https://www.apa.org/topics/socioeconomic-status/poverty-hunger-homelessness-children>

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Table 9 notes the poverty rates, median household income, living wage requirement, and unemployment rate for the eight counties compared with the NYS average and the prevention agenda (PA) target. The living wage requirement refers to the amount of money one person would need to earn to cover basic household expenses including taxes for one adult and two children. The percent change from the baseline year is also noted. For several counties, the poverty rate exceeds the NYS average and, in many cases, is increasing. The population of those over age 65 living in poverty, though it does not exceed the NYS average, is particularly alarming as it has increased in all counties. The average household income has increased, but it has not kept pace with the living wage requirement.

Table 9 Poverty Rates in the Finger Lakes Region

County	% Poverty 2023 NYS: 13.7 PA:12.5*	% Change from 2018*	% Poverty ages <18 2023 NYS: 19*	% Change from 2018*	% Poverty ages >65 2023 NYS: 12.7 PA=11*	% Change from 2018*
Chemung	15.8	+7.0	22.0	+10.0	10.1	+15.0
Livingston	11.6	-14.0	12.0	-14.0	6.9	+17.0
Ontario	9.2	-4.0	10.0	-9.0	7.6	+27.0
Schuyler	15.1	+9.0	19.0	-10.0	8.9	+75.0
Seneca	13.3	+7.0	21.0	+5.0	9.0	+25.0
Steuben	13.7	-2.0	19.0	0.0	11.1	+63.0
Wayne	11.3	0.0	14.0	-7.0	8.3	+9.0
Yates	14.1	+24	18.0	-14.0	12.5	+51
	Median Household Inc. 2023 NYS: \$82,100**	% Change from 2019**	Living Wage Required 2023 NYS: \$61.75***	% Change from 2021***	%Unemployed (January 2025)****	% change from January 2019****
Chemung	\$60,500	+4.0	\$50.73	+30.0	4.4	-2.2
Livingston	\$70,200	+16.0	\$51.12	+29.0	4.6	-9.8
Ontario	\$79,400	+19.0	\$56.94	+37.0	6.1	+29.8
Schuyler	\$65,200	+25.0	\$49.95	+31.0	6.1	-1.6
Seneca	\$58,600	+15.0	\$48.77	+26.0	3.6	-5.2
Steuben	\$64,300	+21.0	\$49.08	+29.0	5.0	+8.7
Wayne	\$73,000	+18.0	\$51.24	+29.0	4.6	-9.8
Yates	\$66,200	+9.0	\$51.14	+33.0	4.5	+4.7

Source: *Poverty Rates: American Community Survey (2018-2023)

**Average Household Income: Small Area Income and Poverty Estimates, U.S. Census (2019-2023)

***Living Wage Requirement: The Living Wage Calculator (2021-2024)

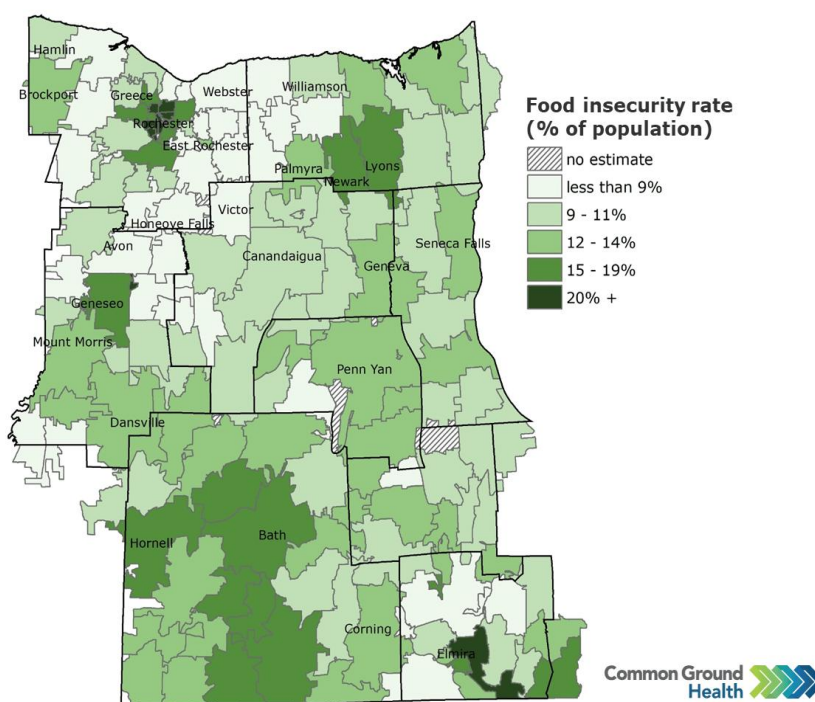
****Unemployment Rate: U.S. Department of Labor (2019-2025)

Nutrition Security

The Food Environment Index (FEI) measures how easily residents can access healthy, affordable foods. The score is based on both the rate of food insecurity and the percentage of low-income residents who live far from a grocery store. Scores range from 0 (worst) to 10 (best). Lack of access to healthy foods is strongly associated with increased rates of obesity, chronic disease (such as diabetes and heart disease), and early death.

The Food Insecurity Rate highlights the economic disparities that may contribute to increases in poverty rates. The Food Insecurity Rate, expressed as a percentage of the total population, measures the share of households that lack consistent access to enough food for an active, healthy life. Map 9 shows the Food Insecurity Rate by Zip Code in the Finger Lakes region.

Map 9: Food Insecurity Rate by Zip Code



Source: Gundersen, C., A. Dewey, A. Crumbaugh, M. Kato & E. Engelhard. Map the Meal Gap 2018: A Report on County and Congressional District Food Insecurity and County Food Cost in the United States in 2016. Feeding America, 2018.

A strong food environment is important because limited access to healthy food is linked to higher rates of chronic diseases (like obesity and diabetes), premature death, and poorer overall community health, especially in low-income and rural communities.

Over the past three years, cross-sectional community surveys conducted by the Pivotal Public Health Partnership in Chemung, Livingston, Ontario, Schuyler, Seneca, Steuben, Wayne, and Yates counties show that food insecurity is both common and worsening. Using the validated two-item Hunger Vital Sign screener, the share of surveyed households reporting food insecurity increased from 26% in 2019–2020 to 67% in 2023–2024, indicating that more than two in three responding households now experience concern about having enough food or difficulty affording balanced meals. During the same period, the proportion of respondents who reported knowing someone struggling with food insecurity rose from 45% to 65%, underscoring that food hardship is widely visible within residents' social networks and community life.

A total of 1,289 responses were collected across the eight counties (Chemung 76, Livingston 209, Ontario 380, Schuyler 80, Seneca 164, Steuben 52, Wayne 126, and Yates 202), providing community input to inform assessment and planning. These survey findings complement secondary indicators such as FEI, food insecurity rate, and SNAP eligibility, reinforcing that many

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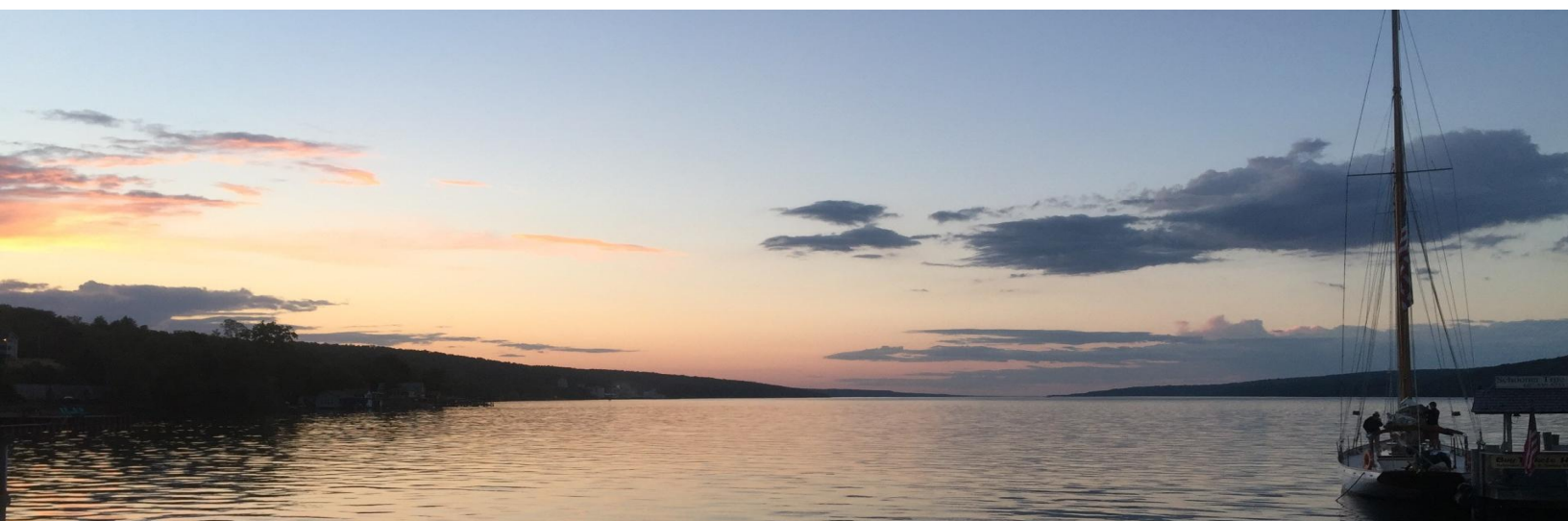
rural residents face both geographic and economic barriers to healthy food and that targeted strategies to improve nutrition security are needed across the region. Taken together, these findings show that food insecurity disproportionately affects residents in lower-income and more remote ZIP codes, contributing to avoidable gaps in diet-related health outcomes and reinforcing existing inequities.

Table 10 compares each county's Food Environment Index (FEI) with its estimated food insecurity rate to illustrate ongoing challenges with nutrition security in the region. Counties with FEI scores below the New York State value of 8.7, such as Chemung, Schuyler, Seneca, and Steuben, face relatively greater barriers to healthy food access, including affordability and proximity to grocery stores. At the same time, food insecurity affects roughly one in eight to one in seven residents across the counties, with the highest rates generally observed in more rural areas, indicating that many households continue to struggle to afford enough nutritious food.

Table 10 Food Environment Index in the Finger Lakes Region

County	Food Environment Index (2022) (NYS: 8.7)*	% Change from 2018*	Food Insecurity Rate (2023)**
Chemung	7.9	0.0	14.4
Livingston	8.7	+4.0	11.8
Ontario	8.8	+2.0	11.8
Schuyler	8.4	+2.0	13.9
Seneca	8.4	+2.0	14.0
Steuben	8.1	-1.0	13.6
Wayne	8.7	+4.0	11.9
Yates	8.8	-1.0	12.4

*Source: *County Health Rankings, USDA, **Feeding America: Map the Meal*



Seneca Harbor, Courtesy Seneca County

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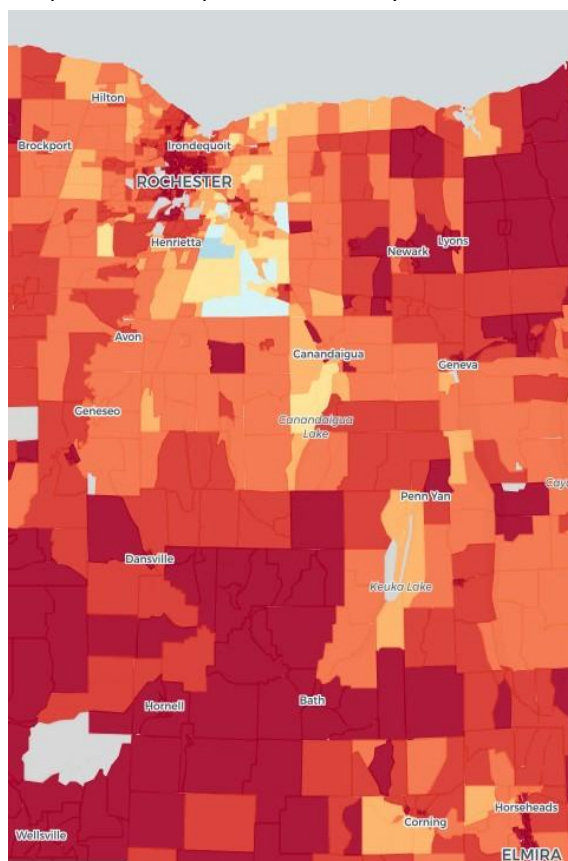
Housing Stability and Affordability

Poor housing conditions are closely linked to health risks, influencing everything from chronic disease rates to mental well-being. Access to safe, stable, and affordable housing remains a top priority for residents across the region. A high housing cost burden -when households spend a large share of their income on housing - can signal financial strain and potential housing instability, which in turn may affect health outcomes and access to other basic needs.

The Area Deprivation Index (ADI) provides additional context by measuring the level of socioeconomic disadvantage in a community based on factors such as income, education, employment, and housing quality. Higher ADI scores indicate greater disadvantages, which can often be associated with poorer housing conditions and elevated health risks. Map 10 notes the ADI by zip code in the Finger Lakes. The ADI is measured from 1 (blue - least deprived) to 10 (red - most deprived). Most deprived areas of the region also coincide with higher poverty rates as can be seen in Maps 6-8.

Table 11 compares both the housing cost burden and the Area Deprivation Index (ADI) across the counties of the Finger Lakes region, with New York State averages. The data suggest that, while housing cost burdens in most Finger Lakes counties fall below the state average of 19 percent, ADI scores are higher across all counties, indicating that many areas experience greater socioeconomic disadvantage than the state overall. This contrast underscores the complex relationship between housing affordability, neighborhood conditions, and community health.

Map 10: Area Deprivation Index by Area



Source: University of Wisconsin School of Medicine and Public Health. Area Deprivation Index.

Table 11 Housing Cost Burden and Area Deprivation Index in the Finger Lakes Region

County	Housing Cost Burden (2023) (NYS: 19%)*	% Change from 2015*	Area Deprivation Index (ADI) (2023) (NYS: 5.5)**	% Change from 2019**
Chemung	15%	+25	9.3	+3
Livingston	10%	-23	8.7	0
Ontario	11%	+10	8.2	-1
Schuyler	11%	-8	8.9	-2
Seneca	12%	+9	9.0	0
Steuben	11%	+10	9.4	+1
Wayne	11%	+10	9.0	0
Yates	12%	-8	8.5	+1

Source: *Housing Cost Burden: American Community Survey (2015-2023)

**ADI: Kind AJH, Buckingham W. [Making Neighborhood Disadvantage Metrics Accessible: The Neighborhood Atlas](#). New England Journal of Medicine, 2018. 378: 2456-2458. DOI: 10.1056/NEJMp1802313. PMID: PMC6051533. (2019-2023)

Social and Community Context

Anxiety and Stress

The rate of depressive disorders and the percentage of adults reporting 14 or more days of poor mental health in a month increased significantly across the counties of the Finger Lakes between 2018 and 2022. (Table 12). Map 11 highlights those reporting 14 or more days of poor mental health in the past 30 days by zip code in the Finger Lakes region.

Because county estimates are based on survey samples, some of the larger percentage changes

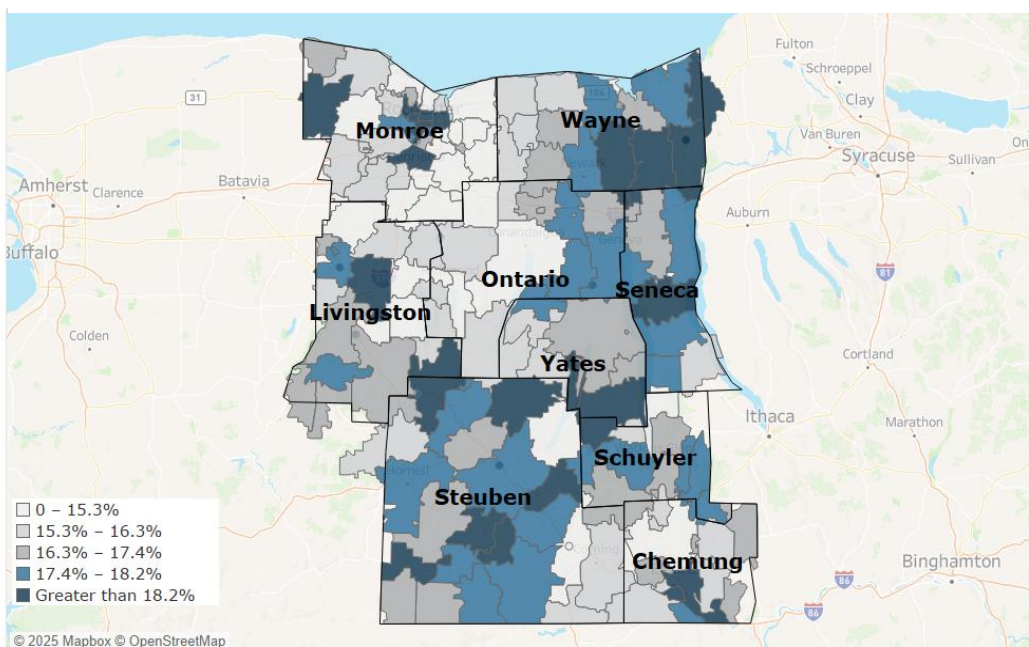
- especially in smaller counties - may reflect statistical variability and should be interpreted with caution rather than as exact shifts in prevalence.

The map illustrates that frequent mental distress (14 or more days of poor mental health in the past month) is elevated in many ZIP codes across the region, reinforcing county-level survey data showing rising rates of depressive disorders and frequent poor mental health among adults.

In 2021, all eight counties reported higher percentages of adults with a depressive disorder than in 2016, with increases ranging from about 5% to more than 75%. Similarly, the share of adults reporting 14 or more days of poor mental health in the past month was higher than in 2018 in every county, indicating a broad rise in mental distress.

Many factors influence rates of anxiety and stress, including economic stability, chronic health conditions, and adverse childhood experiences. Lack of access to mental health providers in rural areas is a factor that makes receiving treatment for anxiety and stress challenging.

Map 11: Frequent Mental Distress Among Adults (Mental Health Not Good for 14+ of past 30 days)



Centers for Disease Control and Prevention. PLACES: Local Data for Better Health. (2022)

Common Ground Health

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Table 12: Rate of Depressive Disorders and Percentage of Adults Reporting 14 or more days of Poor Mental Health in a Month

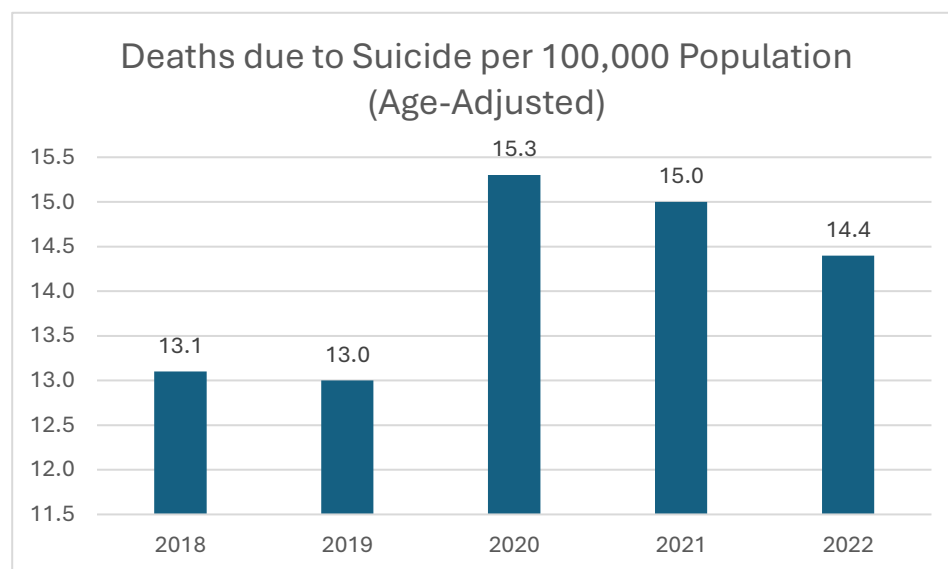
County	Percent of Adults Reporting a Depressive Disorder (2021) (NYS=18.7)	Percent Change from 2018 Baseline	Percent of Adults Reporting 14 or more Days of Poor Mental Health Per Month (2021) (NYS=16)	Percent Change from 2018 Baseline
Chemung	35.4	+36	18	+20
Livingston	24.9	-15	18	+29
Ontario	27.9	+64	18	+38
Schuyler	24.1	-18	20	+33
Seneca	18.3	-16	18	+20
Steuben	29.5	+7	19	+27
Wayne	20.3	-23	18	+20
Yates	24.3	+40	19	+36

Source: New York Expanded Behavioral Risk Factor Surveillance System

Suicide Rate

Adult suicide mortality in the eight-county region has remained elevated over the past five years, increasing from 13.1 deaths per 100,000 residents in 2018 to a peak of 15.3 in 2020 and remaining above the 2018 baseline through 2022 at 14.4 per 100,000. These values represent age-adjusted rates based on 5-year County Health Rankings data (2014–2018 for the 2018 baseline and 2018–2022 for the most recent point), demonstrating that suicide continues to be a persistent and significant cause of premature death across the region. Because these rates are calculated from very small numbers of deaths, even one additional death can cause large percentage changes, so trends should be interpreted cautiously.

Figure 16 Suicide Rates for the Finger Lakes Region (age-adjusted)



Source: County Health Rankings; National Center for Health Statistics – Mortality Files

Youth suicide rates for the region, drawn from the New York State Prevention Agenda dashboard for ages 10–19, are based on small numbers of deaths (fewer than 10 events per 5-year period) and are therefore considered statistically unstable. Because of this instability, youth suicide rates are

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flagged as unreliable in official reporting and should be interpreted with extreme caution, emphasizing the need for ongoing monitoring rather than firm conclusions about trends.

Overdose Deaths by Drugs

Overdose deaths related to opioids and any drug show an alarming increase in most counties exceeding NYS averages. Overdose deaths may be indicative of substance use problems within a community. Table 13 presents regional overdose mortality rates for opioids and all drugs combined, alongside New York State averages and Prevention Agenda targets, to illustrate the extent to which the Finger Lakes Region is above desired levels. Because the regional rates draw on small numbers of deaths in some counties, relatively few additional deaths can result in large percentage changes over time, so trends should be interpreted with caution rather than as precise shifts in risk. Focus group participants in several counties noted the increase in drug use as problems within their counties. Several counties have developed partnerships with organizations that deal directly with drug use and misuse.

Table 13: Overdose Deaths

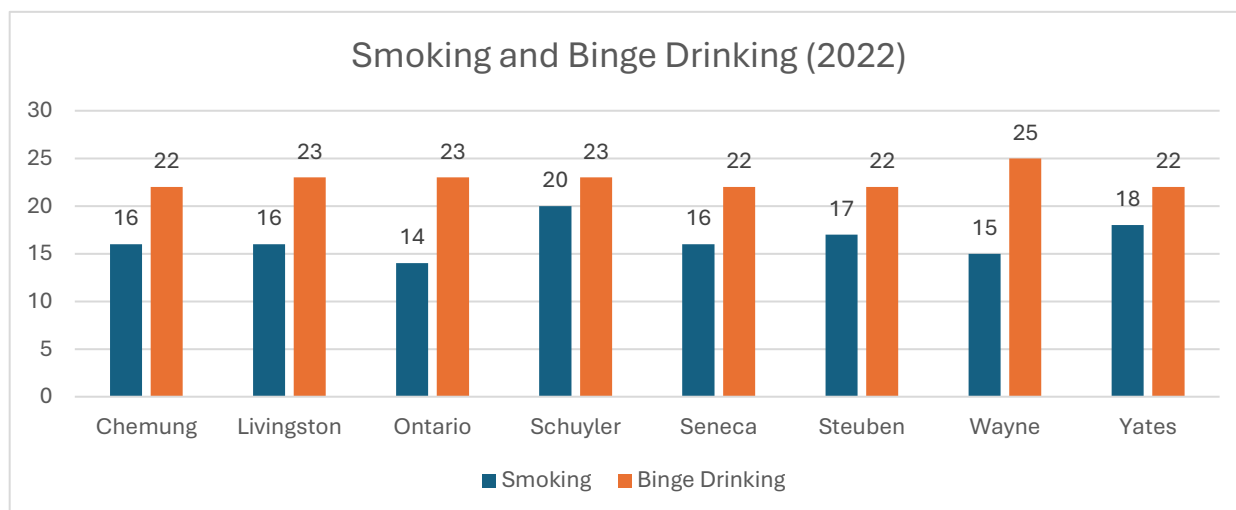
County	Age-Adjusted Rate of Opioid Overdose Deaths per 100,000 (2022) (NYS=27)	Percent Change from 2013 Baseline	Age-Adjusted Rate of Overdose Deaths Involving any Drug per 100,000 (2022) (NYS=31.3 PA=22.6)	Percent Change from 2013 Baseline
Chemung	40.9	+605	46.5	+489
Livingston	22.3	+829	24.5	+433
Ontario	12	+500	16	+332
Schuyler	21.4	+2,040	39.8	+3,880
Seneca	14.4	+700	24.6	+779
Steuben	30.7	+708	31.3	+341
Wayne	29.8	+645	35.2	+314
Yates	0	0	8.2	+720

Source: NYS Opioid Data Dashboard

Smoking and Binge Drinking

Smoking rates have decreased in each county from 2018 to 2022, while the rates of reported binge drinking have increased, with the exception of Schuyler which remained unchanged (Figure 17). All rates exceed the New York State averages of 12 percent for smoking and 20 percent for binge drinking.

Figure 17: Smoking and Binge Drinking

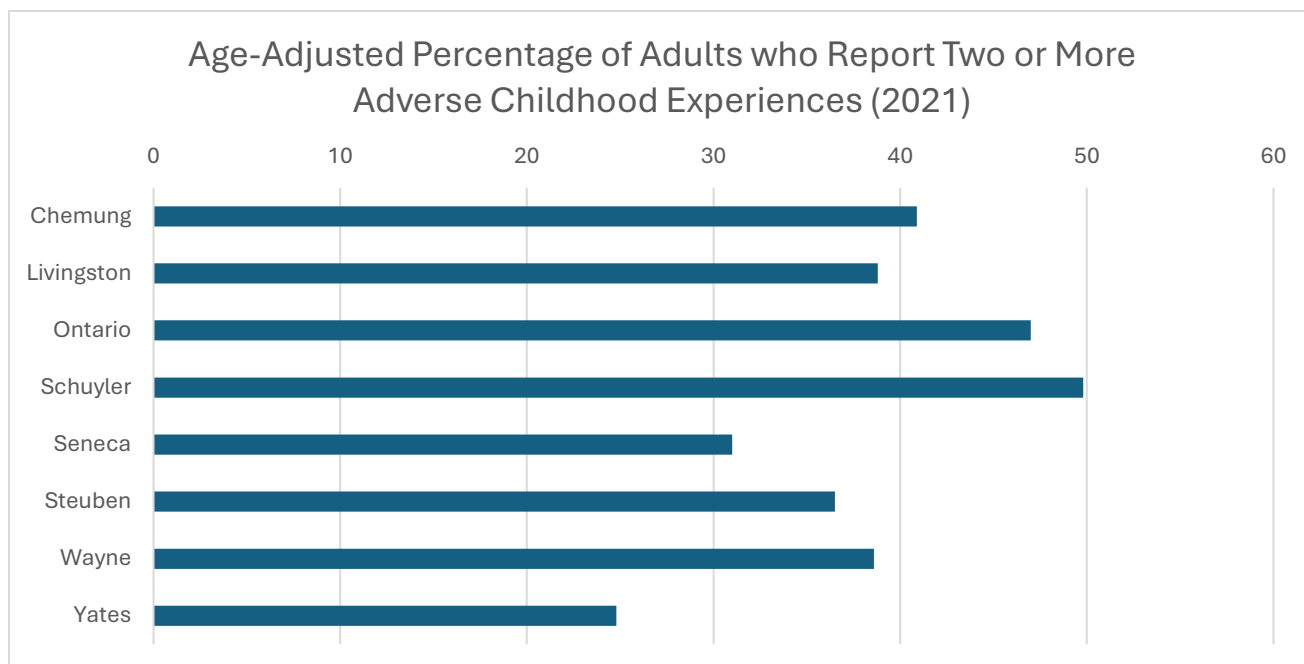


Source: Behavioral Risk Factor Surveillance System

Adverse Childhood Experiences

Adverse Childhood Experiences (ACEs) are those negative emotional and physical circumstances one experiences before age 18. They may include neglect, sexual abuse, parental divorce, mental illness and/or substance abuse in the home, and exposure to violence. ACEs impact individuals well into adulthood and may include physical and mental long-term health problems. The age-adjusted percentage of adults with two or more ACEs may be seen in Figure 18.

Figure 18: Adverse Childhood Experiences



Source: National Center for Health Statistics

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Healthy Eating

The Finger Lakes Region is largely rural with hundreds of farms and farm stands, during harvest season. Unfortunately, the number of people without access to a vehicle and/or who live far from a grocery store is substantial. The cost of healthy foods is also a factor in whether or not families are able to purchase fruits and vegetables.

The percentage of adults who eat fruits daily is under 50% for most of the counties but is trending upward, which is a promising sign. More people eat vegetables each day, but that percentage decreased for each county between 2016 and 2021. The number of people who drink one or more sugary drinks each day is below the NYS average in all but three counties (Livingston, Ontario, Schuyler). (Table 14)

Focus group respondents noted that though healthy eating is a priority, it is difficult for many to afford healthy foods. While dollar stores, convenience stores and fast-food restaurants are prolific across the region, grocery stores are less common in many communities.

Table 14: Healthy Eating

County	Percentage of Adults who Eat Fruit Daily (2021)	Percent change from 2016 baseline	Percentage of Adults who Eat Vegetables Daily (2021)	Percent change from 2016 baseline	Percentage of Adults with an Annual Household Income <\$25,000 who drink one or more sugary drinks every day (2021) (NYS = 34.1)	Percent change from 2016 baseline
Chemung	41.7	No change	46.9	-25	25.5	-47
Livingston	49	-9	56.5	-2	37.5	-14
Ontario	49	-9	52.1	-24	45.2	+71
Schuyler	45.6	+17	60.3	-3	42.4	+18
Seneca	57.3	+13	71.3	-6	28.1	-25
Steuben	44.7	+9	52	-21	20.5	-42
Wayne	42.3	+20	57.2	-7	20.3	-40
Yates	63.4	+16	70.2	-4	17.1	+60

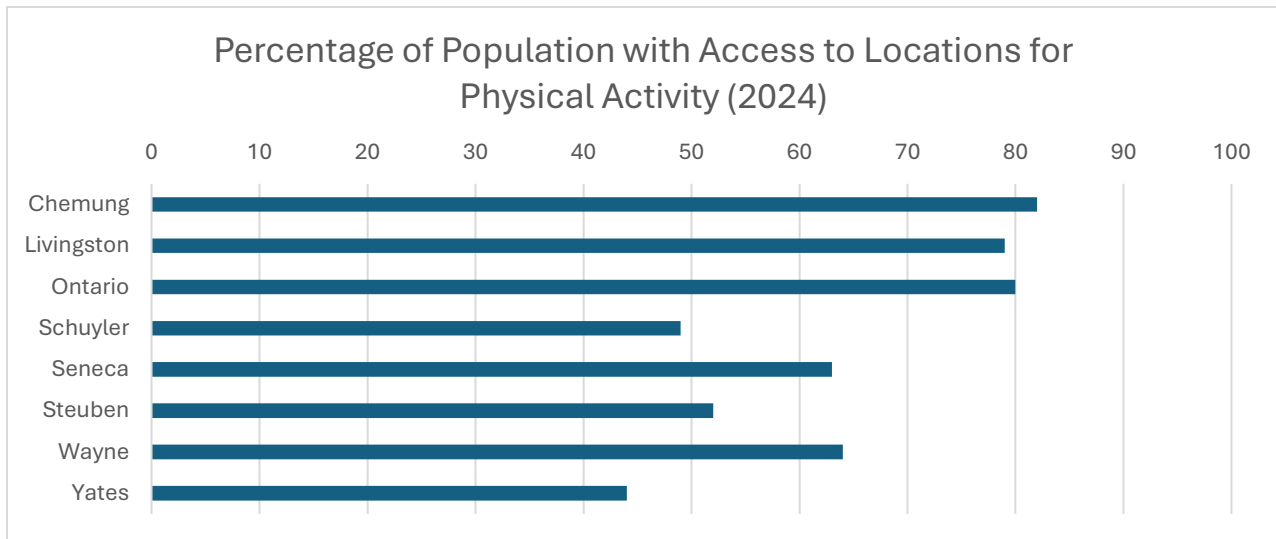
Source: Behavioral Risk Factor Surveillance System

Neighborhood and Built Environment

Opportunities for Active Transportation and Physical Activity

While healthy eating is a major component of preventing and managing chronic diseases, so is physical activity and exercise. More than 50 percent of the population in several counties have access to locations for physical activity (Figure 19). Livingston, Steuben, and Wayne counties all increased the share of residents with access to physical activity resources between 2021 and 2024, with Steuben showing a particularly notable rise of 940 percent.

Figure 19: Access to Locations for Physical Activity.

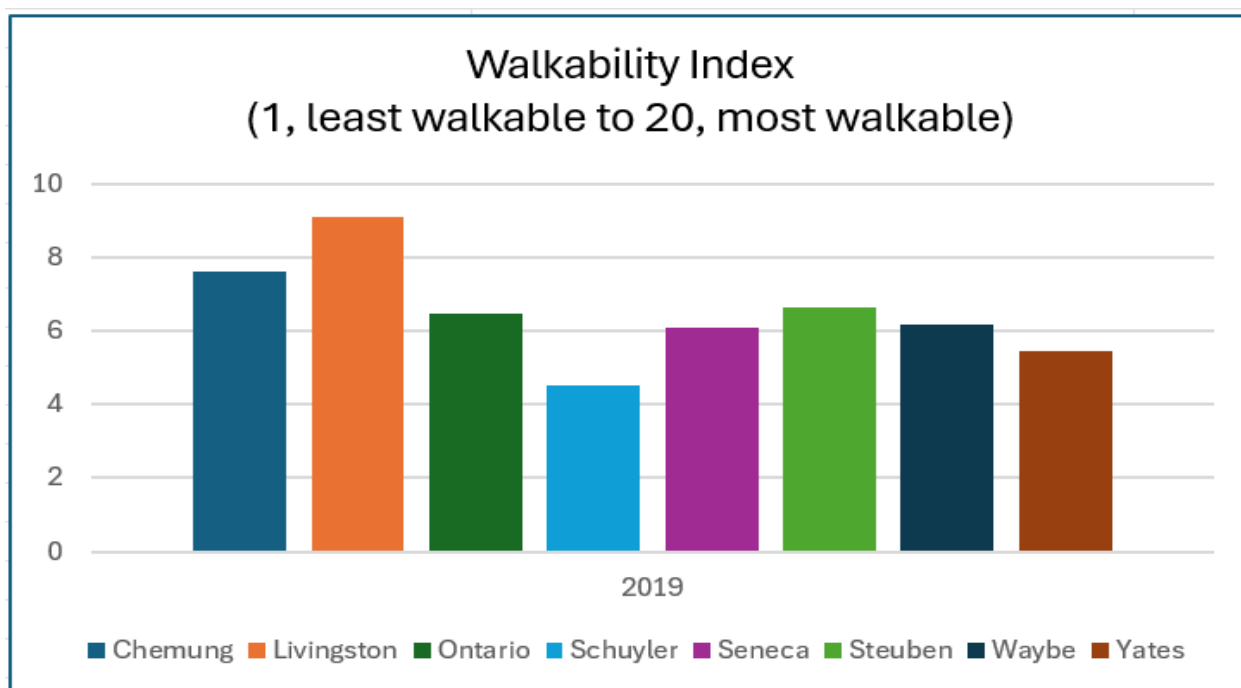


Source: ArcGIS Business Analyst and Living Atlas of the World; YMCA; US Census TIGER/Line Shapefiles

The Walkability Index measures how walkable a county is on a scale from 1 (least walkable) to 20 (most walkable). Overall, the Finger Lakes counties included in this chart have relatively low walkability scores, ranging from about 4.5 to just over 9 on the 20-point scale. The 2019 Walkability Index scores are: Chemung 7.6, Livingston 9.12, Ontario 6.49, Schuyler 4.53, Seneca 6.11, Steuben 6.66, Wayne 6.16, and Yates 5.46 (Figure 20).

Walking or biking for exercise in rural upstate communities can be dangerous due to roads that often lack sidewalks, shoulders, and streetlights, especially outside village centers. Between October and April, roadways and any existing sidewalks may be icy or snow-covered, and higher speed limits on county and town roads can discourage walking and biking for recreation or transportation. Although there are YMCA facilities and other indoor exercise options in parts of the region, many residents face barriers such as membership costs, limited hours, and lack of reliable transportation, which can reduce access to safe places for physical activity.

Figure 20: Walkability Index



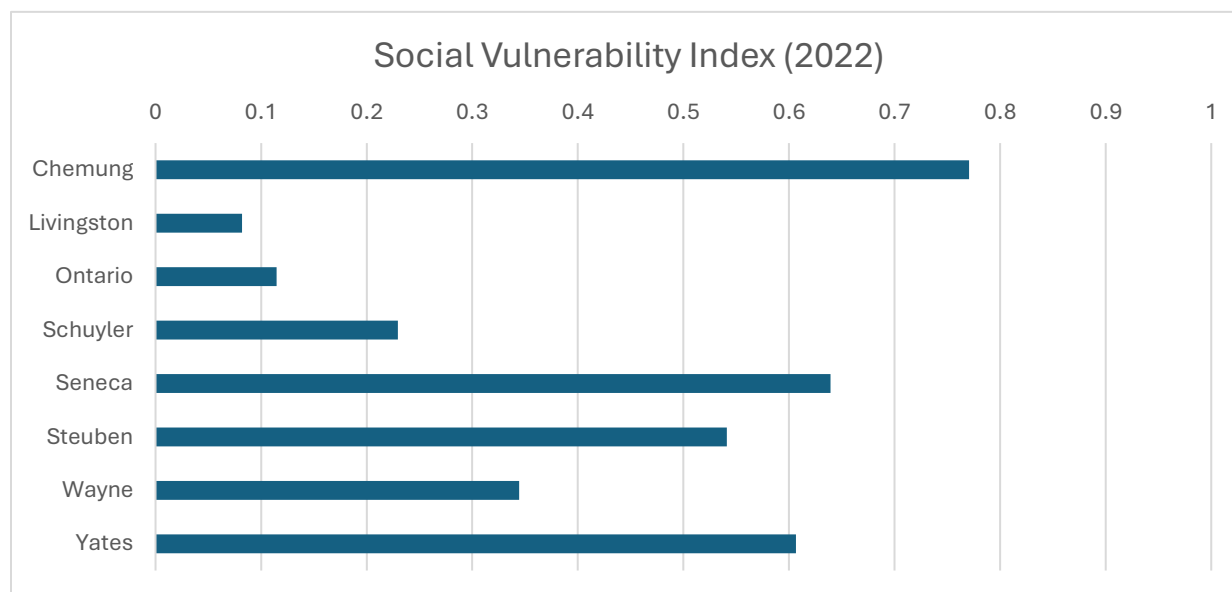
Source: EPA Office of Community Revitalization

Access to Community Services and Support

The Social Vulnerability Index was developed to measure the level of access to community services and support in the wake of emergencies. It is a useful tool for public health programming and outreach as it considers poverty, unemployment, income, high school graduation rate, single parent homes, individuals with disabilities, those over 65, minority status, spoken language, housing and transportation. It is measured on a scale from 0 (lowest vulnerability) to 1 (highest vulnerability). While no county is considered highest vulnerability, Chemung, Seneca, Steuben and Yates are above the 0.5 midpoint. (Figure 21)

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Figure 21: Social Vulnerability Index



Source: Centers for Disease Control and Prevention/Agency for Toxic Substances and Disease Registry/Geospatial Research, Analysis, and Services Program. CDC/ATSDR Social Vulnerability Index Interactive



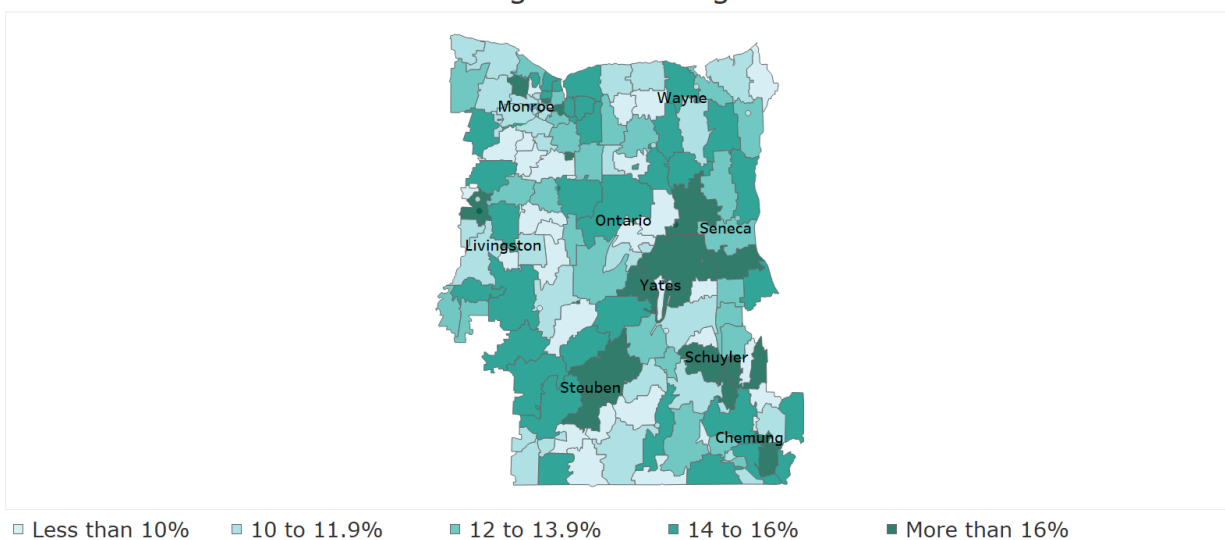
Source: Ontario County

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The Finger Lakes Region is aging and people over the age of 65 who live alone may lack access to community services and support. Map 12 highlights the distribution of this population. Loneliness and social isolation among adults over 65 can create serious physical, mental, and social health challenges. Physical challenges include increased risk of chronic diseases, higher mortality risk, and poor nutrition and sleep. Mental health impacts include depression and anxiety, cognitive decline and lower resilience in coping with mental and physical challenges. Social isolation may make it difficult to access services and supports, particularly during emergencies like a fall. Social isolation may also cause a loss of purpose and can perpetuate elder abuse by allowing it to go undetected.²³

Map 12: Percentage of the population of those 65 years and older living alone by zip code

Percent of Residents Aged 65+ Living Alone by ZIP Code Finger Lakes Region



Source: U.S. Census Bureau. 2017-2021 ACS 5-Year Estimates. Table DP02 (Selected Social Characteristics in the United States).



Injuries and Violence

Injuries and violence are a major and growing concern across the eight-county Finger Lakes region. Because “injuries and violence” in this assessment includes several distinct indicators (unintentional injury, violent crime, and firearm-related deaths), each measure uses a different baseline year based on data availability. For example, unintentional injury trends use a 2015 baseline, firearm-related deaths use 2018, and violent crime uses 2013. As a result, rates and trends should be interpreted within the context of each indicator’s specific baseline year rather than as a single combined trend for injuries and violence.

²³ Perissinotto CM, Stijacic Cenzer I, Covinsky KE. Loneliness in older persons: a predictor of functional decline and death. Arch Intern Med. 2012 Jul 23;172(14):1078-83. doi: 10.1001/archinternmed.2012.1993. PMID: 22710744; PMCID: PMC4383762.

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Unintentional injuries in NYS Vital Statistics include deaths from external causes that are not intentionally self-inflicted or due to assault, such as motor vehicle crashes, falls, drownings, fires and burns, accidental poisonings (including many drug overdoses coded as unintentional), and other accidental injuries.

Unintentional Injuries in the eight counties of the Finger Lakes region have increased since 2015 and in many cases, alarmingly. The exception is Seneca County which decreased in age-adjusted death rate for unintentional injury in 2015 from 2022. Three counties are below the New York State average for age-adjusted death rate for unintentional injury. Conversely, five counties exceed the New York State average for age-adjusted death rate (death before age 75) for unintentional injury. All counties have increased in this indicator from baseline. (Table 15)

Table 15: Injuries and Violence

County	Age-Adjusted Death Rate for Unintentional Injury per 100,000 (2022) (NYS = 54.1)	Percent Change from Baseline of 2015	Age-Adjusted Premature Death Rate (Death Before Age 75) for Unintentional Injury per 100,000 (2022) (NYS = 46.9)	Percent Change from Baseline of 2015
Chemung	88.2	+102	75.4	+144
Livingston	50.7	+14	43.6	+46
Ontario	48.1	+26	38.1	+32
Schuyler	66.3	+46	62	+57
Seneca	43.5	-2	36.7	+27
Steuben	58.6	+99	48.9	+136
Wayne	64.3	+60	58.1	+61
Yates	80.3	+267	63.4	+424

Source: New York State Department of Health - Office of Quality and Patient Safety - Division of Information and Statistics - Bureau of Health Informatics - Vital Statistics Unit

Violence related harms show similar concern in the region and require clear definitions. Violent crime refers to reported offenses of murder, rape, robbery, and aggravated assault, compiled from local law enforcement data by state and federal justice agencies and expressed as a rate per 100,000 residents. Firearm related deaths are measured as the number of deaths due to firearms per 100,000 population over a five year period, based on national mortality data and Census population estimates; this measure includes suicides, homicides, and other firearm fatalities defined by specific ICD10 codes, and values are suppressed for counties with fewer than 10 deaths. Because recent changes in population estimation methods affect the denominator for firearm fatality rates, comparisons across years should be made with caution. In the Finger Lakes region, the violent crime rate has risen from about 120.9 per 100,000 in 2013 to approximately 154.5 per 100,000 in 2022, and firearm related deaths have also increased since 2018 and now exceed the statewide rate, although they remain concentrated in specific communities. Together,

these patterns indicate that many residents face elevated risks of both accidental and intentional injury, underscoring the need for coordinated prevention strategies focused on traffic safety, fall and poisoning prevention, firearm safety, and community violence reduction.

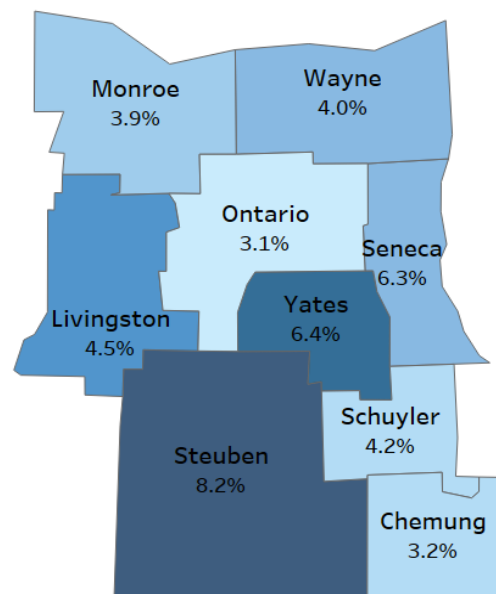
Health Care Access and Quality

Access to and Use of Prenatal Care

Maternal and child health have been areas of focus for the Finger Lakes Region counties in several past Community Health Improvement Plans. According to Healthy People 2030, “improving the well-being of mothers, infants, and children is an important public health goal for the United States. Their well-being determines the health of the next generation and can impact future public health challenges for families, communities, and the health care system.”²⁴

Receiving early and adequate prenatal care is important for ensuring a healthy pregnancy. At prenatal visits, health care providers screen for diseases, provide vaccinations, and manage maternal chronic diseases that may be exacerbated by or have a negative impact on their pregnancy. In addition, health care providers educate pregnant persons about labor, delivery, postpartum depression, and early warning signs of complications. Ensuring timely prenatal care is obtained can lower the incidence of premature birth, low birth weight babies and infant mortality.¹⁸

Map 13: Percentage of births with late (3rd trimester) or no prenatal care (2019-2021)



Source: NYS Perinatal Data Profile 2019-2021

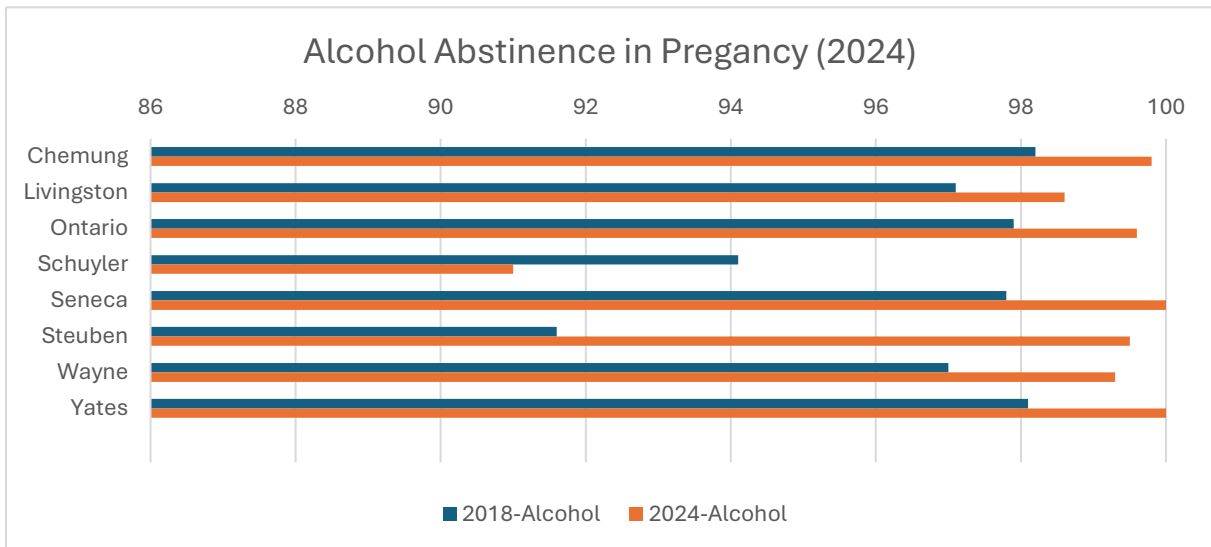
Despite regional efforts, some pregnant residents still begin care late in pregnancy or receive no prenatal care at all. Map 13 shows that, while most births occur with timely prenatal care, a notable minority in several counties receive care in the third trimester or not at all, highlighting persistent geographic disparities in early access that can contribute to preterm birth, low birth weight, and higher infant and maternal risks.

Prenatal care may also be measured using three abstinence indicators – alcohol (Figure 22), smoking (Figure 23), and illegal drugs (Figure 24). All counties have improved in each indicator from 2018 to 2024 with the exception of alcohol abstinence in Schuyler County.

²⁴ Source: Healthy People 2030 <https://odphp.health.gov/healthypeople/about/workgroups/maternal-infant-and-child-health-workgroup>

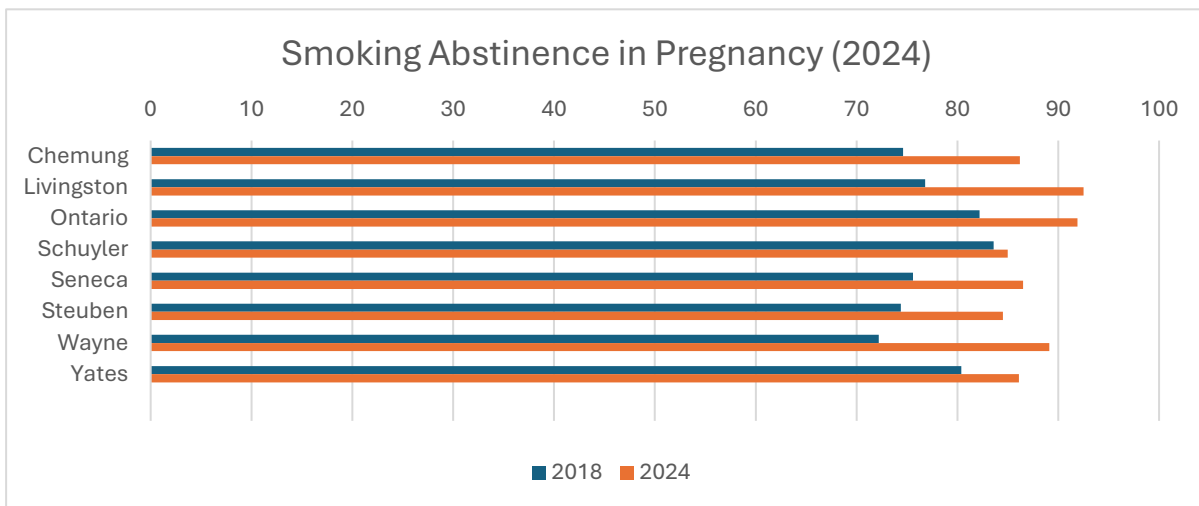
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Figure 22: Alcohol Abstinence in Pregnancy



Source: Healthy People 2020; US Department of Health and Human Services.

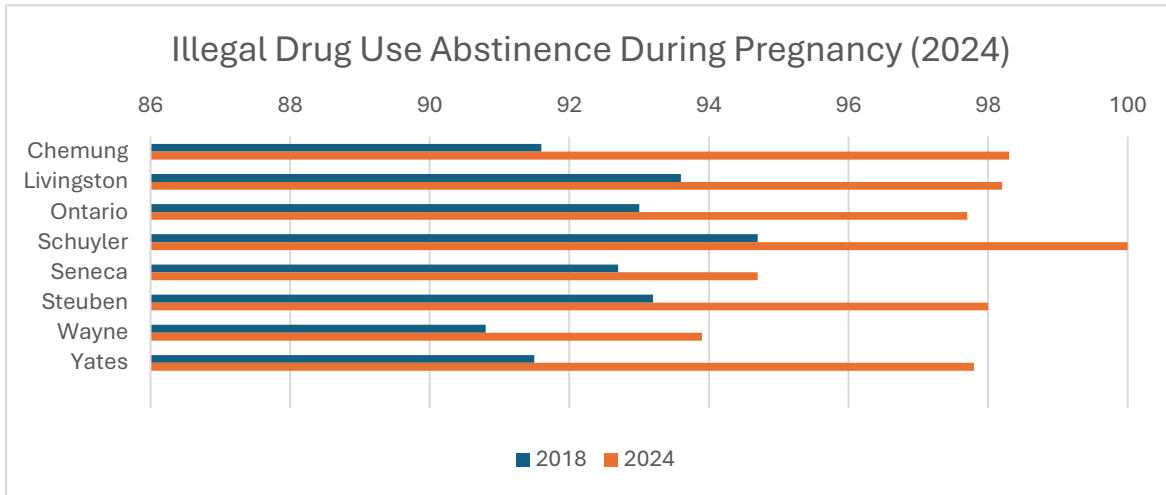
Figure 23: Smoking Abstinence in Pregnancy



Source: Healthy People 2020; US Department of Health and Human Services.

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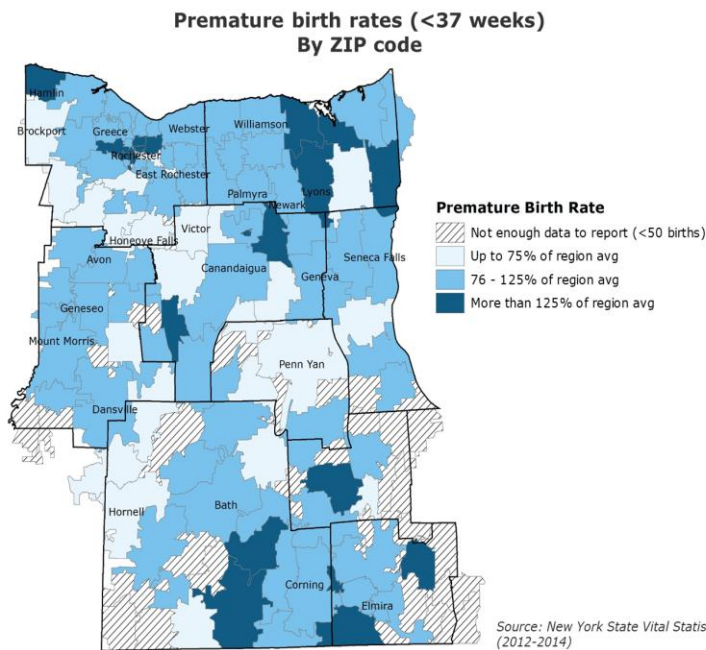
Figure 24: Illegal Drug Abstinence in Pregnancy



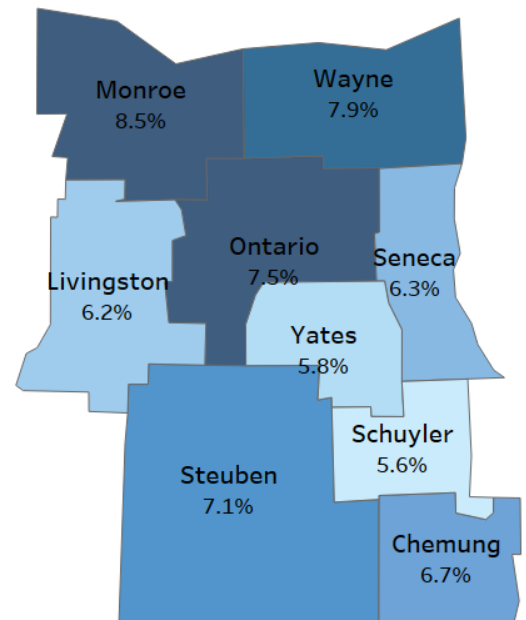
Source: Healthy People 2020; US Department of Health and Human Services.

Additionally, lack of access to prenatal care may be manifested by low live birth weights (<2,500 grams or about 5 lbs., 8 oz.) and premature births (live births before 37 weeks) (Figure 25 and Maps 14, 15, 16).

Map 14: Premature birth Rates



Map 15: Percentage of Premature Births with 32 - < 37 Weeks Gestation (2019-2021)

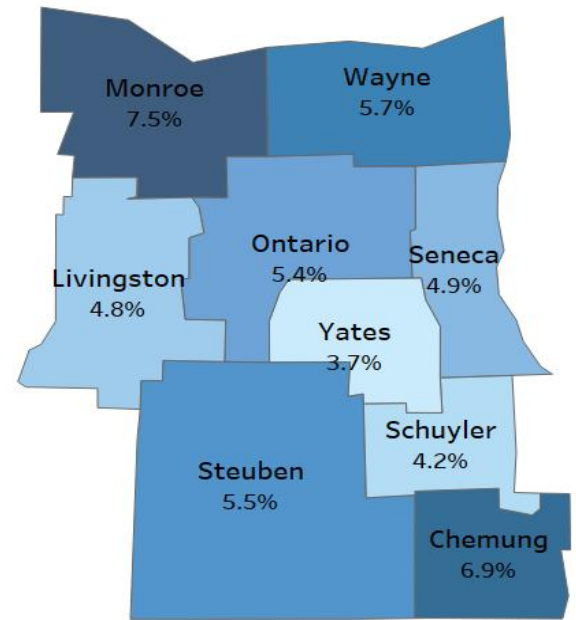


Source: NYS Perinatal Data Profile 2019-2021

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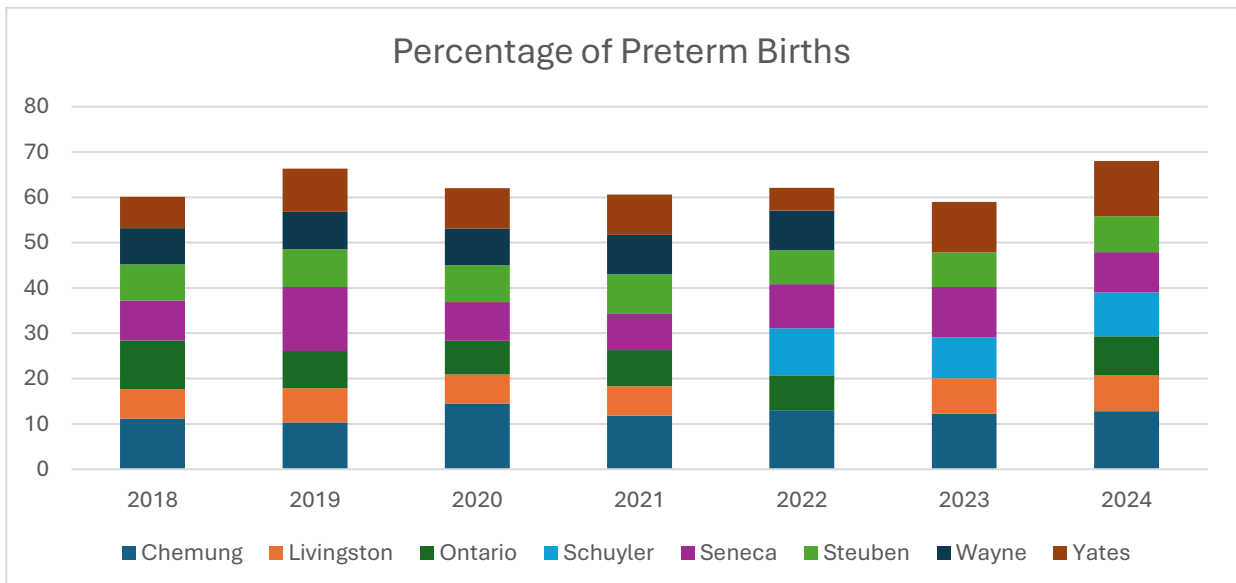
A baby born prematurely is immediately at risk for complications including jaundice, anemia, feeding and airway issues, and apnea. The earlier in pregnancy a baby is delivered, the more likely it is that the baby will need to spend time in the neonatal intensive care unit (NICU). Long-term health complications associated with premature birth include vision and hearing deficits, neurological delays, delays in speech and language development and deficits in social and emotional regulation. Of note, premature birth is the primary cause of low birth weight.²⁵ The percent of live births with low birth weight has remained relatively unchanged in the region from 2018 (6.4%) to 2023 (also 6.4%). A missing value is reported for counties with fewer than 10 low birthweight births in the time frame was the case in 2021.²⁶

Map 16: Percentage Low Birth Weight (<2.5 kg) Singleton Births (2019-2021)



Source: NYS Perinatal Data Profile 2019-2021

Figure 25: Percentage of Preterm Births in the Region from 2018-2024



Source: National Center for Health Statistics

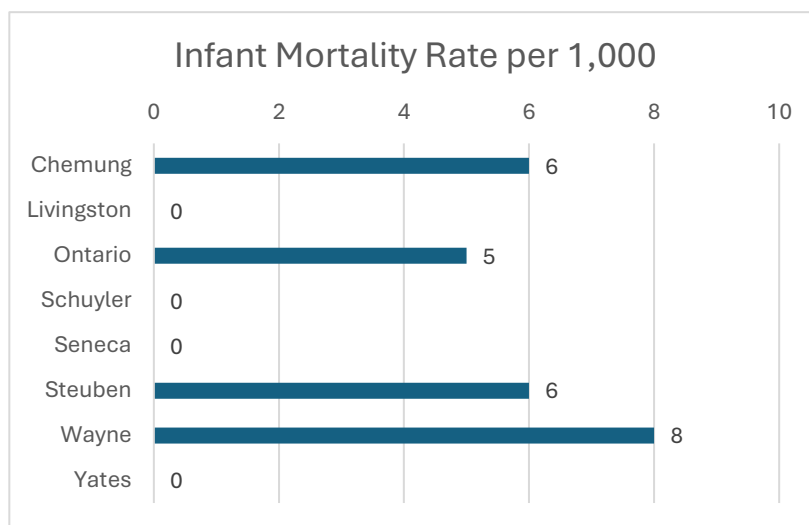
²⁵ Stanford Children's Health, Low Birthweight

²⁶ Stanford Children's Health, Low Birthweight

Prevention of Infant and Maternal Mortality

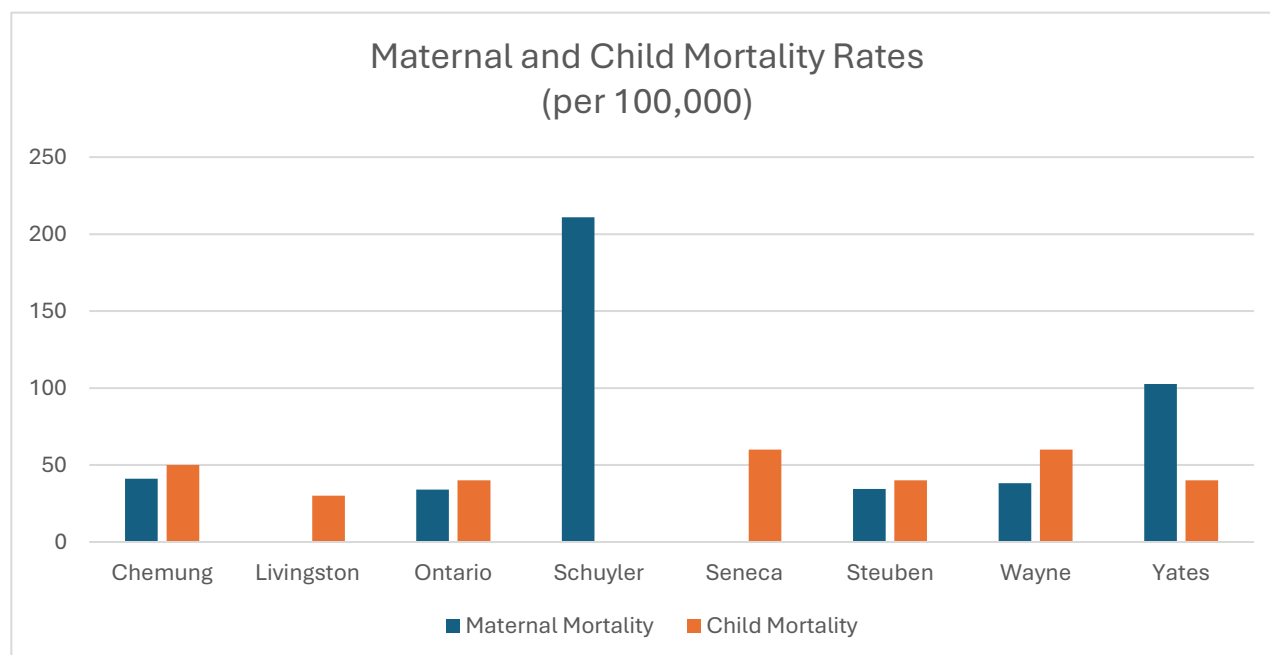
Prematurity and its related conditions are the leading causes of infant mortality. Reducing rates of preterm births, therefore should decrease infant mortality. (Figure 26). Figure 27 shows maternal (per 100,000), child (per 100,000) mortality rates while Figure 26 shows infant (per 1,000) mortality rates in the Finger Lakes region. If data are expressed as 0, it may not indicate that there was no mortality. Data may not be available or the number may be too small as not to be reportable. The New York State average maternal mortality rate is 22 per 100,000. More than half of the counties exceed that rate. The New York State average for child mortality is 40. More than half of the counties are at or above that rate.

Figure 26: Infant Mortality Rate per 1,000 (2022)



Source: National Center for Health Statistics

Figure 27: Maternal and Child Mortality Rates per 100,000 (2022)

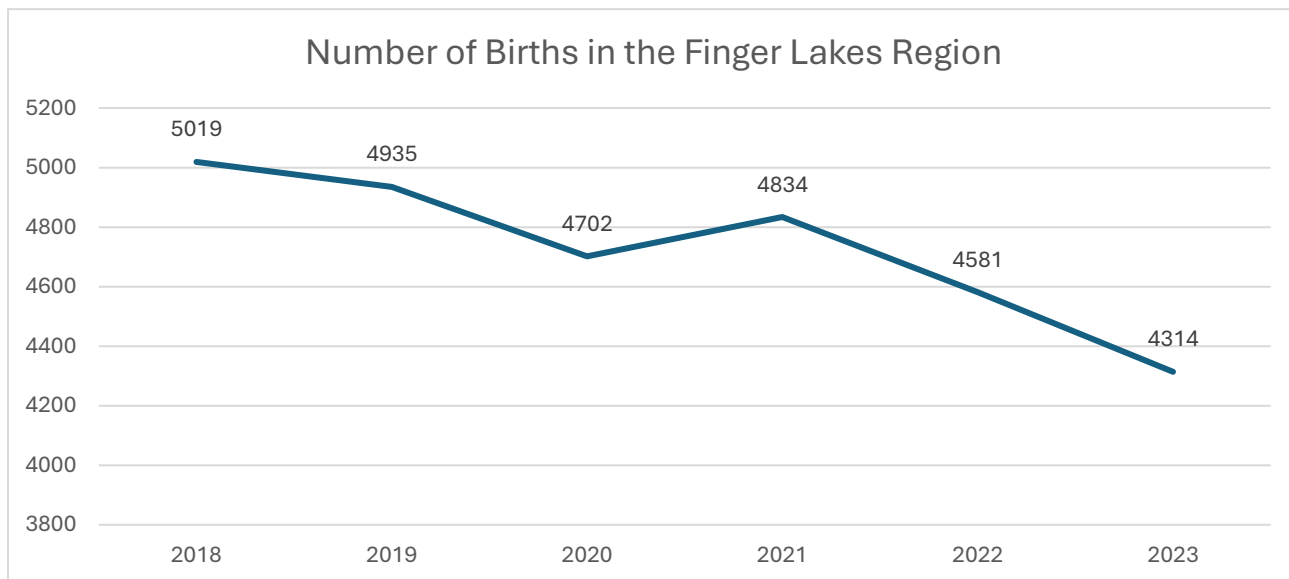


Source: National Center for Health Statistics

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Total births in the Finger Lakes region have been on a steady decline until a precipitous drop in 2024 (Figure 28).

Figure 28: Number of Births in the Finger Lakes Region



Source: Statewide Planning and Delivery System (SPDS)

Preventive Services for Chronic Disease Prevention and Control

Most chronic diseases are preventable and are closely tied to modifiable behaviors, including poor diet, limited physical activity, tobacco use, and heavy alcohol consumption. These conditions significantly drive up health care costs and place substantial pressure on the health care system. In New York State, chronic illnesses - such as heart disease, stroke, cancer, COPD, diabetes, and obesity - are the primary causes of disability and death. They create a considerable health burden and greatly diminish overall quality of life, contributing to six in ten deaths.²⁷

Many New Yorkers also experience multiple chronic conditions at the same time. Expanding early screening and detection, strengthening self-management skills, and improving access to health care providers and referral services can play a major role in reducing both the occurrence and severity of chronic diseases.²⁸

Access to care is a widespread barrier, especially for those on Medicaid or living in poverty. Even when primary care, dental care, and mental health care are available, access may be inequitable across populations and places. Cost, insurance limitations, scheduling practices, and a lack of transportation continue to be barriers to access. These barriers may prevent people from seeking acute care, as well as preventive measures such as dental exams, yearly physicals, and cancer screenings.

²⁷ Source: NYS Prevention Agenda

²⁸ Source: NYS Prevention Agenda

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A look at practitioner access in Table 16 provides insight into the problem of obtaining both acute and preventive health care in the region as well as insights into the problem of chronic disease management.

Table 16 Provider Access in the Finger Lakes Region

County	Primary Care Physicians – Number of residents to one physician (2021) (NYS: 1,240)	Mental Health Providers Number of residents to one provider (2024) (NYS: 260)	Dentists Number of residents to one dentist (2022) (NYS: 1,200)	Primary Care Providers Other than Physicians Number of residents to one provider (2024) (NYS: 610)
Chemung	1,280	290	1,540	560
Livingston	2,200	640	1,980	1,130
Ontario	1,210	330	1,660	680
Schuyler	1,610	430	3,530	1,590
Seneca	3,740	410	3,290	1,120
Steuben	1,790	400	2,810	930
Wayne	4,300	800	2030	1,420
Yates	2,050	840	2,220	1,220

Sources: County Health Rankings & Roadmaps, using data from the Area Health Resources Files (primary care physicians), CMS National Provider Identifier and NPPES files (mental health providers, dentists, and other primary care providers).



Courtesy Ontario County

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Access to and use of preventive services may also be measured by the percentage of residents who have undergone diagnostic testing such as mammograms and colorectal screenings. Additionally, those who have been tested for and diagnosed with high blood pressure or diabetes as detailed in Table 17. A large percentage of residents receive mammography services, and those on Medicare doing so exceed the New York State average.

Table 17: Preventive Services

County	Percentage of those 50-74 years who have gotten a Mammogram (2022)	Percentage of those on Medicare who have gotten a Mammogram (NYS = 44%) (2022)	Percentage of Those Receiving Colorectal Screening (2022)	Percentage of Those who have had a test for High Blood Sugar/ Diabetes Test (2021)	Percentage of those with an income < \$25,000 who have had a test for High Blood Sugar/ Diabetes (2018) (NYS = 62.2%)	Percentage of those Diagnosed with High Blood Pressure (18+) (2021)
Chemung	74.4	51	61.3	66.9	52.8	29.7
Livingston	79	51	62	61.6	75.4	28.8
Ontario	75.9	52	65.3	63.2	56.6	28.9
Schuyler	73.7	50	61.4	62.9	63.4	28.8
Seneca	73	47	61.3	63.3	64.3	31.9
Steuben	76.9	50	59.9	59.4	49.5	29.8
Wayne	79.6	43	62.3	65	51.4	29.1
Yates	75.5	55	63.2	69.6	48.7	30.1

Sources: County Health Rankings, American Medical Association, National Provider Identifier, Healthy People 2020, NYS Prevention Agenda, Statewide Perinatal Data System, National Center for Health Statistics, CDC, Vital Records, Behavioral Risk Factor Surveillance System, NYS Medicaid Program, IAP Baseline Report, NYSIIS Performance Report, Child Health Plus.

Oral Care

Oral care is important to overall health. Lack of dental insurance, insufficient provider numbers, and lack of dentists willing to see Medicaid clients-contribute to residents' inability to access preventive and acute dental care. Table 17 describes the state of dental care in the region. All data points demonstrate room for improvement, particularly Medicaid preventive visits for those ages 2-20 as early preventive care prevents future chronic conditions. (Table 18)

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Table 18: Oral Care

County	Adult Dental Visits (%) (2019)	Medicaid Visits (age 2-20) (%) (2023)	Medicaid Visits (%) (2023)	Medicaid Preventive Visit (%) (2023)	Medicaid Preventive Visit (age 2-20) (%) (2023)
Chemung	65.4	43.3	25.2	21.4	40.8
Livingston	69.9	41.3	26.7	22.7	38.7
Ontario	74.5	40	25	21.1	37.1
Schuyler	58.4	43.6	24.3	20.6	40.5
Seneca	69.1	34.8	21.6	17.4	30.9
Steuben	59.5	41.1	23.9	20.2	38.5
Wayne	66.6	39.4	25.1	20.6	36.2
Yates	62.6	41.2	25.1	21.1	37.2

Sources: County Health Rankings, American Medical Association, National Provider Identifier, Healthy People 2020, NYS Prevention Agenda, Statewide Perinatal Data System, National Center for Health Statistics, CDC, Vital Records, Behavioral Risk Factor Surveillance System, NYS Medicaid Program, IAP Baseline Report, NYSIIS Performance Report, Child Health Plus.

Lack of access to dental care, the use of non-fluorinated well water by many rural residents, and an emerging trend of municipalities removing fluoride from public water systems leave Finger Lakes residents at risk for oral diseases and disorders.

Emergency Department Visits and Preventable Hospitalizations

Emergency Departments may serve as the source of primary care for those who are underinsured or lack health insurance. In addition, lack of provider access may contribute to increased reliance on emergency rooms and may cause preventable hospitalizations. Migrant populations fearing deportation may defer medical care until an emergency room visit and subsequent hospitalization is necessary. Mennonite community members often self-treat common maladies and wait until they are experiencing advanced illnesses which require the use of an emergency room.

Many Finger Lakes counties exceed New York State averages for emergency department visits and preventable hospitalizations. Four counties exceed the state rate for behavioral health ED visits; four exceed the state rate for all preventable hospitalizations; and all but one county exceeds the state rate for all emergency department visits. The number of emergency department visits related to behavioral (suicidal thoughts, substance use, psychiatric disorders), and mental health (depressive disorders) are areas that may be improved. (Table 19)

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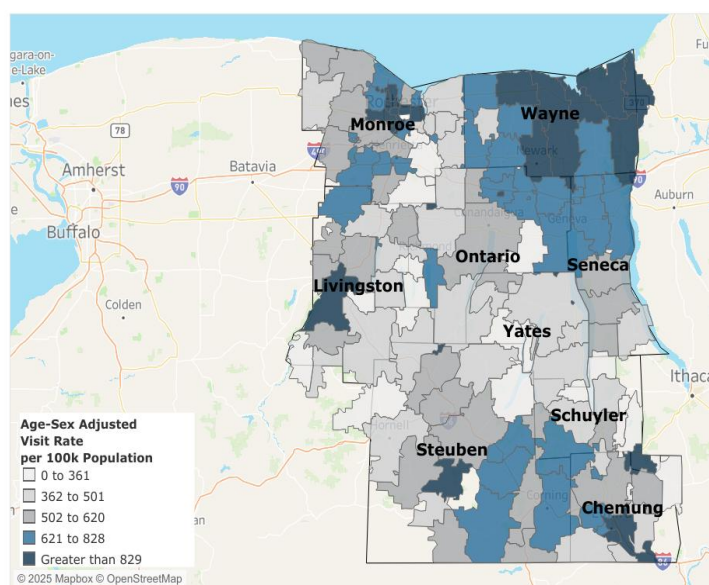
Table 19: Emergency Department Visits and Preventable Hospitalizations

County	All Emergency Department Visits (2023) (NYS = 29,809)	All Behavioral Health Conditions ED Visits (2023) (NYS = 6,872)	All Mental Health ED Visits (2023) (NYS = 3,370)	All Preventable Hospitalizations (2023) (NYS = 808)
Chemung	43,624	8,622	4,204	1,046
Livingston	27,323	5,798	2,470	723
Ontario	33,756	6,132	2,645	780
Schuyler	52,967	7,108	3,523	954
Seneca	38,723	6,873	3,014	885
Steuben	44,043	8,215	3,292	720
Wayne	31,387	8,617	3,423	1,072
Yates	41,443	4,935	2,303	604

Source: SPARCS

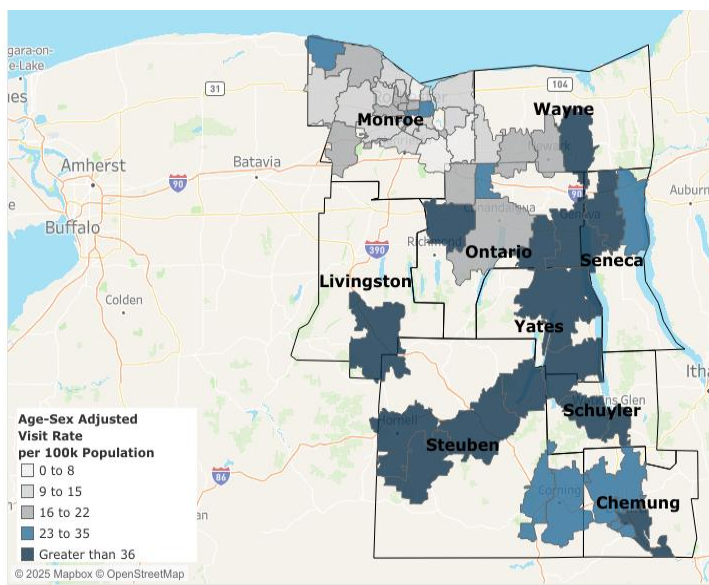
Map 14 highlights the potentially preventable hospitalizations by zip code in the Finger Lakes region. This map corresponds with maps highlighting life expectancy as well as emergency department visits for heart disease, cancer, hypertension, depressive disorders, and anxiety and panic disorders (Maps 17-22) as well as poverty (Maps 6-8). Note that the concentrations of potentially preventable hospitalizations as well as the emergency department visits cluster in similar areas of the region. This corresponds with higher poverty rates as well as decreased life expectancy. Higher rates of emergency department use and preventable hospitalizations in certain counties and populations—especially people living in poverty, on Medicaid, or in rural areas—signal inequitable access to timely, high-quality outpatient care and contribute to widening health disparities.

Map 17: Potentially Preventable Hospitalizations



Source: Statewide Planning and Research Cooperative System (SPARCS), 2019-2023
Analysis by Common Ground Health

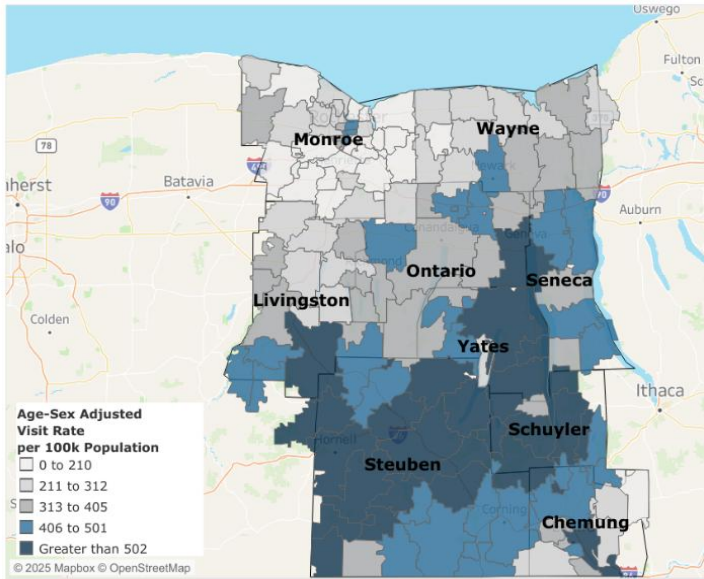
Map 18: ED Visits for Cancer by Zip Code



Source: Statewide Planning and Research Cooperative System (SPARCS), 2019-2023
Analysis by Common Ground Health

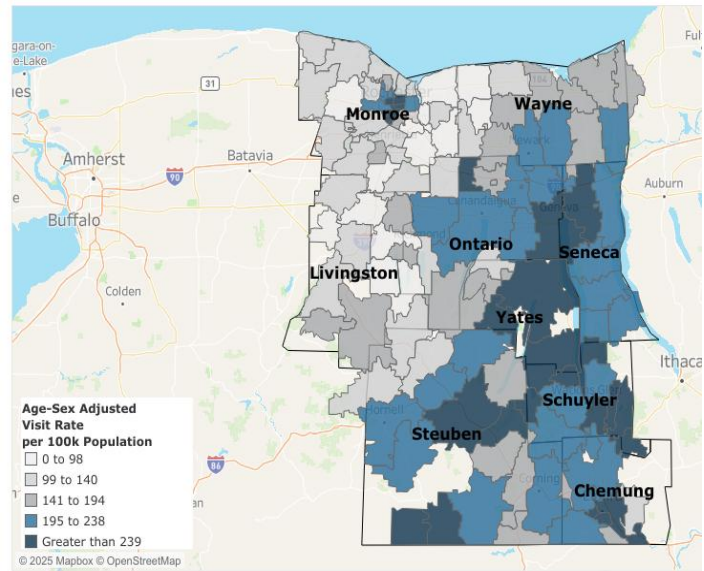
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Map 96: ED Visits Related to Heart Disease by Zip Code



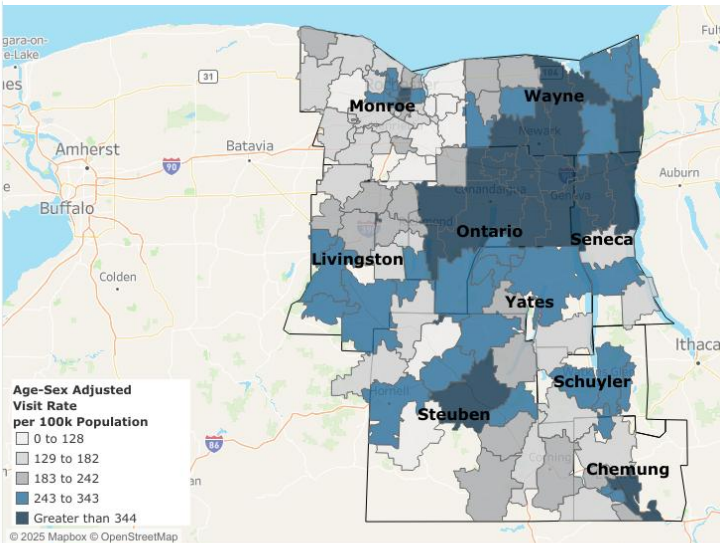
Source: Statewide Planning and Research Cooperative System (SPARCS), 2019-2023
Analysis by Common Ground Health

Map 20: ED Visits for Hypertension by Zip Code



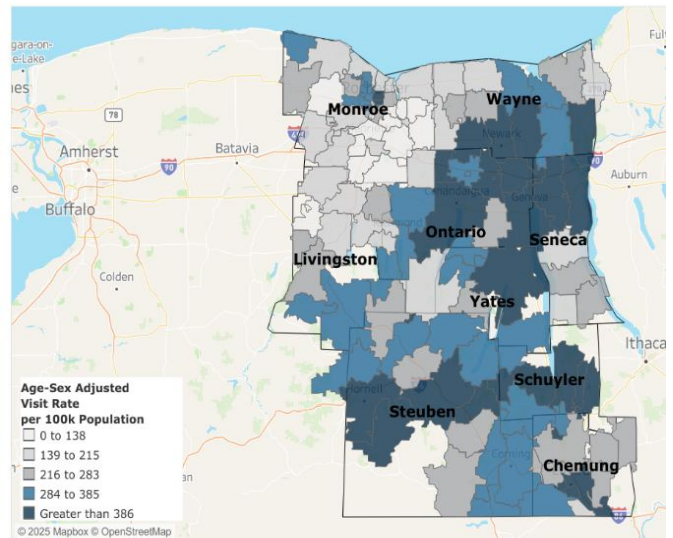
Source: Statewide Planning and Research Cooperative System (SPARCS), 2019-2023
Analysis by Common Ground Health

Map 21: ED Visits for Depressive Disorders by Zip Code



Source: Statewide Planning and Research Cooperative System (SPARCS), 2019-2023
Analysis by Common Ground Health

Map 22: ED Visits for Anxiety and Panic Disorders by Zip Code



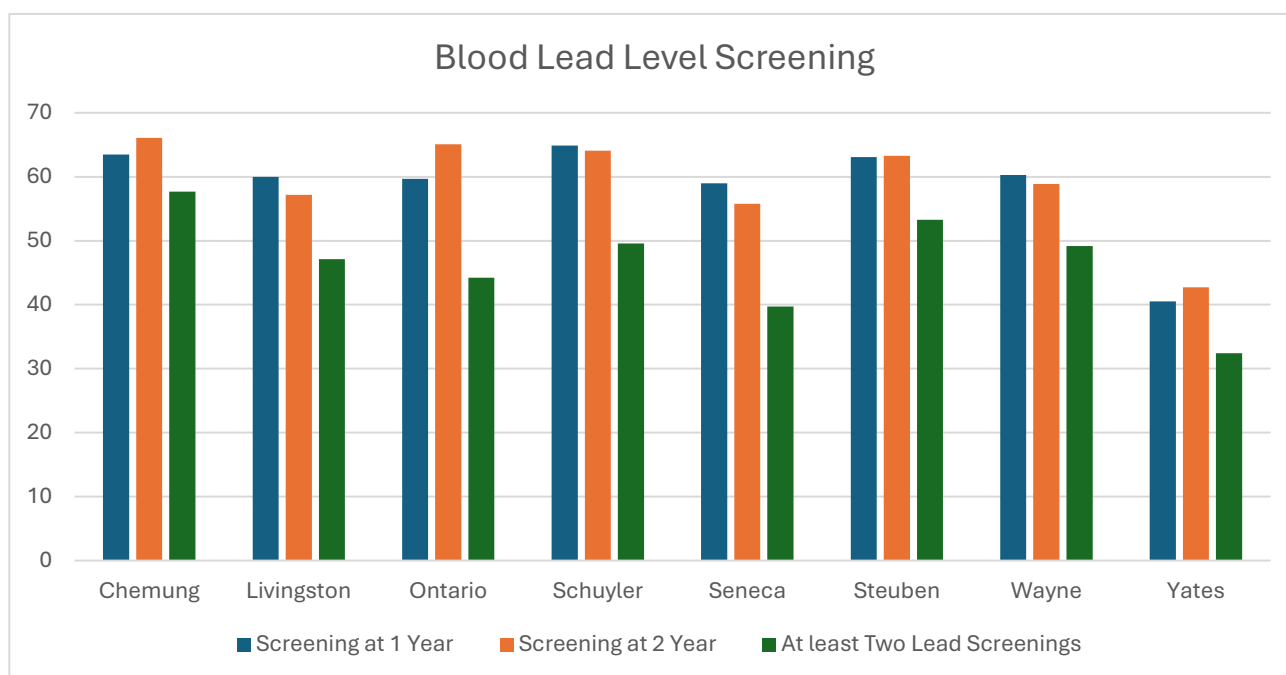
Source: Statewide Planning and Research Cooperative System (SPARCS), 2019-2023
Analysis by Common Ground Health

Blood Lead Level Screening and Vaccinations

One important screening that happens during well-child visits is a blood lead level test.

“Asymptomatic lead poisoning has become more common in children. Blood lead levels of greater than 5 ug per dL are associated with impairments in neurocognitive and behavioral development that are irreversible.”²⁹ It is required that children to have at least two screenings in the first 36 months of life – one at age one and one at age 2. (Figure 29) In addition, the 4:3:1:3:1:4 (four doses of DTaP (Diphtheria, Tetanus, and Pertussis), three doses of polio (IPV), one dose of MMR ((Measles, Mumps, and Rubella)), three doses of Hib ((Haemophilus influenzae type b)), three doses of Hepatitis B, one dose of Varicella, and four doses of pneumococcal vaccine (PCV)) childhood vaccination series are key to keeping not just children, but the overall population free of vaccine preventable diseases. (Figure 30)

Figure 29: Blood Lead Level Screening in the Finger Lakes Region



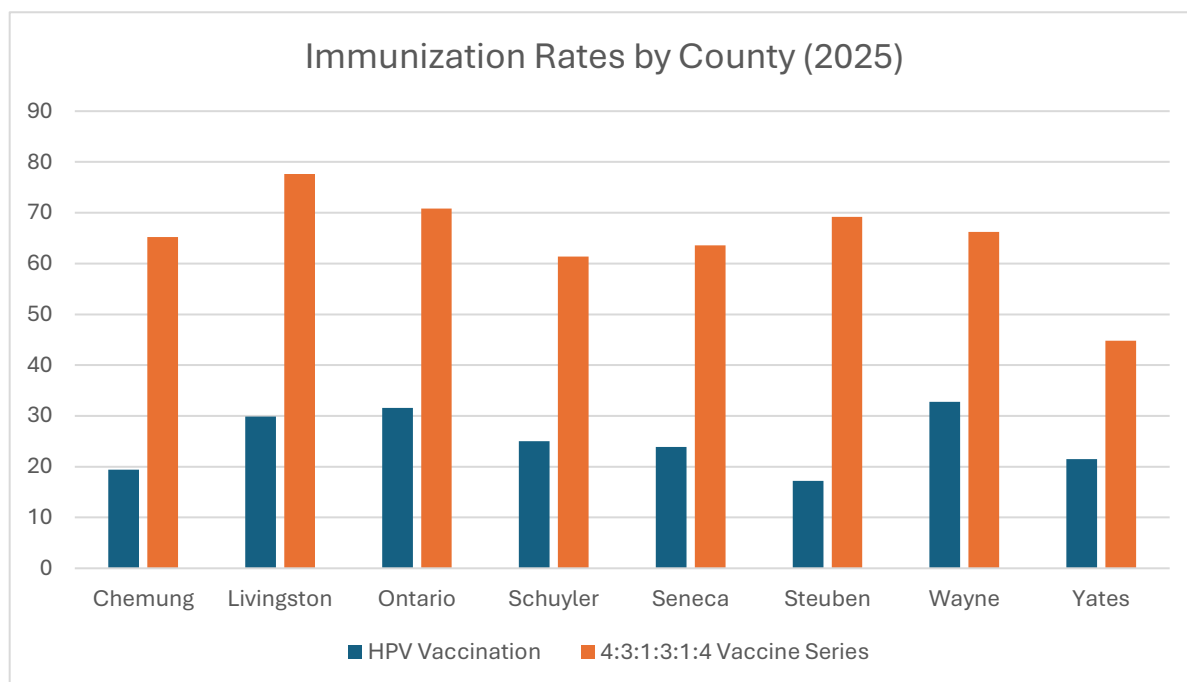
Source: NYSIIS Performance Report

²⁹ Mayans, L. (2019). Lead poisoning in children. American family physician, 100(1), 24-30.

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The Finger Lakes region shows persistent gaps in key pediatric and adolescent preventive services, despite relatively strong early-childhood immunization rates. Across the eight counties, completion of the 4:3:1:3:1:4 vaccine series consistently exceeds both lead screening by age two and adolescent HPV vaccination, indicating that standard early-childhood vaccines are delivered more reliably than other preventive services. HPV vaccination is the lowest measure in every county, and lead-screening completion remains only moderate, signaling missed opportunities for cancer prevention and early detection of environmental hazards affecting low-income and rural children.

Figure 30: Immunization Rates by County in the Finger Lakes



Source: NYSIIP

Education Access and Quality

Health and Wellness Promoting Schools

Health and wellness promoting schools refers to the non-academic factors that impact whether a student is set up for success. These may include the prevalence of healthy food choices and ability to participate in physical activity.

One important indicator of how well schools are supporting students is chronic absenteeism, defined as missing at least 10 percent of school days in a year. State-level data from the 2022–2023 school year show that nearly one in three New York students is chronically absent, with rates varying by region, race and ethnicity, and socioeconomic status. Chronic absenteeism has increased sharply in rural districts, reaching 13.4 percent in low-need rural areas, 25.2 percent in average-need rural areas, and 33.0 percent in high-need rural areas. Economically disadvantaged students, students with disabilities, and English language learners experience the highest

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absenteeism rates, highlighting the need for school-based strategies that address health, transportation, and other non-academic barriers to attendance.³⁰

Additional indicators include the percentage of teens and young adults who were neither working nor in school (disconnected youth), the number of school age students eligible for free or reduced lunch and the number of childcare centers per 100,000 children under age 5 as highlighted in Table 20.

Table 20: Education-related Socio-economic factors

County	% teens and young adults (age 16-19) neither working nor in school (2025) (NYS: 7%)	% school age children eligible for free or reduced lunch (2025) (NYS: 57%)	Number of childcare centers per 1,000 children under age 5 (2025) (NYC: 6)
Chemung	11	53	6
Livingston	5	44	7
Ontario	5	43	6
Schuyler	Not available	43	5
Seneca	14	56	3
Steuben	9	50	8
Wayne	9	50	4
Yates	Not available	55	3

Source: County Health Rankings

Three measures of opportunities for continued education are the high school graduation rate, the average spending per student, and the high school graduation rate of economically disadvantaged students. All counties except Seneca and Yates exceed the New York State average percent of adults over age 25 with a high school diploma or equivalent. A quality education may improve the economic prosperity of residents by allowing them to obtain better compensated employment which increases their economic stability. (Table 21)

Table 21: Education Indicators

County	Percent of adults over age 25 with a high school diploma or equivalent (2023) (NYS = 88)	Average gap (\$) between actual and required spending in public school districts (2022) (NYS = \$12,754)	Graduation rate of economically disadvantaged students (2023) (NYS = 82)
Chemung	91	9,909	75
Livingston	93	11,626	87
Ontario	93	12,784	85
Schuyler	91	11,955	80

³⁰ Source: New York's Stubbornly High Rates of Chronic Absenteeism. October 2024.
<https://www.osc.ny.gov/files/reports/pdf/missing-school-ny-chronic-absenteeism.pdf>

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Seneca	85	13,399	80
Steuben	92	12,721	85
Wayne	91	12,785	81
Yates	84	9,915	81

Source: U.S. Census Bureau, ACS, NYSED

The findings in this Community Health Assessment show that health in the Finger Lakes region is shaped by intersecting social and economic conditions, including poverty, food and housing insecurity, transportation barriers, provider shortages, and educational opportunity. These challenges are not experienced equally: older adults, children, people living in rural and higher deprivation ZIP codes, and residents from historically marginalized groups often face higher risks and fewer resources, leading to persistent health inequities across the region. At the same time, strong community assets—including collaborative public health and health care systems, engaged community organizations, and dedicated residents—provide a foundation for collective action.

The accompanying county chapter build on this regional picture by highlighting the county's specific strengths, challenges, and priority populations. Together, the regional and county-level assessment will guide the development of Community Health Improvement Plans that focus on advancing health equity, strengthening the conditions where people live, learn, work, and age, and improving health outcomes for all residents of the Finger Lakes region.



Farm overlooking Keuka Lake, Courtesy of Steuben County



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Participating Partners and Community Representation

A diverse coalition of organizations and community members participated in the Chemung County Community Health Assessment process to ensure broad stakeholder input and representation from populations experiencing health disparities. The following partners contributed:

Organization	Sector	Population
Arnot Health- A Member of Centralus Health	Hospital	General Population, including aging populations, historically marginalized/excluded, individuals who are blind, deaf, or hard of hearing.
Man2Man Forum	Community Organizers	Historically excluded/marginalized, Communities of Color, and Aging populations.
Chemung, Schuyler ARC	Community Agency/ Behavioral Health	Individuals with disabilities
Arnot Health Patient/Family Advisory Council	Volunteer/Hospital/Community	Aging population, historically marginalized/excluded
Arnot Health- Ivy Clinic HIV Primary Care and Prevention Clinic	Hospital	LGBTQIA+ Populations
AspireHopeNY, Inc	Behavioral/Mental Health	Historically excluded/marginalized
CASA-Trinity, Inc.	Behavioral Health	Historically excluded/marginalized
Catholic Charities of Chemung/Schuyler	Community/Faith	Historically excluded/marginalized, Communities of Color
Chemung County Department of Aging & Long Term Care	Public Sector/Government	Aging populations, historically marginalized/excluded, individuals who are blind, deaf, or hard of hearing.
Chemung County Health Department- CHHA	Public Sector/Government	Aging populations, historically marginalized/excluded, and individuals who are blind, deaf, or hard of hearing.
Chemung County Health Department- Lead Poisoning Prevention (CLPPP+)	Public Sector/Government	Historically marginalized/excluded
Chemung County Youth Bureau	Public Sector/Government	Historically marginalized/excluded
Comprehensive Interdisciplinary Services (C.I.D.S)	Community advocates	Historically marginalized/excluded, communities of color
Common Ground Health	Community	
Cornell Cooperative Extension of Chemung County	Community Advocates	Historically excluded/marginalized



Community Health Assessment – Chemung County

Economic Opportunity Program, Inc.	Community Advocates/organizers	Historically excluded/marginalized, communities of color, individuals with limited English speaking, and aging populations
Food Bank of the Southern Tier	Community Advocates	Historically excluded/marginalized,
Gerould's Healthcare Center	Pharmacy/Medical equipment	Historically excluded/marginalized, aging populations, blind, deaf, and hard of hearing
Mothers & Babies Perinatal Network	Community advocates	Historically excluded/marginalized
Southern Tier AIDS Program	Behavioral health/community advocates	LGBTQIA+ Populations, Historically marginalized/excluded
The Institute for Human Services, Inc.	Community Organizers	Historically excluded/marginalized
WIC- Chemung, Schuyler	Public Sector/Government	Historically marginalized/excluded, communities of color



Chemung River courtesy of I Love NY



Executive Summary

Chemung County has identified four priority areas as a result of this Community Health Assessment. They are:

- Poverty
- Housing Stability and Affordability
- Preventive Services – Lead Screening
- Access to Community Services and Support

Disparity Groups

Specific disparity groups include older adults living in poverty, children living in poverty, families experiencing food insecurity, and children and older adults facing housing insecurity residing in the City of Elmira.

Data Sources

Chemung County's Community Health Assessment (CHA) incorporated a combination of quantitative and qualitative data sources, including secondary data from the Behavioral Risk Factor Surveillance System, County Health Rankings, the National Center for Health Statistics, the American Community Survey, the U.S. Census, the NYS Medicaid Program, and local performance reports. The CHA also used primary data collected through a structured Community Health Assessment Questionnaire, which was administered to three focus groups over a 2-month period, including a total of 18 participants, as part of the Community Context Assessment. Further, forces of change and asset mapping assessments were undertaken with community partners to triangulate findings and shape the selection of priority areas.

Partners and Roles

A diverse coalition of organizations and community stakeholders participated throughout the Chemung County CHA process. Key partners included the Chemung County Health Department, Childhood Lead Poisoning Primary Prevention Program (CLPPP+) and Certified Home Health Agency (CHHA), Arnot Health a Member of Centralus Health (including Ivy Clinic and outpatient services), CASA Trinity Inc., Catholic Charities – Chemung, Schuyler, Chemung County Department of Aging and Long Term Care, Comprehensive Interdisciplinary Services (C.I.D.S.) - Nurse Family Partnership, Economic Opportunity Program of Chemung and Schuyler Counties, Cornell Cooperative Extension, Southern Tier AIDS Program (STAP), Women Infants and Children (W.I.C.)-Chemung, Schuyler, Pivotal Public Health Partnership, and other local agencies. Partners played roles in promoting surveys, organizing focus groups, and conducting outreach to underrepresented groups. Partners also participated in regular CHA committee meetings where they reviewed assessment results, interpreted the data, contributed to root cause analysis, completed the prioritization process, and developed interventions.



Community Health Assessment – Chemung County

Each community partner participated in the MAPP 2.0 assessment protocol as detailed in the regional section of this CHA, as well as outlined in this county-specific section. Key findings from the qualitative and quantitative data collection form the backbone of this assessment.

Summary of Findings

Chemung County, located in south-central New York and bordering Pennsylvania, has a population of 81,325, with the City of Elmira (26,523) as its center. The population is declining and expected to continue decreasing through 2040, with 25.9% of residents living in rural areas. The county's median age is 41.4, with a fairly even age distribution, a 50.2% female population, and 5.8% identifying as LGBTQ+. Chemung is predominantly white (84.9%), with Elmira showing greater racial and ethnic diversity. Veterans represent 7.2% of the population, and 14.9% of residents have a disability, primarily cognitive, ambulatory, or independent living limitations. Most households speak English at home, though 4.8% speak another language, and 87% of residents have broadband access.

Economic and social conditions in Chemung County show both strengths and challenges. Poverty affects 15.8% of residents and 22% of children, exceeding state averages, while unemployment remains low at 3.2%, and the median household income is \$60,500. Nutrition security has improved overall, though low-income residents still face barriers to accessing healthy food. Housing is relatively stable, with 70% homeownership and fewer households facing major housing problems than the state average; however, the percentage of households spending over half their income on housing has increased.

Chemung County faces significant mental and behavioral health challenges. The percentage of adults experiencing frequent poor mental health rose to 18%, above the state average, while adult depression affects over one-third of residents. Suicide rates, particularly among youth, are elevated. Substance misuse and overdose deaths have increased sharply, especially opioid-related deaths. Tobacco and heavy alcohol use remain concerns, while nearly 40.9% of adults report two or more Adverse Childhood Experiences, heightening long-term health risks. Physical activity is limited among many residents, with only 82% having access to exercise facilities and 27% reporting no leisure-time activity. Injury and violence-related deaths, including those from firearms, unintentional injuries, and suicide, are rising and above state averages. The county's Social Vulnerability Index of 0.7705 indicates moderate vulnerability, though civic engagement supports community resilience.

Preventive care and maternal-child health show mixed results. Rates of abstinence from alcohol, smoking, and illicit drug use among birthing persons have improved, yet preterm births (8.6%), low birth weight infants (8%), infant mortality (6 per 1,000), and maternal mortality (41.2 per 100,000) remain concerning. Provider shortages, transportation challenges, and rising uninsured rates limit access to preventive services. Screening rates for mammography and diabetes are at or above state averages, while colorectal cancer and blood pressure screening for low-income adults fall short. Access to dental care, especially for Medicaid enrollees, has improved but remains below state averages. Immunization and lead screening rates have increased, though HPV vaccination rates remain low.



Community Health Assessment – Chemung County

Education and youth outcomes reflect substantial foundational achievement with ongoing disparities. High school graduation rates (91% adults with diplomas; 83% four-year cohort graduation) exceed or nearly meet state averages, yet post-secondary education among adults aged 25–44 is below average (60% vs. 71%). Economic disadvantage affects 53% of school-age children, and 11% of teens and young adults are disconnected from work or school. Per-pupil funding gaps are \$9,909, below the state average but increasing.

Chronic disease prevention is critical in Chemung County. Diagnosed diabetes affects 10% of adults, consistent with the state average, though adult and youth obesity rates (33.8% and 25.4%, respectively) exceed state averages. Among young children enrolled in SNAP and WIC, obesity has decreased slightly to 13.2%. Overuse of emergency departments reflects gaps in access to preventive and primary care and underscores the ongoing substance use and mental health crisis. Life expectancy in 2022 averaged 75 years, lower in areas with higher poverty, and the leading causes of death and premature death exceed state averages.

Overall, Chemung County demonstrates strengths in specific areas such as education, homeownership, and civic engagement, and improvements in some preventive health measures. However, persistent challenges include mental and behavioral health, substance use, chronic disease, maternal-child outcomes, and access to care. These findings underscore the need for targeted interventions, community-based prevention programs, and strategies that address social determinants of health to improve the overall well-being of Chemung County residents.

Interventions, Progress Measures, and Evaluation

Through a joint effort between the Chemung County Health Department and Arnot Health, a Member of Centralus Health, existing partnerships will be leveraged to address gaps in the priority areas of Poverty, Housing Stability and Affordability, Preventive Services, and Access to Community Services and Support.

Poverty

To reduce the number of children living in poverty, Chemung County will promote and

partner with programs such as the Nurse Family Partnership, First Thousand Days program, and Healthy Families program through C.I.D.S. The effectiveness of this intervention will be measured by the number of families being served by these programs annually.

To serve families experiencing food insecurity, Chemung County will partner with, promote, and refer to supplemental nutrition programs, including but not limited to WIC, SNAP, and Meals on Wheels. The effectiveness of this intervention will be measured by the number of families being served by these programs annually.

To address older adults (65+) living in poverty, Chemung County will partner with organizations that provide services for older adults in rural areas, including but not limited to the Department of Aging and Long Term Care, Faith-based organizations, senior centers, and libraries, to reduce food insecurity for those living in poverty. The progress of this intervention will be measured by the number of individuals receiving services and the number of individuals participating in community meal sites, including the "eat well, live well" program.



Community Health Assessment – Chemung County

Housing Stability and Affordability

To identify individuals facing housing insecurity, standardized screening will be provided at the hospital to assess unmet housing security and affordability needs. The success of this intervention will be measured by the number of individuals screened at Arnot Health's inpatient and outpatient locations.

To serve those facing housing insecurity, housing-insecure individuals will be referred to benefit programs and community-based resources to address unmet needs, including, but not limited to, the Home Energy Assistance Program (HEAP), Temporary Assistance for Needy Families (TANF), and home modification services. The rate of successful referrals to assistance programs will be used to measure the success of this intervention.

To increase access to lead-safe housing for low-income families in the City of Elmira, Chemung County will partner with organizations serving families in the City of Elmira to promote the CLPPP+ lead inspection program. The progress of this intervention will be measured by the number of CLPPP+ referrals and inspections, and the number of successful abatements resulting from CLPPP+ inspections.

Access to Community Services and Support

To increase health and wellness among older adults in the county, Chemung County will promote and create age-friendly ecosystems that support active lifestyles and enhance access to supportive services, including health care, social services, and assistance programs tailored to older adults in both rural and urban settings. The progress of this intervention will be measured by the number of social activities hosted in partnership with Chemung County and the Department of Aging and Long Term Care, and by the number of participants in those activities. At Arnot Hospital, patients will be screened for social interaction and community involvement.

Preventive Services

To increase the rate of lead testing for children under three living in zip codes 14901 and 14904, Chemung County will promote lead screening at 1 and 2 years old by partnering with providers, clinics, FQHCs, WIC, and Community Organizations in 14901 and 14904. The success of this intervention will be measured using NYSSIS reports of the percentage of children tested for lead at least twice before 3 years old in Chemung County.

Partnering agencies and organizations will report qualitative progress bi-monthly during CHIP Committee meetings, and quantitative measures will be compiled using a shared reporting document.



Arnot Hospital, a Member of Centralus Health, Courtesy of Chemung County

Community Description

Service Area

Chemung County lies along the New York–Pennsylvania border in the Southern Tier of New York. Chemung County covers about 411 square miles in southern New York State, of which approximately 407 square miles is land and about 3.4 square miles is water. Chemung County includes one city, Elmira, at its center. The rest of the county comprises eleven towns and several villages.

The county includes a mix of urban, suburban, and rural settings with a concentrated city center, small towns and villages, farmland, forested hills, valleys, and watersheds (notably the river valleys) contributing to its natural and built environment.

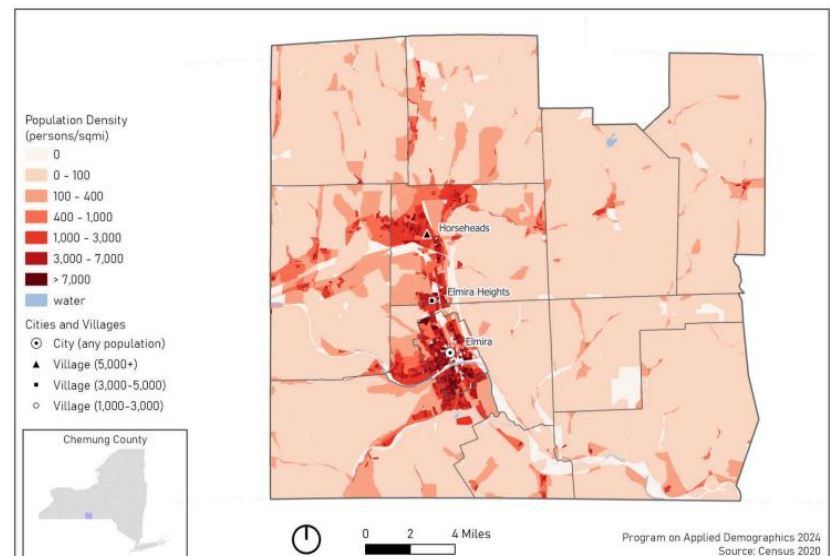
Demographic Summary

Demographic data provides the foundation for equitable planning, informed decision-making, and improved health outcomes for all community members.

Population

Chemung County is located in south/central New York State, bordering Pennsylvania. The largest population center is Elmira (26,523). Several smaller towns and villages dot the county. The county has a population of 81,325 that is declining and is expected to continue to decline through 2040, as shown in Figure C1. Map C1 depicts the population density throughout Chemung County, where 25.9% is considered rural.

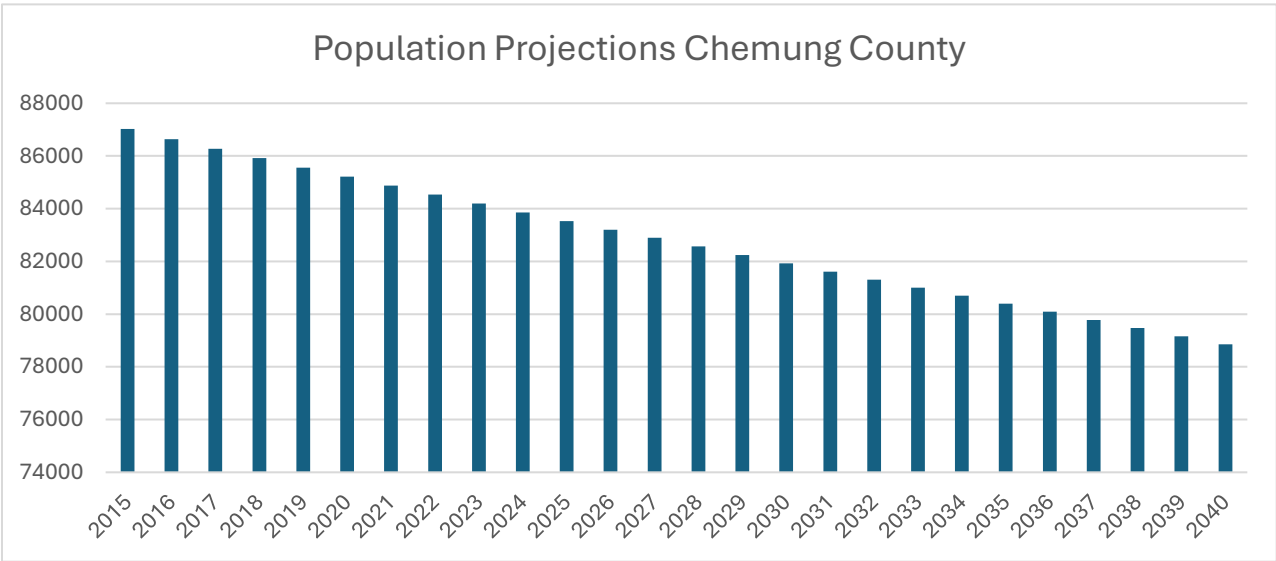
Map C1: Population Density of Chemung County



Source: Cornell Program on Applied Demographics



Figure C1: Population Projections Chemung County



Source: Cornell Program on Applied Demographics

Age and Sex

Figure C2 shows the number of county residents by sex and age. The median age in Chemung County is 41.4, while the percentage of the population that is female is 50.2% and those identifying as LGBTQ+ is 5.8%. The distribution across all age groups is shown in Figure C2.

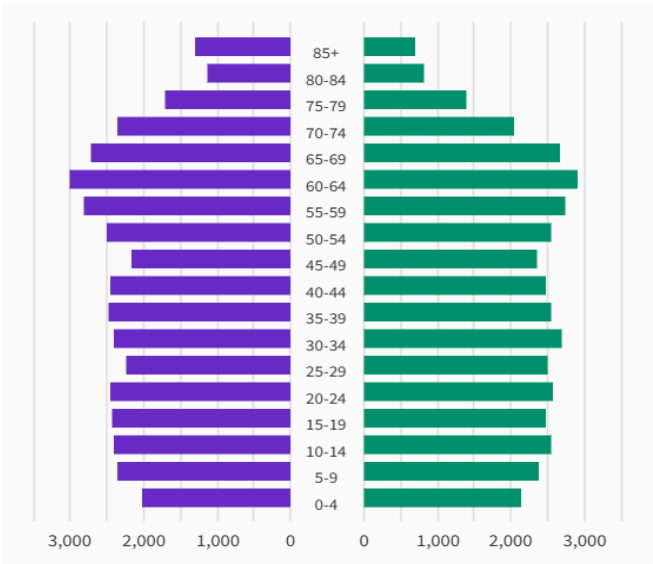
Race and Ethnicity

Census data for Chemung County indicate it is mainly white (84.9%), followed by Black or African American (5.8%), Hispanic or Latino (3.9%), Asian (1.5%), and American Indian or Alaska Native (0.4%). The city of Elmira is 72% white, followed by 17% Black or African American, 1% Asian, and less than 1% all others. The regional section of this CHA denotes additional population considerations, including Amish/Mennonite and farmworkers.

Veterans and Disability

Veterans often have distinct health needs, including higher rates of chronic conditions, mental health challenges, and service-related injuries. 2023 Census figures indicate the veteran population in Chemung County accounts for 7.2% much higher than the state average of 3.9%. Of that number, 82.4% are male and 17.6% are female.

Figure C2: Population by Age and Sex (Female = Purple)



Source: USA Facts 1



Community Health Assessment – Chemung County

People with disabilities may face heightened barriers to care, transportation, employment, housing, and healthy living. The disabled population in Chemung County is 15.9% compared with 13.5% in the state as a whole. The most common disabilities are cognitive, independent living, and ambulatory difficulty.

Language Spoken at Home

In Chemung County, per the U.S. Census, the percentage of people who speak a language other than English at home is 4.8%. The percentage of those who speak Spanish is 1.8%; those who speak Indo-European languages is 1.6%; those who speak Asian and Pacific Island languages is 1.1%; and 0.2% percent speak other languages. English language proficiency is one factor in ensuring that residents can communicate their needs and understand their options, particularly in health care.

Broadband Access

Broadband access is important because it enables residents to use essential services such as telehealth, online health information, appointment scheduling, and remote monitoring tools, which are especially vital for rural communities and those with limited transportation. Reliable internet also supports health education, emergency communication, social connection, and access to benefits and resources, helping reduce disparities and improve overall community well-being. Certain areas of Chemung County lack access, as measured by the County Health Rankings. New York State as a whole has extensive broadband access (90%). On the other hand, 87% of Chemung County's population has broadband access. In Chemung County, 1.9% of residents live in areas without broadband.

Health Status Description

Specific Methodology

In addition to the Data Method and Process (Methodology) discussed in the Comprehensive Regional Community Health Assessment section, partners in Chemung County developed a foundation of core groups to steer the CHA and CHIP process, including a core group, a steering committee, and a CHIP Committee- Chemung County Health Priorities Partnership (HP2). All three groups participated in discussions reviewing the issue profiles, identifying root causes for the cross-cutting themes identified through data triangulation, and creating fishbone diagrams for each priority, detailing the factors that contribute to the issue, such as environment, processes, people, and policies.

Status and progress updates were shared with other committees where the Chemung County Health Department is present, such as the Chemung County Sexual Health Task Force, Twin Tiers Breastfeeding Network, Chemung County Lead Coalition, and the Chemung County Board of Health.



Community Health Assessment – Chemung County

Members outside the CHIP committee participated in the focus groups (Man2Man, Chemung Schuyler ARC, and the Arnot Patient Family Advisory Council). Existing partnerships were leveraged to connect with these new groups.

HP2 completed the prioritization process. A prioritization matrix was developed using drop-down menus numbered 1 to 5 (1 being most important; 5 being least important) to rank each identified issue against five criteria and determine which issues would be developed as priority areas for this CHA.

The cross-cutting themes discovered via data triangulation in Chemung County were:

- Access to Care, Community Services, and Support
- Poverty
- Housing Stability & Affordability
- Injuries & Violence
- Prevention of Infant and Maternal Mortality

The five criteria used to prioritize issues were:

- Relevance of the issue to community members
- Magnitude/severity of the issue
- Impact of the issue on communities impacted by inequalities
- Availability and feasibility of solutions and strategies to address the issue
- Availability of resources (time, funding, staffing, equipment) to address the issue

New York State Prevention Agenda 2025-2030

Table C1 identifies the NYSDOH Prevention Agenda Domains and Priorities. The domains and priorities in bold are those Chemung County has chosen to address in this CHA. The Community Partners column represents those who participated in the Community Partner Assessment. The number reflects the number of partners who address the specific priority area.

Table C1: NYS Prevention Agenda

Domain	Priorities	Community Partners
1. Economic Stability	Poverty	12
	Unemployment	8
	Nutrition Security	16
	Housing Stability and Affordability	10
2. Social and Community Context	Anxiety and Stress	9
	Suicide	8
	Depression	12
	Primary Prevention, Substance Misuse, and Overdose Prevention	8
	Tobacco/ E-cigarette Use	8
	Alcohol Use	7



Community Health Assessment – Chemung County

	Adverse Childhood Experiences	7
	Healthy Eating	15
3. Neighborhood and Built Environment	Opportunities For Active Transportation and Physical Activity	9
	Access to Community Services and Support	19
	Injuries and Violence	5
4. Health Care Access and Quality	Access to and Use of Prenatal Care	8
	Prevention of Infant and Maternal Mortality	7
	Preventive Services for Chronic Disease Prevention and Control	13
	Oral Health Care	5
	Preventive Services	11
	Early Intervention	8
	Childhood Behavioral Health	9
5. Education Access and Quality	Health and Wellness Promoting Schools	7
	Opportunities for Continued Education	4

The following section details Chemung County’s health status related to the Prevention Agenda domains and priorities.

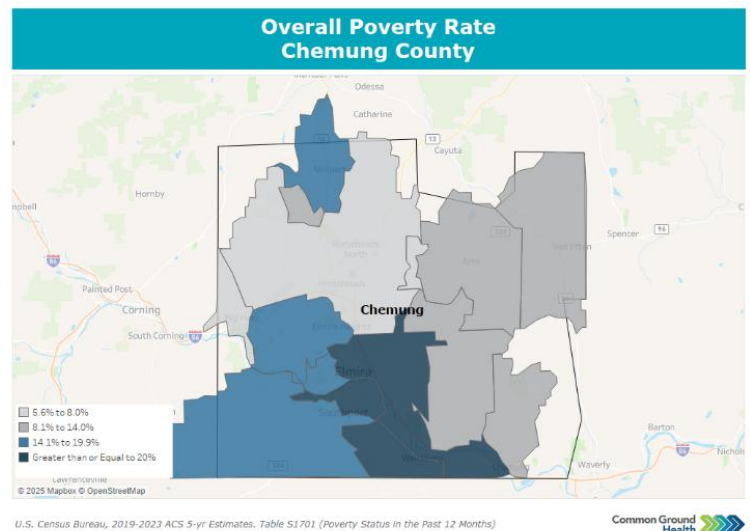
Domain: Economic Stability

Priority: Poverty

Poverty can strain nearly every aspect of community life, from housing stability to access to healthcare, transportation, and nutritious food. Families facing financial hardship often struggle to meet basic needs, and limited local resources can make it difficult for them to find sustainable pathways out of poverty.

Chemung County’s overall poverty rate increased to 15.8% from 14.8% in 2018 (above the state average of 13.7%). The percentage of children under 18 years of age living in poverty is 22% (also above the state average of 19%). The percentage of the population aged 65 and older living in poverty is 10.1% (lower than the NYS average of 12.7%). Map C2 shows the percentage of residents living in poverty across different areas of the county. The highest poverty rates are in the City of Elmira area (the area’s largest city).

Map C2 Overall Poverty Rate in Chemung County





Community Health Assessment – Chemung County

Priority: Unemployment

Unemployment can lead to financial instability for families and reduced economic vitality for the community as a whole. High unemployment often strains social services, limits consumer spending, and can contribute to long-term challenges such as housing insecurity, poor health outcomes, and decreased quality of life.

The unemployment rate was 3.2% in April 2025 and

fluctuated between 3.7% and 4.7% earlier 2025. This rate is below the county's long-term average of 5.68% and has generally declined over the past year. The median household income in the county is \$60,500. Figure C3 notes the unemployment rate as it stood in January of each year from 2019 to the present.

The primary employment sectors are health care and social assistance, followed by educational services and manufacturing.

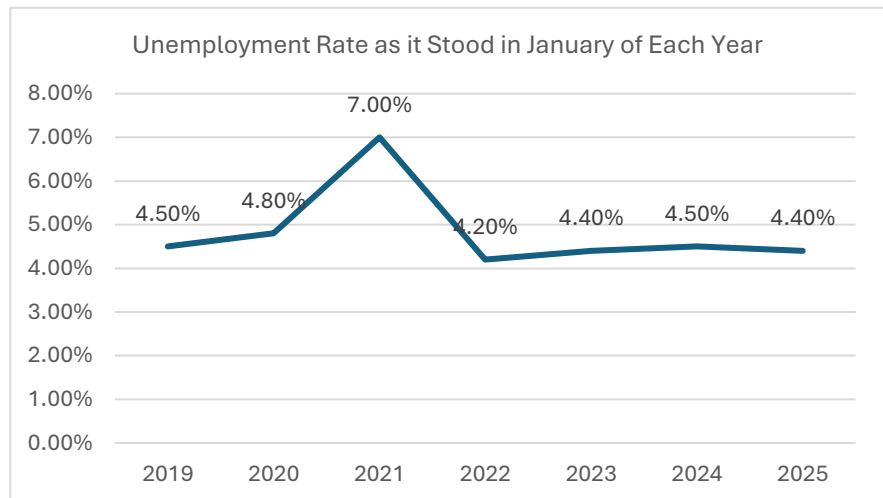
Priority: Nutrition Security

Nutrition insecurity can lead to higher rates of chronic disease, poor child development, and overall diminished health and well-being. When families lack consistent access to affordable, nutritious food, community systems, from healthcare to schools, feel the strain, and long-term inequities in health outcomes persist.

Nutrition security data from the Behavioral Risk Factor Surveillance System were used to determine food security in Chemung County. The percentage of the population who are low-income and do not live close to a grocery store is 6%, which is above the NYS average of 2%, unchanged from 2015. Data on perceived food security among adults with an annual household income of less than \$25,000 is available for 2016. In that year, 50.3% of individuals in this income group reported being food secure, about equal to the NYS average of 50.8% but a decrease of 19% from 2018. From 2018 to 2021, the percentage of adults aged 18 and older who were food secure increased 2% to 76.6%, exceeding the target value of 75.9%. The NYS rate was 75.1% in 2021.

The Food Environment Index of the USDA Food Environment Atlas measures how easy it is for residents to access healthy, affordable food, combining rates of food insecurity and the percentage of low-income people living far from a grocery store. Scores range from 0 (worst) to 10 (best). Chemung County's score remained unchanged from 2018 at 7.9% in 2022 and is below the New York State average of 8.7%. This indicates that, on average, residents face similar barriers to healthy food access as elsewhere in the state—not fewer or more.

Figure C3: Unemployment Rate in January of Each Year



Source: Department of Labor



Priority: Housing Stability and Affordability

Housing instability and a lack of affordable options can leave families struggling to meet basic needs, often forcing them to choose between rent, food, and healthcare. When stable housing is out of reach, communities experience higher rates of homelessness, overcrowding, and financial stress, which can undermine overall health, safety, and economic growth.

In 2021, 13% of households in the county experienced at least one housing problem - such as overcrowding, high housing costs, or lacking kitchen or plumbing facilities - according to the County Health Rankings. This is lower than the state average of 23% and represents a decrease of 7% since 2017. The American Community Survey reported that 70% of occupied housing units were owner-occupied in 2023, up 3% from 2019 and higher than the New York State average of 54%. The share of households spending 50% or more of their income on housing rose to 15% in 2023, a 25% increase from 2019, but still below the state average of 19%. Overall, homeownership in the county is increasing and remains above the state average.

Economic Stability Domain Summary: Chemung County faces rising poverty, with 15.8% of residents and 22% of children living in poverty, both above the state average. Despite this, unemployment is low at 3.2%, and the median household income is \$60,500, with healthcare, education, and manufacturing as major employment sectors. Nutrition security has improved slightly, with most adults reporting food security, though low-income residents still face barriers, and overall access to healthy food remains below the state average. Housing is relatively stable, with 70% homeownership and fewer households facing major housing problems than the state average, though the proportion spending over half their income on housing has increased.

Domain: Social and Community Context

Priority: Anxiety and Stress

In 2022, reporting in the Behavioral Risk Factor Surveillance System in Chemung County, the percentage of adults reporting 14 or more days of poor mental health per month (age-adjusted) increased 20% from 2018 to 18%, above the NYS average of 16%. Experiencing 14 or more days of poor mental health in a month is strongly linked to worse overall health outcomes. When this percentage rises - as it has in Chemung County - it can signal increasing stress, depression, or anxiety in the community, which may lead to higher rates of chronic disease, substance use, reduced productivity, and greater demand for mental health and medical services. An elevated rate also suggests that residents may struggle more with daily functioning, decision-making, and maintaining healthy behaviors, ultimately affecting both individual well-being and community health.³¹

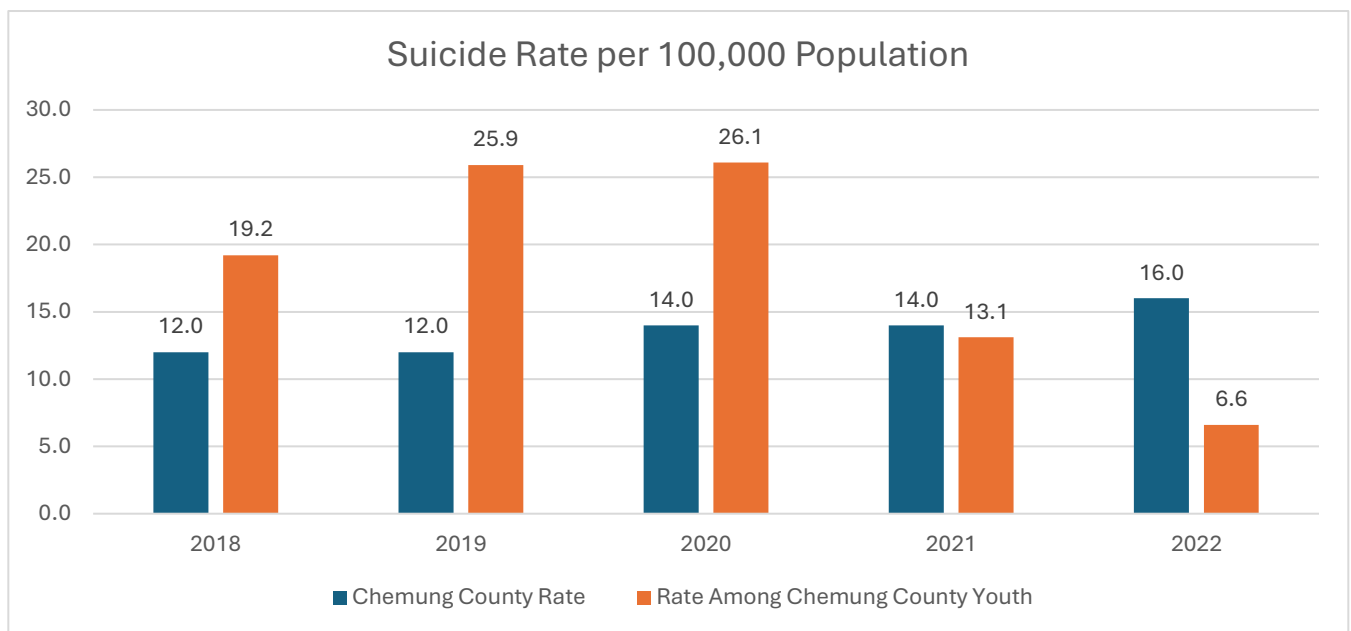
³¹ Source: Strine TW, Balluz L, Chapman DP, Moriarty DG, Owens M, Mokdad AH. Risk behaviors and healthcare coverage among adults by frequent mental distress status, 2001. *Am J Prev Med*. 2004 Apr;26(3):213-6. doi: 10.1016/j.amepre.2003.11.002. PMID: 15026100.



Priority: Suicide

The National Center for Health Statistics notes the suicide rate in the county was 16.0 per 100,000 in 2022, an increase of 33% as shown in Figure C4; higher than the NYS average of 8 per 100,000. The suicide rate among youth (15-19 years of age) per 100,000 is 6.6, which is higher than the NYS average of 5.6, and an increase of 5%. (Figure C4). Rising suicide rates signal worsening mental health and increasing levels of stress, trauma, or unmet behavioral-health needs in the community. When the county's overall suicide rate, and especially its youth suicide rate, exceeds the state average, it suggests that residents may face greater barriers to timely mental-health care, social support, or crisis intervention. Higher suicide rates also have broad implications: they strain families, schools, healthcare systems, and communities, and often indicate deeper issues such as isolation, substance use, economic stress, or limited access to mental-health services.³²

Figure C4: Suicide Rates



Source: County Health Rankings; National Center for Health Statistics

Priority: Depression

The age-adjusted rate of adults reporting a depressive disorder in 2021 was 35.4% well above the NYS average of 18.7% and an increase of 75% from 2016, per the Behavioral Risk Factor Surveillance System. This is a significant public health concern because a high prevalence of depressive disorders in the community can lead to widespread impacts on physical health, productivity, and overall well-being. Elevated rates of depression are associated with increased risk of chronic diseases, substance use, social isolation, and suicide, as well as greater demand for mental health services. Rising rates indicate that many residents may not be receiving adequate

³² Source: <https://www.cdc.gov/suicide/facts/index.html>



Community Health Assessment – Chemung County

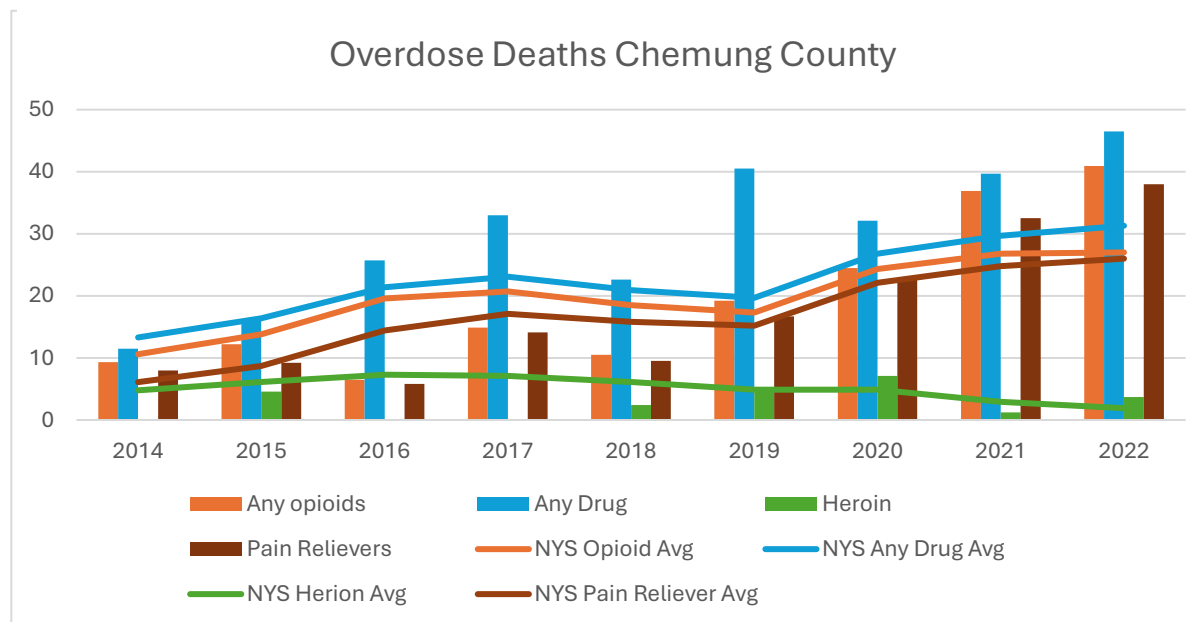
treatment or support, contributing to long-term health disparities and straining local healthcare and social services.³³

Priority: Drug Misuse and Overdoses Including Primary Prevention

Overdose deaths, as reported in 2022, continue to trend upward from 2014, except for heroin, as noted in Figure C5. Overdoses involving any opioids have increased 605% from 2014; involving any drug have increased 489%; involving heroin have increased 270%; and involving pain relievers have increased 579%. All overdose deaths in 2022 are above state averages and are measured per 100,000 population.

This is a serious public health problem because rising overdose rates reflect increasing substance use and related harms in the community, which can lead to preventable deaths, long-term health complications, and social and economic consequences.

Figure C5: Overdose Deaths



Source: National Center for Health Statistics

Priority: Tobacco and Alcohol Use

According to 2022 data in the Behavioral Risk Factor Surveillance System, the percentage of adults who are current smokers (age-adjusted) is 16%, higher than the NYS average of 12% and a decrease of 33% from 2018. The percentage of adults reporting binge or heavy drinking increased from 10% in 2018 to 22%, above the NYS average of 20%. Data on e-cigarette use among adults in the county are not available. Both smoking and excessive alcohol use are major risk factors for chronic diseases, including heart disease, cancer, liver disease, and respiratory illnesses. Higher rates of these behaviors in the community increase the burden on healthcare systems, contribute to

³³ Source: <https://www.nimh.nih.gov/health/publications/chronic-illness-mental-health>



preventable morbidity and mortality, and can reduce quality of life. Persistent smoking above the state average and rising binge or heavy drinking indicate that residents may face elevated long-term health risks and that targeted prevention and intervention efforts are needed.³⁴

Priority: Adverse Childhood Experiences

Adverse Childhood Experiences are those emotional and physical circumstances one experiences before age 18. They may include neglect, sexual abuse, parental divorce, mental illness and/or substance abuse in the home, and exposure to violence. ACEs impact individuals well into adulthood and may include physical and mental long-term health problems. Data are tracked in the Behavioral Risk Factor Surveillance System and reflect data from 2021. The age-adjusted percentage of adults with two or more adverse childhood experiences increased 2% from 2016 to 40.9% about equal to the NYS average of 40.5%

ACEs have long-lasting effects on physical, mental, and behavioral health. Experiencing two or more ACEs increases the risk of chronic diseases, mental health disorders, substance use, and social challenges well into adulthood. Even though the county's rate of adults with two or more ACEs has decreased to 38.8% - below the state average - this still represents a substantial portion of the population at higher risk for long-term health problems and increased healthcare and social service needs.³⁵

Priority: Healthy Eating

The percentage of adults who eat fruits (41.7% - no appreciable change) and vegetables (46.9%, a decrease of 25% from 2016) daily may be tied to the availability of fresh produce and the convenience of a nearby grocery store. The percentage of adults with an annual household income of less than \$25,000 who drink one or more sugary drinks every day decreased 47% to 25.5%, slightly lower than the NYS average of 29.1%. Data are from 2021 and were gathered from the Behavioral Risk Factor Surveillance System.

Low consumption of fruits and vegetables and intake of sugary drinks contribute to poor nutrition, obesity, diabetes, heart disease, and other chronic conditions. When access to healthy foods is limited, especially for lower-income populations, residents are more likely to develop diet-related illnesses, increasing healthcare costs and reducing overall community health and quality of life.³⁶

Social and Community Context Domain Summary: Chemung County is facing significant mental and behavioral health challenges. The percentage of adults experiencing frequent poor mental health increased to 18%, above the state average, signaling rising stress, depression, and anxiety. Suicide rates are elevated, particularly among youth, while adult depression affects over a third of residents, far exceeding state levels. Substance misuse and overdose deaths are sharply rising, with opioid-related deaths increasing dramatically since 2014. Tobacco and heavy alcohol use remain concerns, contributing to chronic disease risks. Adverse Childhood Experiences affect

³⁴ Source: Kim Y. The effects of smoking, alcohol consumption, obesity, and physical inactivity on healthcare costs: a longitudinal cohort study. BMC Public Health. 2025 Mar 5;25(1):873. doi: 10.1186/s12889-025-22133-4. PMID: 40045251; PMCID: PMC11881326.

³⁵ Source: <https://www.cdc.gov/aces/about/index.html>

³⁶ Source: <https://www.cdc.gov/nutrition/php/about/index.html>



nearly 40% of adults, increasing vulnerability to long-term health problems. Nutrition habits show low intake of fruits and vegetables, though sugary drink consumption among low-income adults has declined slightly. Overall, these trends indicate growing mental health, substance use, and chronic disease risks, underscoring the need for targeted prevention, treatment, and community support initiatives.

Domain: Neighborhood and Built Environment

Priority: Opportunities for Active Transportation and Physical Activity

In Chemung County, 82% of residents have adequate access to locations for physical activity, a slight decrease of 1% since 2019, and below the New York State average of 93%. The share of households without a vehicle fell 14% since 2018, to 9.6%, well below the state average of 29%. The county's walkability index remains unchanged at 7 on a scale where 20 represents the most walkable areas. Among adults aged 18 and older, 27% report no leisure-time physical activity, slightly above the state average of 25%, but down 7% from 2019.³⁷

Access to safe spaces for physical activity, transportation options, and walkable environments directly affect residents' ability to maintain regular exercise. Low physical activity is linked to higher risks of obesity, heart disease, diabetes, mental health issues, and overall premature mortality. Limited walkability and inadequate access to activity locations or transportation can create barriers to healthy lifestyles, contributing to long-term health disparities in the community.³⁸

Priority: Access to Community Services and Support

"The degree to which a community exhibits certain social conditions, including high poverty, low percentage of vehicle access, or crowded households, among others, may affect that community's ability to prevent human suffering and financial loss in the event of a disaster"³⁹ define its social vulnerability index. In Chemung County, the SVI, as measured in 2022, is 0.7705 (1 is the highest vulnerability), an increase of 4% from 2014.

Civic engagement, as reported in the 2025 County Health Rankings, may be measured as voting, volunteering, and participating in community events. The percentage of the voting-age population who voted in the 2020 presidential election is 61.2%.

Per the 2025 National County Health Rankings, "in Chemung County, there were 11.2 membership organizations per 10,000 people. These include civic, political, religious, sports and professional organizations."

Social vulnerability reflects a community's ability to withstand and recover from disasters or emergencies. A higher Social Vulnerability Index (SVI) indicates that residents - particularly those in poverty, without transportation, or living in crowded households - may face greater risk of harm and

³⁷ Sources: U.S. Census, County Health Rankings, EPA Office of Community Revitalization

³⁸ Source: <https://www.who.int/news-room/fact-sheets/detail/physical-activity>

³⁹ Centers for Disease Control and Prevention/Agency for Toxic Substances and Disease Registry/Geospatial Research, Analysis, and Services Program. CDC/ATSDR Social Vulnerability Index Interactive



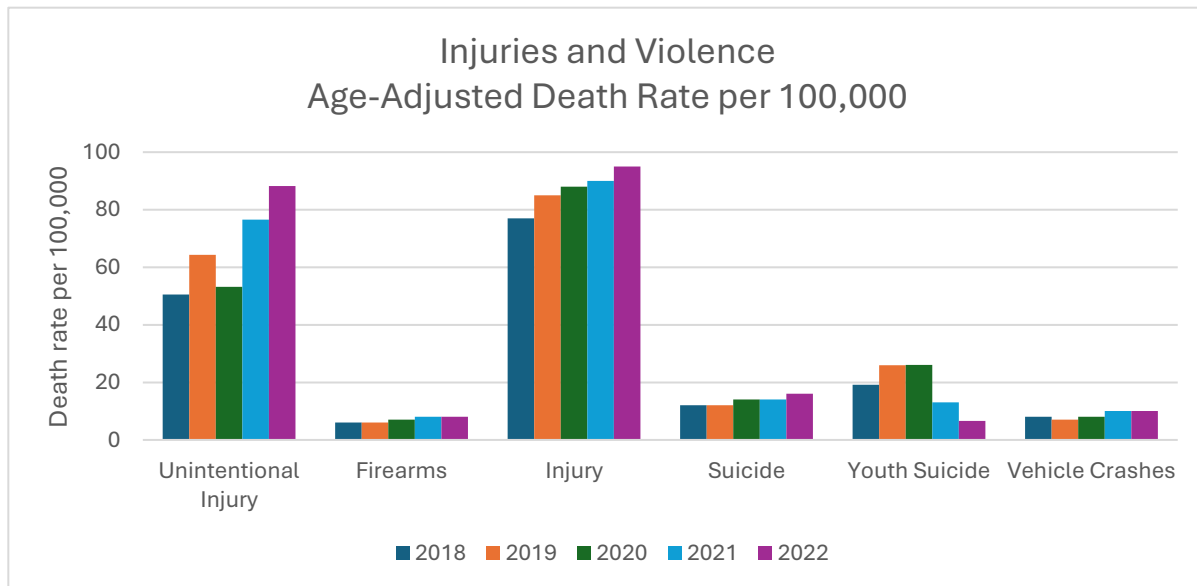
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slower recovery. Civic engagement and strong community networks, such as high voter participation and membership in organizations, help build social cohesion, improve disaster preparedness, and support collective action during crises. Chemung County’s relatively low SVI and strong civic involvement suggest it has a solid foundation for responding to community challenges, though vulnerabilities remain for specific populations.⁴⁰

Priority: Injuries and Violence

Unintentional injury deaths have more than doubled and are now much higher than the state average. Firearm and suicide deaths are both significantly above state rates and increasing. Overall, injury and violence-related deaths are a growing threat to community health and safety. Figure C6 details age-adjusted injury and violence death rates per 100,000 population. The age-adjusted rate of intentional injury death in 2022 increased 102% from 2015 to 88.2 (NYS average of 54.1); death due to firearms increased 33% from 2018 to 8 (NYS average of 5); death due to injury increased 23% from 2018 to 95 (NYS average of 60); adult suicide increased 33% from 2018 to 16 (NYS average of 54.1); youth suicide increased 5% from 2015 to 6.6 (NYS average of 5.6); vehicle crashes increased 25% from 2018 to 10 (NYS average of 6).

Figure C6: Injuries and Violence



Source: NYSDOH - Office of Quality & Patient Safety

Unintentional and intentional injury deaths, such as those from firearms, motor vehicle crashes, and suicide, directly contribute to premature mortality and long-term physical, emotional, and economic consequences for families and communities. Rates above state averages and increasing trends indicate rising risk factors, such as unsafe environments, mental health challenges, substance use, and lack of safety interventions. High injury and violence-related death rates also

⁴⁰ Source: County Health Rankings.



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strain healthcare systems, emergency services, and social support networks, highlighting the need for targeted prevention, education, and community safety initiatives.⁴¹

Neighborhood and Built Environment Domain Summary: In Chemung County, 82% of residents have access to locations for physical activity, below the state average, while 27% of adults report no leisure-time exercise. Limited walkability and transportation options may contribute to long-term health risks such as obesity, heart disease, and mental health issues. The county's Social Vulnerability Index (SVI) is 0.7705, indicating moderate vulnerability, but civic engagement - including voting and participation in community organizations - supports resilience. Injury and violence-related deaths, including those from firearms, suicide, and unintentional injuries, are rising and exceed state averages, posing serious public health concerns and highlighting the need for targeted prevention, education, and community safety efforts.

Domain: Health Care Access and Quality

Priority: Access to and Use of Prenatal Care

Receiving early and adequate prenatal care is essential for ensuring a healthy pregnancy. Abstinence from smoking, alcohol, and illegal drug use is an important indicator of appropriate prenatal care. Chemung County improved in all three categories from 2018. The percentage of birthing persons who abstained from alcohol was 99.8%, an increase of 2% (2024 data from the National Survey on Drug Use and Health), from smoking was 86.2%, an increase of 16%, and illegal drug use was 98.3%, an increase of 7%.

In addition, prenatal care may be measured using low live birth weights (<2,500 grams or about 5 lbs., 8 oz.) and premature births (live births before 37 weeks). Vital Records data indicate that 8.6% of births (2022 data) were preterm, a decrease of 12% from 2013. Live births with low birth weights were 8% (2023 data), an increase of 14% from 2018 and equal to the NYS average of 8%.

Breastfeeding infants is important to ensure optimal nutrition. The percentage of infants fed breast milk only or both breast milk and formula at the time of hospital discharge (2024 data) was 82.3%, an increase of 22% from 2015. Those who were fed exclusively breast milk in the hospital was 65.3%, an increase of 25% from 2013 and higher than the NYS average of 46.7%.⁴²

Priority: Prevention of Infant and Maternal Mortality

Prematurity and its related conditions are the leading causes of infant mortality. Reducing premature birth rates may directly affect infant mortality rates. Data for infant mortality are from 2022 and are measured in deaths per 1,000 individuals. The infant mortality rate is 6 per 1,000 population, unchanged from 2018 and higher than the NYS average of 4 per 1,000 population.

Maternal mortality is measured per 100,000 population. Chemung County's rate in 2022 was 41.2 per 100,000, an increase of 4,020% from 2017.

⁴¹ Source: <https://www.cdc.gov/injury/index.html>

⁴² Source: NYS Prevention Agenda, Vital Records

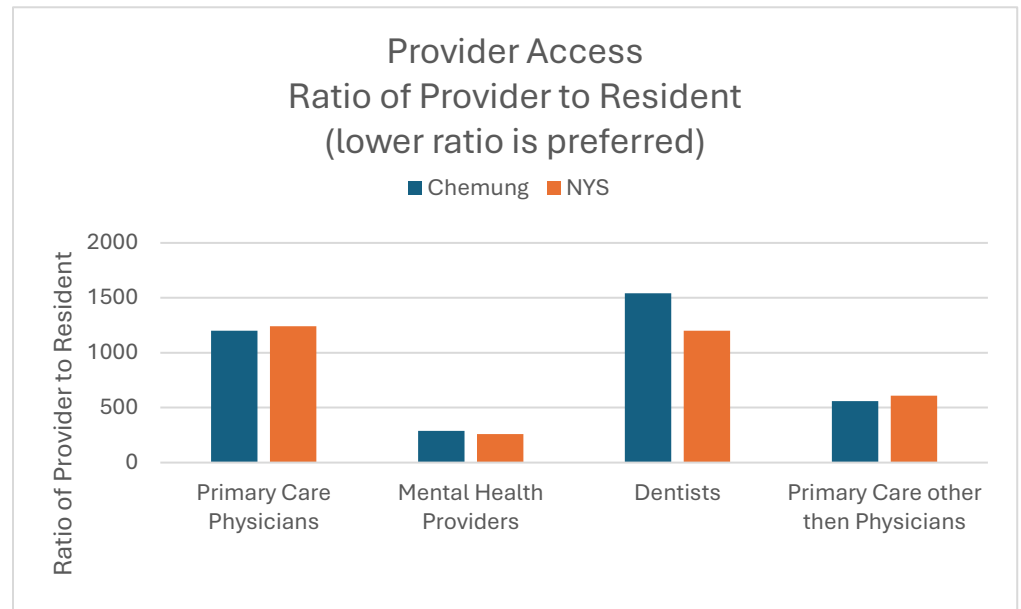


Priority: Preventive Services for Chronic Disease Prevention and Control

Many factors impact access to care for the community. (Table C3) Provider shortages, insurance coverage, and economic and geographic challenges all pose barriers to access to care in Chemung County.

There are fewer primary care physicians (1,200:1), mental health providers (290:1), and dentists (1,540) than the state average, while the ratio of primary care practitioners other than physicians (560:1) per county resident exceeds the state average. This is especially challenging for rural residents and those with limited transportation. Low-income households and rural communities face higher barriers to accessing preventive and specialty care. Many residents struggle with transportation, cost, and availability of services. (Figure C7)

Figure C7: Provider Access Ratio



Source: County Health Rankings, Area Health Resource File/American Medical Association

Access to health insurance remains a concern. Although the overall percentages of uninsured residents are relatively low and just below the New York State average, they have been rising. In Chemung County in 2022, 2% of children under 19 lack health insurance (unchanged from 2018; NYS: 3%), 6% of adults under 65 are uninsured (up 20% from 2018; NYS: 7%), and 5% of the total population under 65 is without coverage (up 25% from 2018; NYS: 6%). These gaps may lead to delayed or missed medical care.⁴³

Other measures of preventive care focus on routine screenings. In 2022, 74.4% of women aged 50–74.4% received a mammogram, up 1% from 2018. Among Medicare enrollees, 51% received a mammogram, a 4% decrease from 2018, but still above the New York State average of 44%. Colorectal cancer screening was 61.3%, down 5% from 2018. For adults aged 45 and older, 66.9% had a blood sugar or diabetes test in the past three years, an increase of 5% from 2016 and slightly higher than the NYS average of 63.8%. Among adults with an annual household income below \$25,000, 52.8% had a blood pressure or diabetes test in the past three years (2018 data), up 5%

⁴³ Source: County Health Rankings, Small Area Health Insurance Estimates



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from 2016 but below the state average of 62.2%. The prevalence of high blood pressure among adults 18 and older was 29.7% in 2021, a 2% increase from 2017. ⁴⁴

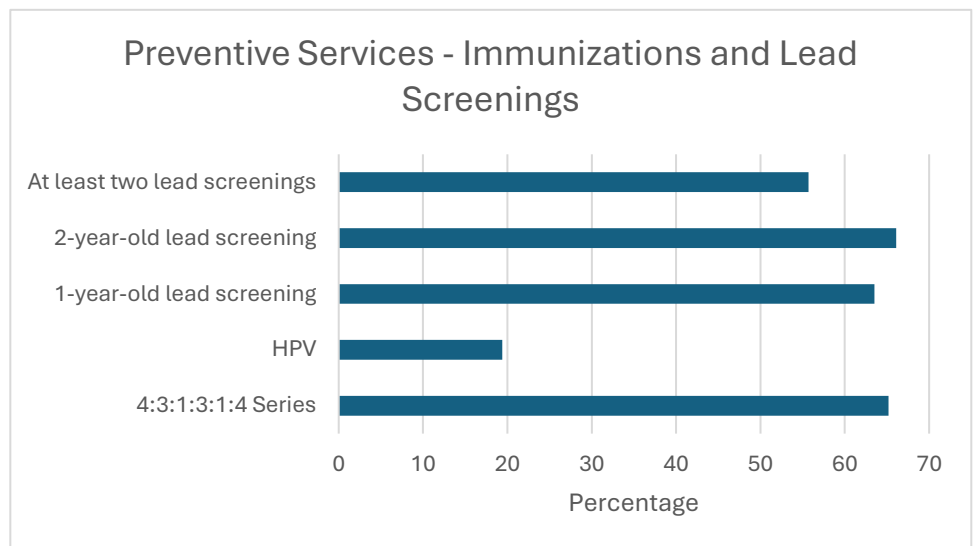
Oral Health Care

According to County Health Rankings, Chemung County has one dentist for every 1,540 residents. In 2019, 65.4% of adults reported having a dental visit within the past year, a 7% increase since 2014, but still below the New York State average of 71.3%. Among Medicaid enrollees aged 2–20, 43.3% had at least one dental visit in the past year (2023 data), up 48% from 2014, yet below the NYS average of 48.6%. Preventive dental visits for this group were 40.8%, a 52% increase, but still under the state average of 45.2%. For all Medicaid enrollees, 25.2% had at least one dental visit in the past year, up 26% from 2014, and 21.4% had at least one preventive visit, a 28% increase—both figures remaining below New York State averages of 30.1% and 26.0%, respectively. ⁴⁵

Preventive Services – Immunizations and Lead

Data from 2025 indicate that the percentage of children who have received the 4:3:1:3:1:4 (four doses of DTaP (Diphtheria, Tetanus, and Pertussis), three doses of polio (IPV), one dose of MMR (Measles, Mumps, and Rubella), three doses of Hib (Haemophilus influenzae type b), three doses of Hepatitis B, one dose of Varicella, and four doses of pneumococcal vaccine (PCV)) immunization increased 30% from 2016 to 65.2%. The number of children who received the HPV vaccine decreased 7% to 19.4%. (Figure C8)

Figure C8: Preventive Services – Immunizations and Lead Screenings



Lead screening 2024 data indicate that the percentage of children aged one year who received one lead screening is 63.5%, an increase of 15% from 2015. The rate of children aged two years who received at least one lead screening was 66.1%, an increase of 26%. Those who received at least two lead screenings by two years of age was 57.7%, an increase of 28%. (Figure C8)

Health Care Access and Quality Domain Summary: Chemung County has shown improvements in behaviors for those accessing prenatal care, with higher rates of abstinence from alcohol, smoking, and illegal drug use among birthing persons compared to 2018. However, preterm births (8.6% in

⁴⁴ Source: CDC, Local Data for Better Health; County Health Rankings: Mapping Medicare Disparities Tool; Behavioral Risk Factor Surveillance System

⁴⁵ Source: Behavioral Risk Factor Surveillance System, NYS Medicaid Program, NYS Prevention Agenda



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2022) and low birth weight infants (8% in 2023) remain concerns, and infant mortality (6 per 1,000) and maternal mortality (41.2 per 100,000) are above state averages. Preventive care access is limited by provider shortages, transportation challenges, and rising uninsured rates, with 6% of adults under 65 lacking coverage in 2022. Screening rates show mixed results: mammography and diabetes testing are at or above state averages, while colorectal cancer and blood pressure testing for low-income adults lag behind. Dental care access is limited, especially for Medicaid enrollees, though utilization has increased since 2014. Immunizations and lead screenings for children have improved, with most measures above or near state averages, but HPV vaccination rates remain low. Overall, while some preventive health indicators are improving, gaps in access and outcomes persist, particularly for vulnerable populations.

Domain: Education Access and Quality

Priority: Health and Wellness Promoting Schools

County-specific absenteeism data were not available. State-level data may be found in the regional section of this CHA.

Additional indicators to explain Chemung County's health and wellness-promoting schools may include 2025 data from the County Health Rankings. The percentage of teens and young adults who were neither working nor in school (disconnected youth) is 11%, the number of school-age students who are eligible for free or reduced lunch 53%, and the number of child care centers per 100,000 children under age 5 is 6.⁴⁶

Priority: Opportunities for Continued Education

The percentage of adults ages 25 and over with a high school diploma or equivalent is 91% in 2023, higher than the NYS average of 88% and an increase of 1% from 2019. The percentage of adults aged 25-44 with some post-secondary education is 60%, lower than the NYS average of 71% and a decrease of 2% from 2019. The percentage of the ninth-grade cohort that graduates in 4 years is 83% in 2023, lower than the NYS average of 87% and an increase of 9% from 2019. The average gap in dollars between actual and required spending per pupil in 2022 among public school districts is \$9,909, compared with \$12,745 on average in NYS; an increase of 10% from 2019. The percentage of economically disadvantaged graduation rate in 2023 is 75% vs. 82% for NYS; a rise of 27% from 2019.⁴⁷

Education Access and Quality Domain Summary: Chemung County's schools show generally strong educational outcomes, though some gaps remain. In 2025, 11% of teens and young adults were disconnected from school or work, 53% of school-age students qualified for free or reduced lunch, and there were six child care centers per 100,000 children under five. Among adults 25 and older, 91% have a high school diploma, above the state average, while 60% of adults aged 25-44 have some post-secondary education, below the state average. Four-year high school graduation was 83%, slightly below the NYS average, though economically disadvantaged students saw a 27%

⁴⁶ Source: County Health Rankings

⁴⁷ Source: American Community Survey



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increase to 75%. The average per-pupil funding gap is \$9,909, below the state average but rising since 2019.

Chronic Disease

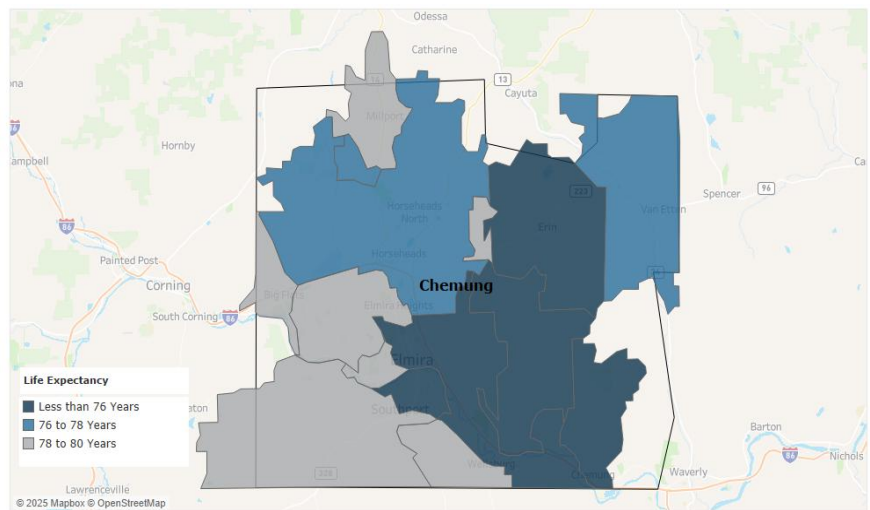
Preventing chronic diseases is essential for promoting community health and well-being. In the county, 10% of adults over age 20 in 2022 have diagnosed diabetes, a 23% decrease since 2017 and matching the New York State average. Adult obesity in 2021 has risen 4% since 2017, reaching 33.8%, which is higher than the state average of 31.6%. Childhood and adolescent obesity increased 48% since 2013, affecting 25.4% of youth in 2018 (the most recent data available), also above the state average of 20.6%. Among children ages 2–4 who participate in SNAP and WIC, 13.2% had obesity in 2017 (the most recent data available), a 22% decrease since 2010 and slightly below the state average of 13.9%.⁴⁸

Leading Cause of death and Life Expectancy

The average number of years a person in Chemung County may expect to live in 2022 is 75. Life expectancy varies throughout the county, as may be seen in Map C3. Those areas of the county with lower life expectancy mirror those areas with increased rates of poverty.

The leading causes of death and causes of premature death (before Age 75) are generally higher than the NYS average. (Table C2)

Map C3: Life Expectancy



Source: NYS Vital Statistics; US Census Bureau County Population Estimates and Claritas ZIP Level Estimates; Years 2018-2022
Analysis and Calculations by Common Ground Health (YPLL/Death Rate per 100k population and Life Expectancy)



⁴⁸ Source: Behavioral Risk Factor Surveillance System.



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Table C2: Causes of Death

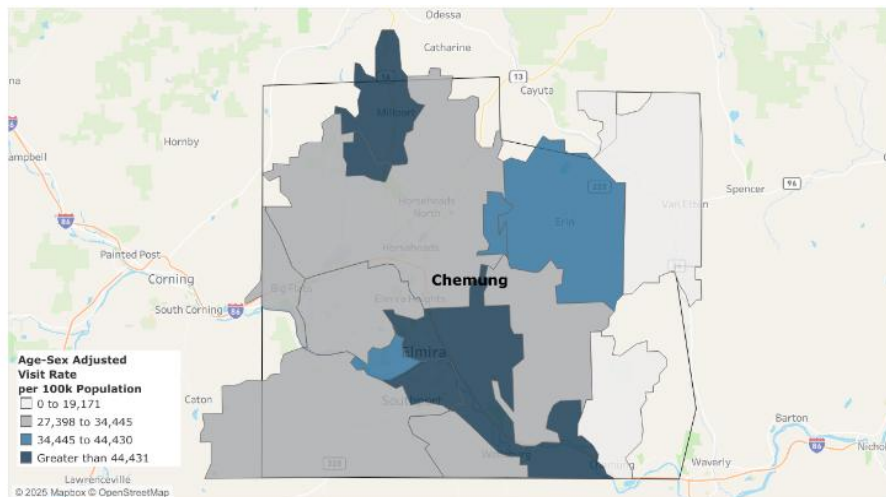
Leading Causes of Death (All Ages)	Leading Causes of Premature Death (Before Age 75)
1. Heart Disease (235.6/100,000 vs NYS 166.4)	1. Cancer (111.7/100,000 vs NYS 73.1)
2. Cancer (184.7/100,000 vs NYS 137) Top Cancers: Female Breast, Prostate, Lung	2. Heart Disease (88.3/100,000 vs NYS 55.2)
3. Alzheimer's (87.0 /100,000 vs NYS 61.65)	3. Unintentional Injury (75.4/100,000 vs NYS 46.9)
Death Rate: (1,014/100,000 vs NYS 744.2)	Premature Death Rate: (496.2/100,000 vs NYS 326.8)

Source: NYS Vital Statistics

Emergency Department Visits and Potentially Preventable Hospitalizations

Overuse of the Emergency Department may signal gaps in access to outpatient, primary, or preventive care. It may also indicate poor chronic disease management, which could be a result of gaps in access to care and in education regarding chronic diseases. An increase in the number of Substance Use Disorder ED visits is indicative of a rising substance use crisis. It may also point to mental health emergencies and suicide risk. Given the rural nature of Chemung County, the transportation issues faced by many, and problems with access to care and insurance status, maps C4 and C5 detail the ED Visits and Preventable Hospitalizations by zip code in Chemung County. Table C3 highlights ED visits in Chemung County compared with NYS, noting the difference.

Map C4: ED Visit Rate by Zip Code



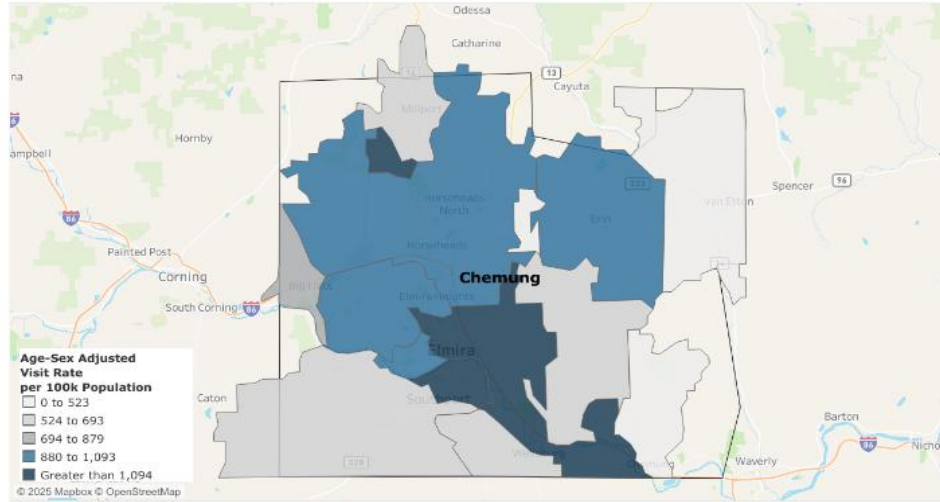
Source: Statewide Planning and Research Cooperative System (SPARCS), 2019-2023
 Analysis by Common Ground Health





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Map C5: Preventable Hospitalizations by Zip Code



Source: Statewide Planning and Research Cooperative System (SPARCS), 2019-2023
Analysis by Common Ground Health



Table C3: Emergency Department Visits

Issue	Chemung County Rate Per 100,000	NYS Rate Per 100,000	% Change (from 2017)
All ED Visits	43,627	29,809	-16%
Substance Use Disorder ED Visits	2,087	1,646	+104%
Intentional Self-Harm ED Visits	817	343	+29%
Preventable Hospitalizations (Overall)	1,046	808	-20%
Diabetes Preventable Hospitalizations	230	181	+35%

Source: SPARCS

County Health Rankings

Chemung County ranks above the national average in both overall health and well-being (Figure C9) and the social and environmental conditions that influence health (Figure C10), indicating that residents generally experience a higher quality of life and stronger community engagement compared with the U.S. as a whole. However, the county falls below the New York State average in these areas, suggesting there is still room for improvement relative to other parts of the state. Health and well-being measures encompass not only physical and mental health outcomes but also factors like residents' ability to participate in community life, work, and social activities. Community conditions, or Social Determinants of Health, include elements such as economic stability, access to education, safe housing, transportation, nutritious food, and social support networks. Together, these indicators highlight that while Chemung County performs well nationally,



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local efforts to address disparities, strengthen access to resources, and enhance quality of life could help the county achieve parity with state benchmarks.

Figure C9: Health and Well-Being

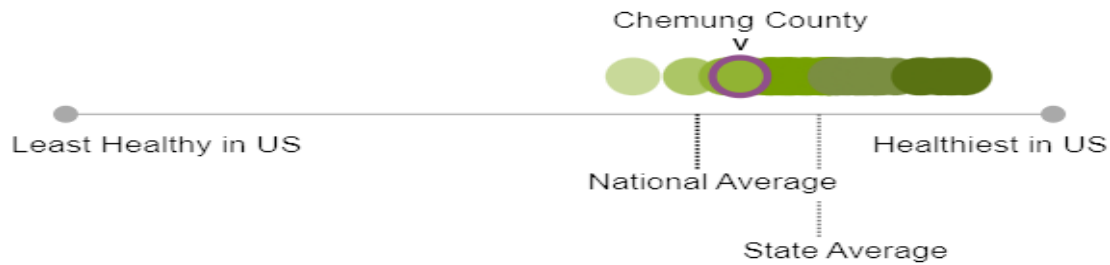
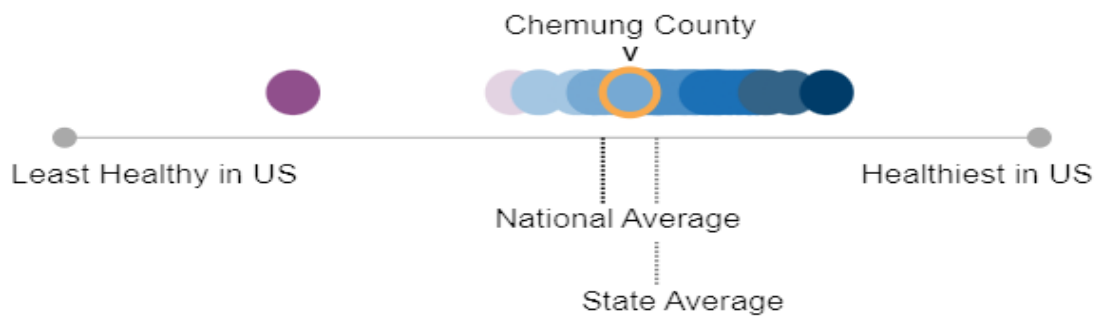


Figure C10: Community Conditions/SDOH 1



Health Challenges and Associated Risk Factors

Chemung County, like many rural counties in New York State and the United States, faces health care access and support challenges unique to rural environments. Fewer primary care physicians, dentists, mental health providers, and non-physician health care providers pose a problem of access to those living in the county, particularly those living in poverty. Additionally, those who are under- or uninsured face additional obstacles to health care. They may not seek preventive health care services and instead present to the Emergency Department with an ailment that could have been prevented. This may result in increased health care costs and lost workdays, both of which contribute to the spiral of poverty.

Chemung County residents are disproportionately impacted by poverty, which can lead to risky behaviors that may include substance abuse. That, coupled with a lack of safe housing, poor infrastructure, health care gaps, and transportation gaps and hazards like unsafe walkways and unlit paths, may lead to isolation and delayed treatment for injuries and/or mental health.

Low-income households have higher rates of food insecurity, obesity, and limited access to preventive care. They have less access to physical activity opportunities, and that lack of access also includes time to participate in physical activity.



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The risk of isolation for several populations in Chemung County is also a challenge. Older people and those with fixed incomes have a higher risk of isolation, chronic conditions, and dependence on social safety net programs that may not be within financial and/or geographic reach. Individuals with medical conditions or disabilities have a more difficult time accessing care and support and may become homebound or shut-in. Telehealth and telemedicine services nationwide increase access to healthcare services for many; however, 13% of residents have not adopted broadband services, and 1.9% of Chemung County residents lack broadband access altogether. Those without a community to turn to may struggle with higher depression, suicide, and overdose rates, and have little to no access to support and advocacy groups and other support networks.

Unemployment and housing indicators are improving, even though underlying concerns persist. Wage gaps, rising living costs, and limited job opportunities increase poverty and restrict access to essentials. Provider shortages and rural barriers limit preventive and mental health care. Poor food environments and distance to stores drive food insecurity and chronic disease. School funding gaps, lower educational attainment, and limited public health policies sustain disparities.

This analysis reveals that systemic underinvestment may be a contributing factor to poor health outcomes in Chemung County. For example, prioritizing poverty, housing stability, and affordability, Access to care, community services, and support could disrupt the poverty-injury cycle. Chemung County does have many systems and a network of robust services in place to help residents.

Behavioral Risk Factors and Health Disparities

Chemung County's health challenges are closely tied to behavioral risk factors and their impact on specific populations.

Chemung County faces significant behavioral health challenges rooted in socioeconomic factors, limited care access, and geographic disparities. Substance use—including alcohol and opioids—remains a consistent concern, while tobacco use, poor nutrition, and low physical activity contribute to high rates of chronic diseases such as obesity, diabetes, and hypertension. Mental health needs are considerable, with residents experiencing long wait times, provider shortages, and frequent turnover that disrupts care continuity. Barriers are especially severe for Medicaid enrollees, low-income residents, rural communities, and people with disabilities, further worsened by transportation issues and limited broadband access.

Behavioral risks highlighted in the CHA include unhealthy eating, physical inactivity, frequent poor mental health, depression, substance misuse, and adverse childhood experiences. Adult smoking and binge drinking exceed state averages, fruit and vegetable intake is low, and sugary drink consumption is highest among lower-income adults. Suicide rates, including among youth, are above state averages, and overdose deaths continue to rise steadily.

These behavioral risks coincide with socioeconomic and environmental factors to produce inequitable health outcomes. Older adults on fixed incomes face difficulties with food, medical expenses, and prescriptions. Medicaid-enrolled children and adults encounter barriers to preventive dental care due to clinic closures, limited provider acceptance, and long travel distances. Residents in higher-poverty areas, especially Elmira, see higher emergency department visits, more preventable hospitalizations, and lower life expectancy. Rural residents and individuals



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with disabilities face additional obstacles to accessing care, healthy food, and physical activity. Overall, these patterns show how behavioral risks disproportionately impact vulnerable groups, raising their chances of chronic disease, injury, and early death.

Priority Areas

Chemung County identified four priority areas as a result of this Community Health Assessment. They are:

- Poverty
- Housing Stability and Affordability
- Preventive Services – Lead Screening
- Access to Community Services and Support

Poverty

“Poorer neighborhoods are going to be less healthy because [they] don’t have money or access to healthier food choices they can walk to.”

Poverty is a central driver of health inequities in Chemung County, with a 15.8% poverty rate (above the state average of 13.7% and above the PA target of 12.5%) and child poverty at 22% (also above the state average of

19%). This theme intersects with food insecurity, housing instability, and chronic disease risk, making it a root cause of many health issues. Addressing poverty is seen as a lever for improving multiple health outcomes and breaking cycles of disadvantage.

Chemung County found that 12 of its partners (26%) state that their work intersects with poverty. Childhood poverty (those under 18 years of age) in Chemung County increased by 10% from 2018. Childhood poverty correlates with developmental delays, toxic stress, and chronic illness, perpetuating cycles of disadvantage. Poverty reduction strategies - including family planning, education, and job training, to name a few - improve intergenerational mobility and health outcomes.

In Chemung County, the population living in poverty increased by 7% from 2018. Poverty exacerbates food insecurity, housing instability, and chronic diseases.

While those 65 and older have a lower poverty rate (10.1%) than the NYS average (12.7%) and the PA target (11%), it is not insignificant, as it increased 15% from 2018, the most significant change of all age groups. It does, however, suggest the importance of implementing focused interventions for children and working-age adults.

Focus groups revealed that things are getting more expensive, which makes it harder to make healthier decisions. Some in the focus group felt that with things getting more expensive, it would be more difficult for people to make healthy food choices because the convenience and cost of processed food would take precedence over more nutritious options. The cost of living is increasing and taking a toll on people.



Housing Stability and Affordability

Although housing cost burden is lower than the state average, community partners and focus groups consistently identify housing quality and safety as urgent concerns, especially in Elmira and rural/mobile home areas. Poor housing conditions are linked to health risks and are a priority for residents seeking safe, affordable housing.

“My biggest concern is the lack of adequate housing...particularly in the mobile homes is terribly substandard housing, dangerous housing, housing that you wouldn’t want anybody you know to live in. And I think it’s a terrific problem.”
-Focus Group Participant

Focus groups in Chemung County highlighted serious concerns about the local housing situation. Participants described a widespread shortage of safe and adequate homes, noting that many residences—especially in certain parts of Elmira and rural areas—are in poor or unsafe conditions. Common issues included substandard or hazardous living environments, neglect by absentee landlords, and housing costs that are too high for many residents. Concerns were also raised about delays in addressing health-related housing problems.

A lower housing cost burden (15% vs. 19% NYS) and high homeownership (70%) may mitigate urgency regarding housing stability and affordability. The high Area Deprivation Index (9.3) reflects concentrated disadvantage, which poverty interventions can indirectly address.

Poor housing conditions are linked to health risks, and community voices emphasize the need for safe and affordable housing.

Chemung County faces numerous challenges related to housing stability and affordability, including substandard housing and health concerns linked to the housing environment. Pre-1950s homes (90% of which are in Elmira) lack proactive inspections for lead and mold hazards, which are associated with respiratory illnesses and developmental risks. Aging infrastructure with lead exposure (Chemung ranks #3 in NYS for child lead poisoning) and mold worsens chronic health conditions. Substandard housing also raises injury risks, such as falls in poorly maintained homes, and exacerbates chronic illnesses, creating a cycle of vulnerability.

Unsafe neighborhoods, poverty, and limited health care access persist because economic decline and reduced tax revenue have led to underfunded public services (e.g., policing, infrastructure, and clinics).

Preventive Services – Lead Screening

Like many communities and areas in the northeast, Chemung County has a significant portion of its housing stock built before 1978 (84%). That percentage is even higher in Elmira, where it is estimated to be 97%. (NYS Average is 78.4%.) Elmira was designated a “community of concern” by the New York State Department of Health.

“I know lead is a big problem in our area- it ties in with code enforcement and other things- and people could end up homeless if their landlord doesn’t fix the lead problems.” -Focus Group Participant



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Lead is a neurotoxin that causes irreversible damage, including hearing problems and behavioral and developmental issues, especially in children. It can be found in dust, soil, toys, food, water, cosmetics, some spices, and ammunition, among other sources. Lead screenings are a vital tool in reducing the effects of lead exposure. Although screenings in Chemung County are increasing, there is still room for improvement. The percentage of one-year-old children who received a lead screening is 63.5%, which is a 15% increase since 2015. For two-year-old children, the percentage who received at least one lead screening is 66.1%, up 26%. Additionally, 57.7% of children had at least two lead screenings by age two, reflecting a 28% rise.

Exposure to lead can be worsened by social factors affecting health. The poverty rate in Chemung County is 15.5%, while in Elmira it is 26.9%, according to the U.S. Census (2023 data). The median value of owner-occupied homes is \$88,200, with 65% valued at less than \$100,000. Approximately 49% of Elmira's housing stock is renter-occupied.

Access to Community Services and Support

Access is a widespread barrier, especially for those on Medicaid or living in poverty.

“Shut-ins have a hard time. Can’t get out. You can’t get to anything.” -Focus Group Participant

Of Chemung County's partners, 19 out of 33 address access to community services and support. Focus group participants felt there is a lack of continuity of care and a revolving door of primary care providers. Several in the focus groups referenced the political outlook regarding Medicaid and other healthcare cuts.

The percentage of children under age 19 without health insurance is 2% (unchanged), while the percentage of adults under age 65 without health insurance is 6%, an increase of 20% from 2018. The rate of the population under age 65 without health insurance is 5%, an increase of 25%. The percentage of the population using Medicaid is 36%.

Chemung County and its partners have identified each of the priority areas as key issues facing the county that can be tackled together. Poverty could be the main theme encompassing all others. Addressing the cycle of poverty will require focusing on housing stability and affordability, along with access to healthcare, community services, and support.

Community Assets and Resources

Chemung County has a long-standing reputation of collaboration and coordination among its many and varied partners. The county also has relationships with two agencies that promote and facilitate collaboration: Pivotal Public Health Partnership and Common Ground Health. Pivotal is a partnership of eight rural health departments in the Finger Lakes Region. The network's focus is on improving the health and well-being of Finger Lakes residents. Common Ground Health covers the same geographic footprint, with the addition of Monroe County, and focuses on bringing together leaders from all sectors to collaborate on strategies for improving health in the region. Both



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agencies provide support, collaboration and resources to improve the health of Chemung County residents.

Through implementation of the Community Health Improvement Plan, Chemung County and its community partners will work to leverage these relationships. The Chemung County CHIP document has a full description of interventions and partner roles.

To address Prevention Agenda objectives within the Poverty Priority Area, Chemung County plans to continue partnerships with Catholic Charities of Chemung and Schuyler, Chemung County Department of Aging and Long Term Care, Comprehensive Interdisciplinary Services (C.I.D.S.), Economic Opportunity Program of Chemung and Schuyler Counties, Cornell Cooperative Extension, and WIC.

To address Prevention Agenda objectives within the Housing Stability and Affordability Priority Area, Chemung County plans to continue partnerships with Catholic Charities of Chemung and Schuyler Counties, Chemung County Department of Aging and Long Term Care, C.I.D.S., Economic Opportunity Program of Chemung and Schuyler Counties, City of Elmira Community Development, and Cornell Cooperative Extension.

To address Prevention Agenda objectives within the Preventive Services Priority Area, Chemung County may continue partnerships with the Childhood Lead Poisoning Primary Prevention Program (CLPPP+), the Economic Opportunity Program ACCEL Clinic, and Pediatric providers throughout the county.

To address Prevention Agenda objectives within the Access to Community Services and Support Priority Area, Chemung County may continue partnerships with Chemung County Department of Aging and Long Term Care, Chemung County Youth Bureau, and Economic Opportunity Program.

Table C4 highlights the specific county partners associated with each priority area and how they may support Chemung County in achieving its goals.

Table C4: County Resources to Accomplish CHA/CHIP Goals

Priority Area	Assets and Collaborative Resources	How do they support Community Health
Poverty	C.I.D.S.	Nurse family Partnership home visiting programs, Healthy Families, and First 1000 Days program connecting families to resources
	W.I.C. – Chemung and Schuyler	Supporting Women, Infants, and Children
	Department of Aging and LTC	Providing services to older adults, including the “Eat Well, Live Well” program.
	Economic Opportunity Program	Providing free meals to the community as well as certain preventive health services, connecting individuals to resources in the community.



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Housing	Arnot Health- A Member of Centralus Health	Providing standardized SDOH screening to patients in the ED and Outpatient locations, and providing referrals to services based on their screening
	Cornell Cooperative Extension	The Regional Clean Energy Hub for the Southern Tier serves all residents, businesses, affordable properties, and nonprofits by helping to save money on energy bills, connecting people with programs that assist with energy bills, making home improvements for energy efficiency, and directing income-eligible individuals to home repair programs.
	CLPPP+	The Childhood Lead Poisoning Primary Prevention Program provides free home inspections for lead within the City of Elmira and connects income-eligible residents to grant programs for assistance with lead abatement and repair.
	Elmira Community Development	Elmira Community Development administers the Lead Hazard Reduction and Healthy Homes program which assists residents with home repairs through grants.
	Catholic Charities of Chemung and Schuyler Counties	Catholic Charities provides housing services including counseling and a first-time homebuyer program, financial fitness services, community living program, and residential housing programs.
Preventive Services	CLPPP+	The Childhood Lead Poisoning Primary Prevention Program (CLPPP+) through the Chemung County Health Department provides free lead screening and home inspections.
	Economic Opportunity Program ACCEL Clinic	The Economic Opportunity Program of Elmira hosts the ACCEL Clinic, which provides free lead testing in the City of Elmira.
	The Chautauqua Center	FQHC in the City of Elmira, providing OBGYN and Primary Care
	WIC – Chemung and Schuyler	WIC is located within the Health Department and may refer participants to the CLPPP+ Lead screening and inspection program



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	C.I.D.S.	Nurse Family Partnership home visiting programs, Healthy Families, and the First 1000 Days program connecting families to resources
Access to Community Services and Support	Chemung County Department of Aging and Long Term Care	The Chemung County Department of Aging and Long Term Care offers opportunities for social connections among older adults through their intergenerational and senior games programs, congregate meal sites, and information fairs throughout Chemung County.
	Arnot Health- A Member of Centralus Health	Providing standardized SDOH and social interaction/isolation screenings to patients in the ED and Outpatient locations and providing referrals to services based on their screening
	Chemung County Youth Bureau	The Chemung County Department of Aging and Long Term Care offers opportunities for physical activity, social connections, and access to resources for youth in Chemung County.

Sharing Findings with Community

The executive summary of the 2025-2030 Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) will be disseminated to the public in the following ways:

- Made publicly available on the Chemung County Department of Health main website, [Health Department | Chemung County, NY](#).
- Made publicly available on the Pivotal Public Health Partnership website, [Regional Community Health Assessment - Pivotal Public Health Partnership](#).

In addition, the Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) will be shared with Chemung County's governing entity.

