COMPREHENSIVE REGIONAL COMMUNITY HEALTH ASSESSMENT

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

PREPARED BY: COMMON GROUND HEALTH | DECEMBER 2022

Common Ground Health

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Data in this report was pulled during 2021 through March of 2022.
See chart-specific source information.

Cover photo courtesy of VisitFingerLakes.com
Canandaigua Lake, Ontario

INTRODUCTION

The Prevention Agenda is New York State's blueprint to help improve the health and well-being of its residents and promote health equity through state and local action. Every three 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 using the Prevention Agenda guidelines. Local entities must choose two areas in which to focus community improvement efforts during the plan period. Local entities can choose from five priority areas:

1. Prevent Chronic Diseases
2. Promote a Healthy and Safe Environment
3. Promote Healthy Women, Infants and Children
4. Promote Well-Being and Prevent Mental and Substance Use Disorders
5. Prevent Communicable Diseases

Throughout the cycle, public health and hospital systems value the input and engagement of key partners and community members, who are critical to help determine which priorities are most important to the community members, and what actions ought to be taken to improve the population's health. The following report summarizes pertinent information relating to the above priority areas. It is well known that 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 help to expand reach and success of like-interventions. It is for this reason that the nine counties in the Finger Lakes Region have further collaborated to complete one comprehensive regional health assessment. Following the comprehensive assessment of the health of the entire region, this report contains a chapter specific to each county in the region. This focused 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.

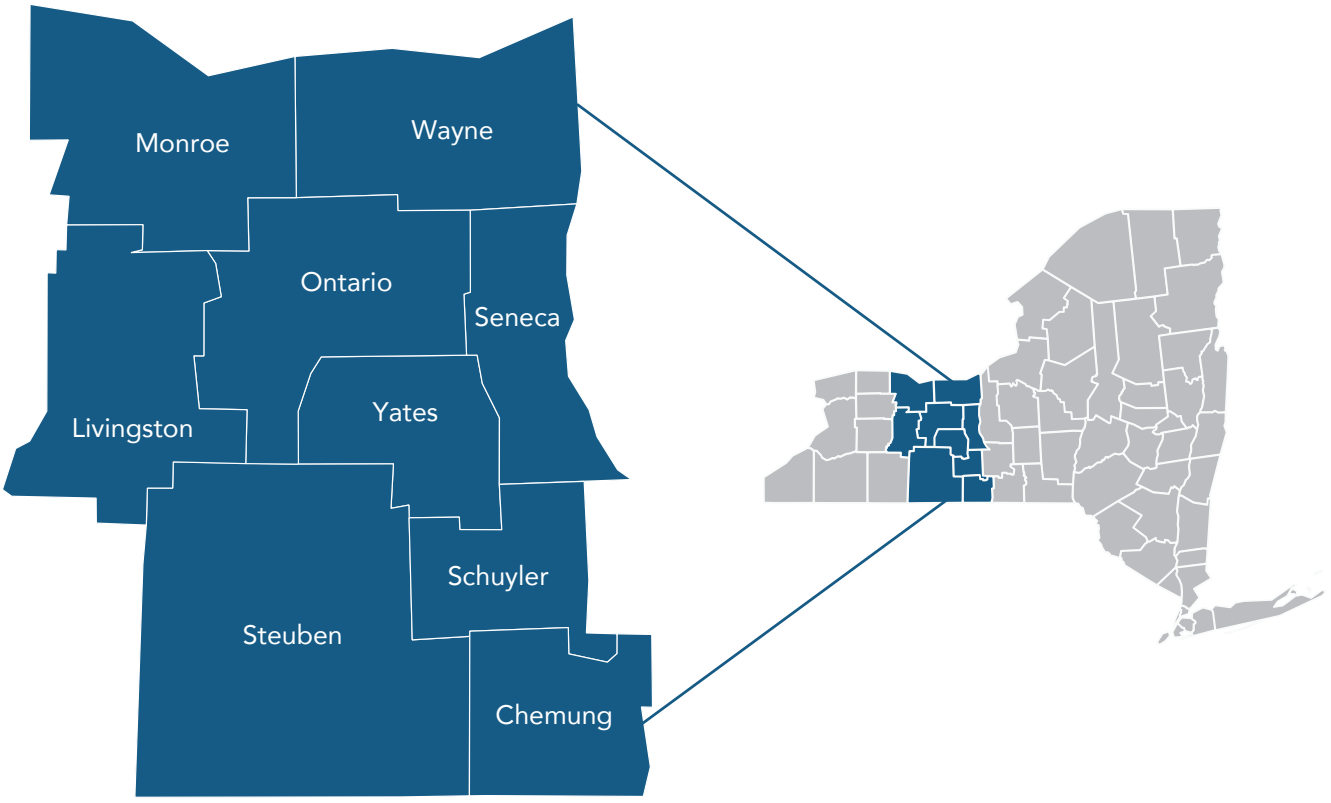
Photo courtesy of Livingston County Department of Health

COMPREHENSIVE REGIONAL COMMUNITY HEALTH ASSESSMENT

DEMOGRAPHICS

Community Description: The Finger Lakes Region

Located in the western half of New York State, the Finger Lakes region includes nine counties: Chemung, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Wayne and Yates Counties (Map 2). The region is home to both rural and urban communities that provide recreational activities that include hiking, skiing, and access to water sports, wineries, museums and historical sites. Larger cities, such as the City of Rochester in Monroe County, the cities of Canandaigua and Geneva in Ontario County, and the City of Elmira in Chemung County attract visitors of all ages to the region. Despite these assets, the region experiences health related issues and illnesses just like many other communities. The following assessment will take a closer look at the health and well-being of residents of the Finger Lakes region as it relates to the New York State Prevention Agenda and its goals and objectives.



Map 2: The Finger Lakes Region

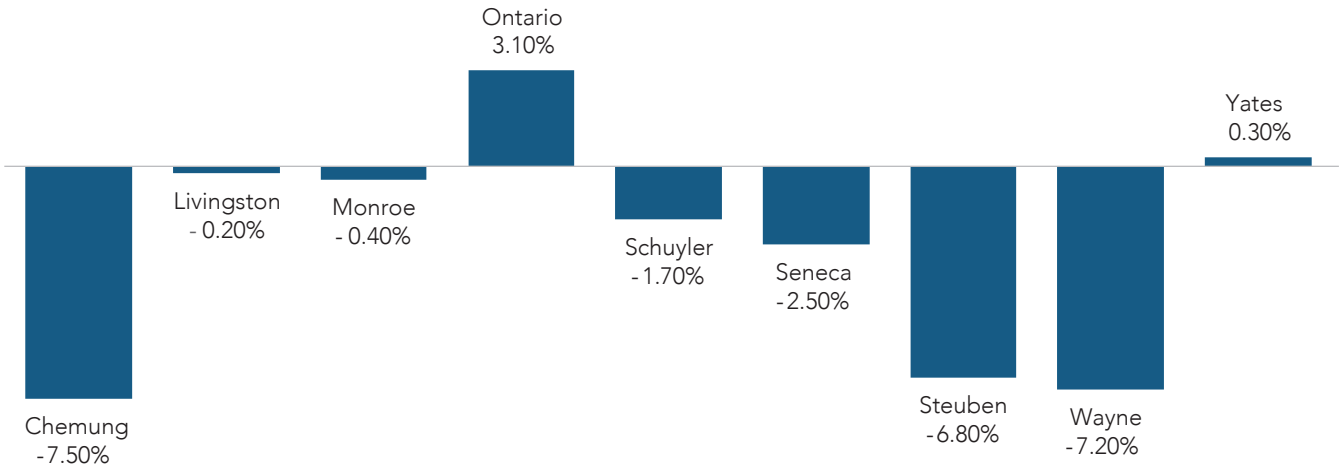
Population Estimates

There are 1.28 million people living in the Finger Lakes region, an overall estimate that has not changed significantly over the past several years. Estimates projecting into the year 2040 demonstrate a slight decrease in the population by 1.4% or 18,000 residents. Stratified by county, see Figure 1, are the projections over the next twenty years. For the vast majority of counties, we see a decrease in population estimates to varying extents. Some of the largest changes expected are in Chemung, Steuben and Wayne Counties with those counties anticipated to lose nearly 7-7.5% of their populations.

In contrast, there is an anticipated increase in Ontario County's population (3%) over the next two decades. This may be attributed an American Association of Retired Persons (AARP) report issued in 2018 that indicated that the City of Canandaigua was voted one of the top places in the U.S. to live and retire in.[1]

Throughout this report, there are data on health outcomes that show dramatic differences in some of the less-populated counties, such as Yates County. Some of these rate fluctuations may be attributed to small overall numbers that have an outsized effect on the rates.

Figure 1: Percent Change in Population from 2020 to 2040



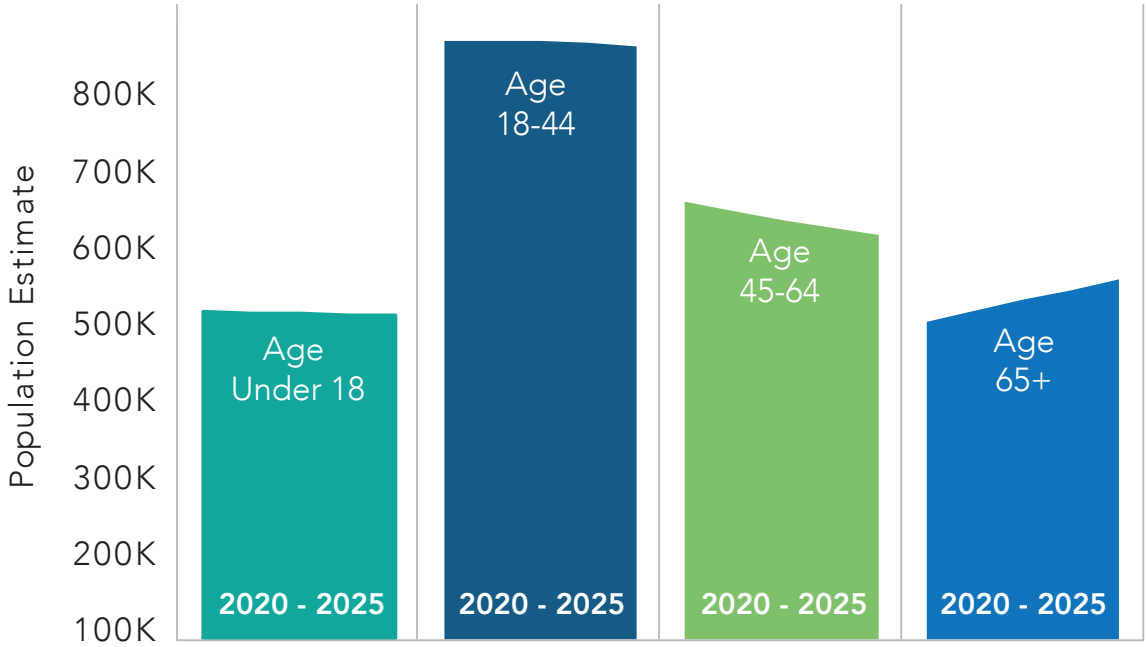
Source: Cornell University Program on Applied Demographics

1. Source: AARP the Magazine, AARP's 10 Best Places to Live for Under $40,000 a Year

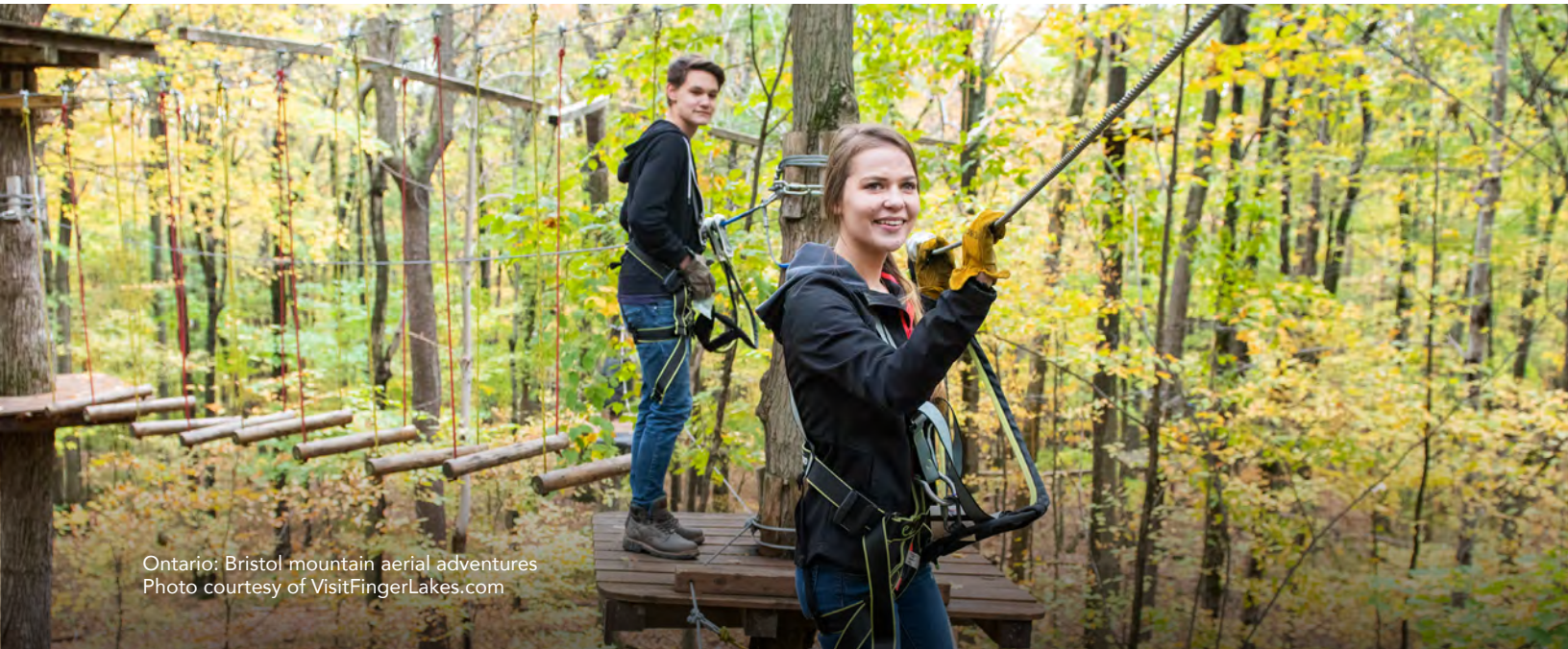
Age Group

Over the next five years, Cornell University projects an 11% increase in the 65+ population in the region (Figure 2). This increase in the aging population, coupled with a transition to in-home care for the elderly, will place a greater demand for geriatric and chronic disease management on the healthcare community than there has been in years past. These findings are similar across all counties in the region and should be accounted for when planning for future healthcare workforce needs.

Figure 2: Population Projections by Age Group, Finger Lakes Region



Source: Cornell University Program on Applied Demographics, 2020-2025

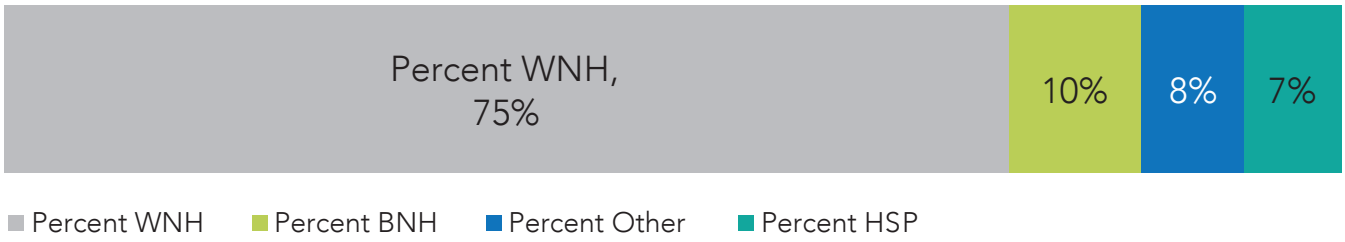


Ontario: Bristol mountain aerial adventures
Photo courtesy of VisitFingerLakes.com

Race/Ethnicity

Three quarters of the Finger Lakes region population is White Non-Hispanic. Ten percent are Black Non-Hispanic, followed by eight percent 'Other' and seven percent Hispanic (Figure 3).

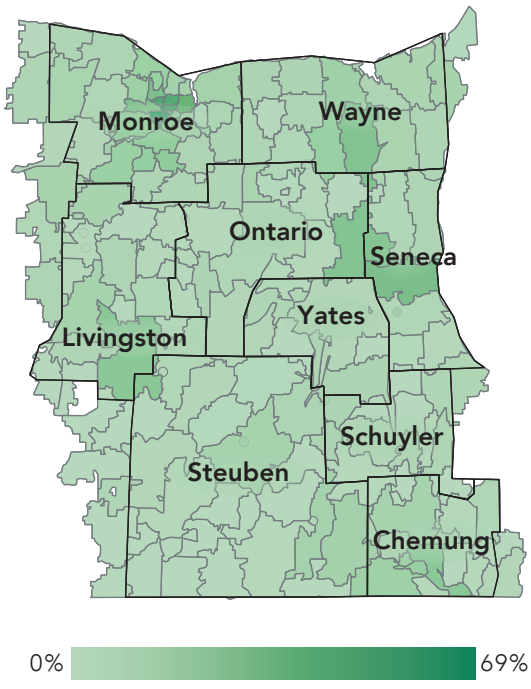
Figure 3: Race/Ethnicity Population Estimates



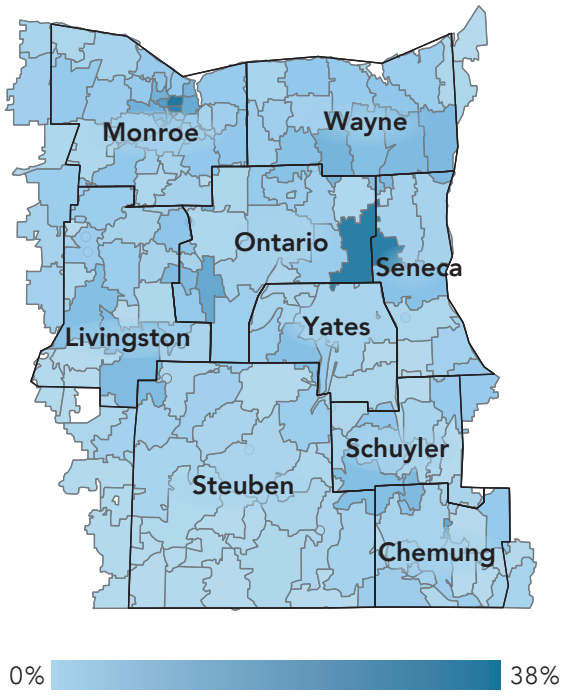
Source: US Census Bureau 2020

Diversity increases in larger cities in the Finger Lakes, including in Rochester (Monroe County), Geneva (Ontario and Seneca Counties), Dansville (Livingston County) and Elmira (Chemung County). Map 3 depicts the percent of each ZIP code's population that are Black Non-Hispanic and Map 4 depicts the percentage of each ZIP code's population that are Hispanic.

Map 3: Black Non-Hispanic Population by ZIP Code (Percent of Population)



Map 4: Hispanic Population by ZIP Code (Percent of Population)



Source: US Census Bureau 2020

Migrant Farm Workers

The 2017 Census of Agriculture reported that, at some point during 2017, there were almost 25,000 workers on farms in the Finger Lakes region. One-third of the workers were unpaid and probably represented family members or coop workers. The vast majority (16,607) were paid workers, but not necessarily in full time or permanent positions. One half of the paid workers were either contract migrant workers or, if on the payroll, worked less than 150 days during the year. Almost 3,000 migrant workers were reported by Wayne County farms. This is the highest in the region followed by Yates County (536 migrant workers reported in 2017).

Almost 20% 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 1).

Table 1: Farms and Hired Workers

County	Farms with Hired Workers	Farms with Migrant Workers	Hired Farm Labor*		Migrant Workers**	Unpaid Workers***
			Total	Work <150 days		
Chemung	90	1	258	150	(D)†	438
Livingston	148	12	844	298	131	840
Monroe	148	20	1,120	619	256	664
Ontario	223	22	1,283	682	293	670
Schuyler	105	9	527	356	85	461
Seneca	173	21	760	483	248	850
Steuben	333	20	1,479	892	151	2,041
Wayne	264	126	4,169	3,046	2,924	879
Yates	281	52	1,543	1,147	536	1,136
Total Finger Lakes Region	**1,765**	**283**	**11,983**	**7,673**	**4,624**	**7,979**

*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 includes agricultural workers not on the payroll who performed activities or work on a farm or ranch.
Source: US Department of Agriculture, 2017 Census of Agriculture
† Suppressed to avoid disclosing data for individual farms

A 2007 study conducted in New York found that "poverty, frequent mobility, low literacy, language and cultural barriers impede farmworkers' access to primary health care."[2] Several organizations provide services to the migrant population, including local federally qualified health centers and health departments. However, even though the services are available, seasonal workers have limited time to seek care and, because so many move frequently, follow-up visits or ongoing care for chronic conditions are often intermittent. This may impact some of the health outcomes data explored later in this report.

2. Migrant and Seasonal Farmworkers, Health Care access and HIV/AIDS in this Population, Statewide AIDS Services Delivery Consortium and Advisory Group, May 2007

Amish/Mennonite

The Amish and Mennonite population are a unique asset to the Finger Lakes region and constitute a significant portion of the farming industry in several communities. Finding accurate and up-to-date data on Amish and Mennonite populations and their health outcomes can be a challenge, especially at the county level. This population often does not respond to surveys such as those conducted by the U.S. Census Bureau. However, Elizabethtown College Amish Studies, The Young Center, collects data on annual population estimates. In New York State, the center identified 59 settlements and 167 districts in the state, which amounts to an estimated 21,725 Amish people.[3] The report also states that in the Finger Lakes region, there are an estimated 3,455 Amish persons with larger subsets located in Jasper and Woodhull, Steuben County, and Romulus and Ovid, Seneca County.[4]

However, these estimates do not include the Mennonite population. Local Mennonite churches also collect information on their members and may share this information with trusted public health officials. The Groffdale Conference Mennonites (Old Order Mennonites), for instance, release an annual map of its congregation. Groffdale Conference Mennonite families span the area between Canandaigua and Seneca Lakes (Yates County) and from Geneva (Ontario and Seneca County) all the way down to Reading, NY (Schuyler County). In 2018, the church reported a total of 697 Groffdale Conference Mennonite households throughout Yates, Ontario, Schuyler and Steuben Counties, the majority of whom reside in Yates County. Important to note, however, is that these data do not include the Crystal Valley Mennonite and Horning Order groups – two additional congregations that are found in the region.

Cultural practices of Amish and Mennonites must be considered when reviewing data and planning health initiatives. It is customary in Amish and Mennonite cultures to practice natural and homeopathic medicine when it comes to family planning, preventative and dental care, vaccinations, etc. Late entrance into prenatal care and home births are common occurrences. Children attend school through eighth grade and learn farming and other trades throughout childhood and adolescence, creating the potential for unintentional and farm-related injuries. Bikes and horse drawn buggies are common forms of transportation and, combined with speeding motor vehicles on rural roads, there is the potential for traffic accidents. Health-related decisions are often based on the attitudes, beliefs and practices of church leadership. These factors, along with anticipated growth in this population, create unique challenges for Public Health practitioners. However, research around the subject of immunization has shown that "in health matters, the Amish are pragmatists. When approached with facts by individuals whom they trust and when immunization [and other care] is easy to obtain, most Amish are willing to be immunized. Knowledge of the Amish culture, flexibility and diligence on the part of the health personnel generally leads to high compliance rates."[5]

American Indian and Alaska Native population

In 2020 just over 2,400 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.[6] The majority of American Indian and Alaska Natives in the Finger Lakes region live in Monroe County (54%) followed by Steuben, Chemung and Ontario County (8% for all three).

3. "Amish Population, 2021." Young Center for Anabaptist and Pietist Studies, Elizabethtown College. http://groups.etown.edu/amishstudies/statistics/population-2021/

4. Amish Population in the United States by State and County, 2021. Statistics were 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 David Luthy, Heritage Historical Library, Aylmer, Ontario.

5. Gertrude Enders Huntington, Chapter 9 Health Care, The Amish and the State, Donald B Kraybill editor

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

A fact sheet released by the Indian Health Service (IHS) in 2019 stated that American Indians and Alaska Natives die sooner and at higher rates than other Americans in several different categories, including, but not limited to, "chronic liver disease and cirrhosis, diabetes mellitus, chronic lower respiratory disease, unintentional injuries, assault/homicide and intentional self-harm/suicide." The IHS report also indicated that American Indian and Alaska Native residents have a life expectancy of nearly 5.5 years less than all other races in the United States.[7]

These health disparities exist for a number of different 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 of experiencing centuries of racial discrimination.[8] The inequities in health outcomes shown in Table 2 speak to the dire need for improved health data collection and surveillance. The imbalance of funding for the Indian Health Service (it is noted in reports that funding for the IHS and Native American health care have historically and continue to be inequitable and unequal in comparison to other federal health care programs) has resulted in an unmet need for adequate medical and public health services for the American Indian and Alaska Native population. The combination of all of these factors has a direct effect on health outcomes, including the incidence of disease and mortality.[7]

Table 2: Age Adjusted Mortality Disparity Rate per 100,000 Population by Race/Ethnicity**

	American Indian and Alaska Native (AI/AN) (2009-2011)	U.S. All Races (2010)	Ratio: AI/AN to US All Races
All Causes	**999.1**	**747.0**	**1.3**
Alcohol-induced	50.5	7.6	6.6
Chronic liver disease and cirrhosis	42.9	9.4	4.6
Diabetes mellitus (diabetes)	66	20.8	3.2
Accidents (unintentional injuries)*	93.7	38	2.5
Assault (homicide)	11.4	5.4	2.1
Influenza and pneumonia	26.6	15.1	1.8
Drug-induced	23.4	12.9	1.8
Intentional self-harm (suicide)	20.4	12.1	1.7
Septicemia (blood poisoning by bacteria)	17.3	10.6	1.6
Nephritis, nephrotic syndrome (kidney disease)	22.4	15.3	1.5

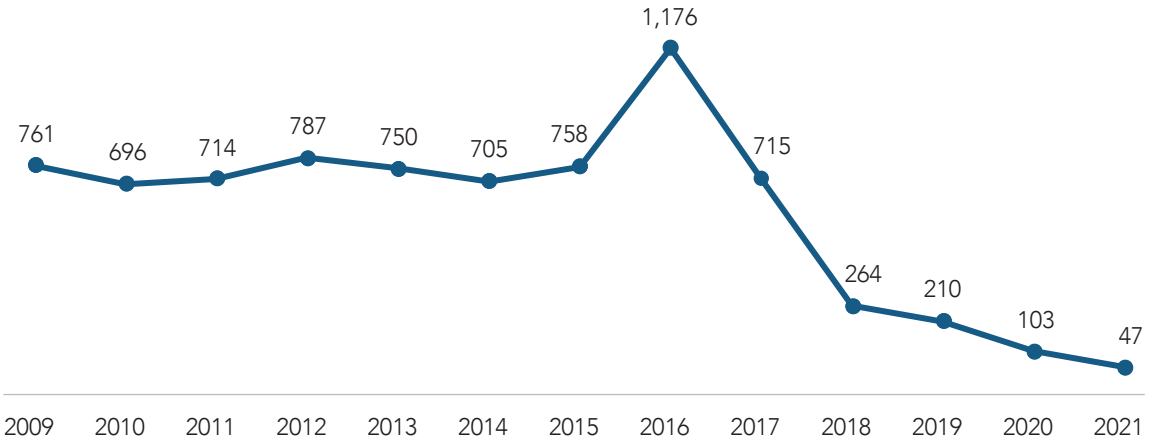
*Unintentional injuries include motor vehicle crashes
**Causes shown are only those with a ratio greater than 1.5. Please see direct source for complete list.
NOTE: Rates are adjusted to compensate for misreporting of American Indian and Alaska Native race on state death certificates. American Indian and Alaska Native age-adjusted death rate columns present data for the 3-year period specified. US All Races columns present data for a one-year period. Rates are based on American Indian and Alaska Native Alone; 2019 census with bridged-race categories.
Source: Indian Health Service, Indian Health Disparities Report, 2009-2011

7. Indian Health Services, Indian Health Disparities, 2019
8. US Commission on Civil Rights, Broken Promises: Continuing Federal Funding Shortfall for Native Americans, 2018

Refugee populations

The refugee population is a unique population, which requires specific and attentive care. In recent years, Rochester (Monroe County) has opened its doors to a number of refugees, reaching a peak in 2016 of over 1,100 families resettled in the county (Figure 4). Prior to 2017, resettlement rates in the greater Rochester area had been among the highest in New York, just behind Utica and Buffalo. Federal refugee policies enacted over the past several years, coupled with the COVID-19 pandemic, have greatly reduced the number of recent resettlements. It will take several years to rebuild the infrastructure and reestablish the historical rates that were seen in the past decade.

Figure 4: Number of Refugee Resettlements, Monroe County



Source: Catholic Charities Family and Community Services. Data pulled mid-2021.

Steuben County: Keuka Lake
Photo courtesy of the CorningFingerLakes.com

Table 3 shows that the majority of those that are foreign-born living in the Finger Lakes region have become naturalized US Citizens (57%). The naturalization rate varies by county, from as low as 43 percent in Steuben County to 70 percent in Wayne County. 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 3: Foreign-Born Population Estimates and Naturalization Rate by County

	Foreign-born population	Percent Naturalized U.S. citizen	Percent Not a U.S. citizen
Chemung	2,567	54	46
Livingston	2,277	44	56
Monroe	64,681	58	42
Ontario	4,134	52	48
Schuyler	327	61	39
Seneca	875	58	42
Steuben	3,094	43	57
Wayne	2,698	70	31
Yates	519	57	43

Source: US Census Bureau, 2015-2019 5-Year Estimates

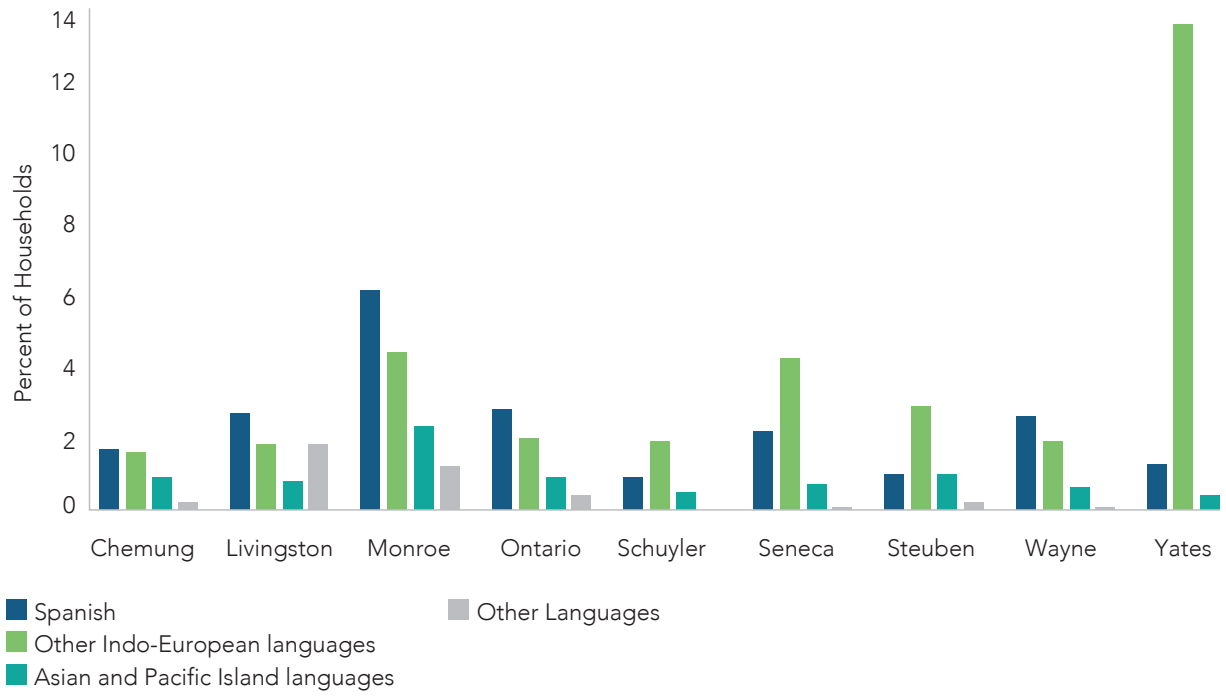
Canandaigua boat houses in winter
Photo courtesy of VisitFingerLakes.com

George Mason University Institute for Immigration Research reports 31% of Rochester's immigrants have immigrated in the last decade (since 2010). The majority of those immigrants are Jamaican (10%) followed by Cuban (7%), Chinese (6%) and Dominican (6%).[9] Providing care for refugee individuals and families can be a challenging and unique experience. Research has documented several challenges to providing refugees healthcare, including basic needs such as English education, orientation to the United States Healthcare System, and the need for cultural sensitivity on the part of providers and interpreters or case managers.[10]

Household languages

Providers of all types (medical, social service, etc.) should be aware of language and cultural differences when working with patients/clients. Being respectful of a person's cultural practices is important to building a trusting and positive relationship. A system where health providers are culturally responsive can help improve patient health outcomes and quality of care. In addition, it can help to eliminate disparities in outcomes.[11] The majority of residents in the Finger Lakes region speak English, but a small percentage speak limited English (<1.5% of total population per county). Other languages frequently spoken in homes include Spanish, Asian and Pacific Island languages, and other Indo-European languages (Figure 5). In Yates County, it is likely the large percent of other Indo-European languages can be attributed to the Amish and Mennonite populations.

Figure 5: Percent of Households Speaking a Language Other than English



Source: US Census Bureau, 2015-2019 5-Year Estimates

9. Source: George Mason University Institute for Immigration Research, Immigration Data on Demand (iDod) Report, 2018

10. Kotovicz F, Getzin A, Vo T. Challenges of refugee health care: perspectives of medical interpreters, case managers, and pharmacists. J Patient Cent Res Rev. 2018;5:28-35. doi: 10.17294/2330-0698.1577

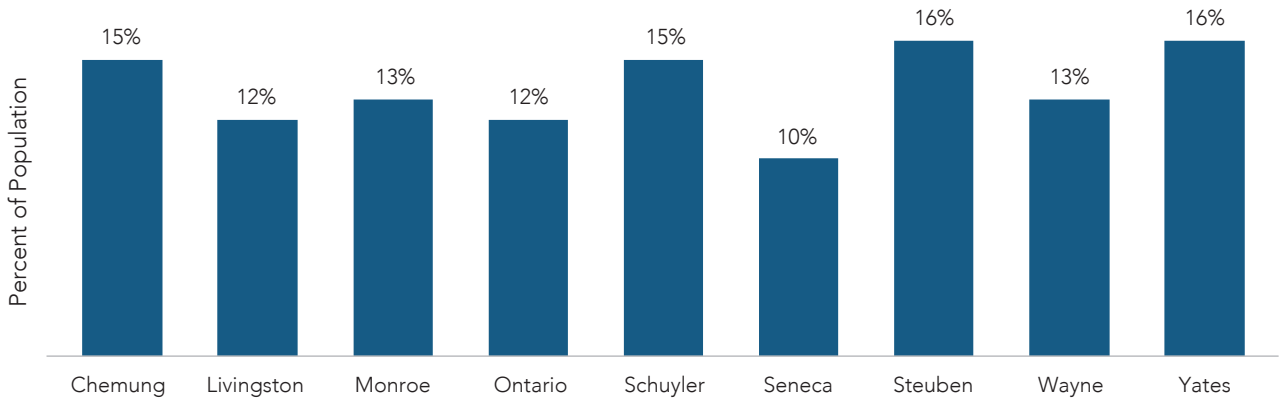
11. Source: Health Policy Institute at Georgetown University, "Cultural Competence in Health Care: Is it important for people with chronic conditions?"

Disability

Those living with any form of disability (physical, activity or daily functioning impairments) are at greater risk for development of chronic conditions, including obesity, heart disease, and diabetes. Creating a built environment that helps eliminate structural barriers and building a culture of inclusion helps to reduce disparities in health outcomes for the disabled. Doing so requires support from a variety of change initiatives such as policy, system and environmental changes.

In the Finger Lakes region, an average of 13.5% of residents are living with a disability. The rates range from 10% in Seneca County to 16% in Steuben and Yates County (Figure 6).[12]

Figure 6: Disability Rate by County, Total Population



Source: US Census Bureau 2015-2019 5-Year Estimates

Livingston County, Dansville balloons
Photo courtesy of Livingston County Department of Health

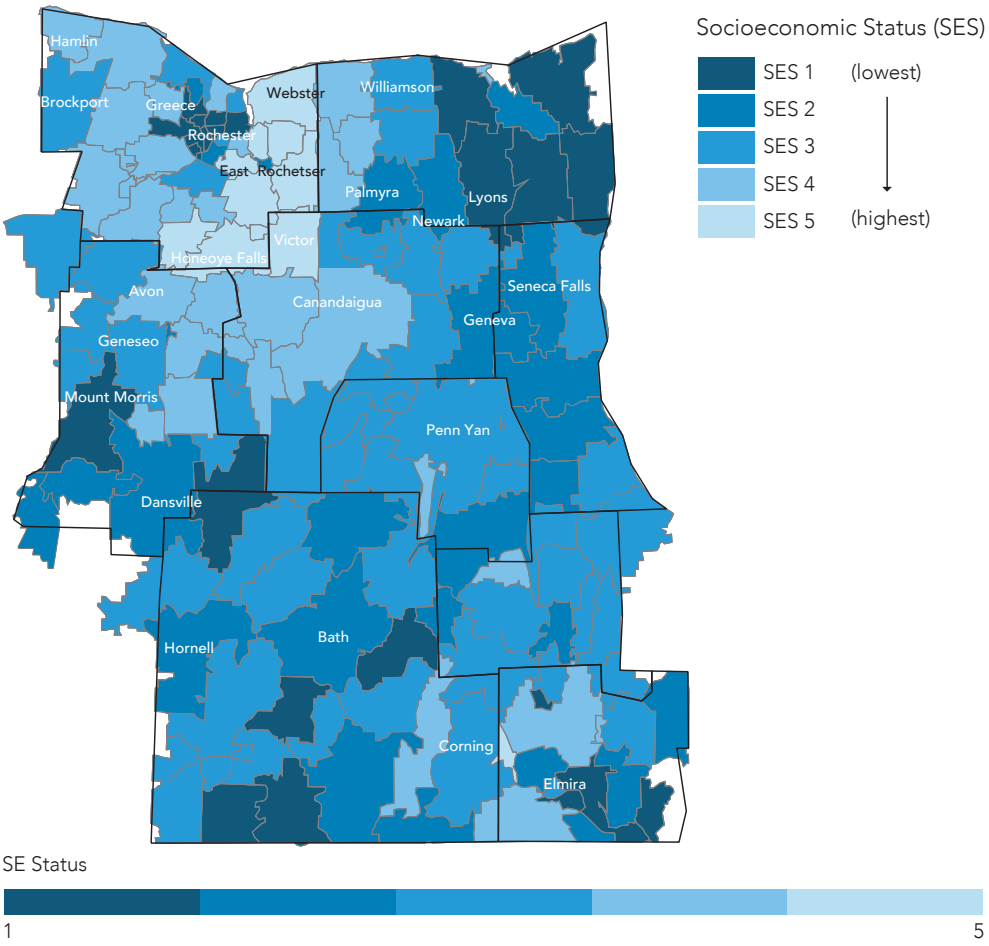
12. Source: US Census Bureau American Community Survey

Poverty

Socioeconomic status[13] affects several areas of a person's life, including their health status. Data have revealed that low-income families are less likely to receive timely preventative services or have an established regular healthcare provider when compared to families with higher incomes. Map 5 reveals the socioeconomic status by ZIP codes in the Finger Lakes region. Note that almost half of Wayne County was found to be in the two lowest socioeconomic quintiles in the region, and pockets of poverty exist throughout the nine counties such as in Elmira (Chemung County), Wayland and southern Steuben County and Mount Morris (Livingston County).

One of the factors influencing socioeconomic status is income, largely driven by employment status. Having a job may afford a person the ability to maintain safe and adequate housing, purchase healthy foods, remain up to date on health visits, and more. Educational attainment is another factor influencing socioeconomic status. The 2019 American Community Survey estimates 27% of Finger Lakes region residents have received a Bachelor's degree or higher, which has increased since 2011 (24%). The prevalence of higher educational attainment in those over the age of 25 is highest in Monroe and Ontario Counties, at 39 and 36 percent, respectively. Research has linked lower Socioeconomic Status with lower academic achievement.

Map 5: Socioeconomic Status in the Finger Lakes region



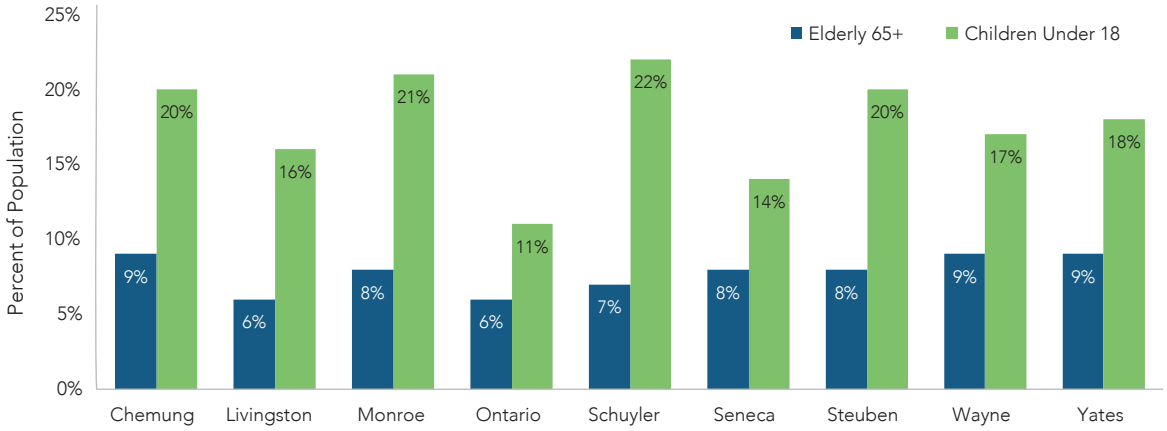
Source: Data provided by US Census Bureau, Analysis completed by Common Ground Health

13. Common Ground Health's estimation of socioeconomic status is developed by ZIP Code, U.S. Census and American Community Survey data. It is based on the average income, average level of education, occupation composition, average value of housing stock, age of the housing stock, a measure of population crowding, percentage of renter-occupied housing, percent of persons paying more the 35% of their income on housing, and percent of children living in single parent households.

Of particular concern are vulnerable populations, such as the elderly living in poverty and youth living in poverty (Figure 7). Research has shown that children living in poverty are more likely to have poor academic achievement, drop out of high school, and are more likely to be unemployed later in life. In addition, children living in poverty are more likely to experience economic hardship in adult years and are more likely be involved in the criminal justice system than children who never experienced poverty first hand.[14]

Additional concerns are about the elderly population, aged 65+, who are living in poverty. Older adults are more likely to live on a fixed income, relying upon Social Security, savings and/or pension plans to support all of their needs. Elderly women are more likely to report living in poverty, or living in higher rates of poverty, as a result of lower retirement incomes due to a variety of reasons, including lower lifetime earnings, time taken off for caregiving, occupational segregation and other issues.

Figure 7: Percent of Population Living in Poverty, Age Group Stratification



Source: US Censusu Bureau 2015 2019 5 - Year Estimates

Regardless of age group, when stratified by race/ethnicity, poverty rates are even higher for minority populations (Table 4).[15] Black Non-Hispanic and Hispanic persons live in poverty at more than three times the rate of White Non-Hispanics. When considering all of the implications poverty has on health – decreased access to health care, less likelihood to receive timely preventative care, less likelihood of higher education, etc. - it is no wonder we see disparities in health outcomes by race and ethnicity.

Table 4: Percent of Population Living in Poverty by Race/Ethnicity, Finger Lakes region

White Non-Hispanic	Black Non-Hispanic	Hispanic
9%	32%	30%

Source: US Census Bureau 2015-2019 5-year estimates

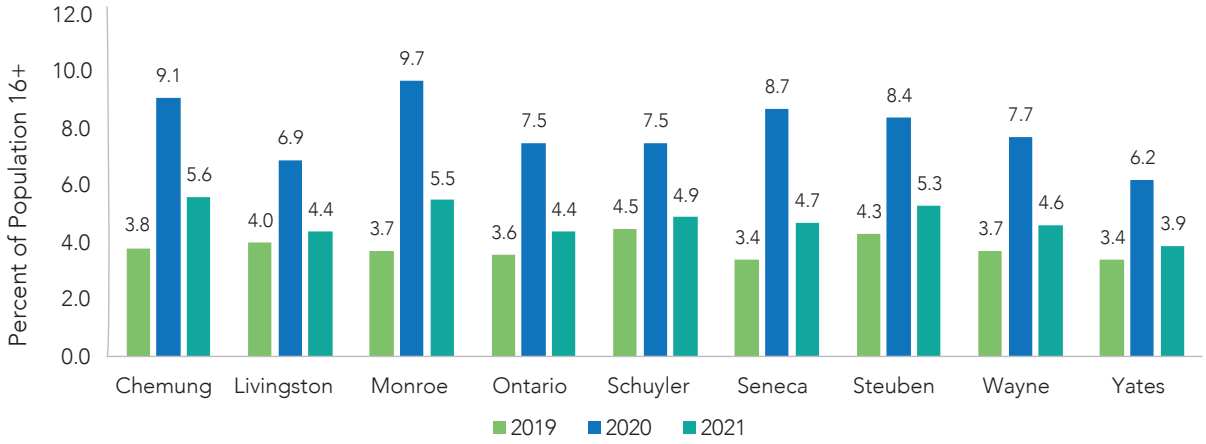
14. The State of America's Children, 2020 Child Poverty

15. Source: National Council on Aging including data from Social Security Administration, National Institute on Retirement Security and Bureau of Labor Statistics

Unemployment

Unemployment rates have been significantly impacted by the COVID-19 pandemic. The economy experienced a significant downturn due to the closing of businesses and schools. Many residents became unemployed with these closures. Those with positions that allowed for it worked remotely from home. All were placed in a variety of difficult situations, including managing personal needs, navigating childcare, overseeing their children's remote learning, and managing adult caregiving responsibilities. The pandemic generated a significant amount of unemployment, which is only just beginning to recuperate one year later. According to the Bureau of Labor Statistics, three industry sectors most exposed to shut downs included restaurants and bars, travel and transportation, and entertainment. For some counties, such as Livingston and Schuyler, the unemployment rate is similar to pre-pandemic estimates but for others, like Chemung, Steuben and Monroe County, there are still significant concerns (Figure 8).

Figure 8: Unemployment Rates by County



Source: NYS Department of Labor, 2019-2021

Over the next ten years, Rochester Works, an employment and training organization, reports a projected decline in construction, retail and leisure and hospitality employment. The report also indicates a job loss rate disproportionately impacting women and people of color.[16]

Health Insurance Status

Health insurance helps individuals access the care that they need. Similar to populations who experience low socioeconomic status, the uninsured are less likely to receive or seek preventative care such as health screenings, are less likely to have an established regular healthcare provider, and are more likely to use the emergency room for services that could have been provided in a primary care provider setting. Since the implementation of the Affordable Care Act, the rate of uninsured individuals in the Finger Lakes region has decreased in the past six years from 11% to 5% of residents.

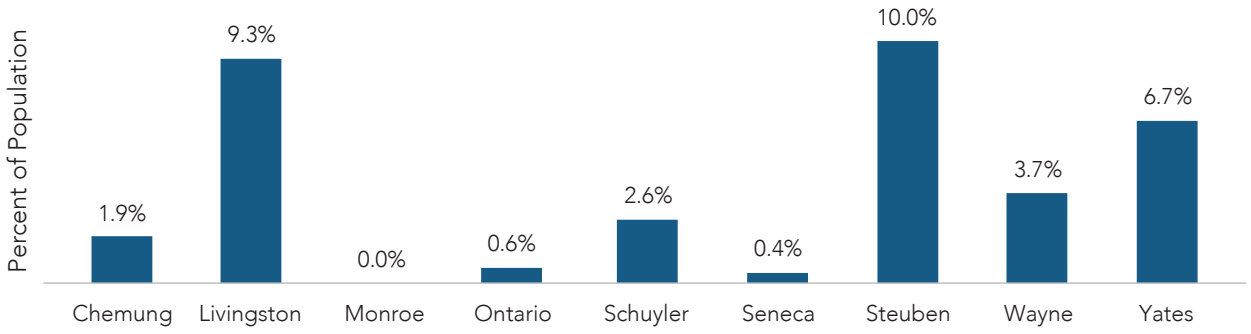
16. Rochester Works, COVID-19 Pandemic Recovery Watch, Monroe County and the Finger Lakes (Revised 9/28/2021).

This is a step in the right direction, but access to health insurance is not the only barrier to health care. Underinsured individuals, or those who have high deductibles that affect their ability to access healthcare, are also a real concern. Transportation, lack of provider availability (including difficulty scheduling with providers) and cost (i.e. cost of care, time away from work, and childcare) were repeatedly identified as barriers and top concerns in My Health Story 2018 survey responses and are areas that provide opportunities for improvement. Anecdotally, we know that the COVID-19 pandemic has exacerbated these concerns and resulted in patients delaying preventative care needs due to office closures or delays in elective procedures. The impact this has had on reopening in the Finger Lakes and other communities across the State have resulted in longer wait times and insufficient office hours or availability to meet the demand of the delayed care.

Broadband Access

Nearly thirty years ago, access to personal home internet access was a novelty available only to a small portion of New York State residents. Today, access to reliable high-speed internet is considered a necessity by many. The internet is utilized in ways that help residents communicate and connect with each other and find new and effective ways to work, learn and play. In light of the COVID-19 pandemic, availability of broadband access at home was elevated to a new level of necessity with remote learning, work, and accessibility to healthcare options like telehealth being heavily utilized. While New York State overall has great accessibility to broadband, there are portions of the state, and specifically within the Finger Lakes region, that are at a disadvantage because their access is inadequate, unreliable, or unavailable. The Office of the State Comptroller estimates that eight percent of the Finger Lakes region and Southern Tier do not have broadband accessibility.[17] Steuben (10% of county population) and Livingston (9.3% of county population) counties are the top 6th and 7th, respectively, in the state for those without broadband accessibility (Figure 9).

Figure 9: Percentage of Population without Broadband Available in their Area, 2021



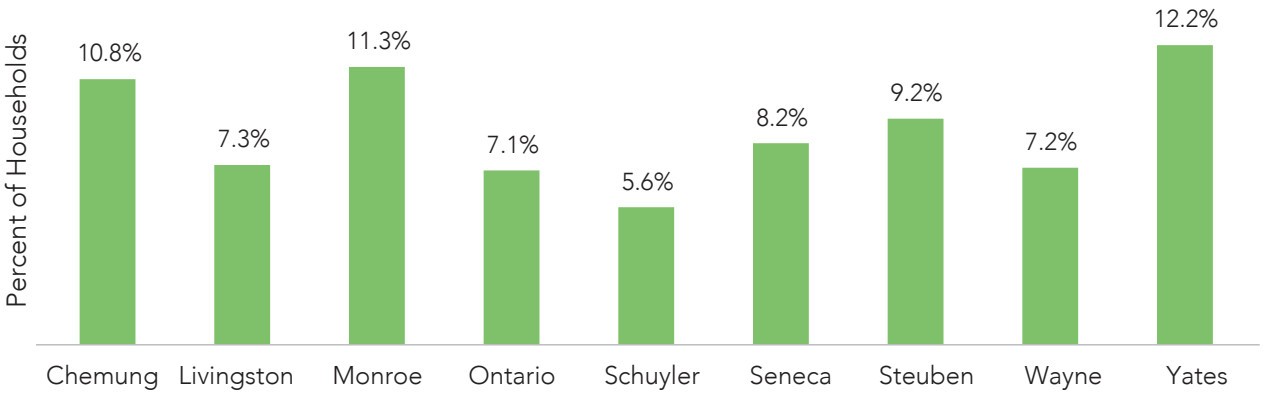
Source: Office of the State Comptroller

17. Office of the State Comptroller analysis of Federal Communications Commissions, *Fourteenth Broadband Deployment Report* January 19, 2021. Data are based on a 25/3 Mbps standard relied on by the Federal Communications Commission.

Transportation

Access to a personal vehicle can affect an individual's overall health status in a number of ways. Unreliable, inconsistent or inconvenient transportation (either personal vehicle, medical taxis or public transportation) can cause strain on the ability to access health care services. This could result in missed or delayed health care appointments, leading to increased health expenditures and overall poorer health outcomes. Figure 10 demonstrates the percent of each county's households in the Finger Lakes region with no vehicle access. Larger cities, such as Rochester in Monroe County and Elmira in Chemung County have higher percentages of their households with no vehicle access (20% of households or more). In addition, Yates County has a high percentage of no motor vehicle access households due to the higher percentage of Amish/Mennonites who predominantly rely on horse and buggy for their transportation needs.

Figure 10: Percent of Households with No Vehicle Access



Source: US Census Bureau 2015-2019 5-Year Estimates

Steuben County, Hikers on the Finger Lakes Trail
Photo by Stu Gallagher
Courtesy of the CorningFingerLakes.com

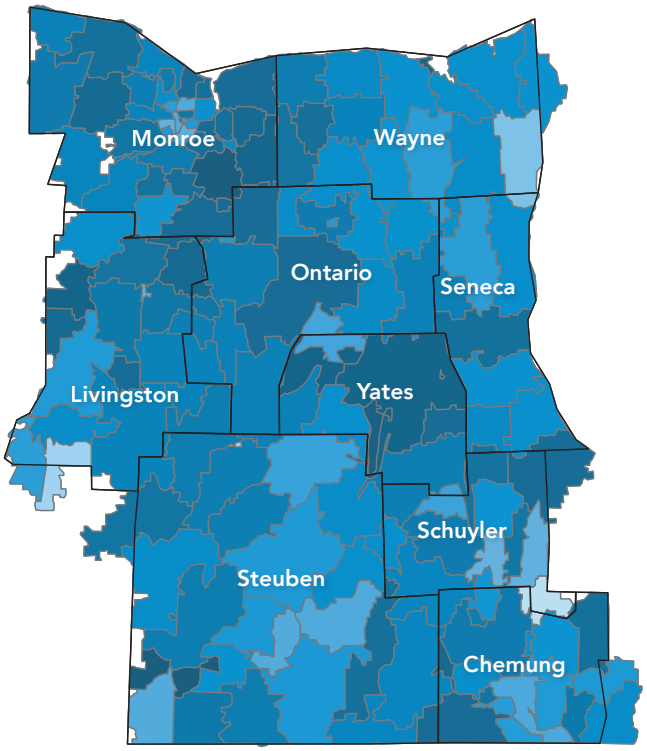
Life Expectancy

Genetics are not the only indicator of an individual's life expectancy. Demographic factors such as socioeconomic status, employment, income, education and economic well-being, the quality of and accessibility to health systems and services, and personal health behaviors all impact one ultimate measure of health: life expectancy. Stratified by ZIP code, the Finger Lakes region has life expectancy estimates that range from 66 to 85 years of life. Map 6 shows the life expectancy estimates at birth by ZIP code and highlights the ZIP codes with the highest and lowest life expectancy estimates in the region.

Map 6: Life Expectancy by ZIP Code

ZIP Codes with Highest Life Expectancy

14441	Yates	84
14545	Livingston	84
14534	Monroe	80
14839	Steuben	80



ZIP Codes with Lowest Life Expectancy

13146	Wayne	70
14808	Steuben	68
14836	Livingston	68
14824	Schuyler	66

Average Life Expectancy

Source: New York State Department of Health Vital Statistics, 2014-2016

9. March of Dimes, Premature Babies and Long-Term Health Effects of Premature Birth, www.marchofdimes.org.
10. Stanford Children's Health, Low Birthweight

Leading Causes of Death

The top two leadings causes of death in all nine counties of the Finger Lakes region are cancer and heart disease (Table 5). This is consistent with national data from the CDC, which shows the two leading causes of death since 2015 have been heart disease and cancer.[18] Chronic lower respiratory disease (CLRD), a disease which causes shortness of breath caused by airway obstruction, most commonly caused by tobacco smoking (including second hand smoke), is also within the top five causes in all nine counties in the region (not pictured).

Table 5: Leading Causes of Death, 2018

	1st Cause	2nd Cause	3rd Cause
Chemung	Heart Disease 208.1 per 100,000	Cancer 167.6 per 100,000	Chronic Lower Respiratory Diseases (CLRD) 48.8 per 100,000
Livingston	Cancer 171.8 per 100,000	Heart Disease 124.7 per 100,000	Alzheimer's Disease 59.2 per 100,000
Monroe	Cancer 153.8 per 100,000	Heart Disease 137.1 per 100,000	Unintentional Injury 57.1 per 100,000
Ontario	Cancer 157.9 per 100,000	Heart Disease 138.4 per 100,000	Chronic Lower Respiratory Diseases (CLRD) 40.8 per 100,000
Schuyler	Cancer 156.1 per 100,000	Heart Disease 152.8 per 100,000	Chronic Lower Respiratory Diseases (CLRD) 88.1 per 100,000
Seneca	Heart Disease 191.3 per 100,000	Cancer 152.2 per 100,000	Chronic Lower Respiratory Diseases (CLRD) 55.1 per 100,000
Steuben	Heart Disease 182.3 per 100,000	Cancer 180.6 per 100,000	Chronic Lower Respiratory Diseases (CLRD) 63.6 per 100,000
Wayne	Cancer 154.6 per 100,000	Heart Disease 143.8 per 100,000	Unintentional Injury 63.4 per 100,000
Yates	Heart Disease 154.6 per 100,000	Cancer 135.3 per 100,000	Unintentional Injury 66.4 per 100,000

Source: New York State Department of Health Vital Statistics, 2018

18. Ahmad, F. B., & Anderson, R. N. (2021). The leading causes of death in the US for 2020. JAMA, 325(18), 1829-1830.

Leading Causes of Premature Death

Consistent with the leading causes of death, the top two causes of premature death (death before age 75) in the Finger Lakes region are Cancer and Heart Disease. Unintentional Injury and Chronic Lower Respiratory Disease (CLRD) are two other leading causes that are consistent across all counties in the region (Table 6).

Table 6: Leading Causes of Premature Death, 2018

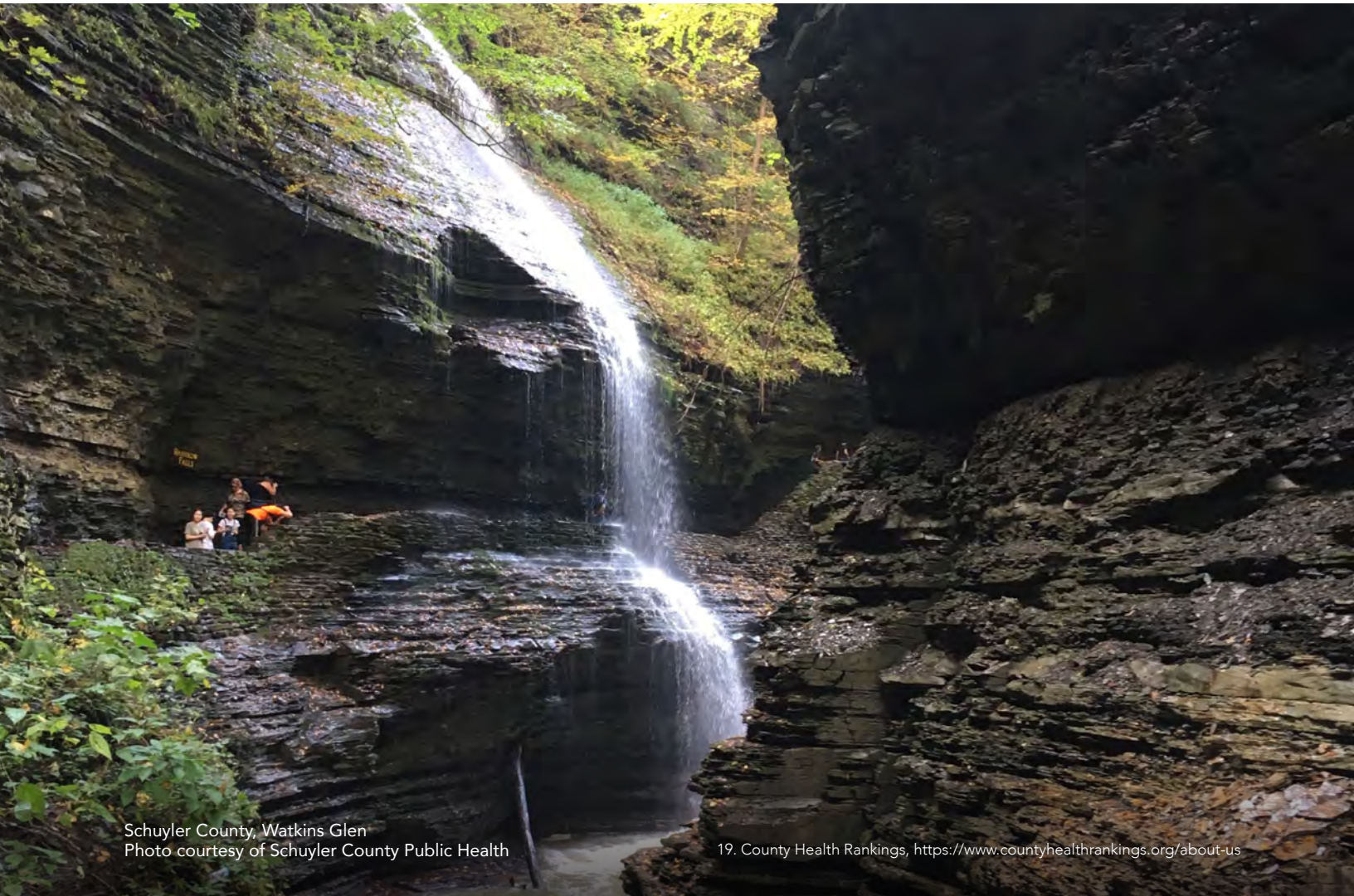
	1st Cause	2nd Cause	3rd Cause
Chemung	Cancer 97.0 per 100,000	Heart Disease 90.5 per 100,000	Unintentional Injury 41.8 per 100,000
Livingston	Cancer 103.4 per 100,000	Heart Disease 54.9 per 100,000	Unintentional Injury 44.0 per 100,000
Monroe	Cancer 81.3 per 100,000	Heart Disease 48.4 per 100,000	Unintentional Injury 44.8 per 100,000
Ontario	Cancer 80.8 per 100,000	Heart Disease 53.3 per 100,000	Unintentional Injury 30.2 per 100,000
Schuyler	Cancer 67.3 per 100,000	Heart Disease 39.8 per 100,000	Diabetes 21.6* per 100,000
Seneca	Cancer 84.7 per 100,000	Heart Disease 82.5 per 100,000	Unintentional Injury 36.1 per 100,000
Steuben	Cancer 103.9 per 100,000	Heart Disease 69.7 per 100,000	Chronic Lower Respiratory 24.4 per 100,000
Wayne	Cancer 88.5 per 100,000	Heart Disease 49.9 per 100,000	Unintentional Injury 45.3 per 100,000
Yates	Cancer 79.4 per 100,000	Heart Disease 51.8 per 100,000	Unintentional Injury 58.9 per 100,000

Source: New York State Department of Health Vital Statistics, 2018

County Health Rankings

By combining all the factors listed above, 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] By creating this metric/set of metrics, the County Health Rankings give counties in the Finger Lakes region the opportunity to measure themselves against other counties in New York State and monitor changes over time. Table 7 shows the rank of each county in the Finger Lakes region from 2011 to 2020. The rankings cover all counties in New York and range from 1 to 62 with the lower ranking indicating better performance in measurement of health outcomes. Ontario and Monroe County have shown consistent rankings since 2011. Ontario has an average rank of 10 with its highest being 13 and lowest being 7. Monroe was similar to Ontario in change over time, but with an average rank of 36, a high of 39, and a low of 32. Livingston, Schuyler, Yates County are of some concern, as both had ranks in the top 10 but are now ranked at 23, 34, and 27, respectively.

As the county health rankings model has evolved over the years, new and additional data elements have been factored into the score, which may have impacted these counties. Along with this, most of the counties in the Finger Lakes region saw their score fall between 2016 and 2017, which coincides with the dramatic worsening of the opioid epidemic in the region. This significantly impacted overall and premature mortality, two major factors in the county health rankings. One county in the region that has seen a positive trend is Steuben, which saw a trend of improving rank through 2016 and has improved again over the last two years after a slight regression. Overall, Steuben ranks 15 places higher in 2020 than in 2011.



Schuyler County, Watkins Glen
Photo courtesy of Schuyler County Public Health

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

Table 7: County Health Rankings and Roadmaps; Health Outcomes Ranking

County	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Chemung	59	60	60	60	59	50	57	49	55	53
Livingston	8	5	1	1	7	12	9	9	12	23
Monroe	33	37	33	38	38	33	32	35	39	35
Ontario	7	8	11	10	10	13	8	12	9	13
Schuyler	3	11	29	44	19	18	26	46	48	34
Seneca	26	27	23	26	45	25	20	18	37	48
Steuben	52	53	44	40	34	31	42	45	38	37
Wayne	30	46	46	45	39	21	28	44	51	40
Yates	10	10	6	8	13	15	16	6	14	27

1 62

Data Source: County Health Rankings. 2011 - 2020, Analysis Completed by Common Ground Health

The next section of this report will focus on health outcomes and behaviors that may impact life expectancy estimates and will be stratified by county, ZIP code, race/ethnicity and age group whenever possible or appropriate.

Livingston County, Be Well in Nunda
Photo courtesy of Livingston County Department of Health

HEALTH INDICATORS

Prevent Chronic Diseases

Preventing chronic disease has been a long-standing priority area in the nine-county Finger Lakes region. In the past, efforts largely have been focused on reducing illness, disability and death related to hypertension, tobacco use and second hand smoke, along with reducing obesity in children and adults. Obesity is known to lead to long-term health complications and may lead to development of diabetes, hypertension, and premature mortality due to related conditions. This section will focus on exploring data related to chronic diseases in the region.

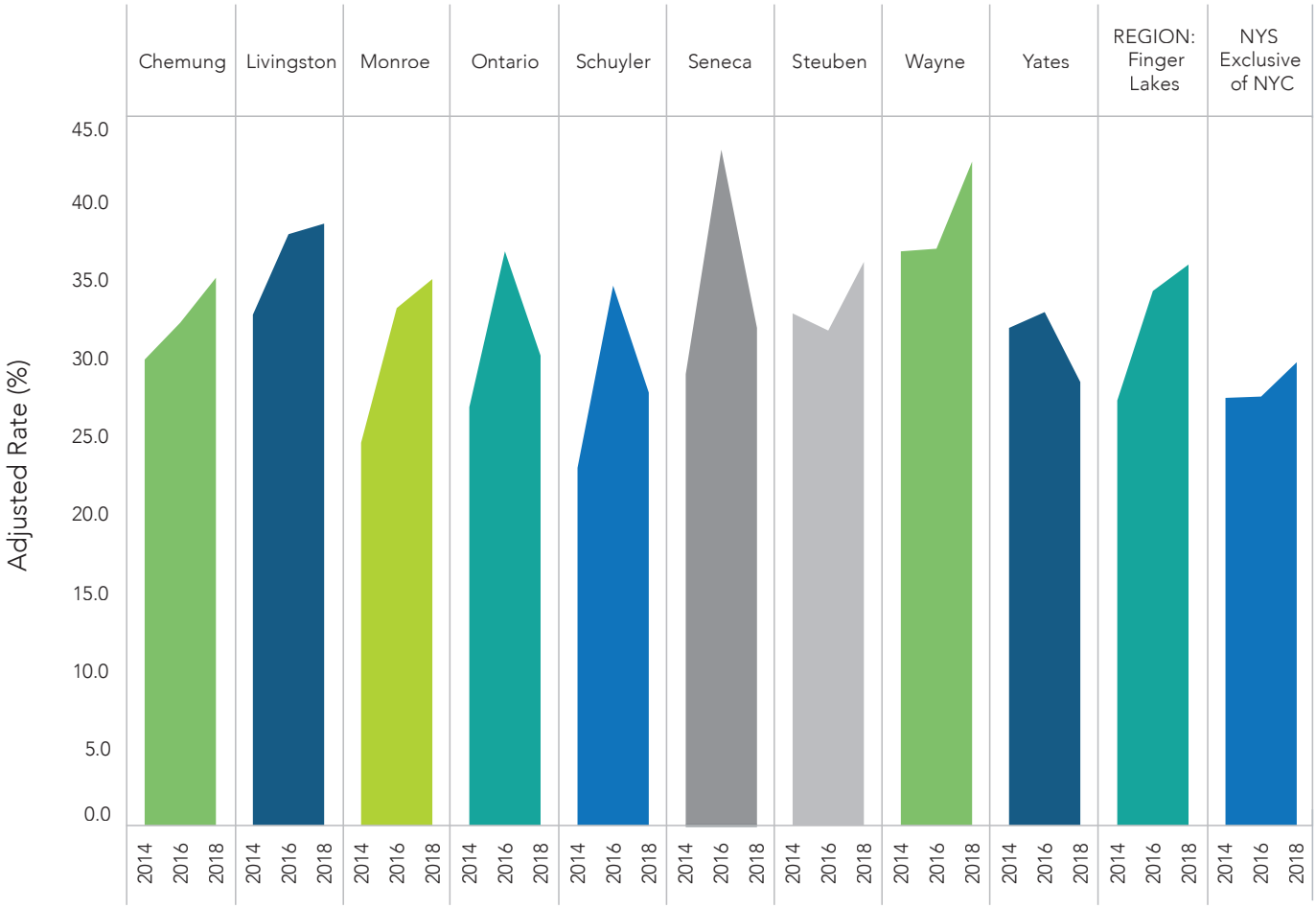
Obesity

In developing the Prevention Agenda, New York State has identified four focus areas in the Prevent Chronic Disease priority area: Healthy Eating and Food Security, Physical Activity, Tobacco Prevention, and Chronic Disease Preventative Care and Management. In reviewing the data in the Finger Lakes region, the biggest areas for improvement are around Tobacco Prevention (specifically e-cigarette/ vape use) and Chronic Disease Preventative Care and Management. On a smaller scale, Healthy Eating and Food Security are also areas worth noting. There is also a worrisome trend with overall food security in light of the COVID-19 pandemic.

The trends varied in data from 2014, 2016 and 2018. Chemung, Livingston, Monroe, Steuben, and Wayne all showed a trend of increasing rates of obesity. Ontario, Schuyler, and Seneca showed increases from 2014 to 2016 and then decreases from 2016 to 2018 (Figure 11). Seneca showed the greatest decrease from 2016 to 2018 (12%), which is likely due to their focus on Healthy Eating and Food Security, Tobacco Prevention and Preventative Care and Management of Chronic Diseases to help reduce obesity in the previous improvement plan. Yates County was the only county whose rate of obesity was not higher in 2018 than 2014, with a small reduction from 32% to 28%. Looking at the Finger Lakes region vs. the state (minus NYC), the rate of obesity and upward trend in the region was higher than the state.

Elmira, Chemung County
Photo credit: iStock.com/DenisTangneyJr

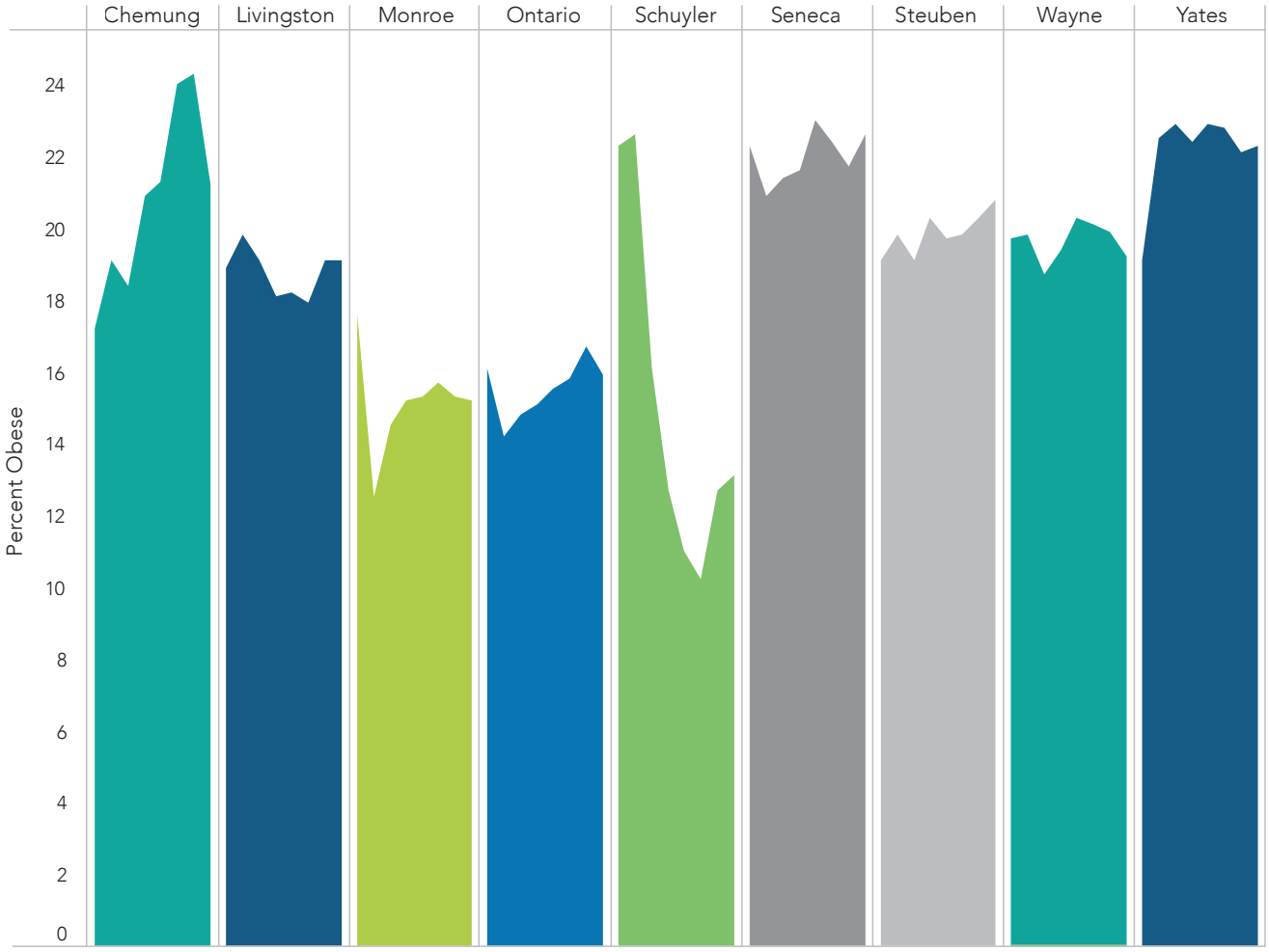
Figure 11: Percent of Adults (18+) who are Obese



Data Source: Division of Chronic Disease and Injury Prevention, Bureau of Chronic Evaluation and Research, New York State Department of Health, Behavioral Risk Factor Surveillance System, Year 2013-2014, 2016, & 2018. Analysis Completed by Common Ground Health

Childhood obesity rates in the Finger Lakes region have also been fairly stable. Figure 12 shows the trend of obesity for students in the area from the Student Weight Data Explorer. Looking at state trends, "In New York State, obesity rates are decreasing among elementary school students, but are on the rise among middle and high school students."[20] For the Finger Lakes region, the counties that had an overall upward trend saw greater increases in obesity for middle/high school students similar to the overall state trend.

Figure 12: Percent of Students with Obesity in the Finger Lakes Region



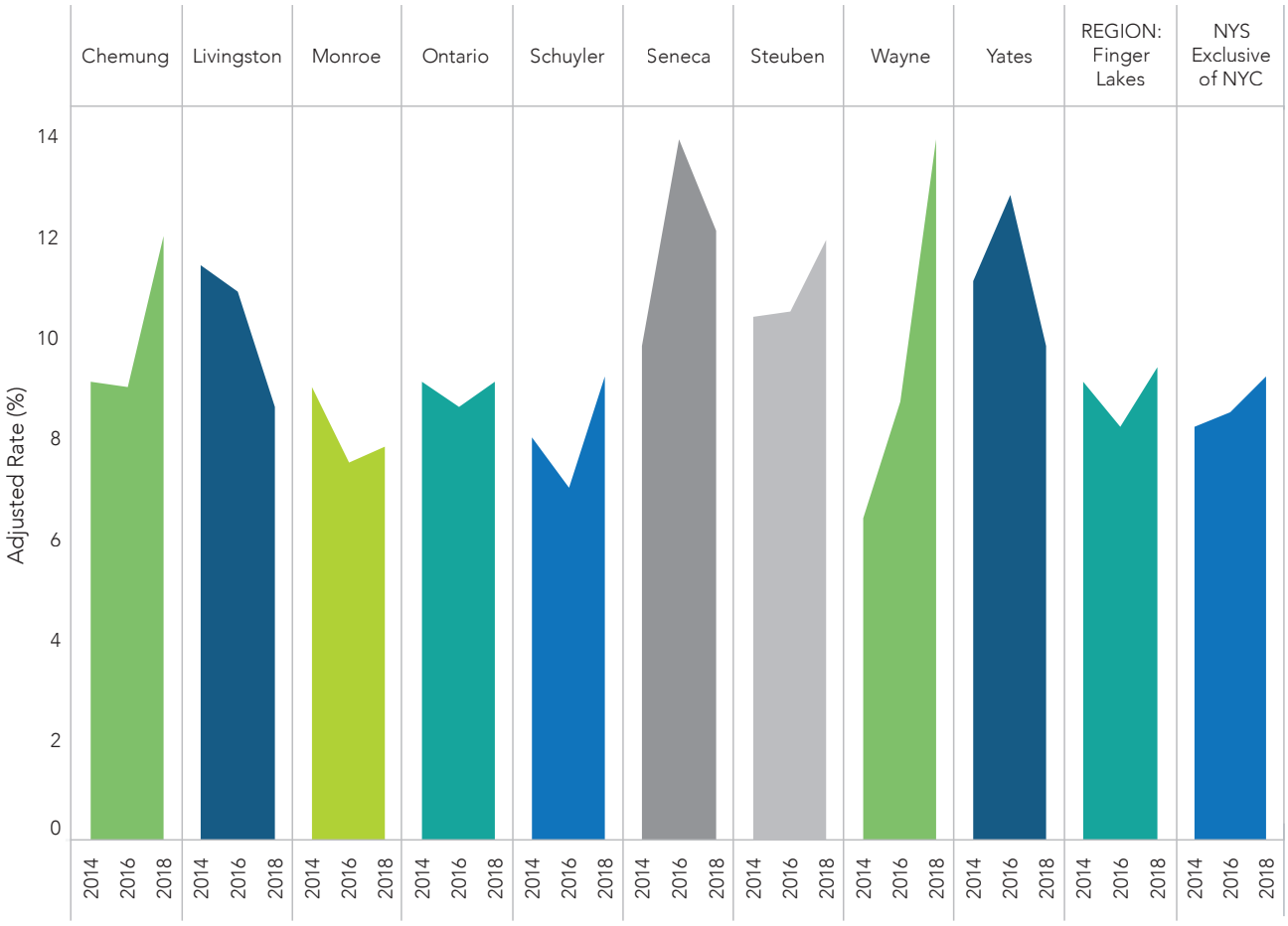
Data Source: NYS DOH, Health Data Connector, 2010 – 2019

20. https://nyshc.health.ny.gov/web/nyapd/student-weight-data-explorer

Diabetes

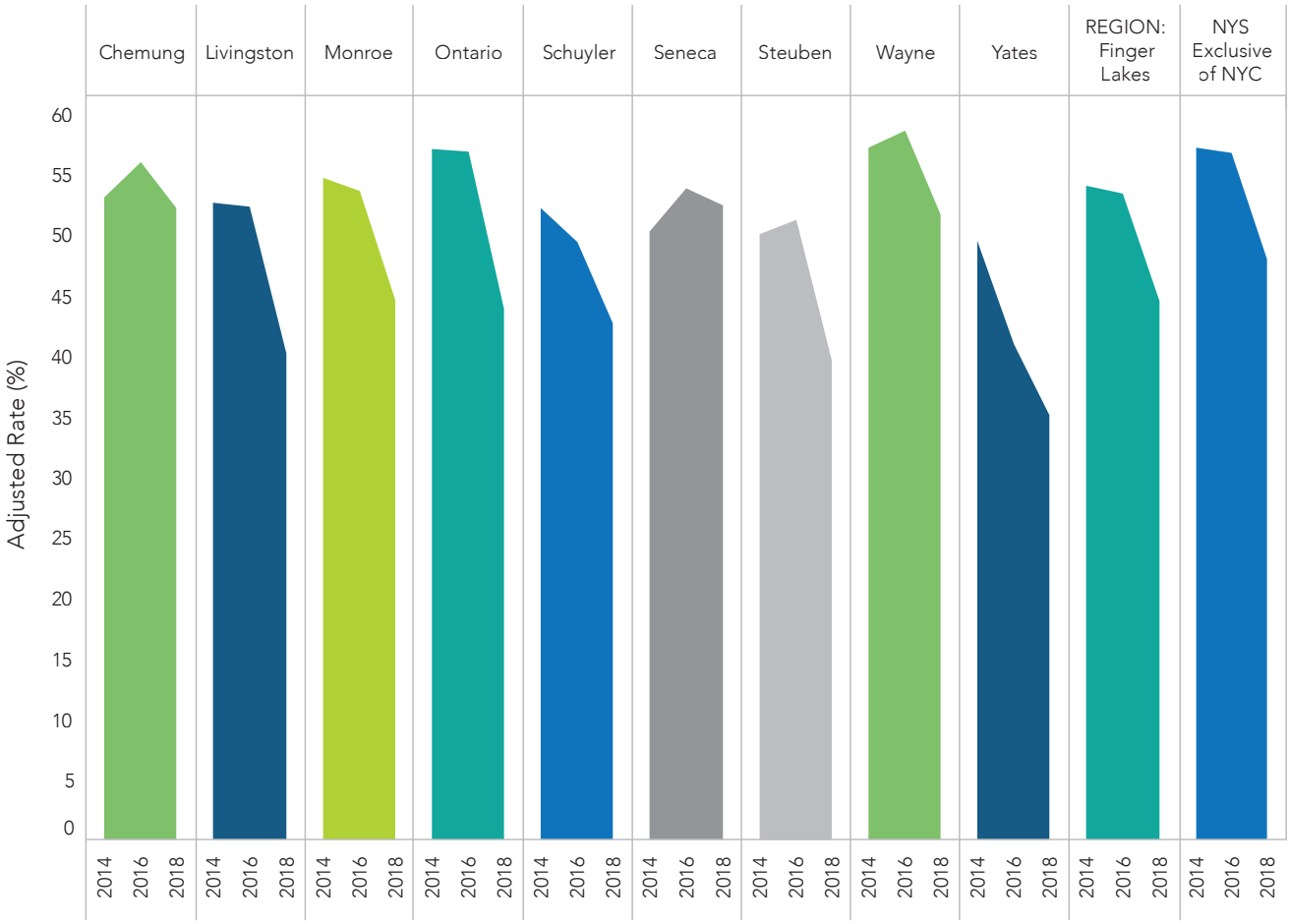
One area that has not seen an improvement is diabetes screening. Rates of diabetes among adults varied in from 2014 to 2018 (Figure 13) and appeared to increase in five counties. In comparing the Finger Lakes region overall vs. the state, both the region and state showed a similar trend from 2014 to 2018. Individual counties' experiences varied. However, diabetes screening rates decreased from 2014 to 2018 in each of the nine counties (Figure 14) among those 18 years and older. This trending is reflected in the Finger Lakes region and the state. Therefore, the reduction in testing must be considered prior to interpreting the rates of diabetes diagnoses given potential for undiagnosed occurrence of disease.

Figure 13: Adults with Diabetes



Data Source: Division of Chronic Disease and Injury Prevention, Bureau of Chronic Evaluation and Research, New York State Department of Health, Behavioral Risk Factor Surveillance System, Year 2013-2014, 2016, & 2018. Analysis Completed by Common Ground Health

Figure 14: Adults (18+) who Received Prediabetes/Diabetes Testing



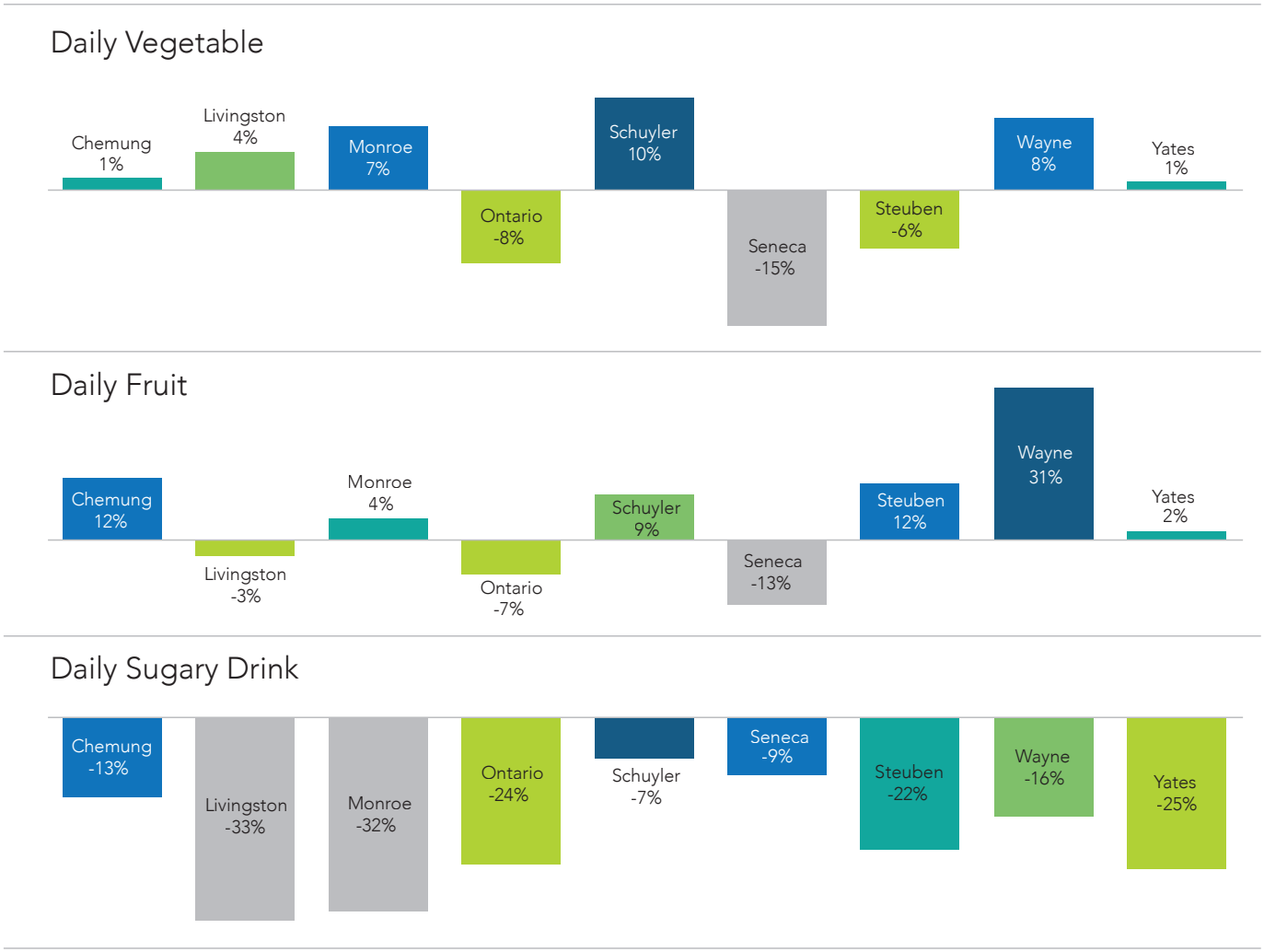
Data Source: Division of Chronic Disease and Injury Prevention, Bureau of Chronic Evaluation and Research, New York State Department of Health, Behavioral Risk Factor Surveillance System, Year 2013-2014, 2016, & 2018. Analysis Completed by Common Ground Health

Healthy Eating

With regard to healthy eating, the trends from 2016 to 2018 were mostly positive. Figure 15 shows the percent change in daily fruit, vegetable, and sugary drink consumption. For daily fruit and vegetable consumption, a positive change (shown as a positive number with a darker color) is a promising trend. Six of the nine counties show a positive change in fruit and vegetable consumption.

For sugary drink consumption, a negative change (negative number or lighter color) shows progress. All nine counties in the Finger Lakes region made progress in this area, with the percent of the population reducing daily consumption of a sugary drink ranging from about 7% to about 33%.

Figure 15: Percent Change of Fruit, Vegetable, and Sugary Drink Consumption



Data Source: Division of Chronic Disease and Injury Prevention, Bureau of Chronic Evaluation and Research, New York State Department of Health, Behavioral Risk Factor Surveillance System, Year 2016 & 2018.
Analysis by Common Ground Health.

Healthy eating habits are important when it comes to decreasing the incidence of obesity in children and adults. According to My Health Story 2018 survey data, 9% of the region's respondents reported the nearest grocery store is 20+ minutes away, where vehicles are needed to access them. Of note, the majority of residents (75% of respondents) indicated they usually get their fruits and vegetables from a supermarket or grocery store or local grocery store (47%). A substantial amount of residents also utilize local farm stands (39%), farmers markets (29%), or grow their own in their garden (22%), with estimates for all three of these sources being higher in Schuyler, Seneca, Wayne and Yates Counties.

Respondents to the My Health Story 2018 survey were also asked what were the biggest challenges or barriers keeping them from eating healthier. Table 8 reveals barriers reported by residents. The biggest barrier to eating healthier, particularly for those with low income, was that healthy food was too expensive. Other issues which rose to the top were not having enough time and lack of knowledge of how to shop for and prepare the food. This presents an opportunity to help educate and inform the community on how to shop for and prepare in-season fruits and vegetables, which may help contain costs of eating healthier for the consumer. Not surprisingly, the table also reveals that affordability of healthy food was a larger concern for those of a lower income status. Nearly 60% of those with incomes less than $25k reported a cost barrier vs. 25% of those over $75k. Transportation, supplies and equipment, and knowledge of how to cook and prepare foods were also areas predominantly identified by low-income respondents.

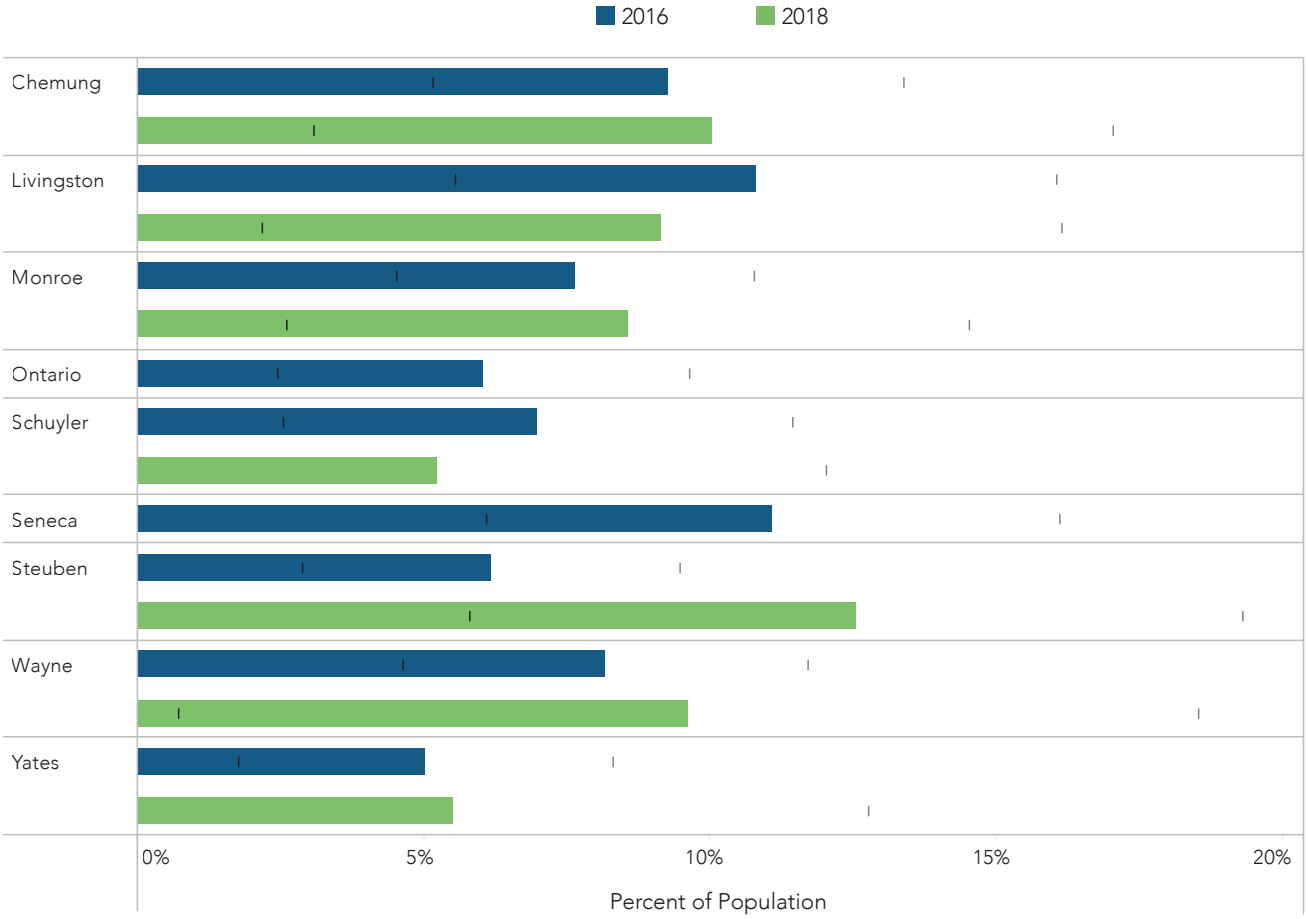
Table 8: Barriers to Healthy Eating

	under $25K	$25-50K	$50-75K	$75K+
Buying healthy food is too expensive	54%	47%	38%	20%
I don't enjoy the taste of healthy food	5%	7%	10%	8%
I don't have anyplace nearby to buy healthy food	6%	5%	2%	2%
I don't have the supplies and equipment I'd need to cook healthy food	9%	5%	4%	1%
I don't have the time to shop for, and prepare, healthy food	14%	21%	22%	23%
I don't have the transportation to go shopping for healthy food	12%	3%	1%	0%
I don't know how to cook and prepare healthy meals that taste good	11%	15%	14%	10%
I don't want or need to eat healthier than I already do	8%	8%	10%	10%
I really don't have any barriers keeping me from eating healthy food	22%	32%	42%	49%
The others in my household don't eat healthy, and we eat together	9%	10%	12%	12%

Data Source: My Health Story survey 2018. Analysis by Common Ground Health incorporates weighting to reflect demographics of each county and the region.

While data around fruit, vegetable and sugary drink consumption is showing some promising trends in eating habits, food insecurity is an issue in the region and contributes to the challenges around making healthy eating choices.

Figure 16: Food Insecurity[21]



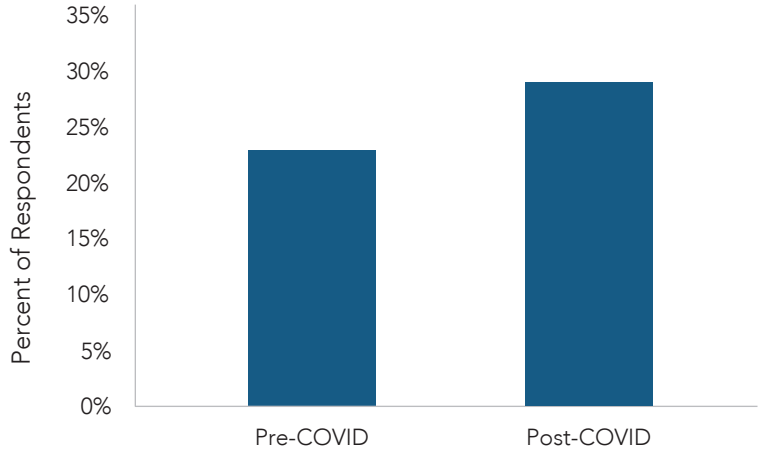
Data Source: Division of Chronic Disease and Injury Prevention, Bureau of Chronic Evaluation and Research, New York State Department of Health, Behavioral Risk Factor Surveillance System, Year 2016 & 2018. Analysis Completed by Common Ground Health

In general the region's rate of food insecurity has been fairly stable, with only Steuben County showing large increases. While it showed a greater than 5% increase in food insecurity over the two year time period, the wide confidence intervals on these rates indicate caution be taken before drawing any strong conclusions from these increases. It does indicate that food insecurity, as it relates to other goals on the Prevention Agenda, should be explored further.

21. 2018 Data for Ontario and Seneca County not shown due to large standard error

The COVID-19 pandemic has greatly impacted a number of Prevention Agenda focus areas. The following figure (Figure 17) shows the impact COVID-19 has had on people's anxiety around having enough food until they had more money to buy more. In addition to the data below, the survey revealed that almost half (45%) of the respondents know someone struggling with food security as a result of the COVID-19 pandemic. The findings further emphasize the need to address food security concerns in the region.

Figure 17: Percent of Respondents who were Worried if Their Food Would Run Out Before They Got Money to Buy More



Data Source: Pivital Public Health Partnership (formerly S2AY Rural Health Network Inc,) The Impact of COVID-19 on Food Security and Healthy Eating

Photo by Chelsie Renae
Photo courtesy of Livingston County Department of Health

Physical Activity

While healthy eating is a major component of preventing and managing chronic diseases, so is physical activity and exercise. My Health Story 2018 provided us with data on barriers to being physically active, as shown in Table 9. Similar to the perceived expense of healthy food previously discussed, the affordability of exercise opportunities is noted as a barrier predominantly seen in the lower income population (25% of respondents vs. 7% of high-income respondents). Safety of neighborhoods, support systems, and transportation were three additional measures, which appear to be greater concerns for low-income respondents.

Table 9: Barriers to Being Physically Active

	under $25K	$25-50K	$50-75K	$75K+
I always seem to be too tired to exercise	28%	30%	33%	26%
I can't afford a gym membership or other fitness opportunities	39%	26%	18%	8%
I can't exercise because of a physical limitation or disability	22%	12%	12%	8%
I don't have a safe place nearby to get more exercise	9%	6%	3%	2%
I don't have anyone to exercise with, and don't like to exercise alone	18%	16%	16%	10%
I don't have the time to get more exercise	23%	42%	47%	55%
I don't have transportation to get to places where I could get more exercise	14%	4%	1%	0%
I don't want or need to be more active than I already am	10%	8%	9%	9%
I really don't have any barriers keeping me from being physically active	16%	25%	24%	31%
My life is too complicated to worry about exercise	10%	11%	10%	9%

Data Source: My Health Story survey 2018. Analysis by Common Ground Health incorporates weighting to reflect demographics of each county and the region.

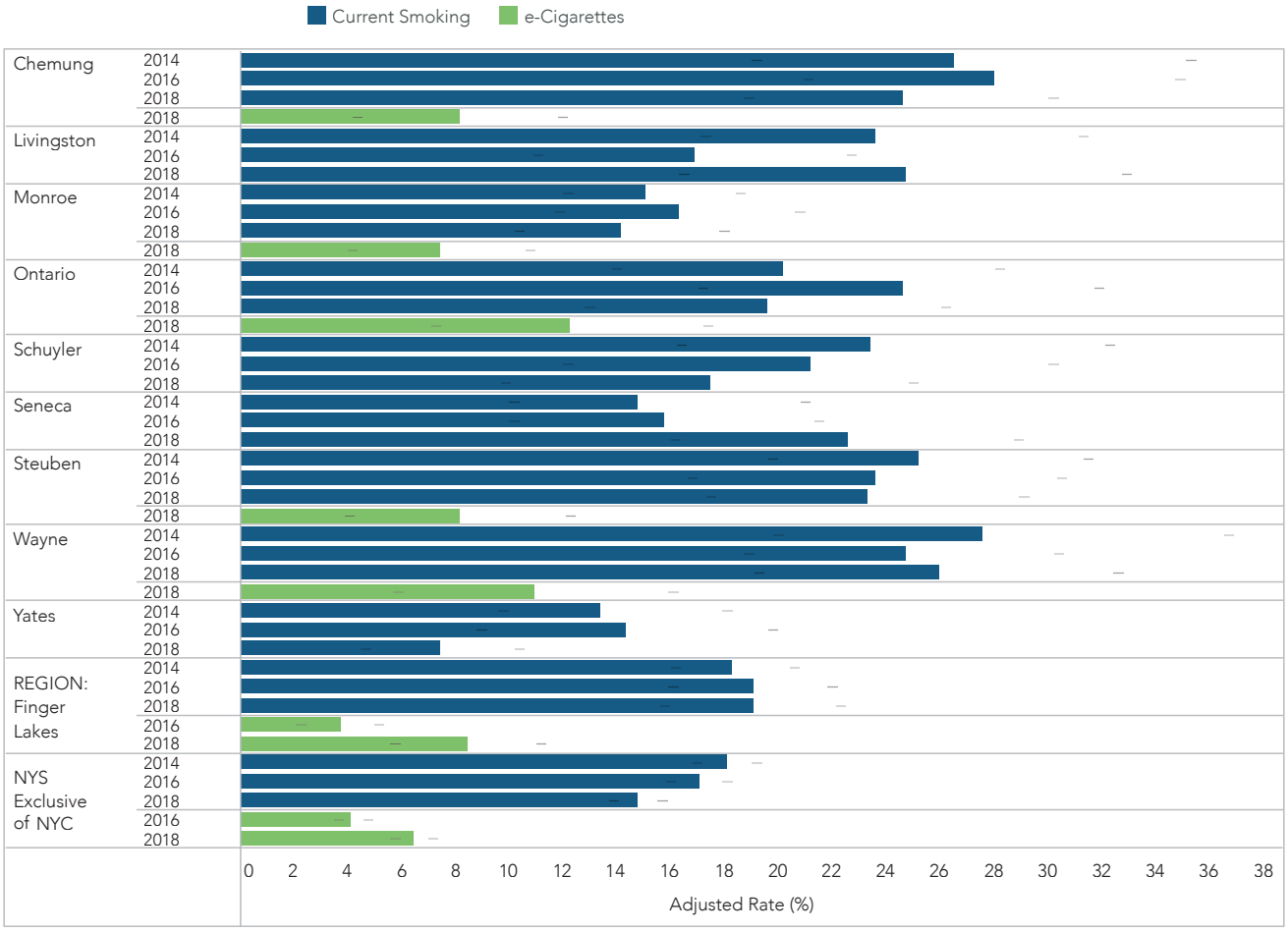
The impact of COVID-19 on people's physical activity has been different based on socio-economic factors. For instance, when gyms closed early in the pandemic, some people with the means were able to invest in home gyms, and many have continued with those habits since gyms have reopened.[22] Along with this, many have taken to different outdoor activities, such as running, hiking, biking and walking during COVID. While physical activity increased 4.4% during the pandemic, adult obesity conversely also increased by 3% during the first year of the pandemic. Researchers said the rise in obesity may have been linked to an increase in alcohol consumption and a decrease in smoking.[23]

22. https://runrepeat.com/fitness-trends
23. https://www.ajpmonline.org/article/S0749-3797(22)00095-2/fulltext

Tobacco Use

Another area of concern in the chronic disease priority area is tobacco use. In the previous Community Health Assessment, five of the nine counties chose Tobacco Prevention as a focus area. The following figure (Figure 18) shows the trend of cigarette use from 2013-2014 to 2018 and e-cigarette use from 2016 to 2018.

Figure 18: Percent of Adults (18+) Who Smoke Every Day or Some Days[24]



Data Source: Division of Chronic Disease and Injury Prevention, Bureau of Chronic Evaluation and Research, New York State Department of Health, Behavioral Risk Factor Surveillance System, Year 2013-2014, 2016 & 2018. Analysis Completed by Common Ground Health

While the rate of cigarette use across all nine counties and the Finger Lakes region was fairly stable, the increase in e-cigarette use is a cause for concern. The Finger Lakes region saw a roughly 5% increase in use of e-cigarettes or other vaping products without a corresponding reduction in cigarette use. In comparison to the state data, this was double the increase (2% vs. 5%). This is likely due to the simultaneous use by respondents of both cigarettes and e-cigarettes. Reported use of e-cigarettes as well as other nicotine delivery systems (vape pens, JUULs, etc.) have been identified as areas of concern in several of the Finger Lakes region counties.

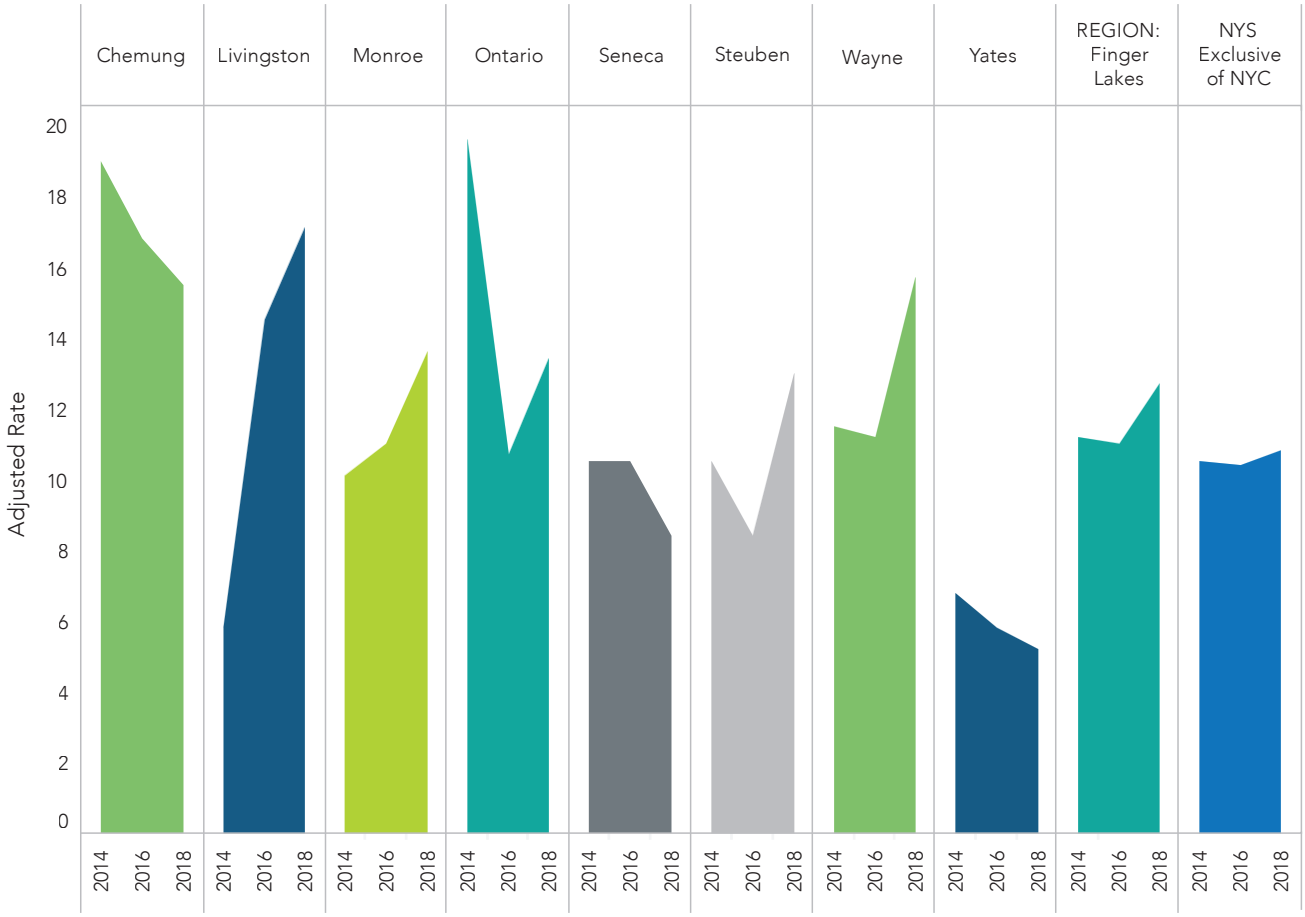
24. 2016 E-Cigarette Data at the county level, 2018 E-Cigarette Data for Livingston, Schuyler, Seneca, and Yates County not shown due to large standard error

In 2016, the rates of e-cigarette use were thought by many partners to be higher than what was reported likely due to the sparse availability of data. Anecdotal data suggests that many individuals have switched from cigarette to e-cigarette use under the impression that e-cigarettes are "safer." This perception that vaping is harmless is false, and vaping has been shown to impair the development of child and adolescent brains. In addition, gray market child-friendly chemical flavorings and colorings in the vape liquids may also damage the oral mucosa and airway and increase the risk of developing lung cancer, hypertension, stroke, heart attack and premature mortality.[25] The alarming increase in e-cigarette usage in the Finger Lakes provides an opportunity to improve community health. A focus on targeting young adults (18–24) may prove most beneficial as this population is more likely to report e-cigarette usage than any other age group.

Asthma

Another chronic disease that has been monitored through the Community Health Assessments is asthma. In looking at the trend of data across the Finger Lakes region from 2013-2018, we see variation between the different counties. Chemung, Seneca, and Yates counties have seen a downward trend, Livingston, Monroe, and Schuyler have seen an upward trend, while Ontario, Steuben, and Wayne have been volatile in that time frame. The Finger Lakes region and state did not show significant change in the time period. Figure 19 displays this data.

Figure 19: Percent of Population with Asthma



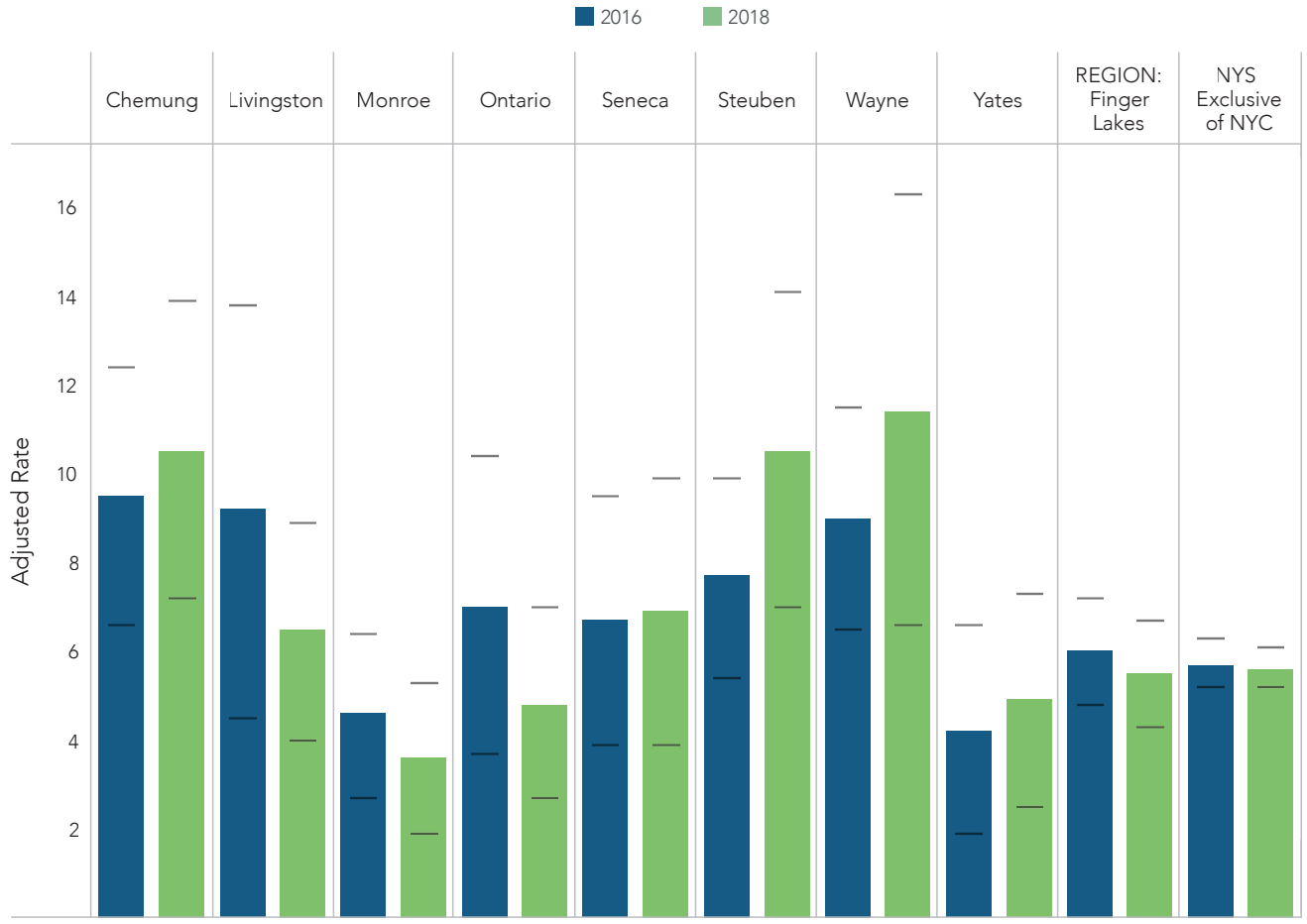
Data Source: Division of Chronic Disease and Injury Prevention, Bureau of Chronic Evaluation and Research, New York State Department of Health, Behavioral Risk Factor Surveillance System, Year 2013-2014, 2016, & 2018. Analysis Completed by Common Ground Health

25. Muthumalage, T., Lamb, T., Friedman, M.R. et al. E-cigarette flavored pods induce inflammation, epithelial barrier dysfunction, and DNA damage in lung epithelial cells and monocytes. Sci Rep 9, 19035 (2019). https://doi.org/10.1038/s41598-019-51643-6error

COPD

Similar to asthma, the prevalence of chronic obstructive pulmonary disease (COPD) in the Finger Lakes region is not showing any clear trends. Looking at the data from 2016 and 2018, the prevalence rate in the different counties, the Finger Lakes region, and state did not show either positive or negative trends and no county had a change of more than 3% in either direction, as shown in Figure 20.

Figure 20: Percent of Population with COPD



Data Source: Division of Chronic Disease and Injury Prevention, Bureau of Chronic Evaluation and Research, New York State Department of Health, Behavioral Risk Factor Surveillance System, Year 2016, & 2018. Analysis Completed by Common Ground Health

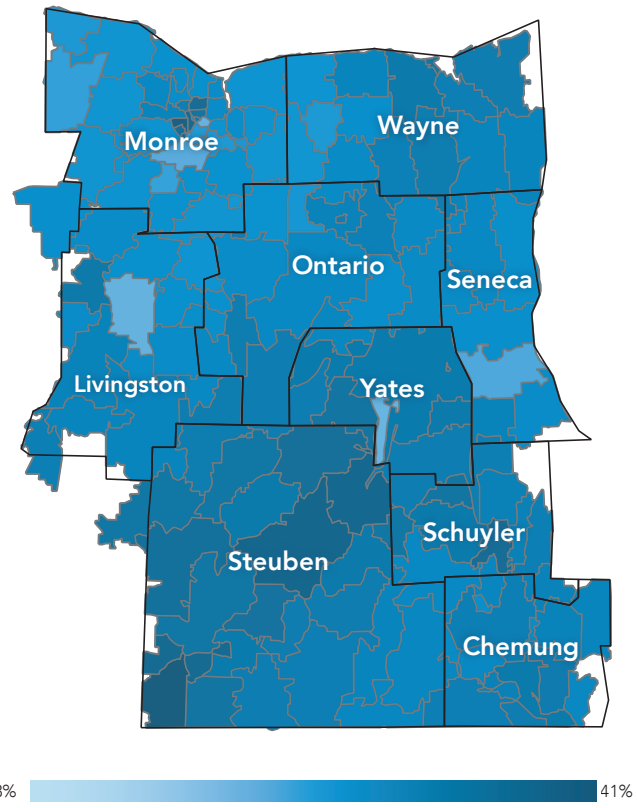
Hypertension

An estimated 32% of adults in the Finger Lakes region have been diagnosed with hypertension. Undiagnosed or mismanaged hypertension can lead to a wealth of poor health outcomes including heart attack, stroke, kidney disease and heart failure. Map 7 demonstrates the prevalence of hypertension by ZIP code within the Finger Lakes region. Rates among the adult population range from 20% in Keuka (Yates County) to 41% in Rochester (Monroe County) and Rexville (Steuben County).

Map 7: Percent of Adults (18+) with Diagnosed Hypertension

ZIP Codes with Highest Rate of Hypertension

14877	Steuben	41%
14611	Monroe	41%
14810	Steuben	40%
14874	Steuben	40%
14840	Steuben	39%
14608	Monroe	39%
14839	Steuben	39%
14621	Monroe	38%
14865	Schuyler	38%
14619	Monroe	38%



County Estimates

Chemung	34%
Livingston	29%
Monroe	30%
Ontario	31%
Schuyler	35%
Seneca	31%
Steuben	36%
Wayne	31%
Yates	34%

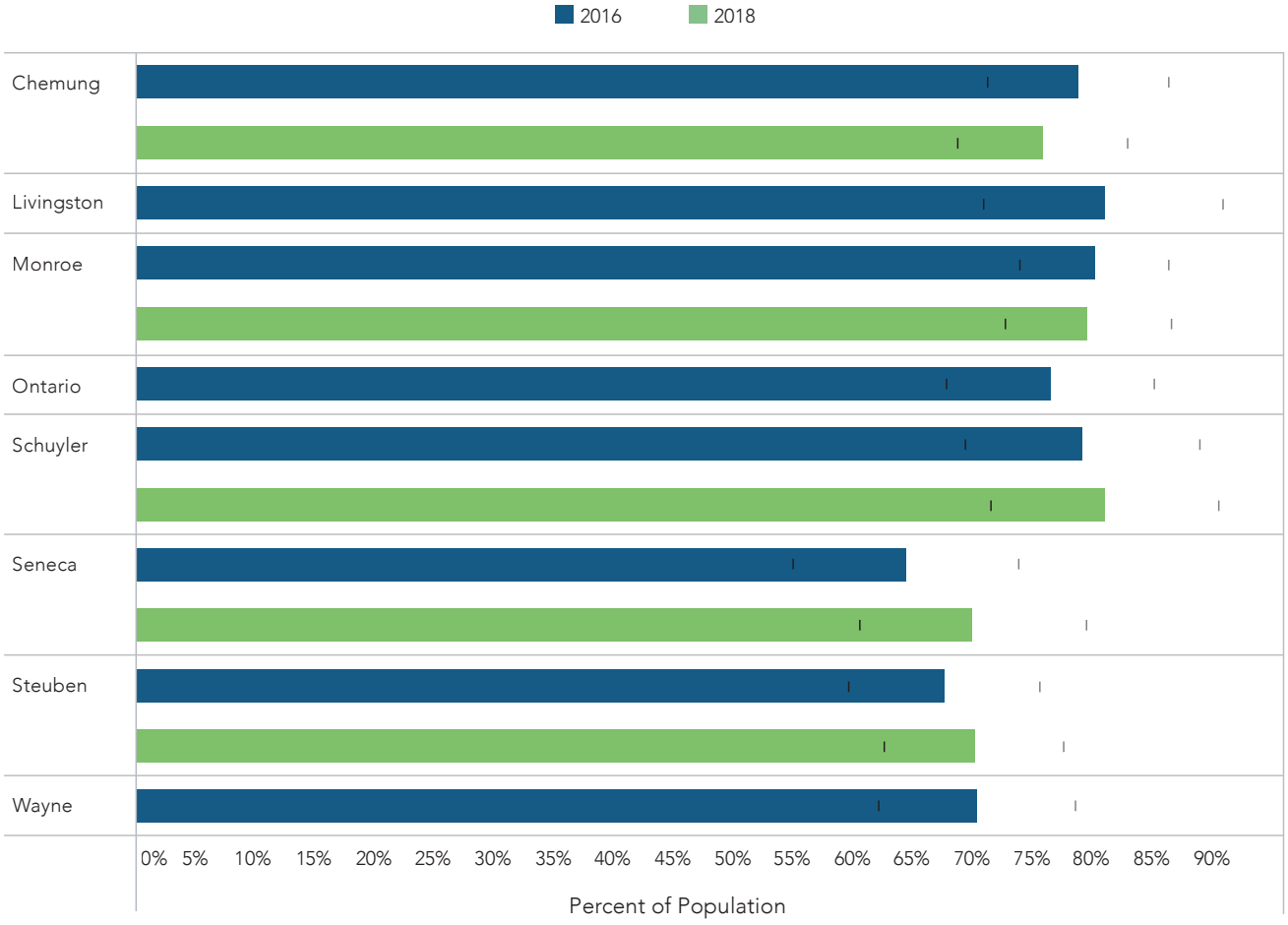
Source: CDC Places, 2018

Photo courtesy of Livingston County Department of Health

Cancer Screening

Screening for disease is an important preventative tool used to help detect, manage and treat disease in its early stages. One disease area where that is of particular importance is cancer. Across NYS and the Finger Lakes region, three types of cancer screenings are monitored: Breast, Cervical, and Colorectal. No data for Cervical Cancer screening could be displayed due to large standard error for the data. Looking at the trend for screenings from 2016 to 2018, all counties had no significant change in their rate of cancer screenings. Figure 21 and Figure 22 show the trends of rates for breast and colorectal cancers, respectively.

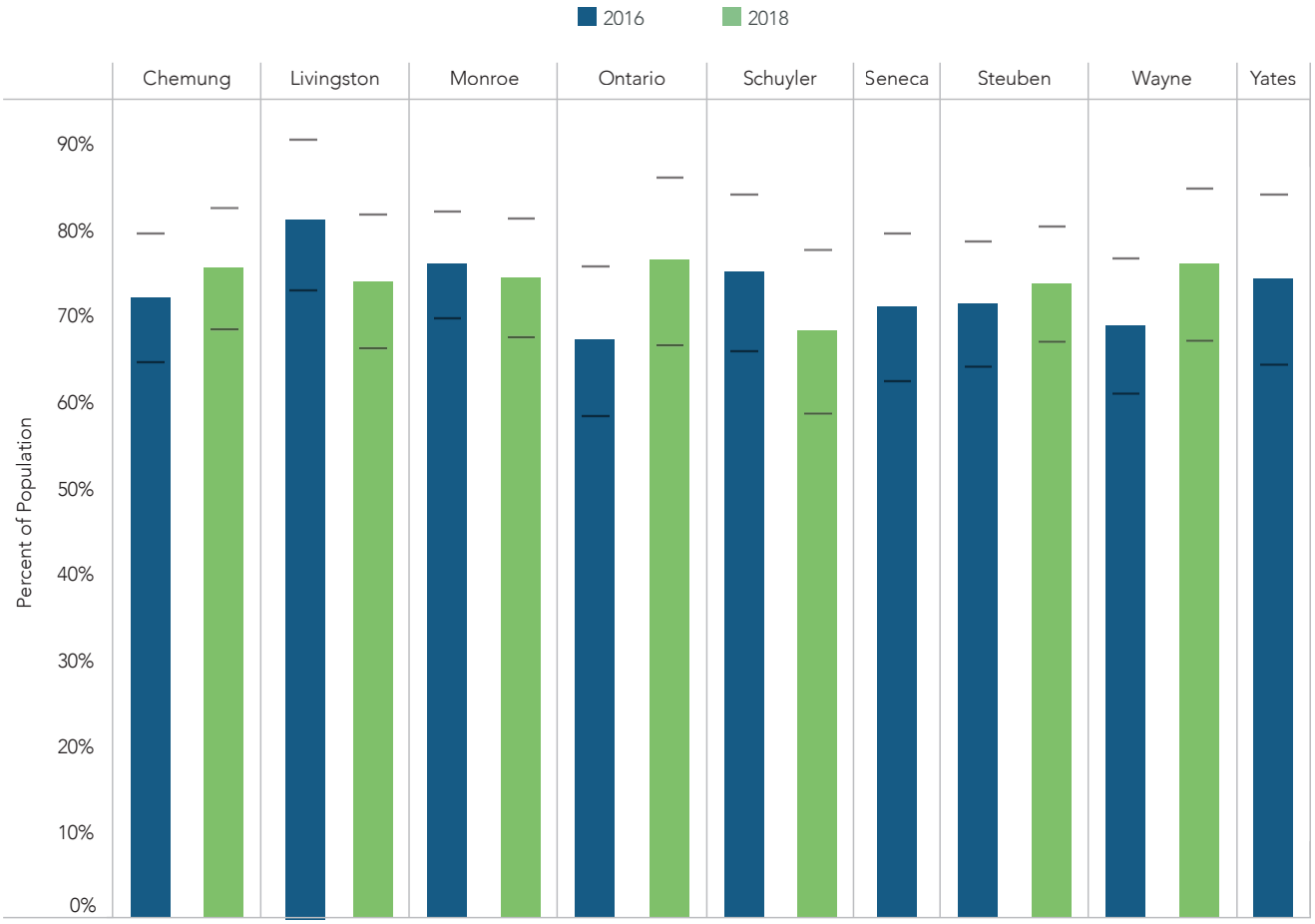
Figure 21: Breast Cancer Screening Rate[26]



Data Source: Division of Chronic Disease and Injury Prevention, Bureau of Chronic Evaluation and Research, New York State Department of Health, Behavioral Risk Factor Surveillance System, Year 2016, & 2018. Analysis Completed by Common Ground Health

26. 2018 Data for Livingston, Ontario, and Wayne County not shown due to large standard error. 2016 and 2018 Data for Yates County not shown due to large standard error

Figure 22: Colorectal Cancer Screening Rate



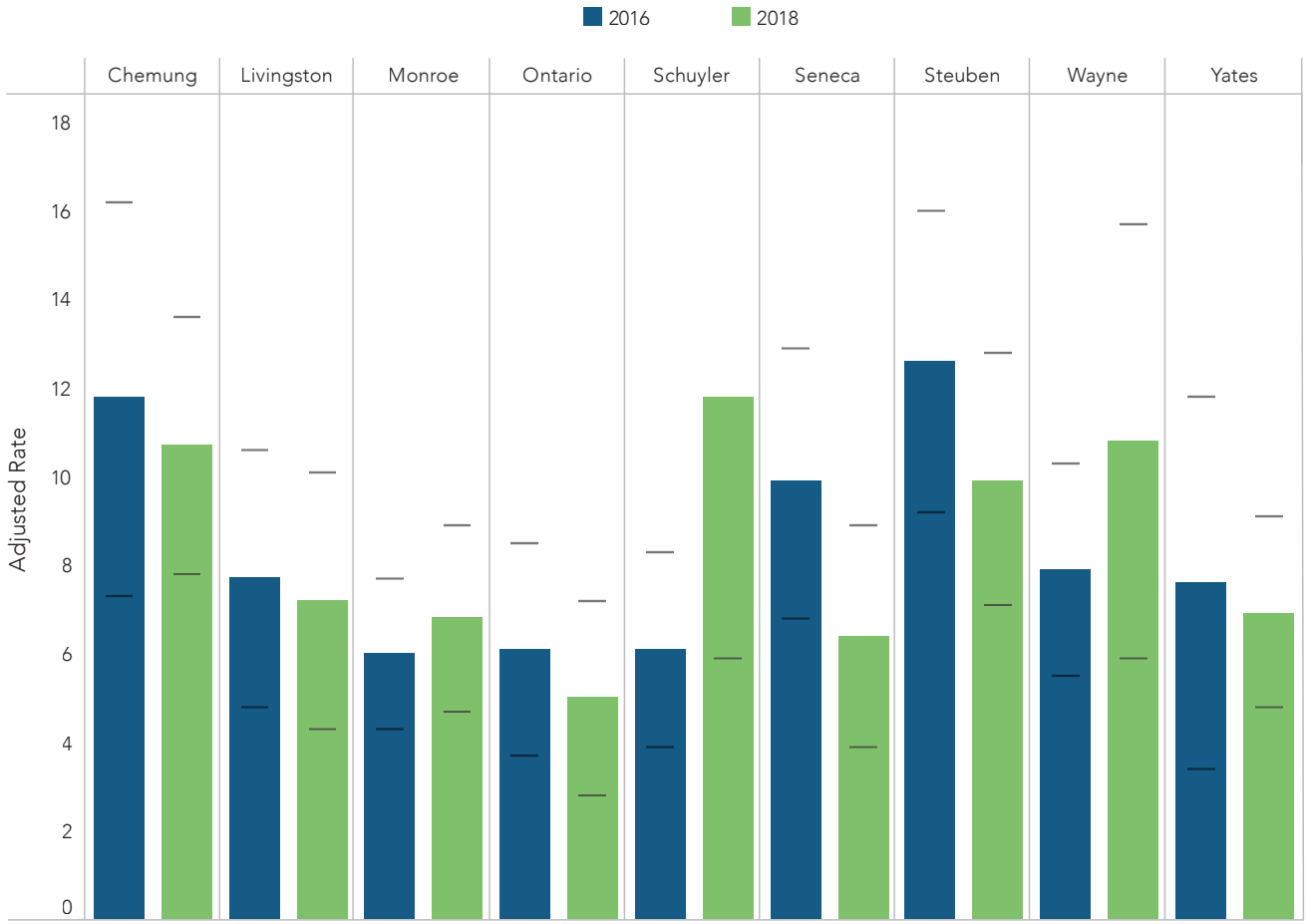
Data Source: Division of Chronic Disease and Injury Prevention, Bureau of Chronic Evaluation and Research, New York State Department of Health, Behavioral Risk Factor Surveillance System, Year 2016, & 2018. Analysis Completed by Common Ground Health

Canadice Lake, Ontario County
Photo courtesy of VisitFingerLakes.com

Cardiovascular Disease

Cardiovascular disease has long been a condition that has negative impacts on our community. Data from the CDC/Vital Statistics shows that cardiovascular disease has been the leading cause of death in the US since 2015.[27] In the Finger Lakes region, the rate of cardiovascular disease from 2016 to 2018 was low (<15%), but trends across the region are variable. Most counties have been stable, with Schuyler and Wayne showing increases and Seneca and Steuben showing decreases in rates. While these increases may be something to look into, the wide confidence intervals shown in Figure 23 indicate that caution should be taken in drawing any significant conclusions from the data.

Figure 23: Rate of Cardiovascular Disease



Data Source: Division of Chronic Disease and Injury Prevention, Bureau of Chronic Evaluation and Research, New York State Department of Health, Behavioral Risk Factor Surveillance System, Year 2016, & 2018. Analysis Completed by Common Ground Health

27. Source: National Center for Health Statistics. National Vital Statistics System: mortality statistics (http://www.cdc.gov/nchs/deaths.htm). Data for 2015-2019 are final; data for 2020 are provisional.

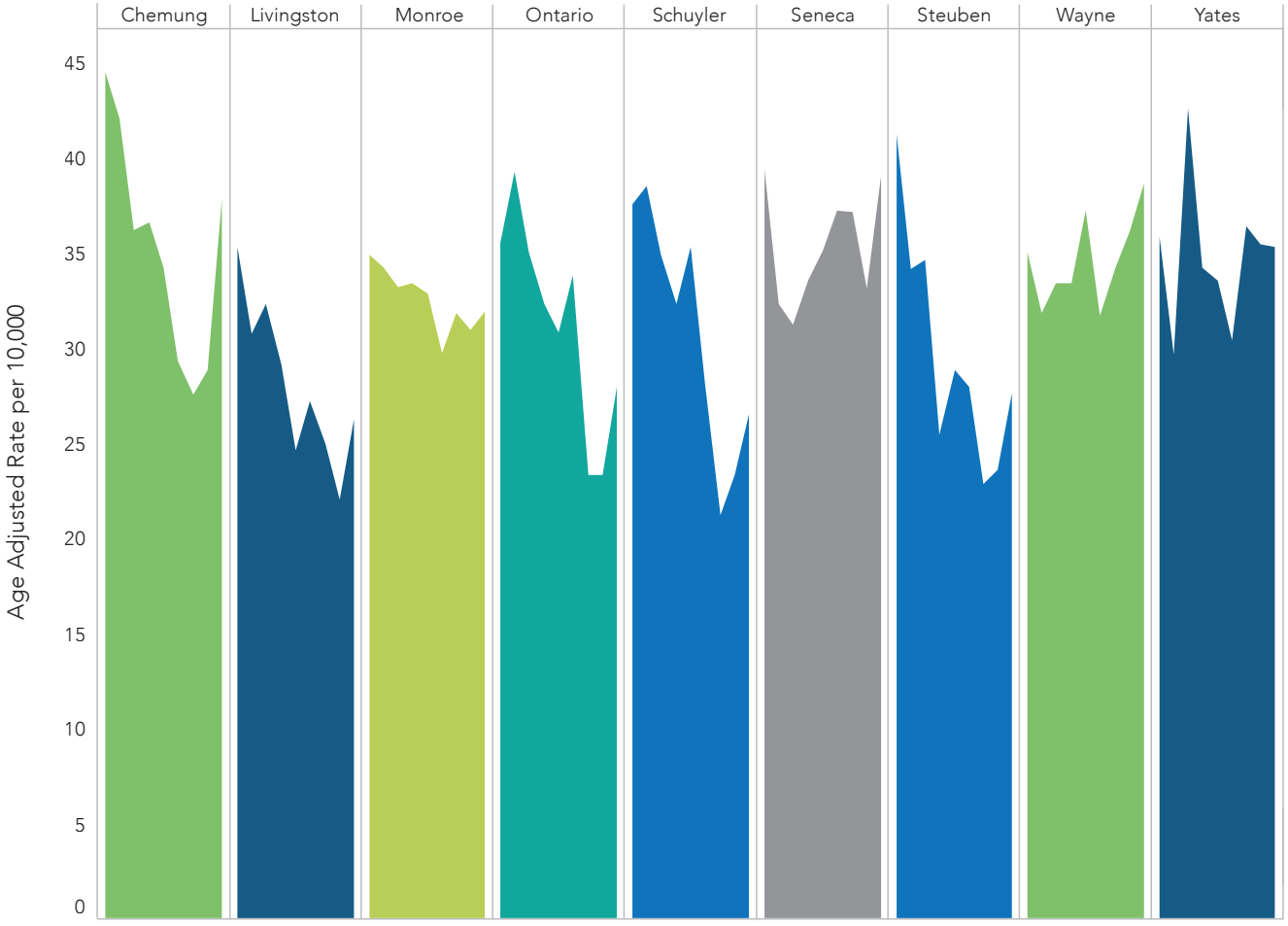
Promote a Healthy and Safe Environment

Healthy and safe environments relate to all dimensions of the physical environment(s) in which we live, work and play that impact health and safety. This includes the air we breathe, the water we drink and utilize for recreational use, interpersonal violence, incidence of injury, and more.

Falls in the 65+ Population

One indicator of the healthy and safe environment is falls in the 65+ population. Between 2009 and 2018, the age-adjusted rate of hospitalizations related to falls has been steady in the region, averaging around 30 per 10,000 as shown in Figure 24. Some communities, such as in Livingston County, have focused on fall prevention in previous health improvement plans. This work appears to be having the desired effect as that county has one of the lowest fall rates in the region.

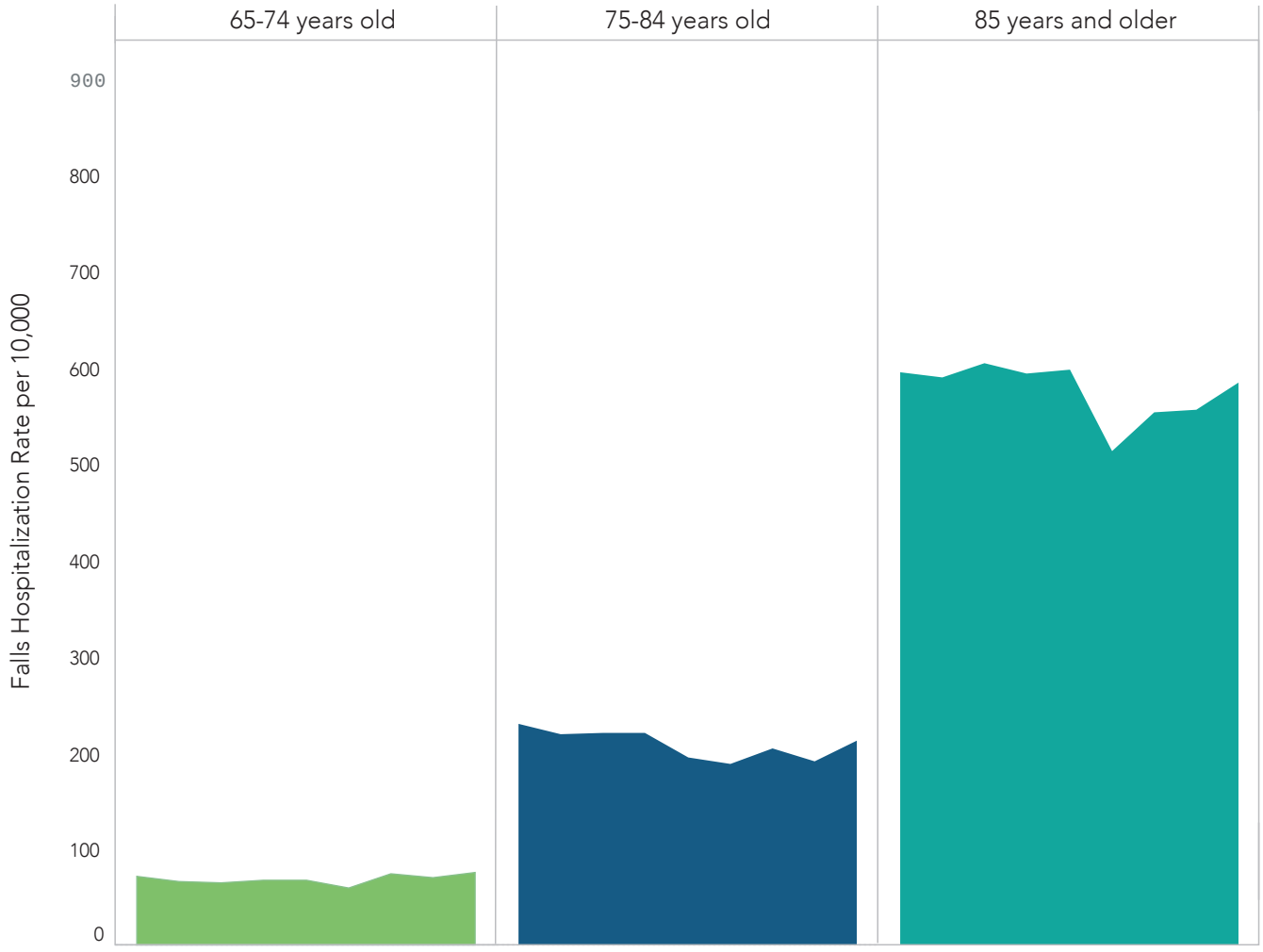
Figure 24: Age Adjusted Rate of Fall Hospitalization



Data Source: NYS DOH, Community Health Indicator Report, Years 2009 - 2018. Analysis Completed by Common Ground Health

Looking more closely at the geriatric population within Monroe County, we see consistent rates from 2009 – 2018 (Figure 25). Other counties in the Finger Lakes region follow a similar trend. As the population ages, older individuals will be more likely to have a hospitalization from a fall. While this might indicate a higher rate of falls in older age groups, it is also likely to be driven by the frailty of older populations.

Figure 25: Fall Hospitalization Rate in Monroe County, Ages 65 and Older

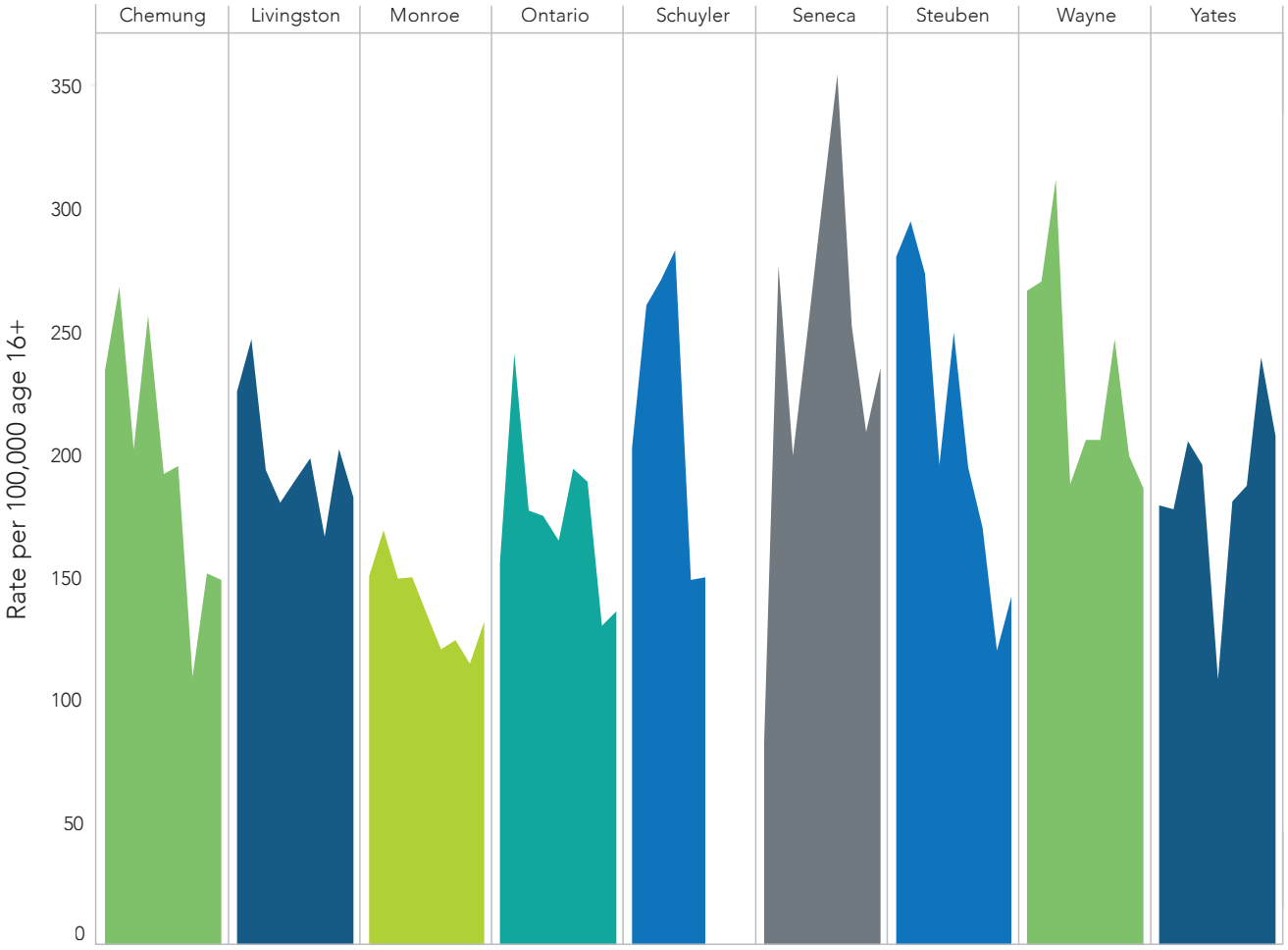


Data Source: NYS DOH, Community Health Indicator Report, Years 2009 - 2018. Analysis Completed by Common Ground Health

Work Related Hospitalizations

Another indicator of environmental health is work place safety. Fewer injuries and hospitalizations related to work show an increased focus by employers and employees on maintaining a safe environment. In looking at the data from 2009 – 2018, work injury-related hospitalization rates are either steady or decreasing across the Finger Lakes region (Figure 26).

Figure 26: Work Related Hospitalizations per 100,000 - Age 16 and Up

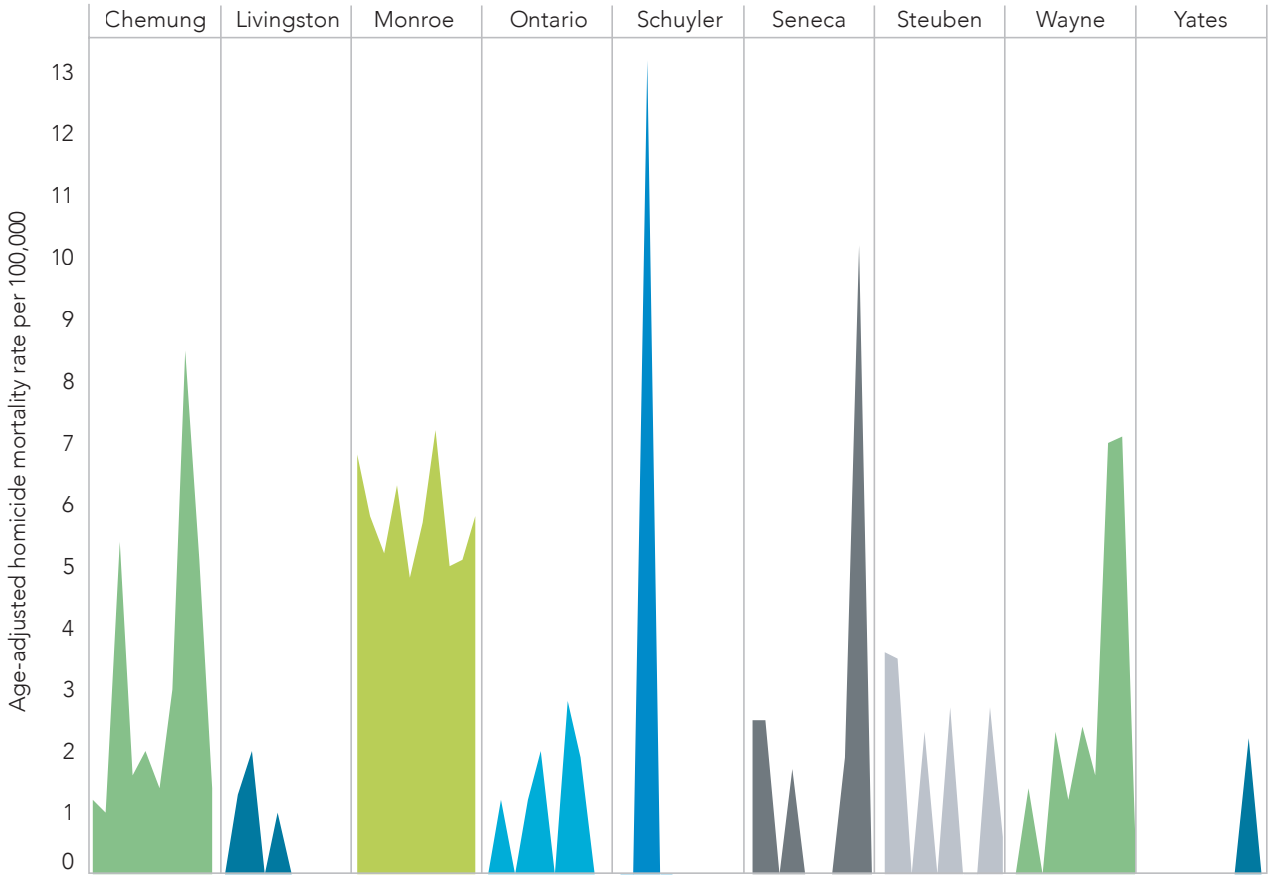


Data Source: NYS DOH, Community Health Indicator Report, Years 2009 - 2018. Analysis Completed by Common Ground Health

Perceived Neighborhood Safety

The perception of safety in one's neighborhood and home is another indicator of environmental health. Violence in some neighborhoods has long been a concern and a major factor in reducing the life expectancy of Black men. In addition, the presence of violence in one's neighborhood may increase rates of stress and anxiety among residents, with a corresponding decrease in rates of physical activity and perceived safety. Long-term, this may lead to greater rates of poor emotional well-being, chronic disease and more. Looking at the trends from 2009 – 2017 at the county level, homicide mortality rates per 100,000 are flat or trending slightly downward (Figure 27). Of note, small numerators and/or denominators may cause arbitrary fluctuations in the results and should be taken into consideration when interpreting the data. While this data is encouraging, the more recent trends from 2018-2021 are not yet reflected in this analysis.

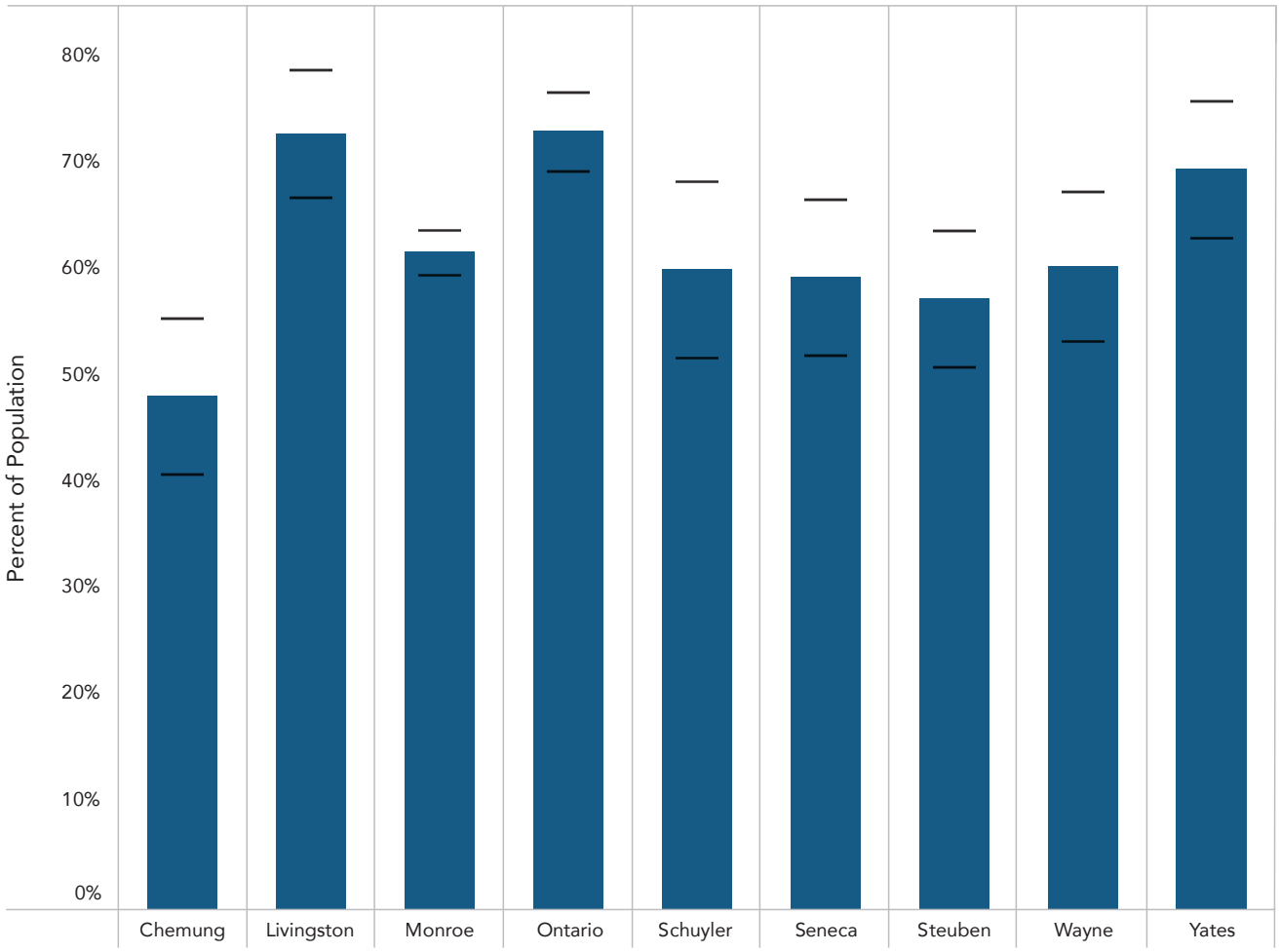
Figure 27: Age Adjusted Homicide Mortality Rate per 100,000



Data Source: NYS DOH, Community Health Indicator Report, Years 2009 - 2018. Analysis Completed by Common Ground Health

Along with static or declining homicide rates, My Health Story offered insight into how people feel about their neighborhoods. In all but one county in the Finger Lakes region, a majority of respondents (about 60%) felt safe in their neighborhoods (Figure 28).

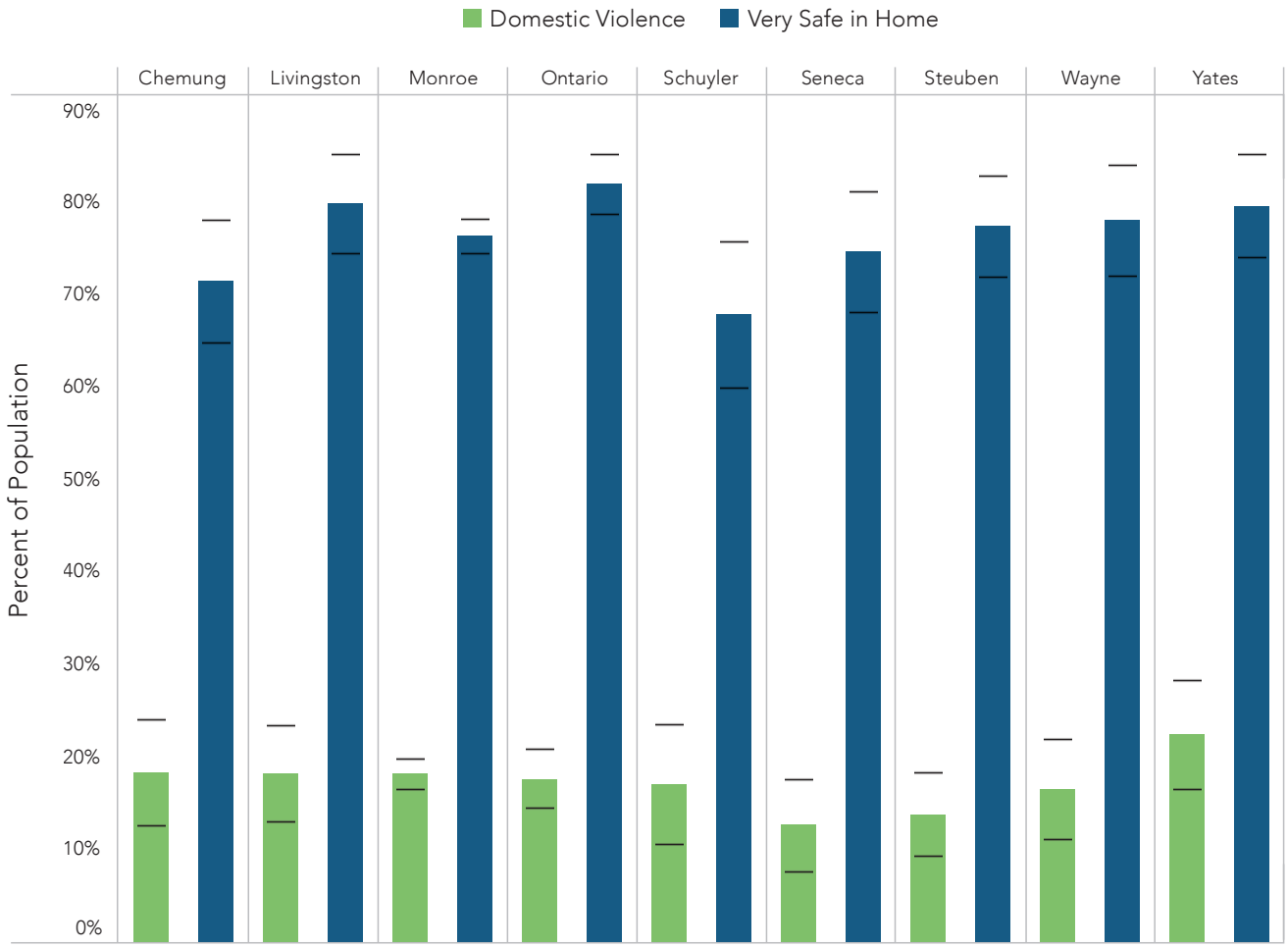
Figure 28: Percent of Population Reporting Feeling Very Safe in Their Neighborhood



Data Source: My Health Story survey 2018. Analysis by Common Ground Health incorporates weighting to reflect demographics of each county and the region.

Not only did respondents report feeling safe in their neighborhoods, a large majority (about 75%) reported feeling very safe in their homes (Figure 29). This directly correlates to the rate of reported domestic violence.

Figure 29: Respondent Indicators for Home Safety



Data Source: My Health Story survey 2018. Analysis by Common Ground Health incorporates weighting to reflect demographics of each county and the region.

Livingston County, Be Well in Nunda
Photo courtesy of Livingston County Department of Health

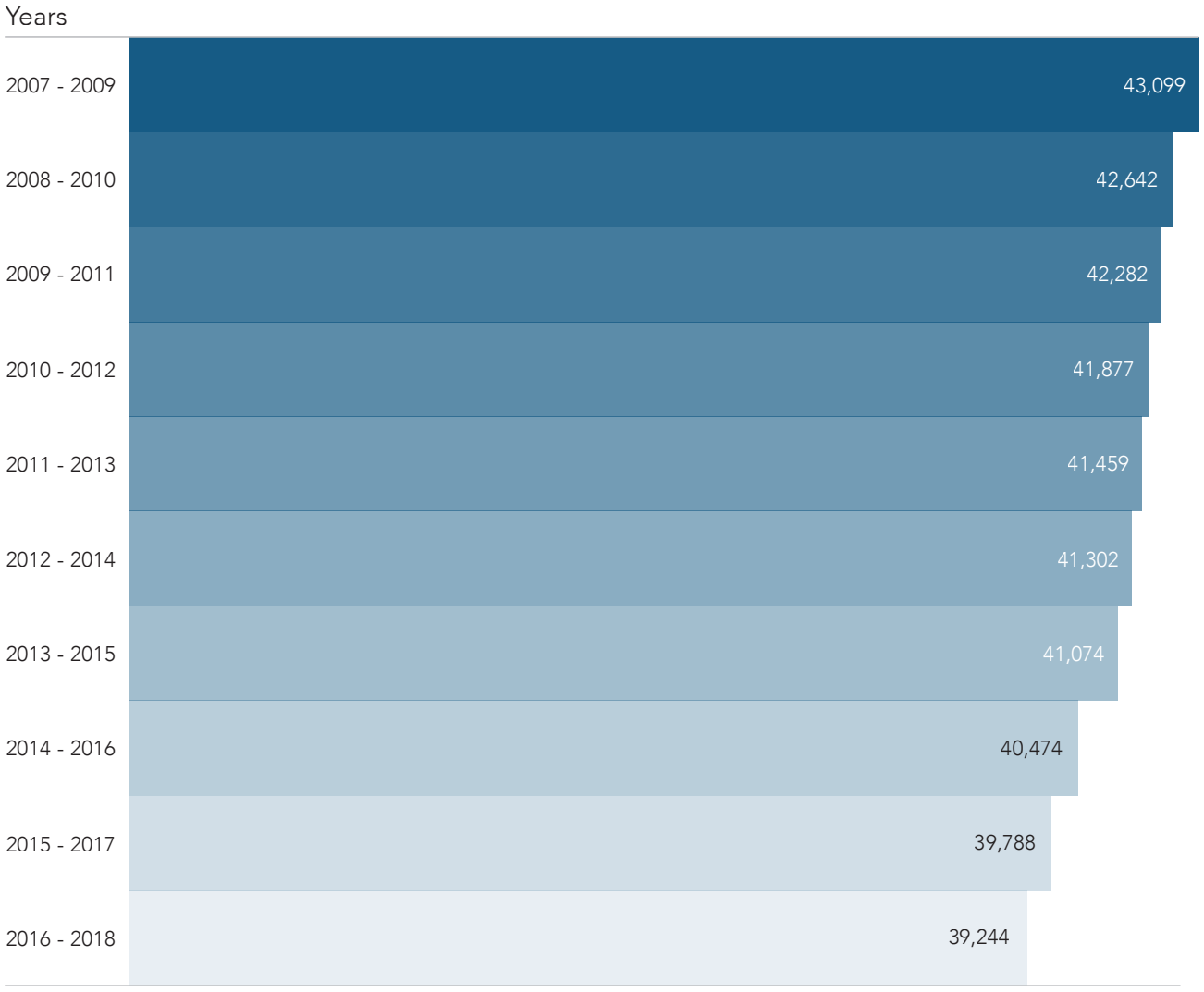
Promote Women, Infants, and Children

Maternal and pediatric health have been areas of focus for Finger Lakes Region counties in several past Community Health Assessments. According to Healthy People 2020, "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 help predict future public health challenges for families, communities and the health care system."

Total Births

New York State tracks a number of maternal and pediatric well-being metrics including low birth weight, premature births, teen birth and pregnancy rates, and infant/neonate deaths. Overall, since 2007, there has been a steady decrease in the total number of births in the Finger Lakes region. For the past two 3-year periods (2015-2017 and 2016-2018), total births in the Finger Lakes region have been below 40,000 (Figure 30).

Figure 30: Total Births in the Finger Lakes region



Source: New York State Perinatal Data Profile, 2007-2018

Prenatal Care

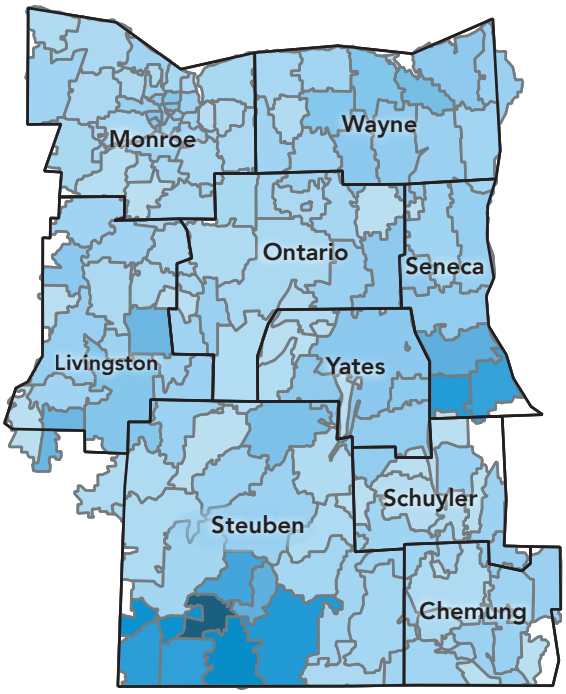
Receiving early and adequate prenatal care is important for ensuring a healthy pregnancy. At these visits, health care providers order vaccinations and tests and help with managing maternal chronic diseases that may have an impact on pregnancy. In addition, health care providers inform women about steps they can take to prevent complications. Ensuring timely prenatal care is obtained can help to lower the incidence of premature birth, low birth weight babies and infant mortality.[28]

In the Finger Lakes region, the majority of mothers receive timely prenatal care. However, Map 8 demonstrates the distribution of those receiving late or no prenatal care by ZIP code. ZIP codes with the highest rates of late or no prenatal care are in the southern portions of Seneca and Steuben Counties, with nearly 10% of the total births in each of these ZIP codes receiving late or no prenatal care. ZIP code 14855 in Jasper, Steuben County, New York had the highest rate of total births with late or no prenatal care, 35%. Of note, there were a total of 74 births that occurred in this ZIP code during the two year time frame. The area is noted to have a large Amish population who traditionally seek natural and homeopathic forms of medicine and would be less likely to seek prenatal care during pregnancy. In addition, this area of Steuben County does not have access to a local obstetrics and gynecology practice. Residents needing care need to travel to Corning or Hornell to access these services.

Map 8: Percent of Births that Received Late or No Prenatal Care

ZIP Codes with Highest Rate of Late or No Prenatal Care

14855	Steuben	35%
14898	Steuben	24%
14839	Steuben	22%
14801	Steuben	19%
14860	Seneca	19%
14877	Steuben	18%
14885	Steuben	17%
14847	Seneca	17%
14819	Steuben	16%



Data by County/Region:

Chemung	3%
Livingston	4%
Monroe	3%
Ontario	3%
Schuyler	2%
Seneca	10%
Steuben	9%
Wayne	5%
Yates	3%
NYS Excl. NYC	4%

Source: NYS Department of Health Perinatal Data Profile 2016-2018
Late or no prenatal care is defined as care initiated in the third trimester or not at all

28. National Center for Biotechnology Information, Factors Associated with Lack of Prenatal Care in a Large Municipality, 2014

Premature Births

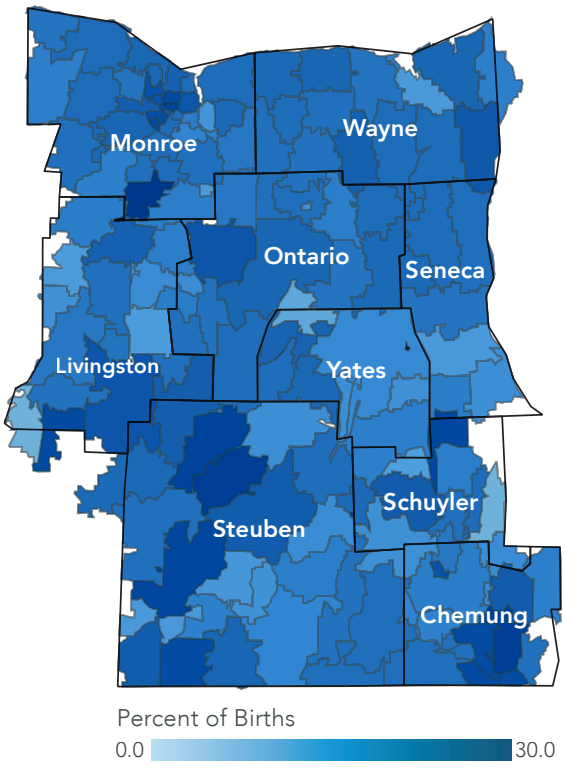
A baby born prematurely (<37 weeks gestation) is at risk for several health complications including jaundice, anemia, apnea, and more. The earlier in pregnancy a baby is born, the more likely it is that the baby will need to spend time in the neonatal intensive care unit (NICU). Long-term health complications associated with premature birth include intellectual and developmental delays, problems with communicating, getting along with others, and even taking care of him or herself. Neurological disorder, behavioral problems, and asthma may also occur.[29]

According to the New York State Department of Health Perinatal Data Reports, there are pockets within each county that have higher rates of premature birth (Map 9). The ZIP code with the highest rate of premature birth is found in Yates County, a county with a large population of Amish/ Mennonite which, as discussed in previous sections, likely impacts rates of prenatal care and negative birth outcomes, such as prematurity, low birth weight and infant mortality. In addition, the county's population is quite small in comparison to nearby counties (just 25,000 residents) and small numerators may cause significant fluctuation in the rates. In comparison to New York State, excluding New York City, the Finger Lakes region ranks favorably.

Map 9: Percent of Births that were Premature

ZIP Codes with Highest Rate of Premature Births

14441	Yates	30.0
14543	Monroe	20.0
14809	Steuben	18.1
14861	Chemung	17.5
14826	Steuben	16.7
14605	Monroe	16.3



Data by County/Region:

Chemung	10.0
Livingston	7.5
Monroe	10.3
Ontario	9.0
Schuyler	7.7
Seneca	7.4
Steuben	9.5
Wayne	9.2
Yates	9.3
NYS Excl. NYC	10.6

Source: NYS Department of Health Perinatal Data Profile 2016-2018
Premature births are defined as births that occurred before 37 weeks gestation

29. March of Dimes, Premature Babies and Long-Term Health Effects of Premature Birth, www.marchofdimes.org.

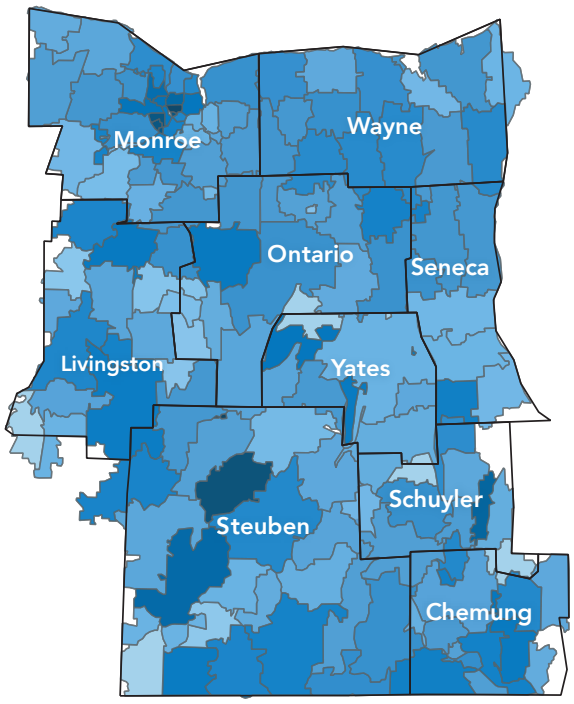
Low Birth Weight Babies

A child born at a low birth weight may suffer a range of health complications at birth. Some of the common issues for a low birth weight newborn include low oxygen levels, breathing complications due to immature lungs, difficulty feeding and gaining weight, neurological and gastrointestinal problems, infection, and more. Of note, premature birth is the primary cause of low birth weight.[30] In comparison to New York State excluding NYC, the Finger Lakes region again ranks favorably (Map 10). Within the region, Monroe, Chemung and Steuben Counties have the highest rates of low birth weight.

Map 10: Percent of Births that were Low Birth Weight

ZIP Codes with Highest Rate of Low Birth Weight Babies

14808	Steuben	16.7
14605	Monroe	16.3
14809	Steuben	15.1
14604	Monroe	14.6
14611	Monroe	14.6
14619	Monroe	14.6



Data by County/Region:

Chemung	7.2
Livingston	5.8
Monroe	7.7
Ontario	5.9
Schuyler	5.3
Seneca	5.5
Steuben	6.8
Wayne	6.5
Yates	5.4
NYS Excl. NYC	7.7

Source: NYS Department of Health Perinatal Data Profile 2016-2018
Low Birth Weight is defined as birth weight between 100-2499 grams

30. Stanford Children's Health, Low Birthweight

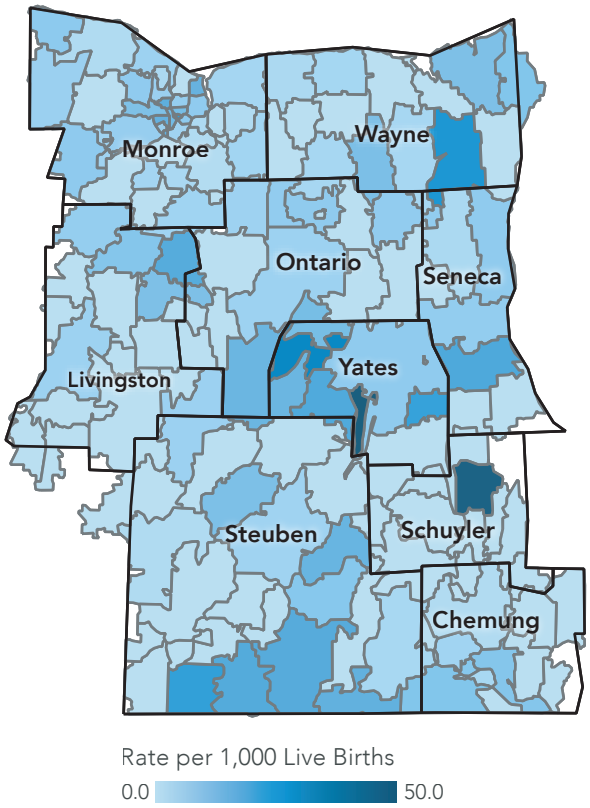
Infant Mortality

Prematurity and its related conditions are the leading cause of infant mortality. Reducing rates of premature birth may have a direct correlation on rates of infant mortality (deaths that occur within the first twelve months). Shown below in Map 11 is a map of infant mortality rates by ZIP code from 2016-2018. Rates are nearly 50 per 1,000 live births in two ZIP codes – one of which is located in Yates and the other in Schuyler County. It is again important to note, however, that both of these counties are relatively small (Yates – 25,000 residents; Schuyler – 18,000 residents) and their small numerators may inadvertently inflate rates. Of note, New York State has set a goal for the Infant Death Rate (deaths which occur at less than twelve months of age) at 4.0 per 1,000 live births to be achieved by 2020.[31]

Map 11: Infant Mortality Rate per 1,000 Live Births

ZIP Codes with Highest Rate of Infant Mortality

14478	Yates	50.0
14818	Schuyler	48.8
14507	Yates	35.7
14433	Wayne	28.4
14604	Monroe	24.4
14885	Steuben	24.4
14842	Yates	23.8



Data by County/Region:

Chemung	3.1
Livingston	3.8
Monroe	6.5
Ontario	4.4
Schuyler	4.8
Seneca	7.1
Steuben	6.3
Wayne	5.5
Yates	16.5
NYS Excl. NYC	4.9

Source: NYS Department of Health Perinatal Data Profile 2016-2018
Infant deaths are those that occurred at less than 12 months of age

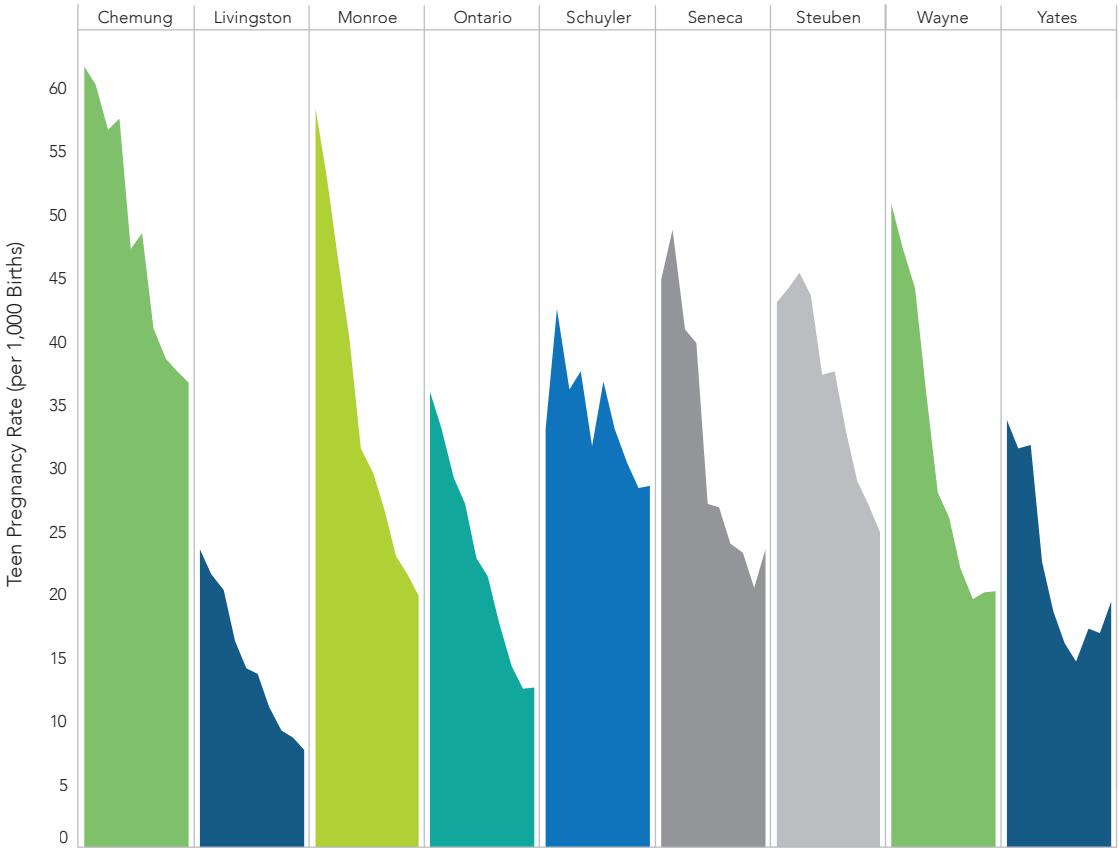
31. While this report was created in 2021 and 2022, data on years 2019 and 2020 are not yet available.

Teen Pregnancy

Two areas in which we have seen significant decreases over the past decade and a half are teen pregnancy and teen birth rates. The difficulties of raising a child are often amplified for teenage parents as their new responsibilities can conflict with primary and secondary education, employment and other opportunities for personal growth and development. In addition, teenage pregnancy can have a different impact on personal relationships than adult pregnancy and may result in a decrease in support from family, friends and the child's father figure. Given these challenges, teen parents tend to experience higher rates of single parenthood, perinatal depression and poverty. Communities are also affected by the long-term health consequences of increased child poverty and maternal depression rates.[32] There are higher rates of Child Protective Service involvement and foster care placement for children of teenage pregnancies as well as higher rates of incarceration in the child's adolescent years.[33] All of these factors may contribute to the prevalence of other health outcomes and demographics (such as single parent households and poverty estimates) listed in this report.

As seen in Figure 31, teen pregnancy rates have decreased significantly in all 9 counties in the Finger Lakes region. All counties (except Schuyler) have shown a decrease of ~20 pregnancies per 1,000 since 2007. The smaller decrease in Schuyler is likely due to smaller number of total births, as they had about 500 births during the 3-year period compared to other counties that had 1,000 births or more in that same timeframe. The Finger Lakes trend mimics a similar national decrease in teen pregnancy.

Figure 31: Teen Pregnancy Rate per 1,000 Births



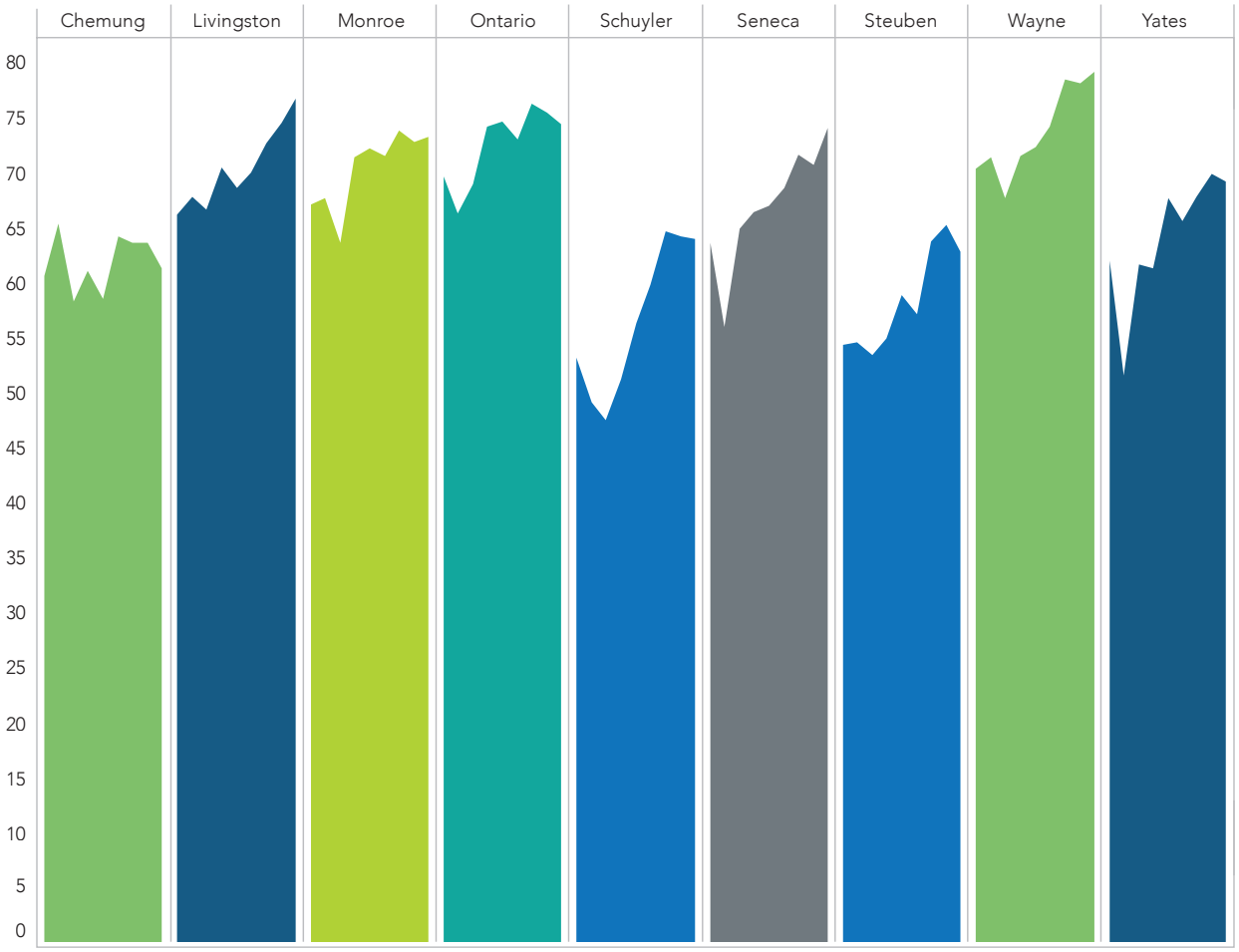
Data Source: New York State Vital Statistics Data, 2007 - 2018. Analysis Completed by Common Ground Health

32. The Urban Child Institute, How Adolescent Parenting Affects Children, Families and Communities, 2014
33. Youth.gov, Adverse Effects of Teen Pregnancy, 2008

Well-Child Visits

As mentioned in previous sections of this report, screening plays an important part in preventing and properly treating diseases. During the first 3 years of life, the tests, screenings, and vaccines being administered are essential in helping children become healthy and successful. With this in mind, children attending the appropriately scheduled well child visits is an important metric to ensure this happens. New York State tracks the percent of children who attend the recommended number of well child visits that are covered by state insurance (Medicaid, managed Medicaid, Child Health Plus, etc.). Figure 32 shows the trend of this percentage across the Finger Lakes region.

Figure 32: Percentage of Children with Recommended Number of Well Child Visits in Government Sponsored Insurance Programs - 2010 - 2018



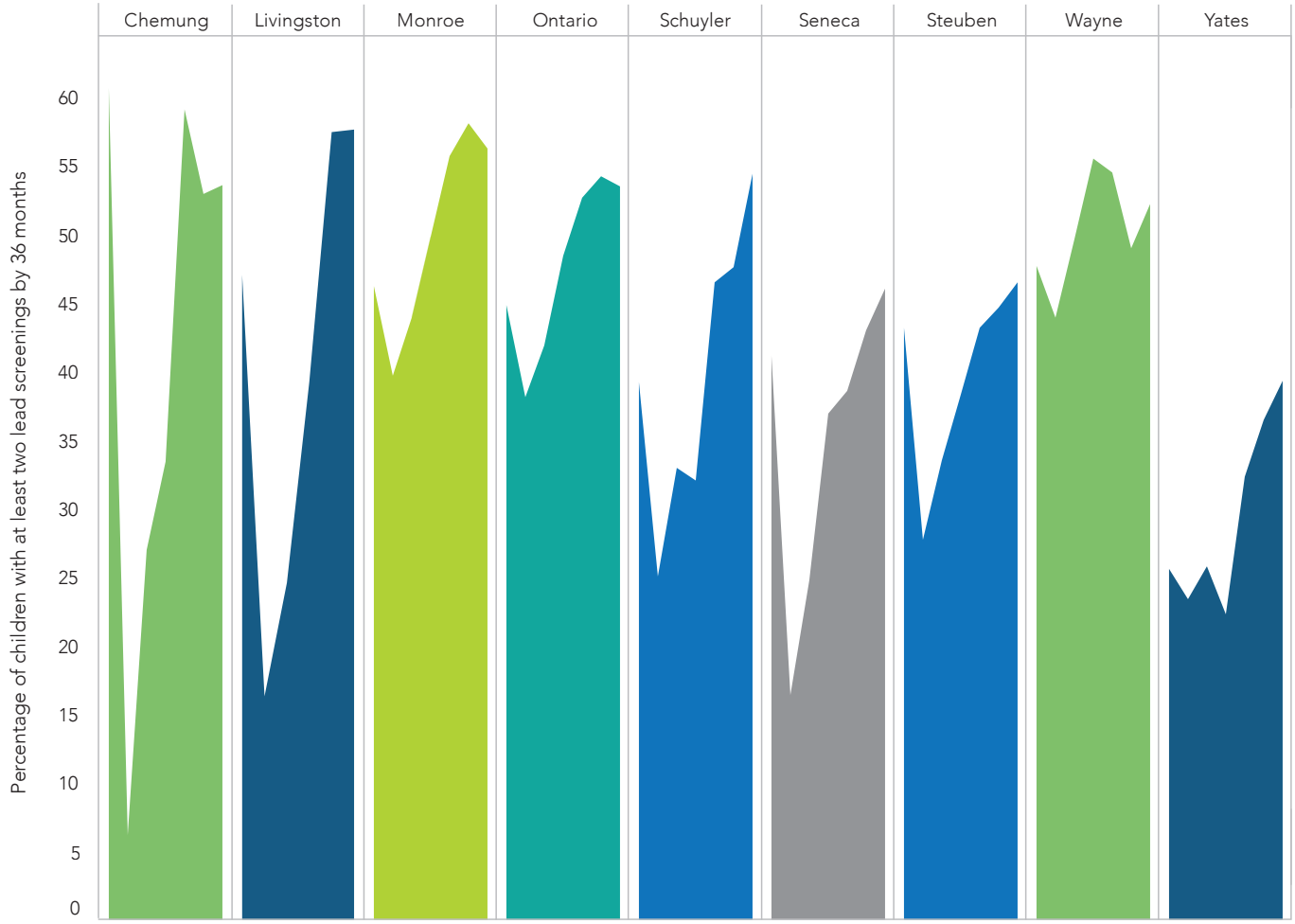
Data Source: New York State Vital Statistics Data, 2010 - 2018. Analysis Completed by Common Ground Health

Over the 9 year period shown in the chart, all 9 counties have seen an upward trend in the percent of children receiving their recommended number of well child visits. This is likely due to many counties and providers making maternal and child health a focus for recent community health improvement plans. Along with this, the impact of the adoption of telehealth practices in response to COVID-19 will be interesting to monitor with regard to how it impacted this rate in 2020 and beyond.

Blood Lead Level Screening in Children

One important screening that happens during the aforementioned well child visits is blood lead level screenings. "Asymptomatic lead poisoning has become more common in children. Blood lead levels of less than 5 µg per dL are associated with impairments in neurocognitive and behavioral development that are irreversible."[34] The recommendation is for children to have at least two screenings in the first 36 months of life. Across the Finger Lakes region, all 9 counties have been able to show an upward trend of this screening from 2009 to 2018, several hitting their highest rates in 2018, as shown in Figure 33.

Figure 33: Percentage of Children with at Least Two Lead Screenings by 36 months - 2009 - 2018



Data Source: New York State Vital Statistics Data, 2007 - 2018. Analysis Completed by Common Ground Health

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

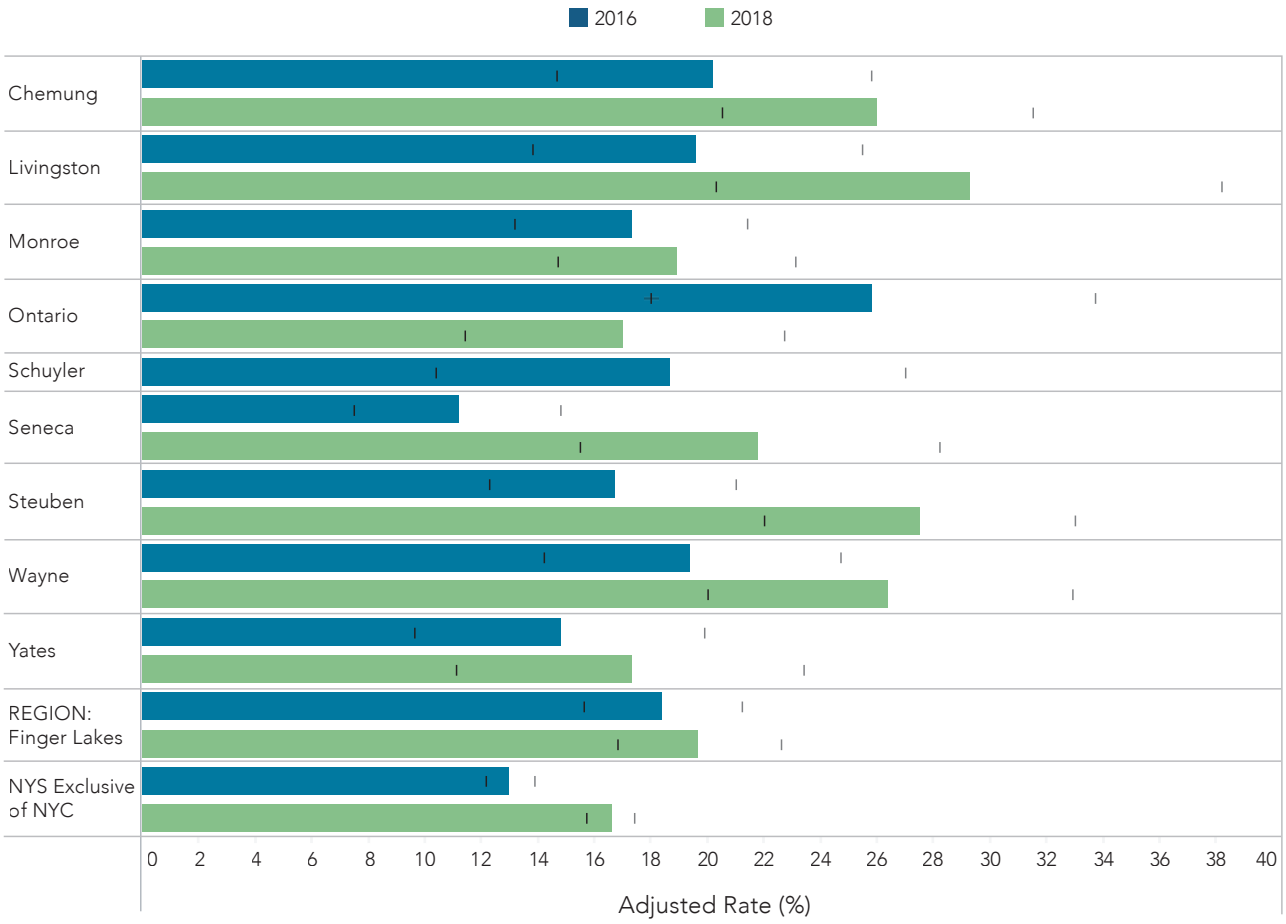
Promote Well-Being and Prevent Mental and Substance Use Disorders

A rise in the incidence of mental health conditions and substance use disorders has been seen across the nation and region for the past decade. In 2020, the COVID-19 pandemic only exacerbated the concerns and challenges communities were experiencing in these areas. Increased isolation, loss of loved ones, and a disheartening news cycle were major factors related to the pandemic that contributed to challenges with mental health and well-being.

Mental Health Well-Being

A review of rates of depressive disorders in the Finger Lakes region from 2016 to 2018 reveals that there has been an increase in the rates in 7 of the 9 counties, as seen in Figure 34. Along with this, the rates in the Finger Lakes region and counties were higher than the rate for the state. While one would think an increase in diagnosed depressive disorder is a concerning trend, the opposite might actually be true. Awareness of mental health, the reduction of stigma in certain communities (specifically, men and minorities), and increased access to care may be driving the rates up. Both the reduction of stigma and increased access to care may be allowing those who would previously not have received it to get the care they need.

Figure 34: Percent of Population with a Depressive Disorder[35]

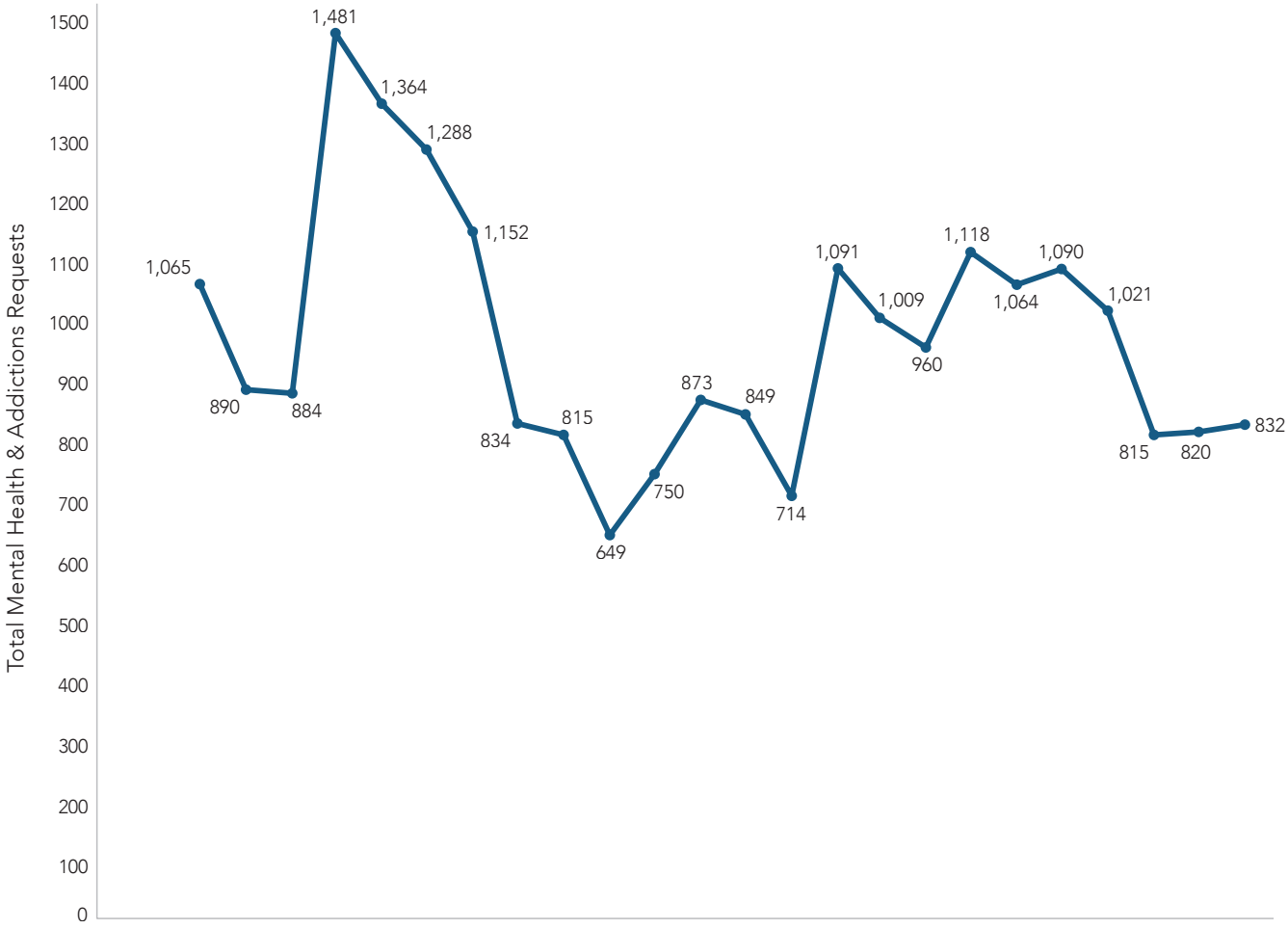


Data Source: Division of Chronic Disease and Injury Prevention, Bureau of Chronic Evaluation and Research, New York State Department of Health, Behavioral Risk Factor Surveillance System, Year 2016, & 2018. Analysis Completed by Common Ground Health

35. 2018 Data for Schuyler County not shown due to large standard error

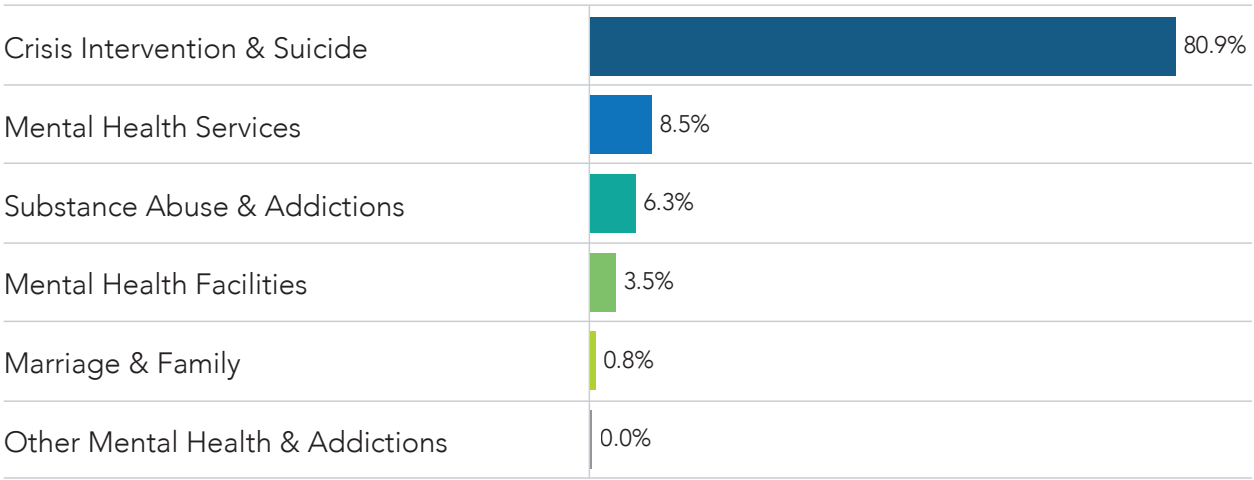
COVID-19 has increased the incidence of depression and anxiety across the globe. Looking at data from 211 Lifeline and 211 Counts, we can see the increase in calls related to mental health at the beginning of the pandemic and a high incidence for most of 2021. Figure 35 shows the trend for the Finger Lakes region, while Figure 36 shows the type of requests 211 has received related to mental health from 12/2020 to 11/2021.

Figure 35: Trend of 211 Mental Health Calls – Finger Lakes region



Data Source: 211 Lifeline, 211 Counts, December 2019 to November 2021

Figure 36: Top 211 Mental Health Requests – Finger Lakes region



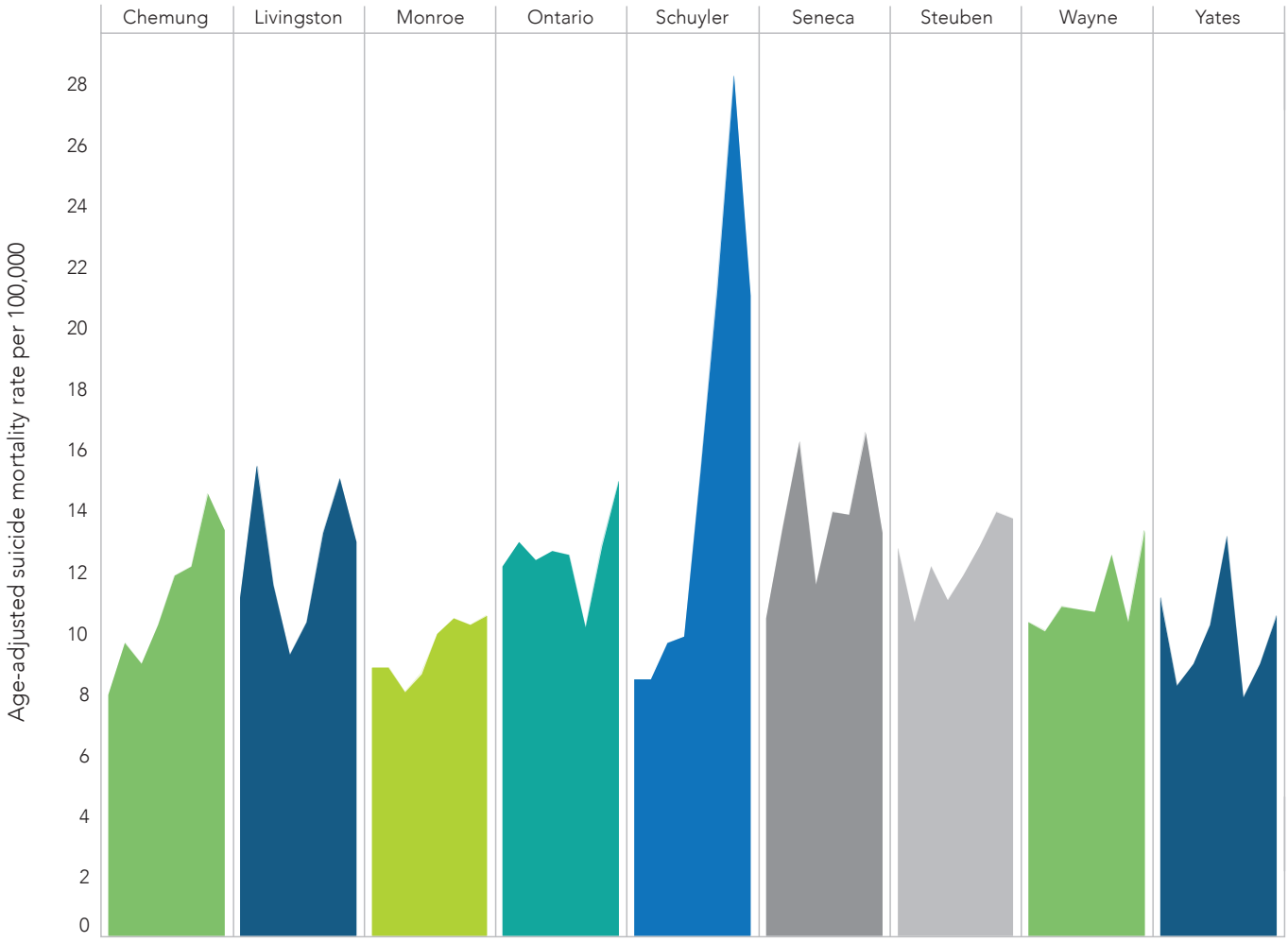
Data Source: 211 Lifeline, 211 Counts, December 2019 to November 2021

Ontario County
Photo courtesy of VisitFingerLakes.com

Another area of concern related to mental health and well-being is the number of deaths by suicide. A review of data across the Finger Lakes region from 2009-2019 revealed that the 3-year moving average of the death rates per 100,000 have decreased only in Yates County.

Rates in all the other Finger Lakes counties increased, with Schuyler showing a marked increase in 2018. Figure 37 shows this data.

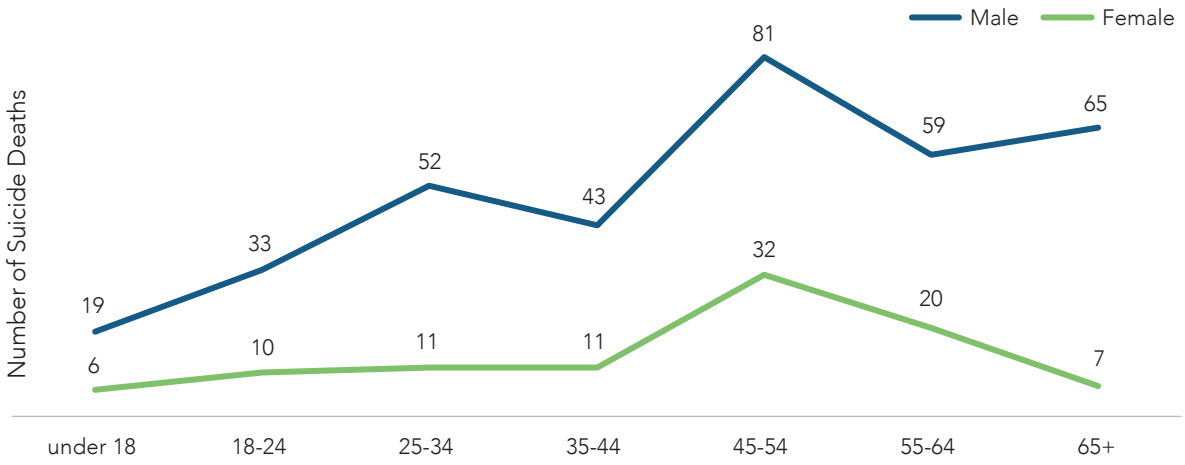
Figure 37: Age-Adjusted Suicide Death Rate per 100,000, 3-Year Moving Average



Data Source: New York State Vital Statistics Data, 2009 - 2019. Analysis Completed by Common Ground Health

When stratified by age group and sex, the highest rate of suicides in the Finger Lakes region occurs in the male population, ages 45-54. A similar spike occurs in females for the same age group (Figure 38). These findings are consistent with national statistics. A study completed in 2019 revealed several risk factors for suicidal behaviors common to both genders, including previous mental and substance abuse disorder and exposure to interpersonal violence. Male-specific risk factors included disruptive behavior/conduct problems, feelings of hopelessness, parental separation or divorce, a friend's suicidal behavior and access to means.[36] Female-specific risk factors included eating disorders, depressive symptoms and interpersonal problems.

Figure 38: Suicide Rates by Age Group and Gender, Finger Lakes Region



Source: NYSDOH Vital Statistics, 2013 - 2017

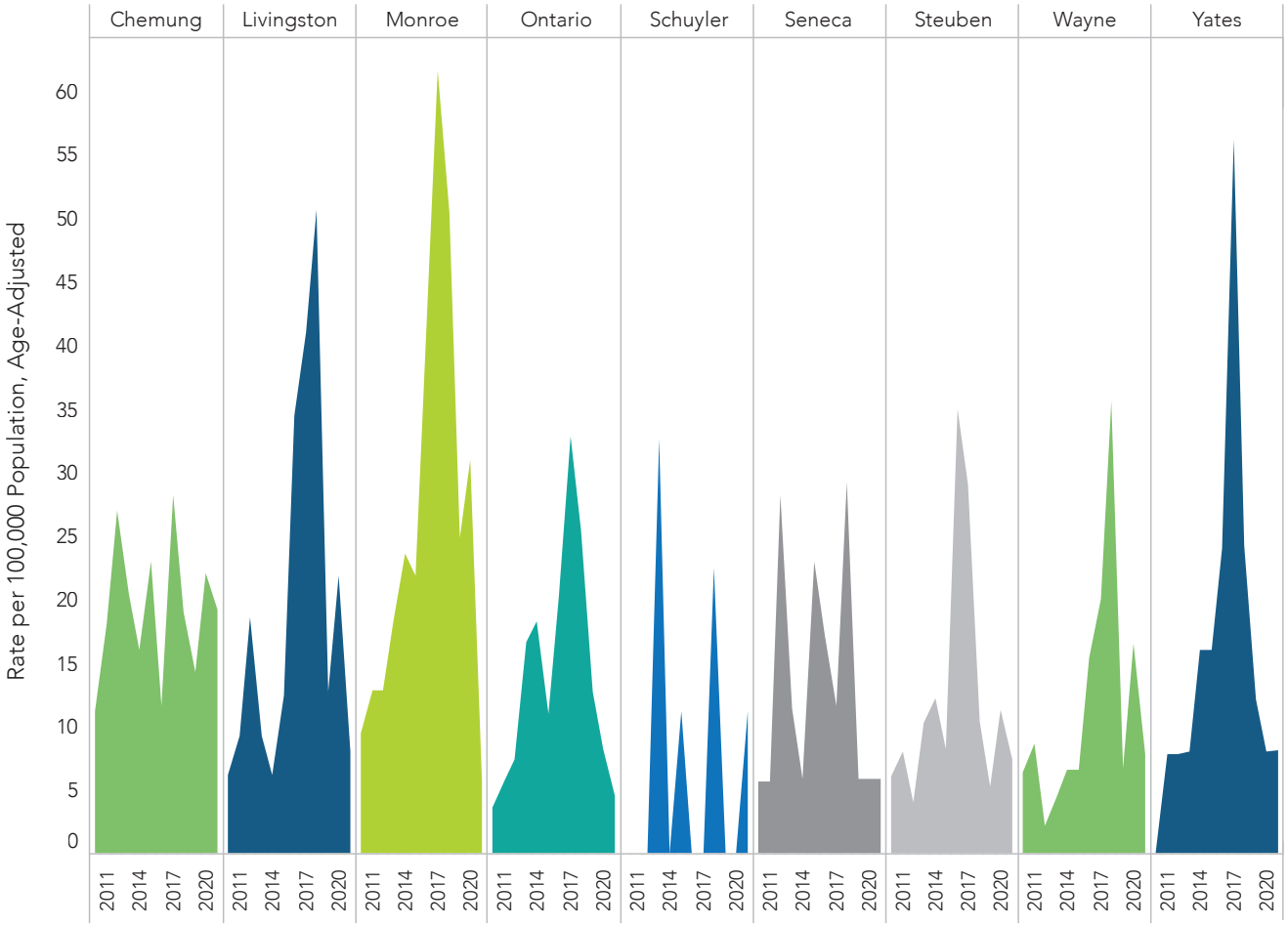
Ontario County, Kershaw Park, Canandaigua
Photo courtesy of VisitFingerLakes.com

36. Miranda-Mendizabal, A., Castellvi, P., Pares-Badell, O., Alayo, I., Almenara, J., Alonso, I., Alonso, J. (2019). Gender differences in suicidal behavior in adolescents and young adults: Systematic review and meta-analysis of longitudinal studies. International Journal of Public Health, 64(2), 265–283. 10.1007/s00038-018-1196-1.

Substance Use Disorders

One area that has received a great deal of attention across the nation and in the Finger Lakes region is the opioid epidemic. Impacting all races, ethnicities, and socio-economic groups, Opioid Use Disorders have a significant negative impact on health outcomes for those with the condition. While the impact of opioid use disorder on comorbid conditions (mental health, medical conditions) is an area of concern, opioid overdose death rates are a major indicator of the success or failure of interventions. Reviewing the data in Figure 39, there appears to be a peak of overdose deaths in the Finger Lakes region in 2017 and 2018.

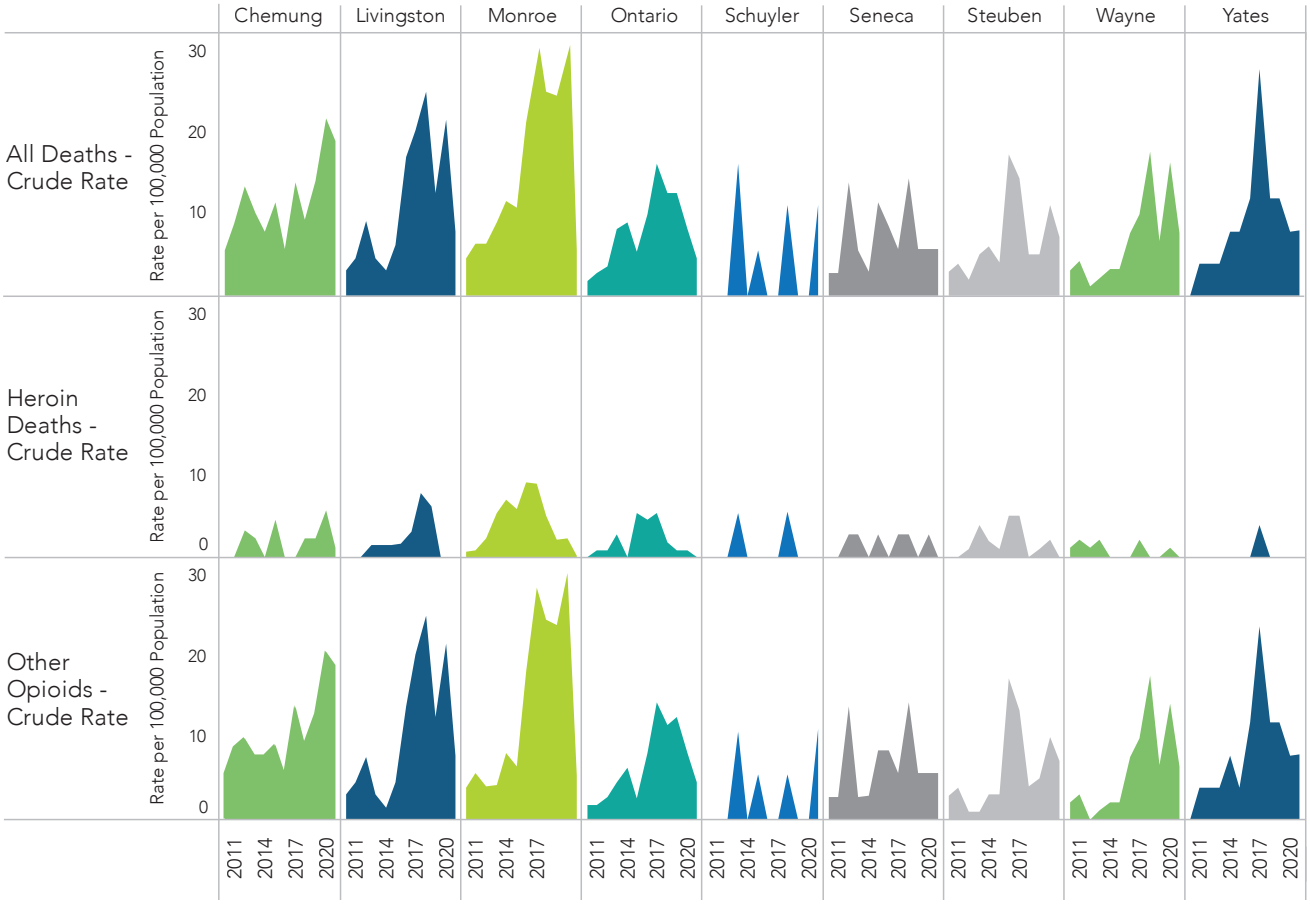
Figure 39: All Opioid Overdose Deaths: Age-Adjusted rate per 100,000



Data Source: Data Source: New York State Vital Statistics Data, 2010 - 2020. Analysis Completed by Common Ground Health

Looking for reasons for the increase in overdose deaths around 2016 and subsequent decrease around 2018, we can look to other data for correlation. While there was an increase in heroin-related deaths around this time period (Figure 40), the increased prevalence of fentanyl (a synthetic often sold as heroin) was the major driver of the increase in opioid-related deaths. Figure 40 shows the increase in both the overall and synthetic (mostly fentanyl) death rates.

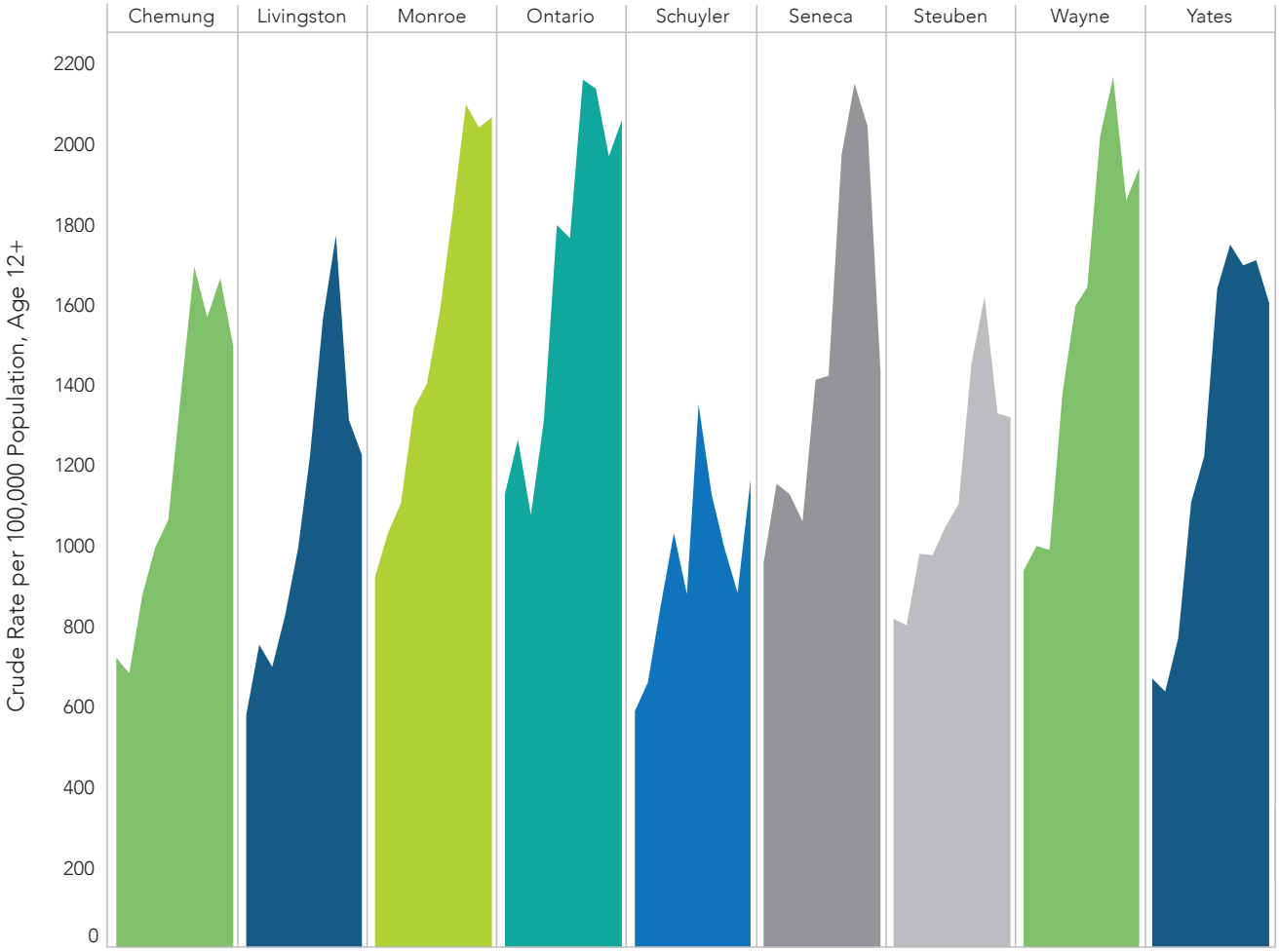
Figure 40: Opioid Overdose Death Comparison



Data Source: Data Source: New York State Vital Statistics Data, 2010 - June 2021. Analysis Completed by Common Ground Health

Regarding the decrease that started around 2017, this could be correlated to more people entering treatment. As shown in Figure 41, admission rates to OASAS programs doubled across the Finger Lakes region from 2010 to 2019.

Figure 41: Admissions to OASAS Programs Related to Opioids, Age 12+



Data Source: Data Source: New York State Vital Statistics Data, 2010 - 2019. Analysis Completed by Common Ground Health

One other area reviewed was administration of Naloxone (commonly known as NARCAN) by EMS during this time period. The data shows a decrease in Naloxone treatment by EMS from 2017 – 2019, but there could be a number of factors contributing to this. There has a been a great deal of work in communities in the Region to get Naloxone into the hands of opioid users and their loved ones, which may have contributed to a decrease in the need for its use by EMS. Along with this, the increased potency and availability of fentanyl on the streets may have contributed to a decrease in use of Naloxone as an opioid user may have already died by the time EMS arrived.

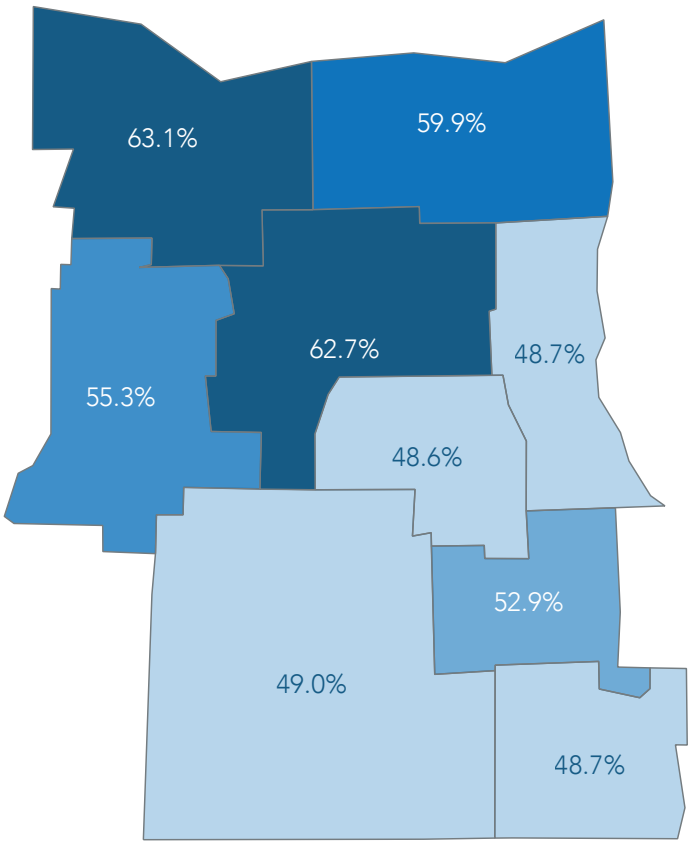
As with most measures reviewed in this assessment, COVID-19 had a negative impact on progress made in this area. Data from Monroe County shows a significant increase in overdose deaths in 2020, with 238 deaths, an all-time high and a 132% increase (181 to 238) from 2019. Along with this, another concerning trend from the Monroe County data is the impact on the Black community. Looking at the data from 2018, 2019, and 2020, the number of opioid-related deaths has more than doubled (25 to 68) and the percent of total deaths has increased about 15% (13% to 27%). Monroe County also reported similar increases for all other races, with deaths doubling (10 to 24) and the percent of all deaths doubling (5% to 10%).

PREVENT COMMUNICABLE DISEASES

COVID-19 Pandemic

The past two years have seen our community deal with the COVID-19 Pandemic. The impact of both the disease and vaccination efforts has been very different for different geographic, racial/ethnic, and socioeconomic groups. A number of different interventions were rapidly deployed to combat the disease and ensure as many people as possible were vaccinated. Map 12 shows the overall vaccination rate by county in the Finger Lakes region. Darker blue counties have a higher vaccination rate, lighter blue counties have a lower one. This percentage shows fully vaccinated persons (either receiving both doses for 2 dose vaccines or 1 dose of J&J's) as a percentage of total population. It does not remove populations that at the time were ineligible or recently eligible (under 5 years and 5-11 years old) from the denominator.

Map 12: Percent of Total Population who Have Completed their COVID-19 Vaccinations



ZIP Codes with <40% of Population Vaccinated

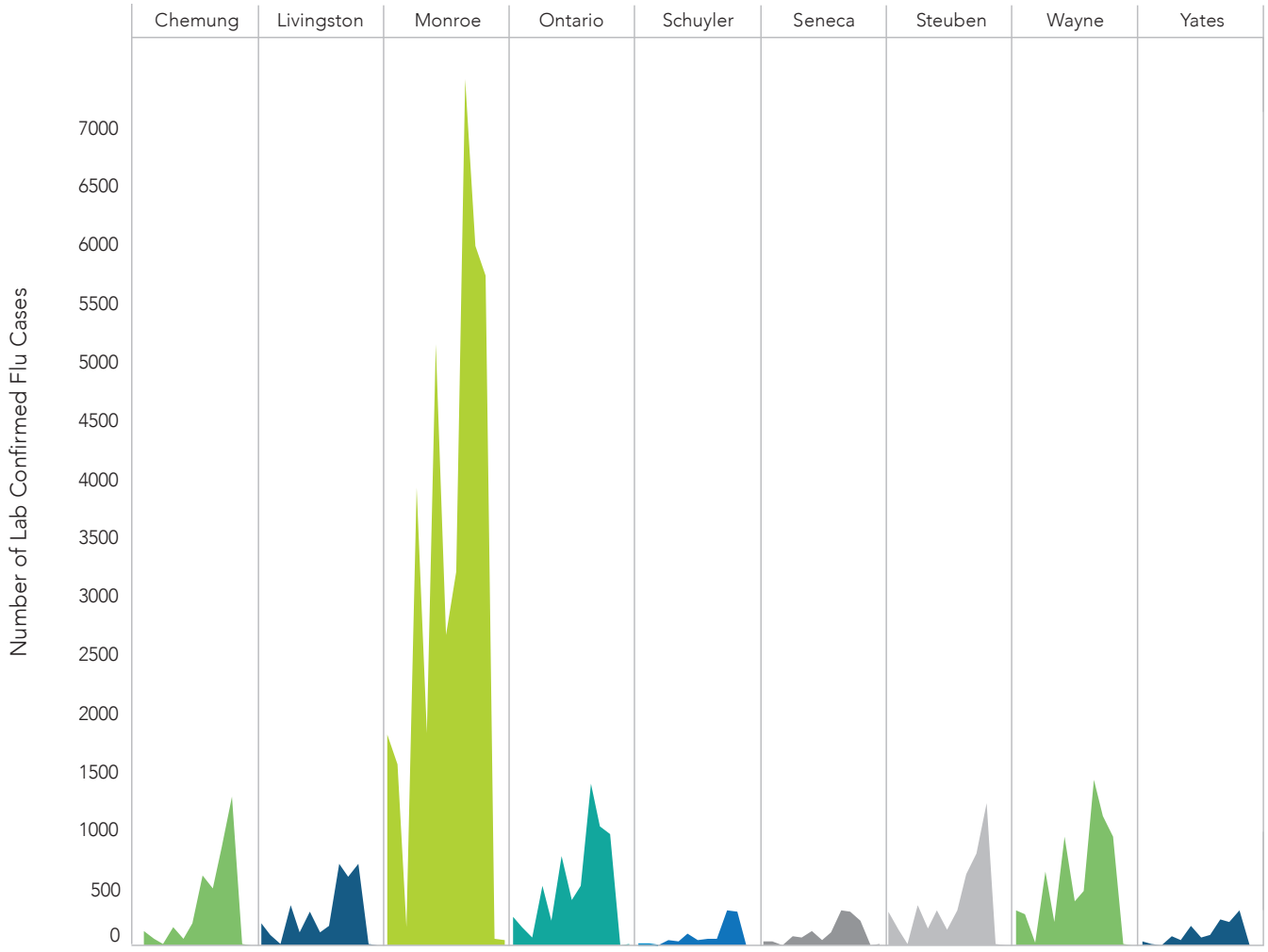
14588	Seneca	9.9%
14856	Steuben	14.7%
14541	Seneca	25.7%
14842	Yates	25.9%
14839	Steuben	26.5%
14898	Steuben	26.7%
14529	Steuben	31.4%
14820	Steuben	31.8%
14855	Steuben	32.2%
14614	Monroe	33.3%
14885	Steuben	33.5%
14877	Steuben	35.1%
14478	Yates	35.2%
13146	Wayne	37.2%
14837	Yates	37.2%
14486	Livingston	39.0%
14846	Livingston	39.9%

Data Source: NYS DOH, New York State Statewide COVID-19 Vaccination Data by County, 2021.11.08. Analysis Completed by Common Ground Health

Flu

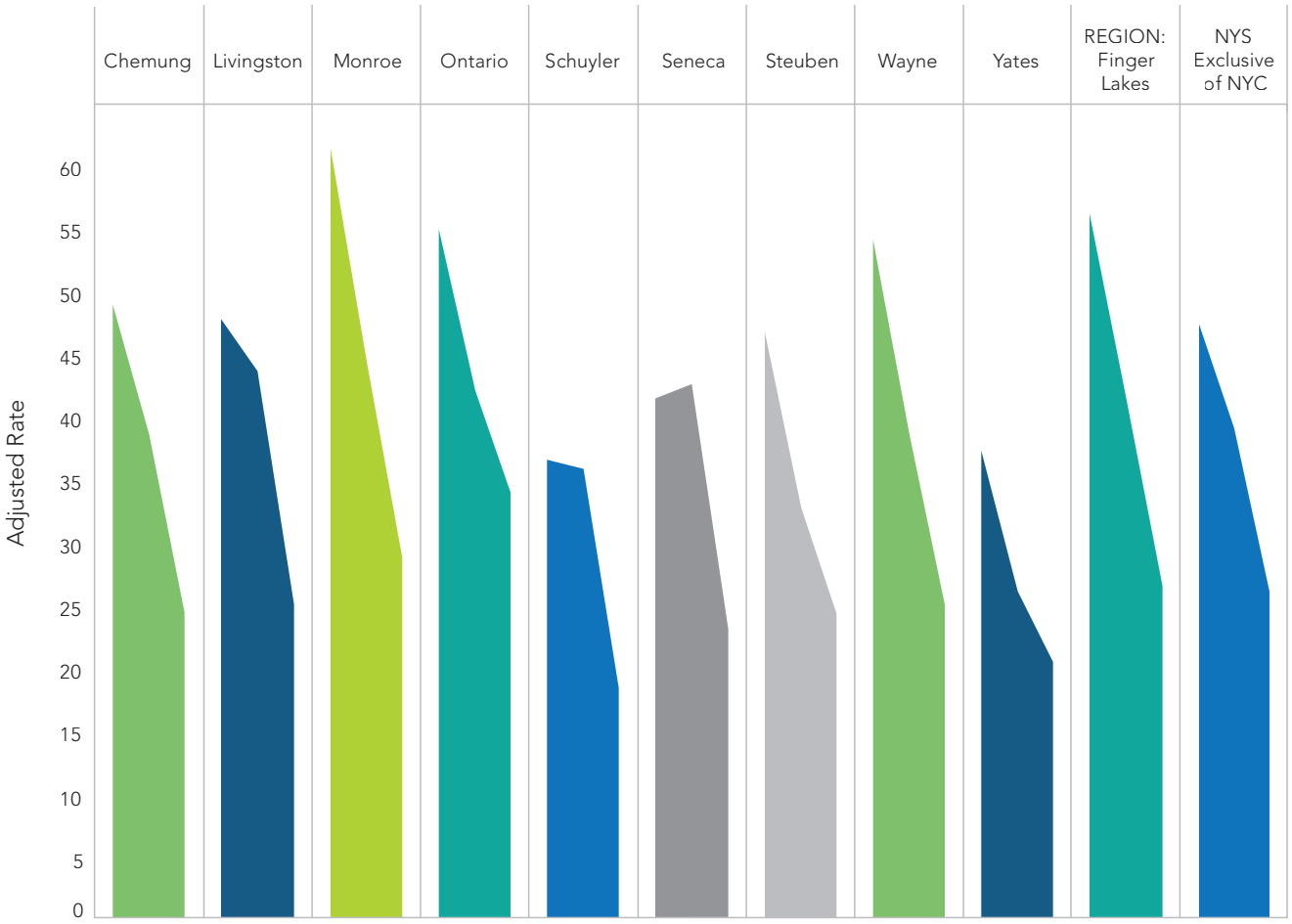
While COVID-19 has impacted our community in ways that were previously unimagined, another similar disease, the flu, saw a drastic decrease in 2020 and 2021 before increasing again in 2022. Many of the precautions that were put into place to limit the spread of COVID-19 (masking, social distancing, distance learning for schools, etc.) essentially ended the 2019-2020 flu season and kept numbers at unprecedented lows during the 2020-2021 and 2021-2022 seasons (Figure 42). In the 2020-2021 flu season, many of the more rural counties had confirmed cases in the single digits. Of concern is the number of people reporting they received a flu shot in recent years has been trending down in the Finger Lake Region (Figure 43).

Figure 42: Lab Confirmed Flu Cases



Data Source: NYS DOH - Influenza Activity, Surveillance and Reports, 2009 - 11/2021. Analysis Completed by Common Ground Health

Figure 43: Percent of Persons Reporting Receiving a Flu Shot



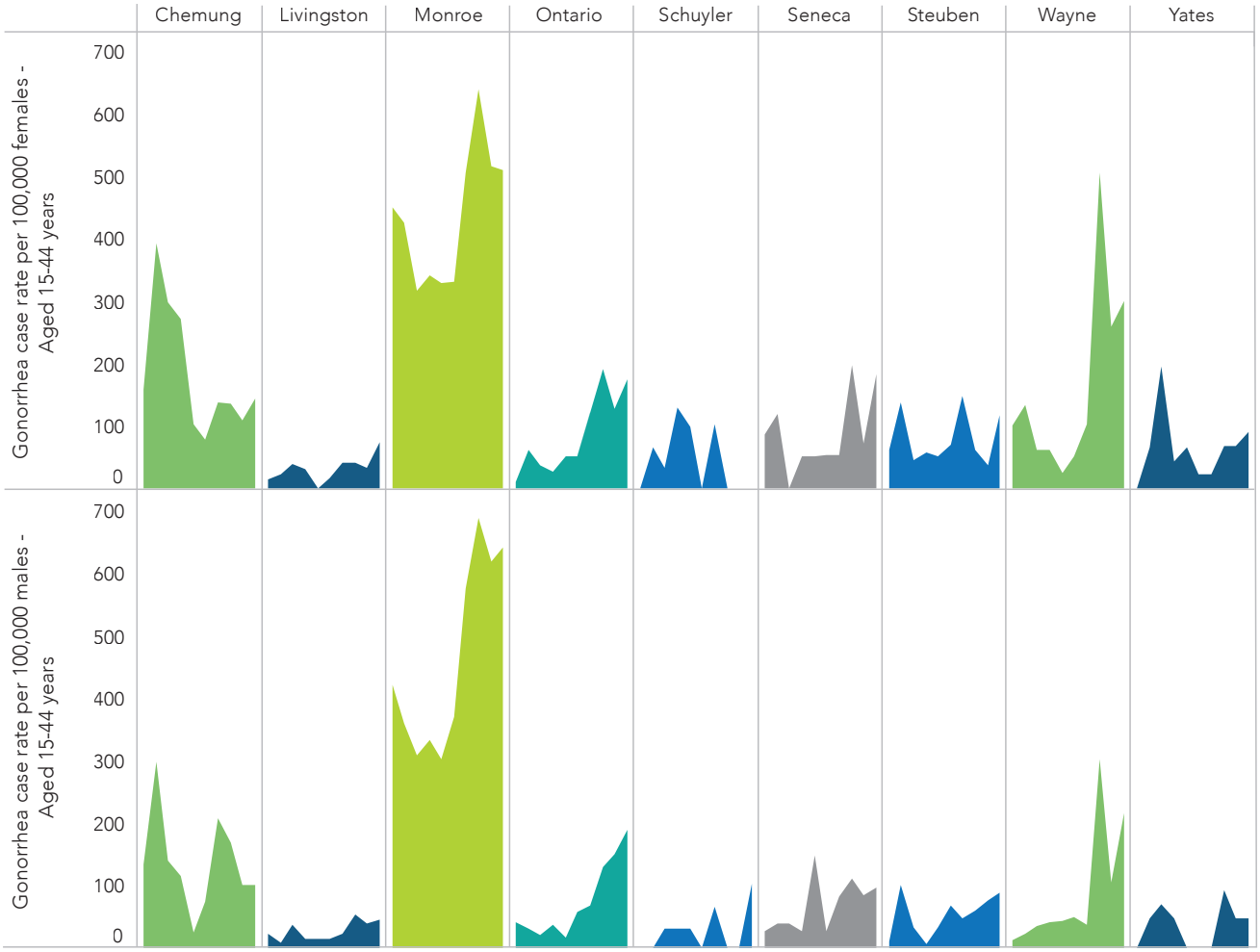
Data Source: Division of Chronic Disease and Injury Prevention, Bureau of Chronic Evaluation and Research, New York State Department of Health, Behavioral Risk Factor Surveillance System, Year 2013-2014, 2016, & 2018. Analysis Completed by Common Ground Health

Letchworth State Park
Photo courtesy of Livingston County Department of Health

Sexually Transmitted Infections

Sexually transmitted infections (STIs) are important preventable communicable diseases to consider. Gonorrhea, Chlamydia, and HIV are all STIs that New York State regularly tracks and reports on at community levels. Looking at the data on Gonorrhea cases in the Finger Lakes region, there appeared to be a spike in 2015/2016, with rates staying higher in the following years in Monroe, Ontario, Seneca, and Wayne Counties (Figure 44). This could be the result of increased testing or of outbreaks in those areas. It may also be related to the increased incidence of Opioid Use Disorders, as those in active addiction are more likely to engage in risky behaviors.

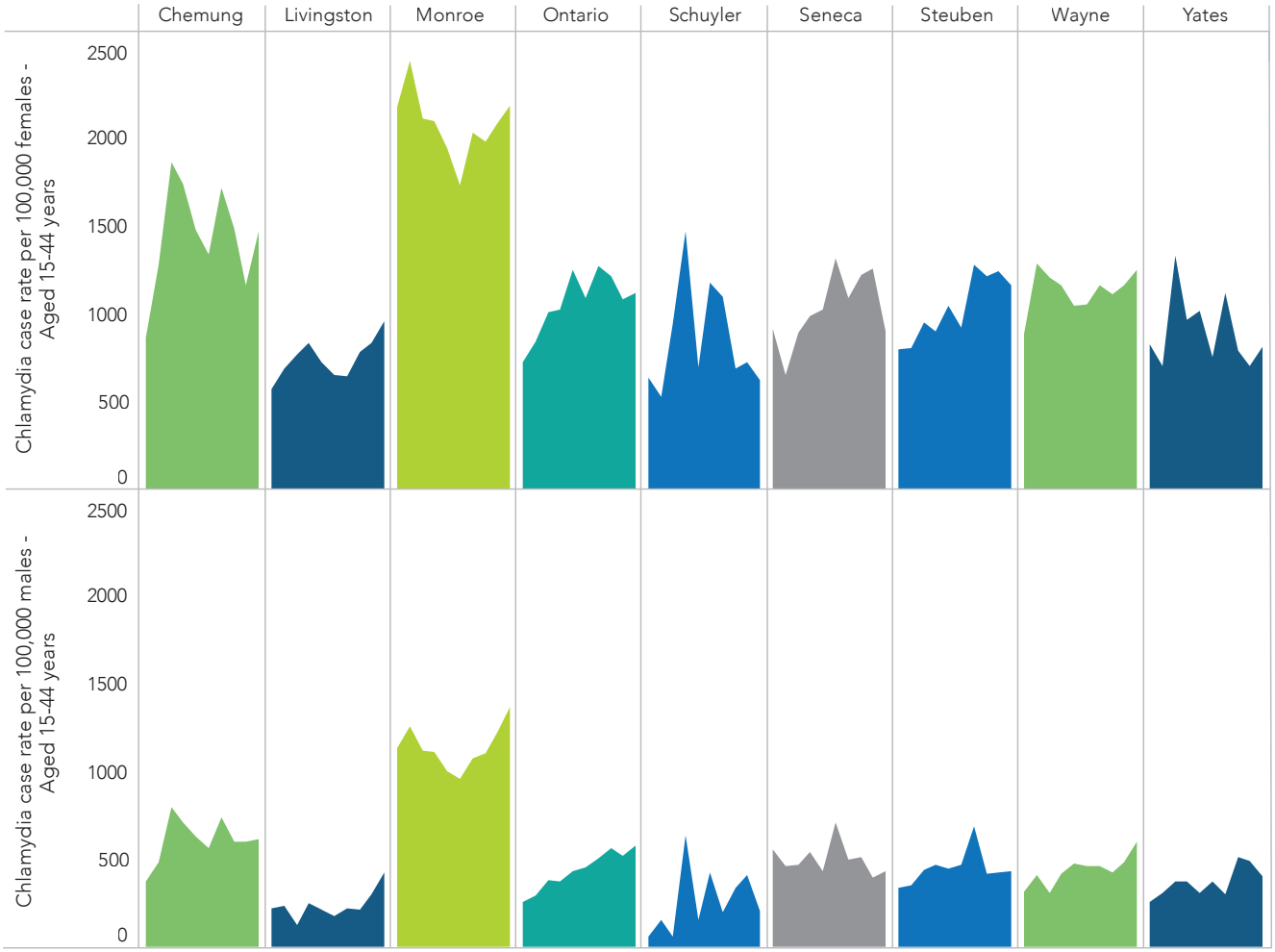
Figure 44: Gonorrhea Case Rate per 100,000 Female/Male Aged 15- 44



Data Source: NYS DOH, Community Health Indicator Report, Years 2009 - 2018. Analysis Completed by Common Ground Health

While there has been an increase in Gonorrhea cases across the Finger Lakes region, cases of Chlamydia did not see significant change between 2009 and 2018. One area to note with Chlamydia is the prevalence in women vs. men. As seen in Figure 45, the case rate per 100,000 is about double for women compared to the rate for men in all counties in the Finger Lakes region. This relationship has been seen across the country, as per the CDC.[37]

Figure 45: Chlamydia Case Rate per 100,000 Female/Male aged 15- 44

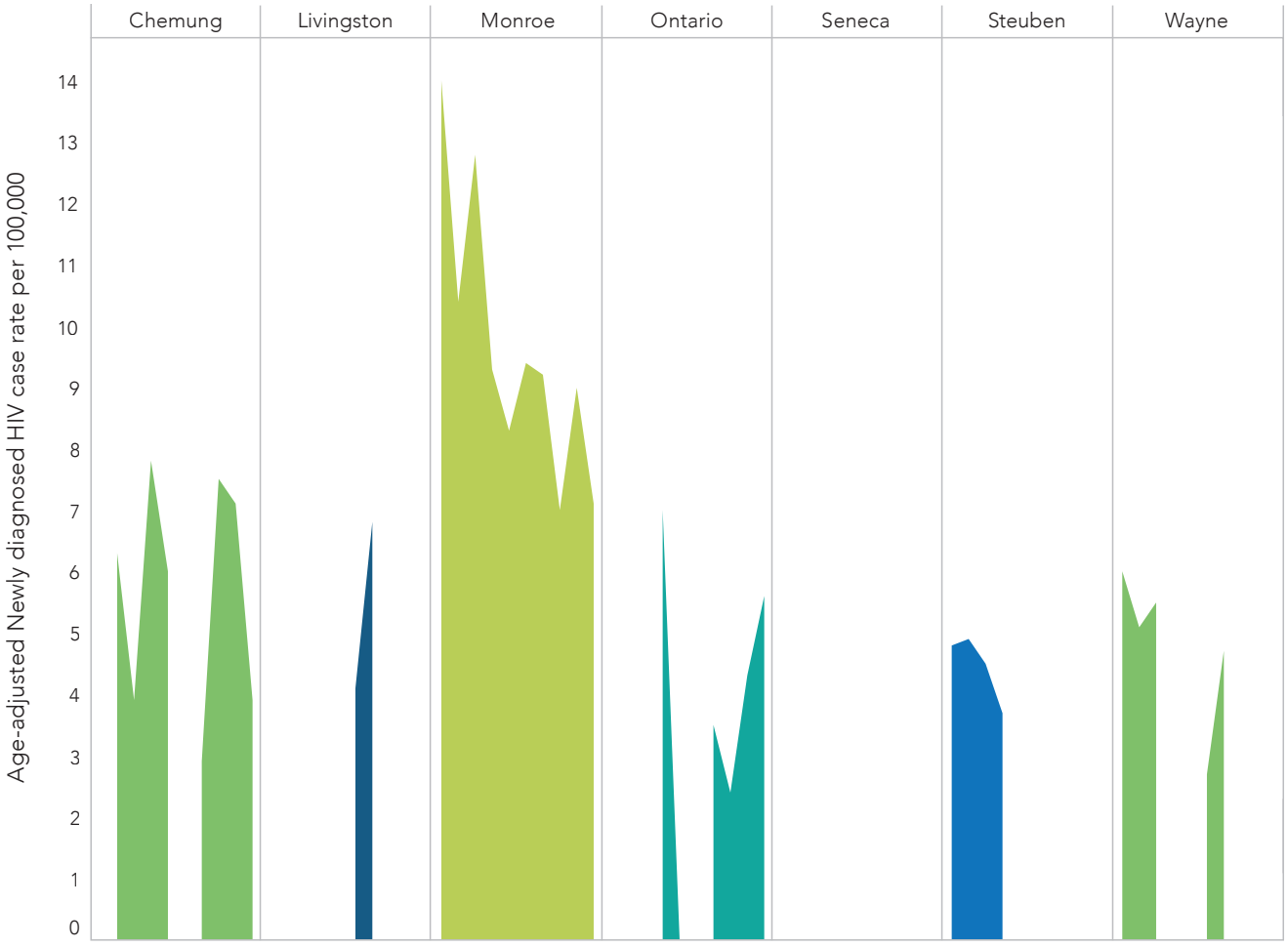


Data Source: NYS DOH, Community Health Indicator Report, Years 2009 - 2018. Analysis Completed by Common Ground Health

37. https://www.cdc.gov/std/chlamydia/stats.htm

There have been a number of improvements in the treatment and prevention of HIV since the height of the AIDS epidemic in the 80's and 90's. Since 2009, the rate of new HIV infections in Monroe County has shown a downward trend (Figure 46). Due to small sample sizes in the rest of the counties of the Finger Lakes region, no trends can be inferred in them. While there were reports of increased new HIV infections in 2020 across the Finger Lakes region, the rate of these new infections per 100,000 did not significantly change. In Monroe County, there were 54 cases in 2019 (rate of 7.1) and 74 cases in 2020 (rate of 9.7), which is still lower than the historical rates seen from 2009-2011 (14.0, 10.4, and 12.8, respectively). Monitoring of these rates and looking for root causes of the increase in new diagnoses would be beneficial, as there are interventions that can be put into place to help reduce new infections. One factor contributing to the 2020 increase in the rates of new HIV infections was COVID-19, as limited in-person medical services and concerns about health/safety may have prevented people in high risk groups (IV drug users, sex workers) from accessing services which may have helped them prevent HIV infection.

Figure 46: Age-adjusted Newly Diagnosed HIV cases rate per 100,000



Data Source: NYS DOH, Community Health Indicator Report, Years 2009 - 2018. Analysis Completed by Common Ground Health

CHEMUNG COUNTY

COUNTY NAME:	CHEMUNG COUNTY
Participating local health department and contact information:	Chemung County Health Department Peter Buzzetti Director of Public Health pbuzzetti@chemungcountyny.gov 607-737-2028
Participating Hospital/ Hospital System(s) and contact information:	Arnot Health Aaliyah Williams Community Health Services and Population Health Coordinator aaliyah.williams@arnothealth.org 607-737-4100 (ext 1131)
Name of entity completing assessment on behalf of participating counties/ hospitals:	Common Ground Health Zoë Mahlum Health Planning Research Analyst zoe.mahlum@commongroundhealth.org 585-224-3139

Chemung County
Welcome to Elmira sign in Chemung County, NY

EXECUTIVE SUMMARY

Through the use of Results Based Accountability, Chemung County in partnership with Arnot Health has chosen to focus their 2022-2024 Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) on the following priority areas, with the low income population as their identified disparity to address.

PRIORITY AREAS & DISPARITY	
Prevent Chronic Disease	
Overarching Goal	Reduce obesity and the risk of chronic disease
Focus Area	Healthy eating and food security
Focus Area	Tobacco prevention

Promote Healthy Women, Infants and Children	
Focus Area	Perinatal and infant health
Disparity	**Low income population**

Health Priorities Partnership, a group of diverse partners who span all sectors of the community, participated in the prioritization process and disparity and intervention identification. While a complete list of partners is available within the Chemung County Chapter under "Community Health Improvement Plan/Community Service Plan", agencies present represented academia, not-for-profits and community organizations, businesses, the general public, and local government. They included the Chemung County Public Health Department, Arnot Health, Southern Tier Tobacco Awareness Coalition (STTAC), Mothers & Babies Perinatal Network, the Twin Tiers Breastfeeding Network, Comprehensive Interdisciplinary Developmental Services (CIDS), Economic Opportunity Program (EOP), Cornell Cooperative Extension, and more. Partners' roles in the assessment were to help inform and select the 2022-2024 priority areas by sharing any pertinent data or concerns and actively participating in planning meetings. Community was involved in the 2018 My Health Story survey and inclusion of community was considered as part of the oversight committee. The 2022 My Health Story survey is currently underway, and this will help gain community insight on key health matters in the county and surrounding areas. Both primary and secondary data were reviewed including, but not limited to, the US Census Bureau American Community Survey, the enhanced Behavioral Risk Factor Surveillance System, Vital Statistics, communicable disease and dental reports, data collected from Pivital Public Health Partnership (formerly known as S2AY Rural Health Network) and Common Ground Health's My Health Story 2018 survey, 211 Helpline, and the Statewide Planning and Research Cooperative System (SPARCS).

The process of Results Based Accountability included evaluation of a pre-read document, which contained detailed county-specific analyses related to the five Prevention Agenda priority areas, followed by a multi-voting technique to select the priority areas. Participants were asked to consult with other members of their organizations and complete an online survey which matrixed a combination of the magnitude of the problem, impact on other health outcomes, social determinant of health considerations, and capacity to address the issue for each priority and focus area discussed. Partners came to a consensus to address the top priority areas identified by the survey, then additional county-specific data was collected, shared and evaluated to help determine which objectives, disparity, and interventions should be selected. Interventions selected included, but were not limited to:

- 1.0.2 Quality nutrition (and physical activity) in early learning and childcare settings.
- 2.2.5 Increase access to community-based interventions that provide mothers with peer support via home visits in the prenatal and early postpartum period.
- 3.1.2 Use media and health communications to highlight the dangers of tobacco, promote effective tobacco control policies and reshape social norms.

A complete list of interventions and process measures is available in the CHIP.

The Health Priorities Partnership meets bi-monthly to improve the health of Chemung residents and will oversee the Community Health Improvement Plan progress and implementation. Attendees at these meetings will regularly review progress and relevant data on each measure. Group members will identify and address any mid-course corrections in interventions and processes that need to take place during these meetings. Partners and the community will continue to be engaged and apprised of progress via these meetings.

Chemung County
An aerial view of Elmira
Photo Credit: iStock.com/Jacob Boomsma

PLANNING AND PRIORITIZATION PROCESS

Chemung County followed a process called Results Based Accountability to develop their needs assessment and improvement plans. There are several components to Results Based Accountability, some of which include defining the community, engagement of a diverse group of stakeholders (including organizations representing underserved, low-income and minority populations), data collection and analysis, prioritization of health issues and disparity identification, and discussion of root causes for selected health issues to help identify appropriate and effective interventions. For additional information on Results Based Accountability, this process is described in its entirety in Appendix 2. To pinpoint root causes of selected health concerns, the committee evaluated behavioral, environmental, social determinants of health, and policy causes that may be contributing to the current status of those concerns.

As demonstrated in the health indicator section, each county's residents face their own unique and challenging issues when it comes to their community, yet commonalities remain. There are a number of demographic and socioeconomic indicators which may impact health and are consistent concerns across the region. For example:

AGE:

Variances in age can impact a community's health status. Older adults require more frequent medical check-ins, are more prone to illness, falls and unintentional injuries, and often experience more co-morbid conditions than younger adults and children. In addition, aging adults may not have access to a vehicle and rely on family, friends or public transportation for accessing basic needs and medical appointments. The strain of caring for an elderly adult may also negatively affect the caregiver. A community with higher rates of elderly adults may have worse reported health outcomes than a younger community.

POVERTY:

Low income residents are more likely to experience a breadth of health issues not seen as often in wealthier residents. For example, lower socioeconomic status is linked to higher incidence of chronic disease, shorter life expectancy, and lower rates of good social, emotional and physical health. Low income may also force a person to choose between basic needs (such as housing, food, clothing, etc.) and preventative medical care. Often, and not surprisingly, the person will choose the basic need over preventative medical care. A community with higher rates of impoverished residents is likely to have worse health outcomes than wealthier communities.

EDUCATION:

Education levels have been known to be a predictor of life expectancy. The Centers for Disease Control and Prevention reports that 25-year-old adults without a high school diploma can expect to die nine years sooner than college graduates. People who attain higher education levels are more likely to seek health care, preventative care services, and earn higher wages. A more educated community may, therefore, have better health outcomes than a low educated community.

HOUSING:

Access to quality and affordable housing is imperative to ensuring basic needs are met. Housing structures that are safe, clean, up to code and affordable help to improve community health. When incomes are consumed on rent or mortgages, residents may lack funds for preventative care services, medications, and healthy foods. Additionally, outdated, substandard housing puts tenants at risk for asthma and lead poisoning (especially children).

Each of the above indicators impacts the health of the community. The next section takes a closer look at these demographic and socioeconomic indicators and also includes a review of behavioral and political environments in Chemung County that impact the health of its residents. Finally, the section will highlight the community's assets and resources that may be leveraged to improve health through identified evidence-based interventions.

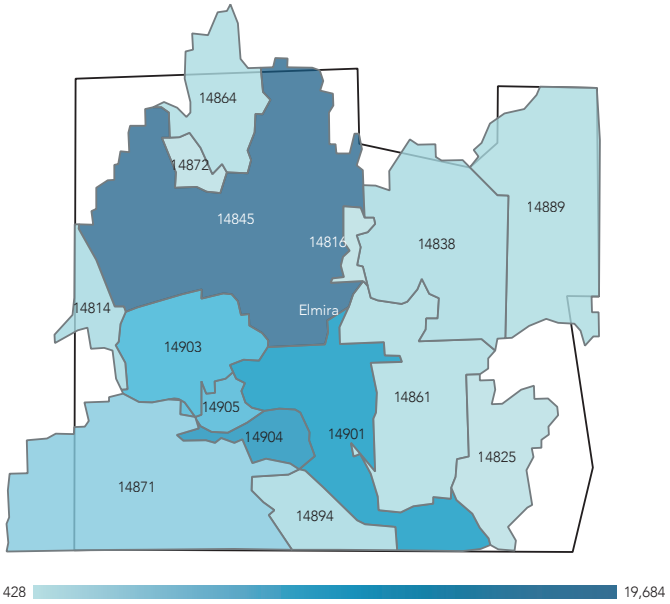
COUNTY CHAPTER – CHEMUNG COUNTY

Demographic and Socioeconomic Health Indicators

Chemung County is located in the southernmost portion of the Finger Lakes region, right along the New York and Pennsylvania state border. There are 84,148 total residents spread throughout the county, but areas with the densest population include the Village of Horseheads (14845) and the City of Elmira (14901, 14904). The majority of residents are white non-Hispanic (about 87%), with the remainder of residents consisting of Black non-Hispanic (about 7%), Hispanic (about 4%) and other (about 2%) individuals. An estimated 22% of the county's population are women of childbearing age, and about 15% of Chemung County is living with some form of disability.[1]

The majority of those living with a disability in Chemung County are 65 years of age or older (about 73%). The three types of disabilities most prevalent to this age group are independent living difficulty (about 14%), hearing difficulty (about 15%), and ambulatory difficulty (about 22%). Additionally, 31% of the population aged 65 years or older are living alone. Population projections from Cornell University's Program on Applied Demographics (Figure C2) show that the largest age group within Chemung County currently are the residents aged 18-44, followed by the 45-64 age bracket. However, within the next few decades, the 65 years and older population is expected to grow. As this population grows, there will be a greater demand on health care needs and services including chronic disease management and geriatric care.

Map C1: Chemung County Population by ZIP Code



Source: Claritas ZIP-level estimates and CDC Bridged-Race county-level estimates, Year 2020 Population data and allocation methods developed by Common Ground Health

Figure C2: Population Projections for Chemung County

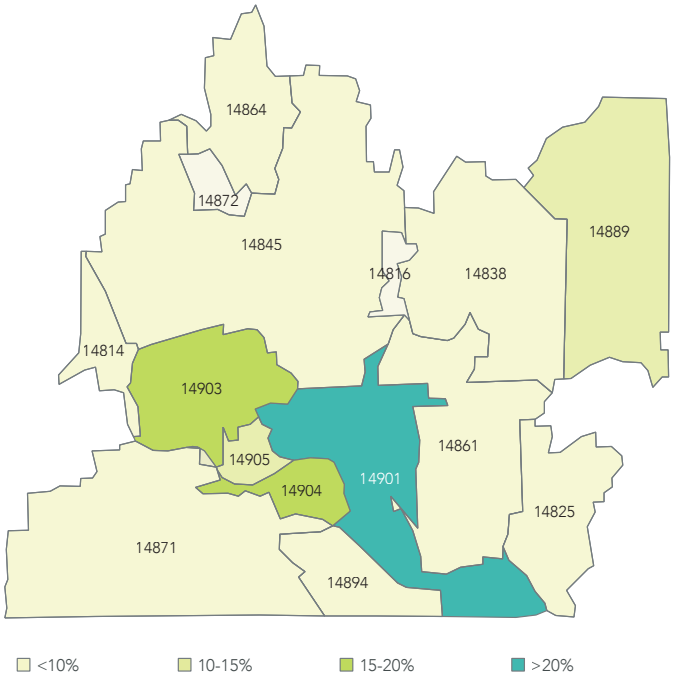
Source: Cornell University - Program on Applied Demographics, County Projections Explorer, Year 2020. Analysis Completed by Common Ground Health.

1. American Community Survey (ACS) 2019 5-Year Estimates

An estimated 1 in 7 individuals (about 14%) within Chemung County are living below the poverty level. As shown in Map C3, the highest rates of poverty are found within Elmira, where more than 20% of the population is living in poverty.

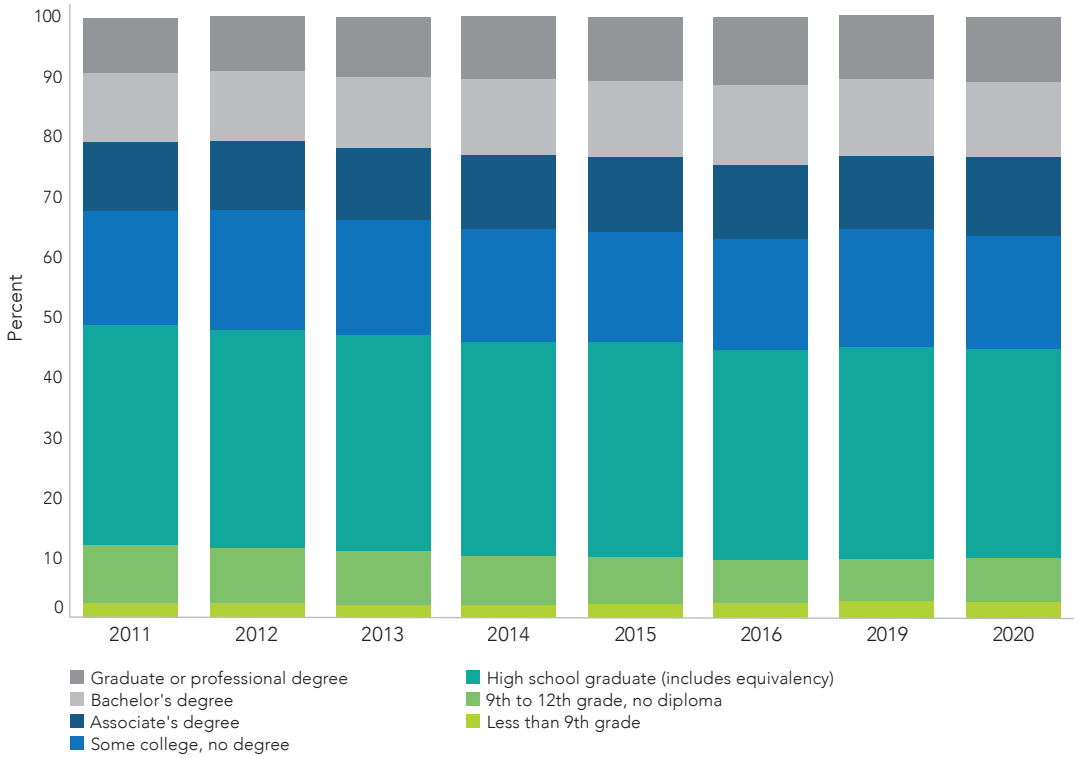
Educational attainment levels in Chemung County have remained consistent from 2015 to 2020, as shown in Figure C4. Of note, approximately 45% of the population has completed high school (or equivalency) or less as their highest level of education (compared to about 38% in NYS and the US), and roughly 10% of the population has completed less than a high school degree (compared to 13% in NY and 12% in the US). This is important to highlight as higher educational attainment generally equates to greater health outcomes.[2]

Map C3: Percent of Population Living in Poverty



Source: US Census Bureau, American Community Survey, Year 2020
Analysis Completed by Common Ground Health

Figure C4: Educational Attainment of Residents Aged 25+

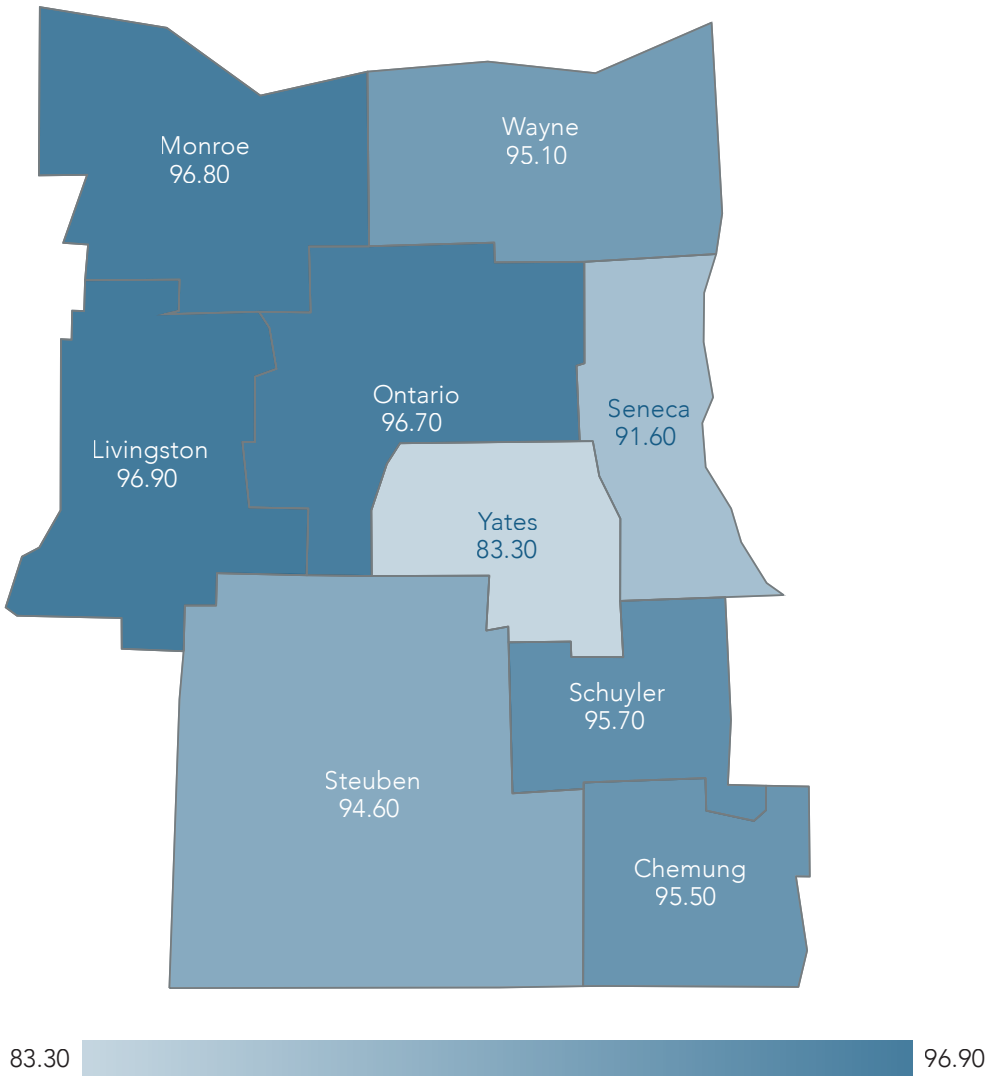


Data Source: US Census Bureau, American Community Survey (ACS), Year 2020.
Analysis Completed by Common Ground Health

2. Hahn, R. A., & Truman, B. I. (2015). Education Improves Public Health and Promotes Health Equity. International journal of health services: planning, administration, evaluation, 45(4), 657–678. https://doi.org/10.1177/0020731415585986

Map C5 shows the percent of the population with health insurance, by county, for the Finger Lakes region. In 2020, about 96% of Chemung County residents had health insurance coverage, which increased from about 95% in 2017. This is compared to about 95% of New York State residents with health insurance in 2020, and about 91% of residents nationwide.

Map C5: Percent of Population with Health Insurance



Source: US Census Bureau, ACS, Year 2020
Analysis Completed by Common Ground Health

Obtaining health insurance is not the only factor in accessing healthcare. Availability and accessibility to providers are equally important considerations. Some providers are in greater demand than others, though. Largely providers are sparse in the most rural areas, which may be cause for concern for those with lack of transportation to access services. A summary of providers and locations is below:

Mental Health Providers: Chemung County has a ratio of one mental health provider to 320 residents. This is compared to New York State, which has one provider to 310 residents.[3] Mental health providers are defined here as psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists, mental health providers that treat alcohol and other drug abuse, and advanced practice nurses specializing in mental health care. Within Chemung County, the majority of mental health providers are located near Elmira, with a scattering near Horseheads as well; however, the eastern side of the county (Van Etten) is served by Tioga County as a pattern of care by choice of those in need.[4]

Dental Health Providers: Dental providers are available at a rate of 3.9 providers per 10,000 population, compared to 3.7 per 10,000 for New York State. Again, these dental practices are located primarily in Elmira and Horseheads in the western half of the county.

Primary Care Providers: The rate of primary care providers within Chemung County is 11.8 per 10,000 population, which is greater than New York State's rate of 10.9. Chemung County nurse practitioners are available at a rate of 7.4 nurse practitioners per 10,000 population (NYS 3.5). The same geographical challenge is present again, as both primary care providers and nurse practitioners are located near Elmira and Horseheads on the western half of the county.

With regard to housing, about 32% of Chemung County residents rent versus own their own home. The average household size is greater than two people for both renter- and owner-occupied units. Of note, about 38% of residents are paying 35% or more of their household income in rent costs, which is considered an overburdened household. Likely these same households may be experiencing financial strain in other components of their life (food, healthcare, etc.). Out of all occupied housing units, about 11% have no vehicles available and an additional approximately 35% have access to one vehicle. Regarding transportation, about 2% of all 211 calls within the past year in Chemung County were for transportation assistance: 41 calls for medical transportation (2% went unmet), 19 for automobile assistance (11% went unmet), 8 for public transportation, and 5 for ride share services. The majority of transportation requests originated from Horseheads (14845) and Elmira (14901, 14904).

3. 2022 County Health Rankings for Mental Health Providers (uses 2021 data)
4. Commissioner of Chemung County Departments of Social Services and Mental Hygiene

Main Health Challenges

On February 8, 2022, a diverse group of stakeholders, representing various aspects of the community as well as underserved and minority populations, were invited to attend a health priority-setting meeting (a complete list of stakeholders can be found in the Community Health Improvement Plan/Community Service Plan section). At this meeting, participants reviewed the overarching goals of the New York State Prevention Agenda and relevant qualitative, quantitative, primary and secondary data. A pre-read document containing detailed county specific analyses relating to the five Prevention Agenda priority areas was sent to all participants for review in advance. Primary and secondary data were collected from a variety of sources including, but not limited to, the American Community Survey, the enhanced Behavioral Risk Factor Surveillance System, Vital Statistics, communicable disease and dental reports, Pivital Public Health Partnership (formerly S2AY Rural Health Network), Common Ground Health's My Health Story survey, and 211 Helpline. My Health Story 2018 was a regional survey completed on behalf of nine counties in the Finger Lakes Region. Its primary purpose was to gather qualitative and quantitative data from Finger Lakes Region residents on health issues in each county. Health departments, hospitals and other local partners were instrumental in distributing the survey to community members including disparate populations. The survey was updated in the summer and fall of 2022 and will be used to help inform potential shifts in strategies to improve the priority areas selected by Chemung County.

After initial review of the priority areas, a multi-voting technique was used to select the priority areas. Participants were asked to consult with other members of their organization and complete an online survey which matrixed a combination of the magnitude of the problem, impact on other health outcomes, social determinant of health considerations, and capacity to address the issue for each priority and focus area discussed. Chemung County had twenty four members of the Health Priorities Partnership team participate in the survey. As a result, the following areas were selected for the 2022-2024 Community Health Improvement Plan:

PRIORITY AREAS & DISPARITY	
Prevent Chronic Disease	
Focus Area	Healthy eating and food security
Focus Area	Tobacco prevention

Promote Healthy Women, Infants and Children	
Focus Area	Perinatal and infant health
Disparity	**Low income population**

Following this selection, Common Ground Health gathered data on all objectives from the New York State Prevention Agenda within the chosen priority areas (Healthy Eating and Food Security & Perinatal and Infant Health). Objectives were color coded based on data status to help focus attention where it was needed most. Red objectives were neither meeting the Prevention Agenda goal nor trending in a favorable direction, yellow objectives were either not meeting the Prevention Agenda goal or not trending in a favorable direction, and green objectives had both met the goal as well as trended in a favorable direction. Objectives that were color coded as gray represented a lack of current and/or reliable data. Color coded data on objectives were presented to the team during April's Health Priorities Partnership meeting and partners utilized the data, as well as potential scope and interest of the group, to determine the objectives with which they would proceed. Color-coding for selected objectives can be found in the appendix.

While Tobacco Prevention did not rise to the top during priority area selection, data demonstrated that this is an issue in Chemung County; Chemung County is ranked 4th highest in the state for percentage of current smokers (~23%),[5] and the percentage of adults who smoke is double that of the Prevention Agenda goal. The county has several assets and resources to address the health issue. Because of this, the Chemung County Health Priorities Partnership decided to focus on Tobacco Prevention in addition to the other two focus areas previously identified.

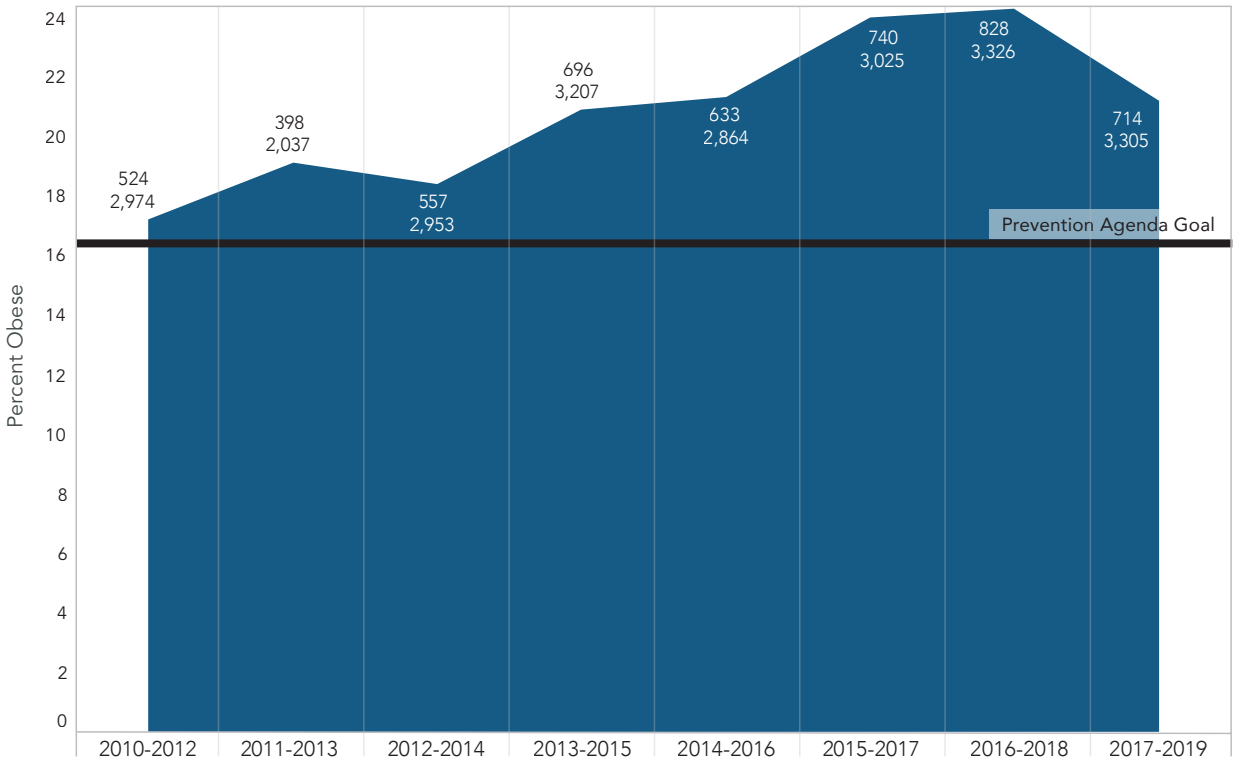
Risk and Protective Factors Contributing to Health Status

Chemung County has selected three focus areas on which to anchor their 2022-2024 Community Health Improvement Plan. This section will take a closer look at the behavioral, environmental, political and unique risk and protective factors contributing to the health status of those areas.

Healthy Eating and Food Security

Childhood obesity within Chemung County has been consistently above the Prevention Agenda goal of 16.4% for many years, with about 21% of school-aged children reported as obese as of 2017-2019. In New York State, the percent of students with obesity ranged between about 17-18% from 2010-2012 to 2017-2019.

Figure C6: Percent of Students with Obesity



Data Source: NYS DOH, Health Data Connector, 2010 – 2019

5. NYS Behavioral Risk Factor Surveillance System, data as of August 2020 (NYS Department of Health Prevention Agenda Dashboard)

Several co-morbid conditions such as metabolic, cardiovascular, orthopedic, neurological, hepatic, pulmonary, and renal disorders are associated with childhood obesity.[6] A number of behavioral, environmental, social determinants of health and policy factors were identified by community partners as contributors to this health concern. Partners noted behavioral and environmental factors such as consumption of fast food rather than home-cooked meals, lack of time and energy to cook and children's limited acceptance of healthful foods, the belief that healthy food is more expensive, and less physical activity due to increased screen time and the COVID-19 pandemic. During the winter, especially, there are less organized opportunities for children to be active. Additionally, middle and high school children have increased their consumption of energy drinks. Committee members highlighted that fruits and vegetables do not keep as long as packaged foods do, and packaged foods that are less nutrient-dense and more calorie-dense often taste good, are less expensive, keep longer, and are more readily accessible for some.

The contribution that poverty has on the prevalence of obesity was also acknowledged, as was accessibility and the increasing costs of goods and services we now face as an outcome of the pandemic. Economic instability can negatively impact children in a number of ways; parents with limited income may not have the resources to feed, cloth, or adequately house their children. Driving to the grocery store can become challenging due to lack of transportation or inadequate funds for gas. Increased consumption of packaged foods due to transportation barriers, limited accessibility, or limited knowledge on how to prepare home-cooked meals are contributing factors of obesity prevalence. Education, health literacy and reading levels are important considerations as well; families and individuals must be met at and educated from their level of understanding regarding reading nutrition labels, filling out SNAP benefit forms, applying for WIC, etc.

Regular access to healthcare is a preventative measure with regard to obesity. It represents a point of contact and consistent care, a source of reliable health information, and much more. For many, though, access is limited due to lack of transportation, lack of insurance or inadequate coverage, distance to the clinics, or limited number of providers in rural areas.

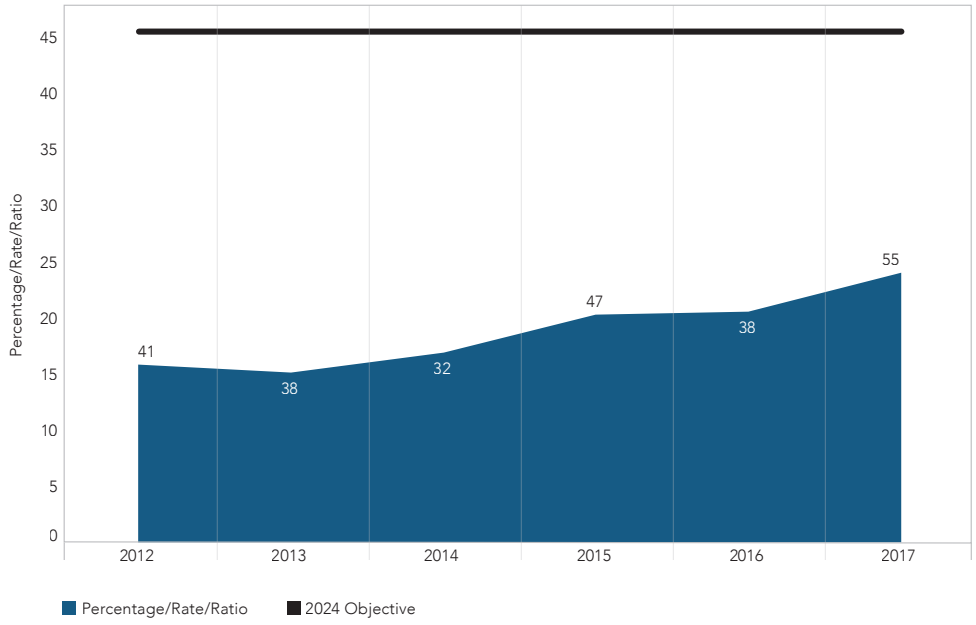
Currently, within Chemung County, several community partners are already working within this space, delivering programs such as First 1,000 Days, Kitchen Stork, educational classes, curbside meal programs, food programs, Health Meets Home, Health Meets Food, CATCH program in schools, and cooking classes to help decrease the percentage of children with obesity in early learning, childcare settings and schools. First 1,000 Days is a new Comprehensive Interdisciplinary Developmental Services Inc. (CIDS) program serving high-risk pregnant women and children aged 0-3, in which referrals will be generated through a partnership with Arnot Health and other community organizations. Kitchen Stork is a program that addresses food insecurity and maternal health needs that is operated through the Finger Lakes Performing Provider System (FLPPS), the Food Bank of the Southern Tier (FBST), CIDS, Arnot Health, and Meals on Wheels. It offers nutritious food, kitchen and cooking supplies, and virtual cooking classes for mothers who are expecting. Health Meets Home is a food prescription program, targeting individuals with prediabetes, offered through Arnot Health, Eastside Clinic, Lake Erie College of Osteopathic Medicine (LECOM) and the FBST. Students deliver groceries, recipes and nutrition information to participants, as well as monitor their hemoglobin A1c, blood pressure and weight. Health Meets Food is a Culinary Medicine Program designed to help change the dialogue between healthcare professionals and their patients about food. With a collaboration of LECOM and Arnot Health, medical students complete the Health Meets Food curriculum and then offer a class for the community. Families are welcome to join the six-session community class. Participants learn about the importance of healthy eating habits, prepare healthy recipes, and then eat them together at the end of the class. The Food Bank of the Southern Tier offers Kids Farmers' Markets (KFM) in Chemung County over a period of several weeks in the summer. KFMs are no-cost distribution events that provide fresh fruits and vegetables to children at risk of hunger or food-insecurity who may not have access to produce on a regular basis. Additionally, AIM Center for Independent Living's Community Nutrition Program provides food and basic goods to those in need a few times per month, with both pick-up and delivery available.

6. NIH National Library Of Medicine, Childhood obesity: causes and consequences, Journal of Family Medicine and Primary Care, 2015

Perinatal and Infant Health

Breastfeeding during infancy can provide a number of health benefits for mother and baby alike. For infants, specifically, it can reduce the risk of asthma, obesity, type 1 diabetes, ear infections, sudden infant death syndrome (SIDS), and more.[7] The percent of Chemung County infants enrolled in WIC who were exclusively breastfed at 6 months of age increased from about 16% in 2012 to about 24% in 2017 (about 42% in NYS) (Figure C7), but this was still well below the Prevention Agenda goal of 45.5%. The rate of exclusively breastfed infants at discharge was 66% in 2021.

Figure C7: Percent of Infants Enrolled in WIC who are Exclusively Breastfed at 6 Months of Age



Pediatric Nutrition Surveillance System (PedNSS), data as of October 2018
Analysis Completed by Common Ground Health

Health Priorities Partnership noted many factors contributing to breastfeeding rates within Chemung County. Members stated that there can be a lack of support for breastfeeding; well-intentioned family members and/or pediatricians may encourage new families to supplement with formula early in the breastfeeding relationship. This can have a negative impact on the mother's milk supply. Some mothers may lack support at home to help care for older children, and thus do not feel they have the time to devote to breastfeeding or pumping their milk. Second, some younger mothers feel uncomfortable with the idea of breastfeeding, thus education on benefits of breastfeeding is very important; the provision of a clean, comfortable, private space by doctors' offices and businesses accommodate mothers so they may feel confident breastfeeding or expressing their milk wherever they are. Additionally, education is needed for the breastfeeding person regarding their rights around pumping in the workplace. Behavioral factors identified included personality traits, mental health, and substance abuse. Breastfeeding can be challenging at times, so if the mother doesn't have adequate resources, they are less likely to continue. With regard to mental health, having effective coping mechanisms for those challenging days is important, and if a mother has experienced any type of trauma in her past then breastfeeding could potentially be a trigger for her. Environmental factors that can play into breastfeeding rates include what home-life is like for the breastfeeding individual, accessibility of services, transportation to appointments, and more. One positive outcome of the pandemic, however, has been the increased availability of virtual consults. Additionally, there may be cultural differences among various racial and ethnic populations that contribute to breastfeeding rates as well.

7. CDC – Breastfeeding: Why It Matters, 2021

Barriers to breastfeeding were also noted by the Health Priorities Partnership team. To start, mothers sometimes feel judged no matter how they choose to feed their babies. If they bottle feed with formula, others may judge them for not breastfeeding. Yet, if they are breastfeeding in public, they may be told to "cover-up" or receive other unsolicited advice. Some mothers also experience a lack of support upon return to work. Although the law supports mothers having time and space to pump, this is only for organizations with greater than fifty employees, thus it does not cover smaller private businesses. Even in larger organizations where this right is protected by law, some mothers feel guilty taking pumping breaks due to pressure from coworkers. Another barrier experienced by some comes in the form of family support. One example is if the infant's grandmother was not able to successfully breastfeed the mother, these fears may be passed onto the mother regarding her own experience. Others may voice they want to pump so the father can feed the baby in order to bond, when there are many other ways for that to occur without interrupting the breastfeeding.

Currently, at Arnot Ogden Medical Center, the International Board Certified Lactation Consultant (IBCLC) meets with breastfeeding families in the hospital setting and follows up by phone post-discharge. Many of their nursing staff have obtained their Certified Lactation Counselor (CLC) and are able to assist during the inpatient stay as well. Outpatient lactation services are available through WIC, Chemung County Public Health, and pediatric offices, or by CLCs or IBCLCs in private practice. Four of their offices have achieved the "Breastfeeding Friendly" designation. Prenatal breastfeeding education modules are available online for families to purchase and learn at their own pace. Twin Tiers Breastfeeding Network (TTBN) hosts a monthly virtual Baby Bistro free of charge; TTBN's Resource Directory handout is updated regularly and provided to families upon discharge. TTBN also sponsors annual Breastfeeding Friendly awards in conjunction with World Breastfeeding Week to raise awareness. The NICU values breastmilk and breastfeeding families; they are partnered with The New York Milk Bank to provide pasteurized human donor milk to neonates born prior to 32 weeks gestation or weighing <1500g at birth. Arnot hosts a licensed Breast Milk Depot and is able to accept breastmilk donations from registered donors. A Breast Pump Rental Program was initiated where hospital-grade breast pumps are available to rent in order to help their pump-dependent mothers establish an abundant milk supply. Arnot Health will continue to promote skin-to-skin contact whenever possible, specifically within the OR for C-section deliveries (looking at policy, procedure and tools to safely do so). TTBN and Maternal Child Health Network (MCHN) will also promote skin-to-skin contact. A grant has also been approved by the Fund For Women in the amount of $850 to finance a Lactation Resources and Lending Library in the Lactorium at Arnot Ogden Medical Center. WIC has been working to reduce the belief that "there isn't enough milk" through packets provided to participants, educating all mothers on hand expression through Stanford University videos, increasing peer counselor communication prenatally, and by using the Breastfeeding Attrition Prediction Tool to help gauge a mother's breastfeeding knowledge, support and confidence. WIC also works to increase breastfeeding by offering peer support via home visits and promoting early skin-to-skin contact in the hospitals.

Tobacco Prevention

Tobacco use is the most prominent preventable cause of death and disease in the United States, and accounts for approximately 480,000 deaths annually. Additionally, greater than 16 million Americans have, at minimum, one disease caused by smoking.[8] Smoking can cause health issues such as cancer, heart disease, stroke, lung diseases and COPD, diabetes, immune system problems, and much more. Secondhand smoke is equally detrimental as it causes stroke, lung cancer and coronary heart disease in adults and an increased risk of SIDS, respiratory infections, middle ear disease, and asthma in children. Women who smoke during pregnancy increase their risk for pregnancy complications and miscarriages and increase their baby's risk of certain birth defects,[9] premature birth, low birth weight, and infant death.

8. HealthyPeople.gov: Tobacco Use, 2022
9. CDC: Smoking & Tobacco Use – Health Effects, 2020

The Chemung County adult smoking prevalence is about 23%, compared to New York State prevalence of about 13%. When considering only adults with household incomes less than $25,000 who smoke, Chemung County's percentage escalates to about 40% versus about 20% in New York State.[10] The Healthy People Maternal and Child Health Indicators from 2021 illustrated that only about 86% of births within the hospital are to mothers who abstained from smoking during their pregnancy; this increased since 2019 when it was about 80%, but still falls short of the Healthy People goal of 98.6% or more. When adult Chemung County residents were surveyed in 2021 regarding their tobacco use, about 69% of respondents reported that, at their last visit, their healthcare provider did not provide counseling, resources, or medication to assist in quitting smoking, which increased from about 45% in 2019.[11]

Health Priorities Partnership members reported that higher tobacco retail density is associated with greater tobacco use among adolescents and decreased quit attempts for adult cigarette smokers who want to quit; there are 87 tobacco retailers in Chemung County. Partners also noted educational attainment as another contributing factor, as well as a history of high smoking rates (which causes more exposure in the home and allows smoking to be viewed as the "norm"). Additionally, tobacco use disproportionately affects communities of people who have been marginalized and targeted with advertising and marketing by the tobacco industry including people in low-income communities, racial and ethnic minorities, sexual and gender minorities, and people living with mental illness and substance use disorders.

Committee members reflected on which programs and interventions are successful in reducing tobacco use and highlighted the following: changing the community environment to support a tobacco-free norm, reducing the negative impact of tobacco product marketing and price promotions on youth and adults at the point of sale, and increasing the number of local laws and voluntary policies that prohibit tobacco use in outdoor areas. Additionally, members felt that decreasing secondhand smoke exposure in multiunit housing (with an emphasis on policies that protect the health of low socioeconomic status residents), promoting policies that reduce tobacco use imagery in youth-rated movies, on the internet and social media, and promoting the use of the Five A's (Ask, Advise, Assess, Assist, Arrange) and NYS Quitline with providers would be beneficial to the community. Chemung County has worked with the Center for a Tobacco-Free Finger Lakes (CTFFL) at the University of Rochester Medical Center in the past and would like to continue this relationship, and the Wilmot Cancer Institute had offered remote smoking cessation sessions. Lastly, Mothers & Babies Perinatal Network offers Quit Kit, which is a smoking cessation program for pregnant and parenting smokers.

Community Assets and Resources to be Mobilized

The Finger Lakes Region already has a long-standing reputation of collaboration and coordination among its partners. The region also has two designated agencies that promote and facilitate collaboration: Pivital Public Health Partnership (formerly the S2AY Rural Health Network) and Common Ground Health. Pivital 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 – hospitals, insurers, universities, business, nonprofit, faith communities and residents – to collaborate on strategies for improving health in the region. Both agencies provide support, collaboration and resources to improve the health of Chemung County residents.

10. NYS Behavioral Risk Factor Surveillance System, 2018 (data as of August 2020)
11. Southern Tier Tobacco Awareness Coalition: Adult Community Tobacco Survey, 2021

To address Prevention Agenda objectives within the Healthy Eating and Food Security focus area, organizations such as the Economic Opportunity Program (EOP), Comprehensive Interdisciplinary Developmental Services (CIDS), Arnot Health, school districts such as Elmira City, Horseheads, Elmira Heights and private districts, Food Bank of the Southern Tier, WIC, AIM Center for Independent Living, Cornell Cooperative Extension, Steuben Rural Health Network, the YWCA, and Finger Lakes Eat Smart New York (FLESNY) were identified as capable partners to address this health concern.

Likewise, with regard to the Perinatal and Infant Health priority area, various partners will be contributing to these interventions. Arnot Health, schools such as Elmira City, Horseheads, Elmira Heights and private districts, CIDS, WIC, Mothers & Babies Perinatal Network, EOP, major employers in the county, Chamber of Commerce, faith-based organizations, Chemung County municipalities, obstetricians and pediatricians may provide their time, energy and resources toward this effort.

Community partners identified by the committee to aid in addressing root causes of tobacco use include Arnot Health, the Elmira City School District, agencies such as CASA-Trinity, Mothers & Babies Perinatal Network, CIDS, Center for Tobacco-Free Finger Lakes (CTFFL), Wilmot Cancer Institute, as well as the Chemung County municipalities. Resources available to accomplish these goals include the Southern Tier Tobacco Awareness Coalition (STTAC) and the Reality Check youth program, CTFFL, Mothers & Babies Quit for Kids, CIDS, Chemung County ATUPA program, NYS Quitline, and Wilmot Cancer Institute's free smoking cessation program.

Through implementation of the Community Health Improvement Plan, Health Priorities Partnership members will work to leverage these pre-existing agencies and services. The Chemung County Community Health Improvement Plan document has a full description of interventions and partner roles.

Chemung County Clerk's Office
Photo credit: Common Ground Health

Community Health Improvement Plan/Community Service Plan

As previously discussed in Main Health Challenges, a multi-voting technique was used to select the priority areas for the Community Health Assessment and Community Health Improvement Plan, in addition to a unified desire based on data to continue to address tobacco prevention. County specific pre-read documents were provided to Chemung County Health Priorities Partnership and prioritization partners, which included updated data measures for each of the five priority areas outlined in the Prevention Agenda. This was followed with additional county specific data on objectives within the survey-identified priority areas to help identify objectives, disparities and interventions to include within the plan. A concerted effort took place during the month of December to ensure the governing Community Health Assessment and Community Health Improvement Plan body, Health Priorities Partnership, was equipped with a diverse and inclusive group, which represented all areas of health and well-being in the county. The following organizations were engaged in Chemung County's planning and prioritization process:

CHEMUNG COUTY PLANNING AND PRIORITIZATION AGENCIES		
Chemung County Health Department	Pivital Public Health Partnership	Blue Cross Blue Shield
Cornell Cooperative Extension/ SNAP-Ed	CASA-Trinity	Arnot Health
Chemung County Youth Bureau (CCYB)	Common Ground Health	Southern Tier Tobacco Awareness Coalition (STTAC)
AIM Center for Independent Living	Food Bank of the Southern Tier	Mothers & Babies Perinatal Network
Chemung County Planning	Catholic Charities	Man 2 Man
Economic Opportunity Program (EOP)	Elmira City School District (ECSD)	Chemung County Department of Aging and Long Term Care
Planned Parenthood	Guthrie Healthcare System	Women, Infants, & Children (WIC)
Chemung County Department of Human Services (CCHS)	Lions Club - Diabetes	Wilmot Cancer Institute
Steuben Rural Health Network	Comprehensive Interdisciplinary Developmental Services (CIDS)	Town of Southport Recreation Department
Lake Erie College of Osteopathic Medicine (LECOM)	Center for a Tobacco Free Finger Lakes	NAACP – Elmira/Corning

Interventions to target the selected priority areas were discussed and determined by the public health department and their team of community partners at Chemung County Health Priorities Partnership meetings. Each member was expected to highlight where resources already existed and could be leveraged. Coordinated efforts to promote and engage community members in selected initiatives will continue to take place. A full description of objectives, interventions, process measures, partner roles and resources are available in the Chemung County Community Health Improvement Plan. All interventions selected are evidence based or evidence-informed and strive to achieve health equity by focusing on creating greater access for the low-income population, the disparity identified by Chemung County.

Health Priorities Partnership, a group of diverse partners who meet bi-monthly to improve the health of Chemung residents, will oversee the Community Health Improvement Plan progress and implementation. Attendees at these meetings will regularly review progress and relevant data on each measure. Group members will identify and address any mid-course corrections in interventions and processes that need to take place during these meetings.

Dissemination

This Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) was created in partnership between the Chemung County Health Department, Arnot Health, and community partners. It will be disseminated to the public in the following ways:

- Through a media release summarizing the results and offering the opportunity for the public to attend Health Priority Partnership meetings.
- It will be made publicly available on the Chemung County Health Department, Arnot Health, and Pivital Public Health Partnership websites.
- Chemung County Health Department and Arnot Health will share the link for the CHA on their social media accounts.
- It will be presented to, and reviewed by, the Chemung County Board of Health and a designated team of executives of Arnot Health.

The websites that will have the Chemung County Community Health Assessment 2022-2024 posted are:

- Chemung County Health Department: https://chemungcountyny.gov/735/Community-Health
- Arnot Health Department: https://www.arnothealth.org/

APPENDIX 1

LIST OF MAPS

LIST OF FIGURES

Propeller plane towing a glider takes off at Harris Hill Park, Elmira, Chemung County
Photo by RedBridge https://stock.adobe.com/contributor/209808310/redbridge

APPENDIX 2

RESULTS BASED ACCOUNTABILITY™

Results Based Accountability™ is a disciplined way of thinking and acting to improve entrenched and complex social problems.[12] To facilitate CHA/CHIP development, resulting in a CHIP that measurably improves health, the following steps were followed:

1. **Define the Community:** Data collection is an important first step. In this step, it is important to gather data for the community at large (county-level data) as well as data that identified vulnerable populations within the community who are at risk for poorer health outcomes. This can happen by collecting and analyzing data that shows differences in rates of illness, death, chronic conditions and more in relationship to demographic factors. The planning committee brainstormed specific potential vulnerable populations in the county to be considered with data collection.
2. **Engage Stakeholders:** Population health requires engagement from many sectors. Complex social, economic and environmental factors are all determinants of health; therefore, there is no one organization, department or program that can be held solely responsible for the health of a population. Diverse engagement began in November/December 2021, early in the CHA development process. Committee partners completed an exercise to brainstorm potential new partners from the following sectors: Local Government, Businesses, Not-for-Profit and Community Organizations, Academia and the General Public. The following questions were used to assist brainstorming:
   - Who are those with potential interest and influence who can contribute to the CHA/CHIP process?
   - What population do they represent? (including vulnerable populations identified in Step 1)
   - Identify their potential level of interest and influence (High Interest/High Influence, Low Interest/ High Influence, High Interest/Low Influence, Low Influence/Low Interest)
   - Who would be the best person on the committee to extend an invitation to the selected potential new partner?

After an assessment of brainstormed information, personal invitations were made to selected potential new partners to address any gaps on the committee and the need for diverse engagement.

3. **Engage in Comprehensive Data Collection:** Both primary and secondary data were collected. Disaggregated data was collected by race, gender, income and geography as available to identify vulnerable populations and to assist in strategy development. Data sources included, but were not limited to:
   - Common Ground Health: My Health Story
   - County Health Rankings
   - Vital Statistics
   - Behavioral Risk Factor Surveillance Survey (BRFSS)
   - United States Census Bureau
   - Cornell University Program on Applied Demographics
   - Statewide Planning and Research Cooperative System (SPARCS)
   - New York State Department of Health Perinatal Data Profile
   - S2AY Rural Health Network Inc,: The Impact of COVID-19 on Food Security and Healthy Eating
   - Outreach to county committee partners for data from their respective organizations.

12. Results-Based Accountability - Overview and Guide (clearimpact.com)

4. **Prioritize Health Issues:** Data was analyzed and presented by Common Ground Health. After a review of analyzed health outcome data for trends, current state against benchmarks or Prevention Agenda targets, and differences among populations, a multi-voting tool was used by committee members to rank the health issues using selected criteria to identify top Focus Areas, which identified Prevention Agenda Priority Areas.
5. **A Deeper Dive of data was conducted by Common Ground Health.** To enhance the picture of the selected Focus Areas, related Prevention Agenda objective data was presented. A table with objectives and their status colors was created to help with the selection of objectives for this CHA/CHIP cycle.
   - Green Status – the prevention goal metric has been met and the trend of that metric is in the correct direction of the goal or steady
   - Yellow Status – either the prevention goal has not been met but the trend is in the correct direction or the goal has been met but the trend is in the wrong direction
   - Red Status – the goal has not been met and the trend is in the wrong direction
   - Gray Status – there is limited data on this metric available at this time

In addition, person, place and time was analyzed:

- **Person** - Are there certain populations at higher risk for poor outcomes? For example, are outcomes different based on age, race/ethnicity, education, or socio-economic status?
- **Place** - Are the outcomes in the county higher or lower than neighboring counties and the rest of the state? Are there high-risk neighborhoods in the county?
- **Time** - Do the trends over time show the outcomes improving, remaining the same, or declining?

If multiple objectives were identified, additional consideration was given to objectives that may have a greater impact on long term health and also have a good chance of positively impacting other objective indicators.

6. **Develop the Story Behind the Data:** Understanding the story behind the data ("WHY" the data looks the way it does) contributes to an increased understanding of the factors that impact the current state, as well as identifies contributing causes and potential solutions designed to have maximum impact. Results Based Accountability's *Turn the Curve Thinking* was conducted for selected CHIP objectives/indicators to examine:
   - What is the story? What are the contributing causes to the trend of the selected CHIP objectives, including behavioral, environmental, policy and social determinant of health factors? 5 WHYS was conducted to help identify root causes.
   - Who are the partners that have a role in impacting contributing causes? What community assets or resources can be mobilized to impact identified causes?
   - What works to address identified contributing causes (including evidenced based interventions)?

Turn the Curve Thinking also determined a data development agenda, where counties identified if any additional data was needed on selected objectives and/or disparities, as well as a plan on how to collect that data.

7. **Select CHIP Interventions:** Upon completion of *Turn the Curve Thinking*, criteria was used to select interventions that will be included on the CHIP. Criteria used included:
   - How strongly will the proposed strategy impact progress as measured by the baselines?
   - Is the proposed strategy feasible?
   - Is it specific enough to be implemented?
   - Is the strategy consistent with the values of the community and/or agency?

Turn the Curve Thinking resulted in interventions which were linked with contributing causes and partners who could have an impact. It is our goal that, with successful implementation of diverse strategies by diverse partners, there will be a collective impact on *Turning the Curve* for the better on our CHIP objectives.

8. **Engage in Continuous Improvement:** To effectively monitor progress and effectiveness of each organization's contribution to selected CHIP objectives, intervention performance measures were identified that answer the questions:
   - How much did we do?
   - How well did we do it?
   - Is anyone better off?

Monitoring these intervention specific performance measures will identify if any focused quality improvement projects are required to improve intervention effectiveness and/or if revisions to CHIP interventions are required.

Scenic view from the Chemung River from the Lackawanna Trail
Photo by Kyle https://stock.adobe.com/contributor/209427526/kyle

APPENDIX 3

HEALTHY EATING & FOOD SECURITY: SUMMARY

OBJECTIVE	OBJECTIVE DESCRIPTION	STATUS	NOTES
1.1	Decrease the percentage of children with obesity (among children ages 2-4 years participating in the Special Supplemental Nutrition Program for Women, Infants, and Children [WICJ)		
1.2	Decrease the percentage of children with obesity		
1.4	Decrease the percentage of adults ages 18 years and older with obesity		
1.6	Decrease the percentage of all adults ages 18 years and older with obesity (among adults living with a disability)		FLR Data Only
1.13	Increase the percentage of adults with perceived food security		FLR Data Only
1.5	Decrease the percentage of adults ages 18 years and older with obesity (among adults with an annual household income of <$25,000)		FLR Data Only
1.7	Decrease the percentage of adults who consume one or more sugary drinks per day		
1.8	Decrease the percentage of adults who consume one or more sugary drinks per day (with an annual household income of <$25,000)		FLR Data Only
1.9	Decrease the percentage of adults who consume less than one fruit and less than one vegetable per day		
1.14	Increase the percentage of adults with perceived food security (among adults with an annual household income of <$25,000)		FLR Data Only
*Note: Objectives 1.10, 1.11 and 1.12 had limited/unreliable data.			

PERINATAL & INFANT HEALTH: REDUCE INFANT MORTALITY & MORBIDITY SUMMARY

OBJECTIVE	OBJECTIVE DESCRIPTION	STATUS	NOTES
2.1.1	Decrease Infant Mortality Rate		
2.1.2	Decrease Percentage of Preterm Births		
2.1.4	Decrease Rate of Infants Born with Neonatal Abstinence Syndrome and/or Affected by Maternal Use of Drugs of Addiction		
2.1.5	Decrease the Sudden Unexpected Infant Death (SUID) Mortality Rate		No Trend Available, but below PA goal
Note: Objective 2.1.3 had limited/unreliable data.			

PERINATAL & INFANT HEALTH: INCREASE BREASTFEEDING SUMMARY

OBJECTIVE	OBJECTIVE DESCRIPTION	STATUS	NOTES
2.2.1.2	Increase the percentage of infants who are exclusively breastfed in the hospital among Black, non-Hispanic infants		Small Numbers = Volatile Rates
2.2.2.2	Decrease the percentage of infants supplemented with formula in the hospital among breastfed Black, non-Hispanic infants		Small Numbers = Volatile Rates
2.2.3.0	Increase the percentage of infants enrolled in WIC who are breastfed at 6 months among all WIC infants		
2.2.1.1	Increase the percentage of infants who are exclusively breastfed in the hospital among Hispanic infants		
2.2.1.0	Increase the percentage of infants who are exclusively breastfed in the hospital among all infants		
2.2.1.3	Increase the percentage of infants who are exclusively breastfed in the hospital among infants insured by Medicaid		
2.2.2.0	Decrease the percentage of infants supplemented with formula in the hospital among breastfed infants		
2.2.2.1	Decrease the percentage of infants supplemented with formula in the hospital among breastfed Hispanic infants		
Note: Objectives 2.2.3.1 & 2.2.3.2 had limited/unreliable data.			

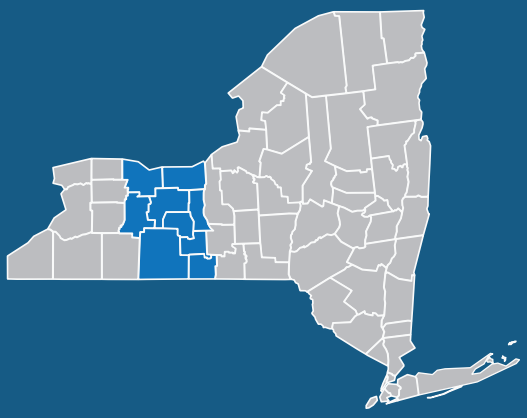
CHEMUNG COUNTY: SELECTED OBJECTIVES

OBJECTIVE	OBJECTIVE DESCRIPTION	STATUS	NOTES
1.2	Decrease the percentage of children with obesity (among public school students in NYS exclusive of New York City [NYC])		
2.2.3.0	Increase the percentage of infants enrolled in WIC who are breastfed at 6 months by 10% from 41.4% (2016) to 45.5% among all WIC infants		
3.11	Decrease the prevalence of any tobacco use by high school students	*	
3.1.6	Increase the number of municipalities that adopt retail environment policies, including those that restrict the density of tobacco retailers, keep the price of tobacco products high, and prohibit the sale of flavored tobacco products	*	No Trend Available, but below PA goal
3.2.1	Increase the percentage of smokers who received assistance from their health care provider to quit smoking by 13.1% from 53.1% (2017) to 60.1%.	*	
3.2.3	Decrease the prevalence of cigarette smoking by adults ages 18 years and older (among adults with income less than $25,000)	*	
3.3.3	Increase the number of multi-unit housing units (focus should be on housing with higher number of units) that adopt a smoke-free policy by 5000 units each year	*	
* Color-coding not available, objective was selected later in the CHA/CHIP process.			

Common Ground Health

ABOUT COMMON GROUND HEALTH

Founded in 1974, Common Ground Health is the health planning organization for the nine-county Finger Lakes region. We bring together health care, education, business, government and other sectors to find common ground on health issues. Learn more about our community tables, our data resources and our work improving population health at www.CommonGroundHealth.org.



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CommonGroundHealth.org

Name of County - Organization(s) **Chemung County Health Dept., Arnot Health**

Priority	**Prevent Chronic Diseases**				
Focus Area	**Focus Area 1: Healthy eating and food security**				
Goal Focus Area	**Goal 1.1 Increase access to healthy and affordable foods and beverages**				
Objectives through 2024	**Interventions**	**Family of Measures**	**By December 2023, we will have completed . . .**	**Implementation Partner**	**Partner Role(s) and Resources**
Objective 1.2 Decrease the percentage of children with obesity (among public school students in NYS exclusive of New York City [NYC])	Intervention 1.0.2 Quality nutrition (and physical activity) in early learning and child care settings	Economic Opportunity Program (EOP) Birth to Five School Readiness supports five locations as well as a Home Based Program. They utilize the I am Moving, I am Learning (IMIL) Program. The goals of IMIL are: 1) Increase Physical Activity in the Classroom 2) Improve the Quality of Nutrition Provided 3) Improve Staff Wellness 4) Improve Family Engagement Nutrition education is provided daily to the children, quarterly in a newsletter to families, and monthly to families at meetings at their site. The Eat Well Play Hard curriculum through ProAction was implemented at 3 sites during the 21-22 school year. It includes these initiatives: 1) · Make nutrition and movement lessons part of a child's daily routine 2) · Provide nutrition and physical activity education to families 3) · Offer fruits, vegetables, and low-fat dairy more often 4) · Create or enhance nutrition and physical activity policies 5) · Make family-style dining an everyday practice 6) and provides education workshops/trainings for families	Determine baseline for xx minutes of physical activity, xx minutes of nutrition education, and number of people educated. Increase numbers in 2024.	Community-based organizations	EOP program with assistance from partners as needed

Objective 1.2 Decrease the percentage of children with obesity (among public school students in NYS exclusive of New York City [NYC])	Intervention 1.0.2 Quality nutrition (and physical activity) in early learning and child care settings	Comprehensive Interdisciplinary Developmental Services (CIDS) encourages healthy eating and breastfeeding during home visits. The First 1,000 Days program serves high risk pregnant women and children 0 - 3 years old with referals from Arnot Health. The Kitchen Stork program, a FLPPS collaboration of Food Bank of the Southern Tier (FBST), CIDS, Arnot Health, and Meals on Wheels, will provide home delivery of nutritious food and virtual cooking classes. AIM, Cornell Cooperative Extension, FBST, and CCHD WIC provide access and education throughout the community.	Increased # of home visits, Reach 50 participating in Kitchen Stork. KS post surveys indicate decreased fast food consumption, increased at home meal preparation, and confidence in ability to prepare healthy food.	Community-based organizations	CIDS, Arnot Health, FBST, WIC, AIM, CCE, CCHD WIC, with assistance and referrals from partners
Objective 1.2 Decrease the percentage of children with obesity (among public school students in NYS exclusive of New York City [NYC])	Intervention 1.0.4 Multi-component school-based obesity prevention interventions	SNAP-Ed New York - Southern Finger Lakes Region and Cornell Cooperative Extension (CCE) work with local elementary and middle schools to implement the Coordinated Approach To Child Health (CATCH) program. Quality nutrition and physical activity is provided in 8 area schools serving 2,962 students. The Elmira City School District (ECSD) adopted CATCH in their wellness policy for all elementary schools, CATCH is used school wide (classroom, PE, brain breaks, cafeteria).	Through Champion and student surveys determine baseline percentage of moderate to vigorous activity students are engaged in and behavior changes made due to direct education. Goal to maintain and increase in 2024.	Community-based organizations	FLESNY responsible for intervention providing needed staff and resources to meet measures with assistance from Health Priorities Partners as needed.
Objective 1.2 Decrease the percentage of children with obesity (among public school students in NYS exclusive of New York City [NYC])	Intervention 1.0.4 Multi-component school-based obesity prevention interventions	Steuben Rural Health Network; Girls on the Run of the Southern Tier: • 80% of participants in Girls on the Run of the Southern Tier will show an increase of physical activity outside of participating in the program during the weekday and weekend. • 80% of participants in Girls on the Run of the Southern Tier will show a decrease in screen time after participating in the program (These measured by completion of pre and post survey asking 2 questions on physical activity) • 90% of participants will complete a 5K Open rate for “Nutrition tips and tricks” sent weekly to families via email and posted on social media.	80% of participants will show an increase of physical activity outside of the program and a decrease in screen time after participating in the program (completion of pre and post survey asking 2 questions on physical activity) 90% of participants will complete a 5K Open rate of 35 % for the nutrition fact email	Community-based organizations	Steuben RHN responsible for intervention providing needed staff and resources to meet measures with assistance from Health Priorities Partners as needed.

Objective 1.2 Decrease the percentage of children with obesity (among public school students in NYS exclusive of New York City [NYC])	Health Meets Food classes. Health Meets Food is a Culinary Medicine Program designed help change the dialogue between healthcare professionals and their patients about food. With a collaboration of LECOM and Arnot, medical students complete the Health Meets Food curriculum and then offer a community class which is open to the community to participate. Families are welcome to join the community class which has 6 session. Participants learn about the importance of healthy eating habits, cook healthy recipes, and then eat them together at the end of the class.	# of Health Meets Food Classes, #of community program participants, # of medical students completing Health Meets Food curriculum.	Health Meets Food community programming to be scheduled in January.	Hospital	Arnot Health, LECOM, Community partners as needed.
Objective 1.2 Decrease the percentage of children with obesity (among public school students in NYS exclusive of New York City [NYC])	Health Meets Home is a food prescription program In conjunction with Arnot Health EastSide Clinic, LECOM and Food Bank of Southern Tier targeting prediabetic patients and families. Students deliver groceries to 10 families . Along with recipes and nutrition information.	# of families enrolled in Health Meets Home program	Continued program and meet goal to increase program to 25 families.	Hospital	Arnot Health, LECOM, Food Bank of Southern Tier

Focus Area	Focus Area 3: Tobacco prevention				
Goal Focus Area	Goal 3.1 Prevent initiation of tobacco use				
3.1.1: Decrease the prevalence of any tobacco use by high school students.	3.1.2: Use media and health communications to highlight the dangers of tobacco, promote effective tobacco control policies and reshape social norms.	Southern Tier Tobacco Awareness Coalition (STTAC) # of media outreaches (radio, TV, newspapers) # of paid ads in Chemung County # of educational presentations provided to youth focused organizations # of Reality Check activities in Chemung County	3 – earned media outreaches 1 – paid ad 3 – presentations to youth focused organizations 3 – Reality Check activities in Chemung County	Local health department	CCHD/STTAC responsible for intervention providing needed staff and resources to meet measures with assistance from Health Priorities Partners as needed.
3.1.6 Increase the # of municipalities that adopt retail environment policies, including those that restrict the density of tobacco retailers, keep the price of tobacco products high, and prohibit the sale of flavored tobacco products areas.	3.1.3: Pursue policy action to reduce the impact of tobacco marketing in lower-income and racial/ethnic minority communities, disadvantaged urban neighborhoods and rural areas.	STTAC # venues/events information disseminated # of stakeholders educated # of retail observations completed # of community members mobilized to write or spread about tobacco marketing	2 – venues/events information disseminated 2 – stakeholders educated 2 – retail observations completed 2 – stakeholders write or speak about tobacco marketing	Local health department	CCHD/STTAC responsible for intervention providing needed staff and resources to meet measures with assistance from Health Priorities Partners as needed.

Goal Focus Area	**Goal 3.2 Promote tobacco use cessation**				
3.2.1 Increase the percentage of smokers who received assistance from their health care provider to quit smoking by 13.1% from 53.1% (2017) to 60.1%	3.2.3 Use health communications targeting health care providers to encourage their involvement in their patients' quit attempts encouraging use of evidence-based quitting, increasing awareness of available cessation benefits (especially Medicaid), and removing barriers to treatment.	Arnot Health – Percentage of patients aged 18+ who were screened for tobacco use one or more times within 12 months and who received tobacco cessation intervention if identified as a tobacco user # of referrals to NYS Quitline # of educational handouts distributed to providers	Goal of PCP rate of > 90% compliance of screening for tobacco use. Initiate process of using health communication to providers to encourage use of evidence based quitting approaches at least once yearly	Hospital	Arnot responsible for intervention providing needed staff and resources to meet measures with assistance from Health Priorities Partners as needed.
3.2.3: Decrease the prevalence of cigarette smoking by adults ages 18 years and older (among adults with income less than $25,000)	3.2.2 Use health communications and media opportunities to promote the treatment of tobacco dependence by targeting smokers with emotionally evocative and graphic messages to encourage evidence-based quit attempts, to increase awareness of available cessation benefits (especially Medicaid), and to encourage health care provider involvement with additional assistance from the NYS Smokers' Quitline. (among all adults focusing on pregnant moms)	Mothers & Babies Perinatal Network, CCHD, CIDS, and community partners - # of referrals to Quit Kit Program's phone based, smoking cessation program for pregnant and parenting women & family members or anyone caring for young children based on American Lung Association materials. URMC Center for Community Health & Prevention Stop Smoking program available for others, in addition to the NYS Quitline. # of social media posts, outreach, etc. promoting these programs. STTAC – Target tobacco free public spaces policies for organizations serving pregnant moms.	Increase referrals to Quit Kit smoking program by 10% 1 – tobacco free public spaces policy Increase # referrals to NYS Quitline	Community-based organizations	Mothers & Babies, CCHD,CIDS, STTAC responsible for intervention providing needed staff and resources to meet measures with assistance from Health Priorities Partners as needed.
Goal Focus Area	**Goal 3.3 Eliminate exposure to secondhand smoke**				
3.3.3: Increase the number of multi-unit housing units that adopt a smoke-free policy by 5000 units each year	3.3.1: Promote smoke-free and aerosol-free (from electronic vapor products) policies in multi-unit housing, including apartment complexes, condominiums and co-ops, especially those that house low-SES residents.	STTAC # of earned media outreaches # venues/events information disseminated # stakeholders educated # new units covered by policies	3 – earned media outreaches 2 – venues/events information disseminated 2 – stakeholders educated 50 – new units covered by smoke free policies	Local health department	CCHD/STTAC responsible for intervention providing needed staff and resources to meet measures with assistance from Health Priorities Partners as needed.

Priority	Promote Healthy Women, Infants and Children				
Focus Area	Focus Area 2: Perinatal and Infant Health				
Goal	Goal 2.2: Increase breastfeeding				
Objectives through 2024	**Interventions**	**Family of Measures**	**By December 2023, we will have completed . . .**	**Implementation Partner**	**Partner Role(s) and Resources**
Objective 2.2.3.0: Increase the percentage of infants enrolled in WIC who are breastfed at 6 months by 10% from 41.4% (2016) to 45.5% among all WIC infants	Intervention 2.2.5: Increase access to community-based interventions that provide mothers with peer support via home visits in the prenatal and early postpartum period.	The Twin Tiers Breastfeeding Network and Mothers and Babies Maternal Child Health Network are established partnerships with community-based organizations that provide prenatal breastfeeding education, assistance, support, and facilitate coordination to community resources, and continuity of care post-discharge.	increased # referals to CIDS, Increase by 3% WIC BF at 6 mos and bf in early postpartum. Increase by 5% # attending Baby Bistros, # nominated for BF Friendly Awards, # exclusively bf at discharge, # moms seen by CCHD PH nurses for bf support, and # renting/using Arnot/WIC breast pumps. Reduce WIC stopping bf due to not enough supply from 54% to 45% Promote skin to skin contact.	Community-based organizations	Arnot Health chairs TTBN and Mothers & Babies chairs MCHN. CCHD partners with these groups along with other CBO's. Referrals, promotion, and participation by community partners.
Objective 2.2.1.0: Increase the percentage of infants who are exclusively breastfed in the hospital by 10% from 65.7% (2021) to 72% among all infants	Intervention 2.2.3: Promote and implement early skin-to-skin contact in hospitals	Feeding with in 1 hour rate Breastfeeding initiation rate Exclusively breastfed at Discharge rate	Arnot Health will continue to promote skin to skin contact whenever possible. Arnot will work to specifically increa se skin to skin contact in O.R. for c-section deliveries, will look at policy, procedure, and tools to safely increase this in O.R. AH, TTBN, and MCHN to promote skin to skin contact	Hospital	Arnot Health chairs TTBN and Mothers & Babies chairs MCHN. CCHD partners with these groups along with other CBO's. Referrals, promotion, and participation by community partners.