



Chemung County Community Health Assessment 2013 - 2017



October 2013

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Executive Summary

What are the health priorities facing Chemung County?

This was the question facing Chemung County Health Department in partnership with local hospitals as they delved into a comprehensive process that involved other local organizations and county residents.

The mission of the Chemung County Health Department is to:

- *Promote and respond to our community's health needs,*
- *Demonstrate teamwork through open communication, support, respect and accountability and*
- *Provide efficient, courteous, professional service fairly and consistently.*

To that end Chemung County Health Department and their partners embarked on a one year process to collect data, solicit opinions, facilitate a process and guide discussion to determine not only what the most pressing problems facing our residents are, but also what we can effectively and efficiently address. The MAPP (Mobilizing for Action through Planning and Partnership) process was used to accomplish this. Chemung County Health Department was charged with working with local hospitals and other key partner agencies to select two key health priorities and one disparity to address in the community.

As a result, Chemung County Health Department and the partner agencies decided to tackle two tough areas under the New York State Department of Health priority of the prevention of chronic disease:

- Prevent obesity trend from rising and aim to reduce the percentage of adults who are obese by 1% - from 30.1% to 29.8%
- Reduce percentage of tobacco use, specifically cigarette smoking, among adults by 3% from 30.8% to 29.9%.

The disparity the partners chose to address was to:

- Reduce the percentage of lower income individuals who smoke including those with mental health and substance abuse issues.

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

Obesity Prevalence:

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

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

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

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

In Chemung County the age adjusted percentage of adults who are obese (BMI 30 or higher) is 30.1% compared to the New York State rate of 23.1%.³ Health care providers across the state and the nation must take steps to address this rising epidemic.

Additionally, the Chemung County percentage of adults who smoke is the highest in the state at 30.8% compared to the New York State average of 17%. It is the primary contributor to a host of chronic diseases. As noted in the NY State Chronic Disease Action Plan:

Tobacco addiction is the leading preventable cause of morbidity and mortality in New York State (NYS) and in the United States. Cigarette use, alone, results in an estimated 440,000 deaths each year in the United States, and 25,000 deaths in NYS. There are estimated to be 570,000 New Yorkers afflicted with serious disease directly attributable to their smoking. The list of illnesses caused by tobacco use is long and contains many of the most common causes of death. These include many forms of cancer, including lung and oral; heart disease; stroke; chronic obstructive pulmonary disease and other lung diseases.

The economic costs of tobacco use in NYS are staggering. Smoking-attributable health care costs are \$8.2 billion annually, including \$3.3 billion in annual Medicaid expenditures. In addition, smoking-related illnesses result in \$6 billion in lost productivity. Reducing tobacco use has the potential to save NYS taxpayers billions of dollars every year.

Although there have been substantial reductions in adult smoking in NYS, some tobacco use disparities have become more pronounced over the past decade. Smoking rates did not decline among low-socioeconomic status adults and adults with poor mental health.⁴

Failing to win the battle against obesity and tobacco use will mean premature death and disability for an increasingly large segment of Chemung County residents. Without strong action to reverse the obesity epidemic, for the first time in our history children may face a shorter lifespan than their parents. Chemung County Health Department, along with their partners, has developed the Community Health Improvement Plan (CHIP) to address these issues (see [Attachment A](#)).

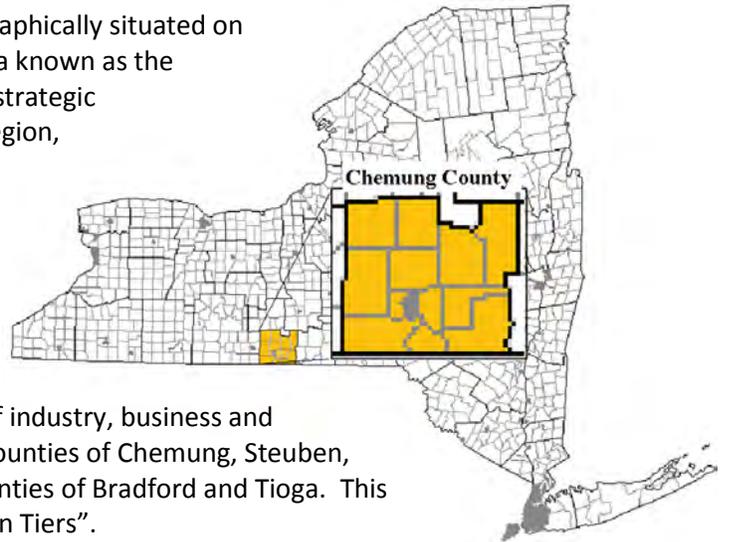
Next steps will center upon accomplishing the activities outlined in the CHIP workplan to achieve objectives related to our identified priorities. Chemung County Health Department and their partners, the Health Priorities Partnership or HP², will continue to meet and work on a regular basis to begin to make progress in addressing the identified priorities to reduce obesity and tobacco use in our community.

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

⁴ NYSDOH Focus Area 2 http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/plan/chronic_diseases/focus_area_2.htm#content

Community Served

Chemung County is a 408.2 square mile area geographically situated on the New York-Pennsylvania state border in the area known as the "Southern Tier" of New York State. Because of its strategic location at the southern end of the Finger Lakes Region, Chemung County is also known as the "Gateway to the Finger Lakes". The County is very nearly mid-center (east-west) in New York State and is approximately equidistant from Boston, Montreal, Washington D.C. and Cleveland. Elmira is the Chemung County seat and is considered the primary metropolitan area. The Elmira-Chemung County region is the focal point of industry, business and recreation in an area comprised of the New York counties of Chemung, Steuben, Schuyler and Tioga as well as the Pennsylvania counties of Bradford and Tioga. This collective area is better known publicly as the "Twin Tiers".

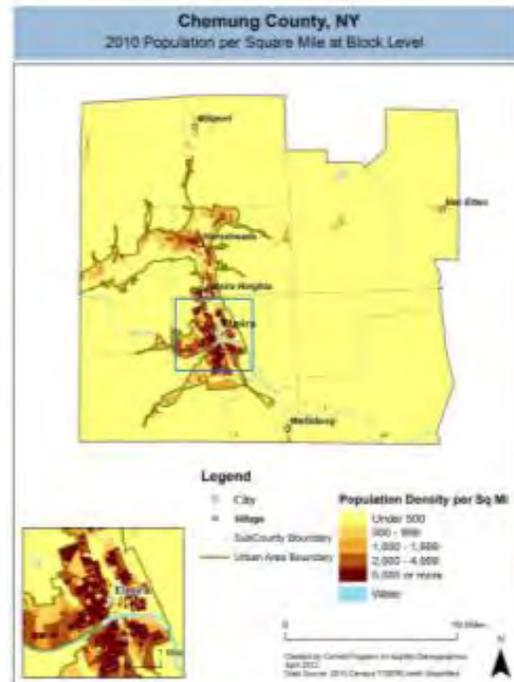


This chart and table from the Cornell Program on Applied Demographics illustrates the distribution of Chemung County residents and population shifts from 2000 to 2010. The vast majority of residents live in the corridor that runs from Southport through Elmira and into Horseheads. All other areas of the County are very rural in nature.

3.4 Percentage sub county change 2000-2010

	Total Population		Difference	
	2000	2010	Count	%
New York State	18,976,821 *	19,378,102	401,281	2.1%
Chemung County	91,070	88,830	-2,240	-2.5%
Cities				
Elmira	30,540	29,200	-1,740	-5.6%
Towns				
Ashland	1,951	1,695	-256	-13.1%
Baldwin	853	832	-21	-2.5%
Big Flats	7,224	7,731	507	7.0%
Catlin	2,649	2,618	-31	-1.2%
Chemung	2,665	2,563	-102	-3.8%
Elmira	7,199	6,934	-265	-3.7%
Erin	2,054	1,962	-92	-4.5%
Horseheads	19,561	19,485	-76	-0.4%
Southport	11,185	10,940	-245	-2.2%
Van Etten	1,518	1,557	39	2.6%
Veteran	3,271	3,313	42	1.3%

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

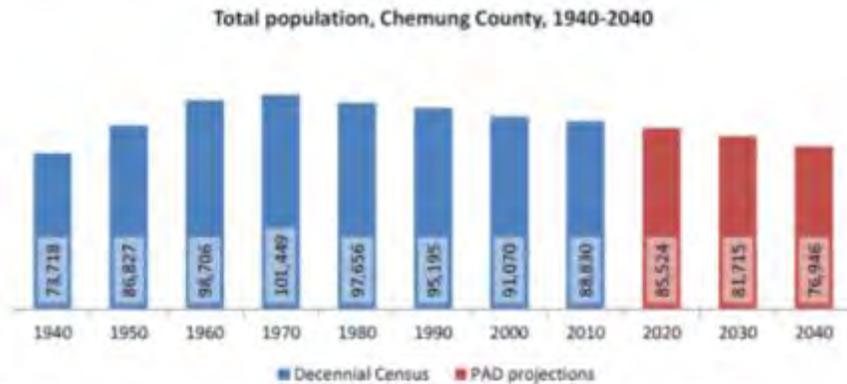


Demographics

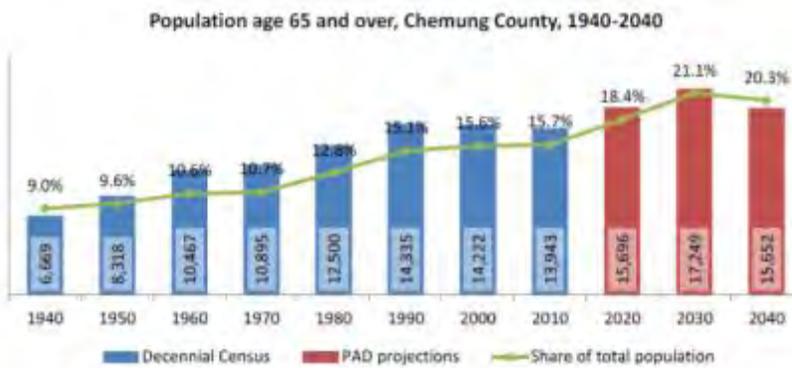
Chemung County's population in the 2010 census was 88,830 residents. The 2012 Census Bureau estimates a population of 88,911, slightly higher. The county's population of residents over the age of 65 is 16.1% compared to the State rate of 14.1%. The implication of an aging population in Chemung County should not be ignored. This will affect many aspects of life for county residents including healthcare, nutrition, exercise, transportation, public safety, housing, taxes and the workforce. In a small, rural community such as ours it is imperative these issues are addressed for our aging population.

Census Data - People QuickFacts	Chemung County	New York
Population, 2012 estimate	88,911	19,570,261
Population, percent change, April 1, 2010 to July 1, 2012	0.1%	1.0%
Population, 2010	88,830	19,378,102

The population of Chemung County has been declining since 1970 and is projected to continue to decline.



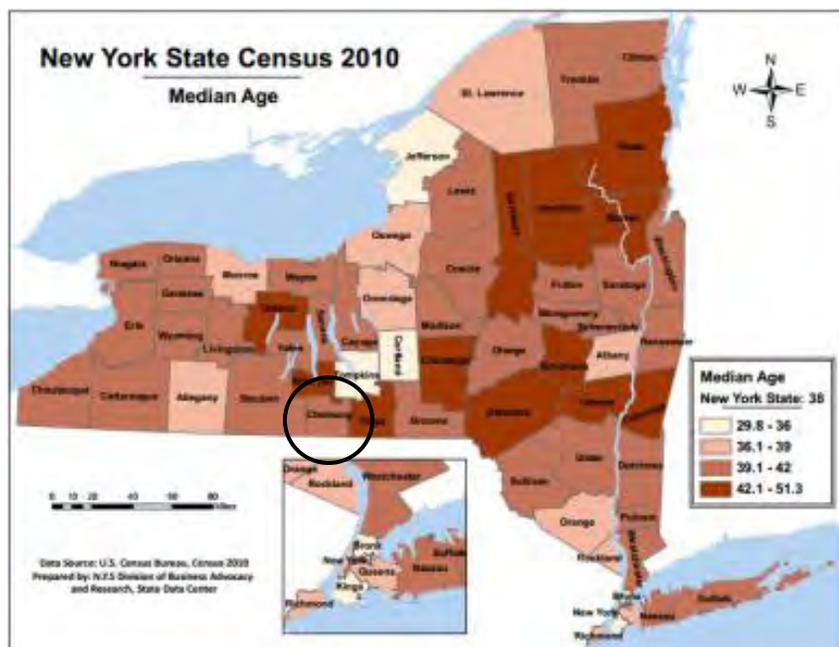
Source: 1940-2010 Decennial Census and projections by Cornell Program on Applied Demographics



Source: 1940-2010 Decennial Census and projections by Cornell Program on Applied Demographics

The number of residents over the age of 65 has steadily increased and is projected to continue to do so until 2030.

The median age of Chemung County resident is 40.9.



Additional detail from the 2010 Census:

SEX AND AGE					
Total population	88,830	100	Median age (years)	40.9	(X)
Under 5 years	5,275	5.9			
5 to 9 years	5,522	6.2	16 years and over	71,369	80.3
10 to 14 years	5,501	6.2	18 years and over	68,950	77.6
15 to 19 years	5,985	6.7	21 years and over	65,305	73.5
20 to 24 years	5,533	6.2	62 years and over	17,036	19.2
25 to 29 years	5,328	6	65 years and over	13,943	15.7
30 to 34 years	5,143	5.8			
35 to 39 years	5,138	5.8			
40 to 44 years	5,818	6.5	Male population	44,171	49.7
45 to 49 years	6,849	7.7	Female population	50.2	44,650
50 to 54 years	7,072	8			
55 to 59 years	6,327	7.1			
60 to 64 years	5,396	6.1			
65 to 69 years	3,830	4.3			
70 to 74 years	3,011	3.4			
75 to 79 years	2,590	2.9			
80 to 84 years	2,272	2.6			
85 years and over	2,240	2.5			

RELATIONSHIP			HOUSEHOLDS BY TYPE		
Total population	88,830	100	Total households	35,462	100
In households	83,914	94.5	Family households (families) [7]	22,551	63.6
Householder	35,462	39.9	With own children under 18 years	9,606	27.1
Spouse [6]	16,089	18.1			
Child	23,458	26.4	Husband-wife family	16,089	45.4
Own child under 18 years	17,615	19.8	With own children under 18 years	5,684	16
Other relatives	3,732	4.2	Male householder, no wife present	1,836	5.2
Under 18 years	1,652	1.9	With own children under 18 years	1,047	3
65 years and over	587	0.7	Female householder, no husband	4,626	13
Nonrelatives	5,173	5.8	With own children under 18 years	2,875	8.1
Under 18 years	520	0.6	Nonfamily households [7]	12,911	36.4
65 years and over	281	0.3	Householder living alone	10,730	30.3
			Male	4,584	12.9
Unmarried partner	3,109	3.5	65 years and over	1,219	3.4
In group quarters	4,916	5.5	Female	6,146	17.3
Institutionalized population	3,698	4.2	65 years and over	3,122	8.8
Male	3,123	3.5			
Female	575	0.6	Households with individuals < 18	10,726	30.2
Noninstitutionalized population	1,218	1.4	Households with individuals 65+	9,926	28
Male	428	0.5	Average household size		
Female	790	0.9	Average family size [7]	2.37	(X)

Housing

The majority of Chemung County housing was built prior to the 1970's with 40.1% of it built earlier than 1939. Housing statistics indicate that home ownership is 67.7%, which is higher than the New York State average of 54.8%. Home values are well below NYS averages. 32.3% of Housing Units are rentals and 7.6% of available housing is vacant. However, rental rates have been rising recently due to the natural gas companies' arrival and lower income residents struggle to find safe, affordable housing.

YEAR STRUCTURE BUILT		
Total housing units	38,389	38,389
Built 2005 or later	407	1.1%
Built 2000 to 2004	989	2.6%
Built 1990 to 1999	2,106	5.5%
Built 1980 to 1989	2,048	5.3%
Built 1970 to 1979	4,140	10.8%
Built 1960 to 1969	4,447	11.6%
Built 1950 to 1959	5,568	14.5%
Built 1940 to 1949	3,304	8.6%
Built 1939 or earlier	15,380	40.1%

HOUSING OCCUPANCY			HOUSING TENURE		
Total housing units	38,369	100	Occupied housing units	35,462	100
Occupied housing units	35,462	92.4	Owner-occupied housing units	24,011	67.7
Vacant housing units	2,907	7.6	Population in owner-occupied housing units	59,079	(X)
For rent	917	2.4	Average household size of owner-occupied units	2.46	(X)
Rented, not occupied	56	0.1	Renter-occupied housing units	11,451	32.3
For sale only	377	1	Population in renter-occupied housing units	24,835	(X)
Sold, not occupied	151	0.4	Average household size of renter-occupied units	2.17	(X)
For seasonal, recreational, or occasional use	376	1			

VALUE	New York		Chemung Cty.	
Owner-occupied units	3,955,232	3,955,232	23,854	23,854
Less than \$50,000	207,032	5.2%	3,498	14.7%
\$50,000 to \$99,999	502,723	12.7%	10,488	44.0%
\$100,000 to \$149,999	433,998	11.0%	4,498	18.9%
\$150,000 to \$199,999	351,731	8.9%	2,603	10.9%
\$200,000 to \$299,999	476,937	12.1%	1,742	7.3%
\$300,000 to \$499,999	963,566	24.4%	815	3.4%
\$500,000 to \$999,999	821,392	20.8%	128	0.5%
\$1,000,000 or more	197,853	5.0%	82	0.3%
Median (dollars)	301,000	(X)	89,400	(X)

Race

The population of Chemung County is predominantly white at 89%, but has one of the larger minority populations for rural counties.

Race	Chemung	NY
White alone, percent, 2012 (a)	89.0%	71.2%
Black or African American alone, percent, 2012 (a)	6.7%	17.5%
American Indian and Alaska Native alone, percent, 2012 (a)	0.3%	1.0%
Asian alone, percent, 2012 (a)	1.3%	8.0%
Native Hawaiian and Other Pacific Islander alone, percent, 2012 (a)	Z	0.1%
Two or More Races, percent, 2012	2.7%	2.2%
Hispanic or Latino, percent, 2012 (b)	2.8%	18.2%
White alone, not Hispanic or Latino, percent, 2012	87.0%	57.6%

Poverty

This chart illustrates Chemung County indicators for poverty compared to NYS averages. The annual median household income in Chemung County is \$46,589 which is 18% below the NYS median household income of \$56,951. 28% of households in Chemung County have incomes below \$25,000 compared to the 23% in NYS. There is a major discrepancy between NYS and County rates when looking at the higher income levels – only 5.1% of county residents have incomes above \$150,000 compared to the NYS rate of 12.36%.

INCOME AND BENEFITS (IN 2011 INFLATION-ADJUSTED \$)				
Subject	New York		Chemung County	
	Estimate	Percent	Estimate	Percent
Total households	7,215,687	7,215,687	35,528	35,528
Less than \$10,000	569,093	7.90%	2,826	8.00%
\$10,000 to \$14,999	377,349	5.20%	2,171	6.10%
\$15,000 to \$24,999	714,075	9.90%	4,949	13.90%
\$25,000 to \$34,999	668,253	9.30%	4,232	11.90%
\$35,000 to \$49,999	882,191	12.20%	4,820	13.60%
\$50,000 to \$74,999	1,233,315	17.10%	7,006	19.70%
\$75,000 to \$99,999	875,786	12.10%	3,983	11.20%
\$100,000 to \$149,999	1,002,264	13.90%	3,737	10.50%
\$150,000 to \$199,999	421,066	5.80%	952	2.70%
\$200,000 or more	472,295	6.50%	852	2.40%
Median household income (\$)	56,951	(X)	46,589	(X)
Mean household income (\$)	82,698	(X)	60,022	(X)
With earnings	5,655,471	78.40%	25,867	72.80%
Mean earnings (\$)	86,328	(X)	62,482	(X)
With Social Security	2,026,768	28.10%	12,513	35.20%
Mean Social Security income (\$)	16,581	(X)	16,325	(X)
With retirement income	1,264,147	17.50%	8,755	24.60%
Mean retirement income (\$)	23,831	(X)	17,911	(X)

With Supplemental Security Income	379,518	5.30%	2,293	6.50%
Mean Supplemental Security Income (\$)	8,697	(X)	9,177	(X)
With cash public assistance income	227,160	3.10%	1,244	3.50%
Mean cash public assistance income (\$)	3,905	(X)	3,474	(X)
With Food Stamp/SNAP benefits in the past 12 mos	890,240	12.30%	4,861	13.70%
Families	4,656,855	4,656,855	22,809	22,809
Less than \$10,000	227,940	4.90%	1,354	5.90%
\$10,000 to \$14,999	160,085	3.40%	889	3.90%
\$15,000 to \$24,999	358,954	7.70%	2,062	9.00%
\$25,000 to \$34,999	384,623	8.30%	2,288	10.00%
\$35,000 to \$49,999	550,723	11.80%	3,016	13.20%
\$50,000 to \$74,999	821,507	17.60%	5,311	23.30%
\$75,000 to \$99,999	639,156	13.70%	3,235	14.20%
\$100,000 to \$149,999	788,962	16.90%	3,195	14.00%
\$150,000 to \$199,999	343,285	7.40%	717	3.10%
\$200,000 or more	381,620	8.20%	742	3.30%
Median family income (\$)	69,202	(X)	57,980	(X)
Mean family income (\$)	95,697	(X)	71,085	(X)
Per capita income (\$)	31,796	(X)	24,299	(X)
Median earnings for workers (\$)	33,377	(X)	27,464	(X)
Median earnings for male full-time, year-round workers (\$)	51,051	(X)	46,634	(X)
Median earnings for female full-time, year-round workers (\$)	42,037	(X)	34,412	(X)
Percentage Of Families And People Whose Income In The Past 12 Months Is Below The Poverty Level				
All families	(X)	11.00%	(X)	12.90%
With related children under 18 years	(X)	16.90%	(X)	23.70%
With related children under 5 years only	(X)	16.60%	(X)	31.30%
Married couple families	(X)	5.40%	(X)	4.70%
With related children under 18 years	(X)	7.60%	(X)	9.50%
With related children under 5 years only	(X)	6.90%	(X)	8.00%
Families with female householder, no husband present	(X)	27.20%	(X)	37.70%
With related children under 18 years	(X)	36.80%	(X)	47.50%
With related children under 5 years only	(X)	41.70%	(X)	48.30%
All people	(X)	14.50%	(X)	16.50%
Under 18 years	(X)	20.30%	(X)	27.30%
Related children under 18 years	(X)	20.10%	(X)	26.90%
Related children under 5 years	(X)	22.70%	(X)	28.90%
Related children 5 to 17 years	(X)	19.10%	(X)	26.20%
18 years and over	(X)	12.80%	(X)	13.20%
18 to 64 years	(X)	13.00%	(X)	14.40%
65 years and over	(X)	11.50%	(X)	8.70%
People in families	(X)	12.10%	(X)	14.60%
Unrelated individuals 15 years and over	(X)	24.40%	(X)	23.90%

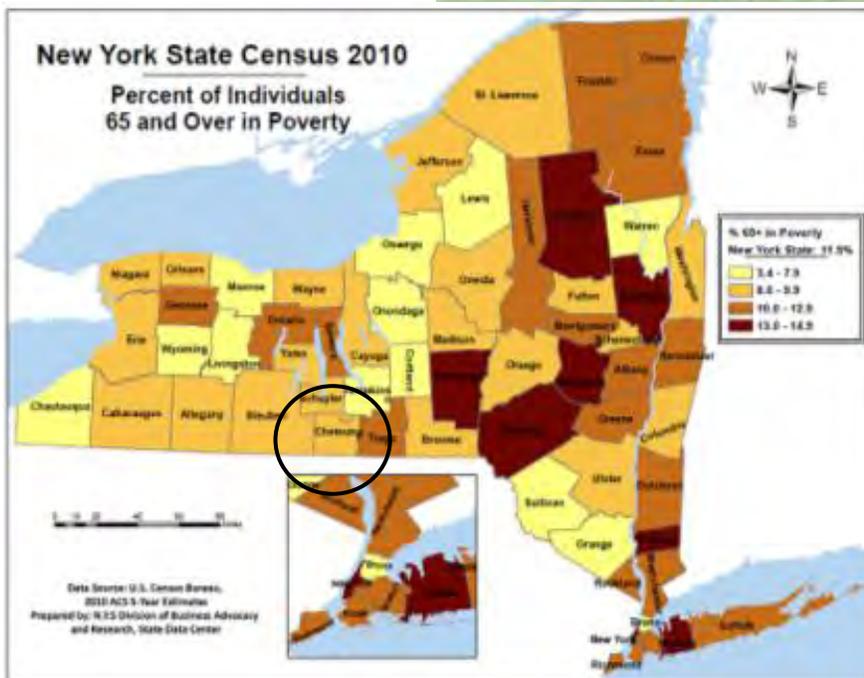
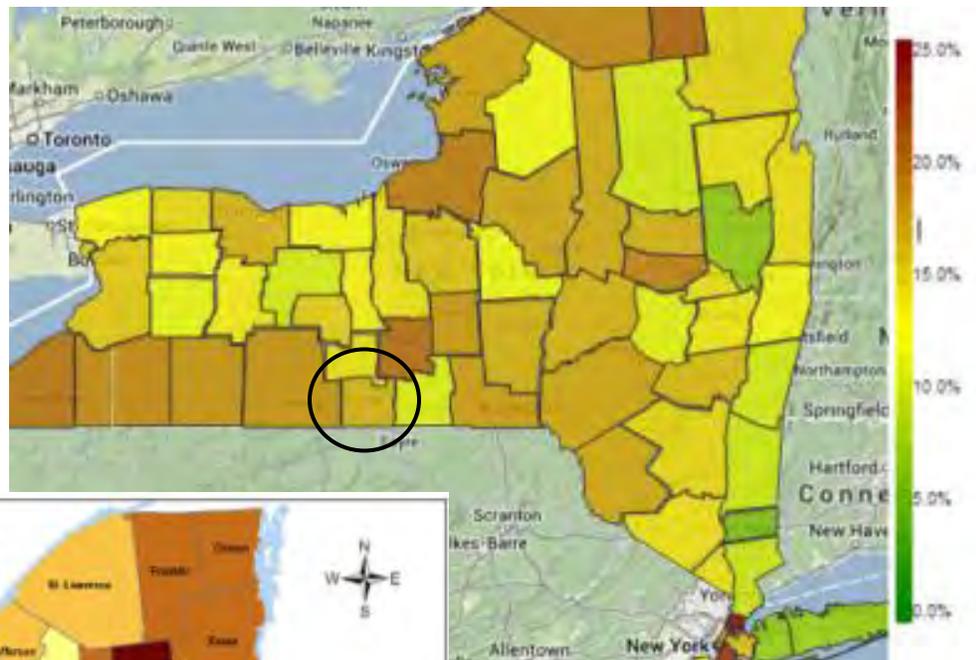
Source: U.S. Census Bureau, 2007-2011 American Community Survey

According to the 2006-2010 U.S. Census American Community Survey 16.5% of the population in Chemung County is living in poverty as compared to the New York State rate of 14.5%. Chemung County poverty levels, bolded in the chart here are higher than NY state averages in almost every single category.

Data on student eligibility for the free or reduced lunch program in schools is another indicator of local poverty. The table below summarizes these indicators for Chemung County and demonstrates that rates vary greatly among school districts. 56% of Elmira School District students qualified for free or reduced lunches compared to 25% in Horseheads and 46% in Elmira Heights.

New York State Report Card	2009-2010		2010-2011		2011-2012	
Elmira	#	%	#	%	#	%
Eligible for free lunch	3334	49%	3240	48%	3321	49%
Reduced price lunch	589	9%	545	8%	481	7%
Horseheads	#	%	#	%	#	%
Eligible for free lunch	749	18%	696	17%	781	19%
Reduced price lunch	390	9%	295	7%	232	6%
Elmira Heights	#	%	#	%	#	%
Eligible for free lunch	313	29%	332	32%	377	38%
Reduced price lunch	112	10%	105	10%	79	8%

Estimated percent of people of all ages in poverty 2011



The New York State Department of Labor reported the unemployment rate in Chemung County was 7.9% compared to the NYS rate of 7.6%. Overall, Chemung County has a high rate of unemployment and ranks 49th in the state.

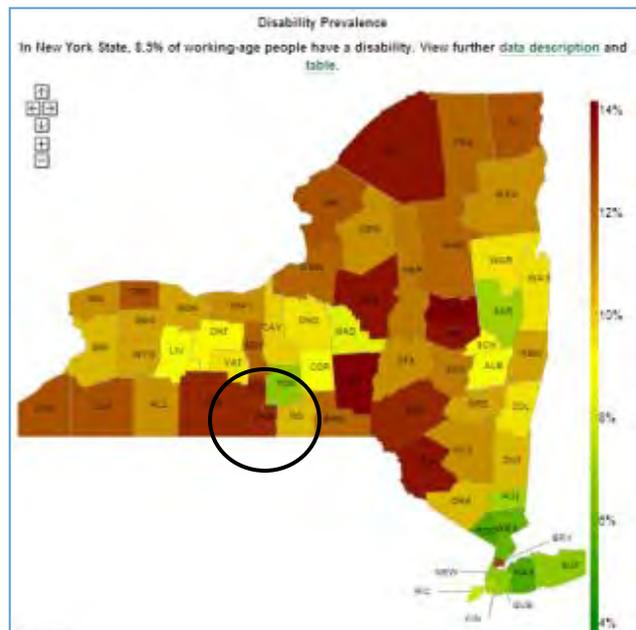
New York State Unemployment Rates July 2013		
Rank	County	Rate
2	Yates	5.6
6	Ontario	5.9
11	Seneca	6.2
19	Yates	6.7
22	Wayne	6.8
	New York State	7.6
49	Chemung	7.9
52	Steuben	8.4

Disability

Chemung County has a higher rate of all people with a disability at 14.6% as compared to the New York State average of 11.1% and the national average of 11.7%. People with a disability are likely to lag behind those without one in educational attainment, employment, and income levels. They are more likely to rely on public programs such as Food Stamps and much more apt to be living in poverty. When considering the working age population, Chemung County has a significantly higher rate than NYS at 14% as compared to 8.5%.

Location	Total	Any	Rate
United States	281749335	32884621	11.7%
New York State	18426041	2049016	11.1%
Chemung	80667	11808	14.6%
Ages 5-17	14575	842	5.8%
Ages 18-34	18692	1838	9.8%
Ages 35-64	31199	4214	13.5%
Ages 65-74	5870	1882	32.1%
Age 75+	4725	3032	64.2%
All Ages, Hearing Difficulty	80667	2995	3.7%
All Ages, Vision Difficulty	80667	1725	2.1%
Ages Five and Older, Cognitive Difficulty	75061	4055	5.4%
Ages Five and Older, Ambulatory Difficulty	75061	7056	9.4%
Ages Five and Older Self-Care Difficulty	75061	2925	3.9%
Ages 18 and Older, Independent Living Difficulty	60486	4908	8.1%

This map is derived from estimates for the civilian, non-institutionalized, working age (18-64) population using the American Community Survey (2008-2010) estimates from the American Fact Finder. In Chemung County 14.0% of working age people have a disability compared to the NYS rate of 8.5%.



Educational Attainment

Lack of education is often associated with a lower health status and a greater likelihood of not seeking health care, especially preventive services. According to the US Census Bureau Quick Facts Chemung County has a higher percentage of high school graduates at 87.9% compared to the NYS average of 84.6%. However, Chemung County residents over the age of 25 are well below the NYS average of persons with a bachelor's degree or higher at just 20.8% compared to the state average of 32.5%.

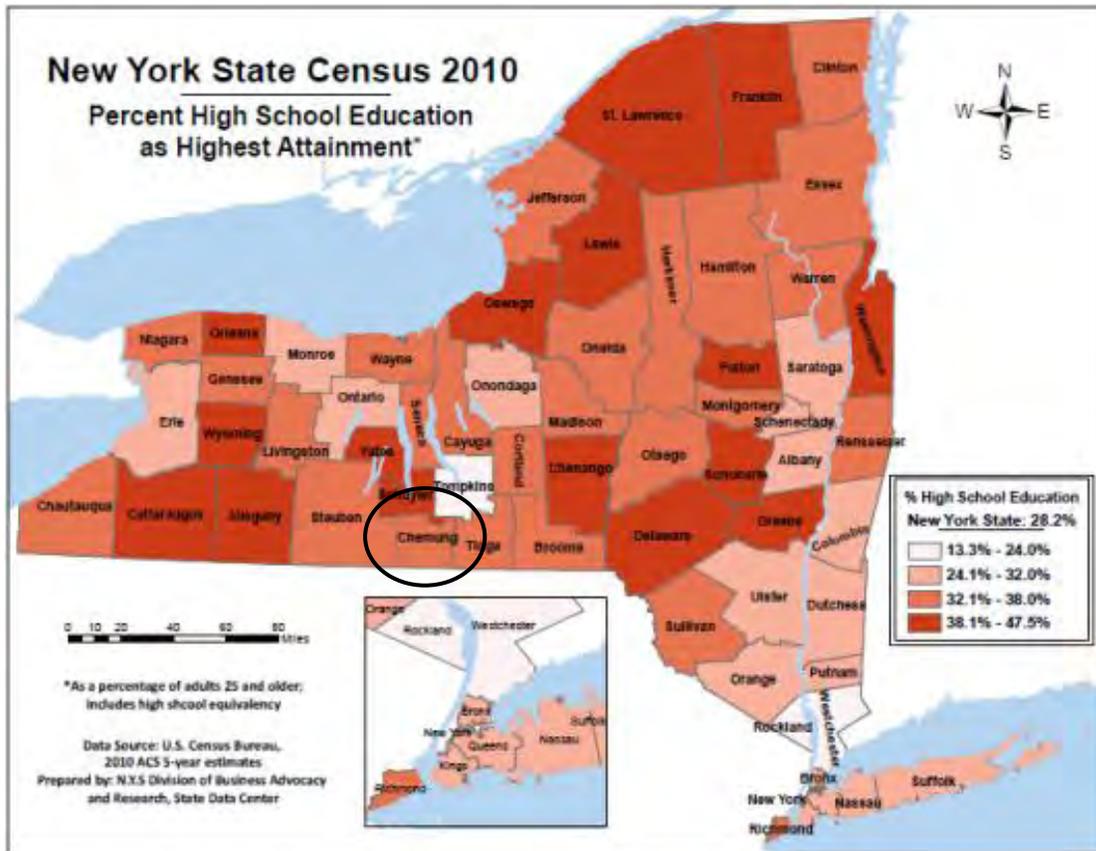
US Census Bureau Quick Facts	Chemung	NYYork
High school graduate or higher, percent of persons age 25+, 2007-2011	87.9%	84.6%
Bachelor's degree or higher, percent of persons age 25+, 2007-2011	20.8%	32.5%

Only 32% of Chemung County residents have a degree compared to the NYS rate of 40.7%.

Subject	New York		Chemung County	
	Estimate	Percent	Estimate	Percent
EDUCATIONAL ATTAINMENT				
Population 25 years and over	12,999,473	12,999,473	60,576	60,576
Less than 9th grade	904,283	7.00%	1,604	2.60%
9th to 12th grade, no diploma	1,091,242	8.40%	5,713	9.40%
High school graduate (includes equivalency)	3,612,232	27.80%	22,293	36.80%
Some college, no degree	2,097,401	16.10%	11,538	19.00%
Associate's degree	1,070,808	8.20%	6,839	11.30%
Bachelor's degree	2,404,491	18.50%	7,048	11.60%
Graduate or professional degree	1,819,016	14.00%	5,541	9.10%
Percent high school graduate or higher	(X)	84.60%	(X)	87.90%
Percent bachelor's degree or higher	(X)	32.50%	(X)	20.80%
VETERAN STATUS				
Civilian population 18 years and over	14,928,282	14,928,282	68,721	68,721
Civilian veterans	986,313	6.60%	8,424	12.30%
PLACE OF BIRTH				
Total population	19,302,448	19,302,448	88,731	88,731
Native	15,087,400	78.20%	86,436	97.40%
Born in United States	14,618,505	75.70%	85,835	96.70%
State of residence	12,331,483	63.90%	67,507	76.10%
Different state	2,287,022	11.80%	18,328	20.70%
Born in Puerto Rico, U.S. Island areas, or born abroad to American parent(s)	468,895	2.40%	601	0.70%
Foreign born	4,215,048	21.80%	2,295	2.60%
LANGUAGE SPOKEN AT HOME				
Population 5 years and over	18,144,441	18,144,441	83,309	83,309
English only	12,798,327	70.50%	79,503	95.40%
Language other than English	5,346,114	29.50%	3,806	4.60%
Source: U.S. Census Bureau, 2007-2011 American Community Survey				

A lower level of educational attainment contributes to lower earning ability, which adversely affects health, but probably also leads to a lower level of knowledge regarding how to practice healthy behaviors, how to access appropriate preventive health care services and having a basic level of health literacy. This underscores the need to work with the educational system to help inspire young people to continue their education after high school.

The majority of residents were born in the United States and 12.3% of our residents are civilian veterans. In Chemung County, 95.4% of residents only speak English at home.



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

Health Insurance

Poverty, disability, and educational level all affect health outcomes as does whether or not one is insured. The uninsured are less likely to receive preventive care. In Chemung County 11.2% of those under the age of 65 are estimated to be uninsured. This is lower than the upstate rate of 12.5%. However, Chemung County has a higher rate of children, under the age of 19, who are uninsured at 8.4% compared to the state average of 7%. The Affordable Care Act and creation of the New York State of Health Marketplace to enroll all residents in an insurance product is an exciting development that should help to get more people insured.

Estimated Uninsured in 2008 by New York State County of Residence

2008 Census Bureau Estimates of the Uninsured

County	Under Age 65	Under Age 19	Age 19 to 64
	% Uninsured	% Uninsured	% Uninsured
Statewide	15.8	7.4	19
NYS (not including) NYC	12.5	7	14.6
Wayne	15.2	10.8	17
Schuyler	14.1	10.5	15.5
Seneca	14	12.5	14.6
Yates	14	11.4	15.3
Chemung	11.2	8.4	12.3
Wayne	11.2	7.7	12.7
Ontario	9.8	8.1	10.5

The chart that follows from the NYSDOH provides a general overview of socio-economic status and general health indicators of Chemung County residents compared to those of the rest of the state. Alarming, several of the health indicators are in the 4th quartile of the State including high school dropout, poor mental health days, mortality rates, years of potential life lost and hospitalizations.

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

Indicator	3 Year Total	County Rate	NYS Rate	Sig. Dif.	NYS exc NYC	Sig. Dif.	County Ranking Group
Total population (2010)	N/A	88,830.0	N/A	N/A	N/A	N/A	2nd
% of labor force unemployed (2011)	3,163	7.9	8.2	Yes	7.6	Yes	2nd
% of population at or below poverty level (2010)	N/A	15.6	15.0	No	N/A	N/A	3rd
% of children ages less than 18 years at or below poverty level (2010)	N/A	22.7	21.5	No	N/A	N/A	3rd
Median family income in US dollars (2010)	N/A	46,130.0	54,047.0	N/A	N/A	N/A	3rd
% of children ages less than 19 years with health insurance (2010)	N/A	95.6	94.9	No	N/A	N/A	1th
High school drop out rate	593	4.0	2.8	Yes	2.0	Yes	4th
Age-adjusted % of adults who did not receive medical care because of cost # (2008-2009)	N/A	12.4	13.8	No	12.0	No	3rd
Age-adjusted % of adults with regular health care provider (2008-2009)	N/A	80.4	83.0	No	87.1	No	4th
Age-adjusted % of adults who had poor mental health 14 or more days within the past month (2008-2009)	N/A	12.8	10.2	No	10.9	No	4th
Birth rate per 1,000 population	2,936	11.1	12.7	Yes	11.2	No	3rd
Total mortality rate per 100,000	2,863	1,080.5	748.6	Yes	842.2	Yes	4th
Age-adjusted total mortality rate	2,863	824.6	662.8	Yes	700.5	Yes	4th

Indicator	3 Year Total	County Rate	NYS Rate	Sig. Dif.	NYS exc NYC	Sig. Dif.	County Ranking Group
per 100,000							
% premature deaths (ages less than 75 years)	1,022	35.7	40.0	Yes	37.2	No	1st
Years of potential life lost per 100,000	17,137	7,030.8	5,728.2	Yes	5,843.8	Yes	4th
Total emergency department visit rate per 10,000	154,875	5,844.9	3,813.6	Yes	3,534.4	Yes	4th
Age-adjusted total emergency department visit rate per 10,000	154,875	5,923.1	3,811.9	Yes	3,546.7	Yes	4th
Total hospitalization rate per 10,000	39,505	1,490.9	1,290.5	Yes	1,223.2	Yes	4th
Age-adjusted total hospitalization rate per 10,000	39,505	1,364.9	1,242.5	Yes	1,167.6	Yes	4th

Health Status

Chemung County Public Health and their partners considered many factors in assessing the health status of their residents to determine two priorities and a disparity to focus on. New York State Department of Health provided a wealth of information, data, indicators and prevention agenda support throughout the process. Additionally, partners throughout the community were asked to provide any data, surveys or reports they had recently conducted to provide a broad and comprehensive picture of the health of our residents.

Cancer Indicators

Cancer indicators for Chemung County are in the 4th quartile for all cancers overall. This includes lung and bronchus cancer indicators. This is part of what led us to select the reduction of tobacco use as a priority. New York State determines whether county rates are significantly different from NYS rates and NYS rates that do not include New York City. In Chemung County all of the lung cancer indicators are significantly different compared to NYS rates. Several of the activities in the [Community Health Improvement Plan](#) will work to address these indicators. Other cancer indicators are also in the 4th quartile, but not significantly different than NYS rates.

Cancer Indicators - Chemung County--2007-2009

Indicator	3 Year Total	County Rate	NYS Rate	Sig. Dif.	NYS exc NYC	Sig. Dif.	County Ranking Group
All cancers							
Crude incidence per 100,000	1,751	662.5	536.5	Yes	599.7	Yes	4th
Age-adjusted incidence per 100,000	1,751	541.6	489.6	Yes	520.0	No	4th
Crude mortality rate per 100,000	707	267.5	179.9	Yes	204.1	Yes	4th
Age-adjusted mortality rate per 100,000	707	208.4	163.0	Yes	173.9	Yes	4th
Lip, Oral Cavity, and Pharynx Cancer							
Crude incidence per 100,000	37	14.0	11.5	No	12.7	No	3rd
Age-adjusted incidence per 100,000	37	11.5	10.4	No	10.8	No	3rd
Crude mortality rate per 100,000	7	2.6*	2.3	No	2.4	No	3rd
Age-adjusted mortality rate per 100,000	7	2.2*	2.1	No	2.0	No	3rd

Indicator	3 Year Total	County Rate	NYS Rate	Sig. Dif.	NYS exc NYC	Sig. Dif.	County Ranking Group
Colon and rectum cancer							
Crude incidence per 100,000	157	59.4	50.4	No	53.9	No	3rd
Age-adjusted incidence per 100,000	157	47.5	45.8	No	46.2	No	3rd
Crude mortality rate per 100,000	60	22.7	17.4	No	18.5	No	4th
Age-adjusted mortality rate per 100,000	60	17.2	15.7	No	15.7	No	3rd
Lung and bronchus cancer							
Crude incidence per 100,000	307	116.2	69.8	Yes	83.9	Yes	4th
Age-adjusted incidence per 100,000	307	91.8	63.8	Yes	72.2	Yes	4th
Crude mortality rate per 100,000	239	90.4	46.9	Yes	57.2	Yes	4th
Age-adjusted mortality rate per 100,000	239	70.3	42.8	Yes	49.0	Yes	4th
Female breast cancer							
Crude incidence per 100,000	201	151.3	147.1	No	164.9	No	2nd
Age-adjusted incidence per 100,000	201	120.9	126.9	No	136.1	No	2nd
Crude mortality rate per 100,000	43	32.4	26.7	No	28.8	No	4th
Age-adjusted mortality rate per 100,000	43	22.0	21.7	No	22.2	No	3rd
Crude late stage incidence per 100,000	11	8.3	8.0	No	8.3	No	3rd
Age-adjusted late stage incidence per 100,000	11	6.4	6.8	No	6.8	No	3rd
Cervix uteri cancer							
Crude incidence per 100,000	10	7.5	8.9	No	7.9	No	2nd
Age-adjusted incidence per 100,000	10	7.0	8.3	No	7.4	No	2nd
Crude mortality rate per 100,000	2	1.5*	2.7	No	2.2	No	1st
Age-adjusted mortality rate per 100,000	2	1.3*	2.3	No	1.9	No	1st
Ovarian cancer							
Crude incidence per 100,000	28	21.1	15.2	No	16.5	No	4th
Age-adjusted incidence per 100,000	28	15.2	12.9	No	13.4	No	4th
Crude mortality rate per 100,000	26	19.6	9.6	Yes	11.0	Yes	4th
Age-adjusted mortality rate per 100,000	26	13.4	7.8	Yes	8.5	No	4th
Prostate cancer							
Crude incidence per 100,000	225	171.1	169.1	No	186.0	No	2nd
Age-adjusted incidence per 100,000	225	155.4	166.9	No	171.2	No	2nd
Crude mortality rate per 100,000	32	24.3	18.5	No	19.2	No	4th
Age-adjusted mortality rate per 100,000	32	25.1	21.6	No	20.8	No	4th
Crude late stage incidence per 100,000	14	10.6	6.7	No	6.6	No	4th
Age-adjusted late stage incidence per	14	10.4	7.2	No	6.6	No	4th
Melanoma cancer mortality							
Crude mortality rate per 100,000	11	4.2	2.3	No	3.1	No	4th
Age-adjusted mortality rate per 100,000	11	3.9	2.1	No	2.7	No	4th
Age-adjusted % of women 18 years and older with pap smear in past 3 years (2008-2009)	N/A	77.4	82.7	No	82.6	No	4th
% of women 40 years and older with mammography screening in past 2 years (2008-2009)	N/A	82.8	79.7	No	81.9	No	1th

The American Cancer Society publishes county profiles for each county in New York State. F is the profile for Chemung County. Lung and bronchus cancers account for 32.7% of all cancer deaths in the county.

Four cancer sites represent 52.6% of all new cancer cases and 52.9% of all new cancer deaths in Chemung County:**

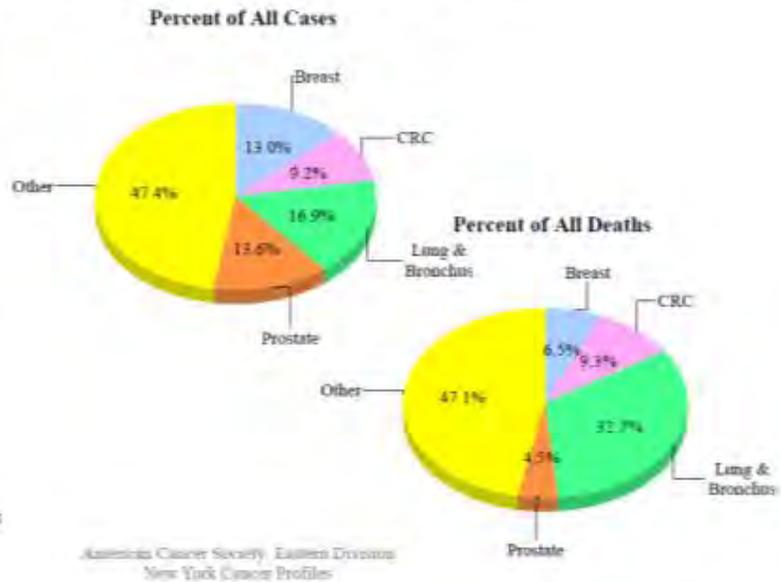
Lung & bronchus cancers account for 16.9% of all cancer cases and 32.7% of all cancer deaths. This disproportionate mortality highlights the crucial need for prevention & cessation of tobacco use.

Prostate cancer accounts for 13.6% of all cancer cases and 4.5% of all cancer deaths.

Female breast cancer accounts for 13.0% of all cancer cases and 6.5% of all cancer deaths.

Colorectal cancer accounts for 9.2% of all cancer cases and 9.3% of all cancer deaths. This reflects the lower screening & early detection rates for this cancer.

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



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

Cancer Incidence and Mortality for Chemung County, 2006-2010

Source: New York State Cancer Registry

Site of Cancer	Incidence						Mortality					
	Males			Females			Males			Females		
	Average Annual Cases	Rate per 100,000 Males	95% CI (+/-)	Average Annual Cases	Rate per 100,000 Females	95% CI (+/-)	Average Annual Deaths	Rate per 100,000 Males	95% CI (+/-)	Average Annual Deaths	Rate per 100,000 Females	95% CI (+/-)
All Invasive Malignant Tumors	317.4	643.8	32.0	305.2	522.3	27.2	111.2	229.3	19.3	115.6	177.4	14.9
Oral cavity and pharynx	9.4	17.9	5.2	4.6	7.1	2.9	2.0	4.1	2.5	0.4	0.6	0.9
Esophagus	4.6	8.7	3.6	1.6	2.6	1.8	3.6	7.2	3.4	1.4	2.6	2.1
Stomach	5.0	10.5	4.1	3.4	5.9	2.9	2.4	5.1	2.9	1.6	2.7	1.9
Colorectal	28.2	56.9	9.5	24.4	38.8	7.2	8.4	17.1	5.2	9.2	13.5	4.0
Colon excluding rectum	19.6	39.9	8.0	19.2	29.9	6.2	6.8	13.9	4.7	8.0	11.6	3.7
Rectum & rectosigmoid	8.6	17.0	5.1	5.2	8.9	3.6	1.6	3.1	2.2	1.2	1.9	1.6
Liver / intrahepatic bile duct	4.0	8.2	3.7	0.8	1.1	1.1	2.8	5.6	3.0	1.2	1.7	1.4
Pancreas	7.8	15.6	4.9	8.0	12.1	3.9	4.2	8.5	3.7	7.4	11.1	3.7
Larynx	4.4	8.7	3.7	1.6	2.5	1.8	0.6	1.3	1.5	0.4	0.7	1.0
Lung and bronchus	50.0	101.7	12.7	47.4	76.2	9.9	40.8	83.6	11.6	35.2	53.6	8.1
Melanoma of the skin	12.0	24.5	6.3	12.6	24.6	6.4	2.0	4.3	2.7	1.2	2.5	2.2

Site of Cancer	Incidence						Mortality					
	Males			Females			Males			Females		
	Average Annual Cases	Rate per 100,000 Males	95% CI (+/-)	Average Annual Cases	Rate per 100,000 Females	95% CI (+/-)	Average Annual Deaths	Rate per 100,000 Males	95% CI (+/-)	Average Annual Deaths	Rate per 100,000 Females	95% CI (+/-)
Female breast				74.0	130.0	13.7				13.2	20.6	5.2
Cervix uteri				3.2	7.2	3.6				0.8	1.5	1.5
Corpus uterus and NOS				18.4	32.2	6.8				2.8	4.0	2.1
Ovary				11.6	20.4	5.4				8.6	13.5	4.1
Prostate	79.2	157.2	15.6				11.2	24.6	6.5			
Testis	2.4	5.8	3.3				0.2	0.5	0.9			
Urinary bladder (incl. in situ)	29.2	60.4	9.9	6.4	10.4	3.6	5.4	11.1	4.2	2.0	3.1	2.0
Kidney and renal pelvis	10.8	21.0	5.7	8.0	14.3	4.6	1.6	3.3	2.3	1.8	2.6	1.7
Brain and other nervous system	4.8	10.2	4.1	4.4	7.8	3.4	2.8	6.0	3.2	3.0	4.9	2.6
Thyroid	2.0	4.3	2.7	11.2	24.9	6.7	0.0	0.0	0.0	0.4	0.6	0.8
Hodgkin lymphoma	2.0	4.8	3.0	1.4	3.1	2.4	0.4	0.9	1.2	0.2	0.3	0.6
Non-Hodgkin lymphomas	14.4	29.8	7.0	10.8	17.4	4.7	6.0	11.7	4.2	3.4	5.0	2.5
Myeloma	3.2	6.7	3.3	2.6	4.1	2.3	1.4	2.8	2.1	1.4	1.8	1.4
Leukemias	8.0	17.3	5.4	8.4	13.9	4.4	3.6	7.9	3.7	5.4	8.1	3.2

Cardiovascular Disease

Cardiovascular Disease (CVD) is the leading cause of death in the United States and in New York State. NYS has the second highest mortality rate in the U.S. from cardiovascular disease. CVD was responsible for 31% of deaths in NYS in 2010 and accounted for a substantial proportion of the estimated \$50 billion in direct medical costs spent on chronic disease in the state. For every person who dies from a heart attack, 18 people survive. For every person who dies from a stroke, seven people survive. Many of these survivors are disabled and cannot lead productive lives. Stroke is a leading cause of premature, permanent disability among working-age adults in the United States. Stroke alone accounts for the disability of more than a million Americans. The economic impact of CVD and stroke on the health system will grow as the population ages.⁵

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

Tobacco use and obesity are two major contributing factors to cardiovascular diseases. The age-adjusted cardiovascular disease mortality rate per 100,000 in Chemung County is 250.9 compared to 244.7 in Upstate New York. The congestive heart failure mortality rate per 100,000 in Chemung County is 20 compared to the upstate New York rate of 15.5. The cerebrovascular disease (stroke) mortality rate per 100,000 is higher than the NYS rate of 31.9 at 41.6. The pre-transport mortality rate in the County is 26.4 compared to the upstate NY rate of 16.5.

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

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

The age adjusted percentage of adults who smoke cigarettes in Chemung County is 30.8%, highest in the State, compared to the upstate NY rate of 17.0%. Failing to win the battle against obesity and tobacco use will mean premature death and disability for an increasingly large segment of Chemung County residents.

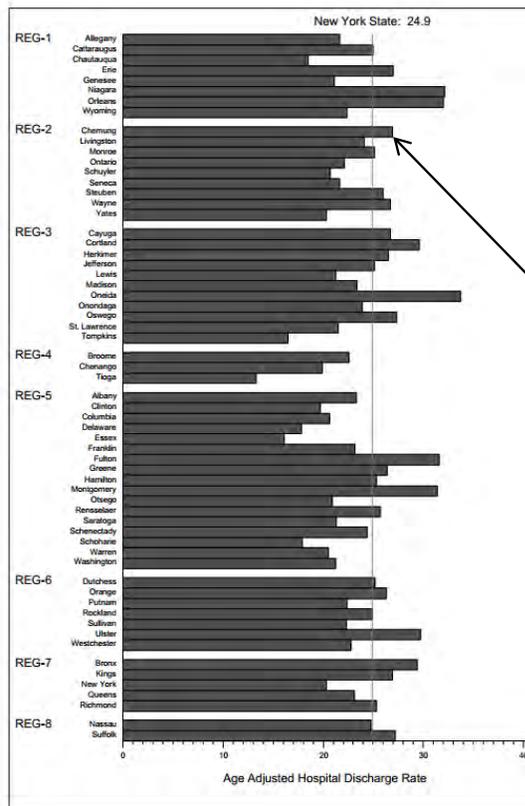
The NYSDOH cardiovascular disease indicators for Chemung County (see chart below) further illustrate the need for addressing obesity and tobacco use among county residents. Most hospitalization rates are consistently high ranking in the third or fourth quartile in the state.

Cardiovascular Disease Indicators - Chemung County-2008-2010

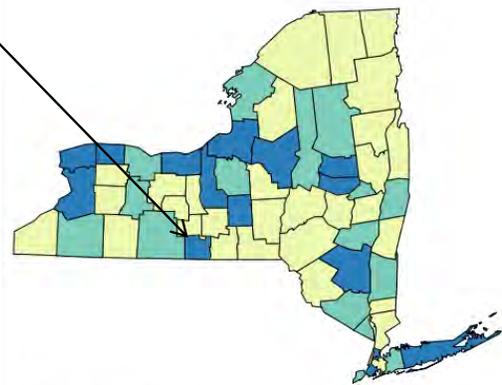
Indicator	3 Year Total	County Rate	NYS Rate	Sig. Dif.	NYS Rate exc NYC	Sig. Dif.	County Ranking Group
Cardiovascular disease mortality rate per 100,000							
Crude	900	339.7	289.2	Yes	302.9	Yes	3rd
Age-adjusted	900	250.9	250.9	No	244.7	No	2nd
Premature death (ages 35-64 years)	106	98.9	102.0	No	95.3	No	2nd
Pretransport mortality	438	165.3	144.1	Yes	155.9	No	3rd
Cardiovascular disease hospitalization rate per 10,000							
Crude	5,050	190.6	183.3	Yes	184.6	Yes	3rd
Age-adjusted	5,050	153.3	165.6	Yes	157.5	No	3rd
Disease of the heart mortality rate per 100,000							
Crude	686	258.9	239.7	No	243.6	No	3rd
Age-adjusted	686	191.9	207.6	Yes	196.5	No	2nd
Premature death (ages 35-64 years)	82	76.5	83.3	No	78.0	No	2nd
Pretransport mortality	342	129.1	125.3	No	129.7	No	3rd
Disease of the heart hospitalization rate per 10,000							
Crude	3,413	128.8	125.7	No	128.4	No	3rd
Age-adjusted	3,413	103.1	113.3	Yes	109.2	Yes	2nd
Coronary heart disease mortality rate per 100,000							
Age-adjusted	437	123.1	169.4	Yes	145.1	Yes	1st
Premature death (ages 35-64 years)	57	53.2	69.0	No	59.9	No	2nd
Pretransport mortality	217	81.9	105.2	Yes	99.0	Yes	2nd
Coronary heart disease hospitalization rate per 10,000							
Crude	1,413	53.3	52.3	No	51.6	No	3rd
Age-adjusted	1,413	43.2	46.9	Yes	43.7	No	3rd
Congestive heart failure mortality rate per 100,000							
Crude	75	28.3	13.3	Yes	19.8	Yes	4th
Age-adjusted	75	20.2	11.3	Yes	15.5	No	4th
Premature death (ages 35-64 years)	1	0.9*	1.6	No	2.0	No	2nd
Pretransport mortality	36	13.6	7.2	Yes	10.9	No	4th
Congestive heart failure hospitalization rate per 10,000							
Crude	857	32.3	32.3	No	32.2	No	3rd
Age-adjusted	857	24.8	28.9	Yes	26.9	Yes	2nd
Cerebrovascular disease (stroke) mortality rate per 100,000							
Crude	153	57.7	30.5	Yes	39.3	Yes	4th
Age-adjusted	153	41.6	26.7	Yes	31.9	Yes	4th

Indicator	3 Year Total	County Rate	NYS Rate	Sig. Dif.	NYS Rate exc NYC	Sig. Dif.	County Ranking Group
Premature death (ages 35-64 years)	13	12.1	10.6	No	10.5	No	3rd
Pretransport mortality	70	26.4	10.9	Yes	16.5	Yes	4th
Cerebrovascular disease (stroke) hospitalization rate per 10,000							
Crude	892	33.7	27.8	Yes	29.8	Yes	4th
Age-adjusted	892	26.6	25.1	No	25.3	No	4th
Hypertension hospitalization rate per 10,000 (ages 18 years and older)	158	7.6	7.9	No	5.3	Yes	4th
Age-adjusted % of adults with physician diagnosed angina, heart attack or stroke # (2008-2009)	N/A	11.2	7.6	No	7.2	No	4th
Age-adjusted % of adults with cholesterol checked in the last 5 years # (2008-2009)	N/A	77.3	77.3	No	79.3	No	2rd
Age-adjusted % of adults ever told they have high blood pressure (2008-2009)	N/A	32.5	25.7	No	27.1	No	4th

Chemung County has high cerebrovascular disease hospitalization rates. This correlates with Chemung County's high smoking rate.



Cerebrovascular disease hospitalization rate per 10,000
2009-2011 (Adjusted To 2000 United States Population)

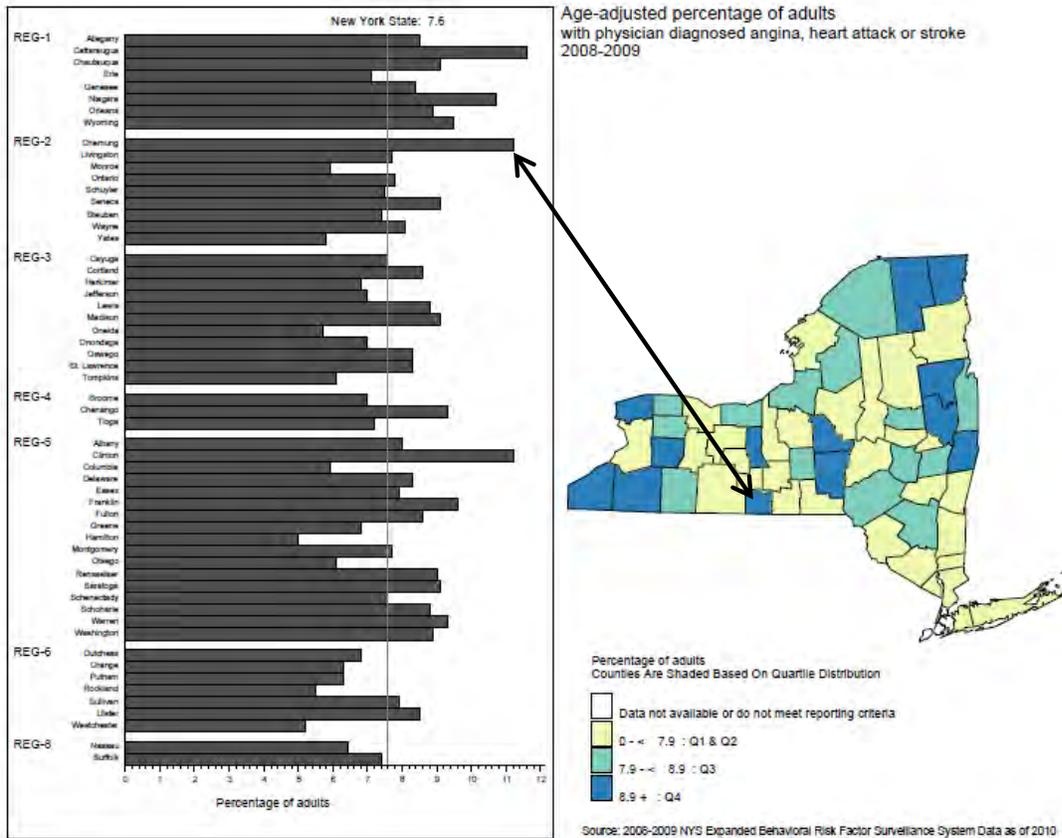


Hospital Discharge Rate
Counties Are Shaded Based On Quartile Distribution

- 0 - < 23.7 : Q1 & Q2
- 23.7 - < 26.5 : Q3
- 26.5 + : Q4

Source: 2009-2011 SPARCS Data as of February, 2013

Angina, heart attack and stroke rates, as illustrated here are very high.



Cerebrovascular disease (stroke) mortality rate per 100,000

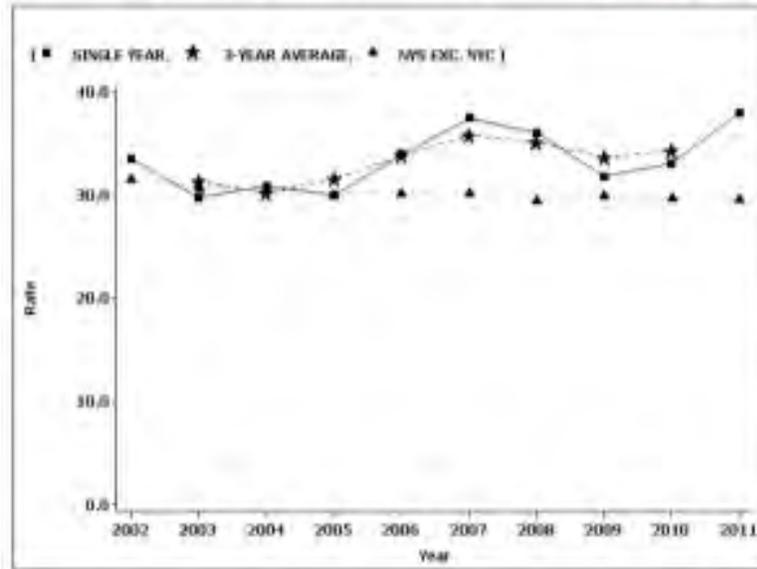
Source: 2009-2011 Vital Statistics Data as of February, 2013

Adjusted Rates Are Age Adjusted to The 2000 United States Population

Region/County	Deaths				Average population 2009-2011	Crude Rate	Adjusted Rate
	2009	2010	2011	Total			
New York State	5,823	6,120	6,153	18,096	19,461,584	31	26.9
Seneca	17	15	13	45	34,833	43.1	33.2
Wayne	35	34	39	108	92,833	38.8	33.3
Steuben	37	49	43	129	98,192	43.8	34.1
Yates	12	8	15	35	25,095	46.5	35.2
Monroe	326	352	323	1,001	741,224	45	35.8
Schuyler	6	12	10	28	18,475	50.5	38.2
Ontario	52	54	61	167	107,369	51.8	39.9
Chemung	43	56	49	148	88,667	55.6	40
Livingston	32	34	22	88	64,445	45.5	40

Hospitalization rates for stroke have been trending higher than NYS rates since 2005:

Chemung County Cerebrovascular disease (stroke) hospitalization rate per 10,000



As can be seen from the following table, the four (4) leading causes of death in Chemung County are Heart disease, Cancer, CLRD and Stroke, all of which are considered chronic diseases and are impacted by smoking and obesity.

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

Source: Vital Statistics Data as of March, 2013

New York State Department of Health - Bureau of Biometrics and Health Statistics

County & # of Deaths	#1 Cause of Death & # of Deaths	#2 Cause of Death & # of Deaths	#3 Cause of Death & # of Deaths	#4 Cause of Death & # of Deaths	#5 Cause of Death & # of Deaths
	Age-adjusted Death Rate	Age-adjusted Death Rate	Age-adjusted Death Rate	Age-adjusted Death Rate	Age-adjusted Death Rate
Chemung	Heart Disease 238	Cancer 212	Chronic Lower Respiratory Diseases (CLRD) 76	Stroke 49	Unintentional Injury 43
Total: 937	192 per 100,000	181 per 100,000	64 per 100,000	39 per 100,000	43 per 100,000

Child and Adolescent Health

The majority of child and adolescent health indicators for Chemung County are low. Childhood mortality rates are unstable due to the low numbers. Pneumonia hospitalization rates per 10,000 are in the 4th quartile of the state (53.7%) and significantly above state rate of 36.9%. The asthma hospitalization rate for 0-17 year olds is also in the 4th quartile (19.7) and significantly above the Upstate rate of 15.9 per 10,000. The Chemung County Health Department administers the Lead Poisoning Prevention grant, which provides screening services and education and case management for children found with elevated lead levels. The Chemung County Health Department and Southern Tier Pediatrics, our major pediatric practice in Chemung County, do finger stick screenings for 1 & 2 year olds (as recommended by NYS DOH) using Lead Care II machines. The Health Department tests adolescents up to age 19. Anyone with elevated testing results by Lead Care II are referred on for venous testing. The other pediatric

practices and Family Practices at Guthrie and Arnot Medical Services refer 1 & 2 year olds for venous tests based on written screens. All results are entered into NYSIS and on Lead Web. Children with venous lead levels above 15 ug/dl have both a public health nurse and a Sanitarian from Environmental Health Services visit for education and environmental surveillance. The nurse follows the child until the levels return and remain at an acceptable range.

Child and Adolescent Health Indicators - Chemung County-2009-2011

Indicator	3 Year Total	County Rate	NYS Rate	Sig. Dif.	NYS Rate exc NYC	Sig. Dif.	County Ranking Group
Childhood mortality rate per 100,000							
Aged 1-4 years	4	31.7*	19.5	No	21.2	No	4th
Aged 5-9 years	2	12.3*	10.2	No	10.0	No	3rd
Aged 10-14 years	1	6.1*	12.1	No	12.4	No	1st
Aged 5-14 years	3	9.2*	11.2	No	11.2	No	2nd
Aged 15-19 years	5	27.9*	37.9	No	38.5	No	2nd
Asthma hospitalization rate per 10,000							
Aged 0-4 years	51	32.6	56.8	Yes	35.0	No	3rd
Aged 5-14 years	50	15.3	20.8	Yes	11.3	No	4th
Aged 0-17 years	116	19.7	28.3	Yes	15.9	Yes	4th
Gastroenteritis hospitalization rate per 10,000 (aged 0-4 years)	53	33.9	13.8	Yes	10.1	Yes	4th
Otitis media hospitalization rate per 10,000 (aged 0-4 years)	1	0.6*	3.2	No	2.7	No	1st
Pneumonia hospitalization rate per 10,000 (aged 0-4 years)	84	53.7	45.1	No	36.9	Yes	4th
% of children born in 2008 with a lead screening by 9 months	106	11.1	6.3	Yes	2.9	Yes	1st
% of children born in 2008 with a lead screening between 9 months to less than 18 months	694	72.5	70.5	No	65.8	Yes	1st
% of children born in 2008 with at least two lead screenings by 36 months	575	60.1	54.7	Yes	46.8	Yes	1st
Incidence of confirmed high blood lead level (10 micrograms or higher per deciliter) - rate per 1,000 tested children aged <72 months	26	5.1	4.9	No	7.5	No	2nd

In 2011, venous testing was completed on 433 children with a total of 2 children identified with elevated venous lead levels between 15 & 20 ug/dl. In 2012, venous testing was completed on 417 children with a total of three (3) children newly identified with elevated venous lead levels – 2 with levels from 15-20ug/dl and 1 with lead levels over 20ug/dl. So far in 2013, venous testing has been completed on 398 children with a total of six (6) children identified with elevated venous levels – 4 with levels from 15-20ug/dl and 2 with levels over 20ug/dl. All received visits from a public health nurse and Environmental Health.

Cirrhosis

Cirrhosis mortality rates in Chemung County are high and in the 4th quartile, although hospitalizations are lower. While cirrhosis can develop for many reasons, it can be a good indicator of the extent of alcohol abuse in the community or possibly a result of hepatitis C in an older population.

Cirrhosis Indicators - Chemung County-2008-2010

Indicator	3 Year Total	County Rate	NYS Rate	Sig. Dif.	NYS Rate exc NYC	Sig. Dif.	County Ranking Group
Cirrhosis mortality rate per 100,000							
Crude	37	14.0	6.9	Yes	7.7	Yes	4th
Age-adjusted	37	12.3	6.2	Yes	6.6	Yes	4th
Cirrhosis hospitalization rate per 10,000							
Crude	59	2.2	2.9	Yes	2.5	No	2nd
Age-adjusted	59	2.0	2.7	Yes	2.2	No	2nd

Cirrhosis mortality rate per 100,000

Source: 2009-2011 Vital Statistics Data as of February, 2013
Adjusted Rates Are Age Adjusted to The 2000 United States Population

Region/County	Deaths				Average population 2009-2011	Crude Rate	Adjusted Rate
	2009	2010	2011	Total			
Yates	1	4	2	7	25,095	9.3*	6.4*
Seneca	4	2	2	8	34,833	7.7*	6.0*
Schuyler	3	4	1	8	18,475	14.4*	10.5*
Chemung	13	12	11	36	88,667	13.5	11.2
Steuben	8	9	18	35	98,192	11.9	9.1
Ontario	15	9	13	37	107,369	11.5	9
Wayne	10	8	8	26	92,833	9.3	7.7
Monroe	40	46	56	142	741,224	6.4	5.6
Livingston	3	4	4	11	64,445	5.7	4.5
New York State	1,272	1,417	1,488	4,177	19,461,584	7.2	6.4

Diabetes

Diabetes has been directly correlated with obesity. The Chemung County Health Department has chosen obesity as one of their prevention agenda priorities to focus on in the upcoming years. As shown below, diabetes is a rising concern for Chemung County. As the public health department moves forward with initiatives around obesity, diabetes rates should decrease as the population loses weight.

Consider the following facts from the NYSDOH:

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

The Diabetes Epidemic

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

Diabetes is Serious and Costly

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

Diabetes hospitalization rates are all higher than New York state rates and rank in the fourth quartile of the State. Diabetes death rates in Chemung County are slightly below New York State rates and not nearly as high as neighboring Schuyler County.

Diabetes - Deaths and Death Rates Per 100,000 Residents

Region/County	Deaths				Population	Crude	Adjusted
	2007	2008	2009	Total	2008	Rate	Rate
Schuyler	7	6	10	23	18,888	40.6	30.2
Yates	11	4	6	21	24,652	28.4	21.9
Wayne	19	24	19	62	91,564	22.6	20.2
Ontario	30	16	25	71	104,475	22.7	19.3
Chemung	16	18	18	52	87,813	19.7	16.3
Livingston	15	12	6	33	63,154	17.4	16.1
Steuben	18	15	26	59	96,573	20.4	15.3
Region Total	246	208	219	673	1,253,967	17.9	15.3
Seneca	1	7	9	17	34,086	16.6	14.0
Monroe	129	106	100	335	732,762	15.2	13.4
New York State Total	3,694	3,582	3,684	10,960	19,490,297	18.7	16.8

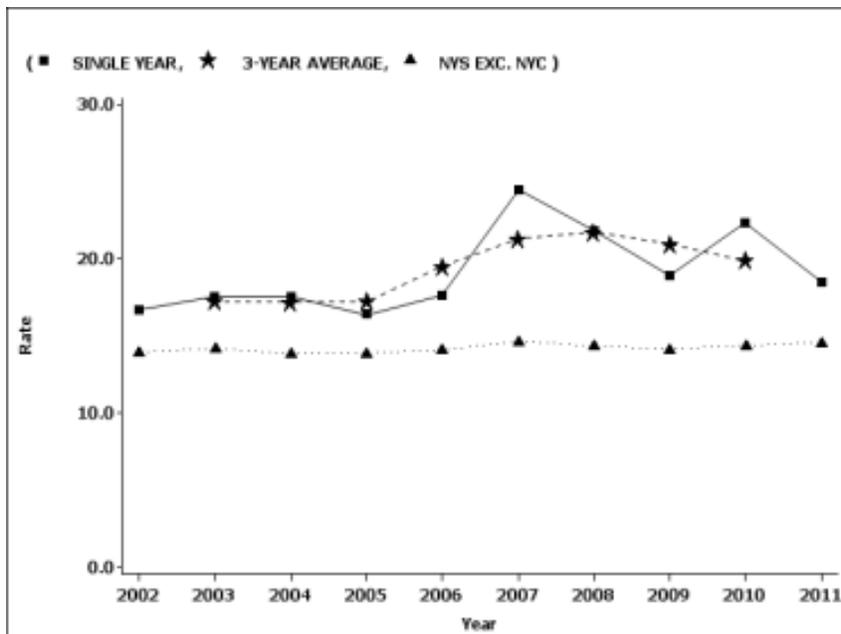
Source: 2007-2009 Vital Statistics Data as of March, 2011

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

The Chemung County Health Department and their partners have developed a work plan as part of the Community Health Improvement and Community Service Plans to address this issue as seen in the executive summary and attached ([see Attachment A](#)). Below you will find some of the many diabetes statistics that validate the choice of Chemung County Public Health in addressing obesity. Chemung County falls in the 4th quartile for all hospitalization indicators. The diabetes mortality rate per 100,000 is 15.6, higher than the upstate NY rate of 15.1.

Diabetes Indicators - Chemung County 2009-2011

Indicator	3 Year Total	County Rate	NYS Rate	Sig. Dif.	NYS Rate exc NYC	Sig. Dif.	County Ranking Group
Diabetes mortality rate per 100,000							
Crude	52	19.5	19.2	No	18.3	No	2nd
Age-adjusted	52	15.6	17.0	Yes	15.1	No	2nd
Diabetes hospitalization rate per 10,000 (primary diagnosis)							
Crude	587	22.1	20.1	Yes	15.7	Yes	4th
Age-adjusted	587	19.9	18.8	No	14.4	Yes	4th
Diabetes hospitalization rate per 10,000 (any diagnosis)							
Crude	8,967	337.1	250.3	Yes	231.2	Yes	4th
Age-adjusted	8,967	276.3	226.0	Yes	197.8	Yes	4th
Diabetes short-term complications hospitalization rate per 10,000							
Aged 6-17 Years	18	4.5	3.1	No	2.9	No	4th
Aged 18 years and older	169	8.2	5.8	Yes	5.1	Yes	4th
Age-adjusted % of adults with physician diagnosed diabetes (08-	N/A	11.3	9.0	No	8.5	No	4th



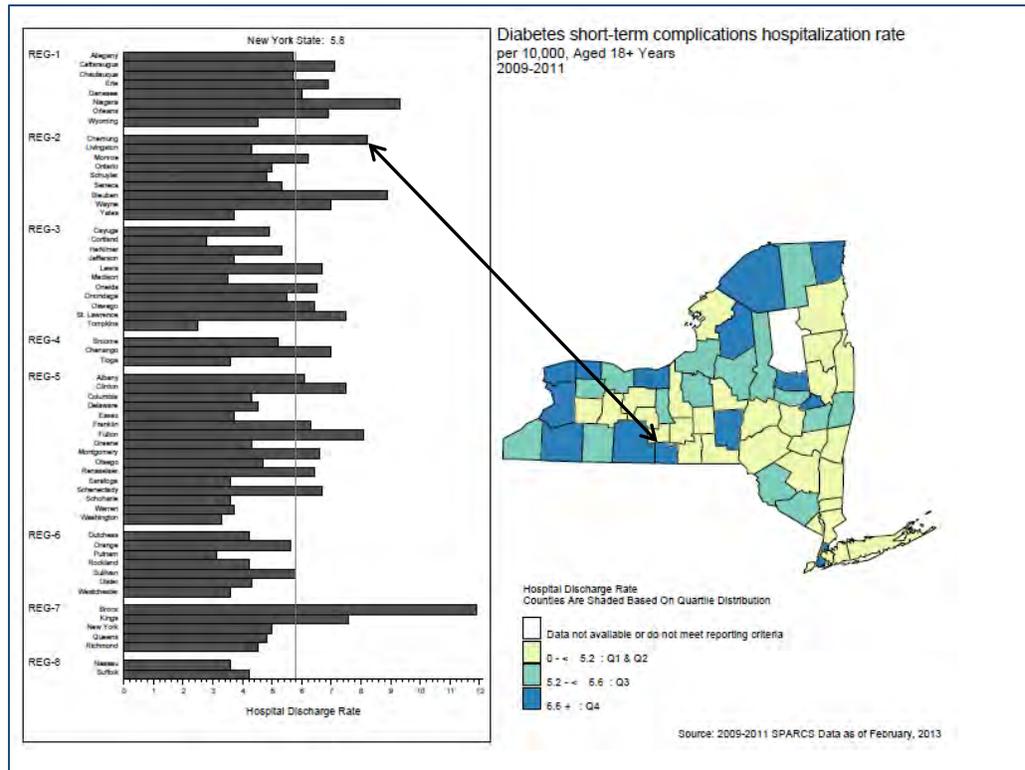
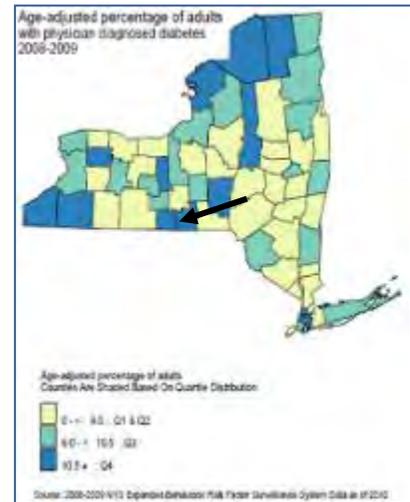
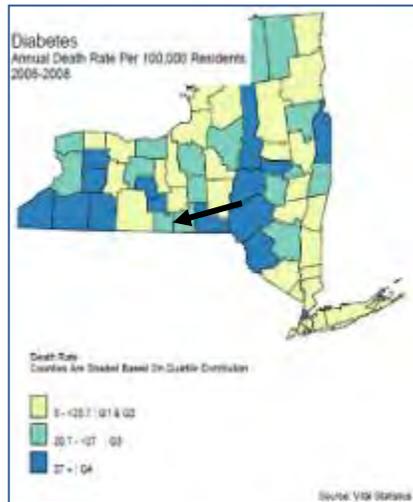
Diabetes hospitalization age-adjusted rate per 10,000 (primary diagnosis)

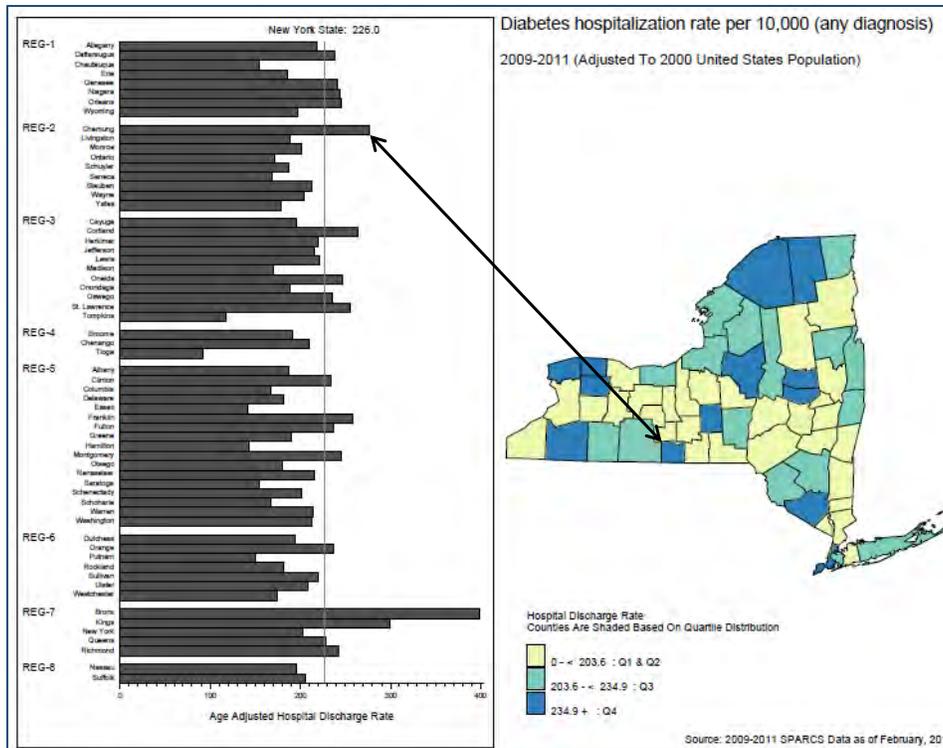
Where diabetes is the primary diagnosis age adjusted rates in the County have typically trended higher than New York State rates.

Region/County	Discharges				Population	Crude	Adjusted
	2009	2010	2011	Total	2009-2011	Rate	Rate
Diabetes (Primary Diagnosis) – Discharge Rate Per 10,000 Population							
Chemung	189	218	180	587	88,667	22.1	19.9
New York State Total	39,491	39,293	38,724	117,508	19,461,584	20.1	18.8
Diabetes (Any Diagnosis) – Discharge Rate per 10,000 Population							
Chemung	2,743	3,066	3,158	8,967	88,667	337.1	276.3
New York State Total	484,681	490,115	486,855	1,461,651	19,461,584	250.3	226.0

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

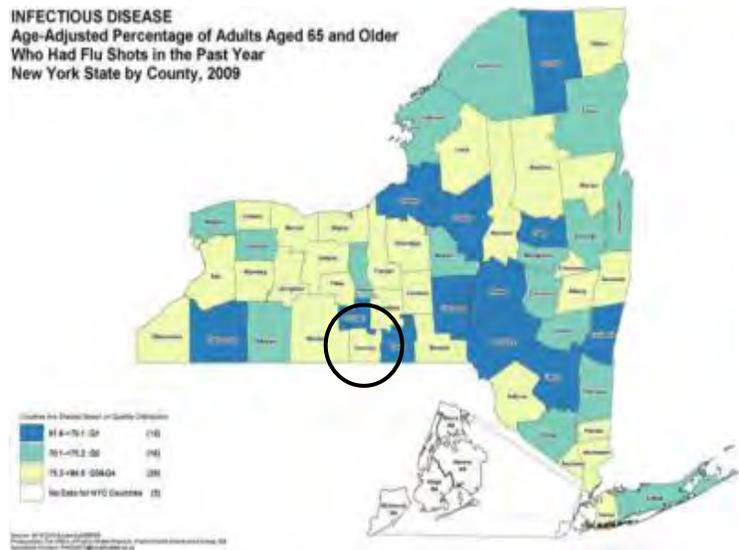
Various maps illustrate diabetes indicators for Chemung County. Our efforts to increase breastfeeding, physical activity and promote better nutrition outlined in the Community Health Improvement Plan will lower obesity rates and will likely diabetes rates.





Communicable Disease

Communicable disease control, one of the core functions of Public Health, is aimed at preventing and controlling the spread of communicable diseases that may occur in our community. Reporting of suspected or confirmed communicable diseases is mandated under the New York State Sanitary Code (10NYCRR 2.10). Although physicians have primary responsibility for reporting, school nurses, laboratory directors, infection control practitioners, daycare center directors, health care facilities, state institutions and any other individuals/locations providing health care services are also required to report communicable diseases.⁸ Reports are made to the Chemung County Health Department within 24 hours of diagnosis. However, some diseases warrant prompt action and would be reported immediately by phone. A list of diseases and information on properly reporting them can be found under [Communicable Disease Reporting Requirements](#) on the NYSDOH website.



⁸ New York State Department of Health, Communicable Disease Reporting <https://www.health.ny.gov/professionals/diseases/reporting/communicable/>

The charts below include three year histories of some of our reportable diseases. The small number of cases of most infectious diseases makes rate data rather meaningless, but needs to be tracked for the absolute number of cases and presence of disease in the County and NYS. The Health Department carefully tracks communicable disease trends including the incidence of influenza during flu season. Public health played a pivotal role in controlling the H1N1 virus outbreak in 2009 which continues to cause illness, hospitalizations and deaths in the US during the normally flu-free summer months. There is uncertainty about what the upcoming flu season might bring each year. The Chemung County Health Department maintains a 24 hour system for receiving communicable disease reports, including bite reports, and provides extensive public and professional education regarding communicable diseases. This map illustrates the percentage of adults over 65 receiving their annual flu shot in 2009.

NYSDOH infectious disease tracking indicators in the table below show that Chemung County has a gonorrhea case rate higher than both the US or NYS rates.

Indicator	Prevention Agenda 2013 Obj	US	NYS	Chemung County
INFECTIOUS DISEASE				
Newly diagnosed HIV case rate (per 100,000) ¹⁶	23.0	17.4(2009)	19.5(2010)	4.2~ (08-10)
Gonorrhea case rate (per 100,000)¹⁷	19.0+	100.8(2010)	94.3(2010)	103.0 (08-10)
Tuberculosis case rate (per 100,000) ¹⁸	1.0+	3.6(2010)	4.9(2010)	1.1~ (08-10)
% of adults 65+ years with immunizations ¹				
Flu shot in the past year - Map	90%+	61.3% ^a (2011)	60.0%(2011)	75.4%
Ever had pneumonia vaccination - Map	90%+	70.0% ^a (2011)	65.2%(2011)	71.9% (2009)

Most communicable disease indicator rates are unstable given the small numbers reported in the County. The pneumonia/flu hospitalization rates for those over 65, and the E. coli O157 incidence per 100,000 ranks in the bottom quartile of the state.

Communicable Disease Indicators - Chemung County-2008-2010

Indicator	3 Year Total	County Rate	NYS Rate	Sig. Dif.	NYS Rate exc NYC	Sig. Dif.	County Ranking Group
Pneumonia/flu hospitalization rate (ages 65 years and older) per 10,000	1,176	285.8	127.9	Yes	140.1	Yes	4th
Pertussis incidence per 100,000	1	0.4*	3.0	Yes	4.3	Yes	1st
Mumps incidence per 100,000	1	0.4*	5.5	Yes	4.0	Yes	3rd
Meningococcal incidence per 100,000	1	0.4*	0.2	No	0.2	No	3rd
H. influenza incidence per 100,000	4	1.5*	1.3	No	1.5	No	3rd
Hepatitis A incidence per 100,000	2	0.8*	0.8	No	0.5	No	3rd
Acute Hepatitis B incidence per 100,000	0	0.0*	0.8	Yes	0.6	Yes	1st
Tuberculosis incidence per 100,000	3	1.1*	5.4	Yes	2.4	No	3rd
E. coli O157 incidence per 100,000	5	1.9*	0.6	No	0.8	No	4th
Salmonella incidence per 100,000	24	9.1	13.9	Yes	12.9	No	1st
Shigella incidence per 100,000	2	0.8*	4.4	Yes	3.2	Yes	2nd

Indicator	3 Year Total	County Rate	NYS Rate	Sig. Dif.	NYS Rate exc NYC	Sig. Dif.	County Ranking Group
Lyme disease incidence per 100,000#	4	1.5*	42.4	Yes	66.2	Yes	1st
% of adults 65 years and older with flu shot in last year (2008-2009)	N/A	75.4	75.0	No	76.0	No	2rd
% of adults 65 years and older who ever received pneumonia shot (2008-2009)	N/A	71.9	64.7	No	71.2	No	2rd

Tuberculosis

New York State Public Health Law and the State Sanitary Code requires reporting of all suspected and confirmed Tuberculosis cases to the local health department of the county where a patient resides. All reports received by the local health department are sent to the New York State Department of Health. The main purpose of the TB Program is surveillance, control and prevention of Tuberculosis in Chemung County.

Chemung County Health Department provides tuberculosis services to patients and their contacts with 4 local doctors (pulmonologists) under a contractual arrangement with the county. While Chemung County rarely encounters active TB cases, in an effort to be vigilant about preventing the spread of tuberculosis, the Public Health Department has a Latent TB Clinic to provide skin testing and follow-up services to those with (+) skin tests. The clinic provides pharmacy services and Directly observed Therapy (DOT) for both latent and active TB. The Communicable Disease nurses are case managers providing education and coordinating care between the patient and the pulmonologists. As seen below, active TB in Chemung county averages 0-2/year and latent TB approximately 32/year.

	2009	2010	2011	2012	2013 to date
Active TB	1	1	0	2	1
Latent TB	33	33	35	29	23

Source: Chemung County Health Department TB Clinic 10/2013

Tuberculosis per 100,000 population					Population	
Region/County	2009	2010	2011	Total	2009-2011	Rate
Chemung	1	0	0	1	88,667	0.4*
New York State Total	1,006	954	910	2,870	19,461,584	4.9

Hepatitis A per 100,000 Population					Population	
Region/County	2009	2010	2011	Total	2009-2011	Rate
Chemung	0	2	0	2	88,667	0.8*
New York State Total	136	140	113	389	19,461,584	0.7

Pertussis Cases per 100,000 Population					Population	
Region/County	2009	2010	2011	Total	2009-2011	Rate
Chemung	0	0	0	0	34,833	0.0
New York State Total	362	828	1,256	2,446	19,461,584	4.2

Hepatitis B per 100,000 Population					Population	
Region/County	2009	2010	2011	Total	2009-2011	Rate
Chemung	0	0	0	0	88,667	0.0*
New York State Total	130	139	135	404	19,461,584	0.7

LYME Disease

While the rate of confirmed cases of Lyme Disease is much less than that of NYS, Chemung County has seen an increase over the past several years from 3 in 2009 to 7 in 2011 and 7 in 2012. Additionally, the county has seen an increase in testing in general over all age ranges. Anecdotally, with the increase in testing and complexity of the diagnosis of Lyme Disease, the Communicable Disease nurses are spending increased time working with labs, MD offices, NYS DOH, and interviewing patients to determine the correct diagnosis based on NYS Guidelines. The feeling is that this will increase as MD's and people in general become more educated about Lyme Disease.

Lyme Disease per 100,000 Population					Population	
Region/County	2009	2010	2011	Total	2009-2011	Rate
Chemung	3	1	7	11	88,667	4.1
NYS Total	9,279	6,131	8,007	23,602	19,461,584	40.4

Haemophilus Influenza Per 100,000 Population					Population	
Region/County	2009	2010	2011	Total	2009-2011	Rate
Chemung	0	3	3	6	88,667	2.3*
NYS Total	249	271	382	902	19,490,297	1.5

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

Sexually Transmitted Diseases

Diagnosis and treatment of sexually transmitted diseases is a responsibility of each county health department in New York State. As is shown on the following pages, the numbers of sexually transmitted diseases in Chemung County are high compared to regional and NYS rates. This chart shows the number of cases in the County.

Sexually Transmitted Diseases per 100,000

	2009	2010	2011	Crude Rate
Gonorrhea Cases	51	124	77	94.7
Early Syphilis Cases	5	4	1	1.0
Male Chlamydia Cases	67	86	140	221.4
Female Chlamydia Cases	141	203	301	482.6

Source: 08-10 Bureau of STD Control Data as of July 2012

As indicated below most rates for HIV/AIDS and other sexually transmitted infection indicators are in the 4th quartile although AIDS rates are unstable due to low numbers.

HIV/AIDS and Other Sexually Transmitted Infection Indicators - Chemung County-2008-2010

Indicator	3 Year Total	County Rate	NYS Rate	Sig. Dif.	NYS Rate exc NYC	Sig. Dif.	County Ranking Group
HIV case rate per 100,000							
Crude	12	4.5	21.4	Yes	7.4	No	2nd
AIDS case rate per 100,000							
Crude	8	3.0*	17.6	Yes	5.6	No	2nd
AIDS mortality rate per 100,000							
Crude	5	1.9*	5.7	Yes	1.7	No	3rd
Age-adjusted	5	1.6*	5.3	Yes	1.6	No	3rd
Early syphilis case rate per 100,000	14	5.3	12.8	Yes	2.5	Yes	4th
Gonorrhea case rate per 100,000							
All ages	273	103.0	89.7	Yes	55.7	Yes	4th
Ages 15-19 years	73	398.9	335.5	No	210.3	Yes	4th

Indicator	3 Year Total	County Rate	NYS Rate	Sig. Dif.	NYS Rate exc NYC	Sig. Dif.	County Ranking Group
Chlamydia case rate per 100,000 males							
All ages	242	183.6	305.1	Yes	178.9	No	4th
Ages 15-19 years	63	679.4	1,013.5	Yes	586.9	No	4th
Ages 20-24 years	93	1,007.9	1,410.1	Yes	920.6	No	4th
Chlamydia case rate per 100,000 females							
All ages	535	401.7	644.6	Yes	426.2	No	3rd
Ages 15-19 years	218	2,414.4	3,587.6	Yes	2,334.5	No	3rd
Ages 20-24 years	219	2,373.5	3,114.6	Yes	2,200.4	No	4th
Pelvic inflammatory disease (PID) hospitalization rate per 10,000 females (ages 15-44 years)	15	3.1	3.7	No	2.5	No	3rd

AIDS - Deaths and Death Rates Per 100,000 Residents

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

Region/County	Deaths				Population 2008	Crude Rate	Adjusted Rate
	2007	2008	2009	Total			
Chemung	2	1	1	4	88,667	1.5*	1.2*
New York State Total	1,080	984	900	2,964	19,461,584	5.1	4.7

AIDS Cases Per 100,000 Population

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

Region/County	Deaths				Population 2008	Crude Rate	Adjusted Rate
	2007	2008	2009	Total			
Chemung	1	4	3	8	88,667	3.0*	3.0*
New York State Total	3,401	2,907	2,587	8,895	19,461,584	15.2	15.2

Gonorrhea Per 100,000 Population

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

Region/County	Gonorrhea				Population 2008	Rate
	2007	2008	2009	Total		
Chemung	51	124	77	252	88,667	94.7
New York State Total	17,699	17,120	17,009	51,828	19,461,584	88.6

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

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

Region/County	Discharges				Population 2008	Crude Rate
	2007	2008	2009	Total		
Chemung	5	5	5	18	15,819	3.8
New York State Total	1,515	1,476	1,298	4,289	4,034,265	3.5

Male Chlamydia Per 100,000 Males

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

Region/County	Male Chlamydia				Males 2008	Rate
	2007	2008	2009	Total		
Chemung	67	86	140	293	44,116	221.4
New York State Total	28,174	31,198	32,075	91,447	9,436,038	323.0

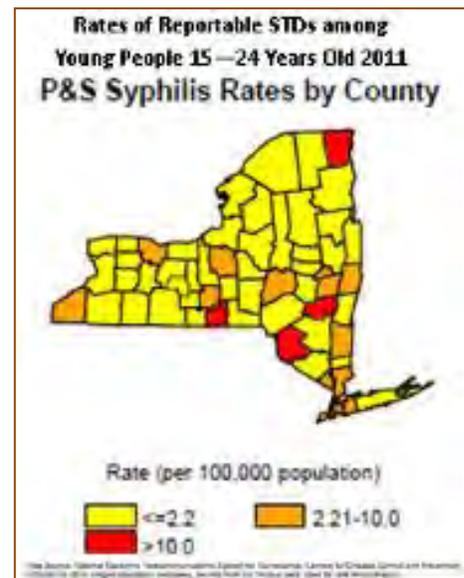
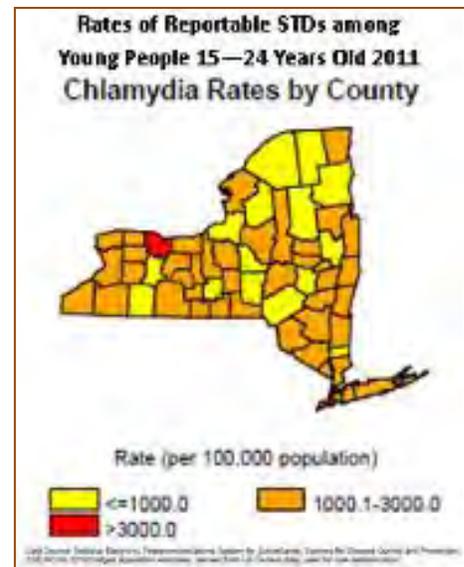
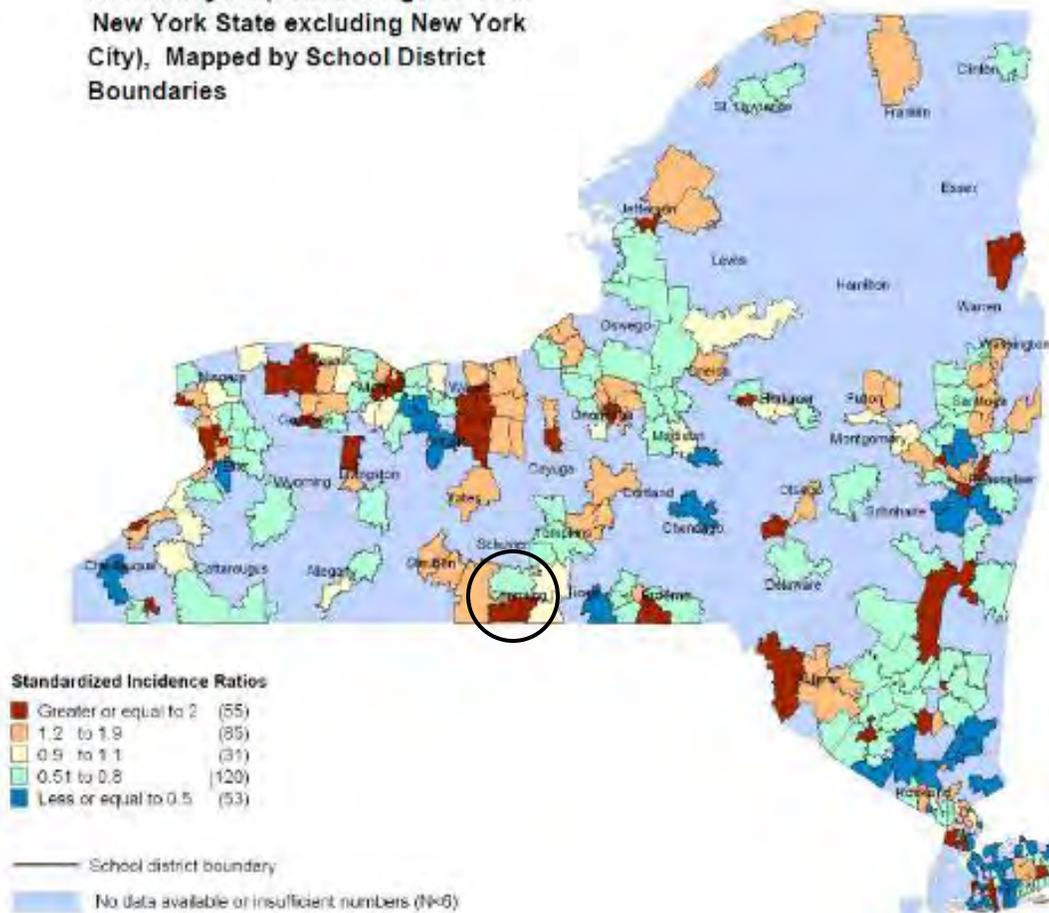


Figure 1: Standardized Incidence Ratios for Chlamydia (Females Age 10-19 in New York State excluding New York City), Mapped by School District Boundaries



Chemung County, as can be seen in the bolded sections of the chart below, ranks in the 4th quartile for percentage of births within 24 months of previous pregnancy, as well as the majority of the other teen birth and teen pregnancy indicators. These rates have remained high for many years demonstrating the need to remain vigilant in preventing teen pregnancy.

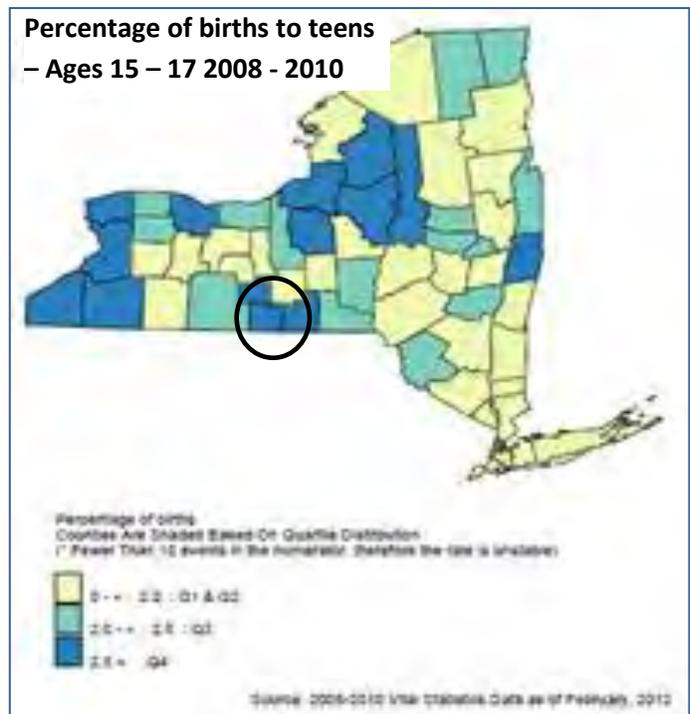
Family Planning/Nativity Indicators - Chemung County-2008-2010

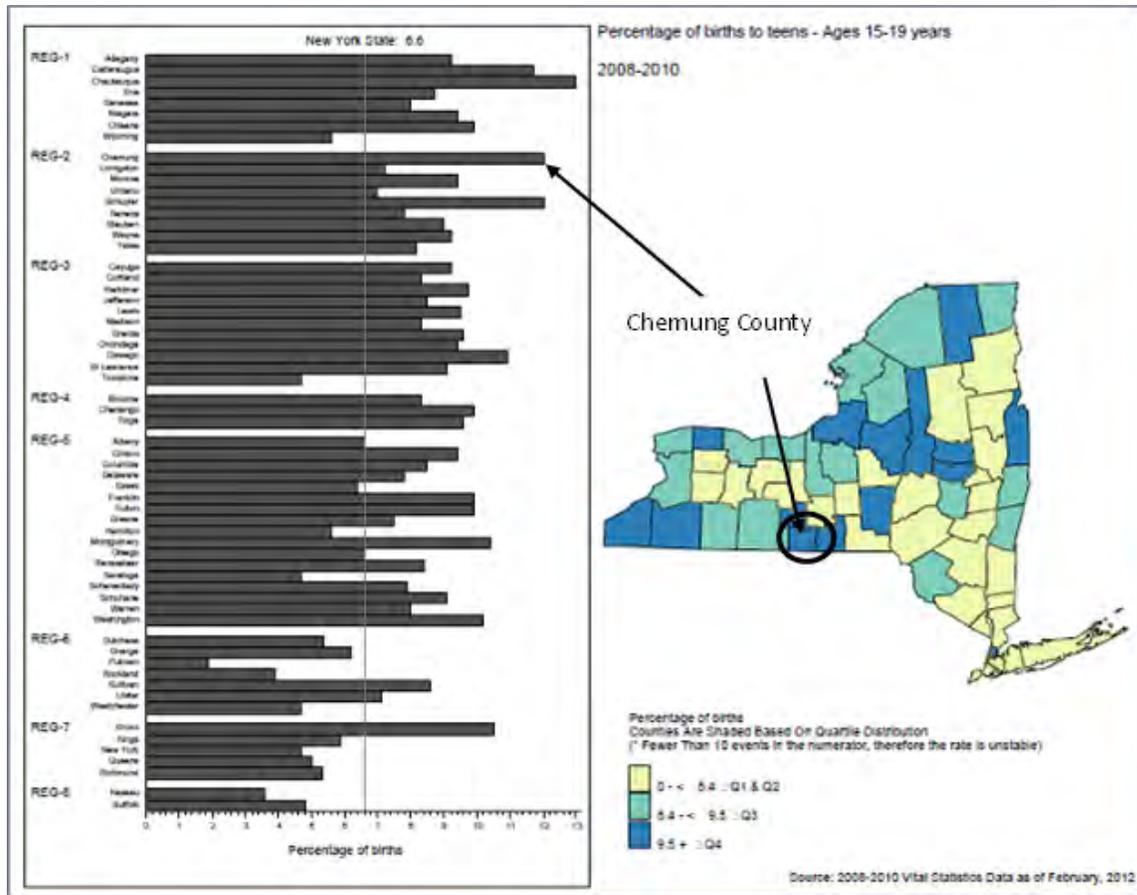
	3 Year Total	County Rate	NYS Rate	Sig. Dif.	NYS Rate exc NYC	Sig. Dif.	County Ranking Group
% of births within 24 months of previous pregnancy	855	29.1	18.0	Yes	21.1	Yes	4th
Percentage of births to teens							
Ages 15-17 years	91	3.1	1.9	Yes	1.9	Yes	4th
Ages 15-19 years	353	12.0	6.6	Yes	6.8	Yes	4th
% of births to women 35 years and older	271	9.2	19.4	Yes	19.0	Yes	1st
Fertility rate per 1,000 females							
Total (all births/female ages 15-44 years)	2,936	60.7	60.9	No	58.2	Yes	3rd
Ages 10-14 years (births to	2	0.3*	0.4	No	0.3	No	3rd

	3 Year Total	County Rate	NYS Rate	Sig. Dif.	NYS Rate exc NYC	Sig. Dif.	County Ranking Group
mothers ages 10-14 years/females ages 10-14 years)							
Ages 15-17 years (births to mothers ages 15-17 years/females ages 15-17 years)	91	17.4	12.1	Yes	10.0	Yes	4th
Ages 15-19 years (births to mothers ages 15-19 years/females ages 15-19 years)	353	39.1	24.0	Yes	20.8	Yes	4th
Ages 18-19 years (births to mothers ages 18-19 years/females ages 18-19 years)	262	69.1	40.3	Yes	35.4	Yes	4th
Pregnancy rate per 1,000 (all pregnancies/female 15-44 years)	3,980	82.3	93.6	Yes	77.0	Yes	4th
Teen pregnancy rate per 1,000							
Ages 10-14 years	5	0.6*	1.4	No	0.8	No	2nd
Ages 15-17 years	161	30.7	31.1	No	20.4	Yes	4th
Ages 15-19 years	549	60.8	53.5	Yes	37.4	Yes	4th
Ages 18-19 years	388	102.4	84.1	Yes	60.3	Yes	4th
Abortion ratio (induced abortions per 100 live births)							
Ages 15-19 years	188	53.3	116.3	Yes	75.7	Yes	2nd
All ages	933	31.8	46.6	Yes	27.7	Yes	3rd

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

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





Injury

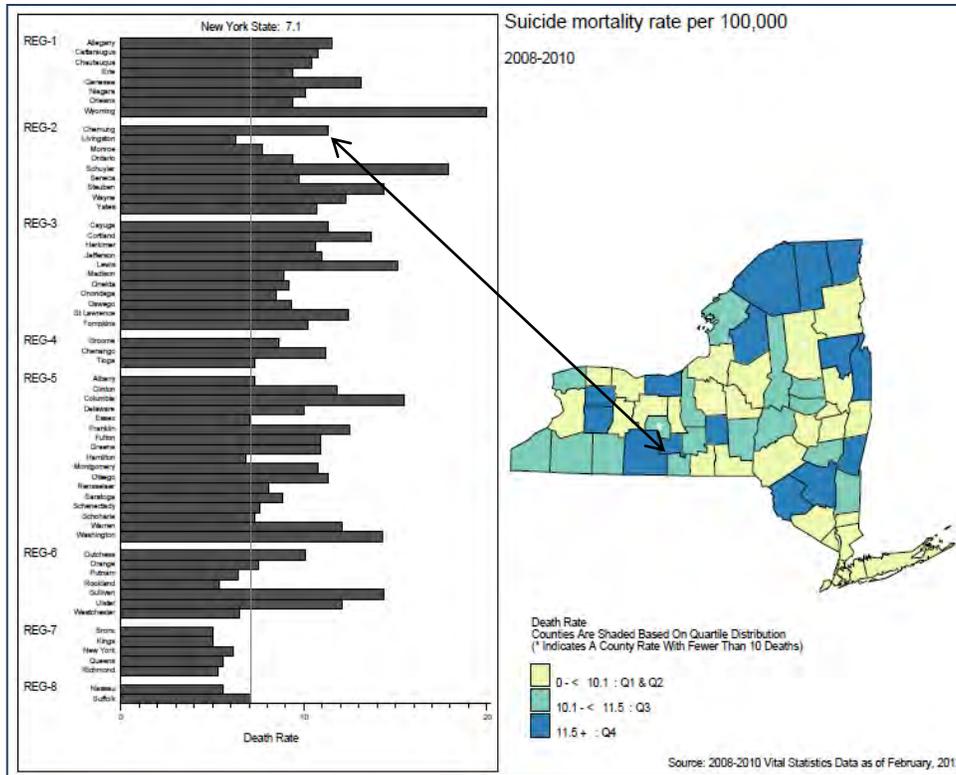
As the chart below indicates, injury prevention activities for Chemung County are important. While small numbers make data unreliable for many categories of injury (as denoted by the asterisks), the bolded rates below show that unintentional injuries, falls and accidents are major issues in Chemung County. Unintentional injury is also the 5th leading cause of death for both males and females within Chemung County. Unintentional injury also rose to the top as one of the priorities for Chemung County while conducting the community health assessment process, and although not ultimately chosen as one of the two priorities, is still of great concern.

Injury Indicators - Chemung County-2009-2011

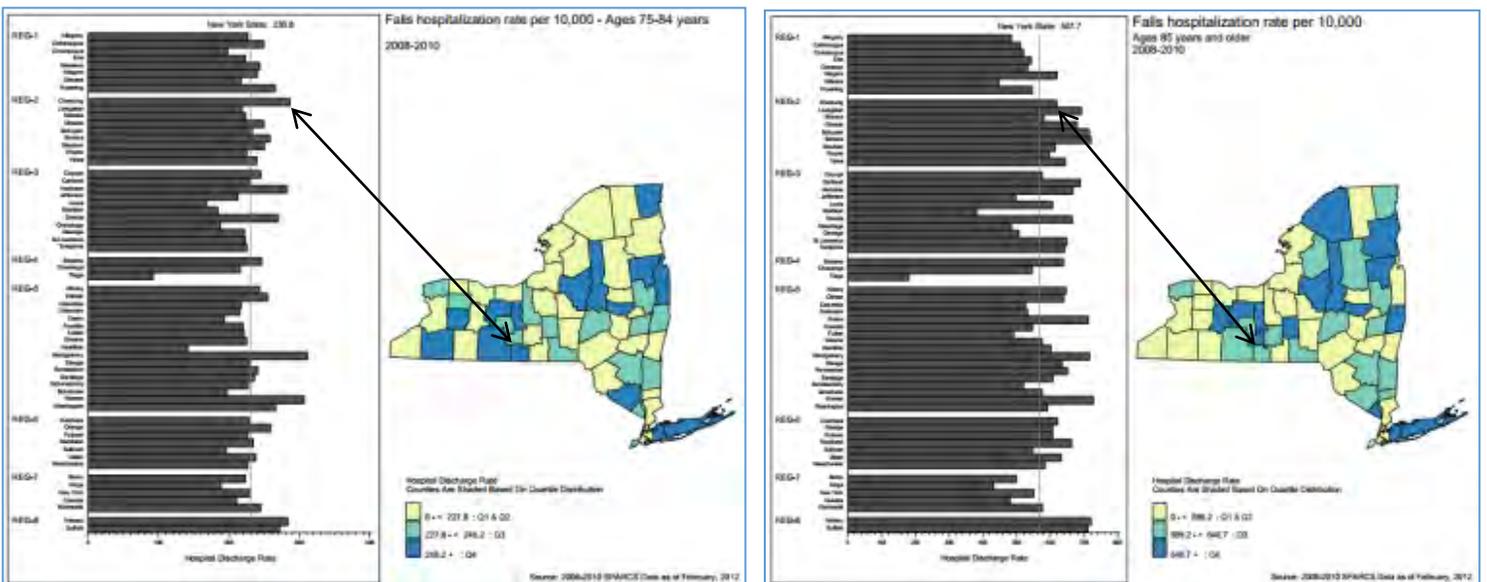
Indicator	3 Year Total	County Rate	NYS Rate	Sig. Dif.	NYS Rate exc NYC	Sig. Dif.	County Ranking Group
Suicide mortality rate per 100,000							
Crude	27	10.2	7.5	No	9.0	No	2 nd
Age-adjusted	27	9.3	7.2	Yes	8.6	Yes	2nd
Aged 15-19 years	0	0.0*	5.0	Yes	6.0	Yes	1 st
Self-inflicted injury hospitalization rate per 10,000							
Crude	420	15.8	5.3	Yes	6.4	Yes	4th
Age-adjusted	420	16.9	5.3	Yes	6.5	Yes	4th
Aged 15-19 years	46	25.6	10.1	Yes	11.6	Yes	4th

Indicator	3 Year Total	County Rate	NYS Rate	Sig. Dif.	NYS Rate exc NYC	Sig. Dif.	County Ranking Group
Homicide mortality rate per 100,000							
Crude	3	1.1*	4.3	Yes	2.9	No	2 nd
Age-adjusted	3	1.0*	4.3	Yes	3.0	Yes	2 nd
Assault hospitalization rate per 10,000							
Crude	62	2.3	4.5	Yes	2.6	No	3 rd
Age-adjusted	62	2.5	4.5	Yes	2.7	No	3 rd
Unintentional injury mortality rate per 100,000							
Crude	112	42.1	24.4	Yes	29.4	Yes	4th
Age-adjusted	112	37.0	22.7	Yes	26.9	Yes	4th
Unintentional injury hospitalization rate per 10,000							
Crude	2,213	83.2	69.0	Yes	72.3	Yes	4th
Age-adjusted	2,213	70.2	64.0	Yes	64.1	Yes	3rd
Aged less than 10 years	48	15.1	25.8	Yes	21.7	Yes	1st
Aged 10-14 years	25	15.2	19.8	No	17.8	No	2nd
Aged 15-24 years	106	29.8	30.7	No	31.8	No	3rd
Aged 25-64 years	760	54.1	46.7	Yes	46.4	Yes	4th
Aged 65 years and older	1,274	305.8	259.3	Yes	272.3	Yes	4th
Falls hospitalization rate per 10,000							
Crude	1,367	51.4	39.8	Yes	42.9	Yes	4th
Age-adjusted	1,367	40.3	35.9	Yes	36.1	Yes	4th
Aged less than 10 years	7	2.2*	9.8	Yes	8.2	Yes	1st
Aged 10-14 years	4	2.4*	6.8	Yes	5.7	No	1st
Aged 15-24 years	22	6.2	6.6	No	6.0	No	3rd
Aged 25-64 years	341	24.3	18.8	Yes	18.8	Yes	4th
Aged 65-74 years	206	100.2	77.3	Yes	77.6	Yes	4th
Aged 75-84 years	389	269.7	226.0	Yes	235.7	Yes	4th
Aged 85 years and older	398	596.6	570.6	No	607.9	No	3rd
Poisoning hospitalization rate per 10,000							
Crude	539	20.3	10.7	Yes	10.6	Yes	4th
Age-adjusted	539	21.3	10.4	Yes	10.6	Yes	4th
Motor vehicle mortality rate per 100,000							
Crude	25	9.4	6.2	No	8.3	No	2nd
Age-adjusted	25	8.9	6.0	Yes	8.0	Yes	2nd
Non-motor vehicle mortality rate per 100,000							
Crude	87	32.7	18.2	Yes	21.2	Yes	4th
Age-adjusted	87	28.1	16.8	Yes	18.9	Yes	4th
Traumatic brain injury hospitalization rate per 10,000							
Crude	245	9.2	9.9	No	10.1	No	3rd
Age-adjusted	245	7.9	9.4	Yes	9.3	Yes	2nd
Alcohol related motor vehicle injuries and deaths per 100,000	107	40.2	34.8	No	47.8	No	1st

As seen in the graph below, suicide mortality remains a concern for Chemung County. The County continues to recover from a suicide cluster in 2008 involving a number of teenage boys. Chemung County currently has a mortality rate that is the 2nd quartile.



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



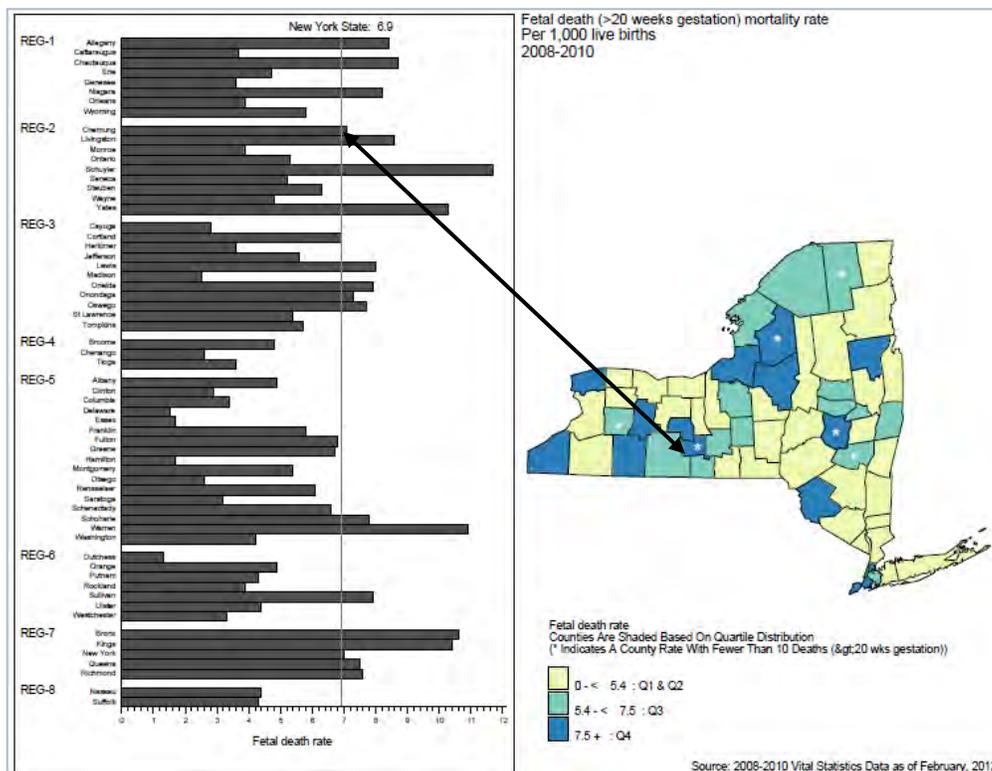
Maternal and Infant Health

The chart below reveals figures for Chemung County for maternal and child health. When it comes to maternal and infant health indicators, Chemung County is in the 4th quartile for infants who were fed any breast milk in the delivery hospital. Chemung County is in the 4th quartile in the state in percent of pregnant women in WIC who were pre-pregnancy obese (BMI 30 or higher) and in the 2nd quartile for the percent of pregnant women in WIC with hypertension during pregnancy. Additionally, Chemung County is in the 4th quartile for low birth weight infants as well as the per cent of births with a 5 minute Apgar less than 6. Smoking is linked to premature birth putting infants at risk for low birth weight and respiratory issues. Indicators for good pre-natal care are excellent and rank in the first quartile. Percentage of women who exclusively breastfeed in the hospital is also high compared to NYS.

Maternal and Infant Health Indicators - Chemung County-2009-2011

Indicator	3 Year Total	County Rate	NYS Rate	Sig. Dif.	NYS Rate exc NYC	Sig. Dif.	County Ranking Group
Percentage of births							
% of births to women aged 25 years and older without a high school education	134	7.6	14.6	Yes	10.4	Yes	2nd
% of births to out-of-wedlock mothers	1,589	52.9	41.5	Yes	38.2	Yes	4th
% of births that were first births	1,244	41.4	43.3	No	41.3	No	3rd
% of births that were multiple births	141	4.7	3.9	No	4.2	No	4th
% of births with early (1st trimester) prenatal care	2,417	82.4	72.4	Yes	74.3	Yes	1st
% of births with late (3rd trimester) or no prenatal care	65	2.2	5.6	Yes	4.1	Yes	1st
% of births with adequate prenatal care (Kotelchuck)	2,377	81.1	65.9	Yes	67.6	Yes	1st
WIC indicators							
% of pregnant women in WIC with early (1st trimester) prenatal care (2008-2010)	1,802	90.2	85.6	Yes	86.1	No	2nd
% of pregnant women in WIC who were pre-pregnancy underweight (BMI less than 18.5)	96	4.3	4.7	No	4.1	No	2nd
% of pregnant women in WIC who were pre-pregnancy overweight but not obese (BMI 25-less than 30)	542	24.4	26.6	Yes	26.3	No	2nd
% of pregnant women in WIC who were pre-pregnancy obese (BMI 30 or higher)	738	33.3	24.2	Yes	28.0	Yes	4th
% of pregnant women in WIC with anemia in 3rd trimester (2008-2010)	108	47.4	37.3	Yes	35.4	Yes	4th
% of pregnant women in WIC with gestational weight gain greater than ideal (2008-2010)	952	49.2	39.9	Yes	44.9	Yes	3rd
% of pregnant women in WIC with gestational diabetes (2008-2010)	71	3.9	5.4	Yes	5.7	Yes	1st
% of pregnant women in WIC with hypertension during pregnancy (2008-2010)	164	8.9	7.2	Yes	9.0	No	2nd
% of WIC mothers breastfeeding at least 6 months	217	15.1	38.3	Yes	27.9	Yes	4th
% of infants fed any breast milk in delivery hospital	1,835	66.2	77.8	Yes	72.6	Yes	4th
% of infants fed exclusively breast milk in delivery hospital	1,633	59.0	40.5	Yes	49.2	Yes	2nd
% of births delivered by cesarean section	918	30.6	34.4	Yes	36.0	Yes	1st
Mortality rate per 1,000 live births							
Infant (less than 1 year)	20	6.7	5.1	No	5.6	No	3rd

Indicator	3 Year Total	County Rate	NYS Rate	Sig. Dif.	NYS Rate exc NYC	Sig. Dif.	County Ranking Group
Neonatal (less than 28 days)	13	4.3	3.5	No	4.0	No	3rd
Post-neonatal (1 month to 1 year)	7	2.3*	1.6	No	1.6	No	4th
Fetal death (20 weeks gestation or more)	27	8.9	6.9	No	4.6	Yes	4th
Perinatal (20 weeks gestation to less than 28 days of life)	40	13.2	10.4	No	8.7	Yes	4th
Perinatal (28 weeks gestation to less than 7 days of life)	20	6.6	5.5	No	5.5	No	3rd
Maternal mortality rate per 100,000 live births	0	0.0*	22.4	Yes	19.3	Yes	1st
Low birthweight indicators							
% very low birthweight (less than 1.5 kg) births	43	1.4	1.5	No	1.5	No	3rd
% very low birthweight (less than 1.5kg) singleton births	28	1.0	1.1	No	1.0	No	2nd
% low birthweight (less than 2.5 kg) births	264	8.8	8.2	No	7.8	No	4th
% low birthweight (less than 2.5kg) singleton births	180	6.3	6.2	No	5.7	No	4th
% of premature births by gestational age							
less than 32 weeks gestation	56	1.9	1.9	No	1.9	No	3rd
32 - less than 37 weeks gestation	266	9.2	9.6	No	9.2	No	3rd
less than 37 weeks gestation	322	11.1	11.6	No	11.1	No	3rd
% of births with a 5 minute APGAR less than 6	30	1.0	0.6	Yes	0.7	No	4th
Newborn drug-related discharge rate per 10,000 newborn discharges	29	101.4	72.6	No	89.6	No	3rd



Obesity

At the end of the MAPP process (Mobilizing for Action through Planning and Partnership) Chemung County Public Health and the partner agencies decided to tackle two tough areas under the New York State Department of Health priority of the prevention of chronic disease:

- Prevent obesity trend from rising and aim to reduce the percentage of adults who are obese by 1% - from 30.1% to 29.8%
- Reduce percentage of tobacco use, specifically cigarette smoking, among adults by 3% from 30.8% to 29.9%.

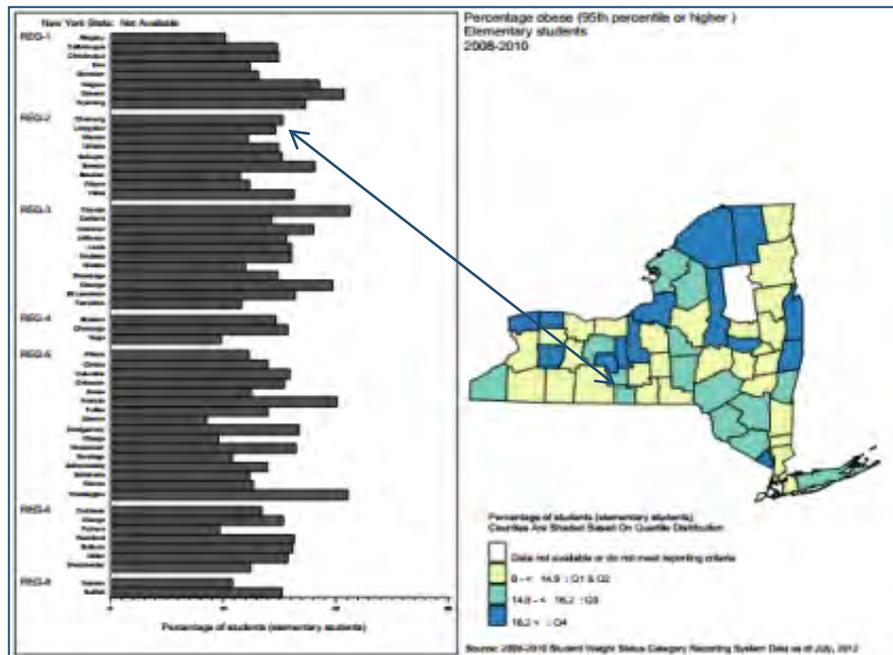
The charts and figures below combined with those in the cardiovascular disease section provided the impetus for the Chemung County Health Department and their partners to choose the two priorities of obesity and smoking to focus on. The New York State Department of Health states:

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

Obesity Prevalence

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

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



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

¹⁰ Ibid.

As can be seen in the chart below, student rates of overweight or obesity for Chemung County are in the 3rd quartile. Middle and high school rates fall in the 3rd quartile for overweight and in the 1st quartile for obesity. Elementary rates for overweight or obese for the county are in the 4th quartile.

Data from New York State Department of Health “Obesity and Other Related Indicators”, below, point to the challenges facing Chemung County. A glance at the bolded categories below shows that Chemung County ranked in the 3rd or 4th quartile, or was over State or upstate rates for many obesity indicators. The following Chemung County rates are higher than the state and indicate increased risk for obesity:

- Several indicators for students
- % of pregnant women in WIC who were pre-pregnancy obese (BMI 30 or higher)
- % of WIC women NOT breastfeeding at 6 months (15.1 County vs 27.9 Upstate NY)
- Age-adjusted % of adults overweight or obese (BMI 25 or higher) (2008-2009)
- Age-adjusted % of adults obese (BMI 30 or higher) (2008-2009)
- Age-adjusted % of adults who did not participate in leisure time physical activity in last 30 days (2008-2009)
- Age-adjusted % of adults with physician diagnosed diabetes (2008-2009)
- Cerebrovascular disease (stroke) mortality

Obesity and Related Indicators - Chemung County-2010-2012

Indicator	3 Year Total	County Rate	NYS Rate	Sig. Dif.	NYS Rate exc NYC	Sig. Dif.	County Ranking Group
All students (elementary - PreK, K, 2nd and 4th grades, middle - 7th grade and high school - 10th grade)							
% overweight but not obese (85th-less than 95th percentile) #	N/A	18.2	N/A	N/A	16.2	N/A	4th
% obese (95th percentile or higher) #	N/A	17.2	N/A	N/A	17.6	N/A	1st
% overweight or obese (85th percentile or higher) #	N/A	35.4	N/A	N/A	33.7	N/A	3rd
Elementary students (PreK, K, 2nd and 4th grades)							
% overweight but not obese (85th-less than 95th percentile) #	N/A	18.2	N/A	N/A	15.8	N/A	4th
% obese (95th percentile or higher) #	N/A	18.7	N/A	N/A	17.2	N/A	3rd
% overweight or obese (85th percentile or higher) #	N/A	36.9	N/A	N/A	33.0	N/A	4th
Middle and high school students (7th and 10th grades)							
% overweight but not obese (85th-less than 95th percentile) #	N/A	17.0	N/A	N/A	16.8	N/A	3rd
% obese (95th percentile or higher)	N/A	14.4	N/A	N/A	18.2	N/A	1st
% overweight or obese (85th percentile or higher) #	N/A	31.4	N/A	N/A	35.0	N/A	1st
% of pregnant women in WIC who were pre-pregnancy overweight but not obese (BMI 25-less than 30)	542	24.4	26.6	Yes	26.3	No	2nd
% of pregnant women in WIC who were pre-pregnancy obese (BMI 30 or higher)	738	33.3	24.2	Yes	28.0	Yes	4th
% obese (95th percentile or higher)	608	15.1	14.4	No	15.3	No	3rd

Indicator	3 Year Total	County Rate	NYS Rate	Sig. Dif.	NYS Rate exc NYC	Sig. Dif.	County Ranking Group
children in WIC (aged 2-4 years)							
% of children in WIC viewing TV 2 hours or less per day (aged 2-4 years) (2009-2011)	3,533	81.8	79.1	No	80.7	No	3rd
% of WIC mothers breastfeeding at 6 months (2009-2011)	217	15.1	38.3	Yes	27.9	Yes	4th
Age-adjusted % of adults overweight or obese (BMI 25 or higher) (2008-2009)	N/A	69.7	59.3	Yes	60.6	Yes	4th
Age-adjusted % of adults obese (BMI 30 or higher) (2008-2009)	N/A	30.0	23.1	No	24.3	No	4th
Age-adjusted % of adults who did not participate in leisure time physical activity in last 30 days (2008-2009)	N/A	80.0	76.3	No	78.9	No	3rd
Age-adjusted % of adults eating 5 or more fruits or vegetables per day (2008-2009)	N/A	28.0	27.1	No	27.7	No	2nd
Age-adjusted % of adults with physician diagnosed diabetes (2008-2009)	N/A	11.3	9.0	No	8.5	No	4th
Age-adjusted % of adults with physician diagnosed angina, heart attack or stroke # (2008-2009)	N/A	11.2	7.6	No	7.2	No	4th
Age-adjusted mortality rate per 100,000							
Cardiovascular disease mortality (2009-2011)	885	242.8	242.3	No	237.9	Yes	2nd
Cerebrovascular disease (stroke) mortality (2009-2011)	148	40.0	26.9	Yes	31.4	Yes	4th
Diabetes mortality (2009-2011)	52	15.6	17.0	Yes	15.1	No	2nd
Age-adjusted hospitalization rate per 100,000							
Cardiovascular disease hospitalizations (2009-2011)	4,902	146.8	159.9	Yes	150.9	No	3rd
Cerebrovascular disease (stroke) hospitalizations (2009-2011)	913	26.9	24.9	Yes	25.0	No	4th
Diabetes hospitalizations (primary diagnosis) (2009-2011)	587	19.9	18.8	No	14.4	Yes	4th

Of the 490 respondents who completed the survey question asking whether or not they felt they were overweight, 65.1% said yes. The average BMI for survey respondents was 29.90. (BMI of 25-29.99 = overweight; BMI of 30 and over = obese)

CHA Survey BMI Statistics	
Average BMI	29.90
Female Average BMI	29.94
Male Average BMI	29.76

How many times per week do you exercise?	Response Percent	Response Count
Five or more	20.0%	103
Three	17.4%	90
Two	16.1%	83
Four	12.4%	64
One	10.3%	53
None	23.1%	119
Does not apply	2.9%	15
Total Respondents	516	

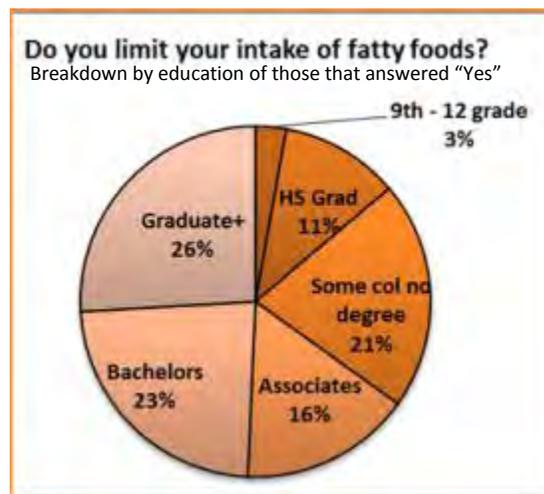
26% of survey respondents reported that they do not exercise

If you don't exercise, what keeps you from exercising? Check all that apply	Response Percent	Response Count
Lack of time	63.7%	191
Choose not to	25.3%	76
Lack of money	25.3%	76
Safety (no street lights or sidewalks)	13.0%	39
Lack of transportation	5.7%	17
Total Respondents	300	

The number one reason residents reported not exercising was a lack of time.

Another question asked to survey respondents was whether or not they limited their intake of fatty foods. Almost 25% reported they did not limit their intake of fatty foods. Less educated residents were more likely to say they did not limit fatty foods.

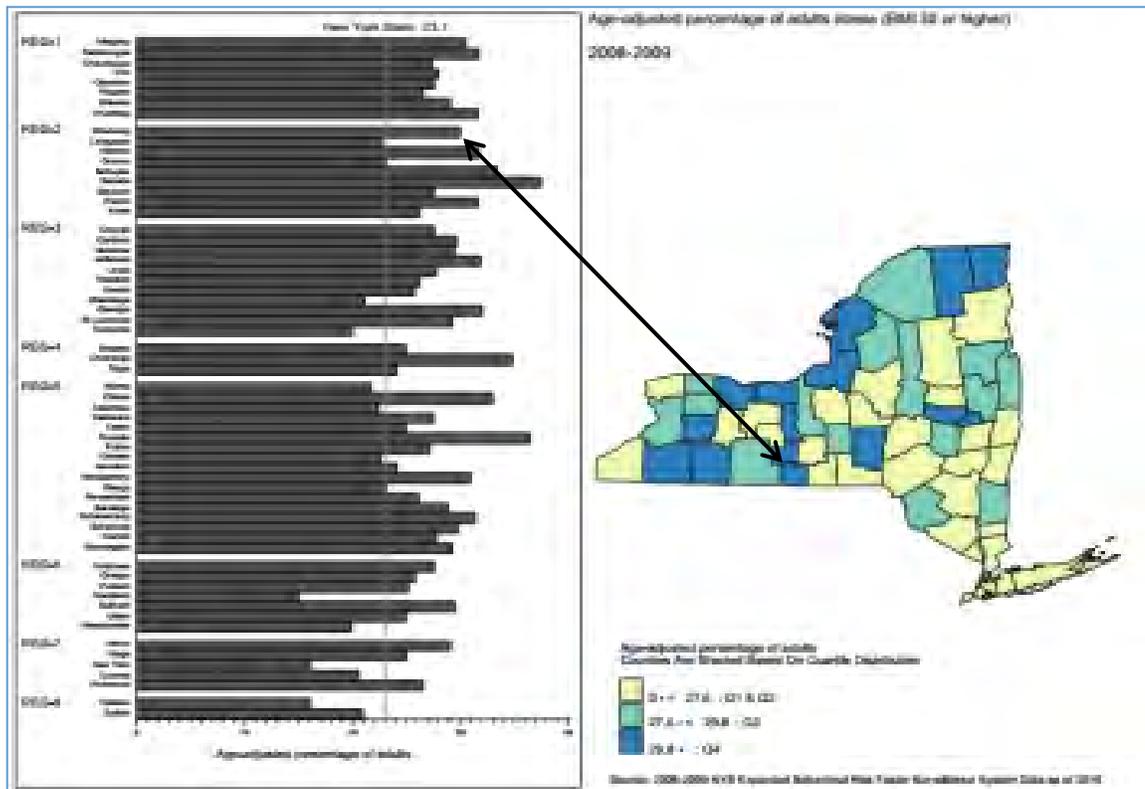
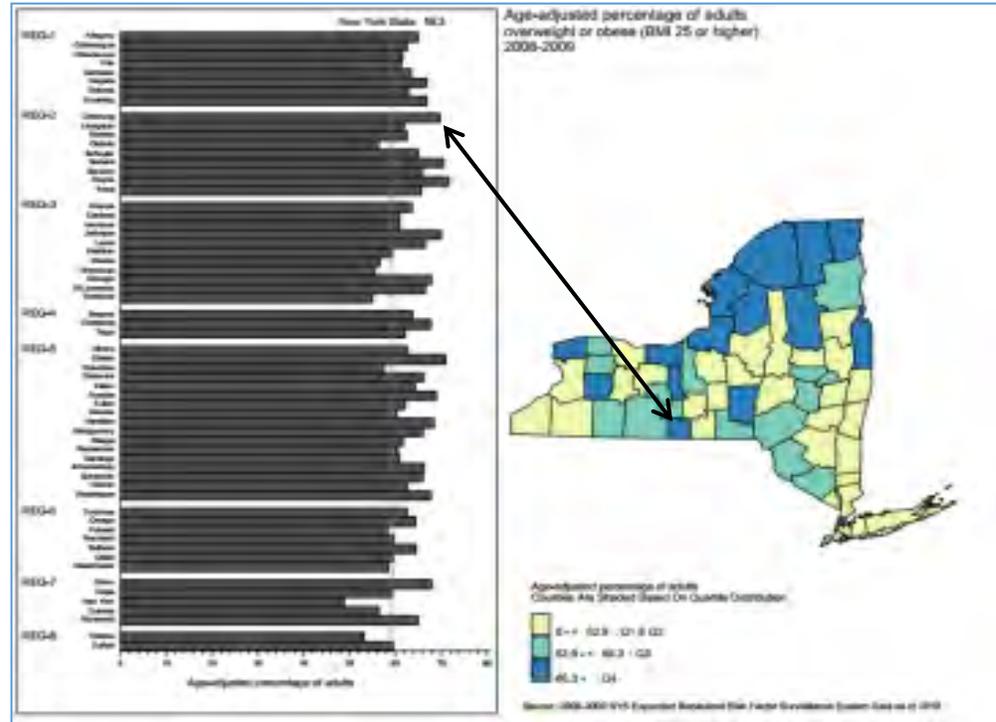
	Yes	No
Do you limit your intake of fatty foods?	75.1%	24.9%

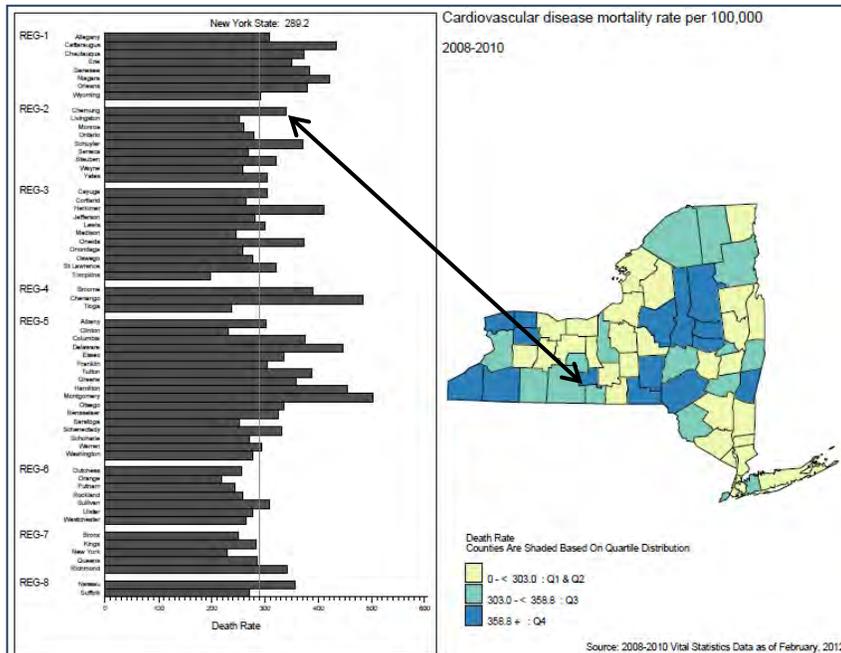


For consumption of fruits and vegetables, it appears that our survey response shows a lower level of consumption than eBRFSS data:

How many fruits and vegetables do you eat in a day?	5 or more	3-4	1-2	0 (Rarely)	Response Count	% Adults Eating 5+ Fruit/Veg Daily NYS DOH Chemung Co.	% Adults Eating 5+ Fruit/Veg Daily NYS
Yourself?	20.7%	32.7%	40.0%	6.6%	532	28.0%	27.1%
Your children?	14.1%	43.0%	31.3%	11.6%	249		
Other adults?	16.2%	34%	36.7%	13.0%	376		
Total Respondents	532						

As pointed out in the chart above, age adjusted percentage of adults who are obese is far worse than the average in the state. Below are several maps from the NYSDOH illustrating the rates of obesity and cardiovascular disease in Chemung County.





Chemung County has an adjusted rate for coronary heart disease death rates of 123.1 per 100,000 residents in the Finger Lakes Region, clearly leaving room for improvement.

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

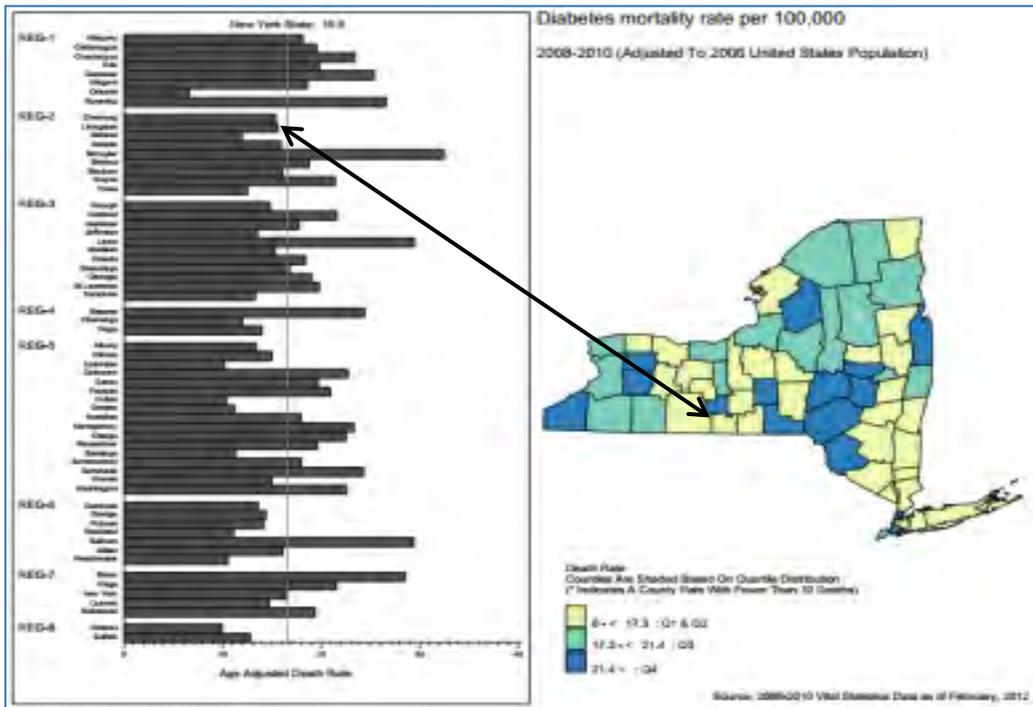
Finger Lakes Region/County	Deaths				Population Ave. 08-10	Crude Rate	Adjusted Rate
	2008	2009	2010	Total			
Schuyler	36	37	41	114	18,650	203.7	149.5
Yates	49	41	50	140	24,827	188.0	144.0
Steuben	158	177	186	521	97,372	178.4	139.5
Wayne	144	130	139	413	92,209	149.3	130.9
<u>Chemung</u>	149	137	151	437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

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

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

- More than one-third of U.S. adults (35.7%) are obese.
- Obesity-related conditions include heart disease, stroke, type 2 diabetes and certain types of cancer, some of the leading causes of preventable death.

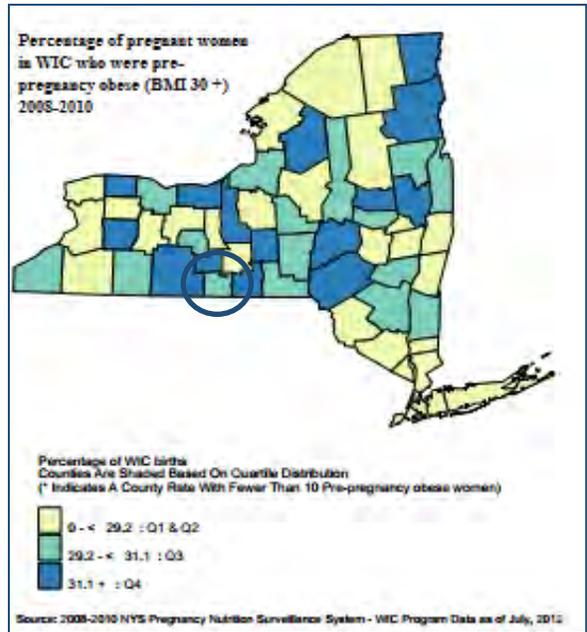
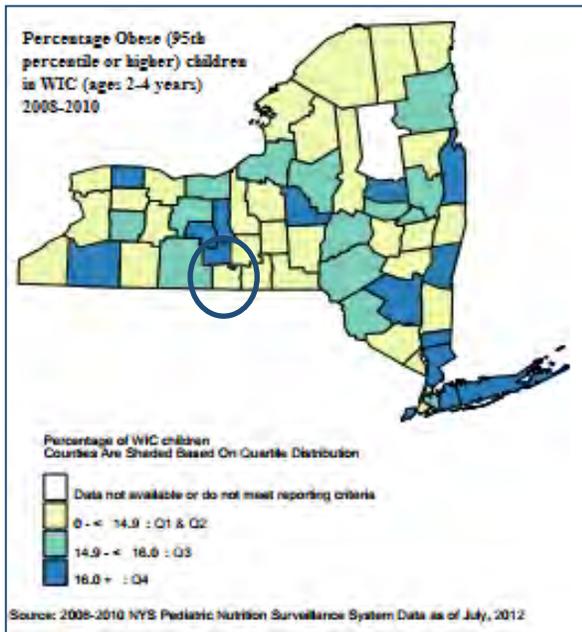
The charts that follow provide further documentation of why it is so crucial to address obesity.



Diabetes Indicators –Chemung County-2009-2011

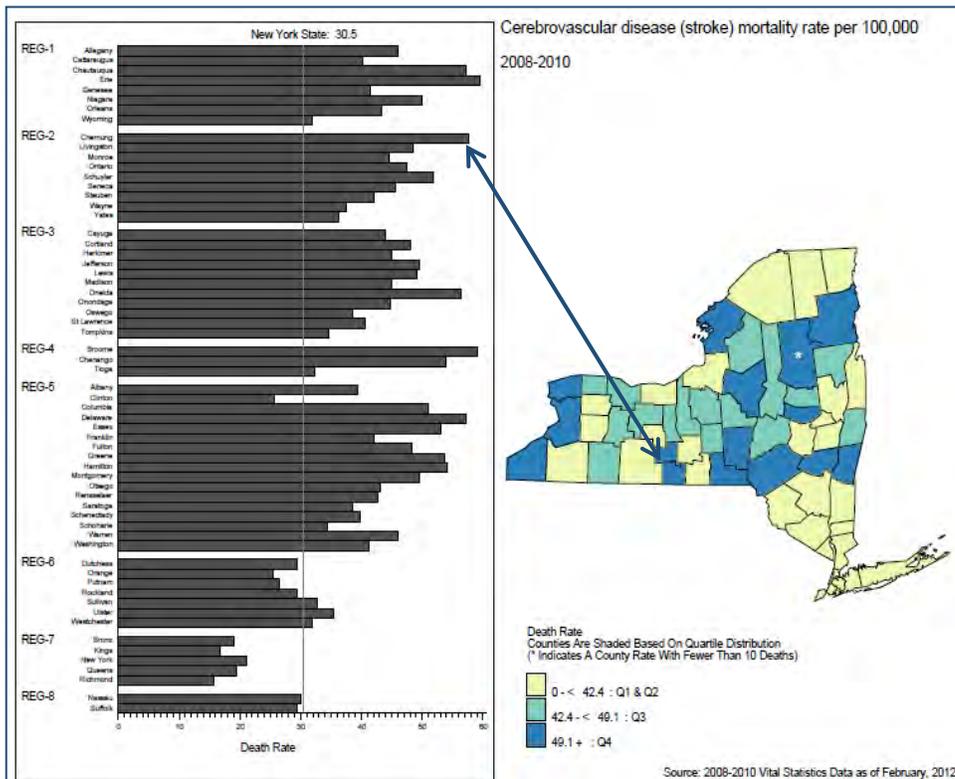
Indicator	3 Year Total	County Rate	NYS Rate	Sig. Dif.	NYS Rate exc NYC	Sig. Dif.	County Ranking Group
Diabetes mortality rate per 100,000							
Crude	52	19.5	19.2	No	18.3	No	2nd
Age-adjusted	52	15.6	17.0	Yes	15.1	No	2nd
Diabetes hospitalization rate per 10,000 (primary diagnosis)							
Crude	587	22.1	20.1	Yes	15.7	Yes	4th
Age-adjusted	587	19.9	18.8	No	14.4	Yes	4th
Diabetes hospitalization rate per 10,000 (any diagnosis)							
Crude	8,967	337.1	250.3	Yes	231.2	Yes	4th
Age-adjusted	8,967	276.3	226.0	Yes	197.8	Yes	4th
Diabetes short-term complications hospitalization rate per 10,000							
Aged 6-17 Years	18	4.5	3.1	No	2.9	No	4th
Aged 18 years and older	169	8.2	5.8	Yes	5.1	Yes	4th
Age-adjusted % of adults with physician diagnosed diabetes (2008-2009)	N/A	11.3	9.0	No	8.5	No	4th

The estimated annual medical cost of obesity in the U.S. was \$147 billion in 2008 U.S. dollars; the medical costs for people who are obese were \$1,429 higher than those of normal weight.



In the charts above, Chemung County ranks in the 1st quartile for percentage of obese children in WIC (ages 2-4 years), while they rank in the mid range for pregnant women in WIC who were pre-pregnancy obese.

Obesity and being physically inactive can lead to high blood pressure which is the leading cause of stroke. Chemung County cerebrovascular disease mortality rates are in the 4th quartile, among the worst in the state.



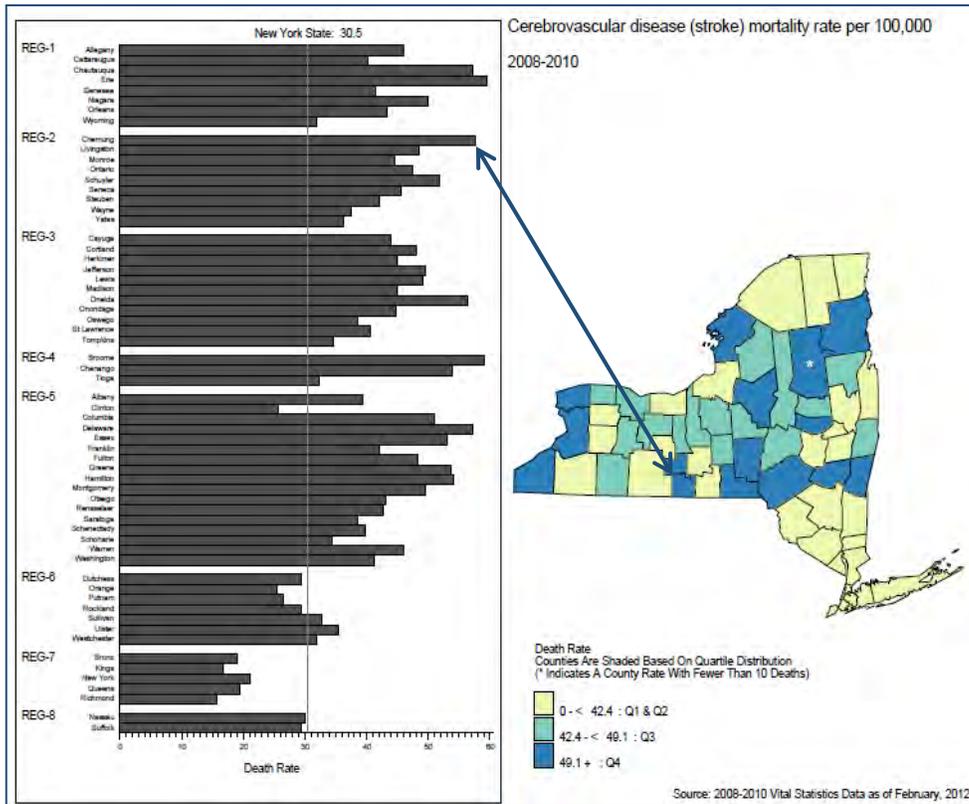
This chart is of the WIC children (ages 2-4) who are obese - per children tested from the 2007-2009 Division of Nutrition Data as of April, 2011.

This chart illustrates Chemung County is approximately in the middle for this measure.

As mentioned above, some of the obesity rates for Chemung County schools are higher than those for Upstate NY. This chart, of younger children shows that the County rate is also higher than the NYS rate for this age group. Efforts must be made to engage children to combat obesity.

County	# Obese children	WIC children (2-4 yrs) 09-11	%
Hamilton	32	32	100.0
Nassau	3,408	5,250	21.6
Suffolk	4,752	7,579	20.9
Putnam	313	514	20.3
Washington	457	829	18.4
Columbia	288	540	17.8
Ulster	412	785	17.5
Oswego	814	1,578	17.2
Richmond	1,681	3,316	16.9
Westchester	4,954	9,830	16.8
Sullivan	477	952	16.7
Madison	388	785	16.5
Yates	81	167	16.2
Oneida	1,174	2,416	16.2
Orleans	215	445	16.1
Cattaraugus	465	969	16
Schuyler	99	207	16
Fulton	229	478	16
Montgomery	308	655	15.7
Ontario	401	856	15.6
Delaware	277	591	15.6
Otsego	245	527	15.5
Schoharie	152	327	15.5
Queens	12,500	26,882	15.5
Wayne	416	901	15.4
Livingston	210	457	15.3
Clinton	391	851	15.3
Cortland	286	628	15.2
Tioga	290	635	15.2
Essex	177	389	15.2
Saratoga	426	934	15.2
Chemung	608	1,343	15.1
Steuben	449	999	15
Bronx	13,571	30,360	14.9
Albany	1,057	2,380	14.8
Schenectady	678	1,528	14.8
St. Lawrence	297	683	14.5
Allegany	252	584	14.4
Niagara	849	1,966	14.4
Seneca	100	232	14.4
Broome	939	2,174	14.4
Rensselaer	654	1,514	14.4
New York State	97,816	226,425	14.4
Wyoming	111	260	14.2
Cayuga	318	756	14
Franklin	249	592	14
Genesee	387	942	13.7
Monroe	2,594	6,312	13.7
Onondaga	1,912	4,652	13.7
Chenango	483	1,176	13.7
Herkimer	276	676	13.6
Dutchess	673	1,649	13.6
Chautauqua	687	1,735	13.2
Erie	2,830	7,201	13.1
Greene	142	362	13.1
Kings	19,426	50,987	12.7
New York	7,710	20,559	12.5
Tompkins	228	613	12.4
Warren	246	667	12.3
Lewis	154	427	12
Jefferson	722	2,093	11.5
Orange	1,481	4,449	11.1
Rockland	1,726	5,231	11

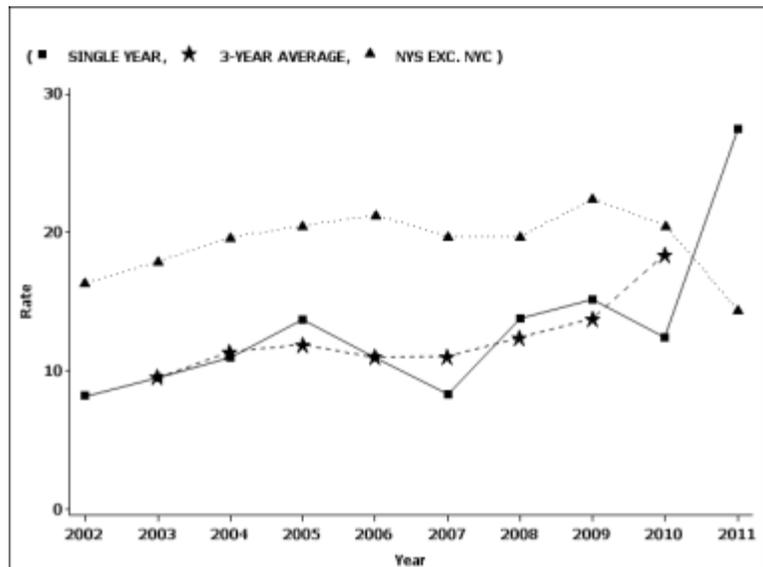
Obesity and being physically inactive can lead to high blood pressure which is the leading cause of stroke. Chemung County cerebrovascular disease mortality rates are in the 1st quartile.



Occupational Health

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

Chemung County Asbestosis hospitalization rate per 100,000 - Ages 15 years and older



The occupational health indicators for the county show that rates for Chemung residents are in the 3rd quartile for asbestosis and work-related hospitalizations per 100,000 employed persons ages 16 years and older.

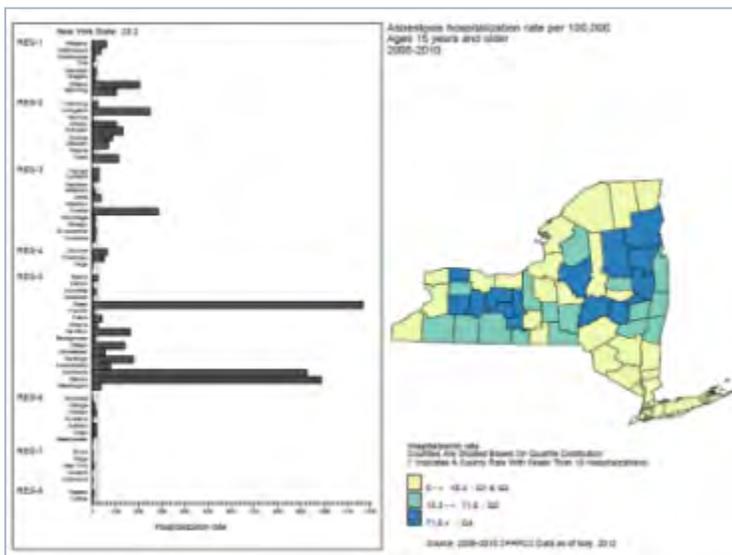
Occupational Health Indicators - Chemung County-2009-2011

Indicator	3 Year Total	County Rate	NYS Rate	Sig. Dif.	NYS Rate exc NYC	Sig. Dif.	County Ranking Group
Incidence of malignant mesothelioma per 100,000 persons aged 15 years and older (2008-2010)	N/A	s	1.3	N/A	1.6	N/A	N/A
Hospitalization rate per 100,000 persons aged 15 years and older							
Pneumoconiosis	45	20.7	13.3	Yes	18.2	No	3rd
Asbestosis	40	18.4	12.1	Yes	19.1	No	3rd
Work-related hospitalizations per 100,000 employed persons aged 16 years and older	262	234.6	171.9	Yes	215.6	No	3rd
Elevated blood lead levels (greater than or equal to 10 micrograms per deciliter) per 100,000 employed persons aged 16 years and older	48	43.0	23.6	Yes	24.2	Yes	4th
Fatal work-related injuries per 100,000 employed persons aged 16 years and older #	N/A	s	2.3	N/A	2.6	N/A	N/A

Asbestosis hospitalization rate per 100,000 – Ages 15 years and older

Year	Crude Rate		
	Single Year	3-Year Average	Rest of State
2001	234.1		25.1
2002	311.6	265.8	27.3
2003	251.8	270.6	30.9
2004	249.2	191.1	32.9
2005	125.7	148.1	34.0
2006	114.5	116.9	35.2
2007	110.4	99.6	32.6
2008	73.6	119.8	32.9
2009	177.2	133.2	39.0
2010	163.0		36.1

Asbestosis rates for Chemung County as seen below are high, falling within the 3rd quartile.

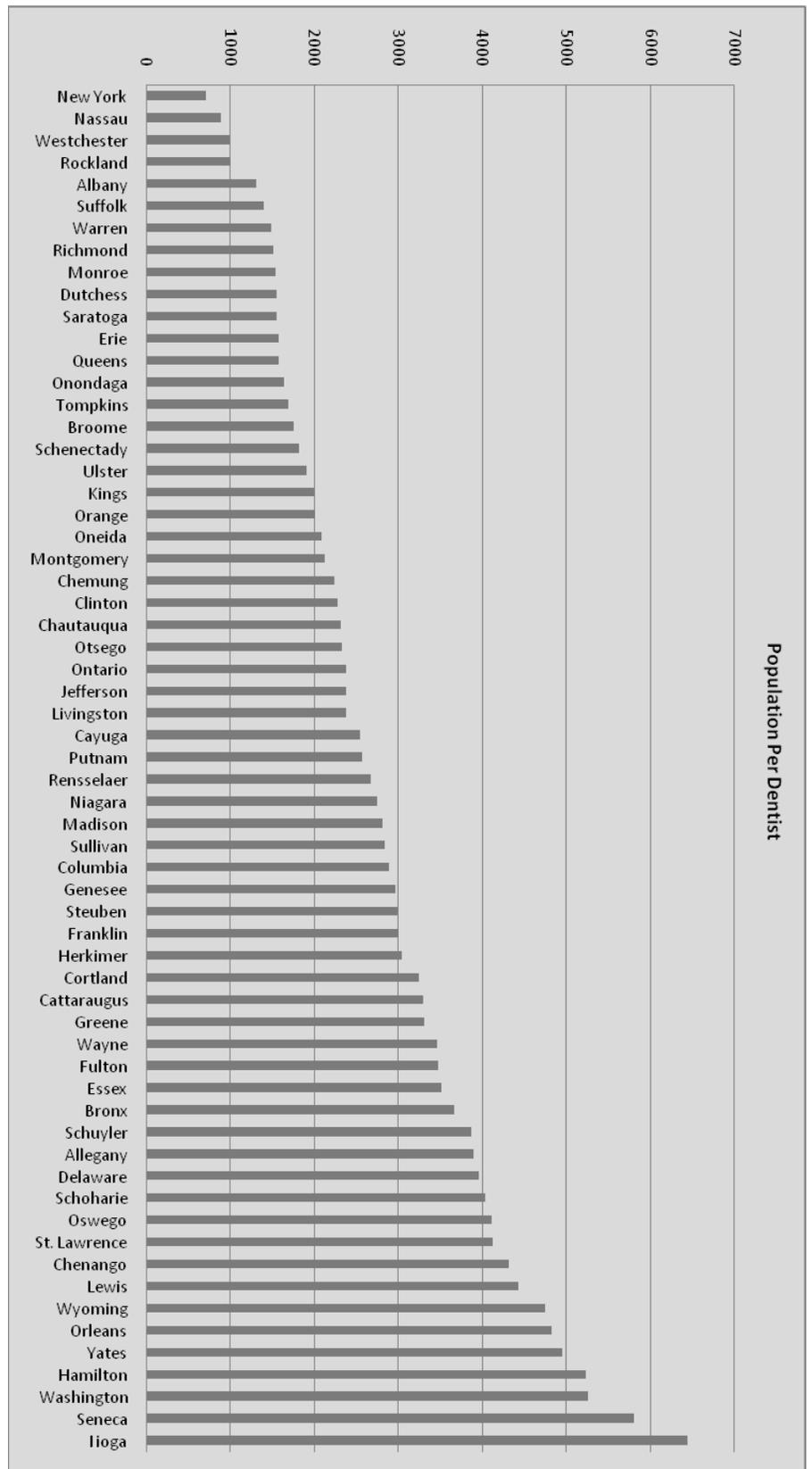


Oral Health

Population per Practicing Dentist By County, New York State 2008

Oral health is essential to the general health of the community. Tooth decay like many chronic diseases is preventable, but continues to affect all ages. It is a greater problem for those who have limited access to prevention and treatment services. This chart represents the number of practicing dentists per population in NYS. Chemung County ranks in the middle for population per dentist with comparing to other counties in the state.

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



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

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

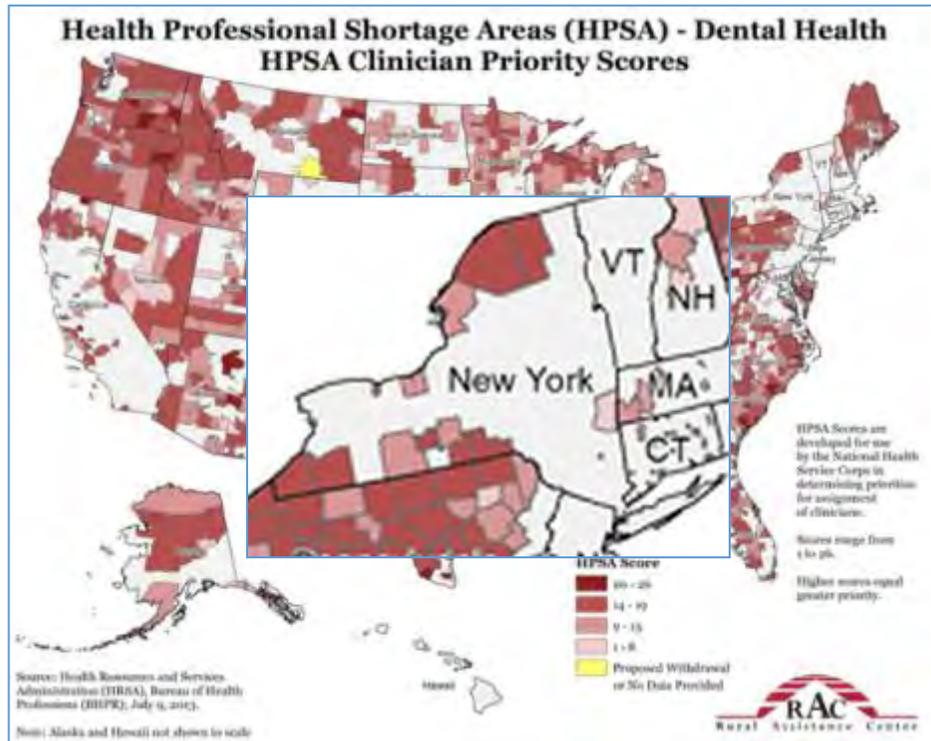
Tooth decay may lead to abscess and extreme pain, blood infection that can spread, difficulty in chewing, poor weight gain, school absences and crooked teeth.¹² Oral health indicators for Chemung County are in the chart below. The county falls within the 3rd quartile for percentage of 3rd grade children with untreated caries and 2nd quartile for percentage of 3rd grade children with at least one dental visit in the last year. Oral infection and dental caries may interfere with blood sugar regulation for those with diabetes.

Oral Health Indicators - Chemung County-2009-2011

Indicator	3 Year Total	County Rate	NYS Rate	Sig. Dif.	NYS Rate exc NYC	Sig. Dif.	County Ranking Group
Oral health survey of 3rd grade children							
% of 3rd grade children with caries experience #	N/A	60.5	N/A	N/A	45.4	Yes	4th
% of 3rd grade children with untreated caries #	N/A	26.0	N/A	N/A	24.0	Yes	3rd
% of 3rd grade children with dental sealants #	N/A	26.0	N/A	N/A	41.9	No	1st
% of 3rd grade children with dental insurance #	N/A	89.9	N/A	N/A	81.8	Yes	4th
% of 3rd grade children with at least one dental visit in last year #	N/A	80.7	N/A	N/A	83.4	Yes	2nd
% of 3rd grade children reported taking fluoride tablets regularly #	N/A	23.7	N/A	N/A	41.9	Yes	1st
Age-adjusted % of adults who had a dentist visit within the past year # (2008-2009)	N/A	69.3	71.1	No	72.7	No	3rd
Caries emergency department visit rate per 10,000 (aged 3-5 years)	34	35.7	68.6	Yes	74.2	Yes	1st
Medicaid oral health indicators							
% of Medicaid enrollees with at least one dental visit within the last year #	19,127	26.6	32.2	Yes	30.2	Yes	4th
% of Medicaid enrollees with at least one preventive dental visit within the last year #	14,750	20.5	26.9	Yes	24.3	Yes	3rd
% of Medicaid enrollees (aged 2-20 years) who had at least one dental visit within the last year #	9,268	37.3	42.3	Yes	41.6	Yes	3rd
Oral cancer							
Age-adjusted incidence rate per 100,000 (2008-2010)	45	13.1	10.5	No	10.9	No	4th
Age-adjusted mortality rate per 100,000 (2008-2010)	7	2.1*	2.1	No	2.0	No	2nd
Mortality per 100,000 (aged 45-74 years) (2008-2010)	N/A	s	4.5	N/A	4.2	N/A	N/A

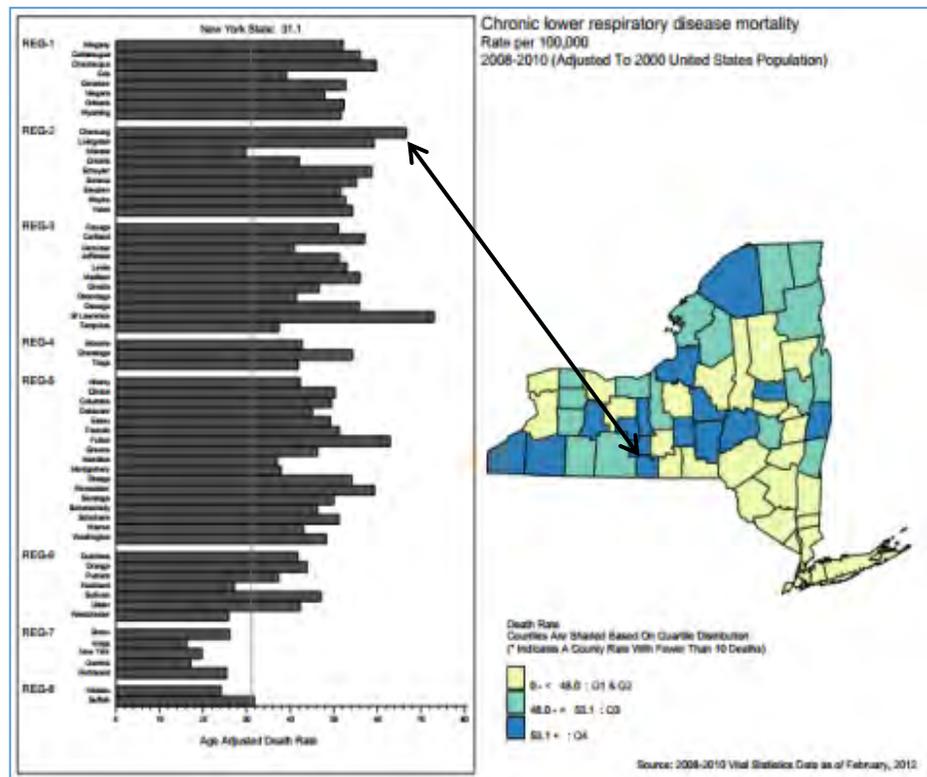
¹² New York State Department of Health, Water Fluoridation <http://www.health.ny.gov/prevention/dental/fluoridation/index.htm>

Many of our surrounding counties are designated as a Dental Personnel Shortage Area for low-income populations. Chemung County is fortunate in that the Health Department houses a full time dental clinic on site. Comprehensive and emergency dental care is provided to Medicaid and Child Health Plus recipients and other eligible residents. There is a waiver available to patients without insurance. The waiver determines fee for service based on a sliding fee schedule. One must be denied Medicaid coverage in order to be eligible for waiver services. Additionally, we have a grant to provide dental hygiene services in our schools (cleaning, screening and sealants) to help address the oral health issues.



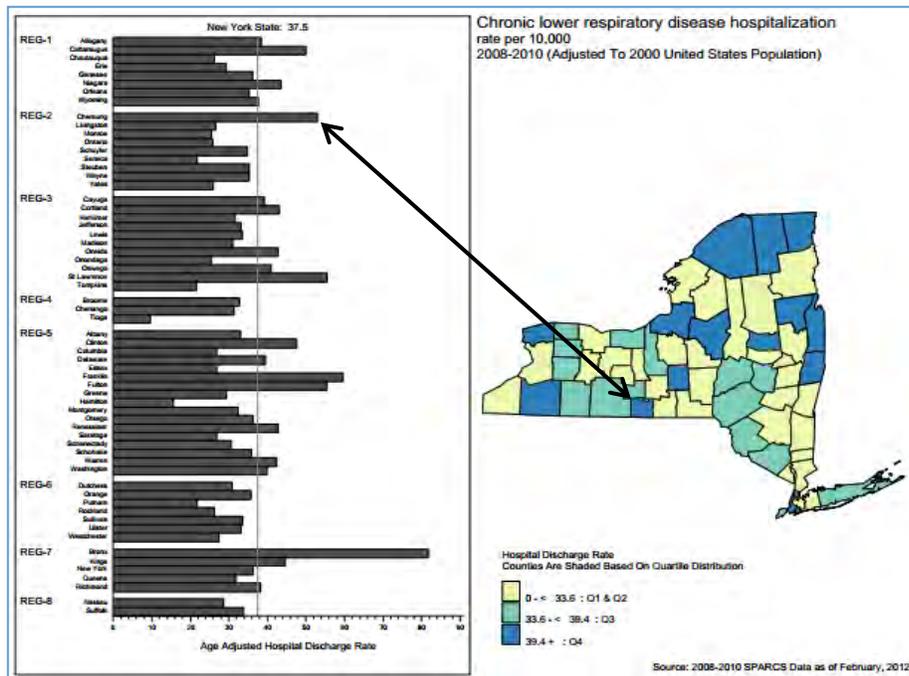
Respiratory Disease

As this map and the chart below illustrates, Chemung County residents are at higher risk for mortality for Chronic Lower Respiratory Disease (CLRD) with CLRD mortality rate per 100,000 being in the 4th quartile, and CLRD hospitalization rate per 10,000 is in the 4th quartile as well. Asthma hospitalization rate per 10,000 in the 25-44 age group fell within the 3rd quartile.



Respiratory Disease Indicators - Chemung County-2009-2011

Indicator	3 Year Total	County Rate	NYS Rate	Sig. Dif.	NYS Rate exc NYC	Sig. Dif.	County Ranking Group
Chronic lower respiratory disease mortality rate per 100,000							
Crude	232	87.2	34.8	Yes	45.6	Yes	4th
Age-adjusted	232	66.0	31.0	Yes	37.6	Yes	4th
Chronic lower respiratory disease hospitalization rate per 10,000							
Crude	1,774	66.7	39.0	Yes	35.4	Yes	4th
Age-adjusted	1,774	55.7	37.0	Yes	31.5	Yes	4th
Asthma hospitalization rate per 10,000							
Crude	404	15.2	19.9	Yes	12.3	Yes	4th
Age-adjusted	404	14.8	19.9	Yes	12.1	Yes	4th
Aged 0-4 years	51	32.6	56.8	Yes	35.0	No	3rd
Aged 5-14 years	50	15.3	20.8	Yes	11.3	No	4th
Aged 0-17 years	116	19.7	28.3	Yes	15.9	Yes	4th
Aged 5-64 years	260	12.5	15.1	Yes	9.4	Yes	4th
Aged 15-24 years	29	8.2	7.4	No	4.1	Yes	4th
Aged 25-44 years	58	9.1	10.1	No	7.9	No	3rd
Aged 45-64 years	123	16.0	21.6	Yes	12.6	Yes	4th
Aged 65 years or older	93	22.3	32.0	Yes	19.0	No	4th
Asthma mortality rate per 100,000							
Crude	3	1.1*	1.3	No	0.8	No	3rd
Age-adjusted	3	1.0*	1.2	Yes	0.7	Yes	3rd
Age-adjusted % of adults with current asthma (2008-2009)	N/A	11.1	9.7	No	10.1	No	3rd



Tobacco, Alcohol and Substance Abuse

According to the eBRFSS of 2008-2009, the age-adjusted percentage of Chemung County adults who smoke is 30.8% compared to the NYS rate of 17%. Chemung County has the unfortunate distinction of having the highest smoking rate in New York State. Chemung County Health Department and their partners have chosen to address this issue as one of our priority focus areas. Our goal is to reduce the percentage of tobacco use, specifically cigarette smoking, among adults by 3% from 30.8% to 29.9%. Our chosen disparity also addresses the issue of tobacco use. We will reduce the percentage of lower income individuals who smoke including those with mental health and substance abuse issues. The activities outlined in the Community Health Improvement Plan utilize a combination of environmental and policy change actions to help us tackle this issue. Below are percentages from Chemung and surrounding counties.

Age-adjusted percentage of adults who smoke cigarettes

Region/County	Percentage
Yates	17.4 (13.4-21.5)
Monroe	19.6 (14.9-24.4)
Wayne	19.9 (15.0-24.8)
Ontario	20.0 (15.5-24.6)
Broome	20.5 (15.6-25.4)
Tioga	22.1 (17.3-26.9)
Steuben	22.1 (17.6-26.6)
Schuyler	23.2 (18.4-28.0)
Seneca	24.3 (19.2-29.5)
Chemung	30.8 (24.8-36.8)
New York State	17.0 (15.3-18.8)

Source: 2008-2009 NYS Expanded Behavioral Risk Factor Surveillance System Data as of 2010

In spite of years of effort by federal, state and local public health agencies and advocates, residents of rural communities are more likely to use tobacco products, to start at a younger age, to use more heavily and to be exposed to secondhand smoke at work and at home than their counterparts in cities and suburbs¹³ According to the NYSDOH:

Smoking kills 25,500 people every year in New York State. Secondhand smoke kills 2,500 New Yorkers every year. At any one time, there are estimated to be 570,000 New Yorkers afflicted with serious disease directly attributable to their smoking. It is projected that 389,000 New York State youth age 0-17 will die from smoking.¹⁴

NYSDOH statistics indicate that drug related hospitalization rates rank in the 4th quartile for Chemung County. Overall, Chemung County ranks in the 3rd and 4th quartile for tobacco, alcohol, and other substance abuse indicators in all categories except alcohol related motor vehicle injuries and deaths.

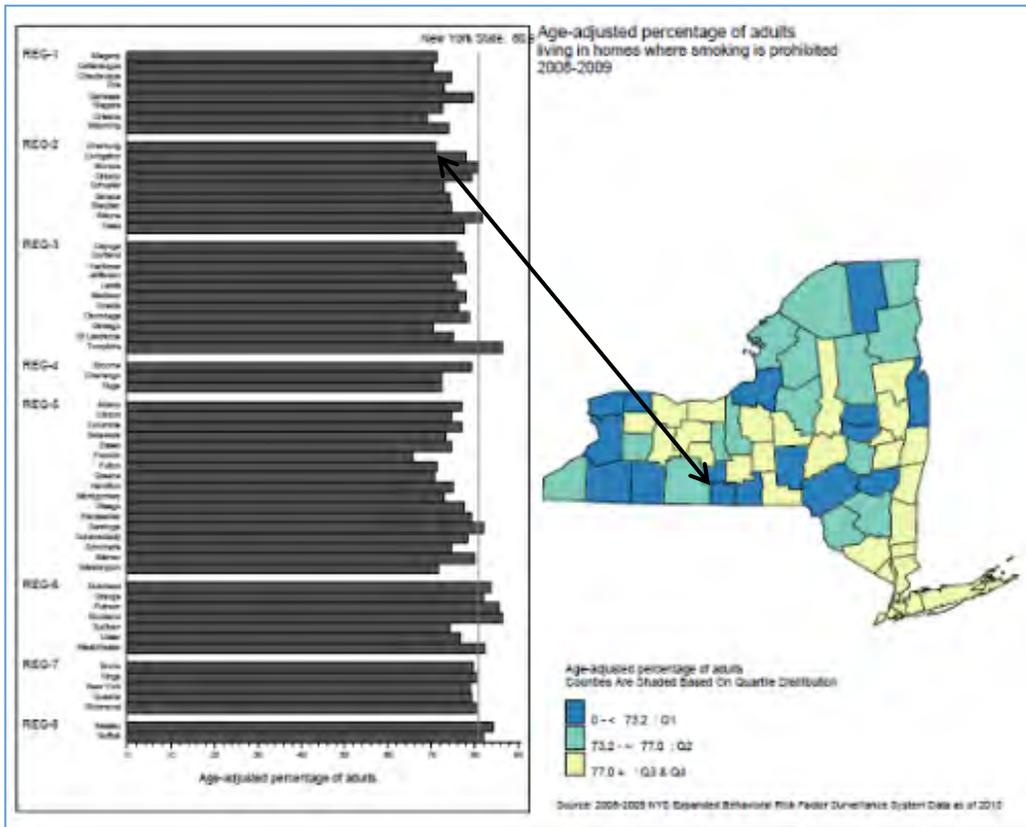
¹³ American Lung Association Cutting Tobaccos Rural Roots

<http://www.lung.org/assets/documents/publications/lung-disease-data/cutting-tobaccos-rural-roots.pdf>

¹⁴ New York State Department of Health, Tobacco Use Prevention, http://www.health.ny.gov/prevention/tobacco_control/

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

Indicator	3 Year Total	County Rate	NYS Rate	Sig. Dif.	NYS Rate exc NYC	Sig. Dif.	County Ranking Group
Drug-related hospitalization rate per 10,000							
Crude	896	33.7	26.1	Yes	21.0	Yes	4th
Age-adjusted	896	36.4	26.1	Yes	21.8	Yes	4th
Newborn drug-related hospitalization rate per 10,000 newborn discharges	29	101.4	72.6	No	89.6	No	3rd
Alcohol related motor vehicle injuries and deaths per 100,000	107	40.2	34.8	No	47.8	No	1st
Age-adjusted % of adults who smoke cigarettes (2008-2009)	N/A	30.8	17.0	Yes	18.9	Yes	4th
Age-adjusted % of adults living in homes where smoking is prohibited (2008-2009)	N/A	71.0	80.9	Yes	79.3	Yes	4th
Age-adjusted % of adults who binge drink (2008-2009)	N/A	20.5	18.1	No	19.8	No	3rd

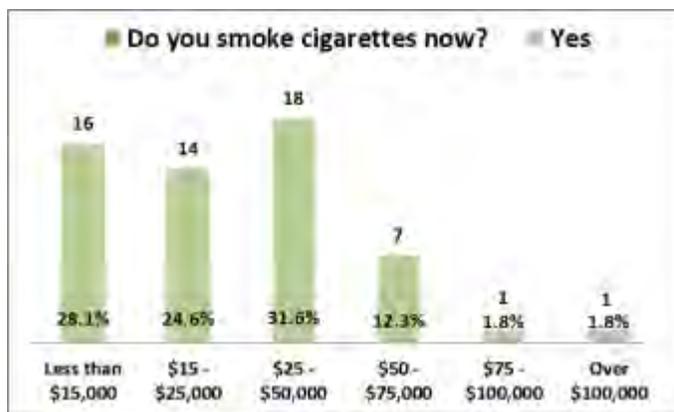
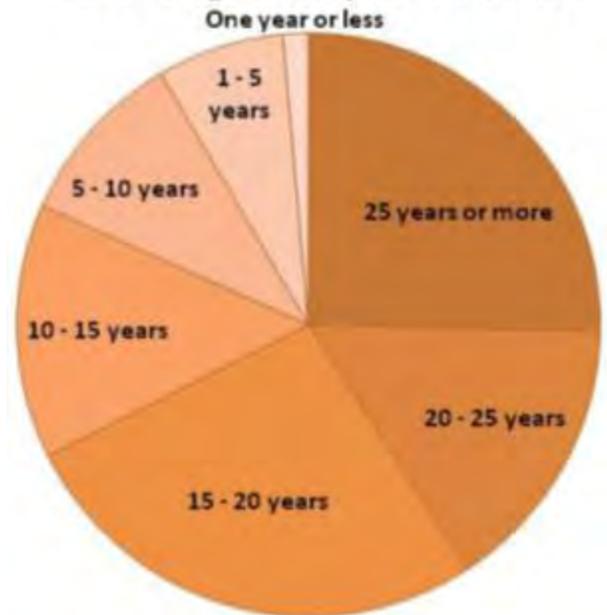


In the Chemung County Community Health Assessment Survey respondents ranked drug abuse as the third largest issue in the County and smoking/tobacco use as the fourth largest issue. 25.5% of survey respondents reported they were exposed to second hand smoke at home and 13.4% reported that they would like help in addressing their tobacco use.

Please take a few moments to click on those boxes that you think are issues with the most important needs facing you and Chemung County today.	Problem for YOU	Problem in Chemung County	Don't know or unsure	Response Count	% Adults Affected Chemung Co. EBRFSS	% Adults Affected NYS EBRFSS
Poor nutrition (unhealthy eating)	13.9%	78.6%	16.2%	518		
Obesity/overweight	25.2%	76.5%	11.0%	527	69.7%	59.3%
Drug abuse/abuse of prescription drugs or illegal drugs	2.1%	76.5%	22.4%	514		
Smoking / tobacco use	6.8%	72.5%	24.0%	499	30.8%	17.0%
Teen pregnancy	1.8%	72.5%	25.9%	510		2.1%
Behavioral problems in children	5.2%	72.3%	25.4%	520		
Lack of physical activity & fitness	24.4%	70.2%	17.6%	517	20.0%	23.7%
Depression / other mental illnesses	12.7%	68.5%	24.6%	505		
Alcohol abuse	2.0%	66.3%	32.7%	493	20.5%	
Unplanned pregnancy	1.8%	57.8%	41.4%	491		

13.9% of survey respondents reported they are current smokers. The overwhelming majority of those smokers had incomes under \$50,000. Additionally, most had been smoking 10 or more years.

How long have you smoked?



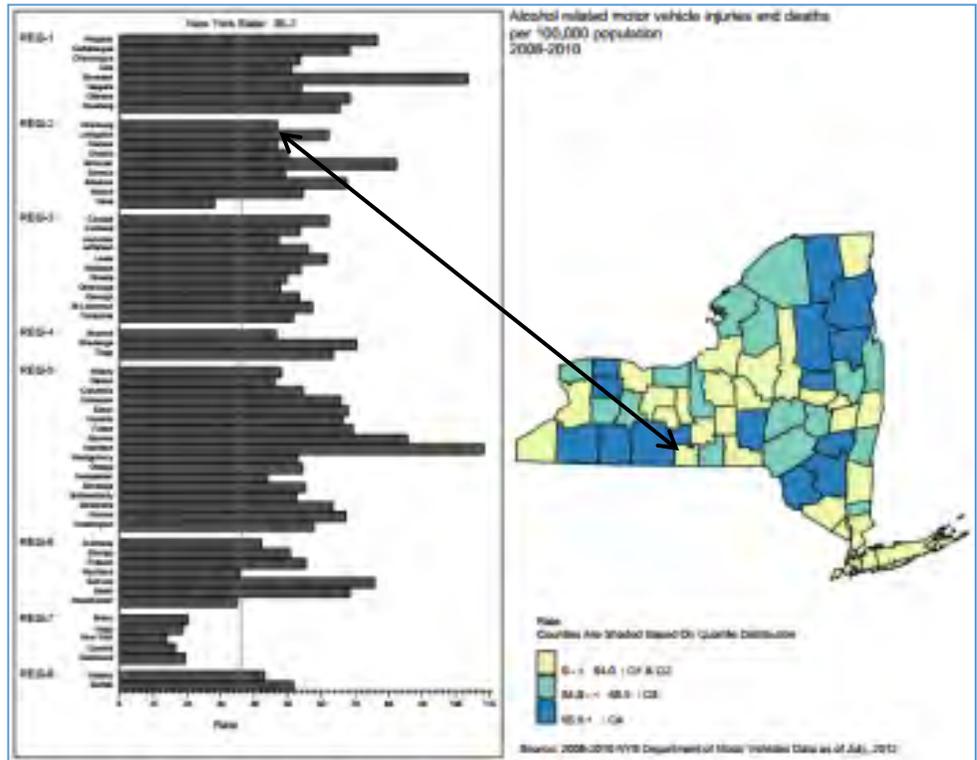
11.2% of survey respondents reported drinking every day. 8.6% of survey respondents reported having one or two drinks every day. 2.6% of survey respondents reported drinking more than two drinks per day, and 5.1% reported that someone in their household drinks more than 2 drinks per day. According to the expanded Behavioral Risk Factor Surveillance Survey (eBRFSS) the rate of heavy drinkers in the County is 6.1% compared to the NYS rate of 5%.

Please answer these questions regarding alcohol use: (One drink is a beer, a glass of wine or a mixed drink)	None	1 or 2 a month	1 or 2 a week	1 or 2 a day	More than 2 a day	Response Count	% Adults Heavy Drinkers BRFSS - Chemung Co.	% Adults Heavy Drinkers BRFSS - NYS	
How much alcohol do you drink?	36.3%	29.9%	22.6%	8.6%	2.6%	509	6.1%	5.0%	
How much do others in your household drink?	41.8%	21.0%	20.8%	11.3%	5.1%	433			
Total Respondents	512								

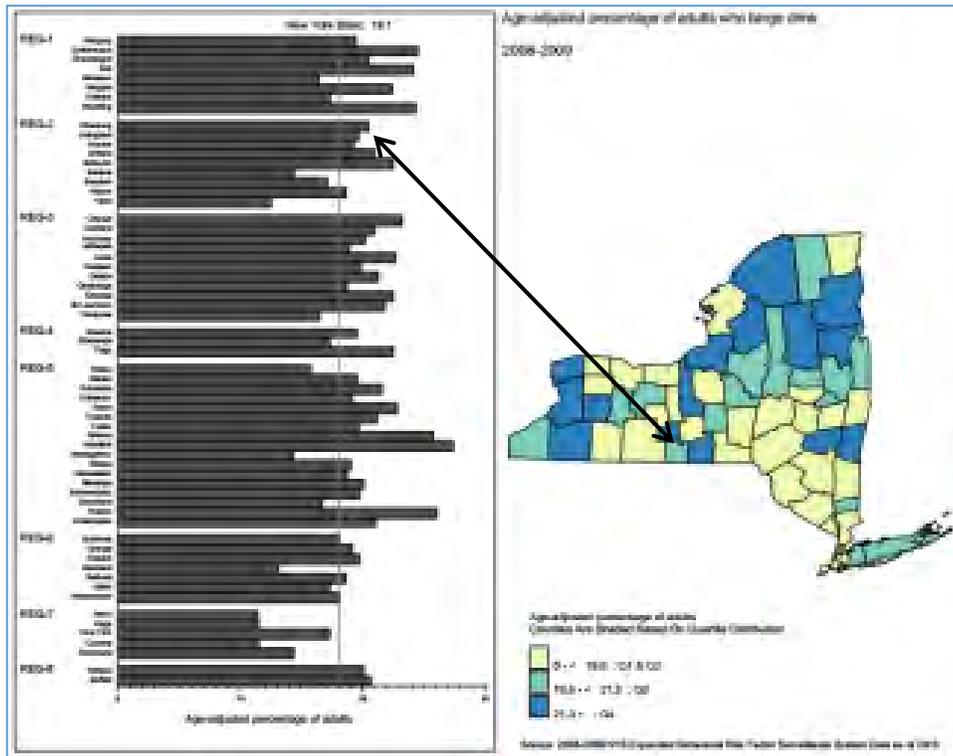
Also 25.1% of survey respondents reported binge drinking at least once in the last 30 days.

Considering all types of alcoholic beverages, how many times in the last 30 days did you have more than 5 drinks (if a man) or 4 drinks (if a woman) on one occasion?				
Answer Options	Response Percent	Response Count	% Adults That Binge Drink BRFSS - Chemung Co.	% Adults That Binge Drink BRFSS - NYS
None	74.9%	373	20.5%	18.1%
Once	14.1%	70		
Twice	5.0%	25		
3 or 4	2.8%	14		
4 or more	3.2%	16		
Total Respondents	498			

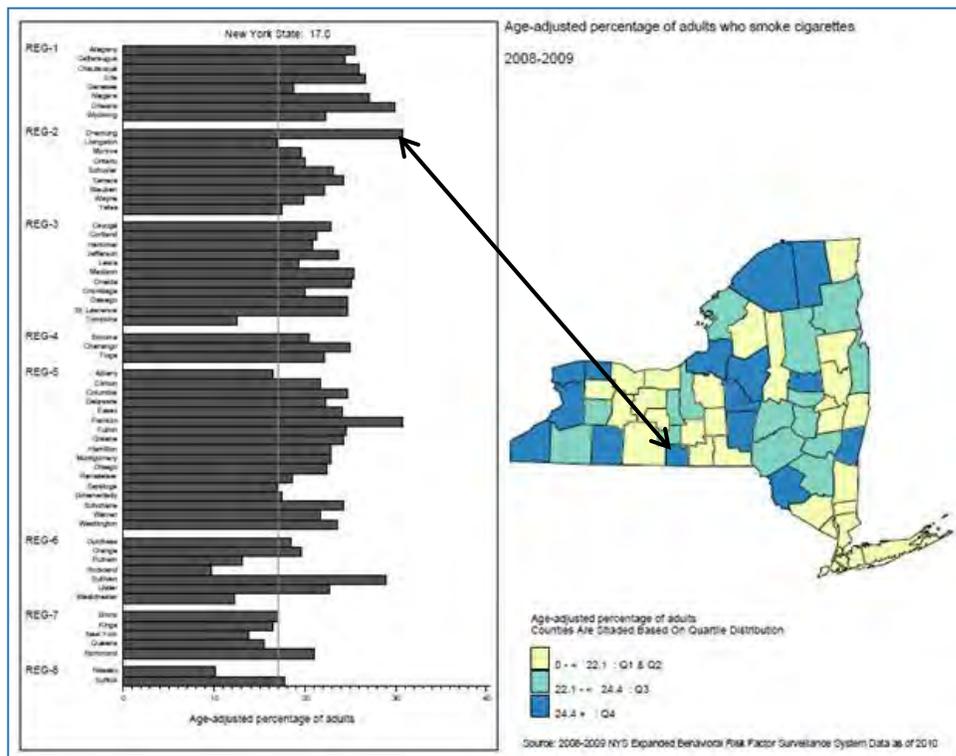
New York State Department of Health maps illustrate alcohol-related motor vehicle injuries and deaths per 100,000 population for 2008 - 2010.



Adults who binge drink in the county are ranked in the 2nd quartile.



As seen below smoking rates for the county are disturbingly highest in the State.



The Chemung County Health Department is the lead agency for the Southern Tier Tobacco Awareness Community (STTAC) Partnership which includes Chemung, Steuben & Schuyler counties. Over two decades ago, representatives of health agencies and organizations in the 3 counties recognized the need to work together to provide education about the hazards of tobacco product use. Combining the work plans for the small grants allotted to each county at that time, enabled the American Lung Association, American Heart Association, and the three respective health departments to maximize their efforts towards tobacco-use prevention and cessation. The success of these efforts led other interested parties, including the American Cancer Society and a variety of youth, school, civic organizations, and hospitals to join, and allowed for increased grant funds.

During the ensuing years, the Community Partnership (STTAC) changed its focus and began concentrating on policy and environmental change to promote an improved quality of health in their communities. Currently the 2 main objectives are: 1) to work with businesses, municipalities and organizations to develop Tobacco Free Outdoor policies and 2) to work with stores to reduce Point of Sale tobacco marketing. In addition to public policy work, the partnership has supported programs designed to assist with the cessation of tobacco product use..¹⁵ STTAC has been a partner in our community health assessment process and will continue to help us reach our objectives and work for policy change to reduce exposure to secondhand smoke and to reduce tobacco use throughout the County.

The 2013 Southern Tier Tobacco Awareness Community Partnership survey of community residents shows that 19.4% of respondents reported smoking.

	Current cigarette smoking frequency	
	Count	%
Smoke Every Day	172	14.3%
Smoke Some Days	52	4.3%
Do Not Smoke At All	977	81.4%
Total	1200	100.0%

	County of Residence		
	Chemung	Schuyler	Steuben
Smoke Every Day	15.2%	16.0%	13.2%
Smoke Some Days	4.2%	4.6%	4.3%
Do Not Smoke At All	80.6%	79.3%	82.4%
Total	100.0%	100.0%	100.0%
Sample Size	399	400	401

¹⁵ Southern Tier Tobacco Awareness Community Partnership, About STTAC http://www.sttac.org/about#.UkMfd4zD_IU

County Health Ranking

The Robert Wood Johnson Foundation in collaboration with the University of Wisconsin Population Health Institute issues the *County Health Rankings & Roadmaps* annually. The *County Health Rankings* look at a variety of measures that affect health, including social determinants of health, such as the rate of people dying before age 75, high school graduation rates, unemployment, limited access to healthy foods, air and water quality, income, and rates of smoking, obesity and teen births. Chemung County ranked 60th out of 62 in overall health outcomes in NYS. With this assessment and implementation of the Community Health Improvement Plan the ranking should improve.

County Health Rankings	Chemung County	Error Margin	New York	National Benchmark*	Trend	Rank (of 62)
Health Outcomes						60
Mortality						52
Premature death	6,651	6,044-7,258	5,650	5,317		
Morbidity						61
Poor or fair health	22%	17-28%	15%	10%		
Poor physical health days	4.4	3.3-5.6	3.5	2.6		
Poor mental health days	5.4	3.7-7.1	3.4	2.3		
Low birthweight	8.6%	7.9-9.3%	8.2%	6.0%		
Health Factors						39
Health Behaviors						38
Adult smoking	24%	18-31%	18%	13%		
Adult obesity	27%	22-32%	25%	25%		
Physical inactivity	27%	22-32%	25%	25%		
Excessive drinking	16%	11-23%	17%	7%		
Motor vehicle crash death rate	8	6-11	7	10		
Sexually transmitted infections	325		516	92		
Teen birth rate	37	35-40	25	21		
Clinical Care						33
Uninsured	11%	9-12%	14%	11%		
Primary care physicians**	1,456:1		1,222:1	1,067:1		
Dentists**	2,180:1		1,414:1	1,516:1		
Preventable hospital stays	101	95-107	66	47		
Diabetic screening	87%	81-92%	85%	90%		
Mammography screening	74%	68-81%	66%	73%		
Social & Economic Factors						41
High school graduation**	76%		77%			
Some college	57%	53-61%	64%	70%		
Unemployment	7.9%		8.2%	5.0%		
Children in poverty	24%	18-30%	23%	14%		
Inadequate social support	24%	17-31%	24%	14%		
Children in single-parent households		33-42%	34%	20%		
Violent crime rate	215		391	66		
Physical Environment						29
Daily fine particulate matter	11.4	11.2-11.6	10.9	8.8		
Drinking water safety	0%		4%	0%		
Access to recreational facilities	15		11	16		
Limited access to healthy foods**	6%		2%	1%		
Fast food restaurants	45%		45%	27%		

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

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

Health Challenges/Barriers

There are many issues that affect the quality of health care in Chemung County. Although very populous in one area, the majority of the County is very rural. Factors such as lower income levels, greater number of uninsured, unhealthy behaviors, an aging population, poorer health, high prevalence of chronic conditions, lack of access to health care services, lower educational levels, and a lack of transportation can have a negative impact on health outcomes.

Risk Factors

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

- Biology and genetics. Examples: sex and age
- Individual behavior. Examples: alcohol use, injection drug use (needles), unprotected sex, and smoking
- Social environment. Examples: discrimination, income, and gender
- Physical environment. Examples: where a person lives and crowding conditions
- Health services. Examples: Access to quality health care and having or not having health insurance¹⁶

The Health Priorities Partnership, HP² is made up of Chemung County organizations committed to improving the health of our residents. They will work to address these factors as we tackle our identified health priorities. The sub-groups for these risk factors include lower-income, lower-educated and socially isolated populations, as well as those with genetic predispositions for chronic disease, mental illness and alcohol/substance abuse. Lack of access to primary care results in poor health outcomes since prevention, early detection, early treatment and referral to other needed services eases the effects of long-term chronic conditions. In Chemung County socioeconomic conditions limit access to health care. There is a lack of specialty providers within the county, limiting access for those without private transportation due to the lack of public transportation in our more rural areas. Many residents travel to Rochester, New York City or Cleveland to be seen by a specialist. For the most part however, services are available, if cost, behavioral and transportation barriers do not preclude access.



Physical and economic conditions can cause geographic isolation for a portion of county residents. Public transportation is available within the county, but mainly serves the Elmira metro area and the commercial areas in Horseheads. Improving access to high-quality, continuous primary care and treatment services is critical in eliminating disparities in health outcomes. Unlike other medical services, the primary payment source for dental services is out-of-pocket, with access to services for persons on Medicaid particularly limited within the County borders. Our County Dental Clinic helps alleviate some of this, but residents must be able to get to Elmira to access their services. Lack of transportation in rural areas, feeling intimidated by the health care system, lack of insurance and perceived confidentiality issues are some of the factors that may keep people from appropriately accessing care. Women in

¹⁶ CDC, Social Determinants of Health <http://www.cdc.gov/socialdeterminants/Definitions.html>

abusive relationships may be so controlled by their abuser that they are not allowed to get medical or dental care. Visibly poor dental health also makes it difficult for people to obtain jobs.

Personal barriers in access to care include:

- Personal value and behavior systems on the part of some county residents (particularly older residents) who refuse to take advantage of eligibility-based programs (such as Medicaid and Food Stamps) because they consider it a “hand-out”
- Lack of a private vehicle for transportation
- Lack of education and personal experience regarding the value of and need for primary and preventive care. This can include feelings of intimidation that some residents may experience in the presence of health professionals. These feelings may lead to avoidance of care and lack of empowerment in managing relevant aspects of their own healthcare, along with health literacy issues. For too many residents, emergency room care or urgent care may be the only type of care accessed. For a significant portion of females, family planning services may be their only access point to primary care services.

According to the BRFSS Report (2008-2009) an estimated 11.2% of Chemung County adults lack health insurance, a very significant barrier. This number is expected to drop as another phase of the Affordable Care Act is implemented with the advent of the New York State of Health Marketplace.

NY State of Health is an organized marketplace designed to help people shop for and enroll in health insurance coverage. Individuals, families and small businesses will be able to use the Marketplace to help them compare insurance options, calculate costs and select coverage online, in-person, over the phone or by mail. The Marketplace will help people to check their eligibility for health care programs like Medicaid and sign up for these programs if they are eligible. The Marketplace will also be able to tell what type of financial assistance is available to applicants to help them afford health insurance purchased through the Marketplace. Insurance coverage can be purchased through NY State of Health that began October 1, 2013 and can be effective starting January 1, 2014.¹⁷

Chemung County has navigators available to assist residents with enrolling in this new system. The two agencies in the county with navigators are AIM Independent Living Center and Mothers and Babies Perinatal Network who both have space weekly at the Health Department.

When considering advances in technology, Chemung County has a mixture of media outlets in the County although changes in technology bring new challenges as public health explores novel ways to reach residents. Traditional methods of health care promotion through newspapers, television and radio are not as effective as they once were. Residents now have endless cable television channel choices, satellite radio stations to choose from, social media, vast internet options, and a wide array of apps to select from on their smart phones. Public health must re-invent the way they reach their residents. These advanced technologies present another barrier as many residents reside in rural, sparsely populated areas of the County that do not have cell phone or internet access. For many of those that do have access to new technology the internet presents new hurdles as they have limited computer skills and/or literacy levels. The internet can be extremely frustrating, stressful and overwhelming especially for older residents. Disparities in access to health information, services, and technology can result in lower usage rates of preventive services, less knowledge of chronic disease management, higher rates of hospitalization, and poorer reported health status.^[1] The challenge will be how to make the best use of these new tools.

¹⁷ NYSOH, What is NY State of Health? <http://www.healthbenefitexchange.ny.gov/WhatIsNYSOH>

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

A wide variety of behavioral risk factors affect Chemung County residents including residents with a low-income, and thus limited means with which to purchase nutritional meals or take advantage of many social and recreational opportunities for physical activity (e.g. canoeing, kayaking, backpacking, golf, etc.). Persons with limited means are also more likely to engage in unhealthy habits such as tobacco use or alcohol abuse. This may be due to the fact that there are fewer opportunities available to them than available to those of more substantial means, who may use exercise, music, theater, art, higher education or other venues for this stimulation. Recent studies have also shown that urban residents may lead a less sedentary lifestyle than do rural (non-farming) or suburban residents, due to spending more time walking to various destinations than is possible or feasible in rural areas. Social isolation seems to also make residents more prone to alcohol abuse, and higher rates of depression or poor mental health than their urban counterparts. Cultural acceptance of tobacco and alcohol use is also a risk factor. Lower levels of [education](#) and educational aspirations are also risk factors as discussed above in the demographics section. Only 20.8% of Chemung County residents have a Bachelor's degree or higher compared to the NYS average of 32.5%. Lack of access to dental care and lack of a fluoridated water supply in our rural areas are other factors residents must deal with.

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

The Clean Indoor Act, passed ten years ago, continues to improve the overall environment and reduce exposure to second hand smoke. Strides are being made to increase smoke-free areas in the physical environment. There is an increase in the number of workplaces and campuses that are now smoke-free and many other businesses are working on smoke-free entryways and campuses. There is also an increase in available nicotine replacement therapies. One important activity on our Community Health Improvement Plan will have the Health Priorities Partnership advocate for a smoke free policy on all County property. We can lead others to do the same by setting this example.

The Socio-Economic Status and General Health Indicators from 2008-2010 state 16.5% of Chemung County residents live in poverty. This restricts access to basic needs such as heat, food, adequate shelter, medical and prescription care. As stated in the earlier [housing section](#) much of the housing in Chemung County is old and in need of repair. Inadequate housing can impact health outcomes. The social environment of the county is generally conducive to accepting the importance of health care although there is a subset of the population that does not seek preventive care and relies on the emergency room or urgent care for medical necessity.

As also detailed in the eBRFSS statistics and local survey data found in the [Access To Care](#) section as well as focus group input, personal finances impacted a person's ability to access health care. According to a Physicians' Foundation survey, released in November 2008, of 270,000 primary care physicians, virtually all of those now practicing in the United States, revealed that 54% planned to retire or see fewer patients, 60% said they would not recommend medicine as a career for their children, and 36% said Medicare did not provide adequate reimbursement to cover costs of practice (www.physiciansfoundations.org). Additionally, forty percent of primary care doctors are no longer accepting new Medicare patients, and 29% of patients are having a hard time finding a primary care doctor who will accept them as a patient (Julie Connolly, "Doctors Opting out of Medicare," New York Times, April 1, 2009).

The current economic situation and the budget cuts over the last few years have affected the local health care environment. Providers have a more difficult time, with an increasing number of individuals electing to skip routine medical and dental care due to lack of employment, resources and/or insurance. Some providers refuse to accept Medicaid. Hospitals are merging and affiliating with each other to achieve economies of scale. The health care system is undergoing dramatic changes and we must ensure our residents receive the care they need as the process is worked out.

Public Health will work with the Health Priorities Partnership and other community partners to implement the [Community Health Improvement Plan](#) (CHIP) workplan. This workplan provides a road map to address the top identified priorities of reducing obesity and tobacco use in the County by making environmental and policy changes in the community that will improve the local health environment. The CHIP calls for partnerships with worksites, community organizations and schools to assist them in doing that. This will include such things as: promoting sugar sweetened beverage policies, developing resource guides of opportunities for physical activity, pursuing joint use agreements with schools; promoting breastfeeding; working with the landlords to consider tobacco free policies for their properties, working with Health Care Providers to refer at risk patients to Chronic Disease Self-Management and Diabetes Prevention Programs and providing resource links on electronic medical records.

The Chemung County Health Department will work with Arnot Health and the Health Priorities Partnership to ensure that these improvements to facilitate healthy outcomes are made in Chemung County. Progress will be monitored by the Partnership. NYSDOH will track progress according to a set of state level tracking indicators which includes baseline data and the 2017 targets for numerous indicators for the five major prevention agenda areas. Tracking indicators can be found in [Attachment D](#).

County Health Ranking

The County Health Rankings, as mentioned above, rates a variety of factors that determine health outcomes. As illustrated in the chart below Chemung County ranks poorly compared to NYS and neighboring counties in many measures. Chemung is well behind the surrounding counties.

Comparison of New York State and S2AY Rural Health Network Counties

Measure	New York	Schuyler	Chemung	Steuben	Tioga	Tompkins
Health Outcomes		29	60	44	15	3
Mortality		35	52	43	10	1
Premature death	5,650	6,025	6,651	6,255	4,922	4,130
Morbidity		25	61	41	37	11
Poor or fair health	15%	16%	22%	16%	14%	12%
Poor physical health days	3.5		4.4	4.1	3.7	2.7
Poor mental health days	3.4	4	5.4	4.1	3.7	3.6
Low birthweight	8.20%	6.50%	8.60%	7.10%	7.50%	6.80%
Health Factors		35	39	52	20	2
Health Behaviors		35	38	57	28	4
Adult smoking	18%		24%	28%	18%	13%
Adult obesity	25%	28%	27%	31%	29%	23%
Physical inactivity	25%	30%	27%	26%	26%	21%
Excessive drinking	17%		16%	17%	20%	17%
Motor vehicle crash death rate	7		8	14	11	7
Sexually transmitted infections	516	115	325	208	147	262
Teen birth rate	25	29	37	28	30	7
Clinical Care		57	33	39	36	1
Uninsured	14%	13%	11%	13%	11%	12%
Primary care physicians	1,222:1	1,667:1	1,456:1	1,706:1	3,406:1	1,168:1
Dentists	1,414:1	4,673:1	2,180:1	2,957:1	7,374:1	2,209:1
Preventable hospital stays	66	103	101	81	71	49
Diabetic screening	85%	84%	87%	87%	87%	92%
Mammography screening	66%	69%	74%	71%	66%	75%
Social & Economic Factors		24	41	51	13	4
High school graduation	77%	73%	76%	84%	78%	80%
Some college	64%	56%	57%	59%	57%	80%
Unemployment	8.20%	7.80%	7.90%	9.40%	8.10%	5.80%
Children in poverty	23%	23%	24%	28%	17%	18%
Inadequate social support	24%	17%	24%	24%	17%	16%
Children in single-parent	34%	22%	37%	32%	24%	27%
Violent crime rate	391	77	215	159	67	150
Physical Environment		11	29	34	21	18
Daily fine particulate matter	10.9	11.4	11.4	11.8	11.1	11.1
Drinking water safety	4%	0%	0%	0%	0%	2%
Access to recreational facilities	11	5	15	6	6	17
Limited access to health care	2%	2%	6%	4%	3%	6%
Fast food restaurants	45%	28%	45%	37%	38%	41%

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

Assets and Resources

Hospitals

There are two hospitals that are physically located in Chemung County, Arnot Ogden Medical Center and St. Joseph's Hospital – both in Elmira. Arnot Health recently acquired St. Joseph's Hospital and has made changes to best accommodate residents with available resources. Residents may also utilize Corning Hospital and Robert Packer Hospital in neighboring counties. Both are part of the Guthrie Health System. Both Arnot Health and Guthrie Health were part of the Community Health Assessment process and are members of the Health Priorities Partnership.

Arnot Ogden Medical Center and St. Joseph's Hospital

Arnot Ogden Medical Center was founded in 1888, and is a not-for-profit, 256 bed tertiary medical facility with specialty services for cardiovascular care, cancer care, women's health services and maternity, emergency medicine and surgery. Arnot Ogden Medical Center, located in Elmira, the population center of the County, offers quality healthcare in a comfortable, up-to-date environment. Their top performing primary care and specialists physicians combine the best technology with personal care to achieve excellent patient outcomes for those who access services. St. Joseph's Hospital, founded in 1908 by the Sisters of St. Joseph of Rochester with the citizens of Elmira, is a Catholic community hospital. Both are part of Arnot Health which is a regional integrated healthcare delivery system consisting of three hospitals and a 250 member multi-specialty group practice serving a five county region in the Southern Tier of New York and Northern Tier of Pennsylvania. Chemung County residents have access to the multitude of services offered by Arnot Health.

Arnot Health is comprised of St. Joseph's Hospital, Arnot Ogden Medical Center and Ira Davenport Memorial Hospital, providing diagnostic, ambulatory, secondary and tertiary acute care, as well as substance abuse, psychiatric, rehabilitative and wellness services to meet the needs of Chemung, Schuyler and Steuben Counties, NY; and Bradford and Tioga Counties, PA in the Southern Tier of New York and the Northern Tier of Pennsylvania. The three-hospital regional healthcare system, an independent, not-for-profit organization, has a total of 809 licensed beds, including 493 acute care, 231 long term care, 40 physical medicine rehabilitation, 25 psychiatric, and 20 substance abuse rehabilitation. The system currently has more than 300 physicians from 50+ specialties.

Guthrie Corning Hospital

Guthrie Corning Hospital is a 99-bed, full-service community hospital, providing care located in nearby Corning (Steuben County) used by many Chemung County residents. A New York State designated Stroke Center, the hospital offers a broad range of inpatient and outpatient services, including advanced care delivered in collaboration with Guthrie physicians and specialists. The hospital's reputation for high quality care has been recognized at the state and national level. The hospital has the first multispecialty ambulatory surgical center of its kind in the region, the Same Day Surgery Center, which is an outpatient department of Guthrie Corning Hospital. The hospital became affiliated with Guthrie in 1999. Guthrie Health offers a wide range of services and programs designed to enhance the health and well-being of those it serves. As part of Guthrie Health, Chemung County residents have access to a number of Guthrie Clinics located in the County. Guthrie Clinics are a multi-specialty group practice of more than 280 physicians and 130 mid-level providers throughout the region. Guthrie Clinic's primary care network encompasses all of the major population centers in the Twin Tiers.

Bath VA Medical Center

The VA is a 440 bed facility located in Bath. Care is provided in acute medicine, psychiatry, intermediate medicine, and extended care. The Medical Center boasts a number of innovative programs and initiatives that are considered to be best practices and is a resource to the County. The Bath VA Medical Center, part of VA Healthcare Network Upstate New York (VISN 2) is located in the Southern Tier of New York State. The Medical Center serves veterans in Allegany, Chemung, Steuben, parts of Schuyler and Yates counties, as well as veterans in north central Pennsylvania in Tioga and Potter counties. The facility provides a full range of patient care services, including:

- Primary care (including home based primary care)
- Mental health care
- Specialty care
- Disease prevention and wellness programs
- Emergency and Urgent Care services
- Acute care
- Community Living Center (nursing home) care
- Domiciliary Residential Rehabilitation and Treatment Program

The Bath VA also provides primary and mental health care through community based outpatient clinics in Elmira and Wellsville, New York.

Clinics

In addition to the services and clinics noted above through the hospitals, the **Chemung County Health Department** continues to offer immunization, rabies, TB, lead, flu, dental, Women, Infants & Children (WIC) and STD/HIV clinics. Most of these clinics are now by appointment due to fiscal restraints.

The Health Ministry of the Southern Tier (HMST) provides health care services for the uninsured in Steuben, Chemung and Schuyler counties. HMST has become a federation of clinics in three counties including Chemung. They are a not-for-profit, volunteer organization of medical, dental and auxiliary staff dedicated to providing health care to those who can least afford it. HMST participated in the community health assessment process and is part of the Health Priorities Partnership.

There are also four (4) **Urgent Care Clinics** in Chemung County in both Elmira and Horseheads.

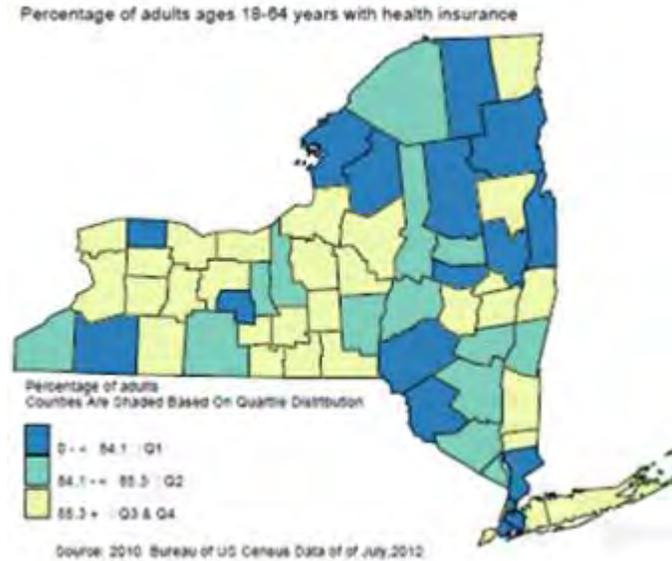
Planned Parenthood of the Southern Finger Lakes (PPSFL) has served the people in Chemung, Schuyler, Steuben, and Tompkins Counties since 1968. PPSFL is committed to providing quality reproductive health care and sexuality education for all people in our community regardless of age, race, ethnicity, physical ability or attributes, religion, sexual orientation, gender identity, or ability to pay. Since 1996, we have been the designated provider of sexual violence response and education services. PPSFL programs include: **projectCAP** - The Chemung County Adolescent Pregnancy Prevention Program (CAP) - a coalition of area organizations dedicated to reducing teen pregnancy in our community. The CAP program is an abstinence-based program which conducts programs on various teen issues for high school and middle school students, parent and teacher gatherings, and groups and agencies outside of schools. The CAP Program also provides referrals to free health center services for teens residing in Elmira. **Out for Health** is our lesbian, gay, bisexual, and transgender (LGBT) health and wellness project that provides outreach, education, and information to LGBT people, their health care providers, and the community at large about the importance of inclusive, welcoming, and respectful care for LGBT people. **Sexual Assault Resource Center (SARC)** is the only rape crisis program serving Chemung, Schuyler, and Steuben counties. SARC is a regional leader in providing comprehensive, free services that include a 24-hour hotline and 24-hour medical advocacy, legal advocacy, and counseling.

Private Providers

Chemung County is designated as a Health Professional Shortage Area (HPSA) for dental and mental health for the Medicaid eligible population and the populations at the Elmira and Southport Correctional Facilities.

Access to Health Care Providers/Health Insurance

Data regarding health insurance and access to providers has been included above. As illustrated in this map Chemung County is in the 3rd & 4th quartile for insured adults compared to the rest of the state. Chemung County looks forward to the effect the opening of the New York State of Health Marketplace and the impact it will have on our uninsured population. The exchange will help people shop for and enroll in health insurance coverage. Residents will be able to see what the various levels of coverage cost, what tax credits they are eligible for and determine which option best suits their needs.



Chemung County will ensure community residents are in touch with local organizations that provide assistance with enrollment. Organizations that serve Chemung County are Mothers and Babies Perinatal Network, and Aim Independent Living Center. These organizations provide free, confidential, un-biased information on health insurance options and assist residents with enrollment. Mothers and Babies can be reached at (607) 772-0517 or (800) 231-0744. AIM is located in Corning and can be reached at 607-962-8225. Both are available 2-3 times per week at the Health Department as well as at Department of Social Services and other agencies.

Lack of access to care results in poor health outcomes since prevention, early detection, early treatment and referrals to other needed services prevents or eases the consequences of long term chronic conditions.

In April 2013 the Community Health Care Association of New York State (CHCANYS) published *A Plan for Expanding Sustainable Community Health Centers in New York*. The report ranked counties based on need and sustainability as possible sites for new Federally Qualified Health Centers (FQHC). The report states:

Federally Qualified Health Centers (FQHCs) are at the center of both federal and State health care reform strategies. FQHCs are located in underserved areas and provide community-based comprehensive primary care to anyone who needs care, regardless of their ability to pay. They provide a range of services including primary and preventive care, behavioral health services, dental care, and substance abuse services as well as enabling services such as transportation, interpretation, and outreach. Successful implementation of federal health reform, the Affordable Care Act (ACA), will require expanded primary care capacity to both care for the influx of newly insured people and ensure a strong safety net for those who remain uninsured. The federal law recognizes this and makes FQHCs a cornerstone of its plan for expanding access to health care.¹⁸

¹⁸ New York State Health Foundation <http://nyshealthfoundation.org/resources-and-reports/resource/a-plan-for-expanding-sustainable-community-health-centers-in-new-york>

Chemung County was considered a mixed county with both rural and urban areas. In the assessment done by CHANYS Chemung County ranked second in terms of need and first in terms of sustainability as a potential site for an FQHC

TABLE 11. Ranking of Need and Sustainability in Urban Areas within Mixed Counties

The following two tables show the rankings of the urban areas within mixed counties in the Rest of State by need and by sustainability. The highest-ranking county is listed first.

RANK ORDERED BY NEED: County with Highest Need for FQHC Expansion Listed First		RANK ORDERED BY SUSTAINABILITY: County with Highest Potential to Sustain FQHC Expansion Listed First	
RANKING	COUNTY	RANKING	COUNTY
1	Oneida	1	Chemung
2	Chemung	2	Jefferson
3	Westchester	3	Ontario
4	Jefferson	4	Broome
5	Albany	5	Wayne
6	Orange	6	Oneida
7	Broome	7	Albany
8	Erie	8	Warren
9	Rensselaer	9	Rensselaer
10	Rockland	10	Schenectady

Primary Care and Preventive Health Services Utilization

In Chemung County survey respondents picked access to specialty care as second choice when asked what the number one problem was in the County. According to the 2008-2009 eBRFSS data 11.9% of the county residents reported that cost prevented them from visiting a doctor within the past year compared to 13.7% across the state. In our survey 17.3% reported that they had been unable to get any type of health care service due to inability to pay. 17.6% of survey respondents also reported it had been more than a year since they had last had a routine checkup.

Chemung County #1 Top Problem – Total Respondents: 498				
Obesity/Overweight	Access to specialty health care	Lack of physical activity and fitness	Behavioral problems in children	Diabetes
12.4% (62)	8.0% (40)	7.6% (38)	7.4% (37)	6.2% (31)

Table 11a. Cost prevented visit to doctor within the past year among adults¹ in Chemung County and New York State

	Chemung County				New York State			
	n ²	Est. # of Adults ³	Percent	(C.I.) ⁴	n ²	Est. # of Adults ³	Percent	(C.I.) ⁴
Total	674	8,100	11.9	(8.3 - 15.4)	38,143	2,034,800	13.7	(11.6 - 15.8)
Gender								
Male	260	2,800	8.4	(4.0 - 12.8)	14,607	903,300	12.7	(9.5 - 16.0)
Female	414	5,300	15.2	(9.9 - 20.5)	23,536	1,131,500	14.6	(11.8 - 17.4)

Have you been unable to get any type of health care service due to inability to pay?	Response Percent	Response Count	Chemung Co. - NYS DOH	NYS - NYS DOH
Yes	17.3%	85	--	--
No	82.7%	405	11.9%	13.7%
Total Respondents		490		

75 survey respondents (20.5%) reported a problem seeing a dentist due to the inability to pay.

Which services have you been unable to get due to the inability to pay? Check all that apply:	Response Percent	Response Count
Doctor	11.8%	43
Dentist	20.5%	75
Podiatrist (foot doctor)	4.7%	17
Prescriptions (medications)	10.7%	39
Does not apply	69.9%	255
Total Respondents		365

About how long has it been since you last visited a health care provider (doctor) for a routine checkup?	Response Percent	Response Count	EBRFSS Chemung Co.	EBRFSS NYS
1 to 12 months ago	82.4%	412	69.9%	72.7%
1 to 2 years ago	8.8%	44	82.9%	85.7%
2 to 5 years ago	7.2%	36	--	--
Never	1.6%	8	--	--
Total Respondents		500		

Survey respondents were asked about wait times to schedule doctor appointments as well as waiting room times and disability accommodation. All relate to access to care issues as residents are less likely to access care if these are seen as a barrier.

Please answer the following questions for yourself or any member of your household who has used any of the listed services in the last 12 months.	Yes	No	Does Not Apply	Response Count
In the last 12 months, when you wanted to be seen as soon as possible, did you have to wait more than 3 days for an appointment to see your doctor for primary (not specialty) health care?	21.0%	67.0%	11.8%	490
In the last 12 months, did you have to wait more than 30 minutes in your doctor's waiting room for primary (not specialty) health care?	38.0%	56.4%	5.5%	489
If disabled did you receive necessary accommodations (i.e. wheelchair accessibility, interpreters, etc.) to fully benefit from services?	10.9%	5.5%	83.6%	421
Total Respondents				491

Human Services

The **Mental Hygiene Department** is responsible for the administrative, operational and fiscal oversight of all mental health, mental retardation/developmental disabilities, and substance abuse services in Chemung County. As such, the department guides the community in program development, and strives to assure access to services for individuals with mental health, substance abuse, or mental retardation and developmental disabilities in a manner that addresses our common goals of efficacy and quality driven individualized services. Whenever possible, the department encourages the provider community to work in an integrated fashion allowing some single points of entry into services while blending both programs and funding to best match the needs of the individual.

Services available within our community include but are not limited to, long term and acute hospitalization services; a 24 hour crisis service; intensive and traditional outpatient; programs including Assertive Community Treatment (ACT); forensic services; medication grants; case management and intensive case management; day treatment programs; home based services; alternative housing that include group residents; a half-way house; supportive and supported housing; and various forms of respite services. To assist consumers, families, and providers in navigating through the various direct and ancillary services available to these target populations, the [Network of Care](#) website was created.

Trinity of Chemung County - Provides a wide variety of substance abuse and alcoholism counseling, treatment, and educational prevention programs, including:

- **Outpatient Substance Abuse Clinic:** The outpatient clinic offers a wide range of morning and evening services, including substance abuse evaluations, referrals, and morning and evening programs for adolescents, adults, and families.
- **Prevention and Education:** The prevention department offers a range of school and community-based programs to Chemung County. These include alcohol and drug education for adolescents and adults. Many prevention programs are provided free of charge.
- **Drinking Driver Program:** The Agency offers a NYS DMV Drinking Driver Program. Participants are enrolled in this program and referred directly by the DMV. DDP Coordinator is Marianne Schrom.
- **DSS Employability Assessments:** A counselor at the council works closely with the Department of Social Services to foster the provision of timely and effective services to those receiving public assistance and in need of substance abuse services. The assigned counselor follows clients throughout their treatment experience, thus promoting successful completion of person-centered, strength based sobriety and employability goals by facilitating access, enhancing treatment participation, preventing long-term chemical dependence and encouraging employability, self-reliance and economic independence. Adherence to Service Plans is monitored by monthly contact with service.

Trinity of Chemung County provides treatment to individuals despite ability to pay. Most insurance plans are accepted. Those without insurance can apply to receive services on a sliding scale fee schedule.

Chemung County has a myriad of organizations available to help residents obtain services. The Institute for Human Services (IHS) provides the 2-1-1 Helpline service for our residents. This is a clearing house for local resources. When faced with difficult situations, those unfamiliar with the resources available will contact a well-known agency, such as the Department of Social Services, Red Cross, United Way, or their faith community who can put them in touch with 2-1-1. They keep an up-to-date database of services available for residents. Residents can call 1-800-346-2211 or help can be found online here <http://www.211helpline.org/publications.asp?link=3>. The Chemung County Library District also provides links to community resources and information on their website at http://www.steele.lib.ny.us/community_websites.htm

It is challenging to keep up to date on all of the services available to our County. A list of resources and contact information kept by Chemung County can be found here:

[Chemung County Resource Links](#) or [Chemung County Directory](#)

Other Collaborations

The Chemung County Health Department is always attempting to increase and strengthen collaborations with coalitions, partnerships, and networks to enhance, coordinate, and provide much needed health care services and improve the health of County residents. For example, we are a key partner in the Creating Healthy Places to Live, Work and Play initiative. This is a collaboration of over 30 community partners working to reduce and prevent obesity, type 2 diabetes and other chronic diseases. We work to institute sustainable policy and environmental changes (improving and enhancing playgrounds and supporting community gardens in low income areas of Elmira) to help our residents lead healthier lives. In addition to the partners on the Health Priorities Partnership ([listed here](#)) Public Health collaborates with many different organizations:

- Head Start – Health and Nutrition Services Advisory Committee
- Diabetes Coalition
- Child Fatality Committee
- Chemung County Bullying Prevention Task Force
- Safe Zones for Youth
- CAPTeens – Teen Pregnancy Prevention Task Force
- Twin Tiers Breastfeeding Network
- S2AY County Rural Health Network
- Corning Community College and Mansfield U. School of Nursing Curriculum Committee
- Age Friendly Communities Project
- Medicaid Redesign team
- Long Term Care Committee
- Professional Advisory Committee
- Corning Community College Health & Wellness Committee
- Finger Lakes Regional Perinatal Forum
- Immunization Coalition of the Southern Tier (Chemung, Steuben & Schuyler)
- Chemung County HIV/AIDS Task Force
- Finger Lakes Coalition to Stop Lead Poisoning
- BACPAC (Bicycle & Pedestrian Advisory Committee)
- Southern Tier Bicycle League
- Regional STD/HIV Coalition
- Community Partnership (for discharge planning)

Local Health Unit Capacity Profile

The **Chemung County Health Department (CCHD)** is a full service county health department with oversight provided by the County Executive's Office, County Board of Health and County Legislature committees, including Health and Human Services, Personnel and Budget Committees. Chemung County, like many counties throughout the state, has struggled with financial constraints that limit local share funding for new or expanded public health initiatives. County officials have investigated the pros and cons of privatizing the County Health Department's Certified Home Health Agency and the 200-bed County Nursing Facility. In both departments major reorganization of services was accomplished to improve the long-term financial viability of these public health services, and the County has resolved to continue their operations for the immediate future. The county is also currently studying the future of the Health Department's Dental Clinic and is planning a possible transfer of the clinic's operation to a federally qualified health center at the current clinic site.

The Health Department also has several other advisory groups for specific programs including the Local Early Intervention Coordinating Council (LEICC) for Chemung County Special Children's Services and Public Health Emergency Preparedness Committee. The department also hosts the County's Human Services Committee which coordinates Appalachian Regional Commission grant applications that relate to health and human services activities in the region. The willingness of CCHD to apply for future grant-funded programs is also uncertain in light of the county's concern that such funding will be withdrawn in the future. For example, funding for the STD/HIV clinic and the rural health network was cancelled with little or no notice in 2013 while funding for Cancer Screening Services was decreased. The county's budget crisis necessitates that when grant funding is withdrawn, the program must be cancelled. Contracts with a Medical Director and Nurse Practitioners provide professional oversight and clinical support to various public health clinics and activities.

Environmental Health Services ensures that suitable water, food, housing, and recreational facilities are provided to our residents. We identify, investigate, and resolve actual and potential health hazards caused by environmental factors. The health of our residents may be affected by what we breathe, drink, eat or touch. Chemicals, radiation, microbes, or anything in the physical world has the potential to affect our health. We work to prevent and reduce health risks at home, work, school and play.

The Chemung County **WIC Program** provides nutrition education and food supplements to eligible clients throughout Chemung and Schuyler counties. The program offers both offsite and evening access to accommodate eligible working families that may find access to the program difficult during traditional business hours. The average caseload is about 3,000. There is an expectation that this may go up with the recent cuts to Food Stamps. WIC also promotes breastfeeding with trained peer counselors for education and support. A WIC nutritionist is the chairperson for the Twin Tiers Breastfeeding Network. Aggressive outreach is done to ensure that eligible clients are aware of the program including those with full time jobs who may financially qualify.

The Chemung County Health Department provides many other services such as health education and lead screening. NYSDOH regulation 10NYCRR40-2.141 requires local health departments to develop and implement health education programs and services. These programs focus on changing knowledge, attitudes and health-related behaviors of Chemung County residents as well as encouraging environmental and policy change. A variety of methodologies are used to implement health education in Chemung County such as risk communication, direct advertising, topic and target group specific workshops, presentations, trainings as well as coordination of health planning. Programs and services are offered to residents of all ages. Topics included in the Chemung County Health Education plan include but are not limited to injury prevention, chronic disease, communicable disease prevention, Lead Poisoning Prevention, dental health promotion, tobacco control, immunization and cancer services. Additionally, the Health Educator oversees both the Cancer Services Program (CSP) and the

Southern Tier Tobacco Community Partnership (STTAC). CSP provides breast, cervical and colorectal cancer screenings to age-eligible clients with no insurance. In an effort to reduce exposure to secondhand smoke and to reduce initiation of smoking, STTAC works with businesses, schools, agencies, worksites and municipalities on policy and environmental change regarding Tobacco Free Outdoor policies and Point of Sale initiatives.

The Chemung County Childhood Lead Poisoning Prevention Program is a case management program mandated by New York State Health Department. Our program does lead screenings, takes referrals, does data entry and reports and disseminates information to parents and guardians. It makes educational visits and makes referrals for environmental investigations, conducts environmental investigations and coordinates with primary care providers for those with lead levels 15 ug/ml. A public health nurse provides supervision and program planning for the program. All children ages 1 and 2 are to be tested yearly for lead poisoning. Other children are tested based on the analysis of a risk assessment tool which identifies areas of increased risk such as pre 1960 housing, chipping or peeling paint, siblings or playmates with elevated lead levels, living near or having a parent work in an industry likely to release lead (i.e.: construction, welding, battery recycling, etc.).

Other preventive services include:

- Communicable Disease
- Immunization Program – adult and pediatric
- Lead Poisoning Prevention
- Maternal Child Health
- Women, Infants & Children (WIC)
- Seasonal Influenza
- Sexually Transmitted Disease/HIV Clinics
- Tuberculosis Clinic
- Zoonoses Program
- Dental Clinic

The **Chemung Valley Rural Health Network (CVRHN)** was discontinued in 2013 after more than 17 years of operation when state grant funding was withdrawn.

Staffing and Skill Level

The Director of Public Health, Robert E. Page, has been in the public health care field for over 30 years. He has a broad knowledge of the community and of public health, along with excellent management and supervisory experience in hospitals, nursing homes and local public health. He is responsible for oversight of the local health department as well as for the adjacent 200 bed county nursing facility.

CCHD has 62.52 full time equivalent employees. These employees consist of some Master's prepared professionals, Licensed Engineer, Therapists, Registered Nurses, Licensed Practical Nurses, Nutritionists, Dentists, Dental Hygienist and Dental Assistants. Overall staffing has been reduced for day-to-day operations in light of severe budgetary constraints within the county. Hiring additional staff without offsetting revenue has been and will be unlikely in the future. His staff is well qualified for their positions by their education and experience.

Thomas G. Kump, PE is the Director of Environmental Health Services and has led the department for 20 years. The Director of EHS supervises the Community Environmental Health and Food Protection programs, the Water Supply Protection Programs and other environmental health programs including rabies, vectorborne and animal disease surveillance, and radon. He has a staff of 8.

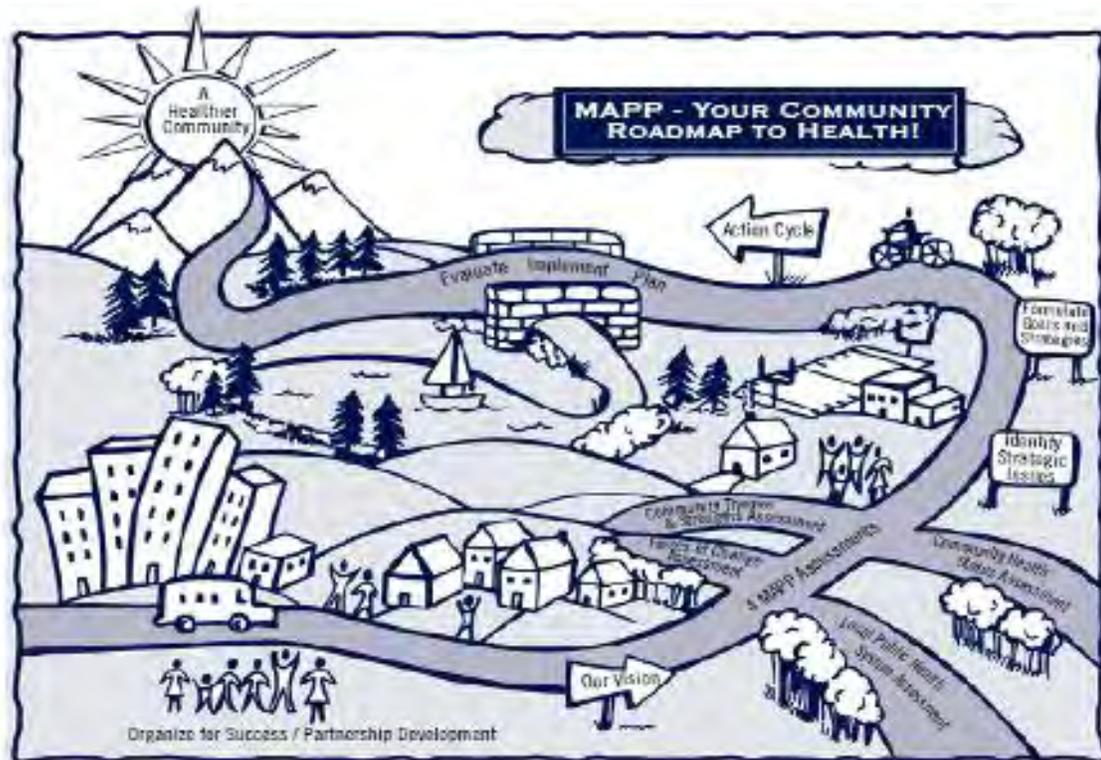
Adequacy and Deployment of Resources

State aid cuts have had an immediate negative impact on Public Health Agencies. Reductions in state aid affect all programs and staff must determine how to best meet the needs of the community with continued budget cuts. For example, after a nearly two years' planning process to explore the possible privatization of the Chemung County Nursing Facility, located in the same building with the County Health Department, the decision was made to keep the 200 bed long term care facility as a public operation. This decision was made possible in part by negotiating an unprecedented change in the local Civil Service Employees Association bargaining agreement to reduce the long-term wage/benefits costs for public employee throughout the county's largest union. Counties are charged with providing basic essential services, but have struggled since the adoption of the NYS imposed property tax levy cap. Medicaid costs continue to rise and local governments struggle to balance budgets and look to the State for mandate relief.

A Public Health System Assessment was completed as the second phase of the Community Health Assessment. Results are included as [Attachment E](#). Both the Public Health System and the Public Health Department were assessed. The Assessments were sent to key informants, and for the most part was done online. Both Assessments were very favorable, although an analysis of the results would infer that more education regarding the role and activities of the system and PH Department would be beneficial.

Mobilizing for Action through Planning and Partnership

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



Organize for Success- Partner Development

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

- Chemung County Public Health Department
- Arnot Health
- Guthrie Health,
- EMSTAR
- Creating Healthy Places
- Health On Demand
- Comprehensive Interdisciplinary Developmental Services, Inc (CIDS)
- Family Services
- Chemung ARC
- Cancer Services Program of Chemung & Schuyler Counties
- Health Ministry of the Southern Tier
- YWCA
- Chemung County DSS
- Cornell Cooperative Extension
- Eat Smart NY
- Chemung County Department of Aging
- Elmira College
- Chemung County Mental Health
- WIC
- Arnot Tobacco Cessation Center
- Southern Tier Tobacco Awareness Community Partnership (STTAC)
- Southern Tier Pediatrics
- Chemung County Medical Reserve Corps.
- Community Mental Health Program at Family Services
- Chemung County School Readiness Project
- Economic Opportunity Program
- Chemung County Poverty Reduction Coalition
- Chemung Valley Rural Health Network (ceased operation 4/2/2013)
- Elmira City Council
- Community members

The Chemung County Health Priority Partnership (HP²) included these organizations that are committed to improving the health of Chemung County residents. A subset of this group began meeting biweekly in the fall of 2012 to work on the Community Health Survey. The whole group began meeting on a monthly basis spring of 2013 to work on the development of the Community Health Assessment (CHA), Community Health Improvement Plan (CHIP), and Community Service Plan (CSP). The members of the Health Priority Partnership agreed to continue to meet at least bimonthly to ensure that the initiatives outlined in the Community Health Improvement and Community Service Plans are implemented, monitored and evaluated.

As mentioned above the Chemung County Health Department works diligently to search out potential collaborative partners throughout its service area in efforts to enhance needed healthcare services to those most vulnerable residents. Due to the rural nature of much of Chemung County, the high percentage of low-income residents and the limited resources available in the community, we

understand the need to create meaningful partnerships to best serve the community at large. We have formed collaborative relationships with the above organizations and community agencies, and work together as a team to address the many and varied health issues in the community.

Assessments

Four assessments inform the entire MAPP process. The assessment phase provides a comprehensive picture of a community in its current state using both qualitative and quantitative methods. The use of four different assessments is a unique feature of the MAPP process. Most planning processes look only at quantitative statistics and anecdotal data. MAPP provides tools to help communities analyze health issues through multiple lenses. HP² has also incorporated findings from the Rural Minority Health Disparities Program.

Public Participation

The **First assessment** examined the Community Health Status Indicators. **Two methods** were used to examine indicators. The **first method** collected & analyzed relevant statistical data using the NYSDOH Community Health Indicator Reports, BRFSS and Census data and a variety of other secondary sources. This was completed by the Consultant's staff (Human Service Development). In order to complete the work in a timely fashion and allow time for the Committee to review all data, identify priorities, establish and refine goals and objectives and prepare the CHA, CHIP and CSP, data that was available in the fall of 2012 and early winter of 2013 was used. The **second method** of getting data on community health status was to collect primary data by conducting a comprehensive health survey among a random sample of community residents to determine their opinions, health-related behaviors and health needs. This was accomplished by the Rural Health Minority Grant participants (Chemung Valley Rural Health Network, YWCA of Elmira and the Twin Tiers, Chemung County Health Department, Arnot Health, Economic Opportunity Program and NAACP) and others. This Community health survey began in fall 2012 and was completed early spring 2013. A total of 564 completed surveys were returned in Chemung County (0.63% of the population). Surveys were conducted electronically through a Survey Monkey link, along with paper copies which were distributed to the public through employers, health, educational and human services agencies and through other community groups. Links to the survey were posted on the Chemung Valley Rural Health Network website, hospital and Health Department websites and in signature lines of partners communications. Press releases were issued, flyers and postcards distributed, and partners promoted the completion of the surveys at community presentations and health fairs. Additionally a commercial was produced by CVRHN and aired on TV for 4 weeks. We also held group sessions to help people who may have limited ability to self-complete the survey such as persons with low educational attainment, disability or low literacy levels. The survey was designed to encompass questions in the five Prevention Agenda areas that the New York State Department of Health (NYSDOH) has identified as high priority issues on a statewide basis. A summary of survey results can be found attached to the end of this document [here](#).

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

The **third assessment** was the Community Themes and Strengths Assessment that was conducted through focus groups which were held throughout the County. This assessment looked at the issues that affect the quality of life among community residents and the assets the County has available to address health needs. These were held in conjunction with the **fourth assessment** that looked at the “Forces of Change” that are at work locally, statewide and nationally, and what types of threats and/or opportunities are created by these changes. The focus groups conducted in Chemung County included Horseheads Head Start parents, Workforce Development Center GED students, Booth School Head Start parents, Broad Street Head Start parents (all four low income populations), Chemung Valley Rural Health Network members, and Economic Opportunity Program First Choice members (low-income, ethnically diverse). These groups helped augment the responses of the public health system assessment and findings of the survey of community residents, and also helped to ensure that opinions of the low-income and minority groups in the community were captured. Results of the focus groups can be found [here](#).

Identification of Strategic Issues

Starting with a meeting on May 10, 2013, the above organizations reviewed information from the four listed assessments, and used the Hanlon method and PEARL process to determine priorities. This extended over several meetings with the final determination at a meeting held July 16th, 2013.

Chemung County Health Department, Arnot Health and their partners considered many factors in assessing the health status of their residents to determine two priorities and a disparity to focus on. The Consultants reviewed all statistical data from the survey and the New York State Department of Health, along with Frieden's Pyramid (below) and the other documents from the NYSDOH website on the Prevention agenda including goals, indicators and data. Additionally, partners throughout the community were asked to provide any data, surveys or reports they had recently conducted to provide a broad and comprehensive picture of the health of our residents.



Choosing Priorities

Once all these statistics and the results of these assessments were tallied, a finalized list of the top issues from all components of the assessment process was compiled.

A series of meetings was held with the Health Priorities Partners to present the data and pick priorities. The Health Priorities Partnership was charged with ranking the priorities based on their knowledge of health needs and available services, along with the data presented, to select two priorities and one disparity. In order to accomplish this, the Hanlon Method was used. This method of ranking focuses most heavily on how effective any interventions might be. The Hanlon Method utilizes the following formula to rank priorities:



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

Where A= the size of the problem, B= the severity of the problem and C=the effectiveness of the solution.

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

Issue	Hanlon	Pearl
Cerebrovascular Disease (stroke)	163.00	5.27
Mental Health	146.44	5.53
Cancer - specifically lung, bronchus & ovarian	146.06	5.19
Obesity	145.75	6.00
Smoking	143.67	6.06
Substance Abuse	121.75	5.88
CLRD/COPD	121.75	5.47
Oral Health	109.13	4.81
Injuries	96.25	4.64
Teen Pregnancy	92.56	4.88
Behavioral problems in young children	85.81	4.13
STD's - gonorrhea	81.44	4.33

Chronic diseases such as heart disease, diabetes, stroke and some cancers are the most common and costly of all health problems, they are also the most preventable. Growing evidence indicates that a comprehensive approach to prevention can save tremendous costs, can save lives and can enhance the quality of life. There are four common modifiable behaviors that contribute to chronic illness, disability and premature death related to chronic disease. These are tobacco use, insufficient physical activity, poor eating habits and excessive alcohol use.

Knowing this, community partners then narrowed their focus to discuss the top ranked issues (bolded above). In general, the discussion included the facts that CLRD/COPD, lung and bronchus cancer, and cerebrovascular disease would all be positively impacted to a certain extent if the top priorities to be addressed were obesity and tobacco use. Additionally, if the disparity chosen was to specifically target tobacco use among mental health patients, substance abusers and the low-income populations, we would be working to a certain extent to improve the health of two other priority populations identified above. So finally, after all of the above discussion and data review, the group decided to focus on the top two priorities of:

1. Prevent obesity trend from rising and aim to reduce the percentage of adults who are obese by 1% - from 30.1% to 29.8% and
2. Reduce percentage of tobacco use, specifically cigarette smoking, among adults by 3% from 30.8% to 29.9%.

The disparity the partners chose to address was to:

- Reduce the percentage of lower income individuals who smoke including those with mental health and substance abuse issues.

Formulate Goals and Strategies

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

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

These strategies are supported and will be implemented in multiple sectors, including at local schools, worksites, businesses, community organizations, and with providers, to make the easy choice also the healthy choice. We will create an environment that is conducive to physical activity and good nutrition through our network of partnerships with these diverse organizations.

Our partnership worked to develop a broad based plan to address our chosen priorities of reducing obesity and tobacco use. The Community Health Improvement (CHIP) Work Plan places emphasis on three key areas: 1) health promotion activities to encourage healthy living and limit the onset of chronic diseases; 2) early detection opportunities that include screening populations at risk; and 3) successful management strategies for existing diseases and related complications. These strategies recommended by the Health Impact Pyramid are based on the interventions' evidence base, potential to address health inequities, ability to measure success, potential reach, potential for broad partner support and collaboration, and political feasibility. This is based on findings from such organizations as the Institute of Medicine of the National Academies and their report, *Accelerating Progress in Obesity Prevention: Solving the Weight of the Nation* or the CDC's, *Recommended Community Strategies and Measurements to Prevent Obesity in the United States*. <http://www.iom.edu/Reports/2012/Accelerating-Progress-in-Obesity-Prevention.aspx> and http://www.cdc.gov/obesity/downloads/community_strategies_guide.pdf

Obesity is one of the leading causes of preventable deaths leading to other chronic diseases, including diabetes, cancer, heart disease, stroke, arthritis and others. We have included many interventions to encourage increased physical activity and better nutrition thus reducing our obesity rates leading to lower chronic disease rates. These initiatives include many suggested activities from the State's "Prevent Chronic Disease Plan" such as creating community environments to support physical activity, improved nutrition and breastfeeding, and involving the clinical community in solutions. http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/plan/chronic/diseases/

The CHIP Chart that follows ([Attachment A](#)) outlines the workplan to address both tobacco use and obesity in Chemung County.

One exciting aspect of the CHIP Chart is the unlimited possibilities offered by technological advances. Arnot Health and other local providers are beginning to implement Electronic Health Records (EHR). These EHR's will create a sea change in how providers manage their patients. When fully functional the benefits of EHRs include improved quality and convenience of patient care, accuracy of diagnoses, health outcomes, care coordination, increased patient participation in their care and increased practice efficiencies and cost savings. We will utilize this technology to give our residents one more important tool to improve their health outcomes. EHR's will give providers decision support tools and available resources at their fingertips leading to disease management discussions with patients and better chronic disease case management.

Primary care providers will be trained to talk to their patients about their weight, physical activity, diet and tobacco use. Utilizing residents, we will conduct Continuing Medical & Nursing Education programs or Grand Rounds for health care professionals on these topics. The updated resources mentioned above will be available to providers through a link in the EHR. Through the use of this new technology follow-up calls will be able to be made to check on patient compliance. We will encourage referrals to the Diabetes Prevention Program (DPP) and Chronic Disease Self-Management Program (CDSMP) and facilitate patient engagement through reminder calls and care coordination. Additionally, the EHR's will provide the opportunity and documentation necessary to evaluate and measure their use. EHR's provide one more important connection in the network to support County residents in fighting obesity and tobacco use.

As we pursue our CHIP we will continue to identify emerging best practices to reduce obesity and tobacco use. We will evaluate our own programs and develop data measures to assess their impact. Promising cases for return on investment will be shared with policymakers. Our continued and developing partnerships in the development of this plan have allowed us to strengthen the connection between public health, local hospitals and providers. Specifics are outlined in the CHIP Chart below.

Maintenance of Engagement

The Health Priority Partnership CHIP Chart designates the organizations that have accepted responsibility for implementing the activities outlined in the work plan. Measurements and evaluation techniques are provided for each activity with starting target dates provided. As mentioned above the members of the Health Priorities Partnership have agreed to meet on a bi-monthly basis with the understanding that meetings may need to be held more frequently, and will maintain ongoing communication via emails and conference calls. This will help ensure that the initiatives outlined in this plan are implemented, monitored and evaluated. Progress will also be reported quarterly to the Board of Health, Chemung County Professional Advisory Committee and the Arnot Health Board. Activities on the work plan will be assessed and modified as needed to address barriers, to make mid-course corrections where needed and to duplicate successes. We will continue to monitor county, regional and state indicators and county health rankings to assess the CHIP's impact on the health of the community.

Attachment A: Community Health Improvement Plan

HP² is made up of Chemung County organizations committed to improving the health of Chemung County residents. Members include: Chemung County Health Department, Arnot Health, Guthrie Health, EMSTAR, Creating Healthy Places, Health On Demand, Comprehensive Interdisciplinary Developmental Services, Inc (CIDS), Family Services, Chemung ARC, Health Ministry of the Southern Tier, YWCA, Chemung County DSS, Cornell Cooperative Extension, Eat Smart NY, Chemung County Department of Aging, Elmira College, Chemung County Mental Health, WIC, Arnot Tobacco Cessation Center, Southern Tier Tobacco Awareness Community Partnership (STTAC), Southern Tier Pediatrics, Chemung County Medical Reserve Corps., Community Mental Health Program at Family Services, Chemung County School Readiness Project, Elmira City Council, Economic Opportunity Program, Cancer Services Program of Chemung & Schuyler, Chemung County Poverty Reduction Coalition and community members.

Prevention Agenda Priority: Prevent Chronic Disease					
Focus Area: Reduce Obesity in Children and Adults					
Objective: Prevent obesity trend from rising and aim to reduce the percentage of adults who are obese by 1% - from 30.1% to 29.8% . (According to NYS 08-09 BRFSS, Chemung County (30.1%) currently exceeds the NYS average of 23.2%.)					
Focus Area	Goal	Activities	Partners	Timeframe	Measurement/Evaluation
Reduce Obesity in Children and Adults	A. Create community environments that promote and support healthy food and beverage choices and physical activity.	A.1 Create a breast feeding friendly environment in Chemung County: <ul style="list-style-type: none"> • Promote breastfeeding to WIC mothers. • Evaluate existing breastfeeding environment in Chemung County • Review hospital breastfeeding data and policies • Promotion of breastfeeding friendly environments in hospitals and businesses • Provide education re: breastfeeding such as through CIDS, Breastfeeding series (6 weeks) by Eat Smart NY offered to pregnant and breastfeeding moms. • Investigate the possibility of utilizing EHR/EMR's for actions such as adding breastfeeding resources or tracking documentation of breastfeeding education. 	Health Priorities Partnership, WIC peer counselors, certified lactation consultants, WIC staff, hospital staff, Eat smart NY, CIDS, Possible Partners: Twin Tiers Breastfeeding Network, Ch. Valley LaLeche League, Cham. of Commerce	October 2014 - ongoing	By December 2016, the number of WIC mothers breastfeeding at six months will increase by 5% from 15.3% to 16%. Education provided % of women exclusively breastfeeding in the hospital. # Businesses educated on breastfeeding supportive environment
		A.2 Utilizing residents, conduct Continuing Medical & Nursing Education programs or Grand Rounds for health care professionals, such as programs on healthy nutrition, physical activity, obesity and diabetes prevention & community resources.	HP2, Arnot Health, Guthrie Health Professional nursing organizations	October 2014 - ongoing	CME /Grand Rounds programs held, # of participants, # of CME's & CEU's earned.

Prevention Agenda Priority: Prevent Chronic Disease					
Focus Area: Reduce Obesity in Children and Adults					
Objective: Prevent obesity trend from rising and aim to reduce the percentage of adults who are obese by 1% - from 30.1% to 29.8% . (According to NYS 08-09 BRFSS, Chemung County (30.1%) currently exceeds the NYS average of 23.2%.)					
Focus Area	Goal	Activities	Partners	Timeframe	Measurement/Evaluation
Reduce Obesity in Children and Adults	A. Create community environments that promote and support healthy food and beverage choices and physical activity.	A.3 Provide and promote resource links on partner websites and social media that include supports for breastfeeding, increased opportunities for physical activity and healthy nutrition such as reducing fat, sodium and Sugar Sweetened Beverages (SSB,) and increasing fruit and vegetable consumption. Generate Community resource list of services to address overweight & obesity. <ul style="list-style-type: none"> Promote ongoing resources, programs and active transportation initiatives such as Step It Up, FFIST, the Gold Shoe program, Get Active Elmira, bike racks on buses (CTRAN), Southern Tier Bicycle League bike racks & bike share program, bike to work days, Matter of Balance. 	Health Priorities Partnership, CIDS, CCE, CHP	December 2014 - ongoing	# of partner websites with links to resources and programs on physical activity and healthy nutrition. Resource list developed
		A.4 Utilize earned media to promote Physical Activity and Healthy Foods and Beverages through public service announcements, local print, radio and television media, social media, news interviews and newsletters highlighting efforts. <ul style="list-style-type: none"> Engage community leaders, stakeholders, businesses, agency heads, and elected officials to encourage them to establish environmental and policy changes and to promote physical activity (such as Complete Streets) and consumption of healthy foods and beverages. 	Health Priorities Partnership, Eat Smart NY	July 2014 - ongoing	# of PSA's provided by partnering agencies. # of local print, radio & TV ads, interviews, letters to the editor, newsletters. # and level of leaders engaged
		A.5 Plan and implement initiatives and evidence based programs that promote physical activity and/ or healthy nutrition such as Eating Right is Basic, and Jumping Into Foods and Fitness. <ul style="list-style-type: none"> Assess, plan and implement other evidence promising programs such as: Step It Up, FFIST, Gold Shoe, Bicycle Sharing Sheds and Strong Kids/Safe Kids. Continue to apply for seasonal opportunities to increase utilization of Farmer's Markets 	Health Priorities Partnership, Eat Smart NY	December 2014 - ongoing	# of programs, # of participants. # of participants with improved health outcomes.

The Health Priorities Partnership (HP²)

Prevention Agenda Priority: Prevent Chronic Disease Focus Area: Reduce Obesity in Children and Adults					
Objective: Prevent obesity trend from rising and aim to reduce the percentage of adults who are obese by 1% - from 30.1% to 29.8% . (According to NYS 08-09 BRFSS, Chemung County (30.1%) currently exceeds the NYS average of 23.2%.)					
Focus Area	Goal	Activities	Partners	Timeframe	Measurement/ Evaluation
Reduce Obesity in Children and Adults	A. Create community environments that promote and support healthy food and beverage choices and physical activity.	A.6 Partner with County & City officials to develop and implement a plan to rehabilitate, improve and promote parks, playgrounds and trails in underserved areas to offer safe, and accessible opportunities for physical activity for persons of all ages and abilities.	Health Priorities Partnership, Creating Healthy Places, DOT	November 2013 & Ongoing	Completion of improvement of at least 1 park
		A.7 Increase physical activity by improving street scale urban design for small geographic areas such as safe street crossings, use of traffic calming approaches, tactile ramps. (Complete Streets)	Health Priorities Partnership, Creating Healthy Places	January 2014 & Ongoing	
		A.8 Establish or enhance community gardens & promote use t to encourage consumption of fruits and vegetables.	Creating Healthy Places, civic& faith based orgs.	March 2014 & ongoing	At least 2 gardens established/enhanced
		A.9 Conduct research to support evidence-based approaches to reducing obesity through research foundation partnership with Cornell University. Collect and analyze data on evidence based programs such as Diabetes Prevention Program and CDSMP.	Guthrie Health Arnot Health Health Priorities Partnership	January 2014 ongoing	Research conducted and findings published.
		A.10 Investigate joint use agreements with county schools. Create a list of current joint use agreements and resources open to the community.	Health Priorities Partnership, 4 County School districts Parent Partners	January 2014 - ongoing	# joint use agreements, list of resources available to community members (playgrounds, fitness equipment, etc.), provide info online.
		A.11 Investigate data on obesity prevention programs to strengthen the case on return on investment in obesity reduction programs and share findings with policy makers and businesses including Chamber of Commerce and Leadership Chemung.	Health Priorities Partnership	January 2015 Ongoing	Data analyzed and findings shared.

The Health Priorities Partnership (HP²)

Prevention Agenda Priority: Prevent Chronic Disease					
Focus Area: Reduce Obesity in Children and Adults					
Objective: Prevent obesity trend from rising and aim to reduce the percentage of adults who are obese by 1% - from 30.1% to 29.8% . (According to NYS 08-09 BRFSS, Chemung County (30.1%) currently exceeds the NYS average of 23.2%.)					
Focus Area	Goal	Activities	Partners	Timeframe	Measurement/ Evaluation
Reduce Obesity in Children and Adults	B. Expand the role of health care and health service providers and insurers in obesity prevention.	B.1 Educate and provide resources to health care professionals as a way to talk with their patients about their weight, nutrition, physical activity and disease prevention & management. Investigate use of "prescription pads" for health care providers to include need / resources for physical activity and healthy nutrition including Chronic Disease Self Management and Diabetes Prevention Program.	Health Priorities Partnership, Arnot Health, Guthrie Health, Health On Demand	June 2014 ongoing	# health professionals educated # resources disseminated
		B.2 Once EMR/EHR system is completed and operational, investigate the possibility of providing obesity prevention and community resources to persons who are overweight, obese and / or at risk for diabetes. Encourage referrals to Diabetes Prevention Program (DPP) and Chronic Disease Self-Management Program (CDSMP). Facilitate patient engagement through reminder calls and care coordination.	Arnot Health, Guthrie Health Human Services Committee	December 2014 - ongoing	Monitor and evaluate usage.
		B.3 Educate providers and the public on Medicare coverage for obesity counseling to patients with a BMI over 30 and for preventative health screenings.	Health Priorities Partnership	January 2014 - ongoing	Methods used to disseminate information
		B.4 Encourage public to investigate their health promotion coverage under their insurance policy	Health Priorities Partnership	June 2014 – ongoing	Methods used to educate public
		B.5 Recruit new members and sustain HP2 Partnership through ongoing communication and at least bimonthly meetings.	Health Priorities Partnership New partners	January 2014- ongoing	# new partners recruited Minutes of meetings

<p align="center">Prevention Agenda Priority: Prevent Chronic Disease</p> <p align="center">Focus Area: Reduce illness, disability and death related to tobacco use and secondhand smoke exposure.</p> <p align="center">Disparity: Reduce percentage of lower income individuals who smoke including those with mental health and substance abuse issues.</p>					
<p>Objective: Reduce percentage of tobacco use, specifically cigarette smoking, among adults by 3% from 30.8% to 29.9%. (According to NYS 08-09 BRFSS, Chemung County (30.8%) currently exceeds the NYS average of 17%.)</p>					
Focus Area	Goal	Activities	Partners	Timeframe	Measurement/ Evaluation
<p align="center">Reduce illness, disability and death related to tobacco use and second hand smoke exposure</p>	<p align="center">C. Reduce exposure to secondhand smoke.</p>	<p>C.1 Advocacy:</p> <ul style="list-style-type: none"> Invest in efforts to create smoke-free environments throughout the community, encouraging Chemung County government to lead by example. Provide support to community partners to adopt tobacco-free outdoor policies 	<p>Health Priorities Partnership STTAC</p>	<p>January 2015 - ongoing</p>	<p>By October 2014, four tobacco free outdoor policies will be adopted. Links to policies will be posted.</p>
		<p>C.2 Highlight dangers of tobacco through</p> <ul style="list-style-type: none"> Public service announcements and earned media Promote media campaigns with hard-hitting cessation messages and the importance of tobacco free outdoors. 	<p>Health Priorities Partnership, STTAC, Arnot Cessation Center</p>	<p>July 2014 ongoing -</p>	<p># PSA's provided, # campaigns held</p>
		<p>C.3 Investigate the possibility of providing landlords throughout the county & local municipalities with guidelines on how to make their properties smoke free</p>	<p>Health Priorities Partnership STTAC City of Elmira</p>	<p>October 2014 ongoing</p>	<p># landlords receiving guidelines. #smoke free properties.</p>

The Health Priorities Partnership (HP²)

<p align="center">Prevention Agenda Priority: Prevent Chronic Disease</p> <p align="center">Focus Area: Reduce illness, disability and death related to tobacco use and secondhand smoke exposure.</p> <p align="center">Disparity: Reduce percentage of lower income individuals who smoke including those with mental health and substance abuse issues.</p>					
<p align="center">Objective: Reduce percentage of tobacco use, specifically cigarette smoking, among adults by 3% from 30.8% to 29.9%. (According to NYS 08-09 BRFSS, Chemung County (30.8%) currently exceeds the NYS average of 17%.)</p>					
Focus Area	Goal	Activities	Partners	Timeframe	Measurement/Evaluation
<p align="center">Reduce illness, disability and death related to tobacco use and second hand smoke exposure</p>	<p>D. Promote tobacco cessation, especially among low SES populations and/or those with mental health illness.</p>	<p>D.1 Promote cessation counseling to community residents targeting people with disabilities, mental health and substance abuse problems.</p> <ul style="list-style-type: none"> • Promote NYS Smokers' Quitline. • Provide tobacco cessation information / education to clients of organizations such as home care, CIDS, hospital patients, Health Ministry of the Southern Tier, Cancer Services Program, etc. • Advocate with organizational decision makers of health care facilities and programs that provide services for people of lower SES, and/or mental health to adopt system changes that identify, refer, and treat tobacco users according to the U.S. Department of Health and Human Services Public Guidelines for Treating Tobacco Use and Dependence. • Provide community education, discrete events, earned media and other ways of disseminating information to the public and health care providers • Develop community resource list of services for tobacco cessation • CIDS will continue to work with parents re: going outside the home to smoke to decrease exposure to secondhand smoke. Work with Homecare agencies to encourage caregivers of clients to smoke outside the home. 	<p>Health Priorities Partnership, Arnot Tobacco Cessation Center, Cancer Services Program Health Ministry of the Southern Tier, CIDS</p>	<p>July 2014 ongoing</p>	<p># NYS Smokers Quitline calls.</p> <p>#agencies/organizations participating in tobacco cessation education to clients.</p> <p>Resource list developed</p>

The Health Priorities Partnership (HP²)

Prevention Agenda Priority: Prevent Chronic Disease Focus Area: Reduce illness, disability and death related to tobacco use and secondhand smoke exposure Disparity: Reduce percentage of lower income individuals who smoke including those with mental health and substance abuse issues.					
Objective: Reduce percentage of cigarette smoking among adults.					
Focus Area	Goal	Activities	Partners	Timeframe	Measurement/Evaluation
Reduce illness, disability and death related to tobacco use and secondhand smoke exposure	E. Prevent initiation of tobacco use by New York youth and young adults, especially among low socioeconomic status (SES) populations.	E.1 Participate in local and national activities and/or events that educate the public on the impact of retail tobacco marketing on youth (Point of Sale -POS) such as the Great American Smoke Out, Kick Butts Day, World No Tobacco Day, Strong Kids Safe Kids and the Adolescent Health and Wellness conference.	Health Priorities Partnership, STTAC	July 2014 ongoing	# activities held and/or events attended.
	F. Encourage providers to talk with their patients about tobacco cessation.	F.1 Once EMR/EHR system is completed and operational, investigate the possibility of providing community resources for tobacco cessation.	Arnot Health, Guthrie Health, Arnot Tobacco Cessation Center	December 2014 – ongoing	Monitor and evaluate usage.
		F.2 Communicate with and Influence decision makers and advocate for change in their organizations' policies, programs, or practices by offering education, training and technical assistance with adopting system-level changes that foster comprehensive tobacco dependence treatment.	Arnot Health, Guthrie Health, Arnot Tobacco Cessation Center	December 2014 - ongoing	Monitor and evaluate usage.

The Health Priorities Partnership (HP²)

Prevention Agenda Focus Area: Prevent Chronic Disease Objectives: Reduce illness, disability and death related to tobacco use and secondhand smoke exposure Disparity: Reduce smoking rates in lower income individuals including those with mental health and substance abuse issues					
Decrease the prevalence of any tobacco use (cigarettes, cigars, smokeless tobacco) by high school age students					
Focus Area	Goal	Activities	Partners	Timeframe	Measurement/Evaluation
Reduce illness, disability and death related to tobacco use and secondhand smoke exposure	G. Prevent initiation of tobacco use by New York youth and young adults, especially among low socioeconomic status (SES) populations	G.1 Utilize local media to promote education on youth smoking and the impact of tobacco marketing.	Chemung County Health Department, STTAC	July 2014 - ongoing	# media contacts made, # stories published
		G.2 Educate community leaders and policymakers on the problems of youth smoking and the impact of tobacco marketing on youth smoking.	Health Priorities Partnership Chemung County Health Department, Arnot Health, Guthrie Health, STTAC	July 2014 - ongoing	# educated
		G.3 Conduct a Youth POS and TFO survey in local schools and/or youth centers/organizations.	Health Priorities Partnership Chemung County Health Department, STTAC	July 2014 - ongoing	# schools/youth organizations surveyed, # surveys collected
		G.4 Educate and engage a youth focused organization to attend and speak during a legislature/board of health/council meeting, write letters to editor, educate their network and/or educate community members	Health Priorities Partnership Chemung County Health Department, STTAC	July 2014 - ongoing	Organization engaged, meeting attended or letter written



Attachment B: Chemung County Community Survey 2013
Chemung County Community Survey 2013

Completed through a collaboration of Chemung County Health Department,
 Chemung Valley Rural Health Network, Arnot Health, YWCA of Elmira and the Twin Tiers

County	Chemung Survey	Census (2011 est.)
# surveys	564	88,840
18-24 yo	2.4%	9.7%
25 – 34 yo	16.9%	12.8%
35 to 49 yo	22.8%	20.1%
50 to 64 yo	35.0%	22.1%
65 & over	23.0%	15.1%
White	80.4%	88.9%
African American	18.6%	6.9%
Hispanic	1.8%	2.7%
Asian	1.2%	1.3%
High School	11.7%	36.8%
Some College	22.2%	19.0%
AAS or more	16.5%	11.3%
Bach or more	22.6%	11.0%
Grad/Prof Degree	23.5%	9.1%
Full Time	45.7%	--
Retired	21.8%	--
Part time	14.3	--
20+ yrs in county	72.3%	--
Less than \$15k	14.6%	14.1
\$15,001-\$25,000	14.2%	13.9
\$25,001-\$50,000	27.0%	25.5
\$50,001-\$75,000	19.2%	19.7
\$75,001-\$100,000	11.1%	11.2
Over \$100,000	13.9%	15.6
Married	56.6%	51.3%
Medical Insurance	89.2%	--
Dental Insurance	64.5%	--
Female respondents	62.9% (355)	50.2
Female Average BMI	29.94%	--
Male Average BMI	29.76%	--
Comp survey	85.8% (484)	--

Please take a few moments to click on those boxes that you think are issues with the most important needs facing you and Chemung County today.	Problem for YOU	Problem in Chemung County	Don't know or unsure	Response Count	% Adults Affected Chemung Co. - NYS DOH, EBRFSS	% Adults Affected NYS - NYS DOH, EBRFSS
16. Poor nutrition (unhealthy eating)	13.9%	78.6%	16.2%	518		
15. Obesity/overweight	25.2%	76.5%	11.0%	527	69.7%	59.3%
11. Drug abuse/abuse of prescription drugs or illegal drugs	2.1%	76.5%	22.4%	514		
21. Smoking / tobacco use	6.8%	72.5%	24.0%	499	30.8%	17.0%
22. Teen pregnancy	1.8%	72.5%	25.9%	510		2.1%
6. Behavioral problems in children	5.2%	72.3%	25.4%	520		
14. Lack of physical activity & fitness	24.4%	70.2%	17.6%	517	20.0%	23.7%
9. Depression / other mental illnesses	12.7%	68.5%	24.6%	505		
4. Alcohol abuse	2.0%	66.3%	32.7%	493	20.5%	
25. Unplanned pregnancy	1.8%	57.8%	41.4%	491		
8. Cancer	8.4%	57.4%	49.5%	476		
17. Problems with teeth or gums (dental health)	16.3%	54.0%	36.9%	498		
10. Diabetes	15.3%	53.0%	35.5%	485	11.3%	9.0%
5. Alzheimer's, Dementia, Memory Loss	6.8%	52.5%	44.3%	497		
23. Transportation to health care	6.2%	49.1%	47.0%	485		
3. Access to specialty health care	13.9%	47.6%	44.8%	475		
13. High blood pressure, stroke	21.6%	47.2%	37.1%	477	32.5%	25.7%
20. Sexually transmitted diseases (Chlamydia, Herpes, HIV/AIDS)	1.0%	45.6%	53.6%	478		
18. Pulmonary diseases (COPD, Emphysema, Asthma)	11.3%	44.7%	46.8%	479	11.1%	9.7%
1. Access to home care	5.0%	43.9%	54.3%	499		
12. Heart disease (Congestive Heart Failure, Angina, "A-fib")	11.0%	42.4%	49.9%	465	11.2%	7.6%
24. Underweight or premature babies	1.9%	23.0%	75.3%	465		
2. Access to pregnancy care	2.0%	22.9%	75.9%	449		
19. Quality of well water	5.4%	20.9%	76.3%	464		
7. Birth defects	1.5%	20.7%	78.0%	460		
Total Respondents	560					

Chemung County				
#1 Top Problem – Total Respondents: 498				
15. Obesity/Overweight	3. Access to specialty health care	14. Lack of physical activity and fitness	6. Behavioral problems in children	10. Diabetes
12.4% (62)	8.0% (40)	7.6% (38)	7.4% (37)	6.2% (31)
#2 Problem – Total Respondents: 468				
15. Obesity/Overweight	14. Lack of physical activity and fitness	9. Depression / other mental illness	11. Drug abuse/abuse of prescription drugs or illegal drugs	Tie: 26. Arthritis/muscle or bone problem & 16. Poor nutrition (unhealthy eating)
14.5% (68)	9.4% (44)	8.1% (38)	7.5% (35)	6.8% (32)
#3 Problem – Total Respondents: 553				
15. Obesity/Overweight	Poor nutrition (unhealthy eating)	14. Lack of physical activity and fitness	9. Depression / other mental illness	26. Arthritis, muscle or bone problem
12.3% (68)	8.2% (28)	7.0% (29)	6.8% (28)	6.1% (25)

Problem with greatest need – Total Respondents:				
Drug abuse/abuse of prescription drugs or illegal drugs	Overweight / Obesity	Teen Pregnancy	Behavioral Problems in Children	Poor Nutrition / Unhealthy eating
19.2% (87)	15.9% (72)	6.4% (29)	6.4% (29)	5.8% (26)

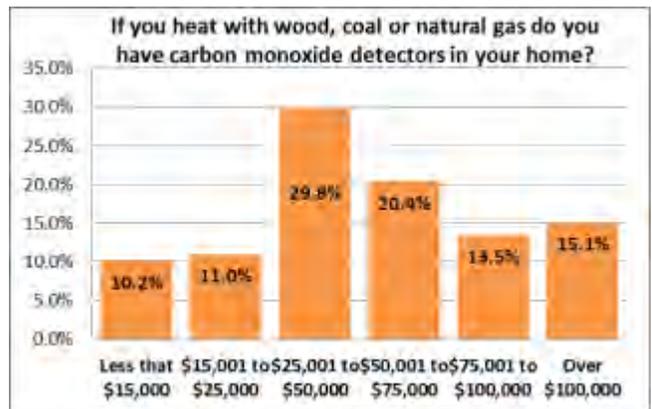
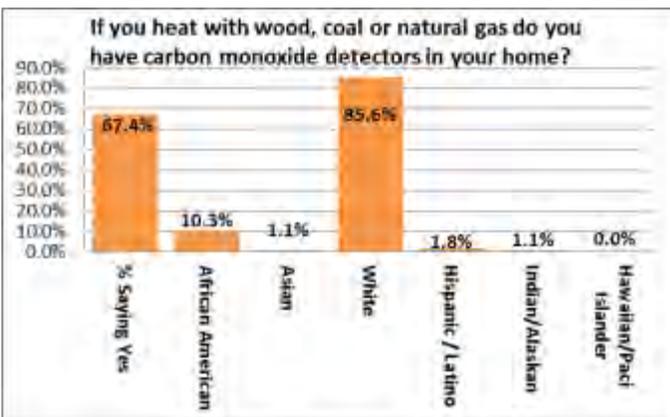
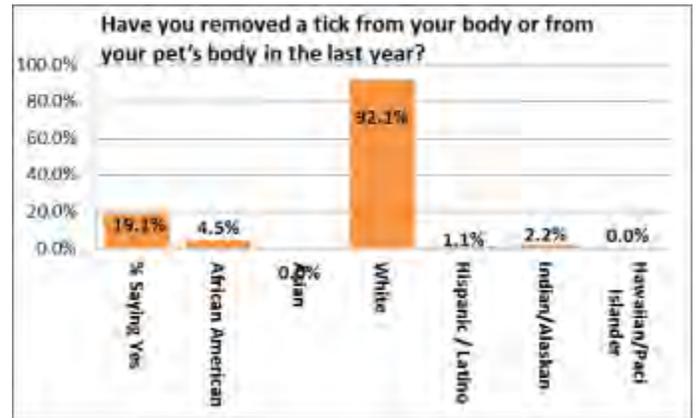
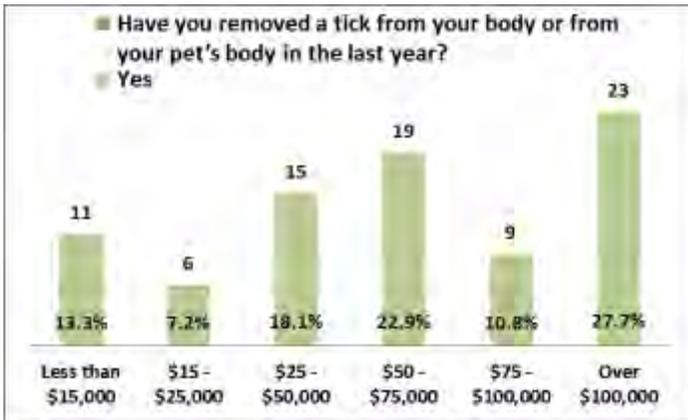
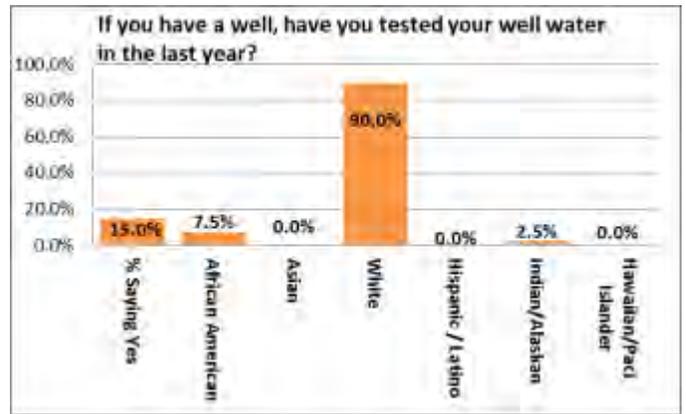
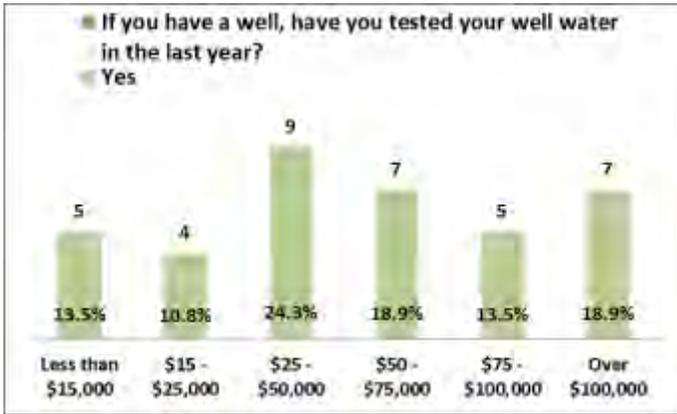
Do you think that access to primary health care (family doctor) is a problem in Chemung County	Problem for YOU	Chemung County Problem	Don't know or unsure	Response Count	% Adults with a Primary Provider EBRFSS - Chemung Co.	% Adults with a Primary Provider EBRFSS - NYS
For low-income families?	12.7%	67.8%	26.5%	479	80.4%	87.1%
For the elderly?	6.8%	64.1%	33.1%	471		
For persons with disabilities?	4.5%	54.1%	44.2%	468		
For all in community?	4.9%	49.2%	48.7%	452		
For persons new to the area?	4.8%	43.6%	54.0%	461		
Total Respondents	506					

Do you think that access to behavioral health care is a problem in Chemung County for:

Answer Options	Problem for YOU	Chemung County Problem	Don't know or unsure	Response Count
Drug Abuse	1.5%	64.7%	34.7%	476
Mental Health	5.6%	58.8%	39.1%	468
Alcoholism	1.9%	57.4%	41.8%	467
Developmental Disability	2.2%	41.7%	57.0%	451
Gambling Addictions	0.2%	34.9%	65.1%	461
Total Respondents	508			

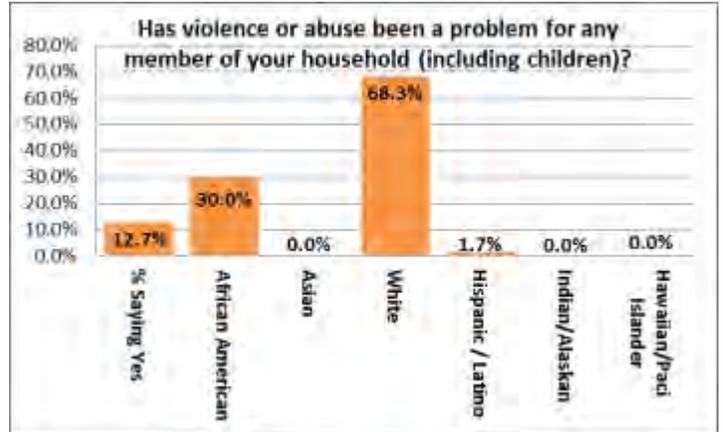
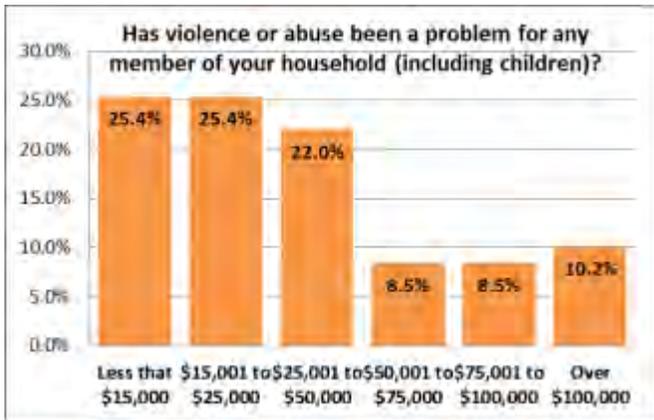
Do you think that any of these environmental exposures are a problem in Chemung County?	Problem for YOU	Chemung County Problem	Don't know or unsure	Response Count
Lead	0.9%	38.1%	61.7%	454
Radon	4.8%	37.6%	60.9%	463
Air pollution	3.1%	30.5%	69.0%	449
Water pollution	2.0%	30.5%	69.3%	443
Diseases transmitted by insects	2.0%	29.5%	69.4%	451
Agricultural chemicals	2.9%	25.6%	73.1%	454
Toxic exposures at work	2.0%	24.9%	73.9%	449
Contaminated well water	2.2%	24.6%	74.8%	452
Septic systems	2.7%	24.1%	74.6%	448
Carbon Monoxide	1.4%	19.7%	79.9%	437
Toxic exposures at home	3.2%	19.0%	79.9%	437
Food poisoning	1.8%	13.2%	85.8%	438
Total Respondents	506			

Income	White		African American		Other	
	Count	%	Count	%	Count	%
Less than \$15,000	40	63.5%	20	31.7%	3	4.8%
\$15,001 to \$25,000	44	68.8%	17	26.6%	3	4.7%
\$25,001 to \$50,000	96	78.7%	19	15.6%	7	5.7%
\$50,001 to \$75,000	76	88.4%	6	7.0%	4	4.7%
\$75,001 to \$100,000	44	89.8%	4	8.2%	1	2.0%
Over \$100,000	57	90.5%	6	9.5%	0	0.0%
Totals	357	79.9%	72	16.1%	18	4.0%



Do you think that violence in the following areas is a problem in Chemung County?

Answer Options	Problem for YOU	Problem in Chemung County	Don't know or unsure	Response Count
Violence among young adults - bullying	2.0%	85.1%	14.3%	503
Child abuse / neglect	1.0%	76.3%	23.1%	502
Spouse / partner abuse	1.0%	60.1%	39.9%	484
Elder abuse / neglect	1.2%	52.7%	46.7%	490
Sexual assault	1.1%	52.3%	47.3%	476
Total Respondents	517			

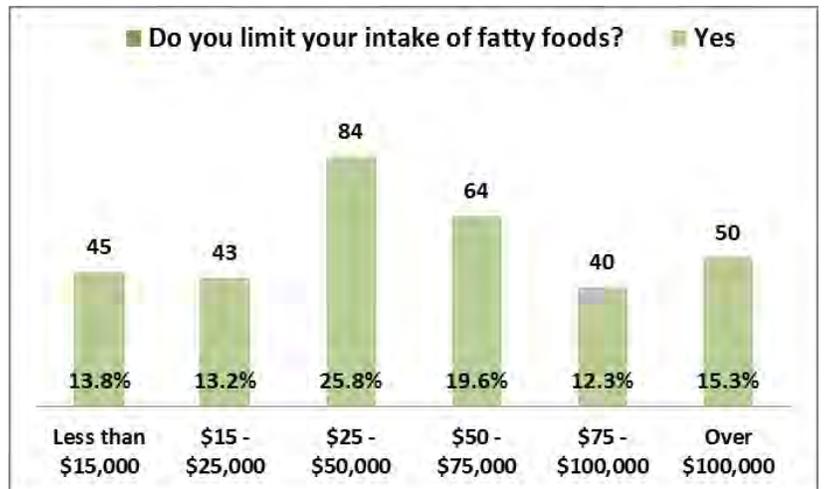
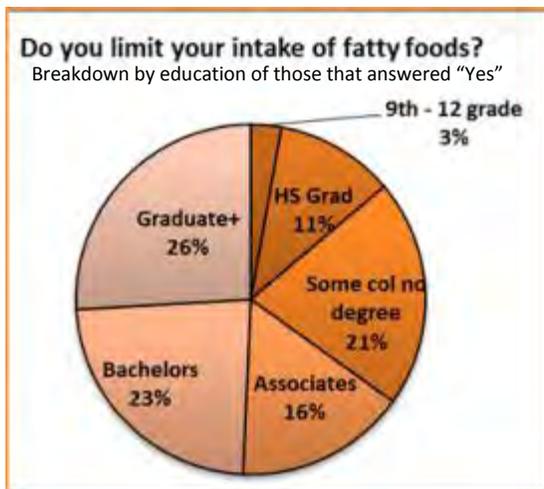


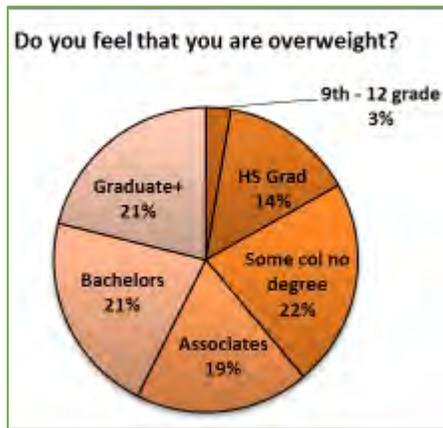
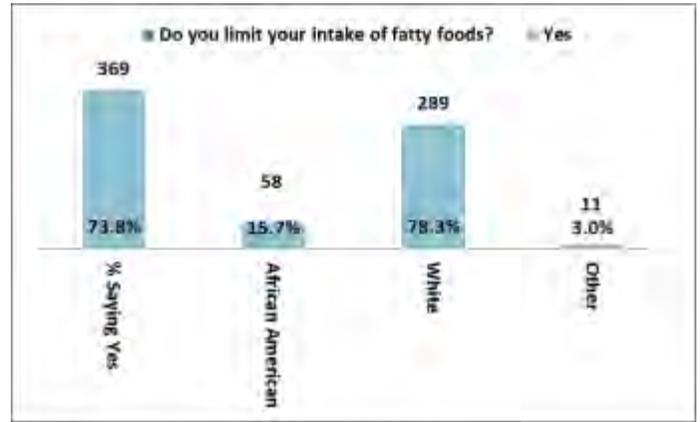
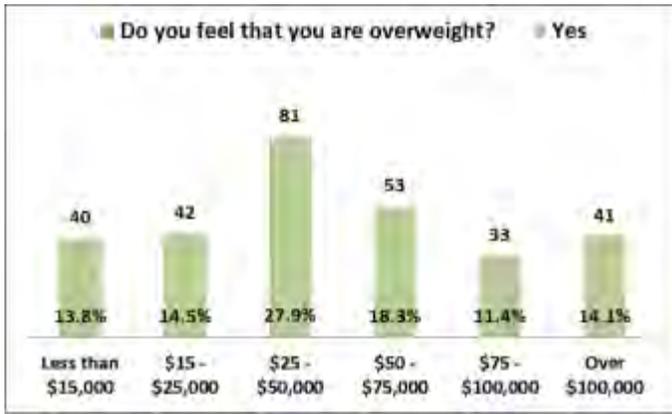
Do you think that there is a problem being seen by or receiving services from any of the following in Chemung County?

Answer Options	Problem for YOU	Problem in Chemung County	Don't know or unsure	Response Count
Mental/behavioral health	5.5%	53.2%	45.5%	455
Dentists	18.0%	47.9%	42.5%	461
Specialty doctors	11.1%	46.3%	47.9%	449
Nursing homes	3.0%	43.8%	55.1%	432
Home care services and supports	5.2%	41.8%	55.5%	443
Specialized support groups	6.3%	38.2%	59.3%	432
Nutritionists / Dieticians	7.3%	38.1%	59.1%	438
Therapists (physical, speech, occupational)	3.9%	32.0%	65.6%	410
Pharmacies	2.5%	19.1%	79.6%	397
Total Respondents	513			

Please answer yes or no			
Answer Options	Yes	No	Response Count
Do you limit your intake of fatty foods?	75.1%	24.9%	502
Are you exposed to second-hand smoke?	25.5%	74.5%	505
Has violence or abuse been a problem for any member of your household (including children)?	13.6%	87.4%	493
If so, have you sought assistance?	21.2%	78.8%	226
Do you feel that you are overweight?	65.1%	34.9%	490
Do you feel that you are underweight?	3.7%	96.3%	460
Do you need help with sorting out problems that cause you stress?	22.9%	77.1%	493
Does someone in your household need help with these problems?	24.5%	75.5%	478
Do you need help managing depression?	15.4%	84.6%	494
Do you feel you would use some kind of program aimed at managing depression?	17.5%	82.5%	486
Do you feel any person in your household would use some kind of program aimed at managing depression?	20.5%	79.5%	487
Do you feel you or anyone in your household would use some kind of program aimed at suicide prevention?	7.6%	92.4%	485
During the past month, did you participate in any physical exercise?	76.0%	24.0%	492
Have you removed a tick from your body or from your pets body in the last year?	19.1%	80.9%	482
If you heat with wood, coal or natural gas do you have carbon monoxide detectors in your home?	66.6%	33.4%	416
If you have a well, have you tested your well water in the last year?	15.5%	84.5%	277
Total Respondents	509		

Which of your health behaviors would you like to improve? Check all that apply.		
Answer Options	Response Percent	Response Count
Weight	63.0%	319
Physical activity	61.9%	313
Eating habits	59.9%	303
Managing stress	50.2%	254
Tobacco use	13.4%	68
Alcohol consumption	8.9%	45
Total Respondents	506	



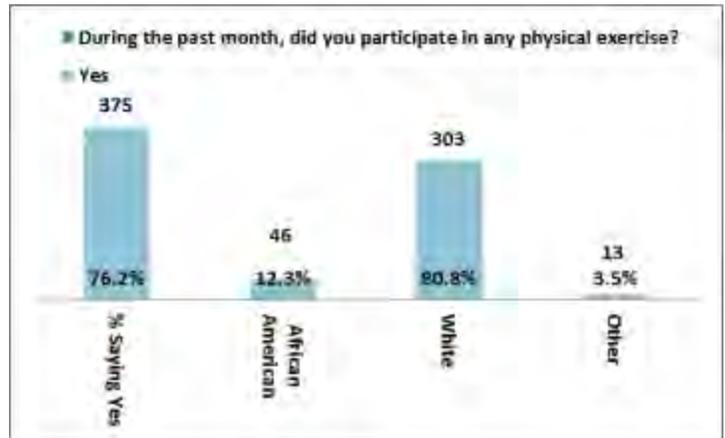
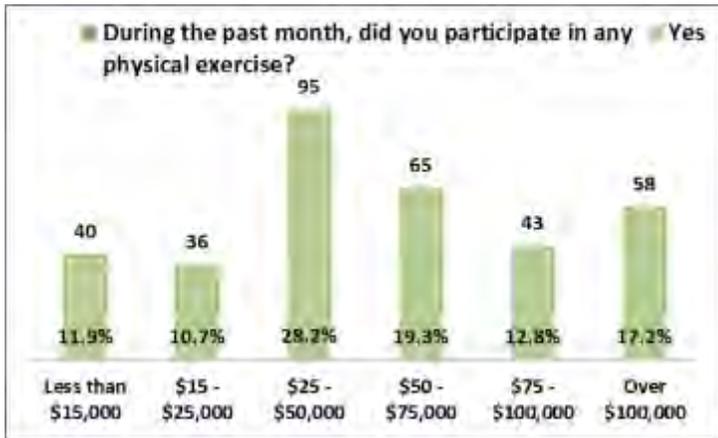


If fewer than five servings, why? Check all that apply.

Answer Options	Response Percent	Response Count
Short shelf life	43.5%	157
Time needed to prepare	30.2%	109
Don't like them	16.3%	59
Cost	5.1%	188
Total Respondents	361	

How many fruits and vegetables do you eat in a day?	5 or more	3-4	1-2	0 (Rarely)	Response Count	% Adults Eating 5+ Fruit/Veg Daily NYS DOH Chemung Co.	% Adults Eating 5+ Fruit/Veg Daily NYS DOH NYS
Yourself?	20.7%	32.7%	40.0%	6.6%	532	28.0%	27.1%
Your children?	14.1%	43.0%	31.3%	11.6%	249		
Other adults?	16.2%	34%	36.7%	13.0%	376		
Total Respondents	532						

How many times per week do you exercise?	Response Percent	Response Count	% Adults Engaging in Leisure Time Physical Activity NYS DOH - Chemung Co.	% Adults Engaging in Leisure Time Physical Activity NYS DOH - NYS
Five or more	20.0%	103	--	--
Three	17.4%	90	--	--
Two	16.1%	83	--	--
Four	12.4%	64	--	--
One	10.3%	53	--	--
None	23.1%	119	20.0%	21.1%
Does not apply	2.9%	15		
Total Respondents	516			



If you exercise how long do you exercise for?

Answer Options	Response Percent	Response Count
15 minutes or less	12.6%	64
16 - 30 minutes	27.1%	138
31 - 45 minutes	20.8%	106
46 - 60 minutes	13.4%	68
1 hour or more	8.3%	42
Does Not Apply	18.9%	96
Total Respondents	509	

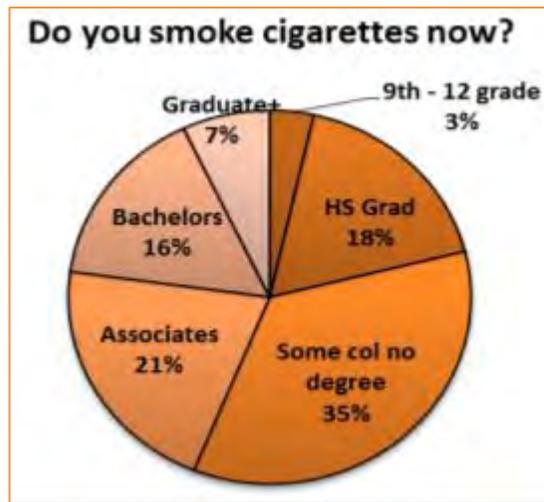
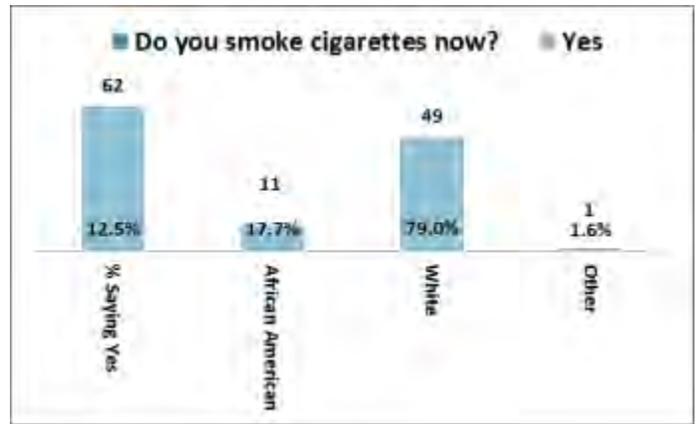
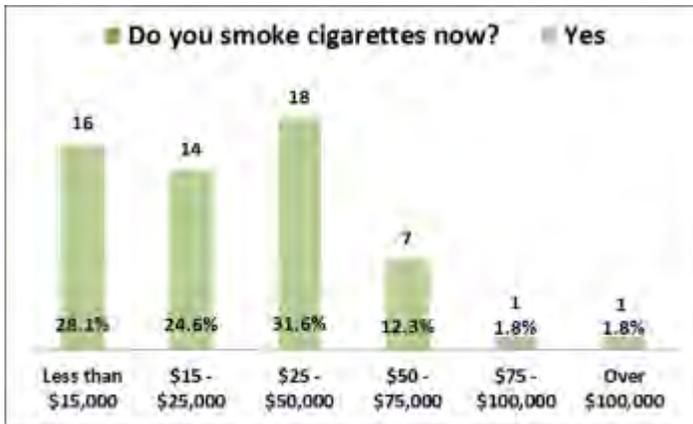
If you don't exercise, what keeps you from exercising? Check all that apply

Answer Options	Response Percent	Response Count
Lack of time	63.7%	191
Choose not to	25.3%	76
Lack of money	25.3%	76
Safety (no street lights or sidewalks)	13.0%	39
Lack of transportation	5.7%	17
Total Respondents	300	

In your community do you have: Check all that apply.

Answer Options	Response Percent	Response Count
Bike paths	38.2%	178
Public gym	38.4%	179
Public pool	39.3%	183
Sidewalks	79.4%	370
Street lights	85.8%	400
Trails	49.4%	230
Total Respondents	466	

Do you smoke cigarettes now?	Response Percent	Response Count	% Adults Currently Smoking BRFSS - Chemung Co.	% Adults Currently Smoking BRFSS - NYS
No	86.7%	438	30.8%	17%
Yes	13.2%	69		
Yes, half a pack (10) per day	7.1%	36		
Yes, one pack (20) per day	5.9%	30		
Yes, one and a half (30) per day	0.0%	0		
Yes two packs (40) per day	0.2%	1		
Yes, more than two packs per day	0.0%	0		
Total Respondents	505			



If you're a current smoker, how long have you smoked?	Response Percent	Response Count
One year or less	0.4%	1
1 - 5 years	1.9%	5
5 - 10 years	2.6%	7
10 - 15 years	3.7%	10
15 - 20 years	7.1%	19
20 - 25 years	4.1%	11
25 years or more	6.7%	18
Does Not Apply	73.6%	198
Total Respondents		269

Do you use an electronic smoking device (e-cigarettes)?		
Answer Options	Response Percent	Response Count
Yes	3.8%	15
No	96.2%	377
Total Respondents		392

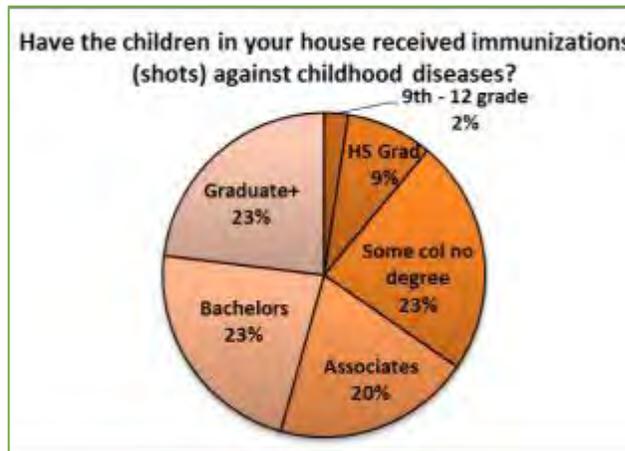
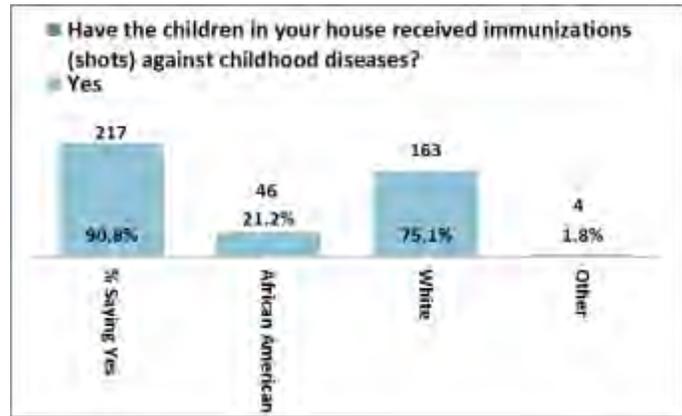
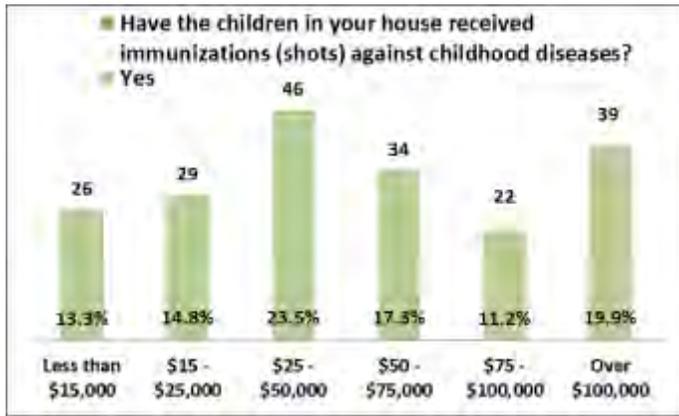
Do you currently use any smokeless tobacco products such as chewing tobacco or snuff?		
Answer Options	Response Percent	Response Count
Yes, chewing tobacco	1.5%	6
Yes, snuff	0.0%	0
Yes, both	0.3%	1
No, neither	98.2%	390
Total Respondents		397

Please answer these questions regarding alcohol use: (One drink is a beer, a glass of wine or a mixed drink)								
Answer Options	None	1 or 2 a month	1 or 2 a week	1 or 2 a day	More than 2 a day	Response Count	% Adults Heavy Drinkers BRFSS - Chemung Co.	% Adults Heavy Drinkers BRFSS - NYS
How much alcohol do you drink?	36.3%	29.9%	22.6%	8.6%	2.6%	509	6.1%	5.0%
How much do others in your household drink?	41.8%	21.0%	20.8%	11.3%	5.1%	433		
Total Respondents	512							

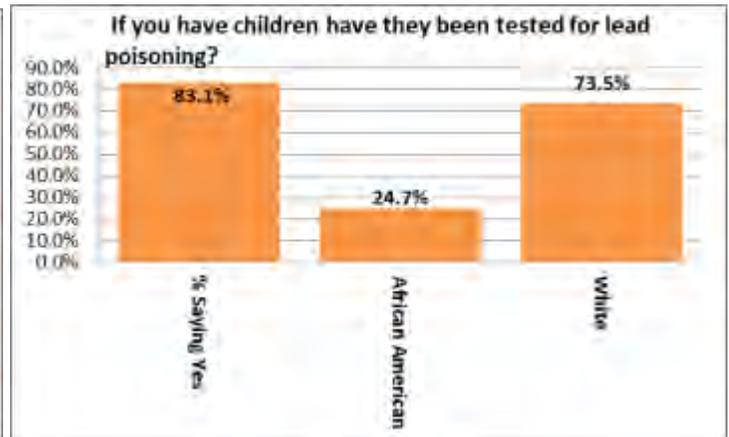
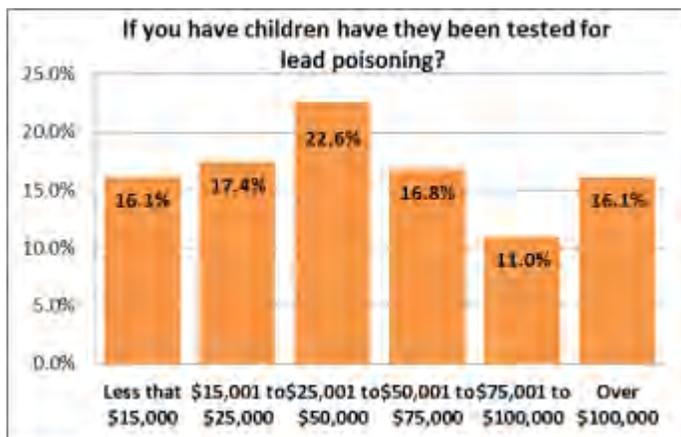
Considering all types of alcoholic beverages, how many times in the last 30 days did you have more than 5 drinks (if a man) or 4 drinks (if a woman) on one occasion?				
Answer Options	Response Percent	Response Count	% Adults That Binge Drink BRFSS - Chemung Co.	% Adults That Binge Drink BRFSS - NYS
None	74.9%	373	20.5%	18.1%
Once	14.1%	70		
Twice	5.0%	25		
3 or 4	2.8%	14		
4 or more	3.2%	16		
Total Respondents	498			

Have the children in your house received immunizations (shots) against childhood diseases?		
Answer Options	Response Percent	Response Count
Yes	49.0%	223
No	3.5%	16
Some, not all	1.5%	7
Does not apply	44.6%	203
Not sure	1.3%	6
Total Respondents	455	

Please choose all that apply	Yes	No, I didn't feel it was needed	No, my insurance doesn't cover it	No, I didn't have time	No, I couldn't afford it	No, I didn't know I/we/they should get it	Response Count	EBRFSS Chemung Co. 2009	EBRFSS NYS 2009
Did the adults in your household receive a flu shot this during the fall or winter of 2011- 2012?	70.6%	22.5%	3.2%	1.2%	3.2%	1.4%	494	38.2%	41.7%
Did the children in your household receive a flu shot this fall or winter of 2011- 2012?	58.2%	30.6%	4.7%	0.9%	1.7%	5.2%	232	--	--
Have the adults in your household received a tetanus shot in the last ten years?	76.7%	13.1%	0.8%	0.8%	1.6%	7.2%	489	--	--
Total Respondents	512								



If you have children have they been tested for lead poisoning?	Response Percent	Response Count
Yes, at age one	6.2%	28
Yes, at age 2	4.2%	19
Yes, at age one and two	9.9%	45
Yes, but I don't remember their age	17.0%	77
No	5.9%	27
No, but I didn't know it was needed	1.8%	8
Does not apply	55.1%	250
Total Respondents		454

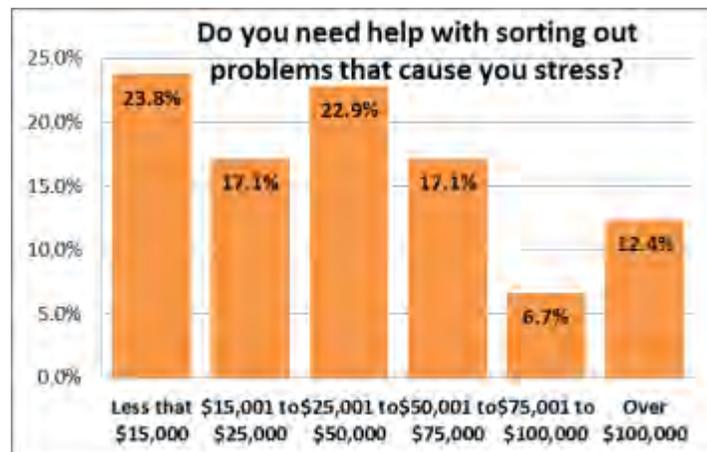
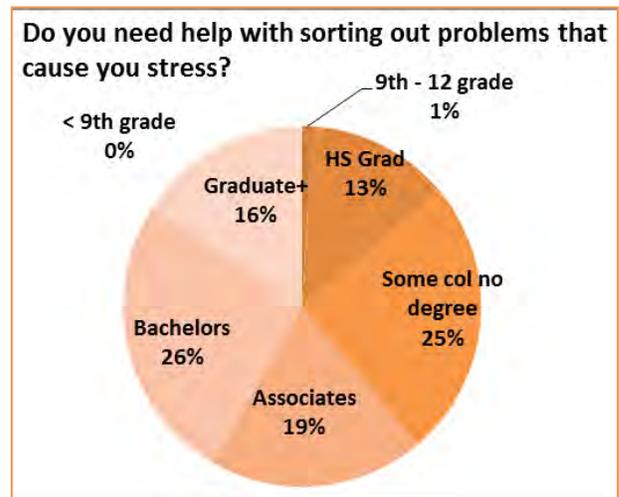


Please choose one:	Never	Sometimes	Always	Does Not Apply	Response Count
If you have a child age 14 or younger, do your children wear protective helmets when riding bicycles?	4.1%	11.2%	21.6%	63.2%	394
The home where I reside is served by Elmira City water, a fluoridated public water supply.	7.3%	1.6%	58.4%	32.7%	450

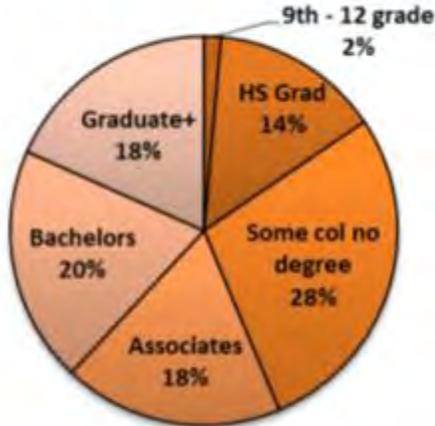
In the past 6 months were there any days that your mental health was not good?		Response Count
No	60.3% (235)	390
Yes	39.7% (155)	390
1-10 days	56.8% (88)	155
11-20 days	18.0% (28)	155
21-30 days	9.0% (14)	155
More than 30 days	16.1% (25)	155

In the past 6 months were there any days that your physical health was not good?		Response Count
No	26.9% (116)	432
Yes	73.1% (316)	432
1-10 days	75.6% (239)	316
11-20 days	9.5% (30)	316
21-30 days	5.4% (17)	316
More than 30 days	9.5% (30)	316

In the past 6 months as a parent, have you had feelings of being overwhelmed or stressed in dealing with your children?		Response Count	
No	55.9% (143)	256	
Yes	44.1% (113)	113	256
1-10 days	61.9% (70)	113	
11-20 days	13.3% (15)	113	
21-30 days	7.0% (8)	113	
More than 30 days	17.7% (20)	113	



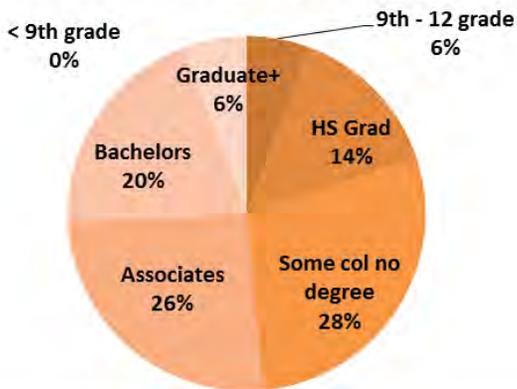
Do you need help managing depression?



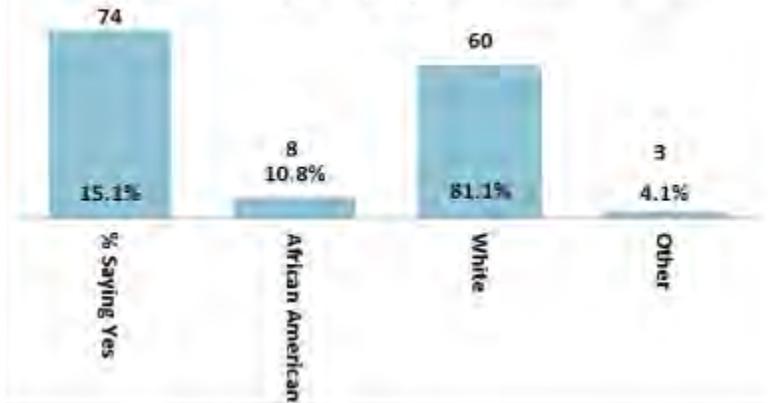
Do you need help managing depression?



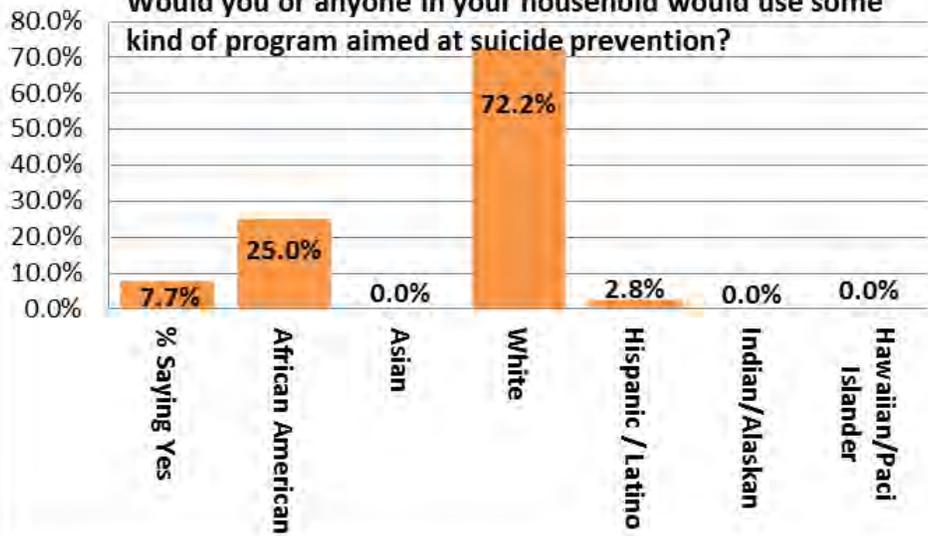
Would you or anyone in your household would use some kind of program aimed at suicide prevention?



Do you need help managing depression?



Would you or anyone in your household would use some kind of program aimed at suicide prevention?



Please answer the following questions for yourself or any member of your household who has used any of the listed services in the last 12 months.						
Answer Options	Used in County	Used out of County	Quality OK?	Distance OK?	Cost OK?	Response Count
Adult Day Care	72.2%	16.7%	27.8%	19.4%	25.0%	36
Adult Respite Care	63.6%	21.2%	27.3%	15.2%	27.3%	33
Alcohol / Drug treatment	59.4%	25.0%	21.9%	18.8%	18.8%	32
Ambulance services	84.8%	14.3%	56.3%	41.1%	36.6%	112
Audiology (hearing care)	78.2%	16.7%	50.0%	45.0%	41.7%	60
Counseling / Mental Health for adults	73.5%	18.1%	50.6%	48.2%	36.1%	83
Counseling / Mental Health for children	73.8%	18.0%	44.3%	39.3%	39.3%	61
Dentists	86.1%	13.9%	60.7%	55.8%	40.6%	389
Doctor's Office	90.0%	16.7%	60.9%	55.8%	44.4%	432
Domestic Violence (Abuse, Safe House, Catholic Charities)	53.3%	26.7%	6.7%	6.7%	33.3%	15
Emergency Response System (Lifeline, Link to Life, Alertlink)	80.8%	19.2%	30.8%	11.5%	30.8%	26
Eye care	89.6%	12.2%	58.7%	54.7%	47.1%	327
Family Planning Services	75.5%	14.3%	36.7%	36.7%	30.6%	49
Farm Safety Education	50.0%	27.8%	22.2%	5.6%	11.1%	18
Home Health Services	80.0%	13.3%	37.8%	24.4%	28.9%	45
Hospice	59.4%	31.3%	34.4%	25.0%	28.1%	32
Hospital	89.8%	15.0%	52.7%	53.5%	34.1%	226
Immunizations	88.1%	8.8%	59.6%	56.0%	48.2%	193
Lactation Consultant (help with breastfeeding)	65.2%	21.7%	47.8%	34.8%	30.4%	23
Mammograms	83.3%	17.6%	61.4%	54.8%	46.2%	210
Meals on Wheels	76.0%	12.0%	24.0%	28.0%	28.0%	25
Orthodontists (braces for teeth)	63.5%	36.5%	53.8%	50.0%	26.9%	52
Orthopedics (bones)	90.2%	14.1%	58.7%	54.3%	48.9%	92
Pharmacies	89.1%	13.6%	61.3%	58.2%	46.5%	359
Physical therapy services	87.3%	10.0%	56.4%	53.6%	44.5%	110
Prenatal care (pregnancy)	74.4%	15.4%	46.2%	46.2%	30.8%	39
Senior Meal Sites	76.9%	11.5%	34.6%	30.8%	19.2%	26
Support Groups	78.6%	14.3%	38.1%	33.1%	31.0%	42
Testing, Counseling & Treatment of STDs, including HIV / AIDS	75.0%	15.0%	20.0%	25.0%	15.0%	20
Public Transportation	86.3%	26.0%	24.7%	24.7%	27.4%	73
Total Respondents	504					

Would you say that in general your health is:	Response Percent	Response Count	EBRFSS Chemung Co.	EBRFSS NYS
Excellent	9.7%	49	--	--
Very good	35.8%	180	--	--
Good	38.0%	191	--	--
Fair	13.3%	67	16.8%	16.7%
Poor	3.2%	16		
Total Respondents	503			

Do you use any other form of health care services? Choose all that apply.		
Answer Options	Response Percent	Response Count
Acupuncture	4.5%	20
Herbal Medicine	7.6%	34
No	67.3%	301
Chiropractor	17.9%	80
Massage Therapy	16.6%	74
Total Respondents	447	

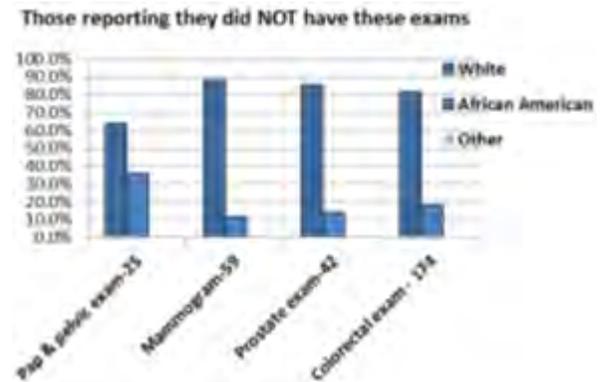
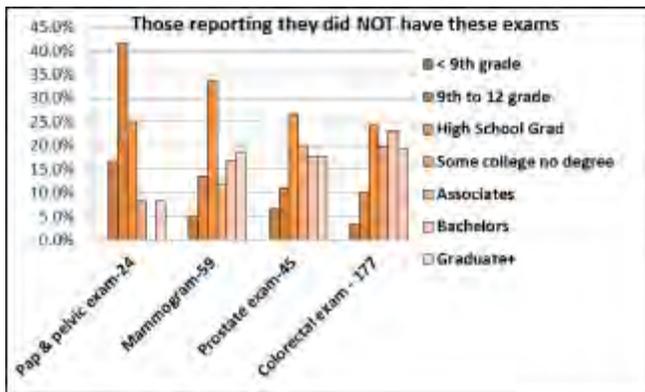
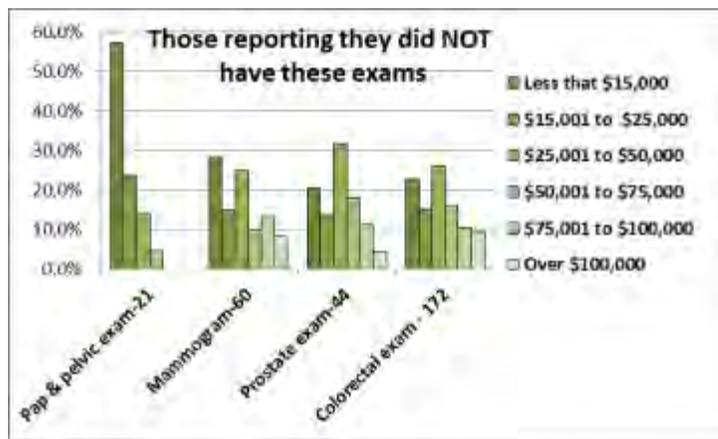
Preferred Hospital	Response Percent	Response Count
Corning Hospital	4.1%	20
Arnot Ogden	72.2%	353
Strong Memorial	10.4%	51
Ira Davenport	0.0%	0
Noyes Memorial	0.0%	0
Robert Packer	20.0%	98
St. James Mercy	0.2%	1
St. Joseph's	14.3%	70
Total Respondents	489	

About how long has it been since you last visited a health care provider (doctor) for a routine checkup?	Response Percent	Response Count	EBRFSS Chemung Co.	EBRFSS NYS
1 to 12 months ago	82.4%	412	69.9%	72.7%
1 to 2 years ago	8.8%	44	82.9%	85.7%
2 to 5 years ago	7.2%	36	--	--
Never	1.6%	8	--	--
Total Respondents	500			

Do you know how to get information about the following services? Check all that you know how to get information for:		
Answer Options	Response Percent	Response Count
Child Care	60.5%	237
Child Health Plus	57.9%	227
Chlamydia test	46.7%	183
Early Intervention	43.4%	170
Family Health Plus	59.4%	233
Food Stamps	74.5%	292
Healthy Families	39.5%	155
HEAP	68.4%	268
Home Care	50.3%	197
Hospice	54.3%	213
Medicaid	72.7%	285
MOMS	36.7%	144
WIC	63.0%	247
Total Respondents	392	

Is it important to you to have a hospital in the county?		
Answer Options	Response Percent	Response Count
Yes	92.8%	453
No	7.2%	35
Total Respondents	484	

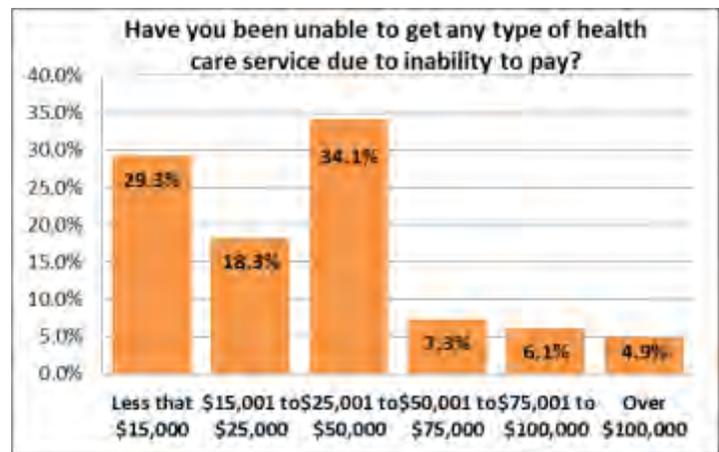
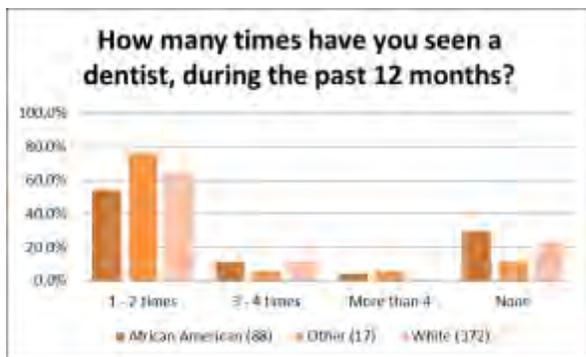
Have you had the following exams:										
Answer Options	Does Not Apply	Yes, 1-12 months ago	Yes, 1-2 years ago	Yes, 2-3 years ago	Yes, 3-5 years ago	Yes, 5 or more years ago	No	Response Count	% Ever had screening EBRFSS Chemung Co.	% Ever had screening EBRFSS NYS
Women: A Pap smear and pelvic exam?	13.9%	49.6%	12.8%	7.4%	4.0%	6.7%	5.6%	446	98%	91.8%
Women > 40 y.o.: mammogram	11.9%	56.4%	8.0%	4.9%	2.7%	2.4%	13.7%	452	94.6%	91.1%
Men: A prostate examination?	51.4%	22.9%	7.7%	1.2%	0.6%	1.5%	14.6%	323	72.7%	73.7%
Women and Men: An exam for colorectal cancer?	7.8%	21.1%	8.3%	6.3%	8.5%	8.0%	40.0%	460	FOBT 46.6%	FOBT 38%
									C/S 69%	C/S 66.6%
Total Respondents	502									



Please answer the following questions for yourself or any member of your household who has used any of the listed services in the last 12 months:	Yes	No	Response Count	BRFSS Chemung Co.	BRFSS NYS
Has your health care provider (doctor) asked about your sexual history during your routine visits?	38.5%	61.5%	491	69.4% (no)	61.4% (no)
Has your health care provider (doctor) offered to test you for HIV in the last 12 months?	26.9%	73.1%	487	--	--
Have you received advice from your health care provider (doctor) about your weight?	46.3%	53.7%	490	28.9% (yes)	27.1% (yes)
Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?	19.8%	80.2%	491	12.4% (0)	13.8%
Total Respondents	495				

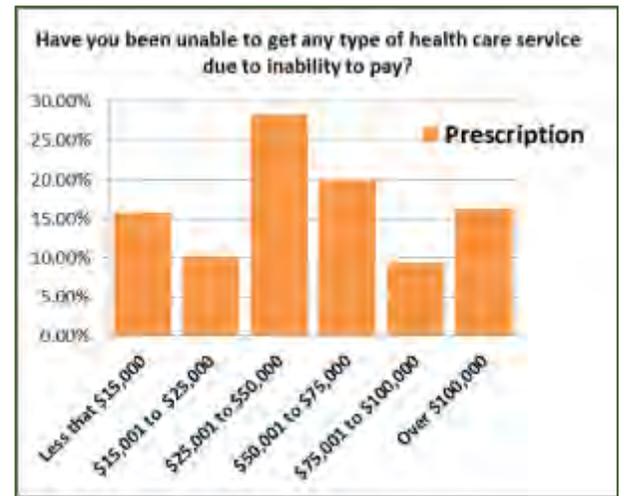
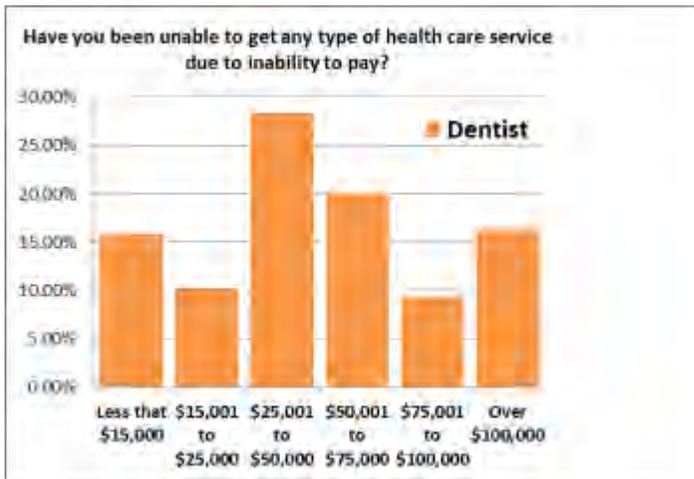
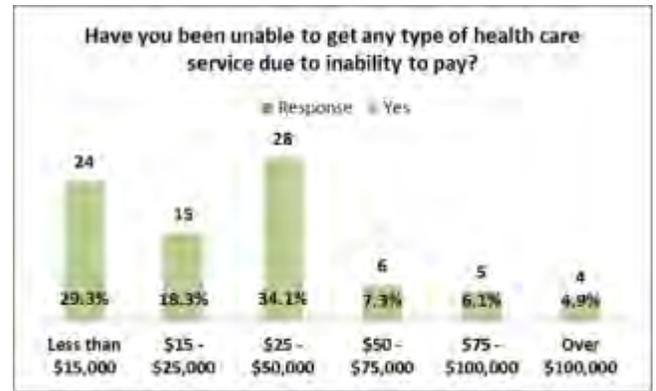
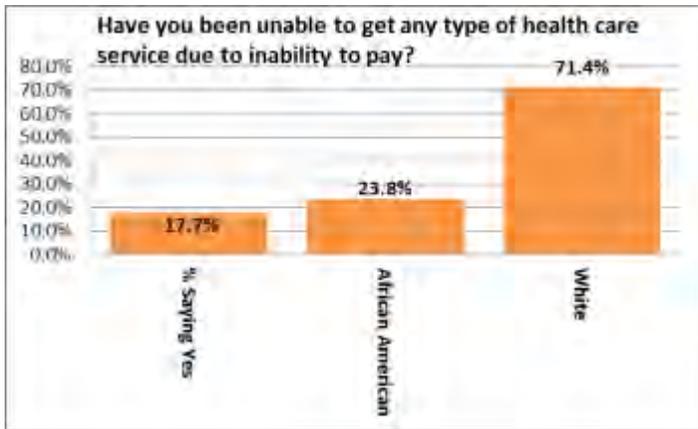
Please answer the following questions for yourself or any member of your household who has used any of the listed services in the last 12 months.	Yes	No	Does Not Apply	Response Count
In the last 12 months, when you wanted to be seen as soon as possible, did you have to wait more than 3 days for an appointment to see your doctor for primary (not specialty) health care?	21.0%	67.0%	11.8%	490
In the last 12 months, did you have to wait more than 30 minutes in your doctor's waiting room for primary (not specialty) health care?	38.0%	56.4%	5.5%	489
If disabled did you receive necessary accommodations (i.e. wheelchair accessibility, interpreters, etc.) to fully benefit from services?	10.9%	5.5%	83.6%	421
Total Respondents	491			

Please answer the following:	None	1 – 2 times	3 – 4 times	More than 4 times	Response Count
How many times have you seen a dentist, during the past 12 months?	23.6%	62.9%	11.7%	1.9%	496
How many times have you seen a health care provider (doctor) during the past 12 months?	8.3%	57.7%	19.8%	14.3%	496
How many times have you seen a behavioral (mental) health specialist during the past 12 months?	85.6%	6.2%	1.9%	6.4%	486
Total Respondents	502				



Which services have you been unable to get due to the inability to pay? Check all that apply:		
Answer Options	Response Percent	Response Count
Doctor	11.8%	43
Dentist	20.5%	75
Podiatrist (foot doctor)	4.7%	17
Prescriptions (medications)	10.7%	39
Does not apply	69.9%	255
Total Respondents	365	

Have you been unable to get any type of health care service due to inability to pay?	Response Percent	Response Count	Chemung Co. - NYS DOH	NYS - NYS DOH
Yes	17.3%	85	--	--
No	82.7%	405	--	--
Total Respondents	490			



How much do you estimate your household paid for all medical expenses in the last calendar year (“out of pocket expenses” includes prescriptions, dental care, medical care, hospitalization, co-payments, deductibles etc.)?

Answer Options	Response Percent	Response Count
\$0 - \$500	23.2%	111
\$501 - \$1000	16.3%	78
\$1001 - \$2000	15.2%	73
\$2001 - \$3000	13.6%	65
\$3001 - \$4000	10.6%	51
\$4001 - \$5000	9.4%	45
\$5001 - \$7500	6.7%	32
\$7501 or more	5.0%	24
Total Respondents		479

If you can't afford a prescription what do you do?

Answer Options	Response Percent	Response Count
Do not fill my prescription	27%	121
Tell my doctor	19.2%	86
Tell my pharmacist	7.6%	34
Take medicine less often	6.5%	29
Split Pills	2.9%	13
Does not apply	55.4%	248
Total Respondents		448

Do you have supplies of the following for emergencies:	Response Percent	Response Count
Batteries	78.8%	345
Battery Operated Radio	51.8%	227
Bottled Water	66.2%	290
Candles/Matches	90.9%	398
Canned food	80.6%	353
Total Respondents	438	

Do you have a plan for these emergencies? Check all that apply.		
Answer Options	Response Percent	Response Count
Fire	90.2%	257
Flood	38.6%	110
Natural disaster	47.7%	136
Man-made disaster	26.7%	76
Total Respondents	285	

If you are currently employed, what is your current occupation?	Response Percent	Response Count
Management, business, science and arts (includes education, computers, engineering, social services)	47.1%	137
Services (includes health, law enforcement, firefighting)	41.9%	122
Natural resources/Construction and Maintenance (includes farming/forestry)	2.4%	7
Production/transportation (includes manufacturing)	4.1%	12
Sales	7.2%	21
Total Respondents	291	

If you do have health coverage what kind is it?		
Answer Options	Response Percent	Response Count
Blue Cross/Blue Shield	39.2%	176
Family Health Plus	3.1%	14
Medicare (Social Security)	29.4%	132
Includes dental insurance	14.9%	67
Child Health Plus	3.1%	14
MVP	1.6%	7
V.A.	3.1%	14
Includes vision coverage	11.4%	51
Excellus	20.3%	91
Medicaid	16.5%	74
Total Respondents	449	

Please answer the following questions:	Yes	No	Response Count
Do you have working smoke detectors in your home?	95.4%	4.6%	495
Do you have working carbon monoxide detectors?	79.3%	20.7%	482
Total Respondents	497		

Do you have health insurance?										
Answer Options	Yes	No	N/A	Can't afford	Prefer to pay my own	Choose not to have it	It's not offered where I work	Response Count	BRFSS Chemung Co.	BRFSS NYS
Medical insurance for yourself	89.2%	6.7%	1.0%	2.5%	0.0%	0.0%	0.6%	480	89.2%	86.7%
Medical insurance for your children	55.8%	4.9%	35.9%	2.5%	0.3%	0.0%	0.6%	326	--	--
Dental insurance for yourself	64.5%	26.9%	0.9%	5.1%	0.2%	0.5%	1.9%	431	--	--
Dental insurance for your children	49.7%	9.6%	36.3%	2.2%	0.3%	0.3%	1.6%	322	--	--
Total Respondents	484									

If you have insurance who pays for it?	Response Percent	Response Count
I do	40.3%	139
My employer does	11.3%	39
I share the cost with my employer	48.4%	168
Total Respondents	345	

Are you currently taking care of? Check all that apply.	Response Percent	Response Count
Elderly or disabled parent	46.3%	68
Disabled spouse	24.5%	36
Disabled child	21.2%	31
Grandchild	20.4%	30
Total Respondents	147	

Answer Options	Never	Once a year	2 x per year	Response Count
How often do you test your smoke detector(s)?	12.5%	45.3%	29.9%	415
How often do you test your carbon monoxide detector(s)?	22.3%	41.6%	24.0%	358
Total Respondents	418			

	Total		Female		Male	
	BMI	#	BMI	#	BMI	#
Average Respondent	29.90	412	29.94	328	29.76	84
Average Person 2	28.13	217	28.18	73	28.25	198

Attachment C: Focus Group Notes

Rural Minority Health Grant - Economic Opportunity Program Focus Group

October 11, 2012, 6-8 pm

Group Facilitating Organizations: NAACP and Arnot Health

Attendance: 10 participants 8 women and 2 men. (Majority African American and mixed race with Native American Indian.)

Identify Healthy Behaviors to Improve:

Eating Habits:

More appealing school lunches (kids throw them away and do not consume them because they do not look tasty or taste good).

- More dietitians for people with diseases like diabetes and high blood pressure
- Health Education that people can relate to
- Doctors should spend more time talking to patients about how to eat healthy and why

Suggestions: Include Parents, teachers and students to provide insight on meal options and dietitians can make it healthier. Have these people taste test the options before it goes on the menu.

Physical Activity:

- Adults more less and eat the same
- More supported physical activity
- Physical activity or classes available for people who work evenings and nights

Emotional /Mental Health Concerns:

- Bullying youth (group acknowledges bullying happens in among adults)
- Programs to address lack accountability
- Parents are very young and not responsible and participate in this behavior as well
- Parents need help managing stress lack coping skills

Environmental Exposure:

- Discussed concerns regarding Meth Labs and Bath Salts, not enough being done about this.
- Lead Poisoning –some concern, aware of where can happen

Body weight:

Group discussed that there are more overweight children younger than they remembered growing up. Most agreed that physical activity and eating habits are formed at home. Technology has had a negative impact even though there are more games that require movement it is not enough.

Family Structure:

Should provide more support

- Young families
- Teen Parenting
- Grand Parents in their thirties and Great Grand Parents barely 50 years old

Alcohol Abuse:

Agree this is an issue. There is enough support but can be hard to get counseling help. There are support groups

Tobacco Use:

Heard complaints about NYS Smoker's Quitline not being helpful

Personal health Issues within the group:

Adult Asthma

Breast Cancer

Heart Disease (family history)

Health Issues Affecting Others:

- Renal Disease
- High Blood Pressure
- Diabetes
- Lung Disease
- Mental Health
- Chemical Abuse

Barriers to Health Care:

- Primary Care takes too long to get in
- Transportation
- Referral process to specialty care slow
- Cost, no insurance high deductibles

Barriers to Health Behavior Changes:

- Convenient time for exercise classes for shift workers
- More beginner classes or intro to exercise class
- Supportive behavior change programs
- Lengthy discussion that personal responsibility for own health is important and necessary to have long-term benefits.

What is there not enough of?

- Educational moments in short intervals
- Motivational commercials
- TV/short infomercials
- Personal coaching
- Affordable medication
- Electronic records

Health Priorities - What are the real concerns?

1. Physical activity
2. Alcohol Abuse
3. Tobacco use/Eating Habits/Body weight
4. Violence
5. Stress
6. Environmental exposures

Economic Opportunity Program
First Choices Group
4/29/2013, 10-11am

Attendance 16 people: 1 Hispanic female, 3 African American females, 1 African American male

What are we missing?

- High blood pressure/stroke
- Cancer
- Heart attacks
- Diabetes
 - Blindness due to diabetes
- Dental care
 - Limited providers – many do not take Fidelis/Medicaid
 - There is a dental clinic through public health, but not quality care
- Access to care – very limited on what providers you can go to
 - Insurance companies aren't clear about what is covered
- A lot of teenagers starting to smoke – even when pregnant
- Drug use – rise in use of hard drugs... meth, heroin
- Prescription drug use – selling prescriptions, Adderall on the rise
- Junk food is cheap, \$1 fast food while healthy food is expensive

What factors are influencing health in the county?

- Fidelis doesn't cover some services – very limited providers
- Must have Excellus portion to cover family planning – Fidelis does not cover it
- Politics
 - They make the decisions
- Slum landlords
 - Access to quality housing
- Economy
- Urgent care does not accept Medicaid
- Television is different these days – cartoon network isn't for kids, more and more shows are becoming inappropriate for children
- Parenting – changing from when we were young, no discipline

What are the assets in the county?

- Public transportation
- Hospitals
- Urgent care is available – good resource, but does not take Medicaid
- Temp agencies
- EOP – community action agency
- Workforce development center
- Food pantries
- Shelters
- Domestic violence shelter
- Fitness programs, gyms – cost effective
- Children's programs, after school programs
- Nursing home facilities – assets for the elderly
- Meals on wheels

Chemung Valley Rural Health Network Focus Group

4/2/13 - 9 am

Chemung County Public Health Auditorium

What is Missing?

-Mental health services – access, availability not what it should be for this population

- Many factors influencing populations ability to access mental health services
- Very little willingness from mental health providers to help individuals with substance abuse problems – want them to address substance abuse before they will see them for mental health issues
- Chronic cases are hard to manage
- Counselors available to students at Elmira college – biggest issue is sending students out for higher levels of care (psychiatrists, finding providers that take their insurance, managing medications, etc.)

-EMS

- Large amount of heroin use
- Almost daily (8 transports last week) – what happens after they are taken to the ER?
- Hepatitis C – commonly seen with heroin use, there is now a rapid test available, very expensive to treat

-Physical activity

- Missing inter-generational opportunities
- Need to create opportunities for activity, pride in the community
- 50% of residences within Elmira are rentals – need to help residents take ownership in their community, invest in the community

-Lack of awareness regarding health, services available to them

-Lack of comprehensive sex education - Resistance within the community

-Behavioral health – getting children diagnosed and into counseling, trying to get over the stigma

-Overweight and obesity in children – huge population

- Obstacle is affordable treatment, cannot get preventative treatment (nutrition counseling etc.) with Medicaid and many other insurance plans
- Difficult to get population to participate

-Poverty – we make it easy for the population to live at and below the poverty level, easy to exist here

- Offer many programs to help these people, but they do not take advantage of them... awareness of programs and don't want to help themselves
- There is no motivation to make a change – can live here for free etc.
- One on one human connection is needed

-Social issues

- Children with mom one week, dad the other week... makes it hard to commit to programs and get there

-Outpatient chronic disease management programs

- Patients not getting the education they need to properly manage disease
- Need to connect the dots between inpatient and outpatient (follow ups, involve the family, etc.)

-Transportation

- Have very good mental health services, but it's hard for them to get there, which is critical for mental health... hard to make follow ups
- Teen pregnancy – lost a lot of money this year, now even less to provide services
- Education – how do we get the population to value education?
 - Cultural barrier – worked for my family... works for me now... why change?
 - Do not see as a drain on the system
- Smoking – How do you get through to people?
- Children's mental health services
 - Very hard to engage parents
 - Stigma is a huge barrier
- Underutilization of services
 - How do we make sure people know what is out there and how to access it?
- Duplication of services
 - How do we pull everything together and be more efficient?
 - Many don't know services are out there
- Referrals to mental health and substance abuse, hard to get
 - Provider directory is available – “network of care”
 - One on one human connection is necessary for change – they have to feel like they belong to that opportunity or service
 - Cornell Cooperative Extension is bringing a human services directory tool to Chemung county
- Students – hard to coordinate care for them, many in different counties etc.
- Crime – neighborhoods around Elmira College are becoming a safety issue
- Demographics of the community – needs to change
 - Starts with the landlords, local government
- Work/life balance – need more education
 - How can we help the people who are doing well?
- Primary care – many do not have primary care physicians
 - Leads to less follow up and overutilization of the ER
- Data – getting accurate information
 - The population knows what we want to hear and what will help them keep the services they want
- Internet/computers – not everyone has access to these resources
- Battling human nature – how do you balance services they are entitled to with social responsibility, how do you get through to them?
- Need to reach and get the perspectives of the people who are experiencing these problems we are trying to address
- Need a “peer” type of model – if a case manager does a survey with a client, answers will be different if a peer does the survey with the client

Factors

- Economy
- Poverty
- Education programs
- Work/career centers – workforce development

- Neighborhood coalitions – landlords registering
- People are willing to go the extra mile to help – in job choices and volunteerism
- Access to healthcare is better than it has ever been in this area – throughout all income levels
- Girls on the run program – starting with the youngest populations to better health throughout the community
- Trails, hiking, physical activity– needs to be promoted
- Schools – technology can be a detriment, children are staying indoors... they are at their desks, not outside being active
- Coordination of care
- Many opportunities for physical activity, but they are mostly utilized by people who are already healthy... need to show the unhealthy how it will benefit them
- Keeping up with information – technology is changing, can be helpful... but can also create some barriers
- Health homes – Chemung county is on the cusp of having
- Workforce shortage of CNA's and personal care aides
- Pride in the community – need to build, motivate residents to build and sustain improvements
- Volunteers – a great opportunity to help
- Literacy is a huge issue
 - Have students that fail daily due to literacy-related issues
- Access to care
 - Transportation

Strengths

- For the most part... centrally located
- Creative and very collaborative – do that well, openness to partnerships
 - Think outside the box
- People care about the community and are willing to help
- Great healthcare system
- Local faith communities – dissemination of information etc.
- Small geographically – can be an asset
- Generally a very safe community, unusual from many communities
- Cornell Cooperative Extension – many programs and resources available
- Farmers markets in the summer
- Opportunity to train our own workforce – large population

Focus Group GED Workforce Dev. Ctr. Elmira
Chemung Public Health
4/9/2013

Attendance 12: 3 Hispanic males 20-40's; 3 white males 20-40's; 1 African American male 20's
3 caucasian women 20's – 30's; 1 Caucasian woman 60's 1 Hispanic woman 20's

A. Comments based on survey results

1. Students did not seem shocked with the result saying that Chemung County was 60th out of 62th for bad health in all the NYS counties.
2. The students were split on vegetables and fruits. Most of the said they do not eat them while others said they do eat them a lot.

B. Health Concerns

1. None of the students took the survey that was sent out.
2. High blood pressure
3. Suffers from anxiety and depression
4. The students felt that doctors are misdiagnosing patients to gain money.
5. Parents to the student smoke a lot which is a concern.
6. Miscommunication with Medicaid; doctors are not being clear on what plans they accept.
7. The students feel that doctors turn patients away that are Medicaid clients but instead they will accept blue cross/blue shield patients with jobs.
8. Many of the students expressed concern that doctors will start treating them but will turn them away after a while.
9. Dental issues
10. Smoking: the students expressed that it is hard to quit smoking.
11. Doctors do not treat you the way they should be. (ex: student expressed that she took her daughter to the doctor and they did nothing for her daughter)
12. Level of expertise of doctors: doctors are taking way too long to come up with the correct diagnose.
13. Prescriptions are getting hard to get for the people who really need them because people who are misusing the drugs are getting them.
14. Heroin and drug use is coming up in the county.
15. The jails are bringing families with them which is increasing the crime rate.
16. Doctors are jumping right into surgeries instead of giving out medicine first to help correct the problem.
17. Heart problems: clients are being referred to bigger cities for doctors who have experienced more.
18. People are becoming more of a number than a personal relationship at the doctor.
19. Doctors are becoming less and less aware of what a patient is coming in for.
20. A doctor called a student in the class a "pill head".
21. Hypertension
22. Outstanding eye doctor service in the county. Outstanding doctors and they were very responsive to the patient. (ex: Vision Center by David's Bridal)
23. Doctors who speak English as a second language and patients having a hard time understanding them.

C. Factors that affect health

1. Drugs (law enforcement are doing a great job but they are having a hard time controlling it)
 - Reasons for bad drug use in the county:
 - Nothing to do
 - Homeless people
 - Prisons/Jails
 - People are selling drugs to make money
 - Free reign of the drugs in the county
 - There is always a place to get the drugs in the county; you can drive down a certain street and get any drug of choice.
 - Not enough law enforcement
 - 971 Hult; not enough people are reporting.
 - People are reporting and the law enforcement is not doing anything about it.
 - Unemployment
2. Alcohol: the students agreed that there is a lot of alcohol abuse in the county.
3. Violence (“wannabe gangsters”)
4. Mental illness
5. Employment is not good in the county (connecting to mental health because many people are becoming depressed/increasing anxiety)

D. Assets of Chemung County

1. Most of the students in the room have health insurance.
2. Living in a small county; most of the people are part of the solution not the problem (a lot of genuine people)
3. It is small and safe enough to walk around.
4. Good discounts on prescriptions
5. Good programs (ex: trinity, rehab programs, etc.)
6. Transit system
7. Good place to raise children
8. Farmers Market (accepts many diff. forms of payment, ex: wicc checks)
9. Parks that are safe for the children
10. Affordable housing
11. Good programs for benefiting families (welfare)
12. Friendly town (a sense of community)
13. Hockey rink
14. Good food and restaurants

Booth School Head Start Parents
Chemung Public Health
4/16/2013

Attendance 6: all Caucasian women

Health Concerns

- Drug abuse - alcohol abuse and illegal drugs
- Mental health is a huge problem
 - There is a significant stigma attached with seeking mental health services
 - Very high prevalence in Chemung county
 - It was thought that there are services available, but many do not know about them, many won't access them because of pride, and it was felt that the services available are not the best quality (practitioners are not good, and the few that are good do not have enough staff support)
- PTSD - very common, but many only associate it with returning soldiers
 - Any traumatic event can cause PTSD
 - It was felt that many are undiagnosed with PTSD
- Seasonal Effectiveness Disorder - very common in this area, but undertreated
- Obesity
 - A lot is available in food pantries, but the food is not healthy or good quality
 - Poverty affects this greatly, people are thinking of immediate need and getting what they can afford (dollar menu etc.)
 - There is a lack of education within the county about healthy eating, many don't even know how to prepare a simple meal
 - High cost of healthy foods
- Teen pregnancy/unplanned pregnancy - a huge problem
 - A lot of this goes back to mental health... creates a vicious cycle
 - Many unplanned pregnancies, multiple children with different fathers, broken homes... sometimes many have more children to get more benefits (welfare, tax returns etc.)
- Case management is lacking within the county
 - It was felt that more case management is greatly needed
 - People need that one-on-one connections, they need human contact
- Lead - have seen some cases at the school
 - Children living in old houses with lead paint, causes significant health problems

Factors that affect health

- Crime
- Unemployment
- Poverty
 - Many issues stem back to the main theme of poverty... creates a vicious cycle, how do we break the cycle?
- It was felt that many are not aware of the resources available to them
- Pride

- Many will not talk to their doctors about problems (mental health etc.) they are having or seek help because they are afraid of the stigma attached
- Nature of healthcare today - doctors don't have enough time with patients
 - Doctors have no time to focus on preventative care, they are always "putting out fires"
- Coordination of care
 - Many times doctors fail to see the whole picture
- Stress - a huge problem
 - Greatly affects a person's health
- Attitude of human services workers - especially DSS
 - The group felt very strongly that many working at DSS do not show compassion toward those seeking services and that this causes many people to not seek the help that they need
 - There is no confidentiality, causes people to shy away

Assets of Chemung County

- Head Start is a great resource
- EOP is a huge asset to the community
 - If they can't directly help someone, they always know where to refer people and make sure that they are taken care of
- Alcoholics Anonymous is present within the community
- Many hospitals in the area
- Law enforcement
- Drug courts
- Meals on wheels
- DSS - FAR program
- Dentists - dental clinics
- Health department
- Active lead clinics
- Many resources available to residents
- Parent resource center
- Parks
- Nature

Broad Street School Head Start
Broad Street Head Start Parents

Chemung Public Health

4/18/2013

Attendance 6: 4 caucasian women, 1 African American woman, 1 caucasian male- all in 30's & 40's

Health Concerns

- Water issues - Horseheads has had contaminated water in well five for the last 18 months
- Chronic conditions
- Childcare - especially difficult to find care for children with special medical needs/chronic conditions
 - One mother stated that she will sometimes be forced to lie about her child's chronic condition (sickle cell) because she cannot find anyone to watch her child and she needs help
- Mental health services - hard to find places that take Medicaid
 - Places that do take Medicaid are poor quality
 - Very long wait times - often referred to Rochester
 - One mother state that she has been waiting over three months for her son to be tested for autism because she cannot afford to go to Rochester to be seen sooner
 - Family practice will not prescribe antipsychotics
- Family services - often switches providers/counselors
 - Many stated that they have difficulty with family services and getting the care they need, especially quality care
- Lack of quality providers for low income population
- Treatment barriers for low income populations
 - Limited providers for medical, dental and eye care
 - Providers are poor quality - most had multiple stories of doctors providing very poor quality to Medicaid patients
 - Mistrust of providers and the Medicaid system
- Safety
- Bullying
- Long wait times for all types of services
- Misuse of the ER because cannot get health insurance (make too much to qualify, but can't afford other insurance)
- Behavioral problems in young children - lack of parenting due to poverty, overuse of the system, drugs, crime...

Factors that affect health

- Economy
- Doctors not caring about their patients, poor quality providers
- Crime/drugs
- Prison families
- Easiest county to get welfare - misuse of the system, taking advantage of the system

- Budget cuts to safety, education and healthcare
- Cost of healthy food
- Unemployment
- Lack of education
 - Cost is too high
- Programs closing - STAR program, ALT school, home visiting nurse programs
- Working people cannot afford healthcare
- Requirements for public assistance are off (\$1 over, can't get food stamps)
 - The group stated that they see a lot of misuse of the system and people cheating the system, while they are trying to make their lives better and genuinely need the help and can't get it
- Many come to the Elmira area specifically, to get public assistance and take advantage of low cost of living
 - Bring crime, drugs and further burden the system

Assets of Chemung County

- Head start is a great resource
- Small community
- Strong school districts
- Parks
- Nature
- Colleges (CCC, Elmira College, Elmira Business Institute)
- Lower crime as compared to other places
- Harris Hill

BOCES Head Start Parent Group - Building 10
Chemung Public Health
4/30/2013

Attendance: 6 women, all caucasian

What are we missing in our assessment?

- Participants agreed with survey results
- Behavioral problems in young children
 - Increase in the number of children, frequency and severity of behaviors
 - This has been increasing steadily for years
- Mental health in children
 - Parents have more stress now - both parents are working
 - The economy makes it hard
 - Children aren't getting what they need
 - Environmental factors
 - Computers, video games, television, technology
 - Children are not getting any interaction/socialization - they are lacking social skills because they are always connected with technology rather than face to face interaction
 - Games and television are very violent, children are constantly being exposed to it
- Depression in parents
 - Hard to make ends meet in today's economy... causes a lot of stress for parents
- Staff are getting burned out in Head Start due to children's behavior and parents mental health
- Lead levels in children
 - High prevalence in the county due to older homes, schools and workplaces
- Obesity
- Poor Nutrition
 - Food banks often do not offer healthy food
- Additives in foods
 - Dyes and fillers - could be contributing to food allergies, poor nutrition and obesity
 - Often the long term effects of these additives are unknown
- More children being raised by grandparents - not as much structure moving from home to home
- Increase in the number of young parents - do not have the skills they need
- Increase in allergies in children
 - Higher prevalence and intensity of allergies
- Increase in asthma in children
- Poor air and water quality
 - Due to factories in the county... many have closed, but the affects remain
- Bullying
 - Education doesn't seem to be helping... it needs to be a group effort
- Drug abuse - increase in prescription and illegal drugs
- Community deteriorating - you can't walk around the city anymore with your children safely

What factors are influencing health?

- Factories
 - What are we really breathing in? Is it safe?
- Soil and water contamination
- Economy
- Unemployment
- Abandoned buildings
- Lead
 - A lot of older homes, schools and workplaces
- Lack of safe and affordable housing
 - Rent is very high
- Stress

Assets within the county

- Head Start
- Domestic Violence Hotline
- Many drug and alcohol programs
- Many food banks
- Red Cross
- Many churches that are very involved in the community
- Salvation Army
- A wide range of programs are available to residents
- Many resources within the county
- Strong Kids Safe Kids Program
- Arctic League
- Christmas Magic
- Factories and businesses are generous and often donate
- Many people are willing to help and want to help within the community
- Parks
- Nature
- Harris Hill
- A lot of outdoor space

Attachment D: Tracking Indicators

Chemung County Indicators For Tracking Public Health Priority Areas

Indicator	Prevention Agenda 2013 Objective	US	NYS	Chemung County
ACCESS TO QUALITY HEALTH CARE				
% of adults with health care coverage ¹ Map of adults with health insurance	100%†	82.1% ^a (2011)	85.3% (2011)	89.2% * (2009)
% of adults with regular health care providers ¹ Map	96%†	86% ^a (2008)	83.6% (2011)	80.4% * (2009)
% of adults who have seen a dentist in the past year ¹ Map	83%†	69.9% ^a (2010)	72.5% (2010)	69.3% * (2009)
Early stage cancer diagnosis²				
Breast	80%	60% (02-08)	64.8%	62.8%
Cervical	65%	47% (2002-2008)	42.0%	12.5%
Colorectal	50%	38% (2002-2008)	43.6% (2009)	50.0% (2008-2010)
TOBACCO USE				
% cigarette smoking in adolescents ³ (past month)	10%	18.1% (2011)	12.5% (2011)	NA
% cigarette smoking in adults ¹ Map of Adults who are current smokers	12%†	21.2% ^a (2011)	18.1% (2011)	30.8% (2009)
COPD hospitalizations among adults 18 + years ⁴ (per 10,000)	31.0	23.4 (2008)	41.3 (2010)	74.2 * (2008-2010)
Lung cancer incidence² (per 100,000)				
Male	62.0*	76.4*	75.8*	112.8 *
Female	41.0*	52.7* (2005-2009)	53.9* (2009)	76.9 * (2008-2010)
Indicator	Prevention Agenda 2013 Objective	US	NYS	Chemung County
HEALTHY MOTHERS/ HEALTHY BABIES/HEALTHY CHILDREN				
% early prenatal care (1 st trimester) ⁵	90%†	69.0% (2007)	73.2% (2010)	82.8% (2008-2010)
% low birthweight ⁵ births (<2500 grams)	5%†	8.2% (2010)	8.2% (2010)	8.9% (2008-2010)
Infant mortality (per 1,000 live births) ⁶	4.5 †	6.1 (2010)	5.1 (2010)	6.5~ (2008-2010)
% of 2 year old children who receive recommended vaccines (4 DTaP, 3 polio, 1 MMR, 3 Hib, 3 HepB) ⁷	90%	76.8% (2010)	71.3% (2010)	NA
% of children with at least one lead screening by 36 months ⁸	96%	13.8% (2008)	85.3% (NYS excl. NYC) (2005 birth cohort)	63.3% (2006 birth cohort)
Prevalence of tooth decay in 3 rd grade children ⁹	42%†	53.0% (2004)	54.1% (2002-2004)	55.1% (2002-2004)
Pregnancy rate among females aged 15-17 years ¹⁰ (per 1,000)	28.0	39.5 (2008)	28.5 (2010)	31.0 (2008-2010)

Indicator	Prevention Agenda 2013 Objective	US	NYS	Chemung County
PHYSICAL ACTIVITY/NUTRITION				
% of obese children by grade level: (BMI for age >95 th percentile)				
2–4 Years (WIC) ¹¹ (pre-school)	11.6%	14.4% (2010)	13.1% (2010)	14.8% (2008-2010)
K ^{**}	5%†	-	13.0%	NA
2 ^{**}	5%†	-	17.0%	NA
4 ^{**}	5%†	-	17.0%	NA
7 ^{**}	5%†	-	18.0%	NA
10 ^{**}	5%†	-	18.0% (NYS excl. NYC) (2008-2010)	NA
% of adults who are obese (BMI >30) ¹ Map of adults who are obese	15%†	27.8% ^a (2011)	24.5% (2011)	30.0% * (2009)
% of adults engaged in some type of leisure time physical activity ¹ Map of adults engaged in some type of leisure time physical activity	80%†	76.2% ^a (2009)	73.7% (2011)	80.0% * (2009)
% of adults eating 5 or more fruits or vegetables per day ¹ Map of adults eating 5 or more fruits or vegetables per day	33%	23.4% ^a (2009)	26.8% (2009)	28.0% * (2009)
% of WIC mothers breastfeeding at 6 months ¹¹	50%†	25.1% (2010)	38.8% (2011)	15.3% (2008-2010)
UNINTENTIONAL INJURY				
Unintentional Injury mortality (per 100,000) ¹²	17.1 ⁺	37.1 * (2010)	22.7 * (2010)	35.4 * (2008-2010)
Unintentional Injury hospitalizations (per 10,000) ¹³	44.5 ⁺	-	64.0 * (2010)	72.4 * (2008-2010)
Motor vehicle related mortality (per 100,000) ¹²	5.8 ⁺	11.2 * (2010)	6.1 * (2010)	8.7 * (2008-2010)
Pedestrian injury hospitalizations (per 10,000) ¹³	1.5 ⁺	-	1.7 * (2010)	0.6 ~ * (2008-2010)
Fall related hospitalizations age 65+ years (per 10,000) ¹³	155.0	-	198.3 (2010)	249.3 (2008-2010)
Indicator	Prevention Agenda 2013 Objective	US	NYS	Chemung County
HEALTHY ENVIRONMENT				
Incidence of children <72 months with confirmed blood lead level >= 10 µg/dl (per 1,000 children tested) ⁸	0.0†	6.1 (2010)	6.7 (2006-2008)	6.5 (2008-2010)
Asthma-related hospitalizations (per 10,000) ¹⁴				
Total	16.7 ⁺	15.2 ⁺ (2007)	19.3 ⁺	14.8 ⁺
Ages 0-17 years	17.3†	18.0 (2006)	27.1 (2010)	20.9 (08-10)
Work-related hospitalizations (per 10,000 employed persons aged 16+ years) ¹⁵	11.5	-	17.0 (2008-2010)	24.3 (2008-2010)
Elevated blood lead levels (>25 µg/dl) per 100,000 employed persons age 16+ years ¹⁵	0.0†	-	3.4 (2008-2010)	12.5 ~ (2008-2010)
Indicator	Prevention Agenda 2013 Objective	US	NYS	Chemung County

CHRONIC DISEASE				
Diabetes prevalence in adults ¹ Map of diabetes prevalence in adults	5.7%	9.5% ^a (2011)	10.4% (2011)	11.3% [*] (2009)
Diabetes short-term complication hospitalization rate (per 10,000) ⁴				
Age 6-17 years	2.3	2.8	3.0	5.0
Age 18+ years	3.9	6.0 (2008)	5.8 (2010)	7.8 (2008-2010)
Coronary heart disease hospitalizations (per 10,000) ¹³	48.0	-	43.8 [*] (2010)	43.0 [*] (2007-2009)
Congestive heart failure hospitalization rate per 10,000 (ages 18+ years) ⁴	33.0	38.4 (2008)	40.1 (2010)	41.5 (2008-2010)
Cerebrovascular (Stroke) disease mortality (per 100,000) ¹²	24.0 [*]	39.0 [*] (2010)	27.5 [*] (2010)	42.0 [*] (2008-2010)
Cancer mortality ² (per 100,000)				
Breast (female)	21.3 ^{* †}	23.0 [*]	21.4 [*]	22.0 [*]
Cervical	2.0 ^{* †}	2.4 [*]	2.2 [*]	1.3 [*]
Colorectal	13.7 ^{* †}	16.7 [*] (2005- 2009)	15.2 [*] (2009)	17.2 [*] (2008-2010)
Indicator	Prevention Agenda 2013 Objective	US	NYS	Chemung County
INFECTIOUS DISEASE				
Newly diagnosed HIV case rate (per 100,000) ¹⁶	23.0	17.4 (2009)	19.5 (2010)	4.2~ (2008-2010)
Gonorrhea case rate (per 100,000) ¹⁷	19.0 [†]	100.8 (2010)	94.3 (2010)	103.0 (2008-2010)
Tuberculosis case rate (per 100,000) ¹⁸	1.0 [†]	3.6 (2010)	4.9 (2010)	1.1~ (2008-2010)
% of adults 65+ years with immunizations ¹				
flu shot in the past year Map of adults with flu shot in the past year	90% [†]	61.3% ^a (2011)	60.0% (2011)	75.4%
ever had pneumonia vaccination Map of adults with pneumonia vaccination in the past year	90% [†]	70.0% ^a (2011)	65.2% (2011)	71.9% (2009)
COMMUNITY PREPAREDNESS				
% population living within jurisdiction with state- approved emergency preparedness plans ¹⁹	100%	-	100% (2010)	100% (2011)
Indicator	Prevention Agenda 2013 Objective	US	NYS	Chemung County
MENTAL HEALTH/SUBSTANCE ABUSE				
Suicide mortality rate (per 100,000) ¹²	4.8 ^{†*}	11.9 [*] (2010)	7.5 [*] (2010)	10.5 [*] (2008-2010)
% adults reporting 14 or more days with poor mental health in last month ¹ Map of adults with 14 or more days with poor mental health in last month	7.8%	10.8% ^a (2008)	11.2% (2011)	12.8% [*] (2009)
% binge drinking past 30 days (5 + drinks in a row) in adults ¹ Map of % binge drinking past 30 days	13.4% [†]	18.3% ^a (2011)	19.6% (2011)	20.5% [*] (2009)
Drug-related hospitalizations (per 10,000) ²⁰	26.0	-	25.7 [*] (2010)	33.3 [*] (2008-2010)

Attachment E: Public Health System Assessment

Health Promotion Activities to Facilitate Health Living in Healthy Communities					
Answer Options	Yes, met 100% - 76%	Mostly, 75% - 51%	Low 50% - 26%	No 25% - 0%	Response Count
Conducts health promotion activities for the community-at-large or for populations at increased risk for negative health outcomes	9	8	4	1	22
Develops collaborative networks for health promotion activities that facilitate healthy living in healthy communities	12	5	5	1	23
Assesses the appropriateness, quality and effectiveness of health promotion activities at least every 2 years.	13	3	4	3	23
<i>Total Respondents</i>	23				

Mobilize Community Partnerships to Identify and Solve Health Problems					
Answer Options	Yes, met 100% - 76%	Mostly, 75% - 51%	Low 50% - 26%	No 25% - 0%	Response Count
Has a process to identify key constituents for population based health in general (e.g. improved health and quality of life at the community level) or for specific health concerns (e.g., a particular health theme, disease, risk factor, life stage need).	12	6	4	1	23
Encourages the participation of its constituents in community health activities, such as in identifying community issues and themes and in engaging in volunteer public health activities.	10	6	6	1	23
Establishes and maintains a comprehensive directory of community organizations.	11	7	3	0	21
Uses broad-based communication strategies to strengthen linkages among LPHS organizations and to provide current information about public health services and issues.	6	11	4	2	23
<i>Total Respondents</i>	23				

Community Partnerships					
Answer Options	Yes, met 100% - 76%	Mostly, 75% - 51%	Low 50% - 26%	No 25% - 0%	Response Count
Establishes community partnerships to assure a comprehensive approach to improving health in the community.	11	8	3	1	23
Assure the establishment of a broad-based community health improvement committee.	9	6	6	1	22
Assesses the effectiveness of community partnerships in improving community health.	9	7	5	2	23
<i>Total Respondents</i>	23				

Assure a Competent Public and Personal Health Care Workforce					
Answer Options	Yes, met 100% - 76%	Mostly, 75% - 51%	Low 50% - 26%	No 25% - 0%	Response Count
Assessment of workforce (including volunteers and other lay community health workers) to meet the community needs for public and personal health care services.	9	6	5	2	22
Maintaining public health workforce standards, including efficient processes for licensure/credentialing of professionals and incorporation of core public health competencies needed to provide the Essential Public Health Services into personnel systems.	12	5	3	2	22
Adoption of continuous quality improvement and life-long learning programs for all members of the public health workforce, including opportunities for formal and informal public health leadership development.	8	7	2	5	22
<i>Total Respondents</i>	22				

Life-long Learning Through Continuing Education, Training & Mentoring					
Answer Options	Yes, met 100% - 76%	Mostly, 75% - 51%	Low 50% - 26%	No 25% - 0%	Response Count
Identify education and training needs and encourage opportunities for public health workforce development.	6	11	3	1	21
Provide opportunities for all personnel to develop core public health competencies.	6	9	4	2	21
Provide incentives (e.g. improvements in pay scale, release time, tuition reimbursement) for the public health workforce to pursue education and training.	6	6	4	5	21
Provide opportunities for public health workforce members, faculty and student interaction to mutually enrich practice-academic settings.	6	6	5	4	21
<i>Total Respondents</i>	21				

Public Health Leadership Development					
Answer Options	Yes, met 100% - 76%	Mostly, 75% - 51%	Low 50% - 26%	No 25% - 0%	Response Count
Provide formal (educational programs, leadership institutes) and informal (coaching, mentoring) opportunities for leadership development for employees at all organizational levels.	7	6	4	5	22
Promote collaborative leadership through the creation of a local public health system with a shared vision and participatory decision-making.	9	8	3	2	22
Assure that organizations and/or individuals have opportunities to provide leadership in areas where their expertise or experience can provide insight, direction or resources.	9	7	4	3	23
Provide opportunities for development of diverse community leadership to assure sustainability of public health initiatives.	7	9	3	4	23
<i>Total Respondents</i>	23				

Access to and Utilization of Current Technology to Manage, Display and Communicate Population Health Data					
Answer Options	Yes, met 100% - 76%	Mostly, 75% - 51%	Low 50% - 26%	No 25% - 0%	Response Count
Uses state of the art technology to collect, manage, integrate and display health profile databases.	8	7	3	5	23
Promotes the use of geocoded data.	7	3	3	7	20
Uses geographic information systems.	7	4	1	8	20
Uses computer-generated graphics to identify trends and/or compare data by relevant categories (e.g. race, gender, age group).	9	4	4	5	22
<i>Total Respondents</i>	23				

Diagnose and Investigate Health Problems and Health Hazards in the Community					
Answer Options	Yes, met 100% - 76%	Mostly, 75% - 51%	Low 50% - 26%	No 25% - 0%	Response Count
Epidemiological investigations of disease outbreaks and patterns of infectious and chronic disease and injuries, environmental hazards, and other health threats.	12	8	0	1	21
Active infectious disease epidemiology programs.	9	8	1	2	20
Access to public health laboratory capable of conducting rapid screening and high volume testing.	12	4	1	4	21
<i>Total Respondents</i>	21				

Plan for Public Health Emergencies					
Answer Options	Yes, met 100% - 76%	Mostly, 75% - 51%	Low 50% - 26%	No 25% - 0%	Response Count
Defines and describes public health disasters and emergencies that might trigger implementation of the LPHS emergency response plan.	13	8	2	0	23
Develops a plan that defines organizational responsibilities, establishes communication and information networks, and clearly outlines alert and evacuation protocols.	13	5	4	1	23
Tests the plan each year through the staging of one or more "mock events."	12	7	1	2	22
Revises its emergency response plan at least every two years.	11	5	3	2	21
<i>Total Respondents</i>	23				

Investigate & Respond to Public Health Emergencies					
Answer Options	Yes, met 100% - 76%	Mostly, 75% - 51%	Low 50% - 26%	No 25% - 0%	Response Count
Designates an Emergency Response Coordinator	18	3	1	0	22
Develops written epidemiological case investigation protocols for immediate investigation of:	10	3	2	4	19
Communicable disease outbreaks	14	5	1	2	22
Environmental health hazards	14	5	1	2	22
Potential chemical and biological agent threats	13	4	3	2	22
Radiological threats and	11	2	6	3	22
Large scale disasters	13	7	1	2	23
Maintains written protocols to implement a program of source & contact tracing.	13	5	2	3	23
Maintain a roster of personnel with technical expertise to respond to biological, chemical or radiological emergencies	13	3	3	2	21
Evaluates past incidents for effectiveness & continuous improvement	12	7	1	2	22
<i>Total Respondents</i>	23				

Laboratory Support for Investigation of Health Threats					
Answer Options	Yes, met 100% - 76%	Mostly, 75% - 51%	Low 50% - 26%	No 25% - 0%	Response Count
Maintains ready access to laboratories capable of supporting investigations.	14	3	2	3	22
Maintains ready access to labs capable of meeting routine diagnostic & surveillance needs.	14	5	1	2	22
Confirms that labs are in compliance with regs & standards through credentialing and licensing agencies.	10	3	3	4	20
Maintains protocols to address handling of lab samples– storing, collecting, labeling, transporting and delivering samples and for determining the chain of custody.	11	2	3	3	19
<i>Total Respondents</i>	22				

Develop Policies & Plans that support Individual and Community Health Efforts.					
Answer Options	Yes, met 100% - 76%	Mostly, 75% - 51%	Low 50% - 26%	No 25% - 0%	Response Count
An effective governmental presence at the local level.	9	9	1	2	21
Development of policy to protect the health of the public and to guide the practice of public health.	11	6	1	4	22
Systematic community-level and state-level planning for health improvement in all jurisdictions.	11	5	3	3	22
Alignment of LPHS resources & strategies with the community health improvement plan.	11	5	2	4	22
<i>Total Respondents</i>	22				

Public Health Policy Development					
Answer Options	Yes, met 100% - 76%	Mostly, 75% - 51%	Low 50% - 26%	No 25% - 0%	Response Count
Contributes to the development and/or modification of public health policy by facilitating community involvement in the process and by engaging in activities that inform this process.	8	7	4	3	22
Reviews existing policies at least every 2 years and alerts policy makers and the public of potential unintended outcomes and consequences.	9	4	1	7	21
Advocates for prevention and protection policies, particularly policies that affect populations who bear a disproportionate burden of mortality and morbidity.	10	6	1	5	22
<i>Total Respondents</i>	22				

Community Health Improvement Process					
Answer Options	Yes, met 100% - 76%	Mostly, 75% - 51%	Low 50% - 26%	No 25% - 0%	Response Count
Establishes a community health improvement process, which includes broad based participation and uses information from the community health assessment as well as perceptions of community residents.	12	5	2	2	21
Develops strategies to achieve community health improvement objectives and identifies accountable entities to achieve each strategy.	12	6	2	2	22
<i>Total Respondents</i>	22				

Strategic Planning & Alignment with the Community Health Improvement Process					
Answer Options	Yes, met 100% - 76%	Mostly, 75% - 51%	Low 50% - 26%	No 25% - 0%	Response Count
Conduct organizational strategic planning activities.	11	6	1	4	22
Review its own organizational strategic plan to determine how it can best be aligned with the community health improvement process.	11	4	1	6	22
Conducts organizational strategic planning activities and uses strategic planning to align its goals, objectives, strategies and resources with the community health improvement process.	10	6	1	5	22
<i>Total Respondents</i>	23				

Enforce Laws & Regulations that Protect Health and Ensure Safety					
Answer Options	Yes, met 100% - 76%	Mostly, 75% - 51%	Low 50% - 26%	No 25% - 0%	Response Count
Review, evaluate and revise laws and regulations designed to protect health and safety to assure they reflect current scientific knowledge and best practices for achieving compliance.	15	2	1	4	22
Education of persons and entities obligated to obey or to enforce laws and regulations designed to protect health and safety in order to encourage compliance.	13	5	1	3	22
Enforcement activities in areas of public health concern, including but not limited to the protection of drinking water, enforcement of clean air standards, regulation of care provided in health care facilities and programs, re-inspection of workplaces following safety violations; review of new drug, biologic and medical device applications, enforcement of laws governing sale of alcohol and tobacco to minors; seat belts and child safety seat usage and childhood immunizations.	14	4	2	2	22
<i>Total Respondents</i>	22				

Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable					
Answer Options	Yes, met 100% - 76%	Mostly, 75% - 51%	Low 50% - 26%	No 25% - 0%	Response Count
Identifying populations with barriers to personal health services.	11	7	3	1	22
Identifying personal health service needs of populations with limited access to a coordinated system of clinical care.	12	3	6	1	22
Assuring the linkage of people to appropriate personal health services.	9	7	5	1	22
<i>Total Respondents</i>	22				

Identifying Personal Health Services Needs of Population					
Answer Options	Yes, met 100% - 76%	Mostly, 75% - 51%	Low 50% - 26%	No 25% - 0%	Response Count
Defines personal health service needs for the general population. This includes defining specific preventive, curative and rehabilitative health service needs for the catchment areas within its jurisdiction.	11	5	5	1	22
Assesses the extent to which personal health services are provided.	9	5	5	2	21
Identifies the personal health service needs of populations who may encounter barriers to the receipt of personal health services.	10	5	6	1	22
<i>Total Respondents</i>	22				

Assuring the Linkage of People to Personal Health Services					
Answer Options	Yes, met 100% - 76%	Mostly, 75% - 51%	Low 50% - 26%	No 25% - 0%	Response Count
Assures the linkage to personal health services, including populations who may encounter barriers to care.	10	6	5	1	22
Provides community outreach and linkage services in a manner that recognizes the diverse needs of unserved and underserved populations.	11	5	5	1	22
Enrolls eligible beneficiaries in state Medicaid or Medical Assistance Programs.	9	9	2	2	22
Coordinates the delivery of personal health and social services with service providers to optimize access.	10	8	3	1	22
Conducts an analysis of age-specific participation in preventive services.	9	6	4	3	22
<i>Total Respondents</i>	22				

Evaluation of Population-based Health Services					
Answer Options	Yes, met 100% - 76%	Mostly, 75% - 51%	Low 50% - 26%	No 25% - 0%	Response Count
Evaluate population-based health services against established criteria for performance, including the extent to which program goals are achieved for these services.	6	7	2	6	21
Assesses community satisfaction with population-based services and programs through a broad-based process, which includes residents who are representative of the community and groups at increased risk of negative health outcomes.	7	7	3	5	22
Identifies gaps in the provision of population-based health services.	8	6	4	3	21
Uses evaluation findings to modify the strategic and operational plans of LPHS organizations to improve services and programs.	7	8	2	4	21
<i>Total Respondents</i>	22				

Evaluate Effectiveness, Availability and Quality of Personal and population based health services?					
Answer Options	Yes, met 100% - 76%	Mostly, 75% - 51%	Low 50% - 26%	No 25% - 0%	Response Count
Identifies community organizations or entities that contribute to the delivery of the Essential Public Health Services.	8	9	2	2	21
Evaluates the comprehensiveness of the LPHS activities against established criteria at least every five years and ensures that all organizations within the LPHS contribute to the process.	8	6	3	4	21
Assesses the effectiveness of communication, coordination and linkage among LPHS entities.	9	7	1	4	21
Uses information from the evaluation process to refine existing community health programs, to establish new ones, and to redirect resources as needed to accomplish LPHS goals.	8	7	1	4	20
<i>Total Respondents</i>	21				

Research for New Insights and Innovative Solutions to Health Problems					
Answer Options	Yes, met 100% - 76%	Mostly, 75% - 51%	Low 50% - 26%	No 25% - 0%	Response Count
A continuum of innovative solutions to health problems ranging from practical field-based efforts to foster change in public health practice, to more academic efforts to encourage new directions in scientific research.	7	7	2	5	21
Linkages with institutions of higher learning and research.	8	5	4	4	21
Capacity to mount timely epidemiological and health policy analyses and conduct health systems research.	7	5	4	3	19
<i>Total Respondents</i>	22				

Where is your organization located?		
Answer Options	Response Percent	Response Count
Big Flats	4.8%	1
Elmira	90.5%	19
Elmira Heights	0.0%	0
Horseheads	4.8%	1
Southport	0.0%	0
Van Etten	0.0%	0
<i>Total Respondents</i>	21	

What population does your organization serve? ie. elderly, low income, children	
Answer Options	Response Count
All	13
Children	4
Low income	2
Low income - elderly	1
Individuals with developmental disabilities	1
<i>Total Respondents</i>	21

What type of organization do you work for? ie. hospital, county agency, non-profit	
Answer Options	Response Count
Non-profit	8
For profit clinic	1
School	2
Fire department	1
Hospital	4
County agency	2
Government	1
State agency	2
<i>Total Respondents</i>	21

What is your position/job title?	
Answer Options	Response Count
Chairperson	1
EMT	1
Administrator/manager	7
Physician	1
Nurse	2
Educator	2
Policy maker	1
CEO/director	2
Finance	1
Pastor	1
<i>Total Respondents</i>	19