Seneca County Community Health Assessment 2014-2017

Seneca County Health Department
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Seneca County in the S^2AY Network Region
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Executive Summary

**What are the health priorities facing Seneca County?**

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

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

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

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

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

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

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

---

1 CDC Chronic diseases: The Power to Prevent, the Call to Control [http://www.cdc.gov/chronicdisease/resources/publications/aag/chronic.htm](http://www.cdc.gov/chronicdisease/resources/publications/aag/chronic.htm)

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

Another priority area that Seneca County and its partners has selected to improve is the promotion of mental health and the prevention of substance abuse. Many Mental, Emotional and Behavioral (MEB) disorders, such as substance abuse and depression, have lifelong effects that include high psychosocial and economic costs for people, their families, schools and communities. The financial costs nationally in terms of treatment services and lost productivity are estimated at $247 billion annually. Beyond the financial costs, MEB disorders interfere with people's ability to accomplish developmental tasks, such as establishing healthy interpersonal relationships, succeeding in school, making their way into the workforce and staying optimally functional once there. Mental and physical health problems are interwoven. Improvements in mental health help improve individuals and populations' physical health 4.

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

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

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

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

Demographics of the Population Served

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

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

<table>
<thead>
<tr>
<th>Census Data - People QuickFacts</th>
<th>Seneca County</th>
<th>New York</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population, 2012 estimate</td>
<td>35,305</td>
<td>19,570,261</td>
</tr>
<tr>
<td>Population, percent change, April 1, 2010 to July 1, 2012</td>
<td>0.2%</td>
<td>1.0%</td>
</tr>
<tr>
<td>Population, 2010</td>
<td>35,251</td>
<td>19,378,102</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Population Size - 50 year trend, Census Quickfacts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Census Year</td>
</tr>
<tr>
<td>-------------</td>
</tr>
<tr>
<td>1960</td>
</tr>
<tr>
<td>1970</td>
</tr>
<tr>
<td>1980</td>
</tr>
<tr>
<td>1990</td>
</tr>
<tr>
<td>2000</td>
</tr>
<tr>
<td>2010</td>
</tr>
<tr>
<td>2012 est.</td>
</tr>
</tbody>
</table>
The chart from Cornell Program on Applied Demographics illustrates the population changes for the towns that make up Seneca County.

<table>
<thead>
<tr>
<th>Town</th>
<th>Total Population 2000</th>
<th>Total Population 2010</th>
<th>Difference Count</th>
<th>Difference %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Seneca County</td>
<td>18,976,821</td>
<td>19,378,102</td>
<td>401,281</td>
<td>2.1%</td>
</tr>
<tr>
<td>Cities</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Geneva</td>
<td>33,142</td>
<td>35,251</td>
<td>1,900</td>
<td>5.7%</td>
</tr>
<tr>
<td>Towns</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coudert</td>
<td>2,227</td>
<td>2,154</td>
<td>-73</td>
<td>-3.2%</td>
</tr>
<tr>
<td>Fayette</td>
<td>3,643</td>
<td>3,929</td>
<td>286</td>
<td>7.9%</td>
</tr>
<tr>
<td>Junius</td>
<td>1,362</td>
<td>1,471</td>
<td>109</td>
<td>8.0%</td>
</tr>
<tr>
<td>Lodi</td>
<td>1,476</td>
<td>1,530</td>
<td>54</td>
<td>3.5%</td>
</tr>
<tr>
<td>Ovid</td>
<td>2,757</td>
<td>2,311</td>
<td>-446</td>
<td>-16.2%</td>
</tr>
<tr>
<td>Romulus</td>
<td>2,036</td>
<td>4,316</td>
<td>2,280</td>
<td>112.0%</td>
</tr>
<tr>
<td>Seneca Falls</td>
<td>9,347</td>
<td>9,040</td>
<td>-307</td>
<td>-3.3%</td>
</tr>
<tr>
<td>Tyre</td>
<td>899</td>
<td>983</td>
<td>82</td>
<td>9.1%</td>
</tr>
<tr>
<td>Varick</td>
<td>1,729</td>
<td>1,857</td>
<td>128</td>
<td>7.4%</td>
</tr>
<tr>
<td>Waterloo</td>
<td>7,866</td>
<td>7,642</td>
<td>-224</td>
<td>-2.8%</td>
</tr>
</tbody>
</table>

* Original counts revised through Count Question Resolution Program (CQR)

Source: U.S. Census Bureau, intercensal population estimates 2000-2010

Demographics

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

Source: http://esd.ny.gov/NYSDataCenter/NYThematicMaps.html
Housing

The majority of Seneca County housing was built prior to the 1970's. Housing statistics indicate that 16.5% of available housing in the county is vacant and 26.6% of the housing units are rentals. The county is sandwiched between Seneca and Cayuga Lakes accounting for the 9.9% of housing units that are seasonal.
This map from the New York State's Empire State Development Data Center illustrates that Seneca County has one of the higher levels of housing with no plumbing facilities in the state. Many of the occupied homes in the county heat with wood as opposed to other more conventional methods of heating such as furnaces.

Source: [http://esd.ny.gov/NYSDataCenter/NYThematicMaps.html](http://esd.ny.gov/NYSDataCenter/NYThematicMaps.html)

<table>
<thead>
<tr>
<th>HOUSING OCCUPANCY</th>
<th>HOUSING TENURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total housing units</td>
<td>16,043 100.0</td>
</tr>
<tr>
<td>Occupied housing units</td>
<td>13,393 100.0</td>
</tr>
<tr>
<td>Vacant housing units</td>
<td>2,650 16.5</td>
</tr>
<tr>
<td>For rent</td>
<td>336 2.1</td>
</tr>
<tr>
<td>Rented, not occupied</td>
<td>16 0.1</td>
</tr>
<tr>
<td>For sale only</td>
<td>163 1.0</td>
</tr>
<tr>
<td>Sold, not occupied</td>
<td>70 0.4</td>
</tr>
<tr>
<td>For seasonal, recreational, or occasional use</td>
<td>1,589 9.9</td>
</tr>
<tr>
<td>All other vacants</td>
<td>476 3.0</td>
</tr>
<tr>
<td>Homeowner vacancy rate (percent)</td>
<td>1.6 ( X )</td>
</tr>
<tr>
<td>Rental vacancy rate (percent)</td>
<td>8.6 ( X )</td>
</tr>
</tbody>
</table>

Population in owner-occupied housing units: 24,588 ( X )
Average household size of owner-occupied units: 2.50 ( X )
Population in renter-occupied housing units: 7,854 ( X )
Average household size of renter-occupied units: 2.20 ( X )
Race

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

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

Poverty

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

<table>
<thead>
<tr>
<th>New York State Report Card</th>
<th>09-10</th>
<th>10-11</th>
<th>11-12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Romulus</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eligible for free lunch</td>
<td>112</td>
<td>25%</td>
<td>119</td>
</tr>
<tr>
<td>Reduced price lunch</td>
<td>56</td>
<td>12%</td>
<td>30</td>
</tr>
<tr>
<td>Seneca Falls</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eligible for free lunch</td>
<td>284</td>
<td>22%</td>
<td>228</td>
</tr>
<tr>
<td>Reduced price lunch</td>
<td>139</td>
<td>11%</td>
<td>103</td>
</tr>
<tr>
<td>Seneca Falls</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eligible for free lunch</td>
<td>274</td>
<td>34%</td>
<td>289</td>
</tr>
<tr>
<td>Reduced price lunch</td>
<td>96</td>
<td>12%</td>
<td>95</td>
</tr>
<tr>
<td>Waterloo</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eligible for free lunch</td>
<td>578</td>
<td>32%</td>
<td>581</td>
</tr>
<tr>
<td>Reduced price lunch</td>
<td>215</td>
<td>12%</td>
<td>160</td>
</tr>
</tbody>
</table>
The New York State Dept. of Labor reported the unemployment rate in Seneca County was 6.2% compared to the NYS rate of 7.6%. Overall, Seneca County has one of the more favorable rates in the region.

The following chart illustrates Seneca County's indicators for poverty compared to New York State averages. 23.4% of the households in Seneca County have incomes below $25,000 compared to the 23% New York State rate. There is a major discrepancy between NYS and county rates when looking at the higher income levels. Only 3.7% of county residents have incomes above $150,000 compared to the NYS rate of 12.36%. Median household income in Seneca County is $47,266 compared to the NYS average of $56,951. Seneca County rates for median family income, per capita income and median earnings for workers are also considerably less than NYS averages. Rates for Seneca County residents below the poverty level are comparable to NYS rates in most categories except those with related children under the age of 18. When considering all people living below the poverty level, Seneca County is doing well in comparison to NYS.
### INCOME AND BENEFITS (IN 2011 INFLATION-ADJUSTED DOLLARS)

<table>
<thead>
<tr>
<th></th>
<th>Seneca County Estimate</th>
<th>Seneca County Percent</th>
<th>New York Estimate</th>
<th>New York Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total households</td>
<td>13,257</td>
<td>13.2%</td>
<td>7,215,687</td>
<td>7.2%</td>
</tr>
<tr>
<td>Less than $10,000</td>
<td>725</td>
<td>5.5%</td>
<td>569,093</td>
<td>7.9%</td>
</tr>
<tr>
<td>$10,000 to $14,999</td>
<td>813</td>
<td>6.1%</td>
<td>377,349</td>
<td>5.20%</td>
</tr>
<tr>
<td>$15,000 to $24,999</td>
<td>1,531</td>
<td>11.5%</td>
<td>714,075</td>
<td>9.90%</td>
</tr>
<tr>
<td>$25,000 to $34,999</td>
<td>1,717</td>
<td>13.0%</td>
<td>668,253</td>
<td>9.30%</td>
</tr>
<tr>
<td>$35,000 to $49,999</td>
<td>2,243</td>
<td>16.9%</td>
<td>882,191</td>
<td>12.20%</td>
</tr>
<tr>
<td>$50,000 to $74,999</td>
<td>2,697</td>
<td>20.3%</td>
<td>1,233,315</td>
<td>17.10%</td>
</tr>
<tr>
<td>$75,000 to $99,999</td>
<td>1,779</td>
<td>13.4%</td>
<td>875,786</td>
<td>12.10%</td>
</tr>
<tr>
<td>$100,000 to $149,999</td>
<td>1,262</td>
<td>9.5%</td>
<td>1,002,264</td>
<td>13.90%</td>
</tr>
<tr>
<td>$150,000 to $199,999</td>
<td>340</td>
<td>2.6%</td>
<td>421,066</td>
<td>5.80%</td>
</tr>
<tr>
<td>$200,000 or more</td>
<td>150</td>
<td>1.1%</td>
<td>472,295</td>
<td>6.50%</td>
</tr>
<tr>
<td>Median household income (dollars)</td>
<td>47,266</td>
<td>(X)</td>
<td>56,951</td>
<td>(X)</td>
</tr>
<tr>
<td>With earnings</td>
<td>10,107</td>
<td>76.2%</td>
<td>5,655,471</td>
<td>78.40%</td>
</tr>
<tr>
<td>Mean earnings (dollars)</td>
<td>56,062</td>
<td>(X)</td>
<td>86,328</td>
<td>(X)</td>
</tr>
<tr>
<td>With Social Security</td>
<td>4,707</td>
<td>35.5%</td>
<td>2,026,768</td>
<td>28.10%</td>
</tr>
<tr>
<td>Mean Social Security income (dollars)</td>
<td>15,212</td>
<td>(X)</td>
<td>16,581</td>
<td>(X)</td>
</tr>
<tr>
<td>With retirement income</td>
<td>3,579</td>
<td>27.0%</td>
<td>1,264,147</td>
<td>17.50%</td>
</tr>
<tr>
<td>Mean retirement income (dollars)</td>
<td>18,826</td>
<td>(X)</td>
<td>23,831</td>
<td>(X)</td>
</tr>
<tr>
<td>With Supplemental Security Income</td>
<td>577</td>
<td>4.4%</td>
<td>379,518</td>
<td>5.30%</td>
</tr>
<tr>
<td>Mean Supplemental Security Income ($'s)</td>
<td>8,510</td>
<td>(X)</td>
<td>8,697</td>
<td>(X)</td>
</tr>
<tr>
<td>With cash public assistance income</td>
<td>271</td>
<td>2.0%</td>
<td>227,160</td>
<td>3.10%</td>
</tr>
<tr>
<td>Mean cash public assistance income ($'s)</td>
<td>2,992</td>
<td>(X)</td>
<td>3,905</td>
<td>(X)</td>
</tr>
<tr>
<td>With Food Stamp/SNAP benefits in the past year</td>
<td>1,092</td>
<td>8.2%</td>
<td>890,240</td>
<td>12.30%</td>
</tr>
<tr>
<td>Families</td>
<td>8,919</td>
<td>8.919</td>
<td>4,656,855</td>
<td>4,656,855</td>
</tr>
<tr>
<td>Less than $10,000</td>
<td>206</td>
<td>2.3%</td>
<td>227,940</td>
<td>4.90%</td>
</tr>
<tr>
<td>$10,000 to $14,999</td>
<td>285</td>
<td>3.2%</td>
<td>160,085</td>
<td>3.40%</td>
</tr>
<tr>
<td>$15,000 to $24,999</td>
<td>804</td>
<td>9.0%</td>
<td>358,954</td>
<td>7.70%</td>
</tr>
<tr>
<td>$25,000 to $34,999</td>
<td>1,053</td>
<td>11.8%</td>
<td>384,623</td>
<td>8.30%</td>
</tr>
<tr>
<td>$35,000 to $49,999</td>
<td>1,432</td>
<td>16.1%</td>
<td>550,723</td>
<td>11.80%</td>
</tr>
<tr>
<td>$50,000 to $74,999</td>
<td>2,167</td>
<td>24.3%</td>
<td>821,507</td>
<td>17.60%</td>
</tr>
<tr>
<td>$75,000 to $99,999</td>
<td>1,422</td>
<td>15.9%</td>
<td>639,156</td>
<td>13.70%</td>
</tr>
<tr>
<td>$100,000 to $149,999</td>
<td>1,098</td>
<td>12.3%</td>
<td>788,962</td>
<td>16.90%</td>
</tr>
<tr>
<td>$150,000 to $199,999</td>
<td>319</td>
<td>3.6%</td>
<td>343,285</td>
<td>7.40%</td>
</tr>
<tr>
<td>$200,000 or more</td>
<td>133</td>
<td>1.5%</td>
<td>381,620</td>
<td>8.20%</td>
</tr>
<tr>
<td>Median family income (dollars)</td>
<td>55,453</td>
<td>(X)</td>
<td>69,202</td>
<td>(X)</td>
</tr>
<tr>
<td>Per capita income (dollars)</td>
<td>21,980</td>
<td>(X)</td>
<td>31,796</td>
<td>(X)</td>
</tr>
<tr>
<td>Median earnings for workers (dollars)</td>
<td>27,417</td>
<td>(X)</td>
<td>33,777</td>
<td>(X)</td>
</tr>
</tbody>
</table>

### % Families & People Whose Income In The Past 12 Months Is Below The Poverty Level

<table>
<thead>
<tr>
<th></th>
<th>Seneca County</th>
<th>New York</th>
</tr>
</thead>
<tbody>
<tr>
<td>All families</td>
<td>(X) 7.7%</td>
<td>(X) 11.00%</td>
</tr>
<tr>
<td>With related children under 18 years</td>
<td>(X) 13.0%</td>
<td>(X) 16.90%</td>
</tr>
<tr>
<td>With related children under 5 years only</td>
<td>(X) 16.6%</td>
<td>(X) 16.60%</td>
</tr>
<tr>
<td>Married couple families</td>
<td>(X) 5.0%</td>
<td>(X) 5.40%</td>
</tr>
<tr>
<td>With related children under 18 years</td>
<td>(X) 8.5%</td>
<td>(X) 7.60%</td>
</tr>
<tr>
<td>With related children under 5 years only</td>
<td>(X) 8.2%</td>
<td>(X) 6.90%</td>
</tr>
<tr>
<td>Families with female householder, no husband</td>
<td>(X) 17.3%</td>
<td>(X) 27.20%</td>
</tr>
<tr>
<td>With related children under 18 years</td>
<td>(X) 23.3%</td>
<td>(X) 36.80%</td>
</tr>
<tr>
<td>With related children under 5 years only</td>
<td>(X) 35.3%</td>
<td>(X) 41.70%</td>
</tr>
<tr>
<td>All people</td>
<td>(X) 11.7%</td>
<td>(X) 14.50%</td>
</tr>
</tbody>
</table>
Disability

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

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


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

Source: [http://ilr-edi-r1.ilr.cornell.edu/nymakesworkpay/status-reports/index.cfm](http://ilr-edi-r1.ilr.cornell.edu/nymakesworkpay/status-reports/index.cfm)
Educational Attainment

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

<table>
<thead>
<tr>
<th>US Census Bureau Quick Facts</th>
<th>Seneca County</th>
<th>New York</th>
</tr>
</thead>
<tbody>
<tr>
<td>High school graduate or higher, percent of persons age 25+, 2007-2011</td>
<td>83.0%</td>
<td>84.6%</td>
</tr>
<tr>
<td>Bachelor's degree or higher, percent of persons age 25+, 2007-2011</td>
<td>18.3%</td>
<td>32.5%</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>EDUCATIONAL ATTAINMENT</th>
<th>Estimate</th>
<th>Margin of Error</th>
<th>%</th>
<th>% Margin of Error</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population 25 years and over</td>
<td>24,483</td>
<td>+/-113</td>
<td>24,483</td>
<td>(X)</td>
</tr>
<tr>
<td>Less than 9th grade</td>
<td>1,256</td>
<td>+/-155</td>
<td>5.1%</td>
<td>+/-0.6</td>
</tr>
<tr>
<td>9th to 12th grade, no diploma</td>
<td>2,915</td>
<td>+/-341</td>
<td>11.9%</td>
<td>+/-1.4</td>
</tr>
<tr>
<td>High school graduate (includes equivalency)</td>
<td>8,412</td>
<td>+/-378</td>
<td>34.4%</td>
<td>+/-1.6</td>
</tr>
<tr>
<td>Some college, no degree</td>
<td>4,566</td>
<td>+/-302</td>
<td>18.6%</td>
<td>+/-1.2</td>
</tr>
<tr>
<td>Associate's degree</td>
<td>2,842</td>
<td>+/-275</td>
<td>11.6%</td>
<td>+/-1.1</td>
</tr>
<tr>
<td>Bachelor's degree</td>
<td>2,834</td>
<td>+/-202</td>
<td>11.6%</td>
<td>+/-0.8</td>
</tr>
<tr>
<td>Graduate or professional degree</td>
<td>1,658</td>
<td>+/-173</td>
<td>6.8%</td>
<td>+/-0.7</td>
</tr>
<tr>
<td>Percent high school graduate or higher</td>
<td>(X)</td>
<td>(X)</td>
<td>83.0%</td>
<td>+/-1.4</td>
</tr>
<tr>
<td>Percent bachelor's degree or higher</td>
<td>(X)</td>
<td>(X)</td>
<td>18.3%</td>
<td>+/-1.0</td>
</tr>
</tbody>
</table>
The majority of residents were born in the United States and 11.1% of the population is civilian veterans. 93.5% of Seneca County residents only speak English at home.

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

Source: [http://esd.ny.gov/NYSDataCenter/NYThematicMaps.html](http://esd.ny.gov/NYSDataCenter/NYThematicMaps.html)
Health Insurance

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

Estimated Uninsured in 2008 by New York State County of Residence

<table>
<thead>
<tr>
<th>County</th>
<th>Under Age 65</th>
<th></th>
<th>Under Age 19</th>
<th></th>
<th>Age 18to 64</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Uninsured</td>
<td>Population</td>
<td>% Uninsured</td>
<td>Uninsured</td>
<td>Population</td>
<td>% Uninsured</td>
</tr>
<tr>
<td>Statewide</td>
<td>2,653,174</td>
<td>16,832,023</td>
<td>15.8</td>
<td>342,709</td>
<td>4,642,092</td>
<td>7.4</td>
</tr>
<tr>
<td>New York City</td>
<td>1,467,491</td>
<td>7,325,836</td>
<td>20.0</td>
<td>160,213</td>
<td>2,028,531</td>
<td>7.9</td>
</tr>
<tr>
<td>Rest of State</td>
<td>1,185,683</td>
<td>9,506,187</td>
<td>12.5</td>
<td>182,496</td>
<td>2,613,561</td>
<td>7.0</td>
</tr>
<tr>
<td>Seneca</td>
<td>3,141</td>
<td>27,287</td>
<td>11.5</td>
<td>368</td>
<td>7,554</td>
<td>4.9</td>
</tr>
</tbody>
</table>

Source: 2008 Census Bureau Estimates of the Uninsured
The chart below from the NYSDOH provides a general overview of socio-economic status and general health indicator of Seneca County residents compared to those of the rest of the state. Some indicators to take note of are the percentage of children ages less than 19 with health insurance and the high school dropout rate, which fall within the 4th quartile in county ranking.

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

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

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

Cancer Indicators

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

### Cancer Indicators - Seneca County-2007-2009

<table>
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<tr>
<th>Indicator</th>
<th>3 Year Total</th>
<th>County Rate</th>
<th>NYS Rate</th>
<th>Sig. Dif.</th>
<th>NYS Rate exc NYC</th>
<th>Sig. Dif.</th>
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<tr>
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<td>Age-adjusted % of women 18 years and older with pap smear in past 3 years (2008-2009)</td>
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<td>82.6</td>
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<tr>
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<td>% of women 40 years and older with mammography screening in past 2 years (2008-2009)</td>
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<td>79.7</td>
<td>81.9</td>
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The American Cancer Society publishes county profiles for each county in New York State. Below is the profile for Seneca County. Lung and bronchus cancers account for 30.2% of all cancer deaths in the county.
Four cancer sites represent 53.1% of all new cancer cases and 48.7% of all new cancer deaths in Seneca County**: 

Lung & bronchus cancers account for 15.6% of all cancer cases and 36.2% of all cancer deaths. This disproportionate mortality highlights the crucial need for prevention & cessation of tobacco use.

Prostate cancer accounts for 13.3% of all cancer cases and 8.6% of all cancer deaths.

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

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

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

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

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

<table>
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<tr>
<th>Site of Cancer</th>
<th>Incidence</th>
<th>Males</th>
<th>Females</th>
<th>Mortality</th>
<th>Males</th>
<th>Females</th>
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<tr>
<td></td>
<td>Average Annual Cases</td>
<td>Rate per 100,000 Males</td>
<td>95% CI (+/-)</td>
<td>Average Annual Cases</td>
<td>Rate per 100,000 Females</td>
<td>95% CI (+/-)</td>
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<td>Incidence</td>
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<td></td>
<td>Mortality</td>
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<td>Average Annual Cases</td>
<td>Rate per 100,000 Males</td>
<td>95% CI (+/-)</td>
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**Cardiovascular Disease**

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

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

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

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

---


<table>
<thead>
<tr>
<th>Indicator</th>
<th>Crude 3 Year Total</th>
<th>County Rate</th>
<th>NYS Rate</th>
<th>Sig.Dif.</th>
<th>NYS Rate exc NYC</th>
<th>Sig.Dif.</th>
<th>County Ranking Group</th>
</tr>
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<tbody>
<tr>
<td>Cardiovascular disease mortality rate per 100,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<tr>
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<td>281.2</td>
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<td>201.6</td>
<td>242.3</td>
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<td>237.9</td>
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<td>38</td>
<td>87.2</td>
<td>100.0</td>
<td>No</td>
<td>94.7</td>
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<tr>
<td>Pretransport mortality</td>
<td>131</td>
<td>125.4</td>
<td>144.2</td>
<td>No</td>
<td>157.1</td>
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<td>178.2</td>
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<td>81.2</td>
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<td>Coronary heart disease mortality rate per 100,000</td>
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<td></td>
<td></td>
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<td></td>
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<td>136</td>
<td>130.1</td>
<td>186.5</td>
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<td>176.5</td>
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<td>66.5</td>
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<td>68.9</td>
<td>104.0</td>
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<td>98.7</td>
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<td>Coronary heart disease hospitalization rate per 10,000</td>
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<tr>
<td>Congestive heart failure mortality rate per 100,000</td>
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<td></td>
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<td>Age-adjusted</td>
<td>23</td>
<td>16.8</td>
<td>11.2</td>
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<td>15.3</td>
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<td>0</td>
<td>0.0*</td>
<td>1.5</td>
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<td>2.0</td>
<td>Yes</td>
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<tr>
<td>Pretransport mortality</td>
<td>11</td>
<td>10.5</td>
<td>7.2</td>
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<td>11.0</td>
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<tr>
<td>Congestive heart failure hospitalization rate per 10,000</td>
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<td>314</td>
<td>30.0</td>
<td>31.2</td>
<td>No</td>
<td>31.3</td>
<td>No</td>
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<tr>
<td>Age-adjusted</td>
<td>314</td>
<td>24.1</td>
<td>27.6</td>
<td>Yes</td>
<td>25.7</td>
<td>No</td>
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<td>Cerebrovascular disease (stroke) mortality rate per 100,000</td>
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<td></td>
<td></td>
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<tr>
<td>Crude</td>
<td>45</td>
<td>43.1</td>
<td>31.0</td>
<td>No</td>
<td>39.4</td>
<td>No</td>
<td>2nd</td>
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<tr>
<td>Age-adjusted</td>
<td>45</td>
<td>33.2</td>
<td>26.9</td>
<td>Yes</td>
<td>31.4</td>
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<tr>
<td>Premature death (aged 35-64)</td>
<td>7</td>
<td>16.1*</td>
<td>10.7</td>
<td>No</td>
<td>10.5</td>
<td>No</td>
<td>4th</td>
</tr>
<tr>
<td>Pretransport mortality</td>
<td>10</td>
<td>9.6</td>
<td>11.3</td>
<td>No</td>
<td>16.8</td>
<td>No</td>
<td>1st</td>
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<tr>
<td>Cerebrovascular disease (stroke) hospitalization rate per 10,000</td>
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<tr>
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<td>286</td>
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<td>27.9</td>
<td>No</td>
<td>29.8</td>
<td>No</td>
<td>3rd</td>
</tr>
<tr>
<td>Age-adjusted</td>
<td>286</td>
<td>21.6</td>
<td>24.9</td>
<td>Yes</td>
<td>25.0</td>
<td>Yes</td>
<td>2nd</td>
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<tr>
<td>Hypertension hospitalization rate per 10,000 (aged 18 years and older)</td>
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<td>1.7</td>
<td>6.6</td>
<td>Yes</td>
<td>4.5</td>
<td>Yes</td>
<td>1st</td>
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<tr>
<td>Age-adjusted % of adults with</td>
<td>N/A</td>
<td>9.1</td>
<td>7.6</td>
<td>No</td>
<td>7.2</td>
<td>No</td>
<td>4th</td>
</tr>
<tr>
<td>physician diagnosed angina, heart attack or stroke # (2008-2009)</td>
<td>Age-adjusted % of adults with cholesterol checked in the last 5 years # (2008-2009)</td>
<td>Age-adjusted % of adults ever told they have high blood pressure (2008-2009)</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>N/A</td>
<td>72.8</td>
<td>77.3</td>
<td>No</td>
<td>79.3</td>
<td>No</td>
<td>4th</td>
</tr>
</tbody>
</table>

The trending graphs above from NYSDOH illustrate that Seneca County has followed a pattern similar to the state, but at higher rates.
It is imperative we design interventions to address our resident’s unhealthy lifestyles such as lack of physical activity, obesity and use of tobacco. Heart disease and cancer account for the top two leading causes of death among Seneca County residents.

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

<table>
<thead>
<tr>
<th>County</th>
<th>Heart Disease</th>
<th>Cancer</th>
<th>Chronic Lower Respiratory Diseases (CLRD)</th>
<th>Stroke</th>
<th>Unintentional Injury</th>
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</thead>
<tbody>
<tr>
<td><strong>Seneca</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Total: 299</td>
<td>Heart Disease 68</td>
<td>54</td>
<td>24</td>
<td>13</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>145 per 100,000</td>
<td>123 per 100,000</td>
<td>51 per 100,000</td>
<td>30 per 100,000*</td>
<td>23 per 100,000*</td>
</tr>
<tr>
<td><strong>Females</strong></td>
<td>Heart Disease 31</td>
<td>24</td>
<td>98</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Total: 142</td>
<td>112 per 100,000</td>
<td>98 per 100,000</td>
<td>40 per 100,000*</td>
<td>25 per 100,000*</td>
<td></td>
</tr>
<tr>
<td><strong>Males</strong></td>
<td>Heart Disease 37</td>
<td>30</td>
<td>147</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>Total: 157</td>
<td>182 per 100,000</td>
<td>147 per 100,000</td>
<td>68 per 100,000*</td>
<td>36 per 100,000*</td>
<td></td>
</tr>
<tr>
<td><strong>New York State</strong></td>
<td>Heart Disease 43,959</td>
<td>35,032</td>
<td>35,032</td>
<td>6,152</td>
<td></td>
</tr>
<tr>
<td>Total: 147,078</td>
<td>191 per 100,000</td>
<td>159 per 100,000</td>
<td>6,902</td>
<td>27 per 100,000</td>
<td>5,246</td>
</tr>
</tbody>
</table>

* Fewer than 10 events in the numerator, therefore the rate is unstable.
Child and Adolescent Health

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

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

<table>
<thead>
<tr>
<th>Indicator</th>
<th>3 Year Total</th>
<th>County Rate</th>
<th>NYS Rate</th>
<th>NYS Rate exc. NYC</th>
<th>County Ranking Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Childhood mortality rate per 100,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ages 1-4 years</td>
<td>0</td>
<td>0.0*</td>
<td>20.3</td>
<td>Yes</td>
<td>22.7</td>
</tr>
<tr>
<td>Ages 5-9 years</td>
<td>0</td>
<td>0.0*</td>
<td>10.4</td>
<td>Yes</td>
<td>10.5</td>
</tr>
<tr>
<td>Ages 10-14 years</td>
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<td>33.2*</td>
<td>12.8</td>
<td>No</td>
<td>13.0</td>
</tr>
<tr>
<td>Ages 5-14 years</td>
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<td>17.3*</td>
<td>11.6</td>
<td>No</td>
<td>11.8</td>
</tr>
<tr>
<td>Ages15-19 years</td>
<td>3</td>
<td>43.5*</td>
<td>37.2</td>
<td>No</td>
<td>37.8</td>
</tr>
<tr>
<td>Asthma hospitalization rate per 10,000</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ages 0-4 years</td>
<td>9</td>
<td>16.2*</td>
<td>58.8</td>
<td>Yes</td>
<td>36.1</td>
</tr>
<tr>
<td>Ages 5-14 years</td>
<td>0</td>
<td>0.0*</td>
<td>20.9</td>
<td>Yes</td>
<td>11.2</td>
</tr>
<tr>
<td>Ages 0-17 years</td>
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<td>5.1</td>
<td>29.0</td>
<td>Yes</td>
<td>16.1</td>
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<td>Gastroenteritis hospitalization rate per 10,000 (ages 0-4 years)</td>
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<td>9.0*</td>
<td>15.7</td>
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<td>10.8</td>
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<td>Otitis media hospitalization rate per 10,000 (ages 0-4 years)</td>
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<td>0.0*</td>
<td>3.3</td>
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<td>2.7</td>
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<tr>
<td>Pneumonia hospitalization rate per 10,000 (ages 0-4 years)</td>
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<td>18.0</td>
<td>44.6</td>
<td>Yes</td>
<td>37.5</td>
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<tr>
<td>% of children born in 2008 with a lead screening by 9 months</td>
<td>42</td>
<td>10.9</td>
<td>6.8</td>
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<td>2.9</td>
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<td>% of children born in 2008 with a lead screening by 18 months</td>
<td>194</td>
<td>50.3</td>
<td>69.5</td>
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<td>65.4</td>
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<td>% of children born in 2008 with at least two lead screenings by 36 months</td>
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<td>38.1</td>
<td>52.9</td>
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<td>45.2</td>
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<tr>
<td>Incidence rate per 1,000 among children less than 72 months of age with a confirmed blood lead level greater than or equal to 10 micrograms per deciliter</td>
<td>14</td>
<td>10.4</td>
<td>5.3</td>
<td>Yes</td>
<td>7.7</td>
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</table>

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

<table>
<thead>
<tr>
<th>Crude Rate</th>
<th>Year</th>
<th>Single Year</th>
<th>3-Year Average</th>
<th>NYS exc. NYC</th>
</tr>
</thead>
</table>

Seneca County Community Health Assessment 2013 – 2017
<table>
<thead>
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<th>Year</th>
<th>Single Year</th>
<th>3-Year Average</th>
<th>NYS exc. NYC</th>
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</thead>
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<td>2002</td>
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<td>16.3</td>
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<tr>
<td>2003</td>
<td>21.1</td>
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<td>2006</td>
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<td>8.0</td>
</tr>
<tr>
<td>2011</td>
<td>4.6</td>
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<td>7.2</td>
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### Cirrhosis

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

#### Cirrhosis Indicators - Seneca County-2009-2011

<table>
<thead>
<tr>
<th>Indicator</th>
<th>3 Year Total</th>
<th>County Rate</th>
<th>NYS Rate</th>
<th>Sig.</th>
<th>NYS Rate exc NYC</th>
<th>Sig.</th>
<th>County Ranking Group</th>
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<tbody>
<tr>
<td>Cirrhosis mortality rate per 100,000</td>
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<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Crude</td>
<td>8</td>
<td>7.7*</td>
<td>7.2</td>
<td>No</td>
<td>8.0</td>
<td>No</td>
<td>2nd</td>
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<tr>
<td>Age-adjusted</td>
<td>8</td>
<td>6.0*</td>
<td>6.4</td>
<td>No</td>
<td>6.7</td>
<td>Yes</td>
<td>2nd</td>
</tr>
</tbody>
</table>

| Cirrhosis hospitalization rate per 10,000 | | | | | | | |
| Crude | 24 | 2.3 | 2.9 | No | 2.5 | No | 2nd |
| Age-adjusted | 24 | 1.8 | 2.6 | Yes | 2.2 | No | 2nd |

### Diabetes

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

#### The Diabetes Epidemic

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

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

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

<table>
<thead>
<tr>
<th>Region/County</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>Total</th>
<th>Pop. 2008</th>
<th>Crude Rate</th>
<th>Adj. Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Seneca</td>
<td>1</td>
<td>7</td>
<td>9</td>
<td>17</td>
<td>34,086</td>
<td>16.6</td>
<td>14.0</td>
</tr>
<tr>
<td>New York State Total</td>
<td>3,694</td>
<td>3,582</td>
<td>3,684</td>
<td>10,960</td>
<td>19,490,297</td>
<td>18.7</td>
<td>16.8</td>
</tr>
</tbody>
</table>

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

### Diabetes Indicators - Seneca County--2009-2011

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

---


Seneca County Community Health Assessment 2013 – 2017
The County has lower discharge rates by diagnosis than New York State.

<table>
<thead>
<tr>
<th>Region/County</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>Total</th>
<th>2009-2011</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Rate</td>
<td>Rate</td>
<td>Rate</td>
<td>Rate</td>
<td>Rate</td>
</tr>
<tr>
<td><strong>Diabetes (Primary Diagnosis) - Discharge Rate Per 10,000 Population</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Seneca</td>
<td>38</td>
<td>34</td>
<td>32</td>
<td>104</td>
<td>34,833</td>
</tr>
<tr>
<td>New York State Total</td>
<td>39,491</td>
<td>39,293</td>
<td>38,724</td>
<td>117,508</td>
<td>19,461,584</td>
</tr>
<tr>
<td><strong>Diabetes (Any Diagnosis) - Discharge Rate per 10,000 Population</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Seneca</td>
<td>723</td>
<td>710</td>
<td>714</td>
<td>2,147</td>
<td>34,833</td>
</tr>
<tr>
<td>New York State Total</td>
<td>484,681</td>
<td>490,115</td>
<td>486,855</td>
<td>1,461,651</td>
<td>19,461,584</td>
</tr>
</tbody>
</table>


This New York State Department of Health graph illustrates that Seneca County has had a moderate diabetes mortality rates per 100,000 according to 2008 – 2010 vital statistic data.
Maps from previous years show that diabetes mortality rates per 100,000 have fluctuated throughout the years falling from the 1st quartile in the 2006-2008 period to the 2nd quartile in the 2008-2010 period as illustrated in the map above (due to small numbers). This makes it hard to compare diabetes in Seneca County to other areas, but diabetes, and obesity, is still areas of concern within the county.

Communicable Disease

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

The charts below include three year histories of some of the reportable diseases. The small number of cases for some of the infectious diseases makes rate data statistically insignificant. However, ongoing surveillance is still necessary to needs to track the absolute number of cases and presence of disease in the County and NYS. Surveillance is heightened during influenza season or as a response to increased reports of illness. This map illustrates the percentage of adults over 65 receiving their annual flu shot in 2009. Health Department personnel provide extensive public and professional education regarding influenza and other communicable diseases.
The Seneca County Health Department maintains 24 hour availability to receive communicable disease reports, including animal bite reports. Weekly surveillance is conducted with Seneca County medical provider offices, schools, long term care facilities, daycares and veterinarian clinics. More frequent reporting may be requested as part of an outbreak response.

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

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Prevention Agenda 2013 Objective</th>
<th>US</th>
<th>NYS</th>
<th>Seneca County</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>INFECTION DISEASE</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Newly diagnosed HIV case rate (per 100,000)</td>
<td>23.0</td>
<td>17.4(2009)</td>
<td>19.5(2010)</td>
<td>4.9~ (08-10)</td>
</tr>
<tr>
<td>Gonorrhea case rate (per 100,000)</td>
<td>19.0†</td>
<td>100.8(2010)</td>
<td>94.3(2010)</td>
<td>26.4 (08-10)</td>
</tr>
<tr>
<td>Tuberculosis case rate (per 100,000)</td>
<td>1.0†</td>
<td>3.6(2010)</td>
<td>4.9(2010)</td>
<td>1.0~ (08-10)</td>
</tr>
<tr>
<td>% of adults 65+ years with immunizations†</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Flu shot in the past year Map</td>
<td>90%†</td>
<td>61.3%(2011)</td>
<td>60.0%(2011)</td>
<td>74.7%</td>
</tr>
<tr>
<td>Ever had pneumonia vaccination Map</td>
<td>90%†</td>
<td>70.0%(2011)</td>
<td>65.2%(2011)</td>
<td>72.2% (2009)</td>
</tr>
</tbody>
</table>


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

### Communicable Disease Indicators - Seneca County-2009-2011

<table>
<thead>
<tr>
<th>Indicator</th>
<th>3 Year Total</th>
<th>County Rate</th>
<th>NYS Rate</th>
<th>Sig. Dif.</th>
<th>NYS Rate exc NYC</th>
<th>Sig. Dif.</th>
<th>County Ranking Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pneumonia/flu hospitalization rate (aged 65 years and older) per 10,000</td>
<td>228</td>
<td>141.0</td>
<td>122.3</td>
<td>Yes</td>
<td>132.7</td>
<td>No</td>
<td>2nd</td>
</tr>
<tr>
<td>Pertussis incidence rate per 100,000</td>
<td>0</td>
<td>0.0*</td>
<td>4.2</td>
<td>Yes</td>
<td>5.7</td>
<td>Yes</td>
<td>1st</td>
</tr>
<tr>
<td>Mumps incidence rate per 100,000</td>
<td>0</td>
<td>0.0*</td>
<td>5.5</td>
<td>Yes</td>
<td>3.9</td>
<td>Yes</td>
<td>2nd</td>
</tr>
<tr>
<td>Meningococcal incidence rate per 100,000</td>
<td>0</td>
<td>0.0*</td>
<td>0.2</td>
<td>Yes</td>
<td>0.2</td>
<td>Yes</td>
<td>1st</td>
</tr>
<tr>
<td>H. influenza incidence rate per 100,000</td>
<td>1</td>
<td>1.0*</td>
<td>1.5</td>
<td>No</td>
<td>1.6</td>
<td>No</td>
<td>2nd</td>
</tr>
<tr>
<td>Hepatitis A incidence rate per 100,000</td>
<td>0</td>
<td>0.0*</td>
<td>0.7</td>
<td>Yes</td>
<td>0.5</td>
<td>Yes</td>
<td>1st</td>
</tr>
<tr>
<td>Acute hepatitis B incidence rate per 100,000</td>
<td>0</td>
<td>0.0*</td>
<td>0.7</td>
<td>Yes</td>
<td>0.5</td>
<td>Yes</td>
<td>1st</td>
</tr>
<tr>
<td>Tuberculosis incidence rate per 100,000</td>
<td>1</td>
<td>1.0*</td>
<td>4.9</td>
<td>No</td>
<td>2.1</td>
<td>No</td>
<td>3rd</td>
</tr>
<tr>
<td>E. coli O157 incidence rate per 100,000</td>
<td>0</td>
<td>0.0*</td>
<td>0.6</td>
<td>Yes</td>
<td>0.7</td>
<td>Yes</td>
<td>1st</td>
</tr>
<tr>
<td>Salmonella incidence rate per 100,000</td>
<td>15</td>
<td>14.4</td>
<td>13.6</td>
<td>No</td>
<td>12.6</td>
<td>No</td>
<td>4th</td>
</tr>
<tr>
<td>Shigella incidence rate per 100,000</td>
<td>0</td>
<td>0.0*</td>
<td>3.5</td>
<td>Yes</td>
<td>2.5</td>
<td>Yes</td>
<td>1st</td>
</tr>
<tr>
<td>Lyme disease incidence rate per 100,000#</td>
<td>11</td>
<td>10.5</td>
<td>40.4</td>
<td>Yes</td>
<td>62.8</td>
<td>Yes</td>
<td>2nd</td>
</tr>
<tr>
<td>% of adults aged 65 years and older with flu shot in last year (2008-2009)</td>
<td>N/A</td>
<td>74.7</td>
<td>75.0</td>
<td>No</td>
<td>76.0</td>
<td>No</td>
<td>2nd</td>
</tr>
<tr>
<td>% of adults aged 65 years and older who ever received pneumonia shot (2008-2009)</td>
<td>N/A</td>
<td>72.2</td>
<td>64.7</td>
<td>No</td>
<td>71.2</td>
<td>No</td>
<td>2nd</td>
</tr>
</tbody>
</table>
Although Seneca County’s reportable disease numbers are low and even non-existent in most cases, it is important for us to identify trends and to be vigilant for new and emerging infections. As part of annual surveillance efforts staff from the NYS Department of Health’s Bureau of Communicable Disease Control with assistance from Seneca County’s Environmental Health staff, collected and tested tick from Sampson State Park in the Town of Romulus. The presence of Borrelia burgdorferi (the bacterial agent causing Lyme Disease) was identified in both nymph and adult deer ticks. The infection rates among adult deer ticks dramatically increased from 13.5% in 2008 to 54.1% in 2012. In response to the increased presence of positive deer ticks, an extensive outreach and education campaign was launched. Targeted education efforts were initiated with Sampson State Park, medical providers, veterinarians, children’s camps and the general public. Seneca County Public Health Environmental staff has received training by Dr. Wayne Gall in the recognition and identification of ticks. The incidence of confirmed cases of Lyme Disease have increased among Seneca County residents. Seneca County Health Department staff reported the following: 0 cases in 2010, 8 cases in 2011, 9 cases in 2012 and 5 cases reported through September 2013.

### Pertussis Cases per 100,000 Population

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

### Hepatitis A per 100,000 Population

<table>
<thead>
<tr>
<th>Region/County</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>Total</th>
<th>Population</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chemung</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>87,813</td>
<td>0.0</td>
</tr>
<tr>
<td>Livingston</td>
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<td>1.1</td>
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<td>Monroe</td>
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<td>3</td>
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<td>8</td>
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<td>Ontario</td>
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<td>0</td>
<td>1</td>
<td>104,475</td>
<td>0.3</td>
</tr>
<tr>
<td>Schuyler</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>18,888</td>
<td>0.0</td>
</tr>
<tr>
<td>Seneca</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>34,086</td>
<td>0.0</td>
</tr>
<tr>
<td>Steuben</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>96,573</td>
<td>0.0</td>
</tr>
<tr>
<td>Wayne</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>91,564</td>
<td>0.4</td>
</tr>
<tr>
<td>Yates</td>
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<td>0</td>
<td>1</td>
<td>1</td>
<td>24,652</td>
<td>1.4</td>
</tr>
<tr>
<td>Region Total</td>
<td>6</td>
<td>5</td>
<td>2</td>
<td>13</td>
<td>1,253,967</td>
<td>0.3</td>
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</table>

Seneca County Community Health Assessment 2013 – 2017
<table>
<thead>
<tr>
<th>Region/County</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>Total</th>
<th>2008 Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chemung</td>
<td>2</td>
<td>0</td>
<td>3</td>
<td>5</td>
<td>87,813 1.9</td>
</tr>
<tr>
<td>Livingston</td>
<td>0</td>
<td>2</td>
<td>2</td>
<td>4</td>
<td>63,154 2.1</td>
</tr>
<tr>
<td>Monroe</td>
<td>10</td>
<td>12</td>
<td>25</td>
<td>47</td>
<td>732,762 2.1</td>
</tr>
<tr>
<td>Ontario</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>8</td>
<td>104,475 2.6</td>
</tr>
<tr>
<td>Schuyler</td>
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<td>1</td>
<td>1</td>
<td>3</td>
<td>18,888 5.3</td>
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<tr>
<td>Seneca</td>
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<td>2</td>
<td>7</td>
<td>96,573 2.4</td>
</tr>
<tr>
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<td>2</td>
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<tr>
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</tr>
<tr>
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<td>258</td>
<td>249</td>
<td>761</td>
<td>19,490,297 1.30</td>
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**Haemophilus Influenza Per 100,000 Population**

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<th>Total</th>
<th>2008 Rate</th>
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<td>2</td>
<td>87,813 0.76</td>
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<tr>
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<td>1</td>
<td>63,154 0.53</td>
</tr>
<tr>
<td>Monroe</td>
<td>12</td>
<td>12</td>
<td>12</td>
<td>36</td>
<td>732,762 1.64</td>
</tr>
<tr>
<td>Ontario</td>
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<td>3</td>
<td>104,475 0.96</td>
</tr>
<tr>
<td>Schuyler</td>
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<td>0</td>
<td>2</td>
<td>18,888 3.53</td>
</tr>
<tr>
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<td>1</td>
<td>2</td>
<td>34,086 1.96</td>
</tr>
<tr>
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<td>6</td>
<td>96,573 2.07</td>
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<td>1</td>
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</tr>
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<tr>
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<td>21</td>
<td>58</td>
<td>1,253,967 1.54</td>
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<tr>
<td>NYS Total</td>
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<td>258</td>
<td>249</td>
<td>761</td>
<td>19,490,297 1.30</td>
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**Pneumoconiosis Hospitalizations Population - Ages 15 Years and Older**

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<th>2009</th>
<th>Total</th>
<th>2008 Rate</th>
</tr>
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<td>8</td>
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<td>3</td>
<td>15</td>
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<td>126</td>
<td>107</td>
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</table>

**Hepatitis B per 100,000 Population**

<table>
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<th>2009</th>
<th>Total</th>
<th>2008 Rate</th>
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<tr>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>63,154 0.0</td>
</tr>
<tr>
<td>Monroe</td>
<td>14</td>
<td>2</td>
<td>3</td>
<td>19</td>
<td>732,762 0.9</td>
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<tr>
<td>Ontario</td>
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<td>0</td>
<td>2</td>
<td>2</td>
<td>104,475 0.6</td>
</tr>
<tr>
<td>Schuyler</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>18,888 0.0</td>
</tr>
<tr>
<td>Seneca</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>34,086 0.0</td>
</tr>
<tr>
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<td>1</td>
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<td>96,573 0.7</td>
</tr>
<tr>
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<td>0</td>
<td>91,564 0.0</td>
</tr>
<tr>
<td>Yates</td>
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<td>24,652 0.0</td>
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<td>5</td>
<td>23</td>
<td>1,253,967 0.6</td>
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<tr>
<td>NYS Total</td>
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<td>171</td>
<td>130</td>
<td>512</td>
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</table>
Tuberculosis

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

Tuberculosis Per 100,000 Population

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

<table>
<thead>
<tr>
<th>Region/County</th>
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<th>2009</th>
<th>Total</th>
<th>Population</th>
<th>Rate</th>
</tr>
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<td>Chemung</td>
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<td>18</td>
<td>55</td>
<td>732,762</td>
<td>2.5</td>
</tr>
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<td>0.6</td>
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<td>1.8</td>
</tr>
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<td>0</td>
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<td>1</td>
<td>34,086</td>
<td>1.0</td>
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<td>1</td>
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<td>96,573</td>
<td>0.7</td>
</tr>
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</tr>
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<td>19,490,297</td>
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Sexually Transmitted Diseases

Diagnosis and treatment of sexually transmitted diseases is a responsibility of each county health department in New York State. As is shown on the following pages, the numbers of sexually transmitted diseases in Seneca County are relatively low compared to regional and NYS rates. This chart shows the number of STD cases in Seneca County thru 2011. In 2012 there were 88 cases of Chlamydia reported, 6 cases of Gonorrhea and 3 cases of Syphilis. As indicated below many rates for HIV/AIDS and other sexually transmitted infection indicators are in the first or second quartile. The few exceptions are Chlamydia case rate per 100,000 males for all ages, and ages 20-24 years which is in the 4th quartile, and ages 15-19 in the third quartile. Also, Chlamydia case rate per 100,000 females, ages 20-24 years is lower than NYS rates, but in the 3rd quartile. Chlamydia infections continue to be the most common sexually transmitted disease reported in both male and females in Seneca County. The number of cases of Syphilis, although small, increased by 300% since 2010. Syphilis can cause long-term complications and/or death if not adequately
treated. A person is 2 to 5 times more likely to get HIV if exposed when syphilis sores are present. Syphilis cases tend to be low in rural areas but as individuals engage in high risk behaviors the likelihood of infection will increase in rural areas such as Seneca County. Efforts centered around risk reduction, increased screening and promotion of free STD testing services must continue.

<table>
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<th>Sexually Transmitted Diseases per 100,000</th>
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<th>2010</th>
<th>2011</th>
<th>Crude Rate</th>
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<td>Male Chlamydia Cases</td>
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Source: 2008-2010 Bureau of STD Control Data as of July 2012

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<th>NYS Rate</th>
<th>Sig. Dif.</th>
<th>NYS Rate excl NYC</th>
<th>Sig. Dif.</th>
<th>County Ranking</th>
<th>Group</th>
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<td>No</td>
<td>2.4</td>
<td>No</td>
<td>2nd</td>
<td></td>
</tr>
</tbody>
</table>
The following charts illustrate that Seneca County AIDS rates are below New York State rates in every case.

### AIDS - Deaths and Death Rates Per 100,000 Residents
*Source: 2007-2009 Vital Statistics Data as of March, 2011*
*Adjusted Rates Are Age Adjusted to The 2000 United States Population*

<table>
<thead>
<tr>
<th>Region/County</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>Total</th>
<th>Population</th>
<th>Crude Rate</th>
<th>Adjusted Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Seneca</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>34,833</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>New York State Total</td>
<td>1,080</td>
<td>984</td>
<td>900</td>
<td>2,964</td>
<td>19,461,584</td>
<td>5.1</td>
<td>4.7</td>
</tr>
</tbody>
</table>

### AIDS Cases Per 100,000 Population
*Source: 2007-2009 Bureau of HIV/AIDS Epidemiology Data as of May, 2011*

<table>
<thead>
<tr>
<th>Region/County</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>Total</th>
<th>Population</th>
<th>Crude Rate</th>
<th>Adjusted Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Seneca</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>24,652</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>New York State Total</td>
<td>3,401</td>
<td>2,907</td>
<td>2,587</td>
<td>8,895</td>
<td>19,461,584</td>
<td>15.2</td>
<td>15.2</td>
</tr>
</tbody>
</table>

### Gonorrhea Per 100,000 Population
*Source: 2007-2009 Bureau of STD Control Data as of May, 2011*

<table>
<thead>
<tr>
<th>Region/County</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>Total</th>
<th>Population</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Seneca</td>
<td>7</td>
<td>10</td>
<td>5</td>
<td>22</td>
<td>34,833</td>
<td>21.1</td>
</tr>
<tr>
<td>New York State Total</td>
<td>17,699</td>
<td>17,120</td>
<td>17,009</td>
<td>51,828</td>
<td>19,461,584</td>
<td>88.6</td>
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</tbody>
</table>

### Pelvic Inflammatory Disease - Discharge Rate Per 10,000 Females Age 15-44
*Source: 2007-2009 SPARCS Data as of February, 2011*

<table>
<thead>
<tr>
<th>Region/County</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>Total</th>
<th>Population</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Seneca</td>
<td>s</td>
<td>s</td>
<td>s</td>
<td>s</td>
<td>5,862</td>
<td>s</td>
</tr>
<tr>
<td>New York State Total</td>
<td>1,515</td>
<td>1,476</td>
<td>1,298</td>
<td>4,289</td>
<td>4,034,265</td>
<td>3.5</td>
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</tbody>
</table>

### Male Chlamydia Per 100,000 Males
*Source: 2007-2009 Bureau of STD Prevention and Epidemiology Data as of September, 2011*

<table>
<thead>
<tr>
<th>Region/County</th>
<th>Male Chlamydia</th>
<th>Males</th>
</tr>
</thead>
<tbody>
<tr>
<td>Seneca</td>
<td>43 37 35 115</td>
<td>18,180 210.9</td>
</tr>
<tr>
<td>New York State Total</td>
<td>28,174 31,198 32,075 91,447</td>
<td>9,436,038 323.0</td>
</tr>
</tbody>
</table>
Family Planning and Natality Indicators

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

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

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

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

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

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

Abortion ratio (induced abortions per 100 live births)

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

Teen pregnancy rate per 1,000

<table>
<thead>
<tr>
<th>Year</th>
<th>Ages 10-14 years</th>
<th>Ages 15-17 years</th>
<th>Ages 15-19 years</th>
<th>Ages 18-19 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>2001</td>
<td>0.3*</td>
<td>14.8</td>
<td>42.2</td>
<td>95.4</td>
</tr>
<tr>
<td>2002</td>
<td>1.4</td>
<td>31.1</td>
<td>53.5</td>
<td>84.1</td>
</tr>
<tr>
<td>2003</td>
<td>0.8</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>2004</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>2005</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>2006</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>2007</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>2008</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>2009</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>2010</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Percentage of births to teens – Ages 15 – 17

Source: 2008-2010 Vital Statistics Data as of February 2012
Seneca County numbers have fluctuated but continue to be below state averages.

**Injury**

As the chart below indicates, the need for injury prevention activities remains high for Seneca County residents. While small numbers make data unreliable for many categories of injury (as denoted by the asterisks), the suicide mortality rate, unintentional injury, fall injury hospitalizations and the non-motor vehicle mortality rate per 100,000 in particular should be monitored. Unintentional injury is also the 5th leading cause of death for both males and females within Seneca County. While not chosen as one of the top two priorities, unintentional injuries were near the top of Seneca County’s identified areas for concern. Causes of unintentional injury vary and as we work to address the prevention of chronic disease and alcohol and substance abuse. The use of alcohol and other drugs contributes to unintentional injuries. Individuals with poor mental health are at higher risk for suicide. The existence of chronic disease among the elderly puts them at greater risk for falls and/or other unintentional injuries. The activities outlined in the Community Health Improvement Plan, although not injury prevention specific will help to address some of these risk factors.
## Injury Indicators - Seneca County-2008-2010

<table>
<thead>
<tr>
<th>Indicator</th>
<th>3 Year Total</th>
<th>County Rate</th>
<th>NYS Rate</th>
<th>Sig. Diff.</th>
<th>NYS Rate exc NYC</th>
<th>Sig. Diff.</th>
<th>County Ranking</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Suicide mortality rate per 100,000</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crude</td>
<td>10</td>
<td>9.7</td>
<td>7.1</td>
<td>No</td>
<td>8.4</td>
<td>No</td>
<td>2nd</td>
</tr>
<tr>
<td>Age-adjusted</td>
<td></td>
<td>9.9</td>
<td>6.8</td>
<td>No</td>
<td>8.1</td>
<td>No</td>
<td>3rd</td>
</tr>
<tr>
<td>Ages 15-19 years</td>
<td>0</td>
<td>0.0*</td>
<td>4.0</td>
<td>Yes</td>
<td>4.9</td>
<td>Yes</td>
<td>1st</td>
</tr>
<tr>
<td><strong>Self-inflicted injury hospitalization rate per 10,000</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crude</td>
<td>54</td>
<td>5.2</td>
<td>5.2</td>
<td>No</td>
<td>6.1</td>
<td>No</td>
<td>2nd</td>
</tr>
<tr>
<td>Age-adjusted</td>
<td>54</td>
<td>5.3</td>
<td>5.1</td>
<td>No</td>
<td>6.2</td>
<td>No</td>
<td>2nd</td>
</tr>
<tr>
<td>Ages 15-19 years</td>
<td>3</td>
<td>4.3*</td>
<td>9.7</td>
<td>No</td>
<td>11.0</td>
<td>No</td>
<td>1st</td>
</tr>
<tr>
<td><strong>Homicide mortality rate per 100,000</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crude</td>
<td>1</td>
<td>1.0*</td>
<td>4.4</td>
<td>No</td>
<td>3.0</td>
<td>No</td>
<td>2nd</td>
</tr>
<tr>
<td>Age-adjusted</td>
<td>1</td>
<td>0.9*</td>
<td>4.4</td>
<td>Yes</td>
<td>3.1</td>
<td>Yes</td>
<td>2nd</td>
</tr>
<tr>
<td><strong>Assault hospitalization rate per 10,000</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Crude</td>
<td>14</td>
<td>1.4</td>
<td>4.7</td>
<td>Yes</td>
<td>2.7</td>
<td>Yes</td>
<td>2nd</td>
</tr>
<tr>
<td>Age-adjusted</td>
<td>14</td>
<td>1.4</td>
<td>4.7</td>
<td>Yes</td>
<td>2.8</td>
<td>Yes</td>
<td>2nd</td>
</tr>
<tr>
<td><strong>Unintentional injury mortality rate per 100,000</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Crude</td>
<td>37</td>
<td>35.8</td>
<td>23.9</td>
<td>Yes</td>
<td>28.7</td>
<td>No</td>
<td>3rd</td>
</tr>
<tr>
<td>Age-adjusted</td>
<td>37</td>
<td>31.7</td>
<td>22.4</td>
<td>No</td>
<td>26.4</td>
<td>No</td>
<td>3rd</td>
</tr>
<tr>
<td><strong>Unintentional injury hospitalization rate per 10,000</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crude</td>
<td>760</td>
<td>73.5</td>
<td>69.2</td>
<td>No</td>
<td>72.7</td>
<td>No</td>
<td>3rd</td>
</tr>
<tr>
<td>Age-adjusted</td>
<td>760</td>
<td>63.5</td>
<td>64.5</td>
<td>No</td>
<td>65.1</td>
<td>No</td>
<td>2nd</td>
</tr>
<tr>
<td>Ages less than 10 years</td>
<td>15</td>
<td>13.6</td>
<td>26.2</td>
<td>Yes</td>
<td>22.0</td>
<td>No</td>
<td>1st</td>
</tr>
<tr>
<td>Ages 10-14 years</td>
<td>17</td>
<td>28.2</td>
<td>21.1</td>
<td>No</td>
<td>19.3</td>
<td>No</td>
<td>4th</td>
</tr>
<tr>
<td>Ages 15-24 years</td>
<td>44</td>
<td>30.2</td>
<td>31.9</td>
<td>No</td>
<td>32.7</td>
<td>No</td>
<td>2nd</td>
</tr>
<tr>
<td>Ages 25-64 years</td>
<td>238</td>
<td>42.4</td>
<td>46.5</td>
<td>No</td>
<td>46.4</td>
<td>No</td>
<td>2nd</td>
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<tr>
<td>Ages 65 years and older</td>
<td>446</td>
<td>285.1</td>
<td>260.9</td>
<td>No</td>
<td>276.6</td>
<td>No</td>
<td>3rd</td>
</tr>
<tr>
<td><strong>Falls hospitalization rate per 10,000</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
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<td>448</td>
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<td>Ages 15-24 years</td>
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<td>Ages 25-64 years</td>
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<td>18.7</td>
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<td>Ages 65-74 years</td>
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<td>Ages 75-84 years</td>
<td>142</td>
<td>257.9</td>
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<tr>
<td>Ages 85 years and older</td>
<td>159</td>
<td>720.8</td>
<td>567.7</td>
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<td>617.0</td>
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<td><strong>Poisoning hospitalization rate per 10,000</strong></td>
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<tr>
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<td>82</td>
<td>7.9</td>
<td>10.5</td>
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<td>10.3</td>
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<tr>
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<td>82</td>
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<td><strong>Motor vehicle mortality rate per 100,000</strong></td>
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</tr>
<tr>
<td>Crude</td>
<td>10</td>
<td>9.7</td>
<td>6.2</td>
<td>No</td>
<td>8.2</td>
<td>No</td>
<td>2nd</td>
</tr>
<tr>
<td>Age-adjusted</td>
<td>10</td>
<td>9.1</td>
<td>6.0</td>
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<td>8.0</td>
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<td>Non-motor vehicle mortality rate per 100,000</td>
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<tr>
<td>Crude</td>
<td>27</td>
<td>26.1</td>
<td>17.7</td>
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<td>20.5</td>
<td>No</td>
<td>4th</td>
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<tr>
<td>Age-adjusted</td>
<td>27</td>
<td>22.6</td>
<td>16.4</td>
<td>No</td>
<td>18.4</td>
<td>No</td>
<td>4th</td>
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<tr>
<td>Traumatic brain injury hospitalization rate per 10,000</td>
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</tr>
<tr>
<td>Crude</td>
<td>83</td>
<td>8.0</td>
<td>9.9</td>
<td>No</td>
<td>10.0</td>
<td>No</td>
<td>2nd</td>
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<tr>
<td>Age-adjusted</td>
<td>83</td>
<td>7.0</td>
<td>9.4</td>
<td>Yes</td>
<td>9.3</td>
<td>Yes</td>
<td>2nd</td>
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<tr>
<td>Alcohol related motor vehicle injuries and deaths per 100,000</td>
<td>51</td>
<td>49.3</td>
<td>36.2</td>
<td>Yes</td>
<td>50.0</td>
<td>No</td>
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</table>

NYSDOH maps illustrate injury indicators.

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

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

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

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

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

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

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

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

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

<table>
<thead>
<tr>
<th>Indicator</th>
<th>3 Year Total</th>
<th>County Rate</th>
<th>NYS Rate</th>
<th>Sig.Dif.</th>
<th>NYS Rate exc NYC</th>
<th>Sig.Dif.</th>
<th>County Ranking Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of births to out-of-wedlock mothers</td>
<td>424</td>
<td>37.0</td>
<td>41.4</td>
<td>Yes</td>
<td>37.6</td>
<td>No</td>
<td>2nd</td>
</tr>
<tr>
<td>% of births that were first births</td>
<td>445</td>
<td>38.8</td>
<td>43.5</td>
<td>Yes</td>
<td>41.3</td>
<td>No</td>
<td>1st</td>
</tr>
<tr>
<td>% of births that were multiple births</td>
<td>36</td>
<td>3.1</td>
<td>3.9</td>
<td>No</td>
<td>4.2</td>
<td>No</td>
<td>1st</td>
</tr>
<tr>
<td>% of births with early (1st trimester) prenatal care</td>
<td>716</td>
<td>65.9</td>
<td>72.8</td>
<td>Yes</td>
<td>75.2</td>
<td>Yes</td>
<td>4th</td>
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<tr>
<td>% of births with late (3rd trimester) or no prenatal care</td>
<td>71</td>
<td>6.5</td>
<td>5.9</td>
<td>No</td>
<td>4.3</td>
<td>Yes</td>
<td>4th</td>
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<tr>
<td>% of births with adequate prenatal care (Kotelchuck)</td>
<td>634</td>
<td>59.0</td>
<td>66.0</td>
<td>Yes</td>
<td>68.2</td>
<td>Yes</td>
<td>4th</td>
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<td>WIC indicators</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>% of pregnant women in WIC with early (1st trimester) prenatal care</td>
<td>349</td>
<td>89.7</td>
<td>85.6</td>
<td>No</td>
<td>86.3</td>
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<td>2nd</td>
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<tr>
<td>% of pregnant women in WIC who were pre-pregnancy underweight (BMI less than 18.5)</td>
<td>11</td>
<td>3.8</td>
<td>4.6</td>
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<td>4.1</td>
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<td>1st</td>
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<tr>
<td>% of pregnant women in WIC who were pre-pregnancy overweight but not obese (BMI 25-less than 30)~</td>
<td>77</td>
<td>26.3</td>
<td>26.6</td>
<td>No</td>
<td>26.3</td>
<td>No</td>
<td>4th</td>
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<tr>
<td>% of pregnant women in WIC who were pre-pregnancy obese (BMI 30 or higher)~</td>
<td>82</td>
<td>28.0</td>
<td>23.4</td>
<td>No</td>
<td>26.7</td>
<td>No</td>
<td>2nd</td>
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<tr>
<td>% of pregnant women in WIC with anemia in 3rd trimester</td>
<td>N/A</td>
<td>S</td>
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<td>Yes</td>
<td>35.4</td>
<td>Yes</td>
<td>N/A</td>
</tr>
<tr>
<td>% of pregnant women in WIC with gestational weight gain greater than ideal</td>
<td>177</td>
<td>47.2</td>
<td>41.8</td>
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<tr>
<td>% of pregnant women in WIC with gestational diabetes</td>
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<td>2.2*</td>
<td>5.5</td>
<td>Yes</td>
<td>5.7</td>
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<td>1st</td>
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<td>% of pregnant women in WIC with hypertension during pregnancy</td>
<td>26</td>
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<td>7.2</td>
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<td>9.0</td>
<td>No</td>
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<tr>
<td>% of WIC mothers breastfeeding at least 6 months</td>
<td>55</td>
<td>21.1</td>
<td>39.7</td>
<td>Yes</td>
<td>28.7</td>
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<tr>
<td>% of infants fed any breast milk in delivery hospital</td>
<td>833</td>
<td>77.2</td>
<td>78.3</td>
<td>No</td>
<td>73.5</td>
<td>No</td>
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<tr>
<td>% of infants fed exclusively breast milk in delivery hospital</td>
<td>771</td>
<td>71.5</td>
<td>42.5</td>
<td>Yes</td>
<td>52.1</td>
<td>Yes</td>
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<tr>
<td>% of births delivered by cesarean section</td>
<td>316</td>
<td>27.6</td>
<td>34.4</td>
<td>Yes</td>
<td>36.1</td>
<td>Yes</td>
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<tr>
<td>Mortality rate per 1,000 live births</td>
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<tr>
<td>Infant (less than 1 year)</td>
<td>9</td>
<td>7.8*</td>
<td>5.3</td>
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<td>5.7</td>
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<tr>
<td>Neonatal (less than 28 days)</td>
<td>6</td>
<td>5.2*</td>
<td>3.6</td>
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<td>4.0</td>
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<td>Post-neonatal (1 month to 1 year)</td>
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<tr>
<td>Fetal death (&gt;20 weeks gestation)</td>
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<td>6.9</td>
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<td>4.8</td>
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<td>Perinatal (20 weeks gestation)</td>
<td>12</td>
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<td>Indicator</td>
<td>3 Year Total</td>
<td>County Rate</td>
<td>NYS Rate</td>
<td>NYS Rate exc NYC</td>
<td>Sig.Dif. NYC</td>
<td>Sig.Dif. Group</td>
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<td>- 28 days of life)</td>
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<td>Perinatal (28 weeks gestation - 7 days of life)</td>
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<td>8.7</td>
<td>5.7</td>
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<td>5.7</td>
<td>No</td>
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<td>% very low birthweight (less than 1.5 kg) births</td>
<td>10</td>
<td>0.9</td>
<td>1.5</td>
<td>No</td>
<td>1.4</td>
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<tr>
<td>% very low birthweight (less than 1.5kg) singleton births</td>
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<td>0.5*</td>
<td>1.1</td>
<td>No</td>
<td>1.0</td>
<td>No</td>
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<td>% low birthweight (less than 2.5 kg) births</td>
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<td>8.2</td>
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<td>7.7</td>
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<tr>
<td>% low birthweight (less than 2.5kg) singleton births</td>
<td>29</td>
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<td>6.2</td>
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<td>5.7</td>
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<td>% of premature births by gestational age</td>
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<td>less than 32 weeks gestation</td>
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<td>1.3</td>
<td>2.0</td>
<td>No</td>
<td>1.9</td>
<td>No</td>
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<td>32 - less than 37 weeks gestation</td>
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<td>6.3</td>
<td>9.9</td>
<td>Yes</td>
<td>9.3</td>
<td>Yes</td>
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<tr>
<td>less than 37 weeks gestation</td>
<td>83</td>
<td>7.6</td>
<td>12.0</td>
<td>Yes</td>
<td>11.2</td>
<td>Yes</td>
<td>1st</td>
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<tr>
<td>% of births with a 5 minute APGAR less than 6</td>
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<td>0.9</td>
<td>0.7</td>
<td>No</td>
<td>0.7</td>
<td>No</td>
<td>4th</td>
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<td>Newborn drug-related discharge rate per 10,000 newborn discharges</td>
<td>2</td>
<td>22.6*</td>
<td>64.0</td>
<td>No</td>
<td>78.4</td>
<td>No</td>
<td>1st</td>
</tr>
</tbody>
</table>

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

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

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

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

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

¹⁰ Ibid.
As can be seen in the chart below student rates of overweight and obesity are higher than the New York State rates. Many rank in the 4th quartile in the state. The rates of obesity for Elementary students is also higher than NYS rates.

**Obesity and Related Indicators - Seneca County-2010-2012**

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

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

- % of pregnant women in WIC who were pre-pregnancy obese (BMI 30 or higher)~
- % of WIC mothers breastfeeding at 6 months
- Age-adjusted % of adults overweight or obese (BMI 25 or higher) (2008-2009)
- Age-adjusted % of adults obese (BMI 30 or higher) (2008-2009)
- Age-adjusted % of adults with physician diagnosed diabetes (2008-2009)
- Age-adjusted % of adults with physician diagnosed angina, heart attack or stroke (08-09)
<table>
<thead>
<tr>
<th>Indicator</th>
<th>3 Year Total</th>
<th>County Rate</th>
<th>NYS Rate</th>
<th>Sig.Dif.</th>
<th>NYS Rate exc NYC</th>
<th>Sig.Dif.</th>
<th>County Ranking Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of pregnant women in WIC who were pre-pregnancy overweight but not obese (BMI 25-less than 30)</td>
<td>75</td>
<td>23.7</td>
<td>26.6</td>
<td>No</td>
<td>26.3</td>
<td>No</td>
<td>2nd</td>
</tr>
<tr>
<td>% of pregnant women in WIC who were pre-pregnancy obese (BMI 30 or higher)</td>
<td>118</td>
<td>37.3</td>
<td>24.2</td>
<td>Yes</td>
<td>28.0</td>
<td>Yes</td>
<td>4th</td>
</tr>
<tr>
<td>% obese (95th percentile or higher) children in WIC (aged 2-4 years)</td>
<td>100</td>
<td>14.4</td>
<td>14.4</td>
<td>No</td>
<td>15.3</td>
<td>No</td>
<td>2nd</td>
</tr>
<tr>
<td>% of children in WIC viewing TV 2 hours or less per day (aged 2-4 years) (2009-2011)</td>
<td>554</td>
<td>79.8</td>
<td>79.1</td>
<td>No</td>
<td>80.7</td>
<td>No</td>
<td>2nd</td>
</tr>
<tr>
<td>% of WIC mothers breastfeeding at 6 months (2009-2011)</td>
<td>47</td>
<td>16.4</td>
<td>38.3</td>
<td>Yes</td>
<td>27.9</td>
<td>Yes</td>
<td>3rd</td>
</tr>
<tr>
<td>Age-adjusted % of adults overweight or obese (BMI 25 or higher) (2008-2009)</td>
<td>N/A</td>
<td>70.5</td>
<td>59.3</td>
<td>Yes</td>
<td>60.6</td>
<td>Yes</td>
<td>4th</td>
</tr>
<tr>
<td>Age-adjusted % of adults obese (BMI 30 or higher) (2008-2009)</td>
<td>N/A</td>
<td>37.5</td>
<td>23.1</td>
<td>Yes</td>
<td>24.3</td>
<td>Yes</td>
<td>4th</td>
</tr>
<tr>
<td>Age-adjusted % of adults who did not participate in leisure time physical activity in last 30 days (2008-2009)</td>
<td>N/A</td>
<td>75.7</td>
<td>76.3</td>
<td>No</td>
<td>78.9</td>
<td>No</td>
<td>2nd</td>
</tr>
<tr>
<td>Age-adjusted % of adults eating 5 or more fruits or vegetables per day (2008-2009)</td>
<td>N/A</td>
<td>28.2</td>
<td>27.1</td>
<td>No</td>
<td>27.7</td>
<td>No</td>
<td>1st</td>
</tr>
<tr>
<td>Age-adjusted % of adults with physician diagnosed diabetes (2008-2009)</td>
<td>N/A</td>
<td>10.7</td>
<td>9.0</td>
<td>No</td>
<td>8.5</td>
<td>No</td>
<td>4th</td>
</tr>
<tr>
<td>Age-adjusted % of adults with physician diagnosed angina, heart attack or stroke # (2008-2009)</td>
<td>N/A</td>
<td>9.1</td>
<td>7.6</td>
<td>No</td>
<td>7.2</td>
<td>No</td>
<td>4th</td>
</tr>
<tr>
<td>Age-adjusted mortality rate per 100,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cardiovascular disease mortality (2009-2011)</td>
<td>274</td>
<td>201.6</td>
<td>242.3</td>
<td>Yes</td>
<td>237.9</td>
<td>Yes</td>
<td>1st</td>
</tr>
<tr>
<td>Cerebrovascular disease (stroke) mortality (2009-2011)</td>
<td>45</td>
<td>33.2</td>
<td>26.9</td>
<td>Yes</td>
<td>31.4</td>
<td>Yes</td>
<td>2nd</td>
</tr>
<tr>
<td>Diabetes mortality (2009-2011)</td>
<td>23</td>
<td>17.1</td>
<td>17.0</td>
<td>No</td>
<td>15.1</td>
<td>Yes</td>
<td>2nd</td>
</tr>
<tr>
<td>Age-adjusted hospitalization rate per 100,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cardiovascular disease hospitalizations (2009-2011)</td>
<td>1,784</td>
<td>138.3</td>
<td>159.9</td>
<td>Yes</td>
<td>150.9</td>
<td>Yes</td>
<td>2nd</td>
</tr>
<tr>
<td>Cerebrovascular disease (stroke) hospitalizations (2009-2011)</td>
<td>286</td>
<td>21.6</td>
<td>24.9</td>
<td>Yes</td>
<td>25.0</td>
<td>Yes</td>
<td>2nd</td>
</tr>
<tr>
<td>Diabetes hospitalizations (primary diagnosis) (2009-2011)</td>
<td>104</td>
<td>9.2</td>
<td>18.8</td>
<td>Yes</td>
<td>14.4</td>
<td>Yes</td>
<td>1st</td>
</tr>
</tbody>
</table>
This graph illustrates figures from the NYSDOH for the school districts in Seneca County. Alarmingly the percentage of students overweight or obese ranges from 37.3% to 44.2%.

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

<table>
<thead>
<tr>
<th>School for years 2010 - 2012</th>
<th>% Over Weight</th>
<th>% Obese</th>
<th>% Over Weight &amp; Obese</th>
</tr>
</thead>
<tbody>
<tr>
<td>SOUTH SENECA CSD</td>
<td>18.6%</td>
<td>25.6%</td>
<td>44.2%</td>
</tr>
<tr>
<td>ELEMENTARY</td>
<td>14.6%</td>
<td>24.8%</td>
<td>39.4%</td>
</tr>
<tr>
<td>MIDDLE/HIGH</td>
<td>23.8%</td>
<td>26.7%</td>
<td>50.5%</td>
</tr>
<tr>
<td>ROMULUS CSD</td>
<td>10.4%</td>
<td>26.9%</td>
<td>37.3%</td>
</tr>
<tr>
<td>ELEMENTARY</td>
<td>10.7%</td>
<td>21.4%</td>
<td>32.1%</td>
</tr>
<tr>
<td>MIDDLE/HIGH</td>
<td>10.1%</td>
<td>37.1%</td>
<td>47.1%</td>
</tr>
<tr>
<td>SENECA FALLS CSD</td>
<td>16.5%</td>
<td>22.7%</td>
<td>39.2%</td>
</tr>
<tr>
<td>ELEMENTARY</td>
<td>16.7%</td>
<td>20.8%</td>
<td>37.5%</td>
</tr>
<tr>
<td>MIDDLE/HIGH</td>
<td>16.2%</td>
<td>24.9%</td>
<td>41.1%</td>
</tr>
<tr>
<td>WATERLOO CSD</td>
<td>19.7%</td>
<td>19.2%</td>
<td>39.9%</td>
</tr>
<tr>
<td>ELEMENTARY</td>
<td>18.2%</td>
<td>17.2%</td>
<td>35.5%</td>
</tr>
<tr>
<td>MIDDLE/HIGH</td>
<td>22.5%</td>
<td>22.9%</td>
<td>45.5%</td>
</tr>
<tr>
<td>SENECA CSD</td>
<td>17.4%</td>
<td>22.3%</td>
<td>39.6%</td>
</tr>
<tr>
<td>ELEMENTARY</td>
<td>16.2%</td>
<td>19.9%</td>
<td>36.1%</td>
</tr>
<tr>
<td>MIDDLE/HIGH</td>
<td>19.3%</td>
<td>25.9%</td>
<td>45.2%</td>
</tr>
<tr>
<td>Average</td>
<td></td>
<td></td>
<td>39.86</td>
</tr>
<tr>
<td>Statewide (Excluding NYC)</td>
<td></td>
<td></td>
<td>33.7</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>CHA Survey BMI Statistics</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Average BMI</td>
<td>31.51</td>
</tr>
<tr>
<td>Female Average BMI</td>
<td>31.95</td>
</tr>
<tr>
<td>Male Average BMI</td>
<td>29.92</td>
</tr>
</tbody>
</table>
Survey respondents to the Seneca County community health assessment survey also reported low levels of exercise – one factor contributing to high obesity rates. 41.8% of survey respondents reported that they did not engage in regular exercise. This compares to the 2009 EBRFSS (Expanded Behavioral Risk Factor Surveillance Survey) rate for the County of 24.3% and the NYS rate of 23.7%.

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

Survey respondents reported they would like to increase their physical activity, eat better and manage their weight. The activities we have outlined in our Community Health Improvement Plan will help residents make these important behavioral changes.
The maps below from the NYSDOH illustrate the rates of obesity for Seneca County.
Coronary Heart Disease - Deaths and Death Rates Per 100,000 Residents

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

Source: 2008-2010 Vital Statistics Data as of February 2012 - Adjusted Rates are Age Adjusted to the 2000 United States Population
Obesity is a leading cause of many preventable diseases including heart disease, hypertension and diabetes. These figures demonstrate the level of the problem for Seneca County residents. According to the CDC:

- More than one-third of U.S. adults (35.7%) are obese.
- Obesity-related conditions include heart disease, stroke, type 2 diabetes and certain types of cancer, some of the leading causes of preventable death.
- The estimated annual medical cost of obesity in the U.S. was $147 billion in 2008 U.S. dollars; the medical costs for people who are obese were $1,429 higher than those of normal weigh
<table>
<thead>
<tr>
<th>County</th>
<th>Total 2007-2009</th>
<th>Per Children Tested 07-09</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Putnam</td>
<td>279</td>
<td>1,228</td>
<td>22.7</td>
</tr>
<tr>
<td>Nassau</td>
<td>2,677</td>
<td>12,731</td>
<td>22.6</td>
</tr>
<tr>
<td>Suffolk</td>
<td>3,888</td>
<td>18,085</td>
<td>21.5</td>
</tr>
<tr>
<td>Orleans</td>
<td>230</td>
<td>1,244</td>
<td>18.5</td>
</tr>
<tr>
<td>Ulster</td>
<td>392</td>
<td>2,126</td>
<td>18.2</td>
</tr>
<tr>
<td>Columbia</td>
<td>309</td>
<td>1,726</td>
<td>17.9</td>
</tr>
<tr>
<td>Schuyler</td>
<td>106</td>
<td>598</td>
<td>17.7</td>
</tr>
<tr>
<td>Seneca</td>
<td>118</td>
<td>668</td>
<td>17.7</td>
</tr>
<tr>
<td>Richmond</td>
<td>1,687</td>
<td>9,586</td>
<td>17.6</td>
</tr>
<tr>
<td>Washington</td>
<td>413</td>
<td>2,399</td>
<td>17.2</td>
</tr>
<tr>
<td>Cattaraugus</td>
<td>486</td>
<td>2,890</td>
<td>16.8</td>
</tr>
<tr>
<td>Westchester</td>
<td>4,639</td>
<td>27,614</td>
<td>16.8</td>
</tr>
<tr>
<td>Madison</td>
<td>423</td>
<td>2,533</td>
<td>16.7</td>
</tr>
<tr>
<td>Delaware</td>
<td>265</td>
<td>1,614</td>
<td>16.4</td>
</tr>
<tr>
<td>Fulton</td>
<td>253</td>
<td>1,552</td>
<td>16.3</td>
</tr>
<tr>
<td>Sullivan</td>
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<td>2,711</td>
<td>16.2</td>
</tr>
<tr>
<td>Greene</td>
<td>155</td>
<td>971</td>
<td>16.1</td>
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<tr>
<td>Queens</td>
<td>10,743</td>
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<tr>
<td>Oswego</td>
<td>789</td>
<td>5,092</td>
<td>15.5</td>
</tr>
<tr>
<td>Otsego</td>
<td>241</td>
<td>1,562</td>
<td>15.4</td>
</tr>
<tr>
<td>Schenectady</td>
<td>702</td>
<td>4,590</td>
<td>15.3</td>
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<tr>
<td>Genesee</td>
<td>409</td>
<td>2,688</td>
<td>15.2</td>
</tr>
<tr>
<td>Bronx</td>
<td>12,811</td>
<td>84,839</td>
<td>15.1</td>
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<tr>
<td>Essex</td>
<td>173</td>
<td>1,143</td>
<td>15.1</td>
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<td>Oneida</td>
<td>1,093</td>
<td>7,287</td>
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<td>2,623</td>
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<tr>
<td>Steuben</td>
<td>480</td>
<td>3,223</td>
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</tr>
<tr>
<td>Ontario</td>
<td>374</td>
<td>2,544</td>
<td>14.7</td>
</tr>
<tr>
<td>Yates</td>
<td>77</td>
<td>523</td>
<td>14.7</td>
</tr>
<tr>
<td>Clinton</td>
<td>358</td>
<td>2,467</td>
<td>14.5</td>
</tr>
<tr>
<td><strong>NY State</strong></td>
<td><strong>91,610</strong></td>
<td><strong>630,700</strong></td>
<td><strong>14.5</strong></td>
</tr>
<tr>
<td>Tioga</td>
<td>284</td>
<td>1,960</td>
<td>14.5</td>
</tr>
<tr>
<td>Montgomery</td>
<td>297</td>
<td>2,064</td>
<td>14.4</td>
</tr>
<tr>
<td>Broome</td>
<td>921</td>
<td>6,444</td>
<td>14.3</td>
</tr>
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<td>Wyoming</td>
<td>117</td>
<td>816</td>
<td>14.3</td>
</tr>
<tr>
<td>Chenango</td>
<td>505</td>
<td>3,553</td>
<td>14.2</td>
</tr>
<tr>
<td>Livingston</td>
<td>201</td>
<td>1,412</td>
<td>14.2</td>
</tr>
<tr>
<td>Albany</td>
<td>936</td>
<td>6,640</td>
<td>14.1</td>
</tr>
<tr>
<td>Franklin</td>
<td>261</td>
<td>1,849</td>
<td>14.1</td>
</tr>
<tr>
<td>Onondaga</td>
<td>1,952</td>
<td>13,940</td>
<td>14.0</td>
</tr>
<tr>
<td>St Lawrence</td>
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<td>2,118</td>
<td>14.0</td>
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<tr>
<td>Wayne</td>
<td>379</td>
<td>2,708</td>
<td>14.0</td>
</tr>
<tr>
<td>Otsego</td>
<td>561</td>
<td>4,065</td>
<td>13.8</td>
</tr>
<tr>
<td>Herkimer</td>
<td>298</td>
<td>2,156</td>
<td>13.8</td>
</tr>
<tr>
<td>Dutchess</td>
<td>592</td>
<td>4,323</td>
<td>13.7</td>
</tr>
<tr>
<td>Schoharie</td>
<td>134</td>
<td>975</td>
<td>13.7</td>
</tr>
<tr>
<td>Erie</td>
<td>3,021</td>
<td>22,212</td>
<td>13.6</td>
</tr>
<tr>
<td>Chautauqua</td>
<td>601</td>
<td>4,452</td>
<td>13.5</td>
</tr>
<tr>
<td>Monroe</td>
<td>2,456</td>
<td>18,327</td>
<td>13.4</td>
</tr>
<tr>
<td>Otsego</td>
<td>801</td>
<td>5,977</td>
<td>13.4</td>
</tr>
<tr>
<td>Tompkins</td>
<td>266</td>
<td>2,013</td>
<td>13.2</td>
</tr>
<tr>
<td>New York</td>
<td>8,370</td>
<td>64,388</td>
<td>13.0</td>
</tr>
<tr>
<td>Kings</td>
<td>17,453</td>
<td>136,355</td>
<td>12.8</td>
</tr>
<tr>
<td>Lewis</td>
<td>221</td>
<td>1,729</td>
<td>12.8</td>
</tr>
<tr>
<td>Orange</td>
<td>1,448</td>
<td>11,403</td>
<td>12.7</td>
</tr>
<tr>
<td>Cayuga</td>
<td>294</td>
<td>2,354</td>
<td>12.5</td>
</tr>
<tr>
<td>Allegheny</td>
<td>225</td>
<td>1,816</td>
<td>12.4</td>
</tr>
<tr>
<td>Warren</td>
<td>249</td>
<td>2,058</td>
<td>12.1</td>
</tr>
<tr>
<td>Hamilton</td>
<td>13</td>
<td>108</td>
<td>12.0</td>
</tr>
<tr>
<td>Cortland</td>
<td>224</td>
<td>1,916</td>
<td>11.7</td>
</tr>
<tr>
<td>Rockland</td>
<td>1,349</td>
<td>12,489</td>
<td>10.8</td>
</tr>
<tr>
<td>Jefferson</td>
<td>619</td>
<td>5,897</td>
<td>10.5</td>
</tr>
</tbody>
</table>

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

As mentioned above the obesity rates for Seneca County schools are higher than those for Upstate NY. This chart demonstrates that are youngest children ages 2-4 also have a higher rate of obesity than 2-4 year old children residing in other counties in the state. Efforts must be made to engage young children and their families in to increase participation in physical activity, healthy eating and reduced screen time.
Nutrition education is presented in all aspects of Public Health Education. Seneca County Public Health and its community partners work to identify nutrition priorities and establish systems for appropriate networking and referral to community agencies and to ensure that those in need have access to appropriate interventions. Dental health education programs also include information about the importance of sound nutrition and how diets with too much sugar negatively impact the teeth of both children and adults. Public Health actively supports all efforts to engage our residents in better nutrition and increased physical activity. A recent partnership with Cornell Cooperative Extension in the creation of the Seneca County “Local Motion” Map demonstrates our collaborative efforts to promote increased physical activity for residents and visitors. This great resource will assist residents and visitors to Seneca County in choosing fun, family centered outdoor and indoor activities to improve their physical health. The intent is to make it easier for families to increase their physical activity while having fun together. The Local Motion map locates outdoor and indoor recreation opportunities, many of which are free and open to the public. In order to use the map please select locations from categories in the drop down list below or select points directly from the map. Once you select a point you will be able to get directions and learn more about the physical activity options available at that location. Another initiative that is currently ongoing is a joint use agreement with the NY Chiropractic College to increase physical activity and improve nutritional status of lower income Seneca County adults and families. These effort as well as those outlined in the Community Health Improvement Work Plan will help address the obesity issues for the residents of Seneca County.

Occupational Health

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

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

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

![Graph showing Seneca County Asbestosis hospitalization rate per 100,000 - Aged 15 years and older]
Asbestosis hospitalization rate per 100,000 - Aged 15 years and older

<table>
<thead>
<tr>
<th>Year</th>
<th>Single Year</th>
<th>3-Year Average</th>
<th>NYS exc. NYC</th>
</tr>
</thead>
<tbody>
<tr>
<td>2002</td>
<td>73.5</td>
<td></td>
<td>16.4</td>
</tr>
<tr>
<td>2003</td>
<td>144.3</td>
<td>108.5</td>
<td>17.9</td>
</tr>
<tr>
<td>2004</td>
<td>107.1</td>
<td>128.8</td>
<td>19.7</td>
</tr>
<tr>
<td>2005</td>
<td>134.8</td>
<td>124.3</td>
<td>20.5</td>
</tr>
<tr>
<td>2006</td>
<td>131.1</td>
<td>120.1</td>
<td>21.3</td>
</tr>
<tr>
<td>2007</td>
<td>94.2</td>
<td>107.8</td>
<td>19.7</td>
</tr>
<tr>
<td>2008</td>
<td>97.7</td>
<td>93.8</td>
<td>19.7</td>
</tr>
<tr>
<td>2009</td>
<td>88.1</td>
<td>108.9</td>
<td>22.4</td>
</tr>
<tr>
<td>2010</td>
<td>140.1</td>
<td>79.4</td>
<td>20.5</td>
</tr>
<tr>
<td>2011</td>
<td>10.2</td>
<td></td>
<td>14.4</td>
</tr>
</tbody>
</table>

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

### Occupational Health Indicators - Seneca County - 2009-2011

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

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

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


Seneca County Community Health Assessment 2013 – 2017
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. Oral health indicators for Seneca County are in the chart below. The county falls within the 1st quartile for percentage of 3rd grade children with untreated caries and 2nd quartile for percentage of 3rd grade children with at least one dental visit in the last year. Medicaid oral health indicators are alarming and all fall within the 4th quartile. Attempts to increase access to fluoridated public water supplies in Seneca County were unsuccessful. In 2013, the only public water system that provided fluoridation in the county discontinued fluoridating the water supply. The opening of the new Finger Lakes Community Health Center in Ovid offering full dental services including providing dental services to the Medicaid population will be a welcome addition to the County. Dental resources were severely lacking, especially in the southern end of the county.

### Oral Health Indicators - Seneca County-2009-2011

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

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

**Health Professional Shortage Areas (HPSA) - Dental Health HPSA Clinician Priority Scores**

![Map showing Dental Health Professional Shortage Areas](image)

**Respiratory Disease**

As this map and the chart below illustrates, Seneca County residents are at higher risk for mortality for Chronic Lower Respiratory Disease (CLRD) with CLRD mortality rate per 100,000 being in the 4th quartile. However CLRD hospitalization rate per 10,000 is in the 1st quartile. Asthma hospitalization and mortality rates are low and therefore unstable. Asthma hospitalization rate per 10,000 in the 25-44 age group fell within the 1st quartile.
### Respiratory Disease Indicators - Seneca County-2008-2010

<table>
<thead>
<tr>
<th>Indicator</th>
<th>3 Year Total</th>
<th>County Rate</th>
<th>NYS Rate</th>
<th>Sig.Dif.</th>
<th>NYS Rate exc NYC</th>
<th>Sig.Dif.</th>
<th>County Ranking Group</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CLRD mortality rate per 100,000</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crude</td>
<td>71</td>
<td>68.7</td>
<td>34.7</td>
<td>Yes</td>
<td>46.0</td>
<td>Yes</td>
<td>4th</td>
</tr>
<tr>
<td>Age-adjusted</td>
<td>71</td>
<td>55.2</td>
<td>31.1</td>
<td>Yes</td>
<td>38.5</td>
<td>Yes</td>
<td>4th</td>
</tr>
<tr>
<td><strong>CLRD hospitalization rate per 10,000</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crude</td>
<td>264</td>
<td>25.5</td>
<td>39.3</td>
<td>Yes</td>
<td>35.2</td>
<td>Yes</td>
<td>1st</td>
</tr>
<tr>
<td>Age-adjusted</td>
<td>264</td>
<td>21.7</td>
<td>37.5</td>
<td>Yes</td>
<td>31.7</td>
<td>Yes</td>
<td>1st</td>
</tr>
<tr>
<td><strong>Asthma hospitalization rate per 10,000</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crude</td>
<td>47</td>
<td>4.5</td>
<td>20.3</td>
<td>Yes</td>
<td>12.4</td>
<td>Yes</td>
<td>1st</td>
</tr>
<tr>
<td>Age-adjusted</td>
<td>47</td>
<td>4.6</td>
<td>20.3</td>
<td>Yes</td>
<td>12.3</td>
<td>Yes</td>
<td>1st</td>
</tr>
<tr>
<td>Ages 0-4 years</td>
<td>9</td>
<td>16.2*</td>
<td>58.8</td>
<td>Yes</td>
<td>36.1</td>
<td>Yes</td>
<td>1st</td>
</tr>
<tr>
<td>Ages 5-14 years</td>
<td>0</td>
<td>0.0*</td>
<td>20.9</td>
<td>Yes</td>
<td>11.2</td>
<td>Yes</td>
<td>1st</td>
</tr>
<tr>
<td>Ages 0-17 years</td>
<td>11</td>
<td>5.1</td>
<td>29.0</td>
<td>Yes</td>
<td>16.1</td>
<td>Yes</td>
<td>1st</td>
</tr>
<tr>
<td>Ages 5-64 years</td>
<td>25</td>
<td>3.0</td>
<td>15.4</td>
<td>Yes</td>
<td>9.5</td>
<td>Yes</td>
<td>1st</td>
</tr>
<tr>
<td>Ages 15-24 years</td>
<td>6</td>
<td>4.1*</td>
<td>7.5</td>
<td>No</td>
<td>4.1</td>
<td>No</td>
<td>3rd</td>
</tr>
<tr>
<td>Ages 25-44 years</td>
<td>10</td>
<td>3.7</td>
<td>10.8</td>
<td>Yes</td>
<td>8.1</td>
<td>Yes</td>
<td>1st</td>
</tr>
<tr>
<td>Ages 45-64 years</td>
<td>9</td>
<td>3.1*</td>
<td>21.8</td>
<td>Yes</td>
<td>12.6</td>
<td>Yes</td>
<td>1st</td>
</tr>
<tr>
<td>Ages 65 years or older</td>
<td>13</td>
<td>8.3</td>
<td>32.2</td>
<td>Yes</td>
<td>19.2</td>
<td>Yes</td>
<td>1st</td>
</tr>
<tr>
<td><strong>Asthma mortality rate per 100,000</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crude</td>
<td>2</td>
<td>1.9*</td>
<td>1.3</td>
<td>No</td>
<td>0.9</td>
<td>No</td>
<td>4th</td>
</tr>
<tr>
<td>Age-adjusted</td>
<td>2</td>
<td>1.5*</td>
<td>1.2</td>
<td>No</td>
<td>0.7</td>
<td>No</td>
<td>4th</td>
</tr>
<tr>
<td>Age-adjusted % of adults with current asthma (2008-2009)</td>
<td>N/A</td>
<td>9.0</td>
<td>9.7</td>
<td>No</td>
<td>10.1</td>
<td>No</td>
<td>2nd</td>
</tr>
</tbody>
</table>
In spite of years of effort by federal, state and local public health agencies and advocates, residents of rural communities such as Seneca County are more likely to use tobacco products, to start at a younger age, to use more heavily and to be exposed to secondhand smoke at work and at home than their counterparts in cities and suburbs. According to the NYSDOH, Smoking kills 25,500 people every year in New York State and secondhand smoke kills 2,500 New Yorkers each year. There are estimated to be 570,000 New Yorkers afflicted with a serious disease directly attributed to their smoking. It is projected that 389,000 New York State youth age 0-17 will die from smoking.

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

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

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

The Coalition has pursued an increasing number of methods to bring this critical health message to the public. Programs have been developed and implemented for youth from pre-school through college, and for adults in community, health, and work sites. In addition to public education, the Coalition has both developed and supported programs designed to assist with the cessation of use of tobacco products and worked to encourage changes in public policy that promote an improved quality of health in our community.
In the Seneca County Community Health Assessment Survey respondents ranked underage drinking, drug abuse and alcohol abuse as one of the top three issues of concern in the County. Smoking/tobacco use and second hand smoke also made the top ten. Our second chosen priority, to prevent substance abuse and other mental, emotional, and behavioral disorders, and our chosen disparity, to reduce tobacco use among individuals with a mental health diagnosis or substance abuse problem will address these concerns. Alcohol related motor vehicle injuries and deaths are in the second quartile for the County compared to NYS rates. Preventing underage drinking and reducing permissive adult attitudes regarding the consumption of alcohol by minors is a top priority for the Seneca County Substance Abuse Coalition. The Seneca County Health Department and members of the Seneca Health Solutions Team are working collaboratively to address the use, abuse of alcohol, tobacco and other drugs in Seneca County. Many of the SCSAC's goals and objectives are outlined in our Community Health Improvement Plan’s activities.

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

<table>
<thead>
<tr>
<th>Indicator</th>
<th>3 Year Total</th>
<th>County Rate</th>
<th>NYS Rate</th>
<th>Sig.Dif.</th>
<th>NYS Rate excl NYC</th>
<th>Sig.Dif.</th>
<th>County Ranking Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug-related hospitalization rate per 10,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crude</td>
<td>104</td>
<td>10.0</td>
<td>26.1</td>
<td>Yes</td>
<td>21.0</td>
<td>Yes</td>
<td>1st</td>
</tr>
<tr>
<td>Age-adjusted</td>
<td>104</td>
<td>10.2</td>
<td>26.1</td>
<td>Yes</td>
<td>21.8</td>
<td>Yes</td>
<td>1st</td>
</tr>
<tr>
<td>Newborn drug-related hospitalization rate per 10,000 newborn discharges</td>
<td>5</td>
<td>56.2*</td>
<td>72.6</td>
<td>No</td>
<td>89.6</td>
<td>No</td>
<td>2nd</td>
</tr>
<tr>
<td>Alcohol related motor vehicle injuries and deaths per 100,000</td>
<td>48</td>
<td>45.9</td>
<td>34.8</td>
<td>No</td>
<td>47.8</td>
<td>No</td>
<td>2nd</td>
</tr>
<tr>
<td>Age-adjusted % of adults who smoke cigarettes (2008-2009)</td>
<td>N/A</td>
<td>24.3</td>
<td>17.0</td>
<td>Yes</td>
<td>18.9</td>
<td>No</td>
<td>3rd</td>
</tr>
<tr>
<td>Age-adjusted % of adults living in homes where smoking is prohibited (2008-2009)</td>
<td>N/A</td>
<td>74.2</td>
<td>80.9</td>
<td>No</td>
<td>79.3</td>
<td>No</td>
<td>3rd</td>
</tr>
<tr>
<td>Age-adjusted % of adults who binge drink (2008-2009)</td>
<td>N/A</td>
<td>14.4</td>
<td>18.1</td>
<td>No</td>
<td>19.8</td>
<td>No</td>
<td>1st</td>
</tr>
</tbody>
</table>
Please take a few moments to click on those boxes that you think are issues with the most important needs facing you and Seneca County today.

<table>
<thead>
<tr>
<th>Answer Options</th>
<th>Problem for YOU</th>
<th>Problem for Seneca County</th>
<th>Don’t know or unsure</th>
<th>Response Count</th>
<th>Seneca Co.</th>
<th>NYS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Underage drinking</td>
<td>1%</td>
<td>78%</td>
<td>22%</td>
<td>347</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drug abuse/abuse of prescription drugs</td>
<td>1%</td>
<td>77%</td>
<td>22%</td>
<td>348</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alcohol abuse</td>
<td>3%</td>
<td>71%</td>
<td>27%</td>
<td>349</td>
<td>14.4%</td>
<td>18.1%</td>
</tr>
<tr>
<td>Poor nutrition (unhealthy eating)</td>
<td>12%</td>
<td>70%</td>
<td>22%</td>
<td>342</td>
<td>71.8%</td>
<td>72.9%</td>
</tr>
<tr>
<td>Behavioral Problems in Children</td>
<td>6%</td>
<td>70%</td>
<td>26%</td>
<td>348</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lack of physical activity</td>
<td>25%</td>
<td>67%</td>
<td>15%</td>
<td>347</td>
<td>24.3%</td>
<td>23.7%</td>
</tr>
<tr>
<td>Smoking / tobacco use</td>
<td>9%</td>
<td>67%</td>
<td>26%</td>
<td>350</td>
<td>24.3%</td>
<td>17.0%</td>
</tr>
<tr>
<td>Cancer</td>
<td>8%</td>
<td>64%</td>
<td>31%</td>
<td>346</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depression / other mental illnesses</td>
<td>13%</td>
<td>62%</td>
<td>27%</td>
<td>353</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Second hand smoke</td>
<td>8%</td>
<td>57%</td>
<td>38%</td>
<td>341</td>
<td>25.8%</td>
<td>19.1%</td>
</tr>
</tbody>
</table>
A total of 17.4% of survey respondents reported binge drinking in the last 30 days. This is higher than the EBRFSS data, below. Also, according to the Expanded Behavioral Risk Factor Surveillance Survey (EBRFSS) the rate of heavy drinkers in the County is 4.6% compared to the NYS rate of 5%. Our survey responses (Attachment A) indicated a problem much greater than that.

<table>
<thead>
<tr>
<th>Answer Options</th>
<th>Response Percent</th>
<th>Response Count</th>
<th>Binge Drinkers DOH Seneca Co.</th>
<th>Binge Drinkers DOH NYS</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>82.6%</td>
<td>213</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Once</td>
<td>7.8%</td>
<td>20</td>
<td>14.4%</td>
<td>18.1%</td>
</tr>
<tr>
<td>Twice</td>
<td>3.1%</td>
<td>8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 or 4</td>
<td>3.9%</td>
<td>10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 or more</td>
<td>2.7%</td>
<td>7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Respondents</td>
<td>258</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

### County Health Rankings

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

* 90th percentile, i.e., only 10% are better.
** Data should not be compared with prior years due to changes in definition.
Health Challenges

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

Risk Factors

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

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

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

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

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

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

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

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

**Social** - Behavioral risk factors and social determinants impact Seneca County residents’ health. Key social determinants for our residents include; low-income, lower educational levels, higher proportion of elderly residents, lack of transportation and social isolation. Social isolation experienced by rural residents may lead to alcohol abuse, and higher rates of depression or poor mental health than their urban counterparts. Cultural acceptance of tobacco and alcohol use is also a risk factor, and proximity to cheaper and un-taxed cigarettes
from the nearby American Indian reservation may enhance this proclivity. Lack of access to dental care and the lack of a fluoridated water supply are additional risk factors. Recent studies have also shown that urban residents may lead less of a sedentary lifestyle than do rural (non-farming) or suburban residents, due to spending more time walking to various destinations than is feasible in rural areas.

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

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

**Other Health Related Components of the Environment**

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

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

Additional challenges faced by Public Health include:

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

Access to high-quality, continuous primary care and treatment services

Lack of Dental Providers accepting Medicaid for payment. The recent opening of the FQHC in Ovid offering lower cost and Medicaid reimbursable dental care should improve access and utilization of preventative dental services

Transportation in rural areas, lack of knowledge about how to navigate the health care system, lack of insurance and perceived confidentiality issues are also some of the factors that may keep people from appropriately accessing care.

Personal barriers in access to care include:

- Personal value and behavior systems on the part of some county residents (particularly older residents) who refuse to take advantage of eligibility-based programs (such as Medicaid and Food Stamps) because they consider it a “hand-out”

- Personal belief and behavior systems held by the Amish/Mennonite population in Seneca County may inhibit their access to care

- Lack of a private vehicle for transportation

- Lack of education and personal experience regarding the value of and need for primary and preventive care. This can include feelings of intimidation that some residents may experience in the presence of health professionals, leading both to avoidance of care and lack of empowerment in managing relevant aspects of their own healthcare, along with health literacy issues. For too many residents, emergency room care may be the only type of care accessed. Seneca County is fortunate in that Finger Lakes Health recently opened an urgent care center in Waterloo. Residents in the south end of the county are also excited about the recent opening of a new comprehensive Federally Qualified Health Center in Ovid, which will ultimately provide access to dental health, behavioral health services as well as primary care, and access to specialty services through telehealth.

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

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

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

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

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

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

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

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

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

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

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

### Comparison of New York State and S2AY Rural Health Network Counties

<table>
<thead>
<tr>
<th>Measure</th>
<th>New York</th>
<th>Ontario</th>
<th>Schuyler</th>
<th>Seneca</th>
<th>Steuben</th>
<th>Wayne</th>
<th>Yates</th>
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<tbody>
<tr>
<td><strong>Health Outcomes</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mortality</td>
<td>20</td>
<td>30</td>
<td>20</td>
<td>18</td>
<td>20</td>
<td>20</td>
<td>17</td>
</tr>
<tr>
<td>Premature death</td>
<td>20,490</td>
<td>19,570</td>
<td>25,470</td>
<td>24,790</td>
<td>24,470</td>
<td>24,570</td>
<td>25,790</td>
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<tr>
<td>Poor or fair health</td>
<td>16%</td>
<td>15%</td>
<td>18%</td>
<td>16%</td>
<td>17%</td>
<td>17%</td>
<td>16%</td>
</tr>
<tr>
<td>Poor physical health days</td>
<td>4.1</td>
<td>3.5</td>
<td>4.7</td>
<td>4.7</td>
<td>4.7</td>
<td>4.7</td>
<td>4.7</td>
</tr>
<tr>
<td>Low birthweight</td>
<td>8.2%</td>
<td>6.4%</td>
<td>6.5%</td>
<td>5.9%</td>
<td>7.1%</td>
<td>6.9%</td>
<td>5.3%</td>
</tr>
<tr>
<td><strong>Morbidity</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult smoking</td>
<td>18%</td>
<td>18%</td>
<td>25%</td>
<td>28%</td>
<td>23%</td>
<td>22%</td>
<td>23%</td>
</tr>
<tr>
<td>Adult obesity</td>
<td>25%</td>
<td>27%</td>
<td>28%</td>
<td>31%</td>
<td>31%</td>
<td>30%</td>
<td>25%</td>
</tr>
<tr>
<td>Physical inactivity</td>
<td>25%</td>
<td>20%</td>
<td>30%</td>
<td>32%</td>
<td>26%</td>
<td>24%</td>
<td>27%</td>
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<tr>
<td>Excessive drinking</td>
<td>17%</td>
<td>17%</td>
<td>12%</td>
<td>17%</td>
<td>14%</td>
<td>17%</td>
<td>17%</td>
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<tr>
<td>Motor vehicle crash death rate</td>
<td>7</td>
<td>9</td>
<td>14</td>
<td>14</td>
<td>14</td>
<td>12</td>
<td>11</td>
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<tr>
<td>Sexually transmitted infections</td>
<td>516</td>
<td>208</td>
<td>115</td>
<td>218</td>
<td>208</td>
<td>306</td>
<td>185</td>
</tr>
<tr>
<td>Teen birth rate</td>
<td>20</td>
<td>19</td>
<td>29</td>
<td>27</td>
<td>28</td>
<td>32</td>
<td>19</td>
</tr>
<tr>
<td><strong>Clinical Care</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary care physicians</td>
<td>1,222:1</td>
<td>1,242:1</td>
<td>1,667:1</td>
<td>4,401:1</td>
<td>1,766:1</td>
<td>3,025:1</td>
<td>1,812:1</td>
</tr>
<tr>
<td>Dentists</td>
<td>1,414:1</td>
<td>2,102:1</td>
<td>4,673:1</td>
<td>5,431:1</td>
<td>2,957:1</td>
<td>2,440:1</td>
<td>3,332:1</td>
</tr>
<tr>
<td>Preventable hospital stays</td>
<td>66</td>
<td>72</td>
<td>103</td>
<td>67</td>
<td>81</td>
<td>83</td>
<td>51</td>
</tr>
<tr>
<td>Diabetic screening</td>
<td>85%</td>
<td>86%</td>
<td>84%</td>
<td>90%</td>
<td>87%</td>
<td>87%</td>
<td>86%</td>
</tr>
<tr>
<td>Mammography screening</td>
<td>66%</td>
<td>71%</td>
<td>69%</td>
<td>73%</td>
<td>71%</td>
<td>69%</td>
<td>77%</td>
</tr>
<tr>
<td><strong>Social &amp; Economic Factors</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High school graduation</td>
<td>77%</td>
<td>87%</td>
<td>73%</td>
<td>79%</td>
<td>84%</td>
<td>83%</td>
<td>83%</td>
</tr>
<tr>
<td>Some college</td>
<td>64%</td>
<td>70%</td>
<td>56%</td>
<td>53%</td>
<td>59%</td>
<td>59%</td>
<td>43%</td>
</tr>
<tr>
<td>Unemployment</td>
<td>8.2%</td>
<td>7.2%</td>
<td>7.8%</td>
<td>7.7%</td>
<td>9.4%</td>
<td>8.1%</td>
<td>6.9%</td>
</tr>
<tr>
<td>Children in poverty</td>
<td>23%</td>
<td>15%</td>
<td>23%</td>
<td>21%</td>
<td>28%</td>
<td>21%</td>
<td>24%</td>
</tr>
<tr>
<td>Inadequate social support</td>
<td>24%</td>
<td>19%</td>
<td>17%</td>
<td>24%</td>
<td>17%</td>
<td>25%</td>
<td></td>
</tr>
<tr>
<td>Children in single-parent</td>
<td>34%</td>
<td>28%</td>
<td>22%</td>
<td>33%</td>
<td>32%</td>
<td>31%</td>
<td>23%</td>
</tr>
<tr>
<td>Violent crime rate</td>
<td>391</td>
<td>118</td>
<td>77</td>
<td>142</td>
<td>159</td>
<td>178</td>
<td>59</td>
</tr>
<tr>
<td><strong>Physical Environment</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Daily fine particulate matter</td>
<td>10.9</td>
<td>11.5</td>
<td>11.4</td>
<td>11.3</td>
<td>11.8</td>
<td>11.3</td>
<td>11.5</td>
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<tr>
<td>Drinking water safety</td>
<td>4%</td>
<td>15%</td>
<td>0%</td>
<td>5%</td>
<td>0%</td>
<td>16%</td>
<td>1%</td>
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<tr>
<td>Access to recreational facilities</td>
<td>11</td>
<td>15</td>
<td>5</td>
<td>0</td>
<td>6</td>
<td>5</td>
<td>12</td>
</tr>
<tr>
<td>Limited access to healthy foods</td>
<td>2%</td>
<td>3%</td>
<td>2%</td>
<td>2%</td>
<td>4%</td>
<td>3%</td>
<td>0%</td>
</tr>
<tr>
<td>Fast food restaurants</td>
<td>45%</td>
<td>49%</td>
<td>28%</td>
<td>43%</td>
<td>37%</td>
<td>50%</td>
<td>30%</td>
</tr>
</tbody>
</table>

Assets and Resources

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

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

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

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

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

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

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

**Early Intervention (Birth to age 3)**
The Early Intervention Program is a statewide program that provides many different services to infants and toddlers with a disability or developmental delay and their families. In New York State, the Department of Health is the lead agency responsible for the Early Intervention Program. Children suspected of having a significant delay in development are potential candidates for this program, with referrals made from parents, physicians, and other professionals to Seneca County Public Health. Early Intervention Service Coordinators provide support and advocacy to families of qualifying children. The Local Early Intervention Coordinating Council (LEICC)/S2AY Network Regional Early Childhood Coalition meets regularly throughout the year. These meetings address issues faced by parents, providers, municipalities and CPSE representatives in the following priority areas:

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

**Children with Special Health Care Needs (CSHCN)/ Physically Handicapped Children’s Program (PHCP)**
The definition of Children with Special Health Care Needs as stated in the New York State Department of Health CSHCN Program data dictionary: are those children (age 0-21) who have or are suspected of having a serious or chronic physical or developmental delay and who also require health and related services of a type or amount beyond that required by children generally. Assistance is provided to families by referring them to the appropriate health services and/or community resources. Some of these children were enrolled in the Physically Handicapped Children's Program (PHCP), which continues to provide financial funding for children, with severe chronic illnesses or physical disabilities, which live in Seneca County and meet certain medical and financial criteria. This funding source is to help parents meet medical expenses that are not covered by Medicaid, Child Health Plus, and private insurance, as well as providing help when families are without any type of coverage for a short period of time, while they are in the process of applying for Child Health Plus or Medicaid. Many of the children that are referred to the CSHCN Program only require assistance in accessing services offered by other agencies.
**Childhood Lead Poisoning Prevention Program**
The Seneca County Childhood Lead Poisoning Prevention Program is a case management program mandated by New York State Health Department. The program staff accepts referrals, completes data entry and reports and disseminates information to parents and guardians. The staff makes educational visits, makes referrals for environmental investigations, and follows up with primary care providers. We provide supervision and planning for the program. The Lead Program follows children up to age 18. Pregnant women with elevations are referred to the NYS Bureau of Occupational Health for follow-up and to the WIC Program as appropriate. Lead hazards are abated by the homeowner, with guidance and follow up completed by Seneca County Health Department Environmental Health Sanitarians.

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

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

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

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

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

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

Other Environmental Health Programs offered include:
- Annual Household Hazardous Waste Collection Day
- Water Testing/Water Safety/Septic Systems
- Restaurant, Children’s Camps, Campgrounds, Swimming Pools, Temporary Residences, Tanning Facilities and Mobile Home Park Inspections
- ATUPA (Tobacco Sales Compliance Checks)
Organizational Chart?
A Public Health System Assessment was completed as the second phase of the Community Health Assessment. Results are included as Attachment B. Both the Public Health System and the Public Health Department were assessed. The Assessments were sent to key informants, and most responses were obtained from an on-line survey. Both Assessments were very favorable, although an analysis of the results infers that more education regarding the role and activities of the system and PH Department would be beneficial.

**County Resources**

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

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

**County Resource Listing**

- **Advocacy Center** - Advocacy services for individuals with disabilities and their families.
- **Agri-Business Child Development Center** - Early childhood program, available for migrants. Ages 8 wks. - 5 yrs.; nutritional meals, transportation, special services for children with disabilities. WIC services & Outreach services.
- **AIDS Rochester** - Case management of people with HIV/AIDS and their families and friends. Educational programs for schools, churches, community groups, businesses and individuals.
- **Alcoholics Anonymous** - Informational supportive meetings for alcoholics. Al-Anon meetings for a loved one of alcoholics. Al-A-Teen meetings for teenagers of alcoholics.
- **Alcoholism Rehabilitation Program** - Inpatient 24 hour, medical, psychological, spiritual evaluation, and group therapy.
- **Alzheimer's Disease and Related Disorders Association** - Information and referral, community education, caregiver education, support groups for families, advocacy, and research.
- **American Cancer Society** - Can arrange for equipment loans, e.g., wheelchairs, hospital beds, medical supplies for those in need, literature, and videos for schools, professionals, clubs, organizations, and individuals, information and guidance pertaining to cancer, speakers for groups available upon request; FREE "Fresh Start" smoking cessation program available for groups or businesses.
- **American Diabetes Association** - Information and referrals; patient, public, and professional education; support groups; material resources; minority initiative and cultural diversity outreach; summer camp for children with diabetes; speakers bureau; classes, workshops, and seminars.
- **American Heart Association** - Heart at Work Program (employee wellness program). Literature Library (general public, patients, professionals). Professional education (seminar on heart disease). CPR Agency Training Center Program, Operation Heartbeat, and Operation Stroke.
- **American Lung Association** - Finger Lakes Chapter - Education in all area of lung health including: asthma, smoking, chronic lung disease, tuberculosis, air pollution, indoor air quality and radon. Programs and training are offered through schools, businesses, hospitals and other community groups.
- **American Red Cross** - in the Finger Lakes - We provide relief to victims of disaster and help people prevent and prepare for emergencies.
Association for the Blind - Goodwill - Low vision exams, rehab teaching, orientation and mobility, counseling, supported employment/job placement, children's services, elderly outreach, computer assessment/training, and recreation.
Birthright of Canandaigua - Assistance to women who need help in coping with problem pregnancies and are seeking an alternative to abortion.
Brain Injury Association FACTS Program - Family advocacy and advocacy training for persons with brain injuries and their families. Counseling and emotional support. Training services.
Camp Good Days and Special Times - Camping, and year-round support groups. The camp supports cancer kids, siblings, kids who have a parent with cancer, AIDS kids, and kids who have lost a family member to a violent crime.
Care at Home Program - Evaluate your child's needs and the appropriateness of home care services. Develop a plan of care for your child at home. Locate, arrange for and coordinate home and community services. Assess problems and develop solutions. Pay medical bills.
Catholic Charities of the Diocese of Rochester, Inc / Finger Lakes Region - Offering several community service programs throughout the county.
Cayuga / Seneca Community Action Agency, Inc. - Emergency food pantry, clothing closet, crisis intervention, homeless assistance, emergency transportation, information and referral, outreach, advocacy, TASA (see separate listing), at-risk youth case management contact Tonya Case, for ages 14-25, at risk of homelessness, dropping out of school, delinquency, etc.
Cayuga Home for Children, Seneca County Family Resiliency - To provide home-based preventive services in collaboration with Seneca County Division or Human Services and Seneca County Community Counseling Center. (SCDHS)-Programs include the Intensive Family Preservation Program, the Family Support Program, the Reunification Program, and Functional Family Therapy.
Center for Dispute Settlement, Inc. - Community program of mediation or arbitration as an alternative. Mediation and/or arbitration services for criminal, civil and small claims matters: i.e., neighbor disputes, personal, juvenal, consumer/merchant, and landlord/tenant.
Child Abuse Reporting Service of NYS - Central registry for all suspected child abuse and neglect calls. Once a call comes in to Albany, the specific county is contacted to do an investigation of the complaint.
Child Health Plus Insurance - Offers free or very low-cost health insurance for children within the State of New York.
Child Health Plus/Family Health Plus/Medicaid Facilitated Enrollment - Help people apply for public health insurance programs in locations throughout the community, a times convenient to them. Refer to other programs (Healthy NY, private insurance) when appropriate.
Client Assistance Program - CAP is a Statewide network of advocates available to assist New Yorkers with disabilities in gaining access to VESID and CBVH services. CAP advocates provide information support and strategies for negotiating VESID, CBVH, and related service systems.
Clifton Springs Hospital and Clinic - Inpatient 24 hour, medical, psychological, spiritual evaluation, and group therapy. A stay of up to 28 days. Follow-up of all patients is done up to two years and an aftercare group is required for all patients living within a fifty mile radius. This is for fifteen weeks following discharge. Detoxification when program is done.
Commission for the Blind and Visually Handicapped - Non-vocational rehabilitation services for children ages 0 - 21. Vocational rehabilitation services for persons who need to gain or maintain employment.
Confidential Help for Alcohol and Drugs, Inc. (CHAD) - Evaluation and treatment for persons who are dependent or abusing alcohol and/or other drugs. All services are clinic based. Treatment of family members of addicted individuals available. Services are also available to residents of Seneca County.
Conifer Park Regional Office and the Liberty Health Care Group - Adult, Adolescent and Family Services. Programs: Women's, Cocaine, Opiate/Heroin, Hispanic, Dual Focus, Sexual Identity, Adolescent, and African American issues, Health Care Professionals.
Council on Alcoholism and Other Chemical Dependencies of the Finger Lakes - Community-based Alcohol/Drug Abuse Prevention and Education Agency. Educational: Presentations, workshops and programs on alcohol/drug abuse to schools, youth groups, parent groups, agencies, businesses, and community action groups. Individual sessions and consultation services are also available.
Cystic Fibrosis Center - University of Rochester - Comprehensive care for children, adolescents and adults who have Cystic Fibrosis. Initial consultation and diagnosis, regular follow-up and management of medical problems related to Cystic Fibrosis, education of family and child about Cystic Fibrosis, emotional support, nutrition and counseling, genetic counseling, parent and patient groups.

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

East Hill Family Medical, Inc. - Routine Gyn Services, Family Planning, and STI Testing.

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


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

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

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

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


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

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

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


Finger Lakes WIC - Nutrition Counseling and Supplemental Food Checks.

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

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

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

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

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

Hillside Children's Center Service Integration/Intake - Residential and community based group homes, PINS diversion, non secure detention, and special education. Emergency housing and crisis counseling, Adoption services, Day treatment, and therapeutic foster homes. Ontario County Respite Home, and the Ontario and Wayne Counties Youth Care Facility.
House of Hope/Women in Need (WIN) - Free and confidential weekly support groups for women in crisis, victims of domestic violence, individual consulting, and children's services. Provides advocacy and crisis intervention and access to safe home support, Emergency Services - household goods and clothing.

Human Services Coalition of TC, Inc., Info and Referral Services - Comprehensive information and referral services for residents in need.

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

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

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

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

Meals on Wheels – Seneca County Meals on Wheels are provided through the Office for the Aging and the SNAP meals are provided through the American Red Cross.

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

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

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

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

Pregnancy Care Center - A program designed to reach women who are experiencing crisis pregnancies.

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

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


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

Rushville Health Center - Provides dental screenings and referrals as indicated in Seneca County schools.

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

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

Seneca Connections Drop-in Center - The drop in center is a setting where recipients of mental health services, past and present, can simply stop by, either to take part in scheduled activities, to just relax and enjoy themselves, or to take part in planning center activities.
**Seneca County Addictions Program** - Evaluations, treatment planning, individual counseling, group counseling (men's, women's, awareness, and recovery groups), integration of services between alcohol and mental health clinics, as well as family therapy.

**Seneca County AIDS Task Force** - Prevention/Education, HIV/AIDS and related issues.

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

**Seneca County Division of Human Services** - Determine eligibility for food stamps, Medicaid, TANF. Preventive case management for adults and children at risk.

**Seneca County Health Department** - The Seneca County Health Department services are detailed throughout this report.

**TASA - Take A Step Ahead** - Case Management, advocacy, referrals, crisis intervention, goal planning, and outreach for pregnant teens.

**The Advocacy Center** - Information and referral, advocacy, and educational workshops.

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

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

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

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

**Other Clinic Service Providers**
East Hill Family Medical and Ovid Community Health Center provide family planning services in Seneca County.

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

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

According to the 2008-2009 EBRFSS, approximately 22.5% of Seneca County residents between the ages of 18 and 64 do not have health insurance, compared with 15.7% statewide. As illustrated in this map, Seneca County ranks in the 2nd quartile compared to the rest of the state for insured adults. This does not account for those who cannot get dental or vision care due to lack of ability to pay/insurance, which seems to be a much larger percent of the population. Studies have shown that most people who are uninsured or under-insured are employed. Seneca County looks forward to the effect the opening of the New York State of Health exchange and the impact it will have on our uninsured population. The exchange will help people shop for and enroll in health insurance coverage. Residents will be able to see what the various levels of coverage cost, what tax credits they are eligible for and determine which option best suits their needs. Seneca County Public Health will make a special effort to ensure residents are connected to navigators in the New York State of Health Marketplace. Organizations that serve Seneca County are the S2AY Rural Health Network and Thompson Health. Additionally, navigators can be found at FQHC’s. These organizations provide free, confidential, un-biased information on health insurance options and assist residents with enrollment. The S2AY Rural Health Network, www.s2aynetwork.org, can be reached at 607-962-8459 or to schedule an appointment call the 211 helpline, www.211helpline.org, at 2-1-1 or 1-800-346-2211.

Primary Care and Preventive Health Services Utilization

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

<table>
<thead>
<tr>
<th>Which services have you been unable to get? Check all that apply:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Answer Options</strong></td>
</tr>
<tr>
<td>Doctor</td>
</tr>
<tr>
<td>Does not apply</td>
</tr>
<tr>
<td>Dentist</td>
</tr>
<tr>
<td>Podiatrist (foot doctor)</td>
</tr>
<tr>
<td>Prescriptions (medications)</td>
</tr>
<tr>
<td><strong>Total Respondents</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Have you been unable to get any type of health care service due to inability to pay?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Answer Options</strong></td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
</tr>
<tr>
<td><strong>Total Respondents</strong></td>
</tr>
</tbody>
</table>
Other Collaborations

S2AY Rural Health Network

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

S2AY’s mission is:
To integrate, promote and expand appropriate components of the public health service delivery system to improve health outcomes for all residents of the Network region.

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

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

Seneca County Public Health is a member of several coalitions and committees that address the health of our residents. Public Health is always attempting to increase and strengthen collaborations with coalitions, partnerships, and networks to enhance, coordinate, and provide much needed health care services to County residents. In a rural county such as ours it is imperative that organizations work together to tackle the issues faced by the community. Some of the collaborations we are a part of include:
- Seneca County Substance Abuse Coalition
- Finger Lakes Regional Breastfeeding Coalition
- Seneca County Family Health and Wellness Committee
- STEPS Neighborhood Project
- Cancer Service Program
- Cornell Cooperative Extension Childhood Obesity Task Force
- Regional Early Childhood Coalition
- Regional Early Intervention Coordinating Council
- Finger Lakes Regional Perinatal Forum
- Tobacco Action Coalition of the Finger Lakes
- Finger Lakes Adult Immunization Coalition
- Finger Lakes STD/HIV Coalition
- Seneca County Partners for Youth and Children
• O-8 Committee
• Finger Lakes Coalition to Prevent Lead Poisoning
• Finger Lakes Health System Agency Board of Directors
• Finger Lakes Community Health Board of Directors
• Community Advisory Committee for Finger Lakes Health
• Seneca County Employee Wellness Committee
• Finger Lakes Public Health Alliance (Public Health Preparedness)
• Regional and sub-regional Finger Lakes Healthcare Coalitions (Public Health Preparedness)
• Finger Lakes Regional Planning Coalition
• Children with Special Healthcare needs Regional Coalition
• Finger Lakes HIV/AIDS Task Force
• Finger Lakes Dental Steering Committee

Process

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

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

• Seneca County Public Health Department
• Finger Lakes Health (Geneva General)
• Cornell Cooperative Extension
• Finger Lakes Community Health
• FLACRA
• NY Chiropractic College
• Seneca County Youth Bureau
• Wayne CAP
• Seneca County Office of the Aging
• Lifecare
• Seneca County DHS
• United Way
• House of Concern
• Seneca County Mental Health Department
• Seneca County Addictions Program
• Red Cross of the Finger Lakes
• Council on Alcoholism & Addictions of the Finger Lakes
• Finger Lakes WIC Program
• Tobacco Action Coalition of the Finger Lakes
• S2AY Rural Health Network
• Office of Emergency Management

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

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

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

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

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

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

\[(A & 2B) \times C\]

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

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

The disparity the partners chose to address was:
Reduce tobacco use among individuals with a mental health or substance abuse issue

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

<table>
<thead>
<tr>
<th>Hanlon</th>
<th>PEARL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obesity</td>
<td>158.70</td>
</tr>
<tr>
<td>Cancer</td>
<td>151.26</td>
</tr>
<tr>
<td>Depression/Other MH</td>
<td>134.18</td>
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<tr>
<td>Dental health</td>
<td>134.17</td>
</tr>
<tr>
<td>Behavioral problems in young children</td>
<td>130.48</td>
</tr>
<tr>
<td>Access to health care</td>
<td>128.61</td>
</tr>
<tr>
<td>Alcohol abuse/Substance abuse</td>
<td>128.48</td>
</tr>
<tr>
<td>smoking/tobacco use</td>
<td>101.13</td>
</tr>
<tr>
<td>Unintentional Injury</td>
<td>69.10</td>
</tr>
</tbody>
</table>

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

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

**Formulate Goals and Strategies**

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

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

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

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

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

Our partnership worked to develop a broad based plan to address our chosen priorities of obesity, prevention of substance abuse and other mental, emotional and behavioral disorders along with our disparity of promoting tobacco cessation for those with mental health and/or substance abuse issues. The Seneca Health Solutions Team CHIP places emphasis on three key areas: 1) interventions that make individual's default decisions healthier (Tier 4 of Frieden's Pyramid); 2) successful management strategies for existing diseases and related complications, including clinical interventions (Tiers 2 and 3) including early detection opportunities that include screening populations at risk; and 3) Additional activities such as continuing some existing initiatives, focusing on easier health promotion activities to
encourage healthy living and limit the onset of chronic diseases. As noted above, the new funding granted by the Greater Rochester Health Foundation will also allow us to work at Level 5 of the Pyramid over the next five years of the CHIP, having a large potential impact for a portion of the County. These strategies recommended by the Health Impact Pyramid are based on the interventions’ evidence base, potential to address health inequities, ability to measure success, potential reach, potential for broad partner support and collaboration, and political feasibility. This is based on findings from such organizations as the Institute of Medicine of the National Academies and their report, Accelerating Progress in Obesity Prevention: Solving the Weight of the Nation or the CDC’s, Recommended Community Strategies and Measurements to Prevent Obesity in the United States.

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

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

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

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

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

13 New York State Dept. of Health Cardiovascular Disease [https://www.health.ny.gov/diseases/cardiovascular/heart_disease/]
15 New York State Dept. of Health New York State Community Health Indicator Reports [http://www.health.ny.gov/statistics/chac/indicators/]

Seneca County Community Health Assessment 2013 - 2017
providers decision support tools and available resources at their finger tips leading to disease management discussions with patients and better chronic disease case management.

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

Additionally, as noted above, having FLCH come into South Seneca County (Ovid) will utilize technology through tele-health services to provide access to specialty care, especially for the low-income population. As we implement our Community Health Improvement Work Plan we will continue to identify emerging best practices to reduce obesity and address substance abuse issues. We will evaluate our own programs and develop data measures to assess their impact. Promising cases for return on investment will be shared with policymakers. Our continued and developing partnerships in the development of this plan have allowed us to strengthen the connection between public health, Finger Lakes Health and providers. Specifics are outlined in the work plan below.

**Maintenance of Engagement**

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

### Seneca County Community Health Assessment

<table>
<thead>
<tr>
<th>County</th>
<th>Seneca</th>
<th>Census</th>
</tr>
</thead>
<tbody>
<tr>
<td># surveys</td>
<td>374</td>
<td>34,181</td>
</tr>
<tr>
<td>Under 35 yo</td>
<td>77.8%</td>
<td>43.1%</td>
</tr>
<tr>
<td>35 to 65 yo</td>
<td>52.6%</td>
<td>42.5%</td>
</tr>
<tr>
<td>White</td>
<td>97.5%</td>
<td>92.0%</td>
</tr>
<tr>
<td>AAS or more</td>
<td>61.7%</td>
<td>30.1%</td>
</tr>
<tr>
<td>Bach or more</td>
<td>60.8%</td>
<td>18.0%</td>
</tr>
<tr>
<td>$25k or more</td>
<td>73.0%</td>
<td>76.1%</td>
</tr>
<tr>
<td>$50k or more</td>
<td>46.3%</td>
<td>46.2%</td>
</tr>
<tr>
<td>Married</td>
<td>57.0%</td>
<td>50.3%</td>
</tr>
<tr>
<td>Insured</td>
<td>93.0%</td>
<td>81.0%</td>
</tr>
<tr>
<td>Female</td>
<td>79.2%</td>
<td>47.8%</td>
</tr>
<tr>
<td>Average BMI</td>
<td></td>
<td>31.51</td>
</tr>
<tr>
<td>Female Average BMI</td>
<td></td>
<td>31.95</td>
</tr>
<tr>
<td>Male Average BMI</td>
<td></td>
<td>29.92</td>
</tr>
<tr>
<td>Full time</td>
<td></td>
<td>60.4%</td>
</tr>
<tr>
<td>Town</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Seneca Falls</td>
<td>36.9%</td>
<td></td>
</tr>
<tr>
<td>Waterloo</td>
<td>36.5%</td>
<td></td>
</tr>
<tr>
<td>20+ yrs in cty</td>
<td></td>
<td>66.1%</td>
</tr>
<tr>
<td># Completed Survey</td>
<td></td>
<td>345 - 92.2%</td>
</tr>
</tbody>
</table>

### Do you think that access to health care/services is a problem in Seneca County:

<table>
<thead>
<tr>
<th>Answer Options</th>
<th>Problem for YOU</th>
<th>Problem for Seneca County</th>
<th>Don't know or unsure</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Health Care (family doctor)</td>
<td>8.95%</td>
<td>45.37%</td>
<td>48.24%</td>
<td>313</td>
</tr>
<tr>
<td>Care for the uninsured/underinsured</td>
<td>5.52%</td>
<td>66.56%</td>
<td>30.37%</td>
<td>326</td>
</tr>
<tr>
<td>Care for those with Medicaid</td>
<td>4.10%</td>
<td>47.32%</td>
<td>50.16%</td>
<td>317</td>
</tr>
<tr>
<td>Care for the elderly</td>
<td>4.05%</td>
<td>52.65%</td>
<td>44.55%</td>
<td>321</td>
</tr>
<tr>
<td>Care for persons with disabilities</td>
<td>5.03%</td>
<td>46.23%</td>
<td>50.63%</td>
<td>318</td>
</tr>
<tr>
<td>Home care/hospice</td>
<td>3.14%</td>
<td>41.19%</td>
<td>56.92%</td>
<td>318</td>
</tr>
<tr>
<td>Pre-natal care</td>
<td>1.28%</td>
<td>29.07%</td>
<td>70.61%</td>
<td>313</td>
</tr>
<tr>
<td>Specialty health care</td>
<td>4.13%</td>
<td>46.98%</td>
<td>51.11%</td>
<td>315</td>
</tr>
<tr>
<td>Total Respondents</td>
<td></td>
<td></td>
<td></td>
<td>334</td>
</tr>
<tr>
<td>Do you think that access to behavioral health care is a problem in Seneca County?</td>
<td>Problem for YOU</td>
<td>Problem for Seneca County</td>
<td>Don't know or unsure</td>
<td>Response Count</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Treatment for alcoholism</td>
<td>0.64%</td>
<td>53.18%</td>
<td>46.82%</td>
<td>314</td>
</tr>
<tr>
<td>Mental health treatment for children 18 yrs. and younger</td>
<td>1.90%</td>
<td>57.91%</td>
<td>40.82%</td>
<td>316</td>
</tr>
<tr>
<td>Treatment for drug abuse</td>
<td>0.94%</td>
<td>63.44%</td>
<td>36.25%</td>
<td>320</td>
</tr>
<tr>
<td>Treatment for gambling addictions</td>
<td>0.94%</td>
<td>35.00%</td>
<td>64.38%</td>
<td>320</td>
</tr>
<tr>
<td>Depression/ or other mental health issues</td>
<td>4.76%</td>
<td>55.56%</td>
<td>40.95%</td>
<td>315</td>
</tr>
<tr>
<td>Suicide prevention</td>
<td>0.96%</td>
<td>41.80%</td>
<td>57.88%</td>
<td>311</td>
</tr>
<tr>
<td>Total Respondents</td>
<td>329</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Answer Options</th>
<th>Problem for YOU</th>
<th>Problem for Seneca County</th>
<th>Don't know or unsure</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>25. Underage drinking</td>
<td>1%</td>
<td>78%</td>
<td>22%</td>
<td>347</td>
</tr>
<tr>
<td>7. Drug abuse/abuse of prescription drugs or illegal drugs</td>
<td>1%</td>
<td>77%</td>
<td>22%</td>
<td>348</td>
</tr>
<tr>
<td>1. Alcohol abuse</td>
<td>3%</td>
<td>71%</td>
<td>27%</td>
<td>349</td>
</tr>
<tr>
<td>12. Poor nutrition (unhealthy eating)</td>
<td>12%</td>
<td>70%</td>
<td>22%</td>
<td>342</td>
</tr>
<tr>
<td>3. Behavioral Problems in Children</td>
<td>6%</td>
<td>70%</td>
<td>26%</td>
<td>348</td>
</tr>
<tr>
<td>11. Lack of physical activity</td>
<td>25%</td>
<td>67%</td>
<td>15%</td>
<td>347</td>
</tr>
<tr>
<td>18. Smoking / tobacco use</td>
<td>9%</td>
<td>67%</td>
<td>26%</td>
<td>350</td>
</tr>
<tr>
<td>4. Cancer</td>
<td>8%</td>
<td>64%</td>
<td>31%</td>
<td>346</td>
</tr>
<tr>
<td>5. Depression / other mental illnesses</td>
<td>13%</td>
<td>62%</td>
<td>27%</td>
<td>353</td>
</tr>
<tr>
<td>17. Second hand smoke</td>
<td>8%</td>
<td>57%</td>
<td>38%</td>
<td>341</td>
</tr>
<tr>
<td>6. Diabetes</td>
<td>13%</td>
<td>53%</td>
<td>36%</td>
<td>343</td>
</tr>
<tr>
<td>21. Transportation to medical appointments and health care</td>
<td>8%</td>
<td>51%</td>
<td>43%</td>
<td>329</td>
</tr>
<tr>
<td>20. Teen pregnancy</td>
<td>2%</td>
<td>50%</td>
<td>49%</td>
<td>338</td>
</tr>
<tr>
<td>10. High blood pressure, stroke</td>
<td>23%</td>
<td>48%</td>
<td>33%</td>
<td>341</td>
</tr>
<tr>
<td>9. Heart disease (Congestive heart failure, Angina, “A-fib”)</td>
<td>9%</td>
<td>48%</td>
<td>45%</td>
<td>341</td>
</tr>
<tr>
<td>13. Problems with teeth or gums</td>
<td>15%</td>
<td>45%</td>
<td>43%</td>
<td>337</td>
</tr>
<tr>
<td>24. Unintended pregnancy</td>
<td>2%</td>
<td>42%</td>
<td>56%</td>
<td>336</td>
</tr>
<tr>
<td>14. Lung diseases (COPD, emphysema, asthma)</td>
<td>9%</td>
<td>42%</td>
<td>50%</td>
<td>332</td>
</tr>
<tr>
<td>2. Arthritis, Alzheimer's, Dementia, Memory Loss</td>
<td>17%</td>
<td>42%</td>
<td>42%</td>
<td>351</td>
</tr>
<tr>
<td>8. Eating disorders</td>
<td>4%</td>
<td>35%</td>
<td>62%</td>
<td>336</td>
</tr>
<tr>
<td>15. Quality of well water</td>
<td>8%</td>
<td>35%</td>
<td>59%</td>
<td>336</td>
</tr>
<tr>
<td>16. Sexually transmitted diseases (Chlamydia, Herpes, Gonorrhea, HIV/AIDS)</td>
<td>2%</td>
<td>34%</td>
<td>66%</td>
<td>334</td>
</tr>
<tr>
<td>19. Suicide</td>
<td>2%</td>
<td>32%</td>
<td>67%</td>
<td>332</td>
</tr>
<tr>
<td>23. Underweight or premature babies</td>
<td>2%</td>
<td>16%</td>
<td>82%</td>
<td>335</td>
</tr>
<tr>
<td>22. Tuberculosis</td>
<td>2%</td>
<td>9%</td>
<td>89%</td>
<td>328</td>
</tr>
<tr>
<td>Total Respondents</td>
<td>365</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### #1 Problem - By Income Level

<table>
<thead>
<tr>
<th>Income Level</th>
<th>Drug abuse</th>
<th>Alcohol abuse</th>
<th>Cancer</th>
<th>Behavioral problems in children</th>
<th>Underage drinking</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than $15,000</td>
<td>3</td>
<td>4</td>
<td>6</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>$15,001 - $25,000</td>
<td>8</td>
<td>5</td>
<td>4</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>$25,001 - $50,000</td>
<td>13</td>
<td>4</td>
<td>7</td>
<td>11</td>
<td>6</td>
</tr>
<tr>
<td>$50,001 - $75,000</td>
<td>10</td>
<td>6</td>
<td>8</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>$75,001 - $100,000</td>
<td>12</td>
<td>6</td>
<td>2</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Over $100,000</td>
<td>4</td>
<td>4</td>
<td>3</td>
<td>4</td>
<td>3</td>
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<tr>
<td>Total</td>
<td>50</td>
<td>29</td>
<td>30</td>
<td>23</td>
<td>23</td>
</tr>
</tbody>
</table>

### #2 Problem - By Education Level

<table>
<thead>
<tr>
<th>Education Level</th>
<th>Drug abuse</th>
<th>Alcohol abuse</th>
<th>Cancer</th>
<th>Depression / other mental illness</th>
<th>Cancer</th>
<th>Underage drinking</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 9th grade</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>9th to 12th grade</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>High school graduate</td>
<td>9</td>
<td>4</td>
<td>9</td>
<td>5</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Some college no degree</td>
<td>7</td>
<td>6</td>
<td>4</td>
<td>3</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Associates</td>
<td>12</td>
<td>8</td>
<td>9</td>
<td>2</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Bachelors</td>
<td>11</td>
<td>8</td>
<td>6</td>
<td>10</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>Graduate</td>
<td>9</td>
<td>3</td>
<td>4</td>
<td>4</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>51</td>
<td>31</td>
<td>33</td>
<td>25</td>
<td>24</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Answer Options</th>
<th>Problem for YOU</th>
<th>Problem for Seneca County</th>
<th>Don't know or unsure</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child abuse / neglect</td>
<td>2%</td>
<td>66%</td>
<td>35%</td>
<td>140</td>
</tr>
<tr>
<td>Elder abuse / neglect</td>
<td>4%</td>
<td>53%</td>
<td>47%</td>
<td>137</td>
</tr>
<tr>
<td>Sexual assault</td>
<td>1%</td>
<td>48%</td>
<td>54%</td>
<td>137</td>
</tr>
<tr>
<td>Spouse / partner abuse</td>
<td>2%</td>
<td>67%</td>
<td>33%</td>
<td>141</td>
</tr>
<tr>
<td>Violence among young adults - bullying</td>
<td>4%</td>
<td>72%</td>
<td>29%</td>
<td>140</td>
</tr>
<tr>
<td>Total Respondents</td>
<td></td>
<td></td>
<td></td>
<td>337</td>
</tr>
</tbody>
</table>
Do you think that any of these environmental exposures are a problem in Seneca County?

<table>
<thead>
<tr>
<th>Answer Options</th>
<th>Problem for YOU</th>
<th>Problem for Seneca County</th>
<th>Don't know or unsure</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agricultural chemicals</td>
<td>2.80%</td>
<td>53.27%</td>
<td>45.17%</td>
<td>321</td>
</tr>
<tr>
<td>Air pollution</td>
<td>4.78%</td>
<td>42.68%</td>
<td>54.78%</td>
<td>314</td>
</tr>
<tr>
<td>Carbon Monoxide</td>
<td>2.57%</td>
<td>21.86%</td>
<td>76.85%</td>
<td>311</td>
</tr>
<tr>
<td>Contaminated well water</td>
<td>1.90%</td>
<td>41.27%</td>
<td>57.46%</td>
<td>311</td>
</tr>
<tr>
<td>Diseases transmitted by insects</td>
<td>2.90%</td>
<td>34.84%</td>
<td>63.23%</td>
<td>310</td>
</tr>
<tr>
<td>Lead</td>
<td>1.29%</td>
<td>29.03%</td>
<td>70.32%</td>
<td>310</td>
</tr>
<tr>
<td>Septic systems</td>
<td>3.48%</td>
<td>35.44%</td>
<td>62.03%</td>
<td>316</td>
</tr>
<tr>
<td>Water pollution</td>
<td>3.17%</td>
<td>48.57%</td>
<td>49.52%</td>
<td>315</td>
</tr>
<tr>
<td><strong>Total Respondents</strong></td>
<td></td>
<td></td>
<td></td>
<td>329</td>
</tr>
</tbody>
</table>

Are you currently taking care of? Choose all that apply

<table>
<thead>
<tr>
<th>Answer Options</th>
<th>Response Percent</th>
<th>Percent of Total</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>An elderly or disabled parent</td>
<td>61.0%</td>
<td>12.5%</td>
<td>43</td>
</tr>
<tr>
<td>A disabled spouse</td>
<td>19.2%</td>
<td>4.1%</td>
<td>14</td>
</tr>
<tr>
<td>A disabled child</td>
<td>19.2%</td>
<td>4.1%</td>
<td>14</td>
</tr>
<tr>
<td>A Grandchild</td>
<td>15.6%</td>
<td>1.4%</td>
<td>5</td>
</tr>
<tr>
<td><strong>Total Respondents</strong></td>
<td></td>
<td></td>
<td>73</td>
</tr>
</tbody>
</table>

Which of the following health-related behaviors would you like to improve? Check all that apply.

<table>
<thead>
<tr>
<th>Answer Options</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Better eating habits</td>
<td>63.5%</td>
<td>216</td>
</tr>
<tr>
<td>Increase physical activity</td>
<td>68.5%</td>
<td>233</td>
</tr>
<tr>
<td>Managing stress</td>
<td>52.1%</td>
<td>177</td>
</tr>
<tr>
<td>Decreased alcohol consumption</td>
<td>16.8%</td>
<td>57</td>
</tr>
<tr>
<td>Managing weight</td>
<td>63.2%</td>
<td>215</td>
</tr>
<tr>
<td>Decrease tobacco use</td>
<td>19.7%</td>
<td>67</td>
</tr>
<tr>
<td><strong>Total Respondents</strong></td>
<td></td>
<td>341</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Answer Options</th>
<th>Problem for YOU</th>
<th>Problem for Seneca County</th>
<th>Don't know or unsure</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home care services and supports</td>
<td>3.85%</td>
<td>35.50%</td>
<td>61.83%</td>
<td>338</td>
</tr>
<tr>
<td>Mental/behavioral health</td>
<td>2.95%</td>
<td>48.08%</td>
<td>50.15%</td>
<td>339</td>
</tr>
<tr>
<td>Prenatal Care</td>
<td>1.51%</td>
<td>25.90%</td>
<td>74.40%</td>
<td>332</td>
</tr>
<tr>
<td>Family Planning Services</td>
<td>2.10%</td>
<td>31.23%</td>
<td>68.17%</td>
<td>333</td>
</tr>
<tr>
<td>Nursing homes</td>
<td>2.13%</td>
<td>34.04%</td>
<td>65.35%</td>
<td>329</td>
</tr>
<tr>
<td>Nutritionists / Dieticians</td>
<td>3.28%</td>
<td>33.43%</td>
<td>65.07%</td>
<td>335</td>
</tr>
<tr>
<td>Pharmacies</td>
<td>3.86%</td>
<td>18.01%</td>
<td>79.74%</td>
<td>311</td>
</tr>
<tr>
<td>Specialized support groups</td>
<td>3.89%</td>
<td>37.72%</td>
<td>60.48%</td>
<td>334</td>
</tr>
<tr>
<td>Specialty doctors</td>
<td>6.59%</td>
<td>52.10%</td>
<td>44.31%</td>
<td>334</td>
</tr>
<tr>
<td>Therapists (physical, speech, occupational)</td>
<td>2.52%</td>
<td>37.22%</td>
<td>62.15%</td>
<td>317</td>
</tr>
<tr>
<td><strong>Total Respondents</strong></td>
<td></td>
<td></td>
<td></td>
<td>351</td>
</tr>
</tbody>
</table>
Do you engage in regular exercise?

<table>
<thead>
<tr>
<th>Answer Options</th>
<th>Response Percent</th>
<th>Response Count</th>
<th>DOH Seneca Co.</th>
<th>DOH NYS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>58.2%</td>
<td>205</td>
<td>75.7%</td>
<td>76.3%</td>
</tr>
<tr>
<td>No</td>
<td>41.8%</td>
<td>147</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Respondents</td>
<td></td>
<td>352</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If you exercise, how long do you exercise for?

<table>
<thead>
<tr>
<th>Answer Options</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>15 minutes or less</td>
<td>14.8%</td>
<td>48</td>
</tr>
<tr>
<td>46-60 minutes</td>
<td>8.6%</td>
<td>28</td>
</tr>
<tr>
<td>16-30 minutes</td>
<td>27.1%</td>
<td>88</td>
</tr>
<tr>
<td>1 hour or more</td>
<td>10.8%</td>
<td>35</td>
</tr>
<tr>
<td>31-45 minutes</td>
<td>16.6%</td>
<td>54</td>
</tr>
<tr>
<td>Does not apply</td>
<td>22.2%</td>
<td>72</td>
</tr>
<tr>
<td>Total Respondents</td>
<td>248</td>
<td></td>
</tr>
</tbody>
</table>

In your community do you have adequate: Check all that are adequate.

<table>
<thead>
<tr>
<th>Answer Options</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sidewalks</td>
<td>64.1%</td>
<td>159</td>
</tr>
<tr>
<td>Walking trails</td>
<td>40.7%</td>
<td>101</td>
</tr>
<tr>
<td>Street lights</td>
<td>77.4%</td>
<td>192</td>
</tr>
<tr>
<td>Access to public gym</td>
<td>35.9%</td>
<td>89</td>
</tr>
<tr>
<td>Bike paths</td>
<td>25.8%</td>
<td>64</td>
</tr>
<tr>
<td>Access to public pool</td>
<td>26.6%</td>
<td>66</td>
</tr>
<tr>
<td>Total Respondents</td>
<td>248</td>
<td></td>
</tr>
</tbody>
</table>

How many fruits and vegetables do you eat in a day?

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

<table>
<thead>
<tr>
<th>Answer Options</th>
<th>Response Percent</th>
<th>Response Count</th>
<th>Binge Drinkers DOH Seneca Co.</th>
<th>Binge Drinkers DOH NYS</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>82.6%</td>
<td>213</td>
<td>14.4%</td>
<td>18.1%</td>
</tr>
<tr>
<td>Once</td>
<td>7.8%</td>
<td>20</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Twice</td>
<td>3.1%</td>
<td>8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 or 4</td>
<td>3.9%</td>
<td>10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 or more</td>
<td>2.7%</td>
<td>7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Respondents</td>
<td></td>
<td>258</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please answer these questions regarding your alcohol use: (One drink is a beer, a glass of wine or a mixed drink)

<table>
<thead>
<tr>
<th>Answer Options</th>
<th>None</th>
<th>1 or 2 a month</th>
<th>1 or 2 a week</th>
<th>1 or 2 a day</th>
<th>More than 2 a day</th>
<th>Response Count</th>
<th>Heavy Drinkers DOH Seneca Co.</th>
<th>Heavy Drinkers DOH NYS</th>
</tr>
</thead>
<tbody>
<tr>
<td>How much alcohol do you drink?</td>
<td>42%</td>
<td>30%</td>
<td>18%</td>
<td>9%</td>
<td>2%</td>
<td>322</td>
<td>7.5%</td>
<td>5.0%</td>
</tr>
<tr>
<td>How much do others in your household drink?</td>
<td>39%</td>
<td>25%</td>
<td>23%</td>
<td>9%</td>
<td>4%</td>
<td>272</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Respondents</td>
<td>323</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Do you smoke cigarettes?

<table>
<thead>
<tr>
<th>Response Percent</th>
<th>Response Count</th>
<th>DOH Seneca Co.</th>
<th>DOH NYS</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>84.5%</td>
<td>273</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>15.4%</td>
<td>50</td>
<td></td>
</tr>
<tr>
<td>Yes, more than a pack per day</td>
<td>0.6%</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Yes, two packs per day</td>
<td>0.9%</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Yes, one pack per day</td>
<td>4.3%</td>
<td>14</td>
<td></td>
</tr>
<tr>
<td>Yes, less than a pack per day</td>
<td>9.6%</td>
<td>31</td>
<td></td>
</tr>
<tr>
<td>Total Respondents</td>
<td>324</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Are you trying to quit smoking?

<table>
<thead>
<tr>
<th>Response Percent</th>
<th>Response Count</th>
<th>Total Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>9.6%</td>
<td>15</td>
</tr>
<tr>
<td>No</td>
<td>90.4%</td>
<td>141</td>
</tr>
</tbody>
</table>

Do you use e-cigarettes?

<table>
<thead>
<tr>
<th>Response Percent</th>
<th>Response Count</th>
<th>Total Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>3.9%</td>
<td>10</td>
</tr>
<tr>
<td>No</td>
<td>96.1%</td>
<td>249</td>
</tr>
</tbody>
</table>

| Total Respondents | 260 |

Seneca County Community Health Assessment 2013 – 2017
### Do you use chewing tobacco or snuff?

<table>
<thead>
<tr>
<th>Response</th>
<th>Percent</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1.6%</td>
<td>5</td>
</tr>
<tr>
<td>Yes, chewing tobacco</td>
<td>0.0%</td>
<td>0</td>
</tr>
<tr>
<td>Yes, both</td>
<td>1.3%</td>
<td>4</td>
</tr>
<tr>
<td>Yes, snuff</td>
<td>0.3%</td>
<td>1</td>
</tr>
<tr>
<td>No, neither</td>
<td>98.3%</td>
<td>297</td>
</tr>
<tr>
<td>Total Respondents</td>
<td></td>
<td>303</td>
</tr>
</tbody>
</table>

### Have the children in your house received immunizations (shots) against childhood diseases?

<table>
<thead>
<tr>
<th>Answer Options</th>
<th>Percent</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>3.2%</td>
<td>10</td>
</tr>
<tr>
<td>Some, not all</td>
<td>1.3%</td>
<td>4</td>
</tr>
<tr>
<td>Do not have children</td>
<td>41.3%</td>
<td>131</td>
</tr>
<tr>
<td>Yes</td>
<td>53.3%</td>
<td>169</td>
</tr>
<tr>
<td>Not sure</td>
<td>0.9%</td>
<td>3</td>
</tr>
<tr>
<td>Total Respondents</td>
<td></td>
<td>318</td>
</tr>
</tbody>
</table>

### Did the children in your household receive a flu shot this year?

<table>
<thead>
<tr>
<th>Answer Options</th>
<th>Percent</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>52.0%</td>
<td>93</td>
</tr>
<tr>
<td>No, I didn’t feel it was needed</td>
<td>38.5%</td>
<td>69</td>
</tr>
<tr>
<td>No, my insurance doesn’t cover it</td>
<td>2.2%</td>
<td>4</td>
</tr>
<tr>
<td>No, I didn’t have time</td>
<td>1.7%</td>
<td>3</td>
</tr>
<tr>
<td>No, I couldn’t afford it</td>
<td>2.2%</td>
<td>4</td>
</tr>
<tr>
<td>No, I didn’t know they should get it</td>
<td>7.3%</td>
<td>13</td>
</tr>
<tr>
<td>Total Respondents</td>
<td></td>
<td>179</td>
</tr>
</tbody>
</table>

### Have you received any of the following immunizations (shots) as an adult (over 19)?

<table>
<thead>
<tr>
<th>Answer Options</th>
<th>Percent</th>
<th>Count</th>
<th>EBRFSS Seneca Co.</th>
<th>EBRFSS NYS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flu shot</td>
<td>79.4%</td>
<td>228</td>
<td>41.8%</td>
<td>41.7%</td>
</tr>
<tr>
<td>Shingles (Zostavax)</td>
<td>8.0%</td>
<td>23</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tetanus shot</td>
<td>78.4%</td>
<td>225</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hep A/Hep B</td>
<td>36.9%</td>
<td>106</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pneumonia</td>
<td>30.0%</td>
<td>86</td>
<td>29.7%</td>
<td>25.4%</td>
</tr>
<tr>
<td>Whooping Cough</td>
<td>18.1%</td>
<td>52</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Respondents</td>
<td></td>
<td>288</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### If you have children have they been tested for lead?

<table>
<thead>
<tr>
<th>Answer Options</th>
<th>Percent</th>
<th>Count</th>
<th>Incidence DOH Seneca Co.</th>
<th>Incidence DOH NYS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, at age one</td>
<td>11.2%</td>
<td>34</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes, at age one and age two</td>
<td>11.8%</td>
<td>36</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>8.2%</td>
<td>25</td>
<td>4.7%</td>
<td>11.1%</td>
</tr>
<tr>
<td>Yes, at age two</td>
<td>1.6%</td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes, but I don’t remember their age.</td>
<td>18.1%</td>
<td>55</td>
<td></td>
<td></td>
</tr>
<tr>
<td>do not have children</td>
<td>16.8%</td>
<td>51</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does Not Apply</td>
<td>32.2%</td>
<td>98</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Respondents</td>
<td></td>
<td>305</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
If you have children, do they wear helmets when riding bicycling, skateboarding, or rollerblading, etc.?

<table>
<thead>
<tr>
<th>Answer Options</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>2.7%</td>
<td>7</td>
</tr>
<tr>
<td>Sometimes</td>
<td>15.5%</td>
<td>41</td>
</tr>
<tr>
<td>Always</td>
<td>34.5%</td>
<td>91</td>
</tr>
<tr>
<td>Do not have children</td>
<td>47.3%</td>
<td>125</td>
</tr>
<tr>
<td>Total Respondents</td>
<td></td>
<td>265</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Answer Options</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>70.1%</td>
<td>202</td>
</tr>
<tr>
<td>No</td>
<td>29.9%</td>
<td>86</td>
</tr>
<tr>
<td>Total Respondents</td>
<td></td>
<td>289</td>
</tr>
</tbody>
</table>

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

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

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

<table>
<thead>
<tr>
<th>Answer Options</th>
<th>Response Percent</th>
<th>Percent of Total</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weather related (flood, ice storm)</td>
<td>63.7%</td>
<td>33.6%</td>
<td>116</td>
</tr>
<tr>
<td>Natural disasters (earthquake)</td>
<td>33.5%</td>
<td>17.7%</td>
<td>61</td>
</tr>
<tr>
<td>Disease outbreak</td>
<td>10.4%</td>
<td>5.5%</td>
<td>19</td>
</tr>
<tr>
<td>Fire</td>
<td>84.6%</td>
<td>44.6%</td>
<td>154</td>
</tr>
<tr>
<td>Man-made (terrorist)</td>
<td>21.4%</td>
<td>11.3%</td>
<td>39</td>
</tr>
<tr>
<td>Total Respondents</td>
<td></td>
<td></td>
<td>182</td>
</tr>
</tbody>
</table>
### If you or a family member needed to be hospitalized, which hospital would you prefer:

<table>
<thead>
<tr>
<th>Answer Options</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cayuga Medical Center</td>
<td>9.4%</td>
<td>29</td>
</tr>
<tr>
<td>Clifton Springs</td>
<td>24.4%</td>
<td>75</td>
</tr>
<tr>
<td>Strong Memorial</td>
<td>18.8%</td>
<td>58</td>
</tr>
<tr>
<td>FF Thompson</td>
<td>5.5%</td>
<td>17</td>
</tr>
<tr>
<td>Auburn Memorial</td>
<td>0.0%</td>
<td>0</td>
</tr>
<tr>
<td>Newark-Wayne</td>
<td>1.3%</td>
<td>4</td>
</tr>
<tr>
<td>Geneva General</td>
<td>32.8%</td>
<td>101</td>
</tr>
<tr>
<td>Rochester General</td>
<td>7.8%</td>
<td>24</td>
</tr>
<tr>
<td><strong>Total Respondents</strong></td>
<td></td>
<td><strong>308</strong></td>
</tr>
</tbody>
</table>

### If you can’t afford a prescription what do you do?

<table>
<thead>
<tr>
<th>Answer Options</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tell my doctor/request samples</td>
<td>20.9%</td>
<td>49</td>
</tr>
<tr>
<td>Do not fill prescription</td>
<td>17.0%</td>
<td>40</td>
</tr>
<tr>
<td>Tell my pharmacist</td>
<td>3.4%</td>
<td>8</td>
</tr>
<tr>
<td>Does not apply</td>
<td>53.2%</td>
<td>125</td>
</tr>
<tr>
<td>Take medicine less often</td>
<td>3.8%</td>
<td>9</td>
</tr>
<tr>
<td>Use discount prescription card</td>
<td>1.7%</td>
<td>4</td>
</tr>
<tr>
<td><strong>Total Respondents</strong></td>
<td></td>
<td><strong>235</strong></td>
</tr>
</tbody>
</table>

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

(Yes)
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.

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

Please answer yes or no

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

<table>
<thead>
<tr>
<th>Answer Options</th>
<th>Response Percent</th>
<th>Percent of Total</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Care</td>
<td>14.5%</td>
<td>2.6%</td>
<td>9</td>
</tr>
<tr>
<td>MOMS</td>
<td>9.7%</td>
<td>1.7%</td>
<td>6</td>
</tr>
<tr>
<td>Medicaid</td>
<td>29.0%</td>
<td>5.2%</td>
<td>18</td>
</tr>
<tr>
<td>Child Health Plus</td>
<td>9.7%</td>
<td>1.7%</td>
<td>6</td>
</tr>
<tr>
<td>Early Intervention</td>
<td>6.5%</td>
<td>1.2%</td>
<td>4</td>
</tr>
<tr>
<td>Food Stamps</td>
<td>32.3%</td>
<td>5.8%</td>
<td>20</td>
</tr>
<tr>
<td>Family Health Plus</td>
<td>24.2%</td>
<td>4.3%</td>
<td>15</td>
</tr>
<tr>
<td>Healthy Families</td>
<td>12.9%</td>
<td>2.3%</td>
<td>8</td>
</tr>
<tr>
<td>Hospice</td>
<td>1.6%</td>
<td>0.3%</td>
<td>1</td>
</tr>
<tr>
<td>WIC</td>
<td>8.1%</td>
<td>1.4%</td>
<td>5</td>
</tr>
<tr>
<td>HEAP</td>
<td>33.9%</td>
<td>6.1%</td>
<td>21</td>
</tr>
<tr>
<td>Smoking Cessation</td>
<td>4.8%</td>
<td>0.9%</td>
<td>3</td>
</tr>
<tr>
<td>STD/HIV</td>
<td>6.5%</td>
<td>1.2%</td>
<td>4</td>
</tr>
<tr>
<td>Home Care</td>
<td>21.0%</td>
<td>3.8%</td>
<td>13</td>
</tr>
<tr>
<td><strong>Total Respondents</strong></td>
<td></td>
<td></td>
<td>63</td>
</tr>
</tbody>
</table>

### If you do have health coverage what kind is it?

<table>
<thead>
<tr>
<th>Answer Options</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blue Cross/Blue Shield</td>
<td>42.3%</td>
<td>120</td>
</tr>
<tr>
<td>Medicaid (Blue Choice Option)</td>
<td>10.6%</td>
<td>30</td>
</tr>
<tr>
<td>Medicare (Social Security)</td>
<td>18.7%</td>
<td>53</td>
</tr>
<tr>
<td>Child Health Plus</td>
<td>2.1%</td>
<td>6</td>
</tr>
<tr>
<td>Family Health Plus</td>
<td>2.1%</td>
<td>6</td>
</tr>
<tr>
<td>Blue Choice</td>
<td>7.4%</td>
<td>21</td>
</tr>
<tr>
<td>Monroe Plan</td>
<td>0.0%</td>
<td>0</td>
</tr>
<tr>
<td>Preferred Care</td>
<td>0.0%</td>
<td>0</td>
</tr>
<tr>
<td>V.A.</td>
<td>3.5%</td>
<td>10</td>
</tr>
<tr>
<td>Medicaid</td>
<td>6.3%</td>
<td>18</td>
</tr>
<tr>
<td>MVP</td>
<td>31.3%</td>
<td>89</td>
</tr>
<tr>
<td>Dental insurance</td>
<td>23.6%</td>
<td>67</td>
</tr>
<tr>
<td>Vision coverage</td>
<td>13.7%</td>
<td>39</td>
</tr>
<tr>
<td><strong>Total Respondents</strong></td>
<td></td>
<td>284</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Answer Options</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0 - $500</td>
<td>15.5%</td>
<td>51</td>
</tr>
<tr>
<td>$501 - $1000</td>
<td>22.2%</td>
<td>73</td>
</tr>
<tr>
<td>$1001 - $2000</td>
<td>20.7%</td>
<td>68</td>
</tr>
<tr>
<td>$2001 - $3000</td>
<td>15.5%</td>
<td>51</td>
</tr>
<tr>
<td>$3001 - $4000</td>
<td>7.0%</td>
<td>23</td>
</tr>
<tr>
<td>$4001 - $5000</td>
<td>6.7%</td>
<td>22</td>
</tr>
<tr>
<td>$5001 - $7500</td>
<td>7.3%</td>
<td>24</td>
</tr>
<tr>
<td>$7501 or more</td>
<td>5.2%</td>
<td>17</td>
</tr>
<tr>
<td><strong>Total Respondents</strong></td>
<td></td>
<td>329</td>
</tr>
</tbody>
</table>

### Do you think it is ok for people to drink alcohol under the age of 21?

<table>
<thead>
<tr>
<th>Answer Options</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1.9%</td>
<td>6</td>
</tr>
<tr>
<td>Yes, as long as they are not driving</td>
<td></td>
<td>6.3%</td>
</tr>
<tr>
<td>No</td>
<td>79.3%</td>
<td>253</td>
</tr>
<tr>
<td>Yes, under parental supervision</td>
<td>12.5%</td>
<td>40</td>
</tr>
<tr>
<td><strong>Total Respondents</strong></td>
<td></td>
<td>320</td>
</tr>
</tbody>
</table>

### Have you been unable to get any type of health care service due to inability to pay?

<table>
<thead>
<tr>
<th>Answer Options</th>
<th>Response Percent</th>
<th>Response Count</th>
<th>EBRFSS Seneca Co.</th>
<th>EBRFSS NYS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>17.4%</td>
<td>42</td>
<td>6.8%</td>
<td>13.8%</td>
</tr>
<tr>
<td>No</td>
<td>82.6%</td>
<td>199</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Respondents</strong></td>
<td></td>
<td>241</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Which services have you been unable to get? 
Check all that apply:

<table>
<thead>
<tr>
<th>Answer Options</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctor</td>
<td>11.3%</td>
<td>17</td>
</tr>
<tr>
<td>Does not apply</td>
<td>64.2%</td>
<td>97</td>
</tr>
<tr>
<td>Dentist</td>
<td>26.5%</td>
<td>40</td>
</tr>
<tr>
<td>Podiatrist (foot doctor)</td>
<td>6.0%</td>
<td>9</td>
</tr>
<tr>
<td>Prescriptions (medications)</td>
<td>15.9%</td>
<td>24</td>
</tr>
<tr>
<td>Total Respondents</td>
<td></td>
<td>151</td>
</tr>
</tbody>
</table>

Have you been unable to get any type of health care service due to inability to pay?

<table>
<thead>
<tr>
<th>Income Range</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than $15,000</td>
<td>45.0%</td>
</tr>
<tr>
<td>$15,001 to $25,000</td>
<td>40.0%</td>
</tr>
<tr>
<td>$25,001 to $50,000</td>
<td>10.0%</td>
</tr>
<tr>
<td>$50,001 to $75,000</td>
<td>5.0%</td>
</tr>
<tr>
<td>$75,001 to $100,000</td>
<td>1.0%</td>
</tr>
<tr>
<td>Over $100,000</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

In the last year have you had any of the following exams?

<table>
<thead>
<tr>
<th>Answer Options</th>
<th>Yes</th>
<th>No</th>
<th>Does Not Apply</th>
<th>Response Count</th>
<th>Ever Screened EBRFSS Seneca Co.</th>
<th>Ever Screened EBRFSS NYS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pap test</td>
<td>57%</td>
<td>27%</td>
<td>16%</td>
<td>299</td>
<td>91.1%</td>
<td>91.8%</td>
</tr>
<tr>
<td>Mammogram</td>
<td>48%</td>
<td>35%</td>
<td>17%</td>
<td>296</td>
<td>95.5%</td>
<td>91.1%</td>
</tr>
<tr>
<td>Colorectal Exam</td>
<td>24%</td>
<td>63%</td>
<td>14%</td>
<td>282</td>
<td>66.2%</td>
<td>66.6%</td>
</tr>
<tr>
<td>Prostate Exam</td>
<td>15%</td>
<td>36%</td>
<td>49%</td>
<td>273</td>
<td>66.5%</td>
<td>73.7%</td>
</tr>
<tr>
<td>Total Respondents</td>
<td></td>
<td></td>
<td></td>
<td>321</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Does Not Apply</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>In the last 12 months, when you wanted to be seen as soon as possible, did you have to wait more than 3 days for an appointment to see a doctor for primary (not specialty) health care?</td>
<td>15.54%</td>
<td>72.14%</td>
<td>12.32%</td>
<td>341</td>
</tr>
<tr>
<td>In the last 12 months, did you have to wait more than 30 minutes in the doctor’s waiting room for primary (not specialty) health care?</td>
<td>36.05%</td>
<td>56.10%</td>
<td>7.85%</td>
<td>344</td>
</tr>
<tr>
<td>If disabled did you receive necessary accommodations (i.e. wheelchair accessibility, interpreters, etc.) to fully benefit from services?</td>
<td>11.51%</td>
<td>5.92%</td>
<td>82.57%</td>
<td>304</td>
</tr>
</tbody>
</table>

**Total Respondents:** 345

### Do you have health insurance?

<table>
<thead>
<tr>
<th>Answer Options</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Can't afford</th>
<th>Prefer to pay my own</th>
<th>Choose not to have it</th>
<th>Response Count</th>
<th>EBRFSS Seneca Co.</th>
<th>EBRFSS NYS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical insurance for yourself</td>
<td>93%</td>
<td>4%</td>
<td>2%</td>
<td>3%</td>
<td>0%</td>
<td>0%</td>
<td>317</td>
<td>18.7% (No)</td>
<td>13.4% (No)</td>
</tr>
<tr>
<td>Medical insurance for your children</td>
<td>59%</td>
<td>8%</td>
<td>32%</td>
<td>2%</td>
<td>1%</td>
<td>0%</td>
<td>232</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dental insurance for yourself</td>
<td>70%</td>
<td>22%</td>
<td>3%</td>
<td>8%</td>
<td>2%</td>
<td>2%</td>
<td>292</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dental insurance for your children</td>
<td>51%</td>
<td>14%</td>
<td>34%</td>
<td>4%</td>
<td>0%</td>
<td>0%</td>
<td>222</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total Respondents:** 318

### If you are currently employed, what is your current occupation?

<table>
<thead>
<tr>
<th>Answer Options</th>
<th>Response Percent</th>
<th>Response Count</th>
<th>Census Seneca Co.</th>
<th>Census NYS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Management, business, science and arts (includes education, computers, engineering, social services)</td>
<td>42.5%</td>
<td>88</td>
<td>32.4%</td>
<td>37.9%</td>
</tr>
<tr>
<td>Services (includes health, law enforcement, firefighting)</td>
<td>50.2%</td>
<td>104</td>
<td>16.1%</td>
<td>19.1%</td>
</tr>
<tr>
<td>Natural resources/Construction and Maintenance (includes farming/forestry)</td>
<td>1.0%</td>
<td>2</td>
<td>11.8%</td>
<td>7.8%</td>
</tr>
<tr>
<td>Production/transportation (includes manufacturing)</td>
<td>2.4%</td>
<td>5</td>
<td>16.2%</td>
<td>9.9%</td>
</tr>
<tr>
<td>Sales</td>
<td>4.8%</td>
<td>10</td>
<td>23.4%</td>
<td>25.2%</td>
</tr>
</tbody>
</table>

**Total Respondents:** 207
If you don't have health insurance, why not? (Choose one)

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

If you have insurance who pays for it?

<table>
<thead>
<tr>
<th>Answer Options</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>I do</td>
<td>36.1%</td>
<td>88</td>
</tr>
<tr>
<td>My employer does</td>
<td>7.0%</td>
<td>17</td>
</tr>
<tr>
<td>I share the cost with my employer</td>
<td>57.0%</td>
<td>139</td>
</tr>
<tr>
<td>Total Respondents</td>
<td></td>
<td>244</td>
</tr>
</tbody>
</table>

In the last 12 months, did you have to wait more than 30 minutes in the doctor's waiting room for primary (not specialty) health care?

<table>
<thead>
<tr>
<th>Income Bracket</th>
<th>&lt; 9th grade</th>
<th>9th to 12 grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than $15,000</td>
<td>2%</td>
<td>4%</td>
</tr>
<tr>
<td>$15,001 to $25,000</td>
<td>13%</td>
<td>21%</td>
</tr>
<tr>
<td>$25,001 to $50,000</td>
<td>25%</td>
<td>25%</td>
</tr>
<tr>
<td>$50,001 to $75,000</td>
<td>14%</td>
<td>14%</td>
</tr>
<tr>
<td>$75,001 to $100,000</td>
<td>15%</td>
<td>15%</td>
</tr>
<tr>
<td>Over $100,000</td>
<td>24%</td>
<td>24%</td>
</tr>
</tbody>
</table>

In the last 12 months, when you wanted to be seen as soon as possible, did you have to wait more than 3 days for an appointment to see a doctor for primary (not specialty) health care?

<table>
<thead>
<tr>
<th>Education Level</th>
<th>&lt; 9th grade</th>
<th>9th to 12 grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Graduate+</td>
<td>15%</td>
<td>15%</td>
</tr>
<tr>
<td>Some college no degree</td>
<td>14%</td>
<td>15%</td>
</tr>
<tr>
<td>Associates</td>
<td>24%</td>
<td>26%</td>
</tr>
<tr>
<td>Bachelors</td>
<td>25%</td>
<td>26%</td>
</tr>
<tr>
<td>High School Grad</td>
<td>13%</td>
<td>14%</td>
</tr>
<tr>
<td>&lt; 9th grade</td>
<td>2%</td>
<td>3%</td>
</tr>
<tr>
<td>9th to 12 grade</td>
<td>4%</td>
<td>3%</td>
</tr>
</tbody>
</table>
# Seneca County Public Health System Assessment

## Health Promotion Activities to Facilitate Health Living in Healthy Communities

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

## Mobilize Community Partnerships to Identify and Solve Health Problems

<table>
<thead>
<tr>
<th>Answer Options</th>
<th>Yes, met 100% - 76%</th>
<th>Mostly, 75% - 51%</th>
<th>Low 50% - 26%</th>
<th>No 25% - 0%</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>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).</td>
<td>13</td>
<td>9</td>
<td>4</td>
<td>2</td>
<td>28</td>
</tr>
<tr>
<td>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.</td>
<td>13</td>
<td>7</td>
<td>5</td>
<td>3</td>
<td>28</td>
</tr>
<tr>
<td>Establishes and maintains a comprehensive directory of community organizations.</td>
<td>14</td>
<td>6</td>
<td>4</td>
<td>4</td>
<td>28</td>
</tr>
<tr>
<td>Uses broad-based communication strategies to strengthen linkages among LPHS organizations and to provide current information about public health services and issues.</td>
<td>10</td>
<td>8</td>
<td>4</td>
<td>6</td>
<td>28</td>
</tr>
<tr>
<td><strong>Total Respondents</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>28</td>
</tr>
</tbody>
</table>

## Community Partnerships

<table>
<thead>
<tr>
<th>Answer Options</th>
<th>Yes, met 100% - 76%</th>
<th>Mostly, 75% - 51%</th>
<th>Low 50% - 26%</th>
<th>No 25% - 0%</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Establishes community partnerships to assure a comprehensive approach to improving health in the community.</td>
<td>11</td>
<td>10</td>
<td>5</td>
<td>2</td>
<td>28</td>
</tr>
<tr>
<td>Assure the establishment of a broad-based community health improvement committee.</td>
<td>8</td>
<td>11</td>
<td>6</td>
<td>3</td>
<td>28</td>
</tr>
<tr>
<td>Assesses the effectiveness of community partnerships in improving community health.</td>
<td>12</td>
<td>5</td>
<td>7</td>
<td>4</td>
<td>28</td>
</tr>
<tr>
<td><strong>Total Respondents</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>28</td>
</tr>
<tr>
<td>Answer Options</td>
<td>Yes, met 100% - 76%</td>
<td>Mostly, 75% - 51%</td>
<td>Low 50% - 26%</td>
<td>No 25% - 0%</td>
<td>Response Count</td>
</tr>
<tr>
<td>------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>-------------------</td>
<td>-------------------</td>
<td>---------------</td>
<td>-------------</td>
<td>----------------</td>
</tr>
<tr>
<td>Assessment of workforce (including volunteers and other lay community health workers) to meet the community needs for public and personal health care services.</td>
<td>8</td>
<td>10</td>
<td>3</td>
<td>7</td>
<td>28</td>
</tr>
<tr>
<td>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.</td>
<td>10</td>
<td>7</td>
<td>2</td>
<td>8</td>
<td>27</td>
</tr>
<tr>
<td>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.</td>
<td>8</td>
<td>12</td>
<td>2</td>
<td>6</td>
<td>28</td>
</tr>
<tr>
<td><strong>Total Respondents</strong></td>
<td><strong>28</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

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

### Diagnose and Investigate Health Problems and Health Hazards in the Community

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

### Plan for Public Health Emergencies

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

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

Total Respondents: 27

### Laboratory Support for Investigation of Health Threats

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

Total Respondents: 26

### Develop Policies & Plans that support Individual and Community Health Efforts.

<table>
<thead>
<tr>
<th>Answer Options</th>
<th>Yes, met 100% - 76%</th>
<th>Mostly, 75% - 51%</th>
<th>Low 50% - 26%</th>
<th>No 25% - 0%</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>An effective governmental presence at the local level.</td>
<td>10</td>
<td>7</td>
<td>4</td>
<td>4</td>
<td>25</td>
</tr>
<tr>
<td>Development of policy to protect the health of the public and to guide the practice of public health.</td>
<td>11</td>
<td>9</td>
<td>2</td>
<td>3</td>
<td>25</td>
</tr>
<tr>
<td>Systematic community-level and state-level planning for health improvement in all jurisdictions.</td>
<td>10</td>
<td>6</td>
<td>3</td>
<td>6</td>
<td>25</td>
</tr>
<tr>
<td>Alignment of LPHS resources &amp; strategies with the community health improvement plan.</td>
<td>9</td>
<td>8</td>
<td>2</td>
<td>6</td>
<td>25</td>
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</tbody>
</table>

Total Respondents: 25
### Public Health Policy Development

<table>
<thead>
<tr>
<th>Answer Options</th>
<th>Yes, met 100% - 76%</th>
<th>Mostly, 75% - 51%</th>
<th>Low 50% - 26%</th>
<th>No 25% - 0%</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td>11</td>
<td>8</td>
<td>3</td>
<td>5</td>
<td>27</td>
</tr>
<tr>
<td>Reviews existing policies at least every 2 years and alerts policy makers and the public of potential unintended outcomes and consequences.</td>
<td>13</td>
<td>4</td>
<td>5</td>
<td>5</td>
<td>27</td>
</tr>
<tr>
<td>Advocates for prevention and protection policies, particularly policies that affect populations who bear a disproportionate burden of mortality and morbidity.</td>
<td>12</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>27</td>
</tr>
<tr>
<td><strong>Total Respondents</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>27</td>
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</tbody>
</table>

### Community Health Improvement Process

<table>
<thead>
<tr>
<th>Answer Options</th>
<th>Yes, met 100% - 76%</th>
<th>Mostly, 75% - 51%</th>
<th>Low 50% - 26%</th>
<th>No 25% - 0%</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td>13</td>
<td>8</td>
<td>4</td>
<td>2</td>
<td>27</td>
</tr>
<tr>
<td>Develops strategies to achieve community health improvement objectives and identifies accountable entities to achieve each strategy.</td>
<td>12</td>
<td>10</td>
<td>3</td>
<td>2</td>
<td>27</td>
</tr>
<tr>
<td><strong>Total Respondents</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>27</td>
</tr>
</tbody>
</table>

### Strategic Planning & Alignment with the Community Health Improvement Process

<table>
<thead>
<tr>
<th>Answer Options</th>
<th>Yes, met 100% - 76%</th>
<th>Mostly, 75% - 51%</th>
<th>Low 50% - 26%</th>
<th>No 25% - 0%</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conduct organizational strategic planning activities.</td>
<td>15</td>
<td>5</td>
<td>3</td>
<td>4</td>
<td>27</td>
</tr>
<tr>
<td>Review its own organizational strategic plan to determine how it can best be aligned with the community health improvement process.</td>
<td>15</td>
<td>4</td>
<td>3</td>
<td>4</td>
<td>26</td>
</tr>
<tr>
<td>Conducts organizational strategic planning activities and uses strategic planning to align its goals, objectives, strategies and resources with the community health improvement process.</td>
<td>14</td>
<td>6</td>
<td>2</td>
<td>5</td>
<td>27</td>
</tr>
<tr>
<td><strong>Total Respondents</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>28</td>
</tr>
</tbody>
</table>
### Enforce Laws & Regulations that Protect Health and Ensure Safety

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

**Total Respondents** 27

### Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable

<table>
<thead>
<tr>
<th>Answer Options</th>
<th>Yes, met 100% - 76%</th>
<th>Mostly, 75% - 51%</th>
<th>Low 50% - 26%</th>
<th>No 25% - 0%</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identifying populations with barriers to personal health services.</td>
<td>9</td>
<td>9</td>
<td>6</td>
<td>3</td>
<td>27</td>
</tr>
<tr>
<td>Identifying personal health service needs of populations with limited access</td>
<td>9</td>
<td>9</td>
<td>6</td>
<td>3</td>
<td>27</td>
</tr>
<tr>
<td>to a coordinated system of clinical care.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assuring the linkage of people to appropriate personal health services.</td>
<td>8</td>
<td>11</td>
<td>5</td>
<td>3</td>
<td>27</td>
</tr>
</tbody>
</table>

**Total Respondents** 27

### Identifying Personal Health Services Needs of Population

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

**Total Respondents** 27

Seneca County Community Health Assessment 2013 – 2017 108
### Assuring the Linkage of People to Personal Health Services

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

**Total Respondents** 27

### Evaluation of Population-based Health Services

<table>
<thead>
<tr>
<th>Answer Options</th>
<th>Yes, met 100% - 76%</th>
<th>Mostly, 75% - 51%</th>
<th>Low 50% - 26%</th>
<th>No 25% - 0%</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evaluate population-based health services against established criteria for performance, including the extent to which program goals are achieved for these services.</td>
<td>9</td>
<td>9</td>
<td>5</td>
<td>4</td>
<td>27</td>
</tr>
<tr>
<td>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.</td>
<td>10</td>
<td>7</td>
<td>6</td>
<td>4</td>
<td>27</td>
</tr>
<tr>
<td>Identifies gaps in the provision of population-based health services.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>27</td>
</tr>
<tr>
<td>Uses evaluation findings to modify the strategic and operational plans of LPHS organizations to improve services and programs.</td>
<td>9</td>
<td>9</td>
<td>3</td>
<td>6</td>
<td>27</td>
</tr>
</tbody>
</table>

**Total Respondents** 27

### Evaluate Effectiveness, Availability and Quality of Personal and population based health services?

<table>
<thead>
<tr>
<th>Answer Options</th>
<th>Yes, met 100% - 76%</th>
<th>Mostly, 75% - 51%</th>
<th>Low 50% - 26%</th>
<th>No 25% - 0%</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identifies community organizations or entities that contribute to the delivery of the Essential Public Health Services.</td>
<td>10</td>
<td>11</td>
<td>3</td>
<td>2</td>
<td>26</td>
</tr>
<tr>
<td>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.</td>
<td>12</td>
<td>7</td>
<td>4</td>
<td>3</td>
<td>26</td>
</tr>
<tr>
<td>Assesses the effectiveness of communication, coordination and linkage among LPHS entities.</td>
<td>10</td>
<td>8</td>
<td>3</td>
<td>4</td>
<td>25</td>
</tr>
<tr>
<td>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.</td>
<td>9</td>
<td>7</td>
<td>4</td>
<td>5</td>
<td>25</td>
</tr>
</tbody>
</table>

**Total Respondents** 26
### Research for New Insights and Innovative Solutions to Health Problems

<table>
<thead>
<tr>
<th>Answer Options</th>
<th>Yes, met 100% - 76%</th>
<th>Mostly, 75% - 51%</th>
<th>Low 50% - 26%</th>
<th>No 25% - 0%</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td>7</td>
<td>7</td>
<td>3</td>
<td>10</td>
<td>27</td>
</tr>
<tr>
<td>Linkages with institutions of higher learning and research.</td>
<td>8</td>
<td>5</td>
<td>4</td>
<td>9</td>
<td>26</td>
</tr>
<tr>
<td>Capacity to mount timely epidemiological and health policy analyses and conduct health systems research.</td>
<td>8</td>
<td>4</td>
<td>4</td>
<td>10</td>
<td>26</td>
</tr>
</tbody>
</table>

**Total Respondents:** 27

### Where is your organization located?

<table>
<thead>
<tr>
<th>Answer Options</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Waterloo</td>
<td>56.0%</td>
<td>14</td>
</tr>
<tr>
<td>Seneca Falls</td>
<td>24.0%</td>
<td>6</td>
</tr>
<tr>
<td>Ovid</td>
<td>16.0%</td>
<td>4</td>
</tr>
<tr>
<td>Romulus</td>
<td>0.0%</td>
<td>0</td>
</tr>
<tr>
<td>Geneva</td>
<td>20.0%</td>
<td>5</td>
</tr>
<tr>
<td>Seneca County</td>
<td>4.0%</td>
<td>1</td>
</tr>
<tr>
<td>Interlaken</td>
<td>4.0%</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total Respondents</strong></td>
<td></td>
<td>25</td>
</tr>
</tbody>
</table>

### What population does your organization serve? ie. elderly, low income, children

<table>
<thead>
<tr>
<th>Answer Options</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>All</td>
<td>10</td>
</tr>
<tr>
<td>Low income</td>
<td>5</td>
</tr>
<tr>
<td>Low income - youth</td>
<td>2</td>
</tr>
<tr>
<td>Children/youth</td>
<td>4</td>
</tr>
<tr>
<td>Adults</td>
<td>1</td>
</tr>
<tr>
<td>Elderly</td>
<td>2</td>
</tr>
<tr>
<td>Developmentally disabled</td>
<td>1</td>
</tr>
<tr>
<td>Individuals affected with HIV/AIDS</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total Respondents</strong></td>
<td>26</td>
</tr>
</tbody>
</table>

### What type of organization do you work for? ie. hospital, county agency, non-profit

<table>
<thead>
<tr>
<th>Answer Options</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-profit</td>
<td>14</td>
</tr>
<tr>
<td>County department</td>
<td>6</td>
</tr>
<tr>
<td>Health care agency</td>
<td>3</td>
</tr>
<tr>
<td>School</td>
<td>3</td>
</tr>
<tr>
<td>Government</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total Respondents</strong></td>
<td></td>
</tr>
</tbody>
</table>

### What is your position/job title?

<table>
<thead>
<tr>
<th>Answer Options</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Director/administrator</td>
<td>8</td>
</tr>
<tr>
<td>M.D.</td>
<td>2</td>
</tr>
<tr>
<td>Nurse</td>
<td>4</td>
</tr>
<tr>
<td>Clerical</td>
<td>1</td>
</tr>
<tr>
<td>Superintendent</td>
<td>1</td>
</tr>
<tr>
<td>Board member</td>
<td>1</td>
</tr>
<tr>
<td>Program manager</td>
<td>1</td>
</tr>
<tr>
<td>Community health outreach/education</td>
<td>3</td>
</tr>
<tr>
<td>Social worker</td>
<td>1</td>
</tr>
<tr>
<td>Retired</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total Respondents</strong></td>
<td>23</td>
</tr>
</tbody>
</table>
Attachment C: Community Health Improvement Collaborative Work Plan

See attached CHIP Submitted in Separate Document
Attachment D: Focus Group Notes

Seneca County Human Services Network Meeting 12/10/12

13 people

Missing
Sexual health, teen pregnancy, STD's not mentioned, what are Seneca Cty rates?
VS - chlamydia #'s high
Health access an issue - availability of services
Diabetes - given obesity and lack of physical activity you'd think this # would be higher
Depression statistics high - interesting
Kids - NIH thinking pesticides, hormones in food, high fructose corn syrup in everything - baby formula, whole wheat bread

Factors
Afing population - 60+ 19-20%
Lack of hospital and FQHC
FLCH opening Ovid site
Urgent Care Ctr by FLH opening in Waterloo
Communication - unknown by PHD
FLTimes - regional
Trumansburg, between the lakes
FLH has quarterly electronic newsletter
Need weekly electronic newsletter like Livingston GVHP
Significant Amish/Mennonite population - vaccinations, wait til urgent need to visit clinics
Amish population growing in south
American Indian population in Seneca Falls growing – cultural issues

Economy
Transportation
Drugs - prescription drugs a problem
Disability - lots of people on it, selling their meds, oxycodone, heroin a problem, meth, Cocaine

Strengths
FLCH who can serve all and expanding
Agriculture big +
Fruits and vegetables stands
Rochester farmers market cheaper but not good quality
Are there coops?
Community gardens Seneca falls and waterloo
This group - meets quarterly
Strong CSP presence
Addictions council/community council
Council on addictions
STS system for transportation #'s increase every month
Schools require community service - opportunity?
Have capacity to grow
Missing
MAS EI kids under 3 who need mental health counseling - not available
Behavior and anger issues - hurting animals and siblings
KV - no agency available for parent support systems or to provide parents resources
Bad parenting - lack of parenting skills
More and more kids diagnosed with ADD - wait and wait for an evaluation - then give medication, but don't follow up
Headstart - some parents don't want evals done
MA - flu clinic vaccinated over 100 ALL seemed to be smokers
Homeless teenagers - live with someone else, state ed dept stats , superintendent - RM

Factors
No industry
No hospital
Urgent care center now open
Ovid Health Center opening, FLCH, FQHC, will have medical, dental, behavioral health
Lack of specialty care, but better, some coming in once a week
Dental (lack of)
Tobacco - Sky Dancer and Lakeside - low cost cigarettes
Headstart - dental getting better
Transportation
Tele dental with Eastman eliminates one trip
Amish and mennonite cultural barriers, reluctant to access health services, need to build trust, they have unvaccinated kids
Obesity - lack of recreational opportunities
High school - 1/3 overweight or obese
Insurance - don’t qualify for public products and can’t afford others
Economy - lots of service and retail low paying jobs
Aging population - young people leaving

Strengths
Seneca Falls Community Center – free to town residents
Lakes and trail systems available
Schools open to public
Obesity task force - list will be online and printed
Farmers Markets
CCE - nutrition and counseling classes
Baseball, roller skating run by volunteers
Four Twons - lot of good things on a shoe string budget
Chiropractic College
Silver Sneakers - haear program, Back pack program and summer feeding program
School districts
We Can - parent program healthy eating

Seneca County Public Health Focus Group 2.25.13
SNAP Education Focus Group @ Ovid Fire Dept., Ovid NY
4 women in attendance
What’s missing in our assessment?
- Obesity & underweight
- Heart disease

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

What are community strengths?
- Farmer markets in season
- Lakes –water recreation
- Free swimming at Lodi Point/Park

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

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Seneca County Public Health Focus Group 2.25.13
Seneca County Head Start Focus Group @ HS Center, Seneca Falls, NY
Head Start Staff: a male in his thirty’s and women in her twenty’s

What’s missing in our assessment?
- Driver Distraction (texting & cell phone use)
- Oral Health

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

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

What is missing?
- Economic Development and Jobs

---

Seneca County Focus Group
Interlaken Reform Church - Food Pantry
2/22/2013
Six participants -
What is missing in our assessment?
- Transportation - not enough routes and bus stops need transportation in and out of the county
- Dental care - long wait times
- Eye care - long wait times
- Specialist care - must travel a long way and wait times are long
- Nutrition - must travel to Tompkins County for Aldis, need more grocery stores, affordable places to buy fruits and vegetables, especially in the winter

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

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

Attachment E: Tracking Indicators
Prevention Agenda Indicators for Tracking Public Health Priorities

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Data Years</th>
<th>Seneca County</th>
<th>New York State</th>
<th>Data Links</th>
<th>NYS 2017 Objective</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Percentage of premature death (before age 65 years)</td>
<td>2008-2010</td>
<td>20.3</td>
<td>24.3</td>
<td>(Table)(Map)</td>
<td>21.8</td>
</tr>
<tr>
<td>2. Ratio of Black non-Hispanics to White non-Hispanics</td>
<td>2.91+</td>
<td>2.12</td>
<td>2.09</td>
<td>(Table)(Map)</td>
<td>1.85</td>
</tr>
<tr>
<td>3. Ratio of Hispanics to White non-Hispanics</td>
<td>2.83+</td>
<td>2.14</td>
<td>2.09</td>
<td>(Table)(Map)</td>
<td>1.86</td>
</tr>
<tr>
<td>4. Age-adjusted preventable hospitalizations rate per 10,000 - Ages 18+ years</td>
<td>2008-2010</td>
<td>116.8</td>
<td>155.0</td>
<td>(Table)(Map)</td>
<td>133.3</td>
</tr>
<tr>
<td>5. Ratio of Black non-Hispanics to White non-Hispanics</td>
<td>0.78</td>
<td>2.09</td>
<td>2.09</td>
<td>(Table)(Map)</td>
<td>1.85</td>
</tr>
<tr>
<td>6. Ratio of Hispanics to White non-Hispanics</td>
<td>0.70</td>
<td>1.47</td>
<td>1.47</td>
<td>(Table)(Map)</td>
<td>1.38</td>
</tr>
<tr>
<td>7. Percentage of adults with health insurance - Ages 18-64 years</td>
<td>2010</td>
<td>84.7 (83.0-83.1)</td>
<td>83.1</td>
<td>(Table)(Map)</td>
<td>100</td>
</tr>
<tr>
<td>Indicator</td>
<td>Data Years</td>
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<td>NYS 2017 Objective</td>
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<tr>
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</tr>
<tr>
<td>8. Age-adjusted percentage of adults who have a regular health care provider - Ages 18+ years</td>
<td>2008-2009</td>
<td>86.8 (81.6-92.1)</td>
<td>83.0 (80.4-85.5)</td>
<td>(Table)(Map)</td>
<td>90.8</td>
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</tbody>
</table>

**Promote a Healthy and Safe Environment**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Data Years</th>
<th>Seneca County</th>
<th>New York State</th>
<th>Data Links</th>
<th>NYS 2017 Objective</th>
</tr>
</thead>
<tbody>
<tr>
<td>9. Rate of hospitalizations due to falls per 10,000 - Ages 65+ years</td>
<td>2008-2010</td>
<td>235.9</td>
<td>204.6</td>
<td>(Table)(Map)</td>
<td>Maintain</td>
</tr>
<tr>
<td>10. Rate of emergency department visits due to falls per 10,000 - Ages 1-4 years</td>
<td>2008-2010</td>
<td>460.7</td>
<td>476.8</td>
<td>(Table)(Map)</td>
<td>429.1</td>
</tr>
<tr>
<td>11. Assault-related hospitalization rate per 10,000</td>
<td>2008-2010</td>
<td>1.4</td>
<td>4.8</td>
<td>(Table)(Map)</td>
<td>4.3</td>
</tr>
<tr>
<td>12. Ratio of Black non-Hispanics to White non-Hispanics</td>
<td></td>
<td>11.01+</td>
<td>7.43</td>
<td>(Table)(Map)</td>
<td>6.69</td>
</tr>
<tr>
<td>13. Ratio of Hispanics to White non-Hispanics</td>
<td></td>
<td>0.00+</td>
<td>3.06</td>
<td>(Table)(Map)</td>
<td>2.75</td>
</tr>
<tr>
<td>14. Ratio of low income ZIP codes to non-low income ZIP codes</td>
<td></td>
<td>0.00+</td>
<td>3.25</td>
<td>(Table)(Map)</td>
<td>2.92</td>
</tr>
<tr>
<td>15. Rate of occupational injuries treated in ED per 10,000 adolescents - Ages 15-19 years</td>
<td>2008-2010</td>
<td>95.8</td>
<td>36.7</td>
<td>(Table)(Map)</td>
<td>33.0</td>
</tr>
<tr>
<td>16. Percentage of population that lives in a jurisdiction that adopted the Climate Smart Communities pledge</td>
<td>2012</td>
<td>0.0*</td>
<td>26.7</td>
<td>(Table)(Map)</td>
<td>32.0</td>
</tr>
<tr>
<td>17. Percentage of commuters who use alternate modes of transportation¹</td>
<td>2007-2011</td>
<td>16.4</td>
<td>44.6</td>
<td>(Table)(Map)</td>
<td>49.2</td>
</tr>
<tr>
<td>18. Percentage of population with low-income and low access to a supermarket or large grocery store²</td>
<td>2010</td>
<td>1.6</td>
<td>2.5</td>
<td>(Table)(Map)</td>
<td>2.24</td>
</tr>
<tr>
<td>19. Percentage of homes in Healthy Neighborhood Program that have fewer asthma triggers during the home revisits</td>
<td>2008-2011</td>
<td>NA</td>
<td>12.9</td>
<td>(Table)(Map)</td>
<td>20</td>
</tr>
<tr>
<td>20. Percentage of residents served by community water systems with optimally fluoridated water</td>
<td>2012</td>
<td>13.1</td>
<td>71.4</td>
<td>(Table)(Map)</td>
<td>78.5</td>
</tr>
</tbody>
</table>

**Prevent Chronic Diseases**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Data Years</th>
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<th>Data Links</th>
<th>NYS 2017 Objective</th>
</tr>
</thead>
<tbody>
<tr>
<td>21. Percentage of adults who are obese</td>
<td>2008-2009</td>
<td>37.0 (31.2-42.8)</td>
<td>23.2 (21.2-25.3)</td>
<td>(Table)(Map)</td>
<td>23.2</td>
</tr>
<tr>
<td>22. Percentage of children and adolescents who are obese</td>
<td>2010-2012</td>
<td>22.3</td>
<td>17.6</td>
<td>(Table)(Map)</td>
<td>NYC: 19.7 ROS: 16.7</td>
</tr>
<tr>
<td>23. Percentage of cigarette smoking among adults</td>
<td>2008-2009</td>
<td>23.7 (18.7-28.7)</td>
<td>16.8 (15.1-18.6)</td>
<td>(Table)(Map)</td>
<td>15.0</td>
</tr>
<tr>
<td>24. Percentage of adults who receive a colorectal cancer screening based on the most recent guidelines - Ages 50-75 years</td>
<td>2008-2009</td>
<td>69.0 (63.0-74.4)</td>
<td>66.3 (63.5-69.1)</td>
<td>(Table)(Map)</td>
<td>71.4</td>
</tr>
</tbody>
</table>
25. Asthma emergency department visit rate per 10,000
   2008-2010  29.7  83.7  *(Table)(Map)  75.1

26. Asthma emergency department visit rate per 10,000 - Ages 0-4 years
   2008-2010  77.5  221.4  *(Table)(Map)  196.5

27. Age-adjusted heart attack hospitalization rate per 10,000
   2010  18.0  15.5  *(Table)(Map)  14.0

28. Rate of hospitalizations for short-term complications of diabetes per 10,000 - Ages 6-17 years
   2008-2010  s  3.2  *(Table)(Map)  3.06

29. Rate of hospitalizations for short-term complications of diabetes per 10,000 - Ages 18+ years
   2008-2010  5.1  5.6  *(Table)(Map)  4.86

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

<table>
<thead>
<tr>
<th>Indicator</th>
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</tr>
</thead>
<tbody>
<tr>
<td>31.</td>
<td>Percentage of adolescent females with 3-dose HPV immunization - Ages 13-17 years</td>
<td>2011</td>
<td>24.1</td>
<td>26.0</td>
<td>*(Table)(Map) 50</td>
</tr>
<tr>
<td>32.</td>
<td>Percentage of adults with flu immunization - Ages 65+ years</td>
<td>2008-2009</td>
<td>74.7 (67.5-81.9)</td>
<td>75.0 (71.5-78.5)</td>
<td>*(Table)(Map) 66.2</td>
</tr>
<tr>
<td>33.</td>
<td>Newly diagnosed HIV case rate per 100,000</td>
<td>2008-2010</td>
<td>4.9*</td>
<td>21.6</td>
<td>*(Table)(Map) 14.7</td>
</tr>
<tr>
<td>34.</td>
<td>Difference in rates (Black and White) of new HIV diagnoses</td>
<td>2008-2010</td>
<td>s</td>
<td>59.4</td>
<td>*(Table)(Map) 45.7</td>
</tr>
<tr>
<td>35.</td>
<td>Difference in rates (Hispanic and White) of new HIV diagnoses</td>
<td>s</td>
<td>31.1</td>
<td>*(Table)(Map) 22.3</td>
<td></td>
</tr>
</tbody>
</table>

36. Gonorrhea case rate per 100,000 women - Ages 15-44 years
   2010  119.5*  203.4  *(Table)(Map) 183.1

37. Gonorrhea case rate per 100,000 men - Ages 15-44 years
   2010  39.5*  221.7  *(Table)(Map) 199.5

38. Chlamydia case rate per 100,000 women - Ages 15-44 years
   2010  648.8  1619.8  *(Table)(Map) 1,458

39. Primary and secondary syphilis case rate per 100,000 males
   2010  0.0*  11.2  *(Table)(Map) 10.1

40. Primary and secondary syphilis case rate per 100,000 females
   2010  0.0*  0.5  *(Table) 0.4

Promote Healthy Women, Infants, and Children

<table>
<thead>
<tr>
<th>Indicator</th>
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<th>Seneca County</th>
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</tr>
</thead>
<tbody>
<tr>
<td>41.</td>
<td>Percentage of preterm births</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>42.</td>
<td>Ratio of Black non-Hispanics to White non-Hispanics</td>
<td>2008-2010</td>
<td>7.6</td>
<td>12.0</td>
<td>*(Table)(Map) 10.2</td>
</tr>
<tr>
<td>43.</td>
<td>Ratio of Hispanics to White non-Hispanics</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>44.</td>
<td>Ratio of Medicaid births to non-Medicaid births</td>
<td>s</td>
<td></td>
<td></td>
<td>1.00</td>
</tr>
<tr>
<td>45.</td>
<td>Percentage of infants exclusively breastfed in the hospital</td>
<td>2008-2010</td>
<td>71.5</td>
<td>42.5</td>
<td>*(Table)(Map) 48.1</td>
</tr>
<tr>
<td>46.</td>
<td>Ratio of Black non-Hispanics to White non-Hispanics</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>47.</td>
<td>Ratio of Hispanics to White non-Hispanics</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>48.</td>
<td>Ratio of Medicaid births to non-Medicaid births</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>49.</td>
<td>Maternal mortality rate per 100,000 births</td>
<td>2008-2010</td>
<td>0.0*</td>
<td>23.3</td>
<td>*(Table)(Map) 21.0</td>
</tr>
</tbody>
</table>

Seneca County Community Health Assessment 2013 - 2017
50. Percentage of children who have had the recommended number of well child visits in government sponsored insurance programs  
   2011 | 55.9 | 69.9 | (Table)(Map) | 76.9

51. Percentage of children ages 0-15 months who have had the recommended number of well child visits in government sponsored insurance programs  
   74.7 | 82.8 | (Table)(Map) | 91.3

52. Percentage of children ages 3-6 years who have had the recommended number of well child visits in government sponsored insurance programs  
   68.1 | 82.8 | (Table)(Map) | 91.3

53. Percentage of children ages 12-21 years who have had the recommended number of well child visits in government sponsored insurance programs  
   46.4 | 61.0 | (Table)(Map) | 67.1

54. Percentage of children with any kind of health insurance - Ages 0-19 years  
   2010 | 92.1 (90.3-93.9) | 94.9 (94.5-95.3) | (Table)(Map) | 100

55. Percentage of third-grade children with evidence of untreated tooth decay  
   2009-2011 | 14.3 (6.7-21.9) | 24.0 (22.6-25.4) | (Table)(Map) | 21.6

56. Ratio of low-income children to non-low income children  
   0.38 | 2.46 | (Table)(Map) | 2.21

57. Adolescent pregnancy rate per 1,000 females - Ages 15-17 years  
   2008-2010 | 14.8 | 31.1 | (Table)(Map) | 25.6

58. Ratio of Black non-Hispanics to White non-Hispanics

59. Ratio of Hispanics to White non-Hispanics

60. Percentage of unintended pregnancy among live births  
   2011 | 35.7 | 26.7 | (Table)(Map) | 24.2

61. Ratio of Black non-Hispanics to White non-Hispanics  
   s | 2.09 | (Table)(Map) | 1.88

62. Ratio of Hispanics to White non-Hispanics  
   2.06+ | 1.58 | (Table)(Map) | 1.36

63. Ratio of Medicaid births to non-Medicaid births  
   1.86 | 1.69 | (Table)(Map) | 1.56

64. Percentage of women with health coverage - Ages 18-64 years  
   2010 | 86.8 (84.6-89.0) | 86.1 (85.8-86.4) | (Table)(Map) | 100

65. Percentage of live births that occur within 24 months of a previous pregnancy  
   2008-2010 | 24.8 | 18.0 | (Table)(Map) | 17.0

**Promote Mental Health and Prevention Substance Abuse**

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