

Clifton Springs Hospital & Clinic Community Service Plan 2014-2017

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Clifton Springs (**CS**) **Hospital** is a not-for-profit integrated health care delivery system affiliated with Rochester Regional Health located in Ontario County, New York. CS Hospital provides preventive and restorative medicine with family practices in Clifton Springs, Macedon and Newark. In addition, CS Hospital offers complementary and alternative medicine through The Springs Integrative Medicine Center & Spa.

I. Mission Statement:

CS Hospital constantly strives to be a center of excellence and is committed to fulfilling its mission. Through innovative thinking, collaboration with key partners and an unwavering dedication to the hospitals vision and values, CS Hospital stands as an invaluable resource to the community it serves.

Mission:

Clifton Springs Hospital and Clinic is committed to providing our community with access to a continuum of quality services delivered in a safe and efficient manner through an integrated health care system.

Vision:

CS Hospital is committed to offering a wide range of services to meet the needs of the community it serves. CS Hospital strives to provide quality care that exceeds the expectations of all patrons.

Values:

CS Hospital's perspective on value is that ever patient, visitor and guest of the hospital has the right to *get better* here.

Better Care. Better Experiences. Better Outcomes.

That's why they maintain a range of specialty and subspecialty services, attractive and comfortable grounds and a staff that provides an unparalleled customer experience. Values include teamwork, integrity, respect and commitment. It is believed that when combined with the talents of each and every member of our community, these values result in unsurpassed excellence - and ultimately the best healthcare experience possible.

II. Service Area and Populations:

A. Hospital Service Area

CS Hospital represents a service area of approximately 55,000 individuals in Ontario County. CS Hospital also serves Livingston, Monroe, Seneca, Steuben, Wayne and Yates Counties for certain services. Three primary population centers of comprise roughly half of its total service area population. These include Macedon, NY, Newark, NY and Clifton Springs, NY. Each of these communities are relatively rural with transportation to medical care/emergency services being a significant issue.

B. Population Description

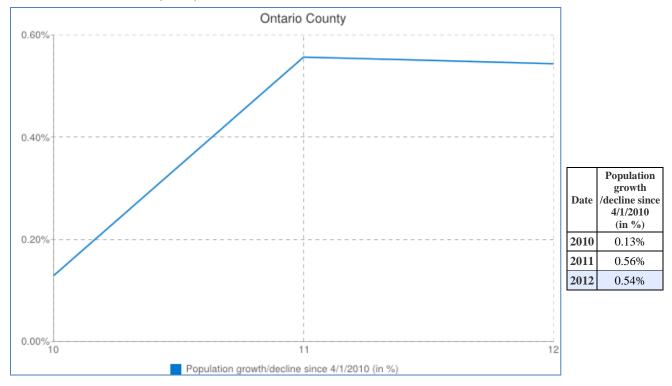
1. Overall Size

Ontario County is located 8 miles from Rochester in the heart of upstate New York. The County includes 2 cities, 16 towns, 9 villages, 2 colleges, and 17 school districts. The two major cities, Canandaigua (the County seat) and Geneva, are located at the northern ends of Canandaigua and Seneca Lakes respectively, and contain approximately 25% of the County's population. Honeoye and Canadice Lakes are also located in Ontario County, while Hemlock Lake forms a part of the County's western border. Ontario is also bordered in the north by Wayne and Monroe Counties, in the west by Monroe and Livingston Counties, in the south by Steuben and Yates Counties and in the east by Seneca County. Ontario is the most urbanized of the counties in the S2AY Rural Health Network due to its proximity to Rochester, but is still predominantly rural with a land mass of 644 square miles and a population of just over 100,000, resulting in a population density of approximately 167 persons per square mile. The New York State Thruway travels through the northern part of the County east to west, with routes 5 and 20 roughly paralleling the Thruway a few miles south. The major highways shape the population considerably by providing relatively quick access to jobs in neighboring labor market areas.

Census Data - People QuickFacts	Ontario County	New York
Population, 2012 estimate	108,519	19,570,261
Population, percent change, April 1, 2010 to July 1, 2012	0.5%	1.0%
Population, 2010	107,931	19,378,102

Overall as seen above, the total population of Ontario county has increased slightly from 2010 with a percent change of 0.5%. This follows a similar trend to New York State as a whole with a 1.0% change from 2010 to 2012.

Population Growth/Decline Since 2010 (%) - Ontario County U.S. Census Bureau (2012) - Cornell PAD



As seen in the graph above, population growth in Ontario county increased from 0.13% to 0.56% from 2010 to 2011. Population growth has stayed relatively the same in 2011 and 2012 with a growth of 0.56% and 0.54% respectively.

2. Gender

For the most part, Ontario county has an even population of males to females. As seen below, census data shows 2007-2011 estimates of the male to female population. This is almost identical to New York State rates as a whole.

ACS Demographic and Housing	New York		Ontario County, Ne York	
Estimates 2007-2011	Estimate Percent		Estimate	Percent
GENDER				
tal Pop.	19,302,448	19,302,448	107,070	107, 070
Male	9,341,547	48.4%	52,348	48.9%
Female	9,960,901	51.6%	54,722	51.1%

3. Age

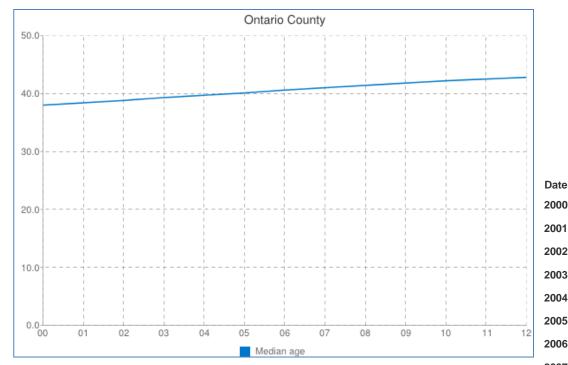
In 2007-2011 census estimates, the largest age population was the 45-54 year old group, making up 16.4% of the total population. The 65+ population at 15.1% is slightly above the state average. The percentage of those under age 5, at 5.4% of the population, is slightly below the State and Federal rate and about average for the region. The 25 to 34 and 35 to 44 age bracket also surfaced as one of the larger age ranges represented in the county, both brackets compromising 22.8% of the county population

ACS Demographic and Housing Estimates	New York		Ontario County, New York	
2007-2011	Estimate	Percent	Estimate	Percent
AGE				
Under 5 years	1,158,007	6.0%	5,731	5.4%
5 to 9 years	1,159,958	6.0%	6,404	6.0%
10 to 14 years	1,226,675	6.4%	7,480	7.0%
15 to 19 years	1,371,903	7.1%	7,875	7.4%
20 to 24 years	1,386,432	7.2%	6,576	6.1%
25 to 34 years	2,634,078	13.6%	10,270	9.6%
35 to 44 years	2,669,148	13.8%	14,174	13.2%
45 to 54 years	2,852,308	14.8%	17,565	16.4%
55 to 59 years	1,221,127	6.3%	7,756	7.2%
60 to 64 years	1,031,913	5.3%	7,119	6.6%
65 to 74 years	1,335,166	6.9%	8,506	7.9%
75 to 84 years	877,643	4.5%	5,436	5.1%
85 years and over	378,090	2.0%	2,178	2.0%
Median age (years)	37.8	(X)	42.1	(X)
18 years and over	14,954,839	77.5%	82,710	77.2%
21 years and over	14,082,112	73.0%	77,949	72.8%
62 years and over	3,171,366	16.4%	19,964	18.6%

65 years and over	2,590,899	13.4%	16,120	15.1%
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As seen in the table above, census data shows that Ontario county has a higher percentage of adults age 65 or older as compared to New York state as a whole and the country as a whole. Ontario county being significantly higher than the percentage of adults age 65 or older throughout the county.

Median Age Trend - Ontario County U.S. Census Bureau (2012) - Cornell PAD



Date	Median age
2000	38.0
2001	38.4
2002	38.8
2003	39.3
2004	39.7
2005	40.1
2006	40.6
2007	41.0
2008	41.4
2009	41.8
2010	42.2
2011	42.5
2012	42.8

Overall, the median age in Ontario county has steadily grown over the last 12 years with a median age of 38.0 in 2000 to 42.8 in 2012. It seems that Ontario county has experienced an increase in median age, possibly due to the baby boomer generation. With an increasing older adult population, a focus on chronic disease, maintaining health and preventative health strategies are needed now more than ever.

ACS Demographic and Housing Estimates 2007-2011	New York			cario County, New York
AGE AND SEX	Estimate	Percent	Estimate	Percent
18 years and over	14,954,839	14,954,839	82,710	82,710
Male	7,117,756	47.6%	39,857	48.2%

Female	7,837,083	52.4%	42,853	51.8%
65 years and over	2,590,899	2,590,899	16,120	16,120
Male	1,069,715	41.3%	7,047	43.7%
Female	1,521,184	58.7%	9,073	56.3%

Distribution of the male to female population in those over 18 and those over 65 are similar within Ontario county and mimic that of New York state as a whole. In those over 18, male to female distribution is relatively even. In those over 65, there is a higher population for females than males with 56.3% as compared to 43.7% respectively.

4. Race

People QuickFacts (2012)	Ontario County	New York
White alone, percent, 2012 (a)	94.4%	71.2%
Black or African American alone, percent, 2012 (a)	2.5%	17.5%
American Indian and Alaska Native alone, percent, 2012 (a)	0.3%	1.0%
Asian alone, percent, 2012 (a)	1.1%	8.0%
Native Hawaiian and Other Pacific Islander alone, percent, 2012 (a)	Z	0.1%
Two or More Races, percent, 2012	1.6%	2.2%
Hispanic or Latino, percent, 2012 (b)	3.8%	18.2%
White alone, not Hispanic or Latino, percent, 2012	91.3%	57.6%
Foreign born persons, percent, 2007-2011	3.3%	21.8%
Language other than English spoken at home, percent age 5+, 2007-2011	6.0%	29.5%

According to 2007-2011 census data, the percentage of racial minorities in Ontario County remains low at 6.2%, The percentage of blacks/African Americans is only 2.3% well below the state and national average. Native Americans and Asians together make up 1.3% of the population.

ACS Demographic and Housing Estimates 2007-2011	New York		Ontario County, New York	
	Estimate	Percent	Estimate	Percent
RACE				
Total population	19,302,448	19,302,448	107,070	107,070
One race	18,860,781	97.7%	105,109	98.2%
Two or more races	441,667	2.3%	1,961	1.8%
One race	18,860,781	97.7%	105,109	98.2%
White	12,768,805	66.2%	100,407	93.8%
Black or African American	3,013,740	15.6%	2,502	2.3%

ACS Demographic and Housing Estimates 2007-2011	New York			rio County, w York
	Estimate	Percent	Estimate	Percent
RACE				
Total population	19,302,448	19,302,448	107,070	107,070
One race	18,860,781	97.7%	105,109	98.2%
Two or more races	441,667	2.3%	1,961	1.8%
American Indian and Alaska Native	67,766	0.4%	166	0.2%
Cherokee tribal grouping	3,469	0.0%	2	0.0%
Chippewa tribal grouping	436	0.0%	0	0.0%
Navajo tribal grouping	341	0.0%	0	0.0%
Sioux tribal grouping	566	0.0%	0	0.0%
Asian	1,415,147	7.3%	1,134	1.1%
Asian Indian	335,466	1.7%	118	0.1%
Chinese	574,870	3.0%	154	0.1%
Filipino	110,893	0.6%	119	0.1%
Japanese	40,339	0.2%	78	0.1%
Korean	137,503	0.7%	160	0.1%
Vietnamese	32,563	0.2%	225	0.2%
Other Asian	183,513	1.0%	280	0.3%
Native Hawaiian and Other Pacific Islander	6,706	0.0%	0	0.0%
Native Hawaiian	2,226	0.0%	0	0.0%
Guamanian or Chamorro	1,660	0.0%	0	0.0%
Samoan	817	0.0%	0	0.0%
Other Pacific Islander	2,003	0.0%	0	0.0%
Some other race	1,588,617	8.2%	900	0.8%
Two or more races	441,667	2.3%	1,961	1.8%
White and Black or African American	123,173	0.6%	818	0.8%

ACS Demographic and Housing Estimates 2007-2011	New York		Ontario County, New York	
	Estimate	Percent	Estimate	Percent
RACE				
Total population	19,302,448	19,302,448	107,070	107,070
One race	18,860,781	97.7%	105,109	98.2%
Two or more races	441,667	2.3%	1,961	1.8%
White and American Indian and Alaska Native	47,205	0.2%	460	0.4%
White and Asian	69,231	0.4%	229	0.2%
Black or African American and American Indian and Alaska Native	19,801	0.1%	33	0.0%

5. Education

Census Data - People QuickFacts	Ontario County	New York
High school graduate or higher, percent of persons age 25+, 2007-2011	91.6%	84.6%
Bachelor's degree or higher, percent of persons age 25+, 2007-2011	30.5%	32.5%

Overall, those graduating from high school in Ontario county is very high as compared to the number of high school graduates in New York State as a whole, 7.6% higher than the state rate. Those earning a Bachelor's degree of higher in Ontario county is slightly less than the New York state rate with 30.5% as compared to 32.5% (or New York state being 6.2% higher).

Education Attainment (census data, 2010)	Population/Percent	Margin of Error
Population 25 years and over	73,004	+/-478
Less than high school diploma	8.5%	+/-0.5
High school graduate (includes equivalency)	28.5%	+/-1.1
Some college or associate's degree	32.6%	+/-0.9
Bachelor's degree	17.8%	+/-1.0
Graduate or professional degree	12.7%	+/-0.6
High school graduate or higher	91.6%	+/-0.6
Bachelor's degree or higher	30.5%	+/-1.1

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 2010 Census, 8.5% were not high school graduates. This rate is better than both the NY State and national average. While the proportion not completing high school is similar to the State and national rates, the percent completing four years of college is only 30.5%. Statewide approximately 32.5% of the population

have a Bachelor's degree or higher and nationwide it is about 40%. In New York State 24.6% of the population aged 25 and older have some college or an Associate's degree compared to 13.8% with an Associate's degree and 18.8% with some college but no degree making a total of 32.6% in Ontario County. Nationwide since 2002 between 62% and 69% percent of high school graduates attend college with approximately 6 out of 10 completing at least a Bachelor's degree. According to the NYS-OASAS 2003 Prisms data, the percent of high school graduates not attending college is 21.8% for the state. Compared to New York State, Ontario County's adults have a much lower educational attainment overall with a much lower proportion completing four years of college. This lower level of educational attainment contributes to lower earning ability, which adversely affects health, but probably also to a lower level of knowledge regarding how to practice healthy behaviors, how to access appropriate preventive health care services and having a basic level of health literacy.

	SELECTED SOCIAL CHARACTERISTICS IN THE UNITED STATES 2007-2011 American Community Survey 5-Year Estimates									
		New	Ontario County							
EDUCATIONAL ATTAINMENT	Estimate	Margin of Error	Percent	Percent Margin of Error	Estimate	Margin of Error	Percent	Percent Margin of Error		
ation 25years and	12,999,473	+/-1,120	12,999,473	(X)	73,004	+/- 19 0	73,004	(X)		
s than 9th grade	904,283	+/-6,213	7.0%	+/-0.1	1,942	+/- 278	2.7%	+/-0.4		
to 12th grade, no loma	1,091,242	+/-7,576	8.4%	+/-0.1	4,209	+/- 443	5.8%	+/-0.6		
h school graduate ludes equivalency)	3,612,232	+/-16,760	27.8%	+/-0.1	20,777	+/- 773	28.5%	+/-1.1		
ne college, no degree	2,097,401	+/-9,156	16.1%	+/-0.1	13,720	+/- 641	18.8%	+/-0.9		
ociate's degree	1,070,808	+/-6,852	8.2%	+/-0.1	10,062	+/- 621	13.8%	+/-0.9		
helor's degree	2,404,491	+/-10,396	18.5%	+/-0.1	12,990	+/- 749	17.8%	+/-1.0		
duate or professional ree	1,819,016	+/-13,261	14.0%	+/-0.1	9,304	+/- 428	12.7%	+/-0.6		

6. Housing

Within Ontario county, home ownership is high, more than 25% higher than the New York state rate (27.2% higher). Persons per household is relatively the same to the New York state average with 2.38 and 2.59 respectively.

Census Data - People QuickFacts	Ontario County	New York
Housing units, 2011	48,653	8,119,364
Homeownership rate, 2007-2011	75.3%	54.8%
Housing units in multi-unit structures, percent, 2007-2011	20.1%	50.5%
Median value of owner-occupied housing units, 2007-2011	\$133,600	\$301,000
Households, 2007-2011	43,474	7,215,687
Persons per household, 2007-2011	2.38	2.59
Per capita money income in the past 12 months (2011 dollars), 2007-2011	\$29,293	\$31,796
Median household income, 2007-2011	\$57,069	\$56,951
Persons below poverty level, percent, 2007-2011	9.7%	14.5%

Ontario county stands out as being particularly low in persons below poverty level with 9.7% as compared to the New York state rate of 14.5%, more than 33% lower.

New York						Ontario County, New York			
Subject	Estimate	Margin of Error	Percent	Percent Margin of Error	Estimate	Margin of Error	Percent	Percent Margin of Error	
HOUSING OCCUPANCY									
Total housing units	8,081,303	+/-891	8,081,303	(X)	47,816	+/- 189	47,816	(X)	
Occupied housing units	7,215,687	+/-12,387	89.3%	+/-0.1	43,474	+/- 519	90.9%	+/-1.0	
Vacant housing units	865,616	+/-11,986	10.7%	+/-0.1	4,342	+/- 479	9.1%	+/-1.0	
Homeowner vacancy rate	1.8	+/-0.1	(X)	(X)	1.1	+/-0.4	(X)	(X)	
Rental vacancy rate	4.6	+/-0.1	(X)	(X)	5.5	+/-1.7	(X)	(X)	
UNITS IN STRUCTURE									
Total housing units	8,081,303	+/-891	8,081,303	(X)	47,816	+/- 189	47,816	(X)	
1-unit, detached	3,400,678	+/-8,851	42.1%	+/-0.1	32,241	+/- 601	67.4%	+/-1.3	
1-unit, attached	392,846	+/-4,315	4.9%	+/-0.1	1,842	+/- 237	3.9%	+/-0.5	
2 units	872,040	+/-8,009	10.8%	+/-0.1	2,080	+/- 347	4.4%	+/-0.7	
3 or 4 units	597,327	+/-5,399	7.4%	+/-0.1	1,974	+/- 287	4.1%	+/-0.6	
5 to 9 units	430,219	+/-4,587	5.3%	+/-0.1	2,906	+/- 359	6.1%	+/-0.8	

		Ne	ew York		Ontario County, New York			
Subject	Estimate	Margin of Error	Percent	Percent Margin of Error	Estimate	Margin of Error	Percent	Percent Margin of Error
10 to 19 units	332,979	+/-3,813	4.1%	+/-0.1	903	+/- 215	1.9%	+/-0.4
20 or more units	1,851,046	+/-5,807	22.9%	+/-0.1	1,738	+/- 197	3.6%	+/-0.4
Mobile home	200,756	+/-2,571	2.5%	+/-0.1	4,115	+/- 354	8.6%	+/-0.7
Boat, RV, van, etc.	3,412	+/-462	0.0%	+/-0.1	17	+/-27	0.0%	+/-0.1
YEAR STRUCTURE BUILT								
Total housing units	8,081,303	+/-891	8,081,303	(X)	47,816	+/- 189	47,816	(X)
Built 2005 or later	178,003	+/-2,878	2.2%	+/-0.1	2,276	+/- 267	4.8%	+/-0.6
Built 2000 to 2004	291,104	+/-3,008	3.6%	+/-0.1	3,266	+/- 377	6.8%	+/-0.8
Built 1990 to 1999	491,606	+/-3,753	6.1%	+/-0.1	5,493	+/- 470	11.5%	+/-1.0
Built 1980 to 1989	604,173	+/-4,079	7.5%	+/-0.1	6,022	+/- 458	12.6%	+/-1.0
Built 1970 to 1979	816,636	+/-5,575	10.1%	+/-0.1	6,988	+/- 484	14.6%	+/-1.0
Built 1960 to 1969	998,945	+/-6,770	12.4%	+/-0.1	3,746	+/- 326	7.8%	+/-0.7
Built 1950 to 1959	1,243,024	+/-6,276	15.4%	+/-0.1	2,938	+/- 316	6.1%	+/-0.7
Built 1940 to 1949	730,940	+/-5,665	9.0%	+/-0.1	1,836	+/- 274	3.8%	+/-0.6
Built 1939 or earlier	2,726,872	+/-9,506	33.7%	+/-0.1	15,251	+/- 586	31.9%	+/-1.2
HOUSING TENURE								
Occupied housing units	7,215,687	+/-12,387	7,215,687	(X)	43,474	+/- 519	43,474	(X)
Owner-occupied	3,955,232	+/-18,033	54.8%	+/-0.2	32,732	+/- 567	75.3%	+/-1.0
Renter-occupied	3,260,455	+/-9,801	45.2%	+/-0.2	10,742	+/- 483	24.7%	+/-1.0
Average household size of owner- occupied unit	2.75	+/-0.01	(X)	(X)	2.51	+/- 0.03	(X)	(X)
Average household size of renter- occupied unit	2.40	+/-0.01	(X)	(X)	1.96	+/- 0.07	(X)	(X)

		Ne	w York		Ontario County, New York			
Subject	Estimate	Margin of Error	Percent	Percent Margin of Error	Estimate	Margin of Error	Percent	Percent Margin of Error
Census Data - 2010								
YEAR HOUSEHOLDER MOVED INTO UNIT								
Occupied housing units	7,215,687	+/-12,387	7,215,687	(X)	43,474	+/- 519	43,474	(X)
Moved in 2005 or later	2,438,464	+/-10,328	33.8%	+/-0.2	15,146	+/- 587	34.8%	+/-1.3
Moved in 2000 to 2004	1,384,615	+/-7,697	19.2%	+/-0.1	8,904	+/- 500	20.5%	+/-1.1
Moved in 1990 to 1999	1,505,466	+/-8,026	20.9%	+/-0.1	9,154	+/- 498	21.1%	+/-1.2
Moved in 1980 to 1989	794,405	+/-6,559	11.0%	+/-0.1	4,802	+/- 369	11.0%	+/-0.8
Moved in 1970 to 1979	578,901	+/-4,520	8.0%	+/-0.1	2,860	+/- 272	6.6%	+/-0.6
Moved in 1969 or earlier	513,836	+/-3,959	7.1%	+/-0.1	2,608	+/- 256	6.0%	+/-0.6
VEHICLES AVAILABLE								
Occupied housing units	7,215,687	+/-12,387	7,215,687	(X)	43,474	+/- 519	43,474	(X)
No vehicles available	2,077,343	+/-6,781	28.8%	+/-0.1	3,063	+/- 378	7.0%	+/-0.9
1 vehicle available	2,340,149	+/-8,885	32.4%	+/-0.1	13,961	+/- 633	32.1%	+/-1.3
2 vehicles available	1,954,301	+/-9,222	27.1%	+/-0.1	18,323	+/- 605	42.1%	+/-1.3
3 or more vehicles available	843,894	+/-6,042	11.7%	+/-0.1	8,127	+/- 422	18.7%	+/-1.0
HOUSE HEATING FUEL								
Occupied housing units	7,215,687	+/-12,387	7,215,687	(X)	43,474	+/- 519	43,474	(X)
Utility gas	3,908,626	+/-9,716	54.2%	+/-0.1	25,594	+/- 635	58.9%	+/-1.4
Bottled, tank, or LP gas	224,689	+/-3,025	3.1%	+/-0.1	4,987	+/- 424	11.5%	+/-1.0
Electricity	653,872	+/-5,592	9.1%	+/-0.1	5,058	+/- 470	11.6%	+/-1.1
Fuel oil, kerosene, etc.	2,173,724	+/-7,796	30.1%	+/-0.1	4,869	+/- 450	11.2%	+/-1.0
Coal or coke	18,216	+/-786	0.3%	+/-0.1	479	+/- 141	1.1%	+/-0.3

		Ne	w York		Ontario County, New York			York
Subject	Estimate	Margin of Error	Percent	Percent Margin of Error	Estimate	Margin of Error	Percent	Percent Margin of Error
Wood	134,125	+/-2,244	1.9%	+/-0.1	2,038	+/- 290	4.7%	+/-0.7
Solar energy	1,680	+/-276	0.0%	+/-0.1	0	+/-89	0.0%	+/-0.1
Other fuel	61,827	+/-1,575	0.9%	+/-0.1	287	+/-85	0.7%	+/-0.2
No fuel used	38,928	+/-1,470	0.5%	+/-0.1	162	+/-78	0.4%	+/-0.2
SELECTED CHARACTERISTICS								
Occupied housing units	7,215,687	+/-12,387	7,215,687	(X)	43,474	+/- 519	43,474	(X)
Lacking complete plumbing facilities	47,522	+/-1,943	0.7%	+/-0.1	340	+/- 174	0.8%	+/-0.4
Lacking complete kitchen facilities	69,488	+/-2,177	1.0%	+/-0.1	606	+/- 220	1.4%	+/-0.5
No telephone service available	232,964	+/-3,178	3.2%	+/-0.1	1,136	+/- 231	2.6%	+/-0.5
OCCUPANTS PER ROOM								
Occupied housing units	7,215,687	+/-12,387	7,215,687	(X)	43,474	+/- 519	43,474	(X)
1.00 or less	6,877,182	+/-13,805	95.3%	+/-0.1	43,137	+/- 540	99.2%	+/-0.3
1.01 to 1.50	222,559	+/-3,779	3.1%	+/-0.1	198	+/-83	0.5%	+/-0.2
1.51 or more	115,946	+/-2,419	1.6%	+/-0.1	139	+/-87	0.3%	+/-0.2
VALUE								
Owner-occupied units	3,955,232	+/-18,033	3,955,232	(X)	32,732	+/- 567	32,732	(X)
Less than \$50,000	207,032	+/-2,525	5.2%	+/-0.1	3,002	+/- 278	9.2%	+/-0.8
\$50,000 to \$99,999	502,723	+/-4,024	12.7%	+/-0.1	6,753	+/- 460	20.6%	+/-1.3
\$100,000 to \$149,999	433,998	+/-3,931	11.0%	+/-0.1	9,144	+/- 508	27.9%	+/-1.4
\$150,000 to \$199,999	351,731	+/-3,472	8.9%	+/-0.1	5,388	+/- 414	16.5%	+/-1.2
\$200,000 to \$299,999	476,937	+/-4,842	12.1%	+/-0.1	4,734	+/- 382	14.5%	+/-1.2
\$300,000 to \$499,999	963,566	+/-7,903	24.4%	+/-0.1	2,614	+/- 291	8.0%	+/-0.9
\$500,000 to \$999,999	821,392	+/-6,077	20.8%	+/-0.1	919	+/- 179	2.8%	+/-0.6

		Ne	w York		Ontario County, New York			
Subject	Estimate	Margin of Error	Percent	Percent Margin of Error	Estimate	Margin of Error	Percent	Percent Margin of Error
\$1,000,000 or more	197,853	+/-2,795	5.0%	+/-0.1	178	+/-91	0.5%	+/-0.3
Median (dollars)	301,000	+/-1,098	(X)	(X)	133,600	+/- 3,519	(X)	(X)
MORTGAGE STATUS								
Owner-occupied units	3,955,232	+/-18,033	3,955,232	(X)	32,732	+/- 567	32,732	(X)
Housing units with a mortgage	2,572,183	+/-14,096	65.0%	+/-0.1	22,234	+/- 625	67.9%	+/-1.3
Housing units without a mortgage	1,383,049	+/-7,202	35.0%	+/-0.1	10,498	+/- 444	32.1%	+/-1.3
GROSS RENT								
Occupied units paying rent	3,146,433	+/-9,294	3,146,433	(X)	10,130	+/- 478	10,130	(X)
Less than \$200	45,733	+/-1,385	1.5%	+/-0.1	145	+/-69	1.4%	+/-0.7
\$200 to \$299	138,887	+/-2,633	4.4%	+/-0.1	363	+/- 110	3.6%	+/-1.1
\$300 to \$499	228,926	+/-2,894	7.3%	+/-0.1	915	+/- 191	9.0%	+/-2.0
\$500 to \$749	504,588	+/-4,820	16.0%	+/-0.1	3,866	+/- 330	38.2%	+/-2.7
\$750 to \$999	600,320	+/-5,331	19.1%	+/-0.2	2,805	+/- 343	27.7%	+/-2.8
\$1,000 to \$1,499	925,976	+/-6,113	29.4%	+/-0.2	1,554	+/- 235	15.3%	+/-2.2
\$1,500 or more	702,003	+/-6,475	22.3%	+/-0.2	482	+/- 166	4.8%	+/-1.6
Median (dollars)	1,025	+/-3	(X)	(X)	738	+/-17	(X)	(X)
No rent paid	114,022	+/-2,396	(X)	(X)	612	+/- 140	(X)	(X)
GROSS RENT AS A PERCENTAGE OF HOUSEHOLD INCOME (GRAPI)								
Occupied units paying rent (excluding units where GRAPI cannot be computed)	3,081,420	+/-9,135	3,081,420	(X)	10,011	+/- 466	10,011	(X)
Less than 15.0 percent	413,750	+/-4,394	13.4%	+/-0.1	1,166	+/- 243	11.6%	+/-2.3
15.0 to 19.9 percent	357,726	+/-4,058	11.6%	+/-0.1	1,240	+/- 192	12.4%	+/-1.9

		Ne	ew York		Ontario County, New York			
Subject	Estimate	Margin of Error	Percent	Percent Margin of Error	Estimate	Margin of Error	Percent	Percent Margin of Error
20.0 to 24.9 percent	360,195	+/-4,274	11.7%	+/-0.1	1,507	+/- 252	15.1%	+/-2.5
25.0 to 29.9 percent	339,170	+/-4,106	11.0%	+/-0.1	1,134	+/- 228	11.3%	+/-2.2
30.0 to 34.9 percent	274,688	+/-3,642	8.9%	+/-0.1	992	+/- 214	9.9%	+/-2.1
35.0 percent or more	1,335,891	+/-8,080	43.4%	+/-0.2	3,972	+/- 416	39.7%	+/-3.7

The housing stock in Ontario County is generally newer and somewhat larger than that in most surrounding areas, with a lower percentage (33.7%) built prior to 1940, higher than the State and national percentages. Like most of the region and the State, residents are not as mobile as the rest of the nation, with 23.6% having been in the same home since at least 1989. At a median price of \$133,600 housing costs are much higher in Ontario than all counties in the region, but much lower than average for the State or nation. Median rents and mortgages are also the highest in the region. Approximately 7.0% (3,063 households) have no vehicle available for the household. Ontario County has the CATS (County Area Transit System) fixed route transportation system, along with a Dial A Ride program for demand responsive transportation needs. This is another advantage Ontario County has over many of the counties in the region. Approximately 0.8% of households lack complete plumbing (340 households) and 1.4% lack complete kitchen facilities (606 households) and only 2.6% do not have a telephone (1,136 households).

7. Employment/Industry

Employment within Ontario county is a much brighter picture than that of upstate New York and New York state as a whole. Unemployment in Ontario county is more than 10% lower than New York state (10.7%) and those below the poverty level falls almost 50% lower than New York state (45.1%). The number of high school dropouts is also significantly lower than the rest of the state.

Socio-Economic Status 2008-2010 - Ontario County								
Indicator	3 Year Total	County Rate		NYS Rate exc NYC				
% unemployed (2008-10)	11,449	6.7	7.5	7.0				
% of population at or below poverty level (2009)	N/A	7.8	14.2	10.8				
% of children <18 at or below poverty level (2009)	N/A	10.7	20.2	14.8				
Median family income in US dollars (2009)	N/A	52,764	54,554	N/A				
% Annual high school drop outs (2008-10)	371	1.7	2.8	2.0				
Behavior/Risk Indicator (2008-09)	County Rate	CI#	NYS Rate	Upstate				
% of adults with health insurance	86.3	± 5.0	86.7	89.9				
% of adults that did not receive medical care because of the cost	6.5	± 2.4	13.8	12.0				

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Subject	New York	Ontario County, New York

Census Data - 2010	Estimate	Margin of Error	Percent	Percent Margin of Error	Estimate	Margin of Error	Percent	Percent Margin of Error
EMPLOYMENT STATUS								
Population 16 years and over	15,494,360	+/-2,687	15,494,360	(X)	85,829	+/-160	85,829	(X)
In labor force	9,881,672	+/-14,190	63.8%	+/-0.1	56,995	+/-761	66.4%	+/-0.9
Civilian labor force	9,855,104	+/-14,112	63.6%	+/-0.1	56,937	+/-752	66.3%	+/-0.9
Employed	9,051,668	+/-14,550	58.4%	+/-0.1	53,459	+/-736	62.3%	+/-0.9
Unemployed	803,436	+/-7,251	5.2%	+/-0.1	3,478	+/-338	4.1%	+/-0.4
Armed Forces	26,568	+/-993	0.2%	+/-0.1	58	+/-48	0.1%	+/-0.1
Not in labor force	5,612,688	+/-14,600	36.2%	+/-0.1	28,834	+/-800	33.6%	+/-0.9
Civilian labor force	9,855,104	+/-14,112	9,855,104	(X)	56,937	+/-752	56,937	(X)
Percent Unemployed	(X)	(X)	8.2%	+/-0.1	(X)	(X)	6.1%	+/-0.6
Females 16 years and over	8,099,470	+/-2,026	8,099,470	(X)	44,255	+/-138	44,255	(X)
In labor force	4,753,649	+/-9,205	58.7%	+/-0.1	27,741	+/-530	62.7%	+/-1.2
Civilian labor force	4,750,587	+/-9,156	58.7%	+/-0.1	27,741	+/-530	62.7%	+/-1.2
Employed	4,384,698	+/-9,423	54.1%	+/-0.1	26,381	+/-546	59.6%	+/-1.2
Own children under 6 years	1,338,581	+/-3,079	1,338,581	(X)	6,627	+/-205	6,627	(X)
All parents in family in labor force	827,605	+/-6,009	61.8%	+/-0.4	4,502	+/-387	67.9%	+/-5.0
Own children 6 to 17 years	2,812,187	+/-4.274	2,812,187	(X)	16,881	+/-236	16,881	(X)
All parents in family in labor force	1,955,310	+/-8,395		+/-0.3	12,624	+/-499	74.8%	+/-2.9
COMMUTING TO WORK								
Workers 16 years and over	8,837,690	+/-14,726	8,837,690	(X)	52,493	+/-752	52,493	(X)
Car, truck, or van drove alone	4,777,615	+/-11,730	54.1%	+/-0.1	42,645	+/-852	81.2%	+/-1.2
Car, truck, or van carpooled	639,958	+/-7,520	7.2%	+/-0.1	4,949	+/-466	9.4%	+/-0.9
Public transportation (excluding taxicab)	2,355,484	+/-11,188	26.7%	+/-0.1	353	+/-108	0.7%	+/-0.2
Walked	564,197	+/-6,445	6.4%	+/-0.1	1,825	+/-295	3.5%	+/-0.6

		Nev	v York			Ontario Coun	ty, New Y	York		
Subject Census Data - 2010	Estimate	Margin of Error	Percent	Percent Margin of Error	Estimate	Margin of Error	Percent	Percent Margin of Error		
Other means	160,020	+/-3,445	1.8%	+/-0.1	516	+/-155	1.0%	+/-0.3		
Worked at home	340,416	+/-5,082	3.9%	+/-0.1	2,205	+/-281	4.2%	+/-0.5		

The tables above portrays the overall employment status of the working population within Ontario county. Over fifty percent of the working population in 2010 estimates were in the labor force (66.4%) with 66.3% being in the civilian workforce. The armed forces only represented 0.1% of the working population in Ontario county. Most families in Ontario county have all parents in the household in the labor force, higher than the rest of the state. Ontario county's unemployment rates are generally lower than the State, the region and the rest of upstate NY, a fact that is still in evidence at the present time.

		New '	York		On	tario County	, New You	·k
Subject	Estimate	Margin of Error	Percent	Percent Margin of Error	Estimate	Margin of Error	Percent	Percent Margin of Error
OCCUPATION								
Civilian employed population 16 years and over	9,051,668	+/-14,550	9,051,668	(X)	53,459	+/-736	53,459	(X)
Management, business, science, and arts occupations	3,454,414	+/-16,748	38.2%	+/-0.2	20,142	+/-676	37.7%	+/-1.2
Service occupations	1,765,054	+/-9,232	19.5%	+/-0.1	9,237	+/-575	17.3%	+/-1.0
Sales and office occupations	2,254,494	+/-9,249	24.9%	+/-0.1	12,759	+/-599	23.9%	+/-1.1
Natural resources, construction, and maintenance occupations	693,011	+/-5,841	7.7%	+/-0.1	5,044	+/-467	9.4%	+/-0.9
Production, transportation, and material moving occupations	884,695	+/-7,699	9.8%	+/-0.1	6,277	+/-556	11.7%	+/-1.0
TANDA COMPANIA								
INDUSTRY								
Civilian employed population 16 years and over	9,051,668	+/-14,550	9,051,668	(X)	53,459	+/-736	53,459	(X)
Agriculture, forestry, fishing and hunting, and mining	54,806	+/-1,803	0.6%	+/-0.1	1,040	+/-258	1.9%	+/-0.5
Construction	524,793	+/-6,131	5.8%	+/-0.1	3,640	+/-399	6.8%	+/-0.7
Manufacturing	638,955	+/-5,287	7.1%	+/-0.1	7,368	+/-577	13.8%	+/-1.1
Wholesale trade	241,660	+/-3,443	2.7%	+/-0.1	1,382	+/-253	2.6%	+/-0.5
Retail trade	963,903	+/-8,729	10.6%	+/-0.1	6,516	+/-537	12.2%	+/-1.0
Transportation and warehousing, and utilities	476,450	+/-5,679	5.3%	+/-0.1	1,590	+/-251	3.0%	+/-0.5
Information	274,349	+/-3,781	3.0%	+/-0.1	1,193	+/-239	2.2%	+/-0.5
Finance and insurance, and real estate and rental and leasing	765,322	+/-5,540	8.5%	+/-0.1	2,477	+/-299	4.6%	+/-0.6

		New '	York		On	tario County	, New Yo	rk
Subject	Estimate	Margin of Error	Percent	Percent Margin of Error	Estimate	Margin of Error	Percent	Percent Margin of Error
Professional, scientific, and management, and administrative and waste management services	985,821	+/-8,478	10.9%	+/-0.1	4,546	+/-423	8.5%	+/-0.8
Educational services, and health care and social assistance	2,443,001	+/-11,806	27.0%	+/-0.1	14,953	+/-536	28.0%	+/-0.9
Arts, entertainment, and recreation, and accommodation and food services	779,398	+/-7,052	8.6%	+/-0.1	4,386	+/-419	8.2%	+/-0.8
Other services, except public administration	456,955	+/-6,836	5.0%	+/-0.1	2,419	+/-307	4.5%	+/-0.6
Public administration	446,255	+/-4,714	4.9%	+/-0.1	1,949	+/-291	3.6%	+/-0.5
CLASS OF WORKER								
Civilian employed population 16 years and over	9,051,668	+/-14,550	9,051,668	(X)	53,459	+/-736	53,459	(X)
Private wage and salary workers	6,973,058	+/-15,793	77.0%	+/-0.1	41,473	+/-784	77.6%	+/-1.1
Government workers	1,514,208	+/-11,852	16.7%	+/-0.1	8,212	+/-539	15.4%	+/-1.0
Self-employed in own not incorporated business workers	553,818	+/-5,437	6.1%	+/-0.1	3,720	+/-440	7.0%	+/-0.8
Unpaid family workers	10,584	+/-726	0.1%	+/-0.1	54	+/-36	0.1%	+/-0.1

The largest area of occupation within Ontario county is management, business, science and art at 37.7%, followed by office and sales occupations at 23.9%. The largest industry within Ontario county is educational services, health care and social assistance at 28.0%, followed by manufacturing at 13.8%. Agriculture, foresting, fishing, hunting and mining only account for 1.9% of the industry within Ontario county. This can be surprising due to the rural classification of Ontario county, attesting to the fact that Ontario county has greater number of urban pockets as compared to the other network counties as a whole. This places Ontario county in a unique situation when it comes to providing adequate and accessible care because it must cater to both its urban and rural nature.

8. Income/Socioeconomic Factors

		New '	York		Ontario County, New York				
Subject Census Data - 2010	Estimate	Margin of Error	Percent	Percent Margin of Error	Estimate	Margin of Error	Percent	Percent Margin of Error	
INCOME AND BENEFITS (IN 2011 INFLATION-ADJUSTED DOLLARS)									
Total households	7,215,687	+/-12,387	7,215,687	(X)	43,474	+/-519	43,474	(X)	
Less than \$10,000	569,093	+/-5,386	7.9%	+/-0.1	1,829	+/-329	4.2%	+/-0.7	
\$10,000 to \$14,999	377,349	+/-3,901	5.2%	+/-0.1	2,006	+/-278	4.6%	+/-0.6	
\$15,000 to \$24,999	714,075	+/-5,832	9.9%	+/-0.1	4,650	+/-395	10.7%	+/-0.9	

		New '	York		C	ntario County,	New York	-
Subject Census Data - 2010	Estimate	Margin of Error	Percent	Percent Margin of Error	Estimate	Margin of Error	Percent	Percent Margin of Error
\$25,000 to \$34,999	668,253			+/-0.1	4,439	+/-382	10.2%	+/-0.9
\$35,000 to \$49,999	882,191	+/-6,484	12.2%	+/-0.1	5,977	+/-487	13.7%	+/-1.1
\$50,000 to \$74,999	1,233,315	+/-7,100	17.1%	+/-0.1	9,342	+/-541	21.5%	+/-1.2
\$75,000 to \$99,999	875,786	+/-6,414	12.1%	+/-0.1	5,889	+/-433	13.5%	+/-1.0
\$100,000 to \$149,999	1,002,264	+/-7,457	13.9%	+/-0.1	6,238	+/-430	14.3%	+/-1.0
\$150,000 to \$199,999	421,066	+/-4,105	5.8%	+/-0.1	1,632	+/-228	3.8%	+/-0.5
\$200,000 or more	472,295	+/-4,921	6.5%	+/-0.1	1,472	+/-240	3.4%	+/-0.6
Median household income (dollars)	56,951	+/-190	(X)	(X)	57,069	+/-1,664	(X)	(X)
Mean household income (dollars)	82,698	+/-295	(X)	(X)	72,150	+/-2,019	(X)	(X)
With earnings	5,655,471	+/-11,154	78.4%	+/-0.1	34,489	+/-590	79.3%	+/-1.0
Mean earnings (dollars)	86,328	+/-323	(X)	(X)	71,067	+/-2,125	(X)	(X)
With Social Security	2,026,768	+/-8,216	28.1%	+/-0.1	13,206	+/-367	30.4%	+/-0.9
Mean Social Security income (dollars)	16,581	+/-38	(X)	(X)	17,504	+/-446	(X)	(X)
With retirement income	1,264,147	+/-7,877	17.5%	+/-0.1	9,613	+/-442	22.1%	+/-1.0
Mean retirement income (dollars)	23,831	+/-191	(X)	(X)	21,219	+/-1,066	(X)	(X)
With Supplemental Security Income	379,518	+/-3,960	5.3%	+/-0.1	1,416	+/-230	3.3%	+/-0.5
Mean Supplemental Security Income (dollars)	8,697	+/-59	(X)	(X)	9,972	+/-938	(X)	(X)
With cash public assistance income	227,160	+/-3,271	3.1%	+/-0.1	1,078	+/-220	2.5%	+/-0.5
Mean cash public assistance income (dollars)	3,905	+/-60	(X)	(X)	4,680	+/-1,142	(X)	(X)
With Food Stamp/SNAP benefits in the past 12 months	890,240	+/-6,149	12.3%	+/-0.1	3,236	+/-334	7.4%	+/-0.8
Families	4,656,855	+/-13,137	4,656,855	(X)	28,405	+/-594	28,405	(X)
Less than \$10,000	227,940	+/-3,536	4.9%	+/-0.1	572	+/-158	2.0%	+/-0.5
\$10,000 to \$14,999	160,085	+/-2,788	3.4%	+/-0.1	581	+/-156	2.0%	+/-0.5
\$15,000 to \$24,999	358,954	+/-3,828	7.7%	+/-0.1	1,664	+/-256	5.9%	+/-0.9
\$25,000 to \$34,999	384,623	+/-4,758	8.3%	+/-0.1	2,224	+/-269	7.8%	+/-0.9
\$35,000 to \$49,999	550,723	+/-4,649	11.8%	+/-0.1	3,690	+/-374	13.0%	+/-1.3
\$50,000 to \$74,999	821,507	+/-5,412	17.6%	+/-0.1	6,679	+/-507	23.5%	+/-1.7

		New '	York		C	Intario County,	New York	-
Subject Census Data - 2010	Estimate	Margin of Error	Percent	Percent Margin of Error	Estimate	Margin of Error	Percent	Percent Margin of Error
\$75,000 to \$99,999	639,156	+/-6,375	13.7%	+/-0.1	4,671	+/-404	16.4%	+/-1.5
\$100,000 to \$149,999	788,962	+/-7,185	16.9%	+/-0.1	5,539	+/-401	19.5%	+/-1.4
\$150,000 to \$199,999	343,285	+/-3,936	7.4%	+/-0.1	1,505	+/-217	5.3%	+/-0.7
\$200,000 or more	381,620	+/-4,386	8.2%	+/-0.1	1,280	+/-223	4.5%	+/-0.8
Median family income (dollars)	69,202	+/-353	(X)	(X)	70,645	+/-2,451	(X)	(X)
Mean family income (dollars)	95,697	+/-422	(X)	(X)	86,560	+/-2,853	(X)	(X)
Per capita income (dollars)	31,796	+/-118	(X)	(X)	29,293	+/-763	(X)	(X)
Nonfamily households	2,558,832	+/-8,620	2,558,832	(X)	15,069	+/-647	15,069	(X)
Median nonfamily income (dollars)	35,540	+/-223	(X)	(X)	31,660	+/-1,847	(X)	(X)
Mean nonfamily income (dollars)	55,708	+/-339	(X)	(X)	42,023	+/-2,175	(X)	(X)
Median earnings for workers (dollars)	33,377	+/-109	(X)	(X)	30,710	+/-776	(X)	(X)
Median earnings for male full-time, year- round workers (dollars)	51,051	+/-143	(X)	(X)	50,069	+/-2,123	(X)	(X)
Median earnings for female full-time, year-round workers (dollars)	42,037	+/-126	(X)	(X)	38,225	+/-1,320	(X)	(X)

Ontario County County has a population of 83,107 (or approximately 77%) who are 18 years or older. According to 2007-2011 census estimates the county has a population of 16,120 (or 15.1%) who are 65 or over, giving Ontario County a population of 99,227 who are between the ages of 16-65. Of those residents who are 18 years or older 56,995 are in the workforce with 56,937 in the civilian workforce and 58 in the armed services. Of those 56,995 residents in the labor force an average of 9.2% were unemployed between the years 2008-2010.

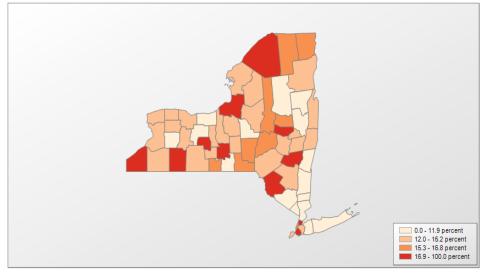
In 2010, 21.5% of households in Ontariocounty reported an income of \$50,000 to \$74,999. 4.2% of households reported earning less than \$10,000 and nearly twenty percent of households (19.5%) reported earning less than \$25,000.

Family earnings yielded similar results with 9.9% of families earning less than \$25,000. The largest bracket represented was \$50,000 to \$74,999 with 23.5% of families reporting that level of income.

Overall, living in poverty is associated with lower health status, an increased risk of having inadequate health insurance, and lower use of health services. According to the 2010 census information the median income for a household in the county was \$57,069, and the median income for a family was \$70,645. Males had a median income of \$50,069 versus \$38,225 for females. The per capita income for the county was \$29,293.

Socio-Economic Status and General Health Indicat	ors 2008-20	10 - Ontario	County	
Indicator	3 Year Total	County Rate	NYS Rate	NYS Rate exc NYC
Total population (2010)	N/A	107,931.0	N/A	N/A
% of labor force unemployed (2011)	4,050	7.2	8.2	7.6
% of population at or below poverty level (2010)	N/A	10.1	15.0	N/A
% of children ages less than 18 years at or below poverty level (2010)	N/A	14.5	21.5	N/A
Median family income in US dollars (2010)	N/A	53,137.0	54,047.0	N/A
% of children ages less than 19 years with health insurance (2010)	N/A	95.1	94.9	N/A
% of adults ages 18-64 years with health insurance (2010)	N/A	87.1	83.1	N/A
High school drop out rate	371	1.7	2.8	2.0
Age-adjusted % of adults who did not receive medical care because of cost # (2008-2009)	N/A	6.5	13.8	12.0
Age-adjusted % of adults with regular health care provider (2008-2009)	N/A	92.0	83.0	87.1
Age-adjusted % of adults who had poor mental health 14 or more days within the past month (2008-2009)	N/A	11.0	10.2	10.9
Birth rate per 1,000 population	3,198	10.1	12.7	11.2
Total mortality rate per 100,000	2,923	919.0	748.6	842.2
Age-adjusted total mortality rate per 100,000	2,923	740.6	662.8	700.5
% premature deaths (ages less than 75 years)	1,130	38.7	40.0	37.2
Years of potential life lost per 100,000	18,273	6,182.5	5,728.2	5,843.8
Total emergency department visit rate per 10,000	117,614	3,697.9	3,821.2	3,544.4
Age-adjusted total emergency department visit rate per 10,000	117,614	3,697.2	3,819.5	3,556.7
Total hospitalization rate per 10,000	34,807	1,094.4	1,290.5	1,223.2
Age-adjusted total hospitalization rate per 10,000	34,807	1,020.4	1,242.5	1,167.6

Percent of total population in poverty, 2010: New York



Perc	ent of Population in Poverty	(NYSDOH)
	All Individuals (2010)	Children Under 18 (2010)
County	Percent	Percent
US	15.3	21.6
New York	14.2	20.2
Chemung	15.6	22.7
Livingston	13.5	16.7
Monroe	15.1	21.0
Ontario	10.1	14.5
Schuyler	13.1	23.4
Seneca	14.0	22.1
Steuben	14.4	21.6
Wayne	10.6	16.3
Yates	17.0	29.0

By the statistics poverty is more of a problem for the younger aged population in Ontario county. Ontario county's poverty rate overall in 2010 was 10.1% and for children under 18 was 14.5%.

B. Health Status of the Population and Distribution of Health Issues

For the most part, morbidity data for rural counties such as Ontario County is unreliable since it is

statistically insignificant even over a three or five year period due to the very small numbers

involved. The data is more useful as a method to track the presence of the disease in the County,

rather than trends.

1. Family Planning/Natality

Family Pla	anning/Natality Indic	ators (NYSDO	H) 20	08-2010	- Onta	ario Coun	nty
Indicator	Data Links	3 Year Tota I	Count y Rate	NYS Rat e	Sig.Dif	NYS Rat e exc NYC	Sig.Dif	County Ranking Group
% of births within 24 months of previous pregnancy	(Table) (Trend) (Map)	725	22.7	18.0	Yes	21.1	No	2nd
Percentage of birth	s to teens						T	
Ages 15-17 years	(Table) (Trend) (Map)	45	1.4	1.9	No	1.9	No	1st
Ages 15-19 years	(Table) (Trend) (Map	225	7.0	6.6	No	6.8	No	2nd
% of births to women 35 years and older	(Table) (Trend) (Map)	501	15.7	19.4	Yes	19.0	Yes	3rd
Fertility rate per 1,0	000 females						•	
Total (all births/female ages 15-44 years)	(<u>Table)</u> (<u>Trend)</u> (<u>Map</u>)	3,198	54.0	60.9	Yes	58.2	Yes	2nd
Ages 10-14 years (births to mothers ages 10- 14 years/females ages 10-14 years)	(Table) (Trend) (Map)	0	0.0*	0.4	Yes	0.3	Yes	1st
Ages 15-17 years (births to mothers ages 15- 17 years/females ages 15-17 years)	(Table) (Trend) (Map)	45	6.6	12.1	Yes	10.0	Yes	1st
Ages 15-19 years (births to mothers ages 15- 19 years/females ages 15-19 years)	(<u>Table)</u> (<u>Trend)</u> (<u>Map</u>)	225	19.5	24.0	Yes	20.8	No	2nd
Ages 18-19	(Table) (Trend) (Map	180	37.6	40.3	No	35.4	No	2nd

Family Pla	anning/Natality Indic	ators (NYSDO	H) 20	08-2010	- Onta	ario Coun	ity
Indicator	Data Links	3 Year Tota I	Count y Rate	NYS Rat e	Sig.Dif	NYS Rat e exc NYC	Sig.Dif	County Ranking Group
years (births to mothers ages 18- 19 years/females ages 18-19 years))							
Pregnancy rate per 1,000 (all pregnancies/femal e 15-44 years) #	(Table) (Trend) (Map)	3,960	66.9	93.6	Yes	77.0	Yes	2nd
Teen pregnancy rat	e per 1,000 #							
Ages 10-14 years	(Table) (Trend) (Map	9	0.9*	1.4	No	0.8	No	3rd
Ages 15-17 years	(Table) (Trend) (Map	79	11.7	31.1	Yes	20.4	Yes	1st
Ages 15-19 years	(Table) (Trend) (Map	351	30.4	53.5	Yes	37.4	Yes	1st
Ages 18-19 years	(Table) (Trend) (Map)	272	56.8	84.1	Yes	60.3	No	2nd
Abortion ratio (indu	iced abortions per 100	live bi	rths)#					
Ages 15-19 years	(Table) (Trend) (Map	117	52.0	116. 3	Yes	75.7	Yes	2nd
All ages	(Table) (Trend) (Map)	625	19.5	46.6	Yes	27.7	Yes	2nd

Ontario County's pregnancy rates overall are lower than the State and regional averages, at 67.3 per

1000 for the three year period 2007 – 2009, slightly greater than the 65 per 1000 for the period 2003

to 2005. Birth rates are also lower than State and regional averages for both time periods.

Pregnancies - Rate Per 1,000 Females Age 15-44 Source: 2007-2009 Vital Statistics Data As Of March, 2011

		Preg		Population		
Region/County	2007	2008	2009	Total	2007-2009	Rate
<u>Ontario</u>	1,368	1,397	1,300	4,065	60,403	67.3
Region Total	19,567	19,724	19,375	58,666	749,316	78.3
New York State Total	391,034	385,885	378,814	1,155,733	12,177,916	94.9

In general, teenage pregnancy has been decreasing throughout Ontario county, upstate New York and New York state as a whole. For the measurement period from 2007-2009, Ontario county was lower in teenage pregnancy in every age category as compared to the region and New York state. For females age 15-19, Ontario county decreased from 33.9 per 1,000 (2005-2007) to 32.5 per 1,000 (2007-2009), over a 4% decrease.

Teenage Pregnancies (Age 10-14) - Rate Per 1,000 Females Age 10-14

Source: 2007-2009 Vital Statistics Data As Of March, 2011

	Pregn	ancies	(Age	Population		
Region/County	2007	2008	2009	Total	2007-2009	Rate
<u>Ontario</u>	1	5	3	9	10,049	0.9
Region Total	45	59	43	147	118,858	1.2
New York State Total	867	862	828	2,557	1,796,004	1.4

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

Source: 2007-2009 Vital Statistics Data As Of March, 2011

	Preg	nancie	Population			
Region/County	2007	2008	2009	Total	2007-2009	Rate
<u>Ontario</u>	131	138	107	376	11,562	32.5
Region Total	2,396	2,478	2,304	7,178	145,251	49.4
New York State Total	39,910	38,450	36,230	114,590	2,038,303	56.2

Teenage Pregnancies (Age 18-19) - Rate Per 1,000 Females Age 18-19

Source: 2007-2009 Vital Statistics Data As Of March, 2011

	Preg	nancies	Population			
Region/County	2007	2008	2009	Total	2007-2009	Rate
<u>Ontario</u>	92	108	86	286	4,843	59.1
Region Total	1,541	1,649	1,593	4,783	63,752	75.0
New York State Total	25,899	25,363	24,078	75,340	860,174	87.6

Teenage Pregnancies (Age 15-17) - Rate Per 1,000 Females Age 15-17

Source: 2007-2009 Vital Statistics Data As Of March, 2011

	Preg	nancies	Population									
Region/County	2007	2008	2009	Total	2007-2009	Rate						
<u>Ontario</u>	39	30	21	90	6,719	13.4						
Region Total	855	829	711	2,395	81,499	29.4						
New York State Total	14,011	13,087	12,152	39,250	1,178,129	33.3						

Births for Ontario County follow a similar trend to pregnancies with 54.3 per 1,000, slightly lower than the region rate of 57.7 per 1,000 and the New York state rate at 61.5 per 1,000.

Births - Rate Per 1,000 Females Age 15-44

Source: 2007-2009 Vital Statistics Data As Of March, 2011

		Bir		Population		
Region/County	2007	2008	2009	Total	2007-2009	Rate
<u>Ontario</u>	1,119	1,111	1,051	3,281	60,403	54.3
Region Total	14,614	14,348	14,249	43,211	749,316	57.7
New York State Total	252,662	249,655	246,592	748,909	12,177,916	61.5

Teenage births have risen slightly within Ontario county as compared to the last measurement period (2005-2007). Teenage births (age 15-19) increased from 20.0 per 1,000 to 21.2 per 1,000, more than a 5% increase. A significant decrease can be noted in teenage births in the 15-17 year old age category with a rate of 9.7 per 1,000 in 2005-2007 to 7.7 in 2007-2009, an almost 21% decrease. The most burdened age group for teenage birth within Ontario county is the 18-19 year old age group within an increase from 34.9 per 1,000 in 2005-2007 to 39.9 per 1,000 a 12.5% increase. Overall, teenage pregnancies and births in the adolescent age range (10-17) in Ontario county seems to be decreasing while teenage pregnancies and births to older teens (18-19) seems to be increasing.

Teenage Births (Age 10-14) - Rate Per 1,000 Females Age 10-14

Source: 2007-2009 Vital Statistics Data As Of March, 2011

	Bir	ths (A	ge 10	Population		
Region/County	2007	2008	2009	Total	2007-2009	Rate
<u>Ontario</u>	0	0	0	0	10,049	0.0
Region Total	19	28	8	55	118,858	0.5
New York State Total	193	242	207	642	1,796,004	0.4

Teenage Births (Age 15-19) - Rate Per 1,000 Females Age 15-19 Source: 2007-2009 Vital Statistics Data As Of March, 2011

	Bi	irths (A	Population			
Region/County	2007	2008	2009	Total	2007-2009	Rate
<u>Ontario</u>	82	96	67	245	11,562	21.2
Region Total	1,375	1,400	1,302	4,077	145,251	28.1
New York State Total	17,599	17,245	16,248	51,092	2,038,303	25.1

Teenage Births (Age 15-17) - Rate Per 1,000 Females Age 15-17

Source: 2007-2009 Vital Statistics Data As Of March, 2011

	Bi	rths (A	Age 15	Population		
Region/County	2007	2008	2009	Total	2007-2009	Rate
<u>Ontario</u>	19	20	13	52	6,719	7.7
Region Total	441	435	356	1,232	81,499	15.1
New York State Total	5,277	5,074	4,687	15,038	1,178,129	12.8

Teenage Births (Age 18-19) - Rate Per 1,000 Females Age 18-19

Source: 2007-2009 Vital Statistics Data As Of March, 2011

5007 CC. 2007 20	Source. 2007 2009 Vital Statistics Data Its Of March, 2011											
	В	irths (A	Population									
Region/County	2007	2008	2009	Total	2007-2009	Rate						
<u>Ontario</u>	63	76	54	193	4,843	39.9						
Region Total	934	965	946	2,845	63,752	44.6						
New York State Total	12,322	12,171	11,561	36,054	860,174	41.9						

Teenage Births (Age 15-17) - Percent of Live Births*

Source: 2007-2009 Vital Statistics Data As Of March, 2011

	Bi	rths (A	Age 15	Births*		
Region/County	2007	2008	2009	Total	2007-2009	Percent
<u>Ontario</u>	19	20	13	52	3,281	1.6
Region Total	441	435	356	1,232	43,203	2.9
New York State Total	5,277	5,074	4,687	15,038	750,012	2.0

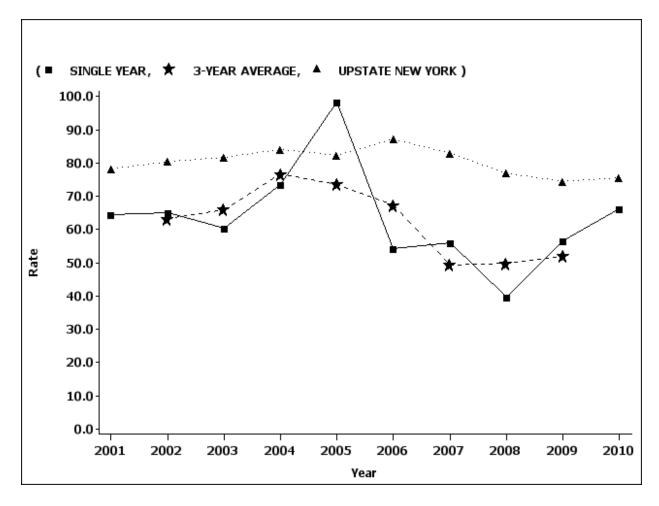
Induced abortion rates have stayed the same throughout Ontario county with a rate of 20.1 per 100 live births from 2003-2005 and a rate of 20.2 from 2007-2009.

Induced Abortions - Ratio Per 100 Live Births

Source: 2007-2009 Vital Statistics Data As Of March, 2011

	I	nduced A	S	Births		
Region/County	2007	2008	2009	Total	2007-2009	Ratio
<u>Ontario</u>	224	240	198	662	3,281	20.2
Region Total	4,498	4,893	4,629	14,020	43,211	32.4
New York State Total	120,554	118,381	115,008	353,943	748,909	47.3

Ontario County Abortion Ratio (induced abortions per 100 live births) Ages 15-19



Overall, Ontario county teenage abortion rates have stayed lower than upstate New York rates as a whole.

Ontario County/ZIP Code Perinatal Data Profile Source: 2009-2011 New York State Vital Statistics Data as of March, 2013

			Perc	ent of Bi	irths		Infa	nt and N	Neonatal D	eaths	-	Teens
ZIP Code	Total Births 2009- 2011	Premature	Low Birth Weigh t	Out of		Late or No Prenatal Care	Infant Deaths 2009- 2011		Neonatal Deaths 2009- 2011	Neonatal Deaths Rate		Teen Pregnancy
1442 4	742	12.5	7.5	42.1	40.2	0.5	3	4.0	2	2.7	17.2	32.8
1442 5	392	8.5	4.3	28.8	29.3	0.3	2	5.1	2	5.1	12.6	25.3
1443 2	161	14.6	4.3	39.1	42.9	1.2	2	12.4	2	12.4	22.9	27.8
1445 6	622	10.7	7.2	56.2	58.2	0.3	4	6.4	4	6.4	22.4	37.4
1446 6	43	7.3	14.0	39.5	39.5	0.0	0	0.0	0	0.0	10.3	25.6
1446	171	9.9	8.2	31.6	39.2	1.2	2	11.7	2	11.7	8.1	19.3

			Perd	ent of Bi	irths		Infa	nt and N	leonatal D	eaths	Teens	
ZIP Code	Total Births 2009- 2011	Premature Births	Low Birth Weigh t	Out of		Late or No Prenatal Care	Deaths		Neonatal Deaths 2009- 2011	Neonatal Deaths Rate		Teen Pregnancy
9												
1447 1	49	21.7	16.3	34.7	40.8	0.0	1	20.4	1	20.4	0.0	8.0
1450 4	60	8.9	6.7	46.7	58.3	0.0	0	0.0	0	0.0	29.0	43.5
1451 2	127	11.8	7.1	44.4	45.2	0.0	1	7.9	1	7.9	20.8	39.6
1453 2	139	7.4	6.5	30.2	36.7	0.0	1	7.2	1	7.2	20.5	36.5
1454 8	118	12.7	9.3	45.8	46.6	2.6	1	8.5	0	0.0	27.0	31.9
1456 0	68	10.8	10.3	35.3	45.6	0.0	0	0.0	0	0.0	15.4	20.5
1456 1	111	9.3	7.2	27.0	53.2	0.0	1	9.0	0	0.0	17.9	17.9
1456 4	368	9.6	7.1	15.2	15.8	0.0	2	5.4	1	2.7	6.0	13.5
Total	3,17 8	10.9	7.2	38.3	40.7	0.5	20	6.3	16	5.0	16.8	29.1

Low Birthweight Births (<2500 Grams) - Percent of Live Births*

Source: 2007-2009 Vital Statistics Data As Of March, 2011

	Bir	ths <25	500 Gra	ms	Births*	
Region/County	2007	2008	2009	Total	2007-2009	Percent
Chemung	92	76	98	266	3,034	8.8
<u>Livingston</u>	36	32	33	101	1,765	5.7
<u>Monroe</u>	694	702	740	2,136	25,962	8.2
<u>Ontario</u>	80	59	59	198	3,280	6.0
<u>Schuyler</u>	15	15	13	43	519	8.3
<u>Seneca</u>	29	11	19	59	1,136	5.2
<u>Steuben</u>	83	64	77	224	3,322	6.7
<u>Wayne</u>	62	81	77	220	3,227	6.8
<u>Yates</u>	15	8	18	41	952	4.3
Region Total	1,106	1,048	1,134	3,288	43,197	7.6
New York State Total	20,560	20,471	20,226	61,257	748,245	8.2

Very Low Birthweight Births (<1500 Grams) - Percent of Live Births*

Source: 2007-2009 Vital Statistics Data As Of March, 2011

	Bir	ths <1	500 G	Births*		
Region/County	2007	2008	2009	Total	2007-2009	Percent
Chemung	22	9	20	51	3,034	1.7
<u>Livingston</u>	10	10	4	24	1,765	1.4
<u>Monroe</u>	144	150	157	451	25,962	1.7

<u>Ontario</u>	10	7	9	26	3,280	0.8
Schuyler	3	4	1	8	519	1.5
<u>Seneca</u>	7	2	2	11	1,136	1.0
<u>Steuben</u>	19	12	19	50	3,322	1.5
<u>Wayne</u>	15	17	12	44	3,227	1.4
Yates	1	5	1	7	952	0.7
Region Total	231	216	225	672	43,197	1.6
New York State Total	3,716	3,733	3,763	11,212	748,245	1.5

Short Gestation (<37 Weeks) - Percent of Live Births*

	В	irths <3	37 Weel	ks	Births*	
Region/County	2007	2008	2009	Total	2007-2009	Percent
Chemung	159	116	119	394	2,939	13.4
<u>Livingston</u>	66	54	44	164	1,690	9.7
<u>Monroe</u>	851	803	817	2,471	23,591	10.5
<u>Ontario</u>	106	115	104	325	3,096	10.5
<u>Schuyler</u>	24	18	22	64	496	12.9
<u>Seneca</u>	40	22	27	89	1,087	8.2
<u>Steuben</u>	146	106	96	348	3,185	10.9
<u>Wayne</u>	110	92	101	303	2,957	10.2
<u>Yates</u>	28	20	24	72	917	7.9
Region Total	1,530	1,346	1,354	4,230	39,958	10.6
New York State Total	30,222	28,978	28,979	88,179	719,747	12.3

Overall, low birth weight and short gestation are not major problems within Ontario county with rates around the average or lower than region and New York state rates as a whole. Perinatal data shows fluctuations in Zip code of births throughout the state from the lowest three year (2009-2011) total of 43births ranging to 742 births. Fluctuations could be accounted to higher population areas.

2. Respiratory Disease

	Respiratory Disease Indicators (NYSDOH) 2008-2010 - Ontario County											
Indicator	Data Links	3 Year Total	County Rate	NYS Rate	Sig.Dif.	NYS Rate exc NYC	Sig.Dif.	County Ranking Group				
CLRD mortality rate per 100,000												
Crude	(Table) (Trend) (Map)	165	51.9	34.7	Yes	46.0	No	2nd				
Age-adjusted	(Table) (Trend) (Map)	165	42.0	31.1	Yes	38.5	No	2nd				
CLRD hospitalization rat	CLRD hospitalization rate per 10,000											
Crude	(Table) (Trend) (Map)	979	30.8	39.3	Yes	35.2	Yes	1st				
Age-adjusted	(Table) (Trend) (Map)	979	25.8	37.5	Yes	31.7	Yes	1st				

	Respiratory Disease In	dicators (N	NYSDOH)	2008-20	10 - Onta	rio County		
Indicator	Data Links	3 Year Total	County Rate	NYS Rate	Sig.Dif.	NYS Rate exc NYC	Sig.Dif.	County Ranking Group
Asthma hospitalization ra	ate per 10,000							
Crude	(Table) (Trend) (Map)	204	6.4	20.3	Yes	12.4	Yes	1st
Age-adjusted	(Table) (Trend) (Map)	204	6.2	20.3	Yes	12.3	Yes	1st
Ages 0-4 years	(Table) (Trend) (Map)	25	14.5	58.8	Yes	36.1	Yes	1st
Ages 5-14 years	(Table) (Trend) (Map)	19	4.8	20.9	Yes	11.2	Yes	1st
Ages 0-17 years	(Table) (Trend) (Map)	46	6.5	29.0	Yes	16.1	Yes	1st
Ages 5-64 years	(Table) (Trend) (Map)	135	5.3	15.4	Yes	9.5	Yes	1st
Ages 15-24 years	(Table) (Trend) (Map)	8	1.8*	7.5	Yes	4.1	Yes	1st
Ages 25-44 years	(Table) (Trend) (Map)	33	4.4	10.8	Yes	8.1	Yes	1st
Ages 45-64 years	(Table) (Trend) (Map)	75	7.9	21.8	Yes	12.6	Yes	1st
Ages 65 years +	(Table) (Trend) (Map)	44	9.2	32.2	Yes	19.2	Yes	1st
Asthma mortality rate per	r 100,000	•	•		•		•	
Crude	(Table) (Trend) (Map)	0	0.0*	1.3	Yes	0.9	Yes	1st
Age-adjusted	(Table) (Trend) (Map)	0	0.0*	1.2	Yes	0.7	Yes	1st
Age-adjusted % of adults with current asthma (2008-2009)	(Table) (Map)	N/A	9.5	9.7	No	10.1	No	2nd

The New York State Department of Health presents data using the last three years of available data for the numerator, and the three-year average for the county and state rates. The mid-year population was used for the denominator in generating these rates. County rates are compared to New York State and New York State excluding New York City, and tested to see whether the two rates are significantly different at the 95% level. A quartile ranking of the county rate, in relation to the rates of all 62 New York State counties, is also included (1- most favorable to 4- least favorable). As seen above, Ontario county falls within the 1st or 2nd quartile for all respiratory disease indicators, showing a favorable status as compared to the rest of New York State. When considering asthmashospitalization rates within Ontario County, the most burdened age group are those 0-4 years of age at 14.5 per 10,000. Although this is significantly lower than the state rate, it is more than double that of almost all other age groups.

Asthma Emergency Department (ED) Visits - Rate per 10,000 Population, Age 0-4 Source: 2007-2009 Emergency Department Data as of February, 2011

		ED V	Visits	Population	Average	
Region/County	2007	2008	2009	Total	2008	Rate
<u>Ontario</u>	41	46	62	149	5,591	88.8
Region Total	1,059	1,007	1,086	3,152	70,316	149.4
New York State Total	26,291	25,827	27,063	79,181	1,208,495	218.4

Asthma Emergency Department (ED) Visits - Rate per 10,000 Population, Age 5-14

Source: 2007-2009 Emergency Department Data as of February, 2011

		ED V	Visits	Population	Average	
Region/County	2007	2008	2009	Total	2008	Rate

<u>Ontario</u>	64	58	82	204	12,339	55.1
Region Total	1,069	987	1,204	3,260	151,815	71.6
New York State Total	30,664	28,963	31,705	91,332	2,395,645	127.1

Asthma Emergency Department (ED) Visits - Rate per 10,000 Population, Age 0-14

Source: 2007-2009 Emergency Department Data as of February, 2011

		ED	Visits	Population	Average	
Region/County	2007	2008	2009	Total	2008	Rate
<u>Ontario</u>	105	104	144	353	17,930	65.6
Region Total	2,128	1,994	2,290	6,412	222,131	96.2
New York State Total	56,955	54,790	58,768	170,513	3,604,140	157.7

Asthma Emergency Department (ED) Visits - Rate per 10,000 Population, Age 0-17

Source: 2007-2009 Emergency Department Data as of February, 2011

		ED	Visits	Population	Average	
Region/County	2007	2008	2009	Total	2008	Rate
<u>Ontario</u>	121	120	162	403	22,408	59.9
Region Total	2,417	2,290	2,574	7,281	277,457	87.5
New York State Total	63,043	60,393	64,812	188,248	4,408,016	142.4

Asthma Emergency Department (ED) Visits - Rate per 10,000 Population, Age 15-24

Source: 2007-2009 Emergency Department Data as of February, 2011

		ED V	Visits	Population	Average	
Region/County	2007 2008 2009 Total			2008	Rate	
<u>Ontario</u>	89	93	100	282	15,063	62.4
Region Total	1,148	1,188	1,231	3,567	196,383	60.5
New York State Total	22,680	22,377	24,191	69,248	2,802,996	82.3

Asthma Emergency Department (ED) Visits - Rate per 10,000 Population, Age 25-44

Source: 2007-2009 Emergency Department Data as of February, 2011

		ED	Visits	Population	Average	
Region/County	2007	2008	2008	Rate		
<u>Ontario</u>	150	133	124	407	26,431	51.3
Region Total	1,795	1,850	2,022	5,667	313,827	60.2
New York State Total	41,128	41,738	41,626	124,492	5,355,235	77.5

Asthma Emergency Department (ED) Visits - Rate per 10,000 Population, Age 45-64

Source: 2007-2009 Emergency Department Data as of February, 2011

		ED V	Visits	Population	Average	
Region/County	2007	2008	2009	Total	2008	Rate
<u>Ontario</u>	88	74	90	252	29,895	28.1
Region Total	1,156	1,246	1,269	3,671	345,829	35.4
New York State Total	31,416	33,321	34,275	99,012	5,120,254	64.5

Asthma Emergency Department (ED) Visits - Rate per 10,000 Population, Age 18-64 Source: 2007-2009 Emergency Department Data as of February, 2011

		ED	Visits	Population	Average	
Region/County	2007	2008	2009	Total	2008	Rate
<u>Ontario</u>	311	284	296	891	66,911	44.4
Region Total	3,810	3,988	4,238	12,036	800,713	50.1
New York State Total	89,136	91,833	94,048	275,017	12,474,609	73.5

Asthma Emergency Department (ED) Visits - Rate per 10,000 Population, Age 65+

Source: 2007-2009 Emergency Department Data as of February, 2011

		ED	Visits	Population	Average	
Region/County	2007 2008		2009	Total	2008	Rate
<u>Ontario</u>	26	25	25	76	15,156	16.7
Region Total	327	368	343	1,038	175,797	19.7
New York State Total	7,853	8,534	8,202	24,589	2,607,672	31.4

Asthma Emergency Department (ED) Visits - Rate per 10,000 Population, Total

Source: 2007-2009 Emergency Department Data as of February, 2011

		ED V	/isits		Population	Crude	Adjusted
Region/County	2007	2008	2009	Total	2008	Average Rate	Average Rate
<u>Ontario</u>	458	429	483	1,370	104,475	43.7	46.6
Region Total	6,554	6,646	7,155	20,355	1,253,967	54.1	57.6
New York State Total	160,032	160,760	167,062	487,854	19,490,297	83.4	86.7

Chronic Lower Respiratory Disease - Deaths and Death Rates Per 100,000 Residents Source: 2007-2009 Vital Statistics Data as of March, 2011

		De	aths		Population	Crude	Adjusted
Region/County	2007	2008	2009	Total	2008	Rate	Rate
Reg-2 Finger Lakes							
Chemung	81	77	88	246	87,813	93.4	71.5
Livingston	35	40	42	117	63,154	61.8	57.6
Monroe	259	272	267	798	732,762	36.3	31.2
Ontario	54	54	51	159	104,475	50.7	42.4
Schuyler	13	15	11	39	18,888	68.8	52.5
Seneca	26	23	19	68	34,086	66.5	54.7
Steuben	69	52	69	190	96,573	65.6	51.3
Wayne	47	54	59	160	91,564	58.2	54.0
Yates	16	14	19	49	24,652	66.3	50.0
Region Total	600	601	625	1,826	1,253,967	48.5	41.2
New York State Total	6,466	6,841	6,661	19,968	19,490,297	34.2	30.7

3. Injury, Suicide and Homicide

Suicide - Deaths and Death Rates Per 100,000 Residents

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

		Dea	aths		Population	Crude	Adjusted
Region/County	2007	2008	2009	Total	2008	Rate	Rate

<u>Ontario</u>	9	7	12	28	104,475	8.9	8.7
Region Total	118	111	121	350	1,253,967	9.3	8.9
New York State Total	1,375	1,391	1,257	4,023	19,490,297	6.9	6.6

Adolescent/Young Adult Suicide (Age 15-19) - Deaths and Death Rates Per 100,000 Residents Age 15-19

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

		Dea	aths	Population	Crude	
Region/County	2007	2008	2009	Total	2008	Rate
Chemung	3	0	0	3	6,151	16.3
Livingston	0	0	0	0	5,815	0.0
<u>Monroe</u>	2	0	1	3	60,525	1.7
<u>Ontario</u>	0	0	1	1	7,626	4.4
Schuyler	0	0	0	0	1,443	0.0
<u>Seneca</u>	0	0	0	0	2,253	0.0
<u>Steuben</u>	0	1	1	2	6,625	10.1
Wayne	0	0	2	2	6,666	10.0
Yates	0	0	0	0	2,107	0.0
Region Total	5	1	5	11	99,211	3.7
New York State Total	54	46	58	158	1,403,050	3.8

Education regarding injury prevention of all age groups in Ontario County is accomplished through various county government departments as well as community based organizations. At the present time, Ontario County Public Health emphasis in this discipline is through education of young families through proper use of child safety car seats. The new 2008 BRFSS data indicates the County is on par with NYS rates of injuries due to falls. With respect to the incidence of unintentional injuries and mortality from unintentional injuries, Ontario County in general has rates higher than the state and the region. Rates related to homicide and assault are lower.

Homicide - Deaths and Death Rates Per 100,000 Residents Source: 2007-2009 Vital Statistics Data as of March, 2011

		Dea	aths		Population	Crude	Adjusted
Region/County	2007 2008 20		2009	Total	2008	Rate	Rate
Chemung	1	4	1	6	87,813	2.3	2.3
Livingston	1	1	1	3	63,154	1.6	1.9
<u>Monroe</u>	54	47	31	132	732,762	6.0	6.0
<u>Ontario</u>	5	1	4	10	104,475	3.2	3.7
Schuyler	0	0	0	0	18,888	0.0	0.0
<u>Seneca</u>	1	0	0	1	34,086	1.0	0.9
<u>Steuben</u>	2	0	1	3	96,573	1.0	1.1
Wayne	2	1	0	3	91,564	1.1	1.1
Yates	0	0	1	1	24,652	1.4	1.7
Region Total	66	54	39	159	1,253,967	4.2	4.3
New York State Total	832	857	804	2,493	19,490,297	4.3	4.3

Self-inflicted Injury - Discharge Rate Per 10,000 Population

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

		Discl	narges		Population	Crude	Adjusted
Region/County	2007	2007 2008 2009 Total		2008	Rate	Rate	
Chemung	143	103	119	365	87,813	13.9	14.3
<u>Livingston</u>	39	48	50	137	63,154	7.2	6.8
<u>Monroe</u>	531	652	592	1,775	732,762	8.1	8.1
<u>Ontario</u>	53	63	50	166	104,475	5.3	5.4
Schuyler	9	15	6	30	18,888	5.3	5.4
<u>Seneca</u>	18	16	15	49	34,086	4.8	4.7
<u>Steuben</u>	64	52	64	180	96,573	6.2	6.5
Wayne	49	58	53	160	91,564	5.8	5.9
<u>Yates</u>	8	9	18	35	24,652	4.7	5.2
Region Total	914	1,016	967	2,897	1,253,967	7.7	7.7
New York State Total	9,420	9,943	9,714	29,077	19,490,297	5.0	4.9

Self-inflicted Injury (Age 15-19) - Discharge Rate Per 10,000 Population Age 15-19 Source: 2007-2009 SPARCS Data as of Februay, 2011

		Disch	arges	,	Population	Crude
Region/County	2007	2008	2009	Total	2008	Rate
Chemung	22	15	12	49	6,151	26.6
<u>Livingston</u>	4	5	6	15	5,815	8.6
<u>Monroe</u>	56	79	62	197	60,525	10.8
<u>Ontario</u>	1	13	2	16	7,626	7.0
<u>Schuyler</u>	2	0	2	4	1,443	9.2
<u>Seneca</u>	0	2	0	2	2,253	3.0
<u>Steuben</u>	6	4	8	18	6,625	9.1
<u>Wayne</u>	9	4	7	20	6,666	10.0
Yates	1	2	2	5	2,107	7.9
Region Total	101	124	101	326	99,211	11.0
New York State Total	1,229	1,324	1,299	3,852	1,403,050	9.2

Assault - Discharge Rate Per 10,000 Population Source: 2007-2009 SPARCS Data as of Februray, 2011

		Discl	narges		Population	Crude	Adjusted
Region/County	2007	2008 2009 Total		2008	Rate	Rate	
Chemung	21	21	24	66	87,813	2.5	2.5
<u>Livingston</u>	6	3	11	20	63,154	1.1	1.0
Monroe	291	310	282	883	732,762	4.0	4.0
<u>Ontario</u>	12	14	10	36	104,475	1.1	1.2
Schuyler	1	1	1	3	18,888	0.5	0.5
<u>Seneca</u>	4	7	4	15	34,086	1.5	1.5
<u>Steuben</u>	9	15	8	32	96,573	1.1	1.2
Wayne	14	15	12	41	91,564	1.5	1.6
<u>Yates</u>	0	4	3	7	24,652	0.9	1.1
Region Total	358	390	355	1,103	1,253,967	2.9	3.0

New York State Total 9,205 9,426 8,860 27,49	1 19,490,297 4	.7 4.7
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Unintentional Injury - Deaths and Death Rates Per 100,000 Residents

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

		De	aths		Population	Crude	Adjusted
Region/County	2007	2007 2008 2009 Total		2008	Rate	Rate	
Chemung	22	39	32	93	87,813	35.3	30.1
<u>Livingston</u>	17	25	20	62	63,154	32.7	29.9
<u>Monroe</u>	203	217	165	585	732,762	26.6	24.0
<u>Ontario</u>	32	40	31	103	104,475	32.9	28.9
<u>Schuyler</u>	3	10	4	17	18,888	30.0	27.0
<u>Seneca</u>	13	8	18	39	34,086	38.1	33.8
<u>Steuben</u>	56	36	32	124	96,573	42.8	38.7
<u>Wayne</u>	36	37	28	101	91,564	36.8	35.6
Yates	11	9	7	27	24,652	36.5	35.5
Region Total	393	421	337	1,151	1,253,967	30.6	27.6
New York State Total	4,914	4,988	4,267	14,169	19,490,297	24.2	22.8

Unintentional Injury - Discharge Rate Per 10,000 Population

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

		Disch	arges		Population	Crude	Adjusted
Region/County	2007	2008	2009	Total	2008	Rate	Rate
Chemung	785	715	769	2,269	87,813	86.1	73.4
<u>Livingston</u>	397	456	449	1,302	63,154	68.7	64.9
<u>Monroe</u>	4,570	4,934	5,130	14,634	732,762	66.6	60.3
<u>Ontario</u>	706	760	759	2,225	104,475	71.0	62.2
<u>Schuyler</u>	149	148	125	422	18,888	74.5	61.9
<u>Seneca</u>	230	270	259	759	34,086	74.2	65.2
<u>Steuben</u>	837	790	815	2,442	96,573	84.3	73.2
<u>Wayne</u>	597	631	638	1,866	91,564	67.9	64.7
<u>Yates</u>	187	212	178	577	24,652	78.0	65.9
Region Total	8,458	8,916	9,122	26,496	1,253,967	70.4	63.2
New York State Total	133,793	134,624	135,969	404,386	19,490,297	69.2	64.6

Unintentional Injury (Age 65+) - Discharge Rate Per 10,000 Population Age 65+ Source: 2007-2009 SPARCS Data as of February, 2011

		Discl	narges	Population	Crude	
Region/County	2007	2008	2009	Total	2008	Rate
Chemung	434	403	452	1,289	13,467	319.1
Livingston	197	246	229	672	8,146	275.0
Monroe	2,442	2,598	2,739	7,779	99,525	260.5
<u>Ontario</u>	406	453	445	1,304	15,156	286.8
Schuyler	83	91	83	257	3,027	283.0
Seneca	117	155	152	424	4,989	283.3
<u>Steuben</u>	443	445	462	1,350	15,010	299.8
Wayne	295	337	308	940	12,372	253.3
Yates	106	135	99	340	4,105	276.1

Region Total	4,523	4,863	4,969	14,355	175,797	272.2
New York State Total	65,858	68,098	69,055	203,011	2,607,672	259.5

Unintentional Falls - Discharge Rate Per 10,000 Population

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

		Discl	narges		Population	Crude	Adjusted
Region/County	2007	2008	2009	Total	2008	Rate	Rate
Chemung	500	444	490	1,434	87,813	54.4	43.3
<u>Livingston</u>	216	256	252	724	63,154	38.2	35.8
<u>Monroe</u>	2,712	2,918	3,017	8,647	732,762	39.3	34.1
<u>Ontario</u>	449	479	461	1,389	104,475	44.3	37.3
<u>Schuyler</u>	98	93	84	275	18,888	48.5	37.3
<u>Seneca</u>	125	146	165	436	34,086	42.6	35.7
<u>Steuben</u>	496	461	479	1,436	96,573	49.6	40.7
<u>Wayne</u>	329	372	346	1,047	91,564	38.1	35.4
<u>Yates</u>	113	131	107	351	24,652	47.5	38.2
Region Total	5,038	5,300	5,401	15,739	1,253,967	41.8	35.9
New York State Total	75,734	77,511	78,872	232,117	19,490,297	39.7	36.1

Unintentional Falls (Age 25-64) - Discharge Rate Per 10,000 Population Age 25-64

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

		Disch	Population	Crude		
Region/County	2007	2008	2009	Total	2008	Rate
Chemung	123	103	124	350	46,718	25.0
<u>Livingston</u>	47	58	63	168	32,708	17.1
<u>Monroe</u>	590	681	696	1,967	380,848	17.2
<u>Ontario</u>	101	94	90	285	56,326	16.9
<u>Schuyler</u>	21	17	11	49	10,178	16.0
<u>Seneca</u>	33	27	24	84	18,760	14.9
<u>Steuben</u>	123	115	108	346	52,190	22.1
<u>Wayne</u>	75	77	89	241	49,870	16.1
<u>Yates</u>	29	23	21	73	12,058	20.2
Region Total	1,142	1,195	1,226	3,563	659,656	18.0
New York State Total	19,031	19,310	20,124	58,465	10,475,489	18.6

Unintentional Falls (Age 65-74) - Discharge Rate Per 10,000 Population Age 65-74 Source: 2007-2009 SPARCS Data as of February, 2011

		Discl	narges		Population	Crude
Region/County	2007	2008	2009	Total	2008	Rate
Chemung	71	55	80	206	6,352	108.1
<u>Livingston</u>	31	33	28	92	4,232	72.5
<u>Monroe</u>	336	357	358	1,051	49,123	71.3
<u>Ontario</u>	56	68	84	208	7,868	88.1
Schuyler	13	16	16	45	1,601	93.7
<u>Seneca</u>	10	15	23	48	2,432	65.8
<u>Steuben</u>	67	66	71	204	7,692	88.4

<u>Wayne</u>	40	53	56	149	6,796	73.1
Yates	17	19	13	49	2,153	75.9
Region Total	641	682	729	2,052	88,249	77.5
New York State Total	9,950	10,213	10,911	31,074	1,332,093	77.8

Unintentional Falls (Age 75-84) - Discharge Rate Per 10,000 Population Age 75-84

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

		Disch	arges		Population	Crude
Region/County	2007	2008	2009	Total	2008	Rate
Chemung	152	134	139	425	4,858	291.6
<u>Livingston</u>	62	61	62	185	2,749	224.3
<u>Monroe</u>	786	754	784	2,324	33,389	232.0
<u>Ontario</u>	125	142	113	380	5,076	249.5
<u>Schuyler</u>	26	21	23	70	957	243.8
<u>Seneca</u>	36	39	55	130	1,844	235.0
<u>Steuben</u>	152	135	138	425	5,120	276.7
<u>Wayne</u>	82	114	81	277	3,941	234.3
<u>Yates</u>	31	45	32	108	1,392	258.6
Region Total	1,452	1,445	1,427	4,324	59,326	243.0
New York State Total	20,611	20,659	20,427	61,697	877,625	234.3

Unintentional Falls (Age 85+) - Discharge Rate Per 10,000 Population Age 85+

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

Source, 2007				- J		Cmida
		Disci	arges		Population	Crude
Region/County	2007	2008	2009	Total	2008	Rate
Chemung	133	139	135	407	2,257	601.1
<u>Livingston</u>	60	85	84	229	1,165	655.2
<u>Monroe</u>	841	946	1,020	2,807	17,013	550.0
<u>Ontario</u>	149	154	157	460	2,212	693.2
Schuyler	34	35	31	100	469	710.7
<u>Seneca</u>	40	60	53	153	713	715.3
<u>Steuben</u>	133	123	141	397	2,198	602.1
<u>Wayne</u>	104	107	99	310	1,635	632.0
Yates	30	39	31	100	560	595.2
Region Total	1,524	1,688	1,751	4,963	28,222	586.2
New York State Total	20,609	22,152	22,292	65,053	397,954	544.9

Traumatic Brain Injury - Discharge Rate Per 10,000 Population

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

		Discharges				Crude	Adjusted
Region/County	2007	2008	2009	Total	2008	Rate	Rate
Chemung	73	54	69	196	87,813	7.4	6.6
<u>Livingston</u>	40	58	52	150	63,154	7.9	7.5

<u>Monroe</u>	514	558	589	1,661	732,762	7.6	7.0
<u>Ontario</u>	60	69	83	212	104,475	6.8	6.0
<u>Schuyler</u>	13	11	9	33	18,888	5.8	5.1
<u>Seneca</u>	19	32	27	78	34,086	7.6	6.9
<u>Steuben</u>	83	83	63	229	96,573	7.9	7.4
<u>Wayne</u>	67	76	70	213	91,564	7.8	7.5
Yates	19	39	23	81	24,652	11.0	10.0
Region Total	888	980	985	2,853	1,253,967	7.6	7.0
New York State Total	18,749	18,712	19,471	56,932	19,490,297	9.7	9.3

Poisoning - Discharge Rate Per 10,000 Population Source: 2007-2009 SPARCS Data as of February, 2011

		Disch	arges		Population	Crude	Adjusted
Region/County	2007	2008	2009	Total	2008	Rate	Rate
Chemung	174	146	169	489	87,813	18.6	19.0
<u>Livingston</u>	54	75	75	204	63,154	10.8	10.4
<u>Monroe</u>	790	965	919	2,674	732,762	12.2	12.0
<u>Ontario</u>	77	78	94	249	104,475	7.9	7.7
<u>Schuyler</u>	9	18	11	38	18,888	6.7	6.5
<u>Seneca</u>	31	29	23	83	34,086	8.1	7.6
<u>Steuben</u>	122	97	135	354	96,573	12.2	12.0
Wayne	72	85	77	234	91,564	8.5	8.6
<u>Yates</u>	18	18	23	59	24,652	8.0	7.8
Region Total	1,347	1,511	1,526	4,384	1,253,967	11.7	11.5
New York State Total	18,928	20,235	20,110	59,273	19,490,297	10.1	9.9

Motor Vehicle - Deaths and Death Rates Per 100,000 Residents Source: 2007-2009 Vital Statistics Data as of March, 2011

		Dea	ths		Population	Crude	Adjusted
Region/County	2007	2008	2009	Total	2008	Rate	Rate
Chemung	5	10	4	19	87,813	7.2	7.2
<u>Livingston</u>	9	7	10	26	63,154	13.7	12.2
<u>Monroe</u>	56	30	37	123	732,762	5.6	5.4
<u>Ontario</u>	14	10	6	30	104,475	9.6	9.1
<u>Schuyler</u>	1	1	1	3	18,888	5.3	6.6
<u>Seneca</u>	8	2	5	15	34,086	14.7	13.3
<u>Steuben</u>	24	9	8	41	96,573	14.2	14.1
<u>Wayne</u>	13	13	10	36	91,564	13.1	13.5
Yates	5	4	2	11	24,652	14.9	15.7
Region Total	135	86	83	304	1,253,967	8.1	7.8
New York State Total	1,402	1,240	1,164	3,806	19,490,297	6.5	6.3

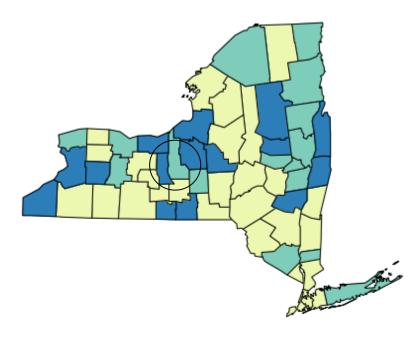
Ontario County Public Health distributes car seats and booster seats to low income families through a grant from the New York State Department of Traffic Safety. Seats are purchased with money provided through this grant. One public health nurse has become a certified technician. Certified technicians check seats for proper installation, educate parents on car seat safety, and replace damaged or otherwise inappropriate child safety

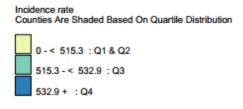
seats. We also assisted local law enforcement agencies to provide Child Safety Seat Checkpoints. In the past the health department has partnered with the Geneva Child and Family Resource Center to distribute car seats and booster seats to low-income families.

4. Cancer

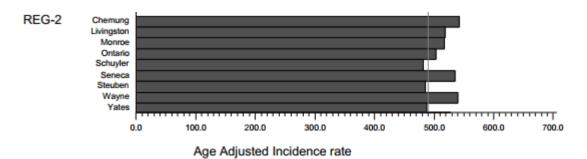
The burden of cancer within Ontario County is similar to that of the region and New York State as a whole. Specific cancers that rise to the top, with mortality rates in the 3rd or 4th quartile in Ontario County are lip, oral cavity, and pharynx cancer; lung and bronchus cancer; cervix and ovarian; prostate cancer; and melanoma cancer.

All Cancer Incidence Rate per 100,000 (2007-2009) Age Adjusted



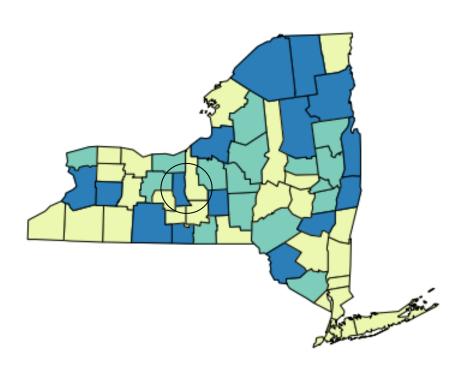


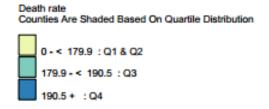
Source: 2007-2009 Cancer Registry Data As Of July, 2012

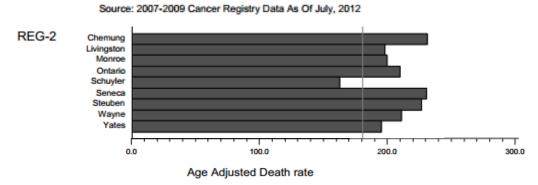


When considering cancer incidence in Ontario County, overall the county falls within the 1st and second quartile or most favorable. When comparing Ontario county to the rest of the Network counties, Ontario County has much better cancer incidence rates, the lowest of all the counties in the region. As seen below, cancer mortality rates are higher, falling within the 3rd quartile or less favorable.

All Cancers Mortality Rate per 100,000 (2007-2009) Age Adjusted







As compared to the other counties in the Network, Ontario County has much lower cancer mortality rates. Ontario county has the lowest cancer mortality rate in the region. Although cancer incidence and mortality rates are better in Ontario county that the rest of the Network region and New York State as a whole, Ontario county still falls within the 3rd quartile for cancer mortali

Indicator	Cancer Indicato	rs (NYSDOH) 2007-20	09 - Oı	ntario Co	unty				
Crude incidence per 100,000			3 Year	County	NYS	Sig.Dif.	Rate exc	Sig.Dif.	Ranking
Age-adjusted incidence per 100,000				ı	1	I	1	1	
Crude mortality rate per 100,000 Crable Crend(Map) 732 232.9 179.9 Yes 204.1 Yes 3rd Age-adjusted mortality rate per 100,000 Crable Crend(Map) 372 189.4 163.0 Yes 173.9 Yes 3rd Lip, Oral Cavity, and Pharynx Cancer Crude incidence per 100,000 Crable Crend(Map) 45 14.3 11.5 No 12.7 No 3rd Age-adjusted incidence per 100,000 Crable Crend(Map) 45 12.0 10.4 No 10.8 No 3rd Age-adjusted mortality rate per 100,000 Crable Crend(Map) 9 2.9 2.3 No 2.4 No 3rd Age-adjusted mortality rate per 100,000 Crable Crend(Map) 9 2.3 2.1 No 2.0 No 3rd Colon and rectum cancer Crude incidence per 100,000 Crable Crend(Map) 147 46.8 50.4 No 53.9 No 1st Age-adjusted mortality rate per 100,000 Crable Crend(Map) 53 16.9 17.4 No 18.5 No 2nd Age-adjusted mortality rate per 100,000 Crable Crend(Map) 53 14.0 15.7 No 15.7 No 1st Lung and bronchus cancer Crude incidence per 100,000 Crable Crend(Map) 273 86.9 69.8 Yes 83.9 No 2nd Age-adjusted mortality rate per 100,000 Crable Crend(Map) 273 71.2 63.8 No 72.2 No 2nd Age-adjusted mortality rate per 100,000 Crable Crend(Map) 273 71.2 63.8 No 72.2 No 2nd Crude mortality rate per 100,000 Crable Crend(Map) 273 71.2 63.8 No 72.2 No 2nd Age-adjusted mortality rate per 100,000 Crable Crend(Map) 274 63.9 Yes 87.9 Yes 4th Age-adjusted mortality rate per 100,000 Crable Crend(Map) 274 73.5		(Table) (Trend)(Map)	1,915			Yes	599.7	No	2nd
Age-adjusted mortality rate per 100,000		(Table) (Trend)(Map)	1,915			No	520.0	No	2nd
Lip, Oral Cavity, and Pharynx Cancer Crude incidence per 100,000 (Table) (Trend)(Map) 45 14.3 11.5 No 12.7 No 3rd Age-adjusted incidence per 100,000 (Table) (Trend)(Map) 45 12.0 10.4 No 10.8 No 3rd Age-adjusted mortality rate per 100,000 (Table) (Trend)(Map) 9 2.9* 2.3 No 2.4 No 3rd Age-adjusted mortality rate per 100,000 (Table) (Trend)(Map) 9 2.3* 2.1 No 2.0 No 3rd Colon and rectum cancer Crude incidence per 100,000 (Table) (Trend)(Map) 147 46.8 50.4 No 53.9 No 1st Age-adjusted incidence per 100,000 (Table) (Trend)(Map) 147 39.1 45.8 No 46.2 No 1st Crude mortality rate per 100,000 (Table) (Trend)(Map) 53 16.9 17.4 No 18.5 No 2nd Age-adjusted mortality rate per 100,000 (Table) (Trend)(Map) 53 14.0 15.7 No 15.7 No 15.7 No 1st Lung and bronchus cancer Crude incidence per 100,000 (Table) (Trend)(Map) 273 86.9 69.8 Yes 83.9 No 2nd Age-adjusted mortality rate per 100,000 (Table) (Trend)(Map) 273 71.2 63.8 No 72.2 No 2nd Age-adjusted mortality rate per 100,000 (Table) (Trend)(Map) 273 71.2 63.8 No 72.2 No 2nd Crude mortality rate per 100,000 (Table) (Trend)(Map) 234 74.5 46.9 Yes 57.2 Yes 4th Age-adjusted mortality rate per 100,000 (Table) (Trend)(Map) 234 74.5 46.9 Yes 57.2 Yes 4th Age-adjusted mortality rate per 100,000 (Table) (Trend)(Map) 260 162.9 147.1 No 164.9 No 3rd Age-adjusted incidence per 100,000 (Table) (Trend)(Map) 260 162.9 147.1 No 164.9 No 3rd Age-adjusted mortality rate per 100,000 (Table) (Trend)(Map) 260 127.8 126.9 No 136.1 No 3rd Age-adjusted late stage incidence per 100,000 (Table) (Trend)(Map) 9 4.7* 6.8 No 6.8 No 22.2 No 22.0 No 23.0 No 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0 24				232.9	179.9	Yes		Yes	3rd
Crude incidence per 100,000	Age-adjusted mortality rate per 100,000	(Table) (Trend)(Map)	732	189.4	163.0	Yes	173.9	Yes	3rd
Age-adjusted incidence per 100,000	Lip, Oral Cavity, and Pharynx Cancer	T							
Crude mortality rate per 100,000	Crude incidence per 100,000	(Table) (Trend)(Map)	45	14.3	11.5	No	12.7	No	3rd
Age-adjusted mortality rate per 100,000 (Table) (Trend)(Map) 9 2.3* 2.1 No 2.0 No 3rd	Age-adjusted incidence per 100,000	(Table) (Trend)(Map)	45	12.0	10.4	No	10.8	No	3rd
Colon and rectum cancer Crude incidence per 100,000 (Table) (Trend)(Map) (Table) (Tre	Crude mortality rate per 100,000	(Table) (Trend)(Map)	9	2.9*	2.3	No	2.4	No	3rd
Crude incidence per 100,000	Age-adjusted mortality rate per 100,000	(Table) (Trend)(Map)	9	2.3*	2.1	No	2.0	No	3rd
Age-adjusted incidence per 100,000 (Table) (Trend)(Map) 147 39.1 45.8 No 46.2 No 1st Crude mortality rate per 100,000 (Table) (Trend)(Map) 53 16.9 17.4 No 18.5 No 2nd Age-adjusted mortality rate per 100,000 (Table) (Trend)(Map) 53 14.0 15.7 No 15.7 No 1st Lung and bronchus cancer Crude incidence per 100,000 (Table) (Trend)(Map) 273 86.9 69.8 Yes 83.9 No 2nd Age-adjusted incidence per 100,000 (Table) (Trend)(Map) 273 71.2 63.8 No 72.2 No 2nd Crude mortality rate per 100,000 (Table) (Trend)(Map) 234 74.5 46.9 Yes 57.2 Yes 4th Age-adjusted mortality rate per 100,000 (Table) (Trend)(Map) 234 60.4 42.8 Yes 49.0 Yes 4th Female breast cancer Crude incidence per 100,000 (Table) (Trend)(Map) 260 162.9 147.1 No 164.9 No 3rd Age-adjusted incidence per 100,000 (Table) (Trend)(Map) 260 127.8 126.9 No 136.1 No 3rd Crude mortality rate per 100,000 (Table) (Trend)(Map) 37 23.2 26.7 No 28.8 No 1st Age-adjusted mortality rate per 100,000 (Table) (Trend)(Map) 37 17.6 21.7 No 22.2 No 2nd Crude late stage incidence per 100,000 (Table) (Trend)(Map) 9 5.6* 8.0 No 8.3 No 1st Age-adjusted mortality rate per 100,000 (Table) (Trend)(Map) 9 4.7* 6.8 No 6.8 No 2nd Cervix uteri cancer Crude incidence per 100,000 (Table) (Trend)(Map) 9 5.6* 8.9 No 7.9 No 1st Age-adjusted late stage incidence per 100,000 (Table) (Trend)(Map) 9 4.1* 8.3 No 7.4 No 1st Age-adjusted incidence per 100,000 (Table) (Trend)(Map) 9 4.1* 8.3 No 7.4 No 1st Crude mortality rate per 100,000 (Table) (Trend)(Map) 9 4.1* 8.3 No 7.4 No 1st Crude mortality rate per 100,000 (Table) (Trend)(Map) 9 4.1* 8.3 No 7.4 No 1st Age-adjusted mortality rate per 100,000 (Table) (Trend)(Map) 4 2.5* 2.7 No 2.2 No 3rd Age-adjusted mortality rate per 100,000 (Table) (Trend)(Map) 4 2.5* 2.7 No 2.2 No 3rd Age-adjusted mortality rate per 100,000 (Table) (Trend)(Map) 4 2.5* 2.7 No 2.2 No 3rd Age-adjusted mortality rate per 100,000 (Table) (Trend)(Map) 4 2.0* 2.3 No 1.9 No 3rd Age-adjusted mortality rate per 100,000 (Table) (Trend)(Map) 31 15.1 12.9 No 16.5 No 4th Age-adjusted incidence per 100,	Colon and rectum cancer								
Crude mortality rate per 100,000 (Table) (Trend)(Map) 53 16.9 17.4 No 18.5 No 2nd Age-adjusted mortality rate per 100,000 (Table) (Trend)(Map) 53 14.0 15.7 No 15.7 No 1st Lung and bronchus cancer Crude incidence per 100,000 (Table) (Trend)(Map) 273 86.9 69.8 Yes 83.9 No 2nd Age-adjusted incidence per 100,000 (Table) (Trend)(Map) 273 71.2 63.8 No 72.2 No 2nd Crude mortality rate per 100,000 (Table) (Trend)(Map) 234 74.5 46.9 Yes 57.2 Yes 4th Age-adjusted mortality rate per 100,000 (Table) (Trend)(Map) 234 60.4 42.8 Yes 49.0 Yes 4th Female breast cancer Crude incidence per 100,000 (Table) (Trend)(Map) 260 162.9 147.1 No 164.9 No 3rd Age-adjusted incidence per 100,000 (Table) (Trend)(Map) 260 127.8 126.9 No 136.1 No 3rd Crude mortality rate per 100,000 (Table) (Trend)(Map) 37 23.2 26.7 No 28.8 No 1st Age-adjusted mortality rate per 100,000 (Table) (Trend)(Map) 37 17.6 21.7 No 22.2 No 2nd Crude late stage incidence per 100,000 (Table) (Trend)(Map) 9 5.6* 8.0 No 8.3 No 1st Age-adjusted late stage incidence per 100,000 (Table) (Trend)(Map) 9 5.6* 8.0 No 6.8 No 2nd Cervix uteri cancer Crude incidence per 100,000 (Table) (Trend)(Map) 9 4.7* 8.3 No 7.4 No 1st Age-adjusted late stage incidence per 100,000 (Table) (Trend)(Map) 9 4.1* 8.3 No 7.4 No 1st Age-adjusted incidence per 100,000 (Table) (Trend)(Map) 9 4.1* 8.3 No 7.4 No 1st Crude mortality rate per 100,000 (Table) (Trend)(Map) 9 4.1* 8.3 No 7.4 No 1st Crude mortality rate per 100,000 (Table) (Trend)(Map) 9 4.1* 8.3 No 7.4 No 1st Crude mortality rate per 100,000 (Table) (Trend)(Map) 9 4.1* 8.3 No 7.4 No 1st Crude mortality rate per 100,000 (Table) (Trend)(Map) 4 2.5* 2.7 No 2.2 No 3rd Age-adjusted incidence per 100,000 (Table) (Trend)(Map) 4 2.5* 2.7 No 2.2 No 3rd Age-adjusted mortality rate per 100,000 (Table) (Trend)(Map) 4 2.5* 2.7 No 2.2 No 3rd Age-adjusted mortality rate per 100,000 (Table) (Trend)(Map) 4 2.5* 2.7 No 2.2 No 3rd Age-adjusted mortality rate per 100,000 (Table) (Trend)(Map) 4 2.5* 2.7 No 2.2 No 3rd Age-adjusted incidence per 100,000 (Table) (Tr	Crude incidence per 100,000	(Table) (Trend)(Map)	147	46.8	50.4	No	53.9	No	1st
Age-adjusted mortality rate per 100,000	Age-adjusted incidence per 100,000	(Table) (Trend)(Map)	147	39.1	45.8	No	46.2	No	1st
Lung and bronchus cancer Crude incidence per 100,000 (Table) (Trend)(Map) 273 86.9 69.8 Yes 83.9 No 2nd Age-adjusted incidence per 100,000 (Table) (Trend)(Map) 273 71.2 63.8 No 72.2 No 2nd Crude mortality rate per 100,000 (Table) (Trend)(Map) 234 74.5 46.9 Yes 57.2 Yes 4th Age-adjusted mortality rate per 100,000 (Table) (Trend)(Map) 234 60.4 42.8 Yes 49.0 Yes 4th Female breast cancer Crude incidence per 100,000 (Table) (Trend)(Map) 260 162.9 147.1 No 164.9 No 3rd Age-adjusted incidence per 100,000 (Table) (Trend)(Map) 37 23.2 26.7 No 28.8 No 1st Age-adjusted mortality rate per 100,000 (Table) (Trend)(Map) 37 17.6 21.7 No 22.2 No 2nd Crude late stage incidence per 100,000 (Table) (Trend)(Map) 9 5.6* 8.0 No 8.3 No 1st Age-adjusted late stage incidence per 100,000 (Table) (Trend)(Map) 9 4.7* 6.8 No 6.8 No 2nd Cervix uteri cancer Crude incidence per 100,000 (Table) (Trend)(Map) 9 5.6* 8.9 No 7.9 No 1st Age-adjusted incidence per 100,000 (Table) (Trend)(Map) 9 4.1* 8.3 No 7.4 No 1st Crude mortality rate per 100,000 (Table) (Trend)(Map) 9 4.1* 8.3 No 7.4 No 1st Crude mortality rate per 100,000 (Table) (Trend)(Map) 4 2.5* 2.7 No 2.2 No 3rd Age-adjusted incidence per 100,000 (Table) (Trend)(Map) 4 2.5* 2.7 No 2.2 No 3rd Age-adjusted mortality rate per 100,000 (Table) (Trend)(Map) 4 2.0* 2.3 No 1.9 No 3rd Ovarian cancer Crude incidence per 100,000 (Table) (Trend)(Map) 4 2.0* 2.3 No 1.9 No 3rd Ovarian cancer Crude incidence per 100,000 (Table) (Trend)(Map) 31 19.4 15.2 No 16.5 No 4th Age-adjusted incidence per 100,000 (Table) (Trend)(Map) 31 15.1 12.9 No 13.4 No 4th	Crude mortality rate per 100,000	(Table) (Trend)(Map)	53	16.9	17.4	No	18.5	No	2nd
Crude incidence per 100,000 (Table) (Trend)(Map) 273 86.9 69.8 Yes 83.9 No 2nd Age-adjusted incidence per 100,000 (Table) (Trend)(Map) 273 71.2 63.8 No 72.2 No 2nd Crude mortality rate per 100,000 (Table) (Trend)(Map) 234 74.5 46.9 Yes 57.2 Yes 4th Age-adjusted mortality rate per 100,000 (Table) (Trend)(Map) 260 162.9 147.1 No 164.9 No 3rd Age-adjusted incidence per 100,000 (Table) (Trend)(Map) 260 127.8 126.9 No 136.1 No 3rd Crude mortality rate per 100,000 (Table) (Trend)(Map) 37 23.2 26.7 No 28.8 No 1st Age-adjusted mortality rate per 100,000 (Table) (Trend)(Map) 37 17.6 21.7 No 22.2 No 2nd Crude late stage incidence per 100,000 (Table) (Trend)(Map) 9 5.6* 8.0 No 8.8 No 2	Age-adjusted mortality rate per 100,000	(Table) (Trend)(Map)	53	14.0	15.7	No	15.7	No	1st
Age-adjusted incidence per 100,000 (Table) (Trend)(Map) 273 71.2 63.8 No 72.2 No 2nd Crude mortality rate per 100,000 (Table) (Trend)(Map) 234 74.5 46.9 Yes 57.2 Yes 4th Age-adjusted mortality rate per 100,000 (Table) (Trend)(Map) 234 60.4 42.8 Yes 49.0 Yes 4th Female breast cancer Crude incidence per 100,000 (Table) (Trend)(Map) 260 162.9 147.1 No 164.9 No 3rd Age-adjusted incidence per 100,000 (Table) (Trend)(Map) 260 127.8 126.9 No 136.1 No 3rd Crude mortality rate per 100,000 (Table) (Trend)(Map) 37 23.2 26.7 No 28.8 No 1st Age-adjusted mortality rate per 100,000 (Table) (Trend)(Map) 37 17.6 21.7 No 22.2 No 2nd Cervix uteri cancer Crude incidence per 100,000 (Table) (Trend)(Map) 9 5.6*	Lung and bronchus cancer								
Crude mortality rate per 100,000 (Table) (Trend)(Map) 234 74.5 46.9 Yes 57.2 Yes 4th Age-adjusted mortality rate per 100,000 (Table) (Trend)(Map) 234 60.4 42.8 Yes 49.0 Yes 4th Female breast cancer Crude incidence per 100,000 (Table) (Trend)(Map) 260 162.9 147.1 No 164.9 No 3rd Age-adjusted incidence per 100,000 (Table) (Trend)(Map) 260 127.8 126.9 No 136.1 No 3rd Crude mortality rate per 100,000 (Table) (Trend)(Map) 37 23.2 26.7 No 28.8 No 1st Age-adjusted mortality rate per 100,000 (Table) (Trend)(Map) 37 17.6 21.7 No 22.2 No 2nd Crude late stage incidence per 100,000 (Table) (Trend)(Map) 9 5.6* 8.0 No 8.3 No 1st Age-adjusted late stage incidence per 100,000 (Table) (Trend)(Map) 9 4.7* 6.8 No 6.8 No 2nd Cervix uteri cancer Crude incidence per 100,000 (Table) (Trend)(Map) 9 5.6* 8.9 No 7.9 No 1st Age-adjusted incidence per 100,000 (Table) (Trend)(Map) 9 4.1* 8.3 No 7.4 No 1st Crude mortality rate per 100,000 (Table) (Trend)(Map) 9 4.1* 8.3 No 7.4 No 1st Age-adjusted incidence per 100,000 (Table) (Trend)(Map) 4 2.5* 2.7 No 2.2 No 3rd Age-adjusted mortality rate per 100,000 (Table) (Trend)(Map) 4 2.5* 2.7 No 2.2 No 3rd Age-adjusted mortality rate per 100,000 (Table) (Trend)(Map) 4 2.0* 2.3 No 1.9 No 3rd Ovarian cancer Crude incidence per 100,000 (Table) (Trend)(Map) 31 19.4 15.2 No 16.5 No 4th Age-adjusted incidence per 100,000 (Table) (Trend)(Map) 31 15.1 12.9 No 13.4 No 4th	Crude incidence per 100,000	(Table) (Trend)(Map)	273	86.9	69.8	Yes	83.9	No	2nd
Age-adjusted mortality rate per 100,000 (Table) (Trend)(Map) 234 60.4 42.8 Yes 49.0 Yes 4th Female breast cancer Crude incidence per 100,000 (Table) (Trend)(Map) 260 162.9 147.1 No 164.9 No 3rd Age-adjusted incidence per 100,000 (Table) (Trend)(Map) 260 127.8 126.9 No 136.1 No 3rd Crude mortality rate per 100,000 (Table) (Trend)(Map) 37 23.2 26.7 No 28.8 No 1st Age-adjusted mortality rate per 100,000 (Table) (Trend)(Map) 37 17.6 21.7 No 22.2 No 2nd Crude late stage incidence per 100,000 (Table) (Trend)(Map) 9 5.6* 8.0 No 8.3 No 1st Age-adjusted late stage incidence per 100,000 (Table) (Trend)(Map) 9 5.6* 8.9 No 7.9 No 1st Age-adjusted incidence per 100,000 (Table) (Trend)(Map) 9 5.6* 8.9 No	Age-adjusted incidence per 100,000	(Table) (Trend)(Map)	273	71.2	63.8	No	72.2	No	2nd
Crude incidence per 100,000 (Table) (Trend)(Map) 260 162.9 147.1 No 164.9 No 3rd	Crude mortality rate per 100,000	(Table) (Trend)(Map)	234	74.5	46.9	Yes	57.2	Yes	4th
Crude incidence per 100,000 (Table) (Trend)(Map) 260 162.9 147.1 No 164.9 No 3rd Age-adjusted incidence per 100,000 (Table) (Trend)(Map) 260 127.8 126.9 No 136.1 No 3rd Crude mortality rate per 100,000 (Table) (Trend)(Map) 37 23.2 26.7 No 28.8 No 1st Age-adjusted mortality rate per 100,000 (Table) (Trend)(Map) 37 17.6 21.7 No 22.2 No 2nd Crude late stage incidence per 100,000 (Table) (Trend)(Map) 9 5.6* 8.0 No 8.3 No 1st Age-adjusted late stage incidence per 100,000 (Table) (Trend)(Map) 9 4.7* 6.8 No 6.8 No 2nd Cervix uteri cancer Crude incidence per 100,000 (Table) (Trend)(Map) 9 5.6* 8.9 No 7.9 No 1st Age-adjusted incidence per 100,000 (Table) (Trend)(Map) 9 4.1* 8.3 No 7.4 <t< td=""><td>Age-adjusted mortality rate per 100,000</td><td>(Table) (Trend)(Map)</td><td>234</td><td>60.4</td><td>42.8</td><td>Yes</td><td>49.0</td><td>Yes</td><td>4th</td></t<>	Age-adjusted mortality rate per 100,000	(Table) (Trend)(Map)	234	60.4	42.8	Yes	49.0	Yes	4th
Age-adjusted incidence per 100,000 (Table) (Trend)(Map) 260 127.8 126.9 No 136.1 No 3rd Crude mortality rate per 100,000 (Table) (Trend)(Map) 37 23.2 26.7 No 28.8 No 1st Age-adjusted mortality rate per 100,000 (Table) (Trend)(Map) 37 17.6 21.7 No 22.2 No 2nd Crude late stage incidence per 100,000 (Table) (Trend)(Map) 9 5.6* 8.0 No 8.3 No 1st Age-adjusted late stage incidence per 100,000 (Table) (Trend)(Map) 9 4.7* 6.8 No 6.8 No 2nd Cervix uteri cancer Crude incidence per 100,000 (Table) (Trend)(Map) 9 5.6* 8.9 No 7.9 No 1st Age-adjusted incidence per 100,000 (Table) (Trend)(Map) 9 4.1* 8.3 No 7.4 No 1st Crude mortality rate per 100,000 (Table) (Trend)(Map) 4 2.5* 2.7 No 2.2	Female breast cancer		•			•			
Crude mortality rate per 100,000 (Table) (Trend)(Map) 37 23.2 26.7 No 28.8 No 1st Age-adjusted mortality rate per 100,000 (Table) (Trend)(Map) 37 17.6 21.7 No 22.2 No 2nd Crude late stage incidence per 100,000 (Table) (Trend)(Map) 9 5.6* 8.0 No 8.3 No 1st Age-adjusted late stage incidence per 100,000 (Table) (Trend)(Map) 9 4.7* 6.8 No 6.8 No 2nd Cervix uteri cancer Crude incidence per 100,000 (Table) (Trend)(Map) 9 5.6* 8.9 No 7.9 No 1st Age-adjusted incidence per 100,000 (Table) (Trend)(Map) 9 4.1* 8.3 No 7.4 No 1st Crude mortality rate per 100,000 (Table) (Trend)(Map) 4 2.5* 2.7 No 2.2 No 3rd Ovarian cancer Crude incidence per 100,000 (Table) (Trend)(Map) 31 19.4 15.2 No 1	Crude incidence per 100,000	(Table) (Trend)(Map)	260	162.9	147.1	No	164.9	No	3rd
Age-adjusted mortality rate per 100,000 (Table) (Trend)(Map) 37 17.6 21.7 No 22.2 No 2nd Crude late stage incidence per 100,000 (Table) (Trend)(Map) 9 5.6* 8.0 No 8.3 No 1st Age-adjusted late stage incidence per 100,000 (Table) (Trend)(Map) 9 4.7* 6.8 No 6.8 No 2nd Cervix uteri cancer Crude incidence per 100,000 (Table) (Trend)(Map) 9 5.6* 8.9 No 7.9 No 1st Age-adjusted incidence per 100,000 (Table) (Trend)(Map) 9 4.1* 8.3 No 7.4 No 1st Crude mortality rate per 100,000 (Table) (Trend)(Map) 4 2.5* 2.7 No 2.2 No 3rd Ovarian cancer Crude incidence per 100,000 (Table) (Trend)(Map) 31 19.4 15.2 No 16.5 No 4th Age-adjusted incidence per 100,000 (Table) (Trend)(Map) 31 15.1 12.9 No <td< td=""><td>Age-adjusted incidence per 100,000</td><td>(Table) (Trend)(Map)</td><td>260</td><td>127.8</td><td>126.9</td><td>No</td><td>136.1</td><td>No</td><td>3rd</td></td<>	Age-adjusted incidence per 100,000	(Table) (Trend)(Map)	260	127.8	126.9	No	136.1	No	3rd
Crude late stage incidence per 100,000 (Table) (Trend)(Map) 9 5.6* 8.0 No 8.3 No 1st Age-adjusted late stage incidence per 100,000 (Table) (Trend)(Map) 9 4.7* 6.8 No 6.8 No 2nd Cervix uteri cancer Crude incidence per 100,000 (Table) (Trend)(Map) 9 5.6* 8.9 No 7.9 No 1st Age-adjusted incidence per 100,000 (Table) (Trend)(Map) 9 4.1* 8.3 No 7.4 No 1st Crude mortality rate per 100,000 (Table) (Trend)(Map) 4 2.5* 2.7 No 2.2 No 3rd Age-adjusted mortality rate per 100,000 (Table) (Trend)(Map) 4 2.0* 2.3 No 1.9 No 3rd Ovarian cancer Crude incidence per 100,000 (Table) (Trend)(Map) 31 19.4 15.2 No 16.5 No 4th Age-adjusted incidence per 100,000 (Table) (Trend)(Map) 31 15.1 12.9 No 13	Crude mortality rate per 100,000	(Table) (Trend)(Map)	37	23.2	26.7	No	28.8	No	1st
Age-adjusted late stage incidence per 100,000 (Table) (Trend)(Map) 9 4.7* 6.8 No 6.8 No 2nd Cervix uteri cancer Crude incidence per 100,000 (Table) (Trend)(Map) 9 5.6* 8.9 No 7.9 No 1st Age-adjusted incidence per 100,000 (Table) (Trend)(Map) 9 4.1* 8.3 No 7.4 No 1st Crude mortality rate per 100,000 (Table) (Trend)(Map) 4 2.5* 2.7 No 2.2 No 3rd Age-adjusted mortality rate per 100,000 (Table) (Trend)(Map) 4 2.0* 2.3 No 1.9 No 3rd Ovarian cancer Crude incidence per 100,000 (Table) (Trend)(Map) 31 19.4 15.2 No 16.5 No 4th Age-adjusted incidence per 100,000 (Table) (Trend)(Map) 31 15.1 12.9 No 13.4 No 4th	Age-adjusted mortality rate per 100,000	(Table) (Trend)(Map)	37	17.6	21.7	No	22.2	No	2nd
Cervix uteri cancer Crude incidence per 100,000 (Table) (Trend)(Map) 9 5.6* 8.9 No 7.9 No 1st Age-adjusted incidence per 100,000 (Table) (Trend)(Map) 9 4.1* 8.3 No 7.4 No 1st Crude mortality rate per 100,000 (Table) (Trend)(Map) 4 2.5* 2.7 No 2.2 No 3rd Age-adjusted mortality rate per 100,000 (Table) (Trend)(Map) 4 2.0* 2.3 No 1.9 No 3rd Ovarian cancer Crude incidence per 100,000 (Table) (Trend)(Map) 31 19.4 15.2 No 16.5 No 4th Age-adjusted incidence per 100,000 (Table) (Trend)(Map) 31 15.1 12.9 No 13.4 No 4th	Crude late stage incidence per 100,000	(Table) (Trend)(Map)	9	5.6*	8.0	No	8.3	No	1st
Crude incidence per 100,000 (Table) (Trend)(Map) 9 5.6* 8.9 No 7.9 No 1st Age-adjusted incidence per 100,000 (Table) (Trend)(Map) 9 4.1* 8.3 No 7.4 No 1st Crude mortality rate per 100,000 (Table) (Trend)(Map) 4 2.5* 2.7 No 2.2 No 3rd Age-adjusted mortality rate per 100,000 (Table) (Trend)(Map) 4 2.0* 2.3 No 1.9 No 3rd Ovarian cancer Crude incidence per 100,000 (Table) (Trend)(Map) 31 19.4 15.2 No 16.5 No 4th Age-adjusted incidence per 100,000 (Table) (Trend)(Map) 31 15.1 12.9 No 13.4 No 4th	Age-adjusted late stage incidence per 100,000	(Table) (Trend)(Map)	9	4.7*	6.8	No	6.8	No	2nd
Age-adjusted incidence per 100,000 (Table) (Trend)(Map) 9 4.1* 8.3 No 7.4 No 1st Crude mortality rate per 100,000 (Table) (Trend)(Map) 4 2.5* 2.7 No 2.2 No 3rd Age-adjusted mortality rate per 100,000 (Table) (Trend)(Map) 4 2.0* 2.3 No 1.9 No 3rd Ovarian cancer Crude incidence per 100,000 (Table) (Trend)(Map) 31 19.4 15.2 No 16.5 No 4th Age-adjusted incidence per 100,000 (Table) (Trend)(Map) 31 15.1 12.9 No 13.4 No 4th	Cervix uteri cancer		•			•			
Crude mortality rate per 100,000 (Table) (Trend)(Map) 4 2.5* 2.7 No 2.2 No 3rd Age-adjusted mortality rate per 100,000 (Table) (Trend)(Map) 4 2.0* 2.3 No 1.9 No 3rd Ovarian cancer Crude incidence per 100,000 (Table) (Trend)(Map) 31 19.4 15.2 No 16.5 No 4th Age-adjusted incidence per 100,000 (Table) (Trend)(Map) 31 15.1 12.9 No 13.4 No 4th	Crude incidence per 100,000	(Table) (Trend)(Map)	9	5.6*	8.9	No	7.9	No	1st
Age-adjusted mortality rate per 100,000 (Table) (Trend)(Map) 4 2.0* 2.3 No 1.9 No 3rd Ovarian cancer Crude incidence per 100,000 (Table) (Trend)(Map) 31 19.4 15.2 No 16.5 No 4th Age-adjusted incidence per 100,000 (Table) (Trend)(Map) 31 15.1 12.9 No 13.4 No 4th	Age-adjusted incidence per 100,000	(Table) (Trend)(Map)	9	4.1*	8.3	No	7.4	No	1st
Ovarian cancer Crude incidence per 100,000 (Table) (Trend)(Map) 31 19.4 15.2 No 16.5 No 4th Age-adjusted incidence per 100,000 (Table) (Trend)(Map) 31 15.1 12.9 No 13.4 No 4th	Crude mortality rate per 100,000	(Table) (Trend)(Map)	4	2.5*	2.7	No	2.2	No	3rd
Ovarian cancer Crude incidence per 100,000 (Table) (Trend)(Map) 31 19.4 15.2 No 16.5 No 4th Age-adjusted incidence per 100,000 (Table) (Trend)(Map) 31 15.1 12.9 No 13.4 No 4th	Age-adjusted mortality rate per 100,000		4	2.0*	2.3	No	1.9	No	
Age-adjusted incidence per 100,000 (Table) (Trend)(Map) 31 15.1 12.9 No 13.4 No 4th		•	•	•					
Age-adjusted incidence per 100,000 (Table) (Trend)(Map) 31 15.1 12.9 No 13.4 No 4th	Crude incidence per 100,000	(Table) (Trend)(Map)	31	19.4	15.2	No	16.5	No	4th

Cancer Indicator	rs (NYSDOH) 2007-20	09 - Oı	ntario Co	unty				
Indicator	Data Links	3 Year Total	County Rate		Sig.Dif.	NYS Rate exc NYC	Sig.Dif.	County Ranking Group
Age-adjusted mortality rate per 100,000	(Table) (Trend)(Map)	25	11.0	7.8	No	8.5	No	4th
Prostate cancer	•			•				
Crude incidence per 100,000	(Table) (Trend)(Map)	297	192.1	169.1	Yes	186.0	No	3rd
Age-adjusted incidence per 100,000	(Table) (Trend)(Map)	297	160.8	166.9	No	171.2	No	3rd
Crude mortality rate per 100,000	(Table) (Trend)(Map)	38	24.6	18.5	No	19.2	No	4th
Age-adjusted mortality rate per 100,000	(Table) (Trend)(Map)	38	25.9	21.6	No	20.8	No	4th
Crude late stage incidence per 100,000	(Table) (Trend)(Map)	13	8.4	6.7	No	6.6	No	3rd
Age-adjusted late stage incidence per 100,000	(Table) (Trend)(Map)	13	7.9	7.2	No	6.6	No	4th
Melanoma cancer mortality								
Crude mortality rate per 100,000	(Table) (Trend)(Map)	11	3.5	2.3	No	3.1	No	3rd
Age-adjusted mortality rate per 100,000	(Table) (Trend)(Map)	11	2.7	2.1	No	2.7	No	3rd
Age-adjusted % of women 18 years and older with pap smear in past 3 years (2008-2009)	(Table) (Map)	N/A	85.6	82.7	No	82.6	No	1st
% of women 40 years and older with mammography screening in past 2 years (2008-2009)	(Table) (Map)	N/A	82.2	79.7	No	81.9	No	1st

Cancer Incidence and Mortality for Ontario County, 2005-2009 Source: New York State Cancer Registry

		Incidence						Mortality					
		Males		I	Females			Males		1	Females		
Site of Cancer	Average Annual Cases	Rate per 100,000 Males	95% CI (+/-)	Average Annual Cases	Rate per 100,000 Females	95% CI (+/-)	Average Annual Deaths	Rate per 100,000 Males	95% CI (+/-)	Average Annual Deaths	Rate per 100,000 Females	95% CI (+/-)	
All Invasive Malignant Tumors	337.2	597.9	29.2	292.2	438.9	23.1	121.2	227.7	18.5	110.6	157.3	13.4	
Oral cavity and pharynx	9.2	15.2	4.5	5.4	8.2	3.1	1.2	2.0	1.6	1.4	2.0	1.5	
Esophagus	4.6	7.7	3.2	2.0	3.1	1.9	5.6	9.7	3.6	1.0	1.4	1.3	
Stomach	5.4	9.6	3.7	2.2	3.6	2.2	2.6	4.8	2.7	1.6	2.4	1.7	
Colorectal	24.6	46.0	8.3	21.8	31.5	6.0	9.0	18.3	5.5	8.2	11.4	3.6	
Colon excluding rectum	18.6	34.9	7.2	15.8	23.2	5.2	7.8	16.5	5.3	5.8	8.2	3.0	
Rectum & rectosigmoid	6.0	11.1	4.1	6.0	8.2	3.0	1.2	1.8	1.5	2.4	3.2	1.8	
Liver / intrahepatic bile duct	4.0	7.1	3.2	1.8	2.5	1.6	3.6	6.1	2.9	2.4	3.1	1.7	
Pancreas	8.6	14.9	4.6	9.2	13.3	3.9	8.0	14.0	4.4	7.4	10.3	3.4	
Larynx	3.4	5.7	2.7	0.4	0.6	0.8	1.2	2.1	1.7	0.0	0.0	0.0	
Lung and bronchus	52.2	94.5	11.7	41.0	60.8	8.4	41.0	74.9	10.5	33.0	48.6	7.5	
Melanoma of the skin	19.2	35.4	7.3	13.2	20.4	5.1	2.6	4.1	2.3	0.8	1.1	1.1	
Female breast				85.2	128.3	12.5				12.0	17.0	4.4	
Cervix uteri				2.8	4.6	2.5				0.8	1.2	1.2	
Corpus uterus and NOS				18.0	26.3	5.5				3.4	4.8	2.3	
Ovary				11.8	17.6	4.6				6.6	9.1	3.2	
Prostate	94.0	158.9	14.7				12.4	26.3	6.7				
Testis	4.2	8.7	3.8				0.2	0.5	0.9				
Urinary bladder (incl. in situ)	26.2	48.1	8.4	8.6	12.2	3.7	4.4	9.3	4.0	2.6	3.2	1.8	

			Incid	dence			Mortality					
	Males			I	Females			Males		Females		
	Average Annual	Rate per 100,000	95% CI									
Site of Cancer	Cases	Males	(+/-)	Cases	Females	(+/-)	Deaths	Males	(+/-)	Deaths	Females	(+/-)
Kidney and renal pelvis	14.4	24.4	5.8	6.0	8.9	3.2	3.2	6.3	3.1	3.2	4.5	2.2
Brain and other nervous system	6.0	11.2	4.1	3.4	5.2	2.6	3.8	6.8	3.1	2.2	3.1	1.9
Thyroid	3.8	7.3	3.4	9.2	16.6	5.0	0.2	0.4	0.8	0.0	0.0	0.0
Hodgkin lymphoma	2.4	4.7	2.8	1.4	2.7	2.0	0.8	1.1	1.1	0.0	0.0	0.0
Non-Hodgkin lymphomas	16.4	28.9	6.4	11.8	17.4	4.6	3.6	6.7	3.2	3.8	5.6	2.6
Multiple myeloma	4.2	7.6	3.3	2.6	3.6	2.0	1.8	3.5	2.3	2.0	2.6	1.7
Leukemias	10.4	17.9	5.0	7.2	10.2	3.4	5.0	9.8	3.9	3.0	3.9	2.0

Lip, Oral Cavity, & Pharynx Cancer - Deaths And Death Rates Per 100,000 Residents Source: 2005-2009 Vital Statistics Data As Of March, 2011

5000000	2000	2009		aths	100 20		Population		Adjusted
Region/County	2005	2006	2007	2008	2009	Total	2005-2009	Rate	Rate
Chemung	1	2	3	2	2	10	442,312	2.3	1.9
<u>Livingston</u>	1	0	2	1	2	6	317,599	1.9	1.6
Monroe	21	23	12	16	11	83	3,660,319	2.3	2.0
<u>Ontario</u>	2	2	2	3	4	13	522,895	2.5	2.1
<u>Schuyler</u>	0	0	1	1	0	2	95,392	2.1	1.6
<u>Seneca</u>	0	1	2	2	1	6	171,942	3.5	2.9
<u>Steuben</u>	2	1	7	11	2	23	486,867	4.7	3.7
Wayne	1	6	1	7	3	18	460,644	3.9	3.3
Yates	1	0	0	1	1	3	123,179	2.4	2.4
Region Total	29	35	30	44	26	164	6,281,149	2.6	2.3
New York State Total	458	439	452	448	469	2,266	96,890,292	2.3	2.1

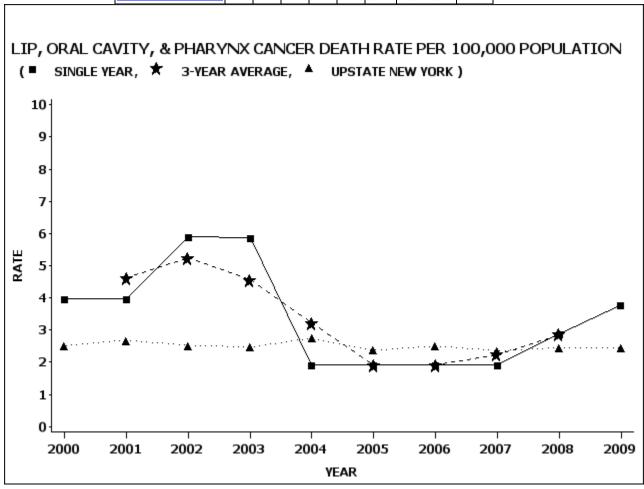
Lip, Oral Cavity, & Pharynx Cancer - Cases And Incidence Rates Per 100,000 Residents Source: 2004-2008 Cancer Registry Data As Of September, 2011

			Ca	ases			Population	Crude	Adjusted
Region/County	2004	2005	2006	2007	2008	Total	2004-2008	Rate	Rate
Chemung	13	12	11	14	13	63	441,841	14.3	11.7
Livingston	8	5	9	10	11	43	316,882	13.6	12.8
Monroe	87	73	70	89	88	407	3,660,094	11.1	10.1
Ontario	10	13	15	9	14	61	518,029	11.8	9.8
Schuyler	4	2	5	4	2	17	94,935	17.9	13.6
Seneca	7	4	8	4	5	28	171,495	16.3	13.9
Steuben	17	8	18	16	20	79	484,552	16.3	13.6
Wayne	10	11	18	5	10	54	459,613	11.7	10.1
Yates	7	2	1	0	4	14	122,765	11.4	9.9
Region Total	163	130	155	151	167	766	6,270,206	12.2	10.7
New York State Total	2,048	1,991	2,083	2,242	2,172	10,536	96,875,954	10.9	10.0

Lip, Oral Cavity, & Pharynx Cancer-Age 45-74 - Deaths And Death Rates Per 100,000 Residents Age 45-74

Source: 2005-2009 Vital Statistics Data As Of March, 2011

			Dea	aths			Population	Crude
Region/County	2005	2006	2007	2008	2009	Total	2005-2009	Rate
Chemung	0	2	2	2	2	8	151,114	5.3
Livingston	1	0	1	1	1	4	105,871	3.8
<u>Monroe</u>	14	16	6	11	5	52	1,219,792	4.3
<u>Ontario</u>	1	1	2	1	3	8	187,979	4.3
Schuyler	0	0	0	1	0	1	35,554	2.8
<u>Seneca</u>	0	0	1	1	0	2	58,294	3.4
<u>Steuben</u>	1	0	6	6	1	14	172,435	8.1
<u>Wayne</u>	1	3	1	5	3	13	165,385	7.9
Yates	0	0	0	0	0	0	43,323	0.0
Region Total	18	22	19	28	15	102	2,139,747	4.8
New York State Total	286	278	297	274	283	1,418	31,522,380	4.5



As seen as in the graph above, death rates for lip, oral cavity and pharynx cancer were high as compared to upstate New York from 2000 to 2003, dropping off in 2004 to the upstate average. Rates stayed consistent through 2007, but have began to rise again in 2008.

Lung & Bronchus Cancer - Cases And Incidence Rates Per 100,000 Residents

Source: 2004-2008 Cancer Registry Data As Of September, 2011

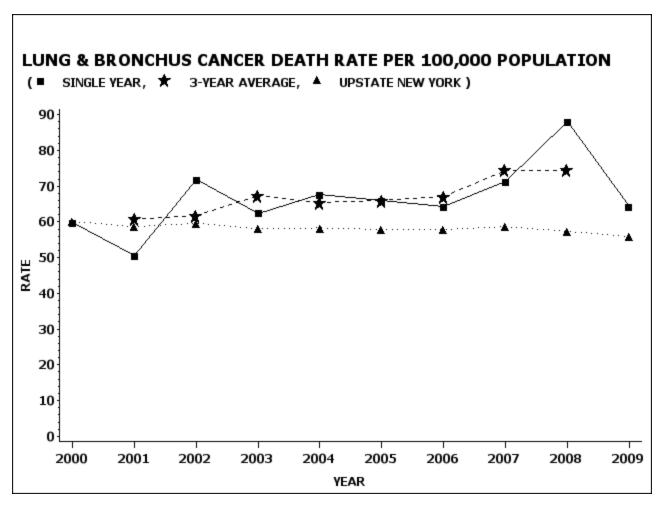
			Ca	ses			Population	Crude	Adjusted
Region/County	2004	2005	2006	2007	2008	Total	2004-2008	Rate	Rate
Chemung	90	79	96	112	106	483	441,841	109.3	87.5
Livingston	44	45	63	58	42	252	316,882	79.5	75.7
Monroe	508	535	540	528	570	2,681	3,660,094	73.2	67.4
Ontario	81	98	96	99	87	461	518,029	89.0	76.4
Schuyler	22	16	17	13	24	92	94,935	96.9	76.8
Seneca	29	37	38	25	40	169	171,495	98.5	82.6
Steuben	108	100	104	115	104	531	484,552	109.6	89.2
Wayne	63	69	76	85	88	381	459,613	82.9	74.9
Yates	23	18	20	12	25	98	122,765	79.8	63.4
Region Total	968	997	1,050	1,047	1,086	5,148	6,270,206	82.1	73.1
New York State Total	13,011	13,203	13,319	13,443	13,468	66,444	96,875,954	68.6	63.9

Lung & Bronchus Cancer - Deaths And Death Rates Per 100,000 Residents

Source: 2005-2009 Vital Statistics Data As Of March, 2011

Sourc	e: 200	3-2009) vitai	Statist	ics Da	ta As C	rj mar	cn, 201	1
			De	aths			Popu	ılation	C

			De	aths			Population	Crude	Adjusted
Region/County	2005	2006	2007	2008	2009	Total	2005-2009	Rate	Rate
Chemung	71	73	80	88	71	383	442,312	86.6	69.2
<u>Livingston</u>	44	34	35	39	41	193	317,599	60.8	57.5
<u>Monroe</u>	416	405	436	438	385	2,080	3,660,319	56.8	50.9
<u>Ontario</u>	69	67	74	92	68	370	522,895	70.8	59.7
<u>Schuyler</u>	9	13	9	12	13	56	95,392	58.7	46.0
<u>Seneca</u>	32	21	23	28	17	121	171,942	70.4	58.7
<u>Steuben</u>	67	79	84	96	68	394	486,867	80.9	65.0
<u>Wayne</u>	48	50	61	62	67	288	460,644	62.5	56.0
Yates	10	16	8	11	20	65	123,179	52.8	40.9
Region Total	766	758	810	866	750	3,950	6,281,149	62.9	54.9
New York State Total	9,286	9,189	9,317	9,180	8,918	45,890	96,890,292	47.4	43.5



As seen above, lung and bronchus cancer death rates have consistently been above the upstate rate for Ontario county since 2002, with the highest rate observed in 2008. One major factor in lung and bronchus cancer is smoking/tobacco use which has traditionally been high within Ontario County. The county's close proximity to Seneca County could be a contributing factor to high smoking rates, due to the presence of the reservation where cigarettes are much less expensive. As stated in the executive summary and workplan, Ontario County has chosen to focus on reducing hypertension, specifically through healthy eating/physical activity and tobacco cessation. Efforts to reduce hypertension could also potentially benefit lung and bronchus cancer rates due to a concentration on programs focusing on reducing smoking/tobacco use.

Female Breast Cancer - Cases And Incidence Rates Per 100,000 Female Residents

Source: 2004-2008 Cancer Registry Data As Of September, 2011

			Ca	ses			Female Population	Crude	Adjusted
Region/County	2004	2005	2006	2007	2008	Total	2004-2008	Rate	Rate
Chemung	76	72	97	65	62	372	222,583	167.1	132.6
Livingston	44	50	45	60	53	252	158,247	159.2	142.8
Monroe	533	601	612	646	678	3,070	1,886,485	162.7	140.9
Ontario	83	77	88	81	85	414	263,570	157.1	127.2
Schuyler	16	10	18	9	17	70	47,133	148.5	115.3

Seneca	18	33	32	32	37	152	82,604	184.0	146.5
Steuben	73	70	63	77	63	346	246,394	140.4	115.3
Wayne	71	62	65	84	61	343	231,366	148.2	125.3
Yates	18	23	23	22	17	103	62,826	163.9	129.6
Region Total	932	998	1,043	1,076	1,073	5,122	3,201,208	160.0	135.6
New York State Total	13,718	13,862	14,240	14,384	14,566	70,770	49,917,498	141.8	124.3

Female Breast Cancer - Deaths And Death Rates Per 100,000 Female Residents Source: 2005-2009 Vital Statistics Data As Of March, 2011

			De	aths		·	Population	Crude	Adjusted
Region/County	2005	2006	2007	2008	2009	Total	2005-2009	Rate	Rate
Chemung	20	14	17	12	14	77	222,784	34.6	24.3
<u>Livingston</u>	6	4	10	9	8	37	158,890	23.3	21.0
<u>Monroe</u>	86	101	92	124	112	515	1,884,360	27.3	22.1
<u>Ontario</u>	12	11	8	16	13	60	266,134	22.5	17.2
<u>Schuyler</u>	0	3	0	1	1	5	47,553	10.5	7.4
<u>Seneca</u>	5	4	4	5	6	24	82,665	29.0	22.6
<u>Steuben</u>	20	18	18	18	17	91	247,987	36.7	28.4
<u>Wayne</u>	12	15	11	12	15	65	232,869	27.9	23.1
Yates	6	5	4	6	3	24	63,150	38.0	29.9
Region Total	167	175	164	203	189	898	3,206,392	28.0	22.3
New York State Total	2,840	2,717	2,715	2,639	2,654	13,565	49,886,258	27.2	22.4

Uterine Cervical Cancer - Cases And Incidence Rates Per 100,000 Female Residents

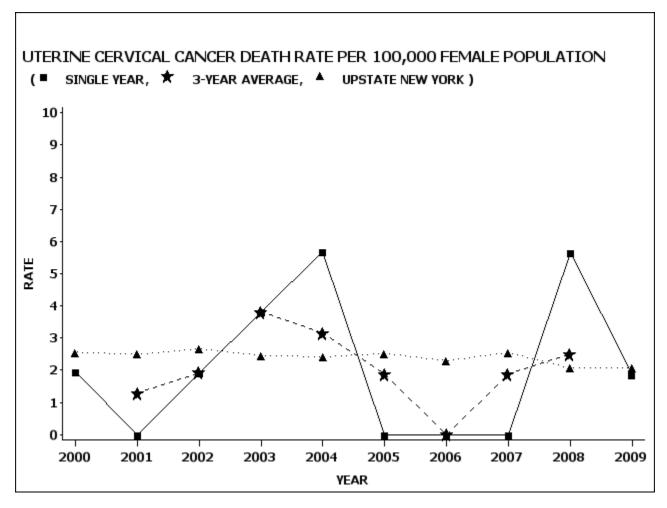
Source: 2004-2008 Cancer Registry Data As Of September, 2011

			Ca	ses	<u> </u>		Female Population	Crude	Adjusted
Region/County	2004	2005	2006	2007	2008	Total	2004-2008	Rate	Rate
Chemung	1	4	1	4	1	11	222,583	4.9	5.5
Livingston	0	3	2	4	4	13	158,247	8.2	9.3
Monroe	22	27	24	23	25	121	1,886,485	6.4	6.1
Ontario	2	1	4	3	4	14	263,570	5.3	4.9
Schuyler	2	0	0	1	1	4	47,133	8.5	6.1
Seneca	1	1	1	1	2	6	82,604	7.3	6.8
Steuben	8	7	4	4	8	31	246,394	12.6	13.0
Wayne	7	2	3	3	6	21	231,366	9.1	9.1
Yates	1	0	0	0	1	2	62,826	3.2	2.4
Region Total	44	45	39	43	52	223	3,201,208	7.0	6.7
New York State Total	854	973	910	908	898	4,543	49,917,498	9.1	8.5

Uterine Cervical Cancer - Deaths And Death Rates Per 100,000 Female Residents

Source:	2005	-2009	vuau	siansi	ics De	aia As	Oj marcn, 20	011				
		Deaths Population Crude										
Region/County	2005	2006	2007	2008	2009	Total	2005-2009	Rate	Rate			
Chemung	1	1	1	0	1	4	222,784	1.8	1.5			
Livingston	3	0	0	0	0	3	158,890	1.9	1.7			
Monroe	10	7	0	2	7	25	1 994 260	1.0	1.4			

<u>Ontario</u>	0	0	0	3	1	4	266,134	1.5	1.3
<u>Schuyler</u>	2	0	0	1	0	3	47,553	6.3	6.2
<u>Seneca</u>	0	1	1	0	1	3	82,665	3.6	3.0
<u>Steuben</u>	1	2	1	2	1	7	247,987	2.8	2.0
<u>Wayne</u>	3	3	0	2	2	10	232,869	4.3	3.7
Yates	0	1	0	0	0	1	63,150	1.6	1.5
Region Total	20	15	11	11	13	70	3,206,392	2.2	1.8
New York State Total	288	275	295	250	252	1,360	49,886,258	2.7	2.4



Uterine cervical cancers rates have fluctuated in Ontario County over the last ten years, with spikes in 2004 and 2008. As of 2009 rates have been similar to upstate New York rates.

Colorectal Cancer - Deaths And Death Rates Per 100,000 Residents Source: 2005-2009 Vital Statistics Data As Of March, 2011

			De	aths			Population	Crude	Adjusted
Region/County	2005	2006	2007	2008	2009	Total	2005-2009	Rate	Rate
Chemung	27	18	17	22	21	105	442,312	23.7	18.3
<u>Livingston</u>	13	11	8	14	8	54	317,599	17.0	15.9

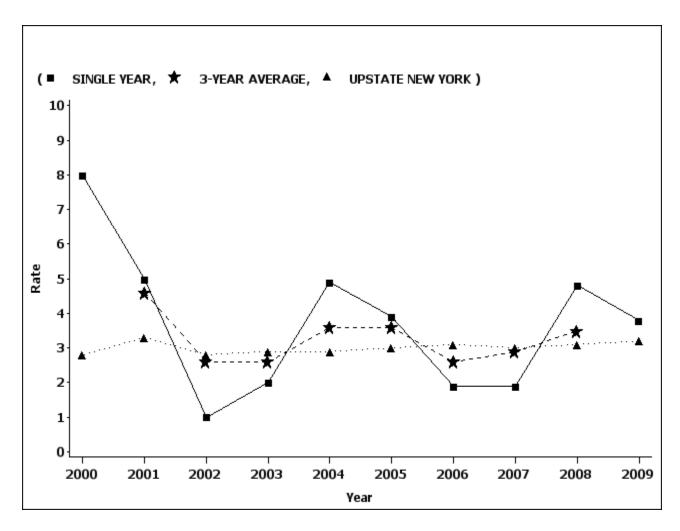
<u>Monroe</u>	125	130	142	137	124	658	3,660,319	18.0	15.6
<u>Ontario</u>	17	16	18	21	14	86	522,895	16.4	13.9
<u>Schuyler</u>	6	5	8	7	5	31	95,392	32.5	24.4
<u>Seneca</u>	6	8	5	10	3	32	171,942	18.6	15.4
<u>Steuben</u>	22	17	18	21	20	98	486,867	20.1	16.2
<u>Wayne</u>	10	14	22	9	18	73	460,644	15.8	14.7
Yates	7	5	4	5	2	23	123,179	18.7	14.4
Region Total	233	224	242	246	215	1,160	6,281,149	18.5	15.8
New York State Total	3,506	3,510	3,437	3,399	3,318	17,170	96,890,292	17.7	16.1

Colorectal Cancer - Cases And Incidence Rates Per 100,000 Residents

Source: 2004-2008 Cancer Registry Data As Of September, 2011

			Cas	ses			Population	Crude	Adjusted
Region/County	2004	2005	2006	2007	2008	Total	2004-2008	Rate	Rate
Chemung	47	51	56	50	59	263	441,841	59.5	48.1
Livingston	57	43	39	30	39	208	316,882	65.6	62.1
Monroe	408	345	377	383	381	1,894	3,660,094	51.7	46.5
Ontario	61	48	38	38	55	240	518,029	46.3	39.1
Schuyler	17	22	13	15	8	75	94,935	79.0	62.7
Seneca	24	14	19	27	24	108	171,495	63.0	52.3
Steuben	67	58	66	56	59	306	484,552	63.2	51.9
Wayne	47	54	51	61	49	262	459,613	57.0	51.9
Yates	16	18	13	14	9	70	122,765	57.0	44.8
Region Total	744	653	672	674	683	3,426	6,270,206	54.6	47.9
New York State Total	10,782	10,351	10,019	10,109	9,798	51,059	96,875,954	52.7	48.8

Ontario County Melanoma Cancer Mortality Rate Per 100,000



Melanoma mortality rates have also fluctuated over the last ten years within Ontario County, with the highest rate observed in 2000. In 2004 and 2005 rates were higher than the upstate average, as well as in 2008 and 2009. With an increased focus on prevention, promoting the use of sunscreen and discouraging the use of UV tanning devices over the last five years, public health hopes to start to see a decline in melanoma skin cancer specifically.

5. Infant Mortality

Ontario County maternal child health rates are encouraging. We have relatively similar rates to the

Finger Lakes region and New York State forinfant mortality, short gestation, post neonatal mortality, neonatal mortality and spontaneous fetal death rates. Some individual rates per year are of a little concern, but figures are statistically inaccurate due to low numbers.

Infant Mortality - Rate Per 1,000 Live Births Source: 2007-2009 Vital Statistics Data As Of March, 2011

Source: 2007-2009 Vital Statistics Data As Of March, 2011							
	Deaths <1 Year	Births					

Region/County	2007	2008	2009	Total	2007-2009	Rate
Chemung	10	5	9	24	3,035	7.9
<u>Livingston</u>	4	2	2	8	1,765	4.5
<u>Monroe</u>	60	66	73	199	25,965	7.7
<u>Ontario</u>	10	6	9	25	3,281	7.6
Schuyler	2	1	0	3	519	5.8
<u>Seneca</u>	0	2	2	4	1,137	3.5
<u>Steuben</u>	7	6	8	21	3,325	6.3
<u>Wayne</u>	9	8	2	19	3,227	5.9
<u>Yates</u>	2	3	1	6	957	6.3
Region Total	104	99	106	309	43,211	7.2
New York State Total	1,382	1,359	1,296	4,037	748,909	5.4

Neonatal Mortality - Rate Per 1,000 Live Births Source: 2007-2009 Vital Statistics Data As Of March, 2011

	De	aths -	<28 D	Births		
Region/County	2007	2008	2009	Total	2007-2009	Rate
Chemung	5	3	5	13	3,035	4.3
<u>Livingston</u>	3	2	2	7	1,765	4.0
Monroe	39	51	52	142	25,965	5.5
<u>Ontario</u>	6	4	8	18	3,281	5.5
Schuyler	2	1	0	3	519	5.8
<u>Seneca</u>	0	2	1	3	1,137	2.6
<u>Steuben</u>	6	3	6	15	3,325	4.5
Wayne	8	5	2	15	3,227	4.6
Yates	1	2	0	3	957	3.1
Region Total	70	73	76	219	43,211	5.1
New York State Total	909	919	886	2,714	748,909	3.6

Postneonatal Mortality - Rate Per 1,000 Live Births Source: 2007-2009 Vital Statistics Data As Of March, 2011

	Death	s >28 D	ays - <	1 Year	Births	
Region/County	2007	2008	2009	Total	2007-2009	Rate
Chemung	5	2	4	11	3,035	3.6
<u>Livingston</u>	1	0	0	1	1,765	0.6
<u>Monroe</u>	21	15	21	57	25,965	2.2
<u>Ontario</u>	4	2	1	7	3,281	2.1
Schuyler	0	0	0	0	519	0.0
<u>Seneca</u>	0	0	1	1	1,137	0.9
<u>Steuben</u>	1	3	2	6	3,325	1.8
<u>Wayne</u>	1	3	0	4	3,227	1.2
<u>Yates</u>	1	1	1	3	957	3.1

Region Total	34	26	30	90	43,211	2.1
New York State Total	473	440	410	1,323	748,909	1.8

Spontaneous Fetal Deaths (20+ Weeks Gestation) - Rate Per 1,000 Live Births+Spont Fetal Deaths 20+ WKS

Source: 2007-2009 Vital Statistics Data As Of March, 2011

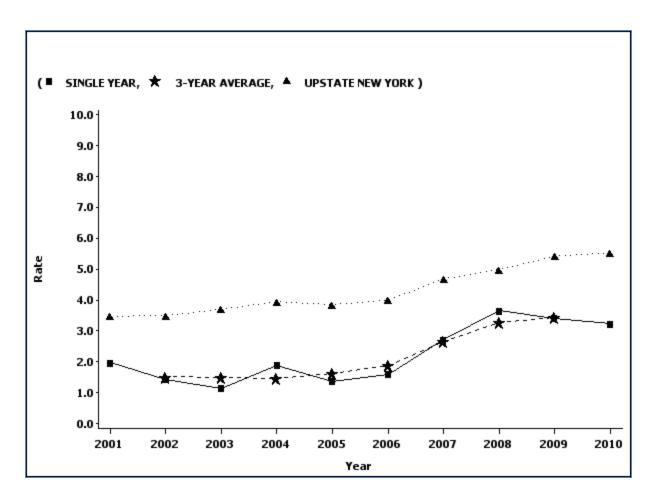
	Fetal	Death	s 20+ V	Weeks	Births+SFDS	
Region/County	2007	2008	2009	Total	2007-2009	Rate
Chemung	8	5	6	19	3,054	6.2
<u>Livingston</u>	1	5	6	12	1,777	6.8
<u>Monroe</u>	38	34	33	105	26,070	4.0
<u>Ontario</u>	6	6	6	18	3,299	5.5
<u>Schuyler</u>	1	3	2	6	525	11.4
<u>Seneca</u>	1	1	2	4	1,141	3.5
<u>Steuben</u>	13	10	5	28	3,353	8.4
<u>Wayne</u>	3	7	1	11	3,238	3.4
Yates	0	5	2	7	964	7.3
Region Total	71	76	63	210	43,421	4.8
New York State Total	1,673	1,760	1,711	5,144	754,055	6.8

6. Diseases of the Heart, Stroke and Hypertension

Cardiovascular D	visease Indicators (NYS	DOH)	2008-2010) - Onta	ario Coun	ıty		
Indicator	Data Links	3 Year Total	County Rate	NYS Rate	Sig.Dif.	NYS Rate exc NYC	Sig.Dif.	County Ranking Group
Cardiovascular disease mortality rate per 10	00,000							
Crude	(Table) (Trend)(Map)	887	278.9	289.2	No	302.9	Yes	2nd
Age-adjusted	(Table) (Trend)(Map)	887	218.6	250.9	Yes	244.7	Yes	1st
Premature death (ages 35-64 years)	(Table) (Trend)(Map)	142	104.4	102.0	No	95.3	No	3rd
Pretransport mortality	(Table) (Trend)(Map)	447	140.5	144.1	No	155.9	Yes	2nd
Cardiovascular disease hospitalization rate	per 10,000				•			
Crude	(Table) (Trend)(Map)	5,431	170.8	183.3	Yes	184.6	Yes	2nd
Age-adjusted	(Table) (Trend)(Map)	5,431	139.1	165.6	Yes	157.5	Yes	2nd
Disease of the heart mortality rate per 100,0	000							
Crude	(Table) (Trend)(Map)	679	213.5	239.7	Yes	243.6	Yes	2nd
Age-adjusted	(Table) (Trend)(Map)	679	166.6	207.6	Yes	196.5	Yes	1st
Premature death (ages 35-64 years)	(Table) (Trend)(Map)	106	77.9	83.3	No	78.0	No	2nd
Pretransport mortality	(Table) (Trend)(Map)	369	116.0	125.3	No	129.7	Yes	2nd
Disease of the heart hospitalization rate per	10,000							
Crude	(Table) (Trend)(Map)	3,897	122.5	125.7	No	128.4	Yes	2nd
Age-adjusted	(Table) (Trend)(Map)	3,897	99.4	113.3	Yes	109.2	Yes	2nd
Coronary heart disease mortality rate per 10	00,000							
Crude	(Table) (Trend)(Map)	493	155.0	195.6	Yes	180.0	Yes	2nd
Age-adjusted	(Table) (Trend)(Map)	493	121.3	169.4	Yes	145.1	Yes	1st
Premature death (ages 35-64 years)	(Table) (Trend)(Map)	91	66.9	69.0	No	59.9	No	3rd
Pretransport mortality	(Table) (Trend)(Map)	270	84.9	105.2	Yes	99.0	Yes	2nd
Coronary heart disease hospitalization rate p	per 10,000							

Cardiovascular D	isease Indicators (NYS	SDOH)	2008-2010) - Onta	ario Cour	ıty		
Indicator	Data Links	3 Year Total	County Rate	NYS Rate	Sig.Dif.	NYS Rate exc NYC	Sig.Dif.	County Ranking Group
Crude	(Table) (Trend)(Map)	1,518	47.7	52.3	Yes	51.6	Yes	2nd
Age-adjusted	(Table) (Trend)(Map)	1,518	38.4	46.9	Yes	43.7	Yes	2nd
Congestive heart failure mortality rate per 1	00,000							•
Crude	(Table) (Trend)(Map)	63	19.8	13.3	Yes	19.8	No	3rd
Age-adjusted	(Table) (Trend)(Map)	63	14.8	11.3	No	15.5	No	2nd
Premature death (ages 35-64 years)	(Table) (Trend)(Map)	3	2.2*	1.6	No	2.0	No	3rd
Pretransport mortality	(Table) (Trend)(Map)	38	11.9	7.2	Yes	10.9	No	3rd
Congestive heart failure hospitalization rate	per 10,000							•
Crude	(Table) (Trend)(Map)	904	28.4	32.3	Yes	32.2	Yes	2nd
Age-adjusted	(Table) (Trend)(Map)	904	22.6	28.9	Yes	26.9	Yes	1st
Cerebrovascular disease (stroke) mortality i	ate per 100,000							
Crude	(Table) (Trend)(Map)	151	47.5	30.5	Yes	39.3	Yes	3rd
Age-adjusted	(Table) (Trend)(Map)	151	37.5	26.7	Yes	31.9	No	4th
Premature death (ages 35-64 years)	(Table) (Trend)(Map)	25	18.4	10.6	Yes	10.5	Yes	4th
Pretransport mortality	(Table) (Trend)(Map)	66	20.8	10.9	Yes	16.5	No	3rd
Cerebrovascular disease (stroke) hospitaliza	ation rate per 10,000							
Crude	(Table) (Trend)(Map)	939	29.5	27.8	No	29.8	No	3rd
Age-adjusted	(Table) (Trend)(Map)	939	23.8	25.1	No	25.3	No	2nd
Hypertension hospitalization rate per 10,000 (ages 18 years and older)	(Table) (Trend)(Map)	85	3.4	7.9	Yes	5.3	Yes	2nd
Age-adjusted % of adults with physician diagnosed angina, heart attack or stroke # (2008-2009)	(Table) (Map)	N/A	7.8	7.6	No	7.2	No	2nd
Age-adjusted % of adults with cholesterol checked in the last 5 years # (2008-2009)	(Table) (Map)	N/A	77.5	77.3	No	79.3	No	2nd
Age-adjusted % of adults ever told they have high blood pressure (2008-2009)	(Table) (Map)	N/A	29.7	25.7	No	27.1	No	3rd

Ontario County Hypertension Hospitalization Rate per 100,000 - Ages 18+



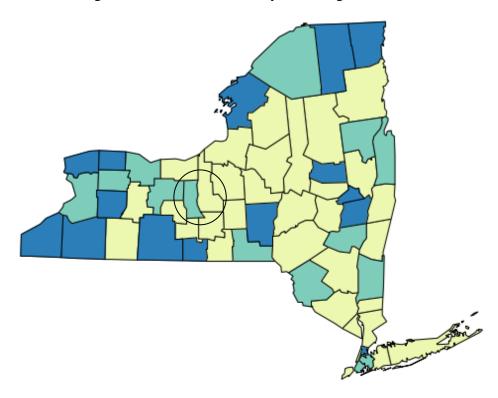
As stated in the executive summary, Ontario County has chosen to focus on hypertension within the chronic disease category. Although hypertension hospitalization rates in Ontario County are low as compared to the upstate New York average, rates have steadily increased over the last 12 years. In 2000 the rate of hypertension hospitalizations per 100,000 was 2.0, increasing to 3.2 in 2010, almost a 40% increase (37.5%). To deter a further increase in hypertension and reduce the prevalence of the disease overall, measures must be implemented now.

Age-adjusted percentage of adults with physician diagnosed angina, heart attack or stroke Source:2008-2009 NYS Expanded Behavioral Risk Factor Surveillance System Data as of 2010

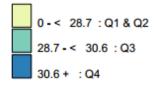
	Percentage
Region/County	(CI)
Reg- 2 Finger Lakes	
Chemung	11.2 (7.2-15.2)
Livingston	7.7 (5.6-9.8)
Monroe	5.9 (4.0-7.7)
Ontario	7.8 (5.6-10.1)
Schuyler	7.5 (5.6-9.5)

	Percentage
Region/County	(CI)
Seneca	9.1 (7.0-11.3)
Steuben	7.4 (5.4-9.3)
Wayne	8.1 (5.6-10.7)
Yates	5.8 (4.1-7.5)
New York State Total	7.6 (6.4-8.7)

Age Adjusted Percentage of Adults Ever Told They Have High Blood Pressure 2008-2009



Age-adjusted percentage of adults Counties Are Shaded Based On Quartile Distribution



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





Age-adjusted percentage of adults

Cerebrovascular Disease(Stroke) - Deaths and Death Rates Per 100,000 Residents

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

	Deaths			Populati on	Cru de	Adjust ed	
Region/Cou nty	200 7	200 8	200 9	Tota l	2008	Rate	Rate
Chemung	56	54	43	153	87,813	58.1	42.2
Livingston	23	27	32	82	63,154	43.3	39.8
Monroe	335	309	326	970	732,762	44.1	35.8
<u>Ontario</u>	47	45	52	144	104,475	45.9	37.7
Schuyler	5	11	6	22	18,888	38.8	29.6
<u>Seneca</u>	12	15	17	44	34,086	43.0	34.5
<u>Steuben</u>	50	37	37	124	96,573	42.8	33.3
Wayne	35	35	35	105	91,564	38.2	33.8
Yates	10	7	12	29	24,652	39.2	29.1
Region Total	573	540	560	1,67 3	1,253,96 7	44.5	36.2
New York State Total	5,88 2	5,88 2	5,82 3	17,5 87	19,490,2 97	30.1	26.3

Diseases of The Heart - Deaths and Death Rates Per 100,000 Residents Source: 2007-2009 Vital Statistics Data as of March, 2011

Deaths Population Crude Adjusted Region/County 2007 2008 2009 **Total** 2008 Rate Rate Chemung 234 237 206 677 87,813 257.0 191.1 135 127 105 367 63,154 193.7 175.7 Livingston 1,522 1,492 1,434 4,448 732,762 202.3 164.8 Monroe 205 224 226 655 104,475 209.0 168.6 <u>Ontario</u> 49 55 51 155 18,888 273.5 200.8 Schuyler 92 70 77 233.7 187.7 Seneca 239 34,086 Steuben 254 234 241 729 96,573 251.6 194.3 184 91,564 Wayne 196 196 576 209.7 188.8 Yates 59 70 55 184 24,652 248.8 186.7 Region Total 2,746 2,705 2,579 8,030 1,253,967 213.5 173.1 New York State Total 49,312 49,133 46,312 144,757 19,490,297 247.6 214.2

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

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

Source. 2	Source. 2007-2009 vital Statistics Data as of March, 2011								
		Deaths			Population	Crude	Adjusted		
Region/County	2007	2008	2009	Total	2008	Rate	Rate		
Chemung	153	149	137	439	87,813	166.6	125.3		
<u>Livingston</u>	111	83	72	266	63,154	140.4	127.0		
<u>Monroe</u>	1,071	998	965	3,034	732,762	138.0	113.4		
<u>Ontario</u>	138	154	171	463	104,475	147.7	119.4		
<u>Schuyler</u>	40	36	37	113	18,888	199.4	146.7		
<u>Seneca</u>	60	44	47	151	34,086	147.7	118.9		

<u>Steuben</u>	173	158	177	508	96,573	175.3	135.8
Wayne	153	144	130	427	91,564	155.4	139.0
<u>Yates</u>	40	49	41	130	24,652	175.8	133.4
Region Total	1,939	1,815	1,777	5,531	1,253,967	147.0	119.9
New York State Total	40,450	40,364	37,987	118,801	19,490,297	203.2	175.8

Cardiovascular Disease - Discharge Rate Per 10,000 Population Source: 2007-2009 SPARCS Data as of February, 2011

		Disc	harges		Population	Crude	Adjusted
Region/County	2007	2008	2009	Total	2008	Rate	Rate
Chemung	1,792	1,792	1,637	5,221	87,813	198.2	162.1
<u>Livingston</u>	1,189	1,154	1,123	3,466	63,154	182.9	170.3
<u>Monroe</u>	12,616	12,649	12,966	38,231	732,762	173.9	153.6
<u>Ontario</u>	1,898	1,857	1,926	5,681	104,475	181.3	152.5
<u>Schuyler</u>	307	361	323	991	18,888	174.9	136.7
<u>Seneca</u>	727	638	663	2,028	34,086	198.3	168.6
<u>Steuben</u>	1,874	1,819	1,858	5,551	96,573	191.6	155.7
Wayne	1,745	1,816	1,809	5,370	91,564	195.5	175.5
Yates	518	539	493	1,550	24,652	209.6	167.4
Region Total	22,666	22,625	22,798	68,089	1,253,967	181.0	156.9
New York State Total	364,474	362,932	359,887	1,087,293	19,490,297	186.0	168.7

Cerebrovascular Disease (Stroke) - Discharge Rate Per 10,000 Population Source: 2007-2009 SPARCS Data as of February, 2011

		Discl	narges	<u> </u>	Population	Crude	Adjusted
Region/County	2007	2008	2009	Total	2008	Rate	Rate
Chemung	330	317	281	928	87,813	35.2	28.4
<u>Livingston</u>	165	174	184	523	63,154	27.6	25.8
<u>Monroe</u>	1,944	1,997	2,215	6,156	732,762	28.0	24.6
<u>Ontario</u>	309	304	347	960	104,475	30.6	25.7
<u>Schuyler</u>	55	53	63	171	18,888	30.2	24.1
<u>Seneca</u>	94	97	109	300	34,086	29.3	24.3
<u>Steuben</u>	282	276	299	857	96,573	29.6	23.8
<u>Wayne</u>	253	261	302	816	91,564	29.7	26.6
<u>Yates</u>	85	83	69	237	24,652	32.0	25.1
Region Total	3,517	3,562	3,869	10,948	1,253,967	29.1	25.1
New York State Total	54,351	53,789	54,479	162,619	19,490,297	27.8	25.2

Hypertension (Age 18+) - Discharge Rate Per 10,000 Population

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

Source: 2007-2009 SPARCS Data as of February, 2011							
		Disch	arges		Population	Crude	
Region/County	2007	2008	2009	Total	2008	Rate	
Chemung	44	55	45	144	68,880	7.0	
<u>Livingston</u>	10	8	11	29	51,102	1.9	
<u>Monroe</u>	210	212	240	662	567,858	3.9	
<u>Ontario</u>	22	30	28	80	82,067	3.2	
Schuyler	3	4	9	16	15,030	3.5	
Seneca	8	10	7	25	27,219	3.1	

Steuben	24	28	26	78	75,258	3.5
Wayne	9	15	17	41	70,154	1.9
<u>Yates</u>	5	5	4	14	18,942	2.5
Region Total	335	367	387	1,089	976,510	3.7
New York State Total	10,877	11,739	12,055	34,671	15,082,281	7.7

7. Oral Health

The need for dental health education, and dental services, continues to be strong. Ontario County conducted a needs assessment from late January through March 2009 in which survey respondents were asked their opinion of the county's needs from three (3) different perspectives:

- personal needs areas of need for them, personally
- community needs areas where they perceived general needs in the county
- unmet needs specific areas of greatest unmet needs in the county

The oral health indicators for Ontario County show that those 3rd grade children of low socioeconomic status have poorer rates across the board than those with a high socioeconomic status. Third grade children had a rate of 48.2 of caries experience compared to 45.4 for the NYS rate of 54.1 (excluding NYC).

Oral Health Indica	tors (NYSDOH) 2009-2	2011 - O	ntario Co	unty				
Indicator	Data Links	3 Year Total	County Rate		Sig.Dif.	NYS Rate exc NYC	Sig.Dif.	County Ranking Group
Oral health survey of 3rd grade children								
% of 3rd grade children with caries experience #	(Table) (Map)	N/A	48.2	N/A	N/A	45.4	Yes	3rd
% of 3rd grade children with untreated caries #	(Table) (Map)	N/A	17.4	N/A	N/A	24.0	Yes	1st
% of 3rd grade children with dental sealants #	(Table) (Map)	N/A	42.8	N/A	N/A	41.9	Yes	2nd
% of 3rd grade children with dental insurance #	(Table) (Map)	N/A	83.1	N/A	N/A	81.8	Yes	2nd
% of 3rd grade children with at least one dental visit in last year #	(Table) (Map)	N/A	88.4	N/A	N/A	83.4	Yes	4th
% of 3rd grade children reported taking fluoride tablets regularly #	(Table) (Map)	N/A	32.1	N/A	N/A	41.9	Yes	1st
Age-adjusted % of adults who had a dentist visit within the past year # (2008-2009)	(Table) (Map)	N/A	75.8	71.1	No	72.7	No	1st
Caries emergency department visit rate per 10,000 (ages 3-5 years) (2008-2010)	(Table) (Trend)(Map)	87	82.2	65.8	No	69.9	No	3rd
Medicaid oral health indicators								
% of Medicaid enrollees with at least one dental visit within the last year # (2008-2010)	(Table) (Trend)(Map)	12,034	26.1	31.3	Yes	29.4	Yes	3rd
% of Medicaid enrollees with at least one preventive dental visit within the last year # (2008-2010)	(Table) (Trend)(Map)	9,743	21.1	25.9	Yes	23.4	Yes	2nd
% of Medicaid enrollees (ages 2-20 years) who had at least one dental visit within the last year # (2008-2010)	(Table) (Trend)(Map)	5,780	37.4	40.8	Yes	40.5	Yes	3rd
Oral cancer	•							
Age-adjusted incidence per 100,000 (2007-2009)	(Table) (Trend)(Map)	45	12.0	10.4	No	10.8	No	3rd
Age-adjusted mortality rate per 100,000 (2007-2009)	(Table) (Trend)(Map)	9	2.3*	2.1	No	2.0	No	3rd
Mortality per 100,000 (ages 45-74 years) (2007-2009)	(Table) (Trend)(Map)	6	5.0*	4.4	No	4.2	No	3rd

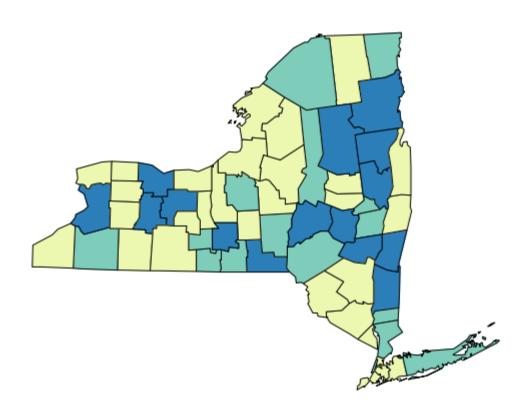
8.Obesity

As stated in the Executive Summary, Ontario County has chosen to focus on chronic disease, specifically obesity over the next three years. Obesity has been a growing epidemic both national and within New York State over the last decade. Prevention strategies, education and evidenced based/best practices must be implemented now to help deter this epidemic from growing any further. The health factors and conditions that accompany obesity (hypertension, heart disease, stroke, diabetes, etc.) heavily burden the health care system, making quality, affordable care even more difficult to provide to the population as a whole.

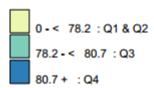
Obesity and Related Indica	tors (NYSDOH) 2008-2	2010 - C	Ontario C	ounty				
Indicator	Data Links	3 Year Total	County Rate		Sig.Dif.	NYS Rate exc NYC	Sig.Dif.	County Ranking Group
All students (elementary - PreK, K, 2nd and 4th grades, middle	- 7th grade and high sch	1001 - 10	th grade)				
% overweight but not obese (85th-less than 95th percentile) #	(Table) (Map)	N/A	13.7	N/A	N/A	14.7	N/A	3rd
% obese (95th percentile or higher) #	(Table) (Map)	N/A	17.4	N/A	N/A	16.5	N/A	3rd
% overweight or obese (85th percentile or higher) #	(Table) (Map)	N/A	31.1	N/A	N/A	31.3	N/A	2nd
Elementary students (PreK, K, 2nd and 4th grades)	•	,	•		=			•
% overweight but not obese (85th-less than 95th percentile) #	(Table) (Map)	N/A	12.0	N/A	N/A	13.3	N/A	3rd
% obese (95th percentile or higher) #	(Table) (Map)	N/A	14.9	N/A	N/A	15.2	N/A	3rd
% overweight or obese (85th percentile or higher) #	(Table) (Map)	N/A	26.8	N/A	N/A	28.5	N/A	2nd
Middle and high school students (7th and 10th grades)	•	,	•		=			•
% overweight but not obese (85th-less than 95th percentile) #	(Table) (Map)	N/A	16.1	N/A	N/A	16.6	N/A	3rd
% obese (95th percentile or higher) #	(Table) (Map)	N/A	20.7	N/A	N/A	18.3	N/A	3rd
% overweight or obese (85th percentile or higher) #	(Table) (Map)	N/A	36.8	N/A	N/A	34.9	N/A	3rd
% of pregnant women in WIC who were pre-pregnancy overweight but not obese (BMI 25-less than 30)~	(Table) (Trend)(Map)	350	23.7	26.6	Yes	26.3	Yes	2nd
% of pregnant women in WIC who were pre-pregnancy obese (BMI 30 or higher)~	(Table) (Trend)(Map)	428	29.0	23.4	Yes	26.7	No	2nd
% obese (95th percentile or higher) children in WIC (ages 2-4 years)	(Table) (Trend)(Map)	396	15.1	14.5	No	15.2	No	3rd
% of children in WIC viewing TV 2 hours or less per day (ages 0-4 years)	(Table) (Trend)(Map)	2,021	79.6	78.6	No	80.7	No	2nd
% of WIC mothers breastfeeding at 6 months	(Table) (Trend)(Map)	208	20.7	39.7	Yes	28.7	Yes	2nd
Age-adjusted % of adults overweight or obese (BMI 25 or higher) (2008-2009)	(Table) (Map)	N/A	56.4	59.3	No	60.6	No	1st
Age-adjusted % of adults obese (BMI 30 or higher) (2008-2009)	(Table) (Map)	N/A	23.1	23.1	No	24.3	No	1st
Age-adjusted % of adults who did not participate in leisure time physical activity in last 30 days (2008-2009)	(Table) (Map)	N/A	82.1	76.3	No	78.9	No	4th
Age-adjusted % of adults eating 5 or more fruits or vegetables per day (2008-2009)	(Table) (Map)	N/A	32.9	27.1	No	27.7	No	1st
Age-adjusted % of adults with physician diagnosed diabetes (2008-2009)	(Table) (Map)	N/A	7.4	9.0	No	8.5	No	1st
Age-adjusted % of adults with physician diagnosed angina, heart attack or stroke # (2008-2009)	(Table) (Map)	N/A	7.8	7.6	No	7.2	No	2nd
Age-adjusted mortality rate per 100,000	•							
Cardiovascular disease mortality	(Table) (Trend)(Map)	887	218.6	250.9	Yes	244.7	Yes	1st
Cerebrovascular disease (stroke) mortality	(Table) (Trend)(Map)	151	37.5	26.7	Yes	31.9	No	4th
Diabetes mortality	(Table) (Trend)(Map)	62	15.9	16.6	No	14.9	No	2nd

Age-adjusted hospitalization rate per 100,000								
Cardiovascular disease hospitalizations	(Table) (Trend)(Map)	5,431	139.1	165.6	Yes	157.5	Yes	2nd
Cerebrovascular disease (stroke) hospitalizations	(Table) (Trend)(Map)	939	23.8	25.1	No	25.3	No	2nd
Diabetes hospitalizations (primary diagnosis)	(Table) (Trend)(Map)	390	11.0	19.0	Yes	14.3	Yes	2nd

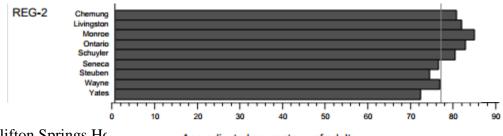
Age-Adjusted Percentage of Adults Who Did Not Participate in Leisure Time Physical Activity in the Last 30 Days 2008-2009



Age-adjusted percentage of adults Counties Are Shaded Based On Quartile Distribution



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



Clifton Springs Ho

Age-adjusted percentage of adults

Although obesity rates as a whole for adults in Ontario County is better than national and state rates, the number of adults participating in no leisure time physical activity is very high, falling in the fourth quartile. Ontario County has the highest number of sedentary adults in the Network region.

Percentage overweight or obese (85th percentile or higher) - Elementary students Source:2008-2010 Student Weight Status Category Reporting System Data as of July. 2012

July, 20	7
	Percentage
Region/County	
Reg- 2 Finger La	akes
Chemung	27.1
Livingston	24.2
Monroe	22.4
Ontario	26.8
Schuyler	26.2
Seneca	32.7
Steuben	19.5
Wayne	24.6
Yates	26.4

Percentage overweight or obese (85th percentile or higher) - Middle and high school students Source:2008-2010 Student Weight Status Category Reporting System Data as of July, 2012

	Percentage
Region/County	
Reg- 2 Finger L	akes
Chemung	38.5
Livingston	26.3
Monroe	34.9
Ontario	36.8
Schuyler	28.4
Seneca	39.6
Steuben	33.8
Wayne	30.5
Yates	36.1

Percentage overweight or obese (85th percentile or higher) - All students (elementary, middle and high school)

Source: 2008-2010 Student Weight Status Category Reporting System Data as of July, 2012

	Percentage
Region/County	
Reg- 2 Finger L	akes
Chemung	31.5
Livingston	25.1
Monroe	28.0
Ontario	31.1
Schuyler	27.1
Seneca	35.8
Steuben	25.6
Wayne	27.0
Yates	30.8

Although adult obesity rates for Ontario County are not particularly high, rates for school aged children are concerning. Ontario County stands as the second highest county in the Network region in overall percent of students overweight or obese (31.1%). Ontario County is also second highest in the Network region percent of overweight or obese elementary and middle and high school students categorized separately with 26.8% and 36.8% respectively.

Children in WIC Viewing TV <= 2 Hours per Day 0-4 years(Low SES) - Per Children Tested Source: 2007-2009 Division of Nutrition Data as of April, 2011

	Children in WIC V	Children in WIC Viewing TV <=2 Hours per Day 0-4 years(Low SES)								
Region/County	Total 2007-2009									
Ontario	2,012	2,469	81.5							
Region Total	29,269	35,762	81.8							
New York State Total	545,682	694,948	78.5							

WIC Children (AGE 0-4) Who are Underweight - Per Children Tested Source: 2007-2009 Division of Nutrition Data as of April, 2011

	WIC Childre	WIC Children (AGE 0-4) Who are Underweight							
Region/County	Total 2007-2009 Per Children Tested 2007-2009 Per Children Tested								
Ontario	59	5,363	1.1						

Region Total	2,555	74,299	3.4
New York State Total	64,109	1,439,589	4.5

WIC Children (Age 2-4) Who are Obese - Per Children Tested Source: 2007-2009 Division of Nutrition Data as of April, 2011

	WIC Children (Age 2-4) Who are Obese							
Region/County	Total 2007-2009	Per Children Tested 2007-2009	Percent					
Ontario	374	2,544	14.7					
Region Total	4,752	34,068	13.9					
New York State Total	91,610	630,700	14.5					

Children (6 Months-4 Years) Who are Anemic - Per Children Tested Source: 2007-2009 Division of Nutrition Data as of April, 2011

	Children (6 Months-4 Years) Who are Anemic									
Region/County	Total 2007-2009	Per Children Tested 2007-2009	Percent							
Ontario	759	3,892	19.5							
Region Total	6,656	54,173	12.3							
New York State Total	126,742	1,060,232	12.0							

WIC Children (6 Months) Who were breastfed - Per Children Tested Source: 2007-2009 Division of Nutrition Data as of April, 2011

	WIC Children (6 Months) Who were breastfe								
Region/County	Total 2007-2009	Percent							
Ontario	200	986	20.3						
Region Total	2,599	13,405	19.4						
New York State Total	105,914	260,612	40.6						

As stated in the Executive Summary, Ontario County has chosen to focus on chronic disease, specifically obesity over the next three years. Ontario county must implement preventative measures now to help fight the obesity epidemic and stop obesity rates from increasing.

9. Cirrhosis/Diabetes

Although diabetes rates within Ontario County are similar or lower than upstate New York and state rates as a whole, rates within the county have risen since 2008. With obesity being a major risk factor for developing diabetes, Ontario County choosing obesity as a priority to work on over the next three years, will hope to decrease diabetes rates as well.

Cirrhosis/E	Cirrhosis/Diabetes Indicators (NYSDOH) 2008-2010 - Ontario County									
Indicator	Data Links	3 Year Total	County Rate	NYS Rate	Sig.Dif.	NYS Rate exc NYC	Sig.Dif.	County Ranking Group		
Cirrhosis mortality rate per 100,000										
Crude	(Table) (Trend) (Map)	32	10.1	6.9	No	7.7	No	3rd		
Age-adjusted	(Table) (Trend) (Map)	32	8.0	6.2	No	6.6	No	3rd		
Cirrhosis hospitalization rate per 10,000	•		•			•	•	•		
Crude	(Table) (Trend) (Map)	69	2.2	2.9	Yes	2.5	No	2nd		
Age-adjusted	(Table) (Trend) (Map)	69	2.0	2.7	Yes	2.2	No	2nd		
Diabetes mortality rate per 100,000								<u> </u>		
Crude	(Table) (Trend) (Map)	62	19.5	18.6	No	17.7	No	2nd		
Age-adjusted	(Table) (Trend) (Map)	62	15.9	16.6	No	14.9	No	2nd		
Diabetes hospitalization rate per 10,000 (p	orimary diagnosis)									
Crude	(Table) (Trend) (Map)	390	12.3	20.3	Yes	15.5	Yes	1st		
Age-adjusted	(Table) (Trend) (Map)	390	11.0	19.0	Yes	14.3	Yes	2nd		
Diabetes hospitalization rate per 10,000 (any diagnosis)										
Crude	(Table) (Trend) (Map)	6,678	210.0	248.7	Yes	228.9	Yes	1st		
Age-adjusted	(Table) (Trend) (Map)	6,678	174.4	226.1	Yes	198.2	Yes	1st		
Age-adjusted % of adults with physician diagnosed diabetes (2008-2009)	(Table) (Map)	N/A	7.4	9.0	No	8.5	No	1st		

Diabetes (Primary Diagnosis) - Discharge Rate Per 10,000 Population Source: 2007-2009 SPARCS Data as of February, 2011

		Discharges				Crude	Adjusted
Region/County	2007	2008	2009	Total	2008	Rate	Rate
Chemung	234	209	189	632	87,813	24.0	21.9
Livingston	69	72	57	198	63,154	10.5	10.1
Monroe	1,069	1,193	1,169	3,431	732,762	15.6	14.9
Ontario	141	116	124	381	104,475	12.2	11.1
Schuyler	15	23	13	51	18,888	9.0	7.9
Seneca	32	38	38	108	34,086	10.6	9.8
Steuben	167	170	153	490	96,573	16.9	15.5
Wayne	105	121	119	345	91,564	12.6	11.9
Yates	26	23	31	80	24,652	10.8	9.6
Region Total	1,858	1,965	1,893	5,716	1,253,967	15.2	14.3
New York State Total	40,454	39,941	39,491	119,886	19,490,297	20.5	19.3

Diabetes (Any Diagnosis) - Discharge Rate Per 10,000 Population

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

		Disc	harges	Population	Crude	Adjusted	
Region/County	2007	2008	2009	Total	2008	Rate	Rate
Chemung	2,782	2,777	2,743	8,302	87,813	315.1	265.0
Livingston	1,355	1,350	1,464	4,169	63,154	220.0	205.5
Monroe	15,005	16,410	17,164	48,579	732,762	221.0	199.6
Ontario	2,204	2,197	2,260	6,661	104,475	212.5	181.8
Schuyler	418	478	387	1,283	18,888	226.4	177.4
Seneca	717	747	723	2,187	34,086	213.9	183.5

Steuben	2,452	2,412	2,460	7,324	96,573	252.8	209.1
Wayne	1,929	1,992	2,121	6,042	91,564	220.0	196.6
Yates	553	594	606	1,753	24,652	237.0	192.3
Region Total	27,415	28,957	29,928	86,300	1,253,967	229.4	202.7
New York State Total	467,111	477,584	484,681	1,429,376	19,490,297	244.5	223.5

10. Tobacco/Alcohol/Substance Abuse

Tobacco, Alcohol and Other Substance Abuse Indicators (NYSDOH) 2008-2010 - Ontario County										
Indicator	Data Links	3 Year Total	County Rate	NYS Rate	Sig.Dif.	NYS Rate exc NYC	Sig.Dif.	County Ranking Group		
Drug-related hospitalization rate per 10,000	l									
Crude	(Table) (Trend) (Map)	379	11.9	27.3	Yes	21.2	Yes	1st		
Age-adjusted	(Table) (Trend) (Map)	379	12.2	27.2	Yes	21.8	Yes	1st		
Newborn drug-related hospitalization rate per 10,000 newborn discharges	(Table) (Trend) (Map)	17	56.2	64.0	No	78.4	No	3rd		
Alcohol related motor vehicle injuries and deaths per 100,000	(Table) (Trend) (Map)	159	50.0	36.2	Yes	50.0	No	2nd		
Age-adjusted % of adults who smoke cigarettes (2008-2009)	(Table) (Map)	N/A	20.0	17.0	No	18.9	No	2nd		
Age-adjusted % of adults living in homes where smoking is prohibited (2008-2009)	(Table) (Map)	N/A	79.2	80.9	No	79.3	No	2nd		
Age-adjusted % of adults who binge drink (2008-2009)	(Table) (Map)	N/A	21.0	18.1	No	19.8	No	3rd		

Tobacco and alcohol use stands as a problem in Ontario County. The percent of adults who smoke cigarettes stands at 20.0%, higher than both the New York state and upstate New York rate. Alcohol statistics are even worse with the percentage of adults who binge drink standing at 21.0%, again righer than the New York state and upstate New York rate. With Ontario County being so close in proximity to Seneca County, where a reservation is located, this could be contributing to the number of adults smoking cigarettes.

Drug-Related - Discharge Rate Per 10,000 Population Source: 2007-2009 SPARCS Data as of February, 2011

	Discharges				Population	Crude	Adjusted
Region/County	2007	2008	2009	Total	2008	Rate	Rate
<u>Ontario</u>	148	131	127	406	104,475	13.0	12.9
Region Total	2,230	1,961	2,162	6,353	1,253,967	16.9	17.0
New York State Total	54,106	54,953	54,192	163,251	19,490,297	27.9	28.0

11. HIV/AIDS and Sexually Transmitted Infections

HIV/AIDS and Other Sexually Transmitted Infection Indicators (NYSDOH) 2008-2010 - Ontario County										
Indicator	Data Links	3 Year Total	County Rate	NYS Rate	Sig.Dif.	NYS Rate exc NYC	Sig.Dif.	County Ranking Group		
HIV case rate per 100,000										
Crude	(Table) (Trend)(Map)	7	2.2*	21.4	Yes	7.4	Yes	1st		
AIDS case rate per 100,000										
Crude	(Table) (Trend)(Map)	3	0.9*	17.6	Yes	5.6	Yes	1st		

HIV/AIDS and Other	Sexually Transmitted In	nfection In	dicators (N	YSDOH)	2008-201	0 - Ontario Co	ounty			
Indicator	Data Links	3 Year Total	County Rate	NYS Rate	Sig.Dif.	NYS Rate exc NYC	Sig.Dif.	County Ranking Group		
AIDS mortality rate per 100,000										
Crude	(Table) (Trend)(Map)	1	0.3*	5.7	Yes	1.7	No	1st		
Age-adjusted	(Table) (Trend)(Map)	1	0.3*	5.3	Yes	1.6	Yes	1st		
Early syphilis case rate per 100,000	(Table) (Trend)(Map)	0	0.0*	12.8	Yes	2.5	Yes	1st		
Gonorrhea case rate per 100,000	Gonorrhea case rate per 100,000									
All ages	(Table) (Trend)(Map)	52	16.3	89.7	Yes	55.7	Yes	2nd		
Ages 15-19 years	(Table) (Trend)(Map)	7	29.9*	335.5	Yes	210.3	Yes	2nd		
Chlamydia case rate per 100,000 males					•					
All ages	(Table) (Trend)(Map)	167	107.0	305.1	Yes	178.9	Yes	2nd		
Ages 15-19 years	(Table) (Trend)(Map)	47	396.7	1,013.5	Yes	586.9	Yes	3rd		
Ages 20-24 years	(Table) (Trend)(Map)	72	677.1	1,410.1	Yes	920.6	Yes	2nd		
Chlamydia case rate per 100,000 females										
All ages	(Table) (Trend)(Map)	450	277.9	644.6	Yes	426.2	Yes	2nd		
Ages 15-19 years	(Table) (Trend)(Map)	215	1,860.2	3,587.6	Yes	2,334.5	Yes	3rd		
Ages 20-24 years	(Table) (Trend)(Map)	163	1,532.8	3,114.6	Yes	2,200.4	Yes	2nd		
Pelvic inflammatory disease (PID) hospitalization rate per 10,000 females (ages 15-44 years)	(Table) (Trend)(Map)	12	2.0	3.7	Yes	2.5	No	2nd		

AIDS - Deaths and Death Rates Per 100,000 Residents Source: 2007-2009 Vital Statistics Data as of March, 2011

		Dea	ths		Population	Crude	Adjusted
Region/County	2007	2008	2009	Total	2008	Rate	Rate
Chemung	1	2	2	5	87,813	1.9	1.6
Livingston	1	0	0	1	63,154	0.5	0.5
Monroe	24	26	15	65	732,762	3.0	2.9
Ontario	0	0	0	0	104,475	0.0	0.0
Schuyler	1	0	0	1	18,888	1.8	1.6
Seneca	1	0	0	1	34,086	1.0	1.2
Steuben	0	2	3	5	96,573	1.7	1.8
Wayne	0	1	0	1	91,564	0.4	0.3
Yates	0	0	0	0	24,652	0.0	0.0
Region Total	28	31	20	79	1,253,967	2.1	2.0
New York State Total	1,327	1,250	1,080	3,657	19,490,297	6.3	5.9

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

ec. 2007 2007 Bureau of H177HBB Epidemiology Build as of Hay,									
	Newly	Diagno	sed HI	V Cases	Newly Diagnosed HIV Cases				
Region/County	2007	2008	2009	Total	2008	Rate			
Chemung	2	6	2	10	87,813	3.8			
Livingston	2	1	3	6	63,154	3.2			
Monroe	96	90	90	276	732,762	12.6			
Ontario	5	2	3	10	104,475	3.2			
Schuyler	1	1	0	2	18,888	3.5			
Seneca	2	2	0	4	34,086	3.9			

Steuben	2	4	3	9	96,573	3.1
Wayne	3	5	5	13	91,564	4.7
Yates	0	0	0	0	24,652	0.0
Region Total	113	111	106	330	1,253,967	8.8
New York State Total	4,688	4,540	4,111	13,339	19,490,297	22.8

Overall, as a rural county, Ontario County has very low rates of HIV/AIDS deaths, cases and those that have been newly infected. Although rates are low, the number of those that could be infected and do not know because that have not been tested could yield a larger number than is portrayed here. Continued efforts to promote safe sex and sexually transmitted infection testing are encouraged.

Early Syphilis Per 100,000 Population Source: 2007-2009 Bureau of STD Control Data as of May, 2011

	F	Early S	Syphili	is	Population	
Region/County	2007	2008	2009	Total	2008	Rate
Chemung	0	5	5	10	87,813	3.8
Livingston	0	0	0	0	63,154	0.0
Monroe	18	11	16	45	732,762	2.0
Ontario	2	0	0	2	104,475	0.6
Schuyler	0	0	0	0	18,888	0.0
Seneca	0	1	1	2	34,086	2.0
Steuben	2	0	0	2	96,573	0.7
Wayne	1	3	1	5	91,564	1.8
Yates	1	0	0	1	24,652	1.4
Region Total	24	20	23	67	1,253,967	1.8
New York State Total	2,222	2,576	2,452	7,250	19,490,297	12.4

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

		Gono		Population		
Region/County	2007	2008	2009	Total	2008	Rate
Chemung	111	98	51	260	87,813	98.7
Livingston	6	5	5	16	63,154	8.4
Monroe	1,133	1,300	1,414	3,847	732,762	175.0
Ontario	29	19	13	61	104,475	19.5
Schuyler	4	4	0	8	18,888	14.1
Seneca	7	10	7	24	34,086	23.5
Steuben	14	18	14	46	96,573	15.9
Wayne	15	16	21	52	91,564	18.9
Yates	5	2	0	7	24,652	9.5
Region Total	1,324	1,472	1,525	4,321	1,253,967	114.9
New York State Total	17,699	17,120	17,009	51,828	19,490,297	88.6

Gonorrhea rates for Ontario County are relatively high as compared to the Network counties, falling at 19.5 cases per 100,000 of the population, within only Seneca County being higher with 23.5 per 100,000.

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

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

		Disch	arges	Ť	Population	Crude
Region/County	2007	2008	2009	Total	2008	Rate
Chemung	9	3	7	19	16,711	3.8
Livingston	2	5	0	7	13,878	1.7
Monroe	31	47	45	123	149,873	2.7
Ontario	5	4	4	13	20,677	2.1
Schuyler	2	0	2	4	3,560	3.7
Seneca	0	1	2	3	6,376	1.6
Steuben	9	3	10	22	19,039	3.9
Wayne	1	6	3	10	17,646	1.9
Yates	1	0	1	2	4,861	1.4
Region Total	60	69	74	203	252,621	2.7
New York State Total	1,755	1,545	1,515	4,815	4,076,182	3.9

Male Chlamydia Per 100,000 Males

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

	N	Iale Ch	a	Males		
Region/County	2007	2008	2009	Total	2008	Rate
Chemung	81	89	67	237	43,653	181.0
Livingston	18	33	32	83	31,593	87.6
Monroe	1,362	1,543	1,736	4,641	355,721	434.9
Ontario	39	59	49	147	51,330	95.5
Schuyler	4	5	2	11	9,464	38.7
Seneca	29	34	43	106	17,731	199.3
Steuben	40	40	61	141	47,361	99.2
Wayne	45	45	57	147	45,240	108.3
Yates	9	10	12	31	12,023	85.9
Region Total	1,627	1,858	2,059	5,544	614,116	300.9
New York State Total	24,052	27,088	28,283	79,423	9,462,063	279.8

Male Chlamydia (Age 15-19) Per 100,000 Males

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

	Male (Chlamy	e 15-19)	Males		
Region/County	2007	2008	2009	Total	2008	Rate
Chemung	19	28	14	61	3,113	653.2
Livingston	6	8	5	19	2,642	239.7
Monroe	392	461	522	1,375	31,459	1456.9
Ontario	8	19	16	43	3,798	377.4

Schuyler	1	2	1	4	875	152.4
Seneca	1	9	5	15	1,224	408.5
Steuben	10	12	12	34	3,386	334.7
Wayne	14	11	16	41	3,565	383.4
Yates	1	1	3	5	970	171.8
Region Total	452	551	594	1,597	51,032	1043.1
New York State Total	5,564	6,749	7,071	19,384	716,555	901.7

Female Chlamydia Per 100,000 Females

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

	F	emale (dia	Females		
Region/County	2007	2008	2009	Total	2008	Rate
Chemung	161	191	141	493	44,160	372.1
Livingston	77	67	76	220	31,561	232.4
Monroe	2,862	3,124	3,382	9,368	377,041	828.2
Ontario	121	141	144	406	53,145	254.6
Schuyler	13	22	20	55	9,424	194.5
Seneca	55	44	56	155	16,355	315.9
Steuben	117	129	142	388	49,212	262.8
Wayne	165	140	149	454	46,324	326.7
Yates	38	27	40	105	12,629	277.1
Region Total	3,609	3,885	4,150	11,644	639,851	606.6
New York State Total	56,599	61,349	64,105	182,053	10,028,234	605.1

Female Chlamydia (Age 15-19) Per 100,000 Females Source: 2007-2009 Bureau of STD Control Data as of May, 2011

	Female Chlamydia (Age 15-19) Females						
Region/County	2007	2008	2009	Total	2008	Rate	
Chemung	65	80	53	198	3,038	2172.5	
Livingston	24	31	26	81	3,173	850.9	
Monroe	1,219	1,367	1,455	4,041	29,066	4634.3	
Ontario	47	65	70	182	3,828	1584.8	
Schuyler	21	14	5	40	568	2347.4	
Seneca	63	16	15	94	1,029	3045.0	
Steuben	54	70	49	173	3,239	1780.4	
Wayne	69	64	64	197	3,101	2117.6	
Yates	15	9	17	41	1,137	1202.0	
Region Total	1,577	1,716	1,754	5,047	48,179	3491.8	
New York State Total	20,378	23,104	24,085	67,567	686,495	3280.8	

Female Chlamydia (Age 20-24) Per 100,000 Females Source: 2007-2009 Bureau of STD Control Data as of May, 2011

	Female					
Region/County	2007	2008	2009	Total	2008	Rate
Chemung	70	79	56	205	2,990	2285.4
Livingston	32	30	38	100	3,600	925.9
Monroe	965	1,049	1,179	3,193	28,491	3735.7
Ontario	53	49	55	157	3,775	1386.3

Schuyler	4	7	11	22	529	1386.3
Seneca	21	16	25	62	1,116	1851.9
Steuben	49	35	60	144	2,842	1689.0
Wayne	63	52	64	179	2,771	2153.3
Yates	15	10	14	39	952	1365.5
Region Total	1,272	1,327	1,502	4,101	47,066	2904.4
New York State Total	19,427	20,482	21,388	61,297	697,167	2930.8

12. 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. Physicians and laboratories are required to report cases of communicable disease to Public Health. Public Health initiates prompt contact investigations to identify sources of infection and to prevent the spread of disease. Education is an important part of each follow-up. Communicable disease reports are then forwarded to the New York State Health Department, Bureau of Communicable Disease directly by Internet.

Pertussis Cases Per 100,000 Population

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

	Po	ertuss	is Ca	ses	Population	
Region/County	2007	2008	2009	Total	2008	Rate
Chemung	0	1	0	1	87,813	0.4
Livingston	1	0	2	3	63,154	1.6
Monroe	64	6	7	77	732,762	3.5
Ontario	4	5	0	9	104,475	2.9
Schuyler	0	2	0	2	18,888	3.5
Seneca	2	0	0	2	34,086	2.0
Steuben	0	1	15	16	96,573	5.5
Wayne	11	0	2	13	91,564	4.7
Yates	0	0	0	0	24,652	0.0
Region Total	82	15	26	123	1,253,967	3.3
New York State Total	705	568	364	1,637	19,490,297	2.8

Haemophilus Influenza Per 100,000 Population

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

	Haen	ophil	us Infl	Population		
Region/County	2007	2008	2009	Total	2008	Rate
Chemung	1	1	0	2	87,813	0.76
Livingston	0	0	1	1	63,154	0.53
Monroe	12	12	12	36	732,762	1.64
Ontario	2	0	1	3	104,475	0.96
Schuyler	2	0	0	2	18,888	3.53
Seneca	0	1	1	2	34,086	1.96
Steuben	3	1	2	6	96,573	2.07
Wayne	1	1	4	6	91,564	2.18
Yates	0	0	0	0	24,652	0.00

Region Total	21	16	21	58	1,253,967	1.54
New York State Total	254	258	249	761	19,490,297	1.30

Tuberculosis Per 100,000 Population

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

	,	Tuber	culosis	s	Population	
Region/County	2007	2008	2009	Total	2008	Rate
Chemung	2	2	1	5	87,813	1.9
Livingston	0	0	0	0	63,154	0.0
Monroe	21	16	18	55	732,762	2.5
Ontario	1	1	0	2	104,475	0.6
Schuyler	0	0	1	1	18,888	1.8
Seneca	0	0	1	1	34,086	1.0
Steuben	1	1	0	2	96,573	0.7
Wayne	2	0	4	6	91,564	2.2
Yates	0	0	0	0	24,652	0.0
Region Total	27	20	25	72	1,253,967	1.9
New York State Total	1,173	1,196	1,006	3,375	19,490,297	5.8

Hepatitis A Per 100,000 Population

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

		Нера	titis A	Population		
Region/County	2007	2008	2009	Total	2008	Rate
Chemung	0	0	0	0	87,813	0.0
Livingston	0	2	0	2	63,154	1.1
Monroe	4	3	1	8	732,762	0.4
Ontario	1	0	0	1	104,475	0.3
Schuyler	0	0	0	0	18,888	0.0
Seneca	0	0	0	0	34,086	0.0
Steuben	0	0	0	0	96,573	0.0
Wayne	1	0	0	1	91,564	0.4
Yates	0	0	1	1	24,652	1.4
Region Total	6	5	2	13	1,253,967	0.3
New York State Total	235	179	136	550	19,490,297	0.9

Hepatitis B Per 100,000 Population

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

		Hepa	titis I	Population		
Region/County	2007	2008	2009	Total	2008	Rate
Chemung	0	0	0	0	87,813	0.0
Livingston	0	0	0	0	63,154	0.0
Monroe	14	2	3	19	732,762	0.9
Ontario	0	0	2	2	104,475	0.6

Schuyler	0	0	0	0	18,888	0.0
Seneca	0	0	0	0	34,086	0.0
Steuben	1	1	0	2	96,573	0.7
Wayne	0	0	0	0	91,564	0.0
Yates	0	0	0	0	24,652	0.0
Region Total	15	3	5	23	1,253,967	0.6
New York State Total	211	171	130	512	19,490,297	0.9

Lyme Disease Per 100,000 Population

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

		Lyme	Diseas	se	Population	
Region/County	2007	2008	2009	Total	2008	Rate
Chemung	2	0	3	5	87,813	1.9
Livingston	0	2	2	4	63,154	2.1
Monroe	10	12	25	47	732,762	2.1
Ontario	3	2	3	8	104,475	2.6
Schuyler	1	1	1	3	18,888	5.3
Seneca	0	0	3	3	34,086	2.9
Steuben	0	5	2	7	96,573	2.4
Wayne	2	2	1	5	91,564	1.8
Yates	0	0	0	0	24,652	0.0
Region Total	18	24	40	82	1,253,967	2.2
New York State Total	4,604	9,152	9,279	23,035	19,490,297	39.4

Pneumoconiosis Hospitalizations per 100,000 Persons Ages 15 Years and Older Source: 2007-2009 SPARCS Data as of July, 2011

	Pneumo	coniosis	Hospital	lizations	Population - Ages 15 Years and Older	
Region/County	2007	2008	2009	Total	2008	Rate
Chemung	17	23	15	55	72,510	25.3
Livingston	12	16	14	42	53,520	26.2
Monroe	49	48	40	137	600,582	7.6
Ontario	12	6	8	26	86,545	10.0
Schuyler	5	8	4	17	15,871	35.7
Seneca	4	8	3	15	28,658	17.4
Steuben	15	9	12	36	79,549	15.1
Wayne	5	7	7	19	74,517	8.5
Yates	3	1	4	8	20,084	13.3
Region Total	122	126	107	355	1,031,836	11.5
New York State Total	2,101	2,095	2,309	6,505	15,886,157	13.6

Overall, immunization rates throughout the S2AY Network region are typical to Upstate New York rates and New York State as a whole with close to all children (NYS School Immunization Survey) being completely immunized. The only two counties within the Network region that display significantly different rates are Seneca and Yates counties. This could be due to larger Amish and Mennonite populations, which do not believe in immunizations.

2012-2013 NYS School Immunization Survey

% Immunized, Total - Pre-Kindergarten through 12th Grade

County	Medical	Religious	Diphtheria	Polio	Measles	Rubella	Mumps	Нер	Varicella	Completely
	Exempt	Exempt						В		Immunized
Ontario	0.20	0.61	99	99	99	99	99	99	99	98
Schuyler	0.00	0.62	99	99	99	99	99	99	99	99
Seneca	0.06	4.10	95	95	95	95	95	95	94	94
Steuben	0.16	0.25	99	99	98	98	98	99	98	98
Wayne	0.23	0.31	99	99	99	99	99	99	99	98
Yates	0.03	8.53	91	91	90	91	91	90	89	88
NYS Excl. NYC	0.17	0.64	99	99	98	98	98	98	98	97
NYS Total	0.12	0.49	98	99	98	98	98	98	98	97

2012-2013 NYS School Immunization Survey

% Immunized, Total - All Pre-Kindergarten Excluded

County	Medical	Religious	Diphtheria	Polio	Measles	Rubella	Mumps	Нер	Varicella	Completely
ř	Exempt	Exempt	•				•	\vec{B}		Immunized
Ontario	0.22	0.60	99	99	99	99	99	99	99	99
Schuyler	0.00	0.69	99	99	99	99	99	99	99	99
Seneca	0.07	4.34	95	95	95	95	95	95	94	94
Steuben	0.16	0.26	99	99	99	99	99	99	99	99
Wayne	0.25	0.32	99	99	99	99	99	99	99	99
Yates	0.03	9.06	91	90	90	90	90	90	89	88
NYS Excl. NYC	0.17	0.65	99	99	99	99	99	99	99	98
NYS Total	0.11	0.48	99	99	99	99	99	99	99	98

2012-2013 NYS School Immunization Survey

% Immunized, Total - Pre-Kindergarten < 12 Months Excluded

County	Medical	Religious	Diphtheria	Polio	Measles	Rubella	Mumps	Нер	Varicella	Completely
	Exempt	Exempt						В		Immunized
Ontario	0.20	0.60	99	99	99	99	99	99	99	99
Schuyler	0.00	0.62	99	99	99	99	99	99	99	99
Seneca	0.06	4.10	95	95	95	95	95	95	94	94
Steuben	0.15	0.25	99	99	99	99	99	99	99	99
Wayne	0.23	0.31	99	99	99	99	99	99	99	98
Yates	0.03	8.54	91	91	90	91	91	90	89	88
NYS Excl. NYC	0.17	0.64	99	99	99	99	99	99	98	98
NYS Total	0.11	0.49	99	99	98	99	99	99	98	98

13. Work-Related Injury

Overall, work related injury rates with Ontario County are low as compared to the network region, upstate New York and the state as a whole. With the largest percentage of the workforce working in more office-type job positions instead of factor or more heavy labor based work, this could account for lower rates than counties with a more industrial workforce.

Asbestosis Hospitalizations per 100,000 Persons Ages 15 Years and Older Source: 2007-2009 SPARCS Data as of July, 2011

	Asbest	osis Ho	spitaliz	zations	Population - Ages 15 Years and Older	
Region/County	2007	2008	2009	Total	2008	Rate
Chemung	11	13	13	37	72,510	17.0
Livingston	11	7	9	27	53,520	16.8
Monroe	43	43	40	126	600,582	7.0
Ontario	12	4	8	24	86,545	9.2
Schuyler	2	2	0	4	15,871	8.4
Seneca	3	8	2	13	28,658	15.1
Steuben	11	6	10	27	79,549	11.3
Wayne	4	7	6	17	74,517	7.6
Yates	3	1	4	8	20,084	13.3
Region Total	100	91	92	283	1,031,836	9.1
New York State Total	1,840	1,876	2,117	5,833	15,886,157	12.2

Work-related Injury Hospitalizations per 10,000 Employed Persons Ages 16 Years and Older *Source:* 2007-2009 SPARCS Data as of July, 2011

Bource. 2007 2007 Strikes Batta as of July, 2011								
	Work-rel	ated Inju	Employed					
Region/County	2007	2008	2009	Total	2008	Rate		
Chemung	55	84	87	226	39,044	19.3		
Livingston	66	56	66	188	30,513	20.5		
Monroe	437	448	517	1,402	356,456	13.1		
Ontario	98	89	82	269	53,898	16.6		
Schuyler	28	23	32	83	9,542	29.0		
Seneca	41	38	37	116	16,194	23.9		
Steuben	127	113	116	356	43,016	27.6		
Wayne	95	93	116	304	45,249	22.4		
Yates	25	36	22	83	12,559	22.0		
Region Total	972	980	1,075	3,027	606,471	16.6		
New York State Total	14,225	14,093	14,831	43,149	9,138,035	15.7		

Elevated Blood Lead Levels Among Adults (10 mcg/dL plus) per 100,000 Employed Persons Ages 16 and Older

Source: 2007-2009 New York State Department of Health Heavy Metals Registry-HMR Data as of July, 2011

	Elevated Blood	levated Blood Lead Levels Among Adults (10 mcg/dL plus) Employed				
Region/County	2007	2008	2009	Total	2008	Rate
Chemung	30	58	18	106	39,044	90.5

Livingston	6	13	15	34	30,513	37.1
Monroe	70	59	52	181	356,456	16.9
Ontario	18	17	11	46	53,898	28.4
Schuyler	16	20	9	45	9,542	157.2
Seneca	18	14	10	42	16,194	86.5
Steuben	2	7	5	14	43,016	10.8
Wayne	2	1	6	9	45,249	6.6
Yates	1	0	0	1	12,559	2.7
Region Total	163	189	126	478	606,471	26.3
New York State Total	2,329	2,115	1,903	6,347	9,138,035	23.2

14. Health Indicators by Race and Ethnicity

Health Indicators by Race/Ethnicity (NYSDOH) 2008-2010 - Ontario County					
		Non-His	panic		
Health Indicator	White	Black	Asian/Pacific Islander	Hispanic	Total
Socio-Demographic Indicators					
Population (2010)	100,044	2,642	1,281	3,679	107,931
Percent of Population	92.7%	2.4%	1.2%	3.4%	100.0%
Median Annual Household Income in US Dollars (2008-10) *	57,786	23,514	35,521	36,555	56,390
Percent of Families Below Poverty (2008-10) *	5.2%	<u>s</u>	<u>s</u>	<u>s</u>	6.1%
General Health Indicators					
Total Mortality per 100,000, Age-adjusted	739.9	700.7	<u>s</u>	523.8	740.6
Percent Premature Deaths (< 75 Years)	37.9%	68.9%	0.0%~	69.2% <u>~</u>	38.7%
Years of Potential Life Lost per 100,000, Ageadjusted	5,647	10,161	0 <u>~</u>	5,506 <u>~</u>	5,706
Birth-Related Indicators					
Number of Births per Year (3 Year Average)	944	20	16	65	1,066
Percent Births with Early (1st Trimester) Prenatal Care	79.2%	53.7%	77.8%	66.8%	77.5%
Percent Adequate Prenatal Care (Kotelchuck Index)	56.6%	51.9%	40.9% <u>~</u>	57.2%	56.1%
Percent Premature Births (< 37 Weeks Gestation)	10.9%	16.7% <u>~</u>	10.6%~	11.3%	10.9%
Percent Low Birthweight Births (< 2.5 Kg)	6.0%	4.9% <u>~</u>	6.1% <u>~</u>	7.7% <u>~</u>	6.2%
Teen (Age 15-17) Pregnancy Rate per 1,000	7.5	37.0 <u>~</u>	<u>s</u>	64.9 <u>~</u>	11.5
Total Pregnancy Rate per 1,000 Age 15-44 Females	63.9	57.8	61.7	109.9	69.3
Fertility Rate per 1,000 (All Births/Female Population 15-44)	54.1	36.4	53.0	90.8	55.9

Health Indicators by Race/Ethnicity (N	YSDOH) 2	2008-20	10 - Ontario C	ounty	
		Non-His	panic		
			Asian/Pacific		
Health Indicator	White	Black	Islander	Hispanic	Total
Infant Mortality per 1,000 Live Births	6.4 <u>~</u>	<u>S</u>	0.0 <u>~</u>	<u>s</u>	6.9
Injury-Related Indicators					
Motor Vehicle-Related Mortality per 100,000, Ageadjusted	6.4	<u>s</u>	0.0~	0.0 <u>~</u>	6.3
Unintentional Injury Mortality per 100,000, Ageadjusted	28.5	<u>s</u>	0.0~	<u>s</u>	28.4
Unintentional Injury Hospitalizations per 10,000, Age-adjusted	62.0	52.1	18.5 <u>~</u>	32.6	62.6
Poisoning Hospitalizations per 10,000, Ageadjusted	8.5	11.4 <u>~</u>	0.0~	11.0~	8.6
Fall Hospitalizations per 10,000, Age 65+ Years	230.4	187.8 <u>~</u>	0.0~	<u>s</u>	227.1
Respiratory Disease Indicators					
Asthma Hospitalizations per 10,000, Age-adjusted	5.4	10.2 <u>~</u>	0.0~	10.3~	6.2
Asthma Hospitalizations per 10,000, Age 0-17 Years	5.5	15.9 <u>~</u>	0.0~	<u>s</u>	6.5
CLRD/COPD Mortality per 100,000, 18+ Years	70.9	0.0~	0.0~	<u>s</u>	67.0
COPD/CLRD Hospitalizations per 10,000, 18+ Years	38.8	28.7 <u>~</u>	0.0~	13.7 <u>~</u>	37.9
Heart Disease and Stroke Indicators					
Diseases of the Heart Mortality per 100,000, Ageadjusted	167.3	128.1 <u>~</u>	<u>s</u>	62.5 <u>~</u>	166.6
Diseases of the Heart Hospitalizations per 10,000, Age-adjusted	95.4	133.0	26.7~	114.2	99.4
Cerebrovascular Disease (Stroke) Mortality per 100,000, Age-adjusted	38.0	<u>s</u>	0.0~	<u>s</u>	37.5
Cerebrovascular Disease (Stroke) Hospitalizations per 10,000, Age-adjusted	23.0	52.0	<u>S</u>	21.9~	23.8
Coronary Heart Disease Mortality per 100,000, Age-adjusted	122.2	79.8 <u>~</u>	0.0~	<u>s</u>	121.3
Coronary Heart Disease Hospitalizations per 10,000, Age-adjusted	36.6	22.0~	<u>S</u>	52.2	38.4
Congestive Heart Failure Mortality per 100,000, 18+ Years	26.4	0.0~	<u>S</u>	<u>s</u>	25.6
Congestive Heart Failure Hospitalizations per 10,000, Age 18+ Years	36.9	49.7	<u>s</u>	24.4 <u>~</u>	36.7
Diabetes Indicators					

Health Indicators by Race/Ethnicity (NYSDOH) 2008-2010 - Ontario County					
		Non-His	panic		
Health Indicator	White	Black	Asian/Pacific Islander	Hispanic	Total
Diabetes Mortality per 100,000, Age-adjusted	15.5	<u>s</u>	0.0 <u>~</u>	<u>s</u>	15.9
Diabetes Hospitalizations per 10,000 (Primary Dx ICD9 250), Age-adjusted	10.4	27.7 <u>~</u>	0.0~	8.4 <u>~</u>	11.0
Diabetes Hospitalizations per 10,000 (Any Dx ICD9 250), Age-adjusted	167.0	360.2	39.4 <u>~</u>	253.1	174.4
Diabetes Short-term Complications Hospitalizations per 10,000, Age 6-18 Years	2.3~	0.0~	0.0~	<u>s</u>	2.4 <u>~</u>
Diabetes Short-term Complications Hospitalizations per 10,000, Age 18+ Years	4.7	19.1 <u>~</u>	0.0~	<u>s</u>	5.0
Cancer Indicators					
Lung Cancer Incidence per 100,000, Age-adjusted (2007-09)	71.6	<u>s</u>	<u>s</u>	<u>s</u>	71.2
Colorectal Cancer Mortality per 100,000, Ageadjusted (2007-09)	13.7	<u>s</u>	<u>S</u>	<u>s</u>	14.0
Female Breast Cancer Mortality per 100,000, Ageadjusted (2007-09)	18.3	<u>s</u>	<u>S</u>	<u>s</u>	17.6
Cervix Uteri Cancer Mortality per 100,000, Ageadjusted (2007-09)	<u>s</u>	<u>s</u>	<u>s</u>	<u>s</u>	<u>S</u>
Percent Early Stage Colorectal Cancer (2007-09)	45.7%	<u>s</u>	<u>s</u>	<u>s</u>	47.5%
Percent Early Stage Female Breast Cancer (2007-09)	67.5%	<u>s</u>	<u>s</u>	<u>S</u>	67.2%
Percent Early Stage Cervical Cancer (2007-09)	<u>s</u>	<u>s</u>	<u>s</u>	<u>s</u>	<u>s</u>
Substance Abuse and Mental Health-Related Indica	ators				
Drug-related Hospitalizations per 10,000, Ageadjusted	11.7	18.8~	0.0~	17.9~	12.2
Suicide Mortality per 100,000, Age-adjusted	9.5	0.0~	0.0~	0.0~	9.1

Overall, racial diversity within Ontario County is low, with the population being mostly white or Caucasian. Ontario County does have a higher migrant population than most of the Network counties, which does account for some of the diversity.

15. Leading Causes of Death

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

Source: Vital Statistics Data as of March, 2013

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

County and # of Deaths	#1 Cause of Death and # of Deaths Age- adjusted Death Rate	#2 Cause of Death and # of Deaths Age- adjusted Death Rate	#3 Cause of Death and # of Deaths Age-adjusted Death Rate	#4 Cause of Death and # of Deaths Age-adjusted Death Rate	#5 Cause of Death and # of Deaths Age-adjusted Death Rate
Ontario Total: 1,060	Heart Disease 256 177 per 100,000	Cancer 229 162 per 100,000	Stroke 61 43 per 100,000	Chronic Lower Respiratory Diseases (CLRD) 60 42 per 100,000	Unintentional Injury 44 33 per 100,000
New York City Total: 51,344	Heart Disease 16,794 196 per 100,000	Cancer 12,476 148 per 100,000	Pneumonia and Influenza 2,490 29 per 100,000	Chronic Lower Respiratory Diseases (CLRD) 1,785 21 per 100,000	Stroke 1,778 21 per 100,000
Rest of State Total: 95,734	Heart Disease 27,165 189 per 100,000	Cancer 22,556 165 per 100,000	Chronic Lower Respiratory Diseases (CLRD) 5,117 37 per 100,000	Stroke 4,374 31 per 100,000	Unintentional Injury 3,680 30 per 100,000
New York State Total: 147,078	Heart Disease 43,959 191 per 100,000	Cancer 35,032 159 per 100,000	Chronic Lower Respiratory Diseases (CLRD) 6,902 31 per 100,000	Stroke 6,152 27 per 100,000	Unintentional Injury 5,246 25 per 100,000

Leading causes of death within Ontario County mimics that of New York state and upstate New York with the top two causes of death being heart disease and cancer. The third cause of death within Ontario County is stroke, which is one of the chosen priorities being addressed over the next three years.

Leading Causes of Death Among Females by County, New York State, 2011 Source: Vital Statistics Data as of March, 2013

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

County and # of Deaths	#1 Cause of Death and # of Deaths Age- adjusted Death Rate	#2 Cause of Death and # of Deaths Age- adjusted Death Rate	#3 Cause of Death and # of Deaths Age-adjusted Death Rate	#4 Cause of Death and # of Deaths Age-adjusted Death Rate	#5 Cause of Death and # of Deaths Age-adjusted Death Rate
Ontario Total: 509	Heart Disease 117 128 per 100,000	Cancer 109 138 per 100,000	Stroke 35 38 per 100,000	Chronic Lower Respiratory Diseases (CLRD) 23 29 per 100,000	Unintentional Injury 16 19 per 100,000*
New York City Total: 26,672	Heart Disease 9,108 167 per 100,000	Cancer 6,430 129 per 100,000	Pneumonia and Influenza 1,303 24 per 100,000	Stroke 1,051 20 per 100,000	Chronic Lower Respiratory Diseases (CLRD) 959 18 per 100,000
Rest of State Total: 49,802	Heart Disease 14,164 156 per 100,000	Cancer 11,284 146 per 100,000	Chronic Lower Respiratory Diseases (CLRD) 2,782 34 per 100,000	Stroke 2,680 30 per 100,000	Unintentional Injury 1,371 19 per 100,000
New York State Total: 76,474	Heart Disease 23,272 160 per 100,000	Cancer 17,714 140 per 100,000	Chronic Lower Respiratory Diseases (CLRD) 3,741 28 per 100,000	Stroke 3,731 26 per 100,000	Pneumonia and Influenza 2,506 17 per 100,000

Leading Causes of Death Among Males by County, New York State, 2011 Source: Vital Statistics Data as of March, 2013

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

County and # of Deaths	#1 Cause of Death and # of Deaths Age- adjusted Death Rate	#2 Cause of Death and # of Deaths Age- adjusted Death Rate	#3 Cause of Death and # of Deaths Age-adjusted Death Rate	#4 Cause of Death and # of Deaths Age-adjusted Death Rate	#5 Cause of Death and # of Deaths Age-adjusted Death Rate
Ontario Total: 551	Heart Disease 139 242 per 100,000	Cancer 120 196 per 100,000	Chronic Lower Respiratory Diseases (CLRD) 37 62 per 100,000	Unintentional Injury 28 50 per 100,000	Stroke 26 46 per 100,000
New York City Total: 24,672	Heart Disease 7,686 237 per 100,000	Cancer 6,046 177 per 100,000	Pneumonia and Influenza 1,187 38 per 100,000	Unintentional Injury 1,033 27 per 100,000	Chronic Lower Respiratory Diseases (CLRD) 826 26 per 100,000
Rest of State Total: 45,927	Heart Disease 13,000 230 per 100,000	Cancer 11,271 192 per 100,000	Chronic Lower Respiratory Diseases (CLRD) 2,335 42 per 100,000	Unintentional Injury 2,309 42 per 100,000	Stroke 1,693 31 per 100,000
New York State Total: 70,599	Heart Disease 20,686 233 per 100,000	Cancer 17,317 187 per 100,000	Unintentional Injury 3,342 35 per 100,000	Chronic Lower Respiratory Diseases (CLRD) 3,161 36 per 100,000	Stroke 2,420 27 per 100,000

III. Public Participation:

A. Participants Involved

Hospital leadership works diligently to search out potential collaborative partners throughout its service area in efforts to enhance needed healthcare services to those most vulnerable residents. Due to the rural nature of the County, CS Hospital understands the need to create meaningful partnerships to best serve the community at large. Currently, the Hospital has formed collaborative relationships with the following organizations and community agencies: Local school districts, local government and other governmental agencies, health care providers, Ontario County Public Health, the S2AY Rural Health Network, other county hospitals, local media, local educational institutions and community-based organizations.

B. Public Participation

Ontario County Public Health in collaboration with Ontario County hospitals, the S2AY Rural Health Network, and community based agencies to conduct a survey of Ontario County residents through the community health assessment process. Surveys were disseminated through many different methods including e-mail, web pages (link to survey provided), mailing of paper copies, dissemination of paper copies in local stores, health care facilities, public health and community facilities, and direct assistance within county buildings/agencies. Overall, 578 participants completed the survey. Representation of participants that completed the survey as compared to New York State census data is shown below.

Commun	ity Health Asses	sment		
	Ontario	Census (2010)		
# surveys	578	104,205		
Under 35 yo	13.5%	41.7%		
35 to 65 yo	77.1%	44.4%		
White	97.6%	93.8%		
AAS or more	75.5%	44.5%		
Bach or more	49.1%	30.9%		
\$25k or more	92.7%	79.9%		
\$50k or more	69.4%	55.6%		
Married	64.9%	52.4%		
Insured	96.8%	86.3% (EBRFSS)		
Female	30.6			
Average BMI	31.7			
Female BMI	29.4			
Male BMI	9	2.7%		

Full time	84.2%
Town	Canandaigua - 38.0% Geneva - 15.7%
20+ yrs in county	63.6%
Comp survey	84.2%

Further input from the public was collected through a number of focus group sessions that were held throughout the county. Overall, Ontario County Public Health strived to organize focus groups that reached out to populations that were under represented by the paper/online survey.

Community Focus Groups Held

- 12/03/2012 Bloomfield Fire Department, fire chiefs meeting
- 01/12/2013 Geneva Community Center, African American men's group
- 02/08/2013 FLACRA (Finger Lakes Addictions Counseling and Referral Agency), group meeting

A summary of notes from the focus groups can be found in <u>Attachment B</u>.

C. Public Notification of Sessions

Ontario County Public Health informed the public of community focus group/input sessions and the community health assessment survey through various means. Public health spoke with various leaders of community agencies and local government to set up focus group sessions. Community and organization members were then informed through e-mail, flyers, the internet and within county buildings. Tear off flyers with the community survey link as well as paper copies of the survey were provided at local business and community agencies, county buildings, health care providers and at public health.

IV. Assessment and Selection of Public Health Priorities

The MAPP (Mobilizing for Action through Planning and Partnership) process was used to conduct a Community Health Assessment for Ontariocounty to assess and ultimately choose 2 Prevention Agenda Priorities. This included four component assessments:

The first assessment looked at Community Health Status Indicators, which were determined both by looking at key statistics available regarding various health indicators and by conducting a comprehensive survey among a random sample of community residents to determine their opinions, health behaviors and health needs. Just over 800 completed surveys were returned in Ontariocounty. Surveys were distributed through placement throughout county establishments as well as through

employers, health, educational and human services agencies and through other community groups. The survey was designed to encompass questions in the twelve areas that the New York State Department of Health (NYSDOH) has identified as high priority issues on a statewide basis. Results of the Health Priorities Survey and report were then combined with additional statistical data and information regarding community resources to develop the Community Health Assessment. A summary of the survey can be found in Attachment A.

The second assessment evaluated the effectiveness of the Public Health System and the role of the 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. A diverse group of community members, community agencies and key community leaders who are familiar in some way with the local public health system completed this ranking. 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 were ranked 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 Group meetings throughout the County (listed above) with community residents. 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.

The fourth assessment was also conducted through Focus Group meetings and 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.

When the assessment process was completed, the community health assessment facilitator combined and analyzed the results of the assessments, and prepared a list of the issues that had either been identified through more than one assessment as a top issue OR that were identified in one of the assessments as a major issue. Once these results were tallied, a Focus Group made up of service providers was again brought together to the rank the issues identified and begin the creation of the Community Health Implementation Plan (CHIP) process.

It was decided to use a ranking system that focused most heavily on how effective any interventions might be, and chose the Hanlon Method for ranking priorities, which uses the following formula to rank priorities:

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 obviously 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.

In the Hanlon Method, numbers are assigned through which to measure size, severity and effectiveness, and the numbers are then plugged into the formula as the focus group ranked each relative factor. It is important to note that while the Hanlon Method offers a numerical and systematic method of ranking public health priorities, the method is still largely subjective, with much room for error and interpretation. Measures of effectiveness in the public health area are not absolute, and questions arise as to the application of the measurement, which make measurement more than a little "fuzzy," and include assumptions about human behavior. For example, when addressing the issue of unintended pregnancy, the rating group might note that birth control methods would mostly have a ranking of "highly effective" as an intervention based on the relative effectiveness of each method of birth control at achieving the desired goal of preventing pregnancy. However, birth control methods are not necessarily applied, or are applied inconsistently, resulting in a much lower measure of effectiveness than the intervention actually achieves. So the measures of effectiveness often included consideration of a variety of factors that influence effectiveness and may reduce the effectiveness measure since, for whatever reason, the intervention may not be uniformly applied. Based upon the ranking through the Hanlon Method, Ontariocounty determined the following priorities:

- Cerebrovascular Disease (stroke, hypertension)
- Cancer (lung, ovarian, prostate)
- Poor Nutrition (unhealthy eating)
- Obesity (including lack of physical activity & fitness)
- Behavioral Problems in Young Children
- Dental Health
- Depression/Other Mental Illness
- Smoking/Tobacco Use/Secondhand Smoke
- Access to Specialty Health Care
- Drug & Alcohol Abuse/Abuse of Prescription Drugs or Illegal Drugs
- CLRD (COPD)
- Unintentional Injuries

Two Prevention Agenda Priorities Chosen...

- Prevent Chronic Disease reduce obesity in children and adults
- Prevent Chronic Disease reduce hypertension/stroke

Disparity to be Worked on...

Promote Mental Health and Prevent Substance Abuse

Within the chronic disease category, obesity was chosen as a primary focus, specifically to reduce obesity in children and adults. The committee also chose to focus on reducing hypertension and stroke within the county with a focus on reducing sodium consumption and tobacco use. Smoking rates with Ontario are particularly high, possibly due to reservations close by with inexpensive tobacco products.

The hospital chose to focus on promoting mental health and preventing substance abuse as an extension to the work currently being done as part of the hospital's existing inpatient and outpatient behavioral health program.

1. Reduce Obesity in Children and Adults

A) Create Community Environments that promote and support healthy food and beverage choices and physical activity. (Use this section A ONLY to report other complimentary activities not found elsewhere on the CHIP Chart)

Date	Activity
Oct/Nov 2013	Thompson Health met with physicians and patient care managers (staff that provide chronic disease follow-up
	services) to discuss the nature of the Community Health Improvement Plan. The OCHC Health Improvement Priorities
	were shared. The group was asked to integrate the priorities into future planning and quality initiatives.
	Finger Lakes Health Reports
	Bimonthly radio program featured health system professional speaking to a wide range of health topics.
	Material was provided on their website including a symptom checker and a section to research health
	information on specific topics.
Jan 10, 2014 - March 13,	S2AY hosted a meeting of the nine Finger Lakes LHD's to discuss opportunities for regional activities to support
2014	individual CHIP plans.
	Hospital partners and OCPH sent staff to two day training on Evidence Based Approaches to Prevention of Chronic
	Disease. Sessions included increasing breastfeeding and promoting nutrition standards.
	Thompson Health has finalized their population management organizational structure chart
March 14, 2014 - May 8,	Thompson Health reports:
2014	Thompson's Population Health Management Steering Committee has held 4 meetings to date. Committee
	participated in a HANYS webinar regarding NYS CHIP's and CSP's that were received.
	Thompson just found out that the organization has won a Wealth of Health award through RBJ.
May 9, 2014 - July 10,	Thompson Health continues to progress with developing their Population Health Management charter which will
2014	balance our commitment to community population health, as well as, our own internal associates.
Jan.9 2015 - Mar	UR/Thompsonhealth has held two meetings of the Population Health Management Steering Committee. Community
12,2015	Leaders have been brought to the table (Canandaigua School Superintendent, Ontario County Public Health Director
	clergy and added Board Member). We have reviewed which each entity offers to the community. Discussion of how
	to proceed working with one another
Mar 13, 2015 – May 14,	Thompson Health - Monthly Population Health Management meetings continue. Currently looking at what type of
2015	data is available from each of our organizations to help start a baseline of information on our focused groups.
	Meeting was held with the Canandaigua school district to discuss aggregate data availability
July 10 – Sept 10, 2015	
Sept 11 – Nov. 12, 2015	
Nov. 13 2015-Jan 14,	
2016	

1 - A1. Research existing use of fruits and vegetables and other healthy options at food pantries and food distribution program (e.g. soup kitchens, back pack programs, summer feeding programs, etc.) Identify barriers to providing healthier meals. Determine how we can help to increase use of produce/healthy food options in these venues.

Oct/Nov 2013	Thompson Health has a list of existing distribution sites. Invite Matt Knaub from Foodlink to our December OCHC
	Meeting.
Nov 2013/Jan 9, 2014	FoodLink (1/12/13)
	Presentation to committee by Matt Knaub who also agreed to join OCHC on this date.
	• Foodlink received an additional \$100,000 dollars to purchase local fresh fruits and vegetables. Money to be spent
	by the end of May 2014.
Jan 10 - March 13, 2014	Thompson Health & Foodlink met to identify a suitable place to hold a "mobile pantry" on campus during the month of April
March 14 - May 8, 2014	Rushville Health Center reports the mobile food pantry in Rushville began on April 17, 2014 from 5 pm – 7 pm
May 9- July 10, 2014	Thompson Health:
Willy 5 Guly 10, 2014	 Held a mobile Pantry onsite on May 27th. There were 119 families served and 250 individuals.
	 Is also having a weekly CSA onsite for associates and community members. Scholarships for associates were
	given out to be able to partake in the weekly CSA. Non-CSA members are able to purchase fresh food from the
	produce truck as well.
	Clifton Springs Hospital:
	 Met with Foodlink and will be holding a weekly Mobile Market beginning in July and running through
	Thanksgiving.
	The hospital nutritionist will be providing monthly cooking education programs during the lunch hour at the
	Mobile Market.
	• Set-up a SNAP educational program for staff on July 8 and a presentation at the Clifton Springs Rotary for July 8.
	S2AY/OCPH – established a regional Farm to Cafeteria Coalition to encourage increased use of locally grown foods
	by institutions, schools, and large businesses.
July 11- Sept. 11, 2014	S2AY Farm to Cafeteria reports:
	• July - is in the process of applying for a grant (due July 15) to provide school districts with funds to purchase
	equipment for healthier food preparation. Ontario County public schools were surveyed.
	Aug - Did not obtain grant but encouraged to reapply in the future.
	Clifton Springs Hospital - July – Curbside Food Pantry came to Clifton Springs
	Agri-Business Child Development Center reports children are involved with maintaining a greenhouse and garden.
	A training program was provided by foodlink to help teachers implement a healthy eating/lifestyle curriculum in the
	ABCD classrooms. A professional chef will come to demonstrate healthy food preparation.

Sept 12- Nov 13, 2014	OCPH continues to participate in the Farm to Cafeteria regional coalition. In November the coalition is surveying large institutional cafeteria directors to determine their needs and barriers to offering locally grown foods.
	Clifton Springs Hospital reports using local produce in their cafeteria.
Nov 14 2014 – Jan 8 2015	
Jan 9 – Mar 12, 2015	
Mar 13 – May 14, 2015	Food Pantry held at Thompsonhealth ; served189 families/597 people. Curbside Market is set for Fridays from 11:15AM to 12:00 at Thompsonhealth starting July 6 th going through September 18 th . Farm to Cafeteria Regional Group is applying for a grant through the USDA
May 15 – July 9, 2015	Clifton Springs Hospital with Foodlink is hosting a Curbside Market on Tuesday from 10-10:45 July to September UR/Thompsonhealth gave away 18 scholarships to Associates who could not afford a CSA share. This totaled \$3,000.00. Our CSA started June 8 th and goes through until October 26 th . Every Monday from 2:30 to 5:30
July 10 - Sept 10, 2015	
Sept 11 – Nov. 12, 2015	
Nov. 13 2015-Jan 14,	
2016	

1 - A2. Contact 10 county restaurants to mark healthy choices on menus. (Adopt committee definition of healthy choices)

Oct/Nov 2013	 In September 2013, OCPH (Ms. Ott and Ms. Richards) met with the Visitors Connection (Mr. Shear) who will be partnering on this activity. Numerous Ontario County restaurants were suggested for possible participation. Restaurants will be identified following formulation of the definition of healthy choices By January 9, 2014, Hospitals and PH agreed to identify a Dietician to serve on a subcommittee to formulate a definition of healthy food choices and review menus. Committee members will start collecting sample menus. Dieticians will be invited to attend the February 2014 OCHC meeting for a brief overview of the CHIP needs. Dieticians will select a date for subcommittee work at the Feb. 2014 meeting. Ms. Anderson will consult with Ms. Haradon regarding samples from other counties on how they promoted / advertised healthy menus choices.
Nov 2013/Jan 9, 2014	 Thompson health has identified Wendy Mancuso as their Dietician representative. She will also have intern involvement Clifton Springs has identified Caitlin Sexton as their Dietician representative. OCPH has identified Patty Dhondt- Campbell as their dietician representative. Ms. Richards obtained menus from Beef and Brew, The Shore, The Sand Bar, Brown Hound, Casa de Pasta,

	Nolan's, The Pier House, Reinblick German Restaurant, Rio Tomatlan, and The Holloway Restaurant. • Simply crepes in Pittfords offers a color coded children meal section. Ms. Richards will investigate if our local Simply Crepes offers this service.
Jan 10 - March 13, 2014	 Dieticians attended the Feb. OCHC meeting. They will meet as a subcommittee to define "healthier choice" and create simple healthy messages. Ms. Ott, OCPH, will facilitate the subcommittee. Dietary Subcommittee met 3/6/14; 4 RD's, 1 Executive Chef, 2 students, 2 OCHC representatives. Focus of defining healthier menu choices will be on healthy substitutions (made with less fat and/or salt) and reduced portion sizes. Healthier children's portions will reflect lean protein, complex carb and fresh fruit or vegetable. Will meet again 4/3/14 to finalize recommendations for presentation to OCHC on 4/10/14. List of OC restaurants excluding chains obtained from Tourism Bureau; 75, but not all-inclusive. Complete list pending from NYSDOH GDO. Ms. Ott and Ms. Richards began to investigate Mary Clark Thompson Grant as a source of monies for restaurant signage promoting healthy dining initiative.
March 14 - May 8, 2014	 4/3/14: The Dietitian subcommittee met for a second time. A mock-up of the restaurant initiative parameters was reviewed and changes will be implemented; group stresses importance of brevity, ease of use, and providing choices re participation. Group is in favor of using incentives; table cards, window cling, take-home bags for restaurants with OCHC logo and toy for children when ordering healthy child's meal. Group is concerned about train logo acceptability by restaurant managers; would prefer outline of approaching train as logo for this initiative. Would like to call the initiative We Choose Health Ontario. 4/10/14 Subcommittee meeting reported out to OCHC. 5/1/14 The Dietitian subcommittee met for a third time. The mock-up of the restaurant initiative was reviewed and accepted by members as complete and reflective of their parameters and goals for healthy restaurant eating. A letter of introduction for the initiative was discussed. Roll-out, accountability and monitoring were discussed. Group feels face-to-face encounter with restaurateurs should be stressed at time of roll out and monthly when table cards are provided. Dietitians will provide examples of strategies for restaurateurs to consider under each heading (protein, sides, children's, etc.). Next steps discussed. Group prefers reaching out individually to a few restaurant managers/owners to review tool for ease of use and acceptability, using standard list of questions. Restaurant list reviewed; will leave final choices to OCHC group. Dietitians will meet again in one month.
May 9- July 10, 2014	6/12/14 The Dietician Subcommittee received approval to query 4-5 restaurateurs regarding the healthy restaurant initiative. OCPH Student Intern Lauren Fitzgerald will be working closely with Kate Ott, OCPH Health Educator. Feedback from the focus group meetings will be brought forth in July. Restaurants queried in Canandaigua: Charlie's, The Lafayette, and Pepper's. Restaurants queried in Geneva: Torrey Park, Halsey's, and Eddie O'Brien's. Initiative is acceptable with minimal changes. Next steps: Form committee to oversee and facilitate roll-out to community. Will focus on the communities of Canandaigua and Geneva.

July 11- Sept. 11, 2014	Six restaurants participated in a focus group results brought forth in July. New subcommittee formed to create budget and roll-out initiative. Graphic designers from Finger Lakes Health, UR Thompson Health, and Foodlink assisting with final logo and table card design.
Sept 12- Nov 13, 2014	9 restaurants are on board
Nov 14 2014 – Jan 8 2015	 Press Release completed for We Choose Health Ontario 11/18/14. Billboards initiated 11/24/14. Full-page ads in Daily Messenger and Finger Lakes Times 11/30/14. OC Leader's Group members briefed on initiative 12/3/14.
Jan 9 – Mar 12, 2015	 Added Uno's Pizza in Victor per the restaurant's request. Contacted participating restaurants for updates. The majority of the restaurants are very pleased with the health cards. No increase of business due to the publicity. Overall, very positive comments. UR/Thompson health started placing the table cards in the cafeteria at the hospital
Mar 13 – May 14, 2015	Thompson Health continues to have the table top information cards supplied by the county in our cafeteria Clifton Springs Hospital continues to have the table top information cards supplied by the county in our cafeteria
May 15 – July 9, 2015	 Ms. Beer reports the \$10,000 grant has been received. Team will be recruiting 10 additional restaurants to join the initiative. The new grant will allow for another billboard advertisement and newspaper advertising. Our Public Health intern will assist with the Restaurant Initiative. Hospital survey results showed that there were 57 inquiries last month about the initiative as a result of table cards in the cafeterias. 79% said they noticed a card on the table; 67% said they read the card; 35% said they learned something new; about 50% said the information will influence their food choices. Kate shared some of the written comments and suggestions from the survey. Team will be surveying existing restaurant owners, wait staff, and the general public visiting the existing restaurants.
July 10 – Sept 10, 2015	
Sept 11 – Nov. 12, 2015	
Nov. 13 2015-Jan 14, 2016	

1 - A3. Determine who else needs to be involved in OCHC and invite their participation (Food Link, CCE, Salvation, schools, faith-based community, OFA, Mental Health, and WIC)

Oct/Nov 2013	Group discussion revealed a representative from Cornell Cooperative Extension would be beneficial. Representatives
	from Mental Health, OFA, WIC and the faith based community have already been invited to participate. Ms. Phillips
	Seeking Common Ground will invite Hope Galens from Cornell Cooperative Extension to our next meeting.
Nov 2013/Jan 9, 2014	Hope Galens from Cornell Cooperative Extension attended the 12/12/13 meeting
Jan 10 - March 13, 2014	
March 14 - May 8, 2014	
May 9 - July 10, 2014	Web Page created for OCHC as part of OCPH Website. Describes partners, states members wanted, and gives
	contact information.
July 11 - Sept 11, 2014	Representative from Finger Lakes Community College joined committee in July.
	Representatives from Agri-Business Child Development Center and Law NY (SNAP) Program joined OCHC in August.
Sept 12- Nov 13, 2014	
Nov 14 2014 – Jan 8 2015	
Jan 9 – Mar 12, 2015	Christen Smith, FLH, will contact Visitors Connection president, Valerie Knoblauch, to see if she would be interested in joining the OCHC. It is anticipated that the Visitors Connection will be a valuable partner in several CHIP objective
Mar 13 – May 14, 2015	
May 15 – July 9, 2015	
July 10, - Sept 10, 2015	
Sept 11 – Nov. 12, 2015	
Nov. 13 2015-Jan 14,	
2016	

1 - A4. Work together to increase breastfeeding in Ontario County. Support hospitals in becoming baby friendly by supporting the 10 steps to successful breastfeeding ALSO Includes CLC Training Efforts

Oct/Nov 2013	The Breast Feeding Partnership is working closely with area hospitals. FFTH and Newark Wayne Hospitals have started the "Great Beginnings" application (10 Steps to Successful Breast Feeding).
Nov 2013/Jan 9, 2014	Deb Jones, FFTH Nurse Manager of OB states she has received emails regarding upcoming webinars. She is confident that they already in compliance with the 4 strategies of NYS's initiative, "Great Beginnings". FF Thompson Hospital has submitted the "Great Beginnings" application packet on behalf of their Birthing Unit. Per Ms. Wilcox there has been no contact back from NYSDOH after the submission of the packet.
Jan 10 - March 13, 2014	

March 14 - May 8, 2014	• Thompson has sent 3 OB nurses to training to obtain lactation counseling certification. Two more are completing on line courses. Another nurse will be going for training later this year. Currently, Thompson has 1 IBCLC and 6 CBC's. Thompson also continues to hold the monthly breastfeeding class's onsite.
May 9 - July 10, 2014	• Thompson health's Wellness Dept. participated in the Community Baby Shower held on June 14th in Geneva.75 individuals attended the event. Registration forms were handed out for perinatal classes that are offered at our facility. Education in regards to resources available for helping with breastfeeding issues. We have ongoing breastfeeding classes monthly and we also have an IBCLC.
July 11 - Sept 11, 2014	 August - 32 participants from 8 counties attended the Certified Lactation Counselor Course. July/Aug Child & Family Resource Center is exploring the possibility of opening a Baby Café in Canandaigua and possibly Geneva.
Sept 12- Nov 13, 2014	 Clifton Spring Hospital reports Breastfeeding room has been completed and is open to the staff and public Newark-Wayne Hospital (provides obstetrical services for numerous Ontario County residents) hired an International Board Certified Lactation Consultant (I.B.C.L.C.) to train their labor and delivery staff in the breastfeeding best practices, assist with implementation of breastfeeding policies and assist the unit in obtaining the Baby Friendly status. November 10, 2014 a total of 25 participants passed the Clinical Lactation Counselor training and are using their newly acquired skills in clinical, case management, and visiting nurse settings.
Nov 14 2014 – Jan 8 2015	 1/22/15 Newark-Wayne Hospital (Birth Center serving families in Ontario County) obtained the Breastfeeding Friendly designation. Finger Lakes Family Care- Dr. Smith received a Breastfeeding Friendly toolkit and phone triage book. Working with this office to encourage them to become Breastfeeding Friendly. Date set for grant sponsored CLC through the Finger Lakes Breastfeeding Partnership. CLC training date of June 22-26th established. Training location has been established in Yates County
Jan 9 – Mar 12, 2015	Breastfeeding partnership obtained 16 CLC scholarship slots.
Mar 13 – May 14, 2015	Thompsonhealth is starting to offer a new "Back to Work" Breastfeeding class; first class on 5/28
May 15 – July 9, 2015	
July 10, - Sept 10, 2015	
Sept 11 – Nov. 12, 2015	
Nov. 13 2015-Jan 14, 2016	

1 - A5. Annually encourage 10 OCHC member organizations, non-profits, schools and local businesses to adopt breast feeding policies. **ALSO INCLUDES BABY Café updates**

Oct/Nov 2013	 The Breast Feeding Partnership has developed a Logic Model for a program aimed at Healthy Workplace Policies which included the Business Case for Breast Feeding. The partnership has developed a power point presentation and a tool kit to assist employment sites. Arrangements are being made to provide the PowerPoint presentation to area Rotary Clubs and Chambers of Commerce sites as a means to tap into worksites. Existing relationships between Ontario County Public Health and Worksites will be beneficial to this activity. S2AY shared sample worksite wellness policies for use by OCHC and the Breast Feeding Partnership.
Nov 2013/Jan 9, 2014	Ms. Richards contacted the Ontario County Rotaries for a presentation pertaining to healthy community and work
	policies. Ms. Richards, Ms. Roszak, Ms. Ott, and Ms. Beer have met to collaborate on the presentation. Canandaigua and Geneva Rotaries have agreed to allow Ms. Richards to come and present the presentation in February 2014.
Jan 10 - March 13, 2014	 On Feb 6, 2014 an educational in-service on breastfeeding was provided to 12 Maternal and Child Health staff of area local health departments. On February 13, 2014 Ms. Richards completed a presentation for 65 members of the Canandaigua Rotary encouraging health in all policies including the adoption of breast feeding policies. The assistance of PH to area worksites interested in establishing healthy worksite policies and worksite wellness committees was offered.
	 On February 19th a presentation was provided to the Community Health Care Workers of Geneva Community Health presentation on breastfeeding. The Breast Feeding Partnership is expanding to include all nine Finger Lakes Counties.
	• March 7, 2014 Breastfeeding, milk expression, and breastfeeding resources for 15 employees of Our Children's Place of Canandaigua and Clifton Springs. Resulting in 2 Breastfeeding Friendly Daycares for Ontario County.
March 14 - May 8, 2014	 March 19, 2014 Ms. Richards presented at Geneva Rotary. The Community Health Assessment, Community Health Improvement Plan, healthy policies including breastfeeding were discussed, 56 Rotarians were in attendance. March 22, 2014 Ms. Shaffer shared breastfeeding resources with the Naples residents at the Naples Kids Expo. April 1, 2014 a representative from the VA Hospital contacted Ms. Richards for a professional consult on their implementation of their breastfeeding policy, and two breast milk pump rooms. The VA is now a member of the Finger Lakes Breastfeeding Partnership as well as considering allowing Ms. Richards to attending their Worksite Wellness Board. The VA is also considering a healthy vending policy as well as becoming a Breastfeeding Friendly Practice.
	 On April 21, 2014 the Finger Lakes Breastfeeding Partnership expanded to a Regional Breastfeeding Coalition. A large attendance was noted in the Partnership meeting the newly acquired budget was reviewed. Carla Wallin from NYSDOH Adult and Child Food Care Program was the guest speaker. A toolkit was created for the home and large daycare centers to encourage them to become "Breastfeeding Friendly." Ms. Richards met with the Health Educator from Seneca County, Kerri VanAuken and Andrea Haradon from S2AY on April 22, 2014 regarding creating a regional Worksite Wellness healthy policy initiative to include

	seven counties. A Regional meeting is being planned for a future date.
May 9 - July 10, 2014	 The Breastfeeding Toolkit and a standardized presentation were disseminated to all members of the 7 county Breastfeeding Partnership. To date, 4 home daycares and 3 large daycare centers have submitted paper work to be certified as Breastfeeding Friendly. Training is scheduled for July 14, 2014 at the Victor Daycare Center and July 15th at the Doodle Bugs Daycare in Victor. Both Centers are large daycare centers. Each large daycare center is encouraged to have a breastfeeding policy, healthy vending, and smoke free and healthy meeting policy during the presentation. A Breastfeeding Friendly Practice (Doctor's Offices) toolkit was created with the help from a pilot program through Erie County. On 6/9/2014 the toolkit was distributed to the Canandaigua Medical Ob/Gyn office champion Darlene Shadders and the Pediatric office champion Michelle Selkirk. On 6/13/2014 the toolkit was distributed to the Finger Lakes Medical Associates Ob/Gyn office via the office breastfeeding champion, Mary Clyde and the Pediatric office champion Jessica Frazo, NP
July 11 - Sept 11, 2014	July/Aug Child & Family Resource Center is exploring the possibility of opening a Baby Café in Canandaigua and possibly Geneva.
Sept 12- Nov 13, 2014 Nov 14 2014 – Jan 8 2015	 November 7, 2014- Submission of a Canandaigua Chamber of Commerce newsletter inserts pertaining to the benefits of creating a breastfeeding workplace policy. Submission included resources for policy development. Dissemination of this submission included 1100 emails + 150 in print. This paved the way for a healthy workplace policy submission newsletter insert as well. *November 8, 2014-Submission of a Clifton Springs Chamber of Commerce newsletter insert pertaining to the benefits of creating a breastfeeding workplace policy. Total number of emails for the newsletter dissemination for Clifton Springs Chamber of Commerce is 280. Clifton Spring Hospital reports Breastfeeding room has been completed and is open to the staff and public November 20, 2014 Baby Café application completed by S2AY Rural Health Network and Child& Family Resources of Canandaigua. Child & Family Resources of Canandaigua will be the hosting site and main point of contact for Baby Cafe. Baby Cafe is an evidenced based program that supports all mothers (including breastfeeding mothers) by providing the help of a Clinical Lactation Counselor or an International Breastfeeding Clinical Lactation Consultant. Baby Cafe provides accurate health information for families and assists them with access to local services such as WIC, patient navigators, and health care providers. Finger Lakes Breastfeeding Partnership is working with Finger Lakes Health and Ontario County employee worksites to adopt breastfeeding/lactation policies. The Business Case for Breastfeeding was distributed to both employers along with sample policies for lactation.
Jan 9 – Mar 12, 2015	 Canandaigua Baby Café opened in April. Staff working to build attendance at the Café. Efforts will be tracked and shared with the collaborative. Thompson health began inserting Baby Café flyers in the packets being handed out at childbirth education classes, as well as , being posted in the classroom

Mar 13 – May 14, 2015	
May 15 – July 9, 2015	
July 10, - Sept 10, 2015	
Sept 11 – Nov. 12, 2015	
Nov. 13 2015-Jan 14,	
2016	

1 - A6. Investigate further initiatives to support breastfeeding within the county. (Work with Doctors on EHR to track persistence of breastfeeding at 1, 3, 6 and 12 months)

Oct/Nov 2013	The Breast Feeding Partnership determined that existing EHR's are not able to track persistence of breastfeeding. To
	capture this data, the Partnership has developed a short parent survey to be given to parents at the 6 month well
	baby check-up. Currently the Finger Lakes Medical Association Pediatric Office has agreed to utilize the survey. The
	Partnership is working with FFTH, Rushville Health Center, CCIA at Jordan Health, and the Geneva Community Health
	Clinic in hopes to gain agreement to use the survey in these sites. The survey process will begin in January 2014 and
	continue for one year. Data will be collected at the point of care sites, only. Data from hospital follow-up phone calls
	will not be utilized to avoid the possibility of duplication of data.
Nov 2013/Jan 9, 2014	Ten Ontario County health care provider offices including all three FQHC's have agreed to distribute the parent
	survey at all healthy 6 month old check-ups. The survey has been completed in English. The Geneva Community
	Health staff is assisting Public Health with the Spanish translation of this survey for their population. All Providers
	offices have the survey and will receive a reminder to begin the survey on January 2, 2014 -December 31, 2014.
Jan 10 - March 13, 2014	The Breast Feeding Partnership is expanding to include all nine Finger Lakes Counties.
March 14 - May 8, 2014	The breastfeeding surveys continue to be completed by area Pediatric and Family Medicine providers. The surveys
	both in English and in Spanish were shared with Seneca County in April, 2014.
May 9 - July 10, 2014	Pediatric surveys continue at the 6 month healthy child visit in the Finger Lakes Medical Arts and Canandaigua
	Medical Pediatric offices as well as Rushville community health and other partnering counties participating in the
	Finger Lakes Breastfeeding Partnership.
July 11 - Sept 11, 2014	

Sept 12- Nov 13, 2014	Breastfeeding surveys for the 6 month well child visit surveys continue in the Medical Arts of the Finger Lakes in Geneva, and 3 other practices. Surveys will be collected until December 31, 2014 and used to drive our 2015 activities.
Nov 14 2014 – Jan 8 2015	Breastfeeding surveys are complete. Data has been collected via paper and is being analyzed.
Jan 9 – Mar 12, 2015	
Mar 13 – May 14, 2015	
May 15 – July 9, 2015	
July 10, - Sept 10, 2015	
Sept 11 – Nov. 12, 2015	
Nov. 13 2015-Jan 14, 2016	

1 - A7. Advocate/promote/sustain the implementation of healthier vending policy in County facilities, hospitals and OCHC members.

Oct/Nov 2013	Thompson Health is developing a Vending Machine Proposal to help guide healthier vending products throughout their facility.
	 S2AY shared sample worksite wellness policies for use by OCHC and the Breast Feeding Partnership.
Nov 2013/Jan 9, 2014	 Thompson Health has modified its vending. The current vending is changing its product line to more healthy products with labels. New vending (Healthy Only) will begin on campus in the first quarter. CSH vending policy is place
	OCPH healthy vending policy is in place
Jan 10 - March 13, 2014	On February 13, 2014 Ms. Richards completed a presentation for 65 members of the Canandaigua Rotary encouraging health in all policies and offering the assistance of PH to area worksites interested in establishing healthy worksite policies and worksite wellness committees.
March 14 - May 8, 2014	 March 19, 2014 Ms. Richards presented at Geneva Rotary. The Community Health Assessment, Community Health Improvement Plan, healthy policies including breastfeeding were discussed, 56 Rotarians were in attendance. Ms. Richards met with the Health Educator from Seneca County, Kerri VanAuken and Andrea Haradon from S2AY on April 22, 2014 regarding creating a regional Worksite Wellness healthy policy initiative to include seven
	counties. A Regional meeting is being planned for a future date.
May 9 - July 10, 2014	S2AY Regional Worksite Committee met on May 29, 2014 and June 26, 2014. The committee is collecting worksite

	wellness resources which will be housed on the S2AY Rural Health Network website. One goal is to develop a regional
	toolkit. The committee is gathering information regarding what insurance brokers and insurance companies can offer
	worksites to promote health.
July 11 - Sept 11, 2014	S2AY Regional Worksite Committee has put together a survey to send out to worksites for feedback on what their
	actual wants/needs are regarding worksite wellness.
Sept 12- Nov 13, 2014	Ontario County Public Health attended the Canandaigua Central School Employee Wellness group and encouraged
	healthy policy changes including vending policies.
Nov 14 2014 – Jan 8	Ontario County Public Health shared the healthy vending label with Canandaigua School District for their use.
2015	Canandaigua School also contracted with vending company to have only healthy options. Increased and labeled
	healthy options in the adult vending machines.
Jan 9 – Mar 12, 2015	Thompson health increased the number of vending machines, as well as ,increased the % of healthy options to
	choose from
Mar 13 – May 14, 2015	Clifton Springs Hospital is updating their healthy vending:
	 Adding more water, new Sobe water flavors, replaced regular milk with low-fat milk, G2 Gatorade, new
	Propel water flavors
	Removing ice tea, pop flavors, some juices
	Adding new healthy snack options
	Providing free samples of new healthy snack offerings
May 15 – July 9, 2015	
July 10, - Sept 10, 2015	
Sept 11 – Nov. 12, 2015	
Nov. 13 2015-Jan 14,	
2016	

1 - A8. Annually encourage 10 OCHC member organizations, non-profits, schools and local businesses to adopt Healthy Meeting guidelines.

Oct/Nov 2013	S2AY shared sample worksite wellness policies for use by OCHC and the Breast Feeding Partnership.
Nov 2013/Jan 9, 2014	
Jan 10 - March 13, 2014	 OCPH - Healthy meeting policy resolution approved by BOS at 2/14 meeting and implemented. On February 13, 2014 Ms. Richards completed a presentation for 65 members of the Canandaigua Rotary encouraging health in all policies and offering the assistance of PH to area worksites interested in establishing healthy worksite policies and worksite wellness committees.

March 14 - May 8, 2014	 Ms. Richards met with the Health Educator from Seneca County, Kerri VanAuken and Andrea Haradon from S2AY on April 22, 2014 regarding creating a regional Worksite Wellness healthy policy initiative to include seven counties. A Regional meeting is being planned for a future date. March 19, 2014 Ms. Richards presented at Geneva Rotary. The Community Health Assessment, Community Health Improvement Plan, and healthy worksite policies were discussed, 56 Rotarians were in attendance.
May 9 - July 10, 2014	S2AY Regional Worksite Committee met on May 29, 2014 and June 26, 2014. The committee is collecting worksite wellness resources which will be housed on the S2AY Rural Health Network website. One goal is to develop a regional toolkit. The committee is gathering information regarding what insurance brokers and insurance companies can offer worksites to promote health.
July 11 - Sept 11, 2014	S2AY Regional Worksite Committee has put together a survey to send out to worksites for feedback on what their actual wants/needs are regarding worksite wellness.
Sept 12- Nov 13, 2014	Ontario County Public Health attended the Canandaigua Central School Employee Wellness group and encouraged healthy policy changes including healthy meeting policies.
Nov 14 2014 – Jan 8 2015	
Jan 9 – Mar 12, 2015	Clifton Springs Hospital Wellness Committee sends a "healthy recipe of the month" electronically
Mar 13 – May 14, 2015	Thompson health encourages meeting organizers to offer healthy options if serving lunch /meal. Clifton Springs Hospital wellness committee is using the NYSDOH Health Meeting Guidelines
May 15 – July 9, 2015	
July 10, - Sept 10, 2015	
Sept 11 – Nov. 12, 2015	
Nov. 13 2015-Jan 14, 2016	

1 - A9. Encourage OCHC members, non-profits and local businesses to adopt and expand sugar sweetened beverage policies. Provide sample policies to 10 worksites

Oct/Nov 2013	S2AY shared sample worksite wellness policies for use by OCHC and the Breast Feeding Partnership.
Nov 2013/Jan 9, 2014	

Jan 10 - March 13, 2014	 OCPH - On February 13, 2014 Ms. Richards completed a presentation for 65 members of the Canandaigua Rotary encouraging health in all policies and offering the assistance of PH to area worksites interested in establishing healthy worksite policies and worksite wellness committees. Clifton Springs Hospital and Clinic is advertising the Choose Health OntariO logo on all vending machines and at the cafeteria.
March 14 - May 8, 2014	 Ms. Richards met with the Health Educator from Seneca County, Kerri VanAuken and Andrea Haradon from S2AY on April 22, 2014 regarding creating a regional Worksite Wellness healthy policy initiative to include seven counties. A Regional meeting is being planned for a future date. March 19, 2014 Ms. Richards presented at Geneva Rotary. The Community Health Assessment, Community Health Improvement Plan, and healthy worksite policies were discussed, 56 Rotarians were in attendance. Thompson Health held a taste testing of fresh juices from Red Jacket Farms in the cafeteria on 4/29 Clifton Springs Hospital changed out their vending machines and changed the display of beverages to the healthier options to be in the consumer line of sight.
May 9 - July 10, 2014	S2AY Regional Worksite Committee met on May 29, 2014 and June 26, 2014. The committee is collecting worksite wellness resources which will be housed on the S2AY Rural Health Network website. One goal is to develop a regional toolkit. The committee is gathering information regarding what insurance brokers and insurance companies can offer worksites to promote health.
July 11 - Sept 11, 2014	S2AY Regional Worksite Committee has put together a survey to send out to worksites for feedback on what their actual wants/needs are regarding worksite wellness.
Sept 12- Nov 13, 2014	 10/23 UR/Thompson health held the 7th annual "Healthy Me Day" for associates, volunteers and any community members passing through. BP's were checked, lung capacity tests were done, plank challenge, exercise routines supplied, chair massage, etc. Encourage employees to take care of themselves as well as their family members. Ontario County Public Health attended the Canandaigua Central School Employee Wellness group and encouraged healthy policy changes including vending policies.
Nov 14 2014 – Jan 8 2015	
Jan 9 – Mar 12, 2015	Regional Worksite Wellness committee continues to meet. All county representatives are reaching out to their worksites and local businesses. Regional group is working to involve Excellus BSBS and MVP to sponsor a resource event.
Mar 13 – May 14, 2015	
May 15 – July 9, 2015	
July 10, - Sept 10, 2015	
Sept 11 – Nov. 12, 2015	
Nov. 13 2015-Jan 14,	

1 - A10. Investigate the feasibility of promoting use of EBT cards at Farmer's Markets through WIC Clinics.

Oct/Nov 2013	Seeking Common Ground - Ms. Phillips reports the Rochester Farmer's Markets are well established in accepting EBT cards. She will investigate their policy and procedure. Figure 1.1. And Society are the Common Comm
	• Finger Lakes Health - Ms. Smith reports Seneca County has also had success. She will inquire with Seneca County as to their process. Group discussion regarding the possibility of investigating whether CSA's provide a method allowing low income populations access to food shares.
Nov 2013/Jan 9, 2014	Thompson will be working with internal resources to expand access of their CSA to more associates first quarter 2014. Foodlink - Mr. Knaub will provide a list of current
Jan 10 - March 13, 2014	EBT sites in the County.
March 14 - May 8, 2014	
May 9 - July 10, 2014	OCPH - Ms. Roszak attended the Cornell Cooperative Extension Farmer's Market Project meeting on May 28, 2014. Many challenges were identified in accepting SNAP cards at Farmer's Markets. Less challenging were the use of WIC and Senior Citizen vouchers. SNAP requires an application process and either a business ID number of Social Security number for whom the income will be attributed to for tax purposes. Also discussed was the lack of SNAP recipients attending the market. Larger markets such as those in Monroe County have a larger SNAP recipient population attending Farmer's Markets. Ms. Haseler will provide Ms. Roszak with a list of Ontario County Markets identifying those who accept SNAP, WIC, and Senior Citizen vouchers.
July 11 - Sept 11, 2014	 July - Office of the Aging is distributing Senior Farmers Market coupon booklets beginning July 15. Available to low income Ontario County seniors at least 60 years old. List of Ontario County Farm Markets highlighting who accepted WIC & OFA vouchers distributed to OCHC members at the July meeting. Aug- LawNY SNAP program reports increases in number of SNAP referrals and applications. AugThompson health met with the SNAP representative from Food Link and will be handing out pamphlets to some of our departments that have a large number of entry level positions, whose staff may qualify for these services. SeptThompson health has signed a MOU with Foodlink to hold a Curbside Market onsite at the hospital every Friday starting 9/19 through November(weather permitting) from 11:45AM to 12:30 PM
Sept 12- Nov 13, 2014	• Starting on 9/19, every Friday through November, Thompson health has a curbside market truck that comes by during the noon hour, fresh produce can be purchased at reduced rates and SNAP registration is available

	CSH reports a Mobile Food Pantry is on campus every Monday
Nov 14 2014 – Jan 8 2015	Thompson health starting a winter Farm Market in Nov. every other week through May. It is open to all associates, visitors, volunteers, community members
Jan 9 – Mar 12, 2015	
Mar 13 – May 14, 2015	
May 15 – July 9, 2015	UR/ Thompson's Curbside Market starts on July 6 th in front of the hospital every Friday from 11:15AM to 12 noon. SNAP benefits can be used. For every \$5.00 SNAP purchases, you get a \$2.00 bonus. This is open to everyone.
July 10, - Sept 10, 2015	
Sept 11 – Nov. 12, 2015	
Nov. 13 2015-Jan 14, 2016	

1 - A11. Promote the visitors guide and online resource of county hiking, biking and walking trails and other natural resources to promote physical activity within the community. Include stroller and handicapped accessible references. Investigate the possibility of using interactive media using existing apps.

Oct/Nov 2013	 Visitor Connection information was provided to the 180 participants of the Ontario County Worksite Wellness Fair held on October 9, 2013. This fair offered influenza vaccination and was open to county employees and the general public At the Thompson Health Staff Health Fair information was provided to 412 attendee's on the topic of healthy physical activity including hiking and biking. Rushville Health Center holds an annual Community Days Wellness Fair. This venue is conducive to promoting the Visitor's Guide.
Nov 2013/Jan 9, 2014	
Jan 10 - March 13, 2014	 Thompson health held a Winter Family Fun Day on February 22, 2014 at Cummings Nature Center to encourage physical activities such as snow shoeing, skiing or just walking the trails. Finger Lakes Health began its 10 week program to 25 Ontario County participants. The program focused on risk factor modification, learning the benefits of physical activity, and strategies for encouraging others to lead a

	healthy lifestyle.
March 14 - May 8, 2014	 Thompson Health is developing a team for the yearly Corporate Challenge race on May 29 Thompson is joining up with the U of R team for the Tour de Cure(bike race for diabetes). Thompson has an executive/associate fitness challenge going on. It is a 50 day challenge to do 210 minutes a week/or 30 minutes a day of physical exercise. Clifton Springs Hospital sponsored a Healthy Kids event put on by the Clifton Springs YMCA May 25.
May 9 - July 10, 2014	 Thompson Health had 50 individuals participant on our team for the Corporate Challenge. OCPH- On June 30, 2014 Ms. Richards contacted AJ Shear to inquire upon obtaining more publications of Hike and Bike for distribution into the community. Message left, no word back as yet. During May 2014 Finger Lakes Health offered a "Get Ready to Run" program for all community members looking to safely prepare for a 5K race. On 5/6/14and 6/3/14 they offered community members an opportunity to walk for 30 minutes with one of their providers.
July 11 - Sept 11, 2014	 July - The community calendar is in place on the OCHC page of the Ontario County Public Health website. Links to member agency websites are also included. July-UR/Thompson health had a team for the Twilight 5K on 7/31. It consisted of 40 team members. UR/Thompson health also headed up an event at the Ontario County Fair on 7/22 called "Family, Fun, Fit Walk". The flyer contained a partial map of the Ontario County Pathways and helped to promote the 23 mile pathway by listing their website.
Sept 12- Nov 13, 2014	11/15/14- Clifton Spring Hospital reports a Wellness Walk was held in conjunction with the Hospital Auxiliary and local boy and girl scout troops. 11/27/14 Clifton Springs Hospital sponsored the YMCA Turkey Trot (5k and 1.5 Fun Walk) 10/1/14 – Visitor Connection's Pocket Hiking/Biking Guide distributed to Ontario County employees at employee health fair.
Nov 14 2014 – Jan 8 2015	
Jan 9 – Mar 12, 2015	
Mar 13 – May 14, 2015	Thompson health has organized a team for the corporate challenge with 56+ members; Thompsonhealth's administration is also participating in the Tour de Cure Bike ride and staff are encouraged to participate. A new Zumba class has been added to the list of fitness class offerings for the Associates.
	April 6, 2015 Clifton Springs Hospital started a Walking Club that meets 4 x per week for a 15 minute brisk walk on their Wellness Walking Trail (0.7 miles). 6-12 staff members participate each day. Monthly \$10 Wegmans gift card drawing for walkers. Clifton Springs Hospital also promotes local hiking trails (April – October)
	S2AY received GIS software for mapping. Representatives from each LHD will attend training.

May 15 – July 9, 2015	CSH participated in Lisk health fair, Garlock health fair
July 10 – Sept 10. 2015	CSH Wellness Committee will be attending Hang Around Victor Days
	July 25 th , UR/ Thompson is holding the Tour de Thompson biking event. There are 3 different levels of participation;
	15, 30 &62.5 mile rides. Thompsonhealth also trying to organize a team for the upcoming Twlight 5K
Sept 11 – Nov. 12, 2015	
Nov. 13 2015-Jan 14,	
2016	

1 - A12. Investigate creating an annual county-wide competition centered around the promotion of physical activity and fitness (i.e. "Walk-Off" between Canandaigua/Geneva, Wegmans Eat Well Live Well, Walk and Talk for Health, Staff Steps, Step Up, TRY-athalon)

Oct/Nov 2013	OCPH - Ms. Ott and Ms. Richards met with the Visitors Connection. The Connection is interested in partnering with
	OCHC on this activity.
Nov 2013/Jan 9, 2014	
Jan 10 - March 13, 2014	OFA - Food, Fun and Fitness program being offered for individuals with development disabilities through partnership with Office of the Aging and ARC.
	"Matter of Balance" fall prevention program being offered by the Ontario County Office for the Aging late March.
March 14 - May 8, 2014	Thompson health held it's "Healthy Hero's" event. 14 associates were honored for their health improvements over the past year.
May 9 - July 10, 2014	Thompson Health kickoff it's Self- Care initiative. 743 associates have signed up. It is strategies one can use at work to help care for themselves. OCPH- On June 30, 2014 Ms. Richards contacted AJ Shear to inquire upon the intent of the Finger Lakes Visitors
	Connection to facilitate another TRY-athalon in an effort to partner with them. Message left, no word back as yet.
July 11 - Sept 11, 2014	connection to racintate another Text administration in an error to partner with them. Message fort, no word back as yet.
Sept 12- Nov 13, 2014	
Nov 14 2014 – Jan 8 2015	
Jan 9 – Mar 12, 2015	
Mar 13 – May 14, 2015	In April, Thompson Health "Spring into Something New" was a new initiative to encourage staff to try something new for 30 days or try something different each day for 30 days. This was to encourage a healthy behavior change. A list of ideas were given out. Approx. 100 individuals participated

May 15 – July 9, 2015	
July 10, - Sept 10, 2015	
Sept 11 – Nov. 12, 2015	
Nov. 13 2015-Jan 14,	
2016	

1- A13. Investigate the use of and work on promoting 5-2-1-0 in the after-school programs, backpack program, community centers, and day cares, Head Start, C&FRC, Foodlink, YMCA, Boys and Girls Club, Sal Army

Oct/Nov 2013	Mr. Ostrander from the Finger Lakes Health System Agency will investigate to determine if they have access to
	Ontario County sites that are participating in the 5-2-1-0 program.
Nov 2013/Jan 9, 2014	FLHSA does not have access to a database of existing 5-2-1-0 programs. Greater Rochester Health Foundation may have this information. Mr. Ostrander will investigate.
Jan 10 - March 13, 2014	FLHSA reports Heidi (Melancon) Burke from the Greater Rochester Health Foundation may have more information regarding the 5-2-1-0 program in Ontario County. Mr. Ostrander reports Heidi did not seem to have a lot of information regarding the program in Ontario County. She said the campaign was isolated mostly to Monroe County. She did say feel free to contact her for any questions if needed
March 14 - May 8, 2014	
May 9 - July 10, 2014	
July 11 - Sept 11, 2014	 July - OCPH has purchased puppets used to educate young children. A recent program was delivered to children at ABCD on the topic of healthy eating. The program was well received. Aug - ABDC reported implementation of a Knapsack Program (a physical activity initiative)
Sept 12- Nov 13, 2014	
Nov 14 2014 – Jan 8 2015	
Jan 9 – Mar 12, 2015	
Mar 13 – May 14, 2015	• FLHSA described the "5-2-1-0 Be A Healthy Hero" initiative in Monroe County, launched by the Greater Rochester Health Foundation in 2007. 5-2-1-0 represents: 5 fruits and vegetables daily; no more than 2 hours of TV watching; at least 1 hour of active play; 0 sugar-sweetened beverages.

	• Nick noted that we are welcome to use any materials from Monroe County's program (that aren't copyrighted) to assist us in starting our own 5-2-1-0 initiative in Ontario County.
May 15 – July 9, 2015	
July 10, - Sept 10, 2015	
Sept 11 – Nov. 12, 2015	
Nov. 13 2015-Jan 14,	
2016	

1 - A14. Increase the use of and engage local media and online resources (i.e. social media, county/community/PH websites, online news websites, radio, and television, local publications) to promote the importance of good nutrition and physical activity using consistent measurements. Include examples of ways to increase physical activity and county resources that are available to community members to increase physical activity.

Oct/Nov 2013	• A relationship with the Visitor's Connection has been started. It is expected this relationship will significantly assist in the completion of this activity.
Nov 2013/Jan 9, 2014	Next issue of the OCPH health magazine will focus on gardening.
	CHIP and CHA were highlighted in the Finger Lakes Times (front page, headline).
	The CHIP and CHA are posted on the OCPH website and in a feature article on the website.
	OCPH will create a webpage featuring OCHC. A subcommittee will be formed to include Randy Jacques, Kate
	Ott, Christen Smith, Maura Synder, Patty D'Amico and Matt Knaub.
	• Ms. Beer will draft a resolution to receive board support for the sharing of community activities that support
	health.
Jan 10 - March 13, 2014	Many of our committee members were interviewed by the Daily Messenger regarding our message to the county
	about healthy eating and exercising. Article featured in the Messenger Post on February 2, 2014
	Thompson Health recently unveiled a new web tool (e healthy recipes) for developing meal plans that are healthy and
	address specific dietary restrictions. It can be found on the hospitals webpage
March 14 - May 8, 2014	Thompson health participated in the 1st Annual City of Canandaigua Health Fair. E- Healthy recipes were shared
	with participants. This is new software located on Thompson's website. We also covered diabetes and sleep disorders.
May 9 - July 10, 2014	The OCHC website page off of the OCPH web page features a community calendar of healthy events and opportunities. OCHC partners are providing Kate Ott, Health Educator with calendar items.

July 11 - Sept 11, 2014	July-Aug UR/Thompson health uses internal email to encourage the associates to create a UR/TH team to participate in community events such as the Twilight 5K, Cross wind 5K, Tour de Thompson bike event, etc.
Sept 12- Nov 13, 2014	 10/1 Thompson Health participated in the Ontario County Employee Health fair to offer information on healthy eating, exercising, etc. 10/4 Thompson Health held a "Girls Are Special" class for moms and daughters and talk about various topics, including healthy eating and exercising 10/5 UR/Thompson health partnered with CMAC in a flu clinic for the community 10/11 UR/Thompson health held an event called "Girls Nite Out"; it is sponsored by the National organization called "Spirit of Women". Several hospital depts. have tables to educate the attendees on healthy life styles, importance of preventative care, i.e. weight management, routine/annual tests that should be done, BP monitoring, etc. "We Choose Health OntariO" restaurant initiative press release to go out late November; a full-page ad is scheduled for the Finger Lakes Times and the Daily Messenger for the end of November "We Choose Health OntariO" billboards reflecting the Initiative will be on display as of November 24. One billboard is located in the city of Canandaigua another located in Geneva.
Nov 14 2014 – Jan 8 2015	
Jan 9 – Mar 12, 2015	UR/Thompson health held the "Day of Dance" at East view Mall. TH continues to send our community calendar to the County for posting on their site.
Mar 13 – May 14, 2015	 UR/Thompson health partnered with the NYWCC for a series of classes called "New Approaches for Healthful Eating". Several ads went out, as well as, it being in our monthly Wellness Calendar. UR/Thompson Health held a "Girls Are Special "class for moms and daughters to talk about various topics, including healthy eating and exercising. Several ads went out for this offering as well. It was placed on Thompson's Facebook page and Spirit of Women website Clifton Springs Hospital is offering a Weight Watchers Program to employees – 15 employees are participating. Clifton Spring Hospital has Wellness Bulletin Boards that provide monthly wellness information and tips
May 15 – July 9, 2015	 UR/Thompsonhealth: Held classes at the NYWCC similar to last year's in regard to healthy eating. Classes were also advertised for Dr.Graff's classes regarding whole food plant based diet. All were well attended. Participated in the Salvation Army Senior Citizen Health Fair. Approximately 30 individuals participated in the event with approximately 10 tables from different organizations in the community. OCPH is now able to track the number of "hits" on the county website. OCPH now has a facebook page.

July 10, - Sept 10, 2015	
Sept 11 – Nov. 12, 2015	
Nov. 13 2015-Jan 14, 2016	
2016	

1 - A15. Educate municipal officials regarding how to improve the built environment and keep them informed and educated about good nutrition and physical activities as outlined in the CHIP- at least 5 municipal officials.

Oct/Nov 2013	 Ms. Beer will provide continued education to the Ontario County Health and Medical Committee keeping them informed and education on the activities outlined in the CHIP. Meeting minutes will describe the information she provides. Ms. Beer will draft a resolution to receive board support for the sharing of community activities that support health.
Nov 2013/Jan 9, 2014	Ms. Beer (OCPH) oriented the Ontario County Health and Medical Committee, the leader group, and the newly elected supervisors to the CHIP and CHA.
Jan 10 - March 13, 2014	OCPH - Healthy meeting policy resolution approved by BOS at 2/14 meeting and implemented.
March 14 - May 8, 2014	
May 9 - July 10, 2014	July 2, 2014 Kate Ott, Public Health Educator, and Lauren Fitzgerald, Intern, Gettysburg College spoke with the Health and Medical Committee. Ms. Ott explained the puppet program that was recently presented to the Agribusiness program in Geneva for children ages 18 months – 5 years. The puppets are being used to present programs about healthy eating. Ms. Ott and Ms. Fitzgerald performed a small sample of the program for the committee. Mary Beer wanted to share the program with the committee as an example of programs and activities taking place that tie into the CHIP. She will provide an update on the initiative involving local restaurants at a future meeting
July 11 - Sept 11, 2014	
Sept 12- Nov 13, 2014	9/24/14 Mary Beer introduced Kate Ott, Public Health Educator, who spoke to the Health and Medical Committee regarding the restaurant initiative as part of a goal of the Ontario County Health Collaborative to address obesity in our county. Ms. Ott explained the initiative's purpose is to encourage healthy eating while dining out. The program will begin with 10 restaurants. The subcommittee of the collaborative has been working with a focus group of six restaurants who have provided valuable input. Ms. Ott reviewed the promotional materials that will be used initially.
Nov 14 2014 – Jan 8 2015	
Jan 9 – Mar 12, 2015	

Mar 13 – May 14, 2015	
May 15 – July 9, 2015	
July 10, - Sept 10, 2015	
Sept 11 – Nov. 12, 2015	
Nov. 13 2015-Jan 14,	
2016	

B) Prevent childhood obesity through early-care and schools

1 - B1. Attempt to have committee members on the Wellness Committees at each school district in the County.

Oct/Nov 2013	Representatives from Thompson Health sit on the committees of Naples, Victor, and Canandaigua.
	Representative from Finger Lakes Health sits on the committee's for Geneva.
	Thompson Health reached out to both Red Jacket School and Honeoye Central school both of who are restarting their
	School Wellness Committees.
	Rushville Health volunteered to reach out to Marcus Whitman School District. Mr. Jacque and Ms. Smith will provide
	Ms. Bodine with the contact information that they have.
	OCPH will assign a PHN to each school district as a liaison between the health department and the school district.
	CSH will be reaching out to Midlakes School District.
Nov 2013/Jan 9, 2014	Ms. Ott (OCPH) reports she sits on the wellness committee at FLCC. Meetings are held monthly. To date she has
	attended 3 meetings.
	Thompson health attended Naples School Wellness Committee. They are exploring the idea of developing an after
	school running program with adults (teachers and parents). Honeoye and Red Jacket have their next meeting in
	January.
	OCPH has assigned a nurse to each of the school districts. Nurses will be reaching out to committee members to
	assist with relationship building.
Jan 10 - March 13, 2014	OCPH - Relationships have been established with Honeoye Central School & Canandaigua School District.
	Thompson Health has attended the Red Jacket, Honeoye and Naples Wellness Committee meetings. Red Jacket is
	focusing on staff wellness. Honeoye is having a Children's Wellness day (4/11). Naples is continuing with developing
	their after school running program
March 14 - May 8, 2014	Patty D'Amico from the Youth Bureau is assisting with contact information from PH staff: PH staff are in varying degrees
	with the schools.
	John Edwards has attended one meeting in Honeoye and also attended their Wellness Fair on April 11 (Aimed at K-5).

	Next meeting will be held on May 12 and learn more about summertime community events.
	Sue McNear has reached out to Naples but no word as yet.
	Lisa Carmer attended Midlakes Wellness Committee Meeting 4/7/14. Provided them with requested information on nutrition. Next meeting will be in the fall.
	Teresa Shaffer has made great progress in Geneva attending both school and community meetings.
	Kristen Beideman is meeting with Red Jacket for the first time on May 13th. They are excited that she is coming.
	Anne Marie Linek has met with Rushville health Center on 5/6/2014. No contact with Gorham/Middlesex School District
	yet.
	Rosemary Strub contacted the school nurses in Bloomfield who offered to reach out to a person in their business office
	who works on wellness. To date she hasn't heard back.
	Kate Ott is on the FLCC wellness committee. They are very active with providing health fairs, incentives, and BP kiosks
	for their employees. Also, they are looking into creating a non-smoking outdoor courtyard space. She is also in the
	process of making contact with Victor Schools.
May 9 - July 10, 2014	Thompson Health attended the Victor, Red Jacket and Honeoye Schools Wellness Committee meetings and the FLCC
	Wellness Committee meeting. Most all committees were wrapping things up for the year. Honeoye already has plans for
	a Wellness Day for their staff in January 2015.
July 11 - Sept 11, 2014	Finger Lakes Community College reports Student Health Services incorporates discussions on obesity with students as
	part of their protocol.
	SeptUR/Thompson health will be attending the Honeoye School district Wellness committee on 9/8.
Sept 12- Nov 13, 2014	10/14 & 10/22 Thompson Health attended the Naples School Wellness committee mtg.(10/14) and the Bloomfield
	School Wellness Committee mtg. (10/22) 10/5 Ontario County Public Health attended an employee wellness meeting at
	the Canandaigua Middle School.
Nov 14 2014 – Jan 8 2015	• 12/8/14 Ms. Ott attended Victor Central School's Wellness Committee and was accepted into membership.
	UR/Thompson health Health Educator also attended the Victor Wellness Committee. Wellness Manager attended
	the FLCC and Naples School Wellness Committee meetings
Jan 9 – Mar 12, 2015	Midlakes – (Lisa Carmer) No active Wellness Committee this year. Trying to make connections with CSH
	to collaboratively support wellness programs at Midlakes.
	UR/Thompson health Wellness Manager attended the Honeoye School Wellness Committee Meeting. Also
	participated in the Honeoye School Staff Wellness Day.
	• Naples - Ms. McNear reports hoping to get 75% of staff to participate in a 5-6 week Wellness Challenge.
	They report using more fresh or fresh frozen vegetables in the kids lunches. They have a 4-5 min exercise
	routine with audio in the classrooms in the morning. They are also looking at getting better equipment in
	the athletic equipment room, like treadmills. They did get one treadmill from Excellus.
	 Bloomfield – Ms. Strub reports being in contact with Bloomfield. Has not yet attended a meeting. Nurses are
	2.55

	 contacting public health with questions or concerns. Manchester/Shortsville- Ms. Bloom has been attending. Currently working on a pedometer challenge and events for a health fair. Head of the committee resigned last fall. Still seeking a leader. BOCES – Ms. Bloom has reached out to BOCES. They thanks her but have not gotten back to her.
Mar 13 – May 14, 2015	 UR/Thompsonhealth reports: Attended the Red Jacket Wellness Committee meeting and the FLCC "WIN" committee meeting. Health Educator attended the Victor School Wellness Committee Health Educator met with Middle School science teacher and Food Service Director to discuss their living wall and how the goal is to be able to supple the cafeteria with fruit or vegetable one day a week. Composting program is being investigated. They are also trying to get a Garden club started for the middle school students.
May 15 – July 9, 2015	UR/Thompsonhealth attended the Bloomfield & Red Jacket School Wellness Committee meetings. Attended the Red Jacket Staff Wellness day and presented on stress management.
July 10, - Sept 10, 2015	
Sept 11 – Nov. 12, 2015	
Nov. 13 2015-Jan 14, 2016	

1 - B2. Partner with local schools and after school programs to promote reducing screen time, healthy living, healthy eating and physical activity. Continue and expand the "Get Up! Fuel Up!" and "Food, Fun, Fitness" programs. Explore program with Midlakes. Explore homeschoolers and parochial schools.

Oct/Nov 2013	 Thompson Health will be partnering with the Canandaigua YMCA Homeschool Program to institute the "Get Up! Fuel Up! Program. They currently provide the program to Naples, Victor, Bloomfield, Canandaigua, Honeoye and Red Jacket schools. Thompson Health is partnering with the NYWCC for ROC the DAY event on December12th. All donations raised on this day will be used toward hands-on, fun, educational programming in local elementary schools via assemblies. The assemblies will promote healthy eating, demos and creative preparations of locally grown fresh foods while
	reducing the sugar, salt and additive ingredients.
	• Finger Lakes Health provides the "Food, Fun, Fitness" program to the Geneva City School District. They use teen
	mentors to deliver the 6 part program. To date they have recruited seven high school students to deliver the

	reticulum. The program was developed by the Seneca County Cornell Cooperative Extension. Additionally, Finger
	Lakes Health provides a similar program at the Childcare Center at Geneva General. Ms. Smith may consider
	contacting the Child and Family Resource Center (Deb Hartman) to discuss possibilities with other child care
	providers.
	Additional follow up with Marcus Whitman is planned to integrate a Healthy Eating Curriculum Rushville Health
	Center will follow along with the Hospitals.
Nov 2013/Jan 9, 2014	The starting date with the Home Schooling group is TBA. Thompson Health and the New York Wine and Culinary
	Center) NYWCC have a meeting date of 2/3 set up to meet with three chosen school districts to review the assembly
	presentation to be offered to grades 3-5. The 3 chosen districts are: Canandaigua, Bloomfield, and Marcus Whitman.
Jan 10 - March 13, 2014	• Chef to classroom piece of Get Up Fuel Up was completed in Canandaigua School District with Chef Jeff, who is part
	of the New York Wine Culinary Center. 300 students were touched and learned how to make healthy homemade
	granola for a snack.
	 Finger Lakes Health's Choose Health Action Teen (CHAT) health and nutrition program has trained 7 teen leaders.
	Presentations have been held at after school programs and local child care centers.
March 14 - May 8, 2014	• 700 3rd, 4th and 5th graders completed the Get Up! Fuel Up! (GUFU) Program in Canandaigua elementary school.
, 0, 202	43 2nd graders in Honeoye completed the GUFU program.
	 NYWCC/Chef Jeff in partnership with Thompson presented an assembly on healthy eating from the proceeds of ROC
	the Day to Red Jacket and Canandaigua elementary schools.
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	Meetings with the Canandaigua Middle School regarding a summer camp have taken place. The camp curriculum
	will cover healthy eating, physical exercise, positive body image, self-esteem, healthy relationships, etc.
May 9 - July 10, 2014	Get Up! Fuel Up Phase II was taught in Honeoye 5th grade. There were a total of 39 students.
	BRAVES camp will be held 3 times throughout the summer. First camp is 7/8-7/10. Healthy eating, exercising, self-
	esteem, perseverance, stress, bullying and how to transition from Elementary school to Middle school with decreased
	anxiety.
July 11 - Sept 11, 2014	July - OC Youth Bureau local recreation programs are up and running; they will continue to take enrollments.
	Aug- UR Thompson Health reports a Childhood Obesity Prevention Program (Get Up Fuel Up) for homeschooled
	children starting on 9/11 at the YMCA. They also provided a healthy eating program at Camp Bristol on July 7th &
	14th
Sept 12- Nov 13, 2014	• 10/7 Thompson Health Wellness Department participated in the Canandaigua Elementary school Farmers Market.
	• 11/1 Clifton Spring YMCA banned electronics from their after school program to encourage the children to be
	physically activity.
Nov 14 2014 – Jan 8 2015	
Jan 9 – Mar 12, 2015	UR/Thompson health continues to deliver the Get Up Fuel Up (GUFU) program in the local Ontario county school
	districts, as well as, the Salvation Afterschool program. On 3/6 Wellness Dept. attended and participated in the
	Canandaigua Middle school Health Fair. 3/10 Canandaigua 5th graders were treated to a visit from a chef from the

	NYWCC demonstrating how to make a healthy snack. This is part of the GUFU level 3 program.
Mar 13 – May 14, 2015	 Thompson Health Reports: After school program at the Salvation Army concluded with a class of Yoga to complete the Get Up Fuel Up (GUFU) program. Initial meetings have started in regards to developing an adolescent 2 day camp in partnership with the Canandaigua School District for 6, 7, &8th graders during winter recess 2016. The camp would cover exercise topics and nutrition education, as well as, healthy food preparation and encourage positive body image. Health Educator completed level 3 and Phase II of the GUFU program at Midlakes Preparation of the BRAVES CAMP has started. This yr. UR/Thompson Health will be doing the camp four times. Each camp is two days. Topics of exercise, healthy eating, stress management and + body image will be covered again this yr.
May 15 – July 9, 2015	UR/Thompsonhealth has been preparing for the 2 nd annual BRAVES Camp. The camp curriculum covers healthy eating, physical exercise, positive body image, self-esteem, healthy relationships, etc. There will be 3 camps this summer (2 days each) UR/Thompsonhealth taught the Naples 3 rd grade classes the Get Up! Fuel Up! Program which touched 42 students. Victor school held a "Healthy Celebration Days" day and Get UP! Fuel Up! Phase II was taught to 386 students over a two day period.
July 10, - Sept 10, 2015	
Sept 11 – Nov. 12, 2015	
Nov. 13 2015-Jan 14,	
2016	

1 - B3. Work with farms, food service directors and Seeking Common Ground to encourage use of local produce and farms in schools, restaurants, healthcare facilities, etc. Including promoting the use of the Ontario County "Local Food Guide" - CCE.

Oct/Nov 2013	• Ms. Phillips will invite Hope Galens from the Cornell Cooperative Extension to attend our next meeting.
Nov 2013/Jan 9, 2014	Finger Lakes Farm to Cafeteria Project documented \$35,000 (which is up from the previous year) of local produce purchased in Ontario County's 9 school districts, FLCC, and FF Thompson Hospital, during 2013.
Jan 10 - March 13, 2014	
March 14 - May 8, 2014	• Farm to Cafeteria Project distributed contact information for farmers and food service directors to encourage more purchasing and serving of local food. Clifton Springs Hospital responded they are planning to serve more local fruits and vegetables this season. Possibility of Consolidated Funding Application. Exploring opportunities for

collaboration with school wellness committees in conjunction with OCPH nurses and With Youth for Youth program staff. Thompson: Is offering a CSA on site to associates in partnership with Fisher Hills Farm. There are also going to be 10 scholarships for associates who are in need. Started Meatless Mondays on 3/3. Started traffic light eating by using colored tongs at the salad bar in the cafeteria on 3/10. Clifton Springs Hospital is meeting with local farms as part of our healthy menu options program. S2AY/OCPH – established a regional Farm to Cafeteria Coalition to encourage increased use of locally grown foods by institutions, schools, and large businesses. May 14th regional meeting to discuss Farm to Institution initiatives was attended by 4 regional public school cafeteria managers. The general sense is that cafeteria managers are dedicated to offering healthy food choices to students. All milk served in schools is local and are the provision of fresh apples slices. The committee will continue efforts to understand the scope of the issue and determine next steps and priorities. Finger Lakes Farm to Cafeteria (FLFTC) met with Foodlink to discuss further efforts to identify local to be lightly processes and frozen when items are not in season. FLFTC is seeking partners to promote the health benefits of eating more cabbage and other produce grown locally and not currently featured in area cafeterias. FLFTC met with OCPH nurses to update them on the status of the Farm to Cafeteria program and to get a sense how they are building community relationships to encourage healthier eating The S2AY Rural Health Network in collaboration with the Cornell Cooperative Extension Associations, and County
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The 52AT Kurai Fleatin Network in conductation with the Cornen Cooperative Extension Associations, and County
Public Health Departments representing nine counties in the Finger Lakes (Chemung, Livingston, Ontario, Schuyler,
Seneca, Steuben, Wayne, Yates and Monroe) sent a message to area school districts encouraging them to report their
equipment needs in order to make to easier for them to prepare and serve local foods. S2AY will be applying for a
small grant (\$5000.00 to \$50,000) for this purpose. The grant application is due July 15, 2014.
July 11 - Sept 11, 2014 Matt Knaub from FoodLink contacted Connector Marketing Healthy U is Frank Vicaretti who will attend the October
meeting.
Sept 12- Nov 13, 2014 • 9/19 Starting on 9/19, every Friday through November, Thompson health has a curbside market truck that comes by
during the noon hour, fresh produce can be purchased at reduced rates and SNAP registration is available
• 10/7 Thompson Health Wellness Department participated in the Canandaigua Elementary school Farmers Market.
• 10/9 Frank Vicaretti addressed to committee discussing his "Healthy U" business. Frank provides fresh fruits and
healthy snacks to convenience stores and other establishments as a means of providing healthier food options.
• 10/17 Thompson Health Wellness Dept. in partnership with the YMCA and the Canandaigua school district
participated in their Family Fun Nite. They supplied a healthy snack for all who attended
• 11/5 UR/Thompson health held a Food Pantry in partnership with Food Link; 250 families were touched
OCPH continues to participate in the Farm to Cafeteria regional coalition. In November the coalition is surveying
large institutional cafeteria directors to determine their needs and barriers to offering locally grown foods.
Nov 14 2014 – Jan 8 2015

Jan 9 – Mar 12, 2015	UR/Thompson health Food Service Director reports that TH cafeteria is going to purchase meat from local supplier.
	Sausage and hamburgers and potential for ham steak in the future.
Mar 13 – May 14, 2015	Thompson health's CSA (Community Support Agriculture) program will be starting. 20 weeks, Mondays June 8 –
	October 26, 2:30pm-5:30pm. Thompson Health is sponsoring 10 scholarships for associates who financially are
	unable to afford a share.
May 15 – July 9, 2015	Clifton Springs Hospital is hosting a Foodlink Curbside Market on Tuesdays from 10-10:45 from July to September.
	Dietitian will be providing nutrition information and healthy recipes at Curbside Market location from 10-10:45am
	UR/THompsonhealth continues to increase the amount of product purchased from the local Bostrom Farm.
July 10, - Sept 10, 2015	
Sept 11 – Nov. 12, 2015	
Nov. 13 2015-Jan 14,	
2016	

1 - B4. Create and annually update inventory of existing opportunities for physical activities available to community members at schools. Continue to encourage, develop and expand opportunities for physical activity for community members in school facilities.

Oct/Nov 2013	 Following an article in the Finger Lakes Times on the topic of obesity reduction, a resident from Geneva wrote to OCPH. The resident encouraged our efforts to open school facilities to community residents for the purpose of exercise. Ms. Smith volunteered to investigate opportunities for physical activity for community members in the Geneva School District. Ms. Bodine reports Marcus Whitman school opens their weight room in the evening to the community. Ms. Bodine reports a memorandum between Rushville Health Center and the Yates County Office for the Aging (OFA) allows OFA to utilize space at the Health Center for a senior exercise program.
Nov 2013/Jan 9, 2014	
Jan 10 - March 13, 2014	Thompson Health reports, Red Jacket school district does allow walking in the school except on Sundays
March 14 - May 8, 2014	
May 9 - July 10, 2014	
July 11 - Sept 11, 2014	July - A weekly Food, Fun, and Fitness program at the Salvation Army continues to promote nutrition and fitness.
Sept 12- Nov 13, 2014	
Nov 14 2014 – Jan 8 2015	

Jan 9 – Mar 12, 2015	
Mar 13 – May 14, 2015	 A recheck with Red Jacket shows they still allow walking in the school except Sundays and they have an adult Men's basketball program. Bloomfield states they do not have anything for the community
May 15 – July 9, 2015	
July 10, - Sept 10, 2015	
Sept 11 – Nov. 12, 2015	
Nov. 13 2015-Jan 14, 2016	

C) Expand the role of health care, health service providers, and insurers in obesity prevention

1 - C1. Ensure providers are discussing obesity and providing resources – provide resource list to providers

Oct/Nov 2013	 Clifton Springs Hospital beginning in January 2013 through the end of 2014 provided weight management classes on site facilitated by their Dietitian Paige Jablonski Thompson Health met with physicians and patient care managers (staff that provide chronic disease follow-up services) to discuss the nature of the Community Health Improvement Plan. Group discussion identified the need for health systems to develop a method to track education that is provided to patients on obesity. Currently EHR systems flag patients that would benefit from provider discussions and allow providers to print out patient materials. Tracking these efforts however, is not easily accomplished in existing EHR systems.
Nov 2013/Jan 9, 2014	 Thompson Health reports Dr. Steven Cook has a provider kit for childhood obesity. Ms. Culver will reach out to him to see if it is available for distribution. She will investigate the cost, if any. Finger Lakes Health offered a Taking Off Pounds Sensibly meeting to the community. They also offered a weekly Weight Watchers meeting.
Jan 10 - March 13, 2014	Thompson Health reports, Dr. Cook's kit is mainly for pediatricians. He is mostly interested in putting together a team to do a research study. He wanted to know if there were any pediatricians who would want to participate under the umbrella of OCHC.
March 14 - May 8, 2014	
May 9 - July 10, 2014	On 6/4/14 Finger Lakes Health invited community members to address overweight and obesity concerns facing all of us through lifestyle management and healthy choices through its Dine & Discuss series.
July 11 - Sept 11, 2014	

Sept 12- Nov 13, 2014	
Nov 14 2014 – Jan 8 2015	
Jan 9 – Mar 12, 2015	UR/Thompson health holds meetings for community members both pre and post bariatric surgery called "Change your Body, Change your Life Style". It is a nutrition and fitness seminar specifically for those considering that type of surgery. Review of exercise and special fitness needs, as well as menu planning are reviewed.
Mar 13 – May 14, 2015	Thompson Health Reports: EMR automatically calculates the BMI once the ht. and wgt. and are entered into the system. This is required for "meaningful use". The system will then show websites for the MD to pull up info and print for the pt. to take with them.
May 15 – July 9, 2015	
July 10, - Sept 10, 2015	
Sept 11 – Nov. 12, 2015	
Nov. 13 2015 - Jan 14, 2016	

2. Increase access to high quality chronic disease preventive care and management in clinical and community settings A) Decrease Hypertension Rates

2 - A1. Work to prevent hypertension by assisting hospitals, nursing homes and senior meal providers in reducing sodium content in all meals served including to patients, visitors, staff and public.

Oct/Nov 2013	 Ms. Dhondt-Campbell will be able to provide information on the sodium content of home delivered meals and meals provided at community senior sites. The Finger Lakes Farm to Cafeteria Planning Meeting will discuss opportunities to raise awareness and consumption of locally produced items (i.e. fresh fruits and vegetables) to hospitals, nursing homes, and other group meal sites. Ms. Ott will investigate with Senior Living Facilities (i.e., Quail Summit) to determine meal planning and opportunities to obtain reduce sodium meals.
Nov 2013/Jan 9, 2014	
Jan 10 - March 13, 2014	 Thompson health's cardiac rehab in partnership with Wegmans, Constellation Brands, and NYWCC is offering a "pilot" of a series of 4 classes on heart healthy eating to begin in April. Two classes are educational and two are actual cooking healthy meals. It is being offered to the "Mended Hearts" support group members first. Thompson health held a "Day of Dance" on Feb.15th, encouraging physical activity through dance and several educational tables available at the event to reinforce heart healthy behaviors Finger Lakes Health's Cardiac Pre-Hap program is scheduled to begin Feb 25th. The 10 week, one-night-a-week program is headed by Chief of Cardiology Dr. Joe Gomez. Anyone who lives in Ontario County is invited to attend. Clifton Springs Hospital

	Clifton Springs Hospital reports:
	Met with the Culinary's Institute Chef Jeff to provide low sodium classes at their site.
	Is rolling out a new health menu 6/1/14 to staff, patients and visitors.
	Holding Tasteful Thursdays through the month of May to allow people to try some of the new healthy options
March 14 - May 8, 2014	The first of 4 classes offered by Thompson health's cardiac rehab regarding the DASH diet was very successful.
	Clifton Springs Hospital kicked off the BP Challenge for the month of May and is offering a Low Sodium Cooking class on May 21st by Chef Jeffrey McLean from the NY Wine & Culinary Center.
May 9 - July 10, 2014	Thompson Health reports one class left of the DASH diet series offered in partnership with Thompson's Cardiac Rehab unit , NYWCC, Wegmans and Constellation. The last class is scheduled in September.
July 11 - Sept 11, 2014	 July - Office of the Aging reports their Dietician holds a lot of nutrition education sessions at the Senior Center. Presentations on heart-healthy fats will begin in August at all of their sites. SeptUR/Thompson health is holding the last class of their series in partnership with NYWCC, Wegmans and
	Constellation Brands regarding the DASH diet on 9/11.
Sept 12- Nov 13, 2014	
Nov 14 2014 – Jan 8 2015	UR/Thompson health held a World Diabetes Community forum in partnership with St. Mary's church
Jan 9 – Mar 12, 2015	UR/Thompson health named 12 "Healthy Hero's". These are individuals that have made a life style change. UR/Thompson health offered a 22 week wt. management program to their Associates to assist in helping individuals reach their goals for weight loss. There are 50 individuals enrolled currently. In conjunction with this program, there were also health coaching appointments offered. Based on biometric results and measurements taken at the appointment, individuals would be directed to specific classes to help address any issues that became evident. There were 500 coaching appointments.
Mar 13 – May 14, 2015	UR/Thompson health continues to use the traffic light system in the cafeteria. UR/Thompson health partnered with the NYWCC for a series of classes called "New Approaches for Healthful Eating".
	 Clifton Springs Hospital adding or replacing healthy food items in the Café and patient meals: Low sodium bases used with soups, gravies, sauces, tomato pastes Unsalted saltine crackers only to be served Turkey meat to be added to ground beef food items (meatloaf, meatballs) Healthier bread options – 100% Stone Ground Wheat Bread (3g fiber per serving) whole wheat hamburger, hot dog, and hoagie rolls Fresh potatoes replaced canned potatoes
May 15 – July 9, 2015	UR/Thompson health switched to low sodium soup and sales dropped. They are currently using the low sodium base and mixing it with the normal soup base for a combination. The cafeteria has also posted signage in regard to calories, and sodium content on all entrees.

July 10, - Sept 10, 2015	
Sept 11 – Nov. 12, 2015	
Nov. 13 2015 - Jan 14,	
2016	

2 - A2. Work with the FLHSA to bring the hypertension reduction program down to Ontario County (Expand description of FLHSA program here)

Oct/Nov 2013	OCPH has begun to query provider offices to determine what EHR system they use and identify a point of contact
	person for each practice. The next meeting of the Hypertension Reduction Program will be held in January in Penn Yan.
Nov 2013/Jan 9, 2014	 All provider practices in Ontario County have been identified with contact information provided. Next Hypertension Meeting will occur mid-January. Finger Lakes Health offered free blood pressure screenings through its Acute Rehabilitation Unit on 11/12/13 and on 11/19/13 offered free blood pressure screenings at the Geneva Community Lunch Program.
Jan 10 - March 13, 2014	 Finger Lakes Health offered free blood pressure screenings at their Acute Rehabilitation Unit on January 14, Feb. 11, and 3/11/14.
	• Clifton Springs Hospital is participating in the Rochester's Business Alliance BP Challenge. They are featuring BP monitoring machines in their main lobby. This is part of the "Know Your Number's" campaign.
March 14 - May 8, 2014	 The Hypertension Registry for June will include 10 or so Ontario County practices. Finger Lakes Health offered a free blood pressure clinic through its Acute Rehabilitation Unit.
May 9 - July 10, 2014	Ontario County is one of nine counties participating in the FLHSA program. Ontario County practices have been identified and all paperwork submitted. Data collected will be provided to individual practices. The PH department will be aware of participating practices. Data analysis will be summarized and presented in September. Provided CONTINUE attacked as 2 days training on the group to the provided to a presented in September.
	Rosemary Strub OCPH PHN attended a 2 days training on the proper technique to perform blood pressure monitoring. Initially, she will be in the training OCPH staff. The goal is provide BP technique training to area providers. The state of the st
	• Thompson participated in the BP Challenge 5/26-5/30. There were 750 individuals that monitored their BP during that time.
July 11 - Sept 11, 2014	Data analysis of the Hypertension program continues.

	Aug- OCPH and OFA held a hypertension program for Ontario County employees.
	• AugThe BP kiosk in the main lobby of UR/Thompson health had 348 BP's taken by individuals (both staff and community) during the month of August. The largest percentage of individuals fell in the pre-hypertension category (49.7%).
Sept 12- Nov 13, 2014	FLHSA program enrolled 9964 patients from Ontario County providers. 9% (924) were excluded d/t no BP reading. Results found 72% of patients in the cohort are considered to have controlled blood pressure while 28% are considered
	uncontrolled. Next steps include expanding the registry to additional provider offices and increase best practices through outreach and education to providers.
Nov 14 2014 – Jan 8 2015	UR/Thompson health celebrated the Great American Smoke Out Day by having a table outside the cafeteria and offering free NRT's to those interested in quitting
Jan 9 – Mar 12, 2015	UR/Thompson health recognized the National "Wear Red Day". The organization encouraged Associates to wear red and had a group photo taken of everyone.
Mar 13 – May 14, 2015	Clifton Springs Hospital has an on-site Blood Pressure Machine from which they are able to gather data.
May 15 – July 9, 2015	UR/Thompsonhealth has a BP kiosk in our lobby. There has been 1643 BP's taken YTD. The report breaks down how many are normal, prehypertensive, stage 1 and stage 2. There are 361 of the 1643 that are normal, 905 that are prehypertensive, 316 in stage 1 and 61 in stage 2.
	Working with Foodlink, FLHSA will offer blood pressure screening at Foodlink distribution sites.
July 10, - Sept 10, 2015	
Sept 11 – Nov. 12, 2015	
Nov. 13 2015 - Jan 14, 2016	

B) Promote Culturally relevant chronic disease self-management education

2 - B1. Offer at least one class of the Stanford Chronic Disease Self-Management Program.

Oct/Nov 2013	Ms. Bumpus from Wayne Cap is the lead for the CDSMP offered in Ontario County. The program is also offered by
OCI/140V 2013	
	Finger Lakes Community Health.
	As part of the Patient Center Medical Home, RPCN recently trained care navigators to follow-up with diabetic and
	hypertensive patients to assist with medications, tests, follow-up appointments, and any barriers to care (i.e.
	transportation).
	Thompson Health also provides care managers to assist with chronic disease follow-up.

	Finger Lakes Health offered "Living with Diabetes" courses to people with diabetes, family members, and caregivers".
Nov 2013/Jan 9, 2014	 Peer Leader Class is scheduled for January 15, 17, 22, 24th from 9 am - 4pm at the Clyde Public Library. Ms. Bumpus reports one person has already signed up to be trained as a Peer Leader (in the January training). He will be able to partner with a current Ontario County Peer Leader to offer a workshop in Ontario County. Finger Lakes Community Health has five peer leaders already trained. A new peer leader training will be held February 3, 11, 12, and 13 in Geneva NY. Four or five people from Trillium Health will be participating. In April a new CDSM program is planned (at least 12 people must be enrolled to hold a class) in Geneva. Ontario County OFA will work with Finger Lakes Community Health to promote this program. Finger Lakes Health offered a stroke support group for stoke survivors, family members, and caregivers 11/12/13. The also offered a diabetes support group for diabetics, their family members, and caregivers on 11/20/14. On 11/25/13 Finger Lakes Health invited community members to learn more about colorectal diseases and treatment through its Dine & Discuss series.
Jan 10 - March 13, 2014	 Hospitals and OCPH sent staff to a two day training on Evidence Based Approaches to Prevention of Chronic Disease. A session was included on promoting evidence-based interventions including CDSMP. Ms. Bumpus has completed Living Healthy Master Training. Along with another Master Trainer, she will now be able to train new Peer Leaders to present workshops in Ontario County. Two Ontario County sites have been chosen to offer workshops. The first workshop will be set up as soon as arrangements can be made. Finger Lakes Health offered a stroke support group on 1/14/14 and 3/11/14. They also offered a diabetes support group on 1/15/14 and 2/19/14. On 2/12/14 they offered "Living with Diabetes" courses to people with diabetes, their families, and caregivers.
March 14 - May 8, 2014	 Regional Chronic Disease Self-Management Program hosted by the S2AY Rural Health Network was held on April 30, 2014. Finger Lakes Community Health, Wayne Cap, and Ontario County Public Health attended on the behalf of OCHC. Discussion began on what's currently working well and what would benefit from improvement. Brainstorming strategies to increase referrals and increase retention were also discussed. A follow-up meeting is scheduled for June 11, 2014. Ms. Covey reports the Office of the Aging is working in collaboration to connect care managers with residents of the SPA apartments. Ms. Bumpus worked with the Quality and Technical Assistance Center (QTAC) to become a master trainer. They are hoping to incorporate a training session in Ontario County this year if they identify an interested group. Finger Lakes Health offered a diabetes support group for diabetics, their family members, and caregivers on 3/16/14 and 5/21/14. On 4/8/14 and 5/13/14 they offered a stroke support group for stoke survivors, family members, and caregivers. On 4/8/14 they also offered "Living with Diabetes" courses to individuals with diabetes, family members, and caregivers. During May 2014 Finger Lakes Health educated the public about the unique risks associated with

	women and strokes through its spring 2014 issue of <i>Thrive</i> magazine.
May 9 - July 10, 2014	 The regional CSDMP taskforce met on June 11, 2014. They will hence forth be known as the "Living Healthy" Taskforce to standardize name recognition. The committee would like to develop a prescription pad for provider use to refer individuals. Draft prescription pads will be shared with providers to ensure their feedback is incorporated in the final product. Kim Bumpus reports a Living Healthy Workshop currently being offer in Clifton Springs. Enrollment numbers are low. Partners are encouraged to refer individuals. Ms. Bumpus will be reaching out to two senior living centers in the Clifton Springs area. One workshop is in progress (June-July) at Clifton Springs Hospital. Finger Lakes Health invited community members to learn more about colorectal diseases and treatments through it Dine and Discuss series.
July 11 - Sept 11, 2014	 Two Ontario County nurses will receive training in September on becoming Lifestyle Coaches for the National Diabetes Prevention Program. SeptUR/Thompson health held a 2 day Diabetes Self- Management Group class on 9/9 and 9/11.It was led by the outpatient certified DM Educators. (It is not the Stanford Chronic Disease Self-Management Program)
Sept 12- Nov 13, 2014	 OCPH is part of the Regional Healthy Living group who is formulating a newsletter that will encompass information from programs such as Walking with Ease, CDSMP, and NDPP. They are creating a brochure for NDPP with a concentration on recruiting Providers. Prescription pads have been developed for the CDSMP and NDPP. Additional lifestyle coaches are needed. Ms. Beer on behalf of OCHC sent a letter to all hospital CEO's describing the National Diabetes Prevention Program and seeking their support.
Nov 14 2014 – Jan 8 2015	 Ms Bumpus at Wayne CAP established dates for Chronic Disease Self-Management Peer Leader Training for April 2015 (4/6, 4/7, 4/13, 4/14). The training, held at Seneca County Office of Aging building, is convenient also for Wayne and Ontario counties. Since all areas are in need of more Peer Leaders, partners of the CHIP team are informed of the training. Other counties are also welcome, if space permits.
Jan 9 – Mar 12, 2015	 Ms Bumpus at Wayne CAP is searching for a good place to hold a Chronic Disease Self-Management Living Healthy workshop in Geneva or Canandaigua. UR/Thompson health offers a condensed version of a diabetes self –management group class(2 days). It is facilitated by a registered dietician and a RN Certified Diabetes Educator
Mar 13 – May 14, 2015	UR/Thompson health continues to use the traffic light system in the cafeteria. UR/Thompson health partnered with the NYWCC for a series of classes called "New Approaches for Healthful Eating".
May 15 – July 9, 2015	June 17, 2015 - UR Thompson Health held a 1 hour diabetes support group meeting open to the public, free of charge.
	Wayne Cap- Five new Living Healthy Peer Leaders added in Ontario County. Workshops are planned to begin in the

	summer and fall. Wayne Cap completed their DSRIP application with the hopes of receiving additional funding to serve their three counties.
	UR/Thompsonhealth offered a diabetes self-management group class 6/16 &6/18 to the community
July 10, - Sept 10, 2015	
Sept 11 – Nov. 12, 2015	
Nov. 13 2015 - Jan 14,	
2016	

VI. Dissemination to the Public

CS Hospital disseminates information to the public regarding its community health programs and availability of financial assistance programs in a number of ways: The Community Service Plan, mission, vision and values are posted on the CS Hospital website. The Community Service Plan is mailed out to board members, community leaders, and political representatives. Plans to publish a brochure summarizing CS Hospital's community service activities are under discussion. The previous community service plans have included the pertinent information demonstrating CS Hospital's current and future commitment to public health programs. Going forward, we will continue to disseminate this information to the public, using the existing approaches. This information will include a description of focus on the Prevention Agenda in the Community Service Plan, including a description of CS Hospital's public health programs, including both the Prevention Agenda priority programs and non-Prevention Agenda programs.

VII. Maintenance of Engagement with Local Partners

To continue engagement with local partners to successfully implement the Community Service Plan and improve health within Ontario County, CS Hospitals actively participates in a variety of coalitions/committees. Standing committees include: OntarioCounty Health Collaborativeto complete a Community Health Needs Assessment— CS Hospital, along with all other Ontario County hospitals, Ontario County Public Health Department and the Ontario County Health Collaborative. Each of these groups will meet regularly to share progress and relay any barriers that they are experiencing throughout the course of the Community Service Plan implementation. Progress will be tracked through the work plan that was developing using input from each participating organization. Each entity will be responsible for tracking their objectives and communicating to the committee any problems that may interfere with completion of objectives (changes to timeframe, evaluation methods, data tracking, etc.). Committees will work together to break down barriers that arise and collaborate to meet the objectives outlined within the work plan.

<u>Attachment A</u>– Ontario County Community Health AssessmentSummary

Ontario County Community Health Assessment

County	Ontario	Census
# surveys	578	104,205
Under 35 yo	13.5%	41.7%
35 to 65 yo	77.1%	44.4%
White	97.6%	93.8%
AAS or more	75.5%	44.5%
Bach or more	49.1%	30.9%
Full time	84.2%	
Town	Canandaigua 38.0% Geneva 15.7%	
20+ yrs in cty	63.6%	
\$25k or more	92.7%	79.9%
\$50k or more	69.4%	55.6%
Married	64.9%	52.4%
Insured	96.8%	86.3% (EBRFSS)
Average BMI	30.6	
Female Average BMI	31.7	
Male Average BMI	29.4	
Comp survey	81.7% (472)	

Do you think that access to primary health care (family doctor) is a problem in Ontario county:							
Answer Options	Problem for YOU	Problem in Ontario County	Don't know or unsure	Response Count			
For low-income families?	2.76%	57.87%	39.76%	508			
For the elderly?	0.62%	54.62%	44.97%	487			
For all in community?	1.05%	44.51%	54.64%	474			
For persons with disabilities?	1.04%	45.32%	53.64%	481			
For persons new to the area?	1.64%	49.28%	49.49%	487			
Total Respondents	539						

Do you think that access to behavioral health care in the following areas is a problem in Ontario County for:							
Answer Options	Problem for YOU	Response Count					
Alcoholism	0.84%	52.30%	47.28%	478			
Developmental Disability	1.54%	37.14%	61.76%	455			
Drug Abuse	0.62%	57.70%	42.09%	487			
Gambling Addictions	0.63%	36.84%	62.74%	475			
Mental Health	2.61%	57.11%	41.28%	499			
Total Respondents	531						

CHOO - Choose Health Ontario	Problem for YOU	Problem in Ontario County	Don't know or unsure	Respons e Count	% Adults Affected EBRFSS/DOH Ontario County	% Adults Affected EBRFSS/DOH NYS
15. Lack of physical activity & fitness	19%	59%	24%	508	17.9%	23.7%
14. High blood pressure, stroke	13%	44%	43%	465		
16. Poor nutrition (unhealthy eating)	9%	64%	29%	498	67.1%	72.9%
9. Depression / other mental illnesses	8%	66%	27%	503		
17. Problems with teeth or gums	8%	38%	55%	470		
5. Arthritis, Alzheimer's, Dementia, Memory Loss	8%	54%	39%	488		
3. Access to specialty health care	7%	49%	45%	484		
19. Quality of well water	7%	23%	71%	480		
18. Pulmonary diseases (COPD, Emphysema, Asthma)	7%	41%	53%	456		
10. Diabetes	6%	48%	47%	470	7.4%	9.0%
8. Cancer	4%	55%	41%	459		
21. Smoking / tobacco use	4%	65%	31%	477	20.0%	17.0%
13. Heart disease (Congestive Heart Failure, Angina, "A-fib")	4%	47%	50%	453	7.1%	6.3%
6. Behavioral problems in children	4%	62%	35%	514		
12. Eating disorders	3%	35%	63%	468		
23. Transportation to health care	2%	55%	43%	478		
1. Access to home care	2%	42%	56%	494		
2. Access to pregnancy care	1%	16%	83%	445		
22. Teen pregnancy	1%	51%	49%	475	1.6%	2.1%
25. Unplanned pregnancy	1%	43%	57%	465		
7. Birth defects	1%	13%	86%	456		
24. Underweight or premature babies	0%	13%	86%	443	6.0%	8.2%
20. Sexually transmitted diseases (Chlamydia, Herpes, HIV/AIDS)	0%	34%	66%	459		
4. Alcohol abuse	0%	55%	44%	480	21.0%	18.1%
11. Drug abuse/abuse of prescription drugs or illegal drugs	0%	72%	28%	499		
Total Respondents				571		

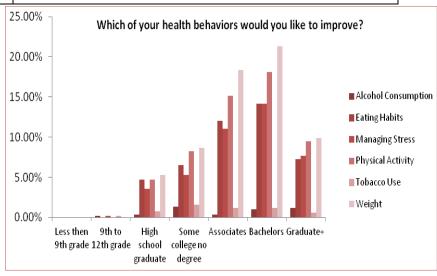
#1 Priority for YOU						
1. Access to home care	9. Depression / other mental illnesses	3. Access to specialty health care	8. Cancer	15. Lack of physical activity & fitness		
6.56% (32)	7.58% (37)	7.99% (39)	8.81% (43)	15.16% (74)		
		#2 Priority for YOU				
14. High blood pressure, stroke	5. Arthritis, Alzheimer's, Dementia, Memory Loss	9. Depression / other mental illnesses	15. Lack of physical activity & fitness	16. Poor nutrition (unhealthy eating)		
6.43% (29)	7.76% (35)	7.76% (35)	9.09% (41)	9.09% (41)		
		#3 Priority for YOU				
3. Access to specialty health care	16. Poor nutrition (unhealthy eating)	6. Behavioral problems in children	9. Depression / other mental illnesses	15. Lack of physical activity & fitness		
6.35%(25)	6.35%(25)	6.85% (27)	7.87% (31)	12.18% (48)		
Total Respondents 491						

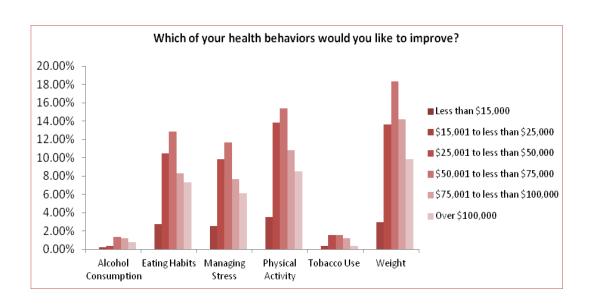
Most Important Problem							
9. Depression / other mental illnesses	15. Lack of physical activity & fitness	8. Cancer	11. Drug abuse/abuse of prescription drugs or illegal drugs	1. Access to home care	6. Behavioral problems in children		
10.87% (54)	10.87% (54)	9.46% (47)	9.05% (45)	6.84% (34)	6.84% (34)		
Total Respondents			498				

Do you think that violence in the following areas is a problem in Ontario County?							
Answer Options	Problem for YOU	Problem in Ontario County	Don't know or unsure	Response Count			
Child abuse / neglect	0.59%	62.06%	37.55%	506			
Elder abuse / neglect	0.40%	43.95%	55.85%	496			
Sexual assault	0.63%	38.78%	60.80%	477			
Spouse / partner abuse	0.82%	43.88%	55.31%	490			
Violence among young adults - bullying	2.30%	67.56%	31.29%	521			
Total Respondents	539						

Do you think that there is a problem being seen by or receiving services from any of the following in Ontario County?						
Answer Options	Problem for YOU	Problem in Ontario County	Don't know or unsure	Response Count		
Home care services and supports	1.72%	41.59%	56.90%	464		
Mental/behavioral health	3.09%	52.99%	45.15%	485		
Nursing homes	0.66%	44.40%	55.16%	455		
Nutritionists / Dieticians	2.45%	28.06%	69.71%	449		
Pharmacies	1.75%	13.03%	85.46%	399		
Specialized support groups	2.28%	33.26%	64.92%	439		
Specialty doctors	5.92%	43.42%	51.97%	456		
Therapists (physical, speech, occupational)	2.13%	24.59%	73.52%	423		
Total Respondents	534					

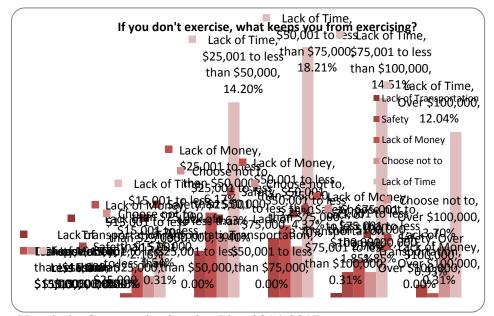
Which of your health behaviors would you like to improve? Check all that apply						
Answer Options Response Percent Count						
Alcohol consumption	5.3%	27				
Eating habits	50.5%	256				
Managing stress	48.5%	246				
Physical activity	61.9%	314				
Tobacco use	o use 6.5% 33					
Weight 70.8% 359						
Total Respondents 507						

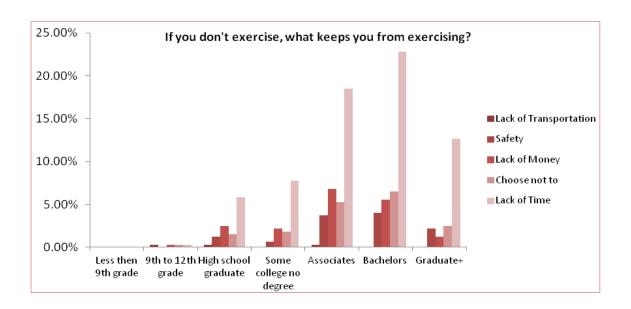




How many times per week do you exercise?								
Answer Options	Response Percent	Response Count	% with no leisure time activity EBRFSS Ontario County	% with no leisure time activity EBRFSS NYS				
One	10.9%	57						
Two	19.9%	104						
Three	19.7%	103						
Four	11.3%	59	17.9%	23.7%				
Five or more	16.9%	88						
None	19.7%	103						
Does not apply	1.5%	8						
Total Respondents 522								

If you don't exercise, what keeps you from exercising? Check all that apply						
Answer Options	Response Percent	Response Count				
Lack of transportation	0.9%	3				
Safety (no street lights or sidewalks)	11.7%	38				
Lack of money	19.4%	63				
Choose not to	20.4%	66				
Lack of time 78.1% 253						
Total Respondents 324						





In your community do you have: Check all that apply					
Answer Options	Response Percent	Response Count			
Bike paths	57.9%	265			
Public gym	34.1%	156			
Public pool	23.4%	107			
Sidewalks	76.2%	349			
Street lights	75.3%	345			
Trails	64.4%	295			
Total Respondents	458				

If you exercise how long do you exercise for?					
Answer Options	Response Percent	Response Count			
15 minutes or less	10.8%	55			
46 - 60 minutes	14.5%	74			
16 - 30 minutes	32.9%	168			
1 hour or more	9.8%	50			
31 - 45 minutes	16.6%	85			
Does Not Apply	15.5%	79			
Total Respondents	51	1			

How many fruits and vegetables do you eat in a day?							
Answer Options	5 or more	3-4	1-2	0 (Rarely)	Response Count	% eating 5+ a day EBRFSS Ontario County	% eating 5+ a day EBRFSS NYS
Yourself?	22%	39%	34%	4%	532	32.9%	27.1%
Your children?	12%	41%	33%	14%	283		
Other adults?	12%	38%	37%	13%	358		
Total Respondents		535					

If fewer than five servings, why? Check all that apply						
Answer Options	Response Percent Response Count					
Cost	43.6%	158				
Don't like them	14.9%	54				
Short shelf life	46.4%	168				
Time needed to prepare	40.9%	148				
Total Respondents		362				

Are you currently taking care of? Check all that apply						
Answer Options	Response Percent	% of Total Respondents	Response Count			
Elderly or disabled parent	62.9%	16.5%	78			
Disabled spouse	16.1%	4.2%	20			
Disabled child	14.5%	3.8%	18			
Grandchild	16.1%	4.2%	20			
Total Respondents		124				

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	Yes	No, I didn't feel it was needed	No, my insurance doesn't cover it	No, I didn't have time	No, I couldn't afford it	No, I didn't know I/we/they should get it	Response Count
Did the adults in your household receive a flu shot during the fall or winter of 2011-2012	80%	19%	0%	1%	1%	1%	515
Did the children in your household receive a flu shot during the fall or winter of 2011-2012	72%	22%	1%	2%	0%	4%	247
Have the adults in your household received a tetenus shot in the last ten years?	90%	5%	0%	0%	1%	4%	494
Total Respondents	522						

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.

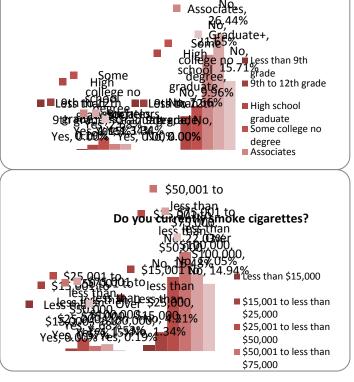
	Used in	Used out of	Quality	Distance	Cost	Response
Answer Options	County	County	OK?	OK?	OK?	Count
Adult Day Care	65%	29%	47%	41%	41%	17
Adult Respite Care	50%	40%	40%	40%	50%	10
Alcohol / Drug treatment	67%	42%	50%	33%	46%	24
Ambulance services	85%	21%	67%	52%	38%	84
Audiology (hearing care)	73%	25%	44%	40%	29%	55
Counseling / Mental Health for adults	72%	33%	62%	51%	44%	81
Counseling / Mental Health for children	66%	32%	55%	47%	45%	38
Dentists	84%	18%	66%	59%	42%	419
Doctor's Office	85%	21%	65%	59%	48%	463
Domestic Violence (abuse, Safe House, Catholic Charities)	67%	0%	33%	33%	67%	3
Emergency Response System (Lifeline, Link to Life, Alertlink)	75%	21%	64%	43%	57%	28
Eye care	85%	14%	66%	61%	44%	353
Family Planning Services	82%	9%	73%	68%	64%	22
Farm Safety Education	80%	0%	40%	40%	60%	5
Home Health Services	70%	33%	39%	36%	39%	33
Hospice	67%	29%	48%	29%	38%	21
Hospital	88%	20%	60%	56%	37%	245
Immunizations	86%	12%	62%	58%	55%	138
Lactation Consultant (help with breastfeeding)	77%	23%	77%	54%	62%	13
Mammograms	75%	26%	64%	58%	55%	233
Meals on Wheels	73%	20%	40%	47%	60%	15
Orthodontists (braces for teeth)	73%	22%	65%	57%	33%	63
Orthopedics (bones)	85%	17%	61%	57%	45%	110
Pharmacies	92%	13%	63%	59%	47%	352
Physical therapy services	89%	12%	66%	63%	41%	98
Prenatal care (pregnancy)	82%	14%	73%	64%	59%	22
Senior Meal Sites	57%	14%	29%	0%	14%	7
Support Groups	75%	19%	56%	44%	50%	16
Testing, Counseling & Treatment of STDs, including HIV / AIDS	57%	14%	57%	43%	57%	7
Transportation	85%	23%	46%	46%	46%	13
Total Respondents				511		

Considering all types of alcoholic beverages, how many times in the last 30 days did you have more than 5 drinks (if a man) or 4 drinks (if a woman) on one occasion?

Answer Options	Response Percent	Response Count	% Binge Drinking (last month) EBRFSS Ontario County	% Binge Drinking (last month) EBRFSS NYS
None	79.6%	410		
Once	10.3%	53		
Twice	5.6%	29	21.0%	18.1%
3 or 4	2.1%	11		
4 or more	2.3%	12		
Total Respondents			517	

Please answer these questions regarding alcohol use: (One drink is a beer, a glass of wine or a mixed drink)								
Answer Options	None	1 or 2 a month	1 or 2 a week	1 or 2 a day	More than 2 a day	Response Count	% Heavy Drinkers EBRFSS Ontario County	% Heavy Drinkers EBRFSS NYS
How much alcohol do you drink?	32%	34%	24%	8%	2%	528		
How much do others in your household drink?	38%	22%	22%	11%	6%	454	7.8%	5.0%
Total Respondents					528			

Do you smoke cigarettes now?						
Answer Options	Response Percent	Response Count	EBRFSS Ontario County	EBRFSS NYS		
No	91.8%	479	80.0%	83.0%		
Yes	8.2%	43	20.0%	17.0%		
Yes, one pack (20) per day	1.7%	9				
Yes, Two packs (40) per day	0.0%	0				
Yes, half a pack (10) per day	6.3%	33				
Yes, One and a half (30) per day	0.2%	1				
Yes, more than two packs per day	0.0%	0				
Total Respondents		522	2			



Do you currently smokeacigalrestses?

Do you currently use any smokeless tobacco products such as chewing tobacco or snuff?					
Answer Options Response Percent Count					
Yes, chewing tobacco	0.5%	2			
Yes, both	0.5%	2			
Yes, snuff	0.0%	0			
No, neither	99.0%	392			
Total Respondents 396					

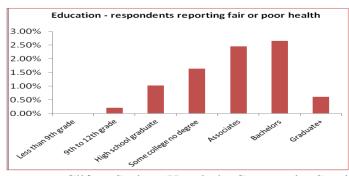
Do you use an electronic smoking device (ecigarettes)?						
Answer Options Response Percent Response Count						
Yes	2.3%	8				
No	97.7% 338					
Total Respondents	346					

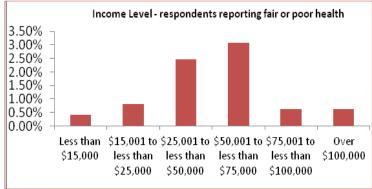
Answer Options	Never	Some times	Always	Response Count	
If you have a child age 14 or younger, do your children wear helmets when riding bicycles?	2.96%	11.85%	85.19%	367	
If you live where there is an unfluoridated public water supply, would you support putting fluoride in the water supply to improve dental health in the community?	21.84%	10.34%	67.82%	378	
Total Respondents	399				

Have the children in your house received immunizations (shots) against childhood diseases?						
Answer Options Response Percent Count						
No	1.7%	8				
Some, not all	0.2%	1				
Does not apply	41.0%	194				
Yes	56.7%	268				
Not sure	0.4%	2				
Total Respondents	473					

Would you say that in general your health is:							
Answer Options	Response Percent	Response Count	EBRFSS Ontario County	EBRFSS NYS			
Excellent	11.3%	55					
Very good	40.0%	195					
Good	40.0%	195					
Fair	7.6%	37	11.3%	16.7%			
Poor	1.2%	6					
Total Respondents	488						

Answer Options	Response Percent	Response Count
One year or less	1.2%	3
1 - 5 years	1.6%	4
5 - 10 years	3.2%	8
10 - 15 years	2.4%	6
15 - 20 years	0.8%	2
20 - 25 years	3.2%	8
25 years or more	7.3%	18
Does Not Apply	80.2%	198
Total Respondents	2	47





Please choose:	Yes	No	Response Count	EBRFSS Ontario County	EBRFSS NYS
Has your health care provider (doctor) asked about your sexual history during your routine visits?	51%	49%	476	58.0% (No)	61.4% (No)
Has your health care provider (doctor) offered to test you for HIV in the last 12 months?	29%	71%	472		
Have you received advice from your health care provider (doctor) about your weight?	54%	46%	473	20.9%	27.1%
Was there a time in the past 12 months when you needed to see a health care provider (doctor) but could not because of cost?	9%	91%	471		
Total Respondents			479		

Please answer yes or no	Yes	No	Response Count
Do you limit your intake of fatty foods?	79%	21%	483
Are you exposed to second-hand smoke?	15%	85%	482
Has violence or abuse been a problem for any member of your household (including children)?	10%	90%	483
If so, have you sought assistance?	22%	78%	153
Do you feel that you are overweight?	75%	25%	480
Do you feel that you are underweight?	1%	99%	439
Do you need help with managing stress?	33%	67%	476
Does someone in your household need help with managing stress?	31%	69%	460
Do you need help managing depression?	17%	83%	476
Do you feel you would use some kind of program aimed at managing depression?	15%	85%	456
Do you feel any person in your household would use some kind of program aimed at managing depression?	24%	76%	454
Do you feel you or anyone in your household would use some kind of program aimed at suicide prevention?	4%	96%	462
During the past month, did you participate in any physical exercise?	90%	10%	478
Have you removed a tick from your body or from your pet's body in the last year?	10%	90%	478
If you heat with wood, coal or natural gas do you have carbon monoxide detectors in your home?	77%	23%	400
If you have a well, have you tested your well water in the last year?	15%	85%	213
Total Respondents		484	

If you have children have they been tested for lead poisoning?							
Answer Options	Response Percent	Response Count	Incidence Rate DOH Ontario County	Incidence Rate DOH NYS			
Yes, at age one	12.9%	32					
Yes, at age one and age two	13.7%	34					
No	29.8%	74	4.5	11.1			
Yes, at age two	7.7%	19	4.5	11.1			
Yes, but I don't remember their age.	30.2%	75					
No, I didn't know it was needed	5.6%	14					
Total Respondents		2	48				

Do you use any other form of health care services? Choose all that apply.							
Answer Options Response Percent Count							
Acupuncture	9.0%	37					
Herbal medicine	7.0%	29					
No	52.9%	218					
Chiropractor	31.6%	130					
Massage Therapy 25.2% 104							
Total Respondents	41	2					

About how long has it been since you last visited a health care provider (doctor) for a routine checkup?							
Answer Options	Response Percent	Response Count	EBRFSS Ontario County	EBRFSS NYS			
1 to 12 months ago	84.2%	401	64.9%	72.7%			
2 to 5 years ago	6.3%	30					
1 to 2 years ago	8.8%	42	80.4%	85.7%			
Never	0.6%	3					
Total Respondents	476						

Answer Options	Response Percent	% of Total Respondents	Response Count	
Child Care	16.6%	13.6%	64	
Child Health Plus	19.7%	16.1%	76	
Chlamydia test	9.9%	8.1%	38	
Early Intervention	11.2%	9.1%	43	
Family Health Plus	16.1%	13.1%	62	
Food Stamps	19.2%	15.7%	74	
Healthy Families	11.9%	9.7%	46	
HEAP	18.7%	15.3%	72	
Home Care	12.5%	10.2%	48	
Hospice	11.4%	9.3%	44	
Medicaid	18.7%	15.3%	72	
MOMS	11.2%	9.1%	43	
WIC	16.9%	13.8%	65	
Not needed, does not apply	74.0%	60.4%	285	

Have you had the following exams:	Does Not Apply	Yes, 1-12 months ago	vears	Yes, 2-3 years ago	Yes, 3-5 years ago	Yes, 5 or more years ago.	No	Response Count	% ever screened EBRFSS Ontario County	% ever screened EBRFSS NYS
Women: A Pap smear and pelvic exam?	10%	61%	13%	6%	2%	4%	3%	429	95.9%	91.8%
Women: A mammogram to look for breast cancer?	16%	56%	8%	3%	2%	3%	13%	425	93.7%	91.1%
Men: A prostate examination?	45%	26%	10%	2%	1%	1%	14%	271	78.1%	73.7%
Women and Men: An exam for colorectal cancer?	9%	26%	10%	7%	7%	7%	35%	438	70.6%	66.6%
Total Respondents		469								

Please answer the following questions for yourself or any member of your household who has used any of the listed services in the last 12 months.	Yes	No	Does Not Apply	Response Count
In the last 12 months, when you wanted to be seen as soon as possible, did you have to wait an 3 days for an appointment to see a doctor for primary (not specialty) health care?	14%	75%	11%	457
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?	27%	67%	6%	456
If disabled did you receive necessary accommodations (i.e. wheelchair accessibility, interpreters, etc.) to fully benefit from services?	2%	2%	96%	380
Total Respondents		•	458	

Please choose one	Non e	1 – 2 times	3 – 4 times	More than 4 times	Respons e Count	Visit in last year EBRFSS Ontario County	Visit in last year EBRFSS NYS
How many times have you seen a dentist during the past 12 months?	15%	72%	11%	2%	465	75.8%	71.1%
How many times have you seen a health care provider (doctor) during the past 12 months?	5%	62%	19%	13%	464		
How many times have you seen a behavioral(mental) health specialist during the past 12 months?	88%	5%	2%	5%	461		
Total Respondents				465			

Is it important to you to have a hospital in Ontario County?				
Answer Options	Response Response Percent Count			
Yes	95.9%	442		
No	4.1%	19		
Total Respondents	461			

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

Answer Options	Response Percent	Response Count	
\$0 - \$500	14.7%	66	
\$501 - \$1000	22.3%	100	
\$1001 - \$2000	20.3%	91	
\$2001 - \$3000	17.6%	79	
\$3001 - \$4000	10.0%	45	
\$4001 - \$5000	5.1%	23	
\$5001 - \$7500	4.2%	19	
\$7501 or more	5.6%	25	
Total	448		
Respondents	440		

If you or a family member needed to enter a hospital, which one would you prefer to enter:				
Answer Options	Response Percent	Response Count		
Clifton Springs Hospital (Clifton Springs)	11.2%	51		
Ira Davenport	0.0%	0		
Strong Memorial Hospital	17.6%	80		
F F Thompson Hospital	51.5%	234		
Noyes Memorial	0.0%	0		
Cayuga Medical	0.0%	0		
Geneva General (FL Health)	12.1%	55		
Rochester General	7.5%	34		
Total Respondents 454				

ochester General	7.5%	34	
otal Respondents		454	
If you don't have health insurance why not? Choose one.	Response Percent	Response Count	
Not offered where I work	0.7%	1	
Does not apply, I have insurance	92.5%	135	
Can't afford it	6.2%	9	
Prefer to pay my own medical expenses	0.0%	0	

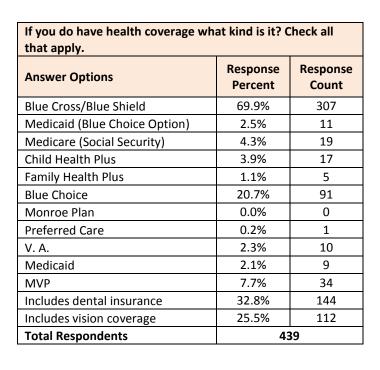
Choose not to have it

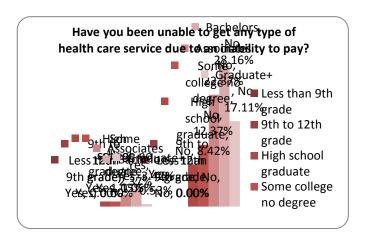
Total Respondents

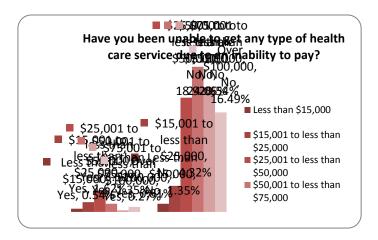
0.7%

1

146







Have you been unable to get any type of health care service due to inability to pay?				
Answer Options	Response Percent	Response Count	EBRFSS Ontario County	EBRFSS NYS
Yes	8.6%	32	6.5%	13.8%
No	91.4%	338		
Total Responses	370			

Do you have supplies of the following for emergencies:				
Answer Options	Response Percent	Response Count		
Batteries	80.3%	301		
Bottled Water	59.5%	223		
Canned food	83.7%	314		
Candles/Matches	92.3%	346		
Battery Operated Radio	55.2%	207		
Total Respondents 375				

If you can't afford a prescription what do you do?				
Answer Options	Response Percent	Response Count		
Tell my doctor	16.4%	59		
Do not fill prescription	17.8%	64		
Tell my pharmacist	4.2%	15		
Does Not Apply	69.2%	249		
Take medicine less often	5.3%	19		
Total Respondents	360			

Do you have a plan for these emergencies? Check all that apply.				
Answer Options	Response Percent	% of Total Respondents	Response Count	
Fire	96.3%	49.4%	233	
Flood	31.8%	16.3%	77	
Natural disaster	51.7%	26.5%	125	
Man-made disaster	38.0%	19.5%	92	
Total Respondents		242		

Which services have you been unable to get? Check all that apply:			
Answer Options	Response Percent	Response Count	
Doctor	6.8%	18	
Dentist	11.4%	30	
Podiatrist (foot doctor)	1.5%	4	
Prescriptions (medications)	7.6%	20	
Does Not Apply	85.2%	224	
Total Respondents 263			

Please answer the following questions:	Yes	No	Response Count
Do you have working smoke detectors in your home?	97%	3%	464
Do you have working carbon monoxide detectors?	80%	20%	456
Total Respondents	464		

Please answer the following:	Never	Once a year	2 x per year	Quarterly	Monthly	Response Count
How often do you test your smoke detector(s)?	12%	45%	33%	7%	3%	457
How often do you test your carbon monoxide detector(s)?	21%	43%	26%	7%	3%	401
Total Respondents	458					

If you are currently employed, what is your current occupation?	Response Percent	Response Count	Census Ontario County	Census NYS	
Management, business, science and arts (includes education, computers, engineering, social services)	37.2%	141	38.9%	37.9%	
Services (includes health, law enforcement, firefighting)	61.2%	232	16.2%	19.1%	
Natural resources/Construction and Maintenance (includes farming/forestry)	1.3%	5	9.5%	7.8%	
Production/transportation (includes manufacturing)	0.5%	2	12.2%	9.9%	
Sales	2.1%	8	23.3%	25.2%	
Total Respondents	379				

Do you have health insurance?									
Answer Options	Yes	No	N/A	Can't afford	Prefer to pay my own	Choose not to have it	Response Count	EBRFSS Ontario County	EBRFSS NYS
Medical insurance for yourself	97%	2%	1%	1%	2%	0%	439	86.3% (Yes)	86.7% (Yes)
Medical insurance for your children	65%	1%	34%	0%	0%	0%	329		
Dental insurance for yourself	90%	8%	1%	2%	7%	1%	420		
Dental insurance for your children	58%	7%	34%	2%	0%	1%	323		
Total Respondents	439								

If you have insurance who pays for it?	Response Percent	Response Count	
I do	12.3%	52	
My employer does	35.3%	149	
I share the cost with my employer	52.4%	221	
Total Respondents	422		

<u>Attachment B</u>– Focus Group Notes

Bloomfield Fire Department 12/3/2012

What are we missing?

- -Dental care
- -Mental health issues... not many places to access care
- -Alzheimer's, elderly care, hard to find services
- -Cancer, affecting more people
- -Transportation... limited public transportation, if you don't have a car... you have no way to get to appointments, used to have spot hop
- -EMT, ambulance services... couldn't keep up with calls
- -Geriatric related issues rising... monopolizing services and resources (80-90% of calls when the county had an ambulance)... paid service now because volunteers could not keep up. Finger Lakes Ambulance Service.
- -Need more health education in the teenage population
- -Asthma becoming a huge problem
- -Adolescent drug abuse... prescription and illegal drugs, mostly marijuana... bath salts, synthetic marijuana (getting more calls)
- -Dealing with health insurance, Medicaid, prescription plans, dealing with insurance companies
- -Urgent care... one in Farmington
- -Communication between physicians... continuity of care

What factors influence health in the community?

- -Loss of ambulance services in parts of the county (lost volunteers during the day, turned to paid staff during the day... can't keep up, training etc.)
- -The county does have a lot of volunteers
- -For the most part people in the county are active
- -Parks and recreational areas

What are strengths in the community?

- -Hiking trails
- -The lake
- -Fire departments
- -Collaboration within the community... trainings, services, etc.
- -County has a good training facility, offer a lot of different courses
- -Hospitals within the county, close by
- -Hospitals are active with the public health department
- -Proximity to Rochester... easy to get to

1-12-13 Geneva Community Center – African American Men's group

Missing

District Wide 63% qualified free and reduced lunches
Low educational status
People eat out too much
Nutrition status tied to economic status
Behavior/young children- relation to family makeup and school suspension/media
Cause/Effect – need to get to the root cause

Factors

Poverty level
Economic disparity
Quality Housing
Day Care
Transportation
Hospitality Industry
Language-Spanish Speaking

Assets

Service Hub- Geneva Strong community partnership Worship places – strong churches Lake, walking trail Cultural diversity Ontario County Focus Group FLACRA (Finger Lakes Addictions Counseling and Referral Agency) February 8th, 2013

What is missing in our assessment?

- -Lack of things to do in the community
 - Especially for children and youth
- -Access to services
 - Transportation there is dial a ride and the CATS bus system, but many do not know about them, advertisement and promotion of services is a major issue... some people don't have access to computers, don't know where to look to get information
 - Access to mental health services is an issue in particular, wait times are four to five months
 - Wait times for a primary care doctor are on average three to four weeks
 - Hardly any providers take Medicaid
- -Public health has put together a book of all services available in the county, but it is on the public health website under "Maternal and Child Health"... many didn't know of this resource and would never think to look under maternal and child health, this is confusing
- -Nutrition
- -Lack of determination and motivation within the community to get healthy
- -Women's health need more resources for the young
- -Parenting classes a lot has been cut, there is some in Geneva... but transportation is an issue
 - You can find classes if you are mandated to take them, but there is nothing for people to take if they just want some help and education
- -Prescriptions you are given some medication when you leave rehab and get to a halfway house, but if wait times are long to get into a primary care doctor of mental health professional... often patients run out of medication which can cause serious problem and delays in recovery
 - Some people seek medication at the ER when this happens misuse of ER
- -Communicable disease counseling and support
 - Nowhere to get counseling for chronic disease, if there are resources they are not well publicized

What factors are influencing health?

- -Hardness of the water dries out skin and hair
- -Rural County isolated, doesn't have easy transportation like in larger cities etc.
- -Awareness need more consciousness/awareness/education within the community about health
- -Clifton Springs hospital just laid off 70-80 people
 - This could have a huge impact on the community, resources are already scarce... now they will be even more short staffed
 - Larger issue cutting of aid from the state and federal government
- -Wages poverty growing within the community, the economy is still low
- -Dr. Ahmed has a nurse practitioner that can help with women's services
 - This is a positive factor influencing health
 - Can go to one place to get a range of services
- -Overall many think that the healthcare in Ontario county is much better and more easily accessible than the surrounding counties

What are the strengths of Ontario county?

- -Natural resources lakes, waterways, forests
- -Beautiful scenery a great place for recovery
- -Mennonites
- -Caring and giving people tight, close knit community
- -Feels safe
- -A great place to raise children, low crime, beautiful
- -There isn't much to do in Clifton Springs, but it is close to Canandaigua and Geneva where there are a lot of things to do... shopping, large grocery stores, parks, etc.
- -The library system is great within the county
- -More than one hospital within the county this is a great resource and attribute
- -YMCA and CATS bus available to everyone in the county
- -Doctors care about their patients many will make home visits if needed