

COMPREHENSIVE REGIONAL COMMUNITY HEALTH ASSESSMENT

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



PREPARED BY: COMMON GROUND HEALTH | DECEMBER 2022

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

INTRODUCTION

The Prevention Agenda is New York State's blueprint to help improve the health and well-being of its residents and promote health equity through state and local action. Every three years, New York State requests that local health departments and their local hospital systems work together to create a joint community health assessment and improvement plan using the Prevention Agenda guidelines. Local entities must choose two areas in which to focus community improvement efforts during the plan period. Local entities can choose from five priority areas:

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

Throughout the cycle, public health and hospital systems value the input and engagement of key partners and community members, who are critical to help determine which priorities are most important to the community members, and what actions ought to be taken to improve the population's health. The following report summarizes pertinent information relating to the above priority areas. It is well known that residents live, work, and seek services beyond their county of residence. The health and well-being of residents in a neighboring county may impact the needs and services in other counties. In addition, collaborative practices such as shared messaging and lessons learned may help to expand reach and success of like-interventions. It is for this reason that the nine counties in the Finger Lakes Region have further collaborated to complete one comprehensive regional health assessment. Following the comprehensive assessment of the health of the entire region, this report contains a chapter specific to each county in the region. This focused chapter highlights specific needs, including additional demographic indicators, main health challenges and underlying behavioral, political, and built environmental factors contributing to the county's overall health status.

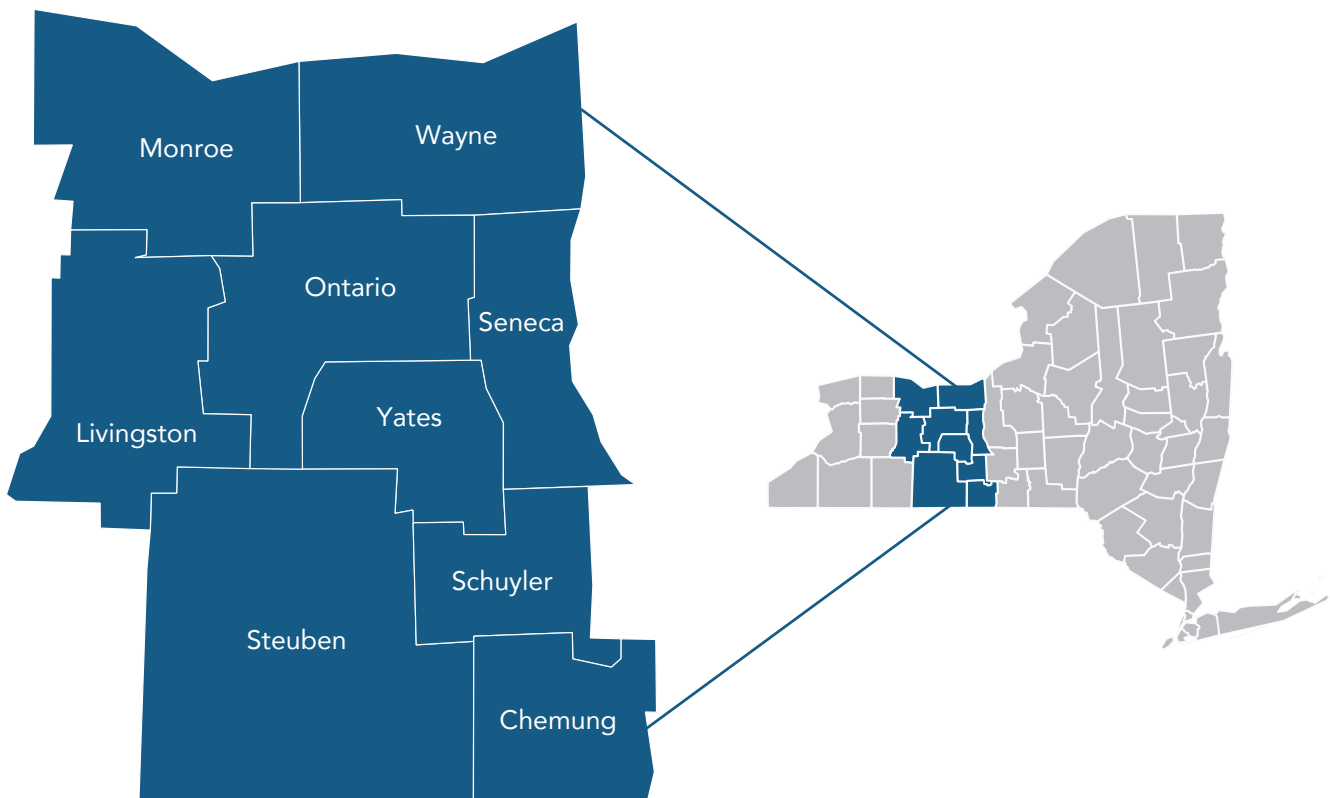


COMPREHENSIVE REGIONAL COMMUNITY HEALTH ASSESSMENT

DEMOGRAPHICS

Community Description: The Finger Lakes Region

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



Map 2: The Finger Lakes Region

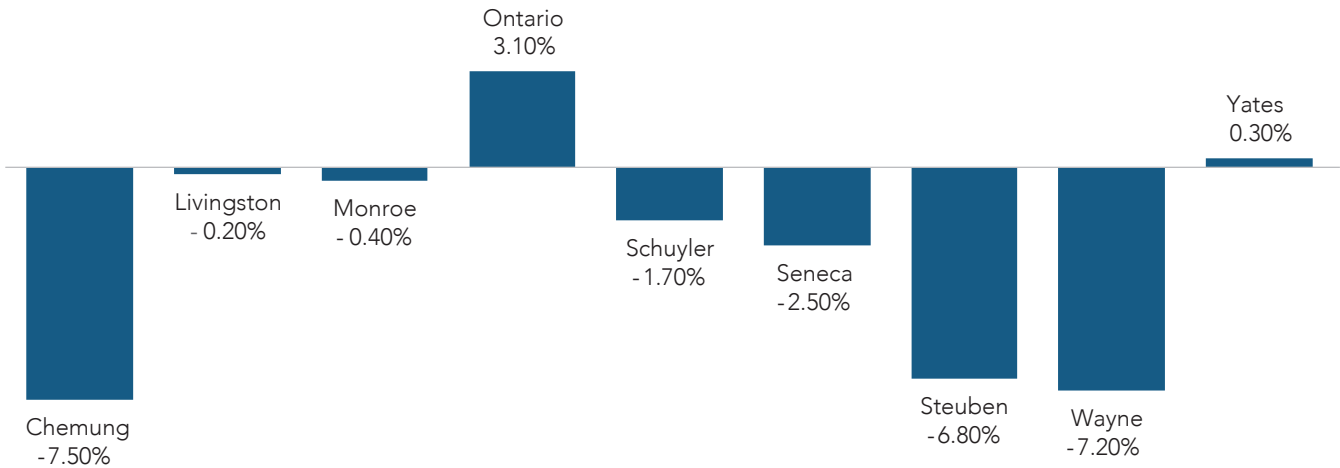
Population Estimates

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

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

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

Figure 1: Percent Change in Population from 2020 to 2040

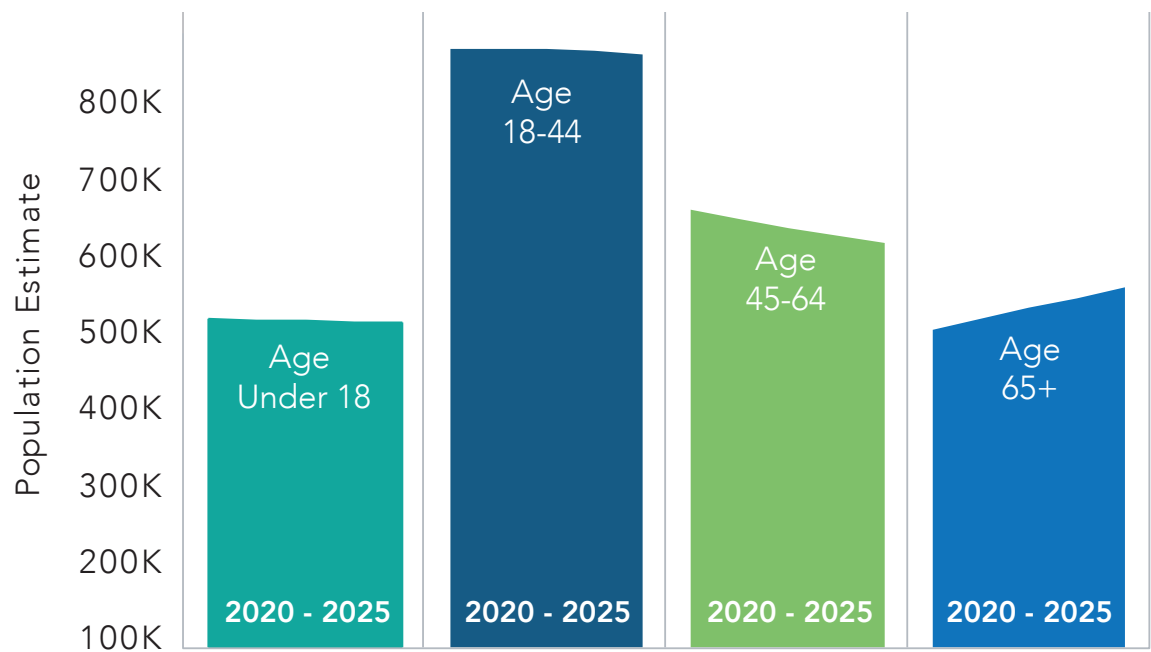


Source: Cornell University Program on Applied Demographics

Age Group

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

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



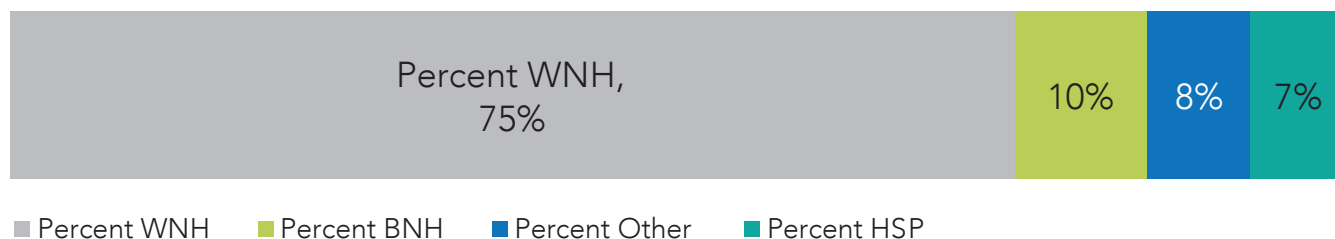
Source: Cornell University Program on Applied Demographics, 2020-2025



Race/Ethnicity

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

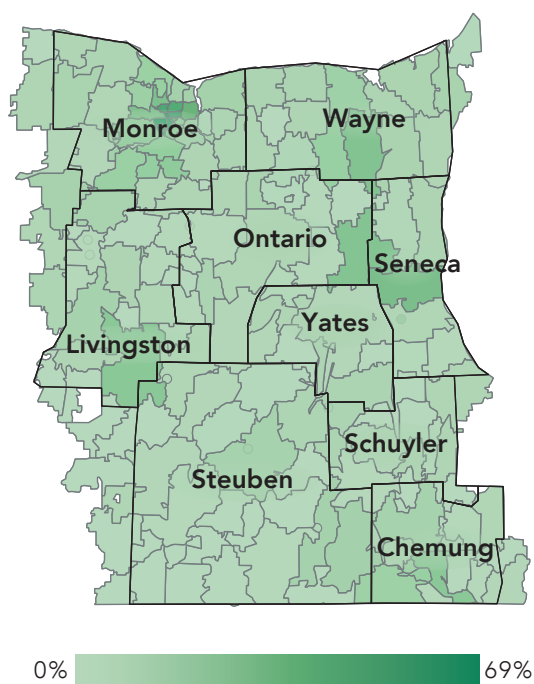
Figure 3: Race/Ethnicity Population Estimates



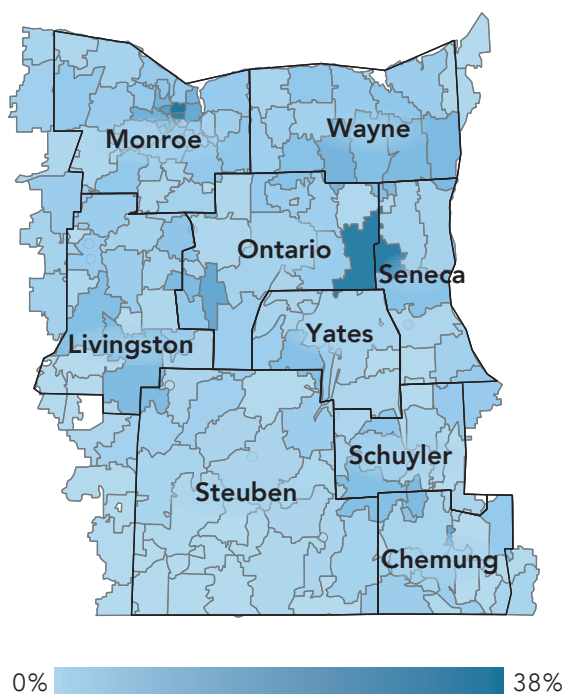
Source: US Census Bureau 2020

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

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



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



Source: US Census Bureau 2020

Migrant Farm Workers

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

Almost 20% of the region's farms contracted with migrant farm workers. Because migrant farm workers move from job to job depending on the season, a single migrant worker may be counted by multiple farms, therefore the total number of migrant workers is potentially an over count of individuals (Table 1).

Table 1: Farms and Hired Workers

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

*Hired Farm labor does not include contract/migrant workers

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

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

Source: US Department of Agriculture, 2017 Census of Agriculture

† Suppressed to avoid disclosing data for individual farms

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

Amish/Mennonite

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

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

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

American Indian and Alaska Native population

In 2020 just over 2,400 residents of the Finger Lakes region identified themselves as American Indian and Alaska Native alone. However, it is important to note that this estimate does not include residents who identify as multiple races.⁶ The majority of American Indian and Alaska Natives in the Finger Lakes region live in Monroe County (54%) followed by Steuben, Chemung and Ontario County (8% for all three).

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

4. Amish Population in the United States by State and County, 2021. Statistics were compiled by Edsel Burdige, Jr., Young Center for Anabaptist and Pietist Studies, Elizabethtown College, in cooperation with Joseph F. Donnermeyer, School of Environment and Natural Resources, The Ohio State University, and with assistance from David Luthy, Heritage Historical Library, Aylmer, Ontario.

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

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

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

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

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

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

*Unintentional injuries include motor vehicle crashes

**Causes shown are only those with a ratio greater than 1.5. Please see direct source for complete list.

NOTE: Rates are adjusted to compensate for misreporting of American Indian and Alaska Native race on state death certificates. American Indian and Alaska Native age-adjusted death rate columns present data for the 3-year period specified. US All Races columns present data for a one-year period. Rates are based on American Indian and Alaska Native Alone; 2019 census with bridged-race categories.

Source: Indian Health Service, Indian Health Disparities Report, 2009-2011

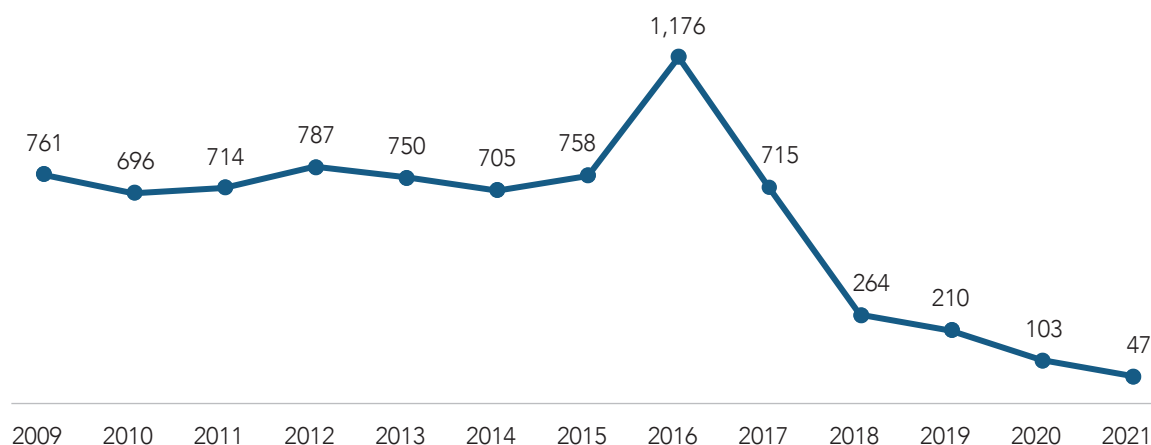
7. Indian Health Services, Indian Health Disparities, 2019

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

Refugee populations

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

Figure 4: Number of Refugee Resettlements, Monroe County



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

Table 3 shows that the majority of those that are foreign-born living in the Finger Lakes region have become naturalized US Citizens (57%). The naturalization rate varies by county, from as low as 43 percent in Steuben County to 70 percent in Wayne County. Residents coming from other countries may face significant challenges in adapting to the United States' disease prevention and treatment culture and, as such, should be cared for and tended to in a way that is respectful of and collaborative with the customs and beliefs of their heritage.

Table 3: Foreign-Born Population Estimates and Naturalization Rate by County

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

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

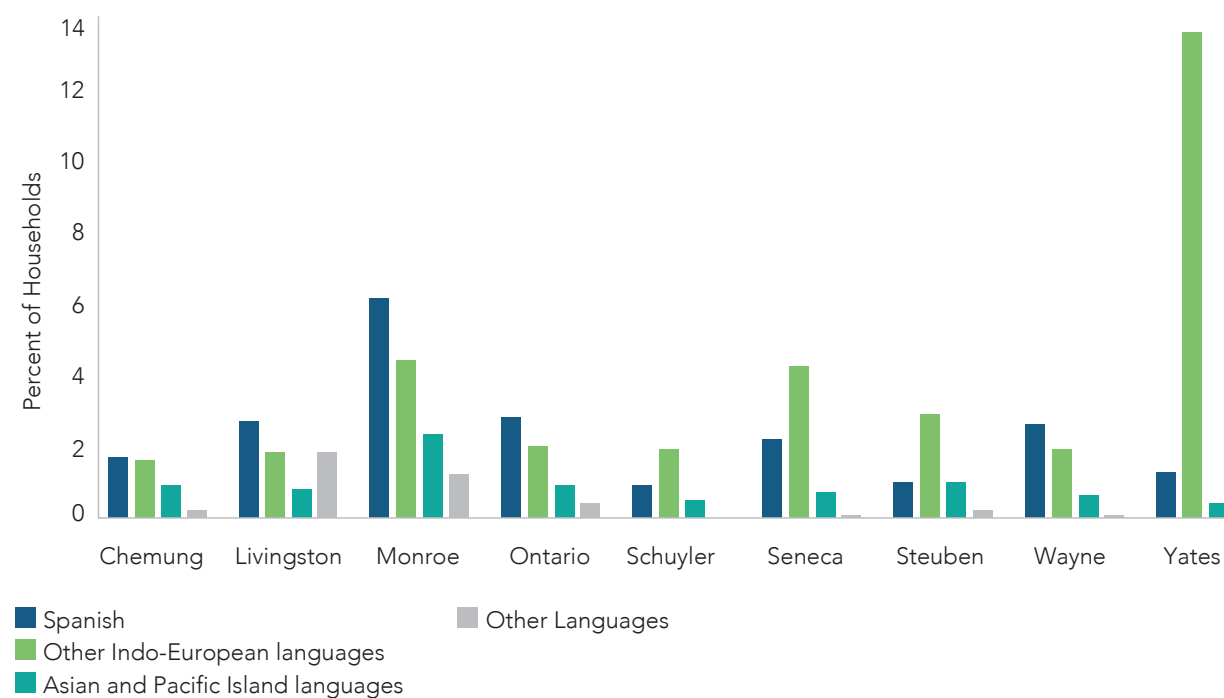


George Mason University Institute for Immigration Research reports 31% of Rochester's immigrants have immigrated in the last decade (since 2010). The majority of those immigrants are Jamaican (10%) followed by Cuban (7%), Chinese (6%) and Dominican (6%).⁹ Providing care for refugee individuals and families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

Household languages

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

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



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

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

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

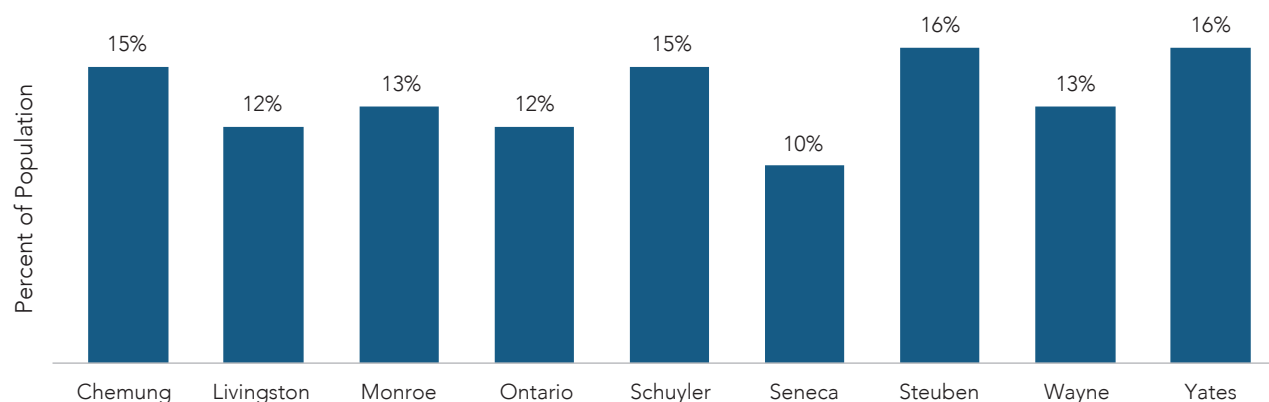
11. Source: Health Policy Institute at Georgetown University, "Cultural Competence in Health Care: Is it important for people with chronic conditions?"

Disability

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

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

Figure 6: Disability Rate by County, Total Population



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

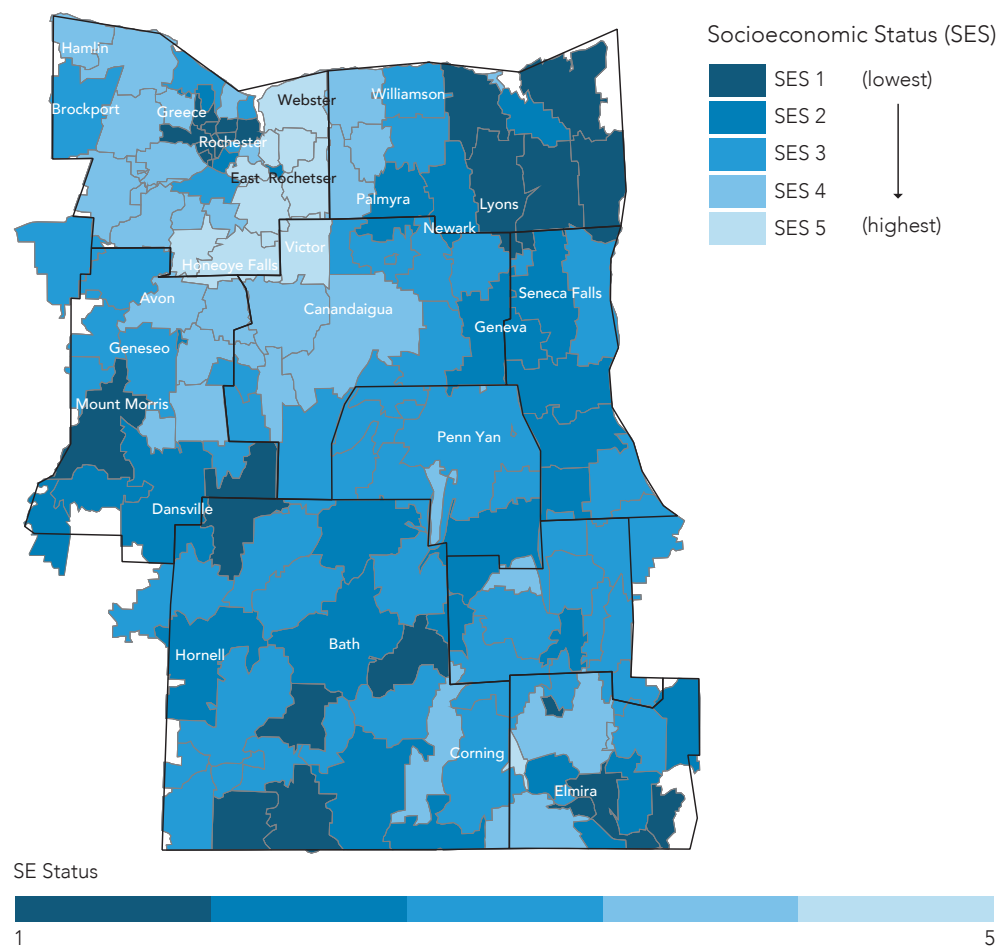


Poverty

Socioeconomic status¹³ affects several areas of a person's life, including their health status. Data have revealed that low-income families are less likely to receive timely preventative services or have an established regular healthcare provider when compared to families with higher incomes. Map 5 reveals the socioeconomic status by ZIP codes in the Finger Lakes region. Note that almost half of Wayne County was found to be in the two lowest socioeconomic quintiles in the region, and pockets of poverty exist throughout the nine counties such as in Elmira (Chemung County), Wayland and southern Steuben County and Mount Morris (Livingston County).

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

Map 5: Socioeconomic Status in the Finger Lakes region



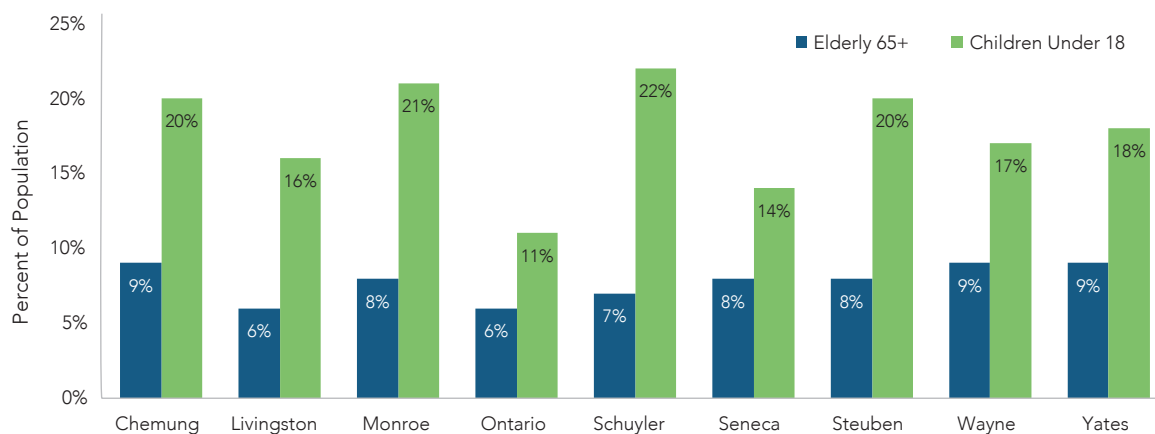
Source: Data provided by US Census Bureau, Analysis completed by Common Ground Health

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

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

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

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



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

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

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

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

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

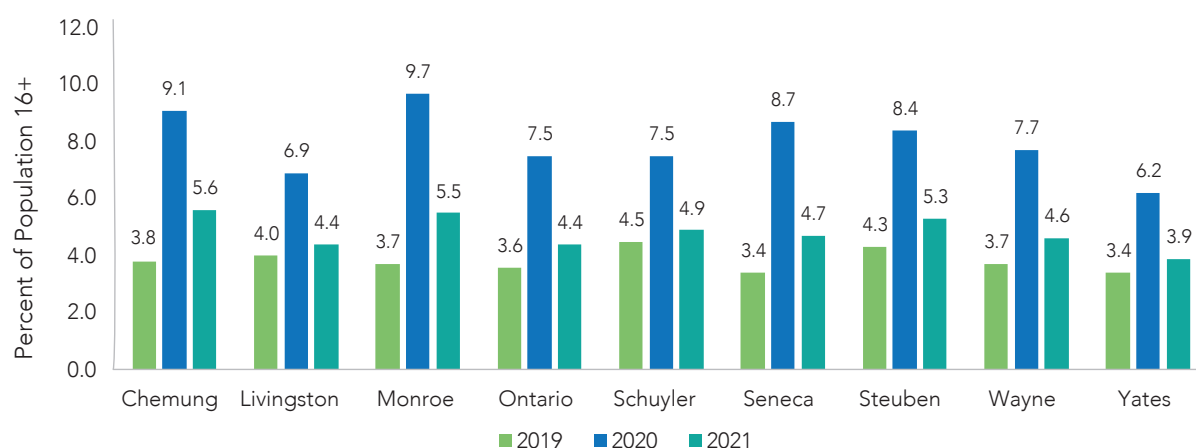
14. The State of America's Children, 2020 Child Poverty

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

Unemployment

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

Figure 8: Unemployment Rates by County



Source: NYS Department of Labor, 2019-2021

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

Health Insurance Status

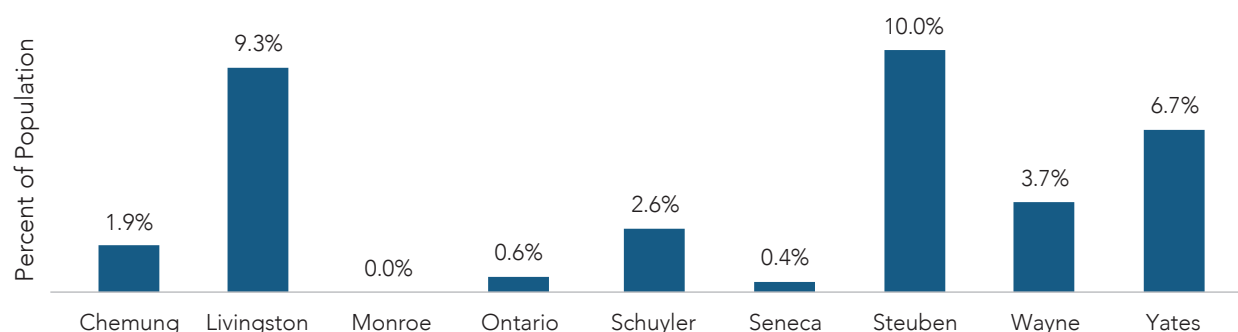
Health insurance helps individuals access the care that they need. Similar to populations who experience low socioeconomic status, the uninsured are less likely to receive or seek preventative care such as health screenings, are less likely to have an established regular healthcare provider, and are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

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

Broadband Access

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

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

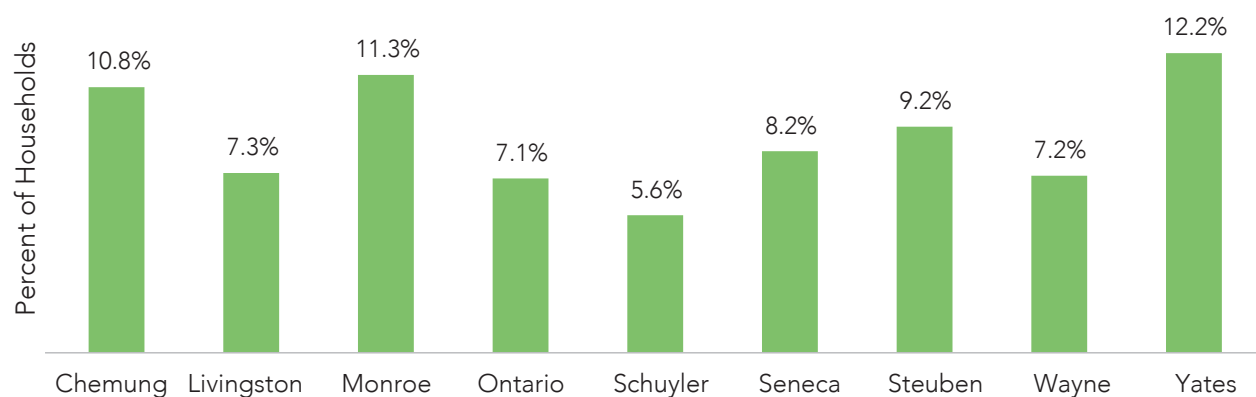


Source: Office of the State Comptroller

Transportation

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

Figure 10: Percent of Households with No Vehicle Access



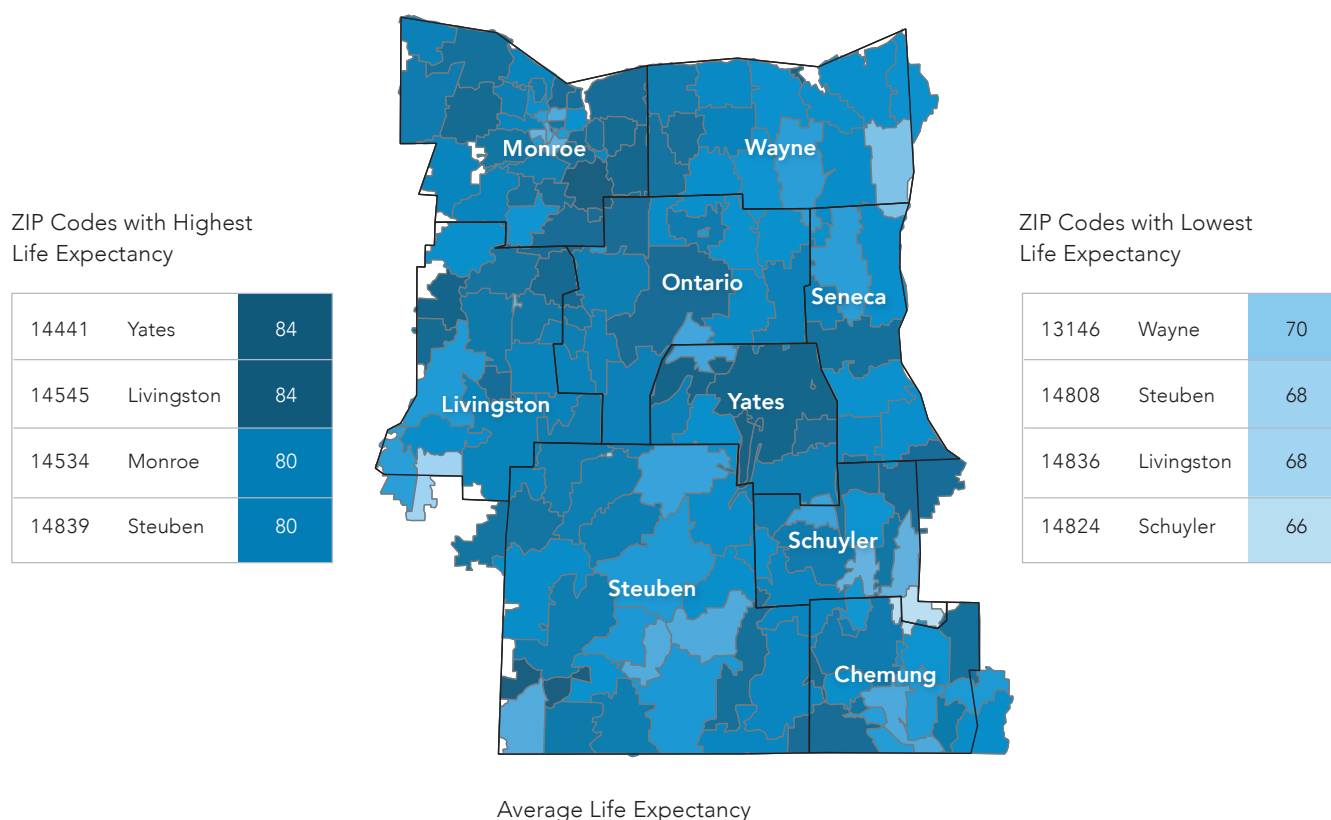
Source: US Census Bureau 2015-2019 5-Year Estimates



Life Expectancy

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

Map 6: Life Expectancy by ZIP Code



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

Leading Causes of Death

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

Table 5: Leading Causes of Death, 2018

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

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

Leading Causes of Premature Death

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

Table 6: Leading Causes of Premature Death, 2018

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

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

County Health Rankings

By combining all the factors listed above, the University of Wisconsin Population Health Institute has created the County Health Rankings & Roadmaps, a program that works to improve health outcomes for all and to close the health disparities gap between those with the most and least opportunities for good health.¹⁹ By creating this metric/set of metrics, the County Health Rankings give counties in the Finger Lakes region the opportunity to measure themselves against other counties in New York State and monitor changes over time. Table 7 shows the rank of each county in the Finger Lakes region from 2011 to 2020. The rankings cover all counties in New York and range from 1 to 62 with the lower ranking indicating better performance in measurement of health outcomes. Ontario and Monroe County have shown consistent rankings since 2011. Ontario has an average rank of 10 with its highest being 13 and lowest being 7. Monroe was similar to Ontario in change over time, but with an average rank of 36, a high of 39, and a low of 32. Livingston, Schuyler, Yates County are of some concern, as both had ranks in the top 10 but are now ranked at 23, 34, and 27, respectively.

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

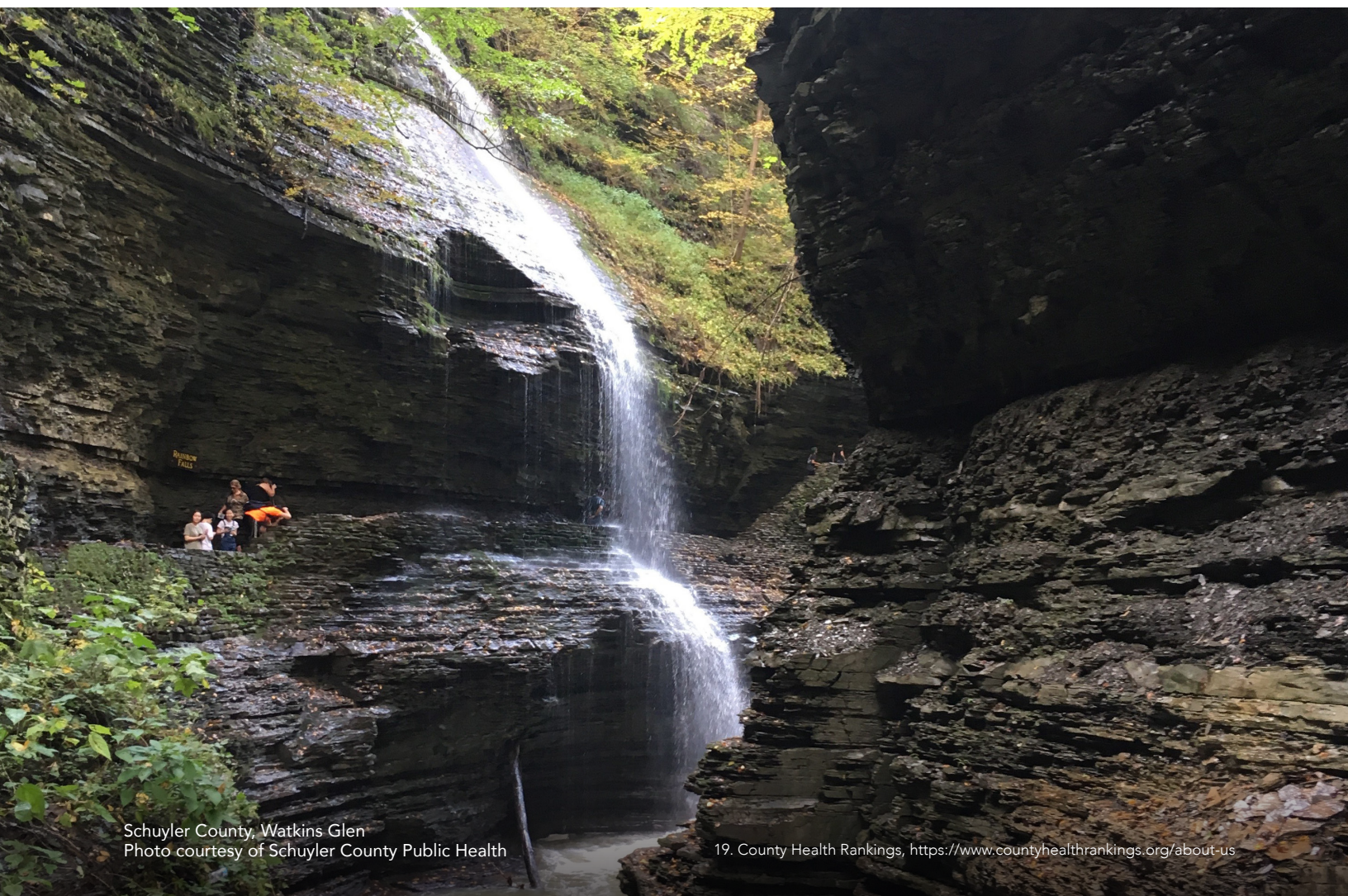


Table 7: County Health Rankings and Roadmaps; Health Outcomes Ranking

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

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

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



HEALTH INDICATORS

Prevent Chronic Diseases

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

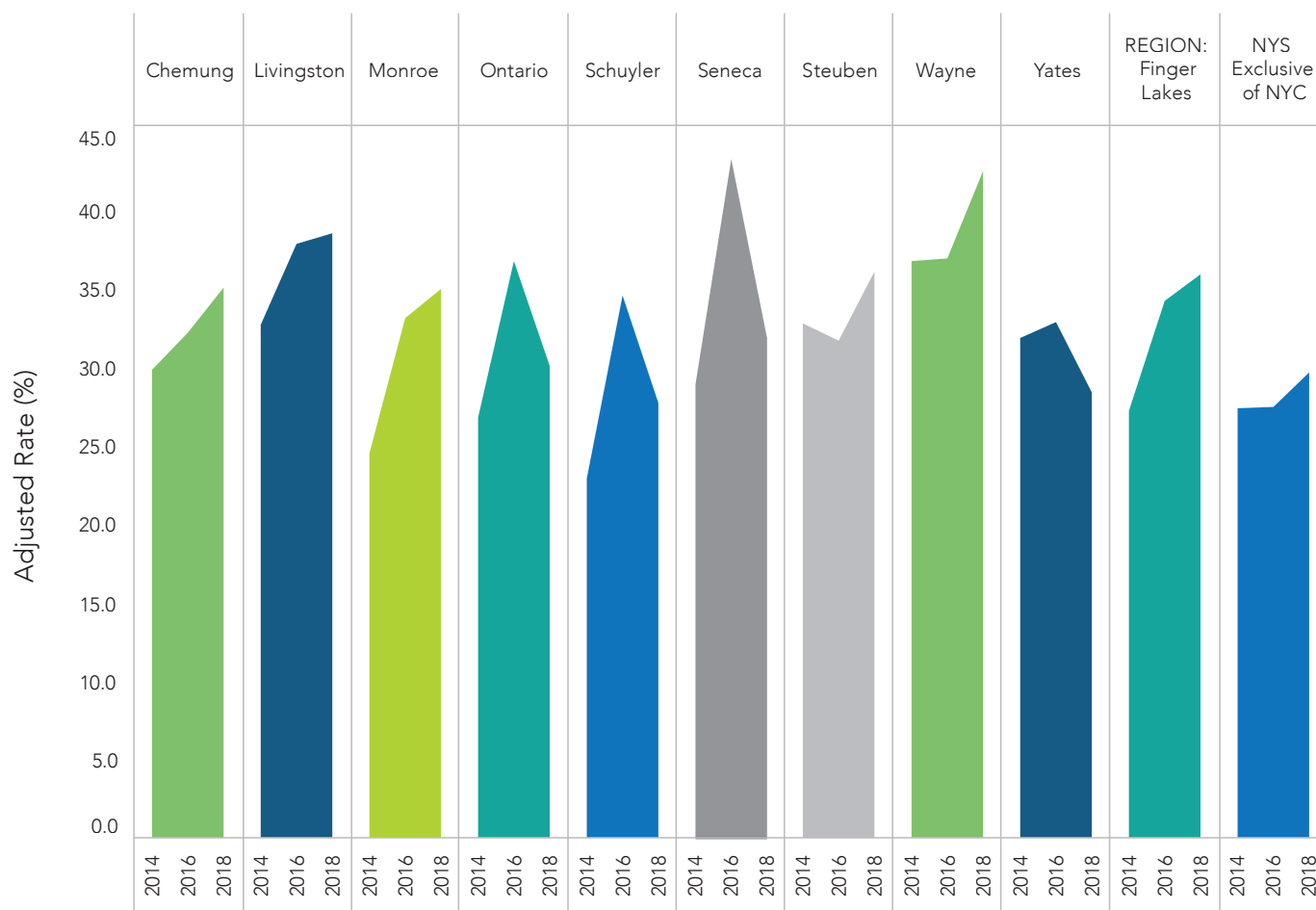
Obesity

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

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



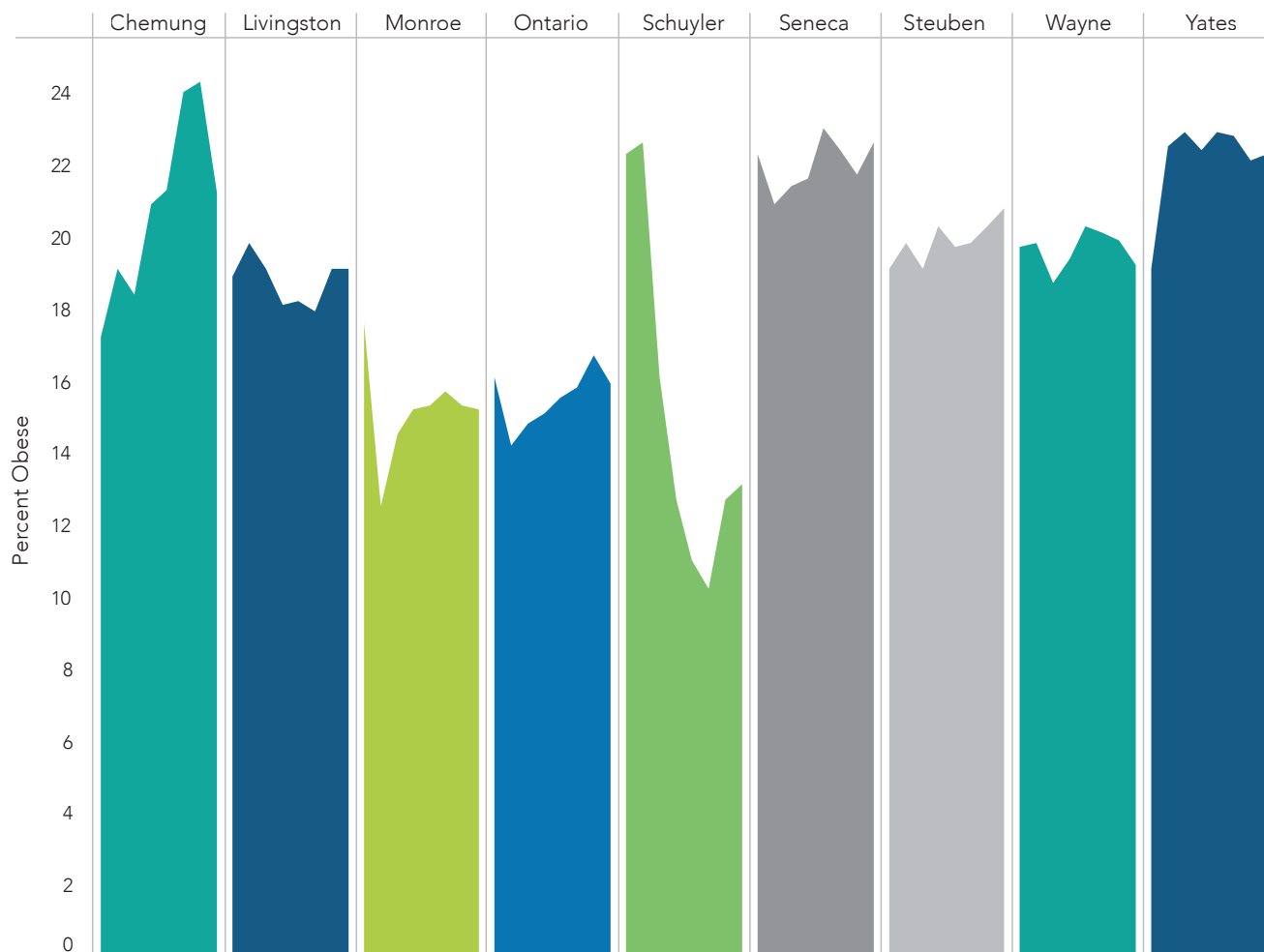
Figure 11: Percent of Adults (18+) who are Obese



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

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

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

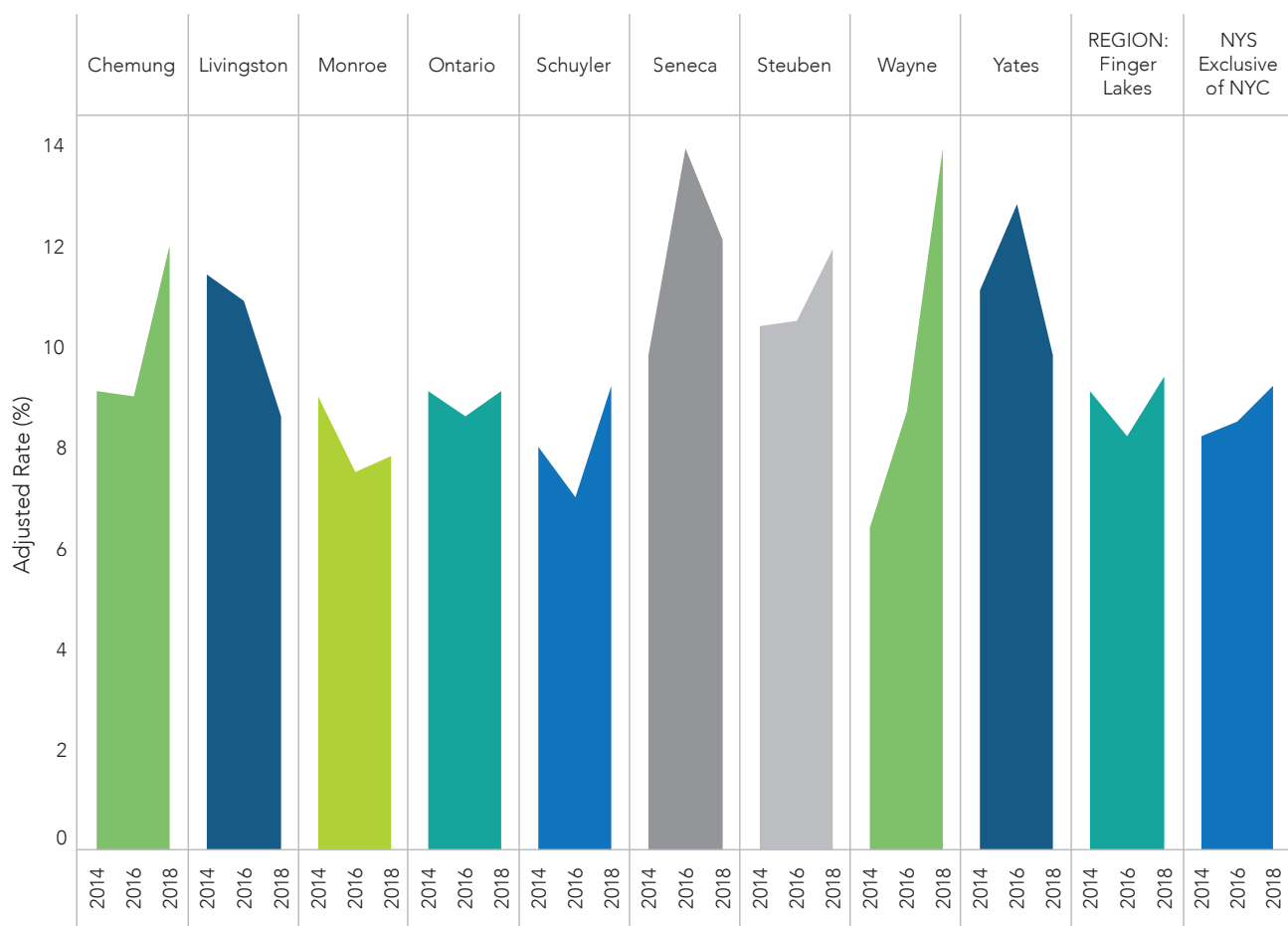


Data Source: NYS DOH, Health Data Connector, 2010 – 2019

Diabetes

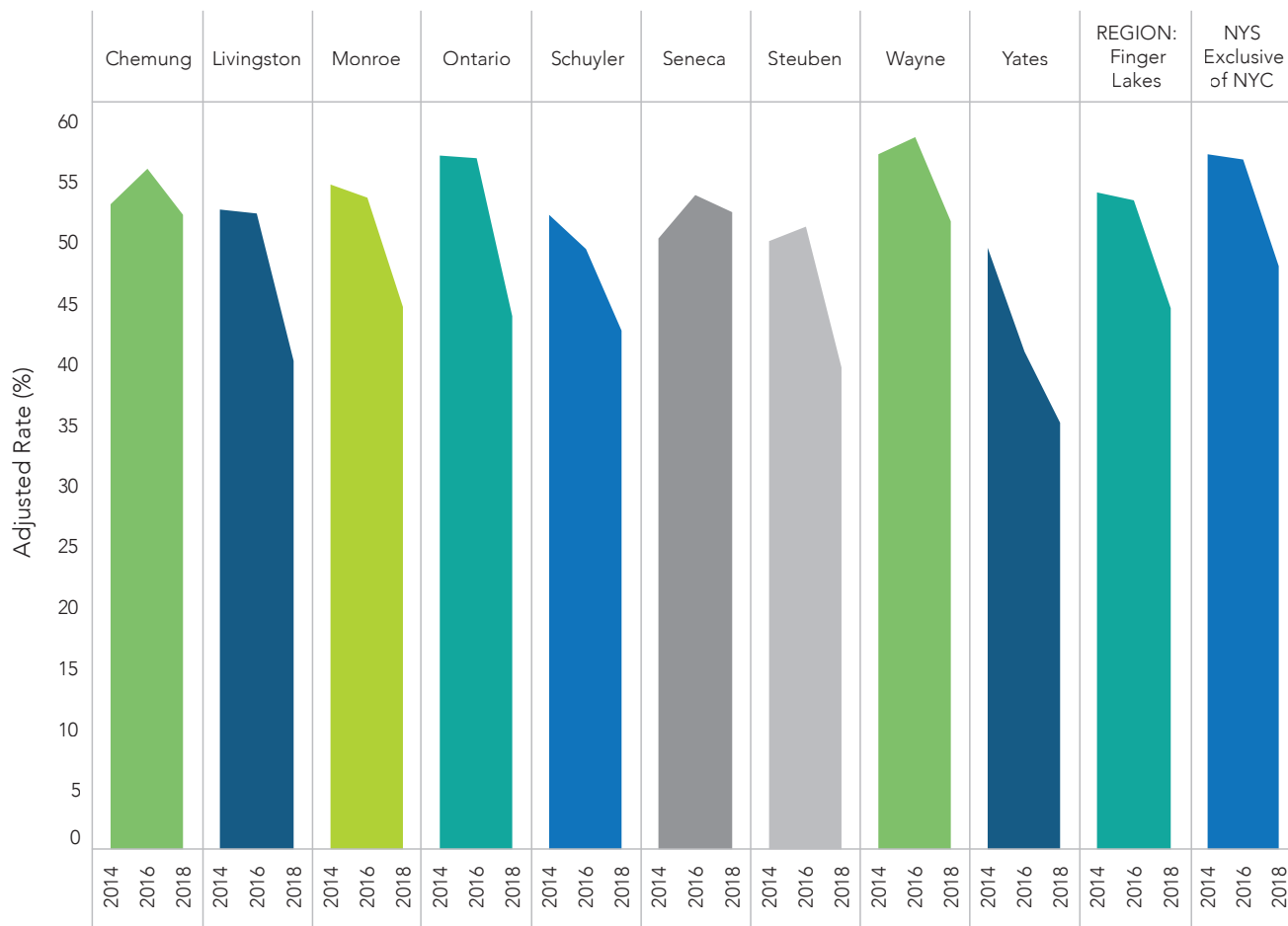
One area that has not seen an improvement is diabetes screening. Rates of diabetes among adults varied in from 2014 to 2018 (Figure 13) and appeared to increase in five counties. In comparing the Finger Lakes region overall vs. the state, both the region and state showed a similar trend from 2014 to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

Figure 13: Adults with Diabetes



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

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



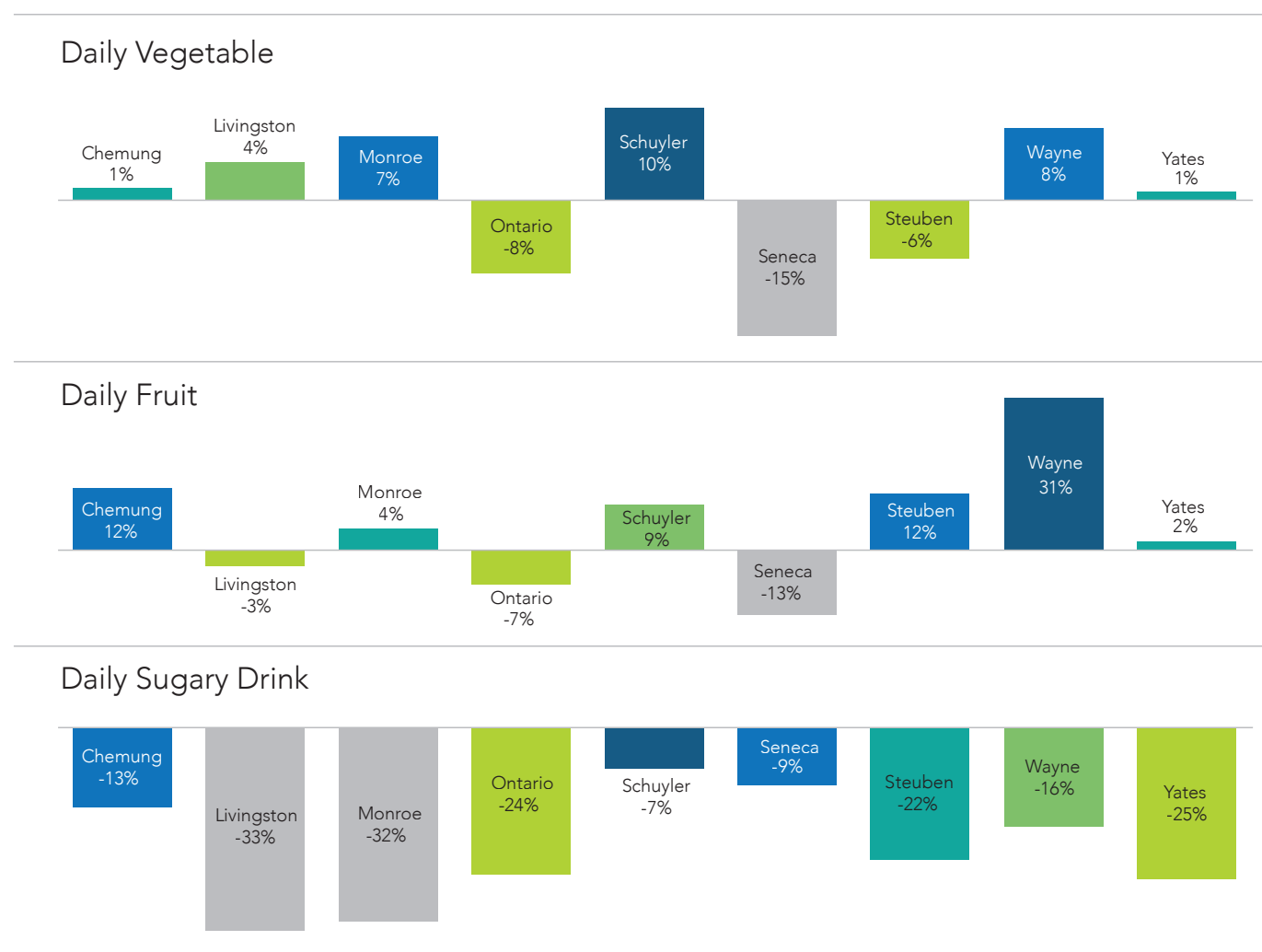
Data Source: Division of Chronic Disease and Injury Prevention, Bureau of Chronic Evaluation and Research, New York State Department of Health, Behavioral Risk Factor Surveillance System, Year 2013-2014, 2016, & 2018. Analysis Completed by Common Ground Health

Healthy Eating

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

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

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



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

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

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

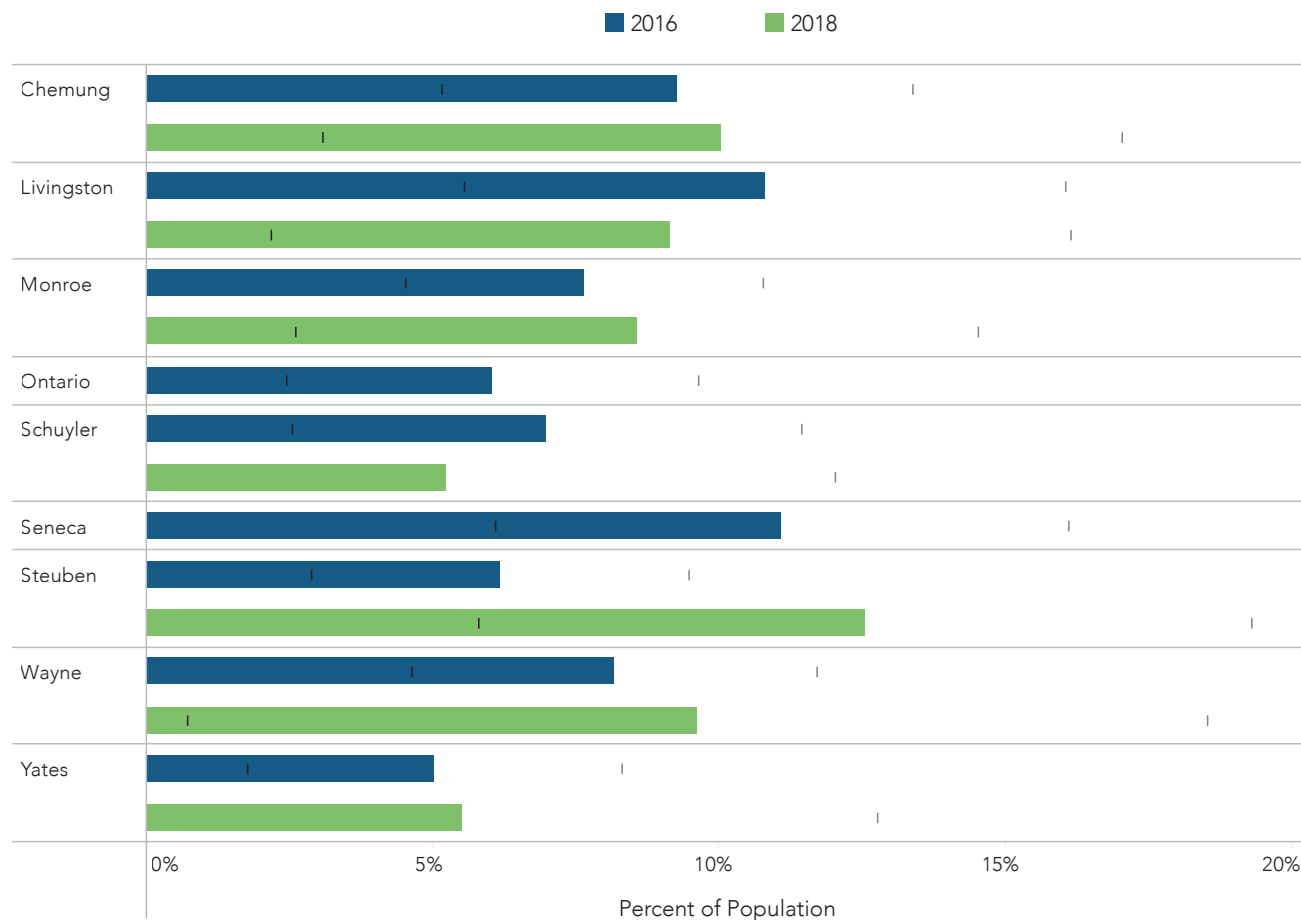
Table 8: Barriers to Healthy Eating

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

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

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

Figure 16: Food Insecurity²¹

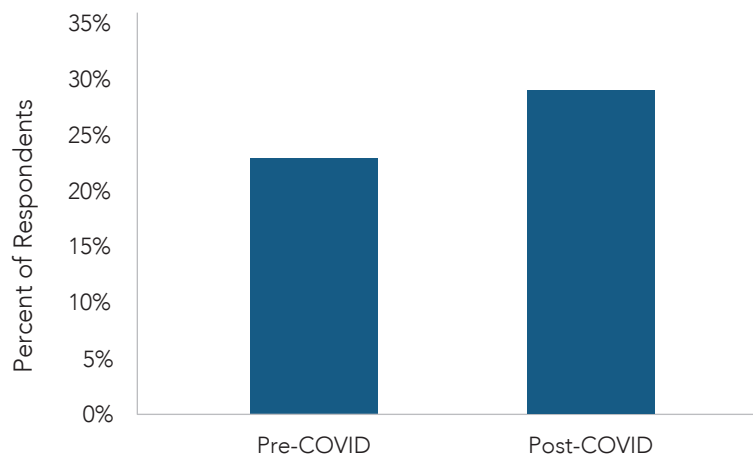


Data Source: Division of Chronic Disease and Injury Prevention, Bureau of Chronic Evaluation and Research, New York State Department of Health, Behavioral Risk Factor Surveillance System, Year 2016 & 2018. Analysis Completed by Common Ground Health

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

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

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



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



Physical Activity

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

Table 9: Barriers to Being Physically Active

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

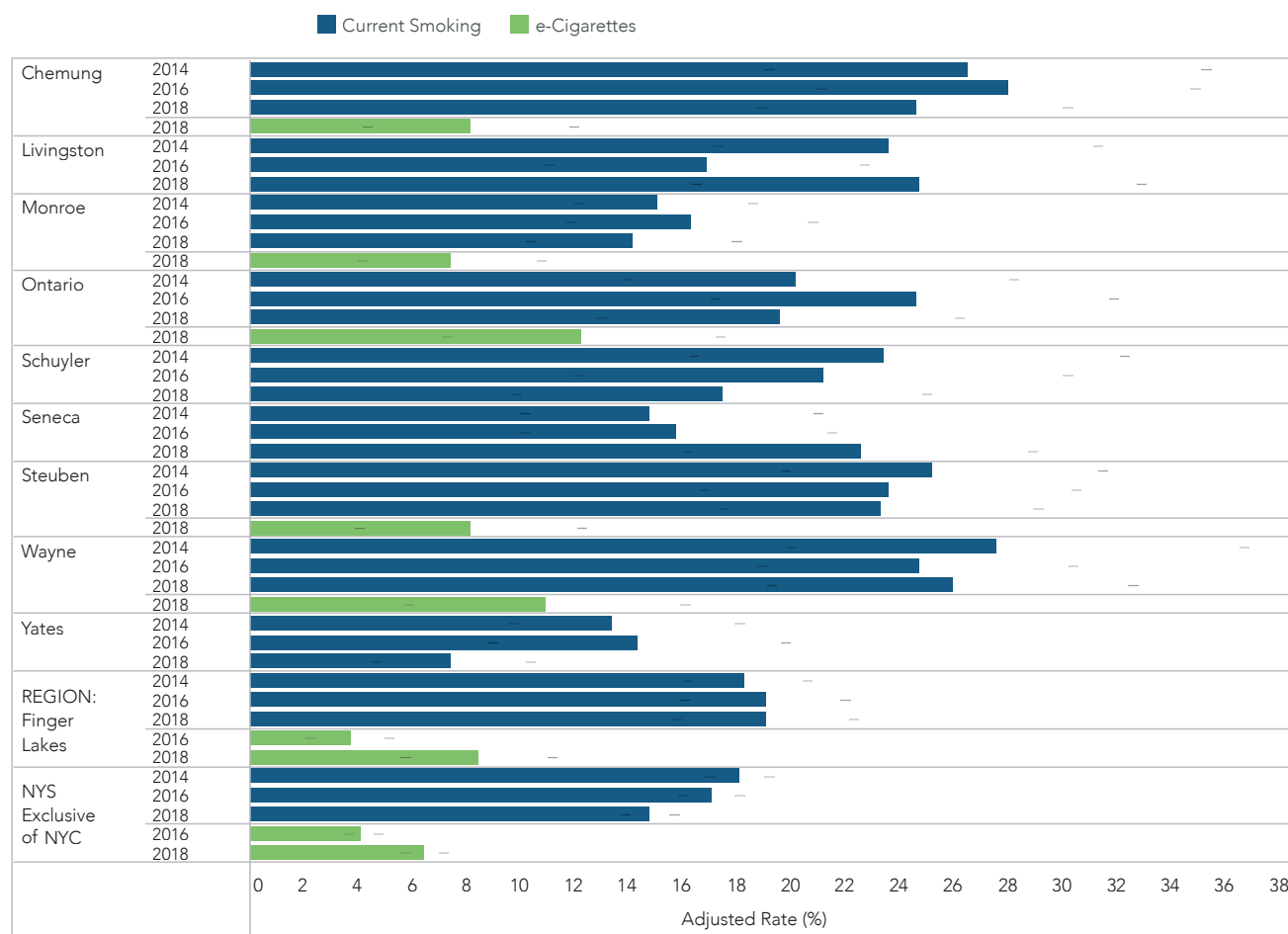
Data Source: My Health Story survey 2018. Analysis by Common Ground Health incorporates weighting to reflect demographics of each county and the region.

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

Tobacco Use

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

Figure 18: Percent of Adults (18+) Who Smoke Every Day or Some Days²⁴



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

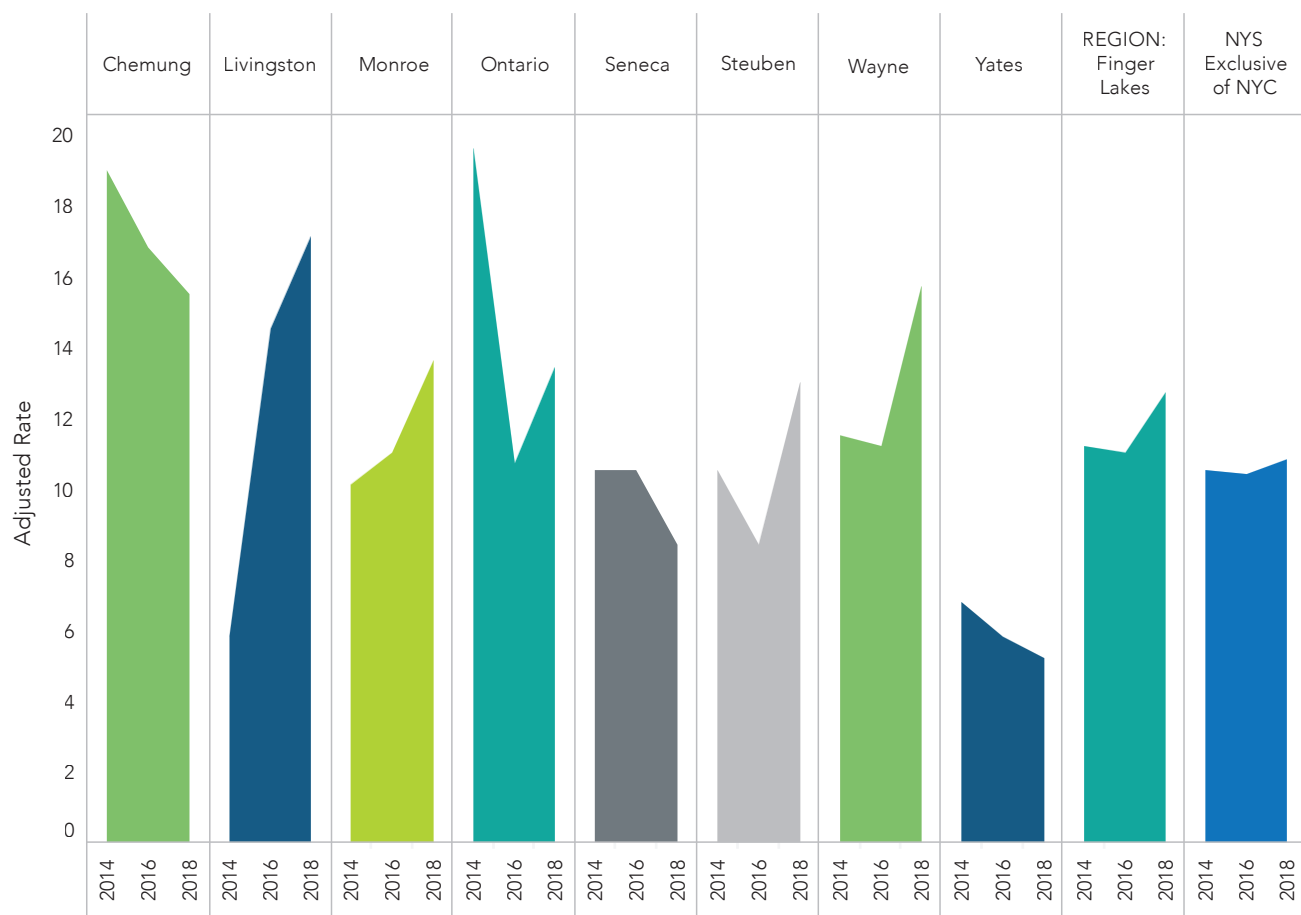
While the rate of cigarette use across all nine counties and the Finger Lakes region was fairly stable, the increase in e-cigarette use is a cause for concern. The Finger Lakes region saw a roughly 5% increase in use of e-cigarettes or other vaping products without a corresponding reduction in cigarette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

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

Asthma

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

Figure 19: Percent of Population with Asthma

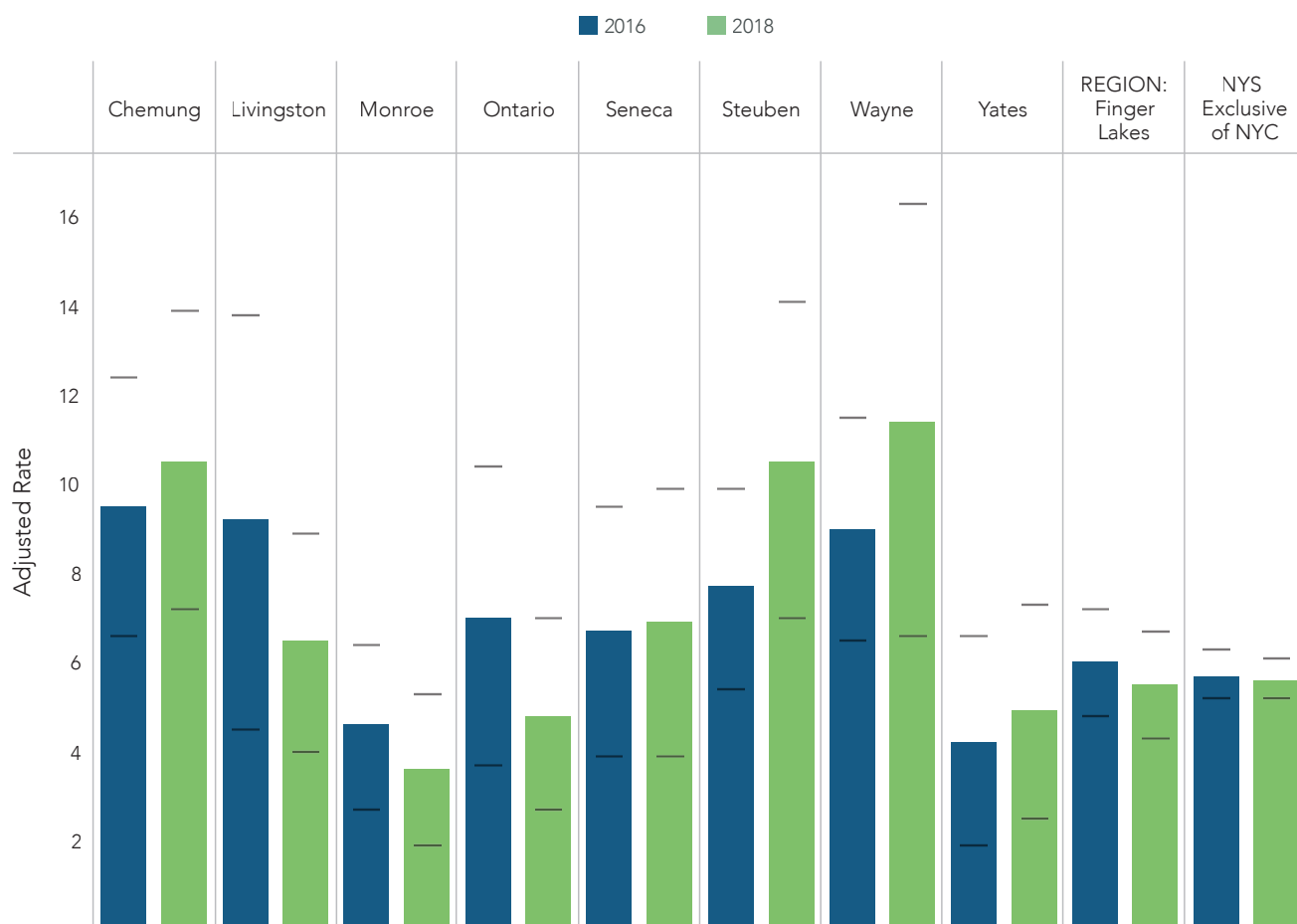


Data Source: Division of Chronic Disease and Injury Prevention, Bureau of Chronic Evaluation and Research, New York State Department of Health, Behavioral Risk Factor Surveillance System, Year 2013-2014, 2016, & 2018. Analysis Completed by Common Ground Health

COPD

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

Figure 20: Percent of Population with COPD

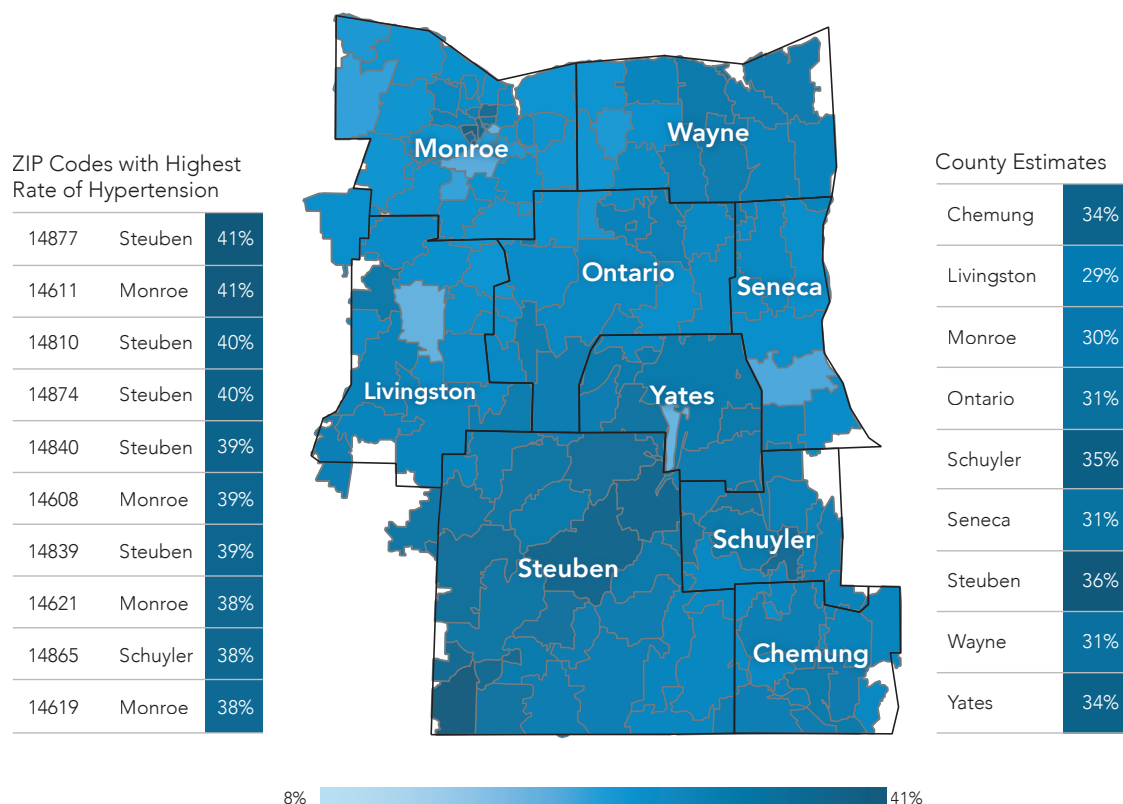


Data Source: Division of Chronic Disease and Injury Prevention, Bureau of Chronic Evaluation and Research, New York State Department of Health, Behavioral Risk Factor Surveillance System, Year 2016, & 2018. Analysis Completed by Common Ground Health

Hypertension

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

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



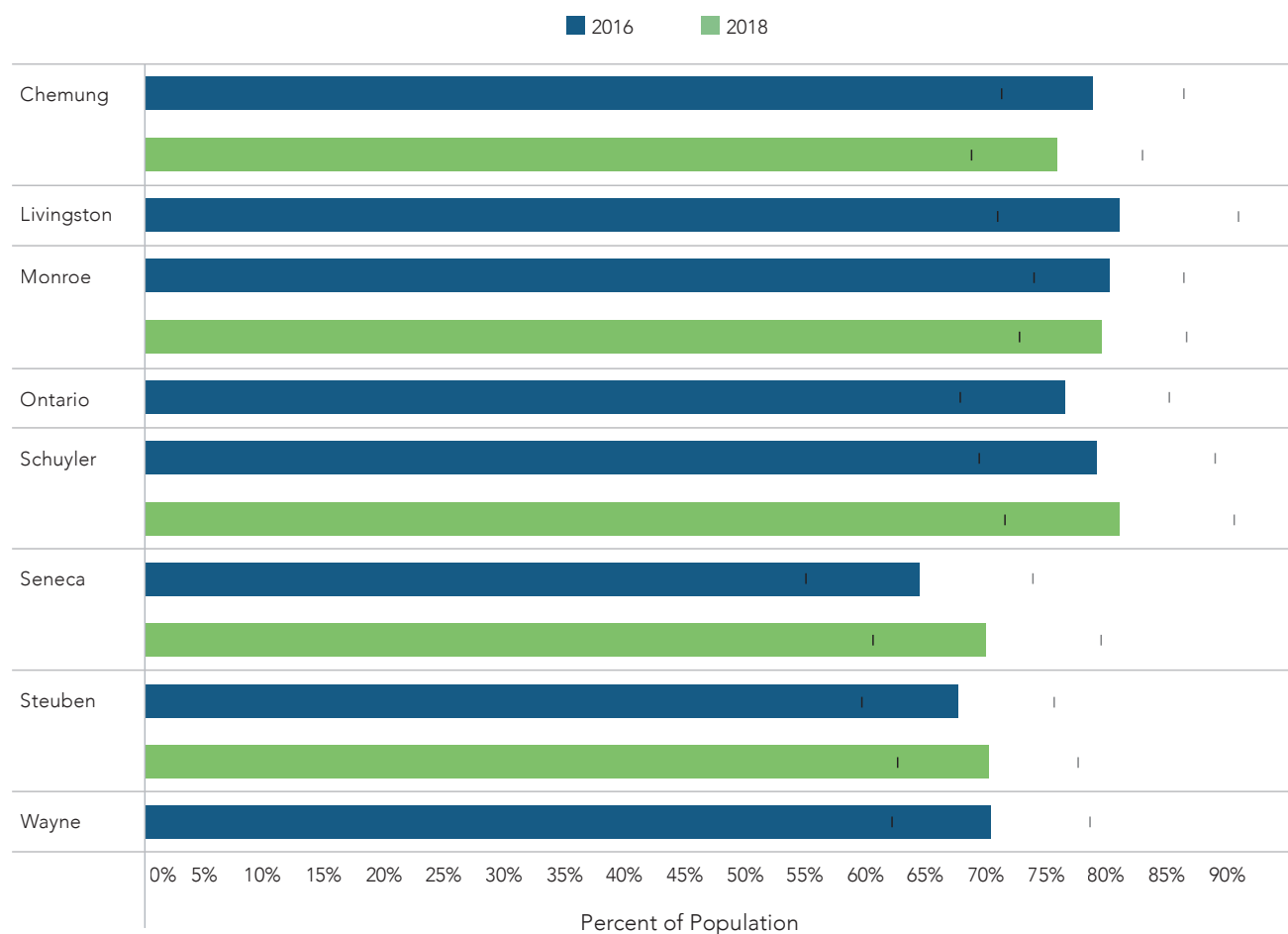
Source: CDC Places, 2018



Cancer Screening

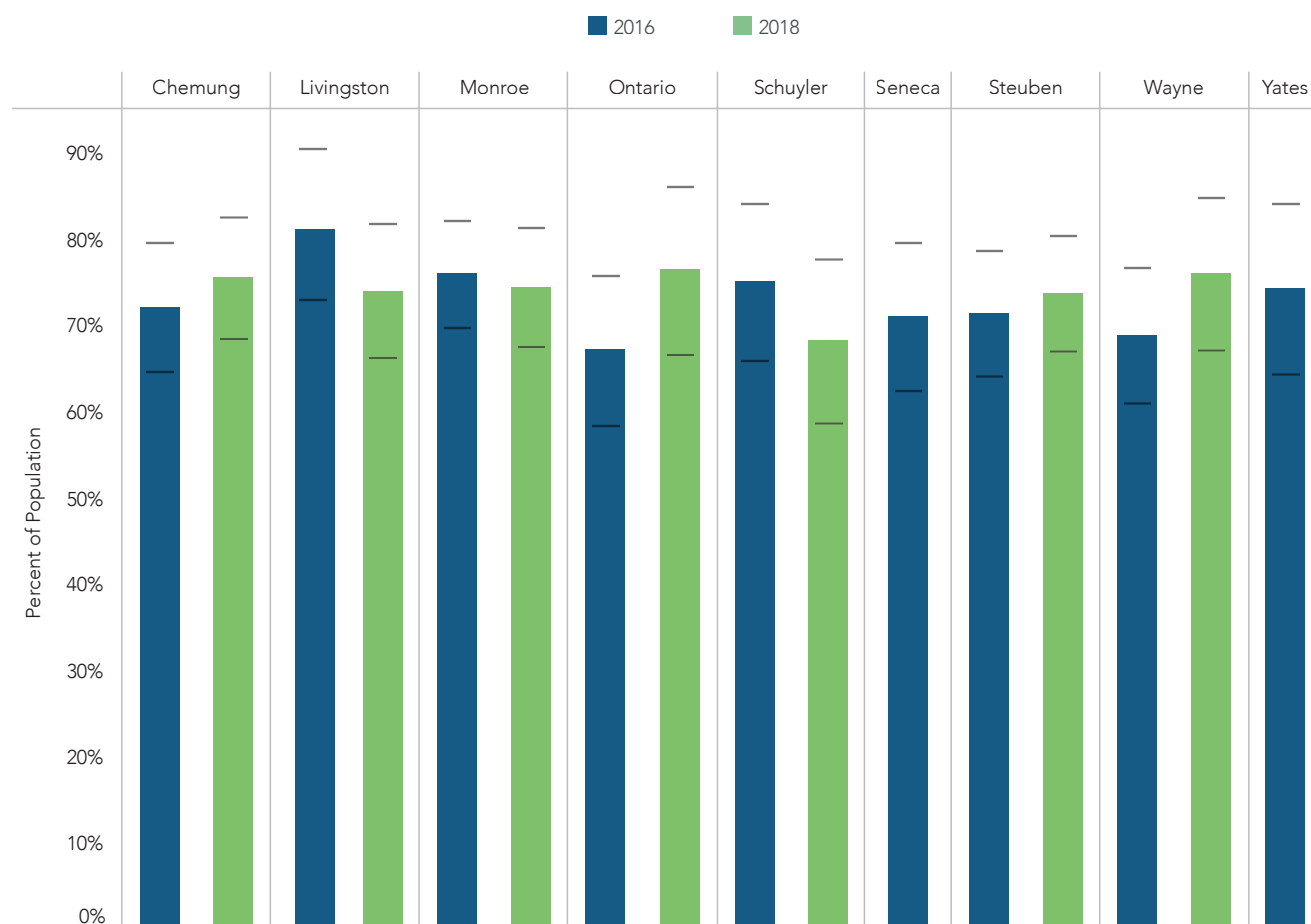
Screening for disease is an important preventative tool used to help detect, manage and treat disease in its early stages. One disease area where that is of particular importance is cancer. Across NYS and the Finger Lakes region, three types of cancer screenings are monitored: Breast, Cervical, and Colorectal.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

Figure 21: Breast Cancer Screening Rate²⁶



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

Figure 22: Colorectal Cancer Screening Rate



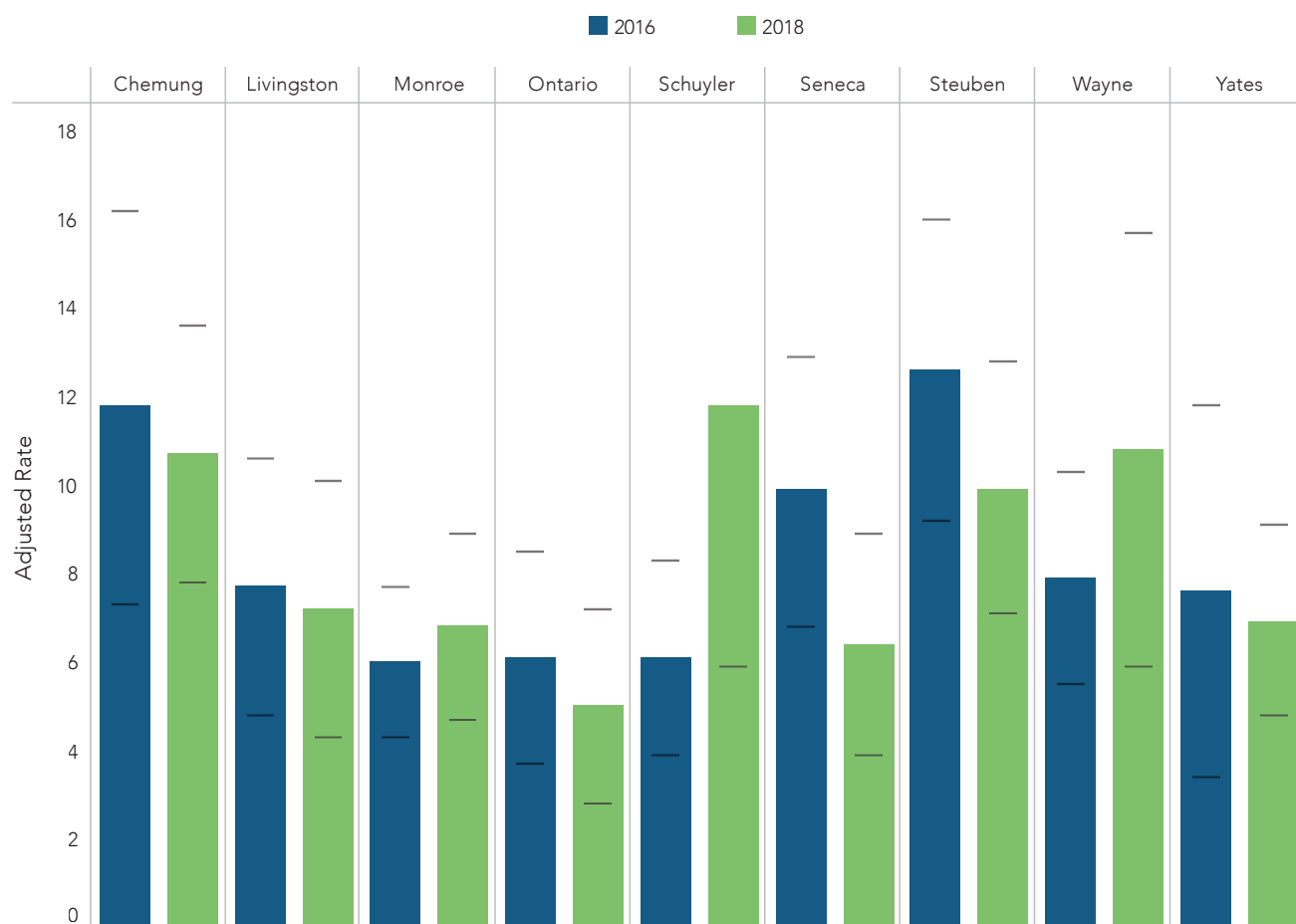
Data Source: Division of Chronic Disease and Injury Prevention, Bureau of Chronic Evaluation and Research, New York State Department of Health, Behavioral Risk Factor Surveillance System, Year 2016, & 2018. Analysis Completed by Common Ground Health



Cardiovascular Disease

Cardiovascular disease has long been a condition that has negative impacts on our community. Data from the CDC/Vital Statistics shows that cardiovascular disease has been the leading cause of death in the US since 2015.²⁷ In the Finger Lakes region, the rate of cardiovascular disease from 2016 to 2018 was low (<15%), but trends across the region are variable. Most counties have been stable, with Schuyler and Wayne showing increases and Seneca and Steuben showing decreases in rates. While these increases may be something to look into, the wide confidence intervals shown in Figure 23 indicate that caution should be taken in drawing any significant conclusions from the data.

Figure 23: Rate of Cardiovascular Disease



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

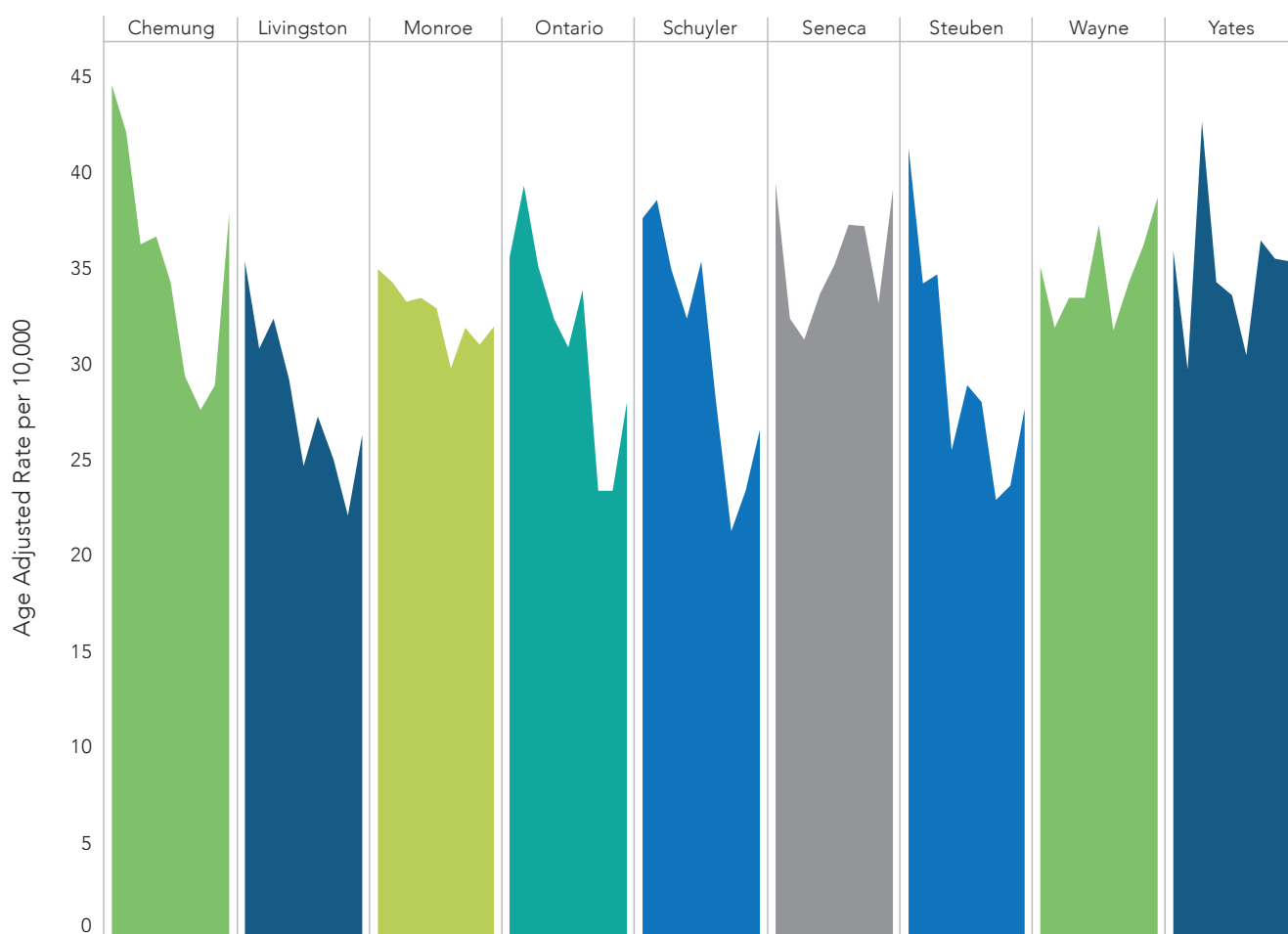
Promote a Healthy and Safe Environment

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

Falls in the 65+ Population

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

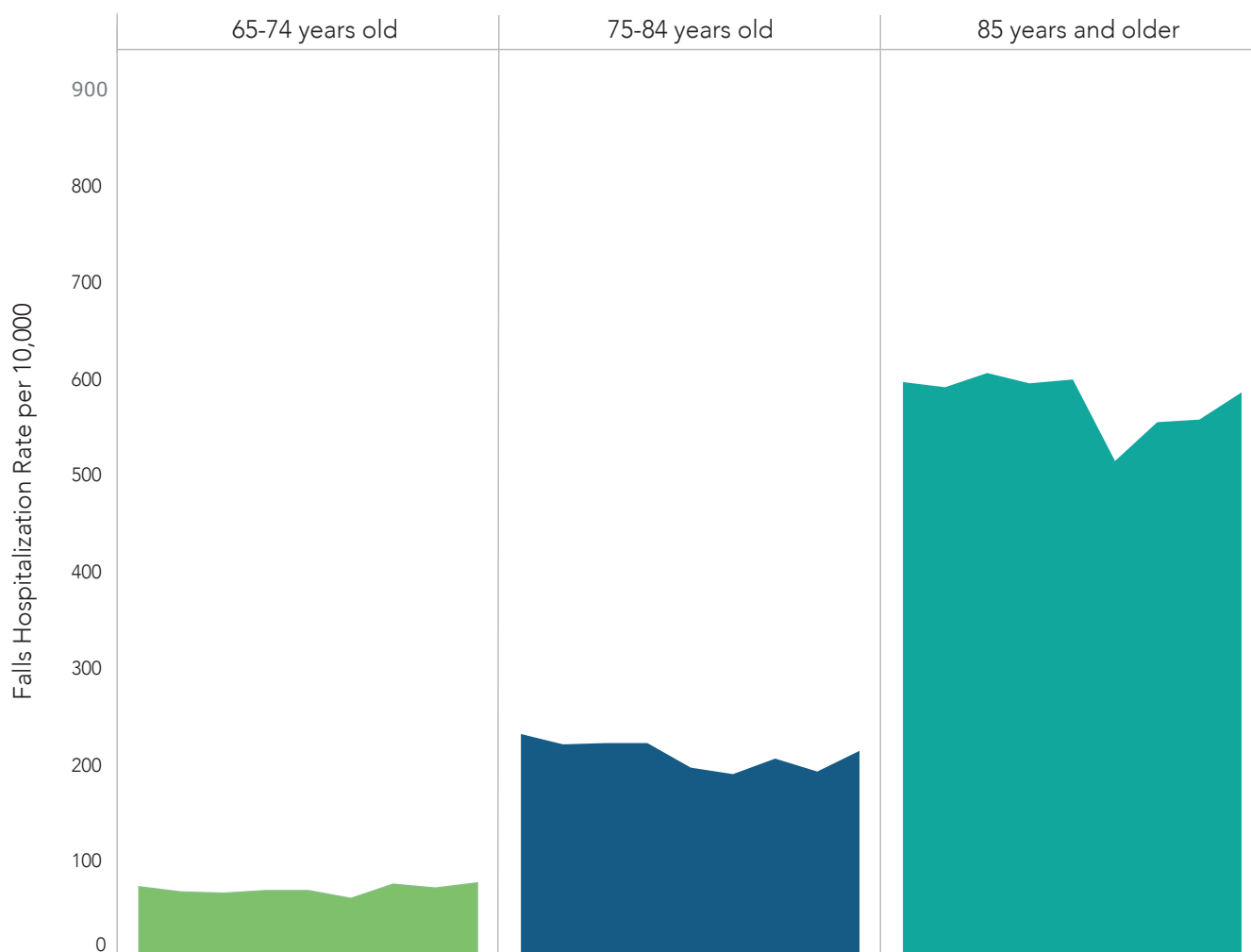
Figure 24: Age Adjusted Rate of Fall Hospitalization



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

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

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

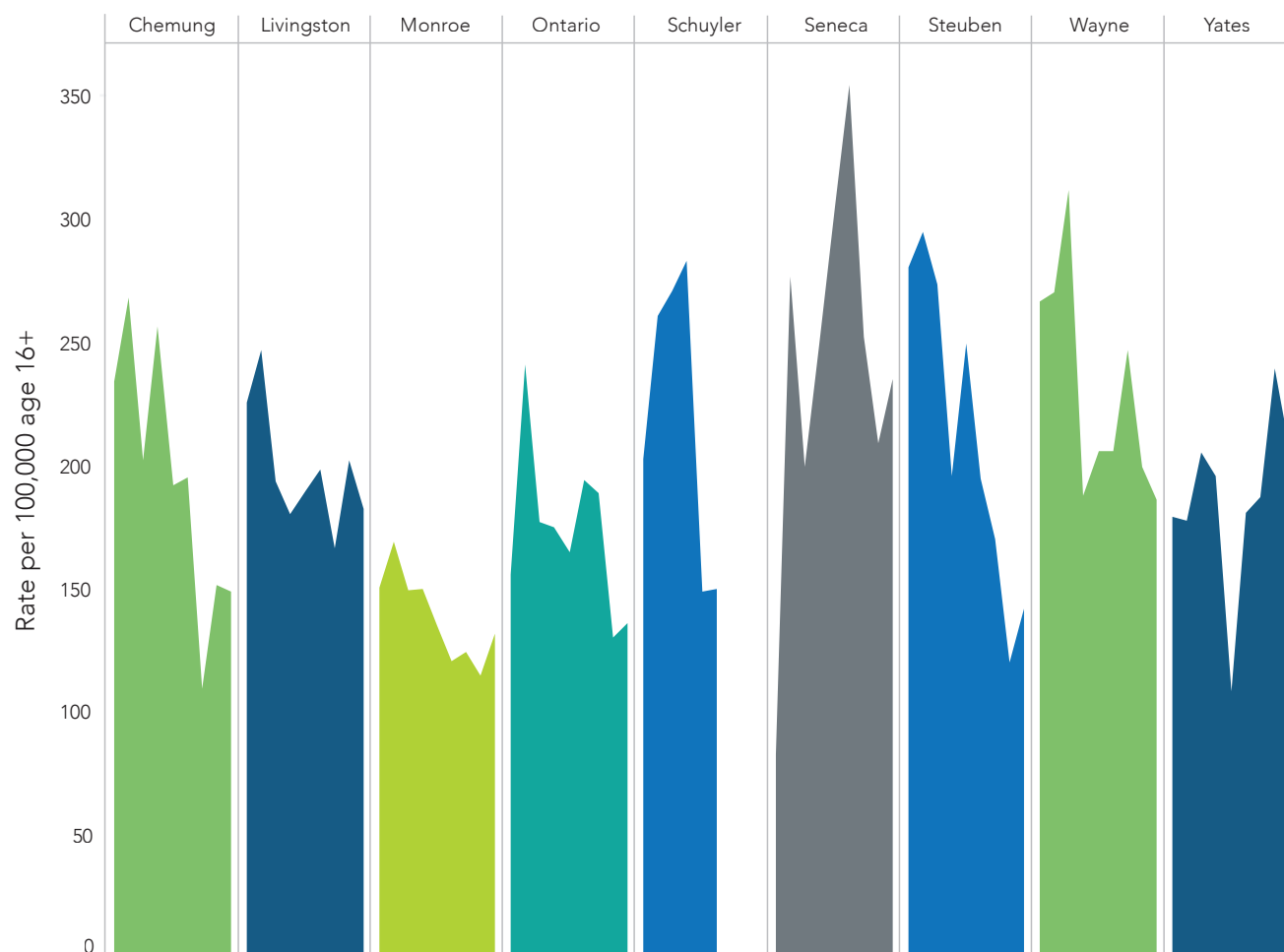


Data Source: NYS DOH, Community Health Indicator Report, Years 2009 - 2018. Analysis Completed by Common Ground Health

Work Related Hospitalizations

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

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

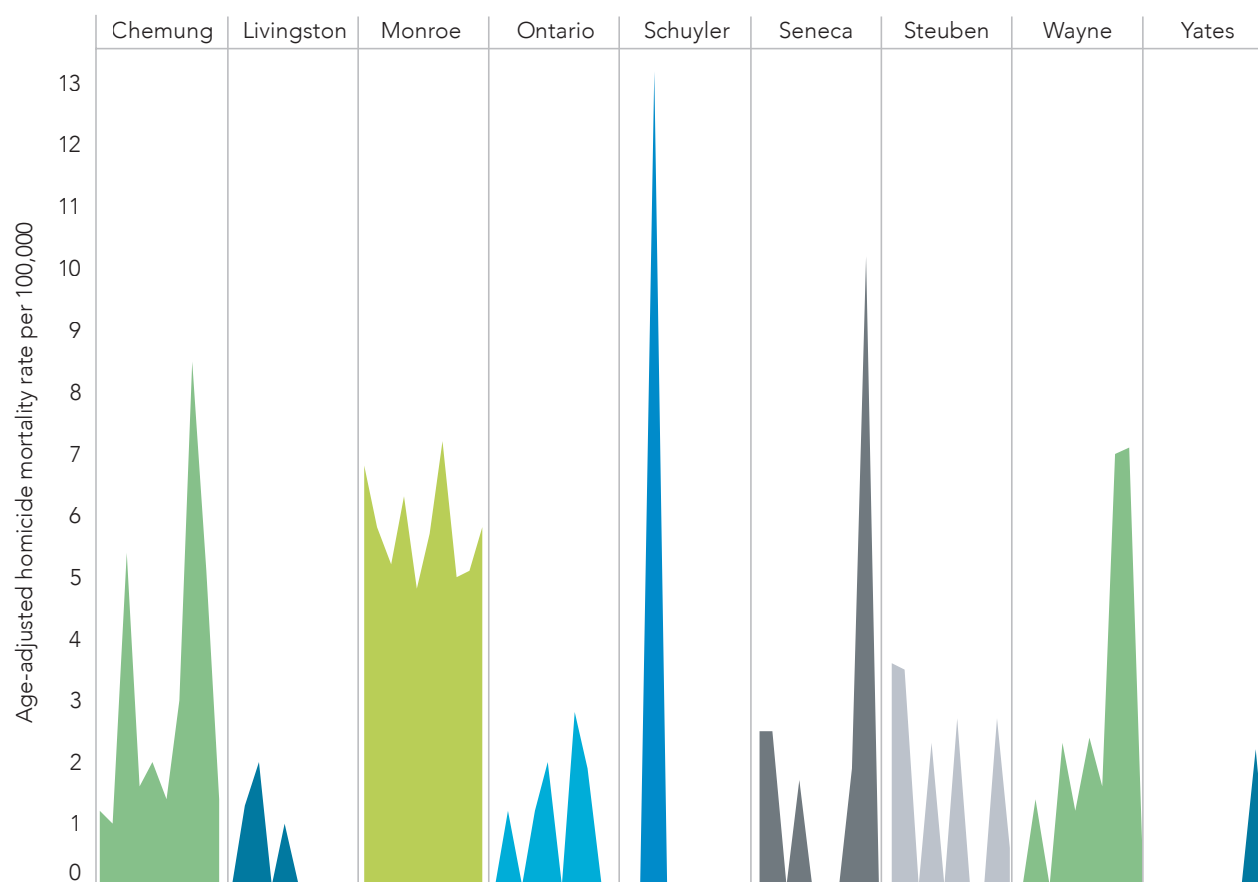


Data Source: NYS DOH, Community Health Indicator Report, Years 2009 - 2018. Analysis Completed by Common Ground Health

Perceived Neighborhood Safety

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

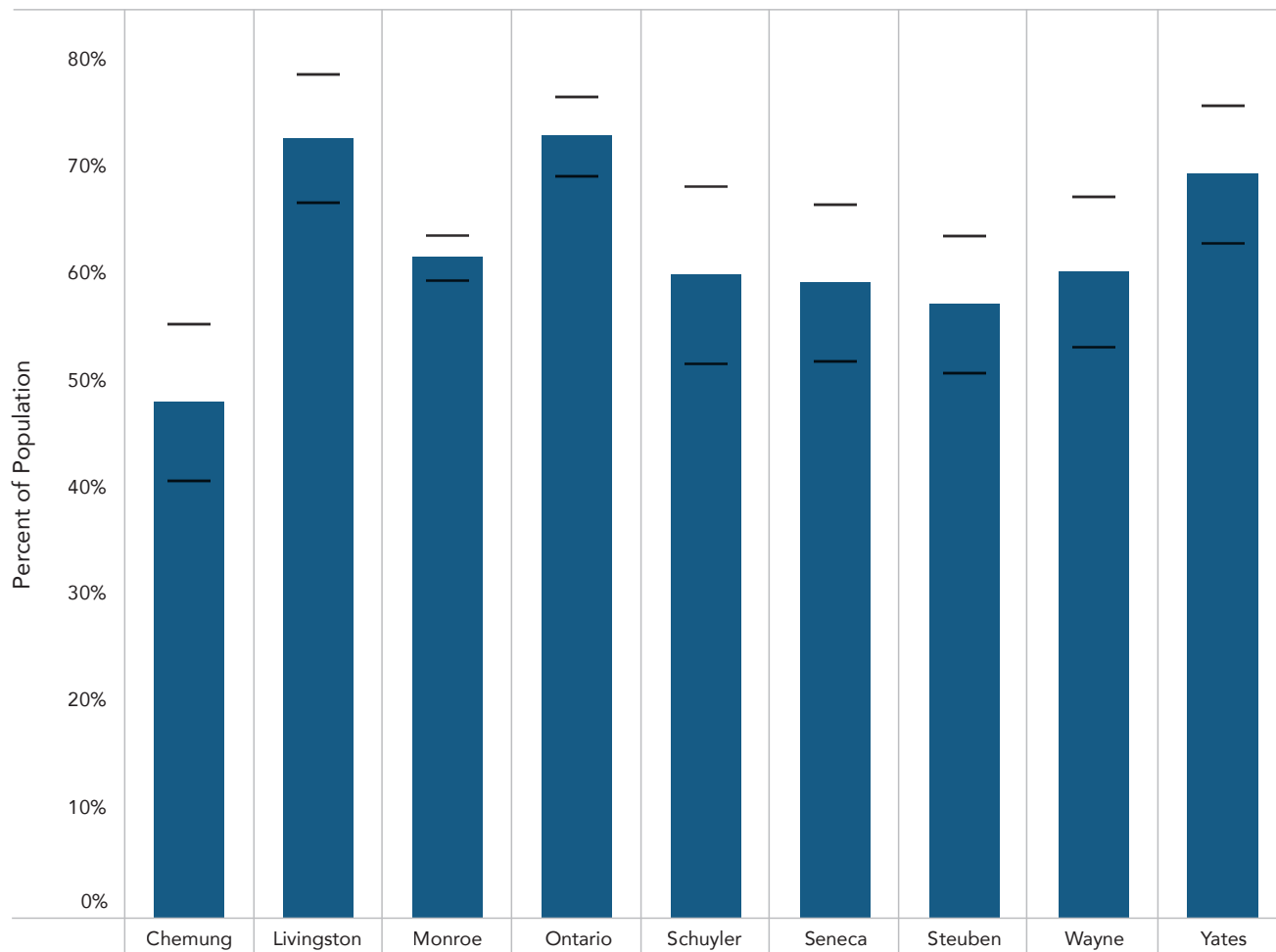
Figure 27: Age Adjusted Homicide Mortality Rate per 100,000



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

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

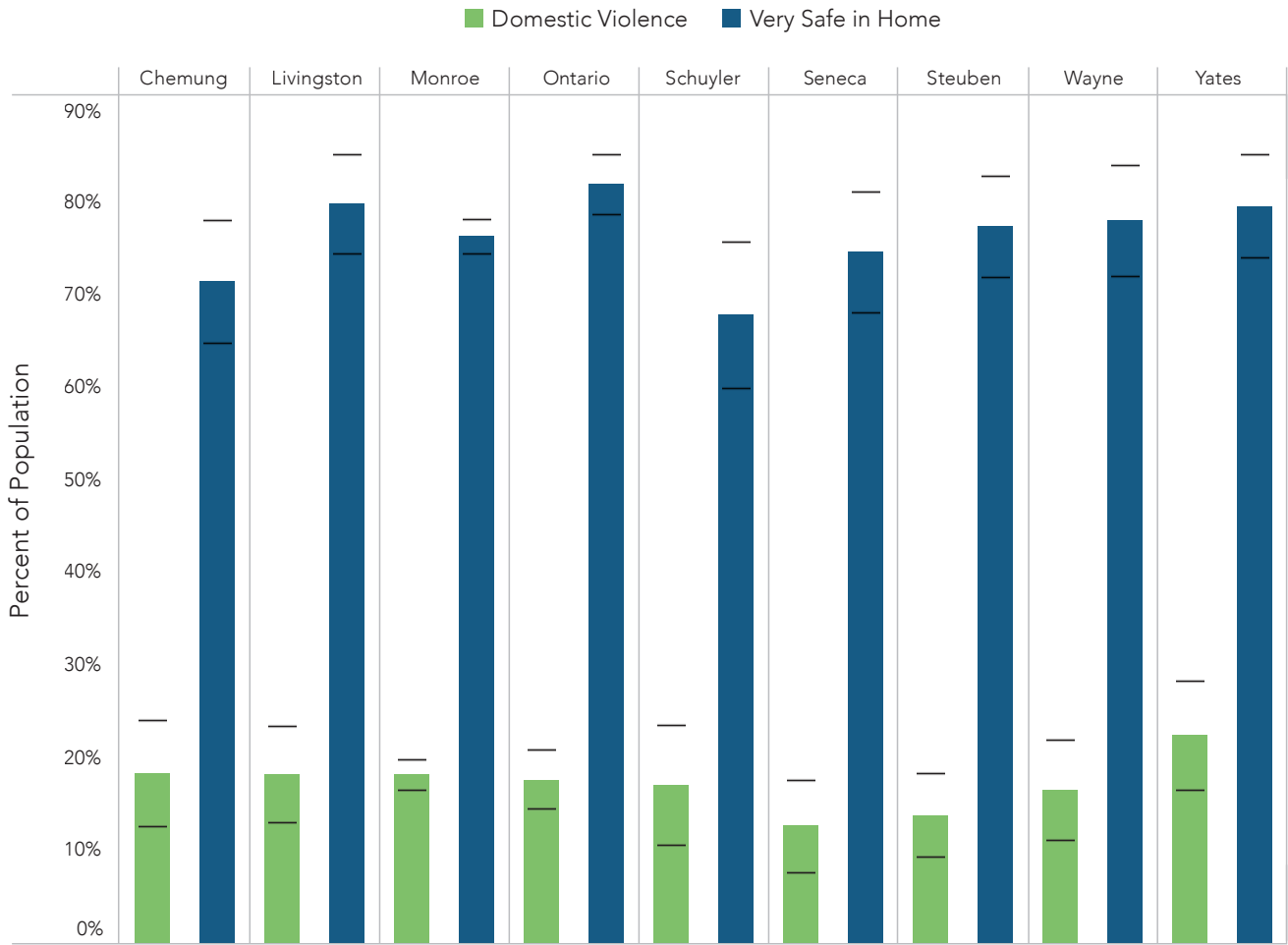
Figure 28: Percent of Population Reporting Feeling Very Safe in Their Neighborhood



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

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

Figure 29: Respondent Indicators for Home Safety



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



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

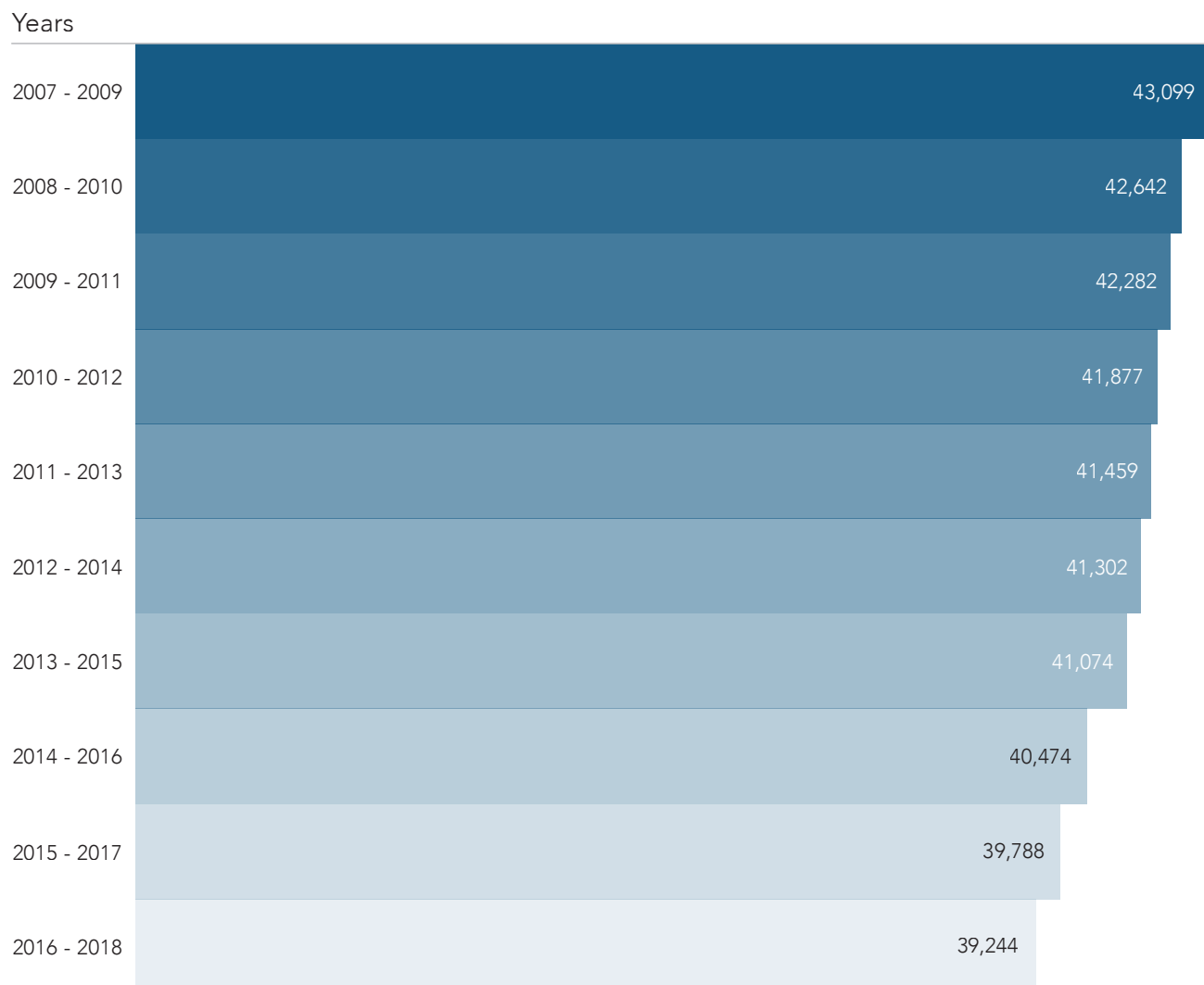
Promote Women, Infants, and Children

Maternal and pediatric health have been areas of focus for Finger Lakes Region counties in several past Community Health Assessments. According to Healthy People 2020, “improving the well-being of mothers, infants and children is an important public health goal for the United States. Their well-being determines the health of the next generation and can help predict future public health challenges for families, communities and the health care system.”

Total Births

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

Figure 30: Total Births in the Finger Lakes region



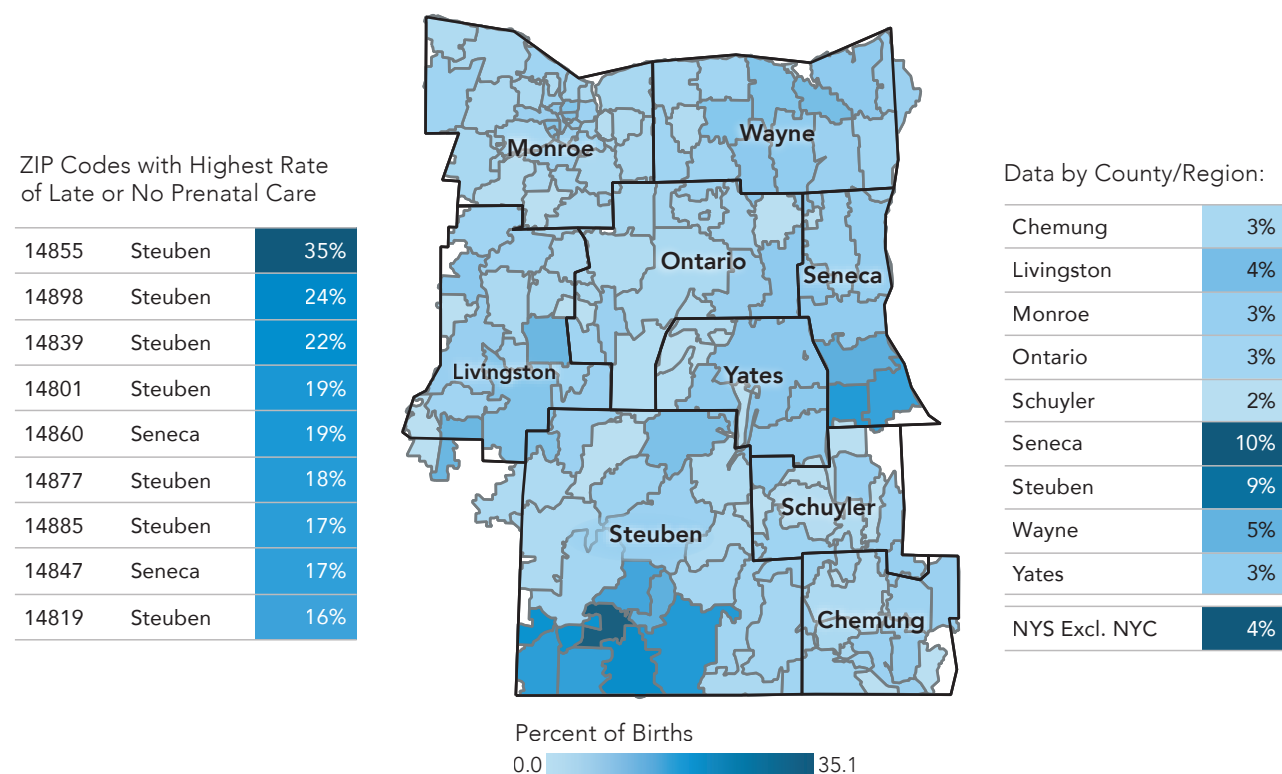
Source: New York State Perinatal Data Profile, 2007-2018

Prenatal Care

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

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

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



Source: NYS Department of Health Perinatal Data Profile 2016-2018

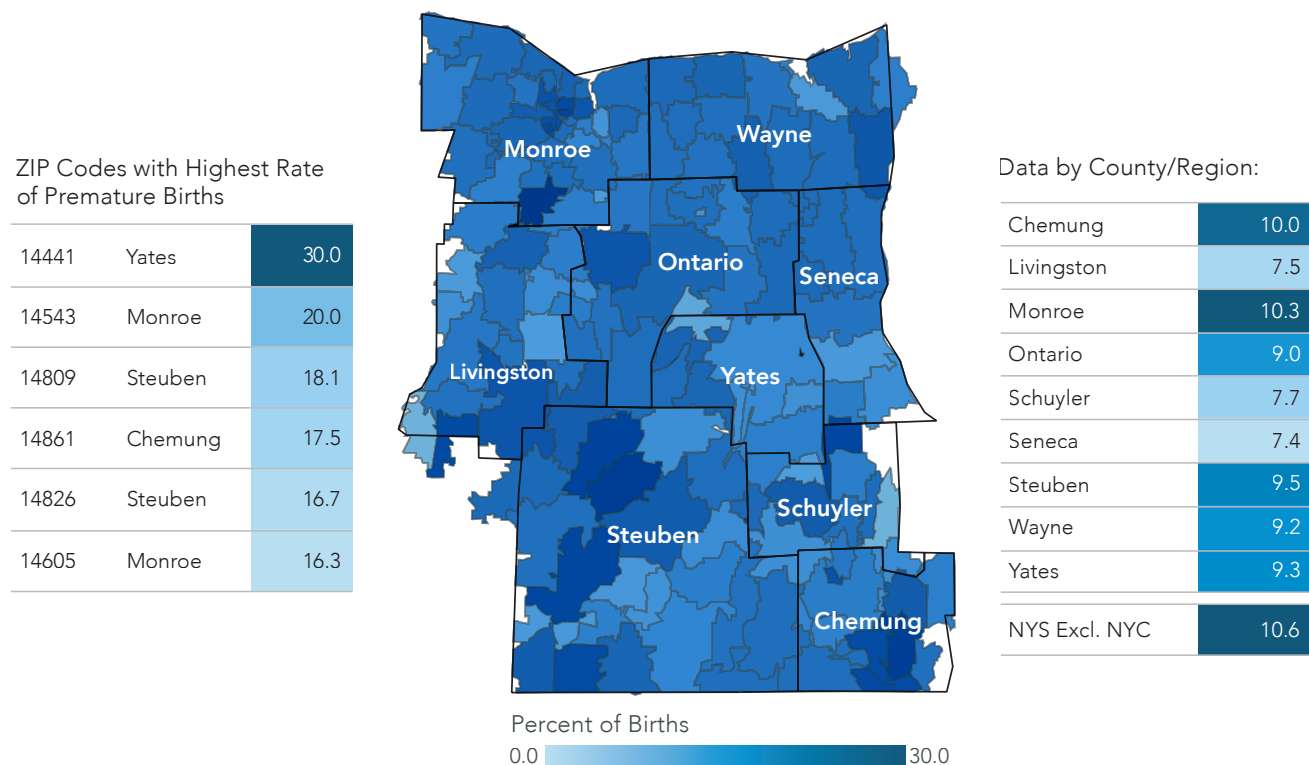
Late or no prenatal care is defined as care initiated in the third trimester or not at all

Premature Births

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

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

Map 9: Percent of Births that were Premature

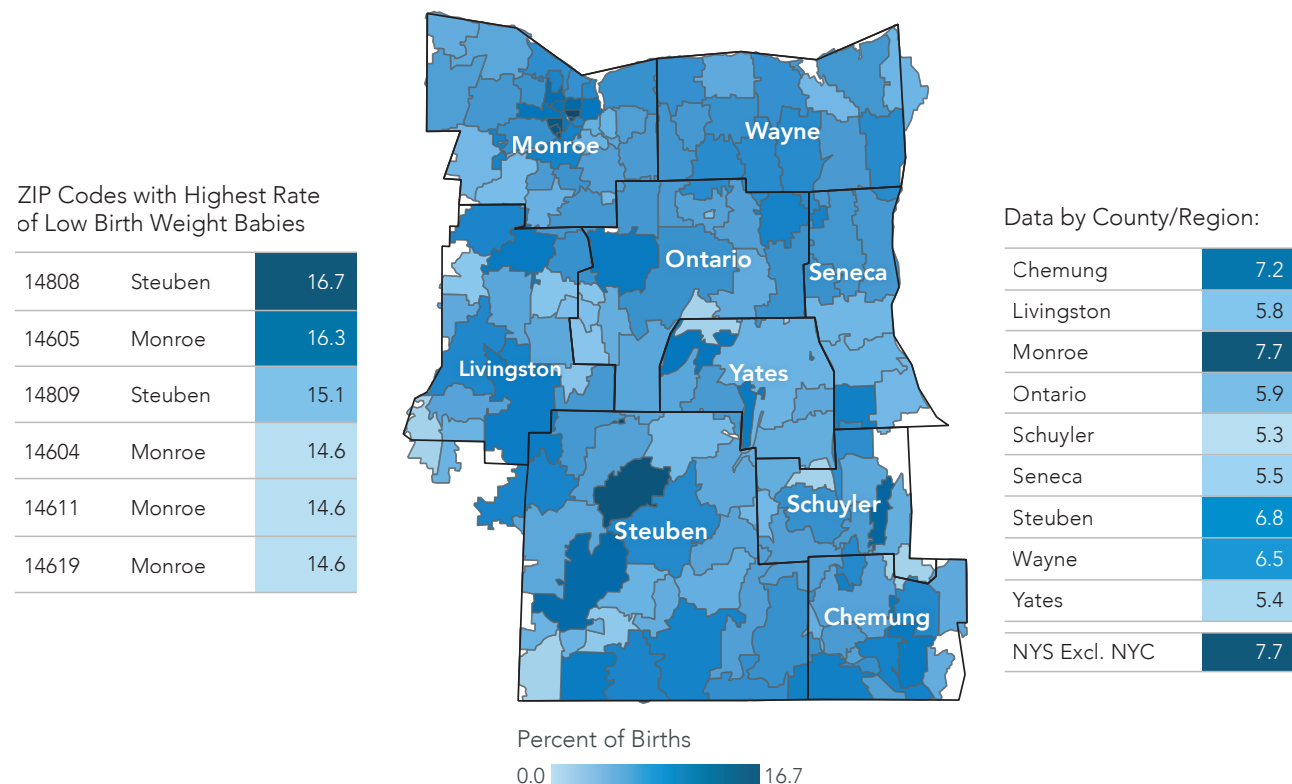


Source: NYS Department of Health Perinatal Data Profile 2016-2018
Premature births are defined as births that occurred before 37 weeks gestation

Low Birth Weight Babies

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

Map 10: Percent of Births that were Low Birth Weight

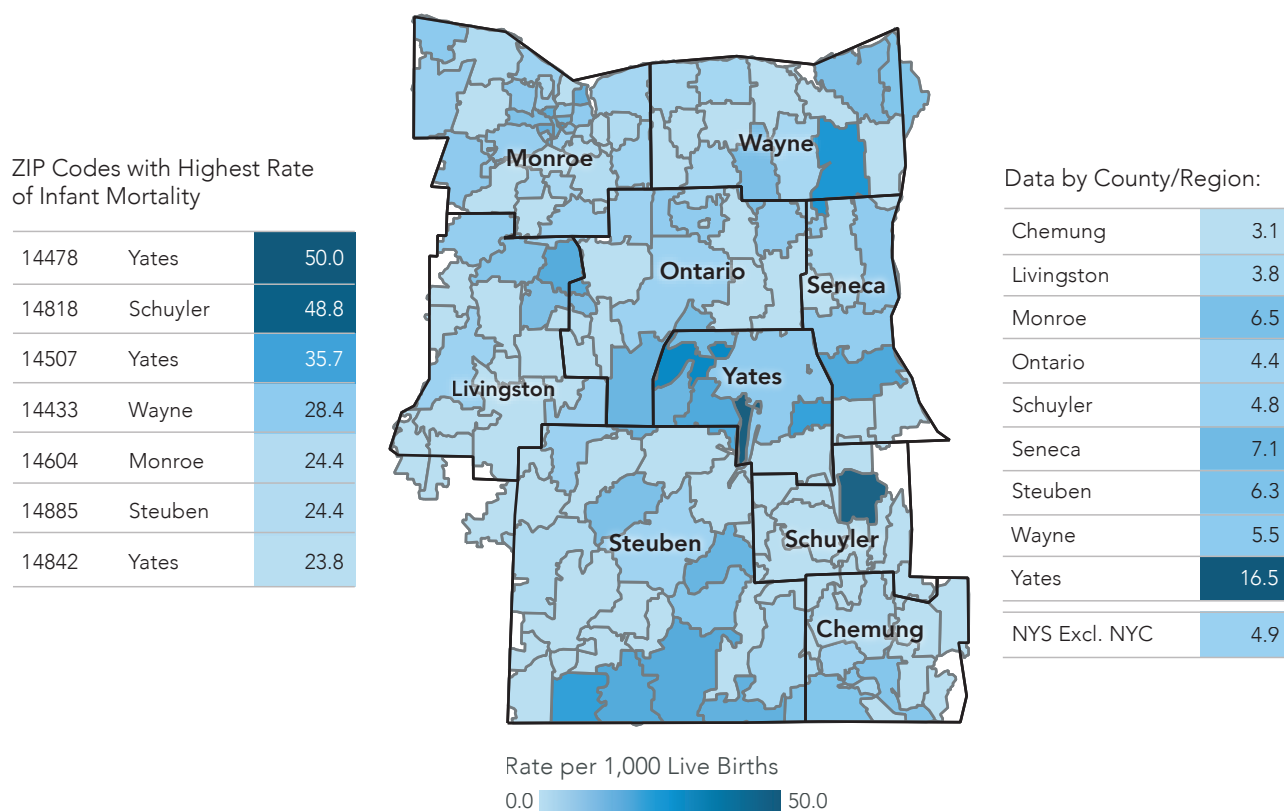


Source: NYS Department of Health Perinatal Data Profile 2016-2018
Low Birth Weight is defined as birth weight between 100-2499 grams

Infant Mortality

Prematurity and its related conditions are the leading cause of infant mortality. Reducing rates of premature birth may have a direct correlation on rates of infant mortality (deaths that occur within the first twelve months). Shown below in Map 11 is a map of infant mortality rates by ZIP code from 2016-2018. Rates are nearly 50 per 1,000 live births in two ZIP codes – one of which is located in Yates and the other in Schuyler County. It is again important to note, however, that both of these counties are relatively small (Yates – 25,000 residents; Schuyler – 18,000 residents) and their small numerators may inadvertently inflate rates. Of note, New York State has set a goal for the Infant Death Rate (deaths which occur at less than twelve months of age) at 4.0 per 1,000 live births to be achieved by 2020.³¹

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



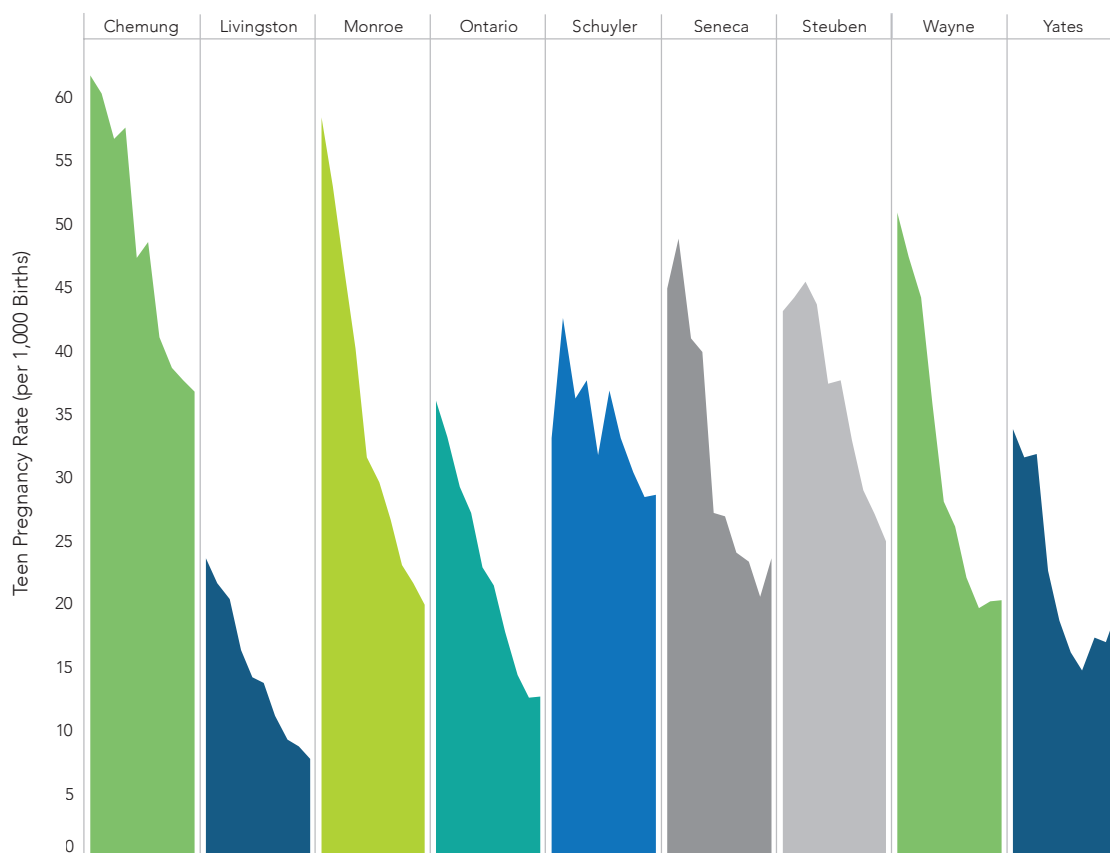
Source: NYS Department of Health Perinatal Data Profile 2016-2018
Infant deaths are those that occurred at less than 12 months of age

Teen Pregnancy

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

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

Figure 31: Teen Pregnancy Rate per 1,000 Births

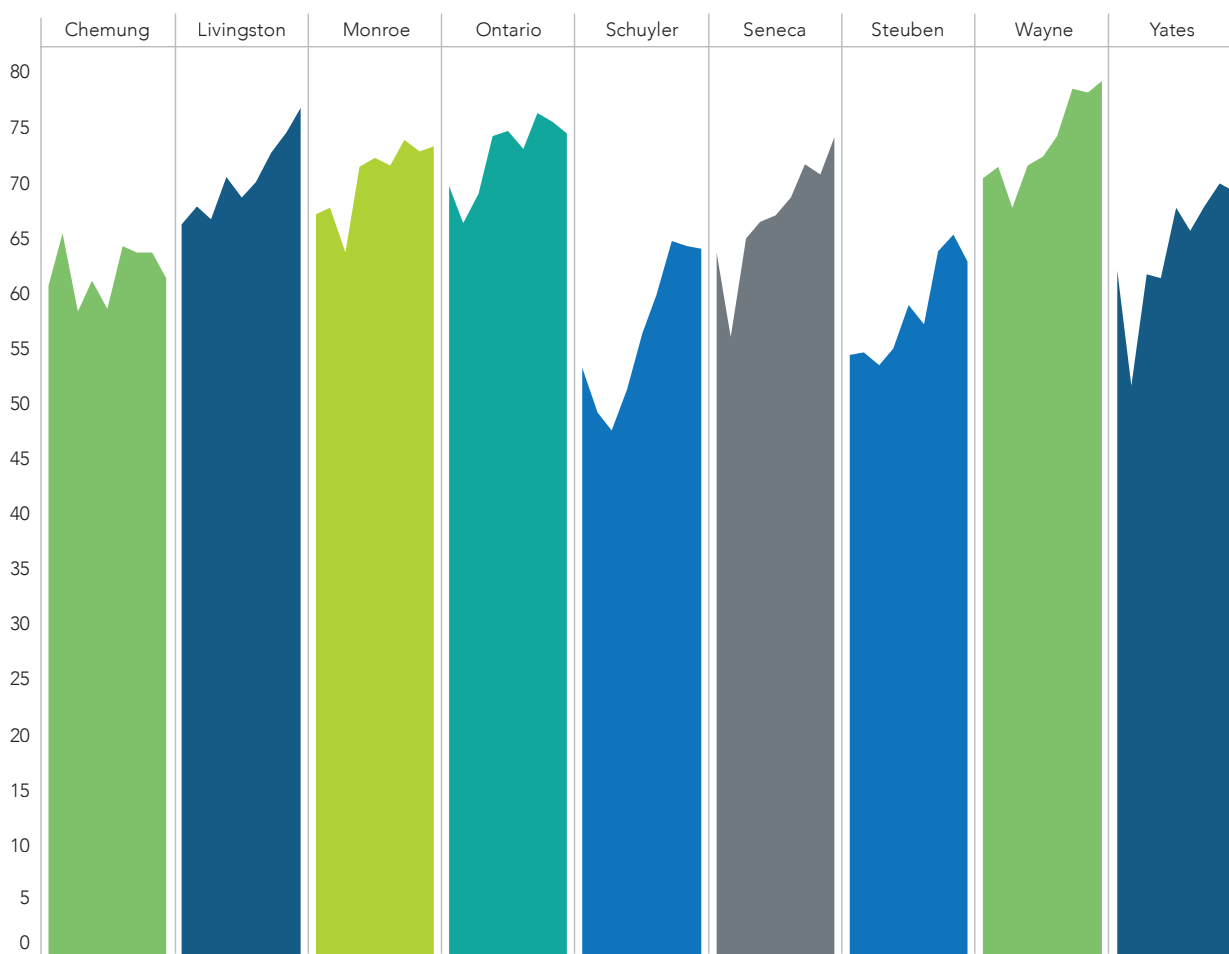


Data Source: New York State Vital Statistics Data, 2007 - 2018. Analysis Completed by Common Ground Health

Well-Child Visits

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

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



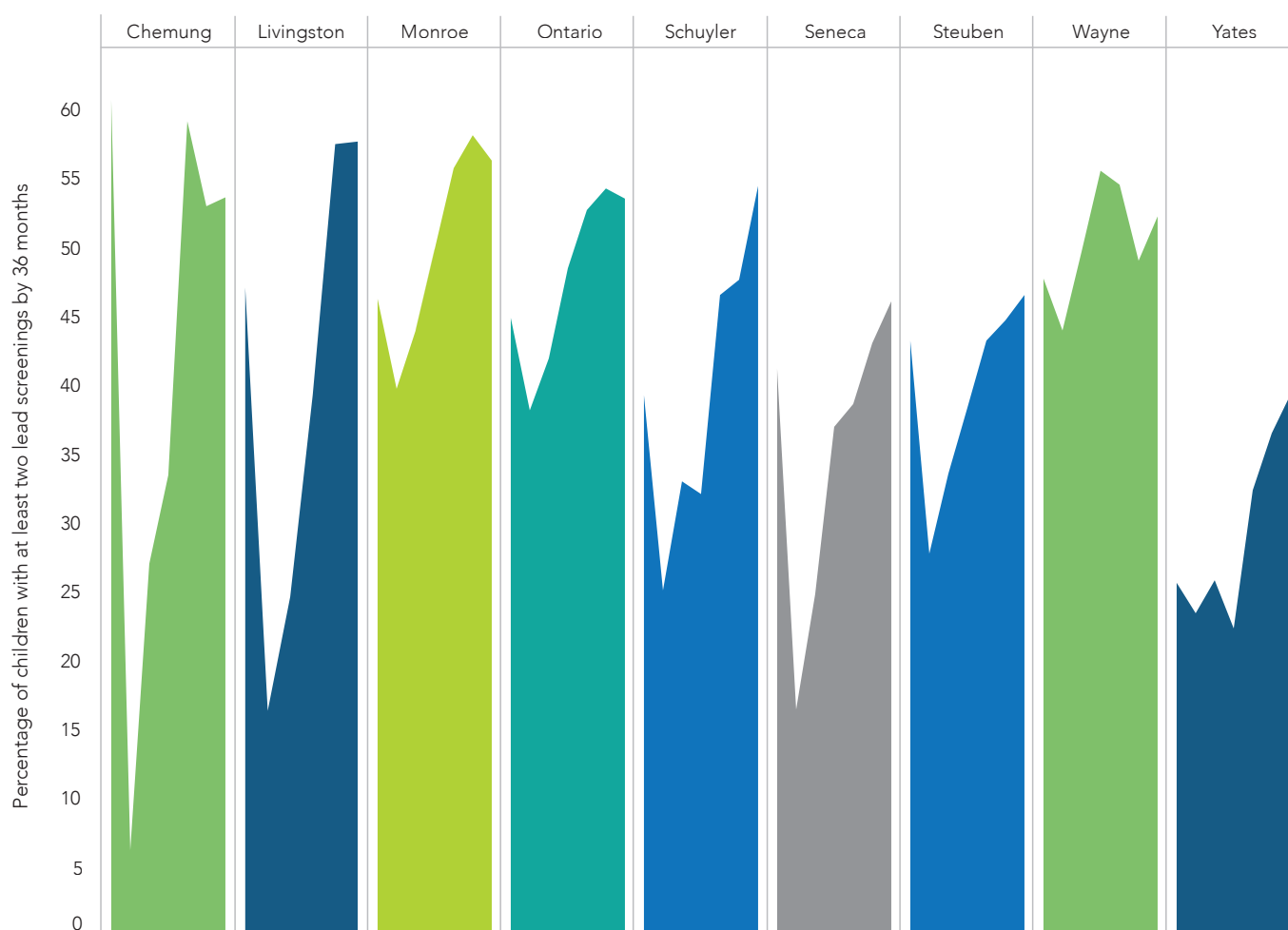
Data Source: New York State Vital Statistics Data, 2010 - 2018. Analysis Completed by Common Ground Health

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

Blood Lead Level Screening in Children

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

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



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

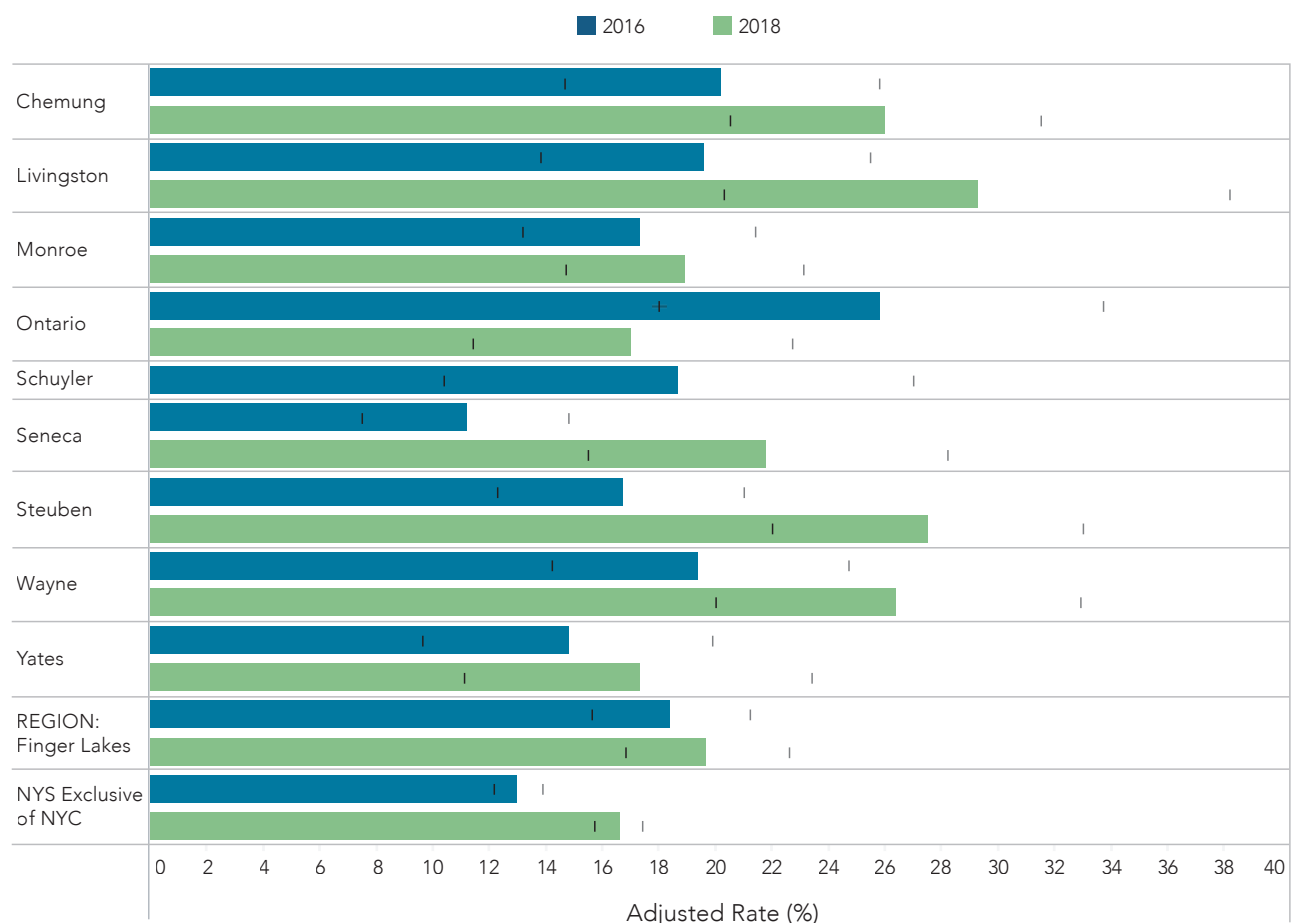
Promote Well-Being and Prevent Mental and Substance Use Disorders

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

Mental Health Well-Being

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

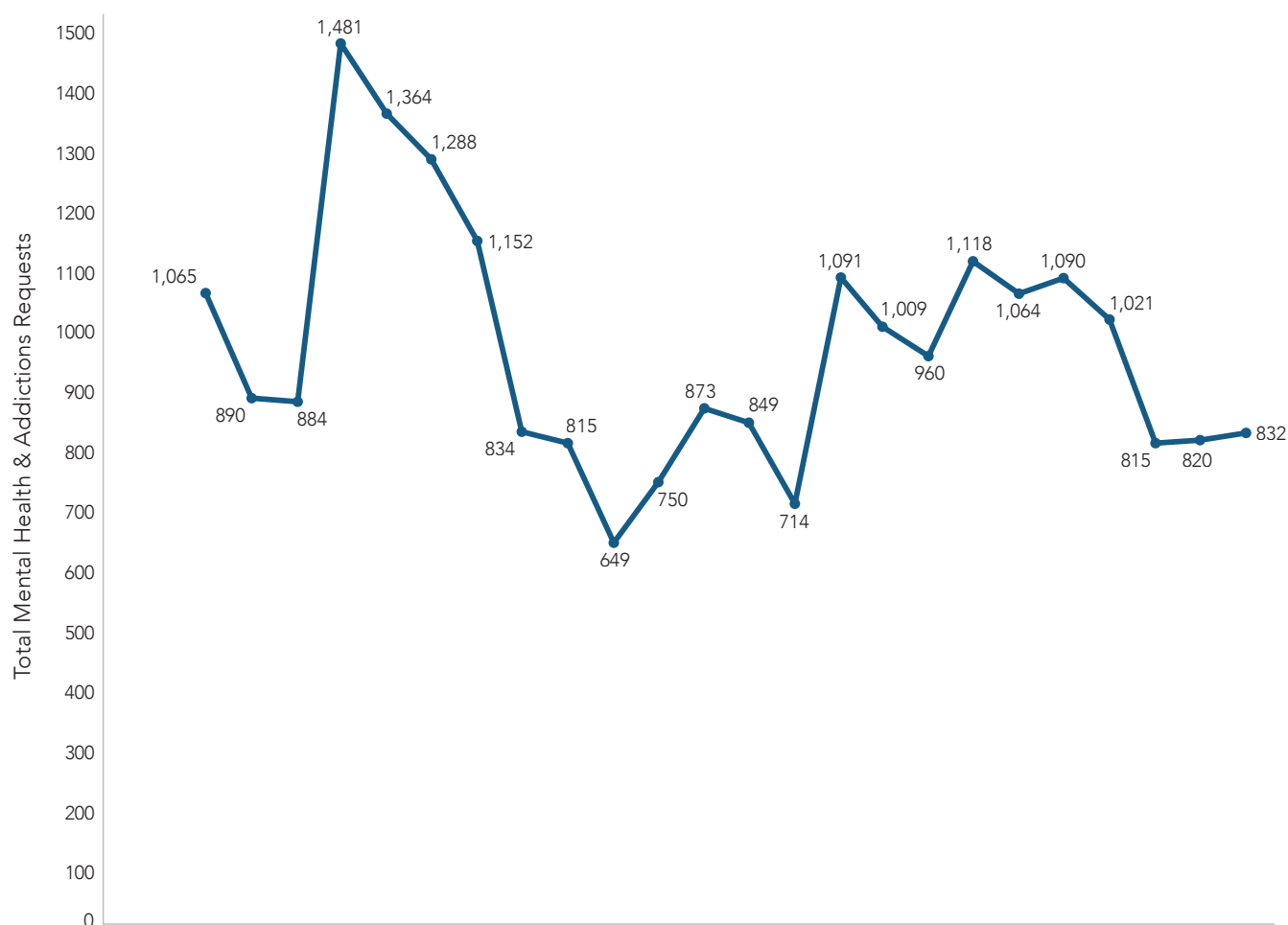
Figure 34: Percent of Population with a Depressive Disorder³⁵



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

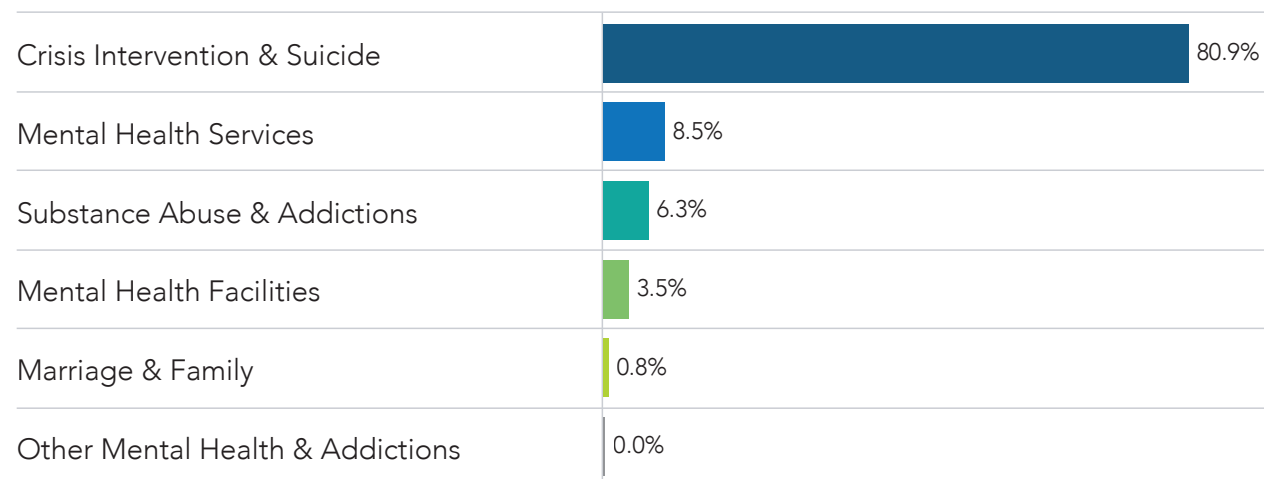
COVID-19 has increased the incidence of depression and anxiety across the globe. Looking at data from 211 Lifeline and 211 Counts, we can see the increase in calls related to mental health at the beginning of the pandemic and a high incidence for most of 2021. Figure 35 shows the trend for the Finger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

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



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

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



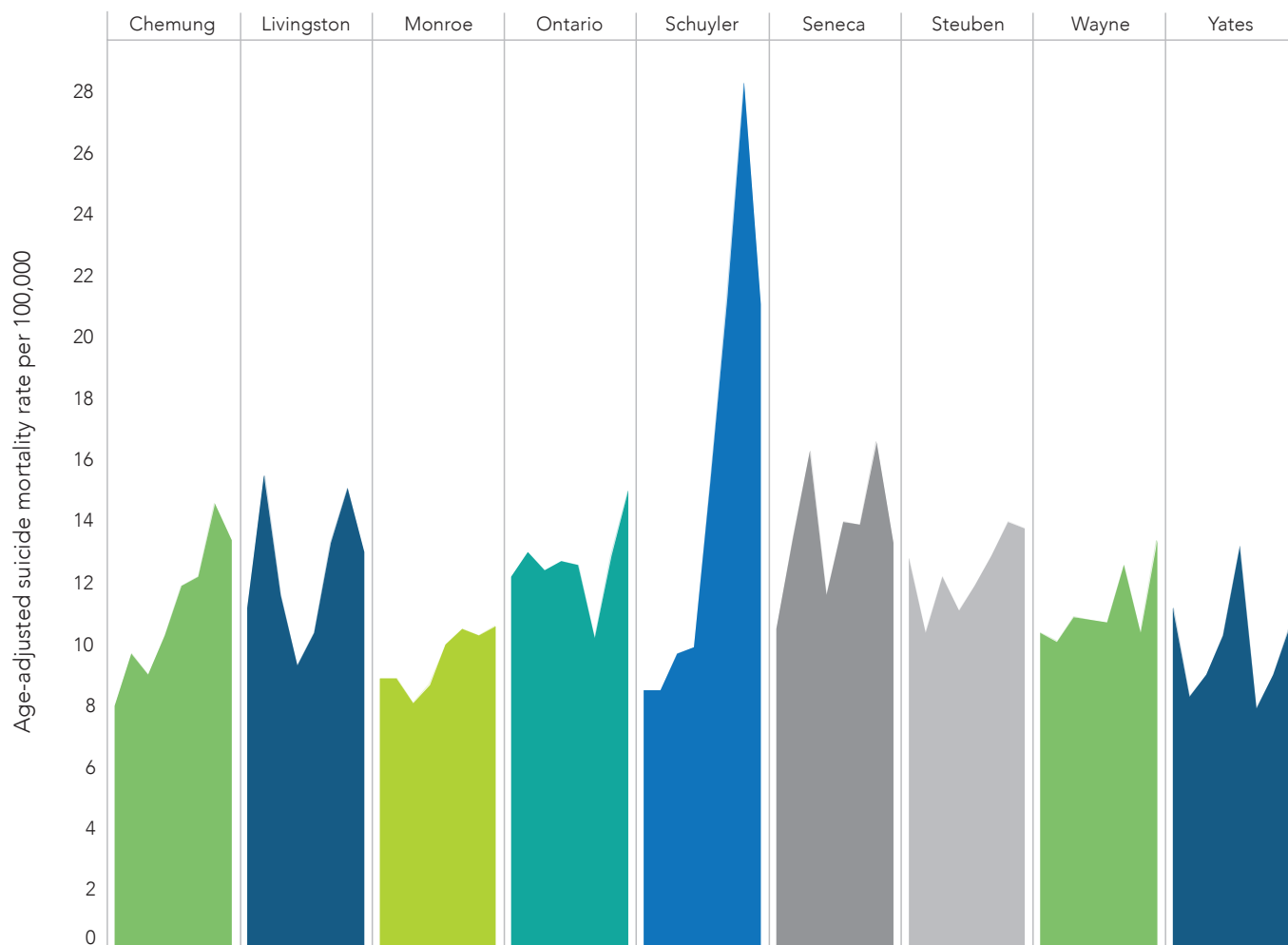
Data Source: 211 Lifeline, 211 Counts, December 2019 to November 2021



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

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

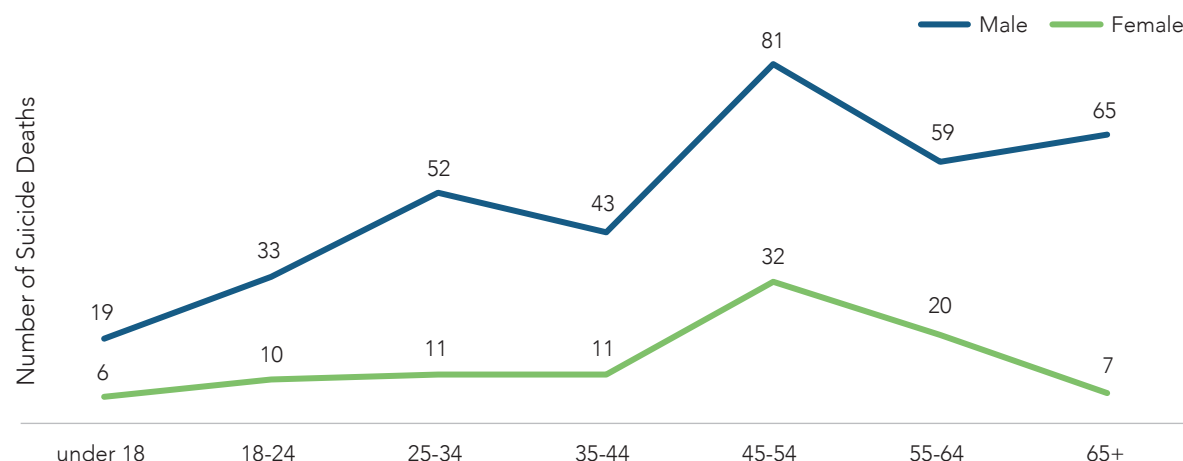
Figure 37: Age-Adjusted Suicide Death Rate per 100,000, 3-Year Moving Average



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

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

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



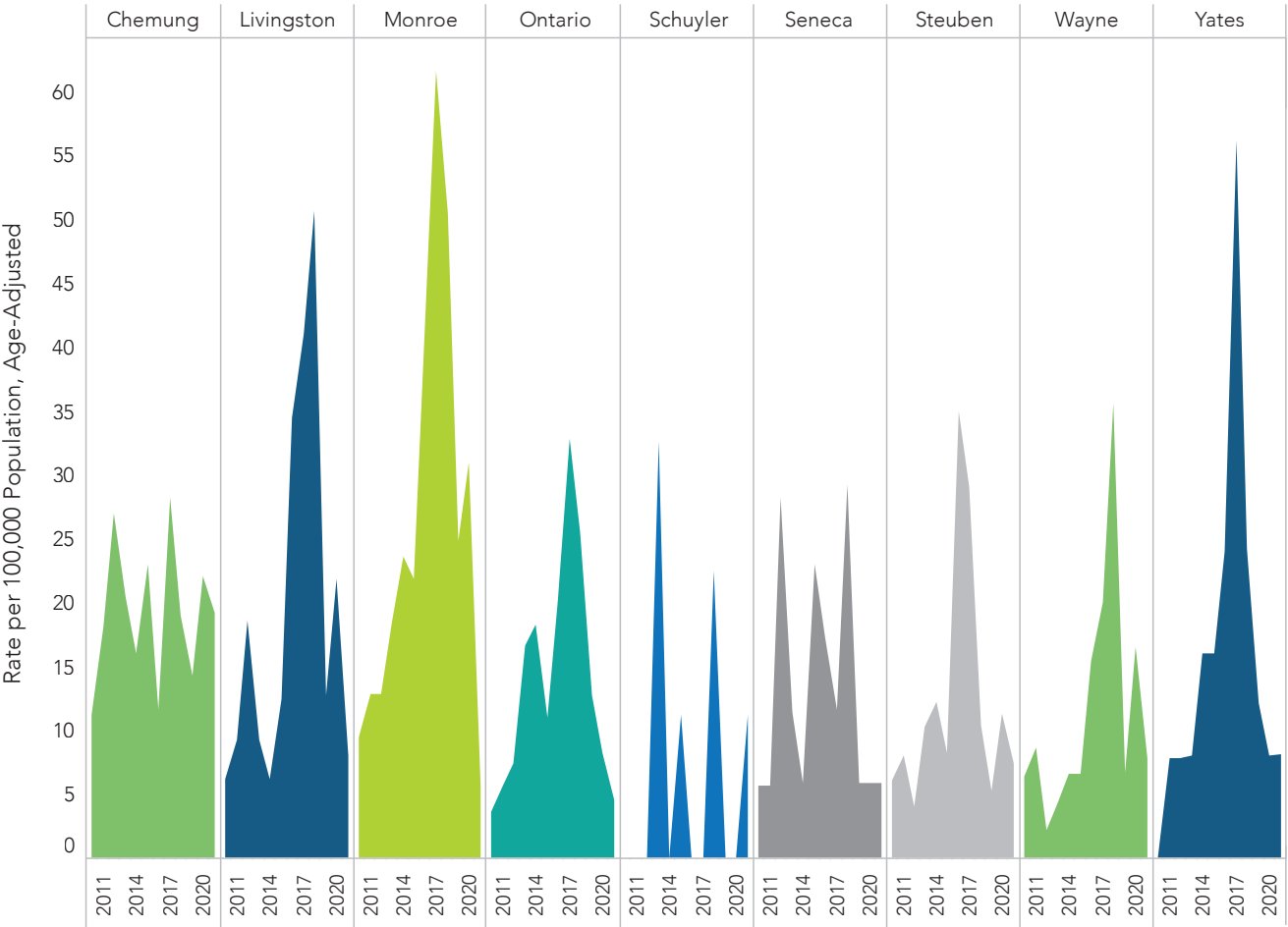
Source: NYSDOH Vital Statistics, 2013 - 2017



Substance Use Disorders

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

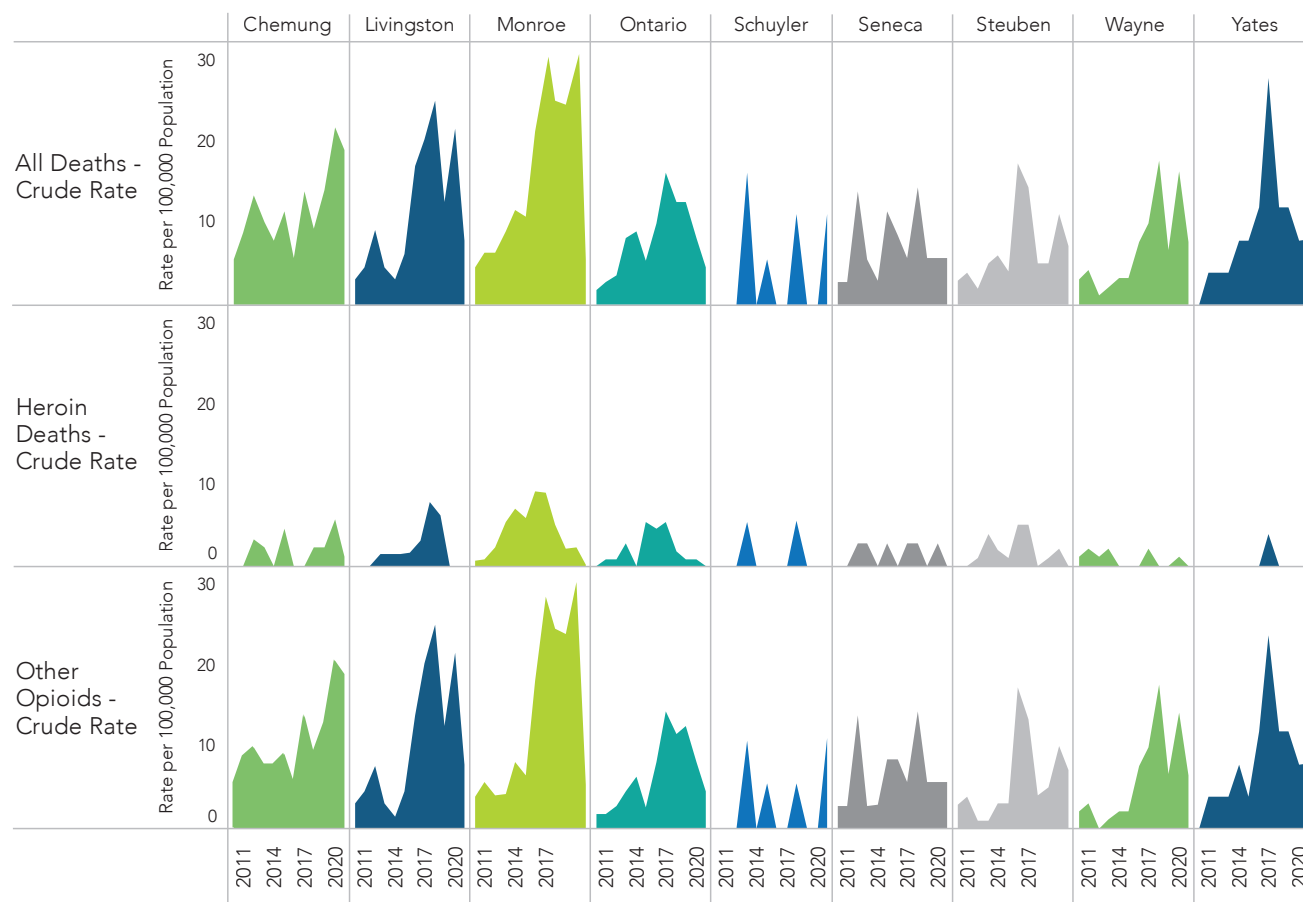
Figure 39: All Opioid Overdose Deaths: Age-Adjusted rate per 100,000



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

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

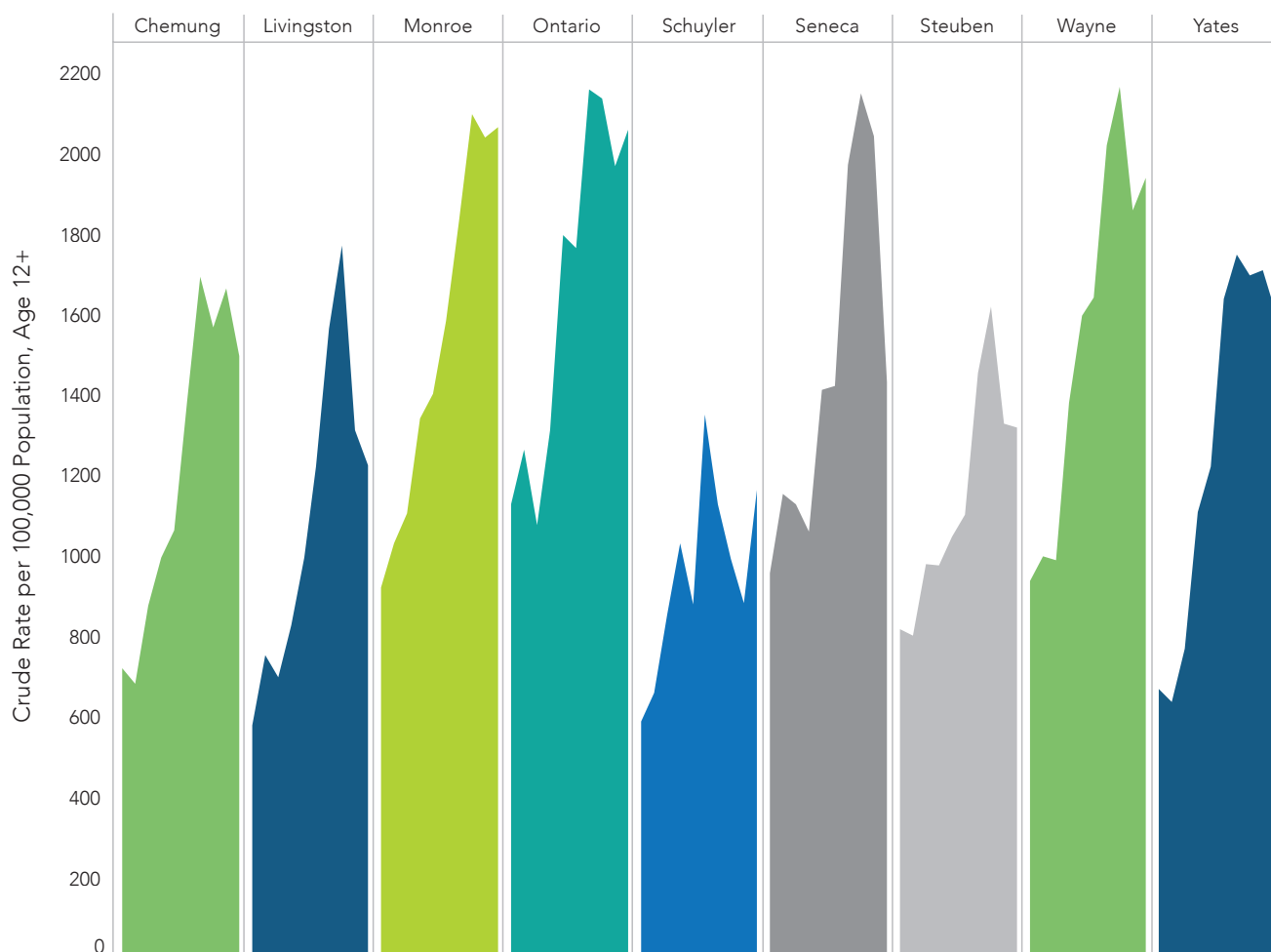
Figure 40: Opioid Overdose Death Comparison



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

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

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



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

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

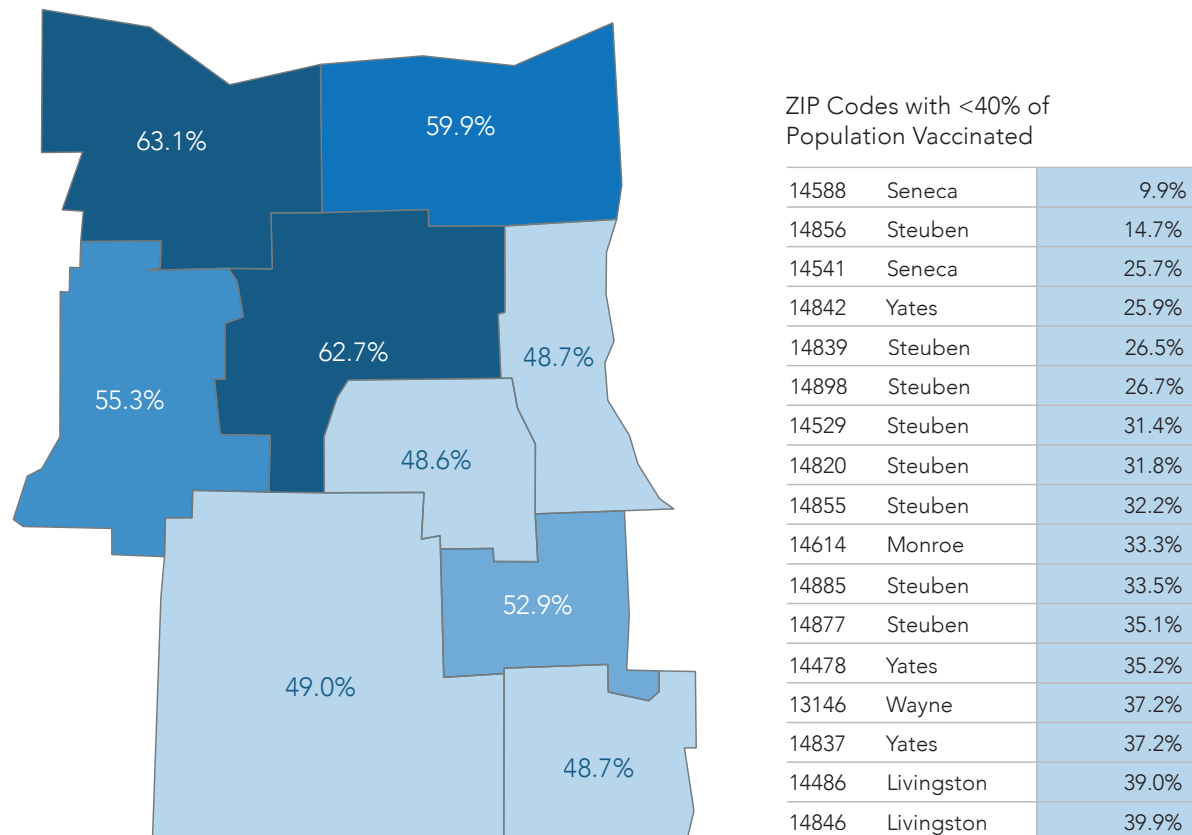
As with most measures reviewed in this assessment, COVID-19 had a negative impact on progress made in this area. Data from Monroe County shows a significant increase in overdose deaths in 2020, with 238 deaths, an all-time high and a 132% increase (181 to 238) from 2019. Along with this, another concerning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

PREVENT COMMUNICABLE DISEASES

COVID-19 Pandemic

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

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

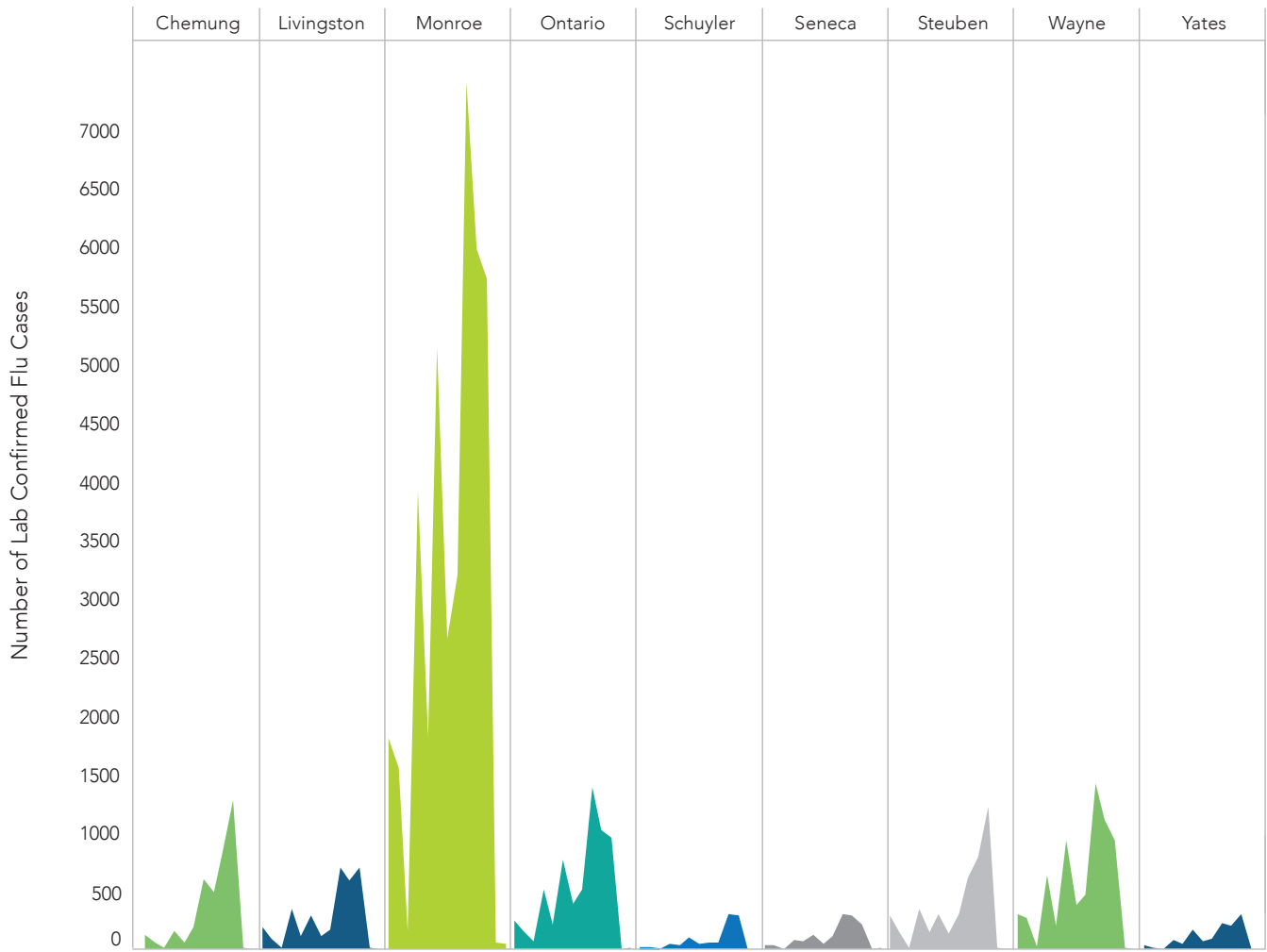


Data Source: NYS DOH, New York State Statewide COVID-19 Vaccination Data by County, 2021.11.08. Analysis Completed by Common Ground Health

Flu

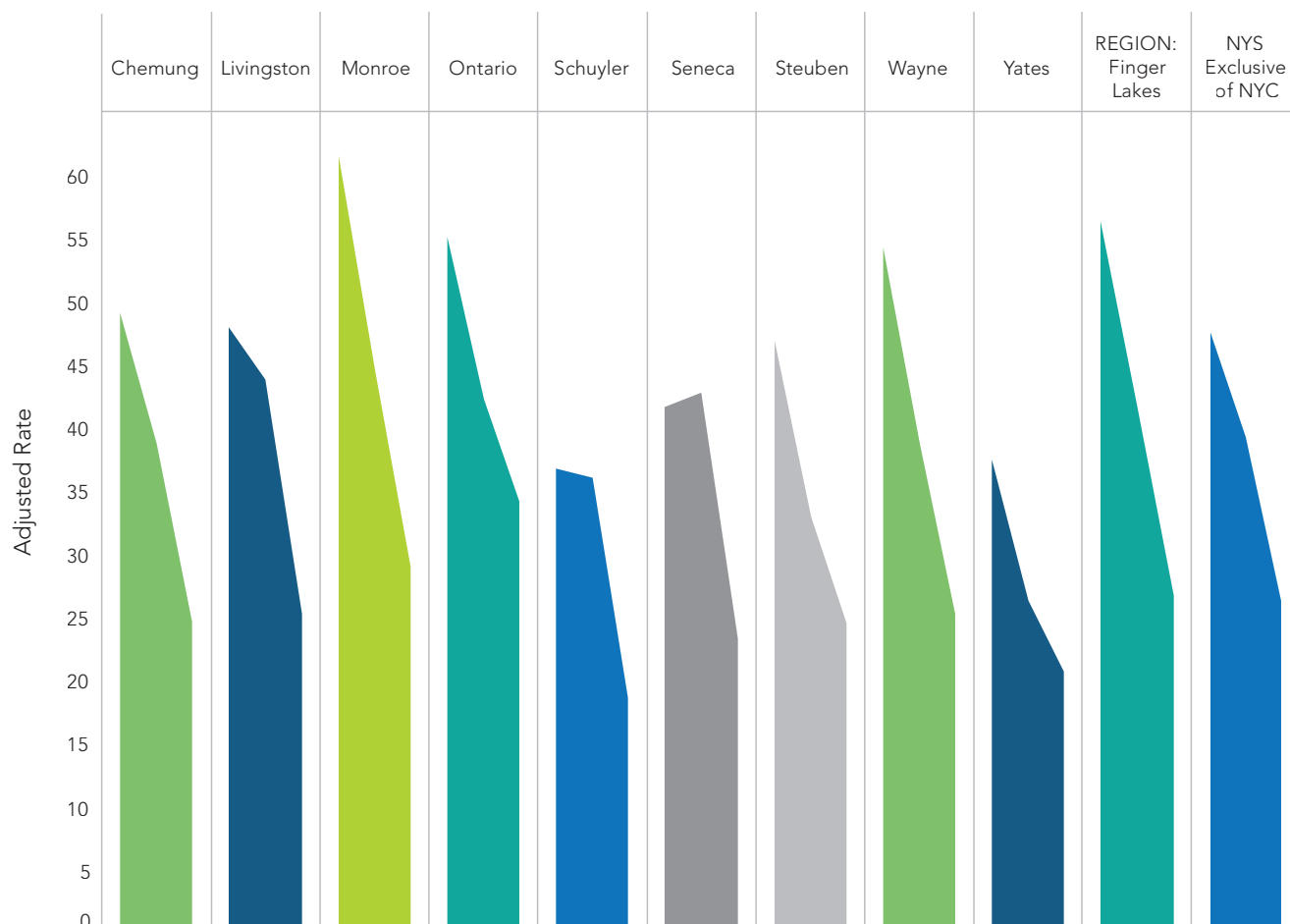
While COVID-19 has impacted our community in ways that were previously unimagined, another similar disease, the flu, saw a drastic decrease in 2020 and 2021 before increasing again in 2022. Many of the precautions that were put into place to limit the spread of COVID-19 (masking, social distancing, distance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

Figure 42: Lab Confirmed Flu Cases



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

Figure 43: Percent of Persons Reporting Receiving a Flu Shot



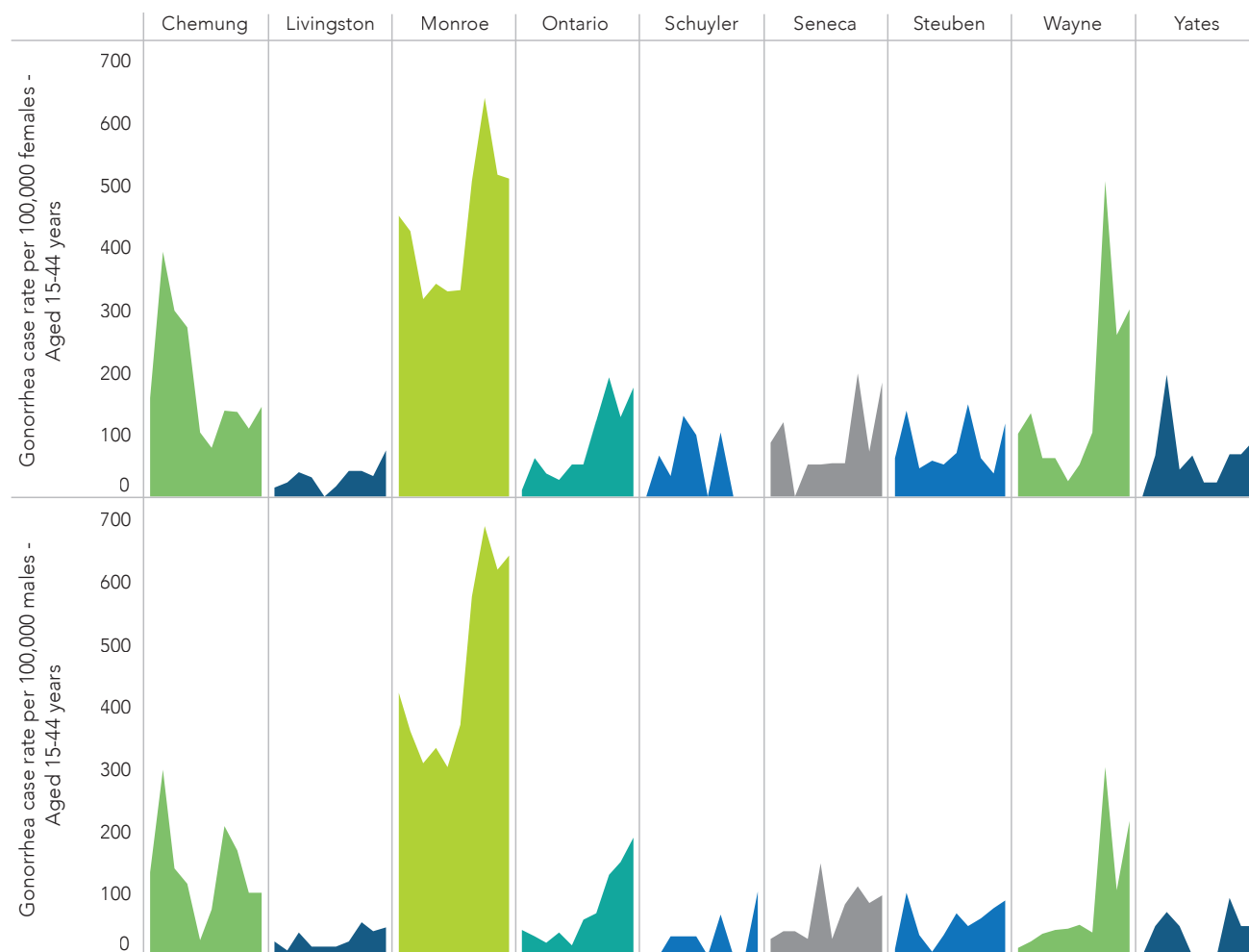
Data Source: Division of Chronic Disease and Injury Prevention, Bureau of Chronic Evaluation and Research, New York State Department of Health, Behavioral Risk Factor Surveillance System, Year 2013-2014, 2016, & 2018. Analysis Completed by Common Ground Health



Sexually Transmitted Infections

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

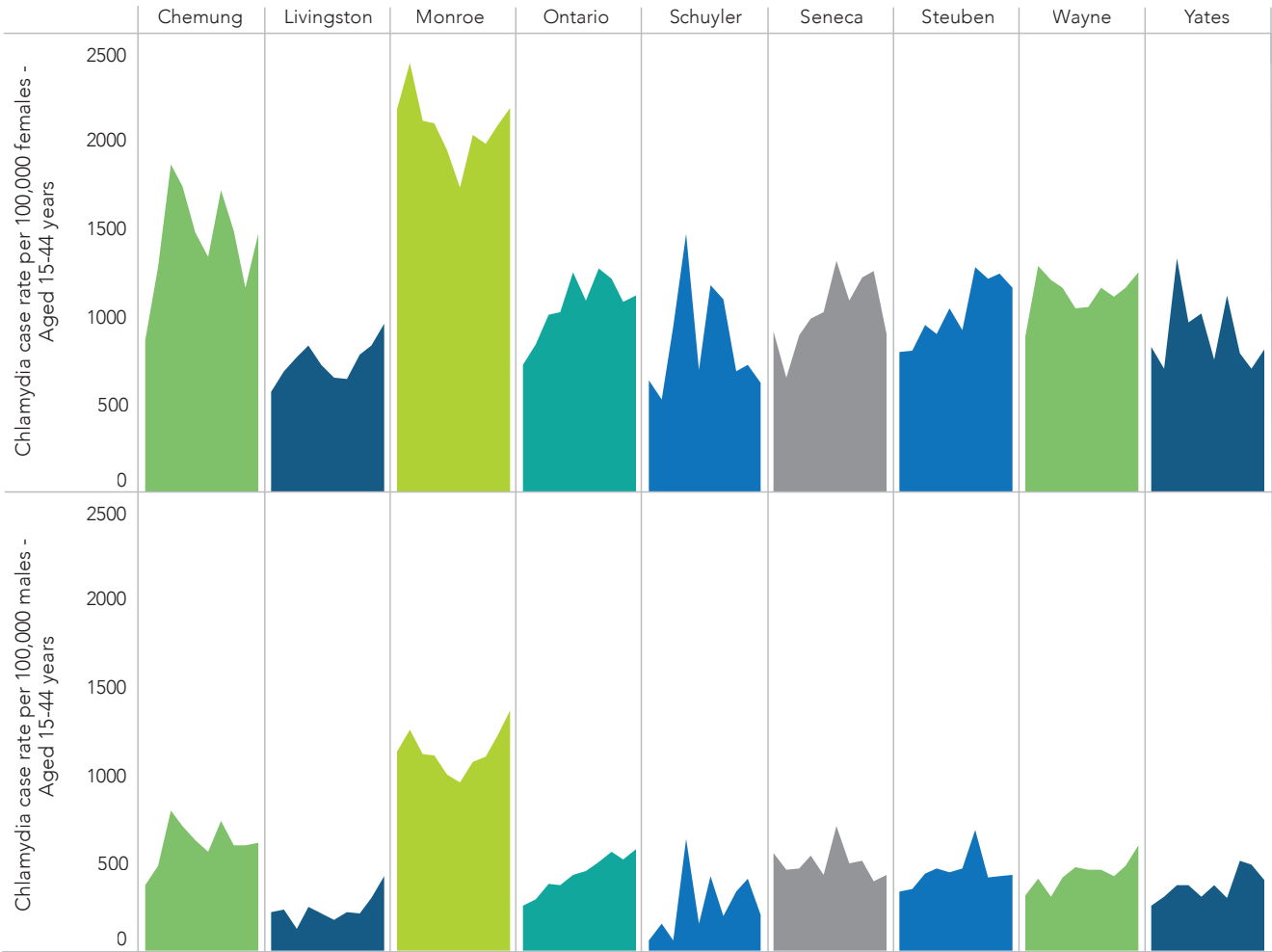
Figure 44: Gonorrhea Case Rate per 100,000 Female/Male Aged 15- 44



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

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

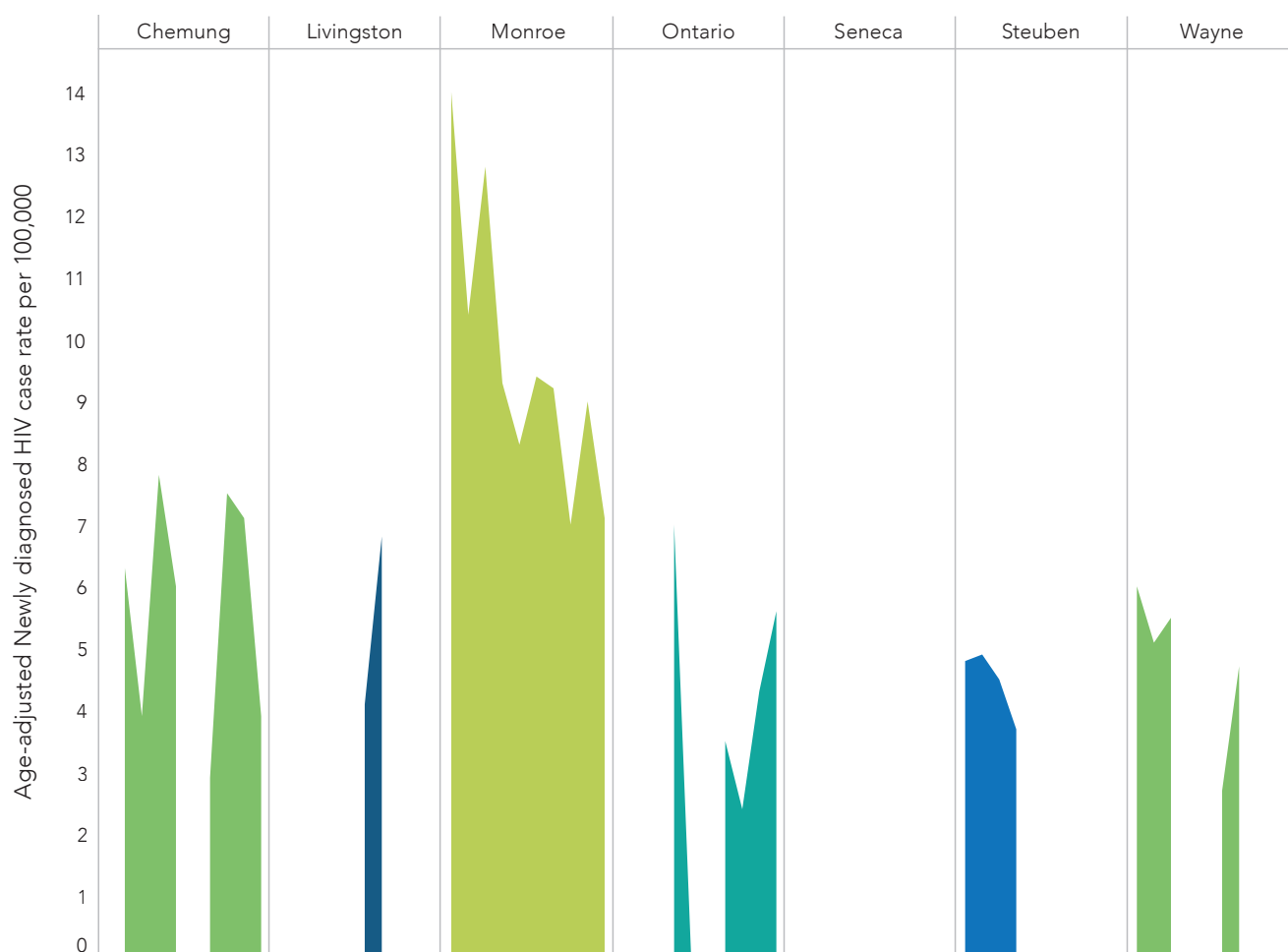
Figure 45: Chlamydia Case Rate per 100,000 Female/Male aged 15- 44



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

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

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



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

ONTARIO COUNTY

COUNTY NAME:	ONTARIO COUNTY
Participating local health department and contact information:	<p>Ontario County Public Health Mary Beer Public Health Director Mary.beer@ontariocountyny.gov 585-396-4343</p>
Participating Hospital/ Hospital System(s) and contact information:	<p>UR Medicine Thompson Health Amanda Reynolds Amanda_Reynolds@URMC.Rochester.edu 585-396-6589</p>
	<p>Rochester Regional Health Clifton Springs Community Hospital Maura Snyder Maura.Snyder@rochesterregional.org 315-462-9561</p>
	<p>Geneva General Hospital and Soldiers and Sailors Memorial Hospital (Finger Lakes Health) Lara Turbide Lara.turbide@flhealth.org 315-787-4053</p>
Name of entity completing assessment on behalf of participating counties/ hospitals:	<p>Common Ground Health Lucas Sienk Health Planning Research Analyst Lucas.sienk@commongroundhealth.org 585-224-3139</p>



INTRODUCTION

The Prevention Agenda is New York State's blueprint to help improve the health and well-being of its residents and promote health equity through state and local action. Every three years, New York State requests that local health departments and their local hospital systems work together to create a joint community health assessment and improvement plan using the Prevention Agenda guidelines. Local entities must choose two areas in which to focus community improvement efforts during the plan period. Local entities can choose from five priority areas:

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

Throughout the cycle, public health and hospital systems value the input and engagement of key partners and community members, who are critical to help determine which priorities are most important to the community members, and what actions ought to be taken to improve the population's health. The following report summarizes pertinent information relating to the above priority areas.

It is well known that residents live, work, and seek services beyond their county of residence. The health and well-being of residents in a neighboring county may impact the needs and services in other counties. In addition, collaborative practices such as shared messaging and lessons learned may help to expand reach and success of like-interventions. It is for this reason that the nine counties in the Finger Lakes Region have further collaborated to complete one comprehensive regional health assessment. Following the comprehensive assessment of the health of the entire region, this report contains a chapter specific to Ontario County. This focused chapter highlights specific needs, including additional demographic indicators, main health challenges and underlying behavioral, political, and built environmental factors contributing to the region's overall health status for residents located in the county.

EXECUTIVE SUMMARY

From March of 2020 to March of 2022, local health departments were enmeshed in COVID-19 mitigation to the exclusion of all other programming. This significantly impacted the department and its partners' ability to perform Community Health Improvement Plan (CHIP) activities, much less complete a CHA.

Nonetheless, Ontario County Public Health (OCPH) gathered stakeholders and with the help of Common Ground Health and Pivotal Public Health Partnership, completed a CHA. After applying Results Based Accountability to our findings, in collaboration with UR Medicine Thompson Health, Clifton Springs Hospital and Clinic, and Finger Lakes Health, priority areas were chosen, and the 2022-2024 Community Health Improvement Plan was created. Chosen foci and disparity are noted in Table O1.

Table O1: Priorities Chosen using Results Based Accountability

PRIORITY AREAS & DISPARITY	
Prevent Chronic Disease	
Overarching Goal	Reduce obesity and the risk of chronic disease
Focus Area 1	Healthy eating and food security
Objective 1.2	Decrease the percentage of children with obesity
Disparity	Low socioeconomic population
Promote Well-Being and Prevent Mental and Substance Use Disorders	
Focus Area 2	Prevent mental and substance use disorders
Goal 2.4	Reduce the prevalence of major depressive disorders
Objective 2.42	Reduce the past-year prevalence of major depressive episodes among adolescents aged 12-17 years.
Disparity	Low socioeconomic population

CHA and CHIP Development Process

The Ontario County Health Collaborative (OCHC), a group of diverse partners who span all sectors of the community, participated in the prioritization process and disparity and intervention identification. While a complete list of partners is available within the Ontario County Chapter under Community Health Improvement Plan/Community Service Plan, partners represented academia, not-for-profits and community organizations, businesses, the public, and local government. They included the Ontario County Public Health Department, UR Medicine Thompson Health, Rochester Regional Health/Clifton Springs Community Hospital, Finger Lakes Health/Geneva General Hospital, the Partnership for Ontario County, and Ontario County Mental Health.

Partners' roles in the assessment were to review findings, use their expertise to provide anecdotal data (due to pandemic-related data gaps), and collaboratively select priority areas, objectives, interventions, and measurement parameters for the 2022-2024 CHIP. Members were asked to consult with other stakeholders at their organizations for additional input. Common Ground Health obtained, compiled, and provided regional and Ontario County specific data at OCHC meetings in 2022. A matrixed, online survey was used to help the group discern the magnitude of the problem identified by each priority area, its impact on other health outcomes, the impact of social determinants of health, and the capacity of partners to work on identified priorities. Results of the survey were reviewed, and the group found consensus, as noted in Table O1. At subsequent meetings, Common Ground Health shared data targeted to chosen Focus Areas. This informed the group's choice of goals, objectives, and interventions. The complete list of interventions and process measures is available in the CHIP Appendix.

Data sources included, but were not limited to, the US Census Bureau American Community Survey, the enhanced Behavioral Risk Factor Surveillance System, Vital Statistics, communicable disease and dental reports, data collected from Pivotal Public Health Partnership (formerly known as S2AY Rural Health Network), Common Ground Health's 2018 My Health Story, 211 Lifeline, and the Statewide Planning and Research Cooperative System (SPARCS). Additionally, a focus group of mental health professionals met twice in the summer of 2022 and provided observations, expertise, and anecdotal evidence of the effect of the COVID-19 pandemic on the mental health of children and adults in Ontario County and the Finger Lakes Region.

The pandemic necessitated a curtailed community health assessment. Public Health spearheads CHA/CHIP/CSP development, and local health department employees and leadership were otherwise engaged during the months when this process should have started. A full community-based survey could not be completed. The Ontario County community had previously weighed in via Common Ground Health's 2018 My Health Story survey. At this writing, the 2022 My Health Survey is circulating in the community. It will provide additional insight into residents' opinions and experiences related to their health. This information will be analyzed and will inform potential additions to Ontario County's CHIP in 2023.

The Ontario County Health Collaborative (OCHC), outside of CHA/CHIP development, meets monthly and will oversee progress on the Community Health Improvement Plan. Partners will provide quarterly updates about interventions, and Public Health will monitor process measures and outcomes and share quarterly reports with group members. OCHC partners will address the need for mid-course corrections or changes in processes. Every quarter, mental health providers will meet with Public Health and hospital system partners in lieu of the regularly scheduled health collaborative meeting to review mental health CHIP/CSP interventions and process measures.



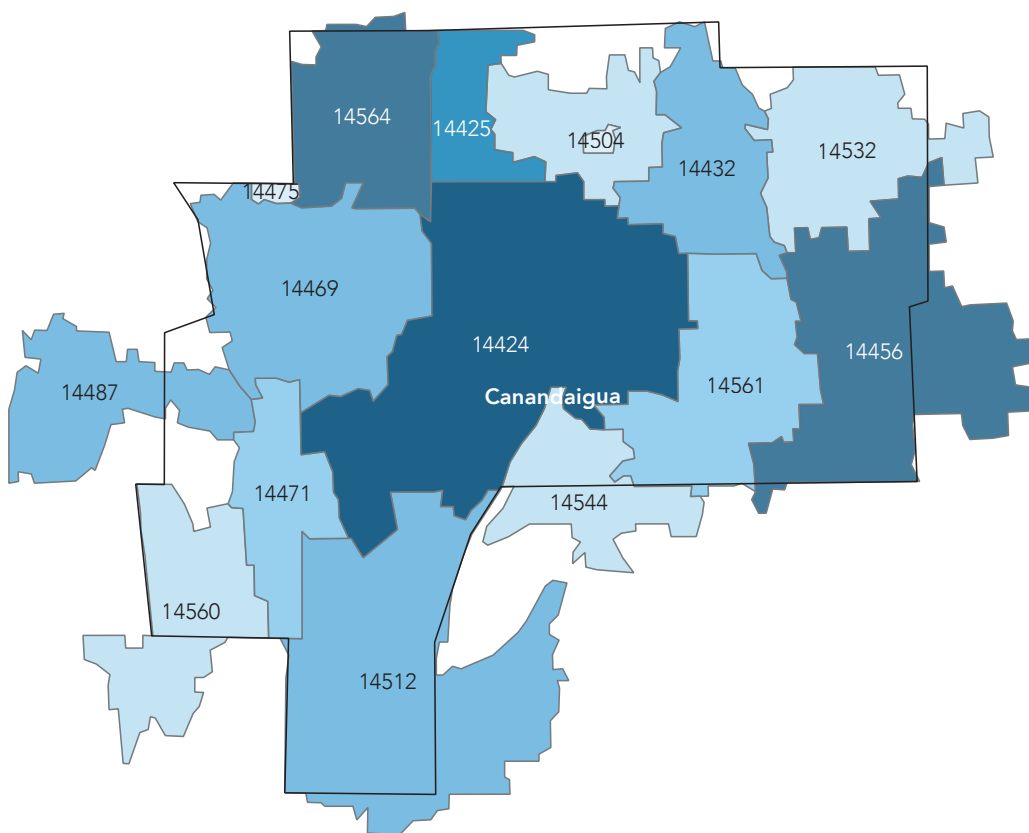
COUNTY CHAPTER – ONTARIO COUNTY

Demographic and Socioeconomic Health Indicators

Ontario County is located eight miles from the city of Rochester in the Finger Lakes region of New York. The county includes two cities, 16 towns, nine villages, two colleges and nine school districts. The cities of Canandaigua (the county seat) and Geneva are located at the northern ends of Canandaigua and Seneca Lakes, respectively, and contain approximately 21% of the county's population. Honeoye and Canadice Lakes are in Ontario County, while Hemlock Lake forms a part of the county's western border. Ontario is 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 County is home to 109,774 people¹ Canandaigua, Geneva, Victor, and Farmington are the most populous ZIP codes. All other ZIP codes in the county had populations of 6,000 or less residents. Map O2 shows the population distribution by ZIP code in Ontario County.

Map O2: Population by ZIP Code in Ontario County



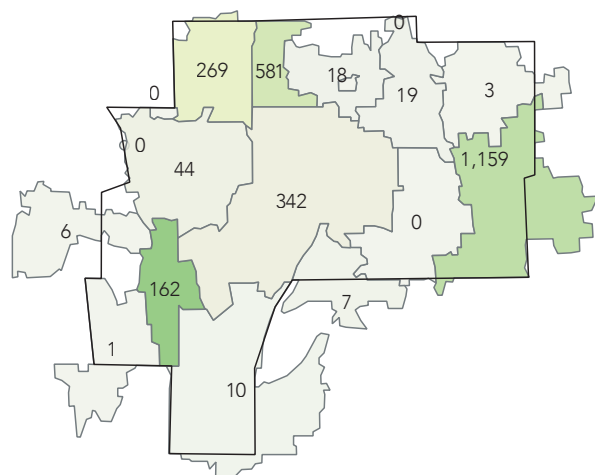
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28,597

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

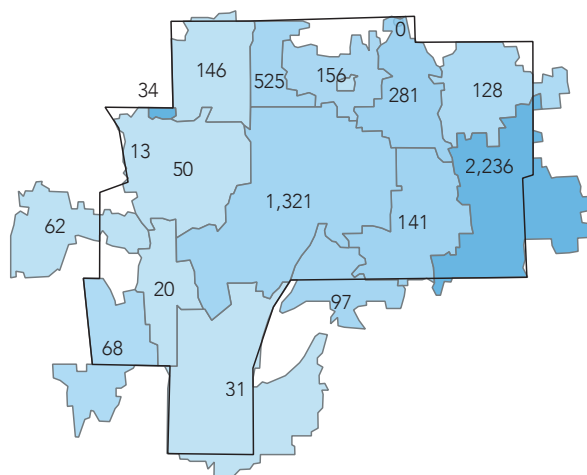
Most residents in Ontario County are White Non-Hispanic (93%) followed by Hispanic (5%), African American (3%), Two or More Races (3%), Some Other Race (2%) and Asian (1%). The White, Black, Asian, and Hispanic populations in Ontario County have been stable over the past decade.

Map O3: Ontario County Black Non-Hispanic by ZIP Code (Percent of Population and Count)



0.00 6.80

Map O4: Ontario County Hispanic Population by ZIP Code (Percent of Population and Count)



0.00 26.00

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

In addition to more typical minority populations, Ontario County is home to a growing Mennonite enclave. In recent years, many traditional, multigenerational farms have been sold to Mennonite families. It is difficult to ascertain the number of Mennonites in the county, but observationally, the population has increased significantly in the last twenty years. It's not unusual to see horse-drawn buggies on busy roadways and community members in retail outlets (identifiable by attire). Mennonite owned produce and dry good stores are commonplace across the county. There are five Mennonite schools in Ontario County, which conclude at grade eight. Teachers are often young, unmarried women with no formal training. The health department reviews school vaccine coverage and has fostered relationships with church leaders and families. Many Mennonite children receive vaccines at the health department, and health educators have been invited in to teach first aid and CPR to students. These relationships are essential as this population will undoubtedly continue to grow.

Farming requires farm workers. Ontario County attracts migrant farm workers who travel from community to community for planting and harvesting. The county is fortunate to have a Federally Qualified Healthcare Center (FQHC) with an active migrant health program. Dedicated, bilingual staff serve clients at farms and at a modern facility in Geneva.

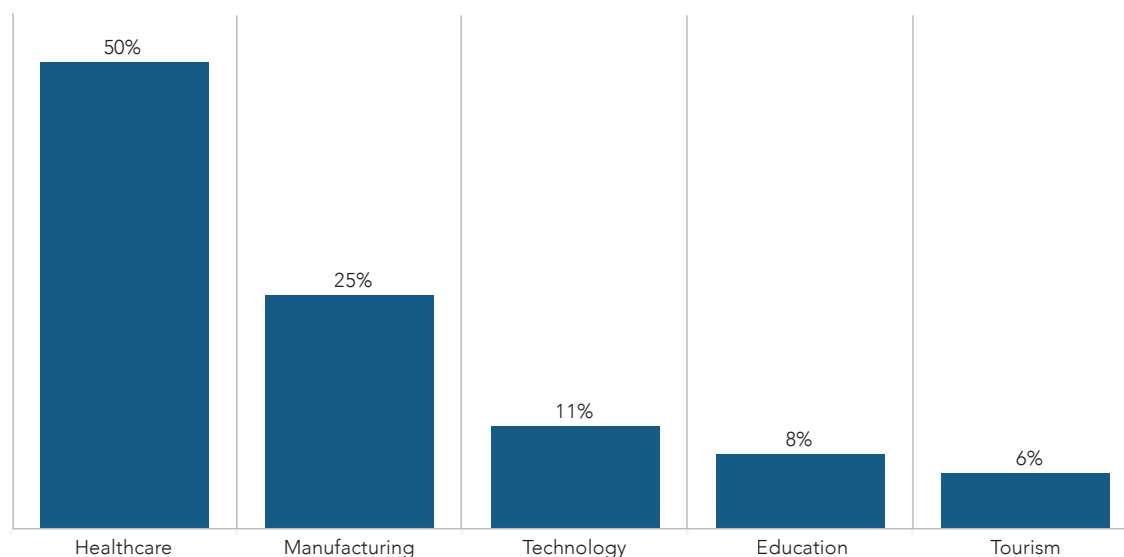
Though considered rural, Ontario is the most urbanized of the counties in the Finger Lakes Region (not including Monroe). It is home to many lakes, farms, breweries, vineyards, tourist businesses, and vacation properties. The New York State Thruway travels through the northern part of the county east to west, with routes 96 and 5 and 20 running roughly parallel a few miles south. Major roadways are well maintained and well-traveled. They provide ready access to jobs and services in neighboring communities and ease of travel for tourists, of which there are many.

Unlike other Finger Lakes counties, it is predicted Ontario County's population will grow by 3% over the next two decades. The Towns of Victor and Farmington on the northeast edge of the county continue to experience rapid growth as farmland is bought up by developers and converted into businesses and housing. Additionally, there has been an influx of individuals who work in Rochester (Monroe County) but prefer to live in a more rural area.

According to the US Census, "in less than two decades, the graying of America will be inescapable: Older adults are projected to outnumber kids for the first time in U.S. history."² Projections indicate that by the year 2035, there will be a larger population of older adults (age 65 and over) than children (under 18). Since 2017, the number of older adults in Ontario County has increased by about 2,000 while the number of children has decreased by about 500.³ Seniors are evenly distributed across the county, with a slightly higher concentration in the Canandaigua area where there are numerous living facilities for older adults.

The Ontario County Department of Economic Development reports that dairy farms, vineyards, orchards, and field crops cover approximately 40% of county land. The top ten employers encompass healthcare, technology, manufacturing, education, and tourism. Figure O5 shows the percentage of Ontario County residents employed by the top 5 employment sectors.

Figure O5: Employment by Sector in Ontario County



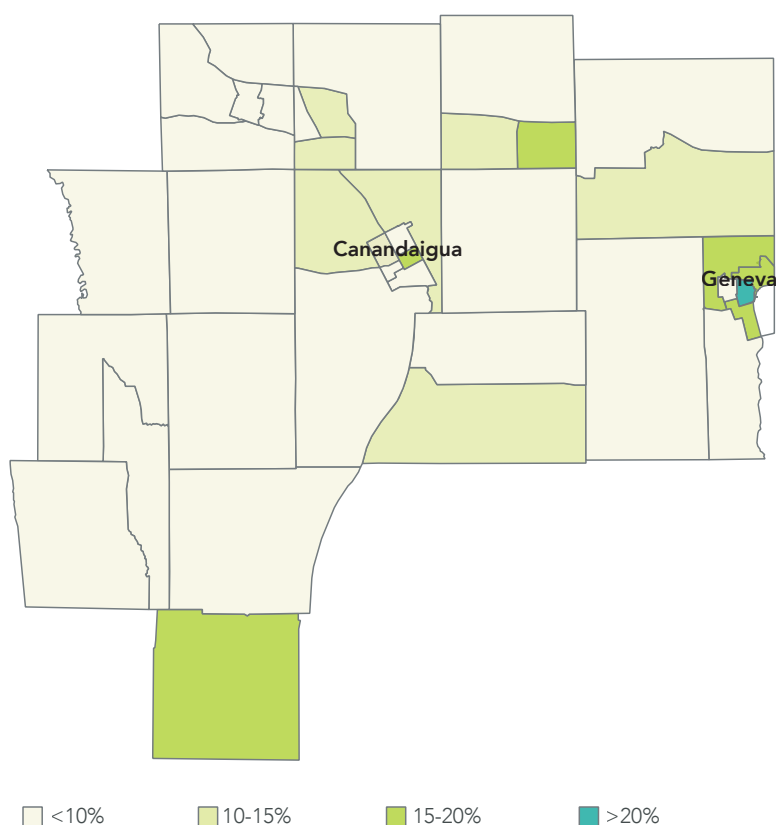
Source: Ontario County Economic Development, 2021 Analysis Completed by Common Ground Health

Social Determinants of Health

Social determinants of health are conditions in which people live, work and play that impact their overall health and well-being. This may include population dynamics, the natural and built environment, poverty, and more. These determinants were reviewed and considered as part of the prioritization process and are summarized below:

In 2020, 9% of Ontario County residents were living in poverty, the lowest county number in the region while being the 2nd largest county by population. While the rates are low for the entire county, there are some pockets of higher poverty, most notably within the ZIP code/census tracts on the eastern edge of the county (Geneva). In addition to place-based differences, there is a large disparity in poverty rates among those who did not graduate high school (22% impoverished) and those who graduated and/or have received higher education (3% impoverished). Map O6 shows the distribution of poverty in Ontario County by census tract. Poverty is concentrated within the City of Geneva with most of the tracts having poverty rates of 15% or higher. It also encompasses the only tract in the county with a poverty rate greater than 20%.

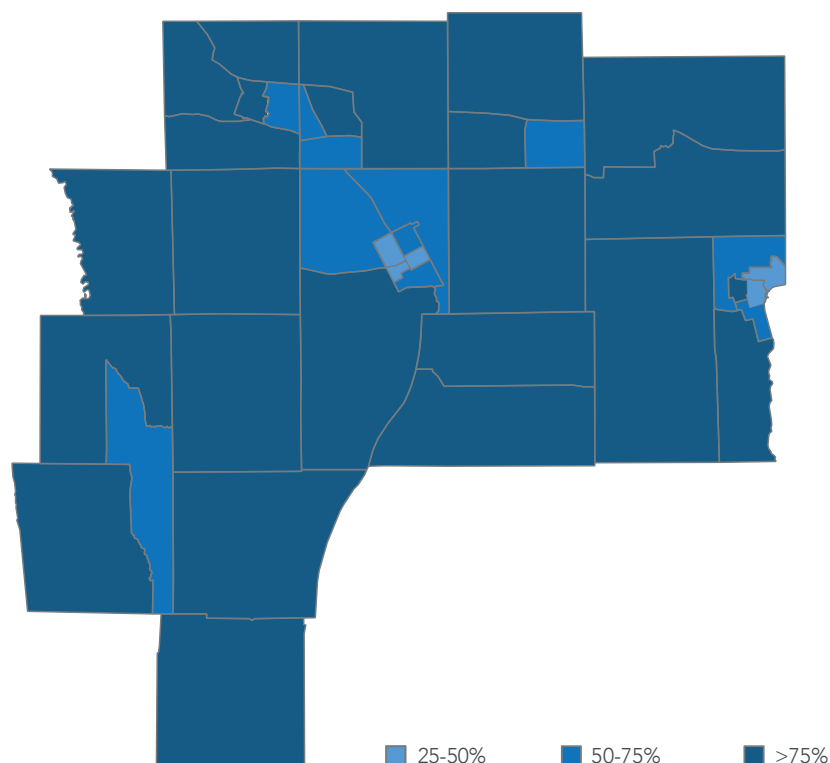
Map O6: Poverty by Census Tract



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

Related to poverty, another important factor the health of residents is their housing. Map O7 shows the distribution of owner-occupied residences in Ontario County. Home ownership is high in Ontario County, with 73% of residents owning their homes. Only 5 tracts (3 in Canandaigua and 2 in Geneva) have ownership rates lower than 50%.

Map O7: Owner Occupied Residents by Tract (Percent of Housing Units)



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

From 2011 to 2020, the median value of a home in Ontario County has risen ~22% from \$134,000 to \$163,000. Along with that, the cost of housing has gone up significantly since the beginning of the pandemic, with the median price for an American home up nearly 20 percent in a year.⁴

Poverty impacts housing, and both housing and poverty impact health. Though the county has many beautiful, expensive homes, it lacks affordable housing for residents at socioeconomic disadvantage. Median values are inflated by expensive new builds, multimillion dollar lake properties, and lack of inclusion of rental housing in the US Census Bureau data regarding this indicator. Old, poorly maintained rentals and a handful of apartment complexes remain the only options for many young, working families and residents on fixed or otherwise limited incomes.

According to the Census Bureau, there has been a decline in the percentage of families that pay 35% or more of their gross income on housing. However, individuals who rent are twice as likely to spend more than or equal to 35% of their earnings on housing than those who own (35% versus 15%). Unfortunately, the recent spike in home values and assessments has driven landlords to raise rents significantly on very short notice. A concerning observation reported by Ontario County Department of Social Services/Emergency Housing Unit, is a rise in homelessness among families.

Educational attainment affects the socioeconomic status of Ontario County's residents, and socioeconomic status affects educational opportunities. The number of individuals over the age of 25 who have a high school diploma or GED in Ontario County has been stable since 2015. The county enjoys an almost 90% mean high school graduation rate. The rate of residents attaining bachelor's degrees, though stable since 2015, varies significantly by ZIP code. Sixty percent of residents in Victor ZIP codes have earned a bachelor's degree, while only 15 percent have in ZIP codes in Farmington, Manchester, and Gorham.

Tied to educational attainment and employment is health insurance coverage. In Ontario County, more than 95% of the population has insurance coverage. For most demographic factors available from the Census Bureau (age, sex, educational attainment), the 95% coverage rate holds. Disparity exists among foreign-born residents and minority groups with rates of coverage between 85-95%. As members of the growing Mennonite community seldom purchase health insurance, in the future, coverage rates in the county may decline.

Main Health Challenges

The novel coronavirus was the main health challenge of the last two years. To pretend otherwise would be unwise. Pandemic mitigation has affected the ability of the health department to assess the community in full. Prevention Agenda data is outdated, with some datasets covering years prior to the last CHA/CHIP cycle. Little local data is available except for that data related to COVID-19.

What we do know is that the pandemic has affected residents' physical and mental health and access to preventive services. It has increased unemployment, decreased food security, and exacerbated lack of trust in the government, including Public Health. The healthcare community is understaffed, many medical providers are burnt out, and one in three public health workers are considering leaving their organization in the next year.⁵

The public seems to be ready to move on, but local public health workers do not have that luxury. They are providing core public health programs, trying to maintain and hire staff, working to recoup funds expended on COVID mitigation, while planning and staffing mass vaccination clinics.

This is the backdrop of our CHA.

Throughout the winter and spring of 2022, members of the Ontario County Health Collaborative (OCHC) met monthly. Partners included the county's three hospital systems, community-based organizations, clergy, community members, a college, and a Federally Qualified Healthcare Center. Representatives from Ontario County Public Health, the Pivotal Public Health Partnership (previously the S2AY Rural Health Network) and Common Ground Health walked partners through the NY State Prevention Agenda Dashboard, reviewing Action Plans, Focus Areas, Goals, and potential interventions. Primary and secondary qualitative and quantitative data were presented, discussed, and analyzed.

Data were collected from a variety of sources in an effort to identify Ontario County's main health challenges. These included the American Community Survey, the Enhanced Behavioral Risk Factor Surveillance System (BRFSS), Vital Statistics, NYS Communicable Disease Electronic Surveillance System, Pivotal Public Health Partnership, the NYS Department of Education, the US Census, 2-1-1 Lifeline, the Ontario County Community Survey and Risk and Protective Factor Survey and Common Ground Health's My Health Story Survey, 2018.

In 2018, My Health Story Survey was administered in Ontario County. Its purpose was to gather primary qualitative and quantitative data from residents about health attitudes, behaviors, and challenges. OCPH and community partners ensured this survey reached all corners of the county, including historically disparate populations. The survey was updated during the spring and summer of 2022 and began to be circulated in early August. Though too late to apply to this CHA, findings will be shared with stakeholders this fall and winter and will inform Ontario County's CHIP/CSP activities moving forward.

After review and analysis of available data and discussion of social determinants of health, a matrixed survey was used to prompt group members to consider and rate the significance of identified health indicators and the feasibility of addressing them collaboratively. Results of the survey pointed group members to the NYS Prevention Agenda's action plans for Preventing Chronic Diseases and Promoting Well-Being and Preventing Mental and Substance Use Disorders. A targeted review of county-specific data related to these two areas ensued as did discussion about the effects of the pandemic on food security, physical activity, employment, chronic disease, and mental health (See Appendix 3 for more info on this process).

Partners ultimately chose to collaborate on the NYS Prevention Agenda's (PA) Prevent Chronic Disease Action Plan, Focus Area 1, Healthy Eating and Food Security with the overarching goal of reducing obesity and the risk of chronic disease. They agreed it was feasible to target efforts on Objective 1.2, Decrease the Percentage of Children with Obesity among Public School Students, by providing school and daycare-based education about healthy eating and physical activity. Though mental health and substance use disorders were identified as areas of immediate concern, data concerning the impact of COVID-19 pandemic was lacking. In May of 2022, Public Health enlisted the assistance of Ontario County's Director of Mental Health in gathering mental health and substance use prevention providers together to discuss the impact of the COVID-19 pandemic on behavioral health.

This served as a focus group by proxy, as well as a work group to select goals and interventions around the NY State PA's priority of Preventing Mental and Substance Use Disorders. The group met in June and July and through discussion and review of a root cause analysis, chose Goal 2.4, Objective 4.4.2, Reduce the Past-year Prevalence of Major Depressive Episodes among Adolescents aged 12-17-years. This group will continue to meet quarterly to report progress and share outcomes.

Looking upstream and choosing to work with school-aged children in both of our chosen focus areas is intentional. Historically it has been difficult to engage schools in CHIP/CSP interventions. The COVID-19 pandemic solidified relationships and built trust and respect between schools and the health department. Maintaining this relationship will be invaluable to Ontario County Public Health and its partners.

As a result, the following areas were selected for the 2022-2024 Community Health Improvement Plan:

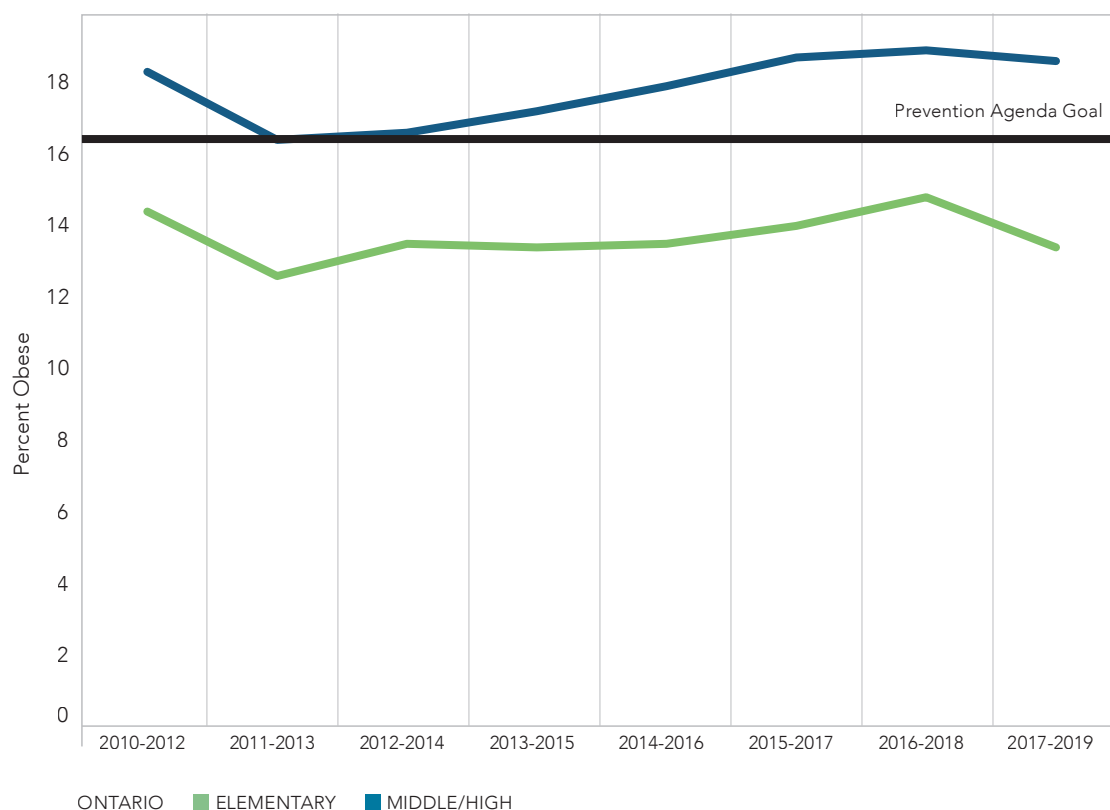
Priority Area:	Prevent Chronic Diseases
	Focus Area: Healthy Eating and Food Security
Priority Area:	Promote Well-Being and Prevent Mental and Substance Use Disorders
	Focus Area: Mental Health & Substance Use Disorders Prevention
Disparity:	Low Income/SES

Risk and Protective Factors Contributing to Main Health Challenges

Healthy Eating and Food Security

Substandard nutrition is directly related to the development and progression of chronic diseases. There are many behavioral and environmental risk factors that affect healthy eating and food security. One way to assess the nutritional health of a community is by exploring obesity rates of children via the Student Weight Status Category Reporting System. Though percentages of obese and overweight children have been stable for the last twenty years, older students are more likely to be classified as overweight or obese than younger counterparts. Figure O8 shows the percentage of students with obesity in Ontario County schools by grade level (Elementary vs. Middle/High School).

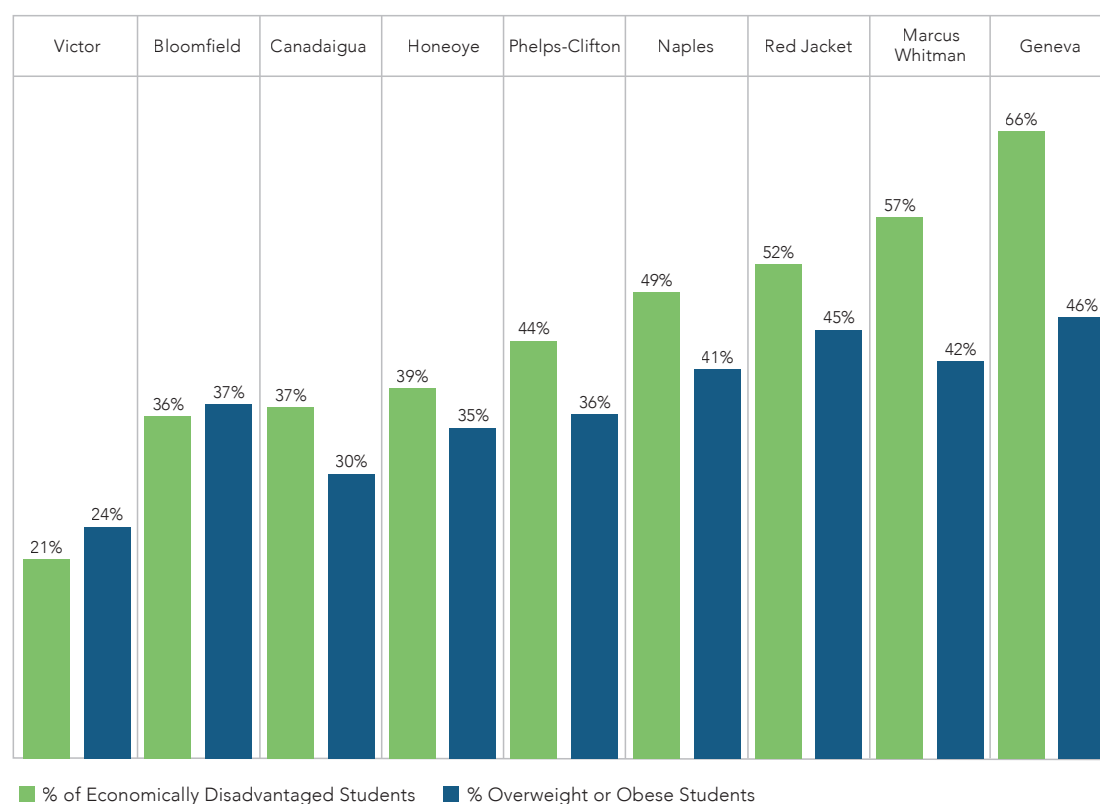
Figure O8: Percent of Students with Obesity in Ontario County Schools



Data Source: NYS DOH, Health Data Connector, 2010 – 2019
Analysis Completed by Common Ground Health

Upon further analysis, it is obvious that children in some school districts are heavier than others. In Ontario County, there are higher percentages of obese and overweight middle and high school students in districts with higher percentages of children at economic disadvantage (see Figure O9). The difference between the most affluent community and least is remarkable (24% for the former; 46% the latter). This inequity leaves these children at risk for the development of chronic diseases. Additionally, obesity is often an indicator of lack of access to healthy foods (food insecurity). Food insecurity may adversely affect a child's growth and development and general health. It may increase asthma risk and contribute to behavioral problems at home and school. When looking at the correlation between overweight/obesity and economic disadvantage at the elementary level, there does not appear to be the same correlation as with the older students (Figure O10).

Figure O9: % Overweight/Obese Students vs. % Economically Disadvantaged Students - Middle/High School in Ontario County Districts

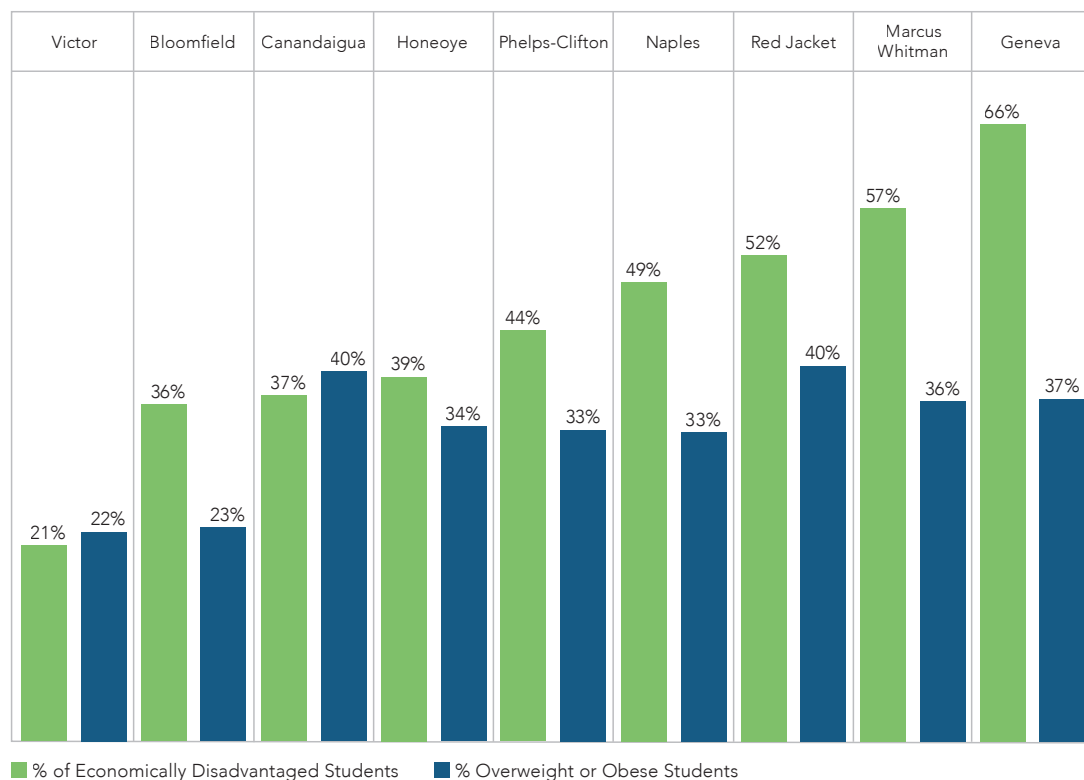


Source: New York State Education Department (NYSED), Years 2018-2019

Source: NYS DOH, Health Data Connector, 2018-2019

Analysis Completed by Common Ground Health

Figure O10: % Overweight/Obese Students vs. % Economically Disadvantaged Students - Elementary School in Ontario County Districts



Source: New York State Education Department (NYSED), Years 2018-2019

Source: NYS DOH, Health Data Connector, 2018-2019

Analysis Completed by Common Ground Health



Elementary schools may provide environments that level the nutritional/physical activity playing field between children of varying economic status. Younger children's days are more scripted and may include opportunities for physical exercise (recess). Many children attend regulated afterschool programs where snacks are nutritious, and exercise is encouraged. Additionally, young children are less likely to feel embarrassed about receiving reduced or free breakfasts and lunches at school. Conversely, adolescents have less opportunities for physical activity during the school day. They may forego free meals to avoid stigma and resort to filling up on fast or convenience foods before and after school. Many return to empty homes at the end of the school day without adult supervision of screen time and snacking. Finally, hormonal fluctuations and changes in sleep patterns may contribute to weight gain as children go through puberty.

The differences between elementary school children and their older counterparts noted above do not tell the whole story of childhood obesity. Mental health affects obesity and obesity affects mental health. Studies suggest that multiple adverse childhood experiences (ACEs) may increase the likelihood of obesity in children, 2-5 years later.⁶ In the 2021 Youth Risk and Protective Factor Survey of 5 rural school districts in Ontario County, the percent of children who had experienced more than 2 ACEs, was twice as high for 12th graders as it was for 6th graders (43% and 19%, respectively), which seems to correlate higher ACE scores with increased obesity.

There is growing research that demonstrates the need to address childhood obesity and psychosocial problems simultaneously. An integrated public health approach is needed and should include policy makers, healthcare providers, educators, and organizations that interface with children, teens, and families.⁷ Ontario County Public Health and its partners believe that this can be done by encouraging early childhood education and modeling (school/daycare gardens, Eating the Rainbow, Coordinated Approach to Child Health, etc.), providing nutrition and parenting support to caregivers (Positive Parenting Program), standardizing food insecurity and mental health screening tools in pediatric practices, and equipping educators and Student Resource Officers to respond to mental health crises during the school day.⁷

Over the course of the two previous CHIPs, Ontario County Public Health has collaborated with school cafeteria managers and community partners to increase the number of fresh fruits and vegetables available during the school day. Additionally, sugar sweetened beverages have been removed from most schools' vending machines. Schools that have actively pursued "farm-to-table" initiatives continue to do so, but not all districts have embraced this model.

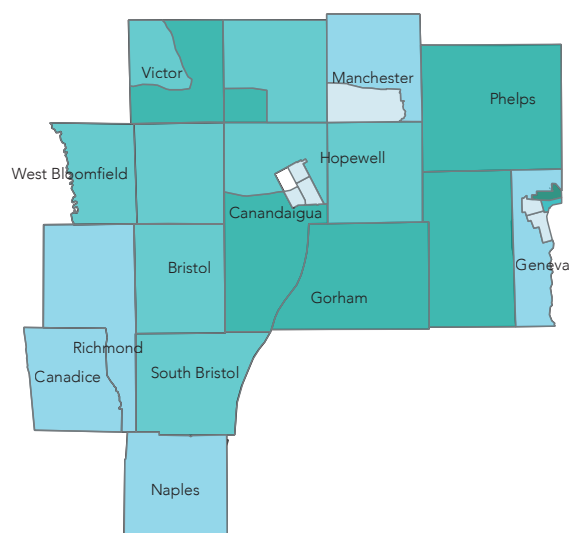
Ontario County is home to a thriving farming community. It would seem everyone has access to fresh, healthy foods during the summer and fall when roadsides are dotted with fruit and vegetable stands. Additionally, farmers' markets are usual weekend occurrences in the cities of Canandaigua and Geneva and other communities. These are important assets, but access remains a problem for some residents.

6. <https://doi.org/10.1111/obr.13204>, Schroeder, K., Schuler, B. R., Kobulsky, J. M., & Sarwer, D. B. (2021). The association between adverse childhood experiences and childhood obesity: A systematic review. *Obesity Reviews*, 22(7), e13204.

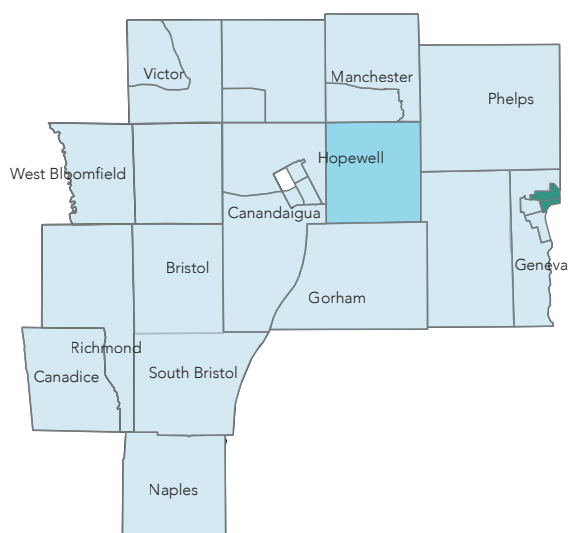
7. Small L, Ablas A. Child Obesity and Mental Health: A Complex Interaction. *Child Adolesc Psychiatr Clin N Am*. 2016 Apr;25(2):269-82. doi: 10.1016/j.chc.2015.11.008. Epub 2016 Jan 22. PMID: 26980129.

In the previous CHIP, members of the Ontario County Health Collaborative partnered with the Regional Transit System (RTS) to provide grocery store targeted bus routes to individuals living in Geneva's food desert, as well as for seniors residing in adult care facilities. Unfortunately, the COVID-19 pandemic curtailed this intervention considerably. Public transportation is less developed in rural areas. County residents who do not drive are at the mercy of busy family members, infrequent bus routes, and private taxi services. Maps O11 and O12 show the census tracts in Ontario County that have access issues for children and persons/families receiving SNAP benefits.

Map O11: Percentage of Children Ages 0-17 SNAP more than 1 mile from a Supermarket



Map O12: Percentage of Housing Units receiving benefits more than 1 mile from a Supermarket



Legend: <10% 10-15% 15-20% 20-25% >25%

Data Source: USDA, Food Environment Atlas, Year 2019
Analysis Completed by Common Ground Health

Anecdotal data points to significantly decreased food access and security during the COVID-19 pandemic (March 2020-March 2022). Children who previously received two meals a day at school, were now home with parents who were trying to juggle work, sick family members, remote learning, childcare, and tighter budgets. School districts, churches, civic organizations, the United Way, and local food pantries became a lifeline to tens of thousands of Ontario County residents. From July 2021 to June 2022, Foodlink Inc. served about 3,600 households a month in Ontario County.

The Boys and Girls Club of Geneva estimates they provided 200,000 meals to residents of Geneva during the pandemic with assistance from state funding, the Geneva City School District, and Hobart and William Smith Colleges. During the lockdown (Mar-Aug 2020), 350 breakfasts and 480 dinners were distributed five days a week. From September 2020 to June of 2021, 150 dinners were provided every school day. At this writing, the Boys and Girls Club continues to distribute groceries to 450 families twice a month (1,800 individuals). Of these, 90 are delivered to those unable to attend a drive-thru.

The first year of the upcoming CHIP will focus on assessing the full impact of the pandemic on food access and security in Ontario County and using these findings to forge new partnerships and develop future programming.

Mental Health & Substance Use Disorders Prevention

The NY State Prevention Agenda Dashboard provides data about depression in adults and adolescents from the National Survey on Drug Use and Health (NSDUH). In the most recent report (2020) the percentage of adolescents who had experienced a depressive episode in the preceding 12 months rose from 4% in 2004-2007 to 8% in 2016-2019. Forty-three percent of youth who experienced depression received treatment. Though this is similar to national trends, it remains unacceptable.⁸

The lack of treatment available to depressed adolescents came as no surprise when mental health providers met as a subcommittee of OCHC in June and July of 2022. What was surprising was the lack of awareness group members (hospitals and health department included) had about programs other than their own. This lack of knowledge applied also to New York State as their Office of Mental Health's Program Finder website noted only four outpatient clinics in Ontario County. Though there is a lack of service providers, this is an obvious under-representation.

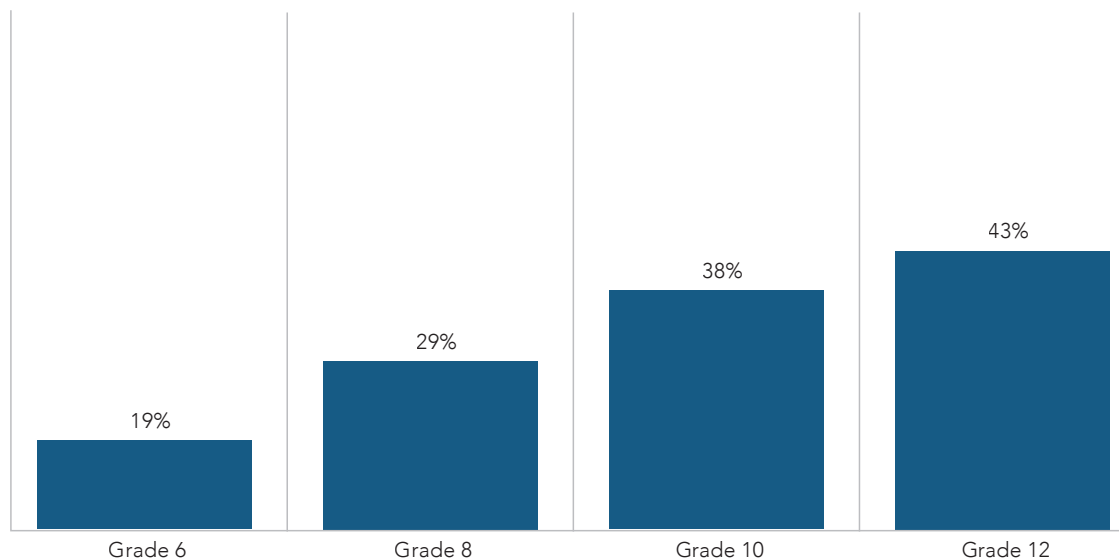
Every two to three years, the Partnership for Ontario County administers the Evalumetrics Youth Survey (EYS) to adolescents during the school day. The EYS is based on the Risk and Protective Factor Model developed at the University of Washington by J. David Hawkins, Richard Catalano, and Janet Miller. Students are queried about depression, substance use, violence, suicidal ideation, family and community attachment, social emotional distress, and adverse childhood events. Self-injurious behaviors and bullying are also included in the survey.

8. Khesht-Masjedi MF, Shokrgozar S, Abdollahi E, Habibi B, Asghari T, Ofoghi RS, Pazhooman S. The relationship between gender, age, anxiety, depression, and academic achievement among teenagers. *J Family Med Prim Care*. 2019 Mar;8(3):799-804. doi: 10.4103/jfmpc.jfmpc_103_18. PMID: 31041204; PMCID: PMC6482750.

Students from five school districts participated in the 2021 EYS: Bloomfield, Honeoye, Gorham-Middlesex (Marcus Whitman), Midlakes (HS), and Naples. These districts are rural with student censuses between 569 and 1,549, K-12. Of particular concern in the most recent survey were responses surrounding depression, trauma (Adverse Childhood Experiences), and suicidal ideations and attempts.

Of sixth graders, 37% reported feeling sad or depressed most days in the year prior. This jumped to >43% among seniors. Across all grades 40-50% reported their lives "lacked purpose." Undoubtedly, the COVID-19 pandemic contributed to these findings. Though the pandemic was temporary, the effects of isolation, food insecurity, fear/anxiety related to family finances or illness, and lack of reprieve from abusive caregivers could affect this cohort for many years. Additionally, the survey showed many children had experienced more than 2 adverse childhood events (ACEs) in their lifetime. By senior year over 40% reported at least 2 ACEs. Figure O13 shows this data.

Figure O13: Ontario County Adolescents Reporting more than 2 ACEs

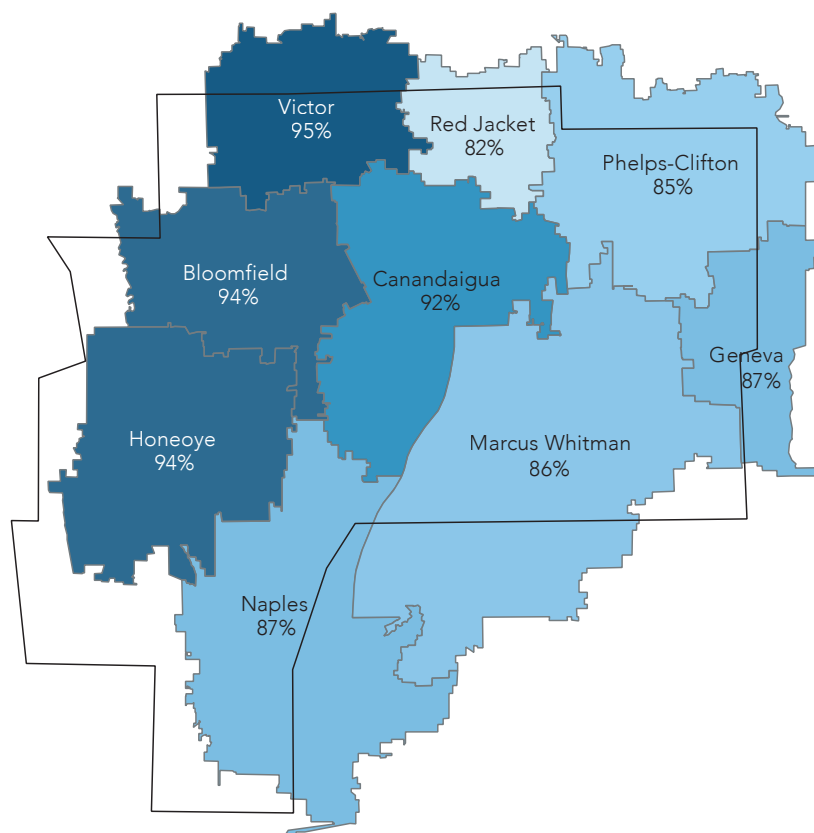


Source: Evalumetrics Youth Risk and Protective Factors Survey, 2021
Analysis Completed by Common Ground Health



Poor mental health can affect concentration and energy levels, which can hinder academic performance. Research suggests depressed children have lower GPAs and higher dropout rates, which may affect pursuit of advanced degrees or trades, employability, and future earning potential. Additionally, adolescents with a history of two or more ACE's are at increased risk for behavioral issues, which may result in frequent absences and suspensions.⁹ Ontario County is home to nine school districts with a mean graduation rate of 89.5%. High school graduation rates decrease as incomes fall moving west to east across the county. Map O14 shows this data.

Map O14: High School Graduation Rates, Ontario County Districts



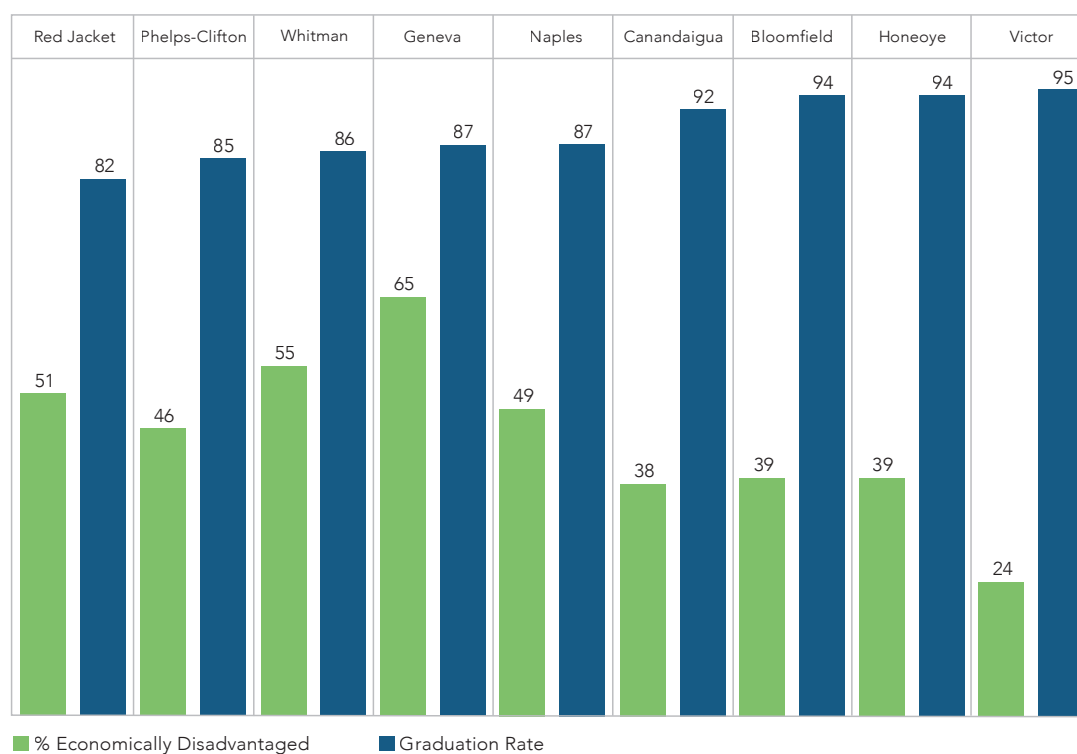
82  95

Source: New York State Education Department (NYSED), Years 2019-2020
Analysis Completed by Common Ground Health

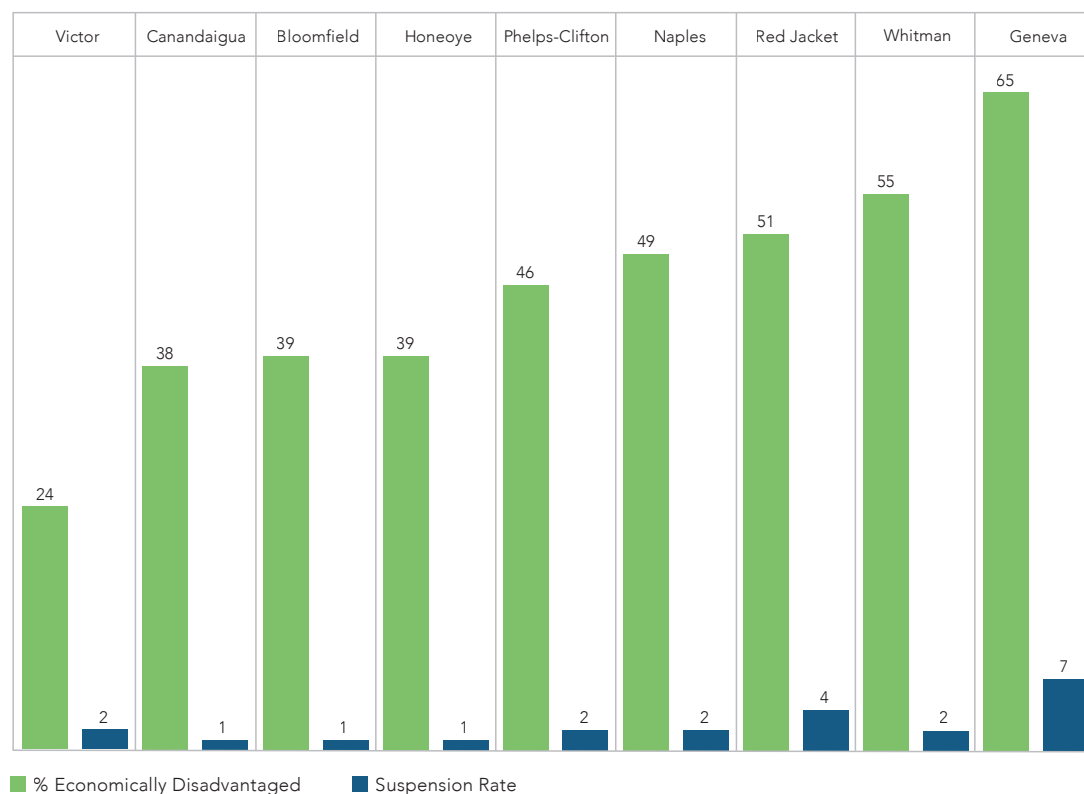
As stated throughout this report, the impact of poverty is widespread on one's health and ability to achieve. Looking at the data for Ontario County, we see that reflected in the graduation rate. Figure O15 shows the correlation between the percent of students who are economically disadvantaged and the district on time graduation rate (students graduating in June of their cohort year).

In addition to fewer students graduating, more students are serving suspensions on any given day in districts with higher rates of economically disadvantaged students. (Figure O16) As well as being counter-productive to a child's education, time out of the classroom is isolating and stigmatizing. If the family relies on free breakfasts and lunches, the child may not eat. Parents may be forced to decide between missing work or leaving their child unsupervised and abusive family members from whom the child is free during the school day may be present in the home if the child is suspended.

Figure O15: Graduation Rate vs. % of Economically Disadvantaged Students



Source: New York State Education Department (NYSED), Years 2018-2019
Analysis Completed by Common Ground Health

Figure O16: Suspension Rate vs. % of Economically Disadvantaged Students

Source: New York State Education Department (NYSED), Years 2018-2019
 Analysis Completed by Common Ground Health

Research has shown that children living in poverty have worse academic achievement, higher school dropout rates, and are at elevated risk for unemployment as adults. They are also more apt to have contact with the criminal justice system than children who never experienced poverty firsthand.¹⁰

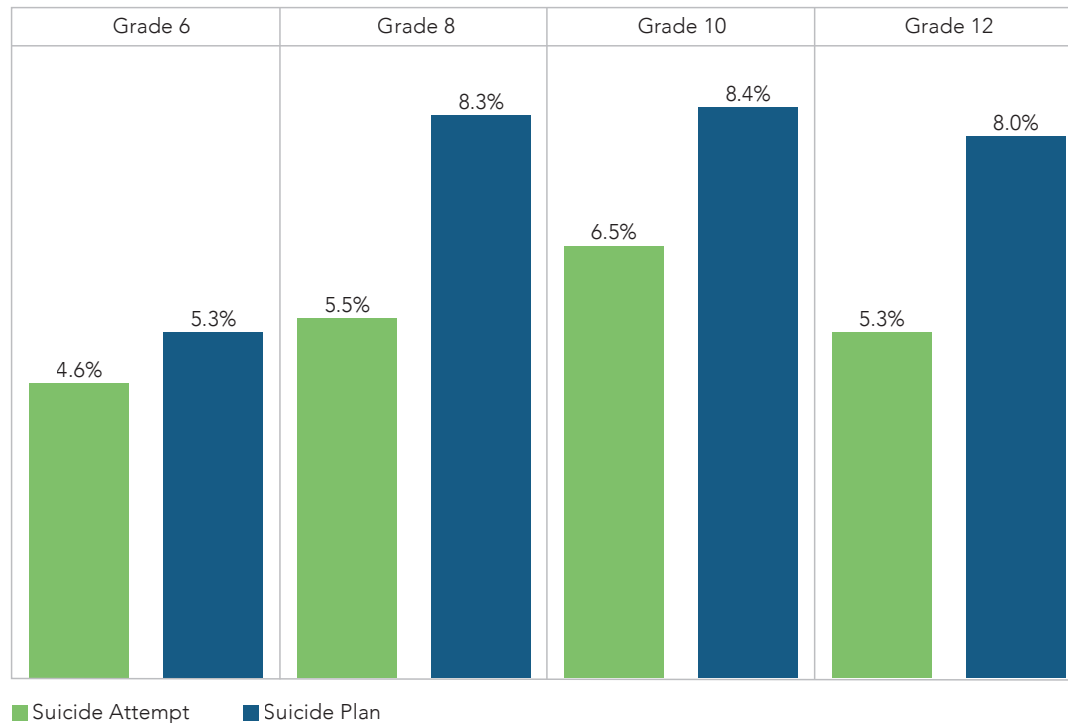
Lack of success in school is a predictor of future low socioeconomic status, higher rates of inadequate housing or homelessness, poor nutrition, lack of access to healthcare, and increased incidence of chronic disease. Poor mental health contributes to lack of success in school with a significant negative correlation between academic achievement and anxiety and depression.¹¹

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

11. Khesht-Masjedi MF, Shokrgozar S, Abdollahi E, Habibi B, Asghari T, Ofoghi RS, Pazhooman S. The relationship between gender, age, anxiety, depression, and academic achievement among teenagers. J Family Med Prim Care. 2019 Mar;8(3):799-804. doi: 10.4103/jfmpc.jfmpc_103_18. PMID: 31041204; PMCID: PMC6482750.

Perhaps the most disturbing data collected by the EYS was regarding suicide. More than 5% of sixth graders and 8% of 8th, 10th and 12th graders reported having a plan in place for taking their own lives (Figure O17). This represents 50-77 Ontario County children from these five, small schools. Additionally, 4.6-6.5% of students in these grade levels had attempted suicide in the previous 12 months.

Figure O17: Suicidal Ideation and Attempts by Grade Level



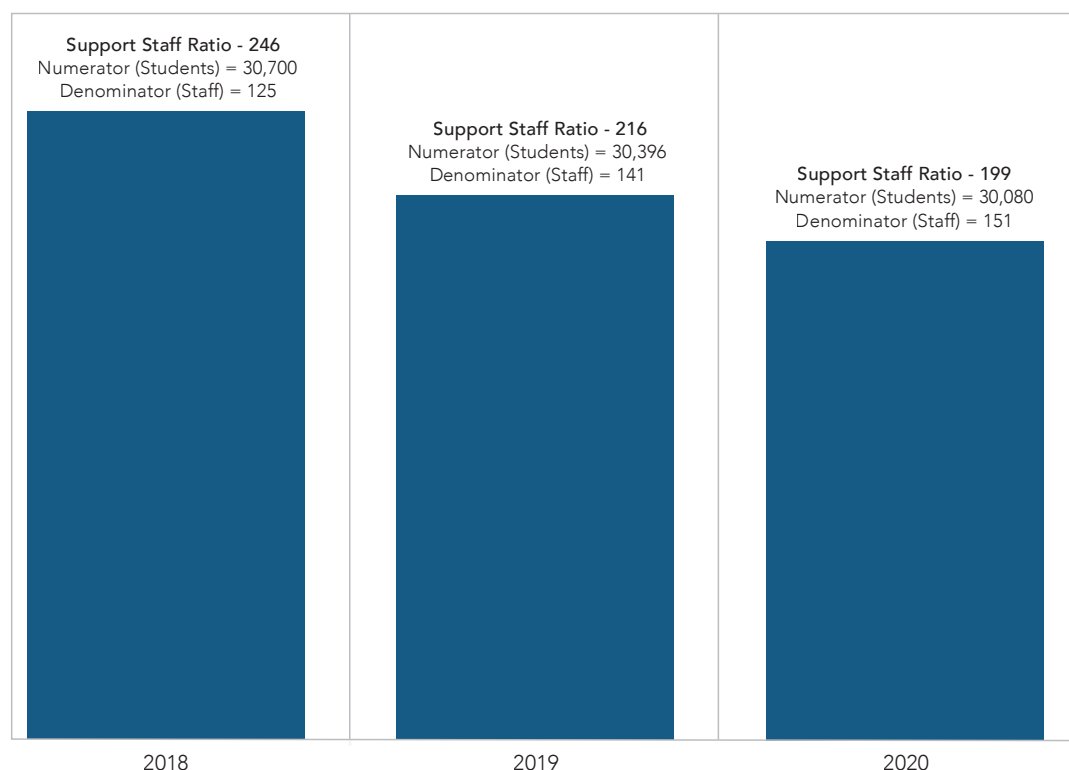
Source: Evalumetrics Youth Risk and Protective Factors Survey, 2021
Analysis Completed by Common Ground Health

In efforts to understand capacity of schools to address mental health issues with students, Common Ground Health compared the number of mental health “support” positions (social workers and counselors) in Ontario County’s nine school districts to the number of students enrolled. A Support Staff Ratio metric was created and reflects what a typical caseload would be for these staff members; a lower number being preferable.



From 2018-2020, there is a promising trend, but potential caseloads remain very large particularly as these same staff members often shoulder the responsibility of completing and maintaining student individualized education programs (IEPs) for their district. Formally trained individuals working for the school cannot meet the mental health needs of all students. Figure O18 shows this data.

Figure O18: Support Staff Ratio for Ontario County



Data Source: NYSED, Years 2018 – 2020
Analysis Completed by Common Ground Health

New financial streams are available to place trained social workers in schools to provide counseling to students and families. Ontario County Mental Health has hired and placed professionals in one of nine school districts with success. Unfortunately, there are not enough qualified providers in the region to expand this program to other schools. Increasing capacity of schools to address mental health requires a school wide approach that involves teachers, administrators, school resource officers (SRO's), and others.

Why are our children depressed; why do they feel hopeless? When mental health providers met the summer of 2022, they asked themselves this question as part of a root cause analysis. Social factors (lack of community connectedness, social pressures, acceptance by peers, societal norms, standards of beauty, social media, etc.) and family factors (lack of family attachment, blending of families, divorce, poor parenting, family mental health, etc.) were identified as two leading contributors, with lack of availability of services and personal factors ranking third and fourth, respectively. The need is great, mental health services are limited, and waiting lists are long. It is vital to increase capacity of schools to identify and assist children at risk for depression, anxiety, and other mental illnesses.

A community cannot address mental health or chronic disease without first considering the social determinants of health that affect its population. When this is done, the relationships between socioeconomic status, mental health, obesity, and chronic disease become obvious. After completing Ontario County's 2022 Community Health Assessment, partners knew it was imperative to focus interventions upstream: on children and adolescents and their families.

Community Assets and Resources to be Mobilized

The Finger Lakes Region has two designated agencies that promote and facilitate collaboration: Pivotal Public Health Partnership (previously the S2AY Rural Health Network) and Common Ground Health. Pivotal is a partnership of eight rural health departments in the Finger Lakes Region. The network's focus is on improving the health and well-being of Finger Lakes residents. Common Ground Health covers the same geographic footprint, with the addition of Monroe County, and focuses on bringing together leaders from all sectors – hospitals, insurers, universities, business, nonprofit, faith communities and residents – to collaborate on strategies for improving health in the region. Both agencies support efforts of the local health department to improve the health of Ontario County residents.

As already noted, the Ontario County Health Collaborative meets monthly with community partners. During brainstorming sessions between May and August of 2022 partners identified assets and resources within Ontario County that could be mobilized toward selected objectives and interventions. These include relationships and experience with previous CHIP partners, schools, Cornell Cooperative Extension, Boys and Girls Clubs, Youth Club Houses, churches, food pantries and many others.

There is good mental health work being done in the county. OCHC meetings included mental health providers and it is clear there is a vibrant community of concerned and knowledgeable individuals focusing on this work. The programming already in place and the buy-in from this group of professionals places the County in a good position to address the mental health of adolescents in a concerted fashion.

Ontario County has three, small hospitals which is unusual for a rural county. Residents can tap into unique services offered by each facility and receive care locally rather than travelling to large medical centers in surrounding urban counties. Additionally, inpatient mental health and addictions treatment are available and situated across the street from each other in Clifton Springs. Unfortunately, there are no psychiatric inpatient pediatric beds in the county.

COVID-19 brought obvious challenges, but with it came some opportunities. The local health department (LHD) helped schools, daycares, and the community navigate the pandemic. Many relationships were forged and strengthened. Schools relied heavily on the LHD and grew to trust the judgment of its members. Health department staff became intimately familiar with school nurses, superintendents, principals, coaches, and social workers. These will be important allies as we address obesity and mental health in school-aged children. Additionally, the LHD's social media page has a much larger readership than pre-pandemic. There is increased community awareness of the department's roles, responsibilities, and contributions.

Ontario County is scenic and boasts walking trails, lakes, parks, and playgrounds. Most villages and towns maintain their sidewalks and most residents report feeling safe in their community. From a bird's eye view, Ontario County appears affluent and well-situated. Unemployment is relatively low, most people own their own home, schools perform well on average, healthcare is accessible, and unlike most other NY counties, Ontario County is growing. Additionally, community leaders and municipalities are supportive of the work of the health department, which is fully staffed and high functioning. The devil, of course, is in the details: our pockets of poverty and food insecurity, inferior rental properties, childhood obesity, depression among our teens.

Over the course of the next three years, we'll work together as a community to mitigate our challenges, address our disparities, and leverage our resources as we implement our CHIP/CSP.

Community Health Improvement Plan/Community Service Plan

As previously noted in Main Health Challenges, group discussion and consensus were used to select priority areas for Ontario County's Community Health Improvement Plan/Community Services Plan. Once priority areas were chosen, additional targeted data were acquired and presented to partners as they delineated objectives, identified disparities, and considered interventions. During OCHC meetings, partners were asked to identify interventions already in place as well as those that would be feasible to initiate, sustain, and measure. Input was compiled and summarized by LHD staff and a list of interventions, contributing partners, and family of measures was presented to partners on 9/8/2022. This first draft of the CHIP was accepted by group members with minimal additions. Health department staff will make necessary adjustments and finalize this document after which time hospital partners will present it to their boards.

A full description of objectives, interventions, process measures, partner roles and resources are available in the Ontario County Community Health Improvement Plan Appendix. All interventions selected are evidence based or evidence-informed and strive to achieve health equity by targeting residents of low socioeconomic status.

OCHC is a diverse array of people who meet together monthly. Some are professionals who work in the community, some represent community-based organizations, and some are community members who have hearts for public health. Each partner provides a unique voice that resonates from their experiences with the populations they serve.

Our three hospitals keep partners abreast of the status of healthcare delivery and education in the county. Food Justice of Geneva, Inc. provides fresh fruits and vegetables to low-income individuals via neighborhood food boxes, churches, and food pantries. They provide perspective on the Geneva community and the food desert that exists there. Office for the Aging helps group members understand the unique struggles of older residents on fixed incomes. College health center staff remind us that community college students are often adult learners juggling jobs, families, and finances. They may be having to choose between tuition and groceries. Family Promise provides emergency housing for families and offers a glimpse into the changing face of homelessness. Community members and clergy who provide emergency food tell us that food insecurity is common, even in a community where most people own their own home. Agri-Business Child Development reminds partners that Ontario County is a farming community, and we need to take care of those who plant, tend, and harvest our fruits and vegetables. Mental health practitioners help us understand how mental illness affects everything: relationships, education, employability, homelessness, drug and alcohol use, physical health, etc. Without these partners and others, it would be impossible to undertake a CHA, create a CHIP/CSP, and identify our most vulnerable residents who might otherwise being overlooked.

In addition to providing expertise, perspective, and representation, CHIP/CSP partners provide quarterly updates on interventions and outcomes. The LHD organizes this information and provides a report to OCHC partners quarterly, and to New York State, annually. Over the course of the next three years, group members will undertake interventions via their own organizations, support OCHC partners' programming through expertise and advertising, assess each other's progress, celebrate successes, and adjust the CHIP/CSP, as needed.

The following organizations were engaged in Ontario County's planning and prioritization process:

ONTARIO COUTY PLANNING AND PRIORITIZATION AGENCIES		
Agri Business Child Development	ARC of Ontario	Canandaigua Churches in Action
Cancer Services Partnership	Clifton Springs Behavioral Health Rochester	Rochester Regional Health Clifton Springs Hospital
Common Ground Health	Cornell Cooperative Extension	Council on Alcoholism and Addiction of the Finger Lakes (CAAFL)
Family Promise	Finger Lakes Community College	Finger Lakes Community Health
Geneva General Hospital and Soldiers and Sailors Memorial Hospital (Finger Lakes Health)	Finger Lakes WIC	FL Area Counseling and Recovery Agency (FLACRA)
Food Justice of Geneva, Inc.	Helio Health	Lifespan
Lions Club	Ontario County Office for the Aging	Ontario County Mental Health
Ontario County Public Health	Ontario County Youth Bureau	SNAP Ed
Partnership for Ontario County	Pivotal Public Health Partnership	SPOA
UR Medicine Center for Community Health & Prevention	UR Medicine Thompson Health	UR Medicine Wilmot Cancer Center
Tobacco Action Coalition of the Finger Lakes		

Dissemination

On behalf of the Ontario County Health Collaborative, Ontario County Public Health will share the Community Health Assessment and the CHIP/CSP documents with Ontario County's governing body (Board of Supervisors via Health and Human Services Standing Committee) and with the community via its website and social media platforms:

- Website: <https://ontariocountyny.gov/904/Community-Health-Improvement-Plan>
- Facebook: <https://www.facebook.com/OCPHealth>

APPENDIX 1

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APPENDIX 2

RESULTS BASED ACCOUNTABILITY™

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

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

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

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

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

In addition, person, place and time was analyzed:

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

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

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

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

7. **Select CHIP Interventions:** Upon completion of *Turn the Curve Thinking*, criteria was used to select interventions that will be included on the CHIP. Criteria used included:

- How strongly will the proposed strategy impact progress as measured by the baselines?
- Is the proposed strategy feasible?
- Is it specific enough to be implemented?
- Is the strategy consistent with the values of the community and/or agency?

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

8. **Engage in Continuous Improvement:** To effectively monitor progress and effectiveness of each organization's contribution to selected CHIP objectives, intervention performance measures were identified that answer the questions:

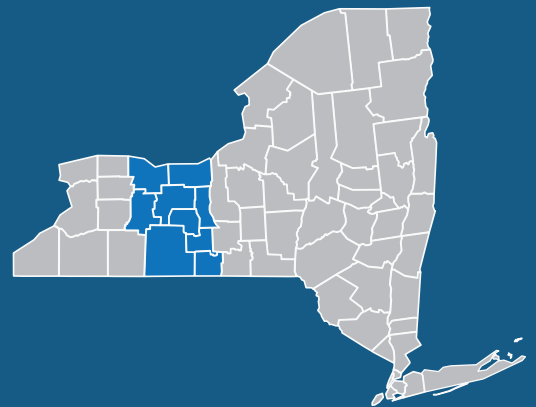
- How much did we do?
- How well did we do it?
- Is anyone better off?

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



ABOUT COMMON GROUND HEALTH

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



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