



Community Health Assessment

Wayne County



Public Health
Prevent. Promote. Protect.



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Executive Summary

What are the health priorities facing Wayne County?

This was the question facing Wayne County Public Health Department and Newark-Wayne Community Hospital in partnership as they delved into a comprehensive process that involved other local organizations and county residents.

Wayne County Public Health Department and Newark-Wayne Community Hospital embarked on a 22 month long process to collect data, solicit opinions, facilitate a process and guide a discussion to determine not only what the most pressing problems facing our residents are, but also what can we effectively and efficiently address. The Newark-Wayne Community Hospital was charged with working with the local health department and other key partner agencies to select two key health priorities and one disparity to address in the community.

In the end, Wayne County Public Health, Newark-Wayne Community Hospital, and the partner agencies decided to tackle two tough areas under the New York State Dept. of Health priority of the Prevention of Chronic Disease:

- Reduce obesity in children and adults
- Reduce heart disease and hypertension

The disparity the partners chose to address was to:

- Reduce obesity rates among low income populations

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

Obesity Prevalence

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

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

²New York State Dept. of Health Obesity Prevention <http://www.health.ny.gov/prevention/obesity/>
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In Wayne County the age adjusted percentage of adults who are obese (BMI 30 or higher) is 31.6% compared to the New York State rate of 23.1%, and has recently held the dubious distinction of having the highest rate of obesity in the State³. Public health officials across the state and the nation must take steps to address this rising epidemic. Without strong action to reverse the obesity epidemic, for the first time in our history children may face a shorter lifespan than their parents.

Cardiovascular Disease (CVD) is the leading cause of death in the United States and in NYS. In New York State, CVD killed almost 59,000 residents in 2007. For every person who dies from a heart attack, 18 people survive. For every person who dies from a stroke, seven people survive. Many of these survivors are disabled and cannot lead productive lives. Stroke is a leading cause of premature, permanent disability among working-age adults in the United States. Stroke alone accounts for the disability of more than a million Americans. The economic impact of CVD and stroke on the health system will grow as the population ages.⁴

Hypertension and tobacco use (along with obesity) are two major contributing factors to cardiovascular diseases. According to the NYSDOH Prevention Agenda website (<http://www.health.ny.gov/statistics/chac/indicators/>), the age adjusted cardiovascular disease hospitalization rate per 10,000 in Wayne County is 172.6 compared to the upstate New York rate of 157.5. Hospitalization rates for diseases of the heart and coronary heart disease are also higher than NYS rates. The age adjusted percentage of adults who smoke cigarettes in Wayne County is 19.9% compared to the upstate NY rate of 17.0%. Failing to win the battle against obesity and heart disease will mean premature death and disability for an increasingly large segment of Wayne County residents. The cerebrovascular disease (stroke) mortality rate for Wayne County is 17.3 compared to the NYS rate of 10.5. Wayne County Public Health along with their partners developed the Community Health Improvement Work Plan ([see attachment E](#)) to address these issues.

Next steps will center on accomplishing the activities outlined in the Community Health Improvement Work Plan to achieve the objectives related to our identified priorities. The group has already begun developing a more detailed workplan for each activity in the CHIP Chart in the Community Health Improvement Plan. Wayne County Public Health will continue to meet and work with Newark-Wayne Community Hospital and our other partners on a regular basis to begin to make progress in addressing the identified priorities to reduce obesity, heart disease and hypertension in our community.

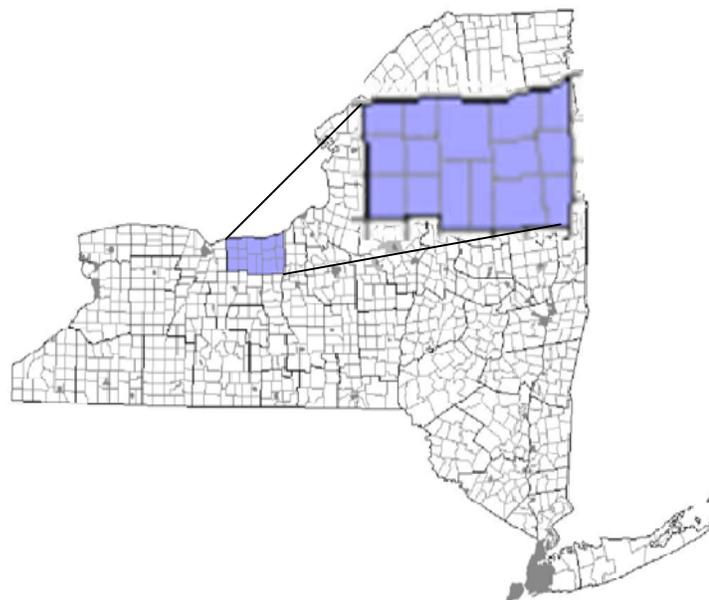
³ New York State Dept. of Health New York State Community Health Indicator Reports - Obesity and Related Indicators <http://www.health.ny.gov/statistics/chac/indicators/obs.htm>

⁴ New York State Dept. of Health Cardiovascular Disease https://www.health.ny.gov/diseases/cardiovascular/heart_disease/
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County Overview

Wayne County's total land area of 604.2 square miles is located on the southern shore of Lake Ontario between two major cities, Rochester and Syracuse, in the Finger Lakes region of upstate New York. Sodus Bay, located about midway between these two cities, is the largest bay on the American shore of Lake Ontario. Glacier activity had a significant effect on the geography of the County. Along the northern border, south of Lake Ontario, the land rises slightly. This higher land is called the "Ridge". It is believed that it was the shore of a once bigger Lake Ontario. Much of the County is flat except for large rounded hills shaped like submarine sandwiches, called drumlins, which run north and south. These rounded hills were formed when the glacier began to melt and move from the area. The geography of Wayne County has affected the agriculture in the area, and also the presence of a substantial migrant labor force. The area near the lake has been the best place for farming of fruit because the temperature of the lake changes more slowly and affects the land close to it, by keeping the temperature more constant.

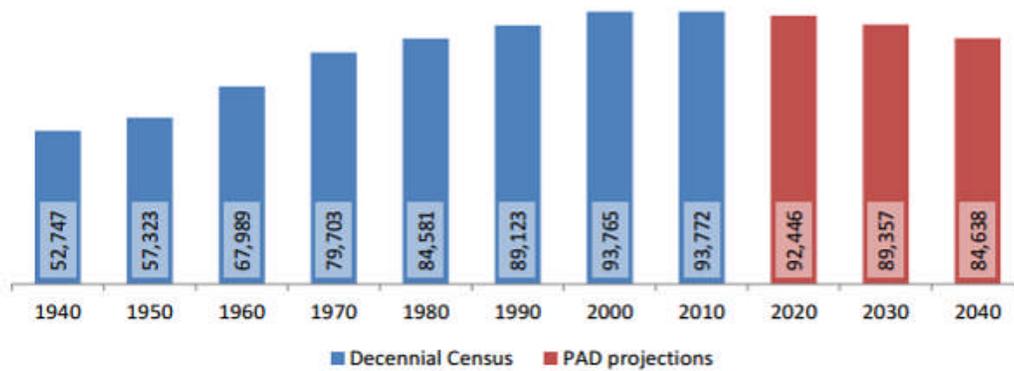


The population is widely scattered over the 604 square miles, with an average population density of approximately 155 persons per square mile based on the 2010 US Census Bureau population of 93,772. The most populous communities in Wayne County are Newark and Lyons (the county seat).

Wayne County is predominately rural. Nearly 46 percent of the county's population lives in just four of the towns in the County. The towns of Ontario, Walworth, and Macedon make up the western border of the county and are nearest to Rochester. The Town of Arcadia has the population center of Newark within its boundaries. The population is widely and sparsely scattered over the remaining parts of the County. In the last 50 years, the population of the County has increased, by 25,783 persons. The Cornell Program on Applied Demographics estimates a 10% drop from the 2010 census over the next 30 years.



Total population, Wayne County, 1940-2040



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

The chart below from Cornell Program on Applied Demographics illustrates the population changes for the towns that make up Wayne County.

3.4 Percentage sub county change 2000-2010

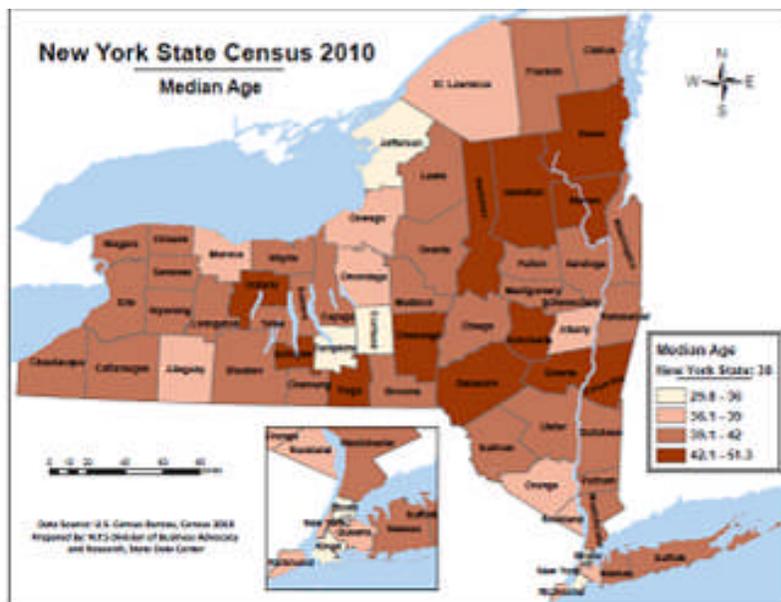
	Total Population		Difference	
	2000	2010	Count	%
New York State	18,976,821 *	19,378,102	401,281	2.1%
Wayne County	93,765	93,772	7	0.0%
Towns				
Arcadia	14,889	14,244	-645	-4.3%
Butler	2,277	2,064	-213	-9.4%
Galen	4,439	4,290	-149	-3.4%
Huron	2,117	2,118	1	0.0%
Lyons	5,831	5,682	-149	-2.6%
Macedon	8,688	9,148	460	5.3%
Marion	4,974	4,746	-228	-4.6%
Ontario	9,778	10,136	358	3.7%
Palmyra	7,672	7,975	303	3.9%
Rose	2,442	2,369	-73	-3.0%
Savannah	1,838	1,730	-108	-5.9%
Sodus	8,949	8,384	-565	-6.3%
Walworth	8,402	9,449	1,047	12.5%
Williamson	6,777	6,984	207	3.1%
Wolcott	4,692	4,453	-239	-5.1%

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

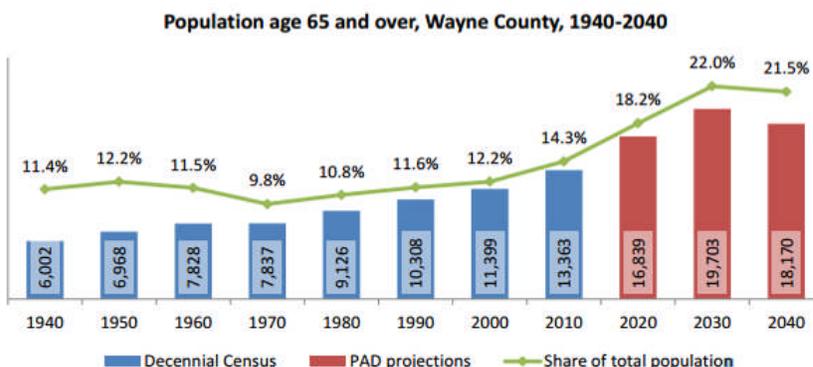
Source: U.S. Census Bureau intercensal population estimates 2000-2010

Demographics

Wayne County’s population in the 2010 census was 93,772 residents. The 2012 Census Bureau estimates a population of 92,962 or a .8% decrease. The median age in Wayne County in 2010 was 41.6 compared to the New York State median age of 38, showing an older population than the State as a whole.



As illustrated in this chart the percentage of the population over 65 has been steadily increasing and is expected to do so for the next 20 years. The implication of an aging population in Wayne County should not be ignored. This will affect many aspects of life for county residents including healthcare, nutrition, exercise, transportation, public safety, housing, taxes and the workforce. In a large, rural county such as ours it is imperative these issues are addressed for our aging population.



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

Comparisons of Wayne County numbers to New York State numbers can be found in the chart below from the US Census Bureau. Persons over 65 years old in Wayne County account for 15.5% of the population compared to the NYS average of 14.1%. Wayne County is 94.0% white, with a much lower percentage of residents who were foreign born or speak a language other than English at home compared to NYS averages which is typical of rural counties. While Wayne County has a higher high school graduation rate at 87.2% than the NYS average of 84.6% the percentage of residents going on to get bachelor's degrees or higher is much lower at 20.8% compared to NYS 32.5%. Per capita income levels in the county are almost 22% below NYS levels at \$24,872 compared to \$31,796. Median household income figures for Wayne County are just slightly below NYS averages at \$54,380 compared to \$56,951. Residents below poverty level in Wayne County account for 11.1% of the population compared to the NYS average of 14.5%. Wayne County is home to a growing number of Amish and Mennonite families moving to the County for its lush farmland. Additionally, Wayne County is known for its apple orchards and as a result has the largest migrant population in the state. Although difficult to get exact numbers all are probably uninsured and have their unique access to health care issues.



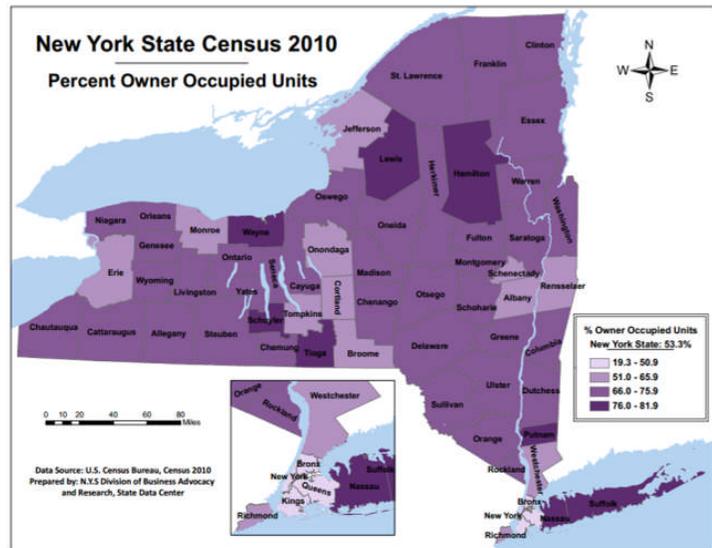
Wayne County, New York People QuickFacts	Wayne Cty.	New York
Population, 2012 estimate	92,962	19,570,261
Population, 2010 (April 1) estimates base	93,772	19,378,104
Population, percent change, April 1, 2010 to July 1, 2012	-0.9%	1.0%
Population, 2010	93,772	19,378,102
Persons under 5 years, percent, 2012	5.7%	6.0%
Persons under 18 years, percent, 2012	22.7%	21.8%
Persons 65 years and over, percent, 2012	15.5%	14.1%
Female persons, percent, 2012	50.4%	51.5%
White alone, percent, 2012 (a)	94.0%	71.2%
Black or African American alone, percent, 2012 (a)	3.2%	17.5%
American Indian and Alaska Native alone, percent, 2012 (a)	0.4%	1.0%
Asian alone, percent, 2012 (a)	0.6%	8.0%
Native Hawaiian and Other Pacific Islander alone, percent, 2012 (a)	Z	0.1%
Two or More Races, percent, 2012	1.8%	2.2%
Hispanic or Latino, percent, 2012 (b)	3.9%	18.2%
White alone, not Hispanic or Latino, percent, 2012	90.7%	57.6%
Living in same house 1 year & over, percent, 2007-2011	87.4%	88.5%
Foreign born persons, percent, 2007-2011	2.9%	21.8%
Language other than English spoken at home, percent age 5+, 2007-2011	5.5%	29.5%
High school graduate or higher, percent of persons age 25+, 2007-2011	87.2%	84.6%
Bachelor's degree or higher, percent of persons age 25+, 2007-2011	20.8%	32.5%
Veterans, 2007-2011	6,992	986,313
Mean travel time to work (minutes), workers age 16+, 2007-2011	24.3	31.4
Housing units, 2011	41,195	8,119,364
Homeownership rate, 2007-2011	77.4%	54.8%
Housing units in multi-unit structures, percent, 2007-2011	17.0%	50.5%
Median value of owner-occupied housing units, 2007-2011	\$108,400	\$301,000
Households, 2007-2011	36,563	7,215,687
Persons per household, 2007-2011	2.5	2.59
Per capita money income in the past 12 months (2011 dollars), 2007-2011	\$24,872	\$31,796
Median household income, 2007-2011	\$54,380	\$56,951
Persons below poverty level, percent, 2007-2011	11.1%	14.5%
Business QuickFacts	Wayne Cty.	New York
Private nonfarm establishments, 2011	1,707	521,537
Private nonfarm employment, 2011	19,600	7,369,731
Private nonfarm employment, percent change, 2010-2011	-0.5%	1.4%
Nonemployer establishments, 2011	4,929	1,596,899
Total number of firms, 2007	6,834	1,956,733
Black-owned firms, percent, 2007	1.0%	10.4%
American Indian- and Alaska Native-owned firms, percent, 2007	S	0.7%
Asian-owned firms, percent, 2007	S	10.1%
Native Hawaiian and Other Pacific Islander-owned firms, percent, 2007	F	0.1%
Hispanic-owned firms, percent, 2007	2.7%	9.9%
Women-owned firms, percent, 2007	28.6%	30.4%
Manufacturers shipments, 2007 (\$1000)	1,888,986	162,720,173
Merchant wholesaler sales, 2007 (\$1000)	189,350	313,461,904
Retail sales, 2007 (\$1000)	816,657	230,718,065
Retail sales per capita, 2007	\$8,922	\$11,879
Accommodation and food services sales, 2007 (\$1000)	52,348	39,813,499
Building permits, 2012	86	24,872
Geography QuickFacts	Wayne Cty.	New York
Land area in square miles, 2010	603.83	47,126.40
Persons per square mile, 2010	155.3	411.2
FIPS Code	117	36

Source: <http://quickfacts.census.gov/qfd/states/36/36117.html>



Housing

The majority of Wayne County housing was built after the 1960s. Housing statistics indicate that home ownership is 77.4%, which is approximately 29% higher than the New York State average of 54.8%. Housing units in multi-unit structures, is significantly less in Wayne County at 17% than the New York State average of 50.5%, indicating that Wayne County is in the upper quartile in regards to home ownership percentages.



This map from the New York State’s Empire State Development Data Center illustrates that Wayne County has one of the largest percentages of owner occupied units in the state.

HOUSING OCCUPANCY		
Total housing units	40,913	100
Occupied housing units	36,563	89.4
Vacant housing units	4,350	10.6
For rent	6.6	(X)
Homeowner vacancy rate	1.9	(X)
Rental vacancy rate	6.6	(X)

Race

The 2010 Census population of Wayne County is predominantly white at 92.9%. This is a decrease over 2000 Census figures of 93.8%.

RACE 2010 vs. 2000 demographic census data		
	2010	2000
White	92.9%	93.8%
Black or African American	3.1%	3.2%
American Indian and Alaska Native	.3%	0.3%
Asian alone	.5%	0.5%
Native Hawaiian and Other Pacific Islander	0.0%	0.0%
Two or More Races	1.9%	1.3%
Hispanic or Latino	3.7%	2.4%
White alone, not Hispanic or Latino	91.0%	92.5%

Poverty

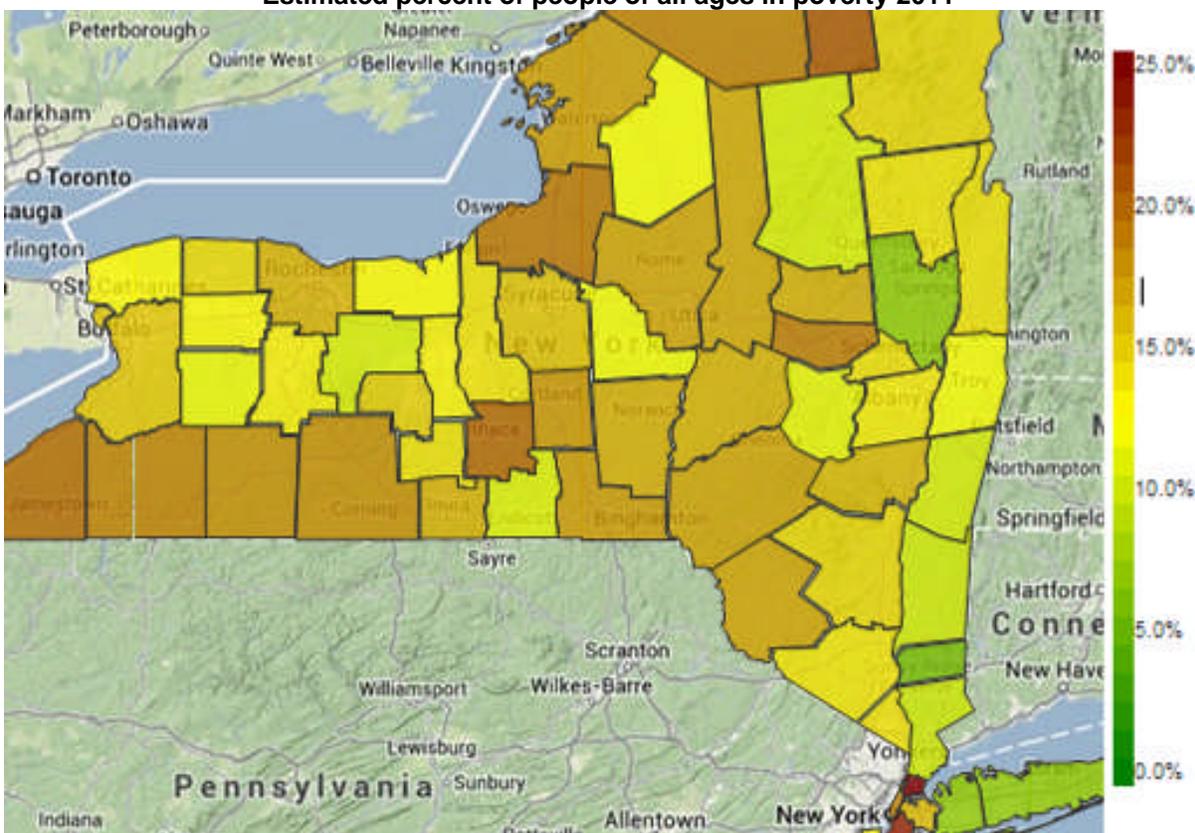
The annual median household income in Wayne County is \$54,380 which is 4.5% below the NYS median household income of \$56,951. Among Wayne County residents 11.1% had incomes below the poverty level compared to the NYS average of 14.5%. Data on student eligibility for the free or reduced lunch program in schools is another indicator of local poverty. The table below summarizes these indicators for Wayne County and shows that school districts in the county have a large number of students who qualify for the program. The average percentage of students who qualify for free or reduced lunches has increased from 37% in 2010 to 42% in 2012.



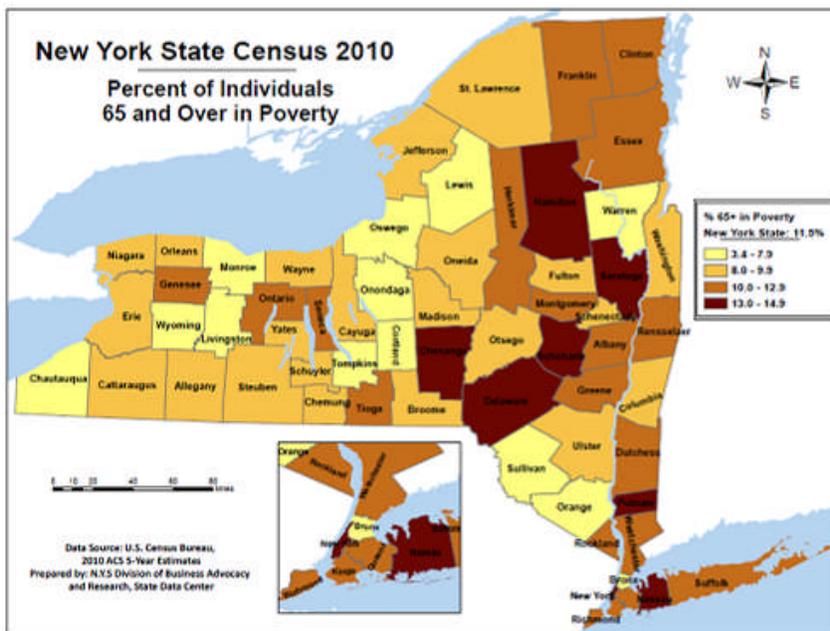
Year	Wayne County School Districts					
	Number Free	Number Reduced	Total	% Free	% Reduced	Total %
2012	4,419	1,552	5,971	31	11	42
2011	4,211	1,471	5,682	28	10	38
2010	4,056	1,580	5,636	27	10	37

School	2012			2011			2010		
	% Free	% Reduced	Total	% Free	% Reduced	Total	% Free	% Reduced	Total
NEWARK CSD	37	12	49	37	11	48	31	12	43
CLYDE-SAVANNAH CSD	36	15	51	28	13	41	39	14	53
LYONS CSD	57	18	75	42	11	53	38	12	50
MARION CSD	20	11	31	23	10	33	22	13	35
WAYNE CSD	17	8	25	16	8	24	18	8	26
PALMYRA-MACEDON CSD	26	7	33	27	8	35	22	8	30
GANANDA CSD	12	6	18	12	5	17	12	8	20
SODUS CSD	38	11	49	39	11	50	34	11	45
WILLIAMSON CSD	23	10	33	21	12	33	20	9	29
NORTH ROSE-WOLCOTT CSD	47	16	63	40	11	51	35	13	48
RED CREEK CSD	38	10	48	33	11	44	36	12	48

Estimated percent of people of all ages in poverty 2011



Source: <http://pad.human.cornell.edu/counties/maps.cfm>



The New York State Dept. of Labor reported the unemployment rate in Wayne County was 6.8% compared to the NYS rate of 7.6% in July of 2013.

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

Source: <http://www.labor.ny.gov/stats/>

The following charts illustrate Wayne County’s indicators for poverty and income compared to New York State averages. 20.4% of the households in Wayne County have incomes below \$25,000 compared to the 23% New York State rate. Only 4.6% of county residents have incomes above \$150,000 compared to the NYS rate of 12.3%. Median household income in Wayne County is \$54,380 compared to the NYS average of \$56,951. Perhaps more significantly, Wayne County's per capita income of \$24,872 is almost 22% less than the NY State per capita income. Wayne County rates for median family income, per capita income and median earnings for workers are also less than NYS averages. Rates for Wayne County residents below the poverty level are better than NYS rates. However, the lower per capita, family and worker incomes indicated that there are a substantial number of Wayne County residents who are low-income but above the poverty level.



INCOME AND BENEFITS (IN 2011 INFLATION-ADJUSTED DOLLARS)	Wayne County Estimate	Wayne County Percent	NYS Estimate	NYS Percent
Total households	36,563	36,563	7,215,687	7,215,687
Less than \$10,000	1,781	4.90%	569,093	7.90%
\$10,000 to \$14,999	1,877	5.10%	377,349	5.20%
\$15,000 to \$24,999	3,812	10.40%	714,075	9.90%
\$25,000 to \$34,999	3,894	10.70%	668,253	9.30%
\$35,000 to \$49,999	5,335	14.60%	882,191	12.20%
\$50,000 to \$74,999	7,943	21.70%	1,233,315	17.10%
\$75,000 to \$99,999	5,648	15.40%	875,786	12.10%
\$100,000 to \$149,999	4,596	12.60%	1,002,264	13.90%
\$150,000 to \$199,999	1,219	3.30%	421,066	5.80%
\$200,000 or more	458	1.30%	472,295	6.50%
Median household income (dollars)	54,380	(X)	56,951	(X)
Mean household income (dollars)	63,361	(X)	82,698	(X)
Earnings	28,634	78.30%	5,655,471	78.40%
Mean earnings (dollars)	62,840	(X)	86,328	(X)
With Social Security	11,511	31.50%	2,026,768	28.10%
Mean Social Security income (dollars)	17,321	(X)	16,581	(X)
With retirement income	7,682	21.00%	1,264,147	17.50%
Mean retirement income (dollars)	20,939	(X)	23,831	(X)
With Supplemental Security Income	1,529	4.20%	379,518	5.30%
Mean Supplemental Security Income (dollars)	9,314	(X)	8,697	(X)
With cash public assistance income	776	2.10%	227,160	3.10%
Mean cash public assistance income (dollars)	2,945	(X)	3,905	(X)
With Food Stamp/SNAP benefits in the past 12 months	3,630	9.90%	890,240	12.30%
Families	26,052	26,052	4,656,855	4,656,855
Less than \$10,000	601	2.30%	227,940	4.90%
\$10,000 to \$14,999	835	3.20%	160,085	3.40%
\$15,000 to \$24,999	2,221	8.50%	358,954	7.70%
\$25,000 to \$34,999	2,044	7.80%	384,623	8.30%
\$35,000 to \$49,999	3,930	15.10%	550,723	11.80%
\$50,000 to \$74,999	6,032	23.20%	821,507	17.60%
\$75,000 to \$99,999	4,751	18.20%	639,156	13.70%
\$100,000 to \$149,999	4,046	15.50%	788,962	16.90%
\$150,000 to \$199,999	1,154	4.40%	343,285	7.40%
\$200,000 or more	438	1.70%	381,620	8.20%
Median family income (dollars)	63,125	(X)	69,202	(X)
Mean family income (dollars)	72,010	(X)	95,697	(X)
Per capita income (dollars)	24,872	(X)	31,796	(X)
Nonfamily households	10,511	10,511	2,558,832	2,558,832
Median nonfamily income (dollars)	29,979	(X)	35,540	(X)
Mean nonfamily income (dollars)	37,822	(X)	55,708	(X)
Median earnings for workers (dollars)	29,925	(X)	33,377	(X)
Median earnings for male full-time, year-round workers (dollars)	45,418	(X)	51,051	(X)
Median earnings for female full-time, year-round workers (dollars)	34,998	(X)	42,037	(X)

Source: <http://quickfacts.census.gov/qfd/states/36/36117lk.html>



Percentage Of Families And People Whose Income In The Past 12 Months Is Below The Poverty Level				
All families	(X)	7.50%	(X)	11.00%
With related children under 18 years	(X)	13.30%	(X)	16.90%
With related children under 5 years only	(X)	14.50%	(X)	16.60%
Married couple families	(X)	3.60%	(X)	5.40%
With related children under 18 years	(X)	5.90%	(X)	7.60%
With related children under 5 years only	(X)	6.70%	(X)	6.90%
Families with female householder, no husband present	(X)	26.00%	(X)	27.20%
With related children under 18 years	(X)	33.20%	(X)	36.80%
With related children under 5 years only	(X)	36.40%	(X)	41.70%
All people	(X)	11.10%	(X)	14.50%
Under 18 years	(X)	17.00%	(X)	20.30%
Related children under 18 years	(X)	16.40%	(X)	20.10%
Related children under 5 years	(X)	16.50%	(X)	22.70%
Related children 5 to 17 years	(X)	16.40%	(X)	19.10%
18 years and over	(X)	9.20%	(X)	12.80%
18 to 64 years	(X)	9.50%	(X)	13.00%
65 years and over	(X)	7.90%	(X)	11.50%
People in families	(X)	8.70%	(X)	12.10%
Unrelated individuals 15 years and over	(X)	22.80%	(X)	24.40%

Source: <http://quickfacts.census.gov/qfd/states/36/361171k.html>

Disability

Wayne County has a higher rate of people with a disability at 13.3% than the New York State percentage of 11.1% and the national average of 11.7% according to the Center for Independence of the Disabled, New York. They made the following calculations using the 2008 American Community Survey (ACS) Public-Use Microdata (PUMS) Files.

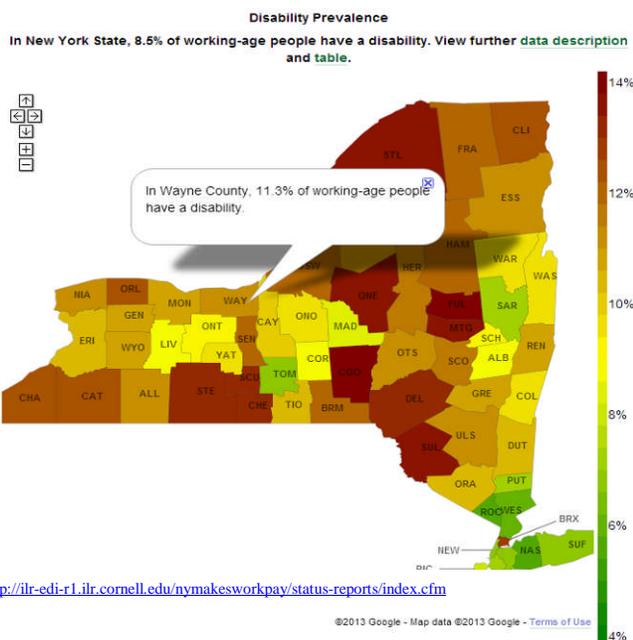
Location	Total Population	Any Disability	Rate
United States	281,749,355	32,884,621	11.7%
New York State	18,426,041	2,049,016	11.1%
Wayne	85,882	11,399	13.3%

Source: www.cidny.org/resources/News/Reports/Disability%20Matters.pdf

The percentage of children ages 5-17 is significantly higher at a rate of 10.0% compared to the NYS average of 4.8%. People with a disability are likely to lag behind those without one in educational attainment, employment, and income levels. They are more likely to rely on public programs such as Food Stamps and much more apt to be living in poverty.

Wayne County NY	Total Population	Any Disability	Percentile	NYS Percentile
Ages 5-17	15,846	1,580	10.0%	4.8%
Ages 18-34	17,536	887	5.1%	5.1%
Ages 35-64	36,378	4,681	12.9%	10.9%
Ages 65-74	5,503	1,485	27.0%	25.2%
Age 75+	4,838	2,765	57.1%	56.6%
All Ages, Hearing Difficulty	85,882	3,259	3.8%	2.6%
All Ages, Vision Difficulty	85,882	1,734	2.0%	2.2%
Ages Five and Older, Cognitive Difficulty	80,101	4,292	5.4%	4.7%
Ages Five and Older, Ambulatory Difficulty	80,101	5,785	7.2%	6.7%
Ages Five and Older Self-Care Difficulty	80,101	2,091	2.6%	3.0%
Ages 18 and Older, Independent Living Difficulty	64,255	3,467	5.4%	6.3%

Source: www.cidny.org/resources/News/Reports/Disability%20Matters.pdf



This map is derived from estimates for the civilian, non-institutionalized working age (18-64) population using the American Community Survey three-year (2008-2010) estimates from the American Fact Finder. In Wayne County 11.3% of working age people have a disability compared to the NYS rate of 8.5%.

Educational Attainment

Source: <http://ilr-edi-r1.ilr.cornell.edu/nymakesworkpay/status-reports/index.cfm>

Lack of education is often associated with a lower health status and a greater likelihood of not seeking health care, especially preventive services. According to the American Community Survey, Wayne County has a higher percentage of high school graduates at 87.2% compared to the NYS average of 84.6%. However, Wayne County has almost 36% fewer residents over the age of 25 with a Bachelor's degree compared with the NYS average. 20.8% of Wayne County residents have a Bachelors degree or higher, compared to the State average of 32.5%.

US Census Bureau Quick Facts	Wayne County	New York
High school graduate or higher, percent of persons age 25+, 2007-2011	87.2%	84.6%
Bachelor's degree or higher, percent of persons age 25+, 2007-2011	20.8%	32.5%

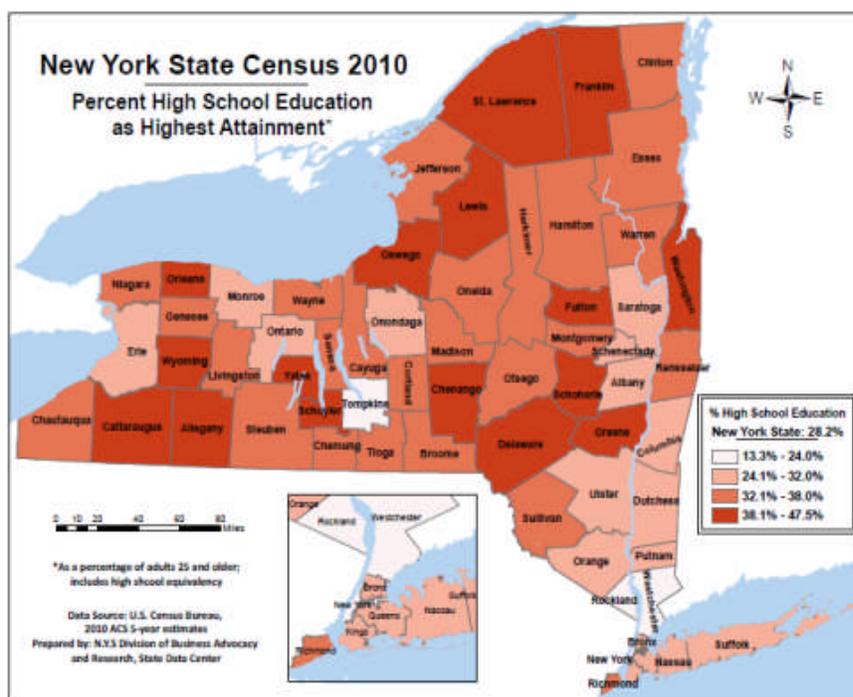
Subject	NY Estimate	NY %	Wayne County Estimate	Wayne %
EDUCATIONAL FAILURE				
Population 25 years and over	12,999,473	12,999,473	63,993	63,993
Less than 9th grade	904,283	7.0%	2,469	3.9%
9th to 12th grade, no diploma	1,091,242	8.4%	5,745	9.0%
High school graduate (includes equivalency)	3,612,232	27.8%	22,462	35.1%
Some college, no degree	2,097,401	16.1%	11,861	18.5%
Associate's degree	1,070,808	8.2%	8,129	12.7%
Bachelor's degree	2,404,491	18.5%	7,829	12.2%
Graduate or professional degree	1,819,016	14.0%	5,498	8.6%
Percent high school graduate or higher	(X)	84.6%	(X)	87.2%
Percent bachelor's degree or higher	(X)	32.5%	(X)	20.8%
VETERAN STATUS				
Civilian population 18 years and over	14,928,282	14,928,282	70,917	70,917
Civilian veterans	986,313	6.6%	6,992	9.9%
PLACE OF BIRTH				
Total population	19,302,448	19,302,448	93,628	93,628
Native	15,087,400	78.2%	90,875	97.1%
Born in United States	14,618,505	75.7%	89,908	96.0%
State of residence	12,331,483	63.9%	78,039	83.4%
Different state	2,287,022	11.8%	11,869	12.7%
Born in Puerto Rico, U.S. Island areas, or	468,895	2.4%	967	1.0%
Foreign born	4,215,048	21.8%	2,753	2.9%

Source: <http://factfinder2.census.gov>

LANGUAGE SPOKEN AT HOME				
Population 5 years and over	18,144,441	18,144,441	88,163	88,163
English only	12,798,327	70.5%	83,284	94.5%
Language other than English	5,346,114	29.5%	4,879	5.5%
Speak English less than "very well"	2,416,773	13.3%	1,835	2.1%
Spanish	2,640,614	14.6%	2,349	2.7%
Speak English less than "very well"	1,225,812	6.8%	1,051	1.2%
Other Indo-European languages	1,602,964	8.8%	2,184	2.5%
Speak English less than "very well"	625,917	3.4%	686	0.8%
Asian and Pacific Islander languages	846,507	4.7%	270	0.3%
Speak English less than "very well"	480,377	2.6%	98	0.1%
Other languages	256,029	1.4%	76	0.1%

Source: <http://factfinder2.census.gov>

Only 33.5% of Wayne County residents have a college degree compared to the NYS rate of 40.7%. A lower level of educational attainment contributes to lower earning ability, which adversely affects health. This may also lead to a lower level of knowledge regarding how to practice healthy behaviors and access appropriate preventive health care services. Those with less education may also have issues with health literacy. This underscores the need to work with the educational system to help inspire young people to continue their education after high school.



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

The majority of residents were born in the United States and 9.9% of the population is civilian veterans. 94.5% of Wayne County residents only speak English at home.

Health Insurance

Poverty, disability, and educational level all affect health outcomes as does whether or not one is insured. The uninsured are less likely to receive preventive care. In Wayne County 11.2% of those under the age of 65 are estimated to be uninsured. This is lower than the upstate rate of 12.5%. However, Wayne County has a higher rate of children, under the age of 19, who are uninsured at 7.7% compared to the state average of 7%. The Affordable Care Act and creation of the New York State of Health Marketplace to enroll all residents in an insurance product is an exciting development that is already helping to get more people insured.



Estimated Uninsured in 2008 by New York State County of Residence

County	Under Age 65	Under Age 19	Age 19 to 64
	% Uninsured	% Uninsured	% Uninsured
Statewide	15.8	7.4	19
NYS (not including) NYC	12.5	7	14.6
Ontario	9.8	8.1	10.5
Schuyler	14.1	10.5	15.5
Seneca	14	12.5	14.6
Steuben	15.2	10.8	17.0
Wayne	11.2	7.7	12.7
Yates	14	11.4	15.3

Source: 2008 Census Bureau Estimates of the Uninsured

The chart below from the NYSDOH provides a general overview of socio-economic status and general health indicators of Wayne County residents compared to those of the rest of the state. Wayne County ranks in the bottom quartile of NYS counties for several indicators including: children under 19 without health insurance, percentage of adults who had poor mental health, and the percentage of premature deaths.

Indicator	3 Year Total	County Rate	NYS Rate	Sig. Dif.	NYS Rate exc. NYC	Sig. Dif.	County Ranking Group
Total population (2011)	N/A	93,436.0	19,465,197.0	N/A	11,220,287.0	N/A	3rd
% of labor force unemployed (2012)	4,053	8.6	8.5	No	8.0	Yes	3rd
% of population at or below poverty level (2011)	N/A	12.8	16.1	Yes	N/A	N/A	2nd
% of children aged less than 18 years at or below poverty level (2011)	N/A	20.6	22.8	No	N/A	N/A	2nd
Median family income in US dollars (2011)	N/A	51,901.0	55,147.0	N/A	N/A	N/A	2nd
% of children aged less than 19 years with health insurance (2011)	N/A	94.8	95.5	No	N/A	N/A	4th
% of adults aged 18-64 years with health insurance (2011)	N/A	86.3	83.7	Yes	N/A	N/A	2nd
High school drop out rate	409	2.1	2.7	Yes	1.8	Yes	3rd
Age-adjusted % of adults who did not receive medical care because of cost # (2008-2009)	N/A	11.6	13.8	No	12.0	No	2nd
Age-adjusted % of adults with regular health care provider (2008-2009)	N/A	95.1	83.0	Yes	87.1	Yes	1st
Age-adjusted % of adults who had poor mental health 14 or more days within the past month (2008-2009)	N/A	13.2	10.2	No	10.9	No	4th
Birth rate per 1,000 population	3,066	11.0	12.5	Yes	11.0	No	3rd
Total mortality rate per 100,000	2,418	868.2	748.3	Yes	843.7	No	2nd
Age-adjusted total mortality rate per 100,000	2,418	752.2	658.1	Yes	691.4	Yes	3rd
% premature deaths (aged less than 75 years)	1,001	41.4	39.9	No	37.3	Yes	4th
Years of potential life lost per 100,000	16,726	6,416.7	5,668.7	Yes	5,839.1	Yes	3rd
Total emergency department visit rate per 10,000	99,358	3,567.6	3,954.5	Yes	3,638.6	Yes	2nd
Age-adjusted total emergency department visit rate per 10,000	99,358	3,658.4	3,953.2	Yes	3,657.5	No	2nd
Total hospitalization rate per 10,000	33,796	1,213.5	1,280.9	Yes	1,214.7	No	3rd
Age-adjusted total hospitalization rate per 10,000	33,796	1,161.7	1,230.4	Yes	1,156.8	No	3rd

Source: <http://www.health.ny.gov/statistics/chac/indicators/>



Health Status

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

Cancer Indicators

Several cancer incidence and mortality indicators for the County are in the 4th quartile and worse than state averages. Crude mortality and age adjusted mortality rates for all cancers are higher than NYS rates. This is also true for the categories of lip, oral cavity, pharynx, all lung and bronchus indicators, and crude late stage prostate incidence rates. New York State determines whether county rates are significantly different from NYS rates and NYS rates that do not include New York City. Several of the activities in the [Community Health Improvement Plan](#) will work to address these indicators, such as through increasing access to high quality chronic disease preventive care and management in clinical and community settings

Cancer Indicators - Wayne County-2007-2009

Indicator	3 Year Total	County Rate	NYS Rate	Sig. Dif.	NYS Rate exc NYC	Sig. Dif.	County Ranking Group
All cancers							
Crude incidence per 100,000	1,697	618.6	536.5	Yes	599.7	No	3rd
Age-adjusted incidence per 100,000	1,697	539.9	489.6	Yes	520.0	No	4th
Crude mortality rate per 100,000	594	216.5	179.9	Yes	204.1	No	2nd
Age-adjusted mortality rate per 100,000	594	190.1	163.0	Yes	173.9	No	3rd
Lip, Oral Cavity, and Pharynx Cancer							
Crude incidence per 100,000	23	8.4	11.5	No	12.7	No	1st
Age-adjusted incidence per 100,000	23	6.4	10.4	Yes	10.8	Yes	1st
Crude mortality rate per 100,000	11	4.0	2.3	No	2.4	No	4th
Age-adjusted mortality rate per 100,000	11	3.2	2.1	No	2.0	No	4th
Colon and rectum cancer							
Crude incidence per 100,000	160	58.3	50.4	No	53.9	No	3rd
Age-adjusted incidence per 100,000	160	50.6	45.8	No	46.2	No	3rd
Crude mortality rate per 100,000	49	17.9	17.4	No	18.5	No	2nd
Age-adjusted mortality rate per 100,000	49	15.9	15.7	No	15.7	No	2nd
Lung and bronchus cancer							
Crude incidence per 100,000	250	91.1	69.8	Yes	83.9	No	2nd
Age-adjusted incidence per 100,000	250	78.9	63.8	Yes	72.2	No	3rd
Crude mortality rate per 100,000	190	69.3	46.9	Yes	57.2	Yes	3rd
Age-adjusted mortality rate per 100,000	190	60.0	42.8	Yes	49.0	Yes	4th
Female breast cancer							
Crude incidence per 100,000	218	158.0	147.1	No	164.9	No	3rd
Age-adjusted incidence per 100,000	218	127.4	126.9	No	136.1	No	2nd
Crude mortality rate per 100,000	38	27.5	26.7	No	28.8	No	3rd
Age-adjusted mortality rate per 100,000	38	22.0	21.7	No	22.2	No	3rd
Crude late stage incidence per 100,000	7	5.1*	8.0	No	8.3	No	1st
Age-adjusted late stage incidence per 100,000	7	4.4*	6.8	No	6.8	No	1st



Cervix uteri cancer							
Crude incidence per 100,000	11	8.0	8.9	No	7.9	No	2nd
Age-adjusted incidence per 100,000	11	7.8	8.3	No	7.4	No	3rd
Crude mortality rate per 100,000	4	2.9*	2.7	No	2.2	No	3rd
Age-adjusted mortality rate per 100,000	4	3.0*	2.3	No	1.9	No	4th
Ovarian cancer							
Crude incidence per 100,000	21	15.2	15.2	No	16.5	No	2nd
Age-adjusted incidence per 100,000	21	12.6	12.9	No	13.4	No	2nd
Crude mortality rate per 100,000	12	8.7	9.6	No	11.0	No	1st
Age-adjusted mortality rate per 100,000	12	7.4	7.8	No	8.5	No	2nd
Prostate cancer							
Crude incidence per 100,000	293	214.9	169.1	Yes	186.0	Yes	4th
Age-adjusted incidence per 100,000	293	195.3	166.9	Yes	171.2	No	4th
Crude mortality rate per 100,000	27	19.8	18.5	No	19.2	No	3rd
Age-adjusted mortality rate per 100,000	27	23.4	21.6	No	20.8	No	3rd
Crude late stage incidence per 100,000	8	5.9*	6.7	No	6.6	No	2nd
Age-adjusted late stage incidence per 100,000	8	6.1*	7.2	No	6.6	No	2nd
Melanoma cancer mortality							
Crude mortality rate per 100,000	6	2.2*	2.3	No	3.1	No	2nd
Age-adjusted mortality rate per 100,000	6	1.9*	2.1	No	2.7	No	2nd
Age-adjusted % of women 18 years and older with pap smear in past 3 years (2008-2009)	N/A	80.9	82.7	No	82.6	No	3rd
% of women 40 years and older with mammography screening in past 2 years (2008-2009)	N/A	71.9	79.7	No	81.9	Yes	4th

Source: <http://www.health.ny.gov/statistics/chac/indicators/>

The American Cancer Society publishes county profiles for each county in New York State. Below is the profile for Wayne County. Lung and bronchus cancers account for 29.6% of all cancer deaths in the county.

Four cancer sites represent 55.3% of all new cancer cases and 50.7% of all new cancer deaths in Wayne County:**

Lung & bronchus cancers account for 15.3% of all cancer cases and 29.6% of all cancer deaths. This disproportionate mortality highlights the crucial need for prevention & cessation of tobacco use.

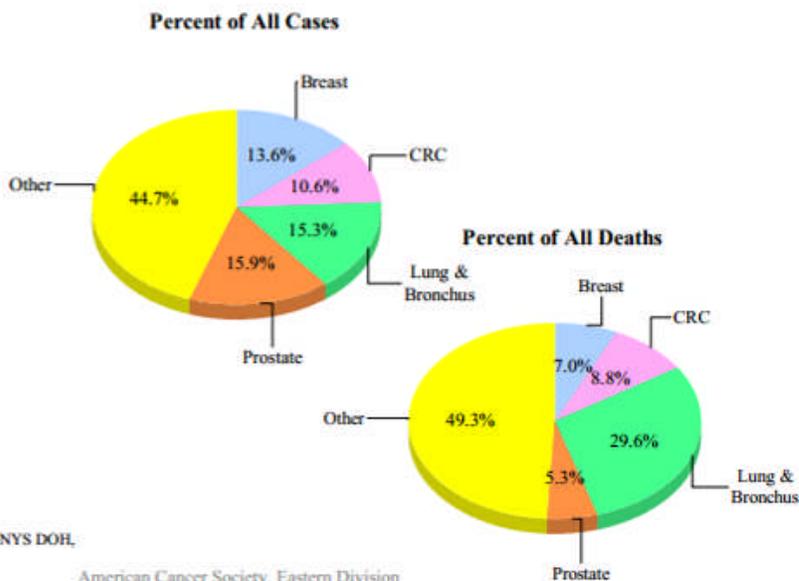
Prostate cancer accounts for 15.9% of all cancer cases and 5.3% of all cancer deaths.

Female breast cancer accounts for 13.6% of all cancer cases and 7.0% of all cancer deaths.

Colorectal cancer accounts for 10.6% of all cancer cases and 8.8% of all cancer deaths. This reflects the lower screening & early detection rates for this cancer.

* American Cancer Society, Cancer Facts & Figures, 2008
 ** Estimate based on average annual cases and deaths 2001-2005 NYS DOH, State Cancer Registry, 2008

NY State Cancer Plan:
<http://www.nyscancerconsortium.org/>



American Cancer Society, Eastern Division
 New York Cancer Profiles
 Page 1 of 2



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

Cancer Incidence and Mortality for Wayne County, 2006-2010

Site of Cancer	Incidence						Mortality					
	Males			Females			Males			Females		
	Average Annual Cases	Rate per 100,000 Males	95% CI (+/-)	Average Annual Cases	Rate per 100,000 Females	95% CI (+/-)	Average Annual Deaths	Rate per 100,000 Males	95% CI (+/-)	Average Annual Deaths	Rate per 100,000 Females	95% CI (+/-)
All Invasive Malignant Tumors	310.8	626.7	31.9	262.6	463.0	25.5	104.4	221.9	19.5	90.0	152.9	14.3
Oral cavity and pharynx	7.4	13.3	4.4	2.8	4.6	2.4	2.8	5.2	2.8	0.6	0.8	1.0
Esophagus	6.2	12.1	4.3	0.6	0.8	1.0	5.2	11.0	4.3	0.2	0.4	0.8
Stomach	4.8	9.7	4.0	2.8	5.2	2.8	2.6	5.2	2.9	1.4	2.5	1.9
Colorectal	24.0	48.8	8.9	28.0	48.0	8.0	8.2	17.3	5.4	8.4	14.2	4.3
Colon excluding rectum	14.8	31.0	7.2	19.6	33.2	6.6	5.0	10.9	4.3	6.2	10.5	3.7
Rectum & rectosigmoid	9.2	17.7	5.2	8.4	14.8	4.5	3.2	6.4	3.2	2.2	3.7	2.2
Liver / intrahepatic bile duct	4.0	7.6	3.4	2.2	3.9	2.3	3.2	6.2	3.1	2.2	3.7	2.2
Pancreas	7.8	15.5	5.0	8.0	13.8	4.3	6.4	12.6	4.5	6.2	10.5	3.7
Larynx	3.2	6.3	3.2	0.8	1.3	1.3	1.2	2.9	2.4	0.2	0.4	0.8
Lung and bronchus	41.4	85.5	11.9	38.2	66.1	9.5	32.2	67.3	10.7	27.6	47.3	8.0
Melanoma of the skin	11.8	24.6	6.4	9.8	19.0	5.4	1.6	3.2	2.3	0.6	1.0	1.1
Melanoma of the skin	11.8	24.6	6.4	9.8	19.0	5.4	1.6	3.2	2.3	0.6	1.0	1.1
Female breast				72.0	125.4	13.1				12.6	21.7	5.4
Cervix uteri				3.4	7.1	3.5				1.6	2.9	2.1
Corpus uterus and NOS				14.8	25.5	5.9				3.0	4.9	2.5
Ovary				6.4	11.4	4.0				4.0	6.9	3.1
Prostate	96.8	185.4	16.9				9.4	22.7	6.6			
Testis	3.4	7.6	3.7				0.2	0.3	0.7			
Urinary bladder (incl. in situ)	22.8	47.8	9.0	9.2	16.2	4.8	3.2	7.3	3.7	0.4	0.6	0.8
Kidney and renal pelvis	12.4	25.8	6.6	7.4	13.1	4.3	2.2	4.4	2.6	1.0	1.9	1.7
Brain and other nervous system	4.0	9.0	4.0	3.6	6.5	3.0	3.0	6.0	3.1	2.4	4.1	2.3
Thyroid	2.6	5.3	3.0	6.4	13.2	4.7	0.4	0.8	1.1	0.0	0.0	0.0
Hodgkin lymphoma	2.0	4.6	2.9	2.2	4.9	3.0	0.0	0.0	0.0	0.2	0.3	0.7
Non-Hodgkin lymphomas	13.4	27.0	6.6	10.8	18.7	5.1	4.6	9.9	4.1	3.6	6.1	2.9
Myeloma	2.4	4.5	2.6	3.6	5.7	2.7	1.2	2.6	2.1	1.0	1.6	1.4
Leukemia's	10.2	21.4	6.0	6.6	12.1	4.2	3.6	7.9	3.8	3.2	5.4	

Source: New York State Cancer Registry



Cardiovascular Disease

Cardiovascular Disease (CVD) is the leading cause of death in the United States and in NYS. In New York State, CVD killed almost 59,000 residents in 2007. For every person who dies from a heart attack, 18 people survive. For every person who dies from a stroke, seven people survive. Many of these survivors are disabled and cannot lead productive lives. Stroke is a leading cause of premature, permanent disability among working-age adults in the United States. Stroke alone accounts for the disability of more than a million Americans. The economic impact of CVD and stroke on the health system will grow as the population ages.⁵

About 1 in 3 U.S. adults—as estimated 68 million—have high blood pressure, which increases the risk for heart disease and stroke, leading causes of death in the United States. High blood pressure is called the "silent killer" since it often has no warning signs or symptoms, and many people don't realize they have it. Everyone should have blood pressure checked regularly.⁶

As noted above, the NYS Department of Health points out that hypertension and tobacco use are two major contributing factors to cardiovascular diseases. As noted in the community health indicators on the NYSDOH Prevention Agenda website, the age adjusted cardiovascular disease hospitalization rate per 10,000 in Wayne County is 172.6 compared to the upstate New York rate of 157.5. Hospitalization rates for diseases of the heart and coronary heart disease are also higher than NYS rates. The age adjusted percentage of adults who smoke cigarettes in Wayne County is 19.9% compared to the upstate NY rate of 17.0%. Failing to win the battle against obesity and heart disease will mean premature death and disability for an increasingly large segment of Wayne County residents. The cerebrovascular disease (stroke) mortality rate for Wayne County is 17.3 compared to the NYS rate of 10.5.

The NYSDOH cardiovascular disease indicators for Wayne County (see chart below) illustrate the need for addressing obesity, heart disease, hypertension and tobacco use among county residents. Hospitalization rates are consistently high, ranking in the third or fourth quartile in the state.

Cardiovascular Disease Indicators - Wayne County-2008-2010

Indicator	3 Year Total	County Rate	NYS Rate	Sig.Dif.	NYS Rate exc NYC	Sig.Dif.	County Ranking Group
Cardiovascular disease mortality rate per 100,000							
Crude	713	257.7	289.2	Yes	302.9	Yes	1st
Age-adjusted	713	228.1	250.9	Yes	244.7	No	1st
Premature death (ages 35-64 years)	115	95.0	102.0	No	95.3	No	2nd
Pretransport mortality	378	136.6	144.1	No	155.9	Yes	2nd
Cardiovascular disease hospitalization rate per 10,000							
Crude	5,457	197.3	183.3	Yes	184.6	Yes	3rd
Age-adjusted	5,457	172.6	165.6	Yes	157.5	Yes	3rd
Disease of the heart mortality rate per 100,000							
Crude	577	208.6	239.7	Yes	243.6	Yes	1st
Age-adjusted	577	185.3	207.6	Yes	196.5	No	2nd
Premature death (ages 35-64 years)	89	73.5	83.3	No	78.0	No	2nd
Pretransport mortality	324	117.1	125.3	No	129.7	No	2nd

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

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

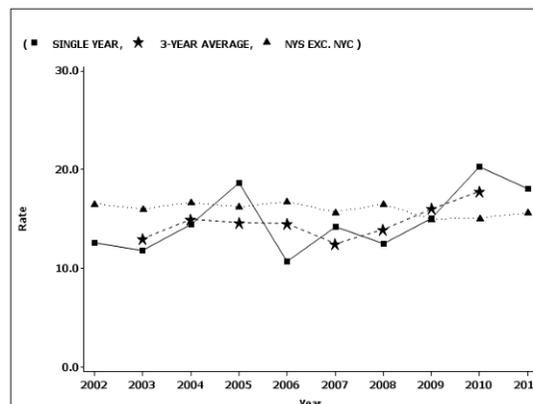


Disease of the heart hospitalization rate per 10,000							
Crude	4,027	145.6	125.7	Yes	128.4	Yes	4th
Age-adjusted	4,027	127.5	113.3	Yes	109.2	Yes	4th
Coronary heart disease mortality rate per 100,000							
Crude	413	149.3	195.6	Yes	180.0	Yes	2nd
Age-adjusted	413	130.9	169.4	Yes	145.1	Yes	2nd
Premature death (ages 35-64 years)	70	57.8	69.0	No	59.9	No	2nd
Pretransport mortality	253	91.5	105.2	Yes	99.0	No	2nd
Coronary heart disease hospitalization rate per 10,000							
Crude	1,733	62.6	52.3	Yes	51.6	Yes	4th
Age-adjusted	1,733	53.2	46.9	Yes	43.7	Yes	4th
Congestive heart failure mortality rate per 100,000							
Crude	49	17.7	13.3	No	19.8	No	2nd
Age-adjusted	49	16.1	11.3	Yes	15.5	No	3rd
Premature death (ages 35-64 years)	2	1.7*	1.6	No	2.0	No	2nd
Pretransport mortality	24	8.7	7.2	No	10.9	No	2nd
Congestive heart failure hospitalization rate per 10,000							
Crude	896	32.4	32.3	No	32.2	No	3rd
Age-adjusted	896	29.1	28.9	No	26.9	Yes	3rd
Cerebrovascular disease (stroke) mortality rate per 100,000							
Crude	104	37.6	30.5	No	39.3	No	2nd
Age-adjusted	104	32.7	26.7	No	31.9	No	2nd
Premature death (ages 35-64 years)	21	17.3	10.6	No	10.5	No	4th
Pretransport mortality	35	12.7	10.9	No	16.5	No	1st
Cerebrovascular disease (stroke) hospitalization rate per 10,000							
Crude	834	30.1	27.8	Yes	29.8	No	3rd
Age-adjusted	834	26.2	25.1	No	25.3	No	3rd
Hypertension hospitalization rate per 10,000 (ages 18 years and older)	53	2.5	7.9	Yes	5.3	Yes	1st
Age-adjusted % of adults with physician diagnosed angina, heart attack or stroke # (2008-2009)	N/A	8.1	7.6	No	7.2	No	3rd
Age-adjusted % of adults with cholesterol checked in the last 5 years # (2008-2009)	N/A	78.1	77.3	No	79.3	No	1st
Age-adjusted % of adults ever told they have high blood pressure (2008-2009)	N/A	24.6	25.7	No	27.1	No	1st

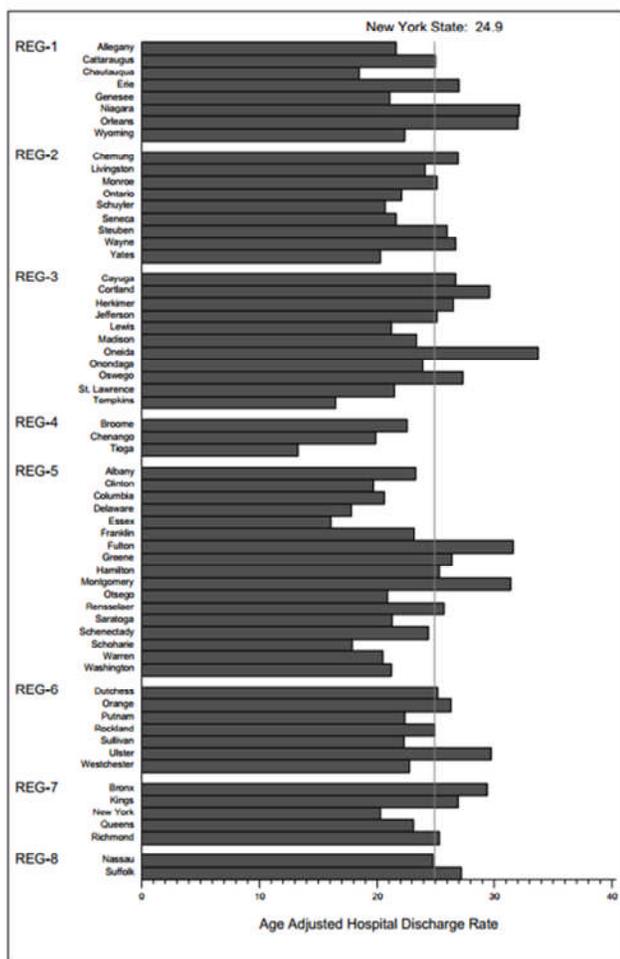
Source: <http://www.health.ny.gov/statistics/chac/indicators/>

The 3-year average trend for deaths due to Congestive Heart Failure has risen above NYS rates.

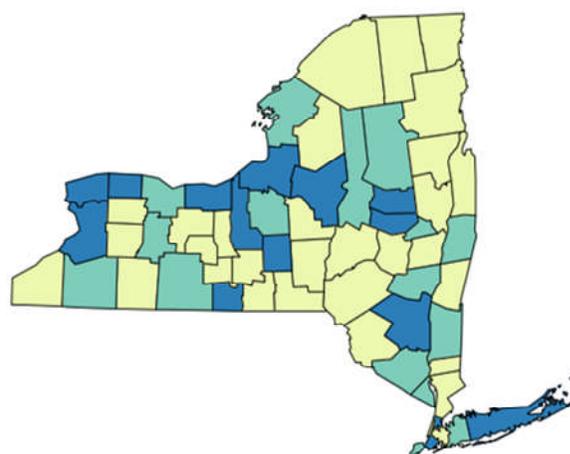
Age-adjusted Wayne County Congestive Heart Failure mortality rates per 100,000



Source: <http://www.health.ny.gov/statistics/chac/indicators/>



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



Hospital Discharge Rate
Counties Are Shaded Based On Quartile Distribution

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

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

Source: <http://www.health.ny.gov/statistics/chac/indicators/>

As you can see, Stroke hospitalization rates in Wayne County are increasing, as NYS rates are decreasing.

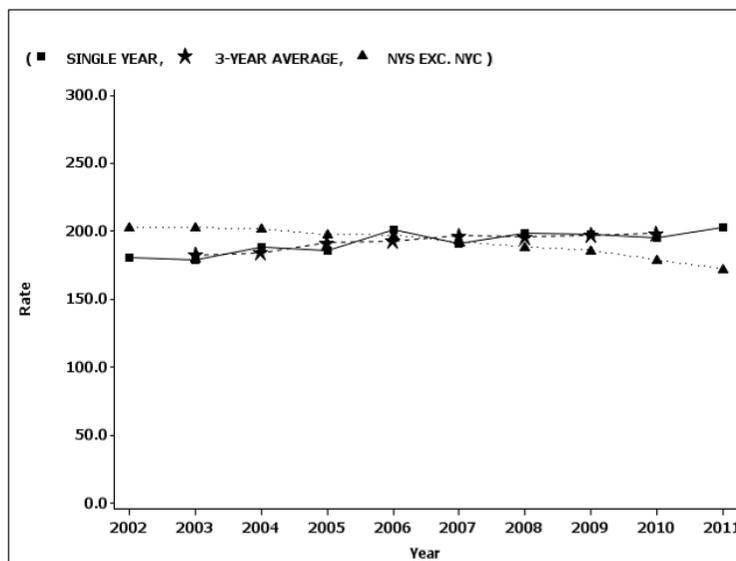
Cerebrovascular disease (stroke) hospitalization rate per 10,000

Year	Crude Rate			Age Adjusted Rate		
	Single Year	3-Year Average	NYS exc. NYC	Single Year	3-Year Average	NYS exc. NYC
2002	24.7		31.7	24.2		28.7
2003	26.1	24.7	30.7	25.2	24.0	27.6
2004	23.4	24.5	30.6	22.6	23.5	27.3
2005	23.9	24.7	30.2	22.9	23.5	26.6
2006	26.8	26.1	30.3	25.2	24.3	26.7
2007	27.7	27.7	30.3	25.0	25.2	26.4
2008	28.5	29.8	29.6	25.4	26.4	25.5
2009	33.1	30.1	30.1	28.7	26.2	25.5
2010	28.9	31.6	29.8	24.4	26.7	25.0
2011	32.7		29.7	27.1		24.5

Source: <http://www.health.ny.gov/statistics/chac/indicators/>



The Cardiovascular disease hospitalization rate, on a 3-year average, for Wayne County was 198.8 in 2010, compared to NYS at a rate of 169.9.



Source: <http://www.health.ny.gov/statistics/chac/indicators/>

Year	Crude Rate		
	Single Year	3-Year Average	NYS exc. NYC
2002	0.7		3.5
2003	1.0	1.1	3.7
2004	1.6	1.3	3.9
2005	1.3	1.6	3.9
2006	2.0	1.5	4.0
2007	1.3	1.8	4.7
2008	2.1	2.0	5.0
2009	2.4	2.5	5.4
2010	2.9	3.3	5.5
2011	4.6		5.3

Wayne County hypertension hospitalization 3-year averages have risen from 1.6 in 2005 to 3.3 in 2010.

Source: <http://www.health.ny.gov/statistics/chac/indicators/>

Cancer and heart disease account for the top two leading causes of death in Wayne County.

Leading Causes of Death by County, New York State, 2011 (<http://www.health.ny.gov/statistics/chac/indicators/>)

County and # of Deaths	#1 Cause of Death and # of Deaths Age-adjusted Death Rate	#2 Cause of Death and # of Deaths Age-adjusted Death Rate	#3 Cause of Death and # of Deaths Age-adjusted Death Rate	#4 Cause of Death and # of Deaths Age-adjusted Death Rate	#5 Cause of Death and # of Deaths Age-adjusted Death Rate
Wayne Total: 830	Cancer 202 174 per 100,000	Heart Disease 196 173 per 100,000	Chronic Lower Respiratory Diseases (CLRD) 51 47 per 100,000	Unintentional Injury 44 46 per 100,000	Stroke 39 35 per 100,000
Wayne Females Total: 390	Heart Disease 93 139 per 100,000	Cancer 87 140 per 100,000	Chronic Lower Respiratory Diseases (CLRD) 30 49 per 100,000	Stroke 30 48 per 100,000	Unintentional Injury 11 22 per 100,000*
Wayne Males Total: 440	Cancer 115 217 per 100,000	Heart Disease 103 213 per 100,000	Unintentional Injury 33 72 per 100,000	Chronic Lower Respiratory Diseases (CLRD) 21 45 per 100,000	Diabetes 18 30 per 100,000*



Child and Adolescent Health

Childhood mortality rates per 100,000 are statistically unreliable as they had fewer than 10 events in the numerator. Childhood mortality rates for ages 1-4 years, and 15-19 years per 10,000 are in the 4th quartile of the state, and significantly above state rates.

Child and Adolescent Health Indicators - Wayne County-2008-2010

Indicator	3 Year Total	County Rate	NYS Rate	Sig. Dif.	NYS Rate exc NYC	Sig. Dif.	County Ranking Group
Childhood mortality rate per 100,000							
Ages 1-4 years	5	38.3*	20.3	No	22.7	No	4th
Ages 5-9 years	1	5.9*	10.4	No	10.5	No	1st
Ages 10-14 years	4	20.9*	12.8	No	13.0	No	4th
Ages 5-14 years	5	13.9*	11.6	No	11.8	No	3rd
Ages 15-19 years	10	49.6	37.2	No	37.8	No	4th
Asthma hospitalization rate per 10,000							
Ages 0-4 years	32	19.6	58.8	Yes	36.1	Yes	2nd
Ages 5-14 years	21	5.8	20.9	Yes	11.2	Yes	1st
Ages 0-17 years	57	8.7	29.0	Yes	16.1	Yes	2nd
Gastroenteritis hospitalization rate per 10,000 (ages 0-4 years)	7	4.3*	15.7	Yes	10.8	Yes	1st
Otitis media hospitalization rate per 10,000 (ages 0-4 years)	3	1.8*	3.3	No	2.7	No	2nd
Pneumonia hospitalization rate per 10,000 (ages 0-4 years)	53	32.4	44.6	Yes	37.5	No	2nd
% of children born in 2008 with a lead screening by 9 months	31	2.9	6.8	Yes	2.9	No	2nd
% of children born in 2008 with a lead screening by 18 months	737	69.1	69.5	No	65.4	No	2nd
% of children born in 2008 with at least two lead screenings by 36 months	520	48.7	52.9	No	45.2	No	2nd
Incidence rate per 1,000 among children less than 72 months of age with a confirmed blood lead level greater than or equal to 10 micrograms per deciliter	39	8.1	5.3	Yes	7.7	No	2nd

Source: <http://www.health.ny.gov/statistics/chac/indicators/>

Cirrhosis

The cirrhosis mortality rates per 100,000 in Wayne County are considerably above NYS rates, with the age-adjusted mortality rate ranking in the 4th quartile. The mortality rates for diabetes are in the 3rd quartile, and Wayne County rates are higher than NYS rates. The cirrhosis and diabetes mortality rates in Wayne County are alarming and demonstrate the need for Wayne County Public Health and their partners to concentrate on fighting chronic disease. More diabetes data can be found in the next section.



Cirrhosis/Diabetes Indicators - Wayne County-2008-2010

Indicator	3 Year Total	County Rate	NYS Rate	Sig. Dif.	NYS Rate exc NYC	Sig. Dif.	County Ranking Group
Cirrhosis mortality rate per 100,000							
Crude	30	10.8	6.9	Yes	7.7	No	3rd
Age-adjusted	30	9.4	6.2	No	6.6	No	4th
Cirrhosis hospitalization rate per 10,000							
Crude	45	1.6	2.9	Yes	2.5	Yes	1st
Age-adjusted	45	1.4	2.7	Yes	2.2	Yes	1st
Diabetes mortality rate per 100,000							
Crude	67	24.2	18.6	No	17.7	Yes	3rd
Age-adjusted	67	21.4	16.6	No	14.9	Yes	3rd
Diabetes hospitalization rate per 10,000 (primary diagnosis)							
Crude	352	12.7	20.3	Yes	15.5	Yes	2nd
Age-adjusted	352	11.9	19.0	Yes	14.3	Yes	2nd
Diabetes hospitalization rate per 10,000 (any diagnosis)							
Crude	6,362	230.0	248.7	Yes	228.9	No	2nd
Age-adjusted	6,362	200.0	226.1	Yes	198.2	No	2nd
Age-adjusted % of adults with physician diagnosed diabetes (2008-2009)	N/A	8.6	9.0	No	8.5	No	2nd

Source: <http://www.health.ny.gov/statistics/chac/indicators/>

Cirrhosis - Deaths and Death Rates Per 100,000 Residents

Region/County	Deaths				Population 2008	Crude Rate	Adjusted Rate
	2007	2008	2009	Total			
Ontario	6	8	15	29	104,475	9.3	7.8
Schuyler	2	3	3	8	18,888	14.1	11.5
Seneca	4	1	4	9	34,086	8.8	7.4
Steuben	8	9	8	25	96,573	8.6	7.2
Wayne	7	12	10	29	91,564	10.6	9.3
Yates	1	0	1	2	24,652	2.7	2.3
New York State Total	1,285	1,358	1,272	3,915	19,490,297	6.7	6.0

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

Adjusted Rates Are Age Adjusted to The 2000 United States Population

Diabetes

The Wayne County priorities of reducing obesity, heart disease and hypertension rates will help address the diabetes rates in the county. According to the CDC about 70% of people with diabetes have high blood pressure, a risk factor for cardiovascular disease. Consider the following facts from the NYSDOH:

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



The Diabetes Epidemic

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

Diabetes is Serious and Costly

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

The Wayne County diabetes death rate is considerably higher at 20.2 than the NYS rate of 16.8.

Diabetes - Deaths and Death Rates Per 100,000 Residents

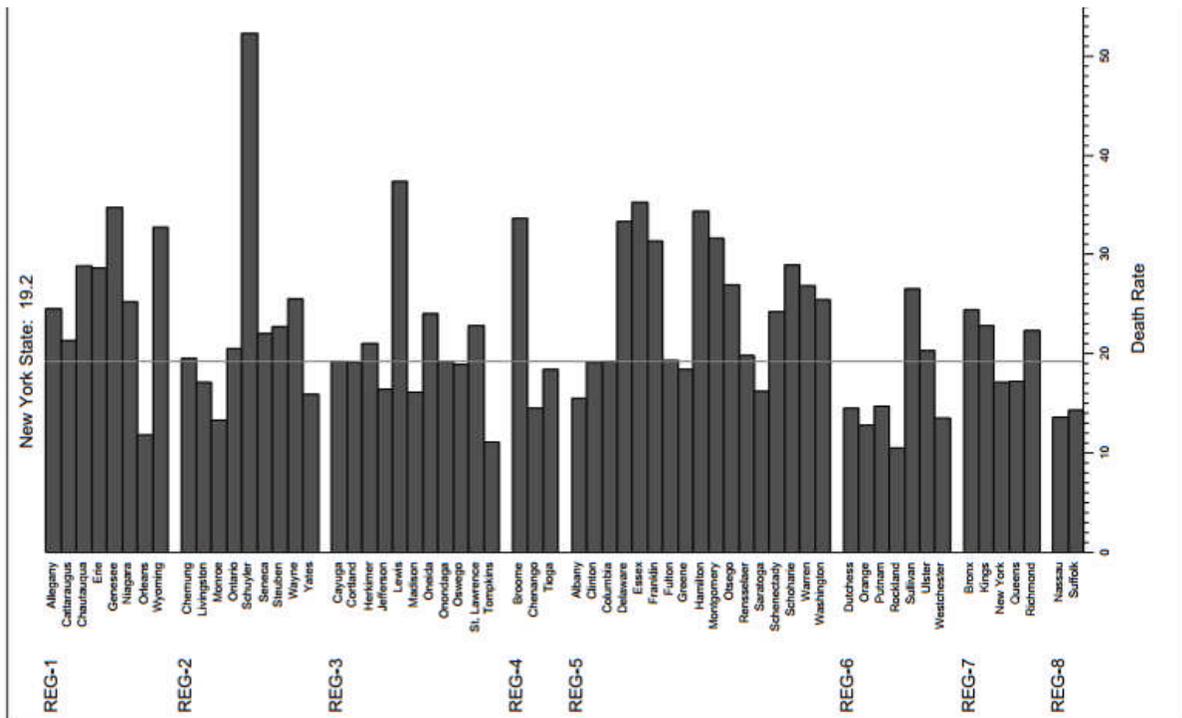
Region/County	Deaths				Population 2008	Crude Rate	Adjusted Rate
	2007	2008	2009	Total			
Chemung	16	18	18	52	87,813	19.7	16.3
Livingston	15	12	6	33	63,154	17.4	16.1
Monroe	129	106	100	335	732,762	15.2	13.4
Ontario	30	16	25	71	104,475	22.7	19.3
Schuyler	7	6	10	23	18,888	40.6	30.2
Seneca	1	7	9	17	34,086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

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

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

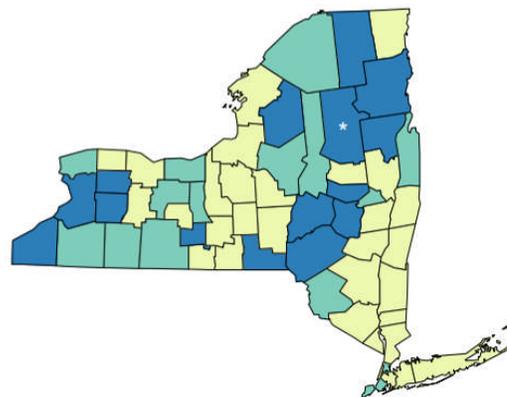


This New York State Department of Health graph illustrates diabetes mortality rates per 100,000 according to 2009 – 2011 vital statistic data NYS averages. Wayne County rates are above the NYS average, but not nearly as high as neighboring Schuyler County.

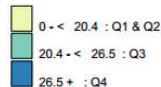


Diabetes mortality rate per 100,000

2009-2011



Death Rate
Counties Are Shaded Based On Quartile Distribution
(* Fewer than 10 events in the numerator, therefore the rate is unstable)



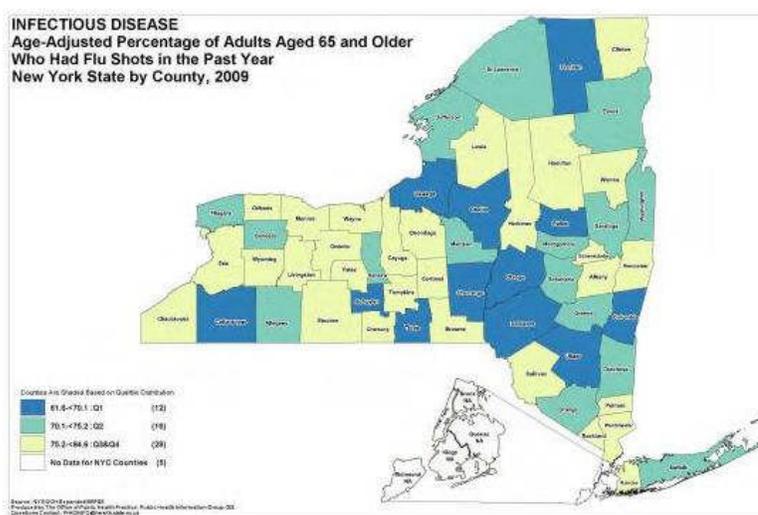
Source: 2009-2011 Vital Statistics Data as of February, 2013



Communicable Disease

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

The charts below include three year histories of some of the reportable diseases. The small number of cases of some of the infectious diseases makes rate data rather meaningless, but needs to be tracked for the absolute number of cases and presence of disease in the County and NYS. A strict eye is kept on these cases with the onset of each flu season. There is uncertainty about what the upcoming flu season might bring each year. Wayne County Public Health maintains a 24 hour system for receiving communicable disease reports, including rabies bite reports, and provides extensive public and professional education regarding communicable diseases. This map illustrates the percentage of adults over 65 receiving their annual flu shot in 2009.



NYSDOH infectious disease indicators in the table below show that rates are lower in the County compared to NYS averages.

Indicator	Data Years	Wayne County	New York State	NYS 2017 Objective
Percentage of children with 4:3:1:3:3:1:4 immunization series - Ages 19-35 months ³	2011	64.7	47.6	80
Percentage of adolescent females with 3-dose HPV immunization - Ages 13-17 years	2011	40.6	26.0	50
Percentage of adults with flu immunization - Ages 65+ years	2008-2009	84.2 (78.6-89.9)	75.0 (71.5-78.5)	66.2
Newly diagnosed HIV case rate per 100,000	2008-2010	5.1	21.6	14.7
Difference in rates (Black and White) of new HIV diagnoses		s	59.4	45.7
Difference in rates (Hispanic and White) of new		s	31.1	22.3

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



HIV diagnoses				
Gonorrhea case rate per 100,000 women - Ages 15-44 years	2010	132.9	203.4	183.1
Gonorrhea case rate per 100,000 men - Ages 15-44 years	2010	23.3*	221.7	199.5
Chlamydia case rate per 100,000 women - Ages 15-44 years	2010	1275.0	1619.8	1,458
Primary and secondary syphilis case rate per 100,000 males	2010	0.0*	11.2	10.1
Primary and secondary syphilis case rate per 100,000 females	2010	0.0*	0.5	0.4

Source: http://www.health.ny.gov/prevention/prevention_agenda/indicators/county/wayne.htm

Most communicable disease indicator rates are statistically unreliable given the small numbers reported in the County. The pneumonia/flu hospitalization rates for those over 65, and the Meningococcal incidence rate, rank in the bottom quartile of the state.

Communicable Disease Indicators - Wayne County-2008-2010

Indicator	3 Year Total	County Rate	NYS Rate	Sig. Dif.	NYS Rate exc NYC	Sig. Dif.	County Ranking Group
Pneumonia/flu hospitalization rate (ages 65 years and older) per 10,000	704	182.9	127.9	Yes	140.1	Yes	4th
Pertussis incidence per 100,000	10	3.6	3.0	No	4.3	No	3rd
Mumps incidence per 100,000	0	0.0*	5.5	Yes	4.0	Yes	2nd
Meningococcal incidence per 100,000	2	0.7*	0.2	No	0.2	No	4th
H. influenza incidence per 100,000	5	1.8*	1.3	No	1.5	No	3rd
Hepatitis A incidence per 100,000	0	0.0*	0.8	Yes	0.5	Yes	1st
Acute Hepatitis B incidence per 100,000	1	0.4*	0.8	No	0.6	No	2nd
Tuberculosis incidence per 100,000	5	1.8*	5.4	Yes	2.4	No	3rd
E. coli O157 incidence per 100,000	3	1.1*	0.6	No	0.8	No	3rd
Salmonella incidence per 100,000	24	8.7	13.9	Yes	12.9	No	1st
Shigella incidence per 100,000	5	1.8*	4.4	Yes	3.2	No	3rd
Lyme disease incidence per 100,000#	4	1.4*	42.4	Yes	66.2	Yes	1st
% of adults 65 years and older with flu shot in last year (2008-2009)	N/A	84.2	75.0	Yes	76.0	Yes	1st
% of adults 65 years and older who ever received pneumonia shot (2008-2009)	N/A	76.0	64.7	Yes	71.2	No	1st

Source: <http://www.health.ny.gov/statistics/chac/indicators/>

Tuberculosis

New York State Public Health Law and the State Sanitary Code require reporting of all suspected and confirmed Tuberculosis cases to the local health department where a patient resides. All reports received by the local health department are sent to the New York State Department of Health. Therefore, the main purpose of the TB Program is surveillance, control and prevention of Tuberculosis in Wayne County. While Wayne County rarely encounters TB cases, the Public Health Department must be vigilant in being prepared to address TB cases to prevent the spread of this disease.



Wayne County Public Health provides clinical services to patients and their contacts identified as being acutely or latently infected with tuberculosis. Through a contract with Rochester General Hospital's Pulmonary Critical Unit, a Pulmonologist provides medical direction and consultation for tuberculosis control and prevention in Wayne County. Nursing staff provide health guidance and coordinate services for this program. Changes in the Public Health law mandate that third party payers must be billed first for services rendered to eligible tuberculosis patients and their contacts. All remaining costs are paid by the County and State Aid.

Number of:	2010	2011	2012
Referrals to the TB program	140	134	76
TB skin tests (TST) performed	425	383	307
Latent TB Infection (LTBI) clients seen for Prophylaxis	132	118	35
Active TB Cases	2	3	1

Source: WCPHD Annual Report 2012

Three year rates for various communicable diseases are in the following charts. Again, these rates are not statistically reliable due to small numbers.

Tuberculosis Per 100,000 Population

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

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

Region/County	Pertussis Cases per 100,000 Population				Population	Rate
	2007	2008	2009	Total	2008	
Chemung	0	1	0	1	87,813	0.4
Livingston	1	0	2	3	63,154	1.6
Monroe	64	6	7	77	732,762	3.5
Ontario	4	5	0	9	104,475	2.9
Schuyler	0	2	0	2	18,888	3.5
Seneca	2	0	0	2	34,086	2.0
Steuben	0	1	15	16	96,573	5.5
Wayne	11	0	2	13	91,564	4.7
Yates	0	0	0	0	24,652	0.0
Region Total	82	15	26	123	1,253,967	3.3
NYS Total	705	568	364	1,637	19,490,297	2.8

Region/County	Hepatitis A per 100,000 Population				Population	Rate
	2007	2008	2009	Total	2008	
Chemung	0	0	0	0	87,813	0.0
Livingston	0	2	0	2	63,154	1.1
Monroe	4	3	1	8	732,762	0.4
Ontario	1	0	0	1	104,475	0.3
Schuyler	0	0	0	0	18,888	0.0
Seneca	0	0	0	0	34,086	0.0
Steuben	0	0	0	0	96,573	0.0
Wayne	1	0	0	1	91,564	0.4
Yates	0	0	1	1	24,652	1.4
Region Total	6	5	2	13	1,253,967	0.3
NYS Total	235	179	136	550	19,490,297	0.9

Region/County	Haemophilus Influenza Per 100,000 Population				Population	Rate
	2007	2008	2009	Total	2008	
Chemung	1	1	0	2	87,813	0.76
Livingston	0	0	1	1	63,154	0.53
Monroe	12	12	12	36	732,762	1.64
Ontario	2	0	1	3	104,475	0.96
Schuyler	2	0	0	2	18,888	3.53
Seneca	0	1	1	2	34,086	1.96
Steuben	3	1	2	6	96,573	2.07
Wayne	1	1	4	6	91,564	2.18
Yates	0	0	0	0	24,652	0.00
Region Total	21	16	21	58	1,253,967	1.54
NYS Total	254	258	249	761	19,490,297	1.30



Lyme Disease per 100,000 Population					Population	
Region/County	2007	2008	2009	Total	2008	Rate
Chemung	2	0	3	5	87,813	1.9
Livingston	0	2	2	4	63,154	2.1
Monroe	10	12	25	47	732,762	2.1
Ontario	3	2	3	8	104,475	2.6
Schuyler	1	1	1	3	18,888	5.3
Seneca	0	0	3	3	34,086	2.9
Steuben	0	5	2	7	96,573	2.4
Wayne	2	2	1	5	91,564	1.8
Yates	0	0	0	0	24,652	0.0
Region Total	18	24	40	82	1,253,967	2.2
NYS Total	4,604	9,152	9,279	23,035	19,490,297	39.4

Hepatitis B per 100,000 Population					Population	
Region/County	2007	2008	2009	Total	2008	Rate
Chemung	0	0	0	0	87,813	0.0
Livingston	0	0	0	0	63,154	0.0
Monroe	14	2	3	19	732,762	0.9
Ontario	0	0	2	2	104,475	0.6
Schuyler	0	0	0	0	18,888	0.0
Seneca	0	0	0	0	34,086	0.0
Steuben	1	1	0	2	96,573	0.7
Wayne	0	0	0	0	91,564	0.0
Yates	0	0	0	0	24,652	0.0
Region Total	15	3	5	23	1,253,967	0.6
NYS Total	211	171	130	512	19,490,297	0.9

The source for these charts is the 2007-2009 Bureau of Communicable Disease Control Data as of April, 2011.

Pneumoconiosis Hospitalizations per 100,000 Persons Ages 15 Years and Older

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

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

Sexually Transmitted Diseases

Diagnosis and treatment of sexually transmitted diseases is a responsibility of each county health department in New York State. Wayne County Public Health holds bi-weekly, walk-in clinics for anonymous STD testing. Staff has received special training to conduct HIV testing/screening and to provide HIV pre and post test counseling. A per-diem Nurse Practitioner is kept on staff to provide the diagnostic service of this clinic. Wayne County Public Health provides free male and female condoms to any individual who requests.

As is shown on the following page, the number of HIV/AIDS cases in Wayne County are relatively low compared to NYS rates and statistically unreliable due to low numbers. Gonorrhea and Chlamydia rates are not above NYS averages, but do rank in the 3rd quartile of the state. This chart shows STD Clinic attendance and the number of cases in the County.

STD Program	2010	2011	2012
# of cases- Gonorrhea	26	15	18
# of cases- Chlamydia	287	255	260
# of cases- Syphilis	2	3	2
# of STD Clinics Offered	33	35	36
# of People attending STD Clinics	242	123	141



Indicator	3 Year Total	County Rate	NYS Rate	Sig.Dif.	NYS Rate exc NYC	Sig.Dif.	County Ranking Group
HIV case rate per 100,000							
Crude	14	5.1	21.4	Yes	7.4	No	3rd
AIDS case rate per 100,000							
Crude	8	2.9*	17.6	Yes	5.6	No	2nd
AIDS mortality rate per 100,000							
Crude	2	0.7*	5.7	Yes	1.7	No	2nd
Age-adjusted	2	0.6*	5.3	Yes	1.6	Yes	2nd
Early syphilis case rate per 100,000	4	1.4*	12.8	Yes	2.5	No	3rd
Gonorrhea case rate per 100,000							
All ages	63	22.8	89.7	Yes	55.7	Yes	3rd
Ages 15-19 years	24	119.0	335.5	Yes	210.3	Yes	3rd
Chlamydia case rate per 100,000 males							
All ages	174	126.9	305.1	Yes	178.9	Yes	3rd
Ages 15-19 years	43	404.4	1,013.5	Yes	586.9	Yes	3rd
Ages 20-24 years	65	813.8	1,410.1	Yes	920.6	No	3rd
Chlamydia case rate per 100,000 females							
All ages	504	361.2	644.6	Yes	426.2	Yes	3rd
Ages 15-19 years	212	2,225.0	3,587.6	Yes	2,334.5	No	3rd
Ages 20-24 years	200	2,504.1	3,114.6	Yes	2,200.4	No	4th
Pelvic inflammatory disease (PID) hospitalization rate per 10,000 females (ages 15-44 years)	9	1.8*	3.7	Yes	2.5	No	2nd

Source: <http://www.health.ny.gov/statistics/chac/indicators/>

The following charts illustrate that Wayne County rates are below New York State rates in every case. This is the case for most rural NY counties.

AIDS - Deaths and Death Rates Per 100,000 Residents

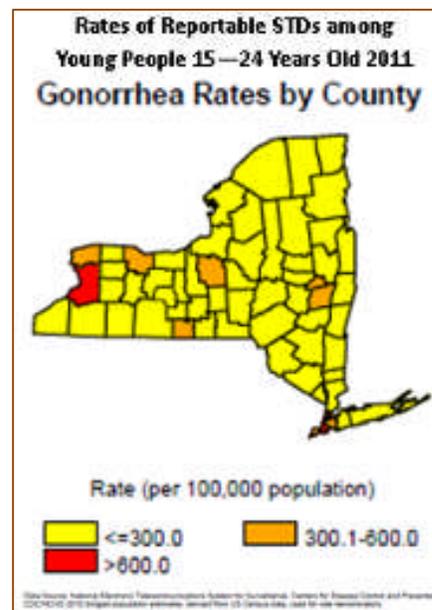
Source: 2007-2009 Vital Statistics Data as of March, 2011

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

Newly Diagnosed HIV Cases Per 100,000 Population

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

Region/County	Newly Diagnosed HIV Cases				Newly Diagnosed HIV Cases	Rate
	2007	2008	2009	Total	2008	
Chemung	2	6	2	10	87,813	3.8
Livingston	2	1	3	6	63,154	3.2
Monroe	96	90	90	276	732,762	12.6
Ontario	5	2	3	10	104,475	3.2
Schuyler	1	1	0	2	18,888	3.5
Seneca	2	2	0	4	34,086	3.9
Steuben	2	4	3	9	96,573	3.1
Wayne	3	5	5	13	91,564	4.7
Yates	0	0	0	0	24,652	0.0
Region Total	113	111	106	330	1,253,967	8.8
New York State Total	4,688	4,540	4,111	13,339	19,490,297	22.8



Early Syphilis Per 100,000 Population

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

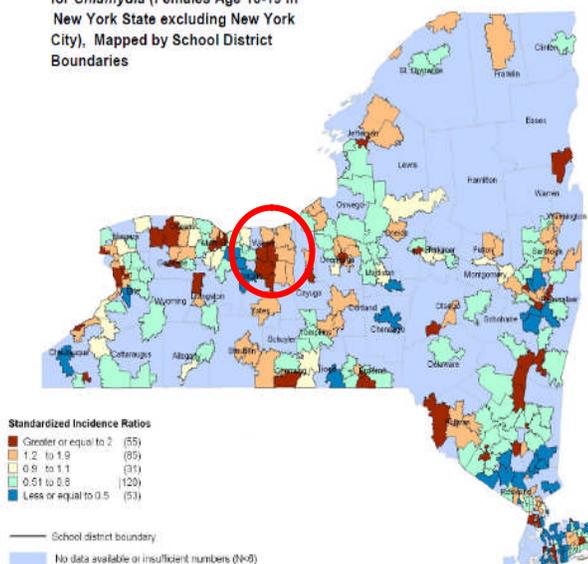
Region/County	Early Syphilis				Population	Rate
	2007	2008	2009	Total	2008	
Chemung	0	5	5	10	87,813	3.8
Livingston	0	0	0	0	63,154	0.0
Monroe	18	11	16	45	732,762	2.0
Ontario	2	0	0	2	104,475	0.6
Schuyler	0	0	0	0	18,888	0.0
Seneca	0	1	1	2	34,086	2.0
Steuben	2	0	0	2	96,573	0.7
Wayne	1	3	1	5	91,564	1.8
Yates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

Gonorrhea Per 100,000 Population

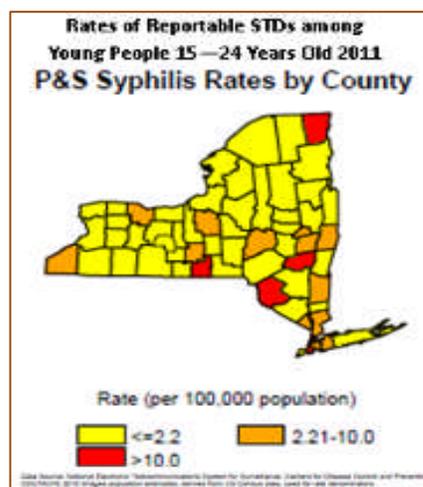
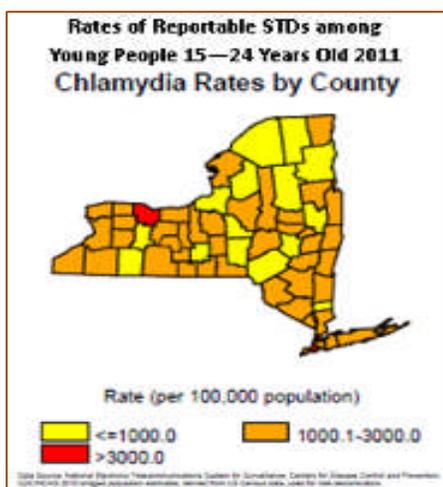
Source: 2007-2009 Bureau of STD Control Data as of May, 2011

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

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



The maps illustrate rates throughout New York State. Wayne County rates are somewhat higher than the other rural counties, and there is a higher gonorrhea incidence rate in Wayne County compared to the other upstate NY counties, per the chart above.



Family Planning and Natality Indicators

Wayne County, as can be seen in the bolded sections of the chart below ranks in the 4th quartile for fertility rates for total births, specifically ages 15-19 years, and ages 18-19 years. County rates are in the third quartile for several other measures demonstrating the need to remain vigilant in family planning efforts. Teen pregnancy rates (except 18-19) are mostly lower however.

Family Planning/Natality Indicators - Wayne County-2008-2010

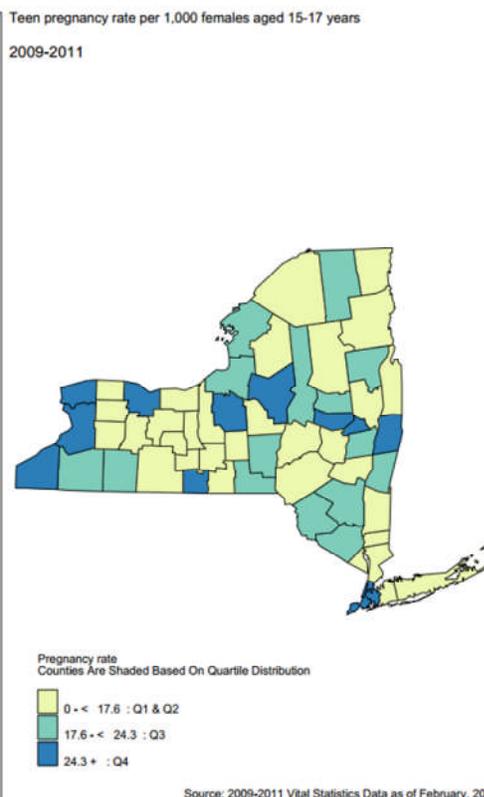
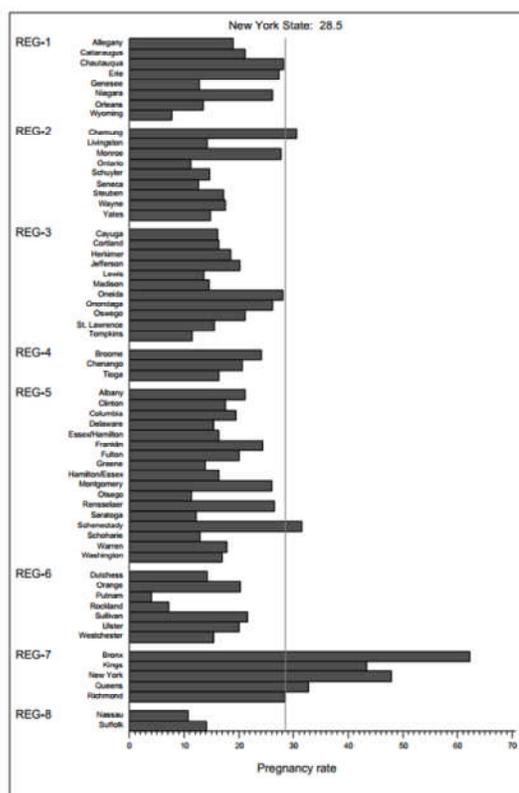
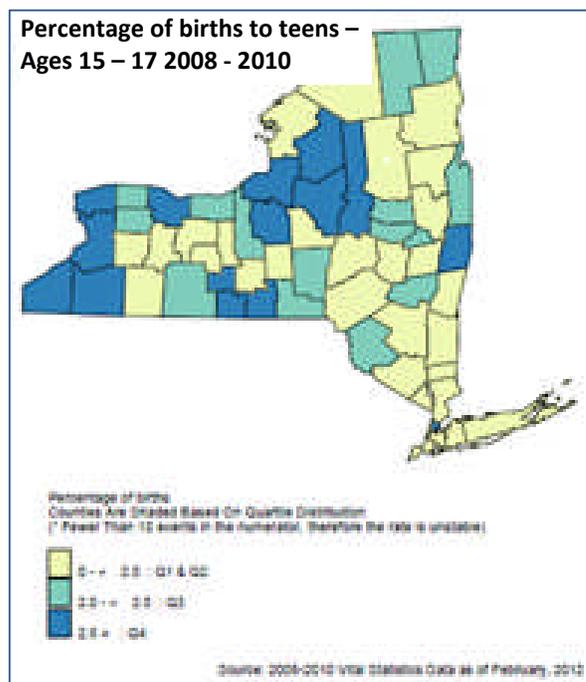
Indicator	3 Year Total	County Rate	NYS Rate	Sig.D if.	NYS Rate exc NYC	Sig.D if.	County Ranking Group
% of births within 24 months of previous pregnancy	621	19.9	18.0	Yes	21.1	No	1st
Percentage of births to teens							
Ages 15-17 years	78	2.5	1.9	Yes	1.9	Yes	3rd
Ages 15-19 years	287	9.2	6.6	Yes	6.8	Yes	3rd
% of births to women 35 years and older	402	12.9	19.4	Yes	19.0	Yes	3rd
Fertility rate per 1,000 females							
Total (all births/female ages 15-44 years)	3,128	62.0	60.9	No	58.2	Yes	4th
Ages 10-14 years (births to mothers ages 10-14 years/females ages 10-14 years)	2	0.2*	0.4	No	0.3	No	2nd
Ages 15-17 years (births to mothers ages 15-17 years/females ages 15-17 years)	78	12.3	12.1	No	10.0	No	3rd
Ages 15-19 years (births to mothers ages 15-19 years/females ages 15-19 years)	287	30.1	24.0	Yes	20.8	Yes	4th
Ages 18-19 years (births to mothers ages 18-19 years/females ages 18-19 years)	209	66.0	40.3	Yes	35.4	Yes	4th
Pregnancy rate per 1,000 (all pregnancies/female 15-44 years) #	3,730	73.9	93.6	Yes	77.0	Yes	3rd
Teen pregnancy rate per 1,000 #							
Ages 10-14 years	3	0.3*	1.4	Yes	0.8	No	1st
Ages 15-17 years	136	21.4	31.1	Yes	20.4	No	3rd
Ages 15-19 years	410	43.0	53.5	Yes	37.4	Yes	3rd
Ages 18-19 years	274	86.5	84.1	No	60.3	Yes	3rd
Abortion ratio (induced abortions per 100 live births) #							
Ages 15-19 years	117	40.8	116.3	Yes	75.7	Yes	2nd
All ages	524	16.8	46.6	Yes	27.7	Yes	1st

Source: <http://www.health.ny.gov/statistics/chac/indicators/>



Wayne County numbers are higher than upstate averages for 15-19 year olds.

Teen Pregnancy Rate aged 15-19			
Year	Single Year	3-Year Average	NYS exc. NYC
2002	45.5		45.1
2003	40.7	45.0	43.2
2004	48.6	46.1	41.0
2005	49.0	50.0	40.9
2006	52.5	50.7	41.5
2007	50.6	49.1	41.6
2008	44.2	47.6	39.4
2009	48.1	43.0	37.3
2010	36.7	40.6	35.4
2011	36.5		30.8





Injury

As the chart below indicates, injury prevention activities for Wayne County are important. The bolded indicators for age-adjusted suicide mortality rates, unintentional injury mortality and hospitalization rates per 100,000 motor vehicle and non-motor vehicle mortality rates per 100,000 and the alcohol related motor vehicle injuries and deaths per 100,000 are above the State averages and in the third and fourth quartile in comparison to the rest of the state.

Injury Indicators - Wayne County-2008-2010

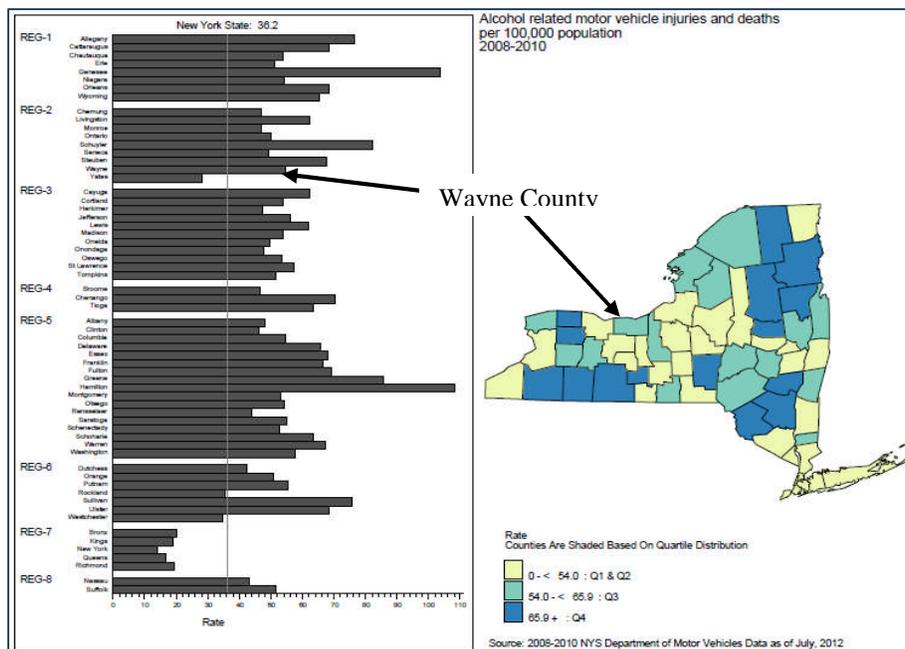
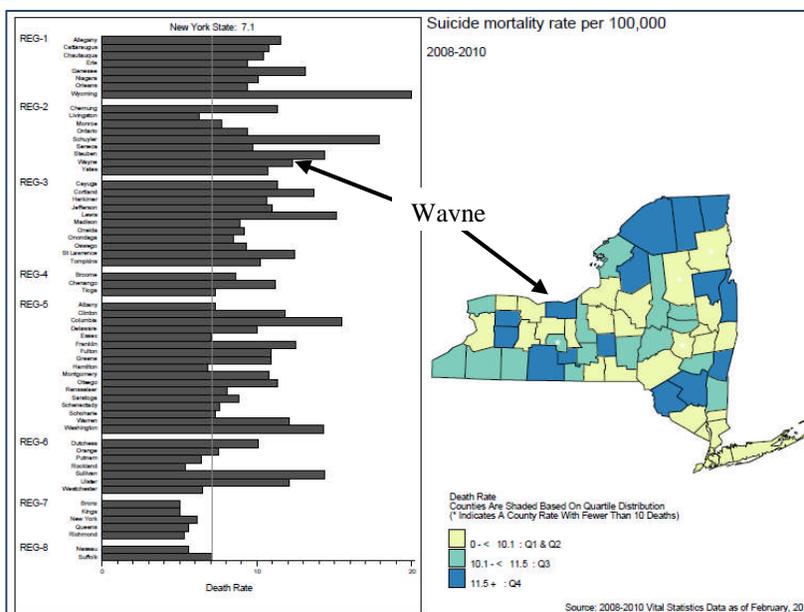
Indicator	3 Year Total	County Rate	NYS Rate	Sig. Dif.	NYS Rate exc NYC	Sig. Dif.	County Ranking Group
Suicide mortality rate per 100,000							
Crude	34	12.3	7.1	Yes	8.4	No	4th
Age-adjusted	34	11.6	6.8	Yes	8.1	No	4th
Ages 15-19 years	2	9.9*	4.0	No	4.9	No	4th
Self-inflicted injury hospitalization rate per 10,000							
Crude	161	5.8	5.2	No	6.1	No	2nd
Age-adjusted	161	6.1	5.1	No	6.2	No	2nd
Ages 15-19 years	15	7.4	9.7	No	11.0	No	1st
Homicide mortality rate per 100,000							
Crude	1	0.4*	4.4	Yes	3.0	Yes	1st
Age-adjusted	1	0.4*	4.4	Yes	3.1	Yes	1st
Assault hospitalization rate per 10,000							
Crude	39	1.4	4.7	Yes	2.7	Yes	2nd
Age-adjusted	39	1.6	4.7	Yes	2.8	Yes	2nd
Unintentional injury mortality rate per 100,000							
Crude	91	32.9	23.9	Yes	28.7	No	3rd
Age-adjusted	91	31.7	22.4	Yes	26.4	No	3rd
Unintentional injury hospitalization rate per 10,000							
Crude	1,873	67.7	69.2	No	72.7	Yes	2nd
Age-adjusted	1,873	63.9	64.5	No	65.1	No	2nd
Ages less than 10 years	69	20.8	26.2	No	22.0	No	3rd
Ages 10-14 years	43	22.4	21.1	No	19.3	No	3rd
Ages 15-24 years	164	45.9	31.9	Yes	32.7	Yes	4th
Ages 25-64 years	639	42.6	46.5	Yes	46.4	Yes	2nd
Ages 65 years and older	958	248.9	260.9	No	276.6	Yes	2nd
Falls hospitalization rate per 10,000							
Crude	1,044	37.7	39.9	No	43.1	Yes	2nd
Age-adjusted	1,044	34.4	36.2	No	36.8	Yes	2nd
Ages less than 10 years	25	7.5	10.0	No	8.5	No	3rd
Ages 10-14 years	12	6.3	7.1	No	6.1	No	3rd
Ages 15-24 years	30	8.4	6.9	No	6.3	No	4th
Ages 25-64 years	238	15.9	18.7	Yes	18.7	Yes	1st
Ages 65-74 years	165	77.7	77.5	No	78.5	No	3rd
Ages 75-84 years	276	225.0	230.8	No	242.4	No	2nd
Ages 85 years and older	298	596.6	567.7	No	617.0	No	2nd
Poisoning hospitalization rate per 10,000							
Crude	252	9.1	10.5	Yes	10.3	Yes	2nd
Age-adjusted	252	9.1	10.2	No	10.2	No	2nd



Indicator	3 Year Total	County Rate	NYS Rate	Sig. Dif.	NYS Rate exc NYC	Sig. Dif.	County Ranking Group
Motor vehicle mortality rate per 100,000							
Crude	30	10.8	6.2	Yes	8.2	No	3rd
Age-adjusted	30	11.0	6.0	Yes	8.0	No	3rd
Non-motor vehicle mortality rate per 100,000							
Crude	61	22.1	17.7	No	20.5	No	3rd
Age-adjusted	61	20.7	16.4	No	18.4	No	3rd
Traumatic brain injury hospitalization rate per 10,000							
Crude	212	7.7	9.9	Yes	10.0	Yes	2nd
Age-adjusted	212	7.3	9.4	Yes	9.3	Yes	2nd
Alcohol related motor vehicle injuries and deaths per 100,000	151	54.6	36.2	Yes	50.0	No	3rd

Source: <http://www.health.ny.gov/statistics/chac/indicators/>

Suicide rates in the County are a major concern. The Yellow Ribbon is a grass roots, community based, volunteer organization serving youth and the communities that surround them. They work to educate and raise awareness on this issue. There is a chapter at the North Rose High School. As shown in the map below Wayne County has one of the highest rates of suicide in the state.



The alcohol-related motor vehicle injuries and deaths per 100,000 are in the 3rd quartile of the State.



Maternal and Infant Health

The bolded figures in the chart below further illustrate the need to focus on obesity, heart disease and hypertension in Wayne County. The County is in the 4th quartile in the state in % of pregnant women in WIC who were pre-pregnancy obese (BMI 30 or higher), % of pregnant women in WIC with anemia in 3rd trimester, and % of pregnant women in WIC with hypertension during pregnancy.

Wayne County breastfeeding indicators are of particular concern. The rate of WIC mothers breastfeeding at least 6 months is only 16.2 compared to the NYS rate of 39.7 and upstate rate of 28.7. NYSDOH states:

Breastfeeding has long been recognized as the gold standard for infant nutrition. Human milk provides a mix of proteins, lipids, carbohydrates, and micronutrients that is uniquely adapted to the nutritional needs of human infants, leading to optimal growth and development. Moreover, breast milk provides antibodies, immune cells, and other anti-infective components that significantly reduce the infant's risk of infections, from diarrhea and colds to meningitis and other life-threatening infections. Infants who were breastfed for 3 months or more also made fewer medical office visits, received fewer procedures, took fewer medications, and experienced fewer hospitalizations. Beyond these short-term benefits, research has demonstrated that breast milk protects the infant against a growing list of chronic diseases, including cardiovascular disease, cancer, and diabetes. Evidence is accumulating that breastfeeding also reduces the infant's risk of childhood and adult obesity.⁹

Wayne County Public Health and their partners spent several meetings developing and refining their Community Health Improvement Plan to include activities to address this issue. While many objectives will only focus on program-related measures, we have made sure to include three measures that will specifically lead to improved health outcomes and help to achieve our goals of reducing heart disease and reducing obesity in a very measurable way. These include:

- 10 % increase in women exclusively breastfeeding and breastfeeding at 6 months (obesity)
- 10 % increase of WIC mothers breastfeeding at 6 months (obesity disparity)
- Increase percentage of people managing their hypertension to 75% by December 2017.

We will develop a breastfeeding policy for County employees and Newark-Wayne Community Hospital will work to become a baby friendly hospital according to WHO guideline.

⁹ NYSDOH Breastfeeding http://www.health.ny.gov/prevention/obesity/strategic_plan/breastfeeding.htm



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

Indicator	3 Year Total	County Rate	NYS Rate	Sig. Dif.	NYS Rate exc NYC	Sig. Dif.	County Ranking Group
Percentage of births							
% of births to women 25 years and older without a high school education	173	8.5	14.8	Yes	10.3	Yes	3rd
% of births to out-of-wedlock mothers	1,335	42.7	41.4	No	37.6	Yes	3rd
% of births that were first births	1,237	39.5	43.5	Yes	41.3	No	1st
% of births that were multiple births	106	3.4	3.9	No	4.2	Yes	2nd
% of births with early (1st trimester) prenatal care	2,049	72.2	72.8	No	75.2	No	3rd
% of births with late (3rd trimester) or no prenatal care	123	4.3	5.9	Yes	4.3	No	2nd
% of births with adequate prenatal care (Kotelchuck)	1,672	59.3	66.0	Yes	68.2	Yes	4th
WIC indicators							
% of pregnant women in WIC with early (1st trimester) prenatal care	1,263	89.1	85.6	No	86.3	No	2nd
% of pregnant women in WIC who were pre-pregnancy underweight (BMI less than 18.5)	63	4.4	4.6	No	4.1	No	2nd
% of pregnant women in WIC who were pre-pregnancy overweight but not obese (BMI 25-less than 30)~	345	24.3	26.6	No	26.3	No	2nd
% of pregnant women in WIC who were pre-pregnancy obese (BMI 30 or higher)~	460	32.5	23.4	Yes	26.7	Yes	4th
% of pregnant women in WIC with anemia in 3rd trimester	91	38.4	37.3	No	35.4	No	4th
% of pregnant women in WIC with gestational weight gain greater than ideal	726	52.6	41.8	Yes	47.1	Yes	4th
% of pregnant women in WIC with gestational diabetes	71	5.5	5.5	No	5.7	No	2nd
% of pregnant women in WIC with hypertension during pregnancy	125	9.7	7.2	Yes	9.0	No	2nd
% of WIC mothers breastfeeding at least 6 months	163	16.2	39.7	Yes	28.7	Yes	4th
% of infants fed any breast milk in delivery hospital	2,085	71.4	78.3	Yes	73.5	No	3rd
% of infants fed exclusively breast milk in delivery hospital	1,856	63.6	42.5	Yes	52.1	Yes	2nd
% of births delivered by cesarean section	1,038	33.2	34.4	No	36.1	Yes	3rd

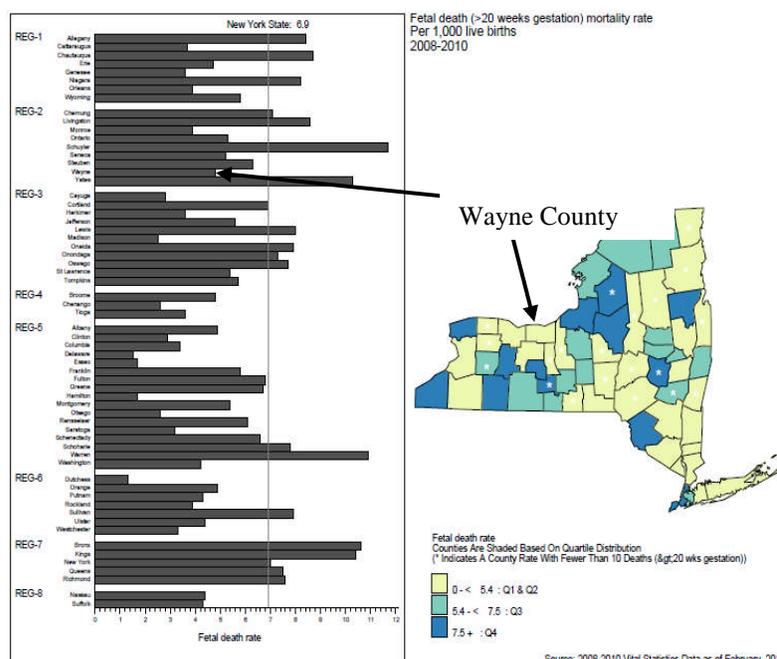
Source: <http://www.health.ny.gov/statistics/chac/indicators/>

Most indicators for mortality rates per 1,000 live births, low birthweight and % of premature births by gestational age are better than NYS rates, but many are statistically unreliable.



Indicator	3 Year Total	County Rate	NYS Rate	Sig. Dif.	NYS Rate exc NYC	Sig. Dif.	County Ranking Group
Mortality rate per 1,000 live births							
Infant (less than 1 year)	13	4.2	5.3	No	5.7	No	2nd
Neonatal (less than 28 days)	9	2.9*	3.6	No	4.0	No	2nd
Post-neonatal (1 month to 1 year)	4	1.3*	1.7	No	1.7	No	2nd
Fetal death (>20 weeks gestation)	15	4.8	6.9	No	4.8	No	2nd
Perinatal (20 weeks gestation - 28 days of life)	24	7.6	10.4	No	8.8	No	2nd
Perinatal (28 weeks gestation - 7 days of life)	16	5.1	5.7	No	5.7	No	2nd
Maternal mortality rate per 100,000 live births +	1	32.0*	23.3	No	17.6	No	4th
Low birthweight indicators							
% very low birthweight (less than 1.5 kg) births	44	1.4	1.5	No	1.4	No	3rd
% very low birthweight (less than 1.5kg) singleton births	28	0.9	1.1	No	1.0	No	2nd
% low birthweight (less than 2.5 kg) births	227	7.3	8.2	Yes	7.7	No	2nd
% low birthweight (less than 2.5kg) singleton births	172	5.7	6.2	No	5.7	No	3rd
% of premature births by gestational age							
less than 32 weeks gestation	41	1.4	2.0	Yes	1.9	No	1st
32 - less than 37 weeks gestation	239	8.3	9.9	Yes	9.3	No	2nd
less than 37 weeks gestation	280	9.8	12.0	Yes	11.2	Yes	1st
% of births with a 5 minute APGAR less than 6	19	0.6	0.7	No	0.7	No	2nd
Newborn drug-related discharge rate per 10,000 newborn discharges	21	70.1	64.0	No	78.4	No	3rd

Source: <http://www.health.ny.gov/statistics/chac/indicators/>





Obesity

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

- Reduce obesity in children and adults
- Reduce heart disease and hypertension

And the disparity of reducing obesity rates among low-income populations.

The charts and figures below combined with those in the cardiovascular section provided the impetus for Wayne County Public Health and their partners to choose these two priorities to concentrate on. The New York State Dept. of Health states:

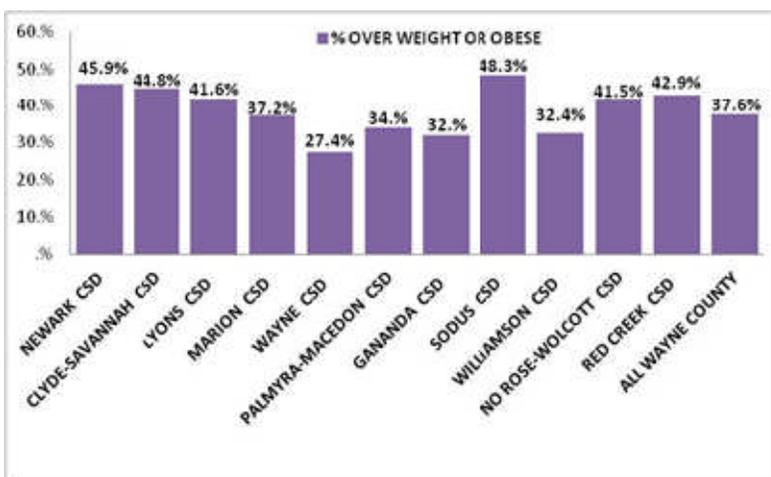
Obesity and overweight are currently the second leading preventable cause of death in the United States and may soon overtake tobacco as the leading cause of death. Failing to win the battle against obesity will mean premature death and disability for an increasingly large segment of New York residents.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

Obesity Prevalence

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

Obesity causes a myriad of serious health problems in both children and adults including Type 2 diabetes, heart disease, high cholesterol, high blood pressure, several forms of cancer and asthma. Along with the risks for life-shortening chronic diseases, being overweight in a society that stigmatizes this condition contributes to poor mental health associated with serious shame, self-blame, low self-esteem and depression.¹¹

This chart illustrates figures from the NYSDOH for the school districts in Wayne County. Alarmingly the percentage of students overweight or obese ranges from 27.4% to 48.3%. The average for all Wayne County school districts is 37.6%.



¹⁰ New York State Dept. of Health, Obesity Prevention <http://www.health.ny.gov/prevention/obesity/>

¹¹ Ibid.



Wayne County school overweight and obese numbers average 37.6% compared to the New York State rate of 33.7%.

AREA NAME	SCHOOL YEARS	% OVER WEIGHT	% OBESE	% OVER WEIGHT OR OBESE
Newark Central School District	2010-2012	22.7%	23.2%	45.9%
Clyde-Savannah Central School District	2010-2012	22.5%	22.2%	44.8%
Lyons Central School District	2010-2012	18.2%	23.4%	41.6%
Marion Central School District	2010-2012	18.6%	18.6%	37.2%
Wayne Central School District	2010-2012	13.2%	14.2%	27.4%
Palmyra-Macedon Central School District	2010-2012	16.1%	17.9%	34.0%
Gananda Central School District	2010-2012	16.7%	15.3%	32.0%
Sodus Central School District	2010-2012	21.4%	26.9%	48.3%
Williamson Central School District	2010-2012	16.8%	15.5%	32.4%
No Rose-Wolcott Central School District	2010-2012	17.7%	23.8%	41.5%
Red Creek Central School District	2010-2012	15.1%	27.7%	42.9%
Average all Wayne County School Districts	2010-2012	17.9%	19.7%	37.6%
		Average		38.8%
Statewide (Excluding NYC)	2010-2012	16.2%	17.6%	33.7%

Source: <https://health.data.ny.gov/Health/Student-Weight-Status-Category-Reporting-Results-B/es3k-2aus>

Several of the obesity related indicators (bolded in the chart below) for Wayne County are alarming and led Public Health and our partners to pick this as a priority area. Wayne County rates are worse than the rest of Upstate NY in the following categories:

- % of pregnant women in WIC who were pre-pregnancy obese (BMI 30 or higher)~
- % of WIC mothers breastfeeding at 6 months
- Age-adjusted % of adults overweight or obese (BMI 25 or higher) (2008-2009)
- Age-adjusted % of adults obese (BMI 30 or higher) (2008-2009)
- Age-adjusted % of adults with physician diagnosed angina, heart attack or stroke (2008-2009)
- Cerebrovascular disease (stroke) mortality
- Diabetes mortality
- Cardiovascular disease hospitalizations
- Cerebrovascular disease (stroke) hospitalizations

Our activities listed in the Community Health Improvement and Community Service Plans will work to address these issues ([see Attachment E](#)).



Obesity and Related Indicators - Wayne County-2008-2010

Indicator	3 Year Total	County Rate	NYS Rate	Sig. Dif.	NYS Rate exc NYC	Sig. Dif.	County Ranking Group
All students (elementary - PreK, K, 2nd & 4th grades, middle-7th grade and high school-10th grade)							
% overweight but not obese (85th-less than 95th percentile) #	N/A	13.4	N/A	N/A	14.7	N/A	3rd
% obese (95th percentile or higher) #	N/A	13.6	N/A	N/A	16.5	N/A	1st
% overweight or obese (85th percentile or higher) #	N/A	27.0	N/A	N/A	31.3	N/A	1st
Elementary students (PreK, K, 2nd and 4th grades)							
% overweight but not obese (85th-less than 95th percentile) #	N/A	12.3	N/A	N/A	13.3	N/A	3rd
% obese (95th percentile or higher) #	N/A	12.3	N/A	N/A	15.2	N/A	1st
% overweight or obese (85th percentile or higher) #	N/A	24.6	N/A	N/A	28.5	N/A	2nd
Middle and high school students (7th and 10th grades)							
% overweight but not obese (85th-less than 95th percentile) #	N/A	15.0	N/A	N/A	16.6	N/A	2nd
% obese (95th percentile or higher) #	N/A	15.5	N/A	N/A	18.3	N/A	1st
% overweight or obese (85th percentile or higher) #	N/A	30.5	N/A	N/A	34.9	N/A	1st
% of pregnant women in WIC who were pre-pregnancy overweight but not obese (BMI 25-less than 30)~	345	24.3	26.6	No	26.3	No	2nd
% of pregnant women in WIC who were pre-pregnancy obese (BMI 30 or higher)~	460	32.5	23.4	Yes	26.7	Yes	4th
% obese (95th percentile or higher) children in WIC (ages 2-4 years)	419	15.1	14.5	No	15.2	No	3rd
% of children in WIC viewing TV 2 hours or less per day (ages 0-4 years)	2,152	81.1	78.6	No	80.7	No	3rd
% of WIC mothers breastfeeding at 6 months	163	16.2	39.7	Yes	28.7	Yes	4th
Age-adjusted % of adults overweight or obese (BMI 25 or higher, 08-09)	N/A	71.7	59.3	Yes	60.6	Yes	4th
Age-adjusted % of adults obese (BMI 30 or higher) (2008-2009)	N/A	31.6	23.1	Yes	24.3	Yes	4th
Age-adjusted % of adults who did not participate in leisure time physical activity in last 30 days (2008-2009)	N/A	76.1	76.3	No	78.9	No	2nd
Age-adjusted % of adults eating 5 or more fruits or vegetables per day (2008-2009)	N/A	25.8	27.1	No	27.7	No	3rd
Age-adjusted % of adults with physician diagnosed diabetes (2008-2009)	N/A	8.6	9.0	No	8.5	No	2nd
Age-adjusted % of adults with physician diagnosed angina, heart attack or stroke # (2008-2009)	N/A	8.1	7.6	No	7.2	No	3rd
Age-adjusted mortality rate per 100,000							
Cardiovascular disease mortality	713	228.1	250.9	Yes	244.7	No	1st
Cerebrovascular disease (stroke) mortality	104	32.7	26.7	No	31.9	No	2nd
Diabetes mortality	67	21.4	16.6	No	14.9	Yes	3rd
Age-adjusted hospitalization rate per 100,000							
Cardiovascular disease hospitalizations	5,457	172.6	165.6	Yes	157.5	Yes	3rd
Cerebrovascular disease (stroke) hospitalizations	834	26.2	25.1	No	25.3	No	3rd
Diabetes hospitalizations (primary diagnosis)	352	11.9	19.0	Yes	14.3	Yes	2nd

Source: <http://www.health.ny.gov/statistics/chac/indicators/>



Of the 674 respondents to the Wayne County community health assessment survey 59% felt they were overweight. The average BMI for survey respondents was 28.25. 61% of survey respondents were overweight or obese.

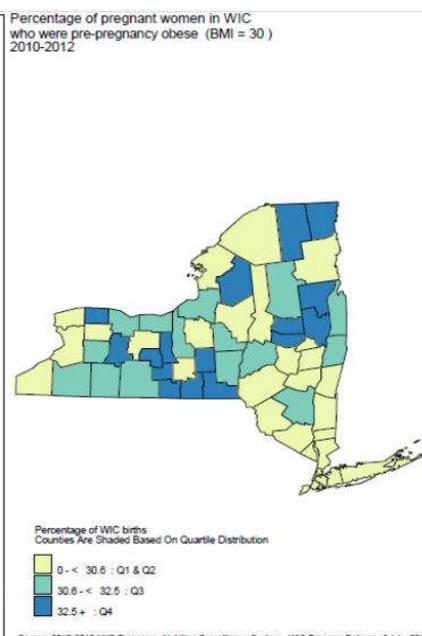
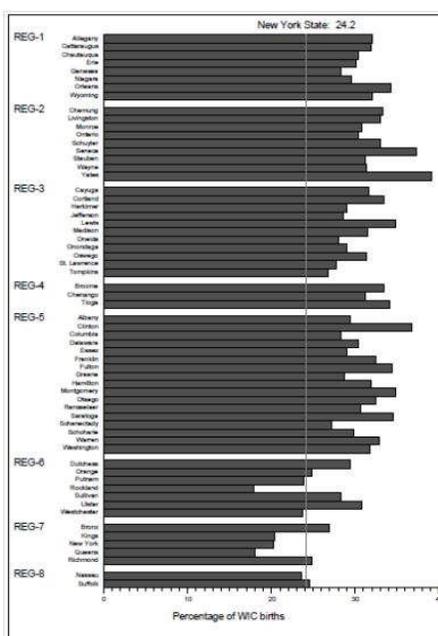
Wayne	Avg. BMI	#
Total	28.25	647
Females	28.64	358
Males	27.72	289

Please answer yes or no	Yes	No	Response Count
Do you limit your intake of fatty foods?	73%	27%	620
Do you feel that you are overweight?	59%	41%	617

Survey respondents to the Wayne County community health assessment survey ranked obesity/overweight as the top health problem in the County. Respondents also reported low levels of exercise – one factor in the high obesity rates. 38.7% of survey respondents reported they did not exercise regularly. The 2009 EBRFSS (Expanded Behavioral Risk Factor Surveillance Survey) rate for those engaging in leisure time physical activity for the County was 76.1% compared to the NYS rate of 76.3%. Additionally, 27% of survey respondents reported that they did not limit their intake of fatty foods.

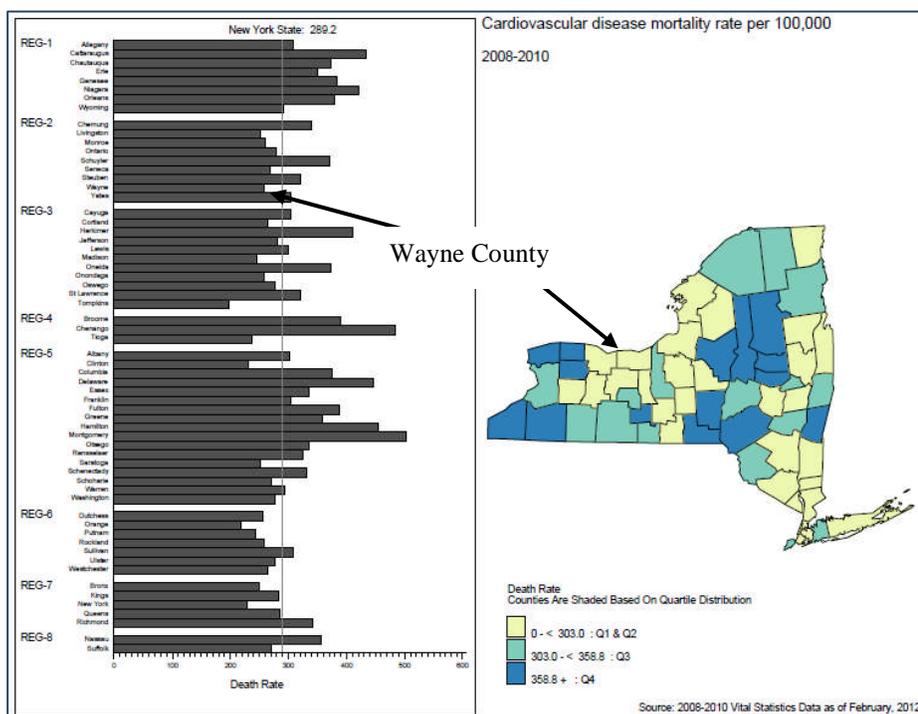
Health Problems Using the following list, please check the issues that you think are the most important “health problems” in Wayne County (Problems that have the greatest effect on overall community health). Check all that you think are a problem:			
	% Adults Affected – Wayne EBRFSS	% Adults Affected – NYS EBRFSS	
Obesity/overweight	63.5%	71.7%	59.3%
Substance abuse (alcohol, drugs)	62.5%		
Unemployment	57.6%	7.7%	7.5%

This NYSDOH map illustrates the percentage of pregnant women in WIC who were pre-pregnancy obese in Wayne County.





However, cardiovascular disease mortality rates are lower than the NYS average.



Wayne County has one of the worst coronary heart disease death rates per 100,000 residents in the region.

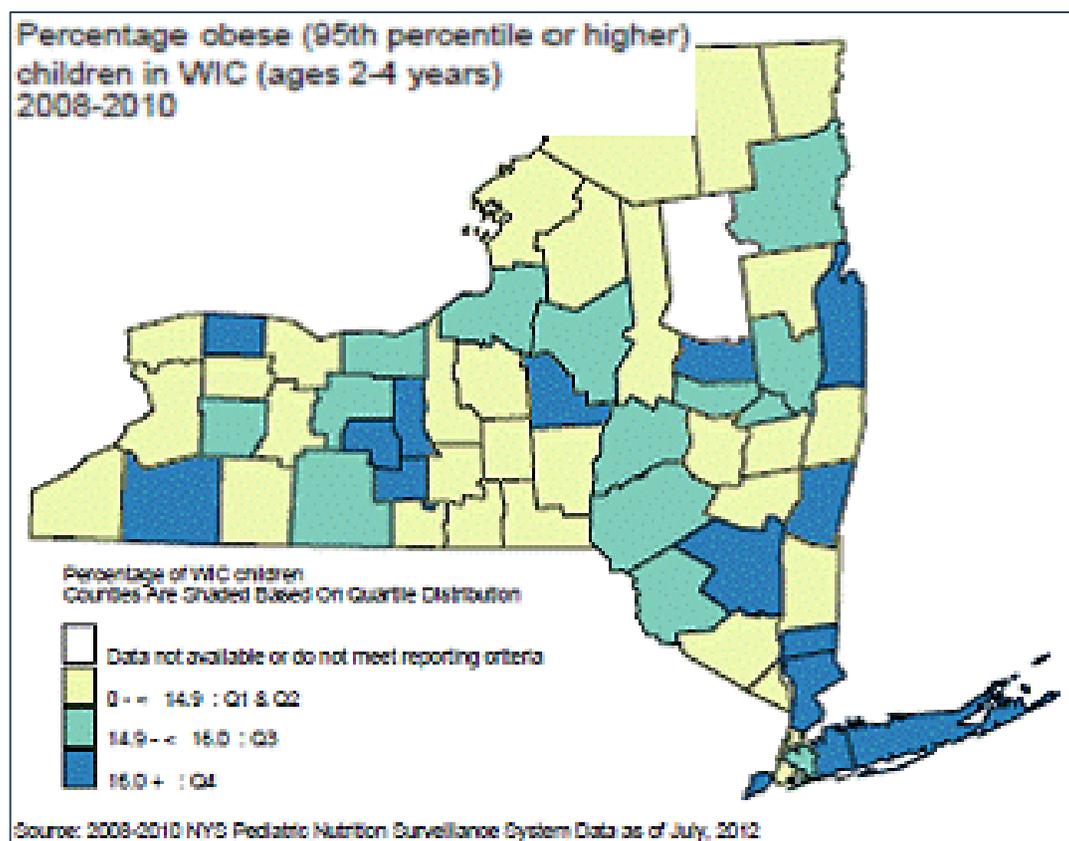
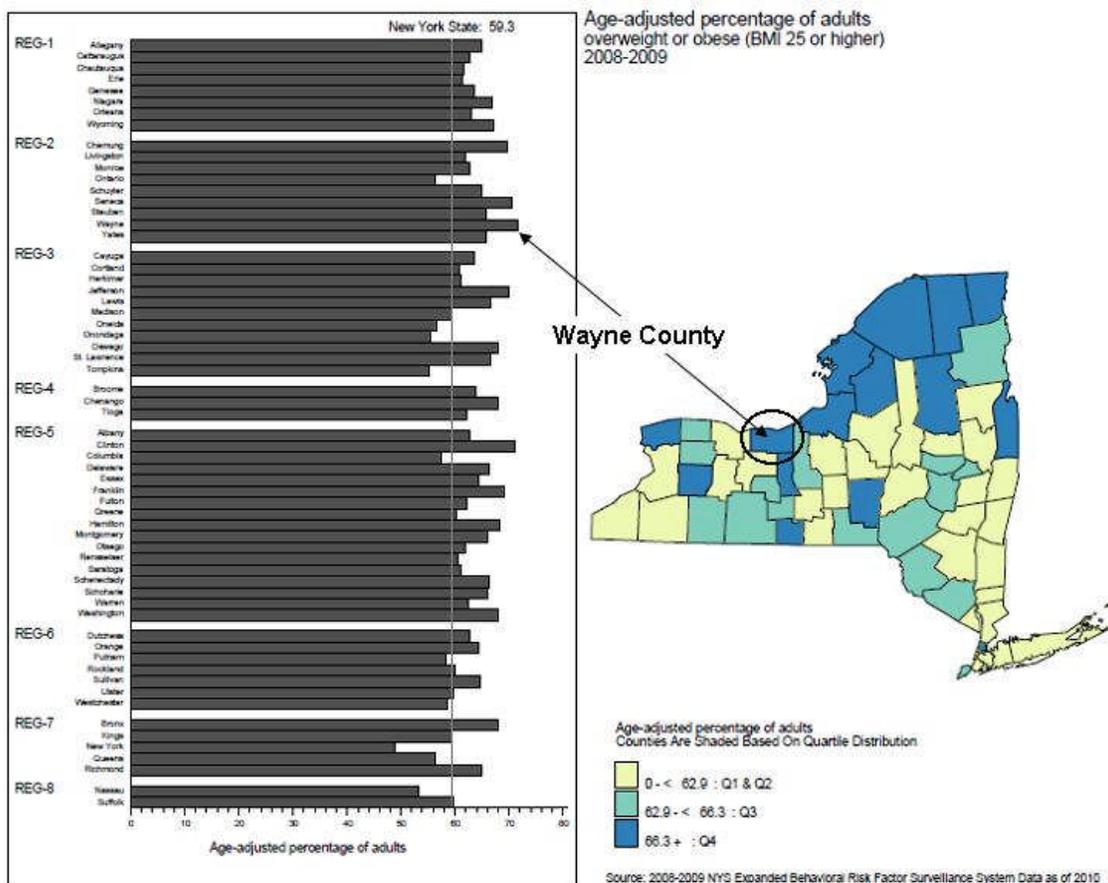
Coronary Heart Disease - Deaths and Death Rates Per 100,000 Residents

Finger Lakes Region/County	Deaths				Population 2008	Crude Rate	Adjusted Rate
	2007	2008	2009	Total			
<u>Chemung</u>	153	149	137	439	87,813	166.6	125.3
<u>Livingston</u>	111	83	72	266	63,154	140.4	127.0
<u>Monroe</u>	1,071	998	965	3,034	732,762	138.0	113.4
<u>Ontario</u>	138	154	171	463	104,475	147.7	119.4
<u>Schuyler</u>	40	36	37	113	18,888	199.4	146.7
<u>Seneca</u>	60	44	47	151	34,086	147.7	118.9
<u>Steuben</u>	173	158	177	508	96,573	175.3	135.8
Wayne	153	144	130	427	91,564	155.4	139.0
<u>Yates</u>	40	49	41	130	24,652	175.8	133.4
Region Total	1,939	1,815	1,777	5,531	1,253,967	147.0	119.9
<u>New York State Total</u>	40,450	40,364	37,987	118,801	19,490,297	203.2	175.8

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

Obesity is a leading cause of many preventable diseases including heart disease and diabetes. According to the CDC:

- More than one-third of U.S. adults (35.7%) are obese.
- Obesity-related conditions include heart disease, stroke, type 2 diabetes and certain types of cancer, some of the leading causes of preventable death.
- The estimated annual medical cost of obesity in the U.S. was \$147 billion in 2008 U.S. dollars; the medical costs for people who are obese were \$1,429 higher than those of normal weight.





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

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

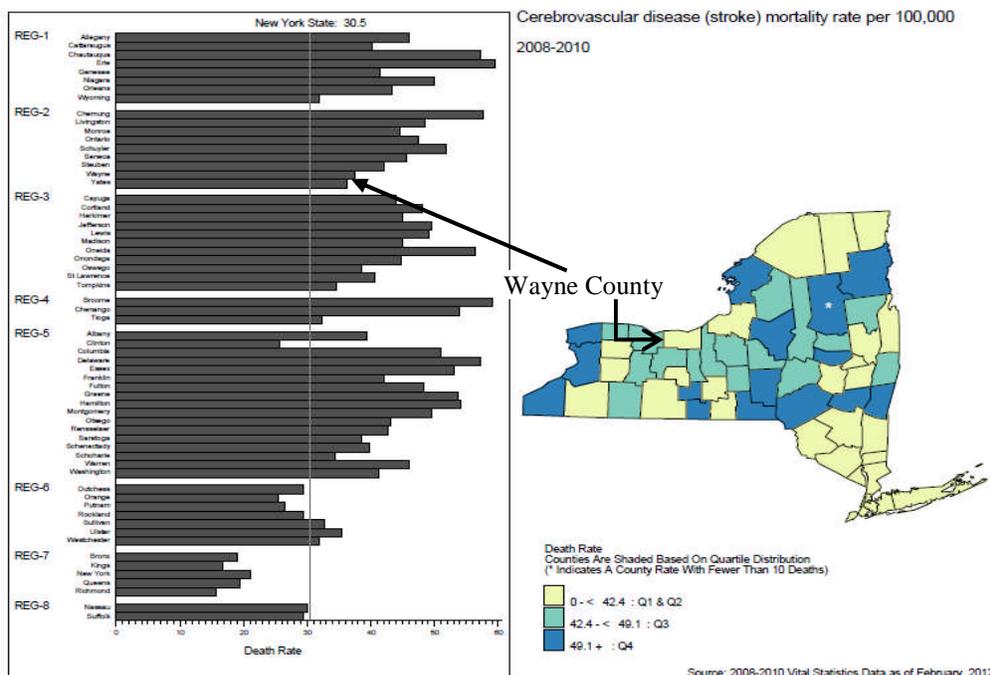
County	Total 2007-2009	Per Children Tested 07-09	Percent
Putnam	279	1,228	22.7
Nassau	2,877	12,731	22.6
Suffolk	3,888	18,085	21.5
Orleans	230	1,244	18.5
Ulster	387	2,126	18.2
Columbia	309	1,728	17.9
Schuyler	106	598	17.7
Seneca	118	668	17.7
Richmond	1,687	9,586	17.6
Washington	413	2,399	17.2
Cattaraugus	486	2,890	16.8
Westchester	4,639	27,614	16.8
Madison	423	2,533	16.7
Delaware	265	1,614	16.4
Fulton	253	1,552	16.3
Sullivan	439	2,711	16.2
Greene	155	971	16
Queens	10,743	68,865	15.6
Oswego	789	5,092	15.5
Otsego	241	1,562	15.4
Schenectady	702	4,590	15.3
Genesee	409	2,688	15.2
Bronx	12,811	84,839	15.1
Essex	173	1,143	15.1
Oneida	1,093	7,287	15
Rensselaer	669	4,459	15
Saratoga	393	2,623	15
Steuben	480	3,223	14.9
Ontario	374	2,544	14.7
Yates	77	523	14.7
Clinton	358	2,467	14.5
New York State	91,610	630,700	14.5
Tioga	284	1,960	14.5
Montgomery	297	2,064	14.4
Broome	921	6,444	14.3
Wyoming	117	816	14.3
Chenango	505	3,553	14.2
Livingston	201	1,412	14.2
Albany	936	6,640	14.1
Franklin	261	1,849	14.1
Onondaga	1,952	13,940	14
St Lawrence	297	2,118	14
Wayne	379	2,708	14
Y	561	4,065	13.8
Herkimer	298	2,156	13.8
Dutchess	592	4,323	13.7
Schoharie	134	975	13.7
Erie	3,021	22,212	13.6
Chautauqua	601	4,452	13.5
Monroe	2,456	18,327	13.4
Y	801	5,977	13.4
Tompkins	266	2,013	13.2
New York	8,370	64,388	13
Kings	17,453	136,355	12.8
Lewis	221	1,729	12.8
Orange	1,448	11,403	12.7
Cayuga	294	2,354	12.5
Allegany	225	1,816	12.4
Warren	249	2,058	12.1
Hamilton	13	108	12
Cortland	224	1,916	11.7
Rockland	1,349	12,489	10.8
Jefferson	619	5,897	10.5

Source: 2007-2009 Division of Nutrition Data as of April, 2011



Nutrition education is presented in all aspects of Public Health Education. Wayne County Public Health works to identify nutrition priorities and establish systems for appropriate networking and referral with community agencies and to ensure that high risk groups have access to appropriate interventions. Dental health education programs include information about the importance of sound nutrition and how diets with too much sugar negatively affects the teeth of both children and adults. Public Health actively supports Cornell Cooperative Extension of Wayne County's efforts through their Creating Healthy Places to Live, Work and Play grant funded by the New York State Department of Health. This initiative works to prevent obesity, type 2 diabetes and other chronic diseases in Wayne County. Public Health is part of their coalition and we collaborated on their "Bike & Hike" events at local Farmers' Markets. We also participate in the NYS program; Farm-to-School projects; and Wayne County Food Security meetings. We have a contract with a Registered Dietician who can do nutritional counseling with high risk pregnant women who are enrolled in the Tender Care program. Wayne County Public Health also actively supports the efforts of the Wayne County Rural Health Network with the creation of a new obesity prevention program called the "Good Life". These efforts as well as those outlined in the Community Health Improvement Plan will help address the obesity, heart disease and hypertension issues in the County.

Obesity and being physically inactive can lead to high blood pressure which is the leading cause of stroke.



Wayne County Cerebrovascular disease mortality rates are higher than the NYS rate, but better than many other counties.

Occupational Health

The NYSDOH with support from the National Institute for Occupational Safety and Health has used existing databases to describe the occupational health picture since 2000. This occupational health surveillance program has developed a set of occupational health indicators to describe the health status of the working population. The occupational health indicators for the County show that rates for Wayne residents are in the 4th quartile and significantly different than NYS rates for malignant mesothelioma incidence. Fatal work related injuries per 100,000 employed persons ages 16 and older are also in the 4th quartile, but numbers are low and not statistically sound.



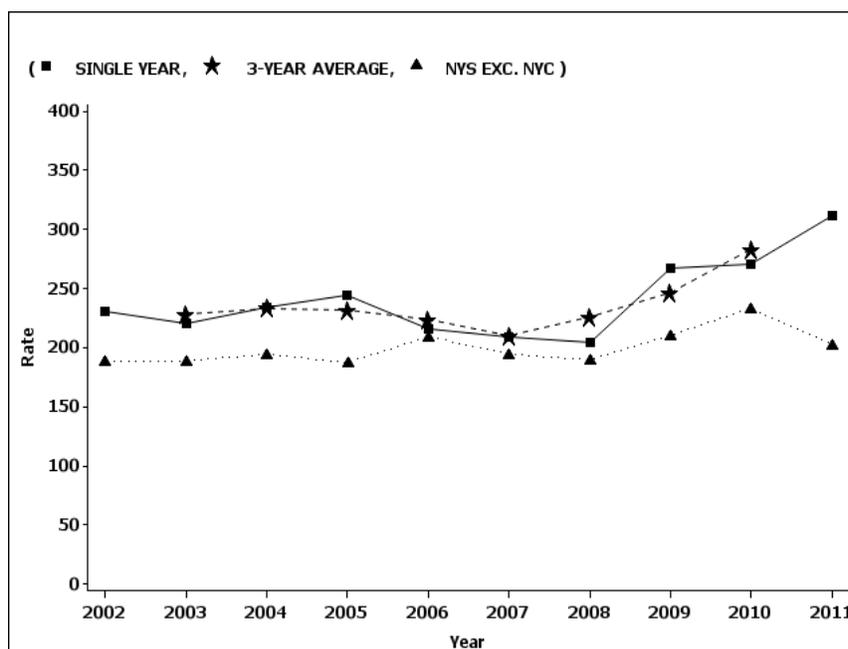
Occupational Health Indicators - Wayne County - 2008-2010

Indicator	3 Year Total	County Rate	NYS Rate	Sig. Dif.	NYS Rate exc NYC	Sig. Dif.	County Ranking Group
Incidence of malignant mesothelioma per 100,000 persons ages 15 years and older	10	4.5	1.3	Yes	1.7	Yes	4th
Hospitalization rate per 100,000 persons ages 15 years and older							
Pneumoconiosis	32	24.2	24.5	No	32.8	No	2nd
Asbestosis	5	3.8*	22.2	Yes	36.0	Yes	1st
Work-related hospitalizations per 100,000 employed persons ages 16 years and older	326	246.4	168.4	Yes	210.9	Yes	3rd
Elevated blood lead levels (greater than or equal to 10 micrograms per deciliter) per 100,000 employed persons ages 16+	11	8.3	23.2	Yes	24.0	Yes	1st
Fatal work-related injuries per 100,000 employed persons ages 16+	6	4.5*	2.2	No	2.3	No	4th

Source: <http://www.health.ny.gov/statistics/chac/indicators/>

As illustrated in the graph and table below for work-related hospitalizations per 100,000 employed persons ages 16 years and older the three year average rate has been increasing in recent years.

Wayne County Work-related hospitalizations per 100,000 employed persons aged 16 years and older



Source: <http://www.health.ny.gov/statistics/chac/indicators/>



Trends and averages for asbestosis hospitalization rates per 100,000 for ages 15 years and older continue to be better than NYS averages.

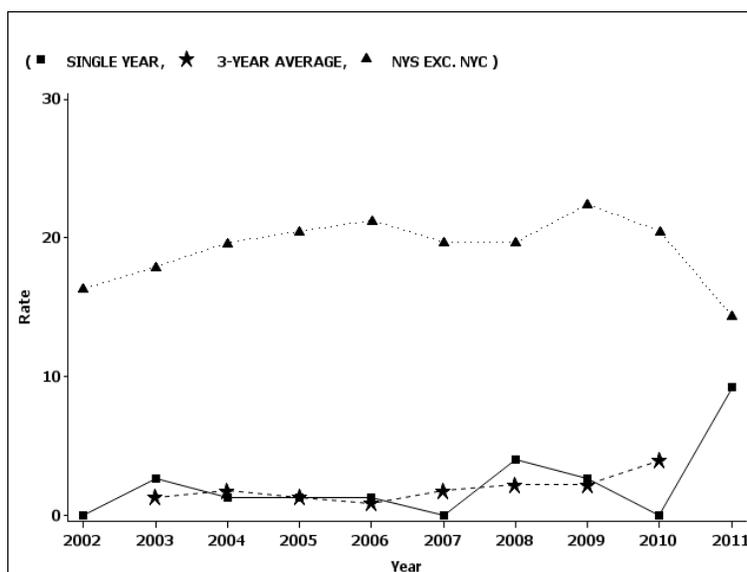
Year	Crude Rate		
	Single Year	3-Year Average	NYS exc. NYC
2002	230.2		188.5
2003	220.9	228.2	189.0
2004	233.6	233.2	194.5
2005	244.7	231.5	187.4
2006	216.3	223.4	209.3
2007	208.8	209.9	194.5
2008	204.4	226.0	189.7
2009	266.7	246.4	210.7
2010	270.2	282.8	233.3
2011	311.7		202.6

Source: <http://www.health.ny.gov/statistics/chac/indicators/>

Asbestosis hospitalization rate per 100,000 Aged 15 years and older

Year	Crude Rate		
	Single Year	3-Year Average	NYS exc. NYC
2002	0.0		16.4
2003	2.7	1.3	17.9
2004	1.3	1.8	19.7
2005	1.3	1.3	20.5
2006	1.3	0.9	21.3
2007	0.0	1.8	19.7
2008	4.0	2.2	19.7
2009	2.7	2.2	22.4
2010	0.0	4.0	20.5
2011	9.2		14.4

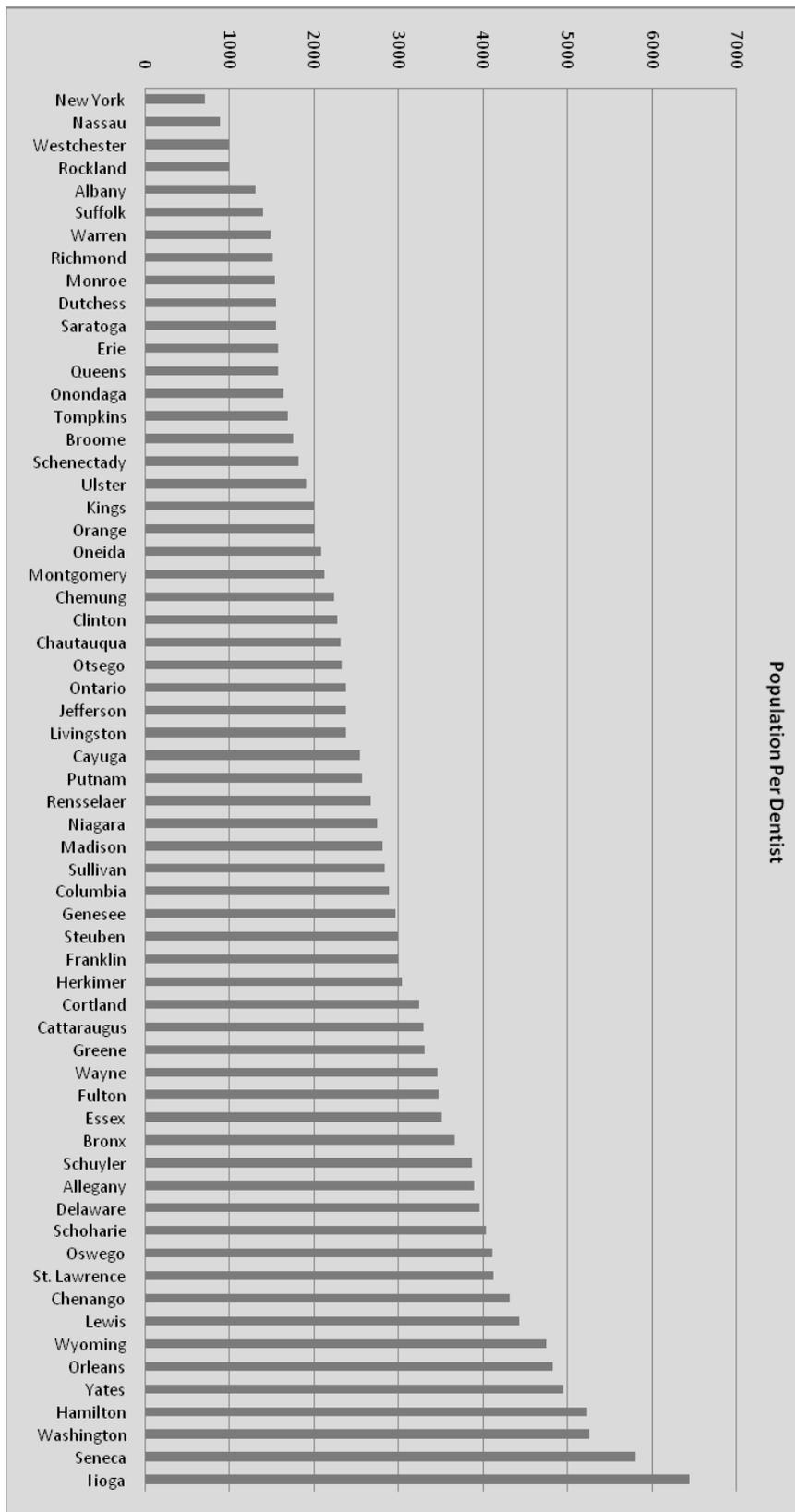
Source: <http://www.health.ny.gov/statistics/chac/indicators/>



Source: <http://www.health.ny.gov/statistics/chac/indicators/>



Population per Practicing Dentist By County, NY 2008



Oral Health

Oral health is essential to the general health of the community. Tooth decay like many chronic diseases is preventable, but continues to affect all ages. It is a greater problem for those who have limited access to prevention and treatment services. This chart represents the number of practicing dentists per population in NYS. Wayne County ranks 44th out of the 62 counties. It is hard for rural areas such as ours to attract dentists.

According to the NYSDOH untreated decay among children has been associated with difficulty in eating, sleeping, learning, and proper nutrition. An estimated 51 million school hours are lost due to cavities. Almost one fifth of all health care expenditures in children are related to dental care. Among adults, untreated decay and tooth loss can also have negative effects on an individual's self-esteem and employability.¹²

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

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



Tooth decay may lead to abscess and extreme pain, blood infection that can spread, difficulty in chewing, poor weight gain, school absences and crooked teeth.¹³ Oral health indicators for Wayne County are in the chart below. County rates for 3rd grade children with dental sealants are 31.6% compared to the NYS rate of 41.9%. The Wayne County caries emergency department visit rate per 10,000 for ages 3 – 5 is 39% higher than NYS. Medicaid oral health indicators for the County are all lower than NYS averages and in the second and third quartile for the State. Oral cancer mortality indicators appear worse than the NYS rates (small numbers).

Oral Health Indicators - Wayne County - 2009-2011

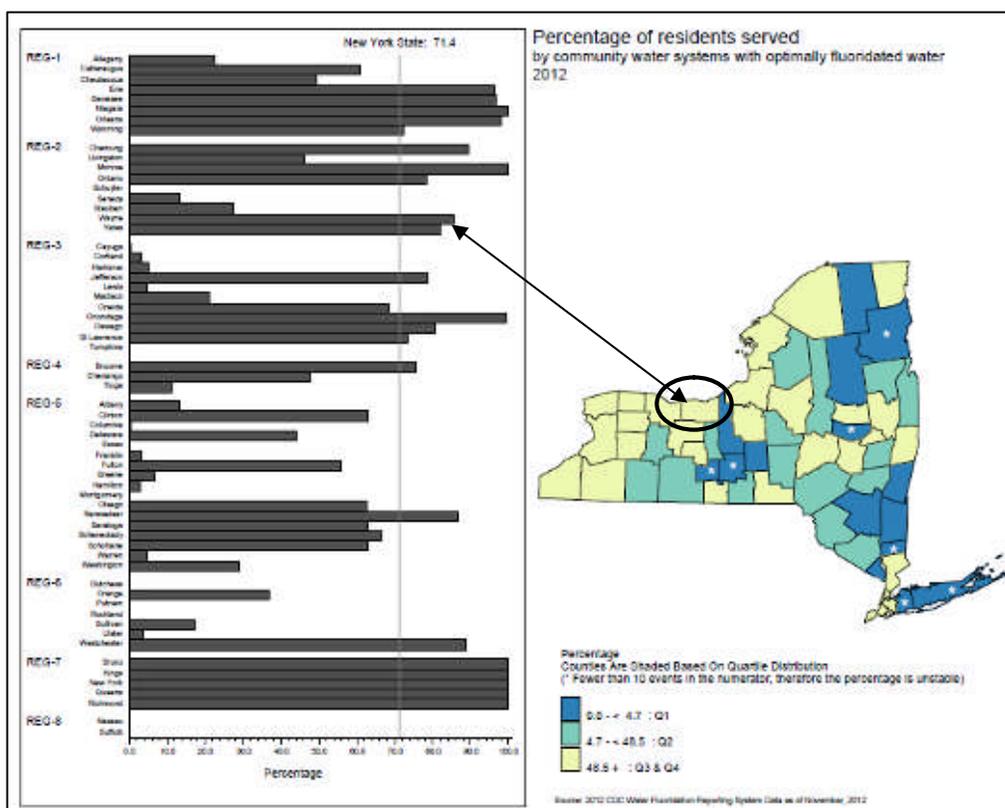
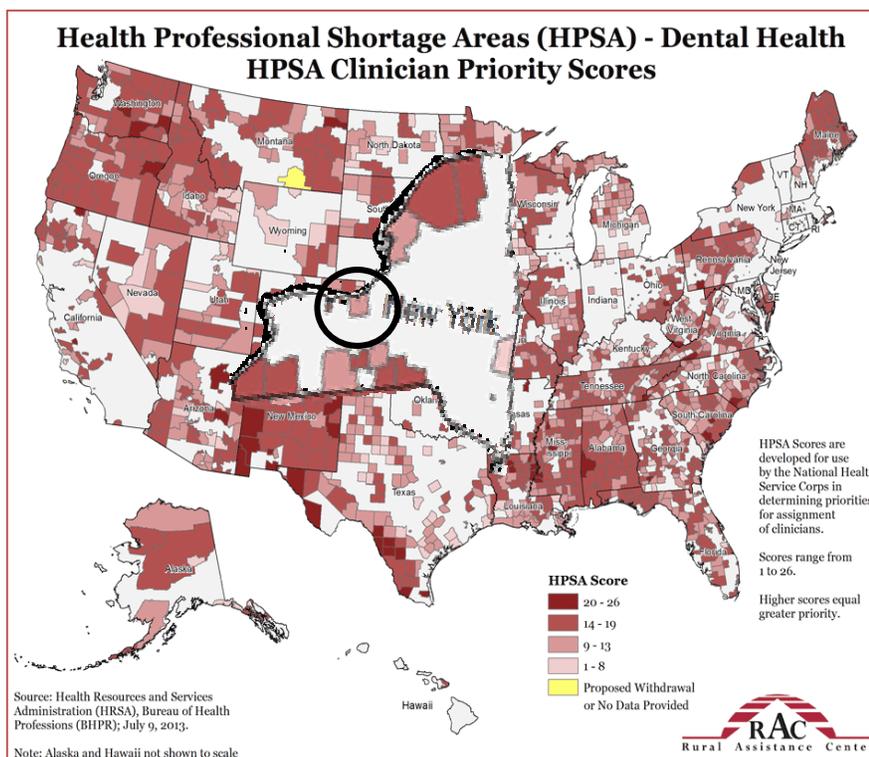
Indicator	3 Year Total	County Rate	NYS Rate	Sig. Dif.	NYS Rate exc NYC	Sig. Dif.	County Ranking Group
Oral health survey of 3rd grade children							
% of 3rd grade children with caries experience #	N/A	36.2	N/A	N/A	45.4	No	1st
% of 3rd grade children with untreated caries #	N/A	18.6	N/A	N/A	24.0	Yes	1st
% of 3rd grade children with dental sealants #	N/A	31.6	N/A	N/A	41.9	No	1st
% of 3rd grade children with dental insurance #	N/A	85.3	N/A	N/A	81.8	Yes	3rd
% of 3rd grade children with at least one dental visit in last year #	N/A	77.1	N/A	N/A	83.4	Yes	1st
% of 3rd grade children reported taking fluoride tablets regularly #	N/A	33.3	N/A	N/A	41.9	No	1st
Age-adjusted % of adults who had a dentist visit within the past year # (2008-2009)	N/A	74.2	71.1	No	72.7	No	1st
Caries emergency department visit rate per 10,000 (ages 3-5 years) (2008-2010)	90	91.7	65.8	Yes	69.9	Yes	3rd
Medicaid oral health indicators							
% of Medicaid enrollees with at least one dental visit within the last year # (2008-2010)	11,896	26.3	31.3	Yes	29.4	Yes	3rd
% of Medicaid enrollees with at least one preventive dental visit within the last year # (08-10)	9,250	20.5	25.9	Yes	23.4	Yes	3rd
% of Medicaid enrollees (ages 2-20 years) who had at least one dental visit within the last year # (2008-2010)	6,261	38.4	40.8	Yes	40.5	Yes	2nd
Oral cancer							
Age-adjusted incidence per 100,000 (2007-2009)	23	6.4	10.4	Yes	10.8	Yes	1st
Age-adjusted mortality rate per 100,000 (2007-2009)	11	3.2	2.1	No	2.0	No	4th
Mortality per 100,000 (ages 45-74 years) (2007-2009)	9	8.8*	4.4	No	4.2	No	4th

Source: <http://www.health.ny.gov/statistics/chac/indicators/>

¹³ New York State Dept. of Health, Water Fluoridation <http://www.health.ny.gov/prevention/dental/fluoridation/index.htm>



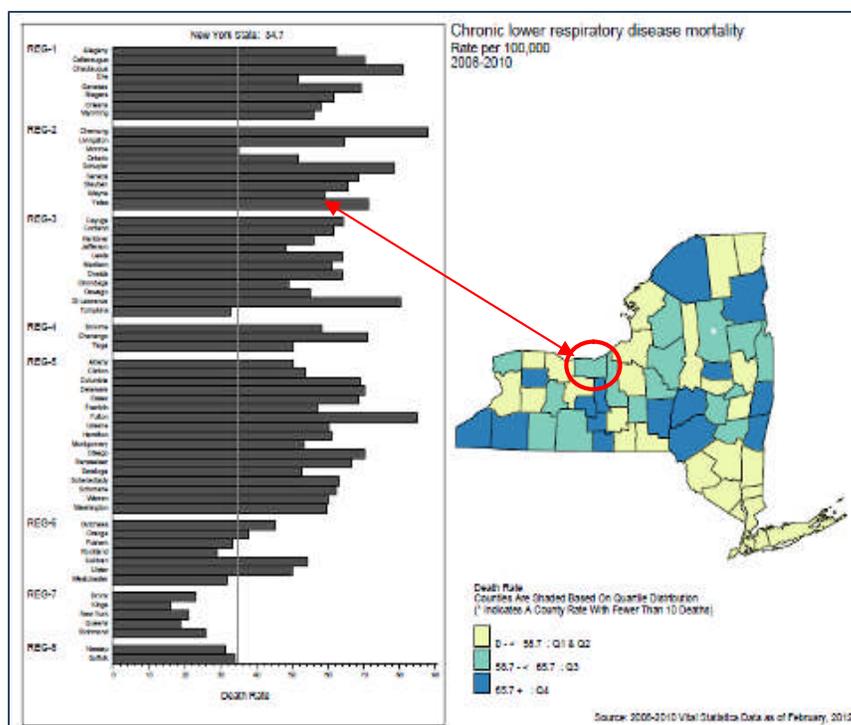
Wayne County is designated as a Dental Personnel Shortage Area for low-income populations although fluoridation rates for the county are good as noted in the maps below. Rushville Health Center provides dental hygiene services in most of the Wayne County schools (cleaning, screening and sealants) to help address the oral health issues in the County. Additionally, in 2010 the Wayne-Rushville Dental Center opened at Wayne County Public Health. This dental center accepts all forms of dental insurance and has a sliding fee scale for those who do not have dental insurance.





Respiratory Disease

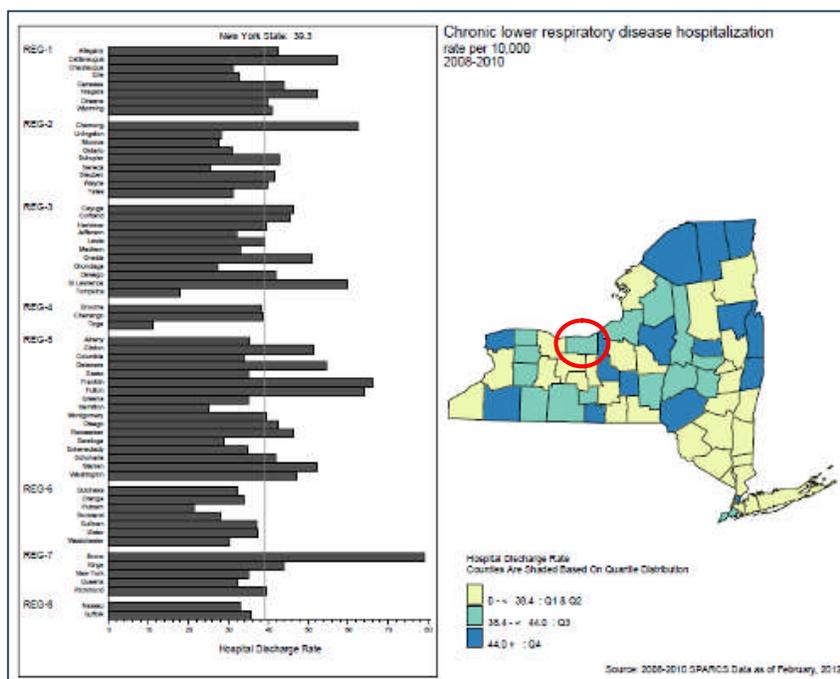
As this map and the chart below illustrates, Wayne County residents are at higher risk for mortality for Chronic Lower Respiratory Disease (CLRD) and have a higher hospitalization rate than upstate NY. CLRD includes bronchitis, emphysema and asthma. Our efforts to reduce tobacco use in our CHIP will help address these rates. Asthma hospitalization and mortality rates are lower than NYS rates. Age-adjusted percentages of adults with current asthma for 2008-2009 are also lower than NYS averages.



Respiratory Disease Indicators - Wayne County - 2008-2010

Indicator	3 Year Total	County Rate	NYS Rate	Sig. Dif.	NYS Rate exc NYC	Sig. Dif.	County Ranking Group
CLRD mortality rate per 100,000							
Crude	163	58.9	34.7	Yes	46.0	Yes	3rd
Age-adjusted	163	52.6	31.1	Yes	38.5	Yes	3rd
CLRD hospitalization rate per 10,000							
Crude	1,105	39.9	39.3	No	35.2	Yes	3rd
Age-adjusted	1,105	35.3	37.5	No	31.7	Yes	3rd
Asthma hospitalization rate per 10,000							
Crude	251	9.1	20.3	Yes	12.4	Yes	2nd
Age-adjusted	251	8.9	20.3	Yes	12.3	Yes	2nd
Ages 0-4 years	32	19.6	58.8	Yes	36.1	Yes	2nd
Ages 5-14 years	21	5.8	20.9	Yes	11.2	Yes	1st
Ages 0-17 years	57	8.7	29.0	Yes	16.1	Yes	2nd
Ages 5-64 years	157	7.1	15.4	Yes	9.5	Yes	2nd
Ages 15-24 years	19	5.3	7.5	No	4.1	No	4th
Ages 25-44 years	43	6.4	10.8	Yes	8.1	No	2nd
Ages 45-64 years	74	8.9	21.8	Yes	12.6	Yes	2nd
Ages 65 years or older	62	16.1	32.2	Yes	19.2	No	2nd
Asthma mortality rate per 100,000							
Crude	2	0.7*	1.3	No	0.9	No	2nd
Age-adjusted	2	0.6*	1.2	No	0.7	No	2nd
Age-adjusted % of adults with current asthma (08-09)	N/A	7.9	9.7	No	10.1	No	1st

Source: <http://www.health.ny.gov/statistics/chac/indicators/>



Tobacco, Alcohol and Substance Abuse

The age-adjusted percentage of Wayne County adults who smoke is 19.9% compared to the NYS rate of 17%. In spite of years of effort by federal, state and local public health agencies and advocates, residents of rural communities are more likely to use tobacco products, to start at a younger age, to use more heavily and to be exposed to secondhand smoke at work and at home than their counterparts in cities and suburbs¹⁴ According to the NYSDOH:

Smoking kills 25,500 people every year in New York State. Additionally, secondhand smoke kills 2,500 New Yorkers every year. At any one time, there are estimated to be 570,000 New Yorkers afflicted with serious disease directly attributable to their smoking. It is projected that 389,000 New York State youth age 0-17 will die from smoking.¹⁵

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

The Coalition has pursued an increasing number of methods to bring this critical health message to the public. Programs have been developed and implemented for youth from pre-school through college, and for adults in community, health, and work sites. In addition to public education, the Coalition has both developed and supported programs designed to assist with the

¹⁴ American Lung Association Cutting Tobaccos Rural Roots <http://www.lung.org/assets/documents/publications/lung-disease-data/cutting-tobaccos-rural-roots.pdf>

¹⁵ New York State Dept. of Health, Tobacco Use Prevention, http://www.health.ny.gov/prevention/tobacco_control/



cessation of tobacco product use and worked to encourage the changes in public policy that promote an improved quality of health in their communities.

Wayne County Public Health's Tobacco Cessation and Prevention Program is committed to providing the community with all of the tools for a successful quit attempt, as well as education to prevent unhealthy tobacco use. There are several free quit tobacco programs that target special populations such as teenagers, pregnant woman and of course the general population. Individual appointments can be made at any time, and provide participants with reading materials, a personalized quit plan, and Nicotine Replacement Therapy (patches, gum, or lozenges). Free group classes of The American Lung Association's "Freedom from Smoking" program are offered periodically throughout the county, including worksites such as Newark-Wayne Community Hospital.

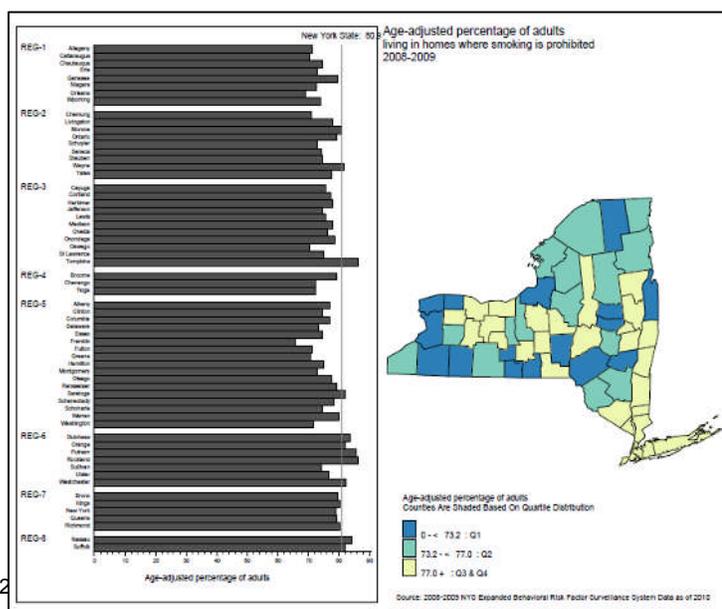
NYSDOH statistics indicate that drug related hospitalization rates are lower in Wayne County compared to NYS rates. Alcohol related motor vehicle injuries and deaths are in the third quartile for the County and worse than NYS rates.

Tobacco, Alcohol and Other Substance Abuse Indicators - 2008-2010

Indicator	3 Year Total	County Rate	NYS Rate	Sig. Dif.	NYS Rate exc NYC	Sig. Dif.	County Ranking Group
Drug-related hospitalization rate per 10,000							
Crude	316	11.4	27.3	Yes	21.2	Yes	1st
Age-adjusted	316	11.9	27.2	Yes	21.8	Yes	1st
Newborn drug-related hospitalization rate per 10,000 newborn discharges	21	70.1	64.0	No	78.4	No	3rd
Alcohol related motor vehicle injuries and deaths per 100,000	151	54.6	36.2	Yes	50.0	No	3rd
Age-adjusted % of adults who smoke cigarettes (2008-2009)	N/A	19.9	17.0	No	18.9	No	2nd
Age-adjusted % of adults living in homes where smoking is prohibited (2008-2009)	N/A	81.8	80.9	No	79.3	No	1st
Age-adjusted % of adults who binge drink (2008-2009)	N/A	18.6	18.1	No	19.8	No	2nd

Source: <http://www.health.ny.gov/statistics/chac/indicators/>

81.8% of Wayne County adults live in homes where smoking is prohibited. Wayne County is in the 1st quartile of the State for this indicator.





The most recent Tobacco Action Coalition of the Finger Lakes survey shows that 21.3% of respondents reported smoking.

2013 Wayne County Community Tobacco Assessment Adult Survey

Table 21 Do you now smoke cigarettes every day, some days, or not at all?

2013 Results:

		Frequency	Percentage
Current cigarette smoking frequency	Smoke Every Day	67	16.9%
	Smoke Some Days	26	6.4%
	Do Not Smoke At All	305	76.7%
	Don't Know/Not Sure	0	0.0%
	Totals	398	100.0%

This is comparable to survey responses in other Finger Lake counties.

2013 Seneca County Community Tobacco Assessment Adult Survey

Table 21 Do you now smoke cigarettes every day, some days, or not at all?

2013 Results:

		Frequency	Percentage
Current cigarette smoking frequency	Smoke Every Day	66	16.4%
	Smoke Some Days	19	4.7%
	Do Not Smoke At All	317	78.9%
	Don't Know/Not Sure	0	0.0%
	Totals	402	100.0%

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

19.5% of Wayne County community health assessment survey respondents reported that they currently smoked.

Do you currently smoke cigarettes?				
Answer Options	Percent	Response Count	EBRFSS Wayne Co	EBRFSS NYS
Yes	19.5%	125	19.9%	17.0%
No	80.5%	516	80.1%	83.0%



In the Wayne County Community Health Assessment Survey respondents ranked substance abuse (alcohol, drugs) as the second most important health problem in the County. Tobacco use was ranked 8th out of the 32 choices given.

Health Problems Using the following list, please check the issues that you think are the most important “health problems” in Wayne County (Problems that have the greatest effect on overall community health). Check all that you think are a problem:		% Adults Affected – Wayne EBRFSS	% Adults Affected – NYS EBRFSS
Obesity/overweight	63.5%	71.7%	59.3%
Substance abuse (alcohol, drugs)	62.5%		
Unemployment	57.6%	7.7%	7.5%
Mental health (depression, schizophrenia, etc.)	49.7%		
Poverty	48.0%	11.0%	14.2
Behavioral problems in children	47.1%		
Access to urgent care	45.1%		
Tobacco use	44.6%		
Child neglect/abuse	43.6%		
Teenage pregnancy	41.9%	2.9%	2.1%

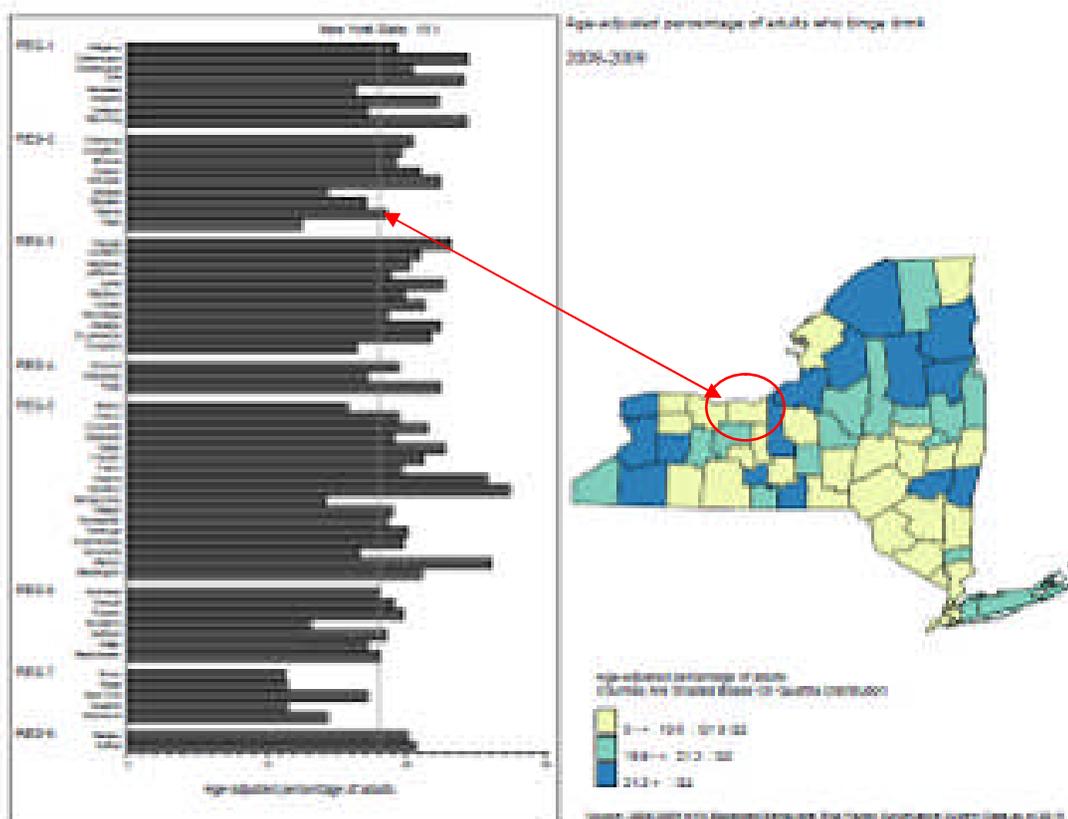
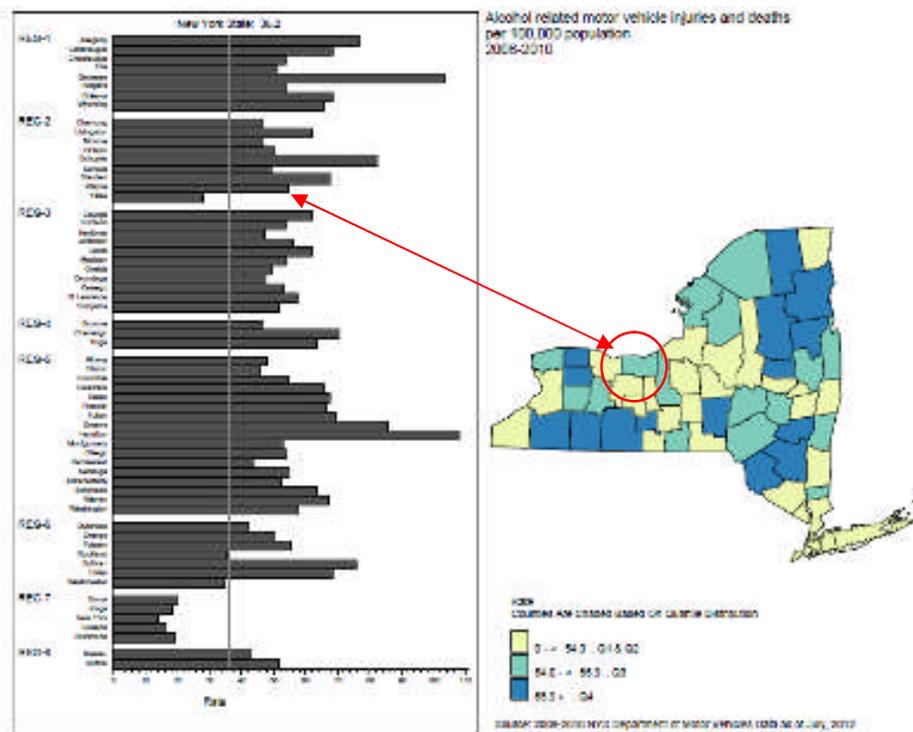
8% of survey respondents reported having one or more drinks every day. According to the Expanded Behavioral Risk Factor Surveillance Survey (EBRFSS) the rate of heavy drinkers in the County is 6.6% compared to the NYS rate of 5%.

Please answer these questions regarding alcohol use: (One drink is a beer, a glass of wine or a mixed drink)	None	1 or 2 a month	1 or 2 a week	1 or 2 a day	More than 2 a day	EBRFSS - % Adult Heavy Drinkers, Wayne Co.	EBRFSS - % Adult Heavy Drinkers, NYS
How much alcohol do you drink?	49%	28%	15%	7%	1%	6.6%	5.0%
How much do others in your household drink?	47%	21%	22%	7%	3%		

Additionally, 19.9% of survey respondents indicated they were binge drinkers, higher than the EBRFSS estimate of 18.6%.

Considering all types of alcohol beverages, how many times in the last 30 days did you have more than 5 drinks (if a man) or 4 drinks (if a woman) on one occasion?				
Answer Options	Response Percent	Response Count	EBRFSS Wayne Co.	EBRFSS NYS
None	80.1%	506		
Once	9.7%	61	18.6%	18.1%
Twice	4.1%	26		
3 or 4 times	3.6%	23		
More than 4 times	2.5%	16		

New York State Dept. of Health maps illustrate alcohol related motor vehicle injuries and deaths per 100,000 population for 2008 – 2010 and percentage of adults who binge drink.





County Health Ranking

The Robert Wood Johnson Foundation in collaboration with the University of Wisconsin Population Health Institute issues the *County Health Rankings & Roadmaps* annually. The *County Health Rankings* look at a variety of measures that affect health such as the rate of people dying before age 75, high school graduation rates, unemployment, limited access to healthy foods, air and water quality, income, and rates of smoking, obesity and teen births. Wayne County ranked 46th in overall health outcomes in NYS. With this assessment and implementation of the Community Health Improvement Plan in partnership with the Community Service Plan of Newark-Wayne Community Hospital the Wayne County ranking should improve.

	Wayne County	Error Margin	New York	National Benchmark*	Trend	Rank (of 62)
Health Outcomes						46
Mortality						36
Premature death	6,047	5,485-6,609	5,650	5,317		
Morbidity						59
Poor or fair health	19%	14-25%	15%	10%		
Poor physical health days	5.6	4.0-7.1	3.5	2.6		
Poor mental health days	4.6	3.3-6.0	3.4	2.3		
Low birthweight	6.90%	6.3-7.5%	8.20%	6.00%		
Health Factors						38
Health Behaviors						46
Adult smoking	23%	18-29%	18%	13%		
Adult obesity	30%	25-36%	25%	25%		
Physical inactivity	24%	19-30%	25%	21%		
Excessive drinking	14%	10-20%	17%	7%		
Motor vehicle crash death rate	12	10-15	7	10		
Sexually transmitted infections	306		516	92		
Teen birth rate	32	30-34	25	21		
Clinical Care						42
Uninsured	12%	10-13%	14%	11%		
Primary care physicians**	3,025:1		1,222:1	1,067:1		
Dentists**	2,440:1		1,414:1	1,516:1		
Preventable hospital stays	83	76-91	66	47		
Diabetic screening	87%	79-96%	85%	90%		
Mammography screening	69%	60-77%	66%	73%		
Social & Economic Factors						26
High school graduation**	83%		77%			
Some college	59%	55-62%	64%	70%		
Unemployment	8.10%		8.20%	5.00%		
Children in poverty	21%	17-24%	23%	14%		
Inadequate social support	25%	19-32%	24%	14%		
Children in single-parent households	31%	28-35%	34%	20%		
Violent crime rate	178		391	66		
Physical Environment						53
Daily fine particulate matter	11.3	11.1-11.5	10.9	8.8		
Drinking water safety	16%		4%	0%		
Access to recreational facilities	5		11	16		
Limited access to healthy foods**	3%		2%	1%		
Fast food restaurants	50%		45%	27%		

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

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

Source: <http://www.countyhealthrankings.org/app/new-york/2013/wayne/county/outcomes/overall/snapshot/by-rank>



Physical – As stated in the demographic section, Wayne County has a population of 93,772 over 604 square miles with a population density of 155 people per sq. mile. Wayne County is located on the southern shore of Lake Ontario between two major cities, Rochester and Syracuse, in the Finger Lakes Region of upstate New York. The challenge is for those residents scattered throughout other parts of our rural county where transportation is an issue. The ability to access health care, especially for the uninsured, non-Medicaid population with limited financial means and for the elderly who face hurdles in driving longer distances due to the rural-ness of the county, presents a physical barrier some cannot overcome. Wayne County has a limited public transportation system called WATS. WATS is fairly economical to use, but requires an entire day of time to access health care due to limited bus routes. Many choose not to use it. Additionally, with older housing stock, indoor air quality issues, long winters with lake-effect snow and limited opportunities for indoor physical activity, the physical environment is a major consideration.

Legal – Real health care reform cannot occur without policy change. With the current changes occurring due to the Affordable Care Act, something closer to universal health care coverage will take effect in 2014. All residents of the country will be able to seek health care. The challenge will be to help our residents understand this complex system. In the meantime the barriers exist as outlined above. Legal issues are also a concern for our migrant population who defer health care until an emergency occurs for fear of the legal repercussions.

Social - The social aspects of Wayne County residents are influenced by a wide variety of behavioral risk factors that affect Wayne County residents and have been fully discussed above. These include low-income and thus limited means with which to purchase nutritional meals or take advantage of many social and recreational opportunities for physical activity (e.g canoeing, kayaking, backpacking, golf, etc.). Persons with limited means are also more likely to engage in unhealthy habits such as tobacco use or alcohol abuse, probably due to the fact that there are fewer other opportunities to which they have been exposed through which they can change their “state of being” than those of more substantial means, who may use exercise, music, theater, art, stimulating conversation, higher education or other venues for this stimulation. Recent studies have also shown that urban residents may lead less of a sedentary lifestyle than do rural (non-farming) or suburban residents, due to spending more time walking to various destinations than is possible or feasible in rural areas. The social isolation seems to also make residents more prone to alcohol abuse, and higher rates of depression or poor mental health than their urban counterparts. Cultural acceptance of tobacco and alcohol use is also a risk factor. Lower levels of education and educational aspirations are also risk factors as discussed above in the demographics section. Lack of access to dental care and lack of a fluoridated water supply in some parts of the county contribute to these factors.

Economic – The economic factors affecting the health of our residents, as previously stated in the demographics poverty section, are well documented. Living in poverty is associated with lower health status, an increased risk of having inadequate health insurance, and lower use of health services. Per the census data cited earlier, the annual median household income in Wayne County is \$54,380 which is 4.5% below the NYS median household income of \$56,951. Per capita income in Wayne County is \$24,872 almost 22% below the NYS average of \$31,796. Among Wayne County residents 11.1% had incomes below the poverty level compared to the NYS average of 14.5%.

Lack of education is a determining factor of economic stability and also associated with a lower health status and a greater likelihood of not seeking health care, especially preventive services.



According to the American Community Survey Wayne County does have a higher percentage high school graduates at 87.2% compared to the NYS average of 84.6%. However, Wayne County has 36% fewer residents over the age of 25 with a Bachelor's degree compared with the NYS average, with just 20.8% of Wayne County residents having a Bachelors degree or higher, compared to the State average of 32.5%.

Other Health Related Components of the Environment

Wayne County Public Health is always attempting to increase and strengthen collaborations with coalitions, partnerships, and networks to enhance, coordinate, and provide much needed health care services to County residents. In addition to the partners involved in the community health assessment process, a list of coalitions, partnerships and networks can be found [here](#).

We continue to collaborate with state and local officials and organizations in an effort to reduce the high costs of Early Intervention programs and at the same time provide quality service to the children who need the service. We do weekly surveillance of Wayne County school systems for disease outbreaks and daily surveillance of local hospital emergency room activity for disease outbreaks or trends. We assist school health programs on an “as needed” basis to provide up-to-date health education/information for situations that may be occurring in the school systems (such as MRSA). Additional factors are listed below:

- State budget cuts effecting health care and government at local level, PH programs may be cut.
- Increase in unemployment is reducing funds available for health related items (healthy food choices, memberships to health clubs, etc) ability to get health related services and/or pay for health insurance and prescriptions
 - The New York State Dept. of Labor reported the unemployment rate in Wayne County was 6.8% compared to the 6.8% for upstate and a NYS rate of 7.6% (7/13). Wayne County has the second highest rate of the six S2AY Network counties.
- Hospitalists pose unique challenges for the smooth transition from inpatient status to care in the home (i.e. obtaining physician's orders; medication management)
- Regulatory changes, increased immunization costs and complicated immunization schedules is beginning to deter provider participation in adult and children immunizations
- Smoking:
 - Increase in worksites/campuses that have become smoke free
 - Increase in available nicotine replacement therapies
 - Public Health has a smoking cessation and nicotine replacement therapy program for public and staff
 - Disparity chosen: Promote tobacco cessation, especially among low SES populations and those with mental health illness
- Increase in population seeking medical advice from internet web sites.

Improving access to high-quality, continuous primary care and treatment services are critical in eliminating disparities in health outcomes. Unlike other medical services, the primary payment source for dental services is out-of-pocket, with access to services for persons on Medicaid particularly limited. Limited transportation in rural areas, feeling intimidated by the health care system, lack of insurance and perceived confidentiality issues are some of the factors that may



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

Personal barriers in access to care include:

- Personal value and behavior systems on the part of some county residents (particularly older residents) who refuse to take advantage of eligibility-based programs (such as Medicaid and Food Stamps) because they consider it a “hand-out”
- Cultural differences and fear of government officials on the part of the growing migrant population in Wayne County may inhibit their access to care
- Lack of a private vehicle for transportation
- Lack of education and personal experience regarding the value of and need for primary and preventive care. This can include feelings of intimidation that some residents may experience in the presence of health professionals, leading both to avoidance of care and lack of empowerment in managing relevant aspects of their own healthcare, along with health literacy issues. For too many residents, emergency room care may be the only type of care accessed. While there is an emergency room, there are no urgent care services in the county. For a significant portion of females, family planning services may be their only access point to primary care services.
- An increasing Amish population that normally does not seek preventive health care services for religious and cultural reasons and also due to the lack of efficient transportation

As indicated above, an estimated 11.2% of Wayne County residents under 65 lack health insurance, a very significant barrier. This number is expected to drop as another phase of the Affordable Care Act is implemented with the advent of the New York State of Health Marketplace.

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

Wayne County has two organizations available to assist residents with enrolling in this new system: Thompson Health and the S2AY Rural Health Network. Public Health is a partner of S2AY and will work closely with these organizations to ensure residents understand and sign up for health insurance.

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



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

Wayne County has a mixture of media outlets in the County although changes in technology bring new challenges as public health explores novel ways to reach residents. Traditional methods of health care promotion through newspapers, television and radio are not as effective as they once were. Residents now have endless cable television channel choices, satellite radio stations to choose from, vast internet options, and a wide array of apps to select from on their smart phones. Public health must re-invent the way they reach their residents. Technology presents another barrier as many residents reside in rural, sparsely populated areas of the County that do not have cell phone or internet access. For many of those that do have access to new technology the internet presents new hurdles as they have limited computer skills and/or literacy levels. The internet can be extremely frustrating, stressful and overwhelming especially for older residents. Disparities in access to health information, services, and technology can result in lower usage rates of preventive services, less knowledge of chronic disease management, higher rates of hospitalization, and poorer reported health status.¹⁸ The challenge will be the ability to utilize these tools given the boundaries of county internet security policies. At the other end of the spectrum is the issue of effectively communicating with the increasing Amish population. Learning about the Amish culture and identifying what is acceptable and not are one of the biggest hurdles that Wayne County Public Health will have to overcome in the near future.

The Clean Indoor Act, passed ten years ago, continues to improve the overall environment and reduce second hand smoke statistics. New York State has led the way in creating smoke free indoor environments and is pushing policies in public outdoor areas as well. There is an increase in the number of workplaces and campuses that are now smoke-free. We will work with our partners to promote tobacco cessation as outlined in the Community Health Improvement Work Plan. Wayne County Public Health will begin that work on our own turf by investing in efforts to create smoke-free environments throughout the community, encouraging Wayne County government to lead by example. It will be hard to convince other organizations to adopt these policies if we have not adopted them ourselves. As we have learned from surrounding counties, this will be an uphill battle.

Poverty statistics described previously impact a resident's ability to access health care. Income levels can restrict basic needs such as heat, food, adequate shelter, medical and prescription care. Some homes still have no indoor plumbing and many county residents use wood as their main heat source. Nine percent of our residents live in mobile homes. Inadequate housing can impact health outcomes. The social environment is generally conducive to accepting of health care although there is a subset of the population that does not seek preventive care and relies on the emergency room for medical necessity.

Wayne County attracts many tourists during the summer season, placing a burden on local medical services, law enforcement and the local infrastructure. This creates the potential for a health disaster as regular resources will quickly be exhausted in the event of a major health emergency. Typical seasonal visitors include those enjoying Lake Ontario, Sodus Bay, local wineries, and the Erie Canal.

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



The current economic situation and the budget cuts over the last few years have affected the local health care environment. Providers have a more difficult time, with a seemingly increasing number of individuals recently electing to skip routine medical and dental care due to lack of employment, resources and/or insurance. Some providers refuse to accept Medicaid. Additionally, the high cost of fuel is still a consideration for residents as this expense reduces funds available for health related items (healthy food choices, memberships to health clubs, etc.) and the ability to get to health-related services and/or pay for prescriptions.

Public Health will work with their partners to implement the [Community Health Improvement Plan](#). This work plan provides a road map to address the top identified priorities of obesity, heart disease, and hypertension in the County by making environmental and policy changes in the community that will improve the local health care environment. The plan calls for partnerships with worksites, community organizations and schools to assist them in making environmental and policy changes to reduce obesity and overweight, and improve health. This will include such things as: developing resource guides of opportunities for physical activity, pursuing joint use agreements with local school districts, promoting breast feeding, expansion of the FLHSA hypertension program into Wayne County, reducing the sodium content in hospital and senior meals, and promoting chronic disease self management.

Wayne County will work with Newark-Wayne Community Hospital and other local partners to ensure that these improvements to facilitate healthy outcomes are made in the County. Progress will be monitored by the group regularly. NYSDOH will track progress according to a set of state level tracking indicators which includes baseline data and the 2017 targets for numerous indicators for the five major prevention agenda areas. The tracking indicators for Wayne County can be found [here](#).



County Health Ranking

The County Health Rankings as mentioned above rate a variety of factors that determine health outcomes. Although criteria and data may not be the best, the ranking do provide some basis for comparison across the nation. As illustrated in the chart below Wayne County ranks poorly compared to other NYS counties and Network counties.

Comparison of New York State and S2AY Rural Health Network Counties

Measure	New York	Ontario	Schuyler	Seneca	Steuben	Wayne	Yates
Health Outcomes		11	29	23	44	46	6
Mortality		23	35	20	43	36	17
Premature death	5,650	5,719	6,025	5,681	6,255	6,047	5,485
Morbidity		3	25	32	41	59	2
Poor or fair health	15%	8%	16%		16%	19%	
Poor physical health days	3.5	2.9		4.8	4.1	5.6	2.5
Poor mental health days	3.4	3.2	4.0	4.7	4.1	4.6	2.5
Low birthweight	8.2%	6.4%	6.5%	5.9%	7.1%	6.9%	5.3%
Health Factors		7	35	43	52	38	16
Health Behaviors		10	35	53	57	46	18
Adult smoking	18%	18%		25%	28%	23%	
Adult obesity	25%	27%	28%	31%	31%	30%	25%
Physical inactivity	25%	20%	30%	32%	26%	24%	27%
Excessive drinking	17%	17%		12%	17%	14%	17%
Motor vehicle crash death rate	7	9		14	14	12	11
Sexually transmitted infections	516	208	115	218	208	306	185
Teen birth rate	25	19	29	27	28	32	19
Clinical Care		19	57	34	39	42	21
Uninsured	14%	11%	13%	13%	13%	12%	15%
Primary care physicians	1,222:1	1,242:1	1,667:1	4,401:1	1,706:1	3,025:1	1,812:1
Dentists	1,414:1	2,102:1	4,673:1	5,431:1	2,957:1	2,440:1	3,332:1
Preventable hospital stays	66	72	103	67	81	83	51
Diabetic screening	85%	86%	84%	90%	87%	87%	86%
Mammography screening	66%	71%	69%	73%	71%	69%	77%
Social & Economic Factors		6	24	27	51	26	21
High school graduation	77%	87%	73%	79%	84%	83%	83%
Some college	64%	70%	56%	53%	59%	59%	43%
Unemployment	8.2%	7.2%	7.8%	7.7%	9.4%	8.1%	6.9%
Children in poverty	23%	15%	23%	21%	28%	21%	24%
Inadequate social support	24%	19%	17%		24%	25%	
Children in single-parent	34%	28%	22%	33%	32%	31%	23%
Violent crime rate	391	118	77	142	159	178	59
Physical Environment		36	11	39	34	53	6
Daily fine particulate matter	10.9	11.5	11.4	11.3	11.8	11.3	11.5
Drinking water safety	4%	15%	0%	5%	0%	16%	1%
Access to recreational facilities	11	14	5	0	6	5	12
Limited access to healthy foods	2%	3%	2%	2%	4%	3%	0%
Fast food restaurants	45%	49%	28%	43%	37%	50%	30%

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



Assets and Resources

Hospitals

There is only one hospital that is physically located in Wayne County; Newark-Wayne Community Hospital. The Hospital is located in the largest village in the County, Newark, in the mid-southern section of the county. Newark-Wayne Community Hospital was part of the Community Health Assessment process and joined with Wayne County Public Health to develop the Community Health Improvement Plan. There are additional hospitals in neighboring counties that may also serve Wayne County residents: Rochester General and Strong Memorial in Monroe County to the west and Clifton Springs Hospital and Geneva General Hospital in Ontario County to the south. Other hospitals that may be used by the far eastern residents of the county are Oswego Hospital in Oswego County, Auburn Hospital in Cayuga County and Upstate Medical in Syracuse. Depending on where residents live and/or work, they might use any of these hospitals.

Newark-Wayne Community Hospital

This is the only hospital located in Wayne County. It is part of the Rochester General Health System (RGHS) comprised of several affiliated organizations that provide a continuum of high quality health care services to residents of Wayne County and the greater Rochester and surrounding regions.

Newark-Wayne Community Hospital is a 120-bed community hospital that is located in Newark. It is approximately 40 miles east of Rochester. They offer a full range of services to County residents through a highly qualified team of primary care and specialist physicians and through innovative programs including a robust telehealth program. As an affiliate of Rochester General Health System, Newark-Wayne Community Hospital and Rochester General Hospital's service lines are integrated to provide the same exceptional standards of care at both hospitals. Newark-Wayne Community Hospital offers several specialties including:

- Cardiac care (through the Sands-Constellation Heart Institute)
- Emergency care
- Hematology / Oncology (through the Lipson Cancer Center)
- Obstetrics & Gynecology and Birthing Center
- Orthopedics
- Rehabilitation: Physical, Occupational & Speech Therapy and Cardiac Rehabilitation
- Senior Services
- Stroke Center
- Surgery (general, ophthalmology, urology, obstetrics/gynecology, ENT and more)
- Urology

Newark-Wayne recently acquired a daVinci surgical robot to provide better, minimally-invasive surgical care to patients requiring these services. Additionally, the hospital is fully-accredited by the Joint Commission and was acknowledged for four "Best Practices" in its 2011 review, was recognized by NICHE (Nurses Improving Care for Healthsystem Elders) in 2011, the only national designation indicating a hospital's commitment to elder care, is a designated New York State Department of Health Stroke Center, and joined RGHS as a MOREOB Hospital and is in the process of becoming a Baby Friendly Hospital, a World Health Organization distinction.



NWCH 2011 Statistics

- Rochester General Health System's 2nd largest affiliate
- In partnership with Rochester General Medical Group practices in Wayne County
- 120-Bed Acute Care Hospital
- 180-Bed Skilled Nursing Facility
- 150 Medical and Dental Staff Members
- 730 Team Members
- 4,216 Inpatient Admissions (with Mental Health) in 2011
- 550,064 Outpatient Tests / Visits in 2011 (Lab, Radiology & Therapy, etc.)
- 22,527 Emergency Room Visits in 2011
- 3,507 Surgical Procedures in 2011
- 427 Baby Deliveries in 2011
- 64,318 Patient Days in DeMay Living Center in 2011 (average census 98%)
- JCAHO Accredited

Rochester General Hospital

Located in nearby Monroe County, Rochester General Hospital, the flagship of Rochester General Health System, is a 528-bed hospital served by more than 1,500 medical and dental staff members and more than 7,000 employees. Strong referral relationships with several regional hospitals, as well as relationships and affiliations with nationally renowned institutions including Cleveland Clinic and Roswell Park Cancer Institute, amplify the ability of RGH to provide superior clinical care to the men and women of the greater Rochester area including Wayne County residents. RGH physicians, nurses and care providers cared for more than 101,000 emergency department (ED) patients in 2012, making it the busiest and most practiced ED in the region.

RGH offers a full array of services to meet the healthcare needs of upstate New York residents, including nationally recognized programs in specialties including Cardiac, Cancer, Orthopedic, Vascular, Surgical and Diabetes. The hospital's distinctions for quality include being recognized nine times as a Solucient/Thompson Top 100 Cardiac Hospital; and being designated by New York State and The Joint Commission (TJC) as an accredited Stroke Center. Additionally, RGH has earned Nurse Magnet Hospital recognition from the American Nursing Credentialing Center - the nation's highest honor for excellence and innovation in nursing care.

Rochester General Hospital and Newark-Wayne Community Hospital are affiliates of the RGH System along with DeMay Living Center (located on the Newark Wayne campus), Behavioral Health Network of mental health and substance abuse programs, Hill Haven, a skilled nursing home Independent Living for Seniors, and Rochester General Medical Group, a network of 41 primary care and specialized physician practices located throughout Monroe and Wayne counties.



Clifton Springs Hospital & Clinic

Clifton Springs Hospital & Clinic (CSH&C) is a 262-bed hospital with a level of technology consistent with that of large urban hospitals. The main hospital is physically located in Clifton Springs, midway between (but north of) Geneva and Canandaigua. CSH&C's primary service area consists of four counties in the Central Finger Lakes Region of Upstate New York: Ontario, Wayne, Seneca and Yates.

Clifton Springs Hospital & Clinic is a not-for-profit health care system providing general acute care, primary care, nursing home care, Cancer Care, programs for Behavioral Health and Addiction Recovery, and specialty care to residents of and visitors to the central Finger Lakes region. The Finger Lakes Community Cancer Center (FLCCC) is located on the main campus. The Behavioral Health Department is the area's largest and has offered mental health and addiction recovery services longer than any other organization in the region. CSH&C offers numerous subspecialties including blood disorders, renal disease, diabetes, and rehabilitation. The Springs of Clifton provides health care that nurtures the body, mind, and spirit with the goal of promoting wellness and health.

Geneva General Hospital

Geneva General Hospital (GGH) founded in 1898, is a 132-bed general acute care hospital providing both primary care and secondary level services. A full range of diagnostic modalities is available at GGH including 64-slice CT scanner, nuclear medicine, magnetic resonance imaging (MRI), cardiovascular diagnostics and complete gastroenterology service. The hospital's 13-station outpatient renal dialysis center and inpatient acute treatment service serves residents from a four-county area in the Finger Lakes. The hospital also operates a regional 15-bed acute physical rehabilitation program specializing on improving independence for persons following a life-changing event such as a stroke or significant orthopedic fracture. This is a unique service in the Central Finger Lakes region. GGH is staffed by a Hospitalist service comprised of 8 physicians who provide 24/7/365 medical supervision for inpatients.

Strong Memorial Hospital

Strong Memorial Hospital's 739-bed care center provides a comprehensive range of general and highly specialized services and is well known in the region for its high level of specialty care. As an affiliated academic research hospital, their patients have access to the latest treatments before they are widely available. In addition to offering traditional and established medical care services, Strong is distinguished with its tertiary and quaternary services. This means Strong has the personnel and facilities to provide advanced medical inquiry and treatments that are not widely accessible in this region. A few of Strong's many highly specialized services include:

- Organ Transplant
- Trauma and Burn Care
- Neonatal Intensive Care Unit
- Comprehensive Neuromedicine
- Complex Cardiology
- Cancer Service



Clinics

In addition to the services noted above through the hospitals, Wayne County Public Health continues to offer immunization, rabies, TB, flu, well child and STD/HIV clinics. Numerous clinics are held throughout the County for these various programs.

Finger Lakes Community Health is a 330 *Migrant & Community Health Center* (FQHC), as well as a 330g funded *Migrant Voucher Program*, which allows them to function as a conduit for the federal funds to other independent established health care sites providing services to migrants. Finger Lakes Migrant Health Project was established in 1989 to provide health services to area migrant and seasonal farm workers. They have offices in *Sodus, Geneva, Penn Yan, Bath, Port Byron and have opened a new site in Ovid*. Their voucher system extends from Lake Ontario to the Pennsylvania border. Services include comprehensive and culturally competent case management, outreach, transportation, Spanish interpretation and health education. These locations will accept any patient who attends for services, regardless of insurance coverage on the day of arrival.

The Rushville Health Center is located in the rural northwestern part of Yates County. It is a Federally Qualified Health Center that is part of the Regional Primary Care Network (RPCN). Rushville provides medical, dental and outreach services to residents of this rural area. Dental services include preventive dental services through an in-school program in Wayne and surrounding counties. RPCN is a network of 25 owned and sub-recipient Federally Qualified Health Centers located across Upstate New York. Per its mission, RPCN is dedicated to providing access to quality health care for all, regardless of financial, cultural, or social barriers. While RPCN has a large urban presence in both Rochester and Utica, the organization's service area also encompasses four rural counties: Livingston, Ontario Wayne and Yates, where it operates three rural Community Health Centers (CHCs), including Rushville Community Health Center (Yates County), Livingston Community Health Center (Mt. Morris, Livingston County) and Wayne-Rushville Dental Center (Wayne County). In 2010, RPCN CHCs provided primary medical, dental and behavioral health care services to over 20,000 patients from rural zip codes. Of those, 20% were enrolled in Medicaid, and would potentially be part of the target population for this project.

Rushville Health Center and the Finger Lakes Migrant Health Center both accept disabled patients for dental health services.

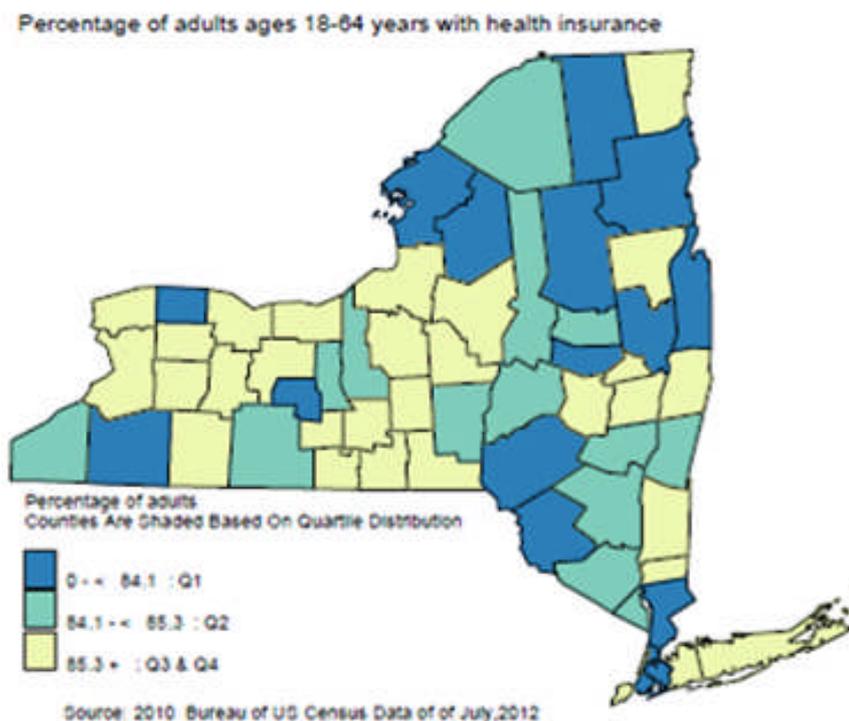
Private Providers

Wayne County is designated as a Health Care Professional Shortage Area as noted above. The County is a Health Professional Shortage Area (HPSA) for primary health, for low income populations for dental in eastern Wayne County and for the Medicaid eligible population for mental health.



Access to Health Care Providers/Health Insurance

Data regarding health insurance and access to providers has been included above. As illustrated in this map Wayne County ranks well compared to the rest of the state for insured adults.



Wayne County looks forward to the effect of the opening of the New York State of Health exchange and the impact it will have on our uninsured population. The exchange will help people shop for and enroll in health insurance coverage. Residents will be able to see what the various levels of coverage cost, what tax credits they are eligible for and determine which option best suits their needs.

Wayne County will insure community residents are in touch with local organizations that provide assistance with enrollment. Organizations that serve Wayne County are the S2AY Rural Health Network and Thompson Health. Additionally, navigators can be found at FQHC's. These organizations provide free, confidential, un-biased information on health insurance options and assist residents with enrollment. The S2AY Rural Health Network, www.s2aynetwork.org, can be reached at 607-962-8459 or to schedule an appointment call the 211 helpline, www.211helpline.org, at 2-1-1 or 1-800-346-2211.



Primary Care and Preventive Health Services Utilization

In the Wayne County community health survey (attached) respondents felt access to urgent care was the number one problem, with access to health care ranked second. Both were also in the top five when respondents were asked to rank what they thought the problem with the greatest need was. This is an issue that was also raised by focus group participants. According to the 2008 BRFSS data 8% of the county residents reported that cost prevented them from visiting a doctor within the past year compared to 12.6% across the state. In our survey 12.2% reported that they had been unable to get any type of health care service due to inability to pay. 27% of survey respondents also reported it had been more than a year since they had last had a routine checkup.

#1 Top Problem				
Access to urgent care	Access to health care	Obesity/overweight	Substance abuse (alcohol, drugs)	Unemployment
11.8% - 74	10.8% - 68	8.9% - 56	7.7% - 48	7.3% - 46

Problem with greatest need				
Unemployment	Substance abuse (alcohol, drugs)	Obesity/overweight	Access to urgent care	Access to health care
15.4% - 77	10.8% - 54	10.6% - 53	10.4% - 52	10.2% - 51

Table 10. Cost Prevented Visit to Doctor within the Past Year among Adults¹ in Wayne County and New York State

	Wayne County				New York State			
	n ²	Est. # Adults ³	Percent	(C.I.) ⁴	n ²	Est. # Adults ³	Percent	(C.I.) ⁴
Total	291	5,598	8.0	(3.4 - 12.6)	18287	1,864,399	12.6	(9.5 - 15.6)

EBRFSS 2008-2009

Was there a time during the past 12 months when you needed to see a doctor, but could not because of the cost?			
Answer Options	Response Percent	Response Count	EBRFSS 06/09
Yes	12.2%	76	11.6%
No	87.8%	547	

About how long has it been since you last visited a doctor for a routine checkup? Do not include times you visited the doctor because you were sick.			
Answer Options	Response Percent	Response Count	EBRFSS
Within the past year	73.0%	456	66.9%
Within the last 2 years	9.8%	61	80.6%
Within the last 5 years	5.4%	34	
Five or more years ago	4.8%	30	
Don't know/unsure	5.0%	31	
Never	2.1%	13	



Other Collaborations

S2AY Rural Health Network

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

Wayne County Rural Health Network

The Wayne County Rural Health Network was founded in 1997 and is a collaborative partner that plans, initiates, and implements innovative solutions for emerging and unmet health and human service needs that one provider alone could not undertake. This network is very successful in achieving grant funding for a multitude of human need services, such as establishing funding from the Greater Rochester Health Foundation for the founding of the Wayne-Rushville Dental Center at Wayne County Public Health.

Cornell Cooperative Extension of Wayne County

Cornell Cooperative Extension of Wayne County’s mission is to put knowledge and research to work in pursuit of economic vitality, ecological sustainability and social well-being. Its vision is to create positive change on behalf of families and communities in six priority areas. Three of the priority areas address the NYS Prevention Agenda. They are obesity prevention, food safety and security, agriculture and food systems and community and economic vitality. Educational programs and environmental strategies are employed in each priority area to facilitate positive change in multiple circles of influence, from the individual and family, the informal and formal organization to communities

Wayne County Action Program

Since 1966, the Wayne County Action Program has identified and offered vital programs and services to help people in need within Wayne County and surrounding areas. They are dedicated to “helping people and changing lives”. They provide a multitude of human service programs that meet the needs for all stages of life.

Wayne County is blessed to have a multitude of collaborating health and human needs agencies such as the ones above and others that are not listed. It is the goal of each of these agencies to not duplicate services and to share resources.



Coalitions and Committees

Wayne County Public Health is a member of several coalitions and committees that address the health of our residents. Public Health is always attempting to increase and strengthen collaborations with coalitions, partnerships, and networks to enhance, coordinate, and provide much needed health care services to County residents. In a rural county such as ours it is imperative that organizations work together to tackle the issues faced by the community. Some of the collaborations we are a part of include:

- Cancer Service Program of Wayne County
- Head Start – Health and Nutrition Services Advisory Committee
- Diabetes and Chronic Disease Coalition
- Finger Lakes SAFE KIDS Coalition
- Cornell Cooperative Extension Eat Well, Play Hard Coalition
- Wayne County Rural Health Network
- Newark Healthy Schools Team
- Creating Healthy Places to Live, Work & Play
- Regional Early Childhood Coalition
- Regional Early Intervention Coordinating Council
- Finger Lakes EMS Councils
- Wayne Agencies Network
- Wayne County Coalition of Farmworker Agencies
- Wayne County Health Services Advisory Committee for the Lake Ontario and Red Creek ABCD
- Wayne County Parent Educators Network
- Finger Lakes Public Health Education Coalition
- Finger Lakes Regional Perinatal Forum
- Tobacco Action Coalition of the Finger Lakes
- Finger Lakes Area Immunization Coalition
- Finger Lakes Adult Coalition
- Finger Lakes STD/HIV Coalition
- Finger Lakes Lead Poison Prevention Coalition

Other

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



counselors and telephone translation services available. They can be found online at <http://211lifeline.org/>

Another resource is the Community Resource Guide that links people with resources in Wayne County. The Community Resource Collaborative Forum is a grassroots coalition of agencies, organizations, citizens and officials who are committed to providing the residents and providers of Wayne County accurate and needed resource information so that all people in our community may find help with living challenges and reach their full potential. They can be found online at <http://www.wayneresourceguide.org/help.php>

Local Health Unit Capacity Profile

Wayne County Public Health is a County Department with oversight provided by the County Legislature via committee. The Board of Supervisors also serves as the Board of Health. As per Section 357 of the Public Health Law, a Health Services Advisory Board (HSAB) is appointed by the Board of Supervisors. The HSAB advises the Director of Public Health with respect to the discharge of his/her powers, responsibilities and duties. WCPH is a partial service health department and therefore does not provide environmental health services. The NYSDOH Geneva District Office provides the mandated environmental inspections of restaurants, public water systems, public wells, public pools, etc. The department also has several other advisory groups for specific programs including the Regional Early Intervention Coordinating Council (REICC) for Wayne County Early Intervention Services. A contract with a Medical Director provides physician support for services provided. Wayne County closed its Certified Home Health Agency in 2012. Residents have access to home health needs through Finger Lakes Visiting Nurse Service and Lifetime Care. Staff levels were severely reduced due to the closure and the department is still adjusting to a more focused preventative outlook. Preventive services include:

- Asthma
- Communicable disease
- Immunization Program – adult and pediatric
- Lead Poisoning Prevention
- Maternal child Health
- Newborn Screening
- Seasonal Influenza
- Sexually Transmitted Disease Clinics
- Tuberculosis
- Well Child Clinics
- Rabies/Zoonoses Program

A Public Health System Assessment was completed as the second phase of the Community Health Assessment. Results are included as [Attachment D](#). Both the Public Health System and the Public Health Department were assessed. The Assessments were sent to key informants, and for the most part was done online. Both Assessments were very favorable, although an analysis



of the results would infer that more education regarding the role and activities of the system and PH Department would be beneficial.

Staffing and Skill Level

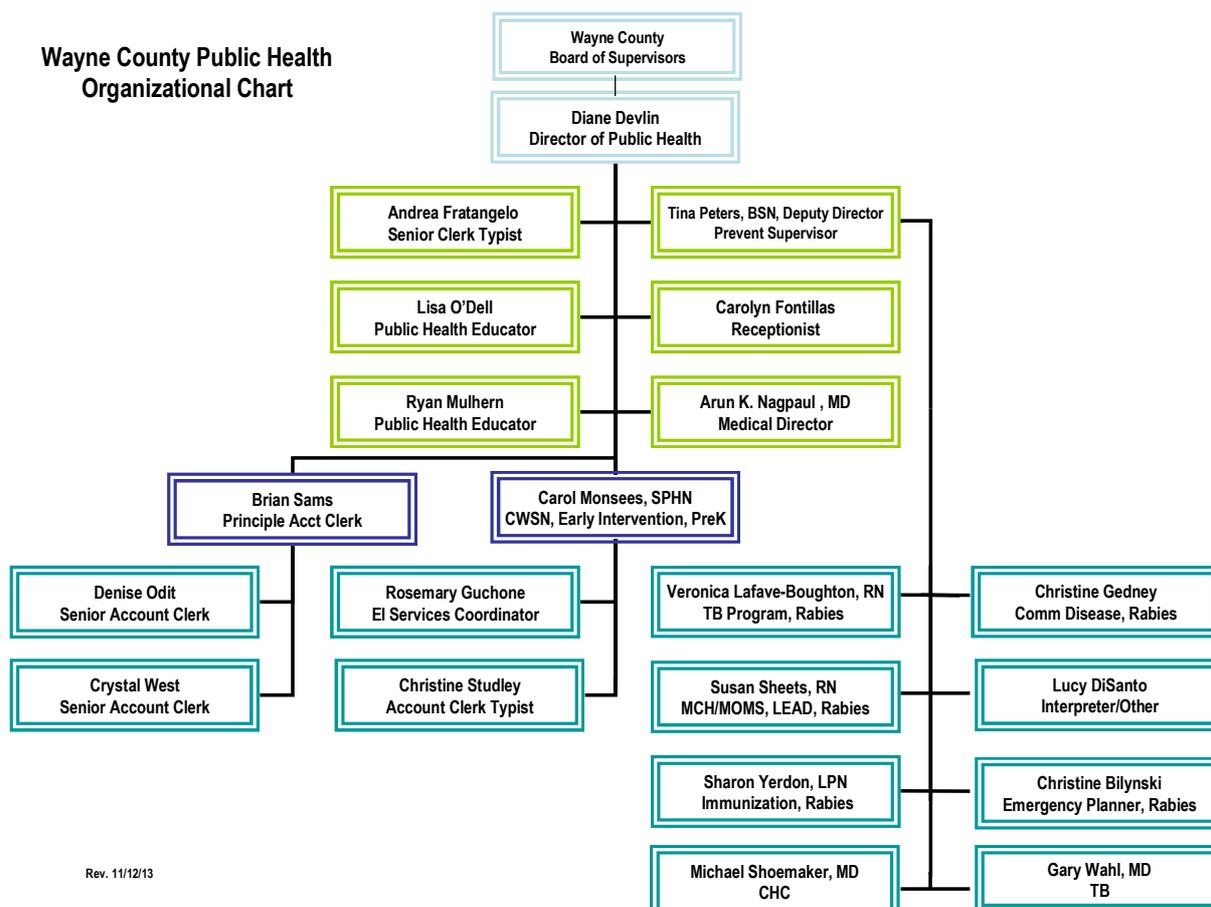
The Director of Public Health, Diane Devlin, RN, BSN, MS, has been in the public health care field for over 18 years. She has a broad knowledge of the community and of public health, along with excellent management and supervisory experience. Her staff is well qualified for their positions by their education and experience.

Adequacy and Deployment of Resources

State aid cuts have had an immediate negative impact on Public Health Agencies. Reductions in state aid affect all programs and staff must determine how to best meet the needs of the community with continued budget cuts. Wayne County recently closed their Home Care Agency reducing staff numbers drastically, but bringing budget relief to the County. Counties are charged with providing basic essential services, but have struggled since the adoption of the NYS imposed property tax levy cap. Medicaid costs continue to rise and local governments struggle to balance budgets and look to the State for mandate relief.



Wayne County Public Health Organizational Chart



Rev. 11/12/13

Process

Wayne County Public Health partnered with the S2AY Rural Health Network to delve into a comprehensive process that involved local hospitals, organizations, local and county residents to determine two key health priorities and one disparity to address in the community.

We launched a 22 month long process to collect data, solicit opinions, facilitate a process and guide a discussion to determine not only what the most pressing problems facing our residents are, but also what we can effectively and efficiently address. Wayne County Public Health was charged with working with local hospitals and other key partner agencies to select two key health priorities and one disparity to address in the community.



Mobilizing for Action through Planning and Partnership

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

Organize for Success- Partner Development

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

- **Wayne County Public Health**
- **Newark-Wayne Community Hospital**
- **Wayne County Rural Health Network**
- **Cornell Cooperative Extension of Wayne County**
- **Wayne County Community Action Program**
- **Wayne ARC**
- **Schools**
- **Wayne County Department of Social Services**
- **Wayne County Aging & Youth**
- **Representatives from the Wayne County Board of Supervisors**
- **Finger Lakes Community Health Center**

This Wayne County Prevention Agenda Team (WCPAT) includes organizations that are committed to improving the health of Wayne County residents. This group has met on a monthly basis throughout the entire development of the Community Health Improvement Plan. The members of WCPAT have agreed to meet on a regular basis to ensure that the initiatives outlined in the Community Health Improvement Plan are implemented, monitored and evaluated.

Assessments



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

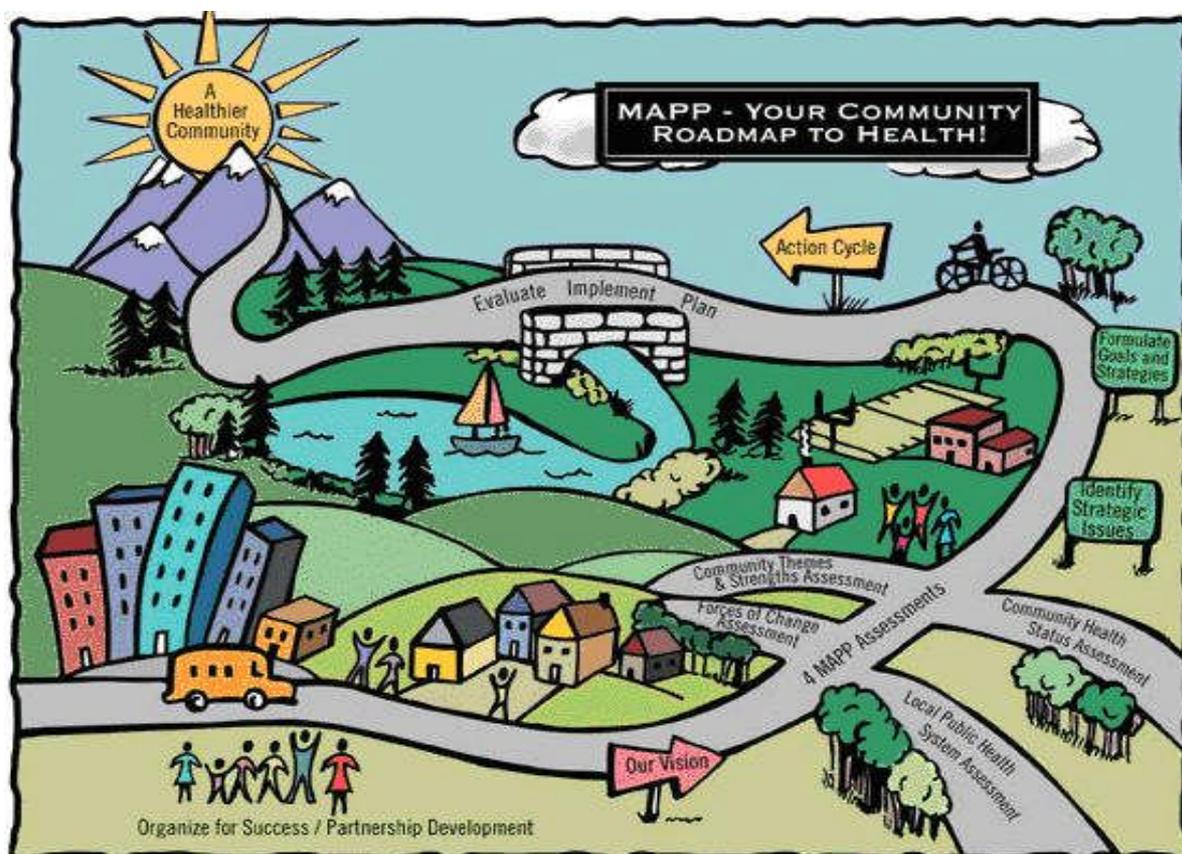
The first assessment examined the Community Health Status Indicators. Two methods were used to examine indicators. The first was to collect relevant statistical data using the NYSDOH Community Health Indicator Reports and a variety of other secondary sources. This was completed by our technical assistance provider, the S2AY Rural Health Network. The second method was to collect primary data by conducting a comprehensive survey among a random sample of community residents to determine their opinions, health-related behaviors and health needs. A total of 674 completed surveys were returned in Wayne County. Surveys were conducted electronically through a Survey Monkey link, along with paper copies which were distributed to the public through employers, health, educational and human services agencies and through other community groups. The survey was designed to encompass questions in the five Prevention Agenda areas that the New York State Department of Health (NYSDOH) has identified as high priority issues on a statewide basis. A summary of survey results can be found in [Attachment A](#).

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

The third assessment was the “Community Themes and Strengths” Assessment that was conducted through focus groups that were held throughout the County. This assessment looked at the issues that affect the quality of life among community residents and the assets the County has available to address health needs. These were held in conjunction with the fourth assessment that looked at the “Forces of Change” that are at work locally, statewide and nationally, and what types of threats and/or opportunities are created by these changes. The focus groups conducted in Wayne County included the Wayne County Rural Health Network Board of Directors, Wayne County Public Health’s Health Services Advisory Board, Newark Wayne Community Hospital physician’s group, Wayne County Fire Chiefs and the Head Start Health & Nutrition Advisory



Board. These groups also helped to ensure that adequate representation of the public was included in the assessments. Focus group notes can be found in [Attachment B](#).



Identification of Strategic Issues

Once these results were tallied, a finalized list of the top issues from all components of the assessment process was compiled. A series of meetings was held with our partners to present the data and pick priorities. In addition to the above partners, TACFL (Tobacco Action Coalition of the Finger Lakes) also joined the ranking meeting. Participants were charged with ranking the priorities based on their knowledge of health needs and available services, along with the data presented, to select two priorities and one disparity. In order to accomplish this, the Hanlon Method was used. This method of ranking focuses most heavily on how effective any interventions might be. The Hanlon Method utilizes the following formula to rank priorities:



(A & 2B) X C

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

	Hanlon	PEARL
Obesity	175.50	4.60
Heart disease	152.40	4.93
Mental health	134.07	4.07
Access to health care	131.07	3.67
Cancer	127.87	4.80
Alcohol abuse/Substance abuse	119.21	4.40
CLRD	112.80	3.80
Access to urgent care	109.64	3.53
Behavioral problems in young children	107.07	3.73
Smoking/tobacco use	100.14	4.67
Teen pregnancy	94.27	4.07
Unintentional Injury	76.40	2.67

Community partners discussed all these issues, but concentrated on the top ranked issues. After reviewing, discussing and considering county assessments, data and previous initiatives the group decided to focus on the top two priorities of:

1. Reduce obesity in children and adults
2. Reduce heart disease and hypertension

The disparity the partners chose to address was to:

Reduce obesity rates among low-income populations

Formulate Goals and Strategies

During this stage, research and evidence-based best practices were considered by the Wayne County Prevention Agenda Team from many different sources including the state's Prevention Agenda 2013 – 2017 material, and national guidance, such as the National Prevention Strategy, Guide to Community Preventive Services, and Healthy People 2020. The Health Impact Pyramid developed by Thomas R. Frieden, MD, MPH was extensively utilized. This is a pyramid approach to describe the impact of different types of public health interventions and



provides a framework to improve health. The base of the pyramid indicates interventions with the greatest potential impact and in ascending order are interventions that change the context to make individuals' default decisions healthy, clinical interventions that require limited contact but confer long-term protection, on-going direct clinical care, and health education and counseling. Interventions focusing on lower levels of the pyramid tend to be more effective because they reach broader segments of society and require less individual effort.

Additionally, we are extremely excited to report that as of October 22, 2013, we will be able to add some objectives under the lowest level of Frieden's pyramid, Socio-economic factors. Through the largesse of the Greater Rochester Health Foundation, our Clyde-Savannah community was awarded a Neighborhood Health Improvement grant that the Dundee community in Yates County has had since 2008. This is a long term community building program, designed to influence the social determinants of health over a long period (anticipated 10 years or more) to improve health outcomes. While the grant will not start until December 1, 2013 and we do not know all the details and cannot yet plug detailed objectives into the CHIP, we know that it will enable us to make huge strides in improving health outcomes for at least one part of our community as part of our CHIP. We are thrilled with this opportunity. This is one of the few opportunities available to actually influence health outcomes by working at the bottom level of "Frieden's Pyramid."

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

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

Over a several month period, our partnership worked to develop a broad based plan to address our chosen priorities of obesity and heart disease (July 11, 2013, August 21, 2013, September 25, 2013 and October 30, 2013). The Wayne County Prevention Agenda Team "CHIP Chart" places emphasis on three key areas: 1) interventions that make individual's default decisions healthier (Tier 4 of Friedan's Pyramid); 2) successful management strategies for existing diseases and related complications, including clinical interventions (Tiers 2 and 3) including early detection opportunities that include screening populations at risk; and 3) Additional activities such as continuing some existing initiatives, focusing on easier health promotion activities to encourage healthy living and limit the onset of chronic diseases. As noted above, the new funding granted by the Greater Rochester Health Foundation will also allow us to work at Level 5 of the Pyramid over the next five years, having a large potential impact for a portion of the County. These strategies recommended by the Health Impact Pyramid are based on the interventions' evidence base, potential to address health inequities, ability to measure success, potential reach, potential for broad partner support and collaboration, and political feasibility. This is based on findings from such organizations as the Institute of Medicine of the National Academies and their report,



Accelerating Progress in Obesity Prevention: Solving the Weight of the Nation or the CDC's, Recommended Community Strategies and Measurements to Prevent Obesity in the United States.

Obesity is one of the leading causes of preventable deaths leading to other chronic diseases, including diabetes, cancer, heart disease, stroke, arthritis and others. We have included many interventions to encourage increased physical activity and better nutrition thus reducing our obesity rates leading to lower chronic disease rates. These initiatives include many suggested activities from the State's "Prevent Chronic Disease Plan" such as creating community environments to support physical activity and improved nutrition and breastfeeding, developing and implementing policies to make decision-making healthier, and involving the clinical community in solutions.

Cardiovascular Disease (CVD) is the leading cause of death in the United States and in NYS. In New York State, CVD killed almost 59,000 residents in 2007. For every person who dies from a heart attack, 18 people survive. For every person who dies from a stroke, seven people survive. Many of these survivors are disabled and cannot lead productive lives. Stroke is a leading cause of premature, permanent disability among working-age adults in the United States. Stroke alone accounts for the disability of more than a million Americans. The economic impact of CVD and stroke on the health system will grow as the population ages.¹⁹

Hypertension and tobacco use are two major contributing factors to cardiovascular diseases. The age adjusted disease of the heart hospitalization rate per 10,000 in Wayne County is 127.5 compared to the upstate New York rate of 109.2.²⁰ The age adjusted percentage of coronary heart disease hospitalization rate per 10,000 in Wayne County is 53.7 compared to the upstate NY rate of 43.7. Failing to win the battle against obesity and heart disease will mean premature death and disability for an increasingly large segment of Wayne County residents. Without strong action to reverse the obesity epidemic, for the first time in our history children may face a shorter lifespan than their parents. Wayne County Public Health along with their partners has developed the Community Health Improvement Work Plan to address these issues ([See Attachment E](#)).

The CHIP Chart that follows in a few pages outlines the workplan to address both heart disease and obesity in Wayne County. Specifics are outlined in the [CHIP Chart below](#).

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

¹⁹ New York State Dept. of Health Cardiovascular Disease

https://www.health.ny.gov/diseases/cardiovascular/heart_disease/

²⁰ New York State Dept. of Health New York State Community Health Indicator Reports

<http://www.health.ny.gov/statistics/chac/indicators/>



finger tips leading to disease management discussions with patients and better chronic disease case management.

Primary care providers will be trained to talk to their patients about their weight, physical activity, diet and tobacco use. Professional training programs in prevention, screening, diagnosis and treatment of overweight, obesity and diabetes will be provided and reach across the spectrum of health care providers. Initially, the updated resources mentioned above will be made available to providers via a comprehensive referral guide with the goal of having it available through a link in the EHR in the future. Through the use of this new technology follow-up calls will be able to be made to check on patient compliance. Additionally, the EHR's will provide the opportunity and documentation necessary to evaluate and measure their use. EHR's provide one more important connection in the network to support residents to fight obesity and diabetes.

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

Maintenance of Engagement

The Wayne County Prevention Agenda Team CHIP Chart designates the organizations that have accepted responsibility for implementing each of the activities outlined in the work plan. Measurements and evaluation techniques are provided for each activity with starting target dates provided. As mentioned above, the members of the Wayne County Prevention Agenda Team have agreed to meet on a regular basis to ensure that the initiatives outlined in this plan are implemented, monitored and evaluated. Progress will also be reported quarterly to the Wayne County Board of Supervisor's Health & Medical Committee, Newark-Wayne Community Hospital Board and the Wayne County Rural Health Network Board of Directors. Additionally, several activities will be worked on jointly through the S2AY Rural Health Network. Activities on the work plan will be assessed and modified as needed to address barriers and duplicate successes. As priorities are addressed, other community partners may need to be brought to the table to effectively accomplish objectives.



Attachment A - Wayne County Community Health Assessment Survey

County	Wayne	Census
# surveys	674	91,658
Under 35 yo	30.6%	42.0%
35 to 65 yo	54.8%	44.7%
White	90.6%	93.4%
AA or more	49.2%	33.5%
Bach or more	34.6%	21.5%
Full time	53.5%	
Town	Lyons 23.5% Newark 18.8%	
20+ yrs in cty	62%	
\$25k or more	71.3%	78.7%
\$50k or more	50.8%	52.4%
Married	49.5%	55.2%
Insured	91.3%	
Female	70.3%	50.3%
Comp survey	90.5%	

Health Problems Using the following list, please check the issues that you think are the most important “health problems” in Wayne County (Problems that have the greatest effect on overall community health). Check all that you think are a problem:			
		% Adults Affected - Wayne EBRFSS	% Adults Affected - NYS EBRFSS
18. Obesity/overweight	63.5%	71.7%	59.3%
24. Substance abuse (alcohol, drugs)	62.5%		
28. Unemployment	57.6%	7.7%	7.5%
16. Mental health (depression, schizophrenia, etc.)	49.7%		
20. Poverty	48.0%	11.0%	14.2
4. Behavioral problems in children	47.1%		
2. Access to urgent care	45.1%		
26. Tobacco use	44.6%		
6. Child neglect/abuse	43.6%		
27. Teenage pregnancy	41.9%	2.9%	2.1%
1. Access to health care	38.1%		
9. Domestic violence	36.9%		
5. Cancer	36.1%		
32. Youth violence (bullying, gangs)	34.3%		
19. Problems with teeth or gums (dental care)	34.1%		
12. High blood pressure	32.9%	24.6%	25.7%
11. Heart disease and stroke	32.1%	8.1%	7.6%
8. Diabetes	31.5%	8.6%	9.0%
3. Aging problems (arthritis, hearing or vision loss)	29.2%	34.3%	26.6%
30. Unplanned pregnancy	28.7%		
23. Sexually transmitted diseases (STD's)	26.6%		
14. Homelessness	25.2%		
22. Respiratory/lung diseases (Asthma, Emphysema, COPD)	23.2%		
21. Rape/sexual assault	19.1%		
25. Suicide	18.5%		
31. Water quality (well, village, etc.)	17.4%		



#1 Top Problem				
2. Access to urgent care	1. Access to health care	18. Obesity/overweight	24. Substance abuse (alcohol, drugs)	28. Unemployment
11.8% - 74	10.8% - 68	8.9% - 56	7.7% - 48	7.3% - 46
#2 Problem				
18. Obesity/overweight	24. Substance abuse (alcohol, drugs)	20 Poverty	28. Unemployment	27. Teenage pregnancy
10.8% - 67	8.1% - 50	7.1% - 44	7.0% - 43	6.1% - 38
#3 Problem				
28. Unemployment	24. Substance abuse (alcohol, drugs)	18. Obesity/overweight	20. Poverty	26. Tobacco use
11.5% - 68	10.5% - 62	9.5% - 56	6.5% - 38	5.8% - 34

Problem with greatest need				
28. Unemployment	24. Substance abuse (alcohol, drugs)	18. Obesity/overweight	2. Access to urgent care	1. Access to health care
15.4% - 77	10.8% - 54	10.6% - 53	10.4% - 52	10.2% - 51

Where do you go MOST often when you need advice about your health? Please choose only one		
Alternate care provider (chiropractor, herbalist, etc.)	0.6%	4
Doctor's office	75.7%	487
Friends	3.4%	22
Hospital emergency room	3.0%	19
Hospital outpatient clinic	0.5%	3
Internet	10.6%	68
Local health department	1.4%	9
Relatives	3.9%	25
Urgent care center	0.9%	6

Answer Options	Yes	No	EBRFSS - Wayne Co.
Have you received advice from your health care provider (doctor) about your weight?	45.9%	54.1%	26.2% (Yes) 73.8% (No)
During the past 12 months, was there any time that you did not have any health insurance?	16.3%	83.7%	

How would rate your own personal health? Please choose only one.			
		EBRFSS	
		Wayne Co.	NYS
Excellent	9.1%		
Very good	39.1%		
Good	36.5%		
Fair	12.3%	12.4%	16.7%
Poor	3.0%		

Wayne	Avg. BMI	#
Total	28.25	647
Females	28.64	358
Males	27.72	289

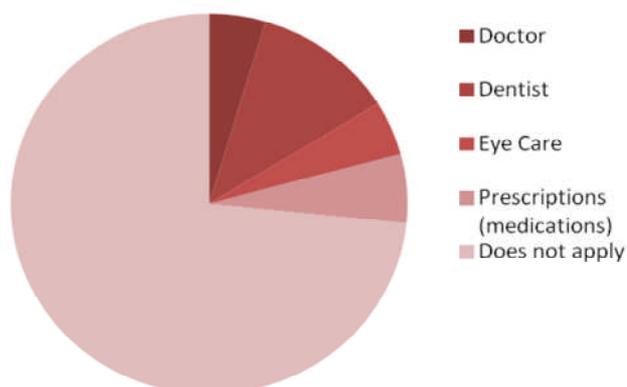


How much do you estimate your household paid for out of pocket medical expenses in the last calendar year (prescriptions, dental care, vision, health insurance premiums, medical care, hospitalization, co-payments, deductibles)?		
\$0 - \$500	30.3%	186
\$501 - \$1000	19.9%	122
\$1001 - \$2000	15.3%	94
\$2001 - \$3000	12.7%	78
\$3001 - \$4000	7.5%	46
\$4001 - \$5000	5.2%	32
\$5001 - \$7500	3.9%	24
\$7501 or more	5.2%	32

If you can't afford a prescription what do you do? Check all that apply.		
Do not fill my prescription	23.7%	142
Take medicine less often	6.4%	38
Tell my doctor	13.4%	80
Tell my pharmacist	3.2%	19
Does not apply	62.4%	373
Use prescription assistance program	3.5%	21

Have you been unable to get any of these health care services due to inability to pay?		
Doctor	13.0%	19
Dentist	19.9%	29
Eye Care	17.1%	25
Prescriptions (medications)	16.4%	24
Does not apply	70.5%	103

Have you been unable to get any of these health care services due to inability to pay?



Do you exercise regularly?		
Answer Options	Response Percent	EBRFSS, Wayne Co.- % Adults w/ No Leisure Time Activity
Yes	61.3%	23.9%
No	38.7%	



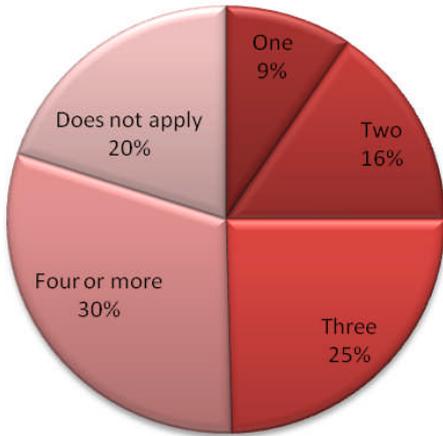
If you do have health coverage what kind is it? Check all that apply.	
AARP	2
Aetna	7
Aflac	1
Blue Cross/Blue Shield	196
Blue Choice	67
Blue Choice Option (Monroe Plan, Fidelis)	34
Blue Point 2	4
Cash	1
Cigna	3
Child Health Plus	10
County Health Plan	6
Doctors Health Plan	1
EBS-RMSCO, Inc.	89
Empire Plan	2
Empire Plan/Blue Cross	1
Employer-self insurance	1
Excellus	
Excellus - high deductible	2
excellus (via health)	1
EXcellus BluePoint 2	1
Family Health Plus	11
fidellis	1
GHI	1
GHI / Emblem Health	1
GHI NY BRIDGE	1
Guardian dental & vision	1
health economics	1
Healthy Blue	1
High Deductible - Not a very good policy	1
MVP	59
me	1
Medicaid	74
Medicare-Blue Choice	1
Medicare (Social Security)	56
None	6
NYS Empire Plan	1
partial coverage for vision through medicare	1
POMCO	5
RGMS PLAN	1
self insured employer	1
united health	3
VIA HEALTH	1
V.A.	12
Wayne County	14
Includes dental insurance	153
Includes vision coverage	142



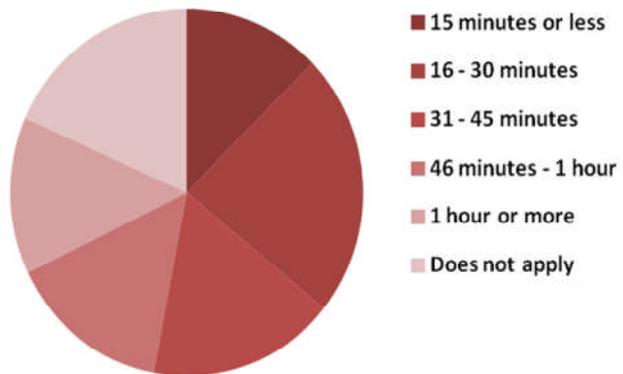
Do you think that access to a family doctor is a problem in Wayne County?				
Answer Options	Yes	No	Don't know or unsure	Response Count
For low-income people?	55%	24%	21%	651
For the elderly?	43%	34%	23%	644
For all in the community?	27%	42%	31%	632
For people with disabilities?	36%	34%	30%	633
For people new to the area?	34%	31%	34%	575
Do you think that access to behavioral health care for the following issues is a problem in our county?				
Alcoholism	41%	35%	24%	649
Anger Management	42%	28%	30%	640
Children	43%	30%	27%	635
Developmental Disability	33%	35%	32%	634
Domestic Violence	38%	31%	31%	637
Drug Abuse	43%	32%	24%	645
Elderly	37%	34%	30%	637
Mental Health	42%	32%	26%	600
Do you think that violence for the following areas is a problem in Wayne County?				
Child abuse / neglect	71%	9%	20%	660
Elder abuse / neglect	44%	20%	36%	649
Sexual assault	49%	15%	36%	640
Spouse / partner abuse	60%	13%	27%	648
Violence among children/young adults - (bullying, gangs)	64%	11%	25%	633
Do you think that the following injuries are a problem in Wayne County?				
Auto accidents caused by cell phones, texting	60%	14%	26%	659
Burns	14%	39%	46%	630
Drowning	23%	36%	41%	634
Farm	34%	30%	36%	628
Firearms/weapons	32%	30%	37%	637
Home (including falls)	38%	24%	38%	635
Motor vehicle accidents	58%	18%	24%	643
Poisoning	12%	39%	49%	623
Self Inflicted (suicide, cutting, etc.)	41%	21%	38%	638
Work-related	29%	27%	43%	598
Do you think that any of these environmental issues are a problem in Wayne County?				
Agricultural chemicals	44%	26%	31%	649
Air pollution	36%	36%	29%	647
Bed bugs	30%	31%	39%	637
Carbon Monoxide	26%	35%	39%	637
Food poisoning	19%	41%	40%	633
Lead	39%	27%	35%	638
Mold	53%	17%	30%	642
Radon	15%	34%	51%	629
Septic systems	29%	29%	41%	631
Toxic exposures at home	20%	33%	47%	629
Toxic exposures at work	23%	31%	45%	633
Water pollution	38%	29%	33%	637
Well water	34%	29%	38%	626



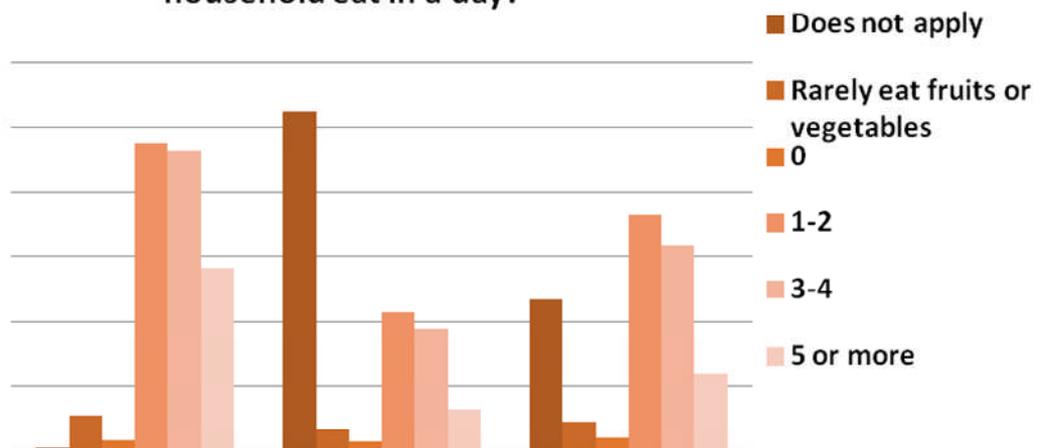
How many times per week do you exercise?



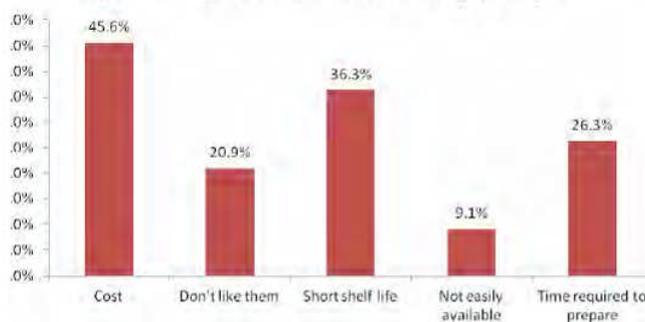
If you exercise, how long do you exercise for?



How many fruits and vegetables do the people in your household eat in a day?



If you eat fewer than five servings, why?





In the last year, how often have you run out of food before the end of the month?

Answer Options	Response Percent	Response Count
I have not run out of food	73.6%	469
Some, but not every month	12.6%	80
Only 1 or 2 months	4.2%	27
Every month	4.2%	27
Almost every month	5.3%	34

In the past year, has any adult in your home ever had less food at a meal or had to skip meals due to lack of money?

Answer Options	Response Percent	Response Count
Yes	14.9%	94
No	85.1%	538

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

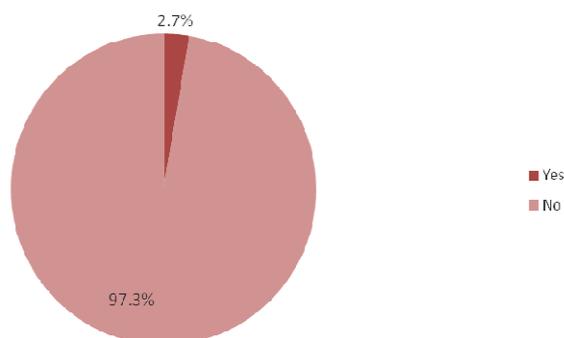
Answer Options	None	1 or 2 a month	1 or 2 a week	1 or 2 a day	More than 2 a day	EBRFSS - % Adult Heavy Drinkers, Wayne Co.	EBRFSS - % Adult Heavy Drinkers, NYS
How much alcohol do you drink?	49%	28%	15%	7%	1%	6.6%	5.0%
How much do others in your household drink?	47%	21%	22%	7%	3%		



Considering all types of alcohol beverages, how many times in the last 30 days did you have more than 5 drinks (if a man) or 4 drinks (if a woman) on one occasion?				
Answer Options	Response Percent	Response Count	EBRFSS Wayne Co.	EBRFSS NYS
None	80.1%	506		
Once	9.7%	61	18.6%	18.1%
Twice	4.1%	26		
3 or 4 times	3.6%	23		
More than 4 times	2.5%	16		

Do you currently smoke cigarettes?				
Answer Options	Percent	Response Count	EBRFSS Wayne Co	EBRFS S NYS
Yes	19.5%	125	19.9%	17.0%
No	80.5%	516	80.1%	83.0%

Do you currently use any smokeless tobacco products such as chewing tobacco or snuff?



Yes or No			
Answer Options	Yes	No	EBRFSS, Wayne Co.
Did the adults in your household receive a flu shot this during the fall or winter of 2011- 2012?	62%	38%	46.8%
Did the children in your household receive a flu shot this fall or winter of 2011- 2012?	43%	57%	

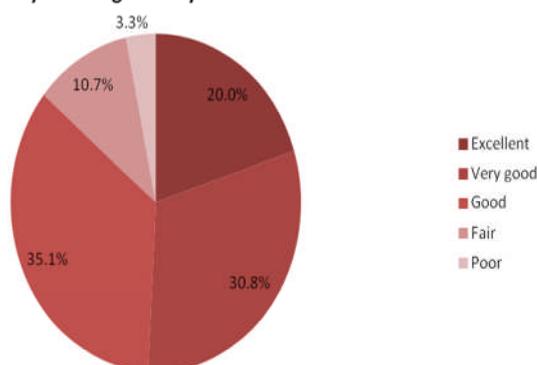
Do you take your children to the doctor for their immunizations (shots) against childhood diseases?		
Answer Options	Response Percent	NYS DOH % Immunized
Yes	38.1%	72.2%
No	1.6%	
Does not apply	60.3%	



If you have children have they been tested for lead?			
Answer Options	Response Percent	Response Count	NYS DOH - Wayne Co. Incidence Rate
Yes, at age one.	5.0%	30	1.1%
Yes, at age two.	2.8%	17	
Yes, at age one and age two.	5.8%	35	
Yes, but I don't remember their age.	15.3%	92	
No	8.3%	50	
Does Not Apply	62.7%	377	

Please tell us whether you've had the following exams in the past year.				
Answer Options	Yes	No	Ever Had Exam- EBRFSS, Wayne Co.	Ever Had Exam - EBRFSS, NYS
Men and Women: An exam for colorectal cancer?	24%	77%	65.6%	66.6%
Women: Pap smear and pelvic exam?	61%	39%	96.9%	91.8%
Women: mammogram?	51%	49%	93.5%	91.1%
Men: prostate exam?	32%	68%	72.9%	73.8%

Would you say that in general your mental health is:



Was there a time during the past 12 months when you needed to see a doctor, but could not because of the cost?			
Answer Options	Response Percent	Response Count	EBRFSS 06/09
Yes	12.2%	76	11.6%
No	87.8%	547	



In the past 6 months did you use services for: Check all that apply	Response Percent	Response Count
Physical Health	64.5%	399
Mental/Behavioral health	14.7%	91
Dental Health	55.3%	342
Did not use any	21.8%	135

Was there a time during the past 12 months when you needed to get dental care, but could not find a dentist or could not afford the cost? .		
Answer Options	Response Percent	Response Count
Yes	14.1%	87
Couldn't find a dentist	2.6%	16
Couldn't afford the cost	14.2%	88
No	75.6%	467

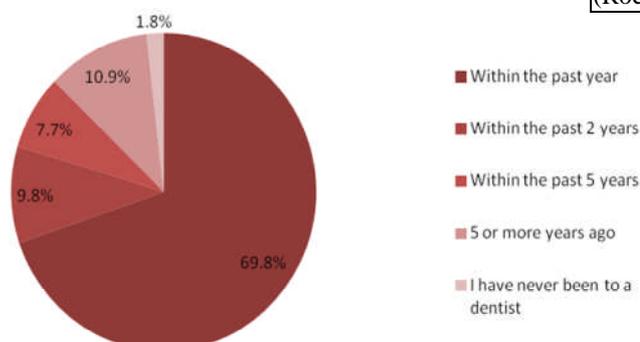
About how long has it been since you last visited a doctor for a routine checkup? Do not include times you visited the doctor because you were sick.			
Answer Options	Response Percent	Response Count	EBRFSS
Within the past year	73.0%	456	66.9%
Within the last 2 years	9.8%	61	80.6%
Within the last 5 years	5.4%	34	
Five or more years ago	4.8%	30	
Don't know/unsure	5.0%	31	
Never	2.1%	13	

In the past 12 months how many times have you seen a physician because you were sick or having a medical problem?		
Answer Options	Response Percent	Response Count
None	26.2%	163
1 – 2 times	46.4%	289
3 – 4 times	16.1%	100
More than 4 times	11.4%	71

If you or a family member needed to enter a nursing home/adult care facility which one would you prefer?		
Answer Options	Response Percent	Response Count
Armstrong Senior Living	1.4%	6
Bickford Guest House	0.5%	2
Blossom View	12.3%	51
DeMay Living Center	16.3%	68
Newark Manor	4.3%	18
Newark Terrace	5.8%	24
Parkwood Heights	8.9%	37
Wayne Co. Nursing Home	50.5%	210

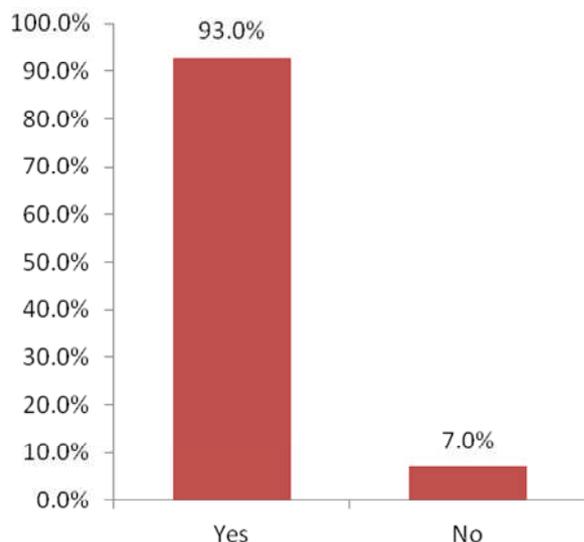
If you or a family member needed to enter a hospital, which one would you prefer to enter:		
Answer Options	Response Percent	Response Count
Auburn Memorial	1.2%	7
Clifton Springs Hospital	21.3%	126
F F Thompson Hospital (Canandaigua)	3.0%	18
Geneva General Hospital	7.4%	44
Newark-Wayne Community Hospital	29.2%	173
Rochester General Hospital	19.3%	114
Strong Memorial Hospital (Rochester)	18.6%	110

About how long has it been since you last visited a dental office/dentist for any reason?





Is it important to you that there is urgent care in the county?



Please answer yes or no			
Answer Options	Yes	No	Response Count
Have you ever had to go without something else (i.e. food, utilities) because of the cost of health care?	13%	87%	622
Did you visit or call a health care professional because of any kind of injury or accident?	38%	62%	618
Did you miss more than half a day from school, work, household or usual activities because of an injury or accident?	27%	73%	616
Do you limit your intake of fatty foods?	73%	27%	620
Are you exposed to second-hand smoke?	30%	70%	616
Has violence or abuse been a problem for any member of your household (including children)?	13%	87%	615
If so, have you sought assistance?	20%	80%	317
Do you feel that you are overweight?	59%	41%	617
Do you feel that you are underweight?	5%	95%	594
Do you or someone else in your household need help with managing stress?	37%	63%	611
Do you feel you or someone in your household would use some kind of program aimed at stress management reduction?	32%	68%	600
Do you or someone else in your household need help managing depression?	30%	70%	615
Do you feel you or someone in your household would use some kind of program aimed at depression?	27%	73%	601
Do you or someone else in your household need help managing Alzheimer's, dementia, delirium or related problems?	6%	94%	612
Are you aware that animal bites are reportable due to the possible exposure to rabies?	78%	22%	618
Do you know who to report animal bites to?	66%	34%	616
Do you have working smoke detectors in your home?	96%	4%	621
Do you have a working carbon monoxide detector in your home?	77%	23%	606
If you have a well, have you tested your well water in the last year?	26%	74%	376
Would you call the health department with questions about your well water?	58%	42%	427
Would you report possible illness associated with your well water to the health department?	70%	30%	439



Please answer the following questions for yourself or any member of your household who have used any of the listed services in the last 12 months.

Answer Options	Used in County	Used out of County	Service needed but missing	Response Count
Adult Day Care	36%	13%	51%	75
Alcohol / Drug treatment	53%	16%	33%	83
Ambulance services	77%	13%	13%	145
Audiology (hearing care)	44%	37%	20%	123
Counseling / Mental Health / Behavioral Health	61%	25%	17%	157
Dentists	71%	30%	4%	418
Dialysis	38%	30%	36%	94
Doctor's Office	70%	37%	3%	473
Domestic Violence (Abuse, Safe House, Victim Resource Center)	40%	18%	42%	65
Emergency Response System (Lifeline, Alertlink, Link to Life, etc.)	43%	28%	30%	80
Eye care	62%	38%	4%	392
Family Planning Services	54%	19%	27%	83
Farm Safety Education	34%	21%	44%	61
Home Care Services	48%	22%	30%	86
Hospice	44%	25%	33%	79
Hospital	60%	45%	5%	310
Immunizations	70%	26%	7%	257
Mammograms	39%	56%	6%	263
Meals on Wheels	36%	27%	36%	74
Orthodontists	38%	39%	23%	117
Orthopedics	50%	34%	16%	134
Pharmacies	90%	12%	3%	399
Physical therapy services/speech therapy/occupational therapy	70%	16%	15%	164
Prenatal care	43%	26%	31%	88
Prescription Assistance Program	39%	26%	35%	82
Senior Meal Sites	43%	15%	42%	60
Support Groups	48%	20%	36%	81
Testing, Counseling & Treatment of STDs, (including HIV/AIDS)	40%	22%	38%	72
Transportation (CATS/WATS/RTS/Cabs)	62%	15%	29%	101

Please answer yes or no – Have you ever been told by a doctor, nurse or health professional:

Answer Options	Yes	No	Response Count
That you are overweight or obese?	44%	56%	571
That you have heart disease (Angina, Congestive Heart Failure, AFib)?	9%	91%	560
That your blood cholesterol is high?	33%	67%	564
That you have high blood pressure?	34%	66%	561
That you have anxiety or depression?	35%	65%	557
That you have diabetes?	13%	87%	549
If you were told you you had diabetes was it when you were pregnant?	6%	94%	326



Are you currently taking care of:	Response Percent	Response Count
Elderly or disabled parent	52.6%	40
Disabled spouse	19.7%	15
Disabled child	21.1%	16
Grandchild	18.4%	14

Do you have a plan for these emergencies?	Response Percent	Response Count
Fire	96.3%	182
Flood	23.3%	44
Man-made disaster	26.5%	50
Natural disaster	41.3%	78

Do you have supplies of the following for emergencies:	Response Percent	Response Count
Batteries	78.7%	177
Battery Operated Radio	51.6%	116
Bottled Water	64.9%	146
Candles/Matches	88.0%	198
Canned food	80.0%	180

Please answer the following Answer Options	Never	Sometimes	Always	Response Count
Do you use seat belts?	0%	8%	91%	618
Do your passengers use seat belts?	0%	6%	91%	614
Do your children under eight use child safety seats?	0%	1%	43%	605
Do you know how to properly install child safety seats?	1%	4%	51%	603
If you have a child age 14 or younger, do your children wear helmets when riding bicycles?	1%	5%	30%	593
If you live where there is an unfluoridated public water supply, would you support putting fluoride in the water supply to improve dental health in the community?	7%	10%	45%	581

Do you know how to get information about the following services?	Response Percent	Response Count
Child Care	72.1%	75
Child Health	68.3%	71
Chlamydia test	47.1%	49
Early Intervention	58.7%	61
Family Health Plus	69.2%	72
Food Stamps	76.9%	80
Healthy Families	49.0%	51
HEAP	71.2%	74
Home Care	57.7%	60
Hospice	55.8%	58
Medicaid	77.9%	81
MOMS	34.6%	36
WIC	65.4%	68
Volunteering during an emergency	38.5%	40
Health insurance through NY state	58.7%	61
Quitting smoking	48.1%	50
Free cancer screenings	51.0%	53



Do you know how to get information about the following services? Click on the links to get information for:		
Answer Options	Response Percent	Response Count
Child Care	72.1%	75
Child Health	68.3%	71
Chlamydia test	47.1%	49
Early Intervention	58.7%	61
Family Health Plus	69.2%	72
Food Stamps	76.9%	80
Healthy Families	49.0%	51
HEAP	71.2%	74
Home Care	57.7%	60
Hospice	55.8%	58
Medicaid	77.9%	81
MOMS	34.6%	36
WIC	65.4%	68
Volunteering during an emergency	38.5%	40
Health insurance through NY state	58.7%	61
Quitting smoking	48.1%	50
Free cancer screenings	51.0%	53

Do you have health insurance? Answer Options	Yes	No	N/A	Can't afford	Prefer to pay my own	Choose not to have it	Response Count
Medical insurance for yourself	91%	7%	1%	2%	0%	0%	550
Medical insurance for your children	45%	9%	46%	1%	0%	0%	445
Dental insurance for yourself	76%	18%	2%	4%	1%	1%	516
Dental insurance for your children	40%	13%	46%	1%	0%	0%	441

If yes, who pays your premium? Answer Options	Response Percent	Response Count
I do	34.5%	127
My employer does	9.2%	34
I share the cost with my employer	56.3%	207



Attachment B Focus Group Notes

1. Wayne County Rural Health Network - October 4th, 2012

This focus group ran for approximately 30 minutes and addressed members of the Wayne County Rural Health Network. Members encompass a diverse group of health and human services agencies/employees.

What are we missing in our assessment to date?

Transportation

-Many felt that limited public transportation affects access to mental and medical care within the county. Many patients must travel out of the county for dialysis treatment, a dialysis center is greatly needed within the county.

Access to Childcare/Autism

-The group felt that access to childcare within the county is limited and can be costly. The group also addressed the growing number of children diagnosed with autism throughout the county as well as across the state as a whole.

Urgent Care/Use of EMR

-The group felt that there is a great need for urgent care within the county, wait times within the emergency room are very long and emergency services are being misused because there is no urgent care. Increased training and development on EMR systems are needed.

What factors do you think are influencing health?

Healthy Eating/Increased Physical Activity Initiatives

-Many schools are becoming more active and involved with community members and promoting nutrition and wellness (making facilities available etc.). Grants for sidewalks and safe streets help to increase physical activity. There is now access to food with the opening of a grocery store in Clyde.

Wellness Programs

-Businesses are now initiating worksite wellness programs, many places within the county are now smoke free, increase access to dental care, and there has been a great increase in chronic disease self management programs.

What community strengths contribute to the health of Wayne County?

Collaboration

-Many groups collaborate and work together within the county (WCRHN, Headstart etc.).

Services/Programs

-The county is gaining more general practitioners, specialists, telemedicine, cancer treatment, increased tobacco cessation programs, canal trail, food pantries, DaVinci Robot is now available, and very robust early intervention and headstart programs.



2. Newark Wayne Community Hospital - October 17th, 2012

This focus group ran for 30 minutes and addressed approximately 20 physicians/health care providers of various disciplines from Newark Wayne Community Hospital

What are we missing in our assessment to date?

Access to Health Care

-Physicians stated having difficulty scheduling routine care, especially in smaller offices. The expectation of there always being an open appointment when patients would like to be seen cannot be met.

Transportation

-Patients often have trouble with transportation to and from the hospital. Patients often use the emergency room rather than a primary care physician resulting in overcrowding. Patients do not have the transportation/resources/insurance coverage necessary to seek routine medical care.

Scams

-Physicians reported seeing an increase in the use of fraudulent Medicaid cards, mostly from the south.

What factors do you think are influencing health?

Limited Dental Access

-Access to dental care was seen as a large factor influencing health within the community, particularly for Medicaid patients. Many did not know of any dental services available for low income patients.

What community strengths contribute to the health of Wayne County?

Emergency and Specialty Services

-Physicians reported having shorter wait times within the emergency room than many other areas throughout the state. Specialty services were also stated as an asset within the community. A number of different specialty services are offered throughout the county.

Collaboration

-Many of the physicians felt that collaboration was very good throughout the county. Different organizations and parties throughout the county work together to provide the best care possible.



3. Wayne County Fire Chiefs Meeting (Williamson Fire Hall) - October 22nd, 2012

This focus group ran for one hour and addressed approximately 30 volunteer fire chiefs from Wayne County.

What are we missing in our assessment to date?

Emergency Room Services

-Many reported wait times of more than 30 minutes in emergency rooms throughout the county. The group strongly felt that an urgent care center is needed within the county. An urgent care center would relieve ambulance need. Currently, many patients use ambulance services for transportation and to bypass wait times within the emergency room.

Transportation/Access

-Public transportation is limited within the county, it often takes patients all day to go to one appointment. This increases the use of ambulance services and limits patient access to routine care. One major access problem that was brought up by this group was that there is no dialysis care located within Wayne County, patients must travel outside of the county for services (a large drain on resources and strain on patients).

Migrant Population

-Many reported an increase in migrant populations within the county. This population has trouble accessing care, transportation, and communication.

What factors do you think are influencing health?

Lack of Community Center/Health Center

-Many felt that the county needs more places for the community to gather and engage in physical activity, health fairs, and after school programs.

Communication/Collaboration

-Many felt that communication is critical to educating the public on public health issues and available programs/services. All members of the group were willing to collaborate and work together to communicate and provide services to the community.

What community strengths contribute to the health of Wayne County?

Volunteer Base

-All members of the group felt that Wayne County has a large volunteer base and number of community members will and able to help/work together.

Cost of Living/Rural Community

-Real estate and cost of living within Wayne County is relatively inexpensive. The area is rural in nature, but close to large cities offering a diverse range of amenities.

Waterways/Natural Resources/Recreation

-Wayne County has a large number of natural waterways and resources available to residents.

Educational Institutions

-Several universities and colleges close to the area (satellite campuses for community colleges - FLCC, MCC, Oswego, Fulton)



4. Wayne County PH Health Services Advisory Board Meeting - October 24, 2012

What's Missing?

- *Lack of urgent care centers.* Can't get into the doctors office quickly at this point.
- *Transportation.* Very inadequate. Hours of operation for public transportation is limited.
- *Poverty level.* When you look at free and reduced lunch data, the number looks low. Wayne County Department of Social Services reported that 19,000 unduplicated individuals who are receiving one or more cash assistance, food stamps, Medicaid.
- Also discussed with cause of high obesity numbers. How many times a week do individuals eat an already prepared meal (i.e. going out to eat, eating a prepared meal from Walmart, etc.). Look at the items that are on the shelves at the food pantries.

Factors Influencing Health:

- Disconnect between what health providers should know and what they actually do know. For example it was noted that the hospital providers did not know that there was a dental clinic at PH, but it has been well publicized with the hospital providers.
- Easy access to illegal drugs. Easy access to prescription drugs.
- People who present at an emergency department with mental health stressor who is not admitted and then returns within a couple days with more extreme problems or end up in jail.
- Sedentary lifestyles. Video games.
- Culture of instant gratification. People do not plan ahead and expect that what they want will be available right at the point that they need it.
- Schools are limiting physical education time due to the need to meet the education standards so children are getting minimal physical activity during the school day.
- The bigger towns in the county have community centers but the smaller communities do not have any physical fitness centers that may be used in the evening and on weekends. The school facilities should be available to the community for physical activity. There are insurance/liability issues related to it.
- Parental support/encouragement – families encouraging their children's participation in extracurricular activity. The majority of families now have two parents working or are single parent families.
- A teacher reported that 2 kids out of class of 22 are living with both mom & dad in a 3rd grade class in the County.
- Lack of respect for school officials. There used to be an assessment of a child's behavior on the report card as well as the grade. Where has that gone?
- Better educated, more successful kids leave the county and do not return where the less educated, less successful kids stay. There are no work opportunities here for those who have gone to college and want to return. There is also the factor of folks being willing to live in rural NY. Factor of being willing to pay high taxes but not getting a lot as a result of paying all those taxes.



Assets:

- The county has invested in economic development even in a time where budgets are tight. Hiring and bringing to the county an individual who has been very successful in other communities.
- Cooperative Extension – address obesity and physical activity. Creating Healthy Places, encouraging farmer’s markets, bike and hike, trails, cooking classes. Bring the research and knowledge from Cornell. Looking at making communities more walkable. Looking at options related to wasted food at schools. Use sectionizers.
- Social service agencies – county and not-for-profit. Fill a big gap in filling the needs. Great collaboration among agencies. Wayne CAP – particularly their Head Start programs. Running programs for parents. The agency also offers transition house, la casa, weatherization,
- Outdoor recreation opportunities. Lake, hunting, bay system,
- Growth of farmer’s markets in the county. Building on these by offering cooking classes, present health topics such as tobacco cessation. Expand CCE work with community gardens. Sodus and Lyons are very strong, Clyde is struggling.
- Amish are very prevalent in the county and can be a great resource for the farmer’s market.
- MH/Substance Abuse agencies have grown to meet the need the increasing needs in the County. Have opened satellite offices in schools.



5. Wayne County Head Start Health Advisory Board Meeting - November 1st, 2012

This focus group ran for approximately two hours and addressed the Wayne County Head Start Advisory Board. The board encompasses a diverse number of agencies involved in Head Start including providers, support staff, and parents.

What are we missing in our assessment to date?

Patients with Severe Health Needs

Many felt that patients within the community with severe/multiple health needs are underserved and unable to coordinate and obtain access to care. There is a need for patient advocates and case management.

Time/Travel/Education

Many felt that travel and the time it takes to obtain services is a large problem throughout the county. A large number of patients do not have access to transportation, public transportation is limited and takes a large amount of time, and waiting times are often long. Education was also seen as an area in need of improvement throughout the county. Many patients do not know about programs that are available to them (food stamp programs, discount prescription programs, trail works, etc.)

Specialty Care

Many felt that there is a lack of accessible specialty care within the county. Patients must often travel to obtain specialty care.

Cost

Most of the group felt that a large deterrent to health within the community is the ever rising cost of health care and the cost of being healthy (eating healthy etc.).

What factors do you think are influencing health?

Education

-There needs to be increased education on healthy eating, available programs, and maintaining a healthy lifestyle.

Increased Stress

-Many within the community are working multiple jobs just to keep afloat. The ever increasing cost of living and health care puts even more stress on community members.

Sense of Community

-Community members need to be able to trust one another and feel safe. We are at a point in society where you do not trust or even know your neighbor. Community members need to be able to take advantage of the natural environment and resources the county offers (trails etc.).

What community strengths contribute to the health of Wayne County?

Programs

-Wayne County offers many programs/amenities to its residents including advancements in telehealth, trail works, hospitals, dental clinics, early childhood programs, early intervention, resource books, outdoor spaces/natural resources, and community centers.

Collaboration

-There is a great amount of collaboration between agencies in Wayne County. There are 51 formal written partnerships in headstart with various agencies. Many networks work together, apply for grants etc.



Attachment C Tracking Indicators

Wayne County Indicators For Tracking Public Health Priority Areas, 2013-2017

Improve Health Status and Reduce Health Disparities						
	Indicator	Data Years	Wayne County	New York State	Data Links	NYS 2017 Objective
1.	Percentage of premature death (before age 65 years)	2008-2010	24.8	24.3	(Table)(Map)	21.8
2.	<i>Ratio of Black non-Hispanics to White non-Hispanics</i>		1.67	2.12	(Table)(Map)	1.87
3.	<i>Ratio of Hispanics to White non-Hispanics</i>		2.07	2.14	(Table)(Map)	1.86
4.	Age-adjusted preventable hospitalizations rate per 10,000 - Ages 18+ years	2008-2010	155.9	155.0	(Table)(Map)	133.3
5.	<i>Ratio of Black non-Hispanics to White non-Hispanics</i>		1.29	2.09	(Table)(Map)	1.85
6.	<i>Ratio of Hispanics to White non-Hispanics</i>		0.5	1.5	(Table)(Map)	1.38
7.	Percentage of adults with health insurance - Ages 18-64 years	2010	86.4 (85.0-87.8)	83.1 (82.9-83.3)	(Table)(Map)	100
8.	Age-adjusted percentage of adults who have a regular health care provider - Ages 18+ years	2008-2009	95.1 (92.6-97.6)	83.0 (80.4-85.5)	(Table)(Map)	90.8
Promote a Healthy and Safe Environment						
	Indicator	Data Years	Wayne County	New York State	Data Links	NYS 2017 Objective
9.	Rate of hospitalizations due to falls per 10,000 - Ages 65+ years	2008-2010	195.3	204.6	(Table)(Map)	Maintain
10.	Rate of emergency department visits due to falls per 10,000 - Ages 1-4 years	2008-2010	474.1	476.8	(Table)(Map)	429.1
11.	Assault-related hospitalization rate per 10,000	2008-2010	1.5	4.8	(Table)(Map)	4.3
12.	<i>Ratio of Black non-Hispanics to White non-Hispanics</i>		2.30+	7.43	(Table)(Map)	6.69
13.	<i>Ratio of Hispanics to White non-Hispanics</i>		3.19+	3.06	(Table)(Map)	2.75
14.	<i>Ratio of low income ZIP codes to non-low income ZIP codes</i>		0.00+	3.25	(Table)(Map)	2.92
15.	Rate of occupational injuries treated in ED per 10,000 adolescents - Ages 15-19 years	2008-2010	52.1	36.7	(Table)(Map)	33.0
16.	Percentage of population that lives in a jurisdiction that adopted the Climate Smart Communities pledge	2012	0.0*	26.7	(Table)(Map)	32.0
17.	Percentage of commuters who use alternate	2007-	16.4	44.6	(Table)(Map)	49.2



	modes of transportation ¹	2011				
18.	Percentage of population with low-income and low access to a supermarket or large grocery store ²	2010	3.4	2.5	(Table)(Map)	2.24
19.	Percentage of homes in Healthy Neighborhood Program that have fewer asthma triggers during the home revisits	2008-2011	NA	12.9	(Table)(Map)	20
20.	Percentage of residents served by community water systems with optimally fluoridated water	2012	85.4	71.4	(Table)(Map)	78.5

Prevent Chronic Diseases

Indicator		Data Years	Wayne County	New York State	Data Links	NYS 2017 Objective
21.	Percentage of adults who are obese	2008-2009	31.7 (26.5-36.9)	23.2 (21.2-25.3)	(Table)(Map)	23.2
22.	Percentage of children and adolescents who are obese	2010-2012	19.7	17.6	(Table)(Map)	NYC: 19.7 ROS: 16.7
23.	Percentage of cigarette smoking among adults	2008-2009	19.4 (14.9-23.8)	16.8 (15.1-18.6)	(Table)(Map)	15.0
24.	Percentage of adults who receive a colorectal cancer screening based on the most recent guidelines - Ages 50-75 years	2008-2009	61.6 (55.2-67.7)	66.3 (63.5-69.1)	(Table)(Map)	71.4
25.	Asthma emergency department visit rate per 10,000	2008-2010	43.2	83.7	(Table)(Map)	75.1
26.	Asthma emergency department visit rate per 10,000 - Ages 0-4 years	2008-2010	102.1	221.4	(Table)(Map)	196.5
27.	Age-adjusted heart attack hospitalization rate per 10,000	2010	21.7	15.5	(Table)(Map)	14.0
28.	Rate of hospitalizations for short-term complications of diabetes per 10,000 - Ages 6-17 years	2008-2010	1.1*	3.2	(Table)(Map)	3.06
29.	Rate of hospitalizations for short-term complications of diabetes per 10,000 - Ages 18+ years	2008-2010	5.7	5.6	(Table)(Map)	4.86

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

Indicator		Data Years	Wayne County	New York State	Data Links	NYS 2017 Objective
30.	Percentage of children with 4:3:1:3:3:1:4 immunization series - Ages 19-35 months ³	2011	64.7	47.6	(Table)(Map)	80
31.	Percentage of adolescent females with 3-dose HPV immunization - Ages 13-17 years	2011	40.6	26.0	(Table)(Map)	50
32.	Age-adjusted percentage of adults with flu immunization - Ages 65+ years	2008-2009	84.2 (78.6-89.9)	75.0 (71.5-78.5)	(Table)(Map)	66.2



33.	Newly diagnosed HIV case rate per 100,000	2008-2010	5.1	21.6	(Table)(Map)	14.7
34.	<i>Difference in rates (Black and White) of new HIV diagnoses</i>		s	59.4	(Table)(Map)	45.7
35.	<i>Difference in rates (Hispanic and White) of new HIV diagnoses</i>		s	31.1	(Table)(Map)	22.3
36.	Gonorrhea case rate per 100,000 women - Ages 15-44 years	2010	132.9	203.4	(Table)(Map)	183.1
37.	Gonorrhea case rate per 100,000 men - Ages 15-44 years	2010	23.3*	221.7	(Table)(Map)	199.5
38.	Chlamydia case rate per 100,000 women - Ages 15-44 years	2010	1275	1619.8	(Table)(Map)	1,458
39.	Primary and secondary syphilis case rate per 100,000 males	2010	0*	11.2	(Table)(Map)	10.1
40.	Primary and secondary syphilis case rate per 100,000 females	2010	0*	0.5	(Table)(Map)	0.4
Promote Healthy Women, Infants, and Children						
	Indicator	Data Years	Wayne County	New York State	Data Links	NYS 2017 Objective
41.	Percentage of preterm births	2008-2010	9.8	12.0	(Table)(Map)	10.2
42.	<i>Ratio of Black non-Hispanics to White non-Hispanics</i>		2.09	1.61	(Table)(Map)	1.42
43.	<i>Ratio of Hispanics to White non-Hispanics</i>		1.31	1.25	(Table)(Map)	1.12
44.	<i>Ratio of Medicaid births to non-Medicaid births</i>		1.27	1.10	(Table)(Map)	1.00
45.	Percentage of infants exclusively breastfed in the hospital	2008-2010	63.6	42.5	(Table)(Map)	48.1
46.	<i>Ratio of Black non-Hispanics to White non-Hispanics</i>		0.54	0.50	(Table)(Map)	0.57
47.	<i>Ratio of Hispanics to White non-Hispanics</i>		0.80	0.55	(Table)(Map)	0.64
48.	<i>Ratio of Medicaid births to non-Medicaid births</i>		0.64	0.57	(Table)(Map)	0.66
49.	Maternal mortality rate per 100,000 births	2008-2010	s	23.3	(Table)(Map)	21.0
50.	Percentage of children who have had the recommended number of well child visits in government sponsored insurance programs ⁴	2011	71.3	69.9	(Table)(Map)	76.9
51.	<i>Percentage of children ages 0-15 months who have had the recommended number of well child visits in government sponsored insurance programs</i>		89.9	82.8	(Table)(Map)	91.3
52.	<i>Percentage of children ages 3-6 years who have had the recommended number of well child visits in government sponsored</i>		78.5	82.8	(Table)(Map)	91.3



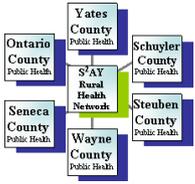
	<i>insurance programs</i>					
53.	<i>Percentage of children ages 12-21 years who have had the recommended number of well child visits in government sponsored insurance programs</i>		65.5	61.0	(Table)(Map)	67.1
54.	Percentage of children with any kind of health insurance - Ages 0-19 years	2010	93.9 (92.5-95.3)	94.9 (94.5-95.3)	(Table)(Map)	100
55.	Percentage of third-grade children with evidence of untreated tooth decay	2009-2011	18.6 (14.2-23.0)	24.0 (22.6-25.4)	(Table)(Map)	21.6
56.	<i>Ratio of low-income children to non-low income children</i>		1.1	2.5	(Table)(Map)	2.21
57.	Adolescent pregnancy rate per 1,000 females - Ages 15-17 years	2008-2010	21.4	31.1	(Table)(Map)	25.6
58.	<i>Ratio of Black non-Hispanics to White non-Hispanics</i>		2.77	5.74	(Table)(Map)	4.90
59.	<i>Ratio of Hispanics to White non-Hispanics</i>		3.75	5.16	(Table)(Map)	4.10
60.	Percentage of unintended pregnancy among live births	2011	35.4	26.7	(Table)(Map)	24.2
61.	<i>Ratio of Black non-Hispanics to White non-Hispanics</i>		2.22	2.09	(Table)(Map)	1.88
62.	<i>Ratio of Hispanics to White non-Hispanics</i>		1.49	1.58	(Table)(Map)	1.36
63.	<i>Ratio of Medicaid births to non-Medicaid births</i>		1.98	1.69	(Table)(Map)	1.56
64.	Percentage of women with health coverage - Ages 18-64 years	2010	88.1 (86.3-89.9)	86.1 (85.8-86.4)	(Table)(Map)	100
65.	Percentage of live births that occur within 24 months of a previous pregnancy	2008-2010	19.9	18.0	(Table)(Map)	17.0

Promote Mental Health and Prevention Substance Abuse

	Indicator	Data Years	Wayne County	New York State	Data Links	NYS 2017 Objective
66.	Age-adjusted percentage of adults with poor mental health for 14 or more days in the last month	2008-2009	13.2 (8.5-17.9)	10.2 (8.7-11.7)	(Table)(Map)	10.1
67.	Age-adjusted percentage of adult binge drinking during the past month	2008-2009	18.6 (13.3-23.9)	18.1 (16.1-20.2)	(Table)(Map)	18.4
68.	Age-adjusted suicide death rate per 100,000	2008-2010	12.3	7.1	(Table)(Map)	5.9

* Fewer than 10 events in the numerator, therefore the rate is unstable

Source: http://www.health.ny.gov/prevention/prevention_agenda/indicators/county/wayne.htm



S²AY Rural Health Network, Inc.

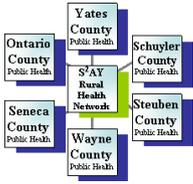
PO Box 97 * Corning, NY 14830-0097 * (607) 962-8459 * Fax (607) 962-9755 * grantstogo@stny.rr.com

Attachment D Wayne County Public Health System Assessment

Health Promotion Activities to Facilitate Health Living in Healthy Communities					
Answer Options	Yes, met 100% - 76%	Mostly, 75% - 51%	Low 50% - 26%	No 25% - 0%	Response Count
Conducts health promotion activities for the community-at-large or for populations at increased risk for negative health outcomes	14	11	5	1	31
Develops collaborative networks for health promotion activities that facilitate healthy living in healthy communities	13	13	2	2	30
Assesses the appropriateness, quality and effectiveness of health promotion activities at least every 2 years.	11	13	2	5	31
<i>Total Respondents</i>	31				

Mobilize Community Partnerships to Identify and Solve Health Problems					
Answer Options	Yes, met 100% - 76%	Mostly, 75% - 51%	Low 50% - 26%	No 25% - 0%	Response Count
Has a process to identify key constituents for population based health in general (e.g. improved health and quality of life at the community level) or for specific health concerns (e.g., a particular health theme, disease, risk factor, life stage need).	8	17	3	2	30
Encourages the participation of its constituents in community health activities, such as in identifying community issues and themes and in engaging in volunteer public health activities.	11	14	3	2	30
Establishes and maintains a comprehensive directory of community organizations.	14	11	3	2	30
Uses broad-based communication strategies to strengthen linkages among LPHS organizations and to provide current information about public health services and issues.	9	14	4	3	30
<i>Total Respondents</i>	30				

Community Partnerships					
Answer Options	Yes, met 100% - 76%	Mostly, 75% - 51%	Low 50% - 26%	No 25% - 0%	Response Count
Establishes community partnerships to assure a comprehensive approach to improving health in the community.	14	10	3	2	29
Assure the establishment of a broad-based community health improvement committee.	8	16	2	3	29
Assesses the effectiveness of community partnerships in improving community health.	10	10	5	4	29
<i>Total Respondents</i>	29				



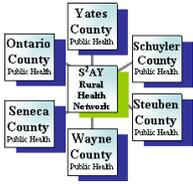
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Assure a Competent Public and Personal Health Care Workforce					
Answer Options	Yes, met 100% - 76%	Mostly, 75% - 51%	Low 50% - 26%	No 25% - 0%	Response Count
Assessment of workforce (including volunteers and other lay community health workers) to meet the community needs for public and personal health care services.	8	11	5	5	29
Maintaining public health workforce standards, including efficient processes for licensure/credentialing of professionals and incorporation of core public health competencies needed to provide the Essential Public Health Services into personnel systems.	17	5	4	2	28
Adoption of continuous quality improvement and life-long learning programs for all members of the public health workforce, including opportunities for formal and informal public health leadership development.	10	9	5	3	27
<i>Total Respondents</i>	29				

Life-long Learning Through Continuing Education, Training & Mentoring					
Answer Options	Yes, met 100% - 76%	Mostly, 75% - 51%	Low 50% - 26%	No 25% - 0%	Response Count
Identify education and training needs and encourage opportunities for public health workforce development.	11	6	5	4	26
Provide opportunities for all personnel to develop core public health competencies.	8	9	5	4	26
Provide incentives (e.g. improvements in pay scale, release time, tuition reimbursement) for the public health workforce to pursue education and training.	5	8	6	7	26
Provide opportunities for public health workforce members, faculty and student interaction to mutually enrich practice-academic settings.	6	10	6	4	26
<i>Total Respondents</i>	26				

Public Health Leadership Development					
Answer Options	Yes, met 100% - 76%	Mostly, 75% - 51%	Low 50% - 26%	No 25% - 0%	Response Count
Provide formal (educational programs, leadership institutes) and informal (coaching, mentoring) opportunities for leadership development for employees at all organizational levels.	7	8	8	3	26
Promote collaborative leadership through the creation of a local public health system with a shared vision and participatory decision-making.	9	10	6	1	26
Assure that organizations and/or individuals have opportunities to provide leadership in areas where their expertise or experience can provide insight, direction or resources.	6	13	3	4	26
Provide opportunities for development of diverse community leadership to assure sustainability of public health initiatives.	9	9	4	4	26
<i>Total Respondents</i>	26				



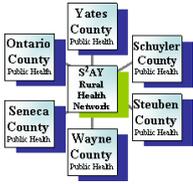
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Access to and Utilization of Current Technology to Manage, Display and Communicate Population Health Data					
Answer Options	Yes, met 100% - 76%	Mostly, 75% - 51%	Low 50% - 26%	No 25% - 0%	Response Count
Uses state of the art technology to collect, manage, integrate and display health profile databases.	7	12	5	2	25
Promotes the use of geocoded data.	3	12	5	5	24
Uses geographic information systems.	3	14	5	4	25
Uses computer-generated graphics to identify trends and/or compare data by relevant categories (e.g. race, gender, age group).	7	13	4	2	25
<i>Total Respondents</i>	25				

Diagnose and Investigate Health Problems and Health Hazards in the Community					
Answer Options	Yes, met 100% - 76%	Mostly, 75% - 51%	Low 50% - 26%	No 25% - 0%	Response Count
Epidemiological investigations of disease outbreaks and patterns of infectious and chronic disease and injuries, environmental hazards, and other health threats.	13	8	3	3	27
Active infectious disease epidemiology programs.	10	10	3	3	26
Access to public health laboratory capable of conducting rapid screening and high volume testing.	12	7	2	5	26
<i>Total Respondents</i>	27				

Plan for Public Health Emergencies					
Answer Options	Yes, met 100% - 76%	Mostly, 75% - 51%	Low 50% - 26%	No 25% - 0%	Response Count
Defines and describes public health disasters and emergencies that might trigger implementation of the LPHS emergency response plan.	14	8	2	2	26
Develops a plan that defines organizational responsibilities, establishes communication and information networks, and clearly outlines alert and evacuation protocols.	11	10	1	3	25
Tests the plan each year through the staging of one or more "mock events."	9	10	4	3	26
Revises its emergency response plan at least every two years.	10	9	2	4	25
<i>Total Respondents</i>	26				



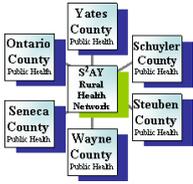
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Investigate & Respond to Public Health Emergencies					
Answer Options	Yes, met 100% - 76%	Mostly, 75% - 51%	Low 50% - 26%	No 25% - 0%	Response Count
Designates an Emergency Response Coordinator	15	9	0	0	24
Develops written epidemiological case investigation protocols for immediate investigation of:	10	10	2	1	23
Communicable disease outbreaks	15	6	1	2	24
Environmental health hazards	12	5	5	1	23
Potential chemical and biological agent threats	13	9	2	0	24
Radiological threats and	13	6	4	0	23
Large scale disasters	13	8	3	0	24
Maintains written protocols to implement a program of source & contact tracing.	12	7	3	2	24
Maintain a roster of personnel with technical expertise to respond to biological, chemical or radiological emergencies	9	8	4	3	24
Evaluates past incidents for effectiveness & continuous improvement	8	11	3	3	25
<i>Total Respondents</i>	25				

Laboratory Support for Investigation of Health Threats					
Answer Options	Yes, met 100% - 76%	Mostly, 75% - 51%	Low 50% - 26%	No 25% - 0%	Response Count
Maintains ready access to laboratories capable of supporting investigations.	7	8	4	6	25
Maintains ready access to labs capable of meeting routine diagnostic & surveillance needs.	8	8	2	6	24
Confirms that labs are in compliance with regs & standards through credentialing and licensing agencies.	9	6	4	6	25
Maintains protocols to address handling of lab samples– storing, collecting, labeling, transporting and delivering samples and for determining the chain of custody.	9	6	4	6	25
<i>Total Respondents</i>	25				

Develop Policies & Plans that support Individual and Community Health Efforts.					
Answer Options	Yes, met 100% - 76%	Mostly, 75% - 51%	Low 50% - 26%	No 25% - 0%	Response Count
An effective governmental presence at the local level.	11	9	3	4	27
Development of policy to protect the health of the public and to guide the practice of public health.	13	9	4	0	26
Systematic community-level and state-level planning for health improvement in all jurisdictions.	12	9	4	1	26
Alignment of LPHS resources & strategies with the community health improvement plan.	12	8	3	3	26
<i>Total Respondents</i>	27				



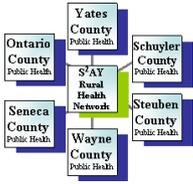
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Public Health Policy Development					
Answer Options	Yes, met 100% - 76%	Mostly, 75% - 51%	Low 50% - 26%	No 25% - 0%	Response Count
Contributes to the development and/or modification of public health policy by facilitating community involvement in the process and by engaging in activities that inform this process.	9	11	2	3	25
Reviews existing policies at least every 2 years and alerts policy makers and the public of potential unintended outcomes and consequences.	10	9	5	1	25
Advocates for prevention and protection policies, particularly policies that affect populations who bear a disproportionate burden of mortality and morbidity.	8	12	3	3	26
<i>Total Respondents</i>	26				

Community Health Improvement Process					
Answer Options	Yes, met 100% - 76%	Mostly, 75% - 51%	Low 50% - 26%	No 25% - 0%	Response Count
Establishes a community health improvement process, which includes broad based participation and uses information from the community health assessment as well as perceptions of community residents.	9	12	3	3	27
Develops strategies to achieve community health improvement objectives and identifies accountable entities to achieve each strategy.	10	11	3	3	27
<i>Total Respondents</i>	27				

Strategic Planning & Alignment with the Community Health Improvement Process					
Answer Options	Yes, met 100% - 76%	Mostly, 75% - 51%	Low 50% - 26%	No 25% - 0%	Response Count
Conduct organizational strategic planning activities.	8	9	4	4	25
Review its own organizational strategic plan to determine how it can best be aligned with the community health improvement process.	8	7	4	5	24
Conducts organizational strategic planning activities and uses strategic planning to align its goals, objectives, strategies and resources with the community health improvement process.	8	8	2	7	25
<i>Total Respondents</i>	25				



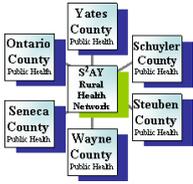
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Enforce Laws & Regulations that Protect Health and Ensure Safety					
Answer Options	Yes, met 100% - 76%	Mostly, 75% - 51%	Low 50% - 26%	No 25% - 0%	Response Count
Review, evaluate and revise laws and regulations designed to protect health and safety to assure they reflect current scientific knowledge and best practices for achieving compliance.	12	5	3	5	25
Education of persons and entities obligated to obey or to enforce laws and regulations designed to protect health and safety in order to encourage compliance.	12	7	2	5	26
Enforcement activities in areas of public health concern, including but not limited to the protection of drinking water, enforcement of clean air standards, regulation of care provided in health care facilities and programs, re-inspection of workplaces following safety violations; review of new drug, biologic and medical device applications, enforcement of laws governing sale of alcohol and tobacco to minors; seat belts and child safety seat usage and childhood immunizations.	11	7	4	4	26
<i>Total Respondents</i>	26				

Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable					
Answer Options	Yes, met 100% - 76%	Mostly, 75% - 51%	Low 50% - 26%	No 25% - 0%	Response Count
Identifying populations with barriers to personal health services.	11	8	5	2	26
Identifying personal health service needs of populations with limited access to a coordinated system of clinical care.	12	9	4	1	26
Assuring the linkage of people to appropriate personal health services.	11	10	3	2	26
<i>Total Respondents</i>	26				

Identifying Personal Health Services Needs of Population					
Answer Options	Yes, met 100% - 76%	Mostly, 75% - 51%	Low 50% - 26%	No 25% - 0%	Response Count
Defines personal health service needs for the general population. This includes defining specific preventive, curative and rehabilitative health service needs for the catchment areas within its jurisdiction.	13	6	6	1	26
Assesses the extent to which personal health services are provided.	13	7	5	0	25
Identifies the personal health service needs of populations who may encounter barriers to the receipt of personal health services.	13	7	4	1	25
<i>Total Respondents</i>	26				



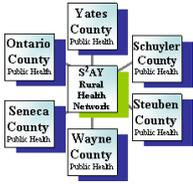
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Assuring the Linkage of People to Personal Health Services					
Answer Options	Yes, met 100% - 76%	Mostly, 75% - 51%	Low 50% - 26%	No 25% - 0%	Response Count
Assures the linkage to personal health services, including populations who may encounter barriers to care.	9	12	4	1	26
Provides community outreach and linkage services in a manner that recognizes the diverse needs of unserved and underserved populations.	9	9	4	3	25
Enrolls eligible beneficiaries in state Medicaid or Medical Assistance Programs.	12	8	2	3	25
Coordinates the delivery of personal health and social services with service providers to optimize access.	11	8	3	3	25
Conducts an analysis of age-specific participation in preventive services.	10	9	4	2	25
<i>Total Respondents</i>	26				

Evaluation of Population-based Health Services					
Answer Options	Yes, met 100% - 76%	Mostly, 75% - 51%	Low 50% - 26%	No 25% - 0%	Response Count
Evaluate population-based health services against established criteria for performance, including the extent to which program goals are achieved for these services.	8	7	3	7	25
Assesses community satisfaction with population-based services and programs through a broad-based process, which includes residents who are representative of the community and groups at increased risk of negative health outcomes.	10	4	4	7	25
Identifies gaps in the provision of population-based health services.	6	8	4	7	25
Uses evaluation findings to modify the strategic and operational plans of LPHS organizations to improve services and programs.	9	5	3	8	25
<i>Total Respondents</i>	25				

Evaluate Effectiveness, Availability and Quality of Personal and population based health services?					
Answer Options	Yes, met 100% - 76%	Mostly, 75% - 51%	Low 50% - 26%	No 25% - 0%	Response Count
Identifies community organizations or entities that contribute to the delivery of the Essential Public Health Services.	10	8	2	5	25
Evaluates the comprehensiveness of the LPHS activities against established criteria at least every five years and ensures that all organizations within the LPHS contribute to the process.	9	4	4	7	24
Assesses the effectiveness of communication, coordination and linkage among LPHS entities.	9	4	5	6	24
Uses information from the evaluation process to refine existing community health programs, to establish new ones, and to redirect resources as needed to accomplish LPHS goals.	10	3	5	6	24
<i>Total Respondents</i>	25				



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Research for New Insights and Innovative Solutions to Health Problems					
Answer Options	Yes, met 100% - 76%	Mostly, 75% - 51%	Low 50% - 26%	No 25% - 0%	Response Count
A continuum of innovative solutions to health problems ranging from practical field-based efforts to foster change in public health practice, to more academic efforts to encourage new directions in scientific research.	7	6	4	7	24
Linkages with institutions of higher learning and research.	7	8	2	7	24
Capacity to mount timely epidemiological and health policy analyses and conduct health systems research.	7	8	1	8	24
<i>Total Respondents</i>	24				

Where is your organization located?		
Answer Options	Response Percent	Response Count
Newark	29.2%	7
Lyons	33.3%	8
Ontario	0.0%	0
Marion	0.0%	0
Sodus	12.5%	3
Palmyra	8.3%	2
Clyde	4.2%	1
Wolcott	4.2%	1
Red Creek	0.0%	0
North Rose	0.0%	0
Macedon	4.2%	1
Williamson	8.3%	2
Savannah	4.2%	1
Walworth	4.2%	1
<i>Total Respondents</i>		24

What population does your organization serve? ie. elderly, low income, children	
Answer Options	Response Count
All	17
Low income - elderly	3
Low income - children	1
Children	3
The rich	1
Hospital patients	1
<i>Total Respondents</i>	26

What type of organization do you work for? ie. hospital, county agency, non-profit	
Answer Options	Response Count
Non-profit	3
Hospital	4
Medical practice	2
School	2
Government	3
Law enforcement	3
County/town agency	9
<i>Total Respondents</i>	26

What is your position/job title?	
Answer Options	Response Count
Public health	2
Administrative	3
Provider/clinician	6
Sheriff	1
Chief/assistant chief	3
CEO	1
Town supervisor	2
Director/supervisor	6
<i>Total Respondents</i>	24

Attachment E Community Health Improvement Work Plan

Prevention Agenda Focus Area: Prevent Chronic Disease					
Goal 1: Reduce Obesity in Children and Adults					
Strategy Area	Objective	Activities	Partners	Timeframe	Measurement/Evaluation
Reduce Obesity in Children and Adults	A. Create community environments that promote and support healthy food and beverage choices and physical activity	A1. Support Newark Wayne Community Hospital in becoming baby- friendly under WHO guidelines. Work with the hospital to ensure support for Spanish speaking population.	Newark Wayne Community Hospital (NWCH) and Breastfeeding Coalition	January 2015	EHR documentation of education, 10 % increase in women exclusively breastfeeding and breastfeeding at 6 months, 10 % increase of WIC mothers breastfeeding at 6 months
		A2. Work together to increase breastfeeding in Wayne County. Increase access to breastfeeding information and encourage continued breastfeeding after delivery.	NWCH, Wayne County Prevention Agenda Committee, Breastfeeding Coalition	January 2015 Annual Breastfeeding Summit - August 2013 and ongoing	EHR documentation of education, 10 % of women exclusively breastfeeding and breastfeeding at 6 months, 10 % increase of WIC mothers breastfeeding at 6 months
		A3. Investigate further support of breastfeeding for employees working for county government.	Public Health, NWCH and Breastfeeding Coalition	January 2015	Policy Developed
		A4. Advocate for the implementation of Wayne County Healthy vending policy	Public Health, Wayne County Prevention Agenda Committee	January 2016	Policy implemented. Track healthy choices made. Increase healthy choices by 100% over 3 years
		A5. Promote use of Farmer's Markets (and SNAP/EBT use for) at WIC Clinics (Disparity - reduce obesity rates among low-income population)	Public Health, CCE, Wayne County Prevention Agenda Committee, Wayne County DSS	December 2014	Measure increased use of EBTs at Farmer's Markets

Prevention Agenda Focus Area: Prevent Chronic Disease

Goal 1: Reduce Obesity in Children and Adults

<i>Strategy Area</i>	<i>Objective</i>	<i>Activities</i>	<i>Partners</i>	<i>Timeframe</i>	<i>Measurement/Evaluation</i>
Reduce Obesity in Children and Adults	A. Create community environments that promote and support healthy food and beverage choices and physical activity	A6. Promote use of farmer’s market vouchers among low-income senior population (Disparity)	WCOFA, Farmers Markets, CCE, WCPH	Annually June-October	Increase the percentage of vouchers actually redeemed from 70.21% in 2012 to 85% by 2017
		A7. Increase access and use of community gardens at summer/school based programs (encourage adults to participate)	CCE, Wayne County Prevention Agenda Committee, Wayne County RHN, Wayne County School Districts	October 2014 baseline established, Oct 2015 and possibly annually thereafter	Number of adults and youth involvement in gardens (can communicate with partners).(Sample measurement of baseline harvested ,compared with year 2 harvest weight)
		A8. Support WCRHN “The Good Life Program” (Disparity - reduce obesity rates among low-income population)	WCRNH, CCE, Prevention Coalition, schools	November 2013, quarterly BMI/blood pressure measurements	35 families per year. Baseline BMIs

Prevention Agenda Focus Area: Prevent Chronic Disease					
Goal 1: Reduce Obesity in Children and Adults					
<i>Strategy Area</i>	<i>Objective</i>	<i>Activities</i>	<i>Partners</i>	<i>Timeframe</i>	<i>Measurement/Evaluation</i>
Reduce Obesity in Children and Adults	B. Prevent childhood obesity through early-care and schools	B1. Support CCE in getting additional healthy local foods purchased and consumed in schools	CCE, Cornell Food and Brand Lab, Wayne County Prevention Agenda Committee, Creating Healthy Places, Food Link	September 2014-June 2015	Measure increase in local healthy foods purchased by schools. Plate waste observation on random basis
		B2. Continue to support, promote and expand joint use agreements with schools.	CCE, Trailworks, Public Health, Towns	March 2014	Increase resources available to the community members (parks, basketball courts, etc.)
		B3. Provide support to the Child Care Council in reducing screen time, improving nutrition and increasing physical activity in child care settings.	CCE, Child Care Council	March 2015	# of policies developed or revised that are adopted in accordance with best practice
		B4. Implement the "I'm moving, I'm learning" and/or the CATCH curriculum, which infuses physical movement and healthy nutrition within their daily classroom routines	Head Start, Wayne County Prevention Agenda Committee, CCE, WCPH	Minimum of 6 workshops offered during the year - 2014	Children attending full day classes receive 2/3 of nutritional needs in program, following CACFP guidelines. Staff track height and weight three times per year. Number of schools trained and implement curriculum for CATCH.

Prevention Agenda Focus Area: Prevent Chronic Disease					
Goal 1: Reduce Obesity in Children and Adults					
<i>Strategy Area</i>	<i>Objective</i>	<i>Activities</i>	<i>Partners</i>	<i>Timeframe</i>	<i>Measurement/Evaluation</i>
Reduce Obesity in Children and Adults	C. Expand the role of health care and health service providers and insurers in obesity prevention (and see Goal 2 below)	C1. Institute Good Life and Eat Smart NY educational programs around obesity.	NWCH, Wayne RHN, WCPH, CCE-Eat Smart NY	Nov 2013 and on-going	10 classes conducted and 300 participants reached annually.
		C2. Encourage that health care providers and collaborating organizations refer to and make maximum use of obesity prevention programs, including the Good Life program (Disparity - reduce obesity rates among low-income population)	NWCH, Wayne RHN, WCPH, CCE-Eat Smart NY, participating school districts	Nov 2013 and on-going	Increase adults reporting improvement in at least one healthy behavior from baseline: one of four food resources management practices, one of four nutrition practices and one food safety practice. Increase in youth reporting trying a variety of foods.
	D. Expand the role of public and private employers in obesity prevention	D1. Include nutrition/physical activity (and tobacco) module in workforce orientations	Public Health, CCE, Wayne CAP	November 2013	Component developed. Number of times presented/number of people reached
		D2. Develop list of free resources available to support worksite wellness efforts.	Wayne RHN, Wayne County Worksite Wellness Collaborative, Wayne Wellness Coalition/WCPH	List developed by June 2014; distribute annually thereafter	Inventory list of available resources. Dissemination of list/resources to at least 40 worksites.
		D3. Continue to seek grants to implement worksite wellness programs	Wayne RHN, Wayne County Worksite Wellness Collaborative, Wayne Wellness Coalition, S2AY, WCPH	As grant opportunities arise	Attempt to apply for at least 2 grants annually.

Prevention Agenda Focus Area: Prevent Chronic Disease					
Goal 2: Reduce Heart Disease and Hypertension					
<i>Strategy Area</i>	<i>Objectives</i>	<i>Activities</i>	<i>Partners</i>	<i>Timeframe</i>	<i>Measurement/Evaluation</i>
Increase access to high quality chronic disease preventive care and management in clinical and community settings	A. Prevention, screening, early detection, treatment, and self-management support.	A1. Work to prevent heart disease and hypertension by assisting NWCH in reducing sodium content in all meals served in hospital (patients, visitors and public), DeMay Nursing Home, and senior meals	S2AY Rural Health Network, WCPH, CCE, WCOFA, NWCH	Implement starting Nov 2013 for 3 years	Reduce sodium content by 30% over 3 years, by November 2016. Meet recommended guidelines
		A2. Work with the FLHSA to bring the hypertension reduction program to Wayne County	FLHSA, S2AY Rural Health Network, WCPH, Wegmans	January 2014 and on-going	Implementation of program and at least 300 people enrolled by December 2015. Increase percentage of people managing their hypertension to 75% by December 2017.
		A3. Expand the Chronic Disease Self-Management Programs, "Living Healthy."	Wayne County Action Program, Wayne County Rural Health Network, Office for Youth and Aging	Minimum of 6 workshops offered during the year - 2014	Goal- at least 50 people will report increased ability to self-manage their health condition each year. This is measured by attendance sheets, pre-workshop surveys and post-workshop evaluations.
	B. Train primary care providers (PCPs) to talk with their patients about their weight (including physical activity and diet) and their tobacco use, as appropriate. Ensure that such discussions include dividing goals into manageable milestones and that PCPs can easily link their patients with available community resources simply, through the EHR	B1. Encourage participation in Center for Medicare and Medicaid Innovation (CMMI) model, including motivational interviewing model used by Dr. Stephen Cook	NWCH, Dr. Stephen Cook (pediatric), Wayne County Prevention Agenda Committee	July 2016	Number of participants trained. Number of participants using model
		B2. Develop list of community resources and make sure that they are available to the PCPs	NWCH, Dr. Stephen Cook, Wayne County Prevention Agenda Committee, FLCH	July 2016	Inventory list of resources availability

Prevention Agenda Focus Area: Prevent Chronic Disease

Goal 2: Reduce Heart Disease and Hypertension

<i>Strategy Area</i>	<i>Objective</i>	<i>Activities</i>	<i>Partners</i>	<i>Timeframe</i>	<i>Measurement/Evaluation</i>
Increase access to high quality chronic disease preventive care and management in clinical and community settings	B. Train primary care providers (PCPs) to talk with their patients about their weight (including physical activity and diet) and their tobacco use, as appropriate. Ensure that such discussions include dividing goals into manageable milestones and that PCPs can easily link their patients with available community resources simply, through the EHR	B3. Ensure that decision support/reminder tools of EHR s are being used Continue calls by nurses to follow-up with patients on follow-through/compliance	NWCH, Wayne County Prevention Agenda Committee	July 2016	Implementation of decision support/reminder tools in EHR, documentations of use and documentation of calls via EHR.
Reduce illness, disability and death related to tobacco use and secondhand smoke exposure	C. Eliminate exposure to secondhand smoke	C1. Renew efforts to create smoke-free environments, especially encouraging Wayne County government to lead by example	Public Health, TACFL, Wayne Wellness Coalition, Municipalities - Lyons	January 2017	Policy developed/implemented.
		C2. Train primary care providers (PCPs) to talk with their patients about their tobacco use (see below). Train care coordinators/health coaches to address patient needs – RGMG and GRIPA for NWCH, GRATCC for FLCH.	Public Health, RGMG, Finger Lakes Migrant Health, PCPs, GRIPA, GRATCC	December 2014	# number of care coordinators/health coaches being trained/used. Number of PCPs trained and/or given information about cessation counseling.