



# Community Health Assessment

**Schuyler County**



**Public Health**  
Prevent. Promote. Protect.

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## Executive Summary

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### ***What are the health priorities facing Schuyler County?***

This was the question facing Schuyler County Public Health Department as they delved into a comprehensive process that involved the local hospitals, other local organizations and county residents.

The motto of the Schuyler County Public Health Dept. is, “*Working Hand in Hand with the Community.*” To that end Schuyler County Public Health embarked on an 18 month long process to collect data, solicit opinions, facilitate a process and guide a discussion to determine not only what the most pressing problems facing our residents are, but also what can we effectively and efficiently address. The MAPP (Mobilizing for Action through Planning and Partnership) process was used to accomplish this ([see additional details in the Process section](#)). The Schuyler County Public Health Department was charged with working with local hospitals and other key partner agencies to select two key health priorities and one disparity to address in the community.

In the end, Schuyler County Public Health and the partner agencies decided to tackle two tough areas under the New York State Department of Health priority of the prevention of chronic disease:

1. Reduce obesity in children and adults
2. Reduce illness, disability and death related to diabetes

The disparity the partners chose to address was to:

Screen 10% of the County’s 20 – 49 year old population for Diabetes risk, as many do not have Primary Care Physician nor Health Insurance coverage. Once screened for their risk of Diabetes, they would be referred to a Primary Care Physician (PCP) and if appropriate a Navigator to be screened for Health Insurance eligibility.

Chronic diseases are among the leading causes of death, disability and rising health care costs in New York State (NYS). Specifically, they account for approximately 70% of all deaths in NYS, and affect the quality of life for millions of other residents, causing major limitations in daily living for about 10% of the population. Costs associated with chronic disease and their major risk factors account for more than 75% of our nation’s health care spending.<sup>1</sup> 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.<sup>2</sup>

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

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

In Schuyler County the age adjusted percentage of adults who are obese (BMI 30 or higher) is 33.5% compared to the New York State rate of 23.1%.<sup>3</sup> Public Health officials across the state and the nation must take steps to address this rising 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. 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.<sup>4</sup> The diabetes mortality rate in Schuyler County is 32.5 compared to the New York State rate of 16.6.<sup>5</sup>

Failing to win the battle against obesity and diabetes will mean premature death and disability for an increasingly large segment of Schuyler 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. Schuyler County Public Health along with their partners has developed a Community Health Improvement Plan (CHIP) to address these issues ([see CHIP workplan here](#)).

Next steps will center on accomplishing the activities outlined in the CHIP workplan to achieve the objectives related to our identified priorities. Schuyler County Public Health will continue to meet and work with local hospitals and partners on a regular basis to begin to make progress in addressing the identified priorities to reduce obesity and illness, disability and death related to diabetes in our community.

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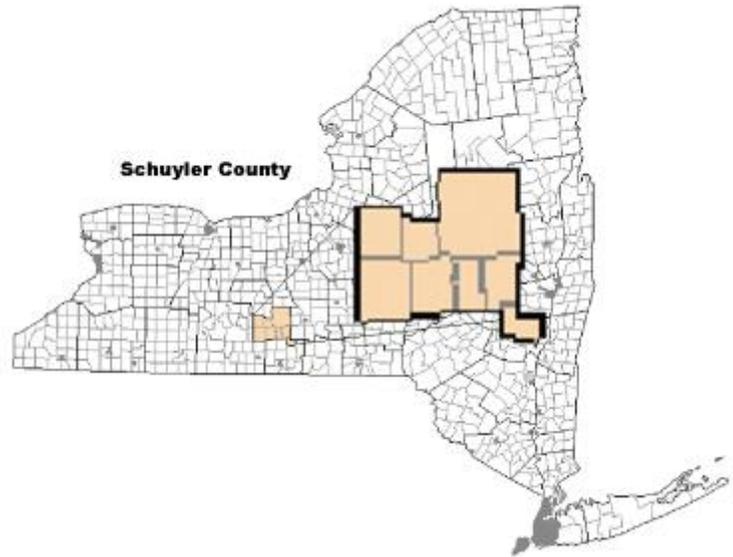
<sup>3</sup> New York State Dept. of Health New York State Community Health Indicator Reports - Obesity and Related Indicators <http://www.health.ny.gov/statistics/chac/indicators/obs.htm>

<sup>4</sup> New York State Dept. of Health Diabetes <http://www.health.ny.gov/diseases/conditions/diabetes/>

<sup>5</sup> 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>

## County Overview

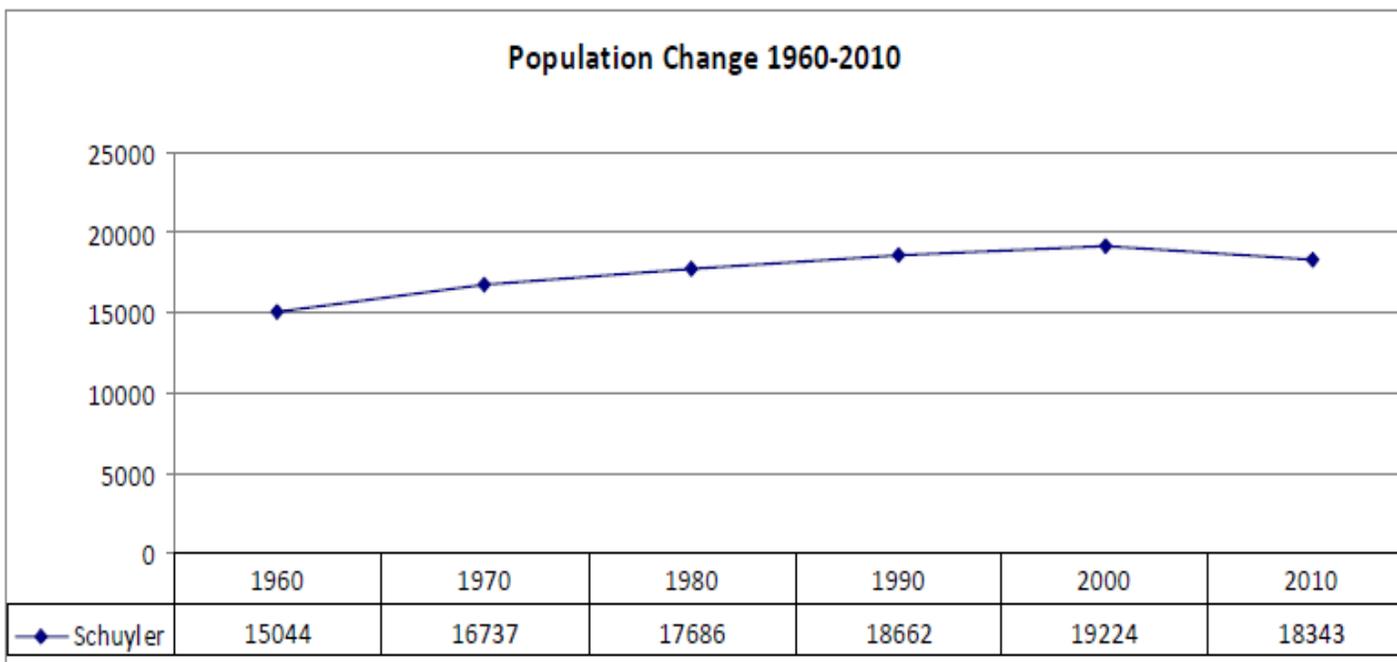
Schuyler County is a rural community with a permanent estimated population of 18,343, but is a destination for over two million visitors annually. Schuyler County is the gateway to the fourteen county Finger Lakes Region of Upstate New York. The greatest portion of the region is contained within the quadrangle described by drawing lines between the cities of Syracuse, Rochester, Corning and Binghamton. Schuyler County is best known for its natural beauty, with tourism and agriculture being the largest industries. Its eastern boundary is Tompkins County; Yates and Seneca Counties form its northern boundaries; the southern border is Chemung County, and Steuben County forms its western border.



With a land area of 329 square miles, Schuyler County is among the smallest counties in the State. Schuyler County has about 37,396 acres of State and Federal Park lands, lowering the available amount of taxable land, and has part of the Appalachian Trail passing through it. In 2010 the population per square mile (land) was 55.75.

The population of the County has grown by about 22.9% in the last 50 years, but it dropped by 4.6% in the last ten years. Although Schuyler County is poor and rural, it is nestled in the heart of the Finger Lakes Region of Upstate New York which attracts tens of thousands of tourists weekly to its small community, visiting State Parks and Forest lands, the Watkins Glen Gorge, wineries, Seneca Lake, various festivals and the largest attraction - Watkins Glen International Raceway (a world renowned road racing venue). Recently a new luxury hotel and conference center on the lake front has been built enhancing the community.

**Population Change 1960-2010**



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

**3.4 Percentage sub county change 2000-2010**

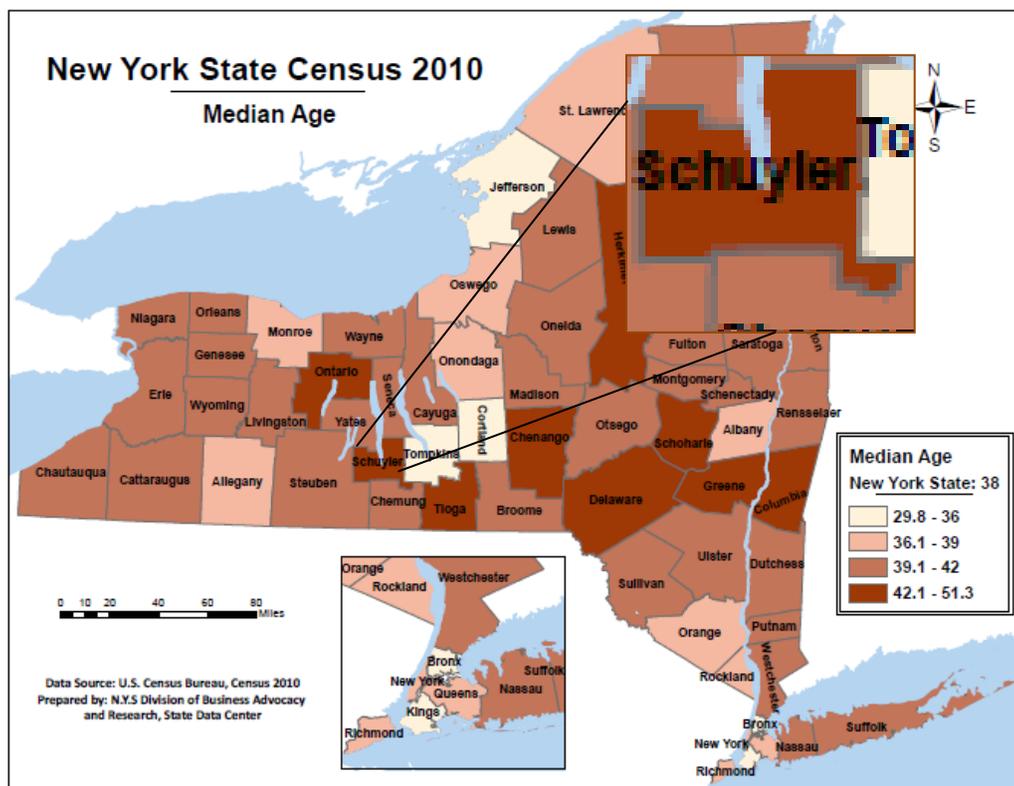
	Total Population		Difference	
	2000	2010	Count	%
New York State	18,976,821 *	19,378,102	401,281	2.1%
Schuyler County	19,224	18,343	-881	-4.6%
<b>Towns</b>				
Catharine	1,930	1,762	-168	-8.7%
Cayuta	545	556	11	2.0%
Dix	4,197	3,864	-333	-7.9%
Hector	4,854	4,940	86	1.8%
Montour	2,446	2,308	-138	-5.6%
Orange	1,752	1,609	-143	-8.2%
Reading	1,786	1,707	-79	-4.4%
Tyrone	1,714	1,597	-117	-6.8%

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

Source: [pad.human.cornell.edu/profiles/Schuyler.pdf](http://pad.human.cornell.edu/profiles/Schuyler.pdf)

### Demographics

Schuyler County’s population in the 2010 census was 18,343 residents. The 2012 Census Bureau estimates a population of 18,514 or a .9% increase. The median age in Schuyler County in 2010 was 44.2 compared to the New York State median age of 38. The current American Community Survey estimates a median age of 43.5 in the County compared to a rate of 37.8 in New York State, showing a considerably older population than the State as a whole. 38% of the County’s population is over the age of 62 compared to the State rate of 30.2%. The implication of an aging population in Schuyler County should not be ignored. This will affect many aspects of life for county residents including healthcare, nutrition, exercise, transportation, public safety, housing, taxes and the workforce. In a small, rural community such as ours it is imperative these issues are addressed for our aging population.



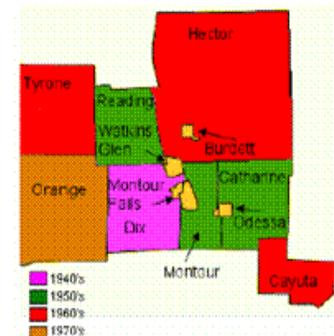
Source: <http://esd.ny.gov/NYSDataCenter/NYThematicMaps.html>

SEX AND AGE					
Total population	18,343	100	Median age (years)	44.2	( X )
Under 5 years	881	4.8			
5 to 9 years	1,042	5.7	16 years and over	15,018	81.9
10 to 14 years	1,135	6.2	18 years and over	14,453	78.8
15 to 19 years	1,268	6.9	21 years and over	13,812	75.3
20 to 24 years	969	5.3	62 years and over	3,848	21
25 to 29 years	896	4.9	65 years and over	3,116	17
30 to 34 years	891	4.9			
35 to 39 years	996	5.4	Male population	9,122	49.7
40 to 44 years	1,308	7.1	Median age (years)	43.1	( X )
45 to 49 years	1,523	8.3	Female population	9,221	50.3
50 to 54 years	1,559	8.5	Median age (years)	45.3	( X )
55 to 59 years	1,489	8.1			
60 to 64 years	1,270	6.9			
65 to 69 years	962	5.2			
70 to 74 years	757	4.1			
75 to 79 years	631	3.4			
80 to 84 years	344	1.9			
85 years and over	422	2.3			

RELATIONSHIP			HOUSEHOLDS BY TYPE		
Total population	18,343	100	Total households	7,530	100
In households	17,989	98.1	Family households (families) [7]	4,926	65.4
Householder	7,530	41.1	With own children under 18 years	1,865	24.8
Spouse [6]	3,781	20.6			
Child	4,718	25.7	Husband-wife family	3,781	50.2
Own child under 18 years	3,420	18.6	With own children under 18 years	1,240	16.5
Other relatives	733	4	Male householder, no wife present	380	5
Under 18 years	329	1.8	With own children under 18 years	218	2.9
65 years and over	126	0.7	Female householder, no husband present	765	10.2
Nonrelatives	1,227	6.7	With own children under 18 years	407	5.4
Under 18 years	135	0.7	Nonfamily households [7]	2,604	34.6
65 years and over	98	0.5	Householder living alone	2,047	27.2
			Male	940	12.5
Unmarried partner	715	3.9	65 years and over	267	3.5
In group quarters	354	1.9	Female	1,107	14.7
Institutionalized population	282	1.5	65 years and over	624	8.3
Male	193	1.1			
Female	89	0.5	Households with individuals < 18 years	2,119	28.1
Noninstitutionalized population	72	0.4	Households with individuals 65+	2,235	29.7
Male	58	0.3	Average household size	2.39	( X )
Female	14	0.1	Average family size [7]	2.87	( X )

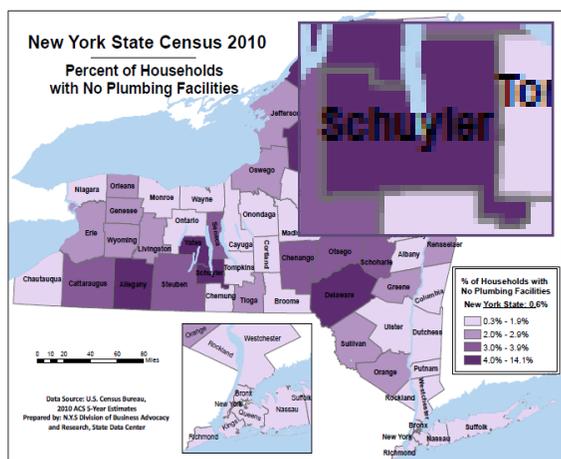
## Housing

The majority of Schuyler County housing was built prior to the 1970's. Housing statistics indicate that over 20% of available housing in the county vacant and 23.9% of the housing units are rentals. The county wraps around the southern end of Seneca Lake accounting for the 14.1% of the housing units that are seasonal. A 2009 Housing Needs Assessment by Cornell Cooperative Extension revealed that a windshield inventory of the housing stock in the county indicated 43.4% of the housing units were in



Source: [www.epreconomics.com/assets/NewFolder/Schuyler-Final-Report.pdf](http://www.epreconomics.com/assets/NewFolder/Schuyler-Final-Report.pdf)

need of some level of rehabilitation. Of those 11.7% of the units needed massive repairs and possibly even demolition.<sup>6</sup>



This map from the New York State’s Empire State Development Data Center illustrates that Schuyler County has one of the highest levels of housing with no plumbing facilities in the state. Additionally, almost 12% of the occupied homes in the county heat with wood as opposed to other more conventional methods.

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

HOUSING OCCUPANCY			HOUSING TENURE		
Total housing units	9,455	100	Occupied housing units	7,530	100
Occupied housing units	7,530	79.6	Owner-occupied housing units	5,731	76.1
Vacant housing units	1,925	20.4	Population in owner-occupied housing units	14,089	( X )
For rent	123	1.3	Average household size of owner-occupied units	2.46	( X )
Rented, not occupied	13	0.1	Renter-occupied housing units	1,799	23.9
For sale only	75	0.8	Population in renter-occupied housing units	3,900	( X )
Sold, not occupied	16	0.2	Average household size of renter-occupied units	2.17	( X )
For seasonal, recreational, or occasional use	1,330	14.1			
All other vacants	368	3.9			
Homeowner vacancy rate (percent) [8]	1.3	( X )			
Rental vacancy rate (percent) [9]	6.4	( X )			

## Race

The population of Schuyler is predominantly white at 97.1%. This is a slight increase over 2000 Census figures of 96.5%.

RACE		
Total population	18,343	100
One Race	18,103	98.7
White	17,803	97.1
Black or African American	159	0.9
American Indian and Alaska Native	47	0.3
Asian	53	0.3
Native Hawaiian and Other Pacific Islander	4	0
Some Other Race	37	0.2
Two or More Races	240	1.3
Hispanic or Latino (of any race)	234	1.3

<sup>6</sup>Schuyler County Housing Needs Assessment [www.epreconomics.com/assets/NewFolder/Schuyler-Final-Report.pdf](http://www.epreconomics.com/assets/NewFolder/Schuyler-Final-Report.pdf)

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
	New York State	7.6
49	Chemung	7.9
52	Steuben	8.4

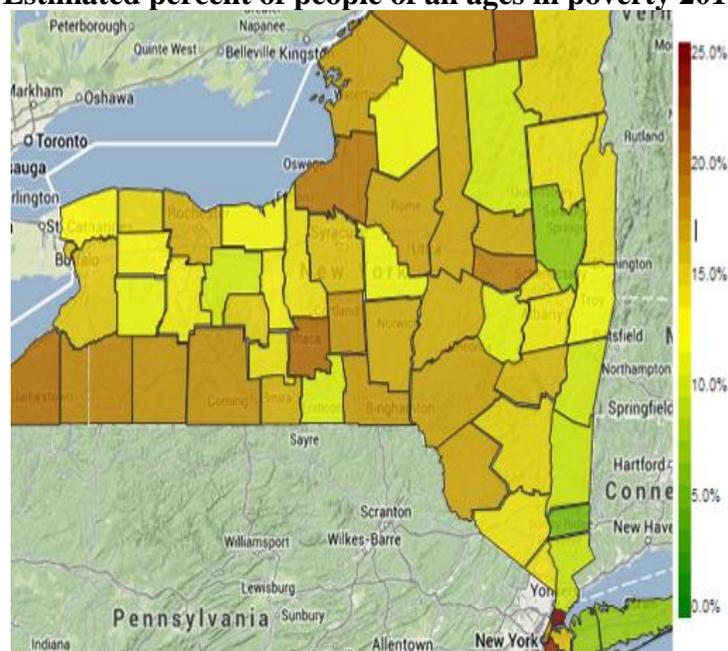
The New York State Dept. of Labor reported the unemployment rate in Schuyler County was 6.7% compared to the NYS rate of 7.6%. Schuyler County has one of the higher rates in the region.

### Poverty

The annual median household income in Schuyler County is \$47, 804 which is 16.1% below the NYS median household income of \$56,951. Among Schuyler County residents, 9% 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 Schuyler County and shows that the two major school districts in the county have a large number of students who qualify for the program with both districts over 40%.

New York State Report Card	09-10		10-11		11-12	
Watkins Glen	#	%	#	%	#	%
Eligible for free lunch	287	24%	246	21%	371	31%
Reduced price lunch	94	8%	56	5%	101	9%
Odessa Montour	#	%	#	%	#	%
Eligible for free lunch	241	31%	227	29%	249	33%
Reduced price lunch	86	11%	65	8%	63	8%

**Estimated percent of people of all ages in poverty 2011**



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

This chart illustrates Schuyler County's indicators for poverty compared to New York State averages. 22% of the households in Schuyler County have incomes below \$25,000 compared to the 23% New York State rate. There is a major discrepancy between NYS and county rates when looking at the higher income levels. Only 2.2% of county residents have incomes above \$150,000 compared to the NYS rate of 12.36%. Median household income in Schuyler County is \$47,804 compared to the NYS average of \$56,951. Schuyler County rates for median family income, per capita income and median earnings for workers are also considerably less than NYS averages. Rates for Schuyler County residents below the poverty level are better than NYS rates in all categories except those with related children under the age of 5 years old.

INCOME AND BENEFITS (IN 2011 INFLATION-ADJUSTED DOLLARS)	Schuyler County		New York	
	Estimate	Percent	Estimate	Percent
Total households	7,610	7,610	7,215,687	7,215,687
<b>Less than \$10,000</b>	<b>344</b>	<b>4.50%</b>	<b>569,093</b>	<b>7.90%</b>
<b>\$10,000 to \$14,999</b>	<b>426</b>	<b>5.60%</b>	<b>377,349</b>	<b>5.20%</b>
<b>\$15,000 to \$24,999</b>	<b>908</b>	<b>11.90%</b>	<b>714,075</b>	<b>9.90%</b>
\$25,000 to \$34,999	1,064	14.00%	668,253	9.30%
\$35,000 to \$49,999	1,294	17.00%	882,191	12.20%
\$50,000 to \$74,999	1,821	23.90%	1,233,315	17.10%
\$75,000 to \$99,999	778	10.20%	875,786	12.10%
\$100,000 to \$149,999	808	10.60%	1,002,264	13.90%
<b>\$150,000 to \$199,999</b>	<b>75</b>	<b>1.00%</b>	<b>421,066</b>	<b>5.80%</b>
<b>\$200,000 or more</b>	<b>92</b>	<b>1.20%</b>	<b>472,295</b>	<b>6.50%</b>
<b>Median household income (dollars)</b>	<b>47,804</b>	<b>(X)</b>	<b>56,951</b>	<b>(X)</b>
With earnings	5,654	74.30%	5,655,471	78.40%
Mean earnings (dollars)	54,877	(X)	86,328	(X)
With Social Security	2,879	37.80%	2,026,768	28.10%
Mean Social Security income (dollars)	15,994	(X)	16,581	(X)
With retirement income	2,098	27.60%	1,264,147	17.50%
Mean retirement income (dollars)	16,644	(X)	23,831	(X)
With Supplemental Security Income	347	4.60%	379,518	5.30%
Mean Supplemental Security Income (\$'s)	9,550	(X)	8,697	(X)
With cash public assistance income	183	2.40%	227,160	3.10%
Mean cash public assistance income (\$'s)	1,859	(X)	3,905	(X)
With Food Stamp/SNAP benefits in the past year	651	8.60%	890,240	12.30%
Families	5,054	5,054	4,656,855	4,656,855
Less than \$10,000	103	2.00%	227,940	4.90%
\$10,000 to \$14,999	135	2.70%	160,085	3.40%
\$15,000 to \$24,999	406	8.00%	358,954	7.70%
\$25,000 to \$34,999	568	11.20%	384,623	8.30%
\$35,000 to \$49,999	912	18.00%	550,723	11.80%
\$50,000 to \$74,999	1,454	28.80%	821,507	17.60%
\$75,000 to \$99,999	661	13.10%	639,156	13.70%
\$100,000 to \$149,999	648	12.80%	788,962	16.90%
\$150,000 to \$199,999	75	1.50%	343,285	7.40%
\$200,000 or more	92	1.80%	381,620	8.20%
<b>Median family income (dollars)</b>	<b>55,124</b>	<b>(X)</b>	<b>69,202</b>	<b>(X)</b>
<b>Per capita income (dollars)</b>	<b>22,803</b>	<b>(X)</b>	<b>31,796</b>	<b>(X)</b>
<b>Median earnings for workers (dollars)</b>	<b>27,977</b>	<b>(X)</b>	<b>33,377</b>	<b>(X)</b>
<b>% Families &amp; People Whose Income In The Past 12 Months Is Below The Poverty Level</b>				
All families	(X)	5.60%	(X)	11.00%
With related children under 18 years	(X)	9.20%	(X)	16.90%
With related children under 5 years only	(X)	15.40%	(X)	16.60%
Married couple families	(X)	3.20%	(X)	5.40%
With related children under 18 years	(X)	6.00%	(X)	7.60%
<b>With related children under 5 years only</b>	<b>(X)</b>	<b>14.70%</b>	<b>(X)</b>	<b>6.90%</b>
Families with female householder, no husband	(X)	19.20%	(X)	27.20%
With related children under 18 years	(X)	20.60%	(X)	36.80%
With related children under 5 years only	(X)	17.60%	(X)	41.70%
<b>All people</b>	<b>(X)</b>	<b>9.00%</b>	<b>(X)</b>	<b>14.50%</b>

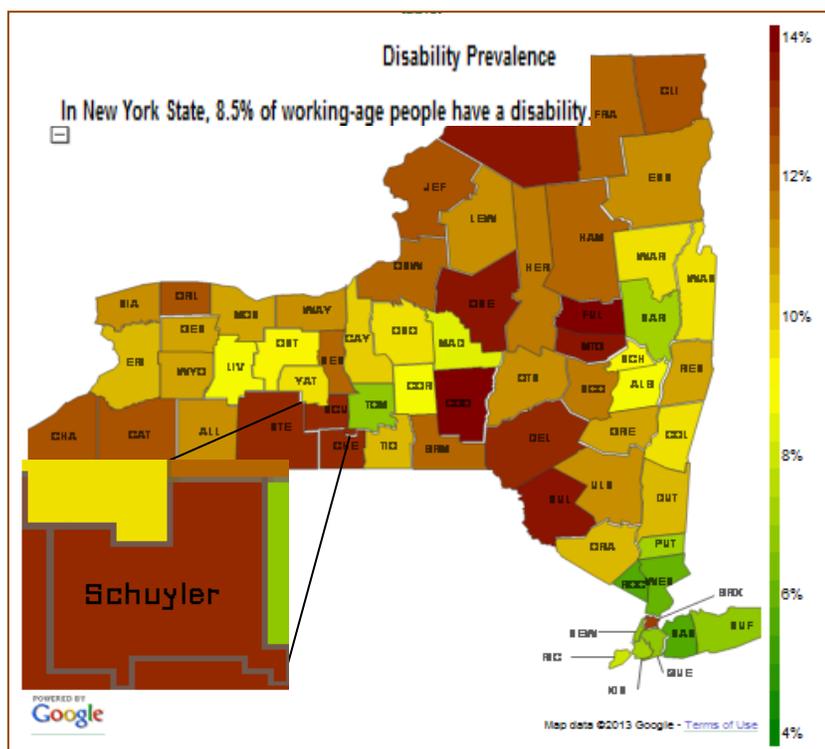
## Disability

Schuyler County has a much higher rate of people with a disability at 14.6% than the New York State average of 4.8% and the national average of 5.3% when looking at 2008 American Community Survey statistics. 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.

Location	Total Population	Any Disability	Rate
United States	53225935	2802339	5.3%
New York State	3197882	154388	4.8%
Schuyler	16993	2488	14.6%
Ages 5-17	3070	177	5.8%
Ages 18-34	3938	387	9.8%
Ages 35-64	6572	888	13.5%
Ages 65-74	1237	397	32.1%
Age 75+	995	639	64.2%
All Ages, Hearing Difficulty	16993	631	3.7%
All Ages, Vision Difficulty	16993	363	2.1%
Ages Five and Older, Cognitive Difficulty	15812	854	5.4%
Ages Five and Older, Ambulatory Difficulty	15812	1486	9.4%
Ages Five and Older Self-Care Difficulty	15,812	616	3.9%
Ages 18 and Older, Independent Living Difficulty	12742	1034	8.1%

Source: [www.cidny.org/resources/News/Reports/Disability%20Matters.pdf](http://www.cidny.org/resources/News/Reports/Disability%20Matters.pdf) Using 2008 American Community Survey statistics

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. Using these figures 13.1% of Schuyler County working age people have a disability compared to the NYS rate of 8.5%.



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

## Educational Attainment

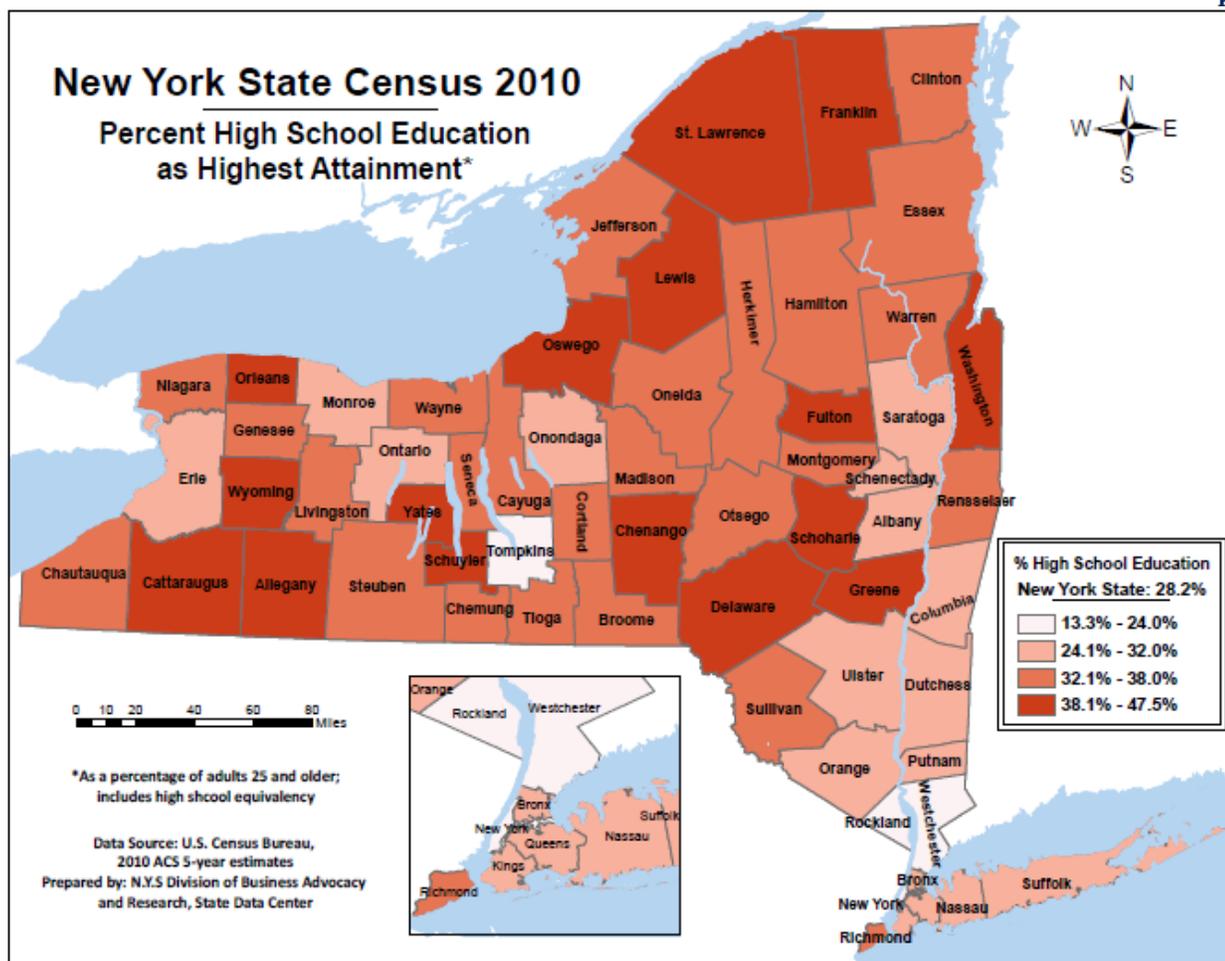
Lack of education is often associated with a lower health status and a greater likelihood of not seeking health care, especially preventive services. According to the US Census Bureau Quick Facts, Schuyler County does have a higher percentage high school graduates at 88.2% compared to the NYS average of 84.6%. However, Schuyler County has almost 48% fewer residents over the age of 25 with a Bachelor's degree a compared with the NYS average, with just 17% of Schuyler County residents having a Bachelors degree or higher, compared to the State average of 32.5%.

US Census Bureau Quick Facts	Schuyler County	New York
High school graduate or higher, percent of persons age 25+, 2007-2011	88.2%	84.6%
Bachelor's degree or higher, percent of persons age 25+, 2007-2011	17.0%	32.5%

Only 28.8% of Schuyler County residents have a degree compared to the NYS rate of 40.7%. A lower level of educational attainment contributes to lower earning ability, which adversely affects health, but probably also leads to a lower level of knowledge regarding how to practice healthy behaviors, how to access appropriate preventive health care services and having a basic level of health literacy. This underscores the need to work with the educational system to help inspire young people to continue their education after high school.

The majority of residents were born in the United States and 12.5% of the population is civilian veterans. 96.3% of Schuyler County residents only speak English at home.

Subject	Estimate	Margin of Error	%	% Margin of Error
<b>EDUCATIONAL ATTAINMENT</b>				
Population 25 years and over	13,055	+/-52	13,055	(X)
Less than 9th grade	419	+/-115	3.20%	+/-0.9
9th to 12th grade, no diploma	1,128	+/-144	8.60%	+/-1.1
High school graduate (includes equivalency)	5,122	+/-282	39.20%	+/-2.1
Some college, no degree	2,626	+/-225	20.10%	+/-1.7
Associate's degree	1,542	+/-202	11.80%	+/-1.6
Bachelor's degree	1,184	+/-154	9.10%	+/-1.2
Graduate or professional degree	1,034	+/-174	7.90%	+/-1.3
Percent high school graduate or higher	(X)	(X)	88.20%	+/-1.4
Percent bachelor's degree or higher	(X)	(X)	17.00%	+/-1.7
<b>VETERAN STATUS</b>				
Civilian population 18 years and over	14,477	+/-41	14,477	(X)
Civilian veterans	1,815	+/-209	12.50%	+/-1.4
<b>PLACE OF BIRTH</b>				
Total population	18,490	*****	18,490	(X)
Native	18,225	+/-91	98.60%	+/-0.5
Born in United States	18,149	+/-99	98.20%	+/-0.5
State of residence	15,064	+/-300	81.50%	+/-1.6
Different state	3,085	+/-296	16.70%	+/-1.6
Born in Puerto Rico, U.S. Island areas, or born abroad to American parent(s)	76	+/-45	0.40%	+/-0.2
Foreign born	265	+/-91	1.40%	+/-0.5
<b>LANGUAGE SPOKEN AT HOME</b>				
Population 5 years and over	17,634	+/-22	17,634	(X)
English only	16,990	+/-193	96.30%	+/-1.1
Language other than English	644	+/-191	3.70%	+/-1.1
Speak English less than "very well"	165	+/-81	0.90%	+/-0.5
Spanish	198	+/-67	1.10%	+/-0.4
Speak English less than "very well"				



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

## Health Insurance

Poverty, disability, and educational level all affect health outcomes as does whether or not one is insured. The uninsured are less likely to receive preventive care. In Schuyler County 14.1% of those under the age of 65 are estimated to be uninsured. The Affordable Care Act and creation of the New York State of Health Benefit Exchange to enroll all residents in an insurance product is an exciting development that should help 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	Population	% Uninsured	Uninsured	Population	% Uninsured	Uninsured	Population	% Uninsured
Statewide	2,653,174	16,832,023	15.8	342,709	4,642,092	7.4	2,310,465	12,189,931	19.0
New York City	1,467,491	7,325,836	20.0	160,213	2,028,531	7.9	1,307,278	5,297,305	24.7
Rest of State	1,185,683	9,506,187	12.5	182,496	2,613,561	7.0	1,003,187	6,892,626	14.6
Schuyler	2,244	15,861	14.1	436	4,159	10.5	1,817	11,702	15.5

Source: 2008 Census Bureau Estimates of the Uninsured

The chart below from the NYSDOH provides a general overview of socio-economic status and general health indicator of Schuyler County residents compared to those of the rest of the state. One disturbing indicator is the total mortality rate per 100,000 for the county which is 1,029.5 compared to the New York State rate of 748.6.

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

Indicator	3 Year Total	County Rate	NYS Rate	Sig. Dif.	NYS Rate exc NYC	Sig. Dif.	Cty Rking Group
Total population (2010)	N/A	18,343.0	N/A	N/A	N/A	N/A	1st
% of labor force unemployed (2011)	779	7.8	8.2	No	7.6	No	2nd
% of population at or below poverty level (2010)	N/A	13.1	15.0	No	N/A	N/A	2nd
% of children ages less than 18 years at or below poverty level (2010)	N/A	23.4	21.5	No	N/A	N/A	4th
Median family income in US dollars (2010)	N/A	46,870.0	54,047.0	N/A	N/A	N/A	2nd
% of children ages less than 19 years with health insurance (2010)	N/A	94.3	94.9	No	N/A	N/A	3rd
% of adults ages 18-64 years with health insurance (2010)	N/A	85.6	83.1	Yes	N/A	N/A	2nd
High school drop out rate	42	1.6	2.8	Yes	2.0	No	1st
Age-adjusted % of adults who did not receive medical care because of cost # (2008-2009)	N/A	10.1	13.8	No	12.0	No	1st
Age-adjusted % of adults with regular health care provider (2008-2009)	N/A	84.7	83.0	No	87.1	No	3rd
Age-adjusted % of adults who had poor mental health 14 or more days within the past month (2008-2009)	N/A	9.8	10.2	No	10.9	No	2nd
Birth rate per 1,000 population	508	9.1	12.7	Yes	11.2	Yes	1st
<b>Total mortality rate per 100,000</b>	<b>576</b>	<b>1,029.5</b>	<b>748.6</b>	<b>Yes</b>	<b>842.2</b>	<b>Yes</b>	<b>4th</b>
Age-adjusted total mortality rate per 100,000	576	780.3	662.8	Yes	700.5	Yes	3rd
% premature deaths (ages less than 75 years)	222	38.5	40.0	No	37.2	No	2nd
Years of potential life lost per 100,000	3,401	6,572.4	5,728.2	Yes	5,843.8	Yes	3rd
Total emergency department visit rate per 10,000	27,624	4,937.2	3,821.2	Yes	3,544.4	Yes	4th
Age-adjusted total emergency department visit rate per 10,000	27,624	5,074.4	3,819.5	Yes	3,556.7	Yes	4th
Total hospitalization rate per 10,000	6,419	1,147.3	1,290.5	Yes	1,223.2	Yes	2nd
Age-adjusted total hospitalization rate per 10,000	6,419	1,057.9	1,242.5	Yes	1,167.6	Yes	1st

## Health Status

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

### Cancer Indicators

Cancer indicators for the County are in the 4th quartile in a couple different categories including lip, oral cavity, pharynx, colon, rectum, cervix, and uteri. New York State determines whether county rates are significantly different from NYS rates and NYS rates that do not include New York City. In Schuyler County rates are often unstable and cannot be reliably compared due to the small numbers reported. Almost all of the cancer indicators do not point to a significant difference in county rates compared to NYS rates. The one obvious difference is the crude mortality rate per 100,000 for colon and rectal cancer which is significantly different

### Cancer Indicators - Schuyler County - 2007-2009

Indicator	3 Year Total	County Rate	NYS Rate	Sig. Dif.	NYS Rate exc NYC	Sig. Dif.	County Ranking Group
<b>All cancers</b>							
Crude incidence per 100,000	350	619.3	536.5	Yes	599.7	No	3rd
Age-adjusted incidence per 100,000	350	482.1	489.6	No	520.0	No	1st
Crude mortality rate per 100,000	110	194.7	179.9	No	204.1	No	2nd
Age-adjusted mortality rate per 100,000	110	146.3	163.0	No	173.9	No	1st
<b>Lip, Oral Cavity, and Pharynx Cancer</b>							
Crude incidence per 100,000	11	19.5	11.5	No	12.7	No	4th
Age-adjusted incidence per 100,000	11	15.5	10.4	No	10.8	No	4th
Crude mortality rate per 100,000	2	3.5*	2.3	No	2.4	No	4th
Age-adjusted mortality rate per 100,000	2	2.8*	2.1	No	2.0	No	4th
<b>Colon and rectum cancer</b>							
Crude incidence per 100,000	41	72.6	50.4	Yes	53.9	No	4th
Age-adjusted incidence per 100,000	41	54.4	45.8	No	46.2	No	4th
<b>Crude mortality rate per 100,000</b>	<b>20</b>	<b>35.4</b>	<b>17.4</b>	<b>Yes</b>	<b>18.5</b>	<b>Yes</b>	<b>4th</b>
Age-adjusted mortality rate per 100,000	20	25.6	15.7	No	15.7	No	4th
<b>Lung and bronchus cancer</b>							
Crude incidence per 100,000	62	109.7	69.8	Yes	83.9	No	4th
Age-adjusted incidence per	62	83.1	63.8	No	72.2	No	3rd



Indicator	3 Year Total	County Rate	NYS Rate	Sig. Dif.	NYS Rate exc NYC	Sig. Dif.	County Ranking Group
100,000							
Crude mortality rate per 100,000	34	60.2	46.9	No	57.2	No	2nd
Age-adjusted mortality rate per 100,000	34	45.2	42.8	No	49.0	No	1st
<b>Female breast cancer</b>							
Crude incidence per 100,000	41	146.4	147.1	No	164.9	No	2nd
Age-adjusted incidence per 100,000	41	113.4	126.9	No	136.1	No	1st
Crude mortality rate per 100,000	2	7.1*	26.7	Yes	28.8	Yes	1st
Age-adjusted mortality rate per 100,000	2	5.0*	21.7	No	22.2	No	1st
Crude late stage incidence per 100,000	2	7.1*	8.0	No	8.3	No	2nd
Age-adjusted late stage incidence per 100,000	2	7.2*	6.8	No	6.8	No	3rd
<b>Cervix uteri cancer</b>							
Crude incidence per 100,000	3	10.7*	8.9	No	7.9	No	3rd
Age-adjusted incidence per 100,000	3	7.8*	8.3	No	7.4	No	3rd
Crude mortality rate per 100,000	1	3.6*	2.7	No	2.2	No	4th
Age-adjusted mortality rate per 100,000	1	4.6*	2.3	No	1.9	No	4th
<b>Ovarian cancer</b>							
Crude incidence per 100,000	5	17.9*	15.2	No	16.5	No	3rd
Age-adjusted incidence per 100,000	5	15.5*	12.9	No	13.4	No	4th
Crude mortality rate per 100,000	1	3.6*	9.6	No	11.0	No	1st
Age-adjusted mortality rate per 100,000	1	2.0*	7.8	No	8.5	No	1st
<b>Prostate cancer</b>							
Crude incidence per 100,000	53	185.9	169.1	No	186.0	No	3rd
Age-adjusted incidence per 100,000	53	144.3	166.9	No	171.2	No	2nd
Crude mortality rate per 100,000	5	17.5*	18.5	No	19.2	No	2nd
Age-adjusted mortality rate per 100,000	5	19.7*	21.6	No	20.8	No	2nd
Crude late stage incidence per 100,000	1	3.5*	6.7	No	6.6	No	1st
Age-adjusted late stage incidence per 100,000	1	3.5*	7.2	No	6.6	No	1st



Indicator	3 Year Total	County Rate	NYS Rate	Sig. Dif.	NYS Rate exc NYC	Sig. Dif.	County Ranking Group
Melanoma cancer mortality							
Crude mortality rate per 100,000	1	1.8*	2.3	No	3.1	No	1st
Age-adjusted mortality rate per 100,000	1	1.2*	2.1	No	2.7	No	1st
Age-adjusted % of women 18 years and older with pap smear in past 3 years (2008-2009)	N/A	77.7	82.7	No	82.6	No	4th
% of women 40 years and older with mammography screening in past 2 years (2008-2009)	N/A	79.7	79.7	No	81.9	No	2nd

The American Cancer Society publishes county profiles for each county in New York State. Below is the profile for Schuyler County. Lung and bronchus cancers account for 28.4% of all cancer deaths in the county.

**Four cancer sites represent 55.9% of all new cancer cases and 53.7% of all new cancer deaths in Schuyler County\*\*:**

Lung & bronchus cancers account for 15.8% of all cancer cases and 28.4% of all cancer deaths. This disproportionate mortality highlights the crucial need for prevention & cessation of tobacco use.

Prostate cancer accounts for 15.1% of all cancer cases and 6.5% of all cancer deaths.

Female breast cancer accounts for 12.0% of all cancer cases and 3.0% of all cancer deaths.

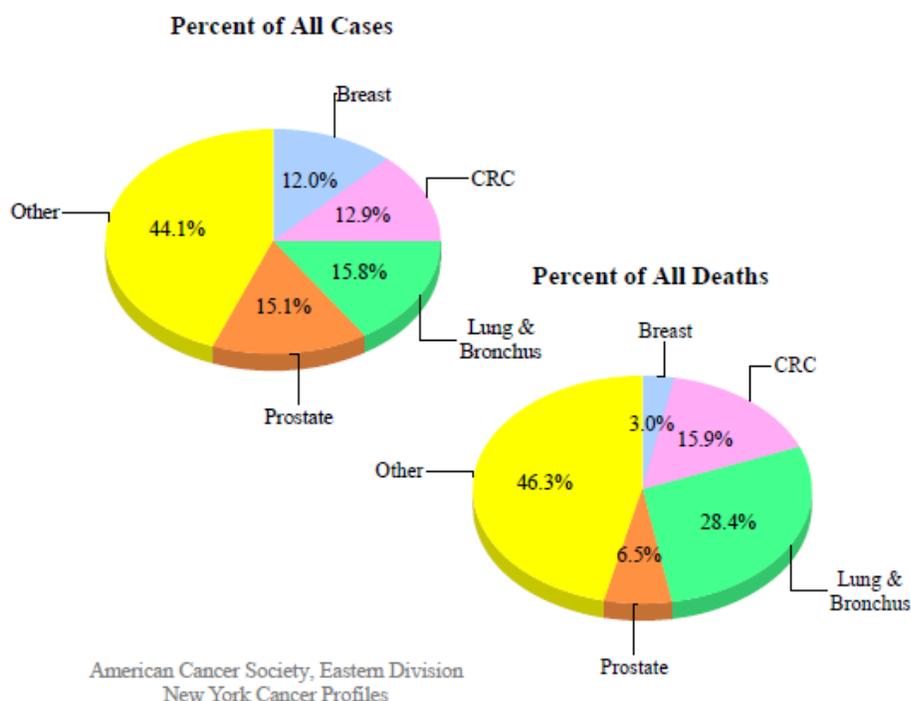
Colorectal cancer accounts for 12.9% of all cancer cases and 15.9% of all cancer deaths. This reflects the lower screening & early detection rates for this cancer.

\* American Cancer Society, Cancer Facts & Figures, 2011

\*\* Estimate based on average annual cases and deaths 2004-2008  
NYS DOH, State Cancer Registry, 2011

NY State Cancer Plan:

<http://www.nyscancerconsortium.org/>



**Cancer Incidence and Mortality for Schuyler County, 2006-2010**

Site of Cancer	Incidence						Mortality					
	Males			Females			Males			Females		
	Avg. Annual Cases	Rate per 100,000 Males	95% CI (+/-)	Avg. Annual Cases	Rate per 100,000 Females	95% CI (+/-)	Avg. Annual Deaths	Rate per 100,000 Males	95% CI (+/-)	Avg. Annual Deaths	Rate per 100,000 Females	95% CI (+/-)
All Invasive Malignant Tumors	63.2	581.7	66.3	60.4	485.1	56.2	24.0	234.7	43.3	18.8	144.7	29.8
Oral cavity and pharynx	2.8	23.8	12.9	1.2	8.8	7.2	0.4	2.6	3.6	0.4	3.3	4.6



Site of Cancer	Incidence						Mortality					
	Males			Females			Males			Females		
	Avg. Annual Cases	Rate per 100,000 Males	95% CI (+/-)	Avg. Annual Cases	Rate per 100,000 Females	95% CI (+/-)	Avg. Annual Deaths	Rate per 100,000 Males	95% CI (+/-)	Avg. Annual Deaths	Rate per 100,000 Females	95% CI (+/-)
Esophagus	1.6	16.1	11.3	0.2	1.1	2.1	0.4	3.0	4.3	0.2	1.5	3.0
Stomach	1.2	11.2	9.5	0.4	3.3	4.6	0.4	3.6	5.1	0.4	3.5	4.9
Colorectal	<b>5.0</b>	<b>46.8</b>	<b>19.0</b>	<b>7.8</b>	<b>56.4</b>	<b>18.0</b>	<b>2.4</b>	<b>21.8</b>	<b>12.7</b>	<b>2.8</b>	<b>19.6</b>	<b>10.3</b>
Colon excluding rectum	3.4	33.6	16.5	6.0	43.1	15.7	2.0	18.4	11.8	2.6	18.3	10.0
Rectum & rectosigmoid	1.6	13.2	9.3	1.8	13.2	8.7	0.4	3.4	4.7	0.2	1.3	2.6
Liver / intrahepatic bile duct	1.8	13.4	8.8	0.2	1.6	3.2	0.8	6.6	6.5	0.4	3.1	4.4
Pancreas	1.4	14.1	10.6	1.2	9.8	8.1	1.6	16.3	11.6	0.4	2.8	4.0
Larynx	0.8	6.6	6.6	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Lung and bronchus	<b>11.0</b>	<b>105.0</b>	<b>28.6</b>	<b>7.8</b>	<b>60.2</b>	<b>19.0</b>	<b>7.4</b>	<b>70.8</b>	<b>23.6</b>	<b>5.8</b>	<b>45.3</b>	<b>16.6</b>
Melanoma of the skin	2.4	22.7	13.2	2.4	20.6	11.9	0.4	4.7	6.5	0.0	0.0	0.0
Female breast				<b>14.4</b>	<b>114.1</b>	<b>27.1</b>				<b>1.8</b>	<b>13.4</b>	<b>8.9</b>
Cervix uteri				0.8	7.8	8.1				0.2	2.9	5.7
Corpus uteris and NOS				4.2	32.2	13.9				0.4	2.6	3.7
Ovary				2.6	22.7	12.8				0.6	6.2	7.4
Prostate	<b>17.4</b>	<b>148.0</b>	<b>32.0</b>				<b>2.4</b>	<b>29.9</b>	<b>17.0</b>			
Testis	0.8	9.4	9.6				0.2	1.3	2.6			
Urinary bladder (incl. in situ)	4.2	41.6	18.2	1.0	7.4	6.5	0.8	7.9	7.7	0.4	2.9	4.0
Kidney and renal pelvis	0.8	7.0	7.1	2.0	16.9	10.9	0.4	3.9	5.6	0.2	1.6	3.2
Brain and other nervous system	1.0	8.2	7.5	0.6	5.2	5.9	0.8	6.5	6.6	0.4	2.7	3.7
Thyroid	0.4	3.1	4.3	2.0	19.3	12.4	0.0	0.0	0.0	0.0	0.0	0.0
Hodgkin lymphoma	0.2	1.3	2.6	0.4	4.7	6.7	0.0	0.0	0.0	0.0	0.0	0.0
Non-Hodgkin lymphomas	1.6	15.9	11.3	2.2	17.2	10.3	0.4	4.1	5.8	0.4	3.1	4.3
Myeloma	0.8	7.2	7.3	0.8	6.4	6.3	0.6	6.5	7.5	0.4	3.1	4.3
Leukemias	2.4	27.0	15.7	1.8	16.2	11.0	1.6	17.8	12.5	0.2	1.6	3.2

## Cardiovascular Disease

The NYSDOH cardiovascular disease indicators for Schuyler County (see chart below) illustrate the need for addressing obesity among county residents. Mortality rates are consistently high ranking in the third or fourth quartile in the state. The last column of the chart is Schuyler County rates as reported for 2004 -2006. We have bolded 2008 -2010 rates that reflect an increase over 2004 – 2006 rates.

### Cardiovascular Disease Indicators - Schuyler County - 2008-2010

Indicator	Data Links	3 Year Total	2008 – 2010 County Rate	NYS Rate	Sig. Dif.	NYS Rate exc NYC	Sig. Dif.	County Ranking Group	2004 – 2006 County Rate
Cardiovascular disease mortality rate per 100,000									
Crude	<a href="#">(Table)</a> <a href="#">(Trend)</a> <a href="#">(Map)</a>	207	<b>370.0</b>	289.2	Yes	302.9	Yes	4th	346.4
Age-adjusted	<a href="#">(Table)</a> <a href="#">(Trend)</a> <a href="#">(Map)</a>	207	<b>271.6</b>	250.9	No	244.7	No	3rd	283.0
Premature death (ages 35-64 years)	<a href="#">(Table)</a> <a href="#">(Trend)</a> <a href="#">(Map)</a>	24	<b>99.4</b>	102.0	No	95.3	No	2nd	93.2
Pretransport mortality	<a href="#">(Table)</a> <a href="#">(Trend)</a> <a href="#">(Map)</a>	105	<b>187.7</b>	144.1	Yes	155.9	No	3rd	182.7
Cardiovascular disease hospitalization rate per 10,000									
Crude	<a href="#">(Table)</a> <a href="#">(Trend)</a> <a href="#">(Map)</a>	972	173.7	183.3	No	184.6	No	2nd	191.6
Age-adjusted	<a href="#">(Table)</a> <a href="#">(Trend)</a> <a href="#">(Map)</a>	972	131.9	165.6	Yes	157.5	Yes	1st	158.2
Disease of the heart mortality rate per 100,000									
Crude	<a href="#">(Table)</a> <a href="#">(Trend)</a> <a href="#">(Map)</a>	160	<b>286.0</b>	239.7	Yes	243.6	No	3rd	275.7
Age-adjusted	<a href="#">(Table)</a> <a href="#">(Trend)</a> <a href="#">(Map)</a>	160	209.2	207.6	No	196.5	No	3rd	225.7
Premature death (ages 35-64 years)	<a href="#">(Table)</a> <a href="#">(Trend)</a> <a href="#">(Map)</a>	20	<b>82.8</b>	83.3	No	78.0	No	3rd	77.0*
Pretransport mortality	<a href="#">(Table)</a> <a href="#">(Trend)</a> <a href="#">(Map)</a>	87	<b>155.5</b>	125.3	No	129.7	No	3rd	141.3
Disease of the heart hospitalization rate per 10,000									
Crude	<a href="#">(Table)</a> <a href="#">(Trend)</a> <a href="#">(Map)</a>	673	120.3	125.7	No	128.4	No	2nd	143.0
Age-adjusted	<a href="#">(Table)</a> <a href="#">(Trend)</a> <a href="#">(Map)</a>	673	90.4	113.3	Yes	109.2	Yes	1st	117.7
Coronary heart disease mortality rate per 100,000									
Crude	<a href="#">(Table)</a> <a href="#">(Trend)</a> <a href="#">(Map)</a>	114	<b>203.7</b>	195.6	No	180.0	No	3rd	201.6
Age-adjusted	<a href="#">(Table)</a> <a href="#">(Trend)</a> <a href="#">(Map)</a>	114	149.5	169.4	No	145.1	No	3rd	165.2
Premature death (ages 35-64 years)	<a href="#">(Table)</a> <a href="#">(Trend)</a> <a href="#">(Map)</a>	15	62.1	69.0	No	59.9	No	2nd	68.9*
Pretransport mortality	<a href="#">(Table)</a> <a href="#">(Trend)</a> <a href="#">(Map)</a>	63	<b>112.6</b>	105.2	No	99.0	No	3rd	100.0

Indicator	Data Links	3 Year Total	2008 – 2010 County Rate	NYS Rate	Sig. Dif.	NYS Rate exc NYC	Sig. Dif.	County Ranking Group	2004 – 2006 County Rate
Coronary heart disease hospitalization rate per 10,000									
Crude	<a href="#">(Table)</a> <a href="#">(Trend)</a> <a href="#">(Map)</a>	264	47.2	52.3	No	51.6	No	2nd	61.0
Age-adjusted	<a href="#">(Table)</a> <a href="#">(Trend)</a> <a href="#">(Map)</a>	264	35.6	46.9	Yes	43.7	Yes	1st	49.9
Congestive heart failure mortality rate per 100,000									
Crude	<a href="#">(Table)</a> <a href="#">(Trend)</a> <a href="#">(Map)</a>	16	<b>28.6</b>	13.3	Yes	19.8	No	4th	20.7*
Age-adjusted	<a href="#">(Table)</a> <a href="#">(Trend)</a> <a href="#">(Map)</a>	16	<b>20.6</b>	11.3	No	15.5	No	4th	16.6*
Premature death (ages 35-64 years)	<a href="#">(Table)</a> <a href="#">(Trend)</a> <a href="#">(Map)</a>	2	<b>8.3*</b>	1.6	No	2.0	No	4th	0.0*
Pretransport mortality	<a href="#">(Table)</a> <a href="#">(Trend)</a> <a href="#">(Map)</a>	9	<b>16.1*</b>	7.2	No	10.9	No	4th	13.8*
Congestive heart failure hospitalization rate per 10,000									
Crude	<a href="#">(Table)</a> <a href="#">(Trend)</a> <a href="#">(Map)</a>	208	37.2	32.3	No	32.2	No	4th	46.7
Age-adjusted	<a href="#">(Table)</a> <a href="#">(Trend)</a> <a href="#">(Map)</a>	208	27.4	28.9	No	26.9	No	3rd	38.0
Cerebrovascular disease (stroke) mortality rate per 100,000									
Crude	<a href="#">(Table)</a> <a href="#">(Trend)</a> <a href="#">(Map)</a>	29	<b>51.8</b>	30.5	Yes	39.3	No	4th	37.9
Age-adjusted	<a href="#">(Table)</a> <a href="#">(Trend)</a> <a href="#">(Map)</a>	29	<b>39.4</b>	26.7	No	31.9	No	4th	31.0
Premature death (ages 35-64 years)	<a href="#">(Table)</a> <a href="#">(Trend)</a> <a href="#">(Map)</a>	1	4.1*	10.6	No	10.5	No	1st	16.2*
Pre-transport mortality	<a href="#">(Table)</a> <a href="#">(Trend)</a> <a href="#">(Map)</a>	13	23.2	10.9	Yes	16.5	No	4th	24.1*
Cerebrovascular disease (stroke) hospitalization rate per 10,000									
Crude	<a href="#">(Table)</a> <a href="#">(Trend)</a> <a href="#">(Map)</a>	166	29.7	27.8	No	29.8	No	3rd	31.4
Age-adjusted	<a href="#">(Table)</a> <a href="#">(Trend)</a> <a href="#">(Map)</a>	166	23.1	25.1	No	25.3	No	2nd	26.2
Hypertension hospitalization rate per 10,000 (ages 18 years and older)	<a href="#">(Table)</a> <a href="#">(Trend)</a> <a href="#">(Map)</a>	21	4.7	7.9	Yes	5.3	No	3rd	
Age-adjusted % of adults with physician diagnosed angina, heart attack or stroke # (2008-2009)	<a href="#">(Table)</a> <a href="#">(Map)</a>	N/A	7.5	7.6	No	7.2	No	2nd	
Age-adjusted % of adults with cholesterol checked in the last 5 years # (2008-2009)	<a href="#">(Table)</a> <a href="#">(Map)</a>	N/A	68.6	77.3	Yes	79.3	Yes	4th	
Age-adjusted % of adults ever told they have high blood pressure (2008-2009)	<a href="#">(Table)</a> <a href="#">(Map)</a>	N/A	27.7	25.7	No	27.1	No	2nd	

N/A: Data not available

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

#: Data not available for NYC counties

## Child and Adolescent Health

The majority of the indicators for child and adolescent health are unstable as they had fewer than 10 events in the numerator. Lead screening rates for the county are low. Schuyler County Public Health administers the Lead grant, which provides screening services, education and case management for children found with elevated levels. Children with lead levels above 10 ug/dl receive a home visit by a public health nurse for education. Children with lead levels above 15 ug/dl have both a Public Health Nurse and a NYS DOH regional environmental lead specialist visit for education and environmental surveillance. The nurse follows the child until the levels return and remain at an acceptable range.

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

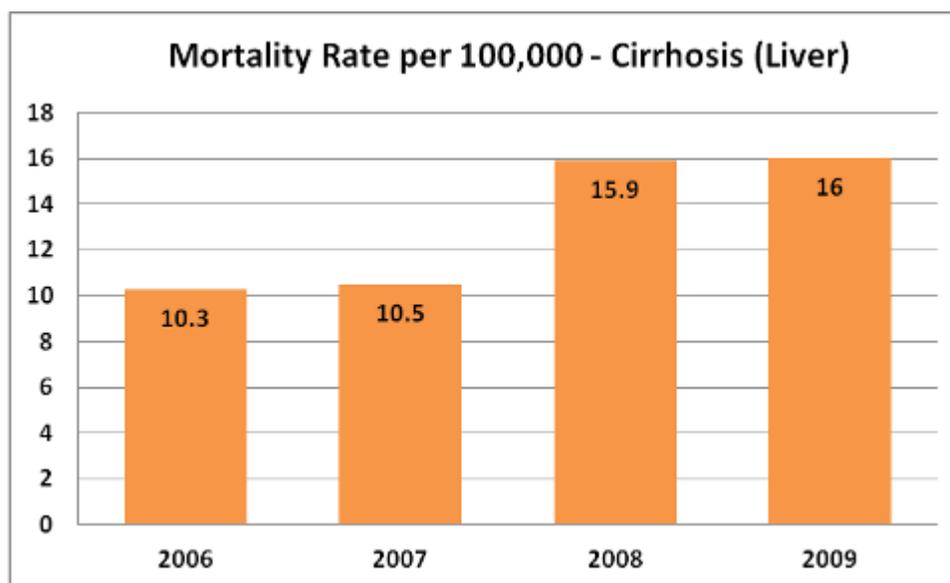
Indicator	3 Year Total	County Rate	NYS Rate	Sig. Dif.	NYS Rate exc NYC	Sig. Dif.	County Ranking Group
Childhood mortality rate per 100,000							
Ages 1-4 years	1	49.2*	20.3	No	22.7	No	4th
Ages 5-9 years	0	0.0*	10.4	Yes	10.5	Yes	1st
Ages 10-14 years	0	0.0*	12.8	Yes	13.0	Yes	1st
Ages 5-14 years	0	0.0*	11.6	Yes	11.8	Yes	1st
Ages 15-19 years	2	47.9*	37.2	No	37.8	No	3rd
Asthma hospitalization rate per 10,000							
Ages 0-4 years	6	23.6*	58.8	Yes	36.1	No	2nd
Ages 5-14 years	4	6.2*	20.9	Yes	11.2	No	2nd
Ages 0-17 years	11	9.5	29.0	Yes	16.1	No	2nd
Gastroenteritis hospitalization rate per 10,000 (ages 0-4 years)	3	11.8*	15.7	No	10.8	No	3rd
Otitis media hospitalization rate per 10,000 (ages 0-4 years)	1	3.9*	3.3	No	2.7	No	4th
Pneumonia hospitalization rate per 10,000 (ages 0-4 years)	17	66.8	44.6	No	37.5	Yes	4th
% of children born in 2008 with a lead screening by 9 months	4	2.2*	6.8	Yes	2.9	No	2nd
% of children born in 2008 with a lead screening by 18 months	81	45.3	69.5	Yes	65.4	Yes	4th
% of children born in 2008 with at least two lead screenings by 36 months	43	24.0	52.9	Yes	45.2	Yes	4th
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	5	6.9*	5.3	No	7.7	No	2nd

## Cirrhosis

The cirrhosis hospitalization rates per 10,000 in Schuyler County are low, but mortality rates rank in the fourth quartile of the state and have been rising. Although actual numbers are low the three year age adjusted rate of 11.5 for 2007-2009 is almost double the NYS rate of 6.0, which persists in 2008-2010 (13.8 vs. 6.2)

### Cirrhosis Indicators - Schuyler 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	10	17.9	6.9	Yes	7.7	Yes	4th
Age-adjusted	10	13.8	6.2	No	6.6	No	4th
Cirrhosis hospitalization rate per 10,000							
Crude	10	1.8	2.9	No	2.5	No	1st
Age-adjusted	10	1.4	2.7	Yes	2.2	No	1st



Cirrhosis - Deaths and Death Rates Per 100,000 Residents							
Region/County	2007	2008	2009	Total	Pop. 2008	Crude Rate	Adj. Rate
Schuyler	2	3	3	8	18,888	14.1	11.5
New York State Total	1,285	1,358	1,272	3,915	19,490,297	6.7	6.0

## Diabetes

Reducing illness, disability and death related to diabetes is the second priority chosen by Schuyler County Public Health and their partners. They also chose to screen 10% of the county's 20 – 49 year old population for diabetic risk, and refer them to a Primary Care Physician (PCP) as their disparity. 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 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.<sup>7</sup>

Schuyler County Public Health and partners considered their diabetes statistics and like most of the state and nation knew something had to be done. As clearly indicated in the chart below the diabetes death rate in Schuyler County, 30.2 is nearly double the NYS rate of 16.8.

Diabetes - Deaths and Death Rates Per 100,000 Residents							
Region/County	2007	2008	2009	Total	Pop. 2008	Crude Rate	Adj. Rate
Schuyler	7	6	10	23	18,888	40.6	30.2
New York State Total	3,694	3,582	3,684	10,960	19,490,297	18.7	16.8

The Schuyler County Public Health Department and partners have developed a workplan as part of the Community Health Improvement and Community Service Plans to address this issue ([see Attachment C](#)).

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

Below you will find some of the many diabetes statistics that validate the choice of this issue as a Schuyler County priority. Schuyler County is in the 4th quartile for their diabetes mortality rate per 100,000.

### Diabetes Indicators - Schuyler County - 2008-2010

Indicator	3 Year Total	County Rate	NYS Rate	Sig. Dif.	NYS Rate exc NYC	Sig. Dif.	County Ranking Group
Diabetes mortality rate per 100,000							
Crude	25	44.7	18.6	Yes	17.7	Yes	4th
Age-adjusted	25	32.5	16.6	Yes	14.9	Yes	4th
Diabetes hospitalization rate per 10,000 (primary diagnosis)							
Crude	56	10.0	20.3	Yes	15.5	Yes	1st
Age-adjusted	56	8.5	19.0	Yes	14.3	Yes	1st
Diabetes hospitalization rate per 10,000 (any diagnosis)							
Crude	1,346	240.6	248.7	No	228.9	No	2nd
Age-adjusted	1,346	182.2	226.1	Yes	198.2	Yes	2nd
Age-adjusted % of adults with physician diagnosed diabetes (2008-2009)	N/A	10.3	9.0	No	8.5	No	3rd

The County has lower discharge rates by diagnosis than New York State.

Region/County	Discharges				Population	Crude	Adjusted
	2007	2008	2009	Total	2008	Rate	Rate
<b>Diabetes (Primary Diagnosis) – Discharge Rate Per 10,000 Population</b>							
Schuyler	15	23	13	51	18,888	9.0	7.9
New York State Total	40,454	39,941	39,491	119,886	19,490,297	20.5	19.3
<b>Diabetes (Any Diagnosis) – Discharge Rate per 10,000 Population</b>							
Schuyler	418	478	387	1,283	18,888	226.4	177.4
New York State Total	467,111	477,584	484,681	1,429,376	19,490,297	244.5	223.5

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

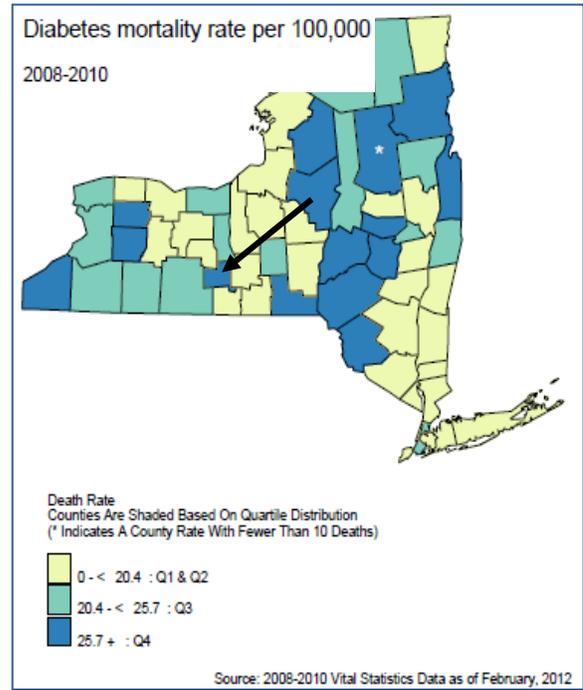
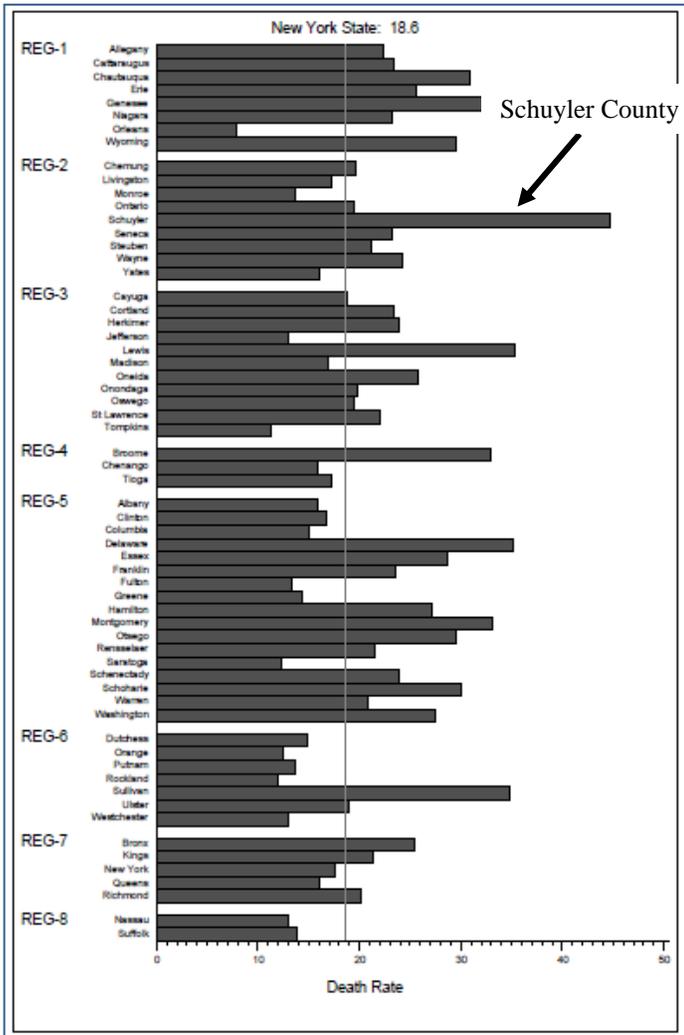
Diabetes, stroke and heart disease are three of the top five leading causes of death in Schuyler County:

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

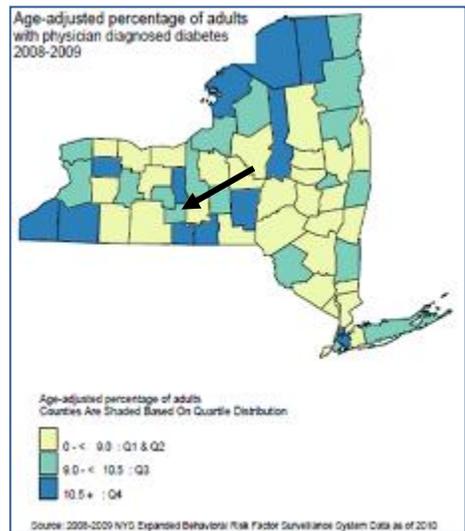
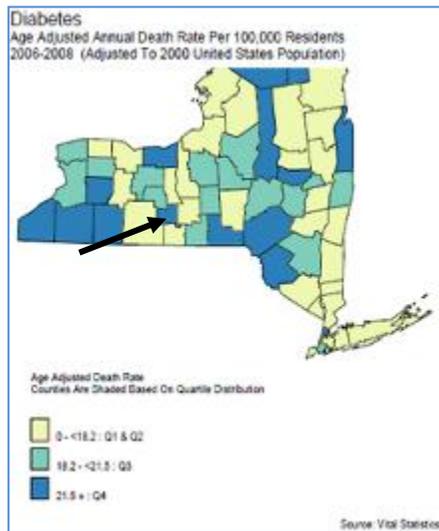
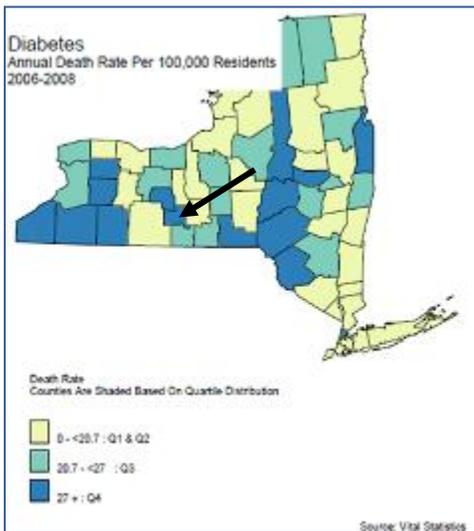
County and # of Deaths	#1 Cause of Death and # of Deaths Age-adjusted Death Rate	#2 Cause of Death and # of Deaths Age-adjusted Death Rate	#3 Cause of Death and # of Deaths Age-adjusted Death Rate	#4 Cause of Death and # of Deaths Age-adjusted Death Rate	
<b>Schuyler County Total: 204</b>	Cancer 52 209 per 100,000	Heart Disease 51 200 per 100,000	Chronic Lower Respiratory Diseases (CLRD) 19 76 per 100,000*	<b>Diabetes 10</b> <b>40 per 100,000*</b>	
				Stroke 10 41 per 100,000*	
<b>Schuyler Females Total: 105</b>	Cancer 27 191 per 100,000	Heart Disease 24 146 per 100,000	Chronic Lower Respiratory Diseases (CLRD) 10 69 per 100,000*	<b>Diabetes 8</b> <b>54 per 100,000*</b>	Unintentional Injury 7 47 per 100,000*
<b>Schuyler Males Total: 99</b>	Heart Disease 27 270 per 100,000	Cancer 25 243 per 100,000	Chronic Lower Respiratory Diseases (CLRD) 9 84 per 100,000*	Stroke 7 61 per 100,000*	Pneumonia and Influenza 4 40 per 100,000*

Source: Vital Statistics Data as of March, 2013  
New York State Department of Health - Bureau of Biometrics and Health Statistics

This New York State Department of Health Graph illustrates that Schuyler County has the worst diabetes mortality rate per 100,000 according to the 2008 – 2010 vital statistic data



Maps from previous years show this is a trend that has not changed.

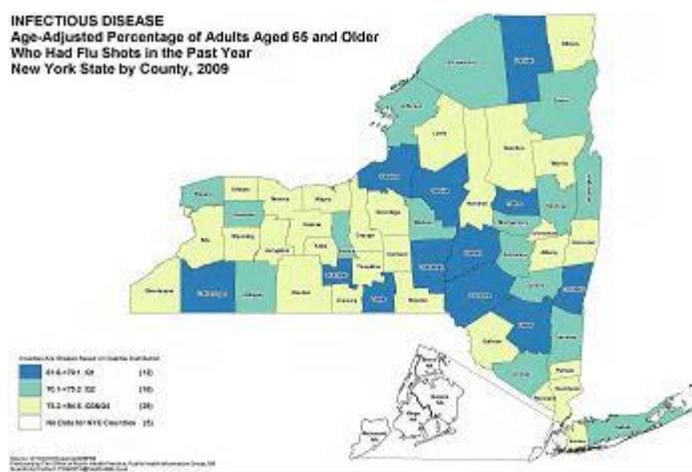


## Communicable Disease

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.<sup>8</sup> Reports are made to Schuyler 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 reportable diseases. The small number of cases of most infectious diseases makes rate data rather meaningless, but needs to be tracked for the absolute number of cases and presence of disease in the County and NYS.

A strict eye is kept on these cases with the onset of each flu season. Public Health played a pivotal role in controlling the H1N1 virus outbreak in 2009 which continues to cause illness, hospitalizations and deaths in the US during the normally flu-free summer months. There is uncertainty about what the upcoming flu season might bring each year. Schuyler County Public Health maintains a 24 hour system for receiving communicable disease reports, including bite reports, and provides extensive public and professional education regarding communicable diseases. This map illustrates that older Schuyler County residents are more diligent in receiving their annual flu shots.



NYSDOH infectious disease indicators in the table below show that HIV, gonorrhea and tuberculosis rates are lower in the County compared to NYS and US averages.

INFECTIOUS DISEASE Indicator	Prevention Agenda 2013 Objective	US	NYS	Schuyler County
Newly diagnosed HIV case rate (per 100,000) <sup>16</sup>	23.0	17.4(2009)	19.5(2010)	3.6~ (08-10)
Gonorrhea case rate (per 100,000) <sup>17</sup>	19.0†	100.8(2010)	94.3(2010)	10.7~ (08-10)
Tuberculosis case rate (per 100,000) <sup>18</sup>	1.0†	3.6(2010)	4.9(2010)	1.8~ (08-10)
% of adults 65+ years with immunizations <sup>1</sup>				
flu shot in the past year <a href="#">Map of adults with flu shot in past year</a>	90%†	61.3% <sup>a</sup> (2011)	60.0% (2011)	63.4%
ever had pneumonia vaccination <a href="#">Map of adults with pne vac in past year</a>	90%†	70.0% <sup>a</sup> (2011)	65.2% (2011)	68.4% (2009)

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



It should be noted that in looking at the [leading causes of death](#) in the county that pneumonia and influenza is the fifth leading cause of death for Schuyler County males. Most communicable disease indicator rates are unstable given the small numbers reported in the county.

### Communicable Disease Indicators - Schuyler 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	214	230.5	127.9	Yes	140.1	Yes	4th
Pertussis incidence per 100,000	2	3.6*	3.0	No	4.3	No	3rd
Mumps incidence per 100,000	1	1.8*	5.5	No	4.0	No	4th
Meningococcal incidence per 100,000	0	0.0*	0.2	Yes	0.2	Yes	1st
H. influenza incidence per 100,000	0	0.0*	1.3	Yes	1.5	Yes	1st
Hepatitis A incidence per 100,000	0	0.0*	0.8	Yes	0.5	Yes	1st
Acute Hepatitis B incidence per 100,000	0	0.0*	0.8	Yes	0.6	Yes	1st
Tuberculosis incidence per 100,000	1	1.8*	5.4	No	2.4	No	3rd
E. coli O157 incidence per 100,000	0	0.0*	0.6	Yes	0.8	Yes	1st
Salmonella incidence per 100,000	7	12.5*	13.9	No	12.9	No	3rd
Shigella incidence per 100,000	0	0.0*	4.4	Yes	3.2	Yes	1st
Lyme disease incidence per 100,000#	6	10.7*	42.4	Yes	66.2	Yes	2nd
% of adults 65 years and older with flu shot in last year (2008-2009)	N/A	63.4	75.0	Yes	76.0	Yes	4th
% of adults 65 years and older who ever received pneumonia shot (2008-2009)	N/A	68.4	64.7	No	71.2	No	3rd

### 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 Schuyler County. While Schuyler 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

#### Tuberculosis Per 100,000 Population

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

Region/County	Tuberculosis				Population	
	2007	2008	2009	Total	2008	Rate
Schuyler	0	0	1	1	18,888	1.8
New York State Total	1,173	1,196	1,006	3,375	19,490,297	5.8



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

Pertussis Cases per 100,000 Population					Population	
Region/County	2007	2008	2009	Total	2008	Rate
Schuyler	0	2	0	2	18,888	3.5
Region Total	82	15	26	123	1,253,967	3.3
New York State Total	705	568	364	1,637	19,490,297	2.8

Haemophilus Influenza Per 100,000 Population					Population	
Region/County	2007	2008	2009	Total	2008	Rate
Schuyler	2	0	0	2	18,888	3.53
New York State Total	254	258	249	761	19,490,297	1.30

Hepatitis A per 100,000 Population					Population	
Region/County	2007	2008	2009	Total	2008	Rate
Schuyler	0	0	0	0	18,888	0.0
New York State Total	235	179	136	550	19,490,297	0.9

Hepatitis B per 100,000 Population					Population	
Region/County	2007	2008	2009	Total	2008	Rate
Schuyler	0	0	0	0	18,888	0.0
New York State 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

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

Pneumoconiosis Hospitalizations per 100,000 15 yo+					Population 15 yo+	
Region/County	2007	2008	2009	Total	2008	Rate
Schuyler	5	8	4	17	15,871	35.7

Lyme Disease per 100,000 Population					Population	
Region/County	2007	2008	2009	Total	2008	Rate
Schuyler	1	1	1	3	18,888	5.3
New York State Total	4,604	9,152	9,279	23,035	19,490,297	39.4
New York State Total	2,101	2,095	2,309	6,505	15,886,157	13.6

The source for this chart is the 2007-2009 Bureau of Communicable Disease Control Data as of April, 2011

Lyme Disease	2010	2011	2012
Reported cases	2	7	14

Source: Schuyler County Arthropod Program data

Lyme disease in the county is on the increase. As of this report, November 2013 Schuyler County Public Health has had over 30 reported case of Lyme disease reported for investigation.

Schuyler County Public Health is responsible for all investigations of potential rabies exposure and provides animal rabies vaccination clinics.

Rabies Control Program	2009	2010	2011	2012
Animals Vaccinated	1203	890	1234	1109

Source: Schuyler County Rabies Program

Rabies	2009	2010	2011	2012
Animals tested for Rabies	28	26	32	34
Positive for rabies	1	7	11	8
Post-Exposure treatments	6	12	11	7
Number of Investigations of potential exposure to Rabies	105	96	94	114

Source: Schuyler County Rabies Program

## Sexually Transmitted Diseases

Diagnosis and treatment of sexually transmitted diseases is a responsibility of each county health department in New York State. Schuyler County Public Health contracts with the Chemung County Health Department for the provision of sexually transmitted disease (STD) clinics and services; as well as HIV testing including the pre and post test counseling.

As is shown on the following pages, the numbers of sexually transmitted diseases in Schuyler County are relatively low compared to regional and NYS rates. This chart shows the number of cases in the County.

	2004	2005	2006	2007	2008	2009	2010	2011	2012
Gonorrhea Cases	4	1	0	4	4	0	2	2	5
Syphilis Cases	0	0	0	0	1	1	0	0	1
Chlamydia Cases	15	7	19	17	25	22	20	30	70

Source: Schuyler County Communicable Disease Data

As indicated below most rates for HIV/AIDS and other sexually transmitted infection indicators are unreliable due to low numbers. Rates for the County are in the first or second quartile. Exceptions are gonorrhea rates for 15 – 19 year olds and numbers for pelvic inflammatory disease hospitalizations where Schuyler County is ranked in the fourth quartile.

### HIV/AIDS & Other Sexually Transmitted Infection Indicators – 2008-2010

Indicator	3 Year Total	County Rate	NYS Rate	Sig. Dif.	NYS Rate exc NYC	Sig. Dif.	County Ranking Group
HIV case rate per 100,000							
Crude	2	3.6*	21.4	Yes	7.4	No	2nd
AIDS case rate per 100,000							
Crude	1	1.8*	17.6	Yes	5.6	No	1st
AIDS mortality rate per 100,000							
Crude	0	0.0*	5.7	Yes	1.7	Yes	1st
Age-adjusted	0	0.0*	5.3	Yes	1.6	Yes	1st
Early syphilis case rate per 100,000	0	0.0*	12.8	Yes	2.5	Yes	1st
Gonorrhea case rate per 100,000							
All ages	6	10.7*	89.7	Yes	55.7	Yes	2nd
Ages 15-19 years	4	95.8*	335.5	Yes	210.3	No	3rd
Chlamydia case rate per 100,000 males							
All ages	12	42.8	305.1	Yes	178.9	Yes	1st
Ages 15-19 years	5	207.5*	1,013.5	Yes	586.9	Yes	1st
Ages 20-24 years	5	261.4*	1,410.1	Yes	920.6	Yes	1st
Chlamydia case rate per 100,000 females							
All ages	58	207.7	644.6	Yes	426.2	Yes	1st
Ages 15-19 years	27	1,528.0	3,587.6	Yes	2,334.5	Yes	2nd
Ages 20-24 years	24	1,254.6	3,114.6	Yes	2,200.4	Yes	1st
Pelvic inflammatory disease (PID) hospitalization rate per 10,000 females (ages 15-44 years)	5	5.1*	3.7	No	2.5	No	4th



The following charts illustrate that Schuyler County rates are below New York State rates in every case.

**AIDS - Deaths and Death Rates Per 100,000 Residents**

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

Region/County	Deaths				Population	Crude	Adjusted
	2007	2008	2009	Total	2008	Rate	Rate
Schuyler	1	0	0	1	18,888	1.8	1.6
New York State Total	1,327	1,250	1,080	3,657	19,490,297	6.3	5.9

**AIDS Cases Per 100,000 Population**

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

Region/County	AIDS Cases				Population	
	2007	2008	2009	Total	2008	Rate
Schuyler	1	0	0	1	18,888	1.8
New York State Total	4,301	3,870	3,401	11,572	19,490,297	19.8

**Gonorrhea Per 100,000 Population**

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

Region/County	Gonorrhea				Population	
	2007	2008	2009	Total	2008	Rate
Schuyler	4	4	0	8	18,888	14.1
New York State Total	17,699	17,120	17,009	51,828	19,490,297	88.6

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

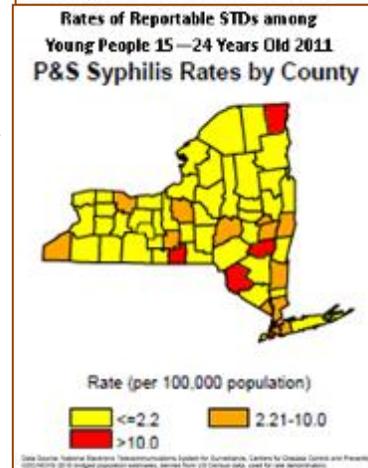
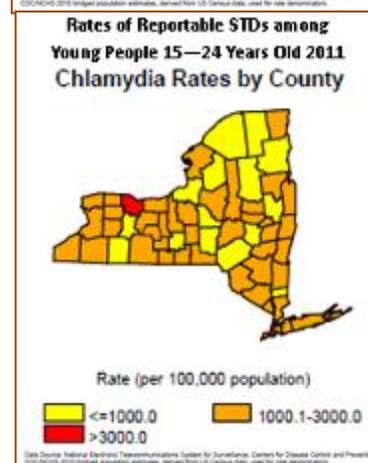
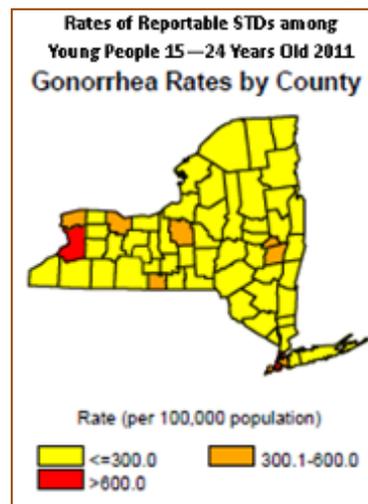
Source: 2007-2009 SPARCS Data as of February, 2011

Region/County	Discharges				Population	Crude
	2007	2008	2009	Total	2008	Rate
Schuyler	2	0	2	4	3,560	3.7
New York State Total	1,755	1,545	1,515	4,815	4,076,182	3.9

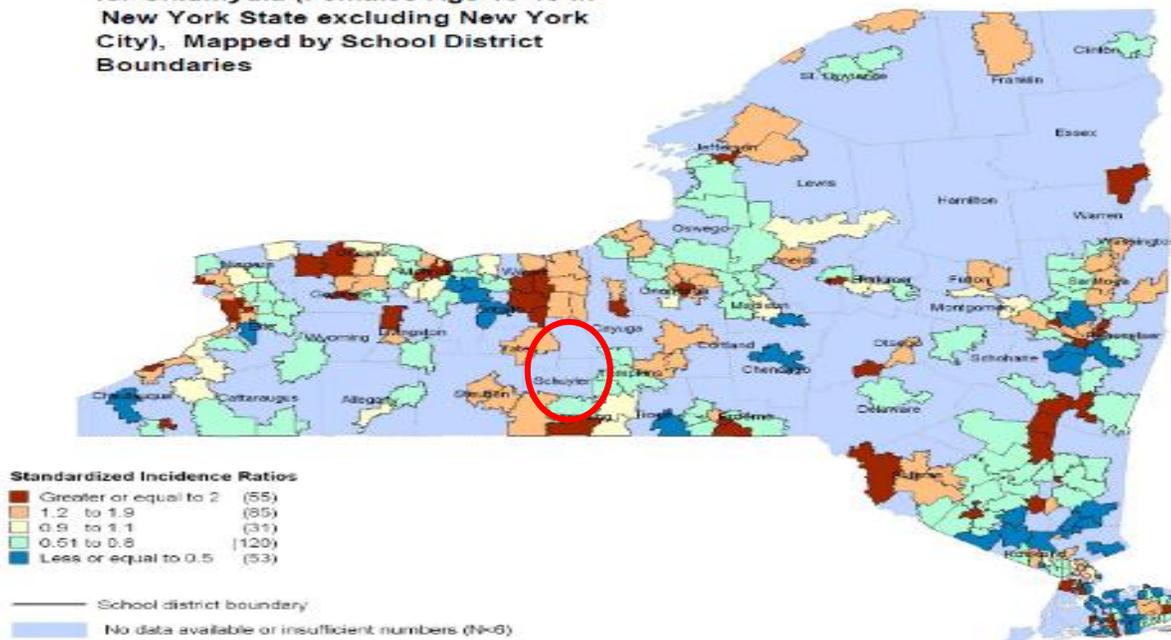
**Male Chlamydia Per 100,000 Males**

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

Region/County	Male Chlamydia				Males	
	2007	2008	2009	Total	2008	Rate
Schuyler	4	5	2	11	9,464	38.7
New York State Total	24,052	27,088	28,283	79,423	9,462,063	279.8



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



### Family Planning and Natality Indicators

Schuyler County, as can be seen in the bolded sections of the chart below ranks in the 4<sup>th</sup> quartile for percentage of births to teens for both 15 to 17 year olds and 15 to 19 year olds. County rates exceed New York State rates and are significantly higher than those rates. It follows that births and pregnancy rates are higher for this age group.

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

Indicator	3 Year Total	County Rate	NYS Rate	Sig. Dif.	NYS Rate exc NYC	Sig. Dif.	County Ranking Group
% of births within 24 months of previous pregnancy	126	24.8	18.0	Yes	21.1	No	3rd
Percentage of births to teens							
<b>Ages 15-17 years</b>	<b>13</b>	<b>2.6</b>	<b>1.9</b>	<b>No</b>	<b>1.9</b>	<b>No</b>	<b>4th</b>
<b>Ages 15-19 years</b>	<b>61</b>	<b>12.0</b>	<b>6.6</b>	<b>Yes</b>	<b>6.8</b>	<b>Yes</b>	<b>4th</b>
% of births to women 35 years and older	50	9.8	19.4	Yes	19.0	Yes	1st
Fertility rate per 1,000 females							
Total (all births/female ages 15-44 years)	508	52.1	60.9	Yes	58.2	Yes	2nd
Ages 10-14 years (births to mothers ages 10-14 years/females ages 10-14 years)	0	0.0*	0.4	Yes	0.3	Yes	1st
Ages 15-17 years (births to mothers ages 15-17 years/females ages 15-17 years)	13	11.5	12.1	No	10.0	No	3rd
<b>Ages 15-19 years (births to mothers ages 15-19 years/females ages 15-19 years)</b>	<b>61</b>	<b>34.5</b>	<b>24.0</b>	<b>Yes</b>	<b>20.8</b>	<b>Yes</b>	<b>4th</b>
<b>Ages 18-19 years (births to mothers ages 18-19 yrs/females ages 18-19 yrs)</b>	<b>48</b>	<b>75.0</b>	<b>40.3</b>	<b>Yes</b>	<b>35.4</b>	<b>Yes</b>	<b>4th</b>
Pregnancy rate per 1,000 (all)	615	63.0	93.6	Yes	77.0	Yes	1st

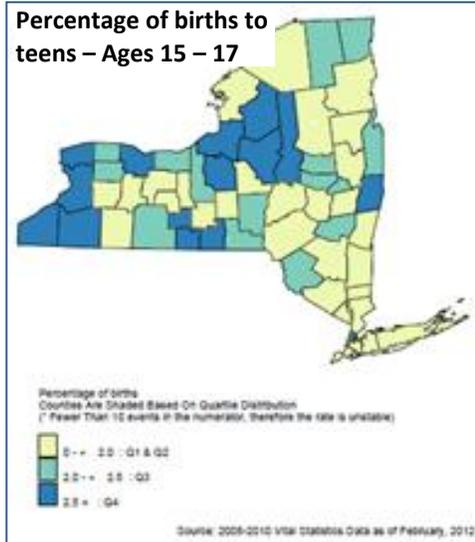


pregnancies/female 15-44 years) #								
Teen pregnancy rate per 1,000 #								
Ages 10-14 years	0	0.0*	1.4	Yes	0.8	Yes	1st	
Ages 15-17 years	21	18.6	31.1	Yes	20.4	No	2nd	
<b>Ages 15-19 years</b>	<b>83</b>	<b>47.0</b>	<b>53.5</b>	<b>No</b>	<b>37.4</b>	<b>No</b>	<b>3rd</b>	
<b>Ages 18-19 years</b>	<b>62</b>	<b>96.9</b>	<b>84.1</b>	<b>No</b>	<b>60.3</b>	<b>Yes</b>	<b>4th</b>	
Abortion ratio (induced abortions per 100 live births) #								
Ages 15-19 years	21	34.4	116.3	Yes	75.7	Yes	1st	
All ages	84	16.5	46.6	Yes	27.7	Yes	1st	

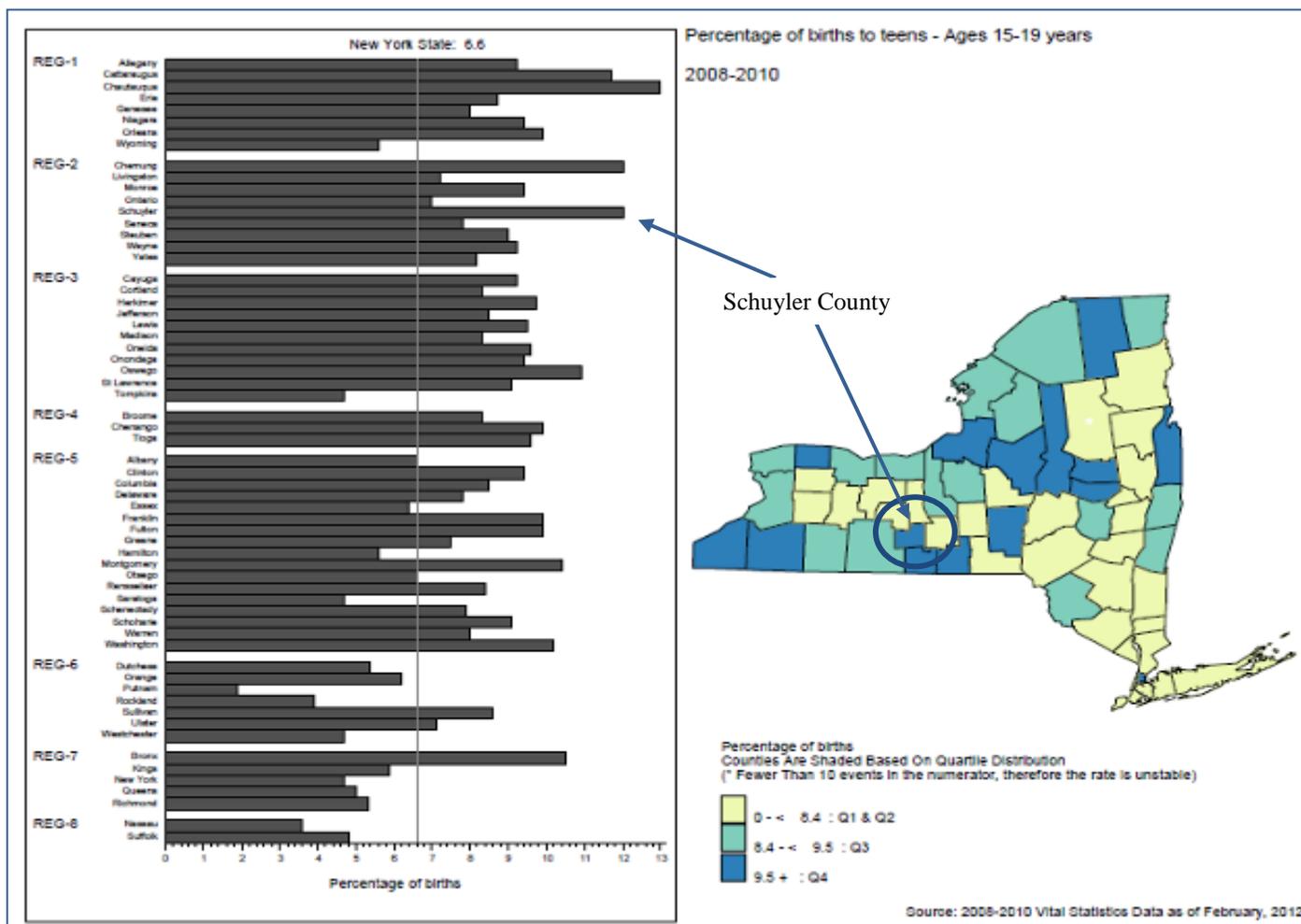
### Teenage (Age 15-19) Pregnancy Rate Per 1,000 Females Age 15-19

Year	Single Year	3-Year Average	Upstate New York
2000	58.9		49.7
2001	57.5	55.6	47.4
2002	50.3	50.8	44.8
2003	44.4	46.4	43.0
2004	44.3	41.4	40.8
2006	39.3	38.9	41.6
2007	42.0	45.7	41.6
2008	56.3	43.7	39.4
2009	33.4		37.4

Percentage of births to teens – Ages 15 – 17



Schuyler County numbers have fluctuated but continue to be above state averages.



### Injury Indicators - Schuyler County - 2008-2010

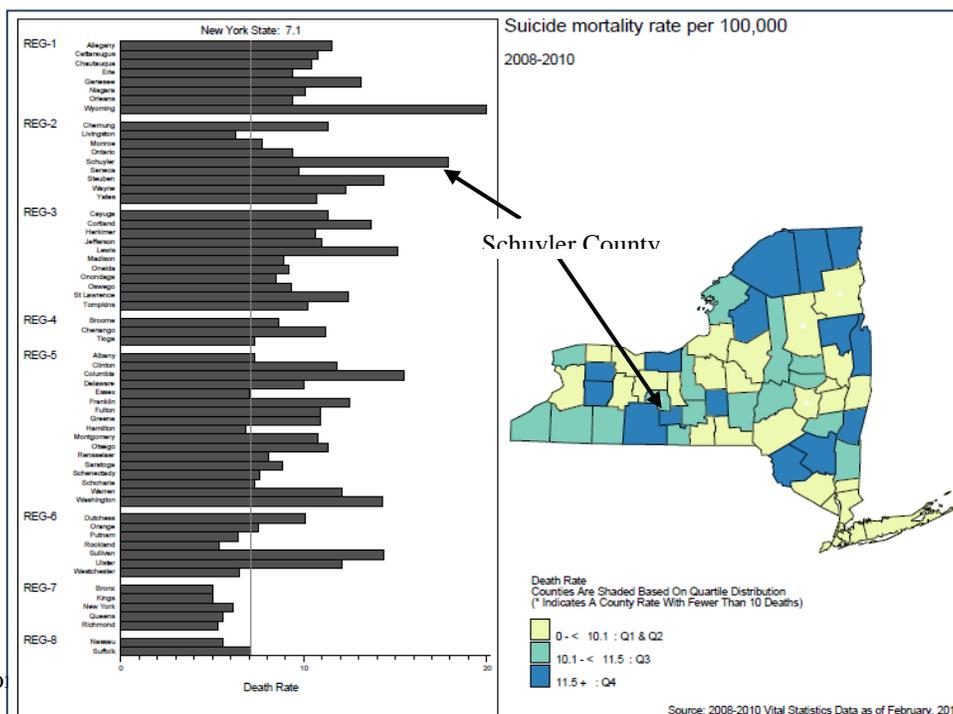
Indicator	3 Year Total	County Rate	NYS Rate	Sig. Dif.	NYS Rate exc NYC	Sig. Dif.	County Ranking Group
Suicide mortality rate per 100,000							
<b>Crude</b>	<b>10</b>	<b>17.9</b>	<b>7.1</b>	<b>Yes</b>	<b>8.4</b>	<b>No</b>	<b>4th</b>
<b>Age-adjusted</b>	<b>10</b>	<b>18.0</b>	<b>6.8</b>	<b>No</b>	<b>8.1</b>	<b>No</b>	<b>4th</b>
Ages 15-19 years	0	0.0*	4.0	Yes	4.9	Yes	1st
Self-inflicted injury hospitalization rate per 10,000							
Crude	33	5.9	5.2	No	6.1	No	2nd
Age-adjusted	33	6.3	5.1	No	6.2	No	2nd
Ages 15-19 years	3	7.2*	9.7	No	11.0	No	1st
Homicide mortality rate per 100,000							
Crude	0	0.0*	4.4	Yes	3.0	Yes	1st
Age-adjusted	0	0.0*	4.4	Yes	3.1	Yes	1st
Assault hospitalization rate per 10,000							
Crude	3	0.5*	4.7	Yes	2.7	Yes	1st
Age-adjusted	3	0.6*	4.7	Yes	2.8	Yes	1st
Unintentional injury mortality rate per 100,000							
Crude	18	32.2	23.9	No	28.7	No	3rd
Age-adjusted	18	28.8	22.4	No	26.4	No	2nd
Unintentional injury hospitalization rate per 10,000							
Crude	436	77.9	69.2	Yes	72.7	No	3rd
Age-adjusted	436	64.7	64.5	No	65.1	No	3rd
Ages less than 10 years	8	14.3*	26.2	No	22.0	No	1st
Ages 10-14 years	6	17.5*	21.1	No	19.3	No	2nd
Ages 15-24 years	22	29.2	31.9	No	32.7	No	2nd
Ages 25-64 years	135	44.8	46.5	No	46.4	No	2nd
<b>Ages 65 years and older</b>	<b>265</b>	<b>285.4</b>	<b>260.9</b>	<b>No</b>	<b>276.6</b>	<b>No</b>	<b>4th</b>

### Injury Indicators - Schuyler County - 2008-2010

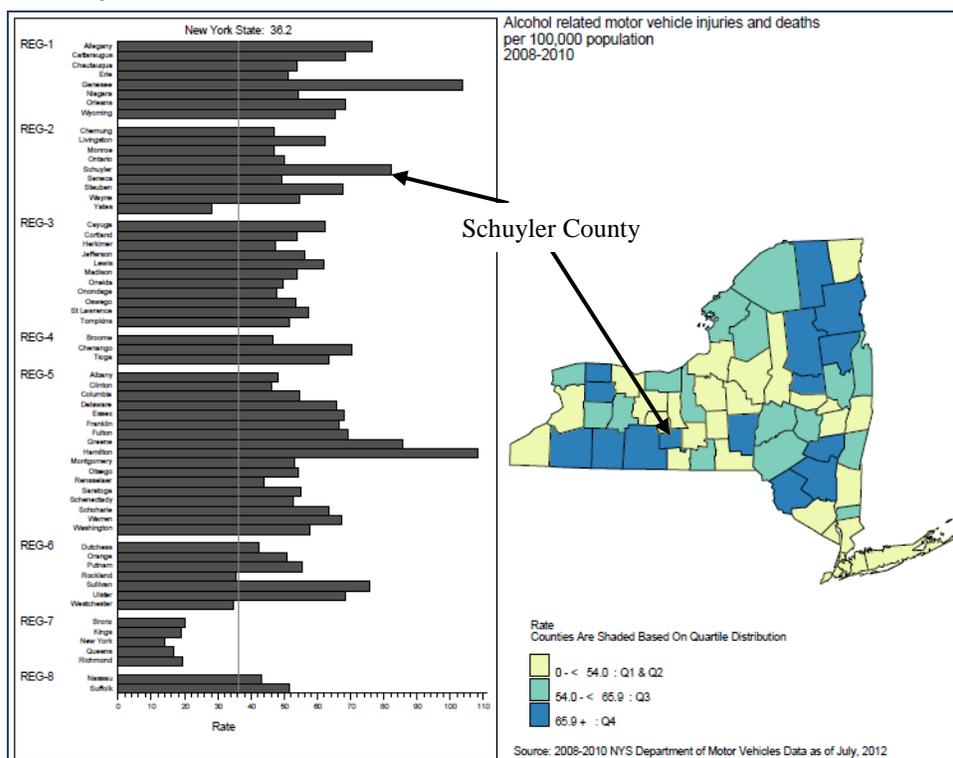
Indicator	3 Year Total	County Rate	NYS Rate	Sig. Dif.	NYS Rate exc NYC	Sig. Dif.	County Ranking Group
Falls hospitalization rate per 10,000							
<b>Crude</b>	<b>266</b>	<b>47.5</b>	<b>39.9</b>	<b>Yes</b>	<b>43.1</b>	<b>No</b>	<b>4th</b>

Age-adjusted	266	36.3	36.2	No	36.8	No	3rd
Ages less than 10 years	3	5.4*	10.0	No	8.5	No	2nd
Ages 10-14 years	1	2.9*	7.1	No	6.1	No	1st
<b>Ages 15-24 years</b>	<b>7</b>	<b>9.3*</b>	<b>6.9</b>	<b>No</b>	<b>6.3</b>	<b>No</b>	<b>4th</b>
Ages 25-64 years	50	16.6	18.7	No	18.7	No	2nd
Ages 65-74 years	43	84.7	77.5	No	78.5	No	3rd
Ages 75-84 years	67	232.9	230.8	No	242.4	No	3rd
<b>Ages 85 years and older</b>	<b>95</b>	<b>715.4</b>	<b>567.7</b>	<b>Yes</b>	<b>617.0</b>	<b>No</b>	<b>4th</b>
Poisoning hospitalization rate per 10,000							
Crude	49	8.8	10.5	No	10.3	No	2nd
Age-adjusted	49	8.8	10.2	No	10.2	No	2nd
Motor vehicle mortality rate per 100,000							
Crude	2	3.6*	6.2	No	8.2	No	1st
Age-adjusted	2	4.5*	6.0	No	8.0	No	1st
Non-motor vehicle mortality rate per 100,000							
<b>Crude</b>	<b>16</b>	<b>28.6</b>	<b>17.7</b>	<b>No</b>	<b>20.5</b>	<b>No</b>	<b>4th</b>
<b>Age-adjusted</b>	<b>16</b>	<b>24.2</b>	<b>16.4</b>	<b>No</b>	<b>18.4</b>	<b>No</b>	<b>4th</b>
Traumatic brain injury hospitalization rate per 10,000							
Crude	32	5.7	9.9	Yes	10.0	Yes	1st
Age-adjusted	32	5.3	9.4	Yes	9.3	Yes	1st
<b>Alcohol related motor vehicle injuries and deaths per 100,000</b>	<b>46</b>	<b>82.2</b>	<b>36.2</b>	<b>Yes</b>	<b>50.0</b>	<b>Yes</b>	<b>4th</b>

Suicide rates in the County are a major concern for Schuyler County Public Health and their partners. In 2011 Schuyler County partners formed a committee to deal with this high suicide rate. Suicide Awareness For Everyone (SAFE) was formed and continues to work to educate and raise awareness on this issue. As shown in the map below Schuyler County has the second highest rate of suicide in the state.



The alcohol-related motor vehicle injuries and deaths per 100,000 are significantly higher than NYS rates and of major concern. This has been an on-going issue in our county that we began working on following the 2005 Community Health Assessment. As a result the Schuyler County Coalition on Underage Drinking and Drugs (SCCUDD) was formed. In 2012 the Coalition for Healthy Youth in Tompkins County received a \$75,000 grant to help build a mentoring relationship with the Schuyler County Health Department's Schuyler County Coalition on Underage Drinking and Drugs (SCCUDD). This was one of only six new mentoring grants awarded nationwide and the purpose of the grant is to prepare SCCUDD to apply for a Federal Drug Free Community Grant.



### Maternal and Infant Health

The chart below reveals some startling figures for Schuyler County although small numbers make data unreliable for many categories. On the positive side, Schuyler County has a higher rate of births with early prenatal care and a lower rate of those with late or no prenatal care. Unfortunately the County is in the 4<sup>th</sup> quartile in the state in % of pregnant women in WIC who were pre-pregnancy obese (BMI 30 or higher) and % of pregnant women in WIC with hypertension during pregnancy.

### Maternal and Infant Health Indicators - Schuyler 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	21	6.9	14.8	Yes	10.3	No	2nd
% of births to out-of-wedlock mothers	231	45.5	41.4	No	37.6	Yes	3rd
% of births that were first births	220	43.3	43.5	No	41.3	No	4th



% of births that were multiple births	21	4.1	3.9	No	4.2	No	4th
<b>% of births with early (1st trimester) prenatal care</b>	<b>406</b>	<b>83.4</b>	<b>72.8</b>	<b>Yes</b>	<b>75.2</b>	<b>Yes</b>	<b>1st</b>
<b>% of births with late (3rd trimester) or no prenatal care</b>	<b>4</b>	<b>0.8*</b>	<b>5.9</b>	<b>Yes</b>	<b>4.3</b>	<b>Yes</b>	<b>1st</b>
% of births with adequate prenatal care (Kotelchuck)	388	80.0	66.0	Yes	68.2	Yes	1st
WIC indicators							
% of pregnant women in WIC with early (1st trimester) prenatal care	273	90.7	85.6	No	86.3	No	2nd
% of pregnant women in WIC who were pre-pregnancy underweight (BMI less than 18.5)	23	4.2	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)~	119	22.0	26.6	Yes	26.3	Yes	1st
<b>% of pregnant women in WIC who were pre-pregnancy obese (BMI 30 or higher)~</b>	<b>169</b>	<b>31.2</b>	<b>23.4</b>	<b>Yes</b>	<b>26.7</b>	<b>No</b>	<b>4th</b>
% of pregnant women in WIC with anemia in 3rd trimester	N/A	S	37.3	Yes	35.4	Yes	N/A
% of pregnant women in WIC with gestational weight gain greater than ideal	149	50.9	41.8	Yes	47.1	No	3rd
% of pregnant women in WIC with gestational diabetes	14	5.0	5.5	No	5.7	No	2nd
<b>% of pregnant women in WIC with hypertension during pregnancy</b>	<b>38</b>	<b>13.5</b>	<b>7.2</b>	<b>Yes</b>	<b>9.0</b>	<b>Yes</b>	<b>4th</b>
% of WIC mothers breastfeeding at least 6 months	42	19.3	39.7	Yes	28.7	Yes	3rd
% of infants fed any breast milk in delivery hospital	347	73.7	78.3	No	73.5	No	2nd
% of infants fed exclusively breast milk in delivery hospital	310	65.8	42.5	Yes	52.1	Yes	1st
% of births delivered by cesarean section	217	42.7	34.4	Yes	36.1	Yes	4th

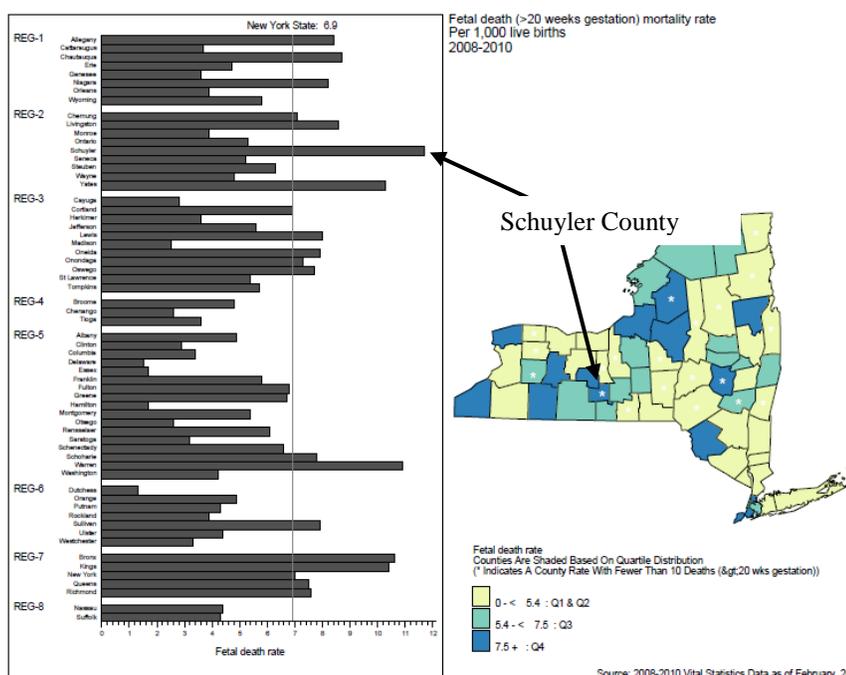
Most of the Maternal and Infant Health Indicators for Schuyler County are meaningless due to small numbers. For indicators where numbers are adequate for statistical reliability, there is no statistical difference between State and Upstate numbers and Schuyler County's. In 2011, Schuyler Hospital, a critical access hospital and the only hospital in the county, decided to discontinue the delivery of babies. The population now delivers (in order of the number of births) at The Arnot Ogden Memorial Center (Chemung County), Cayuga Medical (Tompkins County) and Corning Hospital (Steuben County). The Department is monitoring an increase in the number of home births in the County.

#### Maternal and Infant Health Indicators - Schuyler County -2008-2010

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)	1	2.0*	5.3	No	5.7	No	1st
Neonatal (less than 28 days)	1	2.0*	3.6	No	4.0	No	1st
Post-neonatal (1 month to 1 year)	0	0.0*	1.7	Yes	1.7	Yes	1st
Fetal death (>20 weeks gestation)	6	11.7*	6.9	No	4.8	No	4th
Perinatal (20 weeks gestation - 28 days of life)	7	13.6*	10.4	No	8.8	No	4th
Perinatal (28 weeks gestation - 7 days of life)	4	7.8*	5.7	No	5.7	No	4th



Maternal mortality rate per 100,000 live births +	0	0.0*	23.3	Yes	17.6	Yes	2nd
<b>Low birthweight indicators</b>							
% very low birthweight (less than 1.5 kg) births	7	1.4*	1.5	No	1.4	No	2nd
% very low birthweight (less than 1.5kg) singleton births	6	1.2*	1.1	No	1.0	No	4th
% low birthweight (less than 2.5 kg) births	40	7.9	8.2	No	7.7	No	3rd
% low birthweight (less than 2.5kg) singleton births	27	5.5	6.2	No	5.7	No	3rd
<b>% of premature births by gestational age</b>							
less than 32 weeks gestation	15	3.1	2.0	No	1.9	No	4th
32 - less than 37 weeks gestation	42	8.6	9.9	No	9.3	No	2nd
less than 37 weeks gestation	57	11.7	12.0	No	11.2	No	3rd
% of births with a 5 minute APGAR less than 6	5	1.0*	0.7	No	0.7	No	4th
Newborn drug-related discharge rate per 10,000 newborn discharges	2	44.2*	64.0	No	78.4	No	2nd



## Obesity

At the end of the MAPP process (Mobilizing for Action through Planning and Partnership) Schuyler 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 illness, disability and death related to diabetes

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

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

### Obesity Prevalence

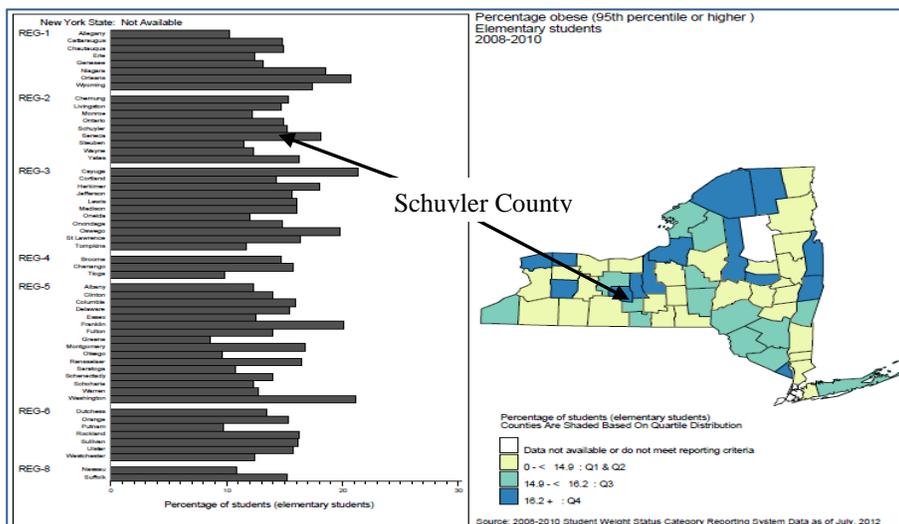
- The percentage of New York State adults who are overweight or obese increased from 42% in 1997 to 60% in 2008.



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

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.<sup>10</sup>

As can be seen in the chart below student rates of overweight and obesity are better than the New York State rates and rank in the 1<sup>st</sup> quartile in the state when considered as a whole. Middle and high school rates are also in the first quartile compared to NYS. Elementary rates are better than NYS rates, but the County is not in the first quartile for this age group. This causes concern and must be addressed.



### Obesity and Related Indicators - Schuyler 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 and 4th grades, middle - 7th grade and high school - 10th grade)							
% overweight but not obese (85th-less than 95th percentile) #	N/A	12.0	N/A	N/A	14.7	N/A	1st
% obese (95th percentile or higher) #	N/A	15.2	N/A	N/A	16.5	N/A	1st
% overweight or obese (85th percentile or higher) #	N/A	27.1	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	11.0	N/A	N/A	13.3	N/A	2nd
% obese (95th percentile or higher) #	N/A	15.2	N/A	N/A	15.2	N/A	3rd
% overweight or obese (85th percentile or higher) #	N/A	26.2	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	13.4	N/A	N/A	16.6	N/A	1st
% obese (95th percentile or higher) #	N/A	15.0	N/A	N/A	18.3	N/A	1st
% overweight or obese (85th percentile or higher) #	N/A	28.4	N/A	N/A	34.9	N/A	1st

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

<sup>10</sup> Ibid.

Figures from the NYSDOH for the schools in Schuyler County are below. Alarminglly the percentage of students overweight or obese ranges from 36.7% to 47.4%.

Area Name	Grade Level	School Years	Pct Over Weight	Pct Obese	Pct Over Weight Or Obese
Odessa Montour Central School	District Total	2010-2012	16.2%	20.5%	36.7%
Odessa Montour Central School	Elementary	2010-2012	16.8%	20.7%	37.4%
Odessa Montour Central School	Middle/High	2010-2012	13.8%	27.5%	41.3%
Watkins Glen Central School	District Total	2010-2012	19.9%	24.9%	44.8%
Watkins Glen Central School	Elementary	2010-2012	10.2%	26.5%	36.7%
Watkins Glen Central School	Middle/High	2010-2012	23.%	24.3%	47.4%

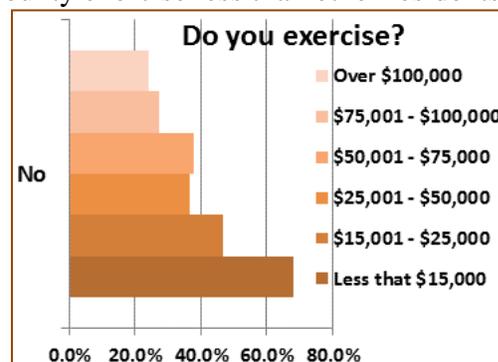
Source: <https://health.data.ny.gov/Health/Student-Weight-Status-Category-Reporting-Results-B/es3k-2aus>

Of the 346 respondents to the Schuyler County Community Health Assessment survey 52% felt they were overweight. The average BMI for survey respondents was 29.13. As outlined in the chart below almost 70% of survey respondents were overweight or obese.

CHA Survey BMI Statistics		
BMI under 25	79	30.62%
Overweight BMI 25 - 30	89	34.50%
Obese BMI 30+	90	34.88%
Overweight and obese BMI 25+	179	69.38%
Total	258	

Survey respondents to the Schuyler County Community Health Assessment survey also reported low levels of exercise – one factor in the high obesity rates. Forty percent of survey respondents reported they did not exercise regularly. This compares to the 2009 EBRFSS (Expanded Behavioral Risk Factor Surveillance Survey) rate for the County of 20.4% and the NYS rate of 23.7%. When these numbers are analyzed by income levels it is apparent that the lower income population in the county exercise less than other residents.

Do you exercise regularly?				
Answer Options	Response Percent	Response Count	No Leisure Time Activity EBRFSS Schuyler Co.	No Leisure Time Activity EBRFSS NYS
Yes	59.9%	182	20.4%	23.7%
No	40.1%	122		
Total Respondents	304			



Another question asked to survey respondents was whether or not they limited their intake of fatty foods. These numbers also illustrate a marked difference depending on the income level of the respondent. Of the respondents with income levels below \$15,000 only 8% reported limiting their intake of fatty foods. Of those earning \$15,000 to \$25,000 12% limit their intake of fatty foods. Of the survey respondents with income levels over \$100,000 23% reported limiting fatty foods.



New York State Department of Health obesity and other related indicators point to the crisis facing Schuyler County. Schuyler County rates are higher than the state in the following categories:

- % of pregnant women in WIC who were pre-pregnancy obese (BMI 30 or higher)~
- % obese (95th percentile or higher) children in WIC (ages 2-4 years)
- % of children in WIC viewing TV 2 hours or less per day (ages 0-4 years)
- Age-adjusted % of adults overweight or obese (BMI 25 or higher) (2008-2009)
- Age-adjusted % of adults obese (BMI 30 or higher) (2008-2009)
- Age-adjusted % of adults who did not participate in leisure time physical activity in last 30 days (2008-2009)
- Age-adjusted % of adults with physician diagnosed diabetes (2008-2009)
- Cardiovascular disease mortality
- Cerebrovascular disease (stroke) mortality
- Diabetes mortality

Schuyler County is in the bottom quartile of the state for many of these indicated as illustrated by the bolded items in the following chart.

### Obesity and Related Indicators - Schuyler County - 2008-2010

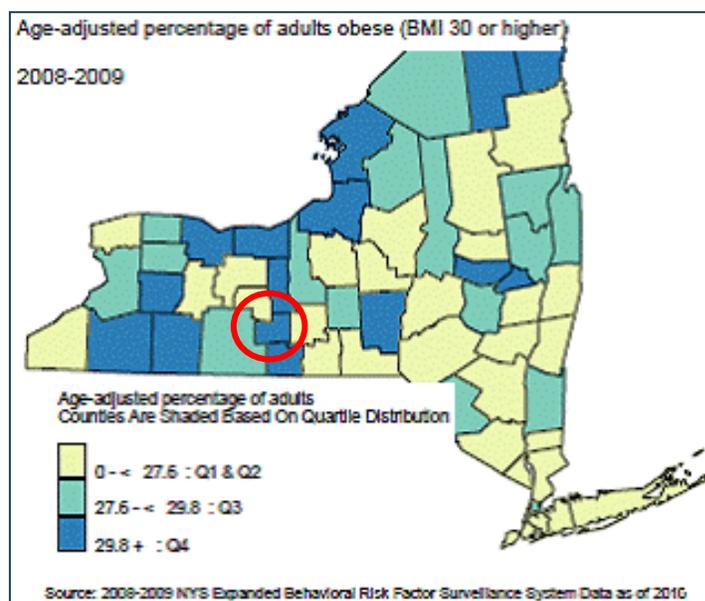
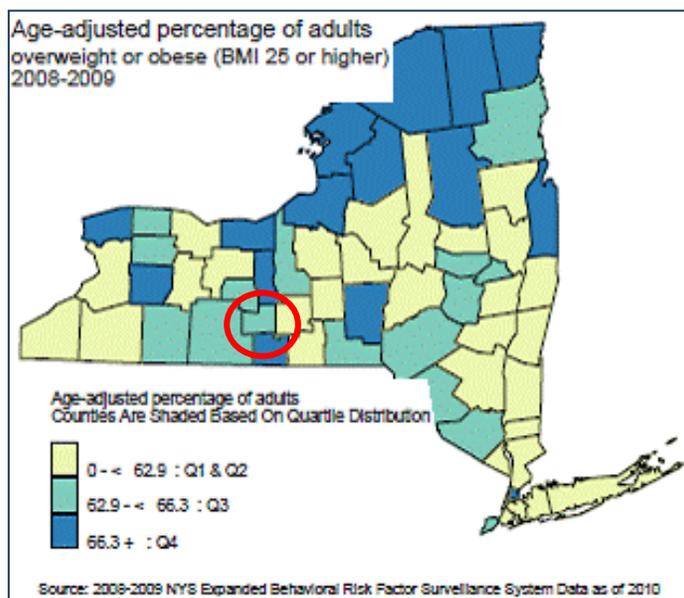
Indicator	3 Year Total	County Rate	NYS Rate	Sig. Dif.	NYS Rate exc NYC	Sig. Dif.	County Ranking Group
% of pregnant women in WIC who were pre-pregnancy overweight but not obese (BMI 25-less than 30)~	119	22.0	26.6	Yes	26.3	Yes	1st
<b>% of pregnant women in WIC who were pre-pregnancy obese (BMI 30 or higher)~</b>	<b>169</b>	<b>31.2</b>	<b>23.4</b>	<b>Yes</b>	<b>26.7</b>	<b>No</b>	<b>4th</b>
<b>% obese (95th percentile or higher) children in WIC (ages 2-4 years)</b>	<b>109</b>	<b>18.3</b>	<b>14.5</b>	<b>Yes</b>	<b>15.2</b>	<b>No</b>	<b>4th</b>
<b>% of children in WIC viewing TV 2 hours or less per day (ages 0-4 years)</b>	<b>576</b>	<b>89.9</b>	<b>78.6</b>	<b>Yes</b>	<b>80.7</b>	<b>Yes</b>	<b>4th</b>
% of WIC mothers breastfeeding at 6 months	42	19.3	39.7	Yes	28.7	Yes	3rd
Age-adjusted % of adults overweight or obese (BMI 25 or higher) (2008-2009)	N/A	64.9	59.3	No	60.6	No	3rd
<b>Age-adjusted % of adults obese (BMI 30 or higher) (2008-2009)</b>	<b>N/A</b>	<b>33.5</b>	<b>23.1</b>	<b>Yes</b>	<b>24.3</b>	<b>Yes</b>	<b>4th</b>
Age-adjusted % of adults who did not participate in leisure time physical activity in last 30 days (2008-2009)	N/A	79.6	76.3	No	78.9	No	3rd
Age-adjusted % of adults eating 5 or more fruits or vegetables per day (2008-2009)	N/A	24.6	27.1	No	27.7	No	3rd
Age-adjusted % of adults with physician diagnosed diabetes (2008-2009)	N/A	10.3	9.0	No	8.5	No	3rd
Age-adjusted % of adults with physician diagnosed angina, heart attack or stroke # (2008-2009)	N/A	7.5	7.6	No	7.2	No	2nd
Age-adjusted mortality rate per 100,000							
Cardiovascular disease mortality	207	271.6	250.9	No	244.7	No	3rd



<b>Cerebrovascular disease (stroke) mortality</b>	<b>29</b>	<b>39.4</b>	<b>26.7</b>	<b>No</b>	<b>31.9</b>	<b>No</b>	<b>4th</b>
<b>Diabetes mortality</b>	<b>25</b>	<b>32.5</b>	<b>16.6</b>	<b>Yes</b>	<b>14.9</b>	<b>Yes</b>	<b>4th</b>
Age-adjusted hospitalization rate per 100,000							
Cardiovascular disease hospitalizations	972	131.9	165.6	Yes	157.5	Yes	1st
Cerebrovascular disease (stroke) hospitalizations	166	23.1	25.1	No	25.3	No	2nd
Diabetes hospitalizations (primary diagnosis)	56	8.5	19.0	Yes	14.3	Yes	1st

These statistics are what led Schuyler County Public Health and their partners to choose obesity and diabetes as their priorities. Particularly concerning are the obesity related mortality rates for cardiovascular and cerebrovascular disease and diabetes. The Schuyler County Public Health Department, Schuyler Hospital and other partners developed a workplan as part of the Community Health Improvement and Community Service Plans to address this issue ([see Attachment C](#)).

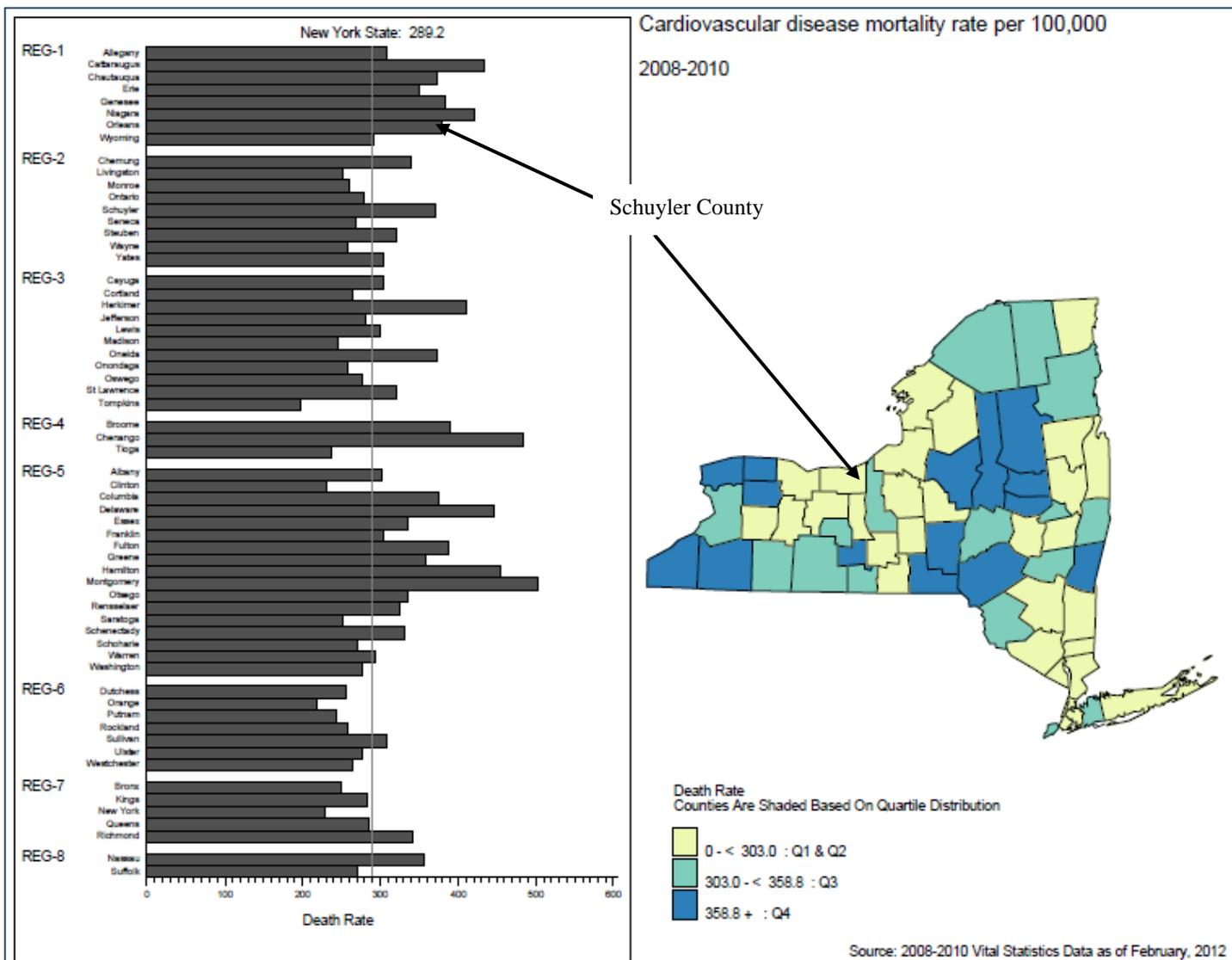
Following are several maps from the NYSDOH illustrating the rates of obesity in Schuyler County.





Age adjusted percentage of adults who are obese are among the worst in the state as are cardiovascular disease mortality rates.

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



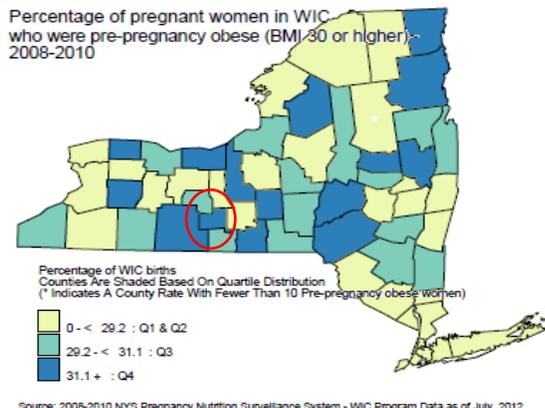
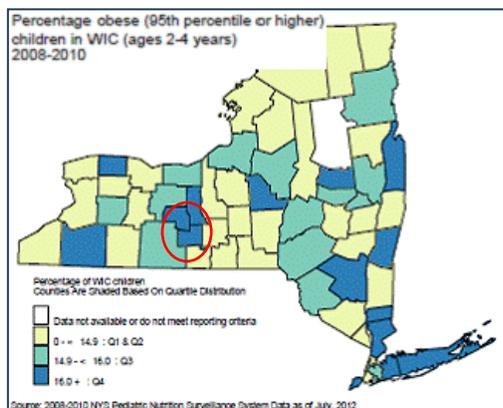
**Coronary Heart Disease - Deaths and Death Rates Per 100,000 Residents**

Finger Lakes Region/County	Deaths				Population 2008	Crude Rate	Adjusted Rate
	2007	2008	2009	Total			
<a href="#">Chemung</a>	153	149	137	439	87,813	166.6	125.3
<a href="#">Livingston</a>	111	83	72	266	63,154	140.4	127.0
<a href="#">Monroe</a>	1,071	998	965	3,034	732,762	138.0	113.4
<a href="#">Ontario</a>	138	154	171	463	104,475	147.7	119.4
<b><a href="#">Schuyler</a></b>	<b>40</b>	<b>36</b>	<b>37</b>	<b>113</b>	<b>18,888</b>	<b>199.4</b>	<b>146.7</b>
<a href="#">Seneca</a>	60	44	47	151	34,086	147.7	118.9
<a href="#">Steuben</a>	173	158	177	508	96,573	175.3	135.8
<a href="#">Wayne</a>	153	144	130	427	91,564	155.4	139.0
<a href="#">Yates</a>	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
<a href="#">New York State Total</a>	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. These figures demonstrate the magnitude of the problem for Schuyler County residents. According to the CDC:

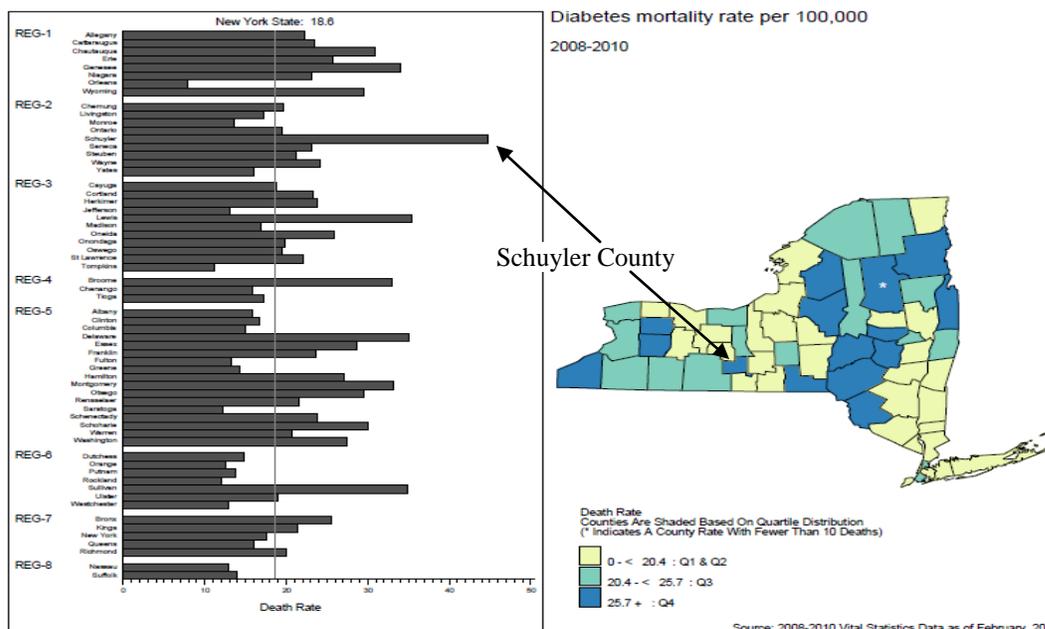
- More than one-third of U.S. adults (35.7%) are obese.
- Obesity-related conditions include heart disease, stroke, type 2 diabetes and certain types of cancer, some of the leading causes of preventable death.
- The estimated annual medical cost of obesity in the U.S. was \$147 billion in 2008 U.S. dollars;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



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

As mentioned previously the obesity rates for Schuyler County elementary children are higher than those for the middle school and high school children. This chart would lead us to conclude that the trend of obesity will continue for this age group. Efforts must be made to engage this demographic.

"HEAL Schuyler" (Healthy Eating and Active Living) is a committee formed by Schuyler County Public Health and Schuyler Hospital as a result of the Community Health Assessment. Its' goal is to address the obesity issue in Schuyler County in an environmental way. In addition to the Public Health Department and Schuyler Hospital, representation includes Schuyler Head Start, Cornell Cooperative Extension of Schuyler, Schuyler Office for the Aging, and local farms. HEAL Schuyler has conducted a survey of local restaurants in an effort to determine barriers to offering healthier meal on their menus. HEAL is also updating trail maps and creating a webpage for them.

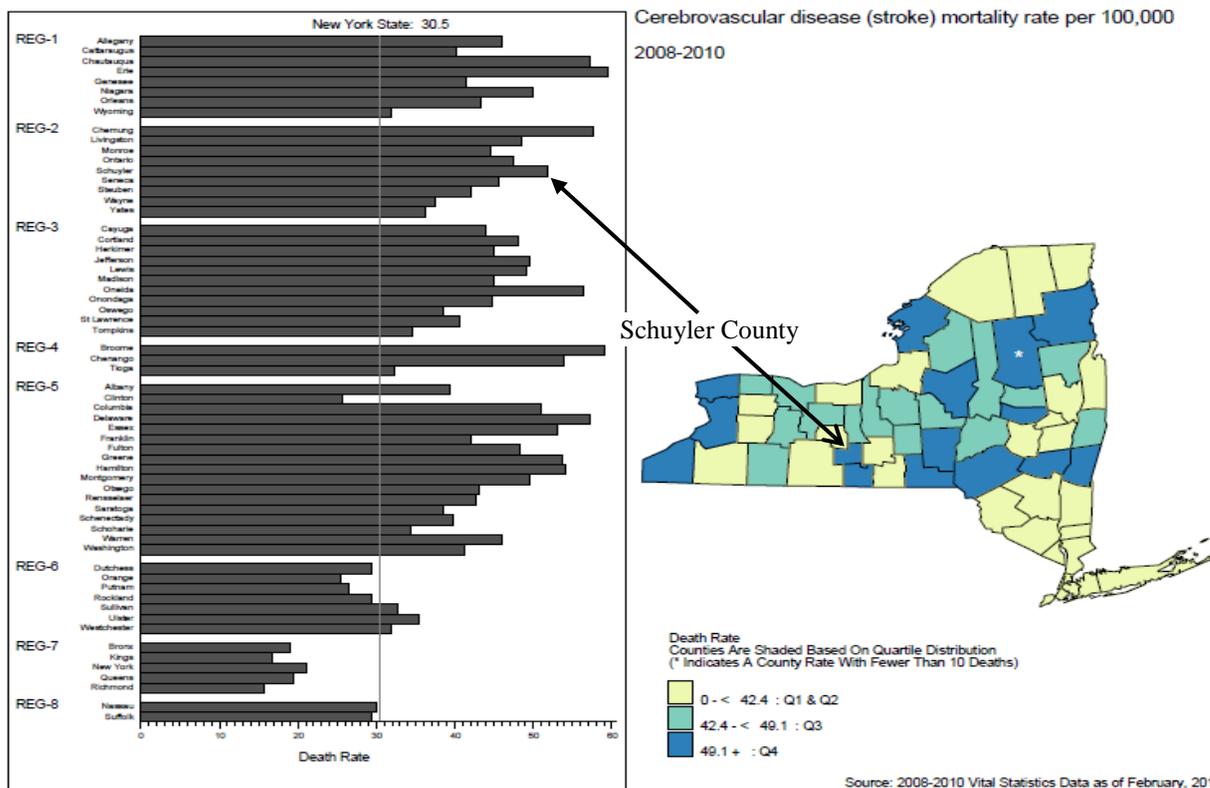




County	Total 2007-2009	Per Children Tested 07-09	Percent
Putnam	279	1,228	22.7
Nassau	2,877	12,731	22.6
Suffolk	3,888	18,085	21.5
Orleans	230	1,244	18.5
Ulster	387	2,126	18.2
Columbia	309	1,728	17.9
<b>Schuyler</b>	<b>106</b>	<b>598</b>	<b>17.7</b>
Seneca	118	668	17.7
Richmond	1,687	9,586	17.6
Washington	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
<b>New York State Total</b>	<b>91,610</b>	<b>630,700</b>	<b>14.5</b>
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
Chemung	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
Niagara	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



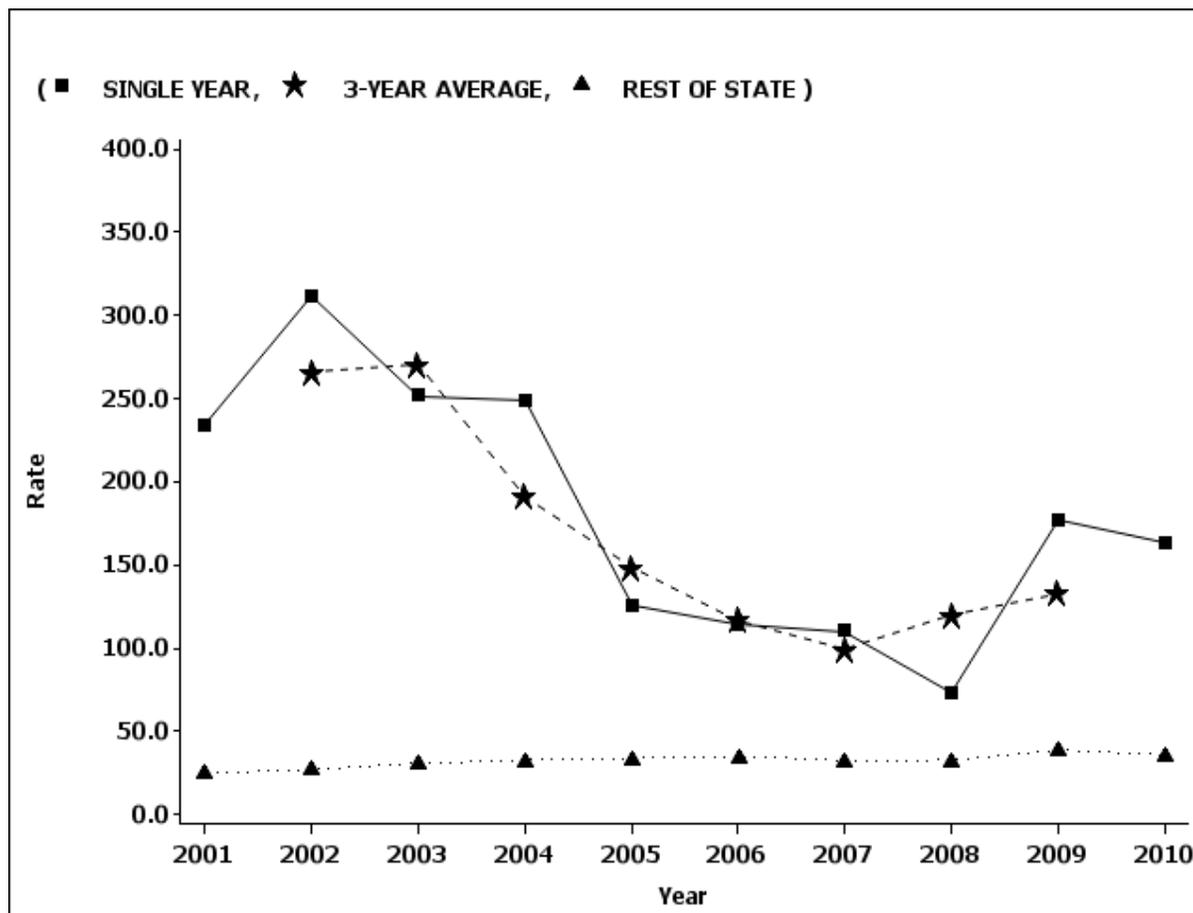
Obesity and being physically inactive can lead to high blood pressure which is the leading cause of stroke. Schuyler County cerebrovascular disease mortality rates are also among the worst in the state.



## Occupational Health

The NYSDOH with support from the National Institute for Occupational Safety and Health has used existing databases to describe the occupational health picture since 2000. This occupational health surveillance program has developed a set of occupational health indicators to describe the health status of the working population. As indicated in the graph below Schuyler County rates have been consistently above NYS averages.

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



The occupational health indicators for the County show that rates for Schuyler residents are in the 4<sup>th</sup> quartile and significantly different than NYS rates for asbestosis and elevated blood lead levels per 100,000 employed.

### Occupational Health Indicators - Schuyler County - 2008-2010

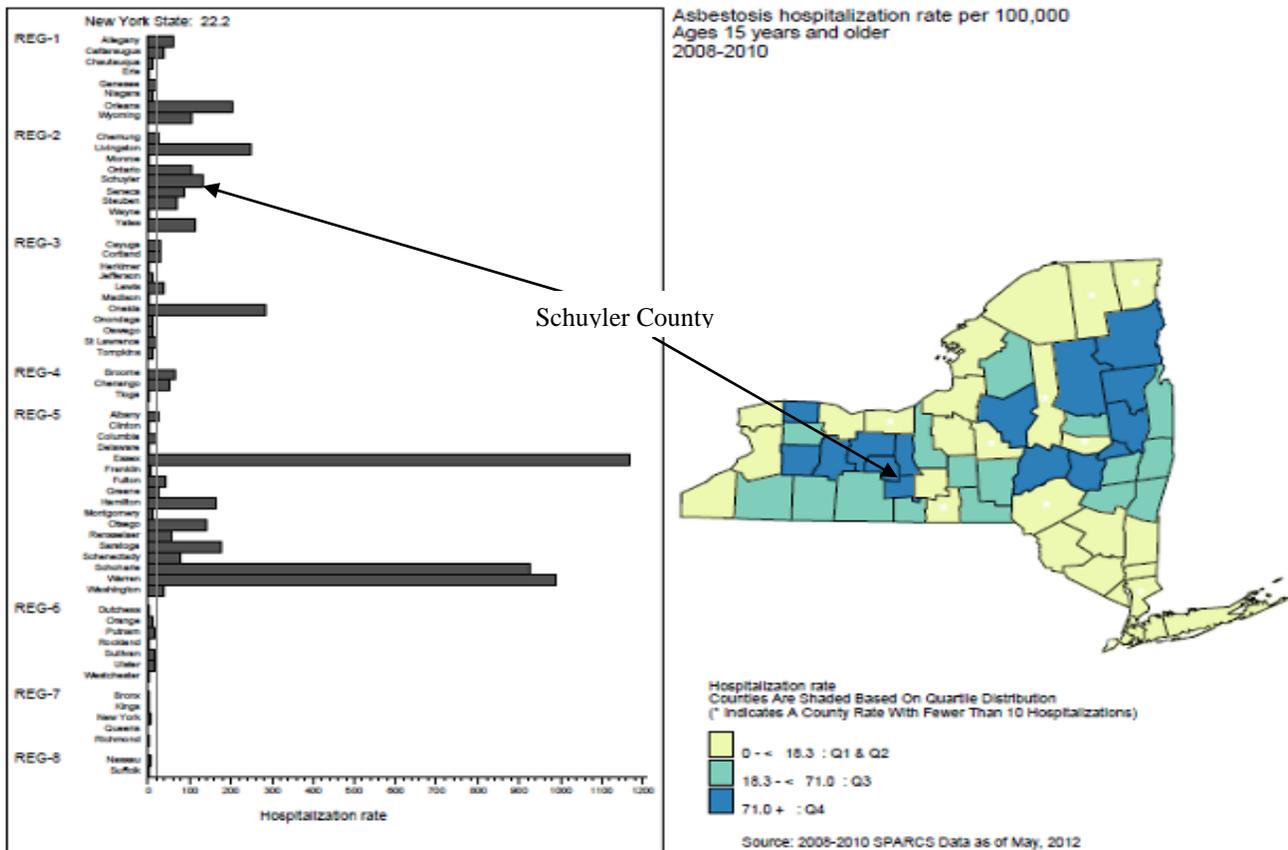
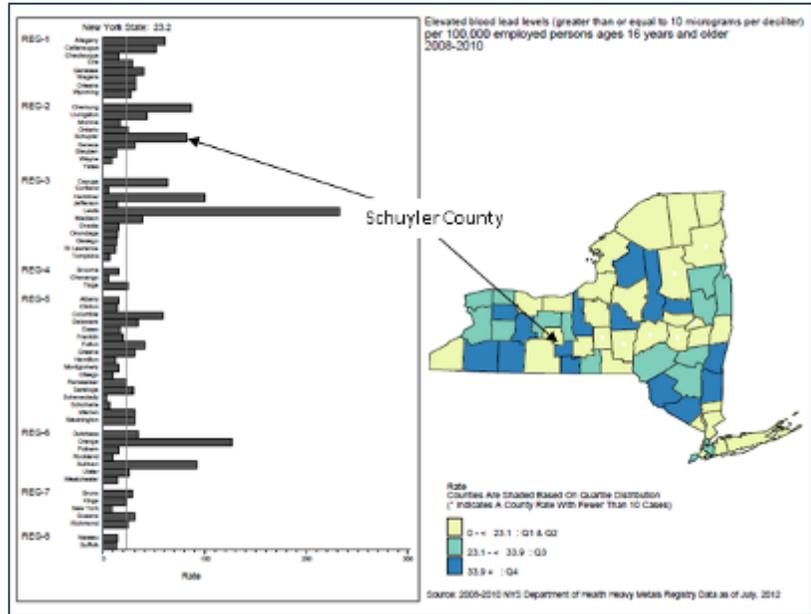
Indicator	3 Year Total	County Rate	NYS Rate	Sig. Dif.	NYS Rate exc NYC	Sig. Dif.	County Ranking Group
Incidence of malignant mesothelioma per 100,000 persons ages 15 years and older	0	0.0*	1.3	No	1.7	No	1st
Hospitalization rate per 100,000 persons ages 15 years and older							
Pneumoconiosis	12	29.1	24.5	No	32.8	No	3rd
<b>Asbestosis</b>	<b>55</b>	<b>133.2</b>	<b>22.2</b>	<b>Yes</b>	<b>36.0</b>	<b>Yes</b>	<b>4th</b>
Work-related hospitalizations per 100,000 employed persons ages 16 years and older	79	191.3	168.4	No	210.9	No	2nd
<b>Elevated blood lead levels (greater than or equal to 10 micrograms per deciliter) per 100,000 employed persons ages 16 years and older</b>	<b>34</b>	<b>82.3</b>	<b>23.2</b>	<b>Yes</b>	<b>24.0</b>	<b>Yes</b>	<b>4th</b>
Fatal work-related injuries per 100,000 employed persons ages 16 years and older #	N/A	S	2.2	Yes	2.3	Yes	N/A

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

Crude Rate			
Year	Single Year	3-Year Average	Rest of State
2001	235.0	-	25.0
2002	310.0	265.0	25.0
2003	250.0	270.0	25.0
2004	250.0	190.0	25.0
2005	125.0	150.0	25.0
2006	115.0	115.0	25.0
2007	110.0	100.0	25.0
2008	75.0	120.0	25.0
2009	175.0	135.0	25.0
2010	165.0	-	25.0

2001	234.1		25.1
2002	311.6	265.8	27.3
2003	251.8	270.6	30.9
2004	249.2	191.1	32.9
2005	125.7	148.1	34.0
2006	114.5	116.9	35.2
2007	110.4	99.6	32.6
2008	73.6	119.8	32.9
2009	177.2	133.2	39.0
010	163.0		36.1

### Asbestosis rates and elevated blood levels

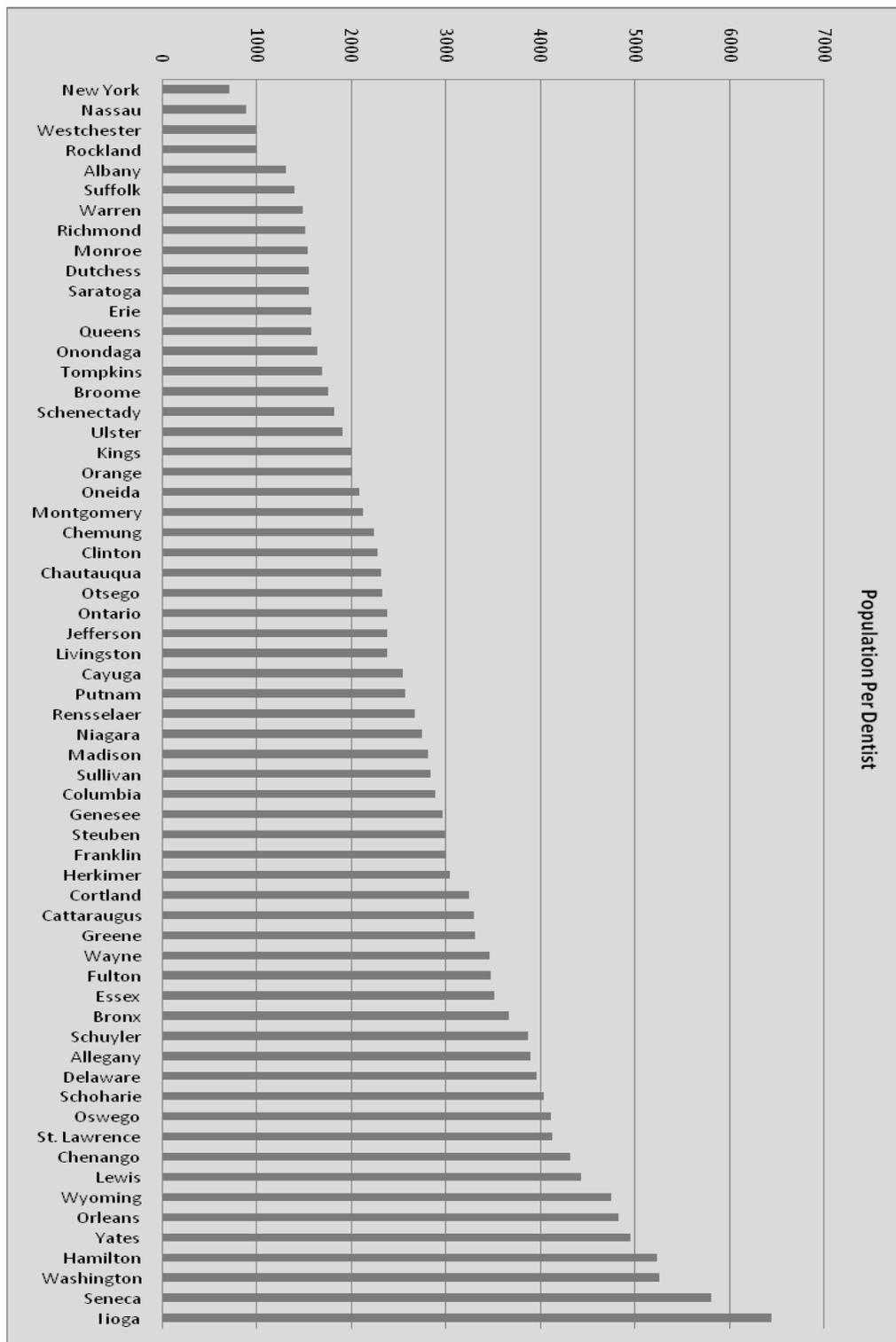


## Oral Health

### Population per Practicing Dentist by County, New York State 2008

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

According to the NYSDOH untreated decay among children has been associated with difficulty in eating, sleeping, learning, and proper nutrition. An estimated 51 million school hours are lost due to cavities. Almost one fifth of all health care expenditures in children are related to dental care. Among adults, untreated decay and tooth loss can also have negative effects on an individual's self-esteem and employability.<sup>11</sup> 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.<sup>12</sup> Oral health indicators for Schuyler County are in the chart below. County rates for 3<sup>rd</sup> grade children categories are in the first quartile of the State although in the fourth quartile for those taking fluoride tablets regularly. Medicaid



oral health indicators for the County are all lower than NYS averages and in the fourth quartile for the State. Oral cancer indicators are also worse the NYS rates. There are no fluoridated water systems in the County.

Source: [http://www.health.ny.gov/professionals/doctors/graduate\\_medical\\_education/reports/docs/final\\_report\\_on\\_expanding\\_dany\\_physician\\_loan\\_repayment\\_program.pdf](http://www.health.ny.gov/professionals/doctors/graduate_medical_education/reports/docs/final_report_on_expanding_dany_physician_loan_repayment_program.pdf)

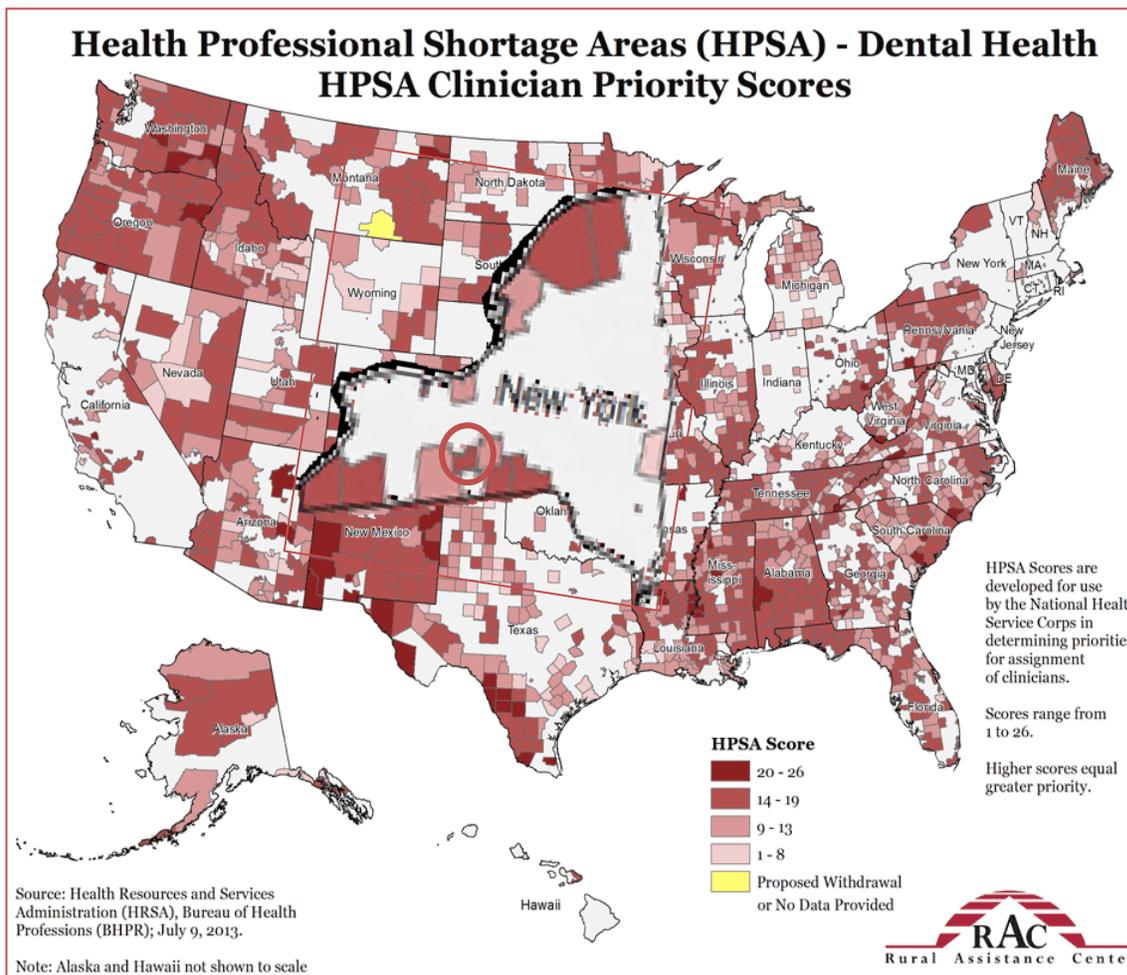
<sup>11</sup> New York State Dept. of Health, Water Fluoridation <http://www.health.ny.gov/prevention/dental/fluoridation/index.htm>

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

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

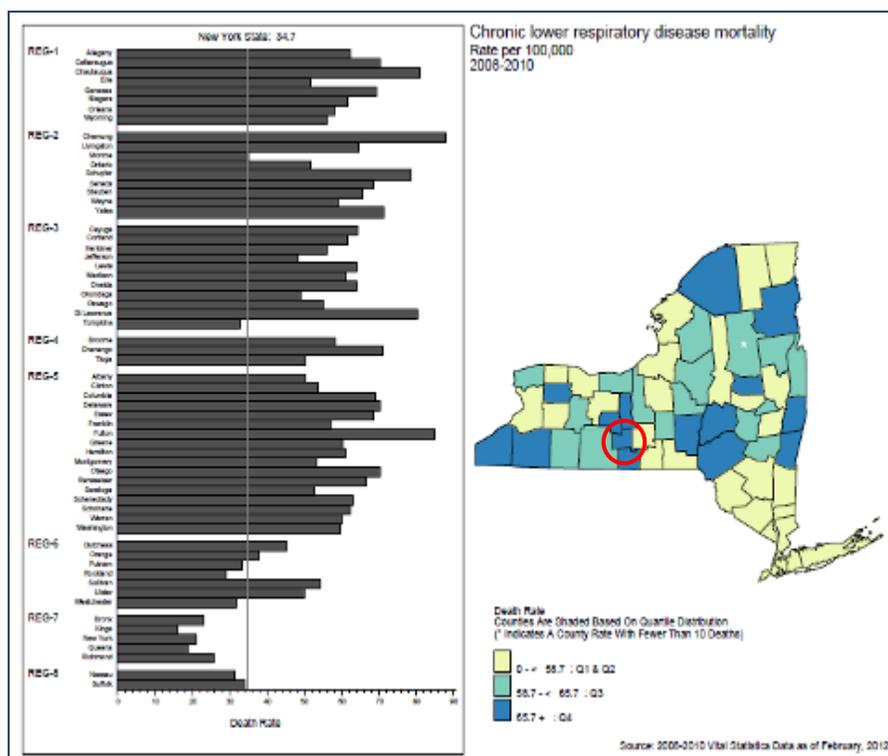
Indicator	3 Year Total	County Rate	NYS Rate	Sig.Dif.	NYS Rate exc NYC	Sig.Dif.	County Ranking Group
Oral health survey of 3rd grade children							
% of 3rd grade children with caries experience #	N/A	29.1	N/A	N/A	45.4	No	1st
% of 3rd grade children with untreated caries #	N/A	14.3	N/A	N/A	24.0	Yes	1st
% of 3rd grade children with dental sealants #	N/A	19.2	N/A	N/A	41.9	Yes	1st
% of 3rd grade children with dental insurance #	N/A	78.8	N/A	N/A	81.8	Yes	1st
% of 3rd grade children with at least one dental visit in last year #	N/A	78.1	N/A	N/A	83.4	Yes	2nd
% of 3rd grade children reported taking fluoride tablets regularly #	N/A	72.1	N/A	N/A	41.9	Yes	4th
Age-adjusted % of adults who had a dentist visit within the past year # (2008-2009)	N/A	69.1	71.1	No	72.7	No	3rd
Caries emergency department visit rate per 10,000 (ages 3-5 years) (2008-2010)	15	95.7	65.8	No	69.9	No	3rd
Medicaid oral health indicators							
% of Medicaid enrollees with at least one dental visit within the last year # (2008-2010)	2,597	21.6	31.3	Yes	29.4	Yes	4th
% of Medicaid enrollees with at least one preventive dental visit within the last year # (2008-2010)	2,098	17.4	25.9	Yes	23.4	Yes	4th
% of Medicaid enrollees (ages 2-20 years) who had at least one dental visit within the last year # (2008-2010)	1,288	33.2	40.8	Yes	40.5	Yes	4th
Oral cancer							
Age-adjusted incidence per 100,000 (2007-2009)	11	15.5	10.4	No	10.8	No	4th
Age-adjusted mortality rate per 100,000 (2007-2009)	2	2.8*	2.1	No	2.0	No	4th
Mortality per 100,000 (ages 45-74 years) (2007-2009)	1	4.4*	4.4	No	4.2	No	3rd

Schuyler County is designated as a Dental Personnel Shortage Area for low-income populations, and there is virtually no fluoridation as noted in the map below. The S2AY Network contracts with the Rushville Health Center to provide dental hygiene services in all of Schuyler County schools (cleaning, screening and sealants) to help address the oral health issues in the County.



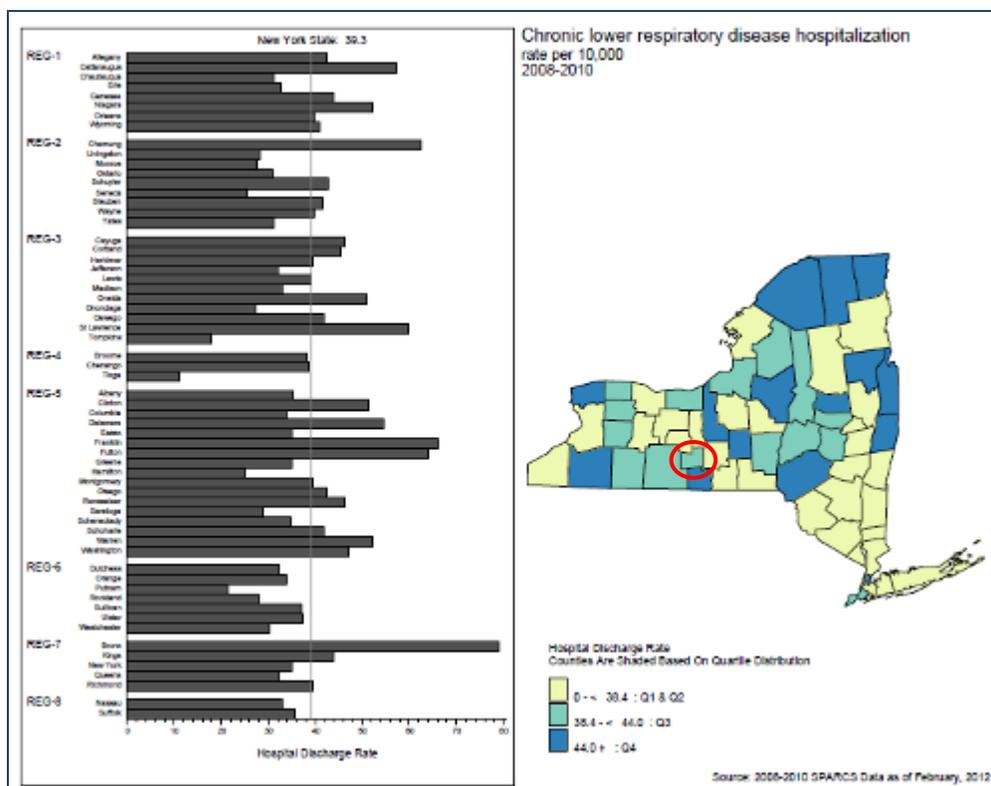
## Respiratory Disease

As this map and the chart below illustrates, Schuyler County residents are at higher risk for mortality for Chronic Lower Respiratory Disease (CLRD) and have a higher hospitalization rate. CLRD includes bronchitis, emphysema and asthma. Asthma hospitalization and mortality rates are low and therefore unstable, but nonetheless lower than NYS rates. Age-adjusted percentage of adults with current asthma for 2008-2009 was higher than NYS averages.



## Respiratory Disease Indicators - Schuyler County - 2008-2010

Indicator	3 Year Total	County Rate	NYS Rate	Sig.Dif.	NYS Rate exc NYC	Sig.Dif.	County Ranking Group
<b>CLRD mortality rate per 100,000</b>							
Crude	44	78.6	34.7	Yes	46.0	Yes	4th
Age-adjusted	44	58.7	31.1	Yes	38.5	Yes	4th
<b>CLRD hospitalization rate per 10,000</b>							
Crude	239	42.7	39.3	No	35.2	Yes	3rd
Age-adjusted	239	34.8	37.5	No	31.7	No	3rd
<b>Asthma hospitalization rate per 10,000</b>							
Crude	48	8.6	20.3	Yes	12.4	Yes	2nd
Age-adjusted	48	8.2	20.3	Yes	12.3	Yes	1st
Ages 0-4 years	6	23.6*	58.8	Yes	36.1	No	2nd
Ages 5-14 years	4	6.2*	20.9	Yes	11.2	No	2nd
Ages 0-17 years	11	9.5	29.0	Yes	16.1	No	2nd
Ages 5-64 years	25	5.7	15.4	Yes	9.5	Yes	1st
Ages 15-24 years	3	4.0*	7.5	No	4.1	No	3rd
Ages 25-44 years	3	2.3*	10.8	Yes	8.1	Yes	1st
Ages 45-64 years	15	8.8	21.8	Yes	12.6	No	2nd
Ages 65 years or older	17	18.3	32.2	Yes	19.2	No	3rd
<b>Asthma mortality rate per 100,000</b>							
Crude	0	0.0*	1.3	Yes	0.9	Yes	1st
Age-adjusted	0	0.0*	1.2	Yes	0.7	Yes	1st
Age-adjusted % of adults with current asthma (2008-2009)	N/A	11.2	9.7	No	10.1	No	3rd



## Tobacco, Alcohol and Substance Abuse

The age-adjusted percentage of Schuyler County adults who smoke is 23.2% 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 suburbs<sup>13</sup>

According to the NYSDOH:

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

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

During the ensuing years, the coalition has pursued an increasing number of venues to bring this critical health message to the public. Programs have been developed and implemented for youth from pre-school through college, and for adults in community, health, and work sites. In addition to public education, the coalition has both developed and supported programs designed to assist with the cessation of tobacco product use and worked to encourage the changes in public policy that promote an improved quality of health in their communities.<sup>15</sup>

NYSDOH statistics indicate that drug related hospitalization rates are lower in Schuyler County compared to NYS rates. Alcohol-related motor vehicle injuries and deaths and binge drinking rates are in the fourth 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.	Cty Ranking Group
Drug-related hospitalization rate per 10,000							
Crude	97	17.3	27.3	Yes	21.2	No	2nd
Age-adjusted	97	18.5	27.2	Yes	21.8	No	2nd
Newborn drug-related hospitalization rate per 10,000 newborn discharges	2	44.2*	64.0	No	78.4	No	2nd
<b>Alcohol related motor vehicle injuries and deaths per 100,000</b>	<b>46</b>	<b>82.2</b>	<b>36.2</b>	<b>Yes</b>	<b>50.0</b>	<b>Yes</b>	<b>4th</b>
Age-adjusted % of adults who smoke cigarettes (2008-2009)	N/A	23.2	17.0	No	18.9	No	3rd
Age-adjusted % of adults living in homes where smoking is prohibited (2008-09)	N/A	73.0	80.9	Yes	79.3	Yes	4th

<sup>13</sup> American Lung Association Cutting Tobaccos Rural Roots

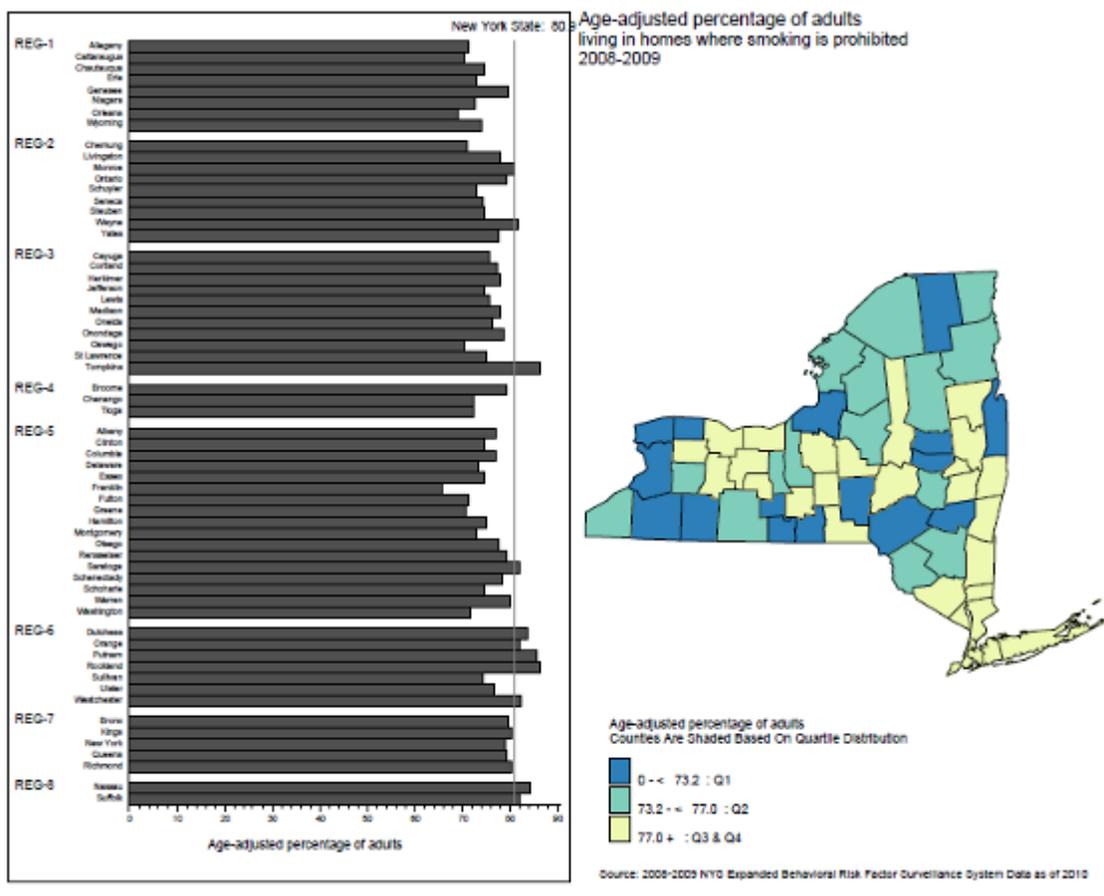
<http://www.lung.org/assets/documents/publications/lung-disease-data/cutting-tobaccos-rural-roots.pdf>

<sup>14</sup> New York State Dept. of Health, Tobacco Use Prevention, [http://www.health.ny.gov/prevention/tobacco\\_control/](http://www.health.ny.gov/prevention/tobacco_control/)

<sup>15</sup> Southern Tier Tobacco Awareness Community Partnership, About STTAC [http://www.sttac.org/about#.UkMfd4zD\\_IU](http://www.sttac.org/about#.UkMfd4zD_IU)



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The most recent Southern Tier Tobacco Awareness Community Partnership survey shows that 20.6% of respondents reported smoking.

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

(14.3% "Every Day")

**County Specific Results**

	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%
<b>Total</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>
<b>Sample Size</b>	<b>399</b>	<b>400</b>	<b>401</b>

As previously mentioned Schuyler County began working on underage drinking following the community health assessment process in 2005. A coalition was formed to develop strategies to combat this issue. These efforts have grown into what is now the Schuyler County Coalition on Underage Drinking and Drugs (SCCUDD). This coalition is a group of agencies, institutions and concerned community members. Their



purpose is to reduce scholastic, penal, judicial, or health – related consequences due to misuse use of alcohol and other drugs. SCCUDD was recently awarded a Drug Free Communities mentoring grant and will apply for a full, supporting grant in 2014.

In the Schuyler County Community Health Assessment Survey respondents ranked tobacco use and drug abuse as the number one and two issues in the County. Alcohol abuse and poor nutrition were tied for third.

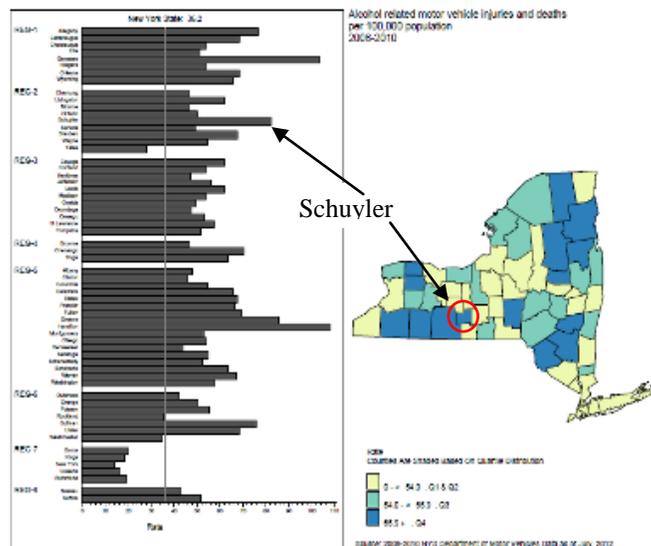
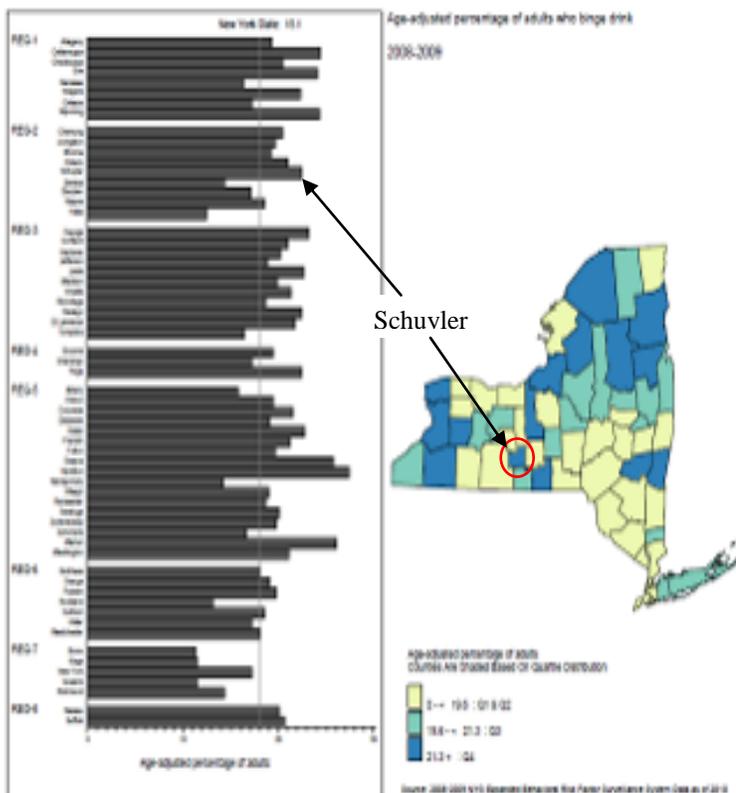
19% of survey respondents reported having one or more drinks every day. According to the

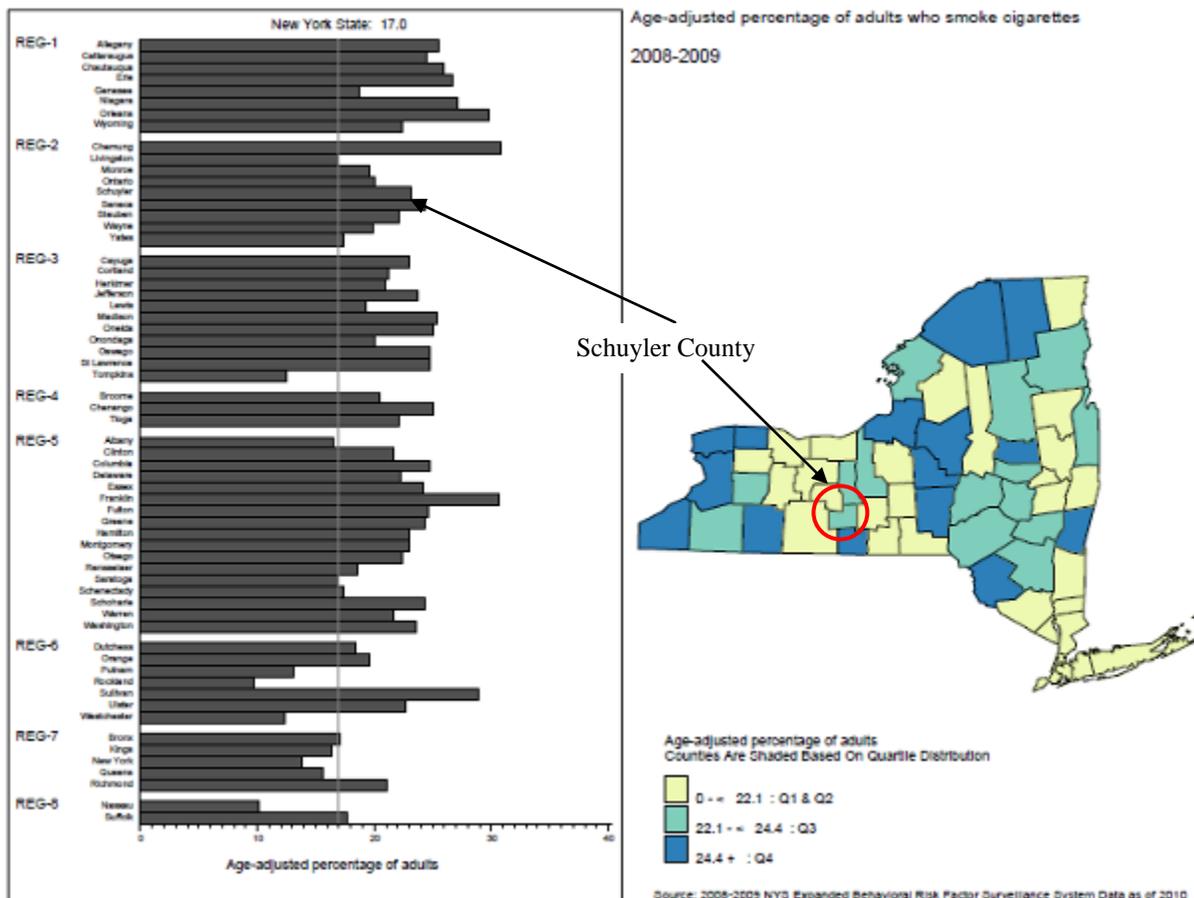
Questions about your community's health. Please check yes or no for each health problem that you believe may exist in our county and tell us if you feel it's not accessible.						
Answer Options	Yes	No	Check here if you feel it's NOT accessible	Don't know or unsure	% Adults Affected EBRFSS DOH Schuyler Co.	% Adults Affected EBRFSS DOH NYS
Smoking / tobacco use	75%	14%	4%	12%	23.2%	17.0%
Drug abuse	73%	15%	4%	12%		
Alcohol abuse	68%	18%	3%	13%	22.5%	18.1%
Poor nutrition (unhealthy eating)	68%	19%	6%	14%	75.4%	72.9%

Expanded Behavioral Risk Factor Surveillance Survey (EBRFSS) the rate of heavy drinkers in the County is 9% 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)									
Answer Options	None	1 or less each month	Less than 1 each day	1 or 2 each day	More than 2 each day	Response Count	Heavy Drinkers EBRFSS Schuyler Co.	Heavy Drinkers EBRFSS NYS	
How much alcohol do you drink?	37%	25%	20%	12%	7%	302	9.0%	5.0%	
How much do others in your household drink?	38%	20%	21%	13%	8%	233			
Total Respondents	304								

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





## County Health Ranking

The Robert Wood Johnson Foundation in collaboration with the University of Wisconsin Population Health Institute issues the *County Health Rankings & Roadmaps* annually. The *County Health Rankings* look at a variety of measures that affect health such as the rate of people dying before age 75, high school graduation rates, unemployment, limited access to healthy foods, air and water quality, income, and rates of smoking, obesity and teen births; Schuyler County ranked 29<sup>th</sup> in overall health outcomes in NYS. The following chart demonstrates Schuyler County compared to the State and the National Benchmark. The next chart features the comparisons of the SAY Rural Health Network Counties to each other.

	Schuyler County	Error Margin	New York	National Benchmark*	Trend	Rank (of 62)
<b>Health Outcomes</b>						<b>29</b>
<b>Mortality</b>						<b>35</b>
Premature death	6,025	4,749-7,300	5,650	5,317		
<b>Morbidity</b>						<b>25</b>
Poor or fair health	16%	9-28%	15%	10%		
Poor physical health days			3.5	2.6		
Poor mental health days	4	1.7-6.4	3.4	2.3		
Low birthweight	6.50%	5.1-8.0%	8.20%	6.00%		
<b>Health Factors</b>						<b>35</b>
<b>Health Behaviors</b>						<b>35</b>
Adult smoking			18%	13%		
Adult obesity	28%	21-35%	25%	25%		
Physical inactivity	30%	23-38%	25%	21%		

Excessive drinking			17%	7%		
Motor vehicle crash death rate			7	10		
Sexually transmitted infections	115		516	92		
Teen birth rate	29	24-34	25	21		
<b>Clinical Care</b>						<b>57</b>
Uninsured	13%	11-14%	14%	11%		
Primary care physicians**	1,667:1		1,222:1	1,067:1		
Dentists**	4,673:1		1,414:1	1,516:1		
Preventable hospital stays	103	90-116	66	47		
Diabetic screening	84%	74-95%	85%	90%		
Mammography screening	69%	57-81%	66%	73%		
<b>Social &amp; Economic Factors</b>						<b>24</b>
High school graduation**	73%		77%			
Some college	56%	50-63%	64%	70%		
Unemployment	7.80%		8.20%	5.00%		
Children in poverty	23%	17-29%	23%	14%		
Inadequate social support	17%	10-28%	24%	14%		
Children in single-parent	22%	16-27%	34%	20%		
Violent crime rate	77		391	66		
<b>Physical Environment</b>						<b>11</b>
Daily fine particulate matter	11.4	11.1-11.7	10.9	8.8		
Drinking water safety	0%		4%	0%		
Access to recreational facilities	5		11	16		
Limited access to healthy	2%		2%	1%		
Fast food restaurants	28%		45%	27%		

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

Schuyler County ranks about in the middle 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
<b>Health Outcomes</b>		<b>11</b>	<b>29</b>	<b>23</b>	<b>44</b>	<b>46</b>	<b>6</b>
<b>Mortality</b>		<b>23</b>	<b>35</b>	<b>20</b>	<b>43</b>	<b>36</b>	<b>17</b>
Premature death	5,650	5,719	6,025	5,681	6,255	6,047	5,485
<b>Morbidity</b>		<b>3</b>	<b>25</b>	<b>32</b>	<b>41</b>	<b>59</b>	<b>2</b>
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%
<b>Health Factors</b>		<b>7</b>	<b>35</b>	<b>43</b>	<b>52</b>	<b>38</b>	<b>16</b>
<b>Health Behaviors</b>		<b>10</b>	<b>35</b>	<b>53</b>	<b>57</b>	<b>46</b>	<b>18</b>
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



Measure	New York	Ontario	Schuyler	Seneca	Steuben	Wayne	Yates
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%
<b>Social &amp; Economic Factors</b>		<b>6</b>	<b>24</b>	<b>27</b>	<b>51</b>	<b>26</b>	<b>21</b>
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
<b>Physical Environment</b>		<b>36</b>	<b>11</b>	<b>39</b>	<b>34</b>	<b>53</b>	<b>6</b>
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>

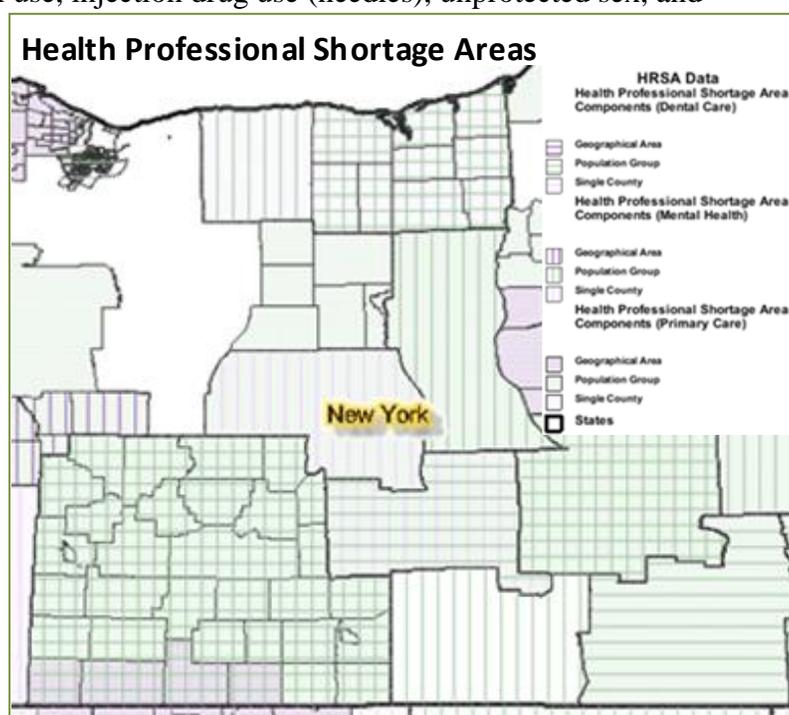
## Health Challenges

### Risk Factors

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

- Biology and genetics. Examples: sex and age
- Individual behavior. Examples: alcohol use, injection drug use (needles), unprotected sex, and smoking
- Social environment. Examples: discrimination, income, and gender
- Physical environment. Examples: where a person lives and crowding conditions
- Health services. Examples: Access to quality health care and having or not having health insurance<sup>16</sup>

The Schuyler County Public Health Department and partners will work to address these factors as they tackle their identified health priorities. The sub-groups for these risk factors include lower-income, lower-educated and socially isolated populations, as well as those with genetic predispositions for chronic disease, mental illness and alcohol/substance abuse.



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

Lack of access to primary care results in poor health outcomes since prevention, early detection, early treatment and referral to other needed services eases the effects of long-term chronic conditions. In Schuyler County socioeconomic conditions limit access to health care as well as limited availability of services within county borders. There is a lack of some specialty providers within the county, limiting access for those without private transportation, due to a limited public transportation system. Improving access to high-quality, continuous primary care and treatment services are critical in eliminating disparities in health outcomes. . Lack of transportation in rural areas, feeling intimidated by the health care system, lack of insurance and perceived confidentiality issues are some of the factors that may keep people from appropriately accessing care. Schuyler County residents may use Schuyler Hospital, or depending on where they live in the County, they may also use hospitals in the adjacent counties including: Chemung County (Arnot Health), Steuben (usually Corning- Guthrie, or Ira Davenport in Bath), Tompkins (Cayuga Medical) or even Guthrie Hospital in Sayre PA, and Yates (Soldiers and Sailors in Penn Yan) Hospitals. Schuyler Hospital is now a Critical Access Hospital (CAH). For the most part however, services are available, if cost, behavioral and transportation barriers do not preclude access. 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

### **Transportation Factors**

Physical and economic conditions can cause geographic isolation for a portion of county residents. Public transportation within the county has always been an issue. After years of planning and preparation, Schuyler County Transit, operated by ARC of Schuyler in collaboration with the County, opened in 2010. This system connects the villages of Burdett, Watkins Glen, Montour Falls, and Odessa. It also incorporates a loop to Schuyler Hospital and the hospital's Primary Care Center. Additional stops include Burdett Mini Mart, Wal-Mart in Watkins Glen, Seneca Harbor Park (near the Guthrie Offices), Franklin St. & 7<sup>th</sup> St., 12<sup>th</sup> St. and Porter St. (which is near Public Health and the Arnot Health offices), Tops/CVS, Main St. & Montour St. in Montour Falls, the Human Services Complex (where the county's Department of Social Services, Youth Bureau, Veterans Office and Office for the Aging are housed as well as Schuyler Headstart and Cornell Cooperative Extension), Broadway St. in Montour Falls as well as the Odessa Municipal Building. The Transit recently added a dial a ride capability, so people in the outlying area of the county can order up a ride. The Schuyler County Transit service helps address the geographic and transportation barriers of some county residents. The population tends to heavily use the local volunteer ambulance services as a transportation option to medical services in the Emergency Department.

### **Behavioral Factors**

Personal barriers in access to care include:

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

- Women in abusive relationships may be so controlled by their abuser that they are not allowed to get medical or dental care.
- Cultural acceptance of tobacco and alcohol use is also a factor.

A wide variety of behavioral risk factors affect Schuyler County residents including residents with a low-income, and thus limited means with which to purchase nutritional meals or take advantage of many social and recreational opportunities for physical activity (e.g. canoeing, kayaking, backpacking, golf, etc.). Persons with limited means are also more likely to engage in unhealthy habits such as tobacco use or alcohol abuse, 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.

## **Economic Factors**

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, as people are sicker once they seek care due to an increasing number of individuals electing to skip routine medical and dental care due to lack of employment, resources and/or insurance. Some providers refuse to accept Medicaid. Additionally, the high cost of fuel is still a consideration for residents as the 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.

As indicated above, an estimated 14.1% of Schuyler County residents 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.<sup>17</sup>

Schuyler County has two organizations available to assist residents with enrolling in this new system: AIM Independent Living Center 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.

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

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

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.

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, in fact, non-existent within the County borders.

Lower levels of [education](#) and educational aspirations are also risk factors as discussed above in the demographics section. Only 17% of Schuyler County residents have a Bachelor's degree or higher compared to the NYS average of 32.5%. Lack of access to dental care and lack of a fluoridated water supply are other factors residents must deal with.

There is no daily paper within the county borders. Three dailies Corning Leader (Steuben County), Star Gazette (Chemung County), Ithaca Journal (Tompkins County) existing in adjacent counties, serve the needs of Schuyler County residents. The County has a weekly paper Watkins Express and Review, which covers both Schuyler and Yates County news. Additionally there is a local, online only site, the Odessa Files, which covers Schuyler County daily news. There are also no TV or radio stations within the county.

The Clean Indoor Act, passed ten years ago, continues to improve the overall environment and reduce second hand smoke statistics. Many businesses are going to smoke-free work areas.

The Socio-Economic Status and General Health Indicators from 2008-2010 state 13.1% of the Schuyler County residents live in poverty. This restricts basic needs such as heat, food, adequate shelter, medical and prescription care.

As stated in the earlier [housing section](#) 43.4% of the housing in the County needs rehabilitation and 11.7% need massive repairs or to be demolished. Many homes have no indoor plumbing and 12% of county residents use wood as their main heat source. Inadequate housing can impact health outcomes. .

Schuyler County is somewhat unique in that it attracts over 2 million tourists during the summer and fall seasons, 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. In addition to typical seasonal visitors to Seneca Lake, local wineries, and the Watkins Glen Gorge, the area is inundated with visitors to events at the Watkins Glen International Race Track's large public races including a race one of NASCAR series races, which is the largest sporting event in the Northeastern United States.

### **Local Health Improvement Efforts**

Through the efforts of the Public Health Department and the Finger Lakes Addictions Counseling and Referral Agency (FLACRA), Schuyler County Sheriff's Department, Watkins Glen Village Police, the DAs Office, School Districts, Probation Department and many others; an underage drinking and drug campaign continues in the county. The Schuyler County Coalition on Underage Drinking and Drugs (SCCUDD) attempts to influence the social environment by changing social norms around alcohol and drug abuse. The Sheriff's zero tolerance of underage drinking parties, letters from the County DAs office to parents of graduating seniors, publications regarding the consequences of underage drinking, focus groups and numerous educational efforts combine to change the social environment related to alcohol and drug abuse by minors. Recent changes alcohol policies around assess at festivals in the County is one example of environmental change brought about in the community. Both attitudes and behaviors are targeted.

Strides are being made to make the physical environment smoke-free. There is an increase in the number of workplaces and campuses that are now smoke-free. There is also an increase in available nicotine replacement therapies. As noted above Schuyler County Public Health is a partner in the Southern Tier

Tobacco Awareness Community Partnership and continues to support their efforts. Currently Schuyler County-owned properties have smoke-free campuses and the Village of Watkins Glen has tobacco free recreation areas.

Schuyler County has a committee addressing depression and anxiety in our elderly, as it was felt to be another barrier for some people to health care. It was felt that undetected depression and/or anxiety prevented some of the elderly population from seeking care and taking actions to improve their health. The group includes Schuyler County Public Health, Schuyler Hospital, Office for the Aging, and Social Services Department.

Schuyler County Public Health is a partner of a System of Care effort, which is lead by a Mental Health Department grant. The Mental Health Department, Department of Social Services, Youth Bureau, Cornell Cooperative Extension, Probation Department, Finger Lakes Parent Network, FLCRA, parents and the Schools are all partners. The goal is to create a framework of coordinated network of community-based services and supports that is organized to meet the Physical, mental, social, emotional, educational, and developmental needs of children and their families.

In an effort to address the high suicide rate in Schuyler County the Suicide Awareness For Everyone (SAFE) coalition was formed. SAFE is devoted to connecting people to prevention, intervention and recovery by providing education and advocacy to reduce the suicide rate in Schuyler County. Involved in this effort is Department of Social Service, Youth Bureau, Rape Crisis, Mental Health, local private psychological providers and Public Health.

In an effort to provide preventative services to families in Schuyler County, an Early Childhood/Family Committee came together to look at issues concerning our youngest families, that is families with children birth to 5 years. This group's goal is "By 2020, the Schuyler County Community will provide support to all families and nurture their abilities to develop their children's physical, cognitive and social emotional health." The Vision statement is "All Schuyler County families will have the supports they need to raise healthy happy children." Participating in this initiative is Public Health, Cornell Cooperative Extension, Department of Social Services, Parents, Finger Lakes Parent Network, Pediatrician, Schools, Schuyler Headstart and County Administration.

Watkins Glen School District was awarded a Carol M. White Physical Education Program Grant from the U.S. Department of Education in October 2013. The goal of this grant is to increase physical activity, fitness and knowledge; as well as to integrate health, nutrition and fitness programs.

Schuyler County Public Health and other community partners will work to implement the [Community Health Improvement Plan](#) (CHIP) work plan. This work plan provides a road map to address the top identified priorities of obesity and diabetes reduction in the County by making environmental and policy changes in the community that will improve the local health care environment. The CHIP 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: promoting sugar sweetened beverage policies, developing resource guides of opportunities for physical activity, work with worksites to develop worksite wellness programs that encourage increased physical activity like directing workers to the stairs; eliminating vending machines with unhealthy choices at various locations (schools, businesses and community); working with the Regional Economic Development Council to consider physical activity enhancements and impediments in their development projects; and providing resource links on electronic medical records.

Schuyler County Public Health and their partners will ensure that these improvements to facilitate healthy outcomes are made in Schuyler County. Progress will be monitored by the Group. 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 Schuyler County can be found [here](#).

## Assets and Resources

### Hospitals

There is one hospital that is physically located in Schuyler County: Schuyler Hospital, which is now a Critical Access Hospital (CAH); is near the county population centers of Montour Falls and Watkins Glen. Cayuga Medical Center and Schuyler Hospital have recently established a partnership to provide some specialty services to the County, Orthopedics, Surgical and Anesthesiology to start. There are four other additional hospitals in neighboring counties that also serve Schuyler County residents: Arnot Ogden Medical Center in Chemung County to the south; Cayuga Medical Center in Tompkins County to the East; and Corning Hospital to the West and Guthrie Hospital in Sayre, PA . Depending on where residents live and/or work, they might occasionally use Ira Davenport in Bath (Steuben) or Soldiers and Sailors in Penn Yan (Yates).

### Clinics

- Schuyler Health Check, is a free clinic ran by Health Ministry of the Southern Tier provides services to individuals without insurance.
- S2AY Rural Health Network subcontracts with the Rushville Health Center to provide a mobile in-school dental program that serves Medicaid patients (and Child Health Plus) with dental hygienist services in school settings.
- Schuyler County Public Health is an Article 28 clinic and provides immunization clinics and is a Vaccine for Children (VFC) provider.

### Primary Care Providers

- Schuyler Hospital Primary Care Centers include:
  - 230 Steuben Street, Montour Falls, NY 14865, 607-535-7154
  - 2138 W. Seneca Street, Ovid, NY 14521, 607-869-2541
  - 401 W. Main St., Montour Falls, NY 14865, 607-535-6080
  - 30 Millard Street Dundee, NY 14837 607-243-8311
- Arnot Health 104 South Porter Street, Watkins Glen, NY 14891, 607-739-2891
- Guthrie Health One First Street, Watkins Glen, NY 14891, 607-535-2403
- Dr. James Winkler 210 Montour Street, Montour Falls, NY 14865 607-535-2712
- Dr. Blanch Borzell 801 N. Decatur Street, Watkins Glen, NY 14891 607-535-9222

### Specialty Services offered in County at the following offices:

- Schuyler Hospital/ Cayuga Orthopedics, 230 Steuben Street, Montour Falls, NY 14865, 607-210-1968
- Schuyler Hospital September Hill Women's Center, 250 Steuben St., Montour Falls, NY 14865, 607-535-4645
- Arnot Health 104 South Porter Street, Watkins Glen, NY 14891, 607-739-2891, Cardiac and Endocrinology
- Guthrie Health One First Street, Watkins Glen, NY 14891, 607-535-2403 Neurology, Cardio-vascular
- Finger Lakes Community Health is a 330 *Migrant & Community Health Center* (FQHC), as well as a 330g funded *Migrant Voucher Program*, covers this special population that might use a

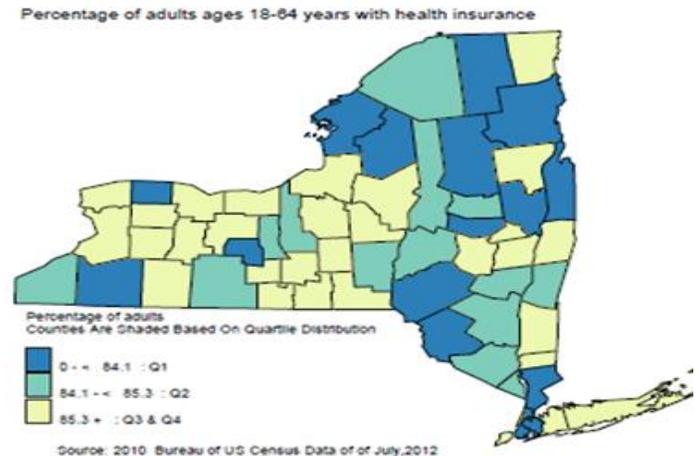
Schuyler County service. They are in the process of opening an office in Ovid in bordering Seneca County, and serve some Schuyler County residents.

- Rushville Health Center is a Federally Qualified Health Center located in Yates County and offers school based dental hygiene services.

All other specialty services require out of County travel. Schuyler County is designated as a Health Care Professional Shortage Area as noted prior. HRSA lists access to 5 FTEs within the prescribed geographical area. Schuyler County is designated as a Dental Personnel Shortage Area for low-income populations also. Access is clearly an issue within the county.

### Access to Health Insurance

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



Schuyler County will insure community residents are in touch with local organizations that provide assistance with enrollment. This will include organizations such as the S2AY Rural Health Network, Community Service Society, Aim Independent Living Center, Chamber of Commerce and the Health Insurance Information Counseling & Assistance program (HIICAP). These organizations provide free, confidential, unbiased information on health insurance options and assist residents with enrollment. The S2AY Rural Health Network, [www.s2aynetwork.org](http://www.s2aynetwork.org), can be reached at 607-962-8459 or to schedule an appointment call the HELPLINE, [www.211helpline.org](http://www.211helpline.org), at 1-800-346-2211. HIICAP can be reached through Schuyler County Office for the Aging at 607-535-7108. AIM Independent Living Center can be reached at 1-888-962-8244.

### Primary Care and Preventive Health Services Utilization

In Schuyler County, survey and focus groups respondents felt that transportation to health care was an issue, as well as access to specialty care. Schuyler County residents must travel across county lines for all but the most basic of care. For example Schuyler Hospital made the decision to discontinue their inpatient deliveries of babies. Focus group participants reported the mis-use of 911 calls and emergency services by some residents simply looking for transportation. They also felt the emergency room was often misused. Participants felt the County did have some public transportation resources that were not being utilized as best as they could.

According to the 2009 EBRFSS data 10.1% of the county residents reported that cost prevented them from visiting a doctor within the past year compared to 12.6% across the state.

**Table 10. Cost Prevented Visit to Doctor within the Past Year among Adults<sup>1</sup> in Schuyler County and New York State**

	Schuyler County				New York State			
	n <sup>2</sup>	Est. # Adults <sup>3</sup>	Percent	(C.I.) <sup>4</sup>	n <sup>2</sup>	Est. # Adults <sup>3</sup>	Percent	(C.I.) <sup>4</sup>
<b>Total</b>	312	1,507	10.1	(4.4 - 15.8)	18287	1,864,399	12.6	(9.5 - 15.6)

In our survey of community residents 31.6% reported they had not visited a doctor in more than a year. This was up from the 22.6% reported in our last survey. The EBRFSS reported 70.8% of Schuyler County residents had visited a doctor for a routine checkup in the past year, compared with 72.7% across the State. 76.6% of survey respondents reported they had a primary care doctor compared to EBRFSS results of 84.7% for the county and 83% for NYS.

Do you have a Primary Care Doctor (Family Doctor)?				
Answer Options	Response Percent	Response Count	EBRFSS Schuyler Co.	EBRFSS NYS
Yes	76.6%	255	84.7%	83.0%
No	23.4%	78		
Total Respondents	333			

About how long has it been since you last visited a health care provider (doctor) for a routine checkup?				
Answer Options	Response Percent	Response Count	EBRFSS Schuyler Co.	EBRFSS NYS
1 to 12 months ago	68.4%	232	70.8%	72.7%
5 or more years ago	2.7%	9	81.5%	85.7%
1 to 2 years ago	7.4%	25		
Never	16.8%	57		
2 to 5 years ago	4.7%	16		
Total Respondents	339			

### Local Health Unit Capacity Profile

Schuyler County Public Health Department is organized with oversight provided by the County Legislature as the Board of Health. It is a Partial-Services County that relies on the New York State Department of Health's Hornell Regional Office to provide regulatory Environmental services. The Department has oversight of the Schuyler County Watershed Protection Agency since it was created in 1973. The Watershed Protection Agency, with a waiver from Hornell District Office inspects individual water and sewer systems within the County. Schuyler County sold its Certified Home Health Agency in 2012 to Lifetime Care. Staff levels were severely reduced due to the sale and the Department is developing to have an increased preventative population-based outlook.

The Department operates using 2 county level advisory groups, the Schuyler County Public Health Professional Advisory Committee (PHPAC), and the Local Early Intervention Coordinating Council (LEICC). The SAY Rural

Health Network serves as our Health Advisory Committee. The Department contracts with a Medical Director, who provides physician support for services provided.

The Public Health Staff has strategically become involved in the community working toward Health in all Policies. Staff is involved with many boards or committees of community organizations carrying Health and the Health Prevention Agenda.

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

### **Staffing and Skill Level**

The Director of Public Health, Marcia Kasprzyk, has been with the Department for approximately 27 years was appointed as the Public Health Director in 2002. Prior to becoming Director she served in other capacities including the Early Intervention Manager, Director of Patient Services and Deputy Director. She has a broad knowledge of the community and of public health, along with excellent management and supervisory experience. The Department is staffed with Public Health Nurses; Public Health Specialists, Watershed Inspector, Watershed Inspector Assistant and fiscal/support staff positions.

### **Adequacy and Deployment of Resources**

State Aid cuts have had an immediate negative impact on Public Health Agencies. Reductions in State Aid and grants funding has required the staff to prioritize how best to meet community needs. Schuyler County recently sold their Certified Home Health 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. The community needs continue to increase, the State Mandates remain, and counties are struggling.

### **Schuyler County Public Health Organizational chart attachment F**

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#### **Process**

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Schuyler County Public Health Department 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 an 18 month long process to collect data, solicit opinions, facilitate a process and guide a discussion to determine not only what the most pressing problems facing our residents are, but also what we can effectively and efficiently address. The Schuyler County Public Health Dept. was charged with working with local hospitals and other key partner agencies to select two key health priorities and one disparity to address in the community.

## Mobilizing for Action through Planning and Partnership

Led by the S2AY Rural Health Network Schuyler County Public Health Department along with local hospitals 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 Schuyler County Public Health Department invited participants from a wide range of the organizations throughout the county. Organizations that participated in the community health assessment process were:

- Schuyler County Public Health Department (SCPHD)
- Schuyler Hospital (SH)
- Arnot Health (AH)
- Guthrie Health
- Diabetes Committee - members are SCPHD, SH, Cornell Cooperative Extension (CCE), AH, a PCP, and Office for the Aging (OFA)
- HEAL Committee - members are SCPHD, SH, CCE, OFA, Headstart, and local farmers)
- S2AY Rural Health Network
- Schuyler County Planning Department
- Schuyler County Department of Social Services
- Schuyler ARC
- Schuyler Headstart
- Watkins Glen School District

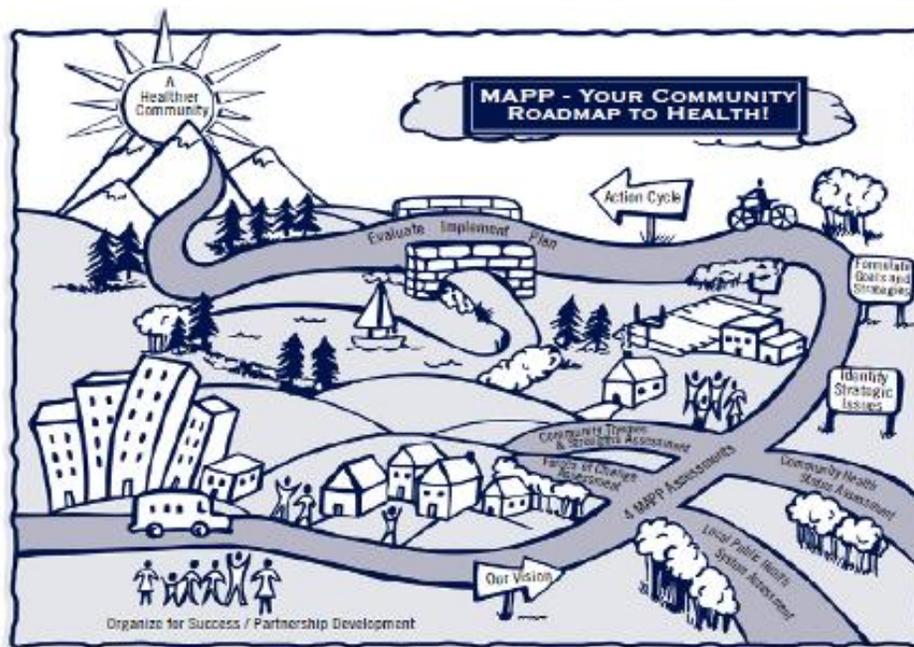
The Committee included these organizations that are committed to improving the health of Schuyler County residents. This group has met on a monthly basis in the development of this Community Health Assessment. The members of the Schuyler County Community Health Priority Committee (soon to be renamed, but listed as this in the plan) have agreed to meet on a regular basis to ensure that the initiatives outlined in the Community Health Improvement and Community Service Plans 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 S2AY Rural Health Network staff. The second method was to collect primary data by conducting a comprehensive survey among a random sample of community residents to determine their opinions, health-related behaviors and health needs. A total of 346 completed surveys were returned in Schuyler County (see [Attachment A](#) for survey results). 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.

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



The third assessment was the Community Themes and Strengths Assessment that was conducted through focus groups which were held throughout the County. This assessment looked at the issues that affect the quality of life among community residents and the assets the County has available to address health needs. These were held in conjunction with the fourth assessment that looked at the “Forces of Change” that are at work locally, statewide and nationally, and what types of threats and/or opportunities are created by these changes. The focus groups conducted in Schuyler County included a group of Schuyler Hospital staff members which included Medical Staff, Schuyler County Department Heads and Schuyler County Public Health Department Staff. Notes from the focus groups can be found in [Attachment B](#). These groups helped augment the responses of the public health system assessment and findings of the survey of community residents.

## Identification of Strategic Issues

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

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

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

Issue	Hanlon	Pearl
Diabetes	<b>148.00</b>	<b>5.46</b>
Cardiovascular Disease	<b>142.67</b>	4.85
Obesity	<b>135.62</b>	<b>5.38</b>
Oral Health	105.38	4.23
Lead	102.50	4.85
Cancer	100.31	4.69
Injuries	98.50	3.92
CLRD/COPD	95.08	3.46
ER Visits	87.31	4.46
Breastfeeding	70.00	4.46
Teen Pregnancy	66.25	3.54

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. Obesity
2. Diabetes

And the following disparity:

Screen for Diabetes risk 10% of the County's 20 – 49 year old population, as many do not have Primary Care Physician nor Health Insurance coverage. Once screened for their risk of Diabetes, they would be referred to a Primary Care Physician (PCP) and if appropriate a Navigator to be screened for Health Insurance eligibility.

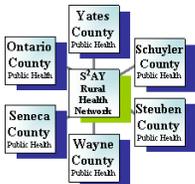
## Formulate Goals and Strategies

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

For each focus area under the selected Prevention Agenda Prevent Chronic Disease priority 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. Specifics are in the Schuyler County Community Health Improvement Plan.

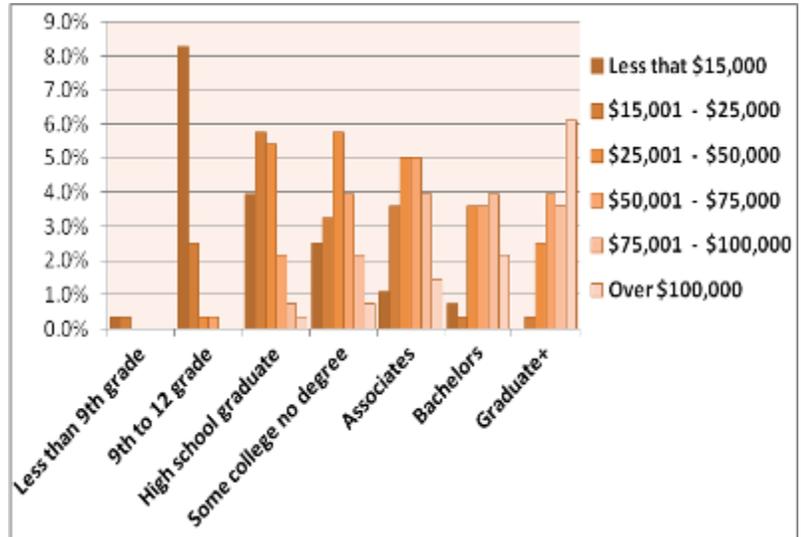
The Schuyler County Community Health Priority Work Plan designates the organizations that have accepted responsibility for implementing each of the activities outlined in the work plan. Measurements and evaluation techniques are provided for each activity with starting target dates provided. As mentioned above the members of the Schuyler County Community Health Priority Committee 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 Schuyler County Legislature/ Board of Health, Schuyler County Professional Advisory Committee and the Schuyler Hospital Board. Activities on the work plan will be assessed and modified as needed to address barriers and duplicate successes.

Progress will also be monitored using the “Results Based Score Card”, which is an interactive database that assist in monitoring population results and indicators, and the performance of Programs and Services that are part of the County's strategy to improve them. Once trained (planned for October-November 2013) the County's Human Services Departments will use as its Performance Based Budget.



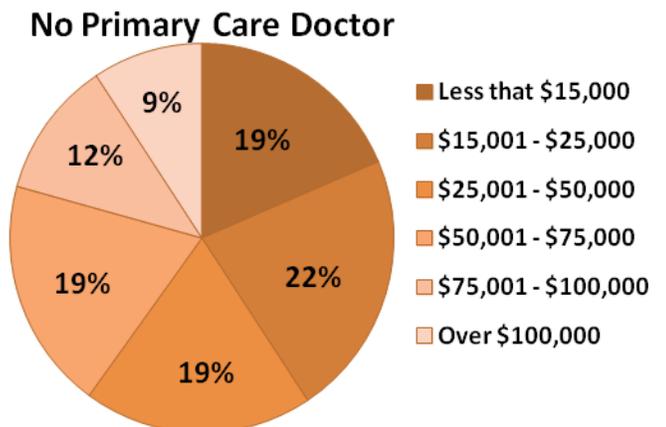
**Attachment A - Schuyler County Community Health Assessment**

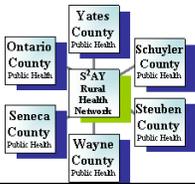
County	Schuyler	2010 Census
# surveys	<b>346</b>	<b>18,343 pop</b>
Over 35 yo	74.5%	61.4%
Over 50 yo	47.0%	40.5%
White	97.7%	97.1%
HS grad or	30.6%	52.1%
Bach or more	32.1%	17.4%
Full time	60.7%	
Town	Watkins 36.3% Dix 15.4%	Watkins 10.1% Dix 21.1%
20+ yrs in cty	58.4%	
\$25k or more	66.1%	77.0%
\$50k or more	43.8%	46.2%
Married	47.9%	
Insured	83.6%	
Female	64.6%	50.1%
Comp survey	91.3% - 316	



Do you think that access to primary health care (family doctor) is a problem in Schuyler County:				
Answer Options	Problem for YOU	Problem in Schuyler County	Don't know or unsure	Response Count
For low-income families?	34%	48%	18%	332
For the elderly?	35%	47%	18%	332
For all in community?	23%	56%	21%	334
For persons with disabilities?	26%	49%	25%	330
For persons new to the area?	30%	45%	25%	328
For under / un-insured?	42%	37%	21%	332
Total Respondents	338			

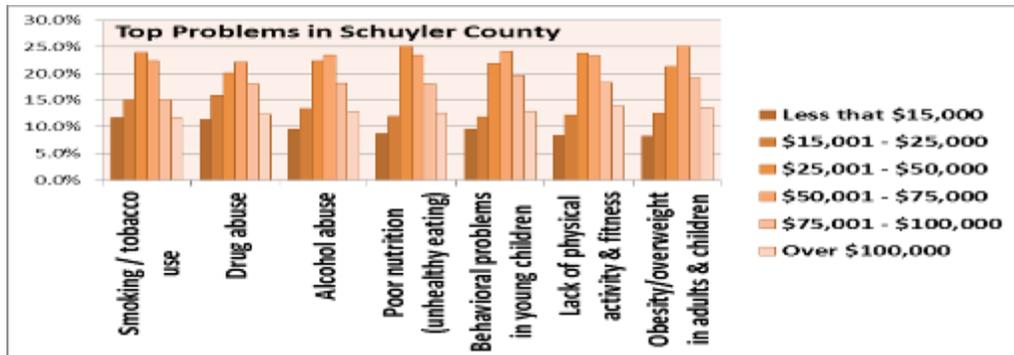
Do you have a Primary Care Doctor (Family Doctor)?				
Answer Options	Response Percent	Response Count	EBRFSS Schuyler Co.	EBRFSS NYS
Yes	76.6%	255	84.7%	83.0%
No	23.4%	78		
Total Respondents	333			

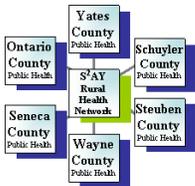




Questions about your community's health. Please check yes or no for each health problem that you believe may exist in our county and tell us if you feel it's not accessible.

Answer Options	Yes	No	Check here if you feel it's NOT accessible	Don't know or unsure	% Adults Affected EBRFSS DOH Schuyler Co.	% Adults Affected EBRFSS DOH NYS
Smoking / tobacco use	75%	14%	4%	12%	23.2%	17.0%
Drug abuse	73%	15%	4%	12%		
Alcohol abuse	68%	18%	3%	13%	22.5%	18.1%
Poor nutrition (unhealthy eating)	68%	19%	6%	14%	75.4%	72.9%
Behavioral problems in young children	67%	17%	6%	16%		
Lack of physical activity & fitness	67%	18%	7%	13%	20.4%	23.7%
Obesity/overweight in adults and children	66%	19%	9%	14%	64.9%	59.3%
Depression/anxiety/stress	63%	21%	7%	15%		
Teen pregnancy	62%	19%	4%	19%	2.7%	2.1%
Depression / suicide / other mental illnesses	62%	19%	6%	17%		
Unplanned pregnancy	59%	21%	6%	20%		
Teenage sexual activity	58%	23%	3%	20%		
Diabetes	57%	23%	3%	20%	10.3%	9.0%
Cancer	55%	25%	4%	19%		
Heart disease/Stoke	54%	24%	2%	21%	6.6%	6.3%
Sexually transmitted diseases (Chlamydia, Herpes, HIV/AIDS)	50%	22%	3%	28%		
Problems with teeth or gums	48%	25%	8%	26%		
Allergies	48%	28%	2%	24%		
Respiratory/COPD/pulmonary/lung diseases	47%	25%	3%	27%		
Access to food	46%	33%	3%	19%		
Alzheimer's/dementia	45%	28%	7%	24%		
Access to pregnancy care	44%	34%	8%	21%		
Access to home care	44%	28%	11%	26%		
Transportation to health care	43%	31%	10%	23%		
Adult daycare – medical or social	40%	23%	21%	32%		
Access to specialty health care	40%	30%	12%	26%		
Eating disorders	39%	31%	6%	30%		
Respite services	37%	27%	11%	33%		
Access to accommodations for disabilities	36%	32%	7%	29%		
Under/un-immunized children	33%	39%	4%	26%		
Underweight or premature babies	28%	31%	5%	42%	8.3%	8.2%
Birth defects	23%	32%	6%	43%		
Total Respondents	344					

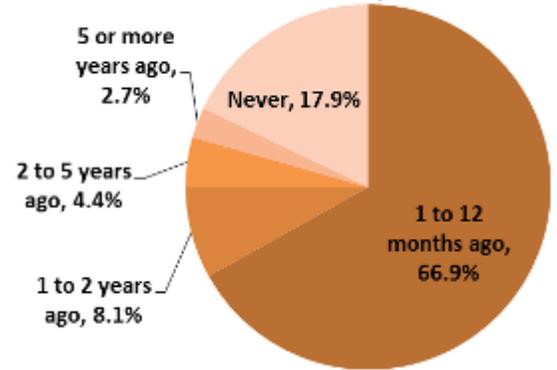




**About how long has it been since you last visited a health care provider (doctor) for a routine checkup?**

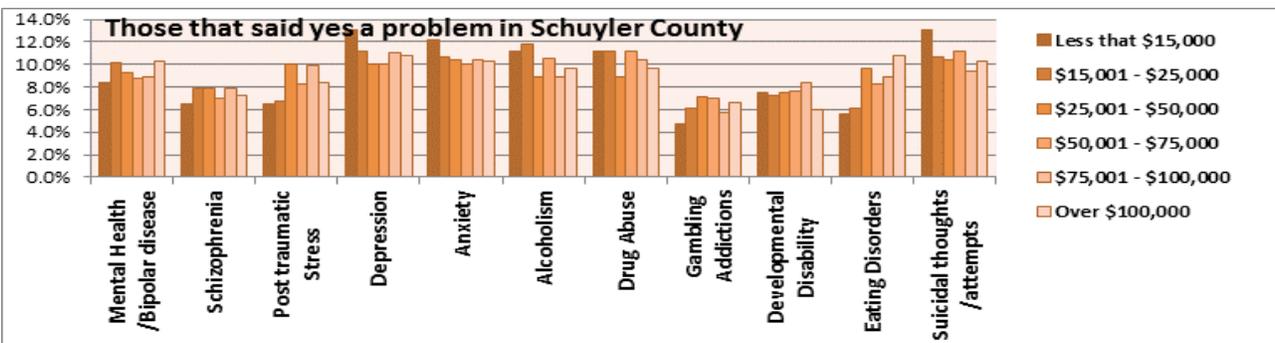
Answer Options	Response Percent	Response Count	EBRFSS Schuyler Co.	EBRFSS NYS
1 to 12 months ago	68.4%	232	70.8%	72.7%
5 or more years ago	2.7%	9	81.5%	85.7%
1 to 2 years ago	7.4%	25		
Never	16.8%	57		
2 to 5 years ago	4.7%	16		
Total Respondents		339		

**When was last checkup?**



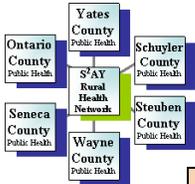
**Do you think that access to behavioral health care is a problem that exists in Schuyler County for:**

Answer Options	Yes	No	Don't know or unsure	Response Count
Mental Health / Bipolar disease	38%	34%	28%	335
Schizophrenia	30%	34%	36%	335
Post traumatic stress	36%	33%	31%	334
Depression	43%	36%	21%	335
Anxiety	42%	35%	23%	333
Alcoholism	42%	36%	22%	337
Drug abuse	42%	36%	22%	334
Gambling addictions	25%	31%	44%	333
Developmental disability	30%	40%	30%	331
Eating disorders	36%	30%	34%	334
Suicidal thoughts / attempts	43%	33%	24%	328
Total Respondents			338	



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

Answer Options	Yes	No	Don't know or unsure	Response Count
Sexual assault / rape	41%	30%	29%	333
Child abuse / neglect	64%	20%	17%	337
Elder abuse / neglect	48%	25%	27%	335
Violence amount young adults - bullying	61%	22%	17%	334
Spouse / partner abuse	57%	22%	21%	329
Total Respondents			337	



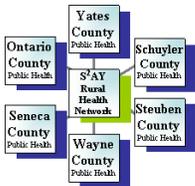
## S<sup>2</sup>AY Rural Health Network, Inc.

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

<b>Do you think that the following accidents are a problem in Schuyler County?</b>				
<b>Answer Options</b>	<b>Yes</b>	<b>No</b>	<b>Don't know or unsure</b>	<b>Response Count</b>
Motor vehicle	34%	43%	23%	332
Farm	21%	47%	32%	330
Distracted driving	60%	25%	15%	334
Hunting/ tree stands	16%	54%	31%	334
Boating/swimming	37%	41%	22%	334
Work-related	26%	45%	29%	332
Burns	15%	50%	34%	331
Drowning	25%	46%	29%	334
Home (including falls)	36%	37%	27%	333
Firearms	22%	50%	28%	332
Poisoning	15%	48%	37%	329
Cell phones, texting	64%	21%	15%	329
Total Respondents	335			

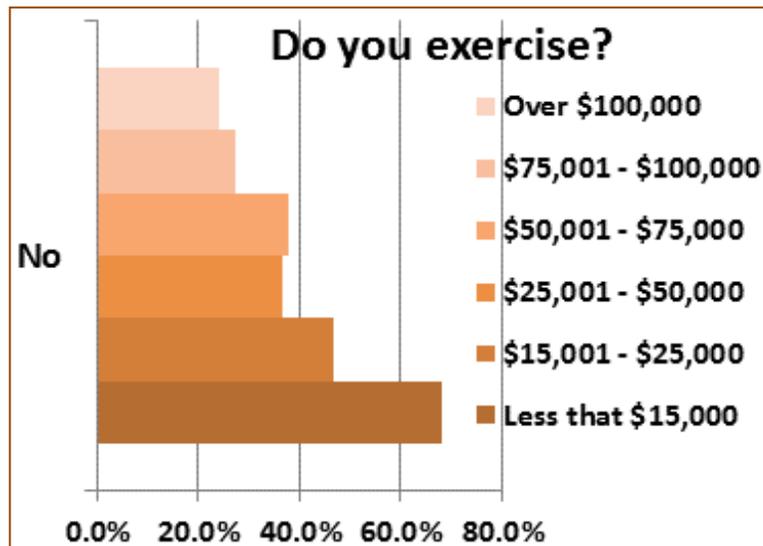
<b>Do you think that any of these environmental exposures are a problem in our county?</b>				
<b>Answer Options</b>	<b>Yes</b>	<b>No</b>	<b>Don't know or unsure</b>	<b>Response Count</b>
Air pollution	20%	56%	24%	332
Water pollution	32%	44%	25%	333
Radon	22%	40%	38%	334
Toxic exposures at work	15%	47%	38%	335
Sun exposure	33%	42%	24%	335
Toxic exposures at home	16%	46%	38%	333
Food poisoning	14%	56%	30%	329
Agricultural chemicals	30%	39%	31%	335
Carbon Monoxide	21%	46%	33%	332
Lead	25%	41%	34%	332
Well water	27%	42%	31%	334
Septic systems	24%	43%	33%	325
Total Respondents	335			

<b>Do you think that access to any of these preventative cares are a problem in Schuyler County?</b>				
<b>Answer Options</b>	<b>Yes</b>	<b>No</b>	<b>Don't know or unsure</b>	<b>Response Count</b>
Children's immunizations	13%	66%	21%	336
Adult immunizations	17%	62%	21%	335
Lead testing	14%	58%	28%	336
Blood Pressure monitoring	15%	64%	22%	334
TB Testing	12%	61%	24%	335
Total Respondents	336			



Do you exercise regularly?				
Answer Options	Response Percent	Response Count	No Leisure Time Activity EBRFSS Schuyler Co.	No Leisure Time Activity EBRFSS NYS
Yes	59.9%	182	20.4%	23.7%
No	40.1%	122		
Total Respondents	304			

How many times per week do you exercise?		
Answer Options	Response Percent	Response Count
One	10.7%	32
Two	7.0%	21
Three	23.0%	69
Four	17.7%	53
Five or more	19.7%	59
Does not apply	22.0%	66
Total Respondents	300	



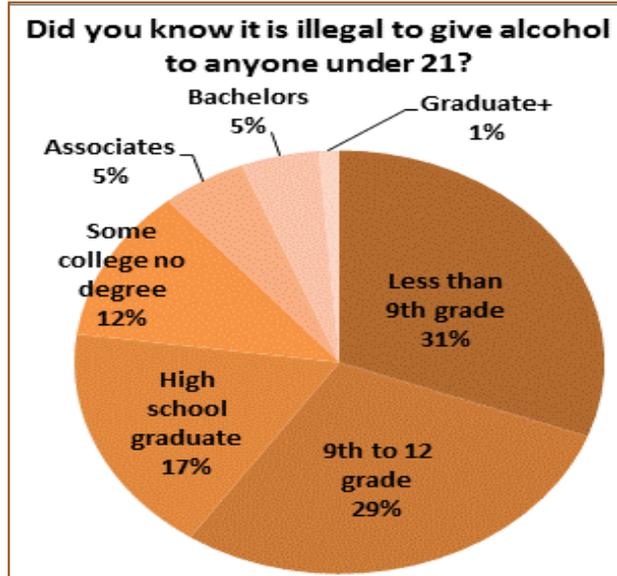
If you exercise, how long do you exercise for?		
Answer Options	Response Percent	Response Count
15 minutes or less	8.3%	25
16 - 30 minutes	16.9%	51
31 - 45 minutes	28.2%	85
46 minutes - 1 hour	14.0%	42
1 hour or more	8.3%	25
Does not apply	24.3%	73
Total Respondents	301	

How many fruits and vegetables do you eat in a day?							
Answer Options	5 or more	3-4	1-2	0 (I rarely eat fruits or vegetables)	Response Count	5+/Day EBRFSS Schuyler Co.	5+/Day EBRFSS NYS
Yourself?	26%	27%	24%	22%	304	24.6%	27.1%
Your children?	20%	30%	24%	26%	178		
Other adults?	17%	27%	32%	25%	191		
Total Respondents	304						

If fewer than five servings, why? Check all that apply.		
Answer Options	Response Percent	Response Count
Cost	36.3%	74
Short shelf life	43.1%	88
Time required to prepare	35.8%	73
Don't like them	34.3%	70
Total Respondents	204	

**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 less each month	Less than 1 each day	1 or 2 each day	More than 2 each day	Response Count	Heavy Drinkers EBRFSS Schuyler Co.	Heavy Drinkers EBRFSS NYS	
How much alcohol do you drink?	37%	25%	20%	12%	7%	302	9.0%	5.0%	
How much do others in your household drink?	38%	20%	21%	13%	8%	233			
Total Respondents							304		



**Do you know it is illegal to give alcohol to anyone under the age of 21?**

Answer Options	Response Percent	Response Count
Yes	65.1%	198
No	34.9%	106
Total Respondents	304	

**Do you smoke cigarettes now?**

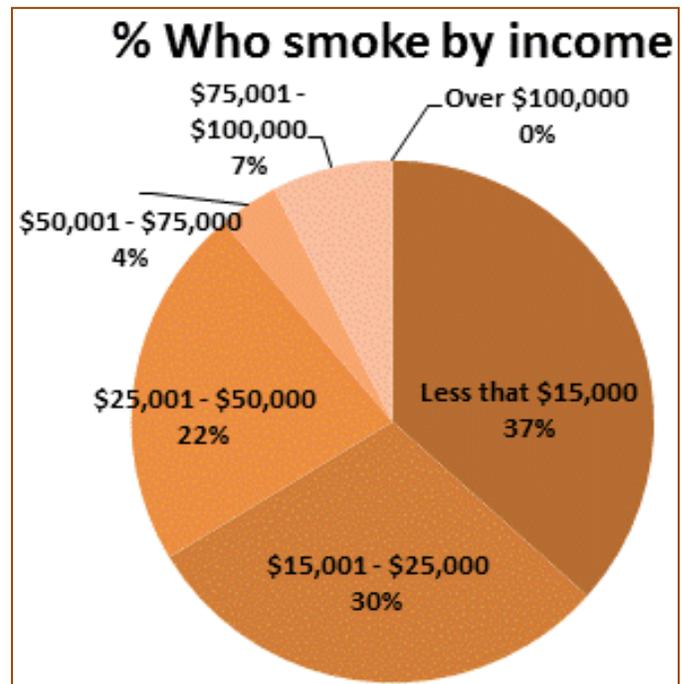
Answer Options	Response Percent	Response Count	EBRFSS Schuyler Co.	EBRFSS NYS
No/never	59.0%	180		
I quit	23.3%	71		
Yes	17.7%	54	23.2%	17.0%
Total Respondents	305			

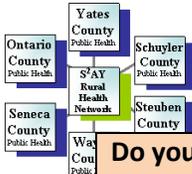
**Do you currently use any smokeless tobacco products such as chewing tobacco or snuff?**

Answer Options	Response Percent	Response Count
No/Never	76.8%	232
I quit	10.6%	32
Yes	12.6%	38
Total Respondents	302	

81.1% using smokeless tobacco had a high school education or less and 83% made \$25,000 or less. Of the 20 making \$15,000 or less who reported their age 60% were 18 – 19 years old.

Both smokers and smokeless tobacco users also tend to have lower educational levels.





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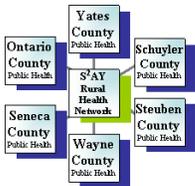
Do you use any other form of health care services? Choose all that apply.		
Answer Options	Response Percent	Response Count
Chiropractor	18.1%	50
Naturopathy	0.7%	2
Acupuncture	3.6%	10
No	70.0%	194
Massage Therapy	17.0%	47
Herbal Medicine	4.3%	12
Total Respondents	277	

Would you say that in general your health is:				
Answer Options	Response Percent	Response Count	EBRFSS Schuyler Co.	EBRFSS NYS
Excellent	7.6%	23		
Very good	33.0%	100		
Good	42.6%	129		
Fair	14.5%	44	15.7%	16.7%
Poor	2.3%	7		
Total Respondents	303			

Would you say that in general your health is:	Excellent	Very Good	Good	Fair	Poor
Less than \$15,000	1	8	23	13	2
\$15,001 - \$25,000	3	8	23	10	1
\$25,001 - \$50,000	2	16	28	14	3
\$50,001 - \$75,000	6	22	22	4	0
\$75,001 - \$100,000	3	23	13	1	0
Over \$100,000	5	16	8	0	0
Would you say that in general your health is:	Excellent	Very Good	Good	Fair	Poor
Less than 9th grade	0	0	2	0	0
9th to 12 grade	0	7	15	9	2
High school Graduate	0	7	30	13	3
Some college no degree	4	12	25	9	1
Associates	4	21	24	8	1
Bachelors	5	21	15	3	0
Graduate+	9	27	13	1	0
Total Respondents	303				

Do you have a plan for these emergencies? Check all that apply.		
Answer Options	Response Percent	Response Count
Fire	94.3%	214
Flood	49.3%	112
Man-made disaster	42.7%	97
Natural disaster	47.1%	107
Total Respondents	227	

Do you have supplies of the following for emergencies:		
Answer Options	Response Percent	Response Count
Batteries	83.1%	222
Battery Operated Radio	50.9%	136
Bottled Water	68.2%	182
Candles/Matches	80.5%	215
Canned food	74.9%	200
Total Respondents	267	



Pap/Pelvic Exam?	Yes, in the past year	2+ yrs ago	5 + yrs ago	Never	N/A
Less than \$15,000	7	2	1	32	4
\$15,001 - \$25,000	17	2	3	17	3
\$25,001 - \$50,000	27	10	8	5	13
\$50,001 - \$75,000	29	9	2	1	8
\$75,001 - \$100,000	25	2	4	1	9
Over \$100,000	18	1	2	0	8

Prostate Exam?	Yes, in the past year	2+ yrs ago	5 + yrs ago	Never	N/A
Less than 9th grade	0	0	0	2	0
9th to 12 grade	1	1	0	22	2
High school Graduate	8	3	0	27	14
Some college no degree	6	1	1	15	28
Associates	5	2	0	6	34
Bachelors	1	3	0	5	25
Graduate+	7	1	1	1	36

Please tell us whether you've had the following exams.

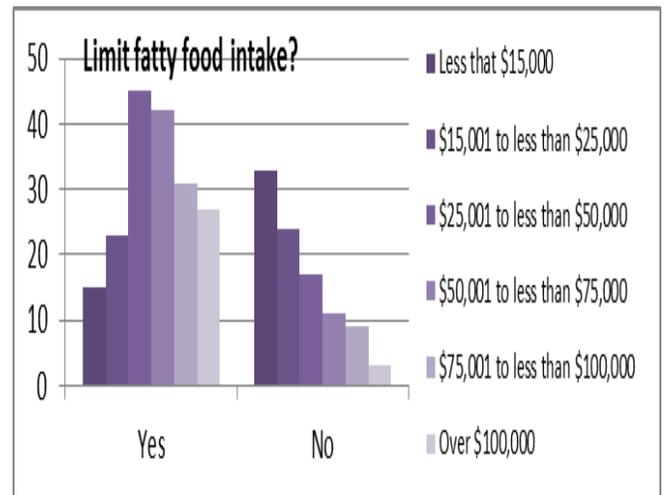
Answer Options	Yes, in the past year	More than 2 years ago	Over 5 years ago	Never	Does Not Apply	Response Count	Ever had exam EBRFSS Schuyler Co.	Ever had exam EBRFSS NYS
A Pap smear and pelvic exam? (check does not apply if you are a man)	48%	10%	7%	21%	17%	286	95.6%	91.8%
Have you ever had a prostate examination?(check does not apply if you are a woman)	11%	5%	1%	32%	56%	257	72.1%	73.7%
A mammogram to look for breast cancer?	45%	7%	3%	31%	16%	281	93.6%	91.1%
Have you ever had an exam for colorectal cancer?	27%	9%	4%	52%	11%	271	63.2%	66.6%
Total Respondents	293							

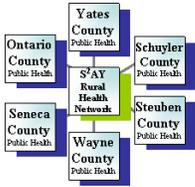
Colorectal Exam?	Yes, in the past year	2+ yrs ago	5 + yrs ago	Never	N/A
Less than \$15,000	1	0	0	33	1
\$15,001 - \$25,000	5	3	0	30	8
\$25,001 - \$50,000	19	6	4	22	8
\$50,001 - \$75,000	17	5	3	21	3
\$75,001 - \$100,000	15	6	0	15	3
Over \$100,000	9	3	1	11	6
Colorectal Exam?	Yes, in the past year	2+ yrs ago	5 + yrs ago	Never	N/A
Less than 9th grade	0	0	0	2	0
9th to 12 grade	1	1	0	20	2
High school Graduate	11	3	1	33	4
Some college no degree	10	4	2	25	8
Associates	20	5	2	23	4
Bachelors	12	7	2	15	5
Graduate+	17	5	3	18	5

**Please answer yes or no**

Answer Options	Yes	No	Response Count
Do you have working smoke detectors in your home?	87%	13%	306
Do you have working carbon monoxide detectors in your home?	75%	25%	305
Has your health care provider (doctor) asked about your sexual history during your routine visit?	43%	57%	300
Has your health care provider offered to test you for HIV in the last 12 months	30%	70%	298
Have you received advice from your health care provider about your weight?	46%	54%	300
Do you limit your intake of fatty foods?	66%	34%	302
Are you exposed to second-hand smoke?	26%	74%	304
Has violence or abuse been a problem for any member of your household (including children)?	12%	88%	303
If so, have you sought assistance?	11%	89%	171
Do you feel that you are overweight?	52%	48%	302
Do you feel that you are underweight?	6%	94%	289
Do you need help with managing stress?	26%	74%	301
Does someone in your household need help with managing stress?	28%	72%	298
Do you need help managing depression?	21%	79%	303
Do you feel you would use some kind of program aimed at depression?	23%	77%	300
Do you feel any person in your household would use some kind of program aimed at managing depression?	26%	74%	297
Do you feel you or anyone in your household would use some kind of program aimed at suicide prevention?	16%	84%	298
During the past month, did you participate in any physical exercise?	74%	26%	301
Does someone in your household drink alcohol?	59%	41%	298
Do you know who to report animal bites to?	54%	46%	301
Have you removed a tick from your body or from your pet's body in the last year?	30%	70%	302
If you heat with wood, coal or natural gas do you have carbon monoxide detectors in your home?	46%	54%	257
If you have a well, have you tested your well water in the last year?	20%	80%	250
Total Respondents			306

Do you limit your intake of fatty foods?	Yes	No	Responses
Less than \$15,000	15	33	48
\$15,001 to less than \$25,000	23	24	47
\$25,001 to less than \$50,000	45	17	62
\$50,001 to less than \$75,000	42	11	53
\$75,001 to less than \$100,000	31	9	40
Over \$100,000	27	3	30





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**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.**

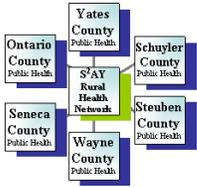
Answer Options	Used in County	Used out of County	Response Count
Doctor's Office	79%	38%	295
Hospital	77%	35%	242
Orthopedics	34%	67%	85
Dentists	39%	64%	198
Orthodontists (braces on teeth)	30%	73%	56
Eye care	52%	56%	189
Audiology (hearing care)	15%	85%	48
Mammograms	52%	50%	143
Sexually transmitted diseases, including HIV / AIDS testing or treatment	22%	78%	37
Alcohol / Drug treatment	34%	66%	29
Physical therapy services	63%	41%	88
Prenatal care	24%	79%	29
Immunizations	65%	38%	104
Family Planning Services	25%	75%	28
Pharmacies	81%	35%	201
Respite Services	30%	75%	20
Meals on Wheels	41%	64%	22
Adult Daycare – medical or social	37%	63%	19
Support Groups	52%	50%	42
Mental Health counseling	47%	58%	45
Domestic Violence (Abuse, Safe House, Catholic Charities)	19%	81%	21
Farm Safety Education	25%	75%	16
<b>Total Respondents</b>			<b>301</b>

**Do you have health insurance? If your answer is no you may be eligible for health insurance through New York state. For more information click here.**

Answer Options	Yes	No	N/A	Can't afford	Prefer to pay my own	Choose not to have it	Response Count	EBRFSS Schuyler Co.	EBRFSS NYS	
Medical insurance for yourself	84%	15%	0%	9%	1%	0%	287	21.7% (No)	13.3% (No)	
Medical insurance for your children	58%	16%	25%	6%	0%	0%	210			
Dental insurance for yourself	79%	19%	0%	3%	0%	1%	208			
Dental insurance for your children	49%	20%	30%	4%	1%	2%	166			
<b>Total Respondents</b>								<b>287</b>		

**If you have insurance who pays for it?**

Answer Options	Response Percent	Response Count
I do	28.1%	59
My employer does	13.8%	29
I share the cost with my employer	58.1%	122
<b>Total Respondents</b>	<b>210</b>	



## **Attachment B – Focus Group Notes**

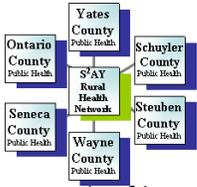
Schuyler County Focus Group - Public Health Staff Meeting - 2/26/2013

### **What are we missing in our assessment?**

- Causal factors - poverty, economy, unemployment
- Access to healthy food - need more stores, cheaper stores, stores with more variety
  - Food pantries often don't have healthy food (it's all what is donated), often food is expired and they have seen this being a problem, soda is a common item
- Education - understanding of how to eat healthy
- Lack of physical activity - nowhere to go during the winter, can't access trails etc.
  - Many cannot afford to pay for a gym and there aren't many in the county
- No recreational activities - only bars and movies (not physically active)
- Transportation - many call 911 because they do not have transportation, a lot of misuse of the ER and emergency services
- Some public transportation is available in the county, but many feel it is not utilized enough
- No urgent care within the county - needed to relieve ER, a desperate need in the county
  - After five o'clock there is nowhere to go to receive care, physicians will actually tell patients to go to the ER
- Pediatrician - only one in the county and only there part time (2days a week)
- Parenting support - families can't concentrate on parenting when they don't even know where their next meal is coming from
- Low utilization of WIC and public assistance - there is a bad attitude throughout the county regarding taking help on both sides
  - Many seeking help want to see a familiar face, a lot of people don't want to put their information out there
- Nothing for teens to do in the county - leads to trouble
- Isolation and loneliness in the elderly
- Depression - especially in the elderly (want to live and die in their hometown, hard to get them out of the house)
- Lack of specialty care
- Lack of OB GYN services - nowhere for women to go

### **What are the factors influencing health?**

- Economy
- Obama care
- Being forced off of public assistance and into the workforce
  - Many parents work minimum wage jobs that make enough to just pay for daycare so that they can go to work, leaves no money for housing, food, healthcare etc.
- Cost of daycare is so expensive - entire paycheck goes to daycare
- Parents trying to help are judged
- Minimum wage jobs don't offer benefits
- Media - TV influences everything



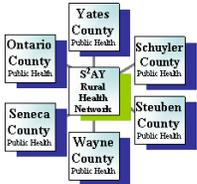
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- Lack of housing - not safe or affordable
  - There is an initiative to increase housing, but it is high-end housing that is not affordable to most. Hopefully this will help to bring in more grocery stores etc.
- Half of the residents in the county work outside of the county - that is becoming the normal, people working outside of the county
- Medicaid cutbacks - just going to continue
- Consolidation of local government etc.
- Lower birth rates - people cannot afford to have children
- Accessibility of ER care - understaffed, increased response times (20-25 minutes), being drawn out of county, often going to Arnot and Rochester
  - Hospital is critical access, must transfer
  - Often the county goes without an ambulance
  - Mental health transports are an issue - done by ambulance, not sheriff
- Fire department is 100% volunteer - makes many uncomfortable, especially with the racetrack in county
- Tourism is a huge factor - puts a huge strain on health and infrastructure in the county
  - Huge influx of people in the summer - sometimes more than double the normal population - don't have funding for those extra people
- Recruitment of professional employees/staff members - pay grades are low, staff must be able to multi task and wear multiple hats, very hard to get qualified individuals (in all jurisdictions - lawyers, doctors, judges, etc.)
- Rural nature - people are used to that "hometown" feel, want to see people they know in the doctor's offices etc.
- Have enough primary care, but they do not focus on prevention
  - If you don't know to ask about it, doctor's aren't telling their patients
- Schuyler county health check - no one knows about it, and it is a good resource
  - Still not primary care, just a walk in clinic, at cost not with insurance

### **What are the strengths/assets in Schuyler County?**

- Good people
- In general people want to help each other and do better
- Very little crime
- Health check is a great asset, walk in clinic in county
- Some public transportation - more in the works
- Departments do well with responding to EMS, fire calls etc. - they respond to every single call, it may take them awhile, but they respond to all
- Critical access center in county - have hospital
- Adequate primary care - doctors are accepting new patients and appointments are available
- Good leadership at hospital - understand that they need to bring specialists into the county
- Women's center is coming to the county
- Nature - lakes, waterfront, beautiful setting - good for mental health, beautiful scenery



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**Schuyler County Department Head Meeting - 12/20/12**

### **What are we missing in our assessment to date?**

-Suicide

-Teen Pregnancy - no planned parenthood/family planning facility, need more education (teens don't know where they can go)... ongoing issue

- Need to know the attitude of teens
- Teens aren't accessing what is available
- Is it because they don't know it is there or are they just not accessing it (and why)?
- School data would help to understand the population more
- Interesting to see comparison between now and past years
- Valuable to know what programs have been eliminated (SOC?)

-Additional stress on the county population due to lack of financial security - Philips closed, other local businesses closing

- Many don't qualify for help (either make just over or have an income too low to make ends meet regardless)

-Behavioral problems in children and teenagers

-Accessibility - services not accessible in the county, transportation concerns

-Economic Disparity

-Housing needs

-Mental health

-Substance abuse

- All interconnected

### **What are Factors that affect health?**

-Lack of housing

-Economic factors

-Closing of big local employers

-Area has less pollution than others

-Many areas for increased physical activity

-Lack of things to do for youth... positive things that are not school related, boredom

-Closing of the youth center... other programs (youth and adult)

- Need for a list of services/programs that have been eliminated and how they benefitted the county

-Raceway - trying to include families more, no smoking now, changed the environment. Watkins Glen - trying to involve the community

- Tourism, revenue

### **What are the Strengths of Schuyler County?**

-Raceway

-Natural Resources

-Strength of the community

-Strong human services network

Attachment C Community Health Improvement Plan –

## Schuyler County Community Health Priority Committee Workplan

**Prevention Agenda Focus Area: Prevent Chronic Disease**

**Goal 1: Reduce Obesity in Children and Adults**

Strategy Area	Objective	Interventions	Partners	Timeframe	Measurement/Evaluation
Reduce Obesity in Children and Adults	A. Create adult community environments that promote and support healthy food and beverage choices and physical activity	A1. Physical activity and healthy eating increased at Schuyler Hospital for employees including activities such as annual Biggest Loser contest	Schuyler Hospital	September 2013 Ongoing	Number of pounds lost #Participants Individual's numbers comparisons
		A2. Educate and promote the benefits of limited usage of Sugar Sweetened Beverages	Public Health, Schuyler County Community Health Priority Committee Cornell Cooperative Extension Schools	January 2014	# of signs posted in the community  # of worksites/clubs/ school events, that limited sugar sweetened beverages at functions
		A3. Increase community physical activity through the promotion of local hiking trails, Watkins Glen Gorge and other natural resources by updating an online resource guide. Include stroller and handicapped accessible references. Investigate the possibility of using interactive media either using existing apps or creating our own.	Schuyler Hospital, Public Health, Schuyler County Community Health Priority Committee, HEAL Schuyler, Chamber of Commerce, ARC of Schuyler, Schuyler Planning Dept., Regional Economic Development Council	July 2014 - Ongoing	Update community Walking trails, State and National Forest Trail Guides and distributed  Create wall art using map of trails to hang in community office buildings  Create a QR code taking persons to online guides  Guide updated annually and online hits tracked  Percentage of people reporting physical activity 3x/wk will increase on the next community health public survey

**Prevention Agenda Focus Area: Prevent Chronic Disease**

**Goal 1: Reduce Obesity in Children and Adults**

Strategy Area	Objective	Interventions	Partners	Timeframe	Measurement/Evaluation
Reduce Obesity in Children and Adults	A. Create adult community environments that promote and support healthy food and beverage choices and physical activity	A4. Increase and promote adult community physical activity through various community programs such as the Tae Kwan Do, adult free swim , fitness centers, and the Schuyler Steps Out Program.  Investigate the possibility of obtaining participants baseline data of one or more programs to measure impact of activity.	Schuyler Hospital, Public Health, Schuyler County Community Health Priority Committee, local businesses and community organizations	February 2014 - Ongoing	Number of participants  # miles logged in the Step Out Program  Individual's numbers comparisons – pre- and post- measurements, body fat %, weight, glucose levels  Percentage of people reporting physical activity 3x/wk will increase on the next community health public survey,
		A5. Continue and expand public service announcements and encourage letters to the editor promoting a healthy lifestyle, appear on weekly local television show, Senior Notebook, highlighting efforts, websites, social media and seminars	Schuyler Hospital, Schuyler County Community Health Priority Committee, HEAL Schuyler, CCE	July 2014 - ongoing	# PSA's provided # PSA's published # appearances made
		A6. Advocate for the inclusion of creating healthy environments with Regional Economic Development Council	Schuyler Hospital, Public Health, Schuyler County Community Health Priority Committee, HEAL Schuyler, Schuyler Planning Dept., Regional Economic Development Council	January 2014 - ongoing	Number of contacts made  # of projects including healthy environmental proposal  A Member of the Schuyler County Community Health Priority Committee will be appointed to the local SCOPED planning committee

**Prevention Agenda Focus Area: Prevent Chronic Disease**

**Goal 1: Reduce Obesity in Children and Adults**

Strategy Area	Objective	Interventions	Partners	Timeframe	Measurement/Evaluation
<b>Reduce Obesity in Children and Adults</b>	<b>A. Create adult community environments that promote and support healthy food and beverage choices and physical activity</b>	A7. Continue to develop and expand joint use agreements with schools for use of facilities for healthy activities.	Schuyler Hospital, Public Health, Schuyler County Community Health Priority Committee, HEAL Schuyler, CCE, GST BOCES	January 2014	# of joint use agreements
		A8. Investigate and promote GST BOCES physical activity Adult Education classes including online resource links.	Schuyler Hospital, Public Health, Schuyler County Community Health Priority Committee, HEAL Schuyler, CCE, GST BOCES	January 2014	Online track number of hits to online information  Track number of participants
	<b>B. Prevent childhood obesity through early childcare and schools</b>	B1. Create a resource for parents to find activities for their children.	Schuyler Hospital, Public Health, Schuyler County Community Health Priority Committee, local businesses, community organizations, and schools	June 2014	Number of hits to online resource site  Number of children participating in activities in community
		B2. Increase and promote youth community physical activity through various community programs such as the Tae Kwan Do, dance, Glen Gators and Chemung Valley Soccer, Little League Baseball programs, 3rd grade cardboard boat regatta, recreational leagues, Youth sports, recess, etc.	Schuyler Hospital, Public Health, Schuyler County Community Health Priority Committee, local businesses and community organizations, schools	February 2014 - Ongoing	Percentage of people reporting physical activity 3x/wk will increase on the next community health public survey,
		B3. Continue sports conditioning program with WG School 7th – 12th	Schuyler Hospital, Schuyler County Community Health Priority Committee, Schools	March 2014	# of participants  Track number of injuries

Prevention Agenda Focus Area: Prevent Chronic Disease					
Goal 1: Reduce Obesity in Children and Adults					
Strategy Area	Objective	Interventions	Partners	Timeframe	Measurement/Evaluation
Reduce Obesity in Children and Adults	C. Expand the knowledge base of partners in obesity prevention	C1. Identify emerging best practices	HEAL Schuyler	December 2013	Best practices identified
		C2. Evaluate obesity prevention initiatives	HEAL Schuyler	December 2013	Initiatives evaluated, data collected and analyzed
		C3. Develop data to strengthen the case for return on investment in obesity reduction programs and share with policymakers	HEAL Schuyler, Public Health, Schuyler County Community Health Priority Committee	January 2014 ongoing	All data tracked and analyzed By 2018 Schuyler County's Adult Obesity Rate will reduced by 1%
	D. Expand the role of public and private employers in obesity prevention	D1. Increase and promote opportunities for better nutrition through interventions such as links to available resources including the buy local fresh products, farmers markets, community gardens and orchards, teaching garden classes, restaurant initiatives, mobile fresh food truck, public transportation to markets and gardens, farm to school or store or community agencies cafeterias and breastfeeding.	Public Health Schuyler County Community Health Priority Committee Cornell Cooperative Extension	January 2015 ongoing	Establish baseline numbers and monitor utilization of all new initiatives  Percentage of people reporting eating 5 or more fruits and vegetable daily will increase in the next community health public survey.
		D2. Educate and promote the benefits of limited usage of Sugar Sweetened Beverages	Schools	June 2014	# of worksites that limit sugar sweetened beverages at functions  # of worksites that offer free access to tap water, coolers or bottled water

**Prevention Agenda Focus Area: Prevent Chronic Disease**

**Goal 1: Reduce Obesity in Children and Adults**

Strategy Area	Objective	Interventions	Partners	Timeframe	Measurement/Evaluation
Reduce Obesity in Children and Adults	D. Expand the role of public and private employers in obesity prevention	D3. Support Finger Lakes Culinary Bounty group	Public Health, Schuyler County Community Health Priority Committee, HEAL Schuyler	January 2014 ongoing	Number of Members in the Finger Lakes Culinary Bounty Group
		D4. Form a Worksite Community Committee with HR directors educating them on the return on investment of worksite wellness program and create a sharing of ideas. <ul style="list-style-type: none"> <li>Support the development of new and expansions of existing programs.</li> <li>Develop list of free resources available to support worksite wellness efforts. Disseminate resources to worksites including hospital via the Community Worksite Committee</li> </ul>	Schuyler County Community Worksite Committee, Public Health, Schuyler Hospital, Schuyler County Community Health Priority Committee, HEAL Schuyler	September 2013 Ongoing	Number of Worksites participating in task force  Number of new worksite initiatives in the community  Number of employees with access to a worksite wellness program in the community  Inventory list of available resources, dissemination of list/resources to 20 worksites, # distributed, and # of hits to online resource.
		D5. Promote training to Schuyler County's primary care providers (PCPs) on how to talk with their patients about their weight, physical activity and diet, as appropriate.	Schuyler Hospital, Public Health Schuyler County Community Health Priority Committee Southern Tier's Tobacco Coalition (STAC) Schuyler County Diabetes Committee and HEAL Schuyler	July 2016	30% of PCP's will take training
		D6. Ensure that PCPs can easily link their patients with available community resources simply, through the Schuyler Hospital's EHR or their own practices' EHR			Track usage of EHR resources and referral #'s made to community resources

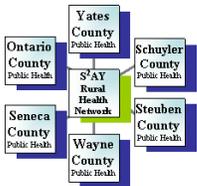
Prevention Agenda Focus Area: Prevent Chronic Disease					
Goal 2: Reduce illness, disability and death related to diabetes					
Strategy Area	Objective	Interventions	Partners	Timeframe	Measurement/Evaluation
Reduce illness, disability and death related to diabetes	A. Prevention, screening, early detection, treatment, and self-management support	A1. Work to prevent heart disease and hypertension by assisting Office for the Aging and Schuyler Hospital in reducing sodium content in all meals served including to patients, visitors, staff and the public depending on grant funding.	FLHSA, S2AY Rural Health Network, Public Health, Schuyler Hospital, Schuyler County Community Health Priority Committee, HEAL Schuyler and Schuyler County Diabetes Committee	July 2014	Reduce sodium content in X# of meals by 30% over 3 years, by November 2016
		A2. Provide CDC's Diabetes Prevention Program in the community to all identified Pre-diabetics	Public Health, Schuyler County Community Health Priority Committee, Diabetes Committee, Schuyler County Lifestyle Coaches	January 2014	Number of class series offered
		A3. Educate pre-diabetics using evidence-based curriculum			Number of participants
		A4. Explore evidence-based curriculums for people with a diabetes diagnosis  Provide classes for people with a diabetes diagnosis	Schuyler Hospital, Schuyler County Public Health Schuyler County Community Health Priority Committee, Diabetes Committee and Southern Tier Diabetes Coalition	July 2016	Number of participants meeting their goal of losing 5% of their body weight
					Number of curriculums available to Diabetic persons  Number of people trained to conduct classes  Number of classes offered  Number of class participants  Number of hospital admissions due to diabetes complications will decrease

Prevention Agenda Focus Area: Prevent Chronic Disease					
Goal 2: Reduce illness, disability and death related to diabetes					
Strategy Area	Objective	Interventions	Partners	Timeframe	Measurement/Evaluation
Increase access to high quality chronic disease preventive care and management in clinical and community settings	<b>B. Prevention, screening, early detection, treatment, and self-management support</b>	B1. Screen 10% of 20-49 years old in Schuyler County for Diabetes risk <ul style="list-style-type: none"> <li>Offer finger stick glucose screen to all who score at risk on paper screen</li> <li>Refer any abnormal finding to a PCP</li> <li>Refer any without health insurance to a in-person assistor/navigator</li> </ul> (Disparity: Increase diabetic screenings by 10% in low-income 20 – 49 year old population, and refer to a PCP)	Diabetes Committee, Public Health, Schuyler County Community Health Priority Committee	January 2014	Number of 20-49 year olds screened  Number identified at risk  Number referred to PCP Number referred to In-person assistor/navigator # referred to Diabetes Prevention Program
	<b>C. Train primary care providers (PCPs) to talk with their patients about their weight. Provide link on EMR to community resources available for patients</b>	C1. Develop list of community resources and upload into Schuyler Hospital's EHR's	Schuyler Hospital, Schuyler County Community Health Priority Committee	July 2016	Inventory list of resources and availability on EHR, track usage
		C2. Promote training to Schuyler County's primary care providers (PCPs) on how to talk with their patients about their weight, physical activity, diet and their tobacco use, as appropriate.	Schuyler Hospital, Schuyler County Community Health Priority Committee Southern Tier's Tobacco Coalition (STAC)	July 2016	PCP's trained
		C3. Ensure that PCPs can easily link their patients with available community resources simply, through the Schuyler Hospital's EHR or their own practices' EHR	Schuyler Hospital, Schuyler County Community Health Priority Committee	July 2016	Track usage of EHR resources and referrals
		C4. Ensure that decision support/reminder tools of EHR s are being used, as well as the community resource list Continue calls by nurses to follow-up with patients on follow-through/compliance	Schuyler Hospital, Schuyler County Community Health Priority Committee	October 2013	Implementation of decision support & reminder tools and referrals to community resources in EHR, documentation of use and documentation of calls via EHR
		C5. Investigate the possibility of monitoring implementation	Schuyler Hospital, Schuyler County Community Health Priority Committee	November 2013	Implementation monitored through EHR

## Attachment D - Indicators For Tracking Public Health Priority Areas

Schuyler County Indicator	Prev Agenda 2013 Obj	US	NYS	Schuyler County
<b>ACCESS TO QUALITY HEALTH CARE</b>				
% of adults with health care coverage <sup>1</sup> <a href="#">Map</a>	100%+	82.1% <sup>a</sup> (2011)	85.3%(2011)	78.3%* (2009)
% of adults with regular health care providers <sup>1</sup> <a href="#">Map</a>	96%+	86% <sup>a</sup> (2008)	83.6%(2011)	84.7%* (2009)
% of adults who have seen a dentist in the past year <sup>1</sup> <a href="#">Map of % of adults with a dental visit in the last year</a>	83%+	69.9% <sup>a</sup> (2010)	72.5% (2010)	69.1%* (2009)
Early stage cancer diagnosis <sup>2</sup>				
Breast	80%	60%(02-2008)	64.8%	71.8%
Cervical	65%	47%(02-2008)	42.0%	100.0%
Colorectal	50%	38%(02-2008)	43.6%(2009)	51.3%(08-10)
<b>TOBACCO USE</b>				
% cigarette smoking in adolescents <sup>3</sup> (past month)	10%	18.1% (2011)	12.5% (2011)	NA
% cigarette smoking in adults <sup>1</sup> <a href="#">Map</a>	12%+	21.2% <sup>a</sup> (2011)	18.1%(2011)	23.2% (2009)
COPD hospitalizations among adults 18 + years <sup>4</sup> (per 10,000)	31.0	23.4 (2008)	41.3 (2010)	50.2* (2008-2010)
Lung cancer incidence <sup>2</sup> (per 100,000)				
Male	62.0*	76.4*	75.8*	121.9*
Female	41.0*	52.7* (05-09)	53.9* (2009)	58.7* (08-10)
Indicator	Prev Agenda 2013 Obj	US	NYS	Schuyler County
<b>HEALTHY MOTHERS/ HEALTHY BABIES/HEALTHY CHILDREN</b>				
% early prenatal care (1 <sup>st</sup> trimester) <sup>5</sup>	90%+	69.0%(2007)	73.2%(2010)	83.4% (08-10)
% low birthweight <sup>5</sup> births (<2500 grams)	5%+	8.2%(2010)	8.2%(2010)	7.9% (08-10)
Infant mortality (per 1,000 live births) <sup>6</sup>	4.5 †	6.1 (2010)	5.1 (2010)	2.0~ (08-2010)
% of 2 year old children who receive recommended vaccines (4 DTaP, 3 polio, 1 MMR, 3 Hib, 3 HepB) <sup>7</sup>	90%	76.8% (2010)	71.3% (2010)	NA
% of children with at least one lead screening by 36 months <sup>8</sup>	96%	13.8% (2008)	85.3%(NYS - NYC) (2005 BC)	66.4% (2006 birth cohort)
Prevalence of tooth decay in 3 <sup>rd</sup> grade children <sup>9</sup>	42%+	53.0% (2004)	54.1%(02-04)	62.0% (02-04)
Pregnancy rate among females aged 15-17 years <sup>10</sup> (per 1,000)	28.0	39.5 (2008)	28.5 (2010)	19.1 (2008-2010)
Indicator	Prev Agenda 2013 Obj	US	NYS	Schuyler County
<b>PHYSICAL ACTIVITY/NUTRITION</b>				
% of obese children by grade level: (BMI for age>95 <sup>th</sup> percentile)				
2-4 Years (WIC) <sup>11</sup> (pre-school)	11.6%	14.4% (2010)	13.1% (2010)	18.3% (08-10)
K <sup>**</sup>	5%+	-	13.0%	NA
2 <sup>**</sup>	5%+	-	17.0%	NA
4 <sup>**</sup>	5%+	-	17.0%	NA
7 <sup>**</sup>	5%+	-	18.0%	NA
10 <sup>**</sup>	5%+	-	18.0%(NYS - NYC)(08-10)	NA
% of adults who are obese (BMI>30) <sup>1</sup> <a href="#">Map</a>	15%+	27.8% <sup>a</sup> (2011)	24.5% (2011)	33.5%* (2009)
% of adults engaged in some type of leisure time physical activity <sup>1</sup> <a href="#">Map</a>	80%+	76.2% <sup>a</sup> (2009)	73.7% (2011)	79.6%* (2009)
% of adults eating 5 or more fruits or vegetables per day <sup>1</sup> <a href="#">Map</a>	33%	23.4% <sup>a</sup> (2009)	26.8% (2009)	24.6%* (2009)
% of WIC mothers breastfeeding at 6 months <sup>11</sup>	50%+	25.1%(2010)	38.8%(2011)	19.3% (08-10)
<b>UNINTENTIONAL INJURY</b>				
Unintentional Injury mortality (per 100,000) <sup>12</sup>	17.1+*	37.1* (2010)	22.7* (2010)	29.3~* (08-10)
Unintentional Injury hospitalizations (per 10,000) <sup>13</sup>	44.5*	-	64.0* (2010)	65.1* (08-10)

Motor vehicle related mortality (per 100,000) <sup>12</sup>	5.8*	11.2*(2010)	6.1*(2010)	5.1~*(08-10)
Pedestrian injury hospitalizations (per 10,000) <sup>13</sup>	1.5*	-	1.7*(2010)	0.1~*(08-10)
Fall related hospitalizations age 65+ years (per 10,000) <sup>13</sup>	155.0	-	198.3(2010)	217.6 (08-10)
<b>Indicator</b>	<b>Prev Agenda 2013 Obj</b>	<b>US</b>	<b>NYS</b>	<b>Schuyler County</b>
<b>HEALTHY ENVIRONMENT</b>				
Incidence of children <72 months with confirmed blood lead level >= 10 µg/dl(per 1,000 children tested) <sup>8</sup>	0.0†	6.1 (2010)	6.7 (2006-2008)	6.9~ (2008-2010)
Asthma-related hospitalizations (per 10,000) <sup>14</sup>				
Total	16.7*	15.2 (2007)	19.3*	8.1*
Ages 0-17 years	17.3†	18.0(2006)	27.1(2010)	9.7~ (08-10)
Work-related hospitalizations (per 10,000 employed persons aged 16+ years) <sup>15</sup>	11.5	-	17.0 (2008-2010)	28.6 (2008-2010)
Elevated blood lead levels (>25 µg/dl) per 100,000 employed persons age 16+ years <sup>15</sup>	0.0†	-	3.4 (2008-2010)	18.1~ (2008-2010)
<b>Indicator</b>	<b>Prev Agenda 2013 Obj</b>	<b>US</b>	<b>NYS</b>	<b>Schuyler County</b>
<b>CHRONIC DISEASE</b>				
Diabetes prevalence in adults <sup>1</sup> <a href="#">Map</a>	5.7%	9.5% <sup>a</sup> (2011)	10.4%(2011)	10.3%* (2009)
Diabetes short-term complication hospitalization rate (per 10,000) <sup>4</sup>				
Age 6-17 years	2.3	2.8	3.0	4.8~
Age 18+ years	3.9	6.0(2008)	5.8(2010)	3.1~ (08-10)
Coronary heart disease hospitalizations (per 10,000) <sup>13</sup>	48.0	-	43.8 (2010)	35.1* (07-09)
Congestive heart failure hospitalization rate per 10,000 (ages 18+ years) <sup>4</sup>	33.0	38.4 (2008)	40.1 (2010)	46.4 (2008-2010)
Cerebrovascular (Stroke) disease mortality (per 100,000)	24.0*	39.0* (2010)	27.5* (2010)	39.4* (08-10)
Cancer mortality <sup>2</sup> (per 100,000)				
Breast (female)	21.3* †	23.0*	21.4*	5.0*
Cervical	2.0* †	2.4*	2.2*	4.6*
Colorectal	13.7* †	16.7* (05-09)	15.2* (2009)	25.6* (08-10)
<b>Indicator</b>	<b>Prev Agenda 2013 Obj</b>	<b>US</b>	<b>NYS</b>	<b>Schuyler County</b>
<b>INFECTIOUS DISEASE</b>				
Newly diagnosed HIV case rate (per 100,000) <sup>16</sup>	23.0	17.4(2009)	19.5(2010)	3.6~ (08-10)
Gonorrhea case rate (per 100,000) <sup>17</sup>	19.0†	100.8(2010)	94.3(2010)	10.7~ (08-10)
Tuberculosis case rate (per 100,000) <sup>18</sup>	1.0†	3.6(2010)	4.9(2010)	1.8~ (08-10)
% of adults 65+ years with immunizations <sup>1</sup>				
flu shot in the past year <a href="#">Map</a>	90%†	61.3% <sup>a</sup> (2011)	60.0%(2011)	63.4%
ever had pneumonia vaccination <a href="#">Map</a>	90%†	70.0% <sup>a</sup> (2011)	65.2%(2011)	68.4% (2009)
<b>COMMUNITY PREPAREDNESS</b>				
% population living within jurisdiction with state-approved emergency preparedness plans <sup>19</sup>	100%	-	100% (2010)	100% (2011)
<b>Indicator</b>	<b>Prev Agenda 2013 Obj</b>	<b>US</b>	<b>NYS</b>	<b>Schuyler County</b>
<b>MENTAL HEALTH/SUBSTANCE ABUSE</b>				
Suicide mortality rate (per 100,000) <sup>12</sup>	4.8†*	11.9* (2010)	7.5* (2010)	18.5~* (08-10)
% adults reporting 14 or more days with poor mental health in last month <sup>1</sup> <a href="#">Map</a>	7.8%	10.8% <sup>a</sup> (2008)	11.2% (2011)	9.8%* (2009)
% binge drinking past 30 days (5 + drinks in a row) in adults <sup>1</sup> <a href="#">Map</a>	13.4%†	18.3% <sup>a</sup> (2011)	19.6% (2011)	22.5%* (2009)
Drug-related hospitalizations (per 10,000) <sup>20</sup>	26.0	-	25.7*(2010)	19.1* (08-10)

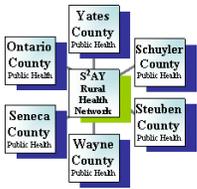


**Attachment E Schuyler County Public Health System Assessment**

<b>Health Promotion Activities to Facilitate Health Living in Healthy Communities</b>					
<b>Answer Options</b>	<b>Yes, met 100% - 76%</b>	<b>Mostly, 75% - 51%</b>	<b>Low 50% - 26%</b>	<b>No 25% - 0%</b>	<b>Response Count</b>
Conducts health promotion activities for the community-at-large or for populations at increased risk for negative health outcomes	7	12	3	0	22
Develops collaborative networks for health promotion activities that facilitate healthy living in healthy communities	8	8	4	1	21
Assesses the appropriateness, quality and effectiveness of health promotion activities at least every 2 years.	9	5	5	2	21
<i>Total Respondents</i>	22				

<b>Mobilize Community Partnerships to Identify and Solve Health Problems</b>					
<b>Answer Options</b>	<b>Yes, met 100% - 76%</b>	<b>Mostly, 75% - 51%</b>	<b>Low 50% - 26%</b>	<b>No 25% - 0%</b>	<b>Response Count</b>
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).	7	8	5	1	21
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.	9	7	5	1	22
Establishes and maintains a comprehensive directory of community organizations.	11	2	3	5	21
Uses broad-based communication strategies to strengthen linkages among LPHS organizations and to provide current information about public health services and issues.	7	6	7	2	22
<i>Total Respondents</i>	22				

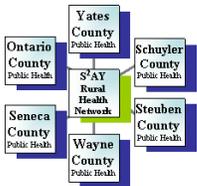
<b>Community Partnerships</b>					
<b>Answer Options</b>	<b>Yes, met 100% - 76%</b>	<b>Mostly, 75% - 51%</b>	<b>Low 50% - 26%</b>	<b>No 25% - 0%</b>	<b>Response Count</b>
Establishes community partnerships to assure a comprehensive approach to improving health in the community.	9	6	4	1	20
Assure the establishment of a broad-based community health improvement committee.	7	8	4	2	21
Assesses the effectiveness of community partnerships in improving community health.	6	9	3	3	21
<i>Total Respondents</i>	21				



<b>Assure a Competent Public and Personal Health Care Workforce</b>					
<b>Answer Options</b>	<b>Yes, met 100% - 76%</b>	<b>Mostly, 75% - 51%</b>	<b>Low 50% - 26%</b>	<b>No 25% - 0%</b>	<b>Response Count</b>
Assessment of workforce (including volunteers and other lay community health workers) to meet the community needs for public and personal health care services.	6	7	3	5	21
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.	7	3	4	7	21
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.	5	5	3	8	21
<i>Total Respondents</i>	21				

<b>Life-long Learning Through Continuing Education, Training &amp; Mentoring</b>					
<b>Answer Options</b>	<b>Yes, met 100% - 76%</b>	<b>Mostly, 75% - 51%</b>	<b>Low 50% - 26%</b>	<b>No 25% - 0%</b>	<b>Response Count</b>
Identify education and training needs and encourage opportunities for public health workforce development.	5	6	6	4	21
Provide opportunities for all personnel to develop core public health competencies.	5	4	5	7	21
Provide incentives (e.g. improvements in pay scale, release time, tuition reimbursement) for the public health workforce to pursue education and training.	3	5	4	9	21
Provide opportunities for public health workforce members, faculty and student interaction to mutually enrich practice-academic settings.	5	5	5	6	21
<i>Total Respondents</i>	21				

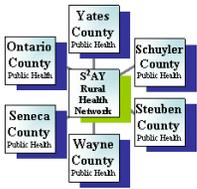
<b>Public Health Leadership Development</b>					
<b>Answer Options</b>	<b>Yes, met 100% - 76%</b>	<b>Mostly, 75% - 51%</b>	<b>Low 50% - 26%</b>	<b>No 25% - 0%</b>	<b>Response Count</b>
Provide formal (educational programs, leadership institutes) and informal (coaching, mentoring) opportunities for leadership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



<b>Access to and Utilization of Current Technology to Manage, Display and Communicate Population Health Data</b>					
<b>Answer Options</b>	<b>Yes, met 100% - 76%</b>	<b>Mostly, 75% - 51%</b>	<b>Low 50% - 26%</b>	<b>No 25% - 0%</b>	<b>Response Count</b>
Uses state of the art technology to collect, manage, integrate and display health profile databases.	4	9	1	8	22
Promotes the use of geocoded data.	3	4	2	10	19
Uses geographic information systems.	4	5	1	9	19
Uses computer-generated graphics to identify trends and/or compare data by relevant categories (e.g. race, gender, age group).	7	2	4	6	19
<i>Total Respondents</i>	22				

<b>Diagnose and Investigate Health Problems and Health Hazards in the Community</b>					
<b>Answer Options</b>	<b>Yes, met 100% - 76%</b>	<b>Mostly, 75% - 51%</b>	<b>Low 50% - 26%</b>	<b>No 25% - 0%</b>	<b>Response Count</b>
Epidemiological investigations of disease outbreaks and patterns of infectious and chronic disease and injuries, environmental hazards, and other health threats.	12	3	2	3	20
Active infectious disease epidemiology programs.	11	4	3	2	20
Access to public health laboratory capable of conducting rapid screening and high volume testing.	8	0	1	9	18
<i>Total Respondents</i>	20				

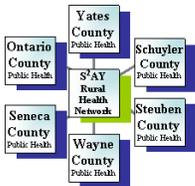
<b>Plan for Public Health Emergencies</b>					
<b>Answer Options</b>	<b>Yes, met 100% - 76%</b>	<b>Mostly, 75% - 51%</b>	<b>Low 50% - 26%</b>	<b>No 25% - 0%</b>	<b>Response Count</b>
Defines and describes public health disasters and emergencies that might trigger implementation of the LPHS emergency response plan.	10	8	3	0	21
Develops a plan that defines organizational responsibilities, establishes communication and information networks, and clearly outlines alert and evacuation protocols.	13	5	3	0	21
Tests the plan each year through the staging of one or more "mock events."	13	3	1	3	20
Revises its emergency response plan at least every two years.	10	5	1	4	20
<i>Total Respondents</i>	21				



<b>Investigate &amp; Respond to Public Health Emergencies</b>					
<b>Answer Options</b>	<b>Yes, met 100% - 76%</b>	<b>Mostly, 75% - 51%</b>	<b>Low 50% - 26%</b>	<b>No 25% - 0%</b>	<b>Response Count</b>
Designates an Emergency Response Coordinator	15	4	0	2	21
Develops written epidemiological case investigation protocols for immediate investigation of:	9	3	1	4	17
Communicable disease outbreaks	14	2	1	3	20
Environmental health hazards	11	3	2	4	20
Potential chemical and biological agent threats	10	4	2	4	20
Radiological threats and	10	3	3	4	20
Large scale disasters	11	5	1	3	20
Maintains written protocols to implement a program of source & contact tracing.	14	2	2	2	20
Maintain a roster of personnel with technical expertise to respond to biological, chemical or radiological emergencies	13	1	2	4	20
Evaluates past incidents for effectiveness & continuous improvement	14	1	2	3	20
<i>Total Respondents</i>	21				

<b>Laboratory Support for Investigation of Health Threats</b>					
<b>Answer Options</b>	<b>Yes, met 100% - 76%</b>	<b>Mostly, 75% - 51%</b>	<b>Low 50% - 26%</b>	<b>No 25% - 0%</b>	<b>Response Count</b>
Maintains ready access to laboratories capable of supporting investigations.	12	1	1	7	21
Maintains ready access to labs capable of meeting routine diagnostic & surveillance needs.	14	2	1	4	21
Confirms that labs are in compliance with regs & standards through credentialing and licensing agencies.	9	2	0	9	20
Maintains protocols to address handling of lab samples– storing, collecting, labeling, transporting and delivering samples and for determining the chain of custody.	10	2	1	6	19
<i>Total Respondents</i>	21				

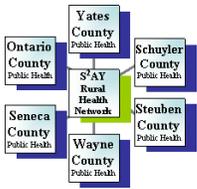
<b>Develop Policies &amp; Plans that support Individual and Community Health Efforts.</b>					
<b>Answer Options</b>	<b>Yes, met 100% - 76%</b>	<b>Mostly, 75% - 51%</b>	<b>Low 50% - 26%</b>	<b>No 25% - 0%</b>	<b>Response Count</b>
An effective governmental presence at the local level.	10	8	3	0	21
Development of policy to protect the health of the public and to guide the practice of public health.	14	4	2	1	21
Systematic community-level and state-level planning for health improvement in all jurisdictions.	9	6	4	2	21
Alignment of LPHS resources & strategies with the community health improvement plan.	6	9	2	4	21
<i>Total Respondents</i>	21				



<b>Public Health Policy Development</b>					
<b>Answer Options</b>	<b>Yes, met 100% - 76%</b>	<b>Mostly, 75% - 51%</b>	<b>Low 50% - 26%</b>	<b>No 25% - 0%</b>	<b>Response Count</b>
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.	7	10	4	0	21
Reviews existing policies at least every 2 years and alerts policy makers and the public of potential unintended outcomes and consequences.	9	9	1	2	21
Advocates for prevention and protection policies, particularly policies that affect populations who bear a disproportionate burden of mortality and morbidity.	7	10	1	3	21
<i>Total Respondents</i>	21				

<b>Community Health Improvement Process</b>					
<b>Answer Options</b>	<b>Yes, met 100% - 76%</b>	<b>Mostly, 75% - 51%</b>	<b>Low 50% - 26%</b>	<b>No 25% - 0%</b>	<b>Response Count</b>
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.	11	7	1	2	21
Develops strategies to achieve community health improvement objectives and identifies accountable entities to achieve each strategy.	10	8	2	1	21
<i>Total Respondents</i>	21				

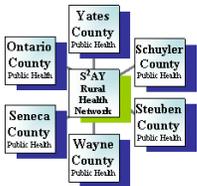
<b>Strategic Planning &amp; Alignment with the Community Health Improvement Process</b>					
<b>Answer Options</b>	<b>Yes, met 100% - 76%</b>	<b>Mostly, 75% - 51%</b>	<b>Low 50% - 26%</b>	<b>No 25% - 0%</b>	<b>Response Count</b>
Conduct organizational strategic planning activities.	9	8	1	3	21
Review its own organizational strategic plan to determine how it can best be aligned with the community health improvement process.	9	7	1	4	21
Conducts organizational strategic planning activities and uses strategic planning to align its goals, objectives, strategies and resources with the community health improvement process.	9	7	1	4	21
<i>Total Respondents</i>	21				



<b>Enforce Laws &amp; Regulations that Protect Health and Ensure Safety</b>					
<b>Answer Options</b>	<b>Yes, met 100% - 76%</b>	<b>Mostly, 75% - 51%</b>	<b>Low 50% - 26%</b>	<b>No 25% - 0%</b>	<b>Response Count</b>
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.	8	4	5	4	21
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.	7	7	1	6	21
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.	6	8	4	3	21
<i>Total Respondents</i>	21				

<b>Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable</b>					
<b>Answer Options</b>	<b>Yes, met 100% - 76%</b>	<b>Mostly, 75% - 51%</b>	<b>Low 50% - 26%</b>	<b>No 25% - 0%</b>	<b>Response Count</b>
Identifying populations with barriers to personal health services.	10	6	3	1	20
Identifying personal health service needs of populations with limited access to a coordinated system of clinical care.	10	7	2	1	20
Assuring the linkage of people to appropriate personal health services.	8	7	4	1	20
<i>Total Respondents</i>	20				

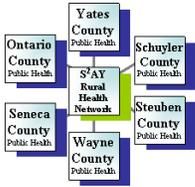
<b>Identifying Personal Health Services Needs of Population</b>					
<b>Answer Options</b>	<b>Yes, met 100% - 76%</b>	<b>Mostly, 75% - 51%</b>	<b>Low 50% - 26%</b>	<b>No 25% - 0%</b>	<b>Response Count</b>
Defines personal health service needs for the general population. This includes defining specific preventive, curative and rehabilitative health service needs for the catchment areas within its jurisdiction.	9	9	2	1	21
Assesses the extent to which personal health services are provided.	8	9	1	2	20
Identifies the personal health service needs of populations who may encounter barriers to the receipt of personal health services.	10	7	1	2	20
<i>Total Respondents</i>	21				



<b>Assuring the Linkage of People to Personal Health Services</b>					
<b>Answer Options</b>	<b>Yes, met 100% - 76%</b>	<b>Mostly, 75% - 51%</b>	<b>Low 50% - 26%</b>	<b>No 25% - 0%</b>	<b>Response Count</b>
Assures the linkage to personal health services, including populations who may encounter barriers to care.	8	5	6	1	20
Provides community outreach and linkage services in a manner that recognizes the diverse needs of unserved and underserved populations.	9	4	5	2	20
Enrolls eligible beneficiaries in state Medicaid or Medical Assistance Programs.	8	5	3	4	20
Coordinates the delivery of personal health and social services with service providers to optimize access.	8	4	4	4	20
Conducts an analysis of age-specific participation in preventive services.	7	4	4	4	19
<i>Total Respondents</i>	20				

<b>Evaluation of Population-based Health Services</b>					
<b>Answer Options</b>	<b>Yes, met 100% - 76%</b>	<b>Mostly, 75% - 51%</b>	<b>Low 50% - 26%</b>	<b>No 25% - 0%</b>	<b>Response Count</b>
Evaluate population-based health services against established criteria for performance, including the extent to which program goals are achieved for these services.	8	5	3	4	20
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.	6	5	4	5	20
Identifies gaps in the provision of population-based health services.	7	6	3	4	20
Uses evaluation findings to modify the strategic and operational plans of LPHS organizations to improve services and programs.	7	6	2	5	20
<i>Total Respondents</i>	20				

<b>Evaluate Effectiveness, Availability and Quality of Personal and population based health services?</b>					
<b>Answer Options</b>	<b>Yes, met 100% - 76%</b>	<b>Mostly, 75% - 51%</b>	<b>Low 50% - 26%</b>	<b>No 25% - 0%</b>	<b>Response Count</b>
Identifies community organizations or entities that contribute to the delivery of the Essential Public Health Services.	9	8	3	1	21
Evaluates the comprehensiveness of the LPHS activities against established criteria at least every five years and ensures that all organizations within the LPHS contribute to the process.	9	6	2	4	21
Assesses the effectiveness of communication, coordination and linkage among LPHS entities.	6	9	3	3	21
Uses information from the evaluation process to refine existing community health programs, to establish new ones, and to redirect resources as needed to accomplish LPHS goals.	6	10	2	3	21
<i>Total Respondents</i>	21				



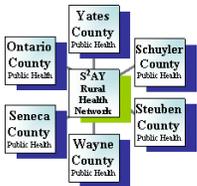
<b>Research for New Insights and Innovative Solutions to Health Problems</b>					
<b>Answer Options</b>	<b>Yes, met 100% - 76%</b>	<b>Mostly, 75% - 51%</b>	<b>Low 50% - 26%</b>	<b>No 25% - 0%</b>	<b>Response Count</b>
A continuum of innovative solutions to health problems ranging from practical field-based efforts to foster change in public health practice, to more academic efforts to encourage new directions in scientific research.	7	2	5	6	20
Linkages with institutions of higher learning and research.	6	3	4	7	20
Capacity to mount timely epidemiological and health policy analyses and conduct health systems research.	4	3	4	8	19
<b>Total Respondents</b>	20				

<b>Where is your organization located?</b>		
<b>Answer Options</b>	<b>Response Percent</b>	<b>Response Count</b>
Watkins Glen	45.5%	5
Montour Falls	54.5%	6
Odessa	0.0%	0
Entire County - Multiple Locations	9.1%	1
<b>Total Respondents</b>	11	

<b>What population does your organization serve? ie. elderly, low income, children</b>	
<b>Answer Options</b>	<b>Response Count</b>
All	9
Low income	1
People with disabilities	1
<b>Total Respondents</b>	11

<b>What type of organization do you work for? ie. hospital, county agency, non-profit</b>	
<b>Answer Options</b>	<b>Response Count</b>
Hospital	6
County agency	1
Non-profit	2
Government	1
County legislature	1
<b>Total Respondents</b>	11

<b>What is your position/job title?</b>	
<b>Answer Options</b>	<b>Response Count</b>
Accounts payable/payroll	1
Outcomes manager	1
CFO	1
Executive director	1
Community relations	1
President	1
Legislator	1
Physician	1
<b>Total Respondents</b>	8



**Attachment F Schuyler County Public Health Department Organizational Chart**

