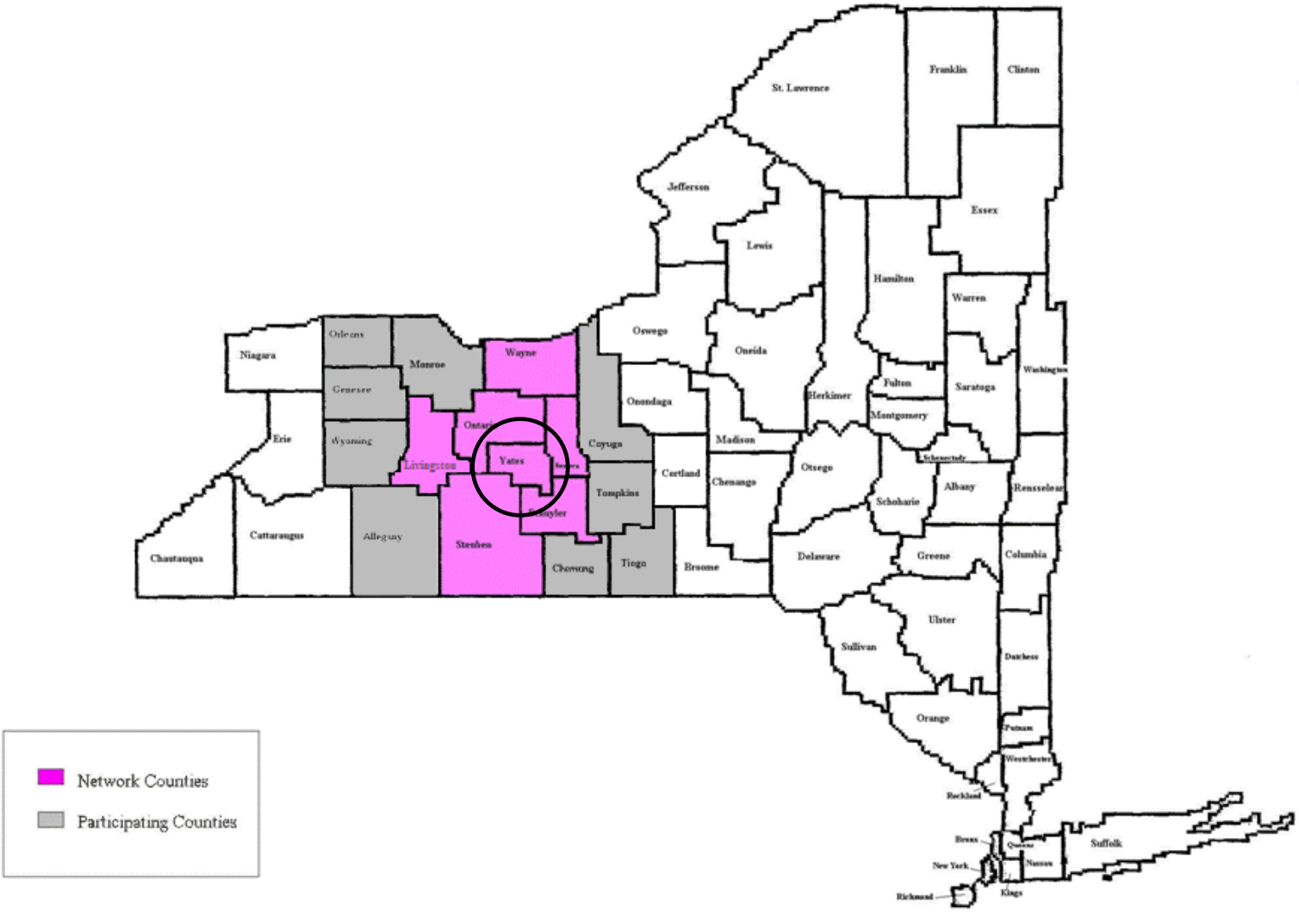
Yates County

Community Health Assessment

2013-2017

Yates County in S2AY Network Region



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Executive Summary

What are the health priorities facing Yates County?

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

The mission of the Yates County Public Health Dept. is to*, promote optimal health for people of all ages through disease prevention, environmental risk reduction, assistance with access to care and facilitation of emergency preparedness through education, policy development and collaboration within our community*. To that end Yates 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 Yates 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.

In the end, Yates 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 and reduce hypertension rates. Additionally efforts will include working in the injury and falls prevention areas due to high fall rates among vulnerable populations and higher injury rates in the community. The disparity the partners chose to address was obesity among the low-income population.

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[1]. **Obesity is a major contributor to chronic disease.**

Having high blood pressure, also know has hypertension, increases your risk for heart disease, stroke and other serious conditions, such as kidney disease and blindness. CVD is the leading cause of death in the United States and in NYS. In New York State, CVD killed almost 59,000 residents in 2007. Stroke is a leading cause of premature, permanent disability among working-age adults in the United States. Stroke alone accounts for the disability of more than a million Americans. The economic impact of CVD and stroke on the health system will grow as the population ages.[2]

Failing to win the battle against obesity and hypertension will mean premature death and disability for an increasingly large segment of Yates 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.

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[1] CDC Chronic diseases: The Power to Prevent, the Call to Control
http://www.cdc.gov/chronicdisease/resources/publications/aag/chronic.htm
[2] http://www.health.ny.gov/diseases/cardiovascular/heart_disease/index.htm

Demographics of the Population Served

Overall Size

Yates County is a small rural county located in the western portion of New York State in the Central Finger Lakes. Three of the six Finger Lakes form part of the county's border, including Seneca on the east, Keuka on the south and Canandaigua on the west. Neighboring counties include Ontario to the north and west, Seneca and Yates on the east and Steuben to the south. The county is 22 miles wide and encompasses a total of 338 square miles. The scenic lakes and extensive wine industry make Yates County a popular tourist destination. There are four incorporated villages and nine townships situated within the County. Penn Yan, the largest of four villages, is the County seat and is located at the north end of the east branch of Keuka Lake. The topography varies from steep hills and valleys in the western townships of the county to relatively flat land in the northern townships to gently rolling hills and valleys in the south, east and central portions. Four highways maintained by the NYSDOT (Rtes 14, 14A, 54 and 54A) follow the lengths of Keuka and Seneca lakes. Interstate routes are located in Ontario County one hour to the north and in Steuben County one hour to the south of Penn Yan.

The County is host to a large agricultural base that also includes a thriving Mennonite population.

Some of the various types of agriculture include dairy and crop farms, grape vineyards and apple orchards. In the last 50 years, the population of the county has grown by almost 36%, climbing steadily throughout this time period. The population is widely scattered throughout the county with an average population density of approximately 75 persons per square mile.

Census Data - People QuickFacts	Yates County	New York
Population, 2012 estimate	25,344	19,570,261
Population, percent change, April 1, 2010 to July 1, 2012	--	1.0%
Population, 2010	25,348	19,378,102

Population Size - 50 year trend, Census Quickfacts						
Census Year	Seneca	Yates	Steuben	Ontario	Wayne	Yates
1960	31,984	15,044	97,691	68,070	67,989	18,614
1970	35,083	16,737	99,546	78,849	79,404	19,831
1980	33,733	17,686	99,217	88,909	84,581	21,459
1990	33,683	18,662	99,088	95,101	89,123	22,810
2000	33,342	19,224	98,726	100,224	93,765	24,621
2010	35,251	18,343	98,990	107,931	93,772	25,348
2012 est.	35,305	18,514	99,063	108,519	92,962	25,344

The chart below from Cornell Program on Applied Demographics illustrates the population changes for the nine towns that make up Yates 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%
Yates County	24,621	25,348	727	3.0%
Towns				
Barrington	1,396	1,681	285	20.4%
Benton	2,640	2,836	196	7.4%
Italy	1,087	1,141	54	5.0%
Jerusalem	4,525	4,469	-56	-1.2%
Middlesex	1,345	1,495	150	11.2%
Milo	7,026	7,006	-20	-0.3%
Potter	1,830	1,865	35	1.9%
Starkey	3,465	3,573	108	3.1%
Torrey	1,307	1,282	-25	-1.9%

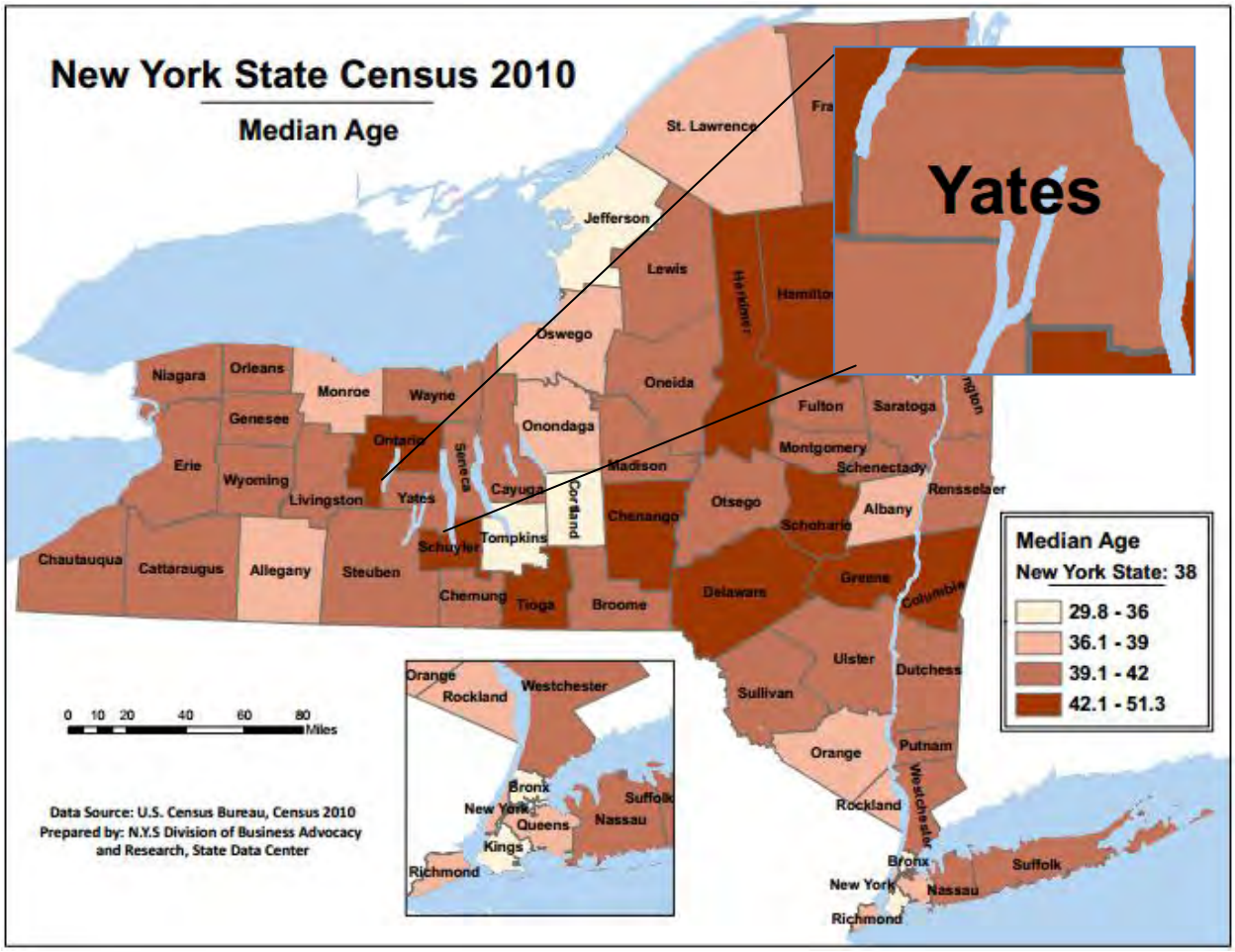
* Original counts revised through Count Question Resolution Program (CQR)

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

Source: pad.human.cornell.edu/profiles/**Yates** pdf

Demographics

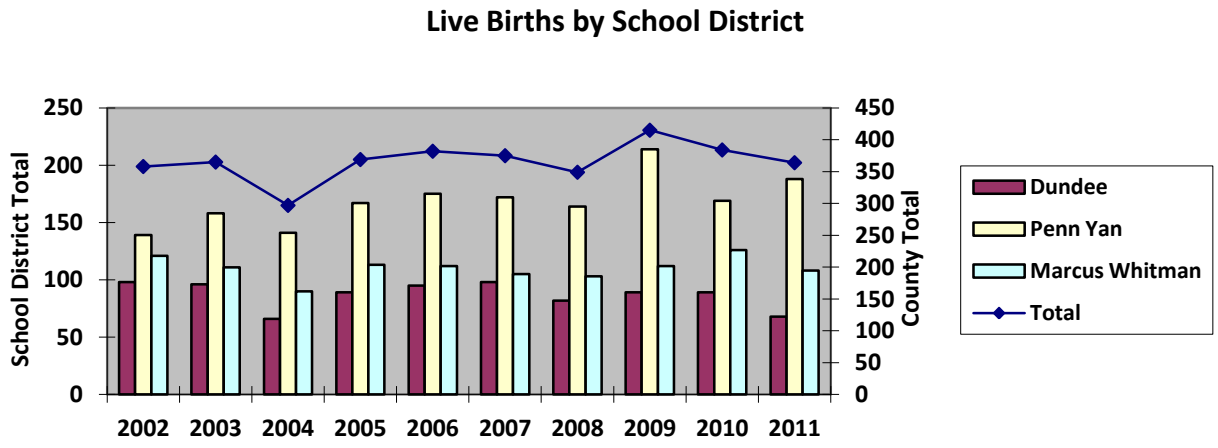
Yates County's population in the 2010 census was 25,348 residents. The 2012 Census Bureau estimates a population of 25,344, essentially no change. The median age in Yates County in 2010 was 40.7 compared to the New York State median age of 38. The current American Community Survey estimates a median age of 41.4 in the County compared to a rate of 37.8 in New York State. 20.5% 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 Yates 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 Yates County it is imperative these issues are addressed for our aging population.



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

SEX AND AGE					
Total population	25,348	100.0	**Median age (years)**	40.7	(X)
Under 5 years	1,581	6.2			
5 to 9 years	1,602	6.3	**16 years and over**	19,981	78.8
10 to 14 years	1,835	7.2	**18 years and over**	19,133	75.5
15 to 19 years	2,156	8.5	**21 years and over**	17,729	69.9
20 to 24 years	1,712	6.8	**62 years and over**	5,199	20.5
25 to 29 years	1,258	5.0	**65 years and over**	4,216	16.6
30 to 34 years	1,105	4.4			
35 to 39 years	1,225	4.8	**Male population**	12,278	48.4
40 to 44 years	1,365	5.4	**Median age (years)**	40.1	(X)
45 to 49 years	1,848	7.3	**Female population**	13,070	51.6
50 to 54 years	1,949	7.7	**Median age (years)**	41.4	(X)
55 to 59 years	1,799	7.1			
60 to 64 years	1,697	6.7			
65 to 69 years	1,290	5.1			
70 to 74 years	991	3.9			
75 to 79 years	754	3.0			
80 to 84 years	616	2.4			
85 years and over	565	2.2			

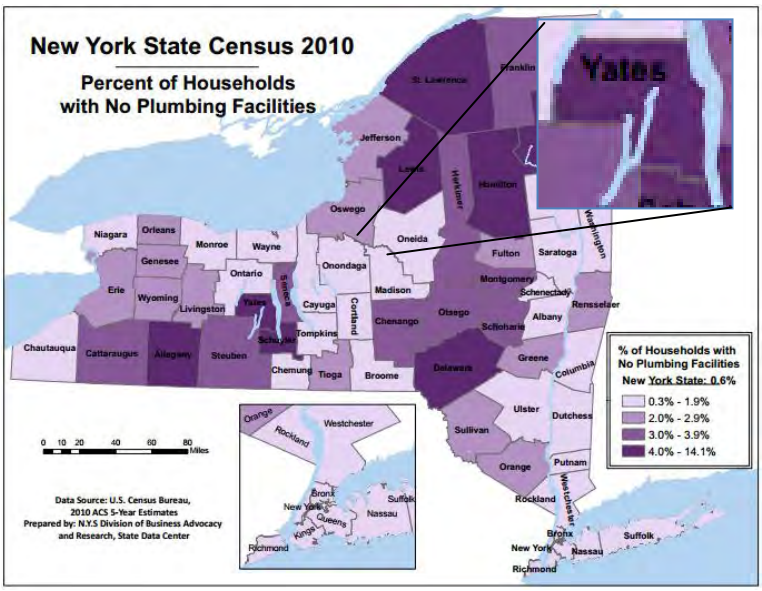
RELATIONSHIP			HOUSEHOLDS BY TYPE		
Total population	25,348	100.0	Total households	9,517	100.0
In households	24,061	94.9	Family households (families) [7]	6,404	67.3
Householder	9,517	37.5	With own children under 18 years	2,555	26.8
Spouse [6]	5,008	19.8			
Child	7,278	28.7	Husband-wife family	5,008	52.6
Own child under 18 years	5,606	22.1	With own children under 18 years	1,738	18.3
Other relatives	904	3.6	Male householder, no wife present	428	4.5
Under 18 years	396	1.6	With own children under 18 years	248	2.6
65 years and over	149	0.6	Female householder, no husband present	968	10.2
Nonrelatives	1,354	5.3	With own children under 18 years	569	6.0
Under 18 years	145	0.6	Nonfamily households [7]	3,113	32.7
65 years and over	103	0.4	Householder living alone	2,562	26.9
			Male	1,159	12.2
Unmarried partner	786	3.1	65 years and over	361	3.8
In group quarters	1,287	5.1	Female	1,403	14.7
Institutionalized population	326	1.3	65 years and over	759	8.0
Male	180	0.7			
Female	146	0.6	Households with individuals < 18 years	2,800	29.4
Noninstitutionalized population	961	3.8	Households with individuals 65+	2,911	30.6
Male	280	1.1	Average household size	2.53	(X)
Female	681	2.7	Average family size [7]	3.06	(X)



Source: Local Data

Housing

The majority of Yates County housing was built prior to the 1970's Housing statistics indicate that 29.5% of available housing in the county is vacant and 24.4% of the housing units are rentals. The county wraps around the northern end of Keuka Lake accounting for the 24.0% of the housing units that are seasonal.



This map from the New York State's Empire State Development Data Center illustrates that Yates County has one of the highest levels of housing with no plumbing facilities in the state. Additionally, many 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	13,491	100.0	**Occupied housing units**	9,517	100
Occupied housing units	9,517	70.5	**Owner-occupied housing units**	7,193	75.6
Vacant housing units	3,974	29.5	**Population in owner-occupied housing units**	18,837	(X)
For rent	176	1.3	**Average household size of owner-occupied units**	2.62	(X)
Rented, not occupied	17	0.1	**Renter-occupied housing units**	2,324	24.4
For sale only	137	1.0	**Population in renter-occupied housing units**	5,224	(X)
Sold, not occupied	68	0.5	**Average household size of renter-occupied units**	2.25	(X)
For seasonal, recreational, or occasional use	3,244	24.0			
All other vacants	332	2.5			
Homeowner vacancy rate (percent) [8]	1.9	(X)			
Rental vacancy rate (percent) [9]	7.0	(X)			

Race

The population of Yates is predominantly white at 97.2%. This is a slight decrease over 2009 State and County QuickFacts figure of 97.7%.

RACE		
Total population	25,348	100.0
One Race	25,079	98.9
White	24,647	97.2
Black or African American	203	0.8
American Indian and Alaska Native	38	0.1
Asian	97	0.4
Native Hawaiian and Other Pacific Islander	4	0.0
Some Other Race	90	0.4
Two or More Races	269	1.1
Hispanic or Latino (of any race)	421	1.7

Culture

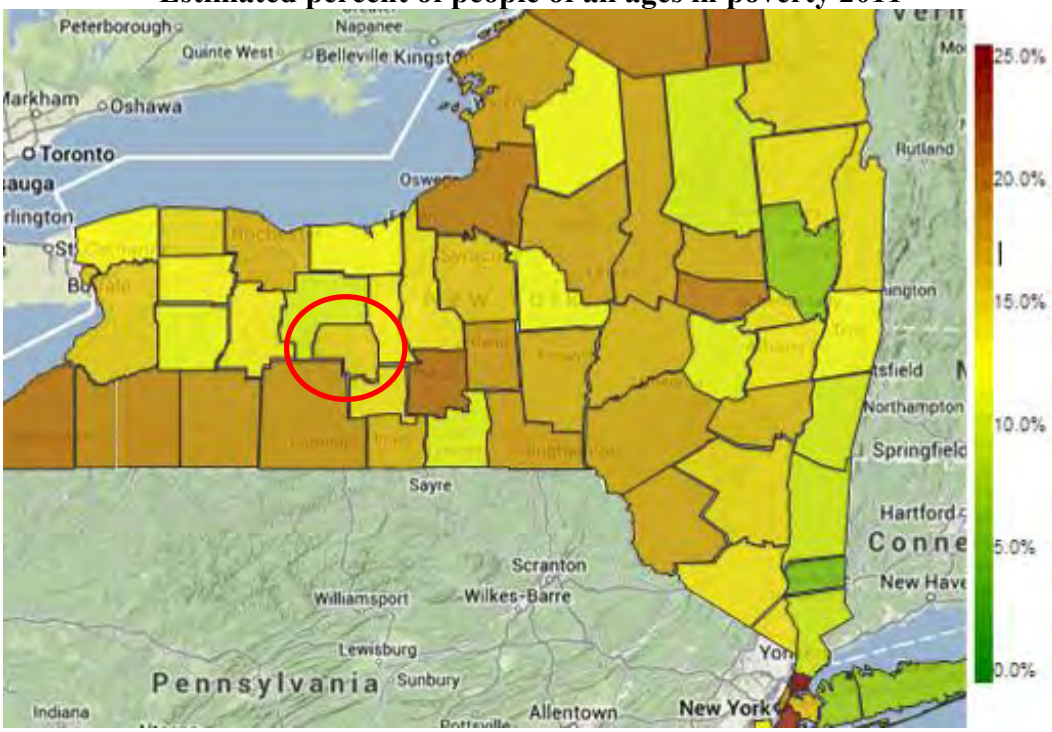
Approximately 10% of the county residents are from the Mennonite Community with 39% of the live births in 2012 (130/330) born to women of the Mennonite Community; most delivering at home with the assistance of a midwife. Children in this community speak only Dutch German until the start of their formal education at grade 1. Children attend small private Mennonite schools scattered throughout the county and complete their education with the eighth grade. Families typically reside on a farm, with all family members participating in the operation of the farm from an early age. Travel for members is most often by horse and buggy or bicycle. Cultural norms require that children and adults wear head covering and prohibit the use of helmets. Community support to its members is strong as evidenced by the assistance and resources afforded families in recovering from events such as illness, accidents, hospitalizations, fires. As a result it is common for members of the Mennonite Community to decline all commercial and public insurance products and other forms of government assistance such as social security, unemployment and Medicare. There is growing acceptance of routine pediatric immunizations by some members however, many parents continue to decline some or all vaccinations and seek medical care for illness only.

Poverty

The annual median household income in Yates County is $46, 822 which is 17.8% below the NYS median household income of $56,951. According to the 2006-2010 U.S. Census American Community Survey, 14.74% of the population in Yates County is living in poverty as compared to the New York State rate of 14.16%. 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 Yates County and shows that both school districts in the county have a large number of students who qualify for the program with both districts around 40%.

New York State Report Card	09-10		10-11		11-12	
Dundee	#	%	#	%	#	%
Eligible for free lunch	331	39%	360	44%	320	42%
Reduced price lunch	101	12%	75	9%	71	9%
Penn Yan	#	%	#	%	#	%
Eligible for free lunch	640	38%	577	35%	588	37%
Reduced price lunch	181	11%	141	8%	138	9%

Estimated percent of people of all ages in poverty 2011



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

The New York State Dept. of Labor reported the unemployment rate in Yates County was 5.6% compared to the NYS rate of 7.6%. Overall, Yates County has one of the more favorable rates in the region. This must be interpreted with caution however as a portion of those employed are thought to underemployed; lacking benefits including health insurance and paid leave time.

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 chart below illustrates Yates County's indicators for poverty compared to New York State averages. 25.9% of the households in Yates County have incomes below $25,000 compared to the 23% New York State rate. A major discrepancy between NYS and county rates at the higher income levels is noted. Only 5.3% of county residents have incomes above $150,000 compared to the NYS rate of 12.36%. Median household income in Yates County is $48,125 compared to the NYS average of $56,951. Yates County rates for median family income, per capita income and median earnings for workers are also considerably less than NYS averages. Rates for Yates County residents below the poverty level are comparable to NYS rates in most categories except those with related children under the age of 18 and families with female householder (husband not present). When considering all people living below the poverty level, Yates County is slightly higher than NYS.

INCOME AND BENEFITS (IN 2011 INFLATION-ADJUSTED DOLLARS)	Yates County		New York	
	Estimate	Percent	Estimate	Percent
Total households	9,552	9,552	7,215,687	7,215,687
Less than $10,000	664	7.0%	569,093	7.90%
$10,000 to $14,999	584	6.1%	377,349	5.20%
$15,000 to $24,999	1,218	12.8%	714,075	9.90%
$25,000 to $34,999	994	10.4%	668,253	9.30%
$35,000 to $49,999	1,487	15.6%	882,191	12.20%
$50,000 to $74,999	1,969	20.6%	1,233,315	17.10%
$75,000 to $99,999	1,285	13.5%	875,786	12.10%
$100,000 to $149,999	841	8.8%	1,002,264	13.90%
$150,000 to $199,999	234	2.4%	421,066	**5.80%**
$200,000 or more	276	2.9%	472,295	**6.50%**
Median household income (dollars)	**48,125**	**(X)**	**56,951**	**(X)**
With earnings	7,206	75.4%	5,655,471	78.40%
Mean earnings (dollars)	58,921	(X)	86,328	(X)
With Social Security	3,484	36.5%	2,026,768	28.10%
Mean Social Security income (dollars)	16,395	(X)	16,581	(X)
With retirement income	2,339	24.5%	1,264,147	17.50%
Mean retirement income (dollars)	23,788	(X)	23,831	(X)
With Supplemental Security Income	372	3.9%	379,518	5.30%
Mean Supplemental Security Income ($'s)	7,962	(X)	8,697	(X)
With cash public assistance income	284	3.0%	227,160	3.10%
Mean cash public assistance income ($'s)	3,598	(X)	3,905	(X)
With Food Stamp/SNAP benefits in the past year	1,207	12.6%	890,240	12.30%
Families	6,551	6,551	4,656,855	4,656,855
Less than $10,000	266	4.1%	227,940	4.90%
$10,000 to $14,999	217	3.3%	160,085	3.40%
$15,000 to $24,999	659	10.1%	358,954	7.70%
$25,000 to $34,999	572	8.7%	384,623	8.30%
$35,000 to $49,999	1,076	16.4%	550,723	11.80%
$50,000 to $74,999	1,580	24.1%	821,507	17.60%
$75,000 to $99,999	1,000	15.3%	639,156	13.70%
$100,000 to $149,999	720	11.0%	788,962	16.90%
$150,000 to $199,999	185	2.8%	343,285	7.40%
$200,000 or more	276	4.2%	381,620	8.20%
Median family income (dollars)	58,525	(X)	69,202	(X)
Per capita income (dollars)	23,928	(X)	31,796	(X)
Median earnings for workers (dollars)	25,674	(X)	33,377	(X)
% Families & People Whose Income In The Past 12 Months Is Below The Poverty Level				
All families	(X)	10.3%	(X)	11.00%
With related children under 18 years	(X)	18.7%	(X)	16.90%
With related children under 5 years only	(X)	10.8%	(X)	16.60%
Married couple families	(X)	5.4%	(X)	5.40%
With related children under 18 years	(X)	10.3%	(X)	7.60%
With related children under 5 years only	(X)	4.3%	(X)	6.90%
Families with female householder, no husband	(X)	28.1%	(X)	27.20%
With related children under 18 years	(X)	32.2%	(X)	36.80%
With related children under 5 years only	(X)	23.9%	(X)	41.70%
All people	(X)	15.4%	(X)	14.50%

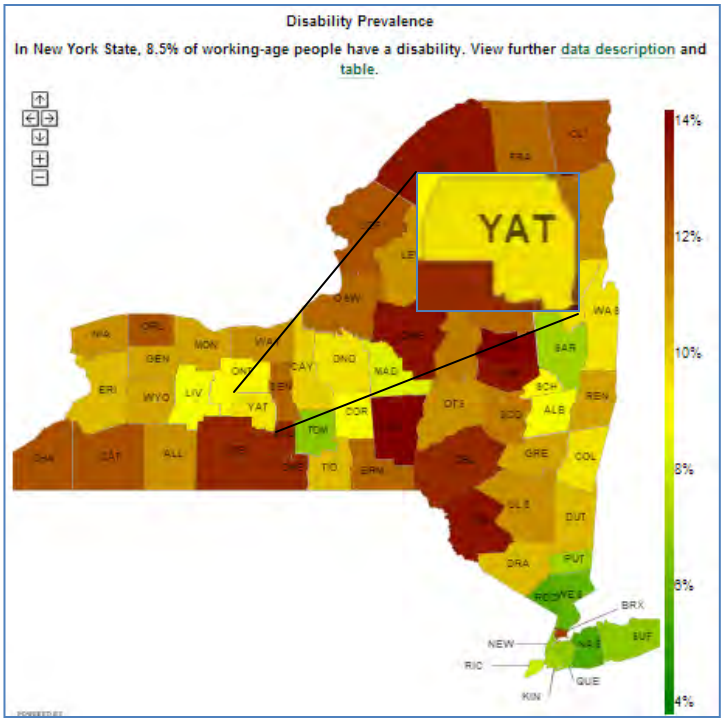
Disability

Yates County has a much higher rate of people with a disability at 16.3% than the New York State average of 4.8% and the national average of 5.3%. People with a disability are likely to lag behind 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%
Yates	21709	3536	16.3%
Ages 5-17	4109	272	6.6%
Ages 18-34	5427	548	10.1%
Ages 35-64	8137	1412	17.4%
Ages 65-74	1498	499	33.3%
Age 75+	1261	805	63.8%
All Ages, Hearing Difficulty	21709	1027	4.7%
All Ages, Vision Difficulty	21709	650	3.0%
Ages Five and Older, Cognitive Difficulty	20432	1629	8.0%
Ages Five and Older, Ambulatory Difficulty	20432	1876	9.2%
Ages Five and Older Self-Care Difficulty	20432	815	4.0%
Ages 18 and Older, Independent Living Difficulty	16323	1211	7.4%

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

In Yates County 9.4% of working age people have a disability compared to the NYS rate of 8.5%.



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

Educational Attainment

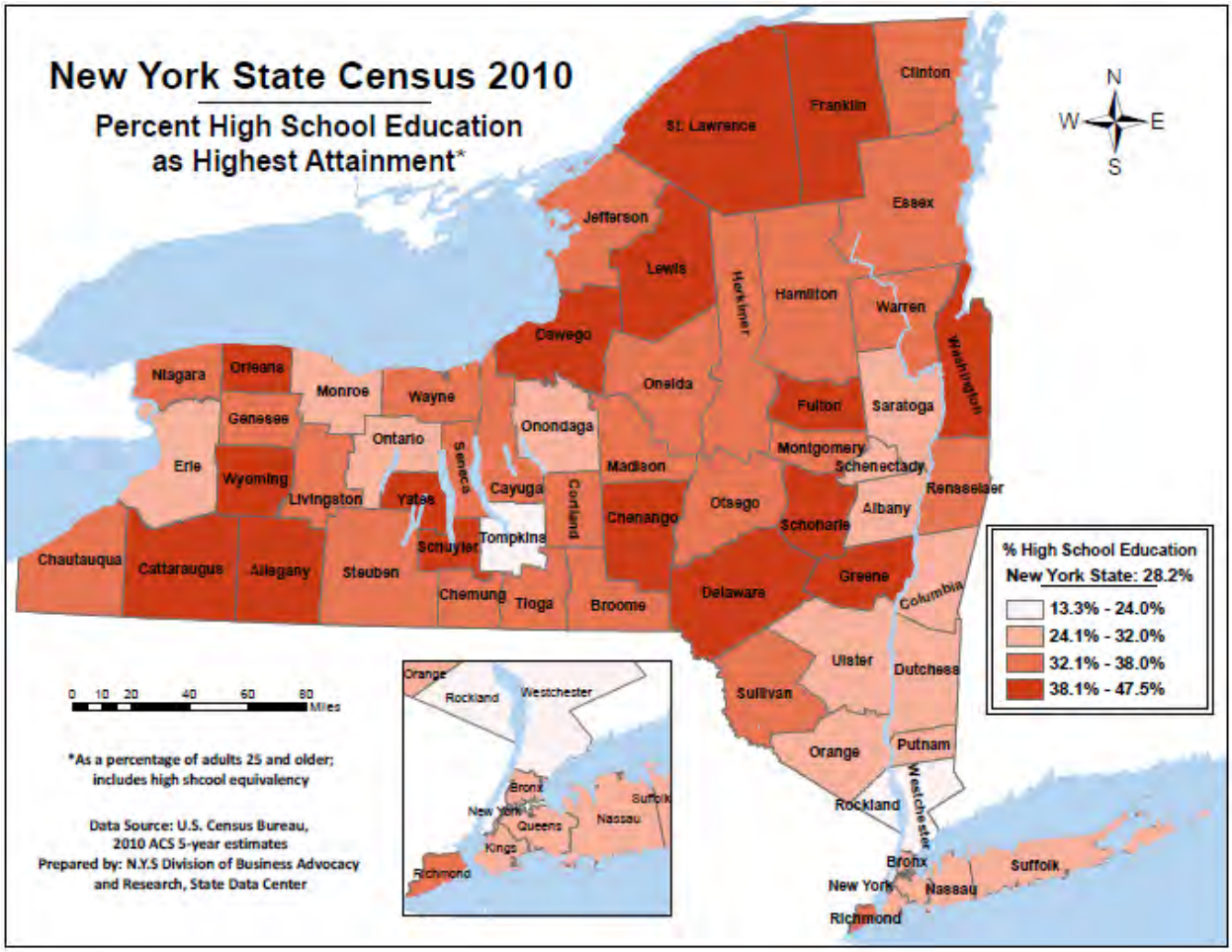
Lack of education is often associated with a lower health status and a greater likelihood of not seeking health care, especially preventive services. According to the US Census Bureau Quick Facts Yates County has a higher percentage high school graduates at 85.4% compared to the NYS average of 84.6%. However, as mentioned earlier, families from the Mennonite community end their formal education with the eighth grade. Yates County residents over the age of 25 are well below the NYS average of persons with a bachelor's degree at just 17.7% compared to the state average of 32.5%, or almost 46% lower than the State average.

US Census Bureau Quick Facts	Yates County	New York
High school graduate or higher, percent of persons age 25+, 2007-2011	85.4%	84.6%
Bachelor's degree or higher, percent of persons age 25+, 2007-2011	17.7%	32.5%

Only 32.6% of Yates County residents have an associates, bachelors or graduate degree compared to the NYS rate of 40.7%. A lower level of educational attainment contributes to lower earning 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 10.5% of the population are civilian veterans. 90.0% of Yates County residents only speak English at home.

Subject	Estimate	Margin of Error	%	% Margin of Error
EDUCATIONAL ATTAINMENT				
Population 25 years and over	16,428	+/-81	16,428	(X)
Less than 9th grade	1,239	+/-240	7.5%	+/-1.5
9th to 12th grade, no diploma	1,295	+/-189	7.9%	+/-1.2
High school graduate (includes equivalency)	6,078	+/-323	37.0%	+/-2.0
Some college, no degree	2,468	+/-245	15.0%	+/-1.5
Associate's degree	1,510	+/-166	9.2%	+/-1.0
Bachelor's degree	1,921	+/-228	11.7%	+/-1.4
Graduate or professional degree	1,917	+/-273	11.7%	+/-1.7
Percent high school graduate or higher	(X)	(X)	84.6%	+/-1.7
Percent bachelor's degree or higher	(X)	(X)	23.4%	+/-1.8
VETERAN STATUS				
Civilian population 18 years and over	19,121	+/-45	19,121	(X)
Civilian veterans	2,004	+/-209	10.5%	+/-1.1
PLACE OF BIRTH				
Total population	25,342	*****	25,342	(X)
Native	24,960	+/-117	98.5%	+/-0.5
Born in United States	24,891	+/-128	98.2%	+/-0.5
State of residence	20,368	+/-472	80.4%	+/-1.9
Different state	4,523	+/-479	17.8%	+/-1.9
Born in Puerto Rico, U.S. Island areas, or born abroad to American parent(s)	69	+/-35	0.3%	+/-0.1
Foreign born	382	+/-117	1.5%	+/-0.5
LANGUAGE SPOKEN AT HOME				
Population 5 years and over	23,814	+/-30	23,814	(X)
English only	21,430	+/-386	90.0%	+/-1.6
Language other than English	2,384	+/-383	10.0%	+/-1.6
Speak English less than "very well"	968	+/-259	4.1%	+/-1.1
Spanish	340	+/-74	1.4%	+/-0.3
Speak English less than "very well"	149	+/-61	0.6%	+/-0.3



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 preventative care. In Yates County 14.0% 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 to help address this problem. However, it is uncertain the level of acceptance for a segment of the population which has previously declined health insurance due to cultural beliefs rather than an inability to purchase.

Estimated Uninsured in 2008 by New York State County of Residence

	Under Age 65			Under Age 19			Age 19 to 64		
County	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
Yates	2,875	20,547	14.0	704	6,193	11.4	2,203	14,355	15.3

Source: 2008 Census Bureau Estimates of the Uninsured

The chart below from the NYSDOH provides a general overview of socio-economic status and general health indicator of Yates County residents compared to those of the rest of the state. Some indicators to take note of are the percentage of population below poverty level, the percentage of children and adults with insurance, and birth rates; all of which fall within the 4th quartile in county ranking.

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.	County Ranking Group
Total population (2010)	N/A	25,348.0	N/A	N/A	N/A	N/A	1st
% of labor force unemployed (2011)	908	6.9	8.2	Yes	7.6	Yes	1st
% of population at or below poverty level (2010)	N/A	17.0	15.0	No	N/A	N/A	4th
% of children ages less than 18 years at or below poverty level (2010)	N/A	29.0	21.5	Yes	N/A	N/A	4th
Median family income in US dollars (2010)	N/A	43,820.0	54,047.0	N/A	N/A	N/A	3rd
% of children ages less than 19 years with health insurance (2010)	N/A	91.2	94.9	Yes	N/A	N/A	4th
% of adults ages 18-64 years with health insurance (2010)	N/A	82.6	83.1	No	N/A	N/A	4th
High school drop out rate	86	2.5	2.8	No	2.0	No	3rd
Age-adjusted % of adults who did not receive medical care because of cost # (2008-2009)	N/A	10.2	13.8	No	12.0	No	1st
Age-adjusted % of adults with regular health care provider (2008-2009)	N/A	90.6	83.0	Yes	87.1	No	1st
Age-adjusted % of adults who had poor mental health 14 or more days within the past month (2008-2009)	N/A	8.6	10.2	No	10.9	No	1st
Birth rate per 1,000 population	957	12.8	12.7	No	11.2	Yes	4th
Total mortality rate per 100,000	709	951.9	748.6	Yes	842.2	Yes	3rd

Indicator	3 Year Total	County Rate	NYS Rate	Sig.Dif.	NYS Rate exc NYC	Sig.Dif.	County Ranking Group
Age-adjusted total mortality rate per 100,000	709	737.3	662.8	Yes	700.5	No	2nd
% premature deaths (ages less than 75 years)	277	39.1	40.0	No	37.2	No	3rd
Years of potential life lost per 100,000	4,104	5,964.2	5,728.2	Yes	5,843.8	No	2nd
Total emergency department visit rate per 10,000	31,988	4,294.7	3,821.2	Yes	3,544.4	Yes	3rd
Age-adjusted total emergency department visit rate per 10,000	31,988	4,368.7	3,819.5	Yes	3,556.7	Yes	3rd
Total hospitalization rate per 10,000	8,495	1,140.5	1,290.5	Yes	1,223.2	Yes	2nd
Age-adjusted total hospitalization rate per 10,000	8,495	1,029.6	1,242.5	Yes	1,167.6	Yes	1st

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

Cancer Indicators

Cancer indicators for the County are in the 4th quartile in a couple different categories including female breast and ovarian cancers. Yates County rates are often unstable and cannot be reliably compared due to the small numbers reported. The cancer indicators listed below do not point to a significant difference in county rates compared to NYS rates with the exception of crude incidence and mortality rates for all cancers combined, and the age adjusted incidence rate per 100,000 for prostate cancer.

Cancer Indicators - Yates County - 2007-2009

Indicator	3 Year Total	County Rate	NYS Rate	Sig. Dif.	NYS Rate exc NYC	Sig. Dif.	County Ranking Group
All cancers							
Crude incidence per 100,000	**443**	**602.0**	**536.5**	**Yes**	**599.7**	**No**	**2nd**
Age-adjusted incidence per 100,000	443	487.1	489.6	No	520.0	No	1st
Crude mortality rate per 100,000	**163**	**221.5**	**179.9**	**Yes**	**204.1**	**No**	**3rd**
Age-adjusted mortality rate per 100,000	163	176.0	163.0	No	173.9	No	2nd
Lip, Oral Cavity, and Pharynx Cancer							
Crude incidence per 100,000	6	8.2*	11.5	No	12.7	No	1st
Age-adjusted incidence per 100,000	6	6.1*	10.4	No	10.8	No	1st
Crude mortality rate per 100,000	2	2.7*	2.3	No	2.4	No	3rd
Age-adjusted mortality rate per 100,000	2	2.0*	2.1	No	2.0	No	2nd
Colon and rectum cancer							
Crude incidence per 100,000	38	51.6	50.4	No	53.9	No	2nd
Age-adjusted incidence per 100,000	38	40.5	45.8	No	46.2	No	1st
Crude mortality rate per 100,000	11	14.9	17.4	No	18.5	No	1st
Age-adjusted mortality rate per 100,000	11	12.0	15.7	No	15.7	No	1st
Lung and bronchus cancer							
Crude incidence per 100,000	63	85.6	69.8	No	83.9	No	2nd
Age-adjusted incidence per 100,000	63	68.2	63.8	No	72.2	No	1st

Indicator	3 Year Total	County Rate	NYS Rate	Sig. Dif.	NYS Rate exc NYC	Sig. Dif.	County Ranking Group
Crude mortality rate per 100,000	39	53.0	46.9	No	57.2	No	2nd
Age-adjusted mortality rate per 100,000	39	41.3	42.8	No	49.0	No	1st
Female breast cancer							
Crude incidence per 100,000	55	146.0	147.1	No	164.9	No	2nd
Age-adjusted incidence per 100,000	55	111.0	126.9	No	136.1	No	1st
Crude mortality rate per 100,000	**13**	**34.5**	**26.7**	**No**	**28.8**	**No**	**4th**
Age-adjusted mortality rate per 100,000	**13**	**28.1**	**21.7**	**No**	**22.2**	**No**	**4th**
Crude late stage incidence per 100,000	2	5.3*	8.0	No	8.3	No	1st
Age-adjusted late stage incidence per 100,000	2	4.2*	6.8	No	6.8	No	1st
Cervix uteri cancer							
Crude incidence per 100,000	2	5.3*	8.9	No	7.9	No	1st
Age-adjusted incidence per 100,000	2	4.2*	8.3	No	7.4	No	1st
Crude mortality rate per 100,000	0	0.0*	2.7	No	2.2	No	1st
Age-adjusted mortality rate per 100,000	0	0.0*	2.3	No	1.9	No	1st
Ovarian cancer							
Crude incidence per 100,000	5	13.3*	15.2	No	16.5	No	1st
Age-adjusted incidence per 100,000	5	9.7*	12.9	No	13.4	No	1st
Crude mortality rate per 100,000	**7**	**18.6***	**9.6**	**No**	**11.0**	**No**	**4th**
Age-adjusted mortality rate per 100,000	**7**	**15.9***	**7.8**	**No**	**8.5**	**No**	**4th**
Prostrate cancer							
Crude incidence per 100,000	58	161.5	169.1	No	186.0	No	2nd
Age-adjusted incidence per 100,000	58	124.6	166.9	Yes	171.2	Yes	1st
Crude mortality rate per 100,000	8	22.3*	18.5	No	19.2	No	3rd
Age-adjusted mortality rate per 100,000	8	21.9*	21.6	No	20.8	No	3rd
Crude late stage incidence per 100,000	3	8.4*	6.7	No	6.6	No	3rd
Age-adjusted late stage incidence per 100,000	3	7.8*	7.2	No	6.6	No	3rd
Melanoma cancer mortality							
Crude mortality rate per 100,000	1	1.4*	2.3	No	3.1	No	1st
Age-adjusted mortality rate per	1	0.8*	2.1	No	2.7	No	1st

Indicator	3 Year Total	County Rate	NYS Rate	Sig. Dif.	NYS Rate exc NYC	Sig. Dif.	County Ranking Group
100,000							
Age-adjusted % of women 18 years and older with pap smear in past 3 years (2008-2009)	N/A	81.4	82.7	No	82.6	No	3rd
% of women 40 years and older with mammography screening in past 2 years (2008-2009)	N/A	80.7	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 Yates County. Lung and bronchus cancers account for 31.1% of all cancer deaths in the county.

Four cancer sites represent 57.9% of all new cancer cases and 54.3% of all new cancer deaths in Yates County:**

Lung & bronchus cancers account for 15.3% of all cancer cases and 31.1% of all cancer deaths. This disproportionate mortality highlights the crucial need for prevention & cessation of tobacco use.

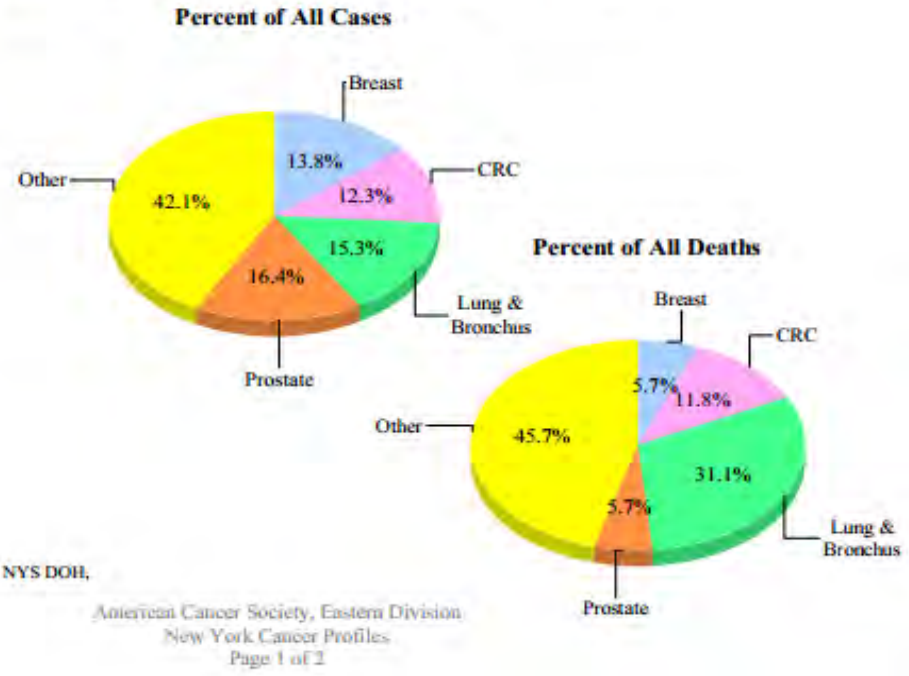
Prostate cancer accounts for 16.4% of all cancer cases and 5.7% of all cancer deaths.

Female breast cancer accounts for 13.8% of all cancer cases and 5.7% of all cancer deaths.

Colorectal cancer accounts for 12.3% of all cancer cases and 11.8% of all cancer deaths. This reflects the lower screening & early detection rates for this cancer.

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

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



American Cancer Society, Eastern Division
New York Cancer Profiles
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The NYSDOH cancer incidence and mortality rates for Yates County (see chart below) confirm the information above. Lung and bronchus, prostate, colorectal and breast cancer have the highest incidence and mortality rates.

Cancer Incidence and Mortality for Yates 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	79.6	535.7	54.0	72.8	432.8	45.7	28.8	195.4	32.5	26.4	152.4	26.7
Oral cavity and pharynx	1.2	7.1	5.8	0.6	3.1	3.5	0.2	1.5	2.9	0.4	2.1	2.9
Esophagus	1.4	9.2	6.9	0.6	3.3	3.7	0.8	5.3	5.3	0.6	3.5	4.0
Stomach	0.4	2.5	3.5	0.0	0.0	0.0	0.4	2.5	3.5	0.2	1.3	2.6
Colorectal	**6.8**	**44.3**	**15.2**	**5.4**	**29.9**	**11.4**	**3.0**	**20.2**	**10.4**	**1.6**	**9.0**	**6.3**
Colon excluding rectum	4.4	28.6	12.1	3.6	20.0	9.3	2.6	17.5	9.7	1.4	7.7	5.8
Rectum & rectosigmoid	2.4	15.7	9.3	1.8	9.9	6.5	0.4	2.7	3.8	0.2	1.2	2.4
Liver / intrahepatic bile duct	1.2	7.4	6.0	0.4	1.9	2.6	1.2	8.1	6.5	0.4	1.9	2.7
Pancreas	1.6	10.1	7.1	2.0	11.8	7.4	1.2	7.4	6.0	2.4	14.0	8.0
Larynx	1.2	8.0	6.5	0.2	1.1	2.2	0.0	0.0	0.0	0.0	0.0	0.0
Lung and bronchus	**10.0**	**67.5**	**18.9**	**11.6**	**67.1**	**17.8**	**7.6**	**49.6**	**16.0**	**7.2**	**40.5**	**13.6**
Melanoma of the skin	3.6	26.9	12.8	2.6	16.4	9.2	0.2	1.0	1.9	0.2	1.3	2.6
Female breast				**20.2**	**121.5**	**24.2**				**4.0**	**24.4**	**11.2**
Cervix uteri				0.6	3.7	4.2				0.2	1.3	2.6
Corpus uterus and NOS				6.0	34.6	12.7				1.4	7.1	5.3
Ovary				2.8	16.2	8.6				1.6	10.5	7.7
Prostate	**22.0**	**137.7**	**26.1**				**2.2**	**16.4**	**9.8**			
Testis	0.4	4.5	6.4				0.2	1.1	2.2			
Urinary bladder (incl. in situ)	6.6	44.3	15.4	1.6	7.9	5.5	1.2	8.8	7.1	0.6	3.1	3.5
Kidney and renal pelvis	4.8	31.1	12.8	1.6	10.4	7.5	1.0	6.6	5.9	0.2	0.9	1.8
Brain and other nervous system	1.4	10.4	7.9	1.2	7.3	5.8	1.0	7.0	6.2	0.8	4.5	4.4
Thyroid	0.8	6.6	6.8	2.4	19.7	11.9	0.0	0.0	0.0	0.0	0.0	0.0

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 (+/-)
Hodgkin lymphoma	0.4	3.9	5.5	0.4	2.5	3.5	0.0	0.0	0.0	0.2	1.2	2.4
Non-Hodgkin lymphomas	5.0	36.0	14.8	4.6	26.7	11.0	2.0	13.0	8.2	0.8	4.3	4.3
Myeloma	1.0	6.7	6.0	0.6	3.4	3.9	0.2	1.2	2.3	0.4	2.3	3.2
Leukemias	2.8	21.3	11.4	2.0	12.4	8.1	1.4	9.2	6.9	0.6	4.0	4.6

Cardiovascular Disease

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

Cardiovascular Disease Indicators - Yates 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
Cardiovascular disease mortality rate per 100,000								
Crude	(Table) (Trend) (Map)	227	304.8	289.2	No	302.9	No	3rd
Age-adjusted	(Table) (Trend) (Map)	227	230.8	250.9	No	244.7	No	2nd
Premature death (ages 35-64 years)	(Table) (Trend) (Map)	18	62.6	102.0	Yes	95.3	No	1st
Pretransport mortality	(Table) (Trend) (Map)	111	149.0	144.1	No	155.9	No	2nd
Cardiovascular disease hospitalization rate per 10,000								
Crude	(Table) (Trend) (Map)	1,405	188.6	183.3	No	184.6	No	3rd
Age-adjusted	(Table) (Trend) (Map)	1,405	150.2	165.6	Yes	157.5	No	2nd
Disease of the heart mortality rate per 100,000								
Crude	(Table) (Trend) (Map)	189	253.8	239.7	No	243.6	No	3rd
Age-adjusted	(Table) (Trend) (Map)	189	192.4	207.6	No	196.5	No	2nd
Premature death (ages 35-64 years)	(Table) (Trend) (Map)	17	59.2	83.3	No	78.0	No	1st
Pretransport mortality	(Table) (Trend) (Map)	92	123.5	125.3	No	129.7	No	2nd
Disease of the heart hospitalization rate per 10,000								
Crude	(Table) (Trend) (Map)	1,056	141.8	125.7	Yes	128.4	Yes	4th
Age-adjusted	(Table) (Trend) (Map)	1,056	113.0	113.3	No	109.2	No	3rd
Coronary heart disease mortality rate per 100,000								
Crude	(Table) (Trend) (Map)	140	188.0	195.6	No	180.0	No	3rd
Age-adjusted	(Table) (Trend) (Map)	140	144.0	169.4	Yes	145.1	No	2nd
Premature death (ages 35-64 years)	(Table) (Trend) (Map)	15	52.2	69.0	No	59.9	No	1st
Pretransport mortality	(Table) (Trend) (Map)	65	87.3	105.2	No	99.0	No	2nd
Coronary heart disease hospitalization rate per 10,000								

Indicator	Data Links	3 Year Total	2008 – 2010 County Rate	NYS Rate	Sig. Dif.	NYS Rate exc NYC	Sig. Dif.	County Ranking Group
Crude	(Table) (Trend) (Map)	455	61.1	52.3	Yes	51.6	Yes	4th
Age-adjusted	(Table) (Trend) (Map)	455	48.6	46.9	No	43.7	Yes	3rd
Congestive heart failure mortality rate per 100,000								
Crude	(Table) (Trend) (Map)	9	12.1*	13.3	No	19.8	No	1st
Age-adjusted	(Table) (Trend) (Map)	9	9.0*	11.3	No	15.5	Yes	1st
Premature death (ages 35-64 years)	(Table) (Trend) (Map)	0	0.0*	1.6	Yes	2.0	Yes	1st
Pretransport mortality	(Table) (Trend) (Map)	6	8.1*	7.2	No	10.9	No	2nd
Congestive heart failure hospitalization rate per 10,000								
Crude	(Table) (Trend) (Map)	219	29.4	32.3	No	32.2	No	2nd
Age-adjusted	(Table) (Trend) (Map)	219	22.5	28.9	Yes	26.9	Yes	1st
Cerebrovascular disease (stroke) mortality rate per 100,000								
Crude	(Table) (Trend) (Map)	27	36.3	30.5	No	39.3	No	2nd
Age-adjusted	(Table) (Trend) (Map)	27	27.1	26.7	No	31.9	No	1st
Premature death (ages 35-64 years)	(Table) (Trend) (Map)	1	3.5*	10.6	No	10.5	No	1st
Pretransport mortality	(Table) (Trend) (Map)	12	16.1	10.9	No	16.5	No	2nd
Cerebrovascular disease (stroke) hospitalization rate per 10,000								
Crude	(Table) (Trend) (Map)	196	26.3	27.8	No	29.8	No	2nd
Age-adjusted	(Table) (Trend) (Map)	196	20.8	25.1	Yes	25.3	Yes	1st
Hypertension hospitalization rate per 10,000 (ages 18 years and older)	(Table) (Trend) (Map)	12	2.1	7.9	Yes	5.3	Yes	1st
Age-adjusted % of adults with physician diagnosed angina, heart attack or stroke # (2008-2009)	(Table) (Map)	N/A	5.8	7.6	No	7.2	No	1st
Age-adjusted % of adults with cholesterol checked in the last 5 years # (2008-2009)	(Table) (Map)	N/A	64.6	77.3	Yes	79.3	Yes	4th
Age-adjusted % of adults ever told they have high blood pressure (2008-2009)	(Table) (Map)	N/A	27.2	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 with fewer than 10 events in the numerator. Data below does illustrate that the incidence of elevated lead levels exceeds that of the NYS rate however Lead screening rates for the county are low. Efforts to increase overall screening rates may alter the prevalence of elevated lead levels in children.

Child and Adolescent Health Indicators - Yates 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	4	114.6*	20.3	Yes	22.7	Yes	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
Ages15-19 years	0	0.0*	37.2	Yes	37.8	Yes	1st
Asthma hospitalization rate per 10,000							
Ages 0-4 years	2	4.5*	58.8	Yes	36.1	Yes	1st
Ages 5-14 years	6	6.2*	20.9	Yes	11.2	No	2nd
Ages 0-17 years	9	5.1*	29.0	Yes	16.1	Yes	1st
Gastroenteritis hospitalization rate per 10,000 (ages 0-4 years)	1	2.2*	15.7	Yes	10.8	No	1st
Otitis media hospitalization rate per 10,000 (ages 0-4 years)	1	2.2*	3.3	No	2.7	No	2nd
Pneumonia hospitalization rate per 10,000 (ages 0-4 years)	10	22.5	44.6	Yes	37.5	No	1st
% of children born in 2008 with a lead screening by 9 months	9	2.9*	6.8	Yes	2.9	No	2nd
% of children born in 2008 with a lead screening by 18 months	164	52.6	69.5	Yes	65.4	Yes	4th
% of children born in 2008 with at least two lead screenings by 36 months	111	35.6	52.9	Yes	45.2	Yes	3rd
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	27	27.8	5.3	Yes	7.7	Yes	4th

Cirrhosis

Overall, cirrhosis hospitalization and mortality rates in Yates County are low. Each category, crude and age-adjusted falls within the first or second quartile in country ranking.

Cirrhosis Indicators - Yates 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	5	6.7*	6.9	No	7.7	No	2nd
Age-adjusted	5	4.8*	6.2	No	6.6	No	1st
Cirrhosis hospitalization rate per 10,000							
Crude	14	1.9	2.9	No	2.5	No	1st
Age-adjusted	14	1.5	2.7	Yes	2.2	No	1st

Diabetes

Yates County Public Health has chosen to address obesity as one of their prevention agenda priorities to focus on in the upcoming years. Diabetes has been directly correlated with obesity. As shown below, diabetes is a rising concern for Yates County. As the public health department moves forward with initiatives around obesity, diabetes rates should decrease as the population loses weight.

As clearly indicated in the chart below the diabetes death rate in Yates County, 21.9 is over 30% higher than the NYS rate of 16.8. The small numbers should be viewed with caution.

Diabetes - Deaths and Death Rates Per 100,000 Residents							
Region/County	2007	2008	2009	Total	Pop. 2008	Crude Rate	Adj. Rate
Yates	11	4	6	21	24,652	**28.4**	**21.9**
New York State Total	3,694	3,582	3,684	10,960	19,490,297	**18.7**	**16.8**

The Yates Community Health Planning Council has developed a workplan as part of the Community Health Improvement and Community Service Plans to address this issue as seen in the executive summary and attached (see Attachment C). Below you will find some of the many diabetes statistics that validate the choice of YCHPC in addressing obesity. Yates County falls in the 3rd quartile for adults with physician diagnosed diabetes.

Diabetes Indicators - Yates 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	12	16.1	18.6	No	17.7	No	2nd

Age-adjusted	12	12.5	16.6	No	14.9	No	1st
Diabetes hospitalization rate per 10,000 (primary diagnosis)							
Crude	74	9.9	20.3	Yes	15.5	Yes	1st
Age-adjusted	74	8.7	19.0	Yes	14.3	Yes	1st
Diabetes hospitalization rate per 10,000 (any diagnosis)							
Crude	1,734	232.8	248.7	Yes	228.9	No	2nd
Age-adjusted	1,734	188.0	226.1	Yes	198.2	Yes	2nd
Age-adjusted % of adults with physician diagnosed diabetes (2008-2009)	N/A	9.0	9.0	No	8.5	No	3rd

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

	Discharges				Population	Crude	Adjusted
Region/County	**2007**	**2008**	**2009**	**Total**	**2008**	**Rate**	**Rate**
Diabetes (Primary Diagnosis) – Discharge Rate Per 10,000 Population							
Yates	26	23	31	80	24,652	10.8	9.6
New York State Total	40,454	39,941	39,491	119,886	19,490,297	20.5	19.3
Diabetes (Any Diagnosis) – Discharge Rate per 10,000 Population							
Yates	553	594	606	1,753	24,652	237.0	192.3
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 Februray, 2011 - Adjusted Rates Are Age Adjusted to The 2000 United States Population

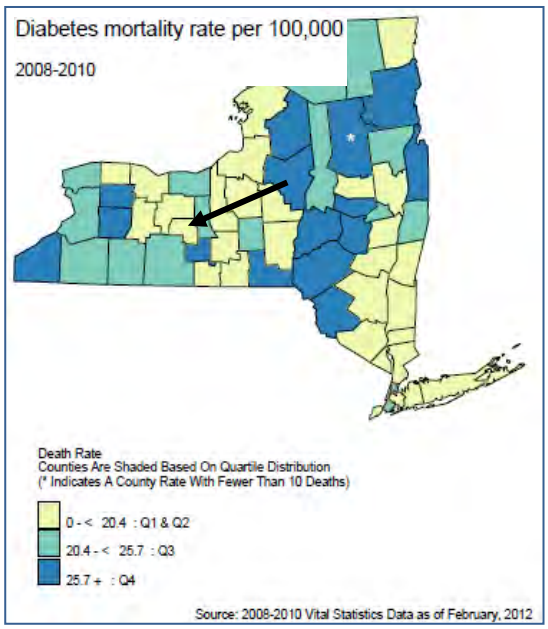
Heart disease, stroke and cancer are three of the top five leading causes of death in Yates County.

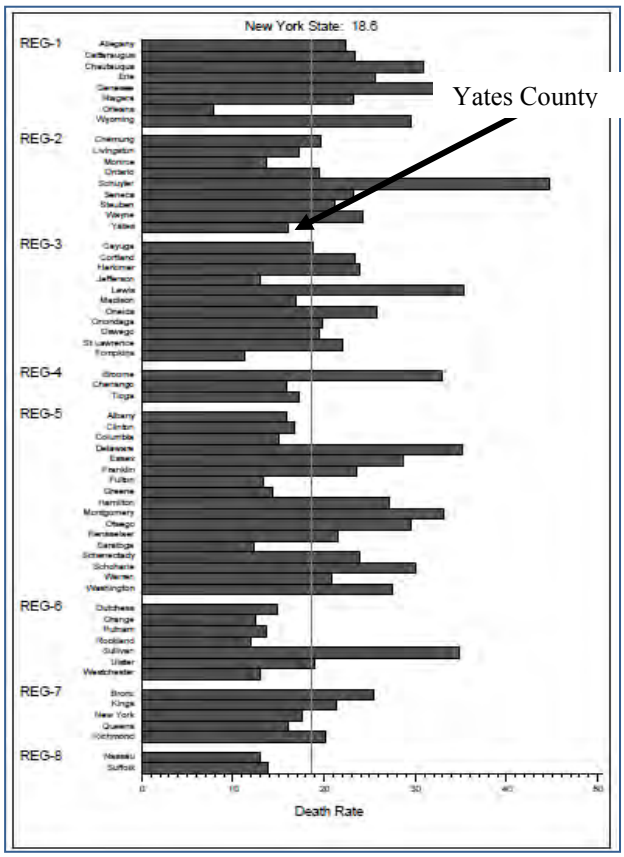
Leading Causes of Death by County, New York State, 2011

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	
Yates County **Total: 242**	Heart Disease 60 174 per 100,000	Cancer 57 173 per 100,000	Stroke 15 45 per 100,000	Chronic Lower Respiratory Diseases (CLRD) 14 43 per 100,000	
Yates Females **Total: 122**	Heart Disease 28 140 per 100,000	Cancer 27 145 per 100,000	Stroke 9 46 per 100,000	CLRD 6 32 per `100,000	Unintentional Injury 6 35 per 100,000
Yates Males **Total: 99**	Heart Disease 32 216 per 100,000	Cancer 30 205 per 100,000	CLRD 8 54 per 100,000	Pneumonia and Influenza 4 27 per 100,000	Unintentional Injury 4 36 per 100,000

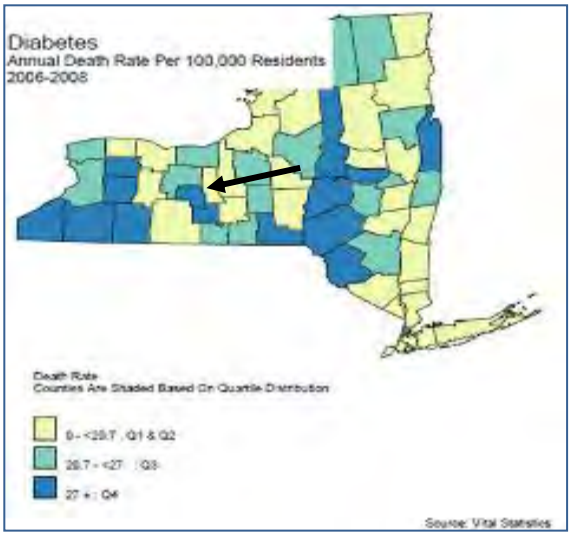
Source: Vital Statistics Data as of March, 2013
New York State Department of Health - Bureau of Biometrics and Health Statistics

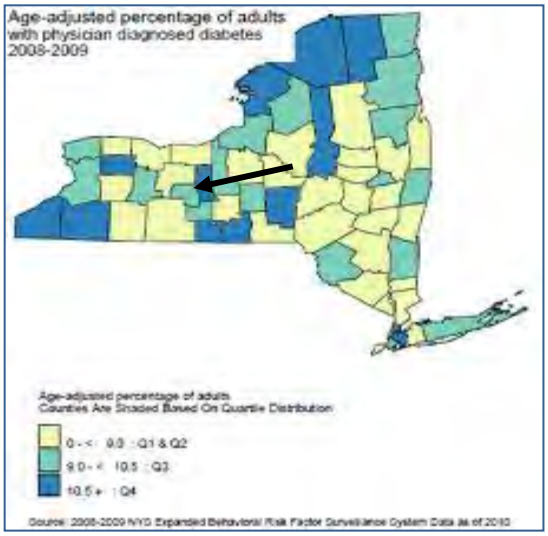
This New York State Department of Health Graph illustrates that Yates County has had a relatively low diabetes mortality rate per 100,000 according to 2008 – 2010 vital statistic data.





Maps from previous years show that diabetes mortality rates per 100,000 have decreased significantly, falling from the 4th quartile in the 2006-2008 period, the 3rd quartile in the 2008-2009 period and finally the 1st & 2nd quartile in the 2008-2010 period. While diabetes mortality rates have improved, the county looks to find strategies which also decrease contributing high risk factors; i.e. obesity.

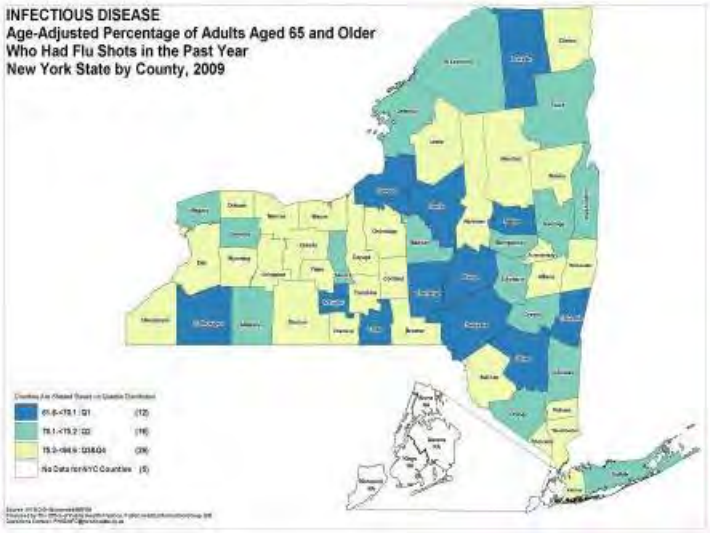




Communicable Disease

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.[3] Reports are made to Yates County Public Health within 24 hours of diagnosis. However, some diseases warrant 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.

In addition to monitoring the incidence of communicable disease, Public Health also monitors the level of protection against illness such as influenza and pneumonia.



INFECTIOUS DISEASE Indicator	Prevention Agenda 2013 Objective	US	NYS	Yates County
% of adults 65+ years with immunizations[1]				
flu shot in the past year Map of adults with flu shot in past year	90%†	61.3%[a](2011)	60.0% (2011)	78.0%
ever had pneumonia vaccination Map of adults with pne vac in past year	90%†	70.0%[a] (2011)	65.2% (2011)	69.8% (2009)

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.

[3] New York State Dept. of Health, Communicable Disease Reporting
https://www.health.ny.gov/professionals/diseases/reporting/communicable/

INFECTIOUS DISEASE Indicator	Prevention Agenda 2013 Objective	US	NYS	Yates County
Newly diagnosed HIV case rate (per 100,000)[16]	23.0	17.4(2009)	19.5(2010)	0.0~ (08-10)
Gonorrhea case rate (per 100,000)[17]	19.0†	100.8(2010)	94.3(2010)	9.5~ (08-10)
Tuberculosis case rate (per 100,000)[18]	1.0†	3.6(2010)	4.9(2010)	1.4~ (08-10)

It should be noted that in looking at the **leading causes of death** in the county that pneumonia and influenza is the fourth leading cause of death for Yates County males. Many of the communicable disease indicator rates below are unstable given the small numbers reported in the county.

Communicable Disease Indicators - Yates 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	191	154.2	127.9	Yes	140.1	No	2nd
Pertussis incidence per 100,000	8	10.7*	3.0	Yes	4.3	Yes	4th
Mumps incidence per 100,000	0	0.0*	5.5	Yes	4.0	Yes	2nd
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	2	2.7*	0.8	No	0.5	No	4th
Acute Hepatitis B incidence per 100,000	0	0.0*	0.8	Yes	0.6	Yes	1st
Tuberculosis incidence per 100,000	1	1.3*	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	11	14.8	13.9	No	12.9	No	4th
Shigella incidence per 100,000	0	0.0*	4.4	Yes	3.2	Yes	1st
Lyme disease incidence per 100,000#	1	1.3*	42.4	Yes	66.2	Yes	1st
% of adults 65 years and older with flu shot in last year (2008-2009)	N/A	78.0	75.0	No	76.0	No	2nd
% of adults 65 years and older who ever received pneumonia shot (2008-2009)	N/A	69.8	64.7	No	71.2	No	3rd

Tuberculosis

New York State Public Health Law and the State Sanitary Code requires 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 Yates County. As seen in the table below the incidence of active TB in Yates County is very low. However, with the recent increase in enrollment of international students at Keuka College whose home county is endemic with TB, the risk of TB to the community has increased. In fact active cases in the student population were identified in both 2011 and 2012.

Tuberculosis per 100,000 population					Population	
Region/County	2007	2008	2009	Total	2008	Rate
Yates	0	0	0	0	24,652	0.0
New York State Total	1,173	1,196	1,006	3,375	19,490,297	5.8

As seen below the incidence of pertussis, lyme disease, hepatitis A and B, and haemophilus influenza are all very rare, with only one hepatitis A case in 2009.

Haemophilus Influenza Per 100,000 Population					Population	
Region/County	2007	2008	2009	Total	2008	Rate
Yates	0	0	0	0	24,652	0.00
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
Yates	0	0	1	1	24,652	1.4
New York State Total	235	179	136	550	19,490,297	0.9

Pertussis Cases per 100,000 Population					Population	
Region/County	2007	2008	2009	Total	2008	Rate
Yates	0	0	0	0	24,652	0.0
Region Total	82	15	26	123	1,253,967	3.3
New York State Total	705	568	364	1,637	19,490,297	2.8

Lyme Disease per 100,000 Population					Population	
Region/County	2007	2008	2009	Total	2008	Rate
Yates	0	0	0	0	24,652	0.0
New York State Total	4,604	9,152	9,279	23,035	19,490,297	39.4

Hepatitis B per 100,000 Population					Population	
Region/County	2007	2008	2009	Total	2008	Rate
Yates	0	0	0	0	24,652	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.

Sexually Transmitted Diseases

All counties in the region have seen a substantial increase in reported cases of Chlamydia since 2001, and Yates County is no exception. However as is shown on the following pages, the numbers of sexually transmitted diseases in Yates County are relatively low compared to regional and NYS rates. This chart shows the number of cases in the County.

Sexually Transmitted Diseases per 100,000

	2008	2009	2010	Crude Rate
Gonorrhea Cases	2	0	5	9.4
Early Syphilis Cases	0	0	0	0.0
Male Chlamydia Cases	10	12	14	99.3
Female Chlamydia Cases	27	40	33	261.6

Source: 2008-2010 Bureau of STD Control Data as of July 2012

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	0	0.0*	21.4	Yes	7.4	Yes	1st
AIDS case rate per 100,000							
Crude	1	1.3*	17.6	Yes	5.6	No	1st
AIDS mortality rate per 100,000							
Crude	1	1.3*	5.7	No	1.7	No	3rd
Age-adjusted	1	1.8*	5.3	No	1.6	No	3rd
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	7	9.4*	89.7	Yes	55.7	Yes	1st
Ages 15-19 years	1	15.4*	335.5	Yes	210.3	Yes	1st
Chlamydia case rate per 100,000 males							
All ages	36	99.3	305.1	Yes	178.9	Yes	2nd
Ages 15-19 years	8	260.8*	1,013.5	Yes	586.9	Yes	2nd
Ages 20-24 years	19	771.4	1,410.1	Yes	920.6	No	3rd
Chlamydia case rate per 100,000 females							
All ages	100	261.6	644.6	Yes	426.2	Yes	2nd
Ages 15-19 years	42	1,227.4	3,587.6	Yes	2,334.5	Yes	1st
Ages 20-24 years	33	1,339.8	3,114.6	Yes	2,200.4	Yes	2nd
Pelvic inflammatory disease (PID) hospitalization rate per 10,000 females (ages 15-44 years)	2	1.4*	3.7	No	2.5	No	1st

The following charts illustrate that Yates 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

	Deaths				Population	Crude	Adjusted
Region/County	**2007**	**2008**	**2009**	**Total**	**2008**	**Rate**	**Rate**
Yates	0	0	0	0	24,652	0.0	0.0
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

	AIDS Cases				Population	
Region/County	**2007**	**2008**	**2009**	**Total**	**2008**	**Rate**
Yates	0	1	0	1	24,652	1.4
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

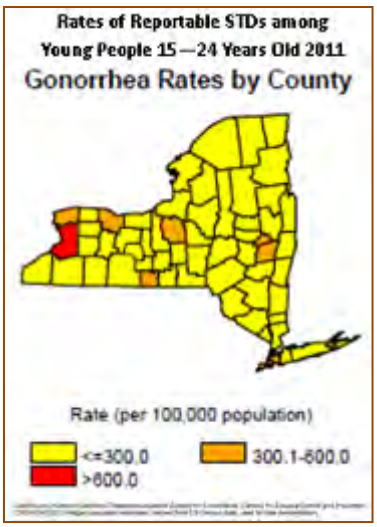
	Gonorrhea				Population	
Region/County	**2007**	**2008**	**2009**	**Total**	**2008**	**Rate**
Yates	5	2	0	7	24,652	9.5
New York State Total	17,699	17,120	17,009	51,828	19,490,297	88.6

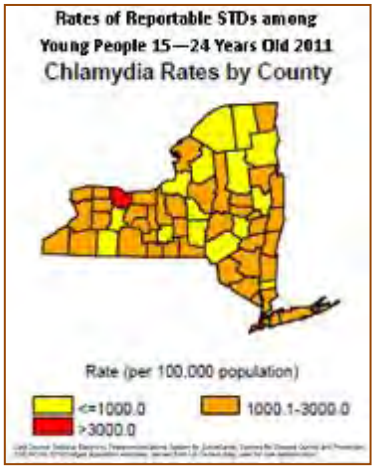
Pelvic Inflammatory Disease - Discharge Rate Per 10,000 Females Age 15-44
Source: 2007-2009 SPARCS Data as of Februray, 2011

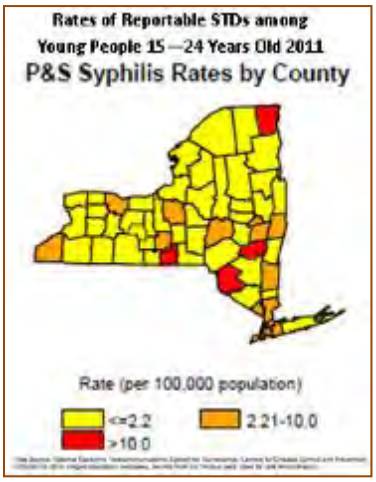
	Discharges				Population	Crude
Region/County	**2007**	**2008**	**2009**	**Total**	**2008**	**Rate**
Yates	1	0	1	2	4,861	1.4
New York State Total	1,755	1,545	1,515	4,815	4,076,182	3.9

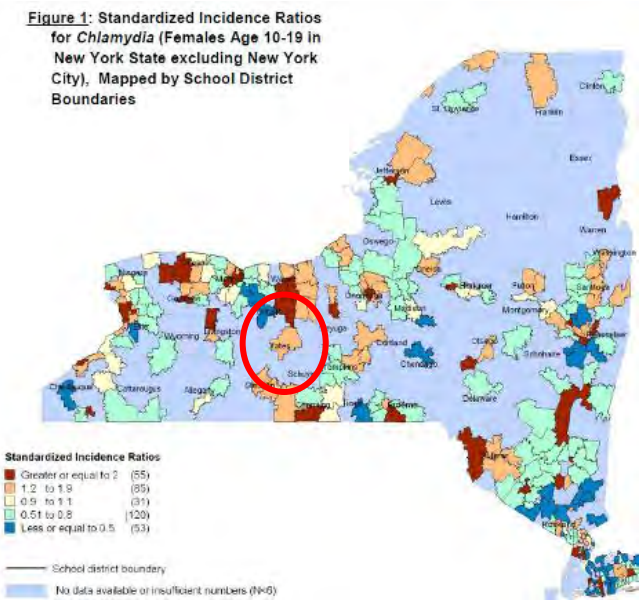
Male Chlamydia Per 100,000 Males
Source: 2007-2009 Bureau of STD Prevention and Epidemiology Data as of September, 2011

	Male Chlamydia				Males	
Yates	9	10	12	31	12,023	85.9
New York State Total	24,052	27,088	28,283	79,423	9,462,063	279.8









Family Planning and Natality Indicators

Yates County, as can be seen in the bolded sections of the chart below ranks in the 4th quartile for percentage of births within 24 months of previous pregnancy and total fertility rate per 1,000 females. Overall, natality indicators within Yates County are relatively good with most measures falling within the 1st and 2nd quartiles.

Family Planning/Natality Indicators - Yates County 2008-2010

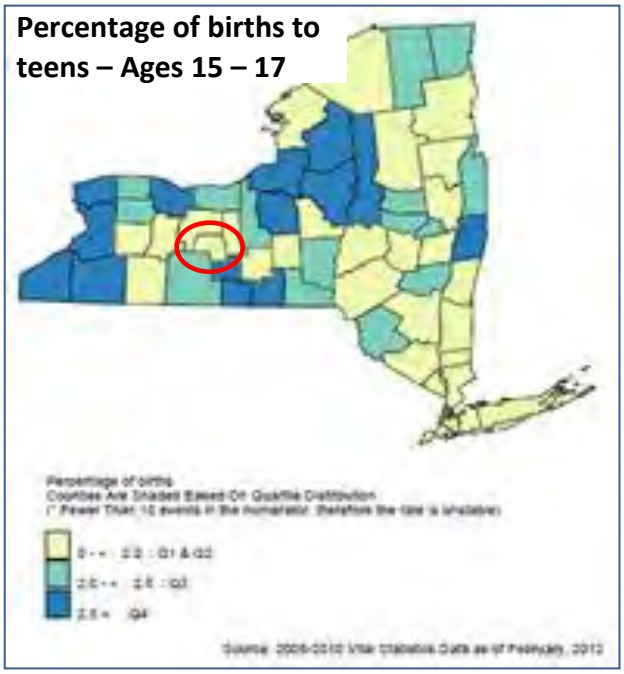
Indicator	3 Year Total	County Rate	NYS Rate	Sig. Dif.	NYS Rate exc NYC	Sig. Dif.	County Ranking Group
% of births within 24 months of previous pregnancy	**260**	**27.2**	**18.0**	**Yes**	**21.1**	**Yes**	**4th**
Percentage of births to teens							
Ages 15-17 years	17	1.8	1.9	No	1.9	No	2nd
Ages 15-19 years	78	8.2	6.6	No	6.8	No	2nd
% of births to women 35 years and older	130	13.6	19.4	Yes	19.0	Yes	3rd
Fertility rate per 1,000 females							
Total (all births/female ages 15-44 years)	**957**	**69.0**	**60.9**	**Yes**	**58.2**	**Yes**	**4th**
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	17	9.9	12.1	No	10.0	No	2nd

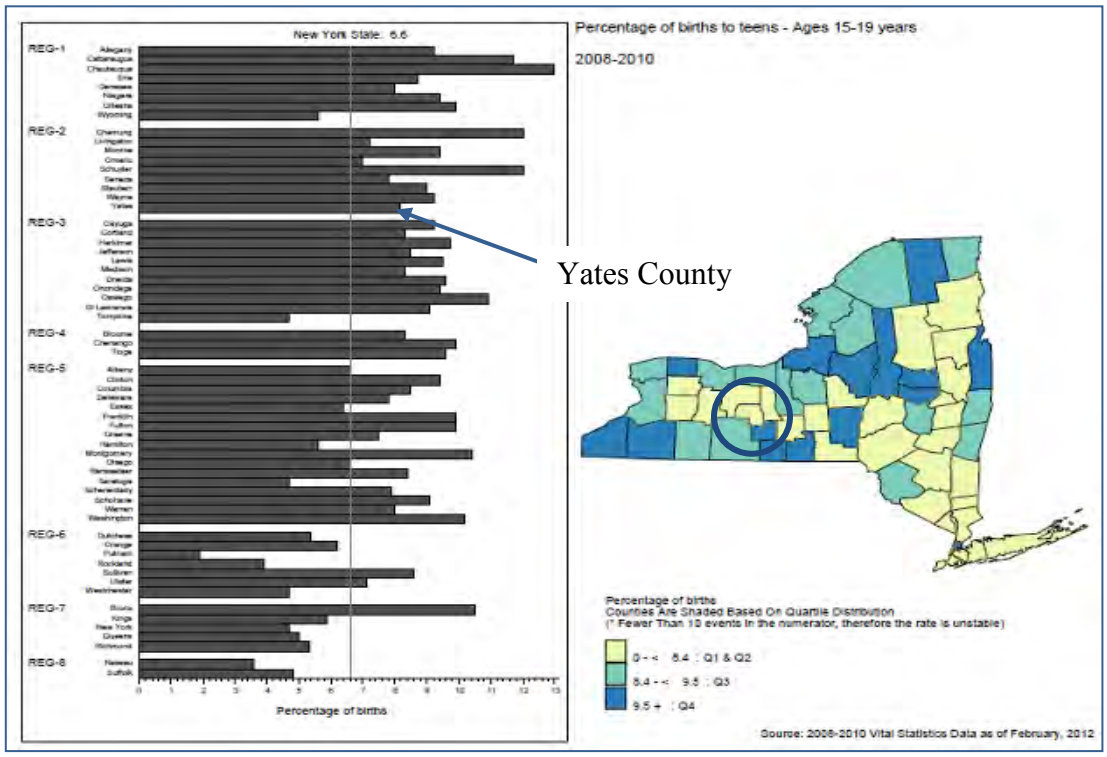
Indicator	3 Year Total	County Rate	NYS Rate	Sig. Dif.	NYS Rate exc NYC	Sig. Dif.	County Ranking Group
ages 15-17 years)							
Ages 15-19 years (births to mothers ages 15-19 years/females ages 15-19 years)	78	22.8	24.0	No	20.8	No	2nd
Ages 18-19 years (births to mothers ages 18-19 yrs/females ages 18-19 yrs)	61	35.8	40.3	No	35.4	No	2nd
Pregnancy rate per 1,000 (all pregnancies/female 15-44 years) #	1,088	78.4	93.6	Yes	77.0	No	3rd
Teen pregnancy rate per 1,000 #							
Ages 10-14 years	1	0.4*	1.4	No	0.8	No	2nd
Ages 15-17 years	27	15.7	31.1	Yes	20.4	No	2nd
Ages 15-19 years	106	31.0	53.5	Yes	37.4	Yes	2nd
Ages 18-19 years	79	46.3	84.1	Yes	60.3	Yes	1st
Abortion ratio (induced abortions per 100 live births) #							
Ages 15-19 years	23	29.5	116.3	Yes	75.7	Yes	1st
All ages	103	10.8	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
2001	40.3		47.5
2002	22.5	27.0	45.1
2003	18.1	22.2	43.2
2004	26.1	22.6	41.0
2005	23.7	23.2	40.9
2006	20.2	21.2	41.5
2007	20.1	23.4	41.6
2008	29.9	30.8	39.4
2009	42.1	31.0	37.3
2010	20.0		35.4

Yates County numbers have fluctuated
But continue to be below state averages.





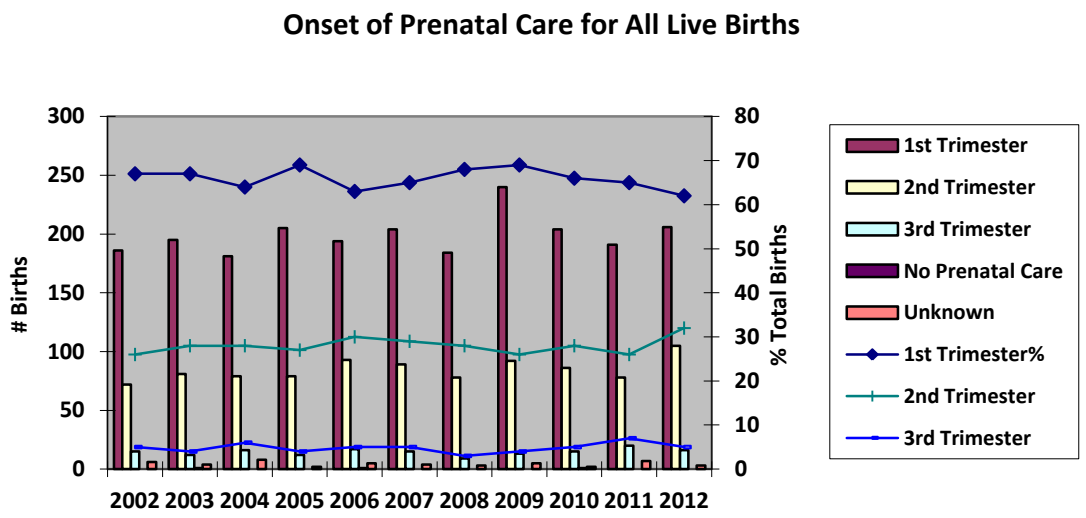
Locally collected data reveals that 39% of the live births in 2012 (130/330) were born to women in the Mennonite Community**.** The majority of these birth were home deliveries accompanied by a certified nurse midwife and the father of the baby. Mother of this community typically are grand multiparous with averages of 8 to 12 pregnancies. While early onset (1st trimester) of prenatal care is not chosen by some Mennonite women; birth outcomes are remain good.

2012 Live Births

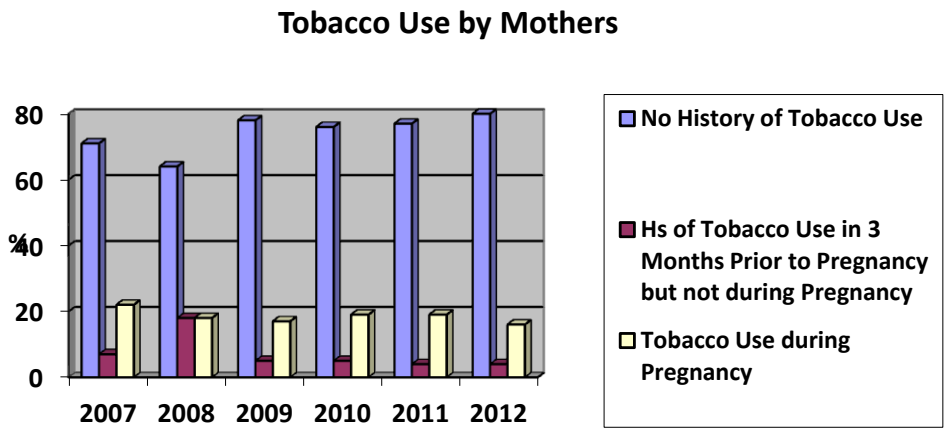
Women starting prenatal care in 2nd Trimester by payor		Women starting prenatal care in 3rd Trimester by payor	
Commercial Insurance	7	Commercial Insurance	1
Medicaid	15	Medicaid	4
Self Pay	83 (80 known to be Mennonite)	Self Pay	10 (9 known to be Mennonite)

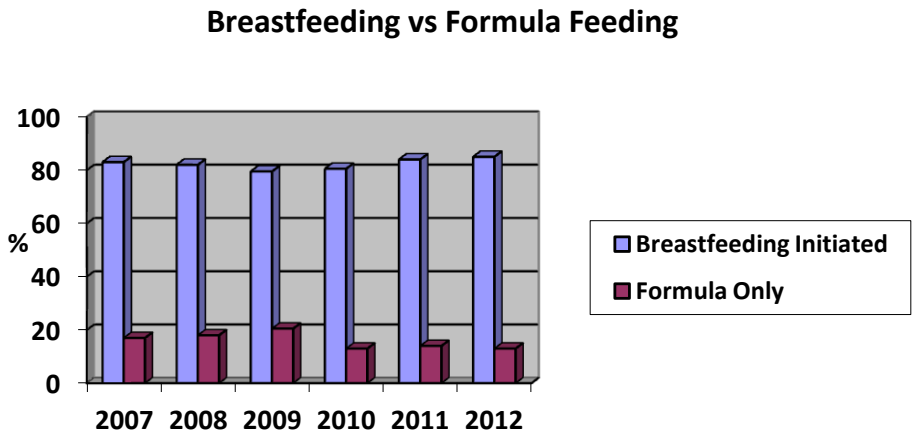
Source: Local Data

Below is a comparison showing onset of care for the period 2002-2012 in Yates County.



Local data sources are also examined for other indicators of risk including tobacco use breastfeeding practices.





Maternal and Infant Health

The chart below must be reviewed accompanied with the knowledge that Mennonite women do not typically go beyond the eighth grade and do not typically start their prenatal care until the 2nd or 3rd trimester. However with their active lifestyle, nutritious diet and extended family support, birth outcomes do not match that of the non-Mennonite community who are late care seekers or lacking a high school education. Yates County has a higher rate of breastfeeding in the hospital and the rate of breastfeeding in non-hospital births approached 100%. Unfortunately the County is in the 3rd quartile in the state in % of pregnant women in WIC who were pre-pregnancy obese (BMI 30 or higher) and in the 4th quartile for WIC mothers breastfeeding at 6 months and % of pregnant women in WIC with hypertension during pregnancy.

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

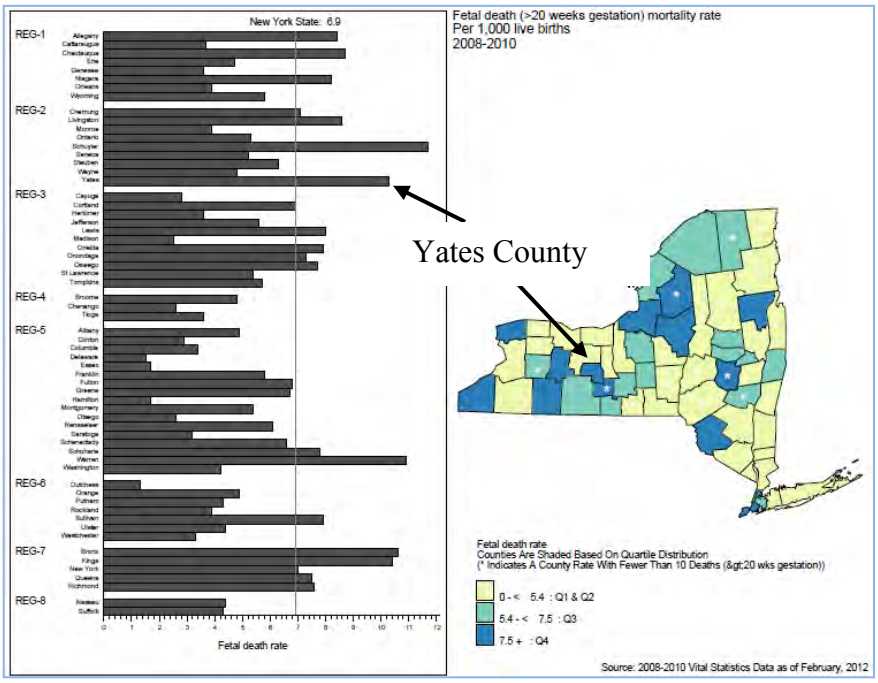
Indicator	3 Year Total	County Rate	NYS Rate	Sig. Dif.	NYS Rate exc NYC	Sig. Dif.	County Ranking Group
Percentage of births							
% of births to women 25 years and older without a high school education	242	40.5	14.8	Yes	10.3	Yes	4th
% of births to out-of-wedlock mothers	307	32.1	41.4	Yes	37.6	Yes	1st
% of births that were first births	311	32.5	43.5	Yes	41.3	Yes	1st
% of births that were multiple births	36	3.8	3.9	No	4.2	No	2nd
% of births with early (1st trimester) prenatal care	515	55.9	72.8	Yes	75.2	Yes	4th
% of births with late (3rd trimester) or no prenatal care	52	5.6	5.9	No	4.3	No	4th
% of births with adequate prenatal care (Kotelchuck)	431	47.6	66.0	Yes	68.2	Yes	4th
WIC indicators							
% of pregnant women in WIC with early (1st trimester) prenatal care	282	88.7	85.6	No	86.3	No	2nd
% of pregnant women in WIC who were pre-pregnancy underweight (BMI less than 18.5)	17	5.8	4.6	No	4.1	No	4th
% of pregnant women in WIC who were pre-pregnancy overweight but not obese (BMI 25-less than 30)~	67	22.8	26.6	No	26.3	No	1st
% of pregnant women in WIC who were pre-pregnancy obese (BMI 30 or higher)~	90	30.6	23.4	Yes	26.7	No	3rd
% 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	160	52.1	41.8	Yes	47.1	No	4th
% of pregnant women in WIC with gestational diabetes	6	2.0*	5.5	Yes	5.7	Yes	1st
% of pregnant women in WIC with	41	13.6	7.2	Yes	9.0	Yes	4th

Indicator	3 Year Total	County Rate	NYS Rate	Sig. Dif.	NYS Rate exc NYC	Sig. Dif.	County Ranking Group
hypertension during pregnancy							
% of WIC mothers breastfeeding at least 6 months	32	15.8	39.7	Yes	28.7	Yes	4th
% of infants fed any breast milk in delivery hospital	749	81.3	78.3	No	73.5	Yes	1st
% of infants fed exclusively breast milk in delivery hospital	710	77.1	42.5	Yes	52.1	Yes	1st
% of births delivered by cesarean section	193	20.2	34.4	Yes	36.1	Yes	1st

Maternal and Infant Health Indicators for Yates County are unreliable due to small numbers, however it appears that the rate of low birth weight, and premature births to women is Yates County is significantly lower than that of the NYS rate.

Maternal and Infant Health Indicators - Yates 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)	4	4.2*	5.3	No	5.7	No	2nd
Neonatal (less than 28 days)	2	2.1*	3.6	No	4.0	No	1st
Post-neonatal (1 month to 1 year)	2	2.1*	1.7	No	1.7	No	3rd
Fetal death (>20 weeks gestation)	10	10.3	6.9	No	4.8	No	4th
Perinatal (20 weeks gestation - 28 days of life)	12	12.4	10.4	No	8.8	No	4th
Perinatal (28 weeks gestation - 7 days of life)	8	8.3*	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
Low birthweight indicators							
% very low birthweight (less than 1.5 kg) births	11	1.2	1.5	No	1.4	No	2nd
% very low birthweight (less than 1.5kg) singleton births	5	0.5*	1.1	No	1.0	No	1st
% low birthweight (less than 2.5 kg) births	46	4.8	8.2	Yes	7.7	Yes	1st
% low birthweight (less than 2.5kg) singleton births	34	3.7	6.2	Yes	5.7	Yes	1st
% of premature births by gestational age							
less than 32 weeks gestation	17	1.8	2.0	No	1.9	No	2nd
32 - less than 37 weeks gestation	51	5.5	9.9	Yes	9.3	Yes	1st
less than 37 weeks gestation	68	7.4	12.0	Yes	11.2	Yes	1st
% of births with a 5 minute APGAR less than 6	6	0.6*	0.7	No	0.7	No	2nd
Newborn drug-related discharge rate per 10,000 newborn discharges	3	45.2*	64.0	No	78.4	No	2nd



As seen in the map above, fetal deaths greater than 20 weeks is a concern for Yates County, with the second highest rate in the Finger Lakes region. Due to the small numbers however, it is difficult to determine a comparative rate.

Injury

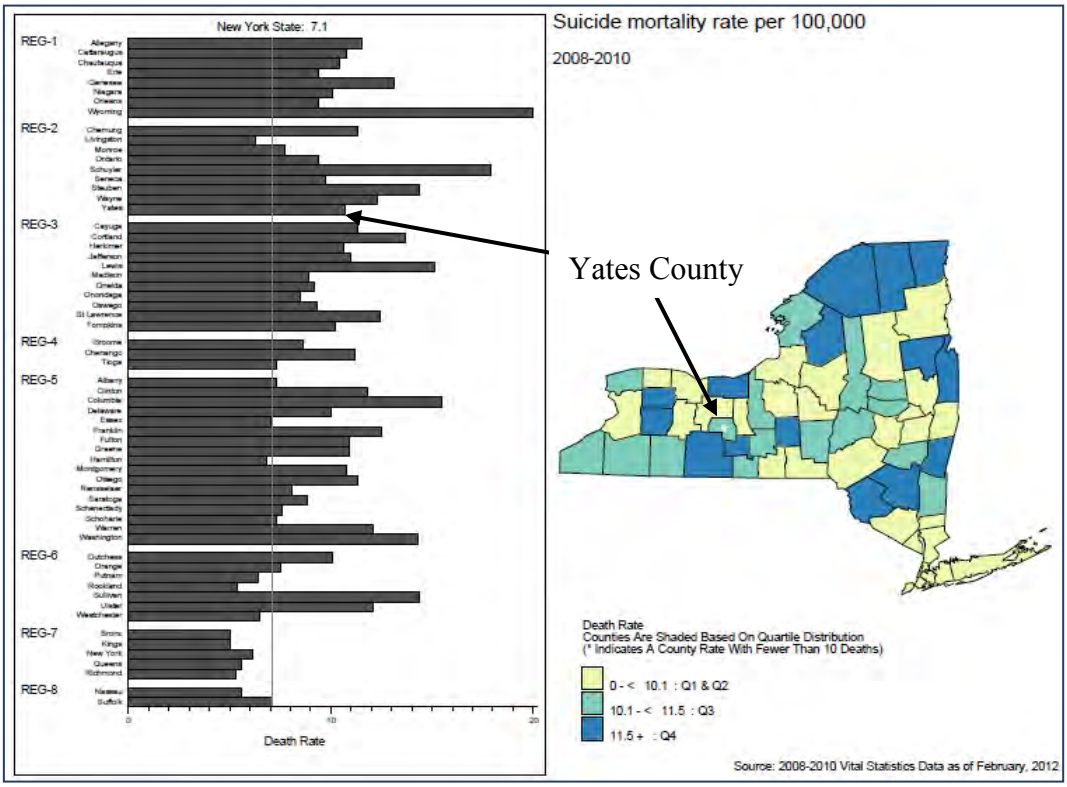
As the chart below indicates, injury prevention activities for Yates County are important. While small numbers make data unreliable for many categories of injury (as denoted by the asterisks), the bolded suicide mortality rate, self-inflicted injury rate, unintentional injury, fall injury hospitalizations and traumatic brain injury hospitalizations all have measures within the 3rd or 4th quartile, particularly in the young and elderly. Unintentional injury is also the 4th leading cause of death for both males and females within Yates County. Bringing all of this data into mind, Yates County Public Health chose to focus on injury prevention activities in addition to the two priorities chosen within the chronic disease category.

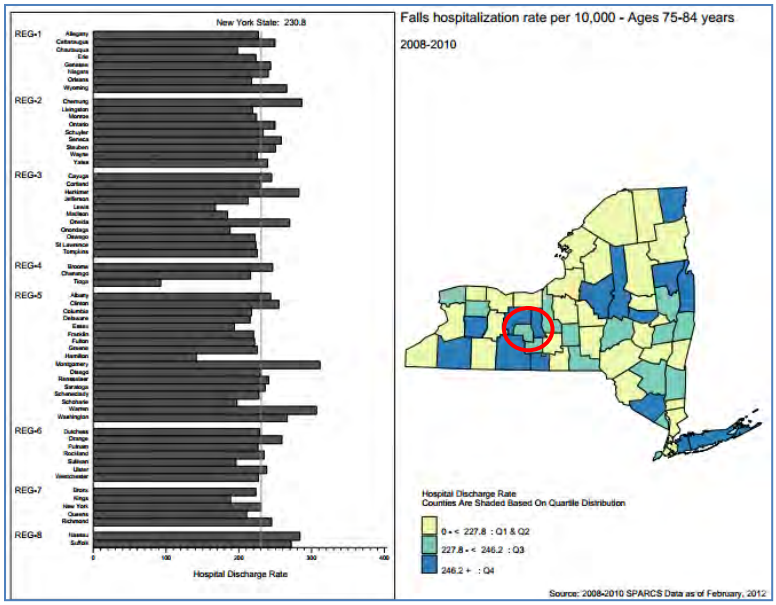
Injury Indicators - Yates County - 2008-2010

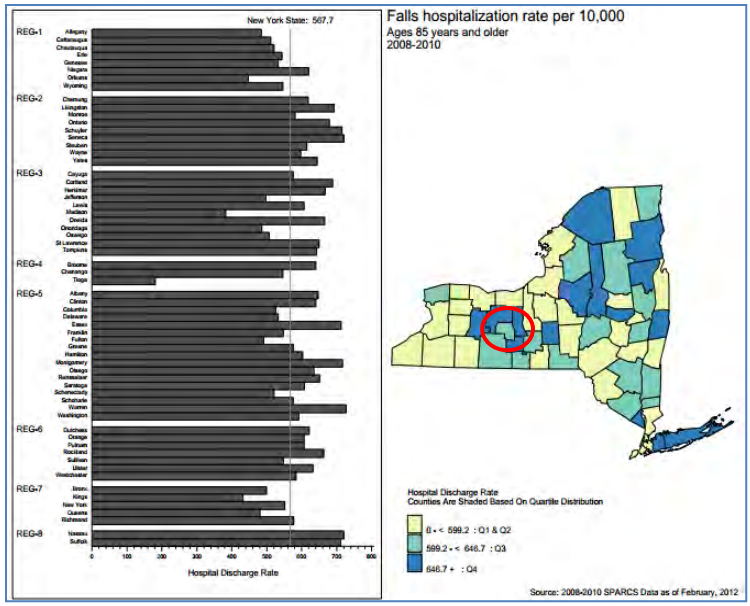
Indicator	3 Year Total	County Rate	NYS Rate	Sig. Dif.	NYS Rate exc NYC	Sig. Dif.	County Ranking Group
Suicide mortality rate per 100,000							
Crude	8	10.7*	7.1	No	8.4	No	3rd
Age-adjusted	8	9.6*	6.8	No	8.1	No	2nd
Ages 15-19 years	0	0.0*	4.0	Yes	4.9	Yes	1st
Self-inflicted injury hospitalization rate per 10,000							
Crude	44	5.9	5.2	No	6.1	No	2nd
Age-adjusted	44	6.8	5.1	No	6.2	No	3rd
Ages 15-19 years	5	7.7*	9.7	No	11.0	No	2nd

Homicide mortality rate per 100,000							
Crude	1	1.3*	4.4	No	3.0	No	2nd
Age-adjusted	1	1.6*	4.4	No	3.1	No	2nd
Assault hospitalization rate per 10,000							
Crude	9	1.2*	4.7	Yes	2.7	Yes	1st
Age-adjusted	9	1.4*	4.7	Yes	2.8	Yes	2nd
Unintentional injury mortality rate per 100,000							
Crude	21	28.2	23.9	No	28.7	No	2nd
Age-adjusted	21	27.8	22.4	No	26.4	No	2nd
Unintentional injury hospitalization rate per 10,000							
Crude	566	76.0	69.2	Yes	72.7	No	3rd
Age-adjusted	566	64.9	64.5	No	65.1	No	3rd
Ages less than 10 years	26	28.9	26.2	No	22.0	No	4th
Ages 10-14 years	8	15.4*	21.1	No	19.3	No	2nd
Ages 15-24 years	46	39.2	31.9	No	32.7	No	3rd
Ages 25-64 years	148	40.9	46.5	No	46.4	No	1st
Ages 65 years and older	338	272.9	260.9	No	276.6	No	3rd
Falls hospitalization rate per 10,000							
Crude	332	44.6	39.9	No	43.1	No	3rd
Age-adjusted	332	36.0	36.2	No	36.8	No	3rd
Ages less than 10 years	10	11.1	10.0	No	8.5	No	4th
Ages 10-14 years	2	3.8*	7.1	No	6.1	No	2nd
Ages 15-24 years	8	6.8*	6.9	No	6.3	No	3rd
Ages 25-64 years	65	18.0	18.7	No	18.7	No	2nd
Ages 65-74 years	46	68.5	77.5	No	78.5	No	1st
Ages 75-84 years	97	239.3	230.8	No	242.4	No	3rd
Ages 85 years and older	104	643.2	567.7	No	617.0	No	3rd
Poisoning hospitalization rate per 10,000							
Crude	66	8.9	10.5	No	10.3	No	2nd
Age-adjusted	66	9.2	10.2	No	10.2	No	2nd
Motor vehicle mortality rate per 100,000							
Crude	8	10.7*	6.2	No	8.2	No	3rd
Age-adjusted	8	11.6*	6.0	No	8.0	No	3rd
Non-motor vehicle mortality rate per 100,000							
Crude	13	17.5	17.7	No	20.5	No	2nd
Age-adjusted	13	16.1	16.4	No	18.4	No	2nd
Traumatic brain injury hospitalization rate per 10,000							
Crude	88	11.8	9.9	No	10.0	No	4th
Age-adjusted	88	10.7	9.4	No	9.3	No	4th
Alcohol related motor vehicle injuries and deaths per 100,000	21	28.2	36.2	No	50.0	Yes	1st

As seen in the graph below, suicide mortality is a concern for Yates County. Yates County has the 4th highest suicide mortality rate per 100,000 rate within the Finger Lakes region.







As seen above, falls within the elderly population are also of concern for Yates County. Yates County fell within the 3rd quartile for the falls hospitalization rate per 10,000 for those age 75 and above.

Obesity

At the end of the MAPP process (Mobilizing for Action through Planning and Partnership) Yates 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:

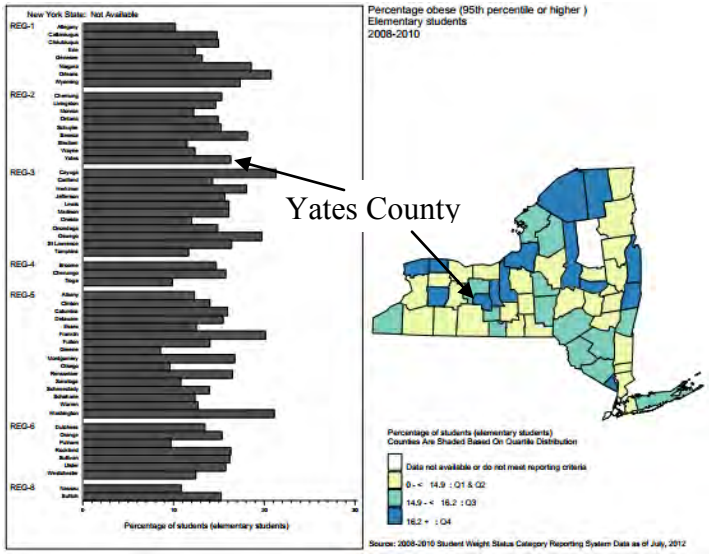
- Reduce obesity in children and adults
- Reduce hypertension

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

> Obesity and overweight are currently the second leading preventable cause of death in the United States and may soon overtake tobacco as the leading cause of death. Failing to win the battle against obesity will mean premature death and disability for an increasingly large segment of New York residents. Without strong action to reverse the obesity epidemic, for the first time in our history children may face a shorter lifespan than their parents.
>
> Obesity Prevalence
>
> - The percentage of New York State adults who are overweight or obese increased from 42% in 1997 to 60% in 2008.
> - The percentage of obese adults in New York State more than doubled from 10% in 1997 to 25% in 2008.
> - Obesity among children and adolescents has tripled over the past three decades. Currently, a third of New York's children are obese or overweight.
> - Health care to treat obesity-related illnesses and conditions cost the United States an estimated $150 billion and New York State more than $7.6 billion every year.[4]

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.[5]

As can be seen in the chart below student rates of overweight and obesity are mostly the same or better than the New York State rates and rank in the 2nd quartile in the state when considered as a whole. Middle and high school rates fall in the 4th quartile for overweight, but 1st in obesity. Elementary rates are mostly better than NYS rates, but the County is not in the first quartile for this age group.



[4] New York State Dept. of Health, Obesity Prevention http://www.health.ny.gov/prevention/obesity/
[5] Ibid.

Obesity and Related Indicators - Yates 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	14.3	N/A	N/A	14.7	N/A	3rd
% obese (95th percentile or higher) #	N/A	16.6	N/A	N/A	16.5	N/A	2nd
% overweight or obese (85th percentile or higher) #	N/A	30.8	N/A	N/A	31.3	N/A	2nd
Elementary students (PreK, K, 2nd and 4th grades)							
% overweight but not obese (85th-less than 95th percentile) #	N/A	10.1	N/A	N/A	13.3	N/A	1st
% obese (95th percentile or higher) #	N/A	16.3	N/A	N/A	15.2	N/A	4th
% overweight or obese (85th percentile or higher) #	N/A	26.4	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	19.2	N/A	N/A	16.6	N/A	4th
% obese (95th percentile or higher) #	N/A	16.9	N/A	N/A	18.3	N/A	1st
% overweight or obese (85th percentile or higher) #	N/A	36.1	N/A	N/A	34.9	N/A	2nd

Figures from the NYSDOH for the schools in Yates County are below. Alarmingly the percentage of students overweight or obese ranges from 31.6% to 41.2%.

Area Name	Grade Level	School Years	Pct Over Weight	Pct Obese	Pct Over Weight Or Obese
Penn Yan Central School	District Total	2010-2012	17.3%	21.2%	38.4%
Penn Yan Central School	Elementary	2010-2012	18.2%	19.4%	37.7%
Penn Yan Central School	Middle/High	2010-2012	17.2%	24.0%	41.2%
Dundee Central School	District Total	2010-2012	16.0%	15.7%	31.6%
Dundee Central School	Elementary	2010-2012	15.6%	11.1%	26.7%
Dundee Central School	Middle/High	2010-2012	15.6%	20.6%	36.2%

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

Of the 180 respondents to the Yates County community health assessment survey 72% felt they were overweight. The average BMI for survey respondents was 30.7.

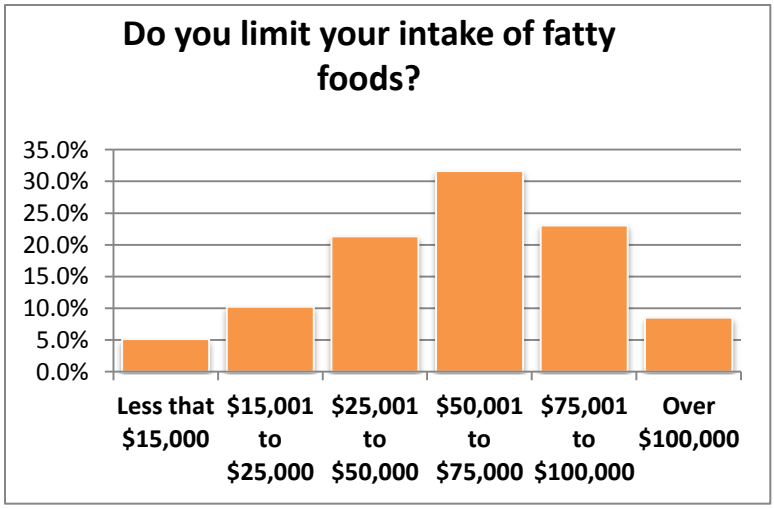
CHA Survey BMI Statistics	
Average BMI	30.7
Female Average BMI	28.9
Male Average BMI	30.8
# Completed Survey	158

Survey respondents to the Yates County community health assessment survey also reported low levels of exercise – one factor in the high obesity rates. 16.4% of survey respondents reported that they did not exercise at all. This compares to the 2009 EBRFSS (Expanded Behavioral Risk Factor Surveillance Survey) rate for the County of 28.4% and the NYS rate of 23.7%.

How many times per week do you exercise?				
Answer Options	**Response Percent**	**Response Count**	**No Leisure Time Activity EBRFSS Yates Co.**	**No Leisure Time Activity EBRFSS NYS**
One	9.7%	16	28.4%	23.7%
Two	20.6%	34		
Three	14.5%	24		
Four	13.3%	22		
Five or more	25.5%	42		
None	16.4%	27		
Does not apply	0.0%	0		
Total Respondents	165			

If you exercise how long do you exercise for?		
Answer Options	**Response Percent**	**Response Count**
15 minutes or less	10.2%	17
16 - 30 minutes	25.7%	43
31 - 45 minutes	20.4%	34
46 minutes - 1 hour	20.4%	34
1 hour or more	11.4%	19
Does Not Apply	12.0%	20
Total Respondents	167	

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 5% reported limiting their intake of fatty foods. Of those earning $15,000 to $25,000 10% limit their intake of fatty foods. Of the survey respondents with income levels over $75,000, 30% reported limiting fatty foods.



How many fruits and vegetables do you eat in a day?							
Answer Options	**5 or more**	**3-4**	**1-2**	**0 (Rarely)**	**Response Count**	**5+ EBRFSS Yates Co.**	**5+ EBRFSS NYS**
Yourself?	26%	38%	34%	2%	172	33.2%	27.1%
Your children?	18%	36%	37%	10%	73		
Other adults?	13%	34%	44%	9%	113		
Total Respondents	172						

New York State Dept. of Health obesity and other related indicators point to the crisis facing Yates County. Yates 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)
- Age-adjusted % of adults eating 5 or more fruits or vegetables per day (2008-2009)
- 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

Yates County is toward the bottom quartile of the state for many of these indicated as illustrated in the chart below.

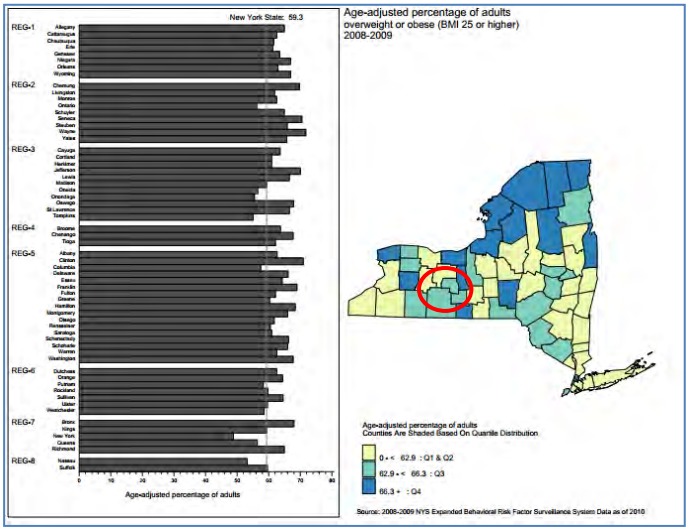
Obesity and Related Indicators - Yates County - 2008-2010

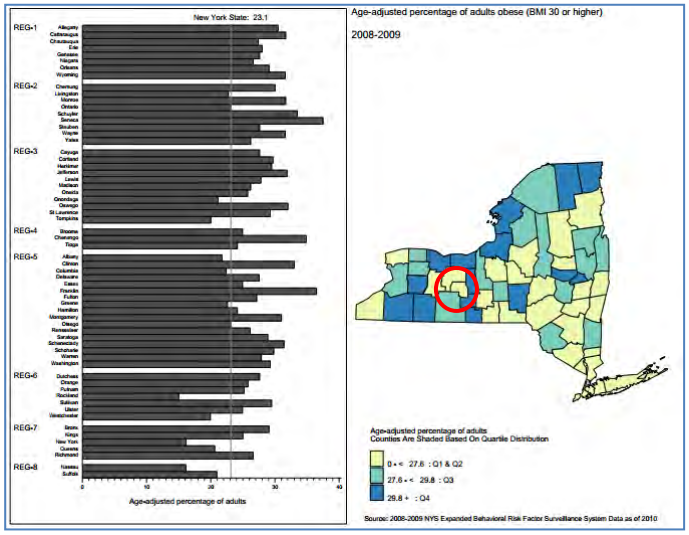
Indicator	3 Year Total	County Rate	NYS Rate	Sig. Dif.	NYS Rate exc NYC	Sig. Dif.	County Ranking Group
% of pregnant women in WIC who were pre-pregnancy overweight but not obese (BMI 25-less than 30)~	67	22.8	26.6	No	26.3	No	1st
% of pregnant women in WIC who were pre-pregnancy obese (BMI 30 or higher)~	90	30.6	23.4	Yes	26.7	No	3rd
% obese (95th percentile or higher) children in WIC (ages 2-4 years)	80	16.1	14.5	No	15.2	No	4th
% of children in WIC viewing TV 2 hours or less per day (ages 0-4 years)	376	76.6	78.6	No	80.7	No	2nd
% of WIC mothers breastfeeding at 6 months	32	15.8	39.7	Yes	28.7	Yes	4th
Age-adjusted % of adults overweight or obese (BMI 25 or higher) (2008-2009)	N/A	65.7	59.3	No	60.6	No	3rd
Age-adjusted % of adults obese (BMI 30 or higher) (2008-2009)	N/A	26.2	23.1	No	24.3	No	2nd

Indicator	3 Year Total	County Rate	NYS Rate	Sig. Dif.	NYS Rate exc NYC	Sig. Dif.	County Ranking Group
Age-adjusted % of adults who did not participate in leisure time physical activity in last 30 days (2008-2009)	N/A	71.6	76.3	No	78.9	Yes	1st
Age-adjusted % of adults eating 5 or more fruits or vegetables per day (2008-2009)	N/A	33.2	27.1	No	27.7	No	1st
Age-adjusted % of adults with physician diagnosed diabetes (2008-2009)	N/A	9.0	9.0	No	8.5	No	3rd
Age-adjusted % of adults with physician diagnosed angina, heart attack or stroke # (2008-2009)	N/A	5.8	7.6	No	7.2	No	1st
Age-adjusted mortality rate per 100,000							
Cardiovascular disease mortality	227	230.8	250.9	No	244.7	No	2nd
Cerebrovascular disease (stroke) mortality	27	27.1	26.7	No	31.9	No	1st
Diabetes mortality	12	12.5	16.6	No	14.9	No	1st
Age-adjusted hospitalization rate per 100,000							
Cardiovascular disease hospitalizations	1,405	150.2	165.6	Yes	157.5	No	2nd
Cerebrovascular disease (stroke) hospitalizations	196	20.8	25.1	Yes	25.3	Yes	1st
Diabetes hospitalizations (primary diagnosis)	74	8.7	19.0	Yes	14.3	Yes	1st

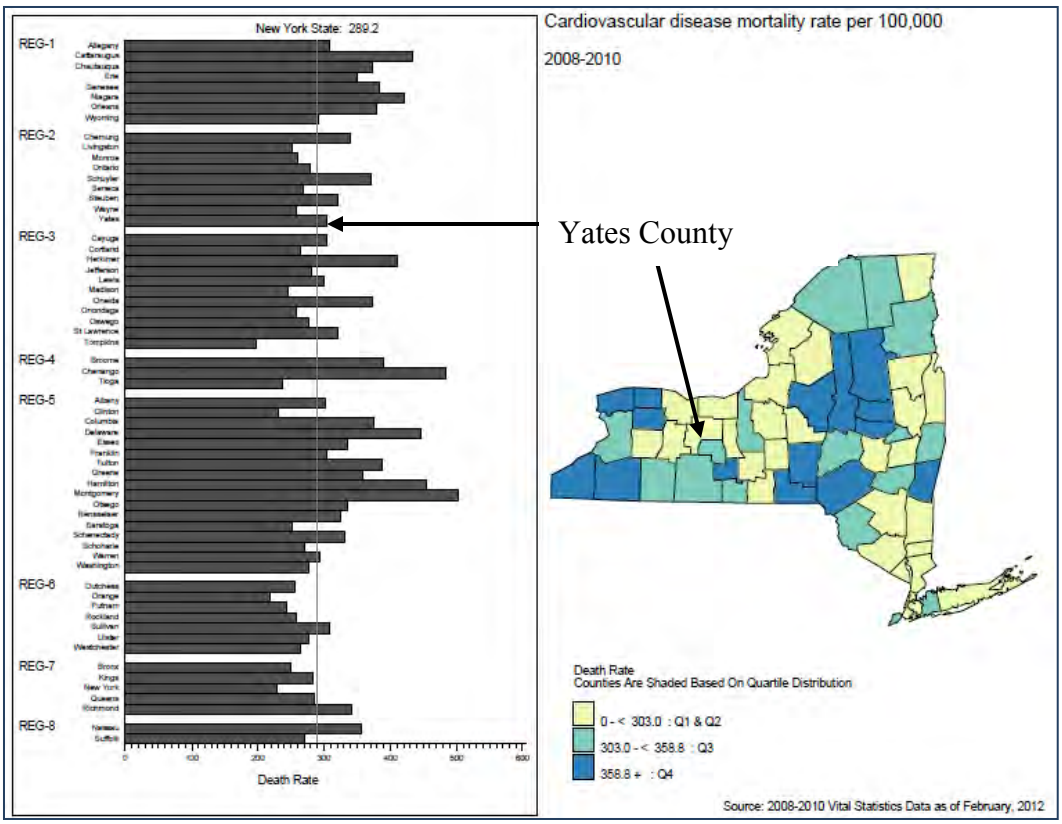
These statistics led Yates County Public Health and their partners to choose obesity and hypertension as their priorities. Particularly concerning are the obesity related mortality rates for cardiovascular and cerebrovascular disease. The Yates Community Health Planning Council has developed a workplan as part of the Community Health Improvement and Community Service Plans to address this issue (see Attachment C).

Below are several maps from the NYSDOH illustrating the rates of obesity in Yates County.





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



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

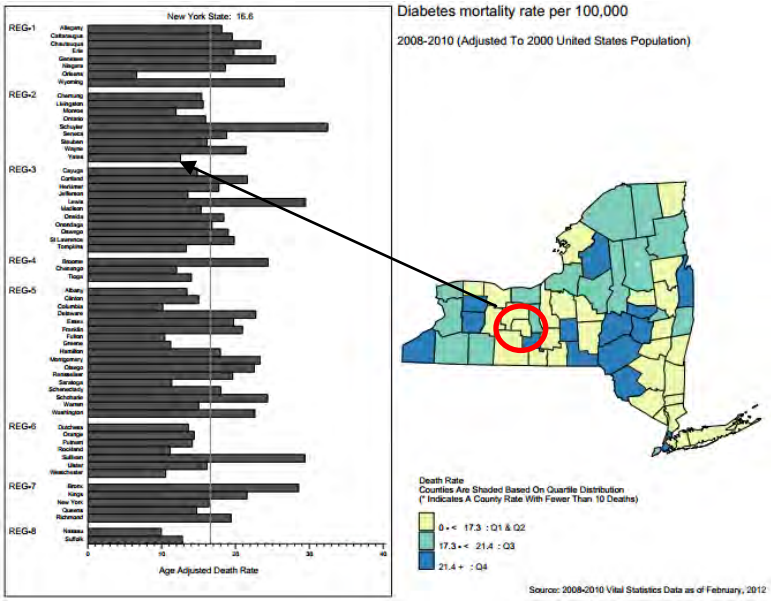
Coronary Heart Disease - Deaths and Death Rates Per 100,000 Residents

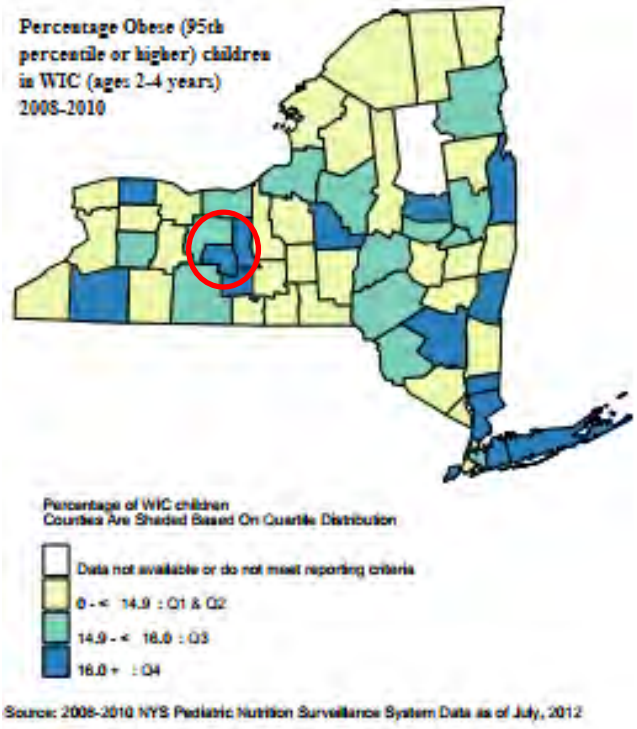
Finger Lakes Region/County	Deaths				Population	Crude	Adjusted
	2008	2009	2010	Total	Ave. 08-10	Rate	Rate
Chemung	149	137	151	437	88,325	164.9	123.1
Livingston	83	72	89	244	63,806	127.5	112.6
Monroe	998	965	912	2,875	736,936	130.0	106.2
Ontario	154	171	168	493	106,019	155.0	121.3
Schuyler	36	37	41	114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

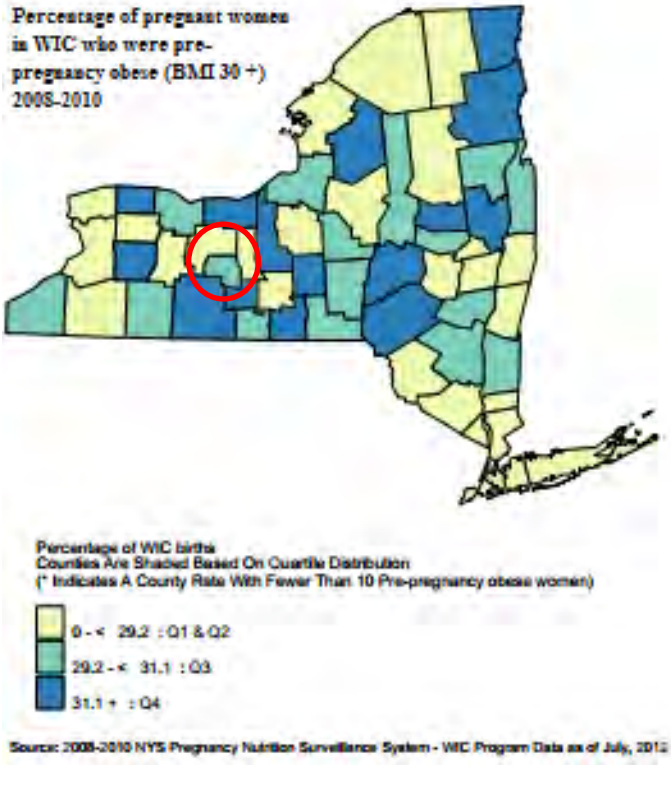
Source: 2008-2010 Vital Statistics Data as of February 2012- Adjusted Rates Are Age Adjusted to The 2000 United States Population

Obesity is a leading cause of many preventable diseases including heart disease, hypertension and diabetes. These figures demonstrate the magnitude of the problem for Yates 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.





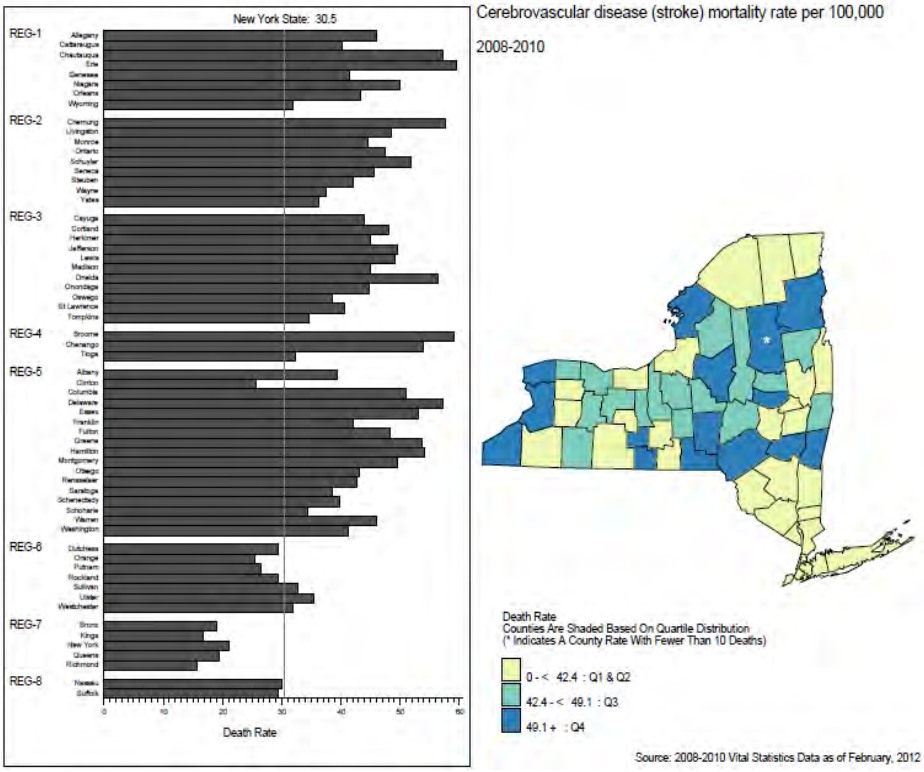


This chart from of the WIC children (ages 2-4) who are obese - per children tested is from the 2007-2009 Division of Nutrition Data as of April, 2011.

County	Total 2007-2009	Per Children Tested 07-09	Percent
Putnam	279	1,228	22.7
Nassau	2,877	12,731	22.6
Suffolk	3,888	18,085	21.5
Orleans	230	1,244	18.5
Ulster	387	2,126	18.2
Columbia	309	1,728	17.9
Schuyler	106	598	17.7
Seneca	118	668	17.7
Richmond	1,687	9,586	17.6
Washington	413	2,399	17.2
Cattaraugus	486	2,890	16.8
Westchester	4,639	27,614	16.8
Madison	423	2,533	16.7
Delaware	265	1,614	16.4
Fulton	253	1,552	16.3
Sullivan	439	2,711	16.2
Greene	155	971	16
Queens	10,743	68,865	15.6
Oswego	789	5,092	15.5
Otsego	241	1,562	15.4
Schenectady	702	4,590	15.3
Genesee	409	2,688	15.2
Bronx	12,811	84,839	15.1
Essex	173	1,143	15.1
Oneida	1,093	7,287	15
Rensselaer	669	4,459	15
Saratoga	393	2,623	15
Steuben	480	3,223	14.9
Ontario	374	2,544	14.7
Yates	**77**	**523**	**14.7**
Clinton	358	2,467	14.5
New York State	**91,610**	**630,700**	**14.5**
Tioga	284	1,960	14.5
Montgomery	297	2,064	14.4
Broome	921	6,444	14.3
Wyoming	117	816	14.3
Chenango	505	3,553	14.2
Livingston	201	1,412	14.2
Albany	936	6,640	14.1
Franklin	261	1,849	14.1
Onondaga	1,952	13,940	14
St Lawrence	297	2,118	14
Wayne	379	2,708	14
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

As mentioned above the obesity rates for Yates 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.

Obesity and being physically inactive can lead to high blood pressure which is the leading cause of stroke. Yates County cerebrovascular disease mortality rates are in the 1st quartile, but are still higher than the state rate.



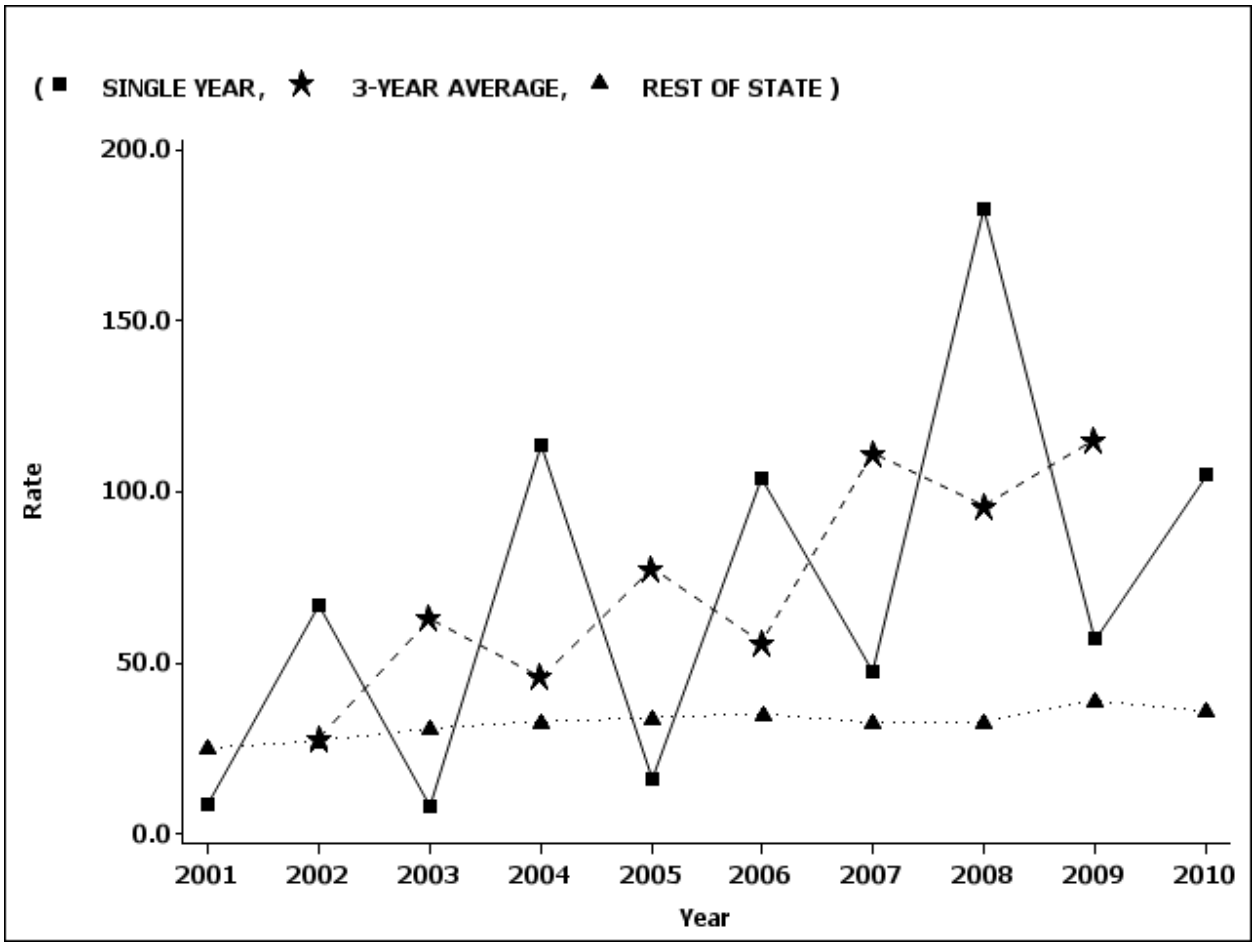
To address this obesity epidemic, Yates County has already started to make strides and engage the community. The Choose Health Yates Coalition - a collaborative effort to promote healthy eating and active living within Yates County has started several initiatives to improve health. The mission of Choose Health Yates is to create a model community that engages community members and organizations in healthy eating and active living through support, advocacy and education. Coalition members include the S2AY Rural Health Network (facilitator of the coalition), Finger Lakes Health, Dundee and Penn Yan Central School Districts, Arc of Yates, YCRR, Yates Cultural & Recreational Resources Inc., The Community Center, ProAction Yates Office for the Aging, Yates County Public Health, Cornell Cooperative Extension of Yates County, and Our Town RoCKS Dundee Health Improvement Project.

This July, Choose Health Yates organized an event to promote healthy eating and active living at a local sidewalk sale. The coalition reached over 100 community members with informational punch cards that created a "walking tour" through the sidewalk sale. Participants were entered into a drawing for a fitness center membership. The event was well received and the coalition hopes to be present at many more community events throughout the year. Choose Health Yates will also be active in implementing many of the initiatives within the Community Health Improvement Plan finalized by the Yates Community Health Planning Council.

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 Yates County rates have been consistently above NYS averages.

1) **Yates County Asbestosis hospitalization rate per 100,000 - Ages 15 years and older**



The occupational health indicators for the County show that rates for Yates residents are significantly different than NYS rates for asbestosis and work-related hospitalizations per 100,000 employed persons ages 16 years and older. Although numbers are small and somewhat unreliable, asbestosis rates are alarming with a rate more than five times higher than the New York State rate.

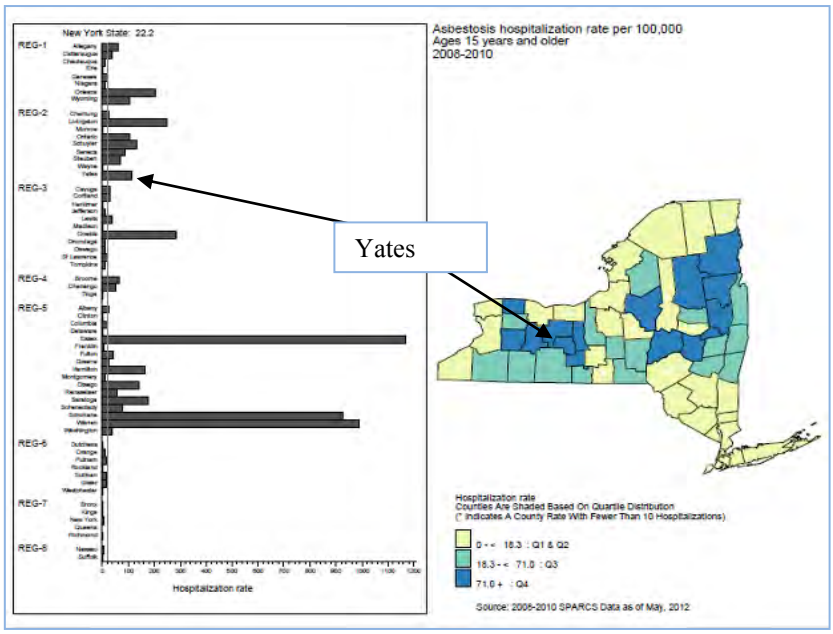
Occupational Health Indicators - Yates County - 2008-2010

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	5	13.4*	24.5	No	32.8	Yes	1st
Asbestosis	43	115.3	22.2	Yes	36.0	Yes	4th
Work-related hospitalizations per 100,000 employed persons ages 16 years and older	80	214.5	168.4	Yes	210.9	No	2nd
Elevated blood lead levels (greater than or equal to 10 micrograms per deciliter) per 100,000 employed persons ages 16 years and older	0	0.0*	23.2	Yes	24.0	Yes	1st
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 rates for Yates County as seen below are high, falling within the 4th quartile.

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

	Crude Rate		
Year	Single Year	3-Year Average	Rest of State
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
2010	163.0		36.1

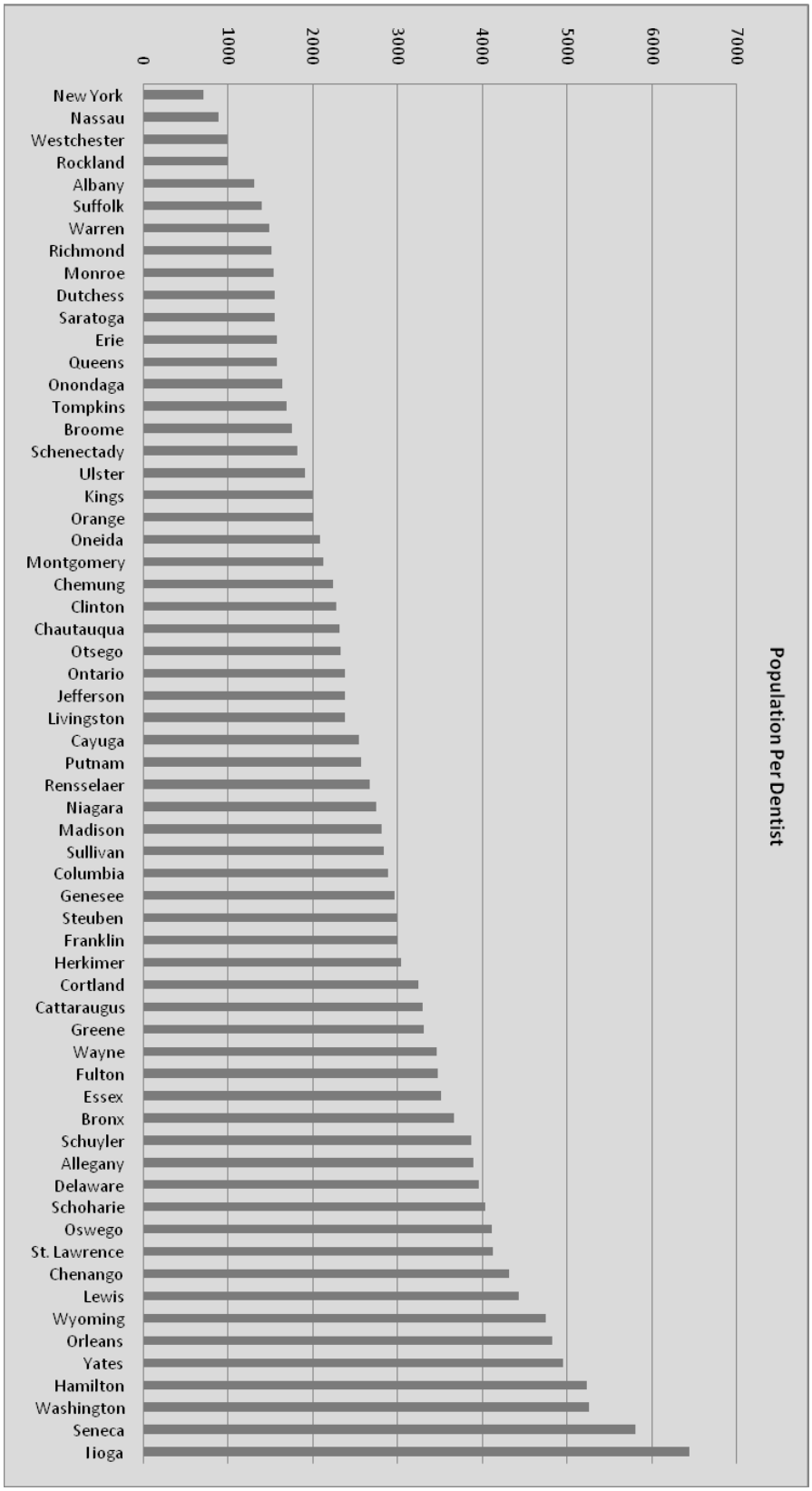


Oral Health

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. Yates 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.[6]



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

[6] New York State Dept. of Health, Water Fluoridation http://www.health.ny.gov/prevention/dental/fluoridation/index.htm

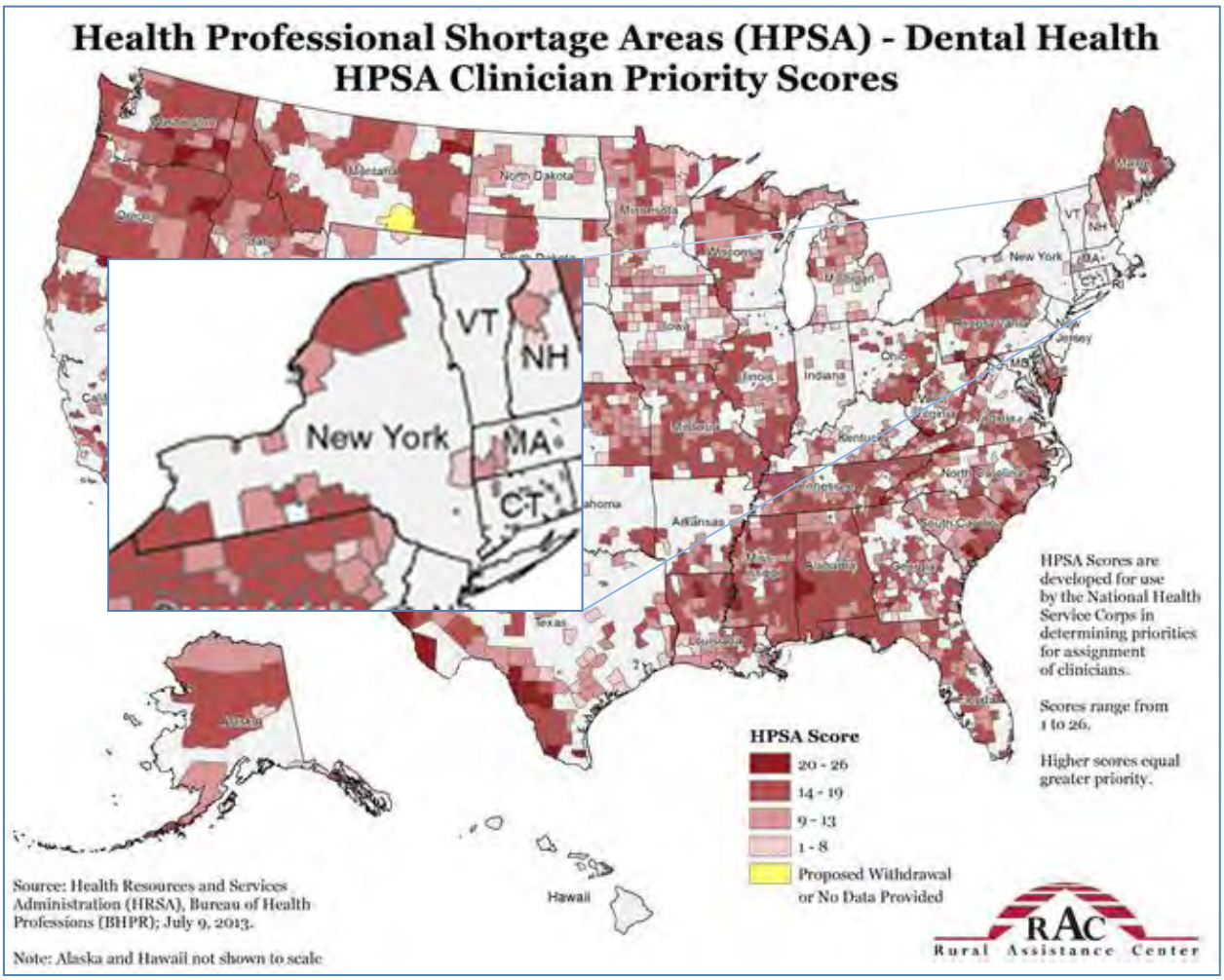
Tooth decay may lead to abscess and extreme pain, blood infection that can spread, difficulty in chewing, poor weight gain, school absences and crooked teeth.[7] Oral health indicators for Yates County are in the chart below. The county falls within the 4th quartile for percentage of 3rd grade children with untreated caries and percentage of 3rd grade children with at least one dental visit in the last year. Medicaid oral health indicators for the County are all lower than NYS averages and in the 1st or 2nd quartile for the State.

Oral Health Indicators - Yates 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	35.8	N/A	N/A	45.4	Yes	1st
% of 3rd grade children with untreated caries #	N/A	34.2	N/A	N/A	24.0	Yes	4th
% of 3rd grade children with dental sealants #	N/A	34.2	N/A	N/A	41.9	Yes	2nd
% of 3rd grade children with dental insurance #	N/A	82.3	N/A	N/A	81.8	Yes	2nd
% of 3rd grade children with at least one dental visit in last year #	N/A	86.4	N/A	N/A	83.4	Yes	4th
% of 3rd grade children reported taking fluoride tablets regularly #	N/A	55.1	N/A	N/A	41.9	Yes	3rd
Age-adjusted % of adults who had a dentist visit within the past year # (2008-2009)	N/A	69.3	71.1	No	72.7	No	3rd
Caries emergency department visit rate per 10,000 (ages 3-5 years) (2008-2010)	20	79.3	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)	4,076	28.4	31.3	Yes	29.4	Yes	2nd
% of Medicaid enrollees with at least one preventive dental visit within the last year # (2008-2010)	3,118	21.7	25.9	Yes	23.4	Yes	2nd
% of Medicaid enrollees (ages 2-20 years) who had at least one dental visit within the last year # (2008-2010)	2,124	42.0	40.8	No	40.5	No	1st
Oral cancer							
Age-adjusted incidence per 100,000 (2007-2009)	6	6.1*	10.4	No	10.8	No	1st
Age-adjusted mortality rate per 100,000 (2007-2009)	2	2.0*	2.1	No	2.0	No	2nd
Mortality per 100,000 (ages 45-74 years) (2007-2009)	0	0.0*	4.4	No	4.2	No	1st

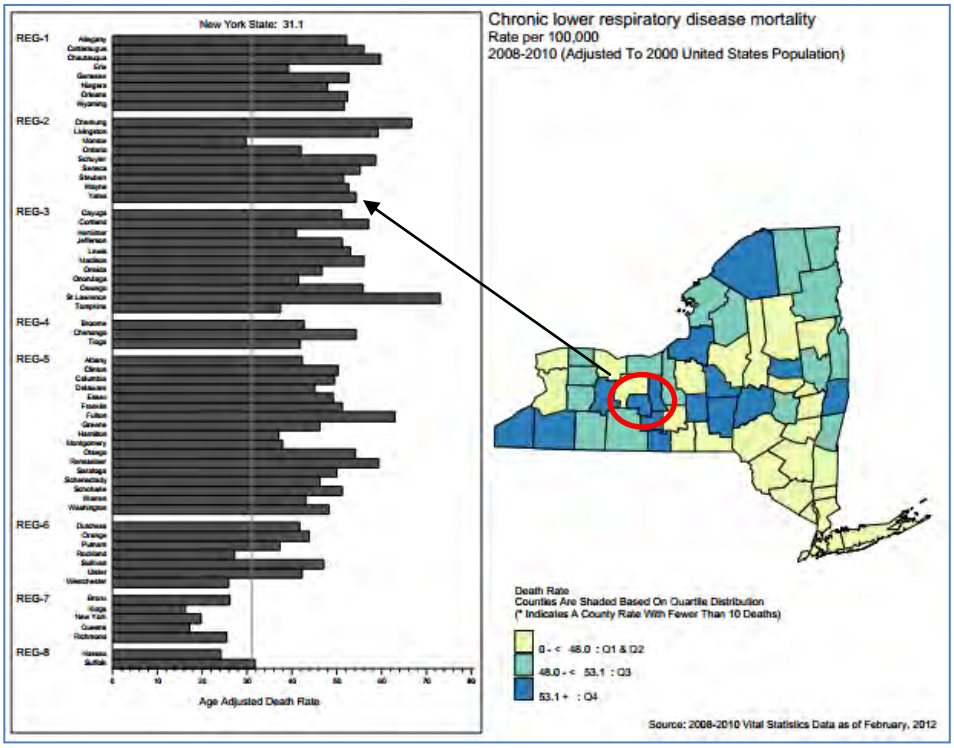
[7] New York State Dept. of Health, Water Fluoridation http://www.health.ny.gov/prevention/dental/fluoridation/index.htm

Many of the S2AY Network counties are 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 schools (cleaning, screening and sealants) to help address the oral health issues.



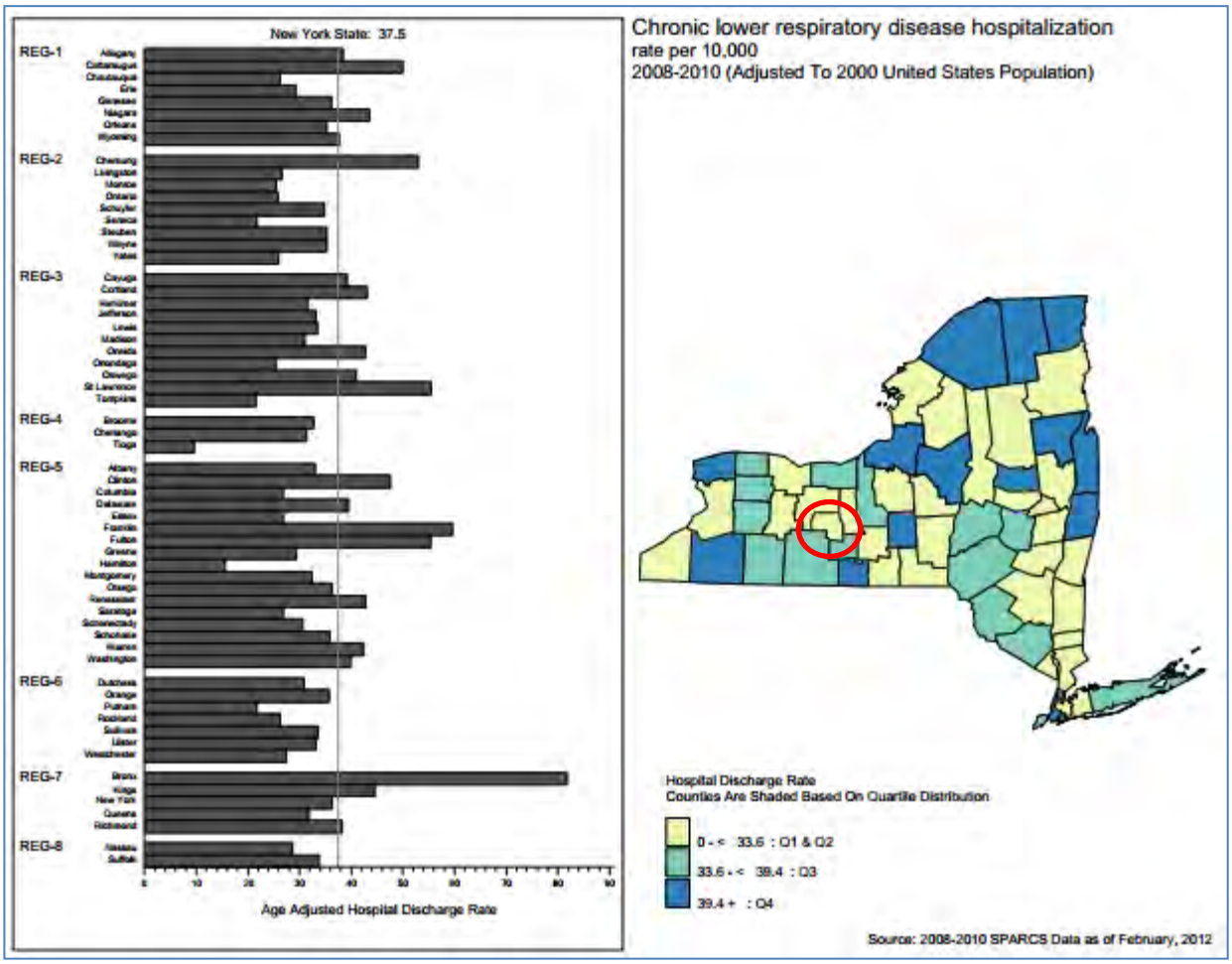
Respiratory Disease

As this map and the chart below illustrates, Yates 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. Asthma hospitalization rate per 10,000 in the 25-44 age group fell within the 3rd quartile.



Respiratory Disease Indicators - Yates County - 2008-2010

Indicator	3 Year Total	County Rate	NYS Rate	Sig.Dif.	NYS Rate exc NYC	Sig.Dif.	County Ranking Group
CLRD mortality rate per 100,000							
Crude	53	71.2	34.7	Yes	46.0	Yes	4th
Age-adjusted	53	54.2	31.1	Yes	38.5	Yes	4th
CLRD hospitalization rate per 10,000							
Crude	232	31.1	39.3	Yes	35.2	Yes	1st
Age-adjusted	232	25.9	37.5	Yes	31.7	Yes	1st
Asthma hospitalization rate per 10,000							
Crude	45	6.0	20.3	Yes	12.4	Yes	1st
Age-adjusted	45	6.2	20.3	Yes	12.3	Yes	1st
Ages 0-4 years	2	4.5*	58.8	Yes	36.1	Yes	1st
Ages 5-14 years	6	6.2*	20.9	Yes	11.2	No	2nd
Ages 0-17 years	9	5.1*	29.0	Yes	16.1	Yes	1st
Ages 5-64 years	32	5.6	15.4	Yes	9.5	Yes	1st
Ages 15-24 years	1	0.9*	7.5	Yes	4.1	No	1st
Ages 25-44 years	13	8.5	10.8	No	8.1	No	3rd
Ages 45-64 years	12	5.8	21.8	Yes	12.6	Yes	1st
Ages 65 years or older	11	8.9	32.2	Yes	19.2	Yes	1st
Asthma mortality rate per 100,000							
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	9.9	9.7	No	10.1	No	2nd



Tobacco, Alcohol and Substance Abuse

The age-adjusted percentage of Yates County adults who smoke is 17.4% 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[8] 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.[9]

NYSDOH statistics indicate that drug related hospitalization rates are lower in Yates County compared to NYS rates. Overall, Yates County seems to be doing pretty well in the area of tobacco, alcohol and substance abuse as compared to the state as a whole.

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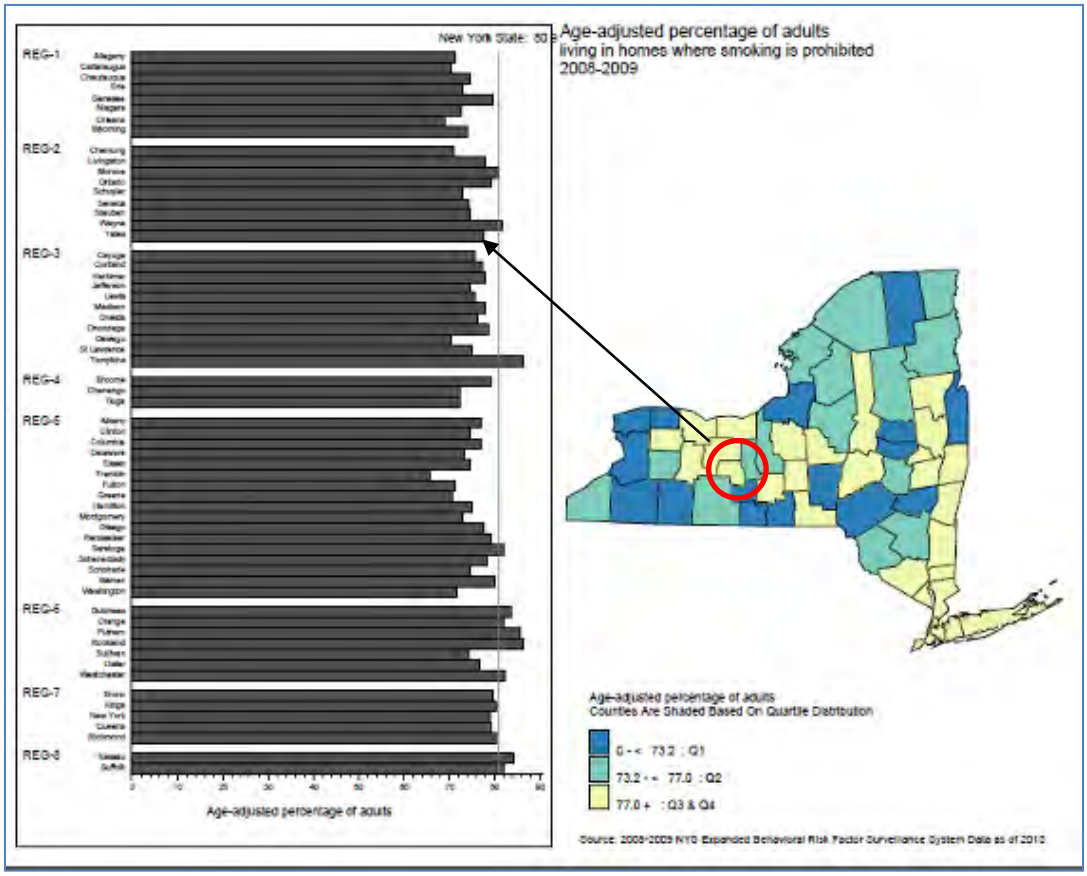
[8] American Lung Association Cutting Tobaccos Rural Roots http://www.lung.org/assets/documents/publications/lung-disease-data/cutting-tobaccos-rural-roots.pdf

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

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	75	10.1	27.3	Yes	21.2	Yes	1st
Age-adjusted	75	10.7	27.2	Yes	21.8	Yes	1st
Newborn drug-related hospitalization rate per 10,000 newborn discharges	3	45.2*	64.0	No	78.4	No	2nd
Alcohol related motor vehicle injuries and deaths per 100,000	21	28.2	36.2	No	50.0	Yes	1st
Age-adjusted % of adults who smoke cigarettes (2008-2009)	N/A	17.4	17.0	No	18.9	No	1st
Age-adjusted % of adults living in homes where smoking is prohibited (2008-09)	N/A	77.7	80.9	No	79.3	No	2nd
Age-adjusted % of adults who binge drink (2008-2009)	N/A	12.5	18.1	No	19.8	Yes	1st



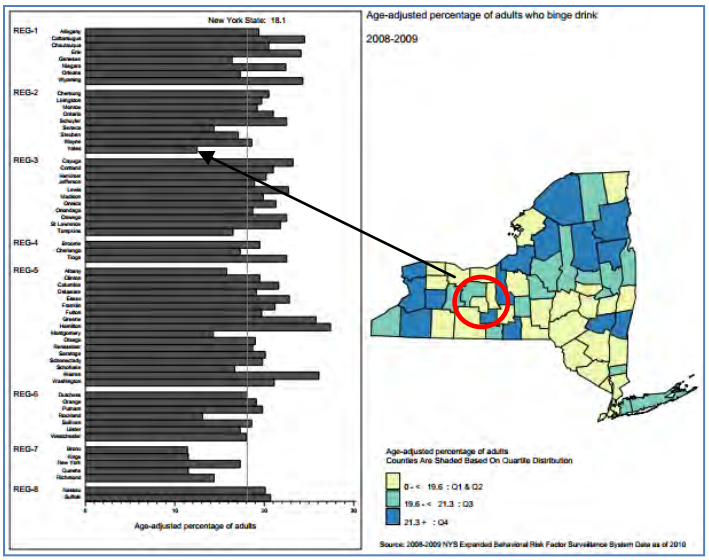
In the Yates County Community Health Assessment Survey respondents ranked drug abuse as the second largest issue in the County and smoking/tobacco use tied for the third largest issue. Lack of physical activity/fitness and transportation to health care were also tied for third.

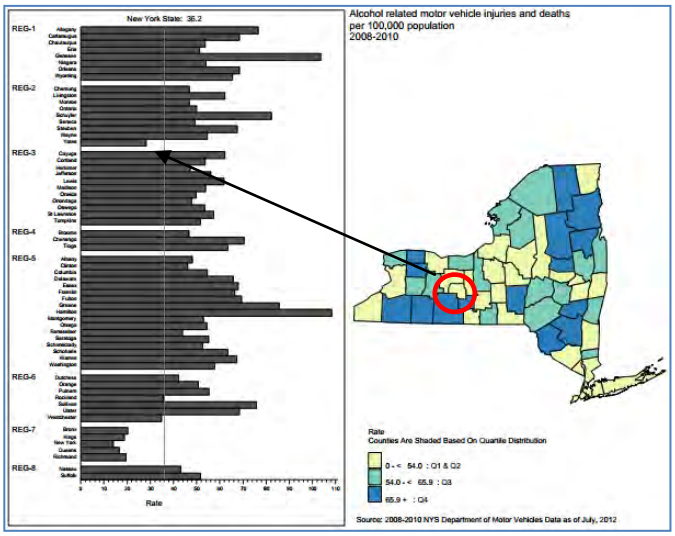
Please take a few moments to click on those boxes that you think are issues with the most important needs facing you and Yates County today.						
Answer Options	**Problem for YOU**	**Problem in Yates County**	**Don't know or unsure**	**Response Count**	**% Adults EBRFSS Yates Co.**	**% Adults EBRFSS NYS**
15. Lack of physical activity & fitness	**16%**	**74%**	12%	155	28.4%	23.7%
16. Poor nutrition (unhealthy eating)	5%	**79%**	17%	156	66.8%	72.9%
23. Transportation to health care	4%	**74%**	23%	155		
21. Smoking / tobacco use	3%	**74%**	23%	151	17.4%	17.0%
11. Drug abuse/abuse of prescription drugs or illegal drugs	3%	**76%**	21%	156		
Total Respondents	177					

12% of survey respondents reported having one or two drinks every day. 1% of survey respondents reported drinking more than two drinks per day, and 5 % reported that someone in their household drinks more than 2 drinks per day. According to the Expanded Behavioral Risk Factor Surveillance Survey (EBRFSS) the rate of heavy drinkers in the County is 4.6% compared to the NYS rate of 5%.

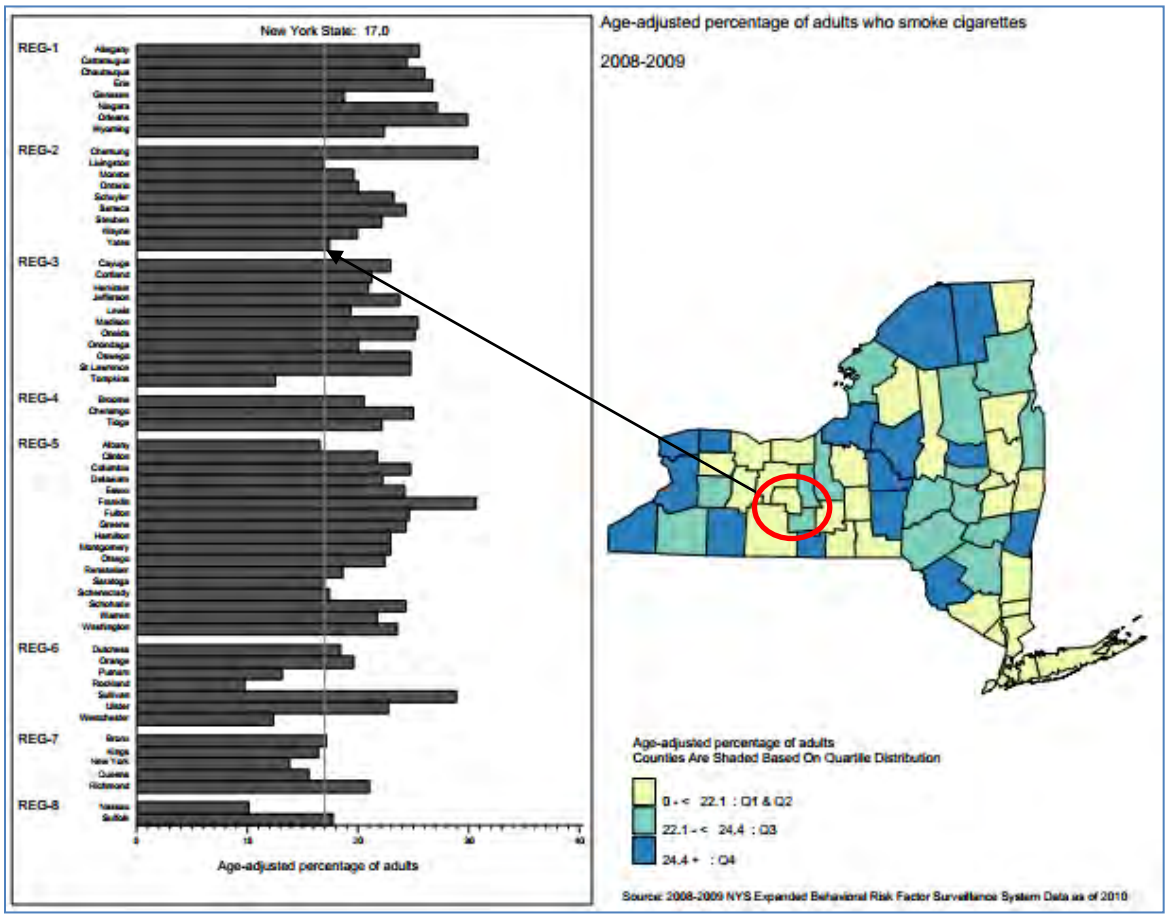
Please answer these questions regarding alcohol use: (One drink is a beer, a glass of wine or a mixed drink)								
Answer Options	**None**	**1 or 2 a month**	**1 or 2 a week**	**1 or 2 a day**	**More than 2 a day**	**Response Count**	**% Heavy Drinkers EBRFSS Yates Co.**	**% Heavy Drinkers EBRFSS NYS**
How much alcohol do you drink?	36%	32%	19%	12%	1%	170	4.6%	5.0%
How much do others in your household drink?	26%	29%	23%	17%	5%	132		
Total Respondents	170							

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





As seen below smoking rates for the county are relatively low although survey respondents reported smoking/tobacco use as a large concern within the county.



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. Yates County ranked 6th in overall health outcomes in NYS. With this assessment and implementation of the Community Health Improvement Plan in partnership with the Community Service Plan of Yates Hospital the Yates County ranking should improve even further.

	Yates County	Error Margin	New York	National Benchmark*	Trend	Rank (of 62)
Health Outcomes						**6**
Mortality						**17**
Premature death	5,485	4,463-6,507	5,650	5,317		
Morbidity						**2**
Poor or fair health			15%	10%		
Poor physical health days	2.5	1.2-3.7	3.5	2.6		
Poor mental health days	2.5	1.1-3.8	3.4	2.3		
Low birthweight	5.3%	4.4-6.2%	8.2%	6.0%		
Health Factors						**16**
Health Behaviors						**35**
Adult smoking			18%	13%		
Adult obesity	25%	19-31%	25%	25%		
Physical inactivity	27%	21-34%	25%	21%		
Excessive drinking	17%	11-26%	17%	7%		
Motor vehicle crash death rate	11	7-18	7	10		
Sexually transmitted infections	185		516	92		
Teen birth rate	19	16-23	25	21		
Clinical Care						**21**
Uninsured	15%	13-17%	14%	11%		
Primary care physicians**	1,812:1		1,222:1	1,067:1		
Dentists**	3,332:1		1,414:1	1,516:1		
Preventable hospital stays	51	41-60	66	47		
Diabetic screening	86%	73-99%	85%	90%		
Mammography screening	77%	62-92%	66%	73%		
Social & Economic Factors						**21**
High school graduation**	83%		77%			
Some college	43%	38-48%	64%	70%		
Unemployment	6.9%		8.2%	5.0%		
Children in poverty	24%	18-31%	23%	14%		
Inadequate social support		24%	14%			
Children in single-parent	23%	17-28%	34%	20%		
Violent crime rate	59		391	66		
Physical Environment						**6**
Daily fine particulate matter	11.5	11.3-11.7	10.9	8.8		
Drinking water safety	1%		4%	0%		
Access to recreational facilities	12		11	16		
Limited access to healthy	0%		2%	1%		
Fast food restaurants	30%		45%	27%		

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

Health Challenges/Barriers

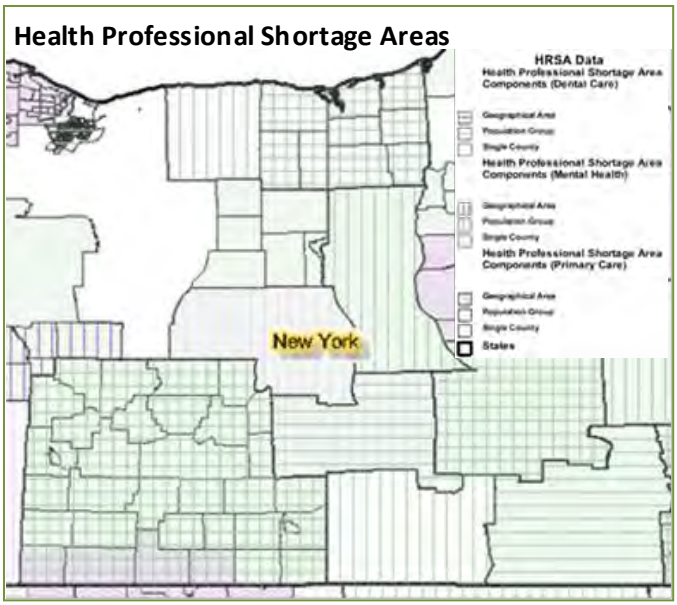
There are many issues that affect the quality of health care in a rural county such as Yates. Factors such as lower income levels, greater number of uninsured, poorer health, high prevalence of chronic conditions, lack of access to health care services, lower educational levels, and a lack of transportation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

Risk Factors

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

- Biology and genetics. Examples: sex and age
- Individual behavior. Examples: alcohol use, injection drug use (needles), unprotected sex, and smoking
- Social environment. Examples: discrimination, income, and gender
- Physical environment. Examples: where a person lives and crowding conditions
- Health services. Examples: Access to quality health care and having or not having health insurance[10]

The Yates County Health Planning Committee 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.



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 Yates County socioeconomic conditions limit access to health care as well as limited availability of services within county borders. There is a lack of specialty providers within the county, limiting access for those without private transportation due to the lack of public transportation. For the most part however, services are available, if cost, behavioral and transportation barriers do not preclude access. Yates County residents may use Soldiers and Sailors Memorial Hospital, or depending on where they live in the County, they may also use hospitals in the adjacent counties including: Schuyler County (Schuyler Hospital), Steuben (usually Corning- Guthrie, or Ira Davenport in Bath), Tompkins (Cayuga Medical) or Ontario (FF Thompson, Geneva General or Clifton Springs) Hospitals.

[10] CDC, Social Determinants of Health http://www.cdc.gov/socialdeterminants/Definitions.html

Physical and economic conditions can cause geographic isolation for a portion of county residents. Public transportation does not exist within the county and has been an ongoing issue for those without reliable personal modes of transportation, especially those living outside of the village borders and therefore not within walking distance to health care or other critical resources. Lack of transportation reduces their ability to access needed services and also contributes to isolation and possibly adds to issues such as depression and abuse. Members of the Mennonite Community use horse and buggy or bicycle as their primary means of transportation. Improving access to high-quality, continuous primary care and treatment services is critical in eliminating disparities in health outcomes. Unlike other medical services, the primary payment source for dental services is out-of-pocket, with access to services for persons on Medicaid particularly limited within the County borders.

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 Mennonite population in Yates 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.

According to the BRFSS Report (2008-2009) an estimated 27.4% of Yates County adults 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.[11]

[11] NYSOH, What is NY State of Health? http://www.healthbenefitexchange.ny.gov/WhatIsNYSOH

Yates County has assistance available to assist residents with enrolling in this new system including 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.

When considering advances in technology, Yates County has a limited mixture of media outlets in the County although changes in technology bring new challenges as public health explores novel ways to reach residents. Traditional methods of health care promotion through newspapers, television and radio are not as effective as they once were. Residents now have endless cable television channel choices, satellite radio stations to choose from, vast internet options, and a wide array of apps to select from on their smart phones. Public health must re-invent the way they reach their residents. Technology presents another barrier as many residents reside in rural, sparsely populated areas of the County that do not have cell phone or internet access. For many of those that do have access to new technology the internet presents new hurdles as they have limited computer skills and/or literacy levels. The internet can be extremely frustrating, stressful and overwhelming especially for older residents. Disparities in access to health information, services, and technology can result in lower usage rates of preventive services, less knowledge of chronic disease management, higher rates of hospitalization, and poorer reported health status.[1] Yates County Public Health has taken steps to address this challenge. One of the objectives from our strategic plan is to expand the use of technology for more effective external communications. We accomplished much of this over the past year. The challenge will be how to make the best use of these new tools.

A wide variety of behavioral risk factors affect Yates 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. Cultural acceptance of tobacco and alcohol use is also a risk factor. The Mennonite population may be a mitigating factor in reducing rates of alcohol abuse and tobacco use, since this group does not condone the excessive use of alcohol or the use of tobacco. Lower levels of education and educational aspirations are also risk factors as discussed above in the demographics section. Only 17.7% of Yates 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.

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

[1] Healthy People 2020 http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=18

Medicare and Medicaid Services Triple Aim, the Affordable Care Act, New York State of Health and Patient Centered Medical Homes should go a long way in addressing access to care issues.

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 14.74% of the Yates County residents live in poverty. This restricts basic needs such as heat, food, adequate shelter, medical and prescription care. As stated in the earlier housing section much of the housing in Yates County is old and in need of repair. Inadequate housing can impact health outcomes. The social environment is generally conducive to accepting of health care although there is a subset of the population that does not seek preventive care and relies on the emergency room for medical necessity.

As also detailed in the above EBRFSS data, survey data and focus group input indicated personal finances impacted a person's ability to access health care According to a Physicians' Foundation survey, released in November 2008, of 270,000 primary care physicians, virtually all of those now practicing in the United States, revealed that 54% planned to retire or see fewer patients, 60% said they would not recommend medicine as a career for their children, and 36% said Medicare did not provide adequate reimbursement to cover costs of practice (www.physiciansfoundations.org). Additionally, forty percent of primary care doctors are no longer accepting new Medicare patients, and 29% of patients are having a hard time finding a primary care doctor who will accept them as a patient (Julie Connolly, "Doctors Opting out of Medicare," New York Times, April 1, 2009).

Finger Lakes Health has been proactive in bringing specialty care into the County on a part time basis. Additionally, Finger Lakes Community Health (FLCH- formerly Finger Lakes Migrant Health) is a leader in tele-health services and has begun to offer these services to access care that is not otherwise available. This represents a big opportunity for the future as we try to meet our access needs.

Per Finger Lakes Community Health, many barriers exist for farm workers trying to enroll in health insurance:

- Non-English speaking population
- Possibility of undocumented status
- Fear of authority
- Fear of reprisal
- Lack of transportation
- Lack of knowledge of system in U.S.
- Possibility that needed documentation is in home country
- Not able to get to Facilitated Enrollment (FE) sites at appropriate times
- Lack of knowledge by FE's regarding immigration issues
- True migrant farm workers move around so much each year.
- Lack of a legal address here in NYS
- Fear of asking their boss for payroll information, especially when
- paid in cash, and if they are working under different name.
- Working with an facilitated enroller, the farm worker isn't able to fill out the application

- When a farm worker receives a 10 day notice of more documentation needed, they don't respond to the form in a timely manner and many times don't understand the information needed These and other barriers pose opportunity for improvements in the public health delivery system.

While the S2AY Rural Health Network contracts with FLCH for a Facilitated Enroller/ Navigator to help increase access, many of these barriers still exist.

Yates County is somewhat unique in that it attracts a large number of tourists during the summer season due to the proximity to Keuka Lake, placing some 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.

The current economic situation and the budget cuts over the last few years have affected the local health care environment. Providers have a more difficult time, with a seemingly increasing number of individuals recently electing to skip routine medical and dental care due to lack of employment, resources and/or insurance. Some providers refuse to accept Medicaid, and even Medicare.

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.

Public Health will work with the Yates Community Health Planning Council and other community partners to implement the Community Health Improvement Plan (CHIP). This CHIP provides a road map to address the top identified priorities of obesity and hypertension reduction in the County (as well as injury prevention) 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.

Yates County will work with Finger Lakes Health (Soldier and Sailors Memorial Hospital) and the Yates County Health Planning Committee to ensure that these improvements to facilitate healthy outcomes are made in Yates County. Progress will be monitored by the Committee. 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 County Health Rankings rate a variety of factors that determine health outcomes. As illustrated in the chart below Yates County ranks well compared to other NYS counties and Network counties.

Comparison of New York State and S2AY Rural Health Network Counties

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

Medical Examiner
The County contracts with Monroe County to provide the service of medical examiner.

Emergency Medical Services
The Emergency Medical Service program of Yates County Public Health is designed to provide recruitment, retention and training to high quality volunteers who provide pre-hospital patient care throughout the county. Courses provided include: Certified First Responder (CFR) Original, CFR Refresher, Emergency Medical Technician (EMT) Core and EMT Refresher, also assisted with a Farmedic course.
This program also assists the community with emergency planning and preparedness and injury prevention. The EMS Coordinator facilitates the ongoing Farm Safety program which is offered at all private Mennonite Schools. The EMS Coordinator is a trained child safety seat inspector and offers safety seat instruction and inspection at various community events and locations.

Laboratories
Routine laboratory needs can be met through the services offered by Soldiers and Sailors Memorial Hospital and Finger Lakes Health. For those highly contagious diseases requiring a Level IV laboratory specimens are transmitted to Wadsworth Laboratories operated by NYS Department of Health and affiliated regional laboratories in Erie and Westchester Counties which are available for handling Level III and IV specimens. Yates County continues with surveillance of the local hospitals through the NYSDOH Communicable Reporting System for unusual diseases or clusters of disease that may indicate bioterrorism activity or emergence of a new trend. If necessary YCPH will work with NYSDOH to investigate and report issues as they arise and for recommendations on sampling protocols, analyzing environmental samples, and proper handling and transporting of samples going to the laboratory. Depending on the specimen, different laboratory levels for isolation and containment are required. Specimens will be handled according to law enforcement "chain of custody" procedures

Other Programs
Transitional Case Management (TCM) is a program that was created in 1997 as a collaborative project between the Rushville Health Center, Department of Social Services, Department of Community Services, Soldiers and Sailors Memorial Hospital, as well as Public Health. This program just celebrated over 10 years of service. It was designed to assist Yates County individuals/families to make the transition from Medicaid to Medicaid Managed Care. This was achieved by helping individuals/families to learn how to access and utilize health care appropriately. The TCM program has evolved to provide short-term support as well as linkage to other agencies that can continue to provide assistance as needed. The TCM Outreach Worker helps individuals/families referred from the local DSS office, hospital, other health and mental health providers, as well as other community based organizations. In 2012 the program was expanded to work with inmates of the Yates County jail to transition back to the community by addressing their medical, behavioral and social needs prior to release with continued follow-up and case management after release.

Jail Services
Public Health continues to work collaboratively with the jail's medical director and registered, nurse to address the immediate health concerns of inmates and medication management that is related to inmates with Latent Tuberculosis Infection or Active TB Disease. The nurse employed by YCSO has the primary responsibility for daily medical needs, medication management and mental health concerns. A public health nurse visits the jail 2-3 times per week to screen inmates for tuberculosis, offer HIV testing, and offer Hepatitis A and Hepatitis B vaccination for those at high risk. Annual tuberculin skin testing is provided and Hepatitis A/Hepatitis B immunization is also offered to the YCSO staff. The nurse answers questions that YCSO staff have in regards to infection control and personal protective equipment.

Availability of Hospital and Long Term Care:

Soldiers & Sailors Memorial Hospital, named to honor and memorialize residents who served in World War I has been located on the northern edge of the village since 1924. Soldiers & Sailors Memorial Hospital operates a 35-bed general acute care hospital, including 3-bed intensive care unit, medical-surgical and telemetry units and a 10-bed inpatient psychiatric unit. The Soldiers & Sailors Memorial Hospital in-patient behavioral health unit addresses each patient's unique needs and differing life situation using a multidisciplinary treatment team approach. The inpatient unit consists of quiet areas for individual and group therapy sessions, lounge areas, recreational activity room, dining area, laundry facilities, and kitchen area. The hospital is one of New York State's Critical Access Hospitals (CAHs)

The Homestead at Soldiers & Sailors Memorial Hospital, 418 North Main Street, Penn Yan, houses 130 Skilled Nursing beds, 20 Behavioral beds and one Respite bed for scheduled short-term stays. The Respite programs offers families who need temporary relief from care giving an option when the primary caregiver is ill or would like to take a business trip or vacation. Respite Care provides temporary, 24-hour skilled nursing care, nutritious meals, and recreational activities.

The Behavioral Health Services Program of Finger Lakes Health offers a full range of services, provided by highly trained professionals from a variety of disciplines. The dedicated team provides personalized, confidential, compassionate inpatient and outpatient care for individuals of all ages. Finger Lakes Health is committed to providing comprehensive, quality services that are accessible and include evaluation, treatment, outreach, intervention, education and consultation.

Inpatient Services
The Inpatient Behavioral Health Unit is located at Soldiers & Sailors Memorial Hospital, 418 North Main Street, Penn Yan. The secure, 10-bed inpatient unit provides a safe and professional setting to assist patients in managing their acute psychiatric needs. A multidisciplinary treatment team includes psychiatric nurses, social workers, counselors and a psychiatrist, who assist patients in their stabilization, treatment and discharge planning to return to the community. The unit consists of quiet areas for individual, family and group therapy sessions, a communal dining area, and therapeutic activities. Patients are considered an active part of their treatment and discharge planning. Meetings with the patient, their family and members of the treatment team help to assure that safe and reasonable plans are in place to offer patients continued success in their aftercare.

Outpatient Services
Outpatient services are offered at the John D. Kelly Behavioral Health Center, 465 North Main Street, Penn Yan, just north of the main hospital. The Center provides clinic services to adults and children. Among the services are:

- Continuing Day Treatment for people who need contact at the Clinic several times per week.
- Individual and Family Therapy for children, adolescents, adults and the geriatric population
- Outreach Services for adults who have conditions that prevent them from coming into the Clinic for traditional clinic therapies
- Case Management Services for adults who need assistance working their way through linkage to other medical services, community agencies, housing programs or obtaining benefits.
- Therapy Groups offer practical approaches with peer input for learning to manage mental health issues.
- Crisis Services are provided 24-hours-a-day by the clinic and hospital staff for prompt care of psychiatric emergencies.
- Psychiatric consultation services are provided for children at area schools, as well as medication management for all ages.

Dundee Family Health Center
Finger Lakes Health's Dundee Family Health Center is located approximately 14 miles from the Hospital at 50 Millard Street in Dundee. The Dundee Family Health Center is currently accepting new patients. Insurances accepted include Blue Choice, Blue Cross / Blue Shield, Empire, GHI, Medicaid, Medicare and Preferred Care. Many other insurances and self-pay accepted. Payments can be made by cash, check or credit card. Family Health Centers do not require a referral. Patients normally enroll in the practice, which is often required by insurance carriers. Appointments are preferred, and same day appointments are available.

The Dundee office is open Monday through Friday from 8:30 a.m. to 4:30 p.m. Additionally at this site, Finger Lakes Health operates a Patient Service Center (Lab Draw Station). All patients are welcome, regardless of ordering physician. The Patient Service Centers are open to the public for blood draws. Lab services are available Monday through Friday from 7 a.m. to 4 p.m, and closed from 12:30 to 1:30 p.m. each day. In addition to the Dundee staff, another hospital-owned physician practice is Finger Lakes Health's Keuka Health Care, which is located at Soldiers & Sailors Memorial Hospital.

Emergency Care
As well as an emergency room, Soldiers & Sailors Memorial Hospital provides an Advanced Life Support Unit called the Medic 55 fly-car, based in the Emergency Department. This unit is staffed by paramedics and Critical Care Technicians (emergency medical technicians or EMTs). It's often the first vehicle on the scene of an accident or critical injury or illness transporting necessary equipment and trained personnel. Transportation for emergent care is accomplished through the Penn Yan Volunteer Ambulance Corps, the Dundee Volunteer Fire Department and the Middlesex Valley Volunteer Ambulance Corps. In addition, several of the volunteer Fire Departments have First Responder units able to respond and provide care.

Availability of Clinics
In addition to the extensions noted above through the hospital; Yates County Public Health works collaboratively with partners including primary care providers, pharmacies and Work Place Vitality, to ensure vaccine availability for children and adults. Immunization clinics for routine vaccinations are held monthly by YCPH. Worksite and public influenza clinics were held throughout the county in 2013 by Workplace Vitality.

Other Clinic Service Providers
The Rushville Health Center is located in the rural northwestern part of Yates County. It is now a Federally Qualified Health Center as part of an affiliation agreement with the Rochester Primary Care Network. Rushville provides medical, dental and outreach services to residents of this rural area. Dental services include preventive dental services through an in-school program in Yates and surrounding counties.

In 2009 The Family Planning Center located in Penn Yan joined with Finger Lakes Community Health. Services are provided at their main location as well as at an outreach clinic at Keuka College. Reproductive health services for men and women including STD diagnosis and treatment, confidential HIV testing, pregnancy testing, birth control prescriptions and supplies, emergency contraception, annual exams, testicular exams and hormone therapy is offered. Through a contract with Yates County diagnosis and treatment services for STDs are offered at no charge for those who are uninsured or under insured. In addition community outreach and education is offered to a variety of audiences including students.

As noted above, many residents that live near county borders or work in other counties may also find other clinic services in contiguous counties. Finger Lakes Community Health (formerly .Finger Lakes Migrant Health) is a 330 *Migrant & Community Health Center* (FQHC), as well as a 330g funded *Migrant Voucher Program*, which allows them to function as a conduit for the federal funds to other independent established health care sites providing services to migrants. Finger Lakes Migrant Health Project (now Finger Lakes Community Health) was established in 1989 to provide health services to area migrant and seasonal farm workers, with the main offices located in Penn Yan. The voucher system extends from Lake Ontario to the Pennsylvania border. Services include comprehensive (medical, dental and behavioral health) and culturally competent case management, outreach, transportation, Spanish interpretation and health education. These locations will accept any patient who attends for services, regardless of insurance coverage on the day of arrival. In 2012 a private primary care practice: Cannariato and Driesch Family Medicine merged with Finer Lakes Community Health bringing with the merge patients of all SES and insurance status.

Access to Health Care Providers/Health Insurance
As noted above, according to the 2009 EBRFSS, approximately 27.4% of Yates County adults do not have health insurance, compared with 13.3% statewide. This percentage increases to 32.6 % (compared to 15.7% statewide) for adults aged 18-64. This does not account for those who cannot get dental or vision care due to lack of ability to pay/insurance, which seems to be a much larger percent of the population. Studies have shown that most people who are uninsured or under-insured are employed.

Primary Care and Preventive Health Services Utilization

In Yates County, 74.0% of survey respondents felt that transportation to health care was an issue in the county and 65.0% felt access to specialty care was a problem. Focus group participants echoed these sentiments. According to the 2009 EBRFSS data 10.2% of the county residents reported that cost prevented them from visiting a doctor within the past year compared to 13.8% across the state. In our survey 15.3% reported that they had not filled a prescription they needed due to cost. Only 79.6% of Yates County residents had visited a doctor for a routine checkup in the past year, compared with 72.7% across the State.

Influencing the Social, Physical and Economic Determinants of Health
Our Town RoCKS

Probably one of the most hopeful opportunities for improving health outcomes in Yates County lies with the Dundee Neighborhood Health Improvement project. Initiated in 2008 and funded by the Greater Rochester Health Foundation (GRHF), this project is one of three in NY State (soon to be one of six) that is broadly focused on improving the social determinants of health to improve the community and improve health outcomes over the long term. The project serves the Towns of Barrington, Starkey and the Village of Dundee in rural Yates County, and includes both technical assistance (from Asset Based Community Development of Northwestern University) and evaluation consultants who are monitoring the long term changes in health outcomes. Unique aspects of the initiative include a resident-driven, asset-based approach to addressing community problems and improving health outcomes. This allows the Dundee community to focus on the lowest level of Frieden's Pyramid, ultimately having the most direct effect on improving health outcomes. This project may well become a model of national significance, (along with the two urban projects, both located in the City of Rochester, and the three new projects, one in Seneca County, one in Wayne County and another one in Rochester). The S2AY Rural health network is the lead agency for the project.

The Local Health Care Environment

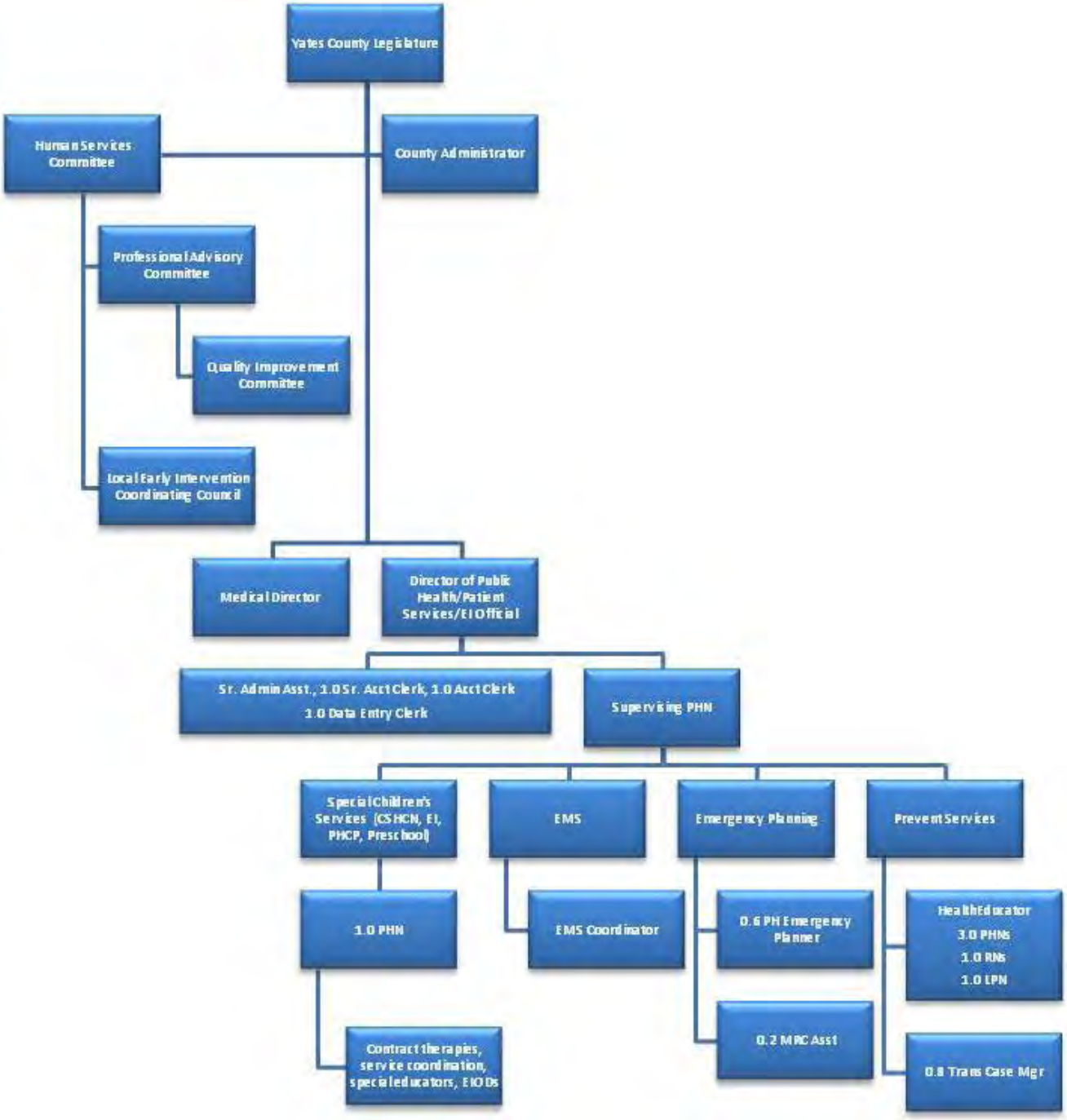
Legal changes, such as the Clean Indoor Act, will help to improve the physical environment that residents are exposed to. The social environment is generally conducive to accepting good health care, although the Mennonite and (the possibly growing minority populations) represent some challenges. The largest employers in Yates County are the health care system, educational system and government, with manufacturing contributing to overall employment through several small firms. For many types of specialty care, residents must travel out of the County. The nearest tertiary care center, Strong Memorial Hospital, is located a little over an hour away in Rochester. There is no county-wide media, so several media sources must be used to get information about health care out to residents.

The current economic situation and the budget cuts over the last two years have affected the local health care environment. Providers have a more difficult time, with a seemingly increasing number of individuals recently electing to skip routine medical and dental care due to lack of employment, resources and/or insurance. Some providers refuse to accept Medicaid and one practice has elected not to accept Medicare.

In the area of immunizations, regulatory changes, along with complicated immunization schedules, are beginning to deter provider participation. Strides are being made to make the physical environment smoke-free. There is an increase in the number of workplaces, campuses and recreational areas that are smoke-free. The Soldiers & Sailors entire campus is now smoke-free.

Local Health Unit Capacity Profile

Organization: The organizational chart on the next page illustrates the organization of the Yates County Public Health Department.


Yates County Legislature
Human Services Committee
County Administrator
Professional Advisory Committee
Quality Improvement Committee
Local Early Intervention Coordinating Council
Medical Director
Director of Public Health/Patient Services/EI Official
Sr. Admin Asst., 1.0 Sr. Acct Clerk, 1.0 Acct Clerk
1.0 Data Entry Clerk
Supervising PHN
Special Children's Services (CSHCN, EI, PHCP, Preschool)
EMS
Emergency Planning
Prevent Services
1.0 PHN
EMS Coordinator
0.6 PH Emergency Planner
Health Educator
3.0 PHNs
1.0 RNs
1.0 LPN
Contract therapies, service coordination, special educators, EIODs
0.2 MRC Asst
0.8 Trans Case Mgr

Profile of Community Resources

Groups
Yates County is fortunate to have the Yates Community Health Planning Council, through which information from all other kinds of Coalitions and Tasks Forces is reported and community needs are explored. As noted previously, this is a broad-based group of health, human service, housing, school, government and economic development officials, including the hospital. The group meets monthly at the Yates County Public Health Conference Room, and members take turns chairing the Coalition.

Academia
Keuka College is a private, liberal arts-based, four-year residential coeducational college with an emphasis on experiential learning. In addition to the traditional fields of study including occupational therapy, nursing, and social; the campus offers a unique opportunity for 18 to 21 year olds who are developmental delayed through its DRIVE program.

Agriculture
Local farmer's markets offering fresh produce take place weekly throughout the spring and summer months in the village of Penn Yan and in Branchport. These venues along with numerous family owned produce stands scattered throughout the county offer fresh healthy choices at affordable costs to their patrons.

Recreation
Keuka Lake and Seneca Lake afford opportunities for physical activity including swimming, kayaking, canoeing. Water safety and swimming lessons are offered to children during the summer at the Keuka Lake State Park. The Keuka Lake Outlet Trail in Penn Yan offers 7 miles of combination dirt and asphalt trails for walking and bicycling.

Collaborative Efforts On Development Of Hospital Community Service Plans (CSP)
Yates County Public Health collaborated with the Finger Lakes Health (Soldiers and Sailors Hospital) throughout the Community Health Assessment process. Yates County PH attended meetings of Finger Lakes Health's Community Advisory group, and Finger Lakes Health attended meetings of the Yates Community Health Planning Council, of which they are a member. The priority selection process was done at a meeting of the Yates County Health Planning Council, with the hospital, Public Health staff and the S2AY Rural Health Network in attendance, among all the other involved agencies.

Other Collaborations
Community service and collaboration is an integral part of the role of Public Health. In addition to the Yates county Health Planning Committee, some of the community boards, committees, and partnerships that YCPH personnel participated: Yates T.B. and Health Association, Office for the Aging Advisory Board, Coordinated Children's Services Initiative TierI and Tier II, the Finger Lakes Perinatal Advisory Committee and Data System Board, the Council on Alcoholism and Health Quest Foundation , the Domestic Violence Task Force, the Finger Lakes Regional Health System Community Advisory Committee, the Family Planning Center Board, the

Tobacco Action Coalition of the Finger Lakes, the Yates Community Health Planning Committee, HUBBA, the Ontario-Yates Hospice Board, Keuka Housing Council Board and the transitional housing committee, Finger Lakes Health Systems Agency Board, the Finger Lakes Adult Immunization Coalition, the Keuka Lake School Wellness Committee, the Penn Yan Central School District Wellness Committee, the Drunk-Impaired Driving Victims Impact Panel Task Force, the Yates County Continuum of Care Committee, and the Yates County Children's Center Advisory Board. An important role of the Health Educator is participation in coalitions and committees. These include the Youth Speak-out, Diabetes Coalition, Yates County Coalition on Underage Drinking, Child Health & Safety Fair, Tobacco Action Coalition of The Finger Lakes, S2AY Rural Health Network, HIV/STD Coalition, Women's Health Forum, Healthy Women's Partnership, Human Resource Network, Lunch & Learn program, Injury Prevention Coalition, and Cancer Services Partnership of Ontario, Seneca & Yates Counties. The Department also has several other advisory groups for specific programs including the Local Early Intervention Coordinating Council (LEICC), the Injury Prevention Coalition, the Yates County EMS Advisory Council, and the Public Health Emergency Operations Task Force.

Volunteerism

Yates County Public Health is the sponsor organization for the County's Medical Reserve Corp with 120 volunteers recruited and trained to assist with local or regional needs. The Mennonite Community has a well organized Disaster Response group which can be quickly mobilized to address small to large scale emergencies especially those which involve farms or livestock. Food Pantries and a Pack Back program both organized and staffed by volunteers exist in both Penn Yan and Dundee to supplement nutrition needs of community members.

Assessment Of Services

The Institute for Human Services in Steuben County operates 211 HELPLINE, which covers Yates County and maintains an up-to-date listing of services available in the County. Data can be accessed by dialing 211 from within the calling area, or by going to the website: http://www.211helpline.org. In addition the Office for the Aging operates as the Single Point of Entry for those seeking assistance with long term care needs.

Outreach And Public Health Education Efforts

Public Health coordinates a multitude of programs which have been detailed above. Programs are geared for the general public, but depending on the site, we target our different populations including children, and the elderly among others. Annually, the Public Health Educator participates in community events in which health information is delivered to members of the public in face-to-face meetings through various health venues like Conservation Field Day, Good Health Fall Fest, Yates County Fair, summer recreation programs, Child Health & Safety Fair, and dental health month presentations in area preschools and day care centers. Written information and presentations on health-related topics are shared at these events which reach a broad spectrum of residents throughout the County.

Available Clinic Facilities And Private Provider Resources For Medicaid Recipients
As discussed in the financial barriers section personal finances impact a person's ability to access health care. Studies show that while physicians may report accepting Medicaid they may not be accepting new patients and that those with Medicaid are having a difficult time finding a medical home. As discussed above, some providers will not accept Medicaid, and one practice was refusing to accept Medicare as a payment source.

Profile of Unmet Need for Services

Most of the gaps in services and access issues have been previously discussed. The biggest unmet needs identified through the combination of assessments done in the community included the priorities discussed above, as well as these top items identified in the survey:

- Obesity
- Unintentional Injury
- Hypertension/Stroke
- Well Child/Lead
- Transportation
- Access to Specialty Health Care
- COPD/CLRD
- Behavioral Problems in Young Children
- Depression/Other Mental Illness
- Dental Health
- Alcohol/Substance Abuse

As the County begins to look at addressing unmet needs and developing objectives related to the established priorities, the first step will be determining which groups to partner with on which issues, and gathering some more data on some of the issues to figure out the best approach to addressing the issues to develop a Community Health Improvement Plan (filling in the details of the workplan), which this assessment serves as the basis for. Best practices are being researched an while specific work has not yet been completed on how to change and add to existing services (cost, hours, geographic locations, additional services, etc), these details will be important parts of the tasks to be completed in the coming year. The proposed advent of universal health care for the country is exciting and will perhaps go a long way in meeting some of our health care challenges.

Noteworthy
The completion of this process in partnership with our local hospital has generated much more community involvement than previous assessments. It offers the opportunity now to build on that collaboration by determining how to work with existing community coalitions to address the major issues identified in the Community Health Assessment. In the various meetings related to the assessment, people in the county learned more about what each others' organization provided in terms of services, and began some networking of activities based on that knowledge. More formal collaborations will be expected to take place as the Community Health Improvement Plan begins to be implemented. A tentative work plan has been developed and is included in the Executive Summary and as Attachment C.

Opportunities for Action

Many community organizations and healthcare entities were invited to participate in the various parts of the assessment, and will be asked to help to guide the development of a Community Health Improvement Plan. Some of the priorities listed, such as physical activity as a means to prevent chronic disease, and access to care will be addressed jointly by the seven counties comprising the S2AY Rural Health Network. Others will undoubtedly be a partnership with one or more of the existing Yates County Coalitions. Media will have a role in most efforts. The next step is determining how best to move forward with the various opportunities for action identified throughout this document. As the tentative work plan is further developed and best practices identified we will also identify those resources that will provide a role in helping us to achieve our goals. For example, the S2AY Rural Health Network plans to partner 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: partnerships with restaurants and grocery stores for menu labeling/portion sizing and grocery store posters on healthy choices to encourage healthy eating; establishment and labeling of distances for walking routes; signs at worksites encouraging workers to use the stairs; eliminating vending machines with unhealthy choices at various locations (schools, businesses and community); working with health care providers to provide them with simple tools to use to encouraging town boards and zoning boards to consider physical activity enhancements and impediments in their development of policies; holding/promoting school and worksite competitions to reduce screen time, encourage physical activity and increase consumption of fruits, vegetables and low-fat dairy.

Distribution Plan

This report will be distributed to community agencies and members of the public who request it. The report will be posted on the PH website and a media release on the Community Health Assessment process and the Community Health improvement Plan will be forwarded to the local media channels.

Process

Yates County Public Health partnered with the S2AY Rural Health Network to delve into a comprehensive process that involved the local hospital, local organizations and residents to determine key health priorities which will be addressed through the Community Health Improvement Plan 2014-2017.

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

Mobilizing for Action through Planning and Partnership

Led by the S2AY Rural Health Network Yates 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 Yates 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:

- Yates County Public Health Department
- Soldiers and Sailors Memorial Hospital of Yates County, Inc.
- S2AY Rural Health Network
- Yates County Youth Bureau
- ProAction/Yates County Office for the Aging
- Yates County DSS
- Yates County Sheriff's Office
- Yates County Community Services
- Yates County Workforce Development
- Courts of Yates County
- Red Cross

- Rushville Health Center (RPCN)
- ARC of Yates
- Cornell Cooperative Extension
- Council on Alcoholism & Addictions in the Finger Lakes
- Finger Lakes WIC Program
- Tobacco Coalition of the Finger Lakes
- Finger Lakes Health
- Child and Family Resources, Inc.
- Penn Yan and Dundee Central School Districts

The Yates Community Health Planning Council included these organizations who are committed to improving the health of Yates County residents. This group has met on a monthly basis with key partners meeting more regularly as needed. The members of the Yates community Health Planning Council (YCHPC) have agreed to meet on a regular basis to ensure that the initiatives outlined in this plan are implemented, monitored and evaluated.

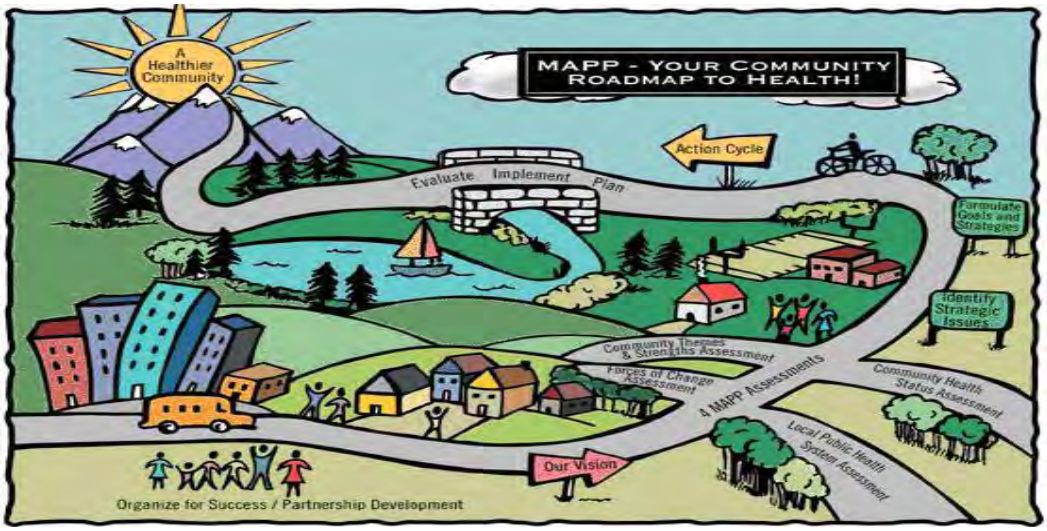
Assessments

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

The first assessment examined the Community Health Status Indicators. Two methods were used to examine indicators. The first was to collect relevant statistical data using the NYSDOH Community Health Indicator Reports and a variety of other secondary sources. This was completed by S2AY Rural Health Network staff. The second method was to collect primary data by conducting a comprehensive survey among a random sample of community residents to determine their opinions, health-related behaviors and health needs. . A total of 158 completed surveys were returned in Yates 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 Yates County Public Health Department within that system. This was done using a modification of the Local Public Health System Assessment tool developed by the CDC and NACCHO. This was also conducted via an electronic survey on Survey Monkey. A diverse group of key informants were chosen to complete the survey, including community leaders who are familiar in some way with the local public health system. The assessment was completed through the use of a more user-friendly version of the CDC and NACCHO tool, Local Public Health System Assessment (LPHSA). Each of the ten essential public health services was rated by the group by ranking the series of indicators within each Essential Service to determine areas of strength and areas needing improvement within the Local Public Health System.

The third assessment was the Community Themes and Strengths Assessment that was conducted through focus groups which were held throughout the County. This assessment looked at the issues that affect the quality of life among community residents and the assets the County has available to address health needs. These were held in conjunction with the fourth assessment that looked at the "Forces of Change" that are at work locally, statewide and nationally, and what types of threats and/or opportunities are created by these changes. The focus groups conducted in Yates County included a Tier 1 Meeting, workforce development meeting, Dundee Champions meeting, TB & Health Assoc. Board, Youth Board meeting and a local coffee club at St. Paul Lutheran Church. These groups also helped to ensure that adequate representation of the public was included in the assessments. Notes from these sessions can be found in Attachment D.



Strategic Issues

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 Yates County Health Partnership Committee to present the data and pick priorities. The Yates County Health Partnership 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 the Hanlon Method was used. This method of ranking focuses most heavily on how effective any interventions might be. The Hanlon Method utilizes the following formula to rank priorities:

(A & 2B) X C

where A= the size of the problem, B= the severity of the problem and C=the effectiveness of the solution. The effectiveness of the solution is given a lot more weight than the size or seriousness of the problem, with the hope of making wise use of limited resources by targeting solutions that are known to be effective. Participants also consider the weight of the propriety, economic

feasibility, acceptability, resources and legality (PEARL) of issues in this ranking system. Numerical values were determined by each participant for size, severity and effectiveness, and then plugged into the formula along with average PEARL scores. It is important to note that while the Hanlon Method offers a numerical and systematic method of ranking public health priorities, it is still a method that is largely subjective, but which represents a quantitative way to rank qualitative and non-comparable quantitative information. Since respondents ranked each component (size, seriousness and effectiveness of the solution) individually using a paper ranking form, the rankings were not heavily influenced by group dynamics. Based upon the ranking through the Hanlon Method, Yates County's scores on the top health related issues in the county were:

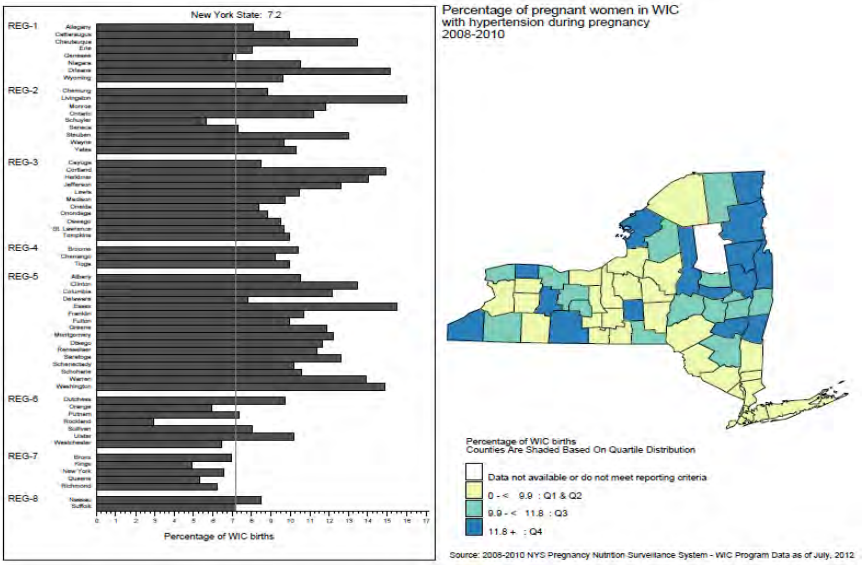
Issues	Hanlon	PEARL
Obesity	**152.56**	**5.71**
Unintentional Injury	**143.88**	**5.71**
Hypertension/Stroke	**135.75**	**5.71**
Well Child/Lead	129.63	5.57
Transportation	124.13	5.43
Access to Specialty Health Care	122.75	5.86
COPD/CLRD	112.25	4.71
Behavioral Problems in Young Children	101.25	4.57
Depression/Other Mental Illness	92.50	5.14
Dental Health	85.13	4.71
Alcohol/Substance Abuse	83.13	4.86

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:**

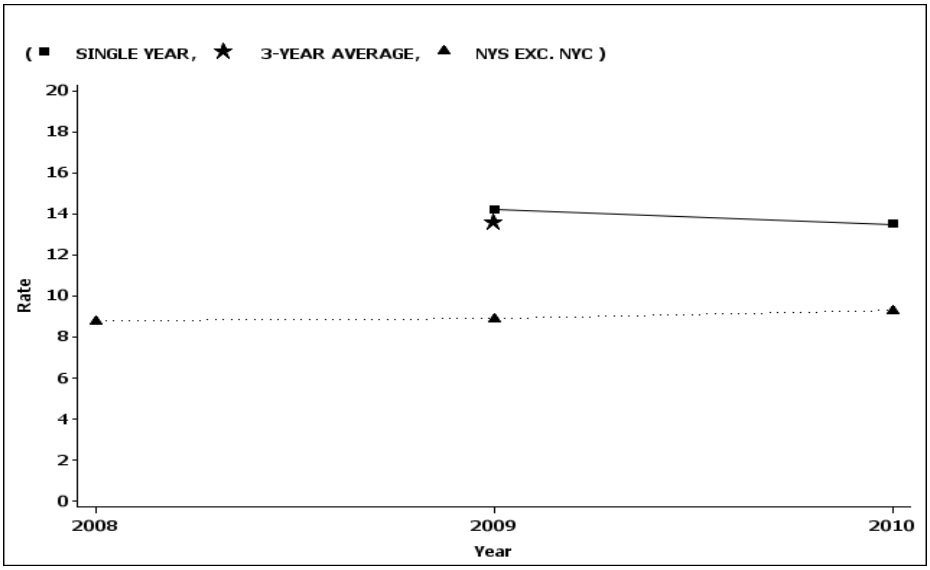
1. **Obesity**
2. **Hypertension**

And the following disparity: Access to specialty care for the low-income population
Additionally, Yates County Public Health chose to focus on a third priority - promoting a healthy and safe environment, particularly reducing falls for vulnerable populations and occupational injuries.

Obesity was an obvious choice due to the high rates of obesity and the effect on heart disease, diabetes and other chronic diseases. Hypertension was less obvious, though its effect on other chronic diseases is similar to obesity. One thing with hypertension that was difficult was trying to determine the prevalence of hypertension in the community overall, both diagnosed and undiagnosed. While there are a couple of indicators available for hypertension (from the BRFSSS- "...ever been told by a health professional that you have high blood pressure" and hypertension hospitalization rates from the cardiovascular disease indicators), none estimate prevalence, especially if the community does not have regular preventive care. The best available proxy for prevalence, albeit not a good one, would be the percentage of pregnant women in WIC with hypertension. This rate seems to be high for the County and the region, and is an issue that should not be ignored.



Yates County Percentage of pregnant women in WIC with hypertension during pregnancy



Percentage of pregnant women in WIC with hypertension during pregnancy

	Crude Rate		
Year	**Single Year**	**3-Year Average**	**NYS exc. NYC**
2008			8.8
2009	14.2	13.6	8.9
2010	13.5		9.3

Percentage of pregnant women in WIC with hypertension during pregnancy
Source:2008-2010 NYS Pregnancy Nutrition Surveillance System - WIC Program Data as of July, 2012

	Women with gestational hypertension				Average WIC births	Crude
Region/County	**2008**	**2009**	**2010**	**Total**	**2008-2010**	**Rate**
Reg- 2 Finger Lakes						
Chemung	36	57	71	164	617	8.9
Livingston	45	41	40	126	262	16.0
Monroe	368	450	437	1,255	3,545	11.8
Ontario	47	51	57	155	460	11.2
Schuyler	s	s	16	16	94	5.7
Seneca	8	8	10	26	119	7.3
Steuben	63	69	84	216	553	13.0
Wayne	35	43	47	125	431	9.7
Yates	**s**	**17**	**14**	**31**	**100**	**10.3**
Region Total	602	736	776	2,114	6,182	11.4
New York State	7,677	9,103	9,242	26,022	119,993	7.2

Formulate Goals and Strategies

During this stage research and evidence-based best practices were considered by the Health Priorities Partnership 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 Yates County Health Planning Committee CHIP Chart below.

The YCHPC CHIP Chart designates the organizations that have accepted responsibility for implementing each of the activities outlined in the workplan. Measurements and evaluation techniques are provided for each activity with starting target dates provided. As mentioned above the members of the Yates County Health Planning Committee have agreed to meet on a regular basis to ensure that the initiatives outlined in this plan are implemented, monitored and evaluated. Activities on the workplan will be assessed and modified as needed to address barriers and duplicate successes.

Indicator	3 Year Total	County Rate	NYS Rate
Cardiovascular disease mortality rate per 100,000			
Crude	227	304.8	289.2
Age-adjusted	227	230.8	250.9
Pretransport mortality	111	149.0	144.1
Congestive heart failure mortality rate per 100,000			
Crude	9	12.1	13.3
Age-adjusted	9	9.0	11.3
Pretransport mortality	6	8.1	7.2
Cerebrovascular disease (stroke) mortality rate per 100,000			
Crude	27	36.6	30.5
Age-adjusted	27	27.1	26.7
Pretransport mortality	12	16.1	10.9
Cerebrovascular disease (stroke) hospitalization rate per 10,000			
Crude	196	26.3	27.8
Age-adjusted	196	20.8	25.1

Attachment A:

Yates County Community Health Assessment

County	Yates	Census
# surveys	**180**	**19,697**
Under 35 yo	16%	44.5%
35 to 65 yo	69.8%	39.2%
White	94.0%	97.9%
AAS or more	68.4%	31.3%
Bach or more	54.2%	22.1%
Full time	73.8%	PYVillage 20% TOMilo 27.6%
Town	Penn Yan 57.2% Dundee 20.0%	DundeeVil 6.8% Starkey 14%
20+ yrs in cty	68.4%	
$25k or more	80.3%	35.2%
$50k or more	56.5%	22.7%
Married	63.8%	27.8%
Insured	96.0%	72.6% (EBRFSS)
Female	90.8%	65.6%
Average BMI	30.7	
Female Average	28.9	
Male Average BMI	30.8	
Comp survey	87.8% - 158	

Do you think that access to primary health care (family doctor) is a problem in Yates County:						
Answer Options	**Problem for YOU**	**Problem in Yates County**	**Don't know or unsure**	**Response Count**	**% Adults with Primary Care Doctor Yates Co.**	**% Adults with Primary Care Doctor NYS**
For low-income families?	3%	58%	40%	151	90.6%	83.0%
For the elderly?	3%	53%	44%	146		
For all in community?	0%	44%	56%	140		
For persons with disabilities?	1%	46%	53%	145		
For persons new to the area?	3%	56%	41%	146		
Total Respondents	158					

Do you think that access to behavioral health care in the following areas is a problem in Yates County?				
Answer Options	**Problem for YOU**	**Problem in Yates County**	**Don't know or unsure**	**Response Count**
Alcoholism	0%	54%	46%	143
Developmental Disability	1%	30%	70%	135
Drug Abuse	0%	60%	40%	149
Gambling Addictions	0%	20%	80%	144
Mental Health	4%	55%	42%	146
Total Respondents	161			

Please take a few moments to click on those boxes that you think are issues with the most important needs facing you and Yates County today.						
Answer Options	**Problem for YOU**	**Problem in Yates County**	**Don't know or unsure**	**Response Count**	**% Adults EBRFSS Yates Co.**	**% Adults EBRFSS NYS**
15. Lack of physical activity & fitness	**16%**	**74%**	12%	155	28.4%	23.7%
5. Arthritis, Alzheimer's, Dementia, Memory Loss	**10%**	53%	39%	147		
9. Depression / other mental illnesses	**8%**	71%	22%	149		
8. Cancer	8%	69%	23%	146		
17. Problems with teeth or gums	8%	61%	32%	146		
10. Diabetes	7%	56%	37%	147	9.0%	9.0%
14. High blood pressure, stroke	7%	50%	42%	135	27.2%	25.7%
3. Access to specialty health care	7%	65%	28%	150		
18. Pulmonary diseases (COPD, Emphysema, Asthma)	7%	45%	48%	141		
19. Quality of well water	6%	29%	66%	139		
12. Eating disorders	5%	36%	59%	135		
16. Poor nutrition (unhealthy eating)	5%	**79%**	17%	156	66.8%	72.9%
13. Heart disease (Congestive Heart Failure, Angina, "A-fib")	4%	51%	45%	136	5.8%	7.6%
6. Behavioral problems in children	4%	73%	23%	150		
23. Transportation to health care	4%	**74%**	23%	155		
21. Smoking / tobacco use	3%	**74%**	23%	151	17.4%	17.0%
11. Drug abuse/abuse of prescription drugs or illegal drugs	3%	**76%**	21%	156		
7. Birth defects	2%	24%	74%	138		
1. Access to home care	1%	45%	54%	141		
22. Teen pregnancy	1%	66%	33%	143	2.0%	2.1%
24. Underweight or premature babies	1%	13%	87%	134	4.3%	8.2%
25. Unplanned pregnancy	1%	57%	42%	137		
20. Sexually transmitted diseases (Chlamydia, Herpes, HIV/AIDS)	1%	36%	63%	139		
2. Access to pregnancy care	0%	36%	64%	137		
4. Alcohol abuse	0%	69%	31%	150	12.5%	18.1%
Total Respondents	177					

#1 Problem for YOU				
15. Lack of physical activity & fitness	1. Access to home care	8. Cancer	3. Access to specialty health care	5. Arthritis, Alzheimer's, Dementia, Memory Loss
16.0% - 25	9.6% - 15	8.3% - 13	7.7% - 12	7.7% - 12
#2 Problem for YOU				
3. Access to specialty health care	15. Lack of physical activity & fitness	16. Poor nutrition	9. Depression/other mental illness	8. Cancer
14.4% - 21	12.3% - 18	11.0% - 16	8.2% - 12	8.2% - 12
#3 Problem for YOU				
23. Transportation to health care	16. Poor nutrition	9. Depression/other mental illness	15. Lack of physical activity & fitness	17. Problems with teeth or gums
9.8% - 13	9.1% - 12	8.3% - 11	7.6% - 10	6.8% - 9
Total Respondents	156			

Most Important Problem for Yates County				
15. Lack of physical activity & fitness	16. Poor nutrition	23. Transportation to health care	11. Drug abuse	8. Cancer
13.2% - 19	13.2 - 19	11.8% - 17	9.0% - 13	6.9% - 10
Total Respondents	144			

Most Important Problem for Yates County By Income Level

	15. Lack of physical activity & fitness	16. Poor nutrition	23. Transportation to health care	11. Drug abuse	8. Cancer
Less than $15,000	1	0	0	0	0
$15,001 - $25,000	1	2	3	1	1
$25,001 - $50,000	6	4	4	2	3
$50,001 - $75,000	4	5	4	2	3
$75,001 - $100,000	2	1	3	3	2
Over $100,000	0	3	1	0	0
Total	14	15	15	8	9

Most Important Problem for Yates County By Educational Level

	15. Lack of physical activity & fitness	16. Poor nutrition	23. Transportation to health care	11. Drug abuse	8. Cancer
Less than 9th grade	0	0	0	1	0
9th to 12th grade	0	1	0	0	0
High school graduate	1	4	3	1	0
Some college no degree	3	2	2	2	2
Associates	3	0	0	1	2
Bachelors	5	4	7	1	1
Graduate	3	7	3	2	4
Total	15	18	15	8	9

Do you think that violence in the following areas is a problem in Yates County?				
Answer Options	**Problem for YOU**	**Problem in Yates County**	**Don't know or unsure**	**Response Count**
Child abuse / neglect	0%	75%	25%	159
Elder abuse / neglect	0%	48%	52%	149
Sexual assault	1%	43%	57%	150
Spouse / partner abuse	1%	60%	39%	156
Violence among young adults - bullying	1%	77%	22%	154
Total Respondents	167			

Do you think that any of these environmental exposures are a problem in Yates County?				
Answer Options	**Problem for YOU**	**Problem for Yates County**	**Don't know or unsure**	**Response Count**
Agricultural chemicals	6%	62%	34%	151
Air pollution	2%	21%	77%	121
Carbon Monoxide	2%	17%	82%	126
Contaminated well water	3%	31%	67%	135
Diseases transmitted by insects	2%	29%	70%	133
Food poisoning	1%	5%	94%	121
Lead	1%	26%	74%	133
Radon	1%	17%	83%	133
Septic systems	2%	32%	65%	130
Toxic exposures at home	2%	18%	80%	130
Toxic exposures at work	2%	16%	83%	127
Water pollution	3%	33%	66%	131
Total Respondents	158			

Do you think that there is a problem being seen by or receiving services from any of the following in Yates County?				
Answer Options	**Problem for YOU**	**Problem in Yates County**	**Don't know or unsure**	**Response Count**
Dentists	18%	52%	32%	44
Home care services and supports	0%	32%	68%	41
Mental/behavioral health	7%	42%	56%	45
Nursing homes	0%	41%	59%	32
Nutritionists / Dieticians	5%	35%	63%	40
Pharmacies	0%	7%	93%	30
Specialized support groups	5%	44%	56%	41
Specialty doctors	8%	74%	26%	38
Therapists (physical, speech, occupational)	0%	29%	71%	34
Total Respondents	165			

Are you currently taking care of?		
Answer Options	**Response Percent**	**Response Count**
Disabled child	0.0%	0
Disabled spouse/partner	18.5%	5
Elderly or disabled parent	70.4%	19
Grandchild	14.8%	4
Total Respondents	27	

Which of your health behaviors would you like to improve? Check all that apply.		
Answer Options	**Response Percent**	**Response Count**
Alcohol consumption	5.7%	9
Eating habits	48.7%	77
Managing Stress	51.9%	82
Physical activity	58.2%	92
Tobacco use	10.8%	17
Weight	66.5%	105
Total Respondents	158	

How many times per week do you exercise?				
Answer Options	**Response Percent**	**Response Count**	**No Leisure Time Activity EBRFSS Yates Co.**	**No Leisure Time Activity EBRFSS NYS**
One	9.7%	16	28.4%	23.7%
Two	20.6%	34		
Three	14.5%	24		
Four	13.3%	22		
Five or more	25.5%	42		
None	16.4%	27		
Does not apply	0.0%	0		
Total Respondents	165			

If you exercise how long do you exercise for?		
Answer Options	**Response Percent**	**Response Count**
15 minutes or less	10.2%	17
16 - 30 minutes	25.7%	43
31 - 45 minutes	20.4%	34
46 minutes - 1 hour	20.4%	34
1 hour or more	11.4%	19
Does Not Apply	12.0%	20
Total Respondents	167	

If you don't exercise, what keeps you from exercising? Check all that apply		
Answer Options	**Response Percent**	**Response Count**
Lack of transportation	3.1%	3
Lack of money	11.5%	11
Lack of time	74.0%	71
Safety (no street lights or sidewalks)	15.6%	15
Choose not to	24.0%	23
Total Respondents	96	

In your community do you have: Check all that apply.		
Answer Options	**Response Percent**	**Response Count**
Bike paths	49.0%	75
Public gym	38.6%	59
Public pool	3.3%	5
Sidewalks	86.9%	133
Street lights	83.0%	127
Trails	69.3%	106
Total Respondents	153	

How many fruits and vegetables do you eat in a day?							
Answer Options	**5 or more**	**3-4**	**1-2**	**0 (Rarely)**	**Response Count**	**5+ EBRFSS Yates Co.**	**5+ EBRFSS NYS**
Yourself?	26%	38%	34%	2%	172	33.2%	27.1%
Your children?	18%	36%	37%	10%	73		
Other adults?	13%	34%	44%	9%	113		
Total Respondents	172						

If fewer than five servings, why? Check all that apply.		
Answer Options	**Response Percent**	**Response Count**
Cost	47.3%	53
Don’t like them	13.4%	15
Short shelf life	42.0%	47
Time needed to prepare	34.8%	39
Total Respondents	112	

Please answer these questions regarding alcohol use: (One drink is a beer, a glass of wine or a mixed drink)								
Answer Options	**None**	**1 or 2 a month**	**1 or 2 a week**	**1 or 2 a day**	**More than 2 a day**	**Response Count**	**% Heavy Drinkers EBRFSS Yates Co.**	**% Heavy Drinkers EBRFSS NYS**
How much alcohol do you drink?	36%	32%	19%	12%	1%	170	4.6%	5.0%
How much do others in your household drink?	26%	29%	23%	17%	5%	132		
Total Respondents	170							

Considering all types of alcohol beverages, how many times in the last 30 days did you have more than 5 drinks (if a man) or 4 drinks (if a woman) on one occasion?				
Answer Options	**Response Percent**	**Response Count**	**Binge Drinking in Last Month EBRFSS Yates Co.**	**Binge Drinking in Last Month EBRFSS NYS**
None	80.0%	132	12.5%	18.1%
Once	10.9%	18		
Twice	6.1%	10		
3 or 4	2.4%	4		
4 or more	0.6%	1		
Total Respondents	165			

How Much Alcohol Do You Drink? - By Education Level

	None	**1 or 2 a Month**	**1 or 2 a Week**	**1 or 2 a Day**	**More than 2 a Day**
Less than 9th grade	3	0	0	0	0
9th to 12th grade	2	0	0	0	0
High school graduate	16	3	1	2	0
Some college no degree	8	5	6	1	1
Associates	4	7	5	6	0
Bachelors	12	15	5	3	0
Graduate	12	18	12	5	0
Total	57	48	29	17	1

How Much Alcohol Do You Drink? - By Income Level

	None	**1 or 2 a Month**	**1 or 2 a Week**	**1 or 2 a Day**	**More than 2 a Day**
Less than $15,000	13	0	0	1	0
$15,001 - $25,000	9	5	0	1	0
$25,001 - $50,000	12	8	12	3	0
$50,001 - $75,000	11	17	6	7	0
$75,001 - $100,000	5	12	7	4	1
Over $100,000	4	4	2	1	0
Total	54	46	27	17	1

Please answer the following questions for yourself or any member of your household who has used any of the listed services in the last 12 months.						
Answer Options	**Used in County**	**Used out of County**	**Quality OK?**	**Distance OK?**	**Cost OK?**	**Response Count**
Adult Day Care	60%	20%	80%	40%	0%	5
Adult Respite Care	0%	50%	50%	50%	0%	2
Alcohol / Drug treatment	43%	57%	86%	71%	57%	7
Ambulance services	71%	43%	43%	43%	24%	21
Audiology (hearing care)	14%	90%	52%	33%	29%	21
Counseling / Mental Health for adults	50%	50%	50%	36%	21%	14
Counseling / Mental Health for children	70%	20%	40%	40%	20%	10
Dentists	41%	67%	60%	51%	38%	129
Doctor's Office	74%	44%	60%	50%	41%	143
Domestic Violence (abuse, Safe House, Catholic Charities)	100%	0%	0%	0%	0%	1
Emergency Response System (Lifeline, Link to Life, Alertlink)	100%	0%	22%	11%	11%	9
Eye care	37%	66%	50%	37%	36%	103
Family Planning Services	36%	64%	64%	36%	36%	11
Farm Safety Education	75%	25%	0%	0%	0%	4
Home Health Services	100%	0%	40%	40%	40%	10
Hospice	100%	0%	50%	0%	0%	2
Hospital	66%	54%	49%	40%	29%	70
Immunizations	81%	21%	45%	33%	38%	42
Lactation Consultant (help with breastfeeding)	25%	75%	25%	25%	25%	4
Mammograms	51%	51%	56%	43%	49%	82
Meals on Wheels	92%	0%	31%	15%	23%	13
Orthodontists (braces for teeth)	13%	87%	47%	40%	33%	15
Orthopedics (bones)	10%	90%	53%	30%	37%	30
Pharmacies	88%	17%	52%	48%	41%	129
Physical therapy services	80%	24%	60%	44%	40%	25
Prenatal care (pregnancy)	36%	64%	73%	45%	55%	11
Senior Meal Sites	92%	8%	23%	8%	15%	13
Support Groups	71%	29%	29%	14%	29%	7
Testing, Counseling & Treatment of STDs, including HIV / AIDS	50%	50%	0%	0%	0%	4
Transportation	90%	30%	10%	10%	0%	10
Total Respondents	164					

Do you smoke cigarettes now?				
Answer Options	**Response Percent**	**Response Count**	**EBRFSS Yates Co.**	**EBRFSS NYS**
No	89.0%	153	17.4% (Yes)	17.0% (Yes)
Yes	11.1%	19		
Yes, half a pack (10) per day	7.6%	13		
Yes, one pack (20) per day	2.9%	5		
Yes, One and a half (30) per day	0.6%	1		
Yes, Two packs (40) per day	0.0%	0		
Yes, more than two packs per day	0.0%	0		
Total Respondents	172			

If you're a current smoker, how long have you smoked?		
Answer Options	**Response Percent**	**Response Count**
One year or less	0.0%	0
1 - 5 years	3.5%	3
5 - 10 years	3.5%	3
10 - 15 years	1.2%	1
15 - 20 years	1.2%	1
20 - 25 years	4.7%	4
25 years or more	7.0%	6
Does Not Apply	79.1%	68
Total Respondents	86	

Do you currently use any smokeless tobacco products such as chewing tobacco or snuff?		
Answer Options	**Response Percent**	**Response Count**
Yes, chewing tobacco	0.7%	1
Yes, snuff	0.0%	0
Yes, both	0.0%	0
No, neither	99.3%	136
Total Respondents	137	

Do you use an electronic smoking device (e-cigarettes)?		
Answer Options	**Response Percent**	**Response Count**
Yes	1.6%	2
No	47.2%	60
Does not apply	51.2%	65
Total Respondents	127	

Have the children in your house received immunizations (shots) against childhood diseases?		
Answer Options	**Response Percent**	**Response Count**
No	0.7%	1
Yes, all immunizations	46.6%	69
Some, not all	1.4%	2
Not sure	0.0%	0
Does not apply	51.4%	76
Total Respondents	148	

Please choose all that apply									
Answer Options	**Yes**	**No, I didn't feel it was needed**	**No, my insurance doesn't cover it**	**No, I didn't have time**	**No, I couldn't afford it**	**No, I didn't know I should get it**	**Response Count**	**% Adults Received Flu Shot EBRFSS Yates Co.**	**% Adults Received Flu Shot EBRFSS NYS**
Did the adults in your household receive a flu shot this during the fall or winter of 2011- 2012?	72%	24%	0%	3%	1%	3%	167	37.0%	41.7%
Did the children in your household receive a flu shot this fall or winter of 2011- 2012?	55%	33%	0%	5%	3%	3%	60		
Have the adults in your household received a tetenus shot in the last ten years?	84%	6%	1%	1%	2%	6%	156		
Total Respondents	168								

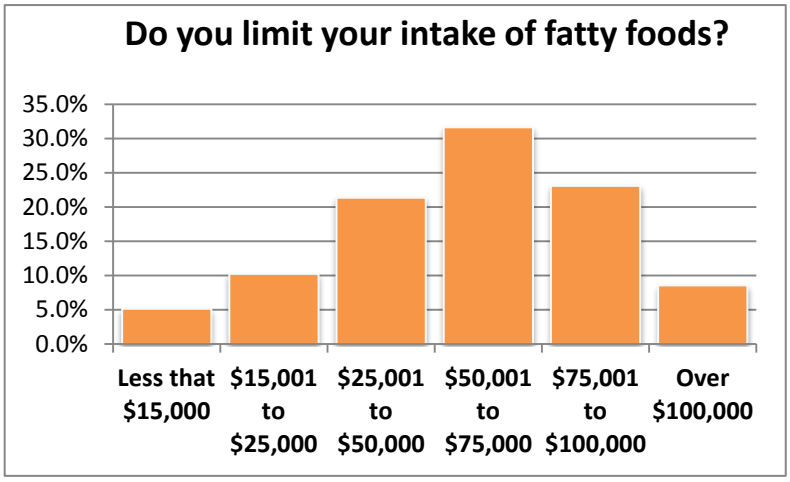
Please choose one:					
Answer Options	**Never**	**Sometimes**	**Always**	**Does Not Apply**	**Response Count**
If you have a child age 14 or younger, do your children wear helmets when riding bicycles?	2%	10%	17%	70%	115
If you live where there is an unfluoridated public water supply, would you support putting fluoride in the water supply to improve dental health in the community?	15%	8%	29%	47%	119
Total Respondents	129				

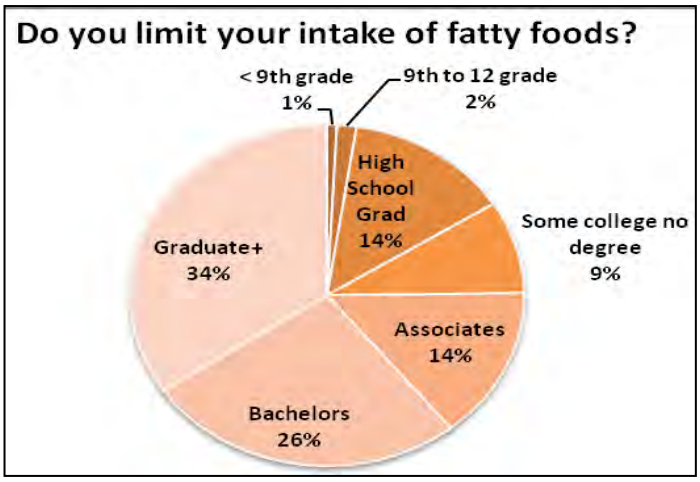
If you have children have they been tested for lead poisoning?				
Answer Options	**Response Percent**	**Response Count**	**Incidence Rate DOH Yates Co.**	**Incidence Rate DOH NYS**
Yes, at age one.	5.2%	7	21.9	11.1
Yes, at age two.	3.7%	5		
Yes, at age one and age two.	13.3%	18		
Yes, but I don't remember their age.	12.6%	17		
No, I didn't know it was needed	0.0%	0		
No	5.2%	7		
Does Not Apply	60.0%	81		
Total Respondents	135			

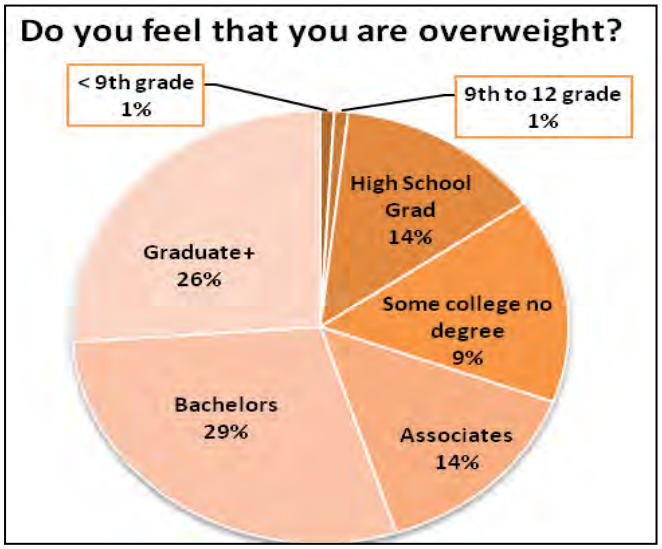
Would you say that in general your health is:				
Answer Options	**Response Percent**	**Response Count**	**EBRFSS Yates Co.**	**EBRFSS NYS**
Excellent	15.2%	25		
Very good	39.0%	64		
Good	33.5%	55		
Fair	10.4%	17	13.7%	16.7%
Poor	1.8%	3		
Total Respondents	164			

Would you say that in general your health is:	Excellent	Very Good	Good	Fair	Poor
Less that $15,000	0	2	8	3	1
$15,001 to $25,000	1	7	3	4	0
$25,001 to $50,000	5	12	13	3	1
$50,001 to $75,000	6	21	13	1	1
$75,001 to $100,000	6	10	11	2	0
Over $100,000	4	6	0	1	0
Totals	22	58	48	14	3
Would you say that in general your health is:	**Excellent**	**ery Goo**	**Good**	**Fair**	**Poor**
< 9th grade	1	1	1	0	0
9th to 12 grade	0	0	1	0	1
High School Grad	3	5	8	5	1
Some college no degree	3	5	6	6	0
Associates	3	8	10	1	0
Bachelors	3	21	10	2	0
Graduate+	11	21	12	2	1
Totals	24	61	48	16	3

Please answer yes or no	Yes	No	Response Count
Do you limit your intake of fatty foods?	82%	18%	159
Are you exposed to second-hand smoke?	19%	81%	162
Has violence or abuse been a problem for any member of your household (including children)?	8%	92%	161
If so, have you sought assistance?	16%	84%	56
Do you feel that you are overweight?	72%	28%	162
Do you feel that you are underweight?	1%	99%	146
Do you need help with sorting out problems that cause you stress?	18%	82%	157
Does someone in your household need help with with sorting out problems that cause them stress?	22%	78%	153
Do you need help managing depression?	15%	85%	158
Do you feel you would use some kind of program aimed at managing depression?	13%	87%	155
Do you feel you or anyone in your household would use some kind of program aimed at suicide prevention?	3%	97%	151
During the past month, did you participate in any physical exercise?	86%	14%	162
Do you know who to report animal bites to?	78%	22%	148
Have you removed a tick from your body or from your pet's body in the last year?	35%	65%	159
If you heat with wood, coal or natural gas do you have carbon monoxide detectors in your home?	76%	24%	124
If you have a well, have you tested your well water in the last year?	17%	83%	89
Total Respondents	162		







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 Yates Co.**	**EBRFSS NYS**
1 to 12 months ago	79.6%	129	55.9%	72.7%
1 to 2 years ago	13.0%	21	68.6%	85.7%
2 to 5 years ago	6.2%	10		
Never	1.2%	2		
Total Respondents	162			

Do you use any other form of health care services? Choose all that apply.		
Answer Options	**Response Percent**	**Response Count**
Acupuncture	14.6%	21
Chiropractor	27.8%	40
Herbal medicine	9.0%	13
Massage Therapy	22.9%	33
No	55.6%	80
Total Respondents	144	

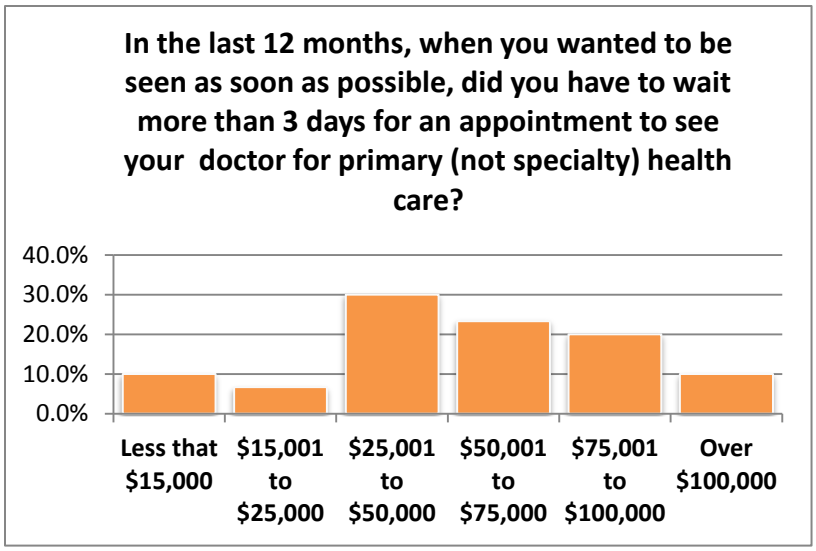
Have you had the following exams:										
Answer Options	**Does Not Apply**	**Yes, 1-12 months ago**	**Yes, 1-2 years ago**	**Yes, 2-3 years ago**	**Yes, 3-5 years ago**	**Yes, 5 or more years ago.**	**No**	**Response Count**	**Ever had Screening EBRFSS Yates Co.**	**Ever had Screening EBRFSS NYS**
Women: A Pap smear and pelvic exam?	7%	57%	17%	9%	5%	3%	2%	152	97.4%	91.8%
Women: A mammogram to look for breast cancer?	7%	53%	13%	6%	4%	3%	15%	152	91.4%	91.1%
Men: A prostate examination?	56%	14%	1%	0%	4%	1%	23%	71	71.4%	73.7%
Women and Men: An exam for colorectal cancer?	8%	25%	12%	8%	5%	8%	36%	146	69.3%	66.6%
Total Respondents	160									

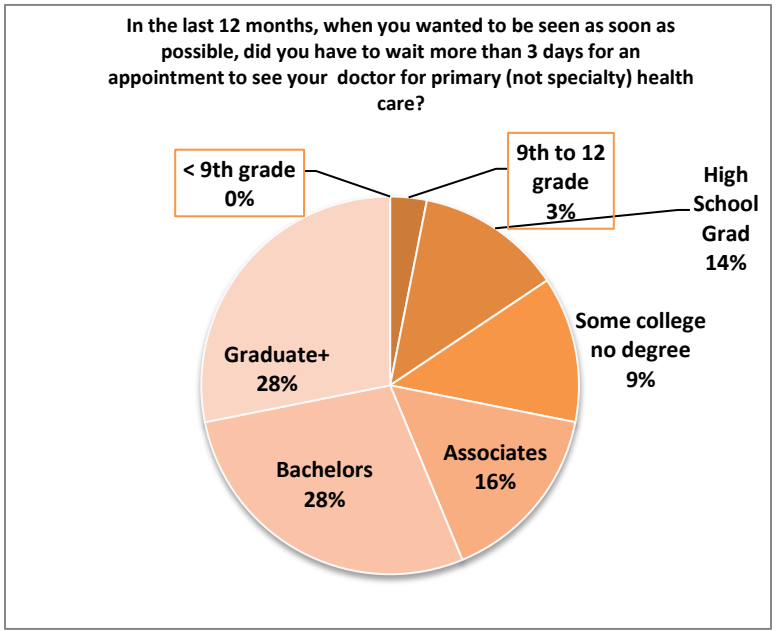
Women: A Pap smear and pelvic exam? - Does Not Apply	Women: A Pap smear and pelvic exam? - Yes, 1-12 months ago	Women: A Pap smear and pelvic exam? - Yes, 1-2 years ago	Women: A Pap smear and pelvic exam? - Yes, 2-3 years ago	Women: A Pap smear and pelvic exam? - Yes, 3-5 years ago	Women: A Pap smear and pelvic exam? - Yes, 5 or more years ago.	Women: A Pap smear and pelvic exam? - No	Educational Level
0	3	0	0	0	0	0	**< 9th grade**
0	2	0	0	0	0	0	**9th to 12 grade**
3	9	3	0	2	1	2	**High School Grad**
1	7	6	3	1	1	0	**Some college no degree**
0	12	6	1	0	2	0	**Associates**
3	19	6	3	2	1	0	**Bachelors**
2	29	5	6	2	0	1	**Graduate+**
9	81	26	13	7	5	3	**Total responses**

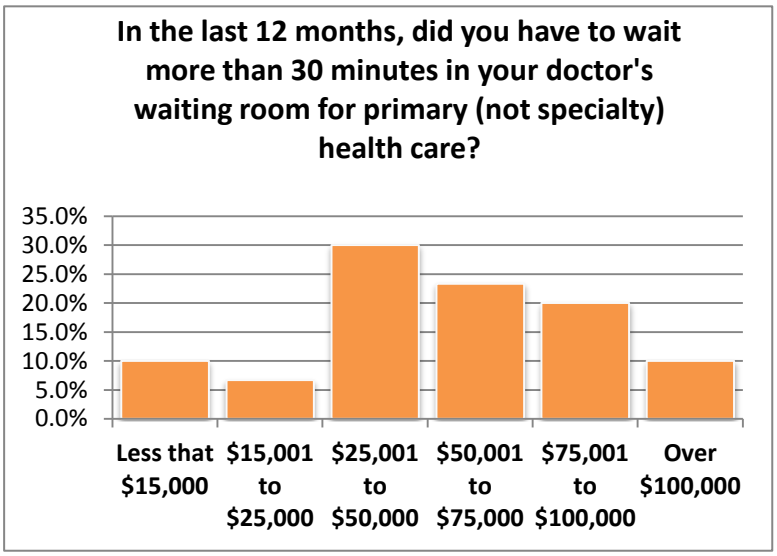
Please answer the following questions for yourself or any member of your household who has used any of the listed services in the last 12 months:					
Answer Options	**Yes**	**No**	**Response Count**	**EBRFSS Yates Co.**	**EBRFSS NYS**
Has your doctor asked about your sexual history during your routine visits?	51%	49%	156	69.9% (No)	61.4% (No)
Has your doctor offered to test you for HIV in the last 12 months?	19%	81%	154		
Have you received advice from your doctor about your weight?	58%	42%	158		
Total Respondents	158				

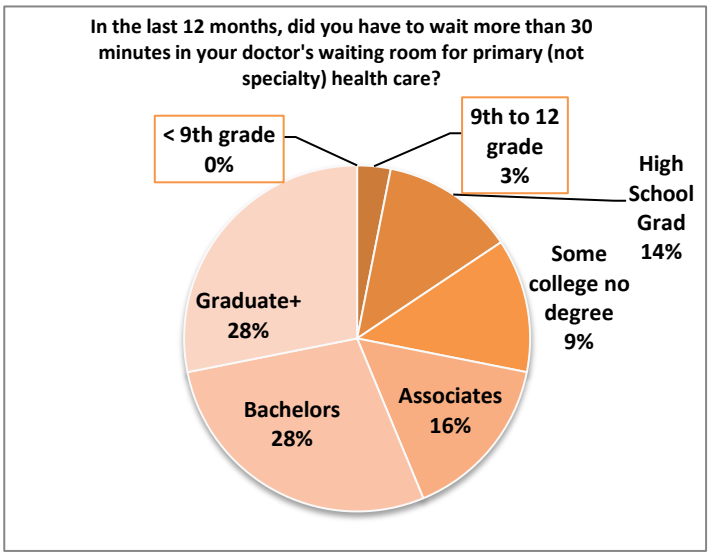
Do you know how to get information about the following services? Check all that you know how to get information for:		
Answer Options	**Response Percent**	**Response Count**
Child Care	68.2%	88
Child Health Plus	71.3%	92
Chlamydia test	60.5%	78
Early Intervention	59.7%	77
Family Health Plus	68.2%	88
Food Stamps	81.4%	105
HEAP	76.0%	98
Home Care	60.5%	78
Hospice	62.8%	81
Medicaid	80.6%	104
MOMS	45.0%	58
WIC	68.2%	88
Total Respondents	129	

Please answer the following questions for yourself or any member of your household who has used any of the listed services in the last 12 months.				
Answer Options	**Yes**	**No**	**Does Not Apply**	**Response Count**
In the last 12 months, when you wanted to be seen as soon as possible, did you have to wait more than 3 days for an appointment to see your doctor for primary (not specialty) health care?	15%	69%	15%	155
In the last 12 months, did you have to wait more than 30 minutes in your doctor's waiting room for primary (not specialty) health care?	21%	71%	8%	155
If disabled did you receive necessary accommodations (i.e. wheelchair accessibility, interpreters, etc.) to fully benefit from services?	9%	3%	88%	123
Total Respondents	157			









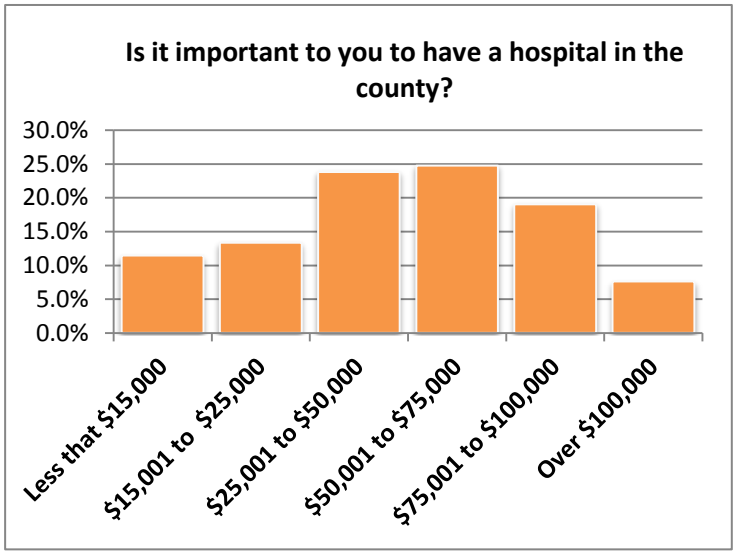
Please answer the following:							
Answer Options	**None**	**1 – 2 times**	**3 – 4 times**	**More than 4 times**	**Response Count**	**Dental Visit in Last Year EBRFSS Yates Co.**	**Dental Visit in Last Year EBRFSS NYS**
How many times have you seen a dentist, during the past 12 months?	19%	73%	6%	2%	159	69.3%	71.1%
How many times have you seen a health care provider (doctor) during the past 12 months?	9%	57%	23%	11%	159		
How many times have you seen a behavioral(mental) health specialist during the past 12 months?	94%	3%	1%	3%	156		
Total Respondents	159						

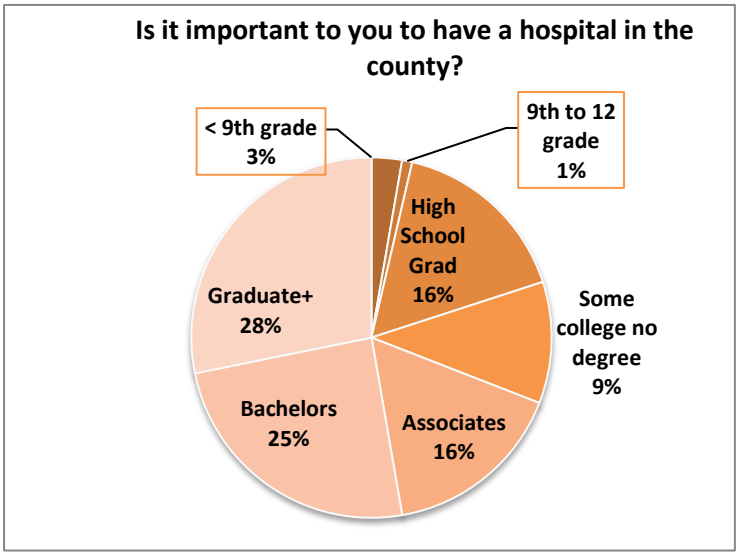
How many times have you seen a dentist, during the past 12 months?	1 - 2 times	3 - 4 times	More than 4	None
< 9th grade	2	0	0	1
9th to 12 grade	1	0	0	1
High School Grad	12	1	0	9
Some college no degree	15	0	0	6
Associates	15	2	1	3
Bachelors	29	4	1	2
Graduate+	37	2	1	6

How many times have you seen a health care provider (doctor) during the past 12 months?	1 - 2 times	3 - 4 times	More than 4	None
< 9th grade	2	1	0	0
9th to 12 grade	0	1	1	0
High School Grad	12	5	4	1
Some college no degree	10	6	2	3
Associates	9	8	2	2
Bachelors	20	10	3	3
Graduate+	31	4	6	5

How many times have you seen a behavioral(mental) health specialist during the past 12 months?	1 - 2 times	3 - 4 times	More than 4	None
< 9th grade	0	0	0	3
9th to 12 grade	0	0	0	2
High School Grad	1	0	0	21
Some college no degree	0	0	2	18
Associates	1	0	0	18
Bachelors	1	0	1	34
Graduate+	2	1	1	42

Is it important to you to have a hospital in the county?		
Answer Options	**Response Percent**	**Response Count**
Yes	92.4%	145
No	7.6%	12
Total Respondents	157	



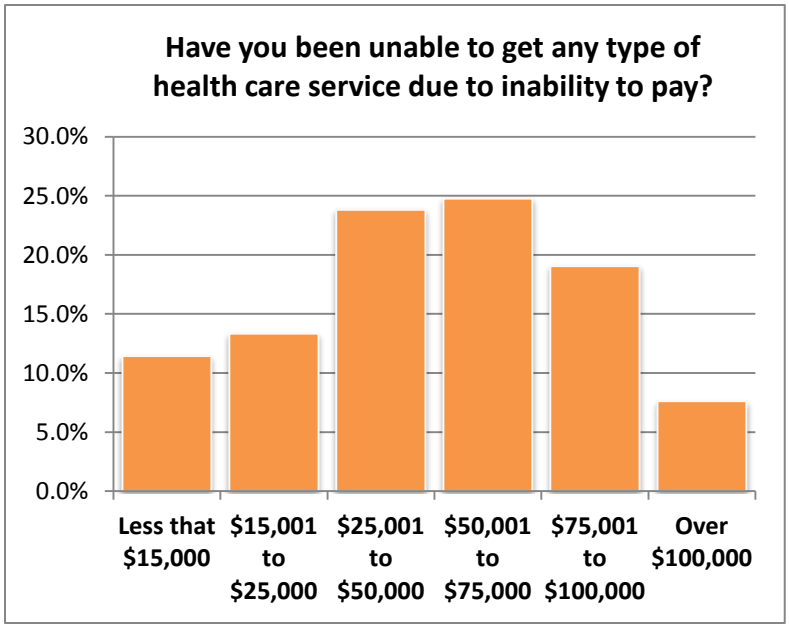


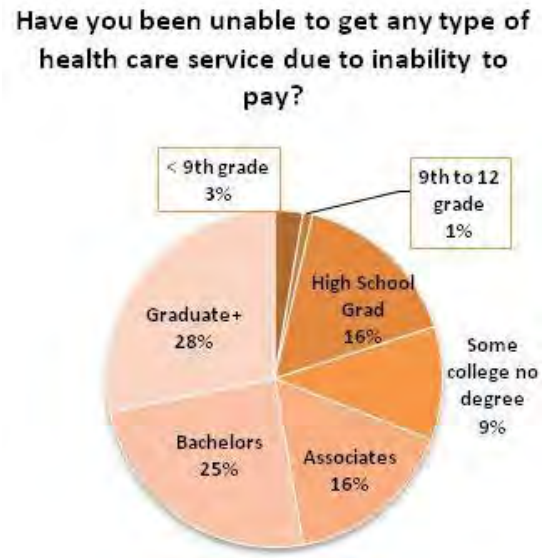
If you or a family member needed to enter a hospital, which one would you prefer to enter:		
Answer Options	**Response Percent**	**Response Count**
Clifton Springs Hospital (Clifton Springs)	10.0%	13
F F Thompson Hospital (Canandaigua)	29.2%	38
Geneva General Hospital (Geneva)	32.3%	42
Ira Davenport Memorial Hospital (Bath)	0.0%	0
Nicholas H Noyes Memorial Hospital (Dansville)	0.0%	0
Rochester General Hospital (Rochester)	3.8%	5
Strong Memorial Hospital (Rochester)	12.3%	16
Cayuga Medical	0.0%	0
Soldiers and Sailors Memorial (Penn Yan)	11.5%	15
Total Respondents	130	

If you do have health coverage what kind is it? Check all that apply.		
Answer Options	**Response Percent**	**Response Count**
Blue Cross/Blue Shield	48.3%	73
Child Health Plus	5.3%	8
Excellus	35.1%	53
Family Health Plus	2.6%	4
Medicaid	6.6%	10
Medicare (Social Security)	9.3%	14
MVP	13.9%	21
V.A.	3.3%	5
Includes dental insurance	25.2%	38
Includes vision coverage	25.2%	38
Total Respondents	151	

How much do you estimate your household paid for all medical expenses in the last calendar year ("out of pocket expenses"; prescriptions, dental care, medical care, hospitalization, co-payments, deductibles)?		
Answer Options	**Response Percent**	**Response Count**
$0 - $500	17.3%	27
$501 - $1000	25.0%	39
$1001 - $2000	23.1%	36
$2001 - $3000	17.3%	27
$3001 - $4000	8.3%	13
$4001 - $5000	3.2%	5
$5001 - $7500	1.9%	3
$7501 or more	3.8%	6
Total Respondents	156	

Have you been unable to get any type of health care service due to inability to pay?				
Answer Options	**Response Percent**	**Response Count**	**EBRFSS Yates Co.**	**EBRFSS NYS**
Yes	8.8%	13	10.2%	13.8%
No	91.2%	134		
Total Respondents	147			





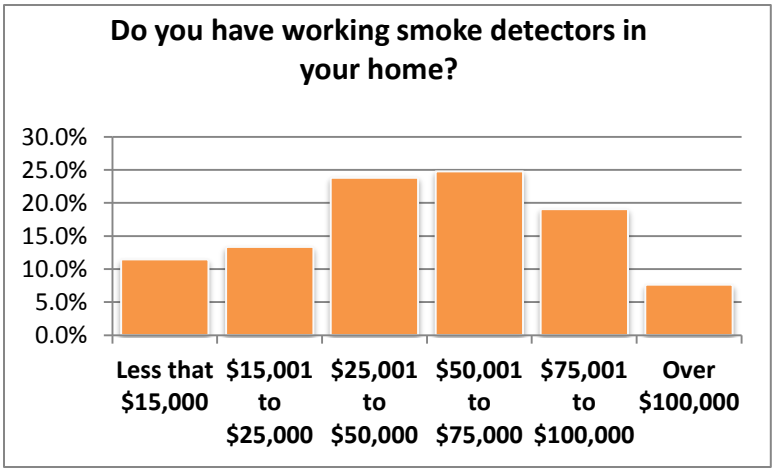
Which services have you been unable to get due to the inability to pay? Check all that apply:		
Answer Options	**Response Percent**	**Response Count**
Dentist	70.0%	14
Doctor	15.0%	3
Podiatrist (foot doctor)	15.0%	3
Prescriptions (medications)	40.0%	8
Total Respondents	20	

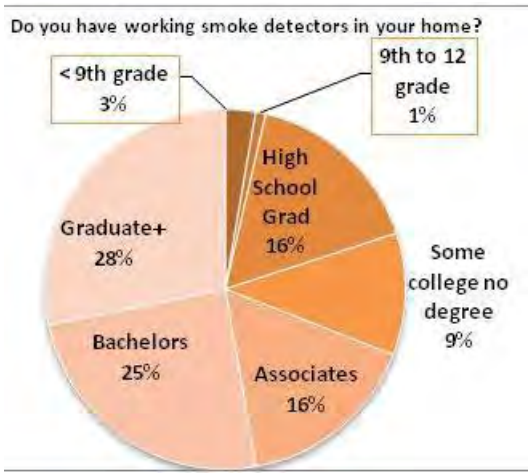
If you can't afford a prescription what do you do?		
Answer Options	**Response Percent**	**Response Count**
Do not fill prescription	15.3%	21
Take medicine less often	1.5%	2
Tell my doctor	10.2%	14
Tell my pharmacist	2.9%	4
Does Not Apply	70.1%	96
Total Respondents	137	

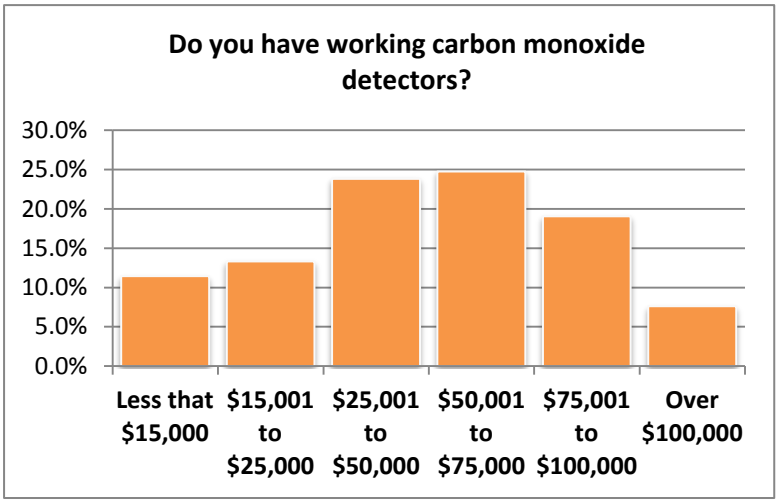
Do you have a plan for these emergencies? Check all that apply.		
Answer Options	**Response Percent**	**Response Count**
Fire	96.6%	86
Flood	21.3%	19
Man-made disaster	29.2%	26
Natural disaster	46.1%	41
Total Respondents	89	

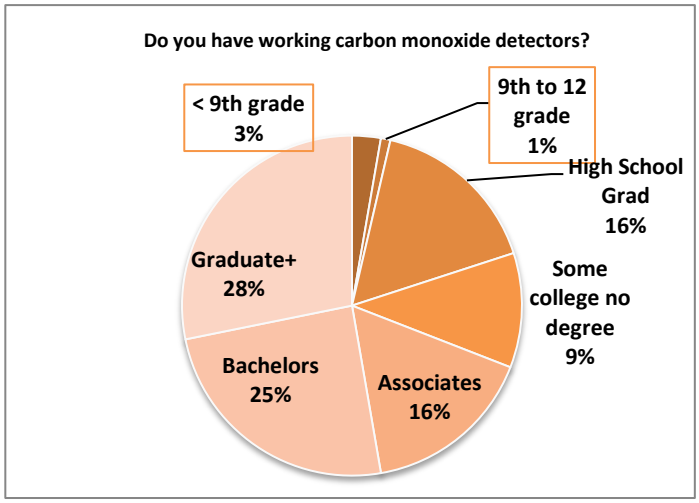
Do you have supplies of the following for emergencies:		
Answer Options	**Response Percent**	**Response Count**
Batteries	69.0%	87
Battery Operated Radio	43.7%	55
Bottled Water	60.3%	76
Candles/Matches	90.5%	114
Canned food	83.3%	105
Total Respondents	126	

Please answer the following questions:			
Answer Options	**Yes**	**No**	**Response Count**
Do you have working smoke detectors in your home?	97%	3%	158
Do you have working carbon monoxide detectors?	73%	27%	157
Total Respondents	158		









Please answer the following:						
Answer Options	**Never**	**Once a year**	**2 x per year**	**Quarterly**	**Monthly**	**Response Count**
How often do you test your smoke detector(s)?	13%	39%	38%	7%	3%	146
How often do you test your carbon monoxide detector(s)?	25%	32%	33%	7%	4%	113
Total Respondents	148					

If you are currently employed, what is your current occupation?		
Answer Options	**Response Percent**	**Response Count**
Management, business, science and arts (includes education, computers, engineering, social services)	53.0%	62
Services (includes health, law enforcement, firefighting)	46.2%	54
Natural resources/Construction and Maintenance (includes farming/forestry)	1.7%	2
Production/transportation (includes manufacturing)	0.9%	1
Sales	2.6%	3
Total Respondents	117	

If yes, who pays your premium?		
Answer Options	**Response Percent**	**Response Count**
I do	28.1%	39
Employer does	7.2%	10
The cost is shared between me and my employer	64.7%	90
Total Respondents	139	

Do you have health insurance?										
Answer Options	**Yes**	**No**	**Prefer to pay my own**	**Can't afford**	**N/A**	**Choose not to have it**	**It's not offered where I work**	**Response Count**	**EBRFSS Yates Co.**	**EBRFSS NYS**
Medical insurance for yourself	96%	3%	0%	1%	0%	1%	1%	151	27.4% (No)	13.3% (No)
Medical insurance for your children	56%	9%	0%	1%	34%	1%	1%	108		
Dental insurance for yourself	68%	27%	2%	4%	0%	3%	2%	135		
Dental insurance for your children	43%	21%	1%	3%	34%	4%	1%	106		
Total Respondents	151									

Attachment B:

Yates County Public Health System Assessment

Health Promotion Activities to Facilitate Health Living in Healthy Communities					
Answer Options	**Yes, met 100% - 76%**	**Mostly, 75% - 51%**	**Low 50% - 26%**	**No 25% - 0%**	**Response Count**
Conducts health promotion activities for the community-at-large or for populations at increased risk for negative health outcomes	11	9	0	2	22
Develops collaborative networks for health promotion activities that facilitate healthy living in healthy communities	10	9	0	3	22
Assesses the appropriateness, quality and effectiveness of health promotion activities at least every 2 years.	11	9	0	2	22
Total Respondents	22				

Mobilize Community Partnerships to Identify and Solve Health Problems					
Answer Options	**Yes, met 100% - 76%**	**Mostly, 75% - 51%**	**Low 50% - 26%**	**No 25% - 0%**	**Response Count**
Has a process to identify key constituents for population based health in general (e.g. improved health and quality of life at the community level) or for specific health concerns (e.g., a particular health theme, disease, risk factor, life stage need).	10	9	1	2	22
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.	12	7	1	2	22
Establishes and maintains a comprehensive directory of community organizations.	8	9	1	3	21
Uses broad-based communication strategies to strengthen linkages among LPHS organizations and to provide current information about public health services and issues.	10	9	0	3	22
Total Respondents	22				

Community Partnerships					
Answer Options	**Yes, met 100% - 76%**	**Mostly, 75% - 51%**	**Low 50% - 26%**	**No 25% - 0%**	**Response Count**
Establishes community partnerships to assure a comprehensive approach to improving health in the community.	16	3	1	2	22
Assure the establishment of a broad-based community health improvement committee.	12	6	2	2	22
Assesses the effectiveness of community partnerships in improving community health.	12	7	1	2	22
Total Respondents	22				

Assure a Competent Public and Personal Health Care Workforce - Answer Options	Yes, met 100% - 76%	Mostly, 75% - 51%	Low 50% - 26%	No 25% - 0%	Response Count
Assessment of workforce (including volunteers and other lay community health workers) to meet the community needs for public and personal health care services.	9	9	2	2	22
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.	11	7	1	2	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.	11	7	1	3	22
Total Respondents	22				

Life-long Learning Through Continuing Education, Training & Mentoring					
Answer Options	**Yes, met 100% - 76%**	**Mostly, 75% - 51%**	**Low 50% - 26%**	**No 25% - 0%**	**Response Count**
Identify education and training needs and encourage opportunities for public health workforce development.	8	10	1	3	22
Provide opportunities for all personnel to develop core public health competencies.	9	9	1	3	22
Provide incentives (e.g. improvements in pay scale, release time, tuition reimbursement) for the public health workforce to pursue education and training.	6	6	5	4	21
Provide opportunities for public health workforce members, faculty and student interaction to mutually enrich practice-academic settings.	7	6	4	4	21
Total Respondents	22				

Public Health Leadership Development					
Answer Options	**Yes, met 100% - 76%**	**Mostly, 75% - 51%**	**Low 50% - 26%**	**No 25% - 0%**	**Response Count**
Provide formal (educational programs, leadership institutes) and informal (coaching, mentoring) opportunities for leadership development for employees at all organizational levels.	6	10	3	3	22
Promote collaborative leadership through the creation of a local public health system with a shared vision and participatory decision-making.	6	10	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	11	1	2	21
Provide opportunities for development of diverse community leadership to assure sustainability of public health initiatives.	7	8	4	2	21
Total Respondents	22				

Access to and Utilization of Current Technology to Manage, Display and Communicate Population Health Data					
Answer Options	**Yes, met 100% - 76%**	**Mostly, 75% - 51%**	**Low 50% - 26%**	**No 25% - 0%**	**Response Count**
Uses state of the art technology to collect, manage, integrate and display health profile databases.	9	5	3	4	21
Promotes the use of geocoded data.	9	1	5	5	20
Uses geographic information systems.	9	2	4	6	21
Uses computer-generated graphics to identify trends and/or compare data by relevant categories (e.g. race, gender, age group).	8	5	3	5	21
Total Respondents	21				

Diagnose and Investigate Health Problems and Health Hazards in the Community					
Answer Options	**Yes, met 100% - 76%**	**Mostly, 75% - 51%**	**Low 50% - 26%**	**No 25% - 0%**	**Response Count**
Epidemiological investigations of disease outbreaks and patterns of infectious and chronic disease and injuries, environmental hazards, and other health threats.	16	3	1	2	22
Active infectious disease epidemiology programs.	16	3	1	2	22
Access to public health laboratory capable of conducting rapid screening and high volume testing.	12	5	0	4	21
Total Respondents	22				

Plan for Public Health Emergencies					
Answer Options	**Yes, met 100% - 76%**	**Mostly, 75% - 51%**	**Low 50% - 26%**	**No 25% - 0%**	**Response Count**
Defines and describes public health disasters and emergencies that might trigger implementation of the LPHS emergency response plan.	18	2	1	1	22
Develops a plan that defines organizational responsibilities, establishes communication and information networks, and clearly outlines alert and evacuation protocols.	17	3	1	1	22
Tests the plan each year through the staging of one or more “mock events.”	15	1	2	4	22
Revises its emergency response plan at least every two years.	14	2	1	3	20
Total Respondents	22				

Investigate & Respond to Public Health Emergencies

Answer Options	Yes, met 100% - 76%	Mostly, 75% - 51%	Low 50% - 26%	No 25% - 0%	Response Count
Designates an Emergency Response Coordinator	19	2	0	1	22
Develops written epidemiological case investigation protocols for immediate investigation of:	17	1	0	1	19
Communicable disease outbreaks	18	2	0	2	22
Environmental health hazards	17	3	0	2	22
Potential chemical and biological agent threats	16	3	0	3	22
Radiological threats and	14	4	0	4	22
Large scale disasters	17	3	0	2	22
Maintains written protocols to implement a program of source & contact tracing.	19	1	0	2	22
Maintain a roster of personnel with technical expertise to respond to biological, chemical or radiological emergencies	14	4	0	3	21
Evaluates past incidents for effectiveness & continuous improvement	17	1	0	3	21
Total Respondents	22				

Laboratory Support for Investigation of Health Threats					
Answer Options	**Yes, met 100% - 76%**	**Mostly, 75% - 51%**	**Low 50% - 26%**	**No 25% - 0%**	**Response Count**
Maintains ready access to laboratories capable of supporting investigations.	14	1	1	4	20
Maintains ready access to labs capable of meeting routine diagnostic & surveillance needs.	14	1	1	4	20
Confirms that labs are in compliance with regs & standards through credentialing and licensing agencies.	13	0	1	5	19
Maintains protocols to address handling of lab samples– storing, collecting, labeling, transporting and delivering samples and for determining the chain of custody.	13	1	1	3	18
Total Respondents	20				

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

Answer Options	Yes, met 100% - 76%	Mostly, 75% - 51%	Low 50% - 26%	No 25% - 0%	Response Count
An effective governmental presence at the local level.	15	5	1	1	22
Development of policy to protect the health of the public and to guide the practice of public health.	13	7	1	1	22
Systematic community-level and state-level planning for health improvement in all jurisdictions.	10	8	2	1	21
Alignment of LPHS resources & strategies with the community health improvement plan.	10	8	2	1	21
Total Respondents	22				

Public Health Policy Development					
Answer Options	**Yes, met 100% - 76%**	**Mostly, 75% - 51%**	**Low 50% - 26%**	**No 25% - 0%**	**Response Count**
Contributes to the development and/or modification of public health policy by facilitating community involvement in the process and by engaging in activities that inform this process.	14	5	1	1	21
Reviews existing policies at least every 2 years and alerts policy makers and the public of potential unintended outcomes and consequences.	13	3	2	2	20
Advocates for prevention and protection policies, particularly policies that affect populations who bear a disproportionate burden of mortality and morbidity.	14	6	1	1	22
Total Respondents	22				

Community Health Improvement Process					
Answer Options	**Yes, met 100% - 76%**	**Mostly, 75% - 51%**	**Low 50% - 26%**	**No 25% - 0%**	**Response Count**
Establishes a community health improvement process, which includes broad based participation and uses information from the community health assessment as well as perceptions of community residents.	14	5	0	2	21
Develops strategies to achieve community health improvement objectives and identifies accountable entities to achieve each strategy.	13	5	1	2	21
Total Respondents	21				

Strategic Planning & Alignment with the Community Health Improvement Process

Answer Options	Yes, met 100% - 76%	Mostly, 75% - 51%	Low 50% - 26%	No 25% - 0%	Response Count
Conduct organizational strategic planning activities.	15	4	0	3	22
Review its own organizational strategic plan to determine how it can best be aligned with the community health improvement process.	12	6	0	3	21
Conducts organizational strategic planning activities and uses strategic planning to align its goals, objectives, strategies and resources with the community health improvement process.	12	6	0	3	21
Total Respondents	22				

Enforce Laws & Regulations that Protect Health and Ensure Safety					
Answer Options	**Yes, met 100% - 76%**	**Mostly, 75% - 51%**	**Low 50% - 26%**	**No 25% - 0%**	**Response Count**
Review, evaluate and revise laws and regulations designed to protect health and safety to assure they reflect current scientific knowledge and best practices for achieving compliance.	11	5	0	5	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.	12	5	0	5	22
Enforcement activities in areas of public health concern, including but not limited to the protection of drinking water, enforcement of clean air standards, regulation of care provided in health care facilities and programs, re-inspection of workplaces following safety violations; review of new drug, biologic and medical device applications, enforcement of laws governing sale of alcohol and tobacco to minors; seat belts and child safety seat usage and childhood immunizations.	11	6	0	4	21
Total Respondents	22				

Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable					
Answer Options	**Yes, met 100% - 76%**	**Mostly, 75% - 51%**	**Low 50% - 26%**	**No 25% - 0%**	**Response Count**
Identifying populations with barriers to personal health services.	13	6	2	1	22
Identifying personal health service needs of populations with limited access to a coordinated system of clinical care.	14	5	2	1	22
Assuring the linkage of people to appropriate personal health services.	13	5	3	1	22
Total Respondents	22				

Identifying Personal Health Services Needs of Population

Answer Options	Yes, met 100% - 76%	Mostly, 75% - 51%	Low 50% - 26%	No 25% - 0%	Response Count
Defines personal health service needs for the general population. This includes defining specific preventive, curative and rehabilitative health service needs for the catchment areas within its jurisdiction.	13	6	1	2	22
Assesses the extent to which personal health services are provided.	13	5	1	2	21
Identifies the personal health service needs of populations who may encounter barriers to the receipt of personal health services.	12	6	1	2	21
Total Respondents	22				

Assuring the Linkage of People to Personal Health Services					
Answer Options	**Yes, met 100% - 76%**	**Mostly, 75% - 51%**	**Low 50% - 26%**	**No 25% - 0%**	**Response Count**
Assures the linkage to personal health services, including populations who may encounter barriers to care.	12	6	3	1	22
Provides community outreach and linkage services in a manner that recognizes the diverse needs of unserved and underserved populations.	13	6	1	2	22
Enrolls eligible beneficiaries in state Medicaid or Medical Assistance Programs.	12	7	2	1	22
Coordinates the delivery of personal health and social services with service providers to optimize access.	12	6	1	2	21
Conducts an analysis of age-specific participation in preventive services.	9	7	1	3	20
Total Respondents	22				

Evaluation of Population-based Health Services					
Answer Options	**Yes, met 100% - 76%**	**Mostly, 75% - 51%**	**Low 50% - 26%**	**No 25% - 0%**	**Response Count**
Evaluate population-based health services against established criteria for performance, including the extent to which program goals are achieved for these services.	8	10	1	2	21
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.	9	7	2	2	20
Identifies gaps in the provision of population-based health services.	9	7	2	2	20
Uses evaluation findings to modify the strategic and operational plans of LPHS organizations to improve services and programs.	10	7	1	2	20
Total Respondents	21				

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

Answer Options	Yes, met 100% - 76%	Mostly, 75% - 51%	Low 50% - 26%	No 25% - 0%	Response Count
Identifies community organizations or entities that contribute to the delivery of the Essential Public Health Services.	15	3	2	2	22
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.	11	5	2	3	21
Assesses the effectiveness of communication, coordination and linkage among LPHS entities.	10	6	2	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.	10	6	2	3	21
Total Respondents	22				

Research for New Insights and Innovative Solutions to Health Problems					
Answer Options	**Yes, met 100% - 76%**	**Mostly, 75% - 51%**	**Low 50% - 26%**	**No 25% - 0%**	**Response Count**
A continuum of innovative solutions to health problems ranging from practical field-based efforts to foster change in public health practice, to more academic efforts to encourage new directions in scientific research.	9	5	3	4	21
Linkages with institutions of higher learning and research.	9	5	3	4	21
Capacity to mount timely epidemiological and health policy analyses and conduct health systems research.	9	4	3	4	20
Total Respondents	21				

Where is your organization located?		
Answer Options	**Response Percent**	**Response Count**
Dundee	14.3%	3
Naples	0.0%	0
Penn Yan	90.5%	19
Rushville	4.8%	1
Canandaigua	4.8%	1
Geneva	9.5%	2
Bath	4.8%	1
Watkins Glen	4.8%	1
Rochester	4.8%	1
Total Respondents	21	

What population does your organization serve? ie. elderly, low income, children	
Answer Options	**Response Count**
All	8
Low income	2
Individuals with developmental disabilities	3
Low income - elderly	2
Elderly	2
Children	1
Animal owners	1
Chronic illness	1
Total Respondents	20

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

Answer Options	Response Count
Non-profit	12
Home health	1
Social services	1
Hospital	2
County agency	4
Veterinary hospital	1
Total Respondents	21

What is your position/job title?	
Answer Options	**Response Count**
Coordinator	3
Commissioner	1
Community relations manager	1
Director/Administrator	4
CEO	1
Veterinarian	1
Case manager	3
Clergy	1
Dietician	1
Educator	1
Nurse	1
Total Respondents	18

Attachment C:

Prevention Agenda Focus Area: *Prevent Chronic Disease* **Goal 1:** *Reduce Obesity in Children and Adults*					
Strategy Area	**Objective**	**Activities**	**Partners**	**Timeframe**	**Measurement/Evaluation**
1. Reduce Obesity in Children and Adults	*A. Create community environments that promote and support healthy food and beverage choices and physical activity*	1A - 1. Work with local food programs to increase use of local food produce (www.ampleharvest.org) and provide education to clients.	Choose Health Yates (CHY)	June 2014 – On-going	# Food pantries using local produce # Clients educated
		1A - 2. Contact county restaurants to mark healthy choices on menus.	CHY	January 2014 and on-going	# Restaurants participating # Contacted
		1A - 3. Encourage CHY members, YCHPC members, non-profits and local businesses to adopt healthy meetings guidelines.	CHY/Chamber/YCHPC	January 2014 and on-going	# Organizations that adopt healthy meeting guidelines # Contacted
		1A - 4. Encourage CHY and YCHPC members, non-profits and local businesses to adopt sugar sweetened beverage policies.	CHY/Chamber/YCHPC	January 2015 and on-going	# Organizations that adopt policy # Contacted
		1A - 5. Work together to increase breastfeeding in Yates County. Encourage CHY members, YCHPC members , non-profits and local businesses to adopt breast feeding policies.	Breastfeeding coalition/Chamber/WIC physicians/CHY/YCHPC	June 2014 and on-going	# Contacted # Organizations that choose to implement a policy
		1A - 6. Investigate further initiatives to support breastfeeding within the county.	Breastfeeding Coalition CHY	January 2016 and on-going	10% increase of WIC mothers breastfeeding at 6 months - annually for 3 years
		1A - 7. Advocate for the implementation of healthy vending policy in County facilities, hospitals and among YCHPC and CHY members.	CHY/Chamber/YCHPC	January 2016 and on-going	# Organizations that adopt policy # Contacted

Prevention Agenda Focus Area: *Prevent Chronic Disease* **Goal 1:** *Reduce Obesity in Children and Adults*					
Strategy Area	**Objective**	**Activities**	**Partners**	**Timeframe**	**Measurement/Evaluation**
1. Reduce Obesity in Children and Adults	*A. Create community environments that promote and support healthy food and beverage choices and physical activity*	1A - 8. Promote use of Farmer's Markets (and EBT use for) at WIC Clinics.	CHY/WIC/DSS/Office of the Aging	June 2014	Measure increased use of EBTs at Farmer's Markets # Contacted
		1A - 9. Encourage use of walking programs and other physical activity competitions, including county 5ks/races, triathlons, bike races etc	FLH/CHY/libraries/ Community Center/Our Town Rocks	Spring 2014 and on-going	# of participants # of miles walked
		1A - 10. Implement Girls on the Run program in Penn Yan and Dundee for grades 3-5.	CHY/Youth Bureau	Spring 2014	Minimum of 8 girls per team (one team in Penn Yan, one team in Dundee)
	B. Prevent childhood obesity through early-care and schools	1B - 1. Partner with child care centers, Head Start programs, local schools and after school programs to promote reducing screen time, healthy living, eating and physical activity.	CHY/Child and Family Resources	June 2014 and on-going	Track changes in nutrition, physical activity and reduced screen time # Contacted # That report implementing a change
		1B - 2. Work with school cafeterias encouraging use of local produce and farms.			# of schools using local produce/amount used
		1B - 3. Continue to develop, expand and publicize joint use agreements with schools.			# of contacts made/encouraged # of joint use agreements
		1B - 4. Ensure that women enrolled in MOMS program are getting adequate education and referrals for diet, physical activity and breastfeeding education.	YCPH	March 2014 and annual check-ins thereafter	% of patients educated # and type of referrals made
	C. Expand the role of health care, health service providers, and insurers in obesity prevention	1C - 1. Encourage that providers use their EHRs to trigger them to speak to their patients about their weight, diet and exercise and refer them to community resources.	FHL/CHY/YCHPC	January 2015	% of providers who use decision support software in the EHRs to help them discuss diet and exercise with their patients (if available) % referring to community resources # Contacted/educated # of providers who have EHR

Prevention Agenda Focus Area: *Prevent Chronic Disease* **Goal 1:** *Reduce Obesity in Children and Adults*					
Strategy Area	**Objective**	**Activities**	**Partners**	**Timeframe**	**Measurement/Evaluation**
1. Reduce Obesity in Children and Adults	*D. Expand the role of public and private employers in obesity prevention*	1D - 1. Develop list of free resources available to support worksite wellness efforts.	CHY	January 2015	Resource list developed
		1D - 2. Disseminate resources to worksites.	CHY/Chamber	March 2015-June 2015	Distribute to at least 40 worksites
		1D - 3. Continue to seek grants to implement worksite wellness programs.	CHY/S2AY	As grant opportunities arise	Attempt to apply for at least 2 grants annually
	E. Develop and implement community-led, place-based interventions targeted to address the social determinants of health in high-priority vulnerable communities.	1E - 1. Engage Dundee area residents to use the assets of their neighborhood to carry out activities that will impact the physical, social and economic health of the community. Including: - Make healthy eating and being active easier choices by offering healthy foods, providing pedometers, creating walking trails, improving parks. - Improve social connections by residents working together to create programs, events that bring other residents together- community events, youth trips and activities. - Enable children to become proficient readers by providing age-appropriate books birth-Grade 3 and creating a community culture that supports reading. - Encourage small business growth by providing Micro-enterprise loans. - Encourage business and tourism by working to beautify the environment	OTR/S2AY/YCHPC	Private Foundation funding through 1/2016. May be renewed.	Quarterly and annual reports to the Foundation. Participant and community-level outcomes.

Prevention Agenda Focus Area: *Prevent Chronic Disease* **Goal 2:** *Reduce Hypertension*					
Strategy Area	**Objective**	**Activities**	**Partners**	**Timeframe**	**Measurement/Evaluation**
2. Increase access to high quality chronic disease preventive care and managemen t in clinical and community settings	*A. Prevent chronic disease*	2A - 1. Disparity: Utilize alternative methods of care, including telehealth, tele-dentistry and rural rotations (cardiology and nephrology services) to meet the needs of low-income rural residents.	FLH and FLCH	11/13 and on-going	# of low-income and rural patients using alternative methods of care
	B. Decrease hypertension rates	2B - 1. Work to prevent hypertension by assisting hospitals, nursing homes and senior meal providers in reducing sodium content in all meals served including to patients, visitors, staff and public.	YCPH/Hospitals/ Nursing Homes/ Office for the Aging/S2AY/CHY	January 2014 and on-going	Reduce sodium content by 30% over 3 years, by November 2017
		2B - 2. Work with the FLHSA to bring the hypertension reduction program down to Yates County. Work with/seek other funding sources as applicable.	FLHSA/S2AY RHN/CHY	January 2014 and on-going	Program replicated and imitated Hypertension rates reduced by (get numbers on 9/9/13)
		2B - 3. Encourage and educate 2 dental offices (FQHC's) to take blood pressure of adults and refer to primary care provider if appropriate.	RPCN/FLCH/CHY	January 2014 and on-going	85% of dental patients receiving preventive dental care at FQHCs will have their blood pressures assessed, and 90% of those with high blood pressure will be transitioned into appropriate follow-up (seen immediately, referred to their own PCP or scheduled for an appointment, depending on reading)

Prevention Agenda Focus Area: *Promote a Healthy and Safe Environment* **Goal 3 (additional Yates County Goal):** *Reduce Fall Risk in Vulnerable Populations, Reduce Occupational Injuries*					
Strategy Area	**Objective**	**Activities**	**Partners**	**Timeframe**	**Measurement/Evaluation**
3. Reduce fall risks among vulnerable populations	*A. Promote Bone Builders Program*	3A - 1. Distribute letter to local businesses to focus on fall prevention, what they can do to help their customers and make them aware of the Bone Builders program	YCHPC, Yates County Injury Prevention Coalition	Sept 2013	Increased number of participants in Bone Builders. Ultimate decrease in number of falls among 60+ population.
	B. Conduct safety assessment and provide night lights	3B - 1. When called into homes, as possible, conduct a safety assessment and when appropriate, provide nights lights to residents. Encourage access of other appropriate resources to make homes safer	Ambulance, Yates County Emergency Services, Yates County Injury Prevention Coalition	2013-2014-Ongoing as need arises	Survey home –delivered meal participants and Emergency Response System participants regarding fall prevention strategies.
4. Reduce occupational injuries and illnesses	*A. Focus on reducing injuries among Mennonite population*	4A - 1. Provide educational sessions to Mennonite population on farm injury prevention and water safety	Yates County Emergency Services, Yates County Injury Prevention Coalition	2013-2014 Mennonite School Year and 8/2014 Farm Safety Day	Survey families of school children and attendees at Farm Safety Day
	B. Provide resources to providers	4B - 1. Provide injury prevention materials to providers that they can distribute to and discuss with their patients	YCHPC, Yates County Injury Prevention Coalition	Sept 2013-Falls Assessment Tool Kit (from CDC)	Annually survey health care providers on use of tool kit distributed in 9/2013.

Attachment D:

Focus Group Notes

Yates County
St. Paul Lutheran Church - Coffee Club
Date: 02/04/13

What are we missing?
-Access to mental health services - psychiatrists
-Travel to health care - especially mental health services
-Many must travel to Geneva, Watkins Glen, Rochester...
-Cost of health care, rising costs
-A Fib... seems like a great issue here as compared to other areas
-Cardiac issues
-Transportation - especially in the rural area, if you don't own a car... there is no public transportation, hard to get to appointments, get groceries, etc.

- Over 60, the office of the aging will provide transportation

-Dundee does not have a grocery store anymore... they are converting to a save a lot, decreased access right now... closed for six weeks
-Bus coming into the county - taking a long time to get it going
-Lack of specialized skills, lack of jobs... unemployment
-Education - need more options, career development
-Industry decreasing... factories closing, economy, lack of development
-Missing piece in senior health... long term care - Clinton Care, The Homestead, The Manor, St. Marks Terrace... need more, multiple levels of assisted living - some do not need full service care, where do they go? Many living in places that are not really what they need.
-When men/women leave jail... there is nowhere for them to go, can't sign up for social services for 30 days, let them out a midnight... sabotages attempt to start over and stay clean etc.

Factors that Affect Health:
-Transportation
-Employers/Economy
-Fracking - not much information out there, don't know what to believe, not sure what it will do to the environment - long term effects
-Clearing of forests, natural resources being affected - environment
-Large Mennonite population, bring a lot of farming/foods to the community... but money stays within their community as well
-Behavioral problems in children - not many things for children to do after school etc., need more activities for children and adolescents
-Many programs being closed and discontinued

-Lack of housing
-Lack of stable housing - slum landlords
-A large amount of old houses
-Housing is hard to find
-Codes not being enforced - but that would put out a large amount of people

Strengths of Yates County:
-Office of the aging - transportation, very involved/active in the community
-ProAction - GPS bracelets for the elderly, connected with the Sheriff's office
-The people - generous, offer assistance
-Library programs - provide a lot of activities for the youth
-Many summer programs for youth - at low cost or free
-Building a community center
-Building trails
-Active BOCES program - but they do not offer training for adults anymore

Yates County Focus Group - Workforce Development - Job Readiness Group - 2/22/2013
25 - 15 male, 10 female - all ages 18+

What's missing in our assessment?

-Poor nutrition - fast food places, many in the community

- Fresh fruits and vegetables are expensive, it's hard to be healthy when you can't afford the right foods

-Free internet - a lot is done online now (job applications, advertising of services, etc.), if you don't have internet how are you supposed to access information?

-Dental - hard to find a dentist who will take new patients, hard to find a dentist who will take Medicaid

-Transportation - no transportation to healthcare, no public transportation (needed inside and outside of the county, but would still be hard for people on the outskirts of town to get to central hubs)

- Christian cab is available - $4 within the town, higher cost for outside the town. But this is not advertised well, found on Google... if you don't have internet you wouldn't know about it.
- The county needs something like the CATS bus

-Eye doctor not available within the county - only one accepting Medicaid or else you have to go to Geneva - wait times are very long

-Housing - hard to find affordable housing and quality housing

- If you do live in town there are water and septic bills that can be high

What are the factors influencing health now?

-Rural nature - seen as a negative, there is nothing to do in the county

-Existing industries are laying off people

-It seems like there is a "monopoly" on the fast food industry because there are only a few restaurants, more could bring in needed jobs

-Yates county is number one on certain cancers - water quality measured monthly and is very poor, possibly due to run off of pesticides

-Lack of businesses - overall the county is really struggling with a lack of industry, big business, big employers, and unemployment

-Accessible internet for the community - cannot do job searches and fill out applications without a computer and the internet

-Empty buildings - lowers morale in the county, should be utilizing these buildings

-Need more jobs and training for those that work with their hands

What are the strengths of Yates county?

-New Penn Yan school gym - beautiful facility

-2 parks are free

-It's a beautiful place - enjoying nature

-Fishing area is free

-Roadside stands for fruits and vegetables - the Windmill

-Safe place to live

-Needs can be met in Penn Yan as far as needed purchases

-Completion of community center will help greatly

Yates County

Tier One Meeting
Yates County Auditorium
02/05/13

What are we missing?
-Behavioral health in children - lack of services in Yates county
-Promotion and education on what services are available - could be better
-Wait times or lag can be long (counseling services for youth)
-Long wait times for psychiatry, especially for youth, not many in county
-SPOA - to access mental health services for children/youth, help to set up case management, appointments, referrals etc.
-Transportation issues
-Concerned with confidentiality, forces them to seek services in other areas (Geneva etc.)... then they do not have transportation
-Unemployment... causes other issues
-After hour care, urgent care - not enough, misuse of the ER due to lack of urgent care

Factors that Affect Health:
-Transportation
-Economy
-Cost - healthy eating costs more etc.
-Education - many just do not know
-Lack of places to get food or do not have transportation to other places to shop
-Dundee school opens gym/work out facilities to the public
-Not much available in Penn Yan for physical activity
-Knowledge and marketing - getting the information out there so people know what is available to them

What are the strengths of Yates county?
-Very generous community
-New technology - can get information out quickly
-Large amount of collaboration - communication
-Free recreational opportunities - trails, lake etc.
-Communication
-"safe" feeling within the community and between organizations
-Local businesses are very generous

Soldiers and Sailors - Yates County
Yates TB & Health Association
02/20/2013

What are we missing in our assessment?
-Drugs - illegal drugs (meth labs and street drugs)

- Oxycotin and hydrocodone use decline and heroin on the rise

-Suicide
-Alcohol abuse
-Access to healthcare
-Unwillingness to use public transportation
-People in town are more willing to use
-Behavioral health services - especially for children, not much in this area, must go to Rochester
-Hard time getting referrals - mental health, come from mental health provider or primary care, need more collaboration
-In home medical and non-medical services, seeing fewer numbers, fewer people accessing services - maybe not getting referrals. Aging population is growing... we should be seeing an increase in demand.
-Seniors are stretched thin with co-pays, supplemental plans, services etc.
-Eligibility guidelines for families are changing, but not for senior citizens - income (factors that influence health)

Factors that Influence Health
-Affordable and safe housing - rent has increased, housing taken down (bought out by school or other businesses)
-Issues with homelessness
-Access to dental services, affects many different health concerns - affordable services (does not take Medicaid)
-Declining birth rate - few married, few have children, many move outside of the county for personal or employment reasons
-"brain drain"... "brain train" - populations moving back into the area where they grew up, bring all of their talents and experiences - benefits the county
-Hydro fracking - may be coming to the county
-No major employers - schools and hospital cutting back
-New fields emerging - technology etc., these types of positions aren't available in rural counties
-Many employed here, but do not live here - good for employers but doesn't support the county

What are the strengths in Yates county?
-Collaboration amongst agencies
-"brain train" - retirees come back and bring their skills with them
-Fresh produce, farms
-Tourism - lakes, agriculture
-Safer than many places

-Little traffic
-Little crime
-Good air and water
-Little threat of large storms etc.
-Trails
-Community center
-Keuka College - major factor
-Hospital in county
-Good base of people
-Mennonite population - reclaiming farmland, making family farms again
-Tranquility
-Many activities for children - organizations, clubs, sports etc.

Focus Group 2/12/2013 Yates County Youth Board

Missing

Lack of organized recreational activity for children

No community center

Lack of financial resources to participate – fees & equipment

Lack of services for behavioral problems/mental issues – programs not coordinated

No child psychologist

More counseling services needed – 2 orgs both wait lists

Intake process is not easy

Harder to place juvenile girls

PY hospital does not handle mental health issues well

Unaddressed MH problems leading to other health issues

Parenting issues – parents can't take care of themselves or children, need for parenting classes, lack of support and classes

Parenting for Life – support and education, Child and Family Resource, but funding cut, can go in home

Kinship – ending in August

Do have lots of recreational opportunities, but no central info site, no sliding fee scales, YB does monthly calendar

Schools strength – pass out info

Transportation – lack of public transportation, ARC going PY to Geneva, need some buses

Factors

Obesity

Smoking

Gym-Snap Fitness, Wellness ctr- can volunteer, Dundee CS, Curves

Not available at PY school, can walk at PY Elementary

Economy – hinders participation in youth activities, no scholarships or sliding scale

Food Link – fresh vegetables

Millie's Pantry, backpack program, 3 community supported food programs- local & fresh, farmer's market, Windmill

Branchport Winterfest – opportunities for community to gather and socialize

Family connection monthly

Lack of nutritional education – funding restricts CCE

How do we tap available resources? Mennonites, 4-H

Close gap – working poor, under employed, 3 pt jobs

Lake residents vs those in poverty

Yates County Focus Group – Our Town Rocks(Dundee Champions Group) 2/12/13

Missing

Poverty – deep seated

Clinic – urgent care only in Geneva, no transportation (was one in PY closed because of lack of use) PY residents used to hospital, hospital not available in Dundee.

Needed by tourists/visitors too – (CVS offers mini clinics)

Watkins clinic – providers volunteer & offer free care in community service blg. (HMST) FE helped publicize

Access to care – letting people know what's available

Factors

Backpack program

Back to school, Christmas for the needy, food sense, food pantry,

Lots of use

Transient residents – 3 month cycle, both schools

Behavioral health services – access to professionals that can write a prescription – missing

Crestwood will come to Dundee CS – some will get to PY for services

John D Kelly

Increased conversation because of farmer's market re healthy foods

Our Town Rocks – addressing social determinants & effect on health

Fresh vegetables in food sense program –

Millie's Pantry – kitchen, chef demonstrations, teach nutritious cooking

Strengths

Mennonites supplying fresh, reasonably priced, local, high quality produce

Seedway donating seeds – given out at food pantry

PY community garden – too far for Dundee (OTR do one?)

Dundee CS has garden & hyber

OTR mothering community

Need to continue social gatherings ie. Sewing

Build on current efforts of OTR

No major employers in Dundee

Shurfine closed for 6 weeks to SavALot – shutins, OFA providing trans to those over 60

Adaptable – finds solutions

Exchange – effect # of FTE's ACA regulations – more PT employees

How do we reach and make residents aware of available services?

Churches very supportive, but struggling to survive

Three years ago a lot of empty store fronts now zero

Business survey – 2012 saw an increase in revenue? 11 of 21, 6 the same, 3 down

Need to celebrate the positives

OTR participants have a lot to offer – talent & skills, desire to improve community

Scottish Festival

Empower residents to solve issues

Keuka Housing Council

Financial backing

Attachment E: Prevention Agenda Indicators for Tracking Public Health Priorities

Improve Health Status and Reduce Health Disparities						
	Indicator	Data Years	Yates County	New York State	Data Links	NYS 2017 Objective
1.	Percentage of premature death (before age 65 years)	2008-2010	20.5	24.3	(Table)(Map)	21.8
2.	*Ratio of Black non-Hispanics to White non-Hispanics*		2.85+	2.12	(Table)(Map)	1.87
3.	*Ratio of Hispanics to White non-Hispanics*		0.00+	2.14	(Table)(Map)	1.86
4.	Age-adjusted preventable hospitalizations rate per 10,000 - Ages 18+ years	2008-2010	120.2	155.0	(Table)(Map)	133.3
5.	*Ratio of Black non-Hispanics to White non-Hispanics*		2.25	2.09	(Table)(Map)	1.85
6.	*Ratio of Hispanics to White non-Hispanics*		0.00	1.47	(Table)(Map)	1.38
7.	Percentage of adults with health insurance - Ages 18-64 years	2010	82.6 (80.7-84.5)	83.1 (82.9-83.3)	(Table)(Map)	100
8.	Age-adjusted percentage of adults who have a regular health care provider - Ages 18+ years	2008-2009	90.6 (87.3-93.9)	83.0 (80.4-85.5)	(Table)(Map)	90.8
Promote a Healthy and Safe Environment						
	Indicator	Data Years	Yates County	New York State	Data Links	NYS 2017 Objective
9.	Rate of hospitalizations due to falls per 10,000 - Ages 65+ years	2008-2010	203.0	204.6	(Table)(Map)	Maintain
10.	Rate of emergency department visits due to falls per 10,000 - Ages 1-4 years	2008-2010	565.5	476.8	(Table)(Map)	429.1
11.	Assault-related hospitalization rate per 10,000	2008-2010	1.2*	4.8	(Table)(Map)	4.3
12.	*Ratio of Black non-Hispanics to White non-Hispanics*		0.00+	7.43	(Table)(Map)	6.69
13.	*Ratio of Hispanics to White non-Hispanics*		0.00+	3.06	(Table)(Map)	2.75
14.	*Ratio of low income ZIP codes to non-low income ZIP codes*		0.00+	3.25	(Table)(Map)	2.92
15.	Rate of occupational injuries treated in ED per 10,000 adolescents - Ages 15-19 years	2008-2010	95.5	36.7	(Table)(Map)	33.0
16.	Percentage of population that lives in a jurisdiction that adopted the Climate Smart Communities pledge	2012	0.0*	26.7	(Table)(Map)	32.0
17.	Percentage of commuters who use alternate modes of transportation[1]	2007-2011	25.9	44.6	(Table)(Map)	49.2
18.	Percentage of population with low-income and low access to a supermarket or large grocery store[2]	2010	0.5	2.5	(Table)(Map)	2.24
19.	Percentage of homes in Healthy Neighborhood Program that have fewer asthma triggers during the home revisits	2008-2011	NA	12.9	(Table)(Map)	20
20.	Percentage of residents served by community water systems with optimally fluoridated water	2012	81.8	71.4	(Table)(Map)	78.5
Prevent Chronic Diseases						
	Indicator	Data Years	Yates County	New York State	Data Links	NYS 2017 Objective
21.	Percentage of adults who are obese	2008-2009	26.2 (22.2-30.3)	23.2 (21.2-25.3)	(Table)(Map)	23.2
22.	Percentage of children and adolescents who are obese	2010-2012	19.1	17.6	(Table)(Map)	NYC: 19.7 ROS: 16.7
23.	Percentage of cigarette smoking among adults	2008-2009	17.1 (13.2-20.9)	16.8 (15.1-18.6)	(Table)(Map)	15.0
24.	Percentage of adults who receive a colorectal cancer screening based on the most recent guidelines - Ages 50-75 years	2008-2009	69.9 (64.0-75.2)	66.3 (63.5-69.1)	(Table)(Map)	71.4
25.	Asthma emergency department visit rate per 10,000	2008-2010	44.7	83.7	(Table)(Map)	75.1

26.	Asthma emergency department visit rate per 10,000 - Ages 0-4 years	2008-2010	65.2	221.4	(Table)(Map)	196.5
27.	Age-adjusted heart attack hospitalization rate per 10,000	2010	19.3	15.5	(Table)(Map)	14.0
28.	Rate of hospitalizations for short-term complications of diabetes per 10,000 - Ages 6-17 years	2008-2010	3.2*	3.2	(Table)(Map)	3.06
29.	Rate of hospitalizations for short-term complications of diabetes per 10,000 - Ages 18+ years	2008-2010	3.5	5.6	(Table)(Map)	4.86
Prevent HIV/STDs, Vaccine Preventable Diseases and Healthcare-Associated Infections						
Indicator		Data Years	Yates County	New York State	Data Links	NYS 2017 Objective
30.	Percentage of children with 4:3:1:3:3:1:4 immunization series - Ages 19-35 months[3]	2011	32.3	47.6	(Table)(Map)	80
31.	Percentage of adolescent females with 3-dose HPV immunization - Ages 13-17 years	2011	21.5	26.0	(Table)(Map)	50
32.	Percentage of adults with flu immunization - Ages 65+ years	2008-2009	78.0 (71.8-84.2)	75.0 (71.5-78.5)	(Table)(Map)	66.2
33.	Newly diagnosed HIV case rate per 100,000	2008-2010	0.0*	21.6	(Table)(Map)	14.7
34.	*Difference in rates (Black and White) of new HIV diagnoses*		s	59.4	(Table)(Map)	45.7
35.	*Difference in rates (Hispanic and White) of new HIV diagnoses*		s	31.1	(Table)(Map)	22.3
36.	Gonorrhea case rate per 100,000 women - Ages 15-44 years	2010	65.5*	203.4	(Table)(Map)	183.1
37.	Gonorrhea case rate per 100,000 men - Ages 15-44 years	2010	47.2*	221.7	(Table)(Map)	199.5
38.	Chlamydia case rate per 100,000 women - Ages 15-44 years	2010	698.5	1619.8	(Table)(Map)	1,458
39.	Primary and secondary syphilis case rate per 100,000 males	2010	0.0*	11.2	(Table)(Map)	10.1
40.	Primary and secondary syphilis case rate per 100,000 females	2010	0.0*	0.5	(Table)	0.4
Promote Healthy Women, Infants, and Children						
Indicator		Data Years	Yates County	New York State	Data Links	NYS 2017 Objective
41.	Percentage of preterm births	2008-2010	7.4	12.0	(Table)(Map)	10.2
42.	*Ratio of Black non-Hispanics to White non-Hispanics*		0.00+	1.61	(Table)(Map)	1.42
43.	*Ratio of Hispanics to White non-Hispanics*		s	1.25	(Table)(Map)	1.12
44.	*Ratio of Medicaid births to non-Medicaid births*		1.64	1.10	(Table)(Map)	1.00
45.	Percentage of infants exclusively breastfed in the hospital	2008-2010	77.1	42.5	(Table)(Map)	48.1
46.	*Ratio of Black non-Hispanics to White non-Hispanics*		0.00+	0.50	(Table)(Map)	0.57
47.	*Ratio of Hispanics to White non-Hispanics*		1.07	0.55	(Table)(Map)	0.64
48.	*Ratio of Medicaid births to non-Medicaid births*		0.70	0.57	(Table)(Map)	0.66
49.	Maternal mortality rate per 100,000 births	2008-2010	0.0*	23.3	(Table)(Map)	21.0
50.	Percentage of children who have had the recommended number of well child visits in government sponsored insurance programs[4]	2011	51.5	69.9	(Table)(Map)	76.9
51.	*Percentage of children ages 0-15 months who have had the recommended number of well child visits in government sponsored insurance programs*		81.3	82.8	(Table)(Map)	91.3
52.	*Percentage of children ages 3-6 years who have had the recommended number of well child visits in government sponsored insurance programs*		57.5	82.8	(Table)(Map)	91.3
53.	*Percentage of children ages 12-21 years who have had the recommended number of well child visits in government sponsored insurance programs*		44.6	61.0	(Table)(Map)	67.1

54.	Percentage of children with any kind of health insurance - Ages 0-19 years	2010	91.2 (89.0-93.4)	94.9 (94.5-95.3)	(Table)(Map)	100
55.	Percentage of third-grade children with evidence of untreated tooth decay	2009-2011	34.2 (25.7-42.7)	24.0 (22.6-25.4)	(Table)(Map)	21.6
56.	*Ratio of low-income children to non-low income children*		1.58	2.46	(Table)(Map)	2.21
57.	Adolescent pregnancy rate per 1,000 females - Ages 15-17 years	2008-2010	15.7	31.1	(Table)(Map)	25.6
58.	*Ratio of Black non-Hispanics to White non-Hispanics*		0.00+	5.74	(Table)(Map)	4.90
59.	*Ratio of Hispanics to White non-Hispanics*		s	5.16	(Table)(Map)	4.10
60.	Percentage of unintended pregnancy among live births	2011	39.2	26.7	(Table)(Map)	24.2
61.	*Ratio of Black non-Hispanics to White non-Hispanics*		s	2.09	(Table)(Map)	1.88
62.	*Ratio of Hispanics to White non-Hispanics*		s	1.58	(Table)(Map)	1.36
63.	*Ratio of Medicaid births to non-Medicaid births*		1.36	1.69	(Table)(Map)	1.56
64.	Percentage of women with health coverage - Ages 18-64 years	2010	84.2 (81.7-86.7)	86.1 (85.8-86.4)	(Table)(Map)	100
65.	Percentage of live births that occur within 24 months of a previous pregnancy	2008-2010	27.2	18.0	(Table)(Map)	17.0
Promote Mental Health and Prevention Substance Abuse						
Indicator		Data Years	Yates County	New York State	Data Links	NYS 2017 Objective
66.	Age-adjusted percentage of adults with poor mental health for 14 or more days in the last month	2008-2009	8.6 (5.9-11.3)	10.2 (8.7-11.7)	(Table)(Map)	10.1
67.	Age-adjusted percentage of adult binge drinking during the past month	2008-2009	12.5 (8.9-16.1)	18.1 (16.1-20.2)	(Table)(Map)	18.4
68.	Age-adjusted suicide death rate per 100,000	2008-2010	9.6*	6.8	(Table)(Map)	5.9