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SENECA COUNTY

COMMUNITY HEALTH ASSESSMENT

October, 1998

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TABLE OF CONTENTS

Introduction	1
 Section One: Populations at Risk	
Demographics	2
Natality	10
Morbidity and Mortality	16
Access to Care	25
Local Health Care Environment	30
Behavioral Risk Factors	32
Attachments	34
 Section Two: Local Health Problems/Priorities/Opportunities for Action	
Recent Collaborative Efforts	39
Setting Priorities	42
Priority Areas for Action	45
Attachments	52
 Section Three: Local Health Unit Profile	
Assessment of Staff and Program Resources	59
Organization Chart	60

INTRODUCTION

This Community Health Assessment marks a departure from previous assessments where the county reviewed the health statistics, identified problems, described available resources and identified needed services in twelve specific program areas. That assessment was very detailed and was undertaken every two years. Although community members were often involved in the process, the emphasis was on what the local health department could do on its own to improve the health of the community.

This year, the Seneca County Health Department has been charged by Dr. Barbara A. DeBuono, New York State Commissioner of Health, with developing a public process to set priorities, formulate strategies and foster partnerships to improve the health of Seneca County residents. It is her belief that local communities can have the greatest impact on health by intervening in the causes of poor health, rather than focusing on the health problems themselves.

To respond to this mandate, the Seneca County Health Department convened a series of three meetings of community leaders to begin the process. ~~Many organizations in the county have been engaged in priority setting activities around health or health-related issues. Some are already involved in a number of coalitions and partnerships working in many of these areas.~~ The intent of the county process this past summer was not to "reinvent the wheel" but rather to:

- review current health data and reassess local priorities;
- develop specific, quantifiable and practical objectives and assess what additional data needed to be collected to measure progress;
- review programs and collaboratives already established to address the chosen priorities; and expand or develop new partnerships as needed;
- develop a mechanism for reporting to the community our progress towards the goals.

This written assessment contains an analysis of the data reviewed this summer, as well as a summary of the priorities developed and the process used.

Although a formal Community Health Assessment is now only required every six years, the county will regularly update the community on the progress made toward achieving the goals it has set.

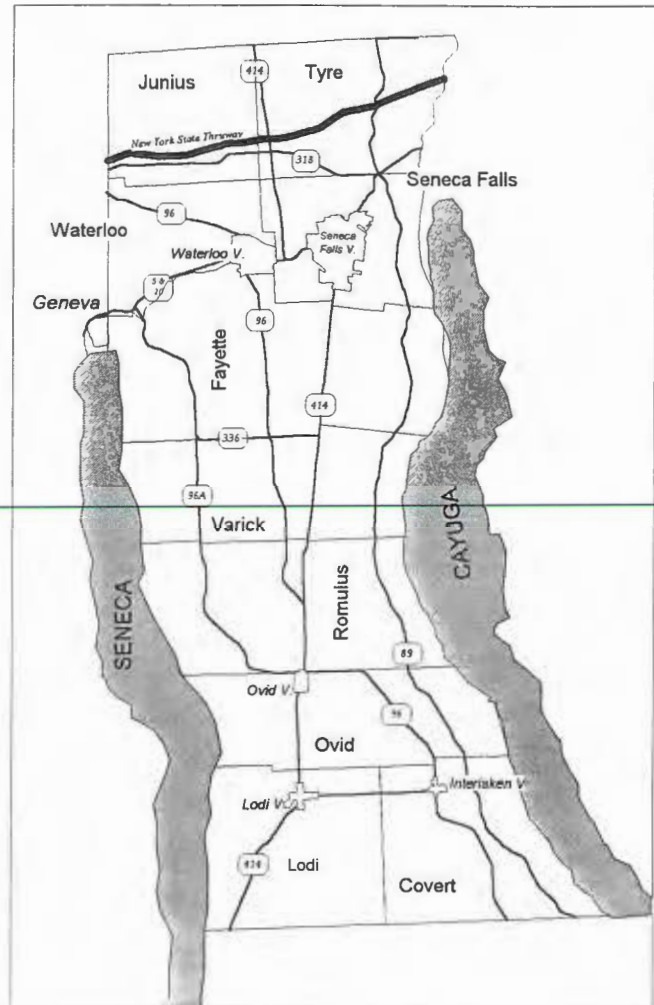
Questions about this document or the priority setting process should be directed to Brian Dombrowski, the Seneca County Public Health Director.

Introduction

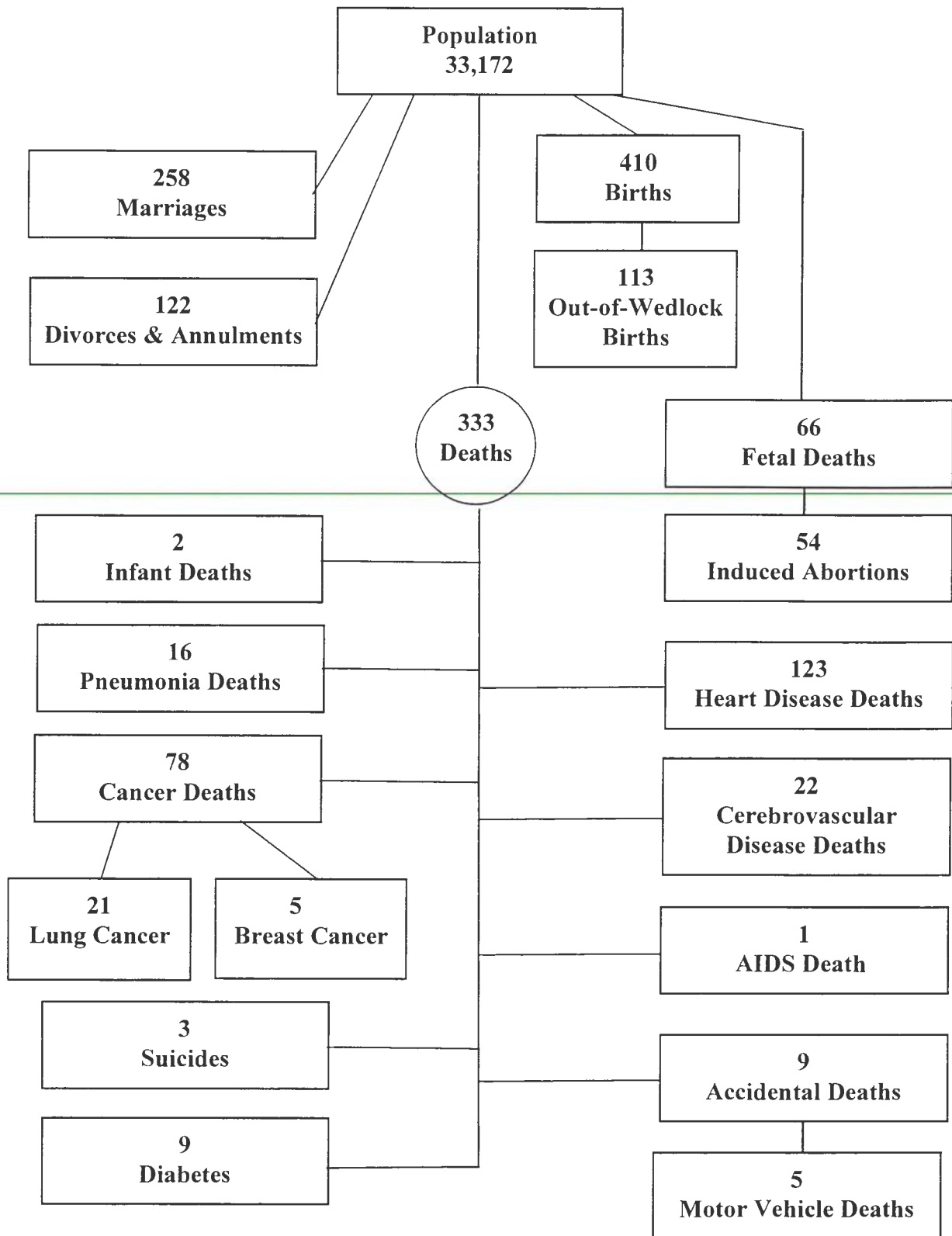
Seneca County is located in the western portion of New York State in the Central Finger Lakes. With a land area of 325 square miles, Seneca County is Upstate New York's fifth smallest county and is the smallest of the nine counties in the Finger Lakes region. Sandwiched in between Seneca and Cayuga Lakes, it is approximately rectangular in shape with a north-south distance of 33 miles and an average east-west distance of 10 miles.

Over half of the county's population (53 percent) lives in the two northern towns of Waterloo and Seneca Falls. Despite these concentrations of population, the county is essentially rural in nature with more than 60 percent of its residents living in areas classified as rural by the Census Bureau.

Seneca County has an approximate population of 33,172. On average, there are 410 births and 333 deaths a year. However, there is still a net outward migration of 4.3 percent. Almost half of the marriages end in divorce or annulment and 28 percent of the births are out-of-wedlock.



ANNUAL SENECA COUNTY AVERAGES:



Population

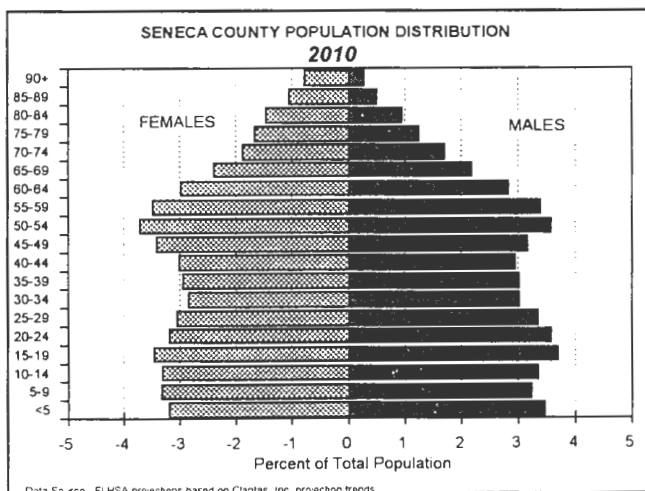
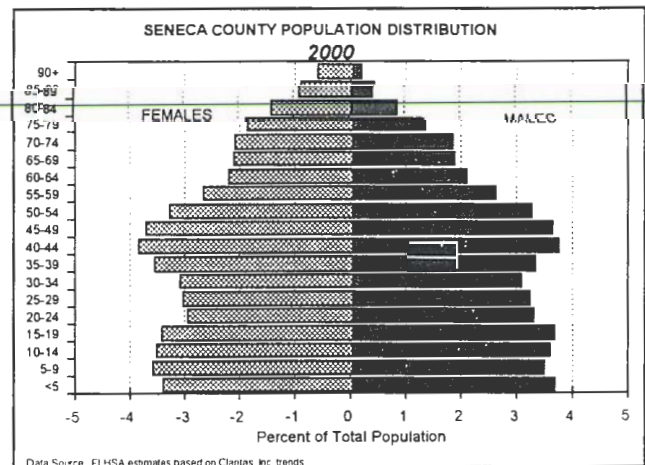
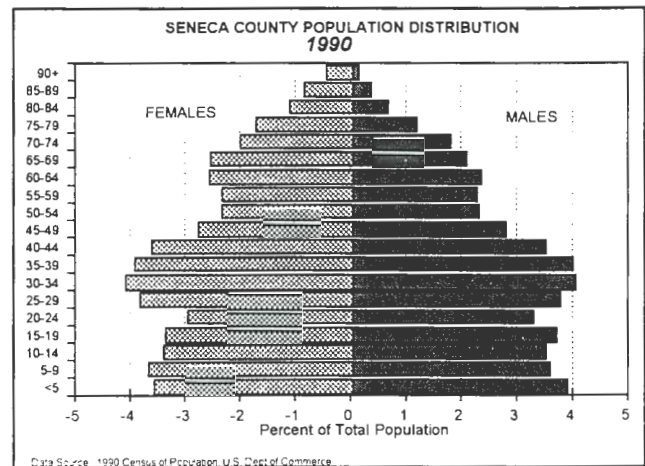
As in the rest of the nation, the Seneca County population is aging. The “baby boom” generation is moving into its forties and early fifties. The “boomers” and their children are causing imbalance in the work place. There are too many people at the middle management age and not enough positions for them. At the same time there are fewer young people entering the workforce because the boomers delayed having children, often into their thirties and had fewer children.

The depression era babies are now entering retirement. This will create a short term respite in the number of elderly before the “boomers” hit retirement age.

The county has had, and it appears will continue to have, a very small minority population. In 1990, 96.5 percent of the county’s population was white/non Hispanic; 1.6 percent was black and less than 1 percent of the population was Hispanic. In 1990, the vast majority of the minority population lived in Varick and Romulus and therefore were probably associated with the Seneca Army Depot. Now that the base has downsized, the percentage may be even lower.

The county also has a fairly large Amish and Mennonite population located mostly in the middle of the county in the towns of Fayette, Varick, Romulus, and Ovid. Exact numbers are not known. Some Amish families vaccinate their children and enter the professional care system when injured or ill; others do not. Some use nurse or lay midwives for home births.

Please see the table at the end of this section for a Demographic Profile by Towns and Villages.



Employment Trends

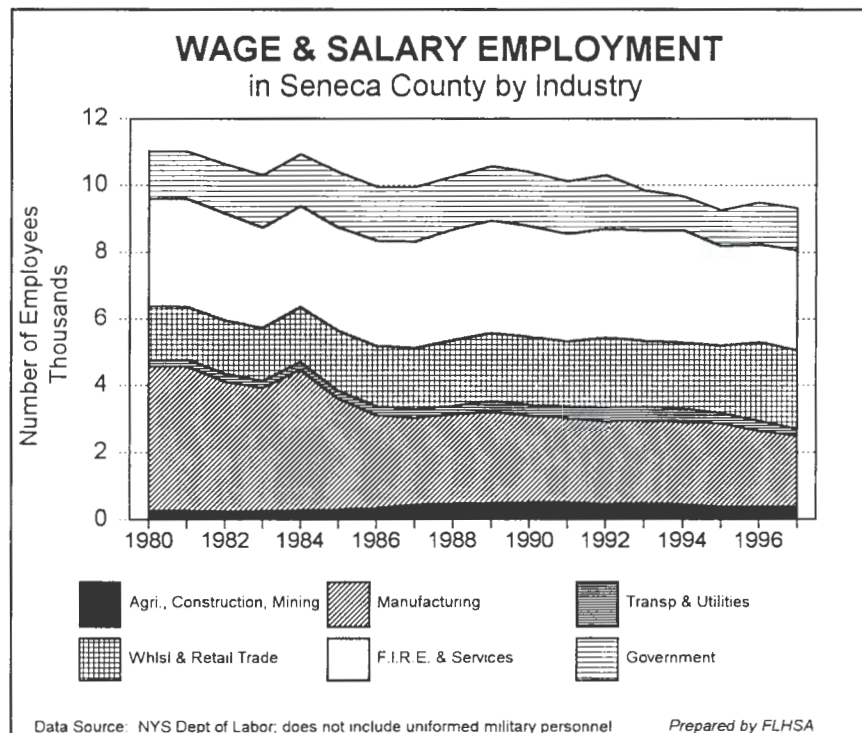
Over the last twenty years, Seneca has experienced a sixteen percent decline in wage and salary jobs (a net loss of almost 1,700 civilian jobs between 1980 and 1997). Two-thirds of the job loss occurred during the 1990s.

The mid 1990s saw the downsizing and closing of Seneca Army Depot and Willard Psychiatric Center. The Willard Drug Treatment Center, operated by the NYS Corrections Department, opened on part of the Willard campus replacing some of the lost government sector jobs. A large outlet mall opened in the northern part of the county providing some job growth in the retail sector.

The county's industry mix has also changed substantially during this period. In the early 1980s over half of the county's wage and salary jobs were in either manufacturing or government - - sectors that historically provided generous benefit packages. Today just over one-third of the jobs in the county are in these sectors.

More than one-third of the county's residents worked outside the county in 1990.

It is not known what effect these changes have had on residents' ability to pay for health services. The NYS Health Department is instituting a health risk and health services use telephone survey called the Expanded Public Health Surveillance survey starting in the fall of 1998. As a result, in the future, the county should be able to track health insurance coverage data and access to care.



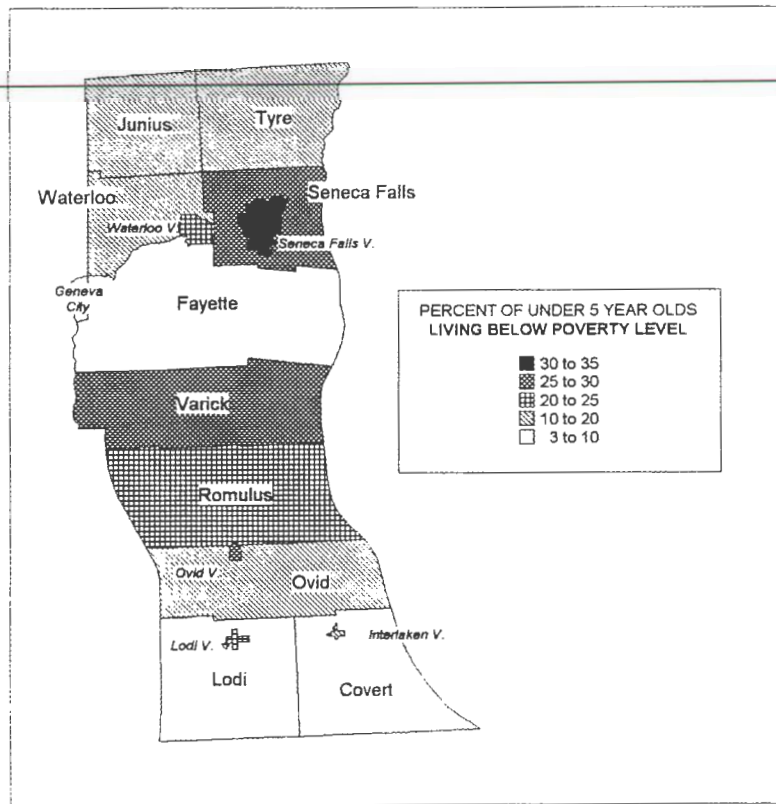
Poverty

Living in poverty is associated with a lower health status, an increased risk of having inadequate health insurance, and lower use of health services.

Although Seneca County's poverty rate of 10.4 percent was average for the nine county Finger Lakes region in 1990, its preschool population had the third highest county poverty

rate in the region. Over one-fifth (22%) of the county's children under age five lived in poverty as compared to 18 percent for the region and 14 percent for Upstate New York.

As can be seen from the map, the highest rates of poverty for young children occur in the village and town of Seneca Falls.



Map Prepared by FLHSA

SECTION ONE: POPULATIONS AT RISK

Demographics

For school-age children, a more recent estimate of poverty and near poverty can be obtained from looking at the number and percentage of children applying for free and reduced price school lunches. In January 1998, almost 30 percent of the students in the county applied

and were qualified for the program. Although twice as many poor students lived in the northern part of the county, the South Seneca School District has the highest percentage—41.7 percent—of students who qualified.

Free & Reduced Price Lunch Applications, January 1998 by Seneca County School Districts						
School District	Student Enrollment	Free & Reduced Price Applications			Free & Reduced Price Applications as % of Enrollment	
		Free	Reduced Price	Total		
Romulus	589	85	50	135	22.9	
Seneca Falls	1,762	306	83	389	22.1	
S. Seneca	1,150	342	137	479	41.7	
Waterloo	2,013	459	189	648	32.2	
Seneca Co.*	5,689	1,211	469	1,680	29.5	
*includes independent schools and jails Source: NYS Department of Education					Tabulation Prepared by FLHSA	

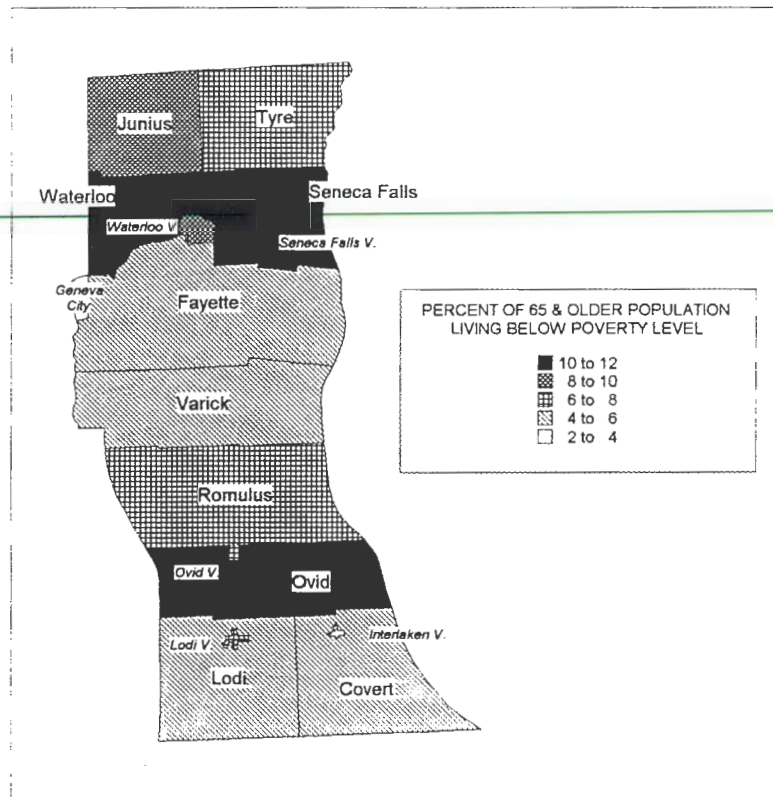
SECTION ONE: POPULATIONS AT RISK

Demographics

Pockets of elderly living in poverty occur in the towns of Ovid, Seneca Falls and Waterloo, and the village of Seneca Falls. A higher percentage of elderly women are living in poverty than elderly men. For the 64-74 years age group, the female rate is double that of males. Almost 16

percent of the women over the age of 75 live below the poverty line.

A table of the 1990 population living below or near poverty by minor civil division can be found at the end of this section.



Map Prepared by FLHSA

Education

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 1990 Census, 23.8 percent of persons 25 and older in Seneca County were not high school graduates. This is slightly higher than the Upstate New York rate of 20.6 percent.

Of special concern is the educational attainment of mothers since they often take

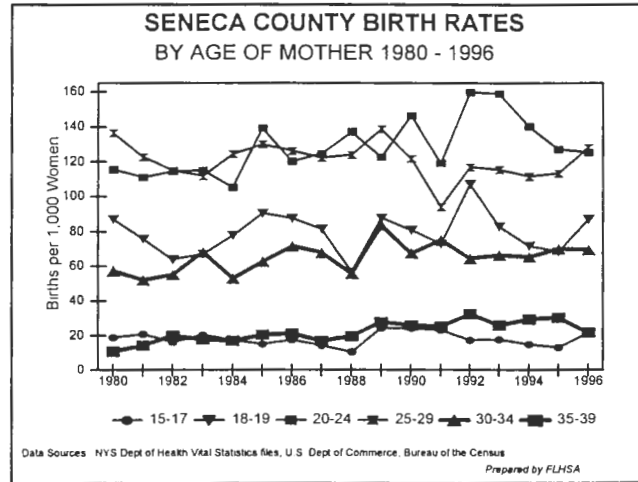
primary responsibility for seeing that the family accesses health care services. Recognizing that some women have babies before they finish school, 269 births for the period 1993-1995 were to women who did not have a high school diploma.

A table on births to Seneca County residents by mother's education and place of residence can be found at the end of this section.

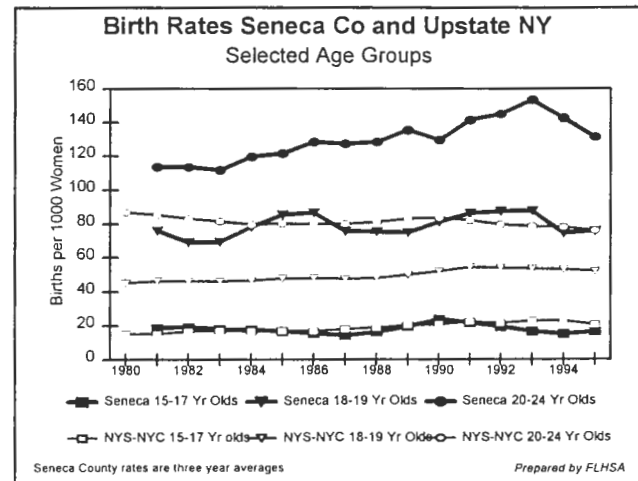
Births

For the period 1993-1995, an average of 410 babies were born each year in Seneca County. Seventy-nine percent of the births occurred in the northern half of the County.

The number of babies born in the county fluctuates from year to year and it is not unusual to see swings of 15 percent. However, similar to the rest of the region, there has been a downward trend since 1989. This trend had been predicted by demographers and reflects a decrease in the number of women of child-bearing age. Only 2.5 percent of the births were classified as minority births.



Women in Seneca County tend to have their families early. The birth rate for teens ages 15-17 has remained essentially flat for the past sixteen years and virtually identical to the upstate rate. While birth rates for women ages 18-19 and 20-24 have fallen in the last several years, they still remain considerably above Upstate New York rates. There has been an increase in the birth rate of older women in the 25-29, 30-34, and 35-39 age groups.



Approximately 20 births per year are to women who have no high school education. Since most of these births occur in the middle of the county where there is a high concentration of Amish, it is assumed that these births are to Amish women who do not continue schooling beyond the eighth grade. Many of the Amish women use a lay midwife.

Patterns of Care

There are no obstetricians located in the county and, at this point in time, none of the family practice physicians in the county practice obstetrics. A nurse midwife from Schuyler Hospital did offer prenatal care in Ovid, however this service was discontinued in 1998.

Only 69.4 percent of the women in the county entered care during the first trimester of pregnancy as compared to almost 77 percent upstate. There were no appreciable differences between early entry into care for residents of the northern part of the county as compared to residents of the southern part of the county.

Early entry into care is highly correlated with the source of payment for the pregnancy. Almost 30 percent of the births in the county had Medicaid as the primary payer. For the period 1993-1995, only 56 percent of the woman entered care early where Medicaid was identified as the primary payer, as compared to 78 and 80 percent respectively where private insurance and HMOs, were identified as the primary payer.

In 1995-1996, almost three quarters of the women in the northern part of the county delivered in Geneva; 72.4 percent delivered at Geneva General. Another 9 percent delivered in Newark or Auburn; 8 percent, who probably were high risk pregnancies, delivered in Rochester.

In the southern part of the county for the

same time period, utilization patterns for prenatal care and delivery are not as clear cut. For delivery, 39 percent went to Ithaca, 27.2 percent went to Geneva, and 17 percent went to Schuyler Hospital or its free standing Birthing Center, both in Montour Falls.

Two tables showing hospital utilization patterns for northern and southern residents can be found at the end of this section.

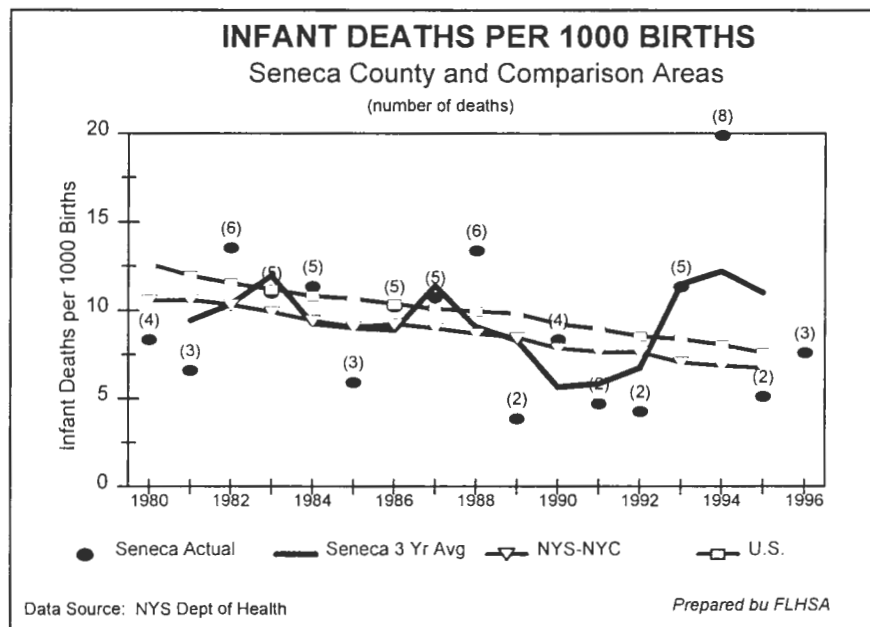
Adverse Outcomes

Birth outcomes are fairly good in Seneca County. However, as has been stated many times in this assessment, the effect of small numbers and random events can produce one year rates that are alarming. As can be seen from the chart below, the infant death rate can vary in a one year period from a rate of 4.0 (2 deaths) which is very low to a rate of 20.0 (8 deaths) which is very high. Often infant deaths are associated with multiple births.

As can be seen in the table on the following page, adverse outcomes are more common in the northern part of the county. The prematurity rate is slightly higher in the

northern part of the county although it is still below the upstate rate. The low birth weight rate is above the upstate rate in the northern part.

Approximately 30 percent of the women in the county qualify for Medicaid because of their pregnancy. Since a much higher percentage of young children live in poverty in the northern half of the county, it can be inferred that more women in the southern end fall into the "near poor" category which permits them to qualify for Medicaid for their pregnancy.



SECTION ONE: POPULATIONS AT RISK

Natality

Seneca County Maternal and Perinatal Health Indicators 1993-1995				
Indicator	Northern	Southern	Seneca Co	NYS-NYC
Number of Births	977	254	1,231	446,282
Number of Minority Births	29	2	31	
% Minority Births	3.0	0.8	2.5	
% Women Entering Care First Trimester of Pregnancy	69.7	68.3	69.4	76.9
% Premature births (<37 weeks)	8.6	6.7	8.2	9.2
% Low Birth Weight (<2500 grams)	8.4	5.1	7.7	6.5
% Out of Wedlock Births	27.9	25.7	27.5	25.6
% Births to Women 15-17 years old	2.5	2.8	2.5	3.4
% Births to Women 18-19 years old	5.8	4.7	5.6	5.0
% Births to Women with less than a High School Education	19.2	13.4	18.1	19.4
% Births with Medicaid as Primary Payor	29.1	31.7	29.6	27.1
% Births with Self-Pay as Primary Payor	7.0	7.4	7.1	2.6
Perinatal Deaths/1000 Births & Fetal Deaths	16.3	15.7	16.2	10.9
% Children Under Five Living in Poverty (1990 Census)	24.0	13.9	22.1	14.0

Note: Percentages calculated excluding records with information "Not Stated" from the denominator
 Perinatal Deaths are Neonatal Deaths (<28 days) plus Spontaneous Fetal Deaths 20 or more weeks of gestation
 * Information on Mother's education is for all of NYS

Data Source: NYS Department of Health

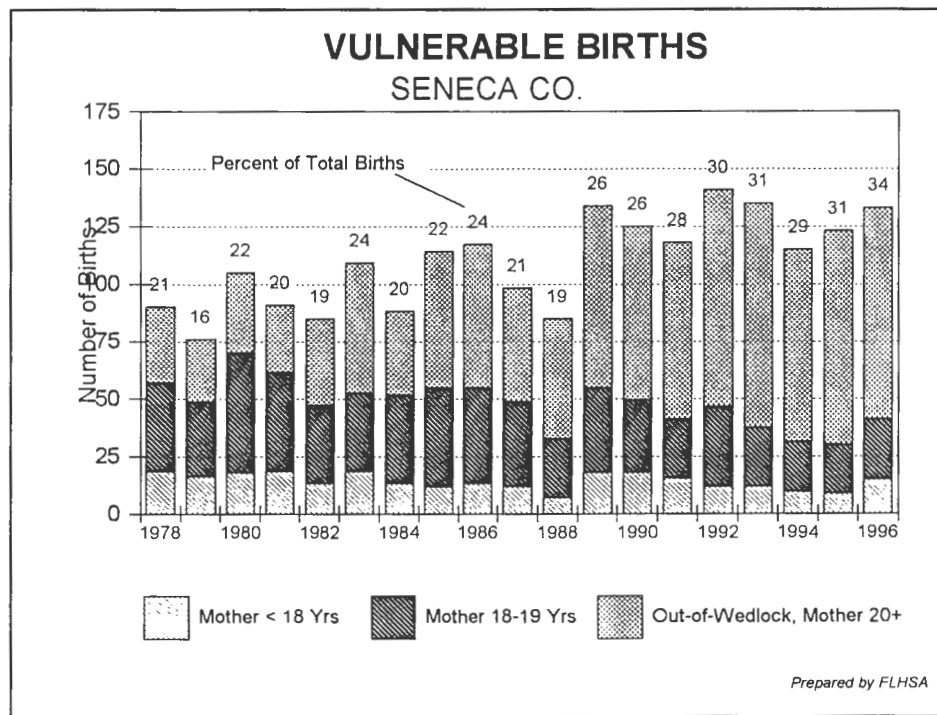
Vulnerable Births

Of particular concern are the number and percentage of births that are out-of-wedlock. These women are less likely to be in stable relationships and are more likely to be living in poverty which puts them and their infants at risk for poor health status and not accessing the health care system, especially for preventive services.

The Finger Lakes Health Systems Agency has developed a measure called “vulnerable births” which includes births to 1) young women under the age of 20 who

are unlikely to have finished school or to have family incomes that will support a child and 2) women over the age of 20 who have babies out-of-wedlock.

As can be seen from the chart below, the number of out-of-wedlock births to older women has increased tremendously since the late 1980s. Even though the number of births to older teens has decreased, the percentage of births that are vulnerable has increased from 19 percent in 1988 to 34 percent in 1996.



Teen Pregnancy

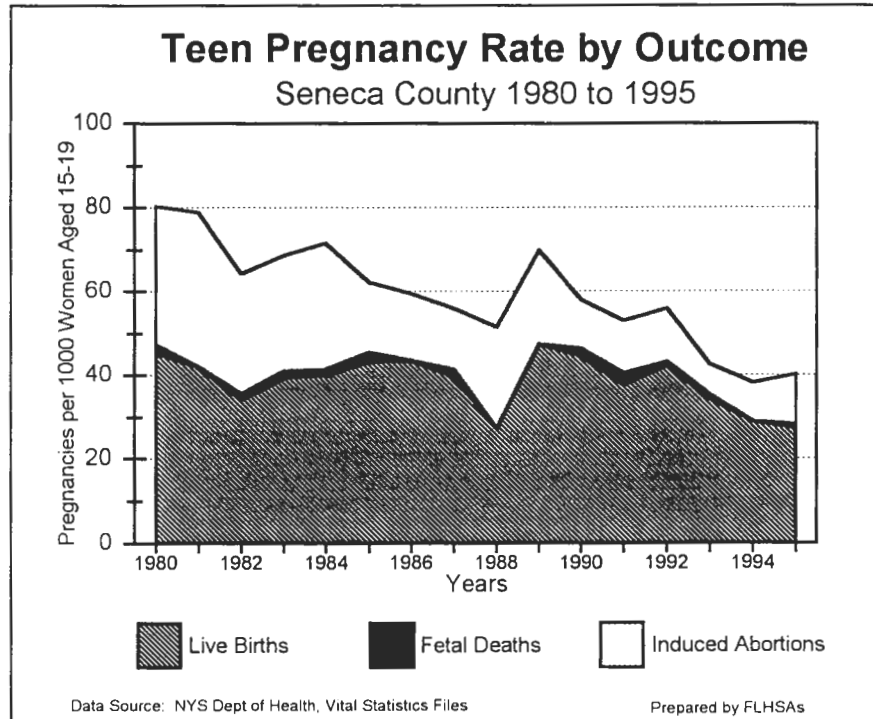
Pregnancy among teenage women is considered a public health problem. It is a clinical problem because teens tend to have less favorable birth outcomes. Early pregnancies tend to draw down the health of the mother. It is a social problem because pregnancy frequently results in stoppage or postponement of formal education and thus lower earning power. With less income potential and with child-rearing responsibilities, the resulting stress often leads to less stable family structures.

As has been stated above, the birth rates for young teens (ages 15-17) are similar to upstate averages. On average, 14 girls under the age

of 17 become pregnant in Seneca County each year; 75 percent are carried to term.

For the older teens, (ages 18-19), an average of 31 girls a year become pregnant and 75 percent are also carried to term.

While the pregnancy rate for women ages 15-19 has declined dramatically in the last sixteen years, the birth rate has declined only slightly. This is due to a very large decrease in the number of abortions. The reasons for this are not clear. However, the fact remains, as was shown in the chart on a previous page, that the birth rate for the older teens is consistently above the upstate rate.



Introduction

On average, 333 people die every year in Seneca County.

The consideration of more specific causes of death allows the community to more effectively target intervention strategies and allocate community resources.

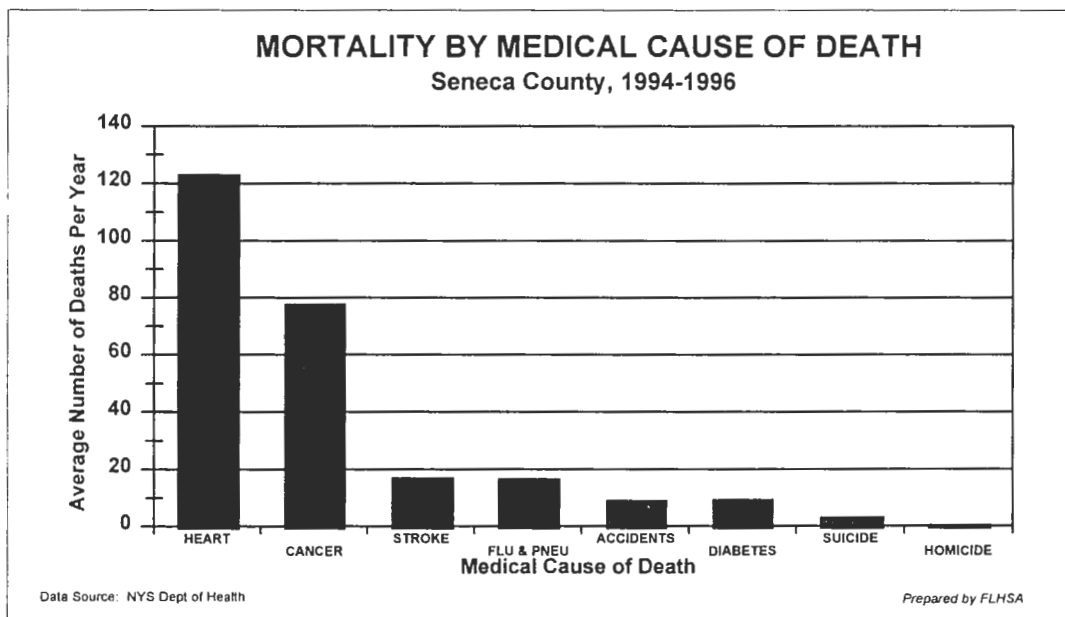
As the chart below illustrates, heart disease is the leading cause of death, followed by cancer, stroke, pneumonia, influenza, and accidents.

The risk of a particular cause of death for an individual varies by age and sex. This document will try to illustrate these differences where significant.

Mortality and morbidity rates are age-and sex-adjusted to the 1980 population. This allows valid comparisons to other areas. Without this adjustment, areas with, for instance, a larger elderly population would exhibit higher mortality rates.

Note: It is not possible to compare the rates in this document to the Year 2000 goals. That document uses a 1940 population which results in an understatement of the mortality rates compared to the 1980 population.

To "smooth out" fluctuations in rates due to small numbers, county-specific trend lines are developed using a three year rolling average. This is especially important in a small county like Seneca where, even with smoothing, fluctuation can be attributed to chance.



Heart Disease

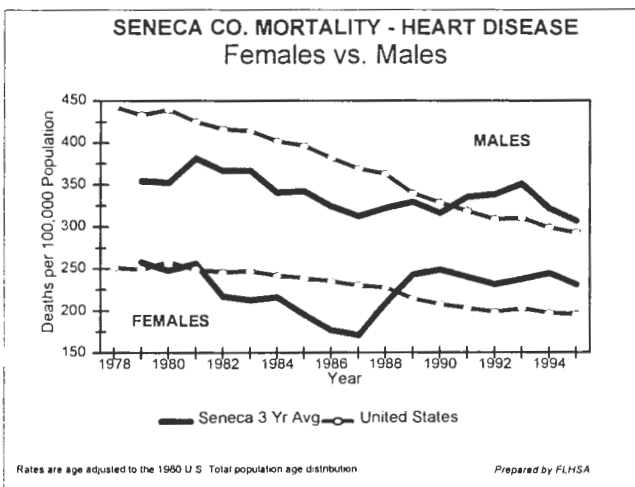
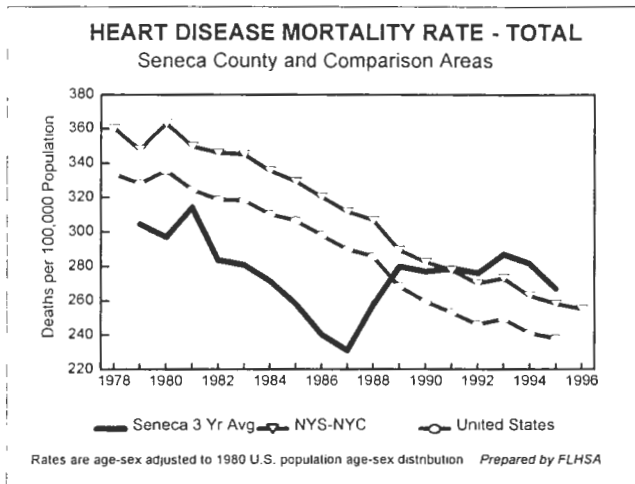
Heart disease is the leading cause of death in Seneca County, responsible for approximately one-third of all deaths.

Heart disease mortality has generally exhibited a downward trend in Seneca County. However, in the last eight years the rate has moved above that of Upstate New York and the United States. This difference holds true for deaths due to heart disease for persons under the age of 75 as well as for the very old.

In general, the decline in heart disease mortality nationwide can be ascribed to two factors:

- Improvements in lifestyle such as reduced fat and cholesterol in diets, more exercise, and reduced smoking;
- Improvements in medical care, such as new cardiac-related medications, open-heart surgery, and coronary care units.

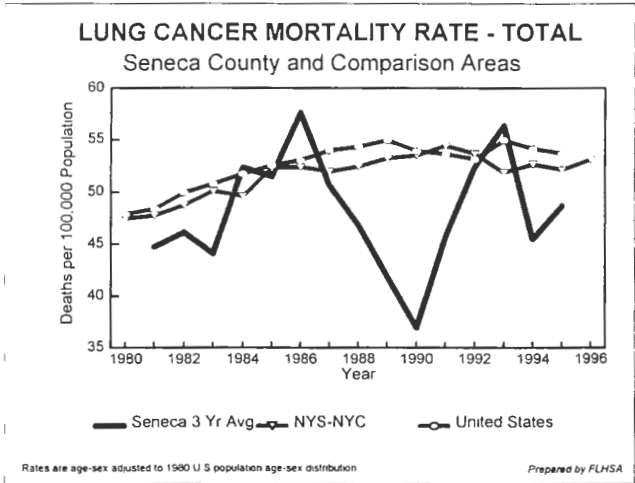
Women have lower heart disease mortality rates than do men. Unfortunately, a decline in rates has not been demonstrated for Seneca County women. In addition, the local rate has been consistently above the national rate for almost ten years.



Lung Cancer

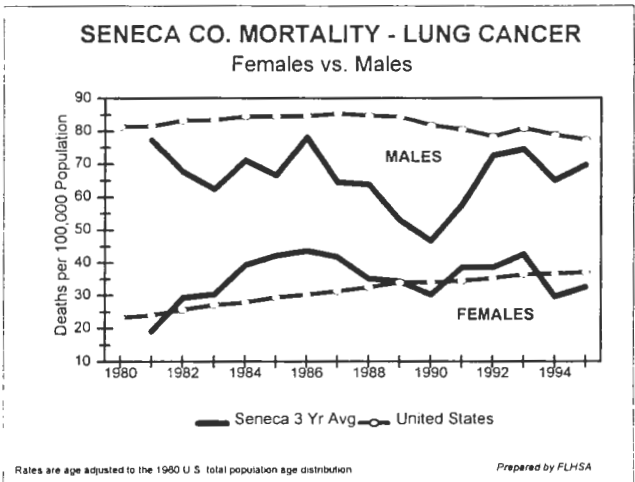
Lung cancer is the most common site for lethal cancer, comprising about 27 percent of all cancer deaths in the county each year. If considered separately, it is the third-leading overall cause of death in the county. On the average, 21 individuals die every year of lung cancer in Seneca County.

It is difficult to discern a trend in the rate of deaths due to lung cancer. Even with a three-year "rolling average", the rate varies widely from year to year. For most years, Seneca County rate has been below Upstate New York and national rates.



Underlying this "noise" are distinct differences in the male and female mortality rate trends:

- After a modest decrease in the 1980s, the lung cancer mortality rate for men has rebounded, although it is still below the national rates.
- The lung cancer rate for women in Seneca County has risen substantially and for the past twenty years, has been similar to or above the national rate.



Increases in smoking by women is thought to be a strong factor in the rise in female cancer rates. Lung cancer has now surpassed breast cancer as the leading cause of cancer mortality among women.

Breast Cancer

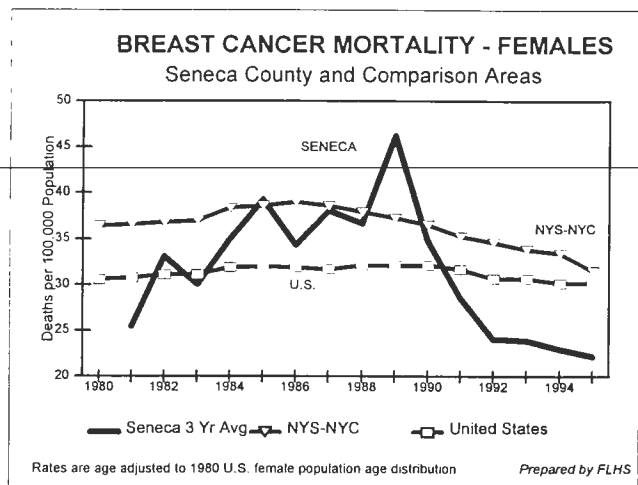
Breast cancer is of great concern since it has a high cure rate if detected at an early stage.

For the last several years, an average of five women a year have died of breast cancer. As can be seen from the chart to the right, the number of women who die each year varies. Therefore it is very important to look at trends over a period of several years and to use rolling three year averages to minimize the effects of small numbers.

After an upward trend during the 1980s, the breast cancer mortality rate for women in Seneca County has exhibited a downward trend and is now below both the Upstate New York rate and the national rate.

Because of early detection, the overall mortality rate is declining even though more cases are being detected. While the incidence of breast cancer has increased, a larger percentage of the new cases are being diagnosed before they become invasive.

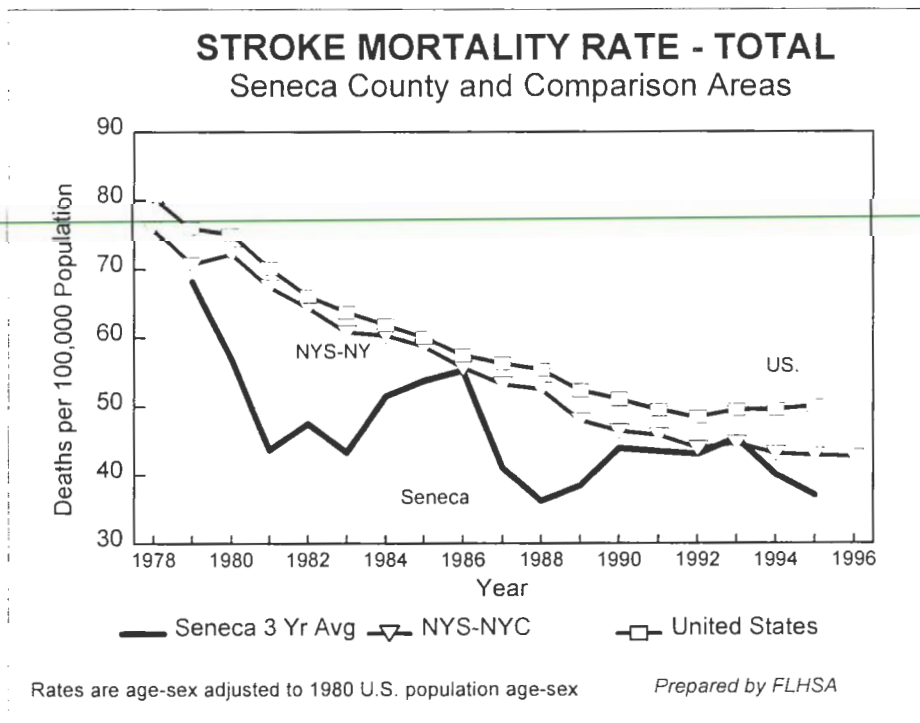
For 1996-1997, 96 uninsured and underinsured women over the age of 40 received clinical breast exams, education and screening mammograms as part of the Seneca Breast Partnership. Screening for cervical cancer has recently been added to the program and the Partnership has been renamed the Women's Health Program.



Stroke

Like heart disease, stroke mortality has declined both nationally and locally, probably due to healthier life styles and improved medical care. On an average 22 persons a year die of stroke in Seneca County.

For the last several years the average stroke mortality rate in the county has been above the Upstate New York rate, but slightly below the national rate.



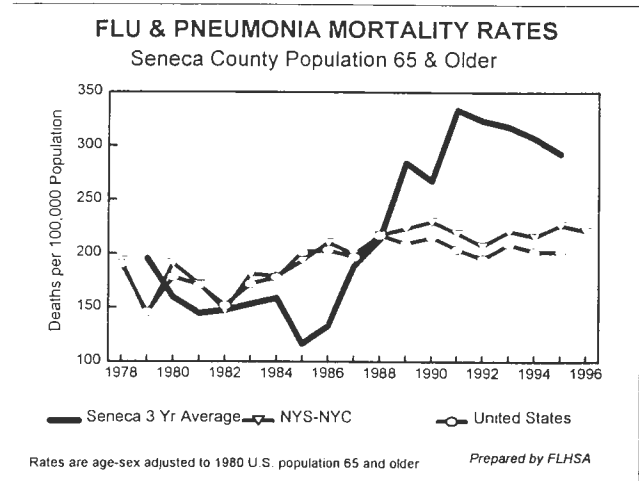
Flu and Pneumonia

The fourth leading cause of death in the county, flu and pneumonia, affect many fewer individuals than do heart disease and cancer. The death rate due to flu and pneumonia is similar to that of stroke. On average, 16 persons a year die of pneumonia in Seneca County.

Flu and pneumonia particularly affect elderly people, often being the ultimate cause of death in individuals with other chronic diseases. Vaccines for flu and pneumococcus pneumonia are advised for the elderly, persons with certain chronic diseases, and caregivers of the above groups.

As can be seen from the chart at the right, there has been a rise in the mortality rate in the 1990s. This is despite a vigorous immunization program run by the Health Department, the financing of flu shots by Medicare, and the increased number of locations where the flu shots are given including supermarkets, discount stores, pharmacies, and senior congregate meal sites.

It is not clear whether this trend is "real" or whether it is due to underlying changes in the population structure of the elderly in the county that have not been adequately captured in the population estimates.



Diabetes

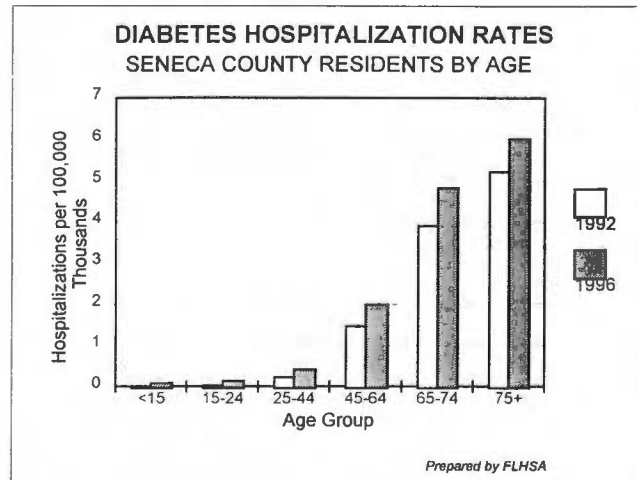
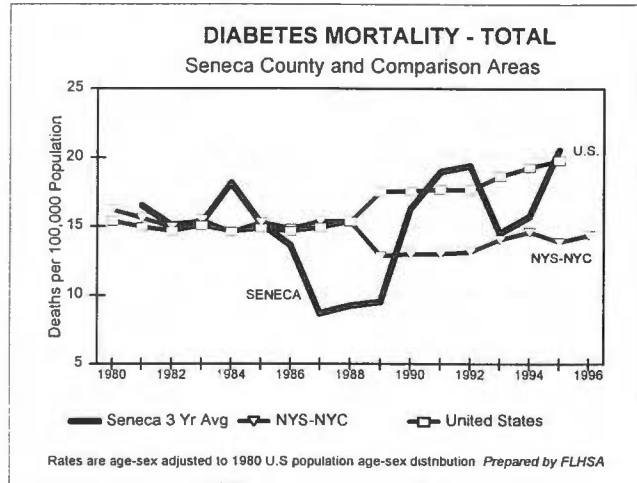
Diabetes affects two to five percent of the general population in the United States. We do not know the percentage of individuals in Seneca who have been diagnosed with diabetes.

People with diabetes are more prone to heart disease, hypertension and stroke; diabetes may be a contributing factor to many additional deaths each year beyond the average of nine deaths per year that are directly attributed to diabetes.

Although the diabetes mortality rate in Seneca County has generally hovered near or slightly below national rates, there has been an upward trend in the county rate and it has been above the Upstate New York rate since the late 1980s.

Persons with diabetes are at risk for developing debilitating and life-threatening complications such as blindness, kidney disease and lower extremity amputations.

A comparison of hospitalization rates for 1992 and 1996 where diabetes was one of the main diagnoses shows an increase in hospitalizations for almost all age groups for both men and women.



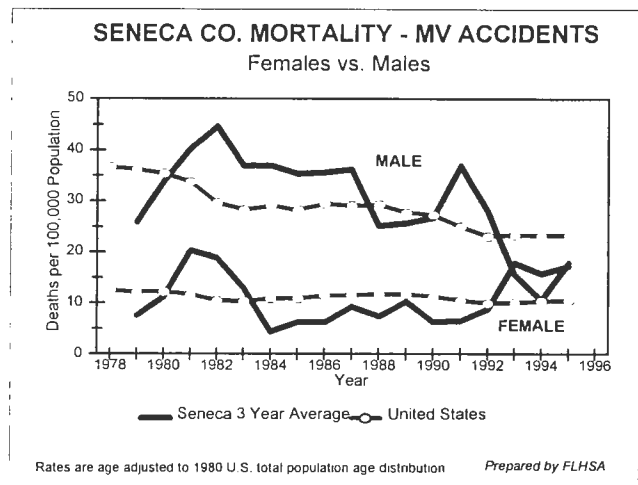
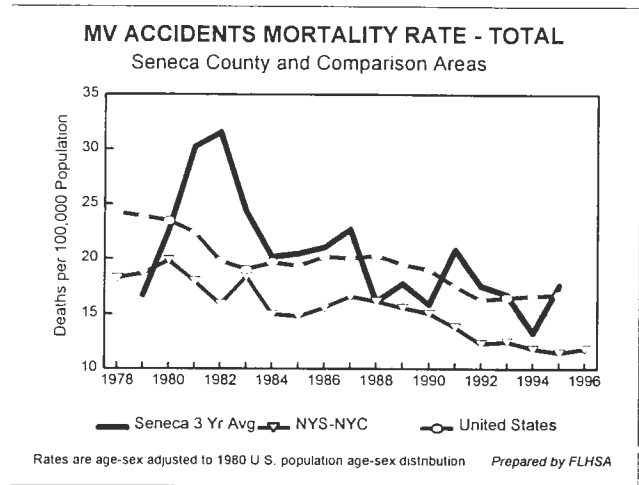
Motor Vehicle Accidents

Motor vehicle accidents account for over half of the accidental deaths yearly in Seneca County. Rural areas have much higher incidence and death rates due to motor vehicle accidents. NYS Department of Transportation data indicates that rural drivers travel more highway miles than their urban counterparts. Therefore it is not surprising that Seneca County's motor vehicle accident mortality rate is above that of Upstate New York rates.

The decline in the motor vehicle death rate at a state and national level has been attributed to increased use of seatbelts and air bags, crackdowns on driving under the influence of alcohol and other drugs, and improvements in highway design. It is difficult to interpret local data.

Unfortunately, in the last several years, this decrease in deaths in Seneca County due to motor vehicles has been accompanied by an increase in the hospitalization rate due to motor vehicle accidents.

Motor vehicle death rates also vary by gender: males have significantly higher rates than do females although the difference has been narrowing.



Sexually Transmitted Diseases

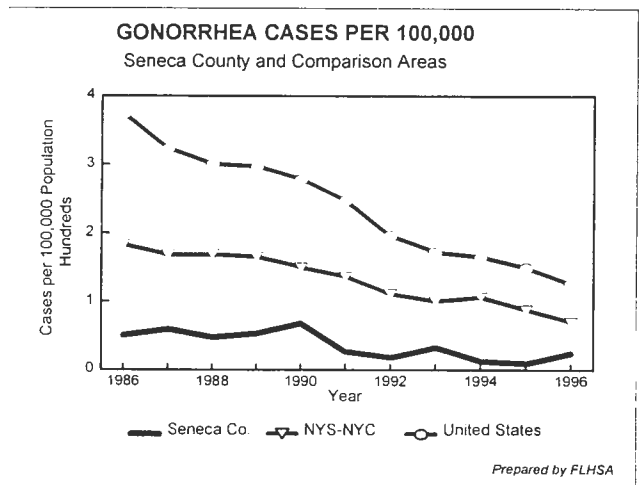
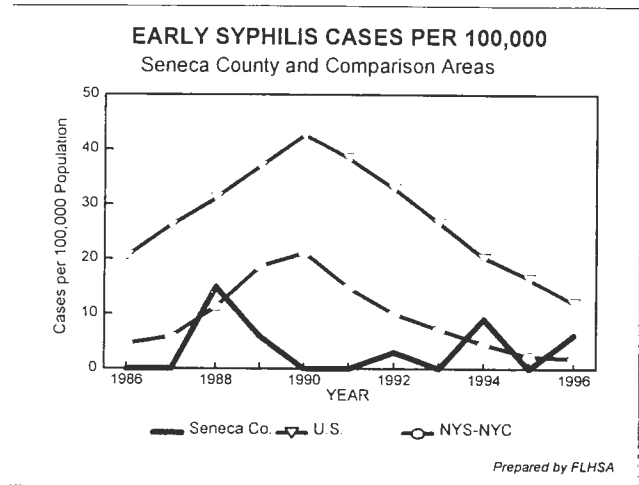
The rates of gonorrhea have decreased and the rates of early syphilis remain low in Seneca County.

Other sexually transmitted diseases (STDs) now account for a majority of the STD disease burden. Statistics are not kept on the occurrence of these infections. However, local providers have expressed concern about the number of clients they are seeing with chlamydia, genital warts, and herpes.

Unfortunately women and children suffer an inordinate amount of the STD burden, including pelvic inflammatory disease, sterility, ectopic pregnancy, blindness, mental retardation, birth defects, and fetal and infant deaths.

The number of deaths due to AIDS has averaged around one per year in the last several years in Seneca County. Since the epidemic began, 14 cases of AIDS have been recorded for residents of Seneca County. Five of the fourteen were women. This figure does not include the number of persons who have been diagnosed as HIV+ or who are infected but not diagnosed.

In 1996, area HIV providers estimated that there were approximately 81 individuals with HIV/AIDS who were in care and from the five county region around Rochester and Monroe County: Ontario, Livingston, Wayne, Seneca, and Yates.



Introduction

Communities Working Together for a Healthier New York states:

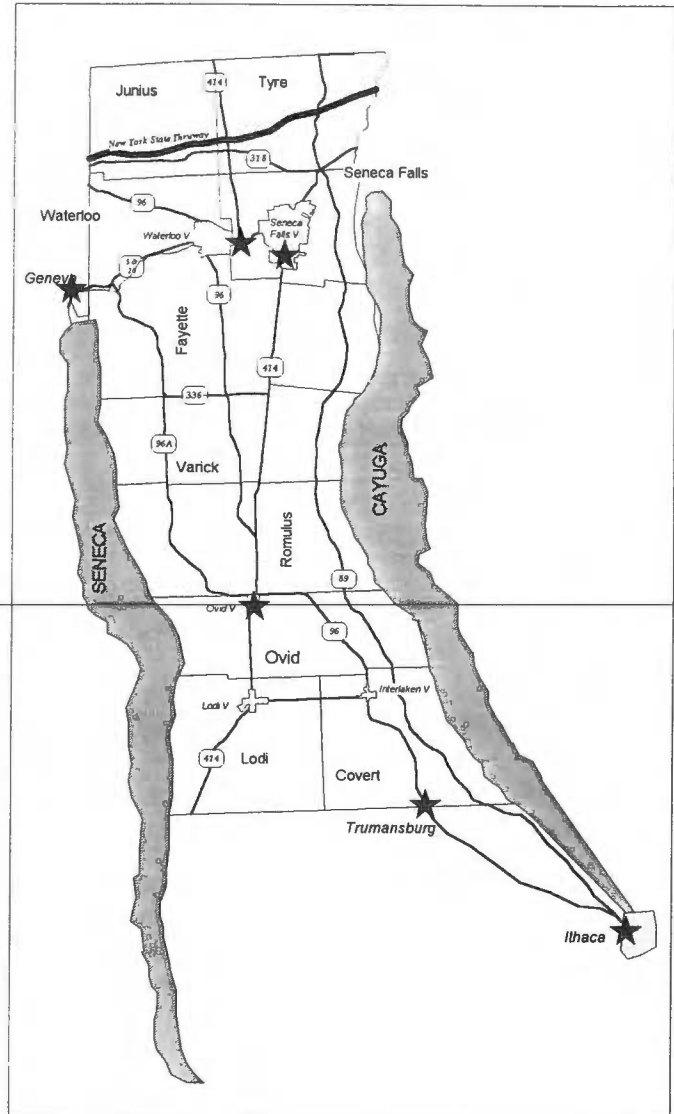
Lack of access to primary care results in poor health status outcomes. Primary care, including prenatal care provides a prime opportunity for prevention education, early detection, early treatment, and referral to other needed health and social services.

Access is a broad and often vaguely defined concept that incorporates various dimensions of health care, including the supply and availability of health care providers, health insurance coverage, and problems that individuals encounter in obtaining care.

Supply and Availability of Primary Care Services

There are no hospitals in Seneca County. However, Clifton Springs Hospital and Schuyler Hospital have operated primary care sites in the County for a number of years. Geneva General Hospital opened an Urgent Care center on the campus of the Waterloo hospital when that facility closed. Geneva General will open a full-service primary care site on the same campus in Waterloo in the late fall of 1998..

Licensed by the State of New York as “extension clinics”, these sites look like



Note: ★ = represents communities where there is a primary care presence.
Map Prepared by FLHSA

private practices—they are small, they are located away from the hospital campus, and they attract patients from all socio-economic groups --not just “poor patients”. However, unlike private practices, they may not discriminate against Medicaid patients. That is, they can not selectively close their practice to Medicaid patients while accepting new patients with commercial insurance.

SECTION ONE: POPULATIONS AT RISK

Access to Care

Although various measures have been developed to determine whether there are enough doctors for a given population, they often fail to capture migration patterns or to distinguish among the various kinds of providers offering primary care services such as internists, obstetricians, family practice physicians, pediatricians, and general practice physicians. They often fail to count physician extenders such as nurse practitioners and physician assistants and independent practitioners such as nurse midwives. The southern part of the county, including the

towns of Ovid, Lodi and Covert, has been federally designated as a Health Professional Shortage Area.

As can be seen from the map on the previous page, primary care practices are located in Waterloo, Seneca Falls, Ovid and Trumansburg. Many people also travel to Geneva and Ithaca for primary care services. The easiest measure of availability is how many practices are accepting new patients, especially new Medicaid fee-for-service patients.

Primary Care Providers Serving Seneca County Residents September 1998 ¹		
Area	Full-Time-Equivalent Primary Care Physicians ²	Accepting New Medicaid Pts ³
Waterloo	5.0	2.0
Seneca Falls	1.5	1.5
Ovid	.7	.7
Trumansburg	4.0	3.0
Geneva	17.9	14.9
Ithaca	not surveyed	

¹ Telephone survey conducted by the Finger Lakes Health Systems Agency, September 1998. Includes physicians who are known to be starting practice in the late fall of 1998.

² Primary care providers are defined as pediatricians, obstetricians, family practice physicians, general practice physicians, and internists who practice general internal medicine. Specialists such as nephrologists and pulmonologists who also have primary care practices are counted as the percentage of practice that is primary care patients. Physicians who practice in two sites are split according to the time spent in each site.

³ Physicians are counted as accepting new patients if they will accept new Medicaid fee-for-service patients. These are the patients that often have difficulty finding a physician.

SECTION ONE: POPULATIONS AT RISK

Access to Care

There does not appear to be an major access problem for children in the northern part of the county. Family practice physicians are in Seneca Falls and Waterloo. A pediatrician, also board-certified in Internal Medicine, practices part-time in Seneca Falls. Many families use the large pediatric practice in Geneva which has office hours six days a week and evenings.

There is a severe access problem for infants and young children in southern Seneca County. The dually-certified pediatrician/interest who also practices part-time in Ovid, will not accept children under one year of age at either site. The Schuyler Hospital primary care site in Ovid will not accept children under the age of three. In addition, the practice in Trumansburg only accepts patients in the Trumansburg/Interlaken area. Thus, many parents take their children into Geneva or Ithaca for pediatric care.

There are no obstetricians practicing in the county. Currently, none of the family practice physicians in the county deliver babies although the new family practice physician coming to Waterloo plans to do Obstetrics. Approximately 64 percent of Seneca County women deliver in Geneva; 8 percent in Ithaca; 5 percent at Newark-Wayne Hospital in Wayne County; and 3 percent at Schuyler Hospital. High risk deliveries go either to Elmira or Rochester.

Title X-funded Family Planning clinics are located in Seneca Falls, Geneva, and Ithaca.

An analysis of hospital utilization patterns for medical admissions, is a fairly good proxy for

where adults seek care. For adults in the northern end of the county, 78 percent were admitted to Geneva General and 10 percent to Clifton Springs. For adults in the southern part of the county, 39 percent were admitted to Cayuga Medical Center (formerly known as Tompkins Hospital) in Ithaca, 27 percent to Geneva General, and 17 percent to Schuyler Hospital in Montour Falls, Schuyler County.

Please see the tables at the end of this section for tables on hospital utilization patterns for northern and southern Seneca County residents.

Unfortunately not much is known about the primary care and preventive health services utilization patterns of Seneca County residents. Measures such as hospital admissions for conditions that could have been prevented if treated in an outpatient setting (called ambulatory care sensitive admissions) do not yield useful data in small rural counties.

Hopefully the expansion of the New York State Behavioral Risk Factor survey to allow counties to add questions of local significance and to permit analysis of data at a county level will help the County to begin to understand these patterns. (This survey is referred to in other parts of this assessment as the New York State Expanded Health Surveillance survey.)

Health Insurance Coverage

There are two HMOs operating in Seneca County—Blue Choice (Finger Lakes Region) and Preferred Care. Since both plans cover a six county area : Ontario, Seneca, Wayne, Yates, Livingston, and Monroe Counties, Seneca residents can seek care in any of these counties.

However, some Seneca County residents work in Tompkins, Cayuga or Schuyler Counties, and have coverage from the Blue Cross HMO of Central New York area. Currently there is no crossover between the two Blue Cross areas for HMO coverage. Cayuga Medical Center is a non-participating hospital with Blue Cross of Central New York. This means that Seneca County residents with indemnity insurance from either Blue Cross plan may not go to Ithaca for planned or non life-threatening admissions.

In 1994, 26 percent of county residents under the age of 65 had commercial HMO coverage from Finger Lakes HMOs. It may be inferred that HMO penetration is higher in the northern part of the county since 24 percent of the births had HMO coverage as compared to 7 percent in the southern part of the county for roughly the same time period.

Initially, both Blue Choice and Preferred Care contracted with Seneca County to offer a Medicaid Managed Care plan. Known respectively as Blue Choice Option and Preferred Care Option, both plans became operational in the fall of 1994.

Because of lack of providers in the southern part of the county, most of the enrollees have been from the northern end of the county.

Preferred Care Option stopped offering the Plan in 1997 because of low enrollments.

As of August 1998, 384 persons—19.6 percent of Medicaid recipients eligible for enrollment in Medicaid Managed Care--were enrolled. The percentage enrolled rises to 24 percent when SSI eligibles are excluded. The county has not yet begun enrolling SSI clients in Managed Care because there is not yet a capitation rate for this category of aid.

As of April 1998, there were 406 children enrolled in the Child Health Plus plan administered by Blue Cross/Blue Shield of the Rochester Area.. This plan provides free or low cost insurance coverage insurance for low income children under the age of 19.

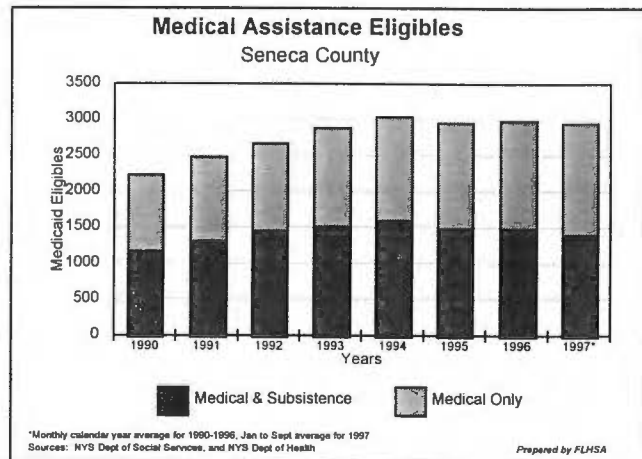
The Schuyler Hospital primary care site in Ovid participates in neither Medicaid Managed Care nor the Rochester-administered Child Health Plus plan. Although the four family practice physicians in Trumansburg participate both kinds of plans, none of the physicians in Ithaca participate. This is a barrier to care for the small number of low income children in the southern part of the county.

Beginning in 1999, Child Health Plus will expand to cover dental care and eye glasses for children. Providers report increased interest in Child Health Plus since the New York State Health Department began an aggressive television ad campaign.

Concern has been expressed about the effect of federal welfare reform on the number of

individuals enrolled in the Medicaid. As can be seen in the chart on the right, the number of individuals receiving public assistance has fallen only slightly since 1994. Unlike other counties where welfare reform has affected the number of individuals applying for Medicaid, there has been only a small decrease in the total number of Medicaid-eligible residents.

Data on the number and percent of persons who are uninsured or underinsured does not exist at the county level. As has been noted throughout this assessment, this data will be collected in the expanded state survey slated to begin in the fall of 1998. Unfortunately, since this will be a telephone survey, individuals who do not have a phone will not be included.



Personal Barriers to Care

Transportation is perceived as a major barrier to care in Seneca County. There is no public transportation in the county and taxi service from Waterloo to Geneva and back is problematic. Seneca County Department of Social Services will provide or pay for transportation to medical appointments where hardship can be demonstrated.

Most rural families need a car to survive. However, the car may not be reliable; money for gas or small car repairs may be scarce; and the car may be used by a wage earner and not be available for appointments and shopping. Some providers have found that people from the southern end of the county see a trip to providers in the northern end or Geneva as an "all-day-affair". They are also reluctant to drive cars that are unreliable 30

or 40 miles where they will not have support if the car breaks down.

The failure to perceive primary care and preventive services as a priority is seen as a major barrier, especially for low income families. Providers note that the no-show rate is a significant problem, especially for the poorer families. They report that other needs take priority in their patients' lives over health care. The high no-show rate is also seen for other county services such as counseling and social services.

Lack of education is often associated with a lower health status and a greater likelihood of not seeking health care, especially preventive services. This relationship may not hold for the Amish who traditionally stop schooling in the eight grade yet enjoy good health because of healthy life styles. Thus the statistic reported may not identify families at risk.

Geography

The geography of the county has a profound effect on the health of its residents. It affects the availability and accessibility of health care services, availability of insurance coverage, and transportation patterns.

Sandwiched in between two long lakes, the topography funnels goods and services to locations along routes 5 & 20 in the north and near Ithaca in Tompkins County in the south. The small villages in between are not large enough to sustain many services. Some county departments maintain satellite offices in the southern end of the county but they are often underutilized and therefore not cost-effective.

People in the county receive the majority of their news from sources outside of the county. The two major newspapers read by county residents are located in other counties—the Finger Lakes Times in Geneva and the Ithaca Journal in Ithaca. Television viewers watch either Rochester or Syracuse. This often makes it difficult for Seneca County public health concerns to be heard separately from those of Ontario and Tompkins Counties.

As a result, health department concerns are additionally publicized in weekly papers published in the county: the Ovid Gazette, Between the Lakes and the Penny Saver.

There is no hospital and no sub-specialty care in the county. Therefore, many people have to leave the county for health care. The majority of county residents go either to Geneva or Ithaca. This often creates difficulties when Seneca agencies such as the Health

Department, Department of Social Services, the Community Counseling Center, or the Seneca County Victim's Assistance Program work with providers in other counties who may have different protocols established with their own local agencies.

Transportation

The lack of public transportation in the county is a major concern. The county is an east-west, north-south corridor for commercial traffic. In addition to making it difficult to access health services, the lack of transportation promotes isolation for communities as well as individuals. It is difficult to access services for families with only one car. It is especially difficult for youth and young adults to gather for recreational activities or to access part-time jobs.

Community Attitudes

Seneca County is a homogenous community both racially and socially. It is also a fairly healthy community. There are no concentrations of poor families such that health problems can be easily identified by geographic area. A mansion may be located next to a cottage. Therefore it is easy to overlook those who are socio-economically disadvantaged.

There is a distinct psychological division between the southern and northern ends of the county. Anecdotally, people in the southern end of the county are reluctant to access services in the northern end of the county. They view going to the northern end of the county as an extended trip.

Anecdotally, the poor in the community are distrustful of government bureaucracy and often do not avail themselves of governmental programs for which they are eligible because of pride or lack of information.

Providers of health and human services note that many low income residents do not place a priority on keeping appointments.

Although 51 percent of the county has access to a community water supply, only 3.8 percent of county residents are served by a fluoridated water supply. The "fear of fluoride" is very common in this part of Upstate New York. The neighboring community of Geneva just recently added fluoride to its water system; the Ithaca public water system is still not fluoridated.

Although Seneca County is covered by the New York State Clean Indoor Air Act, there has not been any local legislation to tighten commercial restrictions on smoking as there has been in other counties.

Health Insurance

As was discussed in the previous section on access to care, south Seneca is on the boundary between two Blue Cross/Blue Shield companies. Problems are created when providers from the central New York region do not participate with the Rochester insurance plans, yet practice in a location such as Ithaca or Ovid which attracts potential patients from Seneca County. This problem exists with both the commercial and Medicaid Managed Care Plans.

This lack of crossover extends to the Child Health Plus plans since they are administered by each Blue Cross Plan for its own area. In addition, since Cayuga Medical Center is a non-participating member of Blue Cross of Central New York, individuals with Blue Cross indemnity insurance also have a problem if their doctors admit to Cayuga Medical Center.

Environmental Concerns

Parts of Seneca Army Depot in the center of the county and a closed landfill in the northern part of the county are Superfund sites. Some county residents are concerned about the effects of materials in these sites on the health of the community.

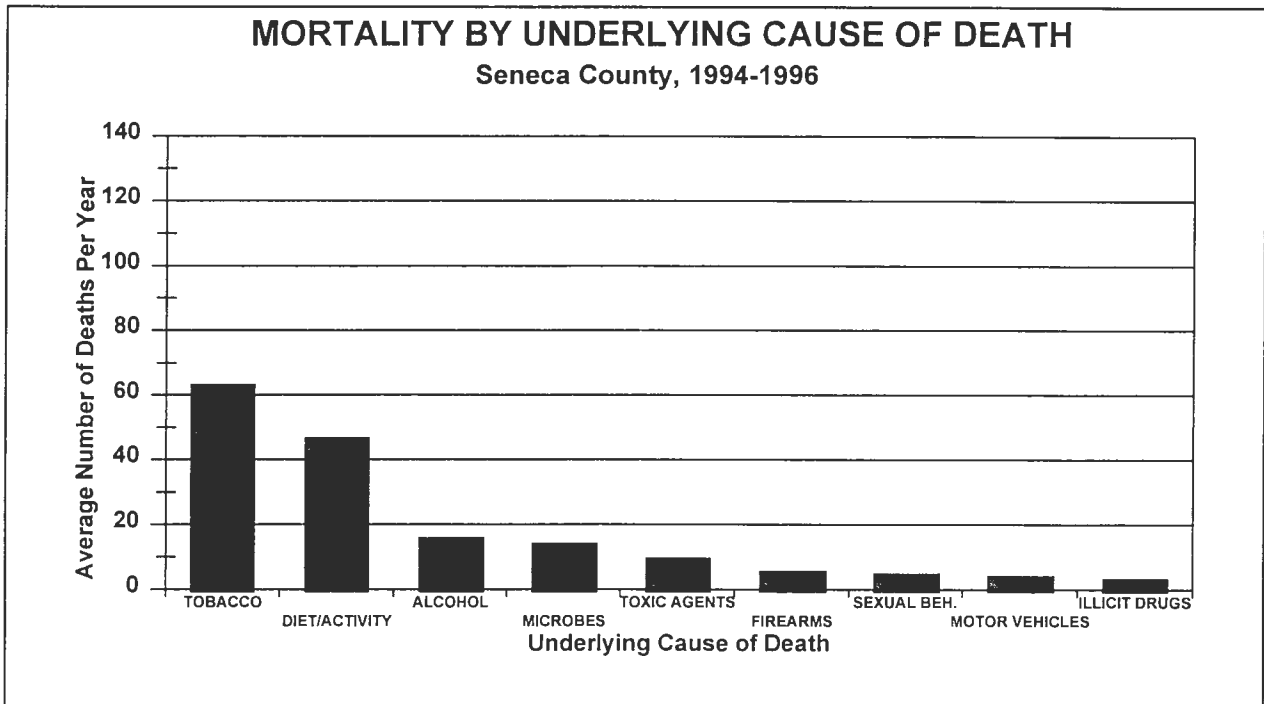
The increasing number of agri-businesses creates the possibility of water pollution. There is also concern that in an effort to attract new industries to the county, clean air and water standards may be loosened.

The New York State Health Department has challenged all communities to concentrate their public health efforts on decreasing some of the leading risk factors that cause much of the death and disability in the state. Health officials note that decreasing some risk factors such as tobacco use and overweight has a multiplier effect by preventing multiple disease outcomes with one intervention.

A 1993 study in the *Journal of the American Medical Association* found that nearly half of

all deaths in the nation could be attributed to external (non-biological) factors that were in the control of individuals or their local communities. The chart below applies the algorithm used in the study to estimate the average number of deaths by underlying cause of death for Seneca County for 1994-1996.

Tobacco, diet, physical activity, and alcohol are the major underlying causes of death for Seneca County residents.



Although it is almost impossible to read a daily newspaper without seeing an article about the percentage of Americans or even New Yorkers who engage in various risky behaviors such as smoking, driving under the influence of alcohol, not getting enough exercise, not eating a healthy diet, or engaging in unsafe sexual behaviors, almost nothing is known about risky behaviors at a county level. Therefore it is difficult to establish baseline data and measure the effectiveness of various interventions to reduce risks or improve healthy behaviors.

The New York Health Department has decided to expand its Behavioral Risk Factor Surveillance System (BRFSS) that has been used to collect information on behaviors associated with chronic diseases. To date the information has been available only at the state level and was of limited use for county and sub-county needs assessments. Soon local areas will have the ability to tailor the survey to include more detailed questions in areas of specific concern to the county and the results will be made available to the counties.

Information will be collected through a telephone survey of county residents. It will be conducted throughout the year and updated on an ongoing basis. County-level data will be reported back to the county. The survey will measure risk behaviors, health insurance coverage and the use of primary and preventive services by adults over the age of 18.

There is a concern that the poor of the county, who are more likely to not have a phone, will be underrepresented in the survey. The survey

does not include children. However, all the schools in the county are surveying students about their use of alcohol, tobacco and illegal drugs.

It is important that whatever measurements are developed or tracked, there be a reference group or benchmark to compare them to—either similar counties or upstate New Yorkers or national norms.

**DEMOGRAPHIC PROFILE
SENECA COUNTY TOWNS AND VILLAGES**

Place of Residence	Total Population		Change 1990-96		1996 Density		1990 Minority Population			1990 Group Quarters Population			Estimated Current Age Distribution					
	1990	1996	No.	%	Pop/Sq Mi.	% Minority	Black not Hispanic	Hispanic	Other	% in Grp Qtrs & Inst.	Institu- tions	Other Grp Qtrs	% <5 Yrs	% 5-17 Yrs	% 18-44 Yrs	% 45-64 Yrs	% 65+ Yrs	
Seneca County	33,683	32,530	(1,153)	3.4	100	3.6	558	333	330	3.6	670	549	7.2	18.8	36.8	21.9	17.6	
northern Area	27,702	26,485	(1,217)	4.4	116	3.7	467	293	271	3.8	533	508	7.2	18.9	37.2	21.6	17.6	
Fayette Town																		
Waterloo Village (pt.)**	780	720	(60)	7.7	**	0.8	0	7	0	1.2	0	10	2.0	19.5	38.4	21.6	17.6	
Remainder of Fayette town	2,866	2,931	75	2.6	104	2.1	5	21	33	0.5	0	14	6.6	20.8	36.1	24.4	17.6	
Geneva city (pt.)	0	0																
Junius Town	1,354	1,340	(14)	1.0	52	0.9	0	9	3	0.0	0	0	7.5	21.1	36.7	24.3	17.6	
Romulus Town	25	25	0	0.0	**	9.1	2	0	0	0.0	0	0	8.7	21.4	29.8	17.6	17.6	
Remainder of Romulus town	2,507	2,306	(201)	8.0	61	14.8	198	93	80	11.3	283	0	8.7	21.0	38.2	17.6	17.6	
Seneca Falls Town	7,370	6,851	(519)	7.0	156.9	2.5	83	41	60	1.0	26	48	7.7	18.3	37.0	20.0	17.6	
Seneca Falls Village	2,014	2,067	53	2.6	104	2.2	0	0	45	0.0	0	0	6.4	18.6	35.4	24.2	17.6	
Remainder of Seneca Falls town	870	893	23	2.6	30	0.3	0	3	0	0.0	0	0	6.5	19.6	37.7	22.9	17.6	
Tyre Town	2,161	1,769	(392)	18.1	55	8.1	103	51	20	20.0	0	4.0	7.5	18.6	42.5	19.6	17.6	
Vanick Town																		
Waterloo Town	4,335	4,015	(320)	7.4	**	1.3	25	6	24	5.8	224	0	6.8	18.2	35.2	21.8	17.6	
Waterloo Village (pt.)**	3,429	3,519	90	2.6	174	3.5	51	62	6	0.0	0	0	6.8	17.3	39.0	22.7	17.6	
Remainder of Waterloo town	5,120	4,739	(381)	7.4	241.1	1.2	25	13	24	5.1	224	0	6.8	17.3	39.0	22.7	17.6	
**Waterloo Village total	5,981	6,045	64	1.1	62	3.2	91	40	59	2.6	137	21	7.3	18.5	35.2	22.9	17.6	
southern Area																		
Covert Town	680	634	(46)	6.8	247.7	2.1	10	0	3	3.8	24	0	7.8	17.2	38.6	17.2	17.6	
Interlaken Village	1,565	1,607	41	2.6	51	1.3	14	0	7	0.0	0	0	6.9	20.1	32.1	26.9	17.6	
Remainder of Covert town																		
Lodi Town	364	364	0	0.0	642	0.8	0	0	3	0.0	0	0	8.8	20.6	37.0	17.6	17.6	
Lodi Village	1,065	1,083	28	2.6	32	2.2	3	14	7	0.0	0	0	8.0	19.2	38.3	22.4	17.6	
Remainder of Lodi town																		
Ovid Town	635	635	0	0.0	**	5.7	14	7	16	1.7	0	11	8.7	20.0	34.6	22.8	17.6	
Ovid Village (pt.)**	1,671	1,712	41	2.5	56	5.5	50	19	23	7.4	113	10	5.6	15.4	34.0	23.6	17.6	
Remainder of Ovid town																		
**Ovid Village total	650	650	0	0.0	1574	2.1	10	0	3	3.81	24	0	7.8	17.2	38.6	17.2	17.6	

Data Sources: U.S. Department of Commerce, Bureau of the Census, estimates based on information provided by Claritas Inc.

1990 POPULATION BELOW OR NEAR POVERTY
By Minor Civil Division of Residence

Place of Residence	Percent Living		Percent Below Poverty by Selected Age Groups				Percent Below Poverty by Sex and			
	Below Poverty	Near Poverty	Under 5 Yrs Old	5 to 17 yrs		65 & 75 & Older		Men		
				11 yrs	17 yrs	65 to 74 yrs	75 & Older	65 to 74 yrs	75 & Older	
Seneca County	10.4	19.0	22.1	15.3	10.5	8.5	13.9	6.9	15.6	3.2
Covert town	5.7	17.7	10.8	7.8	7.9	4.7	6.0	7.4	5.4	0.0
Interlaken village	9.1	15.2	19.7	19.6	0.0	3.5	8.7	0.0	0.0	0.0
Remainder of Covert town	4.5	18.6	5.7	4.4	9.4	5.4	4.5	11.1	8.7	0.0
Fayette town	5.5	19.2	7.1	6.5	4.9	5.0	11.1	4.6	13.5	0.0
Waterloo village (pt.)	9.2	23.0	25.8	11.9	5.7	8.0	22.6	0.0	33.3	0.0
Remainder of Fayette town	4.4	18.1	3.9	4.8	4.7	4.1	6.5	5.8	0.0	0.0
Geneva city (pt.)	--	--	--	--	--	--	--	--	--	--
Junius town	10.7	22.3	17.0	22.1	5.9	9.5	17.6	5.3	22.6	2.7
Lodi town	10.6	26.7	11.8	21.5	16.8	5.9	6.7	7.3	5.1	3.7
Lodi village	15.3	35.1	23.3	26.8	25.8	6.8	0.0	19.0	0.0	0.0
Remainder of Lodi town	9.0	23.7	7.5	18.3	14.2	5.5	10.3	0.0	7.4	5.4
Ovid town	9.7	20.6	18.2	10.6	8.6	10.2	13.2	9.4	19.5	6.5
Ovid village (pt.)	14.4	13.8	26.9	19.4	8.3	6.8	0.0	14.3	0.0	9.5
Remainder of Ovid town	7.8	23.4	12.8	7.3	8.6	11.5	19.6	7.6	31.5	5.6
Romulus town	11.3	24.6	22.2	15.0	14.5	5.8	7.6	9.5	3.8	0.0
Ovid village (pt.)	0.0	31.8	0.0	0.0	--	0.0	--	0.0	--	0.0
Remainder of Romulus town	11.4	24.6	22.4	15.1	14.5	6.0	7.6	10.2	3.8	0.0
Seneca Falls town	12.6	15.6	31.8	16.6	12.1	10.3	16.5	9.2	17.7	2.0
Seneca Falls village	12.4	17.1	32.6	15.3	13.8	10.2	14.7	10.0	16.9	2.6
Remainder of Seneca Falls town	13.3	9.8	29.3	22.0	6.4	11.0	26.9	6.2	23.1	0.0
Tyre town	10.0	13.9	12.2	9.7	17.9	6.9	8.6	6.1	7.1	6.1
Varick town	10.3	18.7	26.9	13.2	14.4	4.9	6.0	5.6	11.9	2.9
Waterloo town	11.4	19.9	22.5	21.8	8.9	9.6	17.2	3.8	18.1	6.3
Waterloo village (pt.)	10.5	17.0	24.6	25.5	3.7	8.2	14.8	0.0	20.1	8.8
Remainder of Waterloo town	12.5	23.3	19.7	17.5	16.7	11.2	20.3	8.5	15.0	3.4

Near Poverty includes those living in household with incomes between 100 and 200% of the poverty level
 Poverty level is not calculated for institutionalized persons, persons in military group quarters and in college dormitories, and unrelated individuals under 15 years old.
 Poverty level varies depending on the number, ages and relationships of individuals living in a household.
 Data Source: 1990 Census of Population and Housing, U.S. Department of Commerce, Bureau of the Census

**1993 to 1995 BIRTHS TO SENECA COUNTY RESIDENTS
BY MOTHER'S EDUCATION AND PLACE OF RESIDENCE**

	Total Births 1993-95	Mother's Education				Total Births	Distribution by Mother's Education				
		No HS		1-3 Yrs Post HS			No HS		1-3 Yrs Post HS		
		HS	Some HS	Grad	Post HS		HS	Some HS	Grad	Post HS	
Seneca County	1 231	59	169	496	322	185	4	8	13.7	40.3	26.2
Northern Area	972	46	141	385	256	144	4	7	14.5	39.6	26.3
Fayette Town	**	**	**	**	**	**	**	**	**	**	**
Waterloo Village (pt)**	58	7	4	20	17	10	12.1	6.9	34.5	29.3	
Remainder of Fayette town	26	0	3	11	11	1	0.0	11.5	42.3	42.3	
Junius Town											
Romulus Town											
Ovid Village (pt)#	#	#	#	#	#	#	10.8	9.7	35.5	26.9	
Remainder Romulus Town	93	10	9	33	25	15	1.4	16.7	38.0	26.5	
Seneca Falls town	287	4	48	109	76	50	0.0	11.1	40.7	19.8	
Seneca Falls Village	81	0	9	33	16	23	2.9	5.9	61.8	17.6	
Remainder Seneca Falls town	34	1	2	21	6	4	36.4	12.7	16.4	20.0	
Tyre town											
Varrick town	55	20	7	9	11	8	0.8	26.4	44.2	21.7	
Waterloo Town	**	**	**	**	**	**	**	**	**	**	**
Waterloo Village (pt)**	129	1	34	57	28	9	1.4	12.0	44.0	31.6	
Remainder Waterloo Town	209	3	25	92	66	23	5.0	10.9	42.6	25.6	
**Waterloo Village - total											
Southern Area	258	13	28	110	66	41	0	0	11.9	52.4	19.0
Covert Town	42	0	5	22	8	7	0.0	6.0	37.3	23.9	
Interlaken Village	67	3	4	25	16	19	4.5	11.6	50.0	25.0	
Remainder Covert Town	12	0	2	6	3	1	0.0	16.7	41.9	30.2	
Lodi town	43	1	5	18	13	6	2.3	11.6	37.9	30.3	
Lodi Village	#	#	#	#	#	#	12.1	12.1	37.9	30.3	
Remainder Lodi town	66	8	8	25	20	5	3.6	14.3	50.0	21.4	
Ovid town	28	1	4	14	6	3					
Ovid Village (pt)#											
Remainder Ovid town											
# Ovid Village - total											

Data Source: NYS Department of Health Vital Statistics Files

Prepared by P

**Hospital Utilization Patterns Northern Seneca Residents
1995 and 1996 Hospital Discharges by Service Type and Hospital**

'95-'96 Medical Discharges			'95-'96 Surgical Discharges		
Hospital	No.	% Dst	Hospital	No.	% Dst
Total Discharges	1,949	100.0	Total Discharges	2,206	100.0
Geneva General	1,519	77.9	Geneva General	1,226	55.6
Clifton Springs	199	10.2	Rochester General	262	11.9
Strong Memorial	66	3.4	Strong Memorial	231	10.5
Auburn Memorial	32	1.6	Clifton Springs	229	10.4
Tompkins Community	21	1.1	The Genesee Hospital	47	2.1
FF Thompson	18	0.9	Auburn Memorial	43	1.9
Roswell Park	17	0.9	FF Thompson	33	1.5
University Hospital SUNY	15	0.8	University Hospital SUNY	24	1.1
St Mary's	10	0.5	Newark Wayne	20	0.9
Newark Wayne	8	0.4	St Mary's	20	0.9
The Genesee Hospital	8	0.4	Crouse Irving	16	0.7
Monroe Community	6	0.3	St Joseph's Syracuse	10	0.5
Other Finger Lakes Hospitals	17	0.9	Other Finger Lakes Hospitals	10	0.5
Other Central Region	6	0.3	Highland	7	0.3
Other NYS Hospitals	7	0.4	Park Ridge	6	0.3
			Other Central Region Hospitals	10	0.5
			Other NYS Hospitals	12	0.5

'95-'96 Psychiatric Discharges			'95-'96 Obstetric Discharges		
Hospital	No.	% Dst	Hospital	No.	% Dst
Total Discharges	298	100.0	Total Discharges	594	100.0
Newark Wayne	90	30.2	Geneva General	430	72.4
Clifton Springs	89	29.9	Newark Wayne	40	6.7
Geneva General	66	22.1	Strong Memorial	40	6.7
Soldiers & Sailors	15	5.0	FF Thompson	33	5.6
Strong Memorial	12	4.0	Auburn Memorial	13	2.2
Tompkins Community	7	2.3	Rochester General	9	1.5
Other Finger Lakes Hospitals	9	3.0	Tompkins Community	7	1.2
Other Central Region Hospitals	6	2.0	Other Finger Lakes Hospitals	13	2.2
Other NYS Hospitals	4	1.3	Other Central Region Hospitals	9	1.5

Data Source: NYS Department of Health, SPARCS files

Prepared by FLHSA

**Hospital Utilization Patterns Southern Seneca Residents
1995 and 1996 Hospital Discharges by Service Type and Hospital**

'95-'96 Medical Discharges		
<u>Hospital</u>	<u>No.</u>	<u>% Dst</u>
Total Discharges	455	100.0
Tompkins Community	239	52.5
Geneva General	125	27.5
Schuyler Hospital	44	9.7
Strong Memorial	8	1.8
Clifton Springs	7	1.5
Arnot Ogden	7	1.5
St. Joseph's	6	1.3
Other Finger Lakes Hospitals	8	1.8
Other NYS Hospitals	11	2.4

'95-'96 Surgical Discharges		
<u>Hospital</u>	<u>No.</u>	<u>% Dst</u>
Total Discharges	474	100.0
Tompkins Community	193	40.7
Geneva General	115	24.3
Strong Memorial	39	8.2
Rochester General	31	6.5
Clifton Springs	23	4.9
Arnot Ogden	13	2.7
Schuyler Hospital	9	1.9
University Hosp SUNY	9	1.9
St. Joseph's	8	1.7
Other Finger Lakes Hospitals	13	2.7
Other Central Region Hospitals	7	1.5
Other NYS Hospitals	14	3.0

'95-'96 Psychiatric Discharges		
<u>Hospital</u>	<u>No.</u>	<u>% Dst</u>
Total Discharges	65	100.0
Tompkins Community	23	35.4
Geneva General	15	23.1
St. James Mercy	9	13.8
Newark Wayne	7	10.8
Other NYS Hospitals	11	16.9

'95-'96 Obstetric Discharges		
<u>Hospital</u>	<u>No.</u>	<u>% Dst</u>
Total Discharges	136	100.0
Tompkins Community	53	39.0
Geneva General	37	27.2
Schuyler Hospital	23	16.9
Arnot Ogden	11	8.1
Other NYS Hospitals	12	8.8

Data Source: NYS Department of Health, SPARCS files

Prepared by FLHSA

Introduction

In past community health assessments, the New York State Health Department was mainly interested in what the local health unit did to improve the health status of the community. The emphasis has shifted in this assessment to encouraging partnerships among business and other public and private organizations to achieve healthy communities. As stated in *Communities Working Together for a Healthier New York*: "Such a broad-based, coordinated approach is especially needed in these times of increasing fiscal constraints and highly complex problems that limit the ability of governmental agencies to address all our health needs."

The Seneca County Health Department has always been involved in community partnerships and collaboratives to address identified problems. The section below highlights several recent collaboratives formed to address identified needs in the county.

Seneca County Partners for Children

Initiated by the Seneca County United Way, this broad-based collaborative began meeting in the fall of 1997 with the goal of coordinating existing services and improving their delivery to children and their families. In addition, where the impact of existing services for families is inadequate, the collaborative will develop additional services to provide for unmet needs. More than 150 parents, teachers, businessmen, law enforcement officers, county officials and other community agencies worked over nine months to develop a strategic vision for Seneca County's children and an eight-point plan. The plan states that children should be born healthy; live in healthy, supportive families; be part of a safe and nurturing community; have access to needed services; be prepared to enter school; succeed in school; make positive choices; and become self-sufficient community members. A number of actions have been proposed for each of the eight desired outcomes and variety of community agencies will assume leadership roles for various objectives and interventions.

Many of the participants in the Seneca County Health Department's Priority Setting Process also participated in the Seneca County Partners for Children process. One goal of the priority setting process was, where appropriate, to build on the work already started by the Partners for Children.

Seneca Against Violence Coalition

This coalition has the vision that all persons have the right to live in an environment free from violence and fear of violence. Started in 1995 under the leadership of the Seneca County District Attorney's Office, the coalition also includes Rape Crises Services, the Youth Bureau, Sheriff's office, Probation Department, DSS, Family Counseling of the Finger Lakes, Community Counseling Center and the Health Department. The coalition is committed to the enhancement of supportive community services and raising public awareness of family/domestic violence.

Several of the current projects have concentrated on educating high school aged youth about peer relations, date violence, handling family violence, stress reduction techniques, and mediation skills. Future projects planned include training for recognizing financial abuse of the elderly.

Seneca County Substance Abuse Task Force

This task force was revived in 1996, when the triennially-administered American Drug and Alcohol survey of substance use by Seneca County youth grades 6-12 showed an increase in the use of drugs, alcohol and tobacco. Members of the task force include Supervisors, schools, the Community Counseling Center, the Youth Bureau, Council on Alcoholism of the Finger Lakes, FLACRA, the Sheriff's Department and other local law enforcement personnel, Probation, DSS, New York Chiropractic College, the Health Department, parents, Stop DWI, and the Seneca Army Depot.

Currently the main focus of the task force is on youth. The task force helps to promote the administration of the drug/alcohol/tobacco survey in all the county schools.

Another recent major initiative it has supported has been the introduction of the Botvin Life Skills program for children in grades 6-8 into the four public and two parochial schools in the county slated for the fall of 1998. Developed by Gilbert Botvin, Director of the Institute for Prevention Research at Cornell University Medical Center, this program has been shown not only to lower student use of alcohol, tobacco and marijuana but also to lower their intentions to use drugs in the future. With major support from the Seneca County Youth Counseling Services Program of the Seneca County Community Counseling Center, each school district is implementing the program in a manner that best meets its needs.

The Tobacco Action Coalition of the Finger Lakes (TACFL)

TACFL was organized in 1992 by the American Lung Association and public health personnel in Ontario, Wayne, Seneca and Yates counties to work with Project Assist toward the prevention and treatment of nicotine addiction.

It has sponsored public education programs, presented tobacco control curriculum training to school health teachers, formed a youth empowerment Network to influence local Clean Indoor Air policy, increased retailer compliance with the Adolescent Tobacco Use Prevention Act and launched an educational and legislative campaign to strengthen clean indoor air policies.

Seneca Children and Youth Task Force

This task force brings together local agencies that work with youth and families to identify community needs, update each other about program changes and new initiatives and to sponsor

SECTION TWO: LOCAL PRIORITIES

Recent Collaborations

public service announcements. Some of the agencies that participate include the Youth Bureau Family Counseling of the Finger Lakes, the Health Department, DSS, Library, Council on Alcoholism, United Way, Seneca/Cayuga Action Program, JTPA, Child Care Council, Probation, and Finger Lakes Visiting Nurse Services.

Women's Health Program (formerly known as the Seneca Breast Partnership)

The Seneca County Health Department, in partnership with Life Care, Taylor Brown Health Center, American Cancer Society, Finger Lakes Regional Health Systems (Geneva General Hospital), Ovid Primary Care/ Schuyler Hospital, East Hill Medical Group, and several private practitioners, conducts the Seneca County Breast and Cervical Cancer Screening Program. This program provides breast and cervical cancer screenings, clinical exams, and educational services for low income women with no or incomplete health insurance coverage.

Introduction

In establishing its process to develop priorities for its 1998 Community Health Assessment, the Seneca County Health Department was guided in substantial part by *Communities Working Together for a Healthier New York: Opportunities to Improve the Health of New Yorkers*. That 1996 report to the Commissioner of Health Barbara A. DeBuono, M.D., from the New York State Public Health Council resulted from a broad-based public process that 1) sought input from communities across that State about New York's most pressing health problems, and 2) identified priority areas for intervention.

Seneca County Health Department officials strongly endorse the conceptual principles underlying this report; most particularly, they support the proposition that "local communities can have the greatest impact on health by intervening in the causes of poor health, rather than focusing on the health problems themselves".

In Seneca County, the formal process organized by the County Health Department of setting local health priorities, defining effective interventions, and engaging the broad community to address identified health problems began four months ago. In embarking on this ambitious initiative, county health officials have attempted to incorporate and build on the work of existing health coalitions, where appropriate. They also recognize that they and their partners are now in only the initial phase of a community improvement process that will require long term commitment, co-operation, monitoring and assessment. A description of the process and progress made to date follows.

The Process

In June 1998, the Seneca County Health Department invited 111 organizations and/or individuals either directly engaged in or specifically interested in health care to participate in the priority setting process. Sent to health care providers, community leaders, elected officials, clergy and advocacy groups, the letter explained the purpose of the 1998 Community Health Assessment and invited community participation in its development.

With technical support from the Finger Lakes Health Systems Agency (FLHSA), three meetings were held over the next two months; 51 individuals participated in the process.

Over the course of the three meetings the participants:

- reviewed and discussed demographic and health status trends;
- developed a list of health problems-- building on those identified during the state process as outlined in *Communities Working Together* and adding additional problems of local concern;

SECTION TWO: LOCAL PRIORITIES

Setting Priorities

- rated and ranked those problems in terms of both their relative importance to the community and the relative feasibility of developing effective interventions.
 - developed consensus on three priority areas to address:
 - 1) Transportation
 - 2) Women's Health
 - 3) Preventive Health Services
 - selected two objectives for each priority area:
 - suggested possible interventions;
 - identified additional data needed to measure progress toward goals;
-
- identified partners to collaborate on each objective and suggested possible lead agencies.

It should be noted that the participants originally identified several areas of concern in women's health: domestic violence, adolescent pregnancies, sexually transmitted diseases, and women's use of tobacco. However, they were asked to concentrate on only two objectives; the two objectives chosen related to domestic violence.

A list of participants, the list of risk factors for poor health and adverse health outcomes, and the outcomes of the initial rating and ranking process by individual participants may be found at the end of this section.

Next Steps

The county recognizes that the meetings held this summer were only the beginning of a process that will be ongoing.

For several of the identified objectives, data on the behavior and use of services of Seneca County residents need to be collected in order to establish baseline measures and evaluate progress towards goals. As currently proposed, the NYS Expanded Public Health Surveillance survey includes questions on mammograms, pap tests, colorectal cancer screening, and insurance coverage. The Health Department will investigate adding questions on domestic violence and questions about access to transportation for daily activities as well as transportation to health care services.

SECTION TWO: LOCAL PRIORITIES

Setting Priorities

Partnerships or collaboratives are already in place to address several of the priorities and objectives identified through this process. It is hoped that the affirmation of these objectives through this community health assessment process will bring new participants into existing collaboratives, and lend weight to efforts to secure funds for the implementation of interventions.

The Seneca County Health Department acknowledges the leadership role that it will play in ensuring that each of the objectives has a champion or lead agency.

The Health Department will:

- communicate on a regular basis with the lead agency(ies) identified for each of the six objectives;
- share with each collaborative relevant health status data and relevant data from the Expanded Public Health Surveillance Survey of Seneca County residents that would help measure progress toward identified goals;
- report to the community on a regular basis progress towards reaching each of the identified objectives.

Transportation

- Objective #1:*** Identify current transportation providers. Develop a better understanding of needs and characteristics of target groups that may need transport.
- Objective #2:*** Develop a public transportation plan for the entire county in order to enhance the economic well-being and quality of life for all Seneca County residents.

Women's Health

- Objective #1:*** Increase teen/adolescent awareness of domestic violence, sexual abuse and date rape.
 - Objective #2:*** Reduce incidence of women reporting being the victim of a physically violent act by an intimate partner.
-

Preventive Health Services

- Objective #1:*** Increase the availability and accessibility of preventive health services to children.
- Objective #2:*** Increase the availability and accessibility of effective screening and follow-up services to residents of Seneca County.

TRANSPORTATION

Objective #1: Identify current transportation providers. Develop a better understanding of needs and characteristics of target groups that may need transport.

Objective #2: Develop a public transportation plan for the entire county in order to enhance the economic well-being and quality of life for all Seneca County residents.

Rationale: Currently there is no public transportation system in the county. Although it is believed that most families who live in a rural county have a car, it may be in use during the day by a wage earner and therefore unavailable for other family members to use for work, health appointments or other activities. Providers of health and human services report that lack of transportation is the reason most often given for failure to attend scheduled appointments or to access available services.

Suggested Interventions

Survey persons at risk of not having transportation about their needs for transportation, available sources of transportation and other transportation-related barriers that prevent them from accessing services.

Conduct focus groups with high risk individuals and agencies and organizations working with high risk individuals to ascertain transportation needs and transportation-related barriers to accessing services.

Develop an understanding of issues surrounding the possibility of shared transportation between current agencies providing transportation for county residents—Veterans Administration, agencies providing sheltered workshops and day programs for mentally ill, developmentally disabled and the elderly, and school districts.

Explore the possibility of expanding dial-a-ride services of Ontario and Tompkins counties into Seneca County.

Develop a better understanding of the employment patterns of Seneca County residents.

Possible Measures (To be developed)

Data first needs to be collected on needs of target groups, employment patterns, and available services. The Health Department should investigate the possibility of adding questions about

SECTION TWO: LOCAL PRIORITIES

Areas for Action

transportation to health care appointments to the proposed NYS Expanded Public Health Surveillance Survey.

Suggested Partners

County Manager, Board of Supervisors, current transporters, Economic Development Coordinator, DOT, Red Cross, United Way, Partners for Children

Suggested Lead Agency

County Manager/Board of Supervisors

WOMEN'S HEALTH

Objective #1: Increase teen/adolescent awareness of domestic violence, sexual abuse and date rape.

Rationale: Violent and abusive behavior to women by an intimate partner often starts early in a relationship even during the dating and early courtship stages. In recent years there has been increased awareness of “date or acquaintance”-rape. Research indicates that one in five pregnant teens was battered during pregnancy. Teens need to understand the differences between healthy and abusive relationships.

Suggested Interventions

Provide training on domestic violence to health care professionals, educators, and parents.

Develop a public awareness campaign about the differences between healthy and abusive relationships.

Offer educational programs on domestic violence in the public schools through assemblies, classroom programs and peer educator programs. Offer separate presentations for special education/ARC youth.

Develop educational programs through other youth-serving agencies such as the scouts and 4-H clubs.

Possible Measures

Surveys of teens on knowledge of “domestic violence”; Compare pre/post intervention knowledge

Suggested Partners

SAV (Seneca Against Violence), Seneca County Partners for Children, Sheriff’s Department, Family Counseling, Rape Crises Services, the four School Districts, Seneca County’s District Attorney’s Victim/Witness Advocate, Special Education/ARC CSE chairs, Seneca County Health Department.

Suggested Lead Agency

SAV (Seneca Against Violence)

WOMEN'S HEALTH

Objective #2: Reduce incidence of women reporting being the victim of a physically violent act by an intimate partner.

Rationale: Battery is the single major cause of injuries to women. In addition these women are at high risk for developing serious, complex medical and psychosocial problems, including HIV infection, sexually transmitted diseases (STDs), unwanted pregnancies, eating disorders, drug and alcohol addiction, anxiety and /or depression symptoms. The real extent of domestic violence is unknown.

Suggested Interventions

Increase training and education for health care professionals on identifying, treating, documenting and referring victims of domestic violence.

Update and distribute the Seneca County directory of referral services for victims of domestic violence.

Increase collaboration among agencies (health care providers, governmental, law enforcement, DSS) within and across county boundaries for data collection, education and service delivery.

Increase awareness and utilization of programs for offenders.

Possible Measures (To be developed)

Percentage of women reporting being the victim of a physically violent act by an intimate partner during the previous year. (Should be considered as a possible additional question on the proposed NYS Expanded Public Health Surveillance Survey).

ER admissions where domestic violence is suspected.

Suggested Partners

SAV (Seneca Against Violence), Sheriff's Dept, Family Counseling, Rape Crises Services, Seneca County's District Attorney's Victim/Witness Advocate, Seneca County Health Department, Geneva General Hospital, Cayuga Medical Center.

Suggested Lead Agency: SAV (Seneca Against Violence)

PREVENTIVE HEALTH SERVICES

Objective #1: Increase the availability and accessibility of preventive health services to children.

Rationale: A healthy community starts with healthy children. Access to health insurance, preventive medical and dental services, and health education are all essential if children are to grow up healthy. The percentage of children living in or near poverty is growing. These children are especially at risk of not accessing preventive services.

Suggested Interventions

Implement the Botvin Life Skills program in grades 6-8 in all Seneca County Schools. This program teaches a range of social and personal skills that increase young people’s ability to handle the challenges of adolescent life more effectively and reduce the likelihood that they will use alcohol, tobacco and drugs.

Increase the number of children with Child Health Plus insurance by educating the providers, getting information to parents, helping parents fill out enrollment forms, working with the Monroe Plan to train staff about the county.

Develop school-based dental screening/treatment programs in elementary schools (k-6) and pre school programs such as day care centers, Head Start etc.

Implement a dental clinic for children at the Taylor-Brown site within 3 years.

Possible Measures

Pre/Post Test knowledge of materials in the Botvin Life Skills program.

Number and percentage of children enrolled in Child Health Plus.

Percentage of children free of caries (ages to be determined).

Number and location of sites offering dental screenings for children.

Suggested Partners

Seneca County Schools, Seneca County Health Department, Rushville Health Center, The Monroe Plan (Child Health Plus).

Suggested Lead Agencies

Seneca County Health Department, Rushville Health Center

PREVENTIVE HEALTH SERVICES

Objective #2: Increase the availability and accessibility of effective screening and follow-up services to residents of Seneca County.

Rationale: Simple screenings can identify persons with high blood pressure, elevated cholesterol, diabetes, and cancers of the breast, cervix, colon and rectum and skin. All these conditions can be treated and controlled especially with early detection. However, many people do not access these screenings because of knowledge of knowledge about the importance of screening, lack of insurance coverage for the screenings and/or lack of insurance coverage for follow-up care.

Suggested Interventions

Develop baseline information about the extent of screenings currently given and perceived as needed in the county.

Develop baseline information about the extent of insurance coverage for residents of Seneca County.

Identify/describe the problems of referral and follow-up.

Possible Measures

Percentage of adults who had received age-sex-appropriate screenings for hypertension, elevated cholesterol, diabetes, breast cancer, cervical cancer, colorectal cancer. (Should be part of core or included as “add on” modules of the proposed NYS Expanded Public Health Surveillance Survey)

Suggested Partners

Seneca County Health Department, Finger Lakes Community Cancer Center, Finger Lakes Regional Health System.

Suggested Lead Agency

Seneca County Health Department

**SENECA COUNTY COMMUNITY HEALTH ASSESSMENT
ATTENDEES AT PRIORITY SETTING MEETINGS
SUMMER - 1998**

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SECTION TWO: LOCAL PRIORITIES

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SECTION TWO: LOCAL PRIORITIES

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SECTION TWO: LOCAL PRIORITIES

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SECTION TWO: LOCAL PRIORITIES

Attachments

<i>Relative Importance to the Community</i>			SENECA COUNTY RISK FACTORS FOR POOR HEALTH	<i>Relative Feasibility of Developing Effective Interventions</i>		
High	Med	Low	1. Alcohol and Substance Abuse	High	Med	Low
High	Med	Low	2. Disintegration of Family/Community	High	Med	Low
High	Med	Low	3. Inadequate Preventive Services	High	Med	Low
High	Med	Low	4. Lack of Access to Medical Care	High	Med	Low
High	Med	Low	5. Health Education doesn't reach target	High	Med	Low
High	Med	Low	6. Lack of Adequate Health Insurance	High	Med	Low
High	Med	Low	7. Physical Inactivity	High	Med	Low
High	Med	Low	8. Poor Nutrition	High	Med	Low
High	Med	Low	9. Poverty	High	Med	Low
High	Med	Low	10. Tobacco	High	Med	Low
High	Med	Low	11. Unsafe Sexual Behavior	High	Med	Low
High	Med	Low	12. Violent Abusive Behaviors	High	Med	Low
High	Med	Low	13. Lack of Education	High	Med	Low
High	Med	Low	14. Lack of Access to Dental Care	High	Med	Low
High	Med	Low	15. Stress	High	Med	Low
High	Med	Low	16. Transportation	High	Med	Low
High	Med	Low	17. Lack of jobs	High	Med	Low

SECTION TWO: LOCAL PRIORITIES

Attachments

<i>Relative Importance to the Community</i>			SENECA COUNTY ADVERSE HEALTH OUTCOMES	<i>Relative Feasibility of Developing Effective Interventions</i>		
High	Med	Low	1. Addictions	High	Med	Low
High	Med	Low	2. Adolescent and Unintended Pregnancies	High	Med	Low
High	Med	Low	3. Breast Cancer/Prostate Cancer	High	Med	Low
High	Med	Low	4. Lung Cancer	High	Med	Low
High	Med	Low	5. Coronary Heart Disease	High	Med	Low
High	Med	Low	6. Domestic and Community Violence	High	Med	Low
High	Med	Low	7. HIV/AIDS	High	Med	Low
High	Med	Low	8. Overweight	High	Med	Low
High	Med	Low	9. Poor Pregnancy Outcomes	High	Med	Low
High	Med	Low	10. Sexually Transmitted Diseases	High	Med	Low
High	Med	Low	11. Stress and Mental Illness/Depression,	High	Med	Low
High	Med	Low	12. Motor Vehicles/other accidents/Head Injuries	High	Med	Low
High	Med	Low	13. Suicide	High	Med	Low
High	Med	Low	14. Poor Dental Health	High	Med	Low
High	Med	Low	15. Attention Deficit Disorder (ADD)	High	Med	Low
High	Med	Low	16. Diabetes	High	Med	Low
High	Med	Low	17. Other Cancers	High	Med	Low

SENECA COUNTY HEALTH PROBLEMS
RELATIVE FEASIBILITY OF DEVELOPING EFFECTIVE INTERVENTIONS

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RELATIVE IMPORTANCE TO ORGANIZATION

	High	Medium	Low
High	Breast Cancer/Prostate Cancer <i>Transportation</i>	Addictions <i>Alcohol and Substance Abuse</i> <i>Tobacco</i> Lung Cancer Coronary Artery Disease Domestic Violence <i>Violent Abusive Behaviors</i> <i>Disintegration of the Family/Community</i>	<i>Poverty</i> <i>Lack of jobs</i>
Medium	<i>Inadequate Preventive Services</i> Poor Dental Health	Adolescent Pregnancy <i>Health education doesn't reach target group</i> <i>Lack of Access to Medical Care</i> Diabetes <i>Poor nutrition</i> <i>Physical inactivity</i> Stress & Mental Illness (home & work place) Stress <i>Lack of Access to dental care</i> <i>Lack of health insurance</i> <i>Unsafe sex</i> Other Cancers Poor Pregnancy Outcomes MV/Accidents/Head Injury <i>Lack of education (formal)</i>	Overweight
Low		Sexually Transmitted Diseases Attention Deficit Disorder	HIV/AIDS Suicide

The Seneca County Department of Health used the APEX PH (Assessment Protocol for Excellence in Public Health*) workbook in assessing the organization. It was conducted by the health department director and key staff. Upon review of the Organizational Capacity Assessment, it is clear that this agency has the authority to undertake the assessment and to act on its results as well as having the resources and commitment required for an effective plan.

Seneca County has engaged the Finger Lakes Health Systems Agency (FLHSA) to help with both data analysis and the community process. The goal is to set priorities, formulate strategies, and foster partnerships to improve the health of Seneca County residents. To this end we will be involving key members and all interested individuals of the community as well as department staff in assessing the health of the community and identifying the role of the health department in relation to community strengths and health problems. It provides for the use of both objective health data and the community's perceptions of community health problems.

The Seneca County Department of Health appreciates the NYSDOHs goal which is to reform the Article 6 process, including the Community Health Assessment (CHA) to be more flexible and reflective of the current needs of local health departments for a continuing and participatory assessment of community health. It is hoped that with the great advances in disease management and the resulting increase in the longevity of our population, local health units can indeed put more emphasis on primary prevention. Once we have a clear profile of the most pressing problems, the most efficient and effective methods or modalities will be more obvious. The emphasis on the importance of behavior risk and the relationships with health will be difficult but imperative for public health to advance.

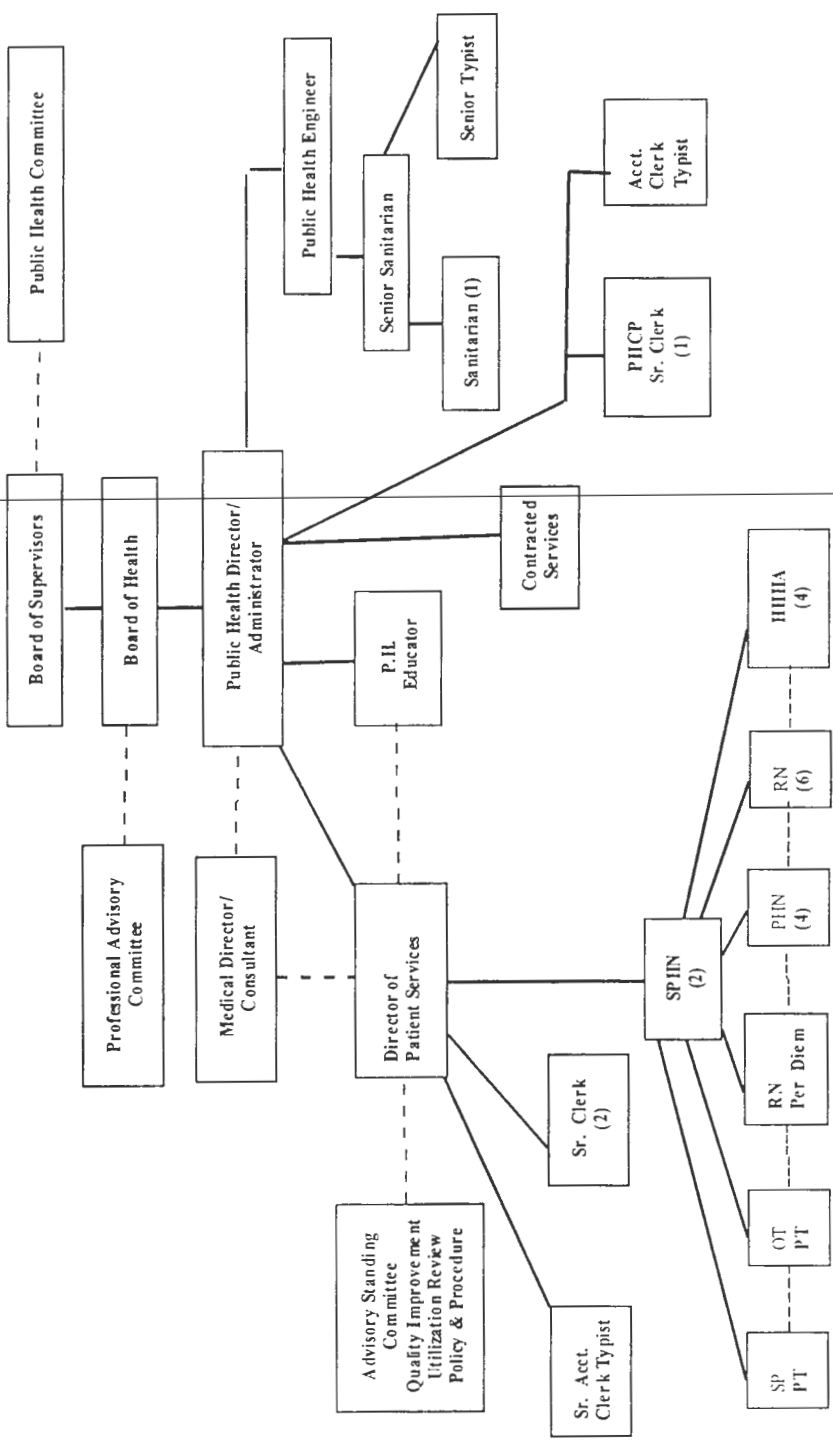
The Seneca County DOH looks forward to participating in the new CHA process and the beginning of a new era of expanded health opportunities for all the community.

*Funded through a Cooperative Agreement between Centers for Disease Control and the National Association of County Health Officials, March 1991.

SECTION THREE: HEALTH UNIT PROFILE

Assessment of Staff & Program Resources

Seneca County Health Department



----- Lines of communication/advisory
 _____ Lines of authority

Revised June 1998