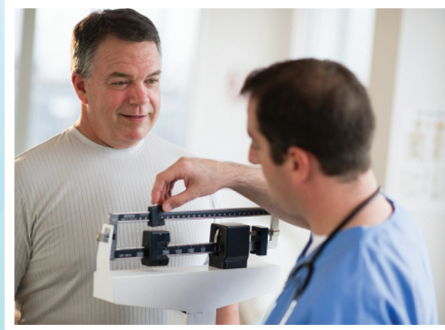


Community Service Plan 2013

Arnot Ogden Medical Center
Ira Davenport Memorial Hospital
St. Joseph's Hospital
Arnot Medical Services



COME
TO EXPECT
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Arnot*Health*

**Arnot Health
2013-2017 Community Service Plan and
Community Health Improvement Plan**

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 2013 Steuben County Community Survey**

Executive Summary

What are the health priorities facing the communities that Arnot Health serves?

Arnot Health is a regional healthcare system that serves five counties within the Southern Tier Region of New York State and the Northern Tier of Pennsylvania. Arnot Health's three hospitals are located in two counties: Arnot Ogden Medical Center and St. Joseph's Hospitals are located in Chemung County, and Ira Davenport Memorial Hospital is situated in Steuben County. With hospital facilities in two counties, Arnot Health followed guidance from the New York State Department of Health (NYSDOH) and the 2013-2017 Prevention Agenda to answer the question of health priorities impacting the wellness of our communities. The Prevention Agenda 2013-2017 is the blueprint for state and local action to improve the health of New Yorkers in five priority areas and to reduce health disparities for racial, ethnic, disability, socioeconomic and other groups who experience them (http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/).

Arnot Health participated in a comprehensive year-long process to assess community needs across county lines with partners such as: The Chemung County Health Department; Steuben County Public Health; other hospitals and healthcare agencies in Chemung, Steuben, and Schuyler Counties; a diverse collaborative of community partners and community residents. The year-long process of Assessing Community Health Needs was facilitated by a consultant contracted by Chemung County Health Department and technical assistance from the S2AY Rural Health Network in Steuben County. Arnot Health, in partnership with the dual-county collaborative network, used the MAPP process (Mobilizing for Action through Planning and Partnership), to collect and analyze data from a variety of sources. Valuable input was gained from surveying Chemung and Steuben County residents about their current health, and opinions on county-wide health challenges. Areas of disparity were also assessed within each county.

Findings from the Community Health Assessment (CHA) identified some overlapping areas of public health concerns and disparities in Chemung and Steuben Counties:

Chemung County Priority: Prevent Chronic Disease.

1. Focus area-Reduce obesity in children and adults.
2. Focus area-Reduce illness, disability, and death related to tobacco use and secondhand smoke exposure.

Disparity-Reduce percentage of lower income individuals who smoke, including those with mental health and substance abuse issues.

Steuben County Priority: Prevent Chronic Disease.

1. Focus area-Reduce obesity in children and adults.
2. Focus area-Reduce illness, disability, and death related to heart disease and hypertension.

Disparity-Promote tobacco cessation, especially among low socioeconomic populations and those with mental health illness.

Chronic diseases such as heart disease, diabetes, stroke, and some cancers are the most common and costly of all health problems, but they are also the most preventable. Growing evidence indicates that a comprehensive approach to prevention can save tremendous costs and enhance the quality of life. There are four common modifiable behaviors that contribute to chronic illness, disability, and premature death related to chronic disease. These include tobacco use, insufficient physical activity, poor eating habits, and excessive alcohol use (<http://www.cdc.gov/chronicdisease/resources/publications/aag/chronic.htm>).

Two major contributors to the incidence of chronic disease in Chemung and Steuben Counties are obesity and tobacco use. Obesity is a significant risk factor for many chronic diseases and conditions which reduce the quality of life, including type-2 diabetes, asthma, high blood pressure and high cholesterol. Increasingly, these conditions are being seen in children and adolescents (http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/docs/prevent_chronic_diseases.pdf). In Chemung County, the age adjusted percentage of adults who are obese (BMI 30 or higher) is 30.1%, compared to the New York State (NYS) average of 23.1%. Steuben County's age adjusted percentage of adults who are obese is 27.6%.

Tobacco use among adults in Chemung and Steuben Counties also exceeds the NYS average of 16.8%, and is the leading preventable cause of morbidity and mortality in NYS. Illnesses associated with tobacco use include lung and oral cancers, heart disease, stroke, chronic obstructive pulmonary disease, and other lung diseases (http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/chemung.htm).

Although there have been substantial reductions in the percentage of adults who smoke in NYS, tobacco use disparities have become more pronounced over the past decade. Smoking rates have not declined among adults of low-socioeconomic status and adults with poor mental health. According to NYS Tobacco Control Program in 2008-2009, the incidence of smoking among adults who reported poor mental health (32.5%), was twice the incidence of smoking among adults who reported good mental health (15.7%) (http://www.health.ny.gov/prevention/tobacco_control/reports/statshots/volume5/n2_mental_health_and_smoking_prevalence.pdf). Census Data from Chemung and Steuben Counties indicates the incidence of persons living below poverty level exceeds the NYS average of 14.5%. Lower socioeconomic status is associated with an increased risk of smoking initiation and progression to regular smoking, and a decreased likelihood of successful smoking cessation (*"Who's Quitting in New York: A Decade of Progress Reducing Smoking and Promoting Cessation"*, February 2011, Final Report).

According to NYS Biometrics Vital Statistics, chronic disease accounts for years of potential life loss and 62% of deaths in the state. Failing to win the battle against obesity and tobacco use in Chemung and Steuben Counties will mean a higher incidence of chronic diseases such as heart disease, diabetes, respiratory disease and cancer, lead to preventable hospitalizations, and premature death and disability for community residents.

Arnot Health, with a five-county service area and hospital facilities in Chemung and Steuben Counties, is uniquely positioned to work regionally across county lines to

improve the health of the community. With diverse partnerships in neighboring counties, Arnot Health utilized findings from the comprehensive CHA to develop three-year Community Health Improvement Plans (CHIP) to address public health priorities and eliminate areas of disparity in Chemung and Steuben County. Though Arnot Health also participated in the CHA and CHIP process in Schuyler County, the system's three hospitals lie within Chemung and Steuben Counties. Chemung and Steuben Counties also account for 77.5% of total discharges from system's hospitals. Arnot Health will continue its efforts to collaborate and support Schuyler County with the implementation of its CHIP.

Arnot Health's collaborative CHIPs places emphasis on three key areas: 1) *health promotion* activities to encourage healthy living and limit the onset of chronic diseases; 2) *early detection* opportunities that include screening populations at risk; and 3) *successful management* strategies for existing diseases and related complications. Action Plan strategies such as increasing physical activity, improving nutrition, and decreasing tobacco use form the core of the *Preventing Chronic Diseases Action Plan* for the *New York State Prevention Agenda* (http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/docs/prevent_chronic_diseases.pdf).

Over the next three years, Arnot Health and cross-county collaborative partnerships will begin implementing and monitoring the effectiveness of the CHIPs in Chemung and Steuben Counties. Arnot Health's Annual Community Service Plan will report the progress made towards goals and the impact of the CHIPs on the community's health.

1. Hospital Mission Statement

Our Mission

Is to partner with each person we serve in order to maximize their physical, emotional, social and spiritual health.

Our Vision

Is to be recognized as the premier regional health care system delivering high quality, safe, cost effective, socially responsible health care services to all we serve.

Our Values

Excellence

- ✓ We strive for the highest clinical quality, patient safety, and patient, physician and employee satisfaction by continually measuring and improving our performance.

Patient-Centered Health Care

- ✓ In a manner consistent with the highest standards of care:
- ✓ We strive to focus on the needs of each patient.
- ✓ We apply the skills of communication and listening in order to honor the rights of every individual.
- ✓ We teach and encourage our patients to participate in their care, to promote their wellness, and to make well-informed decisions.
- ✓ We respect and honor the cultural, ethnic, and religious beliefs and practices of each patient.

Compassion

- ✓ We act with attention, care, and an empathetic manner toward our patients and communities in order to alleviate the suffering which arises with health issues.
- ✓ We strive to exceed our patients' and our co-workers' expectations for comfort and care in the midst of suffering.

Teamwork

- ✓ We work together as trustees, staff, volunteers, physicians, and patients to find new, creative and collaborative ways to improve the delivery of health care services.

Integrity

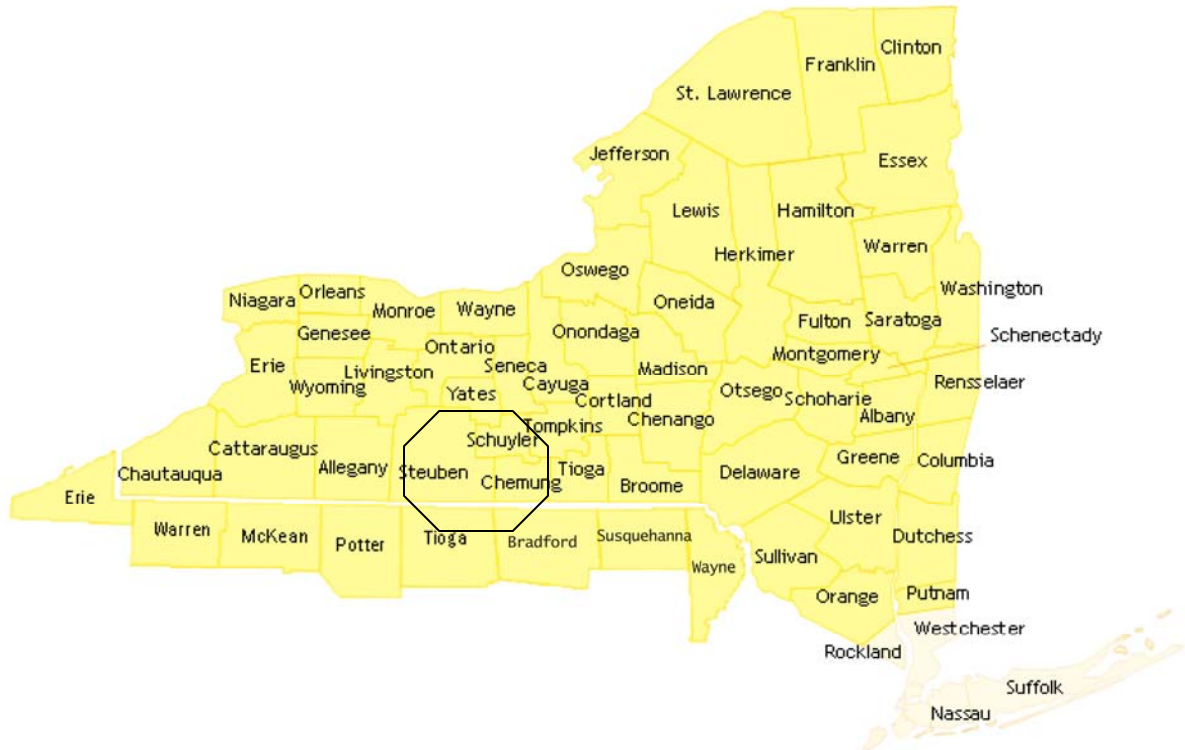
- ✓ We adhere to the highest ethical and professional standards by a commitment to honesty, confidentiality, trust, respect, and transparency.

Arnot Health's mission statement was last approved by Arnot Health's Board of Directors on May 21, 2012.

2. Description of Community Served

Service Area

Arnot Health is comprised of three hospitals, Arnot Ogden Medical Center and St. Joseph’s Hospitals in Elmira, and Ira Davenport Memorial Hospital in Bath, New York. Arnot Health provides diagnostic, ambulatory, secondary and tertiary acute care, as well as substance abuse, psychiatric, rehabilitative and wellness services to meet the needs of residents in Chemung, Steuben and Schuyler Counties in the Southern Tier of New York, and Bradford and Tioga Counties in the Northern Tier of Pennsylvania.



The distribution of patients from this service area, as measured by total discharges from system’s hospitals, is as follows: Chemung (60.3%), Steuben (17.2%), Schuyler (8.3%), Bradford, PA (3.1%), Tioga, PA (3.1%) and all other (8%). Zip Codes within closest proximity to Arnot Health’s hospital facilities include:

Chemung County		Steuben County		Schuyler County	
14814	Big Flats	14801	Addison	14805	Alpine
14816	Breesport	14809	Avoca	14812	Beaver Dams
14825	Chemung	14810	Bath	14815	Bradford
14901	Elmira (MUA)	14819	Cameron	14818	Burdett
14902	Elmira	14820	Cameron Mills	14824	Cayuta
14903	Elmira Heights	14821	Campbell	14864	Millport
14904	Elmira	14827	Coopers Plains	14865	Montour Falls
14905	Elmira	14830	Corning	14869	Odessa

14838	Erin	14831	Corning	14876	Reading Center
14845	Horseheads	14840	Hammondsport	14878	Rock Stream
14861	Lowman	14856	Kanona	14887	Tyrone
14864	Millport	14858	Lindley	14891	Watkins Glen
14871	Pine City	14870	Painted Post	14893	Wayne
14872	Pine Valley	14873	Prattsburgh		
14889	Van Etten	14874	Pulteney		
14894	Wellsburg	14879	Savona		
		14885	Troupsburg (MUA)		
		14898	Woodhull		

Arnot Health System has more than 300 physicians from 50+ specialties. The three-hospital regional healthcare system, an independent, not-for-profit organization, currently has a total of 709 beds; 478 acute care beds, and 231 skilled nursing/long-term care beds.

In February, 2013, a Certificate of Need Application was submitted to NYSDOH for a project to redistribute, restructure, and repurpose hospital services in Arnot Health’s Elmira Hospitals. Specifically, the project will result in the consolidation of medical surgical inpatient beds between Arnot Ogden Medical Center and St. Joseph’s Hospital. This project is consistent with the HEAL NY 21 award granted to Arnot Health, the active parent of Arnot Ogden Medical Center and St. Joseph’s Hospital; the efforts of the New York State Department’s Medicaid Redesign Task Force and the recommendations of the Berger Commission.

Demographics

Arnot Health’s three hospitals are located in two counties. Arnot Ogden Medical Center and St. Joseph’s Hospitals are located in Chemung County; Ira Davenport Memorial Hospital is situated in Steuben County. Together, Chemung and Steuben Counties make up approximately 1,801 square miles of geographical area in the Southern Tier of New York. The City of Elmira serves as Chemung County’s seat and the primary metropolitan area. The county is characterized as 76% urban and 24% rural. Steuben County is a rural county that is the seventh largest county in NYS. With a land area of 1,393 square miles, it is over three times the size of Chemung County (http://www.city-data.com/county/Chemung_County-NY.html).

Hospital discharges from Chemung and Steuben Counties account for 77.5% of the total discharges from Arnot Health system’s hospitals. Because of the large percentage of hospital discharges from Chemung and Steuben Counties, data from these counties is used to represent the community Arnot Health serves.

Census Data

People QuickFacts	Chemung County	Steuben County	New York
Population, 2012 estimate	88,911	99,063	19,570,261
Population, 2010 estimates base	88,830	98,989	19,378,104

Population, percent change, April 1, 2010 to July 1, 2012	0.1%	0.10%	1.0%
Population, 2010	88,830	98,990	19,378,102
Persons under 5 years, percent, 2012	5.8%	5.80%	6.0%
Persons under 18 years, percent, 2012	22.0%	22.60%	21.8%
Persons 65 years and over, percent, 2012	16.1%	16.70%	14.1%
Female persons, percent, 2012	50.2%	50.40%	51.5%
White alone, percent, 2012 (a)	89.0%	95.40%	71.2%
Black or African American alone, percent, 2012 (a)	6.7%	1.6%	17.5%
American Indian and Alaska Native alone, percent, 2012 (a)	0.3%	0.3%	1.0%
Asian alone, percent, 2012 (a)	1.3%	1.4%	8.0%
Native Hawaiian and Other Pacific Islander alone, percent, 2012 (a)	Z	Z	0.1%
Two or More Races, percent, 2012	2.7%	1.4%	2.2%
Hispanic or Latino, percent, 2012 (b)	2.8%	1.50%	18.2%
White alone, not Hispanic or Latino, percent, 2012	87.0%	94.10%	57.6%
Living in same house 1 year & over, percent, 2007-2011	84.6%	86.60%	88.5%
Foreign born persons, percent, 2007-2011	2.6%	2.40%	21.8%
Language other than English spoken at home, percent age 5+, 2007-2011	4.6%	4.70%	29.5%
People QuickFacts	Chemung County	Steuben County	New York
High school graduate or higher, percent of persons age 25+, 2007-2011	87.9%	87.4%	84.60%
Bachelor's degree or higher, percent of persons age 25+, 2007-2011	20.8%	19.6%	32.5%
Veterans, 2007-2011	8,424	10,067	986,313
Mean travel time to work (minutes), workers age 16+, 2007-2011	19.4	21.5	31.4
Housing units, 2011	38,362	49,071	8,119,364
Homeownership rate, 2007-2011	67.1%	71.7%	54.8%
Housing units in multi-unit structures, percent, 2007-2011	25.9%	18.1%	50.5%
Median value of owner-occupied housing units, 2007-2011	\$89,400	\$84,200	\$301,000
Households, 2007-2011	35,528	41,101	7,215,687

Persons per household, 2007-2011	2.33	2.37	2.59
Per capita money income in the past 12 months (2011 dollars), 2007-2011	\$24,299	\$24,006	\$31,796
Median household income, 2007-2011	\$46,589	\$44,967	\$56,951
Persons below poverty level, percent, 2007-2011	16.5%	15.0%	14.5%

Business QuickFacts	Chemung County	Steuben County	New York
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Private nonfarm establishments, 2011	1,834	1,796	521,537 ¹
Private nonfarm employment, 2011	33,442	26,733	7,369,731 ¹
Private nonfarm employment, percent change, 2010-2011	2.5%	-6.0%	1.4% ¹
Nonemployer establishments, 2011	3,963	5,261	1,596,899
Total number of firms, 2007	6,041	6,728	1,956,733
Black-owned firms, percent, 2007	3.2%	S	10.4%
American Indian- and Alaska Native-owned firms, percent, 2007	S	F	0.7%
Asian-owned firms, percent, 2007	S	0.8%	10.1%
Native Hawaiian and Other Pacific Islander-owned firms, percent, 2007	F	F	0.1%
Hispanic-owned firms, percent, 2007	F	1.4%	9.9%
Women-owned firms, percent, 2007	33.5%	33.1%	30.4%
Manufacturers shipments, 2007 (\$1000)	1,280,767	1,821,198	162,720,173
Merchant wholesaler sales, 2007 (\$1000)	357,907	D	313,461,904
Retail sales, 2007 (\$1000)	1,207,246	1,076,914	230,718,065
Retail sales per capita, 2007	\$13,710	\$11,168	\$11,879
Accommodation and food services sales, 2007 (\$1000)	123,134	103,422	39,813,499
Building permits, 2012	139	74	24,872

Geography QuickFacts	Chemung County	Steuben County	New York
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Land area in square miles, 2010	407.35	1,390.56	47,126.40
Persons per square mile, 2010	218.1	71.2	411.2

<http://quickfacts.census.gov/qfd/states/36/36015.html>

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(a) Includes persons reporting only one race.

(b) Hispanics may be of any race, so also are included in applicable race categories.

D: Suppressed to avoid disclosure of confidential information

F: Fewer than 25 firms

FN: Footnote on this item for this area in place of data

NA: Not available

S: Suppressed; does not meet publication standards

Z: Value greater than zero but less than half unit of measure shown

Health Indicators

Chronic diseases such as heart disease, diabetes, stroke, and some cancers are the most common and costly of all health problems, but they are also the most preventable.

Growing evidence indicates that a comprehensive approach to prevention can save tremendous costs and enhance the quality of life. There are four common modifiable behaviors that contribute to chronic illness, disability, and premature death related to chronic disease. These include tobacco use, insufficient physical activity, poor eating habits, and excessive alcohol use

(<http://www.cdc.gov/chronicdisease/resources/publications/aag/chronic.htm>).

According to the 2013 University of Wisconsin Population Health Institute's County Health Rankings, Chemung and Steuben County residents are among the unhealthiest in NYS, ranking 60th and 44th respectively, out of 62 counties for poor health outcomes.

Two major contributors to the poor health outcomes in Chemung and Steuben Counties are the high percentage of residents using tobacco and who are overweight or obese.

Obesity is a significant risk factor for many chronic diseases and conditions which reduce the quality of life, including type-2 diabetes, asthma, high blood pressure, and high cholesterol. Increasingly, these conditions are being seen in children and adolescents

(http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/docs/prevent_chronic_diseases.pdf).

Tobacco use is the leading preventable cause of morbidity and mortality in NYS and is associated with illnesses such as lung and oral cancers, heart disease, stroke, chronic obstructive pulmonary disease, and other lung diseases

(http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/chemung.htm).

The incidence of obesity in children and adolescents in Chemung and Steuben Counties exceeds the NYS average of 16.7%. The percentage of adults who are obese with a BMI of 30 or higher in Chemung (30.1%) and Steuben (27.6%) Counties also exceed the NYS average (23.1%). Additionally, more Chemung and Steuben County residents use tobacco than the NYS average (16.8%).

Although there have been substantial reductions in the percentage of adults who smoke in NYS, tobacco use disparities have become more pronounced over the past decade.

Smoking rates have not declined among adults of low-socioeconomic status and adults with poor mental health. Lower socioeconomic status is associated with an increased risk of smoking initiation and progression to regular smoking, and a decreased likelihood of successful smoking cessation ("*Who's Quitting in New York: A Decade of Progress Reducing Smoking and Promoting Cessation*", February 2011, Final Report"). According to NYS Tobacco Control Program in 2008-2009, the incidence of smoking among adults who reported poor mental health (32.5%), was twice the incidence of smoking among adults who reported good mental health (15.7%)

(http://www.health.ny.gov/prevention/tobacco_control/reports/statshots/volume5/n2_mental_health_and_smoking_prevalence.pdf).

Chemung and Steuben Counties have a high incidence of residents with low-socioeconomic status and poor mental health. Chemung County residents reporting poor mental health for 14 days or more is 12.8%, which exceeds the NYS average of 10.2%. Recent Census Data indicates the percentage of Chemung (16.5%) and Steuben County (15%) residents living below poverty level exceeds the NYS average of 14.5%. The incidence of children living below poverty level is reflected in one of

Chemung County’s school districts, where 91% of school children receive free or reduced fee lunches.

Poor health outcomes in Chemung and Steuben County are also influenced by the aging population and limited access to primary and preventative care. Poor access to care is associated with a higher incidence of chronic disease, poorly managed chronic disease and an increased incidence of preventable hospitalizations. Arnot Health’s service area includes two Medically Underserved Areas (MUA): Elmira’s Census Tract 0007.00 in Chemung County (MUA), and Troupsburg/Tuscarora Town Service Area in Steuben County. In both counties, the ratio of residents to primary care providers exceeds the NYS average.

Prevention Agenda County Tracking Indicators

The NYS 2013-2017 Prevention Agenda 2013-2017 Towards the Healthiest State is a blueprint for state and local action to improve the health of New Yorkers in five priority areas, and to reduce health disparities for racial, ethnic, disability, socioeconomic, and other groups who experience them (http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/). NYS and County Level Tracking Indicators include baseline data and the 2017 targets for five major Prevention Agenda Areas:

- Preventing Chronic Disease
- Promote a Healthy and Safe Environment
- Promoting Healthy, Women, Infants and Children
- Promote Mental Health and Prevent Substance Abuse
- Prevent HIV/STD’s, Vaccine Preventable Disease and Health Care Associated Infections

Chemung and Steuben County Indicators For Tracking Public Health Priority Areas						
2013-2017						
Improve Health Status and Reduce Health Disparities						
	Indicator	Data Years	Chemung County	Steuben County	New York State	NYS 2017 Objective
1.	Percentage of premature death (before age 65 years)	2008-2010	20.4	21.8	24.3	21.8
2.	<i>Ratio of Black non-Hispanics to White non-Hispanics</i>		1.88	2.3	2.12	1.87
3.	<i>Ratio of Hispanics to White non-Hispanics</i>		3.8	2.36+	2.14	1.86
4.	Age-adjusted preventable hospitalizations rate per 10,000 - Ages 18+ years	2008-2010	191.2	159.2	155	133.3
5.	<i>Ratio of Black non-Hispanics to White non-Hispanics</i>		1.51	1.41	2.09	1.85
6.	<i>Ratio of Hispanics to White non-Hispanics</i>		0.37	0.33	1.47	1.38

7.	Percentage of adults with health insurance - Ages 18-64 years	2010	86.8 (85.4-88.2)	85.0 (83.6-86.4)	83.1 (82.9-83.3)	100
8.	Age-adjusted percentage of adults who have a regular health care provider - Ages 18+ years	2008-2009	80.4 (74.8-86.0)	85.8 (81.8-89.9)	83.0 (80.4-85.5)	90.8
Promote a Healthy and Safe Environment						
	Indicator	Data Years	Chemung County	Steuben County	New York State	NYS 2017 Objective
9.	Rate of hospitalizations due to falls per 10,000 - Ages 65+ years	2008-2010	255.9	219.7	204.6	Maintain
10.	Rate of emergency department visits due to falls per 10,000 - Ages 1-4 years	2008-2010	729.7	670.3	476.8	429.1
11.	Assault-related hospitalization rate per 10,000	2008-2010	2.5	1.2	4.8	4.3
12.	<i>Ratio of Black non-Hispanics to White non-Hispanics</i>		3.22+	0.00+	7.43	6.69
13.	<i>Ratio of Hispanics to White non-Hispanics</i>		0.00+	0.00+	3.06	2.75
14.	<i>Ratio of low income ZIP codes to non-low income ZIP codes</i>		6.81	0.00+	3.25	2.92
15.	Rate of occupational injuries treated in ED per 10,000 adolescents - Ages 15-19 years	2008-2010	119.7	90.3	36.7	33
16.	Percentage of population that lives in a jurisdiction that adopted the Climate Smart Communities pledge	2012	0.0*	0.0*	26.7	32
17.	Percentage of commuters who use alternate modes of transportation ¹	2007-2011	15.7	18.5	44.6	49.2
18.	Percentage of population with low-income and low access to a supermarket or large grocery store ²	2010	6	4.2	2.5	2.24
19.	Percentage of homes in Healthy Neighborhood Program that have fewer asthma triggers during the home revisits	2008-2011	NA	NA	12.9	20
20.	Percentage of residents served by community water systems with optimally fluoridated water	2012	89.7	27.5	71.4	78.5
Prevent Chronic Diseases						

Indicator		Data Years	Chemung County	Steuben County	New York State	NYS 2017 Objective
21.	Percentage of adults who are obese	2008-2009	30.1 (24.9-35.4)	28.0 (23.6-32.5)	23.2 (21.2-25.3)	23.2
22.	Percentage of children and adolescents who are obese	2010-2012	17.2	19.1	17.6	NYC: 19.7 ROS: 16.7
23.	Percentage of cigarette smoking among adults	2008-2009	30.0 (24.4-35.7)	21.1 (17.0-25.3)	16.8 (15.1-18.6)	15
24.	Percentage of adults who receive a colorectal cancer screening based on the most recent guidelines - Ages 50-75 years	2008-2009	68.7 (62.5-74.3)	66.9 (60.6-72.6)	66.3 (63.5-69.1)	71.4
25.	Asthma emergency department visit rate per 10,000	2008-2010	66.5	47.9	83.7	75.1
26.	Asthma emergency department visit rate per 10,000 - Ages 0-4 years	2008-2010	72.5	78.9	221.4	196.5
27.	Age-adjusted heart attack hospitalization rate per 10,000	2010	17.4	19.6	15.5	14
28.	Rate of hospitalizations for short-term complications of diabetes per 10,000 - Ages 6-17 years	2008-2010	5	6.7	3.2	3.06
29.	Rate of hospitalizations for short-term complications of diabetes per 10,000 - Ages 18+ years	2008-2010	7.8	7.7	5.6	4.86
Prevent HIV/STDs, Vaccine Preventable Diseases and Healthcare-Associated Infections						
Indicator		Data Years	Chemung County	Steuben County	New York State	NYS 2017 Objective
30.	Percentage of children with 4:3:1:3:3:1:4 immunization series - Ages 19-35 months	2011	57.5	56.2	47.6	80
31.	Percentage of adolescent females with 3-dose HPV immunization - Ages 13-17 years	2011	29.9	27	26	50
32.	Percentage of adults with flu immunization - Ages 65+ years	2008-2009	75.4 (69.4-81.4)	78.4 (72.4-84.4)	75.0 (71.5-78.5)	66.2
33.	Newly diagnosed HIV case rate per 100,000	2008-2010	4.5	3.1*	21.6	14.7
34.	<i>Difference in rates (Black and White) of new HIV diagnoses</i>		s	s	59.4	45.7

35.	<i>Difference in rates (Hispanic and White) of new HIV diagnoses</i>		s	s	31.1	22.3
36.	Gonorrhea case rate per 100,000 women - Ages 15-44 years	2010	391.8	137.1	203.4	183.1
37.	Gonorrhea case rate per 100,000 men - Ages 15-44 years	2010	297.9	100.5	221.7	199.5
38.	Chlamydia case rate per 100,000 women - Ages 15-44 years	2010	1276.6	799.9	1619.8	1,458
39.	Primary and secondary syphilis case rate per 100,000 males	2010	0.0*	0.0*	11.2	10.1
40.	Primary and secondary syphilis case rate per 100,000 females	2010	0.0*	0.0*	0.5	0.4
Promote Healthy Women, Infants, and Children						
	Indicator	Data Years	Chemung County	Steuben County	New York State	NYS 2017 Objective
41.	Percentage of preterm births	2008-2010	11.7	9.7	12	10.2
42.	<i>Ratio of Black non-Hispanics to White non-Hispanics</i>		1.12	s	1.61	1.42
43.	<i>Ratio of Hispanics to White non-Hispanics</i>		1.54	0.44+	1.25	1.12
44.	<i>Ratio of Medicaid births to non-Medicaid births</i>		0.95	1.32	1.1	1
45.	Percentage of infants exclusively breastfed in the hospital	2008-2010	59.3	64	42.5	48.1
46.	<i>Ratio of Black non-Hispanics to White non-Hispanics</i>		0.74	0.92	0.5	0.57
47.	<i>Ratio of Hispanics to White non-Hispanics</i>		0.76	1.47	0.55	0.64
48.	<i>Ratio of Medicaid births to non-Medicaid births</i>		0.71	0.75	0.57	0.66
49.	Maternal mortality rate per 100,000 births	2008-2010	0.0*	s	23.3	21
50.	Percentage of children who have had the recommended number of well child visits in government sponsored insurance programs ⁴	2011	65.2	54.5	69.9	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		s	s	82.8	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		83.9	76.8	82.8	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		61.2	48.1	61	67.1
54.	Percentage of children with any kind of health insurance - Ages 0-19 years	2010	95.6 (94.5-96.7)	92.7 (91.0-94.4)	94.9 (94.5-95.3)	100
55.	Percentage of third-grade children with evidence of untreated tooth decay	2009-2011	26.0 (18.8-33.2)	23.4 (16.9-29.8)	24.0 (22.6-25.4)	21.6
56.	Ratio of low-income children to non-low income children		s	1.9	2.46	2.21
57.	Adolescent pregnancy rate per 1,000 females - Ages 15-17 years	2008-2010	30.7	17.7	31.1	25.6
58.	Ratio of Black non-Hispanics to White non-Hispanics		2.08	0.92+	5.74	4.9
59.	Ratio of Hispanics to White non-Hispanics		1.12+	0.00+	5.16	4.1
60.	Percentage of unintended pregnancy among live births	2011	35.6	41.4	26.7	24.2
61.	Ratio of Black non-Hispanics to White non-Hispanics		s	s	2.09	1.88
62.	Ratio of Hispanics to White non-Hispanics		s	1.08+	1.58	1.36
63.	Ratio of Medicaid births to non-Medicaid births		1.5	1.65	1.69	1.56
64.	Percentage of women with health coverage - Ages 18-64 years	2010	88.8 (87.0-90.6)	86.5 (84.5-88.5)	86.1 (85.8-86.4)	100
65.	Percentage of live births that occur within 24 months of a previous pregnancy	2008-2010	29.1	28.3	18	17
Promote Mental Health and Prevention Substance Abuse						

Indicator		Data Years	Chemung County	Steuben County	New York State	NYS 2017 Objective
66.	Age-adjusted percentage of adults with poor mental health for 14 or more days in the last month	2008-2009	12.8 (8.7-16.9)	12.6 (8.7-16.4)	10.2 (8.7-11.7)	10.1
67.	Age-adjusted percentage of adult binge drinking during the past month	2008-2009	20.5 (15.1-25.8)	17.1 (13.0-21.2)	18.1 (16.1-20.2)	18.4
68.	Age-adjusted suicide death rate per 100,000	2008-2010	10.5	13.9	6.8	5.9

*Fewer than 10 events in the numerator, therefore the rate is unstable
 +Fewer than 10 events in one or both rate numerators, therefore the ratio is unstable
 s Data do not meet reporting criteria
 1- Alternate modes of transportation include public transportation, carpool, bike, walk, and telecommute
 2- Low access is defined as greater than one mile from a supermarket or grocery store in urban areas or greater than ten miles from a supermarket or grocery store in rural areas
 3- The 4:3:1:3:3:1:4 immunization series includes:4 DTaP, 3 polio, 1 MMR, 3 hep B, 3 Hib, 1varicella, 4PCV13
 4- Government sponsored insurance programs include Medicaid and Child Health Plus

Revised: August 2013

Source: http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/chemung.htm

Source: https://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/steuben.htm

3. Public Participation

Arnot Health is committed to improving the health of the community it serves, and participated in the year-long CHA and CHIP process in Chemung, Steuben, and Schuyler Counties. Because Arnot Health’s three hospitals are located in Chemung and Steuben Counties, and residents from these counties account for 77.5% of the total discharges from system’s hospitals, only Chemung and Steuben Counties’ findings will be reported in the Community Service Plan (CSP).

Arnot Health works diligently to search out potential collaborative partners throughout its service area, in efforts to enhance healthcare services for the most vulnerable residents. Due to the rural nature of Chemung and Steuben Counties, the high percentage of low-income residents and the limited resources available in the community, Arnot Health understands the need to create meaningful partnerships to best serve the community at large. Arnot Health has formed collaborative relationships with organizations and community agencies throughout Chemung and Steuben Counties, and works together as a team to address health issues in the community.

The Chemung County Health Priority Partnership (HP2) and the Steuben County Health Priority Team (SHPT) includes organizations that are committed to improving the health of Chemung and Steuben Counties’ residents. The groups have met on a monthly basis since the fall of 2012 to work on the development of the CHA, CHIP, and CSP. The members of HP2 and SHPT have agreed to continue expanding their partnerships and meet on a regular basis to ensure that the initiatives outlined in the Community Health Improvement and Community Service Plans are implemented, monitored and evaluated.

Chemung County Health Priority Partnership (HP2)

- Chemung County Health Department
- Arnot Health
- Guthrie Health
- Chemung Valley Rural Health Network
- Chemung County Medical Reserve Corps
- Creating Healthy Places to Live, Work and Play Partnership
- Arnot Health's Health on Demand
- EMSTAR
- Chemung ARC
- Cancer Services Program of Chemung & Schuyler Counties
- Comprehensive Interdisciplinary Developmental Services (CIDS)
- Family Services
- Health Ministries of the Southern Tier
- YWCA
- Chemung County Department of Social Services
- Southern Tier Pediatrics
- Cornell Cooperative Extension
- Eat Smart New York
- Chemung County Department of Aging
- Elmira College
- Chemung County Mental Health
- WIC
- Arnot Health Tobacco Cessation Center
- Southern Tier Tobacco Awareness Community Partnership
- Community Mental Health Program at Family Services
- Chemung County School Readiness Project
- Economic Opportunity Program
- Chemung County Poverty Coalition
- Elmira City Council
- Community Members

Steuben County Health Priority Team (SHPT)

- Steuben County Public Health Department
- Steuben County Rural Health Network (SAY2)
- Steuben Rural Health Network at Institute of Human Services
- Arnot Health
- Corning Hospital
- St. James Mercy Hospital
- Guthrie Health
- Finger Lakes Community Health
- Health Ministries of the Southern Tier
- Southern Tier Tobacco Awareness Community Partnership

- Cancer Services of Steuben County
- Community Members

Focus Groups

Public participation was also gained through a series of focus groups that were held throughout the fall of 2012 and spring of 2013. The goal of the focus groups was to gain community input on the broad determinants of health; health concerns; factors contributing to health including socioeconomic and environmental risks; the policy environment; and assets and gaps in service in Chemung County. The focus groups also gave Arnot Health and partnering agencies the opportunity to assess rural minority health disparities in the county. This work was funded through a grant awarded to the Chemung Valley Rural Health Network and the YWCA from the Office of Minority Health. Partnering agencies included Chemung Valley Rural Health Network, YWCA, Chemung County Health Department, NAACP and the Economic Opportunity Program. Due to a delay in the execution of the Rural Minority Health Disparities contract, there was a six-month gap between the first and second set of focus groups. Findings from the focus groups were included in the data collected for the CHA.

A total of seven focus groups were facilitated by core members of the Rural Minority Health Disparities Workgroup. Public notification of the focus groups was through partnering agency communications; however most focus groups were conducted during existing meetings and events to reach target populations. Focus groups were conducted at various times and locations throughout Chemung County.

Arnot Health also participated in United Way of the Southern Tier' "Community Conversations" to determine what type of community residents want. The Conversations were based on "Turning Outward" framework from the Harwood Institute for Public Innovation, as part of United Way's strategic planning process.

An example of the discussions facilitated through the focus groups and the community outcomes are as follows. Dates, times and locations of the focus groups are also noted:

**Rural Minority Health Grant
Economic Opportunity Program
Focus Group
October 11, 2012
6 - 8 p.m.**

Group Facilitating Organizations: NAACP and Arnot Health

Attendance: 10 participants 8 women and 2 men. (Majority African American and mixed race with Native American Indian.)

Identify Healthy Behaviors to Improve:

Eating Habits:

- More appealing school lunches (kids throw them away and do not consume them because they do not look tasty or taste good).
- More dietitians for people with diseases like diabetes and high blood pressure
- Health Education that people can relate to
- Doctors should spend more time talking to patients about how to eat healthy and why

Suggestions: Include Parents, teachers and students to provide insight on meal options and dietitians can make it healthier. Have these people taste test the options before it goes on the menu.

Physical Activity:

- Adults more less and eat the same
- More supported physical activity
- Physical activity or classes available for people who work evenings and nights

Emotional /Mental Health Concerns:

- Bullying youth (group acknowledges bullying happens in among adults)
- Programs to address lack accountability
- Parents are very young and not responsible and participate in this behavior as well
- Parents need help managing stress lack coping skills

Environmental Exposure:

- Discussed concerns regarding Meth Labs and Bath Salts, not enough being done about this.
- Lead Poisoning –some concern, aware of where can happen

Body weight:

Group discussed that there are more overweight children younger than they remembered growing up. Most agreed that physical activity and eating habits are formed at home. Technology has had a negative impact even though there are more games that require movement it is not enough.

Family Structure:

Should provide more support

- Young families
- Teen Parenting
- Grand Parents in their thirties and Great Grand Parents barely 50 years old

Alcohol Abuse:

Agree this is an issue. There is enough support but can be hard to get counseling help.

There are support groups

Tobacco Use:

Heard complaints about NYS Smoker's Quitline not being helpful

Personal health Issues within the group:

Adult Asthma

Breast Cancer

Heart Disease (family history)

Health Issues Affecting Others:

- Renal Disease
- High Blood Pressure
- Diabetes
- Lung Disease
- Mental Health
- Chemical Abuse

Barriers to Health Care:

- Primary Care takes too long to get in
- Transportation
- Referral process to specialty care slow
- Cost, no insurance high deductibles

Barriers to Health Behavior Changes:

- Convenient time for exercise classes for shift workers
- More beginner classes or intro to exercise class
- Supportive behavior change programs
- Lengthy discussion that personal responsibility for own health is important and necessary to have long-term benefits.

What is there not enough of?

- Educational moments in short intervals
- Motivational commercials
- TV/short infomercials
- Personal coaching
- Affordable medication
- Electronic records

Health Priorities - What are the real concerns?

1. Physical activity
2. Alcohol Abuse
3. Tobacco use/Eating Habits/Body weight
4. Violence
5. Stress
6. Environmental exposures

Chemung Valley Rural Health Network Focus Group

4/2/13

9:00am

Chemung County Public Health Auditorium

What is Missing?

-Mental health services – access, availability not what it should be for this population

- Many factors influencing populations ability to access mental health services
- Very little willingness from mental health providers to help individuals with substance abuse problems – want them to address substance abuse before they will see them for mental health issues
- Chronic cases are hard to manage
- Counselors available to students at Elmira college – biggest issue is sending students out for higher levels of care (psychiatrists, finding providers that take their insurance, managing medications, etc.)

-EMS

- Large amount of heroin use
- Almost daily (8 transports last week) – what happens after they are taken to the ER?
- Hepatitis C – commonly seen with heroin use, there is now a rapid test available, very expensive to treat

-Physical activity

- Missing inter-generational opportunities
- Need to create opportunities for activity, pride in the community
- 50% of residences within Elmira are rentals – need to help residents take ownership in their community, invest in the community

-Lack of awareness regarding health, services available to them

-Lack of comprehensive sex education - Resistance within the community

-Behavioral health – getting children diagnosed and into counseling, trying to get over the stigma

-Overweight and obesity in children – huge population

- Obstacle is affordable treatment, cannot get preventative treatment (nutrition counseling etc.) with Medicaid and many other insurance plans
- Difficult to get population to participate

-Poverty – we make it easy for the population to live at and below the poverty level, easy to exist here

- Offer many programs to help these people, but they do not take advantage of them... awareness of programs and don't want to help themselves
- There is no motivation to make a change – can live here for free etc.
- One on one human connection is needed

-Social issues

- Children with mom one week, dad the other week... makes it hard to commit to programs and get there
- Outpatient chronic disease management programs
- Patients not getting the education they need to properly manage disease
 - Need to connect the dots between inpatient and outpatient (follow ups, involve the family, etc.)
- Transportation
- Have very good mental health services, but it's hard for them to get there, which is critical for mental health... hard to make follow ups
- Teen pregnancy – lost a lot of money this year, now even less to provide services
- Education – how do we get the population to value education?
- Cultural barrier – worked for my family... works for me now... why change?
 - Do not see as a drain on the system
- Smoking – How do you get through to people?
- Children's mental health services
- Very hard to engage parents
 - Stigma is a huge barrier
- Underutilization of services
- How do we make sure people know what is out there and how to access it?
- Duplication of services
- How do we pull everything together and be more efficient?
 - Many don't know services are out there
- Referrals to mental health and substance abuse, hard to get
- Provider directory is available – “network of care”
 - One on one human connection is necessary for change – they have to feel like they belong to that opportunity or service
 - Cornell Cooperative Extension is bringing a human services directory tool to Chemung county
- Students – hard to coordinate care for them, many in different counties etc.
- Crime – neighborhoods around Elmira College are becoming a safety issue
- Demographics of the community – needs to change
- Starts with the landlords, local government
- Work/life balance – need more education
- How can we help the people who are doing well?
- Primary care – many do not have primary care physicians
- Leads to less follow up and overutilization of the ER
- Data – getting accurate information
- The population knows what we want to hear and what will help them keep the services they want

- Internet/computers – not everyone has access to these resources
- Battling human nature – how do you balance services they are entitled to with social responsibility, how do you get through to them?
- Need to reach and get the perspectives of the people who are experiencing these problems we are trying to address
- Need a “peer” type of model – if a case manager does a survey with a client, answers will be different if a peer does the survey with the client

Factors

- Economy
- Poverty
- Education programs
- Work/career centers – workforce development
- Neighborhood coalitions – landlords registering
- People are willing to go the extra mile to help – in job choices and volunteerism
- Access to healthcare is better than it has ever been in this area – throughout all income levels
- Girls on the run program – starting with the youngest populations to better health throughout the community
- Trails, hiking, physical activity– needs to be promoted
- Schools – technology can be a detriment, children are staying indoors... they are at their desks, not outside being active
- Coordination of care
- Many opportunities for physical activity, but they are mostly utilized by people who are already healthy... need to show the unhealthy how it will benefit them
- Keeping up with information – technology is changing, can be helpful... but can also create some barriers
- Health homes – Chemung county is on the cusp of having
- Workforce shortage of CNA’s and personal care aides
- Pride in the community – need to build, motivate residents to build and sustain improvements
- Volunteers – a great opportunity to help
- Literacy is a huge issue
 - Have students that fail daily due to literacy-related issues
- Access to care
 - Transportation

Strengths

- For the most part... centrally located
- Creative and very collaborative – do that well, openness to partnerships
 - Think outside the box
- People care about the community and are willing to help
- Great healthcare system
- Local faith communities – dissemination of information etc.

- Small geographically – can be an asset
- Generally a very safe community, unusual from many communities
- Cornell Cooperative Extension – many programs and resources available
- Farmers markets in the summer
- Opportunity to train our own workforce – large population

Focus Group: GED Workforce Dev. Ctr. Elmira
Chemung Public Health
4/9/2013

Attendance 12: 3 Hispanic males 20-40's; 3 white males 20-40's; 1 African American male 20's

3 Caucasian women 20's – 30's; 1 Caucasian woman 60's; 1 Hispanic woman 20's

A. Comments based on survey results

1. Students did not seem shocked with the result saying that Chemung County was 60th out of 62th for bad health in all the NYS counties.
2. The students were split on vegetables and fruits. Most of the said they do not eat them while others said they do eat them a lot.

B. Health Concerns

1. None of the students took the survey that was sent out.
2. High blood pressure
3. Suffers from anxiety and depression
4. The students felt that doctors are misdiagnosing patients to gain money.
5. Parents to the student smoke a lot which is a concern.
6. Miscommunication with Medicaid; doctors are not being clear on what plans they accept.
7. The students feel that doctors turn patients away that are Medicaid clients but instead they will accept blue cross/blue shield patients with jobs.
8. Many of the students expressed concern that doctors will start treating them but will turn them away after a while.
9. Dental issues
10. Smoking: the students expressed that it is hard to quit smoking.
11. Doctors do not treat you the way they should be. (ex: student expressed that she took her daughter to the doctor and they did nothing for her daughter)
12. Level of expertise of doctors: doctors are taking way too long to come up with the correct diagnose.
13. Prescriptions are getting hard to get for the people who really need them because people who are misusing the drugs are getting them.
14. Heroin and drug use is coming up in the county.
15. The jails are bringing families with them which is increasing the crime rate.
16. Doctors are jumping right into surgeries instead of giving out medicine first to help correct the problem.
17. Heart problems: clients are being referred to bigger cities for doctors who have experienced more.
18. People are becoming more of a number than a personal relationship at the doctor.

19. Doctors are becoming less and less aware of what a patient is coming in for.
20. A doctor called a student in the class a “pill head”.
21. Hypertension
22. Outstanding eye doctor service in the county. Outstanding doctors and they were very responsive to the patient. (ex: Vision Center by David’s Bridal)
23. Doctors who speak English as a second language and patients having a hard time understanding them.

C. Factors that affect health

1. Drugs (law enforcement are doing a great job but they are having a hard time controlling it)
 - Reasons for bad drug use in the county:
 - Nothing to do
 - Homeless people
 - Prisons/Jails
 - People are selling drugs to make money
 - Free reign of the drugs in the county
 - There is always a place to get the drugs in the county; you can drive down a certain street and get any drug of choice.
 - Not enough law enforcement
 - 971 Hult; not enough people are reporting.
 - People are reporting and the law enforcement is not doing anything about it.
 - Unemployment
2. Alcohol: the students agreed that there is a lot of alcohol abuse in the county.
3. Violence (“wannabe gangsters”)
4. Mental illness
5. Employment is not good in the county (connecting to mental health because many people are becoming depressed/increasing anxiety)

D. Assets of Chemung County

1. Most of the students in the room have health insurance.
2. Living in a small county; most of the people are part of the solution not the problem (a lot of genuine people)
3. It is small and safe enough to walk around.
4. Good discounts on prescriptions
5. Good programs (ex: trinity, rehab programs, etc.)
6. Transit system
7. Good place to raise children
8. Farmers Market (accepts many diff. forms of payment, ex: wicc checks)
9. Parks that are safe for the children

10. Affordable housing
11. Good programs for benefiting families (welfare)
12. Friendly town (a sense of community)
13. Hockey rink
14. Good food and restaurants

E. Health Concerns

- Drug abuse - alcohol abuse and illegal drugs
- Mental health is a huge problem
 - There is a significant stigma attached with seeking mental health services
 - Very high prevalence in Chemung county
 - It was thought that there are services available, but many do not know about them, many won't access them because of pride, and it was felt that the services available are not the best quality (practitioners are not good, and the few that are good do not have enough staff support)
- PTSD - very common, but many only associate it with returning soldiers
 - Any traumatic event can cause PTSD
 - It was felt that many are undiagnosed with PTSD
- Seasonal Effectiveness Disorder - very common in this area, but undertreated
- Obesity
 - A lot is available in food pantries, but the food is not healthy or good quality
 - Poverty affects this greatly, people are thinking of immediate need and getting what they can afford (dollar menu etc.)
 - There is a lack of education within the county about healthy eating, many don't even know how to prepare a simple meal
 - High cost of healthy foods
- Teen pregnancy/unplanned pregnancy - a huge problem
 - A lot of this goes back to mental health... creates a vicious cycle
 - Many unplanned pregnancies, multiple children with different fathers, broken homes... sometimes many have more children to get more benefits (welfare, tax returns etc.)
- Case management is lacking within the county
 - It was felt that more case management is greatly needed
 - People need that one-on-one connections, they need human contact
- Lead - have seen some cases at the school
 - Children living in old houses with lead paint, causes significant health problems

F. Factors that affect health

- Crime
- Unemployment
- Poverty
 - Many issues stem back to the main theme of poverty... creates a vicious cycle, how do we break the cycle?
- It was felt that many are not aware of the resources available to them
- Pride
 - Many will not talk to their doctors about problems (mental health etc.) they are having or seek help because they are afraid of the stigma attached
- Nature of healthcare today - doctors don't have enough time with patients
 - Doctors have no time to focus on preventative care, they are always "putting out fires"
- Coordination of care
 - Many times doctors fail to see the whole picture
- Stress - a huge problem
 - Greatly affects a person's health
- Attitude of human services workers - especially DSS
 - The group felt very strongly that many working at DSS do not show compassion toward those seeking services and that this causes many people to not seek the help that they need
 - There is no confidentiality, causes people to shy away

G. Assets of Chemung County

- Headstart is a great resource
- EOP is a huge asset to the community
 - If they can't directly help someone, they always know where to refer people and make sure that they are taken care of
- Alcoholics Anonymous is present within the community
- Many hospitals in the area
- Law enforcement
- Drug courts
- Meals on wheels
- DSS - FAR program
- Dentists - dental clinics
- Health department
- Active lead clinics

- Many resources available to residents
- Parent resource center
- Parks
- Nature

6 Caucasian women, all in their 30's/40's

Hillary from S2AY

Nykole from Arnot Health

Broad Street School Head Start
Chemung Public Health
4/18/2013
1:30-2:00pm

Attendance: 4 Caucasian women, 1 African American woman, 1 Caucasian male - all in their 30's/40's. Focus Group facilitated by Hillary from S2AY and Joyce Hyatt from CVRHN

H. Health Concerns

- Water issues - Horseheads has had contaminated water in well five for the last 18 months
- Chronic conditions
- Childcare - especially difficult to find care for children with special medical needs/chronic conditions
 - One mother stated that she will sometimes be forced to lie about her child's chronic condition (sickle cell) because she cannot find anyone to watch her child and she needs help
- Mental health services - hard to find places that take Medicaid
 - Places that do take Medicaid are poor quality
 - Very long wait times - often referred to Rochester
 - One mother state that she has been waiting over three months for her son to be tested for autism because she cannot afford to go to Rochester to be seen sooner
 - Family practice will not prescribe antipsychotics
- Family services - often switches providers/counselors
 - Many stated that they have difficulty with family services and getting the care they need, especially quality care
- Lack of quality providers for low income population
- Treatment barriers for low income populations
 - Limited providers for medical, dental and eye care
 - Providers are poor quality - most had multiple stories of doctors providing very poor quality to Medicaid patients
 - Mistrust of providers and the Medicaid system
- Safety
- Bullying
- Long wait times for all types of services
- Misuse of the ER because cannot get health insurance (make too much to qualify, but can't afford other insurance)
- Behavioral problems in young children - lack of parenting due to poverty, overuse of the system, drugs, crime...

I. Factors that affect health

- Economy
- Doctors not caring about their patients, poor quality providers
- Crime/drugs
- Prison families
- Easiest county to get welfare - misuse of the system, taking advantage of the system
- Budget cuts to safety, education and healthcare
- Cost of healthy food
- Unemployment
- Lack of education
 - Cost is too high
- Programs closing - STAR program, ALT school, home visiting nurse programs
- Working people cannot afford healthcare
- Requirements for public assistance are off (\$1 over, can't get food stamps)
 - The group stated that they see a lot of misuse of the system and people cheating the system, while they are trying to make their lives better and genuinely need the help and can't get it
- Many come to the Elmira area specifically, to get public assistance and take advantage of low cost of living
 - Bring crime, drugs and further burden the system

J. Assets of Chemung County

- Head start is a great resource
- Small community
- Strong school districts
- Parks
- Nature
- Colleges (CCC, Elmira College, Elmira Business Institute)
- Lower crime as compared to other places
- Harris Hill

**Economic Opportunity Program
First Choice Group
4/29/13
10-11:00am**

Attendance 16 people: 1 Hispanic female, 3 African American females, 1 African American male

What are we missing?

- High blood pressure/stroke
- Cancer
- Heart attacks
- Diabetes
 - Blindness due to diabetes
- Dental care
 - Limited providers – many do not take Fidelis/Medicaid
 - There is a dental clinic through public health, but not quality care
- Access to care – very limited on what providers you can go to
 - Insurance companies aren't clear about what is covered
- A lot of teenagers starting to smoke – even when pregnant
- Drug use – rise in use of hard drugs... meth, heroin
- Prescription drug use – selling prescriptions, Adderall on the rise
- Junk food is cheap, \$1 fast food while healthy food is expensive

What factors are influencing health in the county?

- Fidelis doesn't cover some services – very limited providers
- Must have Excellus portion to cover family planning – Fidelis does not cover it
- Politics
 - They make the decisions
- Slum landlords
 - Access to quality housing
- Economy
- Urgent care does not accept Medicaid
- Television is different these days – cartoon network isn't for kids, more and more shows are becoming inappropriate for children
- Parenting – changing from when we were young, no discipline

What are the assets in the county?

- Public transportation
- Hospitals
- Urgent care is available – good resource, but does not take Medicaid
- Temp agencies
 - Children's programs, after school programs
- EOP – community action agency
 - Fitness programs, gyms are cost effective
- Workforce development center
 - Meals on Wheels
- Food pantries
- Nursing home facilities – assets for the elderly
- Shelters -Domestic violence shelters

**BOCES Head Start Parent Group - Building 10
4/30/2013**

**Group Facilitating Organizations: Chemung County Health Department and
Human Service Development**

What are we missing in our assessment?

- Participants agreed with survey results
- Behavioral problems in young children
 - Increase in the number of children, frequency and severity of behaviors
 - This has been increasing steadily for years
- Mental health in children
 - Parents have more stress now - both parents are working
 - The economy makes it hard
 - Children aren't getting what they need
 - Environmental factors
 - Computers, video games, television, technology
 - Children are not getting any interaction/socialization - they are lacking social skills because they are always connected with technology rather than face to face interaction
 - Games and television are very violent, children are constantly being exposed to it
- Depression in parents
 - Hard to make ends meet in today's economy... causes a lot of stress for parents
- Staff are getting burned out in Head Start due to children's behavior and parents mental health
- Lead levels in children
 - High prevalence in the county due to older homes, schools and workplaces
- Obesity
- Poor Nutrition
 - Food banks often do not offer healthy food
- Additives in foods
 - Dyes and fillers - could be contributing to food allergies, poor nutrition and obesity
 - Often the long term affects of these additives are unknown
- More children being raised by grandparents - not as much structure moving from home to home

- Increase in the number of young parents - do not have the skills they need
- Increase in allergies in children
 - Higher prevalence and intensity of allergies
- Increase in asthma in children
- Poor air and water quality
 - Due to factories in the county... many have closed, but the affects remain
- Bullying
 - Education doesn't seem to be helping... it needs to be a group effort
- Drug abuse - increase in prescription and illegal drugs
- Community deteriorating - you can't walk around the city anymore with your children safely

What factors are influencing health?

- Factories
 - What are we really breathing in? Is it safe?
- Soil and water contamination
- Economy
- Unemployment
- Abandoned buildings
- Lead
 - A lot of older homes, schools and workplaces
- Lack of safe and affordable housing
 - Rent is very high
- Stress

Assets within the county

- Head Start
- Domestic Violence Hotline
- Many drug and alcohol programs
- Many food banks
- Red Cross
- Many churches that are very involved in the community
- Salvation Army
- A wide range of programs are available to residents
- Many resources within the county
- Strong Kids Safe Kids Program
- Arctic League
- Christmas Magic
- Factories are businesses are generous and often donate
- Many people are willing to help and want to help within the community
- Parks-Harris Hill; Nature-a lot of outdoor space

**United Way of the Southern Tier
Community Conversation Data
Updated: 7/31/2013**

What kind of community do people want?	# of meetings	% of meetings
<i>(In order by number of times topic* has been identified; includes web survey responses)</i>	30	
<i>(UPDATED: 7/31/2013)</i>	in total	
Safe (crime, drugs, sex offenders, bullying, conditions for walking/riding bike, kids playing outside)	29	96.7%
Tolerant / free of prejudice / non-judgmental / culturally competent / diverse / accepting / inclusive	20	66.7%
Thriving / business growth / job opportunities / good economy	15	50.0%
Supportive / caring / helping those who need help / helpful / services for people in need	13	43.3%
Things for kids / teens to do (free, affordable)	11	36.7%
Educated / good education system / community that values education	10	33.3%
Volunteering - opportunities / engaged / giving back / involved	10	33.3%
Healthy / active	9	30.0%
Friendly / knowing your neighbors / close-knit	8	26.7%
Wages are better / living wage / less income disparity / less poverty	8	26.7%
Community (family-friendly) activities (free) for all ages and cultures	7	23.3%
Connected / united / working together	7	23.3%
Opportunities for youth after graduation	7	23.3%
Transportation - more readily available / easier to utilize	7	23.3%
Housing - quality affordable / landlord accountability /	6	20.0%

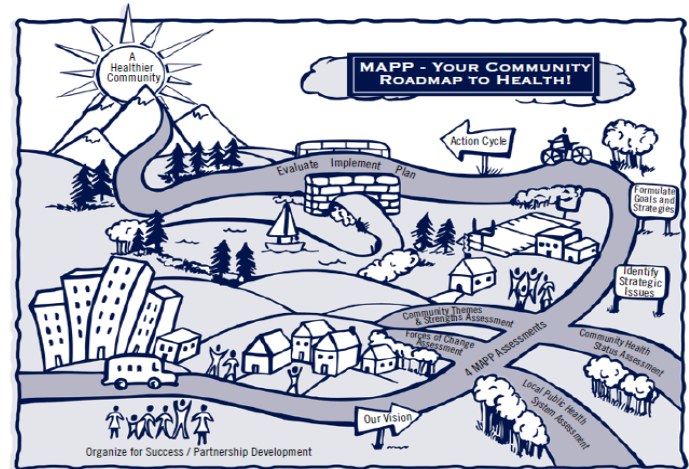
housing equality / housing upkeep		
Welcoming / accepting / happy	5	16.7%
Parenting education / supports / stable families	4	13.3%
Sports / sporting leagues that are affordable (adult / youth)	4	13.3%
"Vibrant" (actual use of this term)	4	13.3%
Awareness of services	3	10.0%
Earth-friendly / environmentally aware / no environmental hazards	3	10.0%
Proud / community pride	3	10.0%
Clean	2	6.7%
Elderly / senior activities	2	6.7%
Hopeful / Positive	2	6.7%
Infrastructure to support programs / stable funding for programs	2	6.7%
No homelessness (identified as a specific topic, apart from other economic items)	2	6.7%
Religion / faith / church attendance	2	6.7%
Self sustaining (goods and services; farmer's markets)	2	6.7%
Transition supports for inmates / opportunities for parolees	2	6.7%
Trust one another / ability to trust	2	6.7%
Creative (arts, music)	1	3.3%
Equality (identified as all aspects - economic, cultural, educational, social, etc.)	1	3.3%
Fiscally sound (municipalities)	1	3.3%
Just / justice for those who have been wronged	1	3.3%
Listing of approved / reliable / trustworthy contractors	1	3.3%
Mental health supports (more, affordable)	1	3.3%
Multi-generational	1	3.3%
Networks for people to connect	1	3.3%
Quality affordable child care	1	3.3%
Respect one another	1	3.3%
Unity between Chemung / Steuben counties	1	3.3%
Values all human life - born and unborn	1	3.3%
Work where we live	1	3.3%
* Categories were combined where duplication was clearly evident; still room for some consolidation		

4. Assessment and Selection of Public Health Priorities

Mobilizing for Action through Planning and Partnership

Arnot Health and Chemung and Steuben community partners used the Mobilizing through Planning and Partnership (MAPP) process to determine two public health priorities and a disparity from the 2013 – 2017 Prevention Agenda. This process was facilitated by a consultant contracted by the Chemung County Health Department (Human Service Development of Corning), and Steuben County’s SAY2 Rural Health Network. 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 Arnot Health and the Chemung and Steuben County Health Departments invited participants from a wide range of the organizations throughout the counties. Organizations that participated in the MAPP community health needs assessment process were:

Chemung County Health Priority Partnership (HP2)

- Chemung County Health Department
- Arnot Health
- Guthrie Health
- Chemung Valley Rural Health Network
- Chemung County Medical Reserve Corps
- Creating Healthy Places to Live, Work and Play Partnership
- Arnot Health’s Health on Demand

- EMSTAR
- Cancer Services Program of Chemung & Schuyler Counties
- Chemung ARC
- Family Services
- Health Ministries of the Southern Tier
- YWCA
- Chemung County Department of Social Services
- Southern Tier Pediatrics
- Cornell Cooperative Extension
- Eat Smart New York
- Chemung County Department of Aging
- Elmira College
- Chemung County Mental Health
- WIC
- Arnot Health Tobacco Cessation Center
- Chemung County School Readiness Project
- Economic Opportunity Program
- Chemung County Poverty Coalition
- Elmira City Council
- Community Members
- Community Mental Health Program at Family Services
- Southern Tier Tobacco Awareness Community Partnership (STTAC)
- Comprehensive Interdisciplinary Developmental Services (CIDS)

Steuben County Health Priority Team (SHPT)

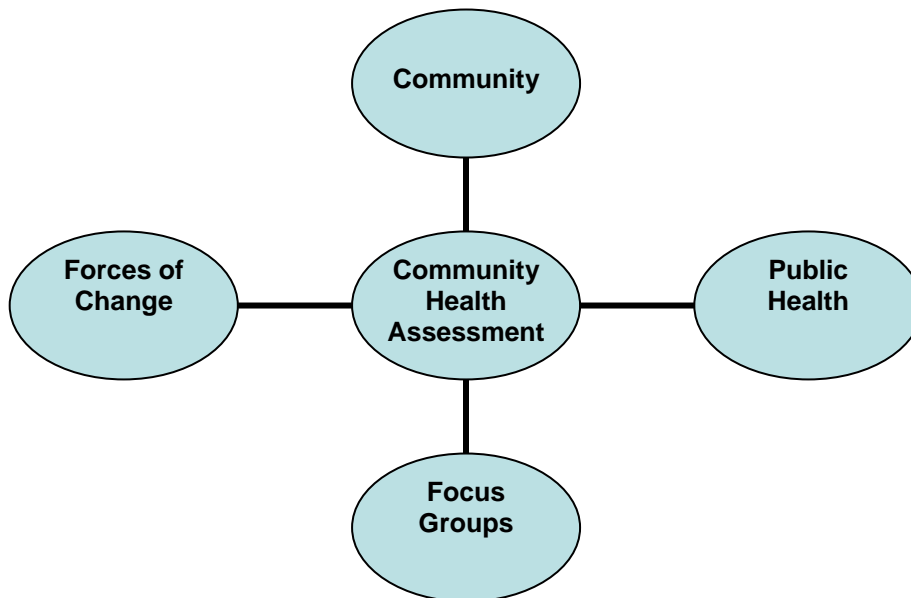
- Steuben County Public Health Department
- Steuben County Rural Health Network (SAY2)
- Arnot Health
- Corning Hospital
- St. James Mercy Hospital
- Guthrie Health
- Finger Lakes Community Health
- Health Ministries of the Southern Tier
- Cancer Services of Steuben County
- Community Members
- Steuben Rural Health Network at Institute of Human Services
- Southern Tier Tobacco Awareness Community Partnership (STTAC)

Arnot Health System has a long history of working collaboratively across county-lines to improve the health of the community; and met with Chemung and Steuben Counties' health priority partnerships on a monthly, and sometimes more frequently, basis since the fall of 2012. Partnerships in both counties agreed to continue meeting on a regular basis to ensure the initiatives outlined in the CHIP are implemented, monitored and evaluated (*See page 64, Number 7 for a description of plans to maintain partner engagement*).

Assessments

Four assessments inform the entire MAPP process. The assessment phase provides a comprehensive picture of the 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. Arnot Health, in cross-county collaborations with local health departments and community partners, participated in all four MAPP assessments in both Chemung and Steuben Counties.

MAPP Assessment Process



First Assessment

The first assessment examined local, regional and state Community Health Status Indicators. **Two methods** were used to examine indicators. The **first method** was to collect relevant statistical data using the NYSDOH Community Health Indicator Reports, Census data, (See pages 8-10 and 12-17), BRFSS reports, CDC Healthy People 2020 and a wide variety of other data sources. Chemung County data collection and analysis was facilitated by a consultant contracted by the Chemung County Health Department. Data collection and analysis in Steuben County was facilitated by S2AY Rural Health Network staff. Data that was available in the fall of 2012 and early winter of 2013 was used for analysis to complete work in a timely fashion; allow time for partnerships to review and discuss the data; identify priorities; establish and refine goals and objectives; and prepare the CHA, CHIP and CSP.

The second method was to collect primary data by conducting a comprehensive community health survey among a random sample of residents to determine their opinions, health-related behaviors and health needs. The surveys were designed to encompass questions in the five Prevention Agenda areas that NYSDOH has identified as high priority issues on a statewide basis:

- Prevent chronic diseases;
- Promote healthy and safe environments;
- Promote healthy women, infants and children;
- Promote mental health and prevent substance abuse; and
- Prevent HIV, sexually transmitted diseases, vaccine-preventable diseases and healthcare associated Infections.

This was completed in both counties by the fall of 2012 and early spring of 2013. Surveys were conducted electronically through a Survey Monkey link, along with paper copies which were distributed to the public through hospitals, employers, health educational and human services agencies, and through other community groups. Links to the surveys were posted on Rural Health Networks' Web sites, hospitals and health departments' Web sites and in signature lines of partners' communications. Press releases, TV ads, flyers, postcards were distributed, and partners promoted the completion of surveys at community presentations and health events. Arnot Health's community health nurses facilitated the completion of electronic and paper surveys for residents with limited ability to self-complete, such as persons with low educational attainment, disability, or low level of literacy. In Chemung County, a total of 564 surveys were completed, which represents .63% of the county's population. In Steuben County, a total of 747 surveys, representing .77% of population, were completed. (*A summary of survey results in each county can be found in attachments submitted with this document*).

Second Assessment

The **second assessment** evaluated the effectiveness of the Public Health System as a whole, and the role of the Chemung County Health Department and Steuben County Public Health 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 on some level 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.

Third and Fourth Assessments

The **third assessment** was the Community Themes and Strengths Assessment that was conducted through focus groups which were held throughout Chemung and Steuben Counties. This assessment looked at the issues that affect the quality of life among community residents and the assets the Counties have available to address health needs. Outcomes from Chemung County’s Rural Minority Health Disparities focus groups were included in the assessment. The focus groups were held in conjunction with the **fourth assessment** that looked at the “Forces of Change” that are at work locally, statewide and nationally. *“Participants answer the following questions: “What is occurring or might occur that affects the health of our community or the local public health system?” State and federal legislation, rapid technological advances, changes in the organization of healthcare services, shifts in economic forces, and changing family structures and gender roles are all examples of forces of change”*

(<http://www.naccho.org/topics/infrastructure/mapp/framework/phase3FOCover.cfm>). Threats and/or opportunities created by these changes were also examined. Focus groups findings helped augment the responses of the public health system assessment, the findings from community surveys, and helped to ensure that opinions of the low-income and minority groups in the community were captured. Six focus groups were conducted in Chemung County. These focus groups included the Economic Opportunity Program and First Choices Program (low-income, ethnically diverse); two groups of Head Start parents; Nurses in the Churches (ethnically diverse group with a wide reach of residents); and a focus group held by the Chemung Valley Rural Health Network. The focus groups conducted in Steuben County included students of GED classes in Corning and Hornell, members of the Greenwood Fire Dept. and students of an “English as a Second Language” class (An example of focus groups and recorded outcomes can be found on pages 20-31 of this document).

Identification of Strategic Issues

Arnot Health and partners from Chemung and Steuben Counties considered many factors in assessing the health status of the counties’ residents to determine two priorities and a disparity to focus on (*A complete listing of Arnot Health’s partners in each county can be found on pages 18-19 and 34-35 of this document*). NYSDOH provided a wealth of information, data, indicators and prevention agenda support throughout the priority selection process. Additionally, partners throughout the counties 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.

Choosing Priorities

Once all the statistics and the results from the four assessments were tallied, a finalized list of the top issues from all components of the assessment process was compiled. Arnot Health attended a series of meetings to present data and pick public health priorities with the Health Priority Partnership (HP2) in Chemung County and the Steuben Health Priorities Team (SHPT) in Steuben County. The partnerships in both counties were charged with ranking the priorities based on their knowledge of health needs and

available services, along with the data presented, to select two priorities and one disparity.

In order to accomplish this, the **Hanlon Method** was used. This method of ranking health priorities focuses most heavily on how effective any interventions might be. The Hanlon Method utilizes the following formula to rank priorities:

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

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



Participants also considered the weight of the propriety, economic feasibility, acceptability, resources and legality (**PEARL**) of issues in this ranking system.

PEARL Factors

Propriety	Is the problem one that falls within the overall scope of operation? Is it consistent with our mission statement?
Economic Feasibility	Does it make economic sense to address the problem? Are these economic consequences as a result of the problem NOT being addressed?
Acceptability	Will the community/or target population accept a program to address the problem?
Resources	Are, or should, resources be available to address the problem?
Legality	Do current laws allow, favor or prohibit interventions to address the problem?

Numerical values were determined by each participant for size, severity and effectiveness, and then entered 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, Chemung County’s scores on the top health related issues in the county were:

Chemung County

Issue	Hanlon	PEARL
Cerebrovascular Disease (stroke)	163.00	5.27
Mental Health	146.44	5.53
Cancer - specifically lung, bronchus & ovarian	146.06	5.19
Obesity	145.75	6.00
Smoking	143.67	6.06
Substance Abuse	121.75	5.88
CLRD/COPD	121.75	5.47
Oral Health	109.13	4.81
Injuries	96.25	4.64
Teen Pregnancy	92.56	4.88
Behavioral problems in young children	85.81	4.13
STD's - gonorrhea	81.44	4.33

Arnot Health and the Chemung County HP2 reviewed and discussed the rankings data. Discussions revolved around cerebrovascular disease, mental health and cancer, specifically cancer of the lung and bronchus, as the highest ranked health issues; and the heavily weighted PEARL factors of obesity and smoking. The partnership discussed how the incidence of CLRD/COPD, lung and bronchus cancer, and cerebrovascular disease would be positively impacted if obesity and tobacco use were addressed as top priorities.

Additionally, if the disparity chosen was to specifically target tobacco use among residents with mental health illness, substance abusers and the low-income population, we would be working to improve the health of two priority populations at risk for developing chronic disease. After much discussion and data review, Arnot Health and the Chemung County HP2 partnership decided to focus on preventing chronic disease through reducing obesity and tobacco use.

Chemung County

New York State Prevention Agenda 2013-2017 Public Health Priorities

Prevent Chronic Disease.

1. Focus area-Reduce obesity in children and adults.
2. Focus area -Reduce illness, disability and death related to tobacco use and secondhand smoke exposure.

Disparity- Reduce percentage of lower income individuals who smoke, including those with mental health and substance abuse issues.

Arnot Health and the HP2 partnership selected reducing obesity and tobacco use as priority focus areas because they are the leading causes of preventable death. Both conditions disproportionately impact low-income and minority communities, and both obesity and tobacco use directly and significantly contribute to other chronic diseases, including diabetes, cancer, heart disease, arthritis, asthma and others (*Prevention Agenda Chronic Disease Workplan* (http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/docs/prevent_chronic_diseases.pdf).

Chemung County has a higher than NYS average of residents with low educational attainment and living in poverty. NYS obesity statistics indicate that obesity is more prevalent in persons with low income and low educational attainment. Studies also indicate that *“socioeconomic factors are the single greatest predictor of tobacco use. Tobacco and poverty create a vicious cycle: low income people smoke more, suffer more, spend more, and die more from tobacco use. Low social-economic status populations include low-income individuals with less than 12 years of education, the medically underserved, the unemployed, and the working poor. They can also be prisoners, gays and lesbians, blue collar workers, and the mentally ill. A study conducted by the National Network of Smoking Prevention and Poverty found that cigarettes served as a tool for those of low socioeconomic status to cope with boredom, relieve stress and as a companion to alcohol and caffeine*

(http://www.tobaccofreemaine.org/channels/special_populations/low_income_and_education.php).

The Chemung County HP2 partnership considered these statistics when discussing chronic disease prevention strategies.

Steuben County

Findings from the Steuben County’s CHA and Hanlon Method rankings identified some overlapping areas of public health concerns and disparities between Chemung and Steuben Counties. Based upon the scores and rankings through the Hanlon Method, Steuben County’s top health related issues in the county were:

Steuben County

Issue	Hanlon	PEARL
Obesity	180.86	6.07
Smoking/Tobacco	152.07	6.64
Cancer	151.57	4.86
Heart Disease	139.21	5.50
Depression/other mental illness	130.50	4.79
Cerebrovascular Disease	122.00	4.43
Substance Abuse	108.57	4.64
Diabetes	108.07	6.29
Births to teens	103.21	5.14
CLRD/COPD	102.38	5.54
Problems with Teeth or Gums	84.57	5.29
Unintentional Injuries	79.86	5.43
Behavioral Problems in Children	79.14	4.07

Arnot Health and the Steuben County SHPT partnership discussed the rankings of their top health-related priorities, and noted that the PEARL factors also scored highest in the top two priority areas. The partnership discussed obesity and tobacco use as major contributors to chronic disease, specifically the incidence of heart disease and hypertension in Steuben County. The SHPT partnership agreed that much evidence exists about the role of obesity and tobacco use in chronic disease and decided to select the prevention of chronic disease as their NYS Prevention Agenda Priority, and focus on reducing the risk factors of obesity and tobacco use, particularly in vulnerable populations.

Steuben County

New York State Prevention Agenda 2013-2017 Public Health Priorities

Prevent Chronic Disease.

1. Focus area- Reduce obesity in children and adults.
2. Focus area-Reduce illness, disability and death related to heart disease and hypertension.

Disparity-Promote tobacco cessation, especially among low socioeconomic populations and those with mental health illness.

Hypertension and tobacco use are two major contributing factors to cardiovascular diseases. The age adjusted cardiovascular disease mortality rate in Steuben County is 249.5 compared to the upstate New York rate of 244.7. The age adjusted percentage of adults who smoke cigarettes in Steuben County is 22.1% compared to the upstate NY rate of 18.9%. Not addressing obesity and heart disease as a public health priority would mean premature death and disability for Steuben County residents (*New York State Dept. of Health New York State Community Health Indicator Reports*

http://www.health.ny.gov/statistics/chac/cha/docs/chr_46.htm. According to American Heart Association, cigarette smoking, high blood cholesterol, high blood pressure, physical inactivity, obesity and diabetes are the six major independent risk factors for coronary heart disease that you can modify or control. Cigarette smoking increases the risk of coronary heart disease by itself. When it acts with other factors, it greatly increases risk. Smoking increases blood pressure, decreases exercise tolerance and increases the tendency for blood to clot. Smoking also increases the risk of recurrent coronary heart disease after bypass surgery. Cigarette smoking is so widespread and significant as a risk factor that the Surgeon General has called it "the leading preventable cause of disease and deaths in the United States"

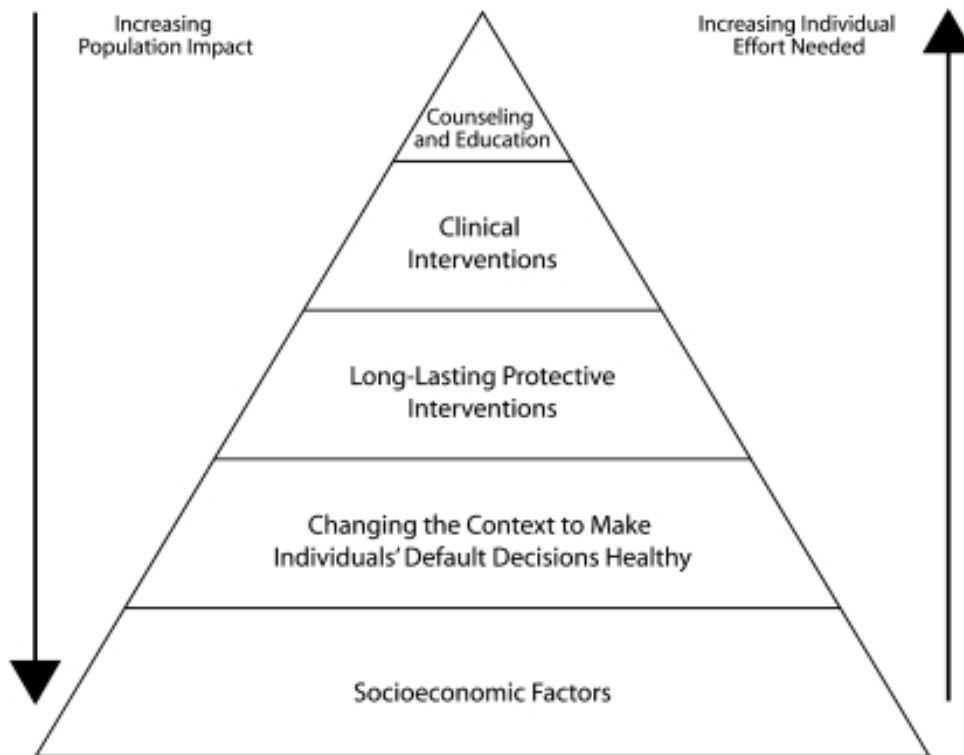
(http://www.heart.org/HEARTORG/GettingHealthy/QuitSmoking/QuittingResources/Smoking-Cardiovascular-Disease_UCM_305187_Article.jsp).

Both Chemung and Steuben Counties' CHAs' priority rankings through the Hanlon Method identified obesity and tobacco use as major focus areas to prevent chronic disease. According to the CDC, growing evidence indicates that a comprehensive approach to prevention can save tremendous costs and enhance the quality of life. The four common modifiable behaviors that contribute to chronic illness, disability, and premature death related to chronic disease. These include tobacco use, insufficient physical activity, poor eating habits, and excessive alcohol use (<http://www.cdc.gov/chronicdisease/resources/publications/aag/chronic.htm>). With hospital facilities in Chemung and Steuben Counties, and ongoing efforts to expand partnerships in both counties, Arnot Health is uniquely positioned to work more regionally across county lines to develop and implement prevention strategies that will improve the health of the community.

5. Three Year Plan of Action

Formulate Goals and Strategies

During this stage, Arnot Health, the Chemung County’s HP2 and Steuben County’s SHPT considered research and evidence-based best practices from many different sources including the NYS Prevention Agenda 2013 – 2017 material, and national guidance, such as the National Prevention Strategy, Guide to Community Preventive Services, and Healthy People 2020. The Health Impact Pyramid developed by Thomas R. Frieden, MD, MPH was extensively utilized. This is a pyramid approach to describe the impact of different types of public health interventions and provides a framework to improve health. The base of the pyramid indicates interventions with the greatest potential impact and in ascending order are interventions that change the context to make individuals' default decisions healthy, clinical interventions that require limited contact but confer long-term protection, on-going direct clinical care, and health education and counseling. Interventions focusing on lower levels of the pyramid tend to be more effective because they reach broader segments of society and require less individual effort.



<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2836340/figure/fig1/>

Arnot Health, in collaboration with partners from HP2 and SHPT, developed broad-based plans to address chronic disease as a public health priority, focusing on reducing obesity and tobacco use. **Community Health Improvement Plans (CHIP)** from both counties place emphasis on three key areas: 1) health promotion activities to encourage healthy living and limit the onset of chronic diseases; 2) early detection opportunities that include screening populations at risk; and 3) successful management strategies for existing diseases and related complications. These strategies, recommended by the Health Impact Pyramid, are based on the interventions' evidenced-base potential to address health inequities; the ability to measure success and potential reach; potential for broad partner support and collaboration; and political feasibility. This method is based on findings from such organizations as the Institute of Medicine of the National Academies and their report, *Accelerating Progress in Obesity Prevention: Solving the Weight of the Nation* or the CDC's, *Recommended Community Strategies and Measurements to Prevent Obesity in the United States*.

For each focus area under the selected Prevention Agenda "Prevent Chronic Disease" priority, Chemung and Steuben County Partnerships identified objectives and goals that include improvement strategies and performance measures with measurable and time-framed targets over the next five years. The proposed chronic disease prevention strategies are evidence-based or promising practices. They include activities currently underway by partners and new strategies to be implemented. All proposed strategies in Chemung and Steuben Counties are supported by the HP2 and SHPT partnerships. Chronic disease prevention strategies will be implemented in multiple sectors, including at local schools, worksites, businesses, community organizations, and with providers, to make it easier for residents to make healthy choices. By planning and implementing strategies from many levels of the Health Impact Pyramid, and through our network of diverse partnerships, we can create an environment that is conducive to physical activity, good nutrition and tobacco cessation.

The Chemung and Steuben County partnerships have included many suggested activities from the State's "Prevent Chronic Disease Plan" that will encourage increased physical activity, better nutrition and tobacco cessation strategies that aim toward reducing and preventing the incidence of chronic disease in Chemung and Steuben Counties. Some of these interventions include environmental, policy and systems changes to create communities that support physical activity, improved nutrition and breastfeeding, and tobacco cessation. Chemung County will continue its work through the Creating Healthy Places to Live, Work and Play grant and improve parks and playgrounds, establish community gardens to improve access to fresh fruits and vegetables, and work with local restaurant partners to make eating out healthier. Steuben County will continue to work with the cross-county Southern Tier Tobacco Awareness Community Partnership (STTAC) to establish tobacco free policies and urge members of the Regional Economic Development Council to consider health in their projects. Both counties plan to pursue joint use agreements with local school districts; promote breast feeding policies at worksites; and create resource guides that promote the counties' many opportunities for physical activity and healthy foods, including local farmer's markets, parks and hiking trails. Other strategies include the clinical and community solutions such as provider

referrals to Diabetes Prevention Programs, Chronic Disease Self Management Programs and Tobacco Cessation Education.

One exciting aspect of the CHIP is the unlimited possibilities offered by technological advances. Arnot Health and other local providers are beginning to implement Electronic Health Records (EHR). When fully functional, the benefits of EHRs will include improved quality and convenience of patient care, accuracy of diagnoses, enhanced care coordination, increased patient participation in their care, improved health outcomes and increased practice efficiencies and cost savings.

EHR's will give providers decision support tools and available resources to better prevent and manage chronic disease. Arnot Health is currently working towards consolidating existing technologies within the healthcare system, with the objective of getting everyone on the same system organization-wide. Consolidating technology within the healthcare system will improve communication among care providers (and between patients with their providers), enhance patient care coordination, improve chronic disease management and health outcomes.

Arnot Health is increasing its focus on population health management and working towards increasing the system's abilities and competencies related to population health management. Areas of focus include realigning our health care delivery system to be more patient and ambulatory centric; increasing patient engagement with primary care providers using PCMH as a model; improving care coordination; and improving the management of chronic disease.

Successful consolidation of IT systems will:

- Contribute towards the integration and interoperability of data, and data exchange among care providers.
- Create robust and functional analytics which can identify higher risk patients to better manage chronic disease and improve health outcomes.
- Equip providers with the competencies needed to manage health care in a more "predictive" and less reactive way.
- Reduce preventable utilization of higher cost health care services such as emergency room or inpatient settings.

Chemung and Steuben Counties' Community Health Improvement Plans propose training primary care providers to talk to their patients about their weight, physical activity, diet and tobacco use and offering professional training opportunities which include programs on prevention, screening, diagnosis and treatment of overweight, obesity and diabetes. Residents and medical students will benefit from this training through the healthcare system's graduate medical education program. Arnot Health's graduate medical education program is offered in partnership with Lake Erie College of Osteopathic Medicine (LECOM). Another CHIP strategy is to investigate the possibility of incorporating referrals to community resources to prevent or manage chronic disease through a link in EHR. Through the use of new technology, follow-up calls can be made to check on patient compliance, and provide the opportunity to document and measure the effectiveness of healthcare interventions.

Arnot Health's service area includes two Medically Underserved Areas (MUA): Elmira's Census Tract 0007.00 in Chemung County and Troupsburg/Tuscarora Town Service Area in Steuben County. Poor access to care is associated with a higher incidence of chronic disease, poorly managed chronic disease and an increased incidence of preventable hospitalizations. In both counties, the ratio of residents to primary care providers exceeds the NYS average. Arnot Health, through its Arnot Medical Services provider practice group, continues to aggressively recruit providers for the counties' most underserved areas, and expand its graduate medical program to help meet identified needs within the MUAs.

As Arnot Health works in partnership with Chemung County's HP2 and Steuben Counties' SHPT to implement the CHIPs, we will continue to identify emerging best practices to reduce obesity and tobacco use. Data measures will be developed to assess the effectiveness of our plans in impacting the community's health, and set mid-course corrections where needed. Promising cases for return on investment will be shared with policymakers.

The specifics of Chemung and Steuben Counties' Community Health Improvement Plans are outlined in the following CHIP charts. Strategies, goals, objectives, improvement strategies, performance measures with measurable time-framed targets over a three-year period are included in the CHIP charts.

Chemung County HP² is made up of Chemung County organizations committed to improving the health of Chemung County residents. Members include: Chemung County Health Department, Arnot Health, Guthrie Health, EMSTAR, Creating Healthy Places, Health On Demand, Comprehensive Interdisciplinary Developmental Services, Inc (CIDS), Family Services, Chemung ARC, Health Ministries of the Southern Tier, YWCA, Chemung County DSS, Cornell Cooperative Extension, Eat Smart NY, Chemung County Dept. of Aging, Elmira College, Chemung County Mental Health, WIC, Arnot Tobacco Cessation Center, Southern Tier Tobacco Awareness Community Partnership (STTAC), Southern Tier Pediatrics, Chemung County Medical Reserve Corps., Community Mental Health Program at Family Services, Chemung County School Readiness Project, Economic Opportunity Program, Chemung County Poverty Reduction Coalition, Cancer Services Program of Chemung & Schuyler Counties, Elmira City Council and community members.

Chemung County Prevention Agenda Priority: Prevent Chronic Disease					
Focus Area: Reduce Obesity in Children and Adults					
Objective: Prevent obesity trend from rising and aim to reduce the percentage of adults who are obese by 1% - from 30.1% to 29.8% . (According to NYS 08-09 BRFSS, Chemung County (30.1%) currently exceeds the NYS average of 23.2%.)					
Focus Area	Goal	Activities	Partners	Timeframe	Measurement/Evaluation
Reduce Obesity in Children and Adults	A. Create community environments that promote and support healthy food and beverage choices and physical activity.	A.1 Create a breast feeding friendly environment in Chemung County: <ul style="list-style-type: none"> • Promote breastfeeding to WIC mothers. • Evaluate existing breastfeeding environment in Chemung County • Review hospital breastfeeding data and policies • Promotion of breastfeeding friendly environments in hospitals and businesses • Provide education re: breastfeeding such as through CIDS, Breastfeeding series (6 weeks) by Eat Smart NY offered to pregnant and breastfeeding moms. • Investigate the possibility of utilizing EHR/EMR's for actions such as adding breastfeeding resources or tracking documentation of breastfeeding education. 	Health Priorities Partnership, WIC peer counselors, certified lactation consultants, WIC staff, hospital staff, Eat smart NY, CIDS, Possible Partners: Twin Tiers Breastfeeding Network, Ch. Valley LaLeche League, Chamber of Commerce	October 2014 - ongoing	By December 2016, the number of WIC mothers breastfeeding at six months will increase by 5% from 15.3% to 16%. Education provided % of women exclusively breastfeeding in the hospital. # Businesses educated on breastfeeding supportive environment
		A.2 Utilizing residents, conduct Continuing Medical & Nursing Education programs or Grand Rounds for health care professionals, such as programs on healthy nutrition, physical activity, obesity & diabetes prevention & community resources.	HP2, Arnot Health, Guthrie Health Professional nursing organizations	October 2014 - ongoing	CME /Grand Rounds programs held, # of participants, # of CME's & CEU's earned.

Chemung County Prevention Agenda Priority: Prevent Chronic Disease					
Focus Area: Reduce Obesity in Children and Adults					
Objective: Prevent obesity trend from rising and aim to reduce the percentage of adults who are obese by 1% - from 30.1% to 29.8% . (According to NYS 08-09 BRFSS, Chemung County (30.1%) currently exceeds the NYS average of 23.2%.)					
Focus Area	Goal	Activities	Partners	Timeframe	Measurement/Evaluation
Reduce Obesity in Children and Adults	A. Create community environments that promote and support healthy food and beverage choices and physical activity.	A.3 Provide and promote resource links on partner websites and social media that include supports for breastfeeding, increased opportunities for physical activity and healthy nutrition such as reducing fat, sodium and Sugar Sweetened Beverages (SSB,) and increasing fruit and vegetable consumption. Generate Community resource list of services to address overweight & obesity. <ul style="list-style-type: none"> Promote ongoing resources, programs and active transportation initiatives such as Step It Up, FFIST, the Gold Shoe program, Get Active Elmira, bike racks on buses (CTRAN), Southern Tier Bicycle League bike racks & bike share program, bike to work days, Matter of Balance. 	Health Priorities Partnership, CIDS, CCE, CHP	December 2014 - ongoing	# of partner websites with links to resources and programs on physical activity and healthy nutrition. Resource list developed
		A.4 Utilize earned media to promote Physical Activity and Healthy Foods and Beverages through public service announcements, local print, radio and television media, social media, news interviews and newsletters highlighting efforts. <ul style="list-style-type: none"> Engage community leaders, stakeholders, businesses, agency heads, and elected officials to encourage them to establish environmental and policy changes and to promote physical activity and consumption of healthy foods and beverages. 	Health Priorities Partnership, Eat Smart NY	July 2014 - ongoing	# of PSA's provided by partnering agencies. # of local print, radio & TV ads, interviews, letters to the editor, newsletters. # and level of leaders engaged
		A.5 Plan and implement initiatives and evidence based programs that promote physical activity and/ or healthy nutrition such as Eating Right is Basic, and Jumping Into Foods and Fitness. <ul style="list-style-type: none"> Assess, plan and implement other evidence promising programs such as: Step It Up, FFIST, Gold Shoe, Bicycle Sharing Sheds and Strong Kids/Safe Kids. Continue to apply for seasonal opportunities to increase utilization of Farmer's Markets. 	Health Priorities Partnership, Eat Smart NY	December 2014 - ongoing	# of programs, # of participants. # of participants with improved health outcomes.

Chemung County Prevention Agenda Priority: Prevent Chronic Disease					
Focus Area: Reduce Obesity in Children and Adults					
Objective: Prevent obesity trend from rising and aim to reduce the percentage of adults who are obese by 1% - from 30.1% to 29.8% . (According to NYS 08-09 BRFSS, Chemung County (30.1%) currently exceeds the NYS average of 23.2%.)					
Focus Area	Goal	Activities	Partners	Timeframe	Measurement/ Evaluation
Reduce Obesity in Children and Adults	A. Create community environments that promote and support healthy food and beverage choices and physical activity.	A.6 Partner with County & City officials to develop and implement a plan to rehabilitate, improve and promote parks, playgrounds and trails in underserved areas to offer safe, and accessible opportunities for physical activity for persons of all ages and abilities.	Health Priorities Partnership, Creating Healthy Places, DOT	November 2013 & Ongoing	Completion of improvement of at least 1 park
		A.7 Increase physical activity by improving street scale urban design for small geographic areas such as safe street crossings, use of traffic calming approaches, tactile ramps.	Health Priorities Partnership, Creating Healthy Places	January 2014 & Ongoing	
		A.8 Establish or enhance community gardens & promote use t to encourage consumption of fruits and vegetables.	Creating Healthy Places, civic & faith based orgs.	March 2014 & ongoing	At least 2 gardens established/enhanced
		A.9 Conduct research to support evidence-based approaches to reducing obesity through research foundation partnership with Cornell University. Collect and analyze data on evidence based programs such as Diabetes Prevention Program and CDSMP.	Guthrie Health Arnot Health Health Priorities Partnership	January 2014 ongoing	Research conducted and findings published.
		A.10 Investigate joint use agreements with county schools. Create a list of current joint use agreements and resources open to the community.	Health Priorities Partnership, 4 County School districts Parent Partners	January 2014 - ongoing	# joint use agreements, list of resources available to community members (playgrounds, fitness equipment, etc.), provide info online.
		A.11 Investigate data on obesity prevention programs to strengthen the case on return on investment in obesity reduction programs and share findings with policy makers and businesses including Chamber of Commerce and Leadership Chemung.	Health Priorities Partnership	January 2015 Ongoing	Data analyzed and findings shared.

Chemung County Prevention Agenda Priority: Prevent Chronic Disease					
Focus Area: Reduce Obesity in Children and Adults					
Objective: Prevent obesity trend from rising and aim to reduce the percentage of adults who are obese by 1% - from 30.1% to 29.8% . (According to NYS 08-09 BRFSS, Chemung County (30.1%) currently exceeds the NYS average of 23.2%.)					
Focus Area	Goal	Activities	Partners	Timeframe	Measurement/ Evaluation
Reduce Obesity in Children and Adults	B. Expand the role of health care and health service providers and insurers in obesity prevention.	B.1 Educate and provide resources to health care professionals as a way to talk with their patients about their weight, nutrition, physical activity and disease prevention & management. Investigate use of "prescription pads" for health care providers to include need / resources for physical activity and healthy nutrition including Chronic Disease Self Management and Diabetes Prevention Program.	Health Priorities Partnership, Arnot Health, Guthrie Health, Health On Demand	June 2014 ongoing	# health professionals educated # resources disseminated
		B.2 Once EMR/EHR system is completed and operational, investigate the possibility of providing obesity prevention and community resources to persons who are overweight, obese and / or at risk for diabetes. Encourage referrals to Diabetes Prevention Program (DPP) and Chronic Disease Self Management Program (CDSMP). Facilitate patient engagement through reminder calls and care coordination.	Arnot Health, Guthrie Health Human Services Committee	December 2014 - ongoing	Monitor and evaluate usage.
		B.3 Educate providers and the public on Medicare coverage for obesity counseling to patients with a BMI over 30 and for preventative health screenings.	Health Priorities Partnership	January 2014 - ongoing	Methods used to disseminate information
		B.4 Encourage public to investigate their health promotion coverage under their insurance policy.	Health Priorities Partnership	June 2014 - ongoing	Methods used to educate public
		B.5 Recruit new members and sustain HP2 Partnership through ongoing communication and at least bimonthly meetings.	Health Priorities Partnership New partners	January 2014- ongoing	# new partners recruited Minutes of meetings

Chemung County Prevention Agenda Priority: Prevent Chronic Disease					
Focus Area: Reduce illness, disability and death related to tobacco use and secondhand smoke exposure.					
Disparity: Reduce percentage of lower income individuals who smoke including those with mental health and substance abuse issues.					
Objective: Reduce percentage of cigarette smoking among adults by 3% from 30.8% to 29.9%. (According to NYS 08-09 BRFSS, Chemung County (30.8%) currently exceeds the NYS average of 17%.)					
Focus Area	Goal	Activities	Partners	Timeframe	Measurement/ Evaluation
Reduce illness, disability and death related to tobacco use and second hand smoke exposure	C. Reduce exposure to secondhand smoke.	C.1 Advocacy: <ul style="list-style-type: none"> Invest in efforts to create smoke-free environments throughout the community, encouraging Chemung County government to lead by example. Provide support to community partners to adopt tobacco-free outdoor policies. 	Health Priorities Partnership STTAC	January 2015 - ongoing	By October 2014, four tobacco free outdoor policies will be adopted. Links to policies will be posted.
		C.2 Highlight dangers of tobacco through <ul style="list-style-type: none"> Public service announcements and earned media. Promote media campaigns with hard-hitting cessation messages and the importance of tobacco free outdoors. 	Health Priorities Partnership, STTAC, Arnot Cessation Center	July 2014 ongoing -	# PSA's provided, # campaigns held
		C.3 Investigate the possibility of providing landlords throughout the county & local municipalities with guidelines on how to make their properties smoke free.	Health Priorities Partnership STTAC City of Elmira	October 2014 ongoing	# landlords receiving guidelines. #smoke free properties.

<p align="center">Chemung County Prevention Agenda Priority: Prevent Chronic Disease Focus Area: Reduce illness, disability and death related to tobacco use and secondhand smoke exposure. Disparity: Reduce percentage of lower income individuals who smoke including those with mental health and substance abuse issues.</p>					
<p align="center">Objective: Reduce percentage of cigarette smoking among adults by 3% from 30.8% to 29.9%. (According to NYS 08-09 BRFSS, Chemung County (30.8%) currently exceeds the NYS average of 17%.)</p>					
Focus Area	Goal	Activities	Partners	Timeframe	Measurement/Evaluation
Reduce illness, disability and death related to tobacco use and second hand smoke exposure	D. Promote tobacco cessation, especially among low SES populations and/or those with mental health illness.	D.1 Promote cessation counseling to community residents targeting people with disabilities, mental health and substance abuse problems. <ul style="list-style-type: none"> Promote NYS Smokers' Quitline. Provide tobacco cessation information / education to clients of organizations such as home care, CIDS, hospital patients, Health Ministry of the Southern Tier, Cancer Services Program, etc. Advocate with organizational decision makers of health care facilities and programs that provide services for people of lower SES, and/or mental health to adopt system changes that identify, refer, and treat tobacco users according to the U.S. Department of Health and Human Services Public Guidelines for Treating Tobacco Use and Dependence. Provide community education, discrete events, earned media and other ways of disseminating information to the public and health care providers. Develop community resource list of services for tobacco cessation. CIDS will continue to work with parents re: going outside the home to smoke to decrease exposure to secondhand smoke. Work with Homecare agencies to encourage caregivers of clients to smoke outside the home. 	Health Priorities Partnership, Arnot Tobacco Cessation Center, Cancer Services Program Health Ministries of the Southern Tier, CIDS	July 2014 ongoing	# NYS Smokers Quitline calls. #agencies/organizations participating in tobacco cessation education to clients. Resource list developed

Chemung County Prevention Agenda Priority: Prevent Chronic Disease					
Focus Area: Reduce illness, disability and death related to tobacco use and secondhand smoke exposure					
Disparity: Reduce percentage of lower income individuals who smoke including those with mental health and substance abuse issues.					
Objective: Reduce percentage of cigarette smoking among adults.					
Focus Area	Goal	Activities	Partners	Timeframe	Measurement/Evaluation
Reduce illness, disability and death related to tobacco use and secondhand smoke exposure	E. Prevent initiation of tobacco use by New York youth and young adults, especially among low socioeconomic status (SES) populations.	E.1 Participate in local and national activities and/or events that educate the public on the impact of retail tobacco marketing on youth (Point of Sale -POS) such as the Great American Smoke Out, Kick Butts Day, World No Tobacco Day, Strong Kids Safe Kids and the Adolescent Health and Wellness conference.	Health Priorities Partnership, SITAC	July 2014 ongoing	# activities held and/or events attended.
	F. Encourage providers to talk with their patients about tobacco cessation.	F.1 Once EMR/EHR system is completed and operational, investigate the possibility of providing community resources for tobacco cessation.	Arnot Health, Guthrie Health, Arnot Tobacco Cessation Center	December 2014 - ongoing	Monitor and evaluate usage.
		F.2 Communicate with and Influence decision makers and advocate for change in their organizations' policies, programs, or practices by offering education, training and technical assistance with adopting system-level changes that foster comprehensive tobacco dependence treatment.	Arnot Health, Guthrie Health, Arnot Tobacco Cessation Center	December 2014 - ongoing	Monitor and evaluate usage.

Chemung County Prevention Agenda Focus Area: Prevent Chronic Disease					
Objectives: Reduce illness, disability and death related to tobacco use and secondhand smoke exposure					
Disparity: Reduce smoking rates in lower income individuals including those with mental health and substance abuse issues					
Decrease the prevalence of any tobacco use (cigarettes, cigars, smokeless tobacco) by high school age students					
Focus Area	Goal	Activities	Partners	Timeframe	Measurement/Evaluation
Reduce illness, disability and death related to tobacco use and secondhand smoke exposure	G. Prevent initiation of tobacco use by New York youth and young adults, especially among low socioeconomic status (SES) populations	G.1 Utilize local media to promote education on youth smoking and the impact of tobacco marketing.	Chemung County Health Dept., STTAC	July 2014 - ongoing	# media contacts made, # stories published
		G.2 Educate community leaders and policymakers on the problems of youth smoking and the impact of tobacco marketing on youth smoking.	Health Priorities Partnership Chemung County Health Dept., Arnot Health, Guthrie Health, STTAC	July 2014 - ongoing	# educated
		G.3 Conduct a Youth POS and TFO survey in local schools and/or youth centers/organizations.	Health Priorities Partnership Chemung County Health Dept., STTAC	July 2014 - ongoing	# schools/youth organizations surveyed, # surveys collected
		G.4 Educate and engage a youth focused organization to attend and speak during a legislature/board of health/council meeting, write letters to editor, educate their network and/or educate community members.	Health Priorities Partnership Chemung County Health Dept., STTAC	July 2014 - ongoing	Organization engaged, meeting attended or letter written

Steuben County Prevention Agenda Focus Area: Prevent Chronic Disease					
Goal 1: Reduce Obesity in children and adults					
Strategy Area	Objective	Activities	Partners	Timeframe	Measurement/Evaluation
Reduce Obesity in Children and Adults	A. Create community environments that promote healthy food and beverage choices and physical activity	A1. Support and encourage programs such as 10k walk/run through Ira Davenport, Walk with the Doc through Guthrie, Pop Can Fun Run through Corning Hospital, Girls on the Run, Strong Kids Safe Kids, the Wine Glass Marathon, Hornell CSD Pace grant and the Fit and Fun Program through Hornell YMCA.	Steuben Health Priorities Team (SHPT), Public Health (PH), Local Hospitals	November 2013 - ongoing	# of participants, # of activities
		A2. To increase community physical activity, investigate and contact applicable parties to compile resources and create a central guide to promote local hiking trails and the area's natural resources. Investigate creating and annually updating an online resource guide as well as the cost of printed copies. Provide link to guide on partner websites and social media outlets.	SHPT <i>Possible Partners:</i> Steuben County Conference and Visitors Bureau, Chemung County "River Friends", Traffic Safety Board, 211	January 2014 - ongoing	Schedule created to update guide, guide created, QR code created, online hits, # of partners posting link
		A3. Advocate for the inclusion of creating healthy environments with Regional Economic Development Council - including the Rails to Trails program.	SHPT, County Rotaries	January 2014 - ongoing	# of contacts made # of projects including healthy environments proposed
		A4. Work with local media to reach community members - highlighting our initiatives. Efforts will include social media, radio shows/service announcements and striving to develop a relationship with WETM and other local television shows to explore the possibility of creating a yearly campaign.	WETM - local TV stations, local radio stations, PH, SHPT	April 2014 - ongoing	# PSA's/messages provided to various media outlets, # appearances made/social media posts ("likes", etc.)

Steuben County Prevention Agenda Focus Area: Prevent Chronic Disease					
Goal 1: Reduce Obesity in children and adults					
Strategy Area	Objective	Activities	Partners	Timeframe	Measurement/Evaluation
Reduce Obesity in Children and Adults	A. Create community environments that promote healthy food and beverage choices and physical activity	A5. Investigate and continue to develop and expand joint use agreements with county schools. Create a list of current joint use agreements and resources open to the community.	13 Steuben County School Districts, PH, SHPT	January 2014 – ongoing	# of joint use agreements, list of resources available to community members (parks, basketball courts, etc.), provide information online and track hits
		A6. Work with Corning-Painted Post Schools to attempt to expand the implementation of the PE 4 Life program including additional training of staff, equipment purchases and group advocacy with the school board.	Corning Hospital, Superintendent of schools	April 2014 - ongoing	# of staff trained, funding secured, equipment purchased
		A7. Work together to increase breastfeeding in Steuben County. Increase access to breastfeeding information and encourage continued breastfeeding after leaving the hospital. Inform and assist worksites with breastfeeding policies. Encourage health care professionals to heavily promote the benefits of breastfeeding, including triggers in EHR (if possible when in place), and encourage referrals to community resources. Engage and support WIC to heavily promote and support breastfeeding among their clients. Encourage breastfeeding rally sponsored by WIC and continue one-on-one support to mothers through public health.	Local Hospitals WIC, PH	January 2014 - ongoing	EMR/EHR documentation of education in applicable facilities, % of women exclusively breastfeeding and breastfeeding at 6 months, % increase of WIC mothers breastfeeding at 6 months

Steuben County Prevention Agenda Focus Area: Prevent Chronic Disease					
Goal 1: Reduce Obesity in children and adults					
Strategy Area	Objective	Activities	Partners	Timeframe	Measurement/Evaluation
Reduce Obesity in Children and Adults	B. Expand the knowledge base of partners in obesity prevention	B1. Identify emerging best practices.	SHPT, Local Hospitals	April 2014 - ongoing	Best practices identified And posted online
		B2. Evaluate obesity prevention initiatives.	SHPT, Local Hospitals	September 2014 - ongoing	Initiatives evaluated, data collected and analyzed
		B3. Investigate database development to strengthen the case for resource allocation and obesity reduction programs to share with policymakers.	Local Hospitals, SHPT	January 2015 - ongoing	All data tracked and analyzed, results shared
	C. Expand the role of public and private employers in obesity prevention	C1. Provide and promote opportunities for physical activity and links to available resources including the new hiking guide, local gyms and farmers markets to public and private employers.	SHPT, local hospitals, PH, Steuben Rural Health Network	September 2014 - ongoing	Opportunities provided and promoted, online resources provided, # hits tracked
		C2. Promote, support and conduct Know Your Numbers Campaign headed by Corning Hospital and public health.	Corning Hospital, SHPT	May 2014 - ongoing	Launch of program, # of participants
	D. Increase access to high quality chronic disease preventive care and management in clinical and community.	D1. Educate health care professionals to talk with their patients about their weight, nutrition, and physical activity (such as Guthrie's bariatrician). Develop a resource guide for providers regionally.	Guthrie, Local Hospitals, SHPT	September 2014 - ongoing	# educated, # resources disseminated

Steuben County Prevention Agenda Focus Area: Prevent Chronic Disease					
Goal 2: Reduce Heart disease and hypertension					
Strategy Area	Objective	Activities	Partners	Timeframe	Measurement/ Evaluation
Reduce illness, disability and death related to heart disease and hypertension	A. Prevention, screening, early detection, treatment, and self-management support.	A1. Work to prevent heart disease and hypertension by assisting Office for the Aging, local hospitals and long term care facilities in reducing sodium content in all meals served including to patients, visitors, staff and the public.	Local Hospitals, Office for the Aging, ProAction, PH	October 2013 - ongoing	Establish a baseline. Reduce sodium content in meals by 30% over 3 years, by November 2016
		A2. Investigate possibility of expanding heart disease support group in Hornell. Promote support groups of all local hospitals.	Guthrie, St. James	September 2014 - ongoing	Creation of support group, # participating
	B. Reduce exposure to secondhand smoke	B1. Invest in efforts to create smoke-free environments throughout the community, encouraging Steuben County government to lead by example.	PH, STTAC	January 2016	Steuben County government policy developed and implemented, # of smoke free policies implemented
		B2. Highlight dangers of tobacco through public service announcements and promote media campaigns with hard hitting cessation messages and the importance of tobacco free outdoors.	SHPT, Local Hospitals, Health Ministry of the Southern Tier, PH, STTAC, Tobacco Cessation Center	May 2014 - ongoing	# PSA's provided, # campaigns held

Steuben County Prevention Agenda Focus Area: Prevent Chronic Disease					
Goal 2: Reduce Heart disease and hypertension					
Strategy Area	Objective	Activities	Partners	Timeframe	Measurement/ Evaluation
Reduce illness, disability and death related to heart disease and hypertension	C. Promote tobacco cessation, especially among low SES populations and those with mental health illness (disparity)	C1. Promote cessation counseling to community residents targeting people with disabilities, mental health and substance abuse problems. Promote NYS Smokers' Quitline. Provide tobacco cessation education to clients of organizations such as home care, ARC, ProAction, Cancer Services Partnership, HMST and hospital patients. Work to promote cessation messages by sending out quitline cards, showing cessation videos at DSS, and conducting site assessments at outpatient adolescent psychiatric facilities in Wayland/Alfred that include tobacco use.	211, Local Hospitals, PH, SHPT, Health Ministry, Steuben RHN, STTAC, CSP, Tobacco Cessation Center	September 2014 - ongoing	# NYS Smokers Quitline calls, #agencies/organizations participating in tobacco cessation education to clients
	D. Prevent initiation of tobacco use by New York youth and young adults, especially among low socioeconomic status (SES) populations	D1. Participate in local and national activities and/or events that educate the public on the impact of retail tobacco marketing on youth (Point of Sale -POS) such as the Great American Smoke Out, Kick Butts Day, World No Tobacco Day, Strong Kids Safe Kids and the Adolescent Health and Wellness conference.	Local Hospitals, PH, Steuben RHN, STTAC, Tobacco Cessation Center, Local Schools	January 2014 - ongoing	# activities held and/or events attended

Steuben County Prevention Agenda Focus Area: Prevent Chronic Disease					
Goal 2: Reduce Heart disease and hypertension					
Strategy Area	Objective	Activities	Partners	Timeframe	Measurement/Evaluation
Increase access to high quality chronic disease preventive care and management in clinical and community settings	E. Train primary care providers (PCPs) to talk with their patients about their weight and tobacco use. Provide link on EMR to community resources available for patients	E1. Create a list of community resources specific to diagnosis and investigate the possibility of uploading into EHR's.	211, Local Hospitals, Health Ministry of the Southern Tier	September 2015 - ongoing	Inventory list of resources and availability on EHR, track usage
		E2. Provide resources and literature to educate health care professionals to talk with their patients about their weight (including physical activity and diet) and their tobacco use, as appropriate. Encourage discussions that include dividing goals into manageable milestones and that health care professionals can easily link their patients with available community resources. Investigate the use of EHR as a tool for health care providers to link patients with appropriate community resources.	Local hospitals, Health Ministry of the Southern Tier	September 2015 - ongoing	# educated, # resources disseminated, track usage of EHR resources where applicable
		E3. When and if available, encourage the use of decision support/reminder tools of EHRs, as well as the community resource list. When and if available, continue calls by nurses to follow-up with patients on follow-through/compliance. Monitor implementation.	Local Hospitals, PH, Health Ministry of the Southern Tier, SHPT	January 2015 - ongoing	Implementation of decision support and reminder tools and referrals to community resources in EHR where applicable, documentation of use and documentation of calls via EHR where applicable

Steuben County Prevention Agenda Focus Area: Prevent Chronic Disease					
Goal 2: Reduce Heart disease and hypertension					
Strategy Area	Objective	Activities	Partners	Timeframe	Measurement/Evaluation
Increase access to high quality chronic disease preventive care and management in clinical and community settings	F. Develop infrastructure for widely accessible, readily available chronic disease self-management (CDSMP) and diabetes prevention programs	F1. Provide CDSMP programs and continue to recruit peer trainers.	Steuben Rural Health Network, Public Health Southern Tier Diabetes Coalition	January 2014 - ongoing	# of classes # trained
		F2. Offer Diabetes Prevention programs as need is expressed in the county.			# participants
		F3. Sustain links to Emory University's Diabetes Training and Technical Assistance Center, and the NYS Diabetes Prevention Program and QTAC.			Links sustained
	G. Promote CDSMP and Diabetes Prevention programs to health-care providers	G1. Conduct campaign that includes activities such as PSAs, articles, letters to the editor, postings on social media, mailings to health-care providers, meetings with practice managers.	Steuben Rural Health Network, Public Health Southern Tier Diabetes Coalition Hospitals	January 2014 - ongoing	# of articles, letters, mailings and meetings
		G2. Provide business model to hospitals/health care providers on the improved health outcomes with CDMSP and Diabetes Prevention programming.			Business model provided
	H. Maximize organizational capacity to provide CDMSP and Diabetes Prevention Programs	H1. Explore reimbursement strategies under the new Affordable Care Act and the selected Steuben County insurance vendors for CDMSP and Diabetes Prevention programs.	SRHN Public Health	January 2014 - ongoing	Strategies explored and findings communicated to SHPT

6. Dissemination of the Plan to the Public

Arnot Health will use a variety of methods to disseminate the Community Service Plan for Arnot Ogden Medical Center, St. Joseph's Hospital and Ira Davenport Memorial Hospitals, and the CHIPs for Chemung and Steuben Counties:

Web site

Documents will be posted on the healthcare system's Web site at the following URL: <http://www.arnothealth.org/aboutus>. Arnot Health's CSP and CHIP can also be found by entering the words "Community Service Plan" in the general search tool on the system's Web site, and typing "Arnot Health "Community Service Plan" in Google's Search Engine. Arnot Health plans to develop a section of the system's Web site dedicated to community outreach in 2014, budget permitting, to bring community service work to a more prominent place within the site.

Partner Web sites

Chemung and Steuben Counties will post links to their CHA and CHIP on their Web sites. HP2 and SHPT partners have also agreed to investigate the possibility of posting links to the plans on their Web sites and in their agencies' publications.

Presentations

Arnot Health's Community Health Department provides education about the healthcare systems' CSP and community outreach strategies to address public health priorities through presentations at community events, regional and state conferences, to Arnot Health's department managers and the healthcare system's Board of Directors.

Local Media Outlets

Arnot Health works with a variety of local media outlets to disseminate information about the Community Service Plan and community outreach programs and services. The health system continually assesses the effectiveness of each of those outlets. Historically, regional newspapers have proven an effective way to provide timely information to the public, based on consumer feedback at programs and events. Other methods include website, social media, television, radio, phone banking, direct mail, and other community publications.

Health on Demand Call Center

The public may call the healthcare system's Health on Demand Regional Medical Call Center at 607.737.4499 to receive a copy of the Community Service Plan and plan of action for improving the health of the community.

Insight Newsletter

Information about accessing Arnot Health's Community Service Plan and request for community input will be published annually in Insight, a monthly publication for employees, retirees and volunteers of the Arnot Health System. Former Insight Newsletters featured articles that illustrate the healthcare system's mission to provide quality preventative healthcare through community outreach and ongoing assessment of public health needs.

Provider Offices

The CSP will also be found in Arnot Health's providers' offices for the public to access during visits.

Moving forward, Arnot Health will continue to identify ways to effectively communicate with residents in the service area to solicit input and provide an update to the plan of action.

7. Maintenance of Engagement

Collaborative networks of hospitals, healthcare agencies, and diverse community partnerships have been proven to be the most effective method for reaching the broader community, preventing the duplication of services, improving health outcomes and meeting the community's need for quality healthcare across the care continuum. Chemung and Steuben Counties' partnering agencies have accepted responsibility for action plan activities are designated in the CHIP workplans. Members from Chemung County's HP2 and Steuben County's SHPT are committed to improving the health of the residents in their counties. The groups have met on a monthly basis since the fall of 2012 to work on the development of the CHA, CHIP and CSP. Both counties' partnerships have agreed to continue expanding their collaborative networks, and are meeting on a regular basis to ensure that the initiatives outlined in the CHIP and CSP are implemented, monitored and evaluated. Chemung County has scheduled HP2 meetings for every other month with the understanding that meetings may need to be held more frequently, and will maintain ongoing communication with partners via email and conference calls. Steuben County has scheduled monthly SHPT meetings, and will report progress towards goals quarterly to the Steuben County Legislature through the Health and Education Committee. Arnot Health will track and report progress towards established goals and any updates to the CHIP annually in the system's CSP. Arnot Health will also share the successes and challenges of the counties' CHIPs with Arnot Health's Department Managers and Board of Directors. Measurements and evaluation techniques are provided for each activity with starting and target dates. Partners in both counties will track measurables, evaluate the effectiveness of CHIP activities on an ongoing basis, and work together to set mid-course corrections where needed. A tracking tool for measuring progress towards goals and outcomes was developed by the consultant for Chemung County and staff from SAY2 Rural Health Network. Chemung County's HP2 and Steuben County's SHPT will continue to monitor county, regional and state health indicators, county rankings and new BRFSS statistics under the new methodology to assess the CHIP's impact on the health of the community.



Chemung County Community Survey 2013



Chemung County Community Survey 2013

Completed through a collaboration of Chemung County Health Department, Arnot Health, Chemung Valley Rural Health Network, YWCA of Elmira and the Twin Tiers, NAACP, Economic Opportunity Program

County	Chemung	Census (2011 est.)
# surveys	564	88,840
18-24 yo	2.4%	9.7%
25 – 34 yo	16.9%	12.8%
35 to 49 yo	22.8%	20.1%
50 to 64 yo	35.0%	22.1%
65 & over	23.0%	15.1%
White	80.4%	88.9%
African American	18.6%	6.9%
Hispanic	1.8%	2.7%
Asian	1.2%	1.3%
High School	11.7%	36.8%
Some College	22.2%	19.0%
AAS or more	16.5%	11.3%
Bach or more	22.6%	11.0%
Grad/Prof Degree	23.5%	9.1%
Full Time	45.7%	--
Retired	21.8%	--
Part time	14.3	--
20+ yrs in county	72.3%	--
Less than \$15k	14.6%	14.1
\$15,001-\$25,000	14.2%	13.9
\$25,001-\$50,000	27.0%	25.5
\$50,001-\$75,000	19.2%	19.7
\$75,001-\$100,000	11.1%	11.2
Over \$100,000	13.9%	15.6
Married	56.6%	51.3%
Medical Insurance	89.2%	--
Dental Insurance	64.5%	--
Female respondents	62.9% (355)	50.2
Female Average BMI	29.94%	--
Male Average BMI	29.76%	--
Comp survey	85.8% (484)	--

Chemung County Community Survey 2013

Please take a few moments to click on those boxes that you think are issues with the most important needs facing you and Chemung County today.	Problem for YOU	Problem in Chemung County	Don't know or unsure	Response Count	% Adults Affected Chemung Co. - NYS DOH, EBRFSS	% Adults Affected NYS - NYS DOH, EBRFSS
16. Poor nutrition (unhealthy eating)	13.9%	78.6%	16.2%	518		
15. Obesity/overweight	25.2%	76.5%	11.0%	527	69.7%	59.3%
11. Drug abuse/abuse of prescription drugs or illegal drugs	2.1%	76.5%	22.4%	514		
21. Smoking / tobacco use	6.8%	72.5%	24.0%	499	30.8%	17.0%
22. Teen pregnancy	1.8%	72.5%	25.9%	510		2.1%
6. Behavioral problems in children	5.2%	72.3%	25.4%	520		
14. Lack of physical activity & fitness	24.4%	70.2%	17.6%	517	20.0%	23.7%
9. Depression / other mental illnesses	12.7%	68.5%	24.6%	505		
4. Alcohol abuse	2.0%	66.3%	32.7%	493	20.5%	
25. Unplanned pregnancy	1.8%	57.8%	41.4%	491		
8. Cancer	8.4%	57.4%	49.5%	476		
17. Problems with teeth or gums (dental health)	16.3%	54.0%	36.9%	498		
10. Diabetes	15.3%	53.0%	35.5%	485	11.3%	9.0%
5. Alzheimer's, Dementia, Memory Loss	6.8%	52.5%	44.3%	497		
23. Transportation to health care	6.2%	49.1%	47.0%	485		
3. Access to specialty health care	13.9%	47.6%	44.8%	475		
13. High blood pressure, stroke	21.6%	47.2%	37.1%	477	32.5%	25.7%
20. Sexually transmitted diseases (Chlamydia, Herpes, HIV/AIDS)	1.0%	45.6%	53.6%	478		
18. Pulmonary diseases (COPD, Emphysema, Asthma)	11.3%	44.7%	46.8%	479	11.1%	9.7%
1. Access to home care	5.0%	43.9%	54.3%	499		
12. Heart disease (Congestive Heart Failure, Angina, "A-fib")	11.0%	42.4%	49.9%	465	11.2%	7.6%
24. Underweight or premature babies	1.9%	23.0%	75.3%	465		
2. Access to pregnancy care	2.0%	22.9%	75.9%	449		
19. Quality of well water	5.4%	20.9%	76.3%	464		
7. Birth defects	1.5%	20.7%	78.0%	460		
Total Respondents	560					

Chemung County				
#1 Top Problem – Total Respondents: 498				
15. Obesity/Overweight	3. Access to specialty health care	14. Lack of physical activity and fitness	6. Behavioral problems in children	10. Diabetes
12.4% (62)	8.0% (40)	7.6% (38)	7.4% (37)	6.2% (31)
#2 Problem – Total Respondents: 468				
15. Obesity/Overweight	14. Lack of physical activity and fitness	9. Depression / other mental illness	11. Drug abuse/abuse of prescription drugs or illegal drugs	Tie: 26. Arthritis/muscle or bone problem & 16. Poor nutrition (unhealthy eating)
14.5% (68)	9.4% (44)	8.1% (38)	7.5% (35)	6.8% (32)
#3 Problem – Total Respondents: 553				
15. Obesity/Overweight	Poor nutrition (unhealthy eating)	14. Lack of physical activity and fitness	9. Depression / other mental illness	26. Arthritis, muscle or bone problem
12.3% (68)	8.2% (28)	7.0% (29)	6.8% (28)	6.1% (25)

Chemung County Community Survey 2013

Problem with greatest need – Total Respondents:				
Drug abuse/abuse of prescription drugs or illegal drugs	Overweight / Obesity	Teen Pregnancy	Behavioral Problems in Children	Poor Nutrition / Unhealthy eating
19.2% (87)	15.9% (72)	6.4% (29)	6.4% (29)	5.8% (26)

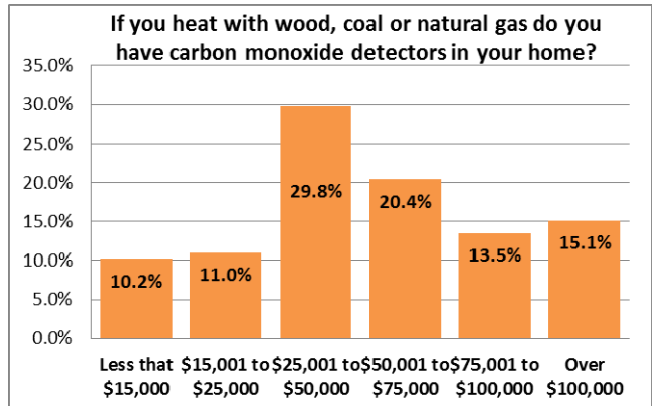
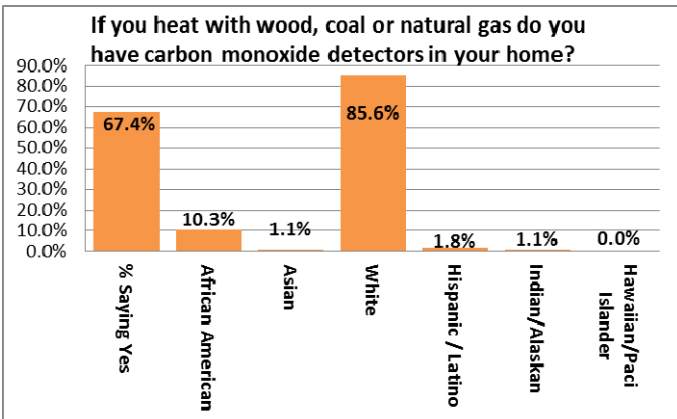
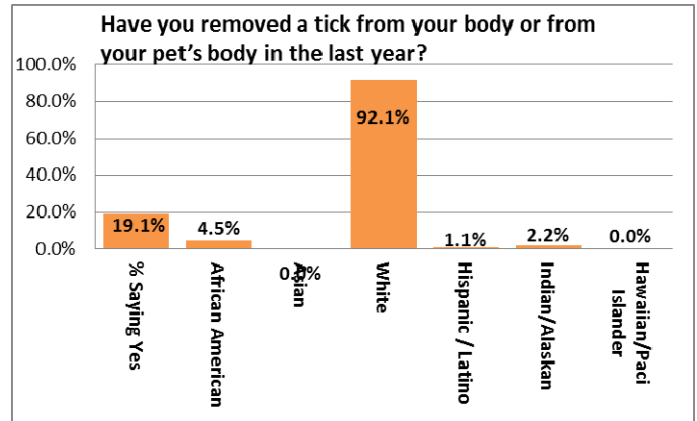
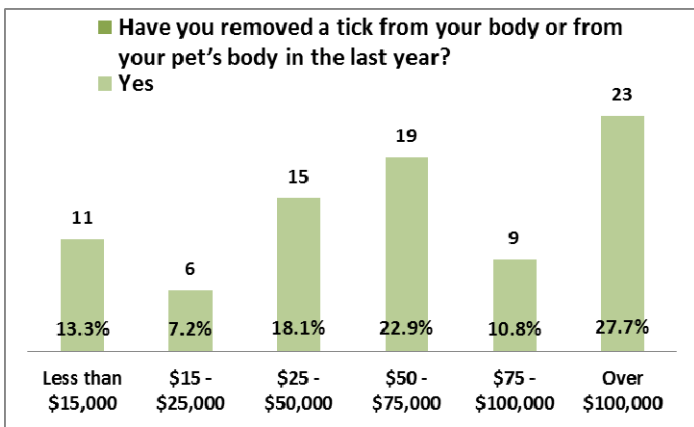
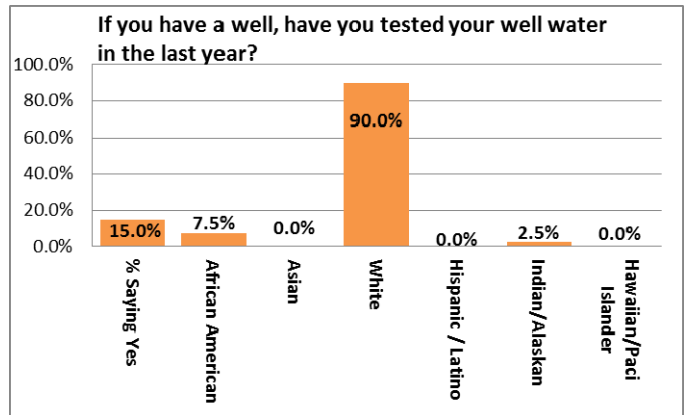
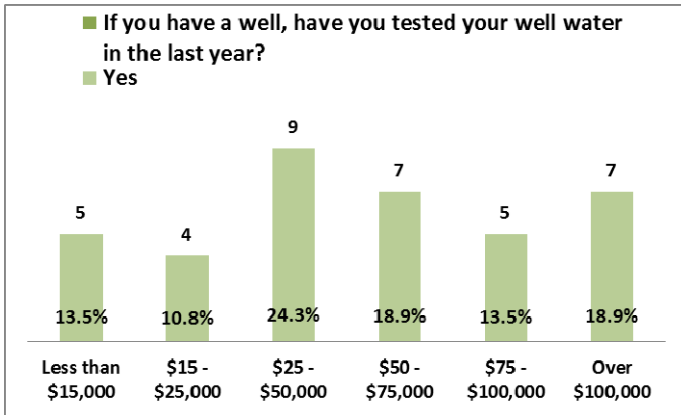
Do you think that access to primary health care (family doctor) is a problem in Chemung County	Problem for YOU	Chemung County Problem	Don't know or unsure	Response Count	% Adults with a Primary Provider EBRFSS - Chemung Co.	% Adults with a Primary Provider EBRFSS - NYS
For low-income families?	12.7%	67.8%	26.5%	479	80.4%	87.1%
For the elderly?	6.8%	64.1%	33.1%	471		
For persons with disabilities?	4.5%	54.1%	44.2%	468		
For all in community?	4.9%	49.2%	48.7%	452		
For persons new to the area?	4.8%	43.6%	54.0%	461		
Total Respondents	506					

Do you think that access to behavioral health care is a problem in Chemung County for:				
Answer Options	Problem for YOU	Chemung County Problem	Don't know or unsure	Response Count
Drug Abuse	1.5%	64.7%	34.7%	476
Mental Health	5.6%	58.8%	39.1%	468
Alcoholism	1.9%	57.4%	41.8%	467
Developmental Disability	2.2%	41.7%	57.0%	451
Gambling Addictions	0.2%	34.9%	65.1%	461
Total Respondents	508			

Do you think that any of these environmental exposures are a problem in Chemung County?	Problem for YOU	Chemung County Problem	Don't know or unsure	Response Count
Lead	0.9%	38.1%	61.7%	454
Radon	4.8%	37.6%	60.9%	463
Air pollution	3.1%	30.5%	69.0%	449
Water pollution	2.0%	30.5%	69.3%	443
Diseases transmitted by insects	2.0%	29.5%	69.4%	451
Agricultural chemicals	2.9%	25.6%	73.1%	454
Toxic exposures at work	2.0%	24.9%	73.9%	449
Contaminated well water	2.2%	24.6%	74.8%	452
Septic systems	2.7%	24.1%	74.6%	448
Carbon Monoxide	1.4%	19.7%	79.9%	437
Toxic exposures at home	3.2%	19.0%	79.9%	437
Food poisoning	1.8%	13.2%	85.8%	438
Total Respondents	506			

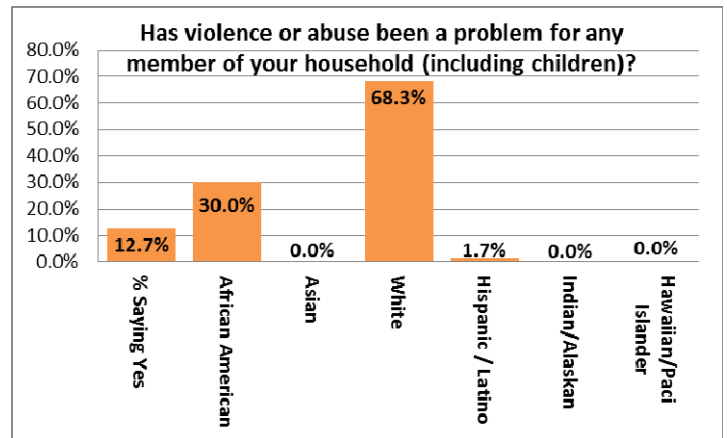
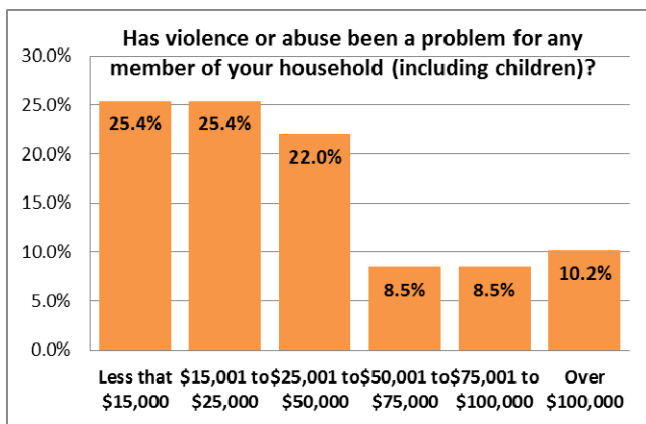
Chemung County Community Survey 2013

Income	White		African American		Other	
Less than \$15,000	40	63.5%	20	31.7%	3	4.8%
\$15,001 to \$25,000	44	68.8%	17	26.6%	3	4.7%
\$25,001 to \$50,000	96	78.7%	19	15.6%	7	5.7%
\$50,001 to \$75,000	76	88.4%	6	7.0%	4	4.7%
\$75,001 to \$100,000	44	89.8%	4	8.2%	1	2.0%
Over \$100,000	57	90.5%	6	9.5%	0	0.0%
Totals	357	79.9%	72	16.1%	18	4.0%



Chemung County Community Survey 2013

Do you think that violence in the following areas is a problem in Chemung County?				
Answer Options	Problem for YOU	Problem in Chemung County	Don't know or unsure	Response Count
Violence among young adults - bullying	2.0%	85.1%	14.3%	503
Child abuse / neglect	1.0%	76.3%	23.1%	502
Spouse / partner abuse	1.0%	60.1%	39.9%	484
Elder abuse / neglect	1.2%	52.7%	46.7%	490
Sexual assault	1.1%	52.3%	47.3%	476
Total Respondents	517			

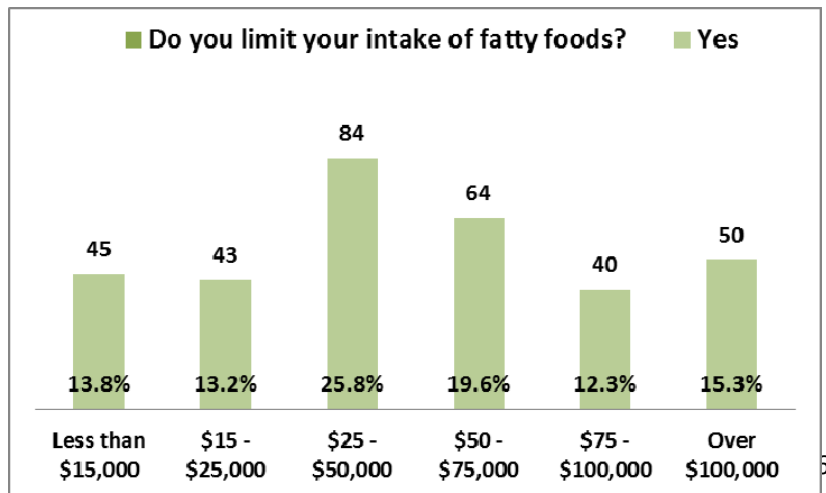
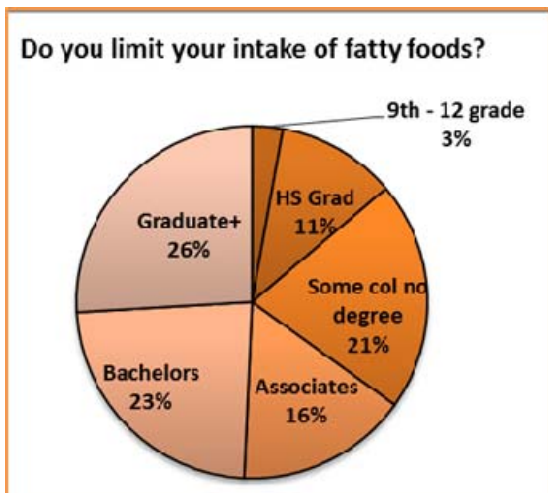


Do you think that there is a problem being seen by or receiving services from any of the following in Chemung County?				
Answer Options	Problem for YOU	Problem in Chemung County	Don't know or unsure	Response Count
Mental/behavioral health	5.5%	53.2%	45.5%	455
Dentists	18.0%	47.9%	42.5%	461
Specialty doctors	11.1%	46.3%	47.9%	449
Nursing homes	3.0%	43.8%	55.1%	432
Home care services and supports	5.2%	41.8%	55.5%	443
Specialized support groups	6.3%	38.2%	59.3%	432
Nutritionists / Dieticians	7.3%	38.1%	59.1%	438
Therapists (physical, speech, occupational)	3.9%	32.0%	65.6%	410
Pharmacies	2.5%	19.1%	79.6%	397
Total Respondents	513			

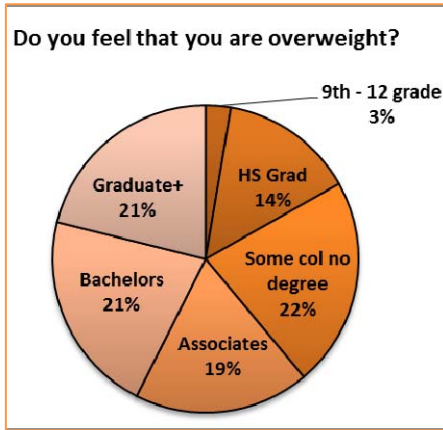
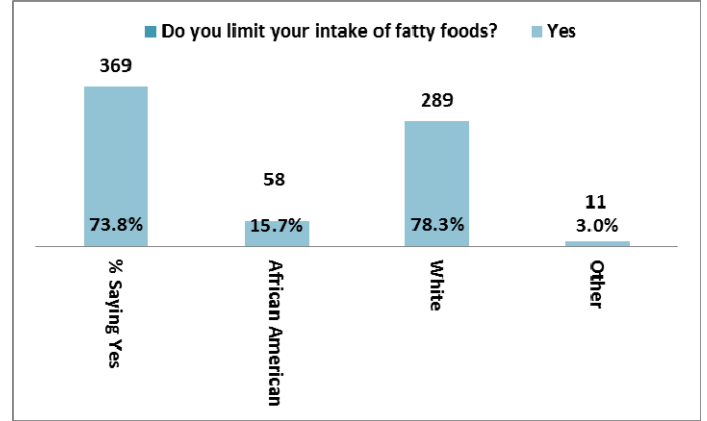
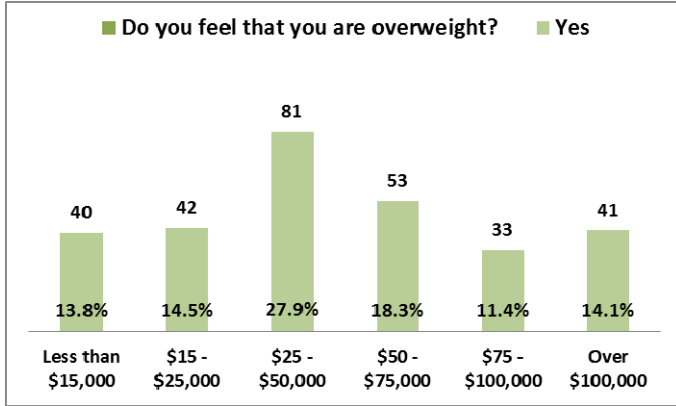
Chemung County Community Survey 2013

Please answer yes or no			
Answer Options	Yes	No	Response Count
Do you limit your intake of fatty foods?	75.1%	24.9%	502
Are you exposed to second-hand smoke?	25.5%	74.5%	505
Has violence or abuse been a problem for any member of your household (including children)?	13.6%	87.4%	493
If so, have you sought assistance?	21.2%	78.8%	226
Do you feel that you are overweight?	65.1%	34.9%	490
Do you feel that you are underweight?	3.7%	96.3%	460
Do you need help with sorting out problems that cause you stress?	22.9%	77.1%	493
Does someone in your household need help with these problems?	24.5%	75.5%	478
Do you need help managing depression?	15.4%	84.6%	494
Do you feel you would use some kind of program aimed at managing depression?	17.5%	82.5%	486
Do you feel any person in your household would use some kind of program aimed at managing depression?	20.5%	79.5%	487
Do you feel you or anyone in your household would use some kind of program aimed at suicide prevention?	7.6%	92.4%	485
During the past month, did you participate in any physical exercise?	76.0%	24.0%	492
Have you removed a tick from your body or from your pets body in the last year?	19.1%	80.9%	482
If you heat with wood, coal or natural gas do you have carbon monoxide detectors in your home?	66.6%	33.4%	416
If you have a well, have you tested your well water in the last year?	15.5%	84.5%	277
Total Respondents	509		

Which of your health behaviors would you like to improve? Check all that apply.		
Answer Options	Response Percent	Response Count
Weight	63.0%	319
Physical activity	61.9%	313
Eating habits	59.9%	303
Managing stress	50.2%	254
Tobacco use	13.4%	68
Alcohol consumption	8.9%	45
Total Respondents	506	



Chemung County Community Survey 2013

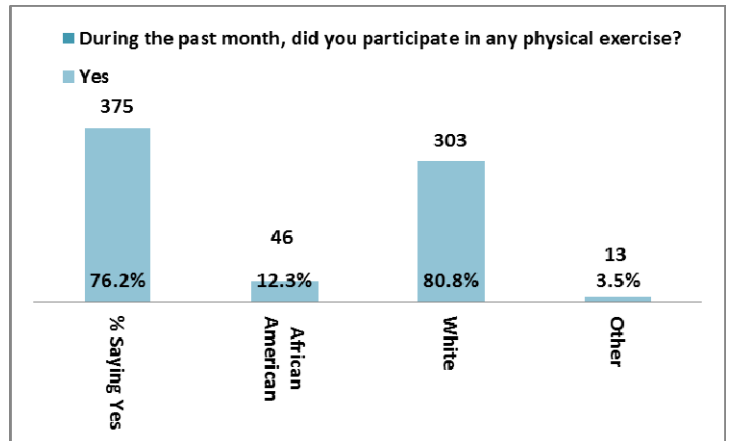
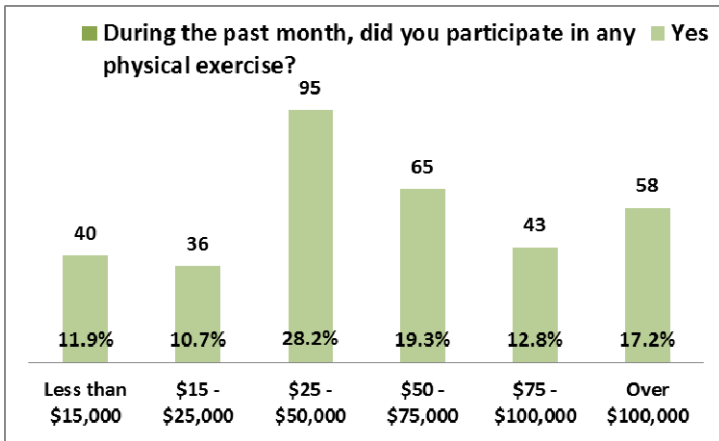


If fewer than five servings, why? Check all that apply.		
Answer Options	Response Percent	Response Count
Short shelf life	43.5%	157
Time needed to prepare	30.2%	109
Don't like them	16.3%	59
Cost	5.1%	188
Total Respondents	361	

How many fruits and vegetables do you eat in a day?	5 or more	3-4	1-2	0 (Rarely)	Response Count	% Adults Eating 5+ Fruit/Veg Daily NYS DOH Chemung Co.	% Adults Eating 5+ Fruit/Veg Daily NYS DOH NYS
Yourself?	20.7%	32.7%	40.0%	6.6%	532	28.0%	27.1%
Your children?	14.1%	43.0%	31.3%	11.6%	249		
Other adults?	16.2%	34%	36.7%	13.0%	376		
Total Respondents	532						

How many times per week do you exercise?	Response Percent	Response Count	% Adults Engaging in Leisure Time Physical Activity NYS DOH - Chemung Co.	% Adults Engaging in Leisure Time Physical Activity NYS DOH - NYS
Five or more	20.0%	103	--	--
Three	17.4%	90	--	--
Two	16.1%	83	--	--
Four	12.4%	64	--	--
One	10.3%	53	--	--
None	23.1%	119	20.0%	21.1%
Does not apply	2.9%	15		
Total Respondents	516			

Chemung County Community Survey 2013



If you exercise how long do you exercise for?

Answer Options	Response Percent	Response Count
15 minutes or less	12.6%	64
16 - 30 minutes	27.1%	138
31 - 45 minutes	20.8%	106
46 - 60 minutes	13.4%	68
1 hour or more	8.3%	42
Does Not Apply	18.9%	96
Total Respondents	509	

If you don't exercise, what keeps you from exercising? Check all that apply

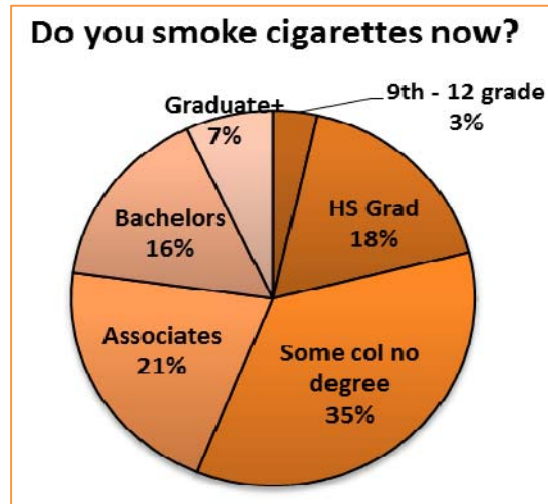
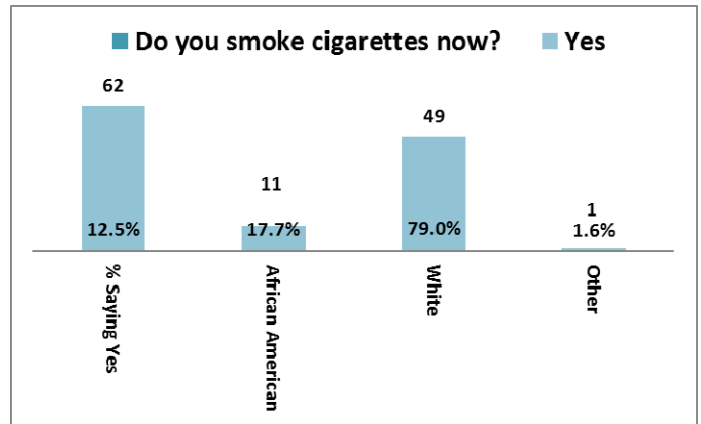
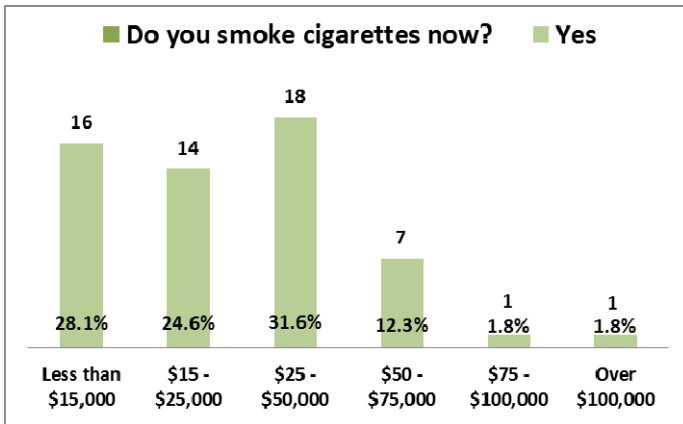
Answer Options	Response Percent	Response Count
Lack of time	63.7%	191
Choose not to	25.3%	76
Lack of money	25.3%	76
Safety (no street lights or sidewalks)	13.0%	39
Lack of transportation	5.7%	17
Total Respondents	300	

In your community do you have: Check all that apply.

Answer Options	Response Percent	Response Count
Bike paths	38.2%	178
Public gym	38.4%	179
Public pool	39.3%	183
Sidewalks	79.4%	370
Street lights	85.8%	400
Trails	49.4%	230
Total Respondents	466	

Do you smoke cigarettes now?	Response Percent	Response Count	% Adults Currently Smoking BRFSS - Chemung Co.	% Adults Currently Smoking BRFSS - NYS
No	86.7%	438	30.8%	17.0%
Yes	13.2%	69		
Yes, half a pack (10) per day	7.1%	36		
Yes, one pack (20) per day	5.9%	30		
Yes, one and a half (30) per day	0.0%	0		
Yes two packs (40) per day	0.2%	1		
Yes, more than two packs per day	0.0%	0		
Total Respondents	505			

Chemung County Community Survey 2013



If you're a current smoker, how long have you smoked?	Response Percent	Response Count
One year or less	0.4%	1
1 - 5 years	1.9%	5
5 - 10 years	2.6%	7
10 - 15 years	3.7%	10
15 - 20 years	7.1%	19
20 - 25 years	4.1%	11
25 years or more	6.7%	18
Does Not Apply	73.6%	198
Total Respondents		269

Do you use an electronic smoking device (e-cigarettes)?		
Answer Options	Response Percent	Response Count
Yes	3.8%	15
No	96.2%	377
Total Respondents		392

Do you currently use any smokeless tobacco products such as chewing tobacco or snuff?		
Answer Options	Response Percent	Response Count
Yes, chewing tobacco	1.5%	6
Yes, snuff	0.0%	0
Yes, both	0.3%	1
No, neither	98.2%	390
Total Respondents		397

Chemung County Community Survey 2013

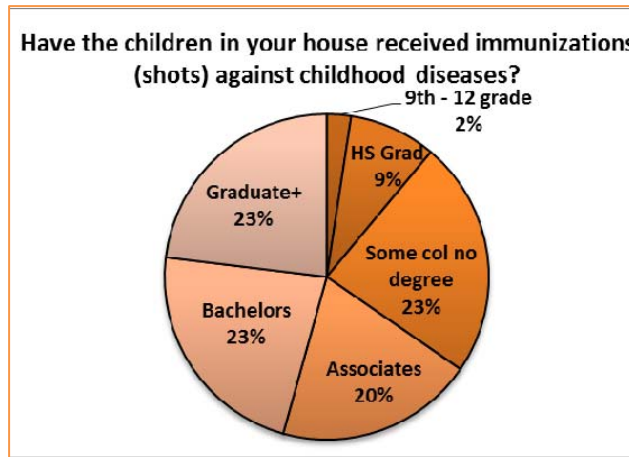
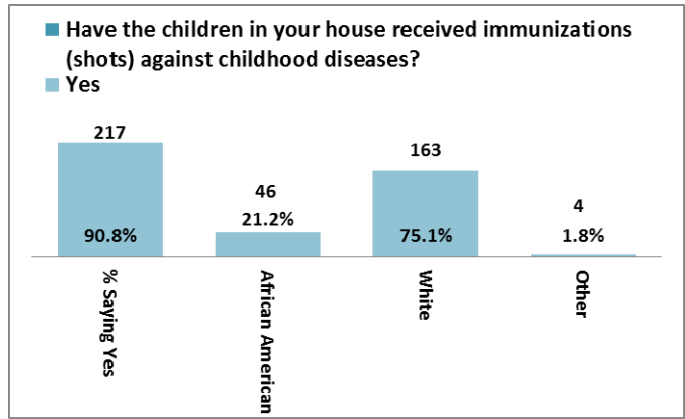
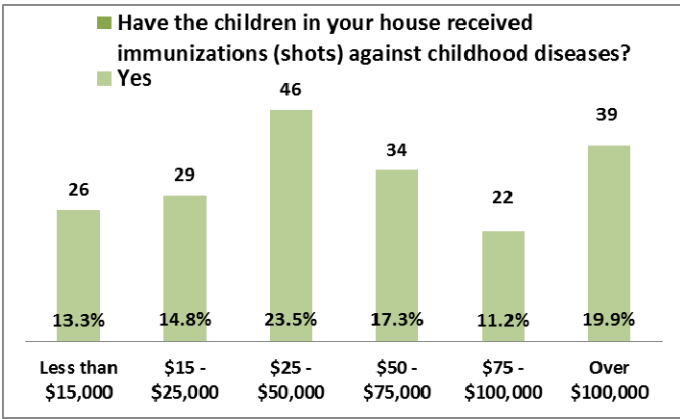
Please answer these questions regarding alcohol use: (One drink is a beer, a glass of wine or a mixed drink)									
Answer Options	None	1 or 2 a month	1 or 2 a week	1 or 2 a day	More than 2 a day	Response Count	% Adults Heavy Drinkers BRFSS - Chemung Co.	% Adults Heavy Drinkers BRFSS - NYS	
How much alcohol do you drink?	36.3%	29.9%	22.6%	8.6%	2.6%	509	6.1%	5.0%	
How much do others in your household drink?	41.8%	21.0%	20.8%	11.3%	5.1%	433			
Total Respondents	512								

Considering all types of alcoholic 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	% Adults That Binge Drink BRFSS - Chemung Co.	% Adults That Binge Drink BRFSS - NYS
None	74.9%	373	20.5%	18.1%
Once	14.1%	70		
Twice	5.0%	25		
3 or 4	2.8%	14		
4 or more	3.2%	16		
Total Respondents	498			

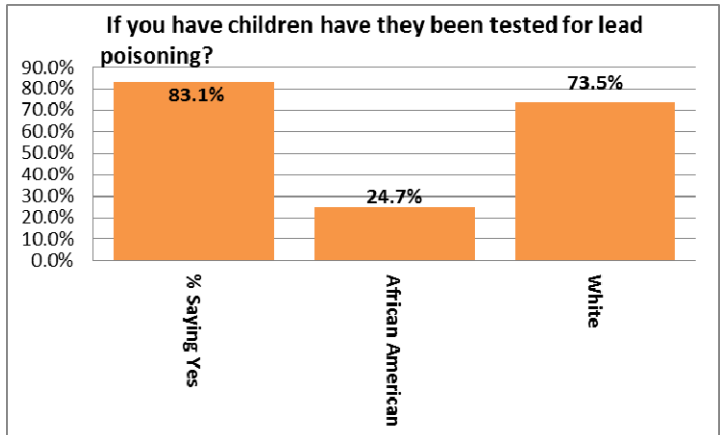
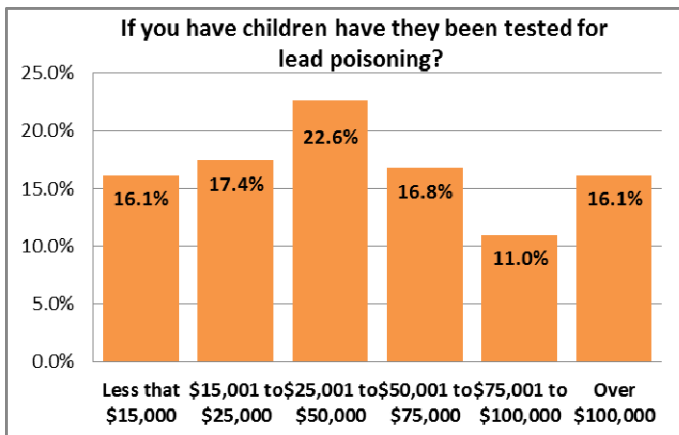
Have the children in your house received immunizations (shots) against childhood diseases?		
Answer Options	Response Percent	Response Count
Yes	49.0%	223
No	3.5%	16
Some, not all	1.5%	7
Does not apply	44.6%	203
Not sure	1.3%	6
Total Respondents	455	

Please choose all that apply	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/we/they should get it	Response Count	EBRFSS Chemung Co. 2009	EBRFSS NYS 2009
Did the adults in your household receive a flu shot this during the fall or winter of 2011- 2012?	70.6%	22.5%	3.2%	1.2%	3.2%	1.4%	494	38.2%	41.7%
Did the children in your household receive a flu shot this fall or winter of 2011- 2012?	58.2%	30.6%	4.7%	0.9%	1.7%	5.2%	232	--	--
Have the adults in your household received a tetanus shot in the last ten years?	76.7%	13.1%	0.8%	0.8%	1.6%	7.2%	489	--	--
Total Respondents	512								

Chemung County Community Survey 2013



If you have children have they been tested for lead poisoning?	Response Percent	Response Count
Yes, at age one	6.2%	28
Yes, at age 2	4.2%	19
Yes, at age one and two	9.9%	45
Yes, but I don't remember their age	17.0%	77
No	5.9%	27
No, but I didn't know it was needed	1.8%	8
Does not apply	55.1%	250
Total Respondents		454



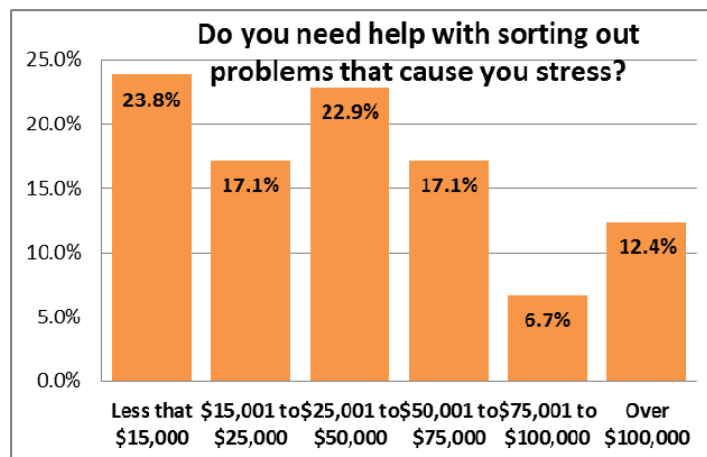
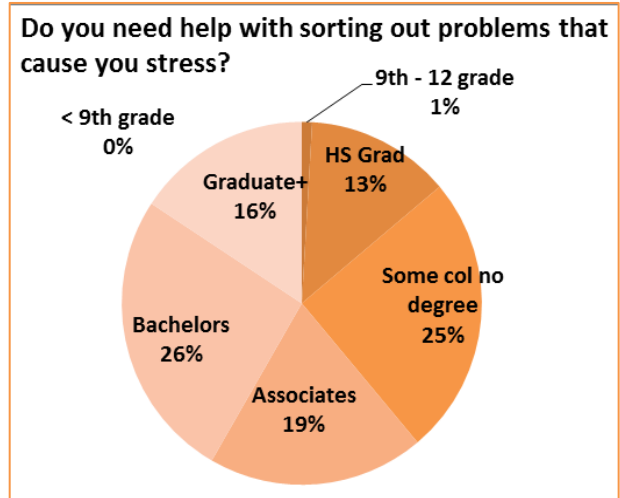
Chemung County Community Survey 2013

Please choose one:	Never	Sometimes	Always	Does Not Apply	Response Count
If you have a child age 14 or younger, do your children wear protective helmets when riding bicycles?	4.1%	11.2%	21.6%	63.2%	394
The home where I reside is served by Elmira City water, a fluoridated public water supply.	7.3%	1.6%	58.4%	32.7%	450

In the past 6 months were there any days that your mental health was not good?		Response Count
No	60.3% (235)	390
Yes	39.7% (155)	390
1-10 days	56.8% (88)	155
11-20 days	18.0% (28)	155
21-30 days	9.0% (14)	155
More than 30 days	16.1% (25)	155

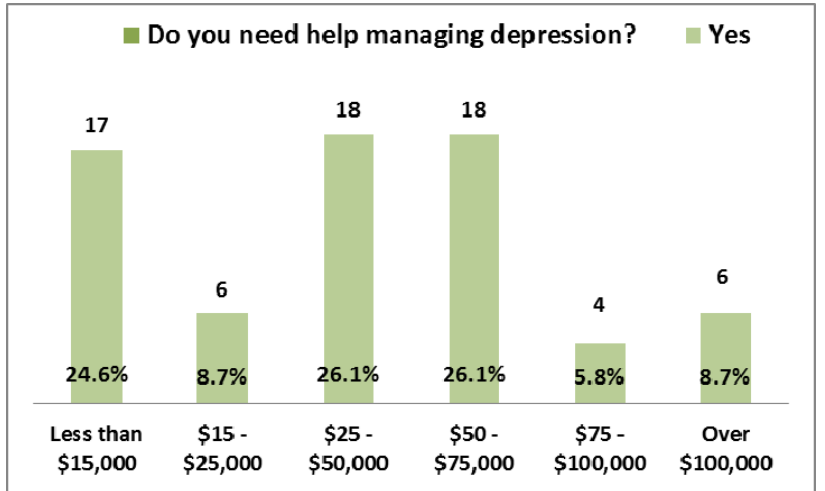
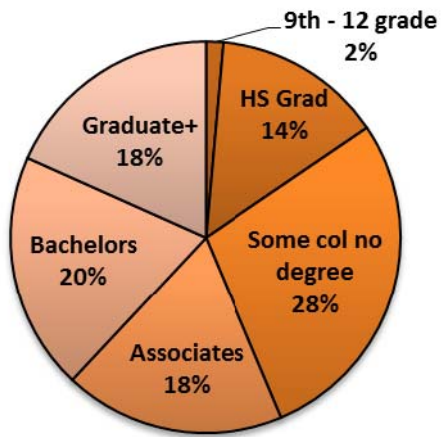
In the past 6 months were there any days that your physical health was not good?		Response Count
No	26.9% (116)	432
Yes	73.1% (316)	432
1-10 days	75.6% (239)	316
11-20 days	9.5% (30)	316
21-30 days	5.4% (17)	316
More than 30 days	9.5% (30)	316

In the past 6 months as a parent, have you had feelings of being overwhelmed or stressed in dealing with your children?		Response Count	
No	55.9% (143)	256	
Yes	44.1% (113)	256	
1-10 days	61.9% (70)	113	
11-20 days	13.3% (15)	113	
21-30 days	7.0% (8)	113	
More than 30 days	17.7% (20)	113	

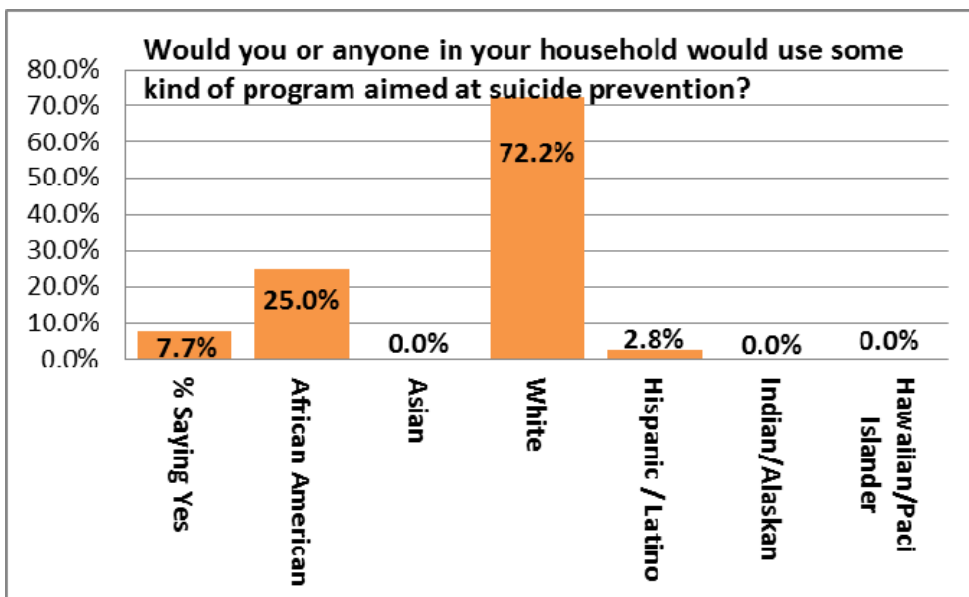
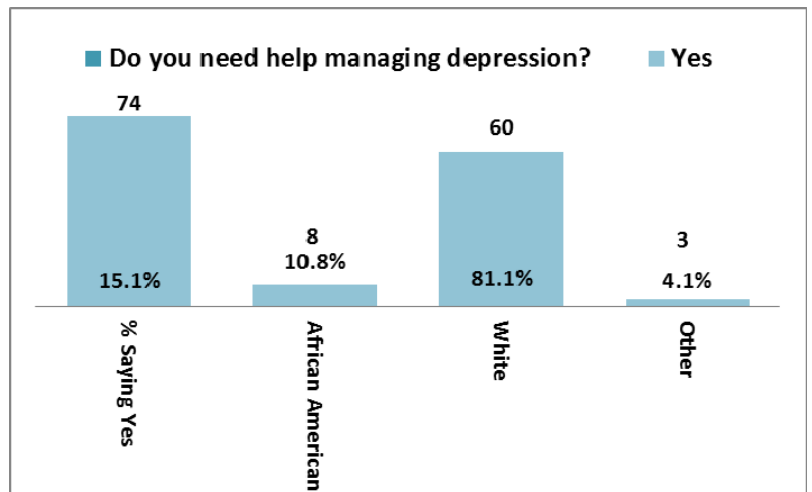
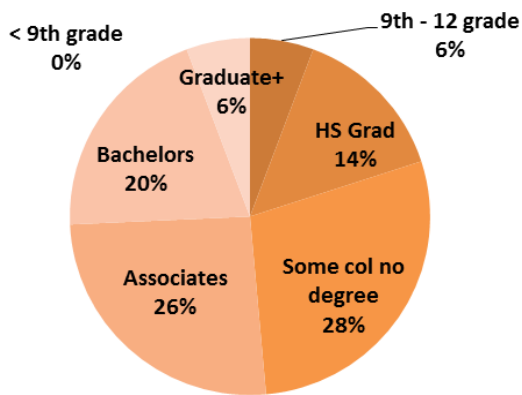


Chemung County Community Survey 2013

Do you need help managing depression?



Would you or anyone in your household would use some kind of program aimed at suicide prevention?



Chemung County Community Survey 2013

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	72.2%	16.7%	27.8%	19.4%	25.0%	36
Adult Respite Care	63.6%	21.2%	27.3%	15.2%	27.3%	33
Alcohol / Drug treatment	59.4%	25.0%	21.9%	18.8%	18.8%	32
Ambulance services	84.8%	14.3%	56.3%	41.1%	36.6%	112
Audiology (hearing care)	78.2%	16.7%	50.0%	45.0%	41.7%	60
Counseling / Mental Health for adults	73.5%	18.1%	50.6%	48.2%	36.1%	83
Counseling / Mental Health for children	73.8%	18.0%	44.3%	39.3%	39.3%	61
Dentists	86.1%	13.9%	60.7%	55.8%	40.6%	389
Doctor's Office	90.0%	16.7%	60.9%	55.8%	44.4%	432
Domestic Violence (Abuse, Safe House, Catholic Charities)	53.3%	26.7%	6.7%	6.7%	33.3%	15
Emergency Response System (Lifeline, Link to Life, Alertlink)	80.8%	19.2%	30.8%	11.5%	30.8%	26
Eye care	89.6%	12.2%	58.7%	54.7%	47.1%	327
Family Planning Services	75.5%	14.3%	36.7%	36.7%	30.6%	49
Farm Safety Education	50.0%	27.8%	22.2%	5.6%	11.1%	18
Home Health Services	80.0%	13.3%	37.8%	24.4%	28.9%	45
Hospice	59.4%	31.3%	34.4%	25.0%	28.1%	32
Hospital	89.8%	15.0%	52.7%	53.5%	34.1%	226
Immunizations	88.1%	8.8%	59.6%	56.0%	48.2%	193
Lactation Consultant (help with breastfeeding)	65.2%	21.7%	47.8%	34.8%	30.4%	23
Mammograms	83.3%	17.6%	61.4%	54.8%	46.2%	210
Meals on Wheels	76.0%	12.0%	24.0%	28.0%	28.0%	25
Orthodontists (braces for teeth)	63.5%	36.5%	53.8%	50.0%	26.9%	52
Orthopedics (bones)	90.2%	14.1%	58.7%	54.3%	48.9%	92
Pharmacies	89.1%	13.6%	61.3%	58.2%	46.5%	359
Physical therapy services	87.3%	10.0%	56.4%	53.6%	44.5%	110
Prenatal care (pregnancy)	74.4%	15.4%	46.2%	46.2%	30.8%	39
Senior Meal Sites	76.9%	11.5%	34.6%	30.8%	19.2%	26
Support Groups	78.6%	14.3%	38.1%	33.1%	31.0%	42
Testing, Counseling & Treatment of STDs, including HIV / AIDS	75.0%	15.0%	20.0%	25.0%	15.0%	20
Public Transportation	86.3%	26.0%	24.7%	24.7%	27.4%	73
Total Respondents	504					

Chemung County Community Survey 2013

Would you say that in general your health is:	Response Percent	Response Count	EBRFSS Chemung Co.	EBRFSS NYS
Excellent	9.7%	49	--	--
Very good	35.8%	180	--	--
Good	38.0%	191	--	--
Fair	13.3%	67	16.8%	16.7%
Poor	3.2%	16		
Total Respondents	503			

Do you use any other form of health care services? Choose all that apply.		
Answer Options	Response Percent	Response Count
Acupuncture	4.5%	20
Herbal Medicine	7.6%	34
No	67.3%	301
Chiropractor	17.9%	80
Massage Therapy	16.6%	74
Total Respondents	447	

Preferred Hospital	Response Percent	Response Count
Corning Hospital	4.1%	20
Arnot Ogden	72.2%	353
Strong Memorial	10.4%	51
Ira Davenport	0.0%	0
Noyes Memorial	0.0%	0
Robert Packer	20.0%	98
St. James Mercy	0.2%	1
St. Joseph's	14.3%	70
Total Respondents	489	

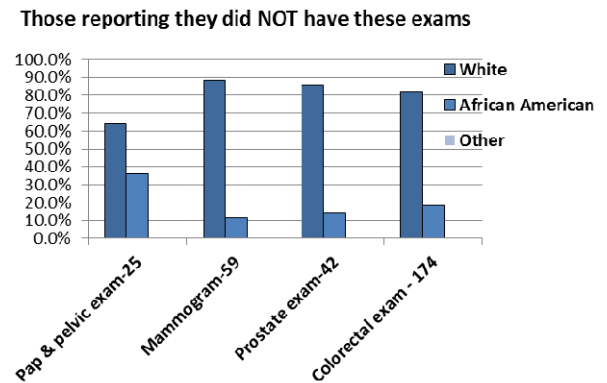
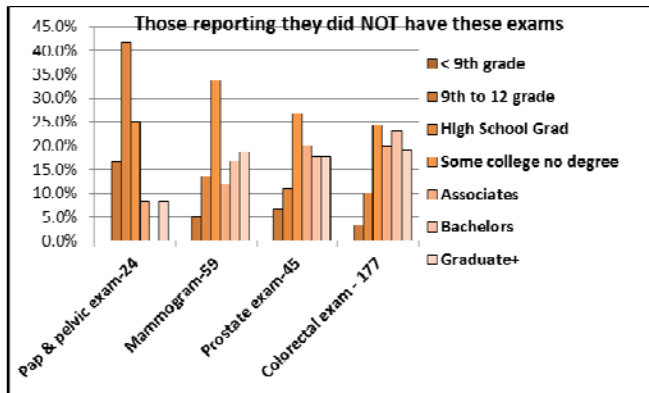
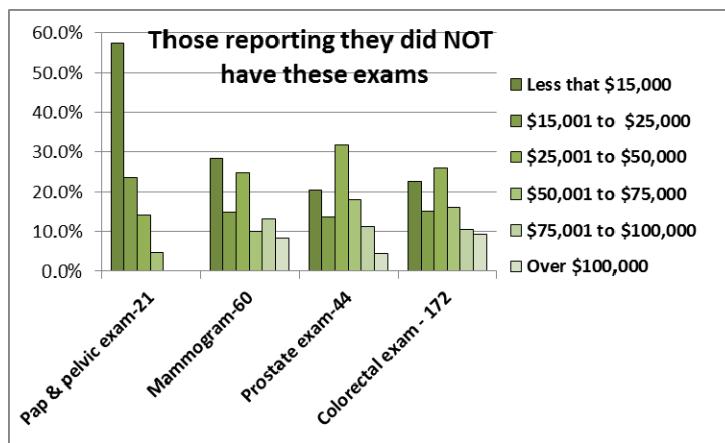
About how long has it been since you last visited a health care provider (doctor) for a routine checkup?	Response Percent	Response Count	EBRFSS Chemung Co.	EBRFSS NYS
1 to 12 months ago	82.4%	412	69.9%	72.7%
1 to 2 years ago	8.8%	44	82.9%	85.7%
2 to 5 years ago	7.2%	36	--	--
Never	1.6%	8	--	--
Total Respondents	500			

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	60.5%	237
Child Health Plus	57.9%	227
Chlamydia test	46.7%	183
Early Intervention	43.4%	170
Family Health Plus	59.4%	233
Food Stamps	74.5%	292
Healthy Families	39.5%	155
HEAP	68.4%	268
Home Care	50.3%	197
Hospice	54.3%	213
Medicaid	72.7%	285
MOMS	36.7%	144
WIC	63.0%	247
Total Respondents	392	

Is it important to you to have a hospital in the county?		
Answer Options	Response Percent	Response Count
Yes	92.8%	453
No	7.2%	35
Total Respondents	484	

Chemung County Community Survey 2013

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 Chemung Co.	% Ever had screening EBRFSS NYS
Women: A Pap smear and pelvic exam?	13.9%	49.6%	12.8%	7.4%	4.0%	6.7%	5.6%	446	98%	91.8%
Women > 40 y.o.: mammogram	11.9%	56.4%	8.0%	4.9%	2.7%	2.4%	13.7%	452	94.6%	91.1%
Men: A prostate examination?	51.4%	22.9%	7.7%	1.2%	0.6%	1.5%	14.6%	323	72.7%	73.7%
Women and Men: An exam for colorectal cancer?	7.8%	21.1%	8.3%	6.3%	8.5%	8.0%	40.0%	460	FOBT 46.6%	FOBT 38%
									C/S 69%	C/S 66.6%
Total Respondents	502									

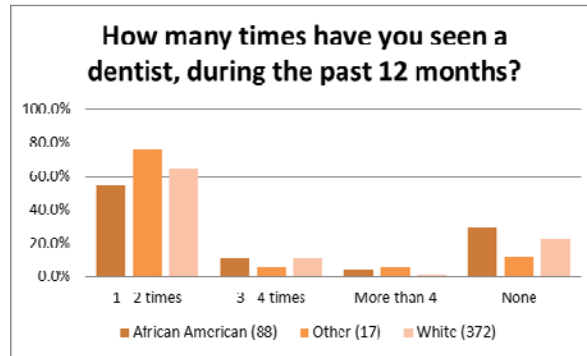


Please answer the following questions for yourself or any member of your household who has used any of the listed services in the last 12 months:	Yes	No	Response Count	BRFSS Chemung Co.	BRFSS NYS
Has your health care provider (doctor) asked about your sexual history during your routine visits?	38.5%	61.5%	491	69.4% (no)	61.4% (no)
Has your health care provider (doctor) offered to test you for HIV in the last 12 months?	26.9%	73.1%	487	--	--
Have you received advice from your health care provider (doctor) about your weight?	46.3%	53.7%	490	28.9% (yes)	27.1% (yes)
Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?	19.8%	80.2%	491	12.4% (0)	13.8%
Total Respondents	495				

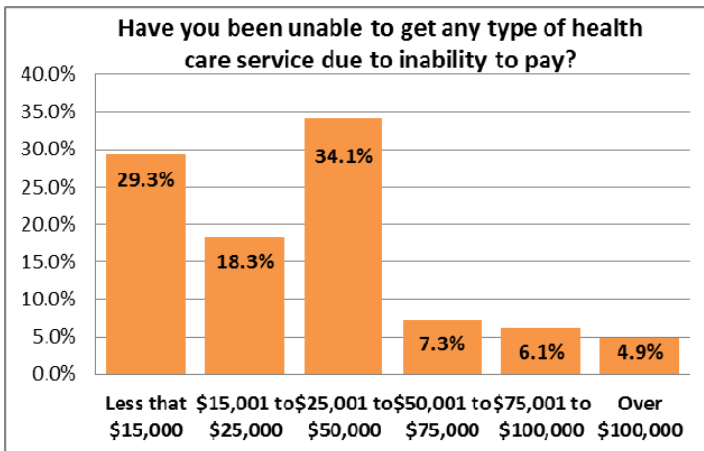
Chemung County Community Survey 2013

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.	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?	21.0%	67.0%	11.8%	490
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?	38.0%	56.4%	5.5%	489
If disabled did you receive necessary accommodations (i.e. wheelchair accessibility, interpreters, etc.) to fully benefit from services?	10.9%	5.5%	83.6%	421
Total Respondents	491			

Please answer the following:	None	1 – 2 times	3 – 4 times	More than 4 times	Response Count
How many times have you seen a dentist, during the past 12 months?	23.6%	62.9%	11.7%	1.9%	496
How many times have you seen a health care provider (doctor) during the past 12 months?	8.3%	57.7%	19.8%	14.3%	496
How many times have you seen a behavioral (mental) health specialist during the past 12 months?	85.6%	6.2%	1.9%	6.4%	486
Total Respondents	502				

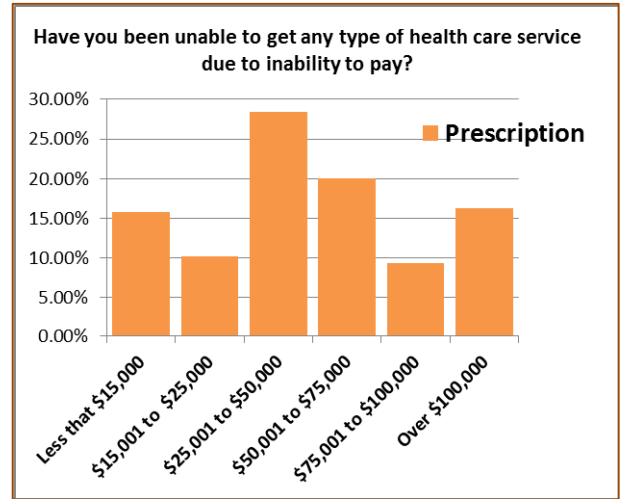
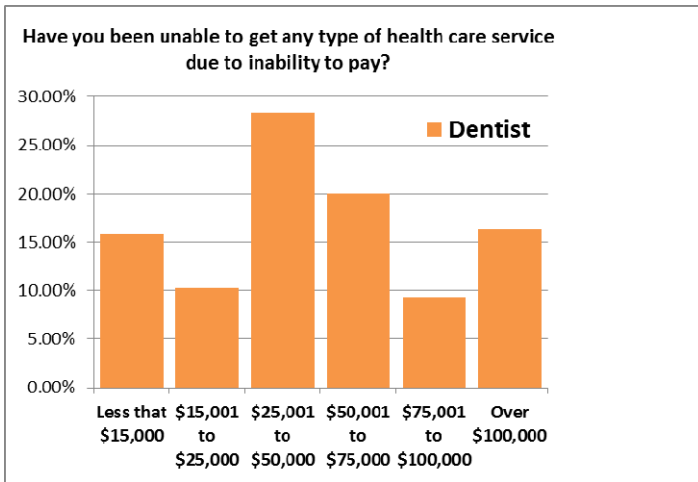
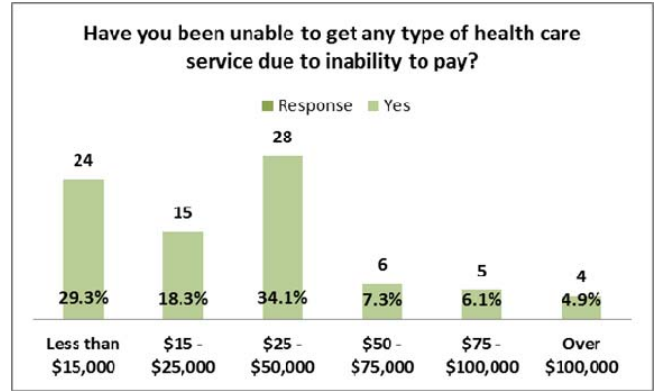
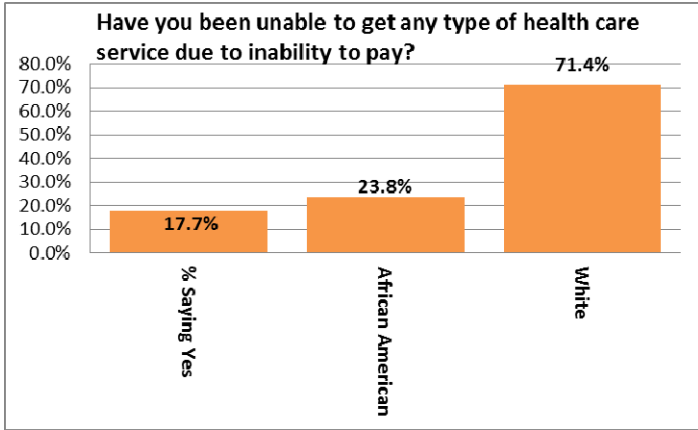


Have you been unable to get any type of health care service due to inability to pay?	Response Percent	Response Count	Chemung Co. - NYS DOH	NYS - NYS DOH
Yes	17.3%	85	--	--
No	82.7%	405	--	--
Total Respondents	490			



Which services have you been unable to get due to the inability to pay? Check all that apply:		
Answer Options	Response Percent	Response Count
Doctor	11.8%	43
Dentist	20.5%	75
Podiatrist (foot doctor)	4.7%	17
Prescriptions (medications)	10.7%	39
Does not apply	69.9%	255
Total Respondents	365	

Chemung County Community Survey 2013



How much do you estimate your household paid for all medical expenses in the last calendar year ("out of pocket expenses" includes prescriptions, dental care, medical care, hospitalization, co-payments, deductibles etc.)?		
Answer Options	Response Percent	Response Count
\$0 - \$500	23.2%	111
\$501 - \$1000	16.3%	78
\$1001 - \$2000	15.2%	73
\$2001 - \$3000	13.6%	65
\$3001 - \$4000	10.6%	51
\$4001 - \$5000	9.4%	45
\$5001 - \$7500	6.7%	32
\$7501 or more	5.0%	24
Total Respondents		479

If you can't afford a prescription what do you do?		
Answer Options	Response Percent	Response Count
Do not fill my prescription	27%	121
Tell my doctor	19.2%	86
Tell my pharmacist	7.6%	34
Take medicine less often	6.5%	29
Split Pills	2.9%	13
Does not apply	55.4%	248
Total Respondents		448

Chemung County Community Survey 2013

Do you have supplies of the following for emergencies:	Response Percent	Response Count
Batteries	78.8%	345
Battery Operated Radio	51.8%	227
Bottled Water	66.2%	290
Candles/Matches	90.9%	398
Canned food	80.6%	353
Total Respondents	438	

Do you have a plan for these emergencies? Check all that apply.		
Answer Options	Response Percent	Response Count
Fire	90.2%	257
Flood	38.6%	110
Natural disaster	47.7%	136
Man-made disaster	26.7%	76
Total Respondents	285	

If you are currently employed, what is your current occupation?	Response Percent	Response Count
Management, business, science and arts (includes education, computers, engineering, social services)	47.1%	137
Services (includes health, law enforcement, firefighting)	41.9%	122
Natural resources/Construction and Maintenance (includes farming/forestry)	2.4%	7
Production/transportation (includes manufacturing)	4.1%	12
Sales	7.2%	21
Total Respondents	291	

If you do have health coverage what kind is it?		
Answer Options	Response Percent	Response Count
Blue Cross/Blue Shield	39.2%	176
Family Health Plus	3.1%	14
Medicare (Social Security)	29.4%	132
Includes dental insurance	14.9%	67
Child Health Plus	3.1%	14
MVP	1.6%	7
V.A.	3.1%	14
Includes vision coverage	11.4%	51
Excellus	20.3%	91
Medicaid	16.5%	74
Total Respondents	449	

Please answer the following questions:	Yes	No	Response Count
Do you have working smoke detectors in your home?	95.4%	4.6%	495
Do you have working carbon monoxide detectors?	79.3%	20.7%	482
Total Respondents	497		

Do you have health insurance?										
Answer Options	Yes	No	N/A	Can't afford	Prefer to pay my own	Choose not to have it	It's not offered where I work	Response Count	BRFSS Chemung Co.	BRFSS NYS
Medical insurance for yourself	89.2%	6.7%	1.0%	2.5%	0.0%	0.0%	0.6%	480	89.2%	86.7%
Medical insurance for your children	55.8%	4.9%	35.9%	2.5%	0.3%	0.0%	0.6%	326	--	--
Dental insurance for yourself	64.5%	26.9%	0.9%	5.1%	0.2%	0.5%	1.9%	431	--	--
Dental insurance for your children	49.7%	9.6%	36.3%	2.2%	0.3%	0.3%	1.6%	322	--	--
Total Respondents	484									

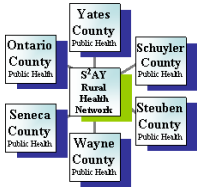
Chemung County Community Survey 2013

If you have insurance who pays for it?	Response Percent	Response Count
I do	40.3%	139
My employer does	11.3%	39
I share the cost with my employer	48.4%	168
Total Respondents		345

Are you currently taking care of? Check all that apply.	Response Percent	Response Count
Elderly or disabled parent	46.3%	68
Disabled spouse	24.5%	36
Disabled child	21.2%	31
Grandchild	20.4%	30
Total Respondents		147

Answer Options	Never	Once a year	2 x per year	Response Count
How often do you test your smoke detector(s)?	12.5%	45.3%	29.9%	415
How often do you test your carbon monoxide detector(s)?	22.3%	41.6%	24.0%	358
Total Respondents		418		

	Total		Female		Male	
	BMI	#	BMI	#	BMI	#
Average Respondent	29.90	412	29.94	328	29.76	84
Average Person 2	28.13	217	28.18	73	28.25	198



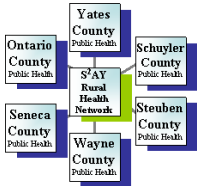
Steuben County Community Health Assessment

All numbers are percentages except # of surveys

County	Steuben
# surveys	739
Over 35 yo	82.6%
Over 50 yo	54.2%
White	97.4%
AAS or more	63.5%
Bach or more	39.7%
Full time	69.9%
Town	Bath 29.5% Hornell 18.4%
20+ yrs in cty	71.9%
\$25k or more	81.3%
\$50k or more	55.4%
Married	57.6%
Insured	91.1%
Female	76.4%
Comp survey	82.6%

Do you think that access to primary health care (family doctor) is a problem in Steuben County:							
Answer Options	Problem for YOU		Steuben County Problem		Don't know or unsure		Response Count
For low-income families?	33	5%	410	64%	207	32%	640
For the elderly?	15	2%	405	64%	219	35%	633
For all in community?	18	3%	299	49%	296	49%	608
For persons with disabilities?	24	4%	327	53%	276	45%	620
For persons new to the area?	17	3%	316	51%	294	48%	618

Do you think that access to behavioral health care is a problem in Steuben County for:							
Answer Options	Problem for YOU		Steuben County Problem		Don't know or unsure		Response Count
Alcoholism	11	2%	401	65%	205	33%	615
Developmental Disability	11	2%	270	45%	326	54%	605
Drug Abuse	10	2%	431	70%	176	29%	613
Gambling Addictions	5	1%	219	36%	388	64%	610
Mental Health	13	2%	376	61%	230	37%	615

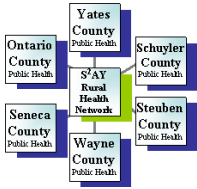


S²AY Rural Health Network, Inc.

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

Please take a few moments to click on those boxes that you think are issues with the most important needs facing you and Steuben County today.

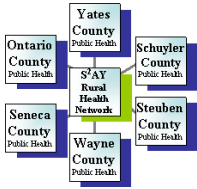
	Problem for YOU		Problem in Steuben County		Don't know or unsure		Response Count
15. Lack of physical activity & fitness	111	17%	466	71%	110	17%	660
14. High blood pressure, stroke	92	15%	284	48%	230	39%	597
16. Obesity	83	12%	515	77%	97	14%	671
17. Poor nutrition (unhealthy eating)	63	10%	483	74%	131	20%	657
3. Access to specialty health care	62	9%	372	57%	230	35%	654
9. Depression / other mental illnesses	59	9%	438	68%	153	24%	640
19. Pulmonary diseases (COPD, Emphysema, Asthma)	59	10%	283	46%	281	46%	612
18. Problems with teeth or gums (dental health)	58	9%	368	58%	219	35%	632
22. Smoking / tobacco use	49	7%	481	73%	143	22%	658
10. Diabetes	47	8%	338	55%	235	38%	614
13. Heart disease (Congestive Heart Failure, Angina, "A-fib")	44	7%	275	46%	290	48%	602
5. Arthritis, Alzheimer's, Dementia, Memory Loss	43	7%	318	51%	272	43%	627
20. Quality of well water	41	7%	165	28%	394	67%	591
6. Behavioral problems in children	37	6%	446	68%	180	27%	658
8. Cancer	29	5%	375	60%	228	36%	626
1. Access to home care	27	4%	299	46%	331	51%	653
24. Transportation to health care	17	3%	402	65%	211	34%	623
11. Drug abuse/abuse of prescription drugs or illegal drugs	15	2%	515	78%	138	21%	660
7. Birth defects	10	2%	140	23%	449	75%	599
4. Alcohol abuse	9	1%	454	71%	182	28%	641
25. Underweight or premature babies	8	1%	118	21%	447	78%	571
26. Unplanned pregnancy	7	1%	351	57%	262	42%	617
2. Access to pregnancy care	7	1%	151	26%	426	73%	583
21. Sexually transmitted diseases (Chlamydia, Herpes, HIV/AIDS)	6	1%	261	43%	343	57%	607
23. Teen pregnancy	5	1%	439	69%	193	30%	633
12. Eating disorders	5	3%	72	44%	90	55%	164



Steuben County				
#1 Top Problem				
3. Access to specialty health care	14. Lack of physical activity and fitness	15. Obesity	11. Drug abuse	9. Depression/other mental illness
11.8% - 77	9.6% - 63	9.0% - 59	8.6% - 56	7.0% - 46
#2 Problem				
15. Obesity	14. Lack of physical activity and fitness	9. Depression/other mental illness	11. Drug abuse	16. Poor nutrition
10.2% - 64	8.8% - 55	7.2% - 45	6.7% - 42	6.6% - 41
#3 Problem				
15. Obesity	16. Poor nutrition	14. Lack of physical activity and fitness	9. Depression/other mental illness	8. Cancer
10.9% - 60	9.2% - 51	7.8% - 43	6.5% - 36	5.1% - 28

Problem with greatest need				
11. Drug abuse	15. Obesity	3. Access to specialty health care	2. Access to home care	9. Depression/other mental illness
17.5% - 107	11.4% - 70	11.4% - 70	7.7% - 47	6.7% - 41

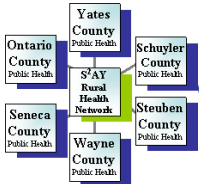
Do you think that any of these environmental exposures are a problem in Steuben County?							
Answer Options	Problem for YOU		Steuben County Problem		Don't know or unsure		Response Count
Agricultural chemicals	16	3%	218	36%	383	70%	614
Air pollution	15	3%	139	24%	429	73%	580
Carbon Monoxide	6	1%	108	19%	463	81%	575
Contaminated well water	25	4%	176	29%	402	67%	597
Diseases transmitted by insects	9	2%	187	31%	403	68%	594
Food poisoning	2	0%	87	15%	482	85%	570
Lead	10	2%	173	29%	412	69%	594
Radon	15	2%	166	27%	434	71%	611
Septic systems	10	2%	173	29%	413	70%	593
Toxic exposures at home	7	1%	102	18%	468	81%	576
Toxic exposures at work	21	4%	136	23%	425	73%	581
Water pollution	11	2%	165	28%	408	70%	582



Do you think that violence in the following areas is a problem in Steuben County?							
Answer Options	Problem for YOU		Steuben County Problem		Don't know or unsure		Response Count
	Child abuse / neglect	4	1%	489	72%	185	
Elder abuse / neglect	3	0%	315	49%	326	51%	642
Sexual assault	3	0%	343	54%	297	46%	641
Spouse / partner abuse	10	2%	383	58%	266	41%	655
Violence among young adults - bullying	17	3%	479	70%	190	28%	680

Do you think that there is a problem being seen by or receiving services from any of the following in Steuben County?							
Answer Options	Problem for YOU		Problem in Steuben County		Don't know or unsure		Response Count
	Dentists	79	13%	354	57%	221	
Home care services and supports	22	4%	313	52%	276	46%	601
Mental/behavioral health	22	4%	345	58%	242	41%	595
Nursing homes	16	3%	279	49%	286	50%	571
Nutritionists / Dieticians	29	5%	243	42%	320	55%	579
Pharmacies	8	2%	91	18%	408	81%	502
Specialized support groups	28	5%	247	43%	301	53%	568
Specialty doctors	63	10%	401	65%	187	30%	621
Therapists (physical, speech, occupational)	24	4%	229	42%	296	55%	540

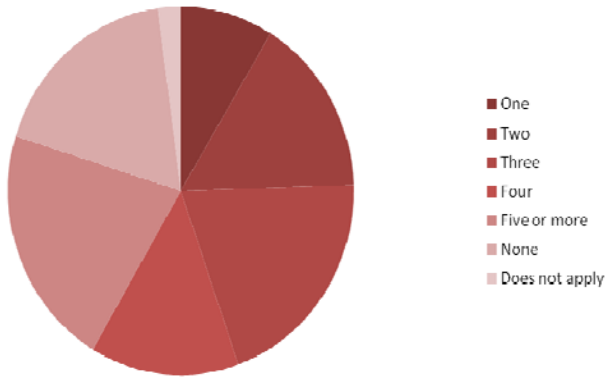
Which of your health behaviors would you like to improve? Check all that apply.		
Answer Options	Response Percent	Response Count
Alcohol consumption	7.6%	48
Eating habits	51.4%	324
Managing stress	49.0%	309
Physical activity	57.9%	365
Tobacco use	15.7%	99
Weight	62.7%	395



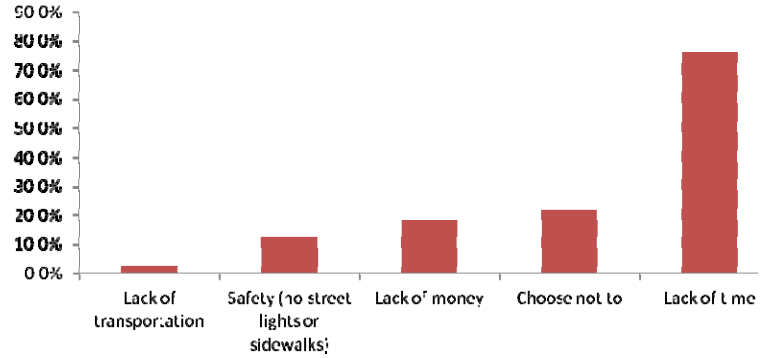
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How many times per week do you exercise?

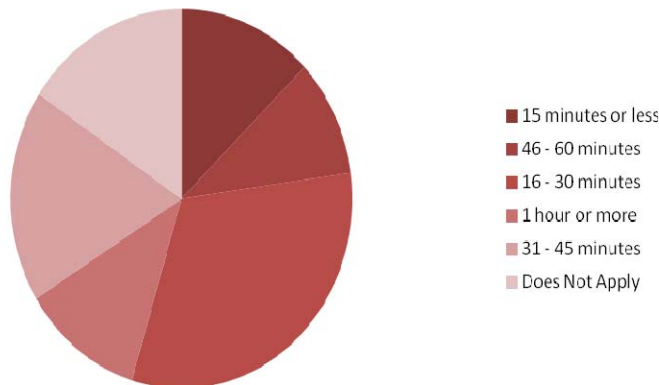


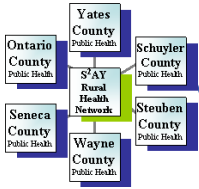
If you don't exercise, what keeps you from exercising? Check all that apply



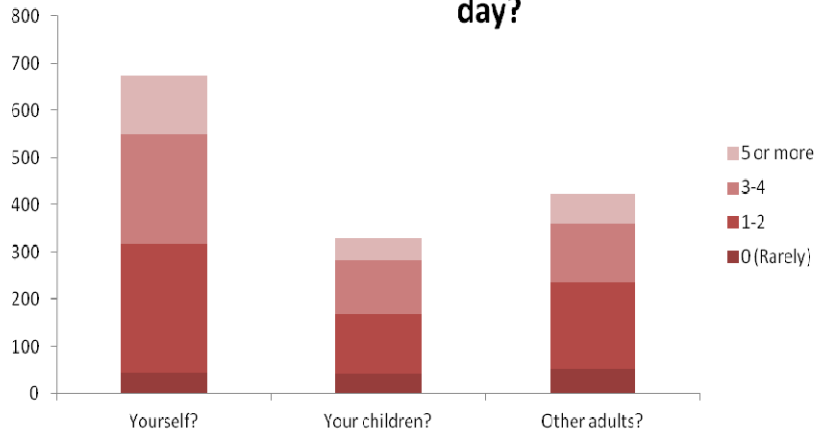
In your community do you have: Check all that apply.		
Answer Options	Response Percent	Response Count
Bike paths	30.4%	169
Public gym	33.3%	185
Public pool	38.1%	212
Sidewalks	85.3%	474
Street lights	85.3%	474
Trails	32.7%	182

If you exercise how long do you exercise for?



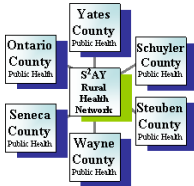


How many fruits and vegetables do you eat in a day?



If fewer than five servings, why? Check all that apply.		
Answer Options	Response Percent	Response Count
Cost	53.9%	258
Time needed to prepare	34.7%	166
Don't like them	16.5%	79
Short shelf life	43.6%	209

Are you currently taking care of? Check all that apply.		
Answer Options	Response Percent	Response Count
Elderly or disabled parent	30.2%	16
Disabled spouse	39.6%	21
Disabled child	17.0%	9
Grandchild	15.1%	8



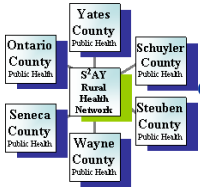
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Please answer the following questions for yourself or any member of your household who has used any of the listed services in the last 12 months.

Answer Options	Used in County		Used out of County		Quality OK?		Distance OK?		Cost OK?		Response Count
Adult Day Care	18	58%	6	19%	18	58%	16	52%	10	32%	31
Adult Respite Care	13	52%	6	24%	10	40%	6	24%	5	20%	25
Alcohol / Drug treatment	25	50%	22	44%	26	52%	13	26%	11	22%	50
Ambulance services	112	88%	25	20%	83	65%	56	44%	36	28%	127
Audiology (hearing care)	43	67%	14	22%	36	56%	28	44%	20	31%	64
Counseling / Mental Health for adults	68	69%	27	28%	58	59%	36	37%	39	40%	98
Counseling / Mental Health for children	37	66%	17	30%	26	46%	15	27%	14	25%	56
Dentists	333	68%	168	34%	319	65%	253	52%	197	40%	488
Doctor's Office	482	85%	151	27%	367	65%	311	55%	275	48%	568
Domestic Violence (Abuse, Safe House, Catholic Charities)	14	52%	7	26%	12	44%	8	30%	8	30%	27
Emergency Response System (Lifeline, Link to Life, Alertlink)	34	76%	7	16%	20	44%	14	31%	13	29%	45
Eye care	389	84%	82	18%	290	63%	237	51%	206	45%	461
Family Planning Services	36	75%	9	19%	26	54%	23	48%	21	44%	48
Farm Safety Education	5	29%	6	35%	8	47%	4	24%	1	6%	17
Home Health Services	37	79%	4	9%	23	49%	18	38%	13	28%	47
Hospice	25	69%	6	17%	17	47%	12	33%	11	31%	36
Hospital	239	80%	92	31%	159	53%	147	49%	108	36%	300
Immunizations	147	88%	18	11%	117	70%	95	57%	90	54%	167
Lactation Consultant (help with breastfeeding)	13	54%	4	17%	15	63%	13	54%	9	38%	24
Mammograms	137	59%	96	41%	139	60%	108	47%	107	46%	232
Meals on Wheels	24	69%	4	11%	20	57%	13	37%	11	31%	35
Orthodontists (braces for teeth)	43	63%	20	29%	43	63%	32	47%	20	29%	68
Orthopedics (bones)	42	50%	40	48%	48	57%	35	42%	35	42%	84
Pharmacies	428	91%	71	15%	307	65%	268	57%	234	50%	469
Physical therapy services	84	76%	27	25%	64	58%	57	52%	47	43%	110
Prenatal care (pregnancy)	24	59%	13	32%	20	49%	18	44%	13	32%	41
Senior Meal Sites	21	64%	7	21%	17	52%	13	39%	12	36%	33
Support Groups	19	58%	8	24%	15	45%	12	36%	11	33%	33
Testing, Counseling & Treatment of STDs, including HIV / AIDS	14	56%	9	36%	15	60%	14	56%	15	60%	25
Transportation	42	82%	8	16%	25	49%	19	37%	21	41%	51

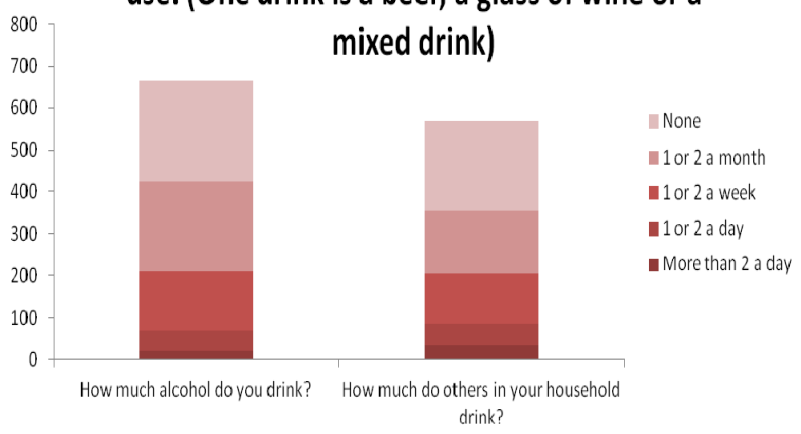
Mission: To integrate, promote and expand appropriate components of the Public Health service delivery system to improve health outcomes for all residents of the Network region. Funded by the New York State Department of Health



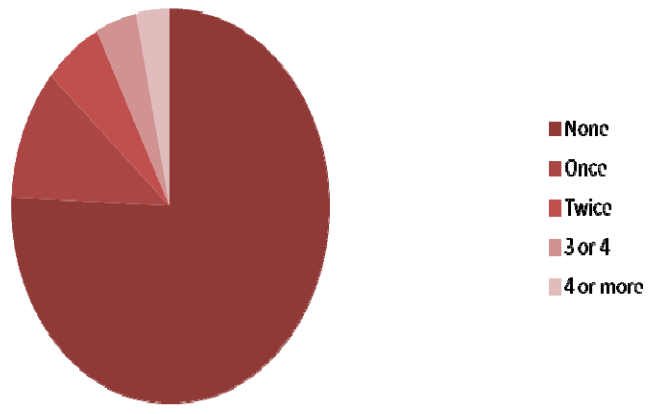
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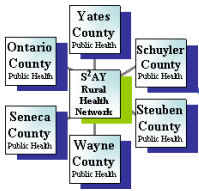
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Please answer these questions regarding alcohol use: (One drink is a beer, a glass of wine or a mixed drink)

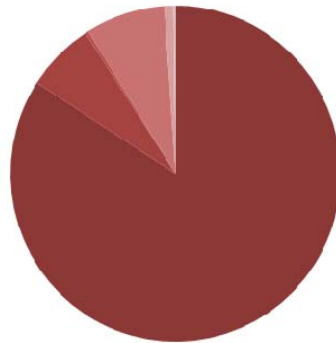


Considering all types of alcoholic beverages, how many times in the last 30 days did you have more than 5 drinks (if a man) or 4 drinks (if a woman) on one occasion?



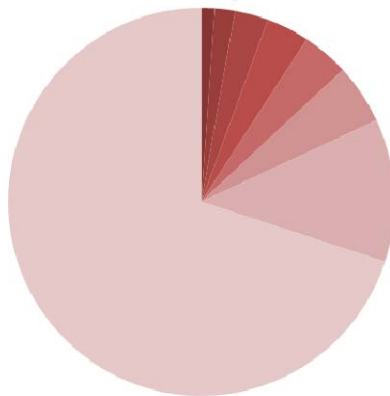


Do you smoke cigarettes now?



- No
- Yes, one pack (20) per day
- Yes, two packs (40) per day
- Yes, half a pack (10) per day
- Yes, one and a half packs (30) per day
- Yes, more than two packs per day

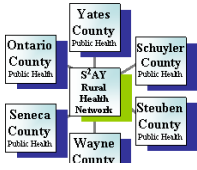
If you're a current smoker, how long have you smoked?



- One year or less
- 1 - 5 years
- 5 - 10 years
- 10 - 15 years
- 15 - 20 years
- 20 - 25 years
- 25 years or more
- Does Not Apply

Do you use an electronic smoking device (e-cigarettes)?		
Answer Options	Response Percent	Response Count
Yes	2.8%	14
No	49.0%	249
Does not apply	48.2%	245

Do you currently use any smokeless tobacco products such as chewing tobacco or snuff?		
Answer Options	Response Percent	Response Count
Yes, chewing tobacco	1.6%	8
Yes, both	0.2%	1
Yes, snuff	0.4%	2
No, neither	97.8%	499



Have the children in your house received immunizations (shots) against childhood diseases?		
Answer Options	Response Percent	Response Count
No	2.7%	15
Some, not all	1.3%	7
Does not apply	40.9%	229
Yes	54.5%	305
Not sure	0.7%	4

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/we/they should get it		Response Count
Did the adults in your household receive a flu shot this during the fall or winter of 2011- 2012?	450	71%	147	23%	18	3%	9	1%	12	2%	14	2%	635
Did the children in your household receive a flu shot this fall or winter of 2011-2012?	166	52%	111	35%	8	3%	5	2%	8	3%	25	8%	318
Have the adults in your household received a tetanus shot in the last ten years?	492	80%	65	11%	5	1%	6	1%	6	1%	43	7%	615

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 protective helmets when riding bicycles?	10	2%	42	9%	130	28%	278	60%	460	
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?	87	17%	56	11%	161	32%	196	39%	500	