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Genesee County Health Department	Orleans County Health Department	Wyoming County Health Department
Community Health Assessment	Community Health Assessment	Community Health Assessment
2013-2017	2013-2017	2013-2017
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www.co.genesee.ny.us/departments/health/index.html	www.orleansny.com/publichealth	www.wyomingco.net/health/main.html

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Introduction

Alone we can do so little. Together we can do so much. ~Helen Keller

Individual commitment to a group effort - that is what makes a team work, a company work, a society work, a civilization work. ~Vince Lombardi, football coach for the NFL (1913-1970)

It is a fact that in the right formation, the lifting power of many wings can achieve twice the distance of any bird flying alone. ~Author Unknown

Teamwork is the ability to work together toward a common vision. The ability to direct individual accomplishments toward organizational objectives. It is the fuel that allows common people to attain uncommon results. ~ Andrew Carnegie

The New York State Department of Health works with communities to promote exemplary public health. Whether it is developing programs to encourage individuals to exercise and eat healthier, helping communities reduce the incidence of disease, or helping young people build their self-esteem so they can become tomorrow's leaders, the focus is always on interventions that go to the root of health problems.

New York State relies on its local health departments to promote, protect and improve the health of residents. In keeping with the New York State Health Improvement Plan Prevention Agenda 2013-17, the Department is asking local health departments and hospitals to collaborate with each other and community partners on the development of the Community Health Assessment, Community Health Improvement Plan and the Community Service Plans. Collaboration is an essential element for improving population health in communities and in the State as a whole.

Spreading limited resources across vast distances is commonplace for small counties. Joining forces to combine resources and positively impact the lives of residents in these areas is an efficient and effective form of collaboration adopted by three counties in Western New York: Genesee, Orleans, and Wyoming counties. Together, these county health departments share the same basic vision: to promote Healthy People in Healthy Communities. Our mission statements are also similar in that we are all working toward promoting health, preventing disease, protecting the environment and encouraging our residents to take ownership of their health through advocacy and education.

Genesee and Orleans County have taken part in a Cross Jurisdictional Study to see how shared leadership can have a positive impact on budget issues, staffing and community outreach while respecting the differences of each county. Currently the two counties are sharing the Public Health Director, Deputy Director / Environmental Health Director and Director of Patient Services.

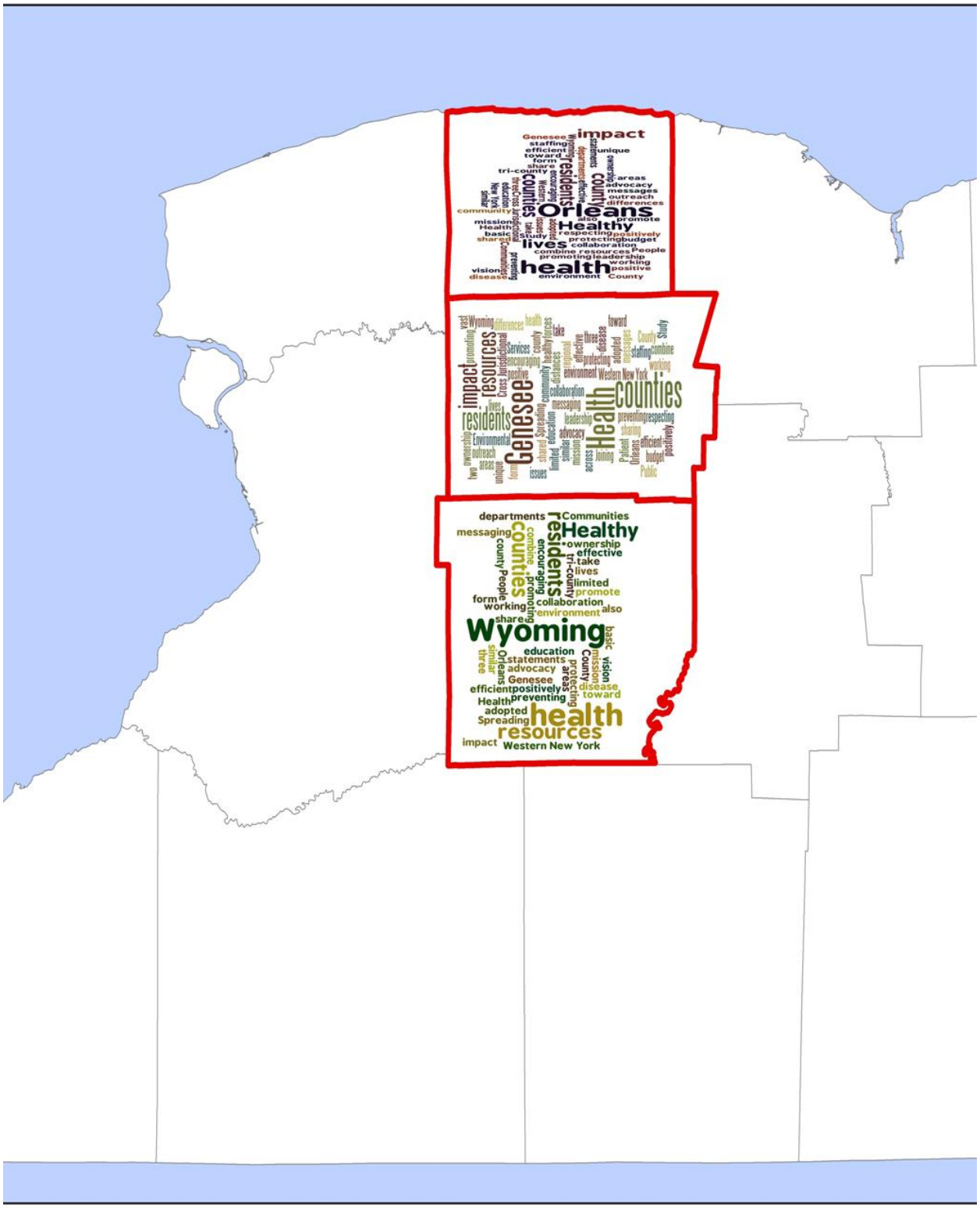
With this venture in mind we have invited Wyoming County to partner with us in the development of a tri-county regional approach to public health and health messaging. We believe working as a team not only increases our effectiveness in the communities we serve, but provides leverage for future funding opportunities.

The dynamics of the group enhances the brainstorming sessions and helps us to better understand our neighboring communities. We respect the differences of each county while celebrating the commonalities. We anticipate over the next five years that sending shared health messages will have an impact on the residents of each county as they will have more 'recognition' as they cross county lines.

This project would not have been possible without the assistance of our Health Education Team consisting of Vanessa Vassall, CDC-PHAP Fellow; Jamie O'Toole, SUNY Brockport Health Education Professional Program; Gary Rolen, SUNY Brockport Health Education Professional Program; Carrie Whipple, University of New England MPH Program; Wendy Strollo, University of Albany SUNY School of Public Health; Kerry Chella, SUNY Brockport Health Education Professional Program; and Dia Haffar, SUNY Brockport Health Education Professional Program. Although, for the most part, the members of this team may have only spent a short period of time working on various sections of the project, we would have not been able to accomplish our vision of this final product without their hard work. We learned a great deal from each other as well, and we believe the team building experience was both beneficial to the professionals and our student assistants. We also had the benefit of having Vanessa Vassall work with us as part of the CDC Public Health Associate Program (PHAP). Vanessa will be working specifically with Genesee and Orleans Counties for two years. However, as we continue to work on joint efforts with Wyoming County, she will be a great asset. This team approach has included discussions about the importance of this document for our partner organizations, and the public as well, to get a clear picture of the health of our communities. With this in mind, we wanted to make this a reader-friendly, living document with information as current as possible. Rather than have pages of numbers in tables, we are using hyperlinks to the sources used for those who desire to seek further information. As the data updates, the reader / researcher will have access to the most updated data with the click of a mouse.

To review the hyperlinks, scroll the mouse over the blue underlined links and either click or use control and click over the hyperlink. Due to the set-up of the Census Bureau's American Fact Finder site, some links may link to the USA page. Readers will have click to the appropriate state and county page.

Full web site addresses are located after the Appendix on the Bibliography page.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Orleans
Healthy
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Genesee
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Section 1: Populations at Risk

The tri-county region of Genesee, Orleans and Wyoming Counties is located mid-way between two major New York State cities: Buffalo to the west and Rochester to the east. Major insurance providers are located in Buffalo and Rochester, therefore tri-county residents are forced to choose healthcare providers associated with their insurance provider service area over ease of access to services and care. Reliable transportation in these 3 counties is a major challenge due to the rural community structure and the low-income status of the majority of residents. Although transit systems exist, routes serve more highly populated regions with major restrictions applying to outlying areas.

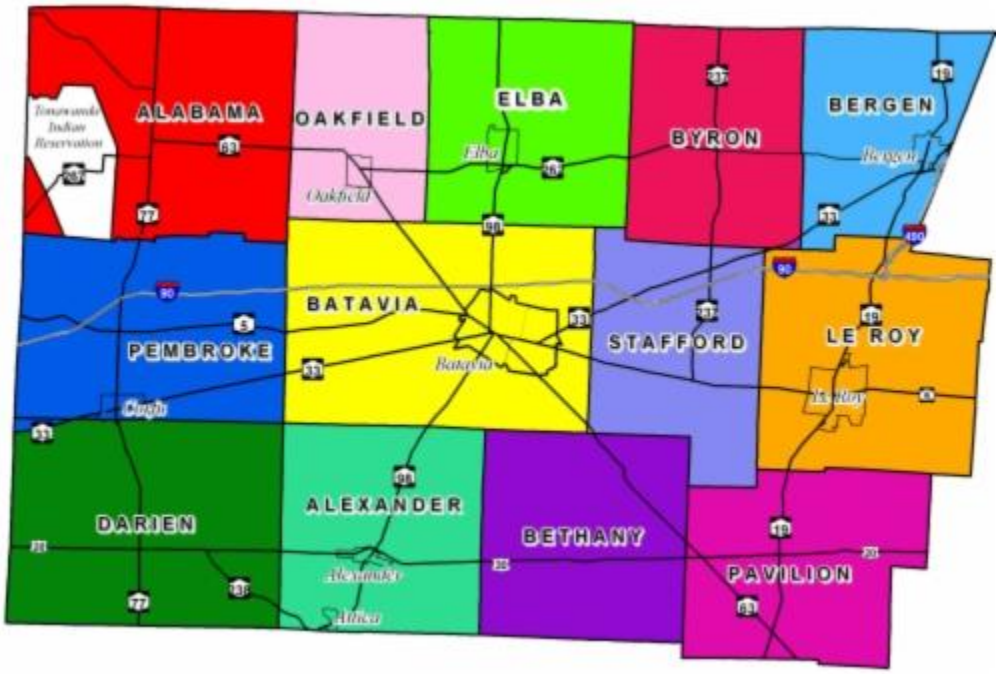
Healthcare providers, including dentists, tend to work a Monday through Friday work week, taking patient appointments between the hours of 9:00am and 4:00pm or 5:00pm. Unfortunately, this duration also reflects the work hours of most tri-county residents, causing a barrier to access preventative care services. An additional barrier to preventative care services is the very small number of Western New York dentists who accept Medicaid and similar insurance typically covering those from low socioeconomic backgrounds. Most major insurance companies that dentists do accept are perceived as being unaffordable or otherwise unavailable to those living in most Genesee, Orleans, or Wyoming County communities.

Each county has one hospital system located within its respective borders. Due to drastic budget cuts in recent years, each system has undergone major structural changes in order to remain viable and valuable to the communities they serve. In order to gain a deeper understanding of the benefits and barriers to accessing excellent care among tri-county populations, it is pertinent to take a comprehensive look at the demography and demographic trends of each individual county.

Genesee County Demographics

Geography and Transportation

Genesee County is a rural community centrally located between Rochester in Monroe County and Buffalo in Erie County. The county has one city, thirteen towns and six villages spanning across 493 square miles with a population density of approximately 122 persons per square mile. In the heart of the county stands the micropolitan City of Batavia, the county seat, which is easily accessible from the New York State I-90 Thruway, New York State Routes 5, 33, 63, and 98, and the Genesee County Airport (GVQ). Limited public transportation is available in Genesee County, provided by the Rochester Genesee Regional Transportation Authority. Most transit routes only operate Monday through Friday until 6pm in more highly populated areas, creating unique challenges for working families trying to access resources throughout the county.



Genesee County Health Department

Genesee County communities are served by the Genesee County Health Department, whose mission is to build community collaboration in promoting health, preventing disease, protecting the environment, education, surveillance, intervention and commitment to the principles of public health practices to achieve optimal health status for the citizens of Genesee County. The department is comprised of five core divisions:

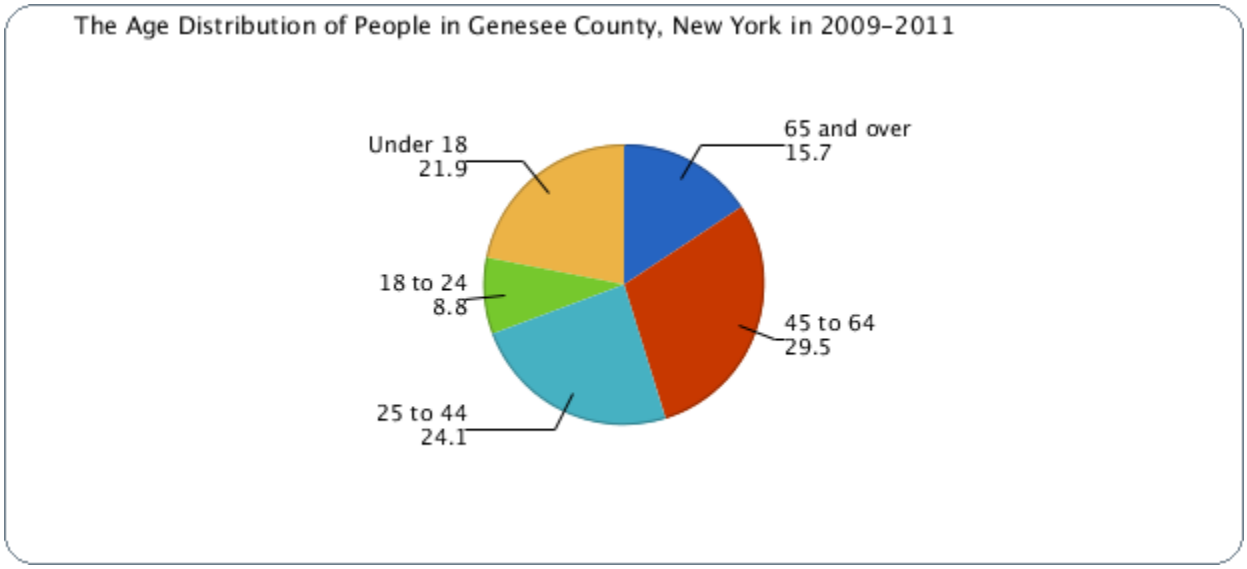
Environmental Health, Public Health Nursing , Public Health Emergency Preparedness, Early Intervention, Children with Special Health Care Needs and Health Education.

The Department works to build community collaboration in promoting health, preventing disease, protecting the environment, education, surveillance, intervention and commitment to the principles of public health practices to achieve optimal health status for the citizens of Genesee County. Genesee County shares Public Health Director, Deputy Public Health Director, Director of Patient Services and Public Health Associate Program Fellow with Orleans County, collaboratively providing more efficient, streamlined and cost-effective health services.

Population Size, Age and Sex

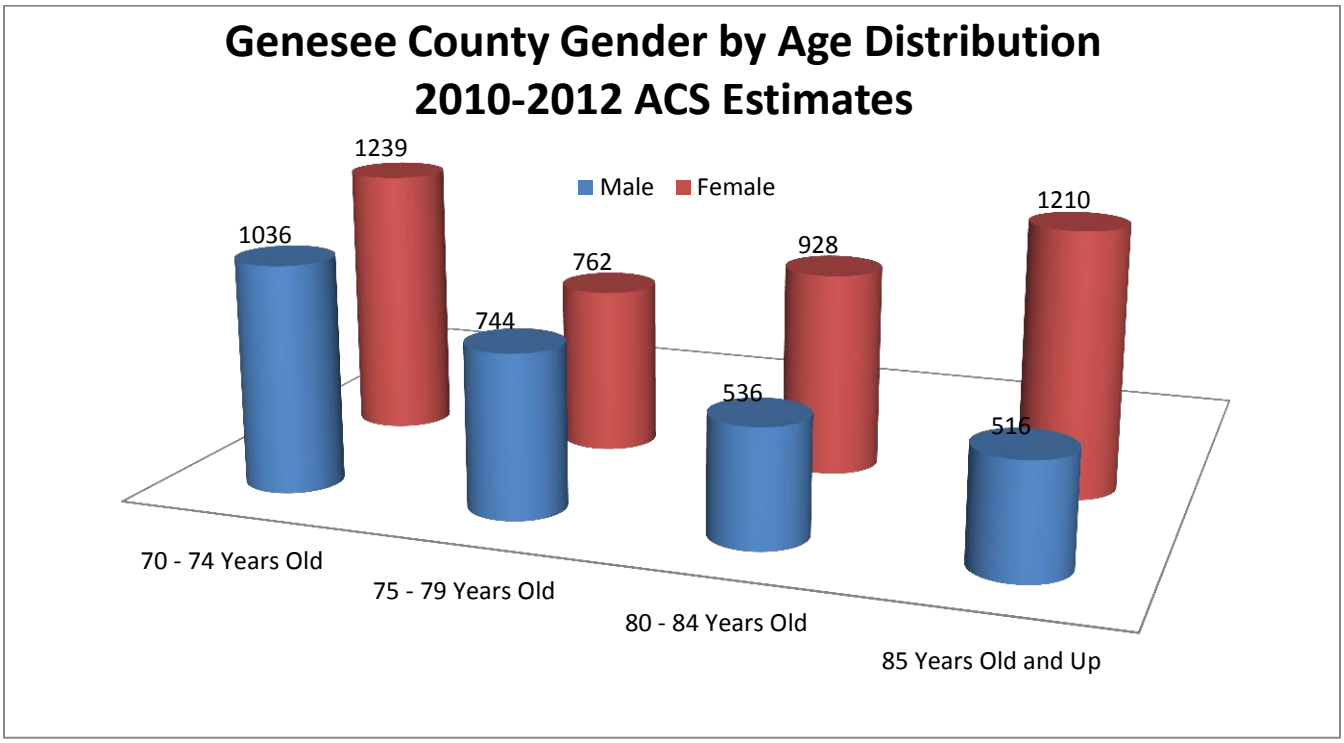
According to the 2012 United States Census Bureau estimates, the population of Genesee County is 59,977 with 50.3% of the population being female. These values have declined since the 2010 Census when population was reported at 60,079 with 50.5% being female. Population declines can stimulate changes in population characteristics, which in turn, may be associated with shifts in tax bases, poverty rates and levels educational attainment which have implications for the need, availability, and delivery of health services among certain demographics.

According to the 2011 American Fact Finder Demographic Profile, 21.9% of the Genesee County population is under the age of 18 years old (a slight decline from 23% in 2009), while 15.7% is 65 years of age or older (compared to 16% in 2009). In Genesee County, 30% of all households have one or more people under the age of 18, while 27% of all households have at least one member aged 65 years or older.



The median age among Genesee County citizens is 41.5 years old, compared to New York State's median age of 38.0 years old. Genesee County has a male median age of 40.3 years old and a female median age of 42.6 years old. In comparison, the New York State median male age is 36.3 years old and the female median age is 39.4 years old. The distribution of genders in the county is approximately equal overall;

however, sex by age distribution fluctuates dramatically among residents over the age of 70, as illustrated in the data table below.



Racial Demographics

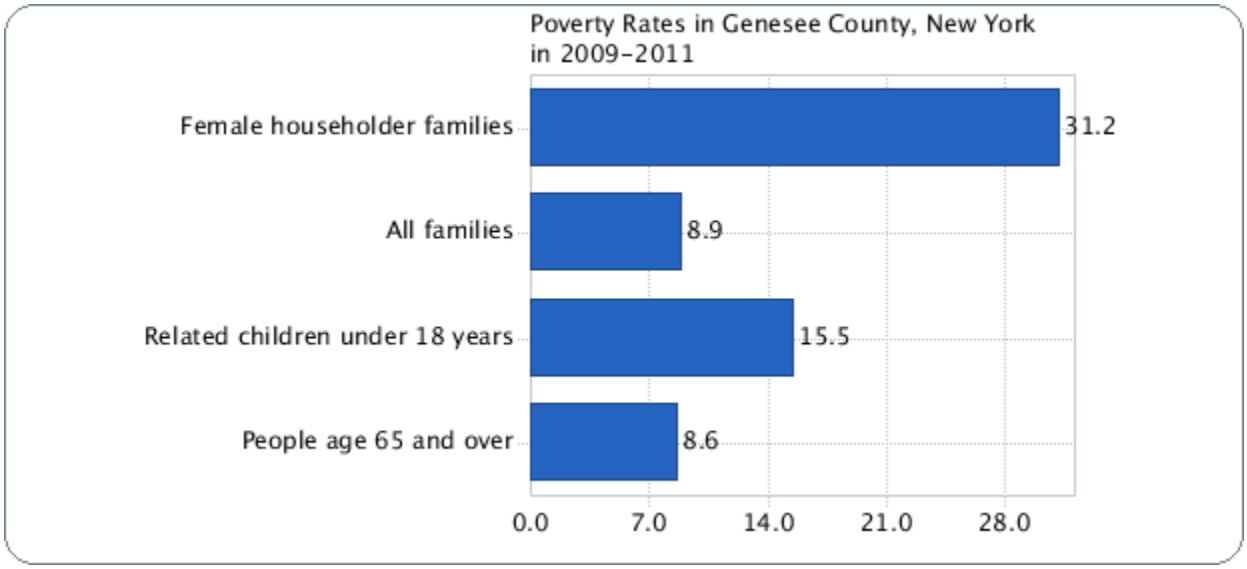
Genesee County is fairly homogeneous in race with 91.2% of its citizens being white, 3.0% black or African-American, and 2.8% Hispanic or Latino. The remaining population consists of 1.8% two or more races, 1.2% American Indian/Alaska Native, and 0.6% Asian. In 2012, the approximate population of Native Hawaiian and other Pacific Islander groups in Genesee County was equal to a value greater than zero but less than half of the unit of Census data measurement.

Housing, Income and Workforce

According to 2011 US Census Bureau data, there are 23,965 households Genesee County, with an average household size of 2.45 persons. With 25,719 housing units, Genesee County boasts a 73.4% homeownership rate, with the median owner-occupied housing unit valuing at $103.300. In 1978, lead-based paint was banned in New York State. 22,015 houses built before 1979 are still standing, many with old layers of lead paint which could potentially cause poisoning in young children.

Employment status is reported in the 2007-2011 American Community Survey 5-Year Estimates. According to the survey, 66.2% of residents are employed, 7.5% are unemployed and 33.7% are not in the workforce. The median household income in the county is an estimated $50,861, although most households fall in the $35,000-49,999 range or $50,000-74,999 range.

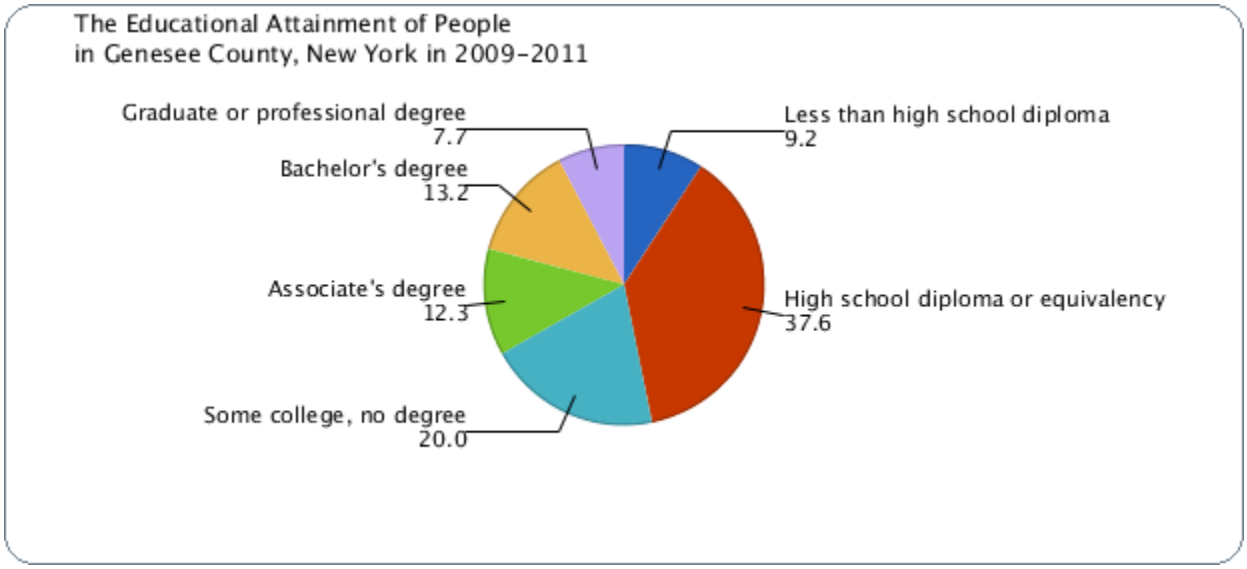
Unfortunately, many Genesee County residents struggle financially and are not getting their basic needs met. By 2011, the percentage of Genesee County residents living below the Federal Poverty Level declined to 12.5% from 15.2% just two years earlier, however, still represents a staggeringly high figure. Specifically, children and the elderly are greatly impacted. 28% of children living in Genesee County are free-lunch or reduced-lunch eligible. 15.5% of related children under the age of 18 living below the poverty level, an increase from 13% in 2009. 8.6% of those about the age of 65 years are most affected, a decrease from 11% in 2009. 31.2% of families with a female householder and no husband present have incomes below the poverty level, and increase from 28% just 2 years prior. In 2009, there were about 4,786 Supplemental Nutrition Assistance Program (SNAP or "food stamps") benefit recipients, a value representing 8% of the total county population. However, 8,951 low-income family households are not within a one mile proximity to a large grocer or supermarket.



Schools, Libraries and Educational Attainment

Genesee County has 23 schools within 8 public school districts, 5 private Catholic schools, 1 New York State School for the Blind (serving those 5-21 years old who are legally blind), and one community college (Genesee Community College). There are 6 public libraries in Genesee County, which are part of the Nioga Library Systems. For disambiguation purposes, the New York State Library system is independent of the New York Public Library system in the Downstate boroughs.

According to the 2009-2011 American Community Survey, 70.8% of Genesee County residents have earned a high school diploma or beyond, with 20.9% having attained a Bachelor's degree or higher. Amongst this same population, 9% were considered dropouts.



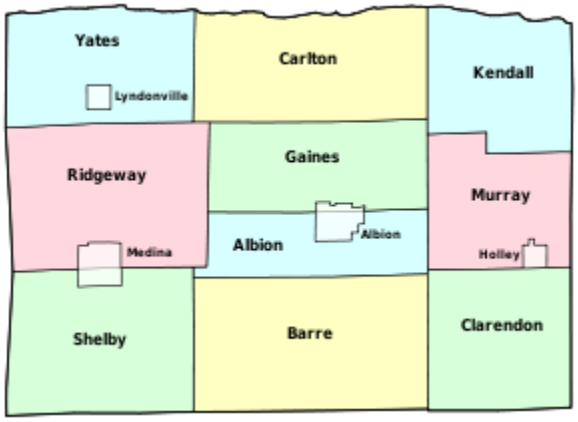
Inmate Population

Genesee County is home to the Buffalo Federal Detention Facility, an Immigration and Customs Enforcement (ICE) service processing center located in Batavia, New York. The facility has the capacity to hold approximately 360 immigration inmates.

Orleans County Demographics

Geography and Transportation

Orleans County is a small agricultural community located approximately midway between Rochester in Monroe County and Buffalo in Erie County. Orleans County sits north of both Genesee County and Wyoming County and boarders Lake Ontario. In Orleans County there are ten townships and four villages that span slightly over 390 square miles with an average of approximately 109.6 people per square mile. The U.S. Census Bureau classifies Orleans County as rural due to having a density of less than 500 persons per square mile. Orleans County can be accessed via New York State Routes 18, 31, 63, 98, 104 and the Lake Ontario State Parkway. Limited public transportation is available in Orleans County, provided by the Rochester Genesee Regional Transportation Authority. Most transit routes only operate Monday through Friday until 6pm in more highly populated areas, creating unique challenges for working families trying to access resources throughout the county.



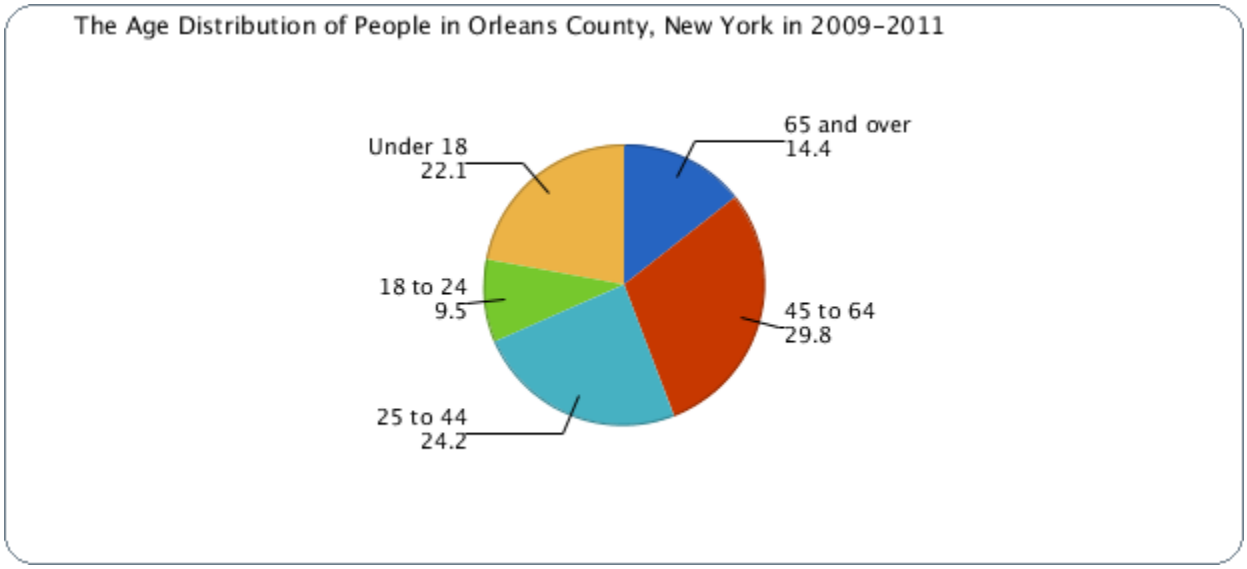
Orleans County Health Department

This community is served by the Orleans County Health Department who empowers county residents to achieve optimal health, wellness and safety, both individually and as a community, through innovative leadership, advocacy and education. This mission is carried out through the efforts of five divisions: Children with Special Healthcare Needs: Early Intervention, Environmental Health, Health Education, Public Health Emergency Preparedness / VALOR (Volunteer Alliance Linking Orleans Resources), and Public Health Nursing. Orleans County shares Public Health Director, Deputy Public Health Director, Director of Patient Services and Public Health Associate Program Fellow with Genesee County, collaboratively providing more efficient, streamlined, cost-effective health services. Orleans County also has a comprehensive Mental Health division, Office for the Aging and county Nursing Home.

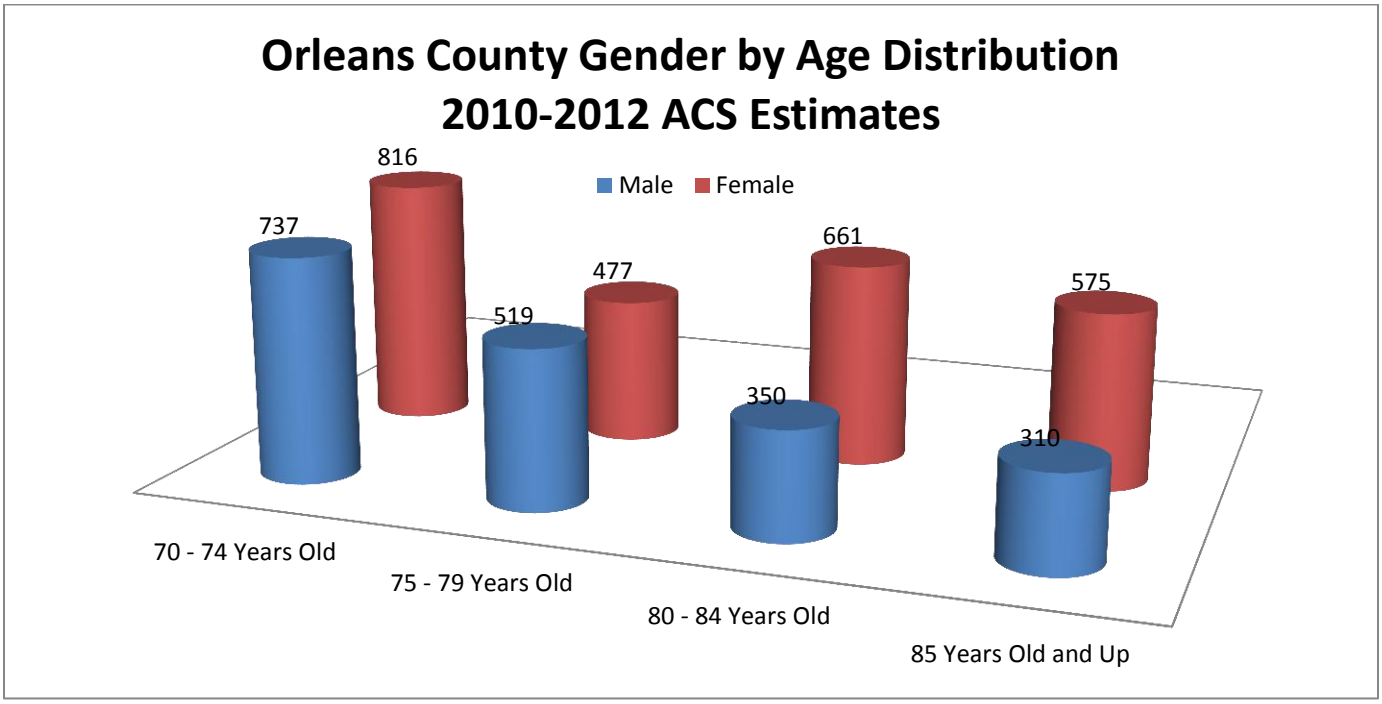
Population Size, Age and Sex

According to the 2012 United States Census Bureau estimates, the population of Orleans County is 43,836 with 50.3% of the population being female. These values differ slightly from the 2010 Census data, which reported a total population of 42,883, with 50.8% being female. 22% of the total county population is under the age of 18 years old, while 14% is 65 years or older. Population declines can stimulate changes in population characteristics, which in turn, may be associated with shifts in tax bases, poverty rates and levels educational attainment. These factors have implications for the need, availability, and delivery of health services among certain demographics.

According to the 2009-2011 American Community Survey, the median age of citizens living within Orleans County is 40.8, compared to New York State's median age of 38.0 years old.



According to the latter mentioned source, Orleans County has a male median age of 35.8 years old and a female median age of 38.5, compared to the New York State average age of males at 36.3 years of age and females of 39.4 years of age. The 2009-2011 American Community Survey reported that 35% of all households have one person or more under the age of 18 years, while 27% of all households have one or more person 65 years of age or older. The distribution of genders in the county is approximately equal overall; however, sex by age distribution fluctuates dramatically among residents aged 70 years or older, as seen in the graph below.



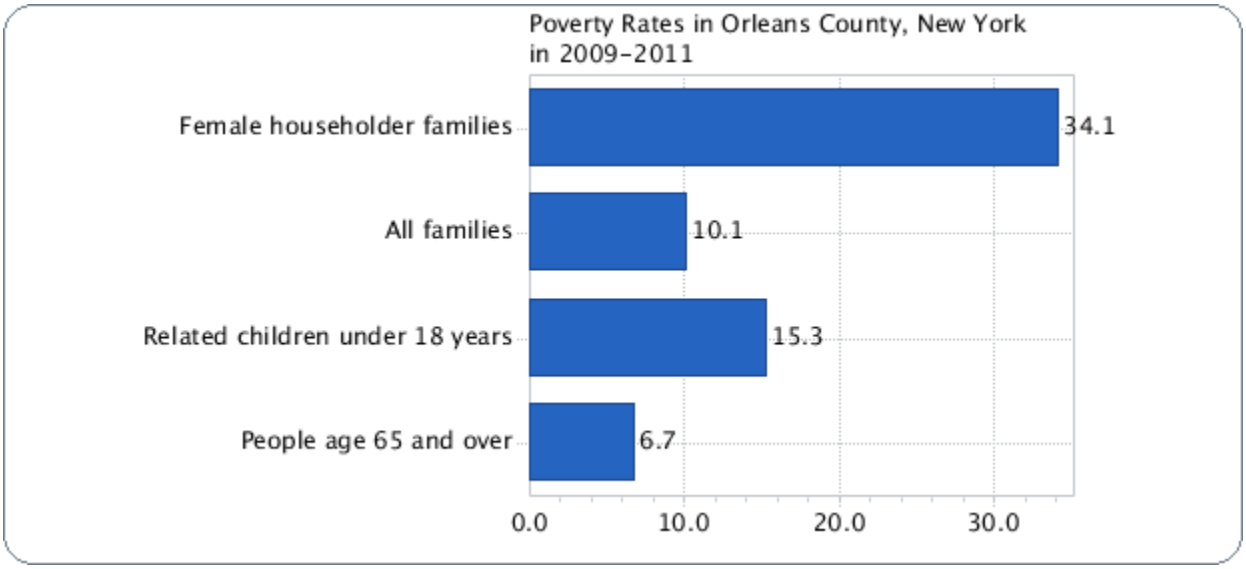
Racial Demographics

The Orleans County population is fairly homogeneous in race with 86.8% of its citizens being white, 6.7% black or African-American, 4.4% Hispanic or Latino. The remaining population consists of 1.9% two or more races, 0.7% American Indian and Alaskan Native, and 0.5% Asian. In 2012, the approximate population of Native Hawaiian and other Pacific Islander groups in Orleans County was equal to a value greater than zero but less than half of the unit of Census data measurement.

Housing, Income and Workforce

There are approximately 18,518 housing units within Orleans County with 76.9% percent of the county population owning their home. The average number of individuals per household is 2.52 people with a median household income of $47,788 and a mean household income of $56,732. In 1978, lead-based paint was banned in New York State. In 2012, there were still about 13,513 homes built before 1979 in Orleans County, any of which potentially have old layers of lead paint that could put children at risk of lead poisoning.

Approximately 12.1%of the total county population is living at or below the Federal Poverty Level. 15% of related children under the age of 18 are living in poverty, as well as 7% of those aged 65 years or older. 10% of families and 34% of female-headed households with no husband present had incomes below the Federal Poverty Level from 2009-2011.



About 4,994 people receive Supplemental Nutrition Assistance Program (SNAP or "food stamps") benefits, however, 6,917 low-income households are more than a mile away from their local large grocery store or supermarket. It is estimated that 741 residents receive cash public assistance and 938 obtain supplemental security income.

In 2010, there were approximately 498 new births, 48.6% of those births being to unmarried mothers (widowed, divorced, or never married).

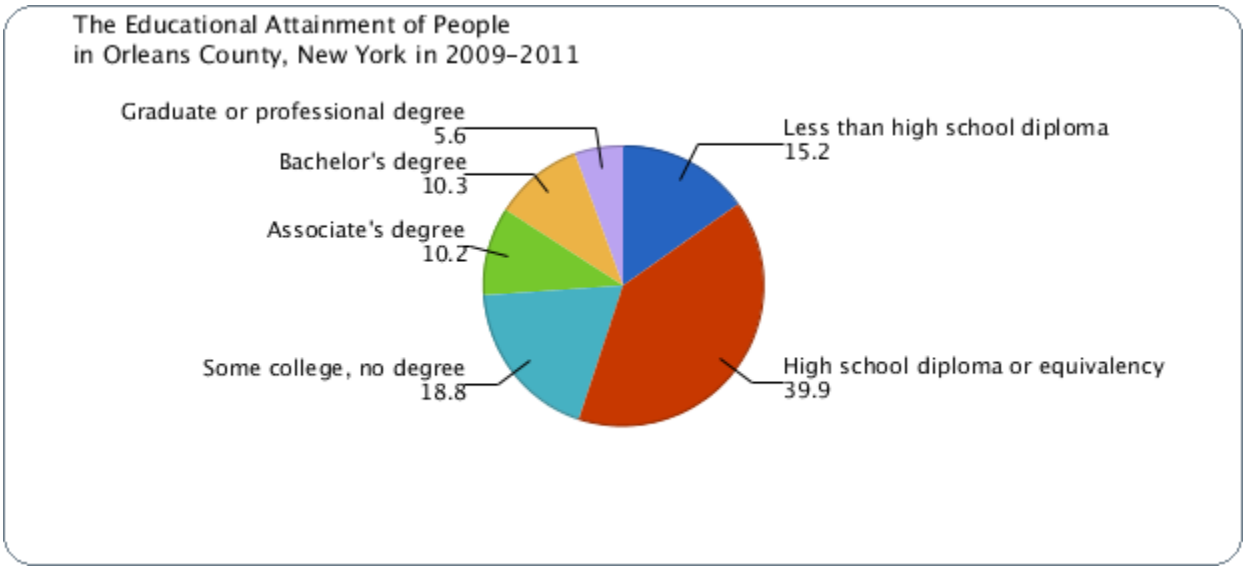
Approximately 58.4% of Orleans County residents are active members of the workforce, with about 0.01% of Orleans County being members or the Armed Forces. In 2010, there was a 5.8% unemployment rate in the county. Approximately 41.6% of Orleans County residents are not currently members of the labor force.

Schools, Libraries and Educational Attainment

Orleans County residents have diverse educational backgrounds. Orleans County has 14 schools within 5 public school districts, and 2 faith-based private schools. Holley and Kendall school districts associate with the Monroe-Orleans Boards of Cooperative Educational Services of New York State (BOCES) system and Albion, Medina and Lyndonville school districts associate with the Niagara-Orleans BOCES system. Two of the five districts have restructured with each closing one of their buildings due to lower enrollments and for cost savings. Medina and Lyndonville school districts are also sharing some school sports, music and drama programs.

Orleans County residents can access public library services from 5 libraries between neighboring Niagara County to the west and Monroe County to the east, however, resources are geographically sparse and hours of operation are limited. 4 of the 5 libraries are in the Nioga Library Systems, which is independent of the New York Public Library system in the Downstate boroughs.

Orleans County residents have diverse educational backgrounds. As of 2011, 5.6% of residents had attained a graduate or professional degree, 10.3% had earned a bachelor's degree, and 10.2% have earned an associate's degree. A large portion of the Orleans County population (39.9%) has received a high school diploma or equivalent. Currently, approximately 10.8% of students are enrolled in high school. Orleans County is also home to the Iroquois Job Corps, an educational and career training center.



Migrant Worker Profile

According to the Orleans County Health Department Annual Report for Migrant and Seasonal Farm workers, approximately 1,800 migrant or seasonal farm workers move to Orleans County during the growing season, departing at the completion of the harvest season. There are an estimated 61 camps for Migrant and Seasonal Farm workers located in Orleans County. In 2012, the Orleans County Health Department Public Health Nurses provided face-to-face care to 617 migrant and seasonal farm workers. Between January and November of 2013, there had been approximately 667 encounters with migrant and seasonal farm workers.

Inmate Population

Orleans County is home to two New York State prisons. The Albion Correctional Facility is a medium security facility for women. It is the largest facility in New York State, housing more than 40% of the state's total female inmate population. In December of 2005, Albion housed 1,134 inmates out of a total facility capacity of 1,243. The Orleans Correctional Facility is a medium security facility for male inmates, with a maximum capacity of 1,082 inmates.

Mennonite and Amish Communities

According to anecdotal population data collected from a Public Health Nurse who has provided services for Mennonite and Amish community members for years, there

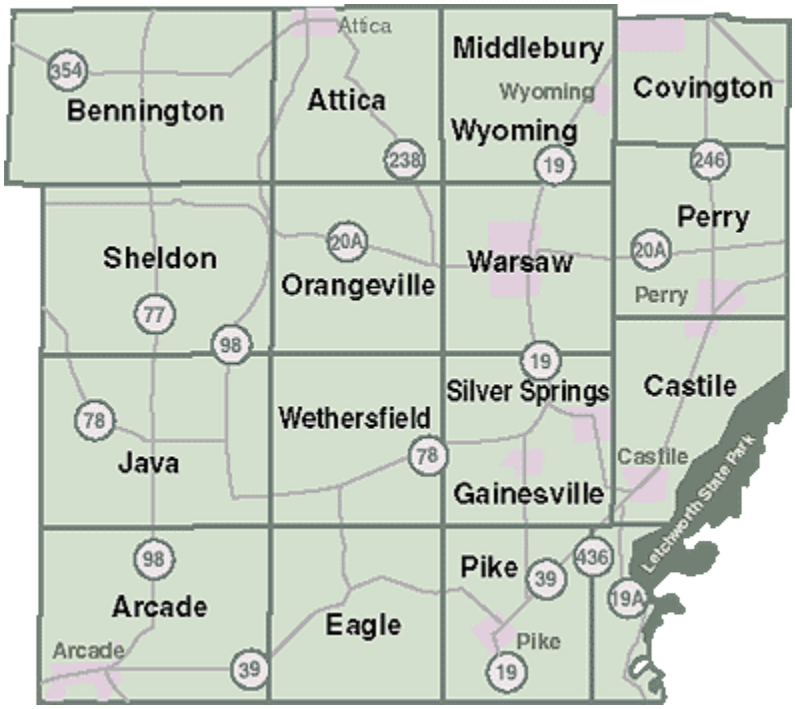
are approximately 30 Mennonite families and approximately 30 Old Order Amish in Orleans County. Amish communities are organized in many ways. One way is by districts. There are currently at least two Old Order Amish districts in Western Orleans County. Both the Amish and Mennonite population provide various services in Western Orleans County, including include, but not limited to, bulk stores, general stores, woodworking, construction, farming, and farm stands. Population growth in these communities is apparent based on an increase in Mennonite and Amish communities purchasing local farm properties.

Wyoming County Demographics

Geography and Transportation

Wyoming County is a small rural county of approximately 592.75 square miles, with 71.1 persons per square mile, located in Western New York State. Wyoming County is roughly equidistant from the urban centers of Rochester in Monroe County and Buffalo in Erie County, and 25 miles south of the city of Batavia in Genesee County. There are sixteen townships and eight villages in Wyoming County. The majority of the county population is concentrated in four centers: Warsaw, located in the center of the county, Attica to the northwest, Arcade to the southwest and Perry to the east.

The vast geographic area of the county coupled with the sparse population scattered throughout the rural terrain lends itself to a variety of access and transportation issues. Warsaw, Arcade and Perry are accessible by public transportation during limited hours between Monday and Friday on a Dial-A-Ride basis. Residents of other areas in the county experience a series of unique challenges in attempts to access resources throughout the county.



Wyoming County Health Department

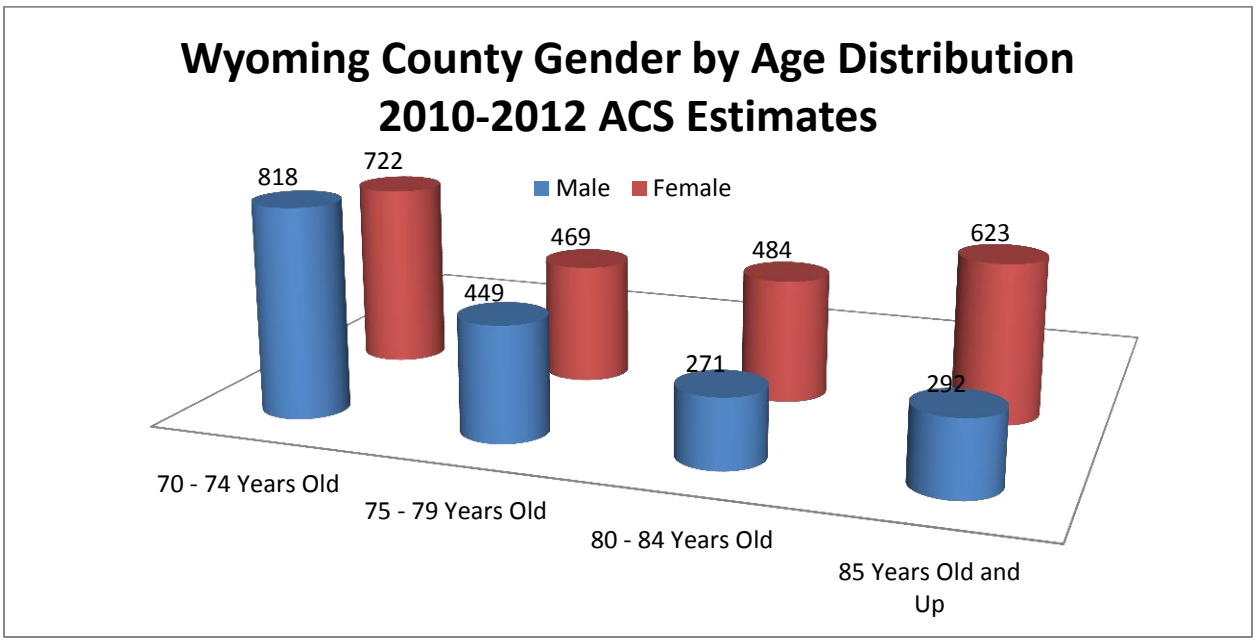
The Wyoming County Health Department ensures the optimal health of the community through promotion of physical and mental health and prevention of disease,

injury and disability through ongoing dedication to excellence and values in the provision of community based services. This mission is achieved through the efforts of Public Health nursing, Environmental Health services, the Immunization Clinic, Livingston-Wyoming Cancer Services Partnership, Men's and Women's Reproductive Health Services Clinic, and the Emergency Preparedness Division. Wyoming County also has a comprehensive Mental Health Department, providing resources to residents in the areas of alcoholism and substance abuse, developmental disabilities, and suicide prevention.

Population Size, Age and Sex

According to the 2012 United States Census Bureau estimates, the population of Wyoming County is 41,892 with 45.4% of the population being female. These values reflect a slight decline since the 2010 Census when the population was population of 42,155 with 45.8% being female, 54.2% being male, and the median age reported as 40.9. According to the same source, 20% of the population is under 18 years of age and 13.5% is 65 years of age or older. Additionally, 32% of all households have one or more person under the age of 18 years of age, while 27% of all households have one or more person aged 65 years or older.

Population declines can stimulate changes in population characteristics, which may in turn, be associated with shifts in poverty and educational attainment rates that have implications for the need, availability, and delivery of health services among specific demographics. Wyoming County has such a small population in relation to other counties in New York State that a slight change in actual figures has the potential to influence statistics dramatically, perhaps causing a misrepresentative report result. The distribution of genders in the county is approximately equal overall; however, sex by age distribution fluctuates dramatically among residents aged 70 years or older, as seen in the graph below.



Racial Demographics

The non-incarcerated population is approximately 92.2% white, 6.1% black or African-American, 3.0% Hispanic or Latino, 0.5% Asian, 0.4% American Indian or Alaskan Native and 0.9% more than one race. In 2012, the approximate population of Native Hawaiian and other Pacific Islander groups in Wyoming County was equal to a value greater than zero but less than half of the unit of Census data measurement. The fact that Wyoming County has such a small population in relation to other counties in New York State, a slight change in actual figures has the potential to influence statistics dramatically, perhaps causing a misrepresentative report result.

Housing, Income and Workforce

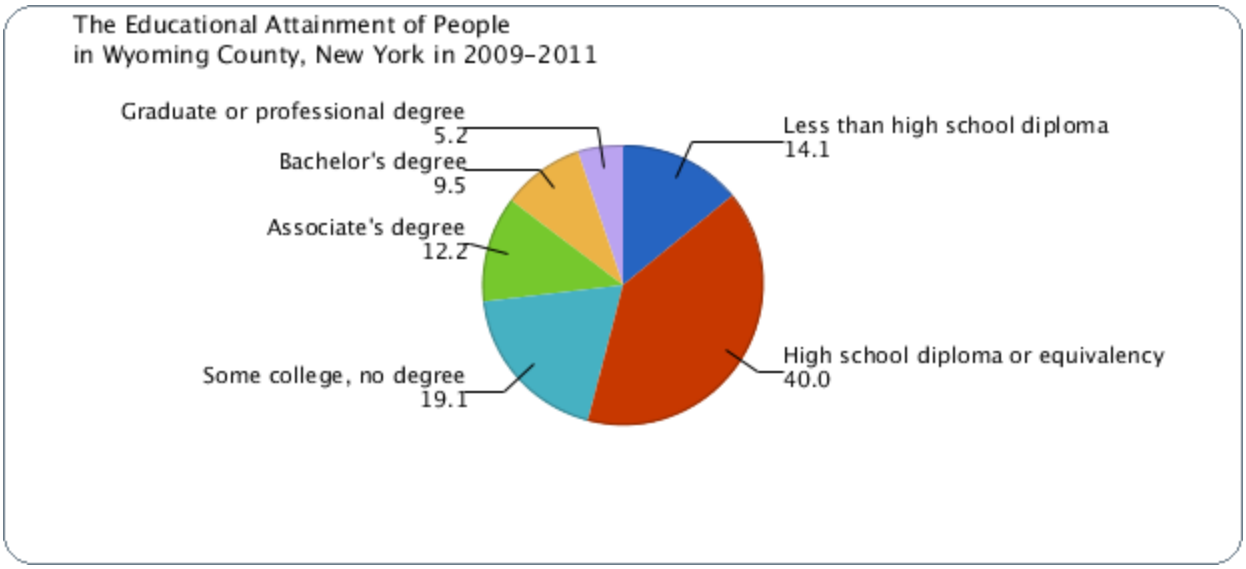
In 2011, there were 15,549 households in Wyoming County, yielding an average household size of 2.45. There are 18,025 housing units in Wyoming County, 75.8% of households are owner occupied and the median home value is $98,700. In 2012, there were still about 13,601 homes built before 1979 in Wyoming County, any of which potentially have old layers of lead paint that could put children at risk of lead poisoning.

About 10.1% of the Wyoming County population is currently living at or below the Federal Poverty Level. In 2009, about 2,863 people, or 7% of the county population, were recipients of Supplemental Nutrition Assistance Program (SNAP or "food stamps) benefits, however about 7,702 low-income households were more than one mile from their local large grocery store or supermarket. The percentage of families with children under 5 years old living below the federal poverty level is greatest. Of those, households with a female head of household, no husband present, with related children under 5 years of age accounts for the largest proportion at 70.4% in 2010. It is important to recognize the economic challenges faced in this county and the surrounding rural Western New York region.

There are 20,101 Wyoming County residents in the labor force, with 20,068 residents of the civilian employed population being 16 years of age and over. The per capita income is $21,762. The median household income is $51,312 and the median family income is $60,183. The most common occupations are management, professional and related occupations (28.8%). Seventy percent of members of the workforce are employed in the private sector, 21% in the public sector and 8% are self employed. Among residents that drive to work, 80% drive alone, 12% carpool, less than 0.5% take limited public transportation and 8% use other means. The average commute to work is 24.6 minutes.

Schools, Libraries and Educational Attainment

Wyoming County has 13 schools within 5 public school districts, 2 faith-based private schools and 9 public libraries. In 2009-2011, the American Community Survey reported that 40% of people 25 years of age and older had at least a high school diploma while 15% had earned a bachelor's degree or higher. Amongst this same population, 14% were considered dropouts. This data is illustrated below.



Migrant Seasonal Workers

An estimated 2,500 to 3,500 seasonal migrant workers, or 6% to 7% of the population, are in the area during growing season and constitute a relatively high proportion of the population during the summer months. Anecdotal information received from the Geneseo Migrant Center, a division of the Genesee Valley Educational Partnership serving Wyoming County, indicates that there are between 800-1,000 migrant workers present throughout the year. This is a decrease from the prior period of Community Health Assessment, due in part to an increase in agricultural technology, particularly in potato farming. Community Action for Wyoming County is closely involved in two current initiatives, both promoting Wyoming County as a desirable place to live, work and raise a family.

The first is the New Americans Campaign, a national network of legal-service providers, faith-based organizations, businesses, foundations and community leaders that is paving a better road to citizenship. The mission of the New Americans Campaign is to modernize and streamline access to naturalization services, so that greater numbers of legally qualified permanent residents take the critical step to becoming American citizens. The second is the Refugee Milker Training Program, a brand new initiative whereby refugees being resettled through the National Resettlement Agency in Rochester, New York are being offered the opportunity to be trained as milkers on dairy farms in Wyoming County. The Health Department works closely with Community Action for Wyoming County, The Geneseo Migrant Center (a division of the Genesee Valley Educational Partnership), and other community-based organizations on these initiatives and other issues, supporting and promoting migrant health.

Inmate Population

Approximately 3,862 or 10% of the total population is incarcerated at either Attica State Prison or Wyoming Correctional Facility.

Section 2: Health Challenges In The Communities:

Tri-County

According to the Tri-County Community Health Assessment Survey conducted during the late winter through early summer of 2013, the top 3 areas of concern for all three counties were:

1. Cancer – 45. 7%
2. Heart Disease/Heart Health/Blood Pressure/Stroke – 44%
3. Depression/Mental Health/Stress – 41.7%

Co-related responses included

1. Diabetes – 36.9%
2. Overweight/Obesity – 36/9%
3. Physical Activity/Fitness – 33.8%

The 2013 County Health Rankings were released in the Spring of 2013 with the three counties showing a variety of ranks depending on the issue focused upon as shown by the table below:

Genesee County

The results of the Community Health Assessment Survey issued in 2013 describe the many diverse health problems and issues Genesee County residents experience. The assessment results also present data on current health status, insurance status, and the concerns residents have about health issues in their community. The data suggests the areas with the greatest health improvement needs in Genesee County are mental health, stress, and substance abuse issues, as well as prevention of chronic diseases, including diabetes, heart disease, and other comorbidities. These issues are consistent with the five health priorities discussed in the New York State Prevention Agenda, a document developed to make New York the healthiest state in the Union. The two priority areas selected from this Agenda are preventing chronic disease and promoting, mental health, both of which will be the central focus of the 2014-2017 Tri-County Community Health Improvement Plan.

848 Genesee County residents self-reported their overall health as excellent (19.97%; 156 responses), good (62.23%; 486 responses), fair (15.62%; 122 responses), or poor (2.18%; 17 responses). When 781 residents reported their health insurance status, 95.39% (or 745 respondents) stated they had health insurance, Medicaid or Medicare, leaving 4.61% uninsured (36 survey respondents). Specifically, out of the 712 who responded, 75.56% (538 respondents) have private insurance, 9.97% (71 respondents) have Medicaid, 20.22% (144 respondents) are covered by Medicare, 7.87% (56 respondents) purchased their health insurance directly from an insurance company, 1.26% (9 respondents) receive health coverage from Child Health Plus, and 1.97% (14 respondents) are covered by Family Health Plus. 774 survey respondents reported that they receive most of their health information from of the following sources (each respondent selected three from a list of sources): Doctor or Medical Provider 82.82% (641 responses); Computer or Internet / Social Media (Facebook / Twitter, etc.) 52.07% (403 responses); Newspaper or Magazine 26.36% (204 responses); Friends and Family 22.35% (173 responses); Television (TV) or Radio 21.45% (166 responses); Work Place 14.34% (111 responses); Health Insurance Company 11.50% (89 responses); School Nurse / School Health Educator / Teacher 5.30% (41 responses); Library 5.17% (40 responses); Social Services 1.16% (9 responses); WIC (Nutrition program for

children and pregnant / nursing women) 0.65% (5 responses); Head Start 0.39% (3 responses).

When asked "*What Health Issues Are You Concerned About?*," 776 Genesee County residents were able to select as few or as many of the 25 issues provided. The responses included the following: Alcohol 97.61% (204 responses); Arthritis 99.61% (253 responses); Asthma/COPD 98.24% (167 response); Cancer 95.65 (462 responses); Children's Health 97.25% (318 responses); Child Safety (Child-proofing) / Stranger Danger / Child Safety Seat 96.89% (218 responses); Cholesterol 97.80% (267 responses); Dental Health 97.79% (266 responses); Depression / Mental Health Issues / Stress 96.95% (382 responses); Diabetes 98.75% (315 responses); Drug Use or Abuse (including prescription and over-the-counter medicines) 96.76% (239 responses); Environment and Housing / Septic / Vermin (rodent control) 95.59% (130 responses); Family Planning / Teen Pregnancy Prevention 97.85% (182 responses); Firearms Safety 97.08% (166 responses); Food Safety / Water Quality / Safety 98.03% (299 responses); Heart Disease / Heart Health / Blood Pressure / Stroke 96.04% (412 responses); HIV / AIDS / Sexually Transmitted Diseases (STDs) 96.67% (145 responses); Immunizations / Prevention of Infectious Diseases (chicken pox, whooping cough (pertussis), influenza (flu), measles, etc.) 97.86% (229 responses); Injury Prevention 98.14% (158 responses); Lead Poisoning 97.78% (88 responses); Nutrition 97.06% (330 responses); Overweight/Obesity 98.61% (427 responses); Physical Activity/Fitness 96.63% (402 responses); Tobacco / Nicotine Products / Second-hand Smoke 97.05% (230 responses); Wound Care 98.98% (97 responses).

For further understanding of health concerns amongst Genesee County respondents, these responses were further disaggregated by the top three most important health issues. Individual respondents provided the following responses to the request "*Check the 3 Most Important Issues For You:*" Alcohol 21.05% (44 responses); Arthritis 31.89% (81 responses); Asthma / COPD 28.24% (48 responses); Cancer 45.96% (222 responses); Children's Health 38.23% (125 responses); Child Safety (Child-proofing) / Stranger Danger / Child Safety Seats 24.44% (55 responses); Cholesterol 24.18% (66 responses); Dental Health 25% (68 responses); Depression / Mental Health Issues / Stress 40.10% (158 responses); Diabetes 38.24% (124 responses); Drug Use or Abuse (including prescription and over-the-counter medicines) 32.79% (81 responses); Environment and Housing / Septic / Vermin (rodent control) 24.26% (33 responses); Family Planning / Teen Pregnancy Prevention 22.04% (41 responses); Firearms Safety 13.45% (23 responses); Food Safety / Water

Quality / Safety 30.16% (92 responses); Heart Disease / Heart Health / Blood Pressure / Stroke 44.99% (193 responses); HIV / AIDS / Sexually Transmitted Diseases (STDs) 16% (24 responses); Immunizations / Prevention of Infectious Diseases (chicken pox, whooping cough (pertussis), influenza (flu), measles, etc.) 17.09% (40 responses); Injury Prevention 16.77% (27 responses); Lead Poisoning 6.67% (6 responses); Nutrition 30% (102 responses); Overweight/Obesity 35.57% (154 responses); Physical Activity / Fitness 35.58% (148 responses); Tobacco / Nicotine Products / Second-hand Smoke 21.52% (51 responses); Wound Care 17.35% (17 responses).

Due to the overwhelming responses of Cancer, Depression / Mental Health Issues / Stress, Diabetes, Heart Disease / Heart Health / Blood Pressure / Stroke, Overweight / Obesity, and Physical Activity / Fitness, the two priority areas selected from the New York State Prevention Agenda for Genesee County to focus on in the 2013-2017 Community Health Improvement Plan are preventing chronic disease and promoting mental health and preventing substance abuse.

Orleans County

Unemployment is high in Orleans County. Several large employers have either shut down or moved their operations out of the county. According to the 2012 United States Department of Labor data as of July 2013, 10.4% of Orleans County labor force is unemployed as compared to NYS excluding NYC at 8.0%. 14.5% Orleans County residents are living at or below poverty level, according to the 2011 crude rate for population living at or below poverty level. And 20.6% of children aged <18 are living at or below poverty level.

The results of the Community Health Assessment Survey issued in 2013 describe the many diverse health problems and issues Orleans County residents experience. The assessment results also present data on current health status, insurance status, and the concerns residents have about health issues in their community. The data suggests the areas with the greatest health improvement needs in Orleans County are mental health, stress, and substance abuse issues, as well as prevention of chronic diseases, including diabetes, heart disease, and other comorbidities. These issues are consistent with the five health priorities discussed in the New York State Prevention Agenda, a document developed to make New York the healthiest state in the Union. The two priority areas selected from this Agenda are preventing chronic disease and promoting mental health, both of which will be the central focus of the 2014-2017 Tri-County Community Health Improvement Plan.

567 Orleans County residents self-reported their overall health as excellent (15.82%; 84 responses), good (64.22%; 341 responses), fair (17.14%; 91 responses), or poor (2.82%; 15 responses). When 528 residents reported their health insurance status, 94.32% (or 498 respondents) stated they had health insurance, Medicaid or Medicare, leaving 5.68% uninsured (30 survey respondents). Specifically, out of the 483 who responded, 72.46% (350 respondents) have private insurance, 12.22% (59 respondents) have Medicaid, 23.60% (114 respondents) are covered by Medicare, 9.94% (48 respondents) purchased their health insurance directly from an insurance company, 1.24% (6 respondents) receive health coverage from Child Health Plus, and 3.11% (15 respondents) are covered by Family Health Plus.

529 survey respondents reported that they receive most of their health information from the following sources (each respondent select up to three from

a list of sources): Doctor or Medical Provider 85.28% (452 responses); Computer or Internet / Social Media (Facebook / Twitter, etc.) 46.42% (246 responses);

Newspaper or Magazine 26.79% (142 responses); Friends and Family 28.68% (152 responses); Television (TV) or Radio 22.45% (119 responses); Work Place 12.26% (65 responses); Health Insurance Company 10.19% (54 responses); Library 5.85% (31 responses); School Nurse / School Health Educator / Teacher 4.34% (23 responses); Social Services 2.26% (12 responses); WIC (Nutrition program for children and pregnant / nursing women) 1.51% (8 responses); Head Start 1.32% (7 responses).

When asked "*What Health Issues Are You Concerned About?*," 523 Orleans County residents were able to select as few or as many of the 25 issues provided. The responses included the following: Alcohol 96.15% (125 responses); Arthritis 96.97% (192 responses); Asthma/COPD 98.31% (116 response); Cancer 97.39% (298 responses); Children's Health 97.42% (227 responses); Child Safety (Child-proofing) / Stranger Danger / Child Safety Seat 95.95% (166 responses); Cholesterol 96.32% (183 responses); Dental Health 96.46% (191 responses); Depression / Mental Health Issues / Stress 98.43% (251 responses); Diabetes 96.71% (206 responses); Drug Use or Abuse (including prescription and over-the-counter medicines) 98.40% (185 responses); Environment and Housing / Septic / Vermin (rodent control) 95.50% (106 responses); Family Planning / Teen Pregnancy Prevention 97.33% (146 responses); Firearms Safety 98.50% (131 responses); Food Safety / Water Quality / Safety 98.44% (189 responses); Heart Disease / Heart Health / Blood Pressure / Stroke 98.02% (297 responses); HIV / AIDS / Sexually Transmitted Diseases (STDs) 97.22% (105 responses); Immunizations / Prevention of Infectious Diseases (chicken pox, whooping cough (pertussis), influenza (flu), measles, etc.) 96.97% (160 responses); Injury Prevention 97.46% (115 responses); Lead Poisoning 96.91% (94 responses); Nutrition 97.37% (222 responses); Overweight/Obesity 96.92% (283 responses); Physical Activity/Fitness 98.51% (364 responses); Tobacco / Nicotine Products / Second-hand Smoke 97.14% (170 responses); Wound Care 94.12% (64 responses).

For further understanding of health concerns amongst Orleans County respondents, these responses were further disaggregated by the top three most important health issues. Individual respondents provided the following responses to the request "*Check the 3 Most Important Issues For You:*" Alcohol 21.54% (28 responses); Arthritis 38.89% (77 responses); Asthma / COPD 25.42% (30 responses); Cancer 40.20% (123 responses); Children's Health 35.19% (82 responses); Child Safety (Child-proofing) / Stranger Danger / Child Safety Seats 26.59% (46 responses); Cholesterol 23.16% (44 responses); Dental Health

21.21% (42 responses); Depression / Mental Health Issues / Stress 40.78% (104 responses); Diabetes 39.44% (84 responses); Drug Use or Abuse (including prescription and over-the-counter medicines) 30.85% (58 responses); Environment and Housing / Septic / Vermin (rodent control) 10.81% (12 responses); Family Planning / Teen Pregnancy Prevention 20.67% (31 responses); Firearms Safety 11.28% (15 responses); Food Safety / Water Quality / Safety 24.48% (47 responses); Heart Disease / Heart Health / Blood Pressure / Stroke 40.26% (122 responses); HIV / AIDS / Sexually Transmitted Diseases (STDs) 13.89% (15 responses); Immunizations / Prevention of Infectious Diseases (chicken pox, whooping cough (pertussis), influenza (flu), measles, etc.) 19.39% (32 responses); Injury Prevention 9.32% (11 responses); Lead Poisoning 10.31% (10 responses); Nutrition 25.44% (58 responses); Overweight/Obesity 35.96% (105 responses); Physical Activity / Fitness 30.60% (82 responses); Tobacco / Nicotine Products / Second-hand Smoke 19.43% (34 responses); Wound Care 11.76% (8 responses).

Due to the overwhelming responses of Cancer, Depression / Mental Health Issues / Stress, Diabetes, Heart Disease / Heart Health / Blood Pressure / Stroke, Overweight / Obesity, and Physical Activity / Fitness, the two priority areas selected from the New York State Prevention Agenda for Orleans County to focus on in the 2013-2017 Community Health Improvement Plan are preventing chronic disease and promoting mental health and preventing substance abuse.

Wyoming County

The results of the Community Health Assessment Survey issued in 2013 describe the many diverse health problems and issues Wyoming County residents experience. The assessment results also present data on current health status, insurance status, and the concerns residents have about health issues in their community. The data suggests the areas with the greatest health improvement needs in Wyoming County are mental health, stress, and substance abuse issues, as well as prevention of chronic diseases, including diabetes, heart disease, and other comorbidities. These issues are consistent with the five health priorities discussed in the New York State Prevention Agenda, a document developed to make New York the healthiest state in the Union. The two priority areas selected from this Agenda are preventing chronic disease and promoting mental health, both of which will be the central focus of the 2014-2017 Tri-County Community Health Improvement Plan.

215 Wyoming County residents self-reported their overall health as excellent (20.59%; 41 responses), good (68.50%; 137 responses), fair (10.50%; 21 responses), or poor (.50%; 1 response). When 199 residents reported their health insurance status, 97.49% (or 194 respondents) stated they had health insurance, Medicaid or Medicare, leaving 2.51% uninsured (5 survey respondents). Specifically, out of the 188 who responded, 90.96% (171 respondents) have private insurance, 1.60% (3 respondents) have Medicaid, 7.98% (15 respondents) are covered by Medicare, 5.85% (11 respondents) purchased their health insurance directly from an insurance company, 2.13% (4 respondents) receive health coverage from Child Health Plus, and .53% (1 respondent) are covered by Family Health Plus.

198 survey respondents reported that they receive most of their health information from the following sources (each respondent select up to three from a list of sources): Doctor or Medical Provider 87.37% (173 responses); Computer or Internet / Social Media (Facebook / Twitter, etc.) 52.53% (104 responses); Newspaper or Magazine 27.27% (54 responses); Work Place 17.68% (35 responses); Television (TV) or Radio 17.17% (34 responses); Friends and Family 15.66% (31 responses); Health Insurance Company 11.11% (22 responses); Library 3.54% (7 responses); School Nurse / School Health Educator / Teacher 1.52% (3 responses); WIC (Nutrition program for children and pregnant / nursing women) .51% (1 response); Social Services 0% (0 responses); Head Start 0% (0 responses).

When asked "*What Health Issues Are You Concerned About?*," 194 Wyoming County residents were able to select as few or as many of the 25 issues provided. The responses included the following: Alcohol 98.31% (58 responses); Arthritis 98.41% (62 responses); Asthma/COPD 100% (48 response); Cancer 96.53% (139 responses); Children's Health 97.47% (77 responses); Child Safety (Child-proofing) / Stranger Danger / Child Safety Seat 100% (48 responses); Cholesterol 98.48% (65 responses); Dental Health 100% (68 responses); Depression / Mental Health Issues / Stress 95.61% (109 responses); Diabetes 98.84% (85 responses); Drug Use or Abuse (including prescription and over-the-counter medicines) 97.50% (78 responses); Environment and Housing / Septic / Vermin (rodent control) 100% (38 responses); Family Planning / Teen Pregnancy Prevention 100% (53 responses); Firearms Safety 100% (42 responses); Food Safety / Water Quality / Safety 98.82% (84 responses); Heart Disease / Heart Health / Blood Pressure / Stroke 99.12% (112 responses); HIV / AIDS / Sexually Transmitted Diseases (STDs) 100% (36 responses); Immunizations / Prevention of Infectious Diseases (chicken pox, whooping cough (pertussis), influenza (flu), measles, etc.) 98.08% (51 responses); Injury Prevention 97.06% (33 responses); Lead Poisoning 100% (24 responses); Nutrition 97.56% (80 responses); Overweight/Obesity 96.58% (113 responses); Physical Activity/Fitness 97.32% (109 responses); Tobacco / Nicotine Products / Second-hand Smoke 100% (76 responses); Wound Care 100% (17 responses).

For further understanding of health concerns amongst Wyoming County respondents, these responses were further disaggregated by the top three most important health issues. Individual respondents provided the following responses to the request "*Check the 3 Most Important Issues For You:*" Alcohol 25.42% (15 responses); Arthritis 22.22% (14 responses); Asthma / COPD 37.50% (18 responses); Cancer 57.64% (83 responses); Children's Health 29.11% (23 responses); Child Safety (Child-proofing) / Stranger Danger / Child Safety Seats 18.75% (9 responses); Cholesterol 15.15% (10 responses); Dental Health 19.12% (13 responses); Depression / Mental Health Issues / Stress 46.49% (53 responses); Diabetes 30.23% (26 responses); Drug Use or Abuse (including prescription and over-the-counter medicines) 37.50% (30 responses); Environment and Housing / Septic / Vermin (rodent control) 21.05% (8 responses); Family Planning / Teen Pregnancy Prevention 13.21% (7 responses); Firearms Safety 14.29% (6 responses); Food Safety / Water Quality / Safety 30.59% (26 responses); Heart Disease / Heart Health / Blood Pressure / Stroke 51.33% (58 responses); HIV / AIDS / Sexually Transmitted Diseases (STDs) 16.67% (6 responses); Immunizations / Prevention of Infectious Diseases (chicken pox, whooping cough (pertussis), influenza (flu), measles, etc.) 17.31%

(9 responses); Injury Prevention 2.94% (1 response); Lead Poisoning 4.17% (1 response); Nutrition 26.83% (22 responses); Overweight/Obesity 41.03% (48 responses); Physical Activity / Fitness 34.82% (39 responses); Tobacco / Nicotine Products / Second-hand Smoke 15.79% (12 responses); Wound Care 5.88% (1 response).

Due to the overwhelming responses of Cancer, Depression / Mental Health Issues / Stress, Diabetes, Heart Disease / Heart Health / Blood Pressure / Stroke, Overweight / Obesity, and Physical Activity / Fitness, the two priority areas selected from the New York State Prevention Agenda for Wyoming County to focus on in the 2013-2017 Community Health Improvement Plan are preventing chronic disease and promoting mental health and preventing substance abuse.

Section 3: Local Health Unit Capacity Profile

Tri-County:

This section celebrates the different resources as well as some shared resources throughout the Tri-County region.

Genesee County Local Health Unit Capacity Profile

Genesee County Vision

The optimal health, safety, and wellness, are attained and maintained for the citizens of Genesee County

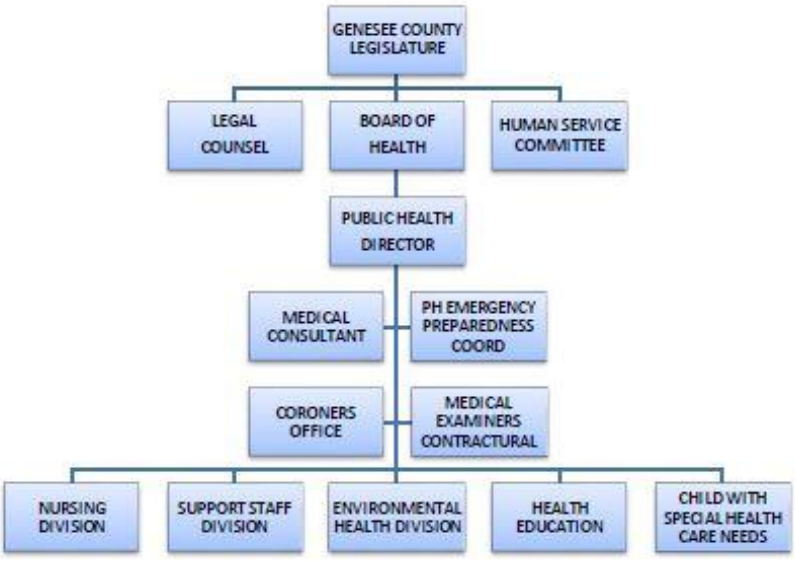
Genesee County Mission

To build community collaboration in promoting health, preventing disease, protecting the environment, education, surveillance, intervention, and commitment to the principles of public health practices to achieve optimal health status for the citizens of Genesee County.

Genesee County Values

Caring
Service
Respect
Integrity
Education
Fellowship

Genesee County Health Department Organizational Chart



The Genesee County Health Department (GCHD) is one of 27 county departments reporting to the Genesee County Legislature. All County Departments shall be prepared to present an annual report of their department to the County Legislature by the last meeting in January of each year. The legislators are appointed or re-appointed to special assignments, bi-annually following election. Members of the Legislature elect the Chairman and Vice-Chairman every two years. A member of the Human Services Committee is appointed as a voting member of the Genesee County Board of Health. The other six Board of Health members are appointed for six year terms, on a staggered schedule. The Genesee County Health Department typically reports to the Genesee County Board of Health on a monthly basis, or more frequently as may be needed.

The Genesee County Health Department is generally staffed in seven separate and distinct units or teams within the Department, that is: Public Health Nursing, Environmental Health, Children with Special Health Care Needs / Early Intervention, Health Education, Public Emergency Preparedness, Administration / Clerical and Coroner's Office. Staff from each unit or team report to a member of the administrative team possessing management skills and technical ability in their respective program areas. Most staff members have experience in multiple program areas besides those currently assigned, in order to ensure the department is not vulnerable to single points of failure in the delivery of public health services. Due to several retirements, limited

remaining staff is required to meet day-to-day responsibilities. The Health Department is actively seeking appropriate candidates to increase staffing to more appropriate levels. It is considered that county employment is steady and desirable and working for the County Health Department is particularly so.

Regular full staff meetings typically occur monthly in order to provide input and share information among staff. Full staff meetings also provide an opportunity for staff to discuss Cross-jurisdictional updates between Genesee and Orleans County Health Departments and use the time for brainstorming and team building. The Leadership Team (made up of Public Health Director, Deputy Director / Environmental Director, Administrative Budget Officer, Executive Assistant, Director of Patient Services, Early Intervention Coordinator, Health Educator and Public Health Emergency Preparedness Coordinator) meets regularly to discuss staff issues, share team projects, brainstorm, and assess progress, barriers and opportunities. Periodic team staff meetings are conducted as needed to discuss specific team-related matters.

Program responsibilities across all lines of business are carried out according to established GCHD policy and procedure under guidance from the New York State Department of Health (NYSDOH). Public Health Nursing programs are assigned to generally, as follows, with backup in place for all programs, to ensure consistency in the event of staff turnover:

- Immunization & Lead
- Public Health Emergency Response / SNS
- TB / HIV / Hepatitis / STD
- Communicable Disease
- Maternal Child Health
- Migrant Health
- Human Rabies Exposure Treatment

The Health Department actively seeks grants individually, and with partner agencies in order to bring needed services to Genesee County residents. Currently, the Department participates in the following grant programs:

- Lead Poisoning Prevention
- Immunization
- Emergency Preparedness
- Adolescent Tobacco Use Prevention (ATUPA)
- Early Intervention
- Children with Special Health Care Needs
- Drinking Water Enhancement
- Zoonoses

Genesee County assists the Genesee Orleans Cancer Services Program. In the Fall of 2013, Lake Plains Community Care Network and Neighborhood Legal Services have received Navigators to enroll uninsured and underinsured residents of Genesee County in affordable health insurance programs, in a unbiased manner. The Health Department will assist with the promotion of this new program as appropriate. Further, Health Department expects to shortly begin participating in the Maternal and Infant Health Initiative, awarded in August, 2013; this new program will place community health workers in Genesee, Orleans, Wyoming, Cattaraugus and Allegany Counties.

Geographically, Genesee County is generally square and flat; Public Health Nurses are able to travel the county as needed to follow-up on communicable disease reports, provide well baby visits, limited migrant outreach and conduct home visits. Environmental Staff are assigned sections of the county to provide inspections, respond to complaints and evaluate compliance of various laws as appropriate. Health Education is an assignment of all staff, and is coordinated by the Public Health Educator, in their respective areas. Several departmental staff are members of multiple coalitions, organizational advisory boards and/or other community-based and human services departments to ensure that LHU staff stays connected to our program partners.

All staff members are encouraged to avail themselves of continuing education opportunities and available training. The Genesee County Board of Health and Legislative Health Committee have been supportive of the Health Department's responsibility to access continuing education and available training; there is currently no restriction on out-of-county travel or overnight travel, despite challenging economic conditions, although all travel is subject to approval and available funding.

Genesee County Health Department works cooperatively with many human service organizations, faith-based organizations and businesses on a regular basis. Organization information is located in Appendix B (a more comprehensive listing will be updated prior to publication). It is the intention of this department that a GIS map will be added to this document as a future enhancement.

Basic Service Area: Genesee County Family Health

Primary and Preventive Health Care Services: Cross-referral of locally available services, including among local health department programs occurs continuously. For children and adolescents under age 21, the Health Department maintains a list of

pediatric primary care providers and links families of children and newborn children with needed services.

Services provided by the Health Department and partner organizations / providers include: Early Intervention, Children with Special Healthcare Needs, Lead Screening, Immunization, Denver Developmental Screenings and others.

Lead Poisoning: Data from the NYSDOH indicates a med-low to medium case rate of Genesee County children screened before age 6 years with a newly confirmed blood lead level (1.2% as compared to NYS excluding NYC 1.1%). Genesee County also has lower screening rates in the cohort years of 2004-2007 excluding NYS for children tested around 1 year of age, Genesee County was at 33.7%, however for children tested around 2 years of age, 47.4% and slightly higher as compared to NYS at 56.9% and 46% respectively.

Efforts to improve screening rates locally will continue in partnership with area physicians and practices and NYSDOH and the local lead poisoning prevention coalition. Lead screening rates among children by the age of two have improved since the last period of community health assessment. According to this year's community health assessment survey, 97.78% of Genesee County respondents stated Lead Poisoning was a concern for them, however only 6.67% listed it as a top 3 concern. Although lead poisoning was not determined to be a priority, given the age of owner occupied housing stock in Genesee County (48.1% build prior to 1950) , the Health Department will continue working with local healthcare providers, the local lead coalition and parents / caregivers to improve the rates of lead screening among children.

Prenatal Care and Infant Mortality: Data from the NYSDOH Maternal and Infant Health Indicators – Genesee County (2009-2011) indicates that Genesee County's percentage of births with early prenatal care, 3 year average, of 75.9% is near the Upstate New York rate of 76.1% (excluding NYC) and has been roughly stable through the years. Further, there were reported 89.7% of pregnant women in WIC with early / 1st trimester prenatal care versus NYS rate, exclusive of NYC at 87.2%, suggesting a strong utilization of the WIC program by women with low socioeconomic status in Genesee County. The Oak Orchard Community Health Center has primary program responsibility for the WIC Program located in Genesee County with a regular clinic site in Batavia, the county seat, and pick-up sites in Corfu, LeRoy and the Tonawanda Reservation. The program ensures eligible residents have ready access to this vital program which provides supplemental food to expectant mothers and young children, based on income eligibility.

Other maternal and infant health indicators (including mortality rates per 1,000 live births, low birth weight births, premature births and APGAR score <6) in Genesee

County are generally favorable when compared to NYS rates, exclusive of NYC, except for infant mortality rates per 1,000 live births and APGAR score <6.

The Genesee County Health Departmental receives notification of all births to families in Genesee County. The only local hospital, United Memorial Medical Center (UMMC) provides obstetrical care for Orleans County as well. Public Health Nurses continue to conduct maternal child home visits to provide information and education to mothers and families of newborn children on topics such as Lead Poisoning Prevention, Immunization, Injury Prevention, Newborn Care, Hazards of Second Hand Smoke, "Back to Sleep", Early Intervention, WIC and other community resources.

Family Planning: The Genesee County Health Department has a reproductive health clinic offering free walk-in STD / HIV Clinic. Public Health Nurses investigate, counsel and refer individuals requesting STD testing to their personal physician as needed. Free and confidential HIV/AIDS testing and counseling is available at the Health Department.

The teenage pregnancy rate per 1,000 females (age 15-19) in Genesee County in 2011 was 30.6 as compared to NYS excluding NYC at 30.8 which is lower than 2010, but continues to be fairly stable over the last few years. The Health Department is a partner with ACT-Helping Youth Act Responsibility, (ACT) the teen pregnancy prevention program of Community Action of Orleans and Genesee, Inc. ACT provides education and outreach to Genesee and Orleans County schools (as permitted).

Nutrition / Physical Activity: The Genesee County Health Department partners with UMMC Healthy Living program in providing educational programs including Diabetes Support Groups, presentations to children, community organizations, and businesses as requested. Referrals are also made to Genesee County Cornell Cooperative Extension for healthy eating, food preservation classes. According to the Age-adjusted percentage of adults overweight or obese (BMI 25 or higher) Source: 2008-2009 NYS Expanded Behavioral Risk Factor Surveillance System Data as of 2010, Genesee County has 63.5% adults reported having BMI 25 or higher as compared to NYS at 59.3%. During the 2013 Community Health Assessment Survey, 55.21% of Genesee County residents who responded to the question 'How often do you participate in physical activity or exercise for 30 minutes or more?' answered no activity beyond regular daily activities, I try to add physical activity where possible (talking the stairs, etc.) and up to 1-3 times per week.

When asked how many servings combined of fruits and vegetables are eaten on average each day, 68.48% of Genesee County residents responded by choosing 0, 1, 2 or 3. Of those responding to 'what keeps you from eating more fruits and vegetables every day?' 61.93% responded cost and 17.77% responded lack of access as barriers to eating more fruits and vegetables.

Orleans County Local Health Unit Capacity Profile

Orleans County Vision

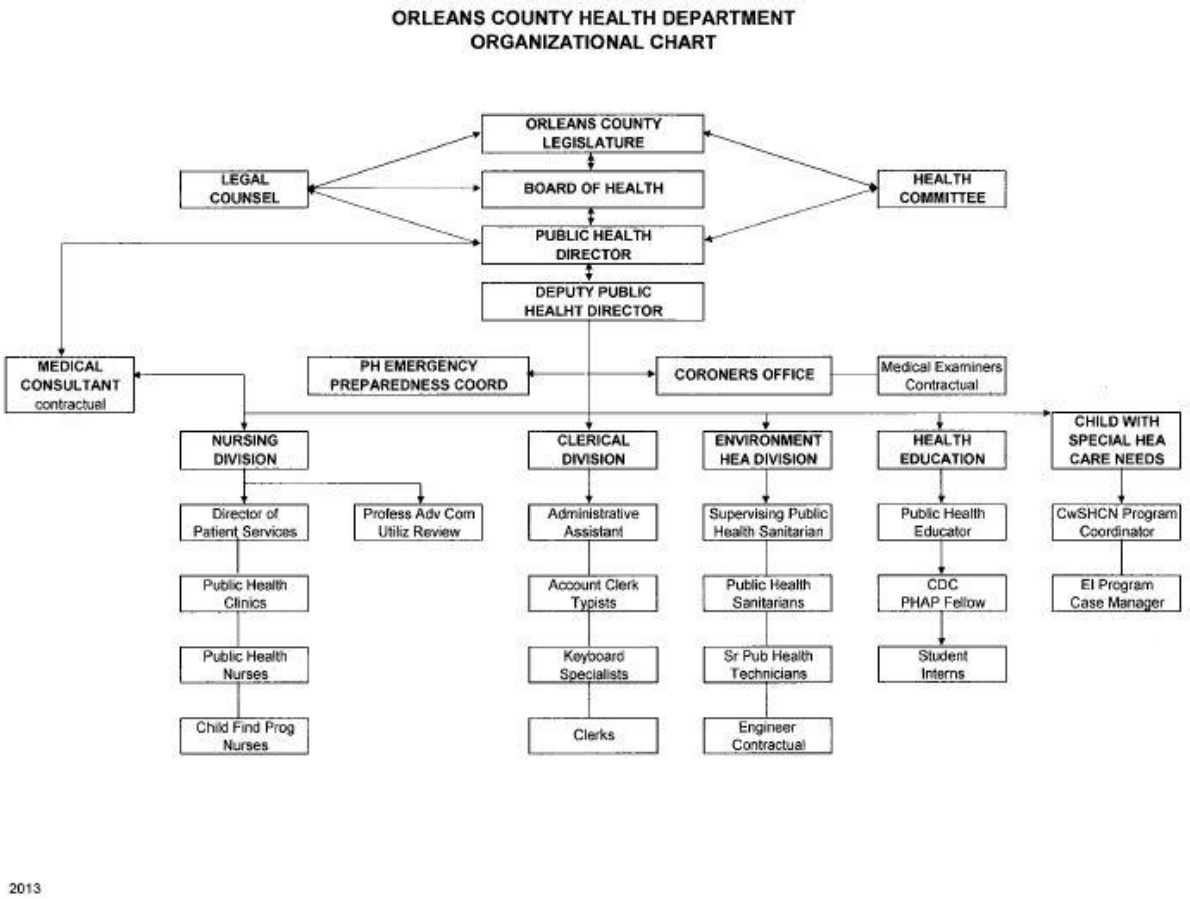
Healthy People in Healthy Communities

Orleans County Mission

The Orleans County Health Department empowers county residents to achieve optimal health, wellness and safety, both individually and as a community, through innovative leadership, advocacy and education. We are here for Orleans County residents to Promote, Protect and Prevent!

Orleans County Values

Integrity
Cohesiveness
Accountability
Respect
Excellence



The Orleans County Health Department (OCHD) is one of 35 county departments reporting to the Orleans County Legislature. Each county department is assigned to report to a sub-committee of the Legislature via monthly meetings; the Health Committee is made up of three legislators, Arc of Orleans, Mental Health, Nursing Home and Public Health. The legislators are appointed or re-appointed to committee membership, annually. Members of the Legislature elect the Chairman and Vice-Chairman every two years. A member of the Health Committee is appointed as a voting member of the Orleans County Board of Health with a second Legislator appointed as a non-voting 2nd Legislative Member. The other six Board of Health members are appointed for six year terms, on a staggered schedule. The Orleans County Health Department reports to the Orleans County Legislative Health Committee and a minimum of 10 times per year to the Orleans County Board of Health, or more frequently as may be needed for special enforcement proceedings.

The Orleans County Health Department is generally staffed in seven separate and distinct units within the Department, that is: Public Health Nursing, Environmental Health, Children with Special Health Care Needs / Early Intervention, Health Education

Public Health Emergency Preparedness / VALOR Medical Reserve Corps, Administration / Clerical, and Coroner's Office. Staff from each unit or team report to a member of the administrative team possessing management skills and technical ability in their respective program areas. Most staff members have experience in multiple program areas besides those currently assigned, in order to ensure the department is not vulnerable to single points of failure in the delivery of public health services. Attrition among full time Health Department staff is low as the County of Orleans is considered to be a desirable local employer and the Health Department particularly so.

Regular team staff meetings occur in order to provide input and share information among staff. The Administrative Team (made up of the Public Health Director, Deputy Director / Environmental Director, Administrative Assistant, Director of Patient Services, Supervising Senior Sanitarian, Early Intervention Coordinator, Health Educator and Public Health Emergency Preparedness Coordinator) meets regularly to discuss staff issues, share team projects, brainstorm, and assess progress, barriers and opportunities. Monthly full staff meetings assist with information sharing, updates on the Cross-jurisdictional study between Orleans and Genesee County Health Departments, and use the time for brainstorming, looking at successes and barriers and trainings.

Program responsibilities across all lines of business are carried out according to established OCHD policy and procedure under guidance from the New York State Department of Health. Public Health Nursing Programs are assigned generally, as follows, with backup in place for all programs, to ensure consistency in the event of staff turnover:

- Immunization & Lead
- Public Health Emergency Response / SNS
- TB / HIV / Hepatitis
- Communicable Disease
- Maternal Child Health
- Migrant Health
- Rabies

The Health Department actively seeks grants individually, and with partner agencies in order to bring needed services to Orleans County residents. Currently, the Department participates in the following grant programs:

- Lead Poisoning Prevention
- Immunization
- Emergency Preparedness
- Adolescent Tobacco Use Prevention (ATUPA)

- Early Intervention
- Children with Special Health Care Needs
- Drinking Water Enhancement
- Zoonoses

Orleans County assists the Genesee Orleans Cancer Services Program. In the Fall of 2013, Orleans Community Health has received a Navigator through the Lake Plains Community Care Network to enroll uninsured and underinsured residents of Orleans County in affordable health insurance programs, in a unbiased manner. The Health Department will assist with the promotion of this new program as appropriate. Further, Health Department expects to shortly begin participating in the Maternal and Infant Health Initiative, awarded in August, 2013; this new program will place community health workers in Genesee, Orleans, Wyoming, Cattaraugus and Allegany Counties.

Geographically, Orleans County is generally square and flat; Public Health Nurses are able to travel the county as needed to follow-up on communicable disease reports, provide well baby visits, migrant outreach and conduct home visits as appropriate. Environmental Staff are assigned sections of the county to provide inspections, respond to complaints and evaluate compliance of various laws as appropriate. Health Education is an assignment of all staff, coordinated by the Public Health Educator, in their respective areas. Several departmental staff are members of multiple coalitions, organizational advisory boards and/or other community-based and human services departments to ensure that LHU staff stays connected to our program partners.

All staff members are encouraged to avail themselves of continuing education opportunities and available training. The Orleans County Board of Health and Legislative Health Committee have been supportive of the Health Department's responsibility to access continuing education and available training; there is currently no restriction on out-of-county travel or overnight travel, despite challenging economic conditions, although all travel is subject to approval and available funding.

Orleans County Health Department works cooperatively with many human service organizations, faith-based organizations and businesses on a regular basis. Organization information is located in Appendix C. It is the intention of this department that a GIS map will be added to this document as a future enhancement.

Basic Service Area: Orleans County Family Health

Primary and Preventive Health Care Services: Cross-referral of locally available services, including among local health department programs occurs continuously. For children and adolescents under age 21, the Health Department maintains a list of pediatric primary care providers and links families of children and newborn children with needed services.

Services provided by the Health Department and partner organizations / providers include: Early Intervention, Children with Special Healthcare Needs, Lead Screening, Immunization, Denver Developmental Screenings and others.

Lead Poisoning: Data from the NYSDOH indicates a medium case rate of Orleans County children screened before age 6 years with a newly confirmed blood lead level (2.7% as compared to NYS excluding NYC 1.1%). Orleans County also has lower screening rates in the cohort years of 2004-2007 excluding NYC: for children tested around 1 year of age, Orleans County was at 52.1% and children tested around 2 years of age, 31.9% as compared to NYS at 56.9% and 46% respectively.

Efforts to improve screening rates locally will continue in partnership with area physicians and practices and NYSDOH and the local lead poisoning prevention coalition. Lead screening rates among children by the age of two have improved since the last period of community health assessment. According to this year's community health assessment survey, 96.91% of Orleans County respondents stated Lead Poisoning was a concern for them, however only 10.31% listed it as a top 3 concern. Although lead poisoning was not determined to be a priority, given the age of owner occupied housing stock in Orleans County (51.4% build prior to 1950) , the Health Department will continue working with local healthcare providers, the local lead coalition and parents / caregivers to improve the rates of lead screening among children.

Prenatal Care and Infant Mortality: Data from the NYSDOH Maternal and Infant Health Indicators – Orleans County (2009-2011) indicates that Orleans County's percentage of births with early prenatal care, 3 year average, of 75.7% is near the Upstate New York rate of 76.1% (excluding NYC) and has been roughly stable through the years. Further, there were reported 91.2% of pregnant women in WIC with early / 1st trimester prenatal care versus NYS rate, exclusive of NYC at 87.2%, suggesting a strong utilization of the WIC program by low socioeconomic status women in Orleans County. The Oak Orchard Community Health Center has primary program responsibility for the WIC Program located in Orleans County with a regular clinic site in Albion, the county seat, and a pick-up site in Medina. The program ensures eligible residents have ready

access to this vital program which provides supplemental food to expectant mothers and young children, based on income eligibility.

Other maternal and infant health indicators (including mortality rates per 1,000 live births, low birth weight births, premature births and APGAR score <6) in Orleans County are generally favorable when compared to NYS rates, exclusive of NYC, however small sample sizes make the statistics unstable and should be interpreted with care[3].

The Orleans County Health Department receives notification of all births to families in Orleans County. The only local hospital, Orleans Community Health, no longer has an obstetrics unit; therefore all births are located outside the county with a minimum 30 minute travel time depending on location. Public Health Nurses continue to conduct maternal child home visits to provide information and education to mothers and families of newborn children on topics such as Lead Poisoning Prevention, Immunization, Injury Prevention, Newborn Care, Hazards of Second Hand Smoke, "Back to Sleep", Early Intervention, WIC and other community resources.

Family Planning: The Orleans County Health Department does not have a family planning clinic or a reproductive health clinic. Public Health Nurses investigate, counsel and refer individuals requesting STD testing to their personal physician or Planned Parenthood which is located in Batavia, NY (Genesee County., a minimum 30 minute drive depending on location / weather) or CareNet Center of Greater Orleans, located in Albion. Free and confidential HIV/AIDS testing and counseling is available at the Health Department.

The teenage pregnancy rate per 1,000 females (age 15-19) in Orleans County in 2011 was 39.0 as compared to NYS excluding NYC at 30.8. which is slightly higher than 2010, but continues to be fairly stable over the last few years. The Health Department is a partner with ACT-Helping Youth Act Responsibility, (ACT) the teen pregnancy prevention program of Community Action of Orleans and Genesee, Inc. ACT provides education and outreach to Orleans and Genesee County schools (as permitted) and Orleans County probation and mental health youth programs.

Nutrition / Physical Activity: The Orleans County Health Department partners with Orleans Community Health Community Partners program in providing educational programs including Diabetes Support Groups, presentations to children, community organizations, businesses as requested. Referrals are also made to Orleans County Cornell Cooperative Extension for healthy eating, food preservation classes. The Healthy Orleans Network (HON) is a coalition (members are decision makers for human service agencies, schools, faith-based organizations and businesses – See Appendix

C) working together to provide awareness of community services related to healthy living.

According to the Age-adjusted percentage of adults overweight or obese (BMI 25 or higher) Source: 2008-2009 NYS Expanded Behavioral Risk Factor Surveillance System Data as of 2010, Orleans County has 63.0% adults reported having BMI 25 or higher as compared to NYS at 59.3%. During the 2013 Community Health Assessment Survey, 54.98% of Orleans County residents who responded to the question 'How often do you participate in physical activity or exercise for 30 minutes or more?' answered no activity beyond regular daily activities, I try to add physical activity where possible (talking the stairs, etc.) and up to 1-3 times per week.

When asked how many servings combined of fruits and vegetables are eaten on average each day, 74.11% of Orleans County residents responded by choosing 0, 1, 2 or 3. Of those responding to 'what keeps you from eating more fruits and vegetables every day?' 58.27% responded cost and 19.08% responded lack of access as barriers to eating more fruits and vegetables.

Injury Prevention: The Orleans County Office for the Aging provides Home Modification Assessments to assess homes for adaptations to make senior residents' homes safe as they age. The Orleans County Sheriff's Department and New York State Police provide car seat safety inspections as well as Child ID programs for county residents. In the past, the Health Department has assisted Community Action of Orleans and Genesee County, Inc. with bicycle safety information and bike helmet fittings during children's programs. The Public Health Educator is executive board president for MHA of Orleans County and co-chair of the Suicide Prevention Coalition of Orleans County. Trends of motor vehicle crashes, homicides, suicides and unintentional deaths are reviewed from local news reports and coroner's reports.

The age-adjusted suicide mortality rate per 100,000 for 2011 is 19.7 as compared to NYS excluding NYC at 9.8. The age-adjusted rate per 10,000 for self-inflicted injury hospitalization for 2011 in Orleans County is 6.8 as compared to NYS excluding NYC at 7.0.

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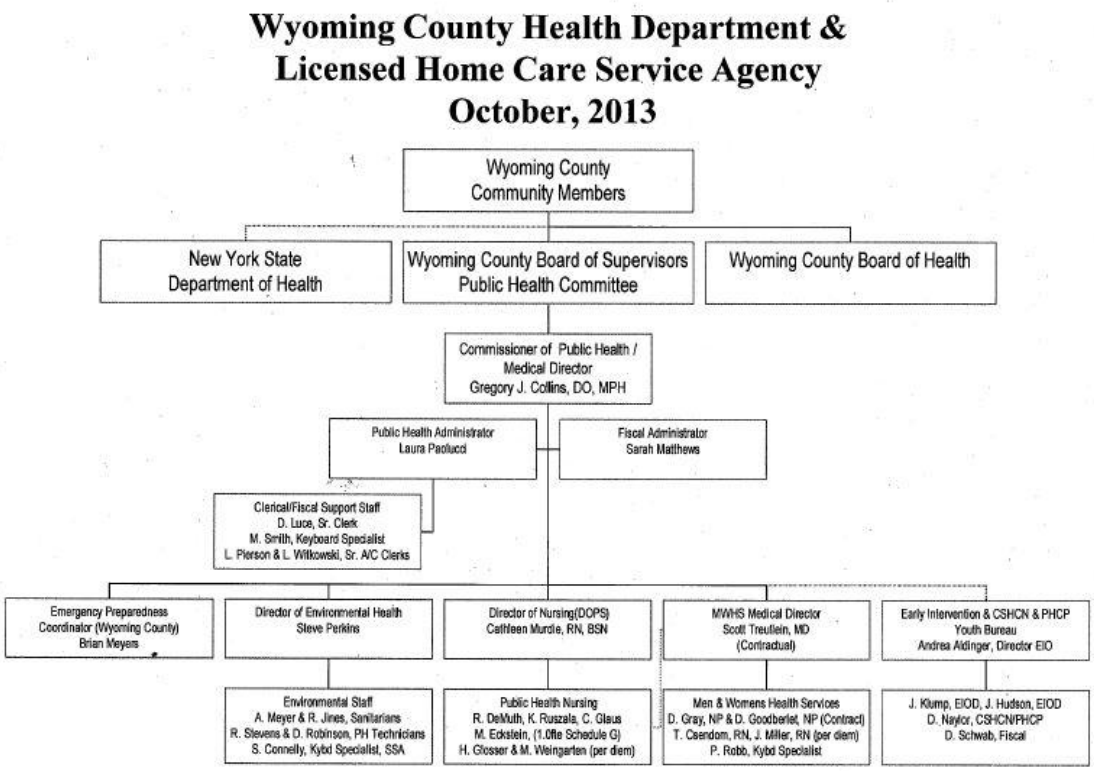
Wyoming County Local Health Unit Capacity Profile

Wyoming County Vision

Healthy People in Healthy Communities

Wyoming County Mission

To ensure the optimal health of the community through promoting physical and mental health and preventing disease, injury and disability through on-going surveillance and dedication to excellence and value in the provision of community-based services.



The Wyoming County Health Department (WCHD) is one of approximately thirty county departments reporting to the Wyoming County Board of Supervisors. Each county department is assigned to report to a sub-committee of the Board of Supervisors via monthly meetings; the Public Health Committee is made up of eight Town Supervisor members, each of whom are appointed or re-appointed to committee membership, annually. The Chairman or Vice Chairman of the Public Health Committee is appointed annually to a one year term as the Supervisor member of the Wyoming County Board of Health. The other six Board of Health members are appointed for six year terms, on a staggered schedule. The Wyoming County Health Department reports on all program areas, including administrative and fiscal to both entities; monthly to the Wyoming County Board of Supervisors Public Health Committee and quarterly to the Wyoming County Board of Health, or more frequently as may be needed for special enforcement proceedings.

The Wyoming County Health Department is generally staffed in four separate and distinct units within the Department, that is: Public Health Nursing, Men's & Women's Reproductive Health Services, Environmental Health, Public Health Preparedness. Staff from each division report to a member of the administration (Admin) team possessing management skills and technical ability in their respective program areas. Most staff members have experience in multiple program areas besides those currently assigned, in order to ensure the department is not vulnerable to single points of failure in the delivery of public health services. Attrition among full time Health Department staff is low, as the County of Wyoming is considered to be a desirable local employer and the Health Department particularly so.

Regular division staff meetings occur in order to provide input and share information among staff. The Administrative Team (made up of the Commissioner of Public Health, Public Health Administrator, Fiscal Administrator, Director of Nursing, Director of Environmental Health and MWHS Nurse Practitioner) conducts annual strategic planning meetings to design delivery of public health programs for the short term (one year), mid-term (two years) and longer term (three to five years). The Admin Team meets periodically throughout the year to assess progress against goals, barriers and opportunities and to share information & updates.

Program responsibilities across all lines of business are carried out according to established WCHD policy and procedure under guidance from the New York State Department of Health. Public Health Nursing Programs are assigned generally, as follows, with backup in place for all programs, to ensure consistency in the event of staff turnover:

- Cancer Services
- Immunization & Lead
- Public Health Emergency Response
- TB / HIV / Hepatitis
- Communicable Disease
- Maternal Child Health
- Child Passenger Safety Seats
- Rabies
- Chronic Disease

The Health Department actively seeks grants individually, and with partner agencies in order to bring needed services to Wyoming County residents. Currently, the Department participates in the following grant programs:

- Lead Poisoning Prevention
- Immunization
- Cancer Services Program (with Livingston County Health Department)
- WIC (with Livingston County Health Department)
- Child Passenger Safety Seat (with Wyoming County Sheriff's Department)
- Emergency Preparedness (with Wyoming County Community Health System)
- Office of Homeland Security (with Wyoming Emergency Services & Sheriff's Departments)
- Adolescent Tobacco Use Prevention (ATUPA)
- Early Intervention (with the Wyoming County Youth Bureau)
- Children with Special Health Care Needs (with the Wyoming County Youth Bureau)
- Drinking Water Enhancement
- Zoonoses
- Title X / Family Planning
- Navigator (with Community Action and the Chamber of Commerce)

The NYSDOH Office of Health Insurance Program Navigator grant is new in 2013. It represents an opportunity to capitalize on the network of the Health Department to enroll uninsured and underinsured residents of Wyoming County in affordable health insurance programs, in an unbiased manner. The Navigator grant award was extremely opportune, providing the Health Department the means to use administrative capacity, resulting from the sale of the Certified Home Health Agency, productively and for the benefit of Wyoming County residents. Further, the Health Department expects to shortly begin participating in the Maternal and Infant Health Initiative, awarded in August, 2013; this new program will place community health workers in Genesee, Orleans, Wyoming, Cattaraugus and Allegany Counties.

Wyoming County is generally square with rolling hills geographically; each Public Health Nurse is assigned a region of the county to follow-up on communicable disease reports, provide health education and conduct home visits, as needed. Health Education is an assignment of all Public Health Nurses, in their respective program areas. All Public Health Nurses and members of the Administrative Team are members of multiple coalitions and organizational advisory boards for other community-based organizations and human services departments to ensure that LHU staff stays connected to our program partners.

All staff members are encouraged to avail themselves of continuing education opportunities and available training. The Wyoming County Board of Supervisors Public Health Committee has been supportive of the Health Department's responsibility to access continuing education and available training; there is currently no restriction on out-of-county travel or overnight travel, despite challenging economic conditions, although travel is subject to approval and available funding.

Wyoming County Health Department works cooperatively with many human service organizations, faith-based organizations and businesses on a regular basis. Organization information is located in Appendix D. It is the intention of this department that a GIS map will be added to this document as a future enhancement.

Basic Service Area: Wyoming County Family Health

Primary and Preventive Health Care Services: Cross-referral of locally available services, including among local health department programs occurs continuously. For children and adolescents under age 21, the health department maintains a list of pediatric primary care providers and links families of children with newborn children with needed services.

Services provided by the health department and partner organizations / providers include: Early Intervention, Children With Special Healthcare Needs and the Physically Handicapped Children's Program, Lead Screening, Immunization, Denver Developmental Screenings and others.

Lead Poisoning: Data from the NYSDOH indicates a low case rate of Wyoming County children screened before age 6 years with a newly confirmed blood lead level at 10u/dL or greater (1.1% versus 1.3% statewide excluding NYC)l, although n<20, making an

unstable statistic). Wyoming County also has lower screening rates in the cohort years of 2003 & 2004 of 75.2% versus 81.9% statewide exclusive of NYC.

Efforts to improve screening rates locally will continue in partnership with area physicians and practices and NYS Department of Health and the local lead poisoning prevention coalition. Lead screening rates among children by the age of two have improved since the last period of community health assessment. Low lead screening rates was an identified area of concern for Wyoming County residents and a priority program area for the LHU from 2005-2010, particularly given the age of owner occupied housing stock in Wyoming County. The health department will continue working with local healthcare providers, the local lead coalition and parents / caregivers to improve the rates of lead screening among children.

Prenatal Care and Infant Mortality: Data from the NYSDOH Maternal and Infant Health Indicators – Wyoming County (2008-2010) indicates that Wyoming County's percentage of births with early prenatal care of 79.8% is better than the Upstate New York rate of 75.2% and is roughly stable since the last period of community health assessment. Further there were reported 92.8% of pregnant women in WIC with early / 1st trimester prenatal care versus the NYS rate, exclusive of NYC at 86.1%, suggesting a strong utilization of the WIC program by low socioeconomic status women in Wyoming County. The Livingston County Department of Health has primary program responsibility for the Livingston-Wyoming WIC Program, which has regular clinic sites throughout Wyoming County to ensure eligible residents have ready access to this vital program which provides supplemental food to expectant mothers and young children, based on income eligibility. WIC clinics are offered throughout Wyoming County at sites in Warsaw, Perry and Arcade.

Other maternal and infant health indicators (including mortality rates per 1,000 live births, low birth weight births, premature births and APGAR score <6) in Wyoming County are generally favorable when compared to NYS rates, exclusive of NYC, however small sample sizes make the statistics unstable and should be interpreted with care.

The Wyoming County Health Department receives notification of all births to families in Wyoming County. Public Health Nurses continue to conduct maternal child home visits to provide information and education to mothers and families of newborn children on topics such as Lead Poisoning Prevention, Immunization, Injury Prevention, Newborn Care, Hazards of Second Hand Smoke, "Back to Sleep", Early Intervention, WIC and other community resources, etc.

Family Planning: The Wyoming County Health Department receives Title X funding to operate the Men's & Women's Health Services (MWHS), a family planning clinic in Warsaw, New York with a satellite location in Attica, New York, a zip code previously designated at increased risk due to higher rates of teenage pregnancy. The Men's and Women's Reproductive Health Services Clinic continues to be a vital service and a source of information for residents of Wyoming County requiring reproductive healthcare.

Reproductive healthcare is provided through health assessment, physical examination, counseling and education on all methods of contraception and reproductive health. Specific counseling is given on the chosen method of contraception, as well as education, testing and treatment for STD's. Free and confidential HIV/AIDS testing and counseling is available to all clients of the clinic and colposcopy services are provided to those in need. Self-pay fees are applied on sliding scale based upon the poverty guidelines updated periodically in the Federal Register by the US Department of Health and Human Services. Medicaid and some private insurances are accepted. In 2006, MWHS entered into an agreement with the local Department of Social Services to accept applications for the Family Planning Benefit Program, a portable reproductive health stand-alone Medicaid benefit for those eligible.

The teenage pregnancy rate per 1,000 females (age 15-19) in Wyoming County in 2010 was 9.3 which is less than rate of 18.4% for New York State exclusive of NYC. Education and outreach by MWHS in Wyoming County schools is continuous and ongoing; client surveys indicate that word of mouth is the most prolific source of new clientele.

Nutrition/Physical Activity: The Wyoming County Health Department contractually retains a Registered Dietician to aid public health nursing staff in providing educational programs including presentations to school children, community organizations, medical students and senior citizen groups and partnerships with other CBO's such as Cornell Cooperative Extension, the YMCA and the Healthy Community Alliance.

According to the Age-adjusted percentage of adults overweight or obese (BMI 25 or higher) Source: 2008-2009 NYS Expanded Behavioral Risk Factor Surveillance System Data as of 2010, Wyoming County has 67.0% adults reported having BMI 25 or higher as compared to NYS at 59.3%. During the 2013 Community Health Assessment Survey, 56.13% of Wyoming County residents who responded to the question 'How often do you participate in physical activity or exercise for 30 minutes or more?' answered no activity beyond regular daily activities, I try to add physical activity where possible (talking the stairs, etc.) and up to 1-3 times per week.

When asked how many servings combined of fruits and vegetables are eaten on average each day, 75.51% of Wyoming County residents responded by choosing 0, 1, 2 or 3. Of those responding to 'what keeps you from eating more fruits and vegetables every day?' 58.75% responded cost and 15.0% responded lack of access as barriers to eating more fruits and vegetables.

Injury Prevention: The Wyoming County Health Department Injury Prevention Program is primarily involved in conducting child passenger safety seat safety activities, including a robust program involving regular fitting stations at locations throughout Wyoming County and child passenger safety seat distribution. Activities are performed through grant funding from the NYS Governor's Traffic Safety Council in conjunction with the Wyoming County Sheriff's Department. Previous injury prevention programs offered by the LHD include smoke alarm distribution and bicycle helmet distribution. Additional injury prevention programs, such as firearm safety and DWI prevention programs are undertaken in partnership with other county departments (Youth Bureau and Wyoming County Sheriff) and community partner agencies.

Section 4: Opportunities For Action

The initial meeting for the 2013-2017 Community Health Assessment in the Western Region was convened by Dr. Greg Young and Robert Furlani in November, 2012. Present were leadership from Erie, Niagara, Cattaraugus, Chautauqua, Allegany, Genesee, Orleans and Wyoming Counties, as well as representatives from the P2 Collaborative. Discussion centered around DRAFT guidance issued by the New York State Department of Health on the Community Health Assessment (CHA) process for local health departments, the Community Service Plan (CSP) process for hospitals and the culminating Community Health Improvement Plan (CHIP). The guidance issued by NYSDOH deepened and added definition to the previous CHA/CSP process for 2010-2013, adding the requirement for collaborative development of the CHIP. There was conversation among those present on process and the goal of the CHIP to create a living document, to define and structure health improvement efforts in counties and communities. To build on the momentum of partnerships forged as part of the 2010-2013 CHA/CSP process, hospitals and health departments in Genesee, Orleans and Wyoming Counties elected to work together to complete the current project. A timeline of events is described below, with in-depth detail provided elsewhere submission.

December 2012:

Upon issuance of the final guidance in December, 2012, health departments and hospitals in Genesee, Orleans and Wyoming Counties met with representatives from Lake Plains Rural Health Network and P2 Collaborative to begin a dialog on the process of CHA/CSP/CHIP development. Shortly after that meeting, the P2 Collaborative applied for a grant from NYSDOH to provide consistent support to the CHA/CSP/CHIP process among the Western Region Counties. For the Genesee, Orleans, Wyoming County process, the assistance provided by P2 in convening meetings, facilitating participant discussions and assisting with data analysis was invaluable. The expertise and neutrality of the P2 Collaborative was of great benefit to the process. During the initial meeting, it was mutually agreed that a community survey, community conversations, meetings with providers and other invested community agencies and data analysis would guide the selection of two Priority Areas and accompanying Focus Areas, as well as Goals and Objectives to inform the development of the CHIP.

January/February 2013

Development of the Survey was accomplished with support from the P2 Collaborative and expertise of the Genesee County Health Department in online survey methods. By consensus, it was agreed that the survey would be delivered manually and electronically, to ensure that access was not a barrier to completion among recipients without access to the internet.

March 2013

The Survey was launched with a targeted open response period of sixty days. At the completion of the survey process, there were 1,599 total responses logged among the three counties, representing nearly 1% of the total population, broken out as follows: Genesee County: 829 responses; Orleans County: 556 responses and Wyoming County: 214 responses. Detail on Survey results is presented as an Appendix to the Community Health Improvement Plan.

March / April / May 2013

With the assistance of the P2 Collaborative, a template document to guide community conversations was developed and individuals from each of the three counties were trained on effective techniques for guiding productive group conversations among diverse participants. There were a total of eighteen community conversations conducted, broken out as follows: Genesee County: 6; Orleans County: 5 and Wyoming County: 7. Detail on Community Conversations is presented as an Appendix to the Community Health Improvement Plan.

June 2013

The period of open survey concluded and the P2 Collaborative assisted with aggregate and individual County interpretation of results.

July 2013

Meetings occurred in each County, with medical professionals, for the purpose of gathering priority perspective. P2 Collaborative facilitated these meetings, which occurred at Medina Memorial / Orleans Community Health in Orleans County, United Memorial Medical Center in Genesee County and Letchworth Family Medicine in Wyoming County.

Following the provider meetings, the three-County workgroup of health departments and hospitals met to select the Priority Areas for the Genesee, Orleans and Wyoming County 2013-2017 CHA/CSP/CHIP. By full consensus, they area: *Prevent Chronic Disease* and *Promote Mental Health / Prevent Substance Abuse*.

Upon selection of the Priority Areas, it was determined that additional, focused input from invested community-based organizations was needed in order to proceed with identification of Goals and Objectives to further inform the development of the Community Health Improvement Plan.

August / September 2013

With assistance from the P2 Collaborative, meetings were convened to solicit input for identifying Focus Areas in the selected Priorities of *Prevent Chronic Disease* and *Promote Mental Health / Prevent Substance Abuse*. The meeting participants were from school districts, human service and health related community-based organizations from the three County region:

Wyoming County Health Department
Wyoming County Community Hospital
Wyoming County Office for the Aging
Wyoming County Mental Health
Wyoming County Community Hospital Behavioral Health
Wyoming County Department of Social Services
Wyoming County Jail
Partners for Prevention
Orleans Community Health
Orleans County Health Department
Orleans County Office for the Aging
Orleans County Legislature
Living Opportunities of DePaul
Elba School District
Genesee County Health Department
Genesee County Department of Social Services
Genesee ARC
Genesee County Jail
Lake Plains Rural Health Network
United Memorial Medical Center
Genesee Orleans Council on Alcohol and Substance Abuse

Following a review of the process, data and outcomes described above, the following were agreed upon as the basis for the 2013-2017 Genesee, Orleans and Wyoming County CHIP:

Priority Area 1: Prevent Chronic Disease

Focus Area 1:	Increasing access to high quality preventive care and management
Focus Area 2:	Decrease Obesity in children and adults
Focus Area 3:	Reduce illness, disability and death related to tobacco use and secondhand smoke exposure

Priority Area 2: Promote Mental Health and Prevent Substance Abuse

Focus Area 1:	Strengthen Infrastructure Across Systems

Subsequent to the shareholder meetings, the three health departments and hospitals worked to identify corresponding Goals and Objectives for each of the Focus Areas, as detailed in the accompanying Genesee, Wyoming and Orleans County Community Health Improvement Plan.

This collaboration was an opportunity to share ideas and resources, look at challenges and partner for better health in our respective and collective counties. Throughout the entire year-long process of CHA/CSP/CHIP development, shared priorities emerged to efficiently and effectively improve the health and wellness of residents across the three counties. The process strengthened the relationships among health departments and hospitals and will ultimately be the springboard to new cooperative efforts to benefit to the health of residents in Genesee, Orleans and Wyoming Counties.

Appendix A – Tri-County

2013 Tri-County CHA Survey – Blank:

..\CHA2013Survey.pdf

2013 Summary Results – Full Survey Results, Tri-County Results, Genesee County, Orleans County, Wyoming County

(To jump to specific results go to left column and click the bookmark. Click section you want to see and scroll through)

..\TriCountyData\2013TriCountyCHASurveys.pdf

County Health Rankings & Roadmaps, Robert Wood Johnson Foundation, 2013 (comparing Genesee, Orleans & Wyoming Counties with New York State):

http://www.countyhealthrankings.org/app/#/new-york/2013/compare-counties/037+073+121

Implementation of Tri-County Partnership / P2 Facilitated Sessions:

Genesee, Orleans, Wyoming County CHA/CHIP/CSP
Summary of Planning Meeting
June 24th 2013
Genesee County Health Department

Priority Area: Prevent Chronic Disease

- **Focus Area**: Increase access to high quality chronic disease preventive care and management in both clinical and community settings.
    - **Goal**: Increase screening rates for cardiovascular disease, diabetes, and breast/cervical/colorectal cancer, especially among disparate populations.
        - **Disparity**: Under- or Uninsured individuals
- *(Note: Each individual entity will have the flexibility to determine how to interpret the specifics of this goal to fit its own needs, based on internal discussions)*

Priority Area: Promote Mental Health and Prevent Substance Abuse

- **Focus Area:** TBD
    - **Goal:** TBD
- Each hospital/county organization expressed the need to go back and learn more about the nature of existing services before committing to a set focus area and goal at this time.

Next Steps

- Three meetings will be held in early July to meet with providers to discuss how the two priority areas could be put into action plans. One meeting will be held in each county.
- The area of mental health will be internally explored further before the next meeting.
- Next all-hospital, all-county meeting will be **Friday, July 26th from 9-11am** at the Genesee County Health Department building.

Medina Memorial Hospital/Orleans Community Health
Orleans County CHA/CHIP/CSP Provider Meeting
July 16, 2013
Meeting Summary

Attendance
Brian Banas, Cindy Perry, Nicole Helsdon (Medina Memorial/Orleans Community Health admin)
Dr. Bohlert, Dr. Jamal Janania (Providers)
Christine Kemp (P^2 Collaborative)

Notes

- For some patients, the first time they hear about being due for screening is when they are at the provider for some other acute reason. It's not the appropriate time to receive this message and follow-through is not good.
- Even if they do receive the message, they don't schedule their screen. Why is this so?
    - "Patient Organization" offered as potential culprit. Patients may have other things going on in their lives and forget that they have to make an appointment.
    - It may be better to have screening fairs after traditional business hours so patients don't have to take off from work
    - Transportation may be a possible concern as well.
- Orleans Community Health uses what they call "ClinTechs", which are LPN or Medical Assistant- level providers responsible for more in-depth communication and follow-up with patients in addition to their traditional duties. The providers expressed how critical these ClinTechs are – great for following up where time restrictions keep the physicians from going deeper in depth.
    - Similar to care coordinator function but variation in name/job responsibilities
    - This may be an area which could be developed to get more people screened – these ClinTechs have the time to have deeper conversations with the patients.
- Proposed solution is to get more people consistently screened within the guidelines for each particular disease.
    - How? This is where we are working.
- Identified need for consistent data collection tool across practices once the intervention has been designed. This would also be used to share best practices.
- With the focus on the un- and under-insured, the Cancer Services Program is a great opportunity to minimize the disparity in screening rates compared to the general population.
    - **Important to screen patients for diseases which they will be able to treat – if the uninsured find out they have cancer, the Cancer Services Program will ensure that they will have coverage for treatment. If we suddenly*

increase screening for diabetes, there will be more patients with diagnosed diabetes but an inability to pay for their treatment.

  - As a recent awardee of the Navigator grant, Orleans Community Health is well-positioned to bring more un- and underinsured individuals into affordable coverage. This will help with the disparity focus of the CHA/CHIP/CSP.
- There was limited time to discuss the Mental Health/Substance Abuse area, but the providers expressed great interest in working in both this and the chronic disease focus area.

Next Steps: Provide data on cancer incidence in region; Continue with this open conversation.

United Memorial Medical Center/Genesee County
CHA/CHIP/CSP Provider Meeting
July 23rd 2013

Attendance: Pam Boshart Lynch, Colleen Flynn, Dr. Mike Merrill, Dr. Bruce Baker

Notes:

- The belief is that if people were insured/had more affordable insurance they would be "happy" to come in for the screenings which they are due for.
- The Cancer Services Program presents a good opportunity to screen more people for cancer – they would then be able to afford the subsequent treatment.
    - The CSP at UMMC is currently screening about 20% of the uninsured population in the service area.
- A past health fair for the uninsured was also successful in reaching this population. 30% of the people screened there had undiagnosed diabetes.
- Regardless of how many resources are out there, the challenge remains that many people are not used to seeking care, or don't want to be seen by a provider, or don't actually do what their doctor tells them to do.
- Having another provider (outside of the MD) speak to the patient to learn what keeps them from being compliant is helpful – medical social worker, care coordinator, patient navigator, etc.
- Important to tap into existing community resources since no extra funding/staff people are going to come along with this CSP.
- There are concerns with having more poor/uninsured people access the hospital services because as a business model the hospital may struggle to stay out of the red.
- How to find people "in the gap" – who are uninsured but not reached by the hospital. What are other ways to find them? Census records? Geographically-based findings?
- Outreach shows 40% of UMMC employees are at risk for diabetes – "starting small" may include starting internally (employees are community residents, too)
- Focus: how do we reach the un- and underinsured? Where do they geographically locate?
- UMMC Urgent Care centers may be a good place to start
    - Having a point-of-service reminder (actual flag on the paper chart) to remind the patient that they are due for a certain screening.
- "Physicians can't do it themselves" – should be a community-wide effort

Genesee, Wyoming, & Orleans County

CHA/CHIP/CSP workgroup

Planning meeting

July 26: 9-11am

- The current #1 priority in Genesee, Wyoming, & Orleans County: **Prevent Chronic Disease**
- Focus area (bottom of page 6 in prevention agenda):
  - **Increase access to high quality chronic disease preventative care and management in both clinical and community settings**
- Disparity: Those that are un- or underinsured

- The 2nd priority: **Promote Mental Health and Prevent Substance Abuse**
- Further discussion on focus area and goal under MHSA:

I. There are major **infrastructure issues** with the mental health system
  a. Mental Health system is very hard to navigate
  b. Hard to know who does what, what is available, MH has a difficult language
  c. **ASSET MAPPING** would help to get patients the help they need
    i. Could this be a potential objective under the focus area **Strengthen infrastructure across systems?** (bottom of page 15)?
      1. Kate from P2 will ask NYS about this, since the objectives are currently "TBD"

II. Need for better **education** about mental health

III. Need better **counseling**

IV. Suicide prevention
  a. MHA is developing a suicide prevention summit for providers
  b. Needs to be more community-based, not just for providers
  c. Genesee county has a great website, that could be reproduced in other counties

V. Need to strengthen **partnerships** between hospital and community

VI. Need closer **alliance between behavioral health and health**
  a. Many comorbidities with mental health and chronic health issues
    i. Improve coordination
  b. Connect with schools
    i. Satellite needed on eastern side of Orleans County

VII. **Health homes** to improve care management

VIII. Peer services
  a. Funding is available—opportunity is there

- It was determined that each county would **share a *Focus Area*** (might be **strengthen infrastructure across systems)**
  - Each county might have different *goals and objectives*

- It was agreed upon that we would need to focus on **education and awareness**
  - Reduce stigma associated with MH
  - Encouragement to use services
  - Create a system that is easier to navigate
    - **Develop an Asset Map** to learn about overlaps and gaps
- Remember that using already existing programs is cheaper than creating completely new programs
  - Particularly in terms of United Memorial's Suicide Prevention program

- Navigator Grant (un- and underinsured is our disparity)
- Would be beneficial to bring in 211 and NY Connects representatives to discuss services available in each of the counties

Greater Rochester Health Foundation Grant Opportunity

- Opportunity to get $50-200k
- It was determined that Genesee, Orleans, and Wyoming County would apply as a Tri-County Region
  - Use data from the CHA/CHIP process
    - Letter of intent due: August 9
    - Grant Application due: September 9
- Orleans County has a PHAP fellow coming from the CDC< may be able to help with writing
- Kristine will send out doodle to quickly start a subcommittee for those who want to help

Next Steps: Improvement Plan

- Develop of plan on how we can **work together collectively**
  - Decide on a more specific goal and audience, and who will be involved
- **Asset map**
  - Mental health and chronic disease (connect the two)
- Shared services and **collaboration**
- Use already existing successful programs and replicate
- Figure out CSP for hospitals (no template or checklist)
  - Will there be a checklist developed for CHA/CHIP
- Figure out TBD objective criteria under MHSA Priority
- Invite members from important community organizations (211, NY Connects, Lake Plains, Olmstead, OFA, FQHC in Warsaw…) to inform them of our priorities and have a discussion on how they can become engaged in the CHIP process
  - We will send an email asking you for your contacts and make a meeting around august 19th

- Attendance:

Name	Email	Organization
Colleen Flynn	cflynn@ummc.org	UMMC
Wendy Strollo	wstrollo@albany.edu	WCHD
Cathy Murdie	cmurdie@wyomingco.net	WCHD
Laura Paolucci	lpaolucci@wyomingco.net	WCHD
Kristine Voos	kbrice@co.genesee.ny.us	GCHD
Carrie Whipple	carrie.whipple@orleansny.com	OCHD
Nola Goodrich Kresse	Nola.goodrich-kresse@orleansny.com	OCHD
Cindy Perry	cperry@medinamemorial.org	OCH
Angela Stafford	astafford@medinamemorial.org	OCH
Mack O'Brien	Mark.o'brien@orleansny.com	OCMH
Paul Pettit	paul.pettit@orleansny.com	OCHD/GCHD

Genesee, Orleans, and Wyoming County

Community Input Meeting Summary

Monday August 26, 2013

1-3pm

Breakout discussion groups were given 3 questions, then asked to report back to larger group with responses.

1. What are the characteristics and main needs of the population you serve?
   - Low income
   - 96% co-occurring substance abuse issues
   - lack of care coordination
     - insufficient case management
   - lack of geriatric- specific MH services
   - medication non-compliance
   - incarceration
   - homelessness
   - legal issues
   - unemployment
   - lack of understanding of addiction
   - social isolation
   - rural transportation
   - staff retention

2. How could your work be optimized?
   - **Collaboration**
   - **Better reimbursement structure**
   - **Comprehensive directory**
     - System is complex – "Even providers don't know what's going on sometimes."
     - Inventory *and description* of services
     - Education and access about other systems
     - Mapping of services and people
   - **Increase marketing**
     - Professional (reimbursement, wages)
       - Bring better quality providers
     - 211/NY connects/WRAP
     - Collaboration
       - Will too much marketing overload the system?
   - **Supply of providers and case managers**
     - Sometimes on patient has more than one case manager

- **Better transportation**
  - Right now there are fixed routes, issues in rural communities
  - Hours of operation
- **Funding**
- **Single point of access (SPOA)**
  - For mental health/substance abuse
- **Involve schools**

3. How can this be done?
   - **Strategic Planning**
   - **Engagement**
     - Consumer and provider
   - **Marketing**
     - Online tools, like social media
     - Increase "glamour" of prevention
       - Incentives?
     - Collaboration—common messages
   - **Money**
   - **Optimize 211 and wrap**
   - **Education**
     - Collaboration—common messages
   - **Identify gaps**
   - **Address limited staffing**
   - **Make map of services available**
   - **Comprehensive care coordination**

We then discussed if creating an resource inventory, as previously discussed, would still be of interest, after considering our discussion.

Name	**Organization**	**Email**
Andrea Aldinger	WCOFA	aalringer@wyomingco.net
Julie Calvert	Wyoming County Mental Health Dept	jmcalver@frontiernet.net
Greg Collins	WCHD	gcollins@wyomingco.net
Nola Goodrich-Kresse	OCHD	nola.goodrich-kresse@orleansny.com
Cathy Murdie	WCHD	cmurdie@wyomingco.net
Laura Paolucci	WCHD	lpaolucci@wyomingco.net

Cindy Perry	Orleans Community Health	cperry@medinamemorial.org
Paul Pettit	OCHD/GCHD	paul.pettit@orleansny.com
Angie Proper	WCOFA	aproper@wyomingco.net
Mary Richards	WyCo Hospital, Beh. Health	mrichards@wcchs.net
Dave Rumsey	Wyoming county DSS	56A373@dfa.state.ny.us
Donna Saskowski	Genesee ARC	donnas@rochester.rr.com
Vanessa Vassal	CDC/Genesee and Orleans county	vanessa.vassall@co.genesee.ny.us
Kristine Voos	GCHD	kvoos@co.genesee.ny.us

- **It is simple, but effective**
- **Would be helpful even from a non-hospital standpoint**
- **Would help out surrounding areas too, not just tri-county area**

Who else would you like to see at the community meeting?

- **The School system**

Genesee, Orleans, and Wyoming County
CHA/CHIP/CSP Work Group Meeting Summary
August 28th, 2013 9:00 am – 11:00 am

Attendance: Nola Goodrich-Kresse (Orleans Co. HD), Kristine Voos (Genesee Co. HD.) Vanessa Vassall (CDC/Orleans Co. HD), Paul Pettit (Genesee, Orleans Co. HD), Cindy Perry (Medina Memorial Hospital), Kate Ebersole (P^2 Collaborative), Christine Kemp (P^2 Collaborative)

Meeting Notes

Proposed Goals for the Meeting

- Finalize Mental Health/Substance Abuse focus area
- Start to brainstorm about more activity within Prevent Chronic Disease focus area

Promote Mental Health and Prevent Substance Abuse

- Focus for consideration: What is the purpose/objective at the end of this 3-4 year time period? What do we want to look at?
    - Part of this process is incorporating assessment and strategic planning to uncover your needs and ways to address them. In the plan, you can build assigning responsibilities to revisit your problem statement throughout time and re-work your intervention activity to suit what is seen.
    - Moving forward, it will be important to have representatives from the field of mental health at the table to find out what is needed and what can be done.
- Potential sketch of what this improvement strategy could look like:
    - Year 1: Resource mapping and assessment to develop comprehensive inventory of mental health/substance abuse resources in the region.
    - Year 2: Development of targeted outreach campaign to convey this information in a way which your target group will be receptive to:
        - The general public – so they know what resources are out there for themselves/their family.
        - The health care community – so they are aware of what resources are available for their patients.
    - Years 1+: Re-visit plan to see what is working, what isn't, what needs to change or be implemented moving forward
- Important note about the term "mental illness"
    - "Mental Illness" encompasses conditions such as depression, schizophrenia, etc.
    - "Behavioral Health" encompasses mental illness and substance abuse problems

    - "Mental Hygiene" includes all of the above and those with developmental disabilities
        - Information on those with developmental disabilities seems to be absent to some extent in the Prevention Agenda
    - Moving forward: which group(s) should we focus on?
- Promote Mental Health and Prevent Substance Abuse focus area designation:
    - **"Strengthen Infrastructure Across Systems"** appears to be the best fit, although due to the lack of specificity in the Prevention Agenda and what could be developed as a part of the plan **"Promote Mental, Emotional, and Behavioral Health (MEB)"** may be a fit as well.
- Need to sit down with those in MEB field to fully work on how to build this component of the CHIP/CSP. **Target date of this meeting: week of September 9th (but not the 13th).**

Other Notes

- The NYS Health Foundation is offering a grant to support the Diabetes Prevention Program, $20,000 per applicant organization. This may be able to help with marketing the program to participants and providers. P^2 is open to assist entities which wish to apply for this funding.
- As a county or hospital, you are not limited to only two focus areas in your CHIP/CSP. You can select more than one if you feel you have the resources or the desire to do so, and this does not have to be a shared effort across the board.

Next Steps

- **P^2:** Send out existing community contact list for county/hospital reps to refine for the purposes of inviting to behavioral health planning meeting: week of Sept 9; Send out meeting summary; Work to schedule behavioral health planning meeting; Send reminder of responses about a week in advance.
- **Work Group Members:** Provide information on behavioral health organization representatives for September 9th meeting.

Genesee, Orleans, and Wyoming County CHA/CHIP/CSP
Mental and Behavioral Health Planning Meeting
Monday September 9th 9:30 – 11:30 AM
Meeting Summary

Attendance: Melissa Blanar (Orleans County OFA), Paul Pettit (Genesee/Orleans Health Dept), Ed Minardo (Genesee County Jail), Vanessa Vassall (Genesee/Orleans Health Dept), Kristine Voos (Genesee Health Dept), Mark O'Brien (Orleans County), Angela Stafford (Medina Memorial Hospital), Pamela Whitmore (Genesee County OFA), Michelle McCoy (Living Opportunities of DePaul), Kelly Carlie (Elba School District), Donna Lougheed (Elba School District), Cathy Murdie (Wyoming Co. Health Dept), Julie Calvert (Wyoming Co. Mental Health), Brandie Rajak-Winter (New York State), Eileen M. Kirkpatrick (Genesee County DSS), Mary Richards (Wyoming County Behavioral Health), Ken Oakley (Lake Plains), Cindy Perry (Medina Memorial Hospital), Pamela Boshart Lynch (United Memorial Medical Center), Colleen Flynn (United Memorial Medical Center), Nola Goodrich-Kresse (Orleans County Health Dept), Kerry Chella, John Bennett (GCASA), Christine Kemp (P2 Collaborative)

The intent of this meeting was to discuss the creation and utility of a resource inventory/map to document existing mental and behavioral health resources in the Genesee, Orleans, and Wyoming County region. The plan is to then distribute this completed asset inventory to residents and community service providers to increase awareness of and access to these services. This activity would satisfy the requirements of the New York State Department of Health-mandated Community Health Improvement and Service Plans. To further explore how to do this, attendees were asked to break into three small discussion groups and talk about a series of questions. The large group got back together as a whole after each discussion question to summarize the small groups' responses. These responses are summarized below.

Question #1: What does an ideal mental/behavioral health asset inventory and mapping look like? What does it include?

- The asset inventory should serve the purpose of keeping people from rehashing their "story" every time they try to find the right service, to minimize time wasted accessing inappropriate resources.
- Should involve diverse resources such large health centers, primary care providers, and schools.
- It should be an easy-to-read template that successfully displays available services
- It should show the affordability of each provider/service (e.g. having a sliding fee scale for those who can't afford to pay, whether he/she accepts Medicaid, whether the services is at no cost)

- It should serve the function of improving care coordination across agencies
- It may ultimately demonstrate the need to develop a health advocate program of sorts – to assist with navigation of the system
    - *Note:* Community organizations in the region may be interested in learning about the unique type of available care coordinators supported by New York State, who exist to coordinate care systems across different providers instead of deliver care coordination services directly to clients (Brandie Rajak-Winter is one of these 12 available service providers, serving the Genesee, Livingston, Orleans, and Wyoming region, email: brwinter1@frontier.com)
- Mobile-based mental health would be useful as transportation is a barrier. Mobile units work great in school settings.
- It should take into account the needs of those who speak English as a second language
- It should take into account the needs of those with low health literacy.
- It would need to be useful for all in the community - both residents and providers
- It should be helpful for patients accessing resources after transitions of care (e.g. discharge from hospital or emergency room, follow up following primary care visit)
- It should have to be marketed very well to make sure it gets into the hands/minds of those who need it – sufficient marketing is currently lacking in this field.
- Access should be age appropriate for different groups, especially seniors who may have limited internet access/familiarity.
- It should recognize the need for mental health, physical health, and substance abuse resources to function as one unit rather than separate silos.
- It should be useful to address the needs of the homeless population.
- Use of central referral services should be encouraged (e.g. 211)

Question #2: What is needed to make this happen? What does this look like across time?

- This resource may require a central information "hub" to organize and standardize information.
- There needs to be a source of authority that has responsibility for the document - someone/some organization to "own" it to make sure it doesn't fall between the cracks between different organizations.
- Important to remember the time that is needed when planning this process. For reference, assembling the NY Connects directory took 1.5 years. The CHIP/CSP planning time frame is 4 years.
    - Representatives from this and other service inventory organizations should be at the table or consulted for their input.
- If this directory is housed online, the website analytics could be used to measure who is accessing it and from where.
- Ease of access in times of crisis/need is very important.

    - Reach people where they congregate naturally – school systems, local libraries, pharmacies, large stores (e.g. Wal Mart), Departments of Social Services
- Electronic availability may be more affordable than paper resources, but there is a need to recognize those who do not have internet access at all.
    - Mobile internet is much more common than home-based internet access.
    - May be possible to refer to services from the web.
- Emerging technology such as social media presents a great opportunity to reach a large number of people at a low cost
    - Mediums used to disseminate *must* be catered to the specific target population
- What frameworks should be kept in mind in the design of this resource:
    - SPOA: single point of access, or more of a triage format?
- Shortage of providers and resources should be kept in mind, especially with the potential future influx of new clients with improved knowledge of resources
    - Guidance counselors are a good source of educational incentive programs which encourage needed providers to practice in rural, underserved areas
- Effective case management and follow-up is essential
- Cost must be prospectively analyzed and assessed before design and development
- Keep this question in mind: Where does the typical adult contact when they need acute assistance? Few points of contact for those not in special populations (e.g. non-veteran, non-elderly, non-disabled)
- Potential timeline: Baseline assessment – decide how to format document – look at barriers to ideal implementation – marketing – updating/maintenance

Main points:

- **There is a strong need for funding.**
- **There is a strong need to determine who is responsible for developing and maintaining this resource.**
- **There is a strong need to determine how much this process will cost.**

Question #3 (large group): How should this process get started?

- The county health department and hospital representatives will go back to their planning group to start to sketch out a framework to start this process.
- The larger group of community representatives that are present at this meeting will be consulted in the future for their input throughout this process – important to recognize and respect their available time and effort. County health department/hospital work group will continue to meet frequently on a regular schedule.

Summary Data Report:

..\P2\GOW Data Report.pdf

Variable Comparisons by County:

GOW Variable Comparisons by County.pdf

Table Of Contents

Genesee, Orleans, and Wyoming County Community Contact List

Genesee	Ellery Reaves	Director, Genesee County Mental Health	ereaves@co.genesee.ny.us
	William Joyce	Director, Genesee County Veterans Services	wjoyce@co.genesee.ny.us
	Pamela Whitmore	Director, Genesee County OFA (NY Connects	pwhitmore@co.genesee.ny.us
	Millie Tomidy	Executive Director, Genesee County Mental Health Association	mtomidy@2ki.net
	Donna Saskowski	Executive Director, Genesee County ARC	donnas@rochester.rr.com
	Michelle McCoy	Supported Housing Director, Living Opportunities of Depaul in Genesee County	mmccoy@depaul.org
	John Bennett	Executive Director, GCASA	jbennett@gcasa.org
	Lisa Glow	Supervisor, Horizon Health Services Batavia Location	Lglow@horizonhealth.org
	Ed Minardo	Superintendent, Genesee County Jail	eminardo@co.genesee.ny.us
	Sean McManhan	Health Services Administrator, Buffalo Federal Detention Center	Sean.McMahan@phs.dhs.gov
Orleans	Mark O'Brien	Director, Orleans County Mental Health	Mark.O'Brien@orleansny.com
	Scott Wilson	Superintendent, Orleans County Jail	Scott.Wilson@orleansny.com
	Melissa Blanar	Director, Orleans Co. OFA	Melissa.Blanar@orleansny.com
	Colleen McKenna	Executive Director, Mental Health Association of Orleans County	mhaorleans@rochester.rr.com
Wyoming	Andrea Aldinger	Wyoming Co. OFA	aaldinger@wyomingco.net
	Angie Proper	Wyoming Co. OFA (NY Connects)	aproper@wyomingco.net
	David Rumsey	Wyoming Co. DSS	david.rumsey@dfa.state.ny.us
	Annie Hanley	ARA	ahanley@araservices.com
	Amberleigh Broughton	ARA	abroughton@araservices.com
	Don Eichenauer	CEO, WCCHS	deichenauer@wcchs.net
	Mary Richards	WCCHS Behavioral Health	mrichards@wcchs.net
	Colleen Eccleston	Wyoming Co. Mental Health	colleenec01@aol.com
	Julie Calvert	Wyoming Co. Mental Health	jmcalver@frontiernet.net
	Brandie Rajk-Winter	Wyoming Co. Mental Health	brwinter1@frontier.com
	Bruce Nisbett	Spectrum Human Services	nis-betb@spectrumhumanservices.org
	Julie Gutowski	Spectrum Human Services	gutowskij@spectrumhumanservices.org
	Cheryl Glaus	Wyoming Co. Jail (Medical)	cglaus@wyomingco.net

Appendix B – Genesee County

Community Conversation Summary – Genesee County

In Genesee County there were a total of 6 community conversations conducted, with a total of 59 combined community members in attendance.

Listed below are the locations where the community conversations were conducted, as well as the groups that participated.

Genesee Valley Boces - Students Against Drunk Driving Group, GCASA - Sobriety and Stabilization Group, East Bethany Presbyterian Church - OFA Meal site for Seniors, YMCA –Get Fit Program, Havenwood Congregate Apartments - OFA Meal site for Seniors, and USDA Service Center - Water Quality Coordinating Committee (WQCC) and Local Working Group (LWG)

The top three concerns that community members identified were:

Nutrition

- Not enough access to healthy foods/ fast foods are too available (cost)
- Not enough education in how to prepare nutritious meals, or control portion sizes

Alcohol and Other drugs

- Use/ misuse by youth
- Too much advertisement (less promotion)
- Over medicating (prescription medication)

Youth

- Bullying (online, physical, verbal)
- Need more parental supervision/ involvement
- Not many jobs available in this demographic

The three most common suggestions to improve issues within the community were:

-Free games and activities for families who cannot afford them on their own.

-Community newsletter, and community center for information (better information to public about resources available

-Exercise after senior lunches; ex. Chair exercises either weekly or twice a month

When asked, do you think it is important that we help change these factors to improve future quality of life within the community, a total of 44 participants out of 59 answered yes.

Genesee County Resources:

..\Resources\GeneseeCoResourcesCHA.pdf

Appendix C – Orleans County

Healthy Orleans Network

(HON)

President: vacant

Executive Director: Cindy W. Perry

Secretary: Jen Srock (interim)

Mission/Purpose Statement: To strengthen the local health and wellness delivery system in our community by working collaboratively with concerned individuals and organizations to improve access to health care and achieve the highest level of wellness possible.

Healthy Orleans Network Goals:

- To improve the status of our community's health
- To promote access to quality health education and health care services
- To eliminate health care disparities

Key stakeholders were identified to participate in the network (to assess needs, assets and capacity for health education, to identify resources and to collaborate in initiatives):

Current members:

- Orleans Community Health – Grant Writer
- Orleans County Health Department – Public Health Director
- Community Action of Orleans and Genesee - Director
- Office for the Aging - Director
- Faith based – Pastor (vacant)
- Orleans County Mental Health - Director
- Local Schools
    - Albion – Grants Coordinator
    - Medina – Superintendent
    - Lyndonville - Principal
- Orleans County Legislator
- Libraries
    - Albion – Director
    - Medina - Director
- YMCA – Fitness Coordinator
- Oak Orchard Community Health - CEO
- Independent Living of Orleans and Genesee - Director
- Local media – recruiting member
- United Way – Director
- ARC – Director
- GCASA - Director
- Other ad hoc members are added to the network as needs are identified

Benefits of Collaboration:

- Improve health outcomes
- Raise community awareness
- Reduce/eliminate service duplication in a time of diminishing resources
- Connect identified needs to resources
- Strengthen existing community partnerships and create new collaborations
- Create grant funding opportunities
- Share important data

Summary of progress to date:

- Goals established
- Mission statement developed
- Focus groups facilitated to assess needs in community (worksite, faith based, community members, schools, special needs groups)
- Collaborated on assessment and development of:
    - Orleans Community Health – Community Services Plan
    - Orleans County Health Department – Community Health Assessment
- Selected two health priorities to target from the New York State "Prevention Agenda Toward the Healthiest State 2008 - 2012 Priority Areas"
    1. Access to Quality Health Care
    2. Chronic Disease

ACCESS TO QUALITY HEALTH CARE

- Increase health care coverage (*Navigator Grant)*
- Increase access to regular health provider (*Albion Health Center)*
- Increase access to dental health services (*CHOMPERS grant)*
- Increase early detection of cancer (*Cancer Services Program)*

CHRONIC DISEASE

- Decrease the prevalence of diabetes
- Reduce diabetes-related hospitalizations
- Reduce hospitalizations due to coronary heart disease

Sub-committees were identified for the following projects to address identified target areas:

- Physical activity opportunities assessed in the community and published in hospital newsletter
- Cancer Services Grant to provide screening services to uninsured/underinsured
- CHOMPERS –dental health education grant to educate 0-5 year olds and their families and refer to local dental health services

- Diabetes classes offered in the community and one-one education
- Nutrition education to individuals and community groups
- Building Healthier Communities – Community Garden Project - subcommittee

2013

- Collaboration to address:
  - Orleans Community Health – Community Services Plan (CSP)
  - Orleans County Health Department – Community Health Assessment (CHA)
  - Community Health Intervention Plan (CHIP)
- Community Needs Assessment developed and implemented (Jan – May 2013)
- Community Conversations "focus groups" (April – May 2013)
- Data compiled with support of P2 and tri-county team developed (hospitals, health departments, mental health, etc.)

New York State Prevention Agenda 2013 – 2017

- A comprehensive "blueprint for state and local community action to improve the health of New Yorkers and address disparities
- Selected two health priorities to target based on data results

Focus Areas chosen:

1. Prevent Chronic Disease
2. Promote Mental Health and Prevent Substance Abuse

- Currently working on how we plan to address each focus area
- Tri-county meetings, webinars, grant opportunities, etc.

Means to achieve results:

- By-laws established and approved by the network in order to develop and maintain a strong organizational structure to govern its future and improve measurable outcomes.
  - Membership – shall be open to any organization, business, agency or individual that supports the Healthy Orleans Network's mission.
  - Meetings – regular meetings will be held quarterly on the 4th Wednesday at 9:00am. Additional meetings will be held as deemed necessary.
  - Officers – (President, Executive Director, Secretary)
  - Voting – majority of members (quorum required)
  - Sub committees will be established as the needs arise

  - Fiscal responsibility – the Orleans County Human Services council is the current fiscal agent for the network

Community Conversation Summary- Orleans County

In Orleans County there were a total of 6 community conversations conducted, with a total of 64 combined community members in attendance.

Listed below are the locations where the community conversations were conducted, as well as the groups that participated.

Office of the Aging, Hoag Library- Albion GED, Medina GED, 4-H Fair Grounds- Senior Council, Mental Health Association, and the Farm Bureau.

The top three concerns that community members identified were:

Alcohol and Other Drugs

- Use/misuse by youth
- New drugs (molly), increasing use of additives

Nutrition (tied)

- Affordability
- Education is needed on where to get healthy foods and how to prepare
- Fast food is very available in the area

Access to Health Care/ Medical Providers/ Hospitals

- Affordability, cost of medication, deductibles and co-pays too high
- Lack of urgent care access in the area

Transportation (tied)

- Not available outside the main village
- Limited, unreliable

The three most common suggestions to improve issues within the community were:

-we need to bring our jobs back into the country, more job opportunities locally and more training

prevention of killings/suicides in Albion, more education

-fundraisers to raise money for community enhancements, activities for youth, cooking and nutrition classes

When asked, do you think it is important that we help change these factors to improve future quality of life within the community, a majority of participants answered: Yes!

Orleans County Resources:

..\Resources\OrleansCHA2013Resources.xlsx

Appendix D – Wyoming County

Analytical Synthesis Report, CHSR at Buffalo State College sponsored by P2 Collaborative of WNY, Inc., June 15, 2011 (Triple Aim Framework for Wyoming County)

WCHD-CHSR P2 Data Synthesis.pdf

County Health Rankings & Roadmaps, Robert Wood Johnson Foundation, 2013 (comparing Genesee, Orleans & Wyoming Counties with New York State):

http://www.countyhealthrankings.org/app/#/new-york/2013/compare-counties/037+073+121

Wyoming County Health Needs Assessment and Guidance Report for 2013 to 2017, Community Foundation for Greater Buffalo, Inc. William F. Thiel Fund, prepared by HMS Associates, 2012:

http://www.cfgb.org/files/wyoming/cfgb-wyoming-final-hms-wed.pdf

Wyoming County Resources

..\Resources\Wyoming County Services.pdf

CHA Bibliography

Tri-County / Regional Data Sources:

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

Section 1 – Population at Risk

Genesee County:

http://www.cdc.gov/PHAP/

http://quickfacts.census.gov/qfd/states/36/36037.html

http://factfinder2.census.gov/faces/nav/jsf/pages/community_facts.xhtml#none

http://quickfacts.census.gov/qfd/states/36/36037.html

http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=DEC_10_DP_DPDP1

http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_11_5YR_DP02

http://www.immigrationdetention.org/wiki/buffalo-federal-detention-facility/

Orleans County:

http://quickfacts.census.gov/qfd/states/36/36073.html

http://www.census.gov/geo/reference/urban-rural.html

http://www.cdc.gov/PHAP/

http://quickfacts.census.gov/qfd/states/36/36073.html

http://www.census.gov/popfinder/?s=36

http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=DEC_10_DP_DPDP1

http://factfinder2.census.gov/faces/nav/jsf/pages/community_facts.xhtml

http://quickfacts.census.gov/qfd/states/36000.html

http://factfinder2.census.gov/faces/nav/jsf/pages/community_facts.xhtml

http://www.correctionalassociation.org/wp-content/uploads/2012/05/Albion_2005.pdf

http://www.correctionalassociation.org/wp-content/uploads/2012/05/Reentry-Programs-Report_FINAL-REPORT.pdf

http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_11_5YR_DP02

Wyoming County:

http://quickfacts.census.gov/qfd/states/36/36121.html

http://www.census.gov/popfinder/?s=36

http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=DEC_10_DP_DPDP1

http://factfinder2.census.gov/faces/nav/jsf/pages/community_facts.xhtml

http://www.correctionalassociation.org/wp-content/uploads/2012/05/Attica-2011-Report.pdf

http://www.correctionalassociation.org/wp-content/uploads/2012/05/Wyoming_9-24-07.pdfhttp://www.correctionalassociation.org/wp-content/uploads/2012/05/Wyoming_9-24-07.pdf

Section II – Problems And Issues In The Communities

Tri-County:

http://www.countyhealthrankings.org/app/#/new-york/2013/compare-counties/037+073+121

Orleans County:

http://www.health.ny.gov/statistics/chac/general/g97_34.htm
http://www.health.ny.gov/statistics/chac/general/g98_34.htm
http://www.health.ny.gov/statistics/chac/general/g99_34.htm

Section III – LHU Capacity Profile:

County Health Departments:

Genesee County: http://www.co.genesee.ny.us/departments/health/index.html

Orleans County: http://www.orleansny.com/Departments/Health/PublicHealth.aspx

Wyoming County: http://www.wyomingco.net/health/main.html

Lead:

https://apps.health.ny.gov/statistics/environmental/public_health_tracking/tracker/mapaction.map?activeTool=showLeadTabularBlood

https://apps.health.ny.gov/statistics/environmental/public_health_tracking/tracker/mapaction.map?activeTool=showLeadTabularTest

http://www.health.ny.gov/environmental/lead/exposure/report/docs/lead_exposure_status_among_new_york_children_2002-2003.pdf

https://apps.health.ny.gov/statistics/environmental/public_health_tracking/tracker/mapaction.map?activeTool=showLeadTabularHouse

Prenatal Care and Infant Mortality:

http://www.health.ny.gov/statistics/chac/birth/b21_18.htm

http://www.co.genesee.ny.us/departments/office_for_the_aging/wic-women_infants_and_children.html

http://www.health.ny.gov/statistics/chac/general/g54_18.htm

http://www.health.ny.gov/statistics/chac/birth/b21_34.htm

http://www.health.ny.gov/statistics/chac/birth/b21_56.htm

http://www.oakorchardhealth.org/Pages/eng_family_wic01.html

http://www.health.ny.gov/statistics/chac/birth/b21.htm

http://www.health.ny.gov/statistics/chac/indicators/mih.htm

http://www.health.ny.gov/statistics/chac/general/g54_56.htm

http://www.co.livingston.state.ny.us/doh_wic.htm

Family Planning:

http://www.health.ny.gov/statistics/chac/birth/b13_18.htm

http://www.health.ny.gov/statistics/chac/birth/b13_34.htm

http://www.health.ny.gov/statistics/chac/birth/b13_56.htm

Nutrition / Physical Activity:

http://www.health.ny.gov/statistics/chac/general/g74.htm

Injury Prevention:

http://www.health.ny.gov/statistics/chac/mortality/d24_18.htm

http://www.health.ny.gov/statistics/chac/mortality/d24_34.htm

http://www.health.ny.gov/statistics/chac/mortality/d24_56.htm

http://www.health.ny.gov/statistics/chac/hospital/h15_18.htm

http://www.health.ny.gov/statistics/chac/hospital/h15_34.htm

http://www.health.ny.gov/statistics/chac/hospital/h15_56.htm