**ROCHESTER
REGIONALHEALTH**

Newark-Wayne
Community Hospital

Newark-Wayne Community Hospital

Community Service Plan

2013 - 2017

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What are the health priorities facing Wayne County?

This was the question facing Newark-Wayne Community Hospital in partnership with the Wayne County Public Health Department and Wayne County Rural Health Network as they delved into a comprehensive process that involved other local organizations and county residents.

Newark-Wayne Community Hospital and the Wayne County Public Health Department embarked on a 22 month long process to collect data, solicit opinions, facilitate a process and guide a discussion to determine not only what the most pressing problems facing our residents are, but also what can we effectively and efficiently address. The Newark-Wayne Community Hospital was charged with working with the local health department and other key partner agencies to select two key health priorities and one disparity to address in the community.

In the end, Newark-Wayne Community Hospital, Wayne County Public Health, and the partner agencies decided to tackle two tough areas under the New York State Dept. of Health priority of the prevention of chronic disease:

- Reduce obesity in children and adults
- Reduce heart disease and hypertension

The disparity the partners chose to address was to:

- Reduce obesity rates among low income populations

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

Obesity Prevalence
- The percentage of New York State adults who are overweight or obese increased from 42% in 1997 to 60% in 2008.
- The percentage of obese adults in New York State more than doubled from 10% in 1997 to 25% in 2008.
- Obesity among children and adolescents has tripled over the past three decades. Currently, a third of New York's children are obese or overweight.
- Health care to treat obesity-related illnesses and conditions cost the United States an estimated $150 billion and New York State more than $7.6 billion every year.[2]

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[1] CDC Chronic diseases: The Power to Prevent, the Call to Control
http://www.cdc.gov/chronicdisease/resources/publications/aag/chronic.htm
[2] New York State Dept. of Health Obesity Prevention http://www.health.ny.gov/prevention/obesity/

In Wayne County the age adjusted percentage of adults who are obese (BMI 30 or higher) is 31.6% compared to the New York State rate of 23.1%, and has recently held the dubious distinction of having the highest rate of obesity in the State[3]. Public health officials across the state and the nation must take steps to address this rising epidemic. Without strong action to reverse the obesity epidemic, for the first time in our history children may face a shorter lifespan than their parents.

Cardiovascular Disease (CVD) is the leading cause of death in the United States and in NYS. In New York State, CVD killed almost 59,000 residents in 2007. For every person who dies from a heart attack, 18 people survive. For every person who dies from a stroke, seven people survive. Many of these survivors are disabled and cannot lead productive lives. Stroke is a leading cause of premature, permanent disability among working-age adults in the United States. Stroke alone accounts for the disability of more than a million Americans. The economic impact of CVD and stroke on the health system will grow as the population ages.

Hypertension and tobacco use (along with obesity) are two major contributing factors to cardiovascular diseases. The age adjusted cardiovascular disease hospitalization rate per 10,000 in Wayne County is 172.6 compared to the upstate New York rate of 157.5. Hospitalization rates for diseases of the heart and coronary heart disease are also higher than NYS rates. The age adjusted percentage of adults who smoke cigarettes in Wayne County is 19.9% compared to the upstate NY rate of 17.0%. Failing to win the battle against obesity and heart disease will mean premature death and disability for an increasingly large segment of Wayne County residents. The cerebrovascular disease (stroke) mortality rate for Wayne County is 17.3 compared to the NYS rate of 10.5. Newark-Wayne Community Hospital along with their partners developed the Community Health Improvement Work Plan (see attachment E) to address these issues.

Next steps will center on accomplishing the activities outlined in the Community Health Improvement Work Plan to achieve the objectives related to our identified priorities. The group has already begun developing a more detailed work plan for each activity in the CHIP Chart in the Community Health Improvement Plan. Newark-Wayne Community Hospital will continue to meet and work with Wayne County Public Health and our other partners on a regular basis to begin to make progress in addressing the identified priorities to reduce obesity, heart disease and hypertension in our community.

A graphic illustration of our process:

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

Description of Hospital

Newark-Wayne Community Hospital (NWCH), an affiliate of Rochester Regional Health System, is a 120-bed community hospital that is located in beautiful Finger Lakes Region in Wayne County, N.Y. It is approximately 40 miles east of the city of Rochester. Newark-Wayne offers the full range of the services needed by the people it serves through a highly, qualified team of primary care and specialist physicians and through innovative programs including a robust Telehealth program.

NWCH is committed to providing unsurpassed quality and exceptional service for its patients and their families. And as an affiliate of Rochester Regional Health System, Newark-Wayne offers the same exceptional standards of care as the larger urban hospitals in the system including but not limited to the following specialties:

- Cardiac care (through the Sands-Constellation Heart Institute)
- Emergency Care
- Stroke Center
- Obstetrics & Gynecology and Birthing Center
- Orthopaedics
- Rehabilitation: Physical, Occupational & Speech Therapy and Cardiac Rehabilitation
- Senior Services
- Surgery (daVinci robotic, general, ophthalmology, urology, obstetrics/gynecology, ENT and more)
- Urology

Awards & Designations

- Fully-accredited by the Joint Commission
- A 2013 *Top Performer on Key Quality Measures*® by The Joint Commission (Heart Attack, Pneumonia and Surgical Care)
- A Sands-Constellation Heart Institute affiliate
- A New York State Department of Health Primary Stroke Center
- A "Baby-Friendly" USA Hospital as of January 2015 and scored 94 Percentile in the CDC Maternity Practices in Infant Care Survey
- Recognized by NICHE (Nurses Improving Care for Healthsystem Elders), a national designation indicating a hospital's commitment to elder care
- Pursuing Nurse Magnet designation

Other statistics include:

- Newark-Wayne is one of four full service hospitals in the Rochester Regional health System. The other affiliate hospitals include: Rochester General Hospital and Unity in Rochester and United Memorial in Batavia.

- In partnership with Rochester General Medical Group practices in Wayne County

- 120-Bed Acute Care Hospital

- 180-Bed Skilled Nursing Facility

- 385 Medical and Dental Staff Members

- 897 Employees

- 5,250 Inpatient Discharges

- 544, 700 Outpatient Encounters (visit, imaging, etc.)

- 24,100 Emergency Room Visits

- 3,921 Surgical Procedures in 2012

- 62,900 Patient Days in DeMay Living Center (95.8% average occupancy)

- 10,300 Adult Day Health Care Days (DeMay Living Center)

- Safe Motherhood Program (a Patient Quality and Safety Program)

See more at: www.rochesterregionalhealth.org.

Service Area

The primary area served by Newark-Wayne Community Hospital includes villages and towns located within Wayne County including: the Towns of Arcadia, Clyde, Ontario, Walworth, Macedon, Williamson, Marion, Palmyra, Sodus, Sodus Point, Lyons, Huron, Rose, Galen, Savannah, Butler, and Wolcott in Wayne County, and areas of Ontario County including Manchester and Phelps. In addition, Newark-Wayne Community Hospital's reach expanded to include specific patients in Ontario, Seneca and Yates Counties including patients primarily over 50 years of age with Orthopaedic diseases/injuries and young women of child-bearing age who are now delivering their babies and receiving gynecological care at Newark-Wayne Community Hospital due to their providers' decisions to provide their services at Newark-Wayne Community Hospital.

Most recently, Newark-Wayne Community Hospital has joined Clifton Spring Hospital & Clinic located in Ontario County, to make up the Rochester Regional Health Eastern Region. In 2016, both hospitals will be working together under the leadership of Rochester Regional Health to provide the best quality health care programs and services to the region.

Mission, Vision, Values

Our Mission

To enhance lives and preserve health by enabling access to a comprehensive, fully integrated network of the highest quality and most affordable care, delivered with kindness, integrity, and respect.

Our Vision

Lead the evolution of health care by enabling access to a comprehensive, fully integrated network of the highest quality and the most affordable care, delivered with kindness, integrity and respect.

Our Values

Quality
By setting and surpassing higher standards, we will continue to build a smarter, faster, more efficient organization that delivers excellent, appropriate care in the right place at the right time.

Compassion
Our culture of caring will be unmistakable in every personal interaction as we treat individuals, families and colleagues with empathy, honesty and openness.

Respect
We will treat each individual with caring consideration and value the diverse perspectives each one of them can bring.

Collaboration
By working together across disciplines and locations to share knowledge and skills, and through constant communication with those we serve and their families, we will create a unified, integrated approach to care.

Foresight
We will anticipate the challenges tomorrow may bring and develop new and innovative ways to inspire healthier communities.

Community Served

Wayne County's total land area of 604.2 square miles is located on the southern shore of Lake Ontario between two major cities, Rochester and Syracuse, in the Finger Lakes region of upstate New York. Sodus Bay, located about midway between these two cities, is the largest bay on the American shore of Lake Ontario. Glacier activity had a significant effect on the geography of the County. Along the northern border, south of Lake Ontario, the land rises slightly. This higher land is called the "Ridge". It is believed that it was the shore of a once bigger Lake Ontario. Much of the County is flat except for large rounded hills shaped like submarine sandwiches, called drumlins, which run north and south. These rounded hills were formed when the glacier began to melt and move from the area. The geography of Wayne County has affected the agriculture in the area, and also the presence of a substantial migrant labor force. The area near the lake has been the best place for farming of fruit because the temperature of the lake changes more slowly and affects the land close to it, by keeping the temperature more constant.
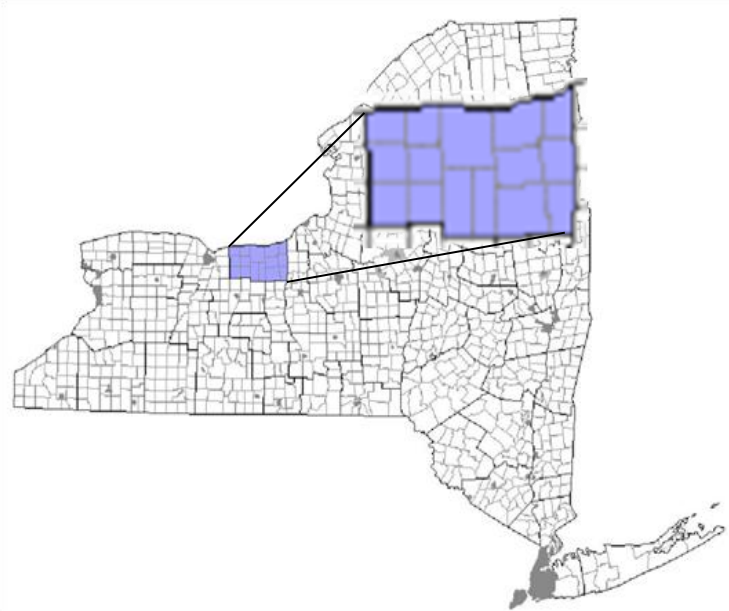
The population is widely scattered over the 604 square miles, with an average population density of approximately 155 persons per square mile. The most populous communities in Wayne County are Newark and Lyons (the county seat).

Almost 46 percent of the county's population lives in its four urban areas -- the towns of Arcadia, Ontario, Walworth, and Macedon. The county is predominately urban with nearly 91% of its residents living in urban areas. The population is widely scattered over the 603.83 square miles, with an average population density of approximately 155 persons per square mile. In the last 50 years, the population of the County has increased, by 25,783 persons. The Cornell Program on Applied Demographics estimates a 10% drop from the 2010 census over the next 40 years.
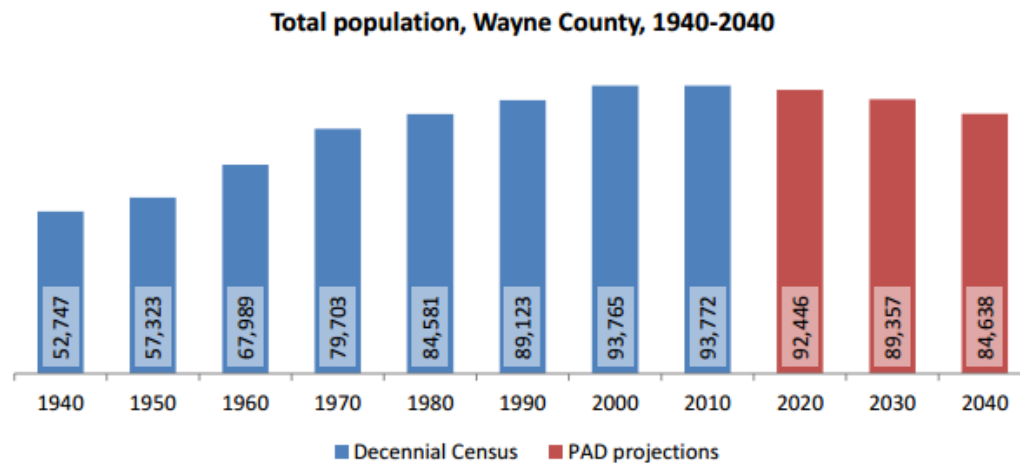
Total population, Wayne County, 1940-2040

Year	1940	1950	1960	1970	1980	1990	2000	2010	2020	2030	2040
Population	52,747	57,323	67,989	79,703	84,581	89,123	93,765	93,772	92,446	89,357	84,638

■ Decennial Census   ■ PAD projections

Source: 1940-2010 Decennial Census and projections by Cornell Program on Applied Demographics

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

3.4 Percentage sub county change 2000-2010

	Total Population		Difference	
	2000	2010	Count	%
New York State	18,976,821 *	19,378,102	401,281	2.1%
Wayne County	93,765	93,772	7	0.0%
Towns				
Arcadia	14,889	14,244	-645	-4.3%
Butler	2,277	2,064	-213	-9.4%
Galen	4,439	4,290	-149	-3.4%
Huron	2,117	2,118	1	0.0%
Lyons	5,831	5,682	-149	-2.6%
Macedon	8,688	9,148	460	5.3%
Marion	4,974	4,746	-228	-4.6%
Ontario	9,778	10,136	358	3.7%
Palmyra	7,672	7,975	303	3.9%
Rose	2,442	2,369	-73	-3.0%
Savannah	1,838	1,730	-108	-5.9%
Sodus	8,949	8,384	-565	-6.3%
Walworth	8,402	9,449	1,047	12.5%
Williamson	6,777	6,984	207	3.1%
Wolcott	4,692	4,453	-239	-5.1%

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

Demographics

Wayne County's population in the 2010 census was 93,772 residents. The 2012 Census Bureau estimates a population of 93,436 or a .04% increase. The median age in Wayne County in 2010 was 41.6 compared to the New York State median age of 38, showing an older population than the State as a whole.

New York State Census 2010
Median Age
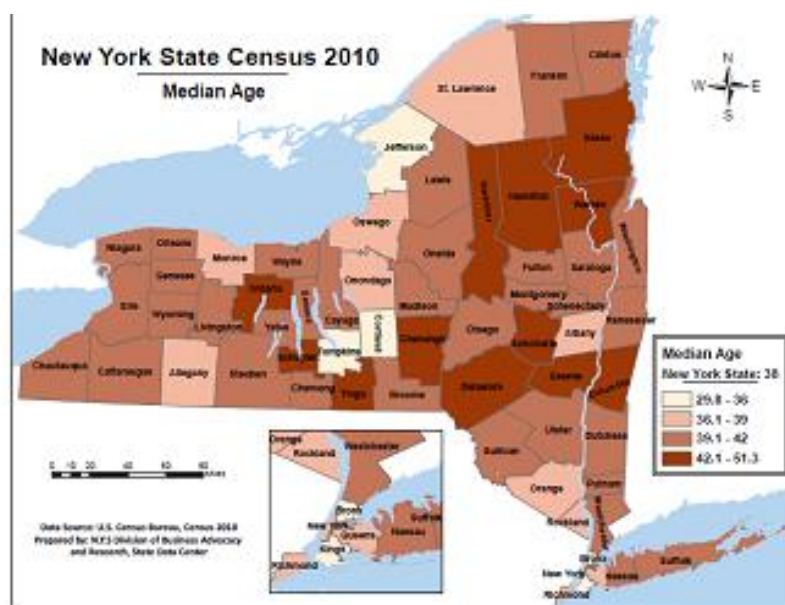
As illustrated in the chart below the percentage of the population over 65 has been steadily increasing and is expected to do so for the next 20 years. The implication of an aging population in Wayne County should not be ignored. This will affect many aspects of life for county residents including healthcare, nutrition, exercise, transportation, public safety, housing, taxes and the workforce. In a large, rural county such as ours it is imperative these issues are addressed for our aging population.
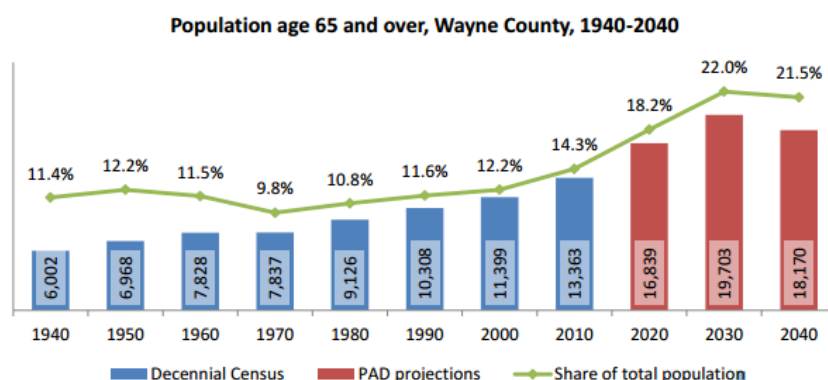
Population age 65 and over, Wayne County, 1940-2040

Source: 1940-2010 Decennial Census and projections by Cornell Program on Applied Demographics

Comparisons of Wayne County numbers to New York State numbers can be found in the chart below from the US Census Bureau. Persons over 65 years old in Wayne County account for 15.5% of the population compared to the NYS average of 14.1%. Wayne County is 94.0% white, with a much lower percentage of residents who were foreign born or speak a language other than English at home compared to NYS averages which is typical of rural counties. While Wayne County has a higher high school graduation rate at 87.2% than the NYS average of 84.6% the percentage of residents going on to get bachelor's degrees or higher is much lower at 20.8% compared to NYS 32.5%. Per capita income levels in the county are almost 22% below NYS levels at $24,872 compared to $31,796. Median household income figures for Wayne County are just slightly below NYS averages at $54,380 compared to $56,951. Residents below poverty level in Wayne County account for 11.1% of the population compared to the NYS average of 14.5%.

Wayne County, New York People QuickFacts	Wayne County	New York
Population, 2012 estimate	92,962	19,570,261
Population, 2010 (April 1) estimates base	93,772	19,378,104
Population, percent change, April 1, 2010 to July 1, 2012	-0.9%	1.0%
Population, 2010	93,772	19,378,102
Persons under 5 years, percent, 2012	5.7%	6.0%
Persons under 18 years, percent, 2012	22.7%	21.8%
Persons 65 years and over, percent, 2012	15.5%	14.1%
Female persons, percent, 2012	50.4%	51.5%
White alone, percent, 2012 (a)	94.0%	71.2%
Black or African American alone, percent, 2012 (a)	3.2%	17.5%
American Indian and Alaska Native alone, percent, 2012 (a)	0.4%	1.0%
Asian alone, percent, 2012 (a)	0.6%	8.0%
Native Hawaiian and Other Pacific Islander alone, percent, 2012 (a)	Z	0.1%
Two or More Races, percent, 2012	1.8%	2.2%
Hispanic or Latino, percent, 2012 (b)	3.9%	18.2%
White alone, not Hispanic or Latino, percent, 2012	90.7%	57.6%
Living in same house 1 year & over, percent, 2007-2011	87.4%	88.5%
Foreign born persons, percent, 2007-2011	2.9%	21.8%
Language other than English spoken at home, percent age 5+, 2007-2011	5.5%	29.5%
High school graduate or higher, percent of persons age 25+, 2007-2011	87.2%	84.6%
Bachelor's degree or higher, percent of persons age 25+, 2007-2011	20.8%	32.5%
Veterans, 2007-2011	6,992	986,313
Mean travel time to work (minutes), workers age 16+, 2007-2011	24.3	31.4
Housing units, 2011	41,195	8,119,364
Homeownership rate, 2007-2011	77.4%	54.8%
Housing units in multi-unit structures, percent, 2007-2011	17.0%	50.5%
Median value of owner-occupied housing units, 2007-2011	$108,400	$301,000
Households, 2007-2011	36,563	7,215,687
Persons per household, 2007-2011	2.5	2.59
Per capita money income in the past 12 months (2011 dollars), 2007-2011	$24,872	$31,796
Median household income, 2007-2011	$54,380	$56,951
Persons below poverty level, percent, 2007-2011	11.1%	14.5%
Business QuickFacts	Wayne County	New York
Private nonfarm establishments, 2011	1,707	521,537
Private nonfarm employment, 2011	19,600	7,369,731
Private nonfarm employment, percent change, 2010-2011	-0.5%	1.4%
Nonemployer establishments, 2011	4,929	1,596,899
Total number of firms, 2007	6,834	1,956,733
Black-owned firms, percent, 2007	1.0%	10.4%
American Indian- and Alaska Native-owned firms, percent, 2007	S	0.7%
Asian-owned firms, percent, 2007	S	10.1%
Native Hawaiian and Other Pacific Islander-owned firms, percent, 2007	F	0.1%
Hispanic-owned firms, percent, 2007	2.7%	9.9%
Women-owned firms, percent, 2007	28.6%	30.4%
Manufacturers' shipments, 2007 ($1000)	1,888,986	162,720,173
Merchant wholesaler sales, 2007 ($1000)	189,350	313,461,904
Retail sales, 2007 ($1000)	816,657	230,718,065
Retail sales per capita, 2007	$8,922	$11,879
Accommodation and food services sales, 2007 ($1000)	52,348	39,813,499
Building permits, 2012	86	24,872

Geography QuickFacts	Wayne County	New York
Land area in square miles, 2010	603.83	47,126.40
Persons per square mile, 2010	155.3	411.2
FIPS Code	117	36

Housing

The majority of Wayne County housing was built after the 1960s. Housing statistics indicate that home ownership is 77.4%, which is approximately 29% higher than the New York State average of 54.8%. Housing units in multi-unit structures, is significantly less in Wayne County at 17% than the New York State average of 50.5%, indicating that Wayne county is in the upper quartile in regards to home ownership percentages.
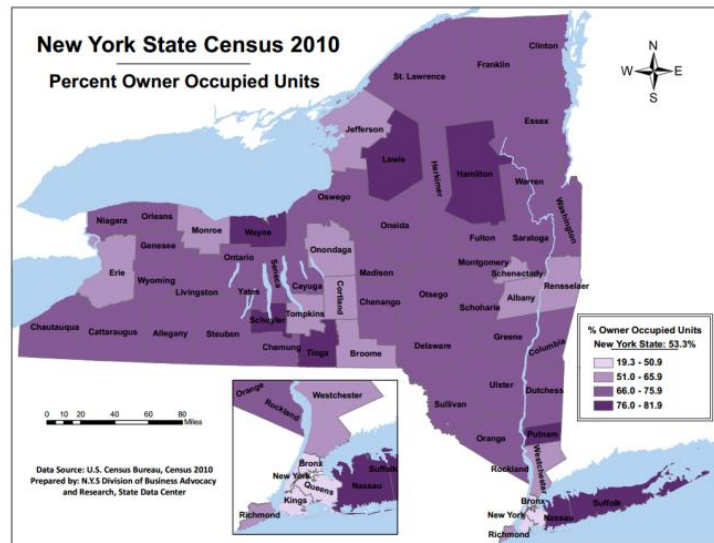
This map from the New York State's Empire State Development Data Center illustrates that Wayne County has one of the largest percentages of owner occupied units in the state.

HOUSING OCCUPANCY		
Total housing units	40,913	100
Occupied housing units	36,563	89.4
Vacant housing units	4,350	10.6
For rent	6.6	(X)
Homeowner vacancy rate	1.9	(X)
Rental vacancy rate	6.6	(X)

Race

The 2010 Census population of Wayne County is predominantly white at 92.9%. This is a decrease over 2000 Census figures of 93.8%.

RACE 2010 vs. 2000 demographic census data		
	2010	**2000**
White	92.9%	93.8%
Black or African American	3.1%	3.2%
American Indian and Alaska Native	.3%	0.3%
Asian alone	.5%	0.5%
Native Hawaiian and Other Pacific Islander	0.0%	0.0%
Two or More Races	1.9%	1.3%
Hispanic or Latino	3.7%	2.4%
White alone, not Hispanic or Latino	91.0%	92.5%

Poverty

The annual median household income in Wayne County is $54,380 which is 4.5% below the NYS median household income of $56,951. Among Wayne County residents 11.1% had incomes below the poverty level compared to the NYS average of 14.5%. Data on student eligibility for the free or reduced lunch program in schools is another indicator of local poverty. The table below summarizes these indicators for Wayne County and shows that school districts in the county have a large number of students who qualify for the program. The average percentage of students who qualify for free or reduced lunches has increased from 37% in 2010 to 42% in 2012.

	Wayne County School Districts					
Year	Number Free	Number Reduced	Total	% Free	% Reduced	Total %
2012	4,419	1,552	**5,971**	31	11	**42**
2011	4,211	1,471	**5,682**	28	10	**38**
2010	4,056	1,580	**5,636**	27	10	**37**

School	2012			2011			2010		
	% Free	% Reduced	Total	% Free	% Reduced	Total	% Free	% Reduced	Total
NEWARK CSD	37	12	49	37	11	48	31	12	43
CLYDE-SAVANNAH CSD	36	15	51	28	13	41	39	14	53
LYONS CSD	57	18	75	42	11	53	38	12	50
MARION CSD	20	11	31	23	10	33	22	13	35
WAYNE CSD	17	8	25	16	8	24	18	8	26
PALMYRA-MACEDON CSD	26	7	33	27	8	35	22	8	30
GANANDA CSD	12	6	18	12	5	17	12	8	20
SODUS CSD	38	11	49	39	11	50	34	11	45
WILLIAMSON CSD	23	10	33	21	12	33	20	9	29
NORTH ROSE-WOLCOTT CSD	47	16	63	40	11	51	35	13	48
RED CREEK CSD	38	10	48	33	11	44	36	12	48

Estimated percent of people of all ages in poverty 2011

New York State Census 2010
Percent of Individuals
65 and Over in Poverty

% 65+ in Poverty
New York State: 11.5%
3.4 - 7.9
8.0 - 9.9
10.0 - 12.9
13.0 - 14.9

Data Source: U.S. Census Bureau,
2010 ACS 5-Year Estimates
Prepared by: N.Y.S Division of Business Advocacy
and Research, State Data Center
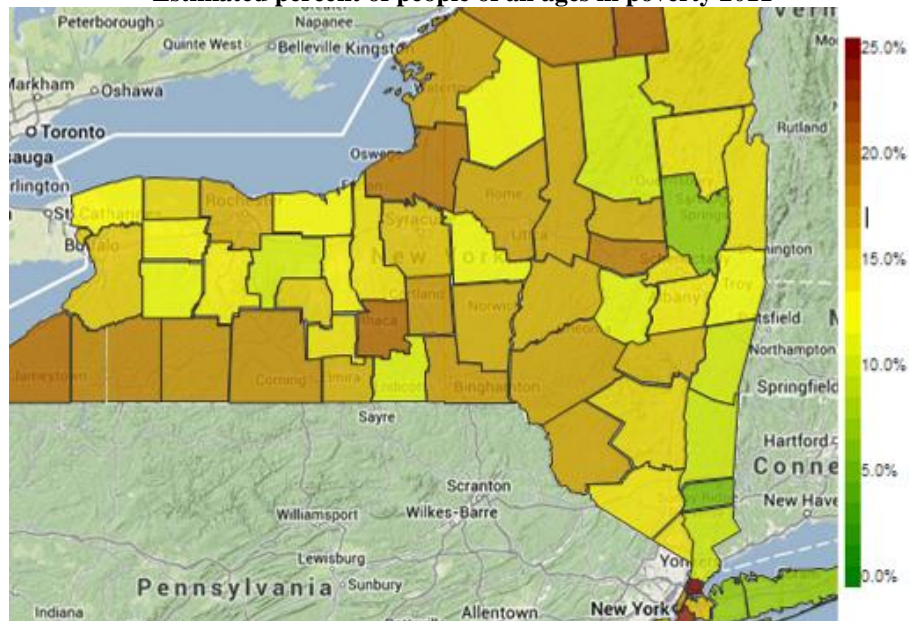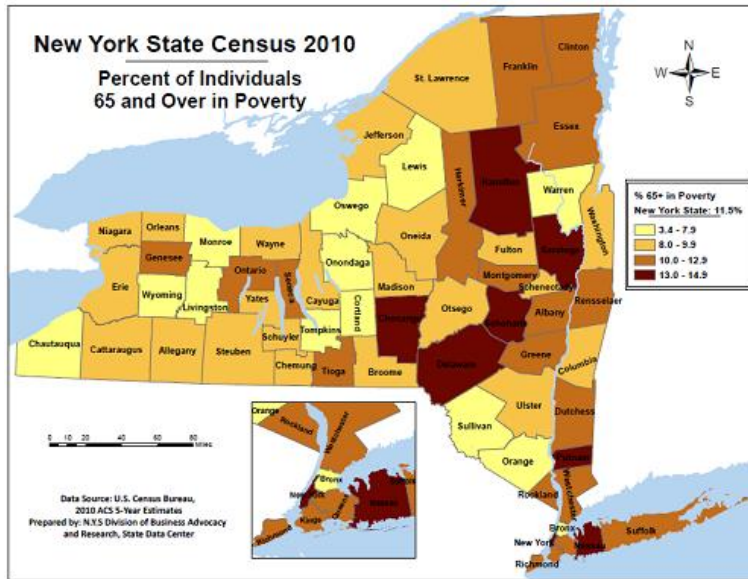
The New York State Dept. of Labor reported the unemployment rate in Wayne County was 6.8% compared to the NYS rate of 7.6% in July of 2013.

New York State Unemployment Rates July 2013		
Rank	County	Rate
2	Yates	5.6
6	Ontario	5.9
11	Seneca	6.2
19	Schuyler	6.7
22	Wayne	6.8
52	Steuben	8.4
	New York State	7.6

Disability

Wayne County has a higher rate of people with a disability at 13.3% than the New York State percentage of 11.1% and the national average of 11.7%. Statistically, persons with disabilities tend to have greater health needs, higher co-morbidities and lower incomes than persons without disabilities. This is significant in terms of both health care costs and outcomes.

Location	Total Population	Any Disability	Rate
United States	281,749,355	32,884,621	11.7%
New York State	18,426,041	2,049,016	11.1%
Wayne	85,882	11,399	13.3%

Wayne County NY	Total Population	Any Disability	Percentile	NYS Percentile
Ages 5-17	15,846	1,580	10.0%	4.8%
Ages 18-34	17,536	887	5.1%	5.1%
Ages 35-64	36,378	4,681	12.9%	10.9%
Ages 65-74	5,503	1,485	27.0%	25.2%
Age 75+	4,838	2,765	57.1%	56.6%
All Ages, Hearing Difficulty	85,882	3,259	3.8%	2.6%
All Ages, Vision Difficulty	85,882	1,734	2.0%	2.2%
Ages Five and Older, Cognitive Difficulty	80,101	4,292	5.4%	4.7%
Ages Five and Older, Ambulatory Difficulty	80,101	5,785	7.2%	6.7%
Ages Five and Older Self-Care Difficulty	80,101	2,091	2.6%	3.0%
Ages 18 and Older, Independent Living Difficulty	64,255	3,467	5.4%	6.3%

Poverty and Income

The following charts illustrate Wayne County's indicators for poverty and income compared to New York State averages. 20.4% of the households in Wayne County have incomes below $25,000 compared to the 23% New York State rate. Only 4.6% of county residents have incomes above $150,000 compared to the NYS rate of 12.3%. Median household income in Wayne County is $54,380 compared to the NYS average of $56,951. Perhaps more significantly, Wayne County's per capita income of $24,872 is almost 22% less than the NY State per capita income. Wayne County rates for median family income, per capita income and median earnings for workers are also less than NYS averages. Rates for Wayne County residents below the poverty level are better than NYS rates. However, the lower per capita, family and worker incomes indicated that there are a substantial number of Wayne County residents who are low-income but above the poverty level.

INCOME AND BENEFITS (IN 2011 INFLATION-ADJUSTED DOLLARS)	Wayne County Estimate	Wayne County Percent	NYS Estimate	NYS Percent
Total households	36,563	36,563	7,215,687	7,215,687
Less than $10,000	1,781	4.9%	569,093	7.9%
$10,000 to $14,999	1,877	5.1%	377,349	5.2%
$15,000 to $24,999	3,812	10.4%	714,075	9.9%
$25,000 to $34,999	3,894	10.7%	668,253	9.3%
$35,000 to $49,999	5,335	14.6%	882,191	12.2%
$50,000 to $74,999	7,943	21.7%	1,233,315	17.1%
$75,000 to $99,999	5,648	15.4%	875,786	12.1%
$100,000 to $149,999	4,596	12.6%	1,002,264	13.9%
$150,000 to $199,999	1,219	3.3%	421,066	5.8%
$200,000 or more	458	1.3%	472,295	6.5%
Median household income (dollars)	54,380	(X)	56,951	(X)
Mean household income (dollars)	63,361	(X)	82,698	(X)
Earnings	28,634	78.3%	5,655,471	78.4%
Mean earnings (dollars)	62,840	(X)	86,328	(X)
With Social Security	11,511	31.5%	2,026,768	28.1%
Mean Social Security income (dollars)	17,321	(X)	16,581	(X)
With retirement income	7,682	21.0%	1,264,147	17.5%
Mean retirement income (dollars)	20,939	(X)	23,831	(X)
With Supplemental Security Income	1,529	4.2%	379,518	5.3%
Mean Supplemental Security Income (dollars)	9,314	(X)	8,697	(X)
With cash public assistance income	776	2.1%	227,160	3.1%
Mean cash public assistance income (dollars)	2,945	(X)	3,905	(X)
With Food Stamp/SNAP benefits in the past 12 months	3,630	9.9%	890,240	12.3%
Families	26,052	26,052	4,656,855	4,656,855
Less than $10,000	601	2.3%	227,940	4.9%
$10,000 to $14,999	835	3.2%	160,085	3.4%
$15,000 to $24,999	2,221	8.5%	358,954	7.7%
$25,000 to $34,999	2,044	7.8%	384,623	8.3%
$35,000 to $49,999	3,930	15.1%	550,723	11.8%
$50,000 to $74,999	6,032	23.2%	821,507	17.6%
$75,000 to $99,999	4,751	18.2%	639,156	13.7%
$100,000 to $149,999	4,046	15.5%	788,962	16.9%
$150,000 to $199,999	1,154	4.4%	343,285	7.4%
$200,000 or more	438	1.7%	381,620	8.2%
Median family income (dollars)	63,125	(X)	69,202	(X)
Mean family income (dollars)	72,010	(X)	95,697	(X)
Per capita income (dollars)	24,872	(X)	31,796	(X)
Nonfamily households	10,511	10,511	2,558,832	2,558,832
Median nonfamily income (dollars)	29,979	(X)	35,540	(X)
Mean nonfamily income (dollars)	37,822	(X)	55,708	(X)

The percentage of children ages 5-17 in poverty is significantly higher at a rate of 10.0% compared to the NYS average of 4.8%. People with a disability are likely to lag behind those without one in educational attainment, employment, and income levels. They are more likely to rely on public programs such as Food Stamps and much more apt to be living in poverty.

INCOME AND BENEFITS (IN 2011 INFLATION-ADJUSTED DOLLARS)	Wayne County Estimate	Wayne County Percent	NYS Estimate	NYS Percent
Median earnings for workers (dollars)	29,925	(X)	33,377	(X)
Median earnings for male full-time, year-round workers (dollars)	45,418	(X)	51,051	(X)
Median earnings for female full-time, year-round workers (dollars)	34,998	(X)	42,037	(X)
PERCENTAGE OF FAMILIES AND PEOPLE WHOSE INCOME IN THE PAST 12 MONTHS IS BELOW THE POVERTY LEVEL				
All families	(X)	7.5%	(X)	11.0%
With related children under 18 years	(X)	13.3%	(X)	16.9%
With related children under 5 years only	(X)	14.5%	(X)	16.6%
Married couple families	(X)	3.6%	(X)	5.4%
With related children under 18 years	(X)	5.9%	(X)	7.6%
With related children under 5 years only	(X)	6.7%	(X)	6.9%
Families with female householder, no husband present	(X)	26.0%	(X)	27.2%
With related children under 18 years	(X)	33.2%	(X)	36.8%
With related children under 5 years only	(X)	36.4%	(X)	41.7%
All people	(X)	11.1%	(X)	14.5%
Under 18 years	(X)	17.0%	(X)	20.3%
Related children under 18 years	(X)	16.4%	(X)	20.1%
Related children under 5 years	(X)	16.5%	(X)	22.7%
Related children 5 to 17 years	(X)	16.4%	(X)	19.1%
18 years and over	(X)	9.2%	(X)	12.8%
18 to 64 years	(X)	9.5%	(X)	13.0%
65 years and over	(X)	7.9%	(X)	11.5%
People in families	(X)	8.7%	(X)	12.1%
Unrelated individuals 15 years and over	(X)	22.8%	(X)	24.4%

Disability Prevalence

In New York State, 8.5% of working-age people have a disability. View further data description and table.

In Wayne County, 11.3% of working-age people have a disability.

This map is derived from estimates for the civilian, non-institutionalized working age (18-64) population using the American Community Survey three-year (2008-2010) estimates from the American Fact Finder. In Wayne County 11.3% of working age people have a disability compared to the NYS rate of 8.5%.
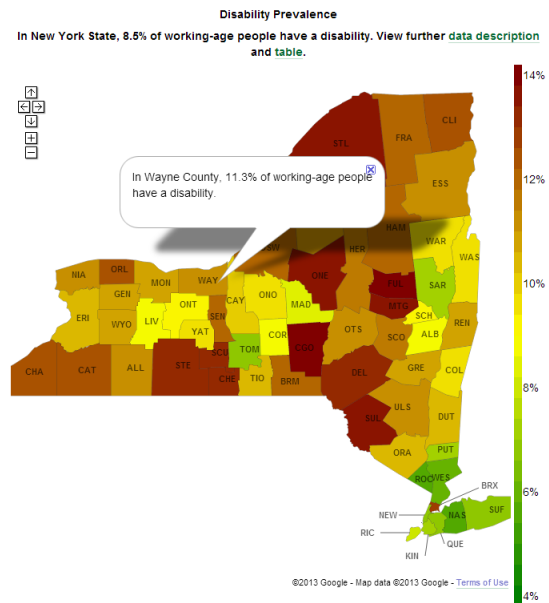
Educational Attainment

Lack of education is often associated with a lower health status and a greater likelihood of not seeking health care, especially preventive services. According to the American Community Survey Wayne County has a higher percentage high school graduates at 87.2% compared to the NYS average of 84.6%. However, Wayne County has almost 36% fewer residents over the age of 25 with a Bachelor's degree compared with the NYS average, with just 20.8% of Wayne County residents having a Bachelor's degree or higher, compared to the State average of 32.5%.

US Census Bureau Quick Facts	Wayne County	New York
High school graduate or higher, percent of persons age 25+, 2007-2011	87.2%	84.6%
Bachelor's degree or higher, percent of persons age 25+, 2007-2011	20.8%	32.5%

Subject	NY Estimate	NY %	Wayne County Estimate	Wayne %
EDUCATIONAL FAILURE				
Population 25 years and over	12,999,473	12,999,473	63,993	63,993
Less than 9th grade	904,283	7.0%	2,469	3.9%
9th to 12th grade, no diploma	1,091,242	8.4%	5,745	9.0%
High school graduate (includes equivalency)	3,612,232	27.8%	22,462	35.1%
Some college, no degree	2,097,401	16.1%	11,861	18.5%
Associate's degree	1,070,808	8.2%	8,129	12.7%
Bachelor's degree	2,404,491	18.5%	7,829	12.2%
Graduate or professional degree	1,819,016	14.0%	5,498	8.6%
Percent high school graduate or higher	(X)	84.6%	(X)	87.2%
Percent bachelor's degree or higher	(X)	32.5%	(X)	20.8%
VETERAN STATUS				
Civilian population 18 years and over	14,928,282	14,928,282	70,917	70,917
Civilian veterans	986,313	6.6%	6,992	9.9%
PLACE OF BIRTH				
Total population	19,302,448	19,302,448	93,628	93,628
Native	15,087,400	78.2%	90,875	97.1%
Born in United States	14,618,505	75.7%	89,908	96.0%
State of residence	12,331,483	63.9%	78,039	83.4%
Different state	2,287,022	11.8%	11,869	12.7%
Born in Puerto Rico, U.S. Island areas, or born abroad to American parent(s)	468,895	2.4%	967	1.0%
Foreign born	4,215,048	21.8%	2,753	2.9%

LANGUAGE SPOKEN AT HOME				
Population 5 years and over	18,144,441	18,144,441	88,163	88,163
English only	12,798,327	70.5%	83,284	94.5%
Language other than English	5,346,114	29.5%	4,879	5.5%
Speak English less than "very well"	2,416,773	13.3%	1,835	2.1%
Spanish	2,640,614	14.6%	2,349	2.7%
Speak English less than "very well"	1,225,812	6.8%	1,051	1.2%
Other Indo-European languages	1,602,964	8.8%	2,184	2.5%
Speak English less than "very well"	625,917	3.4%	686	0.8%
Asian and Pacific Islander languages	846,507	4.7%	270	0.3%
Speak English less than "very well"	480,377	2.6%	98	0.1%
Other languages	256,029	1.4%	76	0.1%

Only 23.5% of Wayne County residents have a college degree compared to the NYS rate of 40.7%. A lower level of educational attainment contributes to lower earning ability, which adversely affects health, but probably also leads to a lower level of knowledge regarding how to practice healthy behaviors, how to access appropriate preventive health care services and having a basic level of health literacy. This underscores the need to work with the educational system to help inspire young people to continue their education after high school.

New York State Census 2010
Percent High School Education as Highest Attainment*
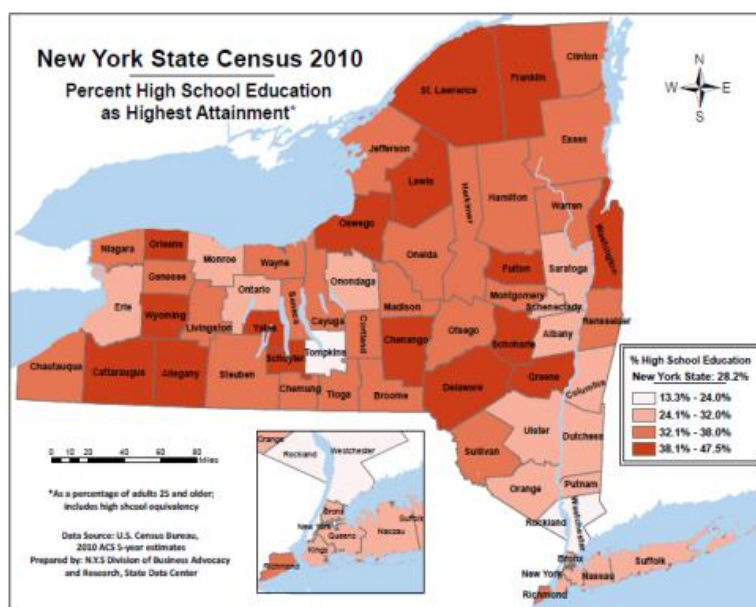
The majority of residents were born in the United States and 9.9% of the population is civilian veterans. 94.5% of Wayne County residents only speak English at home.

Health Insurance

Poverty, disability, and educational level all affect health outcomes, as does whether or not one is insured. The uninsured are less likely to receive preventive care. In Wayne County 11.2% of those under the age of 65 are estimated to be uninsured. This is lower than the upstate rate of 12.5%. However, Wayne County has a higher rate of children, under the age of 19, who are uninsured at 7.7% compared to the state average of 7%. The Affordable Care Act and creation of the New York State of Health Marketplace to enroll all residents in an insurance product is an exciting development that is already helping to get more people insured.

Estimated Uninsured in 2008 by New York State County of Residence

| County	Under Age 65 % Uninsured	Under Age 19 % Uninsured	Age 19 to 64 % Uninsured
Statewide	15.8	7.4	19
NYS (not including) NYC	12.5	7	14.6
Ontario	9.8	8.1	10.5
Schuyler	14.1	10.5	15.5
Seneca	14	12.5	14.6
Wayne	15.2	10.8	17.0
Wayne	**11.2**	**7.7**	**12.7**
Yates	14	11.4	15.3

The chart below from the NYSDOH provides a general overview of socio-economic status and general health indicators of Wayne County residents compared to those of the rest of the state. Wayne County ranks in the bottom quartile of NYS counties for several indicators including: median family income, adults without health insurance, percentage of adults who had poor mental health, the age adjusted total mortality rate, and the years of potential life lost.

Indicator	3 Year Total	County Rate	NYS Rate	Sig.Dif.	NYS Rate exc. NYC	Sig.Dif.	County Ranking Group
Total population (2011)	N/A	93,436.0	19,465,197.0	N/A	11,220,287.0	N/A	3rd
% of labor force unemployed (2012)	4,053	8.6	8.5	No	8.0	Yes	3rd
% of population at or below poverty level (2011)	N/A	12.8	16.1	Yes	N/A	N/A	2nd
% of children aged less than 18 years at or below poverty level (2011)	N/A	20.6	22.8	No	N/A	N/A	2nd
Median family income in US dollars (2011)	N/A	51,901.0	55,147.0	N/A	N/A	N/A	2nd
% of children aged less than 19 years with health insurance (2011)	N/A	94.8	95.5	No	N/A	N/A	4th
% of adults aged 18-64 years with health insurance (2011)	N/A	86.3	83.7	Yes	N/A	N/A	2nd
High school dropout rate	409	2.1	2.7	Yes	1.8	Yes	3rd
Age-adjusted % of adults who did not receive medical care because of cost # (2008-2009)	N/A	11.6	13.8	No	12.0	No	2nd
Age-adjusted % of adults with regular health care provider (2008-2009)	N/A	95.1	83.0	Yes	87.1	Yes	1st
Age-adjusted % of adults who had poor mental health 14 or more days within the past month (2008-2009)	N/A	13.2	10.2	No	10.9	No	4th
Birth rate per 1,000 population	3,066	11.0	12.5	Yes	11.0	No	3rd
Total mortality rate per 100,000	2,418	868.2	748.3	Yes	843.7	No	2nd
Age-adjusted total mortality rate per 100,000	2,418	752.2	658.1	Yes	691.4	Yes	3rd
% premature deaths (aged less than 75 years)	1,001	41.4	39.9	No	37.3	Yes	4th
Years of potential life lost per 100,000	16,726	6,416.7	5,668.7	Yes	5,839.1	Yes	3rd
Total emergency department visit rate per 10,000	99,358	3,567.6	3,954.5	Yes	3,638.6	Yes	2nd
Age-adjusted total emergency department visit rate per 10,000	99,358	3,658.4	3,953.2	Yes	3,657.5	No	2nd
Total hospitalization rate per 10,000	33,796	1,213.5	1,280.9	Yes	1,214.7	No	3rd
Age-adjusted total hospitalization rate per 10,000	33,796	1,161.7	1,230.4	Yes	1,156.8	No	3rd

Process

Mobilizing for Action through Planning and Partnership

Led by the S2AY Rural Health Network, Newark-Wayne Community Hospital, Wayne County Rural Health Network, and Wayne County Public Health Department along with other community partners utilized the Mobilizing for Action through Planning and Partnership (MAPP) process to determine two priorities and a disparity from the 2013 – 2017 Prevention Agenda. The MAPP process is a strategic approach to community health improvement. This tool helps communities improve health and quality of life through community-wide strategic planning. Using MAPP, communities seek to achieve optimal health by identifying and using their resources wisely, taking into account their unique circumstances and needs, and forming effective partnerships for strategic action. The MAPP tool was developed by the National Association of County and City Health Officials (NACCHO) in cooperation with the Public Health Practice Program Office, Centers for Disease Control and Prevention (CDC). A work group comprised of local health officials, CDC representatives, community representatives, and academicians developed MAPP between 1997 and 2000. The vision for implementing MAPP is: *"Communities achieving improved health and quality of life by mobilizing partnerships and taking strategic action".* The MAPP process encompasses several steps.
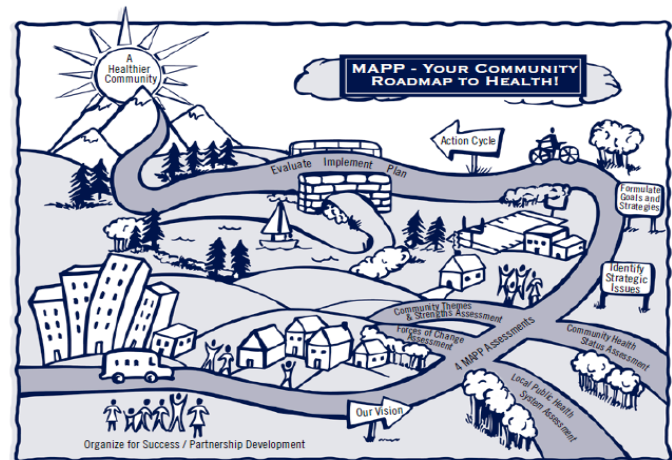
Organize for Success - Partner Development

The goal of this step is to bring together key partners and familiarize them with the MAPP process and determine key local questions. To accomplish this, the Department invited participants from a wide range of the organizations throughout the county. Organizations that participated in the community health assessment process were:

- **Wayne County Public Health**
- **Newark-Wayne Community Hospital**
- **Wayne County Rural Health Network**
- **Cornell Cooperative Extension of Wayne County**
- **Wayne County Community Action Program**
- **Wayne ARC**
- **Wayne County Schools**
- **Wayne County Department of Social Services**
- **Wayne County Aging & Youth**
- **Representatives from the Wayne County Board of Supervisors**

Additionally, other organizations participated in the ratings process. This group, The Wayne County Prevention Agenda Team, includes organizations that are committed to improving the health of Wayne County residents. This group has met on a monthly basis in the development of the Community Health Improvement Work Plan. The members of the group have agreed to meet on a

regular basis to ensure that the initiatives outlined in the Community Health Improvement Work Plan are implemented, monitored and evaluated.

Assessments

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

Public Participation

The first assessment examined the Community Health Status Indicators. Two methods were used to examine indicators. The first was to collect relevant statistical data using the NYSDOH Community Health Indicator Reports and a variety of other secondary sources. This was completed by S2AY Rural Health Network staff. The second method was to collect primary data by conducting a comprehensive survey among a random sample of community residents to determine their opinions, health-related behaviors and health needs. A total of 747 completed surveys were returned in Wayne County. Surveys were conducted electronically through a Survey Monkey link, along with paper copies which were distributed to the public through employers, health, educational and human services agencies and through other community groups. Newark-Wayne Community Hospital had paper copies available in its public lobbies and in physicians' offices and emailed employees, boards and providers to notify them that it was available. The survey was designed to encompass questions in the five Prevention Agenda areas that the New York State Department of Health (NYSDOH) has identified as high priority issues on a statewide basis. A summary of survey results can be found in Attachment A.

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

The third assessment was the Community Themes and Strengths Assessment that was conducted through focus groups which were held throughout the County. This assessment looked at the issues that affect the quality of life among community residents and the assets the County has available to address health needs. These were held in conjunction with the fourth assessment that looked at the "Forces of Change" that are at work locally, statewide and nationally, and what types of threats and/or opportunities are created by these changes.
The focus groups conducted in Wayne County included the Wayne County Health Services Advisory Board (10/24/12), Newark-Wayne Hospital physician's group (10/17/12), Williamson Fire Department- Wayne County Fire Chief's meeting (10/22/12), Head Start Parent's Advisory

Board (11/1/12), and Wayne County Rural Health Network board members (10/4/12). These groups helped augment the responses of the public health system assessment and findings of the survey of community residents. Focus group notes can be found in Attachment B.

Wayne County even with its close proximity to Rochester still has some very rural and remote areas. It is medically underserved, sparsely populated, has few employers, has little public transportation, and is challenged by low incomes, a high percentage of uninsured/underinsured, and a high unemployment rate. The combination creates significant barriers to providing comprehensive approaches to improving patient care, effectively reaching, educating and following up with patients and their families and assuring such services are available on a year round basis.

Identification of Strategic Issues

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

Cancer Indicators

Several cancer incidence and mortality indicators for the County are in the 4th quartile and lower than state averages. Crude mortality and age adjusted mortality rates for all cancers are higher than NYS rates. This is also true for the categories of lip, oral cavity, pharynx, all lung and bronchus indicators, and crude late stage prostate incidence rates. New York State determines whether county rates are significantly different from NYS rates and NYS rates that do not include New York City. Several of the activities in the Community Health Improvement Work Plan will work to address these indicators.

Cancer Indicators - Wayne County-2007-2009

Indicator	3 Year Total	County Rate	NYS Rate	Sig. Dif.	NYS Rate exc NYC	Sig. Dif.	County Ranking Group
All cancers							
Crude incidence per 100,000	1,697	618.6	536.5	Yes	599.7	No	3rd
Age-adjusted incidence per 100,000	**1,697**	**539.9**	**489.6**	**Yes**	**520.0**	**No**	**4th**
Crude mortality rate per 100,000	594	216.5	179.9	Yes	204.1	No	2nd
Age-adjusted mortality rate per 100,000	594	190.1	163.0	Yes	173.9	No	3rd
Lip, Oral Cavity, and Pharynx Cancer							
Crude incidence per 100,000	23	8.4	11.5	No	12.7	No	1st
Age-adjusted incidence per 100,000	23	6.4	10.4	Yes	10.8	Yes	1st
Crude mortality rate per 100,000	11	4.0	2.3	No	2.4	No	4th
Age-adjusted mortality rate per 100,000	**11**	**3.2**	**2.1**	**No**	**2.0**	**No**	**4th**
Colon and rectum cancer							
Crude incidence per 100,000	160	58.3	50.4	No	53.9	No	3rd
Age-adjusted incidence per 100,000	160	50.6	45.8	No	46.2	No	3rd
Crude mortality rate per 100,000	49	17.9	17.4	No	18.5	No	2nd

Age-adjusted mortality rate per 100,000	49	15.9	15.7	No	15.7	No	2nd
Lung and bronchus cancer							
Crude incidence per 100,000	250	91.1	69.8	Yes	83.9	No	2nd
Age-adjusted incidence per 100,000	250	78.9	63.8	Yes	72.2	No	3rd
Crude mortality rate per 100,000	190	69.3	46.9	Yes	57.2	Yes	3rd
Age-adjusted mortality rate per 100,000	**190**	**60.0**	**42.8**	**Yes**	**49.0**	**Yes**	**4th**
Female breast cancer							
Crude incidence per 100,000	218	158.0	147.1	No	164.9	No	3rd
Age-adjusted incidence per 100,000	218	127.4	126.9	No	136.1	No	2nd
Crude mortality rate per 100,000	38	27.5	26.7	No	28.8	No	3rd
Age-adjusted mortality rate per 100,000	38	22.0	21.7	No	22.2	No	3rd
Crude late stage incidence per 100,000	7	5.1*	8.0	No	8.3	No	1st
Age-adjusted late stage incidence per 100,000	7	4.4*	6.8	No	6.8	No	1st
Cervix uteri cancer							
Crude incidence per 100,000	11	8.0	8.9	No	7.9	No	2nd
Age-adjusted incidence per 100,000	11	7.8	8.3	No	7.4	No	3rd
Crude mortality rate per 100,000	4	2.9*	2.7	No	2.2	No	3rd
Age-adjusted mortality rate per 100,000	**4**	**3.0***	**2.3**	**No**	**1.9**	**No**	**4th**
Ovarian cancer							
Crude incidence per 100,000	21	15.2	15.2	No	16.5	No	2nd
Age-adjusted incidence per 100,000	21	12.6	12.9	No	13.4	No	2nd
Crude mortality rate per 100,000	12	8.7	9.6	No	11.0	No	1st
Age-adjusted mortality rate per 100,000	12	7.4	7.8	No	8.5	No	2nd
Prostate cancer							
Crude incidence per 100,000	293	214.9	169.1	Yes	186.0	Yes	4th
Age-adjusted incidence per 100,000	**293**	**195.3**	**166.9**	**Yes**	**171.2**	**No**	**4th**
Crude mortality rate per 100,000	27	19.8	18.5	No	19.2	No	3rd
Age-adjusted mortality rate per 100,000	27	23.4	21.6	No	20.8	No	3rd
Crude late stage incidence per 100,000	8	5.9*	6.7	No	6.6	No	2nd
Age-adjusted late stage incidence per 100,000	8	6.1*	7.2	No	6.6	No	2nd
Melanoma cancer mortality							
Crude mortality rate per 100,000	6	2.2*	2.3	No	3.1	No	2nd
Age-adjusted mortality rate per 100,000	6	1.9*	2.1	No	2.7	No	2nd
Age-adjusted % of women 18 years and older with pap smear in past 3 years (2008-2009)	N/A	80.9	82.7	No	82.6	No	3rd
% of women 40 years and older with mammography screening in past 2 years (2008-2009)	**N/A**	**71.9**	**79.7**	**No**	**81.9**	**Yes**	**4th**

The American Cancer Society publishes county profiles for each county in New York State. Below is the profile for Wayne County. Lung and bronchus cancers account for 29.6% of all cancer deaths in the county.

Four cancer sites represent 55.3% of all new cancer cases and 50.7% of all new cancer deaths in Wayne County:**

Lung & bronchus cancers account for **15.3%** of all cancer cases and **29.6%** of all cancer deaths. This disproportionate mortality highlights the crucial need for prevention & cessation of tobacco use.

Prostate cancer accounts for **15.9%** of all cancer cases and **5.3%** of all cancer deaths.

Female breast cancer accounts for **13.6%** of all cancer cases and **7.0%** of all cancer deaths.
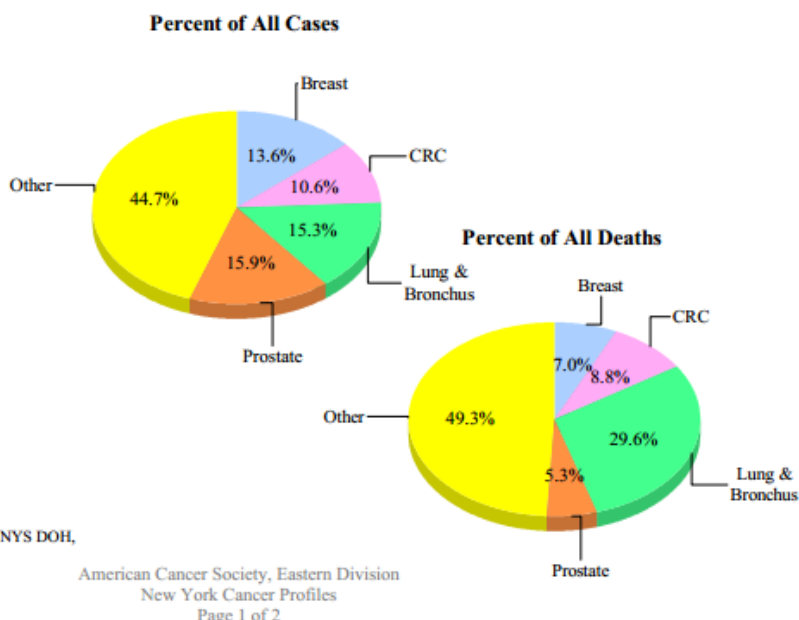
Colorectal cancer accounts for **10.6%** of all cancer cases and **8.8%** of all cancer deaths. This reflects the lower screening & early detection rates for this cancer.

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

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

Percent of All Cases

Breast 13.6%
CRC 10.6%
Lung & Bronchus 15.3%
Prostate 15.9%
Other 44.7%

Percent of All Deaths

Breast 7.0%
CRC 8.8%
Lung & Bronchus 29.6%
Prostate 5.3%
Other 49.3%

American Cancer Society, Eastern Division
New York Cancer Profiles
Page 1 of 2

The NYSDOH cancer incidence and mortality rates for Wayne County (see chart below) confirm the information above. Lung and bronchus, prostate, breast and colorectal cancer have the highest incidence and mortality rates.

Cancer Incidence and Mortality for Wayne County, 2006-2010

	Incidence						Mortality					
	Males			Females			Males			Females		
Site of Cancer	Average Annual Cases	Rate per 100,000 Males	95% CI (+/-)	Average Annual Cases	Rate per 100,000 Females	95% CI (+/-)	Average Annual Deaths	Rate per 100,000 Males	95% CI (+/-)	Average Annual Deaths	Rate per 100,000 Females	95% CI (+/-)
All Invasive Malignant Tumors	310.8	626.7	31.9	262.6	463.0	25.5	104.4	221.9	19.5	90.0	152.9	14.3
Oral cavity and pharynx	7.4	13.3	4.4	2.8	4.6	2.4	2.8	5.2	2.8	0.6	0.8	1.0
Esophagus	6.2	12.1	4.3	0.6	0.8	1.0	5.2	11.0	4.3	0.2	0.4	0.8
Stomach	4.8	9.7	4.0	2.8	5.2	2.8	2.6	5.2	2.9	1.4	2.5	1.9
Colorectal	24.0	48.8	8.9	28.0	48.0	8.0	8.2	17.3	5.4	8.4	14.2	4.3
Colon excluding rectum	14.8	31.0	7.2	19.6	33.2	6.6	5.0	10.9	4.3	6.2	10.5	3.7
Rectum & rectosigmoid	9.2	17.7	5.2	8.4	14.8	4.5	3.2	6.4	3.2	2.2	3.7	2.2
Liver / intrahepatic bile duct	4.0	7.6	3.4	2.2	3.9	2.3	3.2	6.2	3.1	2.2	3.7	2.2
Pancreas	7.8	15.5	5.0	8.0	13.8	4.3	6.4	12.6	4.5	6.2	10.5	3.7
Larynx	3.2	6.3	3.2	0.8	1.3	1.3	1.2	2.9	2.4	0.2	0.4	0.8
Lung and bronchus	41.4	85.5	11.9	38.2	66.1	9.5	32.2	67.3	10.7	27.6	47.3	8.0
Melanoma of the skin	11.8	24.6	6.4	9.8	19.0	5.4	1.6	3.2	2.3	0.6	1.0	1.1
Melanoma of the skin	11.8	24.6	6.4	9.8	19.0	5.4	1.6	3.2	2.3	0.6	1.0	1.1
Female breast				72.0	125.4	13.1				12.6	21.7	5.4
Cervix uteri				3.4	7.1	3.5				1.6	2.9	2.1
Corpus uterus and NOS				14.8	25.5	5.9				3.0	4.9	2.5
Ovary				6.4	11.4	4.0				4.0	6.9	3.1
Prostate	96.8	185.4	16.9				9.4	22.7	6.6			
Testis	3.4	7.6	3.7				0.2	0.3	0.7			

	Incidence						Mortality					
	Males			Females			Males			Females		
Site of Cancer	Average Annual Cases	Rate per 100,000 Males	95% CI (+/-)	Average Annual Cases	Rate per 100,000 Females	95% CI (+/-)	Average Annual Deaths	Rate per 100,000 Males	95% CI (+/-)	Average Annual Deaths	Rate per 100,000 Females	95% CI (+/-)
Urinary bladder (incl. in situ)	22.8	47.8	9.0	9.2	16.2	4.8	3.2	7.3	3.7	0.4	0.6	0.8
Kidney and renal pelvis	12.4	25.8	6.6	7.4	13.1	4.3	2.2	4.4	2.6	1.0	1.9	1.7
Brain and other nervous system	4.0	9.0	4.0	3.6	6.5	3.0	3.0	6.0	3.1	2.4	4.1	2.3
Thyroid	2.6	5.3	3.0	6.4	13.2	4.7	0.4	0.8	1.1	0.0	0.0	0.0
Hodgkin lymphoma	2.0	4.6	2.9	2.2	4.9	3.0	0.0	0.0	0.0	0.2	0.3	0.7
Non-Hodgkin lymphomas	13.4	27.0	6.6	10.8	18.7	5.1	4.6	9.9	4.1	3.6	6.1	2.9
Myeloma	2.4	4.5	2.6	3.6	5.7	2.7	1.2	2.6	2.1	1.0	1.6	1.4
Leukemia's	10.2	21.4	6.0	6.6	12.1	4.2	3.6	7.9	3.8	3.2	5.4	

Source: New York State Cancer Registry

Cardiovascular Disease

Cardiovascular Disease (CVD) is the leading cause of death in the United States and in NYS. In New York State, CVD killed almost 59,000 residents in 2007. For every person who dies from a heart attack, 18 people survive. For every person who dies from a stroke, seven people survive. Many of these survivors are disabled and cannot lead productive lives. Stroke is a leading cause of premature, permanent disability among working-age adults in the United States. Stroke alone accounts for the disability of more than a million Americans. The economic impact of CVD and stroke on the health system will grow as the population ages.[4]

About 1 in 3 U.S. adults—as estimated 68 million—have high blood pressure, which increases the risk for heart disease and stroke, leading causes of death in the United States. High blood pressure is called the "silent killer" because it often has no warning signs or symptoms, and many people don't realize they have it. That's why it's important to get your blood pressure checked regularly.[5]

Hypertension and tobacco use are two major contributing factors to cardiovascular diseases. The age adjusted cardiovascular disease hospitalization rate per 10,000 in Wayne County is 172.6 compared to the upstate New York rate of 157.5. Hospitalization rates for diseases of the heart and coronary heart disease are also higher than NYS rates. The age adjusted percentage of adults who smoke cigarettes in Wayne County is 19.9% compared to the upstate NY rate of 17.0%. Failing to win the battle against obesity and heart disease will mean premature death and disability for an increasingly large segment of Wayne County residents. The cerebrovascular disease (stroke) mortality rate for Wayne County is 17.3 compared to the NYS rate of 10.5.

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

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[4] New York State Dept. of Health Cardiovascular Disease https://www.health.ny.gov/diseases/cardiovascular/heart_disease/
[5] CDC, High Blood Pressure, http://www.cdc.gov/bloodpressure/

Cardiovascular Disease Indicators - Wayne County-2008-2010

Indicator	3 Year Total	County Rate	NYS Rate	Sig.Dif.	NYS Rate exc NYC	Sig.Dif.	County Ranking Group
Cardiovascular disease mortality rate per 100,000							
Crude	713	257.7	289.2	Yes	302.9	Yes	1st
Age-adjusted	713	228.1	250.9	Yes	244.7	No	1st
Premature death (ages 35-64 years)	115	95.0	102.0	No	95.3	No	2nd
Pretransport mortality	378	136.6	144.1	No	155.9	Yes	2nd
Cardiovascular disease hospitalization rate per 10,000							
Crude	5,457	197.3	183.3	Yes	184.6	Yes	3rd
Age-adjusted	5,457	172.6	165.6	Yes	157.5	Yes	3rd
Disease of the heart mortality rate per 100,000							
Crude	577	208.6	239.7	Yes	243.6	Yes	1st
Age-adjusted	577	185.3	207.6	Yes	196.5	No	2nd
Premature death (ages 35-64 years)	89	73.5	83.3	No	78.0	No	2nd
Pretransport mortality	324	117.1	125.3	No	129.7	No	2nd
Disease of the heart hospitalization rate per 10,000							
Crude	4,027	145.6	125.7	Yes	128.4	Yes	4th
Age-adjusted	4,027	127.5	113.3	Yes	109.2	Yes	4th
Coronary heart disease mortality rate per 100,000							
Crude	413	149.3	195.6	Yes	180.0	Yes	2nd
Age-adjusted	413	130.9	169.4	Yes	145.1	Yes	2nd
Premature death (ages 35-64 years)	70	57.8	69.0	No	59.9	No	2nd
Pretransport mortality	253	91.5	105.2	Yes	99.0	No	2nd
Coronary heart disease hospitalization rate per 10,000							
Crude	1,733	62.6	52.3	Yes	51.6	Yes	4th
Age-adjusted	1,733	53.2	46.9	Yes	43.7	Yes	4th
Congestive heart failure mortality rate per 100,000							
Crude	49	17.7	13.3	No	19.8	No	2nd
Age-adjusted	49	16.1	11.3	Yes	15.5	No	3rd
Premature death (ages 35-64 years)	2	1.7*	1.6	No	2.0	No	2nd
Pretransport mortality	24	8.7	7.2	No	10.9	No	2nd
Congestive heart failure hospitalization rate per 10,000							
Crude	896	32.4	32.3	No	32.2	No	3rd
Age-adjusted	896	29.1	28.9	No	26.9	Yes	3rd
Cerebrovascular disease (stroke) mortality rate per 100,000							
Crude	104	37.6	30.5	No	39.3	No	2nd
Age-adjusted	104	32.7	26.7	No	31.9	No	2nd
Premature death (ages 35-64 years)	21	17.3	10.6	No	10.5	No	4th
Pretransport mortality	35	12.7	10.9	No	16.5	No	1st
Cerebrovascular disease (stroke) hospitalization rate per 10,000							
Crude	834	30.1	27.8	Yes	29.8	No	3rd
Age-adjusted	834	26.2	25.1	No	25.3	No	3rd
Hypertension hospitalization rate per 10,000 (ages 18 years and older)	53	2.5	7.9	Yes	5.3	Yes	1st
Age-adjusted % of adults with physician diagnosed angina, heart attack or stroke # (2008-2009)	N/A	8.1	7.6	No	7.2	No	3rd

| Indicator	3 Year Total	County Rate	NYS Rate	Sig.Dif.	NYS Rate exc NYC	Sig.Dif.	County Ranking Group
Age-adjusted % of adults with cholesterol checked in the last 5 years # (2008-2009)	N/A	78.1	77.3	No	79.3	No	1st
Age-adjusted % of adults ever told they have high blood pressure (2008-2009)	N/A	24.6	25.7	No	27.1	No	1st

Age- adjusted Wayne County Congestive Heart Failure mortality rates per 100,000

The 3 year average trend for deaths due to Congestive Heart Failure has risen above NYS rates.
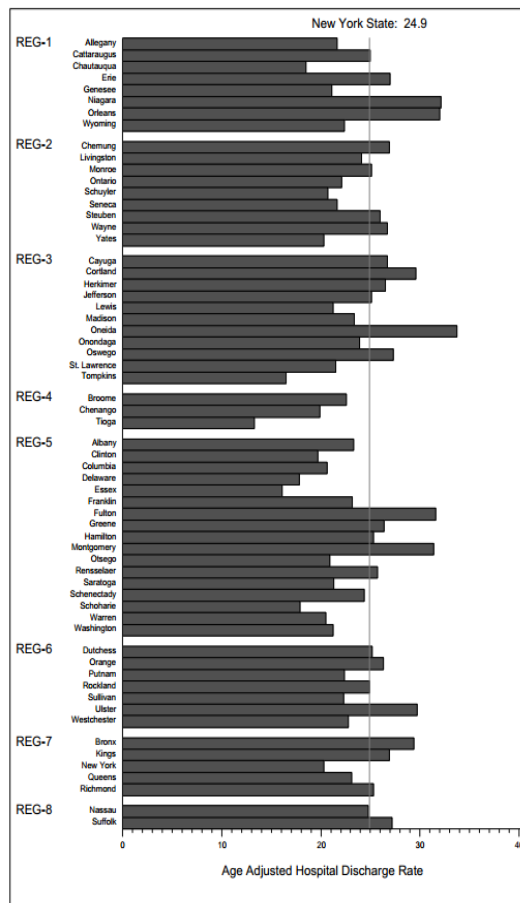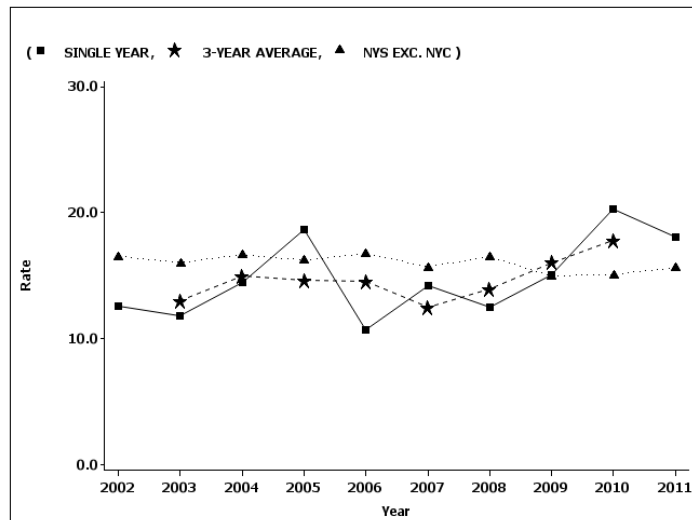
Cerebrovascular disease hospitalization rate per 10,000

2009-2011 (Adjusted To 2000 United States Population)
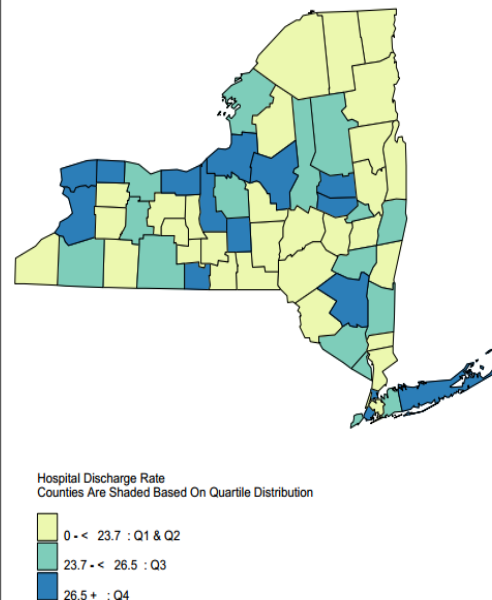
Source: 2009-2011 SPARCS Data as of February, 2013

As you can see, Stroke hospitalization rates in Wayne County are raising, as NYS rates are decreasing.

Cerebrovascular disease (stroke) hospitalization rate per 10,000

Year	Crude Rate			Age Adjusted Rate		
	Single Year	3-Year Average	NYS exc. NYC	Single Year	3-Year Average	NYS exc. NYC
2002	24.7		31.7	24.2		28.7
2003	26.1	24.7	30.7	25.2	24.0	27.6
2004	23.4	24.5	30.6	22.6	23.5	27.3
2005	23.9	24.7	30.2	22.9	23.5	26.6
2006	26.8	26.1	30.3	25.2	24.3	26.7
2007	27.7	27.7	30.3	25.0	25.2	26.4
2008	28.5	29.8	29.6	25.4	26.4	25.5
2009	33.1	30.1	30.1	28.7	26.2	25.5
2010	28.9	31.6	29.8	24.4	26.7	25.0
2011	32.7		29.7	27.1		24.5
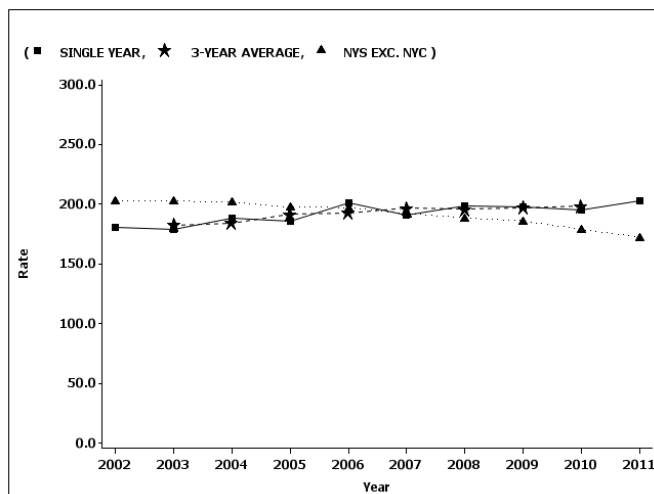
Wayne County was 198.8 in 2010, compares to NYS at a rate of 169.9.

Wayne County hypertension hospitalization 3 year averages have risen from 1.3 in 2005 to 3.3 in 2010.

Year	Crude Rate		
	Single Year	3-Year Average	NYS exc. NYC
2002	0.7		3.5
2003	1.0	1.1	3.7
2004	1.6	1.3	3.9
2005	1.3	1.6	3.9
2006	2.0	1.5	4.0
2007	1.3	1.8	4.7
2008	2.1	2.0	5.0
2009	2.4	2.5	5.4
2010	2.9	3.3	5.5
2011	4.6		5.3

Cancer and heart disease account for the top two leading causes of death in Wayne County.
Leading Causes of Death by County, New York State, 2011

County and # of Deaths	#1 Cause of Death and # of Deaths Age-adjusted Death Rate	#2 Cause of Death and # of Deaths Age-adjusted Death Rate	#3 Cause of Death and # of Deaths Age-adjusted Death Rate	#4 Cause of Death and # of Deaths Age-adjusted Death Rate	#5 Cause of Death and # of Deaths Age-adjusted Death Rate
Wayne **Total: 830**	Cancer 202 174 per 100,000	Heart Disease 196 173 per 100,000	Chronic Lower Respiratory Diseases (CLRD) 51 47 per 100,000	Unintentional Injury 44 46 per 100,000	Stroke 39 35 per 100,000
Wayne Females **Total: 390**	Heart Disease 93 139 per 100,000	Cancer 87 140 per 100,000		Chronic Lower Respiratory Diseases (CLRD) 30 49 per 100,000 / Stroke 30 48 per 100,000	Unintentional Injury 11 22 per 100,000*
Wayne Males **Total: 440**	Cancer 115 217 per 100,000	Heart Disease 103 213 per 100,000	Unintentional Injury 33 72 per 100,000	Chronic Lower Respiratory Diseases (CLRD) 21 45 per 100,000	Diabetes 18 30 per 100,000*

Child and Adolescent Health

Childhood mortality rates per 100,000 are unstable as they had fewer than 10 events in the numerator. Childhood mortality rates for ages 1-4 years, and 15-19 years per 10,000 are in the 4th quartile of the state, and significantly above state rates.

Child and Adolescent Health Indicators - Wayne County-2008-2010

Indicator	3 Year Total	County Rate	NYS Rate	Sig. Dif.	NYS Rate exc NYC	Sig. Dif.	County Ranking Group
Childhood mortality rate per 100,000							
Ages 1-4 years	5	38.3*	20.3	No	22.7	No	4th
Ages 5-9 years	1	5.9*	10.4	No	10.5	No	1st
Ages 10-14 years	4	20.9*	12.8	No	13.0	No	4th
Ages 5-14 years	5	13.9*	11.6	No	11.8	No	3rd
Ages 15-19 years	10	49.6	37.2	No	37.8	No	4th
Asthma hospitalization rate per 10,000							
Ages 0-4 years	32	19.6	58.8	Yes	36.1	Yes	2nd
Ages 5-14 years	21	5.8	20.9	Yes	11.2	Yes	1st
Ages 0-17 years	57	8.7	29.0	Yes	16.1	Yes	2nd
Gastroenteritis hospitalization rate per 10,000 (ages 0-4 yrs)	7	4.3*	15.7	Yes	10.8	Yes	1st
Otitis media hospitalization rate per 10,000 (ages 0-4 years)	3	1.8*	3.3	No	2.7	No	2nd
Pneumonia hospitalization rate per 10,000 (ages 0-4 years)	53	32.4	44.6	Yes	37.5	No	2nd
% of children born in 2008 with a lead screening by 9 months	31	2.9	6.8	Yes	2.9	No	2nd
% of children born in 2008 with a lead screening by 18 months	737	69.1	69.5	No	65.4	No	2nd
% of children born in 2008 with at least two lead screenings by 36 months	520	48.7	52.9	No	45.2	No	2nd
Incidence rate per 1,000 among children less than 72 months of age with a confirmed blood lead level greater than or equal to 10 micrograms per deciliter	39	8.1	5.3	Yes	7.7	No	2nd

Cirrhosis

The cirrhosis mortality rates per 100,000 in Wayne County are considerably above NYS rates, with the age-adjusted mortality rate ranking in the 4th quartile. The mortality rates for diabetes are in the 3rd quartile, and Wayne county rates are higher than NYS rates. **The Cirrhosis and diabetes mortality rates in Wayne County are alarming and demonstrate the need for Wayne County Public Health and their partners to concentrate on fighting obesity.** More diabetes data can be found in the next section.

Cirrhosis/Diabetes Indicators - Wayne County-2008-2010

Indicator	3 Year Total	County Rate	NYS Rate	Sig.Dif.	NYS Rate exc NYC	Sig. Dif	County Ranking Group
Cirrhosis mortality rate per 100,000							
Crude	30	10.8	6.9	Yes	7.7	No	3rd
Age-adjusted	30	9.4	6.2	No	6.6	No	4th
Cirrhosis hospitalization rate per 10,000							
Crude	45	1.6	2.9	Yes	2.5	Yes	1st
Age-adjusted	45	1.4	2.7	Yes	2.2	Yes	1st

Diabetes mortality rate per 100,000								
Crude		67	24.2	18.6	No	17.7	Yes	3rd
Age-adjusted		67	21.4	16.6	No	14.9	Yes	3rd
Diabetes hospitalization rate per 10,000 (primary diagnosis)								
Crude		352	12.7	20.3	Yes	15.5	Yes	2nd
Age-adjusted		352	11.9	19.0	Yes	14.3	Yes	2nd
Diabetes hospitalization rate per 10,000 (any diagnosis)								
Crude		6,362	230.0	248.7	Yes	228.9	No	2nd
Age-adjusted		6,362	200.0	226.1	Yes	198.2	No	2nd
Age-adjusted % of adults with physician diagnosed diabetes (2008-2009)		N/A	8.6	9.0	No	8.5	No	2nd

Cirrhosis - Deaths and Death Rates per 100,000 Residents

Region/County	Deaths				Population	Crude	Adjusted
	2007	2008	2009	Total	2008	Rate	Rate
Ontario	6	8	15	29	104,475	9.3	7.8
Schuyler	2	3	3	8	18,888	14.1	11.5
Seneca	4	1	4	9	34,086	8.8	7.4
Steuben	8	9	8	25	96,573	8.6	7.2
Wayne	**7**	**12**	**10**	**29**	**91,564**	**10.6**	**9.3**
Yates	1	0	1	2	24,652	2.7	2.3
New York State Total	1,285	1,358	1,272	3,915	19,490,297	6.7	6.0

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

Diabetes

The Wayne County priorities of reducing obesity, heart disease and hypertension rates will help address the diabetes rates in the county. According to the CDC about 70% of people with diabetes have high blood pressure, a risk factor for cardiovascular disease. Consider the following facts from the NYSDOH:

Diabetes is the leading cause of new blindness, kidney disease, and amputation, and it contributes greatly to the state's and nation's number one killer, cardiovascular disease (heart disease and stroke). People with diabetes are more likely to die from flu or pneumonia. Diabetes is not caused by eating too much sugar; in fact there is no such thing as "having a touch of sugar," as some people believe. Only a doctor or health care provider can diagnose diabetes either by conducting a fasting plasma glucose (FPG) test or an oral glucose tolerance test (OGTT).

The Diabetes Epidemic
Diabetes is one of the most rapidly growing chronic diseases of our time. It has become an epidemic that affects one out of every 12 adult New Yorkers. Since 1994, the number of people in the state who have diabetes has more than doubled, and it is likely that number will double again by the year 2050. More than one million New Yorkers have been diagnosed with diabetes. It is estimated that another 450,000 people have diabetes and don't know it, because the symptoms may be overlooked or misunderstood. The Centers for Disease Control and Prevention (CDC) has recently predicted that one out of every three children born in the United States will develop diabetes in their lifetime. For Hispanic/Latinos, the forecast is even more alarming: one in every two.

Diabetes is Serious and Costly

Diabetes is not only common and serious; it is also a very costly disease. The cost of treating diabetes is staggering. According to the American Diabetes Association, the annual cost of diabetes in medical expenses and lost productivity rose from $98 billion in 1997 to $132 billion in 2002 to $174 billion in 2007. One out of every five U.S. federal health care dollars is spent treating people with diabetes. The average yearly health care costs for a person without diabetes is $2,560; for a person with diabetes, that figure soars to $11,744. Much of the human and financial costs can be avoided with proven diabetes prevention and management steps.[6]

The Wayne County diabetes death rate is considerably higher at 20.2 than the NYS rate of 16.8.

### Diabetes - Deaths and Death Rates Per 100,000 Residents

Region/County	Deaths				Population	Crude	Adjusted
	2007	2008	2009	Total	2008	Rate	Rate
Chemung	16	18	18	52	87,813	19.7	16.3
Livingston	15	12	6	33	63,154	17.4	16.1
Monroe	129	106	100	335	732,762	15.2	13.4
Ontario	30	16	25	71	104,475	22.7	19.3
Schuyler	7	6	10	23	18,888	40.6	30.2
Seneca	1	7	9	17	34,086	16.6	14.0
Steuben	18	15	26	59	96,573	20.4	15.3
Wayne	**19**	**24**	**19**	**62**	**91,564**	**22.6**	**20.2**
Yates	11	4	6	21	24,652	28.4	21.9
Region Total	246	208	219	673	1,253,967	17.9	15.3
New York State Total	3,694	3,582	3,684	10,960	19,490,297	18.7	16.8

Source: 2007-2009 Vital Statistics Data as of March, 2011

This New York State Department of Health graph illustrates diabetes mortality rates per 100,000 according to 2009 – 2011 vital statistic data NYS averages. Wayne County rates are above the NYS average, but not nearly as high as Neighboring Schuyler County.

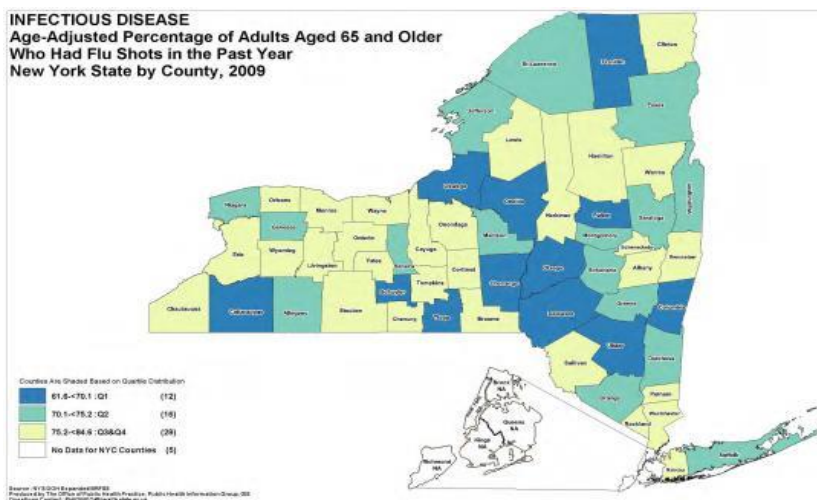Diabetes mortality rate per 100,000
2009-2011
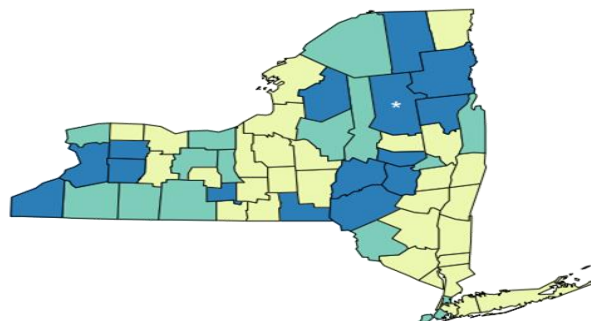
Death Rate
Counties Are Shaded Based On Quartile Distribution
(* Fewer than 10 events in the numerator, therefore the rate is unstable)

0 - < 20.4 : Q1 & Q2
20.4 - < 26.5 : Q3
26.5 + : Q4

Source: 2009-2011 Vital Statistics Data as of February, 2013

Communicable Disease

Communicable disease control, one of the core functions of Public Health, is aimed at preventing and controlling the spread of communicable diseases that may occur in our community. Reporting of suspected or confirmed communicable diseases is mandated under the New York State Sanitary Code (*10NYCRR 2.10*). Although physicians have primary responsibility for reporting, school nurses, laboratory directors, infection control practitioners, daycare center directors,

health care facilities, state institutions and any other individuals/locations providing health care services are also required to report communicable diseases.[7] Reports are made to Wayne County Public Health within 24 hours of diagnosis. However, some diseases warrant prompt action and would be reported immediately by phone. A list of diseases and information on properly reporting them can be found under Communicable Disease Reporting Requirements on the NYSDOH website.

INFECTIOUS DISEASE
Age-Adjusted Percentage of Adults Aged 65 and Older
Who Had Flu Shots in the Past Year
New York State by County, 2009

The charts below include three year histories of some of the reportable diseases. The small number of cases of some of the infectious diseases makes rate data rather meaningless, but needs to be tracked for the absolute number of cases and presence of disease in the County and NYS.
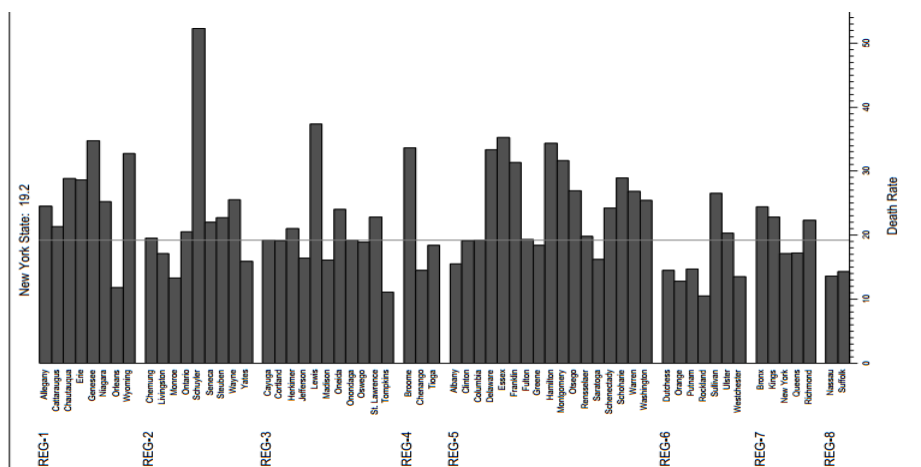
A strict eye is kept on these cases with the onset of each flu season. Public health played a pivotal role in controlling the H1N1 virus outbreak in 2009 which continues to cause illness, hospitalizations and deaths in the US during the normally flu-free summer months. There is uncertainty about what the upcoming flu season might bring each year. Wayne County Public Health maintains a 24 hour system for receiving communicable disease reports, including bite reports, and provides extensive public and professional education regarding communicable diseases. This map on the preceding page illustrates the percentage of adults over 65 receiving their annual flu shot in 2009.

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

NYSDOH infectious disease indicators in the table below show that rates are lower in the County compared to NYS averages.

Indicator	Data Years	Wayne County	New York State	NYS 2017 Objective
Percentage of children with 4:3:1:3:3:1:4 immunization series - Ages 19-35 months[3]	2011	**64.7**	47.6	80
Percentage of adolescent females with 3-dose HPV immunization - Ages 13-17 years	2011	**40.6**	26.0	50
Percentage of adults with flu immunization - Ages 65+ years	2008-2009	**84.2 (78.6-89.9)**	75.0 (71.5-78.5)	66.2
Newly diagnosed HIV case rate per 100,000	2008-2010	**5.1**	21.6	14.7
Difference in rates (Black and White) of new HIV diagnoses		**s**	59.4	45.7
Difference in rates (Hispanic and White) of new HIV diagnoses		**s**	31.1	22.3
Gonorrhea case rate per 100,000 women - Ages 15-44 years	2010	**132.9**	203.4	183.1
Gonorrhea case rate per 100,000 men - Ages 15-44 years	2010	**23.3***	221.7	199.5
Chlamydia case rate per 100,000 women - Ages 15-44 years	2010	**1275.0**	1619.8	1,458
Primary and secondary syphilis case rate per 100,000 males	2010	**0.0***	11.2	10.1
Primary and secondary syphilis case rate per 100,000 females	2010	**0.0***	0.5	0.4

Most communicable disease indicator rates are statistically unreliable given the small numbers reported in the County. The pneumonia/flu hospitalization rates for those over 65, and the Meningococcal incidence rate, rank in the bottom quartile of the state.

Communicable Disease Indicators - Wayne County-2008-2010

Indicator	3 Year Total	County Rate	NYS Rate	Sig.Dif.	NYS Rate exc NYC	Sig.Dif.	County Ranking Group
Pneumonia/flu hospitalization rate (ages 65 years and older) per 10,000	704	182.9	127.9	Yes	140.1	Yes	4th
Pertussis incidence per 100,000	10	3.6	3.0	No	4.3	No	3rd
Mumps incidence per 100,000	0	0.0*	5.5	Yes	4.0	Yes	2nd
Meningococcal incidence per 100,000	2	0.7*	0.2	No	0.2	No	4th
H. influenza incidence per 100,000	5	1.8*	1.3	No	1.5	No	3rd
Hepatitis A incidence per 100,000	0	0.0*	0.8	Yes	0.5	Yes	1st
Acute Hepatitis B incidence per 100,000	1	0.4*	0.8	No	0.6	No	2nd
Tuberculosis incidence per 100,000	5	1.8*	5.4	Yes	2.4	No	3rd
E. coli O157 incidence per 100,000	3	1.1*	0.6	No	0.8	No	3rd
Salmonella incidence per 100,000	24	8.7	13.9	Yes	12.9	No	1st
Shigella incidence per 100,000	5	1.8*	4.4	Yes	3.2	No	3rd
Lyme disease incidence per 100,000#	4	1.4*	42.4	Yes	66.2	Yes	1st
% of adults 65 years and older with flu shot in last year (2008-2009)	N/A	84.2	75.0	Yes	76.0	Yes	1st
% of adults 65 years and older who ever received pneumonia shot (2008-2009)	N/A	76.0	64.7	Yes	71.2	No	1st

Tuberculosis

New York State Public Health Law and the State Sanitary Code require reporting of all suspected and confirmed Tuberculosis cases to the local health department where a patient resides. All reports received by the local health department are sent to the New York State Department of Health. Therefore, the main purpose of the TB Program is surveillance, control and prevention of Tuberculosis in Wayne County. While Wayne County rarely encounters TB cases, the Public Health Department must be vigilant in being prepared to address TB cases to prevent the spread of this disease

Wayne County Public Health provides tuberculosis service to patients and their contacts with two local doctors under a contractual arrangement with the county. Nursing staff provided health guidance, and coordinated services. Changes in the Public Health law mandate that third party payers must be billed first for services rendered to eligible tuberculosis patients and their contacts. All remaining costs are paid by the County and State Aid.

Number of:	2010	2011	2012
Referrals to the TB program	140	134	76
TB skin tests (TST) performed	425	383	307
Latent TB Infection (LTBI) clients seen for Prophylaxis	132	118	35
Active TB Cases	2	3	1

Source: WCPHD Annual Report 2012

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

Tuberculosis Per 100,000 Population
Source: 2007-2009 Bureau of Communicable Disease Control Data as of April, 2011

Region/County	Tuberculosis 2007	2008	2009	Total	Population 2008	Rate
Chemung	2	2	1	5	87,813	1.9
Livingston	0	0	0	0	63,154	0.0
Monroe	21	16	18	55	732,762	2.5
Ontario	1	1	0	2	104,475	0.6
Schuyler	0	0	1	1	18,888	1.8
Seneca	0	0	1	1	34,086	1.0
Steuben	1	1	0	2	96,573	0.7
Wayne	**2**	**0**	**4**	**6**	**91,564**	**2.2**
Yates	0	0	0	0	24,652	0.0
Region Total	27	20	25	72	1,253,967	1.9
NYS Total	1,173	1,196	1,006	3,375	19,490,297	5.8

Hepatitis A Per 100,000 Population				Population	
Region/County	2007	2008	2009	Total	2008	Rate
Chemung	0	0	0	0	87,813	0.0
Livingston	0	2	0	2	63,154	1.1
Monroe	4	3	1	8	732,762	0.4
Ontario	1	0	0	1	104,475	0.3
Schuyler	0	0	0	0	18,888	0.0
Seneca	0	0	0	0	34,086	0.0
Steuben	0	0	0	0	96,573	0.0
Wayne	**1**	**0**	**0**	**1**	**91,564**	**0.4**
Yates	0	0	1	1	24,652	1.4
Region Total	6	5	2	13	1,253,967	0.3
NYS Total	235	179	136	550	19,490,297	0.9

Pertussis Cases Per 100,000 Population				Population	
Region/County	2007	2008	2009	Total	2008	Rate
Chemung	0	1	0	1	87,813	0.4
Livingston	1	0	2	3	63,154	1.6
Monroe	64	6	7	77	732,762	3.5
Ontario	4	5	0	9	104,475	2.9
Schuyler	0	2	0	2	18,888	3.5
Seneca	2	0	0	2	34,086	2.0
Steuben	0	1	15	16	96,573	5.5
Wayne	**11**	**0**	**2**	**13**	**91,564**	**4.7**
Yates	0	0	0	0	24,652	0.0
Region Total	82	15	26	123	1,253,967	3.3
NYS Total	705	568	364	1,637	19,490,297	2.8

Lyme Disease Per 100,000 Population				Population	
Region/County	2007	2008	2009	Total	2008	Rate
Chemung	2	0	3	5	87,813	1.9
Livingston	0	2	2	4	63,154	2.1
Monroe	10	12	25	47	732,762	2.1
Ontario	3	2	3	8	104,475	2.6
Schuyler	1	1	1	3	18,888	5.3
Seneca	0	0	3	3	34,086	2.9
Steuben	0	5	2	7	96,573	2.4
Wayne	**2**	**2**	**1**	**5**	**91,564**	**1.8**
Yates	0	0	0	0	24,652	0.0
Region Total	18	24	40	82	1,253,967	2.2
NYS Total	4,604	9,152	9,279	23,035	19,490,297	39.4

Haemophilus Influenza Per 100,000 Population				Population	
Region/County	2007	2008	2009	Total	2008	Rate
Chemung	1	1	0	2	87,813	0.76
Livingston	0	0	1	1	63,154	0.53
Monroe	12	12	12	36	732,762	1.64
Ontario	2	0	1	3	104,475	0.96
Schuyler	2	0	0	2	18,888	3.53
Seneca	0	1	1	2	34,086	1.96
Steuben	3	1	2	6	96,573	2.07
Wayne	**1**	**1**	**4**	**6**	**91,564**	**2.18**
Yates	0	0	0	0	24,652	0.00
Region Total	21	16	21	58	1,253,967	1.54
NYS Total	254	258	249	761	19,490,297	1.30

The source for these charts is the 2007-2009 Bureau of Communicable Disease Control Data as of April, 2011.

Pneumoconiosis Hospitalizations per 100,000 Persons Ages 15 Years and Older
Source: 2007-2009 SPARCS Data as of July, 2011

Pneumoconiosis Hospitalizations
Population - Ages 15 Years and Older

Region/County	2007	2008	2009	Total	2008	Rate
Chemung	17	23	15	55	72,510	25.3
Livingston	12	16	14	42	53,520	26.2
Monroe	49	48	40	137	600,582	7.6
Ontario	12	6	8	26	86,545	10.0
Schuyler	5	8	4	17	15,871	35.7
Seneca	4	8	3	15	28,658	17.4
Steuben	15	9	12	36	79,549	15.1
Wayne	**5**	**7**	**7**	**19**	**74,517**	**8.5**
Yates	3	1	4	8	20,084	13.3
Region Total	122	126	107	355	1,031,836	11.5
New York State Total	2,101	2,095	2,309	6,505	15,886,157	13.6

Hepatitis B Per 100,000 Population				Population	
Region/County	2007	2008	2009	Total	2008	Rate
Chemung	0	0	0	0	87,813	0.0
Livingston	0	0	0	0	63,154	0.0
Monroe	14	2	3	19	732,762	0.9
Ontario	0	0	2	2	104,475	0.6
Schuyler	0	0	0	0	18,888	0.0
Seneca	0	0	0	0	34,086	0.0
Steuben	1	1	0	2	96,573	0.7
Wayne	**0**	**0**	**0**	**0**	**91,564**	**0.0**
Yates	0	0	0	0	24,652	0.0
Region Total	15	3	5	23	1,253,967	0.6
NYS Total	211	171	130	512	19,490,297	0.9

Sexually Transmitted Diseases

Diagnosis and treatment of sexually transmitted diseases is a responsibility of each county health department in New York State. Clinics are held regularly. Staff received special training to conduct HIV screening for HIV and to provide pre and posttest counseling.

As is shown on the following page, the number of HIV/AIDS cases in Wayne County are relatively low compared to NYS rates and unreliable due to low numbers. Gonorrhea and Chlamydia rates are not above NYS averages, but do rank in the 3rd quartile of the state. This chart shows STD Clinic attendance and the number of cases in the County.

STD Program	2010	2011	2012
# of cases- Gonorrhea	26	15	18
# of cases- Chlamydia	287	255	260
# of cases- Syphilis	2	3	2
# of STD Clinics Offered	33	35	36
# of People attending STD Clinics	242	123	141

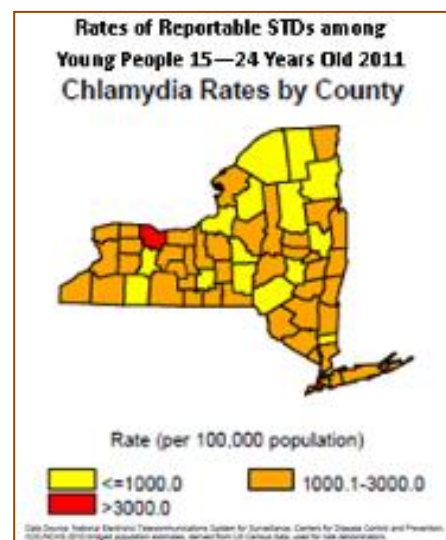| Indicator	3 Year Total	County Rate	NYS Rate	Sig.Dif.	NYS Rate exc NYC	Sig.Dif.	County Ranking Group
HIV case rate per 100,000							
Crude	14	5.1	21.4	Yes	7.4	No	3rd
AIDS case rate per 100,000							
Crude	8	2.9*	17.6	Yes	5.6	No	2nd
AIDS mortality rate per 100,000							
Crude	2	0.7*	5.7	Yes	1.7	No	2nd
Age-adjusted	2	0.6*	5.3	Yes	1.6	Yes	2nd
Early syphilis case rate per 100,000	4	1.4*	12.8	Yes	2.5	No	3rd
Gonorrhea case rate per 100,000							
All ages	63	22.8	89.7	Yes	55.7	Yes	3rd
Ages 15-19 years	24	119.0	335.5	Yes	210.3	Yes	3rd
Chlamydia case rate per 100,000 males							
All ages	174	126.9	305.1	Yes	178.9	Yes	3rd
Ages 15-19 years	43	404.4	1,013.5	Yes	586.9	Yes	3rd
Ages 20-24 years	65	813.8	1,410.1	Yes	920.6	No	3rd
Chlamydia case rate per 100,000 females							
All ages	504	361.2	644.6	Yes	426.2	Yes	3rd
Ages 15-19 years	212	2,225.0	3,587.6	Yes	2,334.5	No	3rd
Ages 20-24 years	200	2,504.1	3,114.6	Yes	2,200.4	No	4th
Pelvic inflammatory disease (PID) hospitalization rate per 10,000 females (ages 15-44 years)	9	1.8*	3.7	Yes	2.5	No	2nd

The following charts illustrate that Wayne County rates are below New York State rates in every case. This is the case for most rural NY counties.

AIDS - Deaths and Death Rates Per 100,000 Residents
Source: 2007-2009 Vital Statistics Data as of March, 2011

| Region/County | Deaths | | | Population | Crude | | Adjusted |
	2007	2008	2009	Total	2008	Rate	Rate
Chemung	1	2	2	5	87,813	1.9	1.6
Livingston	1	0	0	1	63,154	0.5	0.5
Monroe	24	26	15	65	732,762	3.0	2.9
Ontario	0	0	0	0	104,475	0.0	0.0
Schuyler	1	0	0	1	18,888	1.8	1.6
Seneca	1	0	0	1	34,086	1.0	1.2
Steuben	0	2	3	5	96,573	1.7	1.8
Wayne	**0**	**1**	**0**	**1**	**91,564**	**0.4**	**0.3**
Yates	0	0	0	0	24,652	0.0	0.0
Region Total	28	31	20	79	1,253,967	2.1	2.0
New York State Total	1,327	1,250	1,080	3,657	19,490,297	6.3	5.9
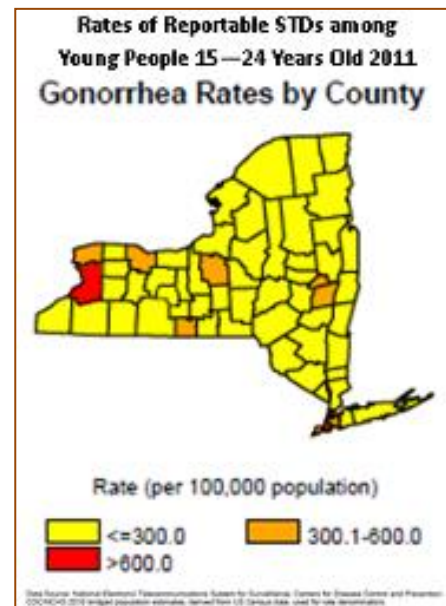
Newly Diagnosed HIV Cases Per 100,000 Population
Source: 2007-2009 Bureau of HIV/AIDS Epidemiology Data as of May, 2011

| Region/County | Newly Diagnosed HIV Cases | | | | Newly Diagnosed HIV Cases | |
	2007	2008	2009	Total	2008	Rate
Chemung	2	6	2	10	87,813	3.8
Livingston	2	1	3	6	63,154	3.2
Monroe	96	90	90	276	732,762	12.6
Ontario	5	2	3	10	104,475	3.2
Schuyler	1	1	0	2	18,888	3.5
Seneca	2	2	0	4	34,086	3.9
Steuben	2	4	3	9	96,573	3.1
Wayne	**3**	**5**	**5**	**13**	**91,564**	**4.7**
Yates	0	0	0	0	24,652	0.0
Region Total	113	111	106	330	1,253,967	8.8
New York State Total	4,688	4,540	4,111	13,339	19,490,297	22.8

Rates of Reportable STDs among Young People 15—24 Years Old 2011
Gonorrhea Rates by County

Rate (per 100,000 population)
<=300.0   300.1-600.0
>600.0

Rates of Reportable STDs among Young People 15—24 Years Old 2011
Chlamydia Rates by County

Rate (per 100,000 population)
<=1000.0   1000.1-3000.0
>3000.0

Early Syphilis Per 100,000 Population
Source: 2007-2009 Bureau of STD Control Data as of May, 2011

Region/County	Early Syphilis				Population	
	2007	2008	2009	Total	2008	Rate
Chemung	0	5	5	10	87,813	3.8
Livingston	0	0	0	0	63,154	0.0
Monroe	18	11	16	45	732,762	2.0
Ontario	2	0	0	2	104,475	0.6
Schuyler	0	0	0	0	18,888	0.0
Seneca	0	1	1	2	34,086	2.0
Steuben	2	0	0	2	96,573	0.7
Wayne	**1**	**3**	**1**	**5**	**91,564**	**1.8**
Yates	1	0	0	1	24,652	1.4
Region Total	24	20	23	67	1,253,967	1.8
NYS Total	2,222	2,576	2,452	7,250	19,490,297	12.4

Gonorrhea Per 100,000 Population
Source: 2007-2009 Bureau of STD Control Data as of May, 2011

Region/County	Gonorrhea				Population	
	2007	2008	2009	Total	2008	Rate
Chemung	111	98	51	260	87,813	98.7
Livingston	6	5	5	16	63,154	8.4
Monroe	1,133	1,300	1,414	3,847	732,762	175.0
Ontario	29	19	13	61	104,475	19.5
Schuyler	4	4	0	8	18,888	14.1
Seneca	7	10	7	24	34,086	23.5
Steuben	14	18	14	46	96,573	15.9
Wayne	**15**	**16**	**21**	**52**	**91,564**	**18.9**
Yates	5	2	0	7	24,652	9.5
Region Total	1,324	1,472	1,525	4,321	1,253,967	114.9
NYS Total	17,699	17,120	17,009	51,828	19,490,297	88.6

Figure 1: Standardized Incidence Ratios for *Chlamydia* (Females Age 10-19 in New York State excluding New York City), Mapped by School District Boundaries
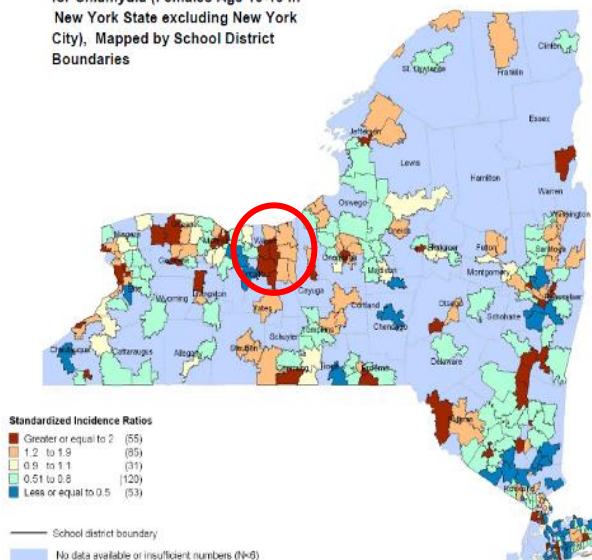
The maps illustrate rates throughout New York State. Wayne County rates are low, however there is a higher gohnorehha incidence rate in Wayne county, compared to the other upstate NY counties.

Figure 1: Standardized Incidence Ratios for *Chlamydia* (Females Age 10-19 in New York State excluding New York City), Mapped by School District Boundaries
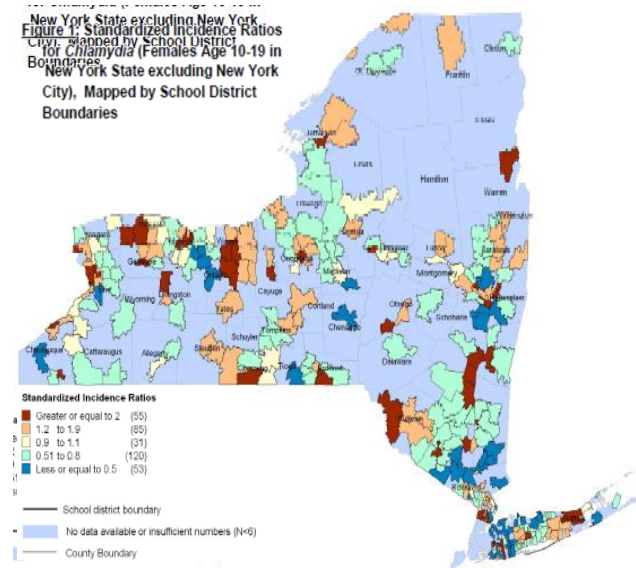
Rates of Reportable STDs among Young People 15—24 Years Old 2011
P&S Syphilis Rates by County

Family Planning and Natality Indicators

Wayne County, as can be seen in the bolded sections of the chart below ranks in the 4th quartile for total births, specifically ages 15-19 years, and ages 18-19 years. County rates are in the third quartile for several other measures demonstrating the need to remain vigilant in family planning efforts. teen pregnancy rates (except 18-19) are mostly lower however.

Family Planning/Natality Indicators - Wayne County-2008-2010

| Indicator	3 Year Total	County Rate	NYS Rate	Sig.D if.	NYS Rate exc NYC	Sig.D if.	County Ranking Group
% of births within 24 months of previous pregnancy	621	**19.9**	18.0	Yes	21.1	No	1st
Percentage of births to teens							
Ages 15-17 years	78	**2.5**	1.9	Yes	1.9	Yes	3rd
Ages 15-19 years	287	**9.2**	6.6	Yes	6.8	Yes	3rd
% of births to women 35 years and older	402	**12.9**	19.4	Yes	19.0	Yes	3rd
Fertility rate per 1,000 females							
Total (all births/female ages 15-44 years)	3,128	**62.0**	60.9	No	58.2	Yes	4th
Ages 10-14 years (births to mothers ages 10-14 years/females ages 10-14 years)	2	**0.2***	0.4	No	0.3	No	2nd
Ages 15-17 years (births to mothers ages 15-17 years/females ages 15-17 years)	78	**12.3**	12.1	No	10.0	No	3rd
Ages 15-19 years (births to mothers ages 15-19 years/females ages 15-19 years)	287	**30.1**	24.0	Yes	20.8	Yes	4th
Ages 18-19 years (births to mothers ages 18-19 years/females ages 18-19 years)	209	**66.0**	40.3	Yes	35.4	Yes	4th
Pregnancy rate per 1,000 (all pregnancies/female 15-44 years) #	3,730	**73.9**	93.6	Yes	77.0	Yes	3rd
Teen pregnancy rate per 1,000 #							
Ages 10-14 years	3	**0.3***	1.4	Yes	0.8	No	1st
Ages 15-17 years	136	**21.4**	31.1	Yes	20.4	No	3rd
Ages 15-19 years	410	**43.0**	53.5	Yes	37.4	Yes	3rd
Ages 18-19 years	274	**86.5**	84.1	No	60.3	Yes	3rd
Abortion ratio (induced abortions per 100 live births) #							
Ages 15-19 years	117	**40.8**	116.3	Yes	75.7	Yes	2nd
All ages	524	**16.8**	46.6	Yes	27.7	Yes	1st

New York State: 28.5
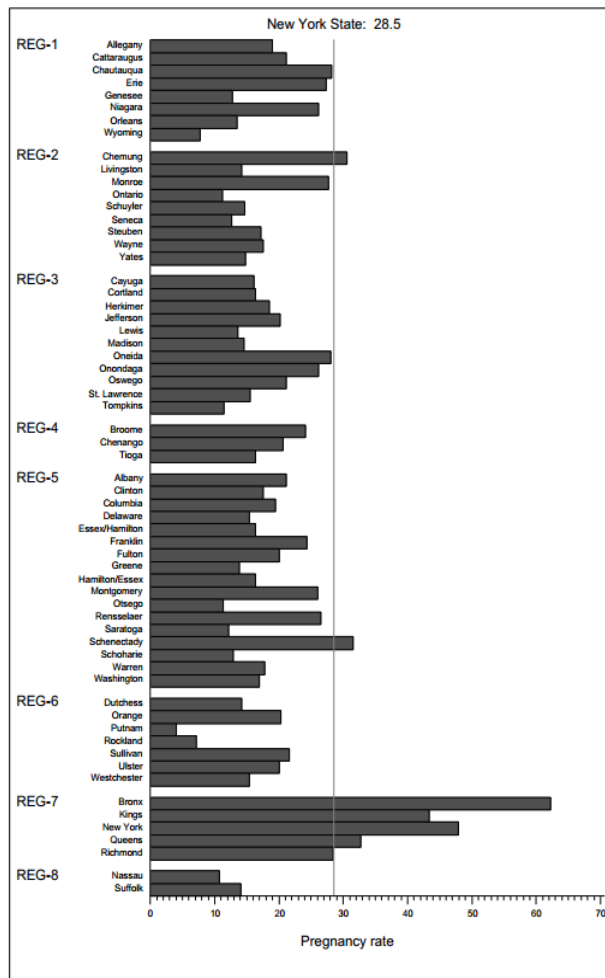
Teen pregnancy rate per 1,000 females aged 15-17 years

2009-2011
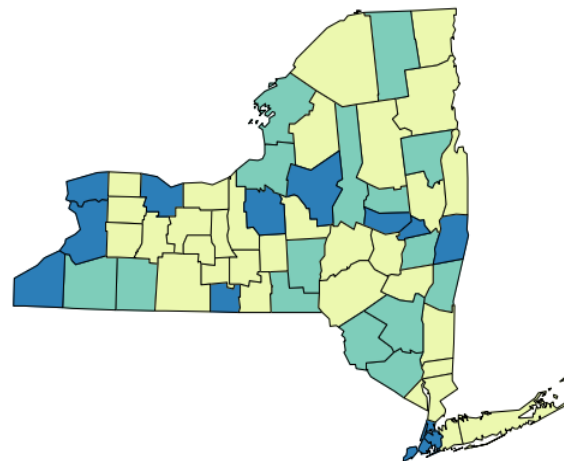
Pregnancy rate
Counties Are Shaded Based On Quartile Distribution

- 0 - < 17.6 : Q1 & Q2
- 17.6 - < 24.3 : Q3
- 24.3 + : Q4
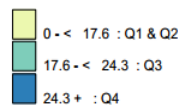
Source: 2009-2011 Vital Statistics Data as of February, 2013
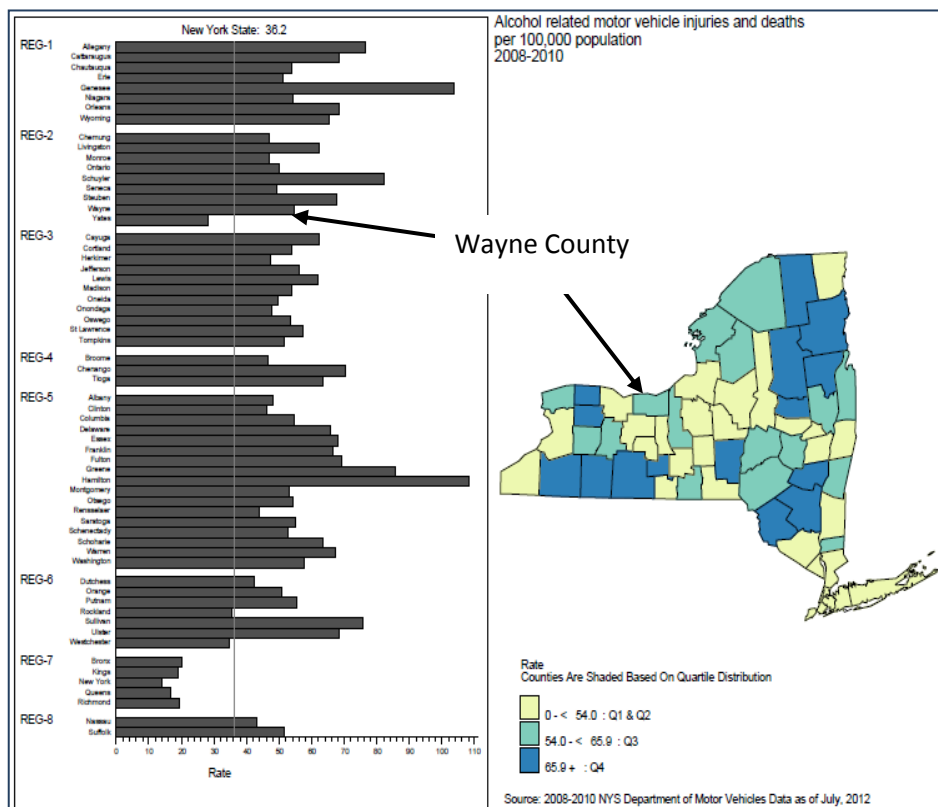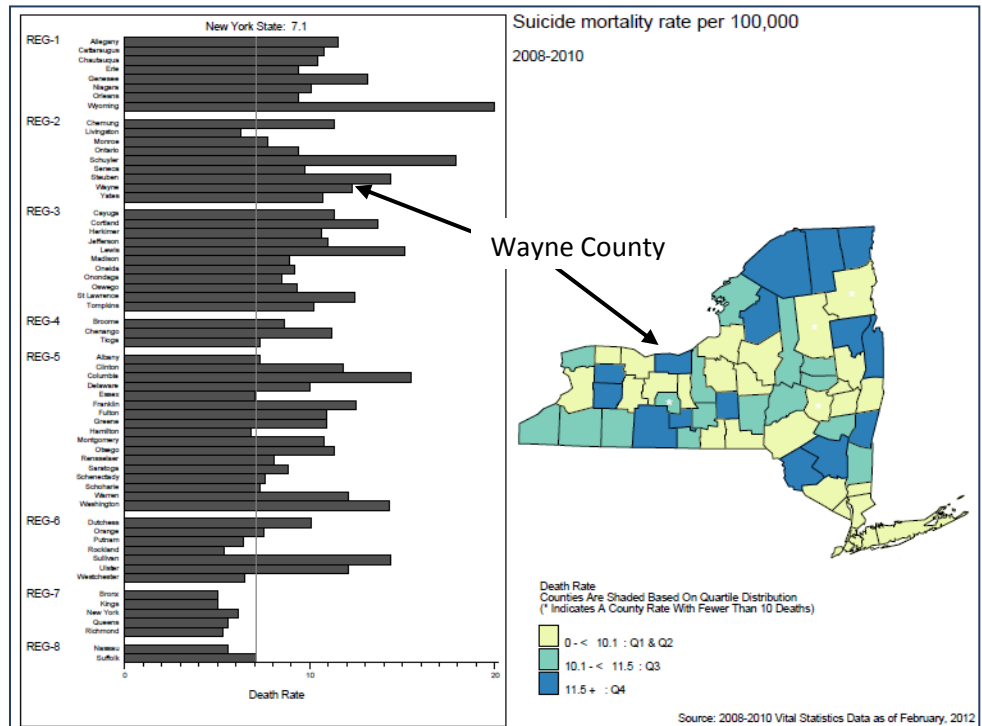
Injury

As the chart below indicates, injury prevention activities for Wayne County are important. The bolded indicators for age adjusted suicide mortality rates, unintentional injury mortality and hospitalization rates per 100,000 motor vehicle and non-motor vehicle mortality rates per 100,000 and the alcohol related motor vehicle injuries and deaths per 100,000 are above the State averages and in the third and fourth quartile in comparison to the rest of the state.

Injury Indicators - Wayne County-2008-2010

Indicator		3 Year Total	County Rate	NYS Rate	Sig.Dif.	NYS Rate exc NYC	Sig.Dif.	County Ranking Group
Suicide mortality rate per 100,000								
Crude		34	12.3	7.1	Yes	8.4	No	4th
Age-adjusted		**34**	**11.6**	**6.8**	**Yes**	**8.1**	**No**	**4th**
Ages 15-19 years		2	9.9*	4.0	No	4.9	No	4th
Self-inflicted injury hospitalization rate per 10,000								
Crude		161	5.8	5.2	No	6.1	No	2nd
Age-adjusted		161	6.1	5.1	No	6.2	No	2nd
Ages 15-19 years		15	7.4	9.7	No	11.0	No	1st
Homicide mortality rate per 100,000								
Crude		1	0.4*	4.4	Yes	3.0	Yes	1st
Age-adjusted		1	0.4*	4.4	Yes	3.1	Yes	1st

Assault hospitalization rate per 10,000							
Crude	39	1.4	4.7	Yes	2.7	Yes	2nd
Age-adjusted	39	1.6	4.7	Yes	2.8	Yes	2nd
Unintentional injury mortality rate per 100,000							
Crude	91	32.9	23.9	Yes	28.7	No	3rd
Age-adjusted	**91**	**31.7**	**22.4**	**Yes**	**26.4**	**No**	**3rd**
Unintentional injury hospitalization rate per 10,000							
Crude	1,873	67.7	69.2	No	72.7	Yes	2nd
Age-adjusted	1,873	63.9	64.5	No	65.1	No	2nd
Ages less than 10 years	69	20.8	26.2	No	22.0	No	3rd
Ages 10-14 years	43	22.4	21.1	No	19.3	No	3rd
Ages 15-24 years	**164**	**45.9**	**31.9**	**Yes**	**32.7**	**Yes**	**4th**
Ages 25-64 years	639	42.6	46.5	Yes	46.4	Yes	2nd
Ages 65 years and older	958	248.9	260.9	No	276.6	Yes	2nd
Falls hospitalization rate per 10,000							
Crude	1,044	37.7	39.9	No	43.1	Yes	2nd
Age-adjusted	1,044	34.4	36.2	No	36.8	Yes	2nd
Ages less than 10 years	25	7.5	10.0	No	8.5	No	3rd
Ages 10-14 years	12	6.3	7.1	No	6.1	No	3rd
Ages 15-24 years	30	8.4	6.9	No	6.3	No	4th
Ages 25-64 years	238	15.9	18.7	Yes	18.7	Yes	1st
Ages 65-74 years	165	77.7	77.5	No	78.5	No	3rd
Ages 75-84 years	276	225.0	230.8	No	242.4	No	2nd
Ages 85 years and older	298	596.6	567.7	No	617.0	No	2nd
Poisoning hospitalization rate per 10,000							
Crude	252	9.1	10.5	Yes	10.3	Yes	2nd
Age-adjusted	252	9.1	10.2	No	10.2	No	2nd
Motor vehicle mortality rate per 100,000							
Crude	30	10.8	6.2	Yes	8.2	No	3rd
Age-adjusted	**30**	**11.0**	**6.0**	**Yes**	**8.0**	**No**	**3rd**
Non-motor vehicle mortality rate per 100,000							
Crude	61	22.1	17.7	No	20.5	No	3rd
Age-adjusted	**61**	**20.7**	**16.4**	**No**	**18.4**	**No**	**3rd**
Traumatic brain injury hospitalization rate per 10,000							
Crude	212	7.7	9.9	Yes	10.0	Yes	2nd
Age-adjusted	212	7.3	9.4	Yes	9.3	Yes	2nd
Alcohol related motor vehicle injuries and deaths per 100,000	**151**	**54.6**	**36.2**	**Yes**	**50.0**	**No**	**3rd**

Suicide rates in the County are a major concern. The Yellow Ribbon is a grass roots, community based, volunteer organization serving youth and the communities that surround them. They work to educate and raise awareness on this issue. There is a chapter at the North Rose High School. As shown in the map below Wayne County has one of the higher rates of suicide in the state.

The alcohol-related motor vehicle injuries and deaths per 100,000 are in the 3rd quartile of the State.

Maternal and Infant Health

The bolded figures in the chart below further illustrate the need to focus on obesity, heart disease and hypertension in Wayne County. The County is in the 4th quartile in the state in % of pregnant women in WIC who were pre-pregnancy obese (BMI 30 or higher), % of pregnant women in WIC with anemia in 3rd trimester, and % of pregnant women in WIC with hypertension during pregnancy.

Wayne County breastfeeding indicators are of particular concern. The rate of WIC mothers breastfeeding at least 6 months is only 16.2 compared to the NYS rate of 39.7 and upstate rate of 28.7. This is significant both for obesity and child development. NYSDOH states:

> Breastfeeding has long been recognized as the gold standard for infant nutrition. Human milk provides a mix of proteins, lipids, carbohydrates, and micronutrients that is uniquely adapted to the nutritional needs of human infants, leading to optimal growth and development. Moreover, breast milk provides antibodies, immune cells, and other anti-infective components that significantly reduce the infant's risk of infections, from diarrhea and colds to meningitis and other life-threatening infections. Infants who were breastfed for 3 months or more also made fewer medical office visits, received fewer procedures, took fewer medications, and experienced fewer hospitalizations. Beyond these short-term benefits, research has demonstrated that breast milk protects the infant against a growing list of chronic diseases, including cardiovascular disease, cancer, and diabetes. Evidence is accumulating that breastfeeding also reduces the infant's risk of childhood and adult obesity.[8]

Wayne County Public Health and their partners spent several meetings developing and refining their community health improvement work plan to include activities to address this issue. While many objectives will only focus on program-related measures, we have made sure to include three measures that will specifically lead to improved health outcomes and help to achieve our goals of reducing heart disease and reducing obesity in a very measurable way. These include:

- 10 % increase in women exclusively breastfeeding and breastfeeding at 6 months (obesity)
- 10 % increase of WIC mothers breastfeeding at 6 months (obesity disparity)
- Increase percentage of people managing their hypertension to 75% by December 2017.

We will develop a breastfeeding policy for County employees and Newark-Wayne Community Hospital will work to become a baby friendly hospital according to WHO guideline.

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

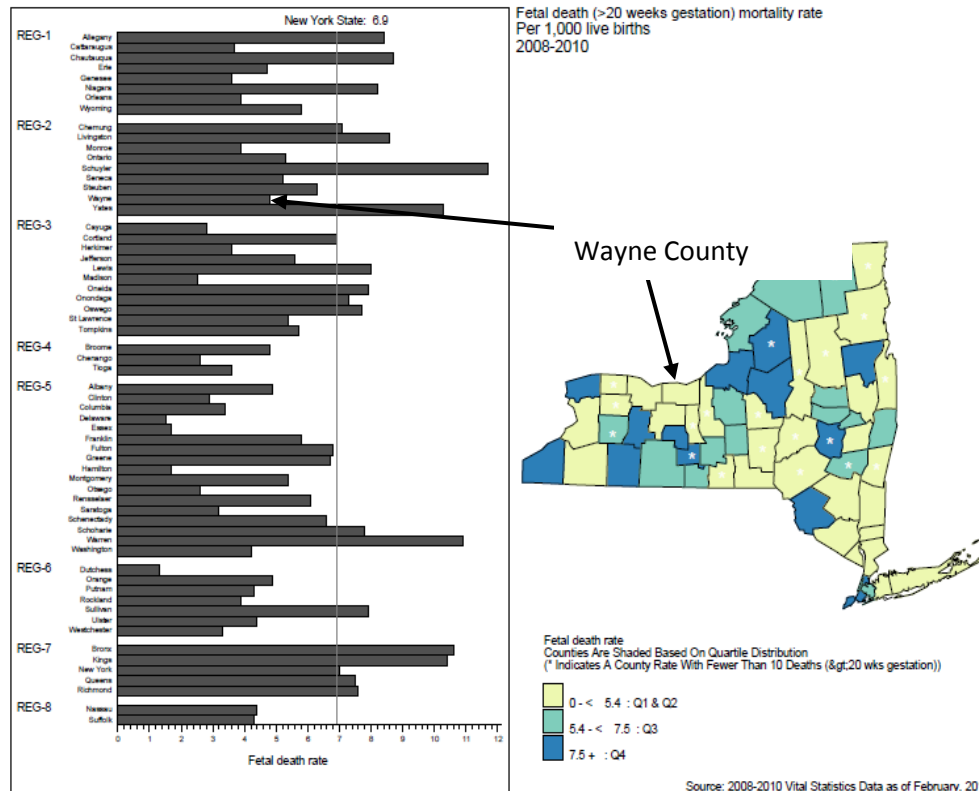| Indicator	3 Year Total	County Rate	NYS Rate	Sig.Dif.	NYS Rate exc NYC	Sig.Dif.	County Ranking Group
Percentage of births							
% of births to women 25 years and older without a high school education	173	8.5	14.8	Yes	10.3	Yes	3rd
% of births to out-of-wedlock mothers	1,335	42.7	41.4	No	37.6	Yes	3rd

---

[8] NYSDOH Breastfeeding http://www.health.ny.gov/prevention/obesity/strategic_plan/breastfeeding.htm

Indicator	3 Year Total	County Rate	NYS Rate	Sig. Dif.	NYS Rate exc NYC	Sig. Dif.	County Ranking Group
% of births that were first births	1,237	39.5	43.5	Yes	41.3	No	1st
% of births that were multiple births	106	3.4	3.9	No	4.2	Yes	2nd
% of births with early (1st trimester) prenatal care	2,049	72.2	72.8	No	75.2	No	3rd
% of births with late (3rd trimester) or no prenatal care	123	4.3	5.9	Yes	4.3	No	2nd
% of births with adequate prenatal care (Kotelchuck)	**1,672**	**59.3**	**66.0**	**Yes**	**68.2**	**Yes**	**4th**
WIC indicators							
% of pregnant women in WIC with early (1st trimester) prenatal care	1,263	89.1	85.6	No	86.3	No	2nd
% of pregnant women in WIC who were pre-pregnancy underweight (BMI less than 18.5)	63	4.4	4.6	No	4.1	No	2nd
% of pregnant women in WIC who were pre-pregnancy overweight but not obese (BMI 25-less than 30)~	345	24.3	26.6	No	26.3	No	2nd
% of pregnant women in WIC who were pre-pregnancy obese (BMI 30 or higher)~	**460**	**32.5**	**23.4**	**Yes**	**26.7**	**Yes**	**4th**
% of pregnant women in WIC with anemia in 3rd trimester	**91**	**38.4**	**37.3**	**No**	**35.4**	**No**	**4th**
% of pregnant women in WIC with gestational weight gain greater than ideal	**726**	**52.6**	**41.8**	**Yes**	**47.1**	**Yes**	**4th**
% of pregnant women in WIC with gestational diabetes	71	5.5	5.5	No	5.7	No	2nd
% of pregnant women in WIC with hypertension during pregnancy	**125**	**9.7**	**7.2**	**Yes**	**9.0**	**No**	**2nd**
% of WIC mothers breastfeeding at least 6 months	**163**	**16.2**	**39.7**	**Yes**	**28.7**	**Yes**	**4th**
% of infants fed any breast milk in delivery hospital	**2,085**	**71.4**	**78.3**	**Yes**	**73.5**	**No**	**3rd**
% of infants fed exclusively breast milk in delivery hospital	1,856	63.6	42.5	Yes	52.1	Yes	2nd
% of births delivered by cesarean section	1,038	33.2	34.4	No	36.1	Yes	3rd

Most of the indicators for mortality rates per 1,000 live births, low birth weight and % of premature births by gestational age are statistically unreliable, but do not appear to be of concern, though newborn drug-related discharges should be watched carefully.

Indicator	3 Year Total	County Rate	NYS Rate	Sig. Dif.	NYS Rate exc NYC	Sig. Dif.	County Ranking Group
Mortality rate per 1,000 live births							
Infant (less than 1 year)	13	4.2	5.3	No	5.7	No	2nd
Neonatal (less than 28 days)	9	2.9*	3.6	No	4.0	No	2nd
Post-neonatal (1 month to 1 year)	4	1.3*	1.7	No	1.7	No	2nd
Fetal death (>20 weeks gestation)	15	4.8	6.9	No	4.8	No	2nd
Perinatal (20 weeks gestation - 28 days of life)	24	7.6	10.4	No	8.8	No	2nd
Perinatal (28 weeks gestation - 7 days of life)	16	5.1	5.7	No	5.7	No	2nd
Maternal mortality rate per 100,000 live births +	1	32.0*	23.3	No	17.6	No	4th

Low birth weight indicators							
% very low birth weight (less than 1.5 kg) births	44	1.4	1.5	No	1.4	No	3rd
% very low birth weight (less than 1.5kg) singleton births	28	0.9	1.1	No	1.0	No	2nd
% low birth weight (less than 2.5 kg) births	227	7.3	8.2	Yes	7.7	No	2nd
% low birth weight (less than 2.5kg) singleton births	172	5.7	6.2	No	5.7	No	3rd
% of premature births by gestational age							
less than 32 weeks gestation	41	1.4	2.0	Yes	1.9	No	1st
32 - less than 37 weeks gestation	239	8.3	9.9	Yes	9.3	No	2nd
less than 37 weeks gestation	280	9.8	12.0	Yes	11.2	Yes	1st
% of births with a 5 minute APGAR less than 6	19	0.6	0.7	No	0.7	No	2nd
Newborn drug-related discharge rate per 10,000 newborn discharges	21	70.1	64.0	No	78.4	No	3rd

Fetal death (>20 weeks gestation) mortality rate
Per 1,000 live births
2008-2010

Wayne County

Fetal death rate
Counties Are Shaded Based On Quartile Distribution
(* Indicates A County Rate With Fewer Than 10 Deaths (>20 wks gestation))

0 - < 5.4 : Q1 & Q2
5.4 - < 7.5 : Q3
7.5 + : Q4

Source: 2008-2010 Vital Statistics Data as of February, 2012

Obesity

At the end of the MAPP process (Mobilizing for Action through Planning and Partnership) Newark-Wayne Community Hospital decided to tackle two tough areas under the New York State Dept. of Health priority of the prevention of chronic disease:
  ➢ Reduce obesity in children and adults
  ➢ Reduce heart disease and hypertension
And the disparity of reducing obesity rates among low-income populations.

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

> Obesity and overweight are currently the second leading preventable cause of death in the United States and may soon overtake tobacco as the leading cause of death. Failing to win the battle against obesity will mean premature death and disability for an increasingly large segment of New York residents. Without strong action to reverse the obesity epidemic, for the first time in our history children may face a shorter lifespan than their parents.
>
> Obesity Prevalence
> - The percentage of New York State adults who are overweight or obese increased from 42% in 1997 to 60% in 2008.
> - The percentage of obese adults in New York State more than doubled from 10% in 1997 to 25% in 2008.
> - Obesity among children and adolescents has tripled over the past three decades. Currently, a third of New York's children are obese or overweight.
> - Health care to treat obesity-related illnesses and conditions cost the United States an estimated $150 billion and New York State more than $7.6 billion every year.[9]

Obesity causes a myriad of serious health problems in both children and adults including Type 2 diabetes, heart disease, high cholesterol, high blood pressure, several forms of cancer and asthma. Along with the risks for life-shortening chronic diseases, being overweight in a society that stigmatizes this condition contributes to poor mental health associated with serious shame, self-blame, low self-esteem and depression.[10]

This chart illustrates figures from the NYSDOH for the school districts in Wayne County. Alarmingly the percentage of students overweight or obese ranges from 27.4% to 48.3%.
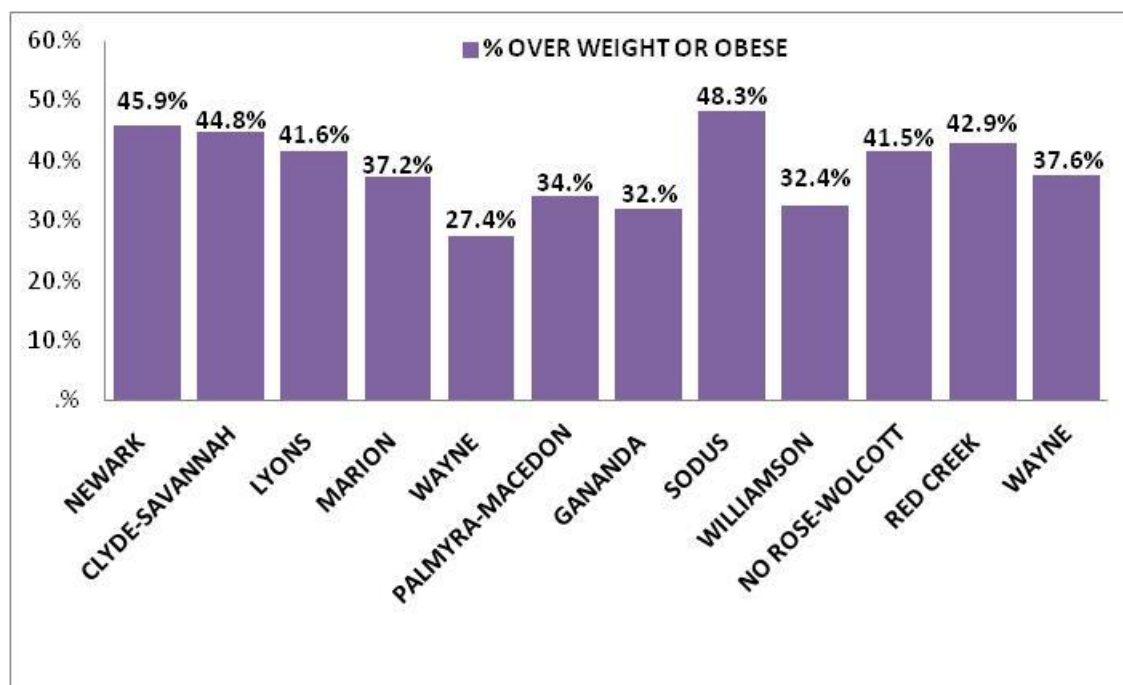
[9] New York State Dept. of Health, Obesity Prevention http://www.health.ny.gov/prevention/obesity/
[10] Ibid.

Wayne County school overweight and obese numbers average 38.8% compared to the New York State rate of 33.7%.

AREA NAME	SCHOOL YEARS	% OVER WEIGHT	% OBESE	% OVER WEIGHT OR OBESE
Newark Central School	2010-2012	22.7%	23.2%	45.9%
Clyde-Savannah Central School	2010-2012	22.5%	22.2%	44.8%
Lyons Central School	2010-2012	18.2%	23.4%	41.6%
Marion Central School	2010-2012	18.6%	18.6%	37.2%
Wayne Central School	2010-2012	13.2%	14.2%	27.4%
Palmyra-Macedon Central School	2010-2012	16.1%	17.9%	34.%
Gananda Central School	2010-2012	16.7%	15.3%	32.%
Sodus Central School	2010-2012	21.4%	26.9%	48.3%
Williamson Central School	2010-2012	16.8%	15.5%	32.4%
No Rose-Wolcott Cent School	2010-2012	17.7%	23.8%	41.5%
Red Creek Central School	2010-2012	15.1%	27.7%	42.9%
Wayne	2010-2012	17.9%	19.7%	37.6%
		Average		38.8%
Statewide (Excluding NYC)	2010-2012	16.2%	17.6%	33.7%

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

Several of the obesity related indicators (bolded in the chart below) for Wayne County are alarming and led Public Health and our partners to pick this as a priority area. Wayne County rates are worse than the rest of Upstate NY in the following categories:

- ➢ % of pregnant women in WIC who were pre-pregnancy obese (BMI 30 or higher)~
- ➢ % of WIC mothers breastfeeding at 6 months
- ➢ Age-adjusted % of adults overweight or obese (BMI 25 or higher) (2008-2009)
- ➢ Age-adjusted % of adults obese (BMI 30 or higher) (2008-2009)
- ➢ Age-adjusted % of adults with physician diagnosed angina, heart attack or stroke (2008-2009)
- ➢ Cerebrovascular disease (stroke) mortality
- ➢ Diabetes mortality
- ➢ Cardiovascular disease hospitalizations
- ➢ Cerebrovascular disease (stroke) hospitalizations

Our activities listed in the Community Health Improvement and Community Service Plans will work to address these issues (see Attachment E).

Obesity and Related Indicators - Wayne County-2008-2010

Indicator	3 Year Total	County Rate	NYS Rate	Sig. Dif.	NYS Rate exc NYC	Sig. Dif.	County Ranking Group
All students (elementary - PreK, K, 2nd & 4th grades, middle-7th grade and high school-10th grade)							
% overweight but not obese (85th-less than 95th percentile) #	N/A	13.4	N/A	N/A	14.7	N/A	3rd
% obese (95th percentile or higher) #	N/A	13.6	N/A	N/A	16.5	N/A	1st
% overweight or obese (85th percentile or higher) #	N/A	27.0	N/A	N/A	31.3	N/A	1st
Elementary students (PreK, K, 2nd and 4th grades)							
% overweight but not obese (85th-less than 95th percentile) #	N/A	12.3	N/A	N/A	13.3	N/A	3rd

% obese (95th percentile or higher) #	N/A	12.3	N/A	N/A	15.2	N/A	1st
% overweight or obese (85th percentile or higher) #	N/A	24.6	N/A	N/A	28.5	N/A	2nd
Middle and high school students (7th and 10th grades)							
% overweight but not obese (85th-less than 95th percentile) #	N/A	15.0	N/A	N/A	16.6	N/A	2nd
% obese (95th percentile or higher) #	N/A	15.5	N/A	N/A	18.3	N/A	1st
% overweight or obese (85th percentile or higher) #	N/A	30.5	N/A	N/A	34.9	N/A	1st
% of pregnant women in WIC who were pre-pregnancy overweight but not obese (BMI 25-less than 30)~	345	24.3	26.6	No	26.3	No	2nd
% of pregnant women in WIC who were pre-pregnancy obese (BMI 30 or higher)~	**460**	**32.5**	**23.4**	**Yes**	**26.7**	**Yes**	**4th**
% obese (95th percentile or higher) children in WIC (ages 2-4 years)	419	15.1	14.5	No	15.2	No	3rd
% of children in WIC viewing TV 2 hours or less per day (ages 0-4 years)	2,152	81.1	78.6	No	80.7	No	3rd
% of WIC mothers breastfeeding at 6 months	**163**	**16.2**	**39.7**	**Yes**	**28.7**	**Yes**	**4th**
Age-adjusted % of adults overweight or obese (BMI 25 or higher, 08-09)	**N/A**	**71.7**	**59.3**	**Yes**	**60.6**	**Yes**	**4th**
Age-adjusted % of adults obese (BMI 30 or higher) (2008-2009)	**N/A**	**31.6**	**23.1**	**Yes**	**24.3**	**Yes**	**4th**
Age-adjusted % of adults who did not participate in leisure time physical activity in last 30 days (2008-2009)	N/A	76.1	76.3	No	78.9	No	2nd
Age-adjusted % of adults eating 5 or more fruits or vegetables per day (2008-2009)	N/A	25.8	27.1	No	27.7	No	3rd
Age-adjusted % of adults with physician diagnosed diabetes (2008-2009)	N/A	8.6	9.0	No	8.5	No	2nd
Age-adjusted % of adults with physician diagnosed angina, heart attack or stroke # (2008-2009)	**N/A**	**8.1**	**7.6**	**No**	**7.2**	**No**	**3rd**
Age-adjusted mortality rate per 100,000							
Cardiovascular disease mortality	713	228.1	250.9	Yes	244.7	No	1st
Cerebrovascular disease (stroke) mortality	**104**	**32.7**	**26.7**	**No**	**31.9**	**No**	**2nd**
Diabetes mortality	**67**	**21.4**	**16.6**	**No**	**14.9**	**Yes**	**3rd**
Age-adjusted hospitalization rate per 100,000							
Cardiovascular disease hospitalizations	**5,457**	**172.6**	**165.6**	**Yes**	**157.5**	**Yes**	**3rd**
Cerebrovascular disease (stroke) hospitalizations	**834**	**26.2**	**25.1**	**No**	**25.3**	**No**	**3rd**
Diabetes hospitalizations (primary diagnosis)	352	11.9	19.0	Yes	14.3	Yes	2nd

Of the 674 respondents to the Wayne County community health assessment survey 59% felt they were overweight. The average BMI for survey respondents was 28.25. 61% of survey respondents were overweight or obese.

Wayne	Avg. BMI	#
Total	28.25	647
Females	28.64	358
Males	27.72	289

Please answer yes or no	Yes	No	Response Count
Do you limit your intake of fatty foods?	73%	27%	620
Do you feel that you are overweight?	59%	41%	617

Survey respondents to the Wayne County community health assessment survey ranked the lack of obesity/overweight as the top health problem in the County. Respondents also reported low levels of exercise – one factor in the high obesity rates. 38.7% of survey respondents reported they did not exercise regularly. The 2009 EBRFSS (Expanded Behavioral Risk Factor Surveillance Survey) rate for those engaging in leisure time physical activity for the County was

76.1% compared to the NYS rate of 76.3%. Additionally, 27% of survey respondents reported that they did not limit their intake of fatty foods.

Health Problems Using the following list, please check the issues that you think are the most important "health problems" in Wayne County (Problems that have the greatest effect on overall community health). Check all that you think are a problem:		% Adults Affected – Wayne EBRFSS	% Adults Affected – NYS EBRFSS
Obesity/overweight	63.5%	71.7%	59.3%
Substance abuse (alcohol, drugs)	62.5%		
Unemployment	57.6%	7.7%	7.5%

This NYSDOH map illustrates the percentage of pregnant women in WIC who were pre-pregnancy obese in Wayne County.
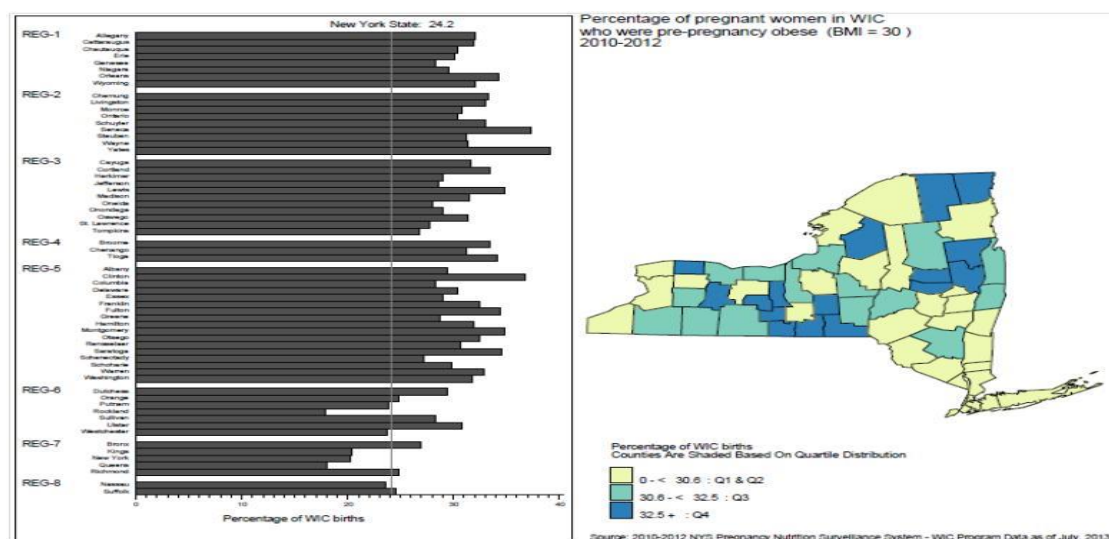
However, cardiovascular disease mortality rates are lower than the NYS average.
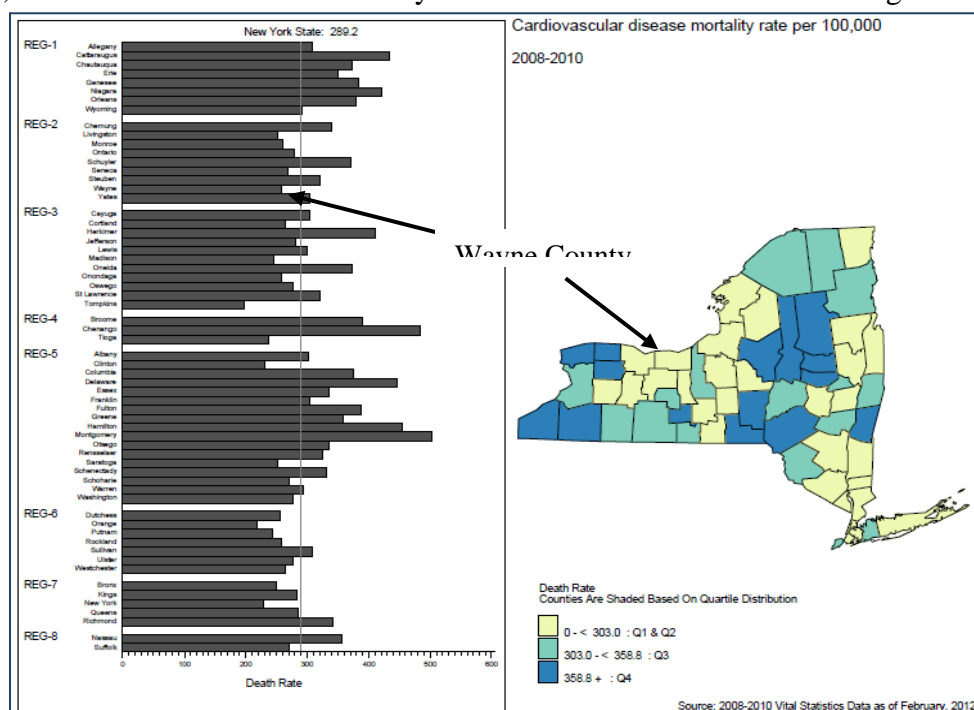
Wayne County does have one of the worst coronary heart disease death rates per 100,000 residents in the region. Heart disease is often, though not exclusively, related to obesity.

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

| Finger Lakes Region/County | Deaths | | | | Population | Crude | Adjusted |
	2007	2008	2009	Total	2008	Rate	Rate
Chemung	153	149	137	439	87,813	166.6	125.3
Livingston	111	83	72	266	63,154	140.4	127.0
Monroe	1,071	998	965	3,034	732,762	138.0	113.4
Ontario	138	154	171	463	104,475	147.7	119.4
Schuyler	40	36	37	113	18,888	199.4	146.7
Seneca	60	44	47	151	34,086	147.7	118.9
Steuben	173	158	177	508	96,573	175.3	135.8
Wayne	**153**	**144**	**130**	**427**	**91,564**	**155.4**	**139.0**
Yates	40	49	41	130	24,652	175.8	133.4
Region Total	1,939	1,815	1,777	5,531	1,253,967	147.0	119.9
New York State Total	40,450	40,364	37,987	118,801	19,490,297	203.2	175.8

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

Obesity is a leading cause of many preventable diseases including heart disease and diabetes. According to the CDC:
- More than one-third of U.S. adults (35.7%) are obese.
- Obesity-related conditions include heart disease, stroke, type 2 diabetes and certain types of cancer, some of the leading causes of preventable death.
- The estimated annual medical cost of obesity in the U.S. was $147 billion in 2008 U.S. dollars; the medical costs for people who are obese were $1,429 higher than those of normal weight.
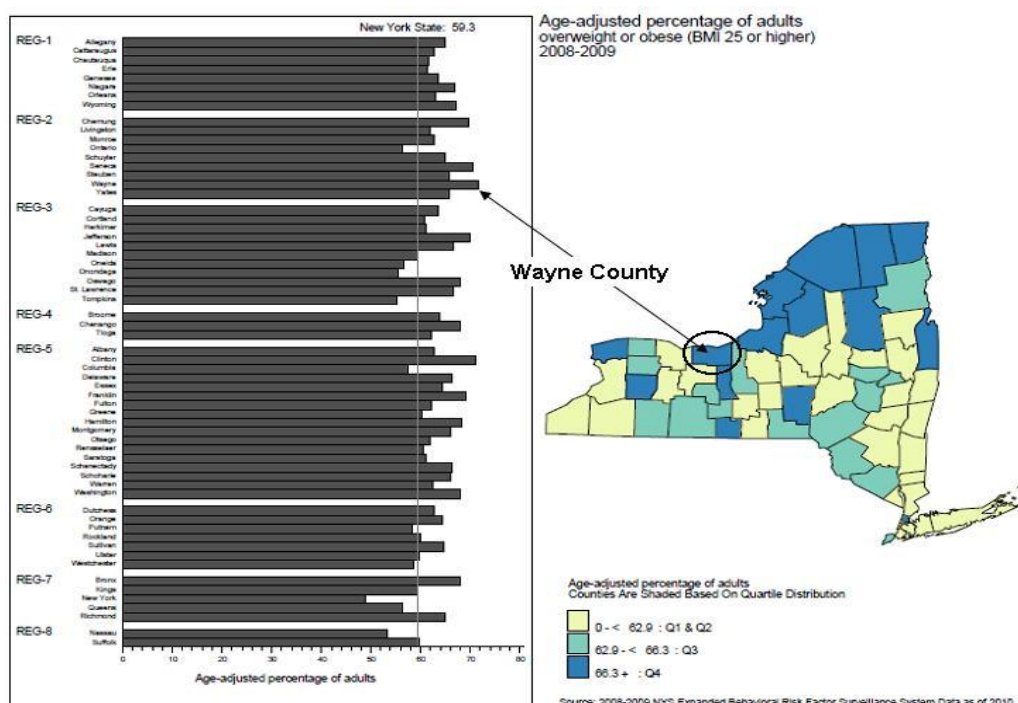
This chart is of the WIC children (ages 2-4) who are obese - per children tested from the 2007-2009 Division of Nutrition Data as of April, 2011

County	Total 2007-2009	Per Children Tested 07-09	Percent
Putnam	279	1,228	22.7
Nassau	2,877	12,731	22.6
Suffolk	3,888	18,085	21.5
Orleans	230	1,244	18.5
Ulster	387	2,126	18.2
Columbia	309	1,728	17.9
Schuyler	106	598	17.7
Seneca	118	668	17.7
Richmond	1,687	9,586	17.6
Washington	413	2,399	17.2
Cattaraugus	486	2,890	16.8
Westchester	4,639	27,614	16.8
Madison	423	2,533	16.7
Delaware	265	1,614	16.4
Fulton	253	1,552	16.3
Sullivan	439	2,711	16.2
Greene	155	971	16
Queens	10,743	68,865	15.6
Oswego	789	5,092	15.5
Otsego	241	1,562	15.4
Schenectady	702	4,590	15.3
Genesee	409	2,688	15.2
Bronx	12,811	84,839	15.1
Essex	173	1,143	15.1
Oneida	1,093	7,287	15
Rensselaer	669	4,459	15
Saratoga	393	2,623	15
Steuben	480	3,223	14.9
Ontario	374	2,544	14.7
Yates	77	523	14.7
Clinton	358	2,467	14.5
New York State Total	**91,610**	**630,700**	**14.5**
Tioga	284	1,960	14.5
Montgomery	297	2,064	14.4
Broome	921	6,444	14.3
Wyoming	117	816	14.3
Chenango	505	3,553	14.2
Livingston	201	1,412	14.2
Albany	936	6,640	14.1
Franklin	261	1,849	14.1
Onondaga	1,952	13,940	14
St Lawrence	297	2,118	14
Wayne	**379**	**2,708**	**14**
y	561	4,065	13.8
Herkimer	298	2,156	13.8
Dutchess	592	4,323	13.7
Schoharie	134	975	13.7
Erie	3,021	22,212	13.6
Chautauqua	601	4,452	13.5
Monroe	2,456	18,327	13.4
y	801	5,977	13.4
Tompkins	266	2,013	13.2
New York	8,370	64,388	13
Kings	17,453	136,355	12.8
Lewis	221	1,729	12.8
Orange	1,448	11,403	12.7
Cayuga	294	2,354	12.5
Allegany	225	1,816	12.4

Warren	249	2,058	12.1
Hamilton	13	108	12
Cortland	224	1,916	11.7
Rockland	1,349	12,489	10.8
Jefferson	619	5,897	10.5

As mentioned above the obesity rates for Wayne County schools are higher than those for Upstate NY. This chart, of younger children shows that the County rate is better than the NYS rate for this age group. Efforts must be made to engage children to combat obesity.

Percentage obese (95th percentile or higher) children in WIC (ages 2-4 years) 2008-2010

Source: 2008-2010 NYS Pediatric Nutrition Surveillance System Data as of July, 2012
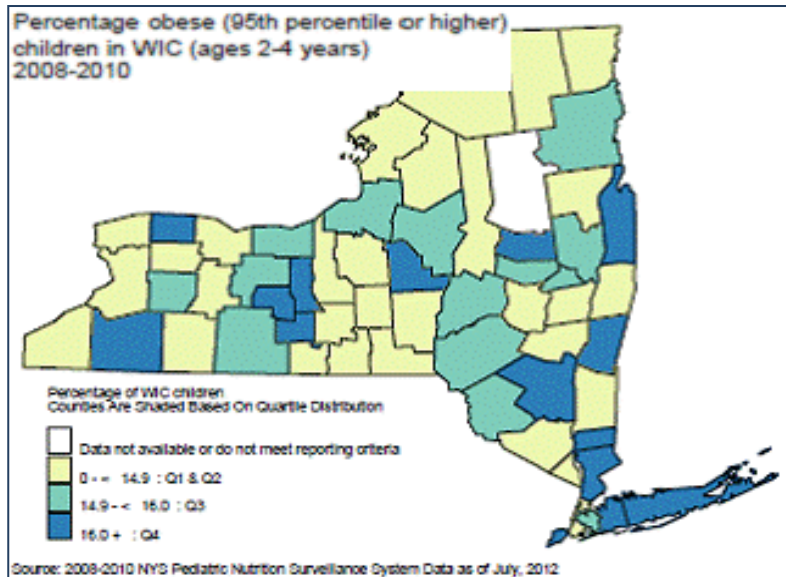
Nutrition education is presented in all aspects of Public Health Education. Wayne County Public Health works to identify nutrition priorities and establish systems for appropriate networking and referral with community agencies and to ensure that high risk groups have access to appropriate interventions. Dental health education programs include information about the importance of sound nutrition and how diets with too much sugar negatively affects the teeth of both children and adults. Public Health actively supports Cooperative Extension's efforts through their Creating Healthy Places to Live, Work and Play grant funded by the New York State Department of Health. This initiative works to prevent obesity, type 2 diabetes and other chronic diseases in Wayne County. Public Health (WCPH) is part of their coalition and collaborated on their "Bike & Hike" event at local Farmers' Markets. WCPH also participates in the NYS program; Farm-to-School projects; and Wayne County Food Security meetings. We have a contract with a

Registered Dietician who can do nutritional counseling with high risk pregnant women who are enrolled in the Tender Care program. These efforts as well as those outlined in the Community Health Improvement Work Plan will help address the obesity, heart disease and hypertension issues in the County.

Cerebrovascular disease (stroke) mortality rate per 100,000 2006-2010

Source: 2006-2010 Vital Statistics Data as of February, 2012
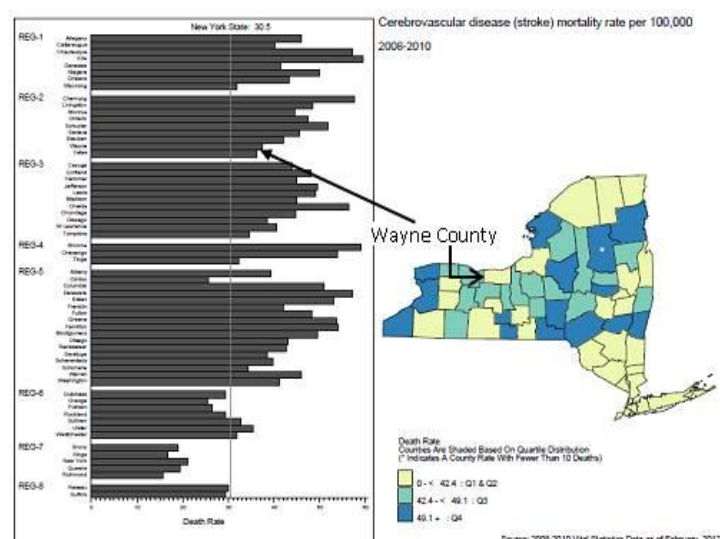
Obesity and being physically inactive can lead to high blood pressure which is the leading cause of stroke. Wayne County cerebrovascular disease mortality rates are higher than the NYS rate, but better than many other counties.

Occupational Health

The NYSDOH with support from the National Institute for Occupational Safety and Health has used existing databases to describe the occupational health picture since 2000. This occupational health surveillance program has developed a set of occupational health indicators to describe the health status of the working population. The occupational health indicators for the County show that rates for Wayne residents are in the 4th quartile and significantly different than NYS rates for malignant mesothelioma incidence. Fatal work related injuries per 100,000 employed persons ages 16 and older are also in the 4th quartile, but numbers are small and not statistically reliable.

Occupational Health Indicators - Wayne County - 2008-2010

Indicator	3 Year Total	County Rate	NYS Rate	Sig. Dif.	NYS Rate exc NYC	Sig. Dif.	County Ranking Group
Incidence of malignant mesothelioma per 100,000 persons ages 15 years and older	10	4.5	1.3	Yes	1.7	Yes	4th
Hospitalization rate per 100,000 persons ages 15 years and older							
Pneumoconiosis	32	24.2	24.5	No	32.8	No	2nd
Asbestosis	5	3.8*	22.2	Yes	36.0	Yes	1st
Work-related hospitalizations per 100,000 employed persons ages 16 years and older	326	246.4	168.4	Yes	210.9	Yes	3rd
Elevated blood lead levels (greater than or equal to 10 micrograms per deciliter) per 100,000 employed persons ages 16+	11	8.3	23.2	Yes	24.0	Yes	1st
Fatal work-related injuries per 100,000 employed persons ages 16+	6	4.5*	2.2	No	2.3	No	4th

As illustrated in the graph and table below for work-related hospitalizations per 100,000 employed persons ages 16 years and older the three year average rate has been increasing in recent years.

Wayne County Work-related hospitalizations per 100,000 employed persons aged 16 years and older

(■ SINGLE YEAR, ★ 3-YEAR AVERAGE, ▲ NYS EXC. NYC)
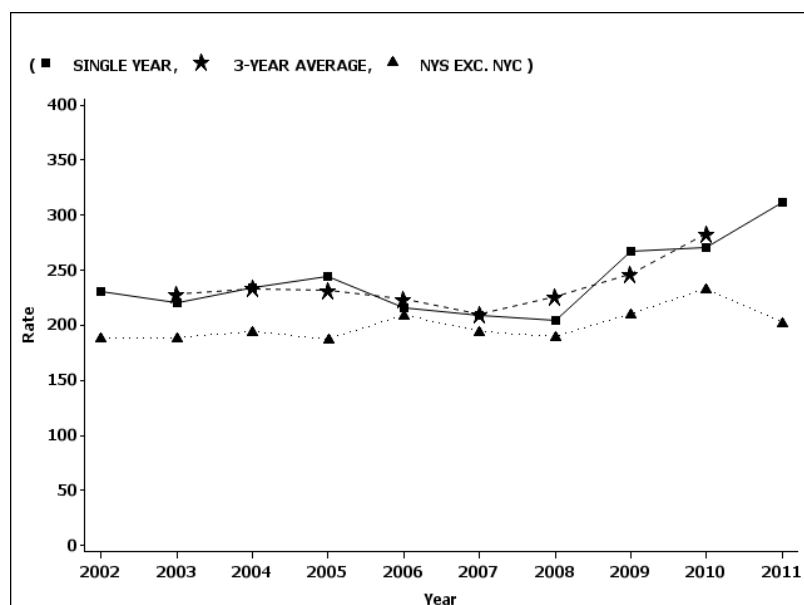
Year	Crude Rate		
	Single Year	3-Year Average	NYS exc. NYC
2002	230.2		188.5
2003	220.9	228.2	189.0
2004	233.6	233.2	194.5
2005	244.7	231.5	187.4
2006	216.3	223.4	209.3
2007	208.8	209.9	194.5
2008	204.4	226.0	189.7
2009	266.7	246.4	210.7
2010	270.2	282.8	233.3
2011	311.7		202.6

Trends and averages for asbestosis hospitalization rates per 100,000 for ages 15 years and older continue to be better than NYS averages.

Asbestosis hospitalization rate per 100,000 - Aged 15 years and older

| Year | Crude Rate | | |
	Single Year	3-Year Average	NYS exc. NYC
2002	0.0		16.4
2003	2.7	1.3	17.9
2004	1.3	1.8	19.7
2005	1.3	1.3	20.5
2006	1.3	0.9	21.3
2007	0.0	1.8	19.7
2008	4.0	2.2	19.7
2009	2.7	2.2	22.4
2010	0.0	4.0	20.5
2011	9.2		14.4
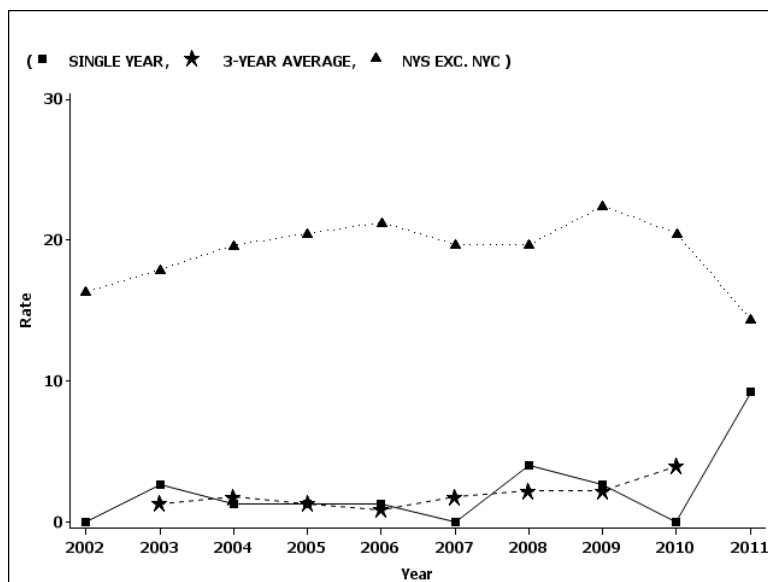
Oral Health

Oral health is essential to the general health of the community. Tooth decay like many chronic diseases is preventable, but continues to affect all ages. It is a greater problem for those who have limited access to prevention and treatment services. This chart represents the number of practicing dentists per population in NYS. Wayne County ranks 19th out of the 62 counties. It is hard for rural areas such as ours to attract dentists.

According to the NYSDOH untreated decay among children has been associated with difficulty in eating, sleeping, learning, and proper nutrition. An estimated 51 million school hours are lost due to cavities. Almost one fifth of all health care expenditures in children are related to dental care. Among adults, untreated decay and tooth loss can also have negative effects on an individual's self-esteem and employability.[11]

Population per Practicing Dentist By County, NY 2008
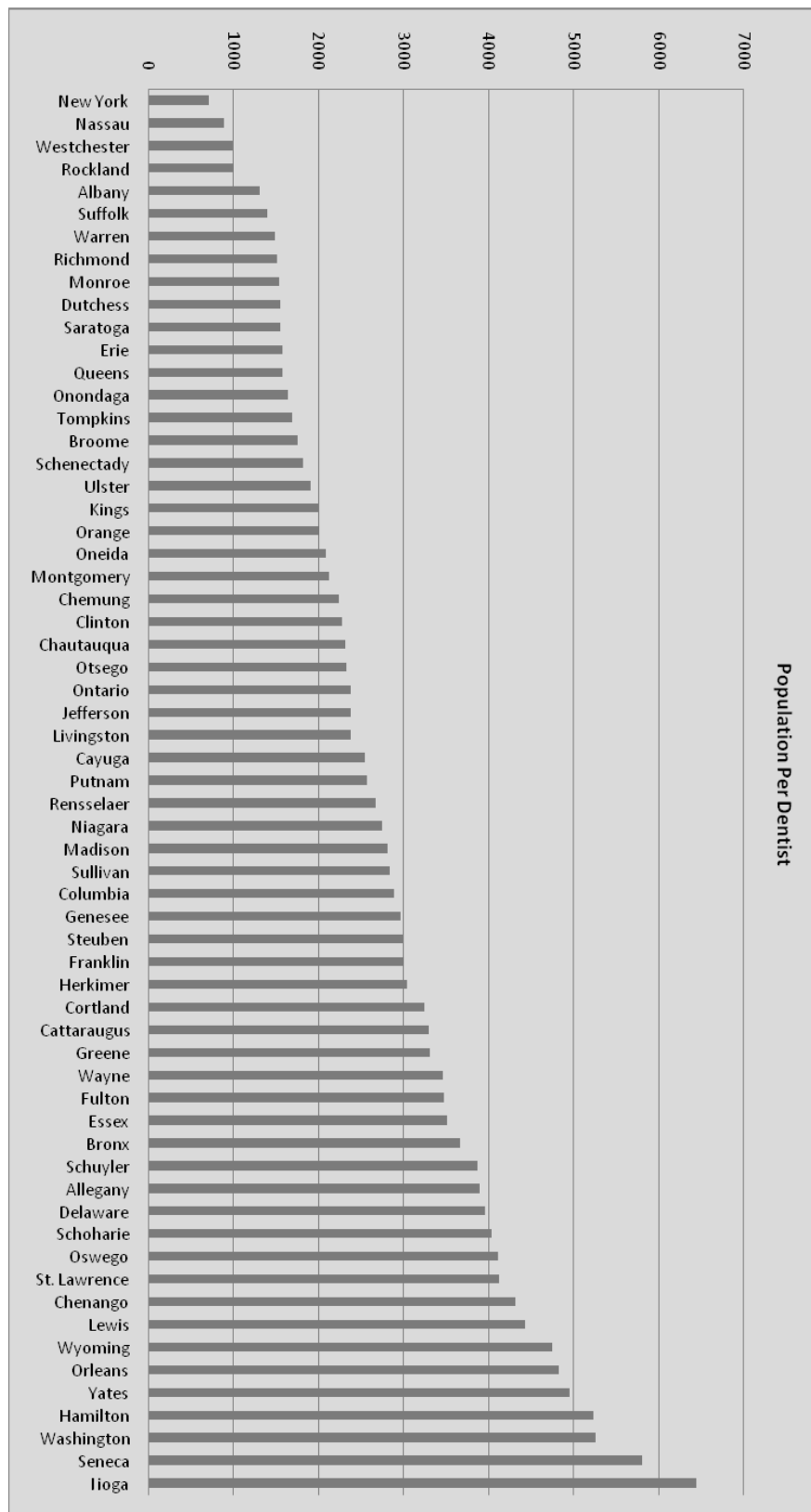
Source: http://www.health.ny.gov/professionals/doctors/graduate_medical_education/reports/docs/final_report_on_expanding_dany_physician_loan_repayment_program.pdf

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

Tooth decay may lead to abscess and extreme pain, blood infection that can spread, difficulty in chewing, poor weight gain, school absences and crooked teeth.[12] Oral health indicators for Wayne County are in the chart below. County rates for 3rd grade children with dental sealants are 31.6% compared to the NYS rate of 41.9%. The Wayne County caries emergency department visit rate per 10,000 for ages 3 – 5 is 39% higher than NYS. Medicaid oral health indicators for the County are all lower than NYS averages and in the second and third quartile for the State. Oral cancer mortality indicators are all also worse than the NYS rates.

Oral Health Indicators - Wayne County - 2009-2011

Indicator	3 Year Total	County Rate	NYS Rate	Sig. Dif.	NYS Rate exc NYC	Sig. Dif.	County Ranking Group
Oral health survey of 3rd grade children							
% of 3rd grade children with caries experience #	N/A	36.2	N/A	N/A	45.4	No	1st
% of 3rd grade children with untreated caries #	N/A	18.6	N/A	N/A	24.0	Yes	1st
% of 3rd grade children with dental sealants #	N/A	31.6	N/A	N/A	41.9	No	1st
% of 3rd grade children with dental insurance #	N/A	85.3	N/A	N/A	81.8	Yes	3rd
% of 3rd grade children with at least one dental visit in last year #	N/A	77.1	N/A	N/A	83.4	Yes	1st
% of 3rd grade children reported taking fluoride tablets regularly #	N/A	33.3	N/A	N/A	41.9	No	1st
Age-adjusted % of adults who had a dentist visit within the past year # (2008-2009)	N/A	74.2	71.1	No	72.7	No	1st
Caries emergency department visit rate per 10,000 (ages 3-5 years) (2008-2010)	90	91.7	65.8	Yes	69.9	Yes	3rd
Medicaid oral health indicators							
% of Medicaid enrollees with at least one dental visit within the last year # (2008-2010)	11,896	26.3	31.3	Yes	29.4	Yes	3rd
% of Medicaid enrollees with at least one preventive dental visit within the last year # (08-10)	9,250	20.5	25.9	Yes	23.4	Yes	3rd
% of Medicaid enrollees (ages 2-20 years) who had at least one dental visit within the last year # (2008-2010)	6,261	38.4	40.8	Yes	40.5	Yes	2nd
Oral cancer							
Age-adjusted incidence per 100,000 (2007-2009)	23	6.4	10.4	Yes	10.8	Yes	1st
Age-adjusted mortality rate per 100,000 (2007-2009)	11	3.2	2.1	No	2.0	No	4th
Mortality per 100,000 (ages 45-74 years) (2007-2009)	9	8.8*	4.4	No	4.2	No	4th

Wayne County is designated as a Dental Personnel Shortage Area for low-income populations although fluoridation rates for the county are reasonably good as noted in the maps below. The Rushville Health Center provides dental hygiene services in all of Wayne County schools (cleaning, screening and sealants) to help address the oral health issues in the County. Additionally, in 2010 the Wayne-Rushville Dental Center opened at WCPH. This dental center accepts all forms of dental insurance and has a sliding fee scale for those who do not have dental insurance.

Health Professional Shortage Areas (HPSA) - Dental Health HPSA Clinician Priority Scores

Percentage of residents served by community water systems with optimally fluoridated water 2012
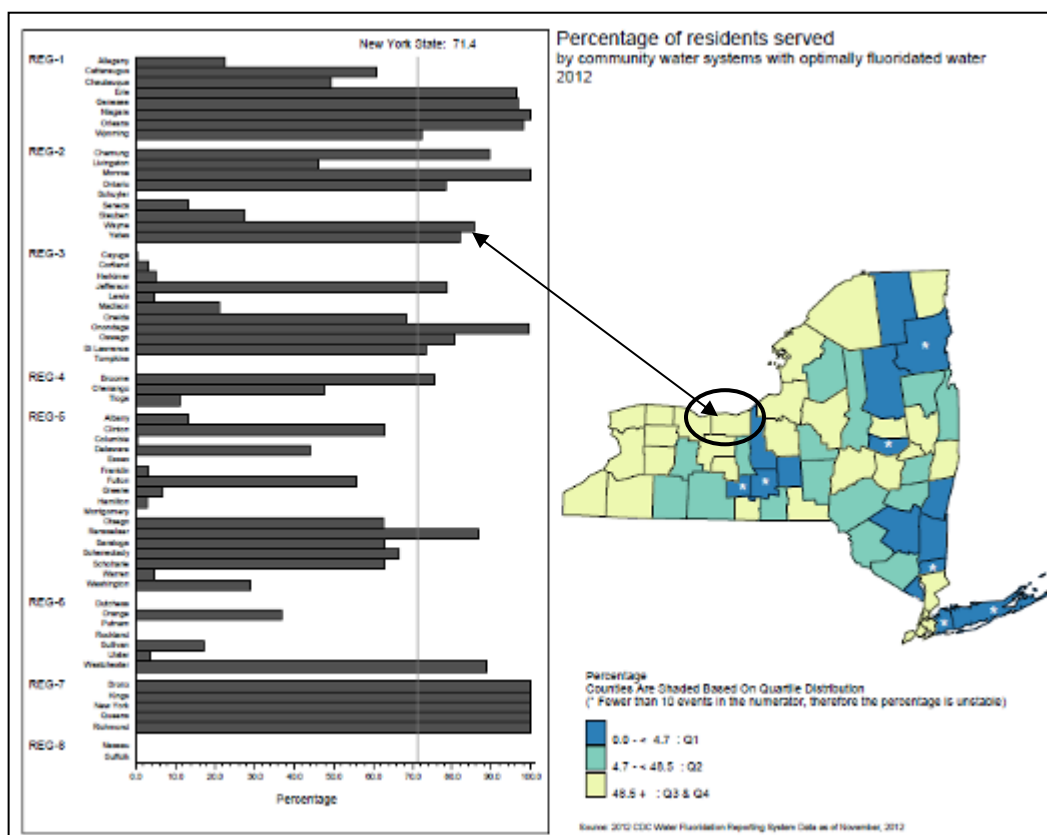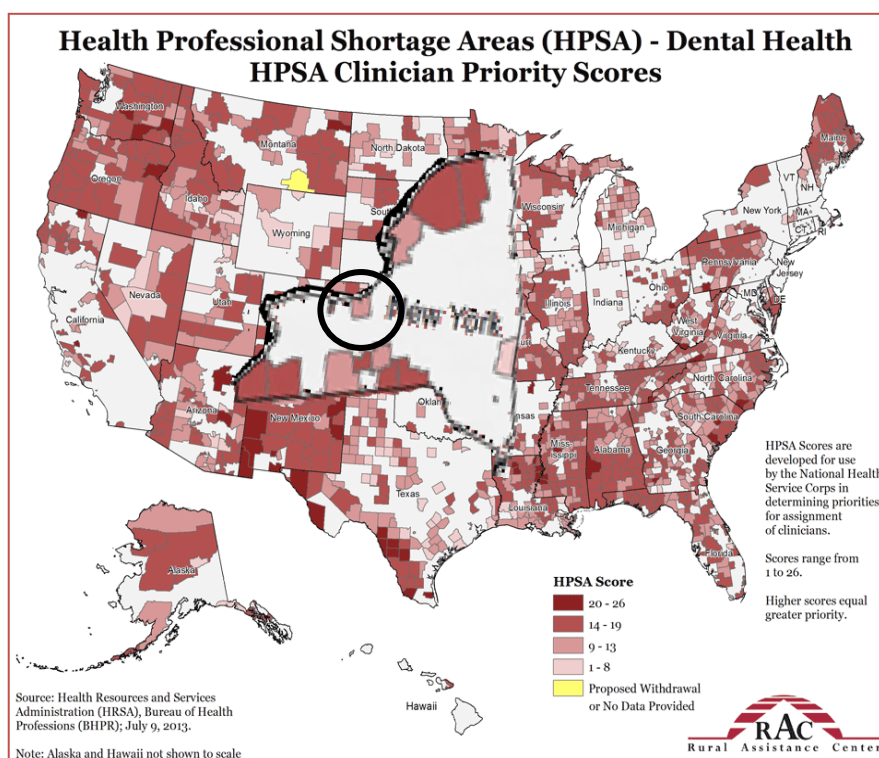
Respiratory Disease

As this map and the chart below illustrates, Wayne County residents are at higher risk for mortality for Chronic Lower Respiratory Disease (CLRD) and have a higher hospitalization rate than upstate NY. CLRD includes bronchitis, emphysema and asthma. Our efforts to reduce tobacco use in our CHIP will help address these rates.
Asthma hospitalization and mortality rates are lower than NYS rates.
Age-adjusted percentage of adults with current asthma for 2008-2009 is also lower than NYS averages.

Chronic lower respiratory disease mortality
Rate per 100,000
2008-2010
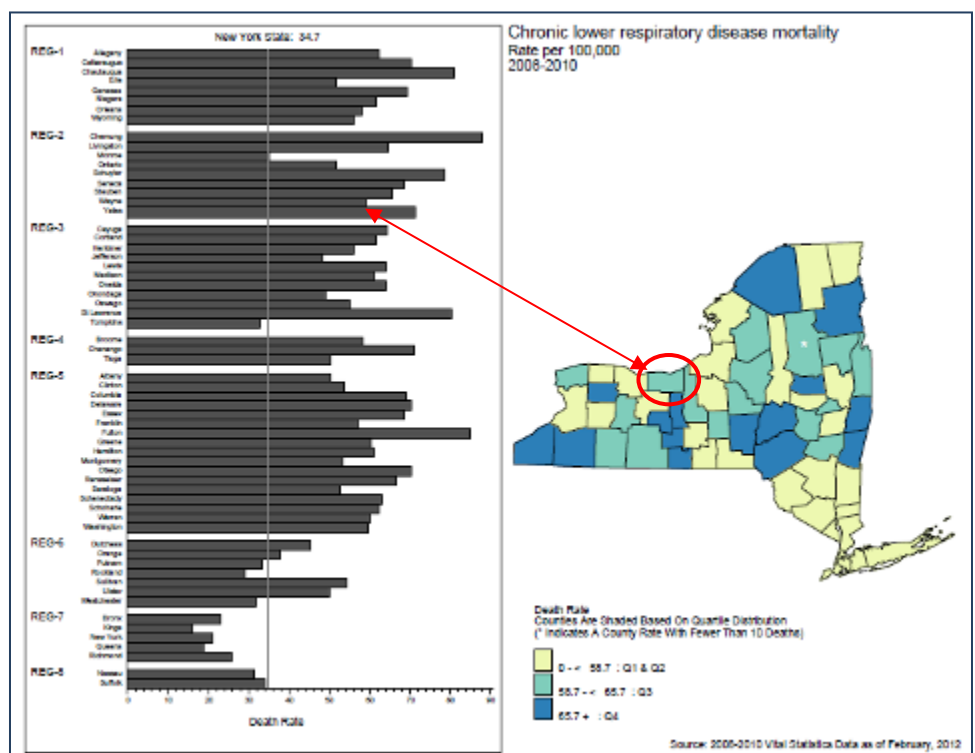
Respiratory Disease Indicators - Wayne County - 2008-2010

Indicator	3 Year Total	County Rate	NYS Rate	Sig. Dif.	NYS Rate exc NYC	Sig. Dif.	County Ranking Group
CLRD mortality rate per 100,000							
Crude	163	58.9	34.7	Yes	46.0	Yes	3rd
Age-adjusted	163	52.6	31.1	Yes	38.5	Yes	3rd
CLRD hospitalization rate per 10,000							
Crude	1,105	39.9	39.3	No	35.2	Yes	3rd
Age-adjusted	1,105	35.3	37.5	No	31.7	Yes	3rd
Asthma hospitalization rate per 10,000							
Crude	251	9.1	20.3	Yes	12.4	Yes	2nd
Age-adjusted	251	8.9	20.3	Yes	12.3	Yes	2nd
Ages 0-4 years	32	19.6	58.8	Yes	36.1	Yes	2nd
Ages 5-14 years	21	5.8	20.9	Yes	11.2	Yes	1st
Ages 0-17 years	57	8.7	29.0	Yes	16.1	Yes	2nd
Ages 5-64 years	157	7.1	15.4	Yes	9.5	Yes	2nd
Ages 15-24 years	19	5.3	7.5	No	4.1	No	4th
Ages 25-44 years	43	6.4	10.8	Yes	8.1	No	2nd
Ages 45-64 years	74	8.9	21.8	Yes	12.6	Yes	2nd
Ages 65 years or older	62	16.1	32.2	Yes	19.2	No	2nd
Asthma mortality rate per 100,000							
Crude	2	0.7*	1.3	No	0.9	No	2nd
Age-adjusted	2	0.6*	1.2	No	0.7	No	2nd
Age-adjusted % of adults with current asthma (08-09)	N/A	7.9	9.7	No	10.1	No	1st

Chronic lower respiratory disease hospitalization rate per 10,000 2008-2010

Source: 2008-2010 SPARCS Data as of February, 2012
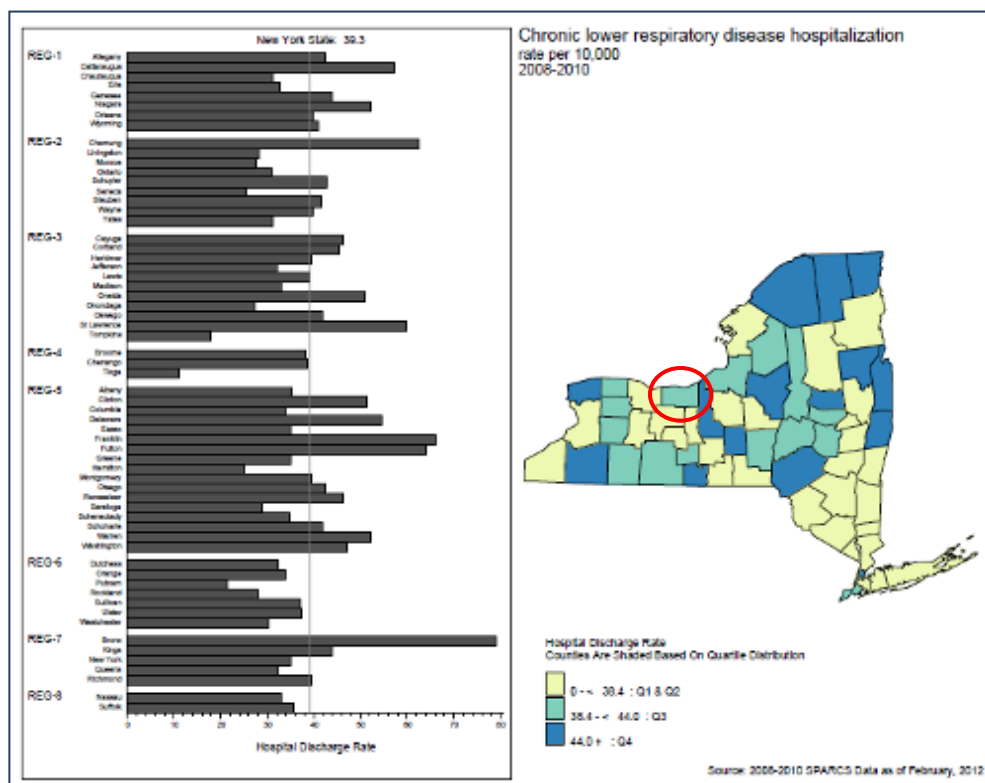
Tobacco, Alcohol and Substance Abuse

The age-adjusted percentage of Wayne County adults who smoke is 19.9% compared to the NYS rate of 17%. In spite of years of effort by federal, state and local public health agencies and advocates, residents of rural communities are more likely to use tobacco products, to start at a younger age, to use more heavily and to be exposed to secondhand smoke at work and at home than their counterparts in cities and suburbs[13] According to the NYSDOH:

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

Wayne County Public Health is a partner in the Tobacco Action Coalition of the Finger Lakes. The Tobacco Action Coalition of the Finger Lakes (TACFL) is a grassroots coalition of local agencies and individuals working together to reduce the prevalence of tobacco use and to promote healthy communities. TACFL serves Ontario, Seneca, Wayne and Yates counties in New York State. The Coalition is funded by the New York State Department of Health Tobacco Control Program. TACFL staff and members engage community leaders and the public in policy development to reduce the harm of tobacco at the local level; negotiate with local stakeholders to adopt resolutions that will restrict the tobacco industry presence, and work with policy makers to de-normalize tobacco use and eliminate exposure to secondhand smoke.

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[13] American Lung Association Cutting Tobaccos Rural Roots

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

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

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

NYSDOH statistics indicate that drug related hospitalization rates are lower in Wayne County compared to NYS rates. Alcohol related motor vehicle injuries and deaths are in the third quartile and worse than NYS rates.

Tobacco, Alcohol and Other Substance Abuse Indicators - 2008-2010

Indicator	3 Year Total	County Rate	NYS Rate	Sig. Dif.	NYS Rate exc NYC	Sig. Dif.	County Ranking Group
Drug-related hospitalization rate per 10,000							
Crude	316	11.4	27.3	Yes	21.2	Yes	1st
Age-adjusted	316	11.9	27.2	Yes	21.8	Yes	1st
Newborn drug-related hospitalization rate per 10,000 newborn discharges	21	70.1	64.0	No	78.4	No	3rd
Alcohol related motor vehicle injuries and deaths per 100,000	151	54.6	36.2	Yes	50.0	No	3rd
Age-adjusted % of adults who smoke cigarettes (2008-2009)	N/A	19.9	17.0	No	18.9	No	2nd
Age-adjusted % of adults living in homes where smoking is prohibited (2008-2009)	N/A	81.8	80.9	No	79.3	No	1st
Age-adjusted % of adults who binge drink (2008-2009)	N/A	18.6	18.1	No	19.8	No	2nd
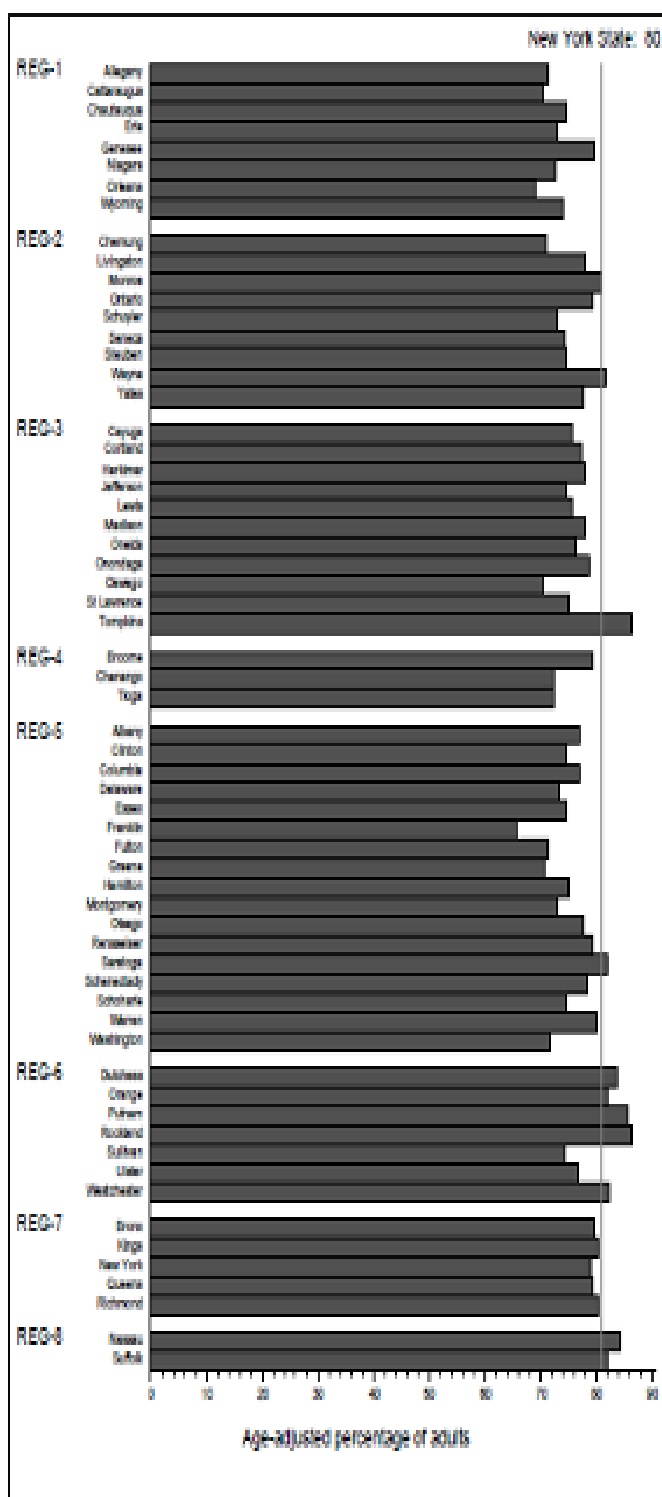
Age-adjusted percentage of adults living in homes where smoking is prohibited 2008-2009
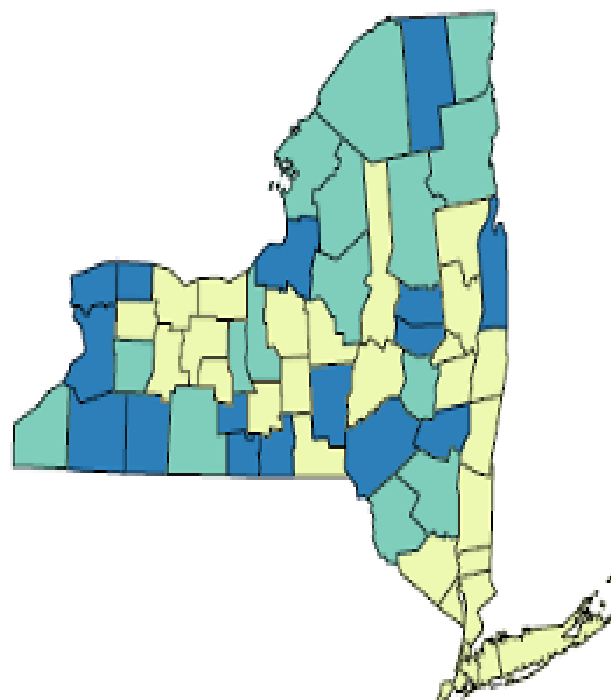
Age-adjusted percentage of adults
Counties Are Shaded Based On Quartile Distribution

- 0 - < 73.2 : Q1
- 73.2 - < 77.0 : Q2
- 77.0 + : Q3 & Q4
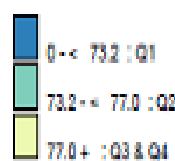
Source: 2008-2009 NYS Expanded Behavioral Risk Factor Surveillance System Data as of 2010

The most recent Tobacco Action Coalition of the Finger Lakes survey shows that 21.3% of respondents reported smoking.

2013 Wayne County Community Tobacco Assessment Adult Survey

Table 21 | Do you now smoke cigarettes every day, some days, or not at all?

2013 Results:

		Frequency	Percentage
Current cigarette smoking frequency	Smoke Every Day	67	16.9%
	Smoke Some Days	26	6.4%
	Do Not Smoke At All	305	76.7%
	Don't Know/Not Sure	0	0.0%
	Totals	398	100.0%

This is comparable to survey responses in other Finger Lake counties.

2013 Seneca County Community Tobacco Assessment Adult Survey

Table 21 | Do you now smoke cigarettes every day, some days, or not at all?

2013 Results:

		Frequency	Percentage
Current cigarette smoking frequency	Smoke Every Day	66	16.4%
	Smoke Some Days	19	4.7%
	Do Not Smoke At All	317	78.9%
	Don't Know/Not Sure	0	0.0%
	Totals	402	100.0%

	County of Residence		
	Chemung	Schuyler	Steuben
Smoke Every Day	15.2%	16.0%	13.2%
Smoke Some Days	4.2%	4.6%	4.3%
Do Not Smoke At All	80.6%	79.3%	82.4%
Total	100.0%	100.0%	100.0%
Sample Size	399	400	401

19.5% of Wayne County community health assessment survey respondents reported that they currently smoked.

Do you currently smoke cigarettes?				
Answer Options	Percent	Response Count	EBRFSS Wayne Co	EBRFSS NYS
Yes	19.5%	125	19.9%	17.0%
No	80.5%	516	80.1%	83.0%

In the Wayne County Community Health Assessment Survey respondents ranked substance abuse (alcohol, drugs) as the second most important health problem in the County. Tobacco use was ranked 8th out of the 32 choices given.

Health Problems Using the following list, please check the issues that you think are the most important "health problems" in Wayne County (Problems that have the greatest effect on overall community health). Check all that you think are a problem:			
		% Adults Affected – Wayne EBRFSS	% Adults Affected – NYS EBRFSS
Obesity/overweight	63.5%	71.7%	59.3%
Substance abuse (alcohol, drugs)	62.5%		
Unemployment	57.6%	7.7%	7.5%
Mental health (depression, schizophrenia, etc.)	49.7%		
Poverty	48.0%	11.0%	14.2
Behavioral problems in children	47.1%		
Access to urgent care	45.1%		
Tobacco use	44.6%		
Child neglect/abuse	43.6%		
Teenage pregnancy	41.9%	2.9%	2.1%

8% of survey respondents reported having one or more drinks every day. According to the Expanded Behavioral Risk Factor Surveillance Survey (EBRFSS) the rate of heavy drinkers in the County is 6.6% compared to the NYS rate of 5%.

Please answer these questions regarding alcohol use: (One drink is a beer, a glass of wine or a mixed drink)							
Answer Options	None	1 or 2 a month	1 or 2 a week	1 or 2 a day	More than 2 a day	EBRFSS - % Adult Heavy Drinkers, Wayne Co.	EBRFSS - % Adult Heavy Drinkers, NYS
How much alcohol do you drink?	49%	28%	15%	7%	1%	6.6%	5.0%
How much do others in your household drink?	47%	21%	22%	7%	3%		

Additionally, 19.9% of survey respondents indicated they were binge drinkers, higher than the EBRFSS estimate of 18.6%

Considering all types of alcohol beverages, how many times in the last 30 days did you have more than 5 drinks (if a man) or 4 drinks (if a woman) on one occasion?				
Answer Options	Response Percent	Response Count	EBRFSS Wayne Co.	EBRFSS NYS
None	80.1%	506		
Once	9.7%	61	18.6%	18.1%
Twice	4.1%	26		
3 or 4 times	3.6%	23		
More than 4 times	2.5%	16		

New York State Dept. of Health maps illustrate alcohol related motor vehicle injuries and deaths per 100,000 population for 2008 – 2010 and percentage of adults who binge drink.
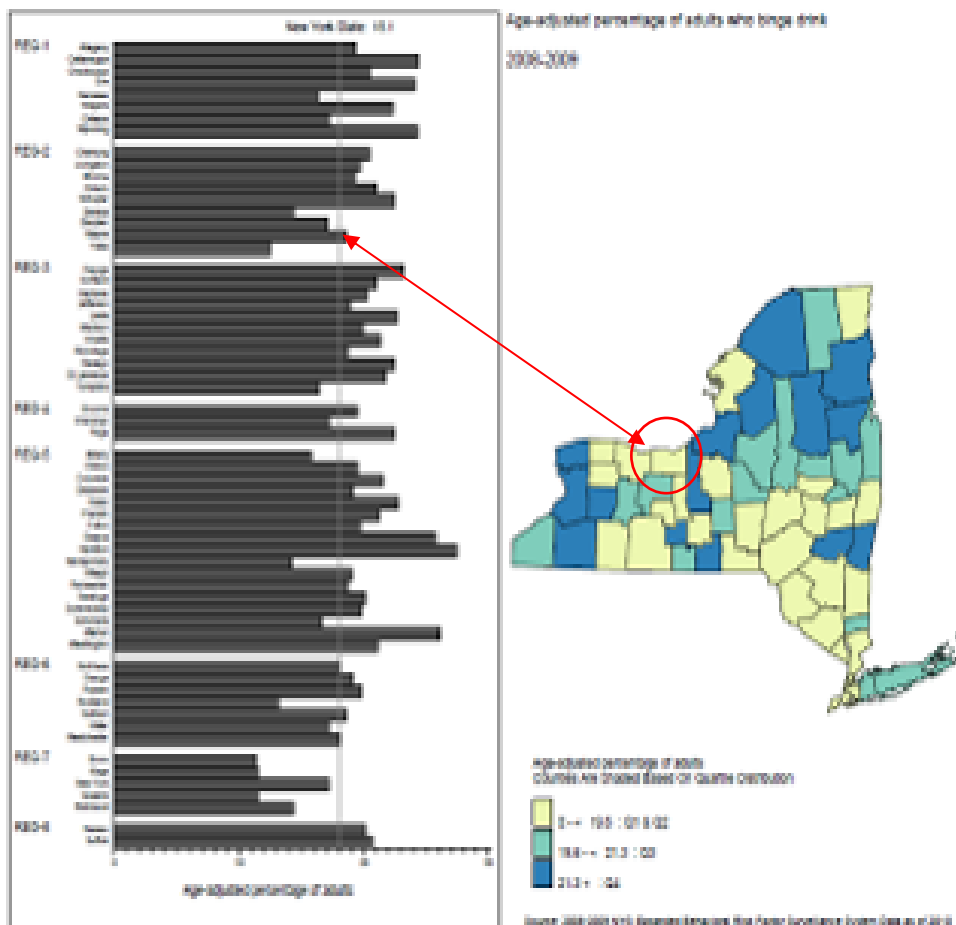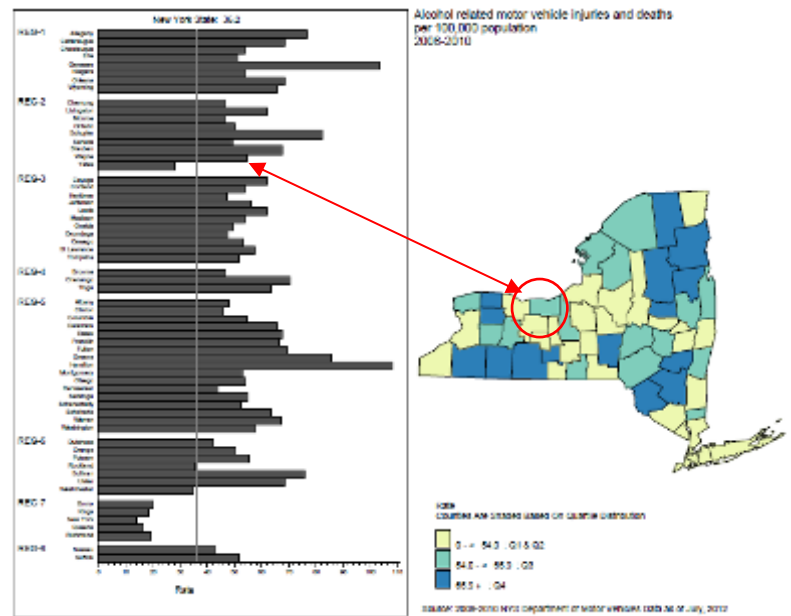
Choosing Priorities

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

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

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

	Hanlon	PEARL
Obesity	**175.50**	**4.60**
Heart disease	**152.40**	**4.93**
Mental health	134.07	4.07
Access to health care	131.07	3.67
Cancer	127.87	4.80
Alcohol abuse/Substance abuse	119.21	4.40
CLRD	112.80	3.80
Access to urgent care	109.64	3.53
Behavioral problems in young children	107.07	3.73
Smoking/tobacco use	100.14	4.67
Teen pregnancy	94.27	4.07
Unintentional Injury	76.40	2.67

Community partners discussed all these issues, but concentrated on the top ranked issues. After reviewing, discussing and considering county assessments, data and previous initiatives over the course of four meetings, the group decided to focus on the top two priorities of:

1. Reduce obesity in children and adults
2. Reduce heart disease and hypertension

The disparity the partners chose to address was to:
Reduce obesity rates among low-income populations

Formulate Goals and Strategies

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

For each focus area under the selected Prevention Agenda "Prevent Chronic Disease" priority objectives and goals were identified that included improvement strategies and performance measures with measurable and time-framed targets over the next five years. Strategies proposed are evidence-based or promising practices. They include activities currently underway by partners and new strategies to be implemented.

These strategies are supported and will be implemented in multiple sectors, including at local schools, worksites, businesses, community organizations, and with providers, to make the easy choice also the healthy choice. We will create an environment that is conducive to physical activity and good nutrition through our network of partnerships with these diverse organizations.

Over a several month period, our partnership worked to develop a broad based plan to address our chosen priorities of obesity and heart disease (July 11, 2013, August 21, 2013, September 25, 2013 and October 30, 2013). The NWCH's CSP places emphasis on three key areas: 1) interventions that make individual's default decisions healthier (Tier 4 of Friedan's Pyramid); 2) successful management strategies for existing diseases and related complications, including clinical interventions (Tiers 2 and 3) including early detection opportunities that include screening populations at risk; and 3) Additional activities such as continuing some existing initiatives, focusing on easier health promotion activities to encourage healthy living and limit the onset of chronic diseases. These strategies recommended by the Health Impact Pyramid are based on the interventions' evidence base, potential to address health inequities, ability to measure success, potential reach, potential for broad partner support and collaboration, and political feasibility. This is based on findings from such organizations as the Institute of Medicine of the National Academies and their report, *Accelerating Progress in Obesity Prevention: Solving the Weight of the Nation* or the CDC's, *Recommended Community Strategies and Measurements to Prevent Obesity in the United States.*

Obesity is one of the leading causes of preventable deaths leading to other chronic diseases, including diabetes, cancer, heart disease, stroke, arthritis and others. We have included many

interventions to encourage increased physical activity and better nutrition thus reducing our obesity rates leading to lower chronic disease rates. These initiatives include many suggested activities from the State's "Prevent Chronic Disease Plan" such as creating community environments to support physical activity and improved nutrition and breastfeeding, and involving the clinical community in solutions.

The CSP work plan addresses both heart disease and obesity in Wayne County.

Newark-Wayne Community Hospital is implementing Electronic Health Records (EHR). These EHR's will create a sea of change in how providers manage their patients. When fully functional the benefits of EHRs include improved quality and convenience of patient care, accuracy of diagnoses, health outcomes, care coordination, increased patient participation in their care and increased practice efficiencies and cost savings. We will utilize this technology to give our residents one more, vital tool to improve their health outcomes. EHR's will give providers decision support tools and available resources at their fingertips leading to disease management discussions with patients and better chronic disease case management.

Primary care providers will be trained to talk to their patients about their weight, physical activity, diet and tobacco use. Professional training programs in prevention, screening, diagnosis and treatment of overweight, obesity and diabetes will be provided and reach across the spectrum of health care providers. Initially, the updated resources mentioned above will be made available to providers via a comprehensive referral guide with the goal of having it available through a link in the EHR in the future. Through the use of this new technology follow-up calls will be able to be made to check on patient compliance. Additionally, the EHR's will provide the opportunity and documentation necessary to evaluate and measure their use. EHR's provide one more important connection in the network to support residents to fight obesity and diabetes.

We will continue to identify emerging best practices to reduce obesity and tobacco use. We will evaluate our own programs and develop data measures to assess their impact. Promising cases for return on investment will be shared with policymakers. Our continued and developing partnerships in the development of this plan have allowed us to strengthen the connection between public health, local hospitals and providers. Specifics are outlined in the work plan below.

We have made sure to include three measures that will specifically lead to improved health outcomes and help to achieve our goals of reducing heart disease and reducing obesity in a very measurable way. These include:

- 10 % increase in women exclusively breastfeeding and breastfeeding at 6 months (obesity)
- 10 % increase of WIC mothers breastfeeding at 6 months (obesity disparity)
- Increase percentage of people managing their hypertension to 75% by December 2017.

Maintenance of Engagement

The CSP work plan identifies activities and measures to report and to engage our community. Measurements and evaluation techniques are provided for each activity with starting target dates provided. As mentioned above our partners in this process have agreed to meet on a regular basis to ensure that the initiatives outlined in this plan are implemented, monitored and evaluated. Newark-Wayne Community Hospital will provide updates annually to its Board of Directors about our Community Service Plan. Activities on the work plan will be assessed and modified as needed to address barriers and duplicate successes.

Dissemination to the Public

In addition to Rochester Regional Health's website, we use a variety of methods to disseminate the Community Service Plan, information about community health programs and the availability of financial assistance to the public. Some of these methods include:

Presentations: Hospital staff members are available to provide education about the hospital's Community Service Plan and community outreach strategies to address public health priorities through presentations at community events, regional and state conferences, to Newark-Wayne Community Hospital's department managers and the Board of Directors as requested.

Local Media Outlets: Newark-Wayne Community Hospital works with a variety of local media outlets to disseminate information about community outreach programs and services, and continually assesses the effectiveness of each of those outlets. Historically, regional newspapers have proven an effective way to provide timely information to the public, based on consumer feedback at programs and events, but in our ever changing technical environment other methods may be utilized. Previously other methods included television, radio, direct mail and other community publications. As important as social media is today, Newark-Wayne Community Hospital also uses Facebook to disseminate information on its programs and services for to the community.

Rochester Regional Health – NWCH Website: Information about accessing Newark-Wayne Community Hospital's Community Service Plan and request for community input will be published on the health system website. A report to the community from Rochester Regional Health is usually published at least annually and made available to the community through digital and print.

For more information, contact the Rochester Regional Health Eastern Region Public Relations Office at 315-332-2492

		Prevention Agenda Focus Area: Prevent Chronic Disease			
		Goal 1: *Reduce Obesity in Children and Adults*			
Strategy Area	*Objective*	*Activities*	*Partners*	*Timeframe*	*Measurement/Evaluation*
Reduce Obesity in Children and Adults	A. Create community environments that promote and support healthy food and beverage choices and physical activity	A1. Support Newark-Wayne Community Hospital in becoming Baby- Friendly under WHO guidelines. Work with the hospital to ensure support for Spanish speaking population. **2014 Activity** BF Classes at NWCH but were recently enhanced with the start of the "Centering Pregnancy" care model at the hospital. Centering Pregnancy is a method of caring for pregnant women in their second trimester that is provided in a group setting with women who are due to deliver at approximately the same time. This is an option that is similar to a support group setting where women have an opportunity to learn about best practice topics including BF in an informal, highly-interactive setting. Centering also includes BF classes as well as other classes. Approximately 35% of maternity patients are taking advantage of the centering Care option. **2015 Activity** • We continue to have one new group of expectant mothers enter into group every month. The average group size is 9 patients, however, we are hopeful to reach beyond that soon and then need to start 2 groups every month. We started in July of 2014 and had approximately 25% of our total number of eligible	Newark-Wayne Community Hospital (NWCH) and Wayne County Breastfeeding Coalition	January 2015	EHR documentation of education; define baseline in November and December 2013; 10 % increase in women exclusively breastfeeding and breastfeeding at 6 months. **Update 12-22-14** Over the last three years, NWCH has gone from an exclusive breastfeeding rate of 48% in 2011 to the current rate of 85%. In the last year, NWCH went from 73% to the 85% a more than 10% increase. This is due to the hospital's commitment to providing the healthiest start possible for babies born at Newark-Wayne and to the best care for their mothers as well. The hospital is working towards attaining the Baby Friendly World Health Organization/UNICEF distinction that is still in

		patients participate. The satisfaction rate for these patients is consistently greater than 85%. Our goal is to get to 60% of our eligible patients enrolled in Centering prenatal care. The plan is for this to be THE model of prenatal care within 5 years. This is true in all of our sites. Newark, Clinton, Alexander Park, and Portland Women Center's. We are hoping to make other significant improvements, such as increasing our breastfeeding rates and demonstrating patient compliance through a prenatal care program that patients participate in and enjoy.		process and has implemented policies and procedures consistent with the Baby Friendly organization in addition to adding 8 Lactation Consultants (4 IBCLC and 4 CLC) at the Birthing Center, the OB/GYN practices and the Peds practices in the last year, among other measures. Newark-Wayne meets the needs of Spanish-speaking patients including maternity patients, through translators furnished by a language translation service.
			December 2014	Newark-Wayne was notified that it has attained a 94 percent overall in the Centers for Disease Control's Maternity Practices in Infant Nutrition and Care (mPINC) survey, another testament to the hospital's feeding and care of infants

| | | | | January 2015 | **Newark-Wayne has met the goal and is now a Baby-Friendly Hospital!** |
| | | | | **November 2015** | For the 2015 data, "Exclusivity" is now calculated out of ALL infants born at Newark-Wayne (breast fed and formula fed). The denominator has changed for current and future reporting. The original denominator was total number of breastfeeding moms. Currently the denominator is total number of moms regardless of feeding preference. Including all infants in the calculation, the rate appears to have dropped to 48% although it really probably hasn't. it is just the difference in calculation - including the formula fed infants in the denominator is causing the percentage to be appear to be lower than it was when the percentage only included breast fed babies in the denominator. The NYS |

| | | | | | 2017 objective is 48.1% by 2017 and we are close to that goal at this point; our hospital's objective is to exceed the NYS 2017 goal.

November 2015
Percent of infants receiving any breast milk = 77%

Percent of infants exclusively breast fed: 1) of all babies = 48%   2) of the mothers who wanted to breast feed = 76%

Percent of breast fed infants who received formula for medical indications = 63%

Measuring our data in these various ways will give us a more comprehensive analysis of breastfeeding success in our community. Knowing how many mothers want to breast feed, how many infants had a medical need for supplementation, etc. will |

					help us understand the barriers to exclusive breastfeeding for the mothers and infants in our community.
		A2. Work together to increase breastfeeding in Wayne County. Increase access to breastfeeding information and encourage continued breastfeeding after delivery. **2014 Activities:** Update 12-22-14 • Members of the Wayne County Prevention Agenda Team formed a sub-committee, the Wayne County Breastfeeding Task Force, which meets every other month. **T**ask Force convened by Janine DeCook and Mary Lee Bourbeau • Research effectiveness of interventions to encourage breastfeeding –target 1st pregnancies, will be done by coalition • Use resource list for discharge packets/pediatricians • Breastfeeding normalization efforts including signage • Through Breastfeeding Task force assist with promoting breastfeeding throughout the county including cohesive messaging and community messaging support. • Annual breastfeeding summit	NWCH, Wayne County Prevention Agenda Committee, Breastfeeding Coalition	2014	The group co-sponsored the 3rd annual Breastfeeding Summit with Dr. Ruth Lawrence, a world- renowned breastfeeding expert and Drs. Michael Jordan and Caryl Bjorseth, Wayne Pediatricians and the married parents of twins who were breastfed. The Summit is sponsored by Wayne County Rural Health Network. Approximately 50 people attended. In addition, the group produced a comprehensive list of resources for breastfeeding mothers and other documents to support breastfeeding.
		Dr. Michael Jordan, chief of Pediatrics has been working to help accomplish the goal of adding tracking measures into the electronic medical records for breastfeeding after		2014	EHR documentation of education; 10% of women exclusively breastfeeding

		discharge. This has not been accomplished yet but as of December 2014, the Rochester Regional Health System Pediatric Department has committed to adding the data fields necessary to track breastfeeding after discharge.			and breastfeeding at 6 months.
				2014	Currently, the other data that is available includes that provided by NYS on WIC mothers. In 2013, 16.2% of WIC mothers in Wayne County breastfed and in NYS 28.7% breastfed. In 2014, Wayne County has a rate of 14.6% of WIC mothers who breastfeed and NYS's rate for WIC mothers is 27.9. Both have decreased although when more data on more of the maternity patients becomes available, in addition to the measures taken, rates after discharge should increase.
				2015	Update after-discharge data on WIC mothers from NYS DOH numbers
		September 2015: Tracking measures were added to the hospital's EMR (Care Connect) in 2015.		**September 2015**	Tracking measures being utilized: compilation is not yet available.

| | | | | August 2015 | The 4th Annual Breastfeeding Summit was held on August 6, 2015 at Park Presbyterian Church at Newark. Dr. Tara Gellasch, associate chief of Ob/Gyn, Newark-Wayne Community Hospital, as well as lactation consultants (IBCLC) from the hospital, WIC and the community presented on the topic of "Breastfeeding & Returning to Work." Approximately 35 people attended with 1 pregnant woman and 6 BF mothers with children.

Another theme included the announcement of the new Wayne County Baby Café that is sponsored by Wayne County Public Health and now meets every 2nd and 4th Thursday of each month from 10 am 10 12 noon at the Park Presbyterian Church in Newark. |
|---|---|---|---|---|---|
| | | **2015 Activity**
Breastfeeding Task Force planned and implemented the 4th annual Breastfeeding Summit. | | | |

		Prevention Agenda Focus Area: Prevent Chronic Disease			
		Goal 1: *Reduce Obesity in Children and Adults*			
Strategy Area	*Objective*	*Activities*	*Partners*	*Timeframe*	*Measurement/Evaluation*
Reduce Obesity in Children and Adults	A. Create community environments that promote and support healthy food and beverage choices and physical activity	A3. Support WCRHN "The Good Life Program" (Disparity - reduce obesity rates among low-income population)	WCRNH, CCE, Prevention Coalition, schools, NWCH	November 2013, quarterly weight and blood pressure measurements September 2014	Recruit at least 25 families per year. Calculate baseline BMIs for all participants. Update 12-22-14 Sponsored by the Wayne County Rural Health Network in conjunction with Newark-Wayne Community Hospital, a series of 10 classes were held in 2014 with 35 families reached. The next series of classes is scheduled to begin in January 2015.

		Prevention Agenda Focus Area: Prevent Chronic Disease			
		Goal 1: *Reduce Obesity in Children and Adults*			
Strategy Area	*Objective*	*Activities*	*Partners*	*Timeframe*	*Measurement/Evaluation*
Reduce Obesity in Children and Adults	B. Expand the role of health care and health service providers and insurers in obesity prevention (and see Goal 2 below)	B1. Institute Good Life and support existing Eat Smart NY educational programs around obesity.	NWCH, Wayne RHN, WCPH, CCE-Eat Smart NY	Nov 2013 and on-going	10 classes conducted and 300 participants reached annually. **Update 12-22-14** 10 classes were conducted by WCRHN and NWCH with 285 reached by The Good Life and 892 participants reached by Eat smart, a Cornell Cooperative Extension program.
		B2. Encourage that health care providers and collaborating organizations refer to and make maximum use of obesity prevention programs, including the Good Life program and Eat Smart NY (Disparity - reduce obesity rates among low-income population)	NWCH, Wayne RHN, WCPH, CCE-Eat Smart NY, participating school districts	Nov 2013 and on-going	Increase adults reporting improvement in at least one healthy behavior from baseline: one of four food resources management practices, one of four nutrition practices and one food safety practice. Increase in youth reporting trying a variety of foods. **Update 12-22-14** NWCH and WCRHN are helping to promote Eat Smart, a Cornell Cooperative extension program that also benefits participants of The Good Life program. 390 adults and 502 youth were reached through this program.

				2014 2015	Food Link has set-up in front of Newark-Wayne Community Hospital to sell fresh fruits and vegetables from the summer growing season through the fall.
				2015	The Good Life classes continued through March of 2015 with the 35 families who initially registered for the program.

		Prevention Agenda Focus Area: Prevent Chronic Disease			
		Goal 2: *Reduce Heart Disease and Hypertension*			
Strategy Area	*Objectives*	*Activities*	*Partners*	*Timeframe*	*Measurement/Evaluation*
Increase access to high quality chronic disease preventive care and management in clinical and community settings	A. Prevention, screening, early detection, treatment, and self-management support.	A1. Work to prevent heart disease and hypertension by assisting NWCH in reducing sodium content in all meals served in hospital (patients, visitors and public), DeMay Nursing Home, and senior meals	S2AY Rural Health Network, WCPH, CCE, WCOFA, NWCH	Implement starting Nov 2013 for 3 years	Reduce sodium content by 30% over 3 years, by November 2016 and/or meet hospital required guidelines. **Update:** This goal has already been met for all hospital and Nursing Home (DeMay Living Center) meals and cafeteria meals through compliance set by the American Heart association, DOKE Guidelines for Renal, The Nutrition Care Manual, and the American Diabetes Association. The Heart Healthy diet is 2500 mg. Sodium; Renal is 2000 mg. These nutritional values are tracked by NWCH's nutritional software, Dietary Food Manager.
	B. Increase medical staff's awareness of different patient engagement techniques when they talk with their patients about their weight (including physical activity and diet) and their tobacco use, as appropriate.	B1. Encourage the utilization of multiple patient engagement techniques such as the Centers for Medicare and Medicaid Innovation (CMMI) model - motivational interviewing model. Ensure that such discussions include dividing goals into manageable milestones and link their patients with available community resources simply, through the ERH.	NWCH, WCRHN, Wayne County Prevention Agenda Committee	**July 2016**	25 Medical Staff trained. 10 Care Managers and Social Workers trained using the motivational meeting model. **Update 12-22-14** A lunchtime presentation was held for NWCH Medical Staff, Care Managers and social Workers with 16 in attendance including 1 physician. Educators from Wayne

				County Public Health and Wayne County Rural Health Network discussed Motivational Interviewing, Smoking Cessation (Freedom from Tobacco), obesity prevention (The Good Life) and other programs available to help patients and community members make healthier lifestyle choices. The audience was extremely receptive to the mostly free resources, which we will follow-up with information on to discuss with patients. Plans are being made to speak to Wayne County physicians about Motivational Interviewing and the other, mostly free, resources available to assist them with helping patients to lose weight, increase activity and quit smoking as needed.
		2015 Activity An additional patient engagement technique (PAM) was implemented throughout the region by Finger Lakes Health Systems Agency.			**Update 10/07/15** Newark-Wayne Community Hospital is participating in the Patient Activation Measure (PAM) assessment tool for measuring patient's level of engagement through Finger Lakes Health Systems Agency (FLHSA). This tool will help caregivers meet their patients' needs in the effort to

					help them manage their own specific health concerns as well as is possible.
		B2. Develop list of community resources and make sure that they are available to providers.	NWCH, WCRHN, Wayne County Prevention Agenda Committee, FLCH	**July 2016**	Inventory list of resources availability **Update 12-5-15** The Community Resource Guide is free and available to all providers. The annual issue was distributed in the 1st quarter 2015. It is also available online at http://www.wayneresourceguide.org/. A new Mental Health Substance Abuse Quick Reference Guide was developed and distributed in the 3rd quarter of 2015.

| | | **Prevention Agenda Focus Area: Prevent Chronic Disease** | | | |
| | | **Goal 2:** *Reduce Heart Disease and Hypertension* | | | |
Strategy Area	*Objective*	*Activities*	*Partners*	*Timeframe*	*Measurement/Evaluation*
Increase access to high quality chronic disease preventive care and management in clinical and community settings	B. Train providers to talk with their patients about their weight (including physical activity and diet) and their tobacco use, as appropriate. Ensure that such discussions include dividing goals into manageable milestones and that providers can easily link their patients with available community resources.	B2. Ensure that decision support/reminder tools of EHR s are being used Continue calls by nurses to follow-up with patients on follow-through/compliance. Provide a comprehensive list of resources for providers.	NWCH, Wayne County Prevention Agenda Committee	July 2016	Implementation of decision support/reminder tools in EHR, documentations of use and documentation of calls by the nurse via EHR. **Update:** Newark-Wayne Community Hospital Rochester Regional Health System's electronic medical record system, named Care Connect, currently calculates BMI for physicians to initiate a discussion about healthy weight. In addition, best practices are already in this system for discussions on diabetes, hypertension, smoking and colonoscopy. In 2015, the system will be enhanced. The practices are also now Patient-Centered Medical Homes for even more opportunities to help patients become healthier.
		B3. Train medical staff and primary care physicians to talk with their patients about their tobacco use (see below). Train care coordinators/health coaches to address patient	Public Health, RGMG, Finger Lakes Migrant Health, PCPs, GRIPA,	December 2014	Six care coordinators/health coaches (five at NWCH, 1 at RGMG) being trained/used to talk with patients about

| | | needs – RGMG and GRIPA for NWCH, GRATCC for FLCH. | GRATCC | | smoking cessation. Number of PCPs trained and/or given information about cessation counseling.

Update 12-22-14
A lunchtime presentation was held for NWCH Medical Staff, Care Managers and social Workers with 16 in attendance including 1 physician. Educators from Wayne County Public Health and Wayne County Rural Health Network discussed Motivational Interviewing, Smoking Cessation (Freedom from Tobacco), obesity prevention (The Good Life) and other programs available to help patients and the community members make healthier lifestyle choices. The audience was extremely receptive to the mostly free resources, which we will follow-up with information on to discuss with patients. Plans are being made to speak to Wayne County physicians about Motivational Interviewing and the other, mostly free, resources available to assist |
|---|---|---|---|---|---|

				them with helping patients to lose weight, increase activity and quit smoking as needed.
	C. Track cardiac patients from the acute care setting through the cardiac rehab setting to increase healthy habits and prevent readmissions.	C1. Develop and institute a lifestyle modification program including the newly developed Cardiac Breakfast at which patients learn how to become healthier with improved clinical outcomes. At the educational Cardiac Breakfast, encourage all patients to participate in in the Phase II Cardiac Rehabilitation program at Newark-Wayne Community Hospital. In addition, the patients (and their family members) learn about menu/dietary changes (salt reduction), physical activity, medications and all of changes that can lead to improved cardiac health and be referred to the Phase 2 Cardiac Rehab Program to exercise and become healthier.		Offer all cardiac patients educational opportunities and increase the numbers of cardiac patients participating in the Phase 2 Cardiac Rehabilitation Program. **Update 12-22-14** The educational Cardiac Breakfast was implemented in February 2014 to teach hospitalized cardiac patients how to become healthier with improved clinical outcomes. At the breakfast, patients are also encouraged to participate in the Phase II Cardiac Rehabilitation program at NWCH. Since this is a new goal, the baseline is being established. An average of 4 patients has been eligible for Cardiac Rehab each month and 3 have chosen to participate – an average of 75% participation. The goal is to consistently increase the numbers and ratio. To date,

					42 patients were eligible and 31 chose to participate. For 2015, we will be adding the Congestive Heart Failure patients also. Patients will be identified on the 2-South Telemetry Unit who meet the requirements with low ejection fractions and meet the CMS guidelines for Cardiac Rehabilitation.
		October 2015 Update: In early 2014, 2-South and ICU nurses began discussing the significance of the Cardiac Rehabilitation program after a cardiac episode for monitored cardiac rehabilitation with patients, both at the cardiac breakfasts when they attended those and also outside of the breakfasts to increase participation. Due to a major renovation project in the hospital's kitchen, the cardiac breakfasts in the inpatient cardiac care unit, 2-South, were discontinued this past spring. The renovations are now complete and the cardiac breakfast program is restarting in early December. The			**October 2015 Update:** Since 01/2014 when Newark-Wayne Community Hospital started tracking Cardiac Rehabilitation patients that came from inpatient floors, Phase II Cardiac Rehabilitation patients' visits increased significantly from a total of 62 for the 2014 to 87 through July 2015. Between August and October 2015, number of phase II patient visits increased to 225.

| | | breakfasts are also being revamped in cooperation with the Cardiac Rehabilitation and Dietary Departments to more fully meet with patient satisfaction expectations, while demonstrating heart-healthy menu options. The hospital is also now working with the cardiac care providers at Newark-Wayne to increase the number of Congestive Heart Failure (CHF) patients who meet with CMS guidelines to enroll them in a Cardiac Rehabilitation Program.

Also, Newark-Wayne is committed to providing education to prevent heart disease The Cardiac Rehabilitation Program held its annual "Go Red" event in February of 2015 where it provided information on heart disease and stroke and also took blood pressure readings of approximately 35 people. The cardiac nurses also spoke to community groups throughout the year including American Legions, churches and other community organizations.

During the annual Spring Fest Health Fair, the hospital's annual festival to promote healthy lifestyles, and also at the Wayne County Fair, the Cardiac Departments provided heart health education and blood pressure screenings to the public. The topics of these activities are intended to create more awareness of the | | | |

		healthy heart lifestyle through diet modification and exercise and monitoring of blood pressure and other numbers indicative of heart health (cholesterol, BMI, etc.). These two events provided education to hundreds of people (estimated 400 at Spring Fest and at 500 at the Wayne County Fair).			

Wayne County CHA Survey Summary

County	Wayne	Census
# surveys	**674**	**91,658**
Under 35 yo	30.6%	42.0%
35 to 65 yo	54.8%	44.7%
White	90.6%	93.4%
AA or more	49.2%	33.5%
Bach or more	34.6%	21.5%
Full time	53.5%	
Town	Lyons 23.5% Newark 18.8%	
20+ yrs in cty	62%	
$25k or more	71.3%	78.7%
$50k or more	50.8%	52.4%
Married	49.5%	55.2%
Insured	91.3%	
Female	70.3%	50.3%
Comp survey	90.5%	

Health Problems Using the following list, please check the issues that you think are the most important "health problems" in Wayne County (Problems that have the greatest effect on overall community health). Check all that you think are a problem:			
		% Adults Affected - Wayne EBRFSS	% Adults Affected - NYS EBRFSS
18. Obesity/overweight	63.5%	71.7%	59.3%
24. Substance abuse (alcohol, drugs)	62.5%		
28. Unemployment	57.6%	7.7%	7.5%
16. Mental health (depression, schizophrenia, etc.)	49.7%		
20. Poverty	48.0%	11.0%	14.2
4. Behavioral problems in children	47.1%		
2. Access to urgent care	45.1%		
26. Tobacco use	44.6%		
6. Child neglect/abuse	43.6%		
27. Teenage pregnancy	41.9%	2.9%	2.1%
1. Access to health care	38.1%		
9. Domestic violence	36.9%		
5. Cancer	36.1%		
32.Youth violence (bullying, gangs)	34.3%		
19. Problems with teeth or gums (dental care)	34.1%		
12. High blood pressure	32.9%	24.6%	25.7%
11. Heart disease and stroke	32.1%	8.1%	7.6%
8. Diabetes	31.5%	8.6%	9.0%
3. Aging problems (arthritis, hearing or vision loss)	29.2%	34.3%	26.6%
30. Unplanned pregnancy	28.7%		
23. Sexually transmitted diseases (STD's)	26.6%		
14. Homelessness	25.2%		
22. Respiratory/lung diseases (Asthma, Emphysema, COPD)	23.2%		
21. Rape/sexual assault	19.1%		
25.Suicide	18.5%		
31. Water quality (well, village, etc.)	17.4%		

#1 Top Problem				
2. Access to urgent care	1. Access to health care	18.Obesity/overweight	24. Substance abuse (alcohol, drugs)	28. Unemployment
11.8% - 74	10.8% - 68	8.9% - 56	7.7% - 48	7.3% - 46
#2 Problem				
18. Obesity/overweight	24. Substance abuse (alcohol, drugs)	20 Poverty	28. Unemployment	27. Teenage pregnancy
10.8% - 67	8.1% - 50	7.1% - 44	7.0% - 43	6.1% - 38
#3 Problem				
28. Unemployment	24. Substance abuse (alcohol, drugs)	18. Obesity/overweight	20. Poverty	26. Tobacco use
11.5% - 68	10.5% - 62	9.5% - 56	6.5% - 38	5.8% - 34

Problem with greatest need				
28. Unemployment	24. Substance abuse (alcohol, drugs)	18. Obesity/overweight	2. Access to urgent care	1. Access to health care
15.4% - 77	10.8% - 54	10.6% - 53	10.4% - 52	10.2% - 51

Where do you go MOST often when you need advice about your health? Please choose only one		
Alternate care provider (chiropractor, herbalist, etc.)	0.6%	4
Doctor's office	75.7%	487
Friends	3.4%	22
Hospital emergency room	3.0%	19
Hospital outpatient clinic	0.5%	3
Internet	10.6%	68
Local health department	1.4%	9
Relatives	3.9%	25
Urgent care center	0.9%	6

Answer Options	Yes	No	EBRFSS - Wayne Co.
Have you received advice from your health care provider (doctor) about your weight?	45.9%	54.1%	26.2% (Yes) 73.8% (No)
During the past 12 months, was there any time that you did not have any health insurance?	16.3%	83.7%	

How would rate your own personal health? Please choose only one.		EBRFSS	
		Wayne Co.	NYS
Excellent	9.1%		
Very good	39.1%		
Good	36.5%		
Fair	12.3%	12.4%	16.7%
Poor	3.0%		

| Wayne	Avg. BMI	#
Total	28.25	647
Females	28.64	358
Males	27.72	289

How much do you estimate your household paid for out of pocket medical expenses in the last calendar year (prescriptions, dental care, vision, health insurance premiums, medical care, hospitalization, co-payments, deductibles)?		
$0 - $500	30.3%	186
$501 - $1000	19.9%	122
$1001 - $2000	15.3%	94
$2001 - $3000	12.7%	78
$3001 - $4000	7.5%	46
$4001 - $5000	5.2%	32
$5001 - $7500	3.9%	24
$7501 or more	5.2%	32

If you can't afford a prescription what do you do? Check all that apply.		
Do not fill my prescription	23.7%	142
Take medicine less often	6.4%	38
Tell my doctor	13.4%	80
Tell my pharmacist	3.2%	19
Does not apply	62.4%	373
Use prescription assistance program	3.5%	21

Have you been unable to get any of these health care services due to inability to pay?		
Doctor	13.0%	19
Dentist	19.9%	29
Eye Care	17.1%	25
Prescriptions (medications)	16.4%	24
Does not apply	70.5%	103

Have you been unable to get any of these health care services due to inability to pay?

Legend:
- Doctor
- Dentist
- Eye Care
- Prescriptions (medications)
- Does not apply
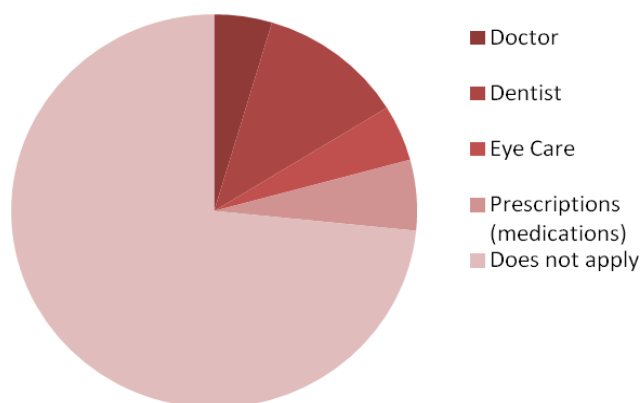
Do you exercise regularly?		
Answer Options	Response Percent	EBRFSS, Wayne Co.- % Adults w/ No Leisure Time Activity
Yes	61.3%	
No	38.7%	23.9%

If you do have health coverage what kind is it? Check all that apply.	
AARP	2
Aetna	7
Aflac	1
Blue Cross/Blue Shield	196
Blue Choice	67
Blue Choice Option (Monroe Plan, Fidelis)	34
Blue Point 2	4
Cash	1
Cigna	3
Child Health Plus	10
County Health Plan	6
Doctors Health Plan	1
EBS-RMSCO, Inc.	89
Empire Plan	2
Empire Plan/Blue Cross	1
Employer-self insurance	1
Excellus	
Excellus - high deductible	2
Excellus (via health)	1
Excellus BluePoint 2	1
Family Health Plus	11
Fidellis	1
GHI	1
GHI / Emblem Health	1
GHI NY BRIDGE	1
Guardian dental & vision	1
health economics	1
Healthy Blue	1
High Deductible - Not a very good policy	1
MVP	59
me	1
Medicaid	74
Medicare-Blue Choice	1
Medicare (Social Security)	56
None	6
NYS Empire Plan	1
partial coverage for vision through Medicare	1
POMCO	5
RGMS PLAN	1
self-insured employer	1
united health	3
VIA HEALTH	1
V.A.	12
Wayne County	14
Includes dental insurance	153
Includes vision coverage	142

Do you think that access to a family doctor is a problem in Wayne County?				
Answer Options	**Yes**	**No**	**Don't know or unsure**	**Response Count**
For low-income people?	55%	24%	21%	651
For the elderly?	43%	34%	23%	644
For all in the community?	27%	42%	31%	632
For people with disabilities?	36%	34%	30%	633
For people new to the area?	34%	31%	34%	575
Do you think that access to behavioral health care for the following issues is a problem in our county?				
Alcoholism	41%	35%	24%	649
Anger Management	42%	28%	30%	640
Children	43%	30%	27%	635
Developmental Disability	33%	35%	32%	634
Domestic Violence	38%	31%	31%	637
Drug Abuse	43%	32%	24%	645
Elderly	37%	34%	30%	637
Mental Health	42%	32%	26%	600
Do you think that violence for the following areas is a problem in Wayne County?				
Child abuse / neglect	71%	9%	20%	660
Elder abuse / neglect	44%	20%	36%	649
Sexual assault	49%	15%	36%	640
Spouse / partner abuse	60%	13%	27%	648
Violence among children/young adults - (bullying, gangs)	64%	11%	25%	633
Do you think that the following injuries are a problem in Wayne county?				
Auto accidents caused by cell phones, texting	60%	14%	26%	659
Burns	14%	39%	46%	630
Drowning	23%	36%	41%	634
Farm	34%	30%	36%	628
Firearms/weapons	32%	30%	37%	637
Home (including falls)	38%	24%	38%	635
Motor vehicle accidents	58%	18%	24%	643
Poisoning	12%	39%	49%	623
Self-Inflicted (suicide, cutting, etc.)	41%	21%	38%	638
Work-related	29%	27%	43%	598
Do you think that any of these environmental issues are a problem in Wayne County?				
Agricultural chemicals	44%	26%	31%	649
Air pollution	36%	36%	29%	647
Bed bugs	30%	31%	39%	637
Carbon Monoxide	26%	35%	39%	637
Food poisoning	19%	41%	40%	633
Lead	39%	27%	35%	638
Mold	53%	17%	30%	642
Radon	15%	34%	51%	629
Septic systems	29%	29%	41%	631
Toxic exposures at home	20%	33%	47%	629
Toxic exposures at work	23%	31%	45%	633
Water pollution	38%	29%	33%	637
Well water	34%	29%	38%	626

How many times per week do you exercise?

- One 9%
- Two 16%
- Three 25%
- Four or more 30%
- Does not apply 20%
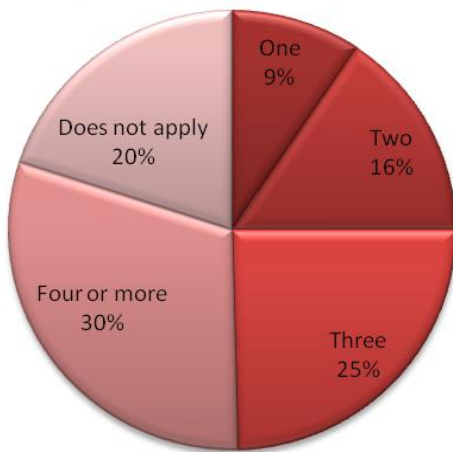
If you exercise, how long do you exercise for?

- 15 minutes or less
- 16 - 30 minutes
- 31 - 45 minutes
- 46 minutes - 1 hour
- 1 hour or more
- Does not apply
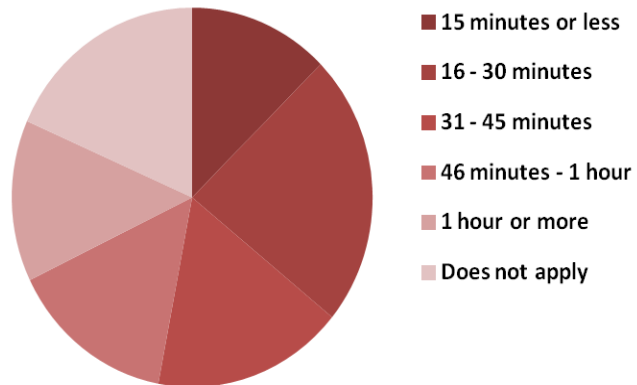
How many fruits and vegetables do the people in your household eat in a day?

- Does not apply
- Rarely eat fruits or vegetables
- 0
- 1-2
- 3-4
- 5 or more
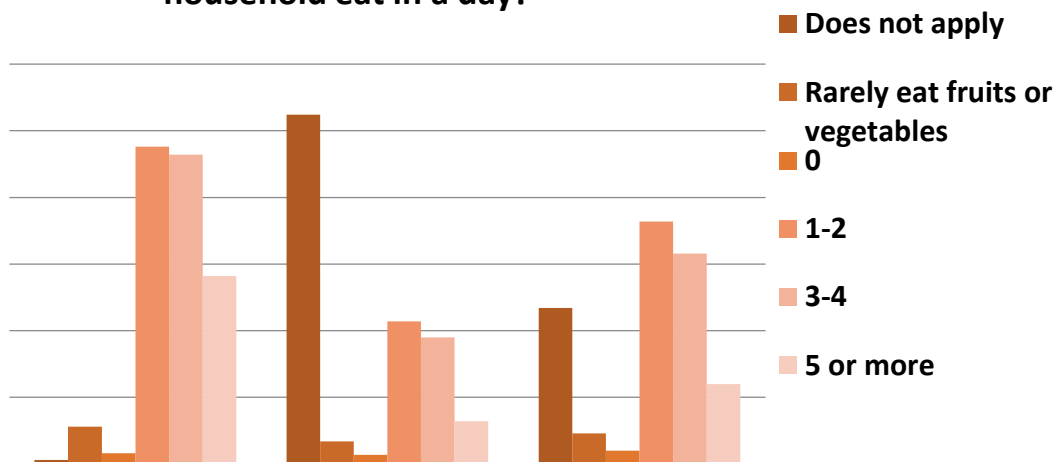
If you eat fewer than five servings, why?

Cost	Don't like them	Short shelf life	Not easily available	Time required to prepare
45.6%	20.9%	36.3%	9.1%	26.3%

Are there convenient places for you to get fresh fruits and vegetables close to where you live?
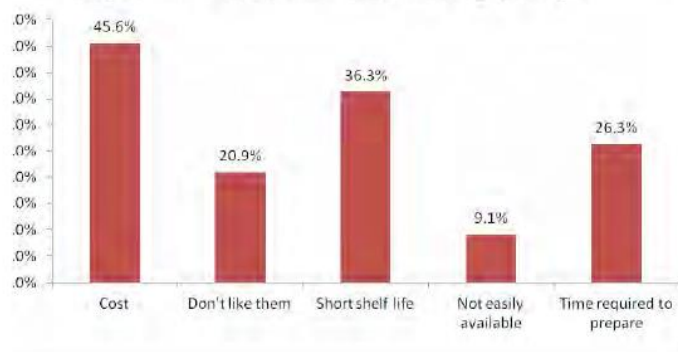
In the last year, how often have you run out of food before the end of the month?		
Answer Options	Response Percent	Response Count
I have not run out of food	73.6%	469
Some, but not every month	12.6%	80
Only 1 or 2 months	4.2%	27
Every month	4.2%	27
Almost every month	5.3%	34

| In the past year, has any adult in your home ever had less food at a meal or had to skip meals due to lack of money?		
Answer Options	Response Percent	Response Count
Yes	14.9%	94
No	85.1%	538

Please answer these questions regarding alcohol use: (One drink is a beer, a glass of wine or a mixed drink)							
Answer Options	None	1 or 2 a month	1 or 2 a week	1 or 2 a day	More than 2 a day	EBRFSS - % Adult Heavy Drinkers, Wayne Co.	EBRFSS - % Adult Heavy Drinkers, NYS
How much alcohol do you drink?	49%	28%	15%	7%	1%	6.6%	5.0%
How much do others in your household drink?	47%	21%	22%	7%	3%		

Considering all types of alcohol beverages, how many times in the last 30 days did you have more than 5 drinks (if a man) or 4 drinks (if a woman) on one occasion?				
Answer Options	Response Percent	Response Count	EBRFSS Wayne Co.	EBRFSS NYS
None	80.1%	506		
Once	9.7%	61		
Twice	4.1%	26	18.6%	18.1%
3 or 4 times	3.6%	23		
More than 4 times	2.5%	16		

Do you currently smoke cigarettes?				
Answer Options	Percent	Response Count	EBRFSS Wayne Co	EBRFSS NYS
Yes	19.5%	125	19.9%	17.0%
No	80.5%	516	80.1%	83.0%

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

2.7% Yes
97.3% No
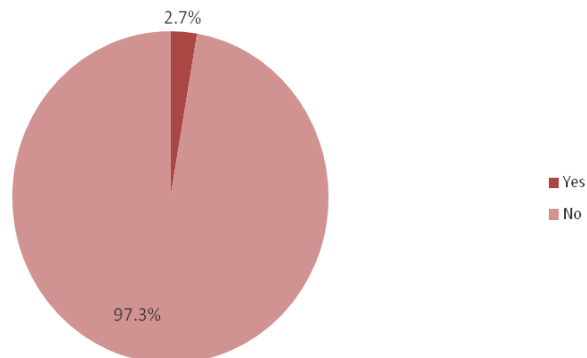
Yes or No			
Answer Options	Yes	No	EBRFSS, Wayne Co.
Did the adults in your household receive a flu shot this during the fall or winter of 2011- 2012?	62%	38%	46.8%
Did the children in your household receive a flu shot this fall or winter of 2011- 2012?	43%	57%	

Do you take your children to the doctor for their immunizations (shots) against childhood diseases?		
Answer Options	Response Percent	NYS DOH % Immunized
Yes	38.1%	72.2%
No	1.6%	
Does not apply	60.3%	

If you have children have they been tested for lead?			
Answer Options	**Response Percent**	**Response Count**	**NYS DOH - Wayne Co. Incidence Rate**
Yes, at age one.	5.0%	30	
Yes, at age two.	2.8%	17	
Yes, at age one and age two.	5.8%	35	1.1%
Yes, but I don't remember their age.	15.3%	92	
No	8.3%	50	
Does Not Apply	62.7%	377	

Please tell us whether you've had the following exams in the past year.				
Answer Options	**Yes**	**No**	**Ever Had Exam- EBRFSS, Wayne Co.**	**Ever Had Exam - EBRFSS, NYS**
Men and Women: An exam for colorectal cancer?	24%	77%	65.6%	66.6%
Women: Pap smear and pelvic exam?	61%	39%	96.9%	91.8%
Women: mammogram?	51%	49%	93.5%	91.1%
Men: prostate exam?	32%	68%	72.9%	73.8%

Would you say that in general your mental health is:

- Excellent — 20.0%
- Very good — 30.8%
- Good — 35.1%
- Fair — 10.7%
- Poor — 3.3%
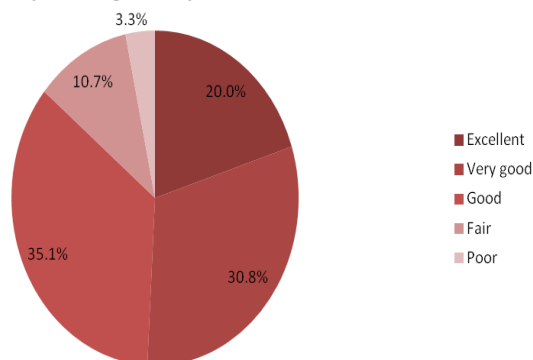
Was there a time during the past 12 months when you needed to see a doctor, but could not because of the cost?			
Answer Options	**Response Percent**	**Response Count**	**EBRFSS 06/09**
Yes	12.2%	76	11.6%
No	87.8%	547	

In the past 6 months did you use services for: Check all that apply	Response Percent	Response Count
Physical Health	64.5%	399
Mental/Behavioral health	14.7%	91
Dental Health	55.3%	342
Did not use any	21.8%	135

Was there a time during the past 12 months when you needed to get dental care, but could not find a dentist or could not afford the cost? .		
Answer Options	Response Percent	Response Count
Yes	14.1%	87
Couldn't find a dentist	2.6%	16
Couldn't afford the cost	14.2%	88
No	75.6%	467

About how long has it been since you last visited a doctor for a routine checkup? Do not include times you visited the doctor because you were sick.			
Answer Options	Response Percent	Response Count	EBRFSS
Within the past year	73.0%	456	66.9%
Within the last 2 years	9.8%	61	80.6%
Within the last 5 years	5.4%	34	
Five or more years ago	4.8%	30	
Don't know/unsure	5.0%	31	
Never	2.1%	13	

About how long has it been since you last visited a dental office/dentist for any reason?

- Within the past year — 69.8%
- Within the past 2 years — 9.8%
- Within the past 5 years — 7.7%
- 5 or more years ago — 10.9%
- I have never been to a dentist — 1.8%

In the past 12 months how many times have you seen a physician because you were sick or having a medical problem?		
Answer Options	Response Percent	Response Count
None	26.2%	163
1 – 2 times	46.4%	289
3 – 4 times	16.1%	100
More than 4 times	11.4%	71

If you or a family member needed to enter a nursing home/adult care facility which one would you prefer?		
Answer Options	Response Percent	Response Count
Armstrong Senior Living	1.4%	6
Bickford Guest House	0.5%	2
Blossom View	12.3%	51
DeMay Living Center	16.3%	68
Newark Manor	4.3%	18
Newark Terrace	5.8%	24
Parkwood Heights	8.9%	37
Wayne Co. Nursing Home	50.5%	210

| If you or a family member needed to enter a hospital, which one would you prefer to enter:	Response Percent	Response Count
Auburn Memorial	1.2%	7
Clifton Springs Hospital	21.3%	126
F F Thompson Hospital (Canandaigua)	3.0%	18
Geneva General Hospital	7.4%	44
Newark-Wayne Community Hospital	29.2%	173
Rochester General Hospital	19.3%	114
Strong Memorial Hospital (Rochester)	18.6%	110

Is it important to you that there is urgent care in the county?
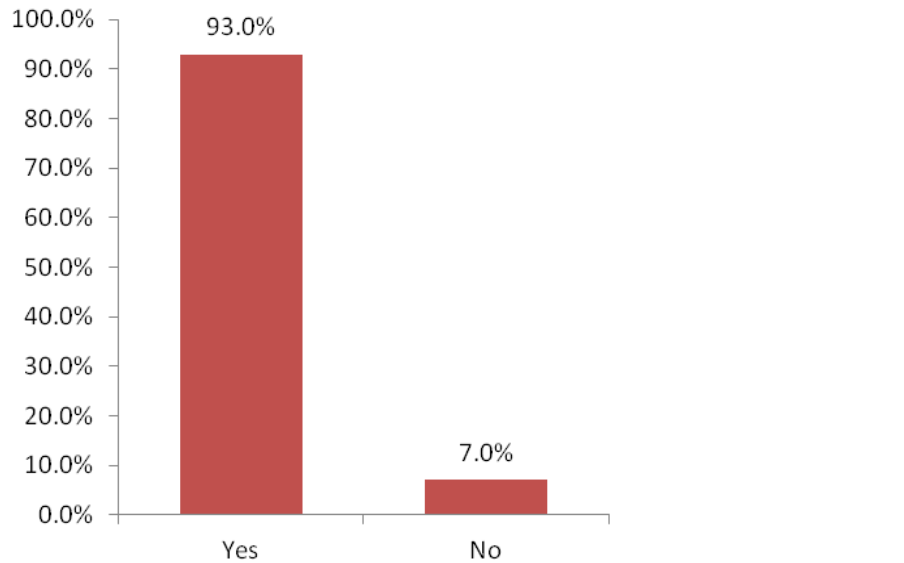
Answer Options	Yes	No	Response Count
Please answer yes or no			
Have you ever had to go without something else (i.e. food, utilities) because of the cost of health care?	13%	87%	622
Did you visit or call a health care professional because of any kind of injury or accident?	38%	62%	618
Did you miss more than half a day from school, work, household or usual activities because of an injury or accident?	27%	73%	616
Do you limit your intake of fatty foods?	73%	27%	620
Are you exposed to second-hand smoke?	30%	70%	616
Has violence or abuse been a problem for any member of your household (including children)?	13%	87%	615
If so, have you sought assistance?	20%	80%	317
Do you feel that you are overweight?	59%	41%	617
Do you feel that you are underweight?	5%	95%	594
Do you or someone else in your household need help with managing stress?	37%	63%	611
Do you feel you or someone in your household would use some kind of program aimed at stress management reduction?	32%	68%	600
Do you or someone else in your household need help managing depression?	30%	70%	615
Do you feel you or someone in your household would use some kind of program aimed at depression?	27%	73%	601
Do you or someone else in your household need help managing Alzheimer's, dementia, delirium or related problems?	6%	94%	612
Are you aware that animal bites are reportable due to the possible exposure to rabies?	78%	22%	618
Do you know who to report animal bites to?	66%	34%	616
Do you have working smoke detectors in your home?	96%	4%	621
Do you have a working carbon monoxide detector in your home?	77%	23%	606
If you have a well, have you tested your well water in the last year?	26%	74%	376
Would you call the health department with questions about your well water?	58%	42%	427
Would you report possible illness associated with your well water to the health department?	70%	30%	439

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

Answer Options	Used in County	Used out of County	Service needed but missing	Response Count
Adult Day Care	36%	13%	51%	75
Alcohol / Drug treatment	53%	16%	33%	83
Ambulance services	77%	13%	13%	145
Audiology (hearing care)	44%	37%	20%	123
Counseling / Mental Health / Behavioral Health	61%	25%	17%	157
Dentists	71%	30%	4%	418
Dialysis	38%	30%	36%	94
Doctor's Office	70%	37%	3%	473
Domestic Violence (Abuse, Safe House, Victim Resource Center)	40%	18%	42%	65
Emergency Response System (Lifeline, Alertlink, Link to Life, etc.)	43%	28%	30%	80
Eye care	62%	38%	4%	392
Family Planning Services	54%	19%	27%	83
Farm Safety Education	34%	21%	44%	61
Home Care Services	48%	22%	30%	86
Hospice	44%	25%	33%	79
Hospital	60%	45%	5%	310
Immunizations	70%	26%	7%	257
Mammograms	39%	56%	6%	263
Meals on Wheels	36%	27%	36%	74
Orthodontists	38%	39%	23%	117
Orthopedics	50%	34%	16%	134
Pharmacies	90%	12%	3%	399
Physical therapy services/speech therapy/occupational therapy	70%	16%	15%	164
Prenatal care	43%	26%	31%	88
Prescription Assistance Program	39%	26%	35%	82
Senior Meal Sites	43%	15%	42%	60
Support Groups	48%	20%	36%	81
Testing, Counseling & Treatment of STDs, (including HIV/AIDS)	40%	22%	38%	72
Transportation (CATS/WATS/RTS/Cabs)	62%	15%	29%	101

Please answer yes or no – Have you ever been told by a doctor, nurse or health professional:

Answer Options	Yes	No	Response Count
That you are overweight or obese?	44%	56%	571
That you have heart disease (Angina, Congestive Heart Failure, AFib)?	9%	91%	560
That your blood cholesterol is high?	33%	67%	564
That you have high blood pressure?	34%	66%	561
That you have anxiety or depression?	35%	65%	557
That you have diabetes?	13%	87%	549
If you were told you you had diabetes, was it when you were pregnant?	6%	94%	326

Are you currently taking care of:	Response Percent	Response Count
Elderly or disabled parent	52.6%	40
Disabled spouse	19.7%	15
Disabled child	21.1%	16
Grandchild	18.4%	14

Do you have a plan for these emergencies?	Response Percent	Response Count
Fire	96.3%	182
Flood	23.3%	44
Man-made disaster	26.5%	50
Natural disaster	41.3%	78

Do you have supplies of the following for emergencies:	Response Percent	Response Count
Batteries	78.7%	177
Battery Operated Radio	51.6%	116
Bottled Water	64.9%	146
Candles/Matches	88.0%	198
Canned food	80.0%	180

Please answer the following Answer Options	Never	Sometimes	Always	Response Count
Do you use seat belts?	0%	8%	91%	618
Do your passengers use seat belts?	0%	6%	91%	614
Do your children under eight use child safety seats?	0%	1%	43%	605
Do you know how to properly install child safety seats?	1%	4%	51%	603
If you have a child age 14 or younger, do your children wear helmets when riding bicycles?	1%	5%	30%	593
If you live where there is an unfluoridated public water supply, would you support putting fluoride in the water supply to improve dental health in the community?	7%	10%	45%	581

Do you know how to get information about the following services?	Response Percent	Response Count
Child Care	72.1%	75
Child Health	68.3%	71
Chlamydia test	47.1%	49
Early Intervention	58.7%	61
Family Health Plus	69.2%	72
Food Stamps	76.9%	80
Healthy Families	49.0%	51
HEAP	71.2%	74
Home Care	57.7%	60
Hospice	55.8%	58
Medicaid	77.9%	81
MOMS	34.6%	36
WIC	65.4%	68
Volunteering during an emergency	38.5%	40
Health insurance through NY state	58.7%	61
Quitting smoking	48.1%	50
Free cancer screenings	51.0%	53

Do you know how to get information about the following services? Click on the links to get information for:		
Answer Options	**Response Percent**	**Response Count**
Child Care	72.1%	75
Child Health	68.3%	71
Chlamydia test	47.1%	49
Early Intervention	58.7%	61
Family Health Plus	69.2%	72
Food Stamps	76.9%	80
Healthy Families	49.0%	51
HEAP	71.2%	74
Home Care	57.7%	60
Hospice	55.8%	58
Medicaid	77.9%	81
MOMS	34.6%	36
WIC	65.4%	68
Volunteering during an emergency	38.5%	40
Health insurance through NY state	58.7%	61
Quitting smoking	48.1%	50
Free cancer screenings	51.0%	53

Do you have health insurance? Answer Options	Yes	No	N/A	Can't afford	Prefer to pay my own	Choose not to have it	Response Count
Medical insurance for yourself	91%	7%	1%	2%	0%	0%	550
Medical insurance for your children	45%	9%	46%	1%	0%	0%	445
Dental insurance for yourself	76%	18%	2%	4%	1%	1%	516
Dental insurance for your children	40%	13%	46%	1%	0%	0%	441

If yes, who pays your premium? Answer Options	Response Percent	Response Count
I do	34.5%	127
My employer does	9.2%	34
I share the cost with my employer	56.3%	207

1. Wayne County Rural Health Network - October 4th, 2012
This focus group ran for approximately 30 minutes and addressed members of the Wayne County Rural Health Network. Members encompass a diverse group of health and human services agencies/employees.

What are we missing in our assessment to date?

Transportation
  -Many felt that limited public transportation affects access to mental and medical care within the county. Many patients must travel out of the county for dialysis treatment; a dialysis center is greatly needed within the county.

Access to Childcare/Autism
  -The group felt that access to childcare within the county is limited and can be costly. The group also addressed the growing number of children diagnosed with autism throughout the county as well as across the state as a whole.

Urgent Care/Use of EMR
  -The group felt that there is a great need for urgent care within the county, wait times within the emergency room are very long and emergency services are being misused because there is no urgent care. Increased training and development on EMR systems are needed.

What factors do you think are influencing health?

Healthy Eating/Increased Physical Activity Initiatives
  -Many schools are becoming more active and involved with community members and promoting nutrition and wellness (making facilities available etc.). Grants for sidewalks and safe streets help to increase physical activity. There is now access to food with the opening of a grocery store in Clyde.

Wellness Programs
  -Businesses are now initiating worksite wellness programs, many places within the county are now smoke free, increase access to dental care, and there has been a great increase in chronic disease self-management programs.

What community strengths contribute to the health of Wayne county?

Collaboration
  -Many groups collaborate and work together within the county (WCRHN, Headstart etc.).

Services/Programs
  -The county is gaining more general practitioners, specialists, telemedicine, cancer treatment, increased tobacco cessation programs, canal trail, food pantries, DaVinci Robot is now available, and very robust early intervention and headstart programs.

2. Newark Wayne Community Hospital - October 17th, 2012

This focus group ran for 30 minutes and addressed approximately 20 physicians/health care providers of various disciplines from Newark Wayne Community Hospital

<u>What are we missing in our assessment to date?</u>

Access to Health Care
-Physicians stated having difficulty scheduling routine care, especially in smaller offices. The expectation of there always being an open appointment when patients would like to be seen cannot be met.

Transportation
-Patients often have trouble with transportation to and from the hospital. Patients often use the emergency room rather than a primary care physician resulting in overcrowding. Patients do not have the transportation/resources/insurance coverage necessary to seek routine medical care.

Scams
-Physicians reported seeing an increase in the use of fraudulent Medicaid cards, mostly from the south.

<u>What factors do you think are influencing health?</u>

Limited Dental Access
-Access to dental care was seen as a large factor influencing health within the community, particularly for Medicaid patients. Many were unaware of dental services available for low income patients.

<u>What community strengths contribute to the health of Wayne county?</u>

Emergency and Specialty Services
-Physicians reported having shorter wait times within the emergency room than many other areas throughout the state. Specialty services were also stated as an asset within the community. A number of different specialty services are offered throughout the county.

Collaboration
-Many of the physicians felt that collaboration was very good throughout the county. Different organizations and parties throughout the county work together to provide the best care possible.

3. Wayne County Fire Chiefs Meeting (Williamson Fire Hall) - October 22nd, 2012
This focus group ran for one hour and addressed approximately 30 volunteer fire chiefs from Wayne county.

What are we missing in our assessment to date?

Emergency Room Services
-Many reported wait times of more than 30 minutes in emergency rooms throughout the county. The group strongly felt that an urgent care center is needed within the county. An urgent care center would relieve ambulance need. Currently, many patients use ambulance services for transportation and to bypass wait times within the emergency room.

Transportation/Access
-Public transportation is limited within the county, it often takes patients all day to go to one appointment. This increases the use of ambulance services and limits patient access to routine care. One major access problem that was brought up by this group was that there is no dialysis care located within Wayne county, patients must travel outside of the county for services (a large drain on resources and strain on patients).

Migrant Population
-Many reported an increase in migrant populations within the county. This population has trouble accessing care, transportation, and communication.

What factors do you think are influencing health?

Lack of Community Center/Health Center
-Many felt that the county needs more places for the community to gather and engage in physical activity, health fairs, and after school programs.

Communication/Collaboration
-Many felt that communication is critical to educating the public on public health issues and available programs/services. All members of the group were willing to collaborate and work together to communicate and provide services to the community.

What community strengths contribute to the health of Wayne county?

Volunteer Base
-All members of the group felt that Wayne county has a large volunteer base and number of community members will and able to help/work together.

Cost of Living/Rural Community
-Real estate and cost of living within Wayne county is relatively inexpensive. The area is rural in nature, but close to large cities offering a diverse range of amenities.

Waterways/Natural Resources/Recreation
-Wayne county has a large number of natural waterways and resources available to residents.

Educational Institutions
-Several universities and colleges close to the area (satellite campuses for community colleges - FLCC, MCC, Oswego, and Fulton)

4. Wayne County PH Health Services Advisory Board Meeting - October 24, 2012

What's Missing?

- *Lack of urgent care centers.* Can't get into the doctor's office quickly at this point.
- *Transportation.* Very inadequate. Hours of operation for public transportation is limited.
- *Poverty level.* When you look at free and reduced lunch data, the number looks low. Josh reported that 19,000 unduplicated individuals who are receiving one or more cash assistance, fs, Medicaid.
- Also discussed with cause of high obesity numbers. How many times a week do individuals eat an already prepared meal (i.e. going out to eat, eating a prepared meal from Wal-Mart, etc.). Look at the items that are on the shelves at the food pantries.

Factors Influencing Health:

- Disconnect between what health providers should know and what they actually do know. For example it was noted that the hospital providers did not know that there was a dental clinic at PH, but it has been well publicized with the hospital providers.
- Easy access to illegal drugs. Easy access to prescription drugs.
- People who present at an emergency department with mental health stressor who is not admitted and then returns within a couple days with more extreme problems or end up in jail.
- Sedentary lifestyles. Video games.
- Culture of instance gratification. People do not plan ahead and expect that what they want will be available right at the point that they need it.
- Schools are limiting physical education time due to the need to meet the education standards so children are getting minimal physical activity during the school day.
- The bigger towns in the county have community centers but the smaller communities do not have any physical fitness centers that may be used in the evening and on weekends. The school facilities should be available to the community for physical activity. There are insurance/liability issues related to it.
- Parental support/encouragement – families encouraging their children's participation in extracurricular activity. The majority of families now have two parents working or are single parent families.
- A teacher reported that 2 kids out of class of 22 are living with mom & dad in a 3rd grade class in the County.
- Lack of respect for school officials. There used to be an assessment of a child's behavior on the report card as well as the grade. Where has that gone?
- Better educated, more successful kids leave the county and do not return where the less educated, less successful kids stay. There are no work opportunities here for those who have gone to college and want to return. There is also the factor of folks being willing to live in rural NY. Factor of being willing to pay high taxes but not getting a lot as a result of paying all those taxes.

Assets:

- The county has invested in economic development even in a time where budgets are tight. Hiring and bringing to the county an individual who has been very successful in other communities.
- Cooperative Extension – address obesity and physical activity. Creating Healthy Places, encouraging farmer's markets, bike and hike, trails, cooking classes. Bring the research and knowledge from Cornell. Looking at making communities more walkable. Looking at options related to wasted food at schools. Use sect ionizers.
- Social service agencies – county and not-for-profit. Fill a big gap in filling the needs. Great collaboration among agencies. Wayne CAP – particularly their Head Start programs. Running programs for parents. The agency also offers transition house, la casa, weatherization,
- Outdoor recreation opportunities. Lake, hunting, bay system,
- Growth of farmer's markets in the county. Building on these by offering cooking classes, present health topics such as tobacco cessation. Expand CCE work with community gardens. Sodus and Lyons are very strong, Clyde is struggling.
- Amish are very prevalent in the county and can be a great resource for the farmer's market.
- MH/Substance Abuse agencies have grown to meet the need the increasing needs in the County. Have opened satellite offices in schools.

5. Wayne County Headstart Health Advisory Board Meeting - November 1st, 2012
This focus group ran for approximately two hours and addressed the Wayne County Headstart Advisory Board. The board encompasses a diverse number of agencies involved in headstart including providers, support staff, and parents.

What are we missing in our assessment to date?
> *Patients with Severe Health Needs*
> > -Many felt that patients within the community with severe/multiple health needs are underserved and unable to coordinate and obtain access to care. There is a need for patient advocates and case management.
>
> *Time/Travel/Education*
> > -Many felt that travel and the time it takes to obtain services is a large problem throughout the county. A large number of patients do not have access to transportation, public transportation is limited and takes a large amount of time, and waiting times are often long. Education was also seen as an area in need of improvement throughout the county. Many patients do not know about programs that are available to them (food stamp programs, discount prescription programs, trail works, etc.)
>
> *Specialty Care*
> > -Many felt that there is a lack of accessible specialty care within the county. Patients must often travel to obtain specialty care.
>
> *Cost*
> > -Most of the group felt that a large deterrent to health within the community is the ever rising cost of health care and the cost of being healthy (eating healthy etc.).

What factors do you think are influencing health?
> *Education*
> > -There needs to be increased education on healthy eating, available programs, and maintaining a healthy lifestyle.
>
> *Increased Stress*
> > -Many within the community are working multiple jobs just to keep afloat. The ever increasing cost of living and health care puts even more stress on community members.
>
> *Sense of Community*
> > -Community members need to be able to trust one another and feel safe. We are at a point in society where you do not trust or even know your neighbor. Community members need to be able to take advantage of the natural environment and resources the county offers (trails etc.).

What community strengths contribute to the health of Wayne county?
> *Programs*
> > -Wayne County offers many programs/amenities to its residents including advancements in telehealth, trail works, hospitals, dental clinics, early childhood programs, early intervention, resource books, outdoor spaces/natural resources, and community centers.
>
> *Collaboration*
> > -There is a great amount of collaboration between agencies in Wayne county. There are 51 formal written partnerships in headstart with various agencies. Many networks work together, apply for grants etc.

Wayne County Indicators For Tracking Public Health Priority Areas, 2013-2017

	Improve Health Status and Reduce Health Disparities				
Indicator	**Data Years**	**Wayne County**	**New York State**	**Data Links**	**NYS 2017 Objective**
1. Percentage of premature death (before age 65 years)	2008-2010	24.8	24.3	(Table)(Map)	21.8
2. *Ratio of Black non-Hispanics to White non-Hispanics*		1.67	2.12	(Table)(Map)	1.87
3. *Ratio of Hispanics to White non-Hispanics*		2.07	2.14	(Table)(Map)	1.86
4. Age-adjusted preventable hospitalizations rate per 10,000 - Ages 18+ years	2008-2010	155.9	155.0	(Table)(Map)	133.3
5. *Ratio of Black non-Hispanics to White non-Hispanics*		1.29	2.09	(Table)(Map)	1.85
6. *Ratio of Hispanics to White non-Hispanics*		0.5	1.5	(Table)(Map)	1.38
7. Percentage of adults with health insurance - Ages 18-64 years	2010	86.4 (85.0-87.8)	83.1 (82.9-83.3)	(Table)(Map)	100
8. Age-adjusted percentage of adults who have a regular health care provider - Ages 18+ years	2008-2009	95.1 (92.6-97.6)	83.0 (80.4-85.5)	(Table)(Map)	90.8
	Promote a Healthy and Safe Environment				
Indicator	**Data Years**	**Wayne County**	**New York State**	**Data Links**	**NYS 2017 Objective**
9. Rate of hospitalizations due to falls per 10,000 - Ages 65+ years	2008-2010	195.3	204.6	(Table)(Map)	Maintain
10. Rate of emergency department visits due to falls per 10,000 - Ages 1-4 years	2008-2010	474.1	476.8	(Table)(Map)	429.1
11. Assault-related hospitalization rate per 10,000	2008-2010	1.5	4.8	(Table)(Map)	4.3
12. *Ratio of Black non-Hispanics to White non-Hispanics*		2.30+	7.43	(Table)(Map)	6.69
13. *Ratio of Hispanics to White non-Hispanics*		3.19+	3.06	(Table)(Map)	2.75
14. *Ratio of low income ZIP codes to non-low income ZIP codes*		0.00+	3.25	(Table)(Map)	2.92
15. Rate of occupational injuries treated in ED per 10,000 adolescents - Ages 15-19 years	2008-2010	52.1	36.7	(Table)(Map)	33.0
16. Percentage of population that lives in a jurisdiction that adopted the Climate Smart	2012	0.0*	26.7	(Table)(Map)	32.0

	Communities pledge					
17.	Percentage of commuters who use alternate modes of transportation[1]	2007-2011	16.4	44.6	(Table)(Map)	49.2
18.	Percentage of population with low-income and low access to a supermarket or large grocery store[2]	2010	3.4	2.5	(Table)(Map)	2.24
19.	Percentage of homes in Healthy Neighborhood Program that have fewer asthma triggers during the home revisits	2008-2011	NA	12.9	(Table)(Map)	20
20.	Percentage of residents served by community water systems with optimally fluoridated water	2012	85.4	71.4	(Table)(Map)	78.5

Prevent Chronic Diseases						
	Indicator	Data Years	Wayne County	New York State	Data Links	NYS 2017 Objective
21.	Percentage of adults who are obese	2008-2009	31.7 (26.5-36.9)	23.2 (21.2-25.3)	(Table)(Map)	23.2
22.	Percentage of children and adolescents who are obese	2010-2012	19.7	17.6	(Table)(Map)	NYC: 19.7 ROS: 16.7
23.	Percentage of cigarette smoking among adults	2008-2009	19.4 (14.9-23.8)	16.8 (15.1-18.6)	(Table)(Map)	15.0
24.	Percentage of adults who receive a colorectal cancer screening based on the most recent guidelines - Ages 50-75 years	2008-2009	61.6 (55.2-67.7)	66.3 (63.5-69.1)	(Table)(Map)	71.4
25.	Asthma emergency department visit rate per 10,000	2008-2010	43.2	83.7	(Table)(Map)	75.1
26.	Asthma emergency department visit rate per 10,000 - Ages 0-4 years	2008-2010	102.1	221.4	(Table)(Map)	196.5
27.	Age-adjusted heart attack hospitalization rate per 10,000	2010	21.7	15.5	(Table)(Map)	14.0
28.	Rate of hospitalizations for short-term complications of diabetes per 10,000 - Ages 6-17 years	2008-2010	1.1*	3.2	(Table)(Map)	3.06
29.	Rate of hospitalizations for short-term complications of diabetes per 10,000 - Ages 18+ years	2008-2010	5.7	5.6	(Table)(Map)	4.86

| Prevent HIV/STDs, Vaccine Preventable Diseases and Healthcare-Associated Infections						
	Indicator	Data Years	Wayne County	New York State	Data Links	NYS 2017 Objective
30.	Percentage of children with 4:3:1:3:3:1:4 immunization series - Ages 19-35 months[3]	2011	64.7	47.6	(Table)(Map)	80
31.	Percentage of adolescent females with 3-dose HPV immunization - Ages 13-17 years	2011	40.6	26.0	(Table)(Map)	50
32.	Age-adjusted percentage of adults with flu	2008-	84.2	75.0	(Table)(Map)	66.2

	Indicator	Data Years	Wayne County	New York State	Data Links	NYS 2017 Objective
	immunization - Ages 65+ years	2009	(78.6-89.9)	(71.5-78.5)		
33.	Newly diagnosed HIV case rate per 100,000	2008-2010	5.1	21.6	(Table)(Map)	14.7
34.	*Difference in rates (Black and White) of new HIV diagnoses*		s	59.4	(Table)(Map)	45.7
35.	*Difference in rates (Hispanic and White) of new HIV diagnoses*		s	31.1	(Table)(Map)	22.3
36.	Gonorrhea case rate per 100,000 women - Ages 15-44 years	2010	132.9	203.4	(Table)(Map)	183.1
37.	Gonorrhea case rate per 100,000 men - Ages 15-44 years	2010	23.3*	221.7	(Table)(Map)	199.5
38.	Chlamydia case rate per 100,000 women - Ages 15-44 years	2010	1275	1619.8	(Table)(Map)	1,458
39.	Primary and secondary syphilis case rate per 100,000 males	2010	0*	11.2	(Table)(Map)	10.1
40.	Primary and secondary syphilis case rate per 100,000 females	2010	0*	0.5	(Table)(Map)	0.4
Promote Healthy Women, Infants, and Children						
	Indicator	**Data Years**	**Wayne County**	**New York State**	**Data Links**	**NYS 2017 Objective**
41.	Percentage of preterm births	2008-2010	9.8	12.0	(Table)(Map)	10.2
42.	*Ratio of Black non-Hispanics to White non-Hispanics*		2.09	1.61	(Table)(Map)	1.42
43.	*Ratio of Hispanics to White non-Hispanics*		1.31	1.25	(Table)(Map)	1.12
44.	*Ratio of Medicaid births to non-Medicaid births*		1.27	1.10	(Table)(Map)	1.00
45.	Percentage of infants exclusively breastfed in the hospital	2008-2010	63.6	42.5	(Table)(Map)	48.1
46.	*Ratio of Black non-Hispanics to White non-Hispanics*		0.54	0.50	(Table)(Map)	0.57
47.	*Ratio of Hispanics to White non-Hispanics*		0.80	0.55	(Table)(Map)	0.64
48.	*Ratio of Medicaid births to non-Medicaid births*		0.64	0.57	(Table)(Map)	0.66
49.	Maternal mortality rate per 100,000 births	2008-2010	s	23.3	(Table)(Map)	21.0
50.	Percentage of children who have had the recommended number of well child visits in government sponsored insurance programs[4]	2011	71.3	69.9	(Table)(Map)	76.9
51.	*Percentage of children ages 0-15 months who have had the recommended number of well child visits in government sponsored insurance programs*		89.9	82.8	(Table)(Map)	91.3

			Wayne County	New York State	Data Links	NYS 2017 Objective
52.	*Percentage of children ages 3-6 years who have had the recommended number of well child visits in government sponsored insurance programs*		78.5	82.8	(Table)(Map)	91.3
53.	*Percentage of children ages 12-21 years who have had the recommended number of well child visits in government sponsored insurance programs*		65.5	61.0	(Table)(Map)	67.1
54.	Percentage of children with any kind of health insurance - Ages 0-19 years	2010	93.9 (92.5-95.3)	94.9 (94.5-95.3)	(Table)(Map)	100
55.	Percentage of third-grade children with evidence of untreated tooth decay	2009-2011	18.6 (14.2-23.0)	24.0 (22.6-25.4)	(Table)(Map)	21.6
56.	*Ratio of low-income children to non-low income children*		1.1	2.5	(Table)(Map)	2.21
57.	Adolescent pregnancy rate per 1,000 females - Ages 15-17 years	2008-2010	21.4	31.1	(Table)(Map)	25.6
58.	*Ratio of Black non-Hispanics to White non-Hispanics*		2.77	5.74	(Table)(Map)	4.90
59.	*Ratio of Hispanics to White non-Hispanics*		3.75	5.16	(Table)(Map)	4.10
60.	Percentage of unintended pregnancy among live births	2011	35.4	26.7	(Table)(Map)	24.2
61.	*Ratio of Black non-Hispanics to White non-Hispanics*		2.22	2.09	(Table)(Map)	1.88
62.	*Ratio of Hispanics to White non-Hispanics*		1.49	1.58	(Table)(Map)	1.36
63.	*Ratio of Medicaid births to non-Medicaid births*		1.98	1.69	(Table)(Map)	1.56
64.	Percentage of women with health coverage - Ages 18-64 years	2010	88.1 (86.3-89.9)	86.1 (85.8-86.4)	(Table)(Map)	100
65.	Percentage of live births that occur within 24 months of a previous pregnancy	2008-2010	19.9	18.0	(Table)(Map)	17.0

Promote Mental Health and Prevention Substance Abuse						
	Indicator	**Data Years**	**Wayne County**	**New York State**	**Data Links**	**NYS 2017 Objective**
66.	Age-adjusted percentage of adults with poor mental health for 14 or more days in the last month	2008-2009	13.2 (8.5-17.9)	10.2 (8.7-11.7)	(Table)(Map)	10.1
67.	Age-adjusted percentage of adult binge drinking during the past month	2008-2009	18.6 (13.3-23.9)	18.1 (16.1-20.2)	(Table)(Map)	18.4
68.	Age-adjusted suicide death rate per 100,000	2008-2010	12.3	7.1	(Table)(Map)	5.9

* Fewer than 10 events in the numerator, therefore the rate is unstable
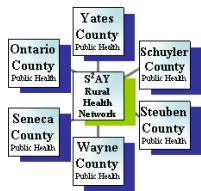
Wayne County Public Health System Assessment

Health Promotion Activities to Facilitate Health Living in Healthy Communities					
Answer Options	Yes, met 100% - 76%	Mostly, 75% - 51%	Low 50% - 26%	No 25% - 0%	Response Count
Conducts health promotion activities for the community-at-large or for populations at increased risk for negative health outcomes	14	11	5	1	31
Develops collaborative networks for health promotion activities that facilitate healthy living in healthy communities	13	13	2	2	30
Assesses the appropriateness, quality and effectiveness of health promotion activities at least every 2 years.	11	13	2	5	31
Total Respondents	31				

Mobilize Community Partnerships to Identify and Solve Health Problems					
Answer Options	Yes, met 100% - 76%	Mostly, 75% - 51%	Low 50% - 26%	No 25% - 0%	Response Count
Has a process to identify key constituents for population based health in general (e.g. improved health and quality of life at the community level) or for specific health concerns (e.g., a particular health theme, disease, risk factor, life stage need).	8	17	3	2	30
Encourages the participation of its constituents in community health activities, such as in identifying community issues and themes and in engaging in volunteer public health activities.	11	14	3	2	30
Establishes and maintains a comprehensive directory of community organizations.	14	11	3	2	30
Uses broad-based communication strategies to strengthen linkages among LPHS organizations and to provide current information about public health services and issues.	9	14	4	3	30
Total Respondents	30				

Community Partnerships					
Answer Options	Yes, met 100% - 76%	Mostly, 75% - 51%	Low 50% - 26%	No 25% - 0%	Response Count
Establishes community partnerships to assure a comprehensive approach to improving health in the community.	14	10	3	2	29
Assure the establishment of a broad-based community health improvement committee.	8	16	2	3	29
Assesses the effectiveness of community partnerships in improving community health.	10	10	5	4	29
Total Respondents	29				
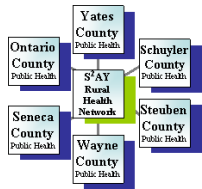
| Assure a Competent Public and Personal Health Care Workforce					
Answer Options	Yes, met 100% - 76%	Mostly, 75% - 51%	Low 50% - 26%	No 25% - 0%	Response Count
Assessment of workforce (including volunteers and other lay community health workers) to meet the community needs for public and personal health care services.	8	11	5	5	29
Maintaining public health workforce standards, including efficient processes for licensure/credentialing of professionals and incorporation of core public health competencies needed to provide the Essential Public Health Services into personnel systems.	17	5	4	2	28
Adoption of continuous quality improvement and life-long learning programs for all members of the public health workforce, including opportunities for formal and informal public health leadership development.	10	9	5	3	27
Total Respondents			29		

Life-long Learning Through Continuing Education, Training & Mentoring					
Answer Options	Yes, met 100% - 76%	Mostly, 75% - 51%	Low 50% - 26%	No 25% - 0%	Response Count
Identify education and training needs and encourage opportunities for public health workforce development.	11	6	5	4	26
Provide opportunities for all personnel to develop core public health competencies.	8	9	5	4	26
Provide incentives (e.g. improvements in pay scale, release time, tuition reimbursement) for the public health workforce to pursue education and training.	5	8	6	7	26
Provide opportunities for public health workforce members, faculty and student interaction to mutually enrich practice-academic settings.	6	10	6	4	26
Total Respondents			26		

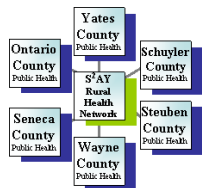| Public Health Leadership Development					
Answer Options	Yes, met 100% - 76%	Mostly, 75% - 51%	Low 50% - 26%	No 25% - 0%	Response Count
Provide formal (educational programs, leadership institutes) and informal (coaching, mentoring) opportunities for leadership development for employees at all organizational levels.	7	8	8	3	26
Promote collaborative leadership through the creation of a local public health system with a shared vision and participatory decision-making.	9	10	6	1	26
Assure that organizations and/or individuals have opportunities to provide leadership in areas where their expertise or experience can provide insight, direction or resources.	6	13	3	4	26
Provide opportunities for development of diverse community leadership to assure sustainability of public health initiatives.	9	9	4	4	26
Total Respondents			26		
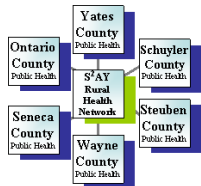
Access to and Utilization of Current Technology to Manage, Display and Communicate Population Health Data					
Answer Options	**Yes, met 100% - 76%**	**Mostly, 75% - 51%**	**Low 50% - 26%**	**No 25% - 0%**	**Response Count**
Uses state of the art technology to collect, manage, integrate and display health profile databases.	7	12	5	2	25
Promotes the use of geocoded data.	3	12	5	5	24
Uses geographic information systems.	3	14	5	4	25
Uses computer-generated graphics to identify trends and/or compare data by relevant categories (e.g. race, gender, age group).	7	13	4	2	25
Total Respondents	25				

Diagnose and Investigate Health Problems and Health Hazards in the Community					
Answer Options	**Yes, met 100% - 76%**	**Mostly, 75% - 51%**	**Low 50% - 26%**	**No 25% - 0%**	**Response Count**
Epidemiological investigations of disease outbreaks and patterns of infectious and chronic disease and injuries, environmental hazards, and other health threats.	13	8	3	3	27
Active infectious disease epidemiology programs.	10	10	3	3	26
Access to public health laboratory capable of conducting rapid screening and high volume testing.	12	7	2	5	26
Total Respondents	27				

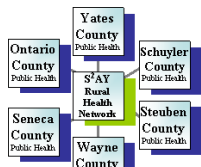| Plan for Public Health Emergencies					
Answer Options	**Yes, met 100% - 76%**	**Mostly, 75% - 51%**	**Low 50% - 26%**	**No 25% - 0%**	**Response Count**
Defines and describes public health disasters and emergencies that might trigger implementation of the LPHS emergency response plan.	14	8	2	2	26
Develops a plan that defines organizational responsibilities, establishes communication and information networks, and clearly outlines alert and evacuation protocols.	11	10	1	3	25
Tests the plan each year through the staging of one or more "mock events."	9	10	4	3	26
Revises its emergency response plan at least every two years.	10	9	2	4	25
Total Respondents	26				

Investigate & Respond to Public Health Emergencies

Answer Options	Yes, met 100% - 76%	Mostly, 75% - 51%	Low 50% - 26%	No 25% - 0%	Response Count
Designates an Emergency Response Coordinator	15	9	0	0	24
Develops written epidemiological case investigation protocols for immediate investigation of:	10	10	2	1	23
Communicable disease outbreaks	15	6	1	2	24
Environmental health hazards	12	5	5	1	23
Potential chemical and biological agent threats	13	9	2	0	24
Radiological threats and	13	6	4	0	23
Large scale disasters	13	8	3	0	24
Maintains written protocols to implement a program of source & contact tracing.	12	7	3	2	24
Maintain a roster of personnel with technical expertise to respond to biological, chemical or radiological emergencies	9	8	4	3	24
Evaluates past incidents for effectiveness & continuous improvement	8	11	3	3	25
Total Respondents			25		

Laboratory Support for Investigation of Health Threats

Answer Options	Yes, met 100% - 76%	Mostly, 75% - 51%	Low 50% - 26%	No 25% - 0%	Response Count
Maintains ready access to laboratories capable of supporting investigations.	7	8	4	6	25
Maintains ready access to labs capable of meeting routine diagnostic & surveillance needs.	8	8	2	6	24
Confirms that labs are in compliance with regs & standards through credentialing and licensing agencies.	9	6	4	6	25
Maintains protocols to address handling of lab samples– storing, collecting, labeling, transporting and delivering samples and for determining the chain of custody.	9	6	4	6	25
Total Respondents			25		

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

Answer Options	Yes, met 100% - 76%	Mostly, 75% - 51%	Low 50% - 26%	No 25% - 0%	Response Count
An effective governmental presence at the local level.	11	9	3	4	27
Development of policy to protect the health of the public and to guide the practice of public health.	13	9	4	0	26
Systematic community-level and state-level planning for health improvement in all jurisdictions.	12	9	4	1	26
Alignment of LPHS resources & strategies with the community health improvement plan.	12	8	3	3	26

Total Respondents	27

Public Health Policy Development					
Answer Options	**Yes, met 100% - 76%**	**Mostly, 75% - 51%**	**Low 50% - 26%**	**No 25% - 0%**	**Response Count**
Contributes to the development and/or modification of public health policy by facilitating community involvement in the process and by engaging in activities that inform this process.	9	11	2	3	25
Reviews existing policies at least every 2 years and alerts policy makers and the public of potential unintended outcomes and consequences.	10	9	5	1	25
Advocates for prevention and protection policies, particularly policies that affect populations who bear a disproportionate burden of mortality and morbidity.	8	12	3	3	26
Total Respondents	26				

Community Health Improvement Process					
Answer Options	**Yes, met 100% - 76%**	**Mostly, 75% - 51%**	**Low 50% - 26%**	**No 25% - 0%**	**Response Count**
Establishes a community health improvement process, which includes broad based participation and uses information from the community health assessment as well as perceptions of community residents.	9	12	3	3	27
Develops strategies to achieve community health improvement objectives and identifies accountable entities to achieve each strategy.	10	11	3	3	27
Total Respondents	27				

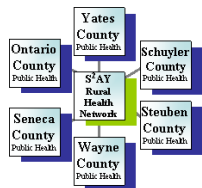| **Strategic Planning & Alignment with the Community Health Improvement Process**					
Answer Options	**Yes, met 100% - 76%**	**Mostly, 75% - 51%**	**Low 50% - 26%**	**No 25% - 0%**	**Response Count**
Conduct organizational strategic planning activities.	8	9	4	4	25
Review its own organizational strategic plan to determine how it can best be aligned with the community health improvement process.	8	7	4	5	24
Conducts organizational strategic planning activities and uses strategic planning to align its goals, objectives, strategies and resources with the community health improvement process.	8	8	2	7	25
Total Respondents	25				
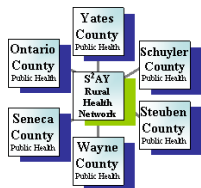
Enforce Laws & Regulations that Protect Health and Ensure Safety					
Answer Options	Yes, met 100% - 76%	Mostly, 75% - 51%	Low 50% - 26%	No 25% - 0%	Response Count
Review, evaluate and revise laws and regulations designed to protect health and safety to assure they reflect current scientific knowledge and best practices for achieving compliance.	12	5	3	5	25
Education of persons and entities obligated to obey or to enforce laws and regulations designed to protect health and safety in order to encourage compliance.	12	7	2	5	26
Enforcement activities in areas of public health concern, including but not limited to the protection of drinking water, enforcement of clean air standards, regulation of care provided in health care facilities and programs, re-inspection of workplaces following safety violations; review of new drug, biologic and medical device applications, enforcement of laws governing sale of alcohol and tobacco to minors; seat belts and child safety seat usage and childhood immunizations.	11	7	4	4	26
Total Respondents	26				

Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable					
Answer Options	Yes, met 100% - 76%	Mostly, 75% - 51%	Low 50% - 26%	No 25% - 0%	Response Count
Identifying populations with barriers to personal health services.	11	8	5	2	26
Identifying personal health service needs of populations with limited access to a coordinated system of clinical care.	12	9	4	1	26
Assuring the linkage of people to appropriate personal health services.	11	10	3	2	26
Total Respondents	26				

| Identifying Personal Health Services Needs of Population					
Answer Options	Yes, met 100% - 76%	Mostly, 75% - 51%	Low 50% - 26%	No 25% - 0%	Response Count
Defines personal health service needs for the general population. This includes defining specific preventive, curative and rehabilitative health service needs for the catchment areas within its jurisdiction.	13	6	6	1	26
Assesses the extent to which personal health services are provided.	13	7	5	0	25
Identifies the personal health service needs of populations who may encounter barriers to the receipt of personal health services.	13	7	4	1	25
Total Respondents	26				

Assuring the Linkage of People to Personal Health Services					
Answer Options	**Yes, met 100% - 76%**	**Mostly, 75% - 51%**	**Low 50% - 26%**	**No 25% - 0%**	**Response Count**
Assures the linkage to personal health services, including populations who may encounter barriers to care.	9	12	4	1	26
Provides community outreach and linkage services in a manner that recognizes the diverse needs of unserved and underserved populations.	9	9	4	3	25
Enrolls eligible beneficiaries in state Medicaid or Medical Assistance Programs.	12	8	2	3	25
Coordinates the delivery of personal health and social services with service providers to optimize access.	11	8	3	3	25
Conducts an analysis of age-specific participation in preventive services.	10	9	4	2	25
Total Respondents	26				

Evaluation of Population-based Health Services					
Answer Options	**Yes, met 100% - 76%**	**Mostly, 75% - 51%**	**Low 50% - 26%**	**No 25% - 0%**	**Response Count**
Evaluate population-based health services against established criteria for performance, including the extent to which program goals are achieved for these services.	8	7	3	7	25
Assesses community satisfaction with population-based services and programs through a broad-based process, which includes residents who are representative of the community and groups at increased risk of negative health outcomes.	10	4	4	7	25
Identifies gaps in the provision of population-based health services.	6	8	4	7	25
Uses evaluation findings to modify the strategic and operational plans of LPHS organizations to improve services and programs.	9	5	3	8	25
Total Respondents	25				

| Evaluate Effectiveness, Availability and Quality of Personal and population based health services?					
Answer Options	**Yes, met 100% - 76%**	**Mostly, 75% - 51%**	**Low 50% - 26%**	**No 25% - 0%**	**Response Count**
Identifies community organizations or entities that contribute to the delivery of the Essential Public Health Services.	10	8	2	5	25
Evaluates the comprehensiveness of the LPHS activities against established criteria at least every five years and ensures that all organizations within the LPHS contribute to the process.	9	4	4	7	24
Assesses the effectiveness of communication, coordination and linkage among LPHS entities.	9	4	5	6	24
Uses information from the evaluation process to refine existing	10	3	5	6	24
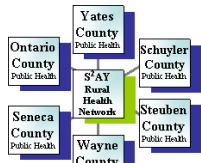
community health programs, to establish new ones, and to redirect resources as needed to accomplish LPHS goals.					
Total Respondents	25				

Research for New Insights and Innovative Solutions to Health Problems					
Answer Options	Yes, met 100% - 76%	Mostly, 75% - 51%	Low 50% - 26%	No 25% - 0%	Response Count
A continuum of innovative solutions to health problems ranging from practical field-based efforts to foster change in public health practice, to more academic efforts to encourage new directions in scientific research.	7	6	4	7	24
Linkages with institutions of higher learning and research.	7	8	2	7	24
Capacity to mount timely epidemiological and health policy analyses and conduct health systems research.	7	8	1	8	24
Total Respondents	24				

Where is your organization located?		
Answer Options	Response Percent	Response Count
Newark	29.2%	7
Lyons	33.3%	8
Ontario	0.0%	0
Marion	0.0%	0
Sodus	12.5%	3
Palmyra	8.3%	2
Clyde	4.2%	1
Wolcott	4.2%	1
Red Creek	0.0%	0
North Rose	0.0%	0
Macedon	4.2%	1
Williamson	8.3%	2
Savannah	4.2%	1
Walworth	4.2%	1
Total Respondents	24	

What population does your organization serve? ie. elderly, low income, children	
Answer Options	Response Count
All	17
Low income - elderly	3
Low income - children	1
Children	3
The rich	1
Hospital patients	1
Total Respondents	26

What is your position/job title?	
Answer Options	Response Count
Public health	2
Administrative	3
Provider/clinician	6
Sheriff	1
Chief/assistant chief	3
CEO	1
Town supervisor	2
Director/supervisor	6
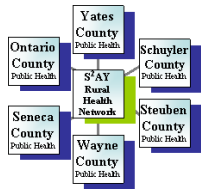
Total Respondents	24

What type of organization do you work for? ie. hospital, county agency, non-profit	
Answer Options	**Response Count**
Non-profit	3
Hospital	4
Medical practice	2
School	2
Government	3
Law enforcement	3
County/town agency	9
Total Respondents	26